Regional Needs Assessment

REGION 2: ABILENE REGIONAL COUNCIL PREVENTION RESOURCE CENTER

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Executive Summary

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

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

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

Main key findings from this assessment include:

<u>Demographics:</u> Region2 is generally made up of middle-aged to older adults. Approximately 49% of our population are ages 25-65+. Ethnicity is dominated by Anglos however there is a growing Hispanic and "Other Races" in our area. Our overall population has increased since 2016.

<u>Socioeconomics:</u> The average medium income reports lower than state percentages. Although we hold a low unemployment rates, our region reports to have a high percentage of single-parent households, children in poverty, and households with public assistance and food stamps.

<u>Consumption:</u> Methamphetamines, marijuana, tranquilizers and synthetic narcotics are the most seized substances taken off the streets by law enforcement in our reported area from 2015-2017. Alcohol and marijuana are the most consumed substances among high school and college aged students within our region. There is also a high rate of prescriptions being issued to residents of our area.

<u>Consequences:</u> Child abuse, family violence, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. Most individuals seeking treatment are in need of services related to methamphetamine, alcohol, or marijuana use.

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

Prevention Resource Centers

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 (PRC) are a program funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and misuse, and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions (see Figure 1) to provide support to prevention providers located in their region with substance use data, trainings, media activities, and regional workgroups.

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

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

Our Regions

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



How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual

regional needs assessment. These resources and information provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Conceptual Framework of This Report

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

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus of prevention efforts on adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. ¹

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

Epidemiology: The WHO describes epidemiology as the "study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems." This definition provides the theoretical framework through which this assessment discusses the overall impact of substance use and misuse. Through this lens, epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA) establishes epidemiology to identify and analyze community patterns of substance misuse as well as the contributing factors influencing this behavior. SAMHSA adopted an epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.

Socio-Ecological Model: The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.² Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and

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

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

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

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

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a substance use disorder. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).³

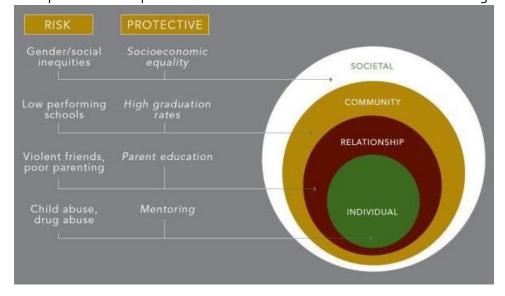


Figure 2. Examples of risk and protective factors within the domains of the Socio-Ecological Model

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

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

Consumption Patterns

For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption, such as the Texas School Survey of Drug and Alcohol Use (TSS)⁴, the Texas Youth Risk Surveillance System (YRBSS)⁵, and the National Survey on Drug Use and Health (NSDUH)⁶, consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three categories of consumption patterns are used in the TSS to elicit self-reports from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

Due to its overarching and historical hold on the United States, there exists a plethora of information on the evaluation of risk factors that contribute to Alcohol Use Disorder (AUD). According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the United States, for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder (presented in descending order by prevalence rates). When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process.

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

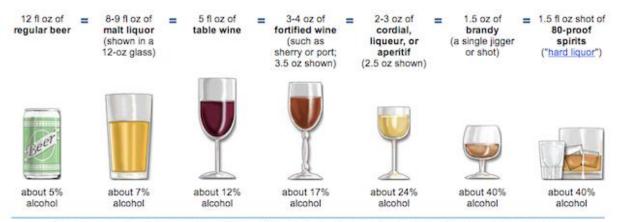
⁴ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 State Report. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.

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

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

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

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



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

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

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly associated with SUDs, the most severe of SUDs being addiction, typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*. 9

The consequences associated with SUDs tend to be developmentally, culturally, and contextually dependent and the measurement and conceptualization of such associations has proven to be quite difficult for various reasons, including the fact that consequences are not always caused or worsened by substance use or misuse. ¹⁰ Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

Audience

Potential readers of this document include stakeholders from a variety of disciplines: substance use prevention and treatment providers; medical providers; school districts and higher education;

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

substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields, each yielding specialized genres of professional terms and concepts related to substance misuse and substance use disorders prevention, a glossary of key concepts can be found in Appendix A of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in Appendix B.

Introduction

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

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

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

Our Audience

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

Purpose of This Report

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

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

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

Figure 4. Strategic Prevention Framework (SPF)



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

Methodology

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

Specifically, this Regional Needs Assessment can serve in the following capacities:

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

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2017 and May 30, 2018. The state evaluator met with the regional evaluators at a statewide conference in September 2017 to discuss the expectations of the regional needs assessment for the fourth year.

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

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

Qualitative Data Selection

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

Focus Groups

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

Interviews

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

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

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

Surveys

Occasionally, organizations approach the PRC asking for guidance to construct and administer surveys in order to collect information about how their adolescents perceive and consume AOD. All survey questions are either copied from tools that have been tested and vetted or they are subjected to rigorous testing through focus groups or other research methods. Many of the questions used by the PRC originate from the following survey tools:

- 40 Developmental Assets Survey
- Youth Risk Behavior Surveillance System
- Monitoring the Future
- Texas School Survey

Longitudinally Presented Data

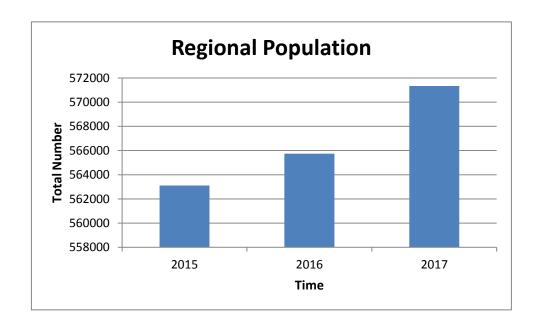
In an attempt to capture a richer depiction of possible trends in the data presented in this needs assessment, data collection and reporting efforts consist of multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but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

Regional Demographics

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

Population

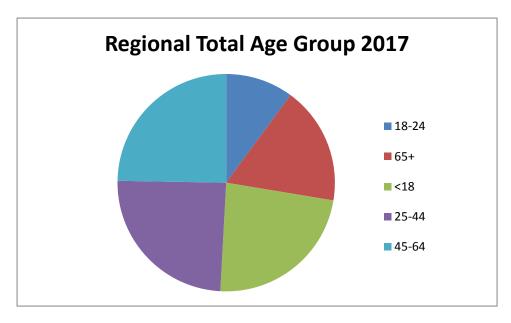
The Texas Demographic Center, Texas Populations Projections Program produces a biannual projections report of all counties for the state of Texas. This report includes totals for state by age, sex, and race/ethnicity. These projections are utilized extensively by public and private entities across the state. Our area has had a continuous increase in residents for the past three years. In 2015 our regional population was 563,104; in 2016 it was projected to be 565,743, and in 2017 the population was 571,340 residents. County level population projections may be found in Appendix A as Table 1.



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

Age

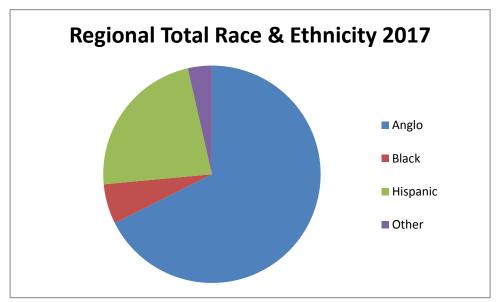
The Texas State Data Center organizes the total population into certain age groupings. The categories are <18, 18-24, 25-44, 45-64 and 65+ years old. The following are estimated totals for each age category over the three year time period: <18=130,000; 18-24=59,000; 25-44=136,000; 45-64=140,000; 65+=95,000. The Region 2 totals for each age group appear to follow similar trend overtime. Over the last three years (2015-2017), the age group 18-24 is the smallest group while 45-64 is the largest, followed closely by those 25-44. The middle age group in terms of overall size would be those less than 18 years old while those 65+ years and older make up the second to lowest reported totals. The following chart reports the total number for the each age group for 2017 (<18=132,625; 18-24=57,505; 25-44=139,264; 45-64=141,026; 65+=100,026). County level data for Total Age Groups in 2017 may be found in Appendix A Table 2.



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

Race/Ethnicity

Our region has a large population of Anglos followed by Hispanics, African Americans and lastly any Other race or ethnicity. This trend is consistent from 2015-2017. The estimated totals for this three year period report as: Anglos at 390,000; Hispanics at 120,000; African Americans at 33,000; Others at 18,000. The following chart describes regional totals for race and ethnicity for 2017 (Anglos=386,123; Black=33,943; Hispanic=130,872; Other=20,402). County level Race and Ethnicity in 2017 may be found in Appendix A Table 3.



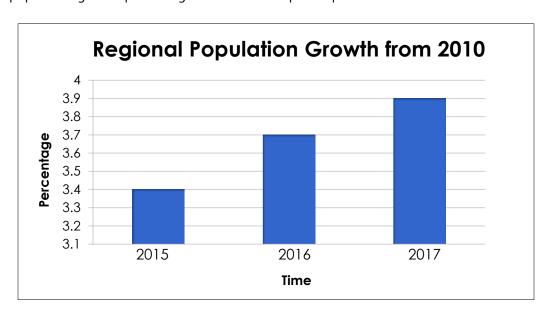
Source: Texas Demographic Center, Texas Population Projections Program, 2015-2017.

Concentrations of Populations

Region 2 is generally described as rural, yet there are few areas considered urban. Abilene, considered urban, is centrally located in our region in Taylor County (estimated total population in 2017 is 136,730). Taylor County has had continuous residential growth and is the largest city within our reported area. Wichita Falls is located in the northern section of our region bordering the Texas and Oklahoma Stateline in Wichita County (estimated total population in 2017 is 132,676). Although the total population of Wichita County is slightly lower than numbers reported in 2016, this city is the second largest urban concentration. Lastly, Brownwood is located in the southern part in Brown County (estimated total population is 39,995 in 2017) and is the third largest urbanized populated area. Estimated total population data is reported by the Texas State Data Center, Texas Population data for 2015-2017.

Population Growth Estimate

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



Source: Texas Demographic Center, Population Estimates and Projections Program, 2010-2017.

Languages

According to the U.S. Census American Community Survey, English Language Proficiency 2016 data, English is the primary language spoken within our region. This follows trend since 2013. Spanish is also commonly used as a primary language for some and very useful to others as a second language. Other

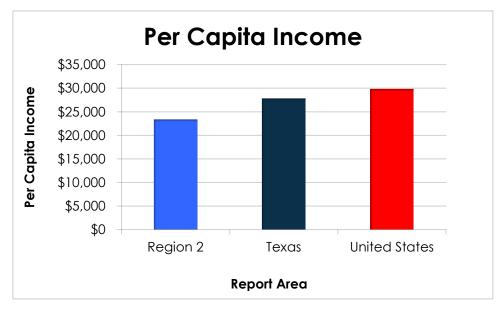
languages such as Indo-European, Asian and Pacific Islander, as well as other undefined languages are languages also used in a few counties throughout our region.

General Socioeconomics

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

Per Capita Income

The U.S. Census Bureau collects information regarding a county average rate of income. Per capita income is useful data since it measures the resident's average amount of income for a particular year. It is calculated by dividing the area's total income by its population. According to the Community Commons (a data tool of the U.S. Census) **Region 2 has had an estimate average per capita income of \$23,357 from 2012-2016.** This data for the region reports lower than the Texas average at \$27,828 and the U.S. average per capita income at \$29,829 for the same years. *County level data for Per Capita Income may be found in Appendix A Table 4.*

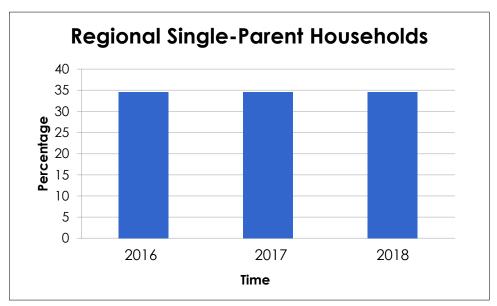


Source: Community Commons, 5-year estimate per capita income, 2012-2016.

Household Composition

The County Health Rankings Model provides communities with a profile of mortality and morbidity. Single-parent households are included in this report and defined as a percentage of children that live in a household headed by a single parent. The following data is calculated by taking the number of single-parent households dividing it by the total number of households then multiplying it by 100. This

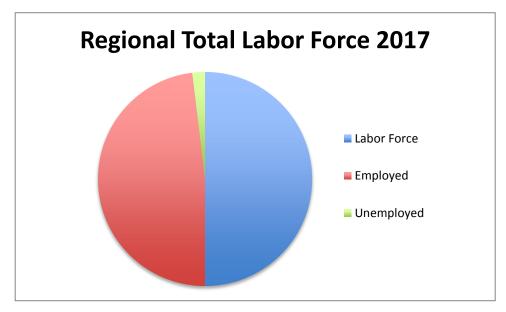
calculates a percentage of single-parent households for each county within the reported area. The following chart reports the total percentage of single-parent households for the entire region over a three-year period. As the data reports, single-parent households have remained constant within our region during this reported time period. County level data for Single-Parent Households for 2016-2018 may be found in Appendix A Table 5.



Source: County Health Rankings and Roadmaps, Single-parent households, 2016-2018.

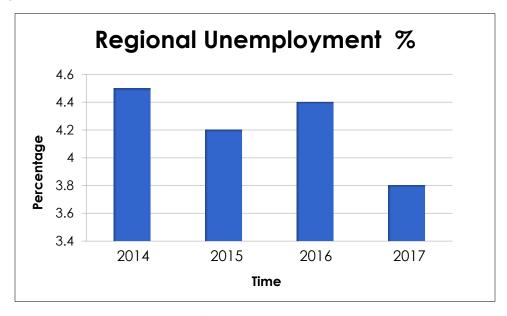
Employment

The U.S. Department of Labor keeps record of local area labor force statistics. The U.S. Department of Labor contains several terms and definitions. Labor force is defined as the total number of people able to work; employed is the total number of people employed; unemployed is the total number of people unemployed, and unemployed % is defined as the unemployed divided by the labor force. The following data is a total number for the labor force in our region. In 2017, there were a total of 237,371 in our total Labor Force, 228,275 Employed, and 9,096 people Unemployed. The total number of those employed from 2014-2017 is higher than the total number of those unemployed. The following chart reports the total labor force of the region for 2017. County level total numbers for labor force, employed and unemployed may be found in Appendix A Table 6.



Source: United States Department of Labor, Employment % Unemployment Data, 2014-2017.

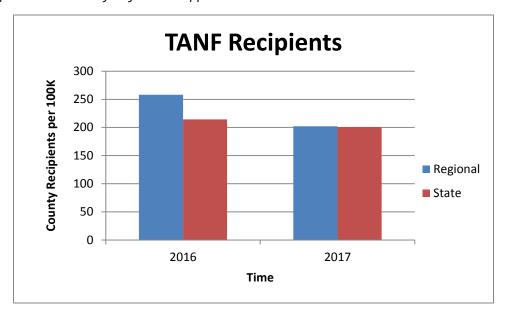
The chart below is from the same statistical survey reporting the total percent of unemployed persons over the same time period, 2014-2017. The data reports our region's unemployment percentage decreasing from 2014-2015, increasing between the years 2015-2016, and then decreasing again from 2016-2017 across our region. County level data for the total number unemployed and total unemployment percentage for 2013-2016 is available in Appendix A Table 7.



Source: United States Department of Labor, Employment % Unemployment Data, 2014-2017.

TANF Recipients

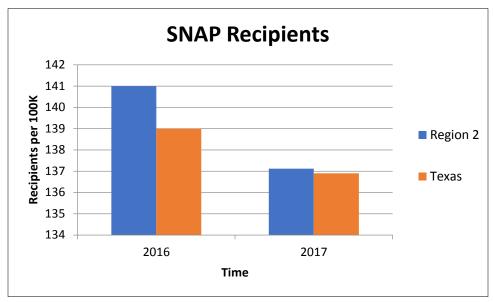
Their purpose is to provide financial and medical assistance to children in need and/or for the parents or relatives of whom they reside. The Texas Health and Human Service Commission record the number of recipients for this benefit in our local counties; a recipient rate is then calculated for each county. The following data reports the regional rate of recipients per 100k compared to our state rate of recipients for the last two years. Region 2 reported a rate of 216 in 2015; the state had a higher rate of recipients in 2015 at 233.9. In 2016 our region reported a higher rate of recipients at 202; the state reported a lower rate at 227.61 for the same year. This indicator data is important since it reports the need of financial and medical assistance among families within our area. County level for total recipients and recipients per 100K data may be found in Appendix A Table 8.



Source: Texas Health and Human Service Commission, TANF Basic and State Program, 2016-2017.

Food Assistance Recipients

The Health and Human Services Commission altered the method of reporting food stamp recipients beginning in September 2014. Numbers reported will now reflect the number of SNAP recipients which is then calculated into recipients per capita based on the population of those who receive benefits (SNAP benefits per 100K). The chart below reports a comparison of regional and state SNAP recipients in 2016 and 2017. Region 2 reported to have a rate of 141 in 2016, and the state of Texas had a rate of 139 in the same year. Both the regional rate and state rate of recipients decreased for 2017. In 2017 Region 2 had a reported rate of 137.12 recipients, and Texas had a rate of 136.9 SNAP recipients. County level data for number of SNAP recipients in 2016 and 2017 may be found in Appendix A Table 9.

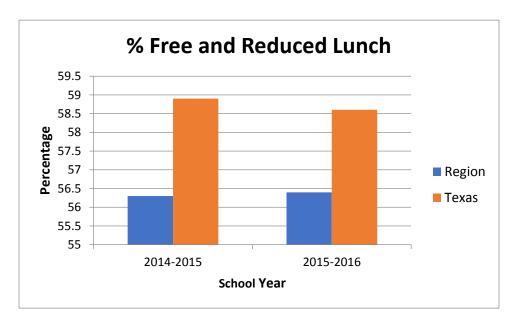


Source: Texas Health and Human Service Commission, SNAP Recipients, 2014-2017.

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 13 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which studnts can be charged no more than 40 cents.

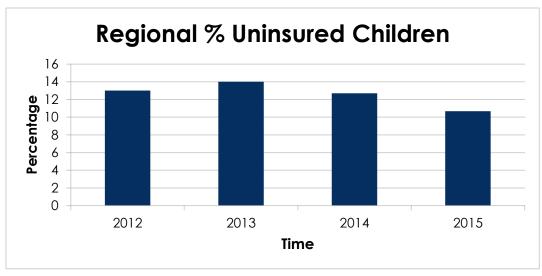
Total student counts and counts for students eligible for free and reduced-price lunches are acquired for the school year 2015-2016 from the NCES Common Core of Data (CCD) Public School Universe Survey. School-Level data is summarized to the county, state, and national levels for reporting purposes. In the 2015-2016 school year, our region reported that 56.4 percent of the student population received the school meal benefit while Texas reported 58.6 percent of the total student population is eligible to receive the school meal benefit. The chart below reports a comparison of regional and state free and reduced lunch recipients for the school years 2014-2015 and 2015-2016. The regional recipients increased slightly from 2014-2015 to 2015-2016, and the state percentages decreased in the same time span. County level data for free/reduced lunch recipients for 2014 and 2015 available in Appendix A Table 10.



Source: National Center for Education Statistics, Free and Reduced Lunch, 2014-2016.

Uninsured Children

The Kids Count Data Center, a project of the Annie E. Casey Foundation, utilizes data from the U.S Census Bureau regarding children who are not insured. Children from ages o-18 are included in this dataset, and percentages are regarded as the number of uninsured children compared to the total number of children within the reported county. The total number and total percentage of uninsured children has fluctuated slightly from 2012-2015 within our area with the lowest reported percentage in 2015. Region 2 had a total number of uninsured children in the following reported years: in 2012 there were 17,381; in 2013 there were 18,000; in 2014 there were 16,587, and in 2015 there were 13,972 uninsured children. The total percentages for our region for the years of 2012-2015 are: in 2012 there were 13%; in 2013 there were 14%; in 2014 there were 12.7%, and in the 2015 there were 10.68% uninsured children. This indicator data is important since uninsured children may not have the general access to health care as they would need. Uninsured children could be a reflected of a need for healthcare for the population at hand. The following chart reflects the percentages of uninsured children from 2012-2015 in our region. County level data for total number and percentages of uninsured children may be found in Appendix A Table 11.



Source: U.S.Census Bureau, Kids Count Data Center, 2012-2016.

Environmental Risk Factors

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

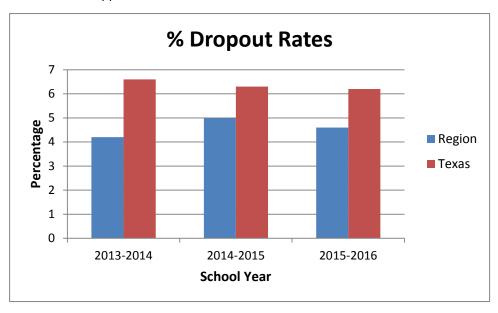
Education

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

Dropout Rates

Students in Region 2 are described to be mostly graduating on time in a four-year period. The Texas Education Agency prepares data regarding each cohort in a graduating class. The following information includes all students from each county in Region 2 in the 2014, 2015 and 2016 graduating cohort. A four-year longitudinal dropout rate is the percentage of students from the same class who drop out before completing their high school education. Students who enter the Texas public school system over the years are added to the class, and students who leave the system for reasons other than graduating such as receiving a General Educational Development (GED) certificate, dropping out, or those who could not be tracked from year to year are subtracted. Dropouts are counted the years they drop out. A dropout is defined as a student who is enrolled in a public school in Grade 7-12 who does not return to public school the following fall, is expelled, and does not: graduate, receive a GED, continue school outside the public school system, begin college, or is deceased. Data describes Region 2's dropout rates as much lower than the statewide average dropout rate over a three academic-year period.

Although there is some decrease between2015 and 2016 cohorts, when considering only the regional average, our area's dropout rates are still considerably low. County level dropout rates for 2014-2016 are available in Appendix B Table 12.



Source: Texas Education Agency, Annual Dropout Rates, 2014-2016.

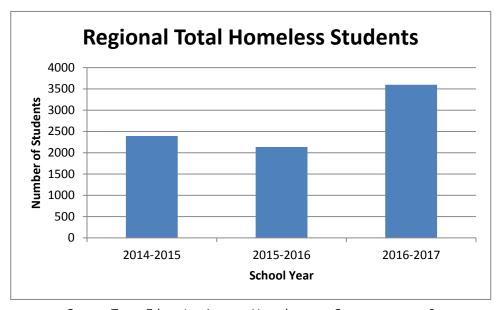
School Discipline

The Texas Education Agency archives the total number of students disciplined and expelled during each school year. Most of our reported area did not report a total for students expelled. For the 2016-2017 school year, only one county reported students expelled; Taylor reported 42 students expelled in this school year. Since most numbers were not listed or masked, a discipline rate was calculated. Discipline rates were calculated by dividing the discipline record count divided by the cumulative enrollment; this rate was then multiplied by 100 to find a rate per 100 students. The regional discipline rate for the 2016-2017 school year was reported at 10.6 disciplines per 100 students. Counties which reported exceeded the regional discipline rates were: Callahan (10.9) Coleman (12.1), Foard (13.3), Hardeman (12.5), Nolan (12.5), Runnles (11.7), Wichita (15.7), Wilbarger (14.69) and Young (14.8) counties. This indicator data is important for it may inform stakeholders of the need of additional resources and support in certain school districts within the reported counties. County level data regarding the Total Discipline Record Count, End of Year Enrollment, Discipline Rate per 100 students and Number of Students Expelled for the 2016-2017 school year may be found in Appendix B Table 13.

