Regional Needs Assessment

REGION 2: ABILENE REGIONAL COUNCIL

PREVENTION RESOURCE CENTER

Contents

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 Abilene Regional Council on Alcohol and Drug Abuse and the Texas Department of State Health Services (DSHS). The PRC 2 serves 30 counties in Northwest Texas.

This assessment was designed to aid PRC's, DSHS, 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:

1. **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.

2. **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.

3. **Consumption:** Overall high school students consume these substances in descending order: alcohol, marijuana, and tobacco. College students also reported consuming alcohol the most as it is easily accessible to them. Although they are not typically drinking and driving, the overall consumption of cocaine/crack and marijuana has increased. Region 2 has one of the highest exposure rates of opioids when compared to other regions.

4. **Consequences:** One third of our area reports having a higher rate of drug and alcohol related deaths when compared to the state. Data suggests there are significantly more fatalities than crashes due to alcohol and drugs. Rural counties have a higher rate of DUI's than other parts of the reported area. Adults and juveniles both have a high rate of total drug violations. Residents of Region 2 reports having a higher rate of cancer, cardiovascular and respiratory disease leading to deaths when compared to the state; all of these diseases are related to alcohol and drug use. Most youth engage in sexual activity and do not use protection; our area reports to have a high rate of teen births.

Introduction

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

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

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

Epidemiology

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

The Substance Abuse Mental Health Services Administration has also adopted the epi-framework for 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
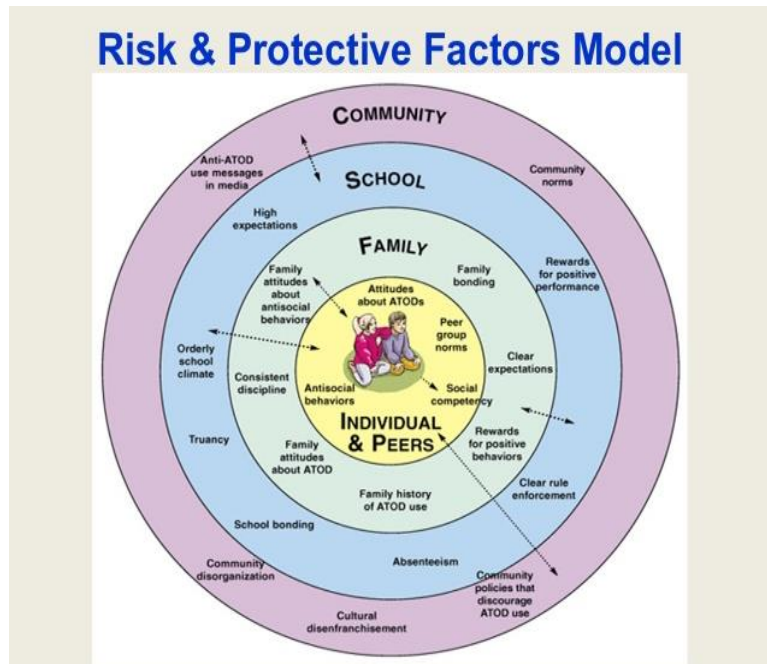
For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction; however, the individual's environmental and biological attributions play a distinguished role in the potential for the development of addiction. More 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,

12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12-oz glass)	=	5 fl oz of table wine	=	3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown)	=	2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown)	=	1.5 oz of brandy (a single jigger or shot)	=	1.5 fl oz shot of 80-proof spirits ("hard liquor")
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 17% alcohol		about 24% alcohol		about 40% alcohol		about 40% alcohol

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.

Report Purpose and Methods

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.

Methodology

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 2015 and June 2016, 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 c**riterion 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 (each region to work on this section depending on their work completed)

Focus Groups: Throughout the duration of the fiscal year, the Prevention Resource Center conducted two focus group activities after presentations of the Regional Needs Assessment. The purposes for the activities were to gather stakeholder input for what is needed among their agencies and communities in regards to prevention.

Interviews: Stakeholder interviews were conducted by the Regional Evaluator. The majority of these 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 regards to crime and drugs. Other interviews conducted involved a supervisor or parole and mental health officials. All data for interviews are included in this needs assessment within the qualitative data section.

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

Demographic Overview

The starting point for any thorough analysis of descriptors of a region is first setting its context in the state. The following section will describe basic demographics first for the state of Texas, then how those demographics vary in Region 4, if so.

State Demographics by Region

The state of Texas demographic section will describe statewide conditions for the following categories: Population, Age, Race, Ethnicity, Languages, Concentrations of Populations, and General Socioeconomics, which includes: Average Wages by County, Household Composition, Employment Rates, Industry, TANF Recipients, Food Stamp Recipients, and Free School Lunch Recipients.

This section will also highlight some of the regions of the state that may be identified as priority populations in terms of higher needs related to demographic and socioeconomic status indicators. A priority population may be defined by demographic factors such as age, gender, race/ethnicity, income level, education attainment or grade level, or health care coverage status; disparities among demographic factors should be identified.

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2015 population estimate of 27,469,114 people ranks it as the second-most populous state, behind California's 39,144,818, and Texas ranks as the second-fastest growing state with a 2010-2015 growth change of 9.24%, behind only North Dakota at 12.54%, well ahead of the national growth rate of 4.10%[1] Below in Table 1 are the regional components of Texas' significant population increases during the 2010-2015 period. Note that Region 6 (Houston and surrounding counties) leads the growth component, followed Midland-Odessa area of Region 9 and that of Austin and surrounding counties in Region 7.

TABLE 1 - REGIONAL POPULATION AND PERCENT CHANGE, 2010-2015

Region	2010 Population	2015 Population Estimate	Growth (+/-)	Percent
1	839,736	868,300	28,564	3.40%
2	550,422	550,041	(381)	-0.07%
3	6,733,271	7,418,525	685,254	10.18%
4	1,111,701	1,133,629	21,928	1.97%
5	767,306	775,006	7,700	1.00%
6	6,087,210	6,826,772	739,562	12.15%
7	2,948,316	3,294,790	346,474	11.75%
8	2,604,657	2,866,126	261,469	10.04%
9	571,870	639,189	67,319	11.77%
10	825,912	859,385	33,473	4.05%
11	2,105,704	2,237,351	131,647	6.25%
Texas	25,146,105	27,469,114	2,323,009	9.24%

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[1] U.S. Census Bureau, 2015 Population, Population Change, and Components of Change.

U.S.	308,758,105	321,418,820	12,660,715	4.1%

Age and Sex

Texas' population is significantly younger than the United States as whole. In the categories of teen-aged youth (0-19 years of age), Texas stands at 29.3% while the U.S. is 25.8%. The younger population is also revealed in the category of persons 65 years and over, where Texas has fewer in that group (11.8%) than the U.S. at 14.5%.[2] Region 11 has the highest percent of population between 0-19 years old in the state; region 10, 3 and 6 follow.

TABLE 2 - REGIONAL POPULATION BY AGE CATEGORY

Region	Population 0-19	Percent	Population 65+	Percent
1	257,260	29.2%	117,297	13.3%
2	146,676	26.0%	95,632	17.0%
3	2,118,676	29.3%	777,568	10.8%
4	300,659	26.1%	199,394	17.3%
5	208,746	26.4%	128,501	16.2%
6	1,927,254	29.3%	678,720	10.3%
7	900,633	28.1%	363,486	11.4%
8	799,191	28.7%	373,269	13.4%
9	175,219	29.1%	81,331	13.5%
10	279,754	31.6%	102,419	11.6%
11	772,692	33.8%	266,081	11.7%
Texas	7,886,760	29.3%	3,183,698	11.8%
U.S.	82,135,602.00	25.8%	46,243,211	14.5%

Race and Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. The table below shows the racial and ethic make-up of Texas' population, which is represented by slightly fewer black and other races and significantly higher Hispanic or Latino population.[3] The Hispanic population is concentrated in region 11 and region 10, which are the regions with the highest percent of Hispanics.

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[2] Texas State Data Center, 2015 Population Projections, and U.S. Census Bureau, 2014 Annual Estimates of Population.
[3] Texas State Data Center, 2015 Population Projections, and U.S. Census Bureau, 2015 Annual Estimates of Population.

TABLE 3 - REGIONAL POPULATION BY RACE AND ETHNICITY

Region	White Alone, Not Hispanic	Black Alone	Hispanic	Other
1	54.39%	5.29%	36.70%	3.62%
2	69.33%	5.94%	21.44%	3.29%
3	48.96%	14.38%	28.81%	7.85%
4	66.82%	15.36%	14.99%	2.83%
5	62.18%	19.95%	14.44%	3.43%
6	37.49%	16.62%	37.27%	8.62%
7	55.18%	9.75%	28.70%	6.38%
8	35.19%	5.56%	55.53%	3.71%
9	47.17%	4.15%	46.30%	2.37%
10	12.61%	2.45%	82.74%	2.20%
11	13.48%	1.04%	84.01%	1.47%
Texas	42.99%	11.44%	39.56%	6.01%
U.S.	62.10%	13.20%	17.40%	7.30%

Race and Ethnicity
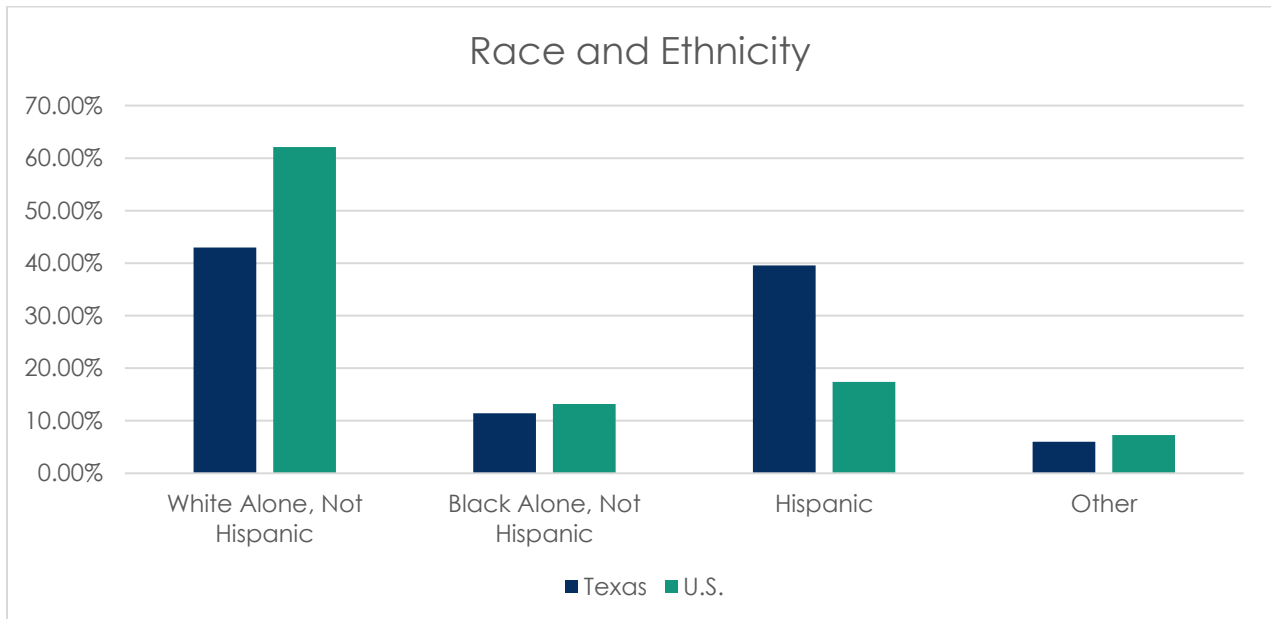
Languages

Texas has a significantly higher number of residents that are foreign born (16.5%) than the U.S. as a whole (13.1%). As a result, there are also significantly higher numbers of the population (ages 5+, 2010-2014) that report a "language other than English is spoken at home," with Texas at 34.9% compared to 20.9% nationally.[4] Another similar indicator is the population with limited English proficiency (LEP). In Texas, it is much higher at 14.22% of the population versus 8.60% for the U.S. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than "very well," measured as a percentage of the population aged 5 or older. [5] Note the significantly higher percentages in the border counties surrounding the El Paso (Region 10) and Brownsville (Region 11) metro areas.

TABLE 4 - REGIONAL LIMITED ENGLISH PROFICIENCY

Region	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
1	789,750	69,948	8.86%
2	514,095	26,457	5.15%
3	6,495,307	843,803	12.99%
4	1,048,689	56,541	5.39%
5	719,756	39320	5.46%
6	5,885,315	987,163	16.77%
7	2,873,636	264,024	9.19%
8	2,516,577	299,357	11.90%
9	550,027	65,133	11.84%
10	780,139	240,145	30.78%
11	1,977,989	543,369	27.47%
Texas	24,151,279	3,435,260	14.22%
United States	294,133,388	25,305,204	8.60%

Concentrations of Populations

Texas' land area of 268,580.82 square miles places it as the 2nd largest state, behind Alaska's vast 663,267.26 square miles. Texas 96.3 persons per square mile (density) is very close to the national average of 87.3, with New Jersey (1195.5) and Alaska (1.2) representing the highest and lowest density.[6]

Also, Table 5 below contains the 2010 Census designations of populations by urban and rural status. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Areas adjacent to urban areas

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[4] U.S. Census Bureau: State and County QuickFacts. 2014 Vintage.
[5] U.S. Census Bureau, American Community Survey. 2010-14.
[6] U.S. Census Bureau: State and County QuickFacts. Last Revised: Thursday, 28-May-2015. (See Appendix A, Table 2.)
Assessment Prioritization and Priority Populations. (2016, July 27). Retrieved from Community Health Improvement Resources, Missouri Department of Health and Senior Services, http://health.mo.gov/data/interventionMICA/AssessmentPrioritization 5.html.

and cores are also designated as urban when they are non-residential, but contain urban land uses, or when they contain low population, but link outlying densely settled territory with the densely settled core.

"Rural" areas consist of all territory, population, and housing units located outside UAs and UCs. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units.

TABLE 5 - REGIONAL URBAN AND RURAL POPULATIONS

Region	2010 Population	Urban	Urban Percent	Rural	Rural Percent
1	839,586	649,052	77.31%	190,534	22.69%
2	550,250	354,892	64.50%	195,358	35.50%
3	6,733,179	6,100,919	90.61%	632,260	9.39%
4	1,111,696	542,818	48.83%	568,878	51.17%
5	767,222	432,088	56.32%	335,134	43.68%
6	6,087,133	5,625,713	92.42%	461,420	7.58%
7	2,948,364	2,309,329	78.33%	639,035	21.67%
8	2,604,647	2,143,709	82.30%	460,938	17.70%
9	571,871	451,190	78.90%	120,681	21.10%
10	825,913	793,905	96.12%	32,008	3.88%
11	2,105,700	1,894,424	89.97%	211,276	10.03%
Texas	25,145,561	21,298,039	84.70%	3,847,522	15.30%
United States	312,471,327	252,746,527	80.89%	59,724,800	19.11%

State Socioeconomics by Region

With the basic population characteristics of the Texas population described, a closer look at the general socioeconomic conditions of the population is helpful.

Per Capita Income

One of the most important factors related to risk for, and protection from, substance abuse is the ability to provide for the necessities of life. One of the indicators that measures this is per capita income, or the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area, according to the Census Bureau. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area. In Texas, the per capita income (2014 dollars, 2010-2014 data) is $26,512. This is significantly lower than the U.S. per capita income measure of $28,554.[7] Table 6 below features the higher per capita income Regions 3, 6 and 7 associated with the metro areas of Dallas/Fort Worth, Houston and Austin,

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[7] U.S. Census Bureau, American Community Survey. 2010-14.

respectively. Regions 11, 10, and 5 present the lowest per capita income in comparison to the rest of the regions in the state.

TABLE 6 - REGIONAL PER CAPITA INCOME

Region	Total Population	Total Income ($)	Per Capita Income ($)
1	852,813	$20,063,979,988	$23,527
2	549,812	$12,414,759,612	$22,580
3	7,012,720	$206,705,337,504	$29,476
4	1,121,471	$25,454,054,744	$22,697
5	770,091	$17,240,982,928	$22,388
6	6,371,624	$186,909,543,360	$29,335
7	3,091,787	$87,291,704,328	$28,233
8	2,709,360	$67,011,716,504	$24,733
9	596,648	$16,002,279,536	$26,820
10	848,562	$15,931,207,356	$18,774
11	2,167,145	$36,746,206,204	$16,956
Texas	26,092,032	$691,771,801,600	$26,512
U.S.	314,107,072	$8,969,237,037,056	$28,554

Housing Conditions

Another way to gain a basic understanding of stresses to the family unit is the composition of the household. One basic indicator is the number of persons per household. Texas has a greater number of persons per household (2.83, 2010-2014) than the U.S. as a whole (2.63).[8] The Community Commons report defines an overcrowded unit as one that has more than one occupant per room. Information related to the percent of overcrowded housing is presented below. This indicator is relevant as housing conditions are associated with a wide range of health conditions and increased risk for diseases. Region 11 has the highest percent of population living in an overcrowded unit.

TABLE 7 - REGIONAL HOUSING CONDITIONS

Region	Total Households	Total Occupied Housing Units	Overcrowded Housing Units	% of Housing Units Overcrowded
1	219,977	265,700	11,853	4.46
2	126,251	181,040	4,975	2.75
3	1,885,207	1,808,092	112,394	6.22
4	267,054	330,486	14,660	4.44
5	181,057	213,909	8,707	4.07
6	1,722,230	1,467,564	113,200	7.71
7	752,154	894,120	39,920	4.46
8	703,721	765,356	44,339	5.79

9	157,358	180,319	9,008	5
10	244,547	221,461	17,542	7.92
11	673,940	581,640	68,111	11.71
Texas	6,933,496	6,909,687	444,709	6.44
U.S.	73,019,542	90,364,208	3,852,710	4.26

Employment Rates

Texas generally enjoys a substantially more favorable employment climate than most states, as previously evidenced in part by the population growth figures. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The latest data from the Bureau of Labor Statistics (BLS, April 2016) indicates that Texas currently holds an April 2016 unemployment rate of 4.2%, while the nation as a whole sits at 4.7%. The current rate of 4.2% represents a 0.1% increase from April 2015. The rates by region are indicated below, with Regions 3 and 1 in the metro Austin and Panhandle areas having the least current unemployment.[9] Regions 11, 5 and 9 have the highest unemployment rate in comparison to the rest of the regions in the state.

TABLE 8 - REGIONAL EMPLOYMENT RATES

Region	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
1	419,920	406,118	13802	3.3%
2	240,701	230,916	9785	4.1%
3	3,817,091	3,682,390	134,701	3.5%
4	504,920	480,735	24185	4.8%
5	324,390	305,323	19067	5.9%
6	3,339,025	3,178,131	160894	4.8%
7	1,667,407	1,613,950	53,457	3.2%
8	1,341,361	1,290,956	50405	3.8%
9	307,732	292,266	15466	5.0%
10	359,309	342,895	16414	4.6%
11	935,605	873,072	62533	6.7%
Texas	13,257,468	12,696,755	560,713	4.2%
U.S.	159,624,372	152,082,706	7,541,666	4.7%

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[9] U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis, April 2016. Rates are seasonally adjusted.

Industry

When compared to the U.S., Texas firms employ roughly the same proportions of workers by industry type. The data in the chart below indicates that Texas has a slightly more "blue collar" workforce, with marginally fewer management and business employees and slightly more mining, construction and similar labor force types. Region 7 (Austin area) and Region 3 (Dallas/Ft. Worth area) pace the state for white collar, high-tech industries.[10]

TABLE 9 - REGIONAL EMPLOYMENT BY INDUSTRY TYPE

Region	Civilian employed population 16+	Management, business, science, arts	Service	Sales and office	Natural resources, construction, maintenance	Production, transportation, and material moving
1	394,362	30.73%	19.02%	24.18%	12.94%	13.12%
2	228,357	29.97%	19.93%	23.94%	12.86%	13.31%
3	3,374,570	37.38%	16.07%	25.31%	9.51%	11.73%
4	463,091	28.20%	18.71%	23.71%	13.48%	15.89%
5	302,876	28.00%	19.30%	23.00%	14.24%	15.45%
6	2,977,406	36.35%	16.71%	23.61%	11.08%	12.25%
7	1,451,071	39.71%	17.50%	24.18%	9.64%	8.97%
8	1,197,426	33.48%	19.37%	25.58%	10.91%	10.66%
9	269,715	27.70%	16.34%	24.40%	17.09%	14.46%
10	330,951	29.63%	21.41%	26.48%	9.90%	12.59%
11	819,185	26.90%	23.42%	25.26%	12.87%	11.55%
Texas	11,809,010	34.88%	17.77%	24.59%	10.94%	11.82%
U.S.	143,435,233	36.42%	18.16%	24.36%	8.98%	12.09%

TANF Recipients

This indicator reports the percentage recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The percentage of households in Texas who receive public assistance income of this type varies significantly from county to county, but the rates in Regions 11 and 10 are higher than the state rate of 242.27 per 100K population.[11] There is no U.S. calculation available for this measure.

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[10] Series S2406: Occupation by Class of Worker for the Civilian Employed Population 16 Years and Over. U.S. Census Bureau, American Community Survey. 2010-14.
[11] Texas Health and Human Services Commission, TANF Recipients by County, December 2015.

TABLE 10 - REGIONAL TANF RECIPIENTS PER 100K POPULATION

Region	2015 Population	2015 TANF Recipients	Recipients Per 100K Population
1	882,775	1,523	172.52
2	563,104	1,272	225.89
3	7,225,438	9,898	136.99
4	1,152,494	1,965	170.50
5	792,109	1,390	175.48
6	6,575,370	8,668	131.83
7	3,210,292	4,119	128.31
8	2,776,839	4,088	147.22
9	601,840	780	129.60
10	883,702	3,863	437.14
11	2,283,153	27,368	1198.69
Texas	26,947,116	65,286	242.27

SNAP Recipients

Another estimate of instability in providing for basic needs is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment. The number of recipients per 100K population in in Texas is highest in Regions 11, 10 and 5.[12]

TABLE 11 - REGIONAL SNAP RECIPIENTS PER 100K POPULATION

Region	2015 Population	Number of SNAP Recipients	Recipients Per 100K Population
1	880,203	115,693	13,143.90
2	563,104	76,555	13,595.18
3	7,225,438	850,614	11,772.49
4	1,152,494	165,803	14,386.45
5	792,109	127,457	16,090.84
6	6,575,370	849,699	12,922.45
7	3,199,811	338,074	10,565.44
8	2,787,320	432,505	15,516.88
9	601,840	69,078	11,477.80
10	886,274	189,491	21,380.63

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[12] Texas Health and Human Services Commission, SNAP Recipients by County, December 2015.

11	2,283,153	591,670	25,914.60
Texas	26,947,116	3,806,639	14,126.33

Free and Reduced-Price School Lunch Recipients

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

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the school year 2013-2014 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-level data is summarized to the county, state, and national levels for reporting purposes. Texas reports that of the total student population, 60.08% are eligible to receive the school meal benefit, which is greater than the U.S. rate of 52.35%. The regional percentages vary greatly with region 10 and region 11 having the highest eligible population.

TABLE 12 - REGIONAL SCHOOL LUNCH ASSISTANCE

Region	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
1	512,729	293,229	57.19%
2	229,556	123,627	53.85%
3	1,004,629	554,721	55.22%
4	196,361	108,819	55.42%
5	155,512	100,401	64.56%
6	1,181,436	708715	59.99%
7	315,751	192,759	61.05%
8	498551	306658	61.51%
9	399,449	219,950	55.06%
10	184,051	137773	74.86%
11	471,000	345,435	73.34%
Texas	5,149,025	3,092,087	60.08%
U.S.	50,195,195	26,012,902	52.35%

Regional Demographics

In order to begin to understand the dynamics of a populated area, general knowledge of the demographic profile could be beneficial for future planning and development. Demographic indicators include population size, race, ethnicity, languages, age distribution and concentrations of populations within certain areas. Demographic information is valuable in that it affects primarily all other areas of human activity such as socioeconomics, and environmental risk and protective factors. Demographics can also play a crucial role in understanding trends overtime in order to prepare for future services or policy analysis and development. It may also identify certain needs and/or gaps of services within the allocated area.

Population

According to the U.S. Census Projections of the Populations of Texas 2014, the overall population of Region 2 is steadily increasing over a six year period. In 2015, **the population for Region 2 was 563,104**.
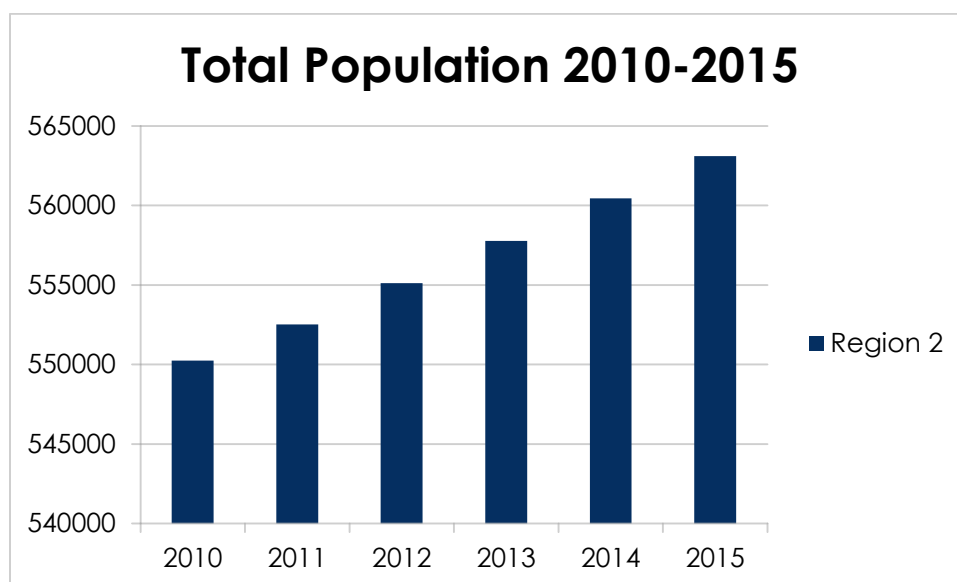
Projections of the Population of Texas and Counties in Texas by Age, Sex, and Race/Ethnicity for 2010-2050. Office of the State Demographer, Texas State Date Center in collaboration with The Hobby Center for Public Policy, November 2014.

Age

Region 2 is primarily consists of a primarily middle or older adults. Middle aged individuals ages 30-59 make up 37% of the general population while the ages 60-85+ closely follow the majority with 22%. Our region is commonly known to be a resourceful and safe place to raise families. **Together middle and older adults make up 59% of our population over a six year period.**
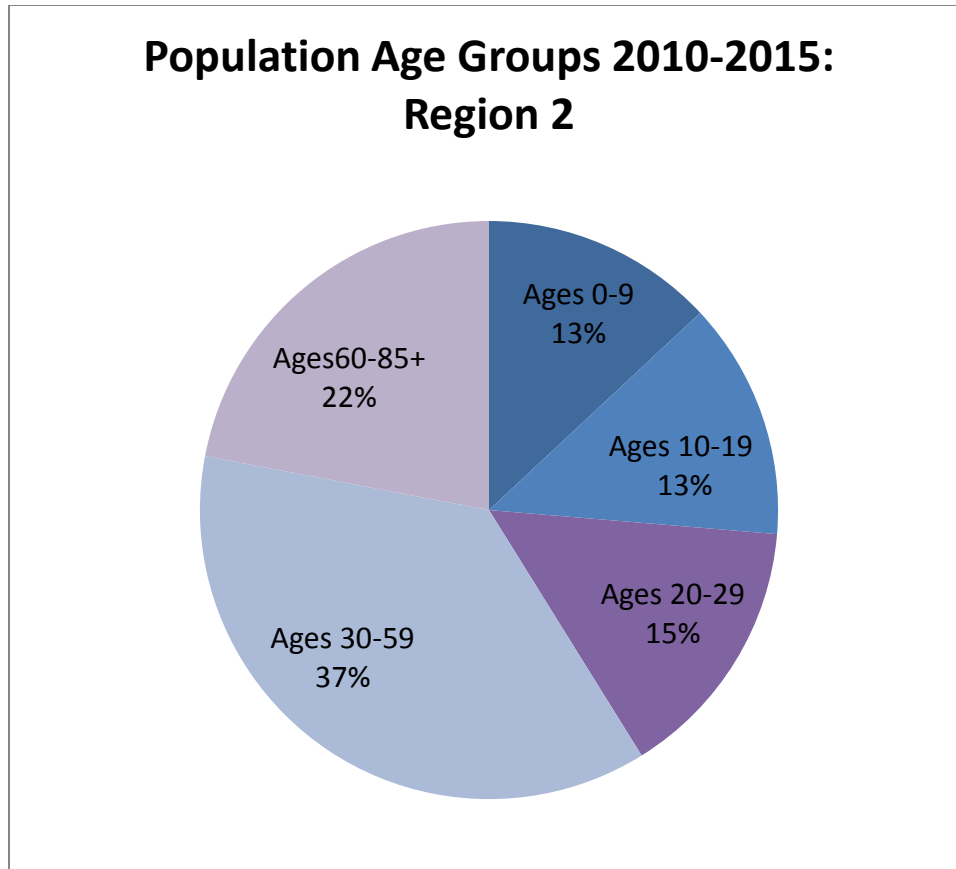
Population Age Groups 2010-2015: Region 2

Ages 0-9 13%

Ages 10-19 13%

Ages 20-29 15%

Ages 30-59 37%

Ages 60-85+ 22%

Projections of the Population of Texas and Counties in Texas by Age, Sex, and Race/Ethnicity for 2010-2050. Office of the State Demographer, Texas State Date Center in collaboration with The Hobby Center for Public Policy, November 2014.

Race

The racial profile of Region 2 is primarily Anglo accounting for over 50% of the overall population. Since 2010, the Hispanic population is shown to continuously increase. The Black and Other populations have slowly increased as years progressed. Furthermore, **although the Anglo population is reported as the dominant race within the region other races are shown to be increasing overtime within our area**.
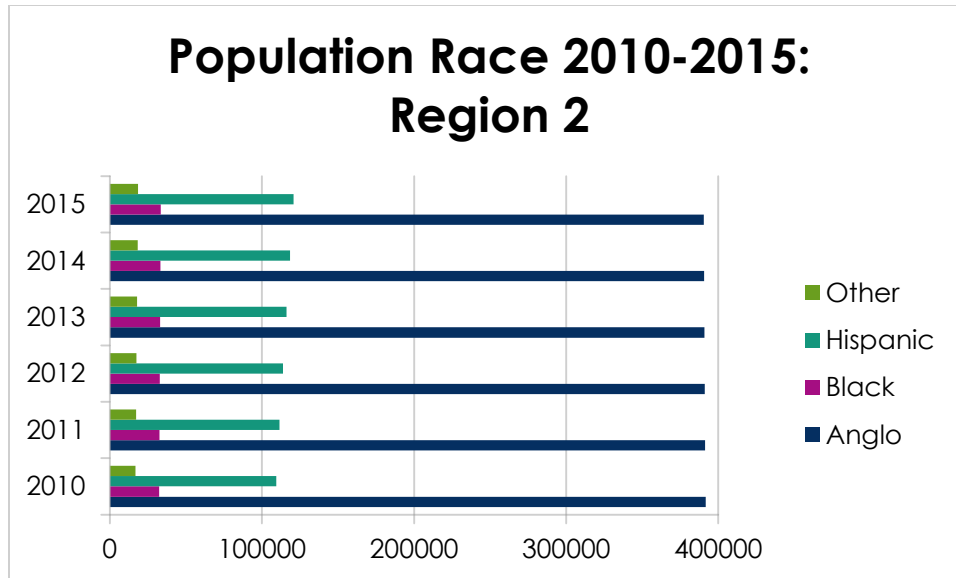
Population Race 2010-2015: Region 2

Projections of the Population of Texas and Counties in Texas by Age, Sex, and Race/Ethnicity for 2010-2050. Office of the State Demographer, Texas State Date Center in collaboration with The Hobby Center for Public Policy, November 2014.

Ethnicity

The Hispanic population in Region 2 has steadily increased from 2010-2015 as shown by the chart below. Although there is a significant gap between those who are Hispanic and those who are not Hispanic, a unique aspect is that this particular ethnic group's presence is gradually increasing.

