



2020

Regional Needs Assessment

REGION VI: THE COUNCIL ON RECOVERY PREVENTION RESOURCE CENTER 6

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Executive Summary

What is the RNA?

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 6 along with Data Coordinators from PRCs across the State of Texas and supported by The Council on Recovery and the Texas Health and Human Services Commission (HHSC). The PRC 6 serves 13 counties in the Texas Gulf Coast.

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

Who writes the RNA?

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

How is the RNA informed (data collections)?

Qualitative data collection has been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 6 recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

Main key findings from this assessment include:

1. Alcohol continues to be the primary substance of concern regarding youth consumption and intervening environmental variables. Before moving into discussion of alcohol as a concern, it is important to first unpack the term 'intervening variables' within the current sociological context. Currently, intervening variables should not be referred to lightly as the nation, and world are feeling the effects that a pandemic poses on a society. The arrival of COVID-19 in the United States, and more specifically, in Texas and Region 6, has put its inhabitants on lockdown. This pandemic has touched the population through more risk factors at one time than what would normally be experienced by all at one time. For individuals who were already behind the curve and economically disadvantaged before March 2020, many are reaching the depths of despair during this time when businesses are shut down, jobs are scarce and money for bills and rent even scarcer. The mental and behavioral health issues, including trauma, depression, suicidality, and, of course substance use and misuse, have been pronounced to a level possibly not seen since the Great Depression. As a result, we have seen online and at-home alcohol sales increased exponentially. Sales from those initial weeks appear to be reflective of the stockpiling that was taking place. However, although sales have decreased since April when alcohol sales were estimated to have increased by more than 250 percent, those sales are still hovering at 50 percent more than this time last year. So, if one has a youth living in a household where there are stockpiling efforts being made in pursuit for alcoholic beverages, care might need to be taken. For some youth, accessibility to alcohol might be unusually high right now, especially if their parents drink – and not necessarily at high-risk levels.

2. Vaping and marijuana consumption remain the secondary and tertiary substances of concern with regard to youth substance consumption. The data presented, here, along with the societal and cultural influences arising from the legalization of marijuana are indeed great cause for concern. In February of this year, the PRC 6 partnered with The Council on Recovery in producing their Vaping Summit where much of the talk on the matter now included deaths and severe lung injury due to the consumption of vaping liquids that contained an additive called vitamin E acetate, which is an additive used in the black market production of vaping liquids containing THC. There is great ease with which vaping paraphernalia can be obtained (even in the mail) and concealed, and the use of vape pens to smoke marijuana concentrates in them with a pleasant scent or no odor at all. Houston HIDTA found in their annual Drug Threat Assessment that vaping is showing a significant upward surge in adolescents, a finding that resonated with the youth consumption data presented in this needs assessment. HIDTA also reports that marijuana is the most trafficked and most frequently seized illicit drug in Texas. Influence of increased marijuana availability, along with slight decrease on perception of harm measures, the threat of marijuana for teens is seen as marijuana concentrates (wax and oil) and high-grade/hydroponic marijuana are the top two emerging trends cited in the aforementioned HIDTA report. Edibles incorporating the high doses of THC are being produced as candy and baked goods and poses yet another trend of which providers need to be aware, as youth have been found to consume such products in alarming guantities in which the already high THC potencies in these products are causing individuals to overdose and require medical attention.

Demographic

As of 2020, it is estimated that about 7,547,256 people call the Gulf Coast Region 6 home. Thirty-seven percent of that population identifies as Hispanic, 36 percent identifies as Anglo, 17 percent identifies as Black, 8 percent identifies as Asian, and two percent identifies as other.¹ Seventy-four percent of that population is 18 years of age and older, while 26 percent is under the age of 18. Of those under the age of 18, about 33 percent are members of single-parent households. As of 2019 and of children enrolled in school (1,353,798), about 1.5 percent of those children experience homelessness.² About 16.7 percent of the Region 6 individual population, five years of age and older, report speaking with limited English proficiency (LEP), while at the household level, 9.5 percent of Region 6 households identify as speaking with LEP. As of 2020, the per capita income was \$30,143 for Region 6.³

¹ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020.

https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020. ² Texas Education Agency. County-level homelessness and year-end enrollment rates. 2017, 2018, 2019.

https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Accessed July, 2019.

³ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020.

https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.

Consumption

As per the Texas School Survey (TSS, 2018)⁴ the percentage of youth, grades 7-12, in Regions 5/6 reporting having tried alcohol, tobacco, marijuana, and prescription drugs (not as prescribed) at least once in their lifetime were 52.1 percent, 31.1 percent, 22.8 percent, and 19.7 percent, respectively. The percentage of youth reporting having used alcohol, tobacco, marijuana, and prescription medication (not as prescribed) within the past 30 days were 30.4 percent, 16.7 percent, 14.3 percent, and 7.5 percent, respectively. Youth reporting that their initiation to a substance (s) occurred before the age of 13 (early initiation) for alcohol, tobacco, and marijuana, did so at rates of 16.7 percent, 4.9 percent, and 5.1 percent, respectively, as measured by the TSS.

Consequences

The discussion of legal, mortality, medical, educational, criminal activity, and mental health consequences of substance use and misuse in this needs assessment present county- and region-level data. Legal consequences data include: DUI rates, drunkenness, and liquor law violations; drug possession arrests; juvenile referrals and offences; and consequences for sales to minors. Data concerning mortality consequences of substance use and misuse include: alcohol related vehicular fatalities, suicide rates, and overdose deaths. Data illustrating the medical and hospitalization consequences of substance use and misuse include: hospital discharges for youth substance overdose and/or poisoning, emergency room admissions due to alcohol and other drugs, HIV infection and AIDS onset data, treatment episode admission data for youth and adults, and opioid related exposures. Educational consequences include data in the areas include: illegal drugs on school property, conduct problems and absences due to substance use, and dropout rates. Discussion of criminal activity includes violent and propery crime index data. Lastly, mental health data are presented to illustrate the issues of depression and receipt of mental health services.

Protective Factors

The environmental protective factors of note in Region 6 include the work of the nine substance use prevention coalitions, the work of initiatives such as the Houston Recovery Initiative, the treatment providers located in the area, and the provision of youth prevention programs. Also included are Region 5/6-level indicators of ATOD education and parental support in the event of eliciting help for possible substance use difficulties on the part of the youth.

⁴Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

Prevention Resource Centers

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

Our Purpose

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

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

Our Regions

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

| Panhandle and South Plains |
|-------------------------------------|
| Northwest Texas |
| Dallas/Fort Worth Metroplex |
| Upper East Texas |
| Southeast Texas |
| Gulf Coast |
| Central Texas |
| Upper South Texas |
| West Texas |
| Upper Rio Grande |
| Rio Grande Valley/Lower South Texas |
| |



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

What Evaluators Do

Regional PRCs are tasked with compiling and synthesizing data and disseminating findings to the community. Data collection strategies are organized around risk and protective factors, consumption data, and related consequences associated with substance use and misuse. PRCs engage in building collaborative partnerships with key community members who aid in securing access to information.

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual Regional Needs Assessment. These resources and information provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

Conceptual Framework of This Report

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

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 18.⁵

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.

⁵ 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.

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.⁶ Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

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

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a SUD. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).⁷

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

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





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

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)⁹, the Texas Youth Risk Surveillance System (YRBSS)¹⁰, and the National Survey on Drug Use and Health (NSDUH)¹¹, 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

⁸ The SBCC Capacity; Health Communication Capacity Collaborative. https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020

⁹Texas 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.

¹⁰ 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.

¹¹ 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.Accessed May 30, 2018.

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).¹² 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.¹³ See Figure 3 for the NIAAA's operational definitions of the standard drink.

What is a standard alcoholic drink? 40 35 30 PERCENT ALCOHOL 25 20 15 10 5 0 Regular beer Fortified wine Table wine 80-proof spirits 12 oz. 5 oz. 3.5 oz. 1.5 oz.

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

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

Source: National Institute on Alcohol Abuse and Alcoholism <u>https://www.niaaa.nih.gov/</u> Accessed April 16, 2020.

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.

¹² 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.

¹³ National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink?

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.¹⁴

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.¹⁵ Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

Stakeholder/Audience

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

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

¹⁴ 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. ¹⁵ Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.

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.¹⁶

Figure 4. Strategic Prevention Framework (SPF)

Strategic Prevention Framework



Assessment

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

Capacity

Mobilize and/or build capacity to address needs

Planning

Develop a Comprehensive Strategic Plan

Implementation

Implement the Strategic Plan and corresponding evidence-based prevention strategies

Evaluation

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

Source: *Sustainability & Cultural Competence*. 2020. AVPRIDE. <u>https://avpride.com/</u> Accessed April 29, 2020

¹⁶ SAMHSA. Strategic Prevention Framework. <u>https://avpride.com/</u> Accessed April 29, 2020.

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

Our Audience

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

Methodology

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

Purpose/Relevance of the RNA

The regional needs assessment can serve in the following capacities:

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

Process

The State Evaluator and the Data Coordinators collected primary and secondary data at the county, regional, and state levels between September 1, 2019 and May 30, 2020.

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

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

Quantitative Data Selection

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

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

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

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

Qualitative Data Selection

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

Key Informant Interviews

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

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

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

Focus Groups

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

Longitudinally Presented Data

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

Regional Demographics

Overview of Region

Geographic Boundaries

The geographical scope of work for PRC Region 6 encompasses 13 counties (see Figure 5): Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton.

Figure 5. Location and 13 counties of Region 6 in Texas



Source: Houston-Galveston Area Council

The Public Health Region 6, also known as the Gulf Coast Region of Texas, encompasses thirteen counties across which geological and geographical landscapes are as varied as there are counties. The various terrains found in the state of Texas span costal-area beaches and wetlands, hill country positioned centrally in Texas, ever-increasing suburban master-plan communities that border large cities, sprawling refineries, and the urban concrete jungle of America's fourth largest city. In fact, Houston is one of Texas' three largest cities that fall into the top ten most populous cities in the United States (Dallas and San Antonio are the other two).¹⁷

¹⁷ The 200 largest cities in the United States by population 2019. *World Population Review*. <u>http://worldpopulationreview.com/us-cities/</u>. Accessed July 18, 2019.

Zip Codes Table 1 displays the zip codes for the 13 counties in Public Health Region 6.

| Table 1. | Region | 6 zip | codes | by c | ounty |
|----------|--------|-------|-------|------|-------|
| | | | | | |

| County | Zip Codes |
|------------|---|
| Austin | 78944, 77452, 78950, 77418, 78931, 77474, 77473, 78933 |
| Brazoria | 77566, 77577, 77578, 77581, 77584, 77583, 77422, 77463, 77480, 77486, 77510, 77512, 77511, 77515, 77531, 77534, 77541 |
| Chambers | 77580, 77523, 77597, 77661, 77560, 77617, 77514 |
| Colorado | 78943, 77412, 78951, 77442, 77460, 77470, 78934, 77475, 78935 |
| Fort Bend | 77406, 77417, 77420, 77430, 77435, 77441, 77444, 77451, 77459, 77461, 77464, 77469, 77471, 77476, 77478, 77477, 77479, 77481, 77485, 77489, 77496, 77494, 77407, 77498, 77545 |
| Galveston | 77568, 77574, 77573, 77591, 77590, 77592, 77517, 77623, 77518, 77539, 77650, 77551, 77550, 77553, 77552, 77555, 77554, 77563, 77565 |
| Harris | 77002, 77004, 77003, 77006, 77005, 77008, 77007, 77010, 77009, 77012, 77011, 77014, 77013, 77016, 77015, 77018, 77017, 77020, 77019, 77022, 77021, 77024, 77023, 77026, 77025, 77028, 77027, 77030, 77029, 77032, 77031, 77034, 77033, 77036, 77035, 77038, 77037, 77040, 77039, 77042, 77041, 77044, 77043, 77046, 77045, 77048, 77047, 77050, 77049, 77051, 77054, 77053, 77056, 77055, 77058, 77057, 77060, 77059, 77062, 77061, 77064, 77063, 77066, 77065, 77068, 77067, 77070, 77069, 77072, 77071, 77074, 77073, 77076, 77075, 77078, 77077, 77080, 77079, 77082, 77081, 77084, 77083, 77086, 77085, 77088, 77087, 77090, 77089, 77092, 77091, 77094, 77093, 77096, 77095, 77098, 77099, 77204, 77217, 77249, 77248, 77251, 77266, 77268, 77271, 77284, 77289, 77336, 77339, 77338, 77345, 77346, 77357, 77373, 77375, 77377, 77379, 77383, 77389, 77388, 77396, 77401, 77410, 77429, 77433, 77447, 77450, 77449, 77484, 77493, 77503, 77502, 77505, 77504, 77507, 77506, 77521, 77520, 77530, 77532, 77536, 77546, 77547, 77562, 77571, 77586, 77587, 77598 |
| Liberty | 77575, 77582, 77327, 77368, 77533, 77369, 77535, 77538, 77561, 77564 |
| Matagorda | 77482, 77404, 77483, 77415, 77414, 77456, 77458, 77457, 77419, 77428, 77465, 77468, 77440 |
| Montgomery | 77301, 77303, 77302, 77305, 77304, 77306, 77318, 77316, 77328, 77333, 77354, 77356, 77355, 77362, 77365, 77372, 77873, 77378, 77381, 77380, 77382, 77385, 77384, 77387, 77386 |
| Walker | 77320, 75852, 77367, 77334, 77341, 77340, 75862, 77343, 77831, 77342, 77349, 77358 |
| Waller | 77320, 75852, 77367, 77334, 77341, 77340, 75862, 77343, 77831, 77342, 77349, 77358 |
| Wharton | 77448, 77454, 77488, 77453, 77455, 77467, 77432, 77434, 77436, 77437, 77443 |

Major Metropolitan Areas

The one major metropolitan area identified in Region 6 is the Houston/The Woodlands/Sugar Land Metropolitan Statistical Area is 9,444 square miles and has an estimated total population of 7,066,141.¹⁸ Figure 6 displays the Houston/The Woodlands/Sugar Land Metropolitan Statistical Area and consists of the nine following counties: Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller.¹⁹

Figure 6. The nine counties of the Houston/The Woodlands/Sugar Land Metropolitan Statistical Area²⁰



¹⁸ Greater Houston Partnership. Houston Facts. 2020. <u>https://www.houston.org/sites/default/files/2020-</u>

<u>o8/houston%2ofacts%2o2o2o_final.pdf#:~:text=The%2oHouston%2DThe%2oWoodlands%2DSugar,2o18%2C%2oreflecting%2o1.3%2opercent%2ogrowth</u>. Accessed August 9, 2o2o.

¹⁹Greater Houston Partnership. Houston Metropolitan Statistical Profile. 2017. <u>https://hogg.utexas.edu/wp-content/uploads/2018/10/02C20W00120Houston20Area20Profile1.pdf</u>. Accessed August 9, 2020.

content/uploads/2018/10/02C20W00120Houston20Area20Profile1.pdf. Accessed August 9, 2020.

Table 2 displays the Public Health (PH) region code, Regional Council of Governmets identifier code, State Federal Information Processing Standard (FIPS) identifier code, County FIPS publication codes, National Level Geographic Identifyer codes, and American National Standards Institute (ANSI) codes by county.

| PH Region | COG ID | State FIPS | State | County FIPS | Geo Code | ANSI Code | County |
|--------------|--------|---------------|-------|----------------|----------|-----------|------------|
| 6 | 16 | 48 | Texas | 015 | 48015 | 01383793 | Austin |
| 6 | 16 | 48 | Texas | 039 | 48039 | 01383805 | Brazoria |
| 6 | 16 | 48 | Texas | 071 | 48071 | 01383821 | Chambers |
| 6 | 16 | 48 | Texas | 089 | 48089 | 01383830 | Colorado |
| 6 | 16 | 48 | Texas | 157 | 48157 | 01383864 | Fort Bend |
| 6 | 16 | 48 | Texas | 167 | 48167 | 01383869 | Galveston |
| 6 | 16 | 48 | Texas | 201 | 48201 | 01383886 | Harris |
| 6 | 16 | 48 | Texas | 291 | 48291 | 01383931 | Liberty |
| 6 | 16 | 48 | Texas | 321 | 48321 | 01383943 | Matagorda |
| 6 | 16 | 48 | Texas | 339 | 48339 | 01383955 | Montgomery |
| 6 | 16 | 48 | Texas | 471 | 48471 | 01384021 | Walker |
| 6 | 16 | 48 | Texas | 473 | 48473 | 01384022 | Waller |
| 6 | 16 | 48 | Texas | 481 | 48481 | 01384026 | Wharton |

Table 2. PH Region 6, State FIPS, County FIPS, Geo Codes, and ANSI Codes by county²¹²²²³²⁴

Note.COG ID = Geographical Identifier defined byTexas Association of Regional Councils. State FIPS = Geographic Identifier. County FIPS = State Level Geographic Identifier. Geo Code = National Level Grographic Identifier. ANSI Code = American National Standards Institute Code.

²² Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020.

²¹ Texas Health and Human Services. Texas Department of State Health Services. Public Health Region 6/5. <u>https://dshs.texas.gov/region6-5/default.shtm</u>. Accessed August 6, 2020.

https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020. ²³ Texas Association of Regional Councils (TARC). Regional Council of Governments Identifiers defined by TARC. 2016. <u>https://txregionalcouncil.org/wp-content/uploads/2016/11/TARC-Map.pdf</u>. Accessed August 9, 2020.

²⁴ United States Census Bureau. American National Standards Institute codes by county. <u>https://www.census.gov/library/reference/code-lists/ansi.html</u>. Accessed August 6, 2020.

Demographic Information

Total Population

The projected total population for 2020 for Region 6 is 7,547,256 with a population density of 619.0 people per square mile. The county-level projected population totals for the 13 counties of Region 6 range from 21,273 in Colorado County to 4,978,845 in Harris County, with population densities ranging from 22 people per square mile to 2,920 per square mile, respectively. Total land area for the 13 counties ranged from 379 miles for Galveston County to 1,704.9 for Harris County. Geographically, Texas is 261,250 square miles and Region 6 is 12,184.3 square miles – Region 6 makes up 4.7 percent of the entire land area of Texas. The population change between 2018 and 2020 yield the largest change for Harris County with an increase of 107 in projected population and no change for three counties: Colorado, Matagorda, and Wharton Counties. Region 6 experienced an increase of 310,435 population and the state of Texas, as a whole, experienced no change between 2018 and 2020 population projections.²⁵ Table 3 displays the Region 6 county-level population projections and population densities, as well as three-year changes in both.