Homeless Students

The Texas Education Agency records the number of students who are considered homeless within each county. By TEA standards, a student is considered homeless if the child does not have a permanent address. This definition also includes if the student is couch surfing or moving from one temporary home to another. Homelessness does not necessarily mean students live in shelters. Homelessness is an important indicator to consider when assessing a student's academic success due to the impact it may have on a child's ability to thrive educationally. The National Center of Family Homelessness at the American Institute for Research reports homelessness affects a child's overall school success,

attendance, repetition of grades, and may lead to a student dropping out of school entirely. The following data is taken from the Texas Education Agency Homelessness Counts for the school years, 2014-2016. In the 2014-2015 school years there were a regional total of 2,395 homeless students; in 2015-2016 there were 2,132 homeless students, and in 2016-2017 there were a total of 3,598 homeless students in our region. The total number of homeless students has increased over this school year report period. County level data for the total number of homeless students for each school year may be found in Appendix B Table 14.



Source: Texas Education Agency, Homelessness Counts, 2015-2018

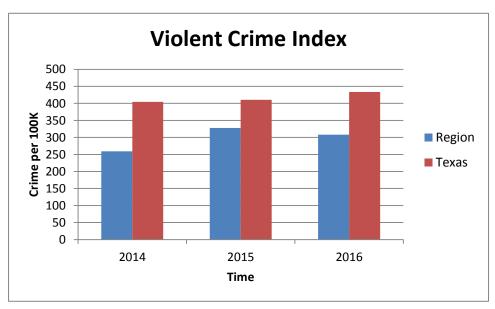
Criminal Activity

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

Index Violent Crime

According to the Texas Department of Public Safety Uniform Crime Report, "statistics gathered under the Uniform Crime Reporting Program are submitted by the law enforcement agencies of Texas and are used to project a statewide picture of crime". Violent crime is defined as crimes including murder, rape, robbery and aggravated assaults; these crimes are considered more dangerous than property crimes. Our area reported a violent crime rate of 307.9 crimes per 100K for year 2016. Meanwhile Texas reported a rate of 433.7 crimes per 100K in the same time year. In 2015 Region 2 had a violent crime rate of 327.6 crimes per 100K, and in 2014 the violent crime rate was 259.1 crimes per 100K. The state violent crime rate in 2015 was reported as 410.5 crimes per 100K, and in 2014 the crime rate was 404.2. The violent crime rate in our region has fluctuated over the last three years, and state has steadily increased since 2014. Overall our region is reporting a lower rate of violent crime when compared to

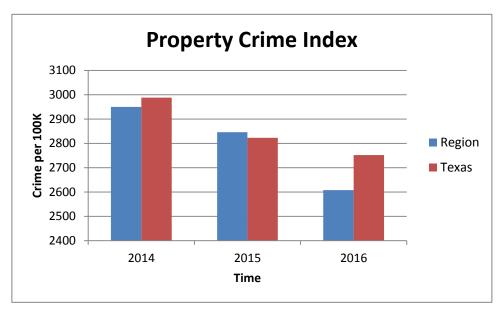
the state violent crime rate from 2014-2016. The following chart reports the rates of violent crimes per 100K for our region and the state of Texas County level data for the Index Violent Crime for 2014-2016 is available in Appendix B Table 15.



Source: Texas Department of Public Safety, Uniform Crime Report, 2014-2016.

Index Property Crime

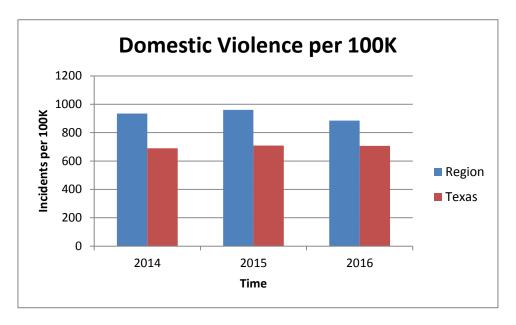
The Uniform Crime Report also includes total numbers and rates for property crimes for each county. Property Crimes include crimes such as burglary, larceny and auto theft. These types of crimes are generally less dangerous when compared to violent crimes (UCR, 2015). In 2016 our region reported a property crime rate of 2,607.7 property crimes per 100K. In the same year, the state reported a rate of 2,751.6 property crimes per 100K. Our region has a much higher rate of property crimes being committed when compared to violent crime totals. However, the property crime rate for both our region and the state are decreasing over time. In 2015 the regional property crime rate was 2,846.1 crimes per 100K, and in 2014 it was 2,950 crimes per 100K. The state property crime rate in 2015 was 2,822.8 crimes per 100K. In 2014 it was 2,987.9 per 100K. Overall, the property crime rates for both the state and the region have steadily decreased since 2014. The following chart reports the rates of property crimes for the region and the state. County level data for Index Property Crime for 2014-2016 is available in Appendix B Table 16.



Source: Texas Department of Public Safety, Uniform Crime Report, 2014-2016.

Family Violence

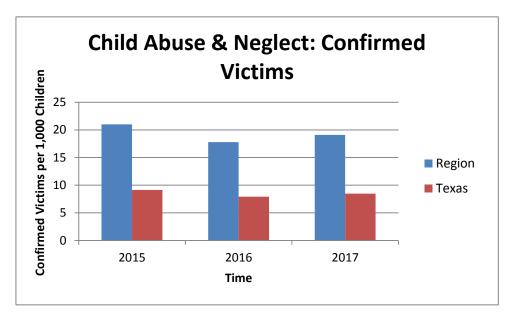
The Texas Family code defines Family Violence as an act, intended for harm, against a family or household member. These acts include physical harm, bodily inury, assault, or a threat that results in fear of imminent danger. Reasonable child discipline is excluded from family violence definitions. In the last three years, the family violence crime rate has had a significantly higher rate of domestic violence incidents when compared to the state. In 2014 our region reported 934.3 incidents of domestic violence per 100 thousand people. In 2015 the rate reported was 960.2, and in 2016 our area reported a rate of 885.2 incidents of domestic violence per 100 thousand people. The state reported a rate of 690.1 incidents per 100 thousand in 2014, 709.4 incidents in per 100 thousand in 2015, and 706.5 incidents per 100 thousand in 2016. Although the regional rate is higher than the state, both rates have fluctuated over the past three years. The following chart reports the rates of domestic violence for the region and the state. County level data for Domestic Violence per 100,000 people 2014-2016 is available in Appendix B Table 17.



Source: Texas Department of Public Safety, Uniform Crime Report, 2014-2016.

Child Abuse

The Texas Department of Family and Protective Services assist families and children who are in abusive or neglectful situations. Abuse or neglect allegations may include: neglectful supervision, physical abuse, physical neglect, sexual abuse, medical neglect, emotional abuse, or refusal to accept parental responsibility. In the last three years Region 2 has had a significantly higher rate of abused children when compared to the state rate. In 2015 our area reported a rate of 21.01 confirmed victims per 1,000 children to have been abused or neglected. In 2016 this rate decreased to 17.8, and in 2017 our rate increased to 19.1. Meanwhile the state rate reported to be 9.13 confirmed victims in 2015, 7.92 confirmed victims in 2016, and 8.48 confirmed victims of child abuse and neglect per 1,000 children in 2017. Counties which reported rate total numbers of confirmed victims were: Taylor, Wichita and Brown counties. Taylor County reported the most confirmed victims over the three year time period at 2,427 confirmed abused children, followed by Wichita at 1,878 children and then Brown County at 569 abused and neglected child victims. Almost all the counties within our region report a higher rate of confirmed victims per 1,000 children when compared to the state rate. This data on child abuse victims reports a significant need for child and family resources and support within our area. The following chart reports the rates of child abuse for the region and the state. County level data for Child Abuse & Neglect: Confirmed Victims per 1,000 children 2015-2017 is available in Appendix B Table 18.



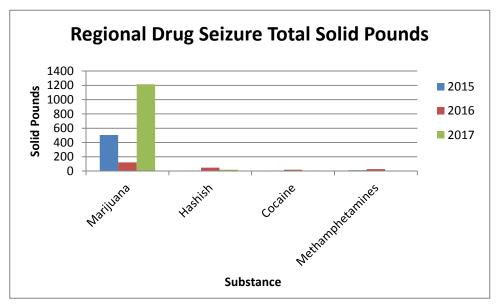
Source: Texas Department of Family and Protective Services, Confirmed Victims of Child Abuse and Neglect, 2015-2017.

Sexual Assault

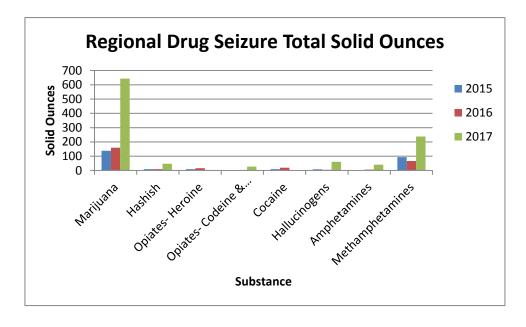
The Uniform Crime Report also includes a separate report on sexual assault incidents occurring within each county. Recording sexual assault data is now required by the Texas Legislature due to HB 76 enforcement; this data was required beginning in 2008. In the UCR program, rape is classified under index violent crime rates. Because there is great variance in this type of data, sexual assaults are classified incidents other than rape. In 2014, there were 18,756 incidents in Texas; in 2015 there were 18,636 incidents, and in 2016, there were 18,349 sexual assault incidents in Texas. In 2014, there were 637 sexual assaults in our Region. In 2015, there were 602 incidents, and in 2016, there were 562 sexual assaults in our region. Counties which reported a high number of incidents were: Taylor, Wichita, and Brown counties in all three years. Our region reports to have a fluctuating trend over time. In 2016 our region reported a total of 562 sexual assaults, a 6.64% decrease from 2015. County level data for Total Number of Sexual Assaults 2014-2016 is available in Appendix B Table 19.

Drug Seizures/Trafficking Arrests

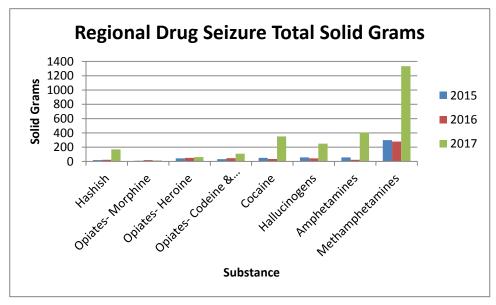
Law enforcement officers across our reported area spend countless hours seizing drugs. These drugs are then categorized in reporting groupswhich include: Marijuana, Hashish, Opiates (Morphine, Heroine, Codeine and Opium gum), Cocaine, Hallucinogens (LSD, PCP, Mushrooms, Peyote, Designer Drugs), Barbituates, Amphetamines, Methamphetamines, Tranquilizers and Synthetic Narcotics. These substances are measured in units of solid pounds, solid ounces, solid grams, liquid ounces and dose units. According to the Texas Department of Public Safety Drug Seizures Report for 2015-2017, the most substances taken for our reported areas include: marijuana, methamphetamines, tranquilizers and synthetic narcotics. The following charts report the total amount seized for each substance over a three-year period. If a substance had less than 10 units seized in all three years the substance was not included on the chart. The following charts report regional drug seizures over a three-year period. County level data is available upon request.



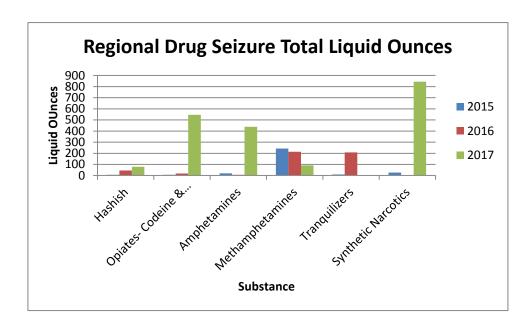
Source: Texas Department of Public Safety, Drug Seizures Report, 2015-2017.



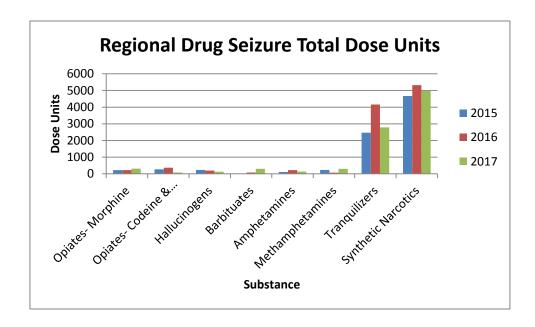
Source: Texas Department of Public Safety, Drug Seizures Report, 2015-2017.



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Source: Texas Department of Public Safety, Drug Seizures Report, 2015-2017.



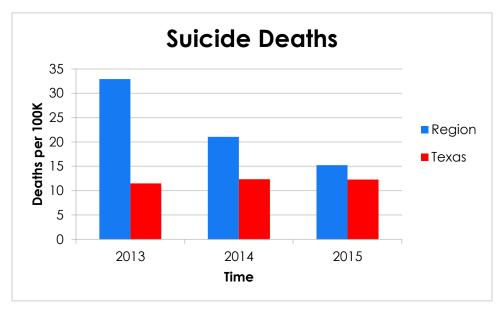
Source: Texas Department of Public Safety, Drug Seizures Report, 2015-2017.

Mental Health

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

Suicide

Deaths of Texas residents are recorded by the Department of State Health Services Texas Health Data. Suicide rates reported reflect those from years 2013-2015. 2016 data sets are not available for the current year due to the time to collect and process data files. Rates for some rural counties in our region reported less than 9 deaths per 100K and were therefore masked from the dataset. In 2013, our area reported a suicide death rate of 32.9 deaths per 100K; the state rate reported at 11.5 deaths per 100K. In 2014, Region 2 reported having a rate of 21 suicide deaths per 100K, and the state had a lower rate of 12.3 deaths per 100K. In 2015 our region reported a suicide rate of 15.2 deaths per 100k while the state reported a lower rateof 12.3 deaths per 100K. For each of the reported years, Region 2 has had a higher rate of suicide deaths when compared to the state rate. The following chart reports the suicide rates for the region and the state. County level data is available upon request.



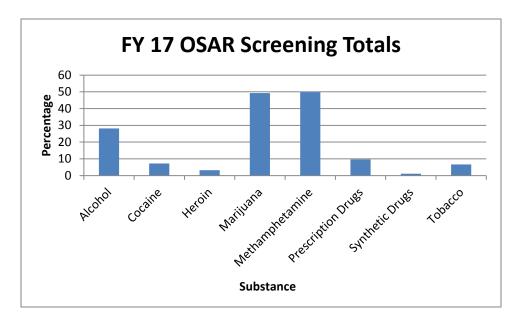
Source: Texas Department of State Health Services, Texas Health Data: Suicide, 2013-2015.

Adolescents and Adults Receiving Substance Abuse Treatment

According to the data received from youth prevention providers, there was a total of 10,630 youth who served in prevention programs in fiscal year 18.

According to the Health and Human Services Behavioral Health Services, 4,691 youth received substance misuse treatment in 2017 in the state of Texas. Of that number, 89 youth received treatment in our region. Only two counties reported totals due to an overall suppression of numbers. In Taylor County 10 youth received substance misuse treatment, and in Wichita County 62 youth received substance use treatment.

The following data reports the number of individuals screened through the state funded program Outreach Screening Assessment and Referral (OSAR) program. These services are free to the public and are offered throughout the state of Texas. Numbers reported only reflect adults screened. Region 2 had a total of 2,712 people screened in 2015 and a total of 3,169 in 2016. According to local OSAR records, in 2017 OSAR screened 891 adult and 90 youth. Out of the screenings, 592 adults were referred to substance misuse treatment, and 694 adults were referred to Recovery Support Services. Additionally, 25 youth were referred to substance misuse treatment, and 43 youth were referred to Recovery Support Services. Individuals may be screened for alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, sedatives, PCP, and other categories. In 2016, there were more individuals screened for amphetamines when compared to any other substance or category. **Methamphetamine adult screenings have surpassed alcohol and marijuana screenings.** The chart below describes the type of screenings conducted in Fiscal Year 2017.



MHMR Crisis Hotline/MCOT Team Data

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

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

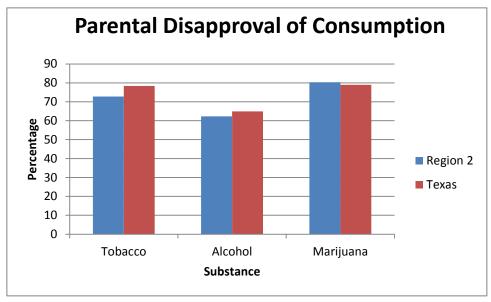
Social Factors

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

Youth Perception of Parental Approval of Consumption

Data regarding parental views on students consuming different substances is included in the Texas School Survey. Research in this study correlates parental approval of consumption and students behavior. The questions regarding parental approval read: "How do your parents feel about kids your age using tobacco, alcohol or marijuana?" (TSS, 2016). Each question is asked separately to students in grades 7-12. Only .6% of students in Region 2 believe their parents "strongly approve" of them using tobacco; .9% believe their parents "strongly approve" of them consuming alcohol, and 1% of students believe their parents "strongly approve" of them using marijuana. Overall, more students believe their parents would approve of kids their age using marijuana when it is compared to the responses from other substances. All three substances report to be "strongly approved" at about 1%.

Furthermore, the chart below reports the percentage of students believing their parents "strongly disapprove" of them consuming these particular substances. Alcohol has the least percentage of students believing their parents "strongly disapprove" of them consuming this substance. Marijuana also has the highest parental disapproval when students consider what their parents believe regarding these substances. Students in Region 2 report a lower parental disapproval percentage for two out of the three substances listed when compared to the state percentage of student perception of parental disapproval.

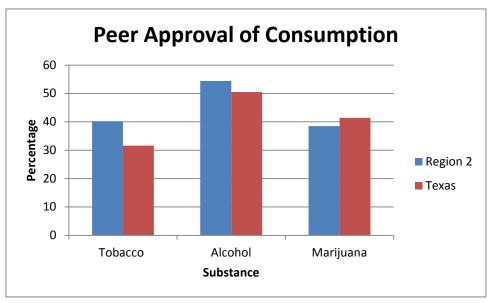


Source: Texas A&M Public Policy Research Institute, Texas School Survey, 2016.

Youth Perception of Peer Approval of Consumption

The Texas School Survey includes questions regarding student's belief of their friends' consumption behavior. Peer approval is inquired through the question: "About how many of your close friends use tobacco, alcohol or marijuana?" (TSS, 2016). Each question is asked separately. Answers may be classified as: "none", "a few", "some", "most" or "all". A total percentage was calculated excluding responses as "none". The following chart reports the total percentage of all students (Grade 7-12) who believe their friends consume these substances. 40% of students report their friends using tobacco; 54% report their friends consuming alcohol, and 39% of students in our Region report their friends using marijuana. Alcohol is reported as the highest consumed substance among youth in our region when compared to other substances, and percentages in our region also exceed the state percentage of peer consumption. Both tobacco and alcohol exceed the state-level percentages when comparing overall percentages of peer approved consumption. Marijuana is reported as the lowest consumed and below the state percentage of peer consumption.

Peer approval is a powerful indicator of youth belief and behavior when consuming substances. Peer approval of consumption is often correlated with a person's behavior and beliefs in regard to a particular substance. With regard to the chart above (Parental Disapproval of Consumption), data reports that students believe less of their parents disapprove of consuming alcohol while more of their peer's approve of them consuming alcohol. Additionally, students believe more of their parents disapprove of them consuming tobacco and marijuana while they believe less of their friends consumes it. The full chart of Region 2 and Texas Perception of Approval percentages for all grades may be found in Appendix C Table 20, 21, and 22.



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

Cultural Norms and Substance Abuse

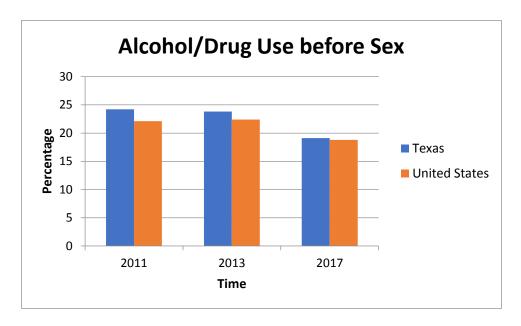
In central rural West Texas, it is common for alcohol to be sold at local events such as concerts, benefits, and fundraising events. Recently, the Abilene City Council approved the sale of alcohol until 2:00am every day in the City of Abilene (located in Taylor County). Local businessmen were influential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

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

Adolescent Sexual Behavior

The Center for Disease Control initiates the Youth Risk Behavior Survey (YRBS) every two years. This survey began in 1990 and was developed "to monitor priority health risk behaviors that contribute to

the leading causes of death, disabilities and social problems among youth and adults in the United States" (CDC, 2016). The data related to sexual behaviors is also included in this survey; it includes information regarding unintended pregnancy, sexually transmitted infections and HIV infections. This data regarding sexual behaviors is specifically asked in the Sexual Risk Behaviors data which is selfreported from students from grade 9th-12th grades. This data is not region specific but does report data for students who live in Texas. 39.2% of students in Texas reported having sexual intercourse in 2017; 3.3% of these same students did so before the age of 13. 11.2% of these students had sex with four or more persons during their lifetime. 52.4% of the reported Texas students in 2017 also reported not using a condom when they had sexual intercourse last. 86% also reported not using birth control pills before their last time engaging in sexual intercourse in order to prevent pregnancy. Texas students also reported their behaviors before they engaged in sexual behavior. 19.1% of Texas students reported drinking alcohol or using drugs before their last sexual intercourse; this percentage has decreased over the last three years. The chart below includes a comparison of Texas students to the percentage of students in the United States. It reports the percentages of students who drank alcohol or used drugs before their last sexual encounter for 2011, 2013, and 2017. Currently, there is not state data from the YRBS for the year 2015 Texas students have a higher percentage of using substances before engaging in sexual intercourse when compared to the percentages reported in the United States.



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

Misunderstandings about Marijuana

Marijuana legalization continues to broaden its scope across our country. More and more states are beginning to legalize marijuana on some level. Thirty states and the District of Columbia have made the decision to legalize marijuana with exceptions. Nine states and the District of Columbia have legalized marijuana for recreational use: Alaska, California, Colorado, Maine, Massachusetts, Nevada, Oregon, Vermont, Washington, and the District of Columbia. Recreational use laws and statutes vary by the

state. However, recreational use of marijuana is prohibited by anyone under the age of 21. Each state is allowed to weigh the bills in their state legislatures; Texas is under the same jurisdictional pressure for the legalization of marijuana as well.

According to Texas Standing Tall there are three legislative efforts being processed through certain bills in the House of Representatives and the Texas Senate to address marijuana legalization in Texas. "Decriminalization is the reduction of criminal penalties to civil sanctions or low-level, fine-only misdemeanors for the possession of small, personal use amounts of marijuana" (TTS, 2017). Generally, a person may possession an ounce or less. House Bill 58, 81, 82, 680 and Senate Bill 170 all address decriminalizing marijuana in Texas. Another type of the legalization efforts is to expand uses of medical marijuana that helps alleviate medical conditions. There are two types of medical marijuana laws: "comprehensive laws that allow for the uses of most strains of marijuana to treat specific illnesses, regardless of the THC content, or laws that permit the use of low THC Cannabinoid oil to treat particular illnesses" (TST, 2017). House Bill 2107, Senate Bill 269 as well as House Joint Resolution 111 and Senate Bill Joint Resolution 18 are all comprehensive bills awaiting a committee hearing in the Texas Legislature. The last version of marijuana legalization is recreational use of marijuana. This is defined as "the use of marijuana for personal, non-medical use" (TST, 2017). States that have utilized this legislation have made this open and available to anyone 21 and older. Texas also has a bill in the legislature for recreational legalization. House Joint Resolution 46 and Senate Joint Resolution 17 are both waiting to be heard in the committee hearing. The Texas 85th Legislation will be addressing each of these bills while in session. Proponents of legalization have taken their time and will continue to address this issue as time presses on. As these issues continue to arise Texas Standing Tall reminds the public "when states pass laws that expand the availability of marijuana, the product inevitably becomes commercialized, resulting in unavoidable increased use and negative public health results" (TST, 2017).