Population Ethnicity 2010-2015: Region 2

Projections of the Population of Texas and Counties in Texas by Age, Sex, and Race/Ethnicity for 2010-2050. Office of the State Demographer, Texas State Date Center in collaboration with The Hobby Center for Public Policy, November 2014.
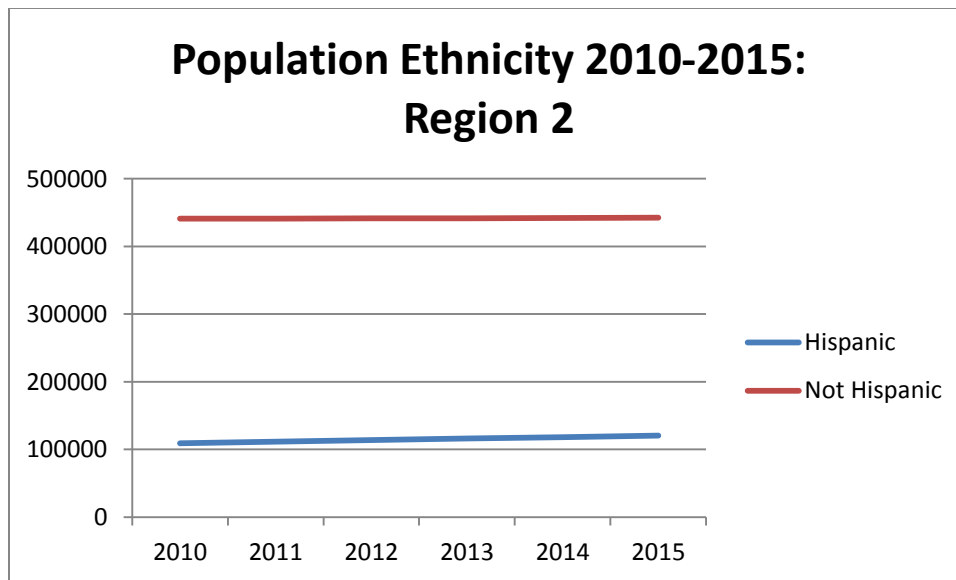
Languages

English is the primary language spoken within the area. However, with the growing Hispanic population as well as other races coming to our area, Spanish is a useful second language to know within the

region. Opportunities for employment typically offer specific positions for those who may be fluent in two languages; employees with a bilingual skill are considered extremely valuable to agencies.

Concentrations of Populations

Our area is generally described as rural yet there are a few areas considered as urban areas. Abilene, Wichita Falls and Brownwood are the most populated areas within are region. Abilene is centrally located, Wichita Falls is found in the northern part of the region while Brownwood is located in the southern portion of the area. These three spaces represent only three counties of the thirty considered to be a part of Region 2 yet are the most populated.

Regional Socioeconomics

Socioeconomics can often relate information associated to income, household composition, employment opportunities, public assistance for food and housing. This information is useful in that it may be an indicator of public health and mental health within the area. Low income and economic stress can often lead to physical and mental health issues. Understanding socioeconomics overtime may also have implications for community or policy analysis and development for the communities within the region.

Average Wages by County

The median household income for the report area is **$42,556**. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and from other sources. The per capita income is the average income computed for every man, woman, and child in the specified area. **Region 2 reports below the state and national average of median household income.**
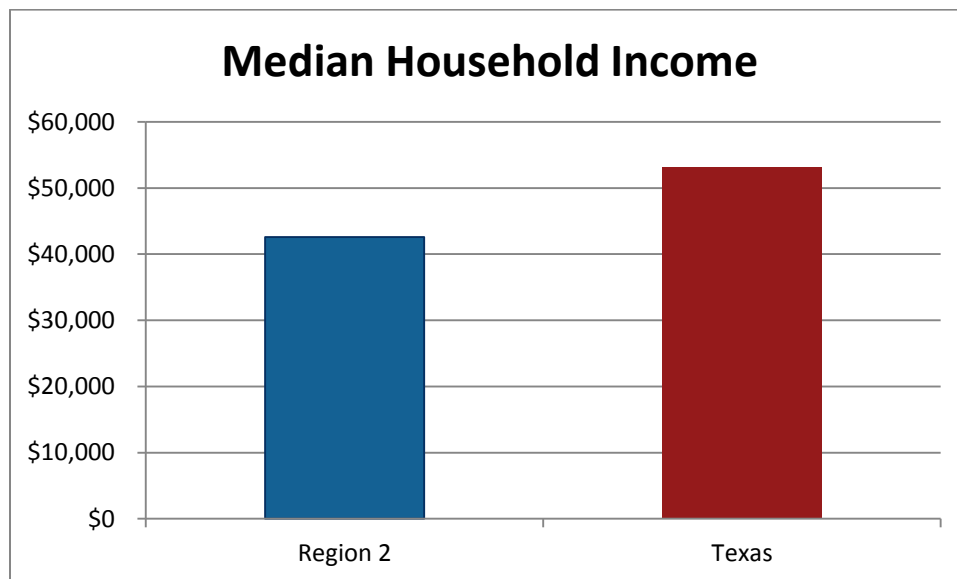
Source: U.S. Census Bureau: SAIPE data, 2014.

Household Composition

The following chart describes household compositions for the region and the state for total households, single parent's households and children living in poverty. According to the County Health Rankings report, **our area report just over the state percentage of children living in poverty**. This chart also report county health rankings which serve to raise awareness about the many factors that influence health and that health vary from place to place. **Region 2 also makes up 2% of the entire states poverty** rate; this is an estimate of people living in poverty Region 2= 90,497 and Texas=4,519,548.

Report Area	Total Households	Single Parent Households	Single Parent Household %	Children in Poverty %	County Health Ranking Average
Region 2	124,254	43,396	32.2%	26%	99.96
Texas	6,917,976	2,345,199	32%	25%	119.69

Source: County Health Rankings Social and Economic Factors, 2016.

Divorce Rates

The American Community Survey data reports divorce rates based on a five year estimate. This chart includes a comparison of divorce rates for the Region, state and national percentages. Region 2 has a much higher percentage of divorce when compared to the state or national rates.
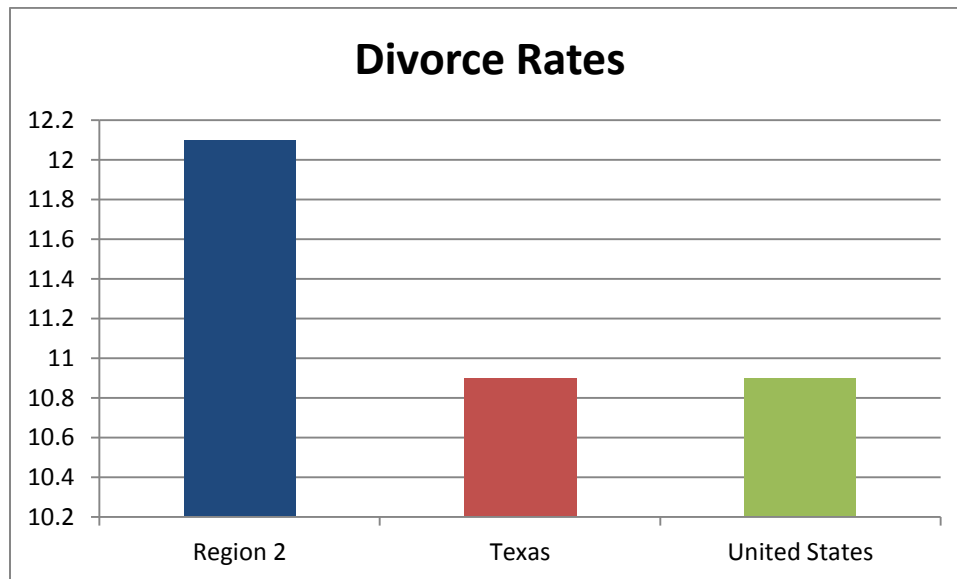
Source: Divorce Rates 2014 5-Year ACS Census Bureau CLC.

Employment Rates

Total unemployment in the report area for the current month was 10,685 or 4.4% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). **Our area reports lower than the state and national unemployment rates.** This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Region 2 has had a historical high of

unemployment in November 1986 at 9.2% and a historical low in December 2000 at 4.0**%. In 2016, the area is nationally ranked as having the 17ᵗʰ lowest unemployment rate in the nation.**

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Region 2	242,118	232,400	9,718	4.2
Texas		11,959,000		4.3

Source: U.S. Census Bureau: BLS, LAUS, April 27, 2016.

Industry

According to the U.S Census Bureau most individuals within our area are civilian employed. Other groups of industry include management/business/science/art, service occupations, sales/office occupations, natural resource/construction/maintenance occupations, and production/transportation/material moving occupations.
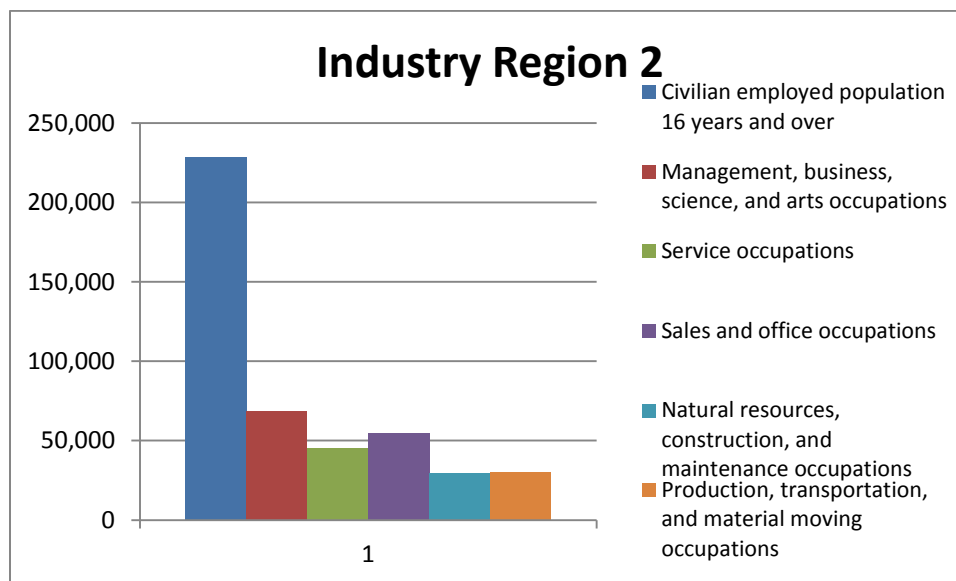
Source: U.S. Census Bureau: SAIPE data, 2014.

TANF Recipients

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical cares (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. **Overall, Region 2 reports higher than the state percentage of households with public assistance income.**

Report Area	Total Households	Households with Public Assistance Income	Percent Household with Public Assistance Income
Region 2	202,596	4,049	2%
Texas	9,013,582	160,255	1.78%

United States	116,211,088	3,274,407	2.82%

Source: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data, 2014

Food Stamp Recipients

This indicator reports the number of SNAP-authorized food stores as a rate per 100,000 populations. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers Rate per 100K
Region 2	550,250	513	9.32
Texas	25,145,561	19,030	7.57
United States	312,411,142	255,574	8.18

Source: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data, 2014

Free School Lunch Recipients

Within the reported area there are 54,526 public school students 57.65% are eligible for Free/Reduced Price lunch out of the 94,589 total students enrolled. This indicator is relevant because it assess vulnerable populations which are more likely to have multiple health access, health status and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. **Collectively, Region 2 is just below the state percentage of students receiving free/reduced priced lunch however twelve counties report above the state percentage of free/reduced lunch.**

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Region 2	94,589	54,526	57.65%
Texas	5,149,025	3,092,087	60.08%
United States	50,195,195	26,012,902	52.35%

Source: U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data, 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 2009 report, "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, and homelessness in regards to enrolled students for the reported area.

Dropout Rates

Educationally, the reported area has a very low dropout percentage; most students graduate with a high school diploma. All counties report a graduation percentage higher than the state percentage. In essence Region 2's students are graduating at a high rate. Only six counties within the region have a high dropout percentage; these counties are: Eastland, Knox, Scurry, Taylor, Throckmorton, and Wilbarger. *The full chart with county specific information may be found in Appendix B under High School Completion Percentages: 2014.*
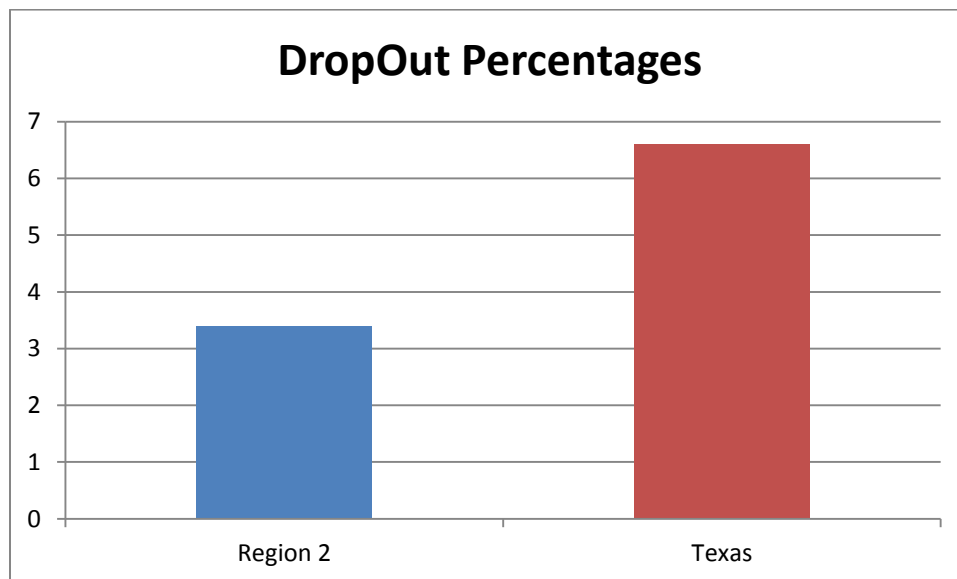
Source: Texas Education Agency, High School Completion GED Rates, 2014.

School Discipline

Students within the reported area may face consequences on school campuses that may lead to legal proceedings. The Office of Court Administration Judicial Information Section reports students within our area mainly face consequences regarding violations of the transportation code, the non-driving alcoholic beverage code, driving under the influence of alcohol, and drug paraphernalia. **Students within our region are reporting almost three times the state average of total alcohol, tobacco and**

drug cases (Region 2= 111.5, Texas= 48.3). Most counties reported higher than the state rates are rural counties. Truancy, daytime curfews, non-traffic fines, and parents contributing to nonattendance are lower than state rates which reflect positively for the area. *The full chart regarding this information may be found in Appendix B under Juvenile Court Cases in JP Courts 2012-2015.* The following chart reports counties exceeding the state rates of total alcohol, tobacco and drug cases as well as the regional and state rates.

Total Alcohol, Tobacco and Drug Cases
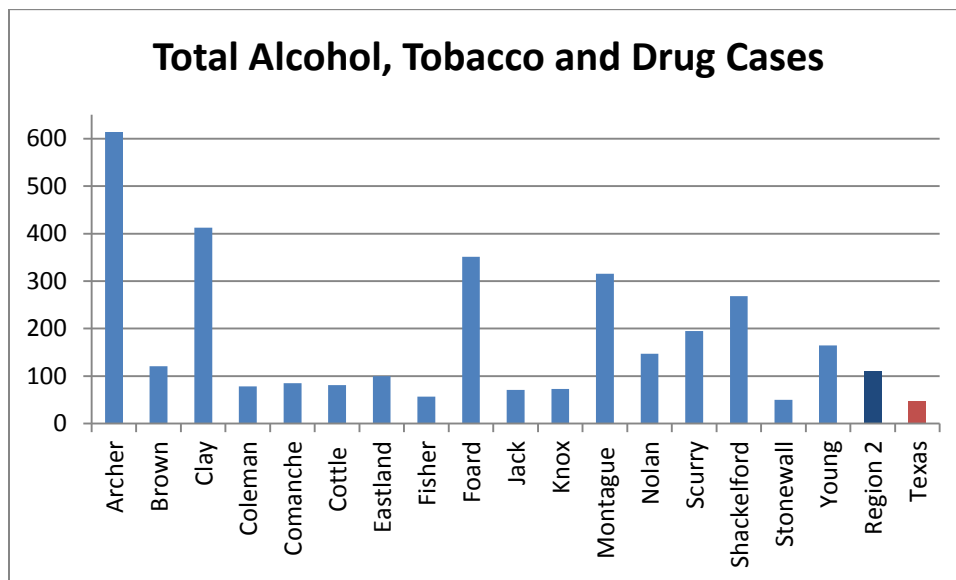
Source: Texas Judicial Branch, Office of Court Administration, Judicial Information 2012-2015.

Homeless Students

According to the Texas Education Agency (TEA February, 2016), there are approximately 3,482 homeless students within the area. **Region 2 represents 3% of the state total (112,489) of homeless students.** "Homeless" is defined by the TEA as a child not having a permanent address. This would include couch surfing or moving from one temporary home to another. It does not necessarily mean students living in shelters. Homeless is an important indicator of student success due to the impact it may have on a child's life. The National Center on Family Homelessness at the American Institutes for Research reports homelessness affects a child's overall school success and attendance, repetition of grades and may lead to dropping out of school entirely.

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

The Texas Department of Public Safety classifies violent crime as murder, rape, robbery, and assault. Offenses and arrest data is included; however there are typically more offenses than arrests since arrests are not always made. The chart below reports the violent crime offenses and arrest rates per

100K. It is show our area has slightly more arrests being implemented than the state rate of violent crime arrests. The rate of violent crime offenses is also much higher than the current violent crime arrest rate. **Certain counties surpassed the state rate of violent crime offenses which is reported at 411.0 crimes per 100K.** These counties were **Kent** at 640.20, **Fisher** at 525.10, **Taylor** at 464.20 and **Nolan** at 444.0.Eleven counties surpassed state rates of violent crime arrests. **Counties having the highest rate for violent crime arrests were: Fisher at 551.30, Eastland at 336.8 and Nolan at 304.80 and Cottle at 286.10.**
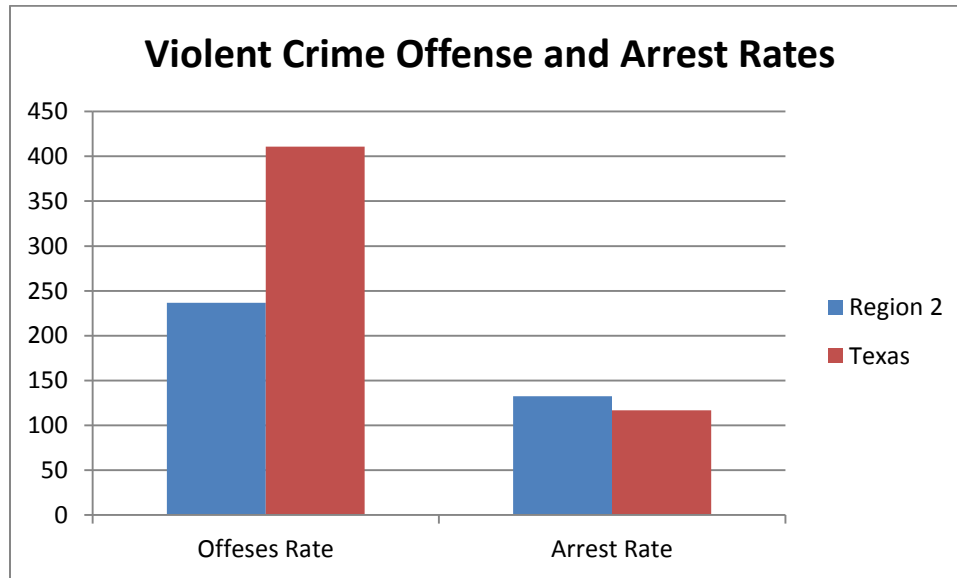
Source: 2015 Texas Index Crime, Texas DPS.

Index Property Crime

The Texas Department of Public Safety defines property crime as burglary, larceny and auto theft. The chart below describes property crime offenses and arrest rates for Region 2 and Texas for comparison. Region 2 is reported having a lower rate of property crimes per 100k for offenses and arrests. There are also more offenses than arrests for property crime in both the Region and Texas. However**,** Taylor had the highest rate of property crime offenses at 4026.40; Wichita was second highest at 3455.20; Nolan at 3161.0 and Eastland County had fourth highest at 2589.60 property crimes per 100k. **All four of these counties: Taylor, Wichita, Nolan and Eastland exceed the state rate for property crime offenses at 2826.20.** In terms of arrests, the top four counties were Wichita at 749.30, Wilbarger at 714.80, Fisher at 577.60 and Comanche county at 548.60. **All four of these counties: Wichita, Wilbarger, Fisher and Comanche surpassed the state rate for property crime arrests which is reported at 432.60 per 100K**.

Property Crime Offense and Arrest Rates
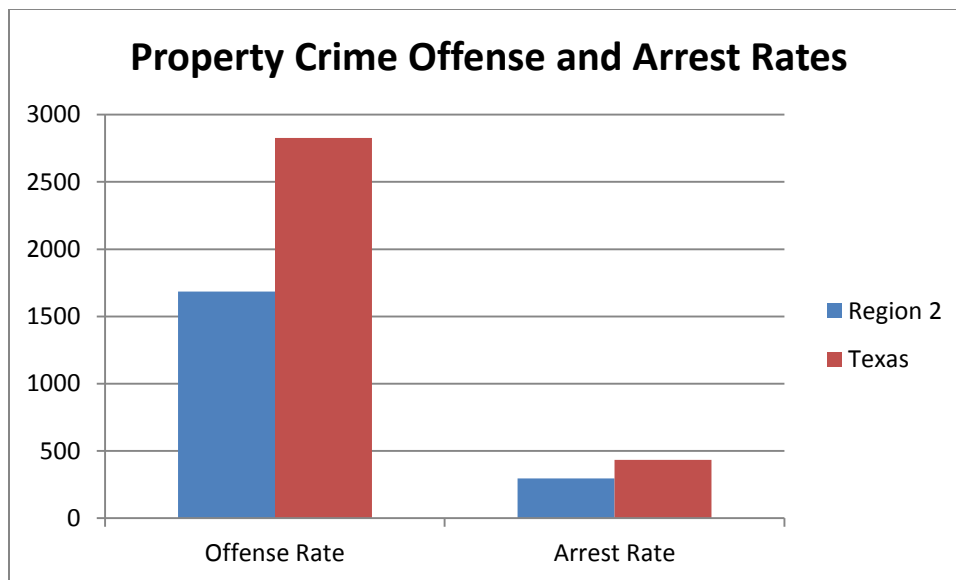
Source: 2015 Texas Index Crime, Texas DPS.

Family Violence and Child Abuse

By definition of The Texas Family Code, "family violence as an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm". The Texas Family Code and Texas child abuse laws define child abuse as "Inflicting or failing to reasonably prevent others from inflicting mental or emotional injury impairing child's growth, development, or psychological functioning; physical injury resulting in substantial harm, or which is at variance with explanation given; sexual abuse, exploitation, use of controlled substance". The chart below represents the overall confirmed victims of child abuse across our region (per 100K). *The full report may be found in Appendix B under CPS Confirmed Needs Victims of Abuse/Neglect FY 2015*. **Overall our area reports above the state rate for confirmed victims of child abuse/neglect (per 1,000 children). Twenty-six of our thirty county coverage area have a rate for confirmed victims of child/abuse than the state rate.** Some of the highest reporting counties for child abuse rates were: Montague, Fisher, Hardeman, Jack, and Taylor. **Seventeen counties report to have a percentage of confirmed cases higher than the state.** Counties who had some of the highest confirmed percentages were: Fisher, Montague, Cottle, Coleman, and Taylor.

Report Area	Child Population	Confirmed Victims of Child Abuse/Neglect	Confirmed Victims of Child Abuse/Neglect per 1,000 Children	CPS Completed Investigations	Confirmed	% Confirmed
Region 2	131,651	2,763	16.8	5,704	1,650	26.3%
Texas	7,311,923	66,721	9.1	176,868	40,506	22.9%

Source: Texas Department of Family Protective Services, 2015.

Confirmed Victims of Child Abuse and Neglect per 1,000 Children
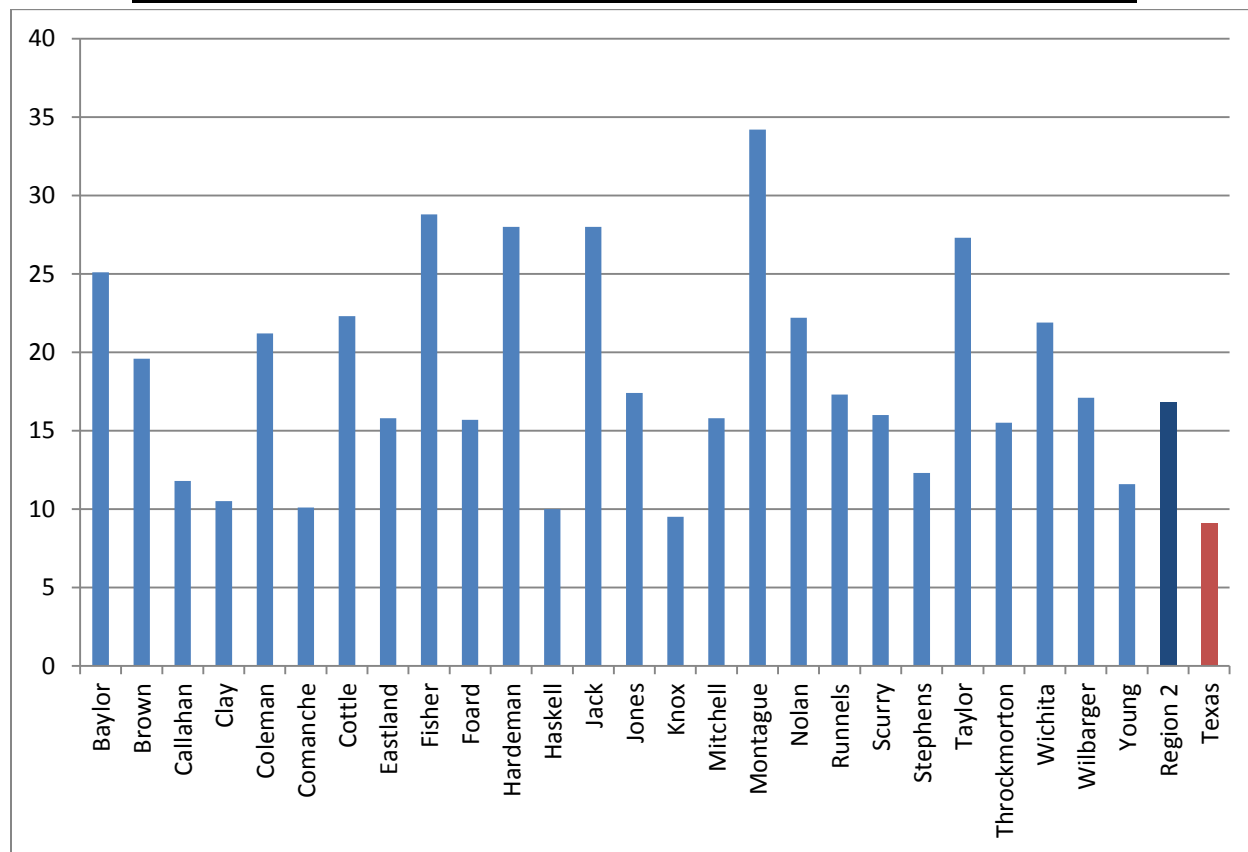
Source: Texas Department of Family Protective Services, 2015.

Drug Seizures/Trafficking Arrests

According to the 2014 Texas Department of Public Safety report, there are four substances exceeding the state rate for drugs seized for the area. **Methamphetamines/Amphetamines, Opiates, Tranquilizers/Barbiturates/Synthetic Narcotics, and Hallucinogens are all above state rate for seizures within Region 2.** Opiates are prevalent in five counties also exceeding the state rate. No other substance reports to have as many counties reporting high seizure rates. **Seven counties report higher than state rates for at least one of these substances**: Archer, Brown, Eastland, Hardeman, Jack, Taylor and Wichita. *The full chart may be found in Appendix B under Drug Seizures Report 2014 per 100k.* The following charts report the highest or top substances seized from the drug seizures report this past fiscal year. One chart includes tranquilizers/barbiturates/synthetic narcotics; however these numbers are only representative to two counties: Wichita and Taylor. The next chart includes a comparison without this category in order to display a clearer representation of the amount of drugs seized in these categories.

Highest Drug Seizures Per 100K
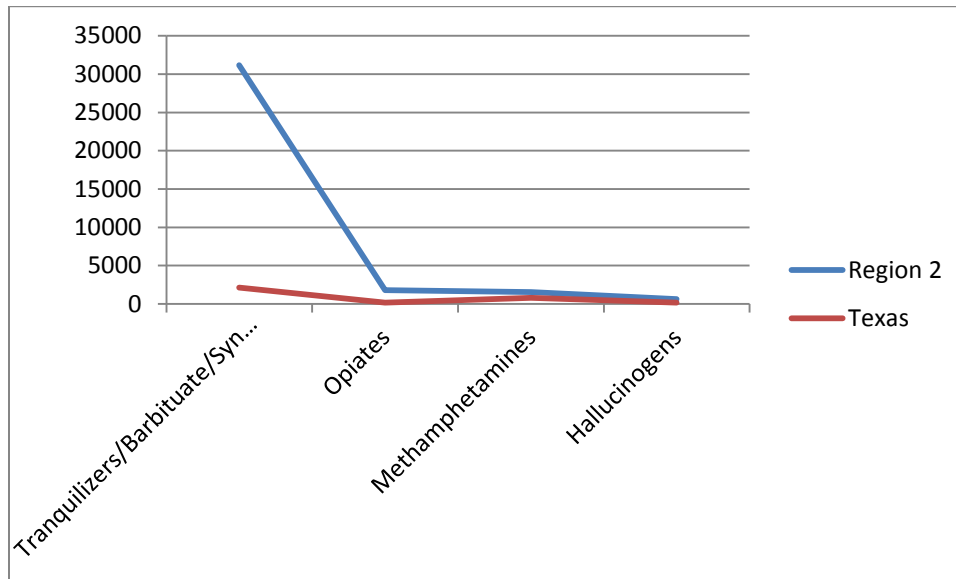
Source: Texas Department of Public Safety, Drug Seizures Reports by County, 2014

Comparison of Highest Drug Seizures Per 100K
(Excluding Tranquilizers/Barbiturate/Synthetic Narcotics)
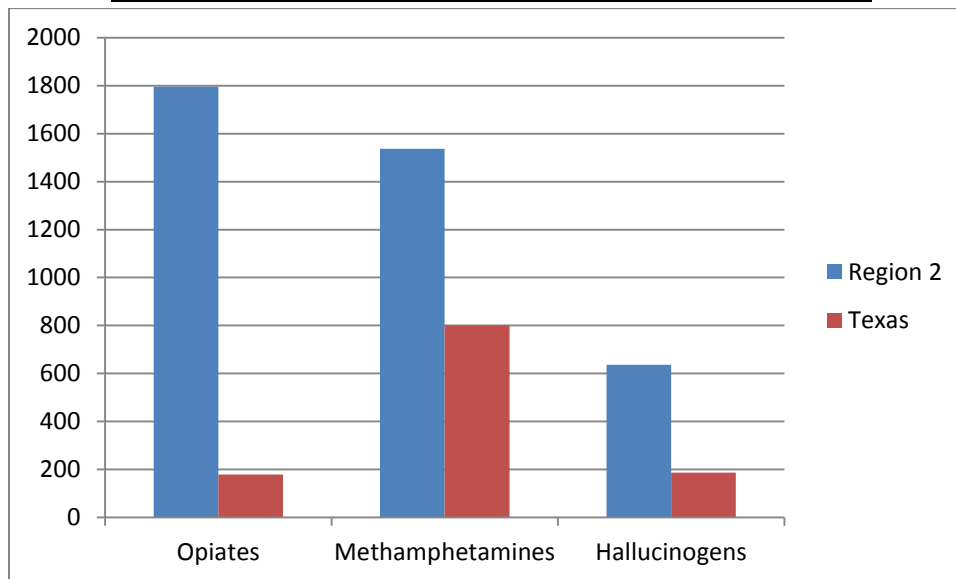
Source: Texas Department of Public Safety, Drug Seizures Reports by County, 2014

Mental Health

Environmental risk factors for mental and behavior health is crucial to consider in the assessment of a community. Indicators such as suicide and depression rates, 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

One of the most detrimental environmental risk factors affecting each section of the risk factor model would be suicide deaths. The United States has had an increase of suicide death from 2000-2013; there were 10.43 (per 100,000) to 13.02. Data suggests men die from suicide four times more than women. Suicide rates are reporting on positive trend overtime.

Region 2 has had a total of 1,145 suicide deaths or 3% of the total suicides in the state of Texas. **The suicide mortality rate for our area is 14.1 (per 100,000K) this exceeds the state rate which is 10.7.** Some counties have almost double the state rate while other counties report a low rate as the chart describes below. Counties which had a small number of suicides were not given an adjusted rate. *The full report of suicides may be found in Appendix B under the Suicide Death Rate: 1999-2013 table.*

County	All Ages Number	Rate per 100K
Archer	11	8.1
Fisher	6	9.7
Haskell	18	20.5
Jones	62	20.4
Montague	63	21.4
Stephens	32	22.2
Region 2	1,145	14.1
Texas	37,658	10.7

Source: Center for Disease Control, Death Statistics for the State of Texas.

Psychiatric Hospital Admissions

The Agency for Healthcare Research and Quality reports the **total discharges of psychiatric admissions to be 3,223 in Region 2. The average cost of treatment in our area is $12,993**. The following chart report the rate for total discharges for the area. Region 2 is reporting lower than the total US and South US rates for total discharges. *The full chart may be found in Appendix B under Psychiatric Hospital Discharges and Costs.* Not all counties were included in this data set due to small reporting numbers. Values based on 5 or fewer discharges are suppressed to protect confidentiality of patients and designated with a "c". All rates are based on the number of hospital discharges, unadjusted for any population differences. All mean (average) costs are unadjusted.

