

Regional Needs Assessment

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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 2 along with Evaluators from PRCs across the State of Texas and supported by Texas Health and Human Services (HHSC). The PRC 2 serves 30 counties in Northwest Texas.

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

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of focus groups and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 2 recognizes those collaborators who contributed to the creation of this RNA.

Main key findings from this assessment include:

Demographics: Region2 is generally made up of middle-aged to older adults. Approximately 48.5% of our population are ages 25-65+. Ethnicity is dominated by Anglos however there is a growing Hispanic and "Other Races" in our area. Our overall population has continued to increase since 2016.

Socioeconomics: The per capita income reports lower than state percentages. The region holds a low unemployment rates, and although our region reports single-parent households and households with public assistance above the state rate, both rates have decreased.

Consumption: Methamphetamines and marijuana are the most seized substances taken off the streets by law enforcement in our reported area from 2016-2018. Alcohol and marijuana are the most consumed substances among high school and college aged students within our region. There is also a high rate of prescriptions being issued to residents of our area.

Consequences: Child abuse, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. OSAR screenings and referrals to treatment have also increased over time.

Protective Factors: Our area is fortunate to have hundreds of non-profits and social service agency's within our counties. Many of these services provide basic needs such as food, water, clothes; others provide treatment for mental health, the mental disabled, psychiatric treatment; others provide counseling inpatient/outpatient services; intervention services include drug and alcohol referrals and counseling, peer recovery coaching, pregnancy intervention for new and expecting mothers at-risk, and the numerous coalitions and community groups all willing to assist client or community members in needs. Region 2 has an atmosphere of a small town in which people truly do care in assisting one another. We are a community that truly cares.

Prevention Resource Centers

Our Purpose

Prevention Resource Centers (PRC) 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 alcohol, tobacco, and other drug use among adolescents and adults and share findings with community partners (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of ATOD use, and (4) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Efforts carried out by PRCs are focused on the state’s three prevention priorities of underage drinking, use of marijuana and other cannabinoids, and prescription drug misuse.

Our Regions

Figure 1. Map of Health Service Regions serviced by the Prevention Resource Centers

| | |
|-----------|-------------------------------------|
| 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 |



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).

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

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.

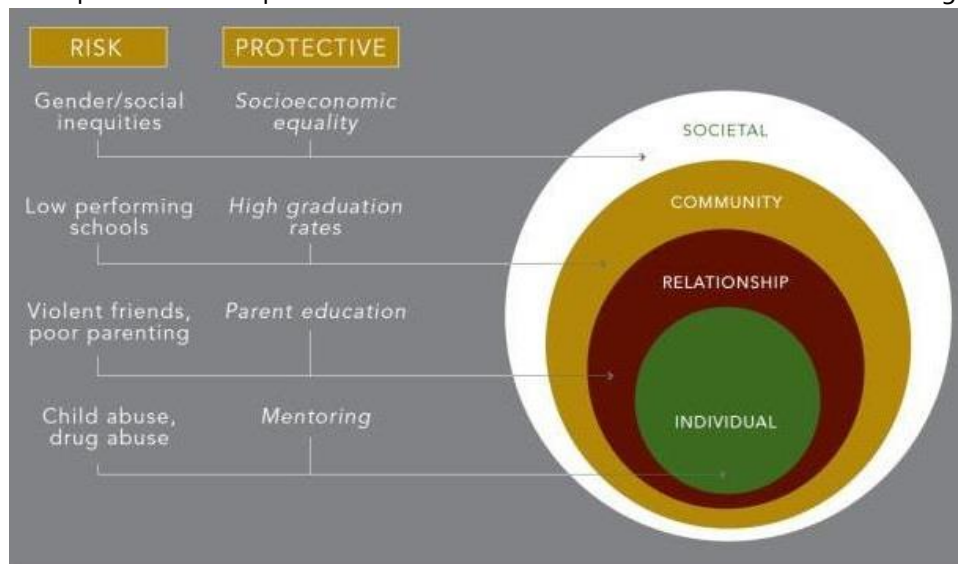
interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

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

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual’s risk for a substance use disorder. 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).³

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



Source: Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). <http://www.urbanpeaceinstitute.org/cvrs/> Accessed May 29, 2018.

³ Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). <http://www.urbanpeaceinstitute.org/cvrs/>. Accessed May 29, 2018.

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.

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 quantitative measurement of alcohol consumption.⁸ These standards define binge drinking as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically five or more drinks for men and four or more drinks for women, within a two-hour time span. At-risk or heavy drinking is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking. See Figure 3 for the NIAAA's operational definitions of the standard drink.

⁴ Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016.

<http://www.texaschoolsurvey.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-Deftabs-2016/NSDUH-Deftabs-2016.pdf>. Accessed May 30, 2018.

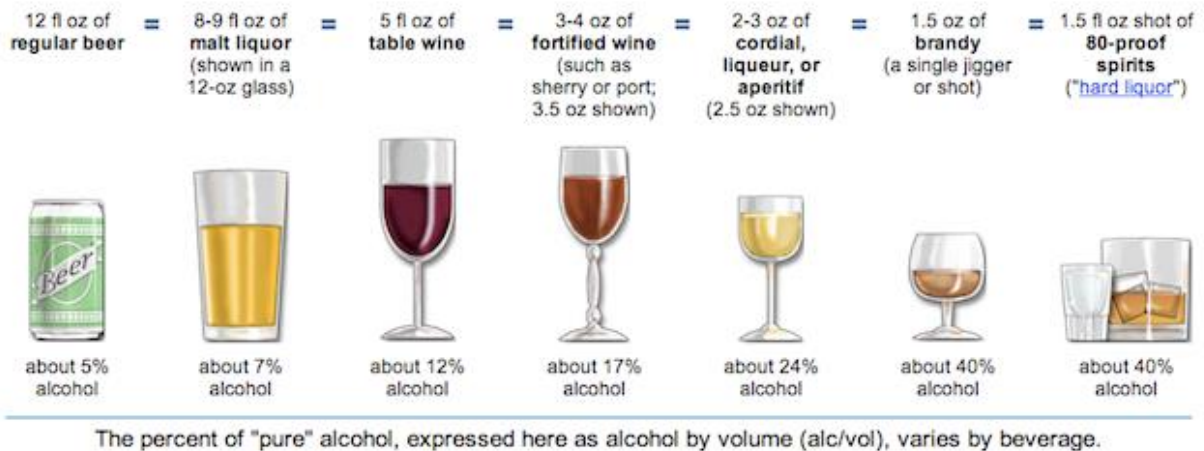
⁷ Substance Abuse and Mental Health Services Administration. *Substance use disorders*.

<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.

Figure 3. NIAAA (2004) rubric for operationalizing the standard drink by ounces and percent alcohol across beverage type



Source: 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 most 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.

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.

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 Glossary of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in the appendices.

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-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

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

Our Audience

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

Purpose of This Report

This needs assessment reviews substance abuse data and related variables across the state that aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Health and Human Services Commission. The report seeks to address the substance abuse prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug

¹¹ SAMHSA. Strategic Prevention Framework. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>. Last updated June 5, 2017. Accessed July 30, 2017.

consumption trends and consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP).

Figure 4. Strategic Prevention Framework (SPF)



Source: SAMHSA. Strategic Prevention Framework. <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>. Last updated June 5, 2017. Accessed July 30, 2017.

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.

Specifically, this 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 regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2018 and May 30, 2019.

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

Primary and secondary data sources are identified when developing the methodology behind this document. 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.

Qualitative Data Selection

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

Focus Groups

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

Interviews

Interviews are conducted primarily with school officials and law enforcement officers. Participants are selected and interviewed by 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.

Longitudinally Presented Data

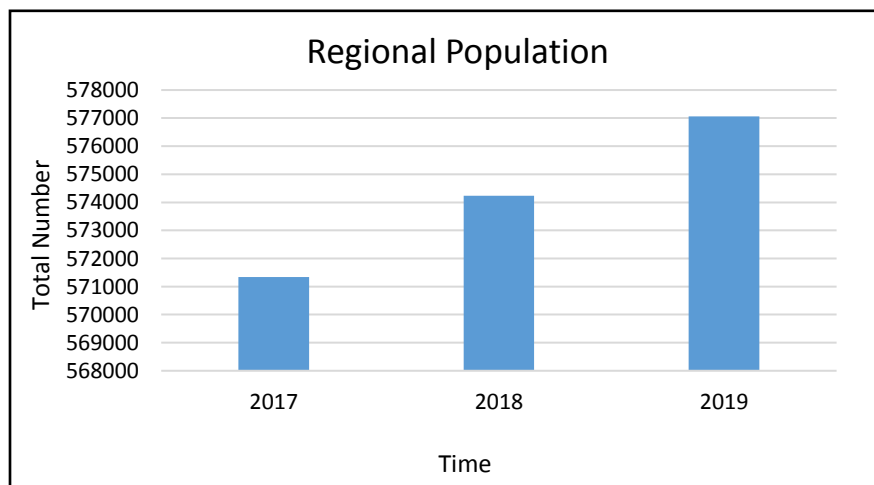
In an attempt to capture a richer depiction of possible trends in the data presented in this needs assessment, data collection and reporting efforts consist of multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but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

Regional Demographics

General knowledge of the demographic profile of our reported area can be beneficial in understanding the dynamics of our region. Demographic indicators include population size, race, ethnicity, languages, age distribution and concentrations of populations within the reported area. Demographic information is valuable since it affects primarily all other areas of human activity (socioeconomics, environmental risk and protective factors). Demographics may also play a crucial role in understanding trends over time in order to prepare for future services of policy analysis and community development.

Population

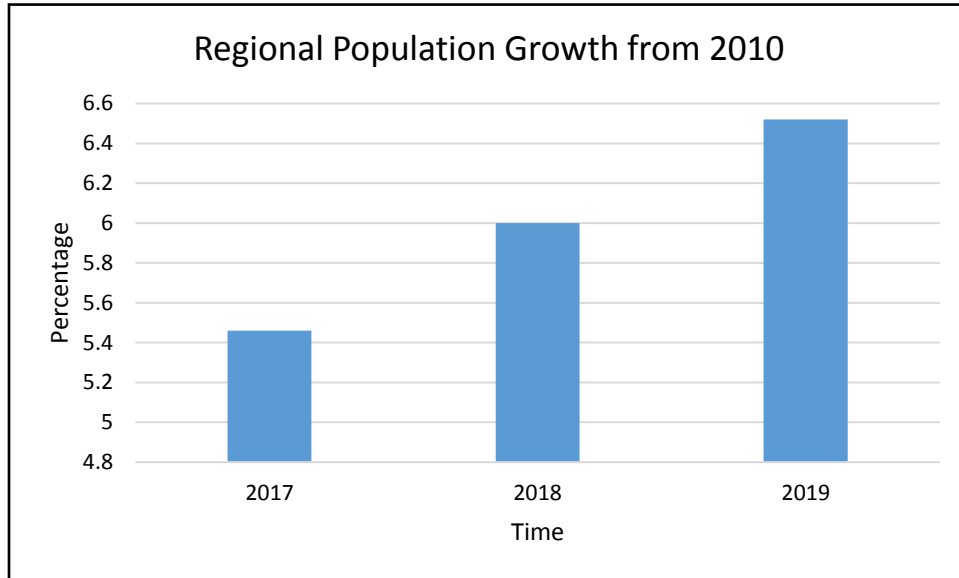
The Texas Demographic Center, Texas Populations Projections Program produces a biannual projections report of all counties for the state of Texas. This report includes totals for state by age, sex, and race/ethnicity. These projections are utilized extensively by public and private entities across the state. Our area has had a continuous increase in residents for the past three years. **In 2017 our regional population was 571,340; in 2018 it was 574,231, and in 2019 the population is projected to be 577,063 residents.** County level population projections for 2019 may be found in Appendix A as Table 1.



Source: Texas Demographic Center, Texas Population Projections Program, 2015-2017.

Population Growth Estimate

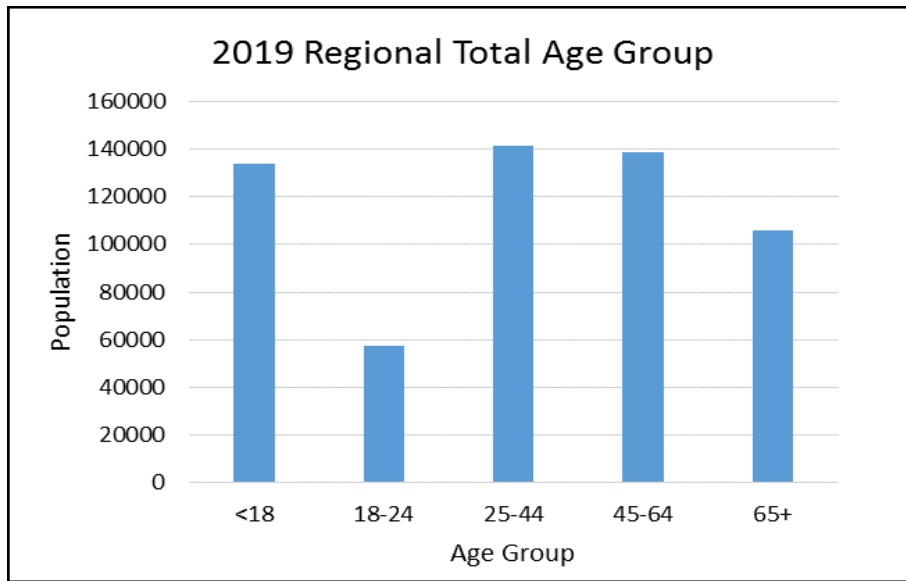
The Texas Demographic Center estimates county population growth over time and produces an annual estimate of the total populations of counties and places in the state as well as estimates of the county population by age, sex and race/ethnicity. The following chart reports the growth of our region’s growth from 2010. **Our area has had a continued increase in growth over the last three years.** *County level population growth percentages are available upon request.*



Source: Texas Demographic Center, Population Estimates and Projections Program, 2010-2019.

Age

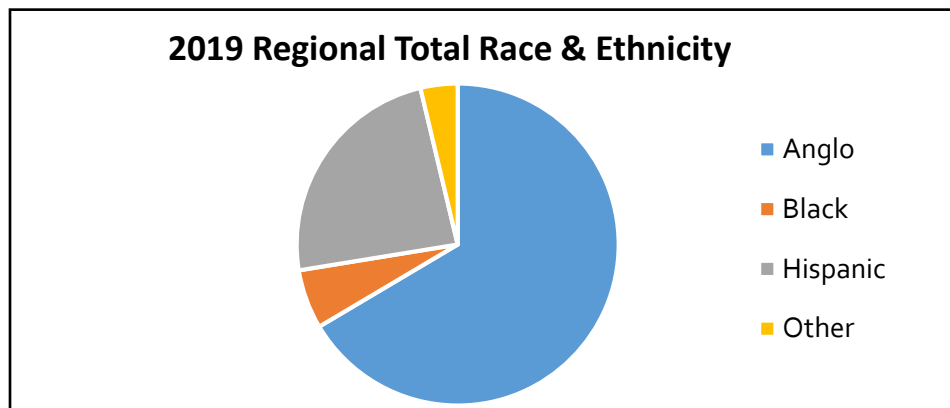
The Texas State Data Center organizes the total population into certain age groupings. The categories are <18, 18-24, 25-44, 45-64 and 65+ years old. **For several years, the largest age group represented was 45-64. However as of 2019, the largest age group represented is 25-44 followed by people ages 45-64. The smallest age group continues to be 18-24.** The following chart reports the total number for the each age group for 2019 (<18=133,707; 18-24=57,557; 25-44= 141,226; 45-64=138,650; 65+=105,923). *County level data for Total Age Groups in 2019 may be found in Appendix A Table 2.*



Source: Texas Demographic Center, Texas Population Projections Program, 2017-2019.

Race/Ethnicity

Region 2 has a large population of Anglos followed by Hispanics, Black, and lastly any Other race or ethnicity. **The Hispanic, Black, and Other race or ethnicity has consistently grown since 2017, and the Anglo race or ethnicity has consistently decreased since 2017.** The following chart describes regional totals for race and ethnicity for 2019 (Anglos=383,639; Black=34,322; Hispanic=130,872; Other=20,402). *County level Race and Ethnicity in 2019 may be found in Appendix A Table 3.*



Source: Texas Demographic Center, Texas Population Projections Program, 2017-2019.

Concentrations of Populations

Region 2 is generally described as rural, yet there are few areas considered urban. **Abilene**, considered urban, is centrally located in our region in Taylor County (estimated total population in 2019 is 137,820). Taylor County has had continuous residential growth and is the largest city within our reported area. **Wichita Falls** is located in the northern section of our region bordering the Texas and Oklahoma Stateline in Wichita County (estimated total population in 2019 is 133,147). Although the total population of Wichita County is slightly lower than numbers reported in 2016, this city is the second largest urban concentration. Lastly, **Brownwood** is located in the southern part in Brown County (estimated total population is 40,404 in 2019) and is the third largest urbanized populated area. Estimated total population data is reported by the Texas State Data Center, Texas Population data for 2017-2019.

Languages

According to the U.S. Census American Community Survey, English Language Proficiency 2017 data, **English is the primary language spoken within our region. This follows trends since 2013. Spanish is also commonly used as a primary language for some and very useful to others as a second language.** Other languages such as Indo-European, Asian and Pacific Islander, as well as other undefined languages are languages also used in a few counties throughout our region. *County level Languages in 2017 may be found in Appendix A Table 4.*

General Socioeconomics

For the purposes of this report, socioeconomics will be examined by reporting data regarding per capita income, household composition, employment and unemployment rates, TANF and SNAP recipients, as well as children receiving free or reduced school lunches. These indicators will assist our community in understanding the social and economic factors influencing the population living in our region.

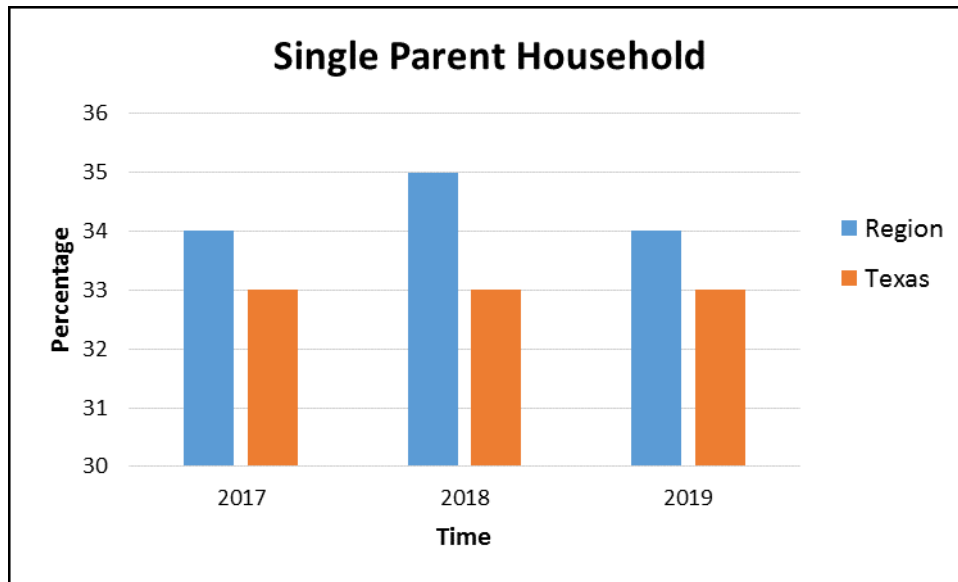
Per Capita Income

The U.S. Census Bureau collects information regarding a county average rate of income. Per capita income is useful data since it measures the resident's average amount of income for a particular year. It is calculated by dividing the area's total income by its population. According to the Community Commons (a data tool of the U.S. Census) **Region 2 has had an estimate average per capita income of \$24,330 from 2013-2017.** This data for the region reports lower than the Texas average at \$28,985 and the U.S. average per capita income at \$31,177 for the same years. *County level data for Per Capita Income may be found in Appendix A Table 5.*

Houshold Composition

The County Health Rankings Model provides communities with a profile of mortality and morbidity. Single-parent households are included in this report and defined as a percentage of children that live in a household headed by a single parent. The following data is calculated by taking the number of single-parent households dividing it by the total number of households then multiplying it by 100. This calculates a percentage of single-parent households for each county within the reported area. The following chart reports the total percentage of single-parent households for the entire region over a three-year period. **As the data reports, single-parent households have remained constant within our**

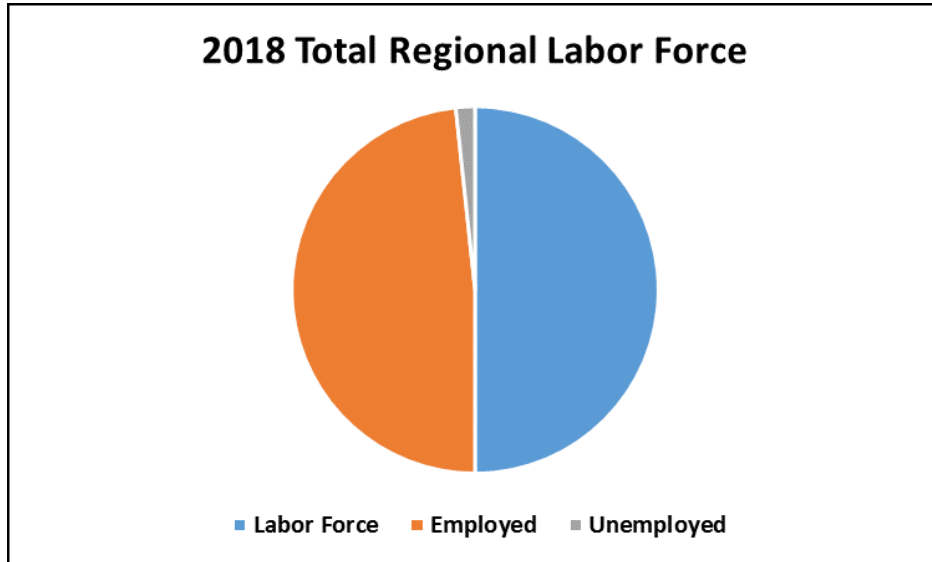
region during the reported time period. County level data for Single-Parent Households for 2017-2019 may be found in Appendix A Table 6.



Source: County Health Rankings and Roadmaps, Single-parent households, 2017-2019.

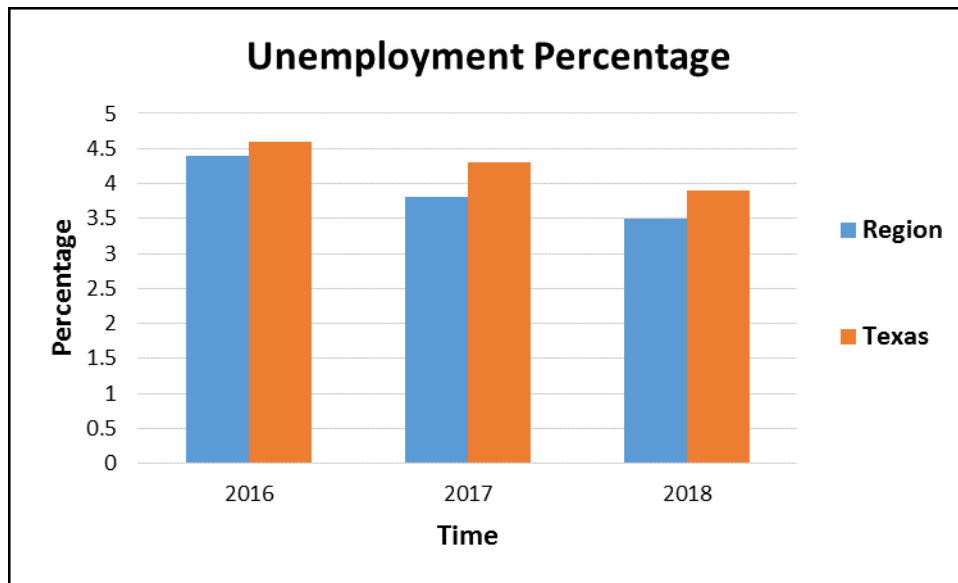
Employment

The U.S. Department of Labor keeps record of local area labor force statistics. The U.S. Department of Labor contains several terms and definitions. Labor force is defined as the total number of people able to work; employed is the total number of people employed; unemployed is the total number of people unemployed, and unemployed % is defined as the unemployed divided by the labor force. The following data is a total number for the labor force in our region. **In 2018, there were a total of 241,111 in our total Labor Force, 232,948 Employed, and 8,163 people Unemployed.** The total number of those employed from 2016-2018 is higher than the total number of those unemployed. The following chart reports the total labor force of the region for 2018. County level total numbers for labor force, employed and unemployed may be found in Appendix A Table 7.



Source: United States Department of Labor, Employment % Unemployment Data, 2016-2018.

The chart below is from the same statistical survey reporting the total percent of unemployed persons over the same time period, 2014-2017. **The data reports our region’s unemployment percentage decreasing from 2014-2015, increasing between the years 2015-2016, and then decreasing again from 2016-2017 across our region.** County level data for the total number unemployed and total unemployment percentage for 2013-2016 is available in Appendix A Table 8.

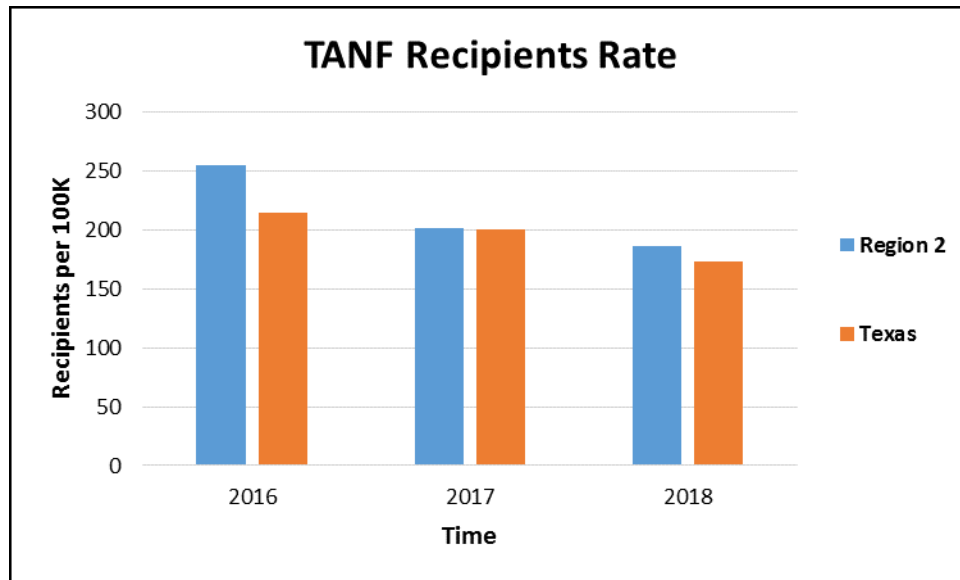


Source: United States Department of Labor, Employment % Unemployment Data, 2016-2018.

TANF Recipients

The Texas Temporary Assistance for Needy Families program is a support service for Texas families. Their purpose is to provide financial and medical assistance to children in need and/or for the parents or relatives of whom they reside. The Texas Health and Human Service Commission record the number of recipients for this benefit in our local counties; a recipient rate is then calculated for each county. The

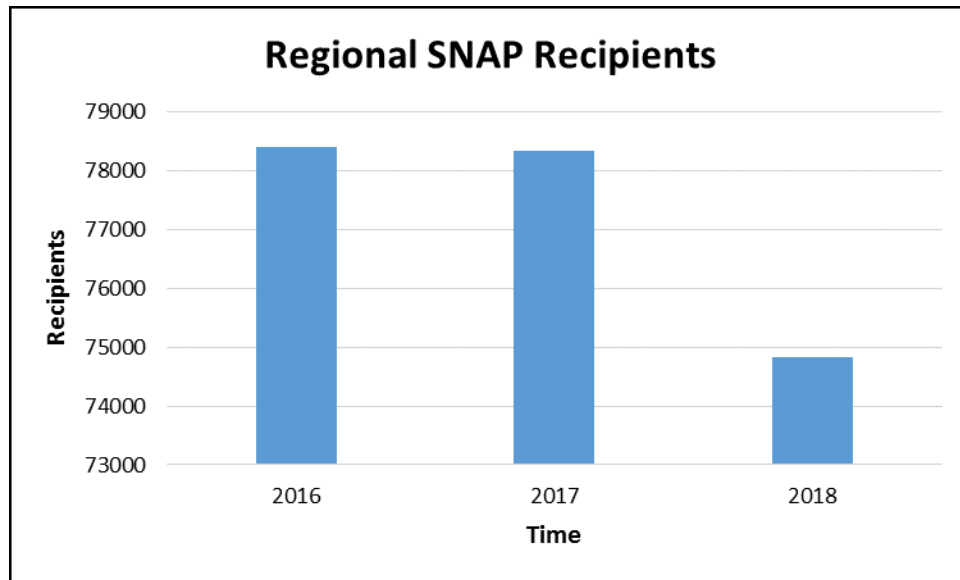
following data reports the regional rate of recipients per 100k compared to our state rate of recipients for the last two years. **Region 2 reported a rate of 187 per 100k in 2018; the state reported a lower rate of 174 recipients per 100k in 2018. In 2017 our region reported a rate of 202 recipients per 100k, and in the same year, the state reported a lower rate of 201 per 100k.** This indicator data is important since it reports the need of financial and medical assistance among families within our area. *County level for total recipients and recipients per 100K data may be found in Appendix A Table 9 and 10.*



Source: Texas Health and Human Services Commission, TANF Basic and State Program, 2016-2018.

Food Assistance Recipients

The Health and Human Services Commission altered the method of reporting food stamp recipients beginning in September 2014. Numbers reported will now reflect the monthly average of SNAP recipients. The chart below reports a three year trend for the region’s average monthly recipients in 2016, 2017, and 2018. **Region 2 reported to have an average of 74,831 recipients per month in 2018, and the state of Texas had an average of 3,725,683 recipients per month in the same year. The regional average has continually decreased since 2016.** *County level data for number of SNAP recipients be found in Appendix A Table 11.*

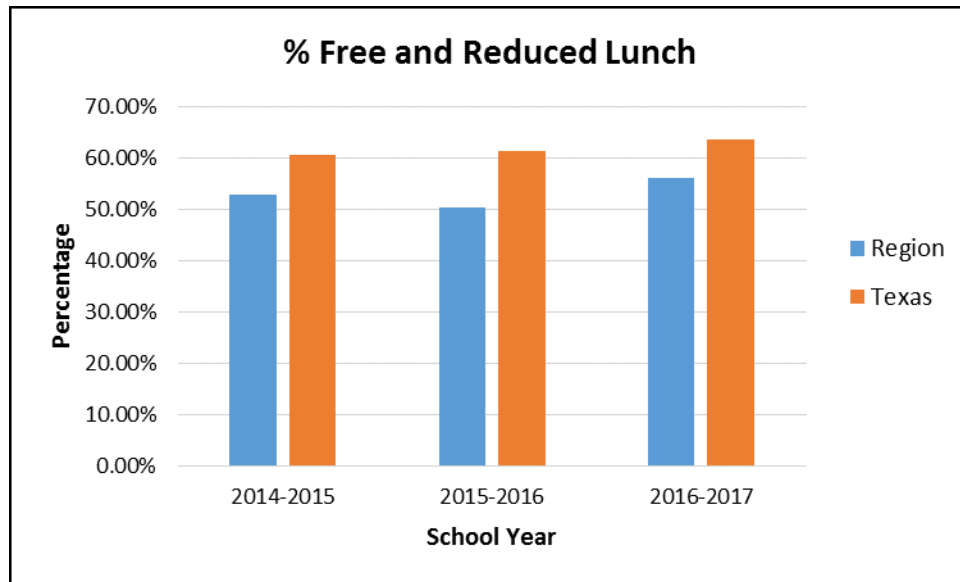


Source: Texas Health and Human Service Commission, SNAP Recipients, 2016-2018.

Free and Reduced-Price School Lunch Recipients

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

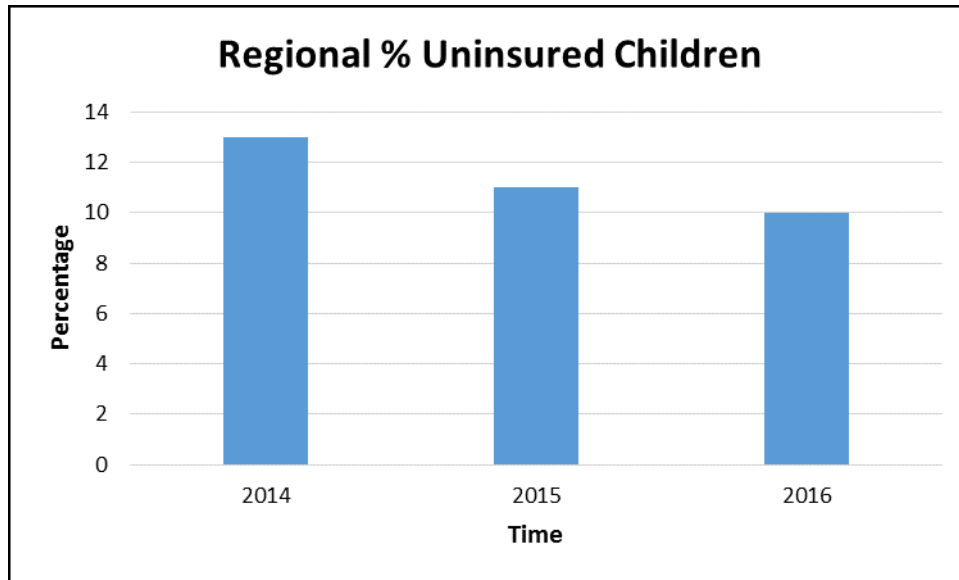
Total student counts and counts for students eligible for free and reduced-price lunches are acquired for the school year from the NCES Common Core of Data (CCD) Public School Universe Survey. School-Level data is summarized to the county, state, and national levels for reporting purposes. **In the 2016-2017 school year, our region reported that 56 percent of the student population received the school meal benefit while Texas reported 58.6 percent of the total student population is eligible to receive the school meal benefit.** The chart below reports a comparison of regional and state free and reduced lunch recipients for the school years 2014-2015, 2015-2016, and 2016-2017. **The regional recipients decreased slightly from 2014-2015 to 2015-2016; however, there was an increase between school year 2015-2016 and 2016-2017.** County level data for number of Free and Reduced Lunch recipients and percentage of recipients may be found in Appendix A Table 12 and 13.



Source: National Center for Education Statistics, Free and Reduced Lunch, 2014-2017.

Uninsured

The Kids Count Data Center, a project of the Annie E. Casey Foundation, utilizes data from the U.S Census Bureau regarding children who are not insured. Children from ages 0-18 are included in this dataset, and percentages are regarded as the number of uninsured children compared to the total number of children within the reported county. **The total number and total percentage of uninsured children has continually decreased since 2014 within our area with the lowest reported percentage in 2016.** Region 2 had a total number of uninsured children in the following reported years: in 2014 there were 16,587 uninsured children; in 2015 there were 13,972 uninsured children, and in 2016 there were 13,565 uninsured children. The total percentages for our region for the years of 2014-2016 are as follows: in 2014 there were 13%; in 2015 there were 11%; in 2016 there were 10% uninsured children. This indicator data is important since uninsured children may not have the general access to healthcare as they would need. Uninsured children could be a reflected of a need for healthcare for the population at hand. The following chart reflect the percentage of uninsured children from 2014-2016 in our region. *County level data for total number and percentages of uninsured children may be found in Appendix A Table 14 and 15.*



Source: U.S. Census Bureau, Kids Count Data Center, 2014-2016.

Environmental Risk Factors

There are multiple factors that influence whether or not a person may develop a substance use disorder in their lifetime. According to the National Research Council and Institute of Medicine’s, “risk factors are certain biological, psychological, family, community or cultural characteristics that precede and are associated with a higher likelihood of behavioral health problems”. Different age groups have different risk factors and some overlap between age groups. Risk factors may also be correlative or have cumulative effects overtime.

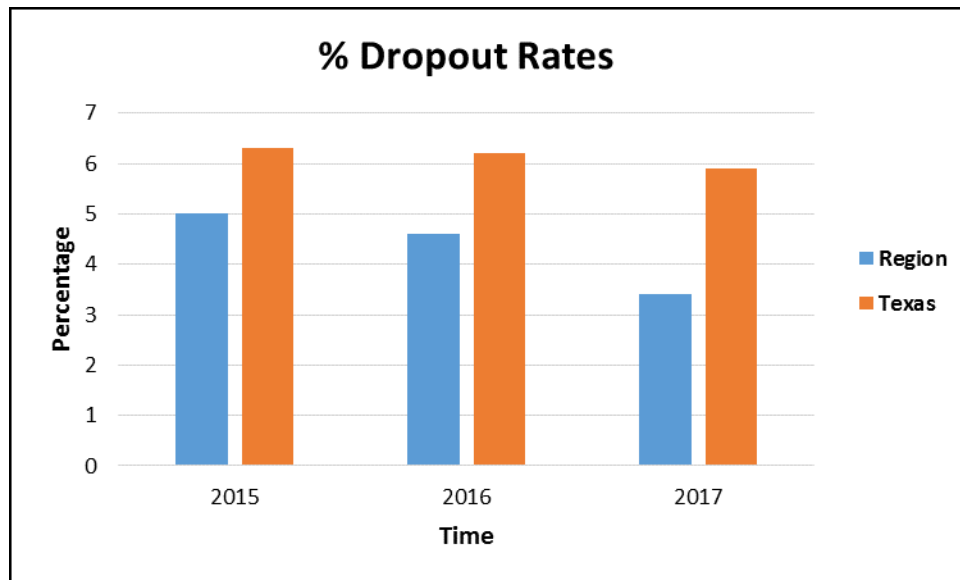
Education

A student’s academic success may be dependent on attendance, behavior and their environment. The following indicator information discusses dropout rates, school discipline rates, and the number of homeless students for the region.

Dropout Rates

Students in Region 2 are described to be mostly graduating on time in a four year period. The Texas Education Agency prepares data regarding each cohort in a graduating class. The following information includes all students from each county in Region 2 in the 2015, 2016 and 2017 graduating cohort. A four-year longitudinal dropout rate is the percentage of students from the same class who drop out before completing their high school education. Students who enter the Texas public school system over the years are added to the class, and students who leave the system for reasons other than graduating such as receiving a Texas Certificate of High School Equivalency (TxCHSE), dropping out, or those who could not be tracked from year to year are subtracted. Dropouts are counted the years they drop out. A dropout is defined as a student who is enrolled in a public school in Grade 7-12 who does not return to public school the following fall, is expelled, and does not: graduate, receive a TxCHSE, continue school outside the public school system, begin college, or is deceased. Data describes Region 2’s dropout rates as lower than

the statewide average dropout rate over a three academic-year period. The region’s dropout rate has continued to decrease since the 2015-2016 academic year. *County level dropout rates for 2015-2017 are available in Appendix B Table 16.*



Source: Texas Education Agency, Annual Dropout Rates, 2015-2016.

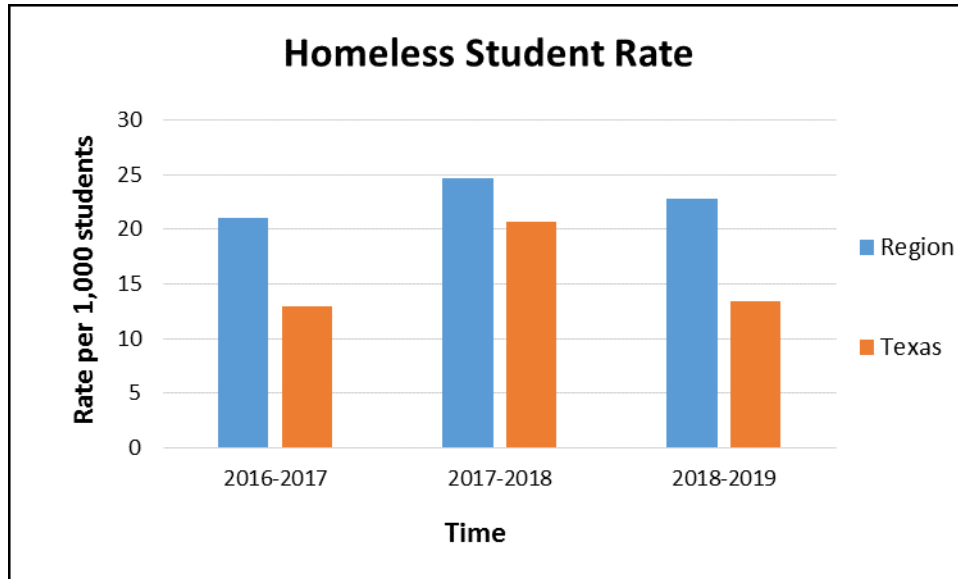
School Discipline

The Texas Education Agency archives the total number of students disciplined and expelled during each school year. Most of our reported area did not report a total for students expelled. For the 2017-2018 school year, only one county reported students expelled; Taylor reported 267 students expelled in this school year. This is a large increase from the 2016-2017 school year when Taylor County reported 43 students expelled. Since most discipline numbers were not listed or masked, a discipline rate was calculated. Discipline rates were calculated by dividing the discipline record count divided by the cumulative enrollment; this rate was then multiplied by 100 to find a rate per 100 students. **The regional discipline rate for the 2017-2018 school year was reported at 23.2 disciplines per 100 students. The regional discipline rate has increase since the 2016-2016 academic school year. Counties which reported exceeded the regional discipline rates were: Coleman (43.9), Nolan (33.9), Scurry (60), Wichita (35), Wilbarger (41) and Young (33.5) counties.** This indicator data is important for it may inform stakeholders of the need of additional resources and support in certain school districts within the reported counties. *County level data regarding the Total Discipline Record Count, End of Year Enrollment, Discipline Rate per 100 students and Number of Students Expelled for the 2017-2018 school year may be found in Appendix B Table 17.*

Homeless Students

The Texas Education Agency records the number of students who are considered homeless within each county. By TEA standards, a student is considered homeless if the child does not have a permanent address. This definition also includes if the student is couch surfing or moving from one temporary home to another. Homelessness does not necessarily mean students live in shelters. Homelessness is an important indicator to consider when assessing a student’s academic success due to the impact it

may have on a child’s ability to thrive educationally. The National Center of Family Homelessness at the American Institute for Research reports homelessness affects a child’s overall school success, attendance, repetition of grades, and may lead to a student dropping out of school entirely. The following data is taken from the Texas Education Agency Homelessness Counts for the school years, 2016-2017, 2017-2018, and 2018-2019. **In the 2016-2017 school year, there were a regional total of 2,284 homeless students; in 2017-2018 there were 2,632 homeless students, and in 2018-2019 there were a total of 2,400 homeless students in our region.** The total number of homeless students has fluctuated over this school year report period. *County level data for the total number of homeless students for each school year may be found in Appendix B Table 18.*



Source: Texas Education Agency, Homelessness Counts, 2016-2019.

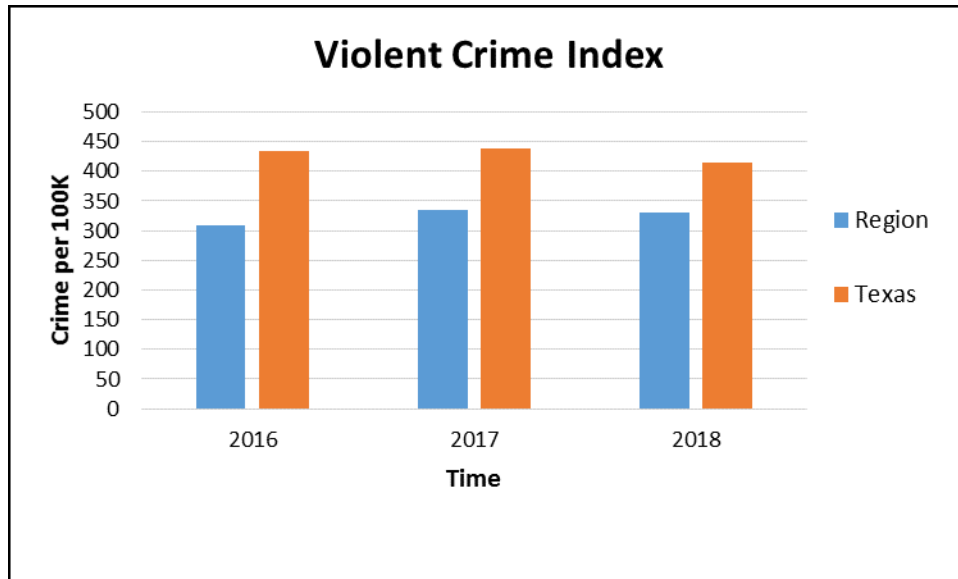
Criminal Activity

Illegal and violent activity can place a community’s overall safety at risk. Indicators of criminal activity will include the index of violent and property crime, family violence, child abuse, drug seizures, and trafficking for the area. Each indicator involves one sector of the risk factor model in the sense that it affects the community, family, school and individuals.