²⁵ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020.

https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.

| | <u> </u> | Population 2018 | | Population 201 | .9 | Population 2 | 2020 | Change 2018-2020 | | |
|------------|--------------------------------------|--------------------|---------|--------------------|---------|--------------------|---------|--------------------|---------|--|
| County | Total Land Area (Square Miles) | Projected Total | Density | Projected Total | Density | Projected Total | Density | Projected Total | Density | |
| Austin | 646.5 | 30,002 | 46.0 | 30,207 | 46.0 | 30,402 | 47.0 | 400 | 1.0 | |
| Brazoria | 1,357.8 | 362,609 | 267.0 | 369,156 | 271.0 | 375,869 | 276.0 | 13,260 | 9.0 | |
| Chambers | 597.2 | 40,629 | 68.0 | 41,451 | 69.0 | 42,320 | 70.0 | 1,691 | 2.0 | |
| Colorado | 960.3 | 21,199** | 22.0** | 21,239** | 22.0** | 21,273** | 22.0** | 74 | 0.0** | |
| Fort Bend | 861.8 | 781,965 | 907.0 | 810,619 | 940.0 | 840,383 | 975.0 | 58,418 | 68.0 | |
| Galveston | 379** | 341,737 | 901.0 | 348,442 | 919.0 | 355,196 | 937.0 | 13,459 | 36.0 | |
| Harris | 1,704.9* | 4,796,533* | 2813.0* | 4,887,341* | 2866.0* | 4,978,845* | 2920.0* | 182,312* | 107.0* | |
| Liberty | 1,158.5 | 83,276 | 71.0 | 84,278 | 72.0 | 85,284 | 73.0 | 2,008 | 2.0 | |
| Matagorda | 1,092.9 | 37,045 | 33.0 | 37,064 | 33.0 | 37,064 | 33.0 | 19** | 0.0** | |
| Montgomery | 1,041.9 | 578,410 | 555.0 | 595,887 | 571.0 | 613,951 | 589.0 | 35,541 | 34.0 | |
| Walker | 784.2 | 72,447 | 92.0 | 73,219 | 93.0 | 73,997 | 94.0 | 1,550 | 2.0 | |
| Waller | 513.3 | 49,136 | 95.0 | 49,950 | 97.0 | 50,731 | 98.0 | 1,595 | 3.0 | |
| Wharton | 1,086.2 | 41,833 | 38.0 | 41,883 | 38.0 | 41,941 | 38.0 | 108 | 0.0** | |
| Region 6 | 12,184.3 | 7,236,821 | 593.0 | 7,390,736 | 606.0 | 7,547,256 | 619.0 | 310,435 | 26.0 | |
| Texas | 261,250.0 | 29,677,668 | 113.0 | 29,193,268 | 111.0 | 29,677,668 | 113.0 | 0 | 0.0 | |

Table 3. Region 6 county-level projected population total, population density, and three-year change for 2018-2020²⁶

Note. *Highest projected population total, land area, and density per square mile; largest change in projected population total and density. **Lowest projected population total, land area, and density per square mile; smallest change in projected population total and density.

²⁶ Texas Demographic Center. *Texas Population Projections and Estimates*. 2018-2020. <u>https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607</u>. Accessed July 6, 2020.



Figure 7. Region 6 county-level projected population totals three-year trends for 2018-2020²⁷

²⁷ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020. https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.

Age

Across the 13 counties in Region 6, the percent of the population made up of youth for the 2020 population projections, or individuals under the age of 18, tends to hover around 20-25 percent. In Table 4, the percent of the population that is made up of youth for 2020, ranges from 17.7 percent in Walker County to 26.7 percent in Harris County. Adults over the age of 18 made up percentages of the population that ranged from 73.3 percent in Harris County to 82.3 percent in Walker County.

| | 2018 | | | 2019 | | | 202 | 0 | | 2018-2020 Change | | |
|------------|------------|---------|---------|------------|---------|---------|------------|---------|---------|------------------|--------|---------|
| | Pop Total | Age o- | Age 18+ | Pop Total | Age o- | Age 18+ | Pop Total | Age o- | Age 18+ | Total Pop | Age o- | Age 18+ |
| | | 17 | | | 17 | | | 17 | | | 17 | |
| Austin | 30,002 | 22.9% | 77.1% | 30,207 | 22.9% | 77.1% | 30,402 | 22.8% | 77.2% | 400 | 0.1% | -0.1% |
| Brazoria | 362,609 | 25.7% | 74.3% | 369,156 | 25.3% | 74.7% | 375,869 | 25.1% | 74.9% | 13,260 | o.6% | -0.6% |
| Chambers | 40,629 | 26.0% | 74.0% | 41,451 | 25.8% | 74.2% | 42,320 | 25.7% | 74.3% | 1,691 | 0.3% | -0.3% |
| Colorado | 21,199 | 23.2% | 76.8% | 21,239** | 23.2% | 76.8% | 21,273 | 23.3% | 76.7% | 74 | -0.1% | 0.1% |
| Fort Bend | 781,965 | 25.8% | 74.2% | 810,619 | 25.4% | 74.6% | 840,383 | 25.1% | 74.9% | 58,418 | 0.7%† | -0.7%† |
| Galveston | 341,737 | 24.3% | 75.7% | 348,442 | 24.2% | 75.8% | 355,196 | 24.2% | 75.8% | 13,459 | 0.1% | -0.1% |
| Harris | 4,796,533 | 27.0%* | 73.0%** | 4,887,341 | 26.8%** | 73.2%** | 4,978,845 | 26.7%* | 73.3%** | 182,312 | 0.3% | -0.3% |
| Liberty | 83,276 | 24.5% | 75.5% | 84,278 | 24.5% | 75.5% | 85,284 | 24.7% | 75.%3 | 2,008 | -0.2% | 0.2% |
| Matagorda | 37,045 | 24.5% | 75.5% | 37,064 | 24.4% | 75.6% | 37,064 | 24.5% | 75.5% | 19 | 0.0%†† | 0.0†† |
| Montgomery | 578,410 | 25.3% | 74.7%* | 595,887 | 25.1% | 74.9% | 613,951 | 24.9% | 75.1% | 35,541 | 0.4% | -0.4% |
| Walker | 72,447 | 17.3%** | 82.7% | 73,219 | 17.5%** | 82.5%* | 73,997 | 17.7%** | 82.3%* | 1,550 | -0.4% | 0.4% |
| Waller | 49,136 | 23.2% | 76.8% | 49,950 | 22.8% | 77.2% | 50,731 | 22.7% | 77.3% | 1,595 | 0.5% | -0.5% |
| Wharton | 41,833 | 25.5% | 74.5% | 41,883 | 25.5% | 74.5% | 41,941 | 25.3% | 74.7% | 108 | 0.2% | -0.2% |
| Region 6 | 7,236,821 | 26.3% | 73.7% | 7,390,736 | 26.1% | 74.3% | 7,547,256 | 26.0% | 74.0% | 310,435 | 0.3% | -0.3% |
| Texas | 28,716,123 | 25.7% | 74.3% | 29,193,268 | 25.5% | 74.5% | 29,677,668 | 25.3% | 74.7% | 961,545 | 0.3% | -0.3% |

Table 4. Region 6 county-level population projection percentages for Ages 0-17 and 18+ and three-year change for 2018-2020 28

Note. *Highest percentage of population in age range. **Lowest percentage of population in age range. †Largest change in percentage of population in age range. †Smallest change in percentage of population in age range.

²⁸ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020. https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.

Race/Ethnicity

Figure 8 displays each county's race and ethnicity proportions in relation to the total population and population density of the respective county.



Figure 8. Region 6 county-level population projections of race and ethnicity, 2020²⁹

²⁹ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020.

https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.











Single-parent households

Household composition can also provide insight into potential risk and protective factors related to substance use and misuse prevention. Children in households with only one adult are statistically at greater risk for adverse health outcomes, including behavioral health outcomes such as substance use and misuse. As indicated in Table 5, there exists an 18 percent range between the lowest and highest percentages of single-parent households among the 13 counties in Region 6, with the most recent data (2013-2017 population estimates) showing Matagorda County as holding the largest percentage of such households (39%) and Fort Bend County holding the smallest percentage (21%).³⁰

³⁰ County Health Rankings & Roadmaps. Children in single-parent households.

http://www.countyhealthrankings.org/app/texas/2019/measure/factors/82/data. Accessed May 15, 2019.

| | 2011-2015 Estimates | | | 20 | 12-2016 Estim | ates | 2013-2017 Estimates | | | |
|------------|---------------------|--------------------|----------------------|-----------------|--------------------|----------------------|---------------------|----------------------|----------------------|--|
| County | All Children | Total from SPHH | Percent From SPHH | All Children | Total from SPHH | Percent from SPHH | All Children | Total from SPHH | Percent from SPHH | |
| Austin | 7,104 | 1,724 | 24% | 7,090 | 2,058 | 29% | 7,049 | 1,730 | 25% | |
| Brazoria | 88,979 | 24,493 | 28% | 90,273 | 22,851 | 25% | 92,121 | 22,261 | 24% | |
| Chambers | 10,352 | 2,059 | 20%** | 10,582 | 1,826 | 17%** | 10,987 | 2,684 | 24% | |
| Colorado | 4,804 | 1321 | 27% | 4,805 | 1,405 | 29% | 4,883 | 1,615 | 33% | |
| Fort Bend | 18,5525 | 4,1533 | 22% | 191,137 | 42,833 | 22% | 198,114 | 42,201 | 21%** | |
| Galveston | 75,307 | 21,967 | 29% | 76,665 | 23,486 | 31% | 78,244 | 24,142 | 31% | |
| Harris | 1,181,303 | 422,703 | 36% | 1,198,261 | 434,302 | 36% | 1,215,781 | 438,387 | 36% | |
| Liberty | 19,208 | 5,222 | 27% | 19,701 | 5,196 | 26% | 20,255 | 5,888 | 29% | |
| Matagorda | 9,401 | 3,692 | 39% | 9,575 | 3,983 | 42%* | 9,547 | 3,754 | 39%* | |
| Montgomery | 135,041 | 32,671 | 24% | 138,361 | 32,957 | 24% | 141,987 | 33,822 | 24% | |
| Walker | 10,649 | 3,677 | 35% | 10,543 | 3,156 | 30% | 10,598 | 3,303 | 31% | |
| Waller | 10,759 | 3,197 | 30% | 11,073 | 3,412 | 31% | 11,526 | 3,509 | 30% | |
| Wharton | 10,663 | 4,244 | 40%* | 10,663 | 3,916 | 37% | 10,725 | 4,063 | 38% | |
| Region 6 | 1,749,095 | 568,503 | 33% | 1,778,729 | 581,381 | 33% | 1,811,817 | 5 ⁸ 7,359 | 32% | |
| Texas | 7,003,149 | 2,331,521 | 33% | 7,076,774 | 2,358,262 | 33% | 7,157,337 | 2,358,861 | 33% | |

Table 5. Region 6 county-level totals and percentages of children from single-parent households, three-year estimates: 2011-2015, 2012-2016, 2013-2017³¹

Note. SPHH = Single Parent Households. *Highest percent of children from single-parent households. **Lowest percent of children from single-parent households.

³¹ County Health Rankings & Roadmaps. Children in single-parent households. <u>http://www.countyhealthrankings.org/app/texas/2019/measure/factors/82/data</u>. Accessed May 15, 2020

Homelessness

There is an increased risk for substance use and misuse in children who experience homelessness or transient situations. Research indicates that a child who experiences homelessness is 60 percent more likely to use drugs in his or her lifetime, compared with a child who does not experience homelessness.³² Many children who experience homelessness, also experience chronic absenteeism and increased school mobility which contributes to disruptions in learning, lower school achievement, and an increased risk of dropping out of school. These students also face significant gaps in high school graduation compared to their peers who do not experience homelessness.

In 2018, individuals under the age of 18 made up 20.2 percent (111,592) of the national homeless population and individuals in the age range of 18-24 made up 8.7 percent (48,319) of the national homeless population.³³ In Region 6 during the 2019 school year, 19,721 students were identified as homeless in public schools. As Table 6 shows, Region 6 saw a significant increase of over 25,000 students identified as experiencing homeless over the course of the 2017-2018 school year, ³⁴ which occurred at the beginning of the school year during which Hurricane Harvey devastated several counties in the Region 6 area. The number of students experiencing homelessness dropped back down from 25,000 students to 19,721 students experiencing homelessness during the 2018-2019 school year. Figure 9 illustrates the Region 6 county-level trends in percentage of enrolled students experiencing homelessness for 2016-2017, 2017-2018, and 2018-2019. Figure 10 illustrates the Region 6 county-level trends in student enrollment totals for 2014-2015, 2015-2016, 2016-2017, 2017-2018, and 2018-2019 school years.

³² Embleton L, Mwangi A, Vreeman R, Ayuku D, Braitstein P. The epidemiology of substance use among street children in resourceconstrained settings: a systematic review and meta-analysis. Journal of Addiction. 2013.

³³ U.S. Department of Housing and Urban Development, Office of Community Planning and Development. The 2018 Annual Homeless Assessment Report (AHAR) to Congress <u>https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf</u>, Published December, 2018. Accessed July 19, 2019.

| 2017 | | | | 201 | .8 | | 201 | | |
|------------|-----------------|---------------|--------------------|-----------------|---------------|--------------------|-----------------|---------------|--------------------|
| | Enroll- ment | Home- less | % Home- less | Enroll- ment | Home- less | % Home- less | Enroll- ment | Home -less | % Home- less |
| Austin | 5,885 | 30 | 0.5%** | 5,900 | 37 | 0.6%** | 5,868 | 30 | 0.5%** |
| Brazoria | 70,609 | 1,530 | 2.2% | 71,766 | 3,113 | 4.3% | 72,707 | 1,303 | 1.8% |
| Chambers | 8,055 | 80 | 1.0% | 8,247 | 478 | 5.8% | 8,568 | 89 | 1.0% |
| Colorado | 3,558 | 82 | 2.3% | 3,577 | 139 | 3.9% | 3,609 | 70 | 1.9% |
| Fort Bend | 111,695 | 1,103 | 1.0% | 114,256 | 2,112 | 1.8% | 116,417 | 1,082 | 0.9% |
| Galveston | 82,828 | 2,067† | 2.5% | 83,071 | 6,619 | 8.0% | 83,109 | 1,971† | 2.4% |
| Harris | 909,547 | 11,717 | 1.3% | 911,170 | 28,520 | 3.1% | 895,755 | 13,203 | 1.5% |
| Liberty | 16,259 | 538 | 3.3%* | 16,961 | 1,604 | 9.5%* | 18,124 | 593 | 3.3%* |
| Matagorda | 7,264 | 75 | 1.0% | 7,150 | 75 | 1.0% | 7255 | 82 | 1.1% |
| Montgomery | 10,7257 | 623 | 0.6% | 110,164 | 1,642 | 1.5% | 112,348 | 693 | 0.6% |
| Walker | 8,373 | 255 | 3.0% | 9,587 | 378 | 3.9% | 10,360 | 288 | 2.8% |
| Waller | 10,872 | 257 | 2.4% | 11,172 | 229 | 2.0% | 11,,359 | 167 | 1.5% |
| Wharton | 8,510 | 77 | 0.9% | 8,369 | 396 | 4.7% | 8,319 | 150 | 1.8% |
| Region 6 | 1,350,712 | 18,434 | 1.4% | 1,361,390 | 45,342 | 3.3% | 1,353,798 | 19,721 | 1.5% |
| Texas | 5,359,127 | 69,224 | 1.3% | 5,399,682 | 111,889 | 2.1% | 5,431,910 | 72,617 | 13% |

Table 6. Region 6 county-level child homelessness and year-end enrollment rates: 2017, 2018, 2019³⁵

Note: *Highest percentage. **Lowest percentage. †Number of homeless students is actually 1-10 students more than represented, here, and are not included due to masked values

³⁵Texas Education Agency. County-level homelessness and year-end enrollment rates. 2017, 2018, 2019. https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Accessed July, 2019.



Figure 9. Region 6 county-level percentages of enrolled students experiencing homelessness: TEA, 2016-2017, 2017-2018, 2018-2019³⁶

Figure 10. Region 6 county-level school enrollment totals: TEA, 2016-2017, 2017-2018, 2018-2019³⁷



³⁶ Texas Education Agency. County-level homelessness and year-end enrollment rates. 2017, 2018, 2019. https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Accessed July, 2019.

³⁷ Texas Education Agency. County-level homelessness and year-end enrollment rates. 2017, 2018, 2019. https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Accessed July, 2019.

Language Proficiency

About 14 percent of the population in Texas has limited proficiency in English. Limited English Proficiency (LEP) is defined as speaking English less than very well.³⁸ As of the 2018 projections for individuals older than four years of age, who identify themselves as speakers with LEP, Harris County has the highest percent population of speakers with LEP at 20.4 percent. Walker County has the lowest percent population of speakers with LEP at 6.3 percent.

Almost 17 percent of the population in Region 6 is comprised of speakers who have LEP. Statistically, it has been shown that this population is more likely to experience impoverishment and to be less educated compared to the English-proficient population in the United States and these are known risk factors that have been shown to be associated with substance use and misuse. Table 7 displays the five-year estimates for the percent of individuals with LEP, five years of age and older, for each county in Region 6 and Texas. Table 8 displays the five-year estimates for the percent of households reporting as LEP for each county in Region 6 and Texas.

³⁸ United States Census Bureau. "Summary File. "U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office. Web. 1 April 2020. <u>https://data.census.gov/cedsci/</u>.
| | 201 | 6 | 201 | 7 | 201 | .8 | 2016-2018 |
|------------|---------------------|----------------|---------------------|----------------|---------------------|----------------|-------------------|
| | Population | Percent | Population | Percent | Population | Percent | Change in |
| County | <u>></u> 5 Years | Pop <u>≥</u> 5 | <u>></u> 5 Years | Pop <u>≥</u> 5 | <u>></u> 5 Years | Pop <u>≥</u> 5 | Percent Pop |
| county | | LEP | | LEP | | LEP | <u>></u> 5 LEP |
| Austin | 27,323 | 8.0% | 27,507 | 8.8% | 27,785 | 9.1% | 1.1% |
| Brazoria | 313,861 | 8.1% | 321,296 | 7.9% | 328,986 | 8.2% | 0.1%†† |
| Chambers | 35,523 | 10.4% | 36,540 | 8.6% | 37,498 | 7.5% | -2.9%† |
| Colorado | 19,490 | 6.1% | 19,608 | 7.4% | 19,659 | 7.4% | 1.3% |
| Fort Bend | 635,642 | 12.9% | 661,564 | 13.0% | 687,687 | 13.1% | 0.2% |
| Galveston | 293,874 | 6.7% | 300,345 | 6.8% | 305,916 | 6.5% | -0.2% |
| Harris | 4,086,726 | 20.3%* | 4,175,737 | 20.4%* | 4,249,724 | 20.4%* | 0.1%†† |
| Liberty | 73,248 | 6.9% | 74,366 | 7.4% | 76,147 | 7.7% | 0.8% |
| Matagorda | 34,136 | 12.4% | 34,158 | 9.6% | 34,164 | 10.4% | -2.0% |
| Montgomery | 482,971 | 7.7% | 498,539 | 7.8% | 516,610 | 7.6% | -0.1%†† |
| Walker | 66,865 | 5.9%* | 67,698 | 5.7%** | 68,419 | 6.3%** | 0.4% |
| Waller | 43,897 | 11.6% | 45,196 | 12.9% | 46,616 | 12.6% | 1.0% |
| Wharton | 38,550 | 9.0% | 38,601 | 8.7% | 38,724 | 9.8% | 0.8% |
| Region 6 | 6,152,106 | 16.6% | 6,301,155 | 16.7% | 6,437,935 | 16.7% | 0.1% |
| Texas | 24,985,749 | 14.1% | 25,437,762 | 14.1% | 25,886,326 | 14.0% | -0.1% |

Table 7. Region 6 county-level population estimates of individuals, five years of age and older, identifying as LEP speakers for 2016, 2017, 2018; including 2016-2018 three-year change in percent of individuals identifying as LEP speakers³⁹

Note. *Highest percent of limited English proficient speakers. **Lowest percent of limited English proficient speakers. †Highest percent change in limited English proficient speakers. †+Lowest percent change in limited English proficient speakers.