Psychiatric Hospital Discharge Rate per 100K

Region 2	Total US	South US
4.5	4.8	4.6
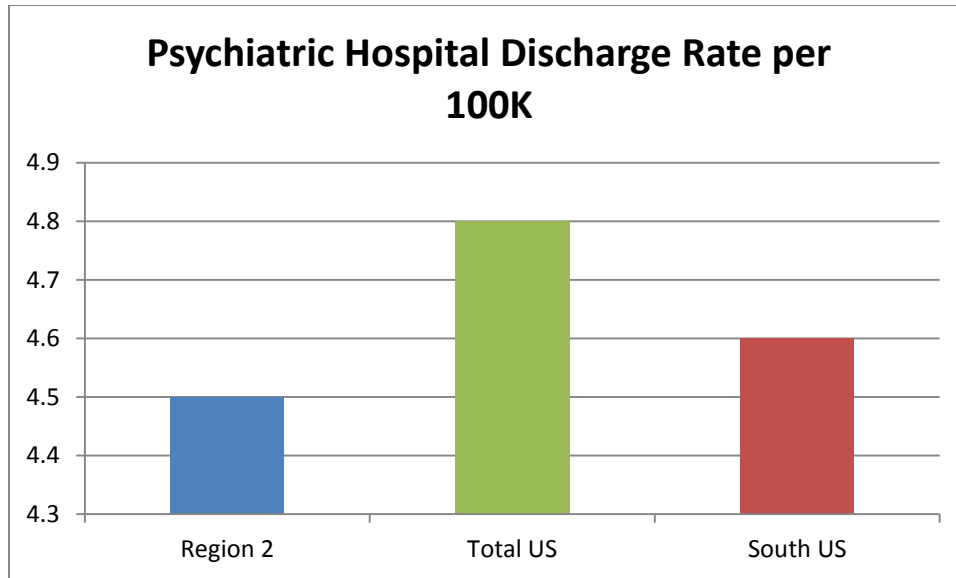
Source: HCUP Nationwide Inpatient Sample (NIS), Agency for Healthcare Research and Quality, 2011.

Adolescents and Adults Receiving Substance Abuse Treatment

The Department of State Health Services provides substance abuse treatment through state funded facilities. Clients may receive treatment/services through ambulatory detox, COPSD, HIV residential, intensive residential, OST/MAT, outpatient, residential detox or supportive residential treatment centers for adults and youth across the state. Clients may be seen for a variety or substance abuse related issues involving such drugs as: Aerosols, Alcohol, Amphetamine, Anesthetics, Aspirin, Ativan, Barbiturate sedatives, Benzodiazepines, Buprenorphine, Cocaine, Codeine, Cough syrup, Crack, Darvocet Darvon, Demerol, Dilaudid, Ephedrine, GHB/GBL, Hallucinogens, Heroine, Inhalants, Klonopin, LSD, Librium, MDMA/Ecstasy, Marijuana/Hashish, Mescaline, Methadone, Methamphetamine, Nitrites, Opiates and Synthetics, Other Cannabinoids, Other Drugs, Other Sedatives, Over-the-Counter, Oxycodone, PCP, Pentazocine, Placidyl, Psilocybin Mushrooms, Ritalin, Rohypnol, Sedatives, Solvents, Special K, Stimulants, Ultram, Valium, Vicodin and Xanax.

The chart below reports how many clients were served in our area compared to Texas through state funded facilities.

Report Area	Youth Served	Adult Served	Total Served
Region 2	97	1,138	1,235
Texas	4,636	32,397	37,021

The bar graph below describes the top ten primary substances clients receive treatment for in state funded facilities in Texas. 1,088 people served were not used in this dataset for standardization in analysis. This information includes both adult and youth reasons for treatment.

Primary Substances Treated: Texas

A bar chart titled "Primary Substances Treated: Texas" with a y-axis from 0 to 10000. Bars: Alcohol ~9800, Marijuana/Hashish ~9500, Methamphetamine ~4900, Heroine ~4700, Cocaine ~1800, Crack ~1400, Amphetamine ~1300, Vicodine ~1200, Opiates and Synthetics ~950, Xanax ~600.
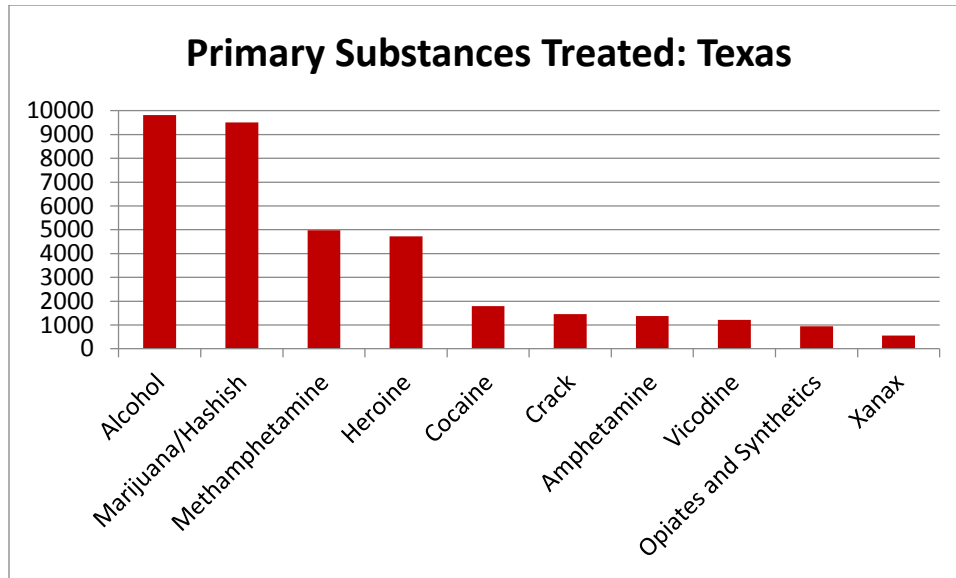
Source: Department of State Health Services, SUDS Served Statewide, FY2015.

Our area reports to have a different top ten primary substances treated within our area. Twenty-eight people served were not included in the reporting numbers. This information includes both adult and youth.

Primary Substance Treated: Region 2

A bar chart titled "Primary Substance Treated: Region 2" with a y-axis from 0 to 400. Bars: Alcohol ~348, Methamphetamine ~292, Marijuana/Hashish ~210, Amphetamine ~122, Heroine ~100, Vicodine ~38, Xanax ~15.
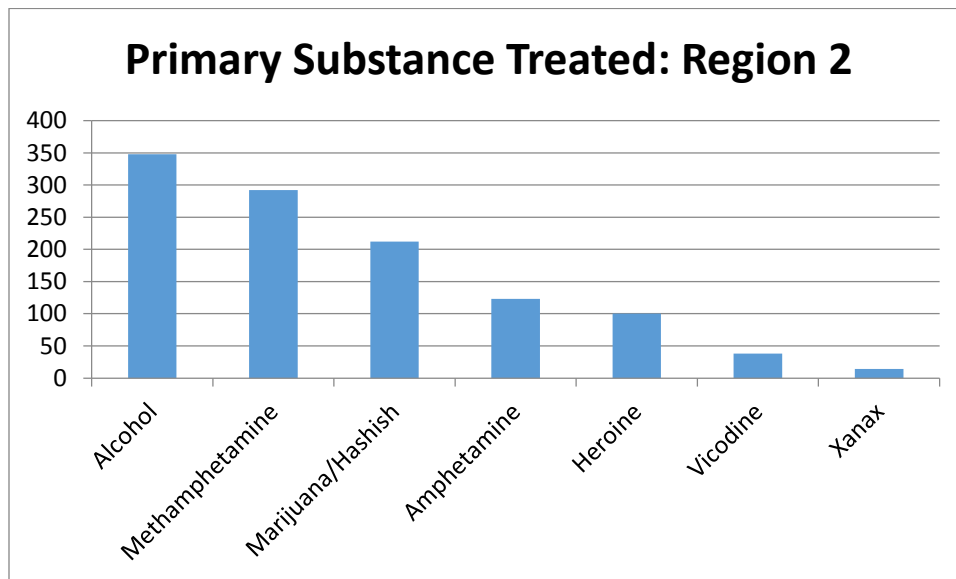
Source: Department of State Health Services, SUDS Served Statewide, FY2015.

Depression

There are 19 chronic conditions that are identified through Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating the beneficiary received a service or treatment for the specific condition. Beneficiaries may

have more than one of the chronic conditions listed. Detailed information on the identification of chronic conditions in the CCW is available at http://www.ccwdata.org/chronic-conditions/index.htm.

The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Data is available from the CMS Chronic Condition Data Warehouse (CCW), www.ccwdata.org. For all the chronic condition reports, the Medicare beneficiary population is limited to fee-for-service beneficiaries. We exclude Medicare beneficiaries with any Medicare Advantage enrollment during the year since claims data are not available for these beneficiaries. Also, we exclude beneficiaries who were enrolled at any time in the year in Part A only or Part B only, since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who die during the year are included up to their date of death if they meet the other inclusion criteria.

Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. The following chart reports beneficiaries, patients less than 65 years old, and those 65 years and older. *The full chart reporting county level percentages may be found in Appendix B under Depression: Medicare Chronic Conditions Prevalence %.* Region 2 reports to have a higher percentages of beneficiaries with a chronic condition, including those less than 65 years old and those 65 years or older.
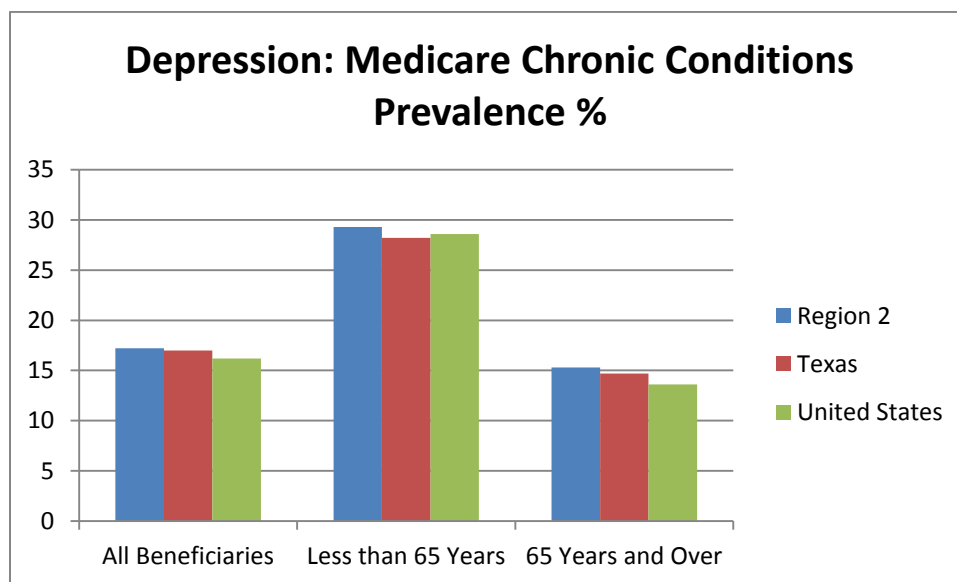
Source: Depression (Medicare Beneficiaries) CMS.GOV CLC, 2014.

MHMR Crisis Hotline/MCOT Team Data

Local Mental Health Authorities or LMHA's provide services to a specific area within the state. Region 2 is fortunate to have three centers throughout our area. 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 and treatment alternatives for clients of mental health or mental retardation services. Each LMHA is available 24 hours a day, seven days a week.

Region 2 Mental Health Authorities				
Center	**Crisis Hotline**	**Main Phone**	**Website**	**Counties Served**
Betty Hardwick Center 2616 S. Clack Abilene, TX 79606-1545	800-758-3344	325-690-5100	www.bhcmhmr.org	Callahan Jones Shackelford Stephens Taylor
Center for Life Resources 408 Mulberry Brownwood, TX 76801	800-458-7788	325-646-9574	www.cflr.us	Brown Coleman Comanche Eastland
Helen Farabee Centers 1000 Brooke St. Wichita Falls, TX 76301	800-621-8504	940-397-3143	www.helenfarabee.org	Archer Baylor Clay Cottle Foard Hardeman Haskell Jack Knox Montague Stonewall Throckmorton Wichita Wilbarger Young

Social Factors

In order to fully comprehend the risks associated with substance abuse, one must consider cultural norms, 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

One of the greatest protections a youth may have is the belief that a parent may disapprove of them using certain substances. Strong correlations exist between perceived approval on the parent for substance use behavior and actual use.

The Texas School Survey includes questions regarding how the student thinks they're parents feel about popular substances. Listed below are the results of how parents feel about their kids their age using these particular substances. *The full results for each question in reference to Region 2 and Texas may be found in Appendix A under Parental Attitudes towards Substance Consumption.* Each question in Appendix A shows a complete Likert scale on the results for each question asked.

There is a significant parental disapproval for Region 2 for all substances described. However, alcohol seems to have a less disapproval than tobacco and marijuana. Although parents disapprove of marijuana students do consume this more than tobacco. As for prevention professionals, this information could be useful when working with students in prevention programs.

Table T-6: How do your parents feel about kids your age using tobacco?

All Grades Tobacco	Strongly Disapprove	Mildly Disapprove
Region 2	70.2%	10.1%
Texas	77.7%	7.1%

Table A-13: How do your parents feel about kids your age drinking alcohol?

All Grades Alcohol	Strongly Disapprove	Mildly Disapprove
Region 2	62.4%	12.6%
Texas	64.9%	13.1%

Table D-11: How do your parents feel about kids your age using marijuana?

All Grades Marijuana	Strongly Disapprove	Mildly Disapprove
Region 2	77.9%	5.3%
Texas	78.7%	6.1%

Source: Texas School Survey, 2014.

Youth Perception of Peer Approval of Consumption

The Texas School Survey inquiries peer use or approval of substances. *The complete results may be found in Appendix A under Peer Approval of Substance Use by Substance for Region 2 and Texas*. The chart below gives a snapshot of all grades in Region 2 compared to Texas when asked if "About how many of your close friends use...? Answer: None. Region 2 reports having no close friends using marijuana, tobacco and alcohol in descending order for this particular dataset.

Students Reporting No Close Friends Using, All Grades, 2014

Substance	Region 2	Texas
Tobacco	58	64
Alcohol	43	45.5
Marijuana	60.5	52.5
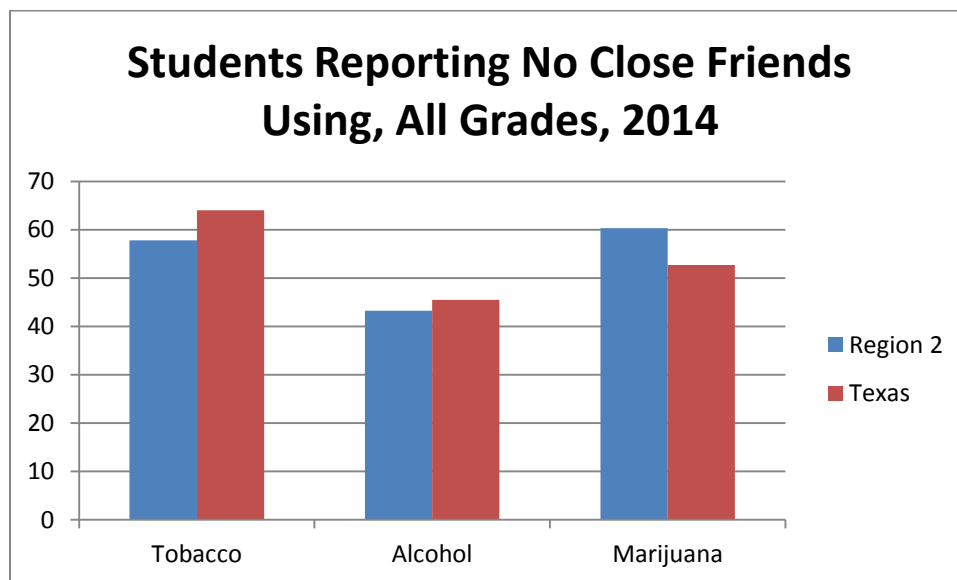
Source: Texas School Survey, 2014.

Cultural Norms and Substance Abuse

In rural central west Texas, it is common for alcohol to be sold at local events such as concerts, benefits, fundraisers etc. Business may charge more for a ticket and therefore raise more money for the event. Alcohol seems to be expected at these kinds of public events. Even in rural areas alcohol is more commonly used among youth than any other substance; it also promotes revenue for business. In rural areas this could be extremely helpful to the town's economy. Tobacco/E-Cigarette use is also accustomed at these events although it is not quite as common as alcohol. Any illicit drug such as marijuana or Rx drugs is not common in public places. The reported area is commonly described as the Bible belt; therefore excessive alcohol, tobacco or drug use is mostly frowned upon. However, new trends and popular political beliefs or agendas become the norm among young people as social media drives the prerogative for these popular views.

Adolescent Sexual Behavior

According to the Texas High School Youth Risk Behavior Survey, 45.9% of students reported that have had sexual intercourse. **93% reported not using a condom, birth control pills, IUD, implant, shot, patch or birth control ring.** 9% of youth surveyed reported they were physical forced to have sexual intercourse. Furthermore, 23% of youth drank alcohol or used drugs before their last sexual intercourse of those who were active. The following chart reports the percentages of teen birth percentages from 2005-2012 by the Department of State Health Services. Region 2 is reporting higher than the state percentage. *The full chart may be found in Appendix B under Teen Birth Rates 2005-2012.* Data are for live births to females aged 15-19. Population figures are reported via the Texas State Data Center.

Teen Birth %, 2005-2012
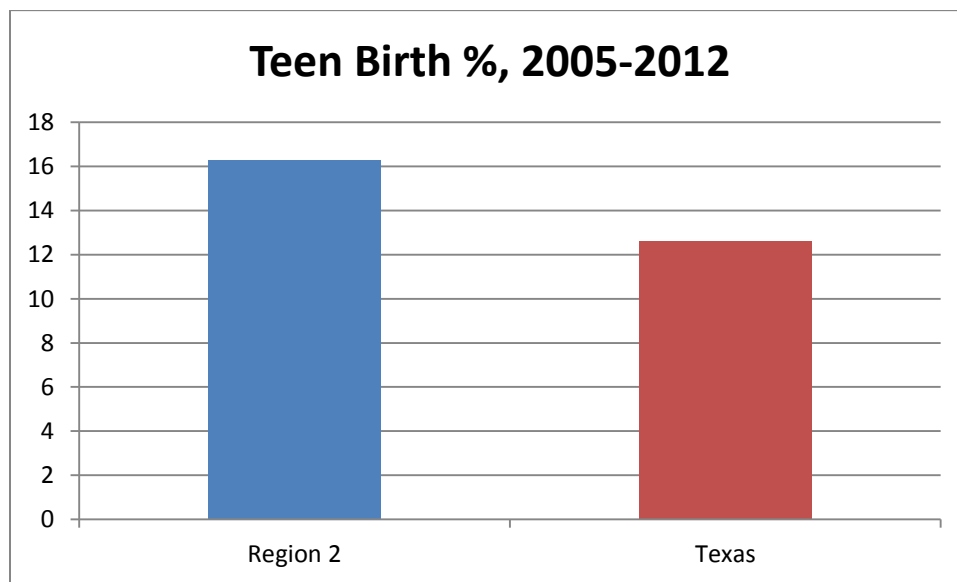
Source: Texas Health Data, Texas Department of State Health Services, Center for Health Statistics, 2005-2012.

Misunderstandings about Marijuana

There are several facts about marijuana use that are commonly misunderstood due to the growing popularity of legalizing this substance. Some common arguments used is that marijuana is a natural

substance therefore it is good to smoke, marijuana will not affect us long-term, marijuana has medicinal properties, marijuana is not a gateway drug, people do not become addicted, our jails are full of people with only marijuana charges, legalizing the substance would put drug cartels out of business, marijuana will not affect my behavior in any way. All of these are not based on evidence or scientific data; they are simply built on a small truth and then distorted into popular demands driven by society. The National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration as well as prevention professionals throughout the state of Texas continuously combat arguments and false information. New reports from Colorado such as the Rocky Mountain High Intensity Drug Trafficking Area report on "The Legalization of Marijuana in Colorado: The Impact" reports some of the effects of how legalization is now effecting society since marijuana was legalized. At times it may be popular to believe such misunderstandings; however it is crucial to make policy decisions, data-driven decisions.

Accessibility

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

Perceived Access of Alcohol

The Texas School survey includes the most recent data on perceived access to major substances such as alcohol, marijuana and prescription drugs among youth. The charts below summarize how students perceive the accessibility of alcohol in their daily lives. *The full reports may be found in Appendix A under Perception of Accessibility of alcohol for Region 2 and Texas*. Students in Region 2 report easier access to alcohol as they become older. Only 4.1% of 6th graders think alcohol is "very easy" to access while 41.4% of 12th graders report alcohol as "very easy" to access. These numbers seem similar to statewide trends on accessibility by grade level.

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

Texas	Somewhat Easy	Very Easy	Region 2	Somewhat Easy	Very Easy
All	19.3%	30.0%	All	19.9%	26.4%
			Grade 6	5.8%	4.1%
Grade 7	11.3%	13.2%	Grade 7	14.8%	12.0%
Grade 8	17.3%	21.3%	Grade 8	22.9%	19.7%
Grade 9	19.2%	29.7%	Grade 9	19.7%	37.4%
Grade 10	22.8%	36.9%	Grade 10	24.2%	39.8%
Grade 11	22.6%	41.8%	Grade 11	26.0%	35.4%
Grade 12	24.0%	41.4%	Grade 12	28.5%	41.4%

Peer access to alcohol also includes availability through friends, others and parties. 13% of all Region 2's students surveyed indicated they always get their alcohol from parties. This percentage is higher than the state percentage. The accessibility increases overtime and also surpasses statewide percentages for always accessing alcohol at parties.

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

Texas	Most of the Time	Always	Region 2	Most of the Time	Always
All	9.3%	12.2%	All	8.5%	13.1%
			Grade 6	1.1%	0.0%
Grade 7	3.2%	1.8%	Grade 7	4.0%	1.5%
Grade 8	5.4%	3.0%	Grade 8	8.3%	4.1%
Grade 9	10.0%	10.3%	Grade 9	13.8%	16.1%
Grade 10	12.6%	15.8%	Grade 10	13.3%	18.9%
Grade 11	13.0%	20.9%	Grade 11	8.3%	25.1%
Grade 12	13.1%	26.0%	Grade 12	11.1%	29.6%

Perceived Access of Marijuana

The Texas School Survey reports student's perception on accessibility to marijuana. With growing popular societal beliefs marijuana is not harmful, understanding how students access marijuana is crucial to understand. It is important to remember students at this age are still developing physiologically. Use of marijuana and other substances at a young age may have developmental effects on the student overtime.

The charts below report accessibility percentages for marijuana. All students in Region 2 report under the state percentage of very easy access to this substance. However, very easy access does increase overtime as students become older; this is congruent with statewide trends as well. *The full report of Perceived Access of Marijuana for Region 2 and Texas may be located in Appendix A.* In reviewing the data on access to marijuana and other drugs at parties, Region 2 reports a lower percentage of always attending parties where these substances are used. However the area does increase in percentages overtime in congruence with statewide trends.

Table D-5: If you wanted some, how difficult would it be to get marijuana?

Texas	Somewhat Easy	Very Easy	Region 2	Somewhat Easy	Very Easy
All	13.5%	23.3%	All	11.9%	17.8%
			Grade 6	1.5%	2.2%
Grade 7	4.7%	6.3%	Grade 7	4.4%	5.3%
Grade 8	9.7%	12.7%	Grade 8	8.7%	12.6%
Grade 9	14.6%	22.2%	Grade 9	14.3%	22.3%
Grade 10	17.4%	29.6%	Grade 10	16.7%	25.8%
Grade 11	17.8%	37.5%	Grade 11	20.5%	28.0%
Grade 12	18.6%	36.6%	Grade 12	20.4%	33.9%

Table D-10: Thinking of parties you attended this school year, how often were **marijuana and/or other drugs** used?

Texas	Most of the Time	Always	Region 2	Most of the Time	Always
All	6.6%	7.8%	All	4.2%	4.9%
			Grade 6	0.0%	0.3%
Grade 7	2.0%	1.3%	Grade 7	1.4%	1.7%
Grade 8	3.4%	2.7%	Grade 8	3.4%	2.9%
Grade 9	6.8%	6.7%	Grade 9	4.0%	3.8%
Grade 10	8.5%	9.4%	Grade 10	8.0%	6.2%
Grade 11	9.1%	13.8%	Grade 11	4.8%	11.5%
Grade 12	11.4%	15.2%	Grade 12	8.6%	8.5%

Perceived Access of Prescription Drugs

The chart above may be used in reference about their perceived access of "other drugs" available at parties. Region 2 had a relatively low response when asked about accessibility at parties. *The full chart may be found in Appendix A in combination with the charts above under Accessibility of Alcohol by Environment for Region 2 and Texas.*

Alcohol Retail Permit Density and Violations

Another indicator contributing to underage drinking is the number of alcohol violations and total liquor law violations cited to businesses. Permit violations are not random enforcement procedures in terms of how a business is cited for violating the sale permit; several additional factors contribute to keeping businesses in alignment with state laws.

In 2014**, ten counties or one third of Region 2 had a higher rate for alcohol violations when compared to the state rate.** The chart below reports the region overall compared to the state. Overall our area reports under the state rates for alcohol and liquor law violations. The full chart for violations may be found in Appendix B under Texas Department of Public Safety: 2014 Alcohol Violations.

Report Area	2014 Population	Total Alcohol Violations/100K	Total Liquor Laws/100K
Region 2	560,451	472.16	40.43
Texas	26,581,256	600.47	48.95

Social Hosting of Parties

An evaluation of gaining access to alcohol would need to include social hosting in order to be sufficient. The 2014 Texas School Survey includes questions such as "How often, if ever, do you get alcohol beverages from...?" This question offers insight into how minors retrieve alcohol. *The full report for Region 2 and Texas maybe found in Appendix A under Accessibility of Alcohol by Environment*. Regional data includes 6th graders and Texas data does not. Region 2 demonstrates students "always" gain access to alcohol from parties; it is also above the state percentage yet other locations for access (home

and friends) report lower than the state percentage. The chart below gives a brief snapshot of the overall results and indications for social hosting.

Table A-12: How often, if ever, do you get alcohol beverages from …?

Location	Grade	Do Not Drink	Never	Seldom	Most of the Time	Always
REGION 2						
Home?						
	All Grades	52.8%	25.5%	15.8%	4.3%	1.6%
Friends?						
	All Grades	49.1%	19.1%	16.2%	11.8%	3.9%
Parties?						
	All Grades	49.3%	19.8%	10.1%	9.4%	11.4%

Location	Grade	Do Not Drink	Never	Seldom	Most of the Time	Always
Texas						
Home?						
	All Grades	55.10%	20.50%	16.80%	5.30%	2.30%
Friends?						
	All Grades	53.70%	18.20%	13.40%	11.10%	3.70%
Parties?						
	All Grades	52.10%	15.90%	10.30%	11.30%	10.40%

Marijuana Access

In the previous sections, marijuana has been shown to be a substance that Region 2 teens perceive fewer friends using and more parental disapproval for than statewide. The way that marijuana is perceived by youth is becoming increasingly significant, especially because of the physiological development of youth's brains; additionally they are now fighting popular trends of legalization in their social lives.

The charts below are parts of full charts found in Appendix A under Perceived Access of Substances for Region 2 and Texas. The good news is that, students perceive marijuana less easy to obtain than students statewide, even as seniors in high school.

Table D-5: If you wanted some, how difficult would it be to get marijuana?

Texas	Somewhat Easy	Very Easy	Region 2	Somewhat Easy	Very Easy
All	13.5%	23.3%	All	11.9%	17.8%
			Grade 6	1.5%	2.2%

Grade 7	4.7%	6.3%	Grade 7	4.4%	5.3%
Grade 8	9.7%	12.7%	Grade 8	8.7%	12.6%
Grade 9	14.6%	22.2%	Grade 9	14.3%	22.3%
Grade 10	17.4%	29.6%	Grade 10	16.7%	25.8%
Grade 11	17.8%	37.5%	Grade 11	20.5%	28.0%
Grade 12	18.6%	36.6%	Grade 12	20.4%	33.9%

Table D-10: Thinking of parties you attended this school year, how often were **marijuana and/or other drugs** used?

Texas	Most of the Time	Always	Region 2	Most of the Time	Always
All	6.6%	7.8%	All	4.2%	4.9%
			Grade 6	0.0%	0.3%
Grade 7	2.0%	1.3%	Grade 7	1.4%	1.7%
Grade 8	3.4%	2.7%	Grade 8	3.4%	2.9%
Grade 9	6.8%	6.7%	Grade 9	4.0%	3.8%
Grade 10	8.5%	9.4%	Grade 10	8.0%	6.2%
Grade 11	9.1%	13.8%	Grade 11	4.8%	11.5%
Grade 12	11.4%	15.2%	Grade 12	8.6%	8.5%

Prescription Drugs Access

Students in Region 2 responded with a lower percentage when asked about access to "other drugs" at parties in congruence with marijuana. The chart above may be used in reference to understanding how and where students gain access to prescription drugs. *Appendix A includes the full report for Region 2 and Texas under Perceived Access of Substances.*

Perceived Risk of Harm from Alcohol

The full report for the charts below may be found in Appendix A under Perception of Harm of Substances for Region 2 and Texas.

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

	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not Know
Region 2 All Grades	56.1%	26.2%	11.2%	2.3%	4.3%
Texas All Grades	57.2%	13.6%	11.2%	13.7%	4.2%

Perceived Risk of Harm from Marijuana

Overall the perception of harm for marijuana has decreased across the nation as the legalization of marijuana continues to climb in popularity. Typically if the perception of harm decreases consumption

increases showing an inverse proportional relationship. Thankfully only about 19% of students surveyed see marijuana as "not very dangerous" or "not at all dangerous". This information is reporting under the state percentages in perceived risk of harm for marijuana.

D-12: 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
Region 2 All Grades	65.4%	10.6%	8.0%	10.5%	5.6%
Texas All Grades	57.2%	13.6%	11.2%	13.7%	4.2%

Perceived Risk of Harm from Prescription Drugs

The question regarding perceived risk of harm for prescription drugs includes drugs such as Hydrocodone (Vicodin, Lortab, Lorcet) with instructions that they are prescribed pain medications. Over 80% of students within the area report these drugs as "very dangerous" which exceeds the overall state percentage.

D-12: How dangerous do you think it is for kids your age to use prescription drugs?

	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not Know
Region 2 All Grades	83.6%	5.6%	1.9%	1.0%	7.9%
Texas All Grades	79.8%	7.0%	2.5%	1.2%	9.5%

Regional Consumption

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

Alcohol

It is one of the most common consumed substances among youth but may have long term effects on their biological development and functioning. The following data and information is from the 2014 Texas School Survey and provides the latest statistical evidence on indication of consumption.

Age of Initiation & Early Initiation

Age of initiation describes the average earliest age the student reports as first consuming alcohol. Early initiation represents the percentage of students who reported using alcohol first below the age of 13. Region 2 reports similar to the state age and percentage of initiation of use.

Age Of and Early Initiation, Grades 6-12

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

Source: Texas School Survey, 2014.

Current Use & Lifetime Use

The information below reports current use (past 30 days), lifetime use (ever used) and high-risk use (5 or more drinks for male and 4 or more drinks for female) for all grades and for only grade 12. Unfortunately, Region 2 reports higher than the state percentage on lifetime and high-risk use for all grades as well as current, lifetime and high-risk use for grade 12. This information should be used to inform prevention professionals and stakeholders within the community the need for prevention education at all grade levels.

Alcohol Consumption, Grades 6-12

Region	Current Use, All Grades	Lifetime Use, All Grades	High-Risk Use*, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12	High-Risk Use, Grade 12
State	21.2%	50.5%	13.8%	32.7%	64.3%	23.5%
1&2	21.1%	51.3%	17.5%	35.6%	71.5%	33.0%
3	15.0%	40.0%	9.3%	25.6%	55.5%	17.9%
4	20.7%	49.6%	15.1%	35.8%	69.5%	30.3%
5&6	21.9%	51.9%	13.3%	36.3%	70.0%	26.4%
7&8	18.6%	45.7%	11.3%	33.6%	61.5%	21.0%
9&10	23.2%	51.9%	15.2%	39.8%	74.1%	30.9%
11	19.00%	43.70%	13.20%	33.40%	66.50%	23.70%

*High-risk use is current (last 30 days) binge drinking (5 or more drinks).

*The state rate for "all grades" is grades 7-12, and the regional rates are grades 6-12.

Source: Texas School Survey, 2014.

