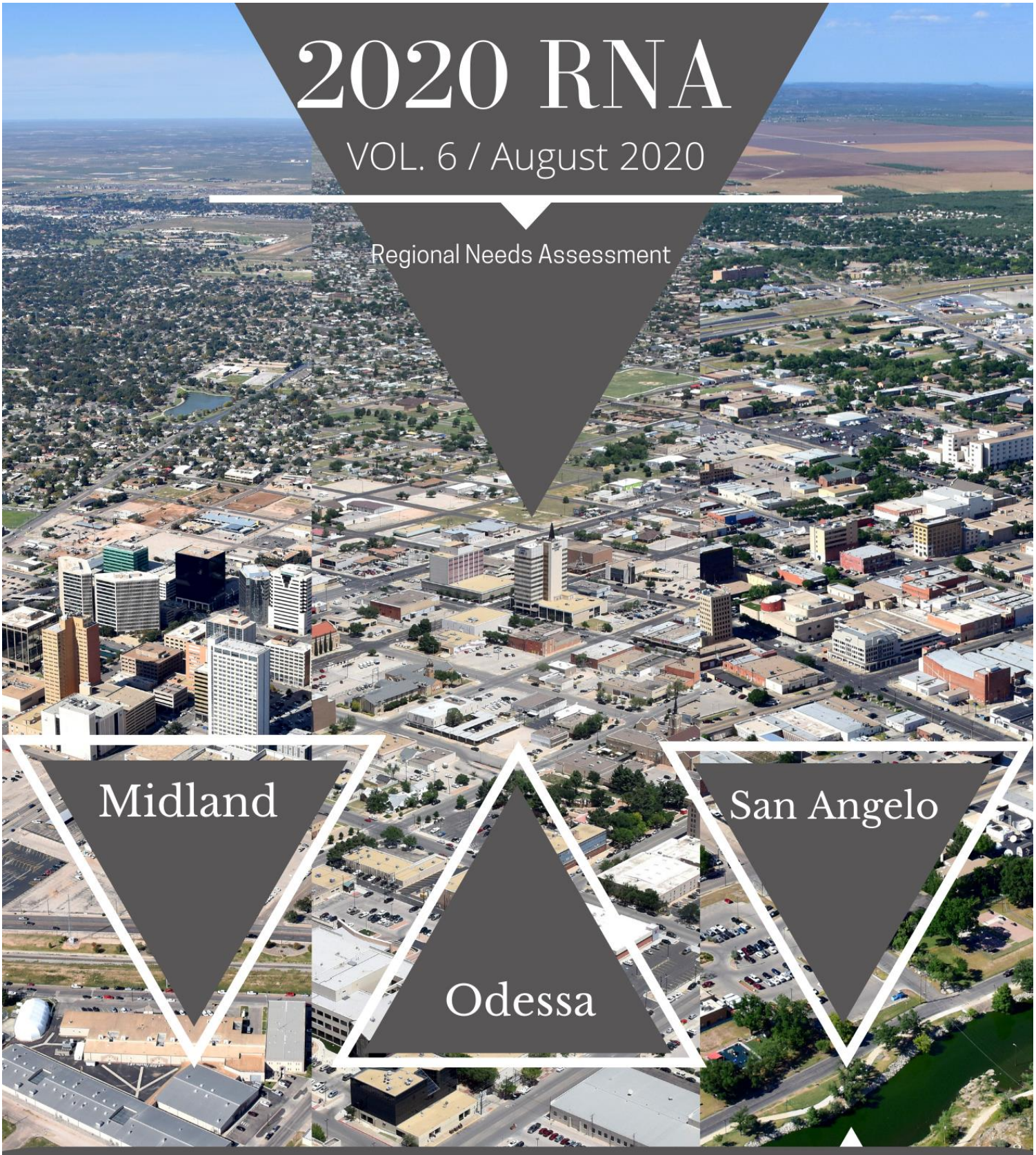
2020 RNA

VOL. 6 / August 2020

Regional Needs Assessment



Prevention Resource Center
WWW.REG9PRC.ORG
120 E 2nd St. Odessa, TX 79761
REGION 9: 30 WEST TEXAS COUNTIES

Cover Photo:
Three largest communities in Region 9
Photo Courtesey of Red Wing Aerial Photography

2020 REGIONAL NEEDS ASSESSMENT

120 E. 2nd St.

Odessa, TX 79761

www.pbrcada.org

Region 9

Kevin Thompson
Interim Program Director
kthompson@pbrcada.org

Travis Cress
Data Coordinator
tcress@pbrcada.org
432.333.4100 ext. 215

Michael Tarango
Community Liaison
mtarango@pbrcada.org
432.333.4100 ext. 206

Heather Angel
Tobacco Coordinator
hangel@pbrcada.org

Special thanks to reviewers of this document:

Mellessa Brenem
JaeDeen Walden

This publication is available on the PRC website at **www.pbrcada.org**

Table of Contents

Executive Summary

What is the RNA

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

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

Who writes the RNA

A team of Data Coordinators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others.

How is the RNA informed (data collections)

Qualitative data collection has been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. Region 9 PRC recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

Main key findings from this assessment include:

Demographic: Most (79%) of Region 9's population is under the age of 60. Hispanics make up the largest proportion of this population (50%) followed by Anglos (43%). Most of Region 9 (86%) is English proficient. About one-third of Region 9 speaks Spanish. Region 9's population density is only about one-seventh of what is seen across the state.

Socioeconomics: The oil and gas industry has made up a considerable amount of Region 9 employent, opportunities, and culture. The Permian Basin officiailly passed Ghawar, Saudi Arabia and was the top oil producer in the world in 2019. Region 9 had a lower single-parent household rate than the state. Recent years showed a decline in TANF recipients and SNAP recipients, but an increase in free and reduced-price lunch students. Reduction in oil output had significantly affected employment since the developing COVID-19 crisis.

Consumption: The youth in Region 9 begin using drugs at a younger age compared to youth across the state. A much higher percentage of Region 9 youth have used or are currently using alcohol, tobacco, marijuana, prescription drugs (misuse), and other illicit drugs compared to students across the state. Schedule II Drug Dispensations give insight to the number of opioids being prescribed. Drug screenings in Region 9 have risen by 81% since 2016.

Consequences: Data for death rates per county is not available for Region 9, however, Region 9 counties have higher alcohol-induced and drug-induced death crude rates than that of any in the state. At any one time, there is an average of 353 people in Region 9 incarcerated for DWI and 885 incarcerated for a drug offense. School expulsions have been on the rise since 2014-2015 school year as well as CPS child removals have increased since 2009. DUI crashes in Region 9 have increased since 2016 but are lower than 2015. Underage drinking is estimated to cost Region 9 over $140 million in 2020.

Protective Factors: There are 12 community coalitions, 19 treatment/intervention providers, 13 social service providers, 4 law enforcement support services, 9 healthy youth activity programs, and 9 mental health providers listed in this document. Students in Region 9 have a lower perception of harm of alcohol, tobacco, and electronic vapor products compared to students across the state. However, students in Region 9 have a higher perception of harm for marijuana and prescription drug misuse compared to students across the state. Region 9 youth are currently serviced by 6 youth prevention (YP) programs across the region. More than half of Region 9 counties have lower youth unemployment rates than the state. Almost all counties in Region 9 have higher social association rates than the Texas average. Most Region 9 parents strongly disapprove of alcohol, tobacco, and marijuana use in youth.

Prevention Resource Centers

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

Our Purpose

Prevention Resource Centers (PRCs) are a program funded by the Texas Health and Human Services Commission (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 with substance use data, trainings, media activities, and regional workgroups.

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to the state's prevention priorities and share findings with community partners (2) ensure the sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use, and (4) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Our Regions

Figure 1. Map of Health Service Regions serviced by a Prevention Resource Center :

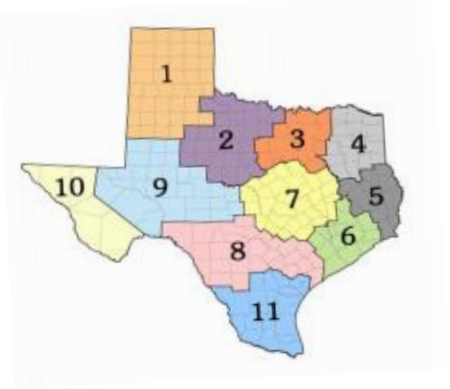
Region 1	Panhandle and South Plains
Region 2	Northwest Texas
Region 3	Dallas/Fort Worth Metroplex
Region 4	Upper East Texas
Region 5	Southeast Texas
Region 6	Gulf Coast
Region 7	Central Texas
Region 8	Upper South Texas
Region 9	West Texas
Region 10	Upper Rio Grande
Region 11	Rio Grande Valley/Lower South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

Source: Department of State Health Services https://www.dshs.state.tx.us/IDCU/data/annual/2016-Texas-Annual-Report/2016-Annual-Report/ Accessed April 17, 2020.

What Evaluators Do

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 Regional Needs Assessment. 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 of This Report

As one reads through this needs assessment, two guiding concepts will appear throughout the report: a focus on the youth population and the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations,

this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of substance misuse and substance use disorders (SUDs).

Key Concepts

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. 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 adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. [1]

The information presented in this document is compiled from multiple data sources and will therefore consist of varying demographic subsets of age which generally define adolescence as ages 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." 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. SAMHSA adopted 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.[2] 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

[1] The National Center on Addiction and Substance Abuse at Columbia University. 2011. *CASA analysis of the National Survey on Drug Use and Health, 2009* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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 SUD. 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. 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 on the next page).[3]

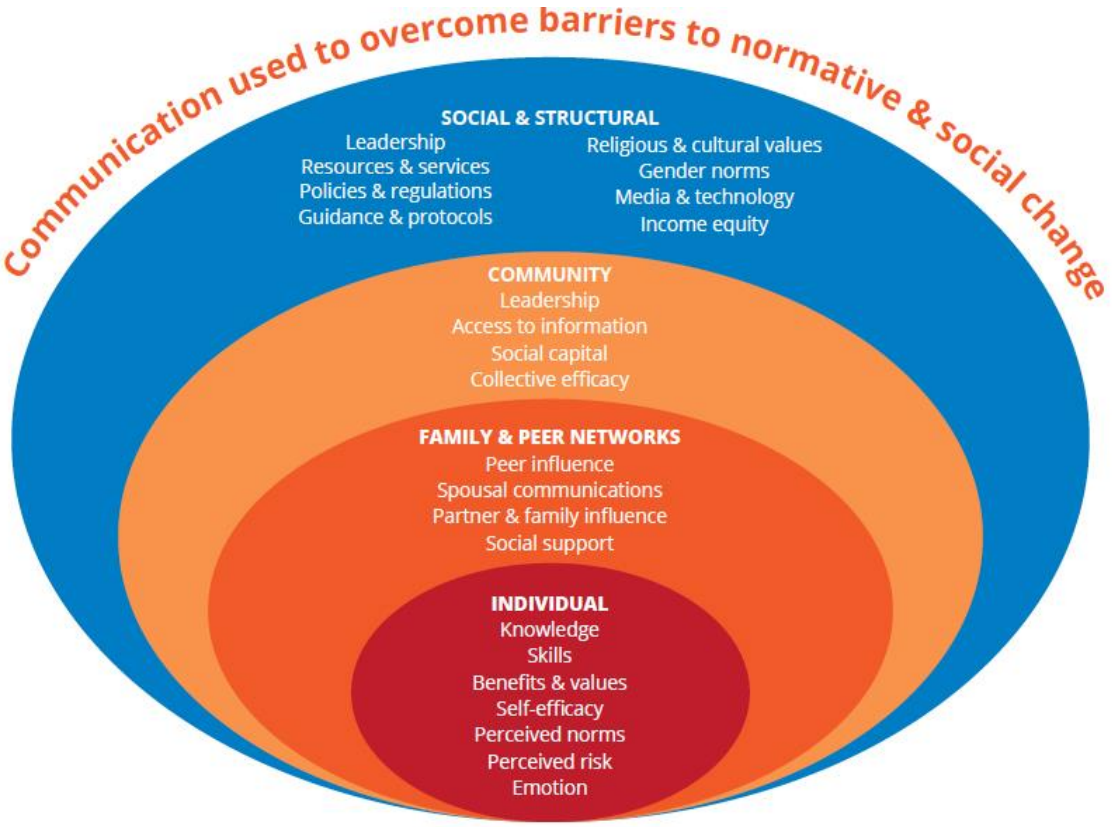
Prevention Resource Center Goals:

The Region 9 PRC is tasked with compiling and synthesizing data and disseminating findings to the community. The Region 9 PRC engages in building collaborative partnerships with key community members who aid in securing access to information.

2 McLeroy, KR, Bibeau, D, Steckler, A, Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education & Behavior, 15(4), 351-377.

[3] The SBCC Capacity; Health Communication Capacity Collaborative. https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020

Figure 2. Examples of risk and protective factors within the domains of the Socio-Ecological Model



Source: Health Community Capacity Collaborative
https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020.[5]

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)[4], the Texas Youth Risk Surveillance System (YRBSS)[5], and the National Survey on Drug Use and Health (NSDUH)[6], 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.

[4]Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.
[5] Texas Department of State Health Services. *2001-2017 High School Youth Risk Behavior Surveillance System Data*. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.
[6] Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.

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).[7] 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 very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption.[8] See Figure 3 for the NIAAA's operational definitions of the standard drink.

Figure 3: National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Source: National Institute on Alcohol Abuse and Alcoholism https://www.niaaa.nih.gov/ Accessed April 16, 2020.[8]

Some alcoholic drinks contain more alcohol than others. As with all matter's nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks.

Alcohol Use Disorder (AUD) is the most common substance use disorder in the United States

[7] Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.
[8] National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences that are commonly associated with SUDs, the most severe of SUDs being addiction, 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 NIDA Strategic Plan titled Develop new and improved strategies to prevent drug use and its consequences.[9]

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.[10] 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.

Stakeholder/Audience

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

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields, 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 Appendix A 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 B.

Introduction

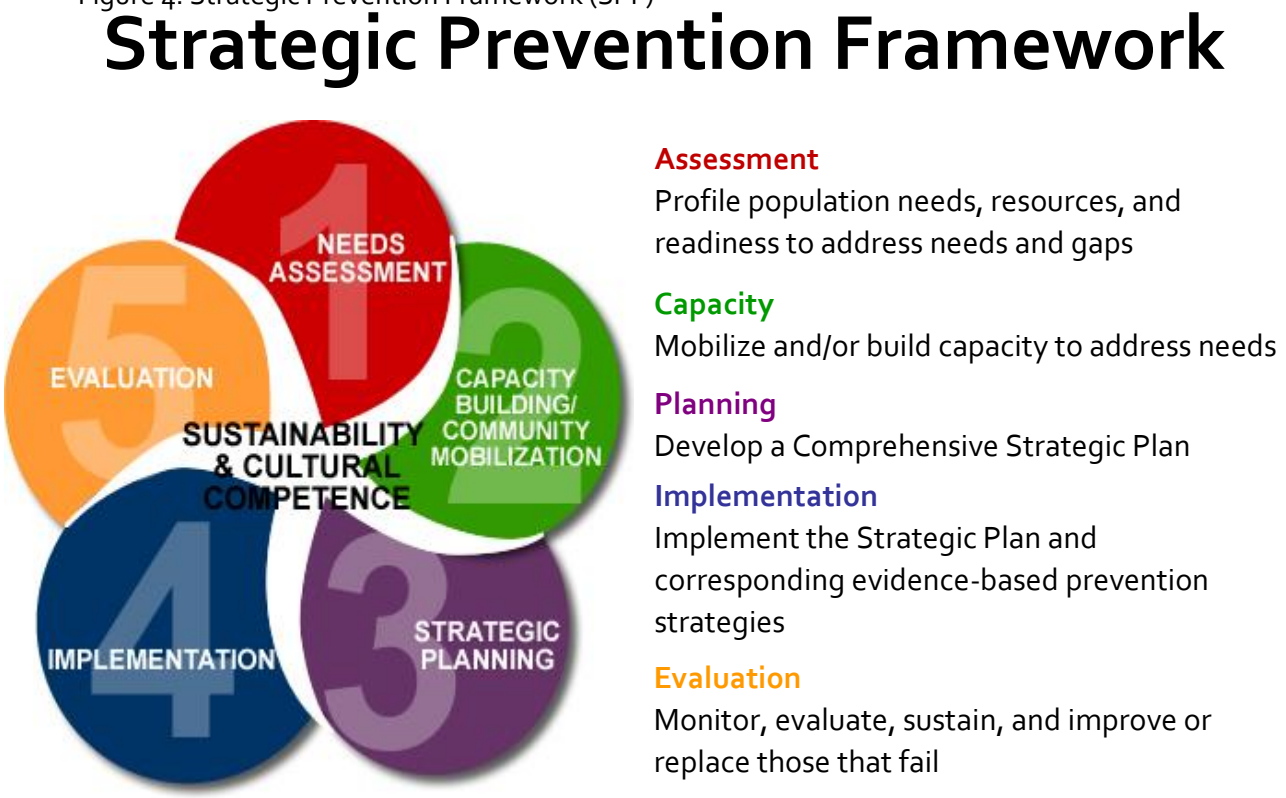
The Texas Health and Human Services Commission (HHSC) administers approximately 225 school and community-based prevention programs across 72 different providers with federal funding from the Substance Abuse Prevention and Treatment Block Grant to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-

[9] National Institute on Drug Abuse. *2016-2020 NIDA Strategic Plan*. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.
[10] Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.

based curricula and effective prevention strategies identified by SAMHSA's Center for Substance Abuse Prevention (CSAP).

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.[11]

Figure 4. Strategic Prevention Framework (SPF)



Source: *Sustainability & Cultural Competence*. 2020. AVPRIDE. https://avpride.com/ Accessed April 29, 2020[11]

The Health and Human Services Commission Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by the reduction of substance use and misuse.

Our Audience

[11] SAMHSA. Strategic Prevention Framework. https://avpride.com/ Accessed April 29, 2020.

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.

Methodology

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.

Purpose/Revelance of the RNA

The regional needs assessment can serve in the following capacities:

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

Process

The State Evaluator and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2019 and July 31, 2020.

Between September and July the State Evaluator meets with the Data Coordinators 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 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. Readers can expect to find information from the American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. For the purpose of this needs assessment, adults and youth in the region were selected as primary sources.

Quantitative Data Selection

Revelevant data elements were determined, and reliable data sources were identified through a collaborative process among the team of Data Coordinators.

Identification of Variables: The data collected is the most recent data available within the last five years. However, older data might be provided for comparison purposes, the data is an accurate measure of the associated indicators.

Key Data Sources: For the purpose of this Regional Needs Assessment, the Data Coordinators and the Statewide Prevention Evaluator chose data sources for this document based on specific criteria. The data provided is a measure of substance use consumption, consequence, and related risk and protective factors. Data reflects the target population in Texas and across the eleven public health regions.

Criterion for Selection: The criterion used for this document is, revelance, timeliness, methodologically sound, representative, and accuracy. The data is well-documented methodology and valid or reliable data collection tools.

Qualitative Data Selection

During the year, focus groups, surveys and interviews are conducted by the Data Coordinator 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.

Key Informant Interviews

Interviews are conducted primarily with school officials and law enforcement officers. Participants are randomly selected by city and then approached to participate in an interview with the Regional Evaluator. Each participant is asked the following questions:

- What problems do you see in your community?
- What is the greatest problem you see in your community?
- What hard evidence do you have to support this as the greatest problem?
- What services do you lack in your community?

Other questions inevitably arise during the interviews, but these four are asked of each participant.

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

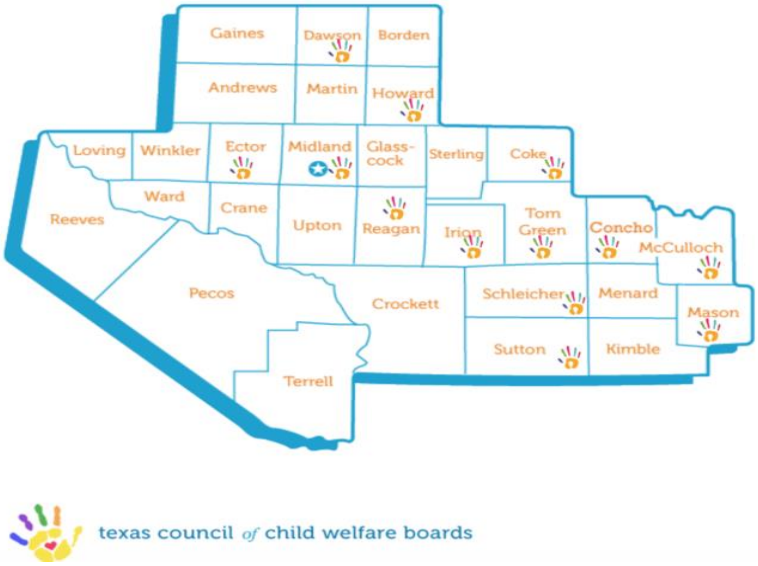
representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by alcohol, marijuana, and prescription drugs.

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 dates 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.

Regional Demographics

FIGURE 5. TEXAS HEALTH REGION 9 COUNTIES
SOURCE: TEXAS COUNCIL OF CHILD WELFARE BOARDS[12]



Region 9, also known as West Texas, consists of a 30-county spread across the Permian Basin (see Figure 5).[12] The county that is furthest west in Region 9 is Reeves County and 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 being 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 spanning 4763.9 square miles.[13] Loving County is the least populated county in Texas with a population of 81.[13] Ector County and Midland County are the most populated counties in Region 9 and have total population estimates of 159,521 and 159,256, respectively, for 2020.[13] Region 9 also includes schools from Education Service Centers (ESCs)15,17, and 18.

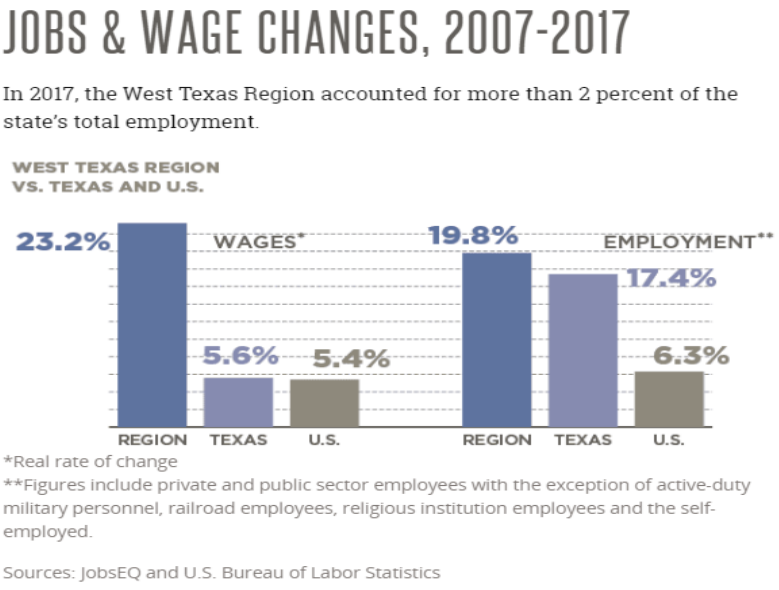


FIGURE 6. JOB AND WAGE CHANGES IN WEST TEXAS, 2007-2017
Source: Texas Comptroller[20]

Key industries of West Texas include: mining, oil and gas extraction, pipeline transportation, crop production, machinery manufacturing, utilities, truck transportation, rental and leasing services, specialty trade contractors, merchant wholesalers, and support activities for agriculture. No other region in Texas relies as heavily on oil and gas production like Region 9. The success of the oil and gas industry in West Texas relies heavily on volatile crude oil, making West Texas economically vulnerable.[14] In 2017, jobs in West Texas increased by about 20%, nearly 7 times the growth seen nationwide, and wages increased by about 23% or about 4 times the growth of wages seen nationwide.[14] All the same, the economy witnessed a dramatic decline in the beginning months of 2020 due to the COVID-19 crisis. With the vulnerability of the oil and gas industry, the COVID-19 crisis has affected the West Texas workforce. From February 2020 and March 2020 saw a quick rise in unemployment.

Region 9 Counties and Zip Codes

Region 9 covers 30 counties and there are over 80 zip codes associated with those counties. The largest counties, Ector and Tom Green also have zip codes for the smaller towns within those counties. Gardendale and Goldsmith are within Ector County. Goodfellow AFB has its own zip code, 76908 in Tom Green County.[15] Tom Green also has smaller towns that have separate zip codes such as Carlsbad, Christoval, Mereta, Vancourt, and Wall. The zip codes listed below are general zip codes that are used in those counties.

COVID-19 negatively impacted the Permian Basin economy more than most other Texas economies

Andrews: 79714

Borden: 79738

Concho: 76933, 76945, 76949, 76953

Crane: 79731

Crockett: 76943

Dawson: 79331, 79377

Ector: 79741, 79758, 79761,79762 79763,79764,79765, 79766

Gaines: 79342,79359, 79360

Glasscock: 79739

Howard: 79511, 79720,79748

Irion: 76941

Kimble: 76849,76854, 76874

Loving: 79754

Martin: 79713, 79749,79782, 79783

Mason: 76820,76842,76856, 76869

Mason: 76820, 76842, 76856, 76869

McCulloch: 76825, 76836,76852, 76858,76872,76887

Menard: 76841,76848 76859

Midland: 79701,79702,79703,79704,79705, 79712

Pecos: 79735, 79740

Reagan: 76932

Reeves: 79718, 79772

Schleicher: 76936

Sterling: 76951

Sutton: 76950

Terrell: 78851

Tom Green: 76901,76903,76904,76905, 76908,76934, 76935, 76940,76955,76957

Upton: 79752, 79755

Ward: 79756

Winkler: 79745

SOURCE: ZIP-CODES.COM[15]

Population

The Texas Department of State and Health Services (DSHS) estimates that Region 9's total population will be 642,563 (see Table 1). [13] This shows an increase of over 7,200 people, or a 1.12% increase, from 2019 to 2020.

McCulloch County has the highest projected percent growth in Region 9 from 2019-2020 with a 46.4% change, or a population growth of 4848 people. The counties with the highest populations, Ector, Midland and Tom Green, saw a gain of 2,295, 2394, and 501 people respectively, from 2019-2020.

During the challenging times of COVID-19, it is difficult to project accurate numbers after the downturn of the oil and gas industry. Unemployment has been on the rise since the state of Texas went on lockdown. It is also difficult to measure the population decrease in the Permian Basin, and these estimates could be overestimated.

Table 1. Region 9 Population Estimates, 2019-2020

County	2018	2019	2020
TEXAS	**29,366,479**	**29,948,091**	**30,521,978**
REGION9	**628,255**	**635,337**	**642,563**
Andrews	16,936	17,215	17,487
Borden	690	694	698
Coke	3,136	3,116	3,095
Concho	4,264	4,281	4,299
Crane	5,145	5,249	5,349
Crockett	4,019	4,049	4,082
Dawson	14,610	14,693	14,756
Ector	154,975	157,226	159,521
Gaines	20,800	21,236	21,681
Glasscock	1,328	1,338	1,351
Howard	37,244	37,477	37,715
Irion	1,705	1,709	1,712
Kimble	4,953	5,005	5,052
Loving	80	80	81
Martin	8,872	8,959	5,606
Mason	5,431	5,529	4,211
McCulloch	4,179	4,192	9,040
Menard	2,394	2,398	2,406
Midland	154,516	156,862	159,256
Pecos	16,793	16,910	17,026
Reagan	3,807	3,854	3,908
Reeves	14,720	14,816	14,934
Schleicher	3,835	3,872	3,920
Sterling	1,207	1,212	1,214
Sutton	4,600	4,600	4,651
Terrell	1,039	1,043	1,047
Tom Green	114,017	114,494	114,995
Upton	3,781	3,832	3,886
Ward	11,111	11,155	11,213
Winkler	8,116	8,241	8,371

Source: Texas Department of State Health Services[13]

Population Density

Population density is measured by the number of people per square mile of land. These estimates are based on the 2020 population estimates listed previously. The population density of Texas for 2020 is estimated to be 116.9 people/sq. land mile (see Table 2).[13,16] The population density of Region 9 is about one-seventh of the Texas population density at an average of 16.1 people/sq.mile.[13,16] Though Region 9 is covered by many sparsely inhabited counties, it still contains Ector County which has a population density of 177.7 people/sq.mile; Midland County which has a population density of 177.2 people/sq.mile; and Tom Green County which has a population density of 75.6 people/sq.mile.[13,16]The cities that largely account for these higher density areas are Odessa (Ector County), Midland (Midland County), and San Angelo (Tom Green).

Table 2. Region 9 Population Density, 2020

County	2020 Population Density*	County	2020 Population Density*	County	2020 Population Density*
TEXAS	**116.9**	Glasscock	1.5	Reagan	3.3
REGION9	**16.1**	Howard	41.9	Reeves	5.7
Andrews	11.7	Irion	1.6	Schleicher	3.0
Borden	0.8	Kimble	4.0	Sterling	1.3
Coke	3.4	Loving	0.1	Sutton	3.2
Concho	4.4	Martin	6.1	Terrell	0.4
Crane	6.8	Mason	4.5	Tom Green	75.6
Crockett	1.5	McCulloch	8.5	Upton	3.1
Dawson	16.4	Menard	2.7	Ward	12.5
Ector	177.7	Midland	177.2	Winkler	10.0
Gaines	14.4	Pecos	3.6		

*Density = People per square mile

Source: Texas Department of State Health Services, US Census Bureau[13,16]

Ector County is the most densely populated Region 9 county at 177.7 people per square mile

Table 3. Region 9 Population by Race and Ethnicity, 2020

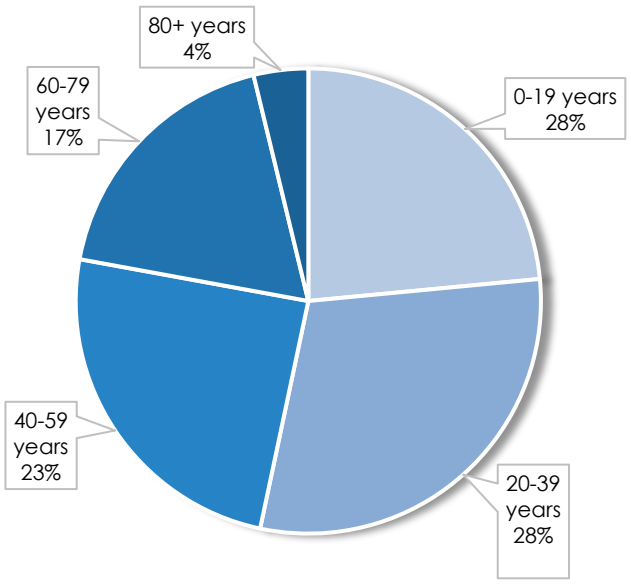
County	Anglo	%	Black	%	Hispanic	%	Other	%	Total
TEXAS	**11,914,045**	**39%**	**3,446,308**	**11%**	**12,968,026**	**42%**	**2,193,599**	**7%**	**30,521,978**
REGION 9	**277,293**	**43%**	**26,079**	**4%**	**321,496**	**50%**	**17,695**	**3%**	**642,563**
Andrews	7,345	42%	211	1%	9,551	55%	380	2%	17,487
Borden	588	75%	0	0%	103	15%	7	1%	698
Coke	2,327	75%	7	0%	691	22%	70	2%	3,095
Concho	1,793	42%	57	1%	2,396	56%	53	1%	4,299
Crane	1,888	35%	135	3%	3,232	60%	94	2%	5,349
Crockett	1,336	33%	13	0%	2,691	66%	42	1%	4,082
Dawson	5,184	35%	885	6%	8,480	57%	207	1%	14,756
Ector	51,980	33%	6,147	4%	97,419	61%	3,975	2%	159,521
Gaines	13,151	61%	290	1%	7,957	37%	283	1%	21,681
Glasscock	875	65%	15	1%	453	34%	8	1%	1,351
Howard	19,190	51%	2,304	6%	15,104	40%	1,117	3%	37,715
Irion	1,180	69%	11	1%	494	29%	27	2%	1,712
Kimble	3,651	72%	16	0%	1,319	26%	66	1%	5,052
Loving	59	73%	0	0%	18	22%	4	5%	81
McCulloch	5,696	63%	142	2%	3,087	34%	115	1%	9040
Martin	2,861	51%	75	1%	2,602	46%	68	1%	5,606
Mason	3,110	74%	14	0%	1,047	25%	40	1%	4,211
Menard	1,391	58%	11	0%	989	41%	15	1%	2,406
Midland	71,168	45%	9,579	6%	72,559	45%	5,950	4%	159,526
Pecos	4,271	25%	521	3%	11,965	70%	269	2%	17,206
Reagan	1,263	32%	63	2%	2,551	65%	31	1%	3,908
Reeves	2,521	17%	672	5%	11,532	77%	209	1%	14,934
Schleicher	2,006	51%	31	1%	1,862	48%	21	1%	3,920
Sterling	746	62%	13	1%	425	35%	30	2%	1,214
Sutton	1,646	35%	6	0%	2,976	64%	23	0%	4,651
Terrell	498	48%	6	1%	528	50%	15	1%	1,047
Tom Green	59,916	52%	4,150	4%	46,793	41%	4,136	4%	114,995
Upton	1,692	44%	48	1%	2,096	54%	50	1%	3,886
Ward	4,712	42%	522	5%	5,750	51%	229	2%	11,213
Winkler	3,249	39%	135	2%	4,826	57%	161	2%	8,371

Source: Texas Department of State Health Services[13]

Age

Region 9 age demographics are 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 7). The largest age groups in Region 9 in 2020 are estimated to be the 0-19 age group and 20-39 years old age group, each estimated at 28% of the population or a total of 363,617 people.[13] This age group is followed by 40-59 year olds in Region 9, making up 23% of the population.[13] Age group 60-79 year olds make up 17% of the population in Region 9, followed by age group 80+(4%).[13]

Figure 7. Region 9 Age Demographics, 2020



Race/Ethnicity

In Region 9, Anglos and Hispanic make up 43% and 50% of the population, respectively (see Table 3).[13] Collectively, this is 93% of the Region 9 population, placing it much higher than the collective Texas average of Anglos and Hispanics (82%).[13] Througout Region 9, there are also groups of Black, Native American, Pacific Islander, and other European races, ethnicities, and nationalities.

Over half of Region 9 residents are younger than 40 years old

Languages

According to the 2018 American Community Survey (ACS), 86% of Region 9 "speaks English only or speaks English 'very well'", thus is 'English Proficient', while 14% of Region 9 "speaks English less than 'very well'", or is Limited English proficient (LEP).[16]. Table 4 breaks down the ACS language speaking ability variables and shows the language proficiency of each county in Region 9, including percentages of that population for each proficiency.

Table 4. Region 9 English Proficiency, 2018

County	English Proficient*	Not English Proficient**	County	English Proficient*	Not English Proficient**
TEXAS	86%	14%	**McCulloch**	96%	4%
REGION9	86%	14%	**Martin**	92%	8%
Andrews	85%	15%	**Mason**	92%	8%
Borden	100%	0%	**Menard**	90%	10%
Coke	95%	5%	**Midland**	90%	10%
Concho	78%	22%	**Pecos**	86%	14%
Crane	86%	14%	**Reagan**	81%	19%
Crockett	96%	4%	**Reeves**	78%	22%
Dawson	91%	9%	**Schleicher**	92%	8%
Ector	86%	14%	**Sterling**	96%	4%
Gaines	81%	19%	**Sutton**	89%	11%
Glasscock	79%	21%	**Terrell**	87%	13%
Howard	88%	12%	**Tom Green**	94%	6%
Irion	100%	0%	**Upton**	91%	9%
Kimble	93%	7%	**Ward**	90%	10%
Loving	81%	19%	**Winkler**	86%	14%

*: English Proficient means "Speaks English only or speaks English 'very well'".

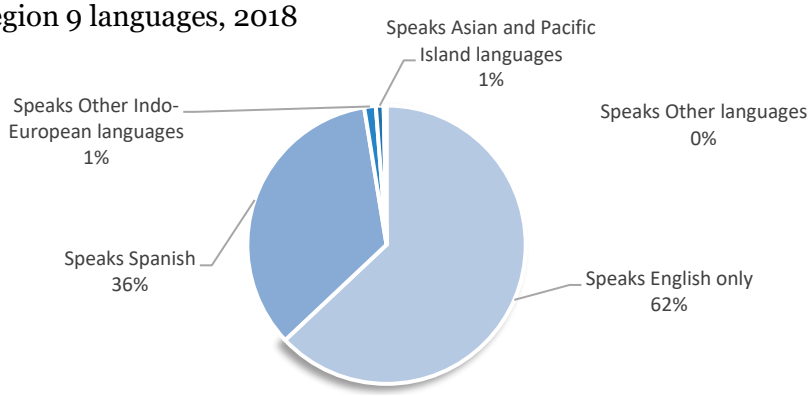
**: Not English Proficient means "Speaks English less than 'very well'".

Source: U.S. Census Bureau[16]

36% of Region 9 residents speak Spanish and English

According to the 2018 ACS, over half (62%) of Region 9 speaks only English.[16] About 36% of the population also speaks Spanish and nearly 2% of the population speaks Indo-European, Asian and Pacifiic, and/or other languages (see Figure 8).[16]

Figure 8. Region 9 languages, 2018



Source: U.S. Census Bureau, American Community Survey[16]

General Socioeconomics

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 quickly in a short period of time. The COVID-19 crisis proved this true as unpredictable events caused a dramatic effect on West Texas employment. The highest point of oil output per day was the beginning of 2020. But as the COVID-19 crisis impacted the Permian Basin, there was an 87,000 barrel per day drop of output. (See Figure 9).[18] In the month of March 2019, the total volume of oil was 128,738,511 BBLS (barrels) for the whole state of Texas. To compare, the total volume of oil estimated for March 2020 was at 107,220,998 BBLS. Eight of the top 10 oil producing counties were in Region 9 and accounted for 54,110,659 BBLS for the month of March 2020.Region 9 accounted for 50% of oil production for the whole state of Texas. The top oil producer for Texas and in Region 9 was Midland County at 14,081,086 BBLS for the month of March 2020.[17]

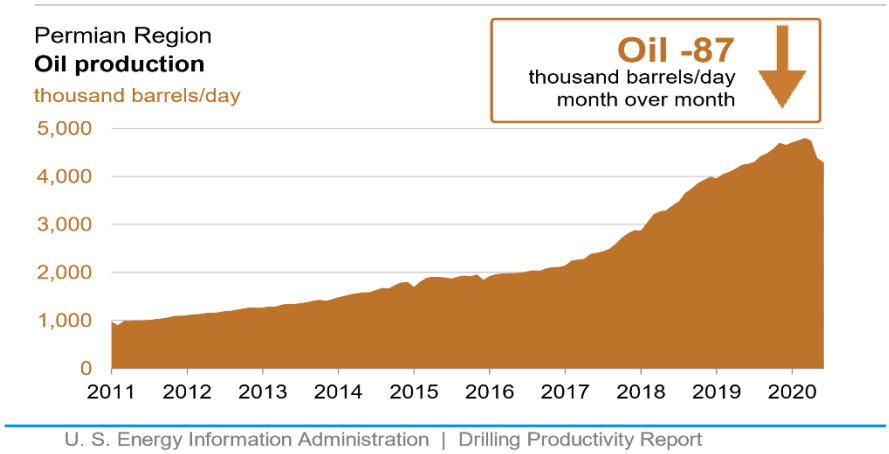


FIGURE 9. PERMIAN BASIN OIL PRODUCTION, 2011-2020

Source: US Energy Information Administration[24]

The COVID-19 pandemic caused a significant loss of jobs all over the world. Of course, it also caused job loss in West Texas, the economy affected the barrel output and created a loss of jobs in Region 9 as well. Unemployment rates for Texas were at 3.5% in April 2019, however, after the COVID-19

pandemic, Texas unemployment rates rose to 12.8% in April 2020.[19] The largest cities, Odessa and Midland in Region 9 had an unemployment rate of 2.9% and 2.0% respectively in December 2019. In March 2020, those numbers went up to 4.4% in Odessa and 3.1% for Midland.[20] Although it is difficult to pinpoint the percentage of job loss in the oilfield because of the pandemic, the drop in oil production had a definite impact on jobs in the Permian Basin.

Household Composition

Table 5. Single-Parent Households, 2018-2020			
Region	**2018**	**2019**	**2020**
TEXAS	**33%**	**33%**	**33%**
REGION9	**32%**	**31%**	**30%**

Source: County Health Rankings and Roadmaps[20]

When looking at risk factors, family dynamics are always viewed as a major contributor to substance abuse. Single-parent households are defined by single parent, male or female, with no spouse present.[21] Single parent households increase the risk in anxiety disorders, depression and suicide. Mental disorder as well as unhealthy behaviors like smoking also contribute.[22-25] From 2018 to 2020, the Texas average stayed the same at 33%, but the Region 9 percentage has shown a decline from 32% in 2018 to 30% in 2020 (see Table 5).[21]

Employment

In March 2020, the unemployment rate for Texas was 5.5%, and in Region 9 it was slightly below that at 5.4% (see Figure 10).[26] Only 5 counties in Region 9 had unemployment rates at or above that of the Texas average: Crane,Crockett, Dawson, McCulloch, and Terrell. The county with the highest unemployment rate was Crane County at 6.7%. The county with the lowest unemployment rate was Loving County with .7%.[26] The larger counties in Region 9, Ector, Midland and Tom Green, had 4.4%, 3.1% and 4.0% respectively.[26]

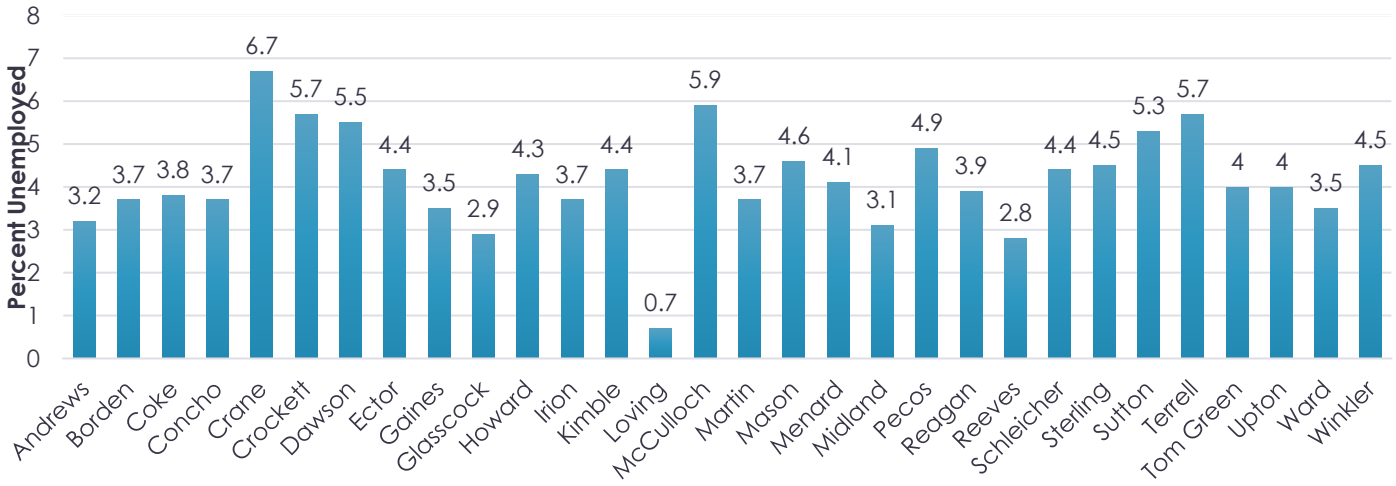


Figure 10. Region 9 Unemployment Rates, 2020[26]

Source: Bureau of Labor Statistics

Income

The U.S. Bureau of Labor Statistics determined the average weekly salary by county for 2019. Salary per capita is calculated by dividing the average weekly salary by the square miles of a specific county. The Salary Per Capita is the average weekly income per capita. The county with the lowest salary per capita is (See Table 6) Crockett County at $0.32, while the county with the highest weekly salary per capita is the smallest county in Region 9, Loving County at $2.55.[16]

Table 6. Region 9 Average Weekly Salaries, 2019

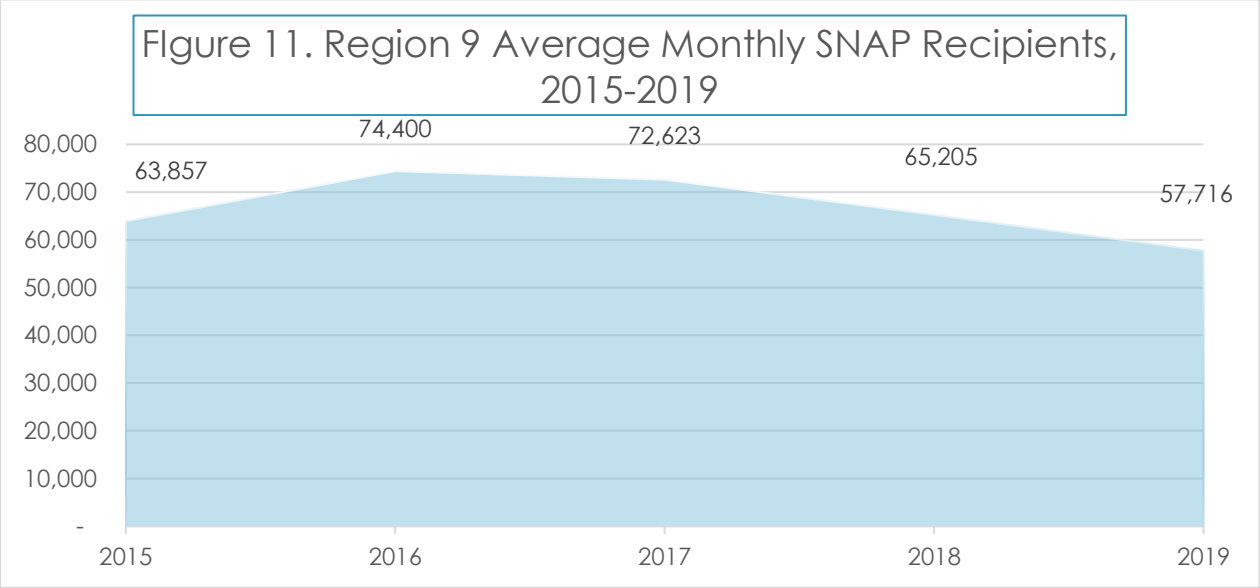
County	Average Weekly Salary	Salary Per Capita	County	Average Weekly Salary	Salary Per Capita
Andrews	$1401	$0.93	**McCulloch**	$789	$0.74
Borden	$806	$0.90	**Martin**	$1180	$1.29
Coke	$869	$0.95	**Mason**	$716	$0.77
Concho	$861	$0.88	**Menard**	$586	$0.65
Crane	$1198	$1.53	**Midland**	$1529	$1.70
Crockett	$890	$0.32	**Pecos**	$981	$0.21
Dawson	$820	$0.91	**Reagan**	$1424	$1.21
Ector	$1272	$1.42	**Reeves**	$1302	$0.49
Gaines	$1088	$0.72	**Schleicher**	$957	$0.73
Glasscock	$1202	$0.89	**Sterling**	$960	$1.04
Howard	$1055	$1.17	**Sutton**	$1233	$0.85
Irion	$1401	$1.33	**Terrell**	$865	$0.37
Kimble	$693	$0.55	**Tom Green**	$909	$0.60
Loving	$1705	$2.55	**Upton**	$1687	$1.36
			Ward	$1284	$1.43
			Winkler	$1356	$1.61

Source: U.S. Bureau of Labor Statistics[16]

Unemployment rose dramatically during the COVID-19 epidemic

SNAP Benefits

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. 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. 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.