³⁹ United States Census Bureau. "Summary File." U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office. Web. 1 April 2020 https://data.census.gov/cedsci/.

| | 201 | 6 | 201 | 7 | 201 | 8 | 2016-2018 |
|------------|------------|---------|------------|---------|------------|---------|-----------|
| | Total | Percent | Total | Percent | Total | Percent | Change in |
| County | Households | LEP | Households | LEP | Households | LEP | Percent |
| Auctin | 11 222 | | 11 001 | 2 506 | 11.0/1 | 2 506 | |
| AUSLIII | 11,222 | 3.5% | 11,021 | 3.5% | 11,041 | 3.5% | 0.0%011 |
| Brazoria | 114,290 | 4.0% | 117,088 | 4.0% | 118,762 | 4.3% | -0.3% |
| Chambers | 12,967 | 7.5% | 13,320 | 6.4% | 13,529 | 6.5% | 1.1% |
| Colorado | 7,624 | 3.4% | 7,603 | 4.3% | 7,511 | 3.5% | -0.1% |
| Fort Bend | 214,126 | 6.2% | 222,331 | 6.0% | 230,381 | 6.1% | 0.1% |
| Galveston | 115,685 | 3.2% | 117,455 | 3.2% | 119,181 | 3.1% | 0.1% |
| Harris | 1,536,259 | 11.8%* | 1,562,813 | 11.9%* | 1,583,486 | 11.9%* | -0.1% |
| Liberty | 25,611 | 3.3% | 25,974 | 3.2% | 26,203 | 3.8% | -0.5% |
| Matagorda | 13,666 | 9.1% | 13,811 | 7.7% | 13,636 | 8.6% | 0.5% |
| Montgomery | 179,587 | 3.7% | 186,861 | 3.8% | 192,823 | 3.7% | 0.0%†† |
| Walker | 20,695 | 3.0%** | 21,294 | 2.4%** | 21,636 | 3.0%** | 0.0%†† |
| Waller | 14,082 | 6.0% | 14,698 | 5.6% | 14,807 | 5.7% | 0.3% |
| Wharton | 14,979 | 5.2% | 15,224 | 5.4% | 15,256 | 5.9% | -0.7%† |
| Region 6 | 2,280,793 | 9.5% | 2,329,493 | 9.4% | 2,368,252 | 9.5% | -0.1% |
| Texas | 0.280.551 | 7 9% | 9,420,419 | 7 9% | 9.552.046 | 7 9% | 0.0% |

Table 8. Region 6 county-level population estimates of households identifying as LEP speakers for 2016, 2017, 2018; including 2016-2018 three-year change in percent of households identifying as LEP speakers⁴⁰

9,289,554 7.9% 9,430,419 7.9% 9,553,046 7.9% 0 Note. *Highest percentage of limited English proficient households. **Lowest percentage of limited English proficient households. *Largest percent change in limited English proficient households. **Smallest percent change in limited English proficient households.

⁴⁰ United States Census Bureau. "Summary File." U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office. Web. 1 April 2020 https://data.census.gov/cedsci/.

Socio-Economic Data

Average Salaries/wages by county/per capita by county

Since socioeconomic status is an important variable in addressing the potential for youth in developing issues with substance use and misuse, evaluating per capita income in relation to the 2020 Federal Poverty Level Guidelines reveals that many of the Region 6 counties' per capita income amounts fall below, at, or right above the federal poverty level guideline for a family of four (\$26,200). The Federal Poverty Level for 2019 is contingent upon the number of persons in a household. Figure 11 shows the 2020 Federal Poverty Level guidelines for the 48 border states and Washington D.C. according to the number of persons per household.⁴¹ Table 9 shows the per capita income for each county in Region 6.



Figure 11. Federal Poverty Level: 2020⁴²

As it can be seen in Table 9, Montgomery County has the highest per capita income out of the 13 counties, with per capita income topping out at \$39,618 for 2018. Walker County had the lowest per capita income for 2018 at \$17,789. The county with the highest three-year change between 2016 and 2018 was Chambers County, with an increase of \$4,643. Liberty County saw the lowest amount of change with an increase in per capita income of \$692.

⁴¹ U.S. Department of Health and Human Services. Federal poverty level guidelines. <u>https://aspe.hhs.gov/poverty-guidelines.</u> Accessed June 18, 2020.

⁴² U.S. Department of Health and Human Services. Federal poverty level guidelines. <u>https://aspe.hhs.gov/poverty-guidelines.</u> Accessed June 18, 2020.

| County | 2016 | 2017 | 2018 | 2016-2018 Change |
|------------|------------|------------|------------|---------------------|
| Austin | \$28,351 | \$30,101 | \$30,858 | \$2,507 |
| Brazoria | \$31,180 | \$32,343 | \$33,547 | \$2,367 |
| Chambers | \$29,729 | \$31,412 | \$34,372 | \$4,643* |
| Colorado | \$26,161 | \$26,689 | \$27,861 | \$1,700 |
| Fort Bend | \$37,134* | \$38,382* | \$39,472 | \$2,338 |
| Galveston | \$32,756 | \$33,870 | \$35,448 | \$2,692 |
| Harris | \$29,850 | \$30,856 | \$31,901 | \$2,051 |
| Liberty | \$22,065 | \$22,153 | \$22,757 | \$692** |
| Matagorda | \$22,939 | \$25,933 | \$24,376 | \$1,437 |
| Montgomery | \$35,912 | \$38,012 | \$39,618* | \$3,706 |
| Walker | \$16,419** | \$17,194** | \$17,789** | \$1,370 |
| Waller | \$23,338 | \$23,888 | \$24,495 | \$1,157 |
| Wharton | \$23,245 | \$25,867 | \$26,281 | \$3,036 |
| Region 6 | \$30,899 | \$32,060 | \$33,191 | \$2,291 |
| Texas | \$27,828 | \$28,985 | \$30,143 | \$2,315 |

Table 9. Region 6 county-level per capita income: 2016-201843

Note. * Highest per capita income. ** Lowest per capita income. †Largest change in per capita income. †+Smallest change in per capita income.

⁴³United States Census Bureau. "Summary File." U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office. Web. 1 April 2020 https://data.census.gov/cedsci/.

Temporary Assistance for Needy Families (TANF) Recipients

The state of Texas provides a program called Temporary Assistance to Needy Families (TANF) to underemployed and newly unemployed parents of children under age 19. TANF provides a stipend and Medicaid benefits. The percentage of households in Texas that receive public assistance income of this type varies significantly from county to county with the latest available data (2019) identifying Fort Bend County with the lowest TANF recipient rate of 49 per 100,000 population and Waller county with the highest rates of TANF recipients at 140.1 per 100,000 population (see Table 10).⁴⁴⁴⁵ Figure 12 illustrates the three-year trends of TANF recipients per 100,000 population for all 13 counties in Region 6, 2017-2019.

Supplemental Nutrition Assistance Program (SNAP) Recipients

Another estimate of instability in the provision of basic needs for children is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefit (see Table 11). According to the most recently available data (2019), Fort Bend is the county with the lowest rate of SNAP recipients at 6,152.7 per 100,000 population. The Region 6 county that ranks highest in SNAP recipients is Matagorda County at 14,875.2 per 100,000 population. Matagorda County saw the largest change in rate of SNAP recipients per 100,000, decreasing by 3,377.4 per 100,000 population on the 2017-2019 three-year period of time, and Fort Bend County saw the least amount of change with a decrease in 1,375.9 SNAP recipients per 100,000 population. All 13 counties experienced a decrease in SNAP recipients per 100,000 population, 2017-2019.

Free, reduced school lunch recipients

Liberty County had highest percentage of children who were eligible for free and reduced cost lunch at 70.7 percent in 2019, where Chambers County had the lowest percentage of children who were eligible for free and reduced cost lunch at 33.7 percent. Walker County saw the largest three-year change in percent of children eligible for free and reduced-cost lunch at an increase of 5.6 percent, and Walker and Wharton saw the least amount of change at an increase of .5 percent and a decrease of .5 percent, respectively, for 2017 through 2019 (see Table 12). Figure 14 illustrates three-year trends for county-level percentages for children eligible for free and reduced-cost lunch, 2017-2019. Income eligibility guidelines for free and reduced-cost lunch programs can be found at <u>https://www.fns.usda.gov/cnp/fr-032019</u>.⁴⁶

⁴⁴ Temporary Assistance for Needy Families. Texas Health and Human Services Commission. https://hhs.texas.gov/about-hhs/records-

 $statistics/data-statistics/data/statistics/temporary-assistance-needy-familites-tanf-statistics. \ Accessed \ June \ 29, \ 2020.$

⁴⁵Texas Department of State Health Services. Population estimates broken down by age, sex, and race/ethnicity.

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. Accessed July 1, 2019.

⁴⁶ United States Department of Agriculture Food and Nutrition Service. Child Nutrition Programs – Income Eligibility Guideline – (July 1, 2019 – June 30, 2020). Last published March 20, 2020. https://www.fns.usda.gov/cnp/fr-032019. Accessed July 20, 2019.

| | | 2017 | | | 2018 | | | 2019 | | 2017-2019 |
|------------|------------|------------|----------|------------|------------|----------|------------|------------|----------|----------------|
| | | TANF | Rate per | | TANF | Rate per | | TANF | Rate per | Change in Rate |
| County | Population | Recipients | 100,000 | Population | Recipients | 100,000 | Population | Recipients | 100,000 | per 100,000 |
| Austin | 29,801 | 41 | 137.6 | 30,002 | 38 | 126.7 | 30,207 | 22 | 72.8 | -64.7 |
| Brazoria | 356,123 | 227 | 63.7 | 362,609 | 207 | 57.1 | 369,156 | 213 | 57.7 | -6.0†† |
| Chambers | 39,835 | 32 | 80.3** | 40,629 | 26 | 64.0 | 41,451 | 23 | 55.5 | -24.8 |
| Colorado | 21,145 | 27 | 127.7 | 21,199 | 20 | 94.3 | 21,239 | 12 | 56.5 | -71.2† |
| Fort Bend | 754,361 | 496 | 65.8 | 781,965 | 411 | 52.6** | 810,619 | 397 | 49.0** | -16.8 |
| Galveston | 335,200 | 482 | 143.8 | 341,737 | 424 | 124.1 | 348,442 | 315 | 90.4 | -53.4 |
| Harris | 4,706,369 | 6,722 | 142.8 | 4,796,533 | 5,953 | 124.1 | 4,887,341 | 5,371 | 109.9 | -32.9 |
| Liberty | 82,278 | 148 | 179.9* | 83,276 | 130 | 156.1* | 84,278 | 93 | 110.3 | -69.5 |
| Matagorda | 37,030 | 49 | 132.3 | 37,045 | 43 | 116.1 | 37,064 | 45 | 121.4 | -10.9 |
| Montgomery | 561,436 | 474 | 84.4 | 578,410 | 401 | 69.3 | 595,887 | 355 | 59.6 | -24.9 |
| Walker | 71,699 | 71 | 99.0 | 72,447 | 78 | 107.7 | 73,219 | 83 | 113.4 | 14.3 |
| Waller | 48,346 | 64 | 132.4 | 49,136 | 65 | 132.3 | 49,950 | 70 | 140.1* | 7.8 |
| Wharton | 41,777 | 58 | 138.8 | 41,833 | 45 | 107.6 | 41,883 | 37 | 88.3 | -50.5 |
| Region 6 | 7,085,400 | 8,891 | 125.5 | 7,236,821 | 7,841 | 108.3 | 7,390,736 | 7,036 | 95.2 | -30.3 |
| Texas | 28,245,982 | 60,310 | 213.5 | 29,677,668 | 53,095 | 178.9 | 29,193,268 | 46,107 | 157.9 | -55.6 |

Table 10. Region 6 county-level Temporary Assistance to Needy Families (TANF) recipients per 100,000 and three-year change in rate per 100,000 population: 2017-20194748

*Note.** Highest rate per 100,000 population. ** Lowest rate per 100,000 population. †Highest change in rate per 100,000 population. ††Lowest change in rate per 100,000 population.

⁴⁷ Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020. https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.

⁴⁸ Temporary Assistance for Needy Families. Texas Heath and HumanServices Commission. 2017-2019. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistanceneedy-families-tanf-statistics. Accessed April 28, 2020.



Figure 12. Region 6 county-level five-year trends in TANF recipients per 100,000 population 2017, 2018, 2019⁴⁹

⁴⁹ Temporary Assistance for Needy Families. Texas Heath and HumanServices Commission. 2017-2019. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistanceneedy-families-tanf-statistics. Accessed April 28, 2020.

| | | 2017 | | | 2018 | | | 2019 | | 2017-2019 |
|------------|------------|------------|-----------|------------|------------|-----------|------------|-----------------|-----------|------------------------|
| | | SNAP | Rate per | | SNAP | Rate per | | SNAP | Rate per | Change in Rate |
| County | Population | Recipients | 100,000 | Population | Recipients | 100,000 | Population | Recipients | 100,000 | per 100,000 |
| Austin | 29,801 | 3,226 | 10,824.9 | 30,002 | 2,890 | 9,631.9 | 30,207 | 2,517 | 8,332.8 | -2,492.1 |
| Brazoria | 356,123 | 35,594 | 9,994.7 | 362,609 | 32,298 | 8,907.1 | 369,156 | 29,069 | 7,874.4 | -2,120.3 |
| Chambers | 39,835 | 3,832 | 9,618.8 | 40,629 | 3,308 | 8,142.0 | 41,451 | 3,179 | 7,669.5 | -1,949.3 |
| Colorado | 21,145 | 2,725 | 12,889.2 | 21,199 | 2,340 | 11,039.4 | 21,239 | 2,093 | 9,855.7 | -3,033.5 |
| Fort Bend | 754,361 | 56,793 | 7,528.6** | 781,965 | 54,264 | 6,939.4** | 810,619 | 49 , 875 | 6,152.7** | -1,375.9 ^{+†} |
| Galveston | 335,200 | 39,646 | 11,827.5 | 341,737 | 37,721 | 11,038.0 | 348,442 | 34,815 | 9,991.7 | -1,835.8 |
| Harris | 4,706,369 | 712,352 | 15,135.9 | 4,796,533 | 653,450 | 13,623.4 | 4,887,341 | 590,587 | 12,084.0 | -3,051.9 |
| Liberty | 82,278 | 13,820 | 16,796.7 | 83,276 | 13,342 | 16,021.9* | 84,278 | 12,531 | 14,868.3 | -1,928.5 |
| Matagorda | 37,030 | 6,759 | 18,252.5* | 37,045 | 5,843 | 15,773.8 | 37,064 | 5,513 | 14,875.2* | -3,377.4† |
| Montgomery | 561,436 | 47,574 | 8,473.6 | 578,410 | 45,244 | 7,822.2 | 595,887 | 41,835 | 7,020.5 | -1,453.0 |
| Walker | 71,699 | 7,907 | 11,028.5 | 72,447 | 6,760 | 9,331.3 | 73,219 | 6,328 | 8,642.6 | -2,385.9 |
| Waller | 48,346 | 6,265 | 12,959.4 | 49,136 | 6,009 | 12,228.3 | 49,950 | 5,421 | 10,852.0 | -2,107.3 |
| Wharton | 41,777 | 6,475 | 15,498.2 | 41,833 | 6,078 | 14,528.8 | 41,883 | 5,650 | 13,489.8 | -2,008.4 |
| Region 6 | 7,085,400 | 942,967 | 13,308.6 | 7,236,821 | 869,547 | 12,015.6 | 7,390,736 | 789,413 | 10,681.1 | -2,627.5 |
| Texas | 28,245,982 | 3,943,512 | 13,961.3 | 29,677,668 | 3,722,407 | 12,542.8 | 29,193,268 | 3,725,683 | 12,762.1 | -1,199.2 |

Table 11. Region 6 county-level Supplemental Nutrition Assistance Program (SNAP) recipients per 100,000: 2017, 2018, 2019; change in rate per 100,000 population for 2017-2019⁵⁰⁵¹

Note.* Highest rate per 100,000 population. ** Lowest rate per 100,000 population. †Largest change in rate per 100,000 population.

++Smallest change in rate per 100,000 population.

⁵⁰Texas Demographic Center. Texas Population Projections and Estimates. 2018-2020. https://demographics.texas.gov/Data/TPEPP/Projections/Tool?fid=E78EA7AF7FA040DEA6D207B2F706C607. Accessed July 6, 2020.

⁵¹ Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Heath and HumanServices Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplementalnutritional-assistance-program-snap-statistics. Accessed May 10, 2020.



Figure 13. Region 6 county-level five-year trends in SNAP recipients per 100,000 population: 2017, 2018, 2019⁵²

| | 2016-2017 | | | | 2017-2018 | | | 2018-2019 | | 2016-2019 |
|------------|--------------------|-----------|----------|-----------|-----------|----------|-----------|-----------|----------|------------|
| | Total | Total | % | Total | Total | % | Total | Total | % | Change in |
| County | Children | Eligible | Eligible | Children | Eligible | Eligible | Children | Eligible | Eligible | % Eligible |
| Austin | 5,5 ⁸ 7 | 3,009 | 53.9% | 5,599 | 3,026 | 54.0% | 5,546 | 3,079 | 55.5% | 1.7% |
| Brazoria | 70,609 | 31,822 | 45.1% | 71,766 | 31,696 | 44.2% | 72,707 | 34,996 | 48.1% | 3.1% |
| Chambers | 8,723 | 2,676 | 30.7%** | 8,919 | 3,279 | 36.8% | 9,269 | 3,124 | 33.7%** | 3.0% |
| Colorado | 3,517 | 2,267 | 64.5% | 3,538 | 2,282 | 64.5% | 3,589 | 2,419 | 67.4% | 2.9% |
| Fort Bend | 156,082 | 50,785 | 32.5% | 159,562 | 53,808 | 33.7%** | 163,379 | 61,250 | 37.5% | 5.0% |
| Galveston | 62,379 | 27,967 | 44.8% | 62,666 | 28,854 | 46.0% | 62,588 | 29,624 | 47.3% | 2.5% |
| Harris | 895,352 | 584,079 | 65.2% | 897,908 | 576,292 | 64.2% | 897,629 | 609,631 | 67.9% | 2.7% |
| Liberty | 16,331 | 10,645 | 65.2% | 17,035 | 11,272 | 66.2% | 18,213 | 12,884 | 70.7%* | 5.6%† |
| Matagorda | 7,264 | 4,727 | 65.1% | 7,150 | 4,709 | 65.9% | 7,255 | 5,093 | 70.2% | 5.1% |
| Montgomery | 108,165 | 44,445 | 41.1% | 111,094 | 46,942 | 42.3% | 113,485 | 52,240 | 46.0% | 4.9% |
| Walker | 8,751 | 4,980 | 56.9% | 9,828 | 4,833 | 49.2% | 10,428 | 5,986 | 57.4% | 0.5%†† |
| Waller | 6,649 | 4,885 | 73.5%* | 7,494 | 5,341 | 71.3%* | 7,655 | 5,396 | 70.5% | -3.0% |
| Wharton | 8,510 | 5,546 | 65.2% | 8,369 | 5,469 | 65.3% | 8,319 | 5,379 | 64.7% | -0.5%†† |
| Region 6 | 1,357,919 | 777,833 | 57.3% | 1,370,928 | 777,803 | 56.7% | 1,380,062 | 831,101 | 60.2% | 2.9% |
| Texas | 5,360,756 | 3,159,774 | 58.9% | 5,401,341 | 3,169,088 | 58.7% | 5,433,471 | 3,288,771 | 60.5% | 1.6% |

Table 12. Region 6 county-level percentages of children eligible for free or reduced cost lunch: 2016-2017, 2017-2018, 2018-2019; three-year change in percent eligible 2016-2019⁵³

Note. *Highest percent of children eligible for free or reduced-cost lunch. **Lowest percentage of children eligible for free or reduced cost lunch. †Highest change in percent of children eligible for free and reduced-cost lunch. †+Lowest change in percent of children eligible for free and reduced-cost lunch.

