

# Regional Needs Assessment

REGION 2: ABILENE REGIONAL COUNCIL  
PREVENTION RESOURCE CENTER

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## Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 2 along with Evaluators from PRCs across the State of Texas and supported by the Texas Health and Human Services Commission (HHSC). The PRC Region 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 surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 2 recognizes those collaborators who contributed to the creation of this RNA.

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

**Demographics:** Region 2 is generally made up of middle-aged to older adults. Approximately 59% of our population are ages 30-85+. Ethnicity is dominated by Anglos however there is a growing Hispanic and "Other Races" in our area. Our overall population has steadily increased over the past six years.

**Socioeconomics:** The average medium income reports lower than state percentages. Although we hold a low unemployment rate with many residents working in civilian employed jobs, our region reports to have a high percentage of single-parent households, children in poverty, and households with public assistance and food stamps.

**Consumption:** Methamphetamines, marijuana, tranquilizers and synthetic narcotics are the most seized substances by law enforcement from 2014-2016. Alcohol and marijuana are the most consumed substances among high school and college aged students. There is also a high rate of prescriptions being issued to residents of our area as well.

**Consequences:** Child abuse, suicide, teen births, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. Most individuals seeking treatment are in need of services related to amphetamine use, alcohol or opioid misuse.

**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, others provide treatment for mental health, 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

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

## Our Purpose

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

## What Evaluators Do

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

## How We Help the Community

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

## Our Regions

Current areas serviced by a Prevention Resource Center are:

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



# Conceptual Framework of This Report

As one reads through this document, two guiding concepts will appear throughout the report: a focus on the youth population, and the use of an empirical approach from a public health framework. For 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 drug use.

## Adolescence

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

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

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

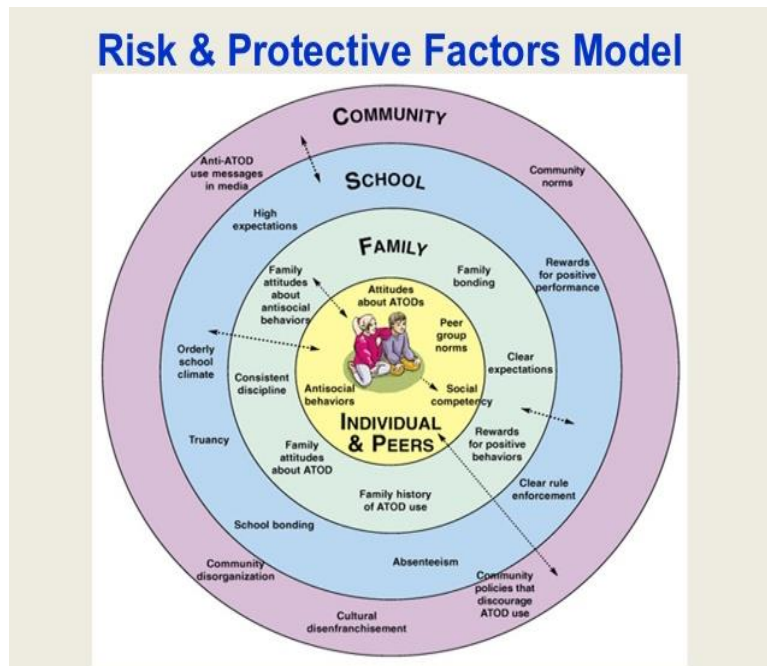
## Epidemiology

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

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



## Risk and Protective Factors



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

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

### Consumption Patterns and Consequences

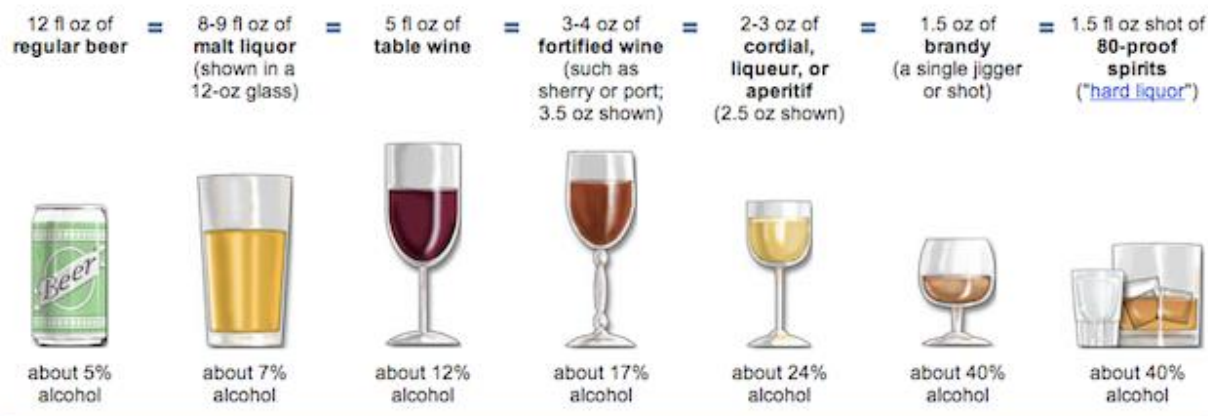
Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or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

### Consumption Patterns Defined

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

The concept also encompasses standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of the pure alcohol may vary. Consequently, a unit of alcohol must be standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences.

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



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

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

### Consequences

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

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

### Stakeholders

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

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

## Introduction

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

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

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



### Our Audience

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

### Purpose of This Report

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

## Methodology

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

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

### Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2015 and May 30, 2016. The state evaluator met with the regional evaluators at a statewide conference in September 2016 to discuss the expectations of the regional needs assessment for the third year.

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

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

### Quantitative Data Selection

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

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

### Qualitative Data Selection

**Focus Groups:** Throughout the duration of the fiscal year, the PRC2 conducted focus groups after presentations as well as separately to target specific populations. This information is helpful in filling in gaps which quantitative data may not describe.

**Interviews:** Stakeholder interviews were conducted by the Regional Evaluator. The majority of interviews were conducted with law enforcement officials throughout the region in order to gain insight into current data and real-life situations occurring within the field in regard to crime and drugs. Other interviews conducted involved a supervisor or parole and mental health officials.

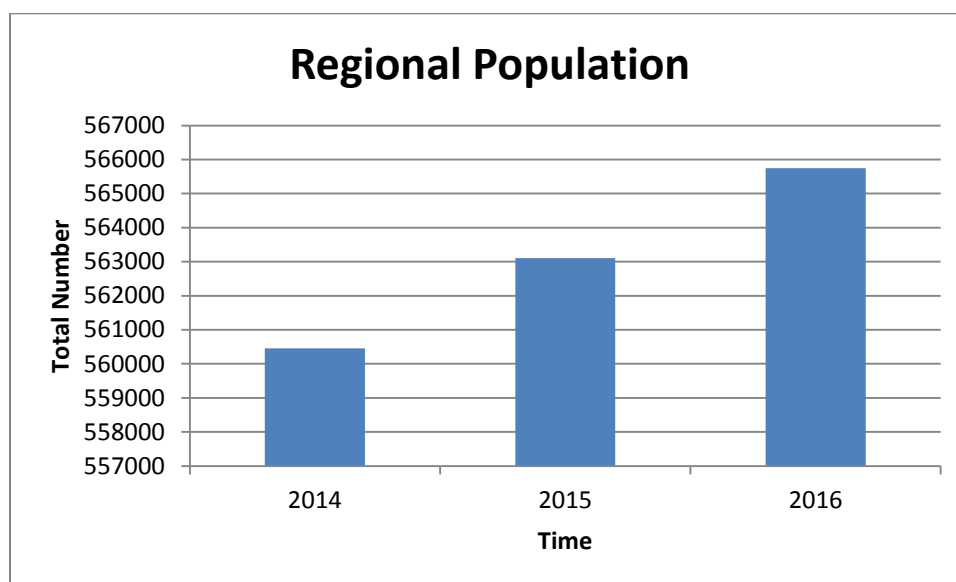
**Surveys:** The PRC2 only conducted satisfaction surveys throughout the fiscal year. The purpose of these surveys was to measure the success of communication and efficiency of the presentations and activities facilitated to a particular group.

## 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 overtime in order to prepare for future services of policy analysis and community development.

### Population

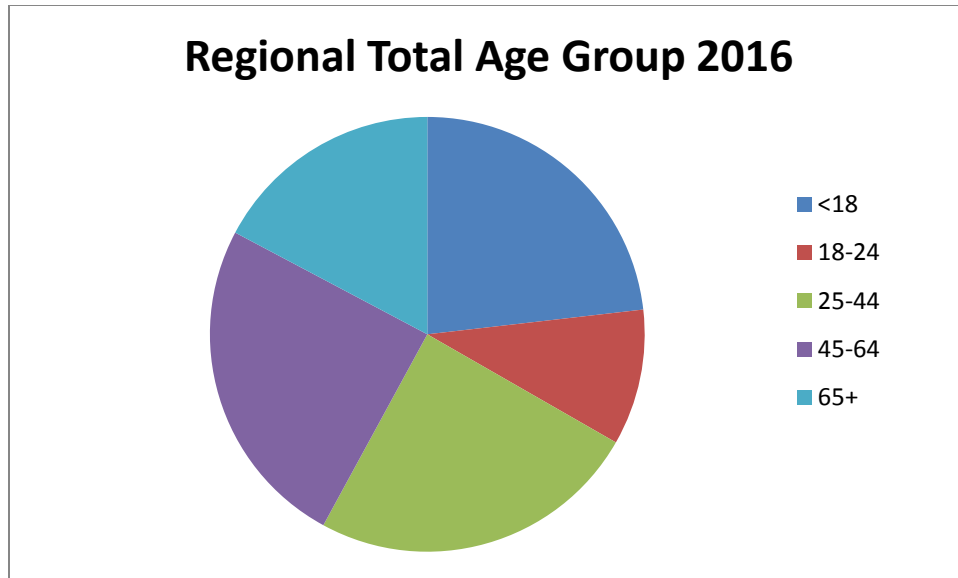
The Texas Demographic Center, Texas Populations Projections Program produces a biannual projections report of all counties for the state of Texas. This report includes totals for state by age, sex, and race/ethnicity. These projects are utilized extensively by public and private entities across our state. Our area has had a continuous increase in residents for the past three years. In 2014 our regional population was 560,451; in 2015 it was projected to be 563,104; in 2016 it was 565,743 residents. *County level population projections may be found in Appendix A as Table 1.*



Source: Texas Demographic Center, Texas Population Projections Program, 2014-2016.

### Age

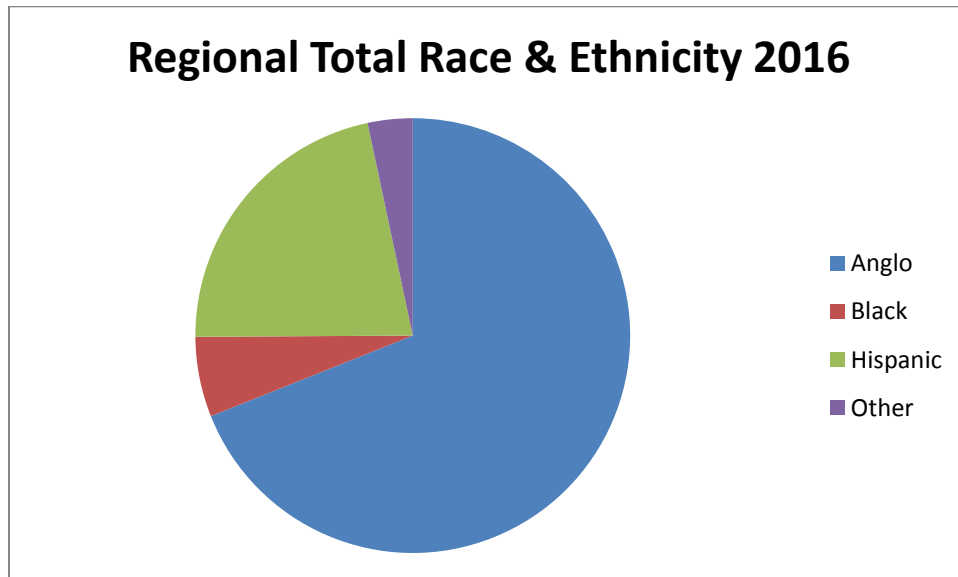
The Texas State Data Center organizes the total population into certain age groupings. The categories are <18, 18-24, 25-44, 45-64 and 65+ years old. The following are estimated totals for each age category over the three year time period: <18=130,000; 18-24=59,000; 25-44=136,000; 45-64=140,000; 65+=95,000. Our regional totals for each age group appear to follow similar trend overtime. In all three years (2014-2016) the age group 18-24 is the smallest group while 45-64 is the largest followed closely by those 25-44; next would be those less than 18 years old while those 65+ years and older make up the second to lowest reported totals. The following chart reports the total number for the each age group for 2016 ( <18=131,150; 18-24=57,173; 25-44=139,453; 45-64=140,367; 65+=97,600). *County level data for Total Age Groups in 2016 may be found in Appendix A Table 2.*



Source: Texas Demographic Center, Texas Population Projections Program, 2014-2016.

### Race and Ethnicity

Our region has a large population of Anglos followed by Hispanics, African Americans and lastly any Other race or ethnicity. This trend is consistent from 2014-2016. The estimated totals for this three year period report as: Anglos at 390,000; Hispanics at 120,000; African Americans at 33,000; Others at 18,000. The following chart describes regional totals for race and ethnicity for 2016 (Anglos=390,135; Black=33,659; Hispanic=123,075; Other=18,874). *County level Race and Ethnicity in 2016 may be found in Appendix A Table 3.*



Source: Texas Demographic Center, Texas Population Projections Program, 2014-2016.

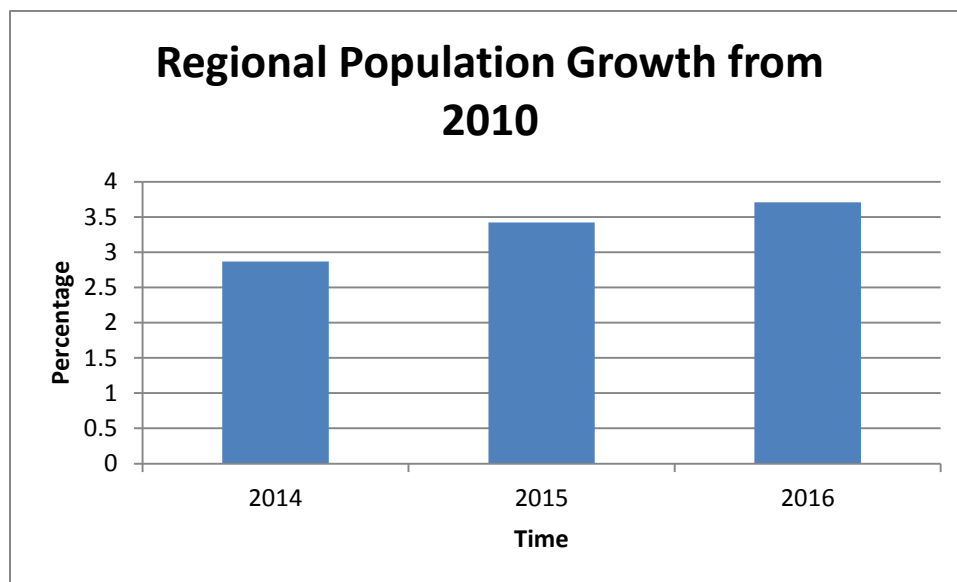


### Concentrations of Populations

Our area is generally described as rural yet there are few areas considered urban. **Abilene** is centrally located in our region in Taylor County (estimated total population is 136,000 in 2016); this 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 is 133,000 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 39,000 in 2016) and is the third largest urbanized populated area. Estimated total population data is reported by the Texas State Data Center, Texas Population data for 2014-2016.

### Population Growth Estimate

The Texas Demographic Center estimates county population growth over time. The Texas Population Estimates Program 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 an increased growth for the past three years. County level population growth percentages are available upon request.



Source: Texas Demographic Center, Population Estimates and Projections Program, 2010-2016.

### Languages

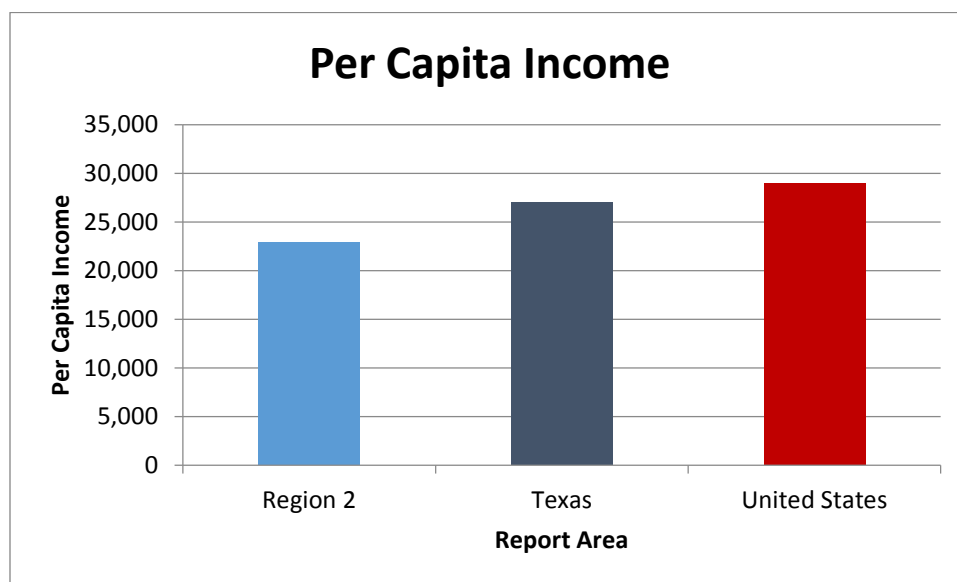
According to the U.S. Census American Community Survey, English Language Proficiency data of 2013-2015, English is the primary language spoken within our region. Spanish is also commonly used as a primary language for some and very useful to others as a second language. Other languages such as French, German and Portuguese are also languages used in a few counties throughout our region. Diverse languages could be attributed to presence of refugees settling within our area in the last few years.

## General Socioeconomics

For the purposes of this report, socioeconomics will be examined by reporting data regarding household composition, employment and unemployment rates, TANF and food stamp 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

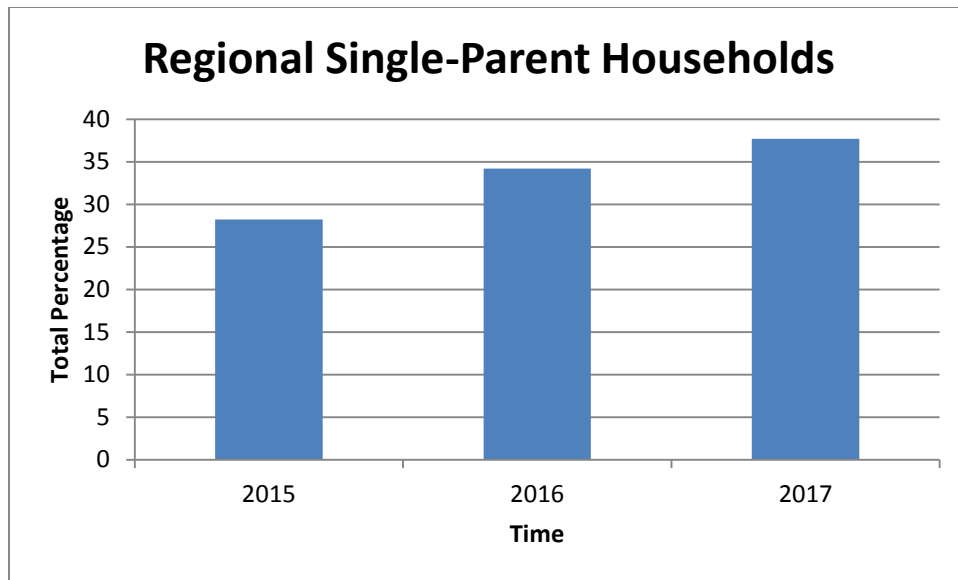
The U.S. Census Bureau collects information regarding a county average rate of income. Per capita income is useful data since it measures the resident's average amount of income for a particular year. It is calculated by dividing the area's total income by its population. According to the Community Commons (a data tool of the U.S. Census) **Region 2 has had an estimate average per capita income of \$22,888 from 2011-2015**. This data for the region reports lower than the Texas average at \$26,999 and the U.S. average per capita income at \$28,929 for the same years. *County level data for Per Capita Income may be found in Appendix A Table 4.*



Source: Community Commons, 5-year estimate per capita income, 2011-2015.

### Household Composition

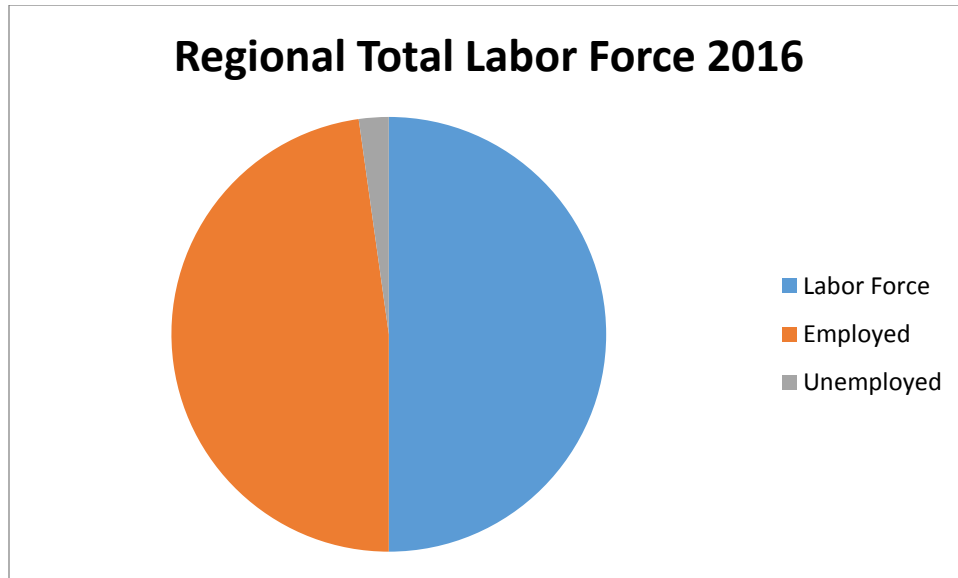
The County Health Rankings Model provides communities with a profile of mortality and morbidity. Single-parent households are included in this report and defined as a percentage of children that live in a household headed by a single parent. The following data is calculated by taking the number of single-parent 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 increased within our region during this reported time period**. *County level data for Single-Parent Households for 2015-2017 may be found in Appendix A Table 5.*



Source: County Health Rankings and Roadmaps, Single-parent households, 2015-2017.

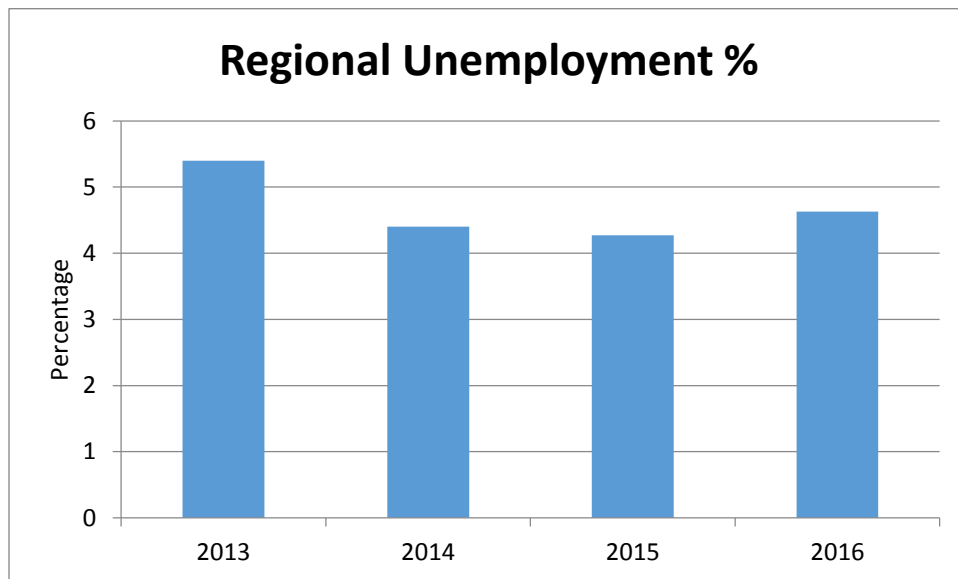
**Employment/Unemployment**

The U.S. Department of Labor keeps record of local area labor force statistics. 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; 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 2016, there were a total of 235,985 in our total Labor Force; there were 225,528 Employed; there were 10,457 people Unemployed. The total number of those employed from 2013-2016 is higher than the total number of those unemployed. The following chart reports the total labor force of the region for 2016. *County level total numbers for labor force, employee d and unemployed may be found in Appendix A Table 6.*



Source: United States Department of Labor, Employment % Unemployment Data, 2013-2016.

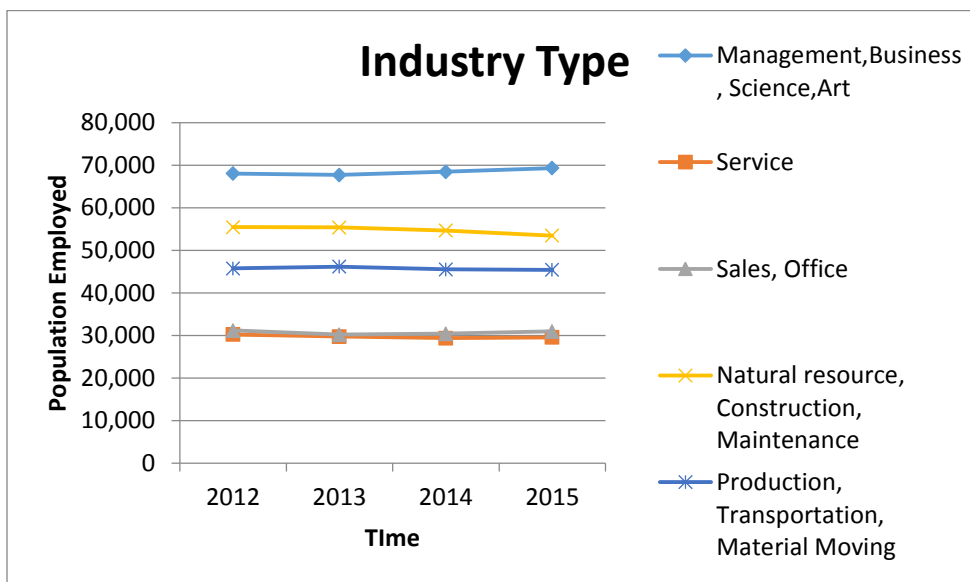
The chart below is from the same statistical survey reporting the total percent of unemployed persons over the same time period, 2013-2016. The data reports our region’s unemployment percentage decreasing from 2013-2015 and then increasing between the years 2015-2016 across our Region. *County level data for the total number unemployed and total unemployment percentage for 2013-2016 is available in Appendix A Table 7.*



Source: United States Department of Labor, Employment % Unemployment Data, 2013-2016.

The U.S. Department of Labor also records data on what type of industry people are employed in by county. The American Community generates data that determines how federal and state funds are may be distributed each year. Civilian employed are defined as employees who are 16 years old and older. The following chart reports the type of industries operating in our region over a four year period.

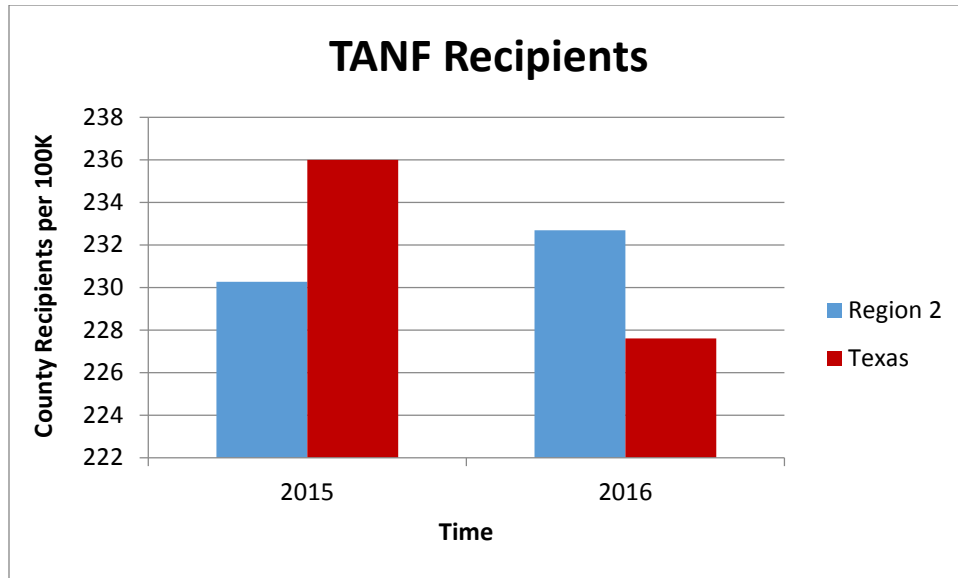
Management/business/science/art occupations are shown to have the highest numbers of employment, followed by natural resources/construction/ maintenance occupations; then production/transportation/material moving occupations followed by sales/office occupations and lastly those employed in the service industry. These patterns of employment within certain industry types are consistent between the years 2012-2015.



Source: United States Department of Labor, Employment by Industry, 2010-2015.