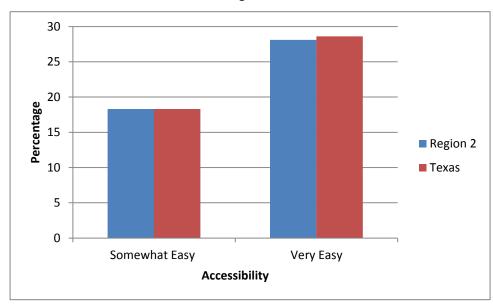
As marijuana has become legal in other states, social constructs of teens have been influenced. In a previous focus group with college students, the group shared their perception that marijuana is as common as having a beer with their peers. Social media continues to influence millennials. The group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

Accessibility

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

Perceived Access of Alcohol

The Texas School Survey addresses a teenager's perception of how difficult it would be for them to acquire alcohol. The following data is a comparison of all 7th-12th graders in schools across Region 2 compared to other 7th-12th graders across the state. The numbers reported describe the percentage of students who reported it was "somewhat easy" or "very easy" for them to acquire alcohol. Students across our area report around the same percentage of students across the state when asked this question. 11% of students in our area also reported they always get alcohol at parities they attended. This percentage is higher than the state percentage. This indicates a higher risk of use among adolescents when in a social setting in our region. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. Regional and State data percentages for each grade may be found in Appendix C Table 23, 24, 25, and 26.



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

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

12
10
8
8
Region 2
1 Texas

Always
Accessibility

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

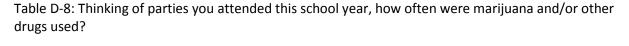
Perceived Access of Marijuana

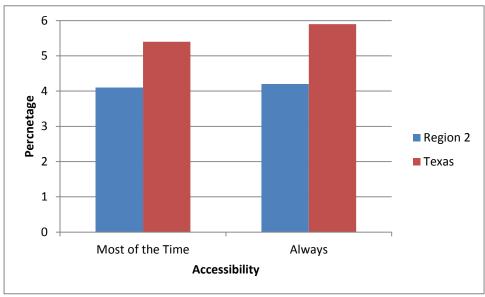
The Texas School Survey includes questions regarding the perceived access to marijuana among 7th – 12th graders. Students within our area report under the statewide percentage when asked how difficult marijuana would be for them to get. Region 2 also had a lower percentage of students report marijuana being at parties they attended during the year. A lower perception of access lowers the risk of accessibility among young people within our region. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. Regional and State data percentages for each grade may be found in Appendix C Table 23 and 24.

25
20
15
10
Somewhat Easy
Accessibility

Region 2
Texas

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



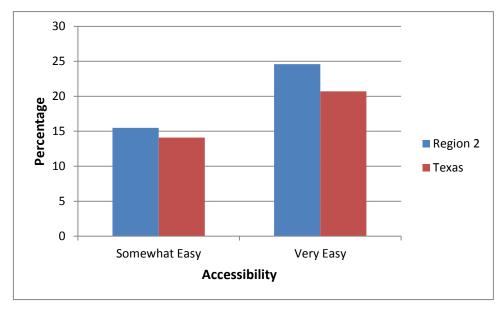


Source: Texas A&M University, Texas School Survey, 2016.

Perceived Access of Tobacco

The Texas School Survey includes questions regarding the perceived access to tobacco among $7^{th} - 12^{th}$ graders. Students within our area report over the statewide percentage when asked how difficult

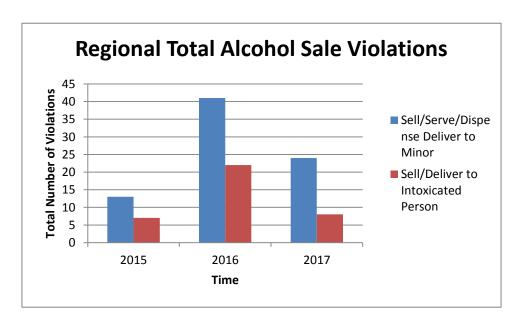
marijuana would be for them to get. An increased perception of access increases the risk of accessibility among young people within our region. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Regional and State data percentages for each grade may be found in Appendix C Table 23 and 24.



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

Alcohol Retail Violations

According to the Texas Alcoholic Beverage Commission alcohol sales to minors and sales to an already intoxicated person in our region have fluctuated over the past three years. Data for all thirty counties was collected yet Taylor and Wichita have the most violations for the data collected (violation 504= sell/serve/dispense/deliver to minor; 561= sell/deliver to intoxicated person). The following data reports the total number of each violation from 2015-2017. County level data is available upon request.



Source: Texas Alcoholic Beverage Commission, Administrave Violations, 2015-2017.

Social Hosting of Parties

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

Both San Antonio and El Paso have passed social host ordinances which "make it illegal to provide an environment where underage drinking takes place, regardless of who provides the alcohol". As the Texas School Survey reports, youth generally access alcohol through parties or at home (TSS, 2016); this ordinance "holds adults liable for underage drinking on their property and/or for providing alcohol to minors" (TST, 2017). According to Texas Standing Tall, "a social host ordinance is a prevention designed to stop parties where binge drinking is occurring by creating adult accountability without necessarily elevating the offense to the misdemeanor level that can carry a penalty of jail time" (TST, 2017).

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

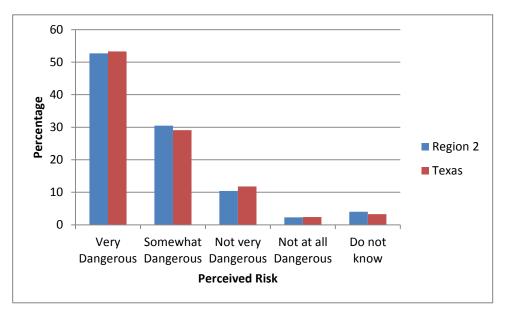
Perceived Risk of Harm

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

Perceived Risk of Harm from Alcohol

According to the Texas School Survey of 2016, over 50% of students within our area reported alcohol as being "very dangerous". The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Regional and State data percentages for each grade may be found in Appendix C Table 27 and 28.

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



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

Perceived Risk of Harm from Marijuana

Over 60% of students surveyed within our area reported marijuana use as "very dangerous". This percentage is actually higher than the state percentage. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Regional and State data percentages for each grade may be found in Appendix C Table 26 and 27.

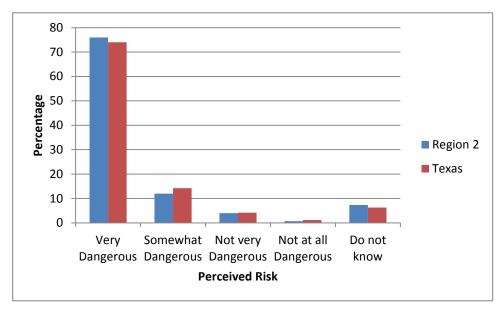
70 60 50 Percengtage 40 30 Region 2 20 Texas 10 0 Somewhat Not very Very Not at all Do not Dangerous Dangerous Dangerous know **Perceived Risk**

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

Perceived Risk of Harm from Prescription Drugs

Over 70% of surveyed students within our area reported as taking other people's prescriptions as "very dangerous". This is also higher than the state percentage perceived risk of harm. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Regional and State data percentages for each grade may be found in Appendix C Table 27 and 28.

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



Perceived Risk of Harm from Tobacco

60% of surveyed students within our area reported using tobacco as "very dangerous". This report is lower than the state reports. The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to the question asked below. Regional and State data percentages for each grade may be found in Appendix C Table 27 and 28.

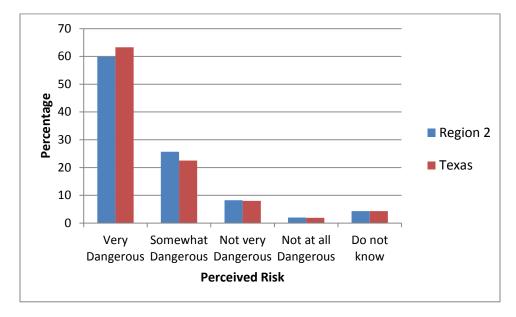


Table T-6: How dangerous do you think it is for kids your age to use tobacco?

Regional Consumption

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

Alcohol

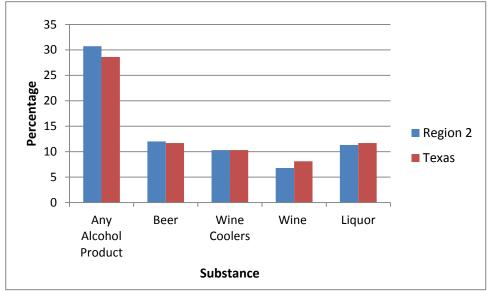
Alcohol is one of the most commonly consumed substances among youth. However, it may have long term effects on an adolescent's biological development and functioning. The following information is reported in the Texas School Survey results from 2016. This data describes what type of alcohol product students are consuming in the past month.

Past Month Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. Students are

reportedly drinking beer, liquor and wine coolers in the past thirty days. The percentage of youth using alcohol products exceeds the state percentage.

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

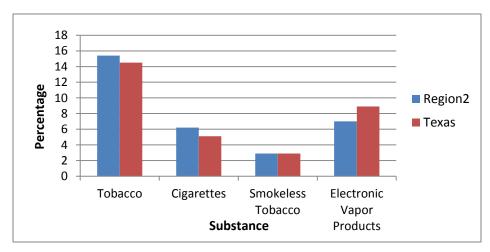


Source: Texas A&M University, Texas School Survey, 2016.

Tobacco

Tobacco use is one of the leading causes of preventable deaths in the United States. With new and emerging tobacco trends, longterm effects of tobacco use on youth are still very important in need of attention. The following information is reported in the Texas School Survey results from 2016. This data describes what type of alcohol product students are consuming in the past month. The percentage of youth using tobacco products exceeds the state percentage.

Past Month Use



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

Marijuana

Marijuana seems to be the most popular drugs used among young people today. Generally young individuals consider societal norms such as the legalization of marijuana in nine states (as well as the District of Columbia), social media, and general misconceptions as their reasoning for use. Prevention curriculum is necessary to educate the Region's students on the harmful effects of marijuana use.

Past Month Use

The following chart reports the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below. **Approximately 12%** of students in our area and the state reported using any illicit drug or marijuana in the past 30 days. Synthetic marijuana is reportedly not used by students in our region or in the state.

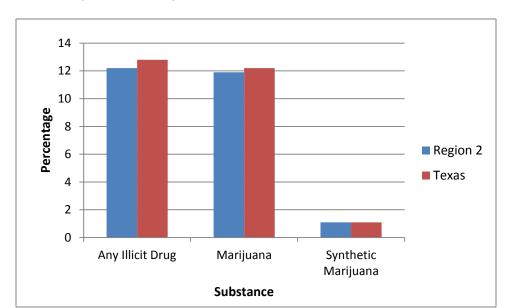


Table D-1: How recently, if ever, have you used?

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

Qualitative Data

Law enforcement officials reported marijuana use as becoming more popular among youth within the entire region. With the ever-growing popularity of legalizing this substance combined with being fueled with misconceptions driven by social media, youth seem to have developed 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. 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 of false information about the substance in general. Officials also reported those caught with marijuana are typically consuming other substances such as alcohol.

Prescription Drugs

These figures for Prescription Drug consumption were provided from the Public Policy Research Institute Texas School Survey results from 2016. Prescription drug misuse has become a concerning public health issue within our area, within our state, and across our nation.

Past Month Use

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

Region 2

Region 2

Region 2

Region 2

Region 2

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

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

Substance

College Student Consumption

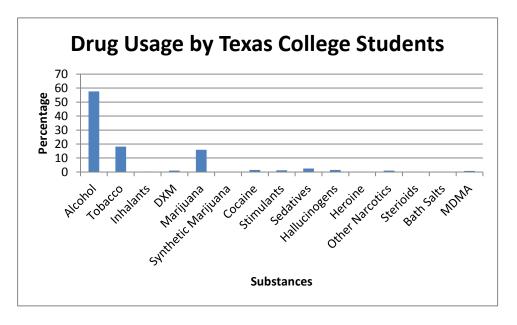
The Public Policy Research Institute at Texas A&M University continued its research on college student consumption from a bi-yearly annual survey for all students across the state of Texas. The purpose of this research is to "assess the prevalence of alcohol, tobacco, and illicit drug use on college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

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

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

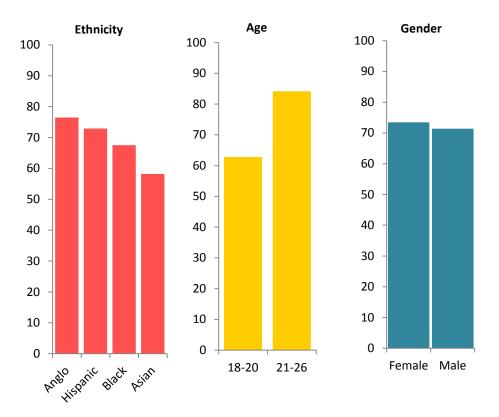
Illicit drug and alcohol use were reportedly associated with a lower quality of life; students reported higher levels of hopelessness and depression. They also earn lower grades and had unplanned and unprotected sex when compared to students who did not engage in drug and alcohol use.

Students generally perceived drugs as dangerous; except for marijuana. Only 37% of students surveyed reported marijuana as somewhat dangerous or very dangerous. This perception percentage was lower than the fake drug Somatajim. The chart below is a snapshot of the overall reported use of all substances within the past 30 days. *Full charts for college students available upon request*.



Source: Texas A&M University, Texas College Survey, 2017.

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



Qualitative Data

In an effort to curb the illegal consumption and accessibility of prescription drugs in Taylor County, our Epidemiological Workgroup made opioids and prescription drug misuse a priority during the last fiscal year. The Regional Evaluator of the Prevention Resource Center provided the group with local data and stakeholder interviews which made this indicator a focus. Local law enforcement officials, the health department Epidemiologist, a local hospital representative, a data specialist from a local mental health authority and a local Community Coalition Partnership Coordinator (CCP Coordinator) were all part of the conversation to address prescription drug misuse within our community. Through a period of conversations in our meetings, the CCP Coordinator and local law enforcement agreed to purchase a permanent drug box to be installed at the Law Enforcement Center in Taylor County. The box was purchased with the CCP grant and the Abilene Regional Council on Alcohol and Drug Abuse in March of 2017. Local law enforcement, including the narcotics division of our local police department, agreed to take on the disposal of prescriptions that would be dropped off. The CCP Coordinator and local police department signed an agreement to ensure the responsibility of disposal and placement of the drop box. It is now available for public use with guaranteed confidentiality. Since the box has been placed, the drug drop box has received over 450 lbs. of prescription drugs. The epidemiological workgroup will continue to track the progress and discuss any issues they encounter with having this box established. The group continues to use data as a focal point in addressing substance use within the community they serve.

Special Topic: Opioids

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

National Crisis

In the United States, opioid overdose continues to be a major health problem (SAMHSA, 2016). Overdoses in the United States involving prescription opioids rose to approximately 42,000 in 2016, and 40% of all opioid overdose deaths involved a prescription opioid (CDC, 2017). According to the Centers for Disease Control and Prevention data, health providers wrote "nearly a quarter of a billion opioid prescriptions in 2013" enough for every American adult to have a bottle of pills" (CDC, 2017).

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

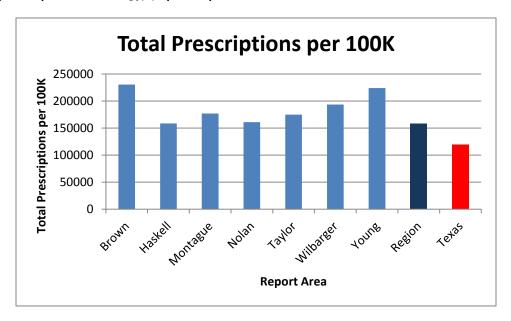
Current Use

The Texas Prescription Program (TPP) collects data on all prescriptions; they organize this data into all Scheduled 2,3,4,5 controlled substance defined by the Drug Enforcement Agency. This information is collected by the amount of scheduled drugs being dispensed by a pharmacy in a Texas county or to a Texas patient from a pharmacy in another state. Effective September 1, 2008, the Texas Legislature expanded TPP to include the monitoring of Schedule 3-5 controlled substance prescriptions. Although controlled substances meet legitimate medical demands for the patient, they also have a high potential for abuse. This program was created in order to investigate and prevent drug diversion while being cost efficient. Diversion of prescription drugs signifies the drug abuse problem in communities. The federal government monitors the distribution of the controlled substances to retail facilities. TPP seeks to control misuse by the following controlled substances to the point of use.

This program is also a system utilized by pharmacists to verify records and inquiries about patients. It is also useful in generating data trends regarding prescription drug trends. In September 2017, the 85th Texas Legislature redefined the TPP requirements. All Texas-licensed pharmacies are now required to

report any dispensed controlled substances within one business day of the prescription being filled. In addition to this change, all prescribers will be require to check a patient's prescription history before prescribing and/or dispensing any opioids, benzodiazepines, barbituates, or carisoprodol.

According to the TPP report of 2016, there were 158,291 total prescriptions per 100K in our region as a whole. Counties which exceeded the regional rate are: Brown (230,409 prescriptions per 100K) Haskell (158,580), Montague (176,805), Nolan (160,805), Taylor (174,807), Wilbarger (193,312), and Young (223,801). The regional rate and all the reported counties exceed the state rate of total prescriptions per 100k of 119,740 prescriptions.



Source: Texas Department of Public Safety Regulatory Services Division, Texas Prescription Program, 2016.

Qualitative Data

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

Since this Town Hall meeting, Abilene Regional Council on Alcohol and Drug Abuse (ARCADA) employees have worked to educate the community on the dangers of opioid misuse as well as ways to treat opioid use disorder (OUD). Recently a the TTOR Peer Recovery Coach and the Program Director of the Pregnant Postpoartum Intervention program spoke at the Basic Needs Network to educate the community on Methadone as a viable treatment for OUD. In addition to this, the TTOR Peer Recovery

Coach, along with a local doctor, has created and facilitates a Medically Assisted Recovery Anonymous group to help those struggling with OUD.

In May 2018, the Prevention Resource Center, along with the Pregnant Postpartum Intervention Program Director, assisted the University of Texas San Antonio Health Sciences Center with a Maternal Opioid Morbidity Study (MOMS). This study was conducted with both interviews and focus groups and attempted to gather anecdotal information regarding OUD services and obstacles the mothers may face during their recovering. The data gathered by the researchers will be used to inform the state of gaps in service. The PRC and PPI will receive data upon completion of the study.

Emerging Trends

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

Synthetic Cannabinoids

Synthetic Cannabinoids or otherwise known as K2 refers to a "growing number of man-made mindaltering chemicals either sprayed on dried, shredded plant material" (NIDA, 2016) that can be smoked as a solid, an herb, or as a liquid in vaporizers or inhaled through e-cigarettes or other devices. Often this substance is marketed to the general public as "safe" because it is a legal alternative to marijuana. These products are often labeled in attractive packaging and labeled "not for human consumption" often claiming their substance is "natural" and taken from a variety of plants. Effects of synthetic cannabinoids are unpredictable. Consumers may experience an elevated mood, relaxation, altered perception, symptoms of psychosis, extreme anxiety, confusion, paranoia, hallucinations; they may also experience rapid heart rate, vomiting, violent behavior and suicidal thoughts. Persons suspected of ingesting synthetic cannabinoids should be treated with professional medical personnel immediately.

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

Synthetic Cathinone's

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

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

E-Cigarettes/Vaping

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

BHO "Dabbing" and Consumables

Consumption of cannabis has a variety of forms; dabbing is simply another form of ingesting the substance. This wax-like substance is made from extracting the THC (marijuana's active ingredient) by melting cannabis using butane gas with heat. Dabs may contain up to 70-90% THC making it even more potent than a regular cannabis plant. Extracts are also used or added to the production of consumables. Edibles may include baked goods such as cookies, brownies, cakes and candies often marketed and made to attract a younger generation. Since marijuana has become legal in four states, consumables have been trafficked to other locations throughout the United States including Texas. Because of the high potency level of THC, emergency room visits and death have been associated with the consumption of these products.

Fentanyl and Opiate Dangers

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

Consequences

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

Overview of Consequences

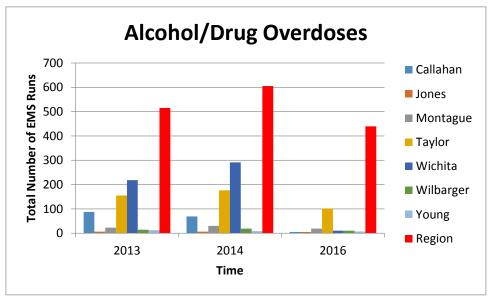
More specifically consequences may come in a variety of forms. Overdose deaths and disease related to alcohol and drugs, arrests and criminal charges, hospitalizations and ER admissions, underage drinking and drug use, the cost of treatment as well as employment and college admissions are all consequences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

Mortality

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

Drug and Alcohol Overdoses

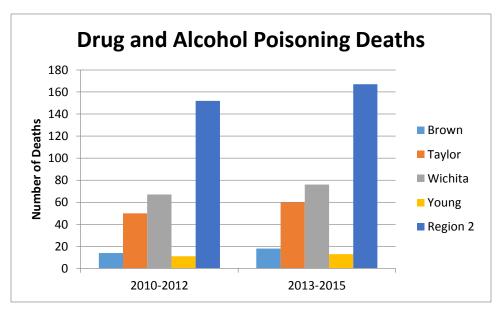
According to the Texas Emergency Medical Services, the data reports a fluctuating trend of EMS runs due to drug and alcohol overdoses across the region. Counties consistently reporting in 2013, 2014, and 2016 (data not provided for 2015) of this report included only: Callahan, Jones, Montague, Taylor, Wichita, Wilbarger, and Young. Taylor County reported to have the most EMS runs overall other counties during the past five years. This data does not report whether the patient died due to their circumstances; it only reports EMS runs due to overdoses of drugs or alcohol. The chart below describes the county and regional average of EMS runs with a primary symptom of overdose due to drugs or alcohol during 2013-2016. County level data for the areas included in this report is available upon request but is not available for all counties.



Source: Center for Disease Control, Texas EMS Registry, 2010-2016.

Drug and Alcohol Related Fatalities

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

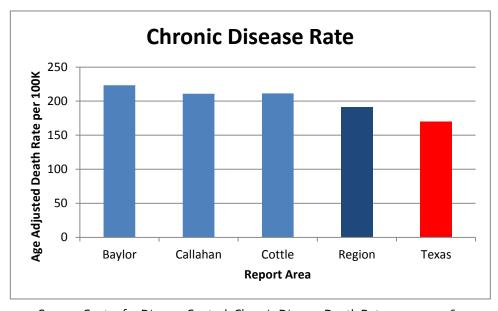


Source: Texas Department of State Health Services, Texas Death Certificate data, Underlying Causes, 2010-2015.

The Center for Disease Control mortality data includes environmental risk indicators such as drug and alcohol related deaths accumulated from 1999-2016. Data is reported as an accumulation over time since most of the data is suppressed when divided into each year. Region 2 reports having a crude rate of 20 deaths per 100K due to drugs and alcohol compared to the state crude rate of 15 deaths per 100k (Drug and Alcohol Related Deaths by County, 1999-2016). Crude rates are expressed as the number of deaths reported each calendar year. Drug induced deaths include all deaths for which drugs are the underlying cause, including those attributed to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use. Alcohol-induced deaths include deaths from dependent and nondependent use of alcohol, as well as deaths from accidental poisoning by alcohol. It excludes unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome. The data set also separates drug-induced deaths from alcohol-induced death crude rates. Region 2 reports to have a crude rate of 10.9 drug-induced deaths per 100K compared to the state crude rate at 9.3 deaths per 100K. Counties reporting with the most accumulated drug-induced deaths over this time period are Taylor and Wichita counties. Our area also reports to have a crude rate of 9.2 alcohol-induced deaths per 100K compared to the state rate at 6.2 deaths per 100K. Wichita and Taylor County also report having the highest amount of accumulated alcohol-induced deaths over this time period as well.