Index Violent Crime

According to the Texas Department of Public Safety Uniform Crime Report, “statistics gathered under the Uniform Crime Reporting Program are submitted by the law enforcement agencies of Texas and are used to project a statewide picture of crime”. Violent crime is defined as crimes including murder, rape, robbery and aggravated assaults; these crimes are considered more dangerous than property crimes. Our area reported a violent crime rate of 331.4 crimes per 100K for year 2018. Meanwhile Texas reported a rate of 415 crimes per 100K in the same time year. In 2017 Region 2 had a violent crime rate of 335.3 crimes per 100K, and in 2016 the violent crime rate was 309.5 crimes per 100K. The state violent crime rate in 2017 was reported as 438.1 crimes per 100K, and in 2016 the crime rate was 434.5. **The violent**

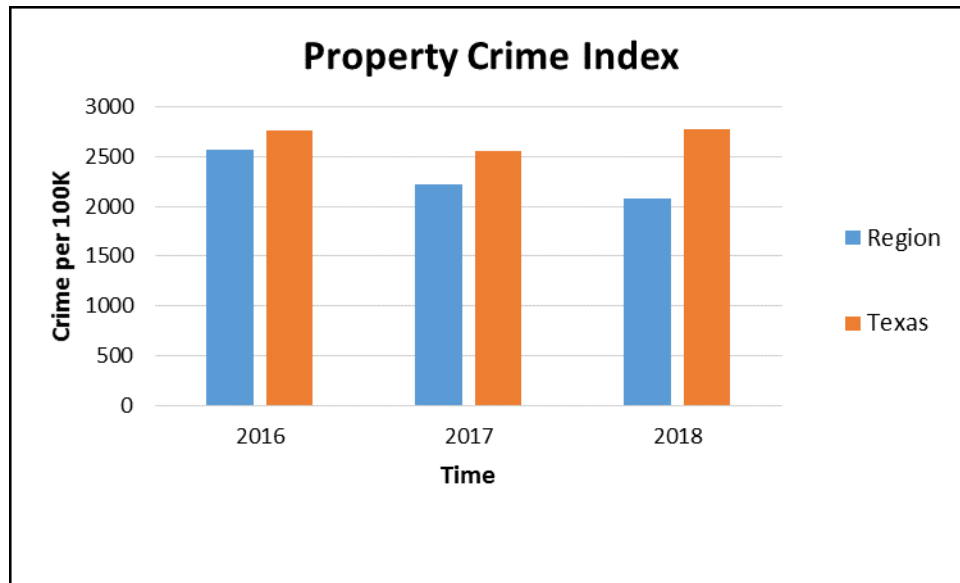
crime rate in our region and state rates have fluctuated over the last three years. Overall our region is reporting a lower rate of violent crime when compared to the state violent crime rate from 2016-2018. The following chart reports the rates of violent crimes per 100K for our region and the state of Texas. *County level data for the Index Violent Crime for 2016-2018 is available in Appendix B Table 19.*



Source: Texas Department of Public Safety, Uniform Crime Report, 2016-2018.

Index Property Crime

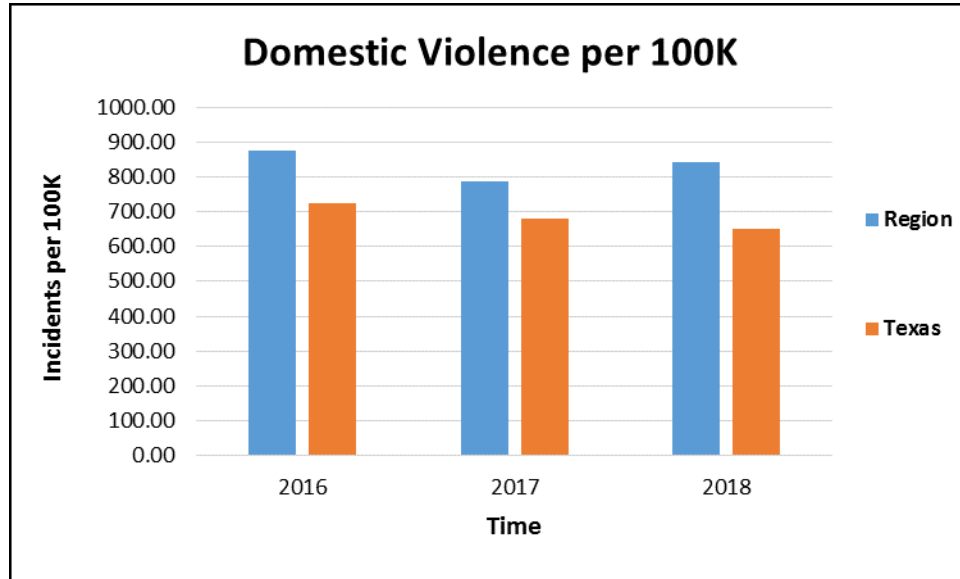
The Uniform Crime Report also includes total numbers and rates for property crimes for each county. Property Crimes include crimes such as burglary, larceny and auto theft. These types of crimes are generally less dangerous when compared to violent crimes (UCR, 2015). In 2018 our region reported a property crime rate of 2,084.8 property crimes per 100K. In the same year, the state reported a rate of 2,776.5 property crimes per 100K. In 2017 the regional property crime rate was 2,223.9 crimes per 100K, and in 2016 it was 2,574.9 crimes per 100K. The state property crime rate in 2015 was 2,822.8 crimes per 100K. In 2014 it was 2,987.9 per 100K. **Our region reported a higher rate of property crimes being committed when compared to violent crime rate totals. However, the property crime rate for our region is decreasing over time.** The following chart reports the rates of property crimes for the region and the state. *County level data for Index Property Crime for 2016-2018 is available in Appendix B Table 20.*



Source: Texas Department of Public Safety, Uniform Crime Report, 2016-2018.

Family Violence

The Texas Family code defines Family Violence as an act, intended for harm, against a family or household member. These acts include physical harm, bodily injury, assault, or a threat that results in fear of imminent danger. Reasonable child discipline is excluded from family violence definitions. **In the last three years, the family violence crime rate has had a significantly higher rate of domestic violence incidents when compared to the state.** In 2016 our region reported 875.13 incidents of domestic violence per 100 thousand people. In 2017 the rate reported was 786.22, and in 2018 our area reported a rate of 842 incidents of domestic violence per 100 thousand people. The state reported a rate of 722.98 incidents per 100 thousand in 2016, 678.81 incidents in per 100 thousand in 2017, and 650.27 incidents per 100 thousand in 2018. The regional rate of incidents has fluctuated over the years while the state rate has decreased over the past three years. The following chart reports the rates of domestic violence for the region and the state. *County level data for Domestic Violence per 100,000 people 2016-2018 is available in Appendix B Table 21.*

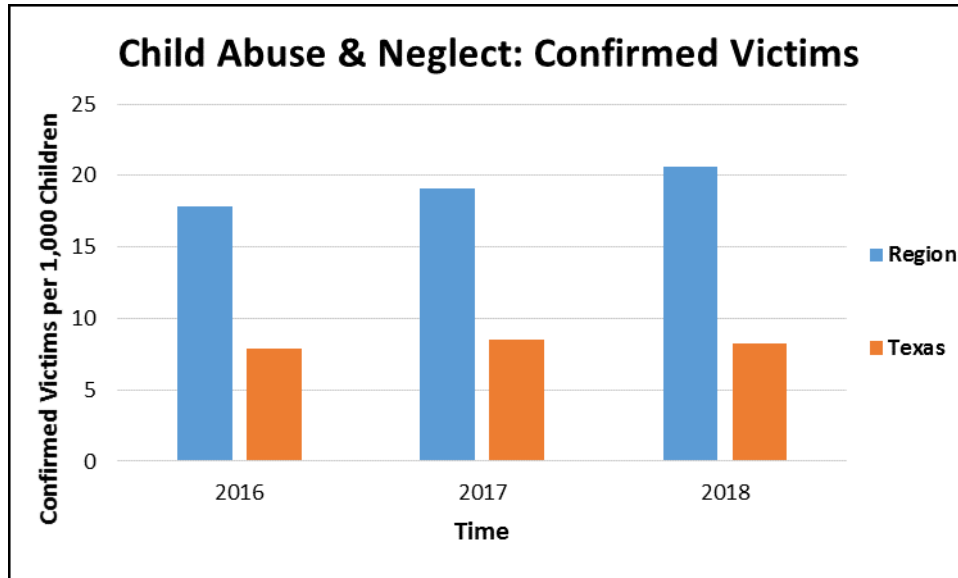


Source: Texas Department of Public Safety, Uniform Crime Report, 2016-2018.

Child Abuse

The Texas Department of Family and Protective Services assists families and children who are in abusive or neglectful situations. Abuse or neglect allegations may include: neglectful supervision, physical abuse, physical neglect, sexual abuse, medical neglect, emotional abuse, or refusal to accept parental responsibility. **In the last three years Region 2 has had a significantly higher rate of abused children when compared to the state rate. Additionally, the regional rate has increased over the last three years.** In 2016 our area reported a rate of 17.8 confirmed victims per 1,000 children to have been abused or neglected. In 2017 this rate increase to 19.14, and in 2018 our rate increased again to 20.64. Meanwhile the state rate reported to be 7.92 confirmed victims in 2016, 8.49 confirmed victims in 2017, and 8.29 confirmed victims of child abuse and neglect per 1,000 children in 2018. The following counties reported rates higher than the regional rate: Brown, Callahan, Coleman, Fisher, Haskell, Jack, Jones, Mitchell, Montague, Nolan, and Taylor.

Almost all the counties within our region report a higher rate of confirmed victims per 1,000 children when compared to the state rate. This data on child abuse victims reports a significant need for child and family resources and support within our area. The following chart reports the rates of child abuse for the region and the state. *County level data for Child Abuse & Neglect: Confirmed Victims per 1,000 children 2016-2018 is available in Appendix B Table 22.*



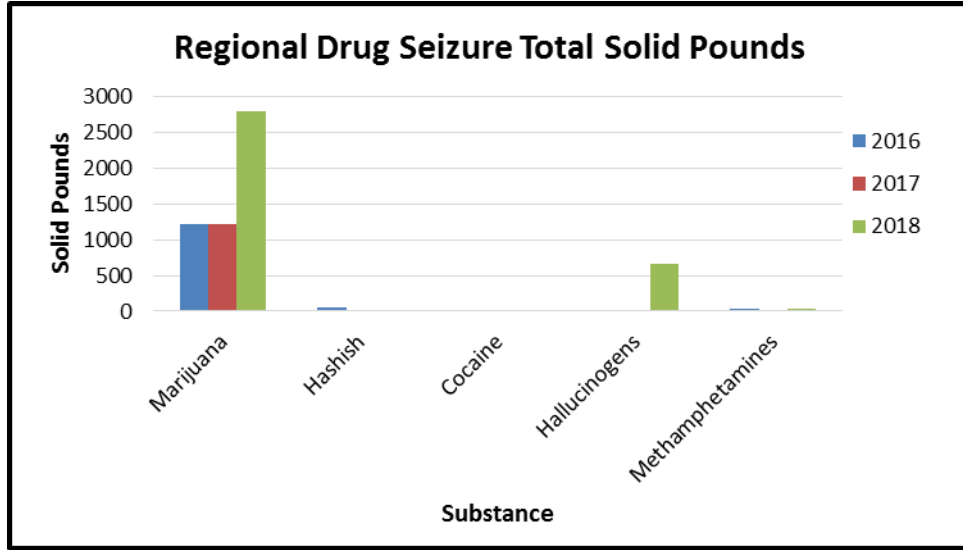
Source: Texas Department of Public Safety, Uniform Crime Report, 2016-2018.

Sexual Assault

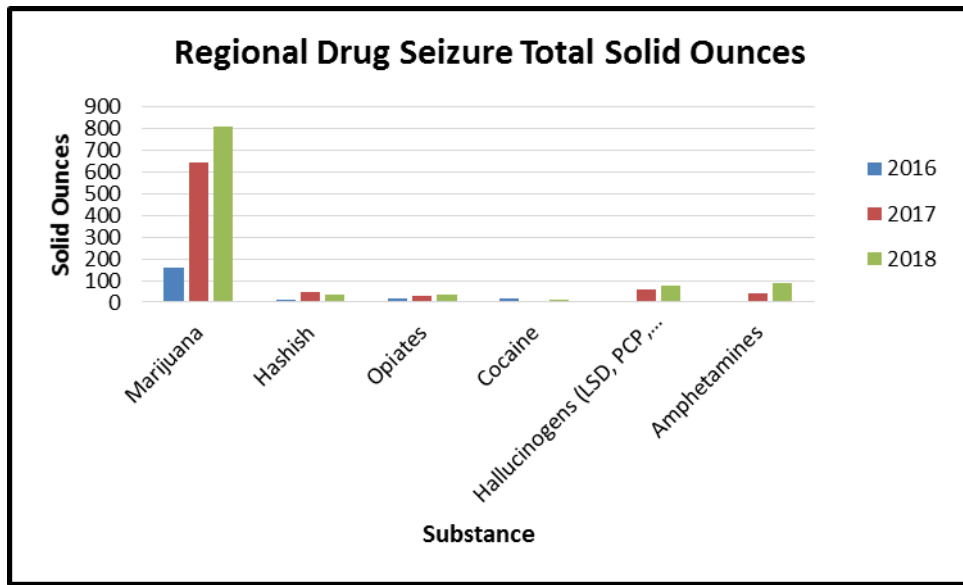
The Uniform Crime Report also includes a separate report on sexual assault incidents occurring within each county. Recording sexual assault data is now required by the Texas Legislature due to HB 76 enforcement; this data was required beginning in 2008. In the UCR program, rape is classified under index violent crime rates. Because there is great variance in this type of data, sexual assaults are classified incidents other than rape. In 2016, there were 18,611 incidents in Texas; in 2017 there were 18,534 incidents, and in 2018, there were 19,788 sexual assault incidents in Texas. **In 2016, there were 561 sexual assaults in our Region. In 2017, there were 580 incidents, and in 2018, there were 647 sexual assaults in our region.** Counties which reported a high number of incidents were: Taylor, Wichita, and Brown counties in all three years. **Our region reports to have an increasing trend over time.** *County level data for Total Number of Sexual Assaults 2016-2018 is available in Appendix B Table 23.*

Drug Seizures/Trafficking Arrests

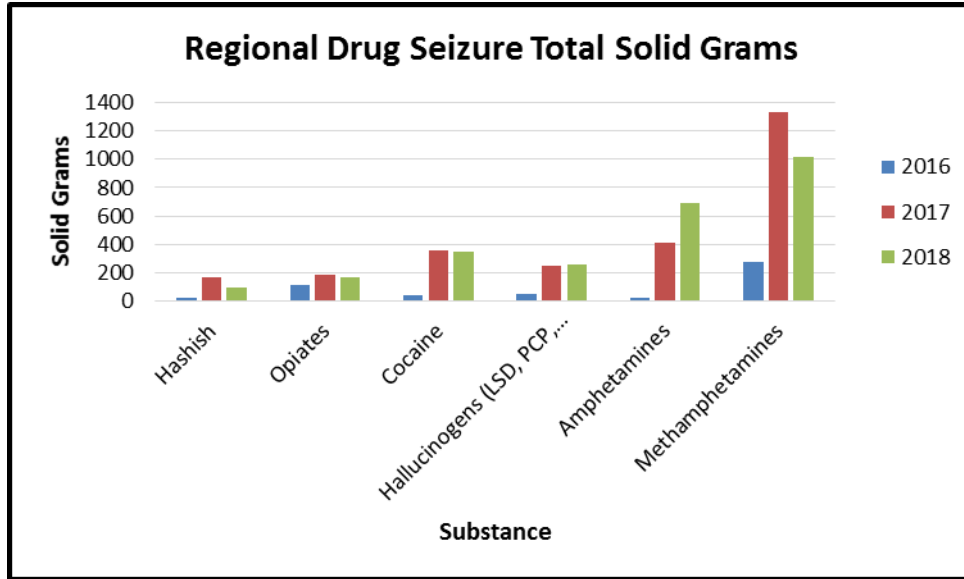
Law enforcement officers across our reported area spend countless hours seizing drugs. These drugs are then categorized in reporting groups which include: Marijuana, Hashish, Opiates (Morphine, Heroin, Codeine and Opium gum), Cocaine, Hallucinogens (LSD, PCP, Mushrooms, Peyote, and Designer Drugs), Barbituates, Amphetamines, Methamphetamines, Tranquilizers and Synthetic Narcotics. These substances are measured in units of solid pounds, solid ounces, solid grams, liquid ounces and dose units. According to the Texas Department of Public Safety Drug Seizures Report for 2016-2018, **the most substances taken for our reported area include: marijuana and methamphetamines.** The following charts report the total amount seized for each substance over a three year period. If a substance had less than 10 units seized in all three years the substance was not included on the chart. The following charts report regional drug seizures over a three year period. *County level data is available upon request.*



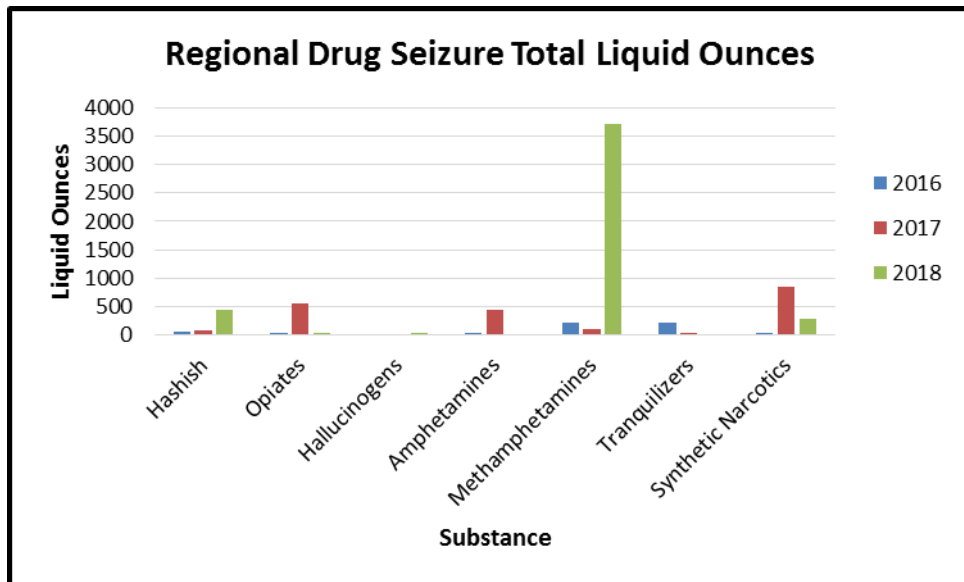
Source: Texas Department of Public Safety, Drug Seizures Report, 2016-2018.



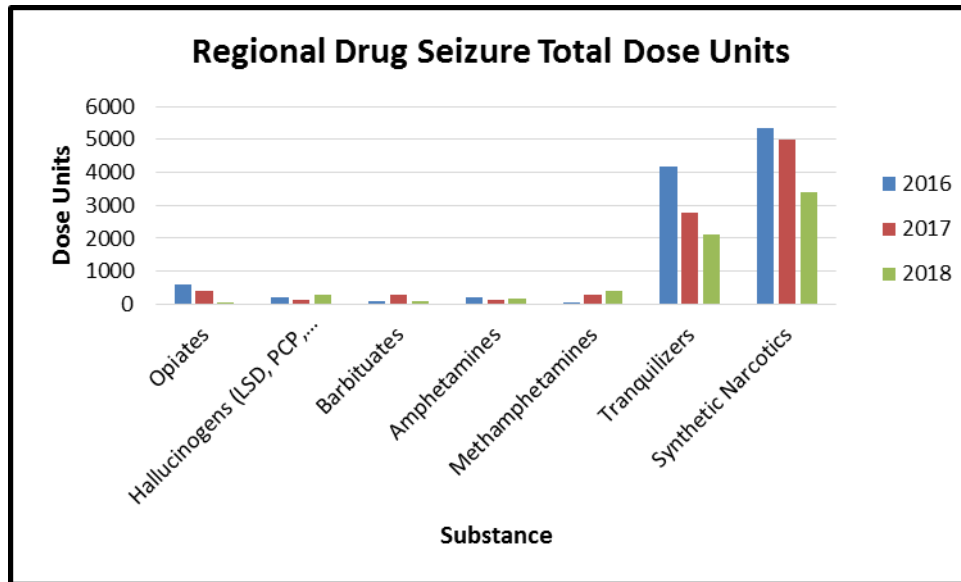
Source: Texas Department of Public Safety, Drug Seizures Report, 2016-2018.



Source: Texas Department of Public Safety, Drug Seizures Report, 2016-2018.



Source: Texas Department of Public Safety, Drug Seizures Report, 2016-2018.



Source: Texas Department of Public Safety, Drug Seizures Report, 2016-2018.

Mental Health

Environmental risk factors for mental and behavior health is crucial to consider in the assessment of a community. Indicators such as suicide, psychiatric hospital admissions, adolescent and adult substance abuse treatment admissions are all included in this evaluation. Contact information for mental health authorities' area is also included in this section.

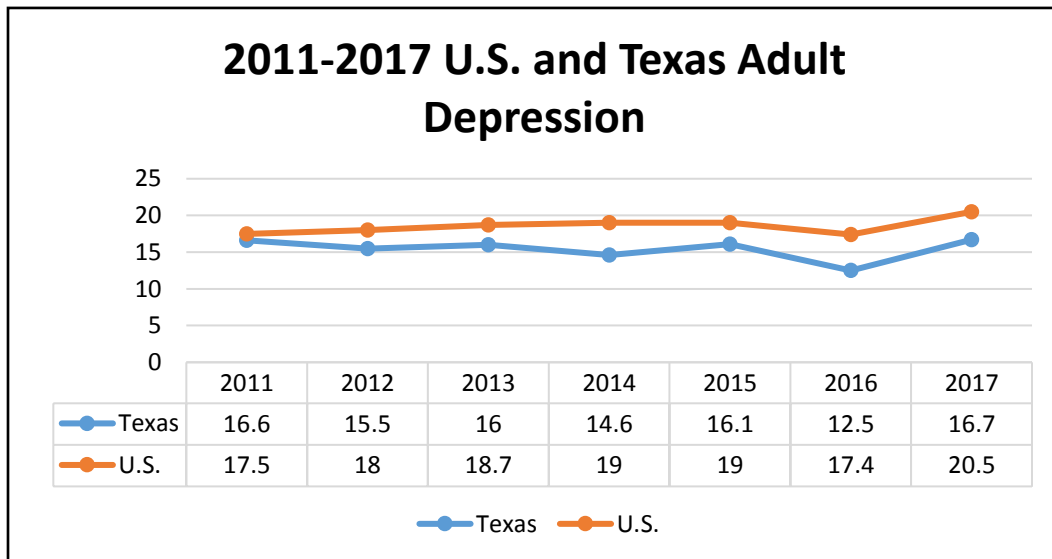
Suicide

Deaths of Texas residents are recorded by the Department of State Health Services Texas Health Data as well as the Center for Disease Control and Prevention National Center for Health Statistics. Suicide rates reported reflect those from years 1999-2017 in order to account for suppressed or masked data. Rates for some rural counties in our region reported less than 9 deaths per 100K and were therefore masked from the dataset. In 2013, our area reported a suicide death rate of 32.9 deaths per 100K; the state rate reported at 11.5 deaths per 100K. In 2014, Region 2 reported having a rate of 21 suicide deaths per 100K, and the state had a lower rate of 12.3 deaths per 100K. In 2015 our region reported a suicide rate of 15.2 deaths per 100k while the state reported a lower rate of 12.3 deaths per 100K. For each of these years, Region 2 has had a higher rate of suicide deaths when compared to the state rate. Currently, data for years 2016 and 2017 are not available by county. For this reason, suicide incidents for 1999-2017 are reported. From 1999-2017, the region reported 486 suicides. This number does not account for the counties with suppressed numbers. Suicide rates continue to rise at the state and national level. *County level data is available upon request.*

Depression

Depression is a common but serious mood disorder caused by a combination of genetics, environment, and other psychological factors and often causes symptoms that affect a person's ability to live and function. According to the National Institute of Mental Health, "depression is one of the most common mental disorders in the U.S."

Depression can happen at any age, and an estimated 17.3 million or 7.1% of adults in the United States have reported at least one major depressive episode. The Behavioral Risk Factor Surveillance System (BRFSS) is a national system that conducts telephone surveys in efforts of collecting data on U.S. adult residents regarding their health related risk behaviors, chronic health conditions, and use of preventive services. From 2011- 2017, the BRFSS tracked the percentage of depressed adults across the nation. The reported rates of depressed adults across the U.S. steadily increased from 2011-2015. Although the national rate dropped from 2015 to 2016, the rate has increased again from 2016-2017. Texas did not have the same trend. From 2011-2016, the percentage of depressed adults decreased and increased every other year in Texas, eventually making a steeper decline from 2015-2016 with 12.5% of adults being depressed. This trend has, once again, has increased to almost 17% of adults reporting depression. Though Texas trends were less consistent than U.S. trends, Texas was always under the national average for percentage of depressed adults from 2011-2017.



Source: Center for Disease Control, Behavioral Risk Factor Surveillance System, 2011-2017.

Adolescents and Adults Receiving Substance Abuse Treatment

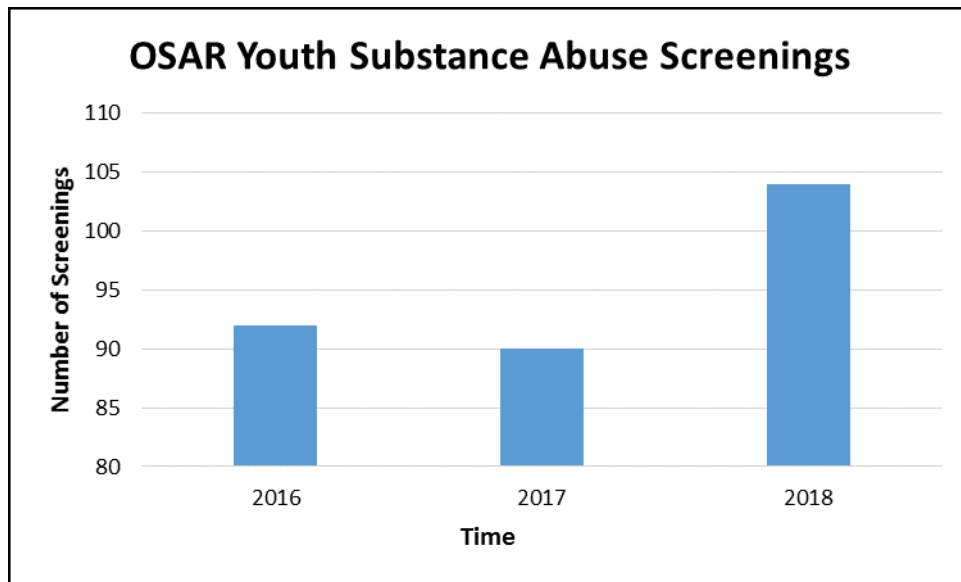
Several types of substance abuse treatments are offered in Texas. COPSD (CoOccurring Psychiatric and Substance use Disorder) clients are individuals who have a mental illness as well as a substance use disorder. Both substance abuse and mental illness need to be treated and managed in their proper, similar, and categorical way.

According to the data received from youth prevention providers, there was a total of 9,944 youth who served in prevention programs in fiscal year 18. This is a decrease from fiscal year 17 numbers.

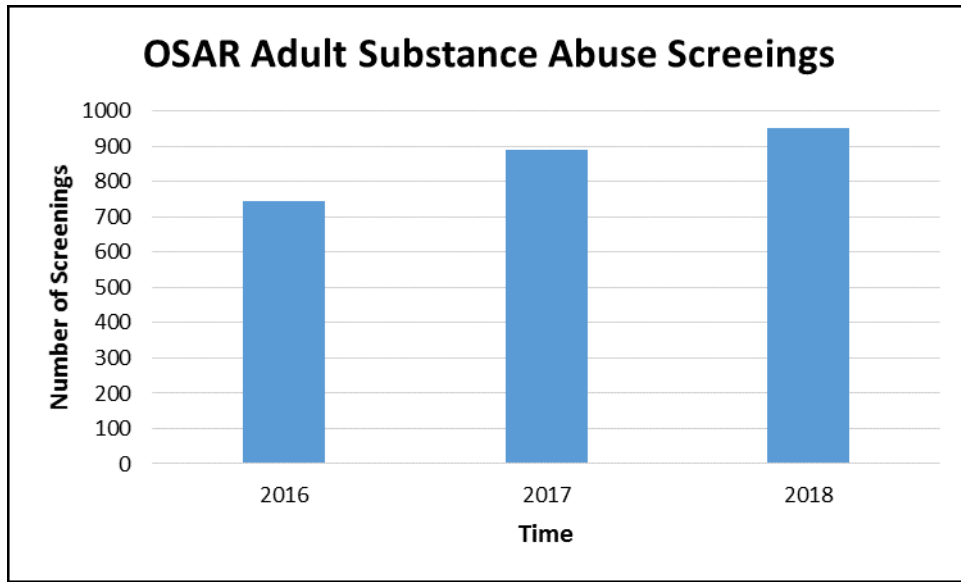
According to the Health and Human Services Behavioral Health Services, 3,888 youth received substance misuse treatment in 2018 in the state of Texas. Of that number, 89 youth received treatment in our region. Of those youth, the majority sought treatment for marijuana. The overall number of youth

receiving services in our region has fluctuated over the years. In 2017, 81 youth reported receiving services, and in 2016, 93 youth received services.

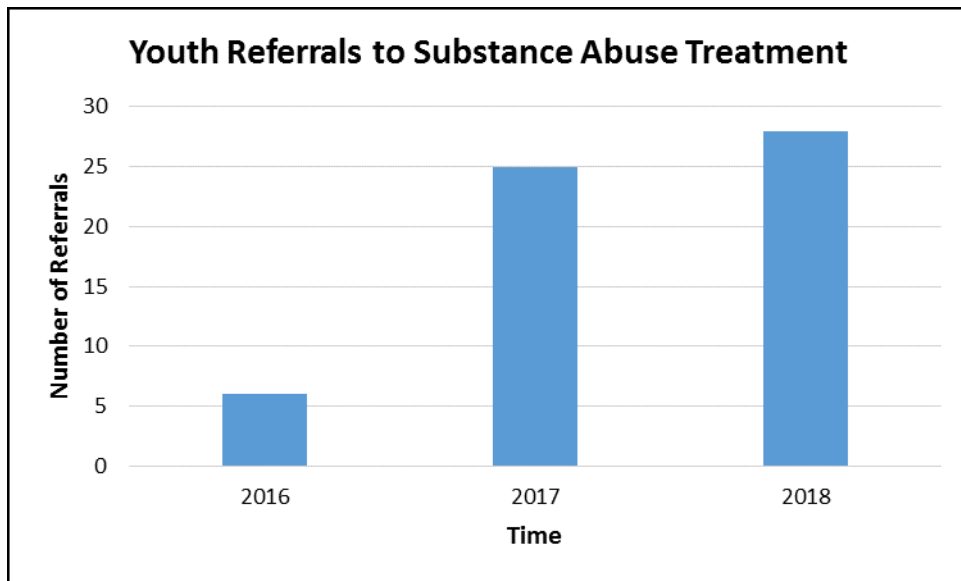
The following data reports the number of individuals screened through the state funded program Outreach Screening Assessment and Referral (OSAR) program. These services are free to the public and are offered throughout the state of Texas. Numbers reported only reflect adults screened. Region 2 had a total of 1,252 people screened in 2018, 1,056 people screened in 2017, and 3,169 in 2016. According to local OSAR records, in 2018 OSAR screened 951 adults and 104 youth, and in 2017 OSAR screened 891 adult and 90 youth. Individuals may be screened for alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, sedatives, PCP, and other categories. In Fiscal Year 2017, there were more individuals screened for amphetamines when compared to any other substance or category. **As of 2017 data, methamphetamine adult screenings have surpassed alcohol and marijuana screenings. Screenings for both youth and adults has increased since 2016. Additionally, youth and adults referred to substance abuse treatment has increased since 2016.** *The chart below describes the type of screenings conducted in FY 2016-2018.*



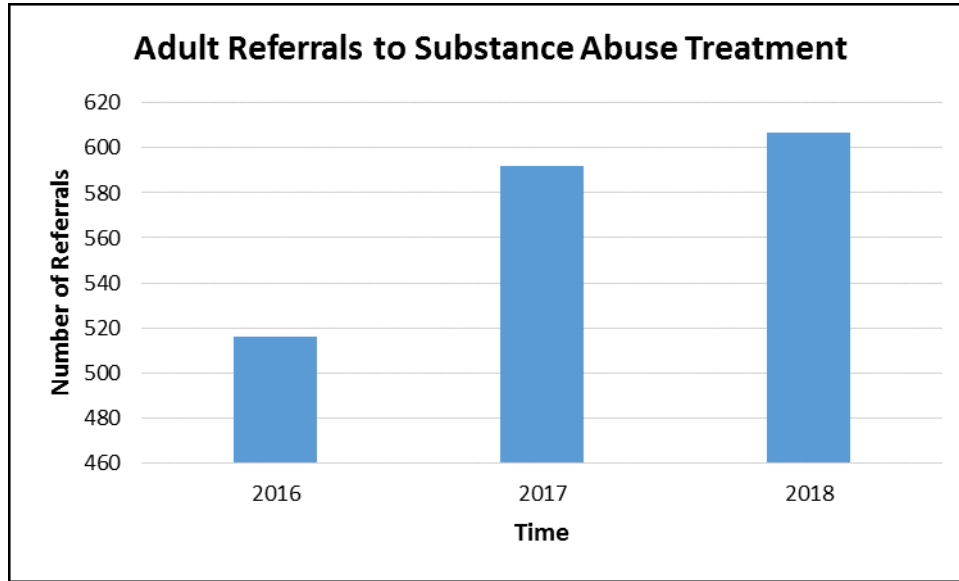
Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referrals, 2016-2018.



Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referrals, 2016-2018.



Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referrals, 2016-2018.



Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referrals, 2016-2018.

MHMR Crisis Hotline/MCOT Team Data

Local Mental Health Authorities or LMHA’s provide mental health services to a specific area within the state. Our area is fortunate to have three centers throughout the region. The Department of State Health Services requires each center “to plan, develop policy, coordinate and allocate and develop resources for the mental health services in the local service area”. Each center is also required to consider client cost benefits in ensuring services are provided using the most appropriate use of public money and also to make the most appropriate treatment alternatives for clients of mental health or mental health retardation services. Each LMHA is available 24 hours a day, seven days a week.

| Center | Crisis Hotline | Main Phone | Website | Counties Served |
|--|----------------|--------------|---|--|
| Betty Hardwick Center 2616 S. Clack Abilene, TX 79606-1545 | 800-758-3344 | 325-690-5100 | https://bettyhardwick.org | Callahan, Jones, Shackelford, Stephens, Taylor |
| Community Connections of Central Texas 408 Mulberry Brownwood, TX 76801 | 800-458-7788 | 325646-9574 | https://cflr.us | Brown, Coleman, Comanche, Eastland |
| Helen Farabee Centers 1000 Brooke St. Wichita Falls, TX 76301 | 800-621-8504 | 940-397-3143 | https://helenfarabee.org | Archer, Baylor, Clay, Cottle, Foard, Hardeman, Haskell, Jack, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Young |

Social Factors

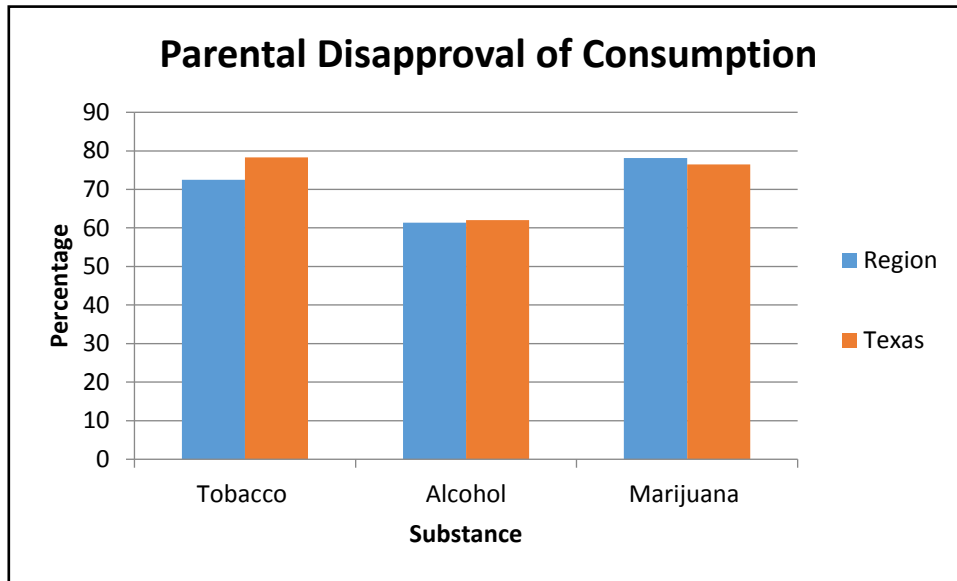
In order to fully comprehend the risks associated with substance abuse, one must consider cultural norms and family and peer perceptions of consumption. If a person believes a behavior is normal, that person is likely to continue learned behaviors, and youth may learn from adult behavior at any age. Additionally, other risky behaviors such as adolescent sexual behavior are often associated with a low perception of harm of consuming alcohol or drugs. Social factors may be one of the most influential indicators in evaluating environmental risk.

Youth Perception of Parental Approval of Consumption

Data regarding parental views on students consuming different substances is included in the Texas School Survey. Research in this study correlates parental approval of consumption and students behavior. The questions regarding parental approval read: "How do your parents feel about kids your age using tobacco, alcohol or marijuana?" (TSS, 2018). Each question is asked separately to students in grades 7-12. **Only .9% of students in Region 2 believe their parents "strongly approve" of them using tobacco; 1.2% believe their parents "strongly approve" of them consuming alcohol, and 1.4% of students believe their parents "strongly approve" of them using marijuana.** Overall, more students believe their parents would approve of kids their age using marijuana when it is compared to the responses from other substances. The approval rate for all three substances has increased slightly since 2016.

Furthermore, the chart below reports the percentage of students believing their parents "strongly disapprove" of them consuming these particular substances. **Alcohol has the least percentage of students believing their parents "strongly disapprove" of them consuming this substance.** Marijuana

also has the highest parental disapproval when students consider what their parents believe regarding these substances. Students in Region 2 report a lower parental disapproval percentage for two out of the three substances listed when compared to the state percentage of student perception of parental disapproval. *The full chart of Region 2 and Texas percentages for all grades may be found in Appendix C Table 24 and 25.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

Youth Perception of Peer Approval of Consumption

The Texas School Survey includes questions regarding student’s belief of their friends’ consumption behavior. Peer approval is inquired through the question: “About how many of your close friends use tobacco, alcohol or marijuana?” (TSS, 2018). Each question is asked separately. Answers may be classified as: “none”, “a few”, “some”, “most” or “all”. A total percentage was calculated excluding responses as “none”. The following chart reports the total percentage of all students (Grade 7-12) who believe their friends consume these substances. 40.6% of students report their friends using tobacco; 56.4% report their friends consuming alcohol, and 37.9% of students in our Region report their friends using marijuana. **Alcohol is reported as the highest consumed substance among youth in our region when compared to other substances, and percentages in our region also exceed the state percentage of peer consumption.** Both tobacco and alcohol exceed the state-level percentages when comparing overall percentages of peer approved consumption. Marijuana is reported as the lowest consumed and below the state percentage of peer consumption.

Peer approval is a powerful indicator of youth belief and behavior when consuming substances. Peer approval of consumption is often correlated with a person’s behavior and beliefs in regard to a particular substance. With regard to the chart above (Parental Disapproval of Consumption), **data reports that students believe less of their parents disapprove of consuming alcohol while more of their peer’s approve of them consuming alcohol.** Additionally, students believe more of their parents disapprove

of them consuming tobacco and marijuana while they believe less of their friends consumes it. *The full chart of Region 2 and Texas percentages for all grades may be found in Appendix C Table 26 and 27.*

Cultural Norms and Substance Abuse

In central rural West Texas, it is common for alcohol to be sold at local events such as concerts, benefits, and fundraising events. In 2017 the Abilene City Council approved the sale of alcohol until 2:00am every day in the City of Abilene (located in Taylor County). Local businessmen were influential to the council in approving this ordinance, and the councilmen deemed the ordinance as effective October 2017. Rural West Texas has a unique view when it comes to considering economic growth and the opportunity to create an atmosphere that is attractive to younger generation. This view was utilized in the arguments for enacting the sale of alcohol until 2:00am every day. Local businessmen also communicated an emphasized personal responsibility to growth as another reason why it should be enacted. This ordinance is the second instance that has been utilized as an avenue to “grow the local economy”. New trends and popular beliefs such as this make prevention methods difficult when revenue is such a driving force in local economies. Nevertheless as prevention professionals, we are there reporting and informing our councilman as these issues come to the forefront of our community issues.

In March of 2019, the Taylor County Parks and Recreation committee proposed a new city ordinance that would allow the sales and/or consumption of alcohol at local park buildings and the local softball complex. This particular proposal was brought before city council some time ago and was not approved. Nevertheless in the most recent proposal, the Abilene City Council voted to approve the proposal 4-2, allowing for the sale and/or consumption of alcohol in public park facilities.

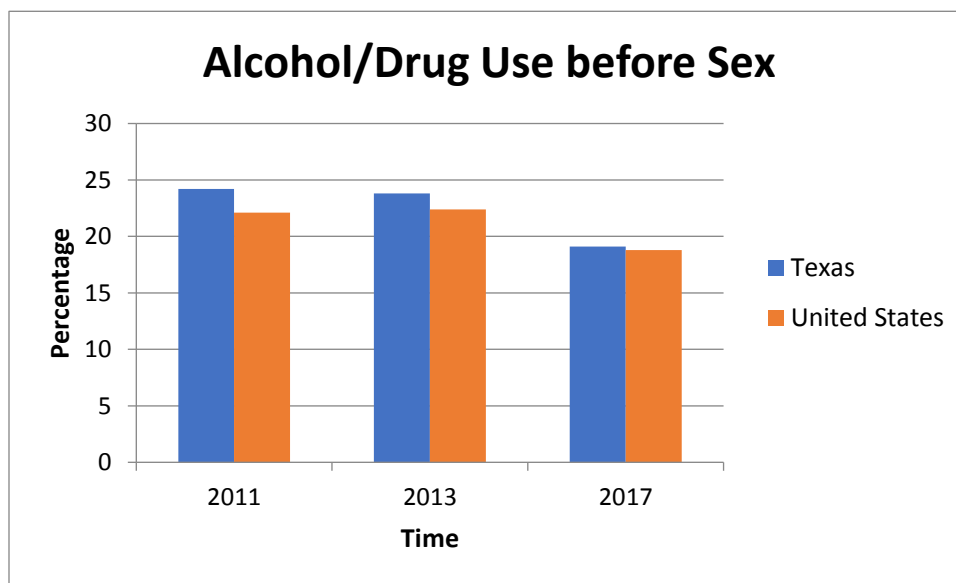
However, smoking has been approached differently by local leaders. Two of the largest cities in our area Abilene and Wichita Falls have enacted a smoking ban, making smoking in public places illegal. Residents who wish to smoke must do so in a certain amount of feet away from the entrance of a building. Smoking is generally accepted as a negative health behavior due to the educational tactics of prevention professionals throughout the state and nationwide. Smoking bans can be an effective way of promoting a healthy community. Perhaps more education and awareness is needed to gain the same acceptance for detrimental health effects of alcohol on a person’s overall health.

Recently, Texas passed a law (SB21) prohibiting the sale of tobacco products for any person under the age of 21. However, this bill has stipulations that allow the sale of tobacco products to active military personnel as well as provides a clause that will grandfather certain persons over the age of 18. Texas is now the 14th state to pass such a law prohibiting people under the age of 21 from purchasing tobacco and nicotine products.

Adolescent Sexual Behavior

The Center for Disease Control initiates the Youth Risk Behavior Survey (YRBS) every two years. This survey began in 1990 and was developed “to monitor priority health risk behaviors that contribute to the leading causes of death, disabilities and social problems among youth and adults in the United States” (CDC, 2016). The data related to sexual behaviors is also included in this survey; it includes information regarding unintended pregnancy, sexually transmitted infections and HIV infections. This data regarding sexual behaviors is specifically asked in the Sexual Risk Behaviors data which is self-reported from students from grade 9th-12th grades. This data is not region specific but does report data for students who

live in Texas. 39.2% of students in Texas reported having sexual intercourse in 2017; 3.3% of these same students did so before the age of 13. 11.2% of these students had sex with four or more persons during their lifetime. 52.4% of the reported Texas students in 2017 also reported not using a condom when they had sexual intercourse last. 86% also reported not using birth control pills before their last time engaging in sexual intercourse in order to prevent pregnancy. Texas students also reported their behaviors before they engaged in sexual behavior. 19.1% of Texas students reported drinking alcohol or using drugs before their last sexual intercourse; this percentage has decreased over the last three years. The chart below includes a comparison of Texas students to the percentage of students in the United States. It reports the percentages of students who drank alcohol or used drugs before their last sexual encounter for 2011, 2013, and 2017. Currently, there is not state data from the YRBS for the year 2015 **Texas students have a higher percentage of using substances before engaging in sexual intercourse** when compared to the percentages reported in the United States.



Source: Center for Disease Control and Prevention. High School Youth Risk Behavior Survey 1991-2017.