### TANF Recipients

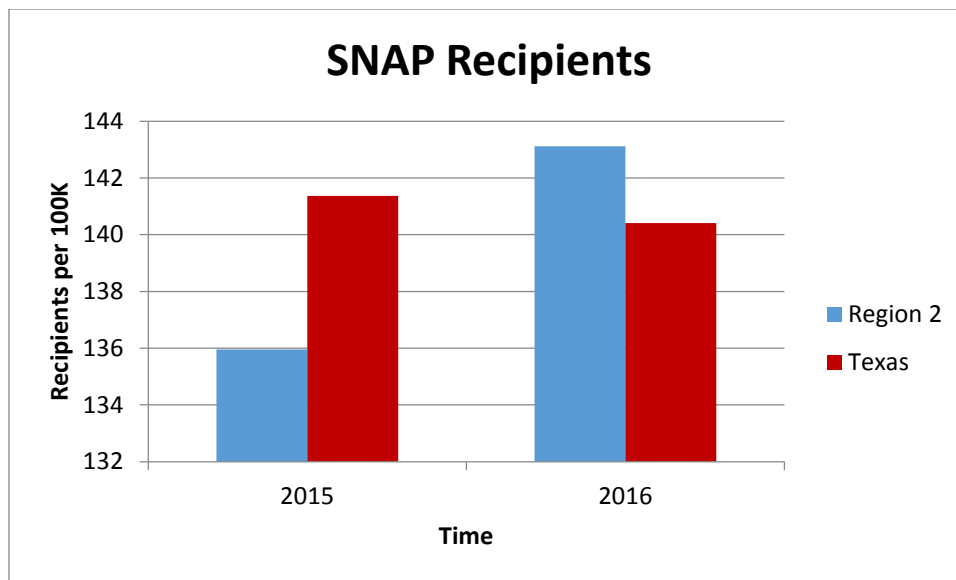
The Texas Temporary Assistance for Needy Families program is a support service for Texas families. Their purpose is to provide financial and medical assistance to children in need and/or for the parents or relatives of whom they reside. The Texas Health and Human Service Commission record the number 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 230.27 in 2015; the state had a higher rate of recipients in 2015 at 235.99. In 2016 our region reported a higher rate of recipients at 232.68; the state reported a lower rate at 227.61 for the same year. 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 8.*



Source: Texas Health and Human Service Commission, TANF Basic and State Program, 2015-2016.

**Food Assistance Recipients**

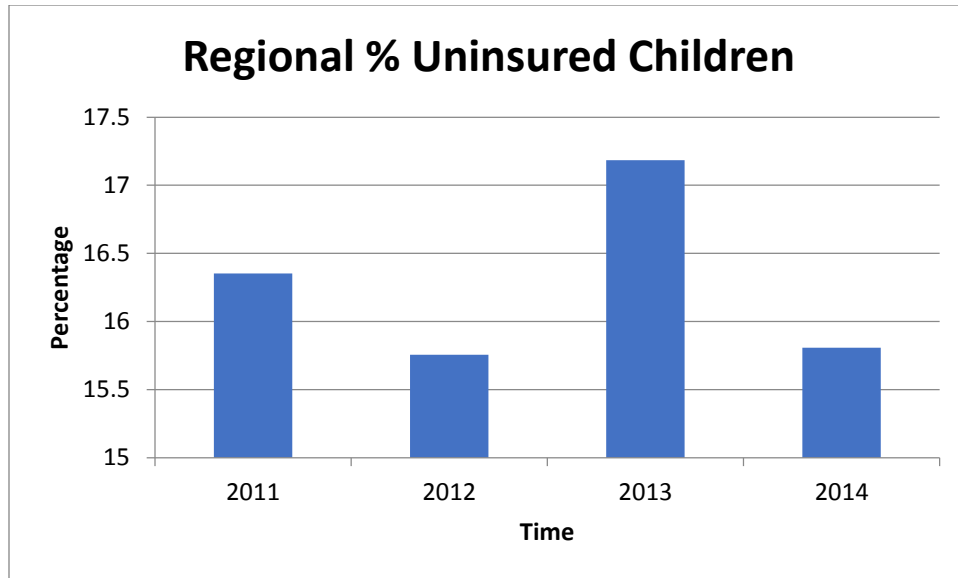
The Health and Human Services Commission altered the method of reporting food stamp recipients beginning in September 2014. Numbers reported will now reflect the number of SNAP recipients which is then calculated into recipients per capita based on the population of those who receive benefits (SNAP benefits per 100K). The chart below reports a comparison of regional and state SNAP recipients in 2015 and 2016. Region 2 reported to have a rate of 135.95 in 2015; the state of Texas had a rate of 141.37 in the same year. The regional rate of recipients increased for 2016. Region 2 has a rate of 143.12 recipients while Texas had a lower rate from the previous year. Texas had a rate of 140.41 of SNAP recipients in 2016. *County level data for number of SNAP recipients in 2015 and 2016 may be found in Appendix A Table 9.*



Source: Texas Health and Human Service Commission, SNAP Recipients, 2012-2016.

### Uninsured Children

The Kids Count Data Center which is 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; percentages are regarded as the number of children uninsured compared to the total number of children within the reported county. **The total number and total percentage of uninsured children has fluctuated from 2011-2014 within our area.** Region 2 had a total number of uninsured children in the following reported years: in 2011 there were 17,623; in 2012 there were 17,381; in 2013 there were 18,000; in 2014 there were 16,587 uninsured children. The total percentages for our region were: in 2011 there were 16.35%; in 2012 there were 15.75%; in 2013 there were 17.18% and in 2014 there were 15.81% 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 2011-2014 in our region. *County level data for total number and percentages of uninsured children may be found in Appendix A Table 10.*



Source: U.S.Census Bureau, Kids Count Data Center, 2011-2014.



## Environmental Risk Factors

There are many factors that influence whether or not a person may develop a substance abuse 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 proceed 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 correlated 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, students who receive free or reduced lunch, 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 2013, 2014 and 2015 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, receiving a General Educational Development (GED) certificate, or dropping out, or who could not be tracked from year to year, are subtracted. Dropouts are counted the years they drop out. A dropout is a 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 not expelled, and does not: graduate, receive a GED, continue school outside the public school system, begin college, or is deceased. **Data describes Region 2's dropout rates as much lower than the statewide average dropout rate over a three year period.** Although there is some increase when considering only the regional average, our area's dropout rates are still considerably low. *County level dropout rates for 2013-2015 are available in Appendix B Table 11.*

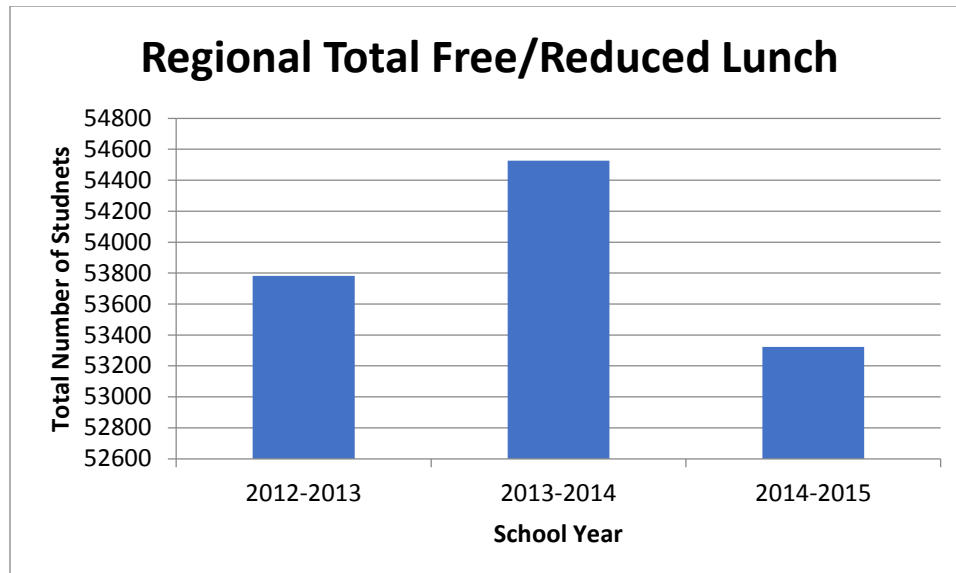
#### School Discipline

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 2015-2016 school year only two counties reported students expelled; Taylor reported 32 students and Wichita reported 5 students expelled in this school year. Since most 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 2015-2016 school year was reported at 22.4 disciplines per 100 students. **Counties which reported exceeded the average discipline rates were: Clay (27.8), Coleman (30.4), Runnels (23.2), Scurry (41.4), Stephens (23.4), Wichita (35.4), Wilbarger (41.4) and Young (25.7) 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 2015-2016 school year may be found in Appendix B Table 12.*

### Free and Reduced-Price School Lunch Recipients

The U.S. Department of Education records the total number of students enrolled in schools by county. Free and reduced lunch data is an important indicator since it can supplement low-income families with a healthy meal for their children attending school. **Our area has had a steady increase of students in our schools for the past three years.** In the 2012-2013 school year there were a total of 94,350 students enrolled in school in our region; in the 2013-2014 school year 94,589 students enrolled; in the 2014-2015 school year there were 94,742 students enrolled.

Each year students may be qualified for free or reduced lunch. The following chart reports the total number of students who received free and/or reduced lunches during each school year. Our area has seen a fluctuating trend of the number students receiving these kinds of lunches. In 2012-2013 school year, there were 53,781 students receiving free and/or reduced lunch; in 2013-2014 there were 54,526 students receiving these type of lunches; in 2014-2015 had the least amount of students receiving these lunches reporting at 53,322. *County level data for the total number of students receiving Free and Reduced Lunch for each school year from 2012-2015 may be found in Appendix B Table 13.*

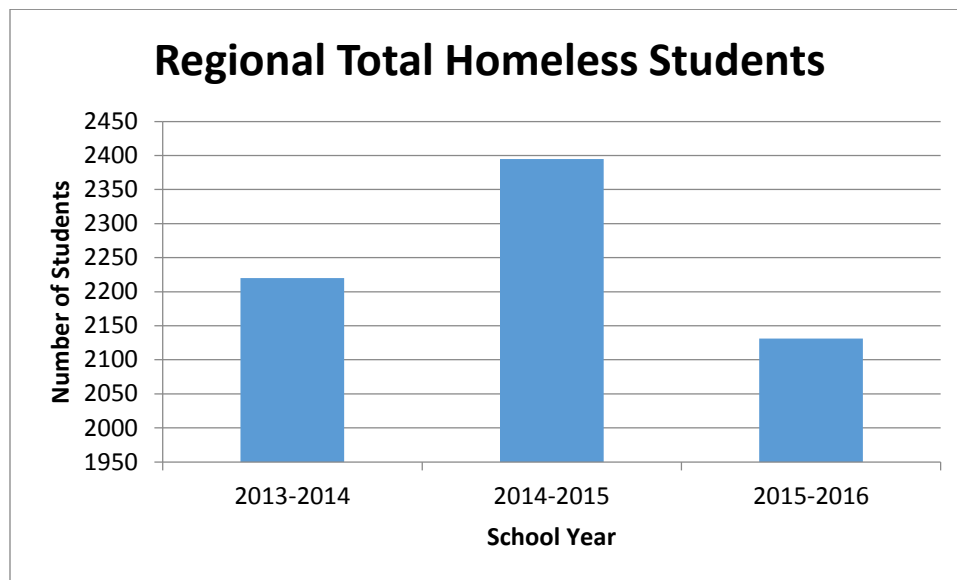


Source: U. S. Department of Education, School Demographics and Free, Reduced Lunch, 2013-2015.

### Homeless Students

The Texas Education Agency records the number of students who are considered homeless within each county. A student is considered homeless by the TEA 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. It 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, 2013-2016. In the 2013-2014 school years there were a regional total of 2,220 homeless students; in 2014-2015 there were 2,395 homeless

students; in 2015-2016 there were a total of 2,132 homeless students in our region. The total number of homeless students fluctuates 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 14.*



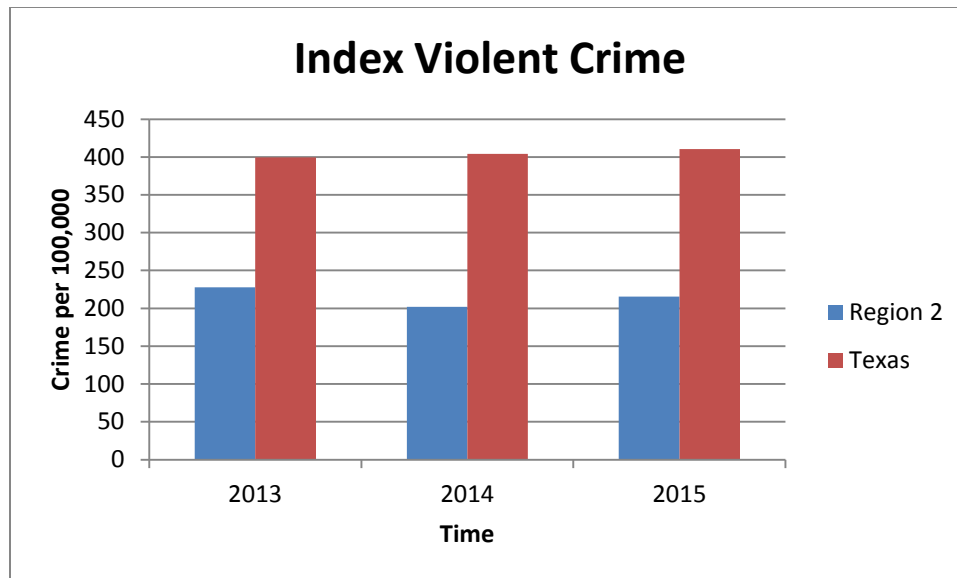
Source: Texas Education Agency, Homelessness Counts, 2013-2016.

## Criminal Activity

Illegal and violent activity could 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 and drug seizures and trafficking for the area. Each indicator involves one sector of the risk factor model; 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 had an average violent crime rate of 214.9 crimes per 100K between the years 2013-2015; Texas had an average rate of 404.8 crimes per 100K in the same time frame. The following chart reports the rate of violent crimes per 100K for our region and the state of Texas. In 2013 Region 2 had a violent crime rate of 227.7 crimes per 100K; in 2014 the violent crime rate was 201.8 crimes per 100K; in 2015 the rate was 215.4 crimes per 100K. **The violent crime rate in our region has slightly fluctuated over the past few years; however the state rate has steadily increased in the same time period.** In 2013 the state violent crime rate was 399.7 violent crimes per 100K; in 2014 it was 404.2 crimes per 100K; in 2015 it was 410.5 violent crimes per 100K. **Counties which reported violent crime rates exceeding the regional rate for the three year period were: Brown, Fisher, Kent, Scurry, Taylor and Wichita counties.** Overall our region is reporting a lower rate of violent crime when compared to the state violent crime rate from 2013-2015. *County level data for the Index Violent Crime for 2013-2015 is available in Appendix B Table 15.*



Source: Texas Department of Public Safety, Uniform Crime Report, 2013-2015.

### 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). Our region reported an average property crime rate of 1,823.6 property crimes per 100K in the years 2013-2015; the state had an average rate of 3,021.3 property crimes in this same reporting period. **Our region has a much higher rate of property crimes being committed when compared to violent crime totals. Additionally, the property crime rate for our region and the state is decreasing over time.** In 2013 the regional property crime rate was 2003 crimes per 100K; in 2014 it was 1,783 crimes per 100K; in 2015 it was 1,685 property crimes per 100K. The state property crime rate in 2013 was 3,254 crimes per 100K; in 2014 it was 2,988 per 100K; in 2015 it was 2,822 crimes per 100K. Counties reporting property crime rates exceeding the regional rate in all three years were: Baylor, Coleman, Comanche, Fisher, Montague, Taylor, Wichita, Wilbarger and Young counties. *County level data for Index Property Crime for 2013-2015 is available in Appendix B Table 16.*



Source: Texas Department of Public Safety, Uniform Crime Report, 2013-2015.

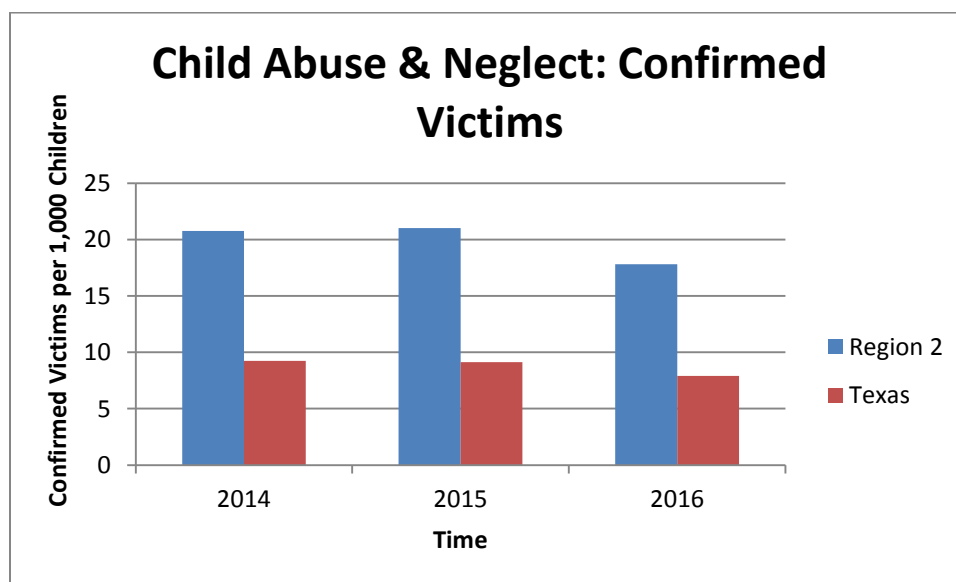
### Sexual Assault

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 2013, there were 17,844 incidents in Texas; in 2014 there were 18,756 incidents; in 2015, there were 18,636 sexual assault incidents in Texas. **In 2013, there were 605 sexual assaults in our Region; in 2014, there were 637 incidents; in 2015, there were 602 sexual assaults in our region.** Counties which reported a high number of incidents were: Taylor, Wichita, and Brown counties in all three years. Young, Wilbarger and Jones counties also reported high numbers with regard to the county being mostly rural. Our region reports to have a fluctuating trend over time but remain around a total average number of 600 incidents of sexual assaults occurring each calendar year. *County level data for Total Number of Sexual Assaults 2013-2015 is available in Appendix B Table 17.*

### Child Abuse

The Texas Department of Family and Protective Services assist families and children who are in abusive or neglectful situations. Types of 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.** In 2014 our area reported a rate of 20.75 confirmed victims per 1,000 children to have been abused or neglected; in 2015 this rate increased to 21.01; in 2016 our rate decreased to 17.8. The state rate reported to be 9.23 confirmed victims in 2014; 9.13 confirmed victims in 2015 and a rate of 7.92 confirmed victims of child abuse and neglect per 1,000 children in 2016. Counties which reported high total numbers of confirmed victims were: Taylor, Wichita and Brown counties. Taylor County reported the most confirmed victims over the three year time period at 2,534 confirmed abused children, followed by Wichita at 1,973 children and then Brown County at 527

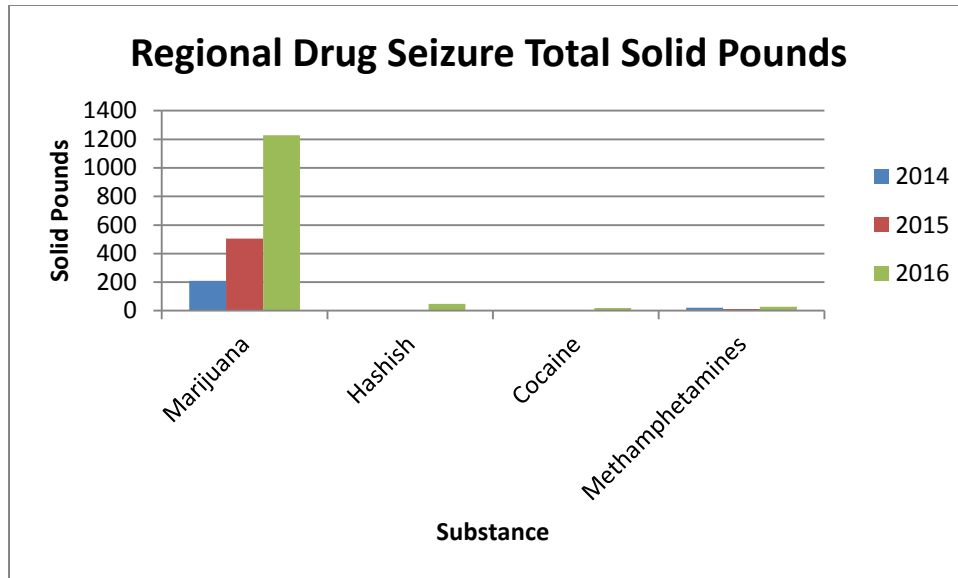
abused and neglected child victims. Almost all the counties within our region report a higher rate of confirmed victims per 1,000 children when compared to the state rate. This data on child abuse victims reports a significant need for child and family resources and support within our area. *County level data for Child Abuse & Neglect: Confirmed Victims per 1,000 children 2014-2016 is available in Appendix B Table 18.*



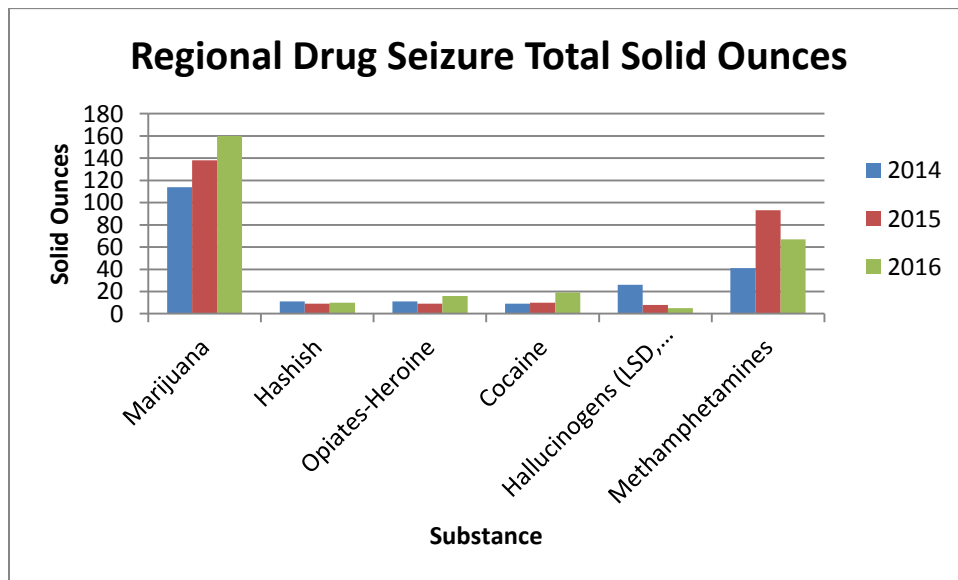
Source: Texas Department of Family and Protective Services, Confirmed Victims of Child Abuse and Neglect, 2014-2016.

### Drug Seizures/Trafficking Arrests

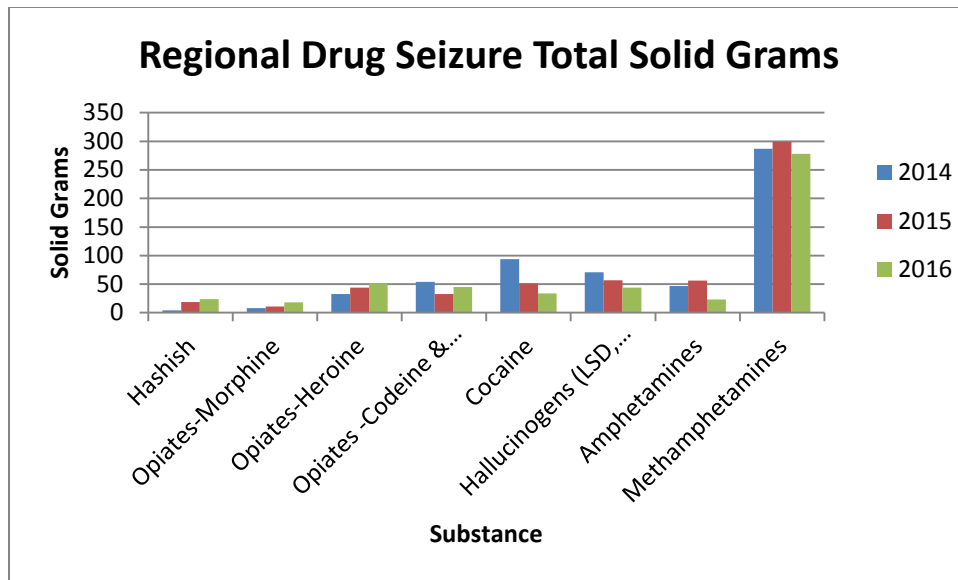
Law enforcement officers across our reported area spend countless hours seizing drugs. These drugs are then categorized in reporting groups which include: Marijuana, Hashish, Opiates (Morphine, Heroin, Codeine and Opium gum), Cocaine, Hallucinogens (LSD, PCP, Mushrooms, Peyote, Designer Drugs), Barbituates, Amphetamines, Methamphetamines, Tranquilizers and Synthetic Narcotics. These substances are measured in units of solid pounds, solid ounces, solid grams, liquid ounces and dos units. According to the Texas Department of Public Safety Drug Seizures Report for 2014-2016, **the most substances taken for our reported area include: marijuana, methamphetamines, tranquilizers and synthetic narcotics.** 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. County level data is available upon request.



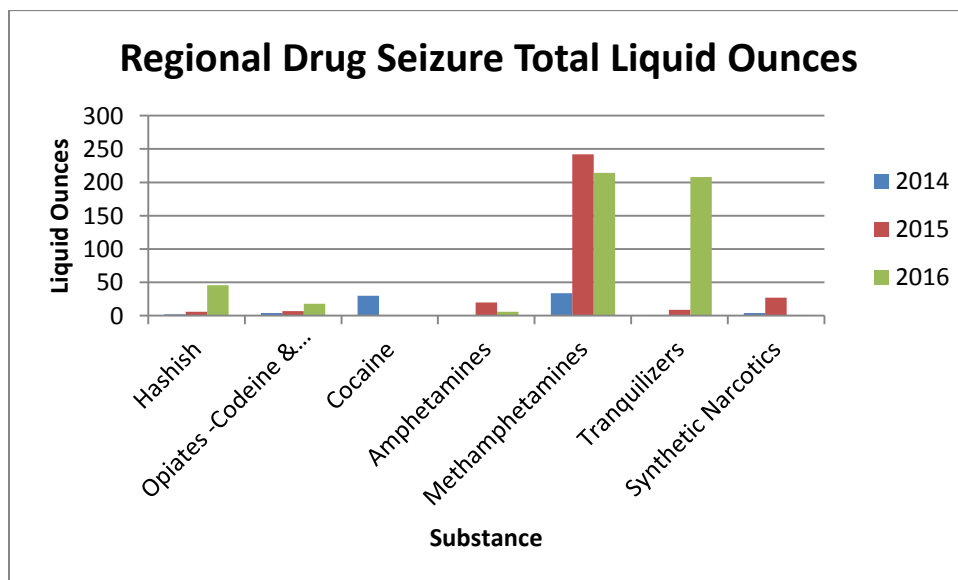
Source: Texas Department of Public Safety, Drug Seizures Report, 2014-2016.



Source: Texas Department of Public Safety, Drug Seizures Report, 2014-2016.

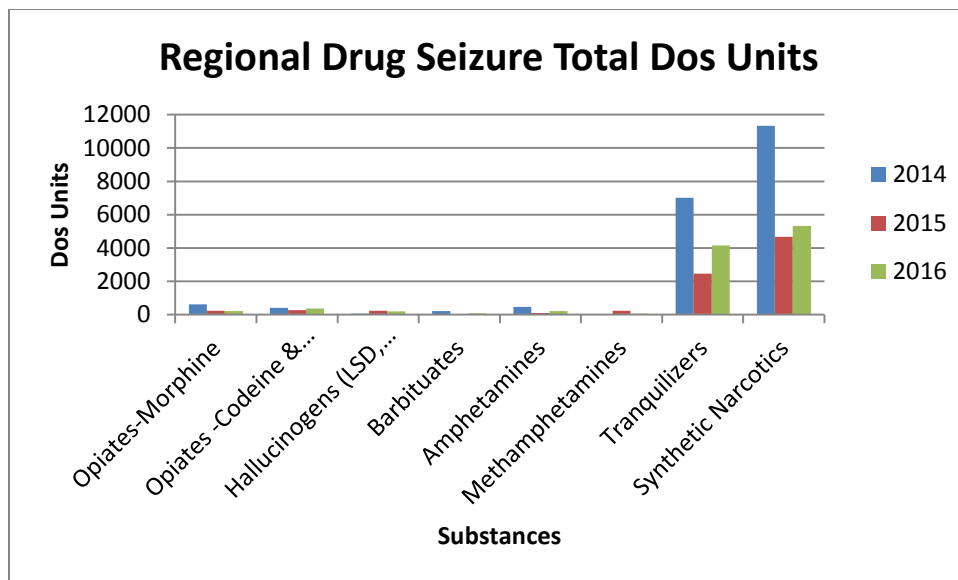


Source: Texas Department of Public Safety, Drug Seizures Report, 2014-2016.



Source: Texas Department of Public Safety, Drug Seizures Report, 2014-2016.