Disease (Morbidity) Related to Substance Abuse

Certain diseases are often related to lifetime use of substances. Some of the diseases include malignant neoplasms (cancer), cardiovascular disease, and respiratory disease, which all lead to deaths. The following information is reported by the Center for Disease Control showing the death rates for each of these morbid diseases. Residents of Region 2 report having a higher rate of cancer, cardiovascular, and respiratory disease related deaths when compared to the state. When each of these categories of disease is combined the chronic disease death rate is also higher than the state rate. The following counties have an overall chronic disease combined death rate higher than the regional and state rate: Baylor (223.3 deaths), Brown (200.6), Callahan (210.8), Coleman (196), Cottle (211.6), Eastland (205.5), Haskell (193.5), Mitchell (194.8), Montague (204.6), Nolan (199.1), Shackelford (208.2), Stephens (203), Stonewall (201.7), Wichita (201.4), Wilbarger (198.6) and Young (201.7) The following chart reports the top three counties which reported the highest rate of deaths related to a chronic disease. *County level data including all number of deaths in each category and death rates for all counties may be found in Appendix D Table 31*.



Source: Center for Disease Control, Chronic Disease Death Rates, 1999-2016.

Legal Consequences

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

Driving Under the Influence

The Texas Sheriff Office records the number of arrests made for Driving Under the Influence, Liquor Law violations, and total Drunkenness for each county within our region. Of the three types of arrests being made Drunkenness was reported to have the most arrests made followed by DUI's then lastly liquor law arrests. Region 2 reported to have 1,292 arrests for DUI's, 138 arrests for liquor law violations and 1,555 arrests made for total drunkenness. **Taylor County reported to have 566 arrests made for**

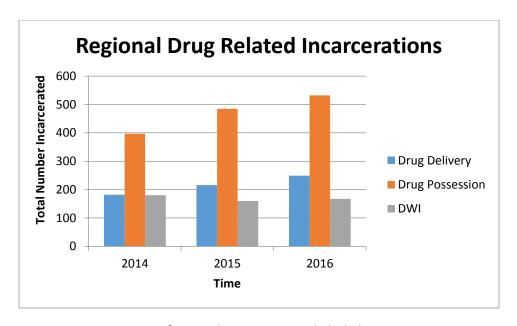
drunkenness in 2017; this is the by far the highest of any county besides Wichita which reported 516 arrests for drunkenness in the same year. Additionally, Wichita, Taylor and Brown counties reported to have the most arrests of DUI's in 2017. Driving under the Influence is a dangerous risk factor to consider for the public health of each county. It places the driver and any passengers at risk as well as anyone driving on the road of the intoxicated driver. County level arrest data can be found in Appendix D Table 32.

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

Drug Use Related Arrests and Incarcerations

Also recorded by the Texas Sheriff Offices are the number of drug abuse violations; this report includes sale and manufacturing or possession of opium, cocaine, morphine, heroine, codeine, marijuana, synthetic narcotics and other dangerous drugs. Region 2 had a total of 3,938 arrests made for drug abuse violations in 2017. There were a total of 452 arrests made for sale or manufacture of a drug; 3,486 arrests made for possession of drugs in the same year. **Brown, Taylor and Wichita counties had the most arrests made for drug sale or manufacturing in almost each drug arrest category listed above.**Marijuana had the most arrests made across the region when compared to opium/cocaine/heroine/codeine, synthetic narcotics, or other drugs categories. In terms of possession arrests, there were 1,516 arrests made across our region for marijuana; this is the most of any category. Opium/cocaine/morphine/heroine/codeine had the second most at 749 arrests, 612 arrests were made for synthetic narcotic possessions and 585 arrests were made for possessing other drugs across our region in 2017. County level totals for drug sale, manufacturing or possession arrests for may be found in Appendix D Table 33.

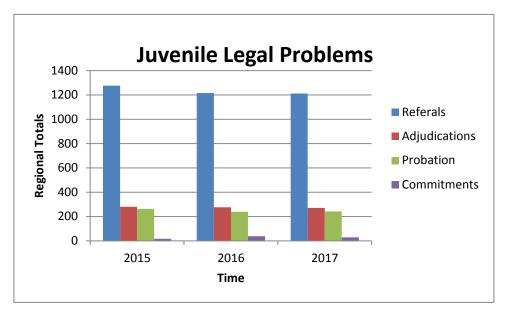
The Texas Department of Criminal Justice records the type of incarcerations being made in each county. Such categories include incarcerations made from the number of offenders which offense is the longest period of time including: drug-delivery, drug-possession, drug-other and DWI's. Some counties did not have data (Clay, Cottle, Kent and Foard) which could be counted for a standard measure compared to other counties. The total number of incarcerations for "Drug-Delivery" has increased steadily from 2014-2016 in our Region (2014=182 incarcerations; 2015=216 incarcerations; 2016=249 incarcerations). Offenders incarcerated for "Drug Possession" has also increased over the last three years in our Region (2014=397 incarcerations; 2015=485 incarcerations; 2016=532 incarcerations). DWI incarcerations have decreased steadily over the last three years in our reported area (2014=180 incarcerations; 2015=160 incarcerations; 2016=167 incarcerations). Drug possession is reportedly the largest type of incarcerations being made across our area. The chart below reports all incarcerations made for each category over the past three years for our Region. County level data for adult drug related incarcerations is available in Appendix D Table 34.



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

Substance Use Criminal Charges and Court Cases

Adolescents could also have introductions to the justice system at an early age. The Texas Juvenile Justice Department reports that adolescents are averaging 14 years of age when they engage in their first offense. This age of first offense has been a consistent average from 2015-2017. In the Referrals and Adjudications dataset there were an average of 1234 Referrals, 275 Adjudications, 247 juveniles on Probation and approximately 27 Commitments across the Region. They also follow the same pattern as the state in reporting the total number of persons in each category (Referrals are the largest; Adjudications, Probation and Commitments are next). This report also has information on whether the referral is a felony, misdemeanor, a violation of probation, is under supervisory watch, whether it is an assault, drug, property or classified as "other". Adjudications may also be categorized as assaults, drug, property or "other". The following chart reports the totals of adolescents referred, adjudicated, on probation or committed during a three-year period across the Region. See Appendix D Table 35 for data per county for total referrals, adjudications, probations and commitments 2015-2017.

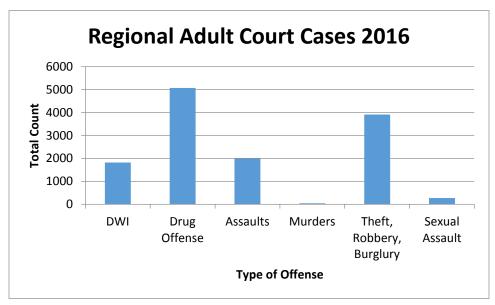


Source: Texas Juvenile Justice Department, Referrals and Adjudications by County, 2015-2017

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

Totals were also calculated for adult only offense type. Region 2 totals for these types of offenses reported 1,821 DWI cases; 5,070 Drug Offenses; 1,993 Assaults, 41 Murders; 3,916 cases regarding Theft, Robbery, or Burglary; 272 cases for Sexual Assault. The chart below reports these numbers within a bar chart. **Drug offenses are reported to have the most cases within all regional courts.** Theft, Robbery and Burglary are second highest; Assaults are third highest while DWI is the fourth highest type of court case in our reported area. When considering county totals, Wichita, Taylor, Brownwood and Eastland report to have the most numbers for all types of cases in all types of courts. County level data is available upon request. For county totals for adult only court cases by type see Appendix D Table 36.

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



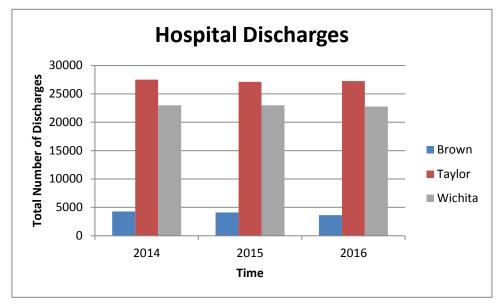
Source: Texas Court Administration, 2016.

Hospitalization and Treatment

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

Hospital Use due to AOD

The Texas Department of State Health Services records the number of total discharges for the hospital county in the Texas Public Use Data File (PUDF). This data set comes directly from the Texas Health Care Information Collection Center for Health Statistics. Total discharges were gathered for years 2014-2016 yet data from some counties were not reported for all three years. Counties which did report all three years were: Brown, Coleman, Comanche, Haskell, Mitchell, Runnels, Taylor, Wichita, and Wilbarger. Totals reported for each year only includes the counties listed. In 2014 there were a total of 57,335 hospital discharges. In 2015 there were a total of 64,153 discharges, and in 2016 there were a total of 63,050 total discharges from hospitals. Taylor County reports to have the most number of total discharges, followed by Wichita and Brown counties for each year reported. For county totals for hospital discharges 2014-2016 see Appendix D Table 37.



Source: Texas Department of State Health Services, Texas Health Care Information Collection Center for Health Statistics, 2014-2016.

AOD-related ER Admits

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

Economic Impacts

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

Underage Drinking/Drug Use

Underage drinking is often related to serious health and societal consequences. Yet the cost of this public health issue is not often considered when evaluating environmental risk of a community. According to the 2015 report The Facts conducted by the Pacific Institute for Research and Evaluation (PIRE), underage drinking cost Texas residents \$1.78 billion dollars in 2013. Cost associated with this calculation includes medical care, criminal justice, property damage and work lost costs. There are also costs associated with certain social problems. The PIRE reports youth violence costs \$3,082.5 million, youth traffic crashes \$779.3 million, high risk sex (ages 14-20) costs \$609.5 million, property and public order crime \$23.3 million, youth injuries costs \$210 million, poisonings/psychoses \$63.9 million, fetal alcohol syndrome among mother 15-20 years costs \$212 million and youth alcohol treatment costs Texans \$18.8 million dollars in 2013. The total costs associated with these particular problems equals \$5,469.2 million dollars to Texas residents in the reported year. Hence underage drinking has an expensive cost for the communities of Texas to pay out of their own tax dollars.

Environmental Protective Factors

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

Overview of Protective Factors

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

Community Domain

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

Community Coalitions

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

continuously works to address disproportionality and racial disparities within community systems and institutions in order to ensure they function from a multi-cultural perspective and are culturally competent in their services. The CUADD is currently 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.

The West Texas Homeless Network (WTHN) is comprised of shelter providers, mental health professionals, substance misuse prevention professionals, treatment facility professionals, job corps representatives and social service representatives who collaborate to find solutions for homelessness within Taylor County and surrounding areas. The WTHN works in conjunction with Continuum of Care for the state of Texas, also referred to as the Texas Homeless Network (THN). The WTHN also attends the Basic Needs Network meetings and receives quarterly reports on the work being done within the area. The Network is funded through the Texas Department of Housing and Community Affairs and Texas Department of Mental Health and Mental Retardation. Currently, the West Texas Homeless Network now services Taylor County in Texas. In January 2018, the WTHN conducted a 100 day challenge in hopes of housing the most vulnerable homeless in the Taylor County community. The WTHN successfully housed 64 individuals during the 100 day challenge.

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

Environmental Changes

In 2017 fiscal year, the Epidemiological Workgroup placed a permanent prescription drug drop box in Taylor County. Our epi-workgroup is made up of the Regional Evaluator from the Prevention Resource Center, a Coalition Coordinator, a member of the local police department, a representative from a local hospital, a data analyst from a local mental health authority, and two representatives from the local public health department including an Epidemiologist. These individuals worked together in analyzing local data to establish a target in preventative methods toward a specific substance. After all data regarding each substance was considered, opioids were reported to be a concerning issue for the area. Fentanyl was reporting to be a concerning public health issue in other areas of the state. However, Fentanyl had not proven to be a threat in our area; therefore, preventive methods could be established

early. The group discussed effective methods in preventing opioid abuse in the area. Although the area has two prescription drug take back days during the year, no permanent prescription drug drop box was available within Abilene (one of the largest cities in the area). Law enforcement officials were important in establishing this box due to its disposal requirements. The Coalition Coordinator and the Abilene Regional Council on Alcohol and Drug Abuse were able to purchase the drop box; the Abilene Police Department then installed the box and disposes of all prescription drugs collected.

Since the box was installed, approximately 450 lbs. of prescription drugs have been collected. Local health department officials have also stepped in to assist in the disposal of sharps that are being collected due to the fact that the Police Department is not equipped to dispose of sharps materials. The Prevention Resource Center and Community Coalition Coordinator created media ads in order to help educate the public in not dropping off sharps items in the box. In the 2018 fiscal year, the Community Coalition Coordinator and the Abilene Regional Council on Alcohol and Drug Abuse purchased a second prescription drug drop box. This second prescription drug drop box will be placed at the Taylor County Pharmacy in late July in Taylor County. This second location provides the community with a neutral location to dispose of unused, unwanted, or expired medications.

Recently, the city of Abilene brought forth an ordinance which would make alcohol sales legal until 2:00am everyday, within city limits. Opponents to this issue included the Regional Evaluator from the Prevention Resource Center, the Community Coalition Coordinator for the area, and other citizens in the community. Data was provided to city councilmen reporting the effects of binge drinking, the elimination rate of alcohol, research on how establishing a later sale of alcohol increases legal and mortality consequences, and other local data which provided a compromise to the ordinance. Despite the data presented, a reasonable compromise, and community members concerns of allowing this ordinance, the city council approved the sale of alcohol until 2:00am everyday beginning in October 2017. Local bars needed to purchase a permit in order to sell alcohol until this time at their bar when the ordinance is enacted. According to the local Texas Alcohol Beverage Commision, twenty different establishments have applied for and received a permit for latr sales of alcohol. The Prevention Resource Center and the Taylor Alliance for Prevention will continue to provide the council with local data whenever substance use issues come to the forefront of community issues and local policy. As prevention professional's we have an ethical obligation to fulfill when issues such as these threaten the public health of the communities we serve.

Regional Coalitions

Community Resource Coordination Groups "are local interagency groups comprised of public and private agencies". These groups are mandated by the state and funded through the Department of State Health Services. Their purpose is to develop a service plan for families or individual's needing collaboration between social services. Available to all Texans, CRCG's consist of representatives from commuters' and caregivers, the Texas Health and Human Services Commission, the Texas Department of Aging and Disability Services, The Texas Department of Assistive and 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.

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

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

Treatment/Intervention Providers

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

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

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

Locks of Love is a unique program designed to assist pregnant mothers and postpartum females both youth and adult with substance use disorders or who may be at risk of developing use disorders. HOPE serves the client's by offering screenings and assessments, service plans, OSAR and local mental health referrals when needed, HIV/STD education, evidence-based education on parenting, child developments, family violence, safety pregnancy planning, reproductive health, and education on Fetal Alcohol Spectrum Disorders (FASD). They also offer alternatives to promote family bonding, case management, and transitional planning. Unfortunately, only Callahan, Jones, Nolan, Shakelford, Stephens and Taylor counties are served at this time; they are funded through the Post-Partum Initiative Grant.

Oceans Behavioral Hospital in Abilene is a new behavioral health facility in the area committed to utilizing a comprehensive approach in treating their clients. They offer inpatient services, family and caregiver therapy as well as education in behavioral challenges and offering tools for those in care of the client. 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 wellbeing 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 Recovery Oriented Systems of Care coalition, funded through the Department of State Health Services, works to build community support for a person's recovery care. Region 2 has been fortunate in establishing groups in Abilene and Wichita Falls. Their goals are to understand every person is unique with their own specific needs in recovery; recovery is a reality, everyone is invited to participate also they strive to identify and build upon strengths in order to make our community a healthy place to live, recover and improve their quality of life.

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

Name	Address	Facility County Location	Contact Information
Center for Life Resources	408 Mulberry St Brownwood, TX 76801 100 E. Live Oak St. Coleman, TX 76834 1009 S. Austin St. Comanche, TX 76442 301 Pogue Ave. Eastland, TX 76448	Brownwood Coleman Comanche Eastland	325-646-9574 http://www.cflr.us
Graham Regional Hospital	1301 Montgomery Road	Young	940-521-5134 http://www.grahamrmc.com

	Graham, TX 76450		
Helen Farabee Centers	600 Scott Street Wichita Falls, TX 76307 500 Broad Street Wichita Falls, TX 76307 510 King Street Quanah, TX 79252	Wichita Hardeman	940-397-3379 940-663-3566 <u>http://www.helenfarabee.org</u>
North Texas State Hospital	4730 College Drive Vernon, TX 76385	Wilbarger	940-552-9901
Pathways	1500 8 th Street Wichita Falls, TX 76301	Wichita	940-264-3162 http://www.redriverhospital.com
Red River Hospital	1505 8 th Street Wichita Falls, TX 76301	Wichita	940-322-3171 http://www.redriverhospital.com
Rose Street Mental Health	1808 Rose Street Wichita Falls, TX 76301 1800 Rose Street Wichita Falls, TX 76301	Wichita	940-723-4488 http://rosestreet.org
Serenity Foundation	1502 N. 2 nd Street Abilene, TX 79601	Taylor	325-673-6489 <u>http://www.serenitytexas.com</u>
Seymour Hospital	511 Ingram Street Seymour, TX 76380	Baylor	940-889-4259 http://www.seymourhospital.com
Shades of Hope	402 Mulberry Street Buffalo Gap, TX 79508	Taylor	325-572-3843 http://www.shadesofhope.com
West Texas Centers	505 Chestnut Street Colorado City, TX 79512 304 West New Mexico Sweetwater, TX 79556 126 State Street Winters, TX 79567 1300 26 th Street Snyder, TX 79549	Mitchell Nolan Runnels Scurry	325-728-3611 325-236-6619 325-754-5591 325-573-4947 http://wtcmhmr.org

Local Social Services

Social services provide needed support through local non-profits, for-profit and state funded agencies across the region. While there are still gaps in certain areas, the reported area is not lacking in the 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 the majority of our region. 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 Activites

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

Religion and Prevention

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

School Domain

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

YP Programs

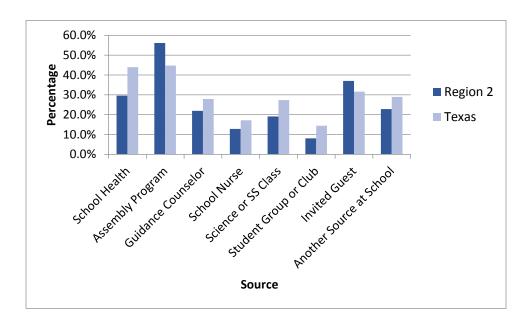
The Youth Prevention programs are offered throughout the state of Texas. These programs offer education to youth and empower them to make positive choices for their life. The programs utilize curriculum which is designed to teach students life skills in order to know how to strategize and handle life's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

handle difficult social situations which may or may not include drug and alcohol use. Youth Prevention programs are essential to providing positive education for life skills and drug-alcohol prevention throughout our reported area.

Students Receiving AOD Education in School

Students in Region 2 are provided with alcohol and drug education through certain 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. The following charts report the data for the total percentage of all students in Region 2 compared to the total percentage of Texas students' response to these questions asked below.

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



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

Sober Schools

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

Alternative Peer Group

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

High School to College and Academic Achievement

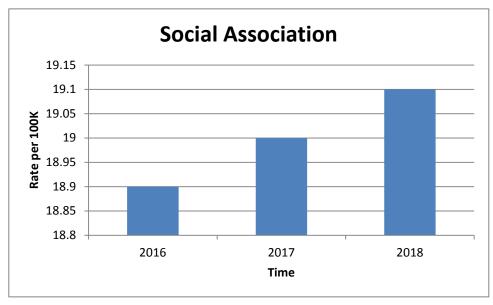
Academic achievement is respected within the region. Students will more than likely graduate high school in four years then attend college or another technical school specifically dedicated to a specific skill set. Academic achievement is one of the strongest protective factors within our region among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

Family Domain

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

Parental/Social Support

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



County Health Rankings and Roadmaps, Social Associations, 2016-2018.

Parental Attitudes toward Alcohol and Drug Consumption

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

According to the Texas School Survey report of 2016, most parents are perceived as "strongly disapprove(ing)" of students using substances. In congruence with the data previously reported, 72% of parents "strongly disapprove" of students using tobacco; 62% disapprove of students using alcohol; and 80% of students believe their parents "strongly disapprove" of kids their age using marijuana. In comparing all of the perceived parental beliefs of consuming each of these substances, alcohol has the least percentage of parental disapproval for our region. This perception percentage is also lower than the state percentage reported. Perhaps more education is needed for informing parents of the harmful effects alcohol may have to a minor's overall health and well-being.

Students Talking to Parents about ATOD

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

The 2016 Texas School Survey asked students "If you had a drug or alcohol problem and needed help, who would you go to? Of all students surveyed (grades 7th-12) in our region, 41% said they would go to a counselor or program in school, 23% reported they would see a nurse, 44% would see another adult in school, 43% would see a counselor outside school, 71% would speak with their parents, 55% reported they would see a doctor, 64% reported they would speak with their friends and 64% reported they

would speak with another adult for help. Of all the options available to students and youth to seek help with a substance use issue, parents were reported as having the highest percentage of all categories; they are seen as the people a student would seek out when dealing with a substance use issue. This data emphasizes the trust youth generally have with their parents in our region. It also emphasizes the importance of educating parents about how to speak with their children if they were to ask for help regarding a substance use issue.

Individual Domain

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

Life Skills Learned in YP Programs

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

Mental Health and Family Recovery Services

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

Youth Employment

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

Youth Perception of access

As reported in the Texas School Survey, student's perception of access may be correlated to whether a student consumes this substance. 24% of all 7th- 12th grade students surveyed in our region report

tobacco to be "very easy" to access; 28% of them believe alcohol is "very easy" to access; 16% of students surveyed reported marijuana as this accessible to them. In consideration of the data reported, alcohol has the highest percentage of students self-reporting alcohol as "very easy" to access in their daily life. When substances are more available to students, the student is more likely to engage in consuming it.

Youth Perception of Risk and Harm

Previously reported in the Perceived Risk of Harm section, students reported their belief of how dangerous they believed each substance was to them. Of all students surveyed in our area, 76% of them reported prescription drugs as "very dangerous"; 61% reported marijuana as "very dangerous"; 59% reported tobacco as "very dangerous" and 52% reported alcohol as "very dangerous". According to this data, alcohol has the least percentage of students reporting it as harmful to them. When a substance is not perceived as harmful to them the more likely someone is to use this substance.

Trends of Declining Substance Use

Since 1988 the Public Policy Research Institute at Texas A&M University has surveyed Texas students on drug and alcohol use through participation in the Texas School Survey. Overall use (past month or ever used) for all drugs is declining among youth from 1988-2014. Categories of drugs include: tobacco, alcohol, inhalants, any illicit drug, marijuana, cocaine/crack, hallucinogens, shopnol, steroids, ecstasy, heroine, and methamphetamines. Declining use is a positive outcome of prevention methods being applied successes fully among youth in the state of Texas.

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

Region in Focus

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

Gaps in Services

Although there are many resources throughout our area, there are additional services or needs that would be useful to the communities we serve.

<u>Methamphetamine treatment:</u> With the growing number of drug seizures and legal consequences specific to methamphetamine use, in addition to stakeholder interviews from law enforcement officials; our area is in dire need of a centralized treatment center for methamphetamine users and their families. A methadone treatment center could be extremely useful to our area in supporting individuals who desire treatment for this substance.