Source: Texas Health and Human Services[27]

Figure 11 depicts Region 9's average monthly SNAP recipients from 2015-2019.[27] In 2019, Region 9 had 57,716 SNAP recipients which is the fewest SNAP recipients since 2014 when Region 9 had 54,848 SNAP recipients.[27] From 2018 to 2019, there was an 11.5% decrease in monthly SNAP recipients in Region 9.[27] Since economic production, wages, and employment rates in Region 9 increased from 2018 to 2019, there's likely a correlation between Region 9's economic growth from 2018 to 2019 and a decrease in Region 9 residents using SNAP.[27]

Of the highest monthly averages of SNAP recipients in Region 9, Ector County had the most average monthly SNAP recipients at 16,809, or 29% of Region 9's total average monthly SNAP recipients.[27] The next highest per month concentration of SNAP recipients in Region 9 was Tom Green County and Midland County at 16, 809 and 10,992 respectively.[27] Tom Green and Midland counties account for about 20% of Region 9's total monthly average SNAP recipients each.[27]

The reason this Regional Needs Assessment depicts monthly averages of SNAP recipients is because SNAP data from Texas Health and Human Services Commission does not track repeat SNAP users, so there is not a way to determine the total number of new SNAP enrollees.[27] Moreover, monthly average SNAP users depicted in this RNA is consistent with depictions from other Texas public health regions. Table 7 depicts Region 9's average monthly SNAP recipient by Region 9 county.[27]

Table 7. Region 9 Monthly SNAP Recipients, 2019			
County	**Average SNAP Recipients**	**County**	**Average SNAP Recipients**
REGION 9	57,716	**Mason**	213
Andrews	1,484	**McCulloch**	1,008
Borden	24	**Menard**	219
Coke	268	**Midland**	10,992
Concho	279	**Pecos**	1,652
Crane	331	**Reagan**	217
Crockett	239	**Reeves**	1,655
Dawson	1,885	**Schleicher**	228
Ector	16,809	**Sterling**	61
Gaines	1,489	**Sutton**	257
Glasscock	25	**Terrell**	68
Howard	3,584	**Tom Green**	11,549
Irion	60	**Upton**	386
Kimble	390	**Ward**	1,132
Loving	6	**Winkler**	693
Martin	513		

Source: Texas Health and Human Services[27]

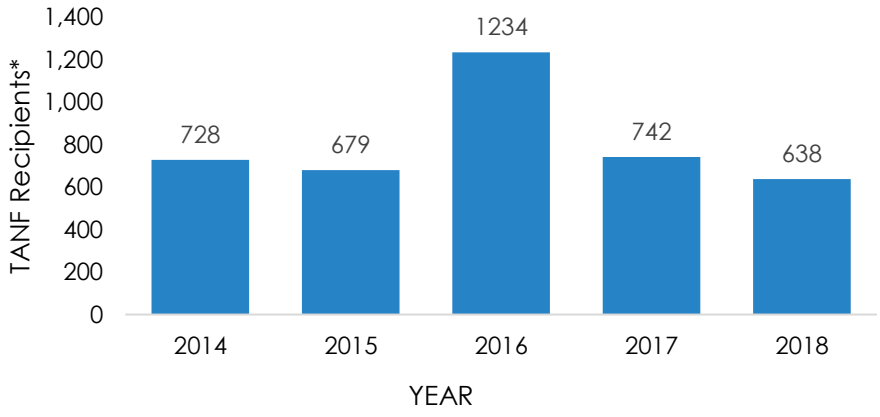
Region 9 claimed 57,716 SNAP recipients in 2019, the lowest amount in over 5 years

Table 7. Region 9 Monthly SNAP Recipients by County, 2019

Temporary Assistance for Needy Families, or TANF, programs provide cash for monthly household expenses.[26] Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals. 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.[26] TANF Basic is funded by federal money and the TANF's State Program is specific to 2-parent households and funded with State General Revenue dollars.[26] These funds are generally

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

Figure 12 Region 9 Monthly TANF Recipients, 2014-2018[26]



reserved for when there is an emergency in the family and the family will be short on funds for the month.[26]

Discrepancies in 2019 data presented from Texas Health and Human Services Commission made TANF recipient data by county in Region 9 inconsistent.[26] In previous Regional Need Assessments developed by the Region 9 Prevention Resource Center, the total number or average monthly amounts of TANF recipients for Region 9 have been displayed.[26] In this Regional Needs Assessment, because of HHSC data presentation concerns and for the sake of having uniformed data, this RNA will display 2019 TANF Basic cases active in Region 9 rather than 2019 TANF recipient totals or averages.[26] The difference in "cases" versus "recipients" is that a case typically involves an entire family, while recipients include each individual in the family.[26] In short, there are typically many more "recipients" than "cases" but the only consistently available data for Region 9 are the total number of TANF cases.[26]

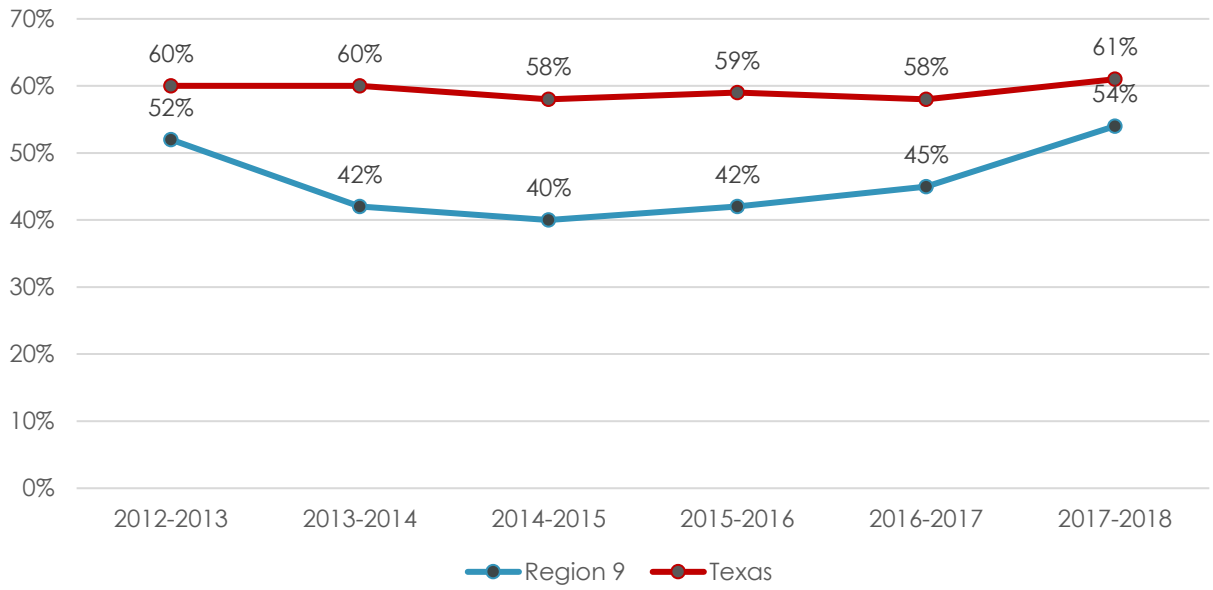
In Region 9 there was an average of 249 Basic TANF cases active in any given month in 2019. Tom Green County had the highest average month-to-month Basic TANF active cases at 73, followed by Ector County at 69, Midland County at 40, and Howard County at 15.[26] Every other Region 9 county had an average of seven or less Basic TANF cases active during any given month in 2019.[26]

Figure 12 shows the average number of monthly TANF recipients for Region 9 from 2014-2018. 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 2014-2018, there was an average of 638 to 742 monthly TANF recipients in Region 9, except for a spike in 2016 of 1,234 TANF recipients per month. Of the past five years, 2018 had the lowest number of monthly TANF recipients in Region 9.[26]

Free and Reduced-Price School Lunch Participants

The National Center for Education Statistics (NCES) states, "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." However, these numbers do not necessarily reflect the percentage of the students living in poverty.[28] In 2017, about 58% of Texas students were free and reduced-price lunch students (see Figure 13 on the next page).[28] The 2017-2018 school saw 3% rise from the previous year for the state of Texas. The proportion of free and reduced-price lunch students in Region 9 is below the Texas average from 2012-2013 through 2017-2018, but the 2017-2018 school year in Region 9 saw a 9% increase from the year before.[29]

Figure 13. Region 9 Free and Reduced Lunch Students, 2012-2018



Source: U.S. Department of Education, National Center for Education Statistics[28]

Texas' maximum TANF benefit is 0-20% of the Federal Poverty Line

Uninsured Children

Uninsured children are quantified as the percentage of children under age 19 that are not covered by health insurance. Lack of health insurance coverage are significant barriers to accessing health care and "going without coverage can have serious health consequences for the uninsured".[30] Table 8 shows the percentage of uninsured children in each county in Region 9 in 2019. In 2019, about 11% of Texas children were uninsured.[30] The counties with lowest rate of uninsured children at 11% were Crane and 11% inTom Green county. The county with the highest percentage rate of uninsured children was Gaines county at 27%.[30] The largest counties in Region 9 were both above the Texas average, Ector County had a 12% rate of uninsured children while Midland County had a slightly higher rate at 15% of uninsured children.[30]

Table 8. Region 9 Uninsured Children (%), 2019

County	Uninsured Children (%)	County	Uninsured Children (%)
TEXAS	11%	**Mason**	25%
Andrews	14%	**McCulloch**	13%
Borden	15%	**Menard**	18%
Coke	15%	**Midland**	15%
Concho	15%	**Pecos**	14%
Crane	11%	**Reagan**	14%
Crockett	14%	**Reeves**	12%
Dawson	12%	**Schleicher**	20%
Ector	12%	**Sterling**	18%
Gaines	27%	**Sutton**	13%
Glasscock	20%	**Terrell**	25%
Howard	12%	**Tom Green**	11%
Irion	14%	**Upton**	17%
Kimble	13%	**Ward**	14%
Loving	18%	**Winkler**	12%
Martin	18%		

Source: County Health Rankings[30]

Environmental Risk Factors

Risk factors play a large role in what determines the likelihood of drug use and addiction. The more risk factors a person is exposed to, that person is more likely to abuse drugs or become addicted.[32] Risk falls in to two categories, environmental and biological. Environmental risks can include living conditions at home, conditions at school and/or in their neighborhood.[38] Preventionists look to environmental factors they can alter to reduce the risk. Community, family, school and friends all provide a domain of influence on children, and a risk of addiction can develop in any of the domains. Biological risks may fall within a person's genetics, the stage of development that child is in, as well as their gender or ethnicity.[32]

The Adverse Childhood Experiences (ACE) study is one of the largest childhood abuse and neglect and later-life health and well-being investigations.[33]The original Centers for Disease Control and Prevention (CDC)-Kaiser Permanente ACE study was conducted from 1995-1997 including 17,000 participants from Southern California.[33]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 who have or had SUD's.[34] 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, emotional abuse, physical and emotional neglect, intimate partner violence, mother was treated violently, substance misuse within the household, household with mental illness, parental separation or divorce, and incarcerated household member(s).[34] As the number of ACEs increases, so does the risk for the following[33]:

- 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

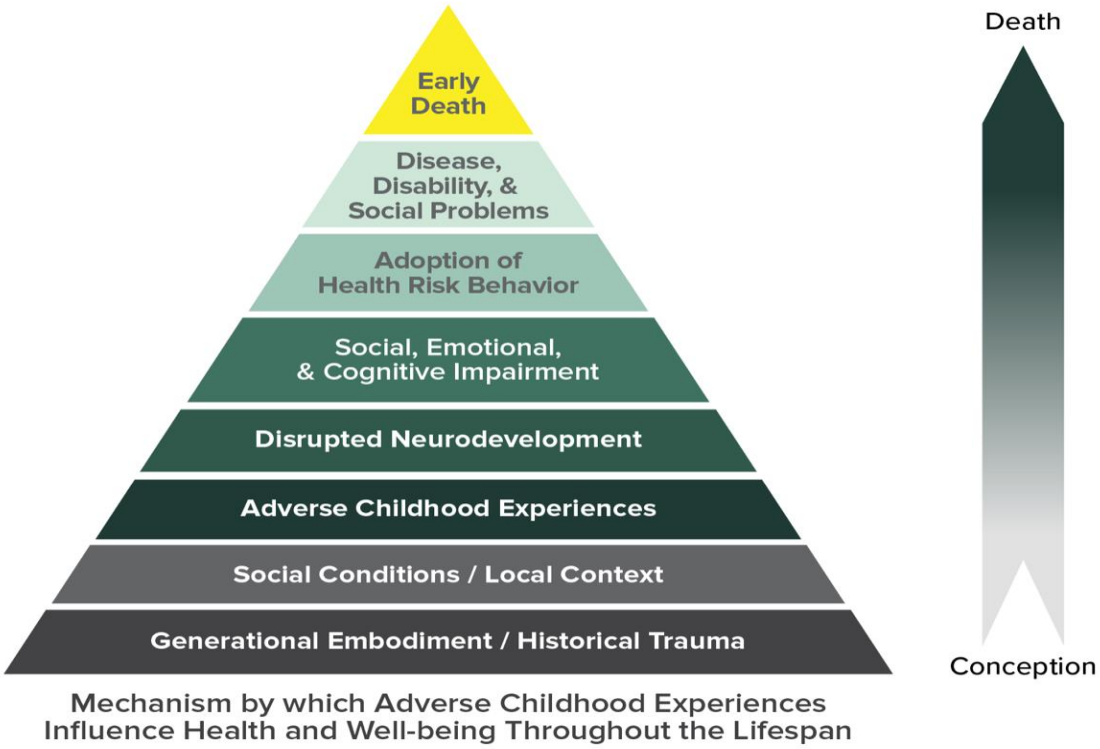


FIGURE 14. THE ACE PYRAMID
Source: Centers for Disease Control and Prevention[33]

The ACE Pyramid represents the conceptual framework for the ACE study (see Figure 14).[33]The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease and well-being throughout the life course. ACEs are described here to provide understanding of risk factors included in this RNA. The Region 9 PRC often teaches ACEs at presentations in schools and the community.

Education

Region 9 counties are spread across three Education Service Centers (ESCs): 15, 17, and 18.[34]

- **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 educations centers, and 11 private schools. Midland and Ector Counties represent the largest school systems in Region 9.

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, ie., four years for a cohort beginning in Grade 9.[36]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 and General Educational Development (GED) certificate, continue school outside the public school system, begin college, or die.[36]Region 9 had the lowest graduation rate (88.4%) and highest dropout rate (6.9%) in Texas in 2018 (see Table 9).[36]

Table 9. Graduation and Dropout Rates by Region (%), 2018

Region	Graduation Rate	Dropout Rate
1	92.9	4.1
2	94.5	3.2
3	89.2	5.6
4	93.9	3.2
5	91.5	5.9
6	89.2	6.3
7	89.4	6.1
8	90.5	6.4
9	**88.4**	**6.9**
10	92.7	3.9
11	91.1	5.2

Source: Texas Education Agency[36]

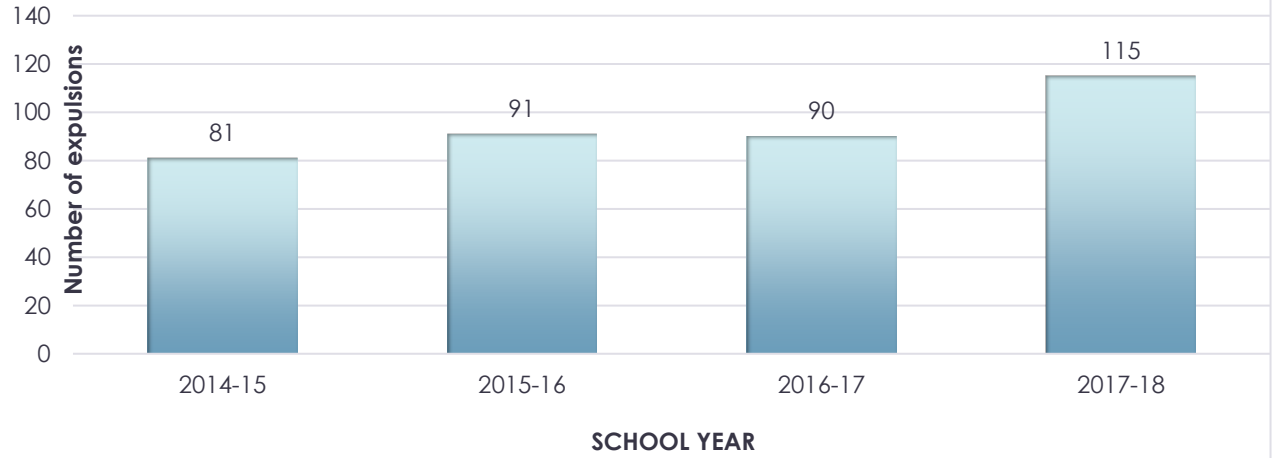
Region 9 had the lowest graduation rate and highest dropout rate in Texas in 2018.

Texas Education Agency

School Expulsions

Discliplinary actions are reported to the Texas Education Agency each year. Figure 15 shows expulsions specifically reported in Region 9 schools from school year 2014 to 2015 to school year 2017-2018. Expulsions in Region 9 schools have generally been increasing since 2014. Compared to the 2014-2015 school year, there was a 30% increase in school expulsions in Region 9 in the 2017-2018 school year.

Figure 15. Region 9 School Expulsions, 2014-2018

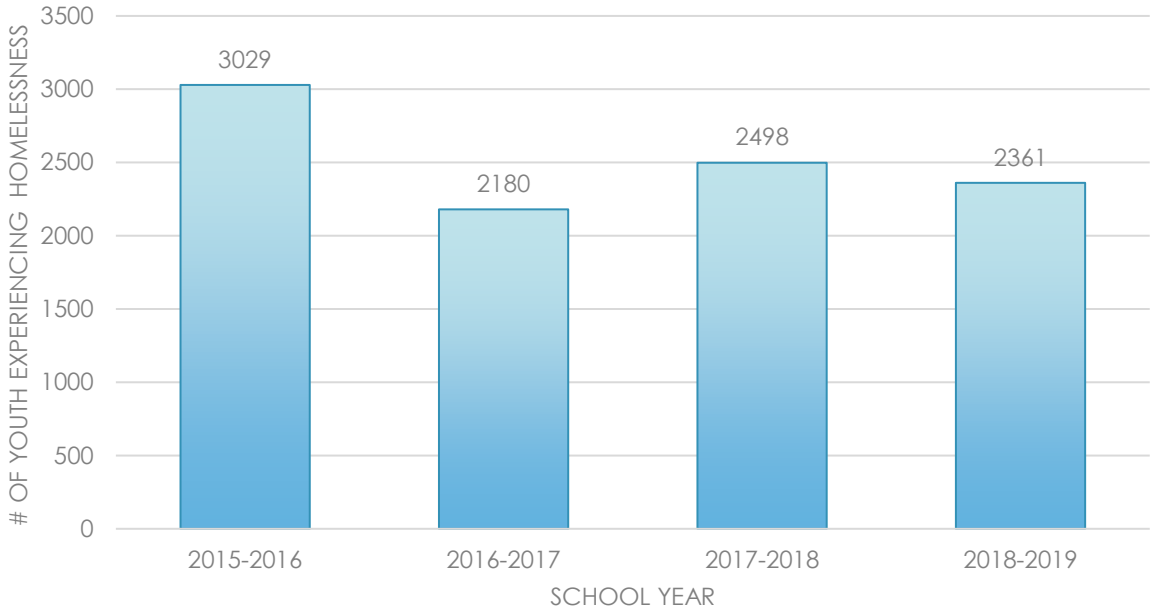


Source: Texas Education Agency[35]

Children and Youth Experiencing Homelessness

The Texas Education Agency also collects data on the number of children and youth experiencing homelessness.[37] Figure 16 on the following page shows the number of youths in Region 9 that experienced homelessness from school year 2015-2016 to school year 2018-2019.[37] In the 2015-2016 school year, there were 3029 youth in Region 9 who experienced homelessness. In the 2018-2019 school year, there were 2361 youth who experienced homelessness, or a 28% decrease in youth experiencing homelessness.[37] The number of youths in Region 9 who experienced homelessness increased for two school years from 2016-2018, then dropped for the 2018-2019 school year.[37]

Figure 16. Region 9 Youth Experiencing Homelessness, 2015-2019



Source: Texas Education Agency[37]

Criminal Activity

The term criminal activity can be defined by many irresponsible activities deemed illegal by the law and law enforcement officials. The region 9 PRC includes Table 10 on the following page to detail the rate of index crimes in Region 9. Index crime rates are calculated per 100,000 people and shown for the year 2000. Index crime rates are comprised of eight crimes deemed by the FBI to produce a crime index: murder, rape, robbery, assault, burglary, larceny, auto theft, and arson. However, arson rates are not shown here because they are not reported by the Uniform Crime Report as part of its Crime Index.

Index crimes can be separated in to index violent crimes and index property crimes. Index violent crimes include: murder, rape, robbery, aggravated assault. Index property crimes includes index crimes: burglary, larceny, and auto theft.

Region 9 experiences violent crime at a higher rate than the Texas state average

Table 10. Region 9 Index Crime Rates (per 100k), 2019

County	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
TEXAS	**4.6**	**51.9**	**98.5**	**258.4**	**409.4**	**1,710.8**	**242.9**	**2,776.6**
REGION 9	**5.0**	**52.3**	**27.4**	**356.0**	**753.1**	**2,564.9**	**215.6**	**3,974.3**
Andrews	0.0	55.2	5.5	336.5	330.9	1,031.4	182	1,941.5
Borden	0.0	0.0	0.0	0.0	592.6	1,481.6	148.1	2,222.2
Coke	30.3	0.0	0.0	0.0	30.3	0.0	0.0	60.7
Concho	0.0	0.0	0.0	425.5	77.4	270.8	0.0	773.3
Crane	0.0	20.9	0.0	0.0	104.6	209.1	41.8	376.4
Crockett	0.0	0.0	28.3	56.6	2,998.6	311.2	0.0	3,394.7
Dawson	8.0	79.9	31.9	25.5	934.3	2,291.8	167.7	3,769.1
Ector	7.4	77.2	78.5	598.7	496.2	1,970.4	391.1	3,619.5
Gaines	0.0	33.2	9.5	270.7	261.2	645.8	90.2	1,310.7
Glasscock	0.0	0.0	0.0	0.0	146.8	1,248.2	73.4	1,468.4
Howard	8.3	30.5	41.6	479.3	567.9	1,892.2	302	3,321.8
Irion	0.0	66.7	0.0	200	466.7	1,333.3	200	2,266.7
Kimble	0.0	0.0	0.0	114.4	160.1	388.9	91.5	755
Loving	0.0	0.0	0.0	0.0	0.0	11,724.1	0.0	11,724.1
Martin	0.0	69.7	17.4	122	156.8	888.7	191.7	1,446.2
Mason	0.0	0.0	0.0	23.6	165	212.2	23.6	424.3
McCulloch	0.0	0.0	12.7	50.7	227.9	810.4	126.6	1,228.3
Menard	0.0	0.0	0.0	47.6	618.2	0.0	0.0	665.7
Midland	3.6	42.8	42.1	199.2	269.9	1,504.9	198.5	2,261
Pecos	6.4	19.2	12.8	378	429.3	762.5	83.3	1,691.5
Reagan	0.0	0.0	0.0	213.1	319.7	1,092.2	159.8	1,784.8
Reeves	0.0	110	38.8	679.3	168.2	1,552.7	32.3	2,581.4
Schleicher	0.0	0.0	0.0	0.0	102.5	717.2	102.5	922.1
Sterling	0.0	0.0	0.0	76	76	288	0.0	379.9
Sutton	0.0	53.8	26.9	107.6	26.9	645.7	53.8	914.7
Terrell	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tom Green	2.5	82.5	42.9	208.8	592.7	2,346.5	219.7	3,495.7
Upton	0.0	0.0	0.0	27	0.0	432.1	54	513.1
Ward	8.6	34.6	8.6	293.8	596.3	1,495	77.8	2,514.7
Winkler	0.0	78.7	13.1	406.5	380.2	930.9	222.9	2,032.3

Source: Texas Department of Public Safety[38]

Index Violent Crime

Region 9 has higher murder, rape, assault, burglary and larceny crime rates than the Texas average (see Table 10 on previous page). [38] Most noticeably, Region 9 reported a 73% higher rate of assault than in Texas in 2019.[38]However, Region 9 had less than half of robbery rate of Texas in 2019.[38]

Looking at the county level for Region 9 population centers, Reeves County had highest in assault (679.3%/100k) crime rates in 2019 in Texas.[38] Ector County had a higher Murder, Assault, Rape rate than Texas in 2019, as well, but Robbery 78.5% per 100k was below the state rate (98.5%/100k).[38]Tom Green County had a 31% higher rate of rape (82.5%/100k) compared to Texas in 2019, but lower rates than the state for all violent crimes in 2019.[38]

The Region 9 county with the highest rate of murder in 2019 was Coke County with a rate 30.3% murders per 100K population, or a 25% higher rate than that of Texas in 2019. Ector County had the highest rate of robbery in Region 9 in 2019. The highest rate in 2019 for Assaults in Region 9 was Reeves County at 679.3% per 100k compared to Texas rate 258.4% per 100k.[38] The highest rates of Assaults in Region 9 were in Ector, Reeves, Concho and Howard Counties at 598.7%, 679.3%, 425.5% and 479.3% per 100k, respectively. The number of assaults in these counties are well above the Texas rate at 258.4% per 100,000 people.[38]

Index Property Crime

Region 9 reported higher rates of burglary, larceny, and auto theft in 2019 by 84%, 50%, and 13% respectively (see Table 10 on the previous page).[38]

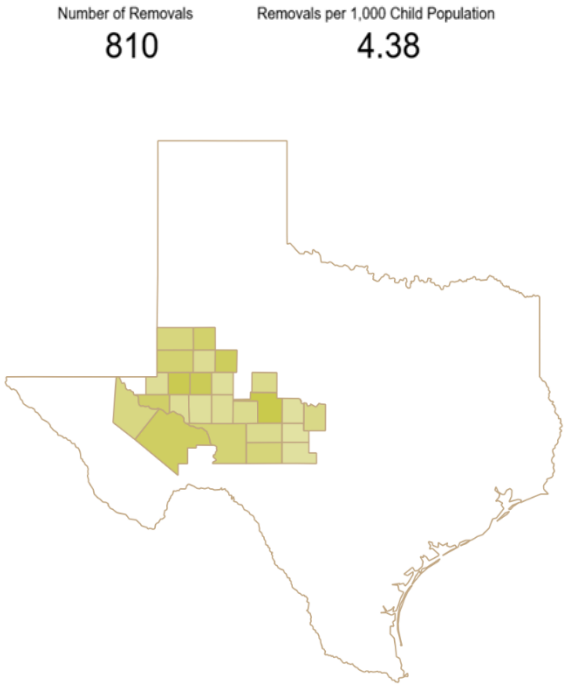
Looking at the county level for Region 9 population centers, Ector County had higher burglary (753.1/100k), larceny (2564.9/100k), and auto theft (391.1/100k)[38] than the state of Texas. Crockett County had the highest burglary rate for Region 9 (2998.6/100k).[38]Loving County, the smallest county in the region, posted the highest larceny rate (11,724.1/100k) for Region 9.[38] Ector County not only had the higher rate than the Texas rate (242.9/100k) for auto theft, Ector County was also the highest number of auto thefts in Region 9 at 391.1 per 100k.[38]

Sutton County had the lowest rate of burglary in Region 9 (26.9/100k). Crane County had the lowest larceny rate for the Region at 209.1 per 100k. Mason County had the lowest auto theft 23.9/100k.

Region 9 experiences property crime at a higher rate than the Texas state average

Figure 17. Number of Removals in Region 9, 2019[39]

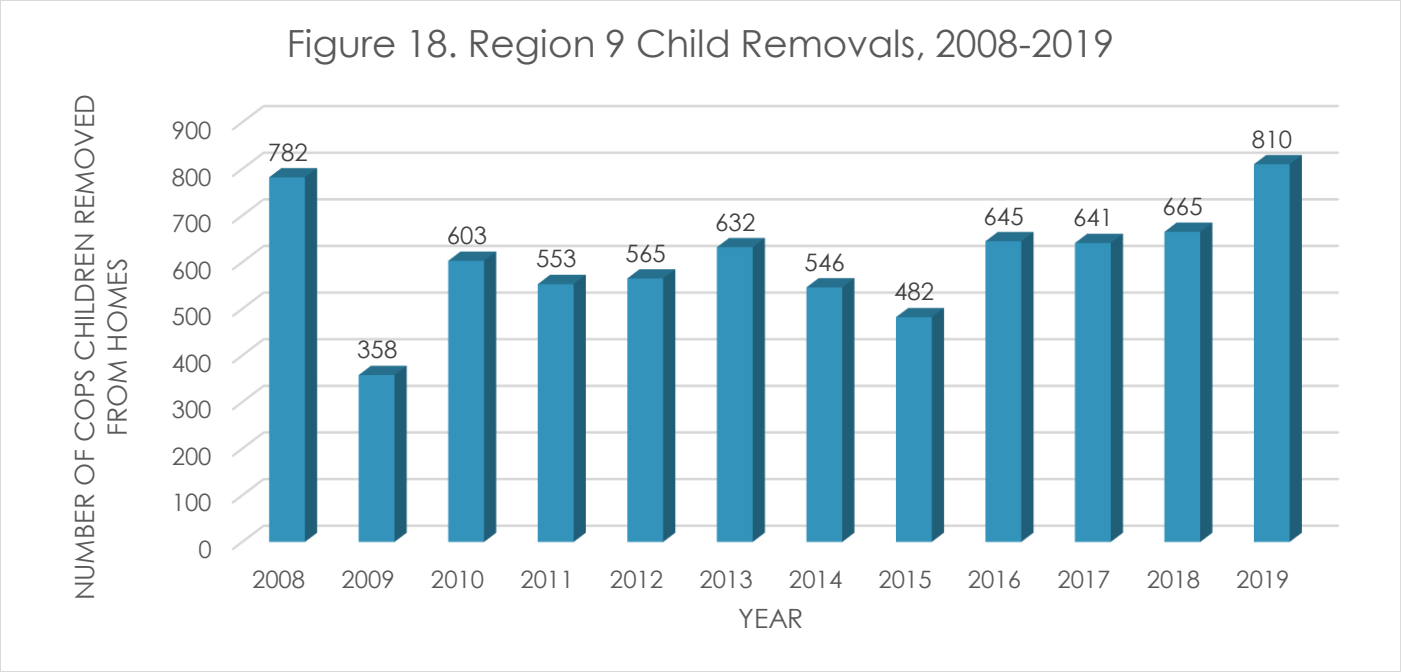
Source: Texas Department of Family and Protective Services



Family Violence Crime

The Texas Department of Family and Protective Services (DFPS) protects children and vulnerable adults from abuse, neglect and exploitation. One of its programs is Child Protective Services, or CPS, which protects children from abuse and neglect through services, foster care, and adoption. Child abuse and separation from family is considered a risk factor when it comes to substance use. Looking at the number of children that were removed by CPS or children in the CPS system that were removed from their homes, shows the widespread issue of abuse and neglect of child abuse in Region 9. In 2009, there were the lowest number of removals at 358 in Region 9 counties (see Figure 18).[39]The year 2019 had the highest number of child removals (810) followed by the year 2008 (782).[39]

In 2019, Region 9 experienced more child-from-home removals by Texas DFPS than any other year over the past nine years



Source: Texas Department of Family and Protective Services[40]

Mental Health

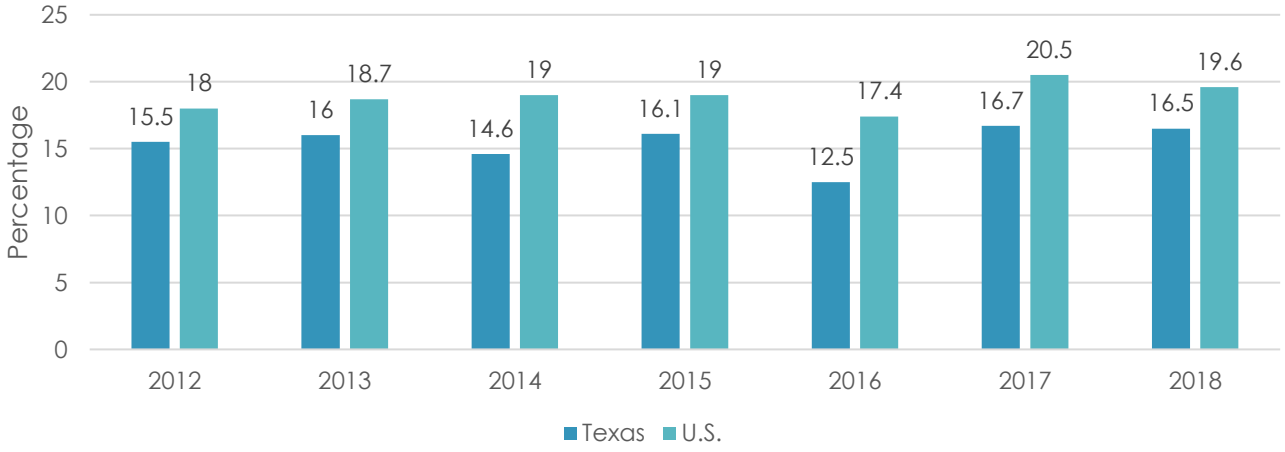
Region 9 covers a wide expanse of west Texas. The largest of the 30 counties include Ector, Midland and Tom Green counties. The smaller counties include Loving, Borden and Irion. No matter the size, all counties must have access to mental health services. Due to the rural areas having limited resources, it is difficult to treat the clients with immediate mental health crises. Waiting lists and lack of services prove to be a challenge for outlying areas. However, technology has made the process of evaluating and speaking to clients through video and virtual meetings a much easier process for those that cannot travel to the centers. In Region 9, there are five service centers that can provide a variety of services: Center for Life Resources in Brownwood, Hill Country Mental Health Developmental Disabilities (MHDD) in Kerrville which serves Region 9 Kimble County, Mental Health and Mental Retardation (MHMR) Services of the Concho Valley in San Angelo, PermiaCare covers Odessa and Midland area. The West Texas Centers cover Big Spring (Howard County) area. Howard County also has the Big Spring State Hospital that serves West Texas and surrounding areas for inpatient treatment. Mental health patients have a wide array of needs, from medication monitoring to resource referrals. The centers are there to provide the best treatment for the client and recognize their needs to help them adapt based on their level care. The centers provide access to doctors that prescribe medications for mental health conditions that possibly affect their daily lives. Clients that are prescribed medication are monitored closely for side effects and necessary changes in doses or medications if their mental health deteriorates.

Depression

According to the Anxiety and Depression Association of America, 322 million people worldwide live with depression. The most common diagnosis of depression is Major Depressive Disorder. In 2017, around 17.3 million adults, 18 years or older in the United States had experienced a major depressive episode in the last year, which was 7.1% of American adults. The prevalence of major depressive episode was higher in adult females (8.7%) compared to males (5.3%). The age group that was most prevalent of major depressive episodes were the 18-25 age group or (13.1%).[44]

According to Behavioral Risk Factor Surveillance System (BRFSS) the lowest percentage of people diagnosed with depression between 2012 and 2018 in Texas was in 2016 (12.5%). The United States showed a higher percentage than Texas of those diagnosed with depression between 2012 and 2018. The highest percentage of those diagnosed with depression in Texas was 2017 at 16.7%. (See Figure 19). Based on the population of the United States, the year with the highest percentage of people diagnosed with depression was in 2017 at 20.5%. In 2016, the lowest percentage of people diagnosed with depression in the United States between 2012 and 2018 was at 17.4%. Texas had a lower percentage per population than the United States of those diagnosed with depression. The U.S. had a consistent trend of adults with depression between 2013 and 2015, at 18.7% in 2013 and 19.0% in 2014 and 2015. In 2016, there was a decline for both the United States and in Texas of those diagnosed with depression at 17.4% and 12.5% respectively. However, in 2017 both the United States and Texas saw an increase at 20.5% and 16.7%, and saw a slight decrease in 2018 with the U.S. at 19.6% and Texas at 16.5%.

Figure 19. Adults with Depression, 2012-2018



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)[4]

Suicide

From 1999-2018, 55,448 suicides were reported, which was an increase of 5308 from the previous year in the state of Texas. Region 9 had a total of 1,482 from 1999-2018, which was 123 more suicides than the previous year. Region 9 accounted for 2.7% suicides in the state of Texas. Table 11 compares crude rates and age-adjusted rates of suicides in Region 9 from 1999-2018. Age-adjusted rates are crude rates that are adjusted so the rate is not influenced by age distribution, which can increase or decrease any rate. Winkler County had the highest rate of suicides in Region 9 from 1999-2018, according to both crude (19.4/100k) and age-adjusted (19.4/100k) rates[41]. The counties with smaller populations in Region 9 were not shown in crude rate or age-adujusted rate on Table 9. Those showing less than 20 suicide deaths in low populated areas were considered unreliable and entered in this table as suppressed. Law enforcement or health officials have a difficulty in determining a death as suicide, they must have undeniable proof. Proof that the deceased intentionally committed suicide, such as a suicide note, and possibly postings on social media can assist in determining a death as suicide.

Table 11. Region 9 Suicides, 1999-2018

County	Deaths	Crude Rate	Age-Adjusted Rate
Texas	**55,448**	**11.3**	**11.6**
Andrews	43	14.4	15.1
Coke	13	Suppressed	Suppressed
Crane	13	Suppressed	Suppressed
Crockett	11	Suppressed	Suppressed
Dawson	29	10.4	10
Ector	348	12.7	13.2
Gaines	33	9.6	10.8
Howard	129	18.5	18.7
Kimble	19	Suppressed	Suppressed
McCulloch	29	17.7	18.6
Mason	15	Suppressed	Suppressed
Midland	346	12.6	12.9
Pecos	33	10.4	10.5
Reagan	10	Suppressed	Suppressed
Reeves	28	10.2	10
Sutton	12	Suppressed	Suppressed
Tom Green	315	14.3	14.6
Ward	28	12.9	13.4
Winkler	28	19.4	19.4

Source: CDC Wonder[41]

Drug overdose deaths are not considered suicide but ruled accidental. However, there is an inconsistency on whether the death should be ruled a suicide by overdose or strictly as an accident. There is not a specified protocol on determining a death as suicide unless there is clear, undeniable proof. Since there is no specific guideline, the overdose deaths are ruled accidental.

Substance Use and Mental Health

About 9.2 million Americans have been diagnosed with both mental health issues and substance use disorder.[48] This accounts for 3.7% of all adults in the United States. Among adults over the age of 18, an estimated 28.1% of adults with any mental illness (AMI) and 37.2% of adults with serious mental illness (SMI) were cigarette smokers in the past month compared with 16.3% of those without any mental illness.[48] Adults with AMI accounted for 31.3% of binge drinkers and 32.3% of adults with SMI were binge drinkers compared to 25.3% of adults with no mental illness.[48] However, the percentage of adults

without mental illness accounted for 15.7%, and much higher for adults with SMI, (49.4 percent) and adults with AMI (36.7 percent).[48] Cigarette use was defined as smoking "part or all of a cigarette". Those diagnosed with mental illness accounted for majority of individuals that were current users and not defined as an occasional smoker.[48] The concern for an individual taking medications to treat mental health conditions and a current smoker is how it affects the chemical reaction within the body.

Tobacco users in 2018 numbered at 58.8 million people were considered current users. Tobacco products consist of snuff, dip, chewing tobacco, cigars and pipe tobacco. Medications used to treat mental health issues have side effects. Because those being treated for mental health diagnoses can be more likely to smoke cigarettes, thus increasing the likelihood of side effects of the prescribed medications. The ingredients in cigarettes can prevent the medications to reach the dosage effectiveness and can challenge the prescribing doctor to raise or change medication that will best treat the diagnosis.

Social Factors

Children exposed to drug and alcohol use will have a higher probability of using drugs and alcohol at some point in their life. Environmental factors have a big impact on what children see as normal. What they are exposed to will significantly shape the way they will live their lives as they grow into adulthood. If the children are exposed to drugs and alcohol, the children will know this as normal behavior and act according to how they are raised.

Because of drug and alcohol use can be a norm in some households, peer approval also affects children's temptation of drug and alcohol use. Peer approval of substance use can predict later-on substance dependence, even if early use is controlled.[49]A study developed by Taylor and Lloyd in children who used substances earlier on in their development, and had low self-esteem were most likely to develop a substance abuse issue.[50] In correlation with those with substance addiction and self-esteem, those with substance use issues will more than likely have a low self-esteem than those not suffering from low self-esteem.[50]Theoretically , the reason why children with low self-esteem rely on substance use is due to feeling a temporary comfort with themselves. Children with substance addiction rely on the exhileration they feel to fill the void that boosts their self-esteem.

If children are exposed to an environment where substances are used regularly, peer pressure may play an integral part as well. Peer pressure to use substances will not be as difficult to resist because the acceptable casual attitudes children are exposed to at home.

Texas School Survey Data

The Texas School Survey (TSS) is a collection of self-reported tobacco, alcohol, inhalant and substance use data gathered annually from students in public schools throughout the state of Texas. The survey, conducted by the Public Policy Research Institute (PPRI) in conjunction with the Texas Health and Human Services Commission (HHSC), is also administered in even numbered years to a representative state sample of Texas students in grades 7 through 12.[4]The PPRI is researched and collected at Texas A&M University through the Texas School Survey.The data is gathered every two years and is due for 2020 survey of students. Schools are chosen to participate in the survey and students must be registered in TSS prior to completion. The TSS collects data from these schools during the fall which will be the 2020-2021 school year. It is still unknown at this time on what the school dynamic will be

during this upcoming school year. School districts will have to determine if students will attend virtually, a hybrid setting or 100% on-campus. This will possibly affect the survey outcome and possibly how the survey will be distributed because of the COVID-19 pandemic.

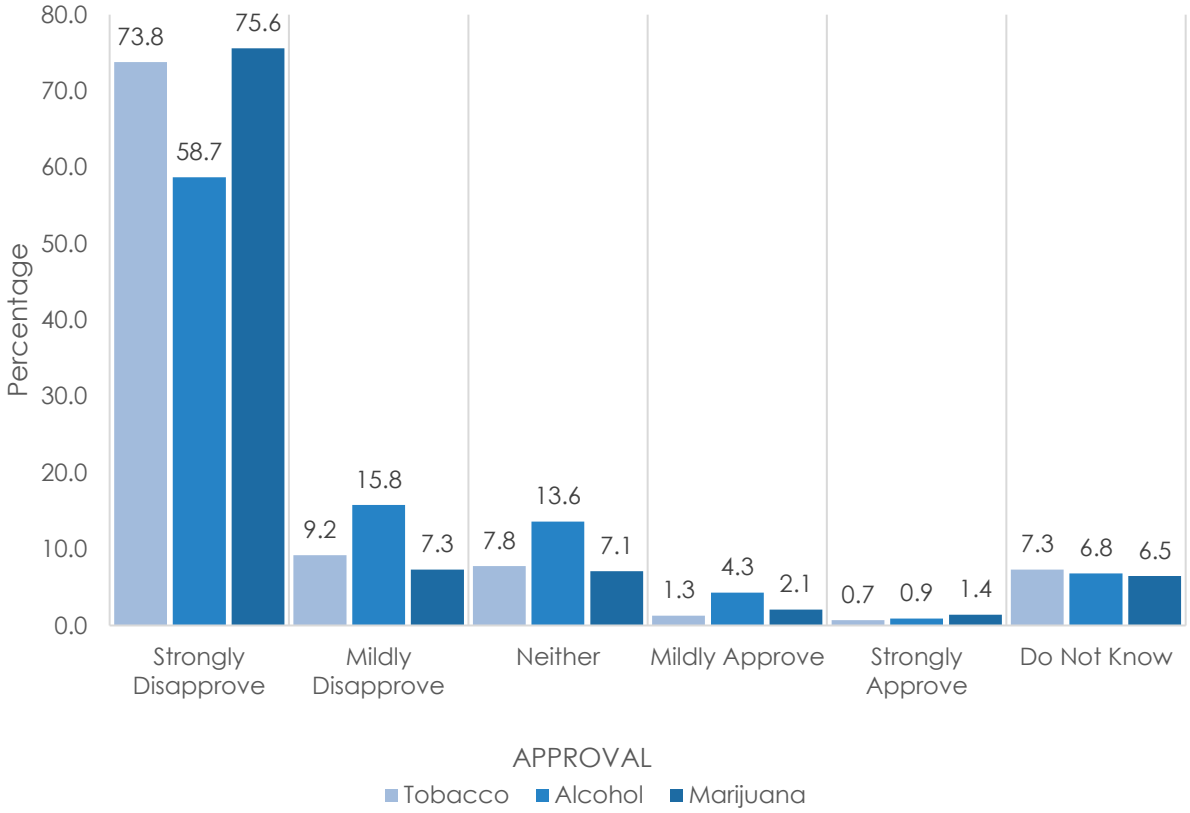
Youth Perception of Parental Approval of Consumption

The 2018 survey showed 58.7% of students in Region 9 reported that their parents disapproved of kids their age using alcohol (see Figure 20 on the next page).[4]Even more students reported their parents strongly disapproved of kids their age using tobacco (73.8%) and marijuana (75.6%).[4]The state average for student perception of parental approval of consumption or 'strongly disapprove' was 62.0% for alcohol, 78.3% for tobacco, and 76.5% for marijuana. This is markedly higher than the Region 9 percentage of student perceptions.[4]

It will be difficult to surmise the effects of COVID-19 of students' perception of parent approval on drugs and alcohol. Many factors can contribute to student perception when they are home with caregivers all day during the lockdown. The caregivers during the day may differ than the parent or legal guardian the student would be with when returning home from school. The parent or parents may also be home on a day to day basis because of layoffs or other unforeseen factors that can dramatically change the homelife. Stress at home from financial problems, loss of employment or any other life changing moments can change what may have been a conservative home into a home that could affect a student's life and perception of their parents. After an unprecedented COVID-19 lockdown, there cannot be a predictable factor in how much this pandemic has changed families. The last few months of 2019-2020 school year students were no longer attending classes in school buildings but staying home to complete assignments. It is unknown how the 2020 survey results may be different because of the pandemic, or that the results may have fewer participants. But what is known is the fact that data obtained in 2020 will likely be different throughout the state of Texas than if the pandemic had not occurred.

About 14% of Region 9 students claim their parents neither approve nor disapprove of teen consumption of alcohol according to the 2018 Texas School Survey

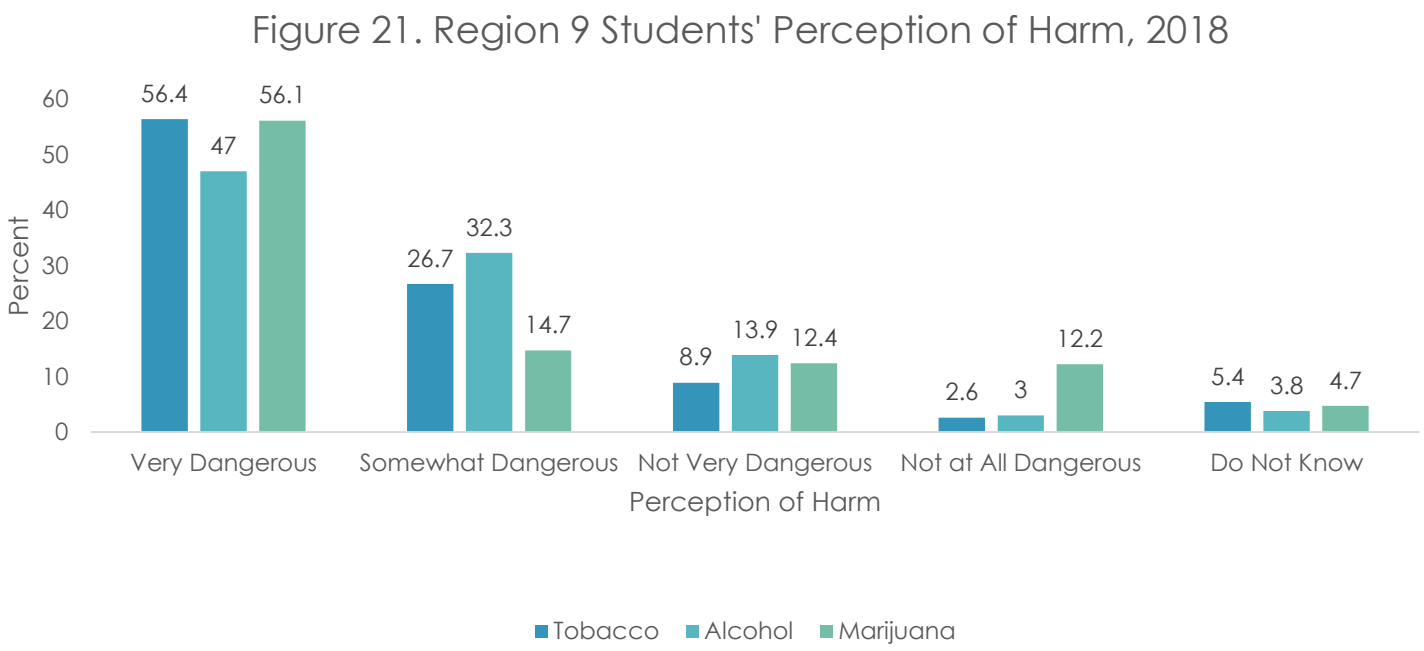
Figure 20. Region 9 Parental Approval of Substance Use, 2018



Source: Texas School Survey, 2018[4]

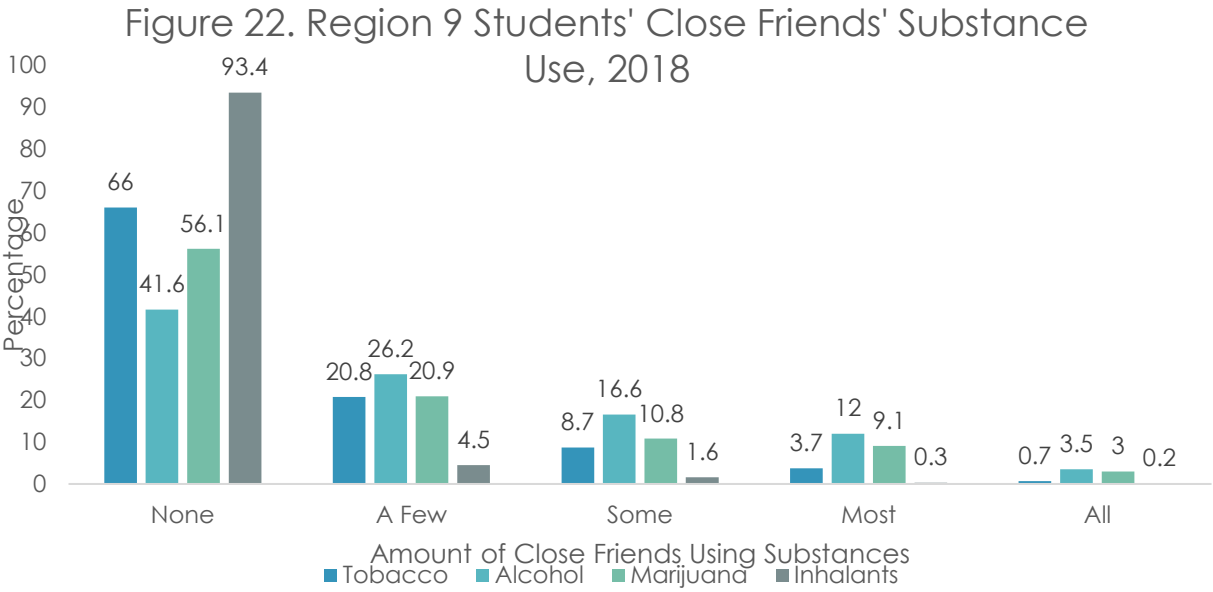
Youth Perception of Peer Approval of Consumption

Inside the Texas School Survey, students were asked, "How dangerous do you think it is for kids your age to use…" alcohol, tobacco, and marijuana.[4] The students were to choose their answer between "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".[4]In 2018, 47.0% of Region 9 students reported that they believe it is "very dangerous" for kids their age to use alcohol (see Figure 21 on next page).[4]Students that believed marijuana was "very dangerous" was at 56.1%, while 56.4% of the students believed the same for alcohol.[4] Students perception of themselves and how they viewed parent perception of substance use was recognizably different.[4] There was a higher percentage of students that believed alcohol, marijuana, and tobacco are dangerous compared to how they perceived their parents' views of the dangers of alcohol, marijuana, and tobacco. Students in Region 9 that reported "not at all dangerous" for kid their age to use marijuana was at 12.2%. Of those students only 3.0% reported this for alcohol and 2.6% for tobacco.[9]Students in Region 9 that "Do not know" if alcohol, tobacco, or marijuana is dangerous for kids their age was about 3-5%.[4]



Source: Texas School Survey, 2018[4]

Furthermore, 4.4% of Region 9 students reported that most or all of their close friends use tobacco, 15.5% reported most or all of their close friends use alcohol, 12.1% reported most or all of their close friends use marijuana, and 0.5% reported most or all of their close friends use inhalants (see Figure 22).[4]In all, 34% of Region 9 students reported they have at least a few close friends that use alcohol; 43.9% reported the same for marijuana use; and 6.6% reported that they have at least a few close friends that use inhalants.[4]



Source: Texas School Survey, 2018[4]

Cultural Norms and Substance Use

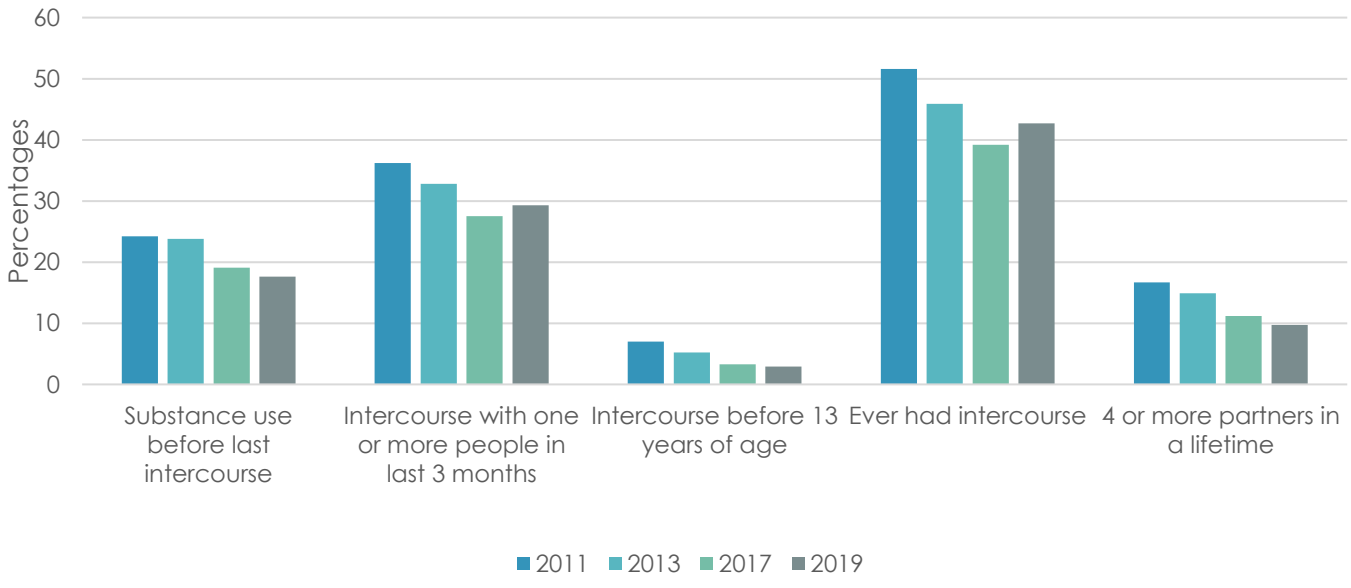
Not only does the environment play an integral part in development of individual beliefs in problems faced with drug usage, culture can play a primary role on a student's feelings on substance use. Culture may be a protective barrier that is naturally integrated into social groups, such as negative stigma that a culture may attach to drug use. Rapid social change can also accelerate the use of substances. Those cultures that have little exposure to drugs and may not have developed protective factors that other cultures have already established, could increase the chance of substance use.[51]Loss of a healthy ethnic or cultural identity may occur among cultures which have been rapidly influenced by an outside source.[51]Substance use treatment providers must be knowledgeable of the changing and various cultures of their clients.[51]

Adolescent Sexual Behavior

Peer pressure, social norms and environmental factors play a crucial role in the development of adolescents. Drugs and alcohol consumption can contribute to a child making decisions that may not be the social norm, but peer pressure or the environmental conditions can lead to risky sexual behavior as well.

A survey conducted on high school students by the CDC, state, and local agencies compiled by the Youth Risk Behavior Surveillance System (YRBSS) looked at different factors regarding sexual activity of adolescents. The survey in 2011 determined that over 52% of children ever had sexual intercourse but by 2017 saw a decline to 39.2% (see Figure 23)[52] but increased to 42.7% in 2019.

Figure 23. Texas Adolescents' Sexual Behavior, 2011-2019



Source: Texas Department of State Health Services, Youth Risk Behavior Survey[52]

On Figure 24, 29.3% of adolescents had intercourse in the last 3 months or considered sexually active in 2019. This number is up from 27.5% from 2017.[52] The adolescents that used a substance prior to sex was higher in 2017 (19.1%) than in 2019 (17.6%). The rate of teens that had more than four partners in their lifetime also saw a decline from 2017 to 2019 (11.2% to 9.7%).[52]

Although the state saw an increase in adolescents having sex from 2017 to 2019, 39.2% to 42.7%, the rate of teen births in Region 9 declined in 2018 from the previous year. The average teen birth rate per 1,000 for girls 15-19 years old in the state of Texas was at 34 in 2018 (see Table 12), which was a slight decrease from the year before (37).[53] Every county in Region 9 had a lower birth rate than the year before except Reagan County, who had a rate of 66 births per 1,000 in 2018 up from 64 in 2017.[53] Reeves County had a rate of 80 births per 1,000 and Dawson at 68, the two highest rates in Region 9.[53] Mason County had the lowest teen birth rate for 2018 at 19 per 1,000 births. Borden, Glasscock, Irion, Loving, Sterling and Terrell County did not have sufficient data to enter birth rates.[53]

Table 12. Region 9 Teen Birth Rates, 2018

County	Teen Birth Rate (per 1,000)	County	Teen Birth Rate (per 1,000)
Texas	**34**	Mason	19
Andrews	65	McCulloch	39
Borden	--	Menard	32
Coke	37	Midland	51
Concho	33	Pecos	64
Crane	52	Reagan	66
Crockett	65	Reeves	80
Dawson	68	Schleicher	23
Ector	66	Sterling	--
Gaines	48	Sutton	52
Glasscock	--	Terrell	--
Howard	64	Tom Green	35
Irion	--	Upton	48
Kimble	47	Ward	59
Loving	--	Winkler	57
Martin	57		

Source: County Health Rankings and Roadmaps[53]

Region 9 teen birth rates decreased from 2017 to 2018

Misconceptions about Marijuana

The most used illicit drug in the United States is marijuana.[54] About 9% of the population over the age of 12 reported that they were current users in 2016. [54] With many states now legalizing marijuana, there are differences of opinion so politics and social beliefs play a role in how marijuana will be viewed.[54] In politics, bills are proposed to legalize marijuana. Because of many misconceptions of marijuana, it is important for scientifically proven information be distributed through the RNA. The facts and myths about marijuana are listed below.

- **Myth:** *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.[56]

- **Myth**: *CBD is legal in Texas…that means marijuana is legal*.

  Fact: Marijuana is illegal in Texas; CBD is not marijuana. Cannabidiol, aka CBD, is a pharmacologically relevant constituent of the Cannabis plant.[57]those who smoke cannabis may do so for the intoxicating effects of tetrahydrocannabinol (THC) that is present in cannabis.[57]However, CBD does not contain THC, is nonintoxicating, and contains anxiolytic, anti-inflammatory, antiemetic, and antipsychotic properties.[57]

- **Myth**: *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.[58]Marijuana smoke affects the lungs and people who smoke marijuana frequently may have the same breathing problems as tobacco smokers.[58]Marijuana can increase the chance for heart attacks, as it raises the heart ratefor some time after being smoked, and can lead to Cannabinoid Hyperemesis Syndrome, where the user experiences cycles of severe nausea, vomiting, and dehydration.[58]Long-term marijuana use has been linked to mental health conditions in some users, such as temporary hallucinations, temporary paranoia, and worsening symptoms of existing schizophrenia.[58]

- **Myth**: *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."[59] On average, adults seeking treatment for marijuana use disorders have attempted to quit more than six times.[60]

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

  Fact: Any smoke is harmful to lung health.[62]Smoking marijuana causes chronic bronchitis, chronic cough, phlegm production, wheeze, acute bronchitis, and has been linked to causing air pockets in the chest cavity.[62]

- **Myth**: *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.[59]In 2013, nearly three-quarters of adult illicit-drug users reported that marijuana was their first illicit drug of choice.[59]When one uses an addictive drug, their probability of using another addictive drug is increased.[59]Marijuana is highly correlated with alcohol, opioid, and cocaine use disorders.[63]

Accessibility

When evaluating the risk of substance use, risk factors are good indicators in finding the most vulnerable points for adolescents. An important risk factor to look at is the perception students have of accessibility in obtaining marijuana, alcohol or other drugs. If students perceive the difficulty or how easy it would be to obtain these substances, can help determine the risk. The perception that it is easy to obtain drugs and alcohol, the more confident the student will be in seeking the substances. Knowing what students perceive as easy accessibility can assist in ways to lower the risk. Other risks that students face are parents hosting parties where alcohol and drugs are available. Social hosting is an obvious setting where students observe the acceptable behaviors of adults using or making substances available. The more common and accepted drugs and alcohol are, the more accessible it will be. Although the difficulties in controlling the environment where substances are available to students, the community is also a contributing factor that can be more controlled. If businesses do not follow licensing and regulations, the risk factor will only increase on how accessible alcohol is to students.