⁵³ U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI - Elementary and Secondary Information System. https://nces.ed.gov/ccd/elsi/tableGenerator.aspx. Accessed April 22, 2020.

⁵² Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Heath and HumanServices Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplementalnutritional-assistance-program-snap-statistics. Accessed May 10, 2020.



Figure 14. Region 6 county-level three-year trends of percentages of children eligible for free and reduced-cost lunch: 2016-2017, 2017-2018, 2018-2019⁵⁴

⁵⁴ U.S. Department of Education, National Center for Education Statistics: Common Core Data. ELSI - Elementary and Secondary Information System. https://nces.ed.gov/ccd/elsi/tableGenerator.aspx. Accessed April 22, 2020.

Environmental Risk Factors Retail Access

Alcohol

One way of defining availability of alchol has been the "high number of alcohol outlets in a defined geographical area or per a sector of the population."⁵⁵ Since the purchase of alcohol is legal for persons over the age of 20 in Texas, and most individuals with SUDs indicate that their addiction began during their adolescent or young adult years, it is important to address accessibility of alcohol by looking at the number of alcohol retailers holding active current permits in each county, as well as the density of such permits per square mile in each county. Table 13 displays the variable of active current permit and density of permit for each county in Region 6. Totals of active current alcohol retailer permits range from 98 permits in Colorado County to 11,009permits in Harris County for 2020. The permit density per square mile ranges from .1 permit per square mile for Colorado, Matagorda, and Wharton Counties, to 6.5 permits per square mile in Harris County. Table 14 displays the number of alcohol permit violations for sales to minors that were cited in each county for 2017, 2018, and 2019. For the year of 2019, and in accordance with past years' data, Harris County saw the highest number of alcohol permit violations for sales to minors at 125 citations. Liberty, Matagorda, and Waller retailers received no permit violation citations for 2019.

⁵⁵ U.S. Department of Health and Human Services. *Facing addiction in America: the surgeon general's report on alcohol, drugs, and health.* <u>https://addiction.surgeongeneral.gov/</u>. Published 2017. Accessed July 30, 2017.

| | License Status | Total Land Area | Permit Density |
|------------|----------------|---------------------|-------------------|
| County | – Current | (Square Miles) 2020 | (per Square Mile) |
| , | 2020 | (| 2020 |
| Austin | 107 | 646.49 | 0.2 |
| Brazoria | 664 | 1,357.81 | 0.5 |
| Chambers | 129 | 597.15 | 0.2 |
| Colorado | 98 | 960.29 | 0.1** |
| Fort Bend | 1,153 | 861.84 | 1.3 |
| Galveston | 1,055 | 378.95 | 2.8 |
| Harris | 11,009 | 1,704.86 | 6.5* |
| Liberty | 182 | 1,158.45 | 0.2 |
| Matagorda | 158 | 1,092.90 | 0.1** |
| Montgomery | 1,211 | 1,041.92 | 1.2 |
| Walker | 128 | 784.19 | 0.2 |
| Waller | 126 | 513.34 | 0.2 |
| Wharton | 144 | 1,086.15 | 0.1** |
| Region 6 | 16,164 | 12,184.31 | 1.3 |
| Texas | 59,630 | 261,250.0 | 0.2 |

Table 13. Region 6 county-level counts of active alcohol sales permits and permit density per square mile: 2020⁵⁶

Note. *Highest permit density per square mile .**Lowest permit density per square mile.

⁵⁶ Texas Alcoholic Beverage Commission. <u>https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx</u>. Accessed April 4, 2020.

| | Alcohol | Permit Violations/Sale | es to Minors |
|------------|---------|------------------------|--------------|
| | 2017 | 2018 | 2019 |
| County | | | |
| Austin | 1 | 5 | 7 |
| Brazoria | 23 | 21 | 17 |
| Chambers | 0** | 2** | 1 |
| Colorado | 1 | 5 | 3 |
| Fort Bend | 18 | 21 | 13 |
| Galveston | 12 | 15 | 22 |
| Harris | 131* | 239* | 125* |
| Liberty | 5 | 7 | 0** |
| Matagorda | 4 | 3 | 0** |
| Montgomery | 5 | 32 | 17 |
| Walker | 5 | 2** | 2 |
| Waller | 0** | 7 | 0** |
| Wharton | 5 | 3 | 4 |
| Region 6 | 210 | 362 | 211 |
| Texas | 914 | 1204 | 953 |

Table 14. Region 6 county-level alcohol permit violations/sales to minors: 2017, 2018, 2019⁵⁷

Note. *Highest permit violations/sales to minors. **Lowest violations/sales to minors.

⁵⁷ Open Record Request - HHSC - Tobacco Violations by County. https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx. Run Date 3/30/2020.

Tobacco and other Nicotine products

As it has been indicated previously in this needs assessment, about 90 percent of individuals who develop SUDs report using or trying a substance before the age of 18. Nicotine is an addictive substance and absolutely applies when addressing the age at which one is initiated to a substance. The high density of tobacco and nicotine sales permits in an area also contributes to the high availability of these products to youth. As mentioned with alcohol, high availability is a risk factor for substance use and misuse. Table 15 displays the tobacco and nicotine sales permit density for all 13 counties in Region 6 with Austin, Chambers, Colorado, Libery, Matagorda, Walker, and Wharton Counties all having the lowest permit density at .1 permits per square mile. Harris County has the highest permit density at 3.3 permits per square mile. Table 16 displays the three-year cumulative number of permit violations for sales to minors for 2017-2019 with Harris County reporting the highest permit violations at 36, and several counties reporting no permit violations at all: Austin, Chambers, Liberty, Walker, Waller, and Wharton Counties.

| | License Status | Total Land Area | Permit Density |
|------------|----------------|---------------------|-------------------|
| County | – Current | (Square Miles) 2020 | (per Square Mile) |
| county | 2020 | | 2020 |
| Austin | 49 | 646.49 | 0.1** |
| Brazoria | 341 | 1,357.81 | 0.3 |
| Chambers | 78 | 597.15 | 0.1** |
| Colorado | 49 | 960.29 | 0.1** |
| Fort Bend | 521 | 861.84 | 0.6 |
| Galveston | 483 | 378.95 | 1.3 |
| Harris | 5,637 | 1,704.86 | 3.3* |
| Liberty | 138 | 1,158.45 | 0.1** |
| Matagorda | 76 | 1,092.90 | 0.1** |
| Montgomery | 604 | 1,041.92 | 0.6 |
| Walker | 80 | 784.19 | 0.1** |
| Waller | 78 | 513.34 | 0.2 |
| Wharton | 76 | 1,086.15 | 0.1** |
| Region 6 | 8210 | 12,184.31 | 0.7 |
| Texas | 30,937 | 261,250.0 | 0.1 |

Table 15. Region 6 county-level counts of active tobacco and other nicotine sales permits and permit density per square mile: 2020⁵⁸

Note. *Highest permit density per square mile. **Lowest permit density per square mile

⁵⁸ Texas Alcoholic Beverage Commission. https://www.tabc.texas.gov/PublicInquiry/RosterSummary.aspx. Accessed April 4, 2020.

| | Tobacco and other Nicotine Permit Violations/Sales to Minors |
|------------|--|
| County | 2017-2019 |
| Austin | 0** |
| Brazoria | 2 |
| Chambers | 0** |
| Colorado | 1 |
| Fort Bend | 4 |
| Galveston | 16 |
| Harris | 36* |
| Liberty | 0** |
| Matagorda | 4 |
| Montgomery | 5 |
| Walker | 0** |
| Waller | 0** |
| Wharton | 0** |
| Region 6 | 68 |
| Texas | 575 |

Table 16. Region 6 county-level tobacco and other nicotine permit violations/sales to minors: 2017, 2018, 2019

Note. *Highest permit violations/sales to minors. **Lowest violations/sales to minors.

Marijuana (law changes regarding marijuana)

In the state of Texas, the status of marijuana legality is considered mixed medicinal, with cannabidiol (CBD) oil being the only legal form of the product. However, there are a number of states in the country where marijuana is fully legal: Alaska, California, Colorado, Washington D.C., Illinois, Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont, and Washington. The changing laws across the United States⁵⁹, the ease with which marijuana can be transported across state lines⁶⁰, the increased relaxation of legal consequences for low-level arrests⁶¹, and the increasingly lax attitudes toward marijuana are all associated with increased availibility of marijuana in our communities.

Specific to CBD, the law that has legalized hemp (marijuana plant from which CBD is extracted), has endured some prosecutorial difficulties. In order to qualify as marijuana, tetrahydrocannabinol (THC)

 ⁵⁹ DISA Solutions. Map of Marijuana Legality by State, 2020. <u>https://disa.com/map-of-marijuana-legality-by-state</u>. Accessed August 28, 2020.
⁶⁰ Houston Investigative Support Center. 2020 Houston High Intensity Drug Trafficking Area (HIDTA) Threat Assessment. Office of National Drug Control Policy, 2020.

⁶¹ Marijuana Policy Project. Austin City Council approves ordinance t end most low-level marijuana arrests, 2020. <u>https://www.mpp.org/states/texas/</u>. Accessed August 28, 2020.

levels must be higher than .3 percent. Unfortunately, the type of testing required to determing whether a product's THC level is above or below .3 percent is not something that is available in the field, nor is it currently considered a feasible option for non-felony cases.⁶²

Prescription Drugs

The Houston High Intensity Drug Trafficking Area (HIDTA) cites the use of controlled prescription opioids as a significant problem in the Houston area, tagging Houston as a 'source city' for bulk amounts of these controlled pharmaceuticals. Although counterfeit pills, which in some seizures have alarmingly been found to contain fentanyl and carfentenal, it appears that large quantities of controlled prescription opioids in the Houston area are also attributable to pill mills and their associated pharmacies, prescription fraud, and robberies and burglaries of pharmacies.⁶³

Lack of Enforcement of Existing Laws

As previously mentioned, the recent legalization of CBD, not to exceed THC levels of .3 percent, has posed some tricky issues regarding enforcement of marijuana laws, particularly due to inability to test the product in an efficient and feasible manner, especially as this applies to cases that wil be rejected by prosecuters. In Austin, a resolution that limits law enforcement action for low-level possession offences was passed in January, 2020. The intent of this resolution is to avoid wasting resources on low-level THC testing and limit the police from writing citations and arresting individuals for cases that will likely be rejected.⁶⁴

Drug Seizures/Trafficking

According to the Houston High Intensity Drug Trafficking Area (HIDTA) annual Threat Assessment for 2020, methamphetamines were identified as the substance with the greatest drug threat to the Houston HIDTA as demonstrated through continued high availability, increase in seizure totals of the substance, it's continued decrease in price, modes of concealed trafficking, and high mortality rates. Cocaine remains the second highest seized substance and marijuana the highest seized substance in the Houston HIDTA. Seizures of heroin mixed with fentanyl, as well as the deaths resulting from consumption and overdose. Black tar heroin and brown powder heroin from are the main types found in the Houston HIDTA, although an increase in powder form and 'china white' has been seen. HIDTA. Additionally, seizures of pills passed off as oxycodone (oxycodone and hydrocodone consumption in this area is a significant problem), but containing fentanyl and carfentenal over the past year, continue to emphasize concern over Houston's role as a source city for bulk quantities of controlled prescription drugs. Houston's 'source city' status is a result of the numerous pill mills and associated pharmacies in the area, as well as pharmacy robberies, prescription fraud, produced locally and imported from Mexico.⁶⁵

⁶² Houston Investigative Support Center. 2020 Houston High Intensity Drug Trafficking Area (HIDTA) Threat Assessment. Office of National Drug Control Policy, 2020.

⁶³ Houston Investigative Support Center. 2020 Houston High Intensity Drug Trafficking Area (HIDTA) Threat Assessment. Office of National Drug Control Policy, 2020.

⁶⁴ Marijuana Policy Project. Austin City Council approves ordinance t end most low-level marijuana arrests, 2020. https://www.mpp.org/states/texas/. Accessed August 28, 2020.

⁶⁵ Houston Investigative Support Center. 2018 Houston High Intensity Drug Trafficking Area (HIDTA) Threat Assessment. Office of National Drug Control Policy. 2020.

Figure 15 displays the 17 counties in the Houston HIDTA region: Aransas, Austin, Brazoria, Brooks, Fort Bend, Galveston, Harris, Jefferson, Jim Wells, Kennedy, Kleberg, Liberty, Montgomery, Nueces, Refugio, Walker, and Victoria. The Region 6 counties involved in the Houston HIDTA are Austin, Brazoria, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Walker Counties.



Figure 15. Houston HIDTA designated counties

Adapted from Houston Investigative Support Center. 2018 Houston High Intensity Drug Trafficking Area (HIDTA) Threat Assessment. Office of National Drug Control Policy. 2018; p. 6

If one's goal is to follow drug seizure data from a more local perspective, Texas Department of Public Safety (TxDPS) keeps an online current repository of every local law enforcement agency's drug seizures for each county. Reporting on the actual seizure data for each law enforcement agency for each county in Region 6 is outside the scope of this RNA due to its extensive nature – Harris county, alone, has 44 law enforcement agencies for which separate drug seizure reports are updated on a monthly basis by the Texas DPS. This data and downloadable reports for each law enforcement agency are available at https://txucr.nibrs.com/Report/DrugSeized. A printout of drug seizure data for Houston Police Department is included in Appendix C as an example.⁶⁶

⁶⁶Texas Department of Public Safety Crime in Texas Online. Drugs seized reports. <u>https://txucr.nibrs.com/Report/DrugSeized</u>. Accessed July 25, 2020.

Social Access

Perceived Accessibility

As it has been previously discussed in this needs assessment, availability, and therefore, accessibility to substances is associate with substance use and misuse. Figure 16 displays adolescents' perceptions of how easy it is to obtasin alcohol, tobacco, and marijuana.

Figure 16. Region 5/6 and Texas comparisons, perceived accessibility to alcohol, tobacco, and marijuana, Grades 7-12: 2018⁶⁷



⁶⁷ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

Sources of Accessibility

Figure 17 show percentage of adolescents, questioned about their sources for obtaining alcohol, who indicated they get alcohol from several sources, including home and parties. Less than 10 percent of adolescents report getting alcohol from the store, according to the TSS for 2018. The topic of social hosting is a persistent concern, and understandably so as Figure 18 displays students' perceived accessibility of alcohol at parties they have reported attending. Figure 19 displays students' perceived accessibility of marijuana and/or other drugs at parties they have reported attending.



Figure 17. Regions 5/6 and Texas, accessible sources of alcoholic beverages, Grades 7-12: 201868

⁶⁸ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

Accessibility at Parties



Figure 18. Regions 5/6 and Texas, reports of presence of alcohol at parties, Grades 7-12: TSS, 2018⁶⁹

Thinking of the parties you attended this school year, how often was alcohol used?

Figure 19. Regions 5/6 and Texas, reports of presence of marijuana and/or other drugs at parties, Grades 7-12: TSS, 2018⁷⁰



Thinking of the parties you attended this school year, how often was marijuana and/or other drugs used?

⁶⁹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

⁷⁰ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

Prescription Drugs

As can be seen in Figure 20, about 50 percent of youth, ages 12-17, who reported misusing prescription pain relievers (opioids) reported getting them from a friend or relative for free, bought from that friend or relative, or stole from that friend or relative.

Figure 20. National, youth reports of where they obtain prescription drugs not prescribed to them, Ages 12-17: NSDUH, 2018⁷¹



⁷¹ Substance Abuse and Mental Health Services Administration. Results from the 2016 National Survey on Drug Use and Health: detailed tables.2018. <u>https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables</u>. Accessed July 15, 2020.

Perceived Risk of Harm

High perception of risk or negative feelings towards alcohol or drug use is a major protective factor against substance use and misuse, which was also captured with students' responses to questions about perception of harm on the TSS. Figure 21 2018 illustrates students' perception of harm in response to questions about alcohol, tobacco, marijuana, and prescription drugs.

Figure 21. Region 5/6 and Texas, perceived risk of harm from alcohol, tobacco, marijuana, and prescription drugs, Grades 7-12: TSS, 2018⁷²



Social Norms

Parental Approval/Consumption

One of the strongest predictors of substance use and misuse in youth is favorable parental attitudes to drug use and approval of drinking and drug use. Figures 22-24 display the breakdown of students' perceptions of their parents' approval of consuming alcohol, marijuana, and tobacco products.⁷³

⁷² Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

⁷³ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

Figure 22. Region 5/6 and Texas comparisons of students' perceptions of parental attitudes toward use of alcohol, Grades 7-12: TSS, 2018⁷⁴



Figure 23. Region 5/6 and Texas comparisons of students' perceptions of parental attitudes toward use of tobacco, Grades 7-12: TSS, 2018⁷⁵



⁷⁴ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report. Accessed July 25, 2019.

⁷⁵ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.



Figure 24. Region 5/6 and Texas comparisons of students' perceptions of parental attitudes toward use of marijuana, Grades 7-12: TSS, 2018⁷⁶

Peer Approval/Consumption

When evaluating the risk factors that contribute to certain risky behaviors (in this case, substance misuse behaviors), there are many factors external to an individual that can increase the likelihood that individual would engage in those risky behaviors, one of those risk factors being cultural or social norm. Although many risk factors impose a predisposition to substance use and misuse, perceptions of one's peers' engagement in such risky behaviors can be quite influential on that individual's inclination to do the same. Figures 25-27 displays students' perceptions of how many of their close friends use alcohol, tobacco, and marijuana.⁷⁷

⁷⁶ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

⁷⁷ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.







Figure 26. Regions 5/6 and Texas, perception of peer consumption of tobacco, Grades 7-12: TSS, 201879



How many of your close friends use tobacco?

 ⁷⁸ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 HHSC Region 5 and 6 Report. <u>http://www.texasschoolsurvey.org/Documents/Reports/Region/16Region5-6.pdf</u>. Accessed July 25, 2018.
⁷⁹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 HHSC Region 5 and 6 Report. <u>http://www.texasschoolsurvey.org/Documents/Reports/Region/16Region5-6.pdf</u>. Accessed July 25, 2018.