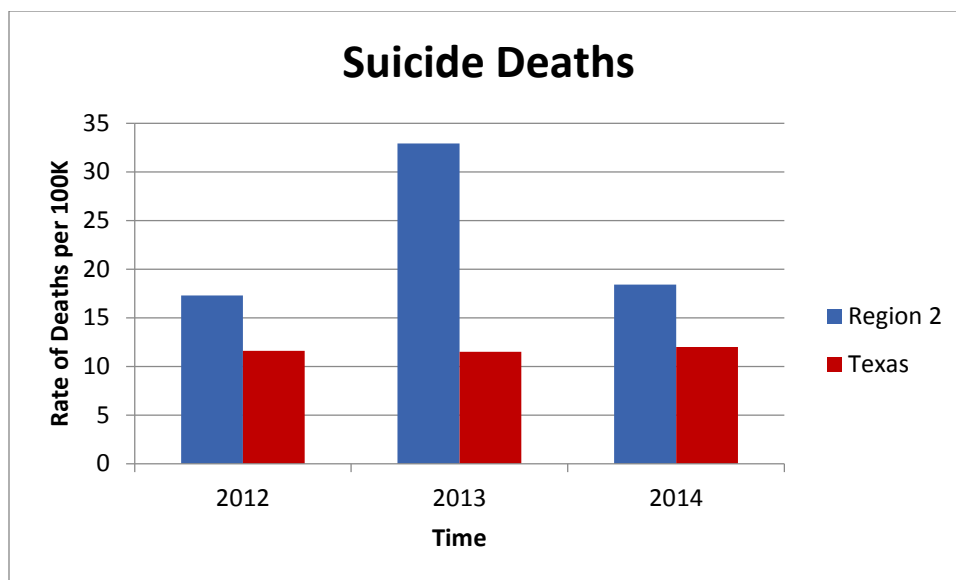
Source: Texas Department of Public Safety, Drug Seizures Report, 2014-2016.

### 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. Suicide rates reported reflect those from years 2012-2014; some data sets are not available for the current year due to the time to collect and process data files. Rates for some rural counties in our region reported less than 5 deaths per 100K and were therefore masked from the dataset. Regional rate totals only reflect those counties not masked. Counties included in the total regional suicide rate are: Brown, Callahan, Eastland, Jones, Montague, Nolan, Stephens, Taylor, Wichita, Wilbarger and Young counties. Region 2 reported having a suicide rate of 17.3 deaths per 100K in 2012; the Texas rate was 11.6 deaths for the same year. 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 18.4 suicide deaths per 100K; the state had a lower rate of 12 deaths per 100K. Overall, **our area had an average rate of 23.5 suicide deaths per 100K from 2012-2014; Texas had an average rate of 11.7 suicide deaths during this time period.** For each of the reported years, Region 2 has had a high rate of suicide deaths when compared to the state rate.

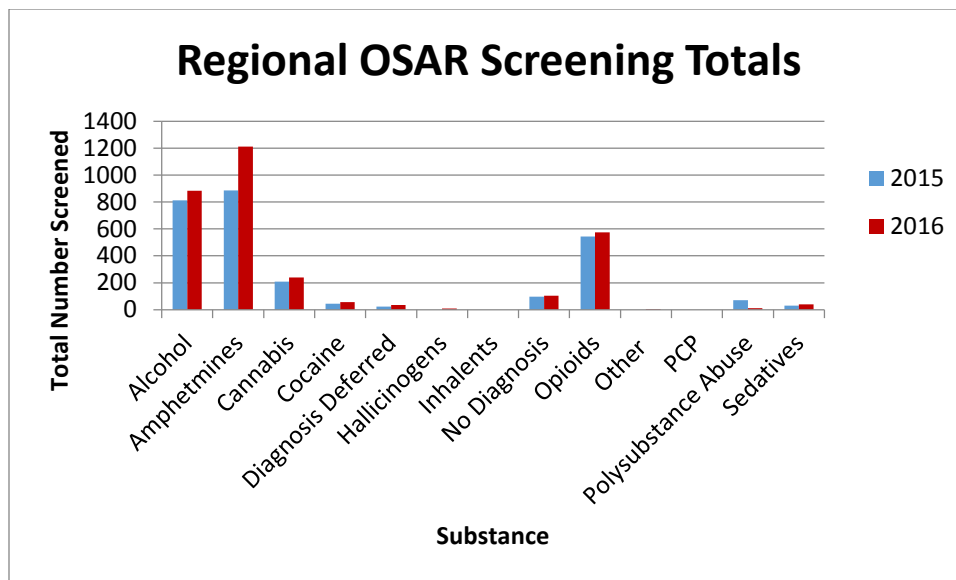


Source: Texas Department of State Health Services, Texas Health Data: Suicide, 2012-2014.

#### Adolescents and Adults Receiving Substance Abuse Treatment

According to the Texas Department of State Health Services, there was a total of **5,654 youth who served in prevention programs in 2016**. This total number has slowly decreased since 2014 yet only a few counties within our region offer services for them. Callahan, Clay, Eastland, Taylor and Wichita counties have continuously offered prevention programs to youth. The numbers included in this report (Youth Served with Prevention Programs 2014-2016) only reflect those services which are state funded. Additional resources and services are needed specifically designed for youth within our large rural coverage area.

The following data reports the number of individuals screened through the state funded program Outreach Screening Assessment and Referral 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 2,712 people screened in 2015 and a total of 3,169 in 2016. The state of Texas had 77,918 screened in 2015 and 77,840 in 2016. Individuals may be screen for alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, sedatives, PCP, and other categories. In 2016, there were more individuals screened for amphetamines when compared to any other substance or category. **Amphetamine adult screenings have surpassed alcohol screenings which are second highest category of screenings in our region; opioids rank third highest.** The chart below describes a comparison of the type of screenings conducted in 2015 and 2016.



Source: Texas Department of State Health Services, Screening Data, 2015-2016.

**MHMR Crisis Hotline**

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
<b>Betty Hardwick Center</b> 2616 S. Clack Abilene, TX 79606-1545	800-758-3344	325-690-5100	<a href="https://bettyhardwick.org">https://bettyhardwick.org</a>	Callahan, Jones, Shackelford, Stephens, Taylor
<b>Center for Life Resources</b> 408 Mulberry Brownwood, TX 76801	800-458-7788	325-646-9574	<a href="https://cflr.us">https://cflr.us</a>	Brown, Coleman, Comanche, Eastland
<b>Helen Farabee Centers</b> 1000 Brooke St.	800-621-8504	940-397-3143	<a href="https://helenfarabee.org">https://helenfarabee.org</a>	Archer, Baylor, Clay, Cottle, Foard, Hardeman,

<p>Wichita Falls, TX 76301</p>				<p>Haskell, Jack, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Young</p>
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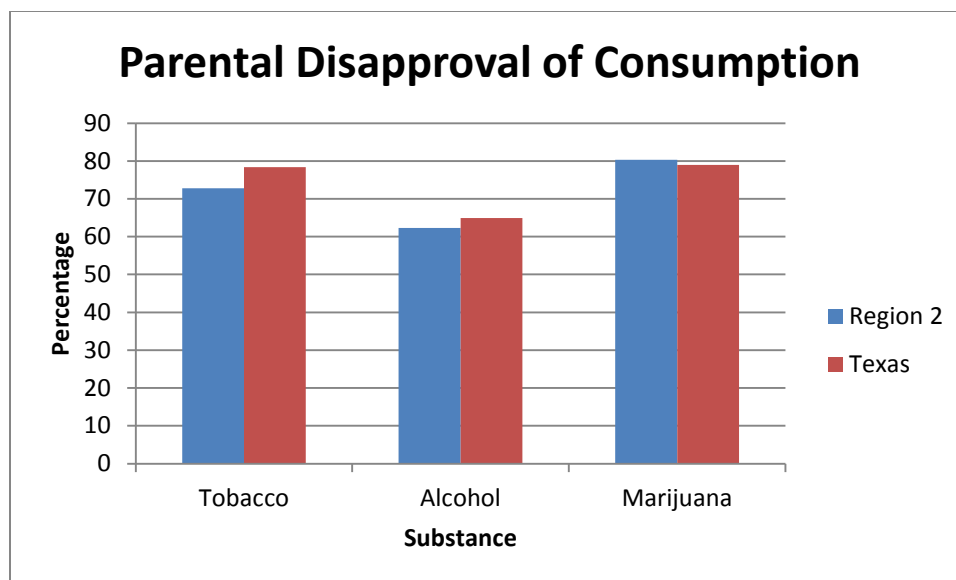
### Social Factors

In order to fully comprehend the risks associated with substance abuse, one must consider cultural norms, family and peer perceptions of consumption. If a person believes a behavior is normal one is likely to continue learned behaviors; youth may learn from adult behavior at any age. 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, 2016). Each question is asked separately; students in grades 7-12 were asked this. Only .6% of students in Region 2 believe their parents "strongly approve" of them using tobacco; .9% believe their parents "strongly approve" of them consuming alcohol; 1% 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. All three substances report to be "strongly approved" at about 1%.

Furthermore, on the chart below reports the student believing their parents "strongly disapprove" of them consumes 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.

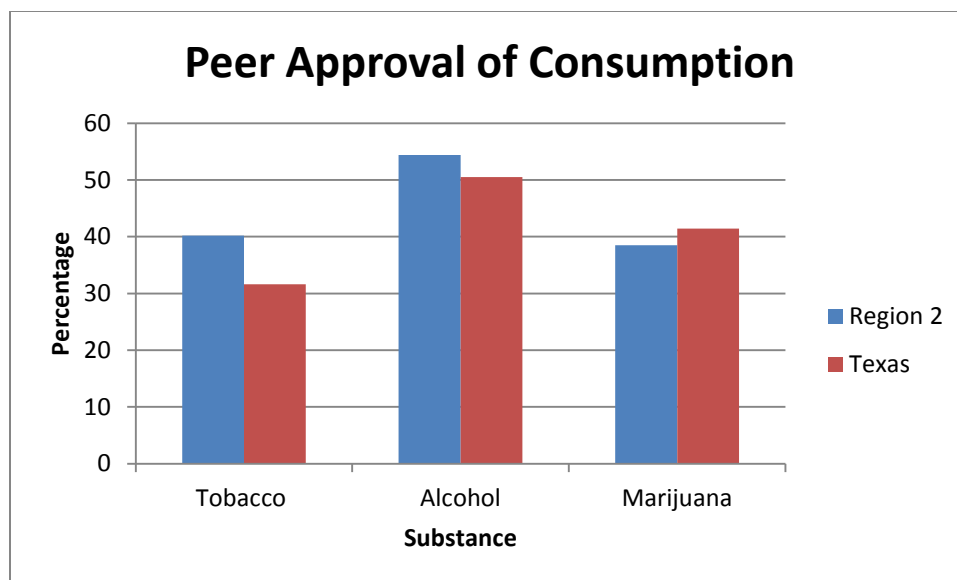


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.

### 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?" 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 all students (Grade 7-12) total percentage of students who believe their friends consume these substances. 40% of students report their friends using tobacco; 54% report their friends consuming alcohol; 39% 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; 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 reports as the lowest consumed and under the state percentage of peer consumption.

Peer approval is a powerful indicator of youth belief and behavior of consuming substances. Peer approval of consumption is often correlated with a person's behavior and beliefs of 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 20 and 21.*



Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.

### Cultural Norms and Substance Abuse

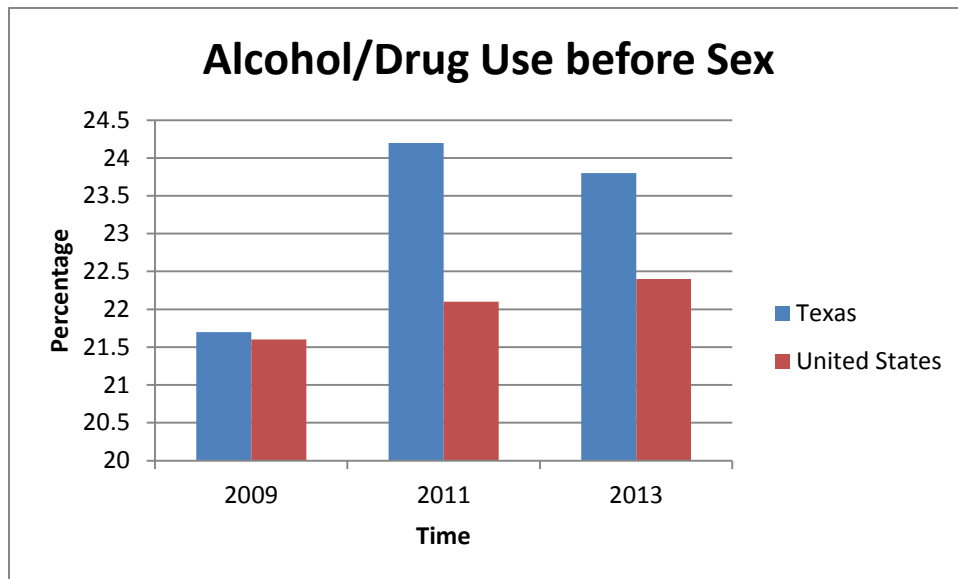
In central rural West Texas, it is common for alcohol to be sold at local events such as concerts, benefits, and fundraising events. Recently, the Abilene City Council approved the sale of alcohol until 2:00am every day in the City of Abilene (located in Taylor County). Local businessmen were influential to the council in approving this ordinance; prohibition legalized the sale of alcohol long ago therefore the councilman 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. Businessman also communicated emphasized personal responsibility as another reason why it should be enacted. This ordinance is the second instance in which it 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 yet we are there reporting and informing our councilman as these issues come to the forefront of our community issues.

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; this makes 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.

### Adolescent Sexual Behavior

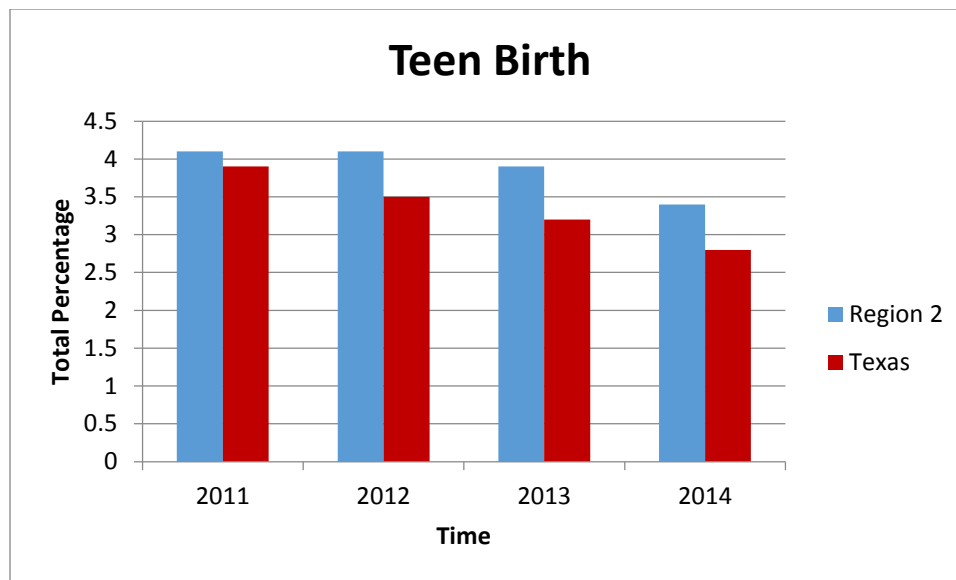
The Center for Disease Control initiates the Youth Risk Behavior Survey every two year. This survey began in 1990 and was developed “to monitor priority health risk behaviors that contribute to the leading causes of death, disabilities and social problems among youth and adults in the United States” (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 9<sup>th</sup>-12<sup>th</sup> grades. This data is not region specific but does report data for students who live in Texas. **46% of students in Texas reported having sexual intercourse in 2013;** 5.2% of these same students did so before the age of 13. 15% of these students had sex with four or more persons during their lifetime. 47% of the reported Texas students in 2013 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.** 19% of students did not use any form to prevent pregnancy in 2013 either. Texas students also reported their behaviors before they engaged in sexual behavior. 24% of Texas students reported drinking alcohol or using drugs before their last sexual intercourse; this percentage has steadily increased overtime. 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 from 2009-2013. **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 1991-2015.

The following dataset reports the total percentage of teen birth's for the region. The Texas Department of State Health Services records vital statistics such as teen births in the Vital Statistics Annual Report. The overall percentage of teen births have been decreasing over time for the state and for the region; yet the percentage of teen births for the region remains higher than the state percentage of teen births. *County level data for total percent of Teen Births may be found in Appendix C Table 28.*



Source: Texas Department of State Health Services, Vital Statistics Annual Report, 2011-2014.

### 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. Twenty-six State and the District of Columbia have made the decision to legalize marijuana with exceptions. Seven states have legalized marijuana for recreational use: California, Nevada, Oregon, Washington, Alaska, Maine, Colorado, Massachusetts and the District of Columbia. Recreational use “allow adults 21 and older to possess up to one ounce of marijuana and grow up to six plants in their homes” (Governing data, 2017). 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 are three legislative efforts being 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” (TTS, 2017). Generally, a person may possession an ounce or less. House Bill 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 85<sup>th</sup> 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 Texas 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).

As marijuana has become legal in other states, social constructs of teens have been influenced. In a recent focus group with college students, the group shared how 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; however the facilitator had to remind the students it was not legal. Each of them 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 they reach out college students and other groups when addressing prevention strategies for marijuana use.

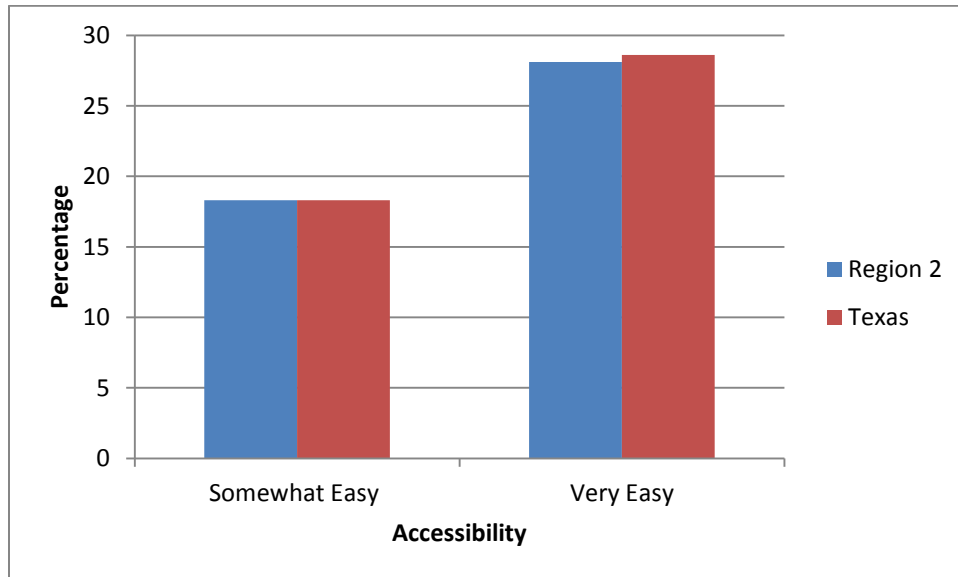
## Accessibility

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 or prescription drugs. If one believes any of these substances will bring harm to themselves, the risk of abuse decreases. Furthermore, if one has a low perception of harm the risk of abuse increases. Family associations may influence the risk of abuse if parents are social hosts for adolescent parties. The risk of abuse is influenced if drugs are allowed or are normally found on school campuses as well. A community may contribute to a perceived risk if businesses do not following state licensing and regulations in alcohol sales. The following information addresses each realm of the risk model in assessing the accessibility of alcohol and marijuana. The Texas School Survey does not include a question regarding the perceived accessibility to prescription drugs.

### Perceived Access of Alcohol

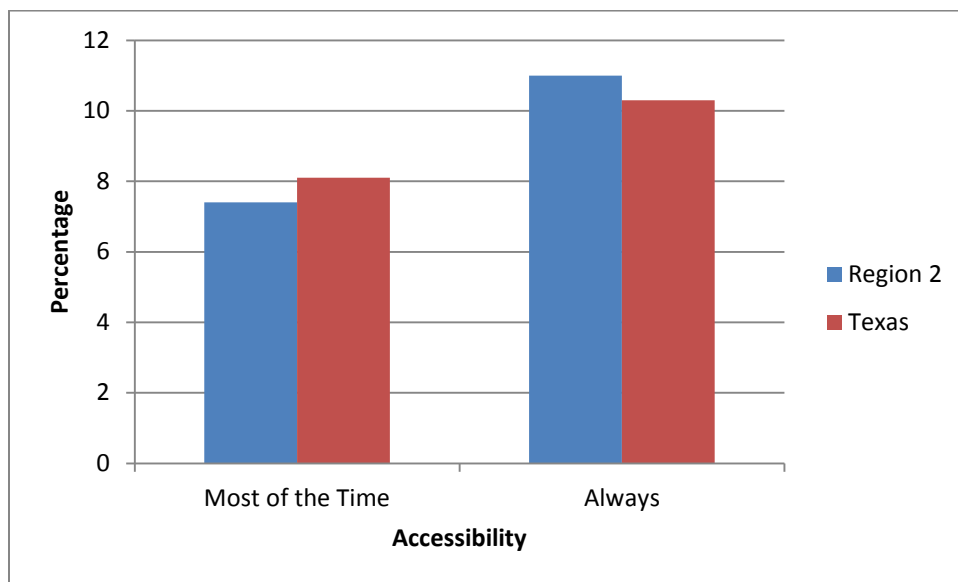
The Texas School Survey addresses a teenager’s perception of how difficult it would be for them to acquire alcohol. The following data is a comparison of all 7<sup>th</sup>-12<sup>th</sup> graders in schools across Region 2 compared to other 7<sup>th</sup>-12<sup>th</sup> graders across the state. The 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. 11% of students in our area also reported they always get alcohol at parties they attended. This percentage is higher than the state percentage. This indicates a higher risk of use among adolescents when in a social setting in our region. *Regional and State data percentages for each grade may be found in Appendix C Table 22 and 23.* 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.

A-5: If you wanted some, how difficult would it be to get alcohol?



Source: Texas A&M University, Texas School Survey, 2016.

Table A-10: Thinking of parties you attended this school year, how often was alcohol used?



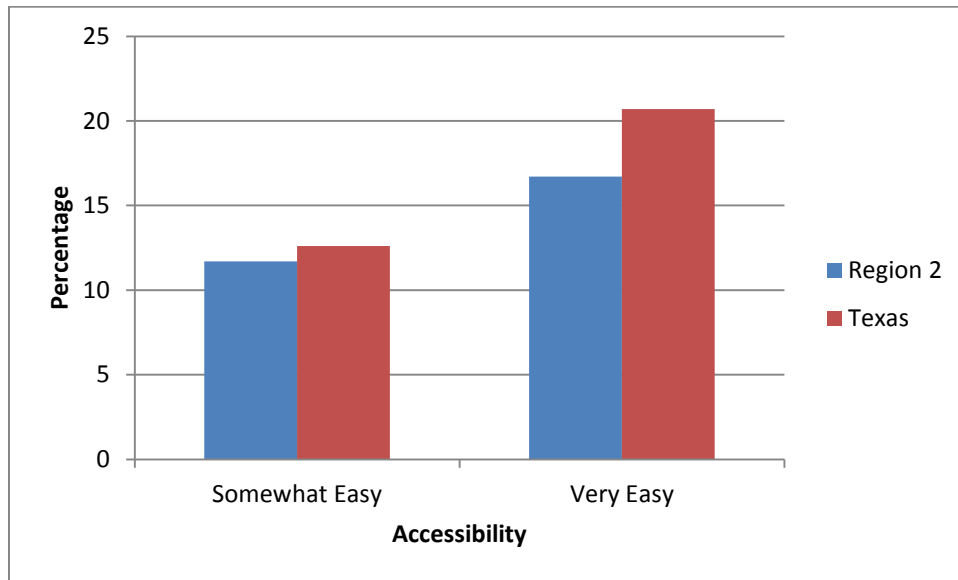
Source: Texas A&M University, Texas School Survey, 2016.

**Perceived Access of Marijuana**

The Texas School Survey includes questions regarding the perceived access to marijuana among 7<sup>th</sup> – 12<sup>th</sup> 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 as well. A lower perception of access lowers the risk of

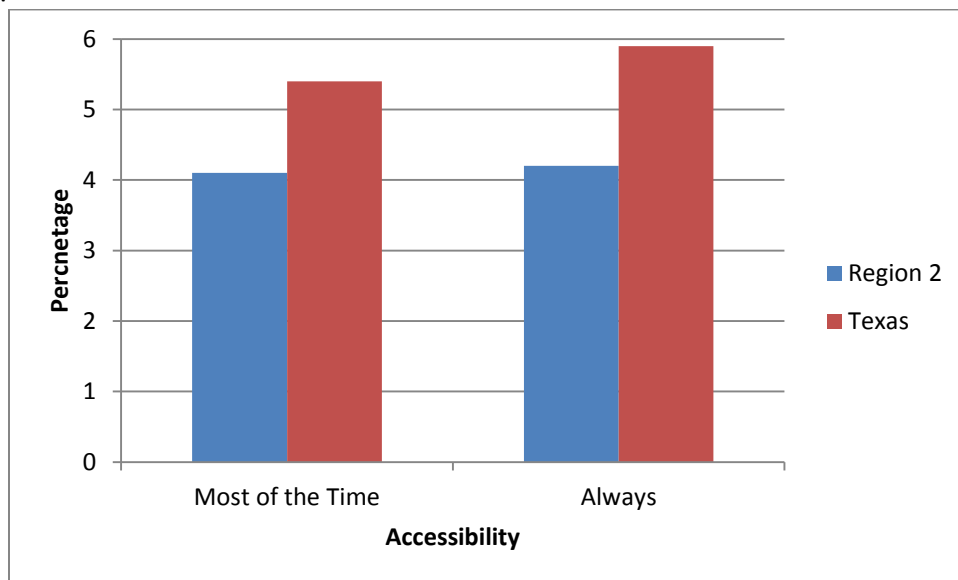
accessibility among young people within our region. *Regional and State data percentages for each grade may be found in Appendix C Table 22 and 23.* The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below.

Table D-3: If you wanted some, how difficult would it be to get marijuana?



Source: Texas A&M University, Texas School Survey, 2016.

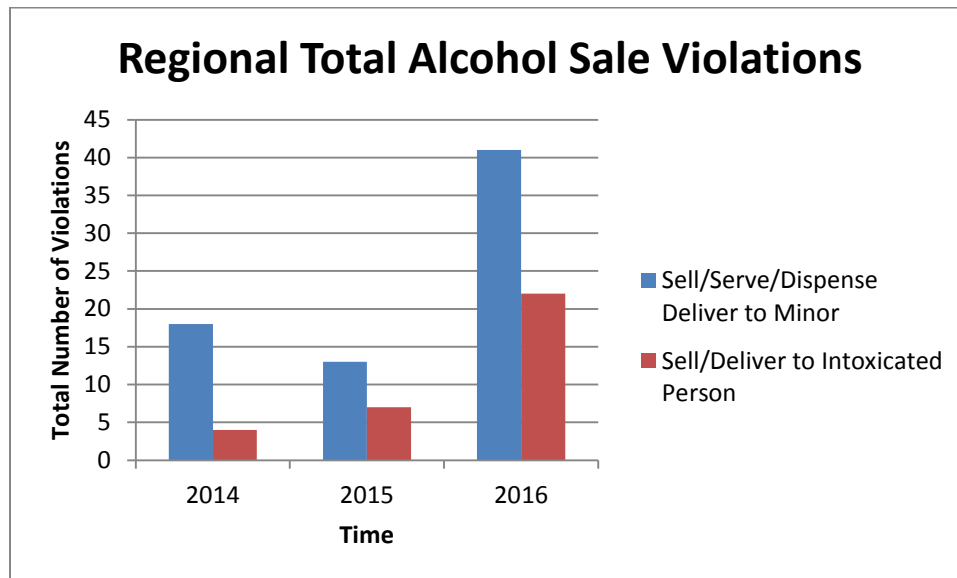
Table D-8: Thinking of parties you attended this school year, how often were marijuana and/or other drugs used?



Source: Texas A&M University, Texas School Survey, 2016.

### Alcohol Retail Permit Density and Violations

According to the Texas Alcoholic Beverage Commission alcohol sales to minors and sales to an already intoxicated person have steadily increased over the past three years. Data for all thirty counties was collected yet Brown, Taylor and Wichita 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 2014-2016. County level data is available upon request.



### 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, 2016); 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 Risk of Harm

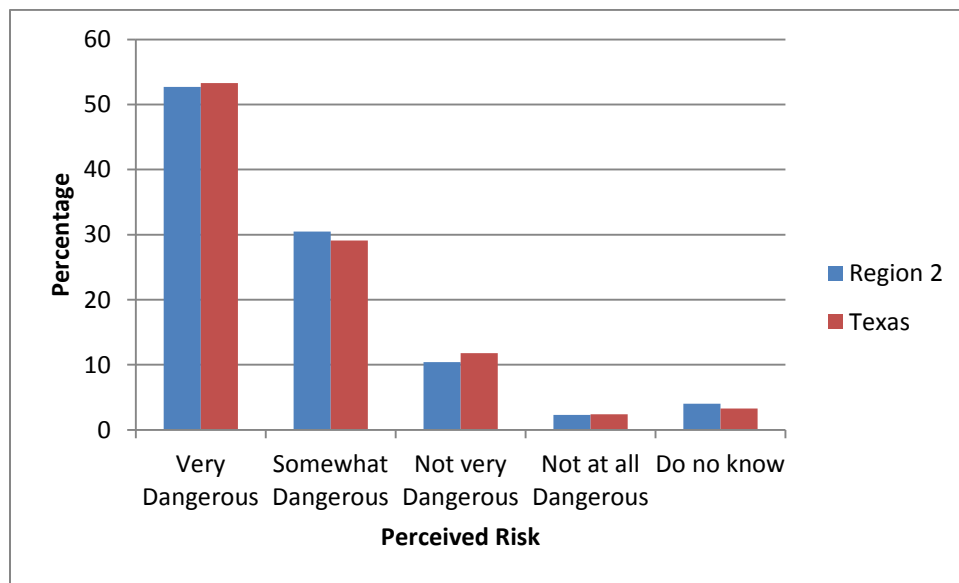
When assessing the risk of abusing substances a perception of harm should be evaluated. If a person's perception of harm is low than a person is more likely going to have a higher risk of abuse. The same

goes with a lower perception of harm 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 7<sup>th</sup>-12<sup>th</sup> graders.