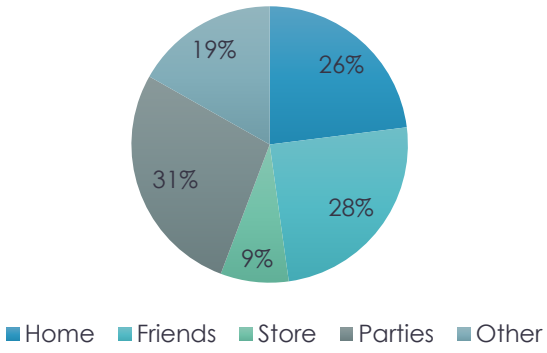
Social Hosting

In 2017, the Here 2 Impact (H2i) Coalition passed a Social Host Accountability Ordinance (SHO) in Ector County that ticketed adults that provided a location where alcohol was available to minors.[68] Texas law states that adults cannot furnish alcohol to minors that are not their children. The SHO also holds adults responsible for underage drinking parties if underage people are served, regardless of who furnished the alcohol. The SHO went into effect in August 2017 and Odessa was the fourth city in Texas to pass this ordinance.[68] In May 2019, Odessa Police Department developed a task force to increase patrol during Operation Graduation: Social Host. This operation was to ensure celebrations were safe and would respond to calls involving drug use, underage drinking parties and social host violations. The Odessa Police Department teamed up with other local law enforcement as well as response organizations to respond to calls throughout the city and county. Those involved in the effort were the ECISD Police, Ector County Hospital District Police, Ector County Sheriff Department, Odessa Crime Stoppers and Permian Basin Regional Council on Alcohol and Drug Abuse.[68] Any tips that Odessa Crime Stoppers received that resulted in a citation could have resulted in a cash reward. Citations that were issued were Minor in Possession, Minor Consuming, Furnishing Alcohol to Minors, or Social Host Accountability.

The largest portion of students in Region 9 reported that they receive alcoholic beverages from parties was at 31%, while 28% of students claimed alcohol was provided from friends.[4] Students that received alcohol from home was at 26%, while 19% came from other sources, and 9% from stores.[4]The Social Host Ordinance was enacted because law enforcement and other prevention specialists know that students have easier access to alcohol by way of parties, friends and their own home.[4] Figure 25 on the next page shows the highest percentage of students find parties are an easier way to obtain alcohol.[4]

Knowing these areas make students more vulnerable to drinking alcohol, the SHO is an effective tool in controlling the students' ability to access alcohol.

Figure 24. Sources of Alcohol Obtainment for Region 9 Students,2018



Source: Texas School Survey, 2018[4]

Students' Perceived Access of AOD

On the 2018 TSS, Region 9 students were surveyed on their perception of how easy it was to obtain alcohol and other drugs (AOD): tobacco, alcohol, marijuana, ecstasy, cocaine, crack, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine.[4] Region 9 students were given options on how easy they thought it would be to obtain these substances: "never heard of it","impossible", "very difficult", "somewhat easy", or "very easy" to obtain. These will be combined and classified by students that perceived these substances were "easy" to obtain.[4]

Table 13. Students who believe it is easy* to obtain substances (%), 2018

Region	Tobacco	Alcohol	Marijuana	Ecstasy
Region 9	36.0	48.9	31.3	6.4
Texas	33.9	46.9	33.5	7.5
	Cocaine	**Crack**	**Synthetic Marijuana**	**Inhalants**
Region 9	9.0	6.3	8.9	31.2
Texas	8.8	6.5	10.3	31.9
	Steroids	**Heroin**	**Methamphetamine**	
Region 9	6.7	4.5	4.9	
Texas	7.0	4.6	5.1	

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

Source: Texas School Survey, 2018[4]

In 2018, compared to the state of Texas, students in Region 9 reported that tobacco, alcohol, and cocaine are easy to obtain (see Table 13),[4]concluding that fewer students in Region 9 reported that marijuana, ecstasy, crack, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine are easy to obtain than the state of Texas reported.[4]The easiest drug to obtain according to students in Region 9 was alcohol (48.9%), followed by tobacco (36.0%), and marijuana (31.3%) in

2018.[4] However, crack, methamphetamine and heroin were drugs that students thought were not as easy to obtain in 2018, (6.3%), (4.9%), and (4.5%) consecutively.[4]

Alcohol Retail Permit Density and Violations

According to TABC, there were 1,521 retailers in Region 9 in July 2020 where alcohol could be purchased. Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC) and can be sold to qualifying grocery stores, convenience stores, bars and entertainment clubs.[64] Having a high concentration of retail alcohol outlets in a small area can produce a public health issue by increasing the environmental risk factors.[65] Access to alcohol in densely populated areas produces risk of dependence and these dense areas will lack the access to care for those seeking treatment for alcohol dependence.

Currently, the state of Texas has 59,779 licensed retail alcohol permits.[64] Texas is 261,797 square miles and measuring the density of retail alcohol sales per 10 square miles calculates to 2.3 alcohol permits for the state.[64] The largest counties in Region 9 are Ector , Midland and Tom Green.[64]The previous year Ector yielded a retail permit density of 4.2 alcohol permits per 10 square miles, Midland yielded 3.7 permits per 10 square miles and Tom Green had a retail permit density of 1.7 alcohol permit per 10 square miles.[64] The current permit count for Ector increased by 11 alcohol permits, Midland increased by 29, while Tom Green County saw a decrease of eight permits from the previous year.[64] Ector county spans 901.8 square miles and yielded a retail permit density of 4.3 permits per 10 square miles, which was almost twice as dense as the state of Texas. Midland spans 902.1 square miles and yielded a retail permit density of 4.0 permits per 10 square miles.[64] Tom Green County spans 1,540.6 square miles and yielded a retail permit density of 1.6 permits per 10 square miles. From January 1, 2019 through December 31, 2019, Region 9 had 94 TABC violations.[64]

Prescription Drug Access

More than 750,000 people have died from drug overdose from 1999 through 2018.[69] Two out of three overdose deaths in 2018 involved an opioid.[69] Opioids are substances that work in the nervous system of the body or in specific receptors in the brain to reduce intensity of pain. Overdose deaths have increased over six time since 1999.[69] Overdoses involving opioids, such as prescription, heroin or synthetic opiates (fentanyl) have killed nearly 47,000 people in 2018, and 32% of those deaths involved prescription opiates.[69]

The opioid epidemic of overdose deaths are outlined in three waves. The first wave began in the 1990's because of deaths from prescription opiates (natural, semi-synthetic and methadone). The second wave began in 2010 with increasing deaths involving heroin. The third wave began in 2013 with overdose deaths from synthetic opioids, especially illegally manufactured fentanyl.[71]In 2017, the U.S. Department of Health and Health Services (HHS) declared the opioid epidemic a public health emergency and announced a 5-Point Strategy to combat the opioid crisis.[71]The HHS announced these five 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.[75]

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.[56]Most opioids, such as hydrocodone, methadone, oxycodone, hydromorphone, and fentanyl, fall in to this category of

Schedule II drugs.[56]Table 12 below shows Schedule II drug dispensations for 21 out of the 30 counties in Region 9 from 2015 to 2018. The other nine counties in Region 9 did not have enough data to report on. From 2015-2018, seven counties in Region 9 (Crane, Howard, Martin, Midland, Reagan, Tom Green, and Upton) reported an increase in Schedule II drug dispensations while the remaining 14 counties reported a decrease in Schedule II drug dispensations (see Table 14). [72]From 2015 to 2018, Texas had an overall 66.4% decrease in Schedule II dispensations while Region 9 had a 0.29% increase in Schedule II drug dispensations.[72]This shows that Region 9 has not duplicated the efforts at the state level.

Table 14. Region 9 Schedule II Drug Dispensations, 2015-2018

County	2015	2016	2017	2018	% Difference from 2015 to 2018
TEXAS	**38,453,715**	**39,164,413**	**13,383,655**	**12,918,910**	**-66.40%**
REGION 9	**261,666**	**248,438**	**271,660**	**262,426**	**0.29%**
Andrews	6,511	6,037	7,357	6,446	-1.00%
Concho	956	826	878	816	-14.64%
Crane	1,385	1,352	2,108	2,162	56.10%
Crockett	434	359	394	369	-14.98%
Dawson	3,942	3,365	3,371	3,143	-20.27%
Ector	60,519	55,535	58,178	56,520	-6.61%
Gaines	5,509	5,046	5,587	5,286	-4.05%
Howard	16,068	18,453	27,945	24,550	52.79%
Kimble	1,614	1,255	1,402	1,252	-22.43%
Martin	1,197	1,230	1,399	1,380	15.29%
Mason	995	936	935	974	-2.11%
McCulloch	4,688	4,440	4,454	3,723	-20.58%
Midland	72,021	68,377	72,435	72,361	0.47%
Pecos	3,415	3,048	3,065	2,837	-16.93%
Reagan	320	427	567	598	86.88%
Reeves	5,419	4,083	4,290	4,058	-25.12%
Sutton	1,463	1,241	1,227	948	-35.20%
Tom Green	66,543	65,113	69,622	68,797	3.39%
Upton	509	572	504	629	23.58%
Ward	5,704	4,734	4,135	3,997	-29.93%
Winkler	2,454	2,009	1,807	1,580	-35.62%

Source: Texas Prescription Monitoring Program (PMP)[72]

On-Campus Substance Violations

Because Public Health Region 9 does not align with the Texas Education Service Center regions, data for on-campus ATOD violations includes ESCs 15, 17, 18 since these encompass Public Health Region 9 (see Figure 25).[74]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 15).[74]There were about as many controlled substance/drug violations in the 2017-2018 school year as there were from 2013-2014.[74]However, there was a 133% increase in on-campus alcohol violations from 2013-2014 school year to the 2017-2018 school year.[74]There was a 3% decrease in on-campus school year to the 2017-2018 school year.[74]Felony controlled substance violations have varied year-to-year, but the most was seen in the 2017-2018 school year followed by the 2013-2014 year.[74]

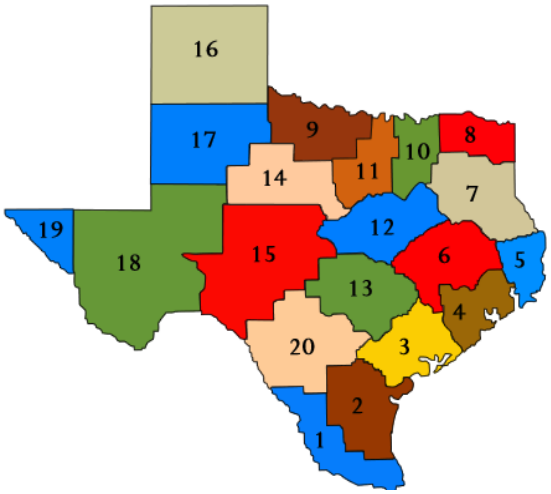


FIGURE 25. TEXAS EDUCATION SERVICE CENTERS MAP
Source: Texas Education Agency[74]

Table 15. On-Campus Substance Violations, 2013-2018
Schools from ESC Regions 15, 17, and 18

Violation	2013-14	2014-15	2015-16	2016-17	2017-18
Controlled Substances/Drugs	1,188	1,243	1,214	1,190	1,276
Alcohol Violations	98	143	122	140	228
Tobacco	265	236	202	180	256
Felony Controlled Substance	12	5	0	7	17

Source: Texas Education Agency[74]

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, prescription (Rx) drugs, cocaine, crack, synthetic marijuana, ecstasy, steroids, heroin, methamphetamine, and inhalants, and given the answer choices of "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".[4]

Table 17 on the following page shows an overview of perceived risk of harm in Region 9. This table compares Texas students to Region 9 students in 2018 on the percentage of students who reported that they believed X substance was either "very dangerous" or "somewhat dangerous", (here deemed together as simply "dangerous"). In general, the percentage of students in Region 9 was comparable to the percentage of students in Texas that believe a certain substance is dangerous.[4] A slightly larger proportion of students in Region 9 compared to Texas reported

Table 16. Students who believe substances are dangerous* (%), 2018				
Region	**Tobacco**	**Alcohol**	**Marijuana**	**Rx Drugs**
Region 9	83.1	79.3	70.8	88.5
Texas	84.9	78.9	69.7	88.2
	Cocaine	**Crack**	**Synthetic Marijuana**	**Ecstasy**
Region 9	93.0	93.1	88.7	88.9
Texas	93.0	92.9	88.3	88.8
	Steroids	**Heroin**	**Methamphetamine**	**Inhalants**
Region 9	88.9	92.2	91.9	87.2
Texas	88.4	92.3	91.8	86.1
*Students answered that the particular substance was either "very dangerous" or "somewhat dangerous" for kids their age to use.				

Source: Texas School Survey, 2018[4]

that alcohol, marijuana, prescription drugs, crack, synthetic marijuana, ecstasy, steroids, methamphetamine, and inhalants are dangerous.[4] On the other hand, a smaller proportion of students in Region 9 compared to Texas reported that tobacco and heroin are dangerous.[4] None of these differences were larger than 1.8%. The same proportion of students in Region 9 compared to the proportion of students in Texas reported that cocaine is dangerous (93%).[4]

The following "Perceived Risk of Harm" sections are focused on students in Region 9, including averages broken up by grade level. Alcohol, marijuana, prescription drugs, and tobacco are the drugs of focus. Please note that anytime prescription drugs were asked about in the 2018 TSS, the question concerned abusing, not just using, prescription drugs.

Perceived Risk of Harm from Alcohol

Table 17. Texas Student's Perceived Risk of Harm from Alcohol (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**49.2**	**29.7**	**14.3**	**2.6**	**4.1**
1	47.2	34.0	13.5	1.9	3.5
2	51.0	31.2	12.0	2.1	3.7
3	51.6	28.2	14.4	1.8	4.0
4	52.8	30.0	11.4	2.5	3.3
5	45.9	29.6	16.3	3.8	4.4
6 & 7	48.0	30.8	14.2	2.7	4.4
8	44.7	31.3	16.7	3.4	4.0
9	47.0	32.3	13.9	3.0	3.8
10	50.8	30.3	12.3	2.6	3.9
11	53.0	26.5	13.3	3.3	3.9

Source: Texas School Survey, 2018[4]

According to the 2018 TSS, more Region 9 youth in grades 7-12 believe that it is "not at all dangerous" for kids their age to use alcohol than the average Texas youth in the same grade levels (see Table 17).[4] Specifically, 3.0% of youth in grades 7-12 in Region 9 believe that alcohol is "not at all dangerous" for kids their age to use, while 2.6% of Texas youth believe the same.[4]

Accordingly, less students in Region 9 (47.0%) believe that alcohol is "very dangerous" to use compared to 49.2% of Texas students in 2018.[4]

Table 18 shows Region 9 students alone. Over 12% more 7th graders than 12th graders in Region 9 reported that alcohol is "very dangerous" for kids their age to use.[9] However, nearly 13% more 12th graders than 7th graders reported that alcohol is "somewhat dangerous" to use.[4] Generally, the higher the grade level, the lower the perception of "very dangerous" harm and the higher the perception of "somewhat dangerous" harm from alcohol in Region 9 students in 2018.[4]

Table 18. Region 9 Students' Perceived Risk of Harm from Alcohol by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**47.0**	**32.3**	**13.9**	**3.0**	**3.8**
Grade 7	54.4	25.4	12.9	2.6	4.7
Grade 8	49.2	28.9	15.9	2.8	3.2
Grade 9	47.0	31.7	15.2	2.3	3.8
Grade 10	44.6	34.3	11.5	4.2	5.5
Grade 11	42.8	37.7	13.3	2.7	3.5
Grade 12	41.8	38.2	14.2	3.8	2.1

Source: Texas School Survey, 2018[4]

Perceived Risk of Harm from Marijuana

According to the 2018 TSS, Region 9 students are about average in each category questioning the perceived risk of harm of using marijuana (see Table 19).[4] About 56% of Region 9 students believe it is "very dangerous" for kids their age to use marijuana and 12.2% believe it is "not at all dangerous".[4] Nearly 5% of students in Region 9 "do not know" if it is dangerous for kids their age to use marijuana.[4] Each of these regional averages were comparable to the state in 2018.

15% of Region 9 high school freshman believe alcohol is "not very dangerous"

Table 19. Texas Student's Perceived Risk of Harm from Marijuana (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**56.0**	**13.7**	**12.6**	**13.0**	**4.7**
1	61.8	13.8	10.4	9.9	4.1
2	61.7	13.4	9.9	10.9	4.2
3	56.0	14.1	12.9	12.6	4.5
4	59.2	13.4	10.9	12.1	4.4
5	60.4	11.5	11.5	11.7	4.9
6 & 7	54.2	13.8	13.0	14.1	4.9
8	55.4	14.5	13.0	12.8	4.3
9	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
10	55.3	13.9	13.5	13.0	4.3
11	60.4	12.9	10.8	11.6	4.3

Source: Texas School Survey, 2018[4]

Despite having overall average perceptions of harm compared to the rest of the state, Region 9 students have greatly varying levels of perception of harm of marijuana between grade levels (see Table 20).[4] For instance, 20% of 12th graders in Region 9 believe that it is "not at all dangerous" for kids their age to use marijuana, while less than 6% of 7th graders believe the same, showing a 14.3% difference.[9] Accordingly, nearly three quarters of 7th graders in Region 9 believe that it is "very dangerous" for kids their age to use marijuana while this number drops to 42% in 12th graders.[9] Similar to alcohol, the higher the grade level, the lower the perception of harm from marijuana in Region 9 students in 2018.[4]

Table 20. Regions 9 Students' Perceived Risk of Harm from Marijuana by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
Grade 7	72.4	9.6	6.1	5.7	6.2
Grade 8	65.4	14.0	8.6	8.1	3.9
Grade 9	55.4	16.9	11.2	12.2	4.2
Grade 10	51.3	15.8	14.0	12.9	6.0
Grade 11	44.7	15.9	18.5	16.6	4.3
Grade 12	42.0	16.8	18.1	20.0	3.1

Source: Texas School Survey, 2018[4]

Perceived Risk of Harm from Prescription Drugs

According to the 2018 TSS, 88.5% of Region 9 students in grades 7-12 believe prescription drug abuse is either "very" or "somewhat" dangerous (see Table 21).[4] About 5% of Region 9 youth reported that they believe abusing prescription drugs is "not very" or "not at all" dangerous.[9] Nearly 7% of Region 9 youth reported that they did not know if prescription drug abuse is dangerous.[4] Perception of harm from Region 9 youth concerning prescription drug abuse is comparable to Texas student reportings in 2018.[4]

Table 21. Texas Student's Perceived Risk of Harm from Prescription Drugs (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**75.4**	**12.8**	**3.5**	**1.4**	**6.8**
1	80.2	10.6	2.2	1.0	6.0
2	80.4	10.7	2.6	0.9	5.4
3	76.5	11.9	3.5	1.4	6.7
4	78.6	11.8	2.8	1.2	5.7
5	78.3	9.8	3.2	1.5	7.1
6 & 7	73.4	14.7	3.7	1.3	6.9
8	74.9	13.0	4.1	1.4	6.6
9	76.5	12.0	3.5	1.2	6.8
10	77.5	11.2	3.6	1.3	6.3
11	76.5	11.5	3.2	1.7	7.1

Source: Texas School Survey, 2018[4]

In Region 9, most students in grades 7-12 reported they believe prescription drug abuse is "very dangerous" (see Table 22).[4] Unlike the 12.6% fluctuation we see in the alcohol category and the 30.4% fluctuation we see in the marijuana categories from 7th to 12th grade responses, nearly as many 7th grade students (75.7%) as 12th grade students (78.0%) in Region 9 believe that abusing prescription drugs is "very dangerous".[4] Thus, Region 9 youth perception of harm from prescription drug abuse is less sensitive to age than perception of harm from alcohol and marijuana.[4] In fact, prescription drug abuse was opposite of other substances in that the higher the grade level, the higher the perception of harm in Region 9 youth. [4]

Table 22. Regions 9 Students' Perceived Risk of Harm from Prescription Drugs by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**76.5**	**12.0**	**3.5**	**1.2**	**6.8**
Grade 7	75.7	11.4	2.7	1.1	9.1
Grade 8	76.7	11.9	3.4	1.6	6.3
Grade 9	76.6	12.5	3.8	1.3	5.9
Grade 10	75.0	11.3	4.6	1.3	7.8
Grade 11	77.5	12.5	3.2	0.9	5.9
Grade 12	78.0	12.3	3.5	0.7	5.7

Source: Texas School Survey, 2018[4]

Perceived Risk of Harm from Tobacco and Other Nicotine Products

According to the 2018 TSS, 83.1% of Region 9 youth believe tobacco is either "very" or "somewhat" dangerous (see Table 23).[4] About 85% of Texas youth believe tobacco is either "very" or "somewhat" dangerous, which is nearly 2% higher than Region 9 youth reportings.[4]

Table 23. Texas Student's Perceived Risk of Harm from Tobacco (%), 2018

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	**61.2**	**23.7**	**8.1**	**1.8**	**5.1**
1	60.6	26.0	7.7	1.4	4.3
2	56.4	26.5	10.4	2.0	4.7
3	62.2	23.8	8.0	1.4	4.6
4	57.7	24.4	10.9	2.9	4.1
5	51.8	26.0	13.3	3.4	5.4
6 & 7	60.7	24.0	8.1	1.8	5.3
8	57.7	25.9	9.2	2.3	4.9
9	56.4	26.7	8.9	2.6	5.4
10	66.8	21.1	6.2	1.2	4.7
11	65.7	20.2	6.4	2.0	5.7

Source: Texas School Survey, 2018[4]

Like with alcohol and marijuana, student perceptions varied greatly between grade levels for perceived harm from tobacco use (see Table 24).[4] In fact, in Region 9, about 30% less 12th graders than 7th graders believe that tobacco is "very dangerous" for kids their age to use and, on the reverse side, four times more 12th graders than 7th graders believe that tobacco is "not at all dangerous" for kids their age to use.[4] However, 14.1% more 12th graders reported that tobacco is "somewhat dangerous" compared to 7th graders in Region 9.[4] Thus, the higher the grade level, the lower the perception of harm.[4]

Table 24. Regions 9 Students' Perceived Risk of Harm from Tobacco by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**56.4**	**26.7**	**8.9**	**2.6**	**5.4**
Grade 7	69.6	19.4	4.1	1.3	5.6
Grade 8	61.0	25.7	6.7	1.2	5.3
Grade 9	58.8	27.1	7.2	2.0	5.0
Grade 10	54.9	26.0	9.2	3.3	6.6
Grade 11	48.8	30.3	12.3	3.3	5.3
Grade 12	40.1	33.5	16.7	5.3	4.4

Source: Texas School Survey, 2018[4]

Additionally, students were surveyed for their perception of harm from electronic vapor products (see Table 25).[4] One percent less students in Region 9 compared to Texas students reported that electronic vapor products are either "very" or "somewhat" dangerous to use.[4] Nearly 7% of Region 9 students did not know if electronic vapor products are dangerous to use.[4]

Table 25. Texas Student's Perceived Risk of Harm from Electronic Vapor Products (%), 2018

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	**54.7**	**12.4**	**14.6**	**11.8**	**6.5**
1	59.3	13.6	12.4	9.0	5.6
2	57.1	12.3	14.4	11.1	5.0
3	54.4	13.5	13.9	12.0	6.2
4	57.2	13.2	13.2	11.2	5.2
5	56.7	11.1	14.2	10.7	7.2
6 & 7	51.9	12.3	16.0	13.1	6.6
8	53.7	13.2	16.5	10.7	5.9
9	54.1	12.0	15.6	11.7	6.6
10	59.7	12.0	12.7	10.0	5.6
11	61.7	10.4	11.3	9.7	7.0

Source: Texas School Survey, 2018[4]

As with tobacco, more than 20% less 12th graders than 7th graders believe that electronic vapor products are "very dangerous" for kids their age to use, and 2.4 times more 12th graders than 7th graders believe that electronic vapor products are "not at all dangerous" for kids their age to use.[4] Like with alcohol, tobacco, and marijuana, the higher the grade level, the lower the perception of harm from electronic vapor products in Region 9 students in 2018.[4]

Table 26. Regions 9 Students' Perceived Risk of Harm from Electronic Vapor Products by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**54.1**	**12.0**	**15.6**	**11.7**	**6.6**
Grade 7	63.9	11.8	10.2	6.9	7.1
Grade 8	57.9	14.1	13.5	8.8	5.7
Grade 9	55.2	10.5	16.0	11.9	6.4
Grade 10	53.0	11.3	15.6	12.2	8.0
Grade 11	48.1	11.4	18.9	15.2	6.3
Grade 12	43.3	13.1	21.2	16.8	5.7

Source: Texas School Survey, 2018[4]

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 Texas School Survey (TSS).[4]

Alcohol

Alcohol is the most commonly abused substance among youth, both nationally and in Region 9.[4,75] However, Region 9 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 (see Table 27).[4] According to the 2018 TSS, 12% of students in grades 7-12 in Region 9 believe "most" of their close friends use alcohol while only 10.5% of the state reported so.[4] About 17% of students in Region 9 reportedly believe that "some" of their close friends use alcohol, 26.2% reported only a "few" of their close friends use alcohol, 41.6% reported that "none" of their close friends use alcohol, and 3.5% reported that "all" of their friends use alcohol.[4]

Table 27. Students Whose Close Friends Use Alcohol (%), 2018

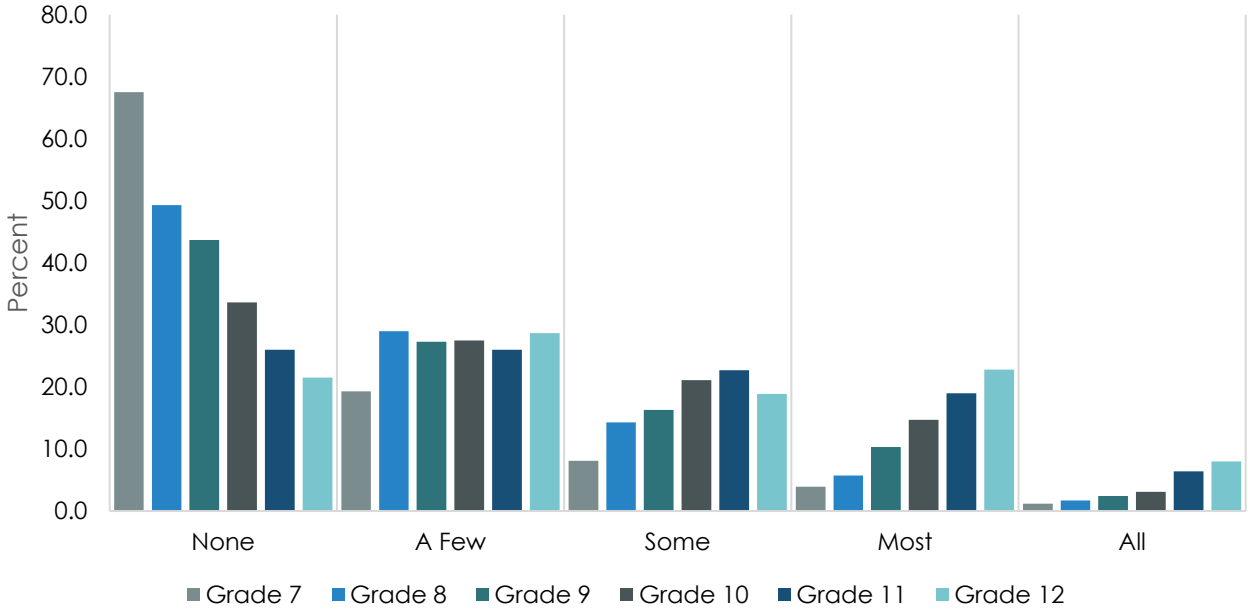
Region	None	A Few	Some	Most	All
State	48.4	23.8	14.0	10.5	3.2
1	38.9	27.6	16.9	13.0	3.6
2	43.5	27.9	13.9	12.0	2.6
3	52.5	22.8	14.0	8.7	2.0
4	45.8	26.7	14.2	10.6	2.7
5	39.6	24.0	15.5	15.6	5.2
6&7	50.1	22.9	13.6	10.4	3.1
8	41.0	24.2	14.3	15.1	5.5
9	41.6	26.2	16.6	12.0	3.5
10	45.2	25.3	14.2	11.2	4.2
11	49.8	24.1	13.6	9.1	3.3

Source: Texas School Survey, 2018[4]

Looking at high schoolers in Region 9, the percentage of students reporting "none" of their close friends use alcohol declines from 7th – 12th graders while the percentage of students reporting "most" or "all" of their close friends use alcohol increases from 7th –12th graders (see Figure 26 on the following page).[4] In Region 9, about one in every three 12th grade students say "most" or "all" of their friends use alcohol.[4]

12% of Region 9 students claim "most" of their friends consume alcohol

Figure 26. Region 9 Students Whose Friends Use Alcohol by Grade Level, 2018



Source: Texas School Survey, 2018[4]

Early Initiation to Alcohol and College Use

Age of first use of alcohol was asked to youth in the 2018 TSS, i.e. the age of the participant when they first tried alcohol.[4] The average age Region 9 youth first used alcohol was 13.0 years old in 2018 (see Table 26).[4] The average age of first use for youth across Texas was 13.1 years old in 2018.[4] Region 9 was tied for the third lowest age of first use of alcohol in the state in 2018.[4]

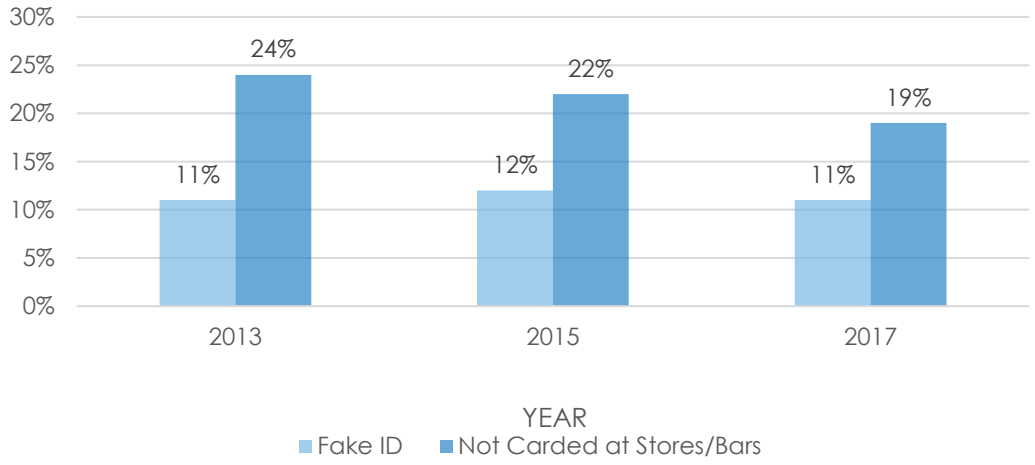
Table 28. Age of First Use of Alcohol, 2018

Region	Age
Texas	**13.1**
1	13.3
2	13.0
3	13.2
4	12.9
5	12.6
6 & 7	13.0
8	13.2
9	**13.0**
10	13.4
11	13.4

Source: Texas School Survey, 2018[4]

In the 2017 Texas College Survey (TCS), underage college students across Texas were asked where they obtained alcohol.[76] 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.[76] 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 28).[76] 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 students using fake IDs has remained relatively stable.[76] 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%).[76]

Figure 27. Underage Texas College Students' Alcohol Obtainment, 2017



Source: Texas College Survey, 2017[76]

Current/Lifetime Alcohol Use

Underage drinking cannot be understated as an issue in 7th-12th grade students in Region 9, where is seen some of the most current, school-year, lifetime, and high-risk use in the state (see Table 29).[4] According to the 2018 TSS, nearly 60% of 7th-12th grade students in Region 9 have drank alcohol at some point in their lifetime.[4] About 14% of Region 9 students reported they were high-risk users, i.e., binge users of alcohol in the last 30 days which is 5 or more drinks in a 2-hour period.[4] About 35% of students in Region 9 in 2018 reported they currently use alcohol.[4]

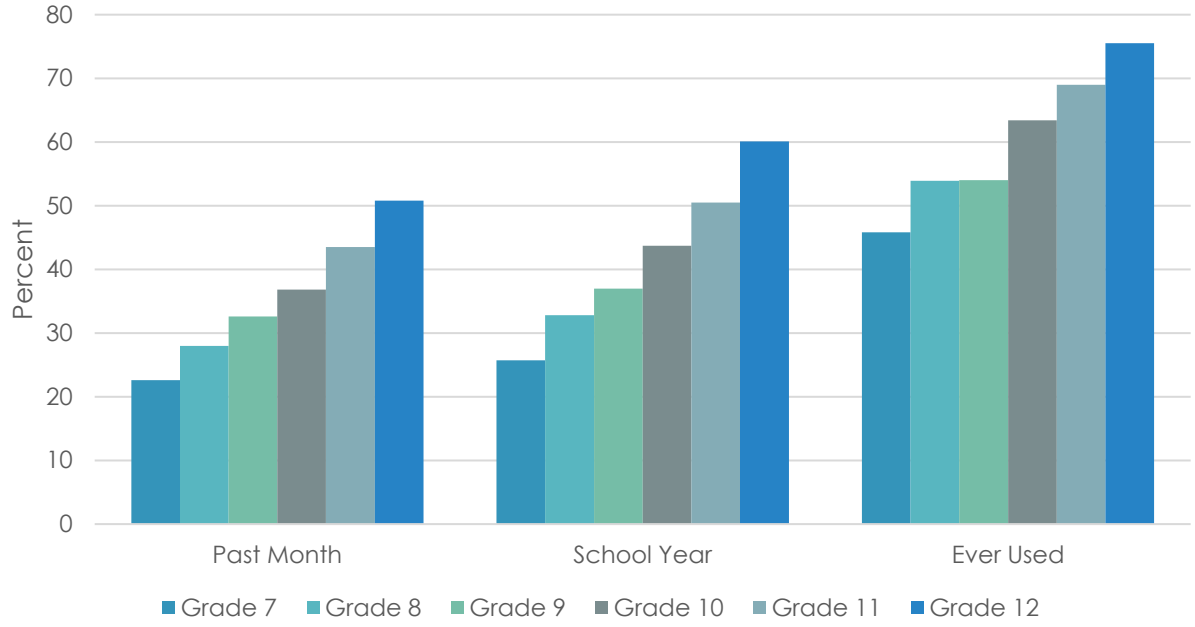
Table 29: Texas Student Alcohol Consumption (%), 2018

Region	Current Use	School Year Use	Lifetime Use	High-Risk Use
State	29.0	34.4	51.5	11.7
1	33.5	39.8	59.7	14.1
2	28.2	34.0	54.6	11.7
3	23.6	28.5	46.9	8.1
4	29.5	35.9	55.9	12.0
5	36.8	42.3	61.7	18.1
6 & 7	28.9	34.3	50.7	11.6
8	36.0	41.9	58.8	17.1
9	34.7	40.4	59.3	14.3
10	32.1	36.8	54.5	13.0
11	29.0	33.5	48.2	11.6

Source: Texas School Survey, 2018[4]

When looking at alcohol use in 7th-12th grade students in Region 9, it is obvious to see that as grade level increases, so does the percentage of students using alcohol (see Figure 28 on the following page).[4] This is illustrative of students' perception of harm stated earlier in this text. Accordingly, as grade level increases the percentage of students reporting that they have "never used" alcohol steadily declines.[4]

Figure 28. Region 9 Student Alcohol Consumption, 2018



Source: Texas School Survey, 2018[4]

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%" and "up to 99%" 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 29 shows that Odessa and Midland are the two highest ranking cities in Texas for drunk driving deaths from 2013-2017.[77] 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.[77,78]

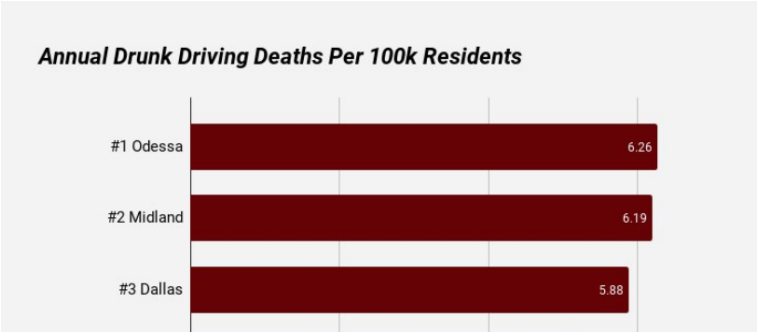


FIGURE 29. THE 10 TEXAS CITIES WITH THE HIGHEST DRUNK DRIVING FATALITY RATES, 2013-2017
Source: Texas Department of Transportation[77]

Tobacco

Tobacco use is primarily established during adolescence.[79,80] 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.[80] 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.[81,82] These trends are reflected in Region 9 youth.

Age of Initiation to Tobacco

According to the 2018 TSS, the average age students in Region 9 reported first use of tobacco was 13.2 years (see Table 30).[4] The average age Texas youth reported first using tobacco in 2018 was 13.5 years.[4] Region 9 tied for third lowest age in the state for first use of tobacco.[4]

Table 30. Age of First Use of Tobacco, 2018

Region	Age
Texas	**13.5**
1	13.5
2	13.2
3	13.6
4	12.9
5	12.8
6 & 7	13.4
8	13.9
9	**13.2**
10	13.8
11	13.6

Source: Texas School Survey, 2018[4]

Current/Lifetime Tobacco Use

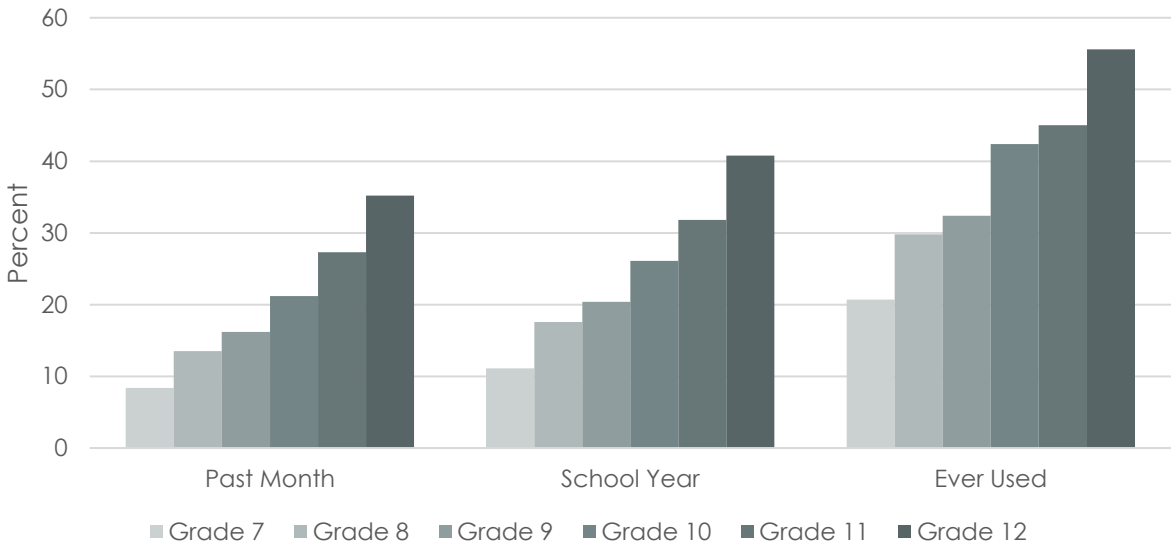
Three percent more youth in Region 9 reported using tobacco in the past 30 days compared to the state average in 2018 (see Table 31) .[4] Similarly, nearly 4% more youth in Region 9 reported using tobacco in the past school year compared to the Texas average and 6.1% more youth in Region 9 reported having ever used tobacco compared to the Texas average.[4] Region 9 youth are using tobacco at higher rates than Texas youth in each category of use (current, school year, and lifetime). 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 30 on the following page).[4] More than one in every two 12th grade students in Region 9 have used tobacco at some point in their life and about one in every five 7th grade students in Region 9 have used tobacco at some point in their life.[4] Furthermore, more than one-third of 12th grade students in Region 9 are currently using tobacco.[4]

Table 31: Texas Student Tobacco Use (%), 2018

Region	Current Use	School Year Use	Lifetime Use
State	16.3	19.9	30.3
1	18.0	21.8	36.8
2	17.7	22.1	35.3
3	14.3	17.3	26.7
4	18.8	22.7	35.1
5	23.2	27.4	41.7
6 & 7	17.1	20.9	30.5
8	20.4	24.2	34.8
9	19.3	23.6	36.4
10	15.4	19.0	31.9
11	12.8	15.8	26.7

Source: Texas School Survey, 2018[4]

Figure 30. Region 9 Student Tobacco Use, 2018

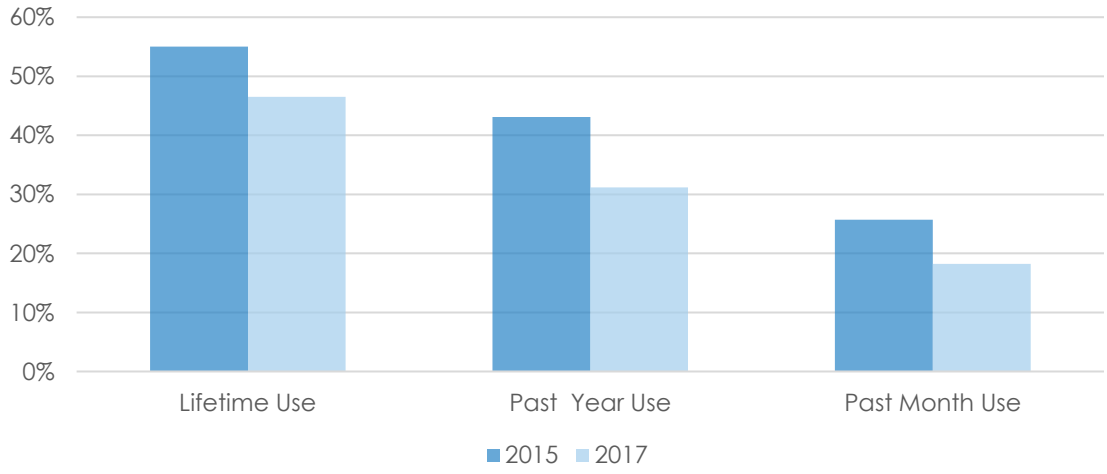


Source: Texas School Survey, 2018[4]

College Tobacco Use

Tobacco use among Texas college students is also high, but has reportedly declined since 2015 (see Figure 31 on the next page).[76] According to the 2017 Texas College Survey (TCS), about 18% of Texas college students used tobacco in the past 30 days, a large decline from 25.7% in 2015.[76] In 2017, nearly 47% of Texas college students reported they had ever used tobacco in their lifetime, an 8.5% decrease from student reports in 2015.[76]

Figure 31. Texas College Students: Tobacco Use, 2015-2017



Source: Texas College Survey, 2017[76]

Qualitative Data on Tobacco Use

Upon visiting local junior high and high schools, all campuses noted that vaping/using vaping devices is the most popular drug use they see on campus. 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. Estimated tobacco advertising in Texas is around $622.2 million dollars spent each year.[154]

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.

Age of Initiation to Marijuana

Data from the 2018 TSS indicates that the age of initiation (first-use) for marijuana in students in Region 9 is 13.7 years old, which ties with Region 5 for the youngest age of initiation to marijuana in the state.[4] The state average age of first use of marijuana is 14.0 years old (see Table 32).[4]

Table 32. Age of First Use of Marijuana, 2018

Region	Age
Texas	**14.0**
1	13.9
2	14.0
3	14.1
4	14.0
5	13.7
6 & 7	14.1
8	14.1
9	**13.7**
10	14.0
11	14.0

Source: Texas School Survey, 2018[4]

Qualitative DataCurrent/Lifetime Marijuana Use

Table 33: Texas Student Marijuana Use (%), 2018

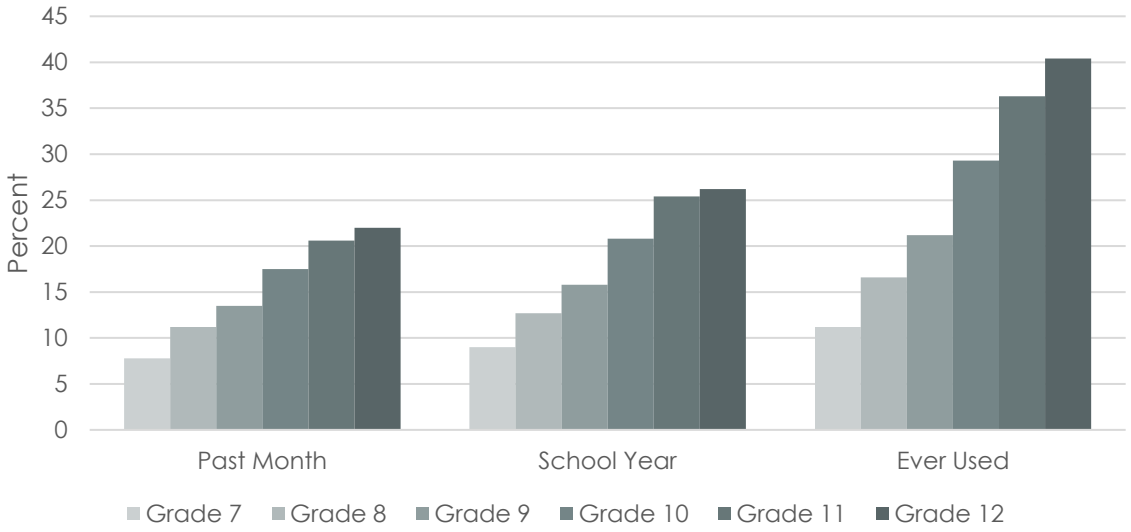
Region	Current Use	School Year Use	Lifetime Use
State	13.6	16.3	22.1
1	12.8	15.7	22.3
2	9.0	11.4	18.6
3	11.6	14.3	19.8
4	11.9	14.5	21.0
5	13.9	16.8	23.4
6 & 7	13.5	16.4	22.3
8	15.6	18.4	23.8
9	14.9	17.7	24.8
10	18.4	21.1	27.5
11	14.5	16.4	21.6

Source: Texas School Survey, 2018[4]

Students in Region 9 rank the third highest in Texas for both current and school-year use of marijuana (see Table 33).[4] Additionally, Region 9 has the second greatest proportion of youth in the state for lifetime use of marijuana.[4] Nearly one in four (24.8%) 7th-12th grade students in Region 9 have used marijuana at least once in their lifetime.[4] Moreover, about one in seven 7th-12th grade students in Region 9 are currently using (in the past 30 days) marijuana.[4] Thus, the majority (about 75% total) of Region 9

students reported they have never used marijuana, no matter the grade level (see Figure 32 on the following page).[4] However, the percentage of these students drops by grade level, i.e., nearly 90% of 7th graders reported having "never used" marijuana while less than 60% of 12th graders reported the same.[4] Accordingly, the percentage of students reporting they have "ever used" marijuana increases by grade level, i.e., about 11% of 7th graders reported they have "ever used" marijuana while this rises to over 40% in 12th graders.[4] Additionally, more than one in every five 12th grade students in Region 9 reported using marijuana in the past month.[4]

Figure 32. Region 9 Student Marijuana Use, 2018



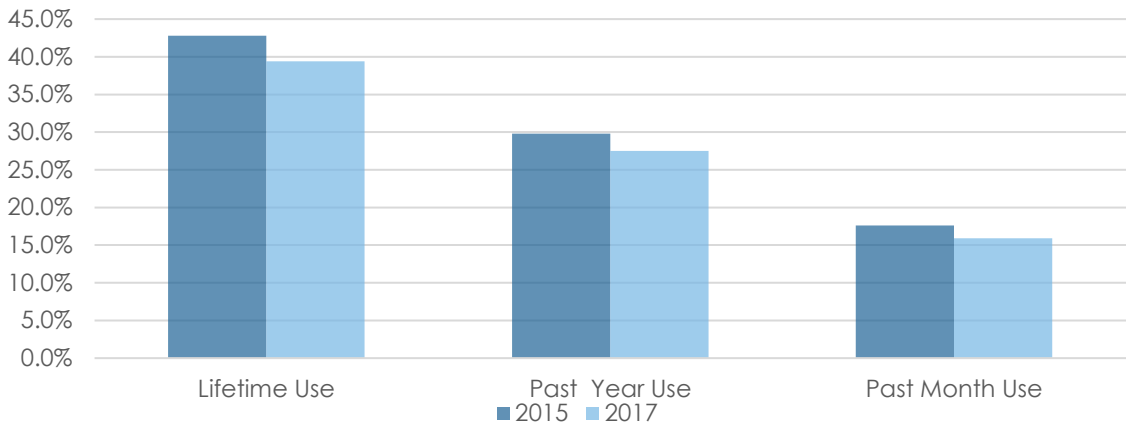
Source: Texas School Survey, 2018[4]

College Marijuana Use

Marijuana use among Texas college students is also high, but has reportedly declined since 2015 (see Figure 33).[76] According to the 2017 Texas College Survey (TCS), about 16% of Texas college students used marijuana in the past 30 days, a decrease from 17.6% in 2015.[76] In 2017, nearly 40% of Texas college students reported they had used marijuana in their lifetime, which is a 3% decrease from student reports in 2015.[76] College use is expected to rise, however, as nearby states, like Colorado, have legalized marijuana and "weed tourism" increases.

In 2017, nearly 40% of Texas college students reportedly consumed marijuana

Figure 33. Texas College Students' Marijuana Use, 2017



SOURCE: TEXAS COLLEGE SURVEY, 2017[76]

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 use 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.[83] 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.[83] 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).[72]

Age of Initiation

In the 2018 TSS, students are not asked about the age which they first misused prescription drugs, but the 2017 Monitoring the Future survey showed that 4.9% of youth aged 12-17 years old in the US misused prescription drugs in the past year.[84]

Current/Lifetime Use

In 2018, 7.3% of Region 9 youth reported abusing prescription drugs in the past month, i.e. current misuse (see Table 34).[4] Nearly 12% of Region 9 youth reported misusing prescription drugs in the past school year and about 21% reported having ever misused prescription drugs in their lifetime.[4]

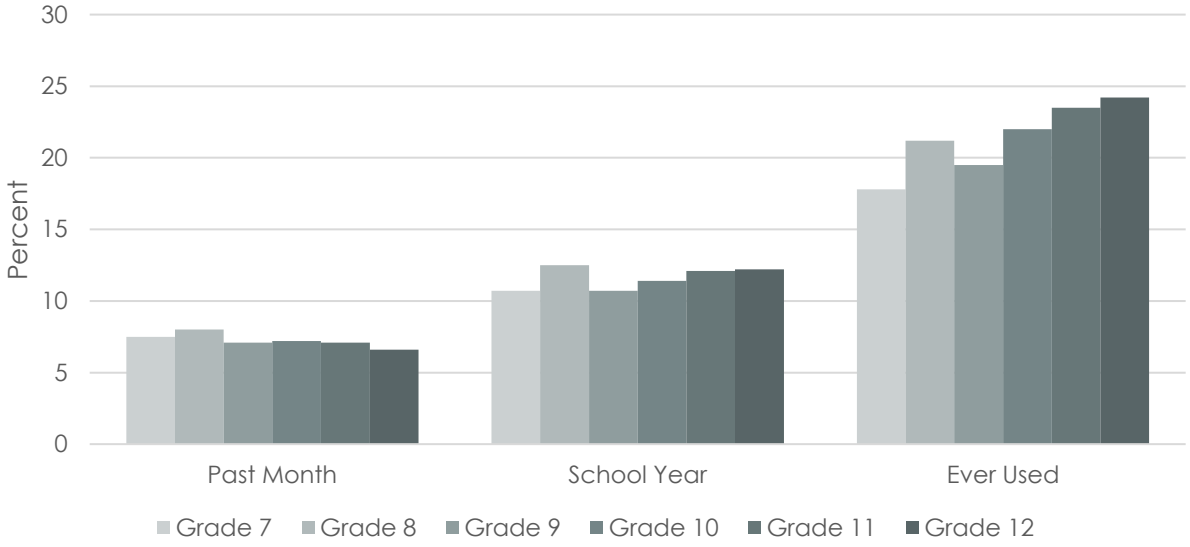
Table 34: Texas Students' Prescription Drug Misuse (%), 2018

Region	Current Misuse	School Year Misuse	Lifetime Misuse
State	7.1	10.5	18.5
1	6.0	10.6	18.5
2	6.5	9.7	18.6
3	6.6	9.6	17.1
4	7.6	11.7	20.2
5	10.1	14.6	24.6
6 & 7	7.2	10.8	19.1
8	7.7	11.2	18.1
9	7.3	11.5	21.1
10	8.3	11.9	20.1
11	6.3	9.3	15.9

Source: Texas School Survey, 2018[4]

Unlike with alcohol and marijuana use, there is a less distinguishable trend with prescription drug misuse among 7th-12th grade students in Region 9 (see Figure 34).[4] Generally, however, the higher the grade level, the higher the percentage of students who have misused prescription drugs.[4]

Figure 34. Region 9 Student Prescription Drug Use, 2018



Source: Texas School Survey, 2018[4]

In 2018, Region 9 students were also asked about their use of prescription opioids which were not prescribed to them, i.e. their misuse of prescription opioids, including: OxyContin, Percodan, Percocet, Vicodin, Lortab, Lorcet, and Hydrocodone. Table 35 shows that less than 1% of Region 9 youth reported misusing prescription opioids in the past month; 1.6% reported misusing prescription opioids in the past school year; and 4.0% of Region 9 youth reported misusing prescription opioids in their lifetime.[4] Region 9 youth rates were comparable to state averages for prescription opioid misuse.

Table 35: Texas Students' Rx Opioid Misuse (%), 2018

Region	Current Use	School Year Use	Lifetime Use
State	1.0	2.0	3.8
1	0.9	1.9	3.9
2	1.3	2.1	4.7
3	1.0	2.0	3.7
4	1.1	2.1	4.3
5	1.4	2.2	5.1
6 & 7	1.1	2.2	4.3
8	0.9	1.7	3.5
9	0.9	1.6	4.0
10	1.4	2.2	3.7
11	0.6	1.2	2.3

Source: Texas School Survey, 2018[4]

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. When asking the school officials 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, i.e. prescription drug misuse.