Qualitative Data

Alcohol is the most commonly used substance among youth and adults. In recent focus group activity conductive with substance abuse treatment providers throughout the region, alcohol is one of the most difficult substances for patients to overcome if addicted. Alcohol is the most commonly accepted into our society especially in rural West Texas. Youth also do not have the support they need if they are facing addictive behaviors with alcohol; substance abuse treatment for youth is generally nonexistent unless one is required to fulfill a requirement for a class by a judge. As the group analyzed results from the Texas School Survey the group decided on three needs regarding alcohol and substance use for their area and the region. They agreed prevention education is needed and should be continued in grades 6th-12th, there should be harsher sentences for first time DWI/DUI offenders or any first offender, and additional long term facilities for treatment are needed. All of this information is useful in understanding alcohol consumption but also possible resolutions to the most consumed substance in Texas.

Alcohol expenditures

According to the Bureau of Labor Statistics Consumer Expenditure Survey, the average expenditures of **alcohol are $792.67 or 13.82% of Food-at-Home expenditures in Texas.** The National average of expenditures on alcohol is reported to be $839.54 or 14.29% of Food-At-Home expenditures. Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included. Particular counties are given a ranking based on their average expenditures compared to the state and national averages. **Counties ranking the lowest in Region 2 were: Scurry, Eastland, Archer, Taylor, Nolan, Baylor and Clay.** The data reported included Z-scores which report how far above or below the national and Texas average the county is. Negative scores are better than positive Z-scores. These counties also had a positive Z-score indicating the alcohol expenditure in these counties is above the state average. *The full chart for alcohol expenditures may be found in Appendix A under U.S Census Bureau, Census of Retail Trade: Alcohol Expenditures: 2014.*

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.

Age of Initiation & Early Initiation

Unfortunately, Region 2 reports to have a higher than state average for age of first use and percentage of first-time users below the age of 13.

Age Of and Early Initiation, Grades 6-12

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

Source: Texas School Survey, 2014.

Current Use & **Lifetime Use**

All grades reported to have a lower rates of current and lifetime use. However 12th graders reported higher than the state lifetime use of marijuana.

Marijuana Consumption, Grades 6-12

Region	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12
State*	9.1%	23.2%	15.2%	38.2%
1&2	7.9%	21.5%	14.7%	41.0%
3	6.7%	16.6%	13.7%	34.2%
4	5.9%	18.0%	15.5%	39.5%
5&6	9.5%	23.9%	18.1%	41.4%
7&8	6.9%	19.2%	11.1%	35.0%
9&10	9.5%	23.6%	18.2%	44.9%
11	8.6%	21.5%	17.6%	40.0%

*The state rate for "all grades" is grades 7-12, and the regional rates are grades 6-12.

Source: Texas School Survey, 2014.

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 by request from the Public Policy Research Institute. They show the rates of students who report using any of the following Rx drugs: Codeine cough syrup, Oxycotine, Percodan, Oxycodone, Vicodin, Lortab, Hydrocodone, Valium, Diazepam, Xanax, and Alprazolam. Age of Initiation to Rx drugs is not asked in the Texas School Survey.

In evaluating prescription drug abuse for Region 2, opioid abuse specifically is becoming a top priority within the region. Region 2 has the highest exposure rate of opioids for the state of Texas. Opioids are defined as a prescription drugs that are given to treat pain; these include heroine, morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine. The particular drugs are highly addictive and may be abused easily.

Current Use & Lifetime Use

Although the state reports an overall declining rate of prescription drug abuse among youth, there was an increase of certain tranquilizers and the rate of use for all combined drugs listed above. Region 2 reports at a higher rate for current and lifetime use when compared to the state rate of use.

Prescription Drug Consumption, Grades 6-12

Region	Current Use (past 30 days)	Lifetime Use (ever used)
State	7.3%	13.7%
1&2	7.8%	15.4%
3	6.4%	13.1%
4	8.7%	14.6%
5&6	7.7%	13.9%
7&8	8.2%	14.6%
9&10	7.6%	15.3%
11	5.5%	11.0%

Source: Texas School Survey, 2014.

Region 2 residents filled almost 340, 000 opioid prescriptions in 2013, according to data from the Medicare Part D plans. Opioids accounted for 5.4% of all prescriptions filled within our region. The national rate is 5.3% and the Texas state rate is 5.8%. **Thirteen counties (almost half of our region)**

had a higher than average rate of opioid claims: Archer (10%), Brown (6%), Callahan (6.5%), Jack (6%), Jones (6.9%), Shackelford (7%), Taylor (7%), Mitchell (6.8%), Montague (7%), Runnels (6.4%), Wilbarger (6.7%), Wichita (7.3%), and Young (6.5%).

Percentages of Opioid Prescriptions 2013
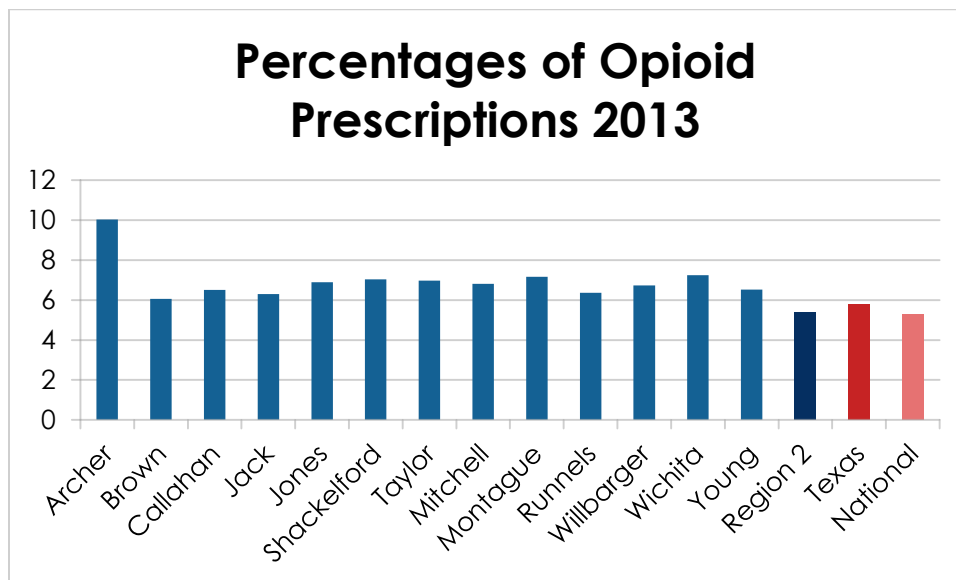
Source: 2013 Medicare Part D Opioid Prescription Claims, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244.

According to the Texas Poison Control Center Network, the percentage of total opioid exposure cases from 2009-2015 fluctuates around 14% over this time period. Individuals reported are primarily over 20 years old, ingest the substance at home, have intentional use, live in rural areas, and are in route to a healthcare facility when reported. **Region 2 reports to have the highest rate per 1,000 people compared to other regions in Texas.** The chart below reports total opioid exposure cases, the total percentage and also reports a rate per 1,000 of the total population of the region.

Texas Poison Center Network 2009-2015: Opioid Exposures by Region

Region	Cases	%	Population	Rate/1,000
1	1,569	4.0	839,586	1.87
2	1,353	3.4	550,250	2.46
3	9,001	22.7	6,733,179	1.34
4	2,210	5.6	1,111,696	1.99
5	1,737	4.4	767,222	2.26
6	8,472	21.4	6,087,133	1.39
7	4,552	11.5	2,948,364	1.54
8	4,843	12.2	2,604,647	1.86
9	1,116	2.8	571,871	1.95
10	1,437	3.6	825,913	1.74
11	3,326	8.4	2,105,700	1.58
Texas	**39,616**		**25,145,561**	**1.58**

Source: Prescription Opioid Analgesic Exposures reported to the Texas Poison Center Network 2009-2015. Population based on 2010 Census http://factfinder2.census.gov/faces/nav/jsf/pages/index/shtml . Excludes 1,617 cases where caller county was unknown.

Qualitative Data

In conducting interviews with law enforcement officials throughout the fiscal year, prescription drug use in Region 2 seems to be more prevalent in rural areas. Officials have seen an increase in youth hosting these kinds of parties in which all people in attendance must bring any pills or prescriptions to the event and share with the group. Also, in interviewing Sheriffs across the region "pharming parties" have become more frequent. Officials described how it is quite normal to make a drug bust on a residence or be called to a residence for a loud noise disturbance and end up finding prescription medication where alcohol and marijuana are being used as well. Law enforcement described these medications and not having any prescription or pill bottles to account for the number of pills found.

Substance Consumption Comparison

The following information reports the overall consumption among youth in Texas. Alcohol is still the most abused substance followed by marijuana, tobacco, Rx drugs and synthetic marijuana.

Source: Texas School Survey, 2014.

Substance Comparison, Texas, Grade 12
TSS 2014

Chart showing Current Use (last 30 days) and Lifetime Use (ever used) percentages:

Substance	Current Use (last 30 days)	Lifetime Use (ever used)
Alcohol	32.7%	64.3%
Marijuana	15.2%	38.2%
Tobacco	15.8%	34.0%
Synthetic Marijuana	2.1%	9.4%
Codeine	6.6%	14.7%
Vicodin, Hydrocodone, Lortab, or Lorcet	5.0%	9.7%
Xanax or Alprazolam	2.9%	5.2%
Oxycodone, Oxycontin, Percodan, or Percocet	2.1%	4.2%
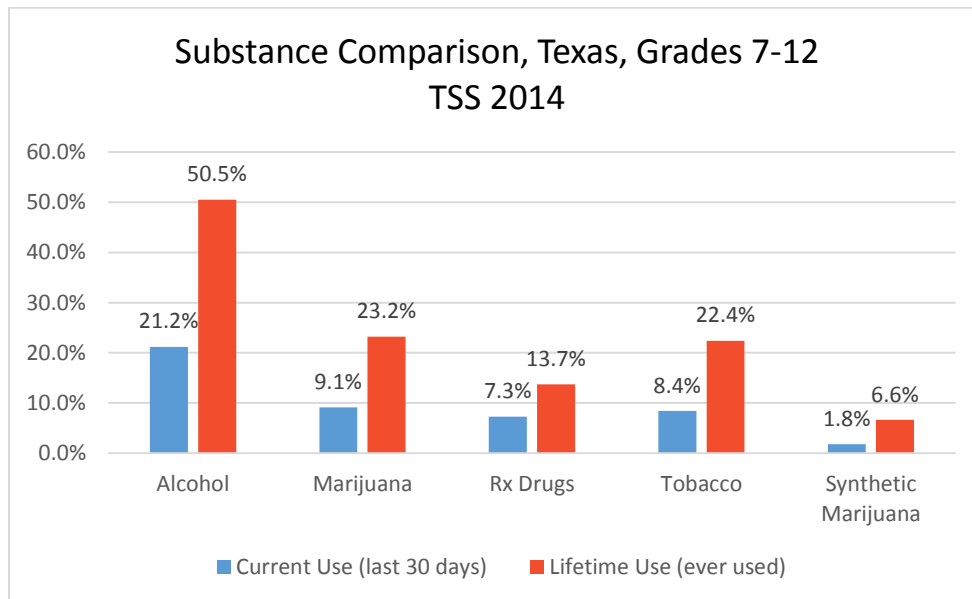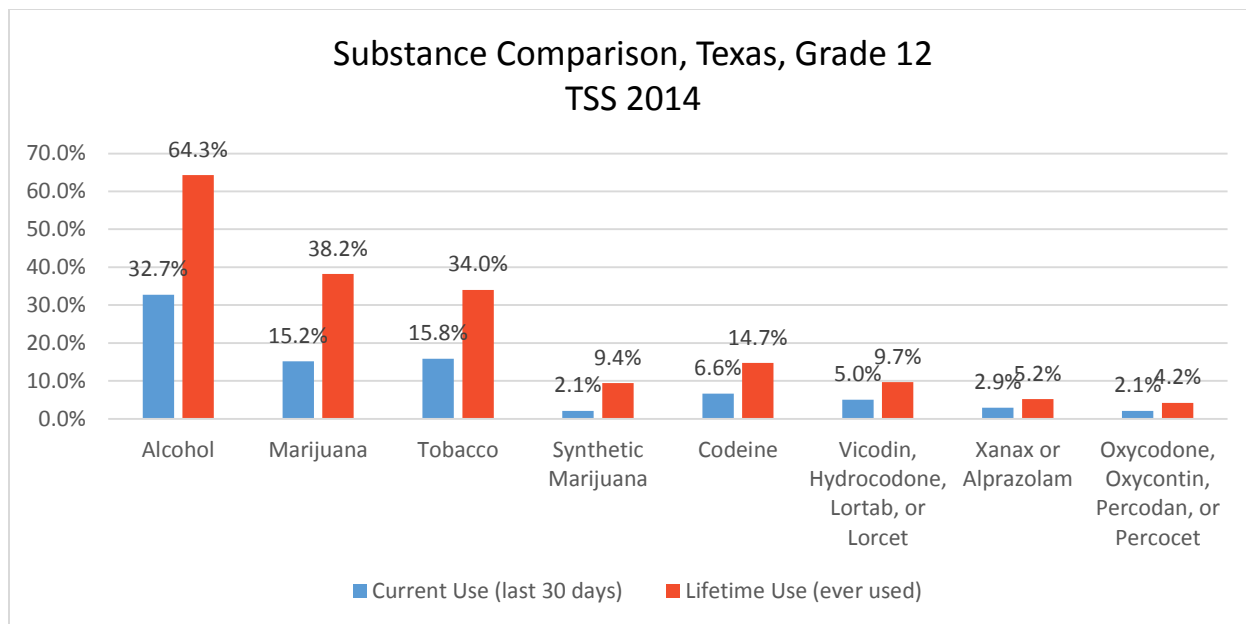
Source: Texas School Survey, 2014.

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.

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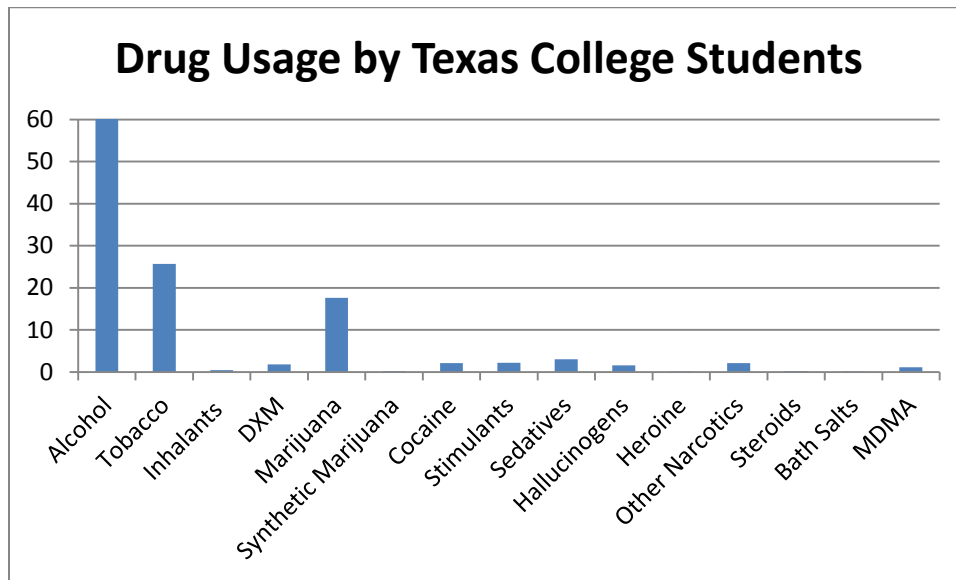
Source: Texas Survey of Substance Use Among College Students, PPRI 2015.

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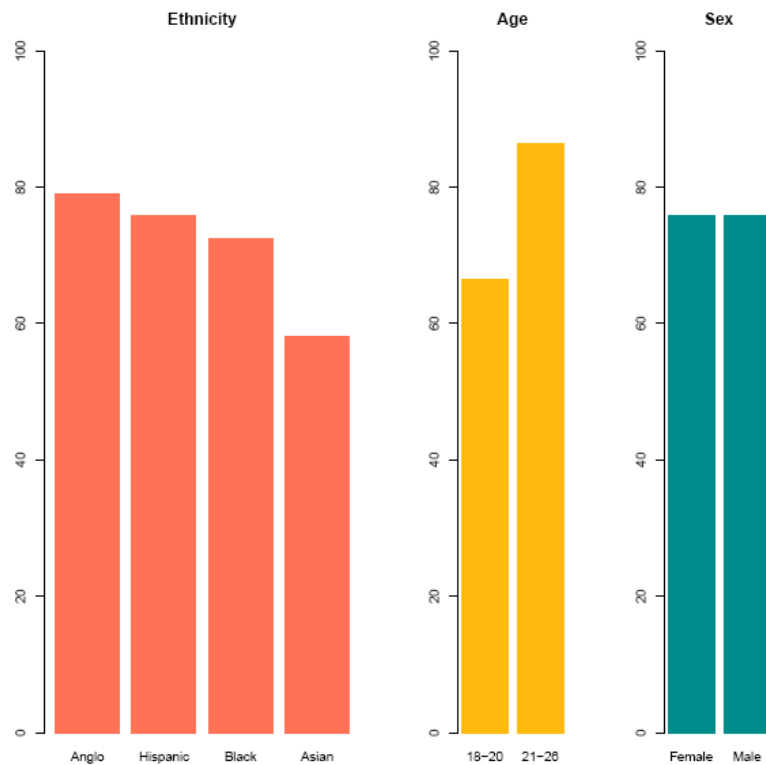
Figure 2: Percent of students that report having used alcohol in the past year, by sex, ethnicity, and age

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

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 Cathinoids

Synthetic Cathinoids or commonly known as "bath salts" are synthetic or man-made drugs derived from cathinone taken from the khat 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 cannibis 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 Related Fatalities

The Center of Disease Control reports drug and alcohol related fatalities to be mostly higher than the state rate for the region. **Nine counties reported to have a higher rate than the state for drug induced deaths; ten counties were reported to have a higher rate than the state for alcohol induced deaths** (see charts below). **Young, Wichita and Archer counties had almost double the state rate for drug induced deaths. Clay, Mitchell, Montague, Nolan, Wichita and Young almost doubled the state rate for alcohol induced deaths**. Rates are calculated by dividing the number of deaths and the county population and multiplied by 100,00K. Counties which had twenty deaths or less regarding either substance was categorized as having "unreliable" results for this particular information. A regional average was not calculated since not all counties were included in this data set.
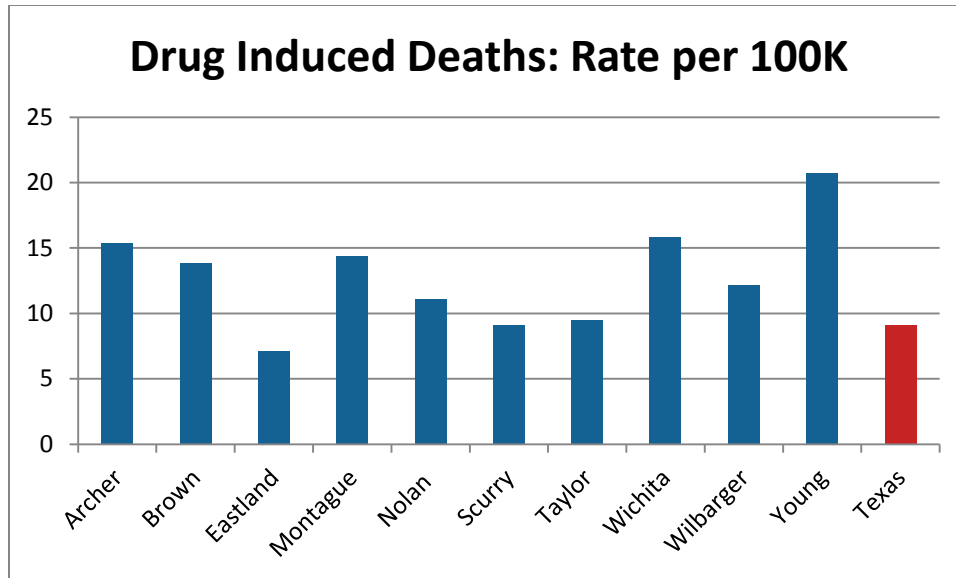
Drug Induced Deaths: Rate per 100K

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database released 2015.

Alcohol Induced Deaths: Rate per 100K
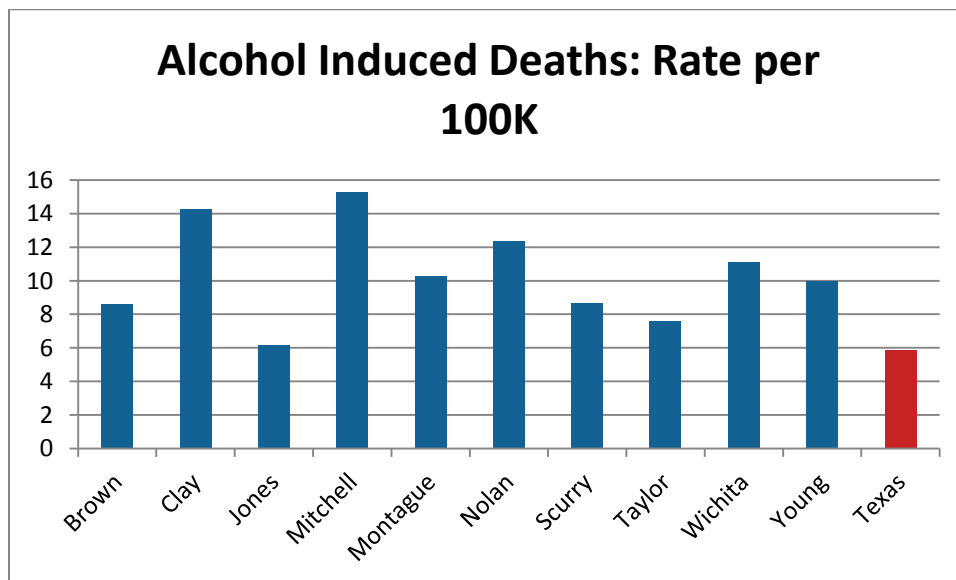
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database released 2015.

According to the Texas Department of Transportation DUI Crashes and Injuries report from 2010-2015, total crashes and injuries for our area exceed the state rates. Twenty counties or **80% of our coverage area reports to have a crashes rate above the state rate** at 95.43 (crashes per 100,000K). Additionally, twenty-two counties or **over 80% of our area reports a fatality rate above the state rate** at 3.99 (fatalities per 100,000K). The chart below reports the regional and state rates for crashes and fatalities. *The full chart may be found in Appendix B under Texas Department of Transportation: Crashes and Injuries Report 2010-2015.*

County	Total Crashes	Crashes per 100K	Fatalities	Fatalities per 100K
Region 2	3455	111.65	202	11.56
Texas	149108	95.43	6241	3.99

Source: Texas Department of Transportation, DUI Crashes and Injuries Report, 2010.

The following chart describes the amount of crashes and fatalities within Region 2 over a six year period. According to the DUI Crashes and Injuries Report, **there are a significantly more fatalities than crashes related within our area.**
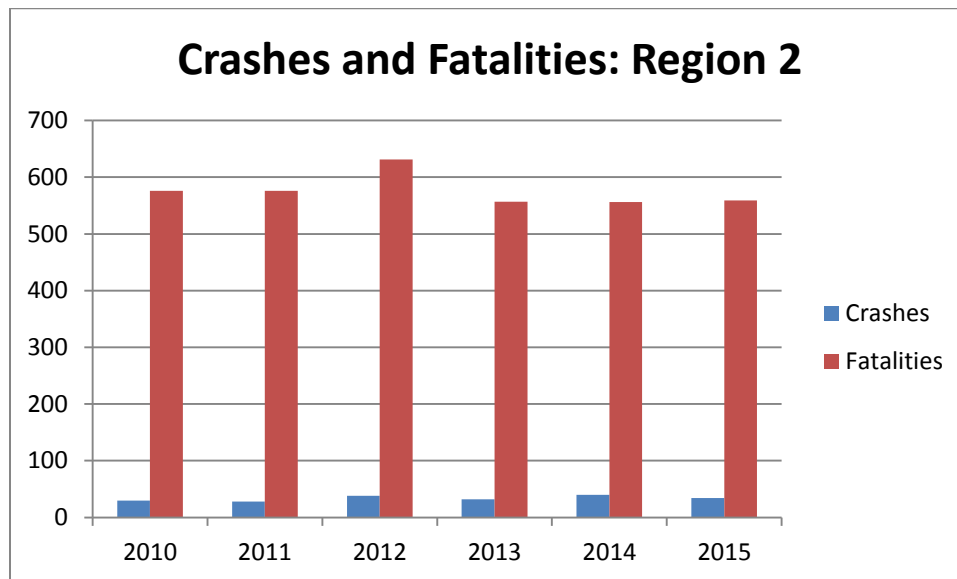
Source: Texas Department of Transportation, DUI Crashes and Injuries Report, 2010.

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 chart reports counties that have an overall chronic disease combined death rate higher than the state rate. *A full chart including all number of deaths in each category and death rates for all counties may be found in Appendix B under Chronic Disease Death Rates 1999-2014.*

Chronic Disease Combined Average Age Adjusted Death Rate
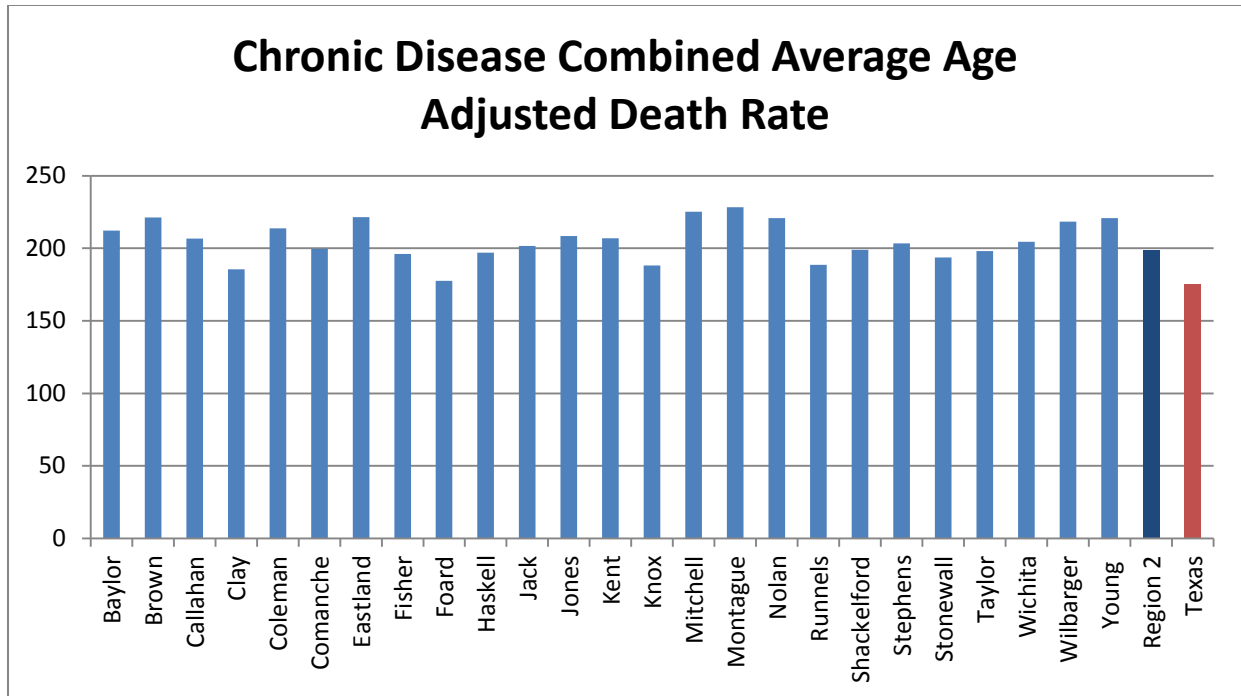
Source: Chronic Disease Death Rates, CDC 1999-2014.

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.

Prisoners per Capita

In assessing legal consequences of behavior, it is important to consider the population of offenders within the criminal justice system. According to the Texas Department of Criminal Justice, there were a total of 1,473 inmates imprisoned for alcohol and drug related issues. **Region 2 calculated at a rate higher than the state rate**. In other words, more offenders are in jail today within our area due to alcohol and drug offenses when comparing rates to the state. Counties with highest rates of drug and alcohol offenders include: Haskell, Brown, Eastland, Clay and Stephens. *The full chart may be located in Appendix B under Texas Department of Criminal Justice: 2016 Prisoners per Capita.* The following chart describes counties reported to have a higher rate of inmates housed for alcohol and drug related issues. The total numbers are calculated into a rate and represented in this chart.

Drug and Alcohol Inmates per 100K
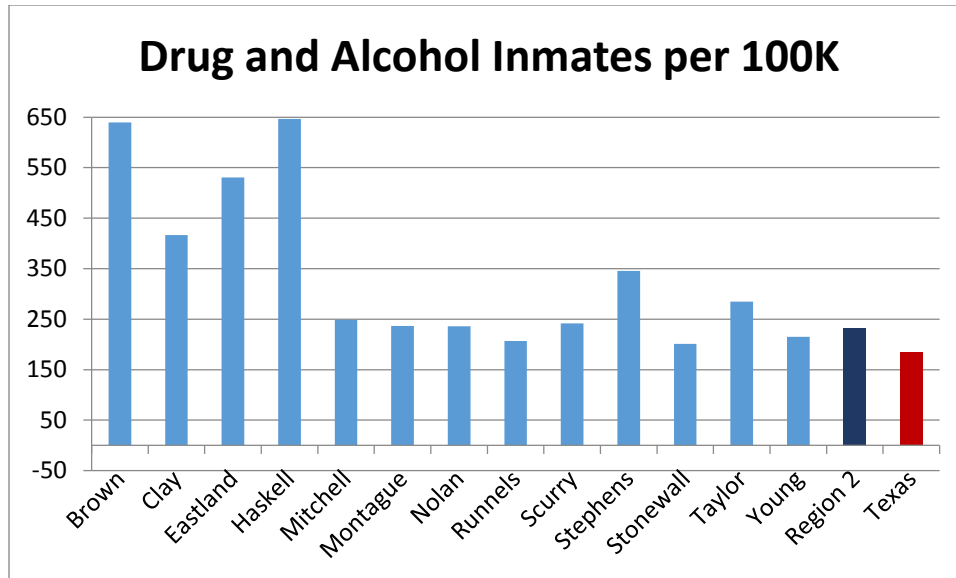
Source: Texas Department of Criminal Justice, Offenders by County, 2016.