**Perceived Risk of Harm from Alcohol**

According to the Texas School Survey of 2016 over 50% of students within our area reported alcohol as being “very dangerous”. *Regional and State data percentages for each grade may be found in Appendix C Table 26 and 27.* 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.

Table A-13: How dangerous do you think it is for kids your age to use alcohol?

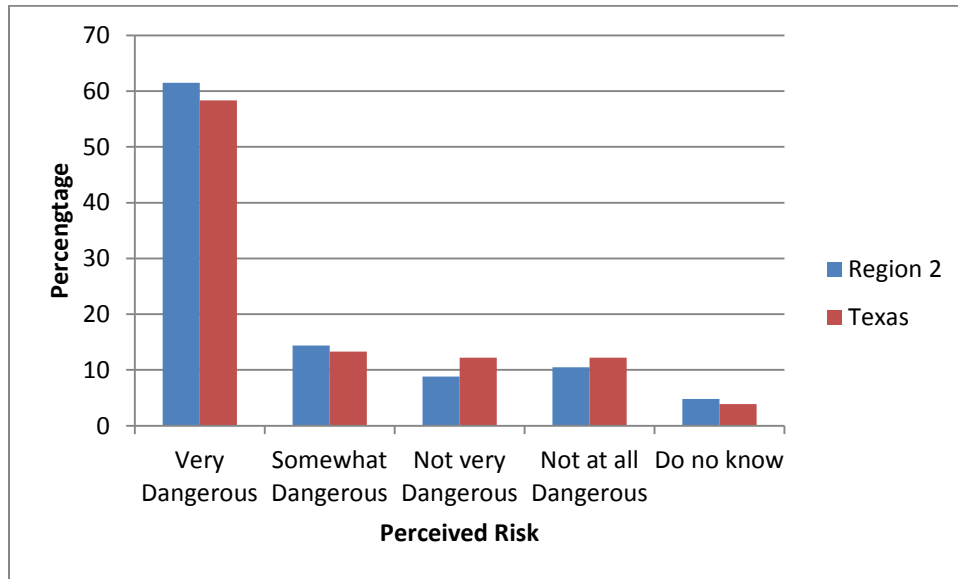


Source: Texas A&M University, Texas School Survey, 2016.

**Perceived Risk of Harm from Marijuana**

Over 60% of students surveyed within our area reported marijuana use as “very dangerous”. This percentage is actually higher than the state percentage. *Regional and State data percentages for each grade may be found in Appendix C Table 26 and 27.* 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.

Table D-10: How dangerous do you think it is for kids your age to use marijuana?

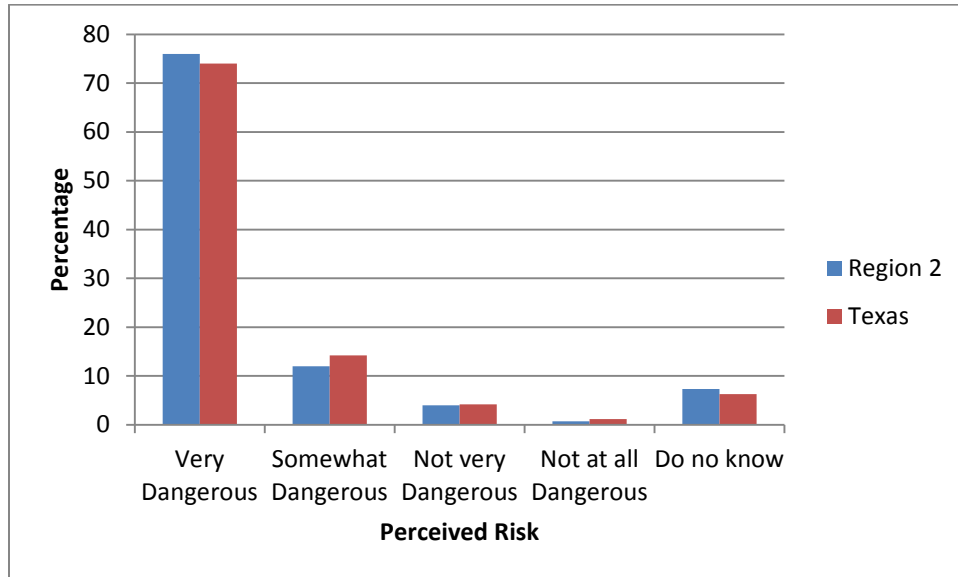


Source: Texas A&M University, Texas School Survey, 2016.

**Perceived Risk of Harm from Prescription Drugs**

Over 70% 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. *Regional and State data percentages for each grade may be found in Appendix C Table 26 and 27.* 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.

Table D-13: How dangerous do you think it is for kids your age to use any prescription drug not prescribed to them?



Source: Texas A&M University, Texas School Survey, 2016.

## Regional Consumption

In accordance with the three statewide prevention priorities (underage drinking, marijuana use and nonmedical prescription drug abuse), the following information reports consumption rates of alcohol, marijuana and prescription drugs. Data reported for youth is researched and collected by the Public Policy Research Institute at Texas A&M University through participation in the Texas School Survey. Some survey results will no longer be available as reported in previous year. "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. Further, 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. **Any questions regarding age of or first use of substances were eliminated; therefore they are not included in this report as they were in previous years.** Age of and early initiation, or current and lifetime use of alcohol, marijuana or prescription drugs are not available for this year's report.

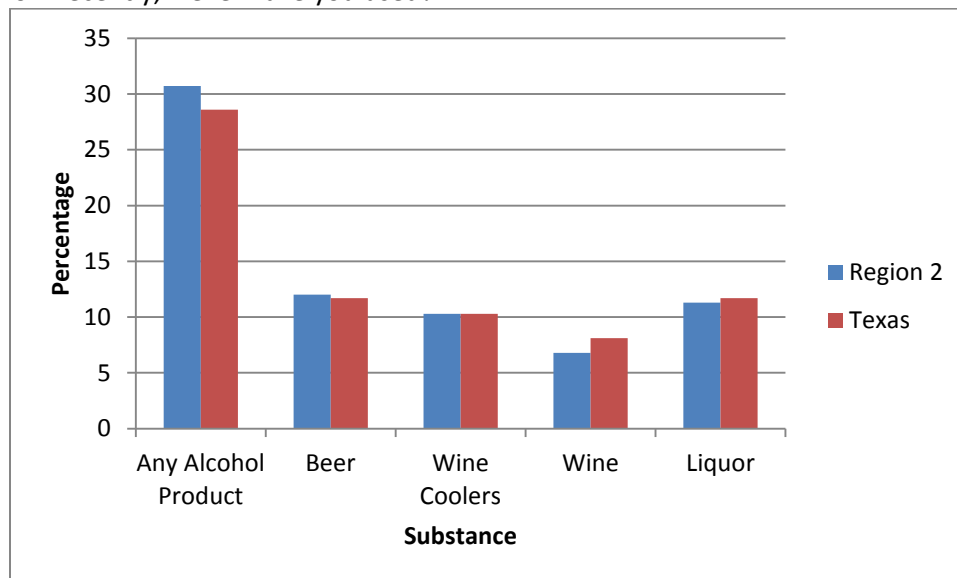
### Alcohol

Alcohol is one of the most commonly consumed substances among youth yet 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 2016; it describes what type of alcohol product students are consuming in the past month.

#### 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.

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



Source: Texas A&M University, Texas School Survey, 2016.



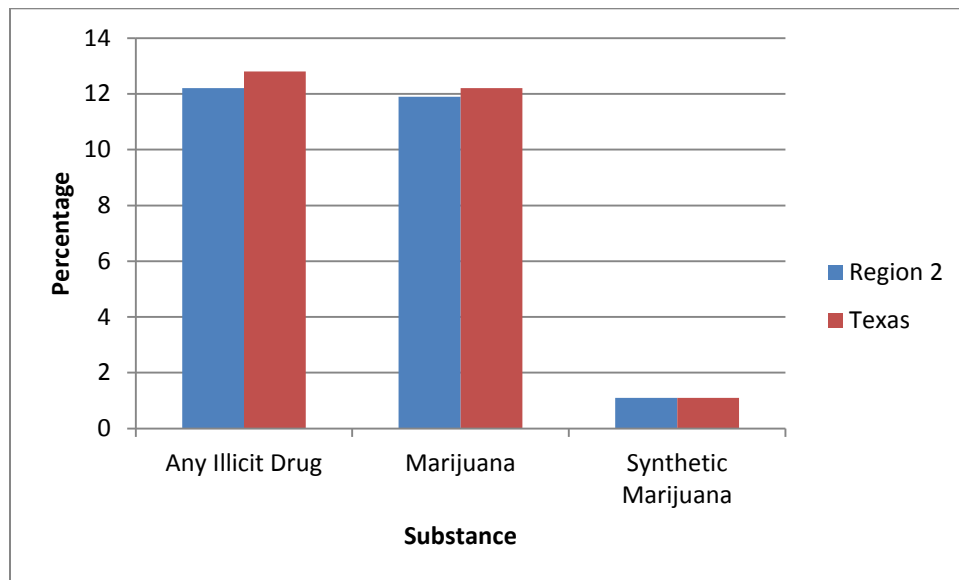
## Marijuana

It seems to be the most popular drugs used among young people today; the real smoking gun marijuana. Generally young individuals consider societal norms such as the legalization of marijuana in four states, 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.

### 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 12% of students in our area and the state reported using any illicit drug or marijuana in the past 30 days. Synthetic marijuana is reportedly not used by students in our region or in the state.

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



Source: Texas A&M University, Texas School Survey, 2016.

### Qualitative Data

Law enforcement officials reported marijuana use as becoming more popular among youth within the entire region. With the ever growing popularity of legalizing this substance while being fueled with misconceptions driven by social media, youth seem to have an unrealistic perception of the short term and long term effects of the substance. Officials reported a stigma associated with the legalization perception; youth believe it is a “natural” substance and will not cause any harmful effects since it does relax them when consumed. It can be quite difficult for law enforcement officials to educate youth on the effects of the substance when the “world” (according to social media) is informing them daily on the false information about the substance in general. Officials also reported those who consume marijuana are typically consuming other substances such as alcohol when caught with marijuana.

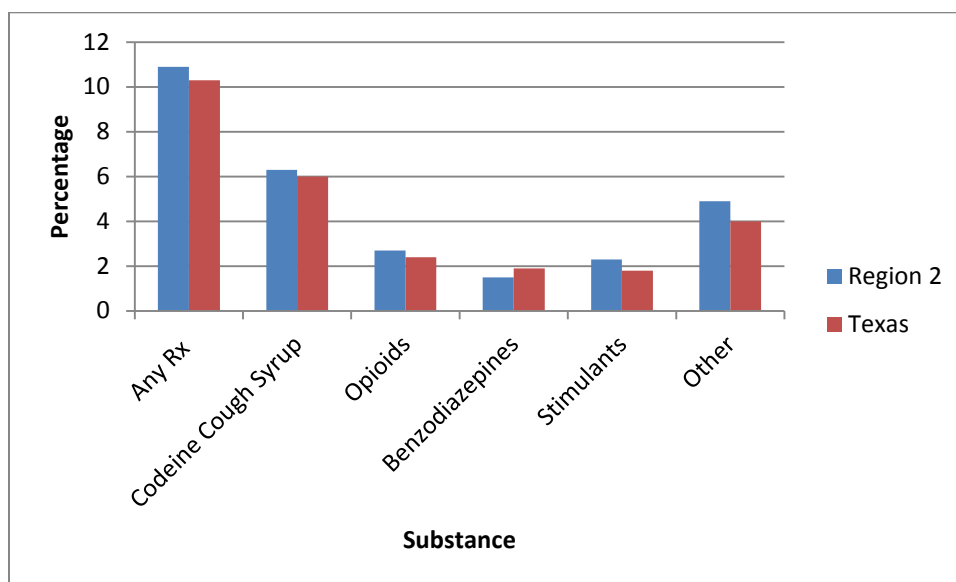
## Prescription Drugs

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, state and across our nation.

### 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. Codeine cough syrup, other drugs and opioids are reportedly the most consumed prescription drugs in our area as well as at the state percentages of consumption. Most importantly, Region 2 is exceeding the state percentages in almost every category of past month use of prescription drugs.

Table D-11: How recently, if ever, have you used any prescription drug not prescribed to you?



Source: Texas A&M University, Texas School Survey, 2016.

### College Student Consumption

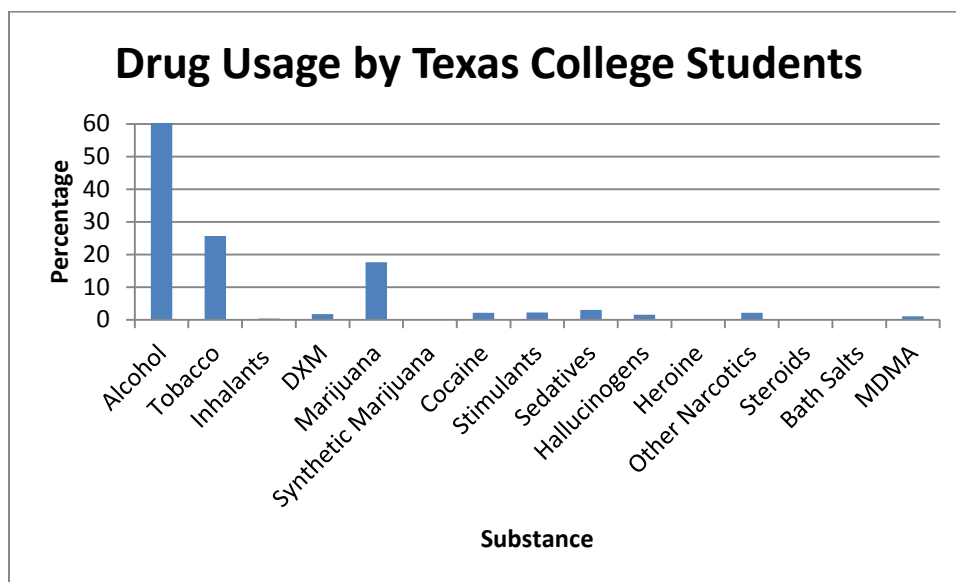
The Public Policy Research Institute at Texas A&M University continued its research on college student consumption from a bi-yearly annual survey for all students across the state of Texas. The purpose of this research is to “assess the prevalence of alcohol, tobacco, and illicit drug use on college campuses and community college districts”. 79 school districts were invited to participate; 49 districts provided all information needed and were included in the results. Schools included ranged from sixteen large four-year universities, eight small four-year universities, twelve large two-year universities and thirteen small 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 2013; yet the reported consumption of cocaine/crack has increased as well as marijuana use. Synthetic marijuana use has decreased among participants.**

Students reported to be 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 had higher levels of hopelessness and depression.** They also had 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 40% of students surveyed reported marijuana as very dangerous. This perception percentage was lower than the fake drug Rosafedrin. *Full charts for college students may be found in Appendix A under 2015 Texas Survey of Substance Use Among College Students.* The chart below is a snapshot of the overall reported use of all substances within the past 30 days.



Source: Texas Survey of Substance Use among College Students, PPRI 2015.

Alcohol is reportedly the most consumed substance among college students. The following chart includes information particular to alcohol use among those surveyed. The chart reports consumption in regards to ethnicity, age and sex. The chart reports Anglos and Hispanics between the ages of 21-26 either male or female as having the highest percentage of students having used alcohol in the past year.

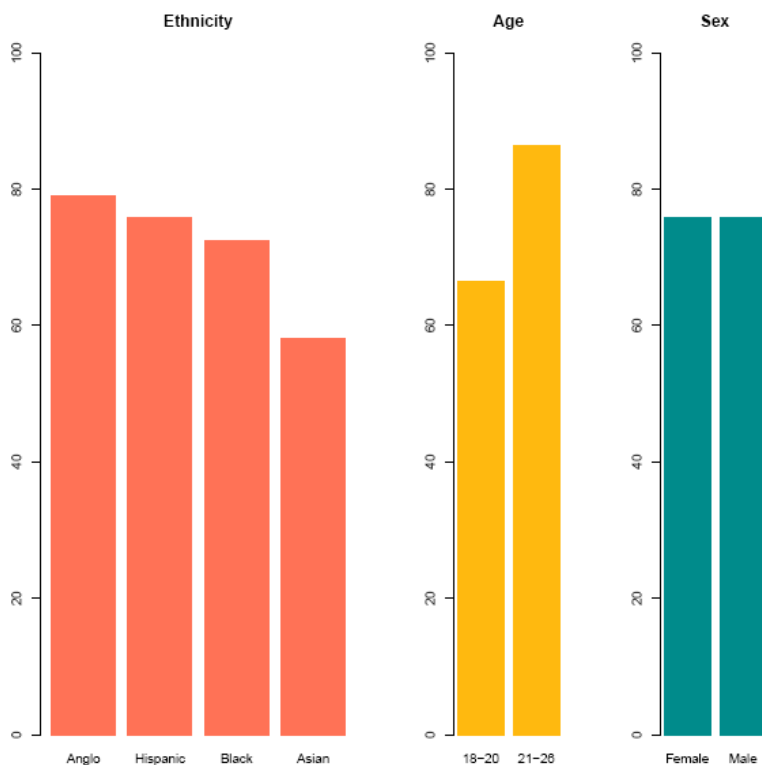


Figure 2: Percent of students that report having used alcohol in the past year, by sex, ethnicity, and age

Source: Texas Survey of Substance Use Among College Students, PPRI 2015.

**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 last 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 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 by the CCP grant and the Abilene Regional Council on Alcohol and Drug Abuse 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. In two weeks of the box being open and available for public use, law enforcement officials reported receiving approximately 60lbs of pills being dropped off in the box. 60-70% is estimated to be prescriptions. 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; therefore they 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 increased to approximately 19,000 in 2014. This is three times the number in 2001. According to the Centers for Disease Control and Prevention data, health providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills" (SAMHSA, 2016 P. 4).

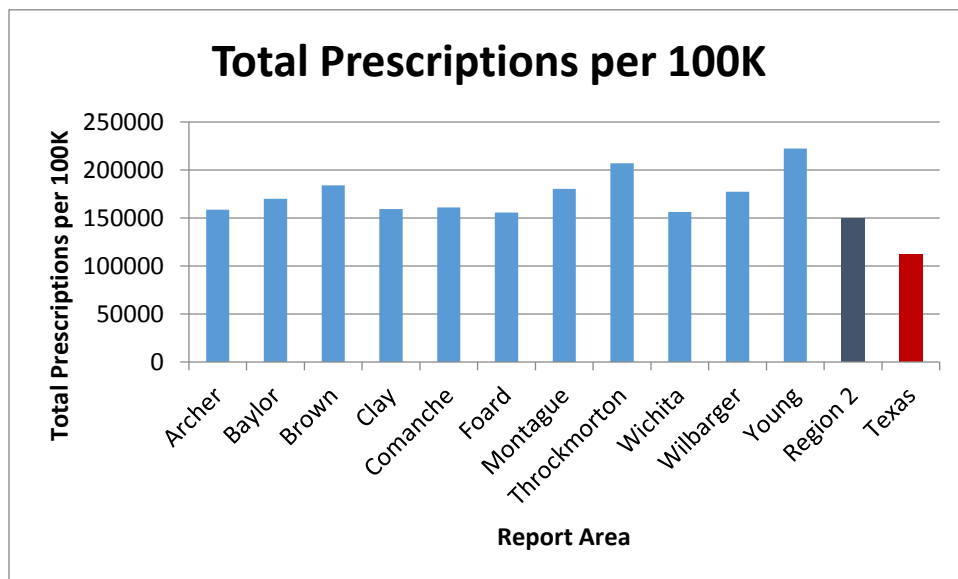
Health and Human Services (HHS) Secretary Tom Price, M.D. announced on April 19, 2017 that HHS "will soon provide \$485 million in grants to help states and territories combat opioid addiction" (HHS, 2017). Price reported in the HHS press release "Trump Administration awards grants to states to combat opioid crisis" that funding will be provided in two rounds for the 21<sup>st</sup> 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 ride on this public health crisis" (HHS, 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 the 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.

According to the TPP report of 2014, there were 149,554 total prescriptions per 100K in our region as a whole. Counties which exceeded the regional rate are: Archer (158,672 prescriptions per 100K) Baylor (169,789), Brown (183,995), Clay (159,071), Comanche (161,035), Foard (155,728), Montague (180,367), Throckmorton (206,731), Wichita (156,320), Wilbarger (177,252) and Young (222,368). **The regional rate and all the reported counties exceed the state rate of total prescriptions per 100k which is 111,500 prescriptions.**



Source: Texas Department of Public Safety Regulatory Services Division, Texas Prescription Program, 2014.

**Qualitative Data**

The Prevention Resource Center of Region 2 took part in a Town Hall meeting particularly addressing the misuse of prescription medication within the area. The event was funded by the Texas Targeted Opioid Response money provided to the state to research opioid misuse. The event took place on May 3, 2017 at the Abilene Convention Center. A panel of community stakeholders was asked to respond to their knowledge about this issue within their particular field. Our panel members represented law enforcement (including narcotics), prevention (particularly data collection), and a wellness nurse from a local hospital, a pharmacist and a treatment provider. Each panel member gave insight on the details of how prescription drug misuse affects their role. Community members were able to respond or ask questions of each panel member. The Health and Human Service Commission representatives will be conducting other Town Hall meetings across the state to address prescription drug misuse and then will report the findings at a statewide behavioral health meeting.

## Emerging Trends

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

### Synthetic Cannabinoids

Synthetic Cannabinoids or otherwise known as K2 refers to a “growing number of man-made mind-altering 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 by 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. 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. 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

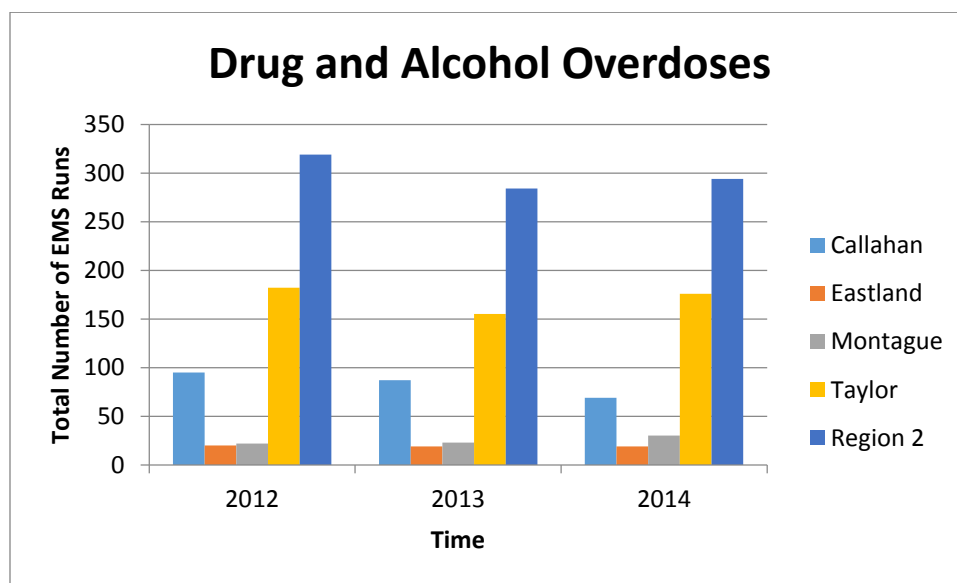
More specifically consequences may come in a variety of forms. Overdose deaths and disease related to alcohol and drugs, arrests and criminal charges, hospitalizations and ER admissions, underage drinking and drug use, the cost of treatment as well as employment and college admissions are all consequences 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 Overdoses

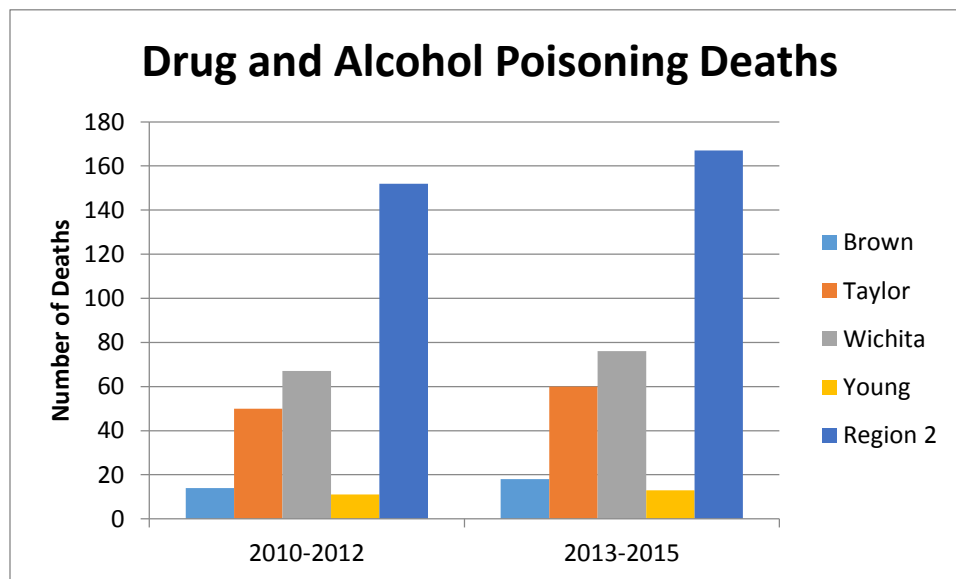
According to the Texas Emergency Medical Services, the data reports a fluctuating trend of EMS runs due to drug and alcohol overdoses across the region. Counties reporting in all five years of this report included only: Callahan, Eastland, Jones, Montague, Runnels and Taylor. Taylor County reported to have the most EMS runs overall other counties during the past five years. This data does not report whether the patient died due to their circumstances; it only reports EMS runs due to overdoses of drugs or alcohol. The chart below describes the county and regional average of EMS runs with a primary symptom of overdose due to drugs or alcohol during 2012-2014. County level data for the areas included in this report is available upon request but is not available for all counties.



Source: Center for Disease Control, Texas EMS Registry, 2010-2014.

### Drug and Alcohol Related Fatalities

The Texas Department of State Health Services also records deaths related to drug and alcohol poisoning; this data is taken directly from the Texas Death Certificate Data, Underlying Cause of Death. The following data includes the number of deaths from 2010-2015. Counts of death 1-9 are suppressed to ensure confidentiality; counts are also suppressed to prevent back calculations. Counties reporting actual counts of deaths were: Brown, Montague, Taylor, Wichita and Young counties. There were a total of 330 deaths due to drug and alcohol poisonings from 2010-2015 in our area. The chart below describes an overall increase of drug and alcohol related poisoning deaths from 2010-2015.

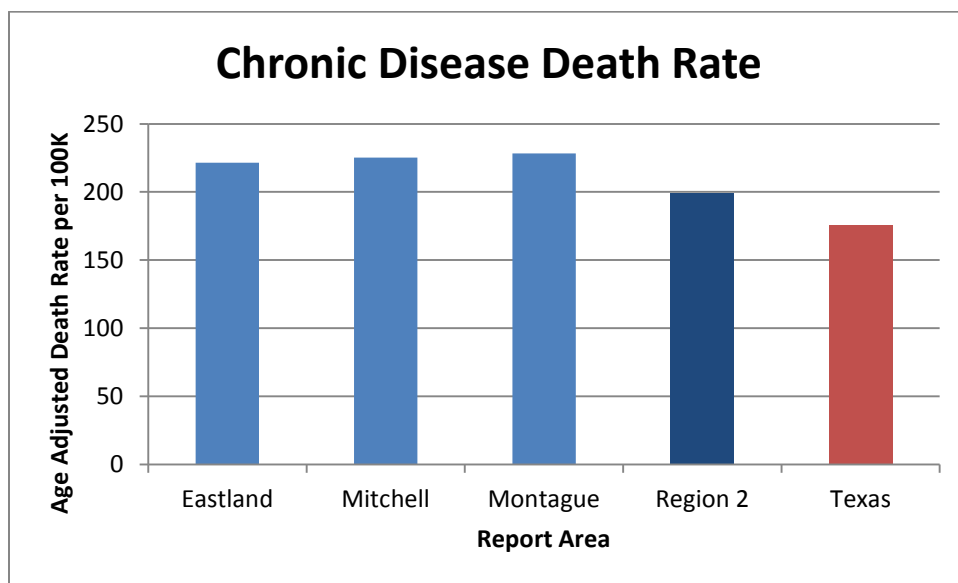


Source: Texas Department of State Health Services, Texas Death Certificate data, Underlying Causes, 2010-2015.