Furthermore, local DFPS offices reported that they see prescription medications 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.

Other Illicit Drugs

Age of Initiation

Data from the 2018 TSS indicates that the age of initiation (first-use) in Region 9 youth for cocaine is 14.8 years, crack 13.4 years, steroids 12.0 years, ecstasy 14.6 years, heroin 12.8 years, methamphetamine 13.8 years, synthetic marijuana 13.4 years, and inhalants 11.9 years (see Table 36).[9] These ages were all comparable to the state average age of first use for each of these substances, with none varying more than 0.5 years.[4]

Table 36. Age of First Use of Other Substances (%), 2018		
Substance	**Texas**	**Region 9**
Cocaine	14.8	14.8
Crack	13.3	13.4
Steroids	12.5	12.0
Ecstasy	14.7	14.6
Heroin	12.6	12.8
Methamphetamine	13.8	13.8
Synthetic Marijuana	13.6	13.4
Inhalants	11.7	11.9

Source: Texas School Survey, 2018[4]

Current/Lifetime Use

In 2018, more than 15% of Region 9 youth reported that they used some kind of illicit drug in the past month (current use); about 20% reported they used some kind of illicit drug in the past school year; and, more than 26% reported they've used some kind of illicit drug in their lifetime (see Table 37).[4] These rates were recognizably above the state averages of 13.9%, 17.9%, and 23.5% for current, school-year, and lifetime use of illicit drugs in 2018.[4]

Table 37: Texas Student Illicit Drug Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	13.9	17.9	23.5
1	13.3	18.0	23.9
2	9.2	12.9	19.7
3	11.8	15.7	20.8
4	12.3	16.4	22.5
5	14.4	18.8	24.9
6 & 7	13.9	18.3	23.9
8	15.9	20.2	25.4
9	15.3	19.6	26.5
10	19.0	23.1	29.3
11	14.8	17.6	22.9

Source: Texas School Survey, 2018[4]

Looking further into the data, marijuana was the illicit drug of choice for Region 9 youth in 2018 for current, school-year, and lifetime use.[4] Table 38 shows that nearly 25% of Region 9 youth reported they used marijuana at some point in their lifetime. The second most-used substance for Region 9 youth was synthetic marijuana (4%), followed by both cocaine and hallucinogens (each 3.5%).[4]

Table 38: Region 9 Student Illicit Drug Use (%), 2018

Substance	Current Use	School Year Use	Lifetime Use
Any Illicit Drug	15.3	19.6	26.5
Marijuana	14.9	17.7	24.8
Cocaine	1.6	1.9	3.5
Crack	0.4	0.4	0.9
Hallucinogens	1.1	1.8	3.5
Synthetic Cathinones	0.1	0.2	0.4
Steroids	0.4	0.5	1.4
Ecstasy	0.4	0.8	2.0
Heroin	0.1	0.1	0.6
Methamphetamine	0.3	0.4	1.0
Synthetic Marijuana	1.3	1.9	4.0

Source: Texas School Survey, 2018[4]

Qualitative Data on Illicit Drug Use

Often, the Region 9 PRC receives data requests for illicit drug use, especially for cocaine and methamphetamine. This data is particularly difficult to obtain in adults because there is no convenient way to measure this substance use, as there can be with alcohol, nor a general public survey that reports the consumption rates of adults in our community. However, from dialogue in our community, we realize that illicit drug use is a problem more than worthy of our attention. One way we can draw a picture of illicit drug use in our region is from local law enforcement. Local police officers have shared with us that cocaine, methamphetamine, and heroin are large issues in our area, especially with oil field workers on long shifts. Police officers have reported stories to us that it is common for them to catch someone possessing methamphetamine while they are on their way to a 24-hour long shift at work. Some officers showed us specific neighborhoods which were known for cocaine, methamphetamine, etc. Law enforcement also shared that they see a lot of prescription opioid abuse, especially oxycodone and hydrocodone.

26% of Region 9 students report using an illicit drug in their lifetime

Opioids: Deadly Crisis

Opioids are pain-relieving drugs that is a by-product of opium. Opium is included in opiates and synthetic opiates such as heroin (illegal opiate) and prescription medications. Medications prescribed for pain relief include oxycodone (OxyContin), hydrocodone (Vicodin), morphine and methadone.[85]Fentanyl is a synthetic opiate used to treat severe pain for patients in advanced stages of cancer, but is now common and distributed illegally.[85]Biological effects of fentanyl are similar to heroin, however, fentanyl can be 50 to 100 times more potent than heroin.[86,87]

In perspective, oxycodone is 1.5 times stronger than morphine, heroin is 2-5 times stronger than morphine, methadone is 3 times stronger than morphine, fentanyl is 50 to 100 times stronger than morphine, and carfentanil 10,000 times stronger than morphine. (see Figure 35)[89]Carfentanil is commonly used as a tranquilizer on elephants and other large mammals and is not intended for use on humans but is found to be mixed in heroin and other drugs creating an extremely lethal drug.[95]

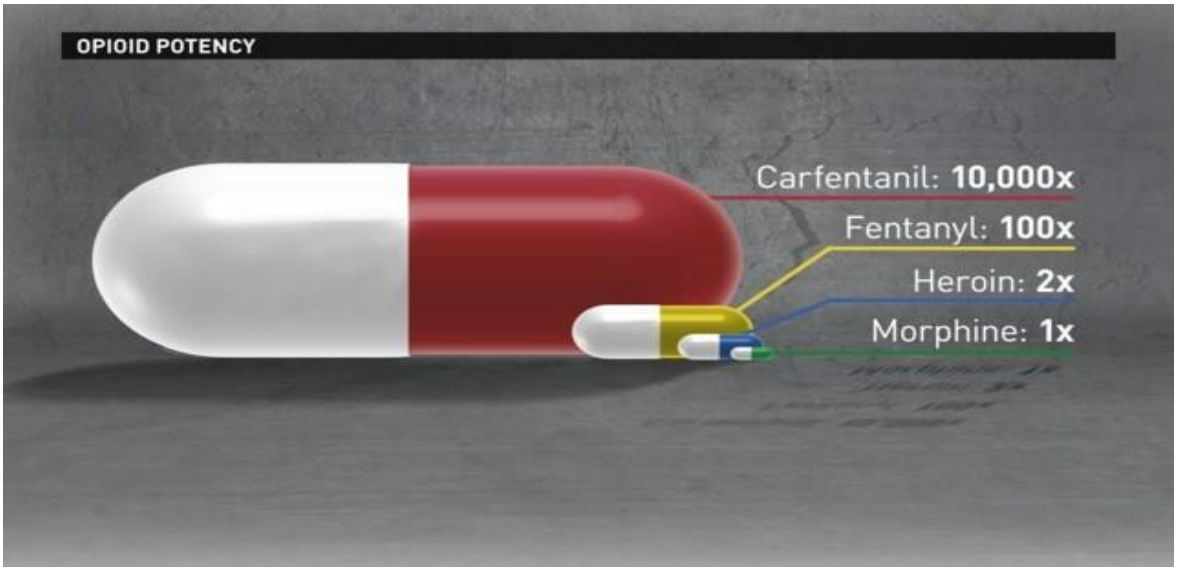


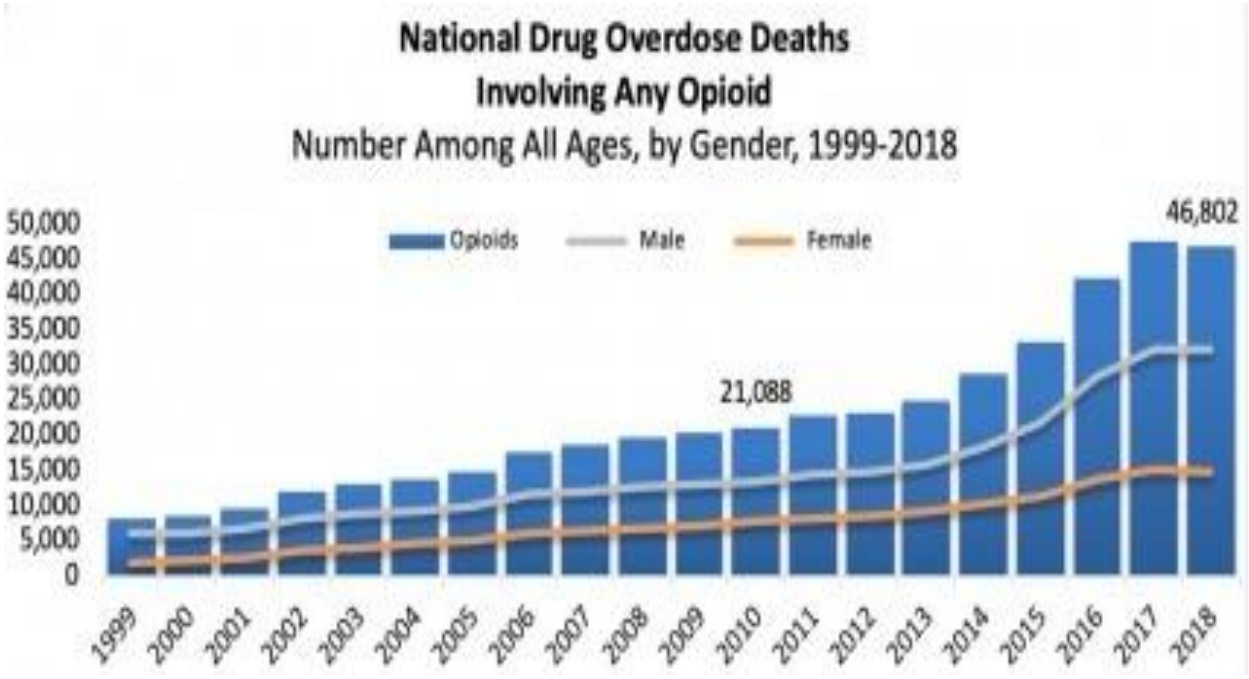
FIGURE 35. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE
Source: Canadian Centre for Addictions[88]

FIGURE 36. OPIOID OVERDOSE DEATHS, 1999-2018

Source: National Institute on Drug Abuse[90]

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released January, 2020.

National Crisis



In 2018, 67,367 people in the United States died of a drug overdose, and 46,802 of those people died from opiate overdose. Almost 70% of overdose deaths in the U.S. were any opioid, prescription opioids (and methadone), heroin and other synthetic narcotics such as fentanyl.

In 2010, 21,088 overdose deaths were opioid-involved, and by 2018 deaths rose to 46,802 people, (see Figure 36).[90]This was a slight decrease of deaths than in 2017 which had a total of 47,600 overdose deaths.

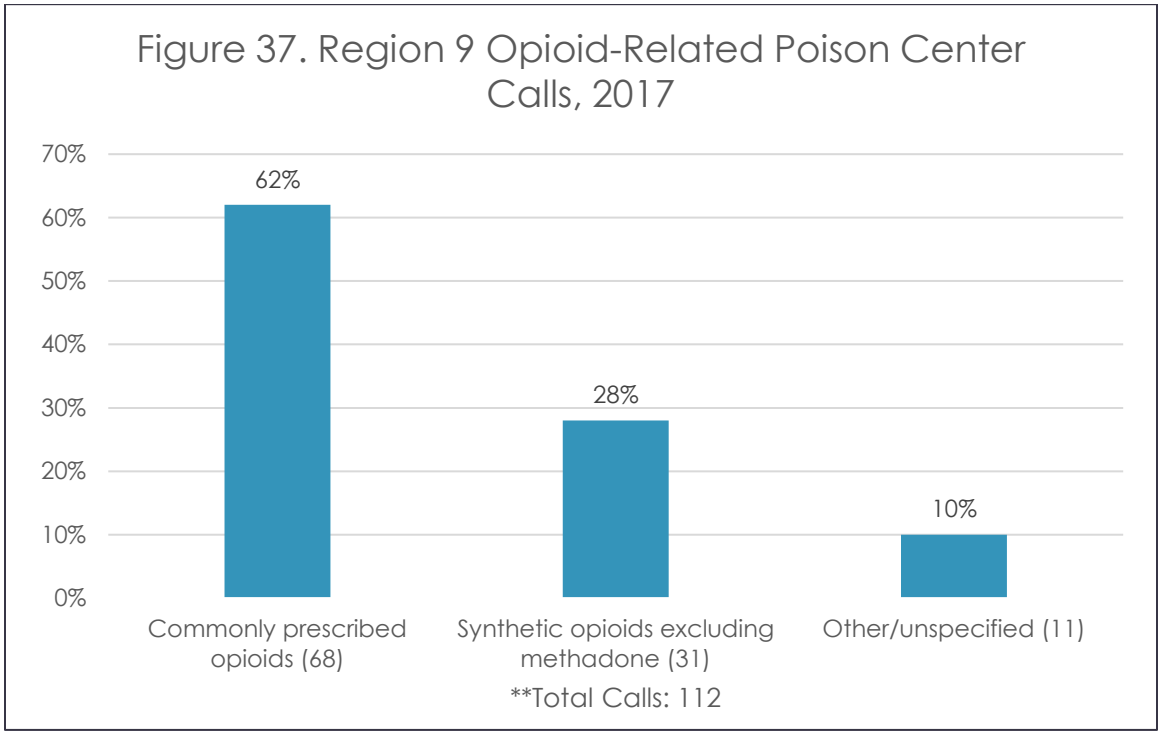
The misuse of opiates and addiction to prescription pain medications, illicit opioids such as heroin and synthetic opioids (fentanyl) is a national crisis that affects public health as well as social and economic welfare.[91]The total economic burden of the prescription opioid overdose abuse, and dependence 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.[92]

In 2017, CastLight report found that, contrary 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.[93]This report also ranked four Texas cities among the the top 25 opioid abusing cities, including Odessa (Ector County) with an 8% opioid abuse rate and rank of #15 in the U.S.[93]This report estimates that 8% of people prescribed opioids in Odessa are abusing them.[93]

Qualitative DataTexas Poison Center Calls

In 2017, the Texas Poison Center reported 112 opioid-related exposures from Region 9 (see Figure 37).[94]Midland County accounted for 36 of these calls, Ector County had 22, Tom Green County 16, and

Howard County had 10 calls.[98]Thirty-one of the 112 calls were for synthetic opioids other than methadone; 11 of the calls were for unspecified opioids; and 68 calls were for commonly prescribed opioids.[94]Two calls were not included in this data because it was masked as a specified opiate. Region 9 calls were relative to the state of Texas rate, where 67% of the calls received were for commonly prescribed opioids. Synthetic opioids were responsible for 30%, and heroin and unspecified opioids accounted for the remaining of the opioid-related calls to the Texas Poison Control Center.[94]



** Data was masked for 2 calls; the specified opioid was not reported

Source: Texas Health and Human Services Commission[94]

Opioid deaths in the United States have more than doubled over the past decade

Adolescent Use

Around 10.3 million people over the age of 12 misused opiates in 2018. The majority of those people misusing opioids were prescription opiates, but not heroin.[11] In 2018, over 3,177 youth aged 15-24 died from a drug overdose, and over 60% of those were heroin or opioid related.[96] Estimates indicate that for every young adult deaths due to prescription drug overdoses, including opiates, there were 22 treatment admissions and 119 emergency room visits.[97] Drug overdose deaths involving opioids among adolescents have more than tripled from 1999 and 2015. Opiate overdose death rate is more than cocaine, benzodiazepines, and psychostimulant overdose death rates combined (see Figure 38).[98]

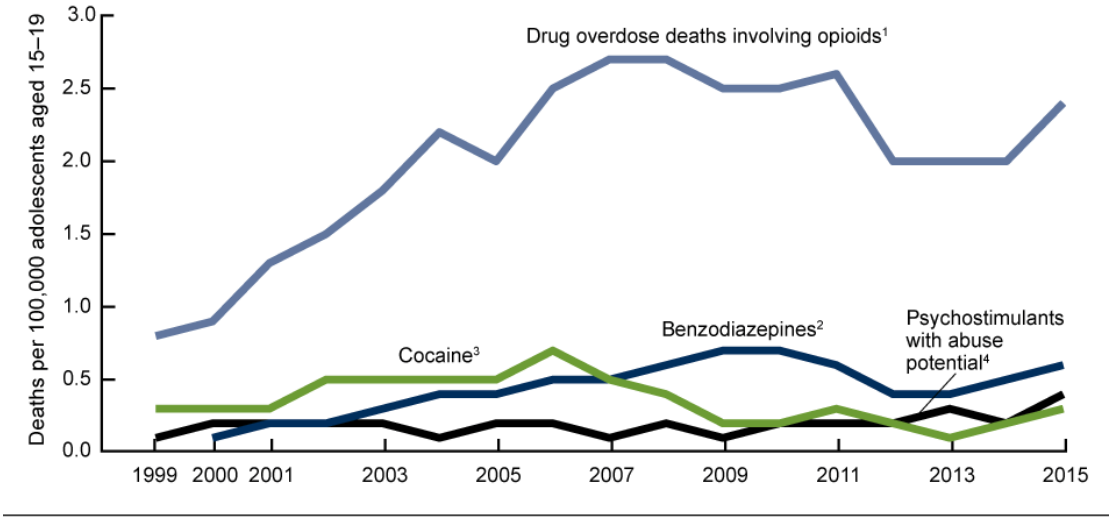


FIGURE 38. DRUG OVERDOSE DEATH RATES FOR ADOLESCENTS AGED 15-19, 1999-2015
Source: Centers for Disease Control and Prevention[98]

Between 1999 and 2015, the drug overdose rate for males, 15-19 years of age was consistently higher than for females.[98]The males experienced a decline in overdose deaths between 2007 and 2014, yet showed a slight increase from 2014 to 2015. It was noted that in 2015, that the majority of male and female overdose deaths were unintentional, although female deaths were more than twice as likely as male deaths to be suicides.[98]Overdose death rates among those 15 to 19 years of age were highest for opioid drugs, specifically heroin.[98]

Overdose death rates among 15-19 year olds in the United States are most commonly attributed to opioid misuse

Qualitative Data

Students in junior high and high schools are reportedly carrying prescription medications on campus, either for use or for sales. Schools report students bringing opioids, specifically hydrocodone and oxycodone (Vicodin, Oxycontin) to the campus. School officials have observed some students selling these pills before school begins so they are no longer in possession on school premises. However, some students buy the drugs then use on campus or possess them through the day for use after school hours. It is encouraged that the parents who are prescribed opiates, such as Xanax, and other medications to secure them at home.

Treatment facilities in the Permian Basin report that less than a quarter of their patients are being treated for opioid abuse. More than likely this is because the clinics are primarily for opioid abusers, such as methadone clinics. Both Odessa and Midland have outpatient methadone clinics, and in total have the capacity to serve 241 patients. As of July 2020, both methadone clinics currently have a wait list for new patients. These clinics treat heroin and a mixture of oral opiates which are the most common opioids abused.

Department of Family and Protective Services also report that they see prescription medication abuse, including opiates are among the top substances abused in their cases.

Dangers of Fentanyl and Opioids

Fentanyl is a powerful synthetic opioid analgesic like morphine, but is 50 to 100 times more potent.[89,90]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 that are intolerant to other painkillers.[98]In its legal (prescription) form, fentanyl is known as Actiq®, Duragesic®, and Sublimaze®.[99]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.[99]

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.[98]The current rise in opioid-related deaths appears to be driven by illicitly produced fentanyl products.[98]South America and Mexico appear to be the main regions smuggling fentanyl into the U.S. with a notable amount also coming through Canada.[98]

Fentanyl-related substances have been identified in powder, pill, capsule, and liquid forms, as well as on blotter paper.[98]Fentanyl has also been identified in counterfeit pharmaceutical products, such as tablets that mimic oxycodone, and found in mixtures with cocaine ("speedball") and heroin plus other synthetic opioids ("Grey Death").[98]It has been determined that only 1-2 milligrams, about the size of 5-7 grains of salt, of fentanyl can induce respiratory depression, arrest, and possibly death (see Figure 39 on the next page).[99]

Figure 39. Lethal Amounts of Different Opiates

Source: inmaricopa.com[100]

The DEA 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 overdosed.[99] Naloxone is available as an injectible (needle) solution, a hand-held auto-injector (EVZIO®), and a nasal spray (NARCAN®Nasal Spray).[99]

Emerging Trends

To understand 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 cause. 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.[101]JUULs are rechargeable using a USB port and the e-liquid or the fluid that creates the vapor is utilized through JUULpods. These pods contain propylene glycol, glycerine, benzoic acid, flavors, and nicotine. According to the JUUL website, their mission is to create an alternative for current smokers, not a new habit for nonsmokers.[101]JUUL devices have a sleek design and are manufactured to give a "healthier" alternative to adult tobacco cigarette smokers while still delivering the nicotine (see Figure 40 on next page).[101]

FIGURE 40. JUUL™The New Electronic Cigarette

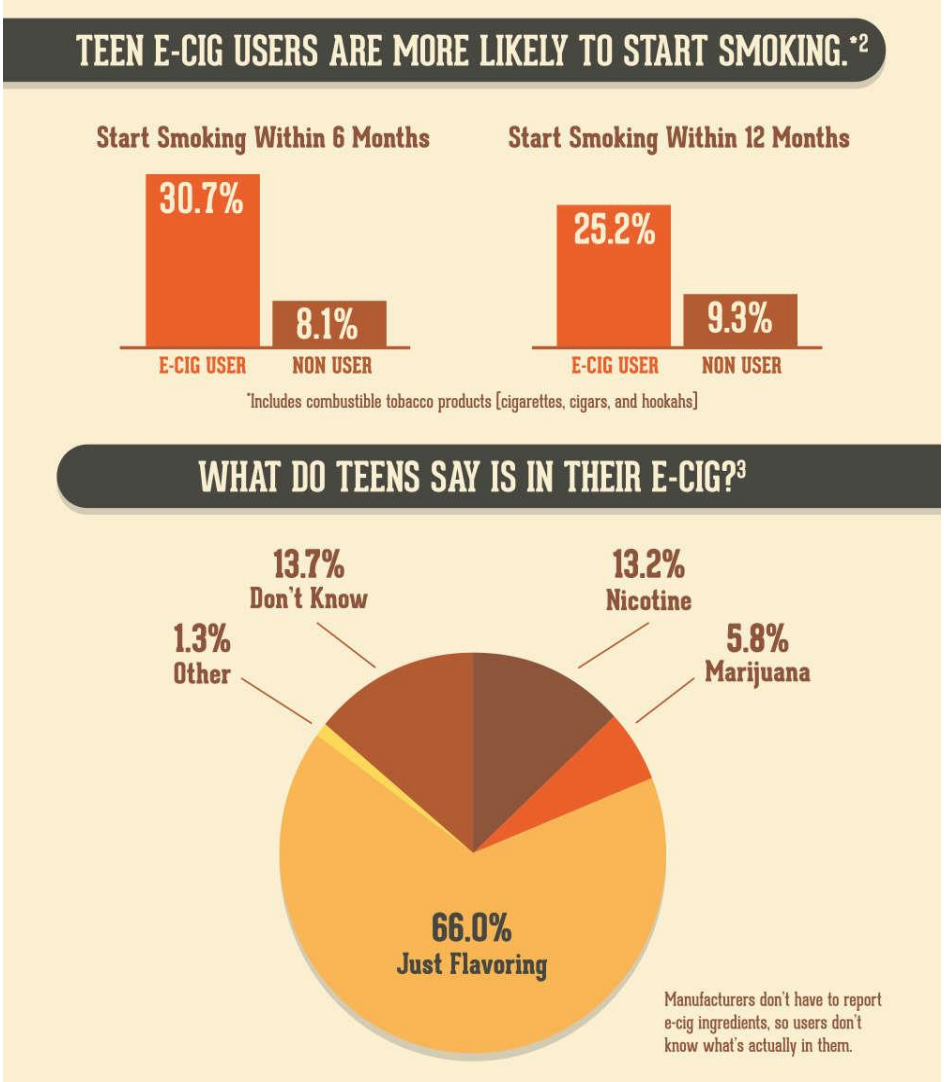
Source: JUUL[101]

The JUUL was developed as an alternative for current adult smokers However, these e-cigarettes have been a successful alternative among teens across the U.S. and the Permian Basin because of its sleek design and its ability to be recharged easily within an hour. However, as of September 1, 2019 all cigarettes and electronic cigarettes are illegal to buy under the age of 21 because of Senate Bill 21 in Texas.

JUULs now make up 68% of the $2 billion e-cigarette market.[103] As of February 2020, 68 deaths and more than 2,800 cases of serious lung illness related to e-cigarettes have been reported to the CDC.[103]The increased harm of JUULs compared to e-cigarettes is due to the contents of the pods. The e-liquid is 5% nicotine by volume, which is more than twice the concentration of nicotine in similar devices like the Blu e-cig cartridge (2.4% nicotine), and can increase the risk of addiction.

Since teens use multiple pods in one sitting, they can unknowingly become exposed to unsafe levels of nicotine that can have immediate and long-term health consequences. The amount of nicotine in one JUUL pod is equivalent to a pack of cigarettes.[103] In 2016, the Food and Drug Administration (FDA) was given the authority to regulate e-cigarettes, but the FDA has allowed the manufacturers to postpone their premarket authorization applications for FDA approval from May 12,2020 to September 9, 2020.[102] These e-cigarettes remain on the market where underage people have access and continue to perpetuate addiction to nicotine. Another brand of e-cigarette is called the Puff Bar. In an apparent effort to slow the sales of Electronic Nicodine Delivery Systems (ENDS) to underage people,[102] Puff Bar claims on their website to have ceased all online sales of their e-cigarette in the United States.[104] E-cigarettes is a fairly new trend, but there are new studies out regarding usage among students.[104]

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.[105]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 41).[106]Over 25% of e-cigarette users start smoking within 12 months, while just over 9% of non-users start smoking cigarettes. Nearly one fifth of 12th grade students across the U.S. reported using e-cigarettes in the past month.[106]Teens will not always know what is in their e-cigarettes. Figure 41 shows



that two-thirds of teens believe only flavoring is in their e-cigarette. But only 13% of students know that their e-cigarettes contain nicotine.[106]It is possible the e-cigarettes will have no nicotine as some brands claim to be nicotine-free. Nearly 6% of students believe their e-cigarettes contain marijuana, which is also possible.[106]Students looking for tutorials on how to use marijuana in e-cigarettes will find online forums and threads on how to use the liquid in their e-cigarette. Schools note that students can and do get high in class simply by vaping liquid marijuana from their flash-drive looking vaping devices.

Figure 41. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS

Source: National Institute on Drug Abuse[106]

Smokers are more likely to experience complications with contracting COVID-19 than non-smokers

Smoking and COVID-19

During the COVID-19 pandemic, questions have been asked whether smokers are more susceptible of contracting the virus than nonsmokers. Smokers are more likely to share cigarettes and touch their nose and faces than non-smokers. Smokers may already have lung problems, and because COVID-19 attacks the lungs the probability of more severe symptoms and possibly death will rise. If lungs are already damaged, they are not able to provide oxygen or use oxygen like healthy lungs could provide. Smoking and vaping can also lower a person's immunity to respiratory infections. One study found that e-cigarettes suppress immune cells in the nose, but also destroys the cilia in the lungs. Cilia are tiny, hair-like structures that trap viruses and debris and sweep them out of the airway. When damaged, cilia is less capable in preventing the virus from settling into the lungs.[107] Damage to the cilia in the lungs can make it harder to clear out mucus.[107] A Chinese study of those who had COVID-19 and were hosptitalized with pneumonia found that the odds of the disease could get worse were also 14 times higher in those who smoke or had a history of smoking.[107]People that vape, no matter what is in the liquid, are more likely to have a compromised immunity just as cigarette smokers are compromised.[108] Vapers, for the same reasons as smokers, are likely to get the coronavirus because of lower immunity and touching their faces more. Research also suggests that the aerosols from e-cigarettes irritate and hurt lung cells and makes it much more difficult to fight infection.[107]

So how can smokers lower their Coronavirus risk? Quit smoking and vaping if it is possible. Experts are not sure if former smokers or vapers are more likely to get COVID-19 than those who never smoked.[107] However, former smokers or vapers can possibly have a lower risk of complications from COVID-19 than current users. Because the lungs heal after people quit smoking, they report less coughing and shortness of breath within a few weeks to months of quitting. Cilia begins to regrow and heal quickly, and the probability of fighting respiratory infection grows as the cilia heals.[107]

Help for those who want to quit smoking or vaping is connected to the National Cancer Institute and the number to call is 800-QUIT-NOW.[107]

Public health officials also say the way to cut the risk of catching COVID-19 is to: stay away from others who may have been exposed to the virus, wash your hands at least 20 seconds and often.[107] Try not to touch your nose, mouth and eyes and disinfect surfaces in your home that get touched a lot.[107]

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

In order to sell alcohol or tobacco in the state of Texas, an application must be approved and then distributed to businesses allowing them to sell to the consumer. Businesses must comply with rules and conditions to ensure they follow laws of distribution. The businesses must be observant and check identification cards so they do not sell tobacco or alcohol to minors. Businesses could lose their license and thus affect their company stability. 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 us, 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 factor present in a community.

Table 39. Region 9 Alcohol Permit rate Per 100,000 people, 2020

County	Alcohol Permit per (100,000)	County	Alcohol Permit (per 100,000)
Texas	**200.9**	Mason	205.2
Andrews	94.3	McCulloch	254.0
Borden	--	Menard	457.0
Coke	186.6	Midland	189.5
Concho	313.5	Pecos	326.6
Crane	193.3	Reagan	331.3
Crockett	321.8	Reeves	420.2
Dawson	139.8	Schleicher	211.4
Ector	209.4	Sterling	239.6
Gaines	85.9	Sutton	525
Glasscock	219.8	Terrell	189.8
Howard	198.9	Tom Green	199.6
Irion	331.6	Upton	401.7
Kimble	690.6	Ward	272.2
Loving	2,173.9	Winkler	301.2
Martin	49.6		

Source: Texas Alcoholic Beverage Commission[108]

Alcohol and Tobacco Permits

In 2020, the average alcohol permits approved in the state of Texas was 200.9 per 100,000 people.[108]In comparison to Region 9, the highest number of alcohol permits per 100,000 people was Loving County with 2,173.9 alcohol permits (see Table 39 on previous page).[108] Martin County had the lowest alcohol permit rate per 100,000 at 49.6.[108] The total number of alcohol permits distributed in the state of Texas was 59,630.[108]In Region 9, the total number of permits distributed was 1,100 in 2020.[108]Ector County had the highest number of alcohol permits at 387, Midland was a close second at 355, and Tom Green had 246.[108] Borden did not have sufficient data, and Loving County had 2 permits approved.[108]

Tobacco permits completed in the state of Texas totaled 30,937 in 2020. For Region 9, the total tobacco permits distributed was 854.[109] The largest counties in Region 9 had the most permits distributed; Ector had 209, Midland was at 179 and Tom Green County 117 tobacco permits.[109] However, the highest number of tobacco permits distributed per 100,000 people was Loving County at 4,347.8 permits.[109]The lowest rate of tobacco permits came from Andrews County at 76.3 permits per 100,000 people (see Table 40).[109]

Table 40. Region 9 Tobacco Permit rate per 100,000, 2020

County	Tobacco Permit per (100,000)	County	Tobacco Permit (per 100,000)
Texas	**104.2**	Mason	153.9
Andrews	76.3	McCulloch	138.6
Borden	292.0	Menard	274.2
Coke	186.6	Midland	95.5
Concho	217.0	Pecos	199.6
Crane	145.0	Reagan	165.6
Crockett	222.8	Reeves	222.8
Dawson	117.7	Schleicher	151.0
Ector	113.1	Sterling	319.5
Gaines	99.5	Sutton	342.4
Glasscock	219.8	Terrell	189.8
Howard	123.7	Tom Green	94.9
Irion	331.6	Upton	226.0
Kimble	437.4	Ward	147.1
Loving	4,347.8	Winkler	182.9
Martin	99.3		

Source: Texas.Gov[109]

Alcohol and Tobacco Sales to Minors

Data for tobacco sales to minors is gathered by Health and Human Services and according to their website, Region 9 counties had no sales.[111]However, the state of Texas totaled 292 tobacco sales to minors.[111]

Alcohol sales to minors were broken down by county in Region 9, and out of 30 these are the counties identified: Andrews County had 2 sales to minors, Concho County had 1, Ector County had 6, Midland County had 3, Tom Green had 5, and Winkler County had 1.[110] There were 18 alcohol sales to minors in total for Region 9, while the state of Texas had 914.[110]

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 that 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 41 shows the overdose

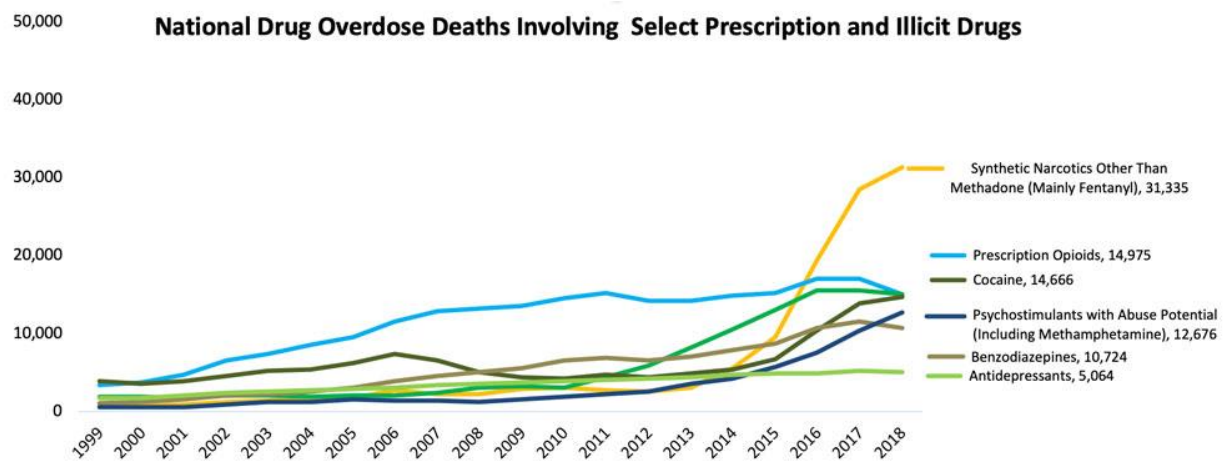
Table 41. Region 9 Overdose Death Crude Rate per 100K, 1999-2018

Area	Overdose Death Crude Rate per 100K
Texas	**19.4**
Andrews County	11.4
Dawson County	18.0
Ector County	23.8
Gaines County	11.1
Howard County	22.3
McCulloch County	13.5
Midland County	17.9
Pecos County	15.5
Reeves County	24.8
Tom Green County	18.9
Ward County	22.6
Winkler County	21.5

Source: CDC Wonder[112]

death crude rate, or the number of people per 100,000 population that died directly from overdosing on alcohol or drugs from 1999-2018.[112]Only 23 counties in Region 9 had data for the overdose death crude rate, as the remaining counties did not have sufficient data to report on this factor from 1999-2018. The county with the highest overdose death rate from 1999-2018 was Reeves County (county seat of Pecos, TX) at 24.8 overdose deaths per 100,000 population.[112]This declined from the 1999-2017 crude rate which was at 25.6 overdose deaths per 100,000 population. In comparison, Reeves County's overdose death crude rate was 28% higher than the Texas overdose death rate from 1999-2018.[112]Following Reeves County, Ector County had an overdose death crude rate of 23.8 and Ward County at 22.6 per 100,000 overdose deaths.[112]

The Centers for Disease Control and Prevention gathered statistics from 1999-2018 on the drug overdose deaths involving prescription and illicit drugs. Trends show that synthetic opioids other than methadone (specifically fentanyl) are the leading cause of overdose deaths in the U.S. as of 2018. This is 2,869 more deaths than the previous year. Followed by prescription opioids, cocaine, psychostimulants with abuse potential (including Methamphetamine), benzodiazepines, antidepressants (see Figure 42)[90]. Also notable is that alcohol was not included in Figure 42 because alcohol is included in Table 42 regarding Region 9.



SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS. MULTIPLE CAUSE OF DEATH 1999-2017 ON CDC WONDER ONLINE DATABASE, RELEASED JANUARY, 2020

FIGURE 42. DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 1999-2018
Source: National Institute on Drug Abuse[90]

Drug and Alcohol-Related Deaths

The Centers for Disease Control and Prevention presents data regarding alcohol-induced deaths include deaths from dependent and nondependent use of alcohol.[112] 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 are included.[112]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, such as drug-induced .(overdose). Drug-induced deaths are separated from alcohol-induced deaths to represent the magnitude of each. Crude rates are represented in number of deaths per 100,000 population and are not adjusted for age or any other factors, therefore, the *crude* rate.[112]

Table 42. Alcohol-Induced Death Crude Rate, 1999-2018

Area	Crude Rate per 100K
Texas	**9.1**
Dawson County	9.7
Ector County	11.0
Howard County	10.5
Midland County	9.8
Pecos County	9.2
Reeves County	10.6
Tom Green County	7.5
Ward County	12.4

Source: CDC Wonder[112]

The alcohol-induced death crude rate for Texas from 1999-2018 was 9.1 deaths per 100,000.[112]Eight counties out of 30 in Region 9 had sufficient data to report on this variable, (see Table 40).[112]Ward County had the highest alcohol-induced death crude rate from 1999-2018 in Region 9 of 12.4 deaths per 100,000.[112]The second and third counties with the highest alcohol-induced death crude rate were Ector County (11.0) and Reeves County (10.6) consecutively.[112]

The drug-induced death crude rate of Texas from 1999-2018 was 10.3 (see Table 43 on the next page).[112]Winkler County had the highest drug-induced death crude rate in Region 9 from 1999-2018 at 15.2 drug-induced deaths per 100,000.[112] Winkler County deaths between 1999-2018 were 48% higher than the state of Texas (10.3).[112] The second and third highest drug-induced death crude rate in Region 9 were Reeves County (14.3) and Ector County (12.7) consecutively.[112]

Table 43. Drug-Induced Death Crude Rate, 1999-2018	
Area	**Crude Rate per 100K**
Texas	**10.3**
Andrews County	7.7
Dawson County	8.3
Ector County	12.7
Gaines County	7.3
Howard County	11.8
Midland County	8.6
Reeves County	14.3
Tom Green County	11.5
Ward County	10.1
Winkler County	15.2

Source: CDC Wonder[112]

There was an average of 3 drunk drivng crashes every day during 2019 in Region 9

Table 44. Region 9 Alcohol Impaired Driving Deaths, 2014-2018			
County	**Alcohol Impaired Deaths**	**County**	**Alcohol Impaired Deaths**
Andrews	21	**McCulloch**	3
Borden	0	**Menard**	0
Coke	4	**Midland**	80
Concho	1	**Pecos**	14
Crane	4	**Reagan**	3
Crockett	3	**Reeves**	13
Dawson	0	**Schleicher**	0
Ector	78	**Sterling**	1
Gaines	5	**Sutton**	1
Glasscock	2	**Terrell**	1
Howard	8	**Tom Green**	16
Irion	3	**Upton**	4
Kimble	1	**Ward**	12
Loving	4	**Winkler**	8
Martin	2		

Source: County Health Rankings[113]

Alcohol-Impaired Driving Deaths

The oilfield boom typically brings more vehicles to the Permian Basin, and with more traffic comes an increase in accidents. With accidents there will be deaths. County Health Rankings data shows deaths that occurred from alcohol-impaired driving (seeTable 44).[113]In Region 9, between 2014 and 2018, the county with the highest number of alcohol-impaired deaths was Midland (80).[113]A close second was Ector County with 78 deaths from alcohol-impaired driving, and 21 deaths in Andrews County. Counties with no deaths from alcohol impaired driving were Borden, Dawson, Menard, and Schleicher.[113]

Drug and Alcohol-Related Crashes

Overdose deaths are a widespread problem in the U.S., however, there are other deaths that are taken out on the road. These deaths are caused by vehicle crashes that were identified as Driving Under the Influence (DUI). Region 9 reported 1,053 crashes identified as a DUI accident (see Table 45) for 2019, which is a 9% increase from the year before.[114]

The 1,053 crashes in 2019 equates to nearly three DUI accidents every day.

In 2019, the most DUI crashes for Region 9 was in Ector County (386).[114]The counties that posted the second and third highest DUI crashes were Midland County (273) and Tom Green County (100).[114]

Each county in Region 9 saw a rise in DUI crashes from 2018-2019 except seven counties: Glasscock, Howard, Kimble, McCulloch, Sterling, Upton, and Winkler.[114] There was a 9.5% decrease in DUI crashes from 2015-2017 in Region 9, but from 2017-2019 saw an increase of 30% in DUI crashes. Of the 1,053 DUI crashes recorded in Region 9, there were 60 deaths in 2019. This was a 19% decrease from 2018, where Region 9 had 74 fatalities resulting from DUI crashes.[114] In 2018, Region 9 stats showed 108 serious injuries due to DUI accidents, while 2019 had 122 people with serious injuries caused from DUI accidents.Non-serious injuries in 2018 numbered at 244, while in 2019, there were 287 non-serious injuries due to DUI accidents.[114]

Table 45. Region 9 DUI Crashes, 2017-2019

County	2017	2018	2019
REGION 9	**735**	**962**	**1,053**
Andrews	12	11	24
Borden	0	0	2
Coke	2	2	4
Concho	5	4	4
Crane	4	4	7
Crockett	7	4	9
Dawson	7	7	8
Ector	263	341	386
Gaines	14	16	16
Glasscock	1	2	0
Howard	35	50	37
Irion	3	0	1
Kimble	5	13	7
Loving	0	3	3
Martin	18	10	15
Mason	5	2	3
McCulloch	6	6	5
Menard	3	2	5
Midland	205	254	273
Pecos	11	15	19
Reagan	1	5	9
Reeves	17	39	46
Schleicher	2	2	2
Sterling	0	8	4
Sutton	5	8	15
Terrell	0	0	0
Tom Green	76	99	100
Upton	2	5	3
Ward	16	29	33
Winkler	10	21	13

Source: Texas Department of Transportation[114]

Legal Consequences

Behaviors can lead to positive consequences and can also have negative consequences. Those people that use drugs or consume alcohol will likely have consequences from their use. In the next sections, the following information will include the latest information on arrests for drug and alcohol violations. Also included will be statistics on substance use as well as criminal court cases for Region 9.

Driving Under the Influence

Arrests that are alcohol related made by local law enforcement and the Federal Bureau of Investigation (FBI) will be coded and categorized based on the offense. The charges can range from liquor law violations, public drunkenness and Driving Under the Influence (DUI).[115]The FBI defines a DUI as "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."[116]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."[116]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.[116]

According to the Texas Department of Public Safety, Ector County had the highest number of DUI arrests at 909 in Region 9 (see Table 46).[115] The second highest county for DUI arrests was Midland County at 351, while Tom Green was third at 244.[115]Ector County had 61% more arrests than Midland County which is a significant difference between two counties separated by 23 miles.

Arrests for DUI does not necessarily mean the person was convicted for that offense but could have pled to a lesser charge or the charge was dismissed. In the next section, incarcerations for Driving While Intoxicated (DWI) and drug offenses will be discussed.

Table 46. Reg. 9 Driving Under Influence Arrests, 2019

County	Arrests for DUI	County	Arrests for DUI
Region 9	2,024	**Mason**	11
Andrews	94	**McCulloch**	3
Borden	3	**Menard**	10
Coke	7	**Midland**	351
Concho	0	**Pecos**	19
Crane	26	**Reagan**	8
Crockett	0	**Reeves**	65
Dawson	27	**Schleicher**	1
Ector	909	**Sterling**	17
Gaines	60	**Sutton**	17
Glasscock	0	**Terrell**	0
Howard	56	**Tom Green**	244
Irion	1	**Upton**	32
Kimble	8	**Ward**	22
Loving	0	**Winkler**	30
Martin	3		

Source: Texas Department of Public Safety[115]

Substance Use Criminal Charges

The average number of people incarcerated for Driving While Intoxicated (DWI) and drug offenses (including delivery and possession charges) in Region 9 in 2018, at "any one time" is shown in Table 47 on the next page. Due to the COVID-19 pandemic, Texas Department of Criminal Justice employees having access to this information was not available to update current numbers of inmates incarcerated for DWI and Drug Offenses from Region 9. As of August 2018, the number of people incarcerated in Texas Department of Criminal Justice represents the average number of incarcerations at any one time throughout the year.[117] Region 9 had an average of 353 DWI incarcerations and 885 drug incarcerations in 2018. The county with the most DWI/Drug Incarcerations in Region 9 was Tom Green County with 62 DWI and 306 drug incarcerations.[117]Second and third counties with most incarcerations were Ector County with 99 DWI and 200 drug incarcerations, and Midland County with 92 DWI and 158 drug incarcerations respectively.[117]

There were 2,024 DUI arrests made in Region 9 in 2019

Table 47. Region 9 "Any One Time" Incarcerations for DWI and Drug Offenses, 2018

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
Region 9	**353**	**885**	Howard	16	38	Reeves	1	16
Andrews	12	22	Irion	1	0	Schleicher	4	0
Borden	0	0	Kimble	0	23	Sterling	1	0
Coke	0	0	Loving	--	--	Sutton	2	6
Concho	3	3	McCulloch	8	14	Terrell	0	0
Crane	1	1	Martin	0	2	Tom Green	62	306
Crockett	4	3	Mason	1	5	Upton	2	5
Dawson	13	23	Menard	1	10	Ward	8	16
Ector	99	200	Midland	92	158	Winkler	3	6
Gaines	10	15	Pecos	6	8			
Glasscock	1	2	Reagan	2	3			

August*: On hand population at TDCJ for DWI and drug offenses on August 2, 2018.

Source: Texas Department of Criminal Justice[117]

Direct Costs

The average cost paid to resolve a DWI first time offense case was $6,500, with an average of $4,400 in lost wages. The numerous items that are included in the cost of defending a DWI offense are as follows:[118]Attorney's fees and expenses can average out to $1,900, which was a public defender fee, not an attorney retained by the defendant.[118] Also, court-ordered fines which averaged out to $1,100, and increases in car insurance. An average of $800 per year increase was noted for car insurance premiums.[118]As a condition of court orders, traffic school may be imposed and could cost around $360 on average.[118] Department of Public Safety charges $100 to reinstate a license if their driver's license is suspended.[119]Ignition interlock devices may be installed on vehicles and the defendant must pay on average $170 for installation and maintenance of the device.[118] Towing and storage of the vehicle can occur if a sober person cannot safely operate the vehicle after arrest. Average cost of towing can be around $170.[118]Once the defendant speaks with a judge,

FIGURE 43. TEXAS DWI FINES BREAKDOWN
Source: Law Office of Brent de la Paz[120]

bond is set and on average will have to pay $150 to bail out of jail.[118]

For a defendant with their first DWI in Texas can pay a minimum of $12,000 (see Figure 43 on previous page).[120]The conviction costs for two or more DWI's increase accordingly.

It is more difficult to put an average cost estimate on drug offenses because of the variables involved. As an example, sentencing can vary on charges that are similar such as drug possession vs. intent to distribute. Fines 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.[121] Different factors such as the type of drug, quantity of drug, how the drug was stored, possession of drug paraphernalia, and past convictions of the offender can affect sentencing.[122]The highest penalty given in Texas for drug possession is life or 99 years in prison and/or fine of up to $250,000.[122]

Courses for Alcohol, DWI and Drug Education

There are different reasons why individuals would require classes on alcohol, drugs, or DWI education. An individual may be court-ordered to attend classes for probation or parole requirements. For Region 9 there are different resources that provide alcohol education programs for minors, drug offender education programs, DWI education and/or intervention programs. According to Texas Department of Licensing and Regulation, an individual can search for courses by zip code, city, county, or provider.[124] A DWI Education Course is 12 hours in length and designed to help DWI offenders increase their knowledge about alcohol and drugs as substances relate to driving skills, identify individual drinking/drug use and driving patterns and assist them in developing pans which will reduce the probability of future DWI behavior.[124] DWI Intervention is a 32 hour program designed for multiple DWI offenders. The purpose is to intervene in alcohol/drug abusing lifestyles of the offenders in order to encourage entry into treatment.[124] Alcohol Education for Minors is a 6 hour course designed to help participants increase their knowledge about alcohol and drugs among young people.[124]For Region 9, the highest populated counties with more options for individuals requiring treatment. For Ector County there are three DWI Education Programs, two DWI Intervention Programs to choose from.[124] There is only one Alcohol Education Program for Minors available in Ector County.[124] There are four Drug Offender Education Programs within Ector County.[124]In Midland County there are two DWI Intervention Programs, two DWI Education Programs, and one Alcohol Education Program for Minors.[124]In Midland County, there is only one Drug Offender Education Program.[124]Tom Green County has one Alcohol Education Program for Minors, one DWI Education Program, and one DWI Intervention Program.[124]There is only one Drug Offender Education Program available in Tom Green County.[124]

Hospitalization and Treatment

Drug and alcohol use and dependence can lead to medical and mental issues. People can experience serious side effects or overdoses and need hospitalization. Of those hospitalized, it is only a small portion of the community who are using alcohol or drugs, so it is difficult to get an accurate number of those admitted for specific drug or alcohol issues. Knowing why the patients are admitted to the hospital when they discharge could help determine the needs of the community. Data for hospitalizations regarding substance use has not been available for quite some time. Drug and alcohol issues can also cause behaviors that lead to consequences such as transmission of HIV. Treatment data is available in the upcoming sections.

HIV Rates and Transmission

Alcohol and drug use effects individuals' rational thinking. If a person is in a situation that can lead to negative behaviors such as intravenous drug use or unprotected sex, there are consequences individuals will have to live with and treat for the rest of their lives.[125] The consequences can lead to sexually transmitted disease such as HIV or Human Immunodeficiency Virus.[125] Only certain body fluids such as blood, semen, pre-seminal fluid, rectal fluids, vaginal fluid and breast milk-from a person who has HIV can transmit HIV. [125]These fluids must come in contact with a mucous membrane or damaged tissue or directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis and mouth.[125] Sharing needles or syringes, rinse water, or other equipment used to prepare drugs for injection with someone who has HIV.[125] HIV can live in a used needle up to 42 days depending on temperature and other factors.[125]HIV attacks the immune system causing the person to be more vulnerable to virus.[125] If untreated, HIV can lead to Acquired Immune Deficency Syndrome (AIDS) and can be fatal.[125]

In Region 9, there were 12 counties that had new diagnoses and treatment of patients with HIV in 2018 (see Figure 44 on the next page).[126]The county with highest diagnoses in Region 9 was Ector County at 256 patients which is .17% of the population in 2018. Second was Midland County with 212 people which was .14% of the population, and Tom Green County was third with 134 patients, .12% of the population in 2018.[126]Besides the counties in Region 9 that did not have a person diagnosed with HIV in 2018, the counties with lowest numbers of diagnoses are Gaines and Winkler at 5 and Dawson and Ward with 8 people diagnosed in 2018.[126]

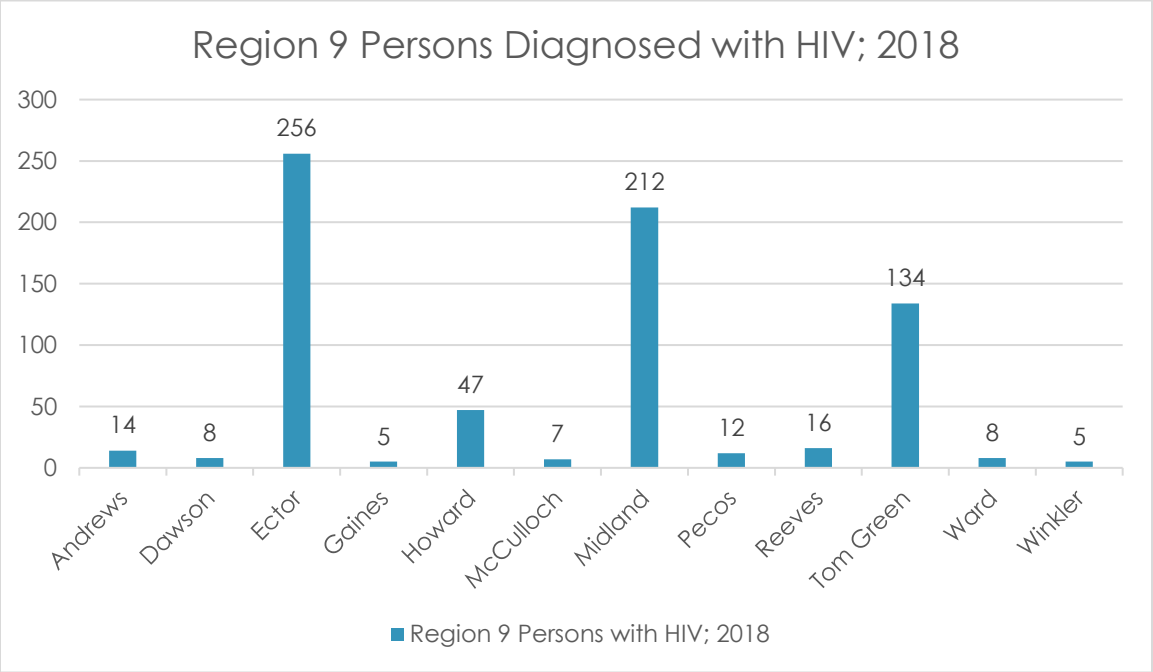


Figure 44. Region 9 Persons with HIV;2018[126]

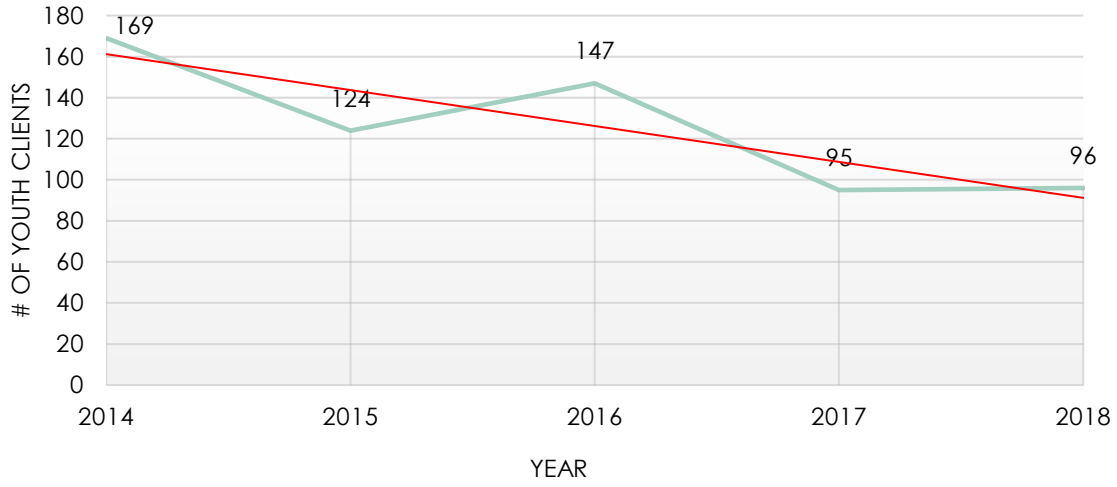
Source: Texas Health and Human Services Commission

Substance Abuse Treatment for Adolescents and Adults

Substance use and mental health conditions must be treated separately and individualized. The combination of these, or Co-occuring Psychiatric and Substance use Disorder (COPSD) clients are individuals who have mental health diagnosis as well as a substance use disorder. For those indviduals with substance use disorders may seek treatment to help manage their usage. However, they may not believe their substance use is a severe problem and seek out-patient care. These services can help individuals manage their substance use and maintain sobriety without going into a residential treatment facility.