Driving Under the Influence

The following chart describes Region 2's total alcohol violations, DUI's, drunkenness and liquor law violations. This indicator data is extremely important for it reports the arrests being made for individuals who are driving under the influence of either alcohol or drugs. Overall Region 2 is reporting to have a total rate average lower than state rates for each category. However, **there are twelve counties in Region 2 reporting higher than the state rate for total DUI's per 100k.** *The full chart may be located in Appendix B under Texas Department of Public Safety: Juvenile, Adult and Total Alcohol Arrests, 2014.* The chart below reports the total DUI's per 100k (adult and juvenile) for counties reported higher than the regional and state rates for Driving Under the Influence.
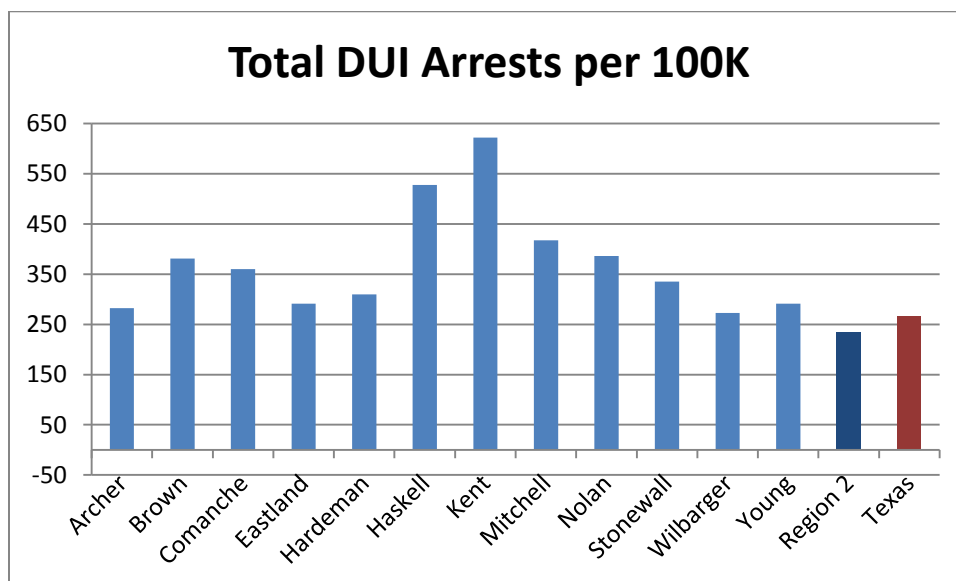
Total DUI Arrests per 100K

Source: Texas Department of Public Safety, Drug and Alcohol Arrests, 2014

Driving Under the Influence may involve other drugs not simply alcohol. Total drug violations may involve drugs such as the sale, manufacturing or possessing marijuana, opium, cocaine, morphine heroine, codeine, synthetic narcotics and other dangerous drugs. **There are twelve counties report over the state's current rate for total drug violations and possessions per 100K: Brown, Clay, Comanche, Eastland, Hardeman, Haskell, Kent, Nolan, Stephens, Taylor, Wichita, and Young.** *The full chart for drug arrests may be located in Appendix B under 2014 Drug Arrests per 100k.*
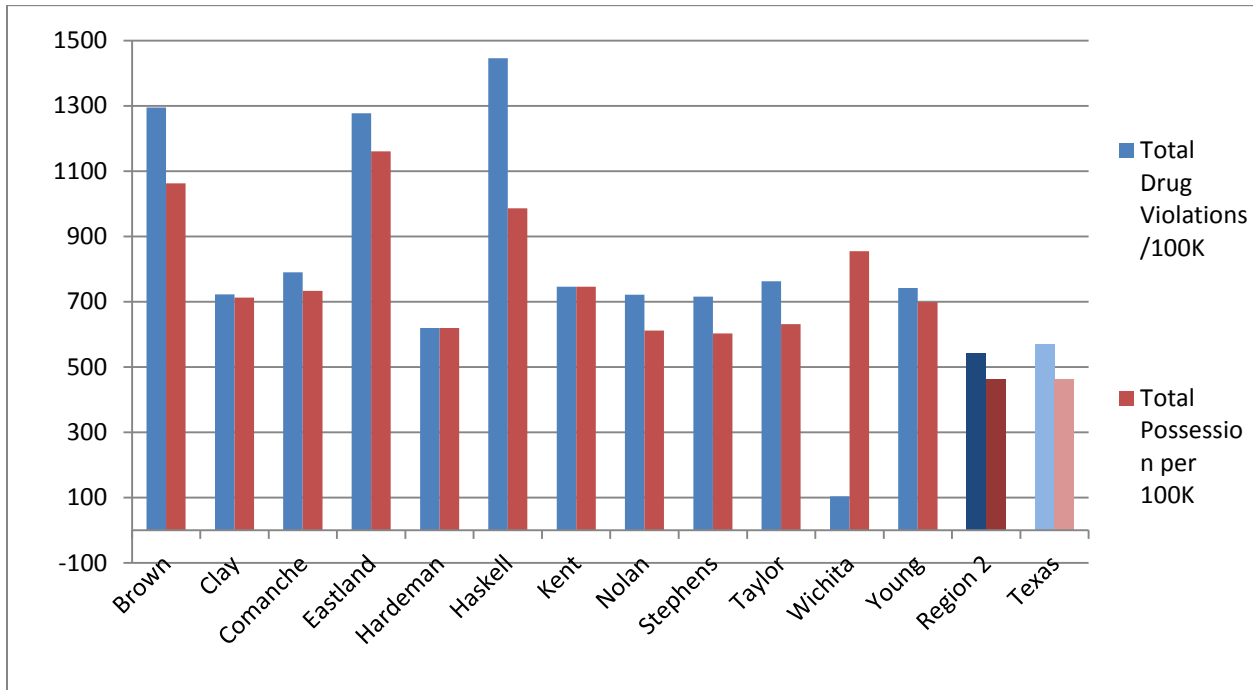
Source: Texas Department of Public Safety, Drug and Alcohol Arrests, 2014

The following chart describes the total of drug violations, sale and possession of drug arrests for Region 2 compared to the state of Texas. **The chart below reports our area as having a lower overall rate for each category**; this chart includes both adult and juvenile data. Furthermore, when considering juvenile drug arrest data, **juveniles have a much higher rate of drug violations and sales/manufacturing than the state level of juvenile drug violations.** Total adult violations, sales/manufacturing and possessions all report under the state rate when separated from juvenile data.

Total Drug Arrests per 100K
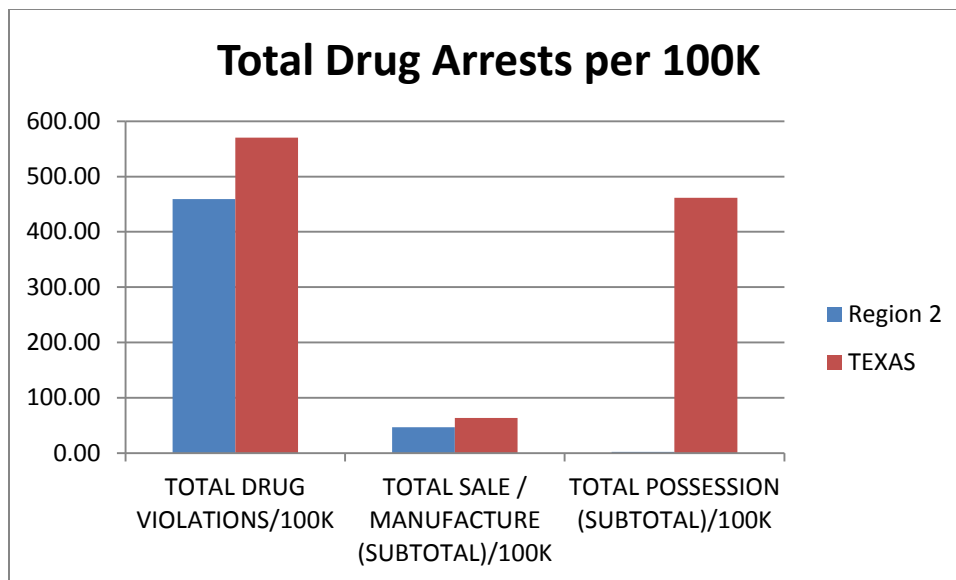
Source: Texas Department of Public Safety, Drug and Alcohol Arrests, 2014

Substance Use Criminal Charges and Court Cases

Criminal charges may be pronounced in at least three different kinds of courts. Constitutional county courts are the oldest courts mostly found in rural areas. District county courts are higher level courts which handle more severe charges. Statutory county courts are usually found within highly populated areas dealing with more specific offenses. All three kinds of courts may involve adults or juveniles and involve offenses such as: DWI (first and second offense), theft, theft by check, drug possession, drug offenses, family violence, assault, traffic, capital murder, murder, homicides, aggravated assaults, sexual assaults, indecency or sexual assault of a child, aggravated robbery, burglary, auto theft, drug sale, and all other misdemeanors and felonies. Overall, **Region 2 makes up 29% of adult and 13% of juvenile court criminal cases in the state of Texas.** The chart below reports the total numbers for the region compared to the state total in all criminal courts. Specific county reports are available upon request.

Type of Criminal Court Cases Adult and Juvenile: Jan 2011-Dec 2015

	Adult			Juvenile		
	Region	**State**	**%**	**Region**	**State**	**%**
Constitutional	27,338	302,562	9%	452	4,253	11%
District	41,524	1,341,567	3%	0	4,253	0%
Statutory (Misdemeanor) (Felony)	41,902 3	241,567 3,580	17%	93 97	14,227 9,953	2%
Total			29%			13%

Source: Texas Office of Court Administration Court Activity Reporting and Directory System

Juvenile Delinquency

Youth are often referred to delinquency and prevention programs for consequences of their behavior in order to deter future criminal actions as an adult. Texas offers three programs which they may

participate in, The STAR (Services to At-Risk Youth), the CYD (Community Youth Development), and SYSN (Statewide Youth Services Network). *The full chart is located in Appendix B under Youth Served in Juvenile Delinquency Prevention Programs Fiscal Year 2015*. **Our area exceeds the state rate of youths served in these programs. Almost 50% of our area reports a higher rate of youths served in these programs.** The chart below reports the total number of youth served in Region 2 and the state for each program, the total number of youth and the rate of youths served (per 1,000) who served in one of these programs.

Report Area	STAR	CYD	SYSN	Total	Youth Served per 1,000
Region 2	874	1	307	1,182	10.52
Texas	24,097	16,526	4,198	44,821	6.13

Source: Texas Department of Criminal Justice, 2015.

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

Substance-related hospital discharges are reportedly higher in one area than in other areas. **Region 2 has one of the lowest rates of discharges per 1,000 persons related to substances.** However it does cost an average of $26,647 for treatment. Rates are based on the number of hospital discharges unadjusted for any population differences.

Region	Number of Discharges	Rate of Discharges per 1,000 persons	Mean Costs in Dollars
1	795,484	0.06	$22,842
2	479,794	0.09	$26,647
3	7,518,976	0.05	$36,218
4	1,020,960	0.07	$32,532
5	773,802	0.05	$26,742
6	6,180,370	0.04	$59,376
7	2,942,870	0.06	$33,082
8	2,579,928	0.05	$34,705
9	518,546	0.05	$27,518
10	154,049	0.17	$37,512
11	2,140,526	0.02	$43,917

Source: Statistics by county for Substance-related disorders (DXCCS 661) in the State of Texas, 2012.

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

An indicator that may the most costly economically and to the society overall would be underage drinking and drug use. If youth engage in this kind of harmful behavior, not only will it affect them personally but it could cause economic impacts on the community, such as a rise in car insurance coverage if they are a high number of DUI's or accidents. Students often do not engage in becoming productive citizens of the community when engaging in these behaviors.

The chart below is a snapshot reporting alcohol arrests for juveniles in Region 2 and Texas. The full chart may be found in Appendix B under the Texas Department of Public Safety: Juvenile Alcohol Arrests 2014. Thankfully, our area is reporting under the state rate of alcohol violations per 100k yet it is just under the state rate for DUI/100K.

Report Area	Total Juvenile Alcohol Violations	Total Juvenile Alcohol Violations/100K	Total DUI	DUI/100K
Region 2	52	6.17	6	1.46
Texas	3,667	13.80	434	1.63

Source: Texas Department of Public Safety, Alcohol Arrests, 2014.

Qualitative Data on Consequences

In a focus group with substance abuse treatment providers with our region, professionals were asked what improvements could be made to the current systems to help reduce consequential behaviors of substance abuse related behaviors. The group consisted of 25-30 professionals including school teachers, pregnancy resources, juvenile justice department, non-profit agencies, mental health specialists, school district officials, etc. The group provided three objectives or goals they believe would help reduce consequences in substance abuse. **The consensus was that prevention education is needed for all grades 6-12 for all students within the region.** Some schools do not receive prevention education while other schools do; prevention education should be incorporated and continued throughout a student's primary education.

A long term treatment facility for substance abuse patients is a need within the region. Funding and transportation are some of the obstacles clients face when seeking treatment to a long-term treatment facility. A facility where childcare and additional job or employment opportunities would be useful for clients to have access to in order to assist in building useful skills for a new life of sobriety. The group shared how difficult it can be for a client to reach the needed life skills when beginning a new path in life. Long term treatment facilities would allow a client to build necessary life skills while offering support through substance abuse treatment.

Finally, harsher sentences for first time offenders for drug and alcohol users would help reduce DUI's and legal consequences clients may have. Harsher sentences would also send a stronger message of not engaging in harmful behavior to the younger generation. In interviews with law

enforcement officials, harsher sentences was part of the change officials would like to see happen. Together treatment providers and law enforcement believe a harsher consequence on the first offense would decrease the amount of legal consequences that initiate consumption and behavioral problems within the communities they serve.

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 in regards 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

The Prevention Resource Center (PRC) came upon an opportunity to influence policy in our local community this fiscal year. In collaboration with a local community coalition, the Taylor Alliance for Prevention, a CCP Coalition and PRC partnered in an effort to change a local city ordinance regarding the allowance of alcohol sales in a local city park. Both agencies used data from the FY 2014 Regional Needs Assessment in order to build a powerful stance opposing the sale of alcohol in a city park. Both agencies decided a compromise was the best option with regard to local businesses in need to fundraise for their companies. The compromise was presented to City Council members in a five minute presentation; other public members presented their view as well. One councilman motioned to change the ordinance based on a compromise/information presented to the council. **The final ordinance was changed and approved due to the obvious safety precautions emphasized and additional accessibility rates residents would have in consuming alcohol.** Due to the successes had with this policy change, both agencies plan to present to the council in order to include E-Cigarettes into the smoking band within Abilene next fiscal year.

In a new established partnership with the Taylor County Health Department, an epidemiological workgroup was initiated this fiscal year. Members include local epidemiologists, mental health analyst, a coalition coordinator, and a lieutenant of a local police department supervising special operations, and the regional evaluator. This group is focused on gathering data through their agencies directed toward any significant use of substance abuse. Members hope to address opioid use, methamphetamine use or any other substance that should be concern when addressing the general public's health. The epidemiological group will use data to raise awareness to the public or address policy decisions in the community when opportunities arise.

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 Rehabilitee 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 are for over 55years 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 provide 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.

Serenity House Drug and Alcohol Treatment Foundation is a non-profit agency offering treatment and prevention services throughout Region 2. Serenity receives most funds through private donors but also through the Department of State Health Services allowing them to provide services to Abilene, Wichita Falls, San Antonio and Fredericksburg. Serenity has recently expanded their services to youth in prevention services through their "Youth Prevention Program" in order to educate youth in local school districts such as Abilene, Eastland, Cisco, Jim Ned, Hawley, Merkel and Clyde.

Helping Ourselves Prepare and Empower 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. There 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-ship" for community members in need. Their mission is "to strengthen individuals, children and families through professional counseling, education, advocacy, supportive services and collaboration".

The Betty Hardwick Center, located in Abilene is a presiding Mental Health and Developmental Disability Authority having been established and servicing the area since 1971. The Center serves Callahan, Jones, Shackelford, Stephens and Taylor counties operating on a $13 million budget overseen by a Board of Trustees. The Center includes services such as early childhood intervention services to babies 0-3 and their families, outpatient mental health services for children and adults, as well as outpatient and residential services to those with intellectual and developmental disabilities.

Abilene Behavioral Health, a local mental health treatment facility in Abilene, offers a variety of treatment plans options for those with addiction, depression, anxiety, are diagnosed bipolar or with

other mental health disorders. Their services are offered to children, adolescents, adults, older adults and have outpatient therapy.

The Helen Farabee Center located in Wichita Falls has served North Texas since 1969 operating more than 20 program facilities within the counties they serve. The Center specializes in providing access to community-based treatment and support services for those with severe or persistent forms of mental illness and persons with intellectual and developmental disabilities. Each center also collaborates with local behavioral health and/or mental retardation services to provide support for them and their families.

Center for Life Resources, located in Brownwood, is an agency of the Central Texas Mental Health Retardation Center serving Brown, Eastland, Coleman, Comanche, San Saba, Mills, and McCulloch counties. The Center serves those with mental illnesses, mental retardation and substance abuse issues. More specifically their services include programs such as Adult Behavioral Health, Autism, Child and Adolescent, Home and Community-based, Early Childhood Intervention, Intermediate Care Facilities, Coordination for Individuals with Developmental Disabilities, Outpatient Substance Abuse, Texas Home Living and Vet Support Services for Veterans.

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, and 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.

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 abundancy 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 Activates

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.

Social Association Rate

Social associations' are an extensive and comprehensive measure representing social isolation and features of social capital which enable community interactions. This indicator information does not account for social support that individuals receive from less structured relationships such as family relationships or close friends, and it does not account for perceived support. For instance, a person may be member of numerous associations but feel as if they have no social support from the organizations. The reason this indicator information is important is because poor social associations are associated with increased morbidity and early mortality. People without a strong social network are less likely to make healthy lifestyle choices. Association rates include membership to organizations such as civic, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations and business and professional organizations. **Region 2's association rate is well above the state average association rate; this indicates most of the region having a strong affiliation and involvement with their communities.** Region 2's rate is also increasing overtime, meaning associations are getting stronger. *The Social Support Social Association County Health Rankings chart may be found in Appendix C.*

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 following chart reports the Youth Prevention Outcome Report for the 2015 fiscal year. Total completion and success rates for Region 2 are reported to be lower than the state completion and success rates.

Report Area	Total Youth Enrolled	Total Youth Completed	Total Pretest	Total Posttest	Total Completed Successfully	Completion Rate	Success Rate
Archer	126	122	126	122	122	96.8	100
Callahan	270	143	270	132	127	53	88.8
Clay	346	340	346	334	327	98.3	96.2
Eastland	830	511	819	486	477	61.6	93.3
Jones	102	99	102	95	71	97.1	71.7
Taylor	4,139	2,460	4,137	2,287	2,161	59.4	87.8
Wichita	2,668	2,595	2,662	2,543	2,420	97.3	93.3
Region 2	8,481	6,270	8,462	5,999	5,705	80.5	90.15
Texas	128,947	117,733	127,496	115,066	110,293	91.3	93.7

Source: Department of State Health Services, FY2015 YP Outcome Report.

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.

Parental Attitudes toward Alcohol and Drug Consumption

Parents and guardians are usually the leading authority in a young person's life. As stated above, if parental behavior, norms and attitudes are lax and accept alcohol and drug use as normal behavior, the child will more than likely engage and accept those behaviors as normal. The developmental process teaches us children learn from modeled behavior; even attitudes may be includes in this category whether the attitude is positive or negative regarding substance consumption.

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.

Individual Domain

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

Life Skills Learned in YP Programs

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

Mental Health and Family Recovery Services

Support services such as mental health and family recovery services may often provide the systematic support a person may need to continue living a positive lifestyle. Organizations providing services throughout the region are listed earlier under protective factors.

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.

The following chart represents the number of youth employed based on the information provided by the 2010-2014 American Community Survey. Numbers represent estimates of urban and rural populations, housing units and characteristics reflected boundaries of urban areas defined by the U.S. Census data. This information does not necessarily reflect the results of ongoing urbanization; *this chart may be found in Appendix C named Age Group by Employment Status for the Population 16 years and Over.*

Youth Perception of Access, Risk and Harm

The availability of a substance may often lead to a young individual to consume. Since alcohol is a legal substance this creates the ease of accessing it at any point and time. However, the youth's perception of whether or not the substance will be harmful to them may often play into the decision making for the young person. Perceptions of access, risk and harm are aspects included in the decision-making of consuming substances, especially when underage.

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, rhoypnol, steroids, ecstasy, heroine, and methamphetamines. Declining use is a positive outcome of prevention methods being applied successfully among youth in the state of Texas.

Region in Focus

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 center: With the growing number of clients being treated for methamphetamine use in addition to stakeholder interviews from law enforcement officials; our area is in need of a centralized treatment center for methamphetamine abusers and their families. Many times clients are legally referred to services and have complications involving transportation and sometimes childcare assistance. A local treatment facility would allow adults to receive treatment while not having to travel to another city for a period of time.

Opioid management: Chronic pain is one of the most uncomfortable health risks many people must live with due to certain health conditions. However, opioids are often the most addictive prescriptions in treatment. Demographically our area is mostly middle-aged to older adults and also has one of the highest exposure rates for opioids and prescriptions issued for opioids. Outreach services and support is needed to ensure opioids are being utilized in a health manor. Clients who need medications to treat chronic pain should be issued prescriptions, yet there is a high need to educate the public in managing these addictive pills for their everyday use.

Substance abuse treatment for youth: Alcohol and marijuana continue to be consumed more than any other substance among youth today. Prevention education is offered in some of the counties in schools that have chosen to participate in these programs through grant funded agencies through the Texas Department of State Health Services. Although these programs are fantastic in teaching students protective measures, there are no long terms treatment facilities particularly for youth within the area. If a student/young person would like treatment for using substances, they would need to seek help from outpatient services if they are available in non-profit agencies. Other young people are usually legally required to see a LCDC after legal consequences are already set. 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.

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 at all times as they are in other communities. 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. Some agencies do cover additional counties yet there are still unable to receive the services they need. Most social service agencies do not offer transportation to and from services. 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.[13]

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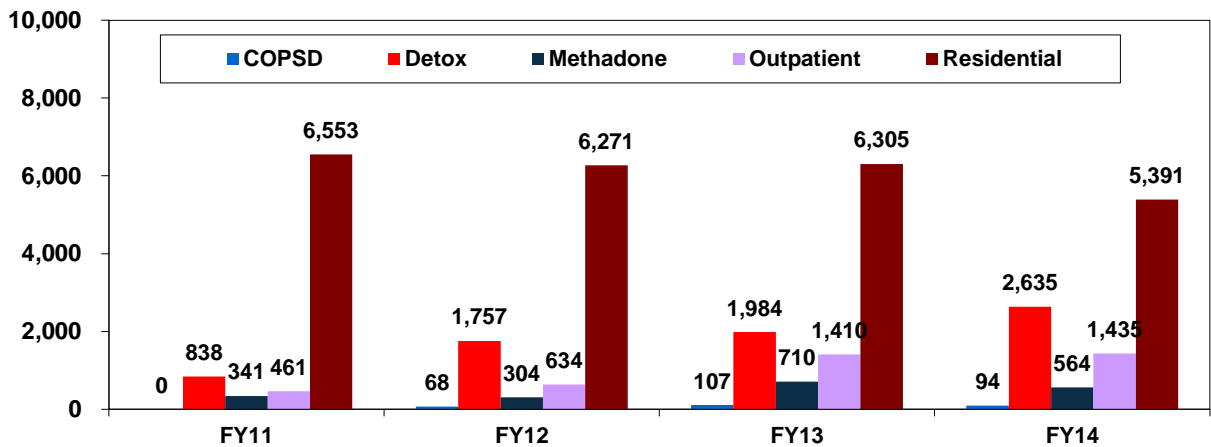
Number of Youth Entered on Waiting List by Substance Abuse Program Per Year

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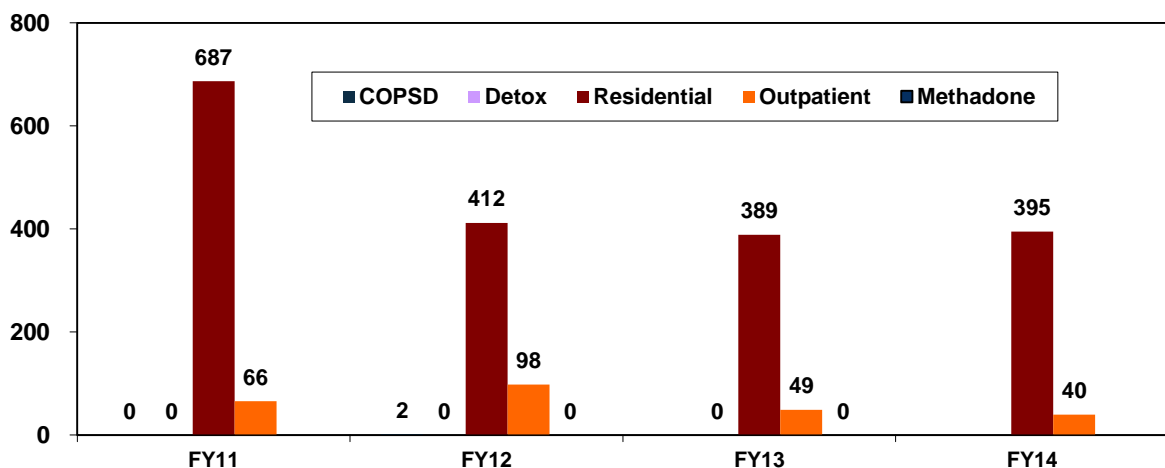
[13] Texas Department of State Health Services (DSHS). *Behavioral Health Data Book*. Fiscal Year 2015, Quarter 1, March 10, 2015

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.

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

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

<u>Epidemiological workgroup:</u> One of our proudest moments this year has been in a new partnership and establishment of a local epidemiological workgroup. **This group represents the first epidemiological collaboration in our area.** Our group consists of local health department epidemiologists, health officials, local law enforcement, and mental health data analyst, a coalition coordinator specializing in underage drinking, marijuana and prescription drug abuse, and the regional evaluator from the Prevention Resource Center. The purpose of this group is to focus on substance use within our community and uses data from our agencies as a conversation point in discussing the needs and trends of the area. We hope to not only discuss but also to promote a prevention message in regards to the analyzed data. Meetings take place every two months and centered on professionals utilizing data as a discussion in analyzing the public health of our area.

<u>Law Enforcement Support:</u> 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.

<u>City Ordinance Change:</u> In the past few months of this fiscal year, the City Council of Abilene was considering adopting a city ordinance that would allow alcohol sales in a Nelson Park. The Regional Evaluator and a local coalition coordinator (one of our prevention partners) collaborated in presenting a compromise to the ordinance based on current data trends and safety concerns. Data from the Regional Needs Assessment of last year was utilized in communicating the low perceptions of harm and high accessibility rates alcohol is reported to have among youth in our area. Our compromise was to only allow alcohol sales in particular sections of the park (who had fenced in areas) and would only be offered in after hour events; law enforcement would need to be present at the events as well. Furthermore, alcohol sales would not be permitted in any other area of the park. City Council was presented with formal documents including our speech, the specific data and a map allocating where sales may and may not take place. Thankfully, **one councilman made a motion to approve the compromise to the ordinance based on the data we presented and others quickly followed suit**. Our success in the process displays the power data has in communicating a need and utilizing it to make an informed decision in policy making with governing officials. We hope to continue to provide, report and present data for future environmental, safety or public health issues in the next fiscal year.

<u>Texas School Survey Participation:</u> 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 outlaying counties and will receive school level reports of what their students said in the survey and a $500.00 styphened 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: Our agency presented the Regional Needs Assessment to particular groups for specific events. Focus group activities would then be implemented after presentations in order to receive feedback from professionals in the practice field. Some presentations were promoted in collaboration with Sheriff's departments while others were simply for training purposes. Activities were centered on the data presented to them and then gave discussion points or opportunities for feedback regarding the topic. Each focus group had unique points on particular subjects. Their input as stakeholders within our region was utilized in the qualitative sections of this document. As presentations are made in the next year, additional focus group activities will be implemented in an effort to gather qualitative input from professionals in the field.

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 30, 2016 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 FY2015 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: Although the state and national rates of consumption continue to decline overall among youth, Region 2 may only contribute to some of the trend. The Texas School Survey reports all students' current use of alcohol, marijuana and prescription drugs as less than state percentages in comparison. However, when analyzing only high school seniors, current and lifetime use (ever used) alcohol, marijuana or prescription drugs were all reported to have high percentages of consumption. Overall high school students consume these substances in descending order: alcohol, marijuana, and tobacco. College students also reported consuming alcohol the most as it is easily accessible to them. Although they are not typically drinking and driving, the overall consumption of cocaine/crack and marijuana has increased. Our area reports to have one of the highest exposure rates to opioids when compared to other regions.

Consequences: One third of our area reports having a higher rate of drug and alcohol related deaths when compared to the state. Data suggests there are significantly more fatalities than crashes due to alcohol and drugs in 2010-2015. Rural counties have a higher rate of DUI's than other parts of the reported area. Adults and juveniles both have a high rate of total drug violations. Residents of Region 2 reports having a higher rate of cancer, cardiovascular and respiratory disease leading to deaths when compared to the state; all of these diseases are related to alcohol and drug use. Most youth engage in sexual intercourse and do not use protection; our area also reports to have a high rate of teen birth rates.

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

Region 2: Parental Attitudes towards Substance Consumption

Table **T-6**: How do your parents feel about kids your age using tobacco?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	70.2%	10.1%	8.2%	1.4%	1.0%	9.1%
Grade 6	83.2%	1.3%	0.6%	0.3%	0.3%	14.3%
Grade 7	79.6%	5.4%	2.5%	0.0%	0.7%	11.8%
Grade 8	72.0%	10.0%	6.9%	0.5%	0.2%	10.4%
Grade 9	72.9%	10.7%	6.9%	1.6%	2.0%	5.9%
Grade 10	63.1%	13.5%	13.9%	1.9%	0.2%	7.3%
Grade 11	61.7%	15.4%	12.5%	3.2%	0.5%	6.8%
Grade 12	56.3%	15.4%	15.4%	2.5%	3.5%	6.8%

Table A-13: How do your parents feel about kids your age drinking alcohol?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	62.4%	12.6%	11.0%	4.5%	0.9%	8.6%
Grade 6	76.9%	4.2%	1.7%	0.4%	0.3%	16.6%
Grade 7	73.5%	8.4%	3.7%	1.9%	0.8%	11.7%
Grade 8	62.3%	16.7%	10.7%	1.0%	0.2%	9.2%
Grade 9	57.8%	13.0%	14.3%	8.4%	2.0%	4.5%
Grade 10	59.3%	15.0%	14.7%	4.5%	1.3%	5.1%
Grade 11	57.8%	12.5%	14.0%	6.9%	0.9%	7.8%
Grade 12	47.4%	18.9%	19.0%	8.6%	0.5%	5.6%

Table D-11: How do your parents feel about kids your age using marijuana?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	77.9%	5.3%	5.3%	1.9%	1.5%	8.0%
Grade 6	81.2%	0.6%	0.8%	0.0%	0.5%	16.9%
Grade 7	82.1%	3.2%	1.3%	0.6%	1.0%	11.8%
Grade 8	78.7%	5.2%	7.8%	0.8%	0.3%	7.2%
Grade 9	78.2%	9.1%	4.6%	1.4%	2.3%	4.4%
Grade 10	80.0%	3.8%	6.3%	3.1%	0.7%	6.0%
Grade 11	73.8%	7.4%	7.3%	4.1%	1.4%	6.0%
Grade 12	70.2%	7.7%	9.8%	3.9%	4.5%	3.9%

Texas: Parental Attitudes towards Substance Consumption

Table T-6: How do your parents feel about kids your age using tobacco?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	77.7%	7.1%	5.9%	1.1%	0.9%	7.4%
Grade 7	84.6%	2.5%	2.0%	0.3%	1.1%	9.6%
Grade 8	83.5%	4.4%	3.4%	0.6%	0.4%	7.7%
Grade 9	80.1%	6.2%	5.0%	0.8%	1.2%	6.6%
Grade 10	78.0%	8.2%	6.4%	1.2%	0.4%	5.9%
Grade 11	72.2%	10.2%	8.4%	1.9%	0.7%	6.6%
Grade 12	64.2%	12.7%	11.9%	1.9%	1.5%	7.8%

Table A-13: How do your parents feel about kids your age drinking alcohol?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	64.9%	13.1%	10.4%	3.5%	1.2%	6.9%
Grade 7	77.2%	6.6%	4.2%	0.9%	1.2%	9.8%
Grade 8	73.2%	10.0%	6.8%	2.0%	0.7%	7.4%
Grade 9	65.8%	13.3%	10.2%	3.2%	1.4%	6.0%
Grade 10	61.7%	15.0%	12.3%	5.1%	0.8%	5.2%
Grade 11	55.9%	16.5%	15.2%	5.3%	1.3%	5.8%
Grade 12	51.8%	18.6%	15.8%	5.0%	1.6%	7.3%

Table **D-11:** How do your parents feel about kids your age using marijuana?

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do not know
All	78.7%	6.1%	5.4%	1.4%	1.6%	6.8%
Grade 7	84.8%	2.0%	2.0%	0.4%	1.4%	9.3%
Grade 8	83.4%	3.9%	3.9%	0.9%	1.2%	6.8%
Grade 9	79.5%	6.4%	5.0%	1.2%	2.0%	5.9%
Grade 10	77.3%	7.6%	6.2%	2.0%	1.5%	5.5%
Grade 11	74.0%	8.1%	7.9%	2.3%	1.7%	6.0%
Grade 12	70.9%	9.5%	8.6%	2.1%	1.9%	7.0%

Region 2: Peer Approval of Substance Use by Substance, Texas School Survey, 2014

Table T-5: About how many of your close friends use tobacco?

Region 2	None	A Few	Some	Most	All
All	57.8%	24.1%	11.2%	5.7%	1.3%
Grade 6	92.0%	6.9%	.5%	.3%	.3%
Grade 7	82.5%	12.3%	4.0%	.9%	.3%
Grade 8	63.5%	25.3%	9.1%	1.0%	0.0%
Grade 9	50.8%	31.0%	11.0%	4.8%	2.5%
Grade 10	40.6%	28.3%	21.1%	8.9%	1.2%
Grade 11	34.8%	39.6%	13.3%	10.9%	1.4%
Grade 12	31.8%	27.7%	22.3%	14.5%	3.5%

Table A-10: About how many of your close friends use alcohol?

Region 2	None	A Few	Some	Most	All
All	43.2%	23.3%	15.9%	14.2%	3.4%
Grade 6	85.4%	10.3%	3.9%	.2%	.2%
Grade 7	66.0%	21.3%	9.2%	3.1%	.4%
Grade 8	48.9%	26.1%	19.2%	5.0%	.7%
Grade 9	32.6%	27.2%	18.3%	17.5%	4.3%
Grade 10	21.5%	32.2%	24.6%	18.5%	3.2%
Grade 11	17.6%	28.5%	14.9%	32.9%	6.1%
Grade 12	21.7%	17.9%	23.5%	26.7%	10.2%

Table D-9: About how many of your close friends use marijuana?