The Center for Disease Control mortality data includes environmental risk indicators such as drug and alcohol related deaths accumulated from 1999-2015. 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 20.26 deaths per 100K due to drugs and alcohol compared to the state crude rate of 15.2 deaths per 100k (Drug and Alcohol Related Deaths by County, 1999-2015). 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. **Region 2 reports to have a crude rate of 13.1 drug-induced deaths per 100K compared to the state crude rate at 9 deaths per 100K. Counties reporting with the most accumulated drug-induced deaths over this time period are Wichita and Taylor counties.** Our area also reports to have a crude rate of 10.9 alcohol-induced deaths per 100K compared to the state rate at 9 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 (212.16 deaths), Brown (221.17), Callahan (206.77), Coleman (213.77), Comanche (199.73), Eastland (221.49), Jack (201.72), Jones (208.44), Kent (206.81), Mitchell (225.29), Montague (228.33), Nolan (220.92), Shackelford (199.05), Stephens (203.37), Taylor (198.16), Wichita (204.57), Wilbarger (218.35) and Young (220.81) 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 29.*



Source: Center for Disease Control, Chronic Disease Death Rates, 1999-2014.

### Legal Consequences

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

#### Driving Under the Influence

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. Region 2 reported to have 1,251 arrests for DUI's, 190 arrests for liquor law violations and 1,650 arrests made for total drunkenness. **Taylor County reported to have 602 arrests made for**

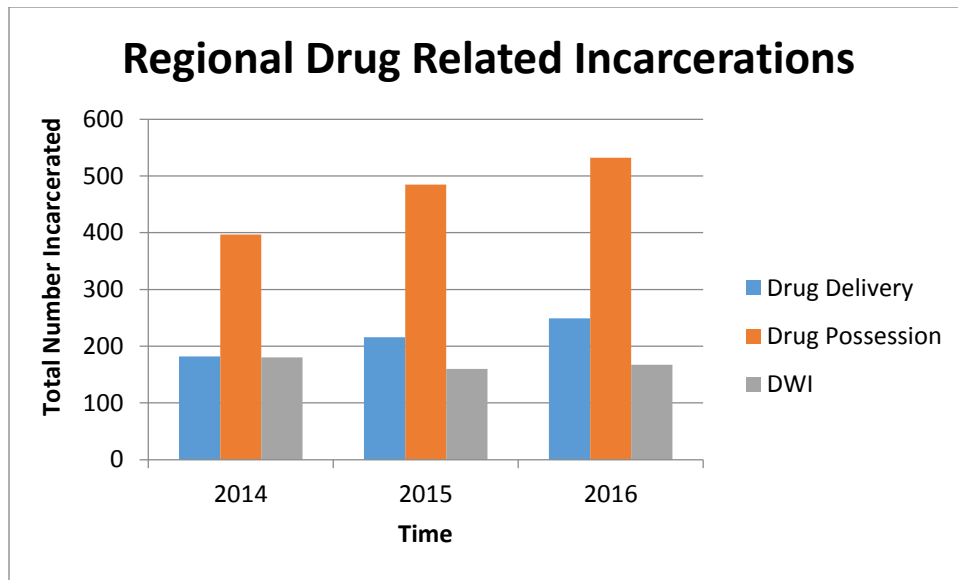
**drunkenness in 2015; this is the by far the highest of any county besides Wichita which reported 553 arrests for drunkenness in the same year. Additionally, Wichita, Taylor and Brown counties reported to have the most arrests of DUI's in 2015.** Driving Under the Influence is a dangerous risk factor 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 30.*

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 there were 42, 2015 reported to have 34 and 2016 had 30 individuals die from alcohol related DUI's. The total number is reportedly decreasing over the past three years since its peak in 2014. The total number of fatalities in the state of Texas does not show the same decreasing trend over time. 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. This data reflects a fluctuating trend over this four-year period.

### **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, 454 arrests made for drug abuse violations in 2015. There were a total of 349 arrests made for sale or manufacture of a drug; 3,105 arrests made for possession of drugs in the same year. **Brown, Taylor and Wichita counties had the most arrests made for drug sale or manufacturing in almost each drug arrest category listed above. Synthetic narcotics had the most arrests made across the region** when compared to marijuana, opium/cocaine/heroin/codeine or other drugs categories. In terms of possession arrests, there were 1,335 arrests made across our region for marijuana; this is the most of any category. Opium/cocaine/morphine/heroin/codeine had the second most at 778 arrests, 669 arrests were made for synthetic narcotic possessions and 323 arrests were made for possessing other drugs across our region in 2015. *County totals for drug sale, manufacturing or possession arrests for may be found in Appendix D Table 31.*

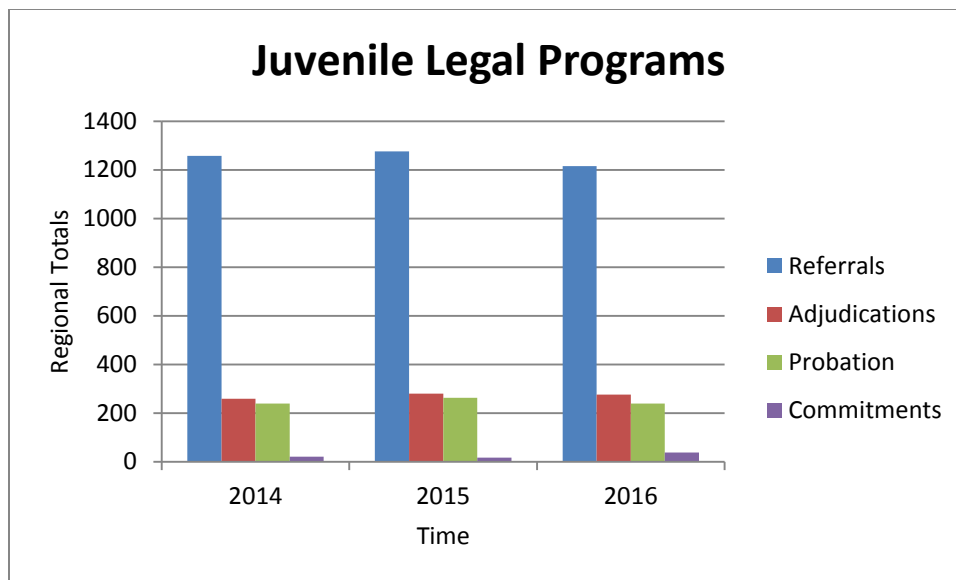
The Texas Department of Criminal Justice records the type of incarcerations being made in each county. Such categories include incarcerations made from the number of offenders which offense is the longest period of time including: drug-delivery, drug-possession, drug-other and DWI's. Some counties did not have data (Clay, Cottle, Kent and Foard) which could be counted for a standard measure compared to other counties. The total number of **incarcerations for "Drug-Delivery" has increased steadily from 2014-2016 in our Region** (2014=182 incarcerations; 2015=216 incarcerations; 2016=249 incarcerations). **Offenders incarcerated for "Drug Possession" has also increased over the last three years in our Region** (2014=397 incarcerations; 2015=485 incarcerations; 2016=532 incarcerations). DWI incarcerations have decreased steadily over the last three years in our reported area (2014=180 incarcerations; 2015=160 incarcerations; 2016=167 incarcerations). Drug possession 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 32.*



Source: Texas Department of Criminal Justice, Drug and Alcohol Incarcerations, 2014-2016.

**Substance Use Criminal Charges and Court Cases**

Adolescents could also have introductions to the justice system at an early age. The Texas Juvenile Justice Department reports that an adolescent is averaging 14 years of age when they engage in their first offense. This age of first offense has been a consistent average from 2014-2016. In the Referrals and Adjudications dataset there were approximately 1200 Referrals, 200 Adjudications, 200 juveniles on Probation and approximately 40 Commitments across the Region. These numbers are consistent from 2014-2016; 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”. See Appendix D Table 33 for data per county for total referrals, adjudications, probations and commitments 2015-2016. The following chart reports the totals of adolescents referred, adjudicated, on probation or committed during a three year period across the Region.

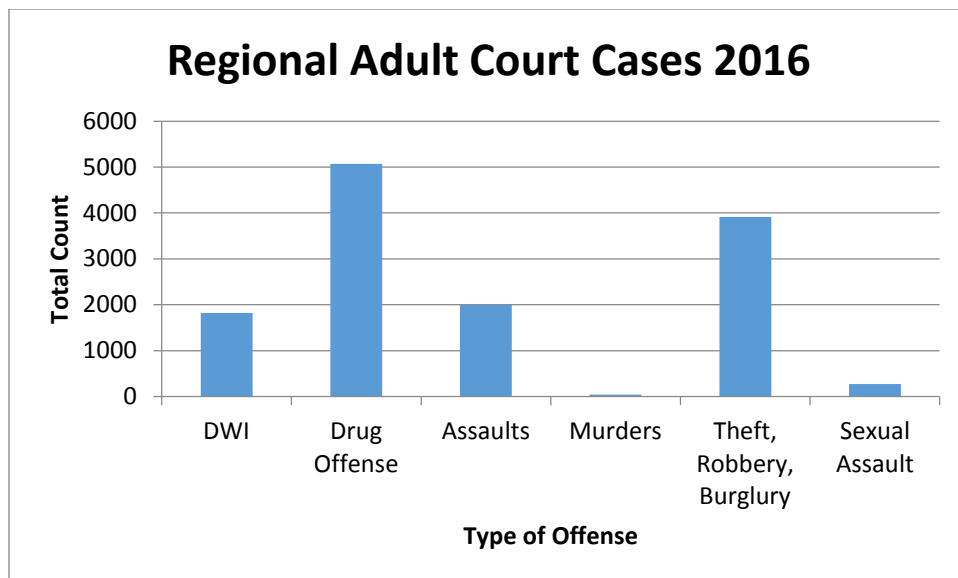


Texas Juvenile Justice Department, Referrals and Adjudications by County, 2014-2016.

The Texas Court Administration also records the number and type of cases appeared in the court room within each county. In 2016, our region had a total of 20,515 cases seen within our courts; the total includes all constitutional, district and statutory courts within our reported area. Total type of cases reported included: 1,821 for DWI; 5,082 Drug Offense cases; 1,783 Assaults; 41 Murders; 3,936 cases for Theft, Robbery or Burglary; 292 cases for Sexual Assaults. These total numbers include both adult and juvenile.

Totals were also calculated for adult only offense type. Region 2 totals for these types of offenses reported 1,821 DWI cases; 5,070 Drug Offenses; 1,993 Assaults, 41 Murders; 3,916 cases regarding Theft, Robbery, or Burglary; 272 cases for Sexual Assault. The chart below reports these numbers within a bar chart. **Drug offenses are reported to have the most cases within all regional courts.** Theft, Robbery and Burglary are second highest; Assaults are third highest while DWI is the fourth highest type of court case in our reported area. When considering county totals, Wichita, Taylor, Brownwood and Eastland report to have the most numbers for all types of cases in all types of courts. County level data is available upon request. *For county totals for adult only court cases by type see Appendix D Table 34.*

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.



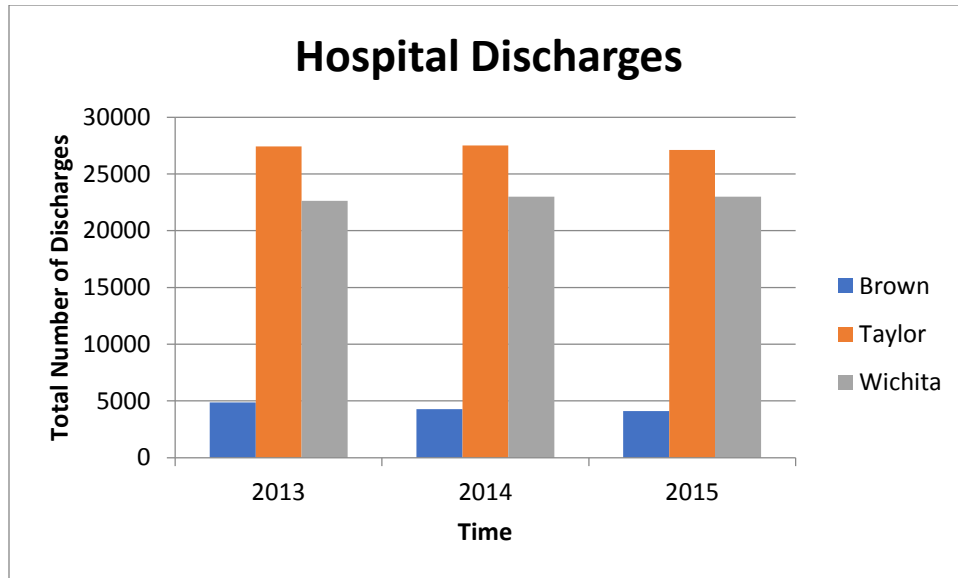
Source: Texas Court Administration, 2016.

### Hospitalization and Treatment

Health care facilities often serve as the first lines of support and defense in consequential treatment. However, these facilities may not be able to provide other needed services if rooms are consistently filled with patients related to patients overdosing on alcohol or drugs. Individuals, families and the community may be affected if hospitals are not available for regular services.

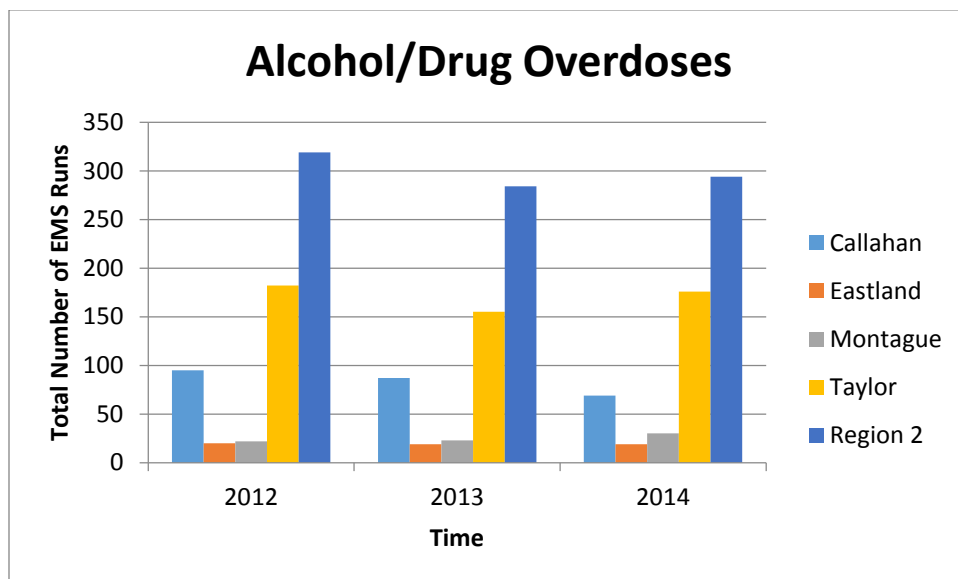
#### Hospital Use due to AOD

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 2013-2015 yet data from some counties were not reported for all three years. Counties which did report all three years were: Brown, Coleman, Comanche, Mitchell, Runnels, Taylor and Wichita. Totals reported for each year only includes the counties listed. In 2013 there were a total of 56,765 hospital discharges; in 2014 there were a total of 56,754 discharges; and in 2015 there were a total of 56,088 total discharges from hospitals within these seven reported. 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 2013-2015 see Appendix D Table 35.*



Source: Texas Department of State Health Services, Texas Health Care Information Collection Center for Health Statistics, 2013-2015.

The Texas Emergency Medical Services Registry records the counts of ambulance runs in regard to drug and alcohol overdoses in the reported counties. Due to rural counties in the area certain county numbers are suppressed and not reported. Counties who reported numbers in all five years were: Callahan, Eastland, Jones, Montague, Runnels, and Taylor counties. Taylor County reports to have the most drug and alcohol overdose EMS runs of all counties reported at 176 runs in 2014; Callahan reports as second highest 69; Montague as third highest at 30 and Eastland as having the least amount of EMS runs in 2014. The total number of EMS runs due to drug or alcohol overdoses in Region 2 over the last three years equaled 897 runs; this data appears to be fluctuating over time. The chart below reports the county and regional total for the indicated factor. County level data is available upon request.

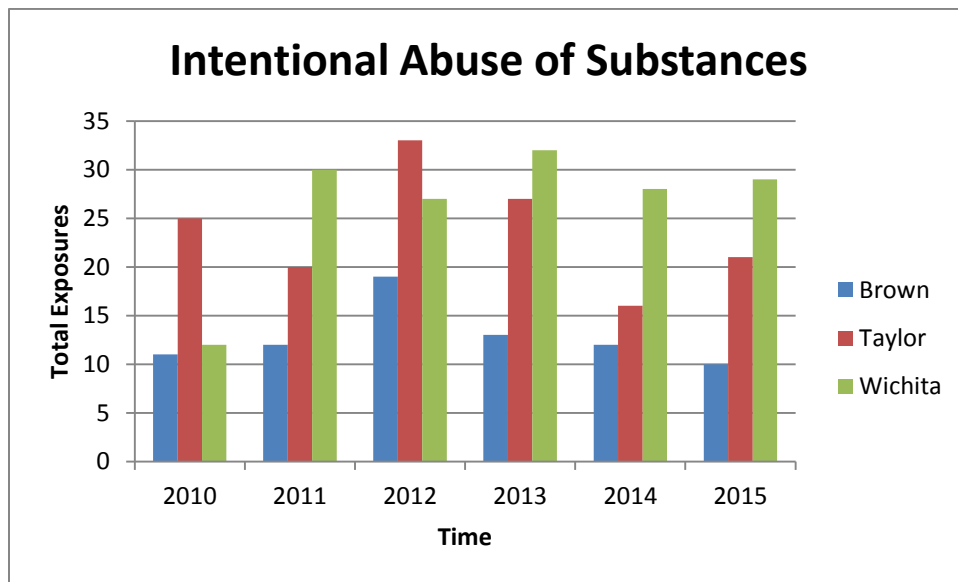


Source: Texas EMS Registry, 2010-2014.



**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 2010-2015 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 six years were Brown, Taylor and Wichita counties. Generally, Brown County reported the least amount of intentional exposures (77 intentional abuse of exposures) over this time period; **Wichita reported the most amount of intentional exposures at 29 counts; while Taylor reported in second place for the most amount of intentional abuse of substances at 21 intentional exposures.** The chart displays a steady increase of exposures until its peak in 2012; total exposures of intentional abuse appear to steadily decrease in the last three years. Overall, there was a total of 467 amount of intentional abuse exposures reported in our Region from 2010-2015. County level data is available upon request.



Source: Texas Poison Control Network, Intentional Abuse Exposures, 2010-2015.

**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.



## Environmental Protective Factors

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

### Overview of Protective Factors

For purposes of this report, protective factors for the community domain will include community coalitions, environmental changes, regional coalitions, treatment and intervention providers, local social services, law enforcement capacity and support, healthy youth activities, and religious prevention services. For the family domain, protective factors will include youth prevention programs, students receiving alcohol and drug education, sober schools, alternative peer groups, high school and college academic achievement, parent/social support, parental attitudes towards alcohol and drug consumption and students talking to their parents about alcohol and drugs. Lastly, for the individual domain protective factors include life skills in youth prevention programs, mental health and family recovery services, youth employment, youth perception of access, risk and harm of alcohol and drugs. 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) are also 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 is presently pursuing a community "dinner table" where the community will have the opportunity to gather, discuss, learn and voice their concerns on issues; the PRC2 is looking for areas of involvement as planning and development of this event ensue. 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.

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 2015 the group has served 12,874 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 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 the last fiscal year, the Epidemiological Workgroup was able to place a permanent prescription drug drop off box in Taylor County. Our epi-workgroup is 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. All of 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 yet had not proven to be a threat in our area therefore preventative methods could be established early. The group discussed what methods are useful in preventing opioid abuse in the area. Although the area does have two prescription drug take back days during the year, no permanent prescription drug drop box is available within Abilene (one of the largest cities in the area). Law enforcement officials were important in establishing this box due to the proper disposal requirements. The group wanted to make this process as easy for law enforcement as possible due to their other requirements of protecting our city. The Coalition Coordinator and the Abilene Regional Council on Alcohol and Drug Abuse was able to purchase the drop box; the Abilene Police Department then installed the box and disposes of all prescription drugs that are dropped off.

In two weeks since the box was installed, approximately 60lbs of prescription drugs have been dropped off. Local health department officials have also stepped in to assist in the disposal of sharps that are mistakenly being dropped off. The Prevention Resource Center and Coalition Coordinator created media ads in order to help educate the public in not dropping these items off in the box. Our epi-workgroup will continue to monitor and provide support to our local law enforcement through the establishment of the prescription drug drop off box. New opportunities may be created since the national monetary grant to states specifically addressing opioid abuse within communities.

The city of Abilene recently brought forth an ordinance which would make alcohol sales legal until 2:00am everyday within city limits. Opponents to this issue included the Regional Evaluator from the

Prevention Resource Center, and the Coalition Coordinator for the area as well as other citizens. Data was provided to city councilmen reporting the effects of binge drinking, the elimination rate of alcohol, research on how establishing a later sale of alcohol increases legal and mortality consequences and other local data which provided a compromise to the ordinance. Despite the data presented, a reasonable compromise and community members concerns of allowing this ordinance, the city council approved the sale of alcohol until 2:00am everyday beginning in October 2017. Local bars will need to purchase a permit in order to sell alcohol until this time at their bar when the ordinance is enacted. The Prevention Resource Center and the Taylor Alliance for Prevention will continue to provide the council with local data whenever substance use issues come to the forefront of community issues and local policy. As prevention professional's we have an ethical obligation to fulfill when issues such as these threaten the public health of the communities we serve.

### **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 Rehabilitative 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.

*The West Texas Homeless Network* is comprised of shelter providers, mental health professionals, substance abuse 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. The West Texas Homeless Network now services a total of 216 counties in Texas.

*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 Regional Council on Alcohol and Drug Abuse (ARCADA)* 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. Known as the "Council", ARCADA is a non-profit agency offering many programs to assist those with substance use and abuse related issues. ARCADA 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.

*Locks 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
<b>Center for Life Resources</b>	408 Mulberry St Brownwood, TX 76801 1009 S. Austin St. Comanche, TX 76442 301 Pogue Ave. Eastland, TX 76448	Brownwood Comanche Eastland	325-646-9574 <a href="http://www.cflr.us">http://www.cflr.us</a>
<b>Graham Regional Hospital</b>	1301 Montgomery Road Graham, TX 76450	Young	940-521-5134 <a href="http://www.grahamrmc.com">http://www.grahamrmc.com</a>
<b>Helen Farabee Centers</b>	600 Scott Street Wichita Falls, TX 76307 500 Broad Street Wichita Falls, TX 76307 510 King Street Quanah, TX 79252	Wichita Hardeman	940-397-3379 940-663-3566 <a href="http://www.helenfarabee.org">http://www.helenfarabee.org</a>
<b>North Texas State Hospital</b>	4730 College Drive Vernon, TX 76385	Wilbarger	940-552-9901
<b>Pathways</b>	1500 8 <sup>th</sup> Street Wichita Falls, TX 76301	Wichita	940-264-3162 <a href="http://www.redriverhospital.com">http://www.redriverhospital.com</a>
<b>Red River Hospital</b>	1505 8 <sup>th</sup> Street Wichita Falls, TX 76301	Wichita	940-322-3171 <a href="http://www.redriverhospital.com">http://www.redriverhospital.com</a>
<b>Rose Street Mental Health</b>	1808 Rose Street Wichita Falls, TX 76301 1800 Rose Street Wichita Falls, TX 76301	Wichita	940-723-4488 <a href="http://rosestreet.org">http://rosestreet.org</a>
<b>Serenity Foundation</b>	1502 N. 2 <sup>nd</sup> Street Abilene, TX 79601	Taylor	325-673-6489 <a href="http://www.serenitytexas.com">http://www.serenitytexas.com</a>
<b>Seymour Hospital</b>	511 Ingram Street	Baylor	940-889-4259



	Seymour, TX 76380		<a href="http://www.seymourhospital.com">http://www.seymourhospital.com</a>
<b>Shades of Hope</b>	402 Mulberry Street Buffalo Gap, TX 79508	Taylor	325-572-3843 <a href="http://www.shadesofhope.com">http://www.shadesofhope.com</a>
<b>West Texas Centers</b>	505 Chestnut Street Colorado City, TX 79512 304 West New Mexico Sweetwater, TX 79556 126 State Street Winters, TX 79567 1300 26 <sup>th</sup> Street Snyder, TX 79549	Mitchell Nolan Runnels Scurry	325-728-3611 325-236-6619 325-754-5591 325-573-4947 <a href="http://wtcmhmr.org">http://wtcmhmr.org</a>

### 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 grown significantly. We have partnerships with approximately half of our region; **fourteen out of the thirty departments have committed to a partnership** in which we provide support, data and resources to their department. In previous years, we have not had any agreed partnerships. 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; hence 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 but also teaches their students to succeed in life. Most students graduate in four years and attend college or some other technical school specified in a certain skill set. Schools serve as a protective asset in a variety of ways. They not only provide education but also social support, skill development and in developing a positive sense of self.

## YP Programs

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, this 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 education, life skills and a unique atmosphere to discuss how 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 school 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.

## 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 with regard 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**

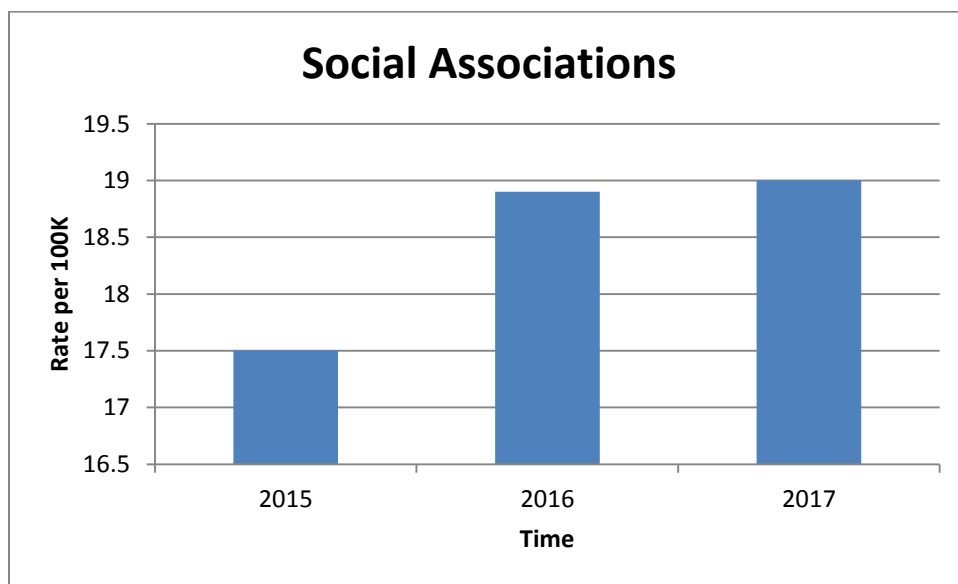
Academic achievement is respected within the region. Students will more than likely graduate high school in four years then attend college or another technical school specifically dedicated to a specific skill set. Academic achievement is one of the strongest protective factors within our region among 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 significant impact on certain behaviors one chooses to engage in. Social groups may influence one positively or negatively depending on the beliefs and behaviors one 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.



County Health Rankings and Roadmaps, Social Associations, 2015-2017.

### 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 2016, most parents are perceived as "strongly disapprove(ing)" of students using substances. In congruence with the data previously reported, 72% of parents "strongly disapprove" of students using tobacco; 62% disapprove of students using alcohol; and 80% 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.** This perception percentage is also lower than the state percentage reported. Perhaps more education is needed for informing parents of the harmful effects 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 2016 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 7<sup>th</sup>-12) in our region, 41% said they would go to a counselor or program in school, 23% reported they would see a nurse, 44% would see another adult in school, 43% would see a counselor outside school, 71% would speak with their parents, 55% reported they would see a doctor, 64% reported they would speak with their friends and 64% 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 2<sup>nd</sup> grade- 12<sup>th</sup> 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 Regional Council on Alcohol and Drug Abuse 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.

### **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. 24% of all 7<sup>th</sup>- 12<sup>th</sup> grade students surveyed in our region report tobacco to be “very easy” to access; 28% of them believe alcohol is “very easy” to access; 16% 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, 76% of them reported prescription drugs as “very dangerous”; 61% reported marijuana as “very dangerous”; 59% reported tobacco as “very dangerous” and 52% reported alcohol 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,

heroin, and methamphetamines. Declining use is a positive outcome of prevention methods being applied successes fully among youth in the state of Texas.

## 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.

**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 a centralized treatment center 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.

**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.

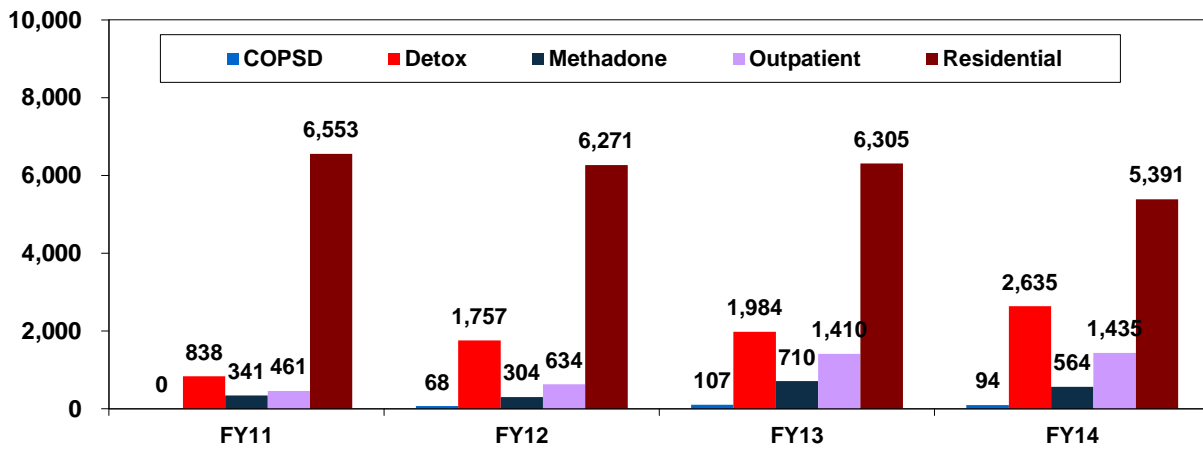
**Opioid management:** Opioids are addictive prescriptions but are effective in treating chronic pain. in treatment. Demographically our area is mostly middle-aged to older adults but also has a high rate of prescriptions being issued. Education in preventative community strategies for opioid misuse is 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.