Misunderstandings about Marijuana

Marijuana legalization continues to broaden its scope across our country. More and more states are beginning to legalize marijuana on some level. Thirty states and the District of Columbia have made the decision to legalize marijuana with exceptions. Ten states and the District of Columbia have legalized marijuana for recreational use: Alaska, California, Colorado, Illinois, Maine, Massachusetts, Nevada, Oregon, Vermont, Washington, and the District of Columbia. Recreational use laws and statutes vary by the state. However, recreational use of marijuana is prohibited by anyone under the age of 21. Each state is allowed to weigh the bills in their state legislatures; Texas is under the same jurisdictional pressure for the legalization of marijuana as well.

According to Texas Standing Tall, there were three legislative efforts processed through certain bills in the House of Representatives and the Texas Senate to address marijuana legalization in Texas. “Decriminalization is the reduction of criminal penalties to civil sanctions or low-level, fine-only misdemeanors for the possession of small, personal use amounts of marijuana” (TST, 2017). Generally, a person may possession an ounce or less. House Bill 58, 81, 82, 680 and Senate Bill 170 all address

decriminalizing marijuana in Texas. Another type of the legalization efforts is to expand uses of medical marijuana which helps alleviate medical conditions. There are two types of medical marijuana laws: “comprehensive laws that allow for the uses of most strains of marijuana to treat specific illnesses, regardless of the THC content or laws that permit the use of low THC Cannabinoid oil to treat particular illnesses” (TST, 2017). House Bill 2107, Senate Bill 269 as well as House Joint Resolution 111 and Senate Bill Joint Resolution 18 are all comprehensive bills awaiting a committee hearing in the Texas Legislature. The last version of marijuana legalization is recreational use of marijuana. This is defined as “the use of marijuana for personal, non-medical use” (TST, 2017). States which have utilized this legislation have made this open and available to anyone 21 and older. Texas also has a bill in the legislature for recreational legalization. House Joint Resolution 46 and Senate Joint Resolution 17 are both waiting to be heard in the committee hearing. The Texas 85th Legislation will be addressing each of these bills while in session. Proponents of legalization have taken their time and will continue to address this issue as time presses on. As these issues continue to arise Texans Standing Tall reminds the public “when states pass laws that expand the availability of marijuana, the product inevitably becomes commercialized, resulting in unavoidable increased use and negative public health results” (TST, 2017).

Most recently, House Bill 1325 was passed, legalizing hemp and hemp-derived products like CBD oil. In addition to this bill, House Bill 3703 was passed, expanding the Texas Compassionate Use Program. Under this bill, ultimately passed by the Senate, qualifying conditions include epilepsy, multiple sclerosis, spasticity, amyotrophic lateral sclerosis (ALS), autism, terminal cancer, and an incurable neurodegenerative disease.

As marijuana has become legal in other states, social constructs of teens have been influenced. In a previous focus group with college students, the group shared their perception that marijuana is as common as having a beer with their peers. Social media continues to influence millennials. The group shared the ease of access even now when it isn't legal, and the facilitator had to remind the students that marijuana use is not legal. Each of the participants reassured the facilitator they knew this, yet the belief among the group was that marijuana is not a threatening substance to their health. As these substances become legal, prevention professionals must be mindful on how to reach college students and other groups when addressing prevention strategies for marijuana use.

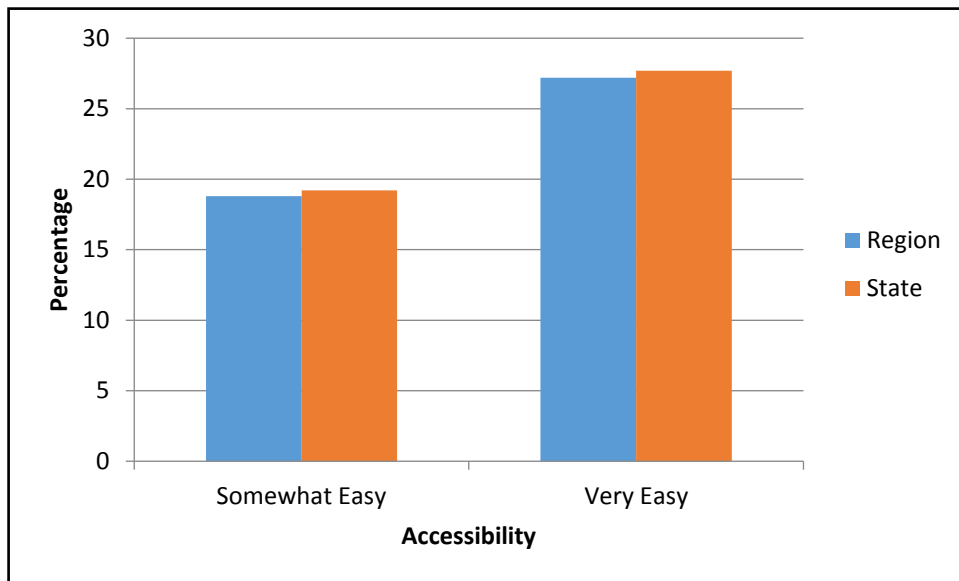
Accessibility

In evaluating the risk of substance use in congruence with the risk factor model, accessibility should be considered in the perceptions one has in obtaining alcohol, marijuana, tobacco, or prescription drugs. If one believes any of these substances will bring harm to themselves, the risk of abuse decreases. Additionally, if one has a low perception of harm in regard to these substances, the risk of abuse increases. Family associations may influence the risk of abuse if parents are social hosts for adolescent parties, and the risk of abuse is influenced if drugs are allowed or are normally found on school campuses. A community may contribute to a perceived risk if businesses do not follow state licensing and regulations in alcohol sales. The following information addresses each realm of the risk model in assessing the accessibility of alcohol, marijuana, and tobacco and nicotine products. The Texas School Survey does not include a question regarding the perceived accessibility to prescription drugs.

Perceived Access of Alcohol

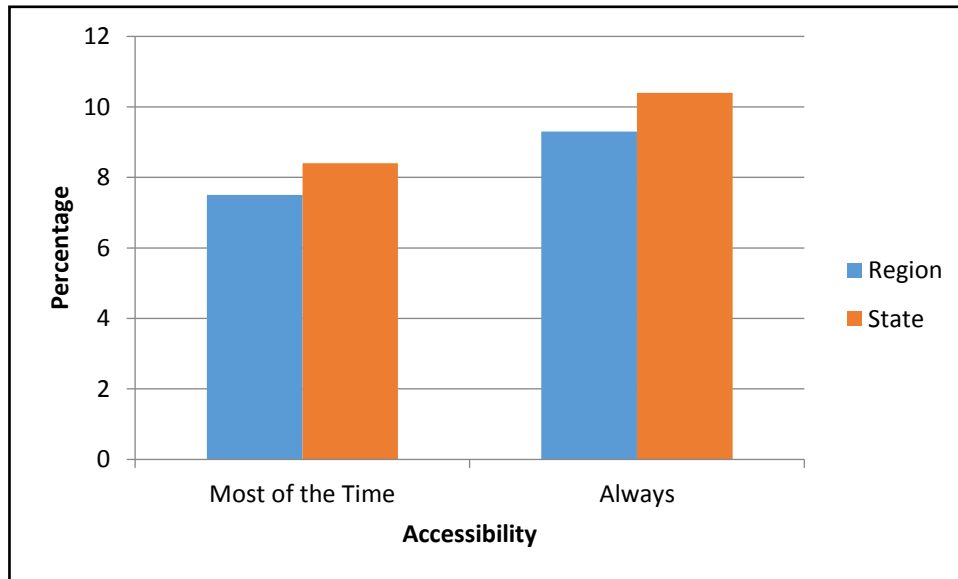
The Texas School Survey addresses a teenager’s perception of how difficult it would be for them to acquire alcohol. The following data is a comparison of all 7th-12th graders in schools across Region 2 compared to other 7th-12th graders across the state. The numbers reported describe the percentage of students who reported it was “somewhat easy” or “very easy” for them to acquire alcohol. Students across our area report around the same percentage of students across the state when asked this question. **9.3% of students in our area also reported they always get alcohol at parities they attended.** This percentage is lower than the state percentage. This indicates a lower risk of use among adolescents when in a social setting in our region. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 28, 29, 30, and 31.*

Table A-6: If you wanted some, how difficult would it be to get alcohol?



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

Table A-11: Thinking of parties you attended this school year, how often was alcohol used?



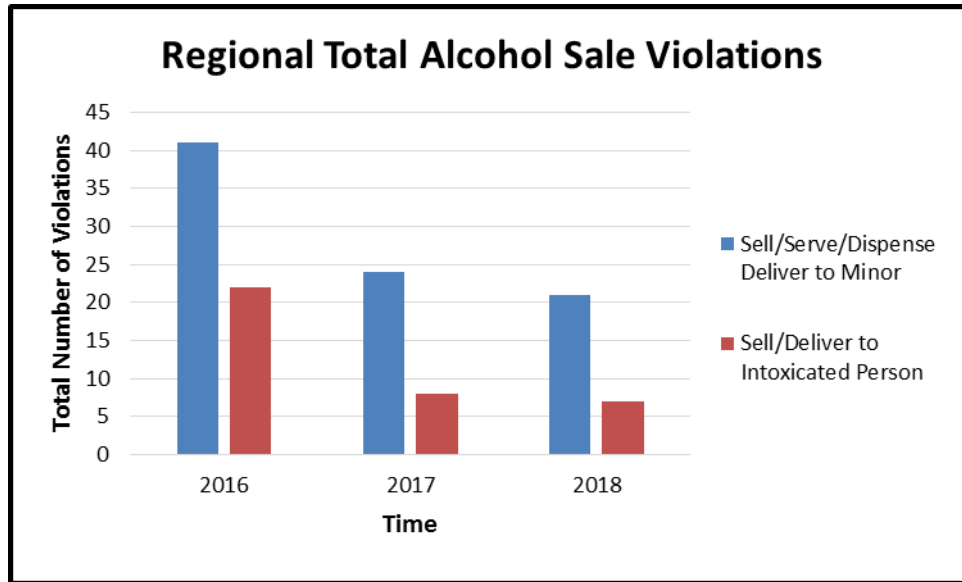
Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

Alcohol Licenses

Accessibility is a known risk factor when it comes to substance use. The more accessible a substance is the risk for substance use increases. A high permit density poses as a risk factor in regard to alcohol misuse. Region 2 holds 1,227 permits to sell/distribute alcohol. The state of Texas currently holds 58,139 permits. Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC).

Alcohol Retail Violations

According to the Texas Alcoholic Beverage Commission alcohol sales to minors and sales to an already intoxicated person in our region have fluctuated over the past three years. Data for all thirty counties was collected Brown and Taylor have the most violations for the data collected (violation 504= sell/serve/dispense/deliver to minor; 561= sell/deliver to intoxicated person). The following data reports the total number of each violation from 2016-2018. *County level data is available upon request.*



Source: Texas Alcoholic Beverage Commission, Administrative Violations, 2016-2018

Social Hosting of Parties

The Texas Legislature passed a social host law (Section 2.02 of the Texas Alcoholic Beverage Code) in 2005 which extends the liability to those who provide alcohol to minors on their property or if the host supplies car keys to an intoxicated adult on the host's property. The law also states that the host must know the minor's age. If a host does not know the minor's age, they cannot be held liable for the minor.

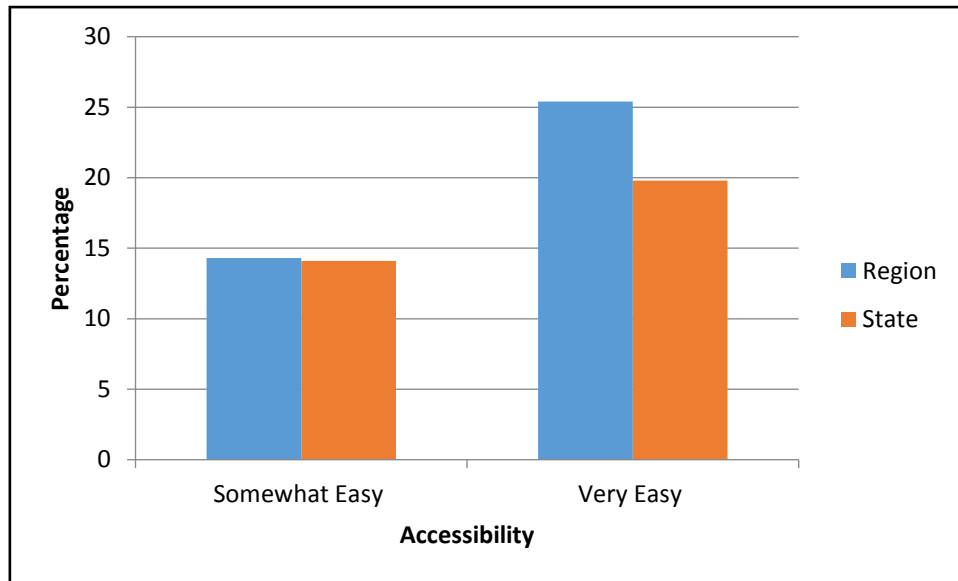
Both San Antonio and El Paso have passed **social host ordinances which "make it illegal to provide an environment where underage drinking takes place, regardless of who provides the alcohol"**. As the Texas School Survey reports, youth generally access alcohol through parties or at home (TSS, 2018); this ordinance "holds adults liable for underage drinking on their property and/or for providing alcohol to minors" (TST, 2017). According to Texas Standing Tall, "a social host ordinance is a prevention designed to stop parties where binge drinking is occurring by creating adult accountability without necessarily elevating the offense to the misdemeanor level that can carry a penalty of jail time" (TST, 2017).

Underage drinking is a concern for our communities because it is often associated with violence, assaults, binge drinking and alcohol poisoning, sexual assaults, unwanted or unplanned sexual activity, in combination with drug use, and property damage or vandalism (TST, 2017).

Perceived Access of Tobacco and Nicotine Products

The Texas School Survey includes questions regarding the perceived access to tobacco among 7th – 12th graders. **Students within our area report accessibility above the statewide percentage when asked how difficult tobacco and nicotine products would be for them to get.** An increased perception of access increases the risk of accessibility among young people within our region. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 28 and 29.*

Table T-4: If you wanted some, how difficult would it be to get Tobacco?

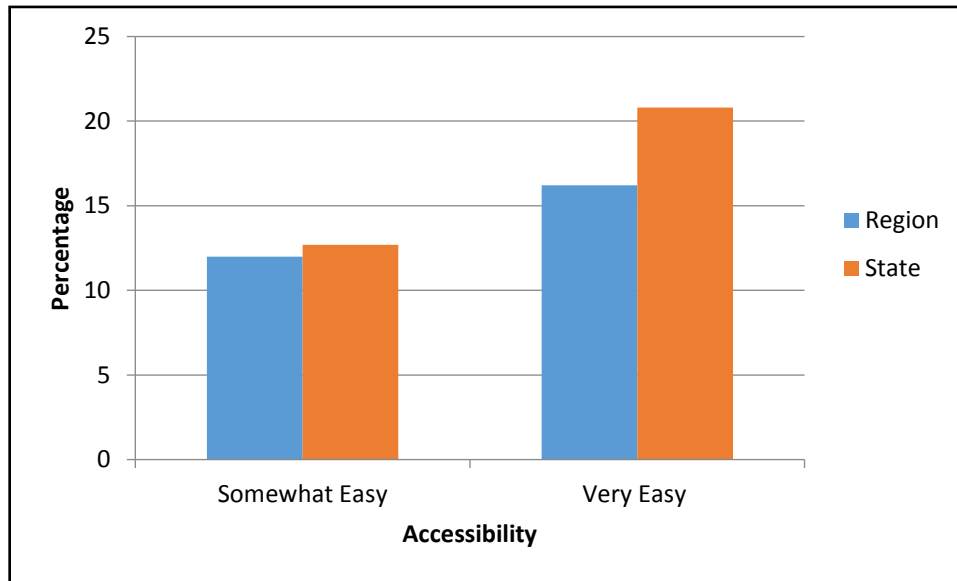


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

Perceived Access of Marijuana

The Texas School Survey includes questions regarding the perceived access to marijuana among 7th – 12th graders. **Students within our area report under the statewide percentage when asked how difficult marijuana would be for them to get. Region 2 also had a lower percentage of students report marijuana being at parties they attended during the year.** A lower perception of access lowers the risk of accessibility among young people within our region. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 28 and 29*

Table D-4: If you wanted some, how difficult would it be to get...



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2018.

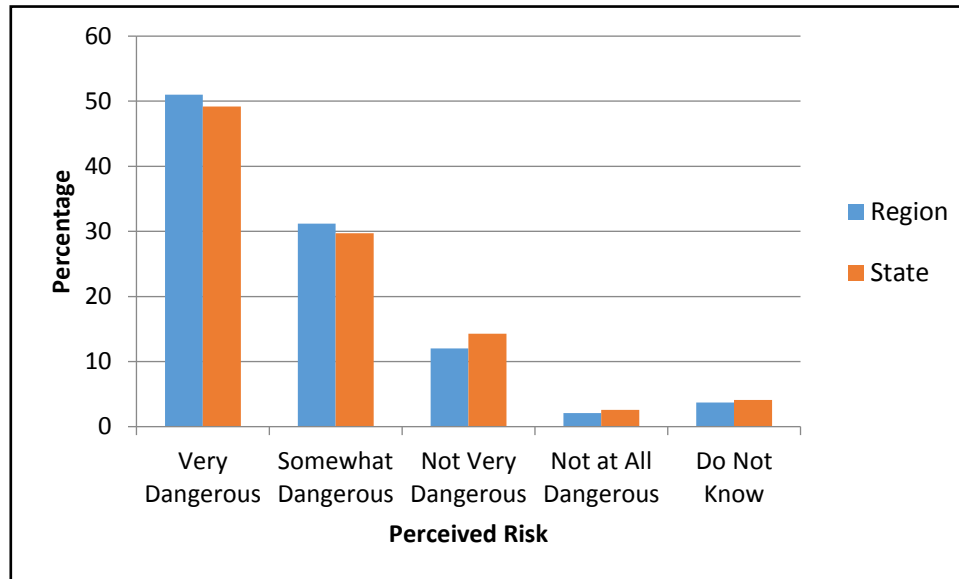
Perceived Risk of Harm

When assessing the risk of abusing substances, a perception of harm should be evaluated. If a person’s perception of harm is low, a person is more likely to have a higher risk of abuse. Likewise, a lower perception of harm often means a person is less likely to use a substance. According to the results of the Texas School Survey, alcohol is perceived as the least harmful of all three statewide priorities when comparing the reported percentages of all 7th-12th graders.

Perceived Risk of Harm from Alcohol

According to the Texas School Survey of 2018, 51% of students within our area reported alcohol as being “very dangerous”. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to the question asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 32 and 33.*

Table A-14: How dangerous do you think it is for kids your age to use alcohol?

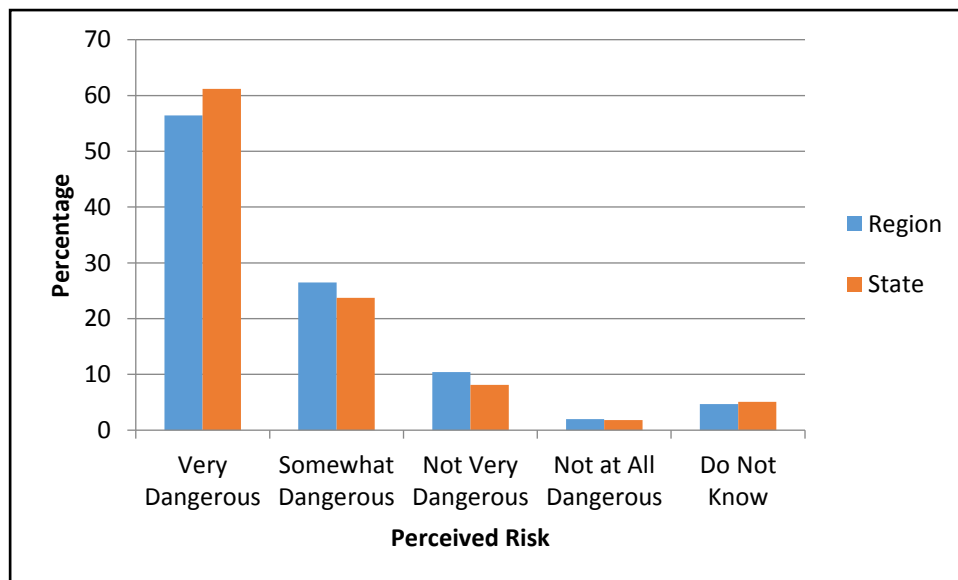


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Perceived Risk of Harm from Tobacco and Other Nicotine Products

56.4% of surveyed students within our area reported using tobacco as “very dangerous”. This report is lower than the state reports. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to the question asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 32 and 33.*

Table T-7: How dangerous do you think it is for kids your age to use tobacco and/or nicotine products?

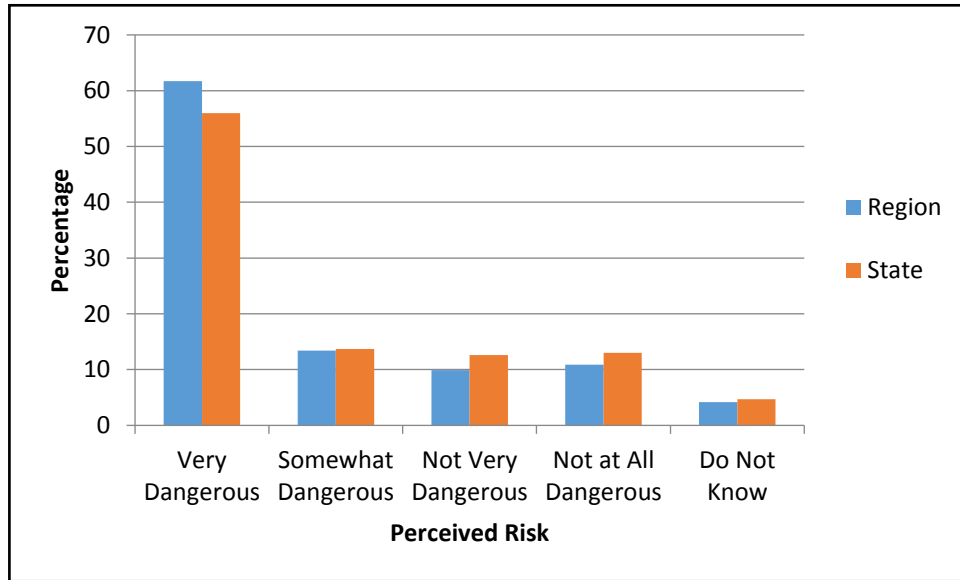


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Perceived Risk of Harm from Marijuana

Over 61% of students surveyed within our area reported marijuana use as “very dangerous”. This percentage is actually higher than the state percentage. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to the question asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 32 and 33.*

Table D-11: How dangerous do you think it is for kids your age to use marijuana?

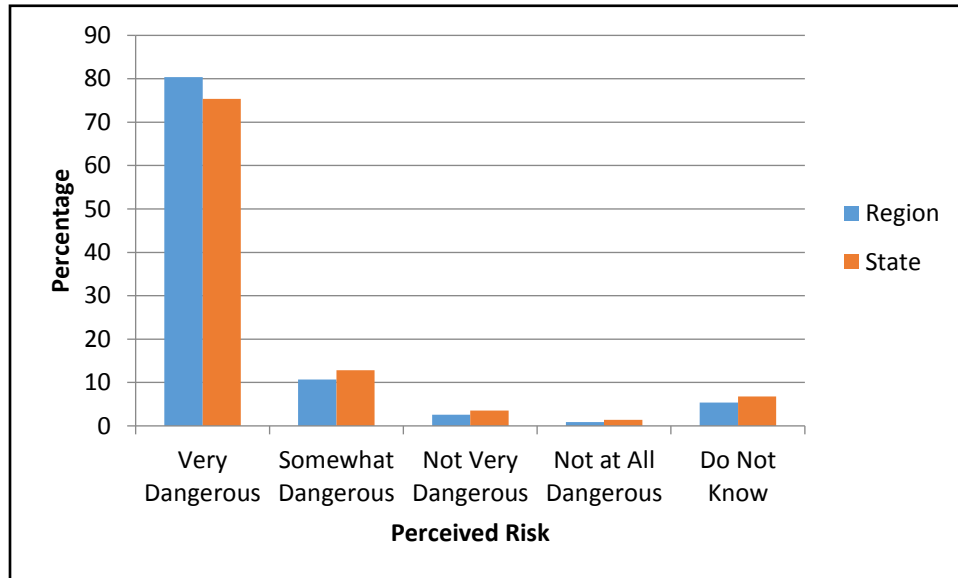


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Perceived Risk of Harm from Prescription Drugs

Over 80% of surveyed students within our area reported as taking other people’s prescriptions as “very dangerous”. This is also higher than the state percentage perceived risk of harm. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to the question asked below. *Regional and State data percentages for each grade may be found in Appendix C Table 32 and 33.*

Table D-14: How dangerous do you think it is for kids your age to use any prescription drug not prescribed?



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Regional Consumption

In accordance with the three statewide prevention priorities (underage drinking, marijuana use, and nonmedical prescription drug abuse), the following information reports consumption rates of alcohol, marijuana and prescription drugs. Additionally, data reported on tobacco and nicotine consumption will be included in this report. Data reported for youth is researched and collected by the Public Policy Research Institute at Texas A&M University through participation in the Texas School Survey. Some survey results will no longer be available as reported in previous years. “In 2016, PPRI and HHSC made the decision to eliminate grade 6 from the survey population. Eliminating grade 6 would reduce the number of campuses in the sample. Furthermore, feedback from focus groups conducted across the state indicated that many districts believed that students in grade 6 were not mature enough for the survey materials” (PPRI, 2016). Several revisions were made including the elimination of some questions. Age of initiation, current or past month use, and lifetime use of alcohol, tobacco and nicotine, marijuana, and prescription drugs are reported.

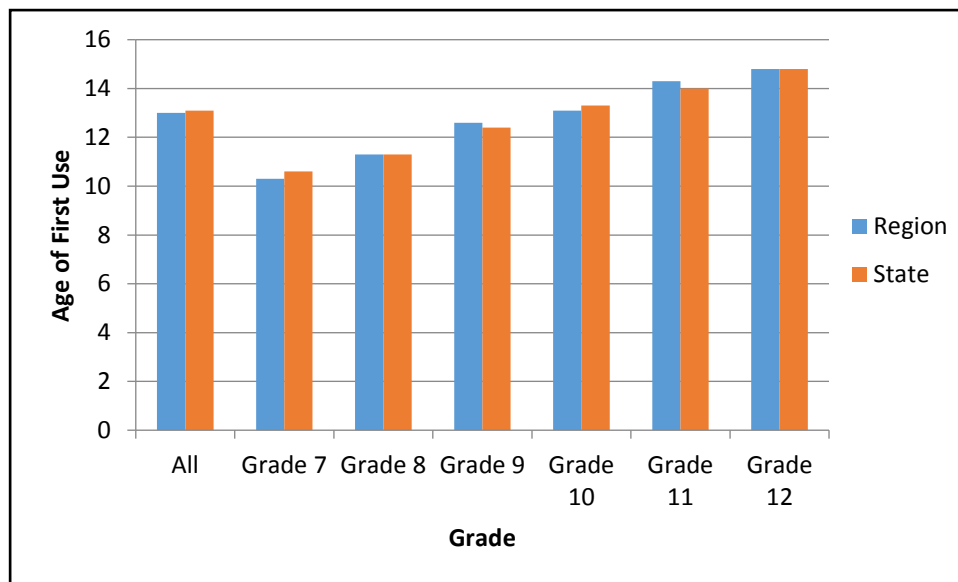
Alcohol

Alcohol is one of the most commonly consumed substances among youth. However, it may have long term effects on an adolescent’s biological development and functioning. The following information is reported in the Texas School Survey results from 2018. This data describes what type of alcohol product students are consuming in the past month. *Regional and State data percentages for each grade may be found in Appendix C Table 34 and 35.*

Age of Initiation

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below. The average age of first use of alcohol in our area is 13. This age is around the same as the state age of first use. **The age of first use of youth using alcohol products exceeds the state age during the ninth grade and eleventh grade.**

Table A-5: Average Age of First Use of Alcohol

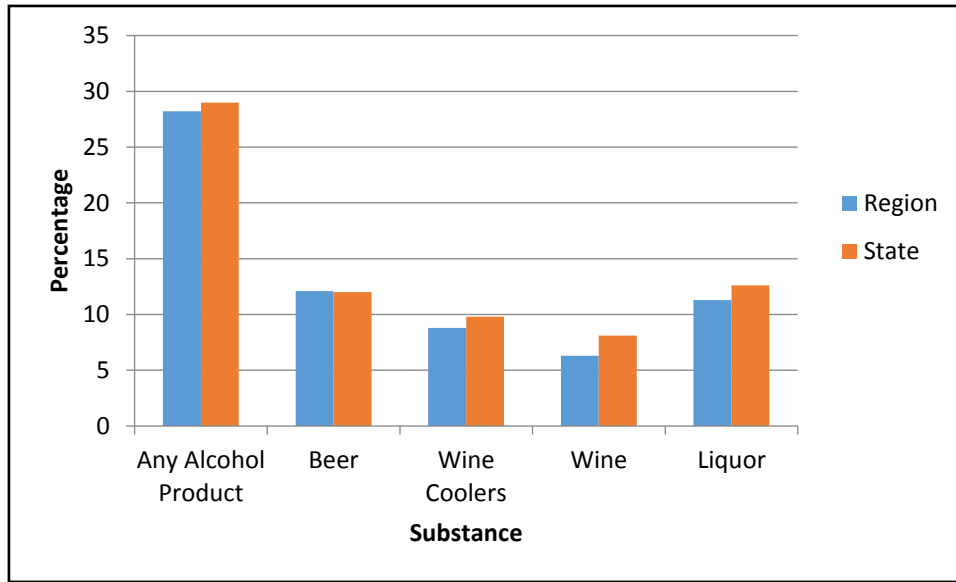


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Past Month Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below. Students are reportedly drinking beer, liquor and wine coolers in the past thirty days. **The percentage of youth using alcohol products is below the state percentage.**

Table A-1: How recently, if ever, have you used...

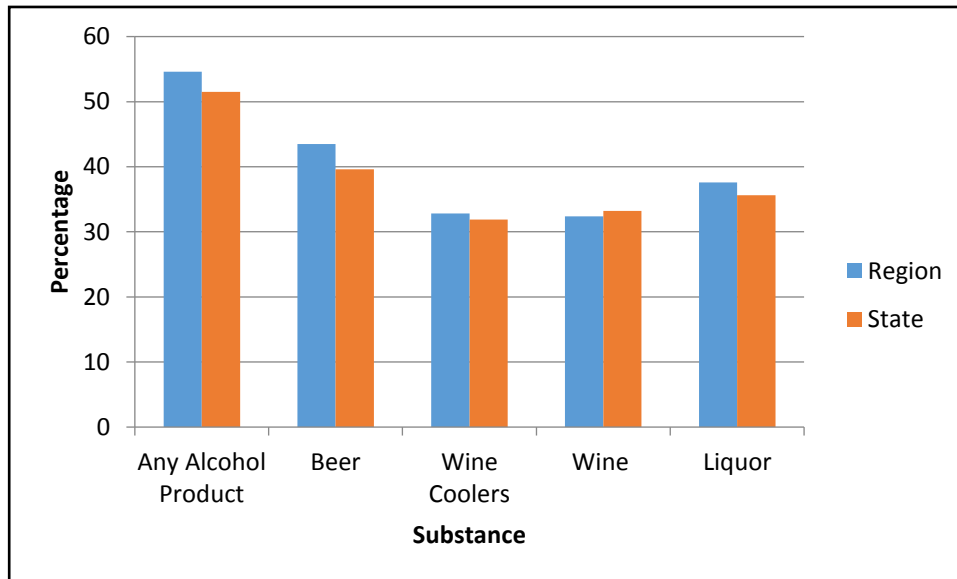


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Lifetime Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below. Reportedly, students are primarily drinking beer followed by liquor. **The percentage of youth using alcohol products exceeds the state percentage.**

Table A-1: How recently, if ever, have you used...



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

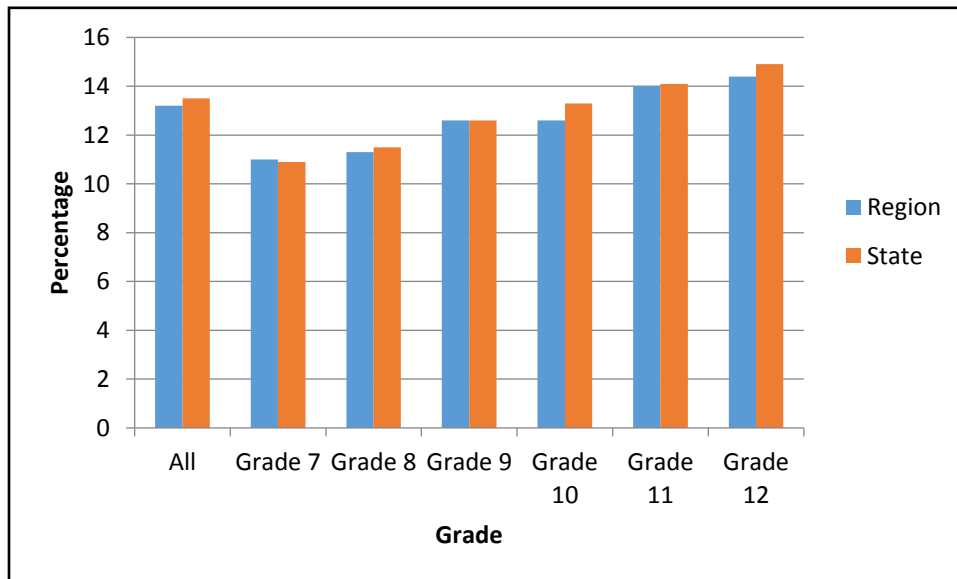
Tobacco

Tobacco use is one of the leading causes of preventable deaths in the United States. With new and emerging tobacco and nicotine trends, longterm effects of tobacco and nicotine use on youth are still very important in need of attention. The following information is reported in the Texas School Survey results from 2018. This data describes what type of tobacco and nicotine products students are consuming. **The percentage of youth using tobacco and nicotine products exceeds the state percentage.** *Regional and State data percentages for each grade may be found in Appendix C Table 34 and 35.*

Age of Initiation

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. The average age of first use of tobacco or nicotine use in our area is 13.2. This age is slightly below the state age of first use. **Overall, the age of first use of youth using tobacco products is below the state age of first use.**

Table T-3: Average age of first use of tobacco

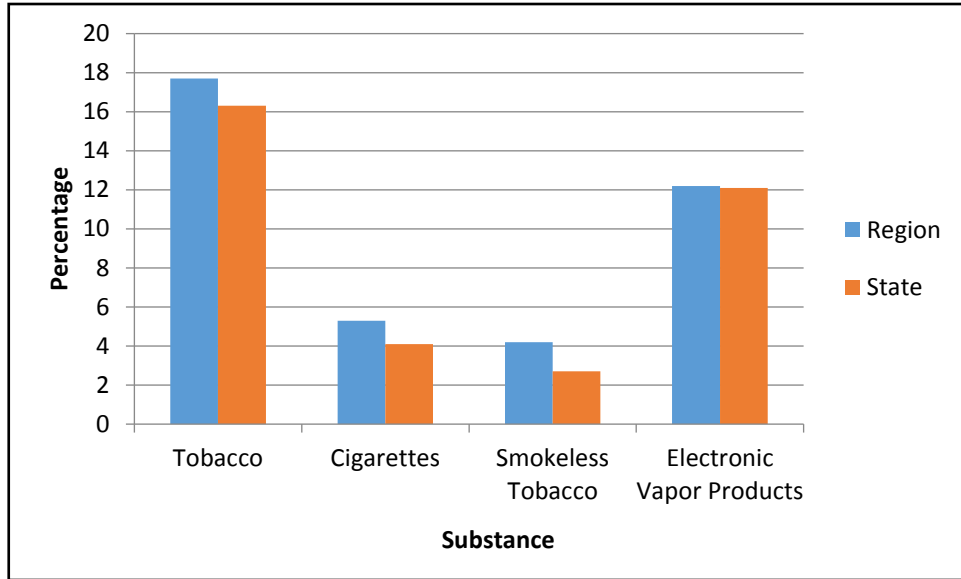


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Past Month Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. Students are reportedly using electronic vapor products the most in the past thirty days. **Overall, the percentage of youth using tobacco products exceeds the state percentage.**

Table A-1: How recently, if ever, have you used...

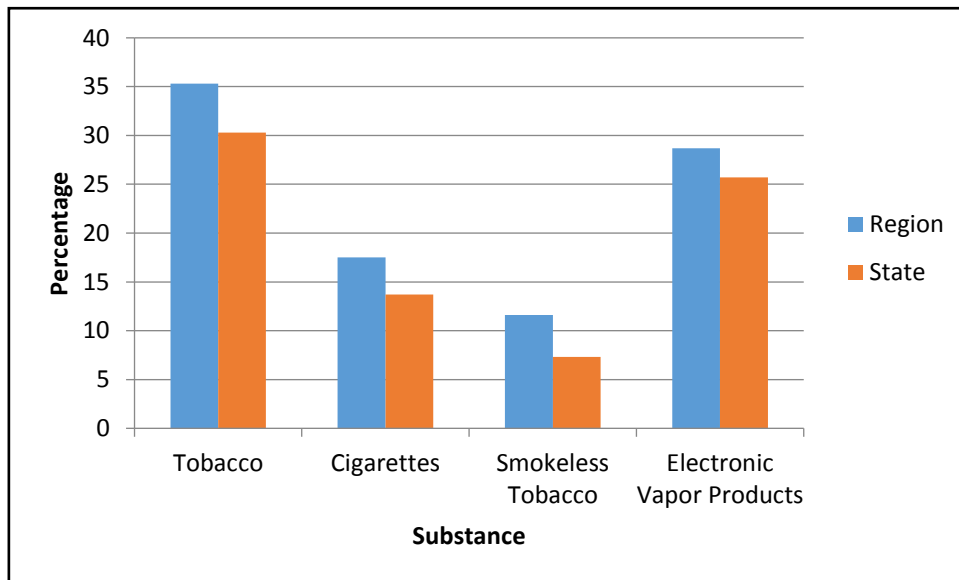


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Lifetime Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. Students are reportedly using electronic vapor products the most terms of lifetime use. **Overall, the percentage of youth using tobacco products exceeds the state percentage.**

Table A-1: How recently, if ever, have you used...



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

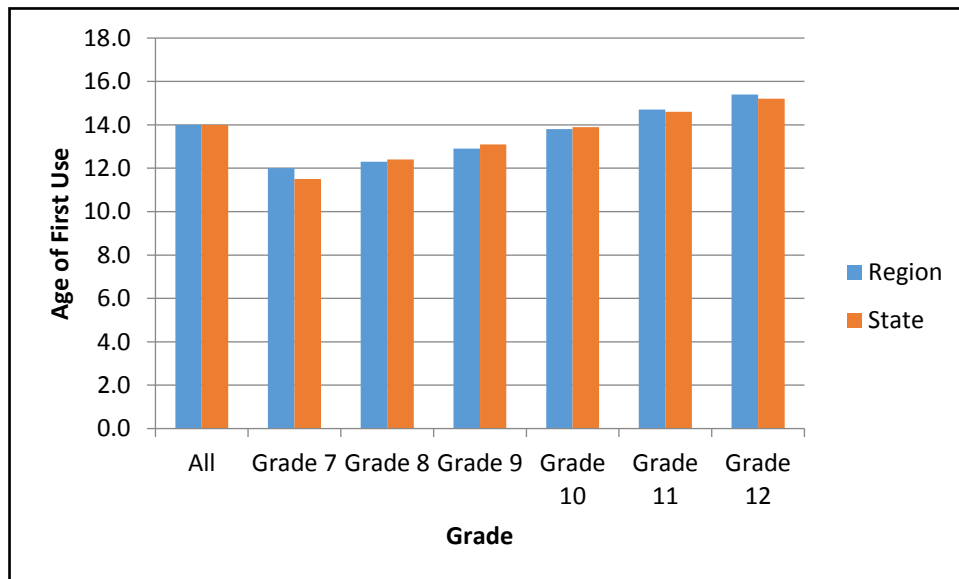
Marijuana

Marijuana continues to be a drug used among young people today. Generally young individuals consider societal norms such as the legalization of marijuana in eleven states (as well as the District of Columbia), social media, and general misconceptions as their reasoning for use. Prevention curriculum is necessary to educate the Region’s students on the harmful effects of marijuana use. *Regional and State data percentages for each grade may be found in Appendix C Table 34 and 35.*

Age of Initiation

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below. **The average age of first use of marijuana in our area is 14, the same as the state age of first use. The average age of first use in our area is reportedly higher than the state age in the following grades: 7th, 11th, and 12th.**

Table D-3: Average age of first use...

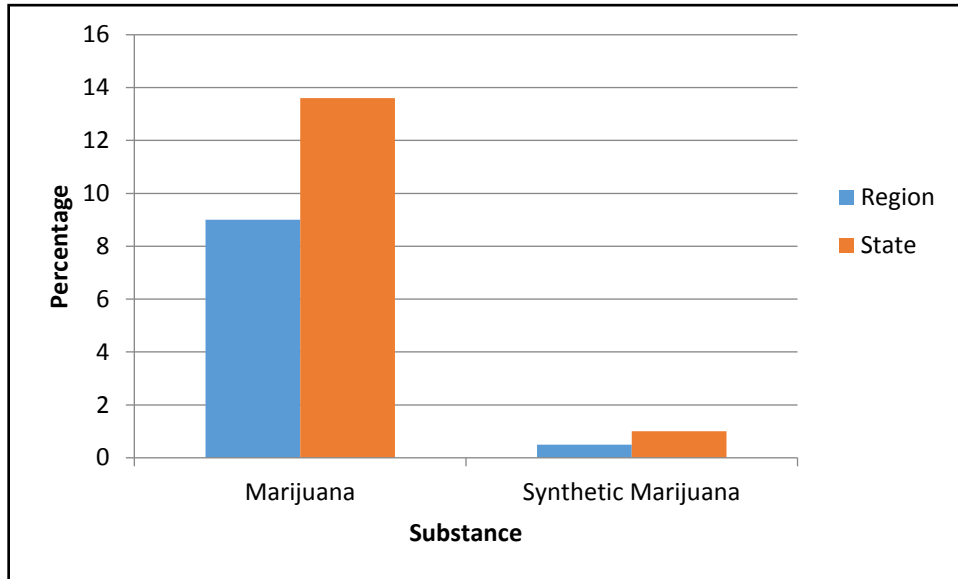


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Past Month Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below. **Approximately 9% of students in our area and the state reported using any marijuana in the past 30 days, and less than 1% of students in our area reported using synthetic marijuana.** Both of these percentages are below the state percentage of past month use. Additionally, the regional percentage of use has decreased since the 2016 survey.

Table D-1: How recently, if ever, have you used...

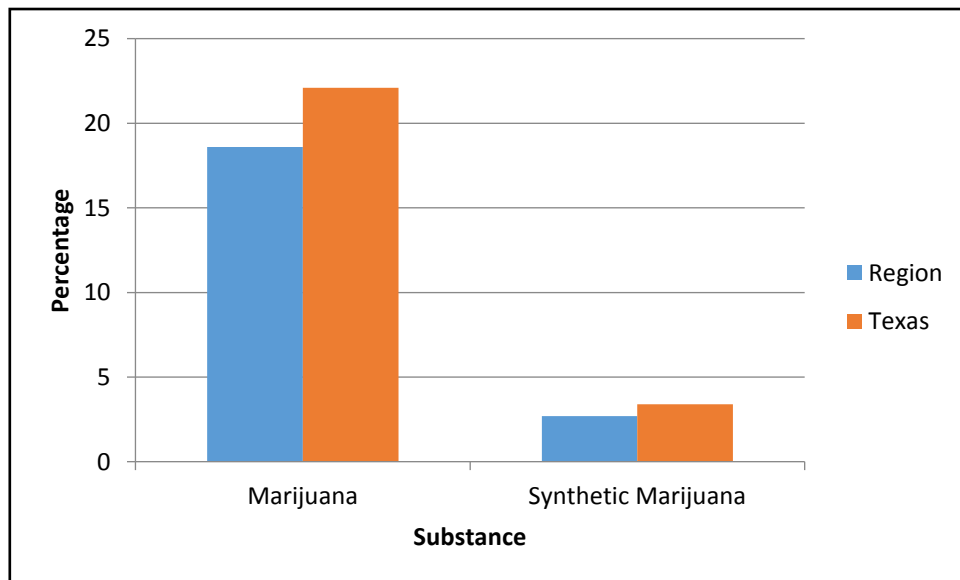


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Lifetime Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. **Approximately 18.6% of students in our area and the state reported having ever used any marijuana or synthetic marijuana.** The region percentage of lifetime use for both marijuana and synthetic marijuana are below the state percentage of lifetime use.

Table D-1: How recently, if ever, have you used...