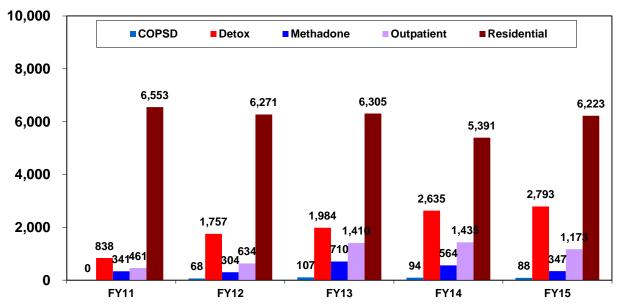
<u>Substance misuse treatment for youth:</u> Alcohol and marijuana continue to be consumed more than any other substance among high school and college aged students. Although there are preventative strategies and programs being offered, there is a lack of long terms treatment facilities particularly for

youth within the area. With our area being generally rural, services are usually offered in more urbanized areas such as Abilene, Brownwood and Wichita Falls. Transportation is then another hurdle a potential client may have in receiving the treatment they need. Additional substance abuse treatment and support for students in this area is needed.

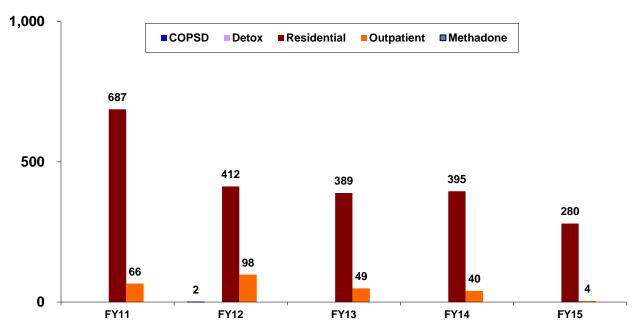
<u>Opioid management:</u> Opioids are addictive prescriptions but are effective in treating chronic pain. Demographically our area is mostly middle-aged to older adults but also has a high rate of prescriptions being issued. Education in preventative community strategies for opioid misuse is needed in order to ensure prescriptions are not being misused, taken by others who they are not prescribed to and disposed of properly when they are not needed.

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

<u>Waiting lists for state funded agencies:</u> 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.



Source: Texas Department of State Health Services (DSHS). *Behavioral Health Data Book*. Fiscal Year 2015, Quarter, October 9, 2015



Source: Texas Department of State Health Services (DSHS). *Behavioral Health Data Book*. Fiscal Year 2015, Quarter, October 9, 2015

Gaps in Data

Certain indicator information is still needed in assessing the area for potential risks. The following information describes the gaps of data desired for purposes of this report.

Participation in the Texas School Survey from larger school districts: Overall, 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 year we were able to build support and rapport with larger districts in order for them to see the importance of their participation in this. Most of the schools that participated are smaller schools where the monetary incentive is great motivation. Schools also receive a report of what their students self-reported. The PRC will continue to provide support in encouraging more schools to participate while using incentives as a motive for participation in larger districts.

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

Regional Partners

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

and sheriff's departments, health departments, a local hospital, mental health authorities, radio stations, non-profits agencies for intervention and prevention services, other PRC's across the state of Texas, prevention education programs, coalitions focused on preventative measures, Texas 211 A Call for Help, and community resource groups across our region. We look forward to growing our partnerships with other agencies in the next fiscal year.

Regional Successes

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

Abilene Regional Council on Alcohol and Drug Abuse: The Abilene Regional Council (ARCADA) has had great success in the past fiscal year. The Community Coalition Coordinator was able to place a second permanent prescription drug drop box through the Taylor Alliance Prevention coalition. This second box will be placed in a neutral location, the Taylor County Pharmacy located on highway 351. Although the first drug drop box has had great success, we hope this second drop box will encourage more people to drop off unused, unwanted, or expired medication as it has been placed in a more neutral location. In addition to this success, ARCADA began the second Medically Assisted Recovery Anonymous (MARA) support group for individuals in recovery for Opioid Use Disorder. This support group is the second in the nation and was modeled after the initial group created in Philadelphia.

<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>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 thirty-four 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 stipend for their school. Region 2 will be able to have our own regional representation for next year when the results of these surveys are analyzed. 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.

<u>Consistent Media Outreach:</u> 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.

<u>Utilization of the RNA:</u> 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 Prevention Resource Center of Region 2 hopes the Regional Needs Assessment is a useful reference for our region. Once completed on July 30, 2018, the PRC staff begins to promote and share the information in this document to state, regional, county and city stakeholders across our area. In every community meeting attended, the PRC staff will share county reports or data reported in this document. We look forward to not only sharing the information but building on existing partnerships and initiating new partnerships in order to fully evaluate the communities across our coverage area.

Key Findings

Here are some of the main points of the FY 2018 Regional Needs Assessment.

<u>Demographics:</u> Region2 is generally made up of middle-aged to older adults. Approximately 49% of our population are ages 25-65+. Ethnicity is dominated by Anglos however there is a growing Hispanic and "Other Races" in our area. Our overall population has increased since 2016.

<u>Socioeconomics:</u> The average medium income reports lower than state percentages. Although we hold a low unemployment rates, our region reports to have a high percentage of single-parent households, children in poverty, and households with public assistance and food stamps.

<u>Consumption:</u> Methamphetamines, marijuana, tranquilizers and synthetic narcotics are the most seized substances taken off the streets by law enforcement in our reported area from 2015-2017. Alcohol and marijuana are the most consumed substances among high school and college aged students within our region. There is also a high rate of prescriptions being issued to residents of our area.

<u>Consequences:</u> Child abuse, family violence, chronic disease, drug and alcohol poisoning deaths, drug related court cases and incarcerations exceed the state rates and/or are increasing over time. Most individuals seeking treatment are in need of services related to methamphetamine, alcohol, or marijuana use.

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

Summary of Region Compared to State

Through the collection and data analysis of Regional and State data, a few comparisons can be noted to help describe the overall climate of Region 2. Although the violent and property crime rates fall below the state rate, domestic violence and child abuse and neglect are reported as higher than the state rate. Additionally, the suicide and chronic disease death rates are higher than state rates. Although no causal relationship will be inferred between income, death rates, and crime rates, it is worth noting that the regional per capita income is lower than the state per capita income.

In terms of substance use, regional adolescent approval of the use of both alcohol and tobacco is higher than the state, and the overall consumption of alcohol and tobacco are also higher than state reported consumption. Overall, the adolescents in our region, when compared to state-wide reports, believe alcohol and tobacco to be less risky and are engaging in risky substance use behavior.

Moving Forward

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

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Appendix A

Table 1. County Total Population

County	2015 Total Population	2016 Total Population	2017 Total Population
Archer	9,247	9,123	9,641
Baylor	3,685	3,761	3,709
Brown	39,057	39,080	39,995
Callahan	13,792	14,147	14,351
Clay	10,986	10,465	11,389
Coleman	8,909	8,657	9,147
Comanche	14,235	13,865	14,577
Cottle	1,553	1,431	1,583
Eastland	18,959	18,516	19,512
Fisher	3,976	3,855	3,931
Foard	1,362	1,191	1,364
Hardeman	4,208	3,870	4,365
Haskell	5,874	5,709	5,996
Jack	9,171	9,189	9,502
Jones	20,878	19,997	21,647
Kent	803	813	808
Knox	3,778	3,562	3,757
Mitchell	9,621	8,698	9,853
Montague	20,171	19,717	20,950
Nolan	15,586	14,545	15,883
Runnels	10,613	10,398	10,846
Scurry	17,658	17,520	18,274
Shackelford	3,469	3,398	3,621
Stephens	9,814	9,882	10,094
Stonewall	1,493	1,452	1,506
Taylor	136,096	137,289	136,730
Throckmorton	1,648	1,517	1,655
Wichita	133,448	133,445	132,676
Wilbarger	14,050	12,513	14,495
Young	18,964	18,807	19,483
Region 2	563,104	556,412	571,340
Texas	26,947,116	27,862,596	28,797,290

Table 2. County Total Age Groups 2017

County	Age <18	Age 18-24	Age 25-44	Age 45-64	Age 65+
Archer	2,036	925	1,986	2,923	1,771
Baylor	740	285	753	988	943
Brown	9,202	3,516	8,628	10,224	8,425
Callahan	3,212	1,269	2,931	3,935	3,004
Clay	2,396	974	2,201	3,467	2,351
Coleman	1,906	776	1,713	2,488	2,264
Comanche	3,345	1,295	2,725	3,841	3,371
Cottle	366	129	253	377	458
Eastland	4,310	1,585	4,239	4,960	4,418
Fisher	798	378	705	1,085	965
Foard	258	119	231	369	387
Hardeman	1,024	410	815	1,143	973
Haskell	1,207	467	1,319	1,589	1,414
Jack	1,919	985	2,338	2,641	1,619
Jones	3,809	2,217	6,436	5,675	3,510
Kent	168	71	122	214	233
Knox	941	326	745	927	818
Mitchell	1,831	1,355	2,864	2,231	1,572
Montague	4,611	1,625	4,097	5,757	4,860
Nolan	3,878	1,387	3,570	3,974	3,074
Runnels	2,572	1,000	2,066	2,859	2,349
Scurry	4,567	1,787	4,593	4,514	2,813
Shackelford	812	329	656	1,073	751
Stephens	2,279	996	2,227	2,548	2,044
Stonewall	303	123	257	412	411
Taylor	34,122	13,697	38,479	30,405	20,027
Throckmorton	323	155	285	431	461
Wichita	31,406	16,499	34,598	30,985	19,188
Wilbarger	3,667	1,288	3,300	3,727	2,513
Young	4,617	1,537	4,132	5,264	3,933
Region 2	132625	57505	139,264	141,026	100,920
Texas	7500272	2,939,082	7,943,511	6,902,182	264,411

Table 3. County Total Race & Ethnicity 2017

County	Total Anglo	Total Black	Total Hispanic	Total Other
Archer	8,564	34	873	170
Baylor	3,063	69	524	53
Brown	28,467	1,447	9,009	1,072
Callahan	12,514	142	1,311	384
Clay	10,452	53	541	343
Coleman	7,052	199	1,712	184
Comanche	10,005	25	4,331	216
Cottle	1,065	143	358	17
Eastland	15,513	369	3,276	354
Fisher	2,641	133	1,104	53
Foard	1,080	55	220	9
Hardeman	2,903	226	1,131	105
Haskell	3,980	208	1,665	143
Jack	7,443	337	1,583	139
Jones	12,929	2,342	5,984	392
Kent	660	6	129	13
Knox	2,228	227	1,241	61
Mitchell	4,802	1,047	3,869	135
Montague	17,904	38	2,552	456
Nolan	9,147	723	5,723	290
Runnels	6,624	178	3,897	147
Scurry	9,697	806	7,505	266
Shackelford	3,154	14	390	63
Stephens	7,357	194	2,392	151
Stonewall	1,196	37	237	36
Taylor	85,909	9,730	34,373	6,718
Throckmorton	1,453	9	168	25
Wichita	84,869	13,777	26,471	7,559
Wilbarger	8,485	1,144	4,398	468
Young	14,967	231	3,905	380
Region 2	386,123	33,943	130,872	20,402
Texas	11,779,132	3,289,228	11,804,795	1,924,135

Table 4. County Total Per Capita Income 2016

Report Area	Total Income (\$)	Per Capita Income (\$)
Archer	\$254,501,300	\$29,085
Baylor	\$110,972,700	\$30,495
Brown	\$837,969,900	\$22,089
Callahan	\$306,680,000	\$22,556
Clay	\$276,762,100	\$26,696
Coleman	\$213,411,800	\$25,178
Comanche	\$292,819,900	\$21,680
Cottle	\$31,818,900	\$20,396
Eastland	\$393,829,600	\$21,577
Fisher	\$103,082,600	\$26,795
Foard	\$30,786,200	\$23,322
Hardeman	\$77,037,500	\$19,493
Haskell	\$122,468,200	\$21,071
Jack	\$218,783,200	\$24,676
Jones	\$344,615,200	\$17,279
Kent	\$18,298,300	\$27,433
Knox	\$74,896,600	\$19,673
Mitchell	\$173,905,100	\$19,333
Montague	\$492,403,300	\$25,402
Nolan	\$333,978,900	\$22,240
Runnels	\$237,952,200	\$22,855
Scurry	\$411,341,900	\$23,757
Shackelford	\$80,384,700	\$24,190
Stephens	\$218,315,500	\$22,306
Stonewall	\$29,943,000	\$24,284
Taylor	\$3,290,021,300	\$24,328
Throckmorton	\$43,867,000	\$28,859
Wichita	\$3,070,969,900	\$23,238
Wilbarger	\$282,616,700	\$21,638
Young	\$472,164,400	\$25,836
Region 2	\$12,846,597,900	\$23,357
Texas	\$750,156,282,800	\$27,828
United States	\$9,502,305,741,900	\$29,829

Table 5. County Total Single-Parent Household 2016-2018

County	2016 # Single- Parent Households	2016 % Single- Parent Households	2017 # Single- Parent Households	2017 % Single- Parent Households	2018 # Single- Parent Households	2018 % Single- Parent Households
Archer	344	17.23	383	19.72	274	14%
Baylor	150	19.38	141	18.36	152	20%
Brown	2,621	30.52	2,790	33.14	2,318	28%
Callahan	682	22.09	723	22.61	882	27%
Clay	419	17.88	464	20.19	582	26%
Coleman	831	43.71	754	40.91	531	29%
Comanche	718	22.26	712	22.58	954	31%
Cottle	107	33.54	107	27.16	89	24%
Eastland	1,374	35.79	1,552	39.43	1,254	32%
Fisher	168	20.74	193	24.34	162	20%
Foard	110	43.65	107	42.46	100	38%
Hardeman	313	34.10	261	29.79	214	23%
Haskell	382	33.13	412	39.92	401	46%
Jack	407	20.85	327	17.82	345	18%
Jones	1,071	29.83	1,072	30.99	1,134	37%
Kent	55	30.05	37	24.83	22	17%
Knox	368	38.94	329	33.61	306	31%
Mitchell	668	37.01	644	37.40	664	40%
Montague	1,213	27.17	1,264	28.47	1,219	28%
Nolan	1,556	41.50	1,593	42.95	1,640	44%
Runnels	1,400	54.37	1,259	49.65	1,019	42%
Scurry	1,359	31.65	1,340	31.08	1,442	32%
Shackelford	214	26.42	238	30.20	253	32%
Stephens	643	29.52	638	29.63	701	32%
Stonewall	60	15.42	75	19.18	69	21%
Taylor	11,959	37.17	11,761	36.18	12,042	37%
Throckmorton	131	38.99	119	36.62	137	49%
Wichita	11,540	38.52	11,130	37.44	11,301	38%
Wilbarger	1,355	42.53	1,346	42.92	1,337	44%
Young	1,522	34.21	1,668	37.70	1,649	38%
Region 2	43,740	31.61	43,439	31.58	43193	35%

Table 6. County Total Labor Force, Employment, Unemployment 2017

County	Labor Force	Employed	Unemployed
Archer	4,093	3,953	140
Baylor	1,599	1,544	55
Brown	16,183	15,562	621
Callahan	5,843	5,628	215
Clay	4,797	4,626	171
Coleman	3,070	2,934	136
Comanche	5,288	5,093	195
Cottle	517	495	22
Eastland	7,852	7,513	339
Fisher	1,722	1,661	61
Foard	595	575	20
Hardeman	1,654	1,590	64
Haskell	2,432	2,317	115
Jack	3,930	3,783	147
Jones	5,635	5,335	300
Kent	460	448	12
Knox	1,493	1,434	59
Mitchell	2,531	2,392	139
Montague	9,083	8,718	365
Nolan	6,778	6,503	275
Runnels	4,563	4,391	172
Scurry	6,982	6,677	305
Shackelford	1,875	1,819	56
Stephens	4,030	3,841	189
Stonewall	621	600	21
Taylor	64,051	61,784	2,267
Throckmorton	692	662	30
Wichita	55,970	53,903	2,067
Wilbarger	4,950	4,718	232
Young	8,082	7,776	306
Region	237,371	228,275	9,096

Table 7. County Total Unemployed & Unempoyment Percentage 2014-2017

County	2014 Unemployed	2014 Percent	2015 Unemployed	2015 Percent	2016 Unemployed	2016 Percent	2017 Unemployed	2017 Percent
Archer	191	4.5	182	4.4	181	4.4	140	3.4
Baylor	70	4.2	57	3.5	58	3.6	55	3.4
Brown	819	5.2	684	4.3	700	4.4	621	3.8
Callahan	259	4.4	244	4.3	246	4.3	215	3.7
Clay	229	4.6	215	4.4	216	4.5	171	3.6
Coleman	190	6.1	169	5.6	182	5.9	136	4.4
Comanche	266	4.8	227	4.2	230	4.3	195	3.7
Cottle	37	6.1	39	7.2	29	5.4	22	4.3
Eastland	402	4.8	379	4.7	405	5.5	339	4.3
Fisher	83	4.5	69	3.8	78	4.4	61	3.5
Foard	24	4.2	22	4	21	3.9	20	3.4
Hardeman	81	4.9	79	4.9	63	3.9	64	3.9
Haskell	106	3.9	90	3.5	111	4.4	115	4.7
Jack	161	3.7	171	4.2	191	4.9	147	3.7
Jones	319	5.5	310	5.5	330	5.9	300	5.3
Kent	17	3.3	13	2.6	14	3	12	2.6
Knox	75	4.3	63	3.8	70	4.4	59	4.0
Mitchell	123	4.2	154	5.6	188	7.2	139	5.5
Montague	402	4	410	4.2	451	5	365	4.0
Nolan	302	4.3	279	4	333	4.9	275	4.1
Runnels	211	4.2	173	3.7	190	4.1	172	3.8
Scurry	286	3.3	337	4.1	442	5.9	305	4.4
Shackelford	65	2.7	59	2.8	73	3.9	56	3.0
Stephens	187	4.4	171	4.2	209	5.3	189	4.7
Stonewall	27	3.9	29	4.4	29	4.6	21	3.4
Taylor	2710	4.2	2318	3.7	2365	3.7	2,267	3.5
Throckmorton	33	4	25	3.2	28	3.7	30	4.3
Wichita	2751	4.9	2365	4.3	2415	4.4	2,067	3.7
Wilbarger	260	4.9	246	4.8	240	4.8	232	4.7
Young	353	4.1	360	4.3	369	4.4	306	3.8
Region 2	11039	4.4	9939	4.3	10457	4.6	9,096	3.8

Table 8. County Total TANF Recipients and Recipients per 100K 2016-2017

	2016 Total	2016 Recipients per	2017	2017 Recipients per
County	Recipients	100K	Recipients	100K
Archer	10	109.6	12	124.5
Baylor	15	398.8	5	134.8
Brown	64	163.8	79	197.5
Callahan	12	84.8	9	62.7
Clay	22	210.2	18	158.0
Coleman	17	196.4	20	218.7
Comanche	28	201.9	16	109.8
Cottle	13	908.5	3	189.5
Eastland	20	108.0	29	148.6
Fisher	9	233.5	13	330.7
Foard	1	84.0	2	146.6
Hardeman	8	206.7	13	297.8
Haskell	10	175.2	12	200.1
Jack	7	76.2	7	73.7
Jones	29	145.0	19	87.8
Kent	2	246.0	2	247.5
Knox	22	617.6	4	106.5
Mitchell	18	206.9	12	121.8
Montague	31	157.2	28	133.7
Nolan	19	130.6	23	144.8
Runnels	15	144.3	8	73.8
Scurry	23	131.3	31	169.6
Shackelford	4	117.7	2	55.2
Stephens	79	799.4	11	109.0
Stonewall	4	275.5	5	332.0
Taylor	497	362.0	313	228.9
Throckmorton	3	197.8	0	0.0
Wichita	332	248.8	374	281.9
Wilbarger	63	503.5	31	213.9
Young	42	223.3	53	272.0
Region	1421	258	1153	202
Texas	58729	214.4	57827	200.8

Table 9. County Total SNAP Recipients 2016-2017

County	2016 Number of Recipients	2017 Number of Recipients
Archer	613	648
Baylor	533	603
Brown	5537	5503
Callahan	1886	1869
Clay	997	971
Coleman	1335	1328
Comanche	1919	1907
Cottle	241	230
Eastland	3022	2989
Fisher	406	387
Foard	171	170
Hardeman	585	543
Haskell	894	984
Jack	994	991
Jones	2090	2153
Kent	57	53
Knox	589	590
Mitchell	1078	1047
Montague	2534	2491
Nolan	2616	2700
Runnels	1522	1437
Scurry	2158	2117
Shackelford	405	381
Stephens	1733	1658
Stonewall	125	133
Taylor	19883	20274
Throckmorton	135	138
Wichita	19684	19504
Wilbarger	2131	2109
Young	2532	2438
Region 2	78405	78346
Texas	3,867,476	3,943,512

Table 10. County Total Students Free/Reduced Lunch 2013-2015

County	2013-2014 Total Students Free/Reduced Lunch	2014-2015 Total Students Free/Reduced Lunch	2015-2016 Total Students Free/Reduced Lunch
Archer	617	550	564
Baylor	303	314	300
Brown	3939	4090	4149
Callahan	1293	1308	1347
Clay	756	784	781
Coleman	711	863	803
Comanche	1489	1461	1509
Cottle	136	135	137
Eastland	1811	1776	1735
Fisher	323	292	344
Foard	141	144	139
Hardeman	589	564	616
Haskell	662	615	657
Jack	808	765	881
Jones	1703	1630	1663
Kent	54	52	39
Knox	459	509	466
Mitchell	855	777	841
Montague	1693	1659	1784
Nolan	2001	1897	1958
Runnels	1202	1174	1113
Scurry	1752	1509	1606
Shackelford	272	259	322
Stephens	956	947	959
Stonewall	135	129	131
Taylor	12991	12669	13113
Throckmorton	159	177	166
Wichita	13037	12904	12001
Wilbarger	1664	1449	1401
Young	2015	1920	1870
Region 2	54526	53322	53395
Texas	3,080,822	3,058,606	3107545

Table 11. County Total Number and Percent Uninsured Children 2014-2015

County	2014 Total Number	2014 Percent	2015 Total Number	2015 Percent
Archer	303	15	251	13
Baylor	113	14	106	13
Brown	1,060	12	863	10
Callahan	398	13	404	13
Clay	350	15	272	12
Coleman	272	14	222	12
Comanche	670	21	553	18
Cottle	70	22	67	20
Eastland	590	15	482	12
Fisher	131	16	101	12
Foard	51	18	41	15
Hardeman	187	19	146	16
Haskell	168	14	137	12
Jack	353	18	318	16
Jones	496	13	417	11
Kent	29	17	27	16
Knox	211	20	177	17
Mitchell	271	14	233	12
Montague	809	17	691	15
Nolan	480	12	423	10
Runnels	410	16	330	13
Scurry	674	15	593	13
Shackelford	137	17	124	15
Stephens	367	17	341	16
Stonewall	57	18	53	16
Taylor	3,536	10	2,784	8
Throckmorton	84	23	71	19
Wichita	3,146	10	2,751	9
Wilbarger	403	13	351	11
Young	761	17	643	14
Region 2	16,587	12.7	13,972	10.7

Appendix B

Table 12. County Total Dropout Rates 2014-2015

County	2014 Dropout Rate	2015 Dropout Rate	2016 Dropout Rate
Archer	1.4	0	0.7
Baylor	0	2.8	0
Brown	4.1	2.5	1.4
Callahan	4	2	1.8
Clay	3.5	2.9	1.7
Coleman	2.4	4.3	8.6
Comanche	2.4	2.3	0.7
Cottle	0	9.1	0
Eastland	7.6	3.9	3.8
Fisher	0	7.7	2.4
Foard	0	0	0
Hardeman	2.1	0	1.9
Haskell	4.8	3.9	4.4
Jack	0	0	0
Jones	2.2	0.5	1.8
Kent	0	0	10
Knox	7.4	0	0
Mitchell	6.2	3.4	1.8
Montague	3.9	2.8	1.4
Nolan	3.5	5.9	4.7
Runnels	0	3	1.5
Scurry	9.7	8.2	5.2
Shackelford	2.9	0	4.9
Stephens	3	2.2	6.9
Stonewall	0	0	4.3
Taylor	8	10.1	10.5
Throckmorton	10	0	0
Wichita	2.8	2.1	1.3
Wilbarger	9.9	6.7	11
Young	0.8	1.8	2.1
Region 2	3.4	2.9	4.6
Texas	6.6	6.3	6.2