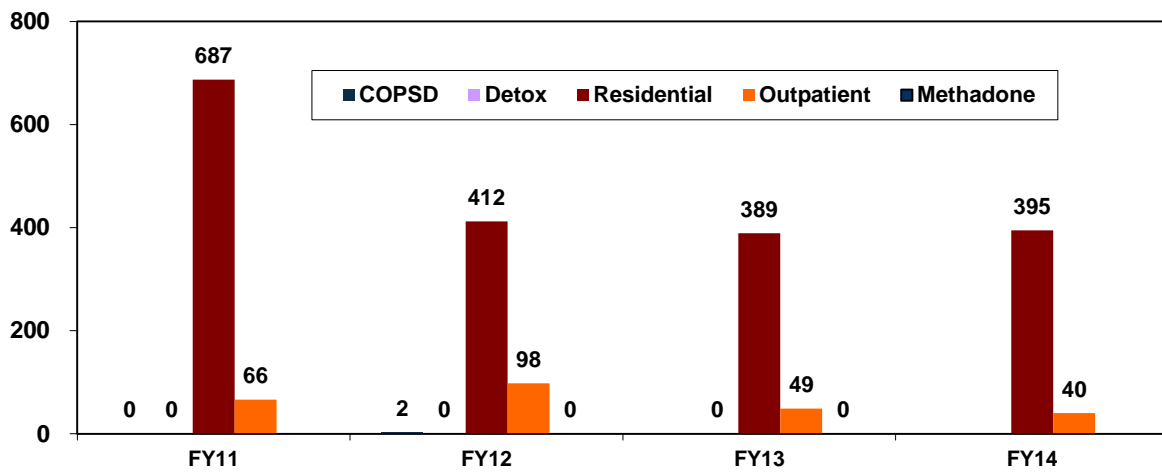
**Waiting lists for state funded agencies:** Mental health and substance abuse treatment waiting lists generated by the Texas Department of State Health Services show summary data on both adult and child/adolescent waiting lists for substance abuse treatment. Waiting to receive services may also deter clients to pursue long-term treatment if they are not assisted quickly. The chart below describes clients mostly wait for residential treatment. Detox services are increasing overtime as well. The most recent

data is shown below.<sup>1</sup>

**Number of Adults Entered on Waiting List by Substance Abuse Program Per Year**



**Number of Youth Entered on Waiting List by Substance Abuse Program Per Year**



<sup>1</sup> Texas Department of State Health Services (DSHS). *Behavioral Health Data Book*. Fiscal Year 2015, Quarter 1, March 10, 2015



## 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:** This year we have had great success in accumulating local school support and participation in the Texas School Survey. However, more is needed. Larger school districts have not yet partaken. This next year we hope 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.

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

## Regional Partners

Our regional partners are extremely valuable to our agency and assist us in reaching out to our communities across the region. Our partners include law enforcement officials including police forces and sheriff's departments, health departments, 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.

**Epidemiological workgroup:** One of the biggest successes we have had this past fiscal year is the **installment of a permanent prescription drug drop off box within one of our largest populated counties in the reported area.** The drop box was a result of several conversations with key stakeholders at the bi-monthly meetings of our epidemiological workgroup. A Lieutenant from the narcotics division, a Coalition Coordinator was key stakeholders who took on the responsibility of purchasing and installing the drop box. Other stakeholders within the group developed a media outreach plan and were essential in building a key strategy in addressing the prescription drug misuse issue within our area. Datasets provided through the Regional Evaluator and Epidemiologist was essential in even deciding if or which substance use issue would be easiest to address within this fiscal year. Since the installment of the prescription drug drop off box, the police department has collected over 90 pounds of pills. The box is a great asset of prevention added to our community this fiscal year. We look forward to continuing these partnerships in addressing other substance misuse issues within our community's future.

Furthermore, in an effort to address opioid misuse within our community and our state, the Health and Human Services Commission was awarded federal funds to research opioid issues across the state of Texas. Each Prevention Resource Center was granted funds to host a **Town Hall Event which would specifically address opioid misuse and issues within the communities they serve.** Our PRC was able to host this event at the Abilene Convention Center in the first week of May 2017. A presentation was given by a DSHS representative and then a panel of key stakeholders was asked to speak. Representatives included: a narcotics officer, the regional evaluator, a public information officer from the local police department, a pharmacist, a wellness nurse from a local hospital and treatment provider for drug and alcohol rehabilitation. Each member gave a short presentation and audience members (the general public) were asked to respond or ask any questions. This town hall event will be used in prevention planning across the state to specifically address opioid misuse within the communities we serve.

**Law Enforcement Support:** We are truly grateful for all support given to the PRC by law enforcement officials. **We now have partnerships with almost half of the sheriff's departments in our region.** 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.

**City Ordinance Policy Advocacy:** The Prevention Resource Center continuously addresses drug and alcohol issues which come to the forefront of community policy. This fiscal year, the City of Abilene initiated an ordinance which would allow the sale of alcohol in businesses every day until 2:00 am; the Regional Evaluator packaged and presented data on binge drinking, the elimination rate of alcohol, as well as the societal cost of passing this ordinance. Such data was given to each Councilman and Mayor yet the ordinance passed with a unanimous vote. Their decision was based on how alcohol is a legal substance and will support local economy. Although this was not the decision we expected or wanted, it gave the Prevention Resource Center new strategies when addressing future community policy issues. As Prevention Specialists we do have an ethical obligation to address local policy on drug and

alcohol issues. This has been our second consecutive year in addressing our local City Council. The Prevention Resource Center will be a consistent presence when drug or alcohol issues come to the forefront of local policy and decision makers.

**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 twenty 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. Region 2 will be able to have our own regional representation for next year when the results of these surveys are analyzed. *Information for school participation is located in Appendix C of this report.* 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.

**Focus Groups:** This year the Prevention Resource Center focused on one of the largest universities in order to research what college students are consuming. This is in conjunction with a partnership with the university's initiative to prevent consequences from happening. These groups have been useful to the university's leaders to know exactly how students behave, feel and why they partake in consuming substances during the school year. This information is useful in that it may provide insight and prepare the university in planning for how they can support their students better in the future.

**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, 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 Regional Needs Assessment by the Prevention Resource Center of Region 2 is hoped to be a useful reference for our region. Once completed on July 31, 2017 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 FY2016 Regional Needs Assessment.

**Demographics:** Region2 is generally made up of middle-aged to older adults. Approximately 59% of our population are ages 30-85+. Ethnicity is dominated by Anglos however there is a growing Hispanic and "Other Races" in our area. Our overall population has steadily increased over the past six years.

**Socioeconomics:** The average medium income reports lower than state percentages. Although we hold a low unemployment rate with many residents working in civilian employed jobs, our region reports to have a high percentage of single-parent households, children in poverty, and households with public assistance and food stamps.

**Consumption:** Methamphetamines, marijuana, tranquilizers and synthetic narcotics are the most seized substances taken off the streets by law enforcement in our reported area from 2014-2016. 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, suicide, teen births, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. Most individuals seeking treatment are in need of services related to amphetamine use, alcohol or opioid misuse.

**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.

## 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

County	2014 Total Population	2015 Total Population	2016 Total Population
Archer	9214	9247	9279
Baylor	3694	3685	3673
Brown	38857	39057	39245
Callahan	13748	13792	13837
Clay	10936	10986	11041
Coleman	8907	8909	8902
Comanche	14177	14235	14293
Cottle	1544	1553	1562
Eastland	18870	18959	19043
Fisher	3976	3976	3980
Foard	1353	1362	1365
Hardeman	4195	4208	4219
Haskell	5879	5874	5874
Jack	9160	9171	9207
Jones	20729	20878	21022
Kent	804	803	805
Knox	3761	3778	3786
Mitchell	9587	9621	9646
Montague	20078	20171	20267
Nolan	15531	15586	15683
Runnels	10597	10613	10646
Scurry	17499	17658	17794
Shackelford	3448	3469	3487
Stonewall	9787	9814	9841
Stephens	1491	1493	1490
Taylor	135167	136096	136994
Throckmorton	1649	1648	1649
Wichita	132994	133448	133903
Wilbarger	13944	14050	14160
Young	18875	18964	19050
Region 2	560451	563104	565743
Texas	26581256	26947116	27315362

Table 2. County Total Age Groups 2016

County	Age <18	Age 18-24	Age 25-44	Age 45-64	Age 65+
Archer	1906	899	1900	2890	1684
Baylor	743	265	690	1024	951
Brown	8933	3496	8982	9921	7913
Callahan	3048	1165	2881	3848	2895
Clay	2281	992	2130	3369	2269
Coleman	1913	725	1633	2433	2198
Comanche	3305	1244	2742	3713	3289
Cottle	350	127	249	387	449
Eastland	4183	1622	4237	4794	4207
Fisher	796	389	727	1099	969
Foard	253	128	230	377	377
Hardeman	977	372	827	1116	927
Haskell	1185	448	1294	1583	1364
Jack	1880	956	2303	2516	1552
Jones	3685	2159	6354	5532	3292
Kent	166	70	123	211	235
Knox	960	317	742	961	806
Mitchell	1783	1317	2837	2242	1467
Montague	4506	1587	4140	5473	4561
Nolan	3890	1382	3498	3966	2947
Runnels	2472	1006	2085	2830	2253
Scurry	4377	1746	4542	4420	2709
Shackelford	798	324	645	1015	705
Stephens	2224	966	2210	2490	1951
Stonewall	306	115	272	393	404
Taylor	34173	13872	38433	30963	19553
Throckmorton	319	146	296	432	456
Wichita	31672	16509	35039	31619	19064
Wilbarger	3544	1290	3309	3603	2414
Young	4522	1539	4103	5147	3739
Region 2	131150	57173	139453	140367	97600
Texas	7165096	2747389	7469590	6621979	3311308

Table 3. County Total Race &amp; Ethnicity 2016

County	Total Anglo	Total Black	Total Hispanic	Total Other
Archer	8339	34	738	168
Baylor	3043	71	507	52
Brown	28435	1403	8446	961
Callahan	12227	139	1124	347
Clay	10162	53	515	311
Coleman	6965	196	1563	178
Comanche	9968	25	4087	213
Cottle	1058	138	349	17
Eastland	15299	354	3043	347
Fisher	2710	131	1085	54
Foard	1086	54	216	9
Hardeman	2889	224	1007	99
Haskell	3966	207	1561	140
Jack	7305	337	1427	138
Jones	12790	2334	5532	366
Kent	660	6	126	13
Knox	2277	225	1223	61
Mitchell	4733	1048	3731	134
Montague	17554	38	2239	436
Nolan	9122	703	5575	283
Runnels	6616	175	3710	145
Scurry	9736	794	7009	255
Shackelford	3031	14	379	63
Stephens	7265	194	2241	141
Stonewall	1182	38	233	37
Taylor	88547	9666	32777	6004
Throckmorton	1448	9	165	27
Wichita	88288	13717	24843	7055
Wilbarger	8520	1106	4078	456
Young	14914	226	3546	364
Region 2	390135	33659	123075	18874
Texas	11617233	3122847	10911143	1664139

Table 4. County Total Per Capita Income 2015

Report Area	Total Income (\$)	Per Capita Income (\$)
Archer	\$257,924,600	\$29,379
Baylor	\$119,387,500	\$32,907
Brown	\$829,161,600	\$21,916
Callahan	\$302,946,100	\$22,387
Clay	\$276,009,500	\$26,339
Coleman	\$171,449,000	\$20,085
Comanche	\$268,962,800	\$19,743
Cottle	\$28,578,400	\$18,926
Eastland	\$405,690,900	\$22,135
Fisher	\$103,606,900	\$26,855
Foard	\$27,376,600	\$22,871
Hardeman	\$81,332,300	\$20,373
Haskell	\$129,586,300	\$22,140
Jack	\$210,887,000	\$23,573
Jones	\$299,792,700	\$15,006
Kent	\$22,956,900	\$27,962
Knox	\$76,389,000	\$20,123
Mitchell	\$172,043,600	\$18,763
Montague	\$503,434,200	\$25,846
Nolan	\$307,905,500	\$20,443
Runnels	\$227,737,200	\$21,803
Scurry	\$423,774,800	\$24,583
Shackelford	\$79,863,300	\$23,825
Stephens	\$210,223,800	\$22,241
Stonewall	\$31,696,500	\$22,416
Taylor	\$3,212,415,800	\$23,895
Throckmorton	\$43,731,500	\$28,305
Wichita	\$3,016,606,500	\$22,860
Wilbarger	\$273,060,800	\$20,752
Young	\$467,837,600	\$25,524
Region 2	\$12,582,369,200	\$22,888
Texas	\$716,519,339,400	\$26,999
United States	\$9,156,731,836,300	\$28,929

Table 5. County Total Single-Parent Households 2015-2017

County	2015 # Single- Parent Households	2015 % Single- Parent Households	2016 # Single- Parent Households	2016 % Single- Parent Households	2017 # Single- Parent Households	2017 % Single- Parent Households
Archer	320.00	15.47	344.00	17.23	383.00	19.72
Baylor	133.00	18.84	150.00	19.38	141.00	18.36
Brown	2731.00	31.50	2621.00	30.52	2790.00	33.14
Callahan	658.00	21.11	682.00	22.09	723.00	22.61
Clay	345.00	14.25	419.00	17.88	464.00	20.19
Coleman	870.00	45.05	831.00	43.71	754.00	40.91
Comanche	720.00	22.23	718.00	22.26	712.00	22.58
Cottle	72.00	26.67	107.00	33.54	107.00	27.16
Eastland	1323.00	34.12	1374.00	35.79	1552.00	39.43
Fisher	176.00	19.80	168.00	20.74	193.00	24.34
Foard	140.00	48.95	110.00	43.65	107.00	42.46
Hardeman	306.00	35.62	313.00	34.10	261.00	29.79
Haskell	339.00	29.68	382.00	33.13	412.00	39.92
Jack	423.00	22.15	407.00	20.85	327.00	17.82
Jones	931.00	27.15	1071.00	29.83	1072.00	30.99
Kent	48.00	25.95	55.00	30.05	37.00	24.83
Knox	342.00	36.62	368.00	38.94	329.00	33.61
Mitchell	739.00	40.40	668.00	37.01	644.00	37.40
Montague	1331.00	29.43	1213.00	27.17	1264.00	28.47
Nolan	1422.00	38.32	1556.00	41.50	1593.00	42.95
Runnels	1398.00	54.25	1400.00	54.37	1259.00	49.65
Scurry	1607.00	37.84	1359.00	31.65	1340.00	31.08
Shackelford	173.00	21.87	214.00	26.42	238.00	30.20
Stephens	732.00	33.20	643.00	29.52	638.00	29.63
Stonewall	46.00	13.61	60.00	15.42	75.00	19.18
Taylor	11761.00	36.83	11959.00	37.17	11761.00	36.18
Throckmorton	96.00	28.57	131.00	38.99	119.00	36.62
Wichita	10937.00	36.42	11540.00	38.52	11130.00	37.44
Wilbarger	1222.00	38.09	1355.00	42.53	1346.00	42.92
Young	1252.00	28.20	1522.00	34.21	1668.00	37.70
Region 2	42593.00	30.41	43740.00	31.61	43439.00	31.58

Table 6. County Total Labor Force, Employment, Unemployment 2016

County	Labor Force	Employed	Unemployed
Archer	4074	3893	181
Baylor	1604	1546	58
Brown	16077	15377	700
Callahan	5709	5463	246
Clay	4846	4630	216
Coleman	3061	2879	182
Comanche	5327	5097	230
Cottle	539	510	29
Eastland	7371	6966	405
Fisher	1753	1675	78
Foard	537	516	21
Hardeman	1607	1544	63
Haskell	2519	2408	111
Jack	3918	3727	191
Jones	5627	5297	330
Kent	465	451	14
Knox	1596	1526	70
Mitchell	2600	2412	188
Montague	8963	8512	451
Nolan	6847	6514	333
Runnels	4652	4462	190
Scurry	7463	7021	442
Shackelford	1889	1816	73
Stephens	3979	3770	209
Stonewall	626	597	29
Taylor	63169	60804	2365
Throckmorton	764	736	28
Wichita	55044	52629	2415
Wilbarger	5035	4795	240
Young	8324	7955	369
Region 2	235985	225528	10457

**Table 7. County Total Unemployed and Unemployment Percentage**

County	2013 Unemployed	2013 Percent	2014 Unemployed	2014 Percent	2015 Unemployed	2015 Percent	2016 Unemployed	2016 Percent
Archer	221.00	5.20	191.00	4.50	182.00	4.40	181.00	4.40
Baylor	89.00	5.30	70.00	4.20	57.00	3.50	58.00	3.60
Brown	1026.00	6.40	819.00	5.20	684.00	4.30	700.00	4.40
Callahan	338.00	5.70	259.00	4.40	244.00	4.30	246.00	4.30
Clay	283.00	5.50	229.00	4.60	215.00	4.40	216.00	4.50
Coleman	237.00	7.50	190.00	6.10	169.00	5.60	182.00	5.90
Comanche	330.00	5.80	266.00	4.80	227.00	4.20	230.00	4.30
Cottle	42.00	6.70	37.00	6.10	39.00	7.20	29.00	5.40
Eastland	514.00	6.00	402.00	4.80	379.00	4.70	405.00	5.50
Fisher	102.00	5.40	83.00	4.50	69.00	3.80	78.00	4.40
Foard	30.00	5.20	24.00	4.20	22.00	4.00	21.00	3.90
Hardeman	98.00	5.80	81.00	4.90	79.00	4.90	63.00	3.90
Haskell	133.00	4.90	106.00	3.90	90.00	3.50	111.00	4.40
Jack	212.00	5.30	161.00	3.70	171.00	4.20	191.00	4.90
Jones	392.00	6.70	319.00	5.50	310.00	5.50	330.00	5.90
Kent	20.00	3.80	17.00	3.30	13.00	2.60	14.00	3.00
Knox	93.00	5.30	75.00	4.30	63.00	3.80	70.00	4.40
Mitchell	158.00	5.50	123.00	4.20	154.00	5.60	188.00	7.20
Montague	507.00	4.90	402.00	4.00	410.00	4.20	451.00	5.00
Nolan	395.00	5.70	302.00	4.30	279.00	4.00	333.00	4.90
Runnels	261.00	5.20	211.00	4.20	173.00	3.70	190.00	4.10
Scurry	354.00	4.10	286.00	3.30	337.00	4.10	442.00	5.90
Shackelford	76.00	3.30	65.00	2.70	59.00	2.80	73.00	3.90
Stephens	217.00	5.20	187.00	4.40	171.00	4.20	209.00	5.30
Stonewall	33.00	4.70	27.00	3.90	29.00	4.40	29.00	4.60
Taylor	3394.00	5.20	2710.00	4.20	2318.00	3.70	2365.00	3.70
Throckmorton	40.00	5.00	33.00	4.00	25.00	3.20	28.00	3.70
Wichita	3341.00	5.80	2751.00	4.90	2365.00	4.30	2415.00	4.40
Wilbarger	333.00	5.80	260.00	4.90	246.00	4.80	240.00	4.80
Young	440.00	5.10	353.00	4.10	360.00	4.30	369.00	4.40
Region 2	13709.00	5.40	11039.00	4.40	9939.00	4.27	10457.00	4.63

Table 8. County Total TANF Recipients and Recipients per 100K

County	2015 Total Recipients	2015 Recipients per 100K	2016 Total Recipients	2016 Recipients per 100K
Archer	3.00	34.44	13.18	151.47
Baylor	12.00	326.89	10.17	275.03
Brown	75.00	197.47	75.05	196.09
Callahan	26.00	191.23	12.18	88.11
Clay	19.00	184.04	26.44	259.38
Coleman	22.00	264.01	17.24	204.73
Comanche	20.00	149.64	33.53	248.65
Cottle	6.00	419.29	7.10	506.29
Eastland	23.00	126.84	29.41	160.92
Fisher	1.00	25.95	10.14	263.11
Foard	0.00	0.00	1.01	85.72
Hardeman	20.00	519.35	7.10	181.72
Haskell	10.00	173.19	10.17	178.98
Jack	8.00	90.67	7.10	81.18
Jones	35.00	175.25	26.42	132.04
Kent	0.00	0.00	2.03	263.72
Knox	6.00	155.80	6.08	159.86
Mitchell	16.00	180.59	19.27	220.94
Montague	33.00	171.26	32.49	167.33
Nolan	38.00	252.49	29.45	196.44
Runnels	14.00	132.98	11.15	106.76
Scurry	39.00	222.02	36.52	210.71
Shackelford	1.00	30.16	1.01	30.59
Stephens	14.00	141.36	17.24	174.02
Stonewall	4.00	283.29	5.07	355.55
Taylor	320.00	234.73	346.94	254.11
Throckmorton	2.00	128.21	0.00	0.00
Wichita	385.00	292.73	385.43	292.35
Wilbarger	48.00	368.18	43.61	338.29
Young	67.00	367.57	58.88	324.36
Region 2	1267.00	230.27	1281.40	232.68
Texas	64731.00	235.99	63417.00	227.61



Table 9. County Total Number SNAP Recipients 2015-2016

County Name	2015 Number of Recipients	2016 Number of Recipients
Archer	597	612
Baylor	498	545
Brown	5641	5450
Callahan	1774	1891
Clay	965	1006
Coleman	1328	1340
Comanche	1874	1941
Cottle	236	248
Eastland	2857	3067
Fisher	408	369
Foard	165	183
Hardeman	583	592
Haskell	883	944
Jack	917	1008
Jones	2021	2105
Kent	62	48
Knox	567	589
Mitchell	989	1066
Montague	2548	2532
Nolan	2682	2644
Runnels	1413	1537
Scurry	2021	2182
Shackelford	353	404
Stephens	1625	1742
Stonewall	113	123
Taylor	19542	20098
Throckmorton	138	141
Wichita	19083	19804
Wilbarger	2182	2044
Young	2490	2566
Region 2	76555	78821
State Total	3806639	3912257

Table 10. County Total Number and Percent Uninsured Children

County	2013 Total Number	2013 Percent	2014 Total Number	2014 Percent
Archer	408	19.9	303	15
Baylor	139	17.7	113	14.4
Brown	1038	11.5	1060	12
Callahan	525	16.7	398	12.7
Clay	389	16.3	350	14.9
Coleman	261	13.6	272	14.2
Comanche	653	20.1	670	20.7
Cottle	82	25	70	21.7
Eastland	638	15.5	590	14.7
Fisher	144	17.2	131	15.6
Foard	58	20.6	51	17.8
Hardeman	171	17.3	187	19.4
Haskell	171	13.9	168	13.9
Jack	394	19.5	353	17.6
Jones	578	15.6	496	13.5
Kent	42	23.1	29	17.3
Knox	224	22.6	211	20.2
Mitchell	279	14.7	271	14.4
Montague	751	16.2	809	17.5
Nolan	491	12.5	480	11.9
Runnels	430	16.6	410	15.7
Scurry	668	14.7	674	14.7
Shackelford	159	19.1	137	17
Stephens	351	16.4	367	17
Stonewall	75	22.7	57	17.6
Taylor	3875	11.5	3536	10.3
Throckmorton	81	22.7	84	23
Wichita	3725	11.9	3146	10.1
Wilbarger	448	13.8	403	12.8
Young	752	16.6	761	16.6
Region 2	18000	17.2	16587	15.8

## Appendix B

Table 11. County Dropout Rates 2013-2015

County	2013 Dropout Rate	2014 Dropout Rate	2015 Dropout Rate
Archer	0.7	1.4	0
Baylor	0	0	2.8
Brown	2.3	4.1	2.5
Callahan	2	4	2
Clay	1.7	3.5	2.9
Coleman	3.7	2.4	4.3
Comanche	0.8	2.4	2.3
Cottle	0	0	9.1
Eastland	5.3	7.6	3.9
Fisher	2	0	7.7
Foard	0	0	0
Hardeman	3.8	2.1	0
Haskell	3.6	4.8	3.9
Jack	0	0	0
Jones	1.1	2.2	0.5
Kent	0	0	0
Knox	2	7.4	0
Mitchell	2	6.2	3.4
Montague	4.1	3.9	2.8
Nolan	3.8	3.5	5.9
Runnels	3	0	3
Scurry	6.2	9.7	8.2
Shackelford	4.5	2.9	0
Stephens	2.6	3	2.2
Stonewall	6.3	0	0
Taylor	6.2	8	10.1
Throckmorton	6.7	10	0
Wichita	3.6	2.8	2.1
Wilbarger	9	9.9	6.7
Young	1.9	0.8	1.8
Region 2	3.0	3.4	2.9
Texas	6.6	6.6	6.3

**Table 12. County Total Discipline Record Count, End of Year Enrollment, Discipline Rate and Students Expelled 2015-2016**

County	Discipline Record Count	Cumulative End of Year Enrollment	Discipline Rate per 100 Students	Students Expelled
Archer	255	1944	13.1	not listed
Baylor	75	359	20.9	not listed
Brown	1234	7333	16.8	masked
Callahan	487	2805	17.4	masked
Clay	511	1841	27.8	not listed
Coleman	447	1472	30.4	not listed
Comanche	107	2559	4.2	not listed
Cottle	21	221	9.5	not listed
Eastland	385	3162	12.2	not listed
Fisher	58	615	9.4	not listed
Foard	33	225	14.7	masked
Hardeman	145	833	17.4	not listed
Haskell	109	999	10.9	masked
Jack	283	1717	16.5	not listed
Jones	619	2911	21.3	not listed
Kent	7	143	4.9	not listed
Knox	24	858	2.8	not listed
Mitchell	198	1621	12.2	not listed
Montague	615	3660	16.8	masked
Nolan	650	3481	18.7	not listed
Runnels	507	2186	23.2	not listed
Scurry	1516	3666	41.4	not listed
Shackelford	29	697	4.2	not listed
Stonewall	masked	268	-	not listed
Stephens	382	1629	23.4	not listed
Taylor	7547	41060	18.4	32
Throckmorton	47	351	13.4	not listed
Wichita	7819	22079	35.4	5
Wilbarger	1119	2702	41.4	not listed
Young	926	3607	25.7	not listed
Region2	26155	117004	22.4	37

Table 13. County Total Students Free/Reduced Lunch per School Year 2012-2015

County	2012-2013 Total Students Free/Reduced Lunch	2013-2014 Total Students Free/Reduced Lunch	2014-2015 Total Students Free/Reduced Lunch
Archer	649	617	550
Baylor	306	303	314
Brown	3983	3939	4090
Callahan	1316	1293	1308
Clay	715	756	784
Coleman	843	711	863
Comanche	1452	1489	1461
Cottle	156	136	135
Eastland	1927	1811	1776
Fisher	310	323	292
Foard	145	141	144
Hardeman	550	589	564
Haskell	720	662	615
Jack	865	808	765
Jones	1605	1703	1630
Kent	57	54	52
Knox	480	459	509
Mitchell	868	855	777
Montague	1700	1693	1659
Nolan	1935	2001	1897
Runnels	1228	1202	1174
Scurry	1778	1752	1509
Shackelford	293	272	259
Stephens	948	956	947
Stonewall	128	135	129
Taylor	12980	12991	12669
Throckmorton	183	159	177
Wichita	11940	13037	12904
Wilbarger	1719	1664	1449
Young	2002	2015	1920
Region 2	53781	54526	53322
Texas	3059437	3080822	3058606

**Table 14. County Total Number Homeless Students per School Year 2013-2016**

County	2013- 2014 Homeless Students	2014- 2015 Homeless Students	2015- 2016 Homeless Students
Archer	46	22	29
Baylor	0	0	0
Brown	5	33	24
Callahan	80	85	98
Clay	30	42	52
Coleman	59	32	7
Comanche	136	127	128
Cottle	0	0	0
Eastland	111	171	147
Fisher	15	33	32
Foard	0	0	0
Hardeman	22	15	22
Haskell	20	39	38
Jack	0	12	7
Jones	253	231	276
Kent	0	0	0
Knox	12	0	7
Mitchell	27	17	13
Montague	35	33	28
Nolan	49	55	48
Runnels	30	51	42
Scurry	162	220	98
Shackelford	12	13	41
Stephens	38	33	41
Stonewall	6	6	10
Taylor	675	666	653
Throckmorton	0	0	0
Wichita	334	389	259
Wilbarger	23	19	15
Young	40	51	16
Region 2	2220	2395	2131