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

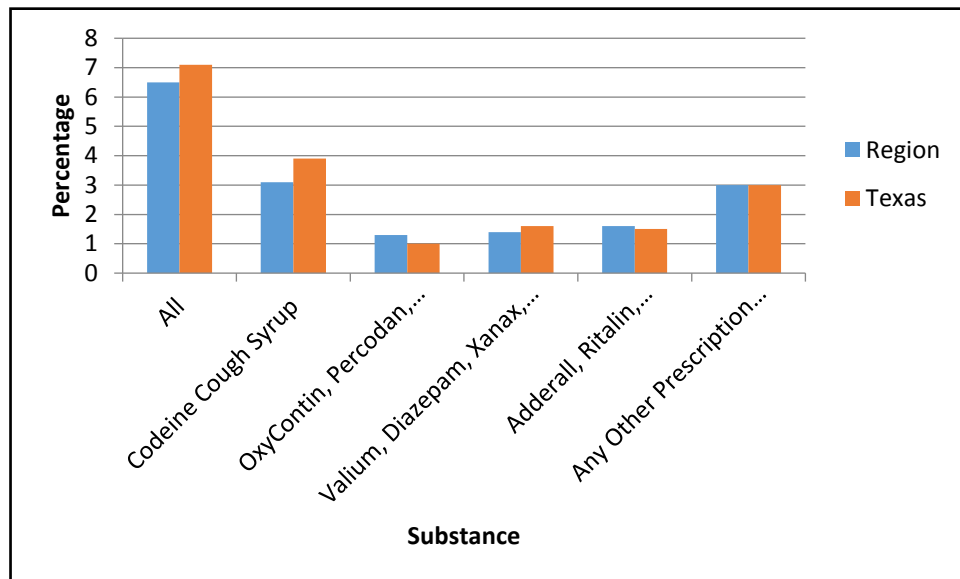
Prescription Drugs

These figures for Prescription Drug consumption were provided from the Public Policy Research Institute Texas School Survey results from 2016. Prescription drug misuse has become a concerning public health issue within our area, within our state, and across our nation. *Regional and State data percentages for each grade may be found in Appendix C Table 34 and 35.*

Past Month Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Codeine cough syrup is reportedly the most consumed prescription drug in our area as well as at state-level percentages of consumption. **Additionally, Region 2 is below the state percentages in almost every category of past month use of prescription drugs.**

Table D-12: How recently, if ever, have you used the following prescription drugs not prescribed to you...

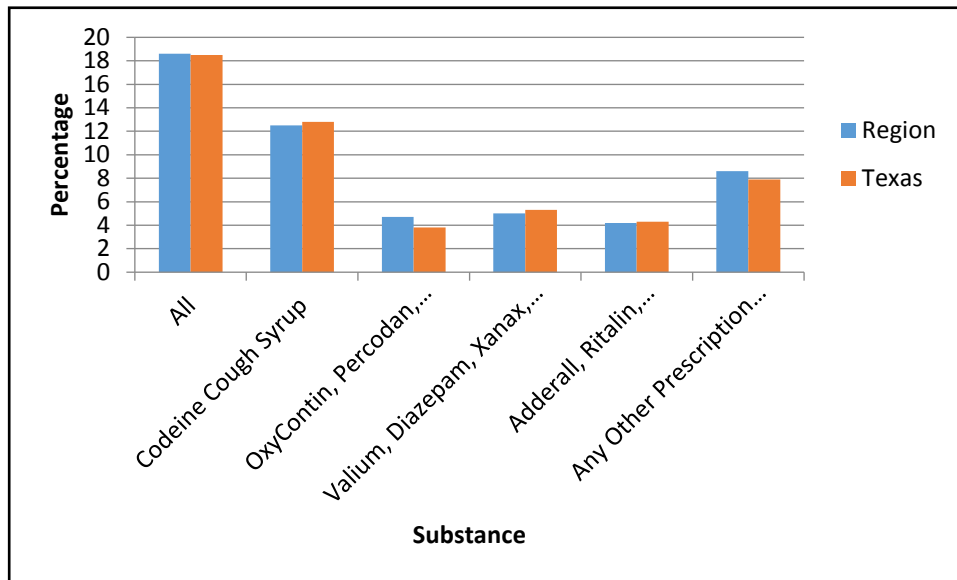


Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Lifetime Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Codeine cough syrup is reportedly the most consumed prescription drug in our area as well as at state-level percentages of consumption. **Additionally, Region 2 is below the state percentages in almost every category of lifetime use of prescription drugs.**

Table D-12: How recently, if ever, have you used the following prescription drugs not prescribed to you...



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

College Student Consumption

The Public Policy Research Institute at Texas A&M University continued its research on college student consumption from a bi-yearly annual survey for all students across the state of Texas. The purpose of this research is to “assess the prevalence of alcohol, tobacco, and illicit drug use on college campuses and community college districts”. 65 school districts were invited to participate; 52 districts provided all information needed and were included in the results. Schools included ranged from eighteen large four-year universities, twenty small four-year universities, and 26 two-year colleges or districts. This survey is relevant because it “outlines patterns of licit and illicit substance use among college students, behaviors associated with substance use, demographic associations with substance use, and consequences of substance use as perceived by the respondents”.

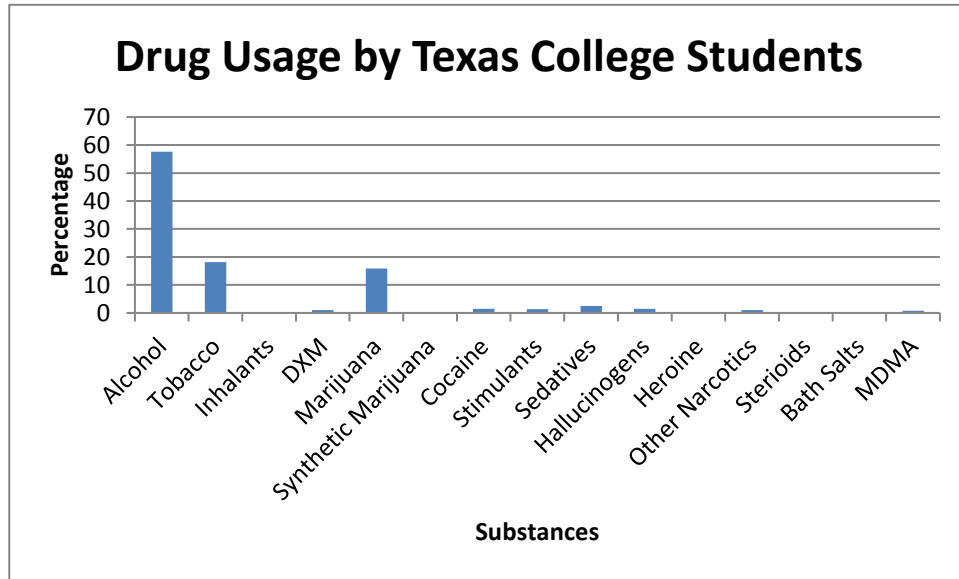
Results indicated positive and negative trends in overall consumption and behaviors. Fewer students reported drinking and driving this fiscal year than in 2015. Additionally, the reported consumption of tobacco, sedatives, and narcotics other than heroin decreased.

Students continue to report being unaware of school policies, procedures or prevention programs on campus in regards to drug and alcohol abuse. Underage drinking is still common among students and alcohol is easily accessible to them. More students report not being able to obtain alcohol without an ID from businesses and restaurants.

Illicit drug and alcohol use were reportedly associated with a lower quality of life; students reported higher levels of hopelessness and depression. They also earn lower grades and had unplanned and unprotected sex when compared to students who did not engage in drug and alcohol use.

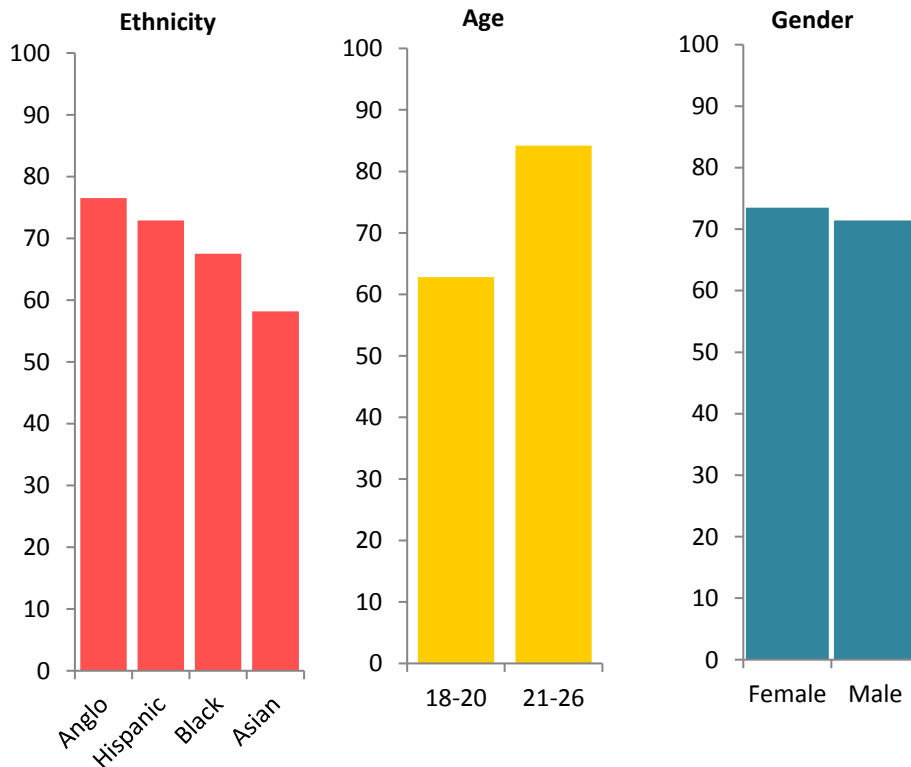
Students generally perceived drugs as dangerous; except for marijuana. Only 37% of students surveyed reported marijuana as somewhat dangerous or very dangerous. This perception percentage was lower

than the fake drug Somatajim. The chart below is a snapshot of the overall reported use of all substances within the past 30 days. *Full charts for college students available upon request.*



Source: Texas A&M University Public Policy Research Institute, Texas College Survey, 2017.

Alcohol is reportedly the most consumed substance among college students. The following chart includes information particular to alcohol use in the past year among those surveyed.



Qualitative Data

In an effort to curb the illegal consumption and accessibility of prescription drugs in Taylor County, our Epidemiological Workgroup made opioids and prescription drug misuse a priority during the 2017 fiscal year. The Regional Evaluator of the Prevention Resource Center provided the group with local data and stakeholder interviews which made this indicator a focus. Local law enforcement officials, the health department Epidemiologist, a local hospital representative, a data specialist from a local mental health authority and a local Community Coalition Partnership Coordinator (CCP Coordinator) were all part of the conversation to address prescription drug misuse within our community. Through a period of conversations in our meetings, the CCP Coordinator and local law enforcement agreed to purchase a permanent drug box to be installed at the Law Enforcement Center in Taylor County. The box was purchased with the CCP grant and the Abilene Recovery Council in March of 2017. Local law enforcement, including the narcotics division of our local police department, agreed to take on the disposal of prescriptions that would be dropped off. The CCP Coordinator and local police department signed an agreement to ensure the responsibility of disposal and placement of the drop box. It is now available for public use with guaranteed confidentiality. Since the box has been placed, the drug drop box has received over 872 lbs. of prescription drugs. In 2018 the CCP Coordinator was able to place a second box at a local pharmacy, Taylor County Pharmacy. This second location provides the community with a disposal place outside of a law enforcement center. Since its placement, this second disposal box has received over 25 lbs of prescription drugs. The epidemiological workgroup will continue to track the progress and discuss any issues they encounter with having this box established. The group continues to use data as a focal point in addressing substance use within the community they serve.

Special Topic: Opioids

According to the Substance Abuse and Mental Health Services Administration's Opioid Overdose Prevention Toolkit, opioids are classified as prescription or illegal drugs used to treat pain. Some of these medications include: morphine, codeine, methadone, oxycodone (OxyContin, Percodan, and Percocet), hydrocodone (Vicodin, Lortab, and Norco), fentanyl (Duragesic, Ferntora), hydromorphone (Dilaudid, Exalgo) and buprenorphine (Subutex, Sub Oxone). Illegal substances include heroine. Opioids bind to certain receptors in the brain, spinal cord and gastrointestinal tract. As a result, opioids minimize the perception of pain a person may be feeling. Opioids may also affect other systems of the body including those responsible for regulating mood, breathing and blood pressure (SAMHSA, 2016).

National Crisis

In the United States, opioid overdose continues to be a major health problem (SAMHSA, 2016). Overdoses in the United States involving prescription opioids rose to approximately 47,600 in 2017, and 67.8% of all opioid overdose deaths involved a prescription opioid (CDC, 2019). According to the Centers for Disease Control and Prevention data, "more than 17% of Americans [have] had at least one opioid prescription filled, with an average of 3.4 opioid prescriptions dispensed per patient" (CDC, 2019). As of 2017, there are 58.5 opioid prescriptions for every 100 Americans (CDC, 2019). Texas currently reports a rate of 53.1.

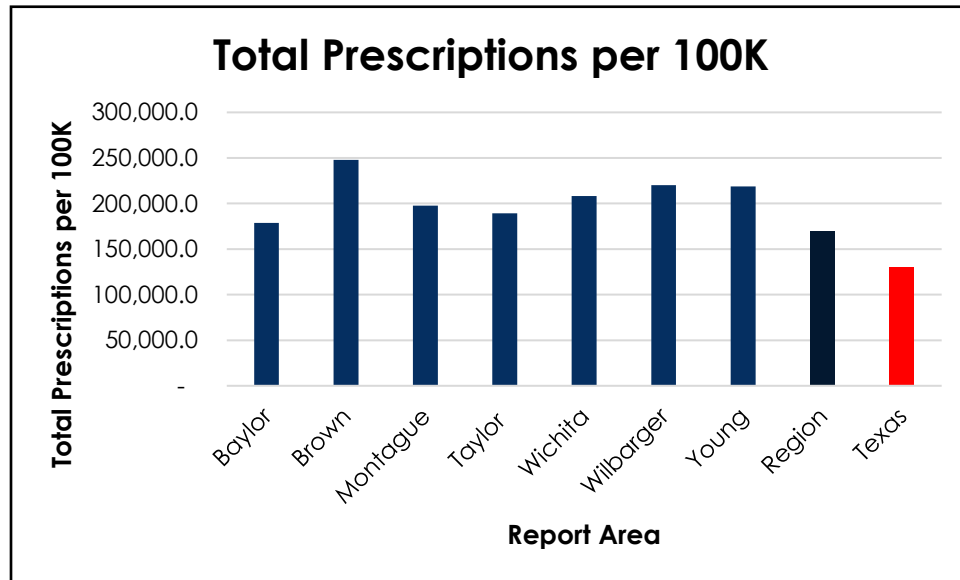
Health and Human Services (HHS) Secretary Tom Price, M.D. announced on April 19, 2017 that HHS “will soon provide \$485 million in grants to help states and territories combat opioid addiction” (HHS, 2017). Price reported in the HHS press release “Trump Administration awards grants to states to combat opioid crisis” that funding will be provided in two rounds for the 21st Century Cures Act. They will be provided by the State Targeted Response to the Opioid Crisis Grants (TTOR) administered by the Substance Abuse Mental Health Services Administration (HHS, 2017). Texas was awarded \$27,362,357.00. HHS has prioritized five strategies to combat the opioid crisis which are: “strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research” (HHS, 2017). In a letter to state governors Secretary Price stated: “through a sustained focus on people, patients and partnerships, I am confident that together we can turn the tide on this public health crisis” (HHS, 2017).

As of September 19, 2018, SAMHSA awarded Texas \$46.2 million in State Opioid Response (SOR) funds, to be implemented through the previously established TTOR Program. This money is awarded in addition to the \$27.4 million Texas received in May 2017.

Current Use

The Texas Prescription Program (TPP) collects data on all prescriptions; they organize this data into all Scheduled 2,3,4,5 controlled substance defined by the Drug Enforcement Agency. This information is collected by the amount of scheduled drugs being dispensed by a pharmacy in a Texas county or to a Texas patient from a pharmacy in another state. Effective September 1, 2008, the Texas Legislature expanded TPP to include the monitoring of Schedule 3-5 controlled substance prescriptions. Although controlled substances meet legitimate medical demands for the patient, they also have a high potential for abuse. This program was created in order to investigate and prevent drug diversion while being cost efficient. Diversion of prescription drugs signifies the drug abuse problem in communities. The federal government monitors the distribution of the controlled substances to retail facilities. TPP seeks to control misuse by following controlled substances to the point of use. This program is also a system utilized by pharmacists to verify records and inquiries about patients. It is also useful in generating data trends regarding prescription drug trends. In September 2017, the 85th Texas Legislature redefined the TPP requirements. All Texas-licensed pharmacies are now required to report any dispensed controlled substances within one business day of the prescription being filled. In addition to this change, all prescribers will be required to check a patient’s prescription history before prescribing and/or dispensing any opioids, benzodiazepines, barbituates, or carisoprodol as of September 2018.

According to the TPP report of 2018, there were 169,413 total prescriptions per 100K in our region as a whole. Counties which exceeded the regional rate are: Baylor (178,673 prescriptions per 100K), Brown (247,870 prescriptions per 100K), Montague (197,709 prescriptions per 100K), Taylor (189,203 prescriptions per 100K), Wichita (208,226 prescriptions per 100K), Wilbarger (220,281 prescriptions per 100K), and Young (218,722 prescriptions per 100K). The regional rate and all the reported counties exceed the state rate of total prescriptions per 100K of 129,736 prescriptions.



Source: Texas Department of Public Safety Regulatory Services Division, Texas Prescription Program, 2018.

Qualitative Data

In 2018 a TTOR Peer Recovery Coach and the Program Director of the Pregnant Postpartum Intervention program spoke at the Basic Needs Network to educate the community on Methadone as a viable treatment for OUD. In addition to this, the TTOR Peer Recovery Coach, along with a local doctor, created and facilitated a Medically Assisted Recovery Anonymous group to help those struggling with OUD. In May 2018, the Prevention Resource Center, along with the Pregnant Postpartum Intervention Program Director, assisted the University of Texas San Antonio Health Sciences Center with a Maternal Opioid Morbidity Study (MOMS). This study was conducted with both interviews and focus groups and attempted to gather anecdotal information regarding OUD services and obstacles the mothers may face during their recovering. The data gathered by the researchers will be used to inform the state of gaps in service. The PRC and PPI will receive data upon completion of the study. In May 2019, through the efforts of the Epidemiological Workgroup, the Prevention Resource Center partnered with the Big Country Area Health Center to host the first annual Collaborating to Combat a Crisis symposium focusing on Opioids. The topics covered ranged from prevention through treatment.

Emerging Trends

One way to understand the current trends in drug use is to be aware of any new substances in the market. Many times emerging trends consume the drug market at a rapid pace without any knowledge of the effects or general knowledge of the substance, and often these substances have detrimental effects or the consequences are not yet known.

Synthetic Cannabinoids

Synthetic Cannabinoids or otherwise known as K2 refers to a “growing number of man-made mindaltering chemicals either sprayed on dried, shredded plant material” (NIDA, 2016) that can be smoked as a solid, an herb, or as a liquid in vaporizers or inhaled through e-cigarettes or other devices. Often this substance is marketed to the general public as “safe” because it is a legal alternative to marijuana. These products are often labeled in attractive packaging and labeled “not for human

consumption” often claiming their substance is “natural” and taken from a variety of plants. Effects of synthetic cannabinoids are unpredictable. Consumers may experience an elevated mood, relaxation, altered perception, symptoms of psychosis, extreme anxiety, confusion, paranoia, hallucinations; they may also experience rapid heart rate, vomiting, violent behavior and suicidal thoughts. Persons suspected of ingesting synthetic cannabinoids should be treated with professional medical personnel immediately.

The Texas Poison Center Network reports a fluctuating pattern of synthetic cannabinoid exposures from 2010-2016. From 2010-2013 total exposures for the state of Texas declined; however in 2014 there were a total of 782 exposures. This is an increase nearly doubling the total from the previous year. 2015 had a slight decrease and reported 684 exposures yet it is still reporting higher than previous years.

Synthetic Cathinone’s

Synthetic Cathinone's or commonly known as “bath salts” are synthetic or man-made drugs derived from cathinone taken from the plant. Public health officials refer to this substance as a “new psychoactive substance” (NPS). Bath salts are should not be confused with Epsom salts used for bathing. It is marketed as a substitute for methamphetamines, cocaine, and Molly (MDMA). Baths salts can produce effects such as paranoia, hallucinations, increased sociability, increased sex drive, panic attacks, and excited delirium and are often ingested by snorting or needle injection. Synthetic cathinone intoxication has often resulted in death.

According to the Texas Poison Center Network exposure report, bath salt exposures have declined significantly from 2010-2016. Exposures peaked at 340 in the state of Texas; in 2015 reported to have only 16. The decline in exposures could be attributed to general public awareness in the detrimental effects this illicit drug may have.

E-Cigarettes/Vaping

One of the most popular emerging trends is E-Cigarettes or vaping pens often called Juuls. These are battery operated devices “designed to deliver nicotine with flavorings and other chemicals” in vapor instead of smoke. E-Cigarettes are often marketed to the general public as a safer alternative to smoking yet little is known about the actual health risks associated with using these devices on a regular basis. According to the CDC, the Juul, an e-cigarette shaped like a USB flash drive, may factor into an increase nicotine use among the youth as news and social media reports show youth using the Juul in places like “school classrooms and bathrooms” (CDC, 2018). In 2016, the FDA initiated the inclusion of these devices into the federal regulation of tobacco ultimately allowing purchasers in-store and online to be at least 18 years of age. These devices are increasingly popular among youth and are often marketed to attract a younger generation. Not only are there unknown health effects but using these devices may accustom youth to initiate use of tobacco products at an earlier age.

BHO “Dabbing” and Consumables

Consumption of cannabis has a variety of forms; dabbing is simply another form of ingesting the substance. This wax-like substance is made from extracting the THC (marijuana’s active ingredient) by melting cannabis using butane gas with heat. Dabs may contain up to 70-90% THC making it even more potent than a regular cannabis plant. Extracts are also used or added to the production of consumables. Edibles may include baked goods such as cookies, brownies, cakes and candies often marketed and made

to attract a younger generation. Since marijuana has become legal in four states, consumables have been trafficked to other locations throughout the United States including Texas. Because of the high potency level of THC, emergency room visits and death have been associated with the consumption of these products.

Fentanyl and Opiate Dangers

The newest emerging trend involves fentanyl; a synthetic opiate more powerful than morphine which is typically used to treat patients with severe pain after surgery. The substance drives up dopamine levels in the brain and produces a sense of euphoria. Opiates can be highly addictive drugs even when prescribed by a medical professional. However, the new trend is to lace fentanyl with any prescription drug or any other street drug such as heroin or cocaine. This combination is reported to be 10,000 times stronger than morphine in some cases and has detrimental effects. Fentanyl pills are trafficked from China and Mexico into the United States. Deaths from consuming this substance have increased dramatically across the United States. Public health advisories have been issued as a result of this increase in deaths. One of the most alarming aspects of a fentanyl laced substance is that it appears “normal”. For instance, someone could buy a laced pill but not know until after it is consumed and medical personnel conduct an autopsy.

Consequences

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

Overview of Consequences

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

Mortality

Detrimental effects of consequential behavior may be the leave consequences on families, schools and communities. These consequences are abrupt with long-term impacts.

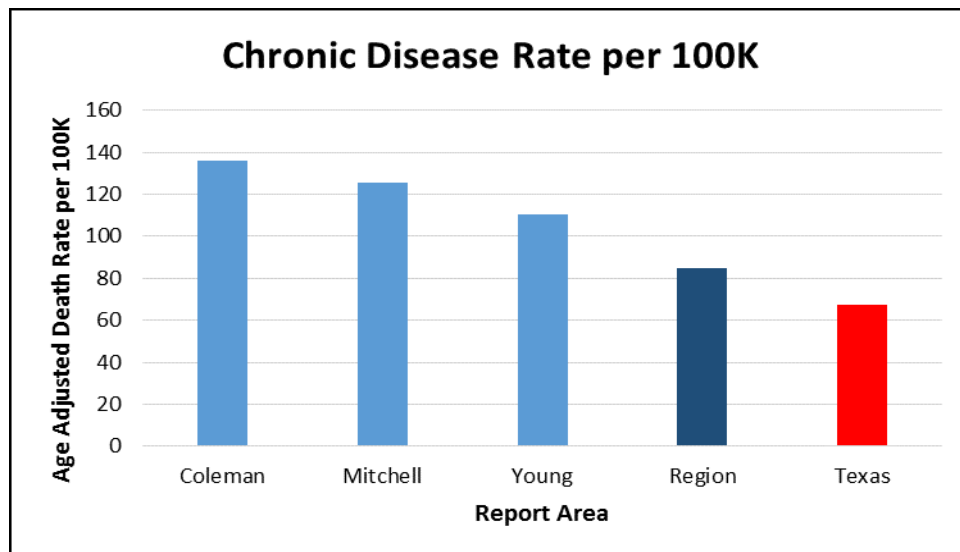
Drug and Alcohol Overdose Deaths

The Center for Disease Control mortality data includes environmental risk indicators such as drug and alcohol related deaths accumulated from 1999-2017. Data is reported as an accumulation over time since most of the data is suppressed when divided into each year. **Region 2 reports having a crude rate of 15.8 deaths per 100K due to drugs and alcohol compared to the state crude rate of 15.7 deaths per 100k (Drug and Alcohol Related Deaths by County, 1999-2017).** Crude rates are expressed as the number of deaths reported each calendar year. Drug induced deaths include all deaths for which drugs

are the underlying cause, including those attributed to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use. Alcohol-induced deaths include deaths from dependent and nondependent use of alcohol, as well as deaths from accidental poisoning by alcohol. It excludes unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome. The data set also separates drug-induced deaths from alcohol-induced death crude rates. **The region and the state both report a crude rate of 9.4 drug-induced deaths per 100K. Counties reporting with the most accumulated drug-induced deaths over this time period are Taylor and Wichita counties. Our area also reports to have a crude rate of 6.4 alcohol-induced deaths per 100K compared to the state rate at 6.3 deaths per 100K. Wichita and Taylor County also report having the highest amount of accumulated alcohol-induced deaths over this time period as well.**

Disease (Morbidity) Related to Substance Abuse

Certain diseases are often related to lifetime use of substances. Some of the diseases include malignant neoplasms (cancer), cardiovascular disease, and respiratory disease, which all lead to deaths. The following information is reported by the Center for Disease Control showing the death rates for each of these morbid diseases. Residents of Region 2 report having a higher rate of cancer, cardiovascular, and respiratory disease related deaths when compared to the state. When each of these categories of disease is combined the chronic disease death rate is also higher than the state rate. **The following counties have an overall chronic disease combined death rate higher than the regional and state rate: Baylor (109 deaths), Brown (106.7), Callahan (88.2), Coleman (136.2), Eastland (106.6), Jones (88.9), Mitchell (125.4), Nolan (104.9), Throckmorton (86.6), Wichita (86.6), and Young (110.3)** The following chart reports the top three counties which reported the highest rate of deaths related to a chronic disease. *County level data including all number of deaths in each category and death rates for all counties may be found in Appendix D Table 36.*



Source: Center for Disease Control, Chronic Disease Death Rates, 1999-2017.

Legal Consequences

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

Adult Alcohol Related Arrests and Incarcerations

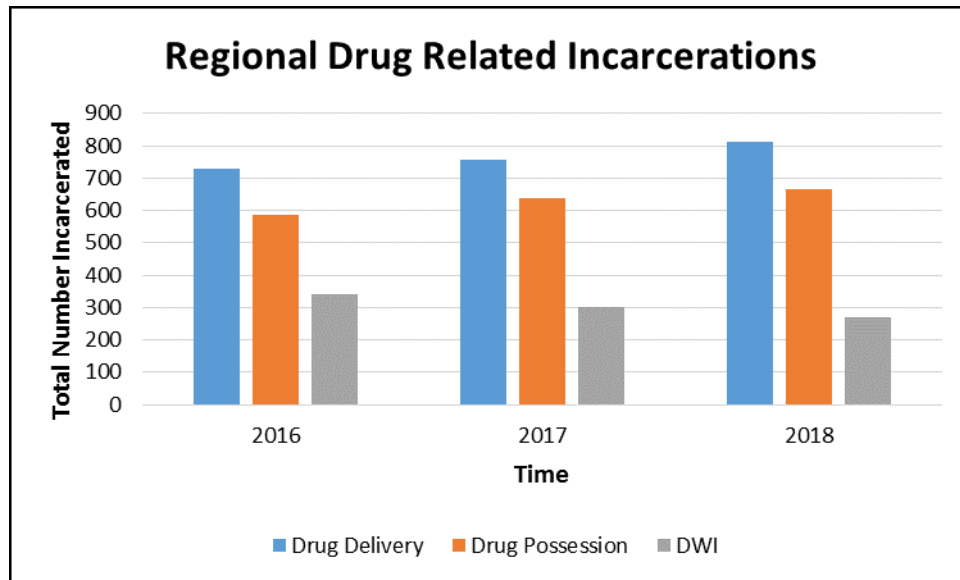
The Texas Sheriff Office records the number of arrests made for Driving Under the Influence, Liquor Law violations, and total Drunkenness for each county within our region. Of the three types of arrests being made Drunkenness was reported to have the most arrests made followed by DUI's then lastly liquor law arrests. In 2018 Region 2 reported to have 556 arrests for DUI's, 81 arrests for liquor law violations and 674 arrests made for total drunkenness. **Taylor County reported to have 567 arrests made for drunkenness in 2018.** Driving under the Influence is a dangerous risk factor to consider for the public health of each county. It places the driver and any passengers at risk as well as anyone driving on the road of the intoxicated driver. *County level arrest data can be found in Appendix D Table 37.*

The Texas Department of Transportation also records the number of DUI fatalities specifically involving alcohol. The following data reports the total number of death for the region from years 2013-2016. In 2013 there were 34 people who died. In 2014 42 people died from an alcohol related fatality, and in 2015 our region reported 34 people died. In 2016 30 individuals died from alcohol related fatalities. The total number is reportedly fluctuating. The total number of fatalities in the state of Texas has also fluctuated over the years. In 2013 there were 1,069 deaths, in 2014 there were 1,086, 2015 there were 960 and in 2016 there were 987 deaths in the state of Texas from alcohol related DUI's.

Adult Drug Use Related Arrests and Incarcerations

Also recorded by the Texas Sheriff Offices are the number of drug abuse violations; this report includes sale and manufacturing or possession of opium, cocaine, morphine, heroine, codeine, marijuana, synthetic narcotics and other dangerous drugs. Region 2 had a total of 3,938 arrests made for

The Texas Department of Criminal Justice records the type of incarcerations being made in each county. Such categories include incarcerations made from the number of offenders including: drug-delivery, drug-possession, drug-other, and DWI's. The total number of **incarcerations for "Drug-Delivery" has increased steadily from 2016-2018 in our Region** (2016=727 incarcerations; 2017=757 incarcerations; 2018=811 incarcerations). **Offenders incarcerated for "Drug Possession" has also increased over the last three years in our Region** (2016=588 incarcerations; 2017=636 incarcerations; 2018=664 incarcerations). DWI incarcerations have decreased steadily over the last three years in our reported area (2016=343 incarcerations; 2017=302 incarcerations; 2018=270 incarcerations). Drug delivery is reportedly the largest type of incarcerations being made across our area. The chart below reports all incarcerations made for each category over the past three years for our Region. *County level data for adult drug related incarcerations is available in Appendix D Table 38.*



Source: Texas Department of Criminal Justice, Drug and Alcohol Incarcerations, 2016-2018.

Juvenile Alcohol Related Arrests and Incarcerations

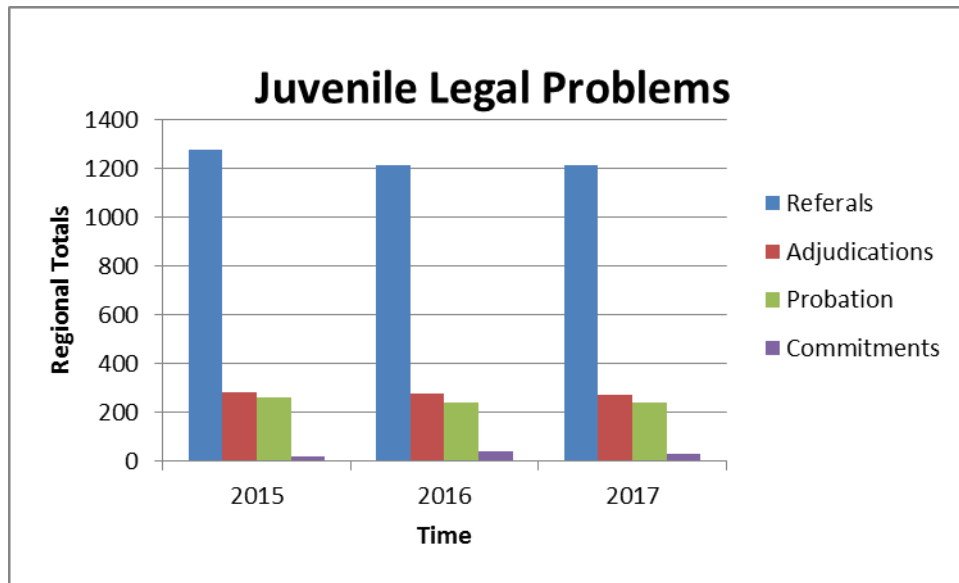
The Texas Sheriff Office records the number of arrests made for Driving Under the Influence, Liquor Law violations, and total Drunkenness for each county within our region. Of the three types of arrests being made Drunkenness was reported to have the most arrests made followed by DUI's then lastly liquor law arrests. In 2018 Region 2 reported to have 1 juvenile arrests for DUI's, 8 juvenile arrests for liquor law violations and 1 arrest made for total drunkenness. **Only a few counties reported alcohol arrests for 2018: Brown, Eastland, and Nolan.** Driving under the Influence is a dangerous risk factor to consider for the public health of each county. It places the driver and any passengers at risk as well as anyone driving on the road of the intoxicated driver. *County level arrest data can be found in Appendix D Table 39.*

Juvenile Arrests and Incarcerations

The number of drug-related arrests made offers a direct measure of consequences associate dwith drug consumption. Drug-related arrest data for 2018 was collected from the Texas Department of Public Safety's Uniform Crime Reporting (UCR) system. The UCR is a voluntary program, wherein participating agencies submit their data on an annual basis. Drug-related arrest categories include drug/narcotic violations and drug equipment violations. Very few counties reported any data for 2018. **The region reported 62 drug/narcotic violations and 10 drug equipment violations. The following counties also reported drug-related arrests: Brown (14=drug/narcotic and 7= drug equipment), Callahan (1=drug/narcotic), Eastland (1= drug/narcotic), Nolan (8= drug/narcotic), Stephens (1= drug/narcotic), Taylor (32= drug narcotic and 3= drug equipment), Wichita (2= drug/narcotic), and Young (3= drug/narcotic).**

Adolescents could also have introductions to the justice system at an early age. The Texas Juvenile Justice Department reports that adolescents are averaging 14 years of age when they engage in their first offense. This age of first offense has been a consistent average from 2015-2017. In the Referrals and Adjudications dataset there were an average of 1234 Referrals, 275 Adjudications, 247 juveniles on

Probation and approximately 27 Commitments across the Region. They also follow the same pattern as the state in reporting the total number of persons in each category (Referrals are the largest; Adjudications, Probation and Commitments are next). This report also has information on whether the referral is a felony, misdemeanor, a violation of probation, is under supervisory watch, whether it is an assault, drug, property or classified as "other". Adjudications may also be categorized as assaults, drug, property or "other". The following chart reports the totals of adolescents referred, adjudicated, on probation or committed during a three-year period across the Region. *County level data for total drug related arrests can be found in Appendix D Table 40.*



Source: Texas Juvenile Justice Department, Referrals and Adjudications by County, 2015-2017.

This data is congruent with qualitative data from law enforcement officials. They report when drugs are prevalent within a community, theft, robbery or burglaries increase due to the intensity or purity of the drugs and the need for cash to continue drug use.

Hospitalization and Treatment

Hospital Use due to AOD

The Texas Department of State Health Services records the number of total discharges for the hospital county in the Texas Public Use Data File (PUDF). This data set comes directly from the Texas Health Care Information Collection Center for Health Statistics. Total discharges were gathered for years 2014-2016 yet data from some counties were not reported for all three years. Counties which did report all three years were: Brown, Coleman, Comanche, Haskell, Mitchell, Runnels, Taylor, Wichita, and Wilbarger. Totals reported for each year only includes the counties listed. In 2014 there were a total of 57,335 hospital discharges. In 2015 there were a total of 64,153 discharges, and in 2016 there were a total of 63,050 total discharges from hospitals. Taylor County reports to have the most number of total discharges, followed by Wichita and Brown counties for each year reported. *For county totals for hospital discharges 2014-2016 see Appendix D Table 41.*

AOD-related ER Admits

The Texas Poison Control Network records general exposures to substances which may be harmful to an individual's health. The exposures reported in this particular dataset indicate the exposure reason was for intentional abuse. Intentional Abuse is defined as "an exposure resulting from the intentional improper or incorrect use of a substance where the patient was likely attempting to gain a high, euphoric effect of some other psychotropic effect, including recreational use of a substance for any effect". Exposures are generally reported to a hospital when in route to an emergency room. The 2010-2017 Exposures Report for Intentional Abuse indicates masked numbers for total county numbers for 4 or less exposure counts. The only counties who reported full numbers for all seven years were Taylor and Wichita counties. Brown County reported full numbers from 2010-2015. Generally, Brown County reported the least amount of intentional exposures (77 intentional abuse of exposures) over that time period. **In 2017 Taylor County reported the most amount of intentional exposures at 30 counts; while Wichita County reported in second place for the most amount of intentional abuse of substances at 21 intentional exposures.** Overall, there has been a total of 579 amount of intentional abuse exposures reported in our Region from 2010-2017. *County level data is available upon request.*

Adolescents Receiving SA Treatment

According to the data received from youth prevention providers, there was a total of 9,944 youth who served in prevention programs in fiscal year 18. This is a decrease from fiscal year 17 numbers.

According to the Health and Human Services Behavioral Health Services, 3,888 youth received substance misuse treatment in 2018 in the state of Texas. Of that number, 89 youth received treatment in our region. The overall number of youth receiving services in our region has fluctuated over the years. In 2017 81 youth reported receiving services, and in 2016 93 youth received services.

Economic Impacts

Communities may also be affected by individual behavior. Underage drinking or drug use could initiate new insurance rates or taxes due to the amount of accidents occurring not to mention the personal impact of collisions. Costs of treatment could increase; opportunities for employment and college may also affect the long-term outcomes of community citizens. If more people engage in AOD related behaviors, citizens may not care to engage in the communities they live by working or contributing to the community's economic situation.

Underage Drinking/Drug Use

Underage drinking is often related to serious health and societal consequences. Yet the cost of this public health issue is not often considered when evaluating environmental risk of a community. According to the 2015 report The Facts conducted by the Pacific Institute for Research and Evaluation (PIRE), underage drinking cost Texas residents \$1.78 billion dollars in 2013. Cost associated with this calculation includes medical care, criminal justice, property damage and work lost costs. There are also costs associated with certain social problems. The PIRE reports youth violence costs \$3,082.5 million, youth traffic crashes \$779.3 million, high risk sex (ages 14-20) costs \$609.5 million, property and public order crime \$23.3 million, youth injuries costs \$210 million, poisonings/psychoses \$63.9 million, fetal alcohol syndrome among mother 15-20 years costs \$212 million and youth alcohol treatment costs Texans \$18.8 million

dollars in 2013. The total costs associated with these particular problems equals \$5,469.2 million dollars to Texas residents in the reported year. Hence underage drinking has an expensive cost for the communities of Texas to pay out of their own tax dollars.

Average Cost of Treatment in Region

According to the National Institute on Drug Abuse, substance abuse costs the nation over \$600 billion annually. However, appropriate treatment can help reduce these costs. Treatment, instead of incarceration, is less expensive. "For example, the average cost for 1 full year of methadone maintenance treatment is approximately \$4,700 per patient, whereas 1 full year of imprisonment costs approximately \$24,000 per person" (NIDA, 2018). In fact several conservative estimates claim every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft.

Environmental Protective Factors

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

Overview of Protective Factors

For purposes of this report, protective factors for the community domain will include community coalitions, environmental changes, regional coalitions, treatment and intervention providers, local social services, law enforcement capacity and support, healthy youth activities, and religious prevention services. For the family domain, protective factors will include youth prevention programs, students receiving alcohol and drug education, sober schools, alternative peer groups, high school and college academic achievement, parent/social support, parental attitudes towards alcohol and drug consumption and students talking to their parents about alcohol and drugs. Lastly, the individual domain protective factors include life skills in youth prevention programs, mental health and family recovery services, youth employment, youth perception of access, and perception of risk and harm of alcohol and drugs. All of the protective factors listed will be described with regard to services and/or data in Region 2.

Community Domain

Communities have a unique opportunity to provide support services for their residents. Protective factors within the community may include coalitions, policy development or change, treatment providers, social services, law enforcement capacity and support while also providing healthy youth activities and offering prevention through the religious communities. Each of these areas serves as a protective factor and has their own roles and responsibilities within the communities they serve.

Community Coalitions

Citizens United Against Disproportionality and Disparities (CUADD) is funded through the Department of State Health Services. Members of the coalition are made up of significant stakeholders within the community such as the chief of police, city councilman, and educators in higher education. The group

continuously works to address disproportionality and racial disparities within community systems and institutions in order to ensure they function from a multi-cultural perspective and are culturally competent in their services. The CUADD hopes to elevate boundaries while having courageous conversations with community members which may not otherwise be discussed.

The Taylor Alliance for Prevention (TAP) is a Community Coalition Partnership group funded by The Department of State Health Services. The group works within Taylor County to reduce and prevent youth and college aged substance abuse. They also work to reduce underage access to alcohol, marijuana, and prescription drugs through various strategic efforts through media advertisements, health education and working with law enforcement. TAP provides the opportunity for any citizen to become a member of the coalition and support prevention efforts throughout the community.

The West Texas Homeless Network is comprised of shelter providers, mental health professionals, substance misuse prevention professionals, treatment facility professionals, job corps representatives and social service representatives who collaborate to find solutions for homelessness within Taylor County and surrounding areas. The Network also attends the Basic Needs Network meetings and receives quarterly reports on the work being done within the area. The Network is funded through the Texas Department of Housing and Community Affairs and Texas Department of Mental Health and Mental Retardation. Currently, the West Texas Homeless Network now services Taylor County in Texas.

The Community Children's Advisory Committee is a group of individuals within the Brownwood area focused on addressing the needs or barriers to services for the children within their community. The coalition was initiated by the state and is now operating within the Family Service Center under the Texas Families: Together and Safe grant. Each month the group discusses local issues with social service providers and works to address issues that may inhibit children to receiving the assistance they need. Each member is committed to identifying the needs and setting priorities for children and adolescent services within a nine-county area.

Environmental Changes

In 2017 fiscal year, the Epidemiological Workgroup placed a permanent prescription drug drop box in Taylor County. The epi-workgroup was made up of the Regional Evaluator from the Prevention Resource Center, a Coalition Coordinator, a Lieutenant from the Narcotics division of a local police department, the Public Information Officer from a local police department, a representative from a local hospital, a data analyst from a local mental health authority, and two representatives from the local public health department including an Epidemiologist. These individuals worked together in analyzing local data to establish a target in preventative methods toward a specific substance. After all data regarding each substance was considered, opioids were reported to be a concerning issue for the area. Fentanyl was reporting to be a concerning public health issue in other areas of the state. However, Fentanyl had not proven to be a threat in our area; therefore, preventive methods could be established early. The group discussed effective methods in preventing opioid abuse in the area. Although the area has two prescription drug take back days during the year, no permanent prescription drug drop box was available within Abilene (one of the largest cities in the area). Law enforcement officials were important in establishing this box due to its disposal requirements. The Coalition Coordinator and the Abilene Recovery Council were able to purchase the drop box; the Abilene Police Department then installed the box and disposes of all prescription drugs collected.

Since the box was installed, approximately 872 lbs. of prescription drugs have been collected. Local health department officials have also stepped in to assist in the disposal of sharps that are being collected due to the fact that the Police Department is not equipped to dispose of sharps materials. The Prevention Resource Center and Community Coalition Coordinator created media ads in order to help educate the public in not dropping off sharps items in the box. In the 2018 fiscal year, the Community Coalition Coordinator and the Abilene Recovery Council purchased a second prescription drug drop box. In the 2018 fiscal year, a second prescription drug drop box was placed in the Taylor County Pharmacy. This second location provides the community with a neutral location to dispose of unused, unwanted, or expired medications. Since its placement, the pharmacy has collected and disposed of over 25lbs. of prescription drugs.

In March of 2019, the Taylor County Parks and Recreation committee proposed a new city ordinance that would allow the sales and/or consumption of alcohol at local park buildings and the local softball complex. This particular proposal was brought before city council some time ago and was not approved. Nevertheless in the most recent proposal, the Abilene City Council voted to approve the proposal 4-2, allowing for the sale and/or consumption of alcohol in public park facilities.

However, smoking has been approached differently by local leaders. Two of the largest cities in our area Abilene and Wichita Falls have enacted a smoking ban, making smoking in public places illegal. Residents who wish to smoke must do so in a certain amount of feet away from the entrance of a building. Smoking is generally accepted as a negative health behavior due to the educational tactics of prevention professionals throughout the state and nationwide. Smoking bans can be an effective way of promoting a healthy community. Perhaps more education and awareness is needed to gain the same acceptance for detrimental health effects of alcohol on a person's overall health.

Recently, Texas passed a law (SB21) prohibiting the sale of tobacco products for any person under the age of 21. However, this bill has stipulations that allow the sale of tobacco products to active military personnel as well as provides a clause that will grandfather certain persons over the age of 18. Texas is now the 14th state to pass such a law prohibiting people under the age of 21 from purchasing tobacco and nicotine products.