Table 13. County Total Discipline Record Count, End of Year Enrollment, Discipline Rate, and Students Expelled 2016-2017

County	Discipline Record Count	Cumulative End of Year Enrollment	Discipline Rate per 100 Students	Students Expelled
Archer	114	1966	5.8	0
Baylor	44	643	6.8	0
Brown	725	7187	10.1	0
Callahan	302	2757	11.0	0
Clay	167	1839	9.1	0
Coleman	177	1462	12.1	0
Comanche	58	2566	2.3	0
Cottle	0	229	0.0	0
Eastland	237	3128	7.6	0
Fisher	17	598	2.8	0
Foard	33	249	13.3	0
Hardeman	102	814	12.5	0
Haskell	84	959	8.8	0
Jack	136	1752	7.8	0
Jones	289	2906	9.9	0
Kent	0	137	0.0	0
Knox	22	850	2.6	0
Mitchell	137	1583	8.7	0
Montague	283	3599	7.9	0
Nolan	428	3422	12.5	0
Runnels	256	2188	11.7	0
Scurry	695	3553	19.6	0
Shackelford	14	687	2.0	0
Stephens	177	1588	11.1	0
Stonewall	0	269	0.0	0
Taylor	3635	42445	8.6	42
Throckmorton	21	330	6.4	0
Wichita	3460	22022	15.7	0
Wilbarger	384	2613	14.7	0
Young	537	3625	14.8	0
Region 2	12534	117966	10.6	42

Table 14. County Total Homeless Students 2014-2017

	2015-2016	2016-2017	2017-2018
County	Homeless	Homeless	Homeless
	Students	Students	Students
Archer	29	38	29
Baylor	*	*	*
Brown	24	119	82
Callahan	98	122	74
Clay	52	65	42
Coleman	7	63	49
Comanche	128	123	106
Cottle	*	*	0
Eastland	147	242	125
Fisher	32	34	28
Foard	*	*	0
Hardeman	22	25	17
Haskell	38	40	30
Jack	7	28	32
Jones	276	391	262
Kent	*	*	0
Knox	7	16	17
Mitchell	13	56	22
Montague	28	58	22
Nolan	48	94	65
Runnels	42	65	63
Scurry	98	63	35
Shackelford	41	49	38
Stephens	41	53	47
Stonewall	10	12	6
Taylor	653	1355	1113
Throckmorton	*	*	*
Wichita	259	411	290
Wilbarger	15	34	10
Young	16	42	28
Region 2	2132	3598	2632

Table 15. County Total Index Violent Crime 2014-2016

County	2014 Index Violent Crime	2015 Index Violent Crime	2016 Index Violent Crime
Archer	144.4	132.6	212.3
Baylor	248.9	196.1	223.0
Brown	300.6	366.8	328.5
Callahan	110.1	140.4	66.6
Clay	124.0	155.3	136.6
Coleman	129.1	110.8	224.1
Comanche	264.0	244.6	195.7
Cottle	482.8	357.7	71.1
Eastland	191.4	320.2	216.2
Fisher	284.9	525.1	342.9
Foard	0.0	0.0	0.0
Hardeman	0.0	31.1	53.1
Haskell	101.9	62.9	127.1
Jack	177.6	249.0	260.6
Jones	258.7	154.5	140.7
Kent	246.4	256.1	397.9
Knox	78.9	198.0	361.2
Mitchell	243.0	99.8	100.2
Montague	153.1	185.1	171.2
Nolan	390.7	444.0	359.2
Runnels	135.5	182.4	208.9
Scurry	485.2	263.4	112.9
Shackelford	147.0	89.7	60.0
Stephens	173.1	138.6	202.6
Stonewall	0.0	216.8	143.9
Taylor	442.3	464.2	411.5
Throckmorton	0.0	62.3	0.0
Wichita	364.4	348.7	388.5
Wilbarger	175.1	295.2	473.0
Young	200.7	169.1	137.6
Region 2	201.8	215.4	307.9
Texas	404.2	410.5	433.7

Table 16. County Total Index Property Crime 2014-2016

County	2014 Index Property Crime	2015 Index Property Crime	2016 Index Property Crime
Archer	722.3	1041.5	829.8
Baylor	2240.7	2605.1	1672.2
Brown	2862.7	2548.8	2212.5
Callahan	1372.4	1277.7	1153.4
Clay	1325.8	1319.9	975.1
Coleman	1842.5	1900.8	1437.7
Comanche	2046.3	1949.9	2107.5
Cottle	482.7	214.6	710.8
Eastland	2241.9	2589.6	1691.2
Fisher	3651.9	2021.5	1398.1
Foard	0	0	0
Hardeman	1844.5	1119.1	1114.4
Haskell	968.4	597.5	825.9
Jack	2287.4	1562.1	1405.2
Jones	1950.1	1657.2	1308.4
Kent	1108.4	1920.6	1326.2
Knox	657.4	1445.2	1909.2
Mitchell	1848.4	1120.1	1203.5
Montague	2302.3	2101.7	2236
Nolan	2139.6	3161	4137
Runnels	1693.3	1478.4	2127.3
Scurry	3191.3	2302.4	2101.5
Shackelford	764.3	867.2	958.9
Stephens	1332.7	1524.6	1716.4
Stonewall	350	289.1	359.7
Taylor	4062.9	4026.4	3224.2
Throckmorton	311.5	373.6	0
Wichita	3630.3	3455.1	3313.2
Wilbarger	2436.3	2385.2	2853.5
Young	1823.3	1700.6	1271.9
Region 2	1783.053333	1685.216667	2607.7
Texas	2988	2822.8	2751.6

Table 17. County Total Domestic Violence per 100K 2014-2016

County	2014 Domestic Violence	2015 Domestic Violence	2016 Domestic Violence
	Rate	Rate	Rate
Archer	361.2	454.5	308.8
Baylor	719.2	644.3	529.5
Brown	888.3	869.1	922.1
Callahan	300.9	339.7	384.5
Clay	200.3	262.1	273.0
Coleman	199.5	221.4	0.0
Comanche	1188.2	1023.1	677.4
Cottle	206.9	143.1	0.0
Eastland	382.8	419.6	327.1
Fisher	207.2	288.8	342.9
Foard	0.0	0.0	0.0
Hardeman	324.0	497.4	424.5
Haskell	254.8	188.7	190.6
Jack	433.0	350.9	362.6
Jones	503.3	393.2	323.6
Kent	369.5	256.1	132.6
Knox	0.0	39.6	103.2
Mitchell	654.8	199.6	345.5
Montague	265.4	255.9	265.0
Nolan	635.9	79.5	665.1
Runnels	396.7	345.6	170.9
Scurry	856.3	985.1	728.8
Shackelford	88.2	209.3	359.6
Stephens	357.6	511.8	373.1
Stonewall	140.2	144.5	0.0
Taylor	1550.6	1646.9	1489.7
Throckmorton	0.0	0.0	63.9
Wichita	1141.2	1189.9	1099.0
Wilbarger	479.6	652.6	527.3
Young	461.3	425.2	308.3
Region 2	934.4	960.3	885.3
Texas	690.1	709.4	706.5

Table 18. County Total Child Abuse & Neglect: Confirmed Victims 2015-2017

County	2015 Victims	2016 Victims	2017 Victims
County	per 1,000 Children	per 1,000 Children	per 1,000 Children
Archer	5.8	5.8	9.8
Baylor	25.1	12.0	16.2
Brown	19.6	20.1	22.1
Callahan	11.8	8.7	13.7
Clay	10.5	15.1	8.7
Coleman	21.2	14.5	17.3
Comanche	10.1	13.1	10.4
Cottle	22.3	16.4	2.7
Eastland	15.8	12.1	14.6
Fisher	28.8	3.8	31.3
Foard	15.7	4.0	7.7
Hardeman	28.0	11.6	17.5
Haskell	10.0	6.6	6.6
Jack	28.0	27.0	23.9
Jones	17.4	12.4	17.5
Kent	0.0	0.0	0
Knox	9.5	6.3	7.4
Mitchell	15.9	14.8	16.3
Montague	34.2	31.0	22.7
Nolan	22.2	21.9	35.1
Runnels	17.3	9.4	11.2
Scurry	16.0	13.5	12.5
Shackelford	8.6	24.4	17.2
Stephens	12.3	11.4	6.6
Stonewall	3.2	0.0	26.4
Taylor	27.3	21.1	23.4
Throckmorton	16.0	0.0	9.3
Wichita	21.9	18.7	19.4
Wilbarger	17.1	13.0	11.5
Young	11.6	16.7	18.4
Region 2	21.0	17.8	19.1
Texas	9.1	7.9	8.5

Table 19. County Total Number of Sexual Assault 2014-2016

County	2014 Sexual Assaults	2015 Sexual Assaults	2016 Sexual Assaults
Archer	3	3	2
Baylor	4	1	1
Brown	53	53	31
Callahan	3	9	3
Clay	2	5	6
Coleman	1	5	5
Comanche	18	2	8
Cottle	0	0	0
Eastland	4	15	6
Fisher	6	0	0
Foard	0	0	0
Hardeman	1	0	0
Haskell	2	2	1
Jack	2	7	9
Jones	13	10	3
Kent	0	1	0
Knox	3	5	4
Mitchell	9	0	5
Montague	2	9	9
Nolan	13	4	1
Runnels	6	4	0
Scurry	5	3	4
Shackelford	2	2	1
Stephens	10	10	18
Stonewall	0	0	0
Taylor	224	235	176
Throckmorton	0	0	1
Wichita	217	181	242
Wilbarger	11	22	15
Young	23	14	11
Region 2	637	602	562
Texas	18756	18636	18349

Appendix C

Table 20. Region 2 Parental Attitude towards Substance Consumption

	Table T-5: How	do your parents	feel about	kids your age	using tobacco?	
	Strongly	Mildly	Neither	Mildly	Strongly	Do Not
	Disappove	Disapprove	Neither	Approve	Approve	Know
All	72.8%	9.7%	9.4%	1.3%	0.6%	6.1%
Grade 7	84.6%	2.3%	3.0%	0.7%	1.1%	8.3%
Grade 8	82.6%	6.9%	3.7%	0.5%	0.6%	5.7%
Grade 9	76.9%	8.7%	5.8%	2.6%	0.0%	6.0%
Grade 10	65.1%	16.3%	10.9%	1.6%	1.2%	4.9%
Grade 11	60.9%	16.4%	15.9%	0.6%	0.0%	6.2%
Grade 12	57.6%	11.3%	23.3%	2.5%	0.3%	5.1%
7	Table A-12: How	do your parents	feel about l	kids your age (drinking alcohol	?
	Strongly	Mildly	Neither	Mildly	Strongly	Do Not
	Disappove	Disapprove	NCIUICI	Approve	Approve	Know
All	62.4%	14.8%	12.1%	3.9%	0.9%	6.1%
Grade 7	77.9%	5.6%	5.3%	2.9%	0.8%	7.4%
Grade 8	74.3%	11.7%	6.8%	1.1%	0.7%	5.3%
Grade 9	63.5%	14.4%	7.7%	7.8%	0.0%	6.7%
Grade 10	51.4%	23.2%	13.0%	5.2%	2.6%	4.6%
Grade 11	51.0%	18.5%	19.8%	3.1%	0.4%	7.2%
Grade 12	44.9%	20.1%	25.5%	3.8%	0.7%	5.1%
	Table D-9: How	do your parents	feel about k	ids your age u	ısing marijuana?	
	Strongly	Mildly	Neither	Mildly	Strongly	Do Not
	Disappove	Disapprove		Approve	Approve	Know
All	80.3%	5.8%	5.2%	1.6%	1.1%	6.0%
Grade 7	85.4%	2.6%	1.8%	0.6%	1.1%	8.5%
Grade 8	85.3%	3.2%	4.1%	1.0%	1.0%	5.3%
Grade 9	80.2%	7.7%	2.9%	2.8%	0.0%	6.5%
Grade 10	77.5%	7.6%	6.7%	1.9%	2.2%	4.2%
Grade 11	75.8%	7.4%	9.4%	0.9%	0.6%	5.9%
Grade 12	73.4%	8.3%	8.3%	3.1%	1.9%	5.1%

Table 21.Region 2 Peer Approval of Substance Use by Substance

	Table T-4: Abo	ut how many of y	our close friend	s use Tobacco?	
	None	A Few	Some	Most	All
All	59.8%	24.2%	9.7%	5.8%	0.5%
Grade 7	84.4%	11.6%	3.1%	0.4%	0.4%
Grade 8	74.4%	16.9%	4.0%	4.6%	0.1%
Grade 9	62.8%	20.7%	9.5%	6.9%	0.0%
Grade 10	41.7%	35.8%	15.3%	6.5%	0.8%
Grade 11	43.8%	32.3%	13.9%	8.4%	1.6%
Grade 12	36.1%	35.7%	16.1%	10.7%	0.7%
	Table A-9: Abo	out how many of	your close friend	ds use alcohol?	
	None	A Few	Some	Most	All
All	45.5%	25.6%	13.5%	12.0%	3.3%
Grade 7	79.2%	14.4%	4.2%	1.4%	0.8%
Grade 8	65.4%	19.6%	9.5%	4.4%	1.1%
Grade 9	38.4%	30.5%	15.9%	11.8%	3.4%
Grade 10	24.7%	35.4%	13.2%	22.1%	4.6%
Grade 11	26.4%	28.8%	22.5%	19.9%	2.4%
Grade 12	19.9%	30.1%	21.5%	18.4%	10.0%
	Table D-7: Abou	it how many of y	our close friends	use marijuana?	
	None	A Few	Some	Most	All
All	61.6%	19.1%	10.2%	6.8%	2.4%
Grade 7	88.4%	7.8%	3.0%	0.4%	0.5%
Grade 8	73.9%	15.3%	5.2%	4.3%	1.2%
Grade 9	62.0%	17.6%	11.6%	6.8%	1.9%
Grade 10	47.6%	23.9%	16.8%	8.8%	2.9%
Grade 11	43.7%	27.2%	15.1%	11.6%	2.4%
Grade 12	38.7%	28.9%	12.9%	12.4%	7.1%

Table 22. Texas Peer Approval of Substance Use by Substance

	Table T-4: /	About how many	of your close frier	nds use tobacco?	
	None	A Few	Some	Most	All
All	68%	19.1%	7.8%	3.7%	1.0%
Grade 7	88.1%	8.6%	2.2%	0.7%	0.4%
Grade 8	79.3%	14.3%	4.2%	1.6%	0.6%
Grade 9	69.5%	19.4%	7.4%	3.2%	0.5%
Grade 10	62.7%	22.5%	9.6%	4.2%	1.0%
Grade 11	55.2%	25.7%	11.9%	6.0%	1.2%
Grade 12	46.9%	28.1%	14.2%	8.5%	2.3%
	Table A-9:	About how many	of your close frie	nds use alcohol?	
	None	A Few	Some	Most	All
All	49.5%	23.3%	13.8%	10.3%	3.1%
Grade 7	78.6%	14.3%	4.7%	1.9%	0.4%
Grade 8	66.1%	19.9%	8.9%	3.8%	1.3%
Grade 9	47.6%	26.1%	15.1%	9.3%	1.8%
Grade 10	38.2%	27.2%	18.1%	13.0%	3.5%
Grade 11	30.6%	27.5%	19.6%	17.3%	5.0%
Grade 12	24.3%	27.1%	19.6%	20.9%	8.1%
	Table D-7: A	bout how many c	of your close friend	ds use marijuana?	
	None	A Few	Some	Most	All
All	58.6%	19.0%	10.9%	8.5%	3.0%
Grade 7	84.2%	10.0%	3.6%	1.5%	0.7%
Grade 8	72.1%	15.0%	7.0%	4.3%	1.7%
Grade 9	58.3%	20.7%	11.5%	7.3%	2.3%
Grade 10	49.5%	21.9%	13.8%	11.0%	3.7%
Grade 11	40.6%	23.9%	16.5%	14.7%	4.3%
Grade 12	36.7%	25.2%	15.9%	15.3%	7.0%

Table 23. Region 2 Perceived Access of Substance

	Table T-3: If	you wanted s	some, how o	difficult wou	ıld it be to	get tobacco	o?		
	Never Heard of	Impossible	Very Difficult	Some t Diffic		mewhat Easy	Very Easy		
All	18.9%	24.7%	7.0%	9.2	%	15.5%	24.6%		
Grade 7	28.2%	39.6%	10.6%	7.2	%	6.7%	7.7%		
Grade 8	22.4%	34.7%	8.7%	10.9)%	12.5%	10.8%		
Grade 9	24.4%	27.2%	5.1%	9.4	%	12.8%	21.2%		
Grade 10	13.2%	17.3%	8.6%	9.4	%	24.4%	27.2%		
Grade 11	11.6%	12.6%	3.7%	10.3	3%	20.8%	41.0%		
Grade 12	7.5%	7.2%	3.6%	7.7	%	19.9%	54.1%		
Table A-5: If you wanted some, how difficult would it be to get alcohol?									
	Never Heard of	Impossible	Very Difficult	Some t Diffic		mewhat Easy	Very Easy		
All	15.5%	17.8%	8.2%	12.1	.%	18.3%	28.1%		
Grade 7	25.2%	31.1%	11.4%	10.2	!%	10.7%	11.4%		
Grade 8	19.4%	25.0%	10.3%	13.3	3%	15.9%	16.1%		
Grade 9	16.9%	17.6%	8.7%	11.4	! %	16.5%	28.8%		
Grade 10	10.0%	13.2%	7.4%	12.5	5%	20.6%	36.4%		
Grade 11	10.0%	5.7%	2.1%	15.1	.%	22.8%	44.3%		
Grade 12	6.1%	6.8%	7.4%	10.6	5%	27.9%	41.2%		
Table A	-10: Thinking	of parties you	ı attended t	his schol ye	ar, how of	ten was alc	ohol used?		
	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend		
All	48.3%	6.3%	4.2%	7.4%	11.0%	1.5%	21.4%		
Grade 7	73.6%	3.5%	0.9%	3.0%	1.4%	2.4%	15.2%		
Grade 8	62.6%	7.4%	3.4%	2.7%	3.4%	2.3%	18.1%		
Grade 9	43.7%	7.2%	6.1%	5.5%	11.4%	2.7%	23.3%		
Grade 10	40.3%	6.9%	5.3%	10.2%	13.7%	30.0%	23.4%		
Grade 11	30.1%	6.6%	4.0%	13.7%	20.2%	50.0%	24.9%		
Grade 12	24.4%	6.4%	6.5%	12.8%	23.0%	0.0%	26.9%		

Table D-5: If you wanted some, how difficult would it be to get										
		Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy			
Marijuana?										
	All	20.8%	32.1%	8.8%	10.0%	11.7%	16.7%			
	Grade 7	32.3%	49.4%	6.4%	4.5%	4.2%	3.1%			
	Grade 8	22.6%	44.6%	7.2%	7.9%	7.8%	10.0%			

	Grade 9	25.5%	32.9%	9.1%	9.6%	8.8%	14.1%
	Grade 10	14.4%	24.9%	9.3%	13.2%	14.1%	24.1%
	Grade 11	14.7%	14.7%	11.4%	13.3%	18.7%	27.2%
	Grade 12	9.3%	15.0%	10.7%	14.2%	21.7%	29.2%
Cocaine?							
	All	29.3%	44.4%	12.8%	8.0%	2.4%	3.0%
	Grade 7	36.2%	52.4%	7.9%	2.1%	1.0%	0.4%
	Grade 8	27.8%	54.3%	8.5%	4.2%	1.7%	3.5%
	Grade 9	36.3%	41.4%	11.0%	6.3%	0.5%	4.6%
	Grade 10	24.0%	44.7%	15.1%	9.7%	3.8%	2.6%
	Grade 11	26.8%	32.6%	15.9%	14.6%	6.5%	3.7%
	Grade 12	21.7%	34.0%	22.9%	15.4%	2.0%	4.0%
Crack?							
	All	30.3%	45.1%	13.4%	6.6%	2.2%	2.4%
	Grade 7	37.5%	52.1%	6.8%	1.9%	1.2%	0.5%
	Grade 8	28.6%	54.0%	8.0%	4.8%	1.5%	3.1%
	Grade 9	36.6%	41.4%	11.6%	6.3%	1.2%	3.0%
	Grade 10	24.6%	43.9%	18.5%	8.7%	2.9%	1.5%
	Grade 11	27.3%	34.9%	16.4%	12.6%	6.0%	2.9%
	Grade 12	24.4%	39.1%	23.8%	7.8%	0.8%	4.1%
Steroids?							
	All	31.5%	40.5%	13.8%	7.4%	3.6%	3.2%
	Grade 7	39.9%	47.7%	8.4%	1.9%	1.7%	0.3%
	Grade 8	31.2%	52.6%	8.9%	4.4%	1.5%	1.5%
	Grade 9	36.0%	35.6%	13.0%	5.6%	5.3%	4.3%
	Grade 10	23.9%	38.5%	16.8%	9.5%	6.4%	4.9%
	Grade 11	29.4%	31.2%	17.6%	14.9%	3.0%	4.0%
	Grade 12	25.3%	31.5%	21.9%	11.3%	4.7%	5.3%
Ecstasy?							
	All	43.6%	35.1%	11.5%	4.7%	2.6%	2.5%
	Grade 7	56.0%	35.9%	5.4%	1.2%	1.3%	0.3%
	Grade 8	48.4%	40.8%	5.6%	2.2%	1.0%	1.9%
	Grade 9	48.2%	38.1%	6.7%	2.3%	1.7%	3.0%
	Grade 10	33.7%	32.1%	20.0%	6.6%	4.7%	2.8%
	Grade 11	34.5%	31.1%	16.9%	8.7%	5.4%	3.4%
	Grade 12	34.2%	29.2%	18.9%	9.9%	2.8%	5.0%
Heroin?							
	All	38.8%	42.5%	11.9%	3.2%	1.7%	1.8%
	Grade 7	49.0%	42.6%	6.0%	1.0%	0.9%	0.4%
	Grade 8	39.2%	49.3%	7.2%	2.0%	0.9%	1.4%

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

Table D-8	Table D-8: Thinking of parties you attended this schol year, how often were marijuana and/or other drugs used?											
			Half the	Most of the		Do Not	Did Not					
	Never	Seldom	Time	Time	Always	Know	Attend					
All	58.5%	4.5%	4.8%	4.1%	4.2%	2.6%	21.3%					
Grade 7	80.6%	0.5%	0.6%	0.2%	0.7%	2.1%	15.3%					
Grade 8	69.6%	2.5%	2.3%	1.9%	3.5%	2.1%	18.1%					
Grade 9	57.4%	3.9%	3.4%	3.4%	4.2%	3.6%	24.2%					
Grade 10	52.8%	5.1%	7.7%	6.2%	2.7%	3.0%	22.5%					
Grade 11	42.2% 10.1% 8.9% 5.6% 5.2% 3.2% 2											
Grade 12	35.7%	7.1%	8.3%	9.9%	11.2%	1.9%	25.9%					