Table 15. County Index Violent Crime 2013-2015

County	2013 Index Violent Crime	2014 Index Violent Crime	2015 Index Violent Crime
Archer	101.1	144.4	132.6
Baylor	499.1	248.9	196.1
Brown	266.6	300.6	366.8
Callahan	51.6	110.1	140.4
Clay	57.0	124.0	155.3
Coleman	173.5	129.1	110.8
Comanche	181.8	264.0	244.6
Cottle	134.6	482.8	357.7
Eastland	151.8	191.4	320.2
Fisher	444.1	284.9	525.1
Foard	230.4	0.0	0.0
Hardeman	24.5	0.0	31.1
Haskell	101.7	101.9	62.9
Jack	233.1	177.6	249.0
Jones	269.9	258.7	154.5
Kent	352.1	246.4	256.1
Knox	52.3	78.9	198.0
Mitchell	395.7	243.0	99.8
Montague	153.1	153.1	185.1
Nolan	557.7	390.7	444.0
Runnels	124.2	135.5	182.4
Scurry	527.5	485.2	263.4
Shackelford	148.5	147.0	89.7
Stephens	158.5	173.1	138.6
Stonewall	135.7	0.0	216.8
Taylor	367.1	442.3	464.2
Throckmorton	125.2	0.0	62.3
Wichita	375.5	364.4	348.7
Wilbarger	294.6	175.1	295.2
Young	141.7	200.7	169.1
Region 2	227.7	201.8	215.4
Texas	399.7	404.2	410.5

Table 16. County Index Property Crime 2013-2015

County	2013 Property Crime	2014 Index Property Crime	2015 Index Property Crime
Archer	2123.3	722.3	1041.5
Baylor	2827.8	2240.7	2605.1
Brown	2877.0	2862.7	2548.8
Callahan	1156.9	1372.4	1277.7
Clay	913.0	1325.8	1319.9
Coleman	2534.5	1842.5	1900.8
Comanche	2057.7	2046.3	1949.9
Cottle	201.9	482.7	214.6
Eastland	2635.0	2241.9	2589.6
Fisher	2429.5	3651.9	2021.5
Foard	307.0	0.0	0.0
Hardeman	3189.3	1844.5	1119.1
Haskell	864.4	968.4	597.5
Jack	2120.5	2287.4	1562.1
Jones	1910.2	1950.1	1657.2
Kent	1291.0	1108.4	1920.6
Knox	914.7	657.4	1445.2
Mitchell	1701.0	1848.4	1120.1
Montague	2649.0	2302.3	2101.7
Nolan	3769.0	2139.6	3161.0
Runnels	162.7	1693.3	1478.4
Scurry	3999.3	3191.3	2302.4
Shackelford	534.5	764.3	867.2
Stephens	1331.6	1332.7	1524.6
Stonewall	1085.5	350.0	289.1
Taylor	3636.9	4062.9	4026.4
Throckmorton	1251.6	311.5	373.6
Wichita	3925.9	3630.3	3455.1
Wilbarger	2894.0	2436.3	2385.2
Young	2796.2	1823.3	1700.6
Region 2	2003.0	1783.1	1685.2
Texas	3254.0	2988.0	2822.8



Table 17. County Total Number Incidents Sexual Assault 2013-2015

County	2013 Sexual Assaults	2014 Sexual Assaults	2015 Sexual Assaults
Archer	2	3	3
Baylor	3	4	1
Brown	48	53	53
Callahan	3	3	9
Clay	4	2	5
Coleman	4	1	5
Comanche	13	18	2
Cottle	1	0	0
Eastland	8	4	15
Fisher	1	6	0
Foard	0	0	0
Hardeman	2	1	0
Haskell	2	2	2
Jack	6	2	7
Jones	7	13	10
Kent	3	0	1
Knox	2	3	5
Mitchell	6	9	0
Montague	9	2	9
Nolan	17	13	4
Runnels	1	6	4
Scurry	12	5	3
Shackelford	2	2	2
Stephens	9	10	10
Stonewall	0	0	0
Taylor	196	224	235
Throckmorton	0	0	0
Wichita	220	217	181
Wilbarger	9	11	22
Young	15	23	14
Region 2	605	637	602
Texas	17844	18756	18636

Table 18. County rate Child Abuse &amp; Neglect: Confirmed Victims 2014-2016

County	2014 Victims per 1,000 Children	2015 Victims per 1,000 Children	2016 Victims per 1,000 Children
Archer	16.58	5.76	5.8
Baylor	11.83	25.07	12.03
Brown	17.69	19.61	20.14
Callahan	14.24	11.75	8.66
Clay	8.34	10.48	15.11
Coleman	14.96	21.16	14.46
Comanche	13.4	10.08	13.1
Cottle	24.86	22.28	16.44
Eastland	18.22	15.81	12.11
Fisher	19.95	28.82	0
Foard	0	0	0
Hardeman	24.32	27.99	11.61
Haskell	20.15	10.04	6.61
Jack	21.12	28.04	27.04
Jones	18.81	17.43	12.35
Kent	35.09	0	0
Knox	14.93	9.51	6.29
Mitchell	19.85	15.85	14.8
Montague	21.29	34.24	31.03
Nolan	22.11	22.16	21.87
Runnels	11.06	17.34	9.38
Scurry	16.96	16	13.53
Shackelford	18.7	8.59	24.36
Stephens	14.51	12.28	11.39
Stonewall	18.87	0	0
Taylor	27.34	27.26	21.1
Throckmorton	0	0	0
Wichita	22.58	21.91	18.69
Wilbarger	10.81	17.13	13.01
Young	13.45	11.55	16.72
Region 2	20.75	21.01	17.8
Texas	9.23	9.13	7.92

## Appendix C

Table 19. Region 2: Parental Attitudes towards Substance Consumption

Table T-5: How do your parents feel about kids your age using tobacco?						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not Know
All	72.8%	9.7%	9.4%	1.3%	0.6%	6.1%
Grade 7	84.6%	2.3%	3.0%	0.7%	1.1%	8.3%
Grade 8	82.6%	6.9%	3.7%	0.5%	0.6%	5.7%
Grade 9	76.9%	8.7%	5.8%	2.6%	0.0%	6.0%
Grade 10	65.1%	16.3%	10.9%	1.6%	1.2%	4.9%
Grade 11	60.9%	16.4%	15.9%	0.6%	0.0%	6.2%
Grade 12	57.6%	11.3%	23.2%	2.5%	0.3%	5.1%
Table A-12: How do your parents feel about kids your age drinking alcohol?						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not Know
All	62.3%	14.8%	12.1%	3.9%	0.9%	6.1%
Grade 7	77.9%	5.6%	5.3%	2.9%	0.8%	7.4%
Grade 8	74.3%	11.7%	6.8%	1.1%	0.7%	5.3%
Grade 9	63.5%	14.4%	7.7%	7.8%	0.0%	6.7%
Grade 10	51.4%	23.2%	13.0%	5.2%	2.6%	4.6%
Grade 11	51.0%	18.5%	19.8%	3.1%	0.4%	7.2%
Grade 12	44.9%	20.1%	25.5%	3.8%	0.7%	5.1%
Table D-9: How do your parents feel about kids your age using marijuana?						
	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not Know
All	80.3%	5.8%	5.2%	1.6%	1.1%	6.0%
Grade 7	85.4%	2.6%	1.8%	0.6%	1.1%	8.5%
Grade 8	85.3%	3.2%	4.1%	1.0%	1.0%	5.3%
Grade 9	80.2%	7.7%	2.9%	2.8%	0.0%	6.5%
Grade 10	77.5%	7.6%	6.7%	1.9%	2.2%	4.2%
Grade 11	75.8%	7.4%	9.4%	0.9%	0.6%	5.9%
Grade 12	73.4%	8.3%	8.3%	3.1%	1.9%	5.1%

Table 20. Region 2: Peer Approval of Substance Use by Substance

<b>T-4: About how many of your close friends use tobacco?</b>						
	None	A Few	Some	Most	All	
All	59.8%	24.2%	9.7%	5.8%	0.5%	
Grade 7	84.4%	11.6%	3.1%	0.4%	0.4%	
Grade 8	74.4%	16.9%	4.0%	4.6%	0.1%	
Grade 9	62.8%	20.7%	9.5%	6.9%	0.0%	
Grade 10	41.7%	35.8%	15.3%	6.5%	0.8%	
Grade 11	43.8%	32.3%	13.9%	8.4%	1.6%	
Grade 12	36.1%	35.7%	16.8%	10.7%	0.7%	
<b>A-9: About how many of your close friends use alcohol?</b>						
	None	A Few	Some	Most	All	
All	45.5%	25.6%	13.5%	12.0%	3.3%	
Grade 7	79.2%	14.4%	4.2%	1.4%	0.8%	
Grade 8	65.4%	19.6%	9.5%	4.4%	1.1%	
Grade 9	38.4%	30.5%	15.9%	11.8%	3.4%	
Grade 10	24.7%	35.4%	13.2%	22.1%	4.6%	
Grade 11	26.4%	28.8%	22.5%	19.9%	2.4%	
Grade 12	19.9%	30.1%	21.5%	18.4%	10.0%	
<b>D-7: About how many of your close friends use marijuana?</b>						
	None	A Few	Some	Most	All	
All	61.6%	19.1%	10.2%	6.8%	2.4%	
Grade 7	88.4%	7.8%	3.0%	0.4%	0.5%	
Grade 8	73.9%	15.3%	5.2%	4.3%	1.2%	
Grade 9	62.0%	17.6%	11.6%	6.8%	1.9%	
Grade 10	47.6%	23.9%	16.8%	8.8%	2.9%	
Grade 11	43.7%	27.2%	15.1%	11.6%	2.4%	
Grade 12	38.7%	28.9%	12.9%	12.4%	7.1%	

**Table 21. Texas: Peer Approval of Substance Use by Substance**

<b>T-4: About how many of your close friends use tobacco?</b>						
	None	A Few	Some	Most	All	
<b>All</b>	68.4%	19.1%	7.8%	3.7%	1.0%	
<b>Grade 7</b>	88.1%	8.6%	2.2%	0.7%	0.4%	
<b>Grade 8</b>	79.3%	14.3%	4.2%	1.6%	0.6%	
<b>Grade 9</b>	69.5%	19.4%	7.4%	3.2%	0.5%	
<b>Grade 10</b>	62.7%	22.5%	9.6%	4.2%	1.0%	
<b>Grade 11</b>	55.2%	25.7%	11.9%	6.0%	1.2%	
<b>Grade 12</b>	46.9%	28.1%	14.2%	8.5%	2.3%	
<b>A-9: About how many of your close friends use alcohol?</b>						
	None	A Few	Some	Most	All	
<b>All</b>	49.5%	23.3%	13.8%	10.3%	3.1%	
<b>Grade 7</b>	78.6%	14.3%	4.7%	1.9%	0.4%	
<b>Grade 8</b>	66.1%	19.9%	8.9%	3.8%	1.3%	
<b>Grade 9</b>	47.6%	26.1%	15.1%	9.3%	1.8%	
<b>Grade 10</b>	38.2%	27.2%	18.1%	13.0%	3.5%	
<b>Grade 11</b>	30.6%	27.5%	19.6%	17.3%	5.0%	
<b>Grade 12</b>	24.3%	27.1%	19.6%	20.9%	8.1%	
<b>D-7: About how many of your close friends use marijuana?</b>						
	None	A Few	Some	Most	All	
<b>All</b>	58.6%	19.0%	10.9%	8.5%	3.0%	
<b>Grade 7</b>	84.2%	10.0%	3.6%	1.5%	0.7%	
<b>Grade 8</b>	72.1%	15.0%	7.0%	4.3%	1.7%	
<b>Grade 9</b>	58.3%	20.7%	11.5%	7.3%	2.3%	
<b>Grade 10</b>	49.5%	21.9%	13.8%	11.0%	3.7%	
<b>Grade 11</b>	40.6%	23.9%	16.5%	14.7%	4.3%	
<b>Grade 12</b>	36.7%	25.2%	15.9%	15.3%	7.0%	

Table 22. Region 2: Perceived Access of Substances

T-3: If you wanted some, how difficult would it be to get tobacco?							
	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	
All	18.9%	24.7%	7.0%	9.2%	15.5%	24.6%	
Grade 7	28.2%	39.6%	10.6%	7.2%	6.7%	7.7%	
Grade 8	22.4%	34.7%	8.7%	10.9%	12.5%	10.8%	
Grade 9	24.4%	27.2%	5.1%	9.4%	12.8%	21.2%	
Grade 10	13.2%	17.3%	8.6%	9.4%	24.4%	27.2%	
Grade 11	11.6%	12.6%	3.7%	10.3%	20.8%	41.0%	
Grade 12	7.5%	7.2%	3.6%	7.7%	19.9%	54.1%	
A-5: If you wanted some, how difficult would it be to get alcohol?							
	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	
All	15.5%	17.8%	8.2%	12.1%	18.3%	28.1%	
Grade 7	25.2%	31.1%	11.4%	10.2%	10.7%	11.4%	
Grade 8	19.4%	25.0%	10.3%	13.3%	15.9%	16.1%	
Grade 9	16.9%	17.6%	8.7%	11.4%	16.5%	28.8%	
Grade 10	10.0%	13.2%	7.4%	12.5%	20.6%	36.4%	
Grade 11	10.0%	5.7%	2.1%	15.1%	22.8%	44.3%	
Grade 12	6.1%	6.8%	7.4%	10.6%	27.9%	41.2%	
A-10: 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	48.3%	6.3%	4.2%	7.4%	11.0%	1.5%	21.4%
Grade 7	73.6%	3.5%	0.9%	3.0%	1.4%	2.4%	15.2%
Grade 8	62.6%	7.4%	3.4%	2.7%	3.4%	2.3%	18.1%
Grade 9	43.7%	7.2%	6.1%	5.5%	11.4%	2.7%	23.3%
Grade 10	40.3%	6.9%	5.3%	10.2%	13.7%	0.3%	23.4%
Grade 11	30.1%	6.6%	4.0%	13.7%	20.2%	0.5%	24.9%
Grade 12	24.4%	6.4%	6.5%	12.8%	23.0%	0.0%	26.9%

D-5: If you wanted some, how difficult would it be to get...							
	Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	
Marijuana	All	20.8%	32.1%	8.8%	10.0%	11.7%	16.7%
	Grade 7	32.3%	49.4%	6.4%	4.5%	4.2%	3.1%

<b>Cocaine</b>	Grade 8	22.6%	44.6%	7.2%	7.9%	7.8%	10.0%	
	Grade 9	25.5%	32.9%	9.1%	9.6%	8.8%	14.1%	
	Grade 10	14.4%	24.9%	9.3%	13.2%	14.1%	24.1%	
	Grade 11	14.7%	14.7%	11.4%	13.3%	18.7%	27.2%	
	Grade 12	9.3%	15.0%	10.7%	14.2%	21.7%	29.2%	
	All	29.3%	44.4%	12.8%	8.0%	2.4%	3.0%	
	<b>Crack</b>	Grade 7	36.2%	52.4%	7.9%	2.1%	1.0%	0.4%
		Grade 8	27.8%	54.3%	8.5%	4.2%	1.7%	3.5%
		Grade 9	36.3%	41.4%	11.0%	6.3%	0.5%	4.6%
		Grade 10	24.0%	44.7%	15.1%	9.7%	3.8%	2.6%
		Grade 11	26.8%	32.6%	15.9%	14.6%	6.5%	3.7%
		Grade 12	21.7%	34.0%	22.9%	15.4%	2.0%	4.0%
All		30.3%	45.1%	13.4%	6.6%	2.2%	2.4%	
Grade 7		37.5%	52.1%	6.8%	1.9%	1.2%	0.5%	
Grade 8		28.6%	54.0%	8.0%	4.8%	1.5%	3.1%	
Grade 9		36.6%	41.4%	11.6%	6.3%	1.2%	3.0%	
Grade 10		24.6%	43.9%	18.5%	8.7%	2.9%	1.5%	
Grade 11		27.3%	34.9%	16.4%	12.6%	6.0%	2.9%	
Grade 12	24.4%	39.1%	23.8%	7.8%	0.8%	4.1%		

<b>Steroids</b>							
<b>Ecstasy?</b>	All	31.5%	40.5%	13.8%	7.4%	3.6%	3.2%
	Grade 7	39.9%	47.7%	8.4%	1.9%	1.7%	0.3%
	Grade 8	31.2%	52.6%	8.9%	4.4%	1.5%	1.5%
	Grade 9	36.0%	35.6%	13.0%	5.6%	5.3%	4.3%
	Grade 10	23.9%	38.5%	16.8%	9.5%	6.4%	4.9%
	Grade 11	29.4%	31.2%	17.6%	14.9%	3.0%	4.0%
	Grade 12	25.3%	31.5%	21.9%	11.3%	4.7%	5.3%
	All	43.6%	35.1%	11.5%	4.7%	2.6%	2.5%
	Grade 7	56.0%	35.9%	5.4%	1.2%	1.3%	0.3%
	Grade 8	48.4%	40.8%	5.6%	2.2%	1.0%	1.9%
	Grade 9	48.2%	38.1%	6.7%	2.3%	1.7%	3.0%
	Grade 10	33.7%	32.1%	20.0%	6.6%	4.7%	2.8%
	Grade 11	34.5%	31.1%	16.9%	8.7%	5.4%	3.4%
	Grade 12	34.2%	29.2%	18.9%	9.9%	2.8%	5.0%

<b>Heroin?</b>							
All	38.8%	42.5%	11.9%	3.2%	1.7%	1.8%	
Grade 7	49.0%	42.6%	6.0%	1.0%	0.9%	0.4%	
Grade 8	39.2%	49.3%	7.2%	2.0%	0.9%	1.4%	
Grade 9	41.8%	40.7%	9.8%	3.7%	0.7%	3.3%	
Grade 10	31.6%	43.0%	16.0%	5.1%	2.4%	1.9%	
Grade 11	36.6%	34.7%	17.7%	4.8%	4.9%	1.2%	
Grade 12	30.5%	42.7%	19.1%	3.6%	1.2%	2.9%	
<b>Meth?</b>							
All	39.0%	41.2%	9.8%	4.6%	2.2%	3.1%	
Grade 7	50.2%	41.9%	4.9%	1.7%	1.1%	0.3%	
Grade 8	39.8%	47.6%	6.6%	2.2%	1.8%	1.9%	
Grade 9	43.2%	40.0%	8.8%	2.8%	2.9%	4.3%	
Grade 10	30.9%	41.4%	14.3%	6.1%	2.9%	4.3%	
Grade 11	35.9%	32.4%	14.1%	7.4%	4.9%	5.4%	
Grade 12	29.6%	41.9%	12.5%	9.7%	1.2%	5.1%	
<b>Synthetic Marijuana?</b>							
All	38.9%	34.5%	9.7%	5.9%	4.8%	6.2%	
Grade 7	51.6%	39.4%	4.4%	1.7%	1.7%	1.2%	
Grade 8	42.5%	42.7%	6.1%	2.9%	2.3%	3.5%	
Grade 9	43.2%	34.7%	9.7%	3.1%	1.4%	7.8%	
Grade 10	28.2%	34.6%	10.6%	8.5%	10.7%	7.4%	
Grade 11	34.1%	22.7%	13.4%	9.1%	9.4%	11.3%	
Grade 12	27.7%	27.8%	17.8%	13.3%	5.0%	8.5%	

<b>D-8: Thinking of parties you attended this school year, how often were marijuana and/or other drugs used?</b>							
	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	58.5%	4.5%	4.8%	4.1%	4.2%	2.6%	21.3%
Grade 7	80.6%	0.5%	0.6%	0.2%	0.7%	2.1%	15.3%
Grade 8	69.6%	2.5%	2.3%	1.9%	3.5%	2.1%	18.1%
Grade 9	57.4%	3.9%	3.4%	3.4%	4.2%	3.6%	24.2%
Grade 10	52.8%	5.1%	7.7%	6.2%	2.7%	3.0%	22.5%
Grade 11	42.2%	10.1%	8.9%	5.6%	5.2%	3.1%	24.9%
Grade 12	35.7%	7.1%	8.3%	9.9%	11.2%	1.9%	25.9%



Table 23. Texas: Perceived Access of Substances

T-3: If you wanted some, how difficult would it be to get tobacco?							
	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	
All	26.2%	21.8%	7.4%	9.8%	14.1%	20.7%	
Grade 7	34.9%	36.3%	8.9%	6.8%	7.0%	6.1%	
Grade 8	30.9%	28.4%	9.0%	10.4%	11.2%	10.1%	
Grade 9	28.2%	20.9%	7.8%	11.9%	15.6%	15.7%	
Grade 10	23.6%	17.4%	7.4%	12.2%	17.7%	21.7%	
Grade 11	19.0%	13.4%	5.7%	10.4%	20.2%	31.1%	
Grade 12	16.0%	8.9%	4.2%	7.0%	14.8%	49.1%	
A-5: If you wanted some, how difficult would it be to get alcohol?							
	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	
All	21.4%	14.5%	6.1%	11.1%	18.3%	28.6%	
Grade 7	30.7%	26.8%	9.0%	9.8%	10.4%	13.3%	
Grade 8	26.7%	19.0%	7.6%	11.6%	14.9%	20.2%	
Grade 9	22.5%	12.9%	5.9%	12.0%	19.2%	27.4%	
Grade 10	17.7%	10.9%	5.0%	10.7%	21.6%	34.1%	
Grade 11	14.3%	7.8%	4.3%	10.8%	23.3%	39.6%	
Grade 12	12.4%	5.6%	3.6%	11.8%	22.7%	43.8%	
A-10: 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	51.0%	7.5%	5.4%	8.1%	10.3%	2.0%	15.7%
Grade 7	74.1%	6.1%	3.1%	2.8%	1.5%	2.3%	10.0%
Grade 8	67.3%	7.8%	4.7%	4.4%	3.0%	2.0%	10.7%
Grade 9	47.9%	9.2%	6.9%	8.5%	7.3%	2.4%	17.7%
Grade 10	42.2%	8.5%	6.7%	10.6%	11.5%	2.1%	18.4%
Grade 11	35.2%	7.0%	6.3%	11.4%	18.6%	1.1%	20.6%
Grade 12	29.9%	6.1%	5.1%	13.0%	25.9%	1.6%	18.5%
D-3: If you wanted some, how difficult would it be to get...							
Marijuana	Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	

<b>Cocaine</b>	All	25.4%	24.1%	7.7%	9.4%	12.6%	20.7%
	Grade 7	36.2%	41.1%	8.4%	5.5%	4.5%	4.4%
	Grade 8	31.0%	32.3%	8.9%	8.4%	8.5%	10.8%
	Grade 9	26.1%	22.4%	9.2%	10.6%	13.3%	18.4%
	Grade 10	21.1%	19.0%	6.8%	11.1%	15.4%	26.5%
	Grade 11	17.6%	13.6%	6.3%	10.7%	17.4%	34.3%
	Grade 12	16.2%	9.9%	6.0%	11.0%	19.1%	37.8%
<b>Crack</b>	All	33.7%	35.0%	12.8%	8.9%	4.5%	5.0%
	Grade 7	39.4%	44.9%	8.9%	3.9%	1.3%	1.5%
	Grade 8	37.3%	40.6%	10.9%	5.9%	2.7%	2.6%
	Grade 9	34.7%	34.9%	13.2%	8.6%	4.2%	4.3%
	Grade 10	31.9%	31.9%	13.5%	10.9%	6.0%	5.8%
	Grade 11	28.8%	29.3%	15.1%	12.5%	6.8%	7.5%
	Grade 12	27.5%	24.2%	16.6%	13.8%	7.5%	10.4%
<b>Steroids</b>	All	35.7%	36.1%	13.4%	7.7%	3.3%	3.8%
	Grade 7	41.2%	43.9%	8.5%	3.7%	1.3%	1.5%
	Grade 8	38.5%	40.8%	10.9%	5.1%	2.2%	2.5%
	Grade 9	36.3%	36.0%	13.5%	7.8%	2.8%	3.6%
	Grade 10	33.7%	33.8%	14.5%	9.3%	4.4%	4.2%
	Grade 11	31.7%	31.8%	16.2%	11.2%	4.6%	4.5%
	Grade 12	30.5%	26.5%	19.3%	11.0%	5.2%	7.5%
<b>Steroids</b>	All	37.3%	34.6%	12.5%	7.9%	3.8%	3.8%
	Grade 7	42.6%	41.1%	8.5%	4.6%	1.7%	1.6%
	Grade 8	40.8%	38.7%	10.3%	5.2%	2.6%	2.4%
	Grade 9	37.4%	34.9%	12.8%	7.4%	3.7%	3.8%
	Grade 10	35.6%	32.9%	12.8%	9.5%	4.7%	4.5%
	Grade 11	33.2%	30.1%	15.5%	10.7%	5.6%	4.9%
	Grade 12	32.1%	27.1%	16.5%	12.1%	5.2%	7.0%

<b>Ecstasy?</b>							
	All	45.0%	29.1%	10.4%	6.7%	4.3%	4.4%
	Grade 7	57.9%	32.0%	6.3%	2.2%	0.7%	1.0%
	Grade 8	53.2%	31.6%	7.8%	3.8%	1.7%	1.9%
	Grade 9	46.2%	29.9%	10.4%	5.9%	3.7%	3.9%
	Grade 10	40.5%	28.7%	11.8%	8.3%	5.1%	5.6%
	Grade 11	34.4%	27.0%	13.3%	10.6%	8.1%	6.5%

<b>Heroin?</b>	Grade 12	32.0%	23.7%	14.5%	11.4%	8.7%	9.7%
	All	42.1%	36.2%	11.7%	4.9%	2.2%	2.8%
	Grade 7	50.9%	37.6%	6.8%	2.6%	0.9%	1.2%
	Grade 8	46.7%	37.7%	9.1%	3.1%	1.5%	2.0%
	Grade 9	42.4%	36.9%	11.2%	4.8%	2.1%	2.6%
	Grade 10	38.3%	36.7%	13.1%	6.0%	2.6%	3.3%
	Grade 11	36.2%	35.5%	14.6%	6.7%	3.5%	3.5%
	Grade 12	34.8%	31.4%	17.8%	7.5%	3.4%	5.2%
<b>Methamphetamine?</b>	All	43.7%	34.6%	10.9%	5.0%	2.6%	3.2%
	Grade 7	43.1%	36.0%	6.5%	2.3%	0.9%	1.2%
	Grade 8	49.0%	35.8%	8.6%	3.0%	1.6%	2.0%
	Grade 9	43.8%	35.9%	10.1%	4.8%	2.6%	2.8%
	Grade 10	40.6%	34.8%	11.7%	6.0%	3.3%	3.7%
	Grade 11	36.8%	33.8%	14.1%	7.5%	3.5%	4.3%
	Grade 12	35.0%	30.2%	16.7%	7.5%	4.6%	6.1%
	<b>Synthetic Marijuana?</b>	All	42.7%	27.7%	9.1%	6.8%	5.9%
Grade 7		53.9%	33.2%	6.2%	2.8%	1.6%	2.2%
Grade 8		48.9%	31.3%	7.9%	4.4%	3.3%	4.3%
Grade 9		42.8%	28.1%	9.4%	7.1%	5.4%	7.2%
Grade 10		38.2%	25.9%	9.3%	8.1%	7.8%	10.6%
Grade 11		34.4%	24.0%	11.7%	9.5%	9.2%	11.2%
Grade 12		33.1%	21.1%	11.4%	10.6%	10.3%	13.5%

<b>D-8: Thinking of parties you attended this school year, how often were marijuana and/or other drugs used?</b>							
	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
<b>All</b>	60.9%	5.8%	4.2%	5.4%	5.9%	2.1%	15.7%
<b>Grade 7</b>	83.1%	2.7%	1.1%	0.8%	1.0%	1.4%	9.9%
<b>Grade 8</b>	77.4%	3.6%	2.3%	2.3%	1.6%	2.1%	10.6%
<b>Grade 9</b>	60.3%	7.2%	4.2%	4.3%	3.6%	2.5%	18.0%
<b>Grade 10</b>	52.7%	7.2%	4.7%	7.3%	6.8%	2.6%	18.7%
<b>Grade 11</b>	43.0%	7.3%	6.5%	9.3%	11.4%	1.8%	20.7%
<b>Grade 12</b>	38.7%	7.8%	7.5%	10.6%	14.8%	2.3%	18.5%

Table 24. Region 2: Accessibility of Alcohol by Environment

A-12: How often, if ever, do you get alcohol beverages from ...?						
		Do Not Drink	Never	Seldom	Most of the Time	Always
<b>Home?</b>	All	56.2%	20.4%	17.3%	3.2%	2.9%
	Grade 7	71.9%	16.5%	7.7%	3.4%	0.6%
	Grade 8	66.2%	16.4%	13.5%	2.3%	1.7%
	Grade 9	58.6%	19.2%	15.8%	2.5%	4.0%
	Grade 10	41.0%	23.4%	26.6%	4.1%	4.9%
	Grade 11	45.3%	26.2%	22.7%	3.1%	2.6%
	Grade 12	45.1%	23.7%	22.3%	4.2%	4.7%
	<b>Friends?</b>	All	54.6%	18.2%	14.1%	9.4%
Grade 7		76.4%	16.1%	5.0%	2.4%	0.2%
Grade 8		68.1%	18.2%	6.2%	5.8%	1.7%
Grade 9		55.5%	19.4%	13.0%	6.9%	5.2%
Grade 10		40.4%	22.4%	19.6%	12.2%	5.5%
Grade 11		38.1%	15.4%	28.8%	13.1%	4.6%
Grade 12		35.9%	17.6%	18.9%	21.1%	6.6%
<b>Store?</b>		All	58.1%	35.8%	3.2%	2.2%
	Grade 7	75.7%	23.1%	0.9%	0.3%	0.1%
	Grade 8	69.5%	26.6%	2.8%	1.0%	0.1%
	Grade 9	63.7%	31.8%	3.6%	0.8%	0.0%
	Grade 10	41.7%	50.0%	3.4%	4.0%	0.9%
	Grade 11	44.3%	43.5%	6.8%	2.8%	2.6%
	Grade 12	42.7%	47.8%	2.9%	5.5%	1.1%
	<b>Parties?</b>	All	53.7%	18.5%	9.9%	10.6%
Grade 7		75.0%	18.3%	2.7%	3.6%	0.5%
Grade 8		67.5%	19.9%	3.7%	4.4%	4.5%
Grade 9		54.0%	17.6%	10.7%	10.6%	7.1%
Grade 10		39.8%	20.6%	13.5%	15.6%	10.5%
Grade 11		38.5%	16.0%	18.3%	17.7%	9.5%
Grade 12		33.9%	17.9%	15.3%	17.0%	15.9%