Individuals that have a higher dependence on substances may require a more intense in-patient treatment. Doctors can monitor the individual more closely in a medical facility assisting them to safely get off the substances. When individuals require a detoxification (detox) from substances, professionals must monitor them closely to ensure medical stability. With detox comes residential treatment. Those individuals needing monitoring to ensure medical stability or detox, are admitted into a medical facility, and can last between 72 and 96 hours. Of course, the length of time in detox depends on a few things. Physicians must determine the substances used, how much the patient had taken and for how long. This will help the medical personnel monitor the person throughout the detox process and discharge them once they are medically stable. At the end of the detox period, the patient could possibly be admitted to a residential facility for further substance treatment. After Access to inpatient treatment, patients will have professional counselors specializing in substance use and can teach the individuals coping skills to find sobriety and stay substance free.

Figure 45. Region 9 Youth Substance Use Treatment, 2014-2018

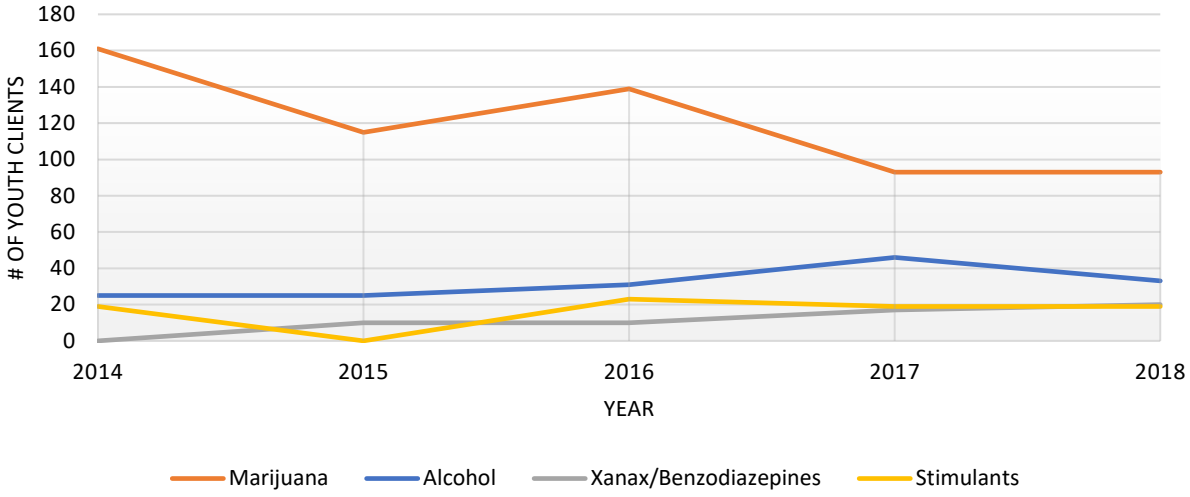


Source: Substance Abuse and Mental Health Services Administration[123]

Treatment for substance use in youth has seen a decline in Region 9 since 2014 (see Figure 45 on the previous page).[123]Age range for youth receiving substance treatment were between 13 and 17. The highest number of youth receiving treatment in Region 9 was 169 youth in 2014. In 2015 the region saw a drop to 124 youth but rose again in 2016 to 147.[123]But from 2016, there was a decline to 95 youth in 2017 and 96 in 2018.[123]The red trendline shows how the numbers of youth receiving substance use treatment dropped from 2014 to 2018. Other details to consider when reviewing this data are the number of treatment centers/providers youth have access to and also the barriers affecting youth that need treatment, but cannot receive it.

Between the years of 2014 and 2018, marijuana was the most treated substance in Region 9, (see Figure 46).[123]Alcohol is the second most treated substance in youth, followed by Xanax/Benzodiazepines, and stimulants. An interesting fact, however, between 2014 and 2018, there was an increase of treatment for alcohol-, benzodiazepine-, and stimulant-use disorders, while treatment for marijuana saw a decline over the same years.

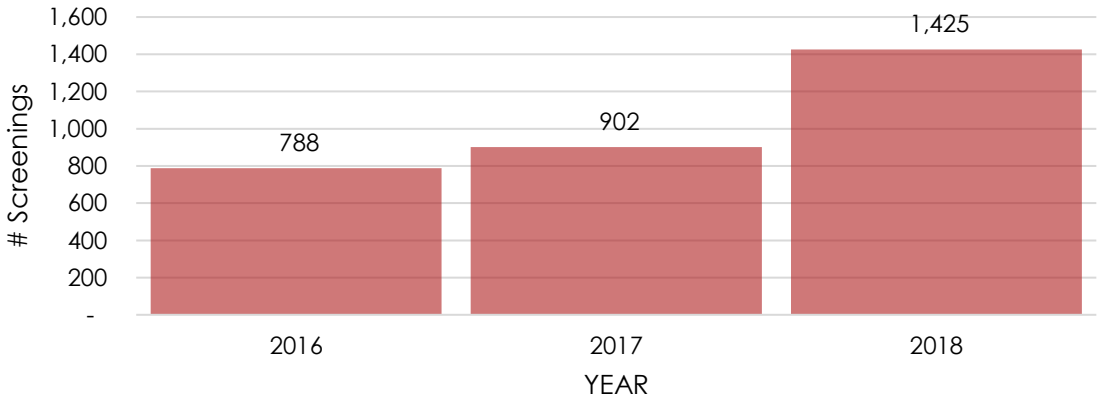
Figure 46. Region 9 Substance Abuse Treatment by Substance, 2014-2018



Source: Substance Abuse and Mental Health Services Administration[123]

OSAR or Outreach, Screening, Assessment, and Referral centers are held at local mental health authorities (LMHAs) and perform screenings for individuals seeking substance use treatment services. The LMHA and the OSAR Center for Region 9 is PermiaCare.[127] From 2016 to 2018, there was an 81% increase in Region 9 drug screenings performed through OSAR (see Figure 47 on the next page).[127]

Figure 47. Region 9 Drug Screens, 2016-2018



Source: Texas Department of Human Services, Outreach, Screening, Assessment, and Referral Center (OSAR)[127]

Mental Health and Substance Treatment for Adolescents and Adults

Adolescents and adults that receive treatment for substance use disorders may also have a need for mental health treatment. Region 9 clients are identified as Behavioral Mental Health clients or Substance Use Disorder (SUD) client.[123] The Table 48 on the next page shows Medicaid approved clients age 12 and older in 2016 that were receiving services for mental health services and/or being treated for Substance Use Disorder.[128] Loving County in Region 9 did not show anyone over the age of 12 receiving treatment. The largest counties in Region 9, Midland, Ector and Tom Green counties, of course, had the higher numbers of Medicaid recipients receiving treatment.[128] The numbers may overlap as some clients receiving mental health treatment could also be receiving Substance Use Disorder treatment as well.[128] Tom Green County accounted for 2,402 people receiving Behavioral Mental Health Care and 81 receiving treatment for Substance Use Disorder. Midland was second highest with total of 1,993 clients receiving mental health care, 85 treated for SUD, while Ector County had 1,747 clients being treated for mental health care, and 76 patients for SUD.[128]It should be noted that the numbers are clients that receive Medicaid, this does not account for clients with private insurance or receiving treatment on a sliding fee scale from treatment centers.[128]

There were almost twice as many drug screenings in 2018 than in 2016 in Region 9

Table 48. Texas Medicaid Clients with Behavioral/Mental Health or Substance Use Disorder

Region	County	Total Male	Female	BHMH Clients		SUD Clients	
9	Andrews	160	71	159	71	3	2
9	Borden	3	0	3	0	0	0
9	Coke	54	17	54	17	1	0
9	Concho	50	23	48	23	2	0
9	Crane	61	23	61	23	0	0
9	Crockett	37	9	36	9	1	0
9	Dawson	185	52	182	52	5	0
9	Ector	1,291	483	1,271	476	54	22
9	Gaines	132	53	132	53	1	0
9	Glasscock	2	3	2	3	0	0
9	Howard	427	168	422	168	13	2
9	Irion	8	5	8	5	0	1
9	Kimble	63	20	62	20	1	0
9	Loving	0	0	0	0	0	0
9	Martin	50	11	49	11	1	0
9	Mason	22	11	21	11	1	0
9	McCulloch	143	67	142	66	5	2
9	Menard	33	3	32	3	2	0
9	Midland	1,463	563	1,438	555	70	15
9	Pecos	146	34	146	34	3	1
9	Reagan	17	4	17	4	2	0
9	Reeves	153	48	151	48	4	0
9	Schleicher	35	8	34	8	1	0
9	Sterling	17	6	17	6	0	0
9	Sutton	21	16	21	16	1	0
9	Terrell	13	6	13	6	0	0
9	Tom Green	1,725	707	1,700	702	61	20
9	Upton	38	7	38	7	0	0
9	Ward	156	45	154	45	3	0
9	Winkler	71	34	71	33	2	2

Source: Texas Health and Human Services[128]

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) offers the *Daddy & Me* program designed to help new and current fathers overcome parental-related challenges.

PBRCADA also offers the *Mommy & Me* program for mothers of child-bearing age who are pregnant or who have recently given birth and are at-risk for drug use and/or have a drug dependence.

Turning Point in Odessa, a program associated with PermiaCare, is a residential treatment setting that has 42 beds. PermiaCare, 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. PermiaCare 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, TX and receive residential treatment or to the 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, TX that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 of which are 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.

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.[129] In 2016, there were 138 EMS runs regarding primary symptoms of overdose (drugs or alcohol) in Region 9.[129] About half of these (68) came from Midland County alone.[119] The second leading county was Ector, accounting for 17 (12%) EMS runs for overdose symptoms in Region 9.[129] Overdose EMS runs have declined from 2010-2016 in Region 9.[129] 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.[129] There was no data for 2015.

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. 3,200 lives each year.[130] The 2017 Youth Risk Behavior Survey found that 30% drank some alcohol, 14% binge drank, 6% drove after drinking alcohol, and 17% rode with a driver who had been drinking alcohol.[132]

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
Total	**$5,469.2 (e.g. $5.5 B)**

FIGURE 48. UNDERAGE DRINKING COSTS IN TEXAS, 2013
Source: Pacific Institute for Research and Evaluation[131]

According to the National Survey on Drug Use and Health, it is reported in 2018 that 19% of youth 12 to 20 years drink alcohol and 12% reported binge drinking the past 30 days.[133]In 2019, it was reported that 8% of 8th graders and 30% of 12th graders drank during the past 30 days. It was also reported that 4% of 8th graders and 14% of 12th graders binge drank during the past two weeks.[134]

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 48).[131] What also should be considered are the costs including of intangible monetary losses, such as risky sexual behavior, funerals, fire damages, and other costs.[132]

Underage drinking is estimated to cost Region 9 over $131 million in 2019.

Pacific Institute for Research and Evaluation

Additionally, in 2006, underage drinking cost the state of Texas $1.8 billion, while excessive drinking in total cost the state of Texas $16.5 billion.[133] This ranked Texas first in the nation for underage drinking costs.[133] Citizens in Texas paid $5.5 billion for underage drinking , which had an increase of 206% over 7 years.[131] Exact costs may differ due to varying analyses because different entities calculated these estimates, and 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 the consequences of underage drinking.[134] With that in mind, 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 $131 million for underage drinking.[13,141] This, however, is also a conservative estimate, as the trend of underage drinking costs is expected to have risen since 2013. Consequences are numerous and the youth who drink alcohol are likely to experience these during their formative years. These students can have school problems, poor or failing grades. Social problems such as fighting and not participating in activities. Unwanted and unplanned sexual activity can make youth more vulnerable to physical or sexual assaults. Also, alcohol-related car accidents and unintentional injuries, such as burns, falls, or drowning. Alcohol can affect a developing brain and cause memory problems that may have life-long effects. Alcohol can also be a gateway to misusing other drugs, alcohol poisoning and death.[130]

Underage drinking is an illegal activity and is also a public health issue. If individuals under 21 years old wreck a vehicle, insurance companies can increase policy premiums for all customers in that specific area due to the high rate of wrecks. This is an example of the community suffering consequences of one member's decision.

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.[132] Their findings indicate that a teenager is five times more likely to engage in risky sexual activity if they drink alcohol.[132] The Texas Campaign to Prevent Teen Pregnancy estimates that each teen birth costs the public about $7,400, including prenatal, labor and delivery postpartum care, infant care, WIC expenses, TANF assistance, and SNAP during pregnancy and infancy costs.[135] Region 9 has one of the highest teenage birth rates in Texas.[53] Refer to Table 10 earlier in this text to view more information.

The negative effects of alcohol can be measured, i.e., blood alcohol concentration (BAC) levels. Other drugs are not able to be measured in this way and there are many challenges in reporting that a certain crime was committed because a person was under the influence of drugs. Alcohol is the most common used drug, although it can be difficult to estimate the financial consequences, alcohol is less challenging to obtain than illegal drugs. There are few estimates on the costs of the consequences of illicit drug use and abuse in America, but 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.[136,137] 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.[136] With the rise of the opioid epidemic in the years since, according to the 2017 Council of Economic Advisors, it was estimated in 2015 that the opioid epidemic cost $504 billion.[139]

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 $740 billion each year.[138] Treatment can be costly but with the overall price of consequences that add up over time. 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.[138] Every dollar invested in addiction treatment programs yields a return of between $4 and $7 in drug-related crime, criminal justice costs, and theft. Savings related to healthcare can exceed costs by a ratio of 12 to 1. [138]Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; fewer drug-related accidents, including overdoses and deaths.[138] Prevention is said to have the potential to save $18 per $1 invested in effective school-based prevention programs.[140]

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.[141] Individuals that have been arrested is proof of criminal conduct, so the arrest alone does not necessarily mean the employer will overlook the applicant.[143] Arrest records, however, may cause concern for the employer into inquiring into the individual's conduct.[143] A conviction will usually be enough evidence for the employer into that person's criminal conduct.[143] Some circumstances, there may be reasons why an employer may not rely on the conviction record when making employment decisions.[143] Several states' laws limit employers' use of arrest and conviction records to make employment decisions.[144] These laws may prohibit employers from asking about arrest records or require employers to wait until late in the hiring process to ask about conviction records.[144]
Colleges and universities may also require criminal history check, and 66% of universities across the nation require criminal history checks prior to admission.[142] 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.[142] 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.[143] Furthermore, those in a state or federal prison cannot receive a Federal Pell Grant or federal student loans.[144] Those in an institution other than federal or state still cannot receive federal student loans, but may be eligible for a Federal Pell Grant.[144] 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 many challenges of performing a Federal Work-Study while incarcerated.[144] Once released, most eligibility limitations are removed except for drug-related and sexual offenses.[144] Additionally, if the offense occurred while the student was receiving federal aid, eligibility may be suspended.[144]

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.[145] Moreover, college students excessively drinking alcohol or using drugs face more challenges in completing their courses successfully and graduating.[145] 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.[145] 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."[145]

Though it is unclear how many drug-related convictions affect graduating high school students, according to the 2017 Texas College Survey, nearly one half of Texas college students are at risk because of their illegal use of marijuana.[76]

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 interest 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.[8] They can be seen as positive countering events.[8] 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 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:

Community

- Community Coalitions
- Treatment/Intervention Providers
- Local Social Services
- Law Enforcement Capacity and Support
- Religion

School

- YP Programs
- ATOD Education
- Sober Schools
- Alternative Peer Groups
- Academic Achievement

Family

- Parental Attitudes
- Parental Conversations
- Parental/Social Support

Individual

- Life Skills
- Mental Health Services
- Youth Employment
- Youth Perception - Access
- Youth Perception - Risk & Harm

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/, https://www.facebook.com/CVCARES/
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. mtarango@pbrcada.org
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. joanne.mundy@dshs.texas.gov
5. **Midessa Community Alliance Coalition:** This coalition is a merger of the previous Here to Impact Coalition and the Midland Coalition. The Midessa Community Alliance Coalition is supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA). The Coalition's mission is to reduce underage drinking, tobacco, nicotine use, and substance abuse by: creating a community culture that promotes healthy choices; advocating for policies and regulations that protect, empower and nurture youth; and facilitate positive opportunities for youth to be involved and thrive. The goal is to engage, advocate, and empower through education, community collaboration, and awareness in policy and social change for Midland and Ector County and to build a healthy and drug-free community. https://www.facebook.com/MidessaCoalition

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 Coalition serves Midland and Ector counties. mtarango@pbrcada.org
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. mtarango@pbrcada.org
www.facebook.com/ectorvictimscoalition/

8. **Oxford House:** Oxford House is a democratically run, self-supporting and drug free home for those in recovery from drug and alcohol addiction. The number of residents in an Oxford House may range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. Currently, Odessa has 3 Men's Houses and 1 Women's House. San Angelo has 1 Men's and 1 Women's House. https://www.oxfordhouse.org/userfiles/file/purpose_and_structure.php
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. https://www.pbteenpregnancyprevention.com
11. **X-Out Youth Leadership Coalition:** The X-Out Youth Leadership Coalition is an in-house program of PBRCADA. 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. ADACCV is excited to have begun construction on the much-anticipated Journey Recovery Center. This planned expansion, which should be open in late summer 2019, of life-saving programs will add crucial residential detoxification services to accommodate up to 12 clients. The expansion will also allow ADACCV to consolidate residential treatment services to one location and double capacity by providing 30 male treatment beds and 18 female treatment beds for the Concho Valley. 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 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 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 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/
3. **Basin Detox:** For over 24 years, Basin Detox Systems has provided medical detox for individuals struggling with chemical dependency. The detox programs are located in acute care hospitals under the care of physicians to treat the individual's withdrawal symptoms. The primary focus is the detox stage of recovery. Believing this a vital part of recovery. **https://www.basindetox.com**
4. **Begin Again Recovery Center:** The Begin Again Recovery Center located in Midland, TX offers individual sessions, process groups, multi-family group counseling, chemical dependency counseling, addiction education, relief from anger and resentment and how to participate in leisure activities without alcohol/drugs. A treatment plan will be developed to meet personal needs. Our services provide the knowledge and education to live a more productive crime-free, clean, and sober lifestyle. These services will allow individuals to engage in treatment while continuing to live at home and maintain employment. The curriculum is designed to strengthen self-esteem,

rebuild personal relationships, develop a recovery support system, promote health, and to address issues that are important for the individual to resolve. Success means a completion of the program, the ability to maintain sobriety, and a new life filled with opportunities and direction. www.beginagainrecovery.com, 432-218-8635

5. **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/
6. **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/
7. **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/
8. **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 use 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
9. **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://pbrcada.org/
10. **Ector County Health Department:** This program is responsible for the development, integration and coordination of communicable disease control activities, environmental and consumer health protection programs, and public health promotion in Ector County. Services include the containment of vaccine preventable diseases, sexually transmitted diseases, tuberculosis and food-borne illnessnes. Food service sanitation, water quality, waste-water control, and the investigation of sanitation complaints are environmental health services performed by Ector County Health Department personnel. (432)498-4141
11. **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

12. **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
13. **Medical Center Hospital Odessa:** Medical Center Health System is a comprehensive healthcare provider in the Permian Basin. Medical Center Health System introduced the Center for Health & Wellness, including Mission Fitness, ProCare Internal Medicine, Laboratory, Diabetes Center and Radiology. MCHS has clinics at various locations to make healthcare more accessible to Odessa and surrounding 17 counties. https://www.mchodessa.com
14. **Midland County Health Department:** This program is responsible for community education and outreach in food safety, immunizations, septic systems and tuberculosis control. They also provide worksite wellness and assist employees in being smoke and tobacco-free at work, be active and eat healthy at work. They provide Men's Health and Women's Health as well as School Health guidelines to learn more about promoting school health. (432)681-7613
15. **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/
16. **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://pbrcada.org/
17. **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 those with a substance use challenge 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/
18. **Oceans Behavioral Health Center:** Oceans Behavioral Health Center is a secured inpatient treatment facility in Midland, TX 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

19. **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 helps with 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 in Ector County.
20. **River Crest Hospital:** River Crest Hospital is a secured inpatient facility in San Angelo, TX 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/

21. **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 several meetings across the Permian Basin and surrounding areas. http://texas-al-anon.org/meetings/midlandodessa/
22. **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/
23. **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 AA. 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 International transforms the lives of vulnerable children, enriches the lives of senior adults, and builds strong families through Christ-centered values. The Midland programs include Foster Care & Adoption where they train Foster parents and they place foster children in their home that CPS has removed and are frequently adopted. Family Pathways is another program

that provides affordable housing to single moms & their children as they pursue a college degree to become self-efficient. www.Buckner.org

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 of West Texas (CCWTX) provides services for adult survivors of domestic and sexual violence and their minor children. These free services include Louise Wood Angel House (a 61-bed emergency center), counseling, case management, legal assistance, crisis response services, and safety planning. CCWTX also offers research and evidence-based prevention education for youth and adults in the community and reStart, a Batterers Intervention and Prevention Program (BIPP) for men and women who have perpetuated abuse. CCWTX provides services in Andrews, Crane, Ector, Gaines, Loving, Pecos, Reeves, Ward, and Winkler 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 (PBRCADA):** PBRCADA provides prevention and intervention services throughout Region 9. PBRCADA currently serves the HHSC Region 9 outlined in this report (30 counties). The Region 9 PRC, responsible for this document, is a program within PBRCADA. PBRCADA also houses the Mommy & Me, Daddy & Me, H2i Coalition, Midland Coalition, and Youth Prevention programs. https://pbrcada.org/

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.safeplacenow.com/

11. **Salvation Army:** The Salvation Army is an international organization whose focus is on the spiritual and physical well-being for everyone 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 helps 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.odessa-tx.gov/government/departments/municipal-court/teen-court

Healthy Youth Activities

1. **Big Brothers Big Sisters of the Permian Basin:** The mission of Big Brothers Big Sisters is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Big Brothers Big Sisters is one of the oldest and largest mentoring

organizations in the nation and currently serves Midland and Ector counties. www.bbbspermianbasin.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 of America 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 of America 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 well 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 in Table 49. Following this is a more informative list of these mental health centers along with other mental health providers in the region.

Table 49 REGION 9 MENTAL HEALTH CENTERS	
Center	**Center for Life Resources**
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	http://www.cflr.us/
Counties Served	McCulloch
Center	**Hill Country Mental Health & Developmental Disabilities Centers**
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	http://www.hillcountry.org/
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	**MHMR Services for the Concho Valley**
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	http://www.mhmrcv.org
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green

Center	**PermiaCare (Permian Basin Community Centers for MHMR)**
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	877-420-3964
Main Number	432-570-3333
Website	http://www.pbmhmr.com/
Counties Served	Ector, Midland, Pecos
Center	**West Texas Centers**
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	http://www.wtcmhmr.org/
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 serves Kimble, Mason, Menard, Schleicher, and Sutton Counties in Region 9, as well as Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kinney, Llano, Medina, Real, Uvalde, and Val Verde counties outside of Region 9. http://www.hillcountry.org/

5. **MHMR Services for the Concho Valley:** MHMR Services for 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 Center is a comprehensive outpatient mental health care clinic offering counseling, education, and programs. They provide licensed, professional counseling services to children ages 3 and up, adolescents, adults, senior citizens, veterans, active military and their families throughout the Permian Basin and surrounding areas. Samaritan's goal is to restore hope and healing of mind, body, and spirit for optimal wellness. http://samaritanccwtx.org/
9. **West Texas Centers:** West Texas Centers provides 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 in 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 (PBRCADA) heads both the Midessa Coalition, which serves Midland County and Ector County.

The Midessa Coalition's medication drop boxes can be found at the Midland Sheriff's Office, which is open 24/7. The Midland Coalition and the recently renamed Midessa Coalition has collected:

- 2016: 1,659 pounds of medication
- 2017: Data for 2017 was unavailable as the Midland Coalition transitioned leadership from the Palmer Drug Abuse Program to PBRCADA
- 2018: 171 lbs. of prescription medication, 189 lbs. of over-the-counter medication, and 15.6 oz. of opioids
- 2019: 54.75 pounds of medication

The Midessa Coalition's medication drop boxes can be found at the Odessa Police Department, open 24/7, and the Ector Sheriff's Office, open Monday-Friday 8am-5pm. The H2i Coalition has collected:

- 2016: 215.3 pounds of medication
- 2017: 325 pounds of medication with an additional 5 pounds and 10 ounces, or 4,595 pills, of opioids
- 2018: 130 lbs. of prescription medication, 127 lbs. of over-the-counter medication, and 6 lbs. 5 oz. of opioids, which is equivalent to 5,044 opioid pills
- 2019: 122 pounds of medication

The Alcohol and Drug Abuse Council of the Concho Valley (ADACCV), which is housed in San Angelo and serves the Concho Valley, have collected 87.4 pounds of medication from Prescription Take Back Events since 2018. There are also three drop boxes in San Angelo which can be found at the San Angelo Police Department (Monday–Friday, 8am–5pm), the Walgreens Pharmacy on Abe St. (open 24/7), and the Medical Arts Pharmacy (Monday–Friday, 9am–6pm; Saturday 9am–1pm).

Another way that organizations can initiate environmental strategies to combat substance abuse is to present substance abuse risks and harms to the community. ADACCV and PBRCADA 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, Ector, and Midland counties is ADACCV's and PBRCADA'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.

One example of environmental change through policy is by passing social host ordinances (SHO). As of July 25th, 2017, Odessa was 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." SHO went into effect on August 25, 2017.[68] According to Corporal Steve LeSueur from Odessa Police Department, that between July 2019 and August 2020 there were 5 citations issued for Violation of Social Host Ordinance-1st Offense.

Citations are also given for noise violations. Noise from loud music or any noise that could be determined to be annoying or disruptive is subject to a citation. Different cities have ordinances limiting times of the day where it is illegal to having loud disruption. According to Corporal Steve LeSueur from Odessa Police Department, there were 3 citations issued for Unreasonable Noise between July 2019 and August 2020.

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 50 shows success rates for Fiscal Year 2019, YP programs provided by ADACCV.

Table 50. ADACCV YP Program Success Rates, Fiscal Year 2019

	Youth Served	Youth successfully completed	Overall success rate
YPS -CBSG	550	511	93%
YPI - PTND	320	286	89%

PBRCADA YP Programs:

PRCRADA youth prevention programs consist of three Universal programs (YPU) and one Indicated program (YPI). These programs serve Ector and Midland 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^{th}-12^{th} grade (expansion)
- YPU: All Stars - Ector County for 6^{th}-8^{th} grade

YP programs implemented by PBRCADA served a total of 441 youth in the 2018-19 school year. The YPI program in Midland had a success rate of 100% (see Table 51 on the following page). Students were classified as successful if they met the 80% 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.

Table 51. PBRCADA YP Program Success Rates, 2018-19

YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI - Midland	12	2	12	100%
YPU - Ector	429	18	429	100%

Youth programs are targeting students that are in a school setting. Because of the COVID-19 pandemic, students were no longer attending classes at a brick and mortar building were then allowed to complete the 2019-2020 school year from home. Those students who would ordinarily attend YP programs in a brick and mortar setting, COVID-19 had an impact on the curriculum implementation in Region 9.

Students Receiving AOD Education in School

As mentioned earlier in this RNA, the Texas School Survey is completed every two years, and is due to update data in the 2020-2021 school year. The 2018 Texas School Survey asked students across the state, "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 2018 TSS, 34.8% of students in schools in Region 9 did not receive any prevention education regarding drugs or alcohol (see Table 52).[4]This was the lower than the state average of 35.3% of students reporting they received no AOD prevention education in the past school year.[9] The source the highest percentage of Region 9 students reported receiving AOD prevention education from was an assembly program (47.2%), followed by a school health class (36.9%), and an invited guest (32.6%).[4] This order of sources is replicated by the state averages, as well.

Table 52. AOD Education in Texas Schools by Region (%), 2018

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 AOD Prevention Education
State	**40.1**	**40.5**	**26.7**	**16.7**	**26.5**	**14.6**	**27.6**	**28.6**	**35.30**
1	40.5	50.0	25.2	19.1	26.0	13.9	33.8	27.3	31.40
2	33.8	45.4	21.9	14.6	25.4	12.5	33.4	28.1	36.10
3	43.3	45.1	32.9	17.4	28.5	15.7	30.0	30.5	30.20
4	36.7	44.0	23.2	15.4	26.1	13.4	29.5	27.7	36.60
5	25.5	36.8	20.2	11.9	20.2	10.7	27.5	20.2	46.00
6 & 7	34.7	33.3	19.7	12.8	24.2	12.0	20.9	26.0	41.50
8	45.0	42.4	26.9	20.0	29.1	18.0	30.9	31.3	30.80
9	**36.9**	**47.2**	**24.6**	**14.5**	**24.2**	**13.1**	**32.6**	**27.4**	**34.80**
10	60.5	52.5	38.1	26.4	32.5	23.3	41.6	35.6	22.90
11	49.8	44.9	36.5	24.7	29.0	18.0	34.6	30.3	30.70

Source: Texas School Survey, 2018[4]

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.[35] Region 9 had the lowest graduation rate and second highest dropout rate in the state of Texas in 2017.[35] Previously stated, Table 9 in this text shows more information about Texas graduation and dropout rates in 2017.

As of 2019, Texas ranked number 13 in the nation for percentage (37%) of adults ages 25-34 years with only a high school diploma or less.[145] Additionally, Texas ranked number 34 in the U.S. for percentage (31%) of adults ages 25-34 years with a bachelor's degree or higher.[145] Moreover, Texas ranked #42 and #41 in the U.S. for Reading and Writing SAT and Math SAT scores, respectively.[145]

Family Domain

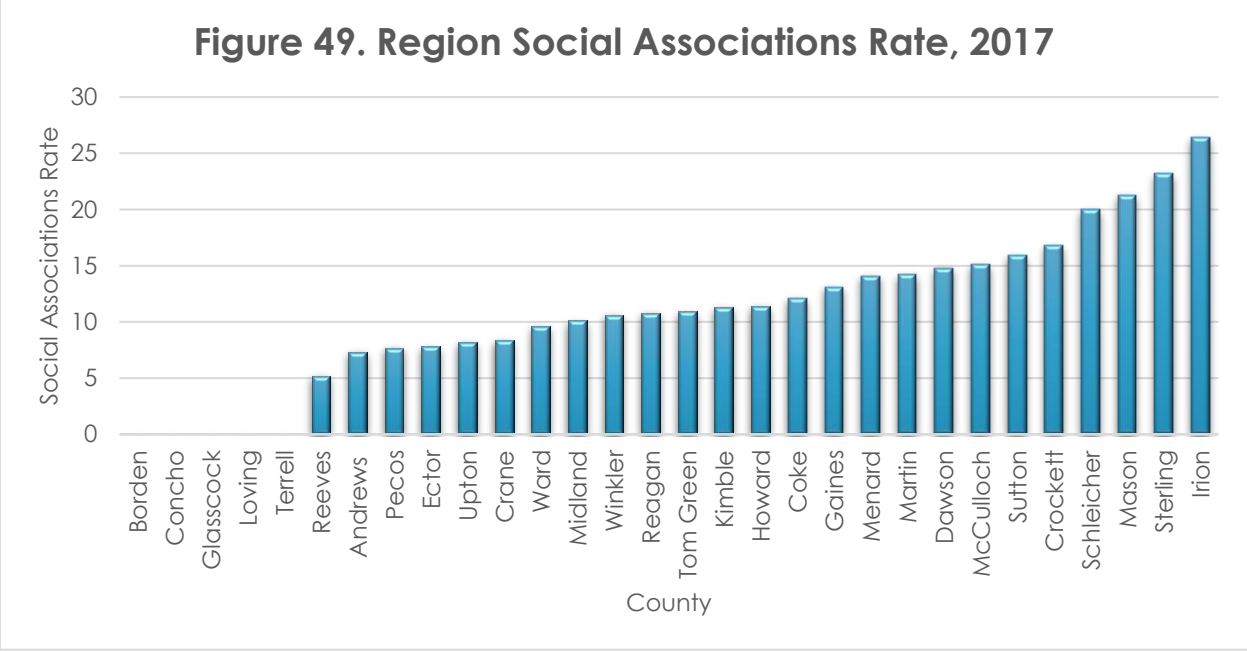
The family domain is important to recognize when discussing substance use, because the family dynamic is considered one of the strongest protective or risk factors associated with substance abuse. Unfortunately, there is a not a regional survey for our youth to respond to concerning their family domain. The most recent data we have concerning this domain is from the Texas Prevention Impact Index (TPII) held only in Midland County in 2016. Though this data can certainly not represent all of our youth today, it does give insight to the family domain of our community at a fairly recent time. According to the 2016 TPII, nearly three-quarters of 6th-12th grade students in Midland ISD had two parents at home, while 16% had a mother only.[147] 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.[147] 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.[147] However, only 32% of students reported they discuss daily events with adults every day while 34% reported they watch TV with adults daily.[147] Nearly half of students (46%) reported they attend church, temple, or spiritual meetings with adults 1-3 times per week.[147] 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.[147] Eleven percent of students reported having participated in family counseling in the past year.[147]

- 43% report they can always talk to their parents about problems
- 32% discuss their day with adults everyday
- 56% go to parents first with questions about alcohol/drugs

-Texas Prevention Impact Index

Parental/Social Support

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and mortality.[148] 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.[148] In 2017, Region 9 had 534 social associations.[148] The average rate across Texas for 2017 was 7.6 social associations per 10,000 population (see Figure 49).[148] Most of Region 9's counties were above this rate, with Irion County having over three times the Texas rate (26.4 social associations/10,000 population) and the highest rate in Region 9.[148] Borden, Concho, Glasscock, Loving, and Terrell counties had a reported number of 0 social associations, or insufficient data.[148] 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.[148] Pecos was just above at 7.7 social associations per 10,000 population.[148] Andrews(7.3) and Reeves(5.2) counties were both below the Texas social association rate.[148]



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

Source: County Health Rankings and Roadmaps[148]

Parental Attitudes toward Alcohol and Drug Consumption

In the 2018 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".[4] About 75% of Region 9 students reported that their parents either "strongly disapprove" or "mildly disapprove" of kids their age drinking alcohol, which is a little lower than the state average of 76.4% (see Table 53 on the following page).[4] Region 9 students reported about average compared to the state for each option, whether disapproving or approving, of their parents' feelings of kids their age drinking alcohol.[4] However, it is recognizable that Region 9 students reported higher in the "mildly" dis/approving categories compared to state, pointing towards the notion that fewer Region 9 parents feel strongly about alcohol use compared to the state. More Region 9 youth are unsure of their parents' approval of alcohol use, as well.[4]

74% of Region 9 students claim their parents strongly disapprove of tobacco consumption

Table 53. Student Perception of Parental Approval of Alcohol (%), 2018						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	**62.0**	**14.4**	**12.3**	**3.9**	**1.0**	**6.5**
1	58.5	16.4	12.8	4.1	1.0	7.2
2	61.4	15.0	12.4	3.4	1.2	6.5
3	66.1	13.6	10.4	3.0	0.9	5.9
4	61.1	14.2	13.0	4.1	0.9	6.7
5	52.4	15.8	16.7	6.0	1.2	7.8
6 & 7	61.2	15.0	12.9	3.9	0.9	6.1
8	57.2	15.5	13.7	5.4	1.4	6.8
9	**58.7**	**15.8**	**13.6**	**4.3**	**0.9**	**6.8**
10	63.6	13.8	11.3	3.0	0.9	7.5
11	64.3	12.2	10.7	4.0	1.1	7.6

Source: Texas School Survey, 2018[4]

Additionally, Texas students in 7th-12th 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 54).[4] About 74% of Region 9 students and 78% of students across the state believe their parents "strongly disapprove" of kids their age using tobacco.[4] About 2% of students in Region 9 and across Texas believe their parents either strongly or mildly approve of kids their age using tobacco.[4] Noticeably, less Region 9 students than the state believe their parents "strongly disapprove" of tobacco use; more Region 9 students than the state believe their parents "mildly disapprove" of tobacco use; and, more Region 9 students than the state believe their parents approve, either mildly or strongly, of tobacco use.[4] This implies less Region 9 parents feel strongly disapproving of tobacco use in youth compared to the state. More Region 9 youth are unsure of their parents' approval of tobacco use, as well.[4]

Table 54. Student Perception of Parental Approval of Tobacco (%), 2018						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	**78.3**	**7.5**	**5.9**	**0.9**	**0.6**	**6.8**
1	75.6	8.9	6.2	1.2	0.7	7.5
2	72.5	10.0	8.5	1.3	0.9	6.8
3	80.3	7.6	4.9	0.8	0.5	6.0
4	71.5	9.8	8.6	2.0	0.8	7.2
5	63.5	11.2	13.1	2.3	0.8	9.1
6 & 7	79.7	7.1	5.6	0.6	0.6	6.5
8	75.2	8.1	7.4	1.2	0.7	7.3
9	**73.8**	**9.2**	**7.8**	**1.3**	**0.7**	**7.3**
10	79.6	6.0	4.9	1.0	0.8	7.7
11	78.9	6.4	4.9	1.1	0.7	8.1

Source: Texas School Survey, 2018[4]

Furthermore, the 2018 TSS also asked students about parental attitudes in regards to marijuana.[4] Similar to tobacco, the majority of both Texas and Region 9 students (83.3% and 82.9%, respectively) believe their parents either strongly or mildly disapprove of kids their age using marijuana (see Table 55).[4] However, more students in Region 9 (3.5%) 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 (2.0%).[4] The same notion also holds true with marijuana use in that more Region 9 parents feel "mildly" about marijuana use compared to the state than they do "strongly", whether approving or disapproving.[4]

Table 55. Student Perception of Parental Approval of Marijuana (%), 2018

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	**76.5**	**6.8**	**7.0**	**1.9**	**1.3**	**6.5**
1	78.8	5.7	5.3	1.7	1.7	6.8
2	78.1	6.0	6.9	1.5	1.4	6.1
3	77.7	6.2	7.0	1.9	1.4	5.8
4	76.3	6.0	6.8	2.4	1.6	6.8
5	73.3	6.5	8.8	1.9	1.1	8.5
6 & 7	76.0	7.6	7.3	1.9	1.2	6.1
8	75.5	7.3	7.0	1.8	1.3	7.1
9	**75.6**	**7.3**	**7.1**	**2.1**	**1.4**	**6.5**
10	74.9	6.8	7.4	1.7	1.7	7.4
11	77.5	5.6	6.0	1.6	1.4	7.8

Source: Texas School Survey, 2018[4]

Students Talking to Parents about ATOD

According to the 2016 TPII, a survey which asked Midland ISD 6th-12th grade students questions pertaining to substance use and family dynamics of substance use, not many parents are having conversations with their children about substance use.[147] In this survey, only 23% of students reported talking to their families about tobacco and only 31% reported talking about other drugs.[147] However, 85% of students did report speaking to their families about alcohol.[147] Forty percent of students reported discussing curfews with their families and, even less, 36%, reported discussing parties with their families.[147] The top 3 most reported topics discussed with families were: 1) friends (86%), 2) alcohol (85%), and 3) sports (73%).[147]

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.[149] 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.[149] 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[149]:

- Reduced substance use risk factors through strengthened protective factors
- Enhanced cultural identity and pride
- 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 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 that substance is to them.[150] Students in Region 9 were asked in the 2018 TSS, "If you wanted some, how difficult would it be to get…" tobacco, alcohol, marijuana, cocaine, crack, steroids, ecstasy, heroin, methamphetamine, synthetic marijuana, and inhalants (see Table 56 on the following page).[4] 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 ecstasy (51.6%), followed closely by methamphetamine (49.7%) and synthetic marijuana (49.4%).[4] Alcohol was reported by the least percentage (19.8%) of students to have never been heard of by Region 9 youth.[4]

Heroin and crack were reported by the highest percentage of students to be "impossible" to get; crack and cocaine were most popular to be "very difficult" to obtain; and, alcohol was reported by the highest percentage of students to be "somewhat difficult", "somewhat easy", and "very easy" to obtain.[4]

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

- Never heard of it: Ecstasy
- Impossible: Heroin
- Very difficult: Cocaine and Crack

- Somewhat difficult: Alcohol
- Somewhat easy: Alcohol
- Very easy: Alcohol

Table 56. Region 9 Students' Perceived Ease of Access (%), 2018

Substance	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Tobacco	28.0	18.5	7.2	10.3	15.0	21.0
Alcohol	19.8	12.2	6.8	12.3	20.7	28.2
Marijuana	27.5	22.1	8.9	10.3	12.9	18.4
Cocaine	39.8	31.9	12.3	7.0	4.3	4.7
Crack	42.6	32.9	12.3	5.9	2.9	3.4
Steroids	44.7	31.1	11.7	5.8	3.4	3.3
Ecstasy	51.6	27.5	9.6	4.9	3.1	3.3
Heroin	47.6	33.1	10.9	3.8	2.0	2.5
Methamphetamine	49.7	31.2	10.4	3.8	2.2	2.7
Synthetic Marijuana	49.4	26.7	9.5	5.6	4.2	4.7
Inhalants	42.9	15.8	4.6	5.5	9.4	21.8

Source: Texas School Survey[4]

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.[151] Region 9 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: tobacco, electronic vapor (e-vapor) products, alcohol, marijuana, cocaine, crack, ecstasy, steroids, heroin, methamphetamine, synthetic marijuana, any prescription drug, and inhalants (see Table 57 on the following page).[4] Students were given the answer choices: "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".[4]

Crack (87.9%) and heroin (87.9%) were answered by the highest percentage of students to be "very dangerous" to use.[4] Alcohol (32.3%) was reported by the highest percentage of students to be "somewhat dangerous" to use; electronic vapor products (15.6%) to be "not very dangerous" to use; marijuana (12.2%) to be "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 synthetic marijuana.[4]

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

- Very Dangerous: Crack and Heroin
- Somewhat Dangerous: Alcohol
- Not Very Dangerous: Electronic Vapor Products
- Not at All Dangerous: Marijuana
- Do Not Know: Synthetic Marijuana

Table 57. Region 9 Students' Perceived Risk/Harm (%), 2018					
Substance	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
Tobacco	56.4	26.7	8.9	2.6	5.4
E-Vapor Products	54.1	12.0	15.6	11.7	6.6
Alcohol	47.0	32.3	13.9	3.0	3.8
Marijuana	56.1	14.7	12.4	12.2	4.7
Cocaine	86.8	6.2	1.0	0.6	5.4
Crack	87.9	5.2	0.7	0.4	5.8
Ecstasy	81.6	7.3	1.6	0.6	8.9
Steroids	78.0	10.9	2.9	0.9	7.3
Heroin	87.9	4.3	0.7	0.4	6.8
Methamphetamine	87.3	4.6	0.7	0.4	7.0
Synthetic Marijuana	81.7	7.0	1.9	1.1	8.3
Any Prescription Drug	76.5	12.0	3.5	1.2	6.8
Inhalants	73.9	13.3	4.1	1.2	7.5

Source: Texas School Survey, 2018[4]

Tracking Trends

Some trends noted throughout this 2020 Regional Needs Assessment, include both substance use and substance use-related outcomes. In 2018, Region 9 reported the lowest number of monthly TANF recipients reported since 2014 (Figure 12). Additionally, there was also a 11% decline in SNAP recipients from 2018 to 2019 (Table 7). On the other hand, Region 9 has seen an increase in free and reduced-price lunch students from the 2016-17 school year to the 2017-18 school year of about 13% (Figure 13). In the 2017-18 school year, Region 9 reported a 28% increase in school expulsions compared to the previous year (Table 15). Furthermore, in the 2018-19 school year, Region 9 reported a decrease in youth experiencing homelessness compared to the previous school year alone (Figure 16). Additionally, in 2019, Region 9 reported the highest amount of CPS child removals (810) since 2008 (Figure 17). Teen birth rates remain high across Region 9 (Table 12). Region 9 reported a 0.3% increase in schedule II drug dispensations from 2015-2018, but a 3.4 % decrease from 2017, while Texas reported a 66% decrease (Table 14). Region 9 reported more DUI crashes in 2019 than in 2018, around 8.6% increase (Table 45). Region 9 youth substance abuse treatment was at an all-time low in 2018 since 2014 (Figures 45 and 46). There was a 58% increase in OSAR screenings in Region 9 from 2017 to 2018 (Figure 47).

Looking on a statewide scale, Texas reported a 34% increase in adults living with depression from the year 2016 to 2017 alone but saw a slight decrease in 2018 from 2017. The year 2017 saw the highest this number has been reported since 2012 (Figure 19). Figure 23 in this text depicts that Texas adolescent sexual behavior has consistently been on the decline from 2009 to 2017. In 2017, fewer underage Texas college students report being carded at stores and bars and using fake IDs than in 2015 (Figure 27). Fewer Texas college students reported using tobacco and marijuana in 2017 than in 2015 for lifetime, past year, and past month use (Figures 31 and 33). Drug overdose deaths continue to reach soaring rates across the nation, much thanks to synthetic opioids like fentanyl (Figures 36, 38, 42).

Region in Focus

Region 9 prides itself on the many services offered to those in need, be it with substance abuse, mental health, or both. However, seeing as the population in Region 9 continues to increase and substance abuse trends do as well, there is a nearly inevitable gap of services to some of this population. 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 Service

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.

- 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 usually due in July, this not only rushes the research but also hinders analysis. The 2020 RNA, due to the COVID-19 pandemic, pushed the due date of submission to August, and allowed a little more data to be gathered if it was available. Of course, with the RNA extension there was the probability of data not being available as data could not be collected during the pandemic. 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 speedier.

- 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 for the 2020 year. 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, Region 9 meets requirements to obtain its own report for the 2018 TSS! Continued participation and involvement from local schools greatly enhances substance abuse prevention work. As for the upcoming 2020 data in TSS, COVID-19 could significantly impact the stats collected from students and will possibly see a difference in next year's Regional Needs Assessment.

- 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 years 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.

- Adult substance use data: Many youths in Region 9 have the opportunity to participate in the Texas School Survey every other year, though not all. There is no such survey for adults in our community. Thus, estimates of the impact of alcohol, tobacco, and illicit drug abuse in our community is left up to compiling consequences data, re: DWI arrests, drug possession charges, drunk driving fatalities. It would be useful to have a community survey that anonymously questions the community on what substances they are using, what risk factors are involved, and the environmental factors of the participant.

Regional Partners

Our regional partners are extremely valuable to our agency and assist us in reaching out to our communities across the region. It would be obstructive to list all our regional partners here, as the list is extensive and expanding. 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, coalitions focused on preventative measures, and more. We are most grateful for these partnerships and the services we are able to provide each other with. We look forward to growing our partnerships with other agencies in the next fiscal year.

Regional Successes

Aside from countless presentations, forming new partnerships, and developing new tools, the following shows some of the success our agency, the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA), has achieved throughout the 2020 fiscal year:

- **National Red Ribbon Week** was celebrated on October 23-31, 2019. Red Ribbon Week is an alcohol, tobacco and other drug and violence prevention awareness campaign observed annually in October. It began as a tribute to fallen DEA Special Agent Enrique Camarena in 1985. Prevention Programs in Odessa and Midland served 7,644 young people during that week. This is a week where prevention engages with the community, school, and businesses to honor DEA Agent Enrique "KIKI" Camarena and provide information and education on the impact of substance use and abuse.

- The **Midessa Community Alliance Coalition** worked on a unique project for the City of Odessa's Keep Odessa Beautiful Recycle Fashion Show. This year the coalition submitted a dress called "The Epidemic". The dress was made out of prescription medication bottles, the top of the dress was made from recycled gloves. The message behind this dress was to bring awareness to the opioid epidemic, and to honor those who struggle or struggled with, or lost a loved one due to opioid abuse. This was a unique way to spread a message of prevention and hope to the community. The dress won 2nd place.

- **Narcan Distribution** in October, the Midessa Community Alliance Coalition donated 150 Narcan Nasal Sprays to the Odessa Police Department. These nasal sprays are from moreNARCANplease.com , which is a state-funded grant from the Texas Targeted Opioid Response Project. The UT Health San Antonio School of Nursing awards these for the state of Texas. In November, the coalition donated 1,368 boxes of Narcan nasal spray to Odessa Police Department, Ector County Sheriff's Office, Midland Police Department and Midland County Sheriff's Office.

- **The Prevention Resource Center for Region 9 (PRC)** participated in a vaping roundtable discussion in Odessa, TX with U.S. Senator John Cornyn. Senator Cornyn is working towards passing a bill that will restrict minors from purchasing e-cigarette products online. This bill will make a huge impact in limiting access to our youth.

Other successes within Region 9 include San Angelo, (Tom Green County) Alcohol & Drug Abuse Council for the Concho Valley's Prevention (ADACCV) program:

- During Red Ribbon Week (RRW), ADACCV Prevention presented to and visited with hundreds of youth throughout the Concho Valley spreading the message of RRW. During RRW, ADACCV Prevention also held a press conference to inform the public of its prevention efforts. The Assistant District Attorney, a representative from San Angelo Police Department, a member of the San Angelo City Council and the Tom Green County Sheriff's Department all spoke at the press conference.
- ADACCV Prevention hosted its 6th annual Community Trunk or Treat. In October, Prevention hosts a free trunk or treat at a local park that has historically been underutilized. During this event hundreds of children and adults attend. The event is also very well attended by local law enforcement personnel, local agencies, and media.
- ADACCV hosted its annual Prescription Drug Take Back event. This year ADACCV partnered with the local Elk's Lodge to host its event.
- ADACCV partnered with the Goodfellow Air Force Base to implement a program, Hidden in Plain Sight, with the military personnel on the base.
- During the National Kick Butts Day, ADACCV hosted kick ball games and tobacco prevention education at three different locations, across two counties. During this week the prevention teammet with and interacted with over 100 youth.
- Due to the rise of the COVID-19 pandemic in the spring 2020, ADACCV Prevention made adjustments in the way it delivered services in order to better serve the Concho Valley. During the pandemic, ADACCV Prevention created a series of fun and interactive educational videos that were shared on various social media platforms.
- Each summer, ADACCV hosts a week-long free summer leadership camp virtually. Sutdents from across the Concho Valley participated in the week-long virtual camp.

Conclusion

In conclusion, the Region 9 Prevention Resource Center aims to provide the community with a more complete perspective of the substance use trends and related consequences happening in our community. The RNA has shown trends that underage drinking, marijuana use, and the abuse of prescription drugs are among the leading substance use issues in the Permian Basin. Being informed of these trends and data should guide stakeholders with a more well-informed and focused vision for their efforts and inspire parents and adults with a desire to work preventatively with youth concerning substance use.

Major Key Findings

One of the major key findings in this 2020 Regional Needs Assessment is that alcohol is still the most commonly used drug among youth in Region 9, followed by tobacco, marijuana, and prescription drug misuse, accordingly. This is only partially reflected by student perception of harm, which ranks electronic vapor products as the least dangerous substance use followed by marijuana use, alcohol use, tobacco use, and prescription misuse, accordingly. Though alcohol violations have increased dramatically in Region 9 schools, use of this substance is seen more outside of school. In Region 9

school settings, there is commonly seen marijuana use, tobacco use via electronic vapor products like JUULs, and prescription drug misuse, most notably that of Xanax.

Another major key finding is that alcohol use is still a glaring issue in the Region 9 adult population, as well. Direct consequences of this use include Odessa and Midland being the top two cities in Texas for drunk driving deaths. Additionally, at any one time in Region 9, there are approximately 353 people incarcerated for a DWI charge. Furthermore, every county in Region 9 (with sufficient data) has higher alcohol-induced death crude rates than that of the state. On average there are just under 3 DUI crashes every day in Region 9 in the year 2019.

Additionally, it is unsettling to know that 12.2% of Region 9 youth believe that marijuana use is "not at all dangerous" with an additional 12.4% believing marijuana use is "not very dangerous". In total, nearly one-third of our youth believe marijuana is not dangerous or are unsure of the dangers of marijuana use. A low perception of harm or an unknown perception of harm is a risk factor for substance use. Marijuana use is also the most widely accepted substance use by our youth.

Finally, most Region 9 statistics contained information while the oilfield boom was in full swing prior to the COVID-19 pandemic, but the youth experiencing homelessness decreased, as well as TANF, and SNAP recipients. Free and reduced lunches and CPS child removals increased. However, Region 9 increased in unemployment rates since the pandemic lockdown began in March 2020. There are many providers and resources in the community that serve both our youth and adult populations to prevent, intervene, and/or treat substance use disorders and mental health conditions. In fact, most Region 9 students receive alcohol and other drug education at school. Though there is this influx of money and resources in Region 9, issues at the community level still exist and resources for these, e.g. domestic violence shelters, substance abuse treatment centers, and housing committees, are needed at growing rates.

Summary of Region 9 Compared to State

One will notice that most data in this report is calculated in rates and/or percentages. This is so regional data may be compared to state or national data. Comparison allows Region 9 to fully assess the impact of substance use happening in its communities.

Substance use-related comparison data: In 2020, Region 9 reported 30% single-parent households compared to 33% seen at the state level (Table 5). Region 9's unemployment rate is 5.4% while the state of Texas is 5.5% (Figure 10). Region 9 remains under the state rate for free and reduced-price lunch recipients (Figure 13). Only one county in Region 9 was at the Texas rate of uninsured children (Table 6). Region 9 has the lowest graduation rate and highest dropout rate in the state (Table 9). Region 9 has counties with higher rates of murder, rape, robbery, assault, burglary, larceny, and auto theft (Table 10) than the state of Texas. Eight of the twelve Region 9 counties with available data, have a higher crude rate of suicide than the state (Table 11). Twenty of the twenty-four Region 9 counties with available data are above the Texas teen birth rate (Table 12). Twenty-five Region 9 counties had social association data for 2017 and of these, 21 were at or above the Texas social association rate (Figure 49).