Table 24. Texas Perceived Access of Substance

	Table T-3: If	you wanted so	ome,how di	fficult woul	d it be to	get tobacco	o?
	Never Heard of	Impossible	Very Difficul	Some t Diffic		omewhat Easy	Very Easy
All	26.2%	21.8%	7.4%	9.8%	6	14.1%	20.7%
Grade 7	34.9%	36.3%	8.9%	6.8%	6	7.0%	6.1%
Grade 8	30.9%	28.4%	9.0%	10.49	% :	11.2%	10.1%
Grade 9	28.2%	20.9%	7.8%	11.9	% :	15.6%	15.7%
Grade 10	23.6%	17.4%	7.4%	12.29	%	17.7%	21.7%
Grade 11	19.0%	13.4%	5.7%	10.49	% :	20.2%	31.1%
Grade 12	16.0%	8.9%	4.2%	7.0%	6	14.8%	49.1%
	Table A-5: If	you wanted s	ome,how d	ifficult wou	ld it be to	get alcoho	l?
	Never Heard of	Impossible	Very Difficul	Some t Diffic		omewhat Easy	Very Easy
All	21.4%	14.5%	6.1%	11.1	.%	18.3%	28.6%
Grade 7	30.7%	26.8%	9.0%	9.89	%	10.4%	13.3%
Grade 8	26.7%	19.0%	7.6%	11.6	%	14.9%	20.2%
Grade 9	22.5%	12.9%	5.9%	12.0	1%	19.2%	27.4%
Grade 10	17.7%	10.9%	5.0%	10.7	' %	21.6%	34.1%
Grade 11	14.3%	7.8%	4.3%	10.8	%	23.3%	39.6%
Grade 12	12.4%	5.6%	3.6%	11.8	%	22.7%	43.8%
Table A-:	10: Thinking o	of parties you	attended th	nis schol yea	ar, how of	ften was alc	ohol used?
			Half the	Most of		Do No	t Did Not
	Never	Seldom	Time	the Time	Always	Know	Attend
All	51.0%	7.5%	5.4%	8.1%	10.3%	2.0%	15.7%
Grade 7	74.1%	6.1%	3.1%	2.8%	1.5%	2.3%	10%
Grade 8	67.3%	7.8%	4.7%	4.4%	3.0%	2.0%	10.7%
Grade 9	47.9%	9.2%	6.9%	8.5%	7.3%	2.4%	17.70%
Grade 10	42.2%	8.5%	6.7%	10.6%	11.5%	2.1%	18.4%
Grade 11	35.2%	7.0%	6.3%	11.4%	18.6%	1.1%	20.60%
Grade 12	29.9%	6.1%	5.1%	13.0%	25.9%	1.6%	18.5%

Table D-3: If you wanted some,how difficult would it be to get										
		Never Heard of	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy			
Marijuana?										
	All	25.4%	24.1%	7.7%	9.4%	12.6%	20.7%			
	Grade 7	36.2%	41.1%	8.4%	5.5%	4.5%	4.4%			
	Grade 8	31.0%	32.2%	8.9%	8.4%	8.5%	10.8%			

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	0 1 - 0	26.40/	22.40/	0.20/	40.60/	42.20/	40.40/
	Grade 9	26.1%	22.4%	9.2%	10.6%	13.3%	18.4%
	Grade 10	21.1%	19.0%	6.8%	11.1%	15.4%	26.5%
	Grade 11	17.6%	13.6%	6.3%	10.7%	17.4%	34.3%
	Grade 12	16.2%	9.9%	6.0%	11.0%	19.1%	37.8%
Cocaine?							
	All	33.7%	35.0%	12.8%	8.9%	4.5%	5.0%
	Grade 7	39.4%	44.9%	8.9%	3.9%	1.3%	1.5%
	Grade 8	37.3%	40.6%	10.9%	5.9%	2.7%	2.6%
	Grade 9	34.7%	34.9%	13.2%	8.6%	4.2%	4.3%
	Grade 10	31.9%	31.9%	13.5%	10.9%	6.0%	5.8%
	Grade 11	28.8%	29.3%	15.1%	12.5%	6.8%	7.5%
	Grade 12	27.5%	24.2%	16.6%	13.8%	7.5%	10.4%
Crack?							
	All	35.7%	36.1%	13.4%	7.7%	3.3%	3.8%
	Grade 7	41.2%	43.9%	8.5%	3.7%	1.3%	1.5%
	Grade 8	38.5%	40.8%	10.9%	5.1%	2.2%	2.5%
	Grade 9	36.3%	36.0%	13.5%	7.8%	2.8%	3.6%
	Grade 10	33.7%	33.8%	14.5%	9.3%	4.4%	4.2%
	Grade 11	31.7%	31.8%	16.2%	11.2%	4.6%	4.5%
	Grade 12	30.5%	26.5%	19.3%	11.0%	5.2%	7.5%
Steroids?							
	All	37.3%	34.6%	12.5%	7.9%	3.8%	3.8%
	Grade 7	42.6%	41.1%	8.5%	4.6%	1.7%	1.6%
	Grade 8	40.8%	38.7%	10.3%	5.2%	2.6%	2.4%
	Grade 9	37.4%	34.9%	12.8%	7.4%	3.7%	3.8%
	Grade 10	35.6%	32.9%	12.8%	9.5%	4.7%	4.5%
	Grade 11	33.2%	30.1%	15.5%	10.7%	5.6%	4.9%
	Grade 12	32.1%	27.1%	16.5%	12.1%	5.2%	7.0%
Ecstasy?							
263 (43)	All	45.0%	29.1%	10.4%	6.7%	4.3%	4.4%
	Grade 7	57.9%	32.0%	6.3%	2.2%	0.7%	1.0%
	Grade 8	53.2%	31.6%	7.8%	3.8%	1.7%	1.9%
	Grade 9	46.3%	29.9%	10.4%	5.9%	3.7%	3.9%
	Grade 10	40.5%	28.7%	11.8%	8.3%	5.1%	5.6%
	Grade 10			13.3%			
		34.4%	27.0%		10.6%	8.1%	6.5%
	Grade 12	32.0%	23.7%	14.5%	11.4%	8.7%	9.7%
Heroin?		40.464	26.264	44.70/	4.00/	2.20/	2.05/
	All	42.1%	36.2%	11.7%	4.9%	2.2%	2.8%
	Grade 7	50.9%	37.6%	6.8%	2.6%	0.9%	1.2%
	Grade 8	46.7%	37.7%	9.1%	3.1%	1.5%	2.0%
	Grade 9	42.4%	36.9%	11.2%	4.8%	2.1%	2.6%

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

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

Table 25. Region 2 Accessibility of Alcohol by Environment

	Table A-11:	How often, if eve	er, do you ge	et alcoholic be	everages from	
		Do not drink	Never	Seldom	Most of the time	Always
Home?						
	All	56.2%	20.4%	17.3%	3.2%	2.9%
	Grade 7	71.9%	16.5%	7.7%	3.4%	0.6%
	Grade 8	66.2%	16.4%	13.5%	2.3%	1.7%
	Grade 9	58.6%	19.2%	15.8%	2.5%	4.0%
	Grade 10	41.0%	23.4%	26.6%	4.1%	4.9%
	Grade 11	45.3%	26.2%	22.7%	3.1%	2.6%
	Grade 12	45.1%	23.7%	22.3%	4.2%	4.7%
		Do not drink	Never	Seldom	Most of the time	Always
Friends?						
	All	54.6%	18.2%	14.1%	9.4%	3.7%
	Grade 7	76.4%	16.1%	5.0%	2.4%	0.2%
	Grade 8	68.1%	18.2%	6.2%	5.8%	1.7%
	Grade 9	55.5%	19.4%	13.0%	6.9%	5.2%
	Grade 10	40.4%	22.4%	19.6%	12.2%	5.5%
	Grade 11	38.1%	15.4%	28.8%	13.1%	4.6%
	Grade 12	35.9%	17.6%	18.9%	21.1%	6.6%
		Do not drink	Never	Seldom	Most of the time	Always
Store?						
	All	58.1%	35.8%	3.2%	2.2%	0.7%
	Grade 7	75.5%	23.1%	0.9%	0.3%	0.1%
	Grade 8	69.5%	26.6%	2.8%	1.0%	0.1%
	Grade 9	63.7%	31.8%	3.6%	0.8%	0.0%
	Grade 10	41.7%	50.0%	3.4%	4.0%	0.9%
	Grade 11	44.3%	43.5%	6.8%	2.8%	2.6%
	Grade 12	42.7%	47.8%	2.9%	5.5%	1.1%
		Do not drink	Never	Seldom	Most of the time	Always
Parties?						
	All	53.7%	18.5%	9.9%	10.6%	7.3%
	Grade 7	75.0%	18.3%	2.7%	3.6%	0.5%
	Grade 8	67.5%	19.9%	3.7%	4.4%	4.5%
	Grade 9	54.0%	17.6%	10.7%	10.6%	7.1%
	Grade 10	39.8%	20.6%	13.5%	15.6%	10.5%
	Grade 11	38.5%	16.0%	18.3%	17.7%	9.5%
	Grade 12	33.9%	17.9%	15.3%	17.0%	15.9%
		Do not drink	Never	Seldom	Most of the time	Always
Other Sources						
	All	57.9%	24.5%	10.0%	4.1%	3.4%
	Grade 7	75.3%	18.0%	4.0%	1.3%	1.4%

Grade 9	60.9%	21.8%	8.6%	5.1%	3.5%
Grade 10	44.1%	33.2%	14.2%	6.0%	2.4%
Grade 11	46.3%	27.0%	17.4%	4.6%	4.7%
Grade 12	42.0%	31.1%	13.0%	5.9%	7.9%

Table 26. Texas Accessibility of Alcohol by Environment

Tal	ole A-11: Ho	w often, if ever	, do you ge	t alcoholic k	neverages from	
		Do not drink	Never	Seldom	Most of the time	Always
Home?						
	All	58.9%	18.7%	15.3%	4.9%	2.2%
	Grade 7	71.7%	17.3%	8.0%	1.9%	1.0%
	Grade 8	66.5%	17.0%	11.8%	3.4%	1.4%
	Grade 9	59.2%	18.0%	15.6%	5.0%	2.2%
	Grade 10	54.7%	18.4%	18.5%	5.7%	2.7%
	Grade 11	50.8%	20.3%	19.9%	6.4%	2.6%
	Grade 12	44.6%	22.5%	20.9%	7.9%	4.2%
		Do not drink	Never	Seldom	Most of the time	Always
Friends?						
	All	57.7%	18.0%	11.7%	9.2%	3.3%
	Grade 7	74.2%	19.3%	3.8%	2.1%	0.5%
	Grade 8	68.8%	19.1%	7.4%	3.5%	1.2%
	Grade 9	58.6%	19.0%	12.5%	7.7%	2.2%
	Grade 10	52.2%	18.5%	14.5%	10.7%	4.1%
	Grade 11	46.1%	16.5%	16.8%	15.0%	5.7%
	Grade 12	38.8%	14.8%	18.3%	20.2%	7.8%
		Do not drink	Never	Seldom	Most of the time	Always
Store?						
	All	58.1%	35.8%	3.2%	2.2%	0.7%
	Grade 7	75.7%	23.1%	0.9%	0.3%	0.1%
	Grade 8	69.5%	26.6%	2.8%	1.0%	0.1%
	Grade 9	63.7%	31.8%	3.6%	0.8%	0.0%
	Grade 10	41.7%	50.0%	3.4%	4.0%	0.9%
	Grade 11	44.3%	43.5%	6.8%	2.8%	2.6%
	Grade 12	42.7%	47.8%	2.9%	5.5%	1.1%
		Do not drink	Never	Seldom	Most of the time	Always
Parties?						
	All	55.7%	16.6%	9.9%	9.4%	8.5%
	Grade 7	71.1%	18.6%	5.3%	3.4%	1.6%
	Grade 8	66.4%	17.4%	8.0%	5.1%	3.1%
	Grade 9	55.7%	16.7%	10.5%	9.5%	7.5%
	Grade 10	50.6%	16.5%	11.3%	11.2%	10.4%
	Grade 11	44.8%	15.7%	11.2%	14.4%	13.9%
	Grade 12	38.2%	13.4%	14.4%	15.7%	18.3%
		Do not drink	Never	Seldom	Most of the time	Always
Other Sources?						

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

Table 27. Region 2 Perception of Harm of Substance

Table ⁻	Г-6: How dange	rous do you thir	ık it is for kids you	ır age to use?	
<u>Tobacco</u>	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	59.9%	25.7%	8.2%	2.0%	4.3%
Grade 7	78.5%	12.8%	4.2%	0.6%	3.9%
Grade 8	69.5%	22.4%	4.2%	0.9%	3.0%
Grade 9	62.1%	25.4%	4.8%	1.2%	6.4%
Grade 10	46.7%	31.8%	11.1%	3.7%	6.6%
Grade 11	46.1%	32.9%	13.9%	2.9%	4.1%
Grade 12	45.1%	35.2%	14.6%	3.3%	1.8%
Table T-6: How dang	erous do you tl	nink it is for kids	your age to use?		
Electronic Vapor	Very	Somewhat	Not very	Not at all	Do not
<u>Products</u>	Dangerous	Dangerous	Dangerous	Dangerous	know
All	53.1%	14.2%	16.6%	9.8%	6.2%
Grade 7	75.0%	9.1%	6.4%	3.0%	6.5%
Grade 8	59.1%	15.6%	9.8%	9.7%	5.7%
Grade 9	53.7%	12.9%	15.1%	11.3%	7.0%
Grade 10	43.7%	14.2%	23.0%	11.8%	7.3%
Grade 11	37.8%	15.8%	24.9%	15.8%	5.7%
Grade 12	38.7%	19.3%	27.7%	9.3%	4.9%
A-13: How dangerou	ıs do you think	it is for kids your	age to use alcoh	ol?	
	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	52.7%	30.5%	10.4%	2.3%	4.0%
Grade 7	70.6%	18.8%	6.3%	1.4%	2.9%
Grade 8	57.9%	28.2%	8.4%	3.0%	2.5%
Grade 9	50.3%	28.6%	12.1%	2.6%	6.4%
Grade 10	41.1%	39.0%	11.1%	2.4%	6.4%
Grade 11	42.5%	39.3%	12.4%	1.6%	4.2%
Grade 12	46.4%	34.4%	14.6%	3.2%	1.2%
Table D-10: How dar					
	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	61.5%	14.4%	8.8%	10.5%	4.8%
Grade 7	84.1%	5.1%	3.5%	2.4%	4.9%
Grade 8	69.8%	12.3%	6.7%	6.6%	4.5%
Grade 9	62.1%	14.9%	8.3%	9.2%	5.5%
Grade 10	48.2%	17.7%	10.7%	17.9%	5.5%

Grade 11	51.2%	17.8%	13.9%	12.2%	4.9%			
Grade 12	41.5%	23.0%	12.8%	19.2%	3.5%			
	Table D-13: How dangerous do you think it is for kids your age to use any prescription drug not prescribed to them?							
	Very	Somewhat	Not very	Not at all	Do not			
	Dangerous	Dangerous	Dangerous	Dangerous	know			
All	76.0%	12.0%	4.0%	0.7%	7.3%			
Grade 7	82.3%	7.3%	2.3%	0.7%	7.5%			
Grade 8	75.7%	10.8%	5.5%	0.6%	7.3%			
Grade 9	73.8%	12.7%	5.0%	0.3%	8.2%			
Grade 10	72.5%	15.7%	3.3%	1.7%	6.9%			
Grade 11	73.3%	13.2%	5.3%	0.6%	7.6%			
Grade 12	76.9%	14.2%	2.1%	0.6%	6.2%			
Table D-10: How dar	igerous do you t	think it is for kid	s your age to use					
	Very	Somewhat	Not very	Not at all	Do not			
<u>Cocaine?</u>	Dangerous	Dangerous	Dangerous	Dangerous	know			
All	89.0%	4.7%	0.8%	0.4%	5.1%			
Grade 7	91.0%	3.3%	0.8%	0.2%	4.6%			
Grade 8	90.6%	4.9%	0.4%	0.7%	3.4%			
Grade 9	88.3%	5.0%	1.0%	0.3%	5.4%			
Grade 10	85.9%	5.7%	0.9%	0.4%	7.1%			
Grade 11	87.7%	4.2%	0.6%	0.0%	7.5%			
Grade 12	89.6%	5.4%	1.3%	0.9%	2.8%			
	Very	Somewhat	Not very	Not at all	Do not			
<u>Crack?</u>	Dangerous	Dangerous	Dangerous	Dangerous	know			
All	90.7%	3.6%	0.4%	0.3%	4.9%			
Grade 7	92.5%	2.7%	0.7%	0.2%	3.9%			
Grade 8	91.2%	4.1%	0.6%	0.5%	3.6%			
Grade 9	89.4%	4.8%	0.0%	0.4%	5.4%			
Grade 10	86.3%	5.5%	0.4%	0.4%	7.3%			
Grade 11	90.8%	1.4%	0.9%	0.0%	6.9%			
Grade 12	94.2%	2.5%	0.0%	0.3%	3.0%			
F 2	Very	Somewhat	Not very	Not at all	Do not			
Ecstasy?	Dangerous	Dangerous	Dangerous	Dangerous	know			
All	83.4%	6.1%	1.3%	0.8%	8.5%			
Grade 7	86.7%	2.4%	0.4%	0.2%	10.3%			
Grade 8	86.5%	2.3%	0.6%	0.5%	10.0%			
Grade 9	85.5%	5.6%	1.3%	0.4%	7.3%			
Grade 10	76.7%	11.8%	0.0%	2.2%	9.3%			
Grade 11	80.8%	5.2%	3.9%	0.6%	9.6%			
Grade 12	81.9%	12.1%	2.1%	0.9%	3.0%			

	Very	Somewhat	Not very	Not at all	Do not
Steroids?	Dangerous	Dangerous	Dangerous	Dangerous	know
All	76.4%	12.0%	3.8%	0.7%	7.1%
Grade 7	82.0%	8.4%	2.7%	0.6%	6.3%
Grade 8	78.1%	10.7%	3.1%	0.7%	7.4%
Grade 9	78.5%	12.0%	1.6%	1.1%	6.8%
Grade 10	72.4%	16.4%	3.2%	0.4%	7.5%
Grade 11	74.3%	12.2%	4.9%	0.0%	8.6%
Grade 12	69.9%	13.9%	8.7%	1.7%	5.8%
	Very	Somewhat	Not very	Not at all	Do not
<u>Heroin?</u>	Dangerous	Dangerous	Dangerous	Dangerous	know
All	89.5%	2.8%	0.6%	0.4%	6.8%
Grade 7	88.5%	2.0%	0.5%	0.4%	8.4%
Grade 8	90.4%	1.8%	0.6%	0.6%	6.5%
Grade 9	89.1%	2.2%	1.7%	0.3%	6.6%
Grade 10	86.1%	6.2%	0.2%	0.4%	7.1%
Grade 11	90.5%	1.5%	0.0%	0.0%	8.0%
Grade 12	93.4%	3.3%	0.0%	0.3%	3.0%
	Very	Somewhat	Not very	Not at all	Do not
Methamphetamine?	Dangerous	Dangerous	Dangerous	Dangerous	know
All	89.9%	2.8%	0.6%	0.3%	6.4%
Grade 7	89.6%	2.0%	0.5%	0.2%	7.7%
Grade 8	90.0%	3.2%	0.8%	0.5%	5.5%
Grade 9	00.60/				
C. ddC J	89.6%	3.5%	0.4%	0.3%	6.2%
Grade 10	89.6% 86.5%	3.5% 4.6%	0.4% 0.3%	0.3% 0.4%	6.2% 8.1%
				_	
Grade 10	86.5%	4.6%	0.3%	0.4%	8.1%
Grade 10 Grade 11	86.5% 90.8%	4.6% 1.9%	0.3% 0.0%	0.4% 0.0%	8.1% 7.3%
Grade 10 Grade 11 Grade 12	86.5% 90.8% 93.8%	4.6% 1.9% 1.3%	0.3% 0.0% 1.6%	0.4% 0.0% 0.3%	8.1% 7.3% 3.0%
Grade 10 Grade 11 Grade 12 Synthetic	86.5% 90.8% 93.8% Very	4.6% 1.9% 1.3% Somewhat	0.3% 0.0% 1.6% Not very	0.4% 0.0% 0.3% Not at all	8.1% 7.3% 3.0% Do not
Grade 10 Grade 11 Grade 12 Synthetic Marijuana?	86.5% 90.8% 93.8% Very Dangerous	4.6% 1.9% 1.3% Somewhat Dangerous	0.3% 0.0% 1.6% Not very Dangerous	0.4% 0.0% 0.3% Not at all Dangerous	8.1% 7.3% 3.0% Do not know
Grade 10 Grade 11 Grade 12 Synthetic Marijuana? All	86.5% 90.8% 93.8% Very Dangerous 82.6%	4.6% 1.9% 1.3% Somewhat Dangerous 7.0%	0.3% 0.0% 1.6% Not very Dangerous 1.7%	0.4% 0.0% 0.3% Not at all Dangerous 1.5%	8.1% 7.3% 3.0% Do not know 7.2%
Grade 10 Grade 11 Grade 12 Synthetic Marijuana? All Grade 7	86.5% 90.8% 93.8% Very Dangerous 82.6% 86.9%	4.6% 1.9% 1.3% Somewhat Dangerous 7.0% 3.3%	0.3% 0.0% 1.6% Not very Dangerous 1.7% 1.5%	0.4% 0.0% 0.3% Not at all Dangerous 1.5% 0.4%	8.1% 7.3% 3.0% Do not know 7.2% 7.8%
Grade 10 Grade 11 Grade 12 Synthetic Marijuana? All Grade 7 Grade 8	86.5% 90.8% 93.8% Very Dangerous 82.6% 86.9% 84.6%	4.6% 1.9% 1.3% Somewhat Dangerous 7.0% 3.3% 4.4%	0.3% 0.0% 1.6% Not very Dangerous 1.7% 1.5% 0.7%	0.4% 0.0% 0.3% Not at all Dangerous 1.5% 0.4% 2.5%	8.1% 7.3% 3.0% Do not know 7.2% 7.8% 7.8%
Grade 10 Grade 11 Grade 12 Synthetic Marijuana? All Grade 7 Grade 8 Grade 9	86.5% 90.8% 93.8% Very Dangerous 82.6% 86.9% 84.6% 80.9%	4.6% 1.9% 1.3% Somewhat Dangerous 7.0% 3.3% 4.4% 9.6.%	0.3% 0.0% 1.6% Not very Dangerous 1.7% 1.5% 0.7% 1.0%	0.4% 0.0% 0.3% Not at all Dangerous 1.5% 0.4% 2.5% 2.2%	8.1% 7.3% 3.0% Do not know 7.2% 7.8% 7.8% 6.4%

Table 28. Texas Perception of Harm of Substance

Tal	ole T-6: How da	ingerous do you th	nink it is for kids yo	ur age to use?	
<u>Tobacco</u>	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	63.3%	22.5%	8.0%	1.9%	4.3%
Grade 7	78.6%	13.7%	3.3%	0.7%	3.7%
Grade 8	70.1%	19.0%	5.7%	1.2%	4.0%
Grade 9	6.4%	24.2%	8.1%	1.5%	4.8%
Grade 10	58.9%	25.5%	8.6%	2.2%	4.8%
Grade 11	54.8%	27.0%	11.0%	2.6%	4.6%
Grade 12	50.1%	28.8%	13.4%	4.0%	3.8%
Tal	ole T-6: How da	ingerous do you th	nink it is for kids yo	ur age to use?	
<u>Electronic</u>	Voru	Somewhat	Notvon	Not at all	Donot
<u>Vapor Products</u>	Very Dangerous	Dangerous	Not very Dangerous	Dangerous	Do not know
	Dangerous	Dangerous	Dangerous	Dangerous	KIIOW
All	52.1%	13.4%	15.2%	13.5%	5.8%
Grade 7	70.8%	12.0%	6.7%	5.5%	5.0%
Grade 8	60.7%	13.3%	11.8%	8.9%	5.3%
Grade 9	49.5%	13.6%	16.6%	13.9%	6.4%
Grade 10	44.6%	3.6%	18.8%	17.2%	5.8%
Grade 11	40.7%	14.4%	19.4%	18.8%	6.6%
Grade 12	39.8%	13.7%	20.9%	19.6%	6.0%
Table A	-13: How dange	erous do you think	t it is for kids your a	age to use alcohol	l?
	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	53.3%	29.1%	11.8%	2.4%	3.3%
Grade 7	66.9%	20.6%	7.4%	1.9%	3.2%
Grade 8	57.9%	25.4%	11.1%	2.4%	3.2%
Grade 9	50.2%	30.5%	12.9%	2.2%	4.2%
Grade 10	49.2%	31.8%	12.6%	2.8%	3.5%
Grade 11	47.0%	34.8%	12.6%	2.4%	3.2%
Grade 12	44.9%	34.4%	15.6%	2.5%	2.5%
Table D-1	LO: How danger	ous do you think i	t is for kids your ag	ge to use marijuar	na?
	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	58.3%	13.3%	12.2%	12.2%	3.9%
Grade 7	81.6%	7.6%	4.2%	3.1%	3.4%

Grade 8	69.7%	11.9%	7.6%	6.8%	4.0%
Grade 9	58.2%	14.9%	11.7%	10.5%	4.7%
Grade 10	48.5%	16.6%	15.8%	15.3%	3.8%
Grade 11	43.6%	15.5%	16.9%	19.4%	4.6%
Grade 12	39.3%	14.5%	20.2%	23.0%	3.1%

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

	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	74.0%	14.2%	4.2%	1.2%	6.3%
Grade 7	80.4%	9.2%	2.9%	1.0%	6.4%
Grade 8	75.9%	12.5%	4.0%	1.3%	6.3%
Grade 9	72.5%	14.9%	4.5%	1.1%	7.0%
Grade 10	72.0%	15.6%	4.5%	1.6%	6.3%
Grade 11	70.3%	16.7%	5.3%	1.4%	6.4%
Grade 12	71.3%	17.7%	4.5%	1.1%	5.4%

Table D-13: How dangerous do you think it is for kids your age to use...