Other Source?	Do Not Drink	Never	Seldom	Most of the Time	Always
All	57.9%	24.5%	10.0%	4.1%	3.4%
Grade 7	75.3%	18.0%	4.0%	1.3%	1.4%
Grade 8	68.2%	20.1%	6.7%	2.8%	2.3%
Grade 9	60.9%	21.8%	8.6%	5.1%	3.5%
Grade 10	44.1%	33.2%	14.2%	6.0%	2.4%
Grade 11	46.3%	27.0%	17.4%	4.6%	4.7%
Grade 12	42.0%	31.1%	13.0%	5.9%	7.9%

Table 25. Texas: Accessibility of Alcohol by Environment

A-12: How often, if ever, do you get alcohol beverages from ...?						
	Do Not Drink	Never	Seldom	Most of the Time	Always	
<b>Home?</b>	All	58.9%	18.7%	15.3%	4.9%	2.2%
	Grade 7	71.7%	17.3%	8.0%	1.9%	1.0%
	Grade 8	66.5%	17.0%	11.8%	3.4%	1.4%
	Grade 9	59.2%	18.0%	15.6%	5.0%	2.2%
	Grade 10	54.7%	18.4%	18.5%	5.7%	2.4%
	Grade 11	50.8%	20.3%	19.9%	6.4%	2.6%
	Grade 12	44.6%	22.5%	20.9%	7.9%	4.2%
<b>Friends?</b>	All	57.7%	18.0%	11.7%	9.2%	3.3%
	Grade 7	74.2%	19.3%	3.8%	2.1%	0.5%
	Grade 8	68.8%	19.1%	7.4%	3.5%	1.2%
	Grade 9	58.6%	19.0%	12.5%	7.7%	2.2%
	Grade 10	52.2%	18.5%	14.5%	10.7%	4.1%
	Grade 11	46.1%	16.5%	16.8%	15.0%	5.7%
	Grade 12	38.8%	14.8%	18.3%	20.2%	7.8%
<b>Store?</b>	All	60.0%	32.2%	3.8%	2.6%	1.4%
	Grade 7	74.4%	23.5%	1.1%	0.7%	0.3%
	Grade 8	70.0%	27.2%	1.5%	0.9%	0.4%
	Grade 9	60.7%	33.2%	3.2%	2.1%	0.8%
	Grade 10	55.3%	35.8%	4.3%	2.9%	1.7%
	Grade 11	50.2%	38.2%	5.9%	3.7%	2.0%
	Grade 12	42.7%	38.3%	8.7%	6.3%	4.1%
<b>Parties?</b>	All	55.7%	16.6%	9.9%	9.4%	8.5%
	Grade 7	71.1%	18.6%	5.3%	3.4%	1.6%
	Grade 8	66.4%	17.4%	8.0%	5.1%	3.1%
	Grade 9	55.7%	16.7%	10.5%	9.5%	7.5%
	Grade 10	50.6%	16.5%	11.3%	11.2%	10.4%
	Grade 11	44.8%	15.7%	11.2%	14.4%	13.9%
	Grade 12	38.2%	13.4%	14.4%	15.7%	18.3%

Other Sources?						
All	61.0%	23.3%	7.9%	4.3%	3.6%	
Grade 7	73.4%	19.9%	3.6%	2.2%	0.9%	
Grade 8	69.7%	19.9%	5.3%	2.8%	2.3%	
Grade 9	62.1%	22.5%	8.0%	4.3%	3.1%	
Grade 10	56.3%	25.3%	9.2%	4.9%	4.3%	
Grade 11	52.1%	25.7%	11.2%	5.6%	5.4%	
Grade 12	45.7%	28.3%	11.9%	7.2%	6.8%	

Table 26. Region 2: Perception of Harm of Substances

T-6: 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	59.9%	25.7%	8.2%	2.0%	4.3%
Grade 7	78.5%	12.8%	4.2%	0.6%	3.9%
Grade 8	69.5%	22.4%	4.2%	0.9%	3.0%
Grade 9	62.1%	25.4%	4.8%	1.2%	6.4%
Grade 10	46.7%	31.8%	11.1%	3.7%	6.6%
Grade 11	46.1%	32.9%	13.9%	2.9%	4.1%
Grade 12	45.1%	35.2%	14.6%	3.3%	1.8%
Electronic Vapor Products	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not Know
All	53.1%	14.2%	16.6%	9.8%	6.2%
Grade 7	75.0%	9.1%	6.4%	3.0%	6.5%
Grade 8	59.1%	15.6%	9.8%	9.7%	5.7%
Grade 9	53.7%	12.9%	15.1%	11.3%	7.0%
Grade 10	43.7%	14.2%	23.0%	11.8%	7.3%
Grade 11	37.8%	15.8%	24.0%	15.8%	5.7%
Grade 12	38.7%	19.3%	27.7%	9.3%	4.9%
A-13: 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	52.7%	30.5%	10.4%	2.3%	4.0%
Grade 7	70.6%	18.8%	6.3%	1.4%	2.9%
Grade 8	57.9%	28.2%	8.4%	3.0%	2.5%
Grade 9	50.3%	28.6%	12.1%	2.6%	6.4%
Grade 10	41.1%	39.0%	11.1%	2.4%	6.4%
Grade 11	42.5%	39.3%	12.4%	1.6%	4.2%
Grade 12	46.4%	34.4%	14.6%	3.2%	1.2%
D-10: 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	61.5%	14.4%	8.8%	10.5%	4.8%
Grade 7	84.1%	5.1%	3.5%	2.4%	4.9%
Grade 8	69.8%	12.3%	6.7%	6.6%	4.5%



<b>Grade 9</b>	62.1%	14.9%	8.3%	9.2%	5.5%
<b>Grade 10</b>	48.2%	17.7%	10.7%	17.9%	5.5%
<b>Grade 11</b>	51.2%	17.8%	13.9%	12.2%	4.9%
<b>Grade 12</b>	41.5%	23.0%	12.8%	19.2%	3.5%

<b>Cocaine?</b>	<b>Very Dangerous</b>	<b>Somewhat Dangerous</b>	<b>Not very Dangerous</b>	<b>Not at All Dangerous</b>	<b>Do not know</b>
<b>All</b>	89.0%	4.7%	0.8%	0.4%	5.1%
<b>Grade 7</b>	91.0%	3.3%	0.8%	0.2%	4.6%
<b>Grade 8</b>	90.6%	4.9%	0.4%	0.7%	3.4%
<b>Grade 9</b>	88.3%	5.0%	1.0%	0.3%	5.4%
<b>Grade 10</b>	85.9%	5.7%	0.9%	0.4%	7.1%
<b>Grade 11</b>	87.7%	4.2%	0.6%	0.0%	7.5%
<b>Grade 12</b>	89.6%	5.4%	1.3%	0.9%	2.8%
<b>Crack?</b>					
<b>All</b>	90.7%	3.6%	0.4%	0.3%	4.9%
<b>Grade 7</b>	92.5%	2.7%	0.7%	0.2%	3.9%
<b>Grade 8</b>	91.2%	4.1%	0.6%	0.5%	3.6%
<b>Grade 9</b>	89.4%	4.8%	0.0%	0.4%	5.4%
<b>Grade 10</b>	86.3%	5.5%	0.4%	0.4%	7.3%
<b>Grade 11</b>	90.8%	1.4%	0.9%	0.0%	6.9%
<b>Grade 12</b>	94.2%	2.5%	0.0%	0.3%	3.0%
<b>Ecstasy?</b>					
<b>All</b>	83.4%	6.1%	1.3%	0.8%	8.5%
<b>Grade 7</b>	86.7%	2.4%	0.4%	0.2%	10.3%
<b>Grade 8</b>	86.5%	2.3%	0.6%	0.5%	10.0%
<b>Grade 9</b>	85.5%	5.6%	1.3%	0.4%	7.3%
<b>Grade 10</b>	76.7%	11.8%	0.0%	2.2%	9.3%
<b>Grade 11</b>	80.8%	5.2%	3.9%	0.6%	9.6%
<b>Grade 12</b>	81.9%	12.1%	2.1%	0.9%	3.0%

<b>Steroids?</b>					
<b>All</b>	76.4%	12.0%	3.8%	0.7%	7.1%
<b>Grade 7</b>	82.0%	8.4%	2.7%	0.6%	6.3%
<b>Grade 8</b>	78.1%	10.7%	3.1%	0.7%	7.4%
<b>Grade 9</b>	78.5%	12.0%	1.6%	1.1%	6.8%
<b>Grade 10</b>	72.4%	16.4%	3.2%	0.4%	7.5%

<b>Grade 11</b>	74.3%	12.2%	4.9%	0.0%	8.6%
<b>Grade 12</b>	69.9%	13.9%	8.7%	1.7%	5.8%
<b>Heroin?</b>					
<b>All</b>	89.5%	2.8%	0.6%	0.4%	6.8%
<b>Grade 7</b>	88.5%	2.0%	0.5%	0.4%	8.4%
<b>Grade 8</b>	90.4%	1.8%	0.6%	0.6%	6.5%
<b>Grade 9</b>	89.1%	2.2%	1.7%	0.3%	6.6%
<b>Grade 10</b>	86.1%	6.2%	0.2%	0.4%	7.1%
<b>Grade 11</b>	90.5%	1.5%	0.0%	0.0%	8.0%
<b>Grade 12</b>	93.4%	3.3%	0.0%	0.3%	3.0%
<b>Methamphetamine?</b>					
<b>All</b>	89.9%	2.8%	0.6%	0.3%	6.4%
<b>Grade 7</b>	89.6%	2.0%	0.5%	0.2%	7.7%
<b>Grade 8</b>	90.0%	3.2%	0.8%	0.5%	5.5%
<b>Grade 9</b>	89.6%	3.5%	0.4%	0.3%	6.2%
<b>Grade 10</b>	86.5%	4.6%	0.3%	0.4%	8.1%
<b>Grade 11</b>	90.8%	1.9%	0.0%	0.0%	7.3%
<b>Grade 12</b>	93.8%	1.3%	1.6%	0.3%	3.0%
<b>Synthetic Marijuana?</b>					
<b>All</b>	82.6%	7.0%	1.7%	1.5%	7.2%
<b>Grade 7</b>	86.9%	3.3%	1.5%	0.4%	7.8%
<b>Grade 8</b>	84.6%	4.4%	0.7%	2.5%	7.8%
<b>Grade 9</b>	80.9%	9.6%	1.0%	2.2%	6.4%
<b>Grade 10</b>	77.6%	10.0%	0.8%	2.6%	8.9%
<b>Grade 11</b>	78.0%	7.4%	5.7%	0.4%	8.6%
<b>Grade 12</b>	86.8%	8.8%	1.0%	0.3%	3.0%

Table 27. Texas: Perception of Harm of Substances

T-6: 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	63.3%	22.5%	8.0%	1.9%	4.3%
Grade 7	78.6%	13.7%	3.3%	0.7%	3.7%
Grade 8	70.1%	19.0%	5.7%	1.2%	4.0%
Grade 9	61.4%	24.2%	8.1%	1.5%	4.8%
Grade 10	58.9%	25.5%	8.6%	2.2%	4.8%
Grade 11	54.8%	27.0%	11.0%	2.6%	4.6%
Grade 12	50.1%	28.8%	13.4%	4.0%	3.8%
A-13: How dangerous do you think it is for kids your age to use alcohol?					
All	53.3%	29.1%	11.8%	2.4%	3.3%
Grade 7	66.9%	20.6%	7.4%	1.9%	3.2%
Grade 8	57.9%	25.4%	11.1%	2.4%	3.2%
Grade 9	50.2%	30.5%	12.9%	2.2%	4.2%
Grade 10	49.2%	31.8%	12.6%	2.8%	3.5%
Grade 11	47.0%	34.8%	12.6%	2.4%	3.2%
Grade 12	44.9%	34.4%	15.6%	2.5%	2.5%
D-10: How dangerous do you think it is for kids your age to use ...					
<b>Marijuana</b>					
All	58.3%	13.3%	12.2%	12.2%	3.9%
Grade 7	81.6%	7.6%	4.2%	3.1%	3.4%
Grade 8	69.7%	11.9%	7.6%	6.8%	4.0%
Grade 9	58.2%	14.9%	11.7%	10.5%	4.7%
Grade 10	48.5%	16.6%	15.8%	15.3%	3.8%
Grade 11	43.6%	15.5%	16.9%	19.4%	4.6%
Grade 12	39.3%	14.5%	20.2%	23.0%	3.1%
<b>Cocaine</b>					
All	88.2%	6.0%	0.9%	0.5%	4.3%
Grade 7	91.1%	4.1%	0.7%	0.4%	3.6%
Grade 8	88.7%	5.8%	1.0%	0.3%	4.2%
Grade 9	87.0%	6.7%	0.8%	0.6%	4.9%
Grade 10	87.0%	6.6%	1.0%	0.5%	4.8%
Grade 11	87.7%	6.1%	0.9%	0.6%	4.7%
Grade 12	87.2%	7.1%	1.2%	0.7%	3.7%

Crack					
All	89.4%	5.0%	0.6%	0.4%	4.6%
Grade 7	90.9%	4.1%	0.6%	0.3%	4.0%
Grade 8	88.9%	5.5%	0.8%	0.3%	4.4%
Grade 9	88.2%	5.8%	0.5%	0.4%	5.2%
Grade 10	88.4%	5.4%	0.7%	0.5%	5.1%
Grade 11	90.0%	4.2%	0.5%	0.4%	4.9%
Grade 12	90.5%	4.7%	0.4%	0.5%	3.9%
Ecstasy					
All	82.4%	7.3%	2.0%	0.7%	7.5%
Grade 7	86.4%	3.7%	0.8%	0.4%	8.7%
Grade 8	84.0%	5.6%	1.4%	0.5%	8.5%
Grade 9	81.8%	7.6%	1.8%	0.8%	8.0%
Grade 10	81.4%	8.7%	2.0%	0.8%	7.1%
Grade 11	80.2%	9.2%	2.9%	0.9%	6.8%
Grade 12	79.6%	10.4%	3.6%	1.1%	5.3%
Steroids					
All	76.9%	12.2%	3.7%	1.0%	6.2%
Grade 7	81.9%	8.7%	2.7%	0.7%	6.0%
Grade 8	78.3%	11.4%	3.3%	0.9%	6.1%
Grade 9	76.3%	12.8%	3.5%	1.0%	6.4%
Grade 10	74.2%	14.0%	4.0%	1.3%	6.5%
Grade 11	75.3%	12.7%	4.6%	1.0%	6.4%
Grade 12	74.3%	14.7%	4.2%	1.3%	5.5%

Heroin					
All	89.6%	3.8%	0.5%	0.4%	5.7%
Grade 7	88.9%	3.5%	0.7%	0.3%	6.5%
Grade 8	88.2%	4.7%	0.7%	0.4%	6.0%
Grade 9	88.6%	4.4%	0.3%	0.4%	6.3%
Grade 10	89.6%	3.6%	0.6%	0.6%	5.6%
Grade 11	91.3%	3.1%	0.4%	0.5%	4.7%
Grade 12	91.7%	3.5%	0.4%	0.3%	4.2%
Methamphetamines					
All	89.6%	3.6%	0.5%	0.4%	5.9%

<b>Grade 7</b>	89.1%	3.3%	0.5%	0.4%	6.8%
<b>Grade 8</b>	88.4%	4.2%	0.7%	0.4%	6.3%
<b>Grade 9</b>	88.9%	4.0%	0.4%	0.4%	6.3%
<b>Grade 10</b>	89.5%	3.6%	0.6%	0.5%	5.9%
<b>Grade 11</b>	91.3%	2.8%	0.5%	0.4%	4.9%
<b>Grade 12</b>	91.3%	3.6%	0.4%	0.3%	4.4%
<b>Synthetic Marijuana</b>					
<b>All</b>	82.1%	7.3%	2.4%	1.2%	7.0%
<b>Grade 7</b>	87.1%	4.2%	1.2%	0.7%	6.8%
<b>Grade 8</b>	83.5%	6.3%	1.9%	1.0%	7.3%
<b>Grade 9</b>	79.9%	8.4%	2.5%	1.5%	7.6%
<b>Grade 10</b>	79.2%	8.9%	2.9%	1.6%	7.5%
<b>Grade 11</b>	80.8%	8.1%	3.1%	1.3%	6.7%
<b>Grade 12</b>	81.1%	8.6%	3.4%	0.8%	6.1%

Table 28. County Total Percent Teen Births 2011-2014

County	2011 % Teen Births	2012 % Teen Births	2013 % Teen Births	2014 % Teen Births
Archer	3.2	2.7	5.9	1.2
Baylor	3.1	16.7	6.7	4.7
Brown	4.2	3.1	4.1	4.7
Callahan	3.5	3.6	1.6	3.7
Clay	-	2.1	1	1.2
Coleman	7.3	3.1	5.7	1.2
Comanche	4.7	6.5	3.3	7.2
Cottle	*	*	-	*
Eastland	2.9	6.3	5.7	1.4
Fisher	5.4	9.4	-	3.9
Foard	*	-	*	-
Hardeman	-	2.5	-	6.8
Haskell	3.7	2.2	2.2	2
Jack	1	2.2	7.2	1
Jones	5.5	4.9	4.4	7.6
Kent	-	-	-	*
Knox	-	-	4.3	-
Mitchell	5.6	5.9	9.4	3.2
Montague	4.2	3.4	4.5	3.2
Nolan	8.1	4.7	3.2	4.3
Runnels	2.3	5.1	6.2	7.1
Scurry	8.5	5.6	7.4	6.5
Shackelford	6.7	2.4	-	-
Stephens	4.1	5.1	7.1	3.1
Stonewall	*	-	-	*
Taylor	3.4	3.9	2.7	2.5
Throckmorton	-	-	-	-
Wichita	4.1	3.7	4	3.1
Wilbarger	4.7	7.6	5.5	3.9
Young	3.7	3.7	3.6	3.9
Region 2	4.1	4.1	3.9	3.4
Texas	3.9	3.5	3.2	2.8

## Appendix D

Table 29. County Total Chronic Disease Death Rates 1999-2014

County	Malignant Neoplasms (Cancer) Deaths	Malignant Neoplasms (Cancer) Age Adjusted Death Rate	Cardiovascular Disease Deaths	Cardiovascular Disease Age Adjusted Death Rate	Repertory Disease Deaths	Repertory Disease Age Adjusted Death Rate	Chronic Disease Combined Average Age Adjusted Death Rate
Archer	250.00	144.67	427.00	259.44	104.00	62.49	155.53
Baylor	230.00	221.88	336.00	295.83	133.00	118.78	212.16
Brown	1593.00	203.51	2764.00	342.19	945.00	117.80	221.17
Callahan	607.00	211.18	884.00	316.09	266.00	93.05	206.77
Clay	411.00	180.49	638.00	299.92	168.00	76.27	185.56
Coleman	453.00	198.44	693.00	293.72	362.00	149.15	213.77
Comanche	642.00	196.26	1106.00	319.34	292.00	83.59	199.73
Cottle	87.00	198.84	129.00	259.23	25.00	50.65	169.57
Eastland	910.00	209.06	1552.00	338.61	534.00	116.80	221.49
Fisher	193.00	180.97	366.00	321.50	97.00	86.03	196.17
Foard	50.00	133.42	157.00	349.83	21.00	49.65	177.63
Hardeman	172.00	166.90	266.00	239.03	75.00	71.46	159.13
Haskell	302.00	193.03	573.00	320.60	128.00	77.32	196.98
Jack	313.00	193.04	513.00	328.28	132.00	83.84	201.72
Jones	667.00	188.73	1192.00	336.55	353.00	100.04	208.44
Kent	45.00	184.04	100.00	345.81	26.00	90.57	206.81
Knox	186.00	186.31	331.00	292.18	97.00	85.69	188.06
Mitchell	321.00	194.19	579.00	341.67	236.00	140.02	225.29
Montague	938.00	207.34	1731.00	370.45	510.00	107.21	228.33
Nolan	633.00	204.85	1099.00	344.81	361.00	113.11	220.92
Runnels	486.00	191.32	825.00	293.40	221.00	81.01	188.58
Scurry	557.00	184.41	727.00	239.03	293.00	95.55	173.00
Shackelford	159.00	214.43	233.00	305.23	59.00	77.48	199.05
Stephens	426.00	205.30	697.00	323.83	175.00	80.99	203.37
Stonewall	84.00	195.92	147.00	303.37	42.00	81.77	193.69
Taylor	3967.00	188.05	6806.00	316.73	1919.00	89.71	198.16
Throckmorton	75.00	170.75	119.00	252.94	46.00	93.50	172.40
Wichita	4352.00	202.66	6761.00	314.26	2086.00	96.79	204.57
Wilbarger	536.00	198.88	1115.00	371.18	246.00	85.00	218.35
Young	848.00	205.01	1485.00	338.76	517.00	118.66	220.81
Region 2	20493.00	191.80	34351.00	312.46	10469.00	92.47	198.91
*Texas	566588.00	173.50	854814.00	275.31	237770.00	77.25	175.35

Table 30. County Total Adult Alcohol Arrests 2015

County	Driving Under the Influence	Liquor Laws	Drunkness	Total
Archer	12	1	5	18
Baylor	3	2	6	11
Brown	151	9	84	244
Callahan	18	26	20	64
Clay	17	4	15	36
Coleman	11	1	14	26
Comanche	43	4	21	68
Cottle	4	0	1	5
Eastland	85	7	73	165
Fisher	3	0	6	9
Foard	0	0	0	0
Hardeman	8	0	4	12
Haskell	19	1	4	24
Jack	13	3	4	20
Jones	30	3	27	60
Kent	2	0	0	2
Knox	5	0	1	6
Mitchell	32	2	19	53
Montague	15	2	41	58
Nolan	49	89	5	143
Runnels	33	2	16	51
Scurry	25	17	44	86
Shackelford	5	0	0	5
Stephens	7	1	9	17
Stonewall	3	0	0	3
Taylor	294	4	602	900
Throckmorton	0	0	0	0
Wichita	295	10	553	858
Wilbarger	21	0	24	45
Young	48	2	52	102
Region 2	1251	190	1650	3091



Table 31. County Total Adult Drug Violation Arrests 2015

County	Drug Abuse Violations	Sale/Manufacture: Subtotal	Possession: Subtotal
Archer	30	1	29
Baylor	7	0	7
Brown	392	79	313
Callahan	74	15	59
Clay	67	0	67
Coleman	39	2	37
Comanche	139	14	125
Cottle	1	0	1
Eastland	237	21	216
Fisher	11	2	9
Foard	0	0	0
Hardeman	6	0	6
Haskell	25	4	21
Jack	18	2	16
Jones	82	22	60
Kent	2	0	2
Knox	5	3	2
Mitchell	28	2	26
Montague	52	11	41
Nolan	89	8	81
Runnels	66	8	58
Scurry	49	14	35
Shackelford	18	0	18
Stephens	50	5	45
Stonewall	2	0	2
Taylor	814	64	750
Throckmorton	0	0	0
Wichita	1029	60	969
Wilbarger	35	1	34
Young	87	11	76
Region 2	3454	349	3105

**Table 32. Total Adult Incarcerations due to Drugs and Alcohol 2014-2016**

County	2014 Drug Delivery	2015 Drug Delivery	2016 Drug Delivery	2014 Drug Possession	2015 Drug Possession	2016 Drug Possession	2014 DWI	2015 DWI	2016 DWI
Archer	0	0	2	2	5	1	1	2	3
Baylor	0	0	2	1	0	3	0	1	0
Brown	19	44	50	32	52	59	15	23	13
Callahan	0	2	2	2	7	9	4	3	4
Clay	0	4	2	0	3	6	0	1	2
Coleman	1	3	3	6	7	7	5	1	1
Comanche	4	1	1	8	20	16	7	8	6
Cottle	0	0	0	1	0	0	0	0	0
Eastland	11	14	22	39	52	42	13	15	14
Fisher	0	1	0	2	0	1	2	0	0
Foard	0	1	0	1	1	0	0	1	0
Hardeman	2	3	1	0	3	1	0	1	1
Haskell	3	2	2	9	14	4	3	1	4
Jack	1	0	0	4	2	3	1	3	0
Jones	6	5	1	7	13	17	6	1	2
Kent	0	0	0	0	0	0	0	2	0
Knox	3	0	0	2	0	1	0	1	1
Mitchell	3	4	0	2	6	8	2	6	2
Montague	4	7	5	10	16	25	4	4	5
Nolan	4	1	2	19	18	16	7	8	7
Runnels	1	4	7	3	6	5	2	5	7
Scurry	0	3	9	12	6	13	12	4	6
Shackelford	3	0	1	1	2	2	0	0	0
Stephens	6	6	3	7	8	16	1	3	0
Stonewall	0	0	0	2	2	0	0	0	1
Taylor	78	72	86	114	122	146	48	39	60
Throckmorton	1	1	2	0	0	1	1	0	0
Wichita	25	32	35	87	104	100	40	22	26
Wilbarger	6	3	6	7	5	12	1	1	1
Young	1	3	5	17	11	18	5	4	1
Region 2	182	216	249	397	485	532	180	160	167

Table 33. County Total Juvenile Referrals, Adjudications, Probation and Commitments 2015-2016

County	2015 Referrals	2015 Adjudications	2015 Probation	2015 Commitments	2016 Referrals	2016 Adjudications	2016 Probation	2016 Commitments
Archer	2	0	0	0	4	1	1	0
Baylor	4	0	0	0	1	0	0	0
Brown	75	13	11	2	91	17	12	5
Callahan	13	8	8	0	15	1	1	0
Clay	9	4	3	1	7	1	1	0
Coleman	6	0	0	0	3	0	0	0
Comanche	23	8	8	0	14	5	2	3
Cottle	1	1	1	0	0	0	0	0
Eastland	35	8	8	0	9	5	5	0
Fisher	7	0	0	0	5	1	1	0
Foard	1	0	0	0	0	0	0	0
Hardeman	0	0	0	0	0	0	0	0
Haskell	6	2	1	1	4	4	3	1
Jack	2	1	1	0	9	2	2	0
Jones	18	8	8	0	22	5	5	0
Kent	0	0	0	0	0	0	0	0
Knox	4	0	0	0	1	1	1	0
Mitchell	21	2	2	0	6	5	5	0
Montague	22	5	5	0	16	7	7	0
Nolan	71	15	14	1	66	7	7	0
Runnels	16	0	0	0	21	1	1	0
Scurry	43	7	7	0	56	4	4	0
Shackelford	0	0	0	0	3	1	1	0
Stephens	17	13	13	0	25	6	5	1
Stonewall	0	0	0	0	0	0	0	0
Taylor	376	94	85	9	352	112	95	17
Throckmorton	0	0	0	0	0	0	0	0
Wichita	435	68	66	2	404	69	60	9
Wilbarger	25	7	6	1	25	10	10	0
Young	44	16	16	0	56	11	10	1
Region 2	1276	280	263	17	1215	276	239	37
Texas	61221	16612	15730	882	55093	14991	14221	770

Table 34. County Total Adult Court Case by Type 2016

County	DWI	Drug Offenses	Assaults	Murders	Theft, Robbery, & Burglary	Sexual Assault	Total Cases
Archer	61	66	26	0	23	0	259
Baylor	11	10	15	1	16	2	102
Brown	146	574	160	1	314	36	1770
Callahan	43	93	21	6	62	0	391
Clay	25	98	40	3	35	3	276
Coleman	21	49	20	0	65	9	202
Comanche	33	113	38	0	67	19	437
Cottle	2	0	0	0	5	0	17
Eastland	96	368	119	0	152	19	1172
Fisher	3	4	6	0	4	0	24
Foard	1	1	2	0	2	0	10
Hardeman	10	22	11	0	87	0	218
Haskell	24	17	26	0	37	3	162
Jack	11	24	25	0	52	2	191
Jones	15	79	14	2	44	7	562
Kent	0	3	1	0	1	0	11
Knox	7	4	9	0	16	0	69
Mitchell	31	79	20	1	37	3	316
Montague	67	235	40	2	133	14	811
Nolan	71	135	94	0	129	8	706
Runnels	27	83	25	1	62	0	315
Scurry	46	79	23	1	81	4	380
Shackelford	3	21	2	0	12	2	129
Stephens	2	63	12	0	42	19	504
Stonewall	4	3	2	2	7	0	35
Taylor	490	1132	661	7	1213	50	4845
Throckmorton	0	0	0	0	0	0	1
Wichita	439	1448	470	13	1010	50	5172
Wilbarger	41	72	50	0	66	3	365
Young	91	195	61	1	142	19	938
Region 2	1821	5070	1993	41	3916	272	20390

Table 35. County Totals Hospital Discharge 2013-2015

County	2013 Total Discharges	2014 Total Discharges	2015 Total Discharges
Baylor			409
Brown	4873	4283	4109
Clay			152
Coleman	633	737	625
Comanche	624	606	535
Eastland			598
Fisher			149
Hardeman			224
Haskell		102	156
Jack			191
Jones			666
Knox			84
Mitchell	417	513	446
Montague		76	774
Nolan			1301
Runnels	153	112	256
Scurry			783
Stephens			296
Stonewall			123
Taylor	27438	27500	27110
Throckmorton			94
Wichita	22627	23003	23007
Wilbarger		403	927
Young			1138

## Glossary of Terms

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

with a hangover.

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