Substance use comparison data: A higher percentage of students in Region 9 compared to the state believe it is easy to obtain tobacco, alcohol, and cocaine (Table 13). Loving and Kimble counties have higher alcohol retail permit densities than the state. Region 9 reported a 0.29% increase in Schedule II Drug Dispensations from 2015 to 2018, while Texas reported an overall 66.4% *decrease* in Schedule II Drug Dispensations (Table 14). A larger proportion of Region 9 students than the state believes that alcohol, marijuana, prescription drugs, crack, synthetic marijuana, ecstasy, steroids, methamphetamine, and inhalants are dangerous (Table 16). Region 9 youth have lower perceptions of harm for alcohol, tobacco, and electronic vapor products compared to the state (Tables 17, 23, 25) but higher perceptions of harm for marijuana and prescription drug misuse (Tables 19 and 21). About 7% more Region 9 youth than youth across Texas reported that they have at least a few friends who use alcohol (Table 27). Region 9 youth begin using alcohol, tobacco, and marijuana at a younger age than youth across the state (Tables 28, 30, 32). A much higher percentage of Region 9 youth have used alcohol, tobacco, marijuana, prescription drugs (misuse), and illicit drugs in general compared to youth across the state (Tables 29, 31, 33, 34, 37). Region 9 youth also begin using steroids, ecstasy, and synthetic marijuana at a younger age than youth across the state (Table 36). Only 12 counties in Region 9 had data on overdose death crude rates, and of these, 5 counties were above the Texas overdose death crude rate from 1999-2018 (Table 41). Only 8 counties in Region 9 had data on alcohol-induced death crude rates, and of these, 7 of 8 counties were above the Texas alcohol-induced death crude rate from 1999-2018 (Table 42). Accordingly, only 10 counties in Region 9 had data for drug-induced death crude rates, and of these, 5 were above the Texas drug-induced death crude rate (Table 43). A larger proportion of Region 9 students compared to the state reported receiving alcohol and other drug (AOD) education in 2018 (Table 51). A larger proportion of Region 9 parents either mildly approve or mildly disapprove of youth alcohol, tobacco, and marijuana consumption compared to parents across the state (Tables 52, 53, 54). A smaller proportion of Region 9 parents strongly disapprove of alcohol, tobacco and marijuana compared to parents across the state, most recognizably for alcohol and tobacco consumption (Tables 52, 53, 54). This evidence suggests Region 9 parents tend to feel more mildly about youth substance use compared to parents across the state.

Moving Forward

This RNA is meant to address and help bring light to the issues and challenges discussed in this text 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 discern 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 2020 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.[152,153] More Region 9 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 2020 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 Data Coordinator Travis Cress at tcress@pbrcada.org.

References

1. The National Center on Addiction and Substance Abuse at Columbia University. 2011. *CASA analysis of the National Survey on Drug Use and Health, 2009* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

2. McLeroy, KR, Bibeau, D, Steckler, A, Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education & Behavior, 15(4), 351-377.

3. The SBCC Capacity; Health Communication Capacity Collaborative. https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020

4. Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed June 18, 2020.

5. Texas Department of State Health Services. *2001-2017 High School Youth Risk Behavior Surveillance System Data*. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.

6. Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.

7. Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.

8. National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

9. National Institute on Drug Abuse. *2016-2020 NIDA Strategic Plan*. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.

10. Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778

11. SAMHSA. Strategic Prevention Framework. https://avpride.com/ Accessed April 29, 2020.

12. Texas Council of Child Welfare Boards. Region 9. Texas Council of Child Welfare Boards. http://www.tccwb.org/boards/region-9/. Accessed May 08, 2020.

13. Texas Department of State Health Services. Texas SS Downloads: Population Projections by Year. https://www.dshs.texas.gov/chs/popdat/downloads.shtm. Accessed May 13, 2020.

14. Texas Comptroller. West Texas Region: Regional Snapshot. https://comptroller.texas.gov/economy/economic-data/regions/snap-west.php. Accessed May 14, 2020.

15. Zip Codes by County: https://zip-codes.com/county/tx. Accessed June 3, 2020.

16. U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates: Language Spoken at Home. American FactFinder - Results. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1601&prodType=table. Published October 5, 2010. Accessed May 21, 2020.

17. Railroad Commission of Texas. Texas RRC - Monthly Drilling, Completion and Plugging Summaries. http://www.rrc.state.tx.us/. Accessed May 26, 2020.

18. U.S. Energy Information Administration. Permian Region Drilling Productivity Report, May 2018. June 2018. https://www.eia.gov/petroleum/drilling/pdf/permian.pdf. Accessed May 21, 2020.

19. U.S. Bureau of Labor Statistics. Unemployment Rate. http://bls.gov/news.release/laus.nro.htm. Accessed May 27,2020.

20. Children in single-parent households. County Health Rankings & Roadmaps. http://www.countyhealthrankings.org/app/texas/2019/measure/factors/82/data. Accessed May 22, 2020.

21. Fergusson DM, Boden JM, Horwood LJ. Exposure to single parenthood in childhood and later mental health, educational, economic, and criminal behavior outcomes. *Arch Gen Psychiatry*. 2007;64(9):1089-1095. doi:10.1001/archpsyc.64.9.1089
22. Wille N, Bettge S, Ravens-Sieberer U, BELLA study group. Risk and protective factors for children's and adolescents' mental health: results of the BELLA study. *Eur Child Adolesc Psychiatry*. 2008;17 Suppl 1:133-147. doi:10.1007/s00787-008-1015-y

23. Sperlich S, Maina MN. Are single mothers' higher smoking rates mediated by dysfunctional coping styles? *BMC Womens Health*. 2014;14. doi:10.1186/1472-6874-14-124

24. Ringbäck Weitoft G, Burström B, Rosén M. Premature mortality among lone fathers and childless men. *Social Science & Medicine*. 2004;59(7):1449-1459. doi:10.1016/j.socscimed.2004.01.026

25. United States Department of Labor: Bureau of Labor and Statistics. Labor Force Data by County, Labor Force Data by County, 2018 Annual Average, https://www.bls.gov/lau/laucnty18.txt, May 4, 2020.

26. Temporary Assistance for Needy Families. Texas Heath and HumanServices Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics. Accessed June 2, 2020.

27. Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Health and Human Services Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics. Accessed May 9, 2020.

28. National Center for Education Statistics. NCES Blog | Free or Reduced price lunch: A proxy for poverty? https://nces.ed.gov/blogs/nces/post/free-or-reduced-price-lunch-a-proxy-for-poverty. Accessed June 10, 2020.

29. U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI - Elementary and Secondary Information System. https://nces.ed.gov/ccd/elsi/tableGenerator.aspx. Accessed May 29, 2020.

30. County Health Rankings. Uninsured children*. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/uninsured-children. Accessed June 1, 2020.

31. . National Institute on Drug Abuse. Drug Misuse and Addiction. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction. Accessed June 1, 2020.

32. Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. https://www.cdc.gov/violenceprevention/acestudy/about.html. Accessed June 1, 2020.

33. Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs). https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html. Accessed June 1, 2020.

34. Texas Education Agency. Education Service Centers Map. https://tea.texas.gov/regional_services/esc/. Accessed June 1, 2020.

35. Completion, Graduation, and Dropouts. The Texas Education Agency. https://tea.texas.gov/acctres/dropcomp/years.html. Published December 14, 2017. Accessed June 1, 2020.

36. Texas Education Agency. Region Level Annual Discipline Summary. https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.disciplinary_data_products.sas&agg_level=REGIONREGION&district=&referrer=Download_All_Regions.html&test_flag=&_debug=0&school_yr=18&report_type=html&Download_All_Region_Summaries=Next Accessed June 2,2020.

37. Texas Education Agency. Children and Youth Experiencing Homelessness. https://tea.texas.gov/Academics/Special_Student_Populations/Special_Education/Programs_and_Services/State_Guidance/Children_and_Youth_Experiencing_Homelessness/. Accessed June 2, 2020.

38. Texas Department of Public Safety. Crime by Jurisdiction. https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm. Accessed June 3, 2020.

39. Texas Department of Family and Protective Services. CPS 7.1 Removals – by Region with Child Demographics FY08 – FY19. https://data.texas.gov/Social-Services/CPS-7-1-Removals-by-Region-with-Child-Demographics/izsm-24wy/data. Accessed June 4, 2020.

40. Texas Department of Family and Protective Services. CPS 3.8 Abuse, Neglect Investigations – Alleged and Confirmed Victims by Region. https://data.texas.gov/Social-Services/CPS-3-8-Abuse-Neglect-Investigations-Alleged-and-C/i5df-3puk. Accessed June 3, 2020.

41. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on June 6, 2020.

42. Anxiety and Depression Association of America. Depression | Anxiety and Depression Association of America, ADAA. https://adaa.org/understanding-anxiety/depression. Accessed June 6, 2020.

43. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):593-602. doi:10.1001/archpsyc.62.6.593

44. Davis L, Uezato A, Newell JM, Frazier E. Major depression and comorbid substance use disorders. *Curr Opin Psychiatry*. 2008;21(1):14-18. doi:10.1097/YCO.0b013e3282f32408

45. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/. Accessed June 7, 2020.

46. Substance Abuse and Mental Health Services Administration. 2017 NSDUH Annual Report. https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH. Accessed June 8, 2020.

47. National Alliance on Mental Illness. Tobacco and Smoking | NAMI: National Alliance on Mental Illness. https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Tobacco-and-Smoking. Accessed July 6, 2020.

48. National Institute on Drug Abuse. Comorbidity: Substance Use Disorders and Other Mental Illnesses. https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses. Accessed on July 6, 2020.

49. Taylor J, Lloyd DA, Warheit GJ. Self-Derogation, Peer Factors, and Drug Dependence Among a Multiethnic Sample of Young Adults. *Journal of Child & Adolescent Substance Abuse*. 2006;15:39-51. doi:10.1300/j029v15n02_03

50. Alavi HR. The Role of Self-esteem in Tendency towards Drugs, Theft and Prostitution. *Addict Health*. 2011;3(3-4):119-124

51. Heath DB. CULTURE AND SUBSTANCE ABUSE. *Psychiatric Clinics of North America*. 2001;24(3):479-496. doi:10.1016/S0193-953X(05)70242-2

52. Texas Department of State Health Services. 2001-2017 High School Youth Risk Behavior Survey Data. http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed on March 16, 2019.

53. County Health Rankings & Roadmaps. Texas – Teen births. https://www.countyhealthrankings.org/app/texas/2019/measure/factors/14/data. Accessed on July 10, 2020.

54. National Survey on Drug Use and Health. 2016 National Survey on Drug Use and Health: Detailed Tables. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. 2016:3263. Accessed July 10, 2020.

55. Ahrnsbrak R. Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf. Accessed July 13, 2020.

56. United States Drug Enforcement Administration. DEA / Drug Scheduling. https://www.dea.gov/druginfo/ds.shtml. Accessed July 13, 2020.

57. Iffland K, Grotenhermen F. An Update on Safety and Side Effects of Cannabidiol: A Review of Clinical Data and Relevant Animal Studies. *Cannabis Cannabinoid Res*. 2017;2(1):139-154. doi:10.1089/can.2016.0034

58. National Institute on Drug Abuse. Marijuana. https://www.drugabuse.gov/publications/drugfacts/marijuana. Accessed July 8, 2020.

59. Miller NS, Oberbarnscheidt T, Gold MS. Marijuana Addictive Disorders: DSM-5 Substance-Related Disorders. *Journal of Addiction Research & Therapy*. 2017;8(1):1-8. doi:10.4172/2155-6105.S11-013

60. National Institute on Drug Abuse. Available Treatments for Marijuana Use Disorders. https://www.drugabuse.gov/publications/research-reports/marijuana/available-treatments-marijuana-use-disorders. Accessed July 8, 2020.

61. . SchedulingII drugs (pain scheduling) https://www.dea.gov/drug-scheduling. Accessed July 8, 2020.

62. Moir D, Rickert WS, Levasseur G, et al. A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced under Two Machine Smoking Conditions. *Chemical Research in Toxicology*. 2008;21(2):494-502. doi:10.1021/tx700275p

63. Miller NS, Guttman JC, Chawla S. Integration of generalized vulnerability to drug and alcohol addiction. *Journal of Addictive Diseases*. 1997;16:7-22. doi:10.1080/10550889709511140

64. Texas Alcoholic Beverage Commission. Alcohol Accessibility. https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx. Accessed July 8, 2020.

65. Campbell CA, Hahn RA, Elder R, et al. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *Am J Prev Med*. 2009;37(6):556-569. Doi:10.1016/j.amepre.2009.09.028

66. The US50. The US50 – Listing of the 50 States Ranked by Size in Square Miles. http://www.theus50.com/fastfacts/area.php. Accessed July 14, 2020.

67. Texas Association of Counties. County Profiles. http://www.txcip.org/tac/census/CountyProfiles.php. Accessed July 13, 2020.

68. Social hosting https://www.odessapd.com/home/components/news/news/9428/820 Accessed July 13,2020.

69. Centers for Disease Control and Prevention. 2018 Annual Surveillance Report Of Drug-related Risks And Outcomes. https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf Accessed July 13, 2020.

70. Centers for Disease Control and Prevention. 2018 Annual Surveillance Report Of Drug-related Risks And Outcomes https://www.cdc.gov/drugoverdose/data/analysis.html Accessed July 13, 2020.

71. U.S. Department of Health and Human Services. Secretary Price Announces HHS Strategy for Fighting Opioid Crisis. HHS.gov. https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html. Published April 19, 2017. Accessed July 13, 2020

72. Drug Enforcement Administration. Schedule II Dispensation https://www.dea.gov/drug-scheduling Accessed July 13, 2020.

73. Texas State Board of Pharmacy. Texas PMP. http://www.pharmacy.texas.gov/PMP/. Accessed July 13, 2020.

74. Texas Education Agency. Annual Region Summary for a Selected Region. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/Download_Region.html. Accessed July 20, 2020.

75. National Institute on Drug Abuse. What drugs are most frequently used by adolescents? https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/frequently-asked-questions/what-drugs-are-most-frequently-used-by-adolescents. Accessed July 20, 2020.

76. Texas Health and Human Services Commission. Reports – Texas College Survey of Substance Use. https://texascollegesurvey.org/?page_id=389. Accessed July 21, 2020.

77. Stout H. The 10 Texas Cities Where You're Most Likely to be Killed by a Drunk Driver. Sutliff & Stout. https://mytexasinjurylawyers.com/research/deadliest-cities-drunk-driving-texas/. Published April 1, 2018. Accessed July 20, 2020.

78. Centers for Disease Control and Prevention. Drunk Driving State Data and Maps | Motor Vehicle Safety | CDC Injury Center. https://www.cdc.gov/motorvehiclesafety/impaired_driving/states-data-tables.html. Published February 21, 2018. Accessed July 20, 2020.

79. United States Surgeon General. Preventing Tobacco Use among Youth and young Adults: A Report of the Surgeon General: (603152012-001). 2012. doi:10.1037/e603152012-001

80. United States Surgeon General. The Health Consequences of Smoking -- 50 Years of progress: A Report of the Surgeon General: (510072014-001). 2014. doi:10.1037/e510072014-001

81. Centers for Disease Control and Prevention (CDC) (2013). Tobacco product use among middle and high school students--United States, 2011 and 2012. *MMWR. Morbidity and mortality weekly report*, *62*(45), 893–897.

82. Wang TW, Gentzke A, Sharapova S, Cullen K, Ambrose B, Jamal A. Tobacco Product Use Among Middle and High School Students — United States, 2011–2017. *MMWR Morb Mortal Wkly Rep*. 2018;67. doi:10.15585/mmwr.mm6722a3

83. Executive Office of the President of the United States. Epidemic: Responding To America's Prescription. https://obamawhitehouse.archives.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf Accessed July 21, 2020.

84. Miech R, Schulenberg J, Johnston L, Bachman J, O'Malley P, Patrick M. *Monitoring the Future National Adolescent Drug Trends in 2017: Findings Released.* Ann Arbor, MI: Institute for Social Research, The University of Michigan; 2017. http://www.monitoringthefuture.org//pressreleases/17drugpr.pdf. Accessed July 21, 2020.

85. Centers for Disease Control and Prevention. Opioid Basics | Drug Overdose | CDC Injury Center. https://www.cdc.gov/drugoverdose/opioids/index.html. Published January 19, 2018. Accessed July 21, 2020.

86. Drug Enforcement Administration / Fentanyl FAQ. https://www.dea.gov/factsheets/fentanyl. Accessed July 22, 2020.

87. Drug Enforcement Administration. DEA Officer Safety Alert: Fentanyl Can Kill You | Police Foundation. https://www.policefoundation.org/dea-officer-safety-alert-fentanyl-can-kill-you/. Accessed July 15, 2019.

88. Opiate Potency: https://canadiancentreforaddictions.org/carfentanil-dangers/ Accessed July 22, 2020.

89. Texas Hospital Administration. Opioids. https://www.tha.org/Opioids. Accessed July 22, 2020.

90. National Institute on Drug Abuse. Overdose Death Rates. https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates. Published September 15, 2017. Accessed July 22, 2020.

91. National Institute on Drug Abuse. Opioid Overdose Crisis. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis. Published March 6, 2018. Accessed July 21, 2020.

92. Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Med Care*. 2016;54(10):901-906. doi:10.1097/MLR.0000000000000625

93. CastLight. Castlight Report Opioid Crisis in Workforce Web | Substance Abuse | Opioid. Scribd. https://www.scribd.com/document/343900435/Castlight-Report-Opioid-Crisis-in-Workforce-Web. Accessed June 12, 2018.

94. Texas Health and Human Services Commission. Opioid-Related Poison Center Calls. http://healthdata.dshs.texas.gov/Opioids/PoisonCenter. Accessed July 20,2020.

95. National Institute on Drug Abuse. Drug Overdoses in Youth. NIDA for Teens. https://teens.drugabuse.gov/drug-facts/drug-overdoses-youth Accessed July 21,2020.

96. National Institute on Drug Abuse. Abuse of Prescription (Rx) Drugs Affects Young Adults Most | National Institute on Drug Abuse (NIDA). https://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most?utm_source=external&utm_medium=api&utm_campaign=infographics-api. Accessed July 21, 2020.

97. Centers for Disease Control and Prevention. Products - Data Briefs - Number 282 - August 2017. https://www.cdc.gov/nchs/products/databriefs/db282.htm. Accessed July 21, 2020.

98. Drug Enforcement Administration. Fentanyl: A Briefing Guide for First Responders. U.S. Department of Justice. https://www.nvfc.org/wp-content/uploads/2018/03/Fentanyl-Briefing-Guide-for-First-Responders.pdf. Accessed July 21, 2020.

99. National Institute on Drug Abuse. DrugFacts: Fentanyl | National Institute on Drug Abuse (NIDA). https://www.drugabuse.gov/publications/drugfacts/fentanyl. Accessed July 24, 2020.

100. Lethal amounts of Different Opiates. http://www.inmaricopa.com/opioid-epidemic-part-2 Accessed July 27,2020.

101. JUUL. JUUL| The Smoking Alternative, unlike any E-Cigarette or Vape. https://www.juul.com/our-technoloy. Accessed July 27,2020.

102. Enforcement Priorities for Electronic Nicotine Delivery Systems. Regulations.gov. https://www.regulations.gov/document?D=FDA-2019-D-0661-15433

103. National Center for Health Research. The Dangers of Juuling. http://www.center4research.org/the-dangers-of-juuling/. Accessed July 27,2020.

104. PuffBar| PuffBar. Alternate to e-cigaretes>???. https://puffbar.com/pages/nominors Accessed July 27,2020.

105. Barrington-Trimis JL, Urman R, Berhane K, et al. E-Cigarettes and Future Cigarette Use. *Pediatrics*. June 2016:e20160379. doi:10.1542/peds.2016-0379

106. National Institute on Drug Abuse. Teens and E-cigarettes. https://www.drugabuse.gov/related-topics/trends-statistics/infographics/teens-e-cigarettes. Published February 11, 2016. Accessed July 27, 2020.

107. Harmful effects of e-cigarettes. WebMD. https://www.webmd.com/lung/covid-19-smoking-vaping Accessed July 28, 2020.

108. Alcohol Permits in the state of Texas. Texas Alcoholic Beverage Commission. https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx. Accessed March 17, 2020.

109. Tobacco Permits. Texas.gov. https/data.texas.gov/Government-and-Taxes/Active-Cigarette-Tobacco-Retailers/u5nd-4vpg/data. Accessed April 23, 2020.

110. Open Records Request-HHSC- Alcohol Violations by County. https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx. Run date March 30, 2020.

111. Open Records Request-HHSC-Tobacco Violations by County. https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx. Run date March 30, 2020.

112. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on July 27, 2020.

113. County Health Rankings. Alcohol Impaired Driving Deaths. https://www.countyhealthrankings.org/app/texas/2020/measure/factors/134/data. Accessed July 28, 2020.

114. Texas Department of Transportation. DUI (Alcohol) Crashes and Injuries by County - 2017. https://www.txdot.gov/government/enforcement/annual-summary.html Accessed on July 28, 2020.

115. Texas Department of Public Safety. Reports Index. https://txucr.nibrs.com/ReportsIndex/List. Accessed July 29, 2020.

116. Federal Bureau of Investigations. Offense Definitions. FBI. https://ucr.fbi.gov/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/offense-definitions. Accessed July 29, 2020.

117. Texas Department of Criminal Justice. "On Hand Population for Drug and DWI Offenses". Obtained from Frances Beitia. June 2019.

118. McCurley J. How Much Does a First Offense DUI Cost? dui.drivinglaws.org. https://dui.drivinglaws.org/resources/how-much-does-a-first-offense-dui-cost.htm. Accessed July 29, 2020.

119. Texas Department of Public Safety. Cost of License Reinstatement. https://www.dps.texas.gov/DriverLicense/AlcoholRelatedOffenses.htm Accessed July 29,2020.

120. de la Paz B. The Real Cost of a DWI in Texas| The Hard Truth. Law Offices of Brent de la Paz. http://www.delapazlawfirm.com/what-the-real-cost-of-a-dwi-in-texas/. Published January 14, 2016. Accessed July 29, 2020.

121. Findlaw. Drug Possession Penalties. https://criminal.findlaw.com/criminal-charges/drug-possession-penalties-and-sentencing.html. Accessed July 29, 2020.

122. Findlaw. Texas Drug Possession Laws. https://statelaws.findlaw.com/texas-law/texas-drug-possession-laws.html. Accessed July 29, 2020.

123. Substance Abuse and Mental Health Services Administration. Youth Substance Abuse Treatment. Received April 2019. Not available online

124. Texas Department of Licensing and Regulation. Offender Education Courses. https://www.tdlr.texas.gov/court-ordered/oep/oepcourses.htm?type=AEPM. Accessed July 28, 2020.

125. Centers for Disease Control and Prevention. HIV Transmission. https://www.cdc.gov/hiv/basics/transimission.html. Accessed August 2, 2020.

126. Department of Safe Health Services. People living with HIV. http://healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv Accessed August 2, 2020.

127. Texas Department of State Health Services. Outreach, Screening, Assessment, and Referral Center (OSAR). Received April 2019. Not available online

128. Mental Health and SUD from Medicaid: Texas Department of Health and Human Services. Youth/Adults Receiving Mental Health Services. Texas Medicaid BHMH and SUD Clients by County, SFY2008-2016_final.xlsx. Accessed March 13, 2020.

129. Texas Health and Human Services Commission. Texas EMS/Trauma Reporting System. https://injury.dshs.texas.gov/injury/login.do. Data request obtained June 21, 2018.

130. Centers For Disease Control and Prevention. CDC – Fact Sheets-Underage Drinking-Alcohol. https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm. Published May 10, 2018. Accessed July 27, 2020.

131. Pacific Institute for Research and Evaluation. Underage Drinking in TX.pdf. http://www.pire.org/documents/UDETC/cost-sheets/TX.pdf. Accessed July 27, 2020.

132. Miller TR, Levy DT, Spicer RS, Taylor DM. Societal Costs of Underage Drinking. J Stud Alcohol. 2006;67(4):519-528. Doi:10.15288/jsa.2006.67.519

133. Sacks JJ, Roeber J, Bouchery EE, Gonzales K, Chaloupka FJ, Brewer RD. State Costs of Excessive Alcohol Consumption, 2006. *American Journal of Preventive Medicine*. 2013;45(4):474-485. doi:10.1016/j.amepre.2013.06.004

134. Texas Health and Human Services Commission. Population Data (Census 2013) for Texas Counties, 2013. https://www.dshs.texas.gov/chs/popdat/st2013.shtm. Accessed July 27, 2020.

135. Frost JJ, Sonfield A, Zolna MR, Finer LB. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program: US Publicly Funded Family Planning Program. *Milbank Quarterly*. 2014;92(4):696-749. doi:10.1111/1468-0009.12080

136. Office of National Drug Control Policy. Fact Sheet: Consequences of Illicit Drug Use in America. December 2010. https://www.hsdl.org/?view&did=9351. Accessed July 30,2020.

137. National Drug Intelligence Center. 2011 - The Economic Impact of Illicit Drug Use on America.pdf. U.S. Department of Justice. https://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf. Accessed July 30, 2020.

138. National Institute on Drug Abuse. Is drug addiction treatment worth its cost? https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost. Accessed July 30, 2020.

139. Cost of Opioid Epidemic. https://www.whitehouse.gov/wp-content/uploads/2019/04/The-Role-of-Opioid-Prices-in-the-Evolving-Opioid-Crisis.pdf Accessed July 30, 2020.

140. Substance Abuse and Mental Health Services Administration. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis: (569922009-001). https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf 2009. doi:10.1037/e569922009-001 Accessed August 3, 2020.

141. U.S. Equal Employment Opportunity Commission. Prohibited Practices. https://www.eeoc.gov/overview/. Accessed August 3, 2020.

142. U.S. Equal Employment Opportunity Commission. Pre-Employment Inquiries and Arrest & Conviction. https://www.eeoc.gov/laws/practices/inquiries_arrest_conviction.cfm. Accessed August 3, 2020.

143. Center for Community Alternatives. The use of Criminal History Records in College Admissions Reconsidered. http://www.communityalternatives.org/pdf/Reconsidered-criminal-hist-recs-in-college-admissions.pdf. Accessed August 3, 2020.

144. Federal Student Aid. Students With Criminal Convictions. Federal Student Aid. https://studentaid.ed.gov/sa/eligibility/criminal-convictions. Published January 4, 2018. Accessed August 3, 2020.

145. Arria, A.M., Caldeira, K.M., Bugbee, B.A., Vincent, K.B.,& O'Grady, K.E. (2013). The academic opportunity costs of substance use during college. College Park, MD: Center on Young Adult Health and Development. Available at www.cls.umd.edu/docs/AcadOppCosts.pdf. Accessed August 3, 2020.

146. Texas Higher Education Coordinating Board. 2018 Texas Public Higher Education Almanac. http://www.thecb.state.tx.us/reports/PDF/12371.PDF. Accessed August 3, 2020.

147. Research and Educational Services. *Texas Prevention Impact Index Midland ISD Student Survey 2016*. Midland ISD: Palmer Drug Abuse Program (PDAP); 2016. Not available online.

148. County Health Rankings and Roadmaps. Social Associations in Texas. https://www.countyhealthrankings.org/app/texas/2019/measure/factors/140/data. Accessed July 16, 2020.

149. Texas Health and Human Services. Youth Prevention Programs. https://hhs.texas.gov/services/mental-health-substance-use/youth-substance-use/youth-prevention-programs. Published April 19, 2018. Accessed August 4, 2020.

150. Warren JC, Smalley KB, Barefoot KN, Perceived Ease of Access to Alcohol, Tobacco, and Other Substances in Rural and Urban US Students. *Rural Remote Health*. 2015;15(4):3397

151. National Survey on Drug Use and Health. The CBHSQ Report: Trends in Perception of Risk and Availability of Substance Use Amonth Full-Time College Students. https://www.samhsa.gov/data/sites/default/files/report_2418/ShortReport-2418.html. Accessed July 29, 2020.

152. Hawkins, JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*. 1992;112(1):64-105. doi:10.1037/0033-2909.112.1.64

153. Meyer L, Cahill H, Australia, Department of Education S and Training. Principles for School Drug Education, Canberra. *Scientific Research*. 2004.

154. Tobacco Toll in the United States. https://www.tobaccofreekids.org/problem/toll-us/texas Accessed July 21,2020.

Appendix A

Glossary

ACE	Adverse Childhood Experiences study
ACS	American Community Survey
Adolescent	An individual between the ages of 12 and 17 years (SAMHSA)
AOD	Alcohol and Other Drugs
ATOD	Alcohol, tobacco, and other drugs
AUD	Alcohol Use Disorder
BAC	Blood Alcohol Concentration
BPD	Barrels per day
BRFSS	Behavioral Risk Factor Surveillance System
CBD	Cannabinoid
CDC	Centers for Disease Control and Prevention
COPSD	Co-Occurring Psychiatric and Substance use Disorder
CSAP	SAMHSA's Center for Substance Abuse Prevention
DEA	Drug Enforcement Administration
DFPS	Department of Family and Protective Services
DMV	Department of Motor Vehicles
DSM-5	Diagnostic and Statistical Manual - V
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
EEOC	Equal Employment Opportunity Commission
EMS	Emergency Medical Services
ENDS	Electronic Nicotine Delivery Systems
Epidemiology	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)
ESC	Education Service Center
EWG	Epidemiological Work Group
FBI	Federal Bureau-Investigation
HHS	U.S. Department of Health and Human Services
HHSC	Texas Health and Human Service Commission
IOM	Institute of Medicine
ISD	Independent School District
LEP	Limited English Proficiency
MDD	Major Depressive Disorder
NCES	National Center for Education Statistics
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse

NSDUH	National Survey on Drug Use and Health
OSAR	Outreach, Screening, Assessment, and Referral
PBRCADA	Permian Basin Regional Council on Alcohol and Drug Abuse
PMP	Prescription drug Monitoring Program
PPRI	Public Policy Research Institute
PRC	Prevention Resource Center
Prevalence	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)
Protective Factor	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)
PTND	Project Towards No Drug abuse
Risk Factor	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)
RNA	Regional Needs Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SEM	Socio-Ecological Model
SHO	Social Host Ordinance
SNAP	Supplemental Nutrition Assistance Program
SPF	Strategic Prevention Framework
SUD	Substance Use Disorder
TABC	Texas Alcoholic Beverage Commission
TANF	Temporary Assistance for Needy Families
TCS	Texas College Survey
TEA	Texas Education Agency
TPII	Texas Prevention Impact Index
TSS	Texas School Survey of Drug and Alcohol Use
VA	Veterans Affairs
WHO	World Health Organization
YP	Youth Prevention
YPI	Youth Prevention Indicated
YPS	Youth Prevention Selective
YPU	Youth Prevention Universal
YRBSS	Youth Risk Behavior Surveillance System

Appendix B

Tables

Table 1. Region 9 Population Estimates, 2019-2020			
County	**2018**	**2019**	**2020**
TEXAS	**29,366,479**	**29,948,091**	**30,521,978**
REGION 9	**628,255**	**635,337**	**642,563**
Andrews	16,936	17,215	17,487
Borden	690	694	698
Coke	3,136	3,116	3,095
Concho	4,264	4,281	4,299
Crane	5,145	5,249	5,349
Crockett	4,019	4,049	4,082
Dawson	14,610	14,693	14,756
Ector	154,975	157,226	159,521
Gaines	20,800	21,236	21,681
Glasscock	1,328	1,338	1,351
Howard	37,244	37,477	37,715
Irion	1,705	1,709	1,712
Kimble	4,953	5,005	5,052
Loving	80	80	81
Martin	8,872	8,959	5,606
Mason	5,431	5,529	4,211
McCulloch	4,179	4,192	9,040
Menard	2,394	2,398	2,406
Midland	154,516	156,862	159,256
Pecos	16,793	16,910	17,026
Reagan	3,807	3,854	3,908
Reeves	14,720	14,816	14,934
Schleicher	3,835	3,872	3,920
Sterling	1,207	1,212	1,214
Sutton	4,600	4,600	4,651
Terrell	1,039	1,043	1,047
Tom Green	114,017	114,494	114,995
Upton	3,781	3,832	3,886
Ward	11,111	11,155	11,213
Winkler	8,116	8,241	8,371

Source: Texas Department of State Health Services[13]

Table 2. Region 9 Population Density, 2020

County	2020 Population Density*	County	2020 Population Density*	County	2020 Population Density*
TEXAS	**116.9**	Glasscock	1.5	Reagan	3.3
REGION 9	**16.1**	Howard	41.9	Reeves	5.7
Andrews	11.7	Irion	1.6	Schleicher	3.0
Borden	0.8	Kimble	4.0	Sterling	1.3
Coke	3.4	Loving	0.1	Sutton	3.2
Concho	4.4	Martin	6.1	Terrell	0.4
Crane	6.8	Mason	4.5	Tom Green	75.6
Crockett	1.5	McCulloch	8.5	Upton	3.1
Dawson	16.4	Menard	2.7	Ward	12.5
Ector	177.7	Midland	177.2	Winkler	10.0
Gaines	14.4	Pecos	3.6		

*Density = People per square mile

Source: Texas Department of State Health Services, US Census Bureau[13,16]

Table 3. Region 9 Population by Race and Ethnicity, 2020

County	Anglo	%	Black	%	Hispanic	%	Other	%	Total
TEXAS	**11,914,045**	**39%**	**3,446,308**	**11%**	**12,968,026**	**42%**	**2,193,599**	**7%**	**30,521,978**
REGION 9	**277,293**	**43%**	**26,079**	**4%**	**321,496**	**50%**	**17,695**	**3%**	**642,563**
Andrews	7,345	42%	211	1%	9,551	55%	380	2%	17,487
Borden	588	75%	0	0%	103	15%	7	1%	698
Coke	2,327	75%	7	0%	691	22%	70	2%	3,095
Concho	1,793	42%	57	1%	2,396	56%	53	1%	4,299
Crane	1,888	35%	135	3%	3,232	60%	94	2%	5,349
Crockett	1,336	33%	13	0%	2,691	66%	42	1%	4,082
Dawson	5,184	35%	885	6%	8,480	57%	207	1%	14,756
Ector	51,980	33%	6,147	4%	97,419	61%	3,975	2%	159,521
Gaines	13,151	61%	290	1%	7,957	37%	283	1%	21,681
Glasscock	875	65%	15	1%	453	34%	8	1%	1,351
Howard	19,190	51%	2,304	6%	15,104	40%	1,117	3%	37,715
Irion	1,180	69%	11	1%	494	29%	27	2%	1,712
Kimble	3,651	72%	16	0%	1,319	26%	66	1%	5,052
Loving	59	73%	0	0%	18	22%	4	5%	81
McCulloch	5,696	63%	142	2%	3,087	34%	115	1%	9040
Martin	2,861	51%	75	1%	2,602	46%	68	1%	5,606
Mason	3,110	74%	14	0%	1,047	25%	40	1%	4,211
Menard	1,391	58%	11	0%	989	41%	15	1%	2,406
Midland	71,168	45%	9,579	6%	72,559	45%	5,950	4%	159,526
Pecos	4,271	25%	521	3%	11,965	70%	269	2%	17,206
Reagan	1,263	32%	63	2%	2,551	65%	31	1%	3,908
Reeves	2,521	17%	672	5%	11,532	77%	209	1%	14,934
Schleicher	2,006	51%	31	1%	1,862	48%	21	1%	3,920
Sterling	746	62%	13	1%	425	35%	30	2%	1,214
Sutton	1,646	35%	6	0%	2,976	64%	23	0%	4,651
Terrell	498	48%	6	1%	528	50%	15	1%	1,047
Tom Green	59,916	52%	4,150	4%	46,793	41%	4,136	4%	114,995
Upton	1,692	44%	48	1%	2,096	54%	50	1%	3,886
Ward	4,712	42%	522	5%	5,750	51%	229	2%	11,213
Winkler	3,249	39%	135	2%	4,826	57%	161	2%	8,371

Source: Texas Department of State Health Services[13]

Table 4. Region 9 English Proficiency, 2018

County	English Proficient*	Not English Proficient**	County	English Proficient*	Not English Proficient**
TEXAS	86%	14%	**McCulloch**	96%	4%
REGION 9	86%	14%	**Martin**	92%	8%
Andrews	85%	15%	**Mason**	92%	8%
Borden	100%	0%	**Menard**	90%	10%
Coke	95%	5%	**Midland**	90%	10%
Concho	78%	22%	**Pecos**	86%	14%
Crane	86%	14%	**Reagan**	81%	19%
Crockett	96%	4%	**Reeves**	78%	22%
Dawson	91%	9%	**Schleicher**	92%	8%
Ector	86%	14%	**Sterling**	96%	4%
Gaines	81%	19%	**Sutton**	89%	11%
Glasscock	79%	21%	**Terrell**	87%	13%
Howard	88%	12%	**Tom Green**	94%	6%
Irion	100%	0%	**Upton**	91%	9%
Kimble	93%	7%	**Ward**	90%	10%
Loving	81%	19%	**Winkler**	86%	14%

*: English Proficient means "Speaks English only or speaks English 'very well'".

**: Not English Proficient means "Speaks English less than 'very well'".

Source: U.S. Census Bureau[16]

Table 5. Single-Parent Households, 2018-2020

Region	2018	2019	2020
TEXAS	**33%**	**33%**	**33%**
REGION 9	**32%**	**31%**	**30%**

Source: County Health Rankings and Roadmaps[20]

Table 6. Region 9 Average Weekly Salaries, 2019					
County	**Average Weekly Salary**	**Salary Per Capita**	**County**	**Average Weekly Salary**	**Salary Per Capita**
Andrews	$1401	$0.93	**McCulloch**	$789	$0.74
Borden	$806	$0.90	**Martin**	$1180	$1.29
Coke	$869	$0.95	**Mason**	$716	$0.77
Concho	$861	$0.88	**Menard**	$586	$0.65
Crane	$1198	$1.53	**Midland**	$1529	$1.70
Crockett	$890	$0.32	**Pecos**	$981	$0.21
Dawson	$820	$0.91	**Reagan**	$1424	$1.21
Ector	$1272	$1.42	**Reeves**	$1302	$0.49
Gaines	$1088	$0.72	**Schleicher**	$957	$0.73
Glasscock	$1202	$0.89	**Sterling**	$960	$1.04
Howard	$1055	$1.17	**Sutton**	$1233	$0.85
Irion	$1401	$1.33	**Terrell**	$865	$0.37
Kimble	$693	$0.55	**Tom Green**	$909	$0.60
Loving	$1705	$2.55	**Upton**	$1687	$1.36
Source: U.S. Bureau of Labor Statistics[16]			**Ward**	$1284	$1.43
			Winkler	$1356	$1.61

Table 7. Region 9 Monthly SNAP Recipients, 2019

County	Average SNAP Recipients	County	Average SNAP Recipients
REGION 9	57,716	**Mason**	213
Andrews	1,484	**McCulloch**	1,008
Borden	24	**Menard**	219
Coke	268	**Midland**	10,992
Concho	279	**Pecos**	1,652
Crane	331	**Reagan**	217
Crockett	239	**Reeves**	1,655
Dawson	1,885	**Schleicher**	228
Ector	16,809	**Sterling**	61
Gaines	1,489	**Sutton**	257
Glasscock	25	**Terrell**	68
Howard	3,584	**Tom Green**	11,549
Irion	60	**Upton**	386
Kimble	390	**Ward**	1,132
Loving	6	**Winkler**	693
Martin	513		

Source: Texas Health and Human Services[27]

Table 8. Region 9 Uninsured Children (%), 2019

County	Uninsured Children (%)	County	Uninsured Children (%)
TEXAS	10%	**Mason**	23%
Andrews	12%	**McCulloch**	12%
Borden	11%	**Menard**	19%
Coke	12%	**Midland**	12%
Concho	12%	**Pecos**	13%
Crane	13%	**Reagan**	14%
Crockett	12%	**Reeves**	12%
Dawson	12%	**Schleicher**	17%
Ector	13%	**Sterling**	16%
Gaines	22%	**Sutton**	13%
Glasscock	17%	**Terrell**	16%
Howard	10%	**Tom Green**	10%
Irion	12%	**Upton**	14%
Kimble	13%	**Ward**	11%
Loving	21%	**Winkler**	12%
Martin	16%		

Source: County Health Rankings[30]

Table 9. Graduation and Dropout Rates by Region (%), 2018

Region	Graduation Rate	Dropout Rate
1	92.9	4.1
2	94.5	3.2
3	89.2	5.6
4	93.9	3.2
5	91.5	5.9
6	89.2	6.3
7	89.4	6.1
8	90.5	6.4
9	**88.4**	**6.9**
10	92.7	3.9
11	91.1	5.2

Source: Texas Education Agency[36]

Table 10. Region 9 Index Crime Rates (per 100k), 2019

County	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
TEXAS	**4.6**	**51.9**	**98.5**	**258.4**	**409.4**	**1,710.8**	**242.9**	**2,776.6**
REGION 9	**5.0**	**52.3**	**27.4**	**356.0**	**753.1**	**2,564.9**	**215.6**	**3,974.3**
Andrews	0.0	55.2	5.5	336.5	330.9	1,031.4	182	1,941.5
Borden	0.0	0.0	0.0	0.0	592.6	1,481.6	148.1	2,222.2
Coke	30.3	0.0	0.0	0.0	30.3	0.0	0.0	60.7
Concho	0.0	0.0	0.0	425.5	77.4	270.8	0.0	773.3
Crane	0.0	20.9	0.0	0.0	104.6	209.1	41.8	376.4
Crockett	0.0	0.0	28.3	56.6	2,998.6	311.2	0.0	3,394.7
Dawson	8.0	79.9	31.9	25.5	934.3	2,291.8	167.7	3,769.1
Ector	7.4	77.2	78.5	598.7	496.2	1,970.4	391.1	3,619.5
Gaines	0.0	33.2	9.5	270.7	261.2	645.8	90.2	1,310.7
Glasscock	0.0	0.0	0.0	0.0	146.8	1,248.2	73.4	1,468.4
Howard	8.3	30.5	41.6	479.3	567.9	1,892.2	302	3,321.8
Irion	0.0	66.7	0.0	200	466.7	1,333.3	200	2,266.7
Kimble	0.0	0.0	0.0	114.4	160.1	388.9	91.5	755
Loving	0.0	0.0	0.0	0.0	0.0	11,724.1	0.0	11,724.1
Martin	0.0	69.7	17.4	122	156.8	888.7	191.7	1,446.2
Mason	0.0	0.0	0.0	23.6	165	212.2	23.6	424.3
McCulloch	0.0	0.0	12.7	50.7	227.9	810.4	126.6	1,228.3
Menard	0.0	0.0	0.0	47.6	618.2	0.0	0.0	665.7
Midland	3.6	42.8	42.1	199.2	269.9	1,504.9	198.5	2,261
Pecos	6.4	19.2	12.8	378	429.3	762.5	83.3	1,691.5
Reagan	0.0	0.0	0.0	213.1	319.7	1,092.2	159.8	1,784.8
Reeves	0.0	110	38.8	679.3	168.2	1,552.7	32.3	2,581.4
Schleicher	0.0	0.0	0.0	0.0	102.5	717.2	102.5	922.1
Sterling	0.0	0.0	0.0	76	76	288	0.0	379.9
Sutton	0.0	53.8	26.9	107.6	26.9	645.7	53.8	914.7
Terrell	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tom Green	2.5	82.5	42.9	208.8	592.7	2,346.5	219.7	3,495.7
Upton	0.0	0.0	0.0	27	0.0	432.1	54	513.1
Ward	8.6	34.6	8.6	293.8	596.3	1,495	77.8	2,514.7
Winkler	0.0	78.7	13.1	406.5	380.2	930.9	222.9	2,032.3

Source: Texas Department of Public Safety[38]

Table 11. Region 9 Suicides, 1999-2018			
County	**Deaths**	**Crude Rate**	**Age-Adjusted Rate**
Texas	**55,448**	**11.3**	**11.6**
Andrews	43	14.4	15.1
Coke	13	Suppressed	Suppressed
Crane	13	Suppressed	Suppressed
Crockett	11	Suppressed	Suppressed
Dawson	29	10.4	10
Ector	348	12.7	13.2
Gaines	33	9.6	10.8
Howard	129	18.5	18.7
Kimble	19	Suppressed	Suppressed
McCulloch	29	17.7	18.6
Mason	15	Suppressed	Suppressed
Midland	346	12.6	12.9
Pecos	33	10.4	10.5
Reagan	10	Suppressed	Suppressed
Reeves	28	10.2	10
Sutton	12	Suppressed	Suppressed
Tom Green	315	14.3	14.6
Ward	28	12.9	13.4
Winkler	28	19.4	19.4

Source: CDC Wonder[41]

Table 12. Region 9 Teen Birth Rates, 2018

County	Teen Birth Rate (per 1,000)	County	Teen Birth Rate (per 1,000)
Texas	**34**	Mason	19
Andrews	65	McCulloch	39
Borden	--	Menard	32
Coke	37	Midland	51
Concho	33	Pecos	64
Crane	52	Reagan	66
Crockett	65	Reeves	80
Dawson	68	Schleicher	23
Ector	66	Sterling	--
Gaines	48	Sutton	52
Glasscock	--	Terrell	--
Howard	64	Tom Green	35
Irion	--	Upton	48
Kimble	47	Ward	59
Loving	--	Winkler	57
Martin	57		

Source: County Health Rankings and Roadmaps[59]

Table 13. Students who believe it is easy* to obtain substances (%), 2018				
Region	**Tobacco**	**Alcohol**	**Marijuana**	**Ecstasy**
Region 9	36.0	48.9	31.3	6.4
Texas	33.9	46.9	33.5	7.5
	Cocaine	**Crack**	**Synthetic Marijuana**	**Inhalants**
Region 9	9.0	6.3	8.9	31.2
Texas	8.8	6.5	10.3	31.9
	Steroids	**Heroin**	**Methamphetamine**	
Region 9	6.7	4.5	4.9	
Texas	7.0	4.6	5.1	

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

Source: Texas School Survey, 2018[9]

Table 14. Region 9 Schedule II Drug Dispensations, 2015-2018					
County	**2015**	**2016**	**2017**	**2018**	**% Difference from 2015 to 2018**
TEXAS	**38,453,715**	**39,164,413**	**13,383,655**	**12,918,910**	**-66.40%**
REGION 9	**261,666**	**248,438**	**271,660**	**262,426**	**0.29%**
Andrews	6,511	6,037	7,357	6,446	-1.00%
Concho	956	826	878	816	-14.64%
Crane	1,385	1,352	2,108	2,162	56.10%
Crockett	434	359	394	369	-14.98%
Dawson	3,942	3,365	3,371	3,143	-20.27%
Ector	60,519	55,535	58,178	56,520	-6.61%
Gaines	5,509	5,046	5,587	5,286	-4.05%
Howard	16,068	18,453	27,945	24,550	52.79%
Kimble	1,614	1,255	1,402	1,252	-22.43%
Martin	1,197	1,230	1,399	1,380	15.29%
Mason	995	936	935	974	-2.11%
McCulloch	4,688	4,440	4,454	3,723	-20.58%
Midland	72,021	68,377	72,435	72,361	0.47%
Pecos	3,415	3,048	3,065	2,837	-16.93%
Reagan	320	427	567	598	86.88%
Reeves	5,419	4,083	4,290	4,058	-25.12%
Sutton	1,463	1,241	1,227	948	-35.20%
Tom Green	66,543	65,113	69,622	68,797	3.39%
Upton	509	572	504	629	23.58%
Ward	5,704	4,734	4,135	3,997	-29.93%
Winkler	2,454	2,009	1,807	1,580	-35.62%

Table 15. On-Campus Substance Violations, 2013-2018
Schools from ESC Regions 15, 17, and 18

Violation	2013-14	2014-15	2015-16	2016-17	2017-18
Controlled Substances/Drugs	1,188	1,243	1,214	1,190	1,276
Alcohol Violations	98	143	122	140	228
Tobacco	265	236	202	180	256
Felony Controlled Substance	12	5	0	7	17

Source: Texas Education Agency[74]

Table 16. Students who believe substances are dangerous* (%), 2018

Region	Tobacco	Alcohol	Marijuana	Rx Drugs
Region 9	83.1	79.3	70.8	88.5
Texas	84.9	78.9	69.7	88.2
	Cocaine	**Crack**	**Synthetic Marijuana**	**Ecstasy**
Region 9	93.0	93.1	88.7	88.9
Texas	93.0	92.9	88.3	88.8
	Steroids	**Heroin**	**Methamphetamine**	**Inhalants**
Region 9	88.9	92.2	91.9	87.2
Texas	88.4	92.3	91.8	86.1

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

Source: Texas School Survey, 2018[4]

Table 17. Texas Student's Perceived Risk of Harm from Alcohol (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**49.2**	**29.7**	**14.3**	**2.6**	**4.1**
1	47.2	34.0	13.5	1.9	3.5
2	51.0	31.2	12.0	2.1	3.7
3	51.6	28.2	14.4	1.8	4.0
4	52.8	30.0	11.4	2.5	3.3
5	45.9	29.6	16.3	3.8	4.4
6 & 7	48.0	30.8	14.2	2.7	4.4
8	44.7	31.3	16.7	3.4	4.0
9	47.0	32.3	13.9	3.0	3.8
10	50.8	30.3	12.3	2.6	3.9
11	53.0	26.5	13.3	3.3	3.9

Source: Texas School Survey, 2018[4]

Table 18. Region 9 Students' Perceived Risk of Harm from Alcohol by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**47.0**	**32.3**	**13.9**	**3.0**	**3.8**
Grade 7	54.4	25.4	12.9	2.6	4.7
Grade 8	49.2	28.9	15.9	2.8	3.2
Grade 9	47.0	31.7	15.2	2.3	3.8
Grade 10	44.6	34.3	11.5	4.2	5.5
Grade 11	42.8	37.7	13.3	2.7	3.5
Grade 12	41.8	38.2	14.2	3.8	2.1

Source: Texas School Survey, 2018[4]

Table 19. Texas Student's Perceived Risk of Harm from Marijuana (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Kn**
State	**56.0**	**13.7**	**12.6**	**13.0**	**4.7**
1	61.8	13.8	10.4	9.9	4.1
2	61.7	13.4	9.9	10.9	4.2
3	56.0	14.1	12.9	12.6	4.5
4	59.2	13.4	10.9	12.1	4.4
5	60.4	11.5	11.5	11.7	4.9
6 & 7	54.2	13.8	13.0	14.1	4.9
8	55.4	14.5	13.0	12.8	4.3
9	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
10	55.3	13.9	13.5	13.0	4.3
11	60.4	12.9	10.8	11.6	4.3

Source: Texas School Survey, 2018[4]

Table 20. Regions 9 Students' Perceived Risk of Harm from Marijuana by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
Grade 7	72.4	9.6	6.1	5.7	6.2
Grade 8	65.4	14.0	8.6	8.1	3.9
Grade 9	55.4	16.9	11.2	12.2	4.2
Grade 10	51.3	15.8	14.0	12.9	6.0
Grade 11	44.7	15.9	18.5	16.6	4.3
Grade 12	42.0	16.8	18.1	20.0	3.1

Source: Texas School Survey, 2018[4]

Table 21. Texas Student's Perceived Risk of Harm from Prescription Drugs (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**75.4**	**12.8**	**3.5**	**1.4**	**6.8**
1	80.2	10.6	2.2	1.0	6.0
2	80.4	10.7	2.6	0.9	5.4
3	76.5	11.9	3.5	1.4	6.7
4	78.6	11.8	2.8	1.2	5.7
5	78.3	9.8	3.2	1.5	7.1
6 & 7	73.4	14.7	3.7	1.3	6.9
8	74.9	13.0	4.1	1.4	6.6
9	76.5	12.0	3.5	1.2	6.8
10	77.5	11.2	3.6	1.3	6.3
11	76.5	11.5	3.2	1.7	7.1

Source: Texas School Survey, 2018[4]

Table 22. Regions 9 Students' Perceived Risk of Harm from Prescription Drugs by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**76.5**	**12.0**	**3.5**	**1.2**	**6.8**
Grade 7	75.7	11.4	2.7	1.1	9.1
Grade 8	76.7	11.9	3.4	1.6	6.3
Grade 9	76.6	12.5	3.8	1.3	5.9
Grade 10	75.0	11.3	4.6	1.3	7.8
Grade 11	77.5	12.5	3.2	0.9	5.9
Grade 12	78.0	12.3	3.5	0.7	5.7

Source: Texas School Survey, 2018[4]

Table 23. Texas Student's Perceived Risk of Harm from Tobacco (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**61.2**	**23.7**	**8.1**	**1.8**	**5.1**
1	60.6	26.0	7.7	1.4	4.3
2	56.4	26.5	10.4	2.0	4.7
3	62.2	23.8	8.0	1.4	4.6
4	57.7	24.4	10.9	2.9	4.1
5	51.8	26.0	13.3	3.4	5.4
6 & 7	60.7	24.0	8.1	1.8	5.3
8	57.7	25.9	9.2	2.3	4.9
9	56.4	26.7	8.9	2.6	5.4
10	66.8	21.1	6.2	1.2	4.7
11	65.7	20.2	6.4	2.0	5.7

Source: Texas School Survey, 2018[4]

Table 24. Regions 9 Students' Perceived Risk of Harm from Tobacco by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**56.4**	**26.7**	**8.9**	**2.6**	**5.4**
Grade 7	69.6	19.4	4.1	1.3	5.6
Grade 8	61.0	25.7	6.7	1.2	5.3
Grade 9	58.8	27.1	7.2	2.0	5.0
Grade 10	54.9	26.0	9.2	3.3	6.6
Grade 11	48.8	30.3	12.3	3.3	5.3
Grade 12	40.1	33.5	16.7	5.3	4.4

Source: Texas School Survey, 2018[4]

Table 25. Texas Student's Perceived Risk of Harm from Electronic Vapor Products (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**54.7**	**12.4**	**14.6**	**11.8**	**6.5**
1	59.3	13.6	12.4	9.0	5.6
2	57.1	12.3	14.4	11.1	5.0
3	54.4	13.5	13.9	12.0	6.2
4	57.2	13.2	13.2	11.2	5.2
5	56.7	11.1	14.2	10.7	7.2
6 & 7	51.9	12.3	16.0	13.1	6.6
8	53.7	13.2	16.5	10.7	5.9
9	54.1	12.0	15.6	11.7	6.6
10	59.7	12.0	12.7	10.0	5.6
11	61.7	10.4	11.3	9.7	7.0

Source: Texas School Survey, 2018[4]

Table 26. Regions 9 Students' Perceived Risk of Harm from Electronic Vapor Products by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**54.1**	**12.0**	**15.6**	**11.7**	**6.6**
Grade 7	63.9	11.8	10.2	6.9	7.1
Grade 8	57.9	14.1	13.5	8.8	5.7
Grade 9	55.2	10.5	16.0	11.9	6.4
Grade 10	53.0	11.3	15.6	12.2	8.0
Grade 11	48.1	11.4	18.9	15.2	6.3
Grade 12	43.3	13.1	21.2	16.8	5.7