Regional Coalitions

Community Resource Coordination Groups "are local interagency groups comprised of public and private agencies". These groups are mandated by the state and funded through the Department of State Health Services. Their purpose is to develop a service plan for families or individual's needing collaboration between social services. Available to all Texans, CRCG's consist of representatives from commuters' and caregivers, the Texas Health and Human Services Commission, the Texas Department of Aging and Disability Services, The Texas Department of Assistive and Rehabilittee Services, The Texas Department of Family and Protective Services, the Texas Department of Criminal Justice, The Texas Correctional Office on Offender with Medical or Mental Impairments, The Texas Department of Housing and Community Affairs, The Texas Education Agency, the Texas Juvenile Probation Commission, the Texas Workforce Commission, the Texas Youth Commission, and Private Child and Adult Serving Providers. All representatives and agencies cooperate and coordinate services to provide services to community members in need.

The Mental Health Task Force and Focus Group in Wichita Falls is comprised of agency representatives who address and discuss systematic issues and needs of those with mental health issues. In regular meetings, the group discusses trends within crisis situations such as how to assist those who deal with addiction, substance abuse, and mental illness. City and county law enforcement, judges, probation officers and staff, mental health professionals and practitioners, TAP members, and healthcare officials all have a presence within the MHTF.

Basic Needs Network of West Central Texas is a multifaceted group consisting of social services agencies across nineteen counties within the area. The group is facilitated through Texas 211 A Call for Help and meets on a quarterly basis. Its purpose is to collaborate with all organizations in order to better meet the needs of those living within the area. In 2017 the group has served 14,558 unduplicated clients by providing food, clothing, shelter, and paying bills. This group is only a small picture of the assistance and willingness of people within the area to assist with client needs by the provision of services.

The Drive Safe Coalition is a valuable group facilitated through the Texas Department of Transportation. Their mission is to “create a partnership to raise public awareness and reduce the number of traffic related incidents through our communities”. This group is committed to issues such as impaired and distracted driving, seat belt usage, child passenger safety, motorcycle safety, teen drivers, underage drinking, pedestrian, and bicycle and school bus safety in ten counties within the region. This group has been an active partner with the PRC and other local coalitions in the area when opportunities arise for public awareness.

Treatment/Intervention Providers

The Abilene Recovery Council has been an asset to treatment and interventions in the Abilene area for over 55 years and an award-winning organization for over 23 years. The Abilene Recovery Council is a non-profit agency offering many programs to assist those with substance use and abuse related issues. The Abilene Recovery Council houses programs such as Drug Offender Education, Alcohol Awareness (MIP), the Texas Youth Tobacco Awareness Program, the Outreach, Screening, Assessment and Referral (OSAR) program, Peer Recovery, Pregnant Postpartum Intervention (PPI)/HOPE program, and the Prevention Resource Center. Each program serves its own purpose for intervention, treatment and prevention services for the region.

The Drug Offender Education, Alcohol Awareness and Texas Youth Tobacco Awareness programs all work to educate certain populations regarding alcohol and drug use and abuse within the big country we who have legal obligations to attend. Attendees for these classes are primarily mandated through the courts in order to fulfill a legal consequence of certain behaviors conducted.

The Outreach Screening Assessment and Referral program is dedicated to providing assistance for individuals’ and families with dependence issues free of charge and are self-referred or referred by other social services within the area. Counselors in this program screen and assess clients who are in need of recovery services on a short term or long-term basis. The counselor determines the most applicable place for the client to receive the treatment for rehabilitation; these could be in patient or outpatient services.

Labor of Love is a unique program designed to assist pregnant mothers and postpartum females both youth and adult with substance use disorders or who may be at risk of developing use disorders. HOPE

serves the client’s by offering screenings and assessments, service plans, OSAR and local mental health referrals when needed, HIV/STD education, evidence-based education on parenting, child developments, family violence, safety pregnancy planning, reproductive health, and education on Fetal Alcohol Spectrum Disorders (FASD). They also offer alternatives to promote family bonding, case management, and transitional planning. Unfortunately, only Callahan, Jones, Nolan, Shakelford, Stephens and Taylor counties are served at this time; they are funded through the Post-Partum Initiative Grant.

Oceans Behavioral Hospital in Abilene is a new behavioral health facility in the area committed to utilizing a comprehensive approach in treating their clients. They offer inpatient services, family and caregiver therapy as well as education in behavioral challenges and offering tools for those in care of the client. Their agency also has psychiatrists and medical physicians to ensure clients are ensured health and healing while being served.

The Family Service Center, located in Brownwood is a hub of social services offered to the community. This agency houses other social services and has been committed to promoting the health and well-being of children and families since 1994. They are a non-profit agency who utilizes volunteers and agencies to provide a “one-stop-shop” for community members in need. Their mission is “to strengthen individuals, children and families through professional counseling, education, advocacy, supportive services and collaboration”.

The Recovery Oriented Systems of Care coalition, funded through the Department of State Health Services, works to build community support for a person’s recovery care. Region 2 has been fortunate in establishing groups in Abilene and Wichita Falls. Their goals are to understand every person is unique with their own specific needs in recovery; recovery is a reality, everyone is invited to participate also they strive to identify and build upon strengths in order to make our community a healthy place to live, recover and improve their quality of life.

The chart below lists all state funded treatment providers throughout our Region. Facilities listed all receive funds from the Substance Abuse and Mental Health Services Administration through the Texas Health and Human Services Commission.

| Name | Address | Facility County Location | Contact Information |
|---|--|---|---|
| Community Connections of Central Texas | 408 Mulberry St Brownwood, TX 76801 | Brownwood Coleman Comanche Eastland | 325-646-9574 http://www.cflr.us |
| | 100 E. Live Oak St. Coleman, TX 76834 1009 S. Austin St. Comanche, TX 76442 | | |
| | 301 Pogue Ave. Eastland, TX 76448 | | |
| Graham Regional Hospital | 1301 Montgomery Road Graham, TX 76450 | Young | 940-521-5134 http://www.grahamrmc.com |
| Helen Farabee Centers | 600 Scott Street | Wichita Hardeman | 940-397-3379 940-663-3566 |

| | | | |
|-----------------------------------|--|--|---|
| | Wichita Falls, TX 76307 500 Broad Street Wichita Falls, TX 76307 510 King Street Quanah, TX 79252 | | http://www.helenfarabee.org |
| North Texas State Hospital | 4730 College Drive Vernon, TX 76385 | Wilbarger | 940-552-9901 |
| Pathways | 1500 8 th Street Wichita Falls, TX 76301 | Wichita | 940-264-3162 http://www.redriverhospital.com |
| Red River Hospital | 1505 8 th Street Wichita Falls, TX 76301 | Wichita | 940-322-3171 http://www.redriverhospital.com |
| Rose Street Mental Health | 1808 Rose Street Wichita Falls, TX 76301 1800 Rose Street Wichita Falls, TX 76301 | Wichita | 940-723-4488 http://rosestreet.org |
| Serenity Foundation | 1502 N. 2 nd Street Abilene, TX 79601 | Taylor | 325-673-6489 http://www.serenitytexas.com |
| Seymour Hospital | 511 Ingram Street Seymour, TX 76380 | Baylor | 940-889-4259 http://www.seymourhospital.com |
| Shades of Hope | 402 Mulberry Street Buffalo Gap, TX 79508 | Taylor | 325-572-3843 http://www.shadesofhope.com |
| West Texas Centers | 505 Chestnut Street Colorado City, TX 79512 304 West New Mexico Sweetwater, TX 79556 126 State Street Winters, TX 79567 1300 26 th Street Snyder, TX 79549 | Mitchell Nolan Runnels Scurry | 325-728-3611 325-236-6619 325-754-5591 325-573-4947 http://wtcmhmr.org |

Local Social Services

Social services provide needed support through local non-profits, for-profit, and state funded agencies across the region. While there are still gaps in certain areas, the reported area is not lacking in the abundance of services provided. For instance, the Basic Needs Network (a community coalition hosted by 211 Texas A Call for Help) reports there **are over three hundred social services in the Abilene area alone**. It is quite apparent our community is one that cares. Brownwood and Wichita Falls also have a great deal of services provided within their area. Social Services have a unique opportunity to provide a variety of support through the different avenues their agency provides. Community Resource Coalition Groups assist in providing services to rural areas however general knowledge about these groups

existence is still needed for particular areas. Often social service groups and agencies provide the link community members need to survive or provide support through difficult situations.

Law Enforcement Capacity and Support

In the last fiscal year our partnerships with law enforcement have continued to grow. We have partnerships with the majority of our region. We look forward to continuing these partnerships and build new agreements with other departments in the coming years. Law enforcement has been a strong support group while protecting the cities, counties and communities within Region2.

Healthy Youth Activities

One way to facilitate positive activities into a child's life is through healthy youth activities. City league sports, Boys and Girls Clubs, non-profit after school programs, Boys and Girls Scouts, YMCA, city sponsored youth camps are only some of the activities offered to children throughout our region. Typically, these groups reside in more urban areas such as Abilene, Brownwood and Wichita Falls. However, peoples from rural areas do have some of these activities other areas do not have the resources to offer these activities. If travel can be accommodated, residents from rural areas may travel to urban areas to partake in these events.

Religion and Prevention

Rural West Texas is usually described as being a part of the Bible belt. Religion contributes to a significant amount of the culture in the area. Religious activities and programs provide support to our community through different avenues such as AA and transition programs for those with addiction issues. Celebrate Recovery is also one of the largest groups offered in a religious setting. Youth groups may also provide a positive support group for middle school and teenagers. Churches and religion are probably one of the largest and most common positive factors throughout the region by providing support and acceptance for diverse populations.

School Domain

Education is one of the strongest protective factors a child could attain. Region 2 reports low dropout rates and teaches their students to succeed in life. Most students graduate in four years and attend college or some other technical school specified in a certain skill set. Schools serve as a protective asset in a variety of ways; they not only provide education but also social support, skill development, and a way to develop a positive sense of self.

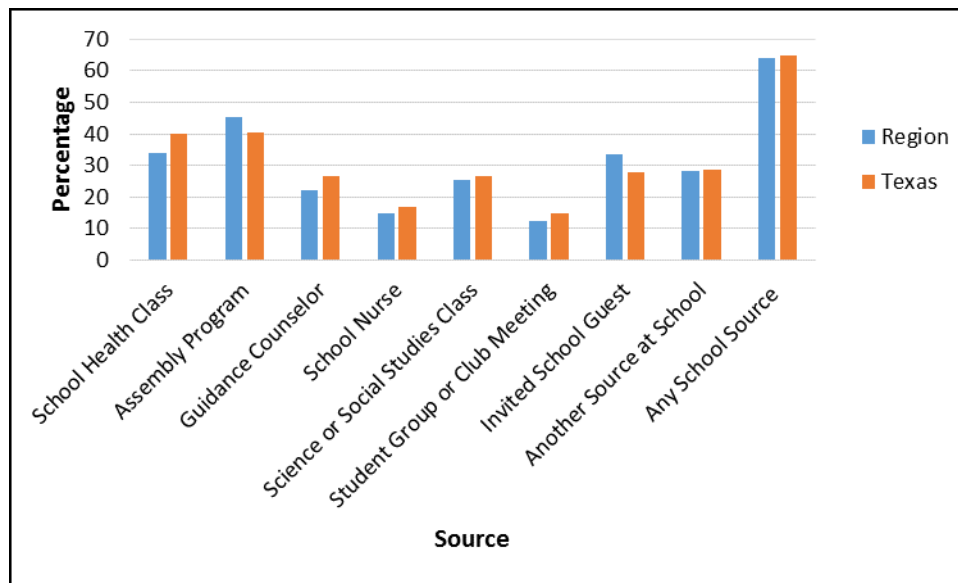
YP Programs

The Youth Prevention programs are offered throughout the state of Texas. These programs offer education to youth and empower them to make positive choices for their life. The programs utilize curriculum which is designed to teach students life skills in order to know how to strategize and handle life's difficult choices. For our region, the youth prevention program is offered in some schools but not to all schools across the reported area. Prevention Specialists work diligently to support our young people by offering them prevention education, life skills, and a unique atmosphere to discuss ways to handle difficult social situations which may or may not include drug and alcohol use. Youth Prevention programs are essential to providing positive education for life skills and drug-alcohol prevention throughout our reported area.

Students Receiving AOD Education in School

Students in Region 2 are provided with alcohol and drug education through certain schools who have adopted new curriculum provided by their districts as well as through the schools who host the Youth Prevention programs. Each of these programs is designed to communicate a positive message regarding healthy behaviors while educating youth on the harmful effects of alcohol and drugs. However, many schools within our region do not offer prevention education regarding substances to their students. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students’ response to these questions asked below.

Table X-1: Since school began in the fall, have you gotten any information on drugs or alcohol from the following sources?



Source: Texas A&M University Public Policy Research Institute, Texas School Survey, 2018.

Sober Schools

All schools and campuses within Region 2 are considered to be an alcohol and drug free environment. If students are caught with any substance they are punished or given charges in accordance to the situation at hand. Standards of sober schools while having rules in place for youth to follow are a protective factor that guards students, faculty and the entire community from negative outcomes.

Alternative Peer Group

Social clubs, sports teams are some of the more popular groups among youth in Region 2. Boys and Girls Scouts are extremely popular among younger children while older children find groups associated with school and church. Any extracurricular activities may have a positive influence in a student’s life no matter the age of the student. These groups provide social support and skill building while also providing a positive environment for a young person to thrive in an activity they enjoy.

High School to College and Academic Achievement

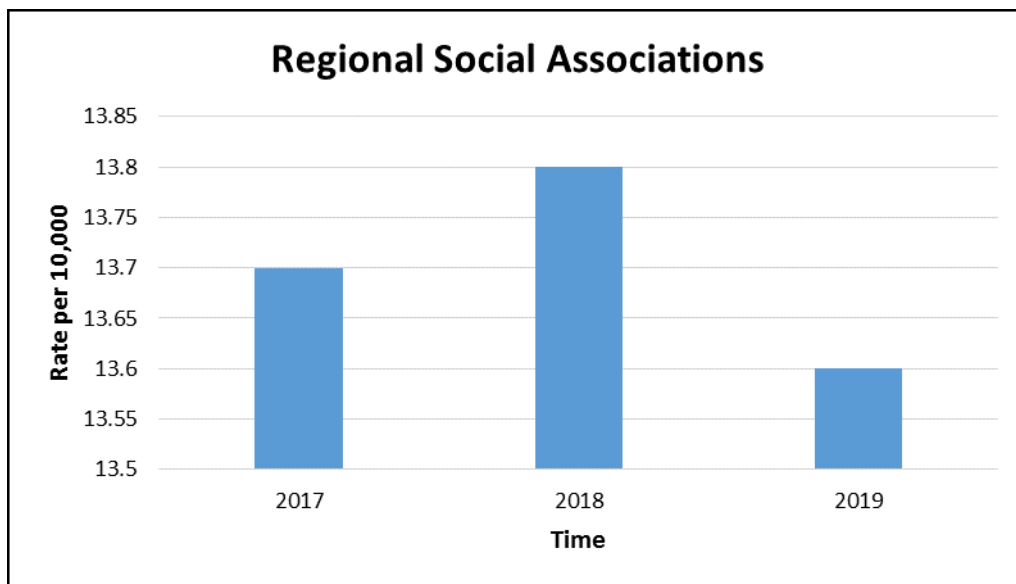
Academic achievement is respected within the region. Students will more than likely graduate high school in four years then attend college or another technical school specifically dedicated to a specific skill set. Academic achievement is one of the strongest protective factors within our region among youth behavior and activities.

Family Domain

Families often provide the closest realm of positive support within a person’s life; in turn serving as one of the most significant and influential protective factors. Families may provide positive norms, beliefs, and attitudes with regard to any subject. It is through this circle of support an individual may find their solidity and solitude.

Parental/Social Support

The amount of support an individual has provides a significant impact on certain behaviors one chooses to engage in. Social groups can influence a person positively or negatively, depending on the beliefs and behaviors the person influenced is accustomed to. Researchers do account for the correlation between behaviors and support systems. One may have an ability to make choices, yet the kind of support given may influence the outcome of an individual's life. The County Health Rankings and Roadmaps address the rate of social associations community members have in the counties they reside. Social associations refers to the memberships to social clubs residents are a part of. In the last three years, social associations have increased within our area. The chart below reflects the total social association rate for the region over the last three years.



Source: County Health Rankings and Roadmaps, Social Associations, 2017-2019.

Parental Attitudes toward Alcohol and Drug Consumption

Parents and guardians are usually the leading authority in a young person’s life. In theoretical regard, the developmental process teaches public health professionals that children learn from modeled behavior. This theory is correlated to behaviors regarding substance use.

According to the Texas School Survey report of 2018, most parents are perceived as “strongly disapprove(ing)” of students using substances. In congruence with the data previously reported, 72.5% of parents “strongly disapprove” of students using tobacco; 61.4% disapprove of students using alcohol; and 78.1% of students believe their parents “strongly disapprove” of kids their age using marijuana. In comparing all of the perceived parental beliefs of consuming each of these substances, **alcohol has the least percentage of parental disapproval for our region. Additionally, the percentage of approval has decreased since the 2016 survey.** The perception of approval percentage for both tobacco and alcohol is also lower than the state percentage reported. Perhaps more education is needed for informing parents of the harmful effects tobacco and alcohol may have to a minor’s overall health and well-being.

Students Talking to Parents about ATOD

Many times young people may be curious about a certain drug or even what their parents think of drugs and alcohol. Students/youth or anyone of any age would more than likely feel comfortable discussing issues on substance use, if the person is comfortable in doing so. The bond between the student and parent depends on the relationship they have and whether or not the student will discuss the matter with the guardian in their life.

The 2018 Texas School Survey asked students “If you had a drug or alcohol problem and needed help, who would you go to?” Of all students surveyed (grades 7th-12) in our region, 39% said they would go to a counselor or program in school, 22.3% reported they would see a nurse, 42.9% would see another adult in school, 40.9% would see a counselor outside school, 72.4% would speak with their parents, 53% reported they would see a doctor, 63.5% reported they would speak with their friends and 61.2% reported they would speak with another adult for help. **Of all the options available to students and youth to seek help with a substance use issue, parents were reported as having the highest percentage of all categories; they are seen as the people a student would seek out when dealing with a substance use issue.** This data emphasizes the trust youth generally have with their parents in our region. It also emphasizes the importance of educating parents about how to speak with their children if they were to ask for help regarding a substance use issue.

Individual Domain

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

Life Skills Learned in YP Programs

Prevention education programs are offered in a few schools throughout Region 2. In this ten week curriculum students learn how to set goals for themselves both short-term and long-term. They learn social skills in learning how to make friends and positive peer groups. Good decision-making is an important aspect of being successful in life. The curriculum also teaches students how to identify and manage their emotions. Most programs may teach students from 2nd grade- 12th grade. Each student will experience many emotions throughout the year. This program teaches different techniques in handling their emotions. Communication is also taught to students so they know how to communicate effectively to the people in their daily lives.

Mental Health and Family Recovery Services

Support services such as mental health and family recovery services may often provide the systematic support a person may need to continue living a positive lifestyle. Organizations providing services throughout the region are listed earlier under protective factors. The Abilene Recovery Council offers Recovery Support Services which are “offered to individuals who have a strong desire to maintain and grow in their own recovery”. This program offers Peer Recovery Coaches who assist in building key life areas such as: self-determination, strength-based, empowerment, basic needs, optimism, positive self-identity, being of service, hope, and also building multidimensional support. Each person who is a part of the program must commit to it for 18 months. They will also be mentored one-on-one through someone who also is in recovery. This program builds life skills and offers support for anyone willing to walk in recovery.

Youth Employment

One way to keep youth engaged in a positive way is to give them responsibility. Employment at a young age gives youth real world responsibilities while also building on their social skills, interactions, and professional skills. Many youth are employed in order to assist in the financial stability for their family. Youth employment is one of the best ways a young person may engage in our community while gaining experience and skills for their future professional self. For ages 16-19, the average rate of unemployment for our region is 24%, and for ages 20-24, the average rate of unemployment for our region is 12.5%.

Youth Perception of Access

As reported in the Texas School Survey, student’s perception of access may be correlated to whether a student consumes this substance. 25.4% of all 7th- 12th grade students surveyed in our region report tobacco to be “very easy” to access. This percentage has increased from the 2016 Texas School Survey results. 27.2% of them believe alcohol is “very easy” to access, a slight decrease from 2016, and 16.2% of students surveyed reported marijuana as this accessible to them. In consideration of the data reported, **alcohol has the highest percentage of students self-reporting alcohol as “very easy” to access in their daily life.** When substances are more available to students, the student is more likely to engage in consuming it.

Youth Perception of Risk and Harm

Previously reported in the Perceived Risk of Harm section, students reported their belief of how dangerous they believed each substance was to them. Of all students surveyed in our area, 56.4% reported tobacco as “very dangerous”. This is a decrease from the 2016 reported percentage. 51% reported alcohol as “very dangerous”, another slight decrease from previously reported percentages. 61.7% reported marijuana as “very dangerous”, and 80.4% of them reported prescription drugs as “very dangerous”. **According to this data, alcohol has the least percentage of students reporting it as harmful to them.** When a substance is not perceived as harmful to them the more likely someone is to use this substance.

Trends of Declining Substance Use

Since 1988 the Public Policy Research Institute at Texas A&M University has surveyed Texas students on drug and alcohol use through participation in the Texas School Survey. Overall use (past month or

ever used) for all drugs is declining among youth from 1988-2014. Categories of drugs include: tobacco, alcohol, inhalants, any illicit drug, marijuana, cocaine/crack, hallucinogens, shopnol, steroids, ecstasy, heroine, and methamphetamines. Declining use is a positive outcome of prevention methods being applied successes fully among youth in the state of Texas.

In 2016 the Public Policy Research Institute changed the survey methods. For this reason, changes between the 2016 and 2018 results will be reported. Cigarette use has decreased, but the use of electronic vapor products has increased significantly. Additionally, students' perception of harm in regards to tobacco use has decreased. *Past month* and *school year* consumption of alcohol has decreased, and access considered *very easy* has also decreased. The past month and school year consumption of illicit drugs has decreased. Lastly, *past month* and *school year* consumption of prescription drugs not prescribed to the student has decreased.

In addition to the Texas School Survey, the Public Policy Research Institute of Texas A&M University conducts the Texas College Survey. According to the most recent survey, prescription drug, illicit drug, tobacco use has decreased. Additionally, reports of drunk driving have decreased.

Region in Focus

Organizations across our region such as the ones listed above are continuously referencing each other's services for clients. Environmental risk factors affect our communities in a variety of ways yet there are still areas of need regarding particular areas. Although there is a plethora of non-profit and services offered for clients in all levels and domains, gaps of services still exist.

Gaps in Services

Although there are many resources throughout our area, there are additional services or needs that would be useful to the communities we serve. After speaking to stakeholders across the region, there is a significant lack of treatment and recovery services in the more rural areas.

Methamphetamine treatment: With the growing number of drug seizures and legal consequences specific to methamphetamine use, in addition to stakeholder interviews from law enforcement officials, our area is in dire need of treatment centers for methamphetamine users and their families. A methadone treatment center could be extremely useful to our area in supporting individuals who desire treatment for this substance. At this time, Taylor County houses two methadone treatment facilities, one state-funded and one private or insurance pay. However, these two facilities do not completely or adequately address the methamphetamine issue in our region.

Substance misuse treatment for youth: Alcohol and marijuana continue to be consumed more than any other substance among high school and college aged students. Although there are preventative strategies and programs being offered, there is a lack of long terms treatment facilities particularly for youth within the area. With our area being generally rural, services are usually offered in more urbanized areas such as Abilene, Brownwood and Wichita Falls. Transportation is then another hurdle a potential client may have in receiving the treatment they need. Additional substance abuse treatment and support for students in this area is needed.

Opioid management: Opioids are addictive prescriptions but are effective in treating chronic pain. Demographically our area is mostly middle-aged to older adults but also has a high rate of prescriptions

being issued. Education in preventative community strategies for opioid misuse is still needed in order to ensure prescriptions are not being misused, taken by others who they are not prescribed to and disposed of properly when they are not needed.

Transportation to treatment: Overall, Region 2 may be described as a rural area. Services to treatment and general welfare assistance agencies are not available in outlying areas. Clients referred to a drug and alcohol treatment facility or any other social service agency is generally located in urbanized communities such as Abilene, Brownwood and Wichita Falls. Most social service agencies do not offer transportation to and from services either. It can be costly to find transportation if clients do not have transportation of their own. Social service agencies do their very best to treat clients in rural communities as they are referred yet support is still needed. A transportation service for clients in rural areas would be helpful in assisting potential clients in receiving the services they need for treatment or to any other social service agency in another populated area.

Waiting lists for state funded agencies: Mental health and substance abuse treatment waiting lists generated by the Texas Department of State Health Services show summary data on both adult and child/adolescent waiting lists for substance abuse treatment. Waiting to receive services may also deter clients to pursue long-term treatment if they are not assisted quickly.

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.

Participation in the Texas School Survey from larger school districts: Overall, we have had great success in accumulating local school support and participation in the Texas School Survey. Larger school districts have begun participating in the Texas School survey; however, not all larger districts selected have participated. This year we were able to build support and rapport with larger districts in order for them to see the importance of their participation in this. Most of the schools that participated are smaller schools where the monetary incentive is great motivation. Schools also receive a report of what their students self-reported. The PRC will continue to provide support in encouraging more schools to participate while using incentives as a motive for participation in larger districts.

Rural area stakeholder input: Throughout the course of the fiscal year, the Regional Evaluator has taken the opportunity to interview most Sheriff's across the area. Although great progress was made in attempting to interview all Sheriffs, time restraints did not allow all to take place. Most interviews that were not conducted were from rural areas. The Sheriffs holds a great deal of information on the residents of any county. The Regional Evaluator simply was not able to reach all counties this fiscal year. Because of their input on drug trafficking, crime rates, general activity and needs of the county in general, the Regional Evaluator plans to reach out to the missed areas in the next fiscal year. We truly value the input of our stakeholders in rural areas.

Regional Partners

Our regional partners are extremely valuable to our agency and assist us in reaching out to our communities across the region. Our partners include law enforcement officials including police forces and sheriff's departments, health departments, a local hospital, mental health authorities, radio stations, non-profits agencies for intervention and prevention services, other PRC's across the state of Texas, prevention education programs, coalitions focused on preventative measures, Texas 211 A Call for Help,

and community resource groups across our region. We look forward to growing our partnerships with other agencies in the next fiscal year.

Regional Successes

The following information involves some of the success our agency has had throughout this fiscal year.

Abilene Recovery Council: The Abilene Recovery Council has had great success in the past fiscal year. The Community Coalition Coordinator was able to place a second permanent prescription drug drop box through the Taylor Alliance Prevention coalition. This second box was placed in a neutral location, the Taylor County Pharmacy located on highway 351. Although the first drug drop box has had great success, we hope this second drop box will encourage more people to drop off unused, unwanted, or expired medication as it has been placed in a more neutral location. In addition to this success, the Pregnant Postpartum Intervention is able to offer more services due to the program's engagement with community organizations. This program is growing its outreach services and has grown its points on contact in the last fiscal year. Aside from this growth, the program has also secured a new partnership with Superior Health in order to provide much needed items for mothers and their infants. The PPI program has also developed a collaborative relationship with the local WIC office to provide weekly presentations on ATOD, Fetal Alcohol Syndrome Disorder, and how to have a healthy pregnancy. The PRC, through the efforts of the Epidemiological Workgroup, collaborated with the Big Country Area Health Education Center to provide its first annual Collaborating to Combat a Crisis Symposium (CCC Symposium). This year's topic was Opioid Use Disorder. The symposium covered a wide variety of sub topics from prevention through treatment and recovery. The Community Liaison was the point of contact as she is the Epidemiological Workgroup facilitator. The Community Liaison, and entire PRC, looks forward to the next CCC Symposium.

Law Enforcement Support: We are truly grateful for all support given to the PRC by law enforcement officials. The Regional Evaluator conducted interviews with local sheriffs and police chiefs in order to gain insight on criminal and drug activity within their county. This information was utilized in qualitative sections of the Regional Needs Assessment. Some departments partnered with the PRC in utilizing data and tools our agency provides. Our hope is to gain additional support through more departments in the next year.

Texas School Survey Participation: Schools across our region are selected bi-yearly to participate in a survey regarding student's perceptions, accessibility, use etc. on substances such as tobacco, alcohol, marijuana, prescription drugs and other illicit drugs. **We are thrilled to have thirty-four schools signed up and participating in this survey this last year.** Most of these schools reside in rural areas in outlying counties and will receive school level reports of what their students said in the survey and a \$500.00 stipend for their school. Results from their participation will allow analysts to truly understand their student's beliefs, behaviors and reasons behind consumption of drugs among youth in their area.

Consistent Media Outreach: Every month the PRC2 disseminates a creative prevention message through a local radio station broadcasting to surrounding counties. **Each month promotes a different message around one of our three state prevention initiatives: alcohol, marijuana or prescription drugs.** We also have monthly billboard messages promoting a different message in regards to the three substances. Residents of the area have communicated their appreciation of these messages. Within our area, there are consistent messages communicated based on data trends, behaviors/consequences

associated with alcohol and drug use, or preventative measures one may take in their daily lives to promote a positive outcome for their life.

Utilization of the RNA: Overall, the Regional Needs Assessment (RNA) has provided data and support for professionals, city officials, and residents in the area. This document serves as a talking point between professionals and allows agencies to collaborate together when they may have not normally done so. The RNA also initiated conversations which then led to partnerships among agencies; it also had its part in initiating our first epidemiological workgroup for the area. Data has been utilized in promoting prevention messages across media outlets, given to non-profits for grant applications (and was successful in receiving money), promoted city ordinance changes, initiated conversations in community group meetings, served as a data contributor for the CCC Symposium, etc. Throughout the activities the PRC engages in, the RNA serves as a center theme in acquiring and communicating data on social factors for our area. Continuous collaborations are needed the RNA will serve as a reliable source of statistics and support for residents within our area in each spectrum of our communities.

Conclusion

In conclusion, the Prevention Resource Center of Region 2 hopes the Regional Needs Assessment is a useful reference for our region. Once completed on July 30, 2019, the PRC staff begins to promote and share the information in this document to state, regional, county and city stakeholders across our area. In every community meeting attended, the PRC staff will share county reports or data reported in this document. We look forward to not only sharing the information but building on existing partnerships and initiating new partnerships in order to fully evaluate the communities across our coverage area.

Key Findings

Here are some of the main points of the FY 2019 Regional Needs Assessment.

Demographics: Region 2 is generally made up of middle-aged to older adults. Approximately 48.5% of our population are ages 25-65+. Ethnicity is dominated by Anglos however there is a growing Hispanic and "Other Races" in our area. Our overall population has continued to increase since 2016.

Socioeconomics: The per capita income reports lower than state percentages. The region holds a low unemployment rate, and although our region reports single-parent households and households with public assistance above the state rate, both rates have decreased.

Consumption: Methamphetamines and marijuana are the most seized substances taken off the streets by law enforcement in our reported area from 2016-2018. Alcohol and marijuana are the most consumed substances among high school and college aged students within our region. There is also a high rate of prescriptions being issued to residents of our area.

Consequences: Child abuse, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. OSAR screenings and referrals to treatment have also increased over time.

Protective Factors: Our area is fortunate to have hundreds of non-profits and social service agency's within our counties. Many of these services provide basic needs such as food, water, clothes; others provide treatment for mental health, the mental disabled, psychiatric treatment; others provide

counseling inpatient/outpatient services; intervention services include drug and alcohol referrals and counseling, peer recovery coaching, pregnancy intervention for new and expecting mothers at-risk, and the numerous coalitions and community groups all willing to assist client or community members in needs. Region 2 has an atmosphere of a small town in which people truly do care in assisting one another. We are a community that truly cares.

Summary of Region Compared to State

Through the collection and data analysis of Regional and State data, a few comparisons can be noted to help describe the overall climate of Region 2. Although the violent and property crime rates fall below the state rate, domestic violence and child abuse and neglect, and sexual assault are reported as higher than the state rate. Additionally, the chronic disease death rates are higher than state rates. Although no causal relationship will be inferred between income, death rates, and crime rates, it is worth noting that the regional per capita income is lower than the state per capita income. In terms of substance use, regional perception of parental approval of tobacco is above the state approval. Additionally, adolescent approval of the use of marijuana is higher than the state, and the overall consumption of tobacco, alcohol, and prescription drugs are also higher than state reported consumption. Overall, the adolescents in our region, when compared to state-wide reports, believe tobacco and other nicotine products to be less risky and are engaging in risky substance use behavior.

Moving Forward

The Prevention Resource Center of Region 2 will continue to educate our area on the findings of this Regional Needs Assessment. Our Center will distribute formal copies to all partners across the Region while presenting the data to regional stakeholders. We will continuously work to provide our area with data in order to make data driven decisions for local policies while also providing support to social service agencies. The PRC will continue to seek out new data sources and partnerships across the area.

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Appendix A

Table 1. County Total Population 2017-2019

| County | 2017 Total Population | 2018 Total Population | 2019 Total Population |
|--------------|-----------------------|-----------------------|-----------------------|
| Archer | 9641 | 9706 | 9775 |
| Baylor | 3709 | 3709 | 3708 |
| Brown | 39995 | 40221 | 40404 |
| Callahan | 14351 | 14488 | 14622 |
| Clay | 11389 | 11487 | 11573 |
| Coleman | 9147 | 9188 | 9236 |
| Comanche | 14577 | 14677 | 14778 |
| Cottle | 1583 | 1583 | 1579 |
| Eastland | 19512 | 19629 | 19748 |
| Fisher | 3931 | 3918 | 3916 |
| Foard | 1364 | 1368 | 1365 |
| Hardeman | 4365 | 4396 | 4423 |
| Haskell | 5996 | 6026 | 6048 |
| Jack | 9502 | 9569 | 9632 |
| Jones | 21647 | 21867 | 22079 |
| Kent | 808 | 807 | 810 |
| Knox | 3757 | 3756 | 3765 |
| Mitchell | 9853 | 9917 | 9991 |
| Montague | 20950 | 21132 | 21296 |
| Nolan | 15883 | 15985 | 16082 |
| Runnels | 10846 | 10893 | 10964 |
| Scurry | 18274 | 18492 | 18693 |
| Shackelford | 3621 | 3654 | 3689 |
| Stephens | 10094 | 10161 | 10231 |
| Stonewall | 1506 | 1506 | 1513 |
| Taylor | 136730 | 137300 | 137820 |
| Throckmorton | 1655 | 1647 | 1649 |
| Wichita | 132676 | 132912 | 133147 |
| Wilbarger | 14495 | 14614 | 14762 |
| Young | 19483 | 19623 | 19765 |
| Region | 571340 | 574231 | 577063 |
| Texas | 28797290 | 29366479 | 29948091 |

Table 2. County Total Age Groups 2019

| County | Age <18 | Age 18-24 | Age 25-44 | Age 45-64 | Age 65+ |
|--------------|---------|-----------|-----------|-----------|---------|
| Archer | 2001 | 947 | 2024 | 2929 | 1874 |
| Baylor | 734 | 285 | 801 | 938 | 950 |
| Brown | 9181 | 9817 | 8652 | 3850 | 8904 |
| Callahan | 3244 | 1291 | 3059 | 3850 | 3178 |
| Clay | 2416 | 946 | 2292 | 3375 | 2544 |
| Coleman | 1904 | 752 | 1795 | 2451 | 2334 |
| Comanche | 3391 | 1267 | 2838 | 3823 | 3459 |
| Cottle | 348 | 139 | 265 | 366 | 461 |
| Eastland | 4401 | 1549 | 4336 | 4891 | 4571 |
| Fisher | 802 | 314 | 763 | 1055 | 982 |
| Foard | 259 | 108 | 252 | 353 | 393 |
| Hardeman | 1043 | 402 | 861 | 1103 | 1014 |
| Haskell | 1217 | 453 | 1344 | 1568 | 1466 |
| Jack | 1901 | 980 | 2370 | 2641 | 1740 |
| Jones | 3821 | 2253 | 6577 | 5683 | 3745 |
| Kent | 165 | 74 | 125 | 209 | 237 |
| Knox | 934 | 334 | 770 | 904 | 823 |
| Mitchell | 1847 | 1362 | 2944 | 2151 | 1687 |
| Montague | 4675 | 1638 | 4085 | 5806 | 5092 |
| Nolan | 3883 | 1387 | 3636 | 3906 | 3270 |
| Runnels | 2603 | 1001 | 2112 | 2801 | 2447 |
| Scurry | 4682 | 1798 | 4743 | 4463 | 3007 |
| Shackelford | 824 | 314 | 685 | 1061 | 805 |
| Stephens | 2308 | 982 | 2278 | 2495 | 2168 |
| Stonewall | 299 | 116 | 268 | 406 | 424 |
| Taylor | 34516 | 13786 | 38766 | 29836 | 20916 |
| Throckmorton | 324 | 139 | 299 | 428 | 459 |
| Wichita | 31617 | 16648 | 34673 | 30084 | 20125 |
| Wilbarger | 3742 | 1184 | 3453 | 3679 | 2704 |
| Young | 4625 | 1591 | 4160 | 5245 | 4144 |
| Region | 133707 | 57557 | 141226 | 138650 | 105923 |
| Texas | 7664555 | 3074135 | 8269993 | 7104048 | 3835360 |

Table 3. County Total Race & Ethnicity 2019

| County | Total Anglo | Total Black | Total Hispanic | Total Other |
|--------------|-------------|-------------|----------------|-------------|
| Archer | 8,637 | 34 | 931 | 173 |
| Baylor | 3,046 | 68 | 542 | 52 |
| Brown | 28,361 | 1,474 | 9,456 | 1,113 |
| Callahan | 12,665 | 143 | 1,407 | 407 |
| Clay | 10,593 | 53 | 566 | 361 |
| Coleman | 7,034 | 199 | 1,815 | 188 |
| Comanche | 9,961 | 25 | 4,572 | 220 |
| Cottle | 1,046 | 147 | 369 | 17 |
| Eastland | 15,547 | 379 | 3,460 | 362 |
| Fisher | 2,594 | 135 | 1,132 | 55 |
| Foard | 1,067 | 58 | 231 | 9 |
| Hardeman | 2,879 | 228 | 1,209 | 107 |
| Haskell | 3,938 | 211 | 1,752 | 147 |
| Jack | 7,482 | 336 | 1,673 | 141 |
| Jones | 13,013 | 2,344 | 6,318 | 404 |
| Kent | 657 | 6 | 134 | 13 |
| Knox | 2,188 | 233 | 1,283 | 61 |
| Mitchell | 4,799 | 1,046 | 4,006 | 140 |
| Montague | 18,031 | 38 | 2,759 | 468 |
| Nolan | 9,136 | 740 | 5,905 | 301 |
| Runnels | 6,566 | 180 | 4,068 | 150 |
| Scurry | 9,663 | 816 | 7,935 | 279 |
| Shackelford | 3,202 | 14 | 407 | 66 |
| Stephens | 7,376 | 195 | 2,507 | 153 |
| Stonewall | 1,192 | 37 | 248 | 36 |
| Taylor | 84,802 | 9,864 | 35,957 | 7,197 |
| Throckmorton | 1,440 | 9 | 175 | 25 |
| Wichita | 83,336 | 13,910 | 27,967 | 7,934 |
| Wilbarger | 8,440 | 1,168 | 4,666 | 488 |
| Young | 14,948 | 232 | 4,185 | 400 |
| Region | 383,639 | 34,322 | 137,635 | 21,467 |
| Texas | 11871540 | 3407148 | 12,568,914 | 2,100,489 |

Table 4. County Total Languages 2017

| County | % English Only | % Spanish | % Indo-European | % Asian and Pacific | % Other |
|--------------|----------------|-----------|-----------------|---------------------|---------|
| Archer | 95% | 5% | 0% | 0% | 0% |
| Baylor | 96% | 3% | 1% | 0% | 0% |
| Brown | 92% | 7% | 0% | 1% | 0% |
| Callahan | 95% | 4% | 0% | 0% | 0% |
| Clay | 95% | 5% | 0% | 1% | 0% |
| Coleman | 94% | 5% | 1% | 0% | 0% |
| Comanche | 78% | 21% | 1% | 0% | 0% |
| Cottle | 76% | 23% | 1% | 0% | 0% |
| Eastland | 90% | 9% | 0% | 0% | 0% |
| Fisher | 79% | 20% | 1% | 0% | 0% |
| Foard | 83% | 17% | 0% | 0% | 0% |
| Hardeman | 85% | 15% | 0% | 0% | 0% |
| Haskell | 75% | 23% | 1% | 1% | 0% |
| Jack | 87% | 13% | 0% | 0% | 0% |
| Jones | 80% | 18% | 1% | 0% | 0% |
| Kent | 89% | 11% | 0% | 0% | 0% |
| Knox | 77% | 22% | 1% | 0% | 0% |
| Mitchell | 75% | 25% | 0% | 0% | 0% |
| Montague | 89% | 10% | 1% | 0% | 0% |
| Nolan | 75% | 24% | 1% | 0% | 0% |
| Runnels | 91% | 8% | 0% | 0% | 0% |
| Scurry | 75% | 25% | 0% | 0% | 0% |
| Shackelford | 94% | 5% | 0% | 0% | 0% |
| Stephens | 81% | 18% | 0% | 0% | 0% |
| Stonewall | 87% | 13% | 0% | 0% | 0% |
| Taylor | 83% | 13% | 2% | 1% | 1% |
| Throckmorton | 86% | 14% | 0% | 0% | 0% |
| Wichita | 86% | 11% | 1% | 2% | 0% |
| Wilbarger | 83% | 15% | 0% | 1% | 0% |
| Young | 86% | 13% | 0% | 0% | 0% |
| Region | 85% | 13% | 1% | 1% | 0% |
| Texas | 65% | 29% | 2% | 3% | 1% |

Table 5. County Total Per Capita Income 2015-2017

| County | 2015 Per Capita Income | 2016 Per Capita Income | 2017 Per Capita Income |
|---------------|------------------------|------------------------|------------------------|
| Archer | \$29,380 | \$29,085 | \$31,103 |
| Baylor | \$32,907 | \$30,495 | \$30,820 |
| Brown | \$21,916 | \$22,089 | \$24,040 |
| Callahan | \$22,387 | \$22,556 | \$22,205 |
| Clay | \$26,339 | \$26,696 | \$27,593 |
| Coleman | \$20,085 | \$25,178 | \$26,436 |
| Comanche | \$19,743 | \$21,680 | \$22,751 |
| Cottle | \$18,926 | \$20,396 | \$20,566 |
| Eastland | \$22,135 | \$21,577 | \$20,433 |
| Fisher | \$26,855 | \$26,795 | \$27,750 |
| Foard | \$22,871 | \$23,322 | \$26,034 |
| Hardeman | \$20,374 | \$19,493 | \$21,517 |
| Haskell | \$22,140 | \$21,071 | \$21,120 |
| Jack | \$23,573 | \$24,676 | \$25,553 |
| Jones | \$15,006 | \$17,279 | \$17,960 |
| Kent | \$27,962 | \$27,433 | \$27,515 |
| Knox | \$20,124 | \$19,673 | \$21,046 |
| Mitchell | \$18,764 | \$19,333 | \$19,741 |
| Montague | \$25,846 | \$25,402 | \$26,278 |
| Nolan | \$20,444 | \$22,240 | \$23,686 |
| Runnels | \$21,803 | \$22,855 | \$22,190 |
| Scurry | \$24,584 | \$23,757 | \$24,140 |
| Shackelford | \$23,826 | \$24,190 | \$24,296 |
| Stephens | \$22,241 | \$22,306 | \$23,044 |
| Stonewall | \$22,416 | \$24,284 | \$28,063 |
| Taylor | \$23,896 | \$24,328 | \$25,419 |
| Throckmorton | \$28,305 | \$28,859 | \$27,732 |
| Wichita | \$22,861 | \$23,238 | \$23,263 |
| Wilbarger | \$20,752 | \$21,638 | \$21,938 |
| Young | \$25,524 | \$25,836 | \$25,661 |
| Region | \$23,133 | \$23,592 | \$24,330 |
| Texas | \$26,999 | \$27,828 | \$28,985 |
| United States | \$28,930 | \$29,829 | \$31,177 |

Table 6. County Total Single Parent Household 201-2019

| County | 2017 % Single Parent Households | 2018 % Single Parent Households | 2019 % Single Parent Households |
|--------------|---------------------------------|---------------------------------|---------------------------------|
| Archer | 20 | 14 | 19 |
| Baylor | 18 | 20 | 23 |
| Brown | 33 | 28 | 29 |
| Callahan | 23 | 27 | 25 |
| Clay | 20 | 26 | 28 |
| Coleman | 41 | 29 | 36 |
| Comanche | 23 | 31 | 26 |
| Cottle | 27 | 24 | 31 |
| Eastland | 39 | 32 | 23 |
| Fisher | 24 | 20 | 19 |
| Foard | 42 | 38 | 34 |
| Hardeman | 30 | 23 | 16 |
| Haskell | 40 | 46 | 46 |
| Jack | 18 | 18 | 26 |
| Jones | 31 | 37 | 34 |
| Kent | 25 | 17 | 27 |
| Knox | 34 | 31 | 24 |
| Mitchell | 37 | 40 | 42 |
| Montague | 28 | 28 | 25 |
| Nolan | 43 | 44 | 39 |
| Runnels | 50 | 42 | 40 |
| Scurry | 31 | 32 | 34 |
| Shackelford | 30 | 32 | 38 |
| Stephens | 30 | 32 | 31 |
| Stonewall | 19 | 21 | 24 |
| Taylor | 36 | 37 | 36 |
| Throckmorton | 37 | 49 | 50 |
| Wichita | 37 | 38 | 38 |
| Wilbarger | 43 | 44 | 42 |
| Young | 38 | 38 | 39 |
| Region | 34 | 35 | 34 |
| Texas | 33 | 33 | 33 |