Region 2	None	A Few	Some	Most	All
All	60.3%	18.3%	11.4%	6.9%	3.1%
Grade 6	96.1%	2.4%	1.0%	.2%	.3%

Grade 7	74.8%	15.0%	7.2%	1.9%	1.1%
Grade 8	63.3%	17.6%	10.5%	7.0%	1.5%
Grade 9	54.7%	23.5%	11.1%	7.2%	3.6%
Grade 10	46.8%	24.8%	15.5%	8.8%	4.1%
Grade 11	38.7%	22.6%	17.7%	13.7%	7.3%
Grade 12	40.8%	24.2%	18.9%	11.6%	4.5%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Peer Approval of Substance Use by Substance, Texas School Survey, 2014

Table T-5: About how many of your close friends use tobacco?					
Statewide	None	A Few	Some	Most	All
All	64.0%	20.9%	9.5%	4.6%	1.0%
Grade 7	85.4%	10.1%	3.3%	0.8%	0.4%
Grade 8	77.3%	15.2%	5.0%	2.1%	0.4%
Grade 9	64.3%	21.5%	9.3%	4.1%	0.8%
Grade 10	56.6%	25.7%	11.6%	5.3%	0.8%
Grade 11	49.6%	28.1%	13.4%	7.4%	1.5%
Grade 12	44.8%	27.1%	16.2%	9.5%	2.4%
Table A-10: About how many of your close friends use alcohol?					
Statewide	None	A Few	Some	Most	All
All	45.0%	23.5%	15.2%	12.7%	3.5%
Grade 7	74.5%	16.7%	5.4%	2.7%	0.7%
Grade 8	60.7%	22.1%	10.9%	5.0%	1.4%
Grade 9	43.3%	27.2%	15.9%	11.0%	2.7%
Grade 10	31.4%	27.8%	20.5%	16.3%	4.0%
Grade 11	26.8%	26.0%	19.9%	21.2%	6.0%
Grade 12	26.6%	21.4%	20.6%	23.6%	7.8%
Table D-9: About how many of your close friends use marijuana?					
Statewide	None	A Few	Some	Most	All
All	52.7%	19.5%	12.9%	11.0%	3.9%
Grade 7	78.3%	11.9%	5.0%	3.6%	1.2%
Grade 8	65.5%	17.0%	8.9%	6.7%	1.8%
Grade 9	51.6%	20.9%	13.6%	10.5%	3.4%
Grade 10	41.9%	23.0%	16.6%	14.1%	4.3%
Grade 11	36.2%	23.5%	16.9%	17.0%	6.4%
Grade 12	37.2%	21.6%	18.5%	15.8%	6.9%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Region 2: Perceived Access of Substances, Texas School Survey, 2014

Table T-4: If you wanted some, how d difficult would it be to get tobacco?						
Region 2	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	25.5%	20.0%	6.5%	9.0%	14.9%	24.2%
Grade 6	53.2%	33.3%	5.9%	2.5%	3.9%	1.3%
Grade 7	38.5%	31.1%	7.3%	9.7%	8.8%	4.5%
Grade 8	21.9%	21.5%	12.8%	13.1%	17.6%	13.1%
Grade 9	18.6%	15.5%	7.3%	13.3%	20.1%	25.2%
Grade 10	16.6%	11.8%	4.5%	8.6%	20.2%	38.4%
Grade 11	12.5%	16.7%	4.5%	8.9%	18.1%	39.3%
Grade 12	11.9%	6.4%	2.4%	6.6%	17.0%	55.6%

Table A-6: If you wanted some, how difficult would it be to get alcohol?						
Region 2	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	22.0%	15.9%	6.0%	9.8%	19.9%	26.4%
Grade 6	51.7%	30.8%	5.1%	2.6%	5.8%	4.1%
Grade 7	31.7%	22.5%	9.2%	9.8%	14.8%	12.0%
Grade 8	18.3%	18.0%	10.0%	11.1%	22.9%	19.7%
Grade 9	15.1%	11.6%	6.5%	9.8%	19.7%	37.4%
Grade 10	14.9%	5.4%	2.9%	12.9%	24.2%	39.8%
Grade 11	7.6%	15.3%	4.1%	11.6%	26.0%	35.4%
Grade 12	10.0%	5.0%	3.3%	11.8%	28.5%	41.4%

Table A-11: Thinking of parties you attended this school year, how often was alcohol used?						
Region 2	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	45.5%	7.2%	4.3%	8.5%	13.1%	2.0%	19.3%
Grade 6	78.3%	2.9%	.9%	1.1%	0.0%	.7%	16.1%
Grade 7	63.0%	5.6%	3.6%	4.0%	1.5%	2.9%	19.4%
Grade 8	50.3%	11.8%	6.6%	8.3%	4.1%	.7%	18.2%
Grade 9	38.9%	7.9%	3.3%	13.8%	16.1%	1.2%	18.9%
Grade 10	29.4%	7.5%	5.4%	13.3%	18.9%	.8%	24.7%
Grade 11	32.0%	6.7%	5.4%	8.3%	25.1%	5.8%	16.7%
Grade 12	23.6%	8.0%	4.6%	11.1%	29.6%	1.7%	21.4%

Table D-5: If you wanted some, how difficult would it be to get...						
Region 2		Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana							
	All	29.1%	24.6%	7.5%	9.1%	11.9%	17.8%
	Grade 6	58.8%	32.5%	4.3%	.8%	1.5%	2.2%
	Grade 7	47.1%	27.9%	8.5%	6.8%	4.4%	5.3%
	Grade 8	021.6%	34.5%	11.4%	11.3%	8.7%	12.6%
	Grade 9	22.1%	23.3%	7.1%	11.0%	14.3%	22.3%
	Grade 10	19.0%	16.7%	7.1%	14.7%	16.7%	25.8%
	Grade 11	13.7%	21.0%	4.8%	12.0%	20.5%	28.0%
	Grade 12	14.5%	13.6%	9.1%	8.5%	20.4%	33.9%
Cocaine							
	All	37.4%	33.4%	12.4%	7.8%	4.1%	5.0%
	Grade 6	59.3%	35.4%	2.3%	.5%	1.2%	1.3%
	Grade 7	51.5%	33.0%	10.3%	3.3%	1.1%	.9%
	Grade 8	29.3%	46.0%	15.7%	4.7%	1.7%	2.6%
	Grade 9	29.1%	29.3%	18.8%	10.1%	4.5%	8.2%
	Grade 10	32.3%	29.2%	15.6%	11.8%	6.1%	5.0%
	Grade 11	27.7%	34.6%	10.2%	10.3%	6.5%	10.7%
	Grade 12	28.1%	25.2%	14.2%	15.7%	9.4%	7.5%
Crack							
	All	38.3%	34.0%	12.8%	7.0%	4.2%	3.7%
	Grade 6	59.4%	35.2%	2.2%	.7%	1.2%	1.3%
	Grade 7	51.5%	33.4%	9.7%	3.3%	1.3%	.8%
	Grade 8	30.9%	46.2%	14.7%	4.8%	2.2%	1.3%
	Grade 9	28.3%	31.3%	21.9%	7.5%	3.8%	7.1%
	Grade 10	35.1%	29.1%	15.2%	10.2%	6.6%	3.8%
	Grade 11	29.5%	35.5%	11.1%	8.9%	6.4%	8.7%
	Grade 12	29.8%	26.1%	15.3%	15.7%	8.9%	4.1%

Steroids							
	All	40.0%	32.8%	11.6%	7.0%	4.6%	3.9%
	Grade 6	63.5%	29.2%	2.9%	1.1%	1.9%	1.4%
	Grade 7	50.7%	36.2%	6.6%	2.2%	3.1%	1.1%
	Grade 8	35.6%	43.0%	10.6%	6.1%	2.7%	2.1%
	Grade 9	28.8%	31.1%	16.1%	9.8%	6.9%	7.4%
	Grade 10	34.4%	27.0%	17.7%	11.9%	5.1%	3.9%
	Grade 11	30.4%	36.7%	9.0%	10.4%	6.2%	7.4%
	Grade 12	33.0%	26.0%	20.2%	9.0%	7.4%	4.4%
Ecstasy?							
	All	48.0%	28.5%	11.1%	5.6%	3.5%	3.5%
	Grade 6	71.9%	23.5%	1.7%	.5%	1.3%	1.1%
	Grade 7	64.0%	25.6%	6.2%	1.8%	1.1%	1.3%
	Grade 8	45.4%	36.8%	10.8%	3.5%	2.0%	1.4%
	Grade 9	38.4%	28.4%	15.6%	6.5%	3.9%	7.2%
	Grade 10	40.4%	28.6%	15.9%	7.1%	4.6%	3.5%
	Grade 11	35.6%	30.5%	12.0%	9.9%	6.2%	5.7%
	Grade 12	35.0%	25.9%	16.8%	11.7%	6.1%	4.4%
Heroin?							
	All	44.5%	34.1%	10.9%	5.0%	2.6%	2.9%
	Grade 6	67.5%	26.1%	2.1%	1.7%	1.3%	1.2%
	Grade 7	59.6%	31.0%	5.8%	2.0%	.8%	.8%
	Grade 8	39.2%	44.1%	9.8%	4.7%	1.4%	.9%
	Grade 9	34.4%	36.3%	14.2%	5.6%	3.1%	6.4%
	Grade 10	37.3%	33.8%	16.9%	5.8%	3.9%	2.2%
	Grade 11	33.8%	36.6%	10.5%	9.4%	3.6%	6.1%
	Grade 12	35.7%	31.3%	18.7%	6.8%	4.8%	2.7%
Meth?							
	All	45.9%	32.4%	9.6%	5.6%	3.2%	3.4%
	Grade 6	66.6%	28.2%	2.3%	.1%	1.5%	1.2%
	Grade 7	60.9%	27.0%	8.0%	2.0%	1.4%	.7%
	Grade 8	42.5%	41.4%	9.2%	4.0%	1.4%	1.5%
	Grade 9	38.2%	34.6%	9.3%	6.7%	3.9%	7.3%
	Grade 10	40.2%	31.7%	13.7%	6.7%	4.7%	3.0%
	Grade 11	34.0%	34.1%	9.5%	9.9%	5.5%	7.1%
	Grade 12	33.6%	29.8%	16.7%	11.6%	4.9%	3.4%

Synthetic Marijuana?							
Region 2	All	42.2%	26.2%	8.5%	6.5%	6.4%	10.1%
	Grade 6	67.8%	27.6%	2.0%	0.0%	1.3%	1.2%
	Grade 7	59.6%	24.4%	7.0%	3.5%	2.6%	2.8%
	Grade 8	41.6%	31.7%	11.9%	4.9%	3.6%	6.3%
	Grade 9	32.8%	26.3%	10.4%	6.0%	8.8%	15.7%
	Grade 10	32.3%	21.3%	7.2%	13.2%	11.3%	14.7%
	Grade 11	26.1%	29.5%	9.0%	10.8%	9.5%	15.0%
	Grade 12	29.0%	22.3%	12.6%	9.1%	9.3%	17.7%

Table D-10: Thinking of parties you attended this school year, how often were marijuana and/or other drugs used?

	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	56.7%	7.0%	5.1%	4.2%	4.9%	2.6%	19.5%
Grade 6	81.4%	.8%	.9%	0.0%	.3%	.5%	16.0%
Grade 7	69.1%	3.5%	2.5%	1.4%	1.7%	2.2%	19.6%
Grade 8	64.2%	7.5%	3.9%	3.4%	2.9%	1.2%	16.9%
Grade 9	56.9%	7.2%	5.4%	4.0%	3.8%	1.1%	21.6%
Grade 10	43.6%	9.7%	5.7%	8.0%	6.2%	2.0%	24.9%
Grade 11	43.0%	9.7%	6.5%	4.8%	11.5%	7.9%	16.5%
Grade 12	35.4%	11.6%	11.4%	8.6%	8.5%	3.6%	20.8%

Texas: Perceived Access of Substances, Texas School Survey, 2014

Table T-4: If you wanted some, how difficult would it be to get tobacco?						
Statewide	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	24.6%	21.0%	7.7%	10.1%	14.4%	22.3%
Grade 7	34.4%	36.2%	9.2%	7.7%	6.9%	5.6%
Grade 8	27.9%	28.0%	11.4%	10.4%	11.7%	10.6%
Grade 9	24.9%	21.4%	8.1%	12.2%	14.9%	18.4%
Grade 10	20.5%	16.5%	6.5%	12.4%	20.0%	24.0%
Grade 11	18.9%	11.8%	6.4%	10.4%	18.9%	33.6%
Grade 12	18.8%	7.9%	3.8%	6.7%	14.5%	48.3%

Table A-6: If you wanted some, how difficult would it be to get alcohol?						
Statewide	Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	19.8%	13.9%	5.9%	11.1%	19.3%	30.0%
Grade 7	29.9%	27.0%	8.3%	10.3%	11.3%	13.2%

Grade 8	23.4%	18.9%	8.0%	11.1%	17.3%	21.3%
Grade 9	19.8%	13.2%	5.6%	12.4%	19.2%	29.7%
Grade 10	15.2%	9.3%	4.7%	11.1%	22.8%	36.9%
Grade 11	13.4%	7.4%	4.4%	10.5%	22.6%	41.8%
Grade 12	14.8%	5.1%	4.1%	10.7%	24.0%	41.4%

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

Statewide	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	46.5%	6.8%	5.5%	9.3%	12.2%	1.8%	17.9%
Grade 7	72.3%	5.5%	3.5%	3.2%	1.8%	2.1%	11.8%
Grade 8	61.0%	8.4%	5.2%	5.4%	3.0%	2.1%	14.9%
Grade 9	44.5%	7.7%	6.9%	10.0%	10.3%	1.5%	19.1%
Grade 10	34.3%	7.4%	6.2%	12.6%	15.8%	1.9%	21.8%
Grade 11	30.9%	6.9%	5.2%	13.0%	20.9%	1.8%	21.3%
Grade 12	30.2%	4.7%	5.7%	13.1%	26.0%	1.0%	19.3%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Perceived Access of Substances, Texas School Survey, 2014

Table D-5: If you wanted some, how difficult would it be to get…

Statewide		Never Heard Of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana							
	All	23.2%	22.8%	7.7%	9.5%	13.5%	23.3%
	Grade 7	34.5%	40.8%	7.5%	6.3%	4.7%	6.3%
	Grade 8	27.0%	31.6%	10.0%	9.0%	9.7%	12.7%
	Grade 9	22.3%	21.7%	8.5%	10.8%	14.6%	22.2%
	Grade 10	18.0%	16.3%	7.2%	11.5%	17.4%	29.6%
	Grade 11	16.7%	12.1%	6.4%	9.5%	17.8%	37.5%
	Grade 12	18.6%	10.1%	6.1%	10.0%	18.6%	36.6%
Cocaine							
	All	32.0%	33.9%	13.7%	9.8%	5.0%	5.5%
	Grade 7	39.5%	44.2%	9.3%	3.6%	1.5%	1.8%
	Grade 8	32.6%	40.7%	12.4%	7.4%	3.6%	3.2%
	Grade 9	31.3%	33.7%	13.6%	10.5%	5.3%	5.7%
	Grade 10	28.4%	30.8%	16.0%	12.6%	6.1%	6.1%
	Grade 11	28.7%	26.1%	16.4%	13.1%	6.9%	8.8%
	Grade 12	30.3%	25.3%	15.5%	13.1%	7.1%	8.8%
Crack							

Steroids	All	33.8%	34.8%	14.1%	8.6%	4.1%	4.6%
	Grade 7	41.3%	43.4%	8.4%	3.7%	1.2%	1.9%
	Grade 8	33.8%	40.9%	12.4%	6.5%	3.1%	3.4%
	Grade 9	33.0%	34.6%	13.8%	8.8%	4.7%	5.0%
	Grade 10	30.0%	32.7%	16.1%	11.1%	5.2%	5.0%
	Grade 11	31.3%	27.8%	17.9%	10.9%	5.4%	6.7%
	Grade 12	33.0%	26.6%	17.5%	11.5%	5.2%	6.1%
	All	34.9%	34.2%	13.5%	8.5%	4.4%	4.4%
	Grade 7	41.9%	42.0%	8.7%	3.3%	2.1%	2.0%
	Grade 8	35.2%	39.4%	12.5%	6.4%	3.6%	2.9%
	Grade 9	34.0%	34.4%	13.5%	9.2%	4.5%	4.4%
	Grade 10	30.9%	32.5%	14.8%	11.1%	5.7%	5.0%
	Grade 11	32.7%	27.8%	17.2%	10.4%	5.7%	6.2%
	Grade 12	34.4%	26.4%	15.2%	11.8%	5.4%	6.7%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Perceived Access of Substances, Texas School Survey, 2014

Ecstasy?							
Heroin?	All	41.8%	27.8%	11.1%	8.1%	5.5%	5.7%
	Grade 7	59.4%	30.8%	4.8%	2.2%	1.2%	1.6%
	Grade 8	48.8%	31.1%	9.6%	5.3%	2.7%	2.4%
	Grade 9	39.6%	28.3%	11.2%	9.2%	6.2%	5.6%
	Grade 10	33.5%	28.9%	13.0%	11.1%	6.4%	7.0%
	Grade 11	32.8%	23.7%	14.6%	10.9%	8.9%	9.1%
	Grade 12	33.7%	22.3%	14.7%	11.0%	8.3%	10.1%
	All	40.4%	35.1%	12.6%	5.7%	2.7%	3.5%
	Grade 7	52.3%	36.6%	5.9%	2.6%	0.9%	1.8%
	Grade 8	42.9%	38.7%	10.0%	4.3%	2.4%	1.8%
	Grade 9	39.0%	34.8%	12.6%	6.4%	3.4%	3.8%
	Grade 10	34.3%	36.3%	14.8%	7.6%	3.1%	3.9%
	Grade 11	36.1%	32.6%	15.8%	7.3%	3.5%	4.7%
	Grade 12	36.5%	30.8%	17.9%	6.6%	3.0%	5.2%
Methamphetamine?							
	All	42.7%	33.2%	12.0%	5.7%	2.7%	3.8%
	Grade 7	55.1%	34.1%	6.2%	2.0%	0.9%	1.7%
	Grade 8	47.3%	35.0%	9.4%	4.2%	1.9%	2.3%
	Grade 9	41.2%	33.7%	11.9%	6.1%	3.1%	4.1%

Grade 10	36.4%	33.9%	13.8%	7.9%	3.6%	4.3%
Grade 11	36.7%	31.4%	15.4%	7.0%	3.7%	5.7%
Grade 12	37.0%	30.2%	16.6%	7.4%	3.3%	5.5%
Synthetic Marijuana?						
All	41.3%	25.1%	8.7%	7.1%	7.6%	10.2%
Grade 7	55.3%	31.0%	5.9%	2.6%	2.1%	3.0%
Grade 8	47.2%	28.9%	8.1%	5.0%	5.1%	5.7%
Grade 9	39.1%	25.7%	8.2%	7.7%	8.0%	11.3%
Grade 10	34.4%	23.9%	9.8%	9.5%	10.1%	12.3%
Grade 11	34.0%	19.9%	10.2%	9.4%	11.9%	14.6%
Grade 12	35.3%	19.1%	11.0%	9.1%	9.2%	16.3%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Perceived Access of Substances, Texas School Survey, 2014

Table D-10: Thinking of parties you attended this school year, how often were marijuana and/or other drugs used?							
Statewide	Never	Seldom	Half the Time	Most of the Time	Always	Do not know	Did not attend
All	53.7%	6.5%	5.2%	6.6%	7.8%	2.4%	17.8%
Grade 7	77.4%	3.5%	2.2%	2.0%	1.3%	1.9%	11.8%
Grade 8	68.1%	5.1%	3.5%	3.4%	2.7%	2.5%	14.7%
Grade 9	52.4%	7.4%	5.2%	6.8%	6.7%	2.3%	19.2%
Grade 10	43.0%	7.3%	7.0%	8.5%	9.4%	3.0%	21.8%
Grade 11	37.9%	8.4%	6.9%	9.1%	13.8%	2.7%	21.3%
Grade 12	37.8%	7.5%	7.1%	11.4%	15.2%	1.9%	19.1%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Region 2: Accessibility of Alcohol by Environment, 2014 Texas School Survey

Table A-12: How often, if ever, do you get alcohol beverages from …?					
Region 2 Home?	Do Not Drink	Never	Seldom	Most of the Time	Always
All	52.8%	25.5%	15.8%	4.3%	1.6%
Grade 6	64.8%	28.6%	6.0%	.4%	0.2%
Grade 7	63.5%	25.3%	7.9%	2.9%	0.4%
Grade 8	55.2%	23.1%	17.3%	2.7%	1.7%
Grade 9	49.9%	20.1%	21.1%	7.9%	1.1%
Grade 10	44.9%	29.1%	19.4%	3.9%	2.7%
Grade 11	47.2%	25.6%	19.6%	3.8%	3.8%
Grade 12	40.1%	27.7%	21.1%	9.3%	1.8%

Friends?		Do Not Drink	Never	Seldom	Most of the Time	Always
	All	49.1%	19.1%	16.2%	11.8%	3.9%
	Grade 6	67.6%	29.3%	1.5%	1.3%	0.2%
	Grade 7	60.7%	23.8%	7.9%	6.2%	1.4%
	Grade 8	55.4%	17.6%	17.4%	7.4%	2.1%
	Grade 9	49.6%	16.1%	19.2%	12.4%	2.7%
	Grade 10	35.2%	16.5%	25.2%	15.5%	7.7%
	Grade 11	38.2%	10.0%	23.5%	21.6%	6.6%
	Grade 12	30.4%	18.5%	21.6%	21.7%	7.7%
Store?		Do Not Drink	Never	Seldom	Most of the Time	Always
	All	53.5%	38.1%	4.4%	2.7%	1.4%
	Grade 6	67.6%	31.5%	0.0%	0.8%	0.0%
	Grade 7	66.3%	30.8%	1.4%	1.2%	0.2%
	Grade 8	58.7%	37.7%	2.8%	0.6%	0.3%
	Grade 9	52.6%	42.6%	3.1%	1.1%	0.5%
	Grade 10	44.3%	43.4%	6.4%	4.5%	1.3%
	Grade 11	43.4%	36.5%	11.1%	5.7%	3.2%
	Grade 12	35.8%	45.7%	7.6%	6.1%	4.8%
Parties?		Do Not Drink	Never	Seldom	Most of the Time	Always
	All	49.3%	19.8%	10.1%	9.4%	11.4%
	Grade 6	68.1%	29.9%	1.3%	0.6%	0.1%
	Grade 7	62.4%	23.3%	5.7%	5.8%	2.8%
	Grade 8	56.2%	19.8%	10.7%	9.5%	3.8%
	Grade 9	48.2%	13.2%	13.6%	9.7%	15.2%
	Grade 10	36.1%	17.9%	13.0%	15.1%	17.9%
	Grade 11	36.9%	15.4%	13.9%	15.3%	18.5%
	Grade 12	31.2%	18.0%	13.7%	11.7%	25.4%

Other Source?		Do Not Drink	Never	Seldom	Most of the Time	Always
	All	52.2%	25.1%	11.8%	6.2%	4.6%
	Grade 6	66.5%	29.5%	3.3%	0.4%	0.3%
	Grade 7	64.3%	22.3%	6.2%	5.7%	1.5%
	Grade 8	59.6%	21.3%	10.2%	5.1%	3.8%
	Grade 9	51.7%	23.5%	12.0%	7.3%	5.4%
	Grade 10	40.7%	27.5%	16.2%	10.2%	5.4%
	Grade 11	40.5%	23.8%	19.8%	7.5%	8.4%
	Grade 12	36.2%	29.0%	17.8%	8.1%	8.9%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Accessibility of Alcohol by Environment, 2014 Texas School Survey

Table A-12: How often, if ever, do you get alcohol beverages from …?					
Statewide	Do Not Drink	Never	Seldom	Most of the Time	Always
Home?					
All	55.1%	20.5%	16.8%	5.3%	2.3%
Grade 7	68.4%	19.9%	8.4%	2.3%	1.1%
Grade 8	62.3%	18.8%	13.5%	4.0%	1.3%
Grade 9	55.5%	19.6%	17.6%	5.4%	1.9%
Grade 10	50.1%	21.3%	19.1%	6.9%	2.5%
Grade 11	46.9%	20.9%	22.0%	6.8%	3.3%
Grade 12	43.4%	23.3%	21.6%	7.2%	4.4%
Friends?	Do Not Drink	Never	Seldom	Most of the Time	Always
All	53.7%	18.2%	13.4%	11.1%	3.7%
Grade 7	70.3%	21.5%	4.7%	2.8%	0.8%
Grade 8	63.7%	20.6%	8.9%	5.4%	1.4%
Grade 9	55.4%	18.7%	14.0%	9.2%	2.7%
Grade 10	46.9%	17.2%	17.5%	13.4%	5.0%
Grade 11	42.2%	14.9%	18.3%	18.3%	6.2%
Grade 12	38.6%	14.9%	19.1%	20.1%	7.1%
Store?	Do Not Drink	Never	Seldom	Most of the Time	Always
All	56.7%	34.2%	4.5%	2.8%	1.7%
Grade 7	71.5%	26.1%	1.4%	0.7%	0.3%
Grade 8	65.3%	30.5%	2.3%	1.2%	0.7%
Grade 9	59.0%	34.4%	3.7%	1.8%	1.1%
Grade 10	49.9%	39.3%	5.4%	3.3%	2.1%
Grade 11	47.5%	37.7%	6.7%	4.7%	3.4%
Grade 12	42.7%	39.2%	8.6%	6.5%	3.1%
Parties?	Do Not Drink	Never	Seldom	Most of the Time	Always
All	52.1%	15.9%	10.3%	11.3%	10.4%
Grade 7	68.6%	19.2%	5.3%	4.8%	2.1%
Grade 8	61.2%	17.5%	8.9%	7.8%	4.6%
Grade 9	53.2%	15.0%	11.6%	11.5%	8.7%
Grade 10	45.5%	14.4%	12.4%	13.9%	13.8%
Grade 11	41.3%	14.5%	12.2%	15.9%	16.2%
Grade 12	38.2%	14.4%	12.1%	15.4%	19.9%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Other Source?		Do Not Drink	Never	Seldom	Most of the Time	Always
	All	56.8%	24.7%	9.1%	4.9%	4.4%
	Grade 7	70.4%	21.7%	4.5%	2.1%	1.3%
	Grade 8	64.4%	22.4%	7.0%	3.4%	2.9%
	Grade 9	58.5%	23.9%	9.1%	4.5%	4.0%
	Grade 10	50.6%	26.1%	11.4%	6.6%	5.4%
	Grade 11	47.9%	27.0%	11.9%	6.7%	6.5%
	Grade 12	45.0%	28.2%	12.2%	7.1%	7.5%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Region 2: Perception of Harm of Substances, 2014 Texas School Survey

Table T-7: How dangerous do you think it is for kids your age to use tobacco?					
Region 2	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	58.9%	25.1%	9.2%	2.1%	4.6%
Grade 6	85.5%	8.6%	3.7%	0.1%	2.2%
Grade 7	69.8%	17.3%	6.1%	0.8%	6.0%
Grade 8	58.7%	30.7%	6.0%	1.0%	3.5%
Grade 9	57.4%	30.6%	8.0%	1.3%	2.7%
Grade 10	48.7%	27.8%	13.3%	2.4%	7.8%
Grade 11	42.8%	33.1%	15.0%	4.3%	4.8%
Grade 12	44.7%	29.9%	14.3%	5.5%	5.7%

Table A-14: How dangerous do you think it is for kids your age to use alcohol?					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	56.1%	26.2%	11.2%	2.3%	4.3%
Grade 6	77.7%	16.7%	4.4%	0.2%	1.0%
Grade 7	61.4%	21.1%	11.4%	1.1%	5.0%
Grade 8	56.2%	25.5%	10.8%	1.8%	5.7%
Grade 9	54.3%	26.6%	14.3%	2.9%	2.0%
Grade 10	47.4%	34.1%	9.9%	1.9%	6.8%
Grade 11	45.7%	29.1%	14.2%	4.9%	6.1%
Grade 12	46.8%	32.3%	13.6%	3.6%	3.8%

Table D-12: How dangerous do you think it is for kids your age to use …					
	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know

Marijuana?					
All	65.4%	10.6%	8.0%	10.5%	5.6%
Grade 6	87.7%	2.4%	1.2%	0.5%	8.2%
Grade 7	72.9%	8.0%	4.4%	5.8%	8.9%
Grade 8	71.6%	11.0%	6.1%	8.2%	3.1%
Grade 9	67.7%	13.1%	8.5%	9.0%	1.7%
Grade 10	55.1%	13.8%	12.2%	12.1%	6.8%
Grade 11	48.5%	12.6%	11.0%	21.7%	6.2%
Grade 12	48.6%	14.5%	14.2%	18.5%	4.2%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Region 2: Perception of Harm of Substances, 2014 Texas School Survey

Cocaine?	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	88.3%	4.8%	0.6%	0.4%	6.0%
Grade 6	90.3%	1.3%	0.3%	0.1%	8.0%
Grade 7	85.1%	6.5%	0.8%	0.5%	7.0%
Grade 8	88.8%	5.2%	0.4%	0.5%	5.1%
Grade 9	92.0%	4.6%	0.9%	0.5%	2.0%
Grade 10	86.8%	5.3%	0.7%	0.3%	6.9%
Grade 11	83.2%	7.6%	0.5%	0.5%	8.3%
Grade 12	91.6%	2.8%	0.8%	0.3%	4.4%
Crack?					
All	88.8%	3.9%	0.4%	0.3%	6.6%
Grade 6	88.5%	1.4%	0.1%	0.1%	9.8%
Grade 7	86.9%	4.9%	0.6%	0.3%	7.4%
Grade 8	88.0%	5.3%	0.2%	0.5%	6.0%
Grade 9	93.1%	3.7%	0.4%	0.5%	2.3%
Grade 10	87.7%	4.2%	0.5%	0.3%	7.2%
Grade 11	84.9%	5.9%	0.3%	0.4%	8.5%
Grade 12	92.9%	1.9%	0.4%	0.2%	4.6%
Ecstasy?					
All	83.9%	5.4%	0.9%	0.5%	9.3%
Grade 6	86.2%	1.9%	0.2%	0.1%	11.7%
Grade 7	81.9%	5.4%	0.7%	0.1%	11.8%
Grade 8	85.4%	4.0%	0.7%	0.5%	9.4%
Grade 9	89.2%	6.5%	0.7%	0.4%	3.2%
Grade 10	79.6%	7.2%	1.2%	0.9%	11.1%
Grade 11	79.6%	6.3%	1.2%	0.5%	12.4%
Grade 12	85.0%	6.9%	1.7%	1.0%	5.4%
Hydrocodone?					
All	83.6%	5.6%	1.9%	1.0%	7.9%
Grade 6	88.5%	2.0%	0.2%	0.4%	8.9%
Grade 7	82.7%	4.2%	1.1%	1.8%	10.2%
Grade 8	84.5%	3.4%	2.7%	0.8%	8.6%
Grade 9	86.7%	7.7%	1.5%	0.8%	3.3%
Grade 10	80.3%	6.5%	3.0%	1.4%	8.8%
Grade 11	78.2%	9.1%	1.8%	1.0%	9.9%
Grade 12	83.9%	6.9%	3.2%	0.4%	5.5%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Region 2: Perception of Harm of Substances, 2014 Texas School Survey

Steroids?	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	79.1%	10.5%	2.4%	0.5%	7.5%
Grade 6	84.3%	6.3%	0.0%	0.1%	9.3%
Grade 7	78.6%	7.6%	4.7%	0.3%	8.8%
Grade 8	79.3%	10.0%	1.6%	0.7%	8.4%
Grade 9	79.8%	13.7%	3.2%	0.8%	2.5%
Grade 10	76.6%	11.7%	3.0%	0.4%	8.3%
Grade 11	75.6%	12.8%	1.6%	0.4%	9.6%
Grade 12	79.1%	11.8%	2.7%	0.5%	5.9%
Heroin?					
All	88.3%	3.7%	0.4%	0.3%	7.2%
Grade 6	86.6%	4.5%	0.1%	0.1%	8.7%
Grade 7	85.4%	2.7%	1.1%	0.1%	10.6%
Grade 8	88.3%	3.3%	0.1%	0.5%	7.9%
Grade 9	92.8%	3.6%	0.6%	0.4%	2.6%
Grade 10	87.7%	3.9%	0.4%	0.4%	7.5%
Grade 11	84.6%	7.0%	0.2%	0.4%	7.8%
Grade 12	93.3%	1.1%	0.3%	0.2%	5.1%
Methamphetamine?					
All	89.0%	2.9%	0.7%	0.3%	7.2%
Grade 6	89.2%	1.7%	0.0%	0.1%	9.0%
Grade 7	85.5%	3.0%	1.2%	0.3%	10.0%
Grade 8	88.9%	2.6%	0.0%	0.5%	8.0%
Grade 9	93.0%	3.6%	0.3%	0.4%	2.8%
Grade 10	88.3%	3.0%	0.8%	0.3%	7.4%
Grade 11	84.8%	5.1%	2.0%	0.4%	7.8%
Grade 12	93.5%	1.1%	0.3%	0.2%	4.9%
Synthetic Marijuana?					
All	83.1%	6.4%	2.2%	0.8%	7.5%
Grade 6	88.6%	2.3%	0.0%	0.1%	9.1%
Grade 7	80.6%	3.6%	3.2%	1.5%	11.1%
Grade 8	81.0%	6.0%	3.2%	0.9%	8.9%
Grade 9	87.1%	7.7%	1.8%	0.8%	2.6%
Grade 10	79.5%	8.7%	3.0%	0.7%	8.1%
Grade 11	79.4%	9.6%	2.9%	0.9%	7.3%
Grade 12	85.3%	7.6%	1.3%	0.4%	5.4%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Perception of Harm of Substances, 2014 Texas School Survey