Source: Texas School Survey, 2018[4]

Table 27. Students Whose Close Friends Use Alcohol (%), 2018					
Region	**None**	**A Few**	**Some**	**Most**	**All**
State	48.4	23.8	14.0	10.5	3.2
1	38.9	27.6	16.9	13.0	3.6
2	43.5	27.9	13.9	12.0	2.6
3	52.5	22.8	14.0	8.7	2.0
4	45.8	26.7	14.2	10.6	2.7
5	39.6	24.0	15.5	15.6	5.2
6&7	50.1	22.9	13.6	10.4	3.1
8	41.0	24.2	14.3	15.1	5.5
9	41.6	26.2	16.6	12.0	3.5
10	45.2	25.3	14.2	11.2	4.2
11	49.8	24.1	13.6	9.1	3.3

Source: Texas School Survey, 2018[9]

Table 28. Age of First Use of Alcohol, 2018	
Region	**Age**
Texas	**13.1**
1	13.3
2	13.0
3	13.2
4	12.9
5	12.6
6 & 7	13.0
8	13.2
9	**13.0**
10	13.4
11	13.4

Source: Texas School Survey, 2018[4]

Table 29: Texas Student Alcohol Consumption (%), 2018				
Region	**Current Use**	**School Year Use**	**Lifetime Use**	**High-Risk Use**
State	29.0	34.4	51.5	11.7
1	33.5	39.8	59.7	14.1
2	28.2	34.0	54.6	11.7
3	23.6	28.5	46.9	8.1
4	29.5	35.9	55.9	12.0
5	36.8	42.3	61.7	18.1
6 & 7	28.9	34.3	50.7	11.6
8	36.0	41.9	58.8	17.1
9	34.7	40.4	59.3	14.3
10	32.1	36.8	54.5	13.0
11	29.0	33.5	48.2	11.6

Source: Texas School Survey, 2018[4]

Table 30. Age of First Use of Tobacco, 2018	
Region	**Age**
Texas	**13.5**
1	13.5
2	13.2
3	13.6
4	12.9
5	12.8
6 & 7	13.4
8	13.9
9	**13.2**
10	13.8
11	13.6

Source: Texas School Survey, 2018[4]

Table 31: Texas Student Tobacco Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	16.3	19.9	30.3
1	18.0	21.8	36.8
2	17.7	22.1	35.3
3	14.3	17.3	26.7
4	18.8	22.7	35.1
5	23.2	27.4	41.7
6 & 7	17.1	20.9	30.5
8	20.4	24.2	34.8
9	19.3	23.6	36.4
10	15.4	19.0	31.9
11	12.8	15.8	26.7

Source: Texas School Survey, 2018[4]

Table 32. Age of First Use of Marijuana, 2018	
Region	**Age**
Texas	**14.0**
1	13.9
2	14.0
3	14.1
4	14.0
5	13.7
6 & 7	14.1
8	14.1
9	**13.7**
10	14.0
11	14.0

Source: Texas School Survey, 2018[4]

Table 33: Texas Student Marijuana Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	13.6	16.3	22.1
1	12.8	15.7	22.3
2	9.0	11.4	18.6
3	11.6	14.3	19.8
4	11.9	14.5	21.0
5	13.9	16.8	23.4
6 & 7	13.5	16.4	22.3
8	15.6	18.4	23.8
9	14.9	17.7	24.8
10	18.4	21.1	27.5
11	14.5	16.4	21.6

Source: Texas School Survey, 2018[4]

Table 34: Texas Students' Prescription Drug Misuse (%), 2018			
Region	**Current Misuse**	**School Year Misuse**	**Lifetime Misuse**
State	7.1	10.5	18.5
1	6.0	10.6	18.5
2	6.5	9.7	18.6
3	6.6	9.6	17.1
4	7.6	11.7	20.2
5	10.1	14.6	24.6
6 & 7	7.2	10.8	19.1
8	7.7	11.2	18.1
9	7.3	11.5	21.1
10	8.3	11.9	20.1
11	6.3	9.3	15.9

Source: Texas School Survey, 2018[4]

Table 35: Texas Students' Rx Opioid Misuse (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	1.0	2.0	3.8
1	0.9	1.9	3.9
2	1.3	2.1	4.7
3	1.0	2.0	3.7
4	1.1	2.1	4.3
5	1.4	2.2	5.1
6 & 7	1.1	2.2	4.3
8	0.9	1.7	3.5
9	0.9	1.6	4.0
10	1.4	2.2	3.7
11	0.6	1.2	2.3

Source: Texas School Survey, 2018[4]

Table 36. Age of First Use of Other Substances (%), 2018		
Substance	**Texas**	**Region 9**
Cocaine	14.8	14.8
Crack	13.3	13.4
Steroids	12.5	12.0
Ecstasy	14.7	14.6
Heroin	12.6	12.8
Methamphetamine	13.8	13.8
Synthetic Marijuana	13.6	13.4
Inhalants	11.7	11.9

Source: Texas School Survey, 2018[4]

Table 37: Texas Student Illicit Drug Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	13.9	17.9	23.5
1	13.3	18.0	23.9
2	9.2	12.9	19.7
3	11.8	15.7	20.8
4	12.3	16.4	22.5
5	14.4	18.8	24.9
6 & 7	13.9	18.3	23.9
8	15.9	20.2	25.4
9	15.3	19.6	26.5
10	19.0	23.1	29.3
11	14.8	17.6	22.9

Source: Texas School Survey, 2018[4]

Table 38: Region 9 Student Illicit Drug Use (%), 2018			
Substance	**Current Use**	**School Year Use**	**Lifetime Use**
Any Illicit Drug	15.3	19.6	26.5
Marijuana	14.9	17.7	24.8
Cocaine	1.6	1.9	3.5
Crack	0.4	0.4	0.9
Hallucinogens	1.1	1.8	3.5
Synthetic Cathinones	0.1	0.2	0.4
Steroids	0.4	0.5	1.4
Ecstasy	0.4	0.8	2.0
Heroin	0.1	0.1	0.6
Methamphetamine	0.3	0.4	1.0
Synthetic Marijuana	1.3	1.9	4.0

Source: Texas School Survey, 2018[4]

Table 39. Region 9 Alcohol Permit rate Per 100,000 people, 2020			
County	**Alcohol Permit per (100,000)**	**County**	**Alcohol Permit (per 100,000)**
Texas	**200.9**	Mason	205.2
Andrews	94.3	McCulloch	254.0
Borden	--	Menard	457.0
Coke	186.6	Midland	189.5
Concho	313.5	Pecos	326.6
Crane	193.3	Reagan	331.3
Crockett	321.8	Reeves	420.2
Dawson	139.8	Schleicher	211.4
Ector	209.4	Sterling	239.6
Gaines	85.9	Sutton	525
Glasscock	219.8	Terrell	189.8
Howard	198.9	Tom Green	199.6
Irion	331.6	Upton	401.7
Kimble	690.6	Ward	272.2
Loving	2,173.9	Winkler	301.2
Martin	49.6		

Source: Texas Alcoholic Beverage Commission[108]

Table 40. Region 9 Tobacco Permit rate per 100,000, 2020			
County	**Tobacco Permit per (100,000)**	**County**	**Tobacco Permit (per 100,000)**
Texas	**104.2**	Mason	153.9
Andrews	76.3	McCulloch	138.6
Borden	292.0	Menard	274.2
Coke	186.6	Midland	95.5
Concho	217.0	Pecos	199.6
Crane	145.0	Reagan	165.6
Crockett	222.8	Reeves	222.8
Dawson	117.7	Schleicher	151.0
Ector	113.1	Sterling	319.5
Gaines	99.5	Sutton	342.4
Glasscock	219.8	Terrell	189.8
Howard	123.7	Tom Green	94.9
Irion	331.6	Upton	226.0
Kimble	437.4	Ward	147.1
Loving	4,347.8	Winkler	182.9
Martin	99.3		

Source: Texas.Gov[109]

Table 41. Region 9 Overdose Death Crude Rate per 100K, 1999-2018	
Area	**Overdose Death Crude Rate per 100K**
Texas	**19.4**
Andrews County	11.4
Dawson County	18.0
Ector County	23.8
Gaines County	11.1
Howard County	22.3
McCulloch County	13.5
Midland County	17.9
Pecos County	15.5
Reeves County	24.8
Tom Green County	18.9
Ward County	22.6
Winkler County	21.5

Source: CDC Wonder[112]

Table 42. Alcohol-Induced Death Crude Rate, 1999-2018	
Area	**Crude Rate per 100K**
Texas	**9.1**
Dawson County	9.7
Ector County	11.0
Howard County	10.5
Midland County	9.8
Pecos County	9.2
Reeves County	10.6
Tom Green County	7.5
Ward County	12.4

Source: CDC Wonder[112]

Table 43. Drug-Induced Death Crude Rate, 1999-2018	
Area	**Crude Rate per 100K**
Texas	**10.3**
Andrews County	7.7
Dawson County	8.3
Ector County	12.7
Gaines County	7.3
Howard County	11.8
Midland County	8.6
Reeves County	14.3
Tom Green County	11.5
Ward County	10.1
Winkler County	15.2

Source: CDC Wonder[112]

Table 44. Region 9 Alcohol Impaired Driving Deaths, 2014-2018

County	Alcohol Impaired Deaths	County	Alcohol Impaired Deaths
Andrews	21	McCulloch	3
Borden	0	Menard	0
Coke	4	Midland	80
Concho	1	Pecos	14
Crane	4	Reagan	3
Crockett	3	Reeves	13
Dawson	0	Schleicher	0
Ector	78	Sterling	1
Gaines	5	Sutton	1
Glasscock	2	Terrell	1
Howard	8	Tom Green	16
Irion	3	Upton	4
Kimble	1	Ward	12
Loving	4	Winkler	8
Martin	2		

Source: County Health Rankings[113]

Table 45. Region 9 DUI Crashes, 2017-2019			
County	**2017**	**2018**	**2019**
REGION 9	**735**	**962**	**1,053**
Andrews	12	11	24
Borden	0	0	2
Coke	2	2	4
Concho	5	4	4
Crane	4	4	7
Crockett	7	4	9
Dawson	7	7	8
Ector	263	341	386
Gaines	14	16	16
Glasscock	1	2	0
Howard	35	50	37
Irion	3	0	1
Kimble	5	13	7
Loving	0	3	3
Martin	18	10	15
Mason	5	2	3
McCulloch	6	6	5
Menard	3	2	5
Midland	205	254	273
Pecos	11	15	19
Reagan	1	5	9
Reeves	17	39	46
Schleicher	2	2	2
Sterling	0	8	4
Sutton	5	8	15
Terrell	0	0	0
Tom Green	76	99	100
Upton	2	5	3
Ward	16	29	33
Winkler	10	21	13

Source: Texas Department of Transportation[114]

Table 46. Reg. 9 Driving Under Influence Arrests, 2019

County	Arrests for DUI	County	Arrests for DUI
Region 9	2,024	**Mason**	11
Andrews	94	**McCulloch**	3
Borden	3	**Menard**	10
Coke	7	**Midland**	351
Concho	0	**Pecos**	19
Crane	26	**Reagan**	8
Crockett	0	**Reeves**	65
Dawson	27	**Schleicher**	1
Ector	909	**Sterling**	17
Gaines	60	**Sutton**	17
Glasscock	0	**Terrell**	0
Howard	56	**Tom Green**	244
Irion	1	**Upton**	32
Kimble	8	**Ward**	22
Loving	0	**Winkler**	30
Martin	3		

Source: Texas Department of Public Safety[115]

Table 47. Region 9 "Any One Time" Incarcerations for DWI and Drug Offenses, 2018

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
Region 9	**353**	**885**	Howard	16	38	Reeves	1	16
Andrews	12	22	Irion	1	0	Schleicher	4	0
Borden	0	0	Kimble	0	23	Sterling	1	0
Coke	0	0	Loving	--	--	Sutton	2	6
Concho	3	3	McCulloch	8	14	Terrell	0	0
Crane	1	1	Martin	0	2	Tom Green	62	306
Crockett	4	3	Mason	1	5	Upton	2	5
Dawson	13	23	Menard	1	10	Ward	8	16
Ector	99	200	Midland	92	158	Winkler	3	6
Gaines	10	15	Pecos	6	8			
Glasscock	1	2	Reagan	2	3			

August*: On hand population at TDCJ for DWI and drug offenses on August 2, 2018.

Source: Texas Department of Criminal Justice[117]

Table 48. Texas Medicaid Clients with Behavioral/Mental Health or Substance Use Disorder

Source: Texas Health and Human Services

Region	County	Total Male	Female	BHMH Clients		SUD Clients	
9	**Andrews**	160	71	159	71	3	2
9	**Borden**	3	0	3	0	0	0
9	**Coke**	54	17	54	17	1	0
9	**Concho**	50	23	48	23	2	0
9	**Crane**	61	23	61	23	0	0
9	**Crockett**	37	9	36	9	1	0
9	**Dawson**	185	52	182	52	5	0
9	**Ector**	1,291	483	1,271	476	54	22
9	**Gaines**	132	53	132	53	1	0
9	**Glasscock**	2	3	2	3	0	0
9	**Howard**	427	168	422	168	13	2
9	**Irion**	8	5	8	5	0	1
9	**Kimble**	63	20	62	20	1	0
9	**Loving**	0	0	0	0	0	0
9	**Martin**	50	11	49	11	1	0
9	**Mason**	22	11	21	11	1	0
9	**McCulloch**	143	67	142	66	5	2
9	**Menard**	33	3	32	3	2	0
9	**Midland**	1,463	563	1,438	555	70	15
9	**Pecos**	146	34	146	34	3	1
9	**Reagan**	17	4	17	4	2	0
9	**Reeves**	153	48	151	48	4	0
9	**Schleicher**	35	8	34	8	1	0
9	**Sterling**	17	6	17	6	0	0
9	**Sutton**	21	16	21	16	1	0
9	**Terrell**	13	6	13	6	0	0
9	**Tom Green**	1,725	707	1,700	702	61	20
9	**Upton**	38	7	38	7	0	0
9	**Ward**	156	45	154	45	3	0
9	**Winkler**	71	34	71	33	2	2

Table 49: REGION 9 MENTAL HEALTH CENTERS	
Center	**Center for Life Resources**
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	http://www.cflr.us/
Counties Served	McCulloch
Center	**Hill Country Mental Health & Developmental Disabilities Centers**
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	http://www.hillcountry.org/
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	**MHMR Services for the Concho Valley**
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	http://www.mhmrcv.org
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	**PermiaCare (Permian Basin Community Centers for MHMR)**
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	877-420-3964
Main Number	432-570-3333
Website	http://www.pbmhmr.com/
Counties Served	Ector, Midland, Pecos
Center	**West Texas Centers**
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	http://www.wtcmhmr.org/
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler

Table 50. ADACCV YP Program Success Rates, Fiscal Year 2019			
	Youth Served	**Youth successfully completed**	**Overall success rate**
YPS - CBSG	550	511	93%
YPI - PTND	320	286	89%

Table 51. PBRCADA YP Program Success Rates, 2018-19				
YP PROGRAM	**Youth Served**	**Curriculum Cycles**	**Youth successfully completed**	**Overall success rate**
YPI - Midland	12	2	12	100%
YPU - Ector	429	18	429	100%

Table 52. AOD Education in Texas Schools by Region (%), 2018									
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 AOD Prevention Education**
State	**40.1**	**40.5**	**26.7**	**16.7**	**26.5**	**14.6**	**27.6**	**28.6**	**35.30**
1	40.5	50.0	25.2	19.1	26.0	13.9	33.8	27.3	31.40
2	33.8	45.4	21.9	14.6	25.4	12.5	33.4	28.1	36.10
3	43.3	45.1	32.9	17.4	28.5	15.7	30.0	30.5	30.20
4	36.7	44.0	23.2	15.4	26.1	13.4	29.5	27.7	36.60
5	25.5	36.8	20.2	11.9	20.2	10.7	27.5	20.2	46.00
6 & 7	34.7	33.3	19.7	12.8	24.2	12.0	20.9	26.0	41.50
8	45.0	42.4	26.9	20.0	29.1	18.0	30.9	31.3	30.80
9	**36.9**	**47.2**	**24.6**	**14.5**	**24.2**	**13.1**	**32.6**	**27.4**	**34.80**
10	60.5	52.5	38.1	26.4	32.5	23.3	41.6	35.6	22.90
11	49.8	44.9	36.5	24.7	29.0	18.0	34.6	30.3	30.70

Source: Texas School Survey, 2018[4]

Table 53. Student Perception of Parental Approval of Alcohol (%), 2018						
Region	**Strongly Disapprove**	**Mildly Disapprove**	**Neither**	**Mildly Approve**	**Strongly Approve**	**Do Not Know**
State	**62.0**	**14.4**	**12.3**	**3.9**	**1.0**	**6.5**
1	58.5	16.4	12.8	4.1	1.0	7.2
2	61.4	15.0	12.4	3.4	1.2	6.5
3	66.1	13.6	10.4	3.0	0.9	5.9
4	61.1	14.2	13.0	4.1	0.9	6.7
5	52.4	15.8	16.7	6.0	1.2	7.8
6 & 7	61.2	15.0	12.9	3.9	0.9	6.1
8	57.2	15.5	13.7	5.4	1.4	6.8
9	**58.7**	**15.8**	**13.6**	**4.3**	**0.9**	**6.8**
10	63.6	13.8	11.3	3.0	0.9	7.5
11	64.3	12.2	10.7	4.0	1.1	7.6

Source: Texas School Survey, 2018[4]

Table 54. Student Perception of Parental Approval of Tobacco (%), 2018						
Region	**Strongly Disapprove**	**Mildly Disapprove**	**Neither**	**Mildly Approve**	**Strongly Approve**	**Do Not Know**
State	**78.3**	**7.5**	**5.9**	**0.9**	**0.6**	**6.8**
1	75.6	8.9	6.2	1.2	0.7	7.5
2	72.5	10.0	8.5	1.3	0.9	6.8
3	80.3	7.6	4.9	0.8	0.5	6.0
4	71.5	9.8	8.6	2.0	0.8	7.2
5	63.5	11.2	13.1	2.3	0.8	9.1
6 & 7	79.7	7.1	5.6	0.6	0.6	6.5
8	75.2	8.1	7.4	1.2	0.7	7.3
9	**73.8**	**9.2**	**7.8**	**1.3**	**0.7**	**7.3**
10	79.6	6.0	4.9	1.0	0.8	7.7
11	78.9	6.4	4.9	1.1	0.7	8.1

Source: Texas School Survey, 2018[4]

Table 55. Student Perception of Parental Approval of Marijuana (%), 2018						
Region	**Strongly Disapprove**	**Mildly Disapprove**	**Neither**	**Mildly Approve**	**Strongly Approve**	**Do Not Know**
State	**76.5**	**6.8**	**7.0**	**1.9**	**1.3**	**6.5**
1	78.8	5.7	5.3	1.7	1.7	6.8
2	78.1	6.0	6.9	1.5	1.4	6.1
3	77.7	6.2	7.0	1.9	1.4	5.8
4	76.3	6.0	6.8	2.4	1.6	6.8
5	73.3	6.5	8.8	1.9	1.1	8.5
6 & 7	76.0	7.6	7.3	1.9	1.2	6.1
8	75.5	7.3	7.0	1.8	1.3	7.1
9	**75.6**	**7.3**	**7.1**	**2.1**	**1.4**	**6.5**
10	74.9	6.8	7.4	1.7	1.7	7.4
11	77.5	5.6	6.0	1.6	1.4	7.8

Source: Texas School Survey, 2018[4]

Table 56. Region 9 Students' Perceived Ease of Access (%), 2018						
Substance	**Never Heard of It**	**Impossible**	**Very Difficult**	**Somewhat Difficult**	**Somewhat Easy**	**Very Easy**
Tobacco	28.0	18.5	7.2	10.3	15.0	21.0
Alcohol	19.8	12.2	6.8	12.3	20.7	28.2
Marijuana	27.5	22.1	8.9	10.3	12.9	18.4
Cocaine	39.8	31.9	12.3	7.0	4.3	4.7
Crack	42.6	32.9	12.3	5.9	2.9	3.4
Steroids	44.7	31.1	11.7	5.8	3.4	3.3
Ecstasy	51.6	27.5	9.6	4.9	3.1	3.3
Heroin	47.6	33.1	10.9	3.8	2.0	2.5
Methamphetamine	49.7	31.2	10.4	3.8	2.2	2.7
Synthetic Marijuana	49.4	26.7	9.5	5.6	4.2	4.7
Inhalants	42.9	15.8	4.6	5.5	9.4	21.8

Source: Texas School Survey[4]

Figures

Figure 1. Texas Health Service Regions

Source: Texas Health and Human Services

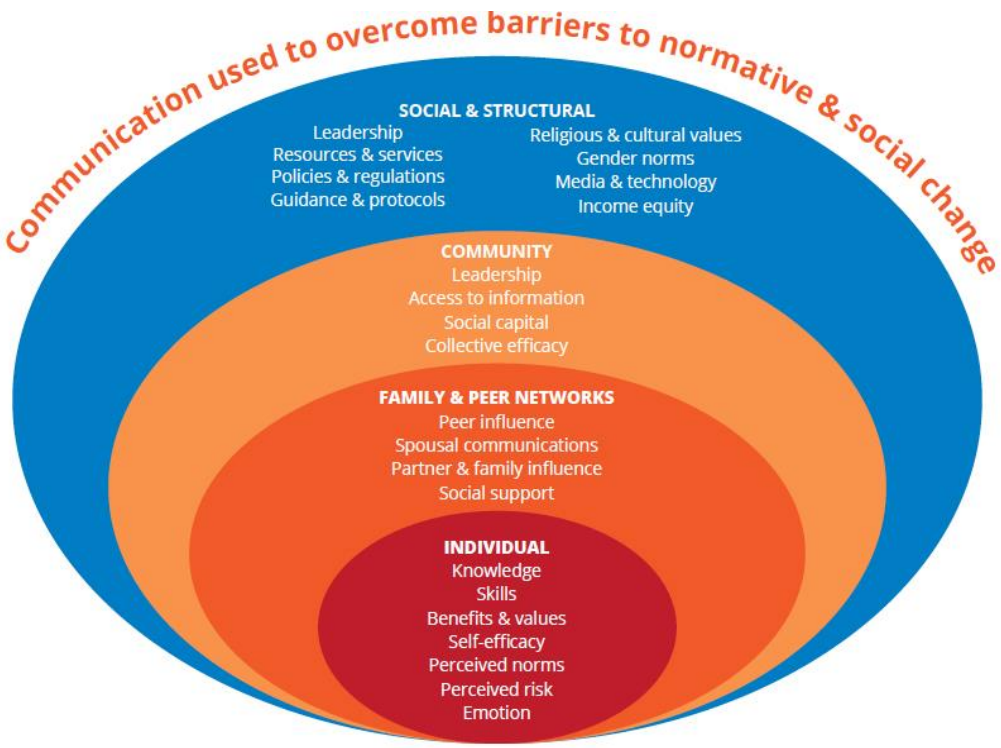


Figure 2. Examples of Risk and Protective Factors Within Socio-Ecological Model

Source: Health Community Capacity Collaborative
https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020

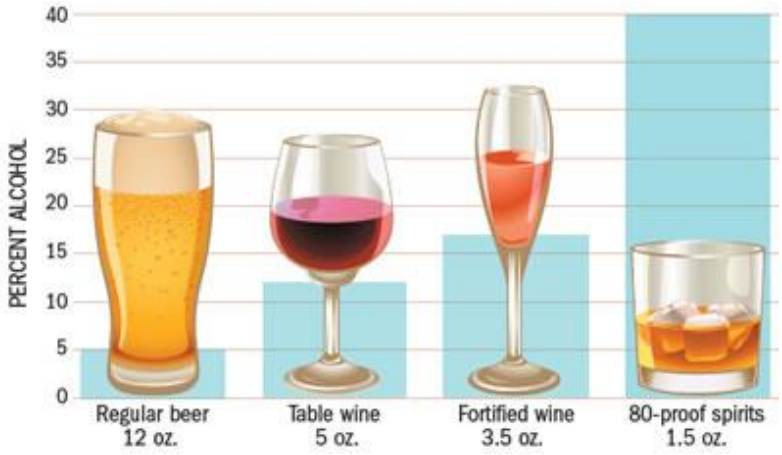


Figure 3: NIAAA Rubric for the Standard Drink by Ounces and Percent Alcohol Across Beverage Type

Source: National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Strategic Prevention Framework

Assessment
Profile population needs, resources, and readiness to address needs and gaps

Capacity
Mobilize and/or build capacity to address needs

Planning
Develop a Comprehensive Strategic Plan

Implementation
Implement the Strategic Plan and corresponding evidence-based prevention strategies

Evaluation
Monitor, evaluate, sustain, and improve or replace those that fail

Figure 4: Strategic Prevention Framework (SPF)

Source: SAMHSA. Strategic Prevention Framework. https://avpride.com/ Accessed April 29, 2020

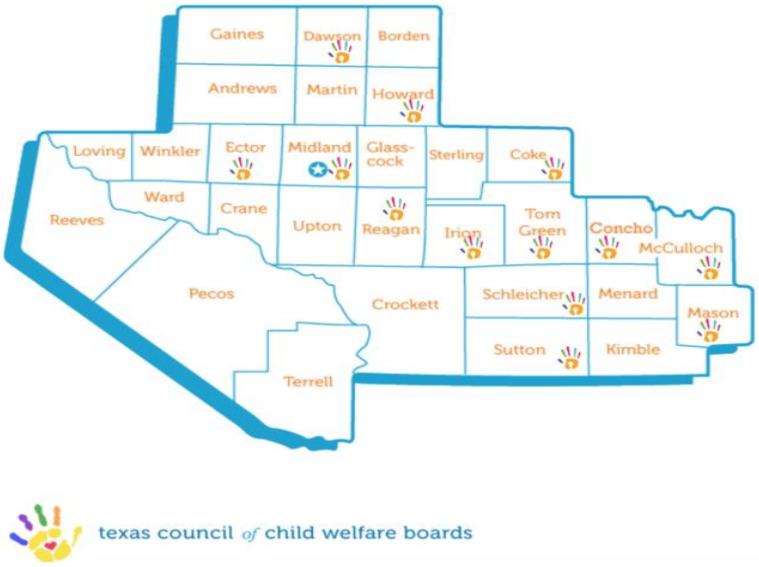


FIGURE 5. TEXAS HEALTH REGION 9 COUNTIES
SOURCE: TEXAS COUNCIL OF CHILD WELFARE BOARDS[12]

FIGURE 6. JOB AND WAGE CHANGES IN WEST TEXAS, 2007-2017
Source: Texas Comptroller[20]

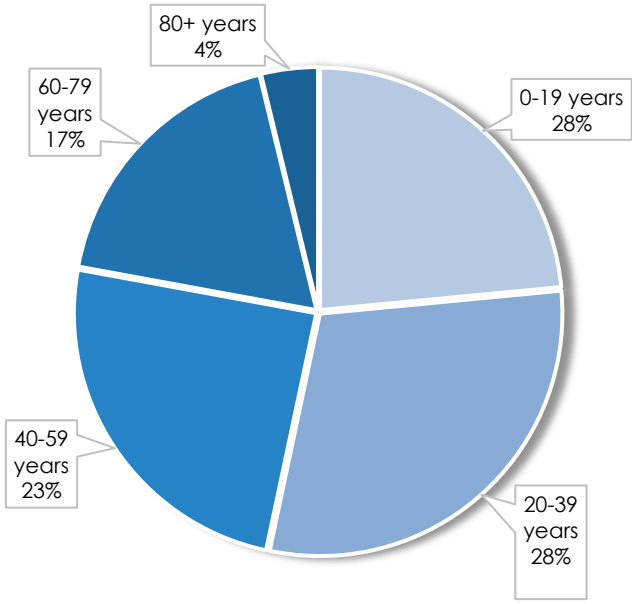
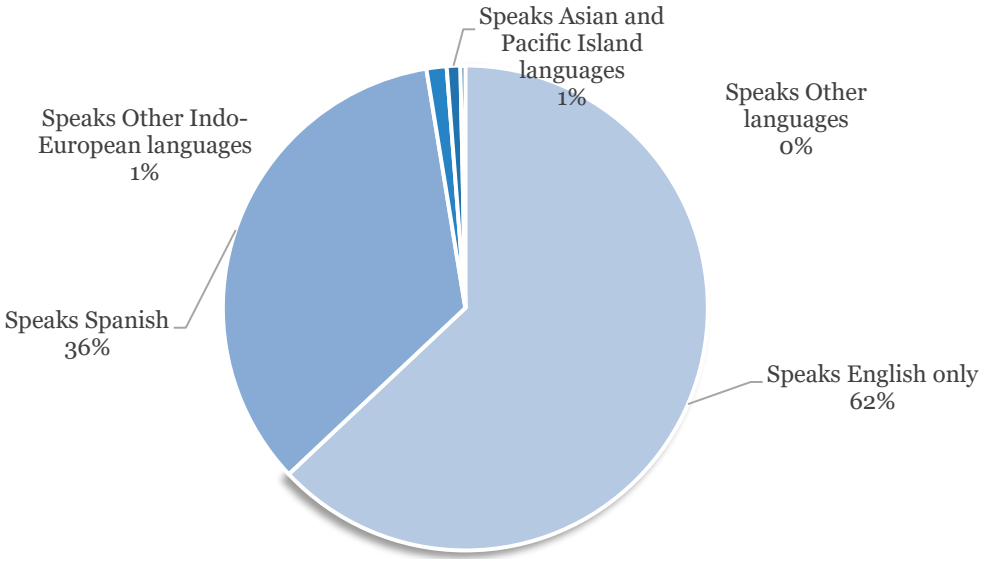


FIGURE 7. REGION 9 AGE DEMOGRAPHICS, 2020

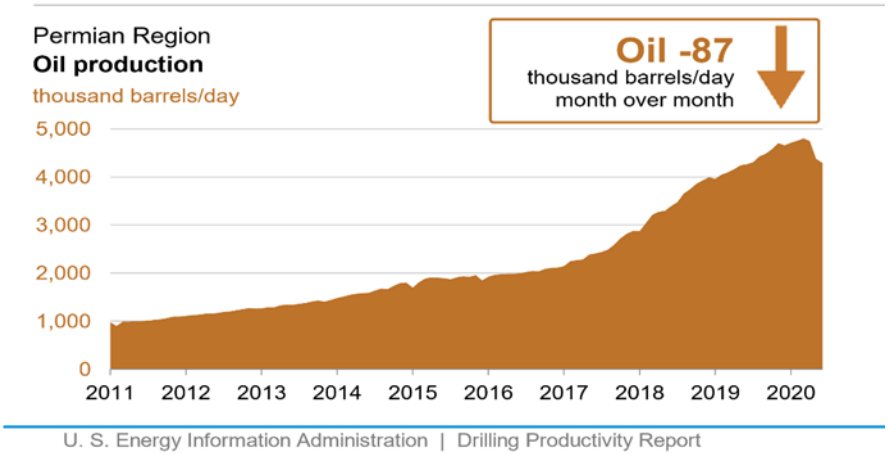
Source: Texas Department of State Health Services[13]

Figure 8. Region 9 Languages, 2018



Source: U.S. Census Bureau, American Community Survey[16]

FIGURE 9. PERMIAN BASIN OIL PRODUCTION, 2011-2020[24]



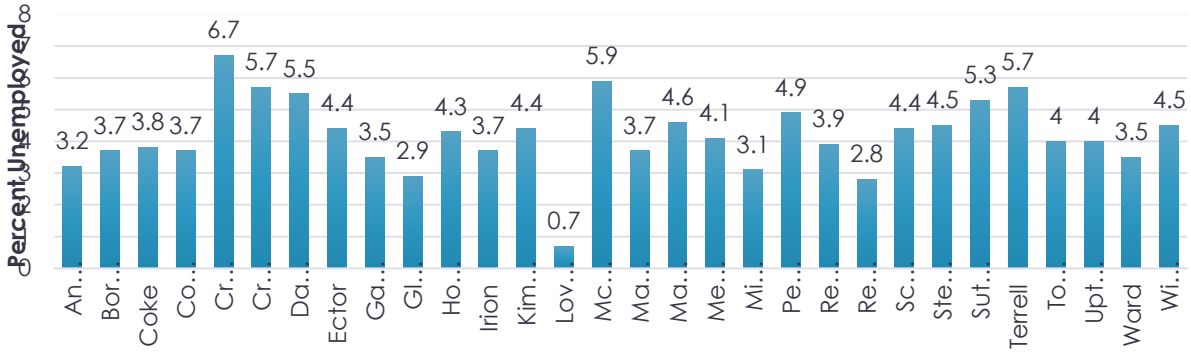


Figure 10. Region 9 Unemployment Rates, 2020[25]

Source: Bureau of Labor Statistics

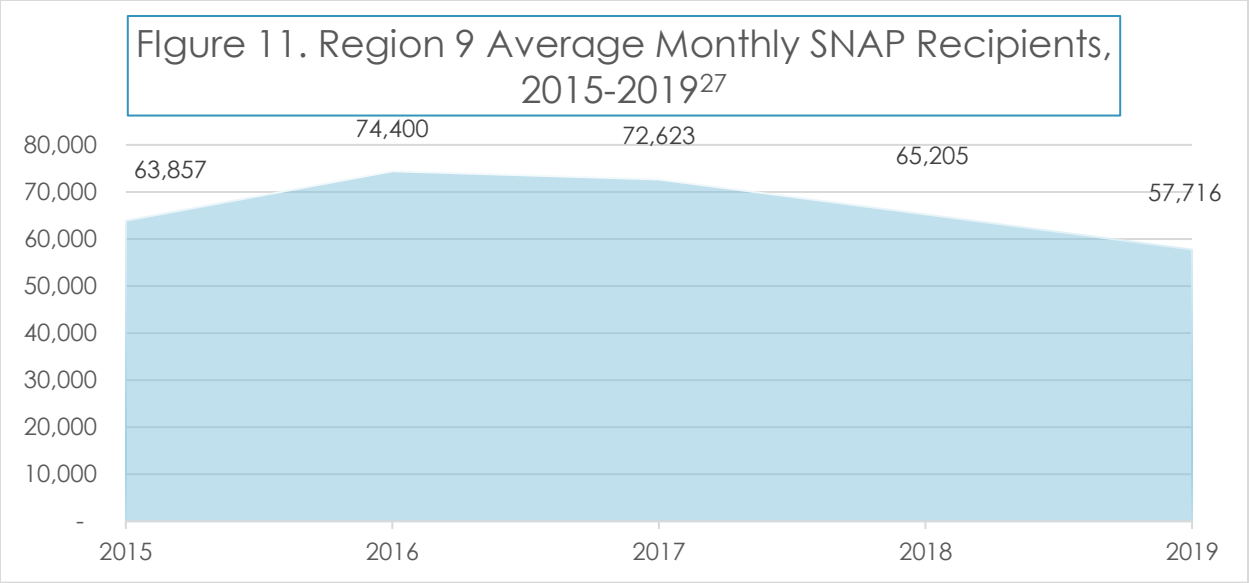


Figure 12 Region 9 Monthly TANF Recipients, 2014-2018[26]

Source: Texas Health and Human Services

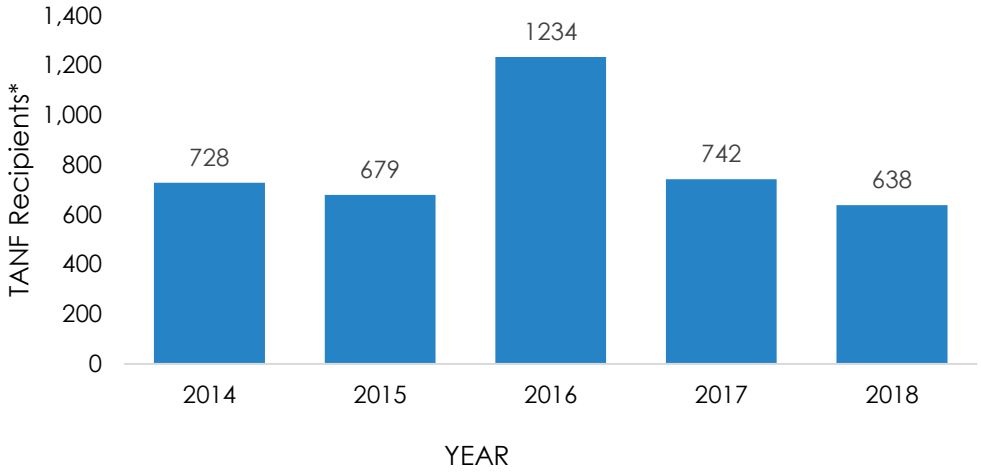
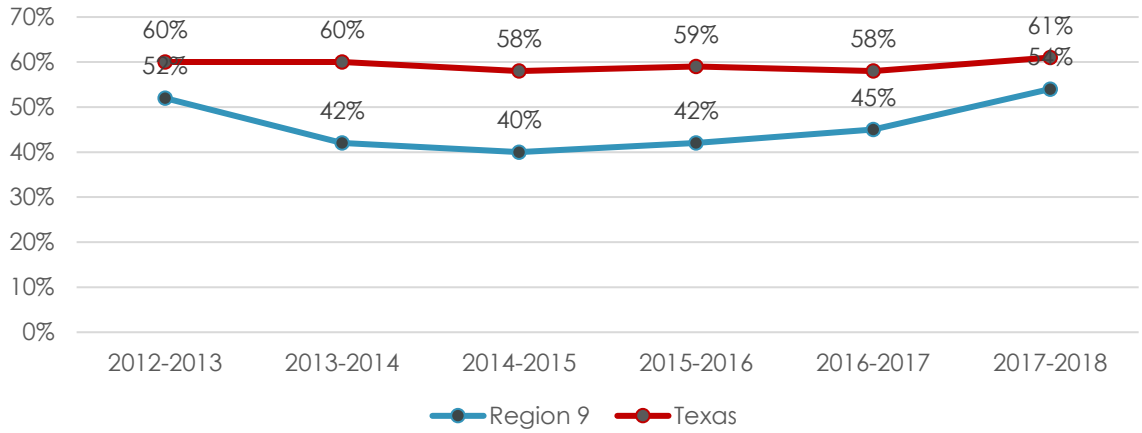


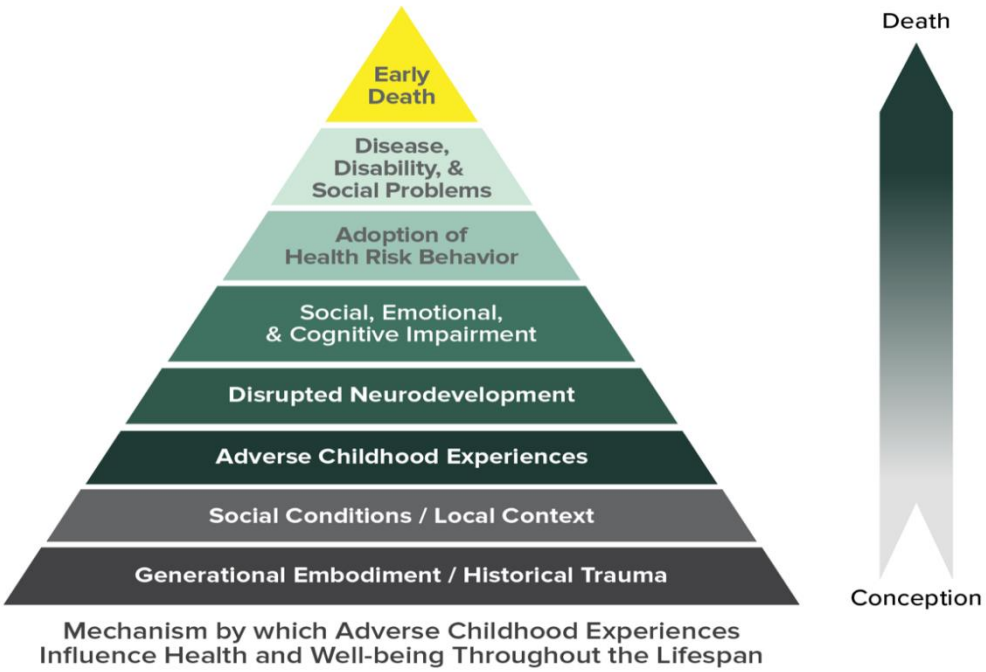
Figure 13. Region 9 Free and Reduced Lunch Students, 2012-2018

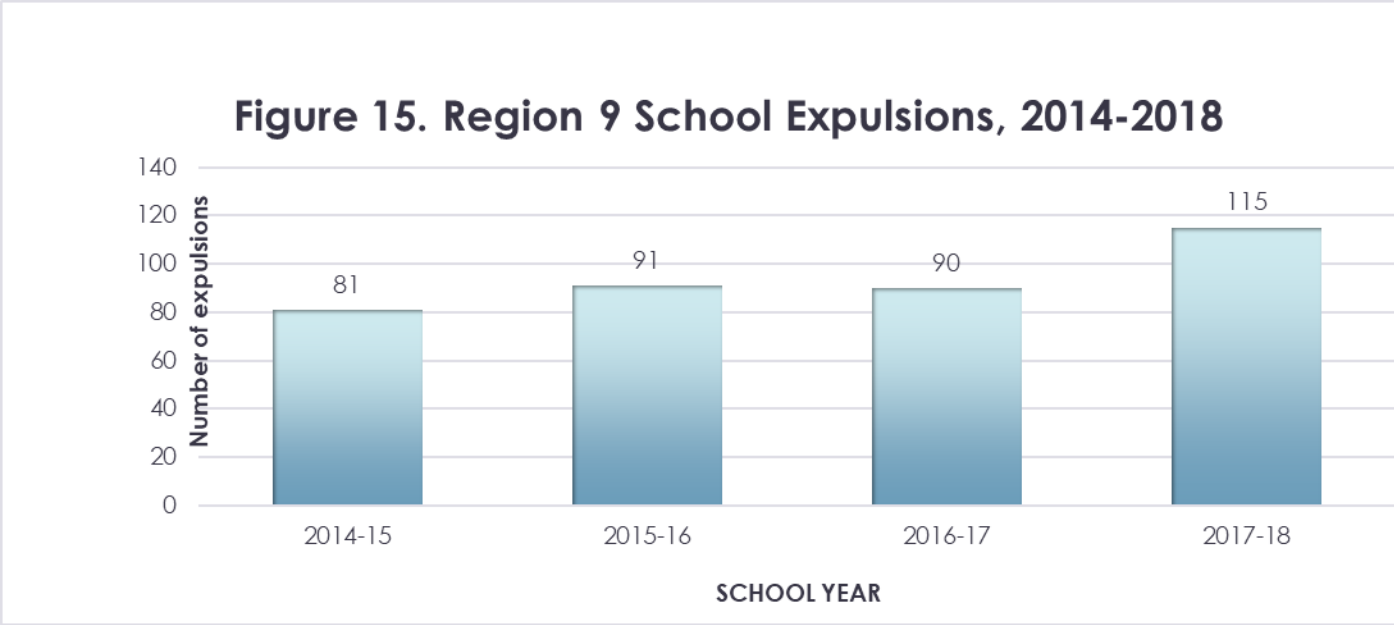


Source: U.S. Department of Education, National Center for Education Statistics[28]

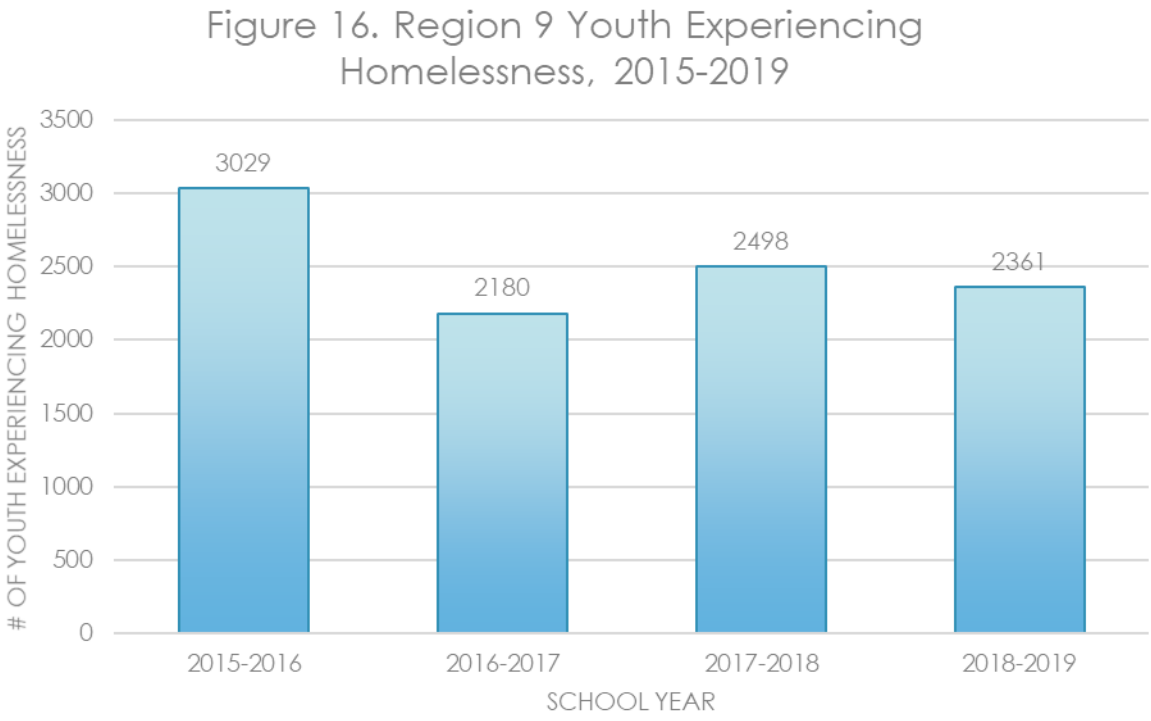
FIGURE 14. THE ACE PYRAMID

Source: Centers for Disease Control and Prevention





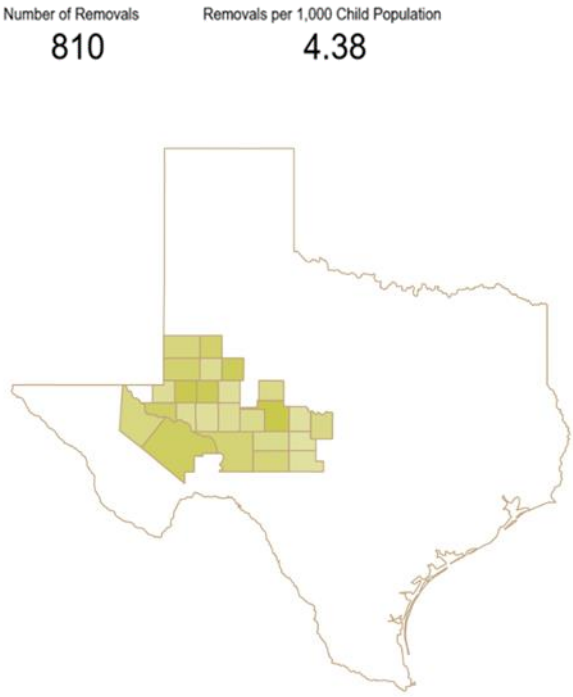
Source: Texas Education Agency[35]

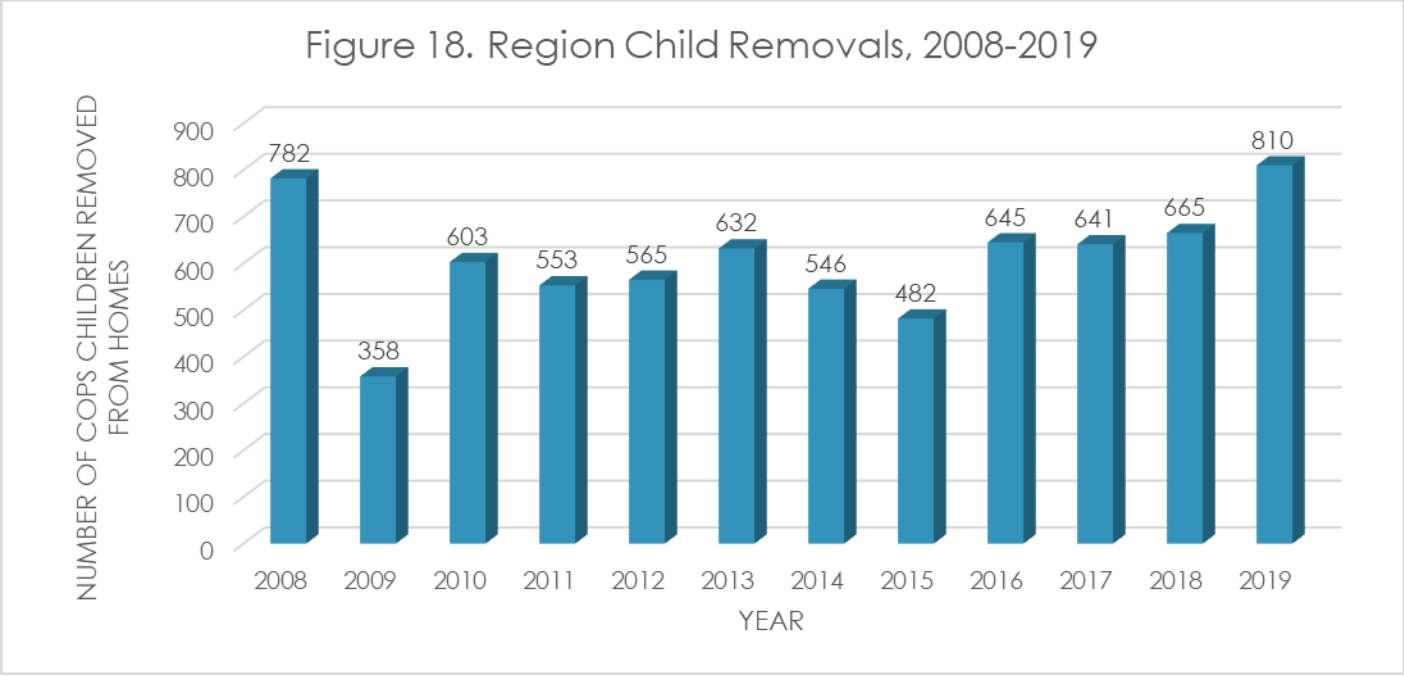


Source: Texas Education Agency[37]

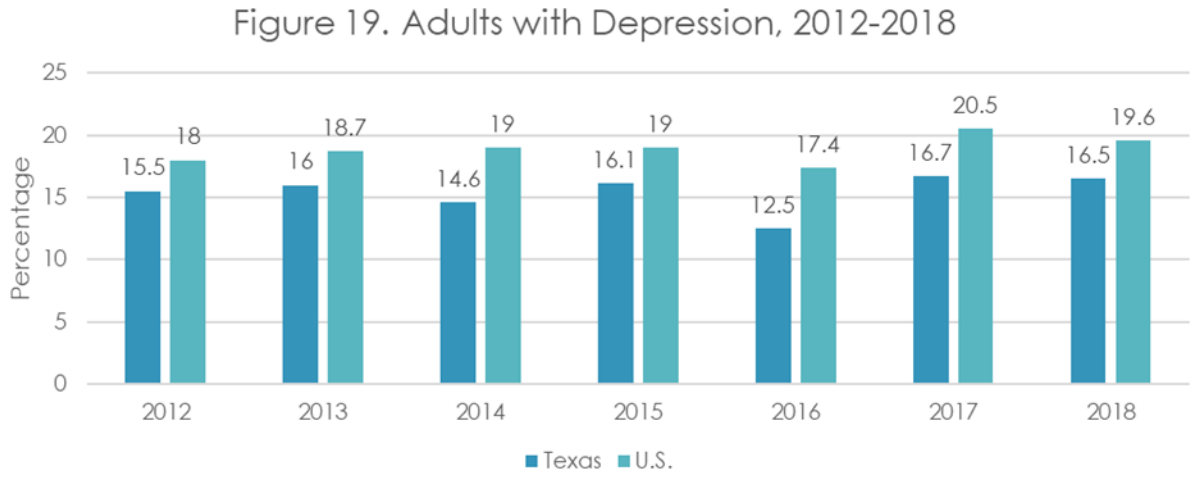
Figure 17. Number of Removals in Region 9, 2019[39]