Table 7. County Total Labor Force, Employment, Unemployment 2018

| County | Labor Force | Employed | Unemployed |
|--------------|-------------|------------|------------|
| Archer | 4184 | 4055 | 129 |
| Baylor | 1566 | 1515 | 51 |
| Brown | 16152 | 15549 | 603 |
| Callahan | 6023 | 5821 | 202 |
| Clay | 4945 | 4788 | 157 |
| Coleman | 2960 | 2842 | 118 |
| Comanche | 5385 | 5189 | 196 |
| Cottle | 529 | 506 | 23 |
| Eastland | 8724 | 8430 | 294 |
| Fisher | 1666 | 1611 | 55 |
| Foard | 577 | 560 | 17 |
| Hardeman | 1678 | 1617 | 61 |
| Haskell | 2356 | 2266 | 90 |
| Jack | 4444 | 4333 | 111 |
| Jones | 5721 | 5447 | 274 |
| Kent | 458 | 447 | 11 |
| Knox | 1466 | 1413 | 53 |
| Mitchell | 2338 | 2235 | 103 |
| Montague | 9130 | 8837 | 293 |
| Nolan | 6718 | 6496 | 222 |
| Runnels | 4628 | 4483 | 145 |
| Scurry | 6969 | 6731 | 238 |
| Shackelford | 1978 | 1932 | 46 |
| Stephens | 3987 | 3842 | 145 |
| Stonewall | 596 | 575 | 21 |
| Taylor | 65309 | 63237 | 2072 |
| Throckmorton | 705 | 681 | 24 |
| Wichita | 56739 | 54802 | 1937 |
| Wilbarger | 4993 | 4786 | 207 |
| Young | 8187 | 7922 | 265 |
| Region | 241111 | 232948 | 8163 |
| Texas | 13,839,910 | 13,302,810 | 532,892 |

Table 8. County Total Unemployed & Unemployment Percentage 2016-2018

| County | 2016 % Unemployed | 2017 % Unemployed | 2018 % Unemployed |
|--------------|-------------------|-------------------|-------------------|
| Archer | 4.3 | 3.4 | 3.1 |
| Baylor | 3.6 | 3.4 | 3.3 |
| Brown | 4.3 | 3.8 | 3.7 |
| Callahan | 4.3 | 3.7 | 3.4 |
| Clay | 4.4 | 3.6 | 3.2 |
| Coleman | 5.8 | 4.4 | 4 |
| Comanche | 4.3 | 3.7 | 3.6 |
| Cottle | 5.1 | 4.3 | 4.3 |
| Eastland | 5.4 | 4.3 | 3.4 |
| Fisher | 4.3 | 3.5 | 3.3 |
| Foard | 3.7 | 3.4 | 2.9 |
| Hardeman | 3.9 | 3.9 | 3.6 |
| Haskell | 4.2 | 4.7 | 3.8 |
| Jack | 4.9 | 3.7 | 2.5 |
| Jones | 5.8 | 5.3 | 4.8 |
| Kent | 3 | 2.6 | 2.4 |
| Knox | 4.2 | 4 | 3.6 |
| Mitchell | 7 | 5.5 | 4.4 |
| Montague | 4.9 | 4 | 3.2 |
| Nolan | 4.8 | 4.1 | 3.3 |
| Runnels | 3.9 | 3.8 | 3.1 |
| Scurry | 5.9 | 4.4 | 3.4 |
| Shackelford | 3.8 | 3 | 2.3 |
| Stephens | 5.3 | 4.7 | 3.6 |
| Stonewall | 4.4 | 3.4 | 3.5 |
| Taylor | 3.7 | 3.5 | 3.2 |
| Throckmorton | 3.5 | 4.3 | 3.4 |
| Wichita | 4.3 | 3.7 | 3.4 |
| Wilbarger | 4.7 | 4.7 | 4.1 |
| Young | 4.4 | 3.8 | 3.2 |
| Region | 4.4 | 3.8 | 3.5 |
| Texas | 4.6 | 4.3 | 3.9 |

Table 9. County Total TANF Recipients 2016-2018

| County | 2016 Number of Recipients | 2017 Number of Recipients | 2018 Number of Recipients |
|--------------|---------------------------|---------------------------|---------------------------|
| Archer | 10 | 12 | 13 |
| Baylor | 15 | 5 | 6 |
| Brown | 64 | 79 | 60 |
| Callahan | 12 | 9 | 14 |
| Clay | 22 | 18 | 14 |
| Coleman | 17 | 20 | 22 |
| Comanche | 28 | 16 | 22 |
| Cottle | 13 | 3 | 3 |
| Eastland | 20 | 29 | 33 |
| Fisher | 9 | 13 | 21 |
| Foard | 1 | 2 | 1 |
| Hardeman | 8 | 13 | 9 |
| Haskell | 10 | 12 | 12 |
| Jack | 7 | 7 | 7 |
| Jones | 29 | 19 | 17 |
| Kent | 2 | 2 | 0 |
| Knox | 22 | 4 | 3 |
| Mitchell | 18 | 12 | 13 |
| Montague | 31 | 28 | 21 |
| Nolan | 19 | 23 | 28 |
| Runnels | 15 | 8 | 8 |
| Scurry | 23 | 31 | 22 |
| Shackelford | 4 | 2 | 2 |
| Stephens | 79 | 11 | 8 |
| Stonewall | 4 | 5 | 5 |
| Taylor | 497 | 313 | 306 |
| Throckmorton | 3 | 0 | 0 |
| Wichita | 332 | 374 | 337 |
| Wilbarger | 63 | 31 | 29 |
| Young | 42 | 53 | 39 |
| Region | 1421 | 1153 | 1073 |
| Texas | 59729 | 57827 | 51055 |

Table 10. County Total TANF Recipients per 100K 2016-2018

| County | 2016 Rate per 100,000 | 2017 Rate per 100,000 | 2018 Rate per 100,000 |
|--------------|-----------------------|-----------------------|-----------------------|
| Archer | 109.61 | 124.47 | 131.13 |
| Baylor | 398.83 | 134.81 | 170.21 |
| Brown | 163.77 | 197.52 | 150.10 |
| Callahan | 84.82 | 62.71 | 94.24 |
| Clay | 210.22 | 158.05 | 119.75 |
| Coleman | 196.37 | 218.65 | 235.59 |
| Comanche | 201.95 | 109.76 | 153.10 |
| Cottle | 908.46 | 189.51 | 204.98 |
| Eastland | 108.01 | 148.63 | 165.79 |
| Fisher | 233.46 | 330.70 | 523.71 |
| Foard | 83.96 | 146.63 | 48.81 |
| Hardeman | 206.72 | 297.82 | 210.78 |
| Haskell | 175.16 | 200.13 | 203.48 |
| Jack | 76.18 | 73.67 | 69.25 |
| Jones | 145.02 | 87.77 | 77.46 |
| Kent | 246.00 | 247.52 | 21.12 |
| Knox | 617.63 | 106.47 | 75.83 |
| Mitchell | 206.94 | 121.79 | 130.02 |
| Montague | 157.22 | 133.65 | 100.75 |
| Nolan | 130.63 | 144.81 | 173.52 |
| Runnels | 144.26 | 73.76 | 68.95 |
| Scurry | 131.28 | 169.64 | 118.68 |
| Shackelford | 117.72 | 55.23 | 52.68 |
| Stephens | 799.43 | 108.98 | 74.87 |
| Stonewall | 275.48 | 332.01 | 301.33 |
| Taylor | 362.01 | 228.92 | 223.02 |
| Throckmorton | 197.76 | 0.00 | 0.00 |
| Wichita | 248.79 | 281.89 | 253.31 |
| Wilbarger | 503.48 | 213.87 | 200.09 |
| Young | 223.32 | 272.03 | 199.60 |
| Region 2 | 255.39 | 201.81 | 186.86 |
| Texas | 214.37 | 200.81 | 173.85 |

Table 11. County Total SNAP Recipients 2016-2018

| County | 2016 Number of Recipients | 2017 Number of Recipients | 2018 Number of Recipients |
|--------------|---------------------------|---------------------------|---------------------------|
| Archer | 613 | 648 | 629 |
| Baylor | 533 | 603 | 546 |
| Brown | 5537 | 5503 | 5401 |
| Callahan | 1886 | 1869 | 1733 |
| Clay | 997 | 971 | 870 |
| Coleman | 1335 | 1328 | 1266 |
| Comanche | 1919 | 1907 | 1748 |
| Cottle | 241 | 230 | 205 |
| Eastland | 3022 | 2989 | 2709 |
| Fisher | 406 | 387 | 422 |
| Foard | 171 | 170 | 132 |
| Hardeman | 585 | 543 | 517 |
| Haskell | 894 | 984 | 950 |
| Jack | 994 | 991 | 921 |
| Jones | 2090 | 2153 | 2061 |
| Kent | 57 | 53 | 55 |
| Knox | 589 | 590 | 523 |
| Mitchell | 1078 | 1047 | 942 |
| Montague | 2534 | 2491 | 2258 |
| Nolan | 2616 | 2700 | 2582 |
| Runnels | 1522 | 1437 | 1289 |
| Scurry | 2158 | 2117 | 1922 |
| Shackelford | 405 | 381 | 321 |
| Stephens | 1733 | 1658 | 1515 |
| Stonewall | 125 | 133 | 124 |
| Taylor | 19883 | 20274 | 19736 |
| Throckmorton | 135 | 138 | 132 |
| Wichita | 19684 | 19504 | 18949 |
| Wilbarger | 2131 | 2109 | 2118 |
| Young | 2532 | 2438 | 2258 |
| Region | 78405 | 78346 | 74831 |
| Texas | 3867476 | 3943512 | 3725683 |

Table 12. County Total Free & Reduced Lunch Recipients 2014-2017

| County | 2014-2015 Free and Reduced Lunch | 2015-2016 Free and Reduced Lunch | 2016-2017 Free and Reduced Lunch |
|--------------|----------------------------------|----------------------------------|----------------------------------|
| Archer | 550 | 564 | 601 |
| Baylor | 314 | 300 | 333 |
| Brown | 4090 | 4149 | 4244 |
| Callahan | 1308 | 1347 | 1401 |
| Clay | 784 | 781 | 811 |
| Coleman | 863 | 803 | 824 |
| Comanche | 1461 | 1509 | 1547 |
| Cottle | 135 | 137 | 147 |
| Eastland | 1776 | 1735 | 1744 |
| Fisher | 292 | 344 | 292 |
| Foard | 144 | 139 | 165 |
| Hardeman | 564 | 616 | 614 |
| Haskell | 615 | 657 | 697 |
| Jack | 765 | 881 | 945 |
| Jones | 1630 | 1663 | 1710 |
| Kent | 52 | 39 | 41 |
| Knox | 509 | 466 | 451 |
| Mitchell | 777 | 841 | ‡ |
| Montague | 1659 | 1784 | 1855 |
| Nolan | 1897 | 1958 | 2014 |
| Runnels | 1174 | 1113 | ‡ |
| Scurry | 1509 | 1606 | 1657 |
| Shackelford | 259 | 322 | 297 |
| Stephens | 947 | 959 | 960 |
| Stonewall | 129 | 131 | 135 |
| Taylor | 12669 | 13113 | 14056 |
| Throckmorton | 177 | 166 | 191 |
| Wichita | 12904 | 12001 | 12307 |
| Wilbarger | 1449 | 1401 | 1485 |
| Young | 1920 | 1870 | 2007 |
| Region | 53322 | 53395 | 53531 |
| Texas | 3058606 | 3107545 | 3132073 |

Table 13. County Total Free & Reduced Lunch Percentages 2014-2016

| County | 2014 % Free/Reduced Lunch | 2015 % Free/Reduced Lunch | 2016 % Free/Reduced Lunch |
|--------------|---------------------------|---------------------------|---------------------------|
| Archer | 29.81% | 30.47% | 32.00% |
| Baylor | 52.86% | 50.34% | 55.97% |
| Brown | 60.66% | 61.22% | 63.52% |
| Callahan | 51.68% | 52.84% | 55.35% |
| Clay | 44.83% | 45.09% | 47.04% |
| Coleman | 64.50% | 60.65% | 61.77% |
| Comanche | 64.36% | 64.40% | 65.03% |
| Cottle | 65.22% | 67.16% | 71.01% |
| Eastland | 60.88% | 60.31% | 61.00% |
| Fisher | 54.89% | 61.43% | 54.07% |
| Foard | 67.92% | 67.15% | 72.69% |
| Hardeman | 76.73% | 80.52% | 80.05% |
| Haskell | 70.69% | 74.07% | 79.20% |
| Jack | 47.43% | 55.72% | 58.01% |
| Jones | 60.53% | 62.45% | 63.85% |
| Kent | 40.00% | 30.47% | 32.03% |
| Knox | 63.31% | 59.29% | 55.89% |
| Mitchell | 51.97% | 57.37% | ‡ |
| Montague | 49.29% | 53.22% | 55.64% |
| Nolan | 60.01% | 60.38% | 62.86% |
| Runnels | 57.35% | 55.46% | ‡ |
| Scurry | 44.57% | 46.93% | 49.52% |
| Shackelford | 44.12% | 49.46% | 46.62% |
| Stephens | 64.33% | 64.62% | 326.53% |
| Stonewall | 51.60% | 54.13% | 54.22% |
| Taylor | 33.49% | 36.11% | 37.02% |
| Throckmorton | 51.75% | 54.43% | 62.01% |
| Wichita | 62.17% | 57.90% | 59.35% |
| Wilbarger | 58.90% | 58.47% | 62.71% |
| Young | 55.91% | 55.59% | 58.70% |
| Region | 49.20% | 49.99% | 49.94% |
| Texas | 58.44% | 58.63% | 58.43% |

Table 14. County Total Number of Uninsured Children 2014-2016

| County | 2014 Number of Uninsured | 2015 Number of Uninsured | 2016 Number of Uninsured |
|--------------|--------------------------|--------------------------|--------------------------|
| Archer | 303 | 251 | 260 |
| Baylor | 113 | 106 | 87 |
| Brown | 1060 | 863 | 813 |
| Callahan | 398 | 404 | 395 |
| Clay | 350 | 272 | 272 |
| Coleman | 272 | 222 | 216 |
| Comanche | 670 | 553 | 454 |
| Cottle | 70 | 67 | 58 |
| Eastland | 590 | 482 | 488 |
| Fisher | 131 | 101 | 104 |
| Foard | 51 | 41 | 39 |
| Hardeman | 187 | 146 | 154 |
| Haskell | 168 | 137 | 152 |
| Jack | 353 | 318 | 268 |
| Jones | 496 | 417 | 423 |
| Kent | 29 | 27 | 23 |
| Knox | 211 | 177 | 152 |
| Mitchell | 271 | 233 | 214 |
| Montague | 809 | 691 | 644 |
| Nolan | 480 | 423 | 377 |
| Runnels | 410 | 330 | 288 |
| Scurry | 674 | 593 | 483 |
| Shackelford | 137 | 124 | 132 |
| Stephens | 367 | 341 | 276 |
| Stonewall | 57 | 53 | 48 |
| Taylor | 3536 | 2784 | 2895 |
| Throckmorton | 84 | 71 | 55 |
| Wichita | 3146 | 2751 | 2844 |
| Wilbarger | 403 | 351 | 341 |
| Young | 761 | 643 | 610 |
| Region | 16587 | 13972 | 13565 |
| Texas | 857022 | 747567 | 735079 |

Table 15. County Total Percentage of Uninsured Children 2014-2016

| County | 2014 % Uninsured | 2015 % Uninsured | 2016 % Uninsured |
|--------------|------------------|------------------|------------------|
| Archer | 15 | 15 | 13 |
| Baylor | 14 | 14 | 10 |
| Brown | 12 | 12 | 9 |
| Callahan | 13 | 13 | 12 |
| Clay | 15 | 15 | 12 |
| Coleman | 14 | 14 | 11 |
| Comanche | 21 | 21 | 15 |
| Cottle | 22 | 22 | 17 |
| Eastland | 15 | 15 | 12 |
| Fisher | 16 | 16 | 12 |
| Foard | 18 | 18 | 16 |
| Hardeman | 19 | 19 | 16 |
| Haskell | 14 | 14 | 13 |
| Jack | 18 | 18 | 14 |
| Jones | 13 | 13 | 11 |
| Kent | 17 | 17 | 15 |
| Knox | 20 | 20 | 15 |
| Mitchell | 14 | 14 | 12 |
| Montague | 17 | 17 | 14 |
| Nolan | 12 | 12 | 9 |
| Runnels | 16 | 16 | 11 |
| Scurry | 15 | 15 | 10 |
| Shackelford | 17 | 17 | 16 |
| Stephens | 17 | 17 | 13 |
| Stonewall | 18 | 18 | 14 |
| Taylor | 10 | 10 | 8 |
| Throckmorton | 23 | 23 | 16 |
| Wichita | 10 | 10 | 9 |
| Wilbarger | 13 | 13 | 11 |
| Young | 17 | 17 | 13 |
| Region | 13 | 11 | 10 |
| Texas | 12 | 10 | 10 |

Appendix B

Table 16. County Total Dropout Percentage 2015-2017

| County | 2015 % Dropout | 2016 % Dropout | 2017 % Dropout |
|--------------|----------------|----------------|----------------|
| Archer | 0 | 0.7 | 0 |
| Baylor | 2.8 | 0 | 2.1 |
| Brown | 2.5 | 1.4 | 1.6 |
| Callahan | 2 | 1.8 | 3.3 |
| Clay | 2.9 | 1.7 | 1.8 |
| Coleman | 4.3 | 8.6 | 7.3 |
| Comanche | 2.3 | 0.7 | 0 |
| Cottle | 9.1 | 0 | 20 |
| Eastland | 3.9 | 3.8 | 2.4 |
| Fisher | 7.7 | 2.4 | 0 |
| Foard | 0 | 0 | 0 |
| Hardeman | 0 | 1.9 | 0 |
| Haskell | 3.9 | 4.4 | 1.6 |
| Jack | 0 | 0 | 3.6 |
| Jones | 0.5 | 1.8 | 1.9 |
| Kent | 0 | 10 | 0 |
| Knox | 0 | 0 | 0 |
| Mitchell | 3.4 | 1.8 | 2.1 |
| Montague | 2.8 | 1.4 | 0.5 |
| Nolan | 5.9 | 4.7 | 3.6 |
| Runnels | 3 | 1.5 | 2.1 |
| Scurry | 8.2 | 5.2 | 6.2 |
| Shackelford | 0 | 4.9 | 0 |
| Stephens | 2.2 | 6.9 | 5.2 |
| Stonewall | 0 | 4.3 | 0 |
| Taylor | 10.1 | 10.5 | 6.2 |
| Throckmorton | 0 | 0 | 0 |
| Wichita | 2.1 | 1.3 | 1 |
| Wilbarger | 6.7 | 11 | 13.7 |
| Young | 1.8 | 2.1 | 2.9 |
| Region | 5 | 4.6 | 3.4 |
| Texas | 6.3 | 6.2 | 5.9 |

Table 17. County Total Discipline Rates per 100 Students & Number of Students Expelled 2017-2018

| County | 2017-2018 Enrollment | In School Suspension | Out of School Suspension | Expulsion | Total Discipline | Discipline Rate per 100 |
|--------------|----------------------|----------------------|--------------------------|-----------|------------------|-------------------------|
| Archer | 2003 | 249 | 21 | 0 | 270 | 13.48 |
| Baylor | 630 | 84 | masked | 0 | 84 | 13.33 |
| Brown | 7115 | 1369 | 147 | masked | 1516 | 21.31 |
| Callahan | 2734 | 360 | 35 | masked | 395 | 14.45 |
| Clay | 1841 | 346 | 44 | 0 | 390 | 21.18 |
| Coleman | 1443 | 553 | 80 | 0 | 633 | 43.87 |
| Comanche | 2498 | 173 | masked | masked | 173 | 6.93 |
| Cottle | 224 | masked | masked | 0 | 0 | 0.00 |
| Eastland | 3118 | 376 | 79 | 0 | 455 | 14.59 |
| Fisher | 627 | 24 | masked | 0 | 24 | 3.83 |
| Foard | 236 | 36 | masked | 0 | 36 | 15.25 |
| Hardeman | 807 | 224 | 27 | 0 | 251 | 31.10 |
| Haskell | 904 | 149 | 24 | 0 | 173 | 19.14 |
| Jack | 1773 | 201 | 18 | 0 | 219 | 12.35 |
| Jones | 2939 | 383 | 48 | masked | 431 | 14.66 |
| Kent | 168 | masked | masked | 0 | 0 | 0.00 |
| Knox | 833 | 10 | 0 | 0 | 10 | 1.20 |
| Mitchell | 1519 | 181 | 37 | 0 | 218 | 14.35 |
| Montague | 3638 | 385 | 44 | masked | 429 | 11.79 |
| Nolan | 3376 | 830 | 316 | masked | 1146 | 33.95 |
| Runnels | 2133 | 307 | 55 | masked | 362 | 16.97 |
| Scurry | 3428 | 1802 | 252 | 0 | 2054 | 59.92 |
| Shackelford | 697 | 16 | masked | 0 | 16 | 2.30 |
| Stephens | 1575 | 280 | 38 | 0 | 318 | 20.19 |
| Stonewall | 243 | masked | 0 | 0 | 0 | 0.00 |
| Taylor | 39900 | 4870 | 2243 | 267 | 7113 | 17.83 |
| Throckmorton | 334 | 12 | masked | 0 | 12 | 3.59 |
| Wichita | 22099 | 6557 | 1162 | masked | 7719 | 34.93 |
| Wilbarger | 2520 | 822 | 211 | 0 | 1033 | 40.99 |
| Young | 3536 | 1061 | 122 | masked | 1183 | 33.46 |
| Region | 114891 | 21660 | 5003 | 267 | 26663 | 23.21 |

Table 18. County Total Number Homeless Students

| County | 2016-2017 Total Homeless Students | 2017-2018 Total Homeless Students | 2018-2019 Total Homeless Students |
|--------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Archer | 30 | 29 | 26 |
| Baylor | masked | masked | 0 |
| Brown | 70 | 82 | 75 |
| Callahan | 85 | 74 | 48 |
| Clay | 56 | 42 | 31 |
| Coleman | 34 | 49 | 41 |
| Comanche | 78 | 106 | 65 |
| Cottle | 0 | 0 | 0 |
| Eastland | 182 | 125 | 153 |
| Fisher | 19 | 28 | 10 |
| Foard | 0 | 0 | 0 |
| Hardeman | 20 | 17 | masked |
| Haskell | 30 | 30 | 25 |
| Jack | 20 | 32 | 27 |
| Jones | 319 | 262 | 243 |
| Kent | 0 | 0 | 0 |
| Knox | 7 | 17 | masked |
| Mitchell | 34 | 22 | 10 |
| Montague | 37 | 22 | 32 |
| Nolan | 59 | 65 | 38 |
| Runnels | 50 | 63 | 27 |
| Scurry | 53 | 35 | 27 |
| Shackelford | 43 | 38 | 27 |
| Stephens | 26 | 47 | 43 |
| Stonewall | 9 | 6 | masked |
| Taylor | 760 | 1113 | 1047 |
| Throckmorton | 0 | masked | 23 |
| Wichita | 216 | 290 | 340 |
| Wilbarger | 13 | 10 | 14 |
| Young | 34 | 28 | 28 |
| Region | 2284 | 2632 | 2400 |
| Texas | 69213 | 111931 | 72782 |

Table 19. County Total Index Violent Crime 2016-2018

| County | 2016 Violent Crime Rate per 100K | 2017 Violent Crime Rate per 100K | 2018 Violent Crime Rate per 100K |
|--------------|----------------------------------|----------------------------------|----------------------------------|
| Archer | 212.27 | 192.05 | 229.62 |
| Baylor | 222.97 | 352.30 | 196.96 |
| Brown | 328.56 | 324.12 | 387.42 |
| Callahan | 66.54 | 158.78 | 64.42 |
| Clay | 136.51 | 158.49 | 241.59 |
| Coleman | 224.05 | 423.96 | 370.16 |
| Comanche | 195.69 | 276.24 | 185.43 |
| Cottle | 71.07 | 216.76 | 185.87 |
| Eastland | 226.63 | 259.07 | 257.08 |
| Fisher | 342.92 | 26.08 | 0 |
| Foard | 0.00 | 0.00 | 0.00 |
| Hardeman | 53.06 | 0.00 | 0.00 |
| Haskell | 141.34 | 160.40 | 35.22 |
| Jack | 260.62 | 172.59 | 136.64 |
| Jones | 140.68 | 308.32 | 161.40 |
| Kent | 397.88 | 0.00 | 264.90 |
| Knox | 361.20 | 209.64 | 54.08 |
| Mitchell | 100.30 | 116.27 | 84.14 |
| Montague | 171.16 | 332.77 | 249.35 |
| Nolan | 393.82 | 381.76 | 433.64 |
| Runnels | 208.93 | 373.99 | 235.22 |
| Scurry | 112.99 | 207.11 | 223.27 |
| Shackelford | 59.93 | 90.83 | 0.00 |
| Stephens | 202.56 | 190.99 | 172.56 |
| Stonewall | 143.88 | 0.00 | 292.18 |
| Taylor | 411.46 | 484.95 | 472.48 |
| Throckmorton | 0.00 | 132.01 | 265.25 |
| Wichita | 388.44 | 348.50 | 357.74 |
| Wilbarger | 473.01 | 320.81 | 372.28 |
| Young | 143.16 | 154.96 | 190.44 |
| Region | 309.54 | 335.32 | 331.36 |
| Texas | 434.47 | 438.15 | 415.04 |

Table 20. County Total Index Property Crime 2016-2018

| County | 2016 Property Crime Rate per 100K | 2017 Property Crime Rate per 100K | 2018 Property Crime Rate per 100K |
|--------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Archer | 829.80 | 364.89 | 516.65 |
| Baylor | 1672.24 | 840.11 | 956.67 |
| Brown | 2212.51 | 2342.06 | 1971.38 |
| Callahan | 1153.42 | 952.66 | 1023.55 |
| Clay | 975.04 | 1357.11 | 1198.30 |
| Coleman | 1437.64 | 829.49 | 777.35 |
| Comanche | 2107.48 | 1538.00 | 1342.53 |
| Cottle | 710.73 | 144.51 | 278.81 |
| Eastland | 1772.33 | 1312.61 | 1136.88 |
| Fisher | 1398.05 | 156.49 | 0.00 |
| Foard | 0.00 | 0.00 | 0.00 |
| Hardeman | 1167.42 | 983.95 | 878.48 |
| Haskell | 918.73 | 570.31 | 457.83 |
| Jack | 1405.10 | 1288.69 | 1184.24 |
| Jones | 1308.29 | 1275.31 | 842.11 |
| Kent | 1326.26 | 524.93 | 1192.05 |
| Knox | 1909.18 | 917.19 | 1000.54 |
| Mitchell | 1203.61 | 2174.17 | 1815.12 |
| Montague | 2236.09 | 1914.79 | 1295.53 |
| Nolan | 4536.17 | 3024.74 | 2437.38 |
| Runnels | 2127.26 | 920.60 | 1068.31 |
| Scurry | 2101.58 | 1455.53 | 1321.97 |
| Shackelford | 958.95 | 423.86 | 271.82 |
| Stephens | 1716.42 | 1276.64 | 1919.76 |
| Stonewall | 359.71 | 565.77 | 219.14 |
| Taylor | 3224.20 | 2853.04 | 2634.48 |
| Throckmorton | 0.00 | 396.04 | 331.56 |
| Wichita | 3314.65 | 2927.71 | 2855.08 |
| Wilbarger | 2853.60 | 2746.48 | 2273.27 |
| Young | 1282.90 | 1001.72 | 907.41 |
| Region | 2574.87 | 2223.86 | 2084.77 |
| Texas | 2759.53 | 2554.37 | 2776.45 |

Table 21. County Total Domestic Violence per 100K 2016-2018

| County | 2016 Incidents per 100k | 2017 Incidents per 100K | 2018 Incidents per 100K |
|--------------|-------------------------|-------------------------|-------------------------|
| Archer | 172.43 | 165.96 | 30.91 |
| Baylor | 517.29 | 431.38 | 431.38 |
| Brown | 891.83 | 960.12 | 1079.04 |
| Callahan | 383.03 | 383.25 | 317.50 |
| Clay | 244.54 | 237.07 | 365.63 |
| Coleman | 337.00 | 338.91 | 261.21 |
| Comanche | 629.68 | 535.09 | 838.05 |
| Cottle | 0.00 | 126.34 | 189.51 |
| Eastland | 315.08 | 312.63 | 392.28 |
| Fisher | 326.63 | 25.44 | 0.00 |
| Foard | 0.00 | 0.00 | 0.00 |
| Hardeman | 474.05 | 114.55 | 22.75 |
| Haskell | 221.31 | 83.39 | 149.35 |
| Jack | 347.56 | 221.01 | 334.41 |
| Jones | 214.06 | 92.39 | 233.23 |
| Kent | 124.22 | 247.52 | 0.00 |
| Knox | 290.54 | 212.94 | 79.87 |
| Mitchell | 321.38 | 253.73 | 292.43 |
| Montague | 251.64 | 128.88 | 99.38 |
| Nolan | 637.63 | 572.94 | 387.86 |
| Runnels | 159.68 | 184.40 | 229.51 |
| Scurry | 584.47 | 727.81 | 746.27 |
| Shackelford | 57.36 | 165.70 | 191.57 |
| Stephens | 355.65 | 574.60 | 364.14 |
| Stonewall | 0.00 | 66.40 | 0.00 |
| Taylor | 1543.13 | 1192.13 | 1293.52 |
| Throckmorton | 60.64 | 241.69 | 242.87 |
| Wichita | 1176.22 | 1218.00 | 1273.02 |
| Wilbarger | 480.23 | 531.22 | 848.50 |
| Young | 383.20 | 369.55 | 285.38 |
| Region | 875.13 | 786.22 | 842.00 |
| Texas | 722.98 | 678.81 | 650.27 |

Table 22. County Total Child Abuse & Neglect: Confirmed Victims per 1,000 2016-2018

| County | 2016 Victims per 1,000 Children | 2017 Victims per 1,000 Children | 2018 Victims per 1,000 Children |
|--------------|---------------------------------|---------------------------------|---------------------------------|
| Archer | 5.8 | 9.82 | 7.97 |
| Baylor | 12.03 | 16.22 | 16.28 |
| Brown | 20.14 | 22.17 | 20.78 |
| Callahan | 8.66 | 13.70 | 21.64 |
| Clay | 15.11 | 8.76 | 14.53 |
| Coleman | 14.46 | 17.31 | 29.43 |
| Comanche | 13.1 | 10.46 | 12.54 |
| Cottle | 16.44 | 2.73 | 8.36 |
| Eastland | 12.11 | 14.62 | 14.02 |
| Fisher | 3.76 | 31.33 | 22.67 |
| Foard | 3.95 | 7.75 | 19.38 |
| Hardeman | 11.61 | 17.58 | 8.66 |
| Haskell | 6.61 | 6.63 | 23.31 |
| Jack | 27.04 | 23.97 | 24.27 |
| Jones | 12.35 | 17.59 | 32.04 |
| Kent | masked | masked | 18.07 |
| Knox | 6.29 | 7.44 | 10.66 |
| Mitchell | 14.8 | 16.38 | 32.14 |
| Montague | 31.03 | 22.77 | 29.83 |
| Nolan | 21.87 | 35.07 | 32.24 |
| Runnels | 9.38 | 11.28 | 15.88 |
| Scurry | 13.53 | 12.48 | 19.00 |
| Shackelford | 24.36 | 17.24 | 18.25 |
| Stephens | 11.39 | 6.58 | 10.91 |
| Stonewall | masked | 26.40 | 16.34 |
| Taylor | 21.1 | 23.45 | 26.58 |
| Throckmorton | masked | 9.29 | 9.32 |
| Wichita | 18.69 | 19.39 | 16.00 |
| Wilbarger | 13.01 | 11.45 | 11.63 |
| Young | 16.72 | 18.41 | 13.19 |
| Region | 17.8 | 19.14 | 20.64 |
| Texas | 7.92 | 8.49 | 8.29 |

Table 23. County Total Sexual Assaults 2016-2018

| County | 2016 Incidents per 100K | 2017 Incidents per 100K | 2018 Incidents per 100K |
|--------------|-------------------------|-------------------------|-------------------------|
| Archer | 21.55 | 0.00 | 0.00 |
| Baylor | 27.23 | 0.00 | 0.00 |
| Brown | 78.99 | 110.01 | 72.10 |
| Callahan | 28.91 | 48.78 | 48.32 |
| Clay | 54.34 | 96.58 | 78.35 |
| Coleman | 56.17 | 43.73 | 32.65 |
| Comanche | 55.97 | 116.62 | 102.20 |
| Cottle | 0.00 | 0.00 | 0.00 |
| Eastland | 21.01 | 56.38 | 40.76 |
| Fisher | 0.00 | 0.00 | 0.00 |
| Foard | 0.00 | 0.00 | 0.00 |
| Hardeman | 0.00 | 22.91 | 0.00 |
| Haskell | 17.02 | 33.36 | 16.59 |
| Jack | 97.75 | 52.62 | 62.70 |
| Jones | 14.27 | 46.20 | 59.45 |
| Kent | 0.00 | 0.00 | 0.00 |
| Knox | 105.65 | 79.85 | 159.74 |
| Mitchell | 41.47 | 20.30 | 20.17 |
| Montague | 49.34 | 14.32 | 52.05 |
| Nolan | 6.38 | 94.44 | 37.54 |
| Runnels | 0.00 | 27.66 | 27.54 |
| Scurry | 22.48 | 43.78 | 16.22 |
| Shackelford | 28.68 | 0.00 | 0.00 |
| Stephens | 182.91 | 128.79 | 108.26 |
| Stonewall | 0.00 | 0.00 | 0.00 |
| Taylor | 127.74 | 132.38 | 155.13 |
| Throckmorton | 60.64 | 0.00 | 121.43 |
| Wichita | 179.23 | 165.06 | 192.61 |
| Wilbarger | 105.93 | 0.00 | 123.17 |
| Young | 73.49 | 107.79 | 127.40 |
| Region | 99.16 | 101.52 | 112.67 |
| Texas | 68.13 | 64.36 | 67.38 |

Appendix C

Table 24. Region 2 Parental Attitude towards Substance Consumption

| Table T-6: How Do Your Parents Feel About Kids Your Age Using Tobacco? | | | | | | |
|--|---------------------|-------------------|---------|----------------|------------------|-------------|
| | Strong Disapprove | Mildly Disapprove | Neither | Mildly Approve | Strongly Approve | Do Not Know |
| All | 72.5% | 10.0% | 8.5% | 1.3% | 0.9% | 6.8% |
| Grade 7 | 84.3% | 3.0% | 2.7% | 0.7% | 0.2% | 9.2% |
| Grade 8 | 83.8% | 6.7% | 3.6% | 0.3% | 1.0% | 4.7% |
| Grade 9 | 75.9% | 8.8% | 8.0% | 1.1% | 0.3% | 5.9% |
| Grade 10 | 68.4% | 13.1% | 10.2% | 1.1% | 1.2% | 5.9% |
| Grade 11 | 64.1% | 14.7% | 11.1% | 2.1% | 1.1% | 6.9% |
| Grade 12 | 53.1% | 15.6% | 17.8% | 3.2% | 1.9% | 8.4% |
| Table A-13: How Do Your Parents Feel About Kids Your Age Drinking Alcohol? | | | | | | |
| | Strongly Disapprove | Mildly Disapprove | Neither | Mildly Approve | Strongly Approve | Do Not Know |
| All | 61.4% | 15.0% | 12.4% | 3.4% | 1.2% | 6.5% |
| Grade 7 | 75.8% | 8.5% | 4.6% | 1.8% | 0.7% | 8.7% |
| Grade 8 | 71.6% | 12.3% | 6.7% | 2.3% | 1.2% | 5.8% |
| Grade 9 | 60.7% | 16.0% | 12.8% | 3.9% | 0.7% | 5.9% |
| Grade 10 | 55.8% | 17.1% | 15.5% | 4.9% | 1.6% | 5.1% |
| Grade 11 | 52.9% | 17.9% | 17.7% | 3.1% | 1.7% | 6.6% |
| Grade 12 | 47.0% | 20.0% | 19.5% | 5.2% | 1.5% | 6.8% |
| Table D-10: How Do Your Parents Feel About Kids Your Age Using Marijuana? | | | | | | |
| | Strongly Disapprove | Mildly Disapprove | Neither | Mildly Approve | Strongly Approve | Do Not Know |
| All | 78.1% | 6.0% | 6.9% | 1.5% | 1.4% | 6.1% |
| Grade 7 | 84.7% | 3.0% | 2.4% | 1.1% | 0.4% | 8.4% |
| Grade 8 | 83.7% | 5.2% | 4.0% | 1.0% | 1.5% | 4.5% |
| Grade 9 | 81.1% | 4.2% | 7.0% | 1.2% | 1.3% | 5.2% |
| Grade 10 | 74.4% | 7.4% | 9.4% | 1.0% | 2.0% | 5.4% |
| Grade 11 | 71.8% | 8.3% | 10.1% | 2.4% | 1.5% | 5.9% |
| Grade 12 | 70.6% | 8.4% | 10.1% | 1.8% | 2.1% | 7.0% |

Table 25. Texas Parental Attitude towards Substance Consumption

| Table T-6: How Do Your Parents Feel About Kids Your Age Using Tobacco? | | | | | | |
|--|----------------------|-------------------|---------|----------------|------------------|-------------|
| | Strong Disapprove | Mildly Disapprove | Neither | Mildly Approve | Strongly Approve | Do Not Know |
| All | 78.3% | 7.5% | 5.9% | 0.9% | 0.6% | 6.8% |
| Grade 7 | 85.0% | 2.9% | 2.1% | 0.4% | 0.6% | 8.9% |
| Grade 8 | 83.5% | 4.7% | 3.4% | 0.9% | 0.6% | 6.9% |
| Grade 9 | 78.7% | 7.6% | 5.5% | 0.6% | 0.6% | 6.9% |
| Grade 10 | 77.0% | 8.0% | 6.7% | 0.9% | 0.5% | 6.8% |
| Grade 11 | 75.1% | 9.6% | 7.7% | 1.1% | 0.7% | 5.9% |
| Grade 12 | 68.4% | 13.1% | 11.1% | 1.7% | 0.5% | 5.2% |
| Table A-13: How Do Your Parents Feel About Kids Your Age Drinking Alcohol? | | | | | | |
| | Strongly Disapprove | Mildly Disapprove | Neither | Mildly Approve | Strongly Approve | Do Not Know |
| All | 62.0% | 14.4% | 12.3% | 3.9% | 1.0% | 6.5% |
| Grade 7 | 76.0% | 8.2% | 4.7% | 1.6% | 0.8% | 8.7% |
| Grade 8 | 71.3% | 10.3% | 8.0% | 2.4% | 1.0% | 7.0% |
| Grade 9 | 62.5% | 14.4% | 12.4% | 3.2% | 1.0% | 6.5% |
| Grade 10 | 58.1% | 16.9% | 13.4% | 4.3% | 0.9% | 6.4% |
| Grade 11 | 54.4% | 18.3% | 15.9% | 5.0% | 1.1% | 5.2% |
| Grade 12 | 47.0% | 19.2% | 20.6% | 7.5% | 1.3% | 4.5% |
| Table D-10: How Do Your Parents Feel About Kids Your Age Using Marijuana? | | | | | | |
| | Strongly Dissapprove | Mildly Disapprove | Neither | Mildly Approve | Strongly Approve | Do Not Know |
| All | 76.5% | 6.8% | 7.0% | 1.9% | 1.3% | 6.5% |
| Grade 7 | 84.8% | 2.3% | 2.3% | 0.8% | 0.9% | 8.9% |
| Grade 8 | 83.0% | 4.0% | 4.4% | 1.2% | 1.0% | 6.4% |
| Grade 9 | 76.1% | 7.0% | 7.3% | 1.8% | 1.2% | 6.6% |
| Grade 10 | 74.1% | 7.1% | 8.0% | 2.7% | 1.5% | 6.5% |
| Grade 11 | 71.3% | 9.9% | 9.4% | 2.5% | 1.6% | 5.2% |
| Grade 12 | 68.0% | 11.2% | 11.7% | 2.4% | 1.8% | 4.9% |

Table 26. Region 2 Peer Approval of Substance Use by Substance

| Table T-5: About How Many of Your Close Friends use Tobacco? | | | | | |
|--|-------|-------|-------|-------|------|
| | None | A Few | Some | Most | All |
| All | 59.4% | 24.0% | 9.9% | 5.5% | 1.2% |
| Grade 7 | 88.1% | 7.9% | 2.8% | 1.2% | 0.0% |
| Grade 8 | 72.7% | 18.5% | 5.6% | 2.9% | 0.3% |
| Grade 9 | 57.8% | 25.4% | 10.8% | 5.6% | 0.4% |
| Grade 10 | 47.8% | 30.2% | 11.6% | 9.2% | 1.2% |
| Grade 11 | 41.3% | 35.4% | 13.3% | 7.4% | 2.6% |
| Grade 12 | 40.8% | 30.2% | 17.5% | 8.1% | 3.4% |
| Tale A-10: About How Many of Your Close Friends Use Alcohol? | | | | | |
| | None | A Few | Some | Most | All |
| All | 43.5% | 27.9% | 13.9% | 12.0% | 2.6% |
| Grade 7 | 75.6% | 17.0% | 4.3% | 2.9% | 0.2% |
| Grade 8 | 52.0% | 27.4% | 10.9% | 8.1% | 1.5% |
| Grade 9 | 40.8% | 32.3% | 12.3% | 13.1% | 1.5% |
| Grade 10 | 32.3% | 31.2% | 16.7% | 15.5% | 4.2% |
| Grade 11 | 25.3% | 33.4% | 20.0% | 17.0% | 4.3% |
| Grade 12 | 28.1% | 27.5% | 22.1% | 17.8% | 4.5% |
| Table D-8: About How Many of Your Close Friends Use Marijuana? | | | | | |
| | None | A Few | Some | Most | All |
| All | 62.2% | 20.3% | 8.8% | 6.7% | 2.1% |
| Grade 7 | 86.9% | 7.5% | 3.5% | 1.9% | 0.1% |
| Grade 8 | 75.4% | 13.2% | 5.1% | 5.5% | 0.8% |
| Grade 9 | 62.0% | 20.2% | 7.8% | 6.9% | 3.1% |
| Grade 10 | 50.3% | 27.6% | 10.8% | 8.1% | 3.2% |
| Grade 11 | 45.1% | 30.0% | 13.8% | 8.1% | 3.0% |
| Grade 12 | 46.7% | 26.5% | 13.7% | 10.7% | 2.4% |

Table 27. Texas Peer Approval of Substance by Substance

| Table T-5: About How Many of Your Close Friends use Tobacco? | | | | | |
|---|-------|-------|-------|-------|------|
| | None | A Few | Some | Most | All |
| All | 70.1% | 18.1% | 7.3% | 3.6% | 0.9% |
| Grade 7 | 86.6% | 9.6% | 2.8% | 0.8% | 0.2% |
| Grade 8 | 81.4% | 12.9% | 3.7% | 1.7% | 0.3% |
| Grade 9 | 71.2% | 17.5% | 7.2% | 3.4% | 0.7% |
| Grade 10 | 64.5% | 20.9% | 9.2% | 4.3% | 1.0% |
| Grade 11 | 59.2% | 24.0% | 9.9% | 5.3% | 1.6% |
| Grade 12 | 53.8% | 25.7% | 12.2% | 6.6% | 1.7% |
| Tale A-10: About How Many of Your Close Friends Use Alcohol? | | | | | |
| | None | A Few | Some | Most | All |
| All | 48.4% | 23.8% | 14.0% | 10.5% | 3.2% |
| Grade 7 | 75.8% | 16.2% | 5.4% | 2.2% | 0.5% |
| Grade 8 | 64.1% | 21.3% | 9.2% | 4.4% | 1.0% |
| Grade 9 | 48.0% | 25.3% | 15.0% | 9.4% | 2.3% |
| Grade 10 | 39.5% | 26.8% | 17.7% | 13.0% | 3.1% |
| Grade 11 | 31.6% | 28.2% | 19.2% | 15.8% | 5.2% |
| Grade 12 | 27.2% | 25.6% | 18.6% | 20.5% | 8.0% |
| Table D-8: About How Many of Your Close Friends Use Marijuana | | | | | |
| | None | A Few | Some | Most | All |
| All | 56.9% | 19.4% | 11.2% | 9.5% | 3.0% |
| Grade 7 | 82.4% | 10.3% | 3.9% | 2.6% | 0.7% |
| Grade 8 | 72.7% | 15.4% | 6.3% | 4.3% | 1.3% |
| Grade 9 | 54.9% | 20.9% | 11.1% | 10.1% | 3.0% |
| Grade 10 | 48.6% | 22.6% | 13.9% | 11.2% | 3.7% |
| Grade 11 | 41.3% | 24.6% | 16.2% | 13.8% | 4.0% |
| Grade 12 | 37.5% | 23.8% | 17.1% | 15.9% | 5.7% |