Table T-7: How dangerous do you think it is for kids your age to use tobacco?					
Statewide	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	61.6%	23.0%	8.1%	2.2%	5.1%
Grade 7	77.0%	14.5%	3.1%	0.7%	4.7%
Grade 8	67.3%	21.3%	5.4%	1.2%	4.8%
Grade 9	63.6%	22.4%	7.2%	2.0%	4.9%
Grade 10	55.7%	26.6%	10.1%	2.7%	4.9%
Grade 11	52.0%	27.8%	11.7%	2.6%	5.9%
Grade 12	50.3%	27.1%	12.6%	4.6%	5.4%
Table A-14: How dangerous do you think it is for kids your age to use alcohol?					
All	52.0%	29.3%	12.4%	2.4%	3.9%
Grade 7	65.1%	20.7%	8.5%	1.6%	4.1%
Grade 8	55.2%	26.3%	12.1%	2.2%	4.2%
Grade 9	51.9%	28.9%	13.4%	2.7%	3.1%
Grade 10	47.5%	32.7%	13.3%	2.8%	3.7%
Grade 11	43.7%	35.1%	14.1%	2.9%	4.2%
Grade 12	46.2%	33.7%	13.6%	2.4%	4.0%
Table D-12: How dangerous do you think it is for kids your age to use …					
Marijuana?					
All	57.2%	13.6%	11.2%	13.7%	4.2%
Grade 7	79.5%	8.9%	4.5%	2.9%	4.3%
Grade 8	68.1%	13.3%	6.8%	7.6%	4.2%
Grade 9	58.1%	13.5%	11.1%	13.3%	4.0%
Grade 10	47.2%	16.4%	15.2%	17.6%	3.6%
Grade 11	41.7%	15.5%	15.2%	22.8%	4.8%
Grade 12	43.0%	15.0%	16.5%	21.1%	4.5%
Cocaine?					
All	87.0%	6.4%	1.1%	0.6%	5.0%
Grade 7	88.2%	5.1%	1.0%	0.6%	5.2%
Grade 8	87.0%	6.5%	1.3%	0.5%	4.8%
Grade 9	87.1%	6.6%	1.0%	0.7%	4.6%
Grade 10	86.5%	7.9%	0.9%	0.5%	4.2%
Grade 11	86.1%	6.8%	1.0%	0.6%	5.5%
Grade 12	86.7%	5.9%	1.2%	0.5%	5.7%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Perception of Harm of Substances, 2014 Texas School Survey

Crack?	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	87.9%	5.5%	0.8%	0.6%	5.2%
Grade 7	88.3%	4.7%	0.8%	0.5%	5.6%
Grade 8	87.0%	6.3%	1.1%	0.5%	5.1%
Grade 9	88.0%	5.6%	0.8%	0.8%	4.8%
Grade 10	87.3%	6.8%	0.7%	0.6%	4.6%
Grade 11	88.1%	5.3%	0.5%	0.6%	5.5%
Grade 12	89.0%	4.0%	0.5%	0.6%	5.9%
Ecstasy?					
All	80.9%	8.0%	2.3%	0.9%	7.9%
Grade 7	83.5%	4.6%	0.9%	0.5%	10.5%
Grade 8	81.8%	6.2%	1.7%	0.8%	9.6%
Grade 9	80.8%	8.4%	2.8%	1.1%	7.0%
Grade 10	79.7%	10.3%	2.7%	1.1%	6.1%
Grade 11	79.0%	10.3%	2.9%	0.9%	6.9%
Grade 12	80.2%	9.1%	2.9%	1.1%	6.7%
Hydrocodone?					
All	79.8%	7.0%	2.5%	1.2%	9.5%
Grade 7	83.6%	4.6%	1.1%	0.5%	10.2%
Grade 8	81.2%	5.2%	1.7%	1.0%	10.9%
Grade 9	80.5%	6.6%	2.5%	1.2%	9.2%
Grade 10	77.8%	8.5%	3.3%	1.8%	8.7%
Grade 11	77.3%	9.0%	3.0%	1.5%	9.3%
Grade 12	77.7%	8.7%	3.9%	1.4%	8.3%
Steroids?					
All	76.1%	12.8%	3.6%	1.2%	6.3%
Grade 7	79.5%	10.2%	2.7%	0.7%	7.0%
Grade 8	77.2%	11.6%	3.1%	1.2%	6.9%
Grade 9	75.8%	13.5%	3.9%	1.2%	5.6%
Grade 10	74.6%	14.3%	4.3%	1.5%	5.4%
Grade 11	74.3%	14.2%	3.3%	1.5%	6.7%
Grade 12	74.7%	13.1%	4.7%	1.1%	6.4%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

Texas: Perception of Harm of Substances, 2014 Texas School Survey

Heroin?	Very Dangerous	Somewhat Dangerous	Not very Dangerous	Not at All Dangerous	Do not know
All	87.9%	4.3%	0.7%	0.6%	6.5%
Grade 7	85.8%	4.2%	0.6%	0.6%	8.8%
Grade 8	86.6%	5.0%	0.9%	0.6%	6.9%
Grade 9	88.0%	4.7%	0.8%	0.8%	5.8%
Grade 10	88.7%	4.9%	0.7%	0.5%	5.2%
Grade 11	89.2%	3.7%	0.6%	0.5%	6.0%
Grade 12	89.9%	2.7%	0.6%	0.5%	6.3%
Meth?					
All	87.9%	4.1%	0.7%	0.5%	6.8%
Grade 7	86.3%	3.9%	0.7%	0.4%	8.8%
Grade 8	85.9%	4.8%	1.1%	0.4%	7.9%
Grade 9	88.2%	4.0%	0.9%	0.9%	6.1%
Grade 10	88.8%	4.8%	0.8%	0.5%	5.1%
Grade 11	89.0%	3.9%	0.5%	0.5%	6.1%
Grade 12	89.7%	2.8%	0.5%	0.6%	6.4%
Synthetic Marijuana?					
All	78.1%	8.4%	3.6%	1.6%	8.3%
Grade 7	83.2%	5.4%	1.7%	0.7%	8.9%
Grade 8	78.8%	7.5%	3.0%	1.7%	9.0%
Grade 9	77.2%	9.2%	4.2%	1.9%	7.5%
Grade 10	75.0%	10.3%	4.8%	2.4%	7.5%
Grade 11	75.7%	10.0%	4.2%	1.8%	8.4%
Grade 12	78.0%	8.0%	4.2%	1.4%	8.5%

Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 Statewide and Region 4 Reports. Spring 2014.

2015 Texas Survey of Substance Use Among College Students

Table 2: Drug usage by Texas college students, total and by gender

Drug	Lifetime Use			Past-Year Use			Past-Month Use		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Alcohol	81.9%	81.9%	82.0%	75.8%	75.8%	75.8%	60.9%	62.9%	59.4%
Tobacco	55.0%	60.8%	50.6%	43.1%	51.4%	36.7%	25.7%	34.0%	19.3%
Inhalants	3.9%	5.6%	2.6%	1.3%	2.0%	0.8%	0.4%	0.7%	0.1%
DXM	7.3%	9.6%	5.5%	4.0%	5.0%	3.3%	1.8%	2.1%	1.5%
Marijuana	42.8%	47.8%	38.8%	29.8%	34.4%	26.2%	17.6%	22.6%	13.7%
Synthetic Marijuana	9.0%	11.7%	6.9%	1.1%	1.1%	1.1%	0.2%	0.4%	0.1%
Cocaine	8.8%	12.4%	6.1%	4.9%	7.3%	3.0%	2.1%	3.0%	1.4%
Stimulants	6.5%	9.8%	3.9%	3.9%	5.9%	2.4%	2.2%	3.5%	1.2%
Sedatives	12.1%	14.2%	10.5%	7.4%	9.0%	6.3%	3.0%	3.3%	2.9%
Hallucinogens	10.8%	15.3%	7.2%	5.7%	8.6%	3.5%	1.6%	2.6%	0.9%
Heroin	1.2%	1.9%	0.6%	0.3%	0.4%	0.1%	0.1%	0.2%	0.1%
Other Narcotics	11.2%	14.4%	8.8%	6.6%	8.6%	5.0%	2.1%	2.4%	1.9%
Steroids	1.0%	1.9%	0.4%	0.5%	1.0%	0.1%	0.2%	0.4%	0.0%
Bath Salts	1.1%	1.9%	0.5%	0.3%	0.4%	0.2%	0.1%	0.2%	0.0%
MDMA	9.5%	11.7%	7.8%	4.1%	5.5%	3.1%	1.1%	1.6%	0.6%

Table 3: Drug usage by Texas college students, by ethnicity

Drug	Lifetime Use				Past-Year Use				Past-Month Use			
	Anglo	Hispanic	Black	Asian	Anglo	Hispanic	Black	Asian	Anglo	Hispanic	Black	Asian
Alcohol	83.8%	83.3%	79.8%	65.5%	79.0%	75.9%	72.5%	58.1%	65.3%	61.2%	52.6%	42.5%
Tobacco	58.6%	55.0%	48.0%	38.7%	47.5%	40.9%	40.1%	28.4%	30.5%	22.9%	17.9%	16.7%
Inhalants	5.1%	3.4%	1.1%	2.1%	1.7%	1.2%	0.4%	1.0%	0.4%	0.4%	0.2%	0.0%
DXM	7.9%	7.0%	7.2%	4.1%	3.9%	3.7%	6.5%	2.3%	1.7%	1.3%	5.2%	0.9%
Marijuana	44.6%	43.2%	47.9%	21.8%	31.2%	28.0%	40.2%	17.0%	19.3%	15.9%	21.3%	9.7%
Synthetic Marijuana	10.8%	9.2%	2.1%	3.7%	1.3%	1.2%	0.2%	0.6%	0.2%	0.4%	0.0%	0.3%
Cocaine	10.4%	9.8%	1.5%	3.0%	6.0%	4.8%	0.9%	2.0%	2.5%	2.0%	0.3%	0.6%
Stimulants	8.6%	5.1%	3.3%	4.3%	5.1%	3.1%	3.1%	2.2%	2.9%	1.8%	0.6%	1.1%
Sedatives	14.2%	11.4%	9.6%	5.1%	8.3%	7.5%	6.3%	2.7%	3.5%	3.0%	2.5%	1.5%
Hallucinogens	14.2%	9.3%	2.0%	7.5%	8.2%	4.0%	1.3%	5.2%	2.4%	0.9%	0.5%	1.2%
Heroin	1.5%	1.0%	0.8%	0.6%	0.3%	0.2%	0.3%	0.2%	0.2%	0.1%	0.2%	0.0%
Other Narcotics	14.1%	9.0%	11.4%	4.8%	8.1%	5.3%	8.1%	2.2%	2.9%	1.6%	1.9%	0.2%
Steroids	1.0%	0.6%	3.7%	0.5%	0.2%	0.2%	3.5%	0.0%	0.0%	0.1%	1.8%	0.0%
Bath Salts	1.3%	1.0%	0.5%	0.7%	0.3%	0.2%	0.1%	0.2%	0.1%	0.0%	0.0%	0.2%
MDMA	12.1%	8.6%	2.5%	5.3%	5.3%	3.6%	1.2%	2.7%	1.2%	1.1%	0.6%	0.8%

Table 4: Drug usage by Texas college students, by age

Drug	Lifetime Use		Past-Year Use		Past-Month Use	
	Age 18-20	Age 21-26	Age 18-20	Age 21-26	Age 18-20	Age 21-26
Alcohol	73.3%	91.5%	66.4%	86.3%	48.0%	75.2%
Tobacco	48.0%	63.0%	40.2%	46.5%	24.7%	26.9%
Inhalants	2.5%	5.5%	1.2%	1.4%	0.3%	0.4%
DXM	5.8%	9.0%	3.8%	4.3%	2.1%	1.5%
Marijuana	37.8%	48.4%	28.8%	30.9%	17.2%	18.0%
Synthetic Marijuana	6.2%	12.2%	1.4%	0.8%	0.2%	0.2%
Cocaine	5.3%	12.8%	3.8%	6.1%	1.9%	2.2%
Stimulants	4.4%	8.8%	3.3%	4.6%	2.0%	2.4%
Sedatives	9.7%	14.8%	6.9%	8.1%	2.6%	3.5%
Hallucinogens	7.6%	14.3%	5.6%	5.9%	1.7%	1.5%
Heroin	0.6%	1.8%	0.2%	0.4%	0.1%	0.2%
Other Narcotics	8.8%	13.9%	6.0%	7.3%	2.1%	2.2%
Steroids	1.2%	0.8%	0.7%	0.3%	0.3%	0.1%
Bath Salts	0.6%	1.7%	0.2%	0.3%	0.1%	0.1%
MDMA	6.3%	13.1%	3.7%	4.6%	1.0%	1.2%

Table 5: Drug usage by Texas college students, by sorority/fraternity membership

Drug	Lifetime Use		Past-Year Use		Past-Month Use	
	Non-member	Member	Non-member	Member	Non-member	Member
Alcohol	79.6%	89.8%	73.0%	85.8%	56.9%	76.9%
Tobacco	54.0%	65.7%	42.0%	54.7%	24.6%	34.3%
Inhalants	3.9%	2.7%	1.3%	0.6%	0.4%	0.0%
DXM	7.3%	6.4%	3.9%	4.9%	1.7%	2.2%
Marijuana	41.6%	50.6%	28.6%	38.0%	16.6%	23.0%
Synthetic Marijuana	8.9%	7.6%	1.0%	0.8%	0.2%	0.0%
Cocaine	8.2%	12.2%	4.3%	8.4%	1.7%	4.1%
Stimulants	6.0%	11.2%	3.5%	8.4%	2.0%	3.8%
Sedatives	11.8%	11.8%	7.2%	7.1%	2.9%	3.8%
Hallucinogens	10.3%	11.6%	5.2%	7.9%	1.5%	1.5%
Heroin	1.1%	0.2%	0.2%	0.1%	0.1%	0.1%
Other Narcotics	10.9%	13.5%	6.4%	7.1%	1.9%	1.9%
Steroids	0.9%	0.4%	0.4%	0.2%	0.0%	0.1%
Bath Salts	1.1%	0.4%	0.2%	0.0%	0.1%	0.0%
MDMA	9.1%	10.9%	3.6%	6.2%	0.9%	1.4%

Table 6: Drug usage by Texas college students, by class

	Lifetime Use				Past-Year Use				Past-Month Use			
Drug	Fresh.	Soph.	Junior	Senior	Fresh.	Soph.	Junior	Senior	Fresh.	Soph.	Junior	Senior
Alcohol	73.1%	81.0%	86.7%	90.7%	66.2%	72.9%	82.1%	86.4%	46.7%	57.0%	69.6%	76.3%
Tobacco	49.4%	53.7%	56.5%	62.8%	42.0%	41.7%	41.9%	47.8%	27.5%	25.0%	25.7%	24.7%
Inhalants	2.8%	3.6%	4.1%	5.4%	1.2%	1.3%	1.1%	1.8%	0.4%	0.5%	0.1%	0.4%
DXM	6.8%	7.9%	6.7%	8.1%	4.5%	4.6%	3.2%	3.7%	2.8%	1.5%	1.5%	1.2%
Marijuana	39.0%	42.6%	44.0%	46.6%	30.3%	27.6%	30.0%	31.5%	18.4%	16.2%	17.3%	19.1%
Synthetic Marijuana	6.2%	8.9%	10.3%	11.4%	1.4%	1.1%	1.5%	0.5%	0.3%	0.4%	0.0%	0.2%
Cocaine	5.8%	8.4%	10.5%	11.8%	3.4%	4.5%	6.8%	5.5%	1.9%	1.4%	3.2%	2.0%
Stimulants	4.6%	5.9%	8.1%	8.1%	3.0%	3.5%	5.8%	3.9%	1.9%	2.2%	3.0%	1.7%
Sedatives	10.6%	12.0%	12.4%	14.3%	7.5%	6.9%	7.6%	8.1%	3.0%	3.1%	3.1%	3.0%
Hallucinogens	7.1%	10.2%	12.6%	14.8%	5.1%	5.4%	6.4%	6.4%	2.0%	1.3%	1.4%	1.7%
Heroin	0.6%	1.0%	1.9%	1.4%	0.2%	0.1%	0.4%	0.4%	0.1%	0.0%	0.3%	0.2%
Other Narcotics	9.7%	10.4%	12.1%	13.5%	6.8%	5.4%	6.8%	7.7%	2.7%	1.6%	2.7%	1.7%
Steroids	1.8%	0.7%	0.7%	0.7%	1.3%	0.1%	0.2%	0.2%	0.6%	0.0%	0.0%	0.0%
Bath Salts	0.8%	1.2%	0.9%	1.6%	0.3%	0.2%	0.1%	0.3%	0.1%	0.0%	0.1%	0.2%
MDMA	6.0%	9.3%	10.8%	13.2%	3.2%	4.0%	5.1%	4.6%	1.1%	1.0%	1.0%	1.2%

Table 7: Drug usage by Texas college students, by parental income

	Lifetime Use				Past-Year Use				Past-Month Use			
Drug	$0 to $20k	$20k to $60k	$60k to $100k	More than $100k	$0 to $20k	$20k to $60k	$60k to $100k	More than $100k	$0 to $20k	$20k to $60k	$60k to $100k	More than $100k
Alcohol	78.9%	77.7%	83.2%	86.2%	73.0%	70.6%	77.6%	82.0%	58.7%	53.9%	62.0%	68.2%
Tobacco	51.7%	51.8%	57.5%	63.0%	40.7%	39.5%	45.6%	52.4%	23.1%	22.6%	24.9%	32.6%
Inhalants	3.7%	2.9%	3.8%	5.8%	1.4%	1.0%	1.5%	1.7%	1.0%	0.0%	0.3%	0.5%
DXM	8.5%	6.4%	7.2%	8.3%	5.2%	3.5%	4.1%	4.1%	3.0%	1.2%	1.6%	1.9%
Marijuana	37.2%	41.1%	44.4%	49.7%	26.0%	26.9%	31.8%	38.0%	14.9%	13.9%	19.5%	24.2%
Synthetic Marijuana	8.5%	7.3%	9.5%	10.6%	1.3%	0.6%	1.6%	0.6%	0.3%	0.0%	0.1%	0.1%
Cocaine	7.7%	5.7%	9.8%	11.9%	3.5%	3.0%	6.2%	6.3%	2.0%	1.0%	2.7%	2.6%
Stimulants	5.1%	4.6%	7.1%	10.4%	1.8%	3.2%	4.8%	6.6%	1.2%	1.4%	2.9%	3.9%
Sedatives	10.1%	9.7%	13.3%	14.9%	6.5%	5.5%	9.4%	9.7%	2.4%	2.0%	3.7%	4.2%
Hallucinogens	7.1%	7.4%	12.8%	16.3%	3.4%	3.4%	7.6%	8.6%	1.2%	0.9%	2.2%	2.1%
Heroin	0.6%	0.5%	2.0%	1.2%	0.3%	0.1%	0.3%	0.3%	0.3%	0.0%	0.1%	0.2%
Other Narcotics	9.4%	8.4%	11.7%	15.7%	5.5%	4.0%	7.7%	10.3%	2.4%	0.9%	2.7%	2.1%
Steroids	0.3%	0.6%	1.0%	1.7%	0.2%	0.1%	0.4%	1.1%	0.0%	0.0%	0.1%	0.0%
Bath Salts	2.3%	0.5%	1.3%	1.1%	0.4%	0.1%	0.2%	0.3%	0.0%	0.0%	0.1%	0.1%
MDMA	6.7%	7.2%	9.1%	14.5%	2.9%	2.7%	4.0%	6.3%	0.6%	0.4%	1.1%	1.5%

Table 8: Drug usage by Texas college students, by college type

Drug	Lifetime Use				Past-Year Use				Past-Month Use			
	Large 4-year	Small 4-year	Large 2-year	Small 2-year	Large 4-year	Small 4-year	Large 2-year	Small 2-year	Large 4-year	Small 4-year	Large 2-year	Small 2-year
Alcohol	83.9%	81.3%	80.6%	77.0%	79.1%	75.6%	73.0%	67.8%	65.8%	58.7%	57.7%	51.1%
Tobacco	55.9%	54.5%	55.9%	49.8%	43.7%	44.0%	42.7%	39.9%	25.1%	24.7%	27.4%	26.0%
Inhalants	3.9%	3.4%	4.5%	3.5%	1.6%	0.9%	1.5%	0.5%	0.3%	0.1%	0.7%	0.0%
DXM	6.7%	7.4%	8.5%	6.7%	3.3%	5.5%	4.2%	3.9%	1.2%	3.3%	1.9%	1.1%
Marijuana	43.0%	41.7%	44.6%	39.0%	31.8%	30.1%	28.8%	21.5%	19.6%	15.9%	17.6%	10.9%
Synthetic Marijuana	8.2%	7.9%	10.8%	10.1%	0.7%	1.7%	1.6%	0.8%	0.1%	0.0%	0.5%	0.3%
Cocaine	9.0%	7.4%	10.0%	8.2%	5.6%	3.4%	4.9%	4.5%	2.3%	2.0%	1.9%	1.3%
Stimulants	7.0%	6.2%	6.1%	5.2%	4.6%	4.1%	3.1%	2.6%	2.6%	2.0%	1.8%	1.6%
Sedatives	10.8%	11.7%	13.7%	15.0%	6.9%	7.6%	7.8%	8.9%	2.8%	2.7%	3.8%	3.0%
Hallucinogens	12.0%	8.3%	11.5%	8.2%	6.9%	3.9%	5.5%	4.6%	1.8%	1.2%	1.8%	1.0%
Heroin	1.2%	0.8%	1.6%	0.5%	0.3%	0.1%	0.5%	0.0%	0.2%	0.0%	0.2%	0.0%
Other Narcotics	10.2%	11.2%	12.0%	13.9%	5.9%	7.6%	6.3%	8.6%	1.6%	2.4%	2.3%	3.5%
Steroids	0.6%	2.0%	0.8%	1.2%	0.2%	1.6%	0.2%	0.5%	0.0%	0.7%	0.1%	0.0%
Bath Salts	1.2%	0.5%	1.1%	2.1%	0.2%	0.2%	0.4%	0.3%	0.1%	0.0%	0.1%	0.0%
MDMA	10.3%	6.3%	10.8%	8.7%	4.8%	2.5%	4.1%	4.4%	1.3%	0.2%	1.5%	0.6%

U.S. Census Bureau, Census of Retail Trade: Alcohol Expenditures 2014

Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures ( )	% Food-At-Home Expenditures
*Texas		-0.06		$792.67	13.82%
*United States				$839.54	14.29%
Archer	194	-0.16	0.22		
Baylor	178	-0.27	0.04		
Brown	150	-0.44	-0.24		
Callahan	111	-0.67	-0.6		
Clay	185	-0.23	0.1		
Coleman	45	-1.07	-1.24		
Comanche	85	-0.81	-0.83		
Cottle	106	-0.7	-0.65		
Eastland	198	-0.12	0.28		
Fisher	134	-0.55	-0.41		
Foard	96	-0.74	-0.72		
Hardeman	83	-0.82	-0.85		
Haskell	131	-0.57	-0.44		
Jack	121	-0.65	-0.56		
Jones	20	-1.23	-1.5		
Kent	147	-0.48	-0.31		
Knox	38	-1.11	-1.3		
Mitchell	134	-0.55	-0.41		
Montague	131	-0.57	-0.44		
Nolan	179	-0.26	0.05		
Runnels	118	-0.65	-0.57		
Scurry	214	0.07	0.57		
Shackelford	70	-0.89	-0.95		
Stephens	89	-0.79	-0.8		
Stonewall	174	-0.32	-0.04		
Taylor	190	-0.17	0.19		
Throckmorton	165	-0.36	-0.11		
Wichita	165	-0.36	-0.11		
Wilbarger	161	-0.39	-0.16		
Young	109	-0.68	-0.61		

Appendix B

High School Completion Percentages: 2014

Report Area	High School Graduation Percentage	GED Achievement Percentage	Dropout Percentage
Archer	97.1	.7	1.4
Baylor	100	0.0	0.0
Brown	93	.2	4.1
Callahan	93.4	0.0	4.0
Clay	93	1.8	3.5
Coleman	96.4	0.0	2.4
Comanche	97.6	0.0	2.4
Cottle	100	0.0	0.0
Eastland	91.5	.5	7.6
Fisher	100	0.0	0.0
Foard	93.8	0.0	0.0
Hardman	97.9	0.0	2.4
Haskell	93.5	0.0	4.8
Jack	99.1	0.0	0.0
Jones	96.7	0.0	2.2
Kent	100	0.0	0.0
Knox	92.6	0.0	7.4
Mitchell	92.6	0.0	6.2
Montague	91.7	0.0	3.9
Nolan	94.7	0.0	3.5
Runnels	98.5	0.0	0
Scurry	88.5	0.0	9.7
Shackelford	97.1	0.0	2.9
Stephens	95.5	1.5	3.0
Stonewall	100	0.0	0.0
Taylor	82.3	3.3	8.0
Throckmorton	85	0.0	10.0
Wichita	9402	1.9	2.8
Wilbarger	85.8	3.7	9.9
Young	96.6	0.0	.8
Region 2	94.6	.5	3.4
Texas	88.3	.8	6.6

Source: Texas Education Agency, High School Completion GED Rates, 2014.

Juvenile Court Cases in JP Courts 2012-2015

County	2012-2015 Population	Transportation Code	Non-Driving Alcoholic Beverage Code	Driving Under Influence of Alcohol	Drug Paraphernalia	Tobacco	Truant Conduct	Education Code Cases	Violation of Local Daytime Curfew	All Other Non-Traffic, Fine-Only	Parent Contributing to Nonattendance	Total Alcohol, Tobacco and Drug Cases	Total All Cases
Archer	36793	279.9	443.0	40.8	111.4	19.0	13.6	0.0	0.0	38.1	2.7	614.2	948.5
Baylor	14789	115.0	6.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.8	121.7
Brown	155003	15.5	105.8	8.4	0.6	5.8	301.9	0.0	7.7	0.0	112.9	120.6	558.7
Callahan	54904	54.6	1.8	0.0	0.0	0.0	21.9	0.0	0.0	0.0	41.9	1.8	120.2
Clay	43667	158.0	412.2	0.0	0.0	0.0	128.2	0.0	0.0	11.5	0.0	412.2	709.9
Coleman	35624	0.0	78.6	0.0	0.0	0.0	36.5	0.0	0.0	0.0	0.0	78.6	115.1
Comanche	56621	144.8	63.6	17.7	0.0	3.5	102.4	0.0	0.0	0.0	123.6	84.8	455.7
Cottle	6149	0.0	81.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	81.3	81.3
Eastland	75294	58.4	83.7	15.9	0.0	0.0	53.1	0.0	0.0	0.0	5.3	99.6	216.5
Fisher	15902	0.0	25.2	0.0	25.2	6.3	106.9	6.3	0.0	0.0	56.6	56.6	226.4
Foard	5405	185.0	314.5	37.0	0.0	0.0	0.0	0.0	0.0	55.5	0.0	351.5	592.0
Hardeman	16752	6.0	47.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	47.8	53.7
Haskell	23533	4.2	0.0	0.0	0.0	0.0	46.7	0.0	0.0	0.0	0.0	0.0	51.0
Jack	36580	243.3	30.1	0.0	16.4	24.6	46.5	2.7	0.0	128.5	0.0	71.1	492.1
Jones	82703	50.8	1.2	0.0	1.2	0.0	136.6	0.0	0.0	3.6	35.1	2.4	228.5
Kent	3222	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Knox	15029	119.8	73.2	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	73.2	212.9
Mitchell	38246	232.7	26.1	0.0	0.0	0.0	277.2	0.0	0.0	0.0	65.4	26.1	601.4
Montague	80134	99.8	287.0	15.0	3.7	10.0	5.0	0.0	0.0	21.2	0.0	315.7	441.8
Nolan	61951	82.3	114.6	11.3	19.4	1.6	224.4	0.0	0.0	4.8	369.6	146.9	828.1
Runnels	42355	37.8	2.4	7.1	0.0	0.0	0.0	0.0	0.0	11.8	0.0	9.4	59.0
Scurry	69726	131.9	156.3	12.9	10.0	15.8	1,286.5	0.0	0.0	38.7	1,787.0	195.0	3,439.2
Shackelford	13773	711.5	145.2	7.3	101.6	14.5	36.3	0.0	0.0	108.9	101.6	268.6	1,227.0
Stephens	39066	115.2	10.2	10.2	0.0	2.6	2.6	0.0	0.0	0.0	0.0	23.0	140.8
Stonewall	5964	67.1	50.3	0.0	0.0	0.0	0.0	16.8	0.0	0.0	16.8	50.3	150.9
Taylor	538760	35.1	23.9	0.0	3.5	4.3	70.3	0.0	0.0	0.0	3.5	31.7	140.7
Throckmorton	6594	30.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	60.7	0.0	0.0	91.0
Wichita	530997	0.0	0.0	0.0	0.0	0.8	500.4	5.1	0.0	0.0	101.3	0.8	607.5
Wilbarger	55585	104.3	9.0	0.0	1.8	0.0	3.6	0.0	0.0	127.7	0.0	10.8	246.5
Young	75328	34.5	120.8	21.2	8.0	14.6	31.9	13.3	0.0	2.7	0.0	164.6	246.9
Region 2	2236449	103.9	90.5	6.8	10.1	4.1	114.4	1.5	0.3	21.1	94.1	111.5	446.8
*TEXAS	105611476	62.5	32.9	3.7	6.9	4.8	213.9	13.4	0.8	43.1	208.5	48.3	590.5

Source: Texas Judicial Branch, Office of Court Administration, Judicial Information.

Drug Seizures Report 2014 Per 100K

County	Marijuana / Hashish (Ounces)	Marijuana Plants, Fields, Gardens, Greenhouses	Cocaine (Ounces)	Opiates (Ounces)	Opiates (Dose Units)	Methamphetamine /Amphetamine (Ounces)	Methamphetamine /Amphetamine (Ounces)	Tranquilizer / Barbituate / Synthetic Narcotics (Ounces)	Tranquilizer / Barbituate / Synthetic Narcotics (Dose	Hallucinogens (Ounces)	Hallucinogens (Dose Units)
Archer	6.71	0.00	0.00	0.00	0.00	0.71	0.00	0.00	18.46	131.39	0.00
Baylor	3.36	0.00	0.00	0.00	1.68	0.00	0.00	0.00	95.64	3.82	0.00
Brown	652.68	0.00	0.06	1.07	204.70	146.90	1.68	0.00	1186.24	9.08	0.00
Callahan	144.30	0.00	0.00	1.91	3.36	1.74	10.07	0.00	5.03	0.00	0.00
Clay	0.00	0.00	0.00	0.36	62.08	0.59	1.68	0.00	26.85	0.97	0.00
Coleman	30.20	0.00	0.00	0.00	0.00	2.74	8.39	1.68	0.00	0.00	0.00
Comanche	65.44	0.00	0.00	0.00	0.00	5.86	1.68	0.00	0.00	0.00	0.00
Cottle	1.68	0.00	0.00	0.00	0.00	0.00	1.68	0.00	0.00	0.00	0.00
Eastland	2758.39	0.00	5.27	0.00	167.79	29.35	0.00	1.68	229.87	0.37	307.37
Fisher	0.00	0.00	0.00	0.00	0.00	0.24	0.00	0.00	0.00	0.00	0.00
Foard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hardeman	16.78	0.00	0.00	0.00	0.00	0.18	6.71	0.00	0.00	0.00	166.87
Haskell	38.59	0.00	11.31	1.54	0.00	19.88	0.00	0.00	78.86	0.00	0.00
Jack	3.36	6.71	0.00	0.00	140.94	0.30	1.68	0.00	78.86	0.00	0.00
Jones	26.85	3.36	0.00	0.00	3.36	28.44	6.71	0.00	107.38	0.00	0.00
Kent	0.00	3.36	0.00	0.00	0.00	0.18	0.00	3.36	122.48	0.00	0.00
Knox	1.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mitchell	3.36	0.00	0.12	0.00	0.00	0.12	0.00	0.00	0.00	0.00	0.00
Montague	0.00	0.00	0.00	0.00	0.00	1.30	0.00	0.00	1.68	0.00	0.00
Nolan	129.19	3.36	0.95	0.00	0.00	7.66	0.00	0.00	16.78	0.00	0.00
Runnels	23.73	0.00	0.00	1.18	30.20	7.28	18.46	0.00	25.17	4.66	0.00
Scurry	1.68	0.00	0.36	0.00	0.00	0.95	0.00	0.00	0.00	0.00	0.00
Shackelford	35.23	0.00	0.00	0.00	0.00	5.86	0.00	0.00	10.07	0.00	0.00
Stephens	3.36	0.00	0.00	0.00	1.68	2.15	0.00	0.00	83.89	0.00	0.00
Stonewall	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Taylor	620.81	0.00	27.67	0.30	135.91	217.15	578.86	0.00	4817.11	1.08	0.00
Throckmorton	3.36	0.00	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00
Wichita	1260.07	11.74	105.45	32.83	998.32	227.46	110.74	1.68	24233.22	7.86	1.50
Wilbarger	8.39	0.00	0.06	6.71	0.00	27.08	0.00	0.00	0.00	0.00	0.00
Young	38.59	0.00	0.30	0.00	0.00	3.71	50.34	0.00	0.00	0.75	0.00
Region 2	5877.75	28.52	151.54	45.89	1750.00	737.89	798.66	8.39	31137.58	159.98	475.74
TEXAS (TOTAL)	90582.06	251.17	342.08	97.75	80.54	532.48	268.37	12.15	2139.70	103.86	82.29

Source: Texas Department of Public Safety, Drug Seizures Reports by County, 2014

Depression: Medicare Chronic Conditions Prevalence%

County	All Beneficiaries (%)	Less than 65 Years (%)	65 Years and Over (%)
Archer	19.7	28.1	18.1
Baylor	20.2	27.4	18.9
Brown	18.4	34.3	14.7
Callahan	17.6	32.1	15.5
Clay	14.2	29.3	11.6
Coleman	15.2	24.8	13.9
Comanche	13.8	25.1	12.3
Cottle	14.5	25.5	12.6
Eastland	17.7	29.4	15.8
Fisher	16.4	35.6	14.1
Foard	18.6	36.2	15.7
Hardeman	17.4	25.9	15.6
Haskell	13.7	27.6	11.9

Jack	17.1	31.3	15.3
Jones	14.1	25	12.1
Kent	16.5	*	*
Knox	16.7	21.9	16.1
Mitchell	17.4	30.1	15.4
Montague	14.8	27.1	13.1
Nolan	15.7	23.7	14.2
Runnels	16.5	28.7	14.8
Scurry	16.5	25.1	15.1
Shackelford	20.8	34	19.3
Stephens	21.7	34	19.8
Stonewall	20.2	*	*
Taylor	19.3	29.8	16.9
Throckmorton	14.3	*	*
Wichita	22	37.3	18.1
Wilbarger	17.7	25.1	15.7
Young	19.5	36.4	16.8
Region 2	17.27333333	29.28888889	15.31111111
Texas	17	28.2	14.7
U.S.	16.2	28.6	13.6

Source: Depression (Medicare Beneficiaries) CMS.GOV CLC, 2014.