Figure 27. Regions 5/6 and Texas, perception of peer consumption of marijuana, Grades 7-12: TSS, 2018⁸⁰

Alcohol/Tobacco/Other Legal Substances Promotion

Particularly over the past six months, beginning in March, 2020, the residents of the United States have experienced multiple significant hardships and loss. The coronavirus has led, basically, to the shutdown of the American society as it was know before this past March. People all over the country are experiencing serious financial hardship, job and income loss, hunger and food instability, increases in domestic violence, compromised access to healthcare, and intense mental and behavioral health issues.⁸¹ Unfortunately, all of these hardships are indicators that are associated with substance use and misuse. Although one might assume he alcohol industry is profiting, exponentially, from the masses' need to sooth the anxiety brought on by COVID-19, the actual market evidence shows that the beverage industry has taken a very hard hit due to the complete and/or partial shutdown of bars and restaurant. Still, the beverage industry seems to be rebounding with increased sales in differenc areas. For example, convience is one area, as with ready-to-drink products (i.e., sale of hard selzers) that is thriving right now and this can be seen anytime a television is turned on. Commercials advertise how to have fun while guarantining at home while consuming their products. A Corona beer commercial promotes making one's own beach or getaway at home, while enjoying a Corona, of course. One actor for a vodka product advertisement is seen practicing yoga in his yard, floating from the enlightenment his berry flavored vodka has brought him.

⁸⁰ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

⁸¹ Smith, S. The coronavirus pandemic is still reaging in Texas. Its mental health toll will only get worse. Houston Chronicle, August 24, 2020. <u>https://www.houstonchronicle.com/news/houston-texas/houston/article/coronavirus-pandemic-mental-health-toll-tx-covid-15497856.php</u>. Accessed August 28, 2020.

In recent years, tobacco use in youth was declining, but this decline gradually began to halt, mostly attributable to a trend in vaping, or use of Electronic Nicotine Delivery System (ENDS), became more and more popular in youth. Not only has vaping become the new tobacco, the marketing, production, and promotion of which has taken on a whole new culture of its own. E-liquids and devices are packaged and produced in hundreds of flavors (i.e., bubblegum, fruit punch, root beer, etc.), in bright colors just like candy and gum would be, and can be low key and resemble common household items (i.e., pen, flash drive, car key fob, etc.) or be elaborate and customizable with a preferred mouthpiece and coil design to perform the best cloud tricks. There are even crossover pens which have cartridges that can hold e-liquids as well as liquids or oils containing THC. Of course the e-liquids and devices that are used for THC delivery are marketed in much the same way, just on the black market because marijuana and THC are illegal in Texas⁸².

Pricing

Also known as the 'sin' tax, excise taxes for alcohol and cigarettes has historically been common practice in the United States. Studies have demonstrated that the excise tax is actually associated with the reduction of tobacco, alcohol, and even sugary drinks⁸³. As of January, 2020, the state distilled spirits excise tax rate (dollars per gallon) is \$2.46 in Texas⁸⁴. As of July 1, 2020, excise tax for cigarettes is \$1.41 per 20-pack and \$1.22 per ounce for loose smoking tobacco in Texas.⁸⁵ All states tax tobacco products, but only 21 states levy a vapor excise tax. However, Texas is not one of those states, as of yet⁸⁶.

⁸² Centers for Disease Control and Prevention. E-Cigarettes Shaped Like USB Flash Drives: Information for Parents, Educators, and Health Care Providers. US Department of Health and Human Services, <u>https://www.cdc.gov/tobacco/infographics/youth/pdfs/e-cigarettes-usb-flash-508.pdf</u>. Accessed August 28, 2020.

 ⁸³ Chaloupka, F., et al. The use of excise taxes to reduce tobacco, alcohol, and sugary beverage consumption. Annual Review of Public Health, 2019, 40: 187-201. https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040218-043816. Accessed August 28, 2020.
⁸⁴Cammenga, J. How high are distilled spirits taxes in your state? Tax Foundation, June 17, 2020. https://taxfoundation.org/state-distilled-spirits-excise-tax-rates-2020/. Accessed August 28, 2020.

⁸⁵Centers for Disease Control and Prevention. STATE System Excise Tax Fact Sheet. US Department of Health and Human Services, https://www.cdc.gov/statesystem/factsheets/excisetax/ExciseTax.html#:~:text=The%20federal%20tax%20remains%20at%20%241.010%20p er%20pack.&text=Nine%20states%20(Arkansas%2C%20Florida%2C,%241.000%20t0%20%241.499%20per%20pack. Accessed August 28, 2020.

⁸⁶ Boesen, U. Taxing nicotine products: a primer. Tax Foundation, January 22, 2020. https://taxfoundation.org/taxing-nicotine-products/#State. Accessed August 28, 2020.

Access to Care

Uninsured Children

Uninsured children are significantly more likely than insured children to not have a regular physician and to not receive medical care due to expense, particularly where mental health is concerned. In Region 6, the county with the lowest percentage of uninsured children as of 2017 was Galveston County at 7 percent. The counties with the highest percentage of uninsured children were Colorado, Waller, and Wharton Countis at 14 percent (see Table 17 and Figure 28).

| | | 2015 | | | 2016 | | | 2017 | | 2015-2017 |
|------------|-----------|---------|-------|-----------|---------|-------|-----------|---------|-------|-------------|
| | Total | Total | % | Total | Total | % | Total | Total | % | Change in % |
| County | Children | Unins | Unins | Children | Unins | Unins | Children | Unins | Unins | Unins |
| Austin | 7,231 | 964 | 13%* | 7,545 | 810 | 11% | 7,529 | 987 | 13% | 0%†† |
| Brazoria | 94,570 | 9,507 | 10% | 98,662 | 8,546 | 9% | 101,808 | 9,325 | 9% | -1% |
| Chambers | 11,052 | 1,171 | 10% | 11,683 | 1,164 | 10% | 12,273 | 1,286 | 10% | o%†† |
| Colorado | 4,834 | 619 | 12% | 5,046 | 681 | 14%* | 5,113 | 727 | 14%* | 2%† |
| Fort Bend | 205,323 | 14,884 | 7%** | 216,084 | 14,425 | 7%** | 224,823 | 18,829 | 8% | 1% |
| Galveston | 81,040 | 7,044 | 9% | 84,497 | 7,268 | 9% | 86,088 | 6,352 | 7%** | -2%† |
| Harris | 1,239,281 | 133,445 | 11% | 1,279,559 | 135,569 | 11% | 1,289,597 | 143,373 | 11% | 0%†† |
| Liberty | 20,835 | 2,275 | 11% | 21652 | 2,450 | 11% | 22,511 | 2,977 | 13% | 2%† |
| Matagorda | 9,483 | 1,101 | 11% | 9,829 | 1,061 | 11% | 9,684 | 1,164 | 12% | 1% |
| Montgomery | 147,950 | 12,761 | 9% | 154,979 | 15,133 | 10% | 159,259 | 17,341 | 11% | 2%† |
| Walker | 11,009 | 1,121 | 10% | 11,213 | 1,183 | 11% | 11,241 | 1,234 | 11% | 1% |
| Waller | 12,078 | 1,625 | 13%* | 12,492 | 1,678 | 13% | 12,856 | 1,762 | 14%* | 1% |
| Wharton | 10,809 | 1,458 | 13%* | 11,177 | 1,379 | 12% | 11,278 | 1,539 | 14%* | 1% |
| Region 6 | 1,855,495 | 187,975 | 10% | 1,924,418 | 191,347 | 10% | 1,954,060 | 206,896 | 11% | 1% |
| Texas | 7,300,000 | 747,567 | 10% | 7,559,241 | 735,079 | 10% | 7,641,570 | 814,817 | 11% | 1% |

Table 17. Region 6 county-level counts and percentages for uninsured children: 2015, 2016, 2017; three-year change in percent uninsured, 2015-2017⁸⁷

Note. Unins = Uninsured children. *Highest percentage of uninsured children. **Lowest percentage of uninsured children. †Largest three-year change in percent uninsured.

⁸⁷ United States Census Bureau. "Summary File." U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office. Web. 1 April 2020. https://www.census.gov/programs-surveys/sahie.html.



Figure 28. Region 6 county-level three-year trends of percentages of uninsured children: 2015, 2016, 2017⁸⁸

⁸⁸ United States Census Bureau. "Summary File." U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates. U.S. Census Bureau's American Community Survey Office. Web. 1 April 2020. https://www.census.gov/programs-surveys/sahie.html.

Unemployment Rate

Employment data are relevant to prevention because unemployment creates instability and reduces access to health insurance, health services, healthy foods, and other necessities that contribute to health status. ⁸⁹ In Table 18, the most recently-available unemployment data for each of the 13 counties in Region 6 can be seen for 2017, 2018, and 2019. ⁹⁰ As of 2019, Colorado County has the lowest unemployment rate (3.2%) in the Gulf Coast Region, where Liberty County had the highest unemployment rates (5.0%) in the region. Liberty County also had the largest three-year change in unemployment rate, dropping by 2.0 percent, 2017-2019. Colorado and Montgomery Counties had the smallest three-year change in employment rate, with a decrease of 0.8 percent, 2017-2019.

| | 201 | 7 | 2018 | | 2019 | | 2017-2019 | Change |
|------------|-------------|--------|-------------|--------|-------------|--------|-------------|---------|
| | Labor | % | Labor | % | Labor | % | Labor | % |
| County | Force Total | Unemp |
| Austin | 13,997 | 4.3% | 14,015 | 3.6% | 14,295 | 3.4% | 476†† | -1.0% |
| Brazoria | 171,954 | 5.3% | 175,989 | 4.5% | 179,510 | 4.2% | 6,046 | -1.2% |
| Chambers | 18,511 | 6.5% | 19,157 | 5.4% | 19,433 | 4.5% | 491 | -2.0% |
| Colorado | 10,080 | 3.8%** | 9,680 | 3.3%** | 9,625 | 3.2%** | -133 | -0.8%†† |
| Fort Bend | 369,788 | 4.6% | 382,102 | 4% | 388,986 | 3.4% | 12,957 | -1.2% |
| Galveston | 161,703 | 5.2% | 164,757 | 4.6% | 167,533 | 4.0% | 5,379 | -1.3% |
| Harris | 2,268,944 | 5.0% | 2,304,397 | 4.4% | 2,343,199 | 3.8% | 75,142† | -1.3% |
| Liberty | 31,713 | 7.1% | 32,303 | 5.8% | 32,769 | 5.0%* | 755 | -2.1%† |
| Matagorda | 16,930 | 7.2%* | 16,912 | 6.1%* | 4,175 | 4.3% | -167 | -1.4% |
| Montgomery | 267,342 | 4.3% | 275,152 | 3.8% | 280,362 | 3.4% | 9,863 | -1.0% |
| Walker | 23,625 | 4.6% | 23,970 | 4.2% | 24,399 | 3.9% | 686 | -0.8%†† |
| Waller | 22,201 | 4.9% | 22,763 | 4.3% | 23,160 | 3.7% | 753 | -1.2% |
| Wharton | 21,054 | 4.5% | 21,416 | 3.7% | 21,799 | 3.4% | 676 | -1.1% |
| Region 6 | 3,397,842 | 5% | 3,462,613 | 4.3% | 3,509,244 | 3.7% | 112,923 | -1.3% |
| Texas | 13,531,442 | 4.3% | 13,839,910 | 3.9% | 14,084,811 | 3.5% | 495,577 | -1.0% |

Table 18. Region 6 county-level labor force totals and percent unemployment 2017, 2018, 2019; showing change in labor force total and percent unemployment 2017-2019⁹¹

Note. Unemp = Unemployed. * Highest unemployment rate. ** Lowest unemployment rate. †Largest change in unemployment rate. ††Smallest change in unemployment rate

⁸⁹ U.S. Department of Health and Human Services. *Facing addiction in America: the surgeon general's report on alcohol, drugs, and health.* <u>https://addiction.surgeongeneral.gov/</u>. Accessed July 30, 2017.

⁹⁰ Local Area Unemployment Statistics. Labor Force Data by County. U.S. Bureau of Labor Statistics. Last revised April 17, 2020. https://www.bls.gov/lau/#data. Accessed April 20, 2020.

⁹¹ Local Area Unemployment Statistics. Labor Force Data by County. U.S. Bureau of Labor Statistics. Last revised April 17, 2020. https://www.bls.gov/lau/#data. Accessed April 20, 2020.

Prescription Drug Monitoring Program

As it was discussed earlier, Houston is a known 'source city' for prescription opioids partly due to availability through prescription fraud, pill mills and associated pharmacies, and pharmacy robberies and burglaries, and not all counterfit products. Figures 29-32 display the dispensations of scheduled prescription medications for the 13 counties of Region 6. The red themed bars in the bar graphs represent Schedule 2 dispensations for the last three years of available data, 2017-2019. Schedule 2 prescription medications are described as having a high potential for abuse and consist of many opioid medications such as hydrocodone (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin. The green themed bars in the graphs below represent Schedule 3 prescription medications which are defined as drugs with a moderate to low potential for physical and psychological dependency and can include products such as Tylenol with codeine, ketamine, anabolic steroids, and testosterone. Schedule 4 substances are represented by the blue themed bars in the figures below. Schedule 4 substances are defined as drugs with a low potential for abuse and low risk of dependence and include Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol. Lastly, Schedule 5 substances are represented by the purple themed bars below. Schedule 5 substances are defined as drugs with lower potential for abuse than Schedule IV and consist of cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.

The figures below illustrate some convergence with the findings of the Houston HIDTA 2020 report, which was that there is a problem with pills in the Houston area⁹². The red-themed bars and the blue-theme bars are substantially higher than the other bars, indicating that the dispensation of Schedule 2 and Schedule 4 substances are even more than twice as much for the other schedules of substances. Schedule 2 substances include a lot of opioid medication and Schedule 4 substances include many anti-anxiety drugs. Schedule 2 and Schedule 4 substances are the most highly dispersed substances compared to the other two schedules of substances, for all 13 counties.

⁹² Houston Investigative Support Center. 2018 Houston High Intensity Drug Trafficking Area (HIDTA) Threat Assessment. Office of National Drug Control Policy. 2020.



Figure 29. Region 6 county-level dispensation data for DEA scheduled controlled substances, all 13 counties: 2017, 2018, 2019⁹³

Note. Sch = Schedule.

⁹³Texas State Board of Pharmacy. Total dispensation data submitted to the Prescription Monitoring Program by Texas licensed pharmacies. 2017-2018. www.pharmacy.texas.gov. Accessed July 27, 2020.



Figure 30. Region 6 county-level dispensation data for DEA scheduled controlled substances, Harris County with highest dispensations: 2017, 2018, 2019⁹⁴

Note. Sch = Schedule.

Figure 31. Region 6 county-level dispensation data for DEA scheduled controlled substances, Fort Bend, Montgomery, Brazoria, and Galveston Counties with second, third, fourth, and fifth highest dispensations, respectively: 2017, 2018, 2019⁹⁵



Note. Sch = Schedule.

⁹⁴ Texas State Board of Pharmacy. Total dispensation data submitted to the Prescription Monitoring Program by Texas licensed pharmacies. 2017-2018. <u>www.pharmacy.texas.gov</u>. Accessed July 27, 2019.

⁹⁵Texas State Board of Pharmacy. Total dispensation data submitted to the Prescription Monitoring Program by Texas licensed pharmacies. 2017-2018. www.pharmacy.texas.gov. Accessed July 27, 2019.



Figure 32. Region 6 county-level dispensation data for DEA scheduled controlled substances, remaining eight counties: 2017, 2018, 2019⁹⁶

Note. Sch = Schedule.

⁹⁶ Texas State Board of Pharmacy. Total dispensation data submitted to the Prescription Monitoring Program by Texas licensed pharmacies. 2017-2019. <u>www.pharmacy.texas.gov</u>. Accessed July 27, 2020.
Regional Consumption

As is was discussed in the front matter of this needs assessment, consumption is frequently measured in three ways. The first way is by surveying whether the respondant has ever tried a substance, even once, in their lifetime. The second, by surveying whether the respondant has consumed a substance within the past calendar or school year. Lastly, the third way consumption is measured is by surveying whether the respondant has consumed a substance within the past 30 days. A response to the initial query, whether the respondant has ever consumed a substance in their lifetime, indicates more experimental consumption pattern of a substance, where a response to the third type of query, consumption within the past 30 days, indicates more consistent consumption patterns of a substance. The data displayed in this Consumption section will be done so for lifetime consumption and past 30 days consumption.

College Student Survey

Current Use and Lifetime Use Alcohol

Figure 33. Texas comparisons of indicators of current use and lifetime use of alcohol: CSS, ages 18-24, 2013, 2015, 2017⁹⁷



ADULT BINGE DRINKING RATES

The NIAAA's standard definition of binge drinking is 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

⁹⁷ M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed March 27, 2019.

or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking.



Figure 34. Texas college students' self report of type of drinker they perceive themselves to be: CSS, ages 18-24, 2013, 2015, 2017⁹⁸

Figure 35. Texas college students who have had (males 5, females 4) or more drinks at a single sitting in the 30 days prior to survey: CSS, ages 18-24, 2013, 2015, 2017⁹⁹



⁹⁸ M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed March 27, 2019.

⁹⁹ M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed March 27, 2019.

Marijuana

Figure 36. Texas comparisons of indicators of current use and lifetime use of marijuana: CSS, ages 18-24, 2013, 2015, 2017¹⁰⁰



Tobacco

Figure 37. Texas comparisons of indicators of current use and lifetime use of tobacco: CSS, ages 18-24, 2013, 2015, 2017¹⁰¹



¹⁰⁰ M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed March 27, 2019.

¹⁰¹ M.P. Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed March 27, 2019.

Texas School Survey

Alcohol

Age of Initiation and Early Initiation

Age of initiation, particularly early age of initiation to a substance, is a highly significant risk factor for developing substance use and misuse issues later in life. In fact, as it was mentioned in the front matter of this RNA, about 90 percent of individuals who develop substance use disorders, first tried a substance before the age of 18. Figure 38 illustrates the average age of initiation of alcohol use, as reported by the grade-level participants in the 2014 and 2018 administration of the TSS. Figure 39 illustrates the early imitation (age of initiation before the age of 13 years old) for the adolescent participants in the 2014 and 2018 administration as the 9th through 12th graders who participated in the 2017 administration of the Youth Behavioral Risk Surveillance System (YRBSS) Texas sample.¹⁰²¹⁰³



Figure 38. Region 5/6 age of initiation of alcohol: TSS Grades 7-12, 2014, 2018¹⁰⁴

¹⁰² Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

¹⁰³ Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2017. <u>http://healthdata.dshs.texas.gov/HealthRisks/YRBS</u>. Accessed July 25, 2018.

¹⁰⁴ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.