Table 28. Region 2 Perceived Access of Substance

| Table T-4: If you wanted some, how difficult would it be to get Tobacco? | | | | | | | |
|--|-------------------|------------|----------------|--------------------|---------------|-------------|----------------|
| | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy | |
| All | 23.5% | 20.1% | 6.9% | 9.9% | 14.3% | 25.4% | |
| Grade 7 | 38.8% | 34.3% | 5.6% | 6.8% | 6.1% | 8.3% | |
| Grade 8 | 27.3% | 27.6% | 9.9% | 12.2% | 11.3% | 11.8% | |
| Grade 9 | 19.7% | 20.4% | 9.4% | 10.8% | 17.9% | 21.9% | |
| Grade 10 | 16.6% | 16.9% | 6.9% | 12.3% | 19.2% | 28.1% | |
| Grade 11 | 17.8% | 9.7% | 5.6% | 11.1% | 19.6% | 36.1% | |
| Grade 12 | 16.9% | 7.1% | 3.4% | 5.8% | 13.3% | 53.6% | |
| Table A-6: If You Wanted Some, How Difficult Would It Be to Get Alcohol? | | | | | | | |
| | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy | |
| All | 19.2% | 14.6% | 7.7% | 12.5% | 18.8% | 27.2% | |
| Grade 7 | 32.2% | 28.2% | 6.7% | 9.4% | 10.4% | 13.2% | |
| Grade 8 | 23.6% | 18.2% | 8.2% | 14.2% | 16.4% | 19.6% | |
| Grade 9 | 16.2% | 13.7% | 9.8% | 12.8% | 19.5% | 28.0% | |
| Grade 10 | 12.6% | 11.9% | 7.5% | 12.5% | 22.7% | 32.8% | |
| Grade 11 | 14.1% | 6.0% | 7.4% | 13.1% | 21.9% | 37.6% | |
| Grade 12 | 13.9% | 6.5% | 6.6% | 13.5% | 23.8% | 35.8% | |
| Table A-11: Thinking of Parties You Attended This School Year, How Often Was Alcohol Used? | | | | | | | |
| | Never | Seldom | Half the Time | Most of the Time | Always | Do Not Know | Did Not Attend |
| All | 48.1% | 6.2% | 4.1% | 7.5% | 9.3% | 1.3% | 23.4% |
| Grade 7 | 70.7% | 6.1% | 3.7% | 2.9% | 1.6% | 1.4% | 13.5% |
| Grade 8 | 62.9% | 7.3% | 2.4% | 3.3% | 3.1% | 1.6% | 19.4% |
| Grade 9 | 41.6% | 6.8% | 5.3% | 8.8% | 8.0% | 1.8% | 27.7% |
| Grade 10 | 37.9% | 6.5% | 7.2% | 9.7% | 11.2% | 0.9% | 26.7% |
| Grade 11 | 35.2% | 4.1% | 3.2% | 11.8% | 16.5% | 1.1% | 28.1% |
| Grade 12 | 33.9% | 6.4% | 3.1% | 10.1% | 18.6% | 0.7% | 27.2% |

| Table D-4: If You Wanted Some, How Difficult Would It Be to Get... | | | | | | | |
|--|----------|-------------------|------------|----------------|--------------------|---------------|-----------|
| Marijuana? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 26.4% | 27.0% | 8.7% | 9.8% | 12.0% | 16.2% |
| | Grade 7 | 40.5% | 41.3% | 6.1% | 3.5% | 3.6% | 4.9% |
| | Grade 8 | 31.2% | 36.5% | 9.7% | 5.9% | 7.1% | 9.5% |
| | Grade 9 | 23.0% | 29.6% | 10.0% | 9.2% | 12.2% | 16.0% |
| | Grade 10 | 18.7% | 23.2% | 8.9% | 15.3% | 14.9% | 19.0% |
| | Grade 11 | 20.8% | 14.2% | 9.7% | 12.4% | 17.9% | 25.0% |
| Grade 12 | 20.9% | 12.4% | 7.6% | 14.0% | 18.5% | 26.5% | |
| Cocaine? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 36.1% | 37.5% | 12.6% | 7.1% | 3.2% | 3.6% |
| | Grade 7 | 45.9% | 44.0% | 4.9% | 2.7% | 1.6% | 0.8% |
| | Grade 8 | 35.6% | 45.7% | 8.9% | 4.5% | 2.6% | 2.6% |
| | Grade 9 | 33.6% | 39.4% | 12.8% | 6.6% | 3.3% | 4.3% |
| | Grade 10 | 31.0% | 38.3% | 16.4% | 8.8% | 2.8% | 2.7% |
| | Grade 11 | 34.2% | 27.7% | 17.9% | 9.8% | 3.8% | 6.5% |
| Grade 12 | 34.5% | 26.8% | 16.3% | 11.4% | 5.5% | 5.5% | |
| Crack? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 37.4% | 38.5% | 12.2% | 6.4% | 2.5% | 3.1% |
| | Grade 7 | 46.3% | 44.0% | 4.1% | 3.5% | 1.4% | 0.7% |
| | Grade 8 | 36.8% | 45.3% | 10.1% | 4.3% | 1.6% | 1.8% |
| | Grade 9 | 35.3% | 39.8% | 12.1% | 5.7% | 3.1% | 4.0% |
| | Grade 10 | 32.0% | 40.2% | 15.4% | 7.5% | 2.3% | 2.7% |
| | Grade 11 | 36.0% | 30.7% | 17.0% | 8.0% | 2.9% | 5.4% |
| Grade 12 | 36.7% | 27.9% | 16.5% | 10.6% | 3.8% | 4.6% | |
| Steroids? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 37.7% | 36.8% | 11.5% | 7.1% | 3.3% | 3.6% |
| | Grade 7 | 47.2% | 41.6% | 4.9% | 3.9% | 1.9% | 0.5% |

| | | | | | | | |
|----------|----------|-------------------|------------|----------------|--------------------|---------------|-----------|
| | Grade 8 | 38.4% | 42.7% | 7.2% | 6.8% | 2.7% | 2.2% |
| | Grade 9 | 35.3% | 40.1% | 10.7% | 6.2% | 3.4% | 4.3% |
| | Grade 10 | 31.7% | 37.1% | 16.5% | 7.5% | 3.7% | 3.5% |
| | Grade 11 | 35.5% | 30.0% | 14.6% | 9.6% | 4.2% | 6.1% |
| | Grade 12 | 36.7% | 27.1% | 16.9% | 9.3% | 4.4% | 5.5% |
| Ecstasy? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 47.7% | 31.8% | 10.1% | 5.2% | 2.1% | 3.1% |
| | Grade 7 | 62.8% | 31.0% | 3.0% | 1.9% | 1.0% | 0.3% |
| | Grade 8 | 50.0% | 36.9% | 7.1% | 2.3% | 1.6% | 2.1% |
| | Grade 9 | 46.6% | 33.6% | 9.0% | 4.9% | 1.7% | 4.2% |
| | Grade 10 | 39.5% | 36.2% | 13.1% | 6.0% | 2.4% | 2.7% |
| | Grade 11 | 42.5% | 26.2% | 14.1% | 9.5% | 2.3% | 5.4% |
| Grade 12 | 41.8% | 25.3% | 16.4% | 7.7% | 3.9% | 4.8% | |
| Heroin? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 41.7% | 38.6% | 11.4% | 4.2% | 1.7% | 2.5% |
| | Grade 7 | 51.8% | 40.3% | 4.4% | 1.5% | 1.5% | 0.4% |
| | Grade 8 | 42.2% | 43.5% | 7.3% | 4.6% | 0.8% | 1.7% |
| | Grade 9 | 41.1% | 40.0% | 10.1% | 4.0% | 1.3% | 3.5% |
| | Grade 10 | 33.5% | 43.0% | 15.7% | 4.2% | 1.6% | 2.1% |
| | Grade 11 | 39.5% | 33.1% | 14.7% | 5.9% | 2.4% | 4.4% |
| Grade 12 | 40.2% | 29.5% | 18.3% | 5.6% | 2.7% | 3.7% | |
| Meth? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 44.1% | 35.7% | 9.8% | 4.9% | 2.4% | 3.0% |
| | Grade 7 | 56.5% | 37.0% | 3.6% | 1.0% | 1.4% | 0.5% |
| | Grade 8 | 45.1% | 40.7% | 7.4% | 3.4% | 1.7% | 1.8% |
| | Grade 9 | 42.6% | 37.8% | 9.5% | 4.3% | 1.9% | 3.8% |
| | Grade 10 | 36.4% | 39.3% | 12.6% | 6.6% | 2.8% | 2.4% |
| Grade 11 | 39.9% | 31.0% | 12.1% | 7.4% | 3.7% | 5.8% | |

| | | | | | | | |
|----------------------|----------|-------------------|------------|----------------|--------------------|---------------|-----------|
| | Grade 12 | 42.0% | 26.8% | 15.2% | 7.8% | 3.5% | 4.8% |
| Synthetic Marijuana? | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 46.4% | 30.9% | 8.9% | 5.5% | 3.7% | 4.6% |
| | Grade 7 | 61.2% | 32.3% | 2.9% | 1.2% | 1.3% | 1.2% |
| | Grade 8 | 47.2% | 36.7% | 6.7% | 2.5% | 3.2% | 3.7% |
| | Grade 9 | 46.7% | 30.7% | 7.3% | 5.4% | 4.2% | 5.6% |
| | Grade 10 | 37.4% | 35.2% | 12.7% | 7.8% | 3.2% | 3.8% |
| | Grade 11 | 41.5% | 25.2% | 12.5% | 7.9% | 5.3% | 7.7% |
| Grade 12 | 42.0% | 23.9% | 12.7% | 9.5% | 5.4% | 6.4% | |

Table D-9: Thinking of Parties You Attended This School Year, How Often Were Marijuana and/or Other Drugs Used?

| | Never | Seldom | Half the Time | Most of the Time | Always | Do Not Know | Did Not Attend |
|----------|-------|--------|---------------|------------------|--------|-------------|----------------|
| All | 58.1% | 5.3% | 3.7% | 3.6% | 4.1% | 1.8% | 23.3% |
| Grade 7 | 81.0% | 2.2% | 0.9% | 1.0% | 0.9% | 0.8% | 13.2% |
| Grade 8 | 72.1% | 3.0% | 2.1% | 1.6% | 0.8% | 1.1% | 19.2% |
| Grade 9 | 52.1% | 5.2% | 5.0% | 4.1% | 3.9% | 2.0% | 27.7% |
| Grade 10 | 49.5% | 6.9% | 3.5% | 6.5% | 4.5% | 2.6% | 26.5% |
| Grade 11 | 43.8% | 7.4% | 5.6% | 4.5% | 7.8% | 2.6% | 28.3% |
| Grade 12 | 43.6% | 8.5% | 6.0% | 4.7% | 8.0% | 1.7% | 27.4% |

Table 29. Texas Perceived Access of Substance

| Table T-4: If you wanted some, how difficult would it be to get Tobacco? | | | | | | | |
|--|-------------------|-------------------|----------------|--------------------|--------------------|---------------|----------------|
| | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy | |
| All | 30.3% | 19.3% | 7.0% | 9.4% | 14.1% | 19.8% | |
| Grade 7 | 40.3% | 31.9% | 7.6% | 7.3% | 7.3% | 5.6% | |
| Grade 8 | 34.2% | 26.3% | 8.7% | 9.5% | 11.6% | 9.8% | |
| Grade 9 | 30.6% | 19.7% | 7.8% | 10.5% | 14.7% | 16.7% | |
| Grade 10 | 28.1% | 16.1% | 6.9% | 11.6% | 16.7% | 20.5% | |
| Grade 11 | 25.6% | 11.8% | 6.1% | 10.1% | 19.8% | 26.6% | |
| Grade 12 | 21.3% | 7.7% | 4.4% | 7.3% | 15.3% | 44.0% | |
| Table A-6: If You Wanted Some, How Difficult Would It Be to Get Alcohol? | | | | | | | |
| | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy | |
| All | 23.5% | 13.1% | 5.6% | 11.0% | 19.2% | 27.7% | |
| Grade 7 | 35.2% | 23.5% | 7.3% | 9.6% | 12.1% | 12.3% | |
| Grade 8 | 28.2% | 18.1% | 6.8% | 11.4% | 16.8% | 18.8% | |
| Grade 9 | 22.8% | 13.0% | 5.6% | 10.6% | 19.1% | 28.9% | |
| Grade 10 | 20.8% | 9.7% | 5.4% | 11.7% | 21.2% | 31.3% | |
| Grade 11 | 18.0% | 7.5% | 3.6% | 10.9% | 23.4% | 36.5% | |
| Grade 12 | 14.3% | 5.0% | 4.4% | 11.9% | 23.5% | 41.0% | |
| Table A-11: Thinking of Parties You Attended This School Year, How Often Was Alcohol Used? | | | | | | | |
| | Never | Seldom | Half the Time | Most of the Time | Always | Do Not Know | Did Not Attend |
| All | 50.3% | 7.3% | 5.5% | 8.4% | 10.4% | 1.9% | 16.2% |
| Grade 7 | 71.9% | 5.3% | 3.6% | 3.6% | 2.1% | 2.3% | 11.0% |
| Grade 8 | 64.4% | 7.9% | 5.1% | 4.4% | 3.5% | 2.4% | 12.4% |
| Grade 9 | 49.4% | 8.8% | 6.9% | 8.6% | 6.5% | 2.2% | 17.7% |
| Grade 10 | 43.8% | 7.5% | 6.7% | 10.5% | 12.3% | 1.4% | 17.7% |
| Grade 11 | 35.6% | 7.0% | 6.1% | 11.4% | 17.5% | 1.5% | 20.7% |
| Grade 12 | 32.9% | 6.9% | 4.7% | 12.9% | 23.0% | 1.1% | 18.4% |
| Table D-4: If You Wanted Some, How Difficult Would It Be to Get... | | | | | | | |
| Marijuana | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 28.8% | 21.2% | 7.4% | 9.1% | 12.7% | 20.8% |
| | Grade 7 | 41.5% | 36.3% | 7.8% | 4.9% | 4.7% | 4.7% |
| | Grade 8 | 34.1% | 31.2% | 8.9% | 8.0% | 8.3% | 9.6% |
| | Grade 9 | 27.4% | 20.3% | 8.2% | 10.2% | 13.4% | 20.5% |
| | Grade 10 | 25.3% | 15.5% | 6.8% | 11.3% | 15.9% | 25.3% |

| | | | | | | | |
|----------|----------|-------------------|------------|----------------|--------------------|---------------|-----------|
| | Grade 11 | 22.8% | 11.7% | 6.7% | 10.3% | 17.7% | 30.8% |
| | Grade 12 | 19.6% | 9.5% | 5.7% | 10.4% | 17.5% | 37.3% |
| Cocaine | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 39.7% | 31.9% | 11.9% | 7.7% | 4.3% | 4.5% |
| | Grade 7 | 46.0% | 41.2% | 7.0% | 3.2% | 1.2% | 1.4% |
| | Grade 8 | 41.6% | 39.1% | 9.7% | 4.8% | 2.5% | 2.4% |
| | Grade 9 | 38.8% | 32.0% | 12.5% | 7.3% | 4.7% | 4.8% |
| | Grade 10 | 37.6% | 29.0% | 13.8% | 9.4% | 5.1% | 5.1% |
| | Grade 11 | 37.4% | 25.7% | 15.1% | 9.9% | 5.8% | 6.1% |
| | Grade 12 | 35.9% | 22.5% | 13.5% | 12.6% | 7.5% | 8.0% |
| Crack | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 42.0% | 32.9% | 12.2% | 6.5% | 3.2% | 3.3% |
| | Grade 7 | 47.9% | 40.1% | 6.6% | 2.9% | 1.2% | 1.3% |
| | Grade 8 | 43.1% | 39.1% | 9.7% | 4.0% | 2.0% | 2.0% |
| | Grade 9 | 40.0% | 33.2% | 12.1% | 6.9% | 3.9% | 3.9% |
| | Grade 10 | 40.1% | 30.5% | 14.2% | 7.6% | 3.8% | 3.8% |
| | Grade 11 | 40.7% | 27.4% | 15.7% | 7.9% | 3.8% | 4.4% |
| | Grade 12 | 39.5% | 25.3% | 16.1% | 10.3% | 4.5% | 4.3% |
| Steroids | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 43.4% | 31.1% | 11.6% | 6.9% | 3.5% | 3.5% |
| | Grade 7 | 49.3% | 37.8% | 6.3% | 3.4% | 1.7% | 1.4% |
| | Grade 8 | 44.7% | 36.3% | 9.3% | 4.8% | 2.7% | 2.3% |
| | Grade 9 | 41.8% | 31.2% | 11.6% | 7.4% | 4.1% | 4.0% |
| | Grade 10 | 42.2% | 29.0% | 12.9% | 8.2% | 3.7% | 4.0% |
| | Grade 11 | 41.7% | 26.6% | 14.5% | 8.3% | 4.2% | 4.7% |
| | Grade 12 | 40.4% | 24.2% | 15.9% | 9.6% | 5.0% | 4.9% |
| Ecstasy | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 49.7% | 27.5% | 9.6% | 5.7% | 3.7% | 3.8% |
| | Grade 7 | 61.7% | 29.8% | 4.6% | 2.0% | 1.0% | 0.9% |
| | Grade 8 | 55.4% | 31.3% | 6.9% | 3.1% | 1.7% | 1.7% |
| | Grade 9 | 48.2% | 28.4% | 9.8% | 5.6% | 3.6% | 4.3% |

| | | | | | | | |
|---|----------|-------------------|---------------|------------------|--------------------|---------------|----------------|
| | Grade 10 | 46.6% | 27.1% | 11.0% | 6.5% | 3.9% | 4.9% |
| | Grade 11 | 44.1% | 25.1% | 12.3% | 7.7% | 5.5% | 5.3% |
| | Grade 12 | 40.5% | 22.3% | 13.8% | 10.2% | 6.9% | 6.2% |
| Heroin | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 46.6% | 33.6% | 11.0% | 4.2% | 2.0% | 2.6% |
| | Grade 7 | 53.9% | 36.2% | 5.6% | 2.2% | 1.0% | 1.1% |
| | Grade 8 | 49.1% | 37.5% | 7.6% | 3.0% | 1.4% | 1.3% |
| | Grade 9 | 45.1% | 33.9% | 10.9% | 4.9% | 2.1% | 3.1% |
| | Grade 10 | 43.9% | 33.0% | 12.7% | 4.4% | 2.6% | 3.4% |
| | Grade 11 | 43.6% | 31.1% | 14.3% | 4.9% | 2.4% | 3.6% |
| | Grade 12 | 42.9% | 28.6% | 16.1% | 6.5% | 2.6% | 3.3% |
| Meth | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 48.9% | 31.5% | 10.4% | 4.1% | 2.2% | 2.9% |
| | Grade 7 | 58.2% | 32.8% | 5.2% | 1.7% | 1.1% | 1.0% |
| | Grade 8 | 52.3% | 34.7% | 7.0% | 3.0% | 1.6% | 1.4% |
| | Grade 9 | 47.1% | 32.5% | 10.2% | 4.8% | 2.2% | 3.2% |
| | Grade 10 | 45.8% | 30.9% | 12.3% | 4.9% | 2.5% | 3.6% |
| | Grade 11 | 45.1% | 30.0% | 13.3% | 5.1% | 2.4% | 4.1% |
| | Grade 12 | 43.8% | 27.1% | 15.8% | 5.7% | 3.4% | 4.2% |
| Synthetic Marijuana | | Never Heard of It | Impossible | Very Difficult | Somewhat Difficult | Somewhat Easy | Very Easy |
| | All | 48.9% | 26.4% | 8.5% | 6.0% | 4.7% | 5.6% |
| | Grade 7 | 59.0% | 30.6% | 5.1% | 2.1% | 1.5% | 1.6% |
| | Grade 8 | 52.1% | 31.4% | 7.1% | 3.6% | 2.6% | 3.2% |
| | Grade 9 | 46.8% | 26.4% | 8.1% | 7.0% | 5.3% | 6.3% |
| | Grade 10 | 45.7% | 25.0% | 9.3% | 7.3% | 5.8% | 6.9% |
| | Grade 11 | 45.0% | 23.1% | 10.1% | 7.4% | 6.6% | 7.9% |
| | Grade 12 | 43.5% | 20.7% | 11.7% | 8.7% | 6.9% | 8.5% |
| Table D-9: Thinking of Parties You Attended This School Year, How Often Were Marijuana and/or Other Drugs Used? | | | | | | | |
| | Never | Seldom | Half the Time | Most of the Time | Always | Do Not Know | Did Not Attend |
| All | 59.7% | 5.6% | 4.3% | 5.9% | 6.1% | 2.1% | 16.2% |
| Grade 7 | 81.1% | 2.9% | 1.3% | 1.1% | 0.9% | 1.7% | 11.0% |

| | | | | | | | |
|----------|-------|------|------|-------|-------|------|-------|
| Grade 8 | 75.2% | 3.8% | 2.5% | 2.4% | 1.7% | 2.2% | 12.2% |
| Grade 9 | 58.8% | 5.9% | 4.6% | 6.0% | 4.3% | 2.6% | 17.8% |
| Grade 10 | 52.7% | 7.1% | 6.1% | 6.9% | 7.3% | 2.2% | 17.8% |
| Grade 11 | 45.1% | 7.6% | 5.5% | 9.1% | 10.0% | 2.0% | 20.6% |
| Grade 12 | 41.4% | 6.9% | 6.3% | 11.0% | 14.3% | 1.7% | 18.5% |

Table 30. Region 2 Accessibility of Alcohol by Environment

| Table A-12: How Often, If Ever, Do You Get Alcoholic Beverages From... | | | | | |
|--|--------------|-------|--------|------------------|--------|
| Home? | | | | | |
| | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 58.3% | 18.4% | 17.3% | 4.0% | 2.0% |
| Grade 7 | 72.0% | 14.4% | 10.4% | 1.8% | 1.4% |
| Grade 8 | 61.5% | 19.0% | 16.0% | 3.0% | 0.6% |
| Grade 9 | 56.2% | 19.5% | 18.7% | 3.9% | 1.8% |
| Grade 10 | 54.5% | 18.3% | 18.6% | 5.1% | 3.4% |
| Grade 11 | 50.9% | 20.0% | 21.1% | 5.2% | 2.8% |
| Grade 12 | 51.3% | 19.6% | 21.1% | 5.8% | 2.3% |
| | | | | | |
| Friends? | | | | | |
| | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 57.9% | 16.9% | 12.7% | 9.7% | 2.7% |
| Grade 7 | 75.7% | 16.7% | 4.1% | 3.0% | 0.5% |
| Grade 8 | 63.8% | 20.1% | 10.4% | 4.2% | 1.6% |
| Grade 9 | 56.2% | 19.8% | 12.5% | 9.2% | 2.3% |
| Grade 10 | 53.4% | 14.6% | 16.5% | 12.0% | 3.5% |
| Grade 11 | 47.6% | 15.4% | 17.9% | 14.1% | 5.1% |
| Grade 12 | 46.1% | 14.0% | 17.1% | 18.5% | 4.3% |
| | | | | | |
| A Store? | | | | | |
| | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 61.2% | 32.6% | 3.6% | 1.6% | 1.0% |
| Grade 7 | 76.4% | 21.5% | 1.3% | 0.5% | 0.4% |
| Grade 8 | 67.3% | 29.2% | 3.0% | 0.5% | 0.1% |
| Grade 9 | 58.4% | 37.1% | 2.4% | 1.1% | 0.9% |
| Grade 10 | 57.3% | 34.3% | 4.5% | 1.9% | 2.0% |
| Grade 11 | 53.4% | 38.4% | 5.4% | 1.9% | 0.9% |
| Grade 12 | 50.0% | 38.3% | 5.7% | 4.2% | 1.7% |
| | | | | | |
| Parties? | | | | | |
| | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 58.2% | 17.9% | 9.5% | 7.8% | 6.6% |
| Grade 7 | 72.2% | 16.7% | 6.0% | 4.0% | 1.1% |
| Grade 8 | 64.3% | 21.7% | 7.4% | 4.2% | 2.3% |
| Grade 9 | 57.4% | 19.5% | 7.9% | 7.4% | 7.8% |

| | | | | | |
|----------------|--------------|-------|--------|------------------|--------|
| Grade 10 | 54.0% | 15.0% | 12.3% | 9.0% | 9.6% |
| Grade 11 | 48.8% | 18.3% | 12.3% | 11.0% | 9.5% |
| Grade 12 | 48.2% | 15.4% | 12.3% | 13.2% | 10.9% |
| | | | | | |
| Other Sources? | | | | | |
| | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 60.5% | 22.3% | 9.5% | 4.4% | 3.3% |
| Grade 7 | 73.4% | 18.5% | 5.6% | 1.5% | 1.0% |
| Grade 8 | 65.2% | 21.6% | 10.2% | 1.8% | 1.2% |
| Grade 9 | 58.3% | 23.2% | 9.0% | 5.2% | 3.4% |
| Grade 10 | 57.7% | 22.8% | 8.3% | 5.6% | 5.7% |
| Grade 11 | 53.5% | 24.6% | 11.2% | 6.4% | 4.4% |
| Grade 12 | 51.2% | 23.9% | 13.2% | 6.9% | 4.7% |

Table 31. Texas Accessibility of Alcohol by Environment

| Table A-12: How Often, If Ever, Do You Get Alcoholic Beverages From... | | | | | |
|--|--------------|-------|--------|------------------|--------|
| Home? | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 59.8% | 16.2% | 15.9% | 5.4% | 2.7% |
| Grade 7 | 72.4% | 15.5% | 9.0% | 2.3% | 0.7% |
| Grade 8 | 67.3% | 15.1% | 12.7% | 3.5% | 1.4% |
| Grade 9 | 61.8% | 15.5% | 14.4% | 5.4% | 2.9% |
| Grade 10 | 57.4% | 16.5% | 17.5% | 5.9% | 2.8% |
| Grade 11 | 52.2% | 16.7% | 20.2% | 6.9% | 4.0% |
| Grade 12 | 44.6% | 18.5% | 23.0% | 9.2% | 4.5% |
| | | | | | |
| Friends? | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 59.8% | 16.0% | 11.3% | 9.8% | 3.2% |
| Grade 7 | 76.6% | 17.4% | 3.6% | 1.9% | 0.5% |
| Grade 8 | 70.3% | 17.8% | 6.8% | 3.9% | 1.1% |
| Grade 9 | 62.7% | 15.7% | 10.8% | 8.2% | 2.6% |
| Grade 10 | 54.9% | 15.9% | 12.7% | 12.7% | 3.8% |
| Grade 11 | 49.2% | 14.5% | 17.0% | 14.8% | 4.4% |
| Grade 12 | 40.8% | 14.2% | 18.4% | 19.2% | 7.3% |
| | | | | | |
| A Store? | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 62.6% | 29.5% | 3.8% | 2.8% | 1.4% |
| Grade 7 | 76.7% | 21.1% | 1.3% | 0.6% | 0.3% |
| Grade 8 | 71.8% | 24.6% | 2.1% | 1.0% | 0.5% |
| Grade 9 | 65.0% | 29.1% | 3.3% | 1.8% | 0.8% |
| Grade 10 | 58.8% | 32.4% | 4.2% | 3.2% | 1.4% |
| Grade 11 | 54.0% | 34.4% | 5.5% | 4.1% | 2.0% |
| Grade 12 | 45.3% | 37.3% | 7.0% | 6.7% | 3.6% |
| | | | | | |
| Parties? | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 58.0% | 14.5% | 9.6% | 10.1% | 7.7% |

| | | | | | |
|----------------|--------------|-------|--------|------------------|--------|
| Grade 7 | 73.1% | 16.1% | 5.7% | 3.4% | 1.8% |
| Grade 8 | 67.3% | 15.4% | 8.5% | 5.6% | 3.3% |
| Grade 9 | 60.9% | 14.1% | 9.2% | 9.8% | 6.0% |
| Grade 10 | 54.1% | 14.0% | 10.3% | 12.3% | 9.4% |
| Grade 11 | 49.3% | 12.4% | 11.9% | 14.3% | 12.1% |
| Grade 12 | 39.9% | 14.8% | 13.0% | 16.9% | 15.3% |
| | | | | | |
| Other Sources? | | | | | |
| | Do Not Drink | Never | Seldom | Most of the Time | Always |
| All | 63.5% | 21.5% | 7.2% | 4.3% | 3.6% |
| Grade 7 | 75.7% | 17.2% | 4.3% | 1.7% | 1.0% |
| Grade 8 | 70.8% | 18.6% | 5.5% | 3.0% | 2.1% |
| Grade 9 | 65.9% | 19.9% | 6.4% | 3.9% | 3.9% |
| Grade 10 | 60.7% | 22.0% | 7.9% | 5.1% | 4.3% |
| Grade 11 | 55.5% | 24.3% | 9.8% | 5.3% | 5.2% |
| Grade 12 | 48.9% | 28.4% | 9.9% | 7.4% | 5.4% |

Table 32. Region 2 Perception of Harm of Substance

| Table T-7: How Dangerous Do you Think It Is for Kids Your Age to Use... | | | | | | |
|--|----------------|--------------------|--------------------|----------------------|----------------------|-------------|
| Tobacco? | | | | | | |
| | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know | |
| All | 56.4% | 26.5% | 10.4% | 2.0% | 4.7% | |
| Grade 7 | 75.5% | 17.3% | 3.4% | 0.4% | 3.3% | |
| Grade 8 | 67.6% | 22.4% | 5.5% | 0.6% | 4.0% | |
| Grade 9 | 52.3% | 29.3% | 10.8% | 1.8% | 5.8% | |
| Grade 10 | 49.5% | 31.4% | 13.5% | 1.8% | 3.8% | |
| Grade 11 | 46.1% | 30.2% | 16.2% | 2.6% | 5.0% | |
| Grade 12 | 41.5% | 30.7% | 15.6% | 5.7% | 6.5% | |
| | | | | | | |
| Electronic Vapor Products? | | | | | | |
| | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know | |
| All | 57.1% | 12.3% | 14.4% | 11.1% | 5.0% | |
| Grade 7 | 76.9% | 9.4% | 6.4% | 3.4% | 3.9% | |
| Grade 8 | 63.2% | 13.2% | 12.2% | 7.7% | 3.7% | |
| Grade 9 | 53.5% | 14.7% | 13.0% | 12.3% | 6.5% | |
| Grade 10 | 52.7% | 12.9% | 18.0% | 12.2% | 4.3% | |
| Grade 11 | 46.6% | 12.6% | 19.1% | 16.4% | 5.3% | |
| Grade 12 | 44.8% | 11.3% | 20.1% | 17.0% | 6.7% | |
| Table A-14: How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol? | | | | | | |
| | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know | |
| All | 51.0% | 31.2% | 12.0% | 2.1% | 3.7% | |
| Grade 7 | 65.7% | 21.3% | 8.6% | 1.1% | 3.4% | |
| Grade 8 | 56.1% | 28.5% | 9.1% | 2.6% | 3.7% | |
| Grade 9 | 46.5% | 34.1% | 12.6% | 2.2% | 4.6% | |
| Grade 10 | 45.2% | 34.1% | 15.3% | 2.8% | 2.6% | |
| Grade 11 | 46.1% | 34.7% | 13.9% | 1.9% | 3.4% | |
| Grade 12 | 43.2% | 36.7% | 13.7% | 2.2% | 4.3% | |
| Table D-11: How Dangerous Do You Think It Is for Kids Your Age to Use... | | | | | | |
| Marijuana? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 61.7% | 13.4% | 9.9% | 10.9% | 4.2% |
| | Grade 7 | 83.3% | 6.7% | 3.6% | 2.8% | 3.6% |
| | Grade 8 | 76.7% | 10.5% | 3.9% | 5.7% | 3.2% |
| | Grade 9 | 60.6% | 15.0% | 9.4% | 9.9% | 5.1% |
| | Grade 10 | 54.3% | 16.2% | 11.2% | 14.3% | 4.0% |

| | | | | | | |
|-----------|----------|----------------|--------------------|--------------------|----------------------|-------------|
| | Grade 11 | 44.9% | 16.3% | 16.4% | 18.3% | 4.0% |
| | Grade 12 | 43.3% | 17.1% | 17.3% | 16.8% | 5.5% |
| Cocaine? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 90.6% | 3.9% | 0.6% | 0.4% | 4.5% |
| | Grade 7 | 92.0% | 3.8% | 0.6% | 0.1% | 3.5% |
| | Grade 8 | 93.2% | 3.3% | 0.0% | 0.0% | 3.6% |
| | Grade 9 | 86.7% | 5.5% | 0.8% | 1.0% | 6.1% |
| | Grade 10 | 92.0% | 3.1% | 0.4% | 0.2% | 4.3% |
| | Grade 11 | 91.4% | 3.2% | 0.9% | 0.9% | 3.6% |
| | Grade 12 | 87.8% | 4.5% | 1.1% | 0.4% | 6.2% |
| Crack? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 91.3% | 3.3% | 0.5% | 0.5% | 4.5% |
| | Grade 7 | 92.7% | 3.0% | 0.4% | 0.4% | 3.5% |
| | Grade 8 | 93.7% | 3.1% | 0.0% | 0.2% | 3.0% |
| | Grade 9 | 88.0% | 5.1% | 0.6% | 0.8% | 5.5% |
| | Grade 10 | 92.3% | 2.9% | 0.4% | 0.2% | 4.3% |
| | Grade 11 | 91.7% | 2.4% | 0.8% | 0.8% | 4.4% |
| | Grade 12 | 88.8% | 3.3% | 0.9% | 0.4% | 6.6% |
| Ecstasy? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 85.2% | 5.6% | 1.3% | 0.7% | 7.2% |
| | Grade 7 | 88.0% | 3.7% | 0.3% | 0.6% | 7.5% |
| | Grade 8 | 89.1% | 4.9% | 0.2% | 0.2% | 5.7% |
| | Grade 9 | 81.5% | 6.6% | 1.6% | 1.1% | 9.3% |
| | Grade 10 | 86.1% | 6.3% | 1.2% | 0.5% | 6.0% |
| | Grade 11 | 84.0% | 5.9% | 2.2% | 1.1% | 6.7% |
| | Grade 12 | 81.4% | 6.8% | 2.6% | 0.8% | 8.3% |
| Steroids? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 78.6% | 11.5% | 3.0% | 1.0% | 5.9% |
| | Grade 7 | 85.0% | 7.0% | 1.6% | 0.5% | 5.9% |
| | Grade 8 | 82.6% | 10.0% | 2.1% | 0.6% | 4.7% |
| | Grade 9 | 75.7% | 13.2% | 2.9% | 1.6% | 6.6% |
| | Grade 10 | 77.6% | 12.2% | 4.3% | 0.6% | 5.3% |
| | Grade 11 | 75.3% | 14.2% | 3.5% | 1.2% | 5.9% |
| | Grade 12 | 73.6% | 13.4% | 4.1% | 1.4% | 7.5% |
| Heroin? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 90.6% | 3.1% | 0.6% | 0.5% | 5.1% |
| | Grade 7 | 91.1% | 3.4% | 0.6% | 0.4% | 4.7% |
| | Grade 8 | 92.5% | 2.9% | 0.7% | 0.0% | 4.0% |

| | | | | | | |
|--|----------------|--------------------|--------------------|----------------------|----------------------|-------------|
| | Grade 9 | 86.8% | 5.0% | 0.7% | 0.9% | 6.6% |
| | Grade 10 | 92.5% | 2.6% | 0.6% | 0.2% | 4.1% |
| | Grade 11 | 92.1% | 1.6% | 0.6% | 1.0% | 4.8% |
| | Grade 12 | 88.6% | 3.3% | 0.9% | 0.4% | 6.9% |
| Meth? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 90.4% | 2.9% | 0.7% | 0.5% | 5.4% |
| | Grade 7 | 90.6% | 2.9% | 0.3% | 0.4% | 5.8% |
| | Grade 8 | 93.4% | 2.0% | 0.7% | 0.2% | 3.7% |
| | Grade 9 | 86.6% | 4.8% | 0.9% | 0.8% | 6.8% |
| | Grade 10 | 91.4% | 3.1% | 0.7% | 0.5% | 4.3% |
| | Grade 11 | 91.6% | 2.0% | 0.6% | 1.0% | 4.9% |
| | Grade 12 | 88.3% | 3.0% | 1.1% | 0.4% | 7.2% |
| Synthetic Marijuana? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 84.1% | 5.9% | 1.8% | 1.1% | 7.1% |
| | Grade 7 | 88.8% | 3.5% | 0.7% | 0.7% | 6.3% |
| | Grade 8 | 87.6% | 4.8% | 1.3% | 0.7% | 5.6% |
| | Grade 9 | 80.2% | 7.3% | 2.6% | 1.5% | 8.5% |
| | Grade 10 | 85.0% | 6.6% | 2.0% | 0.6% | 5.8% |
| | Grade 11 | 81.1% | 7.3% | 2.3% | 1.4% | 7.9% |
| | Grade 12 | 80.6% | 6.7% | 2.1% | 1.7% | 8.8% |
| Table D-14: How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed? | | | | | | |
| | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know | |
| All | 80.4% | 10.7% | 2.6% | 0.9% | 5.4% | |
| Grade 7 | 86.8% | 6.5% | 1.9% | 0.8% | 4.0% | |
| Grade 8 | 83.9% | 8.4% | 1.8% | 0.9% | 5.0% | |
| Grade 9 | 75.2% | 14.1% | 3.0% | 1.0% | 6.7% | |
| Grade 10 | 80.8% | 10.7% | 3.8% | 0.6% | 4.2% | |
| Grade 11 | 79.6% | 11.7% | 2.2% | 1.3% | 5.2% | |
| Grade 12 | 74.2% | 13.9% | 3.3% | 0.7% | 7.9% | |

Table 33. Texas Perception of Harm of Substance

| Table T-7: How Dangerous Do you Think It Is for Kids Your Age to Use... | | | | | | |
|--|----------------|--------------------|--------------------|----------------------|----------------------|-------------|
| Tobacco? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 61.2% | 23.7% | 8.1% | 1.8% | 5.1% |
| | Grade 7 | 76.4% | 14.9% | 3.4% | 0.7% | 4.7% |
| | Grade 8 | 68.6% | 19.9% | 5.2% | 1.2% | 5.1% |
| | Grade 9 | 59.1% | 24.2% | 9.0% | 2.1% | 5.6% |
| | Grade 10 | 55.6% | 27.0% | 9.8% | 2.1% | 5.6% |
| | Grade 11 | 54.1% | 28.7% | 9.8% | 2.3% | 5.1% |
| | Grade 12 | 51.3% | 28.8% | 12.6% | 2.9% | 4.4% |
| | | | | | | |
| Electronic Vapor Products? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 54.7% | 12.4% | 14.6% | 11.8% | 6.5% |
| | Grade 7 | 71.1% | 11.6% | 6.6% | 4.6% | 6.1% |
| | Grade 8 | 62.5% | 12.7% | 10.2% | 8.0% | 6.6% |
| | Grade 9 | 51.4% | 12.3% | 15.9% | 14.0% | 6.6% |
| | Grade 10 | 48.3% | 13.3% | 17.8% | 13.3% | 7.3% |
| | Grade 11 | 47.3% | 13.0% | 19.6% | 14.6% | 5.6% |
| | Grade 12 | 45.6% | 11.8% | 18.4% | 17.5% | 6.7% |
| | | | | | | |
| Table A-14: How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol? | | | | | | |
| | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know | |
| All | 49.2% | 29.7% | 14.3% | 2.6% | 4.1% | |
| Grade 7 | 61.6% | 22.9% | 9.5% | 1.6% | 4.4% | |
| Grade 8 | 52.7% | 26.9% | 13.7% | 2.6% | 4.2% | |
| Grade 9 | 47.9% | 29.2% | 15.3% | 3.1% | 4.4% | |
| Grade 10 | 44.7% | 32.0% | 15.6% | 3.0% | 4.7% | |
| Grade 11 | 44.9% | 33.0% | 15.3% | 3.1% | 3.6% | |
| Grade 12 | 42.1% | 35.5% | 16.9% | 2.3% | 3.3% | |
| Table D-11: How Dangerous Do You Think It Is for Kids Your Age to Use... | | | | | | |

| | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
|------------|----------|----------------|--------------------|--------------------|----------------------|-------------|
| Marijuana? | All | 56.0% | 13.7% | 12.6% | 13.0% | 4.7% |
| | Grade 7 | 79.1% | 8.7% | 4.6% | 3.2% | 4.5% |
| | Grade 8 | 67.6% | 13.2% | 8.0% | 6.8% | 4.5% |
| | Grade 9 | 53.2% | 16.3% | 12.3% | 13.1% | 5.2% |
| | Grade 10 | 47.4% | 16.1% | 15.6% | 15.8% | 5.1% |
| | Grade 11 | 45.0% | 13.9% | 18.0% | 18.7% | 4.5% |
| | Grade 12 | 40.1% | 14.1% | 18.5% | 22.8% | 4.4% |
| Cocaine? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 86.9% | 6.1% | 0.9% | 0.6% | 5.5% |
| | Grade 7 | 89.5% | 4.5% | 0.6% | 0.4% | 5.0% |
| | Grade 8 | 87.8% | 5.9% | 1.0% | 0.4% | 490.0% |
| | Grade 9 | 85.2% | 6.6% | 1.1% | 0.9% | 6.2% |
| | Grade 10 | 85.1% | 7.0% | 1.0% | 0.6% | 6.3% |
| | Grade 11 | 87.3% | 6.1% | 0.8% | 0.8% | 5.0% |
| Grade 12 | 86.8% | 6.3% | 0.8% | 0.4% | 5.8% | |
| Crack? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 88.0% | 4.9% | 0.7% | 0.5% | 5.9% |
| | Grade 7 | 89.4% | 4.2% | 0.6% | 0.4% | 5.4% |
| | Grade 8 | 88.1% | 5.2% | 0.8% | 0.4% | 5.5% |
| | Grade 9 | 86.1% | 5.5% | 0.9% | 0.8% | 6.7% |
| | Grade 10 | 86.5% | 5.9% | 0.6% | 0.5% | 6.5% |
| | Grade 11 | 89.1% | 4.4% | 0.7% | 0.6% | 5.2% |
| Grade 12 | 88.9% | 4.2% | 0.6% | 0.2% | 6.1% | |
| Ecstasy? | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 81.6% | 7.2% | 1.8% | 0.7% | 8.6% |
| | Grade 7 | 85.0% | 4.3% | 0.7% | 0.4% | 9.7% |
| | Grade 8 | 83.2% | 6.1% | 1.3% | 0.6% | 8.8% |
| | Grade 9 | 80.0% | 7.7% | 1.7% | 1.2% | 9.4% |
| | Grade 10 | 79.7% | 8.9% | 2.1% | 0.8% | 8.6% |
| Grade 11 | 81.2% | 8.0% | 2.6% | 0.9% | 7.3% | |

| | | | | | | |
|---------------------|---------------------|----------------|--------------------|--------------------|----------------------|-------------|
| Steroids? | Grade 12 | 80.1% | 8.8% | 2.7% | 0.7% | 7.8% |
| | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 76.8% | 11.6% | 3.4% | 1.0% | 7.2% |
| | Grade 7 | 81.7% | 8.5% | 2.3% | 0.6% | 6.9% |
| | Grade 8 | 79.0% | 10.8% | 2.4% | 0.9% | 6.9% |
| | Grade 9 | 73.9% | 12.8% | 4.5% | 1.3% | 7.4% |
| | Grade 10 | 73.7% | 13.3% | 3.6% | 1.2% | 8.2% |
| | Grade 11 | 76.1% | 12.1% | 4.1% | 1.3% | 6.5% |
| Heroin | Grade 12 | 76.5% | 12.0% | 3.5% | 0.9% | 7.1% |
| | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | Heroin | | | | | |
| | All | 88.3% | 4.0% | 0.6% | 0.5% | 6.6% |
| | Grade 7 | 88.0% | 3.9% | 0.6% | 0.4% | 7.1% |
| | Grade 8 | 87.5% | 4.7% | 0.7% | 0.5% | 6.6% |
| | Grade 9 | 86.8% | 4.7% | 0.7% | 0.7% | 7.0% |
| | Grade 10 | 87.4% | 4.3% | 0.7% | 0.6% | 6.9% |
| Meth | Grade 11 | 90.2% | 3.2% | 0.5% | 0.5% | 5.6% |
| | Grade 12 | 90.2% | 3.0% | 0.2% | 0.2% | 6.2% |
| | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | Meth | | | | | |
| | All | 87.9% | 3.9% | 0.7% | 0.5% | 7.0% |
| | Grade 7 | 87.5% | 3.8% | 0.5% | 0.4% | 7.8% |
| | Grade 8 | 87.3% | 4.1% | 0.7% | 0.5% | 7.4% |
| | Grade 9 | 85.9% | 4.7% | 1.0% | 0.8% | 7.6% |
| Synthetic Marijuana | Grade 10 | 87.2% | 4.4% | 0.6% | 0.5% | 7.2% |
| | Grade 11 | 89.8% | 3.3% | 0.7% | 0.6% | 5.6% |
| | Grade 12 | 90.0% | 3.2% | 0.5% | 0.2% | 6.1% |
| | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | Synthetic Marijuana | | | | | |
| | All | 80.9% | 7.4% | 2.3% | 1.2% | 8.2% |
| Grade 7 | 85.3% | 4.6% | 1.3% | 0.6% | 8.2% | |
| Grade 8 | 83.0% | 6.7% | 1.8% | 1.0% | 7.5% | |
| Grade 9 | 77.4% | 9.0% | 2.9% | 1.8% | 8.9% | |
| Grade 10 | 78.3% | 8.9% | 2.9% | 1.2% | 8.7% | |

| | | | | | | |
|--|----------|----------------|--------------------|--------------------|----------------------|-------------|
| | Grade 11 | 80.4% | 7.8% | 2.5% | 1.6% | 7.6% |
| | Grade 12 | 80.9% | 7.5% | 2.5% | 0.8% | 8.3% |
| Table D-14: How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed? | | | | | | |
| | | Very Dangerous | Somewhat Dangerous | Not Very Dangerous | Not at All Dangerous | Do Not Know |
| | All | 75.4% | 12.8% | 3.5% | 1.4% | 6.8% |
| | Grade 7 | 81.4% | 8.5% | 2.5% | 1.0% | 6.6% |
| | Grade 8 | 77.8% | 11.0% | 3.3% | 1.2% | 6.7% |
| | Grade 9 | 73.2% | 13.3% | 4.2% | 2.0% | 7.3% |
| | Grade 10 | 72.2% | 15.1% | 3.9% | 1.1% | 7.7% |
| | Grade 11 | 74.4% | 14.1% | 3.7% | 1.8% | 6.0% |
| | Grade 12 | 73.1% | 15.6% | 3.6% | 1.0% | 6.6% |