Source: Texas Department of Family and Protective Services

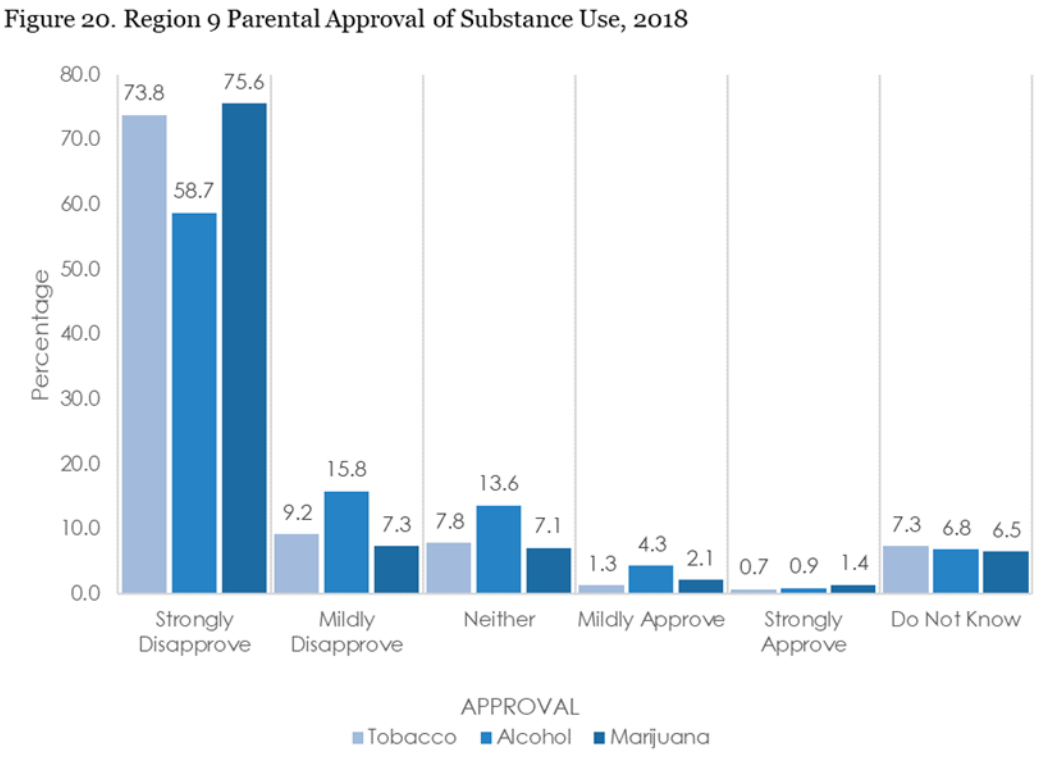




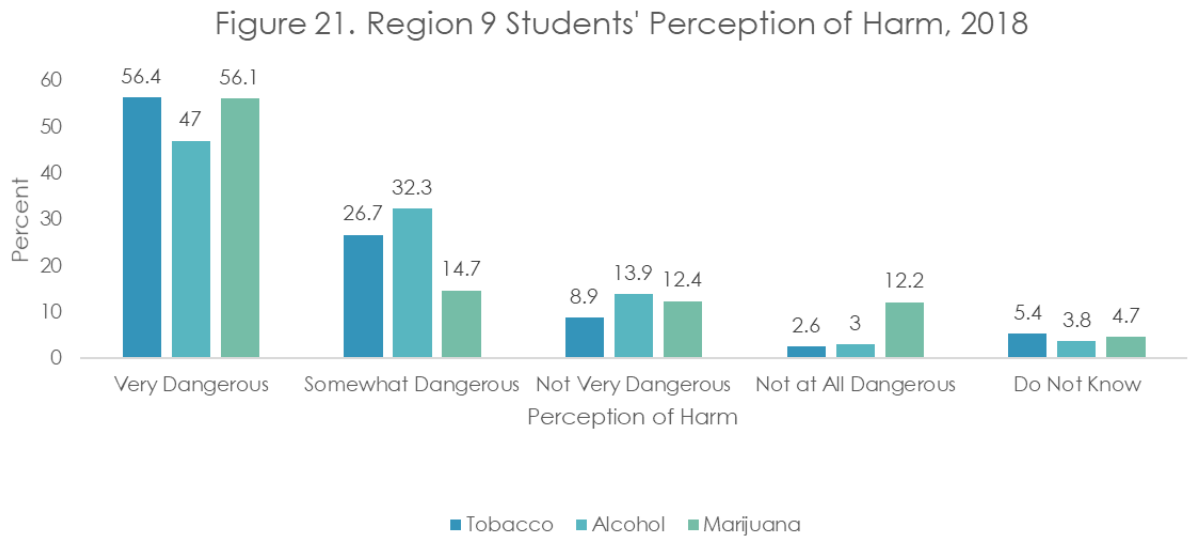
Source: Texas Department of Family and Protective Services[40]



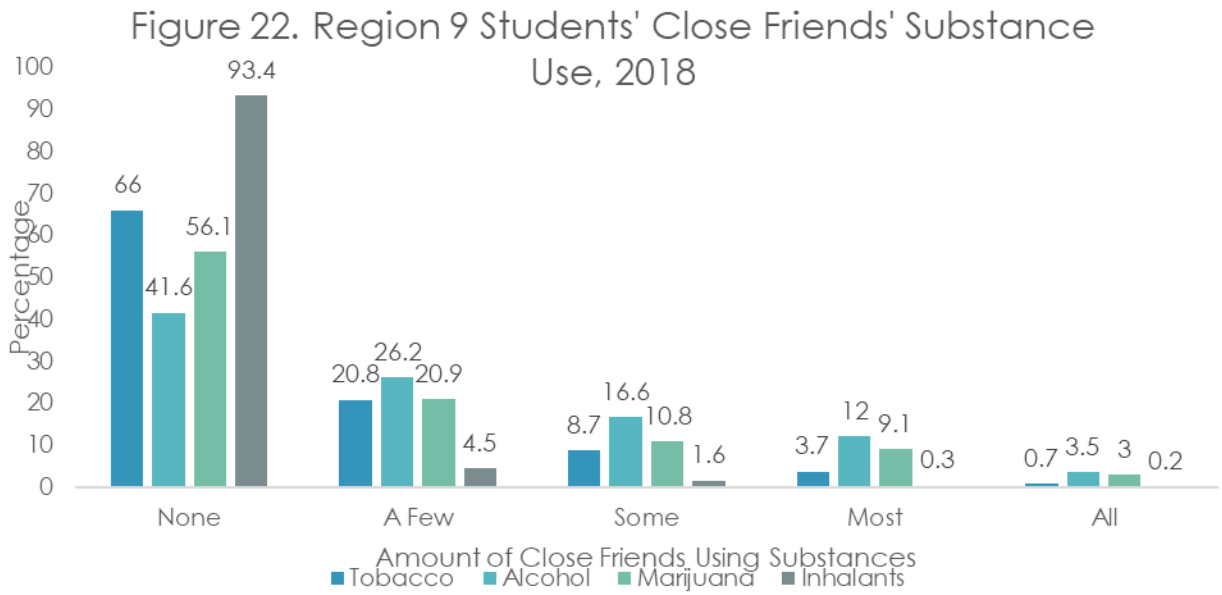
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)[42]



Source: Texas School Survey, 2018[4]

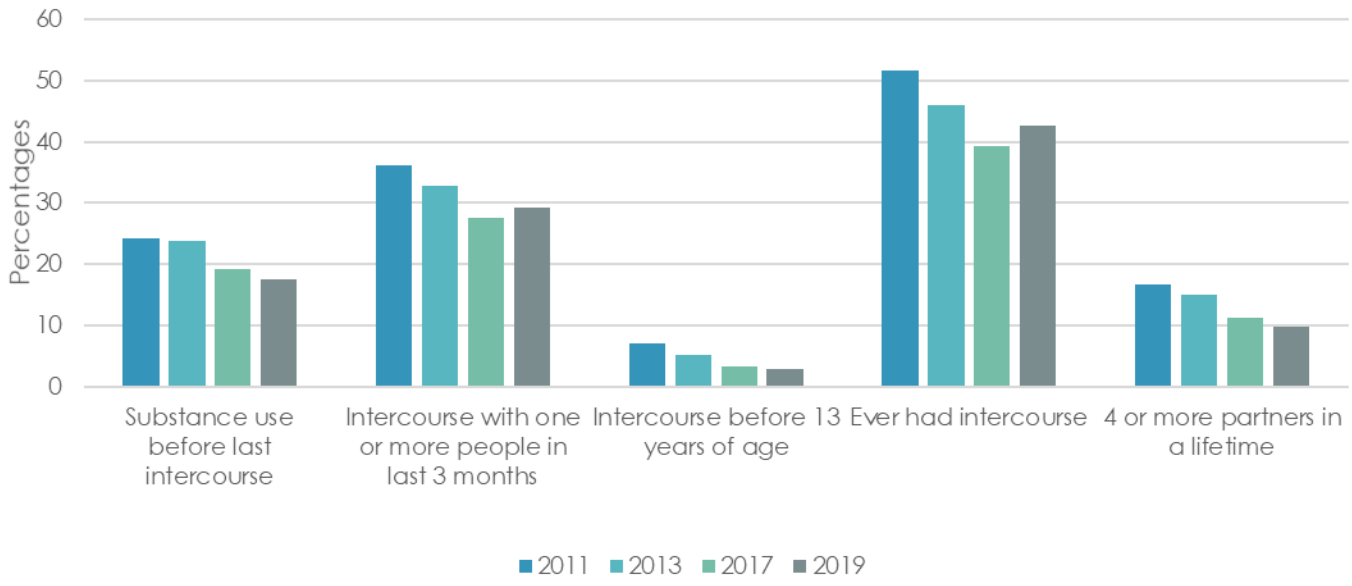


Source: Texas School Survey, 2018[4]



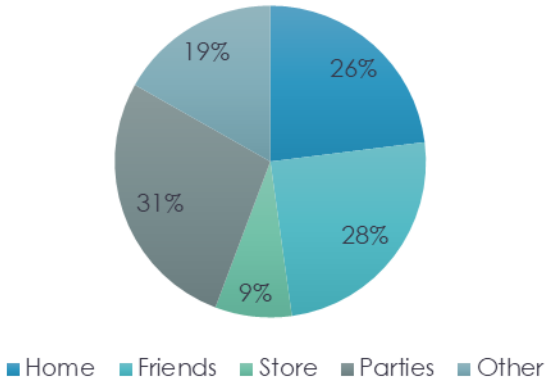
Source: Texas School Survey, 2018[4]

Figure 23. Texas Adolescents' Sexual Behavior, 2011-2019



Source: Texas Department of State Health Services, Youth Risk Behavior Survey[52]

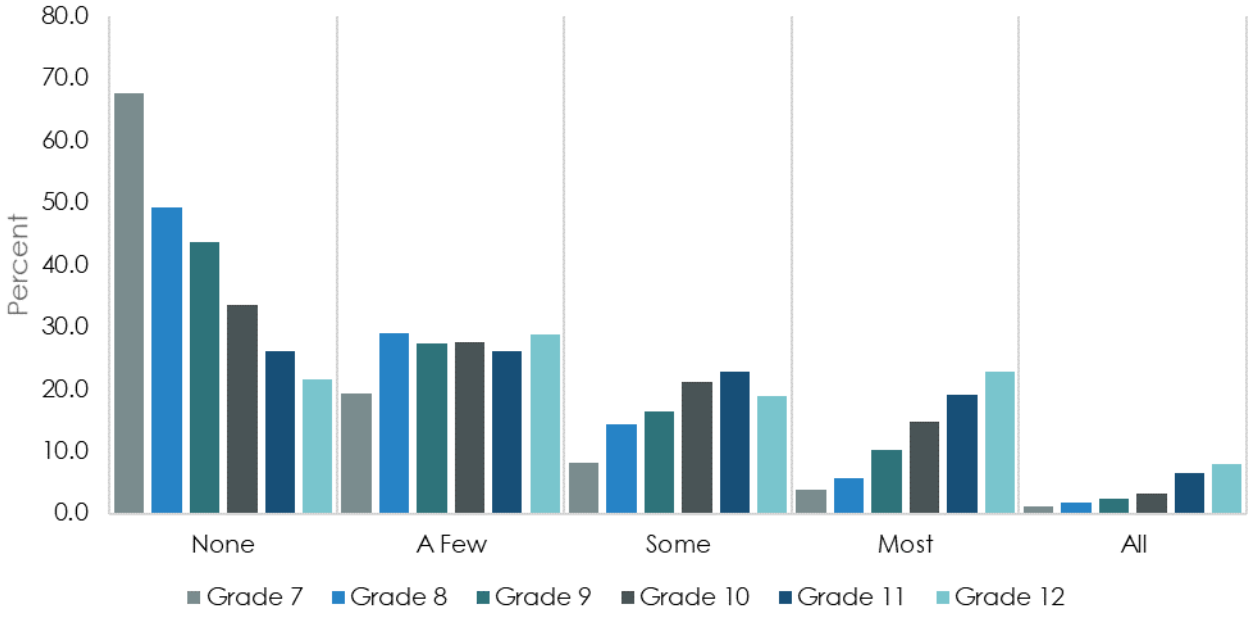
Figure 24. Sources of Alcohol Obtainment for Region 9 Students,2018



Source: Texas School Survey, 2018[4]

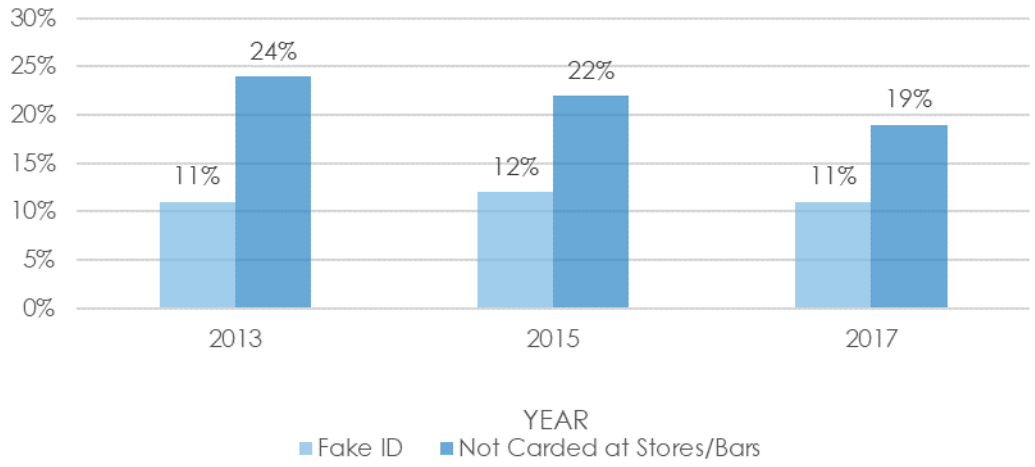
FIGURE 25. TEXAS EDUCATION SERVICE CENTERS MAP
Source: Texas Education Agency[77]

Figure 26. Region 9 Students Whose Friends Use Alcohol by Grade Level, 2018



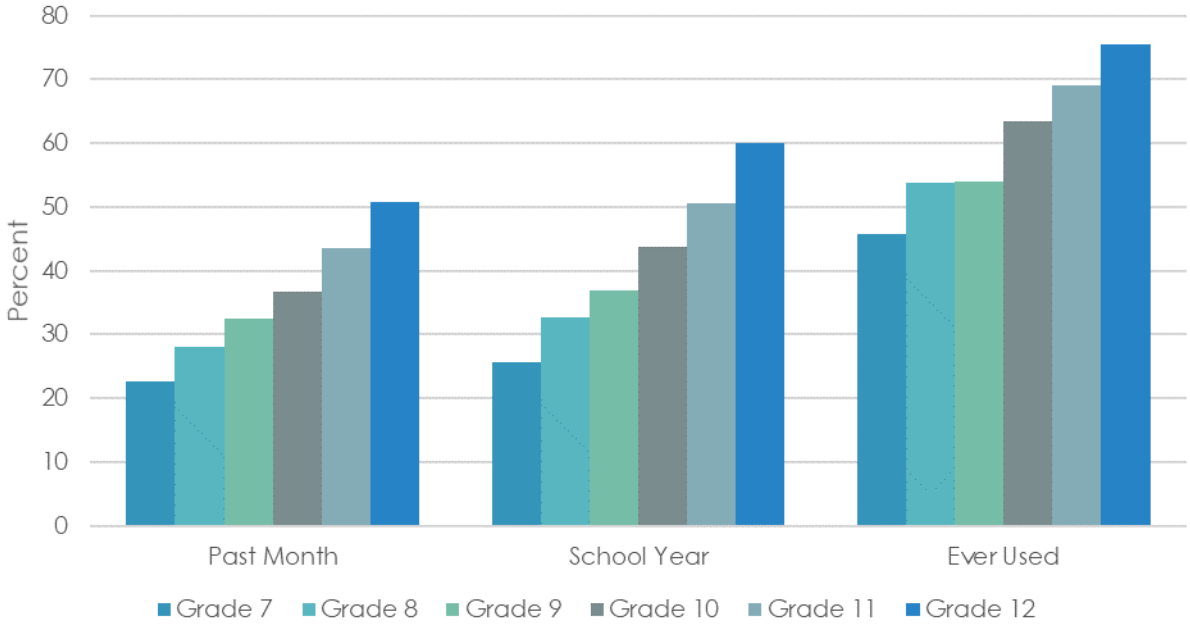
Source: Texas School Survey, 2018[4]

Figure 27. Underage Texas College Students' Alcohol Obtainment, 2017



Source: Texas College Survey, 2017[76]

Figure 28. Region 9 Student Alcohol Consumption, 2018



Source: Texas School Survey 2018[4]

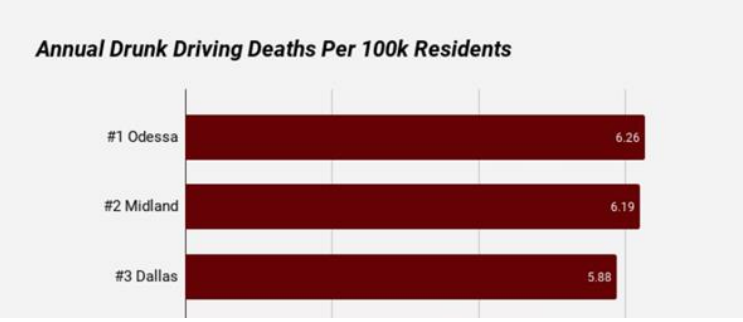
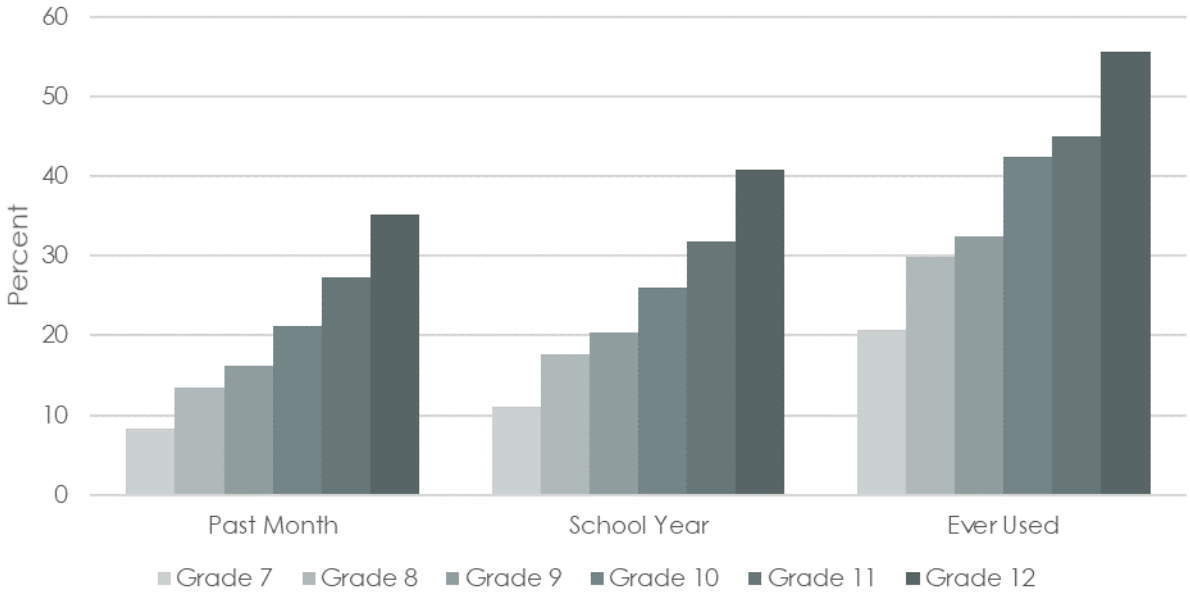


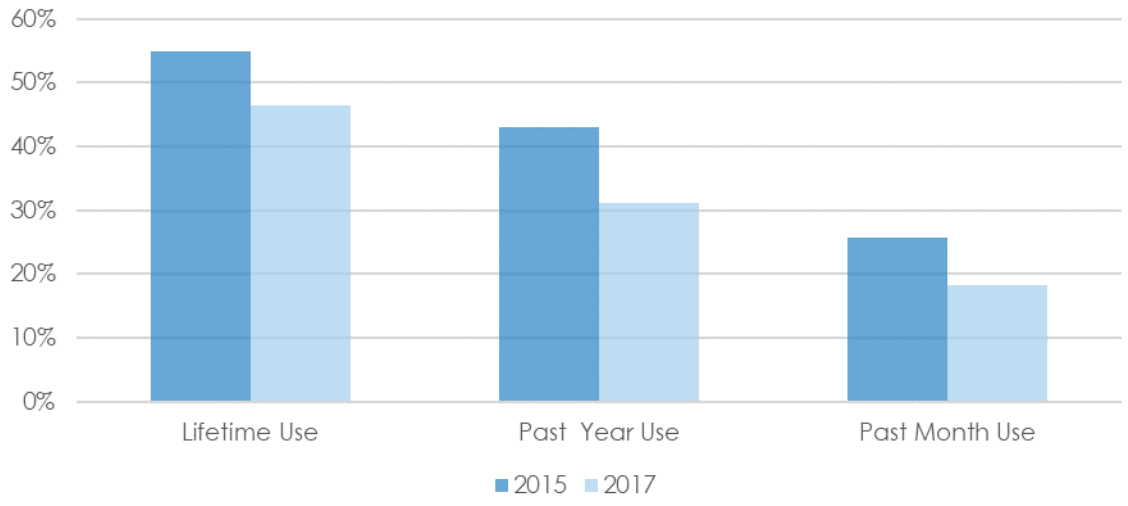
FIGURE 29. THE 10 TEXAS CITIES WITH THE HIGHEST DRUNK DRIVING FATALITY RATES, 2013-2017
Source: Texas Department of Transportation[77]

Figure 30. Region 9 Student Tobacco Use, 2018



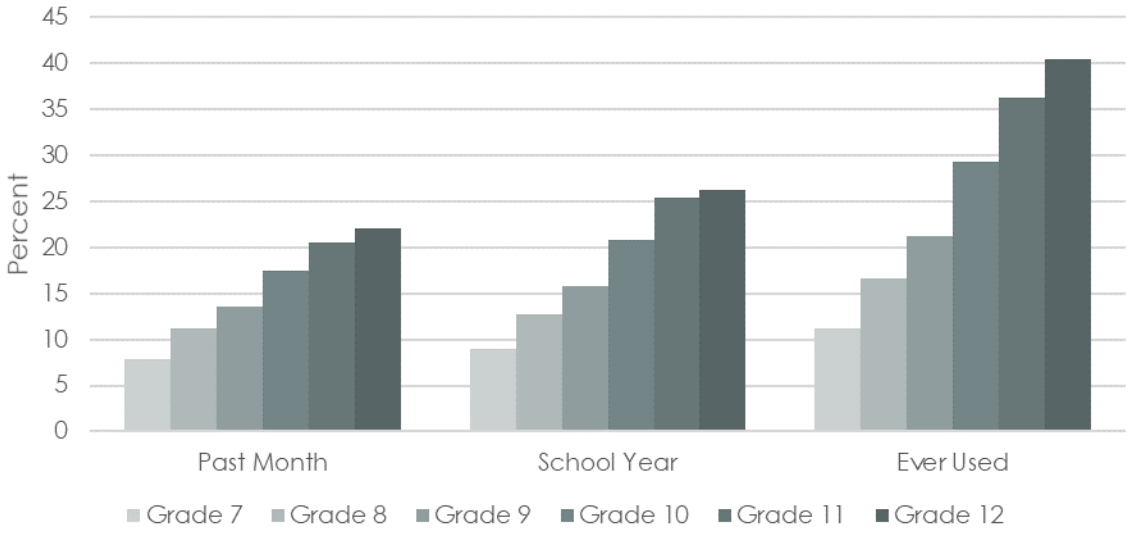
Source: Texas School Survey, 20184

Figure 31. Texas College Students: Tobacco Use, 2015-2017



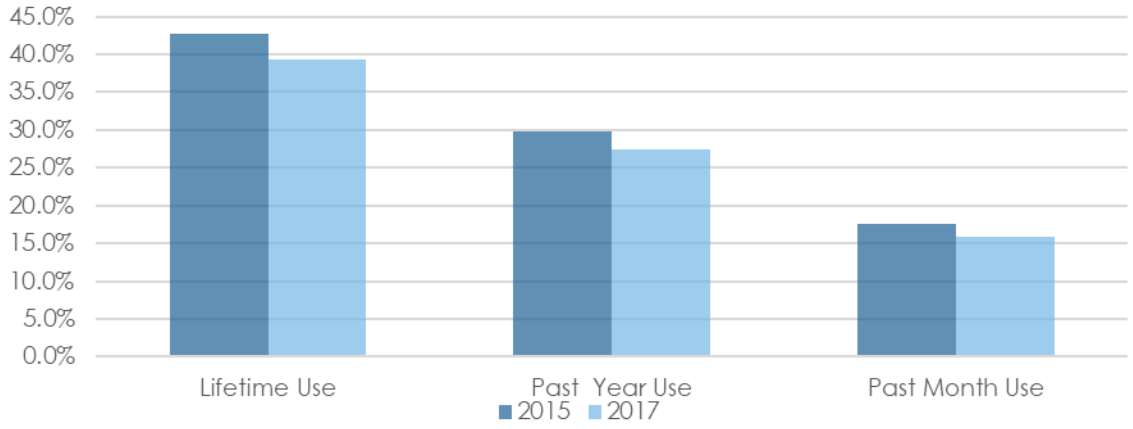
Source: Texas College Survey, 2017[76]

Figure 32. Region 9 Student Marijuana Use, 2018



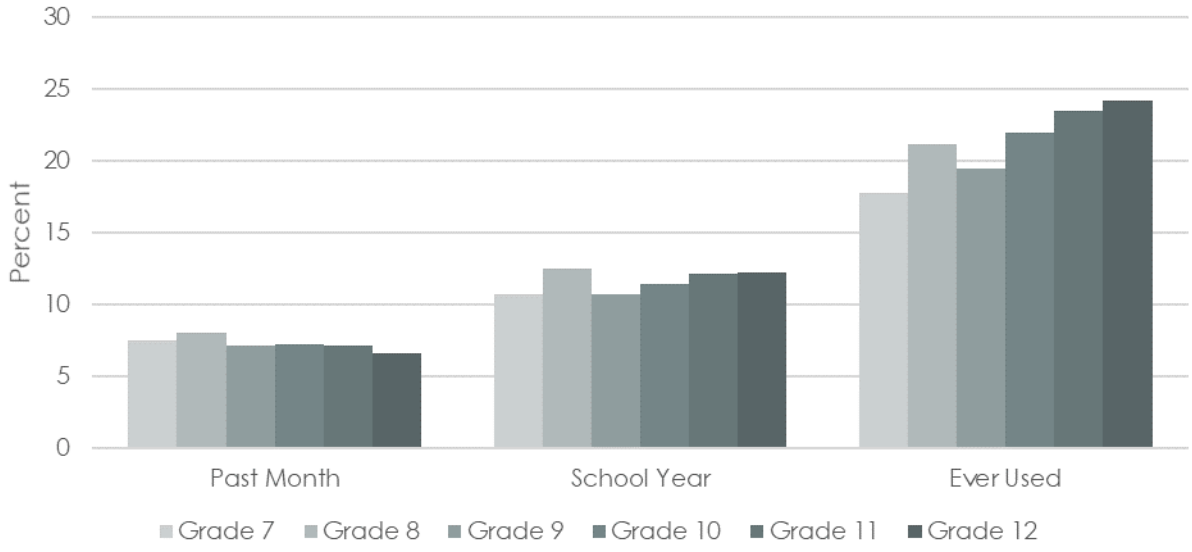
Source: Texas School Survey, 2018[4]

Figure 33. Texas College Students' Marijuana Use, 2017



SOURCE: TEXAS COLLEGE SURVEY, 2017[76]

Figure 34. Region 9 Student Prescription Drug Use, 2018



Source: Texas School Survey, 2018[4]

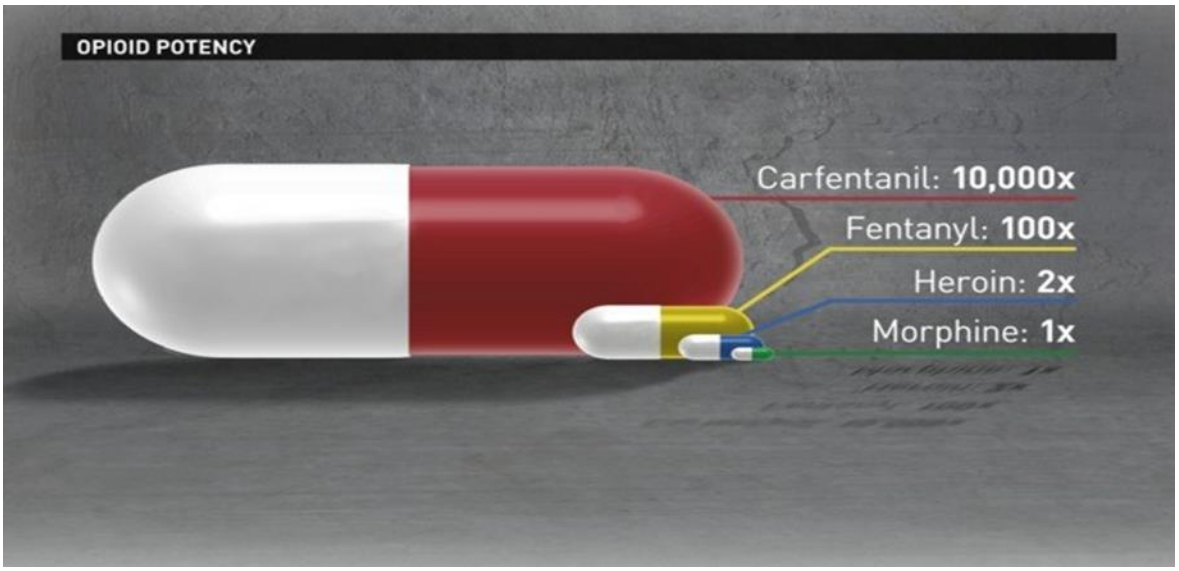
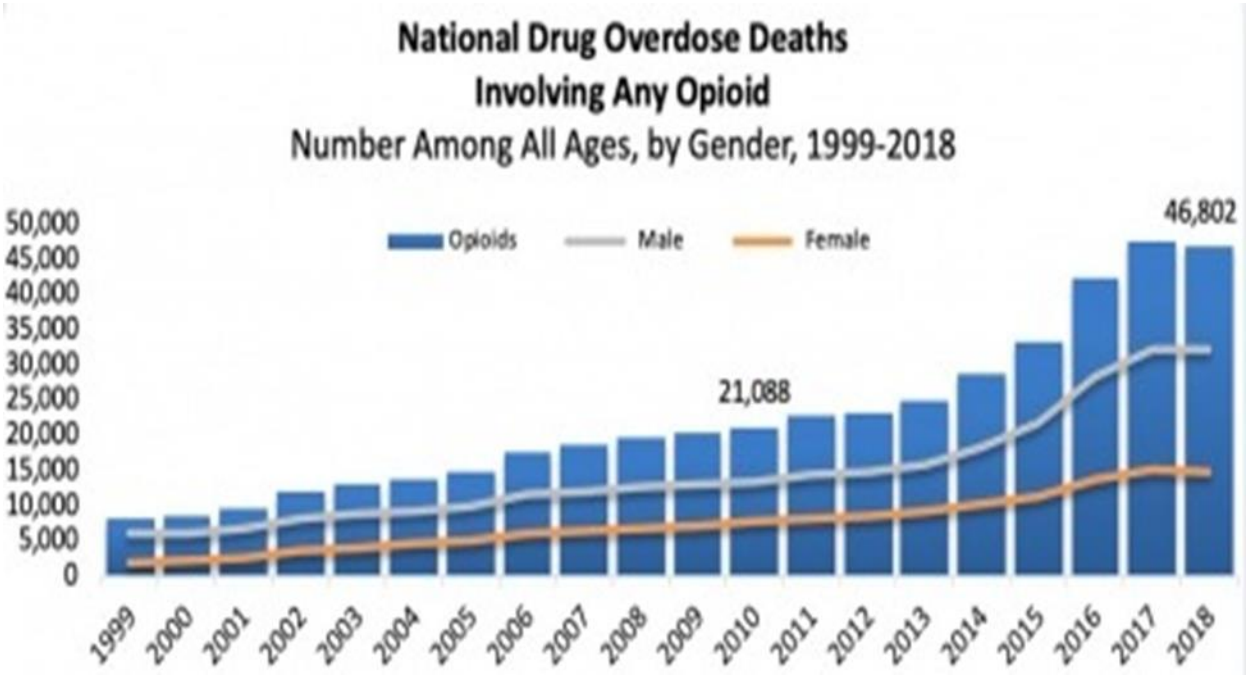
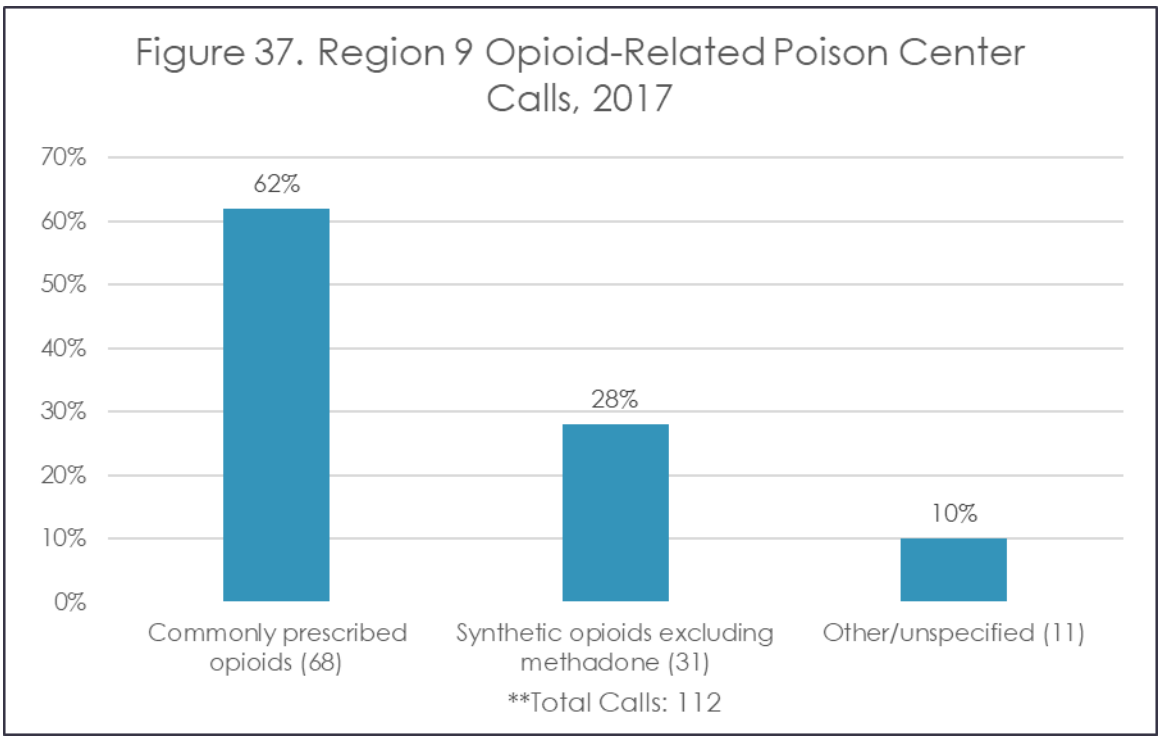


FIGURE 35. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE Source: Canadian Centre for Addictions[88]

FIGURE 36. OPIOID OVERDOSE DEATHS, 1999-2018



Source: National Institute on Drug Abuse[90]



** Data was masked for 2 calls; the specified opioid was not reported

Source: Texas Health and Human Services Commission[94]

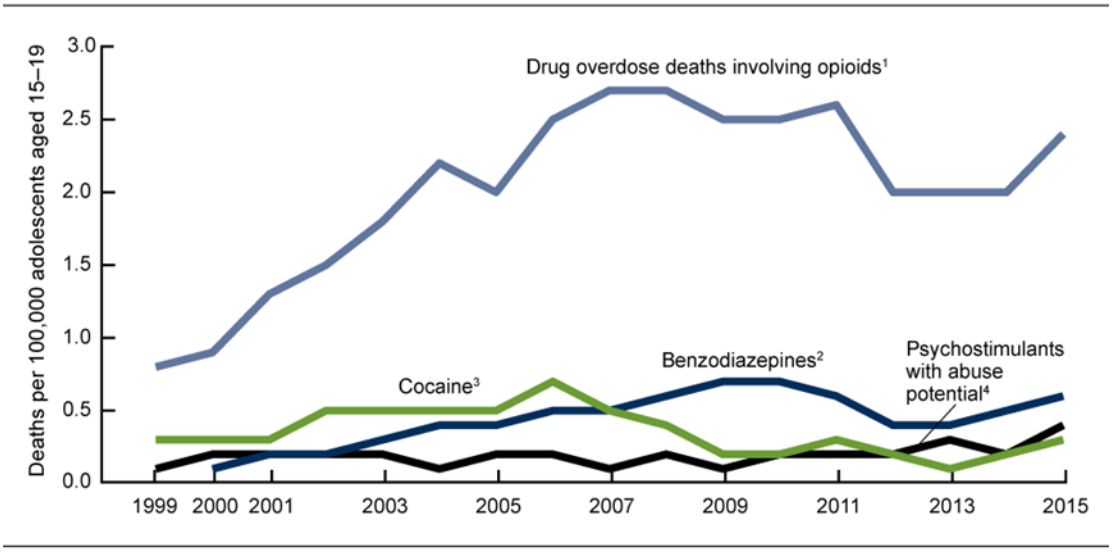


FIGURE 38. DRUG OVERDOSE DEATH RATES FOR ADOLESCENTS AGED 15-19, 1999-2015
Source: Centers for Disease Control and Prevention[98]

Figure 39. Lethal Amounts of Different Opiates

Source: inmaricopa.com[100]

FIGURE 40. JUUL™The New Electronic Cigarette

Source: JUUL[101]

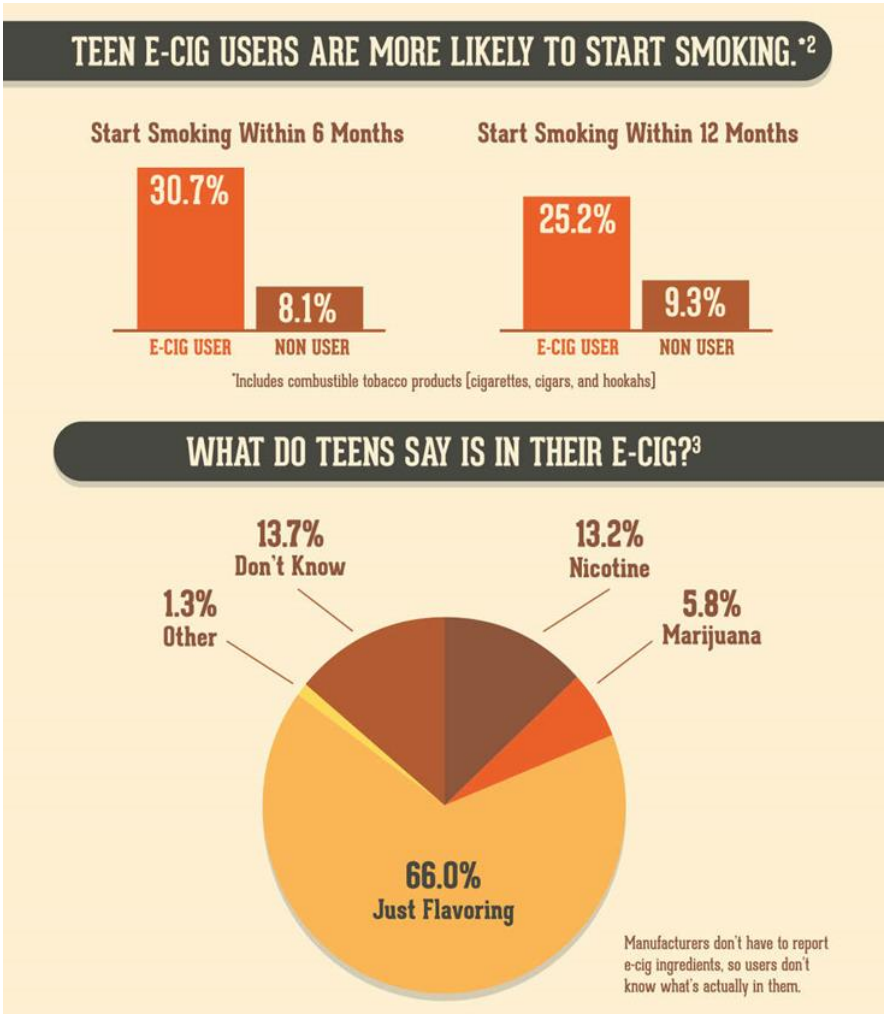


Figure 41. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS

Source: National Institute on Drug Abuse[106]

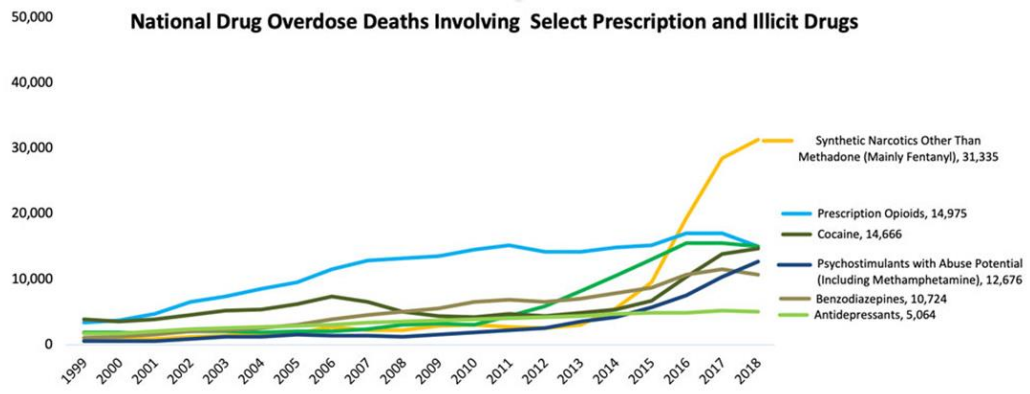


FIGURE 42. DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 1999-2018

Source: National Institute on Drug Abuse[90]

FIGURE 43. TEXAS DWI FINES BREAKDOWN
Source: Law Office of Brent de la Paz[114]

Source: Law Office of Brent de la Paz[120]

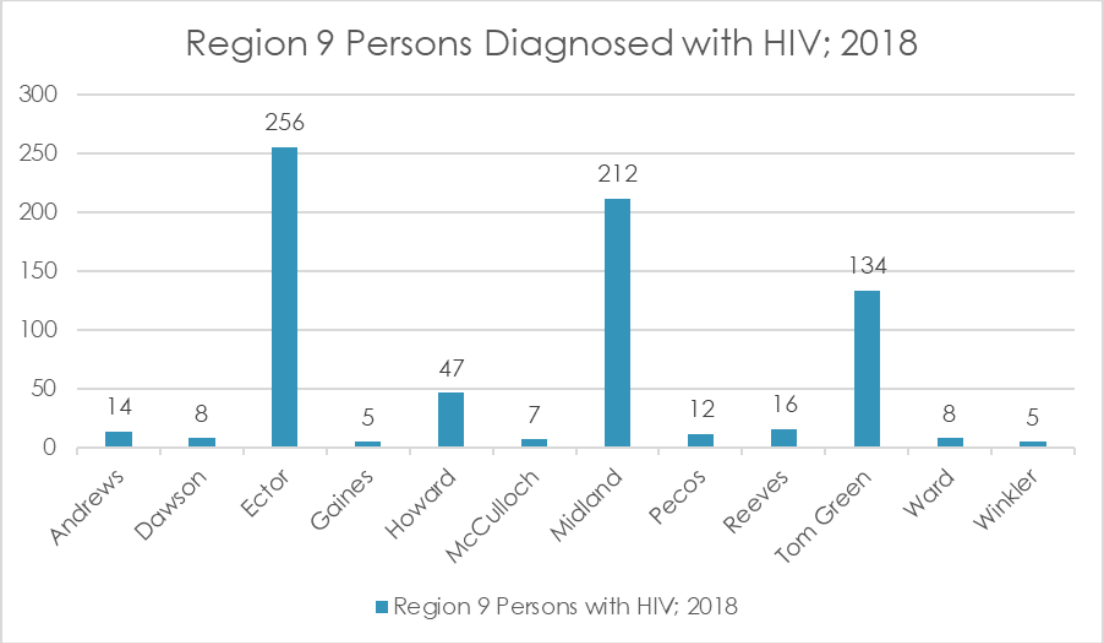
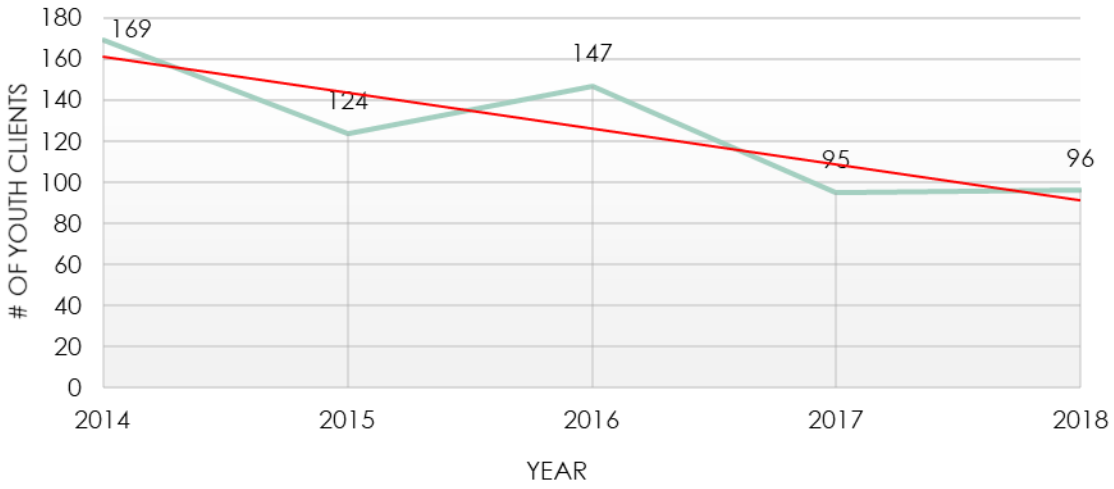


Figure 44. Region 9 Persons with HIV;2018[126]

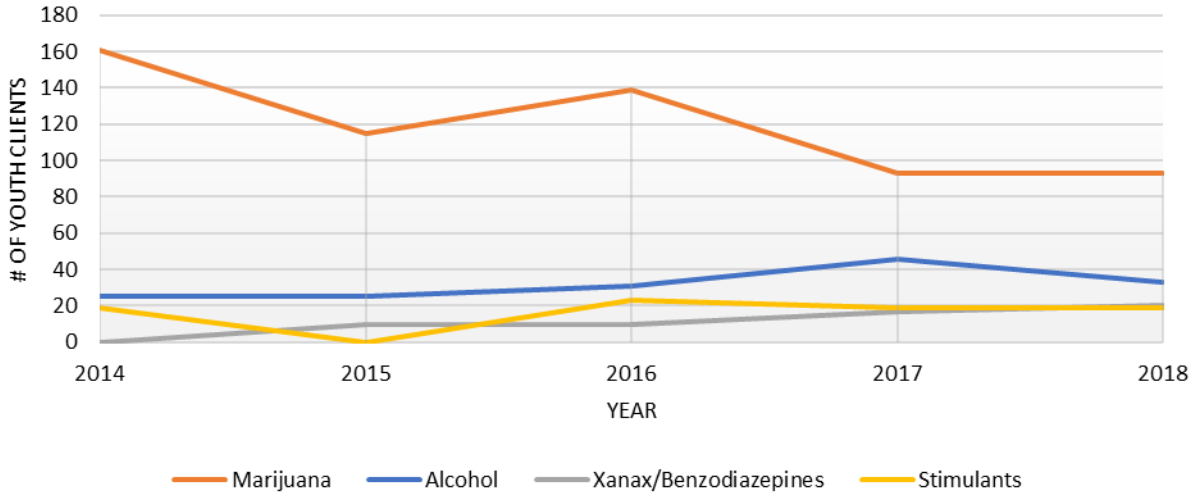
Source: Texas Health and Human Services Commission

Figure 45. Region 9 Youth Substance Use Treatment, 2014-2018



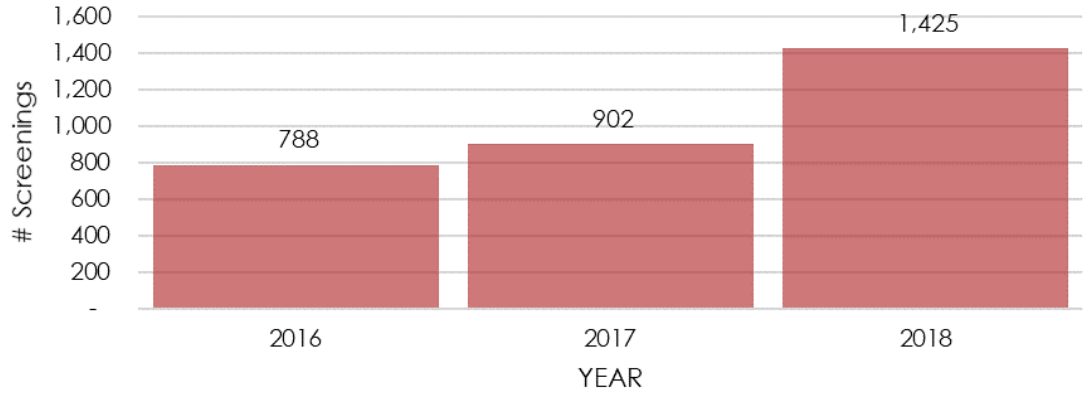
Source: Substance Abuse and Mental Health Services Administration[123]

Figure 46. Region 9 Substance Abuse Treatment by Substance, 2014-2018



Source: Substance Abuse and Mental Health Services Administration[123]

Figure 47. Region 9 Drug Screens, 2016-2018



Source: Texas Department of Human Services, Outreach, Screening, Assessment, and Referral Center (OSAR)[117]

Table 48. Texas Medicaid Clients with Behavioral/Mental Health or Substance Use Disorder

Region	County	Total Male	Female	BHMH Clients		SUD Clients	
9	Andrews	160	71	159	71	3	2
9	Borden	3	0	3	0	0	0
9	Coke	54	17	54	17	1	0
9	Concho	50	23	48	23	2	0
9	Crane	61	23	61	23	0	0
9	Crockett	37	9	36	9	1	0
9	Dawson	185	52	182	52	5	0
9	Ector	1,291	483	1,271	476	54	22
9	Gaines	132	53	132	53	1	0
9	Glasscock	2	3	2	3	0	0
9	Howard	427	168	422	168	13	2
9	Irion	8	5	8	5	0	1
9	Kimble	63	20	62	20	1	0
9	Loving	0	0	0	0	0	0
9	Martin	50	11	49	11	1	0
9	Mason	22	11	21	11	1	0
9	McCulloch	143	67	142	66	5	2
9	Menard	33	3	32	3	2	0
9	Midland	1,463	563	1,438	555	70	15
9	Pecos	146	34	146	34	3	1
9	Reagan	17	4	17	4	2	0
9	Reeves	153	48	151	48	4	0
9	Schleicher	35	8	34	8	1	0
9	Sterling	17	6	17	6	0	0
9	Sutton	21	16	21	16	1	0
9	Terrell	13	6	13	6	0	0
9	Tom Green	1,725	707	1,700	702	61	20
9	Upton	38	7	38	7	0	0
9	Ward	156	45	154	45	3	0
9	Winkler	71	34	71	33	2	2

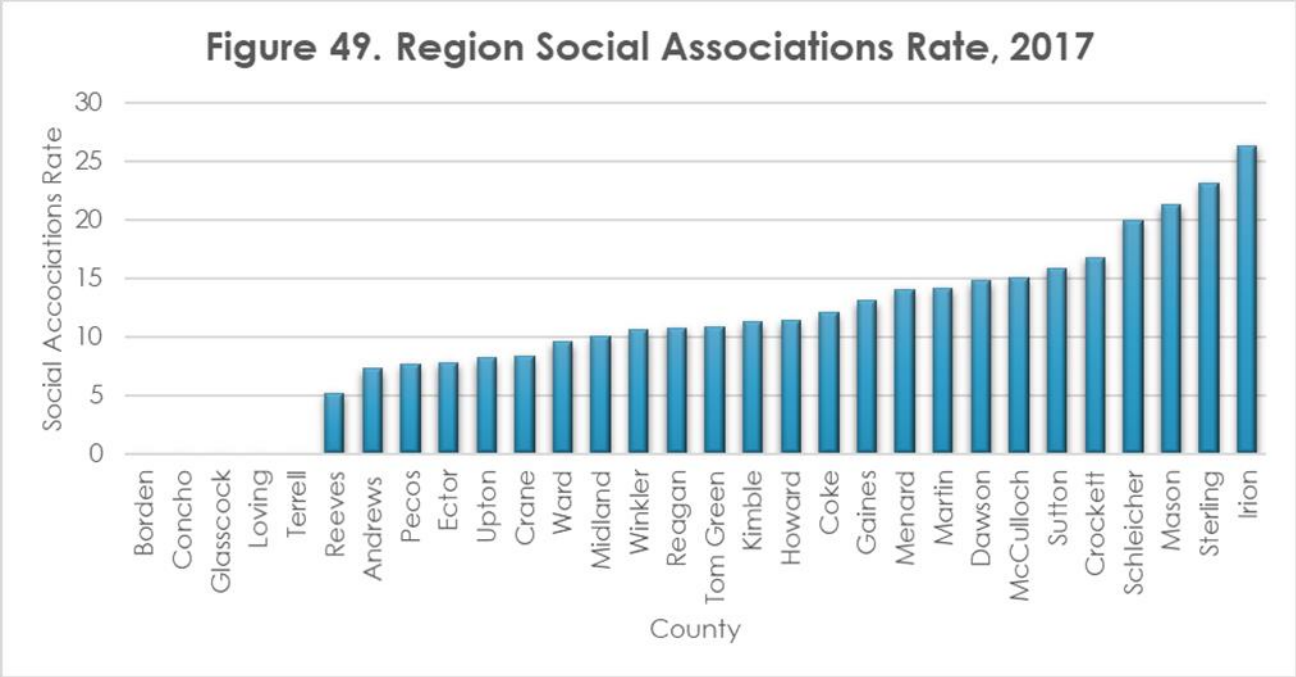
Source: Texas Health and Human Services[128]

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
Total	**$5,469.2 (e.g. $5.5 B)**

FIGURE 48. UNDERAGE DRINKING COSTS IN TEXAS, 2013
Source: Pacific Institute for Research and Evaluation[121]

Source: Pacific Institute for Research and Evaluation[131]



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

Source: County Health Rankings and Roadmaps[148]

===

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-Galveston, Conroe	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

2020 Regional Data Coordinators

Region	Coordinator	Email
1	Vacant	N/A
2	Cynthia Frazier	cfrazier@abirecovery.org
3	Kaothar Ibrahim Hashim	k.ibrahimhashim@recoverycouncil.org
4	Mindy Robertson	mrobertson@etcada.com
5	Kim Bartel	kbartel@adacdet.org
6	Melissa Romain-Harrott	mromain-harrott@councilonrecovery.org
7	Jared Datzman	jdatzman@bvcasa.org
8	Teresa Stewart	tstewart@sacada.org
9	Travis Cress	tcress@pbrcada.org
10	Michelle Millen	mmillen@aliviane.org
11	Karen Rodriguez	krodriguez@bhsst.org