Figure 39. Region 5 and 6 early initiation to alcohol, under the age of 13: TSS, grades 7-12, 2018; YRBSS, grades 9-12, 2017¹⁰⁵¹⁰⁶¹⁰⁷

Current use, Lifetime Use, and Current High-risk Use

Figure 4odisplays the percentages of current use and lifetime use, as reported by the youth who completed the TSS for 2014, 2016, and 2018 in Region 5/6. Figures 41 provide a more detailed look at high-risk alcohol consumption by eliciting youths' responses about consuming five or more drinks in a two hour period and how many days (times) they did so during the course of the past 30 days.

¹⁰⁵ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

¹⁰⁷ Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2017. <u>http://healthdata.dshs.texas.gov/HealthRisks/YRBS</u>. Accessed July 25, 2018.

¹⁰⁶ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

Figure 40. Region 5/6 and Texas comparisons of indicators of current use and lifetime use of alcohol: TSS Grades 7-12, 2014, 2016, 2018¹⁰⁸¹⁰⁹



¹⁰⁸ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u> Accessed July 25, 2019.

¹⁰⁹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report. https://www.texasschoolsurvey.org/Report. Accessed July 25, 2019.





alcohol in a two hour period?

¹¹⁰ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report. Accessed July 25, 2019.

¹¹¹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

Tobacco

Age of Initiation and Early Initiation

Figure 42 illustrates the average age of initiation of tobacco use, as reported by the grade-level participants in the 2014 and 2018 administration of the TSS. Figure 43 illustrates the early initiation (age of initiation before the age of 13 years old) for the adolescent participants in the 2014 and 2018 administration of the TSS, as well as the 9th through 12th graders who participated in the 2017 administration of the Youth Behavioral Risk Surveillance System (YRBSS) Texas sample.¹¹²¹¹³

Figure 42: Region 5/6 age of initiation of tobacco: TSS Grades 7-12, 2014, 2018¹¹⁴



¹¹² Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹¹³ Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2017. <u>http://healthdata.dshs.texas.gov/HealthRisks/YRBS</u>. Accessed July 25, 2018.

¹¹⁴ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.



Figure 43. Region 5 and 6 early initiation to tobacco, under the age of 13: TSS, grades 7-12,2018; YRBSS, grades 9-12, 2017¹¹⁵¹¹⁶¹¹⁷

Current Use and Lifetime Use

Of those students who have reported using tobacco during the 2014, 2016, and 2018 TSS data collection, Figure 44 displays the percentages of current use and lifetime use, as reported by the students, as well as the three-year trend in current use and lifetime use. The percentages for current use more than doubled In Region 5/6 and almost doubled at the state level between 2014 and 2016. The percentages for lifetime use increased at the Region 5/6 level by at least 25 percent and by at least 30 percent at the state level. The data for 2018 show a leveling off with percentages holding steady within one or two percentage points. Figure 45 illustrates the role that electronic vaping products are playing in the increase in tobacco consumption rates. ¹¹⁸

¹¹⁵ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹¹⁶ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹¹⁷ Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2017. <u>http://healthdata.dshs.texas.gov/HealthRisks/YRBS</u>. Accessed July 25, 2018.

¹¹⁸ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>https://www.texasschoolsurvey.org/Report</u>. Accessed July 25, 2019.

Figure 44. Region 5/6 and Texas comparisons of indicators of current use and lifetime use of tobacco: TSS Grades 7-12, 2014, 2016, 2018^{119 120}

| | 100.0% | | | |
|--------|--|--------------------|-------|-------|
| | 90.0% | | | |
| | 80.0% | | | |
| S | 70.0% | | | |
| JSE | 60.0% | | | |
| 00 | 50.0% | | | |
| esl | 40.0% | | | |
| 1 R | 30.0% | _ | | |
| Ger | 20.0% | * = = = = = | | |
| erc | 10.0% | | | - |
| Δ_ | 0.0% | 001.4 | 001/ | 0010 |
| | | 2014 | 2016 | 2018 |
| | Current Use 5/6 | 7.0% | 15.6% | 16.7% |
| - • - | Lifetime Use 5/6 | 20.4% | 32.7% | 31.1% |
| | Current Use Texas | 8.4% | 14.5% | 16.3% |
| | Lifetime Use Texas | 22.4% | 30.5% | 30.3% |

¹¹⁹Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019. ¹²⁰ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report.

https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

Figure 45. Region 5/6 indicators of current use and lifetime use of any tobacco product compared to subgroups tobacco/nicotine delivery method: Grades 7-12: 2016, 2018¹²¹



Marijuana

Age of Initiation and Early Initiation

Figure 46 illustrates the average age of initiation of marijuana use, as reported by the grade-level participants in the 2014 and 2018 administration of the TSS. Figure 47 illustrates the early initiation (age of initiation before the age of 13 years old) for the adolescent participants in the 2018 administration of the TSS, as well as the 9th through 12th graders who participated in the 2017 administration of the Youth Behavioral Risk Surveillance System (YRBSS) Texas sample.

¹²¹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.



Figure 46. Region 5/6 age of initiation of marijuana: TSS Grades 7-12, 2014, 2018¹²²

Figure 47. Region 5 and 6 early initiation to tobacco, under the age of 13: TSS, grades 7-12, 2018; YRBSS, grades 9-12, 2017¹²³¹²⁴¹²⁵



■Region 5/6 □Texas

¹²² Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹²³ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹²² Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed July 25, 2018.

¹²⁵ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

Current Use, Lifetime Use, and Current High-risk Use

Of those students who have reported using marijuana during the 2014, 2016, and 2018 TSS data collection, Figure 48 displays the percentages of current use and lifetime use, as reported by the students, as well as the three-year trend in current use and lifetime use. The data for all four categories demonstrated slight increases in percentages between 2016 and 2018, no more than one or two percentage points among current use and lifetime use at the Region 6 and state level. Prior, and up to the 2016 data collection wave, current use (past 30 days) percentages for Region 6 and Texas showed a slight decline between 2016, where the lifetime consumption patterns for Region 6 and Texas showed a slight increase. Figures 49 presents 2018 data for high-risk marijuana consumption behaviors.

Figure 48. Region 5/6 and Texas comparisons of indicators of current use and lifetime use of marijuana: TSS Grades 7-12, 2016, 2018¹²⁶¹²⁷



¹²⁶ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹²⁷ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Report. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.



Figure 49. Regions 5 and 6 and Texas comparisons of high-risk marijuana consumption behaviors, Grades 7-12: TSS, 2018

Prescription Drugs

Current Use and Lifetime Use

Of those students who reported using prescription medications not prescribed to them, with the intent of getting high, Figure 50 displays the percentages of current use and lifetime use, as reported by those students. In Region 5/6 and Texas, the current use consumption rates have declined by three or four percentage points and the lifetime consumption rates have either stayed the same or are less that one percentage point in difference.

Figure 50. Region 5/6 and Texas comparisons of indicators of current use and lifetime use of prescription drugs, Grades 7-12: TSS, 2016, 2018¹²⁸¹²⁹



Emerging Trends

Vaping and THC

The most significant substance use trend that has emerged in youth in recent years is vaping. Vaping, or consumption of ENDS products, has backtracked the gains made in the reduction of tobacco consumption. Not only is vaping popular among the youth population, along with the culture that surrounds it, but the use of vaping products the use of those products containing nicotine as well as those containing THC are problematic. Those vaping products containing nicotine, contain such high levels of nicotine (one pod for a JUUL¹³⁰ is equivalent to an entire 20-pack of cigarettes), that additiction is occurring within a much shorter time frame than that seen with combustible tobacco products. This is due to the increased tendency to constantly puff on the device without being aware that puffing on one cartridge (the size of a computer memory card) is the equivalent to having inhaled enough nicotine to fill a pack of 20 cigarettes. Also of concern are vaping products containing THC. These products, because they are sold on the black market in Texas and are not regulated with regard to level of THC or any other additives used in the production of such products, have been linked to serious lung injuries and even death in recent months. Between August of 2019 and February of 2020, 68 people have died

¹²⁸ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹²⁹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹³⁰ JUUL is a commercial vaping product that resembles a computer flash drive into which 'pods,' or nicotine-containing cartridges are inserted and the contents inhailed through the device.

from E-cigarette or Vaping-Use Associated Lung Injury (EVALI) in the United States. These deaths, along with the thousands more EVALI illnesses that have not resulted in death, have been linked to vitamin E acetate, which is an additive used in the production of THC-containing vaping products obtained from the black market¹³¹

At this point, one might think that the high levels of addictive substances or the prospect of death from EVALI are enough to concern anyone who values the health of youth. However, the concealment culture, or products used to aid in ghost vaping, or vaping without detection, only further validates why vaping is being discussed, here, as an emerging trend. There is an entire market geared toward ghost vaping – from hoodie sweatshirts that incorporate tubes into the strings around the hood for taking a puff from one's vaping defice, to backpacks rigged in much the same manner, to vaping devices that resemble pens, markers, flash drives, car key fobs, and even cell phone cases. Also noteworthy, here, are the products used to stash, or hide in plain sight, one's substance of use – scarves with hidden compartments, softdrink cans that are weighted and have removeable tops, and even an operational computer mouse that doubles as a scale.

¹³¹ Centers for Disease Control and Prevention. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. US Department of Health and Human Services, February 20, 2020. <u>https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#map-cases</u>. Accessed August 29, 2020.

Consequences

Legal

DUI Rates, Drunkeness, and Liquor Laws Violations

The Texas Department of Public Safety makes availabe monthly reports of Liquor Law Arrests. Table 19 shows the number of arrests for driving under the influence, drunkenness, and liquor laws.

| | 2017 | | | | 2018 | | | 2019 | |
|------------|-------------|------------|-----------|-------------|--------------|-----------|-----------|--------------|-----------|
| | DUI | Drunkeness | LLaws | DUI | Drunkeness | LLaws | DUI | Drunkeness | LLaws |
| County | J/A | J/A | J/A | J/A | J/A | J/A | J/A | J/A | J/A |
| Austin | o / 89 | 0/47 | 0/1 | 0/139 | 0/51 | 0/2 | 0 / 56 | 0/2 | 0/16 |
| Brazoria | 0/818 | 1/1,187 | 1/61 | 0 / 817 | 1/833 | 2/48 | 1/813 | 0/742 | 3/49 |
| Chambers | o/98 | o / 58 | o/6 | 0/37 | o/33 | 0/5 | o / 56 | o / 93 | 0/2 |
| Colorado | 0/33 | 0/106 | 6/24 | 0/33 | 0/116 | 0/9 | 0/19 | o / 58 | 0/4 |
| Fort Bend | 0/1,250 | 0/541 | 1/25 | 0/1.009 | 5/462 | 0/51 | 0/727 | 3/260 | 0/62 |
| Galveston | 3/1,140 | 9/2,622 | 17/331 | 0/1,447 | 4/2,424 | 27 271 | 4/1,753 | 19/2,193 | 47 / 217 |
| Harris | 12 / 10,452 | 14/4,354 | 47/411 | 18 / 11,811 | 16/3,610 | 19/357 | 8/13,292 | 10/3,414 | 6 / 176 |
| Liberty | o / 55 | 0/227 | 0/27 | 0/40 | 0 / 197 | 0/17 | o / 59 | 0/196 | 0/13 |
| Matagorda | o / 86 | 0/122 | 7 27 | o / 89 | 1/97 | 0/26 | 0/130 | 0/129 | 0/3 |
| Montgomery | 1/1,130 | o / 486 | 2 / 567 | 1/1,221 | 0/1,246 | 0/7 | o / 939 | 0/1000 | 2/23 |
| Walker | 0/232 | o / 388 | 0/10 | 0/244 | 0/531 | 0/5 | 0/219 | 0 / 407 | 0/9 |
| Waller | 0/225 | 0/167 | 0/5 | 0/117 | 0/79 | 0/12 | o/84 | o / 53 | o/6 |
| Wharton | 0/209 | 1/235 | 0/2 | 0/142 | o / 76 | o/46 | 0/150 | o / 58 | o / 58 |
| Region 6 | 16 / 15,817 | 25/10,540 | 81/1,497 | 19/17,146 | 27 9,755 | 48/856 | 13/18,297 | 32 / 8,605 | 58/638 |
| Texas | 136/70,160 | 200/67,539 | 574/8,962 | 124/73,907 | 140 / 5,8728 | 548/8,616 | 90/66,562 | 122 / 51,961 | 564/7,602 |

Table 19. Region 6 county-level counts of arrests for DUI, Drunkeness, and Liquor Law violations¹³²

Note. DUI = Driving Under the Influence. LLaws = Liquor Laws. J/A = Juveniles/Adults.

¹³² Texas Department of Public Safety. Liquor Law Arrests. 2017-2019. Available at https://txucr.nibrs.com/SRSReport/LiquorLawArresteeSummary. Accessed March 13, 2020

| | | 2017 | | | _ | 2018 | | | 2018 | | | |
|------------|----------|------------|-------|-------|----------|------------|-------|-------|----------|------------|-------|-------|
| | Drug- | Drug- | Drug- | | Drug- | Drug- | Drug- | | Drug- | Drug- | Drug- | |
| County | Delivery | Possession | Other | DWI | Delivery | Possession | Other | DWI | Delivery | Possession | Other | DWI |
| Austin | 6 | 21 | 0 | 2 | 5 | 12 | 1 | 4 | 1 | 15 | 1 | 6 |
| Brazoria | 49 | 187 | 7 | 107 | 56 | 196 | 4 | 78 | 50 | 209 | 3 | 75 |
| Chambers | 11 | 29 | 0 | 10 | 8 | 24 | 0 | 11 | 8 | 18 | 0 | 13 |
| Colorado | 12 | 21 | 0 | 6 | 8 | 33 | 0 | 8 | 9 | 33 | 0 | 4 |
| Fort Bend | 75 | 70 | 0 | 36 | 74 | 67 | 0 | 40 | 75 | 75 | 0 | 33 |
| Galveston | 95 | 170 | 0 | 95 | 92 | 161 | 0 | 77 | 122 | 162 | 0 | 66 |
| Harris | 1,328 | 1,728 | 1 | 667 | 1,169 | 1,411 | 0 | 580 | 1,016 | 1,066 | 0 | 502 |
| Liberty | 51 | 96 | 0 | 35 | 61 | 102 | 0 | 29 | 71 | 98 | 0 | 33 |
| Matagorda | 22 | 20 | 0 | 5 | 18 | 25 | 0 | 5 | 28 | 21 | 0 | 10 |
| Montgomery | 242 | 236 | 0 | 273 | 254 | 258 | 0 | 290 | 233 | 283 | 0 | 242 |
| Walker | 16 | 21 | 0 | 10 | 18 | 19 | 0 | 12 | 15 | 20 | 0 | 14 |
| Waller | 12 | 21 | 0 | 5 | 8 | 27 | 0 | 6 | 8 | 33 | 0 | 7 |
| Wharton | 14 | 19* | 0 | 13 | 15 | 22 | 1 | 7 | 18 | 17 | 0 | 7 |
| Region 6 | 1,933 | 2,639 | 8 | 1,264 | 1,786 | 2,357 | 6 | 1,147 | 1,654 | 2,050 | 4 | 1,012 |
| Texas | 9,686 | 13,917 | 28 | 6,643 | 9,825 | 14,116 | 22 | 6,031 | 9,663 | 1,3750 | 18 | 5,475 |

Possession of illicit drug (arrests) Table 20. Region 6 county-level counts of offenses of record: 2017, 2018, and 2019¹³³

Note. DWI = Driving While Intoxicated.

¹³³ Texas Department of Criminal Justice. Texas Incarcerations, Drug and Alcohol Offenders on Hand, 2016-2018. Report generated July 1, 2019.

Juvenile Justice involvement

The next three tables provide juvenile justice data on juvenile offences in Region 6 for 2016, 2017, and 2018 as reported out by the Texas Juvenile Justice Department (TJJD) (see Tables 22-24).¹³⁴

| | | | | 2016 | 5 | | | | |
|------------|------------|---------|--------|-------|-------|--------|-------|-----------|------------|
| County | Juvenile | Violent | Other | Misd. | VOP | Status | Other | Total | Referral |
| | Population | Felony | Felony | A & B | | | CINS | Referrals | Rate/1,000 |
| Austin | 2,945 | 2 | 5 | 33 | 2 | 1 | 1 | 44 | 15 |
| Brazoria | 37,749 | 83 | 114 | 475 | 264 | 67 | 14 | 1,017 | 27 |
| Chambers | 4,444 | 4 | 3 | 7 | 0 | 0 | 0 | 14 | 3 |
| Colorado | 1,893 | 4 | 3 | 13 | 1 | 0 | 0 | 21 | 11 |
| Fort Bend | 81,724 | 99 | 148 | 571 | 178 | 48 | 4 | 1,048 | 13 |
| Galveston | 30,046 | 58 | 117 | 555 | 299 | 5 | 6 | 1,040 | 35 |
| Harris | 455,812 | 822 | 1,196 | 4,406 | 1,076 | 225 | 118 | 7,843 | 17 |
| Liberty | 7,815 | 9 | 4 | 48 | 0 | 0 | 0 | 61 | 8 |
| Matagorda | 3,685 | 17 | 25 | 44 | 7 | 0 | 6 | 99 | 27 |
| Montgomery | 56,515 | 103 | 152 | 475 | 166 | 50 | 1 | 947 | 17 |
| Walker | 4,257 | 10 | 9 | 45 | 6 | 0 | 0 | 70 | 16 |
| Waller | 4,547 | 4 | 7 | 27 | 0 | 0 | 0 | 38 | 8 |
| Wharton | 4,473 | 6 | 18 | 48 | 15 | 0 | 0 | 87 | 19 |
| Region 6 | 695,905 | 1,221 | 1,801 | 6,747 | 2,014 | 396 | 150 | 12,329 | 18 |

Table 22. Region 6 county level categorical data on juvenile referrals and offences, TJJD: 2016¹³⁵

Note. Misd. A & B = Misdemeanor A & B. VOP = Violation of Parole. Status = offense committed by a juvenile that would otherwise not be considered an offense if committed (engaged in) by an adult; also considered as Conduct In Need of Supervision. CINS = Conduct In Need of Supervision.

¹³⁴ Texas Juvenile Justice Department. The State of Juvenile Probation Activity in Texas. Website. Published November 2018, October 2017, October 2016. <u>www.tijd.texas.gov.</u> Accessed April 1, 2020.