	Very	Somewhat	Not very	Not at all	Do not
Cocaine?	Dangerous	Dangerous	Dangerous	Dangerous	know
All	88.2%	6.0%	0.9%	0.5%	4.3%
Grade 7	91.1%	4.1%	0.7%	0.4%	3.6%
Grade 8	88.7%	5.8%	1.0%	0.3%	4.2%
Grade 9	87.0%	6.7%	0.8%	0.6%	4.9%
Grade 10	87.0%	6.6%	1.0%	0.5%	4.8%
Grade 11	87.7%	6.1%	0.9%	0.6%	4.7%
Grade 12	87.2%	7.1%	1.2%	0.7%	3.7%
Crack?	Very	Somewhat	Not very	Not at all	Do not
Crack?	Dangerous	Dangerous	Dangerous	Dangerous	know
All	89.4%	5.0%	0.6%	0.4%	4.6%
Grade 7	90.9%	4.1%	0.6%	0.3%	4.0%
Grade 8	88.9%	5.5%	0.8%	0.3%	4.4%
Grade 9	88.2%	5.8%	0.5%	0.4%	5.2%
Grade 10	88.4%	5.4%	0.7%	0.5%	5.1%
Grade 11	90.0%	4.2%	0.5%	0.4%	4.9%
Grade 12	90.5%	4.7%	0.4%	0.5%	3.9%
Ecstasy?	Very	Somewhat	Not very	Not at all	Do not
<u>LCStaSy:</u>	Dangerous	Dangerous	Dangerous	Dangerous	know
All	82.4%	7.3%	2.0%	0.7%	7.5%
Grade 7	86.4%	3.7%	0.8%	0.4%	8.7%
Grade 8	84.0%	5.6%	1.4%	0.5%	8.5%

0 1 - 0	04.00/	7.60/	4.00/	0.00/	0.00/
Grade 9	81.8%	7.6%	1.8%	0.8%	8.0%
Grade 10	81.4%	8.7%	2.0%	0.8%	7.1%
Grade 11	80.2%	9.2%	2.9%	0.9%	6.8%
Grade 12	79.6%	10.4%	3.6%	1.1%	5.3%
Steroids?	Very	Somewhat	Not very	Not at all	Do not
	Dangerous	Dangerous	Dangerous	Dangerous	know
All	76.9%	12.2%	3.7%	1.0%	6.2%
Grade 7	81.9%	8.7%	2.7%	0.7%	6.0%
Grade 8	78.3%	11.4%	3.3%	0.9%	6.1%
Grade 9	76.3%	12.8%	3.5%	1.0%	6.4%
Grade 10	74.2%	14.0%	4.0%	1.3%	6.5%
Grade 11	75.3%	12.7%	4.6%	1.0%	6.4%
Grade 12	74.3%	14.7%	4.2%	1.3%	5.5%
Heroin?	Very	Somewhat	Not very	Not at all	Do not
TICTOTT:	Dangerous	Dangerous	Dangerous	Dangerous	know
All	89.6%	3.8%	0.5%	0.4%	5.7%
Grade 7	88.9%	3.5%	0.7%	0.3%	6.5%
Grade 8	88.2%	4.7%	0.7%	0.4%	6.0%
Grade 9	88.6%	4.4%	0.3%	0.4%	6.3%
Grade 10	89.6%	3.6%	0.6%	0.6%	5.6%
Grade 11	91.3%	3.1%	0.4%	0.5%	4.7%
Grade 12	91.7%	3.5%	0.4%	0.3%	4.2%
Methamphetamine?	Very	Somewhat	Not very	Not at all	Do not
<u>Methamphetamine:</u>	Dangerous	Dangerous	Dangerous	Dangerous	know
All	89.6%	3.6%	0.5%	0.4%	5.9%
Grade 7	89.1%	3.3%	0.5%	0.4%	6.8%
Grade 8	88.4%	4.2%	0.7%	0.4%	6.3%
Grade 9	8890.0%	4.0%	0.4%	0.4%	6.3%
Grade 10	89.5%	3.6%	0.6%	0.5%	5.9%
Grade 11	91.3%	2.8%	0.5%	0.4%	4.9%
Grade 12	91.3%	3.6%	0.4%	0.3%	4.4%
<u>Synthetic</u>	Very	Somewhat	Not very	Not at all	Do not
<u>Marijuana?</u>	Dangerous	Dangerous	Dangerous	Dangerous	know
All	82.1%	7.3%	2.4%	1.2%	7.0%
Grade 7	87.1%	4.2%	1.2%	0.7%	6.8%
Grade 8	83.5%	6.3%	1.9%	1.0%	7.3%
Grade 9	79.7%	8.4%	2.5%	1.5%	7.6%
Grade 10	79.2%	8.9%	2.9%	1.6%	7.5%
Grade 11	80.8%	8.1%	3.1%	1.3%	6.7%
Grade 12	81.1%	8.6%	3.4%	0.8%	6.1%

Table 29. Region 2 Substance Use by Substance

Table T-1	: How recently, i	if ever, have you	used	
	Past Month	School Year	Ever Used	Never Used
Any Tobacco Product				
All	15.4%	20.1%	33.7%	66.3%
Grade 7	6.5%	7.7%	12.9%	87.1%
Grade 8	9.7%	11.6%	20.2%	79.8%
Grade 9	14.2%	17.6%	35.0%	65.0%
Grade 10	22.3%	30.9%	49.2%	50.8%
Grade 11	22.3%	30.1%	42.9%	57.1%
Grade 12	23.3%	30.8%	54.4%	45.6%
Table A-1	: How recently,	if ever, have you	used	
	Past Month	School Year	Ever Used	Never Used
Any Alcohol Product				
All	30.7%	35.0%	57.2%	42.8%
Grade 7	13.8%	16.2%	34.0%	66.0%
Grade 8	18.9%	20.7%	43.7%	56.3%
Grade 9	33.8%	39.0%	60.0%	40.0%
Grade 10	40.2%	47.8%	72.3%	27.7%
Grade 11	43.3%	47.8%	72.9%	27.1%
Grade 12	44.2%	49.6%	73.2%	26.8%
Table D-1	: How recently,	if ever, have you	used	
	Past Month	School Year	Ever Used	Never Used
Any Illicit Drug				
All	12.2%	15.5%	20.9%	79.1%
Grade 7	4.3%	5.3%	5.5%	94.5%
Grade 8	8.0%	9.7%	13.6%	86.4%
Grade 9	12.2%	17.3%	20.4%	79.6%
Grade 10	18.1%	22.3%	29.8%	70.2%
Grade 11	15.3%	21.6%	30.3%	69.7%
Grade 12	19.4%	22.1%	34.8%	65.2%
	Past Month	School Year	Ever Used	Never Used
Marijuana				
All	11.9%	14.1%	19.3%	80.7%
Grade 7	4.3%	4.3%	4.6%	95.4%
Grade 8	7.9%	8.3%	11.1%	88.9%
Grade 9	12.2%	16.6%	19.4%	80.6%
Grade 10	17.7%	21.7%	28.3%	71.7%
Grade 11	15.3%	18.3%	27.8%	72.2%
Grade 12	18.1%	20.6%	33.4%	66.6%

	Past Month	School Year	Ever Used	Never Used
Cocaine				
All	0.8%	0.9%	1.7%	98.3%
Grade 7	0.0%	0.0%	0.0%	100.0%
Grade 8	0.6%	0.8%	2.0%	98.8%
Grade 9	0.1%	0.1%	0.7%	99.3%
Grade 10	1.1%	1.4%	2.1%	97.9%
Grade 11	0.0%	0.0%	1.6%	98.4%
Grade 12	3.8%	3.8%	4.7%	95.3%
	Past Month	School Year	Ever Used	Never Used
Crack				
All	0.2%	0.2%	0.6%	99.4%
Grade 7	0.1%	0.1%	0.1%	99.9%
Grade 8	0.4%	0.5%	1.5%	98.5%
Grade 9	0.0%	0.0%	0.0%	100.0%
Grade 10	0.4%	0.4%	0.4%	99.6%
Grade 11	0.0%	0.0%	1.3%	98.7%
Grade 12	0.0%	0.0%	0.4%	99.6%
	Past Month	School Year	Ever Used	Never Used
Steroids				
All	0.7%	0.9%	2.3%	97.7%
Grade 7	0.0%	0.0%	0.3%	99.7%
Grade 8	1.6%	2.0%	3.0%	97.0%
Grade 9	0.1%	0.1%	1.5%	98.5%
Grade 10	1.0%	1.0%	5.1%	94.9%
Grade 11	1.5%	2.4%	3.9%	96.1%
Grade 12	0.0%	0.0%	0.0%	100.0%
	Past Month	School Year	Ever Used	Never Used
Ecstasy				
All	0.3%	0.7%	1.6%	98.4%
Grade 7	0.1%	0.1%	0.4%	99.6%
Grade 8	0.1%	0.3%	1.1%	98.9%
Grade 9	0.0%	0.0%	0.3%	99.7%
Grade 10	0.6%	1.6%	3.3%	96.7%
Grade 11	0.0%	0.4%	1.1%	98.9%
Grade 12	0.9%	2.6%	4.6%	95.4%
	Past Month	School Year	Ever Used	Never Used
Heroin				
All	0.2%	0.2%	0.5%	99.5%
Grade 7	0.2%	0.4%	0.5%	99.5%

Grade 8	0.3%	0.4%	0.7%	99.3%
Grade 9	0.0%	0.0%	0.4%	99.6%
Grade 10	0.4%	0.4%	0.4%	99.6%
Grade 11	0.0%	0.0%	0.4%	99.6%
Grade 12	0.0%	0.0%	0.4%	99.6%
	Past Month	School Year	Ever Used	Never Used
Methamphetamine				
All	0.2%	0.4%	1.2%	98.8%
Grade 7	0.1%	0.1%	0.2%	99.8%
Grade 8	0.1%	1.2%	2.5%	97.5%
Grade 9	0.0%	0.1%	1.4%	98.6%
Grade 10	0.7%	0.7%	0.7%	99.3%
Grade 11	0.0%	0.4%	1.0%	99.0%
Grade 12	0.0%	0.0%	1.1%	98.9%
	Past Month	School Year	Ever Used	Never Used
Synthetic Marijuana				
All	1.1%	2.0%	4.3%	95.7%
Grade 7	1.4%	1.4%	1.6%	98.4%
Grade 8	1.7%	2.4%	4.3%	95.7%
Grade 9	0.5%	0.9%	2.8%	97.2%
Grade 10	1.7%	2.9%	4.5%	95.5%
Grade 11	1.1%	3.1%	6.8%	93.2%
Grade 12	0.0%	1.3%	7.7%	92.3%

Table 30. Texas Substance Use by Substance

Ta	able T-1: How rece	ntly, if ever, have	you used	
	Past Month	School Year	Ever Used	Never Used
Any Tobacco Product				
All	14.5%	18.6%	30.5%	69.5%
Grade 7	5.3%	6.8%	13.5%	86.5%
Grade 8	8.6%	11.1%	21.2%	78.8%
Grade 9	13.3%	17.3%	29.7%	70.3%
Grade 10	16.1%	21.1%	35.0%	65.0%
Grade 11	21.4%	27.6%	42.5%	57.5%
Grade 12	27.3%	34.3%	48.5%	51.5%
Ta	ble A-1: How rece	ntly, if ever, have y	ou used	
	Past Month	School Year	Ever Used	Never Used
Any Alcohol Product				
All	28.6%	34.0%	530.0%	47.0%
Grade 7	13.3%	15.9%	34.6%	65.4%
Grade 8	20.3%	23.9%	43.3%	56.7%
Grade 9	28.3%	33.4%	52.9%	47.1%
Grade 10	31.8%	38.0%	58.6%	41.4%
Grade 11	38.0%	46.0%	64.8%	35.2%
Grade 12	47.1%	55.5%	71.8%	28.2%
Та	ble D-1: How rece	ently, if ever, have	you used	
	Past Month	School Year	Ever Used	Never Used
Any Illict Drug				
All	12.8%	16.9%	22.6%	77.4%
Grade 7	4.1%	5.9%	7.6%	92.4%
Grade 8	7.4%	10.2%	13.2%	86.8%
Grade 9	11.3%	15.0%	19.5%	80.5%
Grade 10	15.2%	19.9%	27.0%	73.0%
Grade 11	19.8%	26.0%	35.0%	65.0%
Grade 12	23.7%	30.4%	41.8%	58.2%
	Past Month	School Year	Ever Used	Never Used
Marijuana				
All	12.2%	15.0%	21.0%	79.0%
Grade 7	3.6%	4.3%	5.9%	94.1%
Grade 8	6.7%	8.3%	11.4%	88.6%
Grade 9	10.9%	13.1%	17.8%	82.2%
Grade 10	14.4%	17.8%	25.2%	74.8%
Grade 11	19.4%	23.8%	33.7%	66.3%

Grade 12	23.0%	28.1%	40.2%	59.8%
	Past Month	School Year	Ever Used	Never Used
Cocaine				
All	1.4%	1.7%	2.8%	97.2%
Grade 7	0.6%	0.7%	0.9%	99.1%
Grade 8	1.1%	1.2%	1.6%	98.4%
Grade 9	1.1%	1.3%	2.2%	97.8%
Grade 10	1.5%	1.9%	3.0%	97.0%
Grade 11	1.9%	2.4%	4.6%	95.5%
Grade 12	2.6%	3.2%	5.7%	94.3%
	Past Month	School Year	Ever Used	Never Used
Crack				
All	0.5%	0.5%	1.0%	99.0%
Grade 7	0.3%	0.4%	0.6%	99.4%
Grade 8	0.6%	0.7%	1.0%	99.0%
Grade 9	0.4%	0.5%	0.8%	99.2%
Grade 10	0.4%	0.6%	1.0%	99.0%
Grade 11	0.3%	0.4%	1.0%	99.0%
Grade 12	0.7%	0.7%	1.6%	98.4%
	Past Month	School Year	Ever Used	Never Used
Steroids				
All	0.4%	0.6%	1.4%	98.6%
Grade 7	0.4%	0.5%	1.2%	98.8%
Grade 8	0.4%	0.6%	1.6%	98.4%
Grade 9	0.5%	0.6%	1.0%	99.0%
Grade 10	0.3%	0.5%	1.5%	98.5%
Grade 11	0.2%	0.4%	1.3%	98.7%
Grade 12	0.7%	0.9%	2.0%	98.0%
	Past Month	School Year	Ever Used	Never Used
Ecstasy				
All	0.7%	1.2%	2.5%	97.5%
Grade 7	0.2%	0.3%	0.5%	99.5%
Grade 8	0.4%	0.6%	1.4%	98.6%
Grade 9	0.7%	1.0%	2.2%	97.8%
Grade 10	0.7%	1.6%	2.6%	97.4%
Grade 11	0.9%	1.8%	3.9%	96.1%
Grade 12	1.8%	2.7%	5.2%	94.8%
	Past Month	School Year	Ever Used	Never Used
Heroin				
All	0.3%	0.3%	0.7%	99.3%

Grade 7	0.2%	0.2%	0.4%	99.6%
Grade 8	0.3%	0.4%	0.8%	99.2%
Grade 9	0.2%	0.3%	0.7%	99.3%
Grade 10	0.4%	0.5%	1.0%	99.0%
Grade 11	0.2%	0.2%	0.6%	99.4%
Grade 12	0.3%	0.4%	0.9%	99.1%
	Past Month	School Year	Ever Used	Never Used
Methamphetamine				
All	0.4%	0.6%	1.2%	98.8%
Grade 7	0.4%	0.4%	0.6%	99.4%
Grade 8	0.5%	0.6%	1.1%	98.9%
Grade 9	0.4%	0.5%	1.2%	98.8%
Grade 10	0.3%	0.6%	1.2%	98.8%
Grade 11	0.2%	0.6%	1.2%	98.8%
Grade 12	0.7%	1.1%	2.0%	98.0%
	Past Month	School Year	Ever Used	Never Used
Synthetic Marijuana				
All	1.1%	1.8%	4.7%	95.3%
Grade 7	0.7%	0.9%	1.5%	98.5%
Grade 8	1.0%	1.7%	3.5%	96.5%
Grade 9	1.1%	1.8%	4.4%	95.6%
Grade 10	1.4%	2.2%	5.6%	94.4%
Grade 11	1.2%	2.2%	7.0%	93.0%
Grade 12	1.3%	2.1%	7.7%	92.3%

Appendix D

Table 31. County Total Chronic Disease Death Rate 1999-2016

County	Malignant Neoplasms (Cancer) Deaths	Malignant Neoplasms (Cancer) Deaths Age Adjusted Rate	Cardiovascular Disease Deaths	Cardio Vascular Disease Age Adjusted Rate	Respitory Disease Deaths	Respitory Disease Deaths Age Adjusted Rate
Archer	333	168.5	803	426.2	124	64.8
Baylor	275	235.1	592	469.8	146	115.7
Brown	2004	224.3	5044	553.2	1074	117.8
Callahan	771	234.4	1605	501.1	310	94.8
Clay	531	206.1	1197	487.8	194	78
Coleman	543	210.3	1178	448.6	390	144.2
Comanche	775	206.9	1864	479.5	331	83.5
Cottle	109	225.1	251	481.7	30	54.8
Eastland	1088	220	2674	521.9	592	114.9
Fisher	235	195.8	574	456.5	107	84.1
Foard	63	149.5	229	472.5	26	54.4
Hardeman	216	188.2	486	402.2	84	71.8
Haskell	371	212.6	867	452.2	145	78.1
Jack	382	208.6	990	556.7	151	84.4
Jones	841	211.1	2021	507.5	383	96.4
Kent	52	186.4	159	494.3	26	80.7
Knox	220	195.9	599	488.1	111	88.7
Mitchell	402	217	1000	531.7	259	137.8
Montague	1131	221.1	2710	517.7	558	103.8
Nolan	798	228.9	1892	532.3	406	113
Runnels	598	206.6	1542	497.1	259	84.8
Scurry	672	196.7	1388	402.7	322	93
Shackelford	187	224.2	410	483	68	79.8
Stephens	534	225.7	1299	535.5	203	83.5
Stonewall	103	209.6	248	464.1	46	79.9
Taylor	5015	207.8	13555	504.8	2171	88.8
Throckmorton	97	192.3	232	430	52	93.8
Wichita	5579	227.9	13559	553.1	2355	95.9
Wilbarger	688	224.5	1927	584	267	82.4
Young	1048	222.6	2671	544.5	593	121.1
Region 2	25661	209.46	62366	492.7	11783	92.2
Texas	709791	187.8	1594386	468.9	272802	76.2

Table 32. County Total Adult Alcohol Arrests 2017

County Name	Drunkennes	Driving Under the Influence	Liquor Laws	Total
Archer	3	9	0	12
Baylor	9	2	7	18
Brown	78	193	4	275
Callahan	20	18	5	43
Clay	25	30	11	66
Coleman	11	6	0	17
Comanche	5	35	2	42
Cottle	0	1	0	1
Eastland	37	53	4	94
Fisher	2	2	0	4
Foard	0	0	0	0
Hardeman	0	0	0	0
Haskell	3	14	1	18
Jack	3	17	3	23
Jones	38	40	4	82
Kent	2	0	0	2
Knox	4	2	0	6
Mitchell	19	31	3	53
Montague	88	34	0	122
Nolan	5	63	31	99
Runnels	4	19	1	24
Scurry	12	25	3	40
Schakelford	6	3	2	11
Stephens	9	13	1	23
Stonewall	0	1	0	1
Taylor	566	326	14	906
Throckmorton	0	0	0	0
Wichita	516	274	27	817
Wilbarger	41	30	6	77
Young	47	51	1	99
Region 2	1553	1292	130	2975

Table 33. County Total Adult Drug Violation Arrests 2017

County	Drug Abuse Violations	Sale/Manufacture:Subtotal	Possession: Subtotal
Archer	23	1	22
Baylor	6	0	6
Brown	395	55	340
Callahan	72	17	55
Clay	92	2	90
Coleman	48	11	37
Comanche	172	32	140
Cottle	4	1	3
Eastland	135	24	111
Fisher	0	0	0
Foard	0	0	0
Hardeman	0	0	0
Haskell	30	3	27
Jack	54	10	44
Jones	98	18	80
Kent	4	0	4
Knox	12	4	8
Mitchell	32	2	30
Montague	92	27	65
Nolan	171	9	162
Runnels	51	35	16
Scurry	65	10	55
Shackelford	20	4	16
Stephens	28	1	27
Stonewall	0	0	0
Taylor	851	49	802
Throckmorton	2	2	0
Wichita	1263	110	1153
Wilbarger	55	7	48
Young	163	18	145
Region	3938	452	3486

Table 34. County Total Adult Incarcerations due to Drugs and Alcohol 2014-2016

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

Table 35. County Total Juvenile Referrals, Adjudications, Probations, and Commitments 2015-2017

County	2016	2016	2016	2016	2017	2017	2017	2017
<u> </u>	Referalls	Adjudications	Probation	Commitments	Referrals	Adjudications	Probation	Commitments
Archer	4	1	1	0	13	1	1	0
Baylor	1	0	0	0	2	0	0	0
Brown	91	17	12	5	107	11	10	1
Callahan	15	1	1	0	18	8	8	0
Clay	7	1	1	0	7	3	3	0
Coleman	3	0	0	0	5	1	1	0
Comanche	14	5	2	3	32	8	8	0
Cottle	0	0	0	0	0	0	0	0
Eastland	9	5	5	0	30	4	4	0
Fisher	5	1	1	0	3	0	0	0
Foard	0	0	0	0	2	0	0	0
Hardeman	0	0	0	0	0	0	0	0
Haskell	4	4	3	1	6	3	3	0
Jack	9	2	2	0	7	1	1	0
Jones	22	5	5	0	22	8	7	1
Kent	0	0	0	0	0	0	0	0
Knox	1	1	1	0	0	0	0	0
Mitchell	6	5	5	0	8	1	1	0
Montague	16	7	7	0	13	5	4	1
Nolan	66	7	7	0	66	2	1	1
Runnels	21	1	1	0	24	2	2	0
Scurry	56	4	4	0	39	10	10	0
Shackelford	3	1	1	0	0	0	0	0
Stephens	25	6	5	1	6	2	2	0
Stonewall	0	0	0	0	1	0	0	0
Taylor	352	112	95	17	333	109	94	15
Throckmorton	0	0	0	0	0	0	0	0
Wichita	404	69	60	9	387	63	55	8
Wilbarger	25	10	10	0	31	17	16	1
Young	56	11	10	1	50	11	10	1
Region 2	1215	276	239	37	1212	270	241	29
Texas	55093	14991	14221	770	53,413	14,509	13,678	831

Table 36. County Total Adult Court Cases 2016

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

Table 37. County Total Hospital Discharges 2014-2016

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

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