2016 Social Support Social Association County Health Rankings

County	Association Rate 2012	Association Rate 2013
Archer	13.7	12.7
Baylor	22.1	22.1
Brown	16.9	17
Callahan	16.3	18.5
Clay	12.3	12.4
Coleman	19.6	22.2
Comanche	15.3	13.9
Cottle	13.5	13.8
Eastland	15.7	15.3
Fisher	23.4	28.5
Foard	30.6	31.3
Hardeman	22	22.4
Haskell	18.6	20.4
Jack	15.6	17.9
Jones	12.5	14.1
Kent	23.8	37.2

Knox	29	29.2
Mitchell	9.6	9.6
Montague	16.9	16.4
Nolan	16.8	16.6
Runnels	21.1	20.4
Scurry	15.2	15.6
Shackelford	20.9	20.7
Stephens	11.6	13
Stonewall	13.6	27.9
Taylor	13.2	12.3
Throckmorton	25	25
Wichita	11.6	10.6
Wilbarger	14.3	16
Young	14.2	14.7
Region 2	17.50	18.92
Texas		7.8

Source: North American Industry Classification System, County Business Patterns, 2013 (2012 also included)

Texas Department of Criminal Justice: 2016 Prisoners per Capita

County	Number of Alcohol and Drug Inmates	Rate/100K Pop. Of Alcohol and Drug Offenders	2016 Population of Alcohol and Drug Offenders
Archer	7	75.4	9,279
Baylor	3	81.7	3,673
Brown	251	639.6	39,245
Callahan	26	187.9	13,837
Clay	46	416.6	11,041
Coleman	17	190.9	8,902
Comanche	28	195.9	14,293
Cottle	1	64.0	1,562
Eastland	101	530.4	19,043
Fisher	4	100.5	3,980
Hardeman	6	142.2	4,219
Haskell	38	646.9	5,874
Jack	8	86.9	9,207
Jones	34	161.7	21,022
Knox	5	132.1	3,786
Mitchell	24	248.8	9,646
Montague	48	236.8	20,267
Nolan	37	235.9	15,683
Runnels	22	206.7	10,646
Scurry	43	241.7	17,794
Shackelford	6	172.1	3,487

Stephens	34	345.5	9,841
Stonewall	3	201.3	1,490
Taylor	390	284.7	136,994
Throckmorton	2	121.2	1,649
Wichita	223	166.5	133,903
Wilbarger	25	176.6	14,160
Young	41	215.2	19,050
Region 2	1,473	232.4	563,573
Texas	315,280	184.1	27,305,290

Source: Texas Department of Criminal Justice, Offenders by County, 2016.

2014 Alcohol Arrests Per 100K

COUNTY	2014 POPULATION	TOTAL DUI/100K	TOTAL DRUNKENESS/100K
Archer	9,214	282.18	97.68
Baylor	3,694	81.21	162.43
Brown	38,857	380.88	172.43
Callahan	13,748	174.57	210.94
Clay	10,936	246.89	82.30
Coleman	8,907	44.91	157.18
Cottle	1,544	0.00	259.07
Comanche	14,177	359.74	204.56
Eastland	18,870	291.47	217.28
Fisher	3,976	251.51	125.75
Foard	1,353	0.00	0.00
Hardeman	4,195	309.89	357.57
Haskell	5,879	527.30	119.07
Jack	9,160	120.09	87.34
Jones	20,729	154.37	231.56
Kent	804	621.89	497.51
Knox	3,761	26.59	79.77
Mitchell	9,587	417.23	239.91
Montague	20,078	89.65	154.40
Nolan	15,531	386.32	244.67
Runnels	10,597	226.48	113.24
Scurry	17,499	251.44	234.30
Shackelford	3,448	232.02	58.00
Stephens	9,787	122.61	132.83
Stonewall	1,491	335.35	67.07
Taylor	135,167	240.44	506.78
Throckmorton	1,649	0.00	0.00

Wichita	132,994	257.15	472.95
Wilbarger	13,944	272.52	229.49
Young	18,875	291.39	439.74
Region 2	560,451	233.20	198.53
TEXAS	26,581,256	265.48	286.04

Source: Texas Department of Public Safety, Drug and Alcohol Arrests, 2014

2014 Drug Arrests Per 100K

COUNTY	2014 POPULATION	TOTAL DRUG VIOLATIONS /100K	TOTAL SALE / MANUFACTURE (SUBTOTAL)/100K	TOTAL POSSESSION (SUBTOTAL)/ 100K
Archer	9214	282.18	21.71	249.62
Baylor	3694	135.35	27.07	108.28
Brown	38857	1294.49	185.29	1062.87
Callahan	13748	414.61	138.20	254.58
Clay	10936	722.38	9.14	713.24
Coleman	8907	336.81	56.14	269.45
Comanche	14177	790.01	28.21	733.58
Cottle	1544	453.37	64.77	388.60
Eastland	18870	1277.16	84.79	1160.57
Fisher	3976	377.26	75.45	276.66
Foard	1353	0.00	0.00	0.00
Hardeman	4195	619.79	0.00	619.79
Haskell	5879	1445.82	408.23	986.56
Jack	9160	338.43	32.75	283.84
Jones	20729	448.65	164.02	260.50
Kent	804	746.27	0.00	746.27
Knox	3761	106.35	0.00	106.35
Mitchell	9587	396.37	62.58	312.92
Montague	20078	363.58	14.94	318.76
Nolan	15531	721.14	70.83	611.68
Runnels	10597	556.76	66.06	462.40
Scurry	17499	234.30	0.00	228.58
Shackelford	3448	435.03	58.00	377.03
Stephens	9787	715.23	51.09	602.84
Stonewall	1491	134.14	0.00	134.14
Taylor	135167	762.76	57.71	631.07
Throckmorton	1649	121.29	0.00	121.29
Wichita	132994	1003.80	84.21	854.93
Wilbarger	13944	322.72	0.00	294.03
Young	18875	741.72	26.49	699.34
Region 2	560451	543.26	59.59	462.33
TEXAS	26581256	570.35	63.27	461.44

Source: Texas Department of Public Safety, Drug and Alcohol Arrests, 2014

Age Group by Employment Status for the Population 16 Years and Over

County	16-19 Years Old		20-21 Years Old	
	Male Employment	Female Employment	Male Employment	Female Employment
Archer	22.81%	62.50%	35.56%	57.89%
Baylor	42.86%	0.00%	9.09%	0.00%
Brown	18.68%	57.11%	8.74%	56.91%
Callahan	25.18%	20.33%	19.80%	38.69%
Clay	30.16%	76.81%	19.44%	81.91%
Coleman	36.41%	57.89%	29.30%	76.64%
Comanche	20.62%	82.80%	19.66%	40.67%
Cottle	68.75%	72.41%	40.43%	100.00%
Eastland	18.45%	67.35%	28.99%	76.36%
Fisher	22.12%	88.10%	33.33%	63.64%
Foard	0.00%	0.00%	64.29%	0.00%
Hardeman	19.79%	57.97%	22.78%	89.47%
Haskell	10.69%	60.00%	4.82%	7.69%
Jack	24.64%	25.65%	10.60%	70.53%
Jones	11.19%	8.70%	28.31%	79.07%
Kent	65.38%	100.00%	18.18%	87.50%
Knox	14.93%	50.00%	9.18%	35.48%
Mitchell	6.64%	2.62%	11.57%	50.88%
Montague	20.26%	76.30%	22.15%	79.05%
Nolan	31.71%	70.00%	21.71%	81.58%
Runnels	11.04%	47.10%	23.95%	22.22%
Scurry	16.88%	59.68%	29.34%	55.07%
Shackelford	51.58%	58.54%	9.00%	97.62%
Stephens	13.45%	80.54%	30.00%	67.80%
Stonewall	45.16%	0.00%	0.00%	0.00%
Taylor	33.33%	55.68%	37.04%	65.16%
Throckmorton	0.00%	100.00%	33.85%	23.81%
Wichita	27.49%	50.14%	29.30%	57.42%
Wilbarger	30.75%	50.96%	17.62%	84.78%
Young	23.87%	57.09%	31.57%	67.77%

Source: U.S. Census Bureau, 2010-2014 5- Year American Community Survey

CPS Confirmed Victims of Abuse/Neglect FY 2015

County	Child Population	Confirmed Victims of Child Abuse/Neglect	Confirmed Victims of Child Abuse/Neglect per 1,000 Children	CPS Completed Investigations	Confirmed	% Confirmed
Archer	2,085	12	5.8	44	8	18.2%
Baylor	758	19	25.1	44	13	29.5%
Brown	9,180	180	19.6	352	103	29.3%
Callahan	3,234	38	11.8	128	28	21.9%
Clay	2,386	25	10.5	70	16	22.9%
Coleman	1,938	41	21.2	77	27	35.1%
Comanche	3,372	34	10.1	89	23	25.8%
Cottle	359	8	22.3	14	6	42.9%
Eastland	4,239	67	15.8	178	37	20.8%
Fisher	798	23	28.8	30	13	43.3%
Foard	254	4	15.7	8	2	25.0%
Hardeman	1,036	29	28.0	37	14	37.8%
Haskell	1,195	12	10.0	41	9	22.0%
Jack	1,926	54	28.0	79	32	40.5%
Jones	3,786	66	17.4	162	42	25.9%
Kent	168	0	0.0	5	0	0.0%
Knox	946	9	9.5	24	5	20.8%
Mitchell	1,830	29	15.8	69	15	21.7%
Montague	4,614	158	34.2	199	86	43.2%
Nolan	3,880	86	22.2	194	41	21.1%
Runnels	2,595	45	17.3	82	20	24.4%
Scurry	4,437	71	16.0	168	41	24.4%
Shackelford	815	7	8.6	24	7	29.2%
Stephens	2,280	28	12.3	85	15	17.6%
Stonewall	316	1	3.2	5	1	20.0%
Taylor	33,528	914	27.3	1,764	550	31.2%
Throckmorton	322	5	15.5	11	2	18.2%
Wichita	31,225	684	21.9	1,417	427	30.1%
Wilbarger	3,562	61	17.1	106	30	28.3%
Young	4,587	53	11.6	198	37	18.7%
Region 2	131,651	2,763	16.8	5,704	1,650	26.3%
*Texas	7,311,923	66,721	9.1	176,868	40,506	22.9%

Texas Department of Public Safety: 2014 Alcohol Violations

COUNTY	2014 POPULATION	TOTAL ALCOHOL VIOLATIONS/100K	TOTAL LIQUOR LAWS/100K
Archer	9,214	434.12	54.27
Baylor	3,694	243.64	0.00
Brown	38,857	571.33	18.01
Callahan	13,748	647.37	261.86
Clay	10,936	338.33	9.14
Coleman	8,907	224.54	22.45
Cottle	1,544	323.83	64.77
Comanche	14,177	648.94	84.64
Eastland	18,870	593.53	84.79
Fisher	3,976	402.41	25.15
Foard	1,353	0.00	0.00
Hardeman	4,195	667.46	0.00
Haskell	5,879	663.38	17.01
Jack	9,160	207.42	0.00
Jones	20,729	443.82	57.89
Kent	804	1119.40	0.00
Knox	3,761	106.35	0.00
Mitchell	9,587	698.86	41.72
Montague	20,078	249.03	4.98
Nolan	15,531	740.45	109.46
Runnels	10,597	358.59	18.87
Scurry	17,499	600.03	114.29
Shackelford	3,448	348.03	58.00
Stephens	9,787	306.53	51.09
Stonewall	1,491	469.48	67.07
Taylor	135,167	753.88	6.66
Throckmorton	1,649	0.00	0.00
Wichita	132,994	760.18	30.08
Wilbarger	13,944	502.01	0.00
Young	18,875	741.72	10.60
Region 2	560,451	472.16	40.43
TEXAS	26,581,256	600.47	48.95

Source: Texas Department of Public Safety, Alcohol Arrests, 2014.

Texas Department of Public Safety: Juvenile, Adult and Total Alcohol Arrests, 2014

Report Area	Juvenile	Juvenile	Adult	Adult2	Total	Total2
	DUI (#)	DUI/100K	DUI (#)	DUI/100K	DUI (#)	DUI/100K
Archer	0	0	26	282.1792924	26	282.1792924
Baylor	1	27.0709258	2	54.14185165	3	81.21277748
Brown	1	2.57353887	147	378.3102144	148	380.8837532
Callahan	1	7.27378528	23	167.2970614	24	174.5708467
Clay	0	0	27	246.8910022	27	246.8910022
Coleman	0	0	4	44.90849893	4	44.90849893
Cottle	0	0	51	359.7376032	51	359.7376032
Comanche	0	0	0	0	0	0
Eastland	1	5.29941706	54	286.1685215	55	291.4679385
Fisher	0	0	10	251.5090543	10	251.5090543
Foard	0	0	0	0	0	0
Hardeman	0	0	13	309.8927294	13	309.8927294
Haskell	0	0	31	527.3005613	31	527.3005613
Jack	0	0	11	120.0873362	11	120.0873362
Jones	0	0	32	154.3731005	32	154.3731005
Kent	0	0	5	621.8905473	5	621.8905473
Knox	0	0	1	26.58867323	1	26.58867323
Mitchell	0	0	40	417.2316679	40	417.2316679
Montague	0	0	18	89.65036358	18	89.65036358
Nolan	0	0	60	386.3241259	60	386.3241259
Runnels	0	0	24	226.4791922	24	226.4791922
Scurry	0	0	44	251.4429396	44	251.4429396
Shackelford	0	0	8	232.0185615	8	232.0185615
Stephens	0	0	12	122.6116277	12	122.6116277
Stonewall	0	0	5	335.3454058	5	335.3454058
Taylor	0	0	325	240.4433035	325	240.4433035
Throckmorton	0	0	0	0	0	0
Wichita	2	1.50382724	340	255.6506309	342	257.1544581
Wilbarger	0	0	38	272.518646	38	272.518646
Young	0	0	55	291.3907285	55	291.3907285
Region 2	6	1.45738314	1406	231.746108	1412	233.2034912
TEXAS	434	1.63272947	70135	263.8513395	70569	265.4840689

Suicide Death Rate: 1999-2013

County	All Ages Number	Rate per 100K
Archer	11	8.1
Baylor	7	11.8
Brown	79	13.8
Callahan	32	15.9
Clay	23	13.9
Coleman	17	12.7
Comanche	23	10.9
Cottle	2	
Eastland	35	12.7
Fisher	6	9.7
Foard	1	
Hardeman	4	

Haskell	18	20.5
Jack	14	10.6
Jones	62	20.4
Kent	3	
Knox	2	
Mitchell	18	12.5
Montague	63	21.4
Nolan	34	14.8
Runnels	19	11.5
Scurry	29	11.7
Shackelford	3	
Stephens	32	22.2
Stonewall	2	
Taylor	251	13
Throckmorton	3	
Wichita	283	14.4
Wilbarger	25	11.8
Young	44	16.1
Region 2	1,145	14.1
Texas	37,658	10.7

Psychiatric Hospital Discharges and Costs

County	Total Discharges	Rate per 1,000	Average Costs
Archer	24	2.6	14,697
Baylor	18	4.8	11,132
Brown	243	6.3	12,571
Callahan	72	5.2	9,651
Clay	48	4.4	10,271
Coleman	47	5.3	1,091
Comanche	36	2.6	13,056
Cottle	c	c	c
Eastland	116	6.2	17,375
Fisher	11	2.8	16,762
Hardeman	10	2.4	11,113
Haskell	11	1.9	c
Jack	43	4.6	14,422
Jones	59	2.9	15,997
Kent	c	c	c
Knox	15	4.2	12,803
Mitchell	24	2.6	24,894
Montague	117	5.8	15,068
Nolan	93	6.3	12,233

Runnels	59	5.8	12,754
Scurry	50	2.9	10,178
Shackelford	15	4.4	c
Stephens	64	6.6	17,492
Stonewall	7	4.8	c
Taylor	949	7.2	19,054
Throckmorton	c	c	c
Wichita	959	7.3	13,235
Wilbarger	53	4	11,522
Young	80	4.3	1,473
Region 2	3223	4.546153846	12,993
Out of State	5492	-	2,396
TOTAL U.S.	1501170	4.8	6,388
SOUTH U.S.	541121	4.6	4,864

Teen Birth Rates 2005-2012

County	15 to 17	18 to 19	Total Teen Births	Total All Births	2005-2012 Female Pop. 15-19	2005-12 Teen Birth Rate (per 1000)	2005-12 Teen Births (% of All Births)
Archer	17	59	76	641	2,624	28.96	11.9%
Baylor	22	40	62	343	1,097	56.52	18.1%
Brown	181	429	610	3700	10,608	57.50	16.5%
Callahan	46	97	143	1132	3,976	35.97	12.6%
Clay	23	82	105	805	3,220	32.61	13.0%
Coleman	55	108	163	792	2,298	70.93	20.6%
Comanche	92	170	262	1422	3,974	65.93	18.4%
Cottle	4	17	21	114	419	50.12	18.4%
Eastland	89	204	293	1753	5,096	57.50	16.7%
Fisher	23	40	63	313	1,138	55.36	20.1%
Foard	7	11	18	103	460	39.13	17.5%
Hardeman	32	37	69	409	1,187	58.13	16.9%
Jack	34	86	120	781	2,292	52.36	15.4%
Jones	82	191	273	1460	4,526	60.32	18.7%
Kent	2	5	7	46	197	35.53	15.2%
Knox	21	43	64	389	1,233	51.91	16.5%
Mitchell	45	116	161	819	1,951	82.52	19.7%
Montague	81	216	297	1950	5,072	58.56	15.2%
Nolan	136	239	375	1766	4,342	86.37	21.2%
Runnels	61	106	167	1031	2,988	55.89	16.2%
Scurry	149.00	247.00	396.00	2,049.00	4,300.00	92.09	0.19
Shackelford	11	32	43	289	1,106	38.88	14.9%

Stephens	48	109	157	952	2,453	64.00	16.5%
Stonewall	5	7	12	109	348	34.48	11.0%
Taylor	725	1675	2400	16692	35,675	67.27	14.4%
Throckmorton	4	7	11	116	439	25.06	9.5%
Wichita	691	1532	2223	14817	37,498	59.28	15.0%
Wilbarger	99	181	280	1553	3,913	71.56	18.0%
Young	82	239	321	1923	4,949	64.86	16.7%
Region 2	2867	6325	9192	58269	149,379	55.50	16.3%
"TEXAS"	135444	260743	396187	3144598	7,256,605	54.60	12.6%

Texas Department of Transportation: Crashes and Injuries Report 201-2015

County	Total Crashes	Crashes per 100K	Fatalities	Fatalities per 100K
Archer	93	169.22	7	12.74
Baylor	29	130.46	4	17.99
Brown	249	107.61	6	2.59
Callahan	81	98.7	6	7.31
Clay	68	104.24	5	7.66
Coleman	92	172.21	4	7.49
Comanche	88	103.99	3	3.54
Cottle	4	43.63	1	10.91
Eastland	105	93.32	12	10.66
Fisher	39	163.5	3	12.58
Foard	6	74.26	1	12.38
Hardeman	18	71.87	1	3.99
Haskell	41	116.06	3	8.49
Jack	50	93.39	4	7.31
Jones	86	69.77	13	10.55
Kent	11	227.46		
Knox	25	111.22	6	26.69
Mitchell	49	85.81	7	12.26
Montague	125	104.44	6	5.01
Nolan	115	124.37	5	5.41
Runnels	65	102.54	11	17.35
Scurry	100	96.42	12	11.57
Shackelford	32	155.75	3	14.6
Stephens	63	107.92	3	5.14
Stonewall	13	145.33	6	67.08
Taylor	899	112.01	31	3.86
Throckmorton	10	101.26		
Wichita	735	92.56	25	3.15
Wilbarger	77	93.03	10	12.08
Young	87	77.32	4	3.55
Region 2	3455	111.65	202	11.56

Texas	149108	95.43	6241	3.99

Youth Served in the Juvenile Delinquency Prevention Programs FY2015

County	2015 Youth Population	STAR*	CYD**	SYSN***	Total	Youth Served Per 1,000 Youth
Archer	2,085	3	0	0	3	1.44
Baylor	758	6	0	0	6	7.92
Brown	9,180	27	0	15	42	4.58
Callahan	3,234	0	1	0	1	0.31
Clay	2,386	0	0	0	0	0.00
Coleman	1,938	56	0	0	56	28.90
Comanche	3,372	24	0	0	24	7.12
Cottle	359	9	0	0	9	25.07
Eastland	4,239	11	0	0	11	2.59
Fisher	798	2	0	0	2	2.51
Foard	254	6	0	0	6	23.62
Hardeman	1,036	24	0	0	24	23.17
Haskell	1,195	7	0	0	7	5.86
Jack	1,926	1	0	5	6	3.12
Jones	3,786	49	0	7	56	14.79
Kent	168	2	0	0	2	11.90
Knox	946	11	0	0	11	11.63
Mitchell	1,830	35	0	0	35	19.13
Montague	4,614	0	0	0	0	0.00
Nolan	3,880	58	0	0	58	14.95
Runnels	2,595	11	0	0	11	4.24
Scurry	4,437	39	0	0	39	8.79
Shackelford	815	0	0	0	0	0.00
Stephens	2,280	1	0	0	1	0.44
Stonewall	316	2	0	0	2	6.33
Taylor	33,528	316	0	117	433	12.91
Throckmorton	322	9	0	0	9	27.95
Wichita	31,225	56	0	126	182	5.83
Wilbarger	3,562	104	0	37	141	39.58
Young	4,587	5	0	0	5	1.09
Region 2	131,651	874	1	307	1,182	10.52
*Texas	7,311,923	24,097	16,526	4,198	44,821	6.13

Chronic Disease Death Rates 199-2014

County	1999-2014 Population	Malignant Neoplasms (Cancer) Deaths	Malignant Neoplasms (Cancer) Age Adjusted Death Rate	Cardiovascular Disease Deaths	Cardiovascular Disease Age Adjusted Death Rate	Respitory Disease Deaths	Respitory Disease Age Adjusted Death Rate	Chronic Disease Combined Average Age Adjusted Death Rate
Archer	142598	250	144.67	427	259.44	104	62.49	155.53
Baylor	61349	230	221.88	336	295.83	133	118.78	212.16
Brown	606649	1593	203.51	2764	342.19	945	117.8	221.17
Callahan	211907	607	211.18	884	316.09	266	93.05	206.77
Clay	174701	411	180.49	638	299.92	168	76.27	185.56
Coleman	141720	453	198.44	693	293.72	362	149.15	213.77
Comanche	220405	642	196.26	1106	319.34	292	83.59	199.73
Cottle	25884	87	198.84	129	259.23	25	50.65	169.57
Eastland	294371	910	209.06	1552	338.61	534	116.8	221.49
Fisher	65306	193	180.97	366	321.5	97	86.03	196.17
Foard	22867	50	133.42	157	349.83	21	49.65	177.63
Hardeman	69347	172	166.9	266	239.03	75	71.46	159.13
Haskell	94631	302	193.03	573	320.6	128	77.32	196.98
Jack	143324	313	193.04	513	328.28	132	83.84	201.72
Jones	323574	667	188.73	1192	336.55	353	100.04	208.44
Kent	12934	45	184.04	100	345.81	26	90.57	206.81
Knox	62092	186	186.31	331	292.18	97	85.69	188.06
Mitchell	150429	321	194.19	579	341.67	236	140.02	225.29
Montague	312062	938	207.34	1731	370.45	510	107.21	228.33
Nolan	242553	633	204.85	1099	344.81	361	113.11	220.92
Runnels	171699	486	191.32	825	293.4	221	81.01	188.58
Scurry	264624	557	184.41	727	239.03	293	95.55	173.00
Shackelford	53357	159	214.43	233	305.23	59	77.48	199.05
Stephens	151869	426	205.3	697	323.83	175	80.99	203.37
Stonewall	23752	84	195.92	147	303.37	42	81.77	193.69
Taylor	2066707	3967	188.05	6806	316.73	1919	89.71	198.16
Throckmorton	27026	75	170.75	119	252.94	46	93.5	172.40
Wichita	2099668	4352	202.66	6761	314.26	2086	96.79	204.57
Wilbarger	220625	536	198.88	1115	371.18	246	85	218.35
Young	289850	848	205.01	1485	338.76	517	118.66	220.81
Region 2	8747880	20493	191.796	34351	312.4603333	10469	92.466	198.91
*Texas	378210023	566588	173.5	854814	275.31	237770	77.25	175.35

Source: Chronic Disease Death Rates, CDC, 1999-2014

Appendix C

More than 45% of Teens have used before graduating high school

Marijuana can be ADDICTIVE

"25-50% of people who use it everyday, become addicted to marijuana"

Marijuana use behind the wheel impairs driving

Marijuana-related traffic deaths increased 92% from 2010-2014 in Colorado

It AFFECTS the BRAIN

"marijuana use leads to impaired short-term memory, perception, judgement and motor skills"

Regular marijuana use is associated with PSYCHOLOGICAL EFFECTS

this includes depression, anxiety, suicidal thoughts, and personality disturbances

Marijuana use continues to RISE

marijuana use now surpasses tobacco use among youth

The Texas School Survey of Drug and Alcohol Use

collects self-reported tobacco, alcohol, and substance use data among students (grades 7-12) in Texas public schools on an annual basis. The survey is sponsored by the Texas Department of State Health Service (DSHS) and administered by the Public Policy Research Institute (PPRI).

Overview

★ Anonymous survey asks about variety of substances and related behaviors
★ Generates statewide, regional, district, and campus reports for prevention efforts
★ Takes one class period to complete
★ Offered on paper or online in English/Spanish

How will the survey benefit my school?

★ **Provides data UNIQUE to YOUR campus!** Schools have the opportunity to receive a campus level report detailing survey findings, which are useful for informing and developing:
    ★ Grant applications
    ★ School board presentations
    ★ Campus improvement plans
    ★ District programs

How do I participate?

1. **Determine if your school was selected in the state sample*.** Contact PPRI at 979-862-3437 to find out! **PPRI randomly selects and recruits about 20% of Texas public schools to participate in the statewide assessment during the spring of even-numbered years. As part of participation, these schools receive a $500 payment, campus level report, and all survey materials at no cost. Non-state sampled schools have the opportunity to participate for a fee.*

2. **Register your school using the web-based enrollment form:** *http://www.texasschoolsurvey.org*
    a. **Select a Survey Coordinator.** This person will serve as the school point of contact for PPRI.
    b. **Choose a date.** Select a date from December through the last day of school.
    c. **Select a survey mode.** Either standard paper pencil method or online.

3. **Discuss the administration process with a PPRI representative.** PPRI Project Coordinators, Allison Seibert and Shannon Peairson, will contact you within 3 business days to discuss the next steps.

More information can be found on our website, http://www.texasschoolsurvey.org, or contact PPRI by phone or email using the information below.

Public Policy Research Institute

3833 Texas Avenue S., Bryan, TX 77802-4476
Phone: 979-862-3437

Web: *http://www.texasschoolsurvey.org*
Email:

IRB NUMBER: IRB2005-0396F
IRB APPROVAL DATE: 07/15/2015
IRB EXPIRATION DATE: 05/01/2016

How do I participate?

1. **Determine if your school was selected in the state sample.** Contact PPRI at 979-862-3437 to find out!

2. **Register your school using the web-based enrollment form:** http://www.texasschoolsurvey.org.

3. **Classroom selection.** Number of classrooms depends on campus size. No student identifiers are ever requested.

4. **Incentives for participation.** Includes campus level report with statewide comparison data and a $500 payment (for schools selected in the state sample).
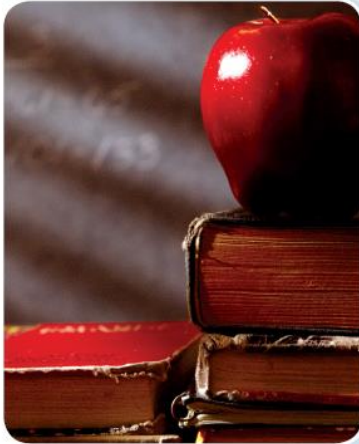
Product	Description	Cost
Survey Materials	Paper or online in English or Spanish with administration instructions	FREE for schools in state sample; for all other schools-$200 base fee plus $1.25 per student (paper) or $0.50 per student (online)
Complete Report	Executive Summary, Campus and State Level Results	Included in participation
Custom Survey Questions	Maximum of 30	$300 base fee plus $10 per question
District Level Analyses	Complete report at district level	Contact PPRI for a quote
Additional Data Analyses	Custom report	Contact PPRI for a quote

Shannon Peairson & Allison Seibert
Texas School Survey Coordinators

Public Policy Research Institute
3833 Texas Avenue South
Bryan, Texas 77802, Suite 130

E-mail: texasschoolsurvey@dshs.state.tx.us
Phone: (979) 862-3437   Fax: (979) 845-0249

http://www.texasschoolsurvey.org

The Texas School Survey of Drug and Alcohol Use

The Texas School Survey collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Department of State Health Service (DSHS) and administered by the Public Policy Research Institute (PPRI).

DRINKING & LIFE

## How Drinking Influences Life

A B C D E

YOUTH'S FAVORITE

Alcohol is the most widely used substance among youth.

Alcoholic beverage sales to minors are on the rise. In 2012, SAMHSA reported 2% of adolescents receiving substance abuse treatment for alcohol. The Texas School Survey reports 1.2% of parents strongly approve of kids their age drinking alcohol.
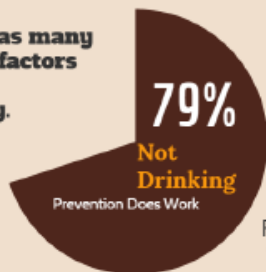
Beer, Wine, and Spirits
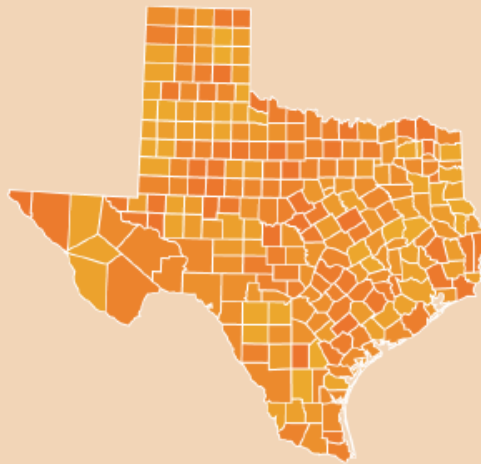
Preferences differ slightly among regions

- According to the TSS, of all students grades 7th - 12th 30% indicated it would be "very easy" for them to access alcohol.

- 13% of students within Region 1 & 2 reported as "always" having alcohol at parties.

- Region 1 & 2 exceed state percentages by reporting 56% of students believe alcohol to be "very dangerous".

Region 2 has many protective factors within the community.

79%
Not Drinking
Prevention Does Work

Prevention Resource Center, Region 2
104 Pine St. Suite 3 Abilene, TX 79601
325-673-3503

Because adolescents are still developing, the effects of alcohol could be more damaging than suspected. If adolescent males wreck their cars under the influence of alcohol, insurance agents may have to increase policy premiums for all customers due to the high rate of wrecks.

Glossary of Terms

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

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