¹³⁵Texas Juvenile Justice Department. The State of Juvenile Probation Activity in Texas. Website. Published November 2018, October 2017, October 2016. www.tjjd.texas.gov. Accessed April 1, 2019.

| 2017 | | | | | | | | | | | | |
|------------|------------|---------|--------|-------|-------|--------|-------|-----------|------------|--|--|--|
| | Juvenile | Violent | Other | Misd. | | | Other | Total | Referral | | | |
| County | Population | Felony | Felony | A & B | VOP | Status | CINS | Referrals | Rate/1,000 | | | |
| Austin | 2,933 | 3 | 13 | 20 | 1 | 7 | 4 | 48 | 16 | | | |
| Brazoria | 38,358 | 75 | 116 | 415 | 247 | 59 | 13 | 925 | 24 | | | |
| Chambers | 4,380 | 4 | 8 | 7 | 0 | 0 | 0 | 19 | 4 | | | |
| Colorado | 1,880 | 3 | 10 | 14 | 5 | 0 | 0 | 32 | 17 | | | |
| Fort Bend | 82,589 | 119 | 117 | 553 | 174 | 40 | 3 | 1,006 | 12 | | | |
| Galveston | 30,081 | 56 | 110 | 485 | 257 | 8 | 42 | 958 | 32 | | | |
| Harris | 459,007 | 774 | 1,094 | 4,077 | 1,111 | 160 | 114 | 7,330 | 16 | | | |
| Liberty | 7,846 | 20 | 18 | 71 | 1 | 0 | 1 | 111 | 14 | | | |
| Matagorda | 3,681 | 14 | 18 | 31 | 8 | 0 | 1 | 72 | 20 | | | |
| Montgomery | 57,079 | 137 | 161 | 477 | 210 | 84 | 6 | 1,075 | 19 | | | |
| Walker | 4,324 | 13 | 15 | 45 | 3 | 0 | 0 | 76 | 18 | | | |
| Waller | 4,677 | 4 | 4 | 11 | 0 | 0 | 0 | 19 | 4 | | | |
| Wharton | 4,445 | 9 | 14 | 51 | 13 | 0 | 0 | 87 | 20 | | | |
| Region 6 | 701,280 | 1,231 | 1,698 | 6,257 | 2,030 | 358 | 184 | 11,758 | 17 | | | |

Table 23. Region 6 county level categorical data on juvenile referrals and offences, TJJD: 2017¹³⁶

Note. Misd. A & B = Misdemeanor A & B. VOP = Violation of Parole. Status = offense commited by a juvenile that would otherwise not be considered an offense if committed (engaged in) by an adult; also considered as Conduct In Need of Supervision. CINS = Conduct In Need of Supervision.

¹³⁶ Texas Juvenile Justice Department. The State of Juvenile Probation Activity in Texas. Website. Published November 2018, October 2017, October 2016. <u>www.tijd.texas.gov.</u> Accessed April 1, 2019.

| | | | | 2018 | | | | | |
|------------|------------|---------|--------|-------|-------|--------|-------|-----------|------------|
| | Juvenile | Violent | Other | Misd. | | | Other | Total | Referral |
| County | Population | Felony | Felony | A & B | VOP | Status | CINS | Referrals | Rate/1,000 |
| Austin | 2,955 | 3 | 6 | 21 | 4 | 12 | 5 | 51 | 17 |
| Brazoria | 38,789 | 75 | 83 | 455 | 242 | 78 | 17 | 950 | 24 |
| Chambers | 4,302 | 4 | 4 | 11 | 0 | 0 | 0 | 19 | 4 |
| Colorado | 1,864 | 4 | 9 | 16 | 4 | 0 | 0 | 33 | 18 |
| Fort Bend | 82,854 | 159 | 196 | 601 | 205 | 36 | 5 | 1,202 | 15 |
| Galveston | 30,096 | 90 | 118 | 571 | 228 | 6 | 2 | 1,015 | 34 |
| Harris | 462,518 | 952 | 1,096 | 4,531 | 789 | 167 | 88 | 7,623 | 16 |
| Liberty | 7,859 | 13 | 16 | 40 | 0 | 0 | 0 | 69 | 9 |
| Matagorda | 3,651 | 16 | 18 | 49 | 6 | 0 | 3 | 92 | 25 |
| Montgomery | 57,440 | 137 | 189 | 621 | 197 | 78 | 0 | 1,222 | 21 |
| Walker | 4,342 | 14 | 18 | 47 | 10 | 0 | 0 | 89 | 21 |
| Waller | 4,766 | 8 | 5 | 19 | 0 | 0 | 0 | 32 | 7 |
| Wharton | 4,476 | 11 | 17 | 62 | 11 | 0 | 0 | 101 | 23 |
| Region 6 | 705,912 | 1,486 | 1,775 | 7,044 | 1,696 | 377 | 120 | 12,498 | 18 |

Table 24. Region 6 county level categorical data on juvenile referrals and offences, TJJD: 2018¹³⁷

Note. Misd. A & B = Misdemeanor A & B. VOP = Violation of Parole. Status = offense commited by a juvenile that would otherwise not be considered an offense if committed (engaged in) by an adult; also considered as Conduct In Need of Supervision. CINS = Conduct In Need of Supervision.

Tobacco sales to minors

In the state of Texas, it is illegal to sell tobacco products to individuls under the age of 21. The only exception to Senate Bill 21, which changed the legal age from 18 to 21 and went into effect September of 2019, is the exemption for any individual aged 18 and above with a valid active military identification card from the U.S. or state military forces.

Penalty for violation comes to the retailer if the Comptroller becomes aware that the retailer has sold cigarettes, e-cigarettes, cigars and/or other tobacco products to a minor at a place of business for which a permit has been issued. That penalty may include suspension or revoking of that permit, as well as an administrative fine of up to \$1,000 per violation¹³⁸.

Individuals under the age of 21 also face possible penalties as it is illegal in Texas for such individuals to possess, buy, consume, accept cigarettes, e-cigarettes, or other tobacco products. Falsely representing

¹³⁸ Texas Comptroller of Public Accounts. Programs: Tobacco Enforcement.

¹³⁷ Texas Juvenile Justice Department. The State of Juvenile Probation Activity in Texas. Website. Published November 2018, October 2017, October 2016. <u>www.tjjd.texas.gov.</u> Accessed April 1, 2019.

https://comptroller.texas.gov/programs/support/tobacco/retailers.php. Accessed August 29, 2020.

oneself as being 21 or older with a false identification is also illegal. Violators may be fined up to \$100, or depending on the circumstances, violators may receive a suspended sentence, attend a tobacco awareness program, and/or perform community service¹³⁹.

Alcohol sales to minors

In Texas, the legal drinking age is 21. Retailers caught selling alcohol to anyone under the age of 21 faces punishment of a class A misdemeanor, punishable by a fine up to \$4,000, confinement in jail for up to a year, or both. Additionally, the violator will have his or her driver's license automatically suspended for 180 days upon conviction¹⁴⁰.

Social Hosting

Persons 21 or older (other than the parent or guardian) can be held liable for damages caused by intoxication of a minor under 18 if the adult knowingly provided alcoholic beverages to a minor or knowingly allowed the minor to be served or provided alcoholic beverages on the premises owned or leased by the adult¹⁴¹.

Underage Drinking Laws

Individuals under the age of 21 who are caught purchasing, attempting to purchase, possessing, or consuming alcoholic beverages; or who are caught intoxicated in public or caught misrepresenting their age in order to obtain alcoholic beverages, may face several consequences. Such consequences include receipt of a Class C misdemeanor, punishable by a fine of up to \$500; requirement to attend an alcohol awareness class; completion of up to 40 hours of community service; and/or 30 to 180 day loss or denial of driver's license. A fine of \$250 to \$2,000, up to 180 days in jail, and/or driver's licence suspension are also possible for individuals who are older than 16 years of age and have received a third violation.¹⁴²

Zero Tolerance Law

In Texas it is illegal for a person under 21 to operate a motor vehicle in a public place while having ANY detectable amount of alcohol in their system. On September 1, 2009, this law was expanded to include watercraft in addition to motor vehicles. Upon first offense of driving under the influence of alcohol, which is a Class C misdemeanor punishable by up to a \$500 fine, the minor much attend an alcohol awareness class, perform 20-40 hours of community service, have their license suspended for 60 days. Upon a second offence, also punishable by up to \$500 fine, attend an alcohol awareness class (if decided by the judge), perform 40 to 60 hours of community service, and have their license suspended for 120 days. A third offense will get the minor's diver's license suspended for 180 day, during the

https://comptroller.texas.gov/programs/support/tobacco/minors.php. Accessed August 29, 2020.

¹⁴⁰ Texas Alcoholic Beverage Commission. Underage Drinking Laws: You Can't Afford the Buzz.

days%20upon%20conviction. Accessed August 29, 2020.

¹³⁹ Texas Comptroller of Public Accounts. Programs: Tobacco Education.

https://www.tabc.state.tx.us/laws/underage_drinking_laws.asp#:~:text=The%20punishment%20for%20making%20alcoholic,for%20180%20 days%20upon%20conviction. Accessed August 29, 2020.

¹⁴¹ Texas Alcoholic Beverage Commission. Underage Drinking Laws: You Can't Afford the Buzz. https://www.tabc.state.tx.us/laws/underage_drinking_laws.asp#:~:text=The%2opunishment%2ofor%2omaking%2oalcoholic,for%2o180%2o

¹⁴² Texas Alcoholic Beverage Commission. Underage Drinking Laws: You Can't Afford the Buzz.

https://www.tabc.state.tx.us/laws/underage_drinking_laws.asp#:~:text=The%20punishment%20for%20making%20alcoholic,for%20180%20 days%20upon%20conviction. Accessed August 29, 2020.

entirety of which an occupational license cannot be obtained. If older than 16 years of age, the fine is increased to \$500 to \$2,000, 180 days of jail time, or both.¹⁴³

Mortality

Alcohol related vehicular fatalities

Table 25 displays DUI related fatalities by county for 2017, 2018, and 2019. Harris County tallied the highest number of DUI alcohol related fatalities for all three years, with Montgomery County, Galveston County, and sometimes Brazoria County tallying the next highest numbers.

| | 2 | 017 | 20 | 18 | 2019 | | | |
|------------|------------|------------|------------|------------|------------|------------|--|--|
| | Driver | Total | Driver | Total | Driver | Total | | |
| County | Fatalities | Fatalities | Fatalities | Fatalities | Fatalities | Fatalities | | |
| Austin | 1 | 1 | 1 | 1 | 0 | 0 | | |
| Brazoria | 17 | 16 | 6 | 7 | 8 | 14 | | |
| Chambers | 0 | 0 | 2 | 5 | 1 | 1 | | |
| Colorado | 1 | 1 | 1 | 1 | 0 | 0 | | |
| Fort Bend | 8 | 5 | 7 | 8 | 11 | 12 | | |
| Galveston | 16 | 11 | 11 | 15 | 9 | 13 | | |
| Harris | 156 | 101 | 81 | 121 | 83 | 120 | | |
| Liberty | 2 | 4 | 2 | 3 | 2 | 3 | | |
| Matagorda | 3 | 2 | 1 | 1 | 2 | 2 | | |
| Montgomery | 21 | 17 | 13 | 17 | 12 | 17 | | |
| Walker | 6 | 5 | 3 | 4 | 1 | 2 | | |
| Waller | 9 | 3 | 3 | 3 | 3 | 5 | | |
| Wharton | 15 | 1 | 1 | 1 | 0 | 0 | | |
| Region 6 | 255 | 167 | 132 | 187 | 132 | 189 | | |
| Texas | 693 | 1,046 | 618 | 940 | 591 | 886 | | |

Table 25. Region 6 county-level DUI alcohol related fatalities: 2017, 2018, and 2019¹⁴⁴

¹⁴³ Texas Alcoholic Beverage Commission. Underage Drinking Laws: You Can't Afford the Buzz.

https://www.tabc.state.tx.us/laws/underage_drinking_laws.asp#:~:text=The%20punishment%20for%20making%20alcoholic,for%20180%20 days%20upon%20conviction. Accessed August 29, 2020.

¹⁴⁴ Texas Department of Transportation. Report for DUI Driver Fatalities and DUI Total Fatalities, 2017, 2018, 2019.

http://www.txdot.gov/government/enforcement/annual-summary.html. Accessed July 30, 2020.

Suicide Rates

As of 2017, the CDC has identified suicide as the third leading cause of death for youth aged 10-14 and the second leading cause of death for youth ages 15-19, in the US.¹⁴⁵ Suicide is the leading cause of death in individuals with SUDs. Comorbidity of mental illness and SUDs increase the risk of suicide even further. Table 26 displays the deaths by suicide rates for Region 6 by county for 1999-2018. Austin County had the highest rate of deaths by suicide at 18.1 per 100,000 population. Fort Bend County had the lowest rate of deaths by suicide at 8.6 per 100,000 population.¹⁴⁶

| | Population | Deaths | Age-adjusted Death Rate |
|------------|------------|--------|----------------------------|
| Austin | 546801 | 100 | 18* |
| Brazoria | 6034105 | 753 | 12.7 |
| Chambers | 663006 | 85 | 13.6 |
| Colorado | 413701 | 55 | 13 |
| Fort Bend | 11081222 | 914 | 8.6** |
| Galveston | 5795628 | 823 | 14.2 |
| Harris | 80095425 | 8005 | 10.4 |
| Liberty | 1519619 | 228 | 15.1 |
| Matagorda | 740532 | 93 | 12.5 |
| Montgomery | 8653388 | 1243 | 14.6 |
| Walker | 1335182 | 193 | 14.2 |
| Waller | 831184 | 110 | 13.8 |
| Wharton | 824050 | 90 | 11 |
| Region 6 | 118533843 | 12692 | 10.7† |
| Texas | 490548174 | 55448 | 11.6 |

Table 26. Region 6 county-level incidents of death by suicide per 100,000: 1999-2018147

Note. +Crude rate. *Highest age-adjusted death rate. **Lowest age-adjusted death rate.

¹⁴⁵ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER Online Database, 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/ucd-icd10.html. Accessed April 22, 2020.

¹⁴⁶ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER Online Database, 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/ucd-icd10.html. Accessed April 22, 2020.

¹⁴⁷ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER Online Database, 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <u>http://wonder.cdc.gov/ucd-icd10.html</u>. Accessed April 22, 2020.

Overdose Deaths

Table 27 shows the counts and rates of drug- and alcohol-induced deaths by county in Region 6, 1999-2018. In just about every county (with the exception of Austin county), the rate per 100,000 population for drug induced deaths outweighed the rate per 100,000 population for alcohol-induced deaths. In the last column, which displays the total count rate per 100,000 population for both categories, combined, of all substance-induced deaths (drug- and alcohol-induced), Galveston County had the highest substance-induced deaths at 22.2 per 100,000 population. Fort Bend County had the lowest substanceinduced deaths at 7.5 deaths per 100,000 population.

| | | | | | | Drugs- and | | |
|------------|-------------|--------|----------|---------|----------|------------|----------|--|
| | | Drug- | Induced | Alcohol | -Induced | Alcohol | -Induced | |
| | | De | aths | De | aths | Deaths (| Combined | |
| | | | Rate per | | Rate per | | Rate per | |
| County | Total Pop | Count | 100,000 | Count | 100,000 | Count | 100,000 | |
| Austin | 546,801 | 32 | 6.2 | 38 | 6.5 | 70 | 12.5 | |
| Brazoria | 6,034,105 | 608 | 9.9 | 286 | 4.7 | 894 | 14.6 | |
| Chambers | 663,006 | 83 | 12.4 | 24 | 3.3 | 107 | 15.7 | |
| Colorado | 413,701 | 26 | 7 | 22 | 5.2 | 48 | 12.2 | |
| Fort Bend | 11,081,222 | 521 | 4.8** | 304 | 2.8** | 825 | 7.5** | |
| Galveston | 5,795,628 | 893 | 15.1 | 452 | 7.1* | 1,345 | 22.2* | |
| Harris | 80,095,425 | 8,127 | 10.2 | 4,751 | 6.3 | 12,878 | 16.5 | |
| Liberty | 1,519,619 | 237 | 15.6* | 84 | 5.2 | 321 | 20.8 | |
| Matagorda | 740,532 | 64 | 9.1 | 51 | 6.7 | 115 | 15.8 | |
| Montgomery | 8,653,388 | 1,081 | 12.4 | 485 | 5.3 | 1,566 | 17.8 | |
| Walker | 1,335,182 | 83 | 6.1 | 45 | 3.5 | 128 | 9.6 | |
| Waller | 831,184 | 72 | 9.5 | 48 | 6 | 120 | 15.5 | |
| Wharton | 546,801 | 48 | 6.3 | 38 | 6.2 | 95 | 11.3 | |
| Texas | 490,548,174 | 46,483 | 9.6 | 31,419 | 6.5 | 77,902 | 16.2 | |

Table 27. Region 6 county-level drug and alcohol-induced deaths per 100,000: 1999-2018148

Note. **Lowest combined drug- and alcohol-induced deaths per 100,000, age adjusted. *Highest combined drug- and alcohol-induced deaths per 100,000, age adjusted.

¹⁴⁸ CDC Wonder. Drug- and Alcohol-Induced Deaths. <u>https://wonder.cdc.gov/wonder/help/mcd.html</u>. Accessed July 30, 2019.

Hospitalization

Hospital discharges for youth substance overdose/poisoning Table 28. Region 6 county-level counts of exposures for which the reason was intentional abuse: 2010-2017¹⁴⁹

| County | 2013 | 2014 | 2015 | 2016 | 2017 |
|------------|-------|-------|-------|-------|-------|
| Austin | 10 | 8 | 4 | 0 | 6 |
| Brazoria | 39 | 42 | 57 | 50 | 48 |
| Chambers | 0 | 4 | 2 | 1 | 3 |
| Colorado | 6 | 2 | 3 | 1 | 5 |
| Fort Bend | 97 | 105 | 93 | 98 | 101 |
| Galveston | 73 | 66 | 62 | 56 | 48 |
| Harris | 746 | 766 | 666 | 630 | 615 |
| Liberty | 13 | 17 | 16 | 14 | 12 |
| Matagorda | 11 | 11 | 8 | 10 | 6 |
| Montgomery | 119 | 89 | 101 | 80 | 99 |
| Walker | 10 | 15 | 5 | 18 | 10 |
| Waller | 6 | 6 | 6 | 1 | 2 |
| Wharton | 6 | 6 | 10 | 4 | 6 |
| Region 6 | 1,141 | 1,137 | 1,033 | 963 | 961 |
| Texas | 5,926 | 5,860 | 5,608 | 5,659 | 5,265 |

¹⁴⁹ Southeast Texas Poison Center. Exposures reported to the Texas Poison Center Network during January 2000-June 2018 where the exposure reason was intentional abuse. Report generated on July 3, 2018.

Emergency Room Admissions due to Alcohol and Other Drugs

| County | 2010 | 2011 | 2012 | 2013 | 2014 | 2016 | 2018 | | | | |
|------------------------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---|--|--|--|--|
| Austin | 13 | 19 | 18 | 6 | 21 | 7 | 17 (%) | | | | |
| Brazoria | 404 | 433 | 397 | 242 | 389 | 185 | 101 (1.1%) | | | | |
| Chambers | 6 | | 5 | | | | 14 (.2%) | | | | |
| Colorado | 23 | 21 | 24 | 10 | 7 | 6 | 9 | | | | |
| Fort Bend | 222 | 162 | 211 | 297 | 490 | 208 | 14 (.2%) | | | | |
| Galveston | 216 | 256 | 296 | 272 | 328 | 210 | 228 (2.6%) | | | | |
| Harris | 1636 | 1511 | 1648 | 1318 | 1116 | 1111 | 808 (9.1%) | | | | |
| Liberty | 45 | 54 | 105 | 55 | 27 | 6 | | | | | |
| Matagorda | 65 | | | | | 294 | | | | | |
| Montgomery | 463 | 680 | 740 | 261 | 157 | 95 | | | | | |
| Walker | 10 | 21 | 17 | 86 | 84 | 59 | 32 (.4%) | | | | |
| Waller | 13 | 40 | 20 | | 12 | 20 | 31 (.4%) | | | | |
| Wharton Region 6 Texas | 5 3,121 | 32 3,229 | 19 3,500 | 22 2,569 | 22 2,653 | 10 2,211 | 10 (.1%) 1,269 (14.3%) 8,872 (100%) | | | | |

Table 29.Region 6 county-level counts of EMS runs with primary symptom of overdose from alcohol or drugs: 2010-2014, 2016¹⁵⁰

Note. -- = Missing data or suppressed data. Texas EMS and Trauma Registries did not report 2015 data.