Table 34. Region 2 Substance Use by Substance

| Table T-1: How recently, if ever, have you used... | | | | |
|--|------------|-------------|-----------|------------|
| Any Tobacco Product? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 17.7% | 22.1% | 35.3% | 64.7% |
| Grade 7 | 5.3% | 6.2% | 17.2% | 82.8% |
| Grade 8 | 8.4% | 11.2% | 23.0% | 77.0% |
| Grade 9 | 21.4% | 25.5% | 36.3% | 63.7% |
| Grade 10 | 21.8% | 27.8% | 44.0% | 56.0% |
| Grade 11 | 26.3% | 34.0% | 48.7% | 51.3% |
| Grade 12 | 28.1% | 34.1% | 49.8% | 50.2% |
| | | | | |
| Cigarettes? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 5.3% | 7.6% | 17.5% | 82.5% |
| Grade 7 | 1.5% | 2.2% | 7.1% | 92.9% |
| Grade 8 | 1.8% | 3.1% | 9.2% | 90.8% |
| Grade 9 | 4.7% | 7.2% | 16.0% | 84.0% |
| Grade 10 | 5.8% | 8.7% | 22.1% | 77.9% |
| Grade 11 | 9.2% | 12.7% | 27.4% | 72.6% |
| Grade 12 | 10.6% | 14.0% | 27.8% | 72.2% |
| | | | | |
| Smokeless Tobacco? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 4.2% | 6.1% | 11.6% | 88.4% |
| Grade 7 | 1.2% | 1.2% | 4.1% | 95.9% |
| Grade 8 | 0.6% | 1.1% | 4.7% | 95.3% |
| Grade 9 | 4.6% | 7.5% | 13.7% | 86.3% |
| Grade 10 | 6.6% | 9.2% | 16.1% | 83.9% |
| Grade 11 | 6.3% | 9.1% | 16.1% | 83.9% |
| Grade 12 | 7.6% | 10.3% | 17.9% | 82.1% |
| | | | | |
| Electronic Vapor Products? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 12.2% | 17.1% | 28.7% | 71.3% |
| Grade 7 | 4.0% | 5.1% | 13.7% | 86.3% |
| Grade 8 | 6.0% | 9.7% | 19.9% | 80.1% |
| Grade 9 | 15.0% | 20.2% | 29.2% | 70.8% |
| Grade 10 | 13.4% | 19.6% | 33.6% | 66.4% |
| Grade 11 | 17.7% | 25.7% | 40.7% | 59.3% |

| | | | | |
|---|------------|-------------|-----------|------------|
| Grade 12 | 19.8% | 26.3% | 40.1% | 59.9% |
| Table A-1: How Recently, If Ever, Have You Used... | | | | |
| Any Alcohol Product? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 28.2% | 34.0% | 54.6% | 45.4% |
| Grade 7 | 17.5% | 20.0% | 38.3% | 61.7% |
| Grade 8 | 21.0% | 24.1% | 46.1% | 53.9% |
| Grade 9 | 29.8% | 35.8% | 57.2% | 42.8% |
| Grade 10 | 29.4% | 37.4% | 60.8% | 39.2% |
| Grade 11 | 35.7% | 44.1% | 63.7% | 36.3% |
| Grade 12 | 39.8% | 48.2% | 67.4% | 32.6% |
| | | | | |
| Beer? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 12.1% | 18.0% | 43.5% | 56.5% |
| Grade 7 | 5.8% | 7.6% | 28.4% | 71.6% |
| Grade 8 | 8.4% | 11.8% | 38.9% | 61.1% |
| Grade 9 | 10.5% | 16.8% | 43.6% | 56.4% |
| Grade 10 | 15.2% | 22.0% | 49.8% | 50.2% |
| Grade 11 | 17.3% | 25.4% | 52.1% | 47.9% |
| Grade 12 | 17.5% | 28.6% | 52.8% | 47.2% |
| | | | | |
| Wine Coolers? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 8.8% | 14.2% | 32.8% | 67.2% |
| Grade 7 | 3.7% | 5.6% | 18.0% | 82.0% |
| Grade 8 | 3.6% | 6.7% | 22.7% | 77.3% |
| Grade 9 | 8.5% | 13.6% | 32.1% | 67.9% |
| Grade 10 | 11.7% | 17.6% | 38.9% | 61.1% |
| Grade 11 | 12.3% | 20.1% | 44.0% | 56.0% |
| Grade 12 | 15.2% | 25.8% | 46.6% | 53.4% |
| | | | | |
| Wine? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 6.3% | 10.8% | 32.4% | 67.6% |
| Grade 7 | 4.2% | 6.4% | 20.3% | 79.7% |
| Grade 8 | 3.4% | 5.7% | 26.5% | 73.5% |
| Grade 9 | 6.2% | 9.9% | 32.0% | 68.0% |
| Grade 10 | 8.3% | 13.5% | 38.5% | 61.5% |
| Grade 11 | 6.2% | 14.1% | 38.5% | 61.5% |
| Grade 12 | 10.5% | 17.3% | 43.0% | 57.0% |
| | | | | |

| Liquor? | | | | |
|---|------------|-------------|-----------|------------|
| | Past Month | School Year | Ever Used | Never Used |
| All | 11.3% | 17.6% | 37.6% | 62.4% |
| Grade 7 | 4.8% | 6.7% | 18.9% | 81.1% |
| Grade 8 | 5.4% | 7.4% | 26.4% | 73.6% |
| Grade 9 | 10.9% | 19.1% | 38.3% | 61.7% |
| Grade 10 | 14.2% | 20.3% | 44.1% | 55.9% |
| Grade 11 | 16.4% | 25.9% | 50.3% | 49.7% |
| Grade 12 | 18.7% | 30.7% | 54.4% | 45.6% |
| Table D-1: How Recently, If Ever, Have You Used... | | | | |
| Any Illicit Drug? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 9.2% | 12.9% | 19.7% | 80.3% |
| Grade 7 | 3.8% | 5.3% | 7.8% | 92.2% |
| Grade 8 | 4.4% | 7.3% | 10.3% | 89.7% |
| Grade 9 | 10.9% | 13.2% | 19.4% | 80.6% |
| Grade 10 | 11.2% | 16.3% | 25.2% | 74.8% |
| Grade 11 | 13.0% | 18.4% | 29.3% | 70.7% |
| Grade 12 | 13.9% | 20.0% | 30.9% | 69.1% |
| | | | | |
| Marijuana? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 9.0% | 11.4% | 18.6% | 81.4% |
| Grade 7 | 3.4% | 4.2% | 6.4% | 93.6% |
| Grade 8 | 4.4% | 5.8% | 9.2% | 90.8% |
| Grade 9 | 10.8% | 11.8% | 18.4% | 81.6% |
| Grade 10 | 10.9% | 14.5% | 23.9% | 76.1% |
| Grade 11 | 12.9% | 17.1% | 28.6% | 71.4% |
| Grade 12 | 13.6% | 18.3% | 30.5% | 69.5% |
| | | | | |
| Cocaine? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.7% | 0.8% | 1.7% | 98.3% |
| Grade 7 | 0.5% | 0.5% | 0.7% | 99.3% |
| Grade 8 | 0.2% | 0.3% | 0.7% | 99.3% |
| Grade 9 | 1.2% | 1.3% | 1.6% | 98.4% |
| Grade 10 | 0.6% | 0.6% | 2.1% | 97.9% |
| Grade 11 | 0.6% | 0.7% | 2.2% | 97.8% |
| Grade 12 | 1.2% | 1.8% | 3.0% | 97.0% |
| | | | | |
| Crack? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.4% | 0.4% | 0.6% | 99.4% |

| | | | | |
|-----------------------|------------|-------------|-----------|------------|
| Grade 7 | 0.3% | 0.3% | 0.5% | 99.5% |
| Grade 8 | 0.0% | 0.1% | 0.3% | 99.7% |
| Grade 9 | 0.5% | 0.5% | 0.6% | 99.4% |
| Grade 10 | 0.3% | 0.3% | 0.7% | 99.3% |
| Grade 11 | 0.8% | 0.8% | 1.1% | 98.9% |
| Grade 12 | 0.2% | 0.2% | 0.5% | 99.5% |
| | | | | |
| Halluciogens? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.6% | 0.9% | 1.9% | 98.1% |
| Grade 7 | 0.1% | 0.2% | 0.4% | 99.6% |
| Grade 8 | 0.1% | 0.1% | 0.4% | 99.6% |
| Grade 9 | 1.0% | 1.6% | 2.0% | 98.0% |
| Grade 10 | 1.3% | 1.8% | 3.6% | 96.4% |
| Grade 11 | 0.5% | 1.1% | 3.5% | 96.5% |
| Grade 12 | 0.4% | 0.8% | 1.9% | 98.1% |
| | | | | |
| Synthetic Cathinones? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.0% | 0.1% | 0.3% | 99.7% |
| Grade 7 | 0.1% | 0.1% | 0.2% | 99.8% |
| Grade 8 | 0.0% | 0.0% | 0.9% | 99.1% |
| Grade 9 | 0.1% | 0.2% | 0.3% | 99.7% |
| Grade 10 | 0.0% | 0.0% | 0.1% | 99.9% |
| Grade 11 | 0.1% | 0.1% | 0.1% | 99.9% |
| Grade 12 | 0.0% | 0.0% | 0.0% | 100.0% |
| | | | | |
| Steroids? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.4% | 0.5% | 1.6% | 98.4% |
| Grade 7 | 0.2% | 0.5% | 1.7% | 98.3% |
| Grade 8 | 0.4% | 0.4% | 1.1% | 98.9% |
| Grade 9 | 0.5% | 0.5% | 1.4% | 98.6% |
| Grade 10 | 0.4% | 0.5% | 2.0% | 98.0% |
| Grade 11 | 0.6% | 1.0% | 1.8% | 98.2% |
| Grade 12 | 0.2% | 0.3% | 1.6% | 98.4% |
| | | | | |
| Ecstasy? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.2% | 0.3% | 1.3% | 98.7% |
| Grade 7 | 0.0% | 0.1% | 0.4% | 99.6% |
| Grade 8 | 0.0% | 0.1% | 0.5% | 99.5% |

| | | | | |
|---|------------|-------------|-----------|------------|
| Grade 9 | 0.1% | 0.3% | 1.1% | 98.9% |
| Grade 10 | 0.6% | 0.9% | 2.6% | 97.4% |
| Grade 11 | 0.2% | 0.2% | 1.6% | 98.4% |
| Grade 12 | 0.5% | 0.5% | 1.7% | 98.3% |
| Heroin? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.1% | 0.1% | 0.2% | 99.8% |
| Grade 7 | 0.2% | 0.2% | 0.2% | 99.8% |
| Grade 8 | 0.0% | 0.1% | 0.1% | 99.9% |
| Grade 9 | 0.1% | 0.1% | 0.2% | 99.8% |
| Grade 10 | 0.2% | 0.2% | 0.5% | 99.5% |
| Grade 11 | 0.2% | 0.2% | 0.2% | 99.8% |
| Grade 12 | 0.1% | 0.1% | 0.2% | 99.8% |
| Meth? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.3% | 0.3% | 0.9% | 99.1% |
| Grade 7 | 0.2% | 0.2% | 0.7% | 99.3% |
| Grade 8 | 0.0% | 0.1% | 0.6% | 99.4% |
| Grade 9 | 0.5% | 0.5% | 1.1% | 98.9% |
| Grade 10 | 0.2% | 0.3% | 1.2% | 98.8% |
| Grade 11 | 0.3% | 0.6% | 1.2% | 98.8% |
| Grade 12 | 0.3% | 0.3% | 0.4% | 99.6% |
| Synthetic Marijuana? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.5% | 0.9% | 2.7% | 97.3% |
| Grade 7 | 0.1% | 0.7% | 1.3% | 98.7% |
| Grade 8 | 0.5% | 0.8% | 2.1% | 97.9% |
| Grade 9 | 1.2% | 1.9% | 3.7% | 96.3% |
| Grade 10 | 0.1% | 1.0% | 2.5% | 97.5% |
| Grade 11 | 0.8% | 1.1% | 3.4% | 96.6% |
| Grade 12 | 0.1% | 0.1% | 3.9% | 96.1% |
| Table D-12: How Recently, If Ever, Have You Used the Following Prescription Drugs Not Prescribed to You... | | | | |
| Any Prescription Drug? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 6.5% | 9.7% | 18.6% | 81.4% |
| Grade 7 | 6.9% | 9.2% | 14.9% | 85.1% |

| | | | | |
|--|------------|-------------|-----------|------------|
| Grade 8 | 5.1% | 6.9% | 16.4% | 83.6% |
| Grade 9 | 8.6% | 12.4% | 21.3% | 78.7% |
| Grade 10 | 6.0% | 10.9% | 20.2% | 79.8% |
| Grade 11 | 4.6% | 8.8% | 18.6% | 81.4% |
| Grade 12 | 7.5% | 10.3% | 21.0% | 79.0% |
| | | | | |
| Codeine Cough Syrup? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 3.1% | 5.2% | 12.5% | 87.5% |
| Grade 7 | 3.6% | 5.3% | 9.7% | 90.3% |
| Grade 8 | 2.0% | 3.0% | 12.0% | 88.0% |
| Grade 9 | 4.4% | 7.5% | 15.6% | 84.4% |
| Grade 10 | 2.6% | 5.9% | 13.4% | 86.6% |
| Grade 11 | 2.7% | 4.9% | 11.0% | 89.0% |
| Grade 12 | 3.5% | 4.8% | 13.6% | 86.4% |
| | | | | |
| OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet, or Hydrocodone? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 1.3% | 2.1% | 4.7% | 95.3% |
| Grade 7 | 0.5% | 0.9% | 1.5% | 98.5% |
| Grade 8 | 0.8% | 0.9% | 2.9% | 97.1% |
| Grade 9 | 2.0% | 3.0% | 5.0% | 95.0% |
| Grade 10 | 0.9% | 2.0% | 4.6% | 95.4% |
| Grade 11 | 0.8% | 2.2% | 7.3% | 92.7% |
| Grade 12 | 2.9% | 3.7% | 7.9% | 92.1% |
| | | | | |
| Valium, Diazepam, Xanax, or Other Benzodiazepines? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 1.4% | 2.0% | 5.0% | 95.0% |
| Grade 7 | 0.7% | 1.3% | 2.6% | 97.4% |
| Grade 8 | 0.9% | 1.2% | 2.9% | 97.1% |
| Grade 9 | 2.7% | 3.9% | 5.5% | 94.5% |
| Grade 10 | 1.1% | 1.9% | 4.9% | 95.1% |
| Grade 11 | 1.4% | 2.1% | 7.9% | 92.1% |

| | | | | |
|---|------------|-------------|-----------|------------|
| Grade 12 | 1.5% | 2.0% | 7.2% | 92.8% |
| | | | | |
| Adderall, Ritalin, Dexedrine, Concerta, or Focalin? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 1.6% | 1.9% | 4.2% | 95.8% |
| Grade 7 | 0.5% | 0.5% | 2.0% | 98.0% |
| Grade 8 | 0.8% | 0.8% | 1.8% | 98.2% |
| Grade 9 | 1.9% | 2.3% | 3.3% | 96.7% |
| Grade 10 | 2.0% | 2.4% | 5.0% | 95.0% |
| Grade 11 | 1.2% | 1.8% | 5.6% | 94.4% |
| Grade 12 | 3.5% | 4.1% | 8.6% | 91.4% |
| | | | | |
| Any Other Prescription Drug Not Listed Above? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 3.0% | 4.4% | 8.6% | 91.4% |
| Grade 7 | 4.4% | 5.7% | 9.6% | 90.4% |
| Grade 8 | 2.8% | 3.5% | 8.2% | 91.8% |
| Grade 9 | 4.8% | 6.6% | 10.6% | 89.4% |
| Grade 10 | 2.4% | 4.4% | 8.2% | 91.8% |
| Grade 11 | 1.1% | 2.4% | 7.4% | 92.6% |
| Grade 12 | 2.4% | 3.3% | 7.3% | 92.7% |

Table 35. Texas Substance Use by Substance

| Table T-1: How recently, if ever, have you used... | | | | |
|--|------------|-------------|-----------|------------|
| Any Tobacco Product | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 16.3% | 19.9% | 30.3% | 69.7% |
| Grade 7 | 5.6% | 6.9% | 13.8% | 86.2% |
| Grade 8 | 8.9% | 11.2% | 20.5% | 79.5% |
| Grade 9 | 14.8% | 18.7% | 29.2% | 70.8% |
| Grade 10 | 19.4% | 24.0% | 35.1% | 64.9% |
| Grade 11 | 22.4% | 26.8% | 39.9% | 60.1% |
| Grade 12 | 29.7% | 34.9% | 46.9% | 53.1% |
| | | | | |
| Cigarettes? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 4.1% | 6.2% | 13.7% | 86.3% |
| Grade 7 | 1.3% | 1.8% | 5.8% | 94.2% |
| Grade 8 | 1.8% | 3.0% | 8.3% | 91.7% |
| Grade 9 | 3.5% | 5.1% | 12.1% | 87.9% |
| Grade 10 | 4.7% | 7.0% | 16.1% | 83.9% |
| Grade 11 | 5.5% | 8.3% | 19.0% | 81.0% |
| Grade 12 | 9.0% | 13.1% | 23.0% | 77.0% |
| | | | | |
| Smokeless Tobacco? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 2.7% | 3.9% | 7.3% | 92.7% |
| Grade 7 | 0.8% | 1.1% | 3.3% | 96.7% |
| Grade 8 | 1.4% | 2.2% | 4.5% | 95.5% |
| Grade 9 | 2.4% | 3.4% | 6.7% | 93.3% |
| Grade 10 | 3.4% | 5.1% | 8.8% | 91.2% |
| Grade 11 | 3.8% | 5.3% | 9.6% | 90.4% |
| Grade 12 | 5.1% | 6.9% | 11.7% | 88.3% |
| | | | | |
| Electronic Vapor Products? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 12.1% | 16.2% | 25.7% | 74.3% |
| Grade 7 | 3.2% | 4.7% | 10.1% | 89.9% |
| Grade 8 | 5.7% | 8.3% | 16.1% | 83.9% |
| Grade 9 | 11.6% | 15.7% | 25.1% | 74.9% |
| Grade 10 | 14.3% | 19.2% | 30.3% | 69.7% |
| Grade 11 | 16.9% | 22.3% | 34.9% | 65.1% |

| | | | | |
|---|------------|-------------|-----------|------------|
| Grade 12 | 23.3% | 29.5% | 41.2% | 58.8% |
| Table A-1: How Recently, If Ever, Have You Used... | | | | |
| Any Alcohol Product? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 29.0% | 34.4% | 51.5% | 48.5% |
| Grade 7 | 14.7% | 17.1% | 34.3% | 65.7% |
| Grade 8 | 20.4% | 24.1% | 42.5% | 57.5% |
| Grade 9 | 27.7% | 32.4% | 50.1% | 49.9% |
| Grade 10 | 33.1% | 39.7% | 55.9% | 44.1% |
| Grade 11 | 34.9% | 43.2% | 61.6% | 38.4% |
| Grade 12 | 46.6% | 54.1% | 68.5% | 31.5% |
| | | | | |
| Beer? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 12.0% | 18.0% | 39.6% | 60.4% |
| Grade 7 | 3.9% | 5.8% | 24.9% | 75.1% |
| Grade 8 | 6.9% | 10.3% | 32.6% | 67.4% |
| Grade 9 | 10.6% | 16.5% | 37.3% | 62.7% |
| Grade 10 | 14.3% | 21.2% | 43.0% | 57.0% |
| Grade 11 | 14.8% | 23.5% | 47.7% | 52.3% |
| Grade 12 | 23.7% | 33.8% | 55.5% | 44.5% |
| | | | | |
| Wine Coolers? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 9.8% | 15.1% | 31.9% | 68.1% |
| Grade 7 | 2.8% | 4.3% | 15.5% | 84.5% |
| Grade 8 | 5.8% | 8.5% | 22.1% | 77.9% |
| Grade 9 | 7.9% | 12.5% | 29.8% | 70.2% |
| Grade 10 | 11.6% | 17.1% | 36.5% | 63.5% |
| Grade 11 | 12.7% | 20.1% | 41.1% | 58.9% |
| Grade 12 | 20.2% | 30.6% | 50.1% | 49.9% |
| | | | | |
| Wine? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 8.1% | 13.2% | 33.2% | 66.8% |
| Grade 7 | 3.5% | 4.9% | 19.5% | 80.5% |
| Grade 8 | 5.3% | 8.2% | 24.8% | 75.2% |
| Grade 9 | 6.8% | 11.6% | 32.3% | 67.7% |
| Grade 10 | 8.6% | 14.6% | 36.3% | 63.7% |
| Grade 11 | 9.8% | 16.9% | 40.8% | 59.2% |
| Grade 12 | 16.0% | 25.2% | 48.7% | 51.3% |
| | | | | |

| Liquor? | | | | |
|---|------------|-------------|-----------|------------|
| | Past Month | School Year | Ever Used | Never Used |
| All | 12.6% | 18.6% | 35.6% | 64.4% |
| Grade 7 | 3.1% | 4.7% | 15.1% | 84.9% |
| Grade 8 | 6.3% | 9.6% | 23.1% | 76.9% |
| Grade 9 | 10.3% | 16.2% | 33.9% | 66.1% |
| Grade 10 | 14.6% | 22.5% | 41.2% | 58.8% |
| Grade 11 | 16.9% | 25.3% | 47.3% | 52.7% |
| Grade 12 | 27.1% | 37.2% | 57.4% | 42.3% |
| Table D-1: How Recently, If Ever, Have You Used... | | | | |
| Any Illicit Drug? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 13.9% | 17.9% | 23.5% | 76.5% |
| Grade 7 | 4.3% | 6.3% | 8.5% | 91.5% |
| Grade 8 | 8.0% | 10.5% | 13.4% | 86.6% |
| Grade 9 | 13.7% | 17.8% | 22.3% | 77.7% |
| Grade 10 | 15.3% | 19.7% | 26.2% | 73.8% |
| Grade 11 | 19.5% | 24.7% | 33.3% | 66.7% |
| Grade 12 | 24.9% | 31.2% | 40.6% | 59.4% |
| | | | | |
| Marijuana? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 13.6% | 16.3% | 22.1% | 77.9% |
| Grade 7 | 4.0% | 4.9% | 6.7% | 93.3% |
| Grade 8 | 7.7% | 9.0% | 12.1% | 87.9% |
| Grade 9 | 13.5% | 15.9% | 20.7% | 79.3% |
| Grade 10 | 15.1% | 18.2% | 25.0% | 75.0% |
| Grade 11 | 18.8% | 22.7% | 32.0% | 68.0% |
| Grade 12 | 24.6% | 29.6% | 39.7% | 60.3% |
| | | | | |
| Cocaine? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 1.3% | 1.5% | 2.5% | 97.5% |
| Grade 7 | 0.5% | 0.6% | 0.7% | 99.3% |
| Grade 8 | 0.8% | 0.9% | 1.4% | 98.6% |
| Grade 9 | 1.1% | 1.3% | 2.0% | 98.0% |
| Grade 10 | 1.3% | 1.5% | 2.6% | 97.4% |
| Grade 11 | 1.5% | 1.8% | 3.5% | 96.5% |
| Grade 12 | 2.5% | 3.1% | 5.4% | 94.6% |
| | | | | |
| Crack? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.4% | 0.4% | 0.7% | 99.3% |

| | | | | |
|-----------------------|------------|-------------|-----------|------------|
| Grade 7 | 0.3% | 0.4% | 0.5% | 99.5% |
| Grade 8 | 0.4% | 0.5% | 0.7% | 99.3% |
| Grade 9 | 0.5% | 0.5% | 0.7% | 99.3% |
| Grade 10 | 0.3% | 0.3% | 0.7% | 99.3% |
| Grade 11 | 0.3% | 0.3% | 0.6% | 99.4% |
| Grade 12 | 0.3% | 0.3% | 0.8% | 99.2% |
| | | | | |
| Hallucino-gens? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.8% | 1.5% | 3.1% | 96.9% |
| Grade 7 | 0.2% | 0.3% | 0.6% | 99.4% |
| Grade 8 | 0.3% | 0.5% | 1.1% | 98.9% |
| Grade 9 | 0.8% | 1.3% | 2.6% | 97.4% |
| Grade 10 | 1.0% | 1.6% | 3.5% | 96.5% |
| Grade 11 | 120.0% | 2.3% | 4.5% | 95.5% |
| Grade 12 | 1.6% | 3.3% | 7.1% | 92.9% |
| | | | | |
| Synthetic Cathinones? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.1% | 0.2% | 0.4% | 99.6% |
| Grade 7 | 0.1% | 0.1% | 0.4% | 99.6% |
| Grade 8 | 0.1% | 0.2% | 0.4% | 99.6% |
| Grade 9 | 0.2% | 0.2% | 0.4% | 99.6% |
| Grade 10 | 0.1% | 0.2% | 0.4% | 99.6% |
| Grade 11 | 0.1% | 0.1% | 0.3% | 99.7% |
| Grade 12 | 0.2% | 0.2% | 0.4% | 99.6% |
| | | | | |
| Steroids? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.4% | 0.6% | 1.5% | 98.5% |
| Grade 7 | 0.4% | 0.6% | 1.5% | 98.5% |
| Grade 8 | 0.5% | 0.7% | 1.5% | 98.5% |
| Grade 9 | 0.4% | 0.6% | 1.3% | 98.7% |
| Grade 10 | 0.2% | 0.4% | 1.5% | 98.5% |
| Grade 11 | 0.5% | 0.7% | 1.7% | 98.3% |
| Grade 12 | 0.3% | 0.5% | 1.3% | 98.7% |
| | | | | |
| Ecstasy? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.6% | 1.0% | 2.2% | 97.8% |
| Grade 7 | 0.1% | 0.1% | 0.5% | 99.5% |
| Grade 8 | 0.3% | 0.5% | 1.0% | 99.0% |

| | | | | |
|---|------------|-------------|-----------|------------|
| Grade 9 | 0.8% | 1.2% | 2.0% | 98.0% |
| Grade 10 | 0.7% | 1.1% | 2.4% | 97.6% |
| Grade 11 | 0.8% | 1.3% | 3.2% | 96.8% |
| Grade 12 | 1.0% | 1.9% | 4.2% | 95.8% |
| Heroin? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.2% | 0.3% | 0.5% | 99.5% |
| Grade 7 | 0.2% | 0.2% | 0.4% | 99.6% |
| Grade 8 | 0.3% | 0.3% | 0.5% | 99.5% |
| Grade 9 | 0.3% | 0.4% | 0.6% | 99.4% |
| Grade 10 | 0.1% | 0.2% | 0.5% | 99.5% |
| Grade 11 | 0.2% | 0.3% | 0.5% | 99.5% |
| Grade 12 | 0.1% | 0.1% | 0.4% | 99.6% |
| Meth? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 0.3% | 0.4% | 0.9% | 99.1% |
| Grade 7 | 0.2% | 0.3% | 0.6% | 99.4% |
| Grade 8 | 0.4% | 0.4% | 0.7% | 99.3% |
| Grade 9 | 0.4% | 0.5% | 1.0% | 99.0% |
| Grade 10 | 0.2% | 0.4% | 0.8% | 99.2% |
| Grade 11 | 0.4% | 0.5% | 0.9% | 99.1% |
| Grade 12 | 0.3% | 0.5% | 1.4% | 98.6% |
| Synthetic Marijuana? | | | | |
| | Past Month | School year | Ever Used | Never Used |
| All | 1.0% | 1.5% | 3.4% | 96.6% |
| Grade 7 | 0.5% | 0.9% | 1.5% | 98.5% |
| Grade 8 | 1.0% | 1.5% | 2.8% | 97.2% |
| Grade 9 | 1.5% | 1.9% | 4.0% | 96.0% |
| Grade 10 | 1.1% | 1.6% | 3.7% | 96.3% |
| Grade 11 | 1.2% | 1.7% | 4.4% | 95.6% |
| Grade 12 | 0.8% | 1.3% | 4.4% | 95.6% |
| Table D-12: How Recently, If Ever, Have You Used the Following Prescription Drugs Not Prescribed to You... | | | | |
| Any Prescription Drug? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 7.1% | 10.5% | 18.5% | 81.5% |
| Grade 7 | 6.1% | 8.3% | 14.9% | 85.1% |

| | | | | |
|--|------------|-------------|-----------|------------|
| Grade 8 | 7.1% | 9.6% | 16.1% | 83.9% |
| Grade 9 | 7.9% | 11.5% | 18.9% | 81.1% |
| Grade 10 | 7.0% | 11.1% | 19.5% | 80.5% |
| Grade 11 | 6.9% | 10.7% | 20.4% | 79.6% |
| Grade 12 | 7.4% | 12.0% | 21.6% | 78.4% |
| | | | | |
| Codeine Cough Syrup? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 3.9% | 6.6% | 12.8% | 87.2% |
| Grade 7 | 3.6% | 5.6% | 10.5% | 89.5% |
| Grade 8 | 4.5% | 6.6% | 11.8% | 88.2% |
| Grade 9 | 4.7% | 7.6% | 14.0% | 86.0% |
| Grade 10 | 3.7% | 6.7% | 13.3% | 86.7% |
| Grade 11 | 3.6% | 6.5% | 13.6% | 86.4% |
| Grade 12 | 3.1% | 6.4% | 13.6% | 86.4% |
| | | | | |
| OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet, or Hydrocodone? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 1.0% | 2.0% | 3.8% | 96.2% |
| Grade 7 | 0.5% | 0.8% | 1.3% | 98.7% |
| Grade 8 | 0.8% | 1.3% | 1.9% | 98.1% |
| Grade 9 | 1.1% | 2.0% | 3.4% | 96.6% |
| Grade 10 | 1.1% | 2.3% | 4.6% | 95.4% |
| Grade 11 | 1.1% | 2.7% | 5.2% | 94.8% |
| Grade 12 | 1.5% | 3.1% | 7.0% | 93.0% |
| | | | | |
| Valium, Diazepam, Xanax, or Other Benzodiazepines? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 1.6% | 2.7% | 5.3% | 94.7% |
| Grade 7 | 0.6% | 0.9% | 1.7% | 98.3% |
| Grade 8 | 1.4% | 1.9% | 3.3% | 96.7% |
| Grade 9 | 2.3% | 3.5% | 5.6% | 94.4% |
| Grade 10 | 1.9% | 3.3% | 6.6% | 93.4% |
| Grade 11 | 1.6% | 3.0% | 6.5% | 93.5% |

| | | | | |
|--|------------|-------------|-----------|------------|
| Grade 12 | 2.1% | 3.7% | 8.6% | 91.4% |
| | | | | |
| Adderall, Ritalin, Dexedrine, Concerta, or Focalin? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 1.5% | 2.4% | 4.3% | 95.7% |
| Grade 7 | 0.6% | 0.9% | 1.5% | 98.5% |
| Grade 8 | 0.7% | 1.1% | 2.1% | 97.9% |
| Grade 9 | 1.8% | 2.4% | 3.8% | 96.2% |
| Grade 10 | 1.6% | 2.8% | 4.9% | 95.1% |
| Grade 11 | 1.9% | 3.0% | 6.2% | 93.8% |
| Grade 12 | 2.6% | 4.4% | 8.1% | 91.9% |
| | | | | |
| Any Other Prescription Drug Not Listed Above? | | | | |
| | Past Month | School Year | Ever Used | Never Used |
| All | 3.0% | 4.2% | 7.9% | 92.1% |
| Grade 7 | 3.2% | 4.3% | 8.4% | 91.6% |
| Grade 8 | 3.1% | 4.3% | 7.9% | 92.1% |
| Grade 9 | 3.4% | 4.6% | 8.3% | 91.7% |
| Grade 10 | 2.8% | 4.2% | 7.6% | 92.4% |
| Grade 11 | 2.9% | 3.9% | 7.6% | 92.4% |
| Grade 12 | 2.7% | 3.7% | 7.3% | 92.7% |

Appendix D

Table 36. County Total Chronic Disease Death Rate per 100K 1999-2017

| County | Chronic Disease Deaths | Population | Crude Rate | Age Adjusted Rate |
|--------------|------------------------|------------|------------|-------------------|
| Archer | 125 | 168825 | 74 | 60.8 |
| Baylor | 144 | 72245 | 199.3 | 109 |
| Brown | 1032 | 720869 | 143.2 | 106.7 |
| Callahan | 307 | 253230 | 121.2 | 88.2 |
| Clay | 194 | 205675 | 94.3 | 72.8 |
| Coleman | 389 | 166908 | 233.1 | 136.2 |
| Comanche | 311 | 260892 | 119.2 | 73.6 |
| Cottle | 30 | 30099 | 99.7 | 52.5 |
| Eastland | 581 | 349227 | 166.4 | 106.6 |
| Fisher | 96 | 76867 | 124.9 | 71.5 |
| Foard | 26 | 26492 | 98.1 | 51.7 |
| Hardeman | 81 | 81087 | 99.9 | 63.3 |
| Haskell | 137 | 111795 | 122.5 | 70 |
| Jack | 154 | 169778 | 90.7 | 80.7 |
| Jones | 375 | 383536 | 97.8 | 88.9 |
| Kent | 25 | 15230 | 164.1 | 74.2 |
| Knox | 108 | 73468 | 147 | 83 |
| Mitchell | 248 | 176684 | 140.4 | 125.4 |
| Montague | 536 | 370277 | 144.8 | 94.3 |
| Nolan | 398 | 287423 | 138.5 | 104.9 |
| Runnels | 252 | 202964 | 124.2 | 78.3 |
| Scurry | 295 | 316622 | 93.2 | 80.6 |
| Shackelford | 70 | 63350 | 110.5 | 77.3 |
| Stephens | 201 | 180552 | 111.3 | 78.2 |
| Stonewall | 45 | 27976 | 160.9 | 73.9 |
| Taylor | 2037 | 2475583 | 82.3 | 78.4 |
| Throckmorton | 49 | 31665 | 154.7 | 86.6 |
| Wichita | 2258 | 2495211 | 90.5 | 86.6 |
| Wilbarger | 257 | 259308 | 99.1 | 75.2 |
| Young | 570 | 344251 | 165.6 | 110.3 |
| Region | 11331 | 10398089 | 109.0 | 84.7 |
| Texas | 258947 | 461846329 | 56.1 | 67.4 |

Table 37. County Total Adult Alcohol Related Arrests and Incarcerations 2018

| County | Driving Under the Influence | Drunkenness | Liquor Laws | Total |
|--------------|-----------------------------|-------------|-------------|-------|
| Archer | 1 | 1 | 0 | 2 |
| Baylor | 4 | 3 | 6 | 13 |
| Brown | 79 | 44 | 7 | 130 |
| Callahan | 1 | 1 | 0 | 2 |
| Clay | 0 | 0 | 0 | 0 |
| Coleman | 0 | 0 | 0 | 0 |
| Comanche | 0 | 0 | 0 | 0 |
| Cottle | 0 | 0 | 0 | 0 |
| Eastland | 10 | 9 | 1 | 20 |
| Fisher | 0 | 0 | 0 | 0 |
| Foard | 0 | 0 | 0 | 0 |
| Hardeman | 0 | 0 | 0 | 0 |
| Haskell | 0 | 0 | 0 | 0 |
| Jack | 0 | 0 | 0 | 0 |
| Jones | 0 | 0 | 0 | 0 |
| Kent | 0 | 0 | 0 | 0 |
| Knox | 1 | 0 | 0 | 1 |
| Mitchell | 0 | 0 | 0 | 0 |
| Montague | 0 | 0 | 0 | 0 |
| Nolan | 15 | 0 | 41 | 56 |
| Runnels | 9 | 2 | 1 | 12 |
| Scurry | 0 | 0 | 0 | 0 |
| Shackelford | 0 | 0 | 0 | 0 |
| Stephens | 7 | 9 | 0 | 16 |
| Stonewall | 0 | 0 | 0 | 0 |
| Taylor | 396 | 567 | 20 | 983 |
| Throckmorton | 0 | 0 | 0 | 0 |
| Wichita | 8 | 17 | 3 | 28 |
| Wilbarger | 0 | 0 | 0 | 0 |
| Young | 25 | 21 | 2 | 48 |
| Region | 556 | 674 | 81 | 1311 |
| Texas | 21568 | 20697 | 3119 | 45384 |

Table 38. County Total Adult Drug Related Arrests and Incarcerations 2016-2018

| County | 2018 Drug Delivery | 2018 Drug Possession | 2018 DWI |
|--------------|--------------------|----------------------|----------|
| Archer | 3 | 1 | 3 |
| Baylor | 2 | 1 | 0 |
| Brown | 153 | 107 | 26 |
| Callahan | 4 | 9 | 7 |
| Clay | 5 | 1 | 3 |
| Coleman | 15 | 9 | 1 |
| Comanche | 5 | 19 | 8 |
| Cottle | 1 | 0 | 0 |
| Eastland | 43 | 42 | 21 |
| Fisher | 0 | 3 | 1 |
| Foard | 0 | 0 | 0 |
| Hardeman | 4 | 2 | 1 |
| Haskell | 10 | 14 | 5 |
| Jack | 2 | 0 | 5 |
| Jones | 11 | 12 | 4 |
| Kent | 0 | 3 | 0 |
| Lamar | 149 | 3 | 29 |
| Mitchell | 4 | 12 | 5 |
| Montague | 14 | 23 | 4 |
| Nolan | 10 | 14 | 6 |
| Runnels | 12 | 7 | 8 |
| Scurry | 3 | 27 | 18 |
| Shackelford | 5 | 3 | 0 |
| Stephens | 18 | 13 | 1 |
| Stonewall | 0 | 0 | 2 |
| Taylor | 229 | 184 | 70 |
| Throckmorton | 2 | 0 | 0 |
| Wichita | 75 | 118 | 26 |
| Wilbarger | 14 | 15 | 7 |
| Young | 18 | 22 | 9 |
| Region | 811 | 664 | 270 |
| Texas | 9825 | 14116 | 6031 |

Table 39. County Total Juvenile Alcohol Related Arrests and Incarcerations

| County | 2018 Juvenile Driving Under the Influence | 2018 Juvenile Drunkenness | 2018 Juvenile Liquor Laws | 2018 Juvenile Total |
|--------------|---|---------------------------|---------------------------|---------------------|
| Archer | 0 | 0 | 0 | 0 |
| Baylor | 0 | 0 | 0 | 0 |
| Brown | 1 | 0 | 7 | 8 |
| Callahan | 0 | 0 | 0 | 0 |
| Clay | 0 | 0 | 0 | 0 |
| Coleman | 0 | 0 | 0 | 0 |
| Comanche | 0 | 0 | 0 | 0 |
| Cottle | 0 | 0 | 0 | 0 |
| Eastland | 0 | 1 | 0 | 1 |
| Fisher | 0 | 0 | 0 | 0 |
| Foard | 0 | 0 | 0 | 0 |
| Hardeman | 0 | 0 | 0 | 0 |
| Haskell | 0 | 0 | 0 | 0 |
| Jack | 0 | 0 | 0 | 0 |
| Jones | 0 | 0 | 0 | 0 |
| Kent | 0 | 0 | 0 | 0 |
| Knox | 0 | 0 | 0 | 0 |
| Mitchell | 0 | 0 | 0 | 0 |
| Montague | 0 | 0 | 0 | 0 |
| Nolan | 0 | 0 | 1 | 1 |
| Runnels | 0 | 0 | 0 | 0 |
| Scurry | 0 | 0 | 0 | 0 |
| Shackelford | 0 | 0 | 0 | 0 |
| Stephens | 0 | 0 | 0 | 0 |
| Stonewall | 0 | 0 | 0 | 0 |
| Taylor | 0 | 0 | 0 | 0 |
| Throckmorton | 0 | 0 | 0 | 0 |
| Wichita | 0 | 0 | 0 | 0 |
| Wilbarger | 0 | 0 | 0 | 0 |
| Young | 0 | 0 | 0 | 0 |
| Region | 1 | 1 | 8 | 10 |
| Texas | 27 | 33 | 199 | 259 |

Table 40. County Total Juvenile Drug Related Arrests and Incarcerations 2018

| County | 2018 Drug/Narcotic Violations | 2018 Drug Equipment Violations | 2018 Total Drug Arrests |
|--------------|-------------------------------|--------------------------------|-------------------------|
| Archer | 0 | 0 | 0 |
| Baylor | 0 | 0 | 0 |
| Brown | 14 | 7 | 21 |
| Callahan | 1 | 0 | 1 |
| Clay | 0 | 0 | 0 |
| Coleman | 0 | 0 | 0 |
| Comanche | 0 | 0 | 0 |
| Cottle | 0 | 0 | 0 |
| Eastland | 1 | 0 | 1 |
| Fisher | 0 | 0 | 0 |
| Foard | 0 | 0 | 0 |
| Hardeman | 0 | 0 | 0 |
| Haskell | 0 | 0 | 0 |
| Jack | 0 | 0 | 0 |
| Jones | 0 | 0 | 0 |
| Kent | 0 | 0 | 0 |
| Knox | 0 | 0 | 0 |
| Mitchell | 0 | 0 | 0 |
| Montague | 0 | 0 | 0 |
| Nolan | 8 | 0 | 8 |
| Runnels | 0 | 0 | 0 |
| Scurry | 0 | 0 | 0 |
| Shackelford | 0 | 0 | 0 |
| Stephens | 1 | 0 | 0 |
| Stonewall | 0 | 0 | 0 |
| Taylor | 32 | 3 | 35 |
| Throckmorton | 0 | 0 | 0 |
| Wichita | 2 | 0 | 2 |
| Wilbarger | 0 | 0 | 0 |
| Young | 3 | 0 | 3 |
| Region | 62 | 10 | 71 |
| Texas | 1756 | 231 | 1987 |

Table 41. County Total Hospital Discharges 2014-2016

| County | 2014 Hospital Discharge | 2015 Hospital Discharge | 2016 Hospital Discharge |
|--------------|-------------------------|-------------------------|-------------------------|
| Archer | 0 | 0 | 0 |
| Baylor | 0 | 409 | 404 |
| Brown | 4283 | 4109 | 3630 |
| Callahan | 0 | 0 | 0 |
| Clay | 0 | 152 | 107 |
| Coleman | 737 | 625 | 700 |
| Comanche | 606 | 535 | 472 |
| Cottle | 0 | 0 | 0 |
| Eastland | 0 | 598 | 515 |
| Fisher | 0 | 149 | 118 |
| Foard | 0 | 0 | 0 |
| Hardeman | 0 | 224 | 195 |
| Haskell | 102 | 156 | 162 |
| Jack | 0 | 191 | 184 |
| Jones | 0 | 666 | 555 |
| Kent | 0 | 0 | 0 |
| Knox | 0 | 84 | 70 |
| Mitchell | 513 | 446 | 391 |
| Montague | 76 | 774 | 458 |
| Nolan | 0 | 1301 | 1174 |
| Runnels | 112 | 256 | 214 |
| Scurry | 0 | 783 | 825 |
| Shackelford | 0 | 0 | 0 |
| Stephens | 0 | 0 | 232 |
| Stonewall | 0 | 123 | 76 |
| Taylor | 27500 | 27110 | 27258 |
| Throckmorton | 0 | 94 | 72 |
| Wichita | 23003 | 23007 | 22759 |
| Wilbarger | 403 | 927 | 1401 |
| Young | 0 | 1138 | 1078 |
| Region | 57335 | 64153 | 63050 |

Appendix E

Table 42. Regional Evaluator Contact Information

| 2019 Regional Evaluators | | |
|---------------------------------|------------------------|--|
| Region | Evaluator | Email |
| 1 | Vacant | N/A |
| 2 | Ashley Simpson | asimpson@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 | Maanami Bolton | mbolton@pbrcada.org |
| 10 | Antonio Martinez | amartinez@aliviane.org |
| 11 | Karen Rodriguez | krodriguez@bhsst.org |

Table 43. Texas Health and Human Services Regions

| Prevention Resource Center Health and Human Services 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 |
|----|---|--|

Glossary of Terms

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

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

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