¹⁵⁰ Texas Department of State Health Services. Texas EMS and Trauma Registries Portal. <u>http://www.dshs.texas.gov/injury/</u>. Accessed July 3, 2020.

HIV infection and AIDS onset rates

| | | | 201 | 16 | | | | 201 | 7 | | | | 201 | 8 | |
|------------|-------|------|------|------|------------|-------|------|--------|-------|------------|-------|------|--------|-------|------------|
| | - | Rate | | Rate | | | Rate | | Rate | | | Rate | | Rate | |
| | New | New | PLWH | PLWH | Cumulative | New | New | PLWH | PLWH | Cumulative | New | New | PLWH | PLWH | Cumulative |
| Austin | 3 | 10.1 | | | | 3 | 10.1 | 55 | 184.7 | 65 | 1 | 3.3 | 61 | 203.4 | 1 |
| Brazoria | 40 | 11.3 | | | | 36 | 9.9 | 701 | 193.4 | 761 | 31 | 8.4 | 658 | 177.7 | 31 |
| Chambers | 2 | 5.0 | | | | 3 | 7.2 | 35 | 84.5 | 46 | 2 | 4.7 | 36 | 84.8 | 2 |
| Colorado | 4 | 19.0 | | | | 0 | 0.0 | 32 | 150.7 | 48 | 2 | 9.4 | 34 | 160.2 | 2 |
| Fort Bend | 72 | 9.7 | | | | 81 | 10.6 | 1,499 | 196.0 | 1,435 | 85 | 10.8 | 1,589 | 201.7 | 85 |
| Harris | 44 | 13.4 | | | | 45 | 13.5 | 1,025 | 305.9 | 1,617 | 35 | 10.4 | 1,229 | 363.7 | 35 |
| Liberty | 1,257 | 27.2 | | | | 1,095 | 23.5 | 25,670 | 551.7 | 45,112 | 1,193 | 25.4 | 26,385 | 561.5 | 1,193 |
| Matagorta | 3 | 3.7 | | | | 3 | 3.6 | 151 | 180.5 | 189 | 8 | 9.3 | 151 | 174.9 | 8 |
| Montgomery | 5 | 13.5 | | | | 7 | 19.0 | 75 | 203.6 | 128 | 3 | 8.2 | 75 | 205.2 | 3 |
| Walker | 45 | 8.1 | | | | 43 | 7.5 | 803 | 140.6 | 839 | 53 | 9.0 | 842 | 142.5 | 53 |
| Waller | 8 | 11.1 | | | | 6 | 8.3 | 104 | 144.0 | 1,951 | 15 | 20.7 | 107 | 147.6 | 15 |
| Region 6 | 1,429 | 20.6 | | | | 9 | 17.5 | 67 | 130.6 | 132 | 9 | 16.9 | 75 | 141.2 | 9 |

Table 30. Region 6 county-level case numbers and rates per 100,000 population for new and existing diagnoses of HIV: 2016, 2017, 2018¹⁵¹

Note. New = New Cases. Rate New = New Cases Rate per 100,000 Population. PLWH = People Living With HIV. Rate PLWH = People Living With HIV Rate per 100,000 Population. -- = Missing Data.

¹⁵¹ Texas Department of State Health Services. Texas HIV Surveillance Report 2018 Annual Report. https://dshs.texas.gov/hivstd/reports/HIVSurveillanceReport.pdf . Published December 13, 2019. Accessed March 27, 2020.

| | | 2016 | _ | 2017 | 2018 | | | | |
|------------|-------|-------------|-------|-------------|-------|-------------|--|--|--|
| | AIDS | AIDS Rate | AIDS | AIDS Rate | AIDS | AIDS Rate | | | |
| County | Cases | per 100,000 | Cases | per 100,000 | Cases | per 100,000 | | | |
| Austin | 2 | 6.7 | 3 | 10.2 | 1 | 3.4 | | | |
| Brazoria | 24 | 6.8 | 22 | 6.4 | 12 | 3.4 | | | |
| Chambers | 2 | 5.0 | 0 | 0.0 | 1 | 2.5 | | | |
| Colorado | 2 | 9.5 | 2 | 9.6 | 3 | 14.3 | | | |
| Fort Bend | 28 | 3.8 | 25 | 3.3 | 33 | 4.2 | | | |
| Galveston | 19 | 5.8 | 22 | 6.6 | 16 | 4.7 | | | |
| Harris | 619 | 13.4 | 527 | 11.3 | 537 | 11.4 | | | |
| Liberty | 3 | 3.7 | 5 | 6.0 | 5 | 5.8 | | | |
| Matagorta | 4 | 10.8 | 2 | 5.4 | 1 | 2.7 | | | |
| Montgomery | 18 | 3.2 | 12 | 2.1 | 25 | 4.2 | | | |
| Walker | 1 | 1.4 | 7 | 9.7 | 5 | 6.9 | | | |
| Waller | 2 | 4.0 | 4 | 7.8 | 2 | 3.8 | | | |
| Wharton | 1 | 2.4 | 4 | 9.5 | 1 | 2.4 | | | |
| Region 6 | 725 | | 637 | 9.0 | 642 | 9.0 | | | |
| Texas | 2,100 | 7.5 | 1,929 | 6.8 | 1,907 | 6.6 | | | |

Table 31. Region 6 county-level AIDS cases and rates per 100,000 population: 2016, 2017, 2018¹⁵²

Note. -- = Missing Data.

¹⁵² Texas Department of State Health Services. Texas HIV Surveillance Report 2018 Annual Report.

https://dshs.texas.gov/hivstd/reports/HIVSurveillanceReport.pdf. Published December 13, 2019. Accessed March 27, 2020.

| | | | | | | | | | 2 | 2017 | | | | | | | | | | | | | | |
|------------|------|-------|-------|-------|----------|--------|-----|-------|-----|------|---|-------|------------|--------------|----------|----------|------------|----|-----|-----|----|----|------|-----|
| | Alco | ohol | Marij | uana | Rx Op | pioids | Met | :h | Ben | ZO | Н | eroin | Coc Cra | aine ck | Sy St | /n :i | Syn Can | ab | Oth | er | No | ne | Blar | ık |
| County | Υ | А | Y | А | Y | А | Y | А | Y | А | Y | А | Y | Α | Y | А | Y | А | Y | А | Υ | А | Y | А |
| Austin | 0 | 16 | 1 | 13 | 0 | 2 | 0 | 11 | 0 | 0 | 0 | 1 | 0 | 4 | 0 | 0 | 2 | 11 | 0 | 1 | 0 | 0 | 0 | 0 |
| Brazoria | 1 | 183 | 22 | 115 | 0 | 29 | 1 | 122 | 0 | 13 | 0 | 22 | 0 | 35 | 0 | 0 | 0 | 0 | 2 | 9 | 0 | 0 | 3 | 30 |
| Chambers | 0 | 9 | 1 | 3 | 0 | 2 | 0 | 13 | 0 | 1 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |
| Colorado | 0 | 7 | 0 | 7 | 0 | 1 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Fort Bend | 9 | 429 | 54 | 451 | 0 | 45 | 0 | 52 | 5 | 20 | 0 | 32 | 0 | 95 | 0 | 0 | 0 | 9 | 1 | 17 | 0 | 0 | 11 | 12 |
| Galveston | 1 | 223 | 31 | 120 | 0 | 68 | 0 | 141 | 1 | 18 | 0 | 57 | 0 | 84 | 0 | 0 | 0 | 5 | 1 | 8 | 0 | 0 | 2 | 78 |
| Harris | 18 | 2,095 | 711 | 1,787 | 6 | 409 | 10 | 521 | 12 | 117 | 0 | 513 | 11 | 910 | 1 | 1 | 13 | 21 | 9 | 265 | 0 | 0 | 56 | 263 |
| Liberty | 0 | 28 | 7 | 24 | 0 | 9 | 2 | 65 | 0 | 3 | 0 | 6 | 0 | 6 | 0 | 0 | 0 | 0 | 1 | 6 | 0 | 0 | 0 | 5 |
| Matagorda | 1 | 14 | 0 | 8 | 0 | 2 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 5 |
| Montgomery | 5 | 143 | 44 | 120 | 0 | 46 | 2 | 128 | 1 | 7 | 0 | 37 | 1 | 38 | 0 | 0 | 0 | 1 | 0 | 7 | 0 | 0 | 8 | 21 |
| Walker | 0 | 13 | 4 | 16 | 0 | 2 | 0 | 12 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 2 |
| Waller | 0 | 15 | 0 | 20 | 0 | 3 | 0 | 8 | 0 | 1 | 0 | 3 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 |
| Wharton | 0 | 25 | 4 | 18 | 0 | 1 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 1 | 0 |
| Region 6 | 35 | 3,200 | 879 | 2,702 | 6 | 619 | 15 | 1,091 | 19 | 182 | 0 | 673 | 12 | 1,205 | 0 | 1 | 15 | 49 | 14 | 325 | 0 | 0 | 83 | 419 |

Treatment episode admission data (treatment utilization)

Table 32. Region 6 county-level treatment episode admission data of primary substance of use for youth and adults: 2017¹⁵³

Note. Y = Youth, < 18. A = Adult, > 18. Rx Opi = Prescription Opioids. Meth = Methamphetemines and Amphetamines. Benzos =

Benzodiazapines. Syn Stim = Synthetic Stimulants. Syn Canab = Synthetic Canabinoids.

¹⁵³ Texas Health and Human Services Commission, Intellectual and Developmental Disability/BehavioralHealth Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services Data Warehouse(CMBHS), 2013 to 2019.

| | | | | | | | | | | 2018 | | | | | | | | | | | | | | |
|------------|------|-------|-------|-------|----|--------|-----|-----|-----|------|---|-------|-----|-------|---|----|----|----|-----|-----|------|-----|------|-----|
| | | | | | Rx | | | | | | | | Coc | aine | S | yn | Sy | n | | | | | | |
| | Alco | ohol | Marij | uana | Ор | oioids | Met | th | Ber | IZOS | H | eroin | Cra | ck | S | ti | Ca | n | Oth | er | None | | Blar | nk |
| County | Υ | A | Υ | А | Y | А | Y | А | Y | А | Y | А | Y | А | Y | А | Υ | А | Υ | А | Y | А | Y | А |
| Austin | 0 | 12 | 2 | 14 | 0 | 2 | 0 | 6 | 0 | 1 | 0 | 1 | 0 | 6 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 2 |
| Brazoria | 0 | 120 | 23 | 87 | 0 | 48 | 0 | 99 | 0 | 9 | 0 | 17 | 0 | 34 | 0 | 0 | 0 | 4 | 2 | 10 | 1 | 2 | 5 | 9 |
| Chambers | 0 | 8 | 0 | 3 | 0 | 2 | о | 14 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 |
| Colorado | 0 | 6 | 0 | 3 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 |
| Fort Bend | 6 | 283 | 58 | 366 | 0 | 20 | 1 | 44 | 3 | 13 | 0 | 33 | 1 | 77 | 0 | 0 | 1 | 5 | 1 | 21 | 7 | 18 | 10 | 22 |
| Galveston | 2 | 136 | 20 | 87 | 0 | 32 | 2 | 110 | 0 | 11 | 0 | 34 | 0 | 60 | 0 | 0 | 1 | 5 | 1 | 25 | 5 | 1 | 1 | 26 |
| Harris | 31 | 1,615 | 561 | 1,439 | 0 | 255 | 6 | 483 | 7 | 71 | 1 | 417 | 9 | 797 | 0 | 0 | 3 | 18 | 7 | 225 | 33 | 125 | 38 | 188 |
| Liberty | 0 | 20 | 5 | 22 | 0 | 4 | 0 | 45 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 3 | 1 | 0 | 1 | 2 |
| Matagorda | 0 | 9 | 1 | 6 | 0 | 2 | 1 | 16 | 0 | 0 | 0 | 0 | 1 | 5 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Montgomery | 4 | 143 | 49 | 107 | 0 | 36 | 3 | 133 | 2 | 7 | 0 | 42 | 0 | 42 | 0 | 0 | 0 | 0 | 1 | 9 | 1 | 7 | 1 | 13 |
| Walker | 0 | 7 | 4 | 10 | 0 | 3 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 1 |
| Waller | 0 | 16 | 0 | 14 | 0 | 1 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Wharton | 0 | 15 | 3 | 14 | 0 | 1 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 2 |
| Region 6 | 43 | 2,390 | 726 | 2,172 | 0 | 406 | 13 | 979 | 12 | 112 | 1 | 552 | 12 | 1,043 | 0 | 0 | 6 | 35 | 13 | 314 | 50 | 154 | 58 | 267 |

Table 33. Region 6 county-level treatment episode admission data of primary substance of use for youth and adults: 2018¹⁵⁴

Note. Y = Youth, < 18. A = Adult, > 18. Rx Opi = Prescription Opioids. Meth = Methamphetemines and Amphetamines. Benzos = Benzodiazapines. Syn Stim = Synthetic Stimulants. Syn Canab = Synthetic Canabinoids.

¹⁵⁴ Texas Health and Human Services Commission, Intellectual and Developmental Disability/BehavioralHealth Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services Data Warehouse(CMBHS), 2013 to 2019.

| | | | | | | | | | | 2019 | | | | | | | | | | | | | | |
|------------|----|--------|-----|--------|---|-------|----|-------|----|------|---|-------|---|------------------|---------|------------|----|-------------|---|-------|-----|-----|------|----|
| | A | lcohol | Mar | ijuana | R | х Орі | 1 | Veth | Be | enzo | Н | eroin | C | ocaine Crack | S S' | iyn tim | ci | Syn anab | С | other | No | one | Blar | ۱k |
| County | Y | А | Y | A | Y | A | Y | А | Y | А | Y | А | Y | А | Y | А | Υ | А | Υ | Α | Y | А | Y | А |
| Austin | 1 | 13 | 1 | 9 | 0 | 2 | 0 | 10 | 0 | 1 | 0 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 3 |
| Brazoria | 1 | 161 | 19 | 123 | 0 | 69 | 0 | 147 | 1 | 12 | 0 | 20 | 0 | 39 | 0 | 0 | 0 | 3 | 0 | 11 | 5 | 2 | 0 | 0 |
| Chambers | 0 | 10 | 0 | 1 | 0 | 3 | 1 | 16 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Colorado | 0 | 3 | 0 | 5 | 0 | 25 | 0 | 3 | 0 | 1 | 0 | 45 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Fort Bend | 6 | 387 | 40 | 316 | 1 | 54 | 0 | 69 | 1 | 12 | 0 | 33 | 0 | 104 | 0 | 0 | 0 | 6 | 0 | 25 | 14 | 43 | 2 | 3 |
| Galveston | 4 | 139 | 30 | 127 | 1 | 326 | 2 | 156 | 0 | 10 | 1 | 572 | 0 | 60 | 0 | 0 | 0 | 4 | 1 | 17 | 2 | 13 | 1 | 7 |
| Harris | 31 | 1,737 | 639 | 1,618 | 0 | 7 | 4 | 701 | 9 | 86 | 0 | 7 | 6 | 1,001 | 0 | 2 | 3 | 29 | 5 | 286 | 89 | 131 | 20 | 54 |
| Liberty | 1 | 19 | 8 | 27 | 0 | 4 | 1 | 51 | 0 | 1 | 0 | 1 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 0 | 1 |
| Matagorda | 0 | 12 | 1 | 1 | 0 | 28 | 0 | 12 | 0 | 0 | 0 | 41 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Montgomery | 1 | 168 | 58 | 106 | 0 | 1 | 5 | 213 | 1 | 8 | 0 | 2 | 2 | 50 | 0 | 2 | 1 | 3 | 2 | 12 | 7 | 10 | 0 | 1 |
| Walker | 0 | 11 | 0 | 15 | 0 | 1 | 0 | 14 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Waller | 0 | 18 | 0 | 17 | 0 | 2 | 0 | 9 | 0 | 0 | 0 | 1 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 1 |
| Wharton | 0 | 10 | 3 | 4 | 0 | 2 | 0 | 11 | 0 | 1 | 0 | 20 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 2 |
| Region 6 | 45 | 2,688 | 799 | 2,369 | 2 | 522 | 13 | 1,412 | 12 | 132 | 1 | 725 | 8 | 1,288 | 0 | 4 | 4 | 45 | 9 | 361 | 121 | 205 | 23 | 73 |

Table 34. Region 6 county-level treatment episode admission data for primary substance of use, youth and adults: 2019¹⁵⁵

Note. Y = Youth, < 18. A = Adult, > 18. Rx Opi = Prescription Opioids. Meth = Methamphetemines and Amphetamines. Benzos =

Benzodiazapines. Syn Stim = Synthetic Stimulants. Syn Canab = Synthetic Canabinoids.

¹⁵⁵ Texas Health and Human Services Commission, Intellectual and Developmental Disability/BehavioralHealth Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services Data Warehouse(CMBHS), 2013 to 2019.

| | | 20 | 17 | | | 20 | 018 | | 2019 | | | | | |
|-------------------|-------|--------|-------|-------|-----|--------|-------|-------|-------|--------|-------|-------|--|--|
| | Reg | gion 6 | Te | exas | Re | gion 6 | Τe | exas | Re | gion 6 | Te | exas | | |
| Primary Substance | # | % | # | % | # | % | # | % | # | % | # | % | | |
| Alcohol | 35 | 3.2% | 191 | 4.2% | 43 | 4.6% | 169 | 4.6% | 45 | 4.3% | 148 | 3.5% | | |
| Marijuana | 879 | 81.5% | 3,662 | 79.7% | 726 | 77.7% | 2,910 | 79.0% | 799 | 77.0% | 3,447 | 80.7% | | |
| Rx Opi | 6 | 0.6% | 22 | 0.5% | 0 | 0.0% | 17 | 0.5% | 2 | 0.2% | 15 | 0.4% | | |
| Meth | 15 | 1.4% | 98 | 2.1% | 13 | 1.4% | 84 | 2.3% | 13 | 1.3% | 111 | 2.6% | | |
| Benzo | 19 | 1.8% | 136 | 3.0% | 12 | 1.3% | 97 | 2.6% | 12 | 1.2% | 133 | 3.1% | | |
| Heroin | 0 | 0.0% | 21 | 0.5% | 1 | 0.1% | 16 | 0.4% | 1 | 0.1% | 14 | 0.3% | | |
| Cocaine/Crack | 12 | 1.1% | 80 | 1.7% | 12 | 1.3% | 66 | 1.8% | 8 | 0.8% | 47 | 1.1% | | |
| Syn Stim | 0 | 0.0% | 1 | 0.0% | 0 | 0.0% | 1 | 0.0% | 0 | 0.0% | 2 | 0.0% | | |
| Syn Can | 15 | 1.4% | 71 | 1.5% | 6 | 0.6% | 29 | 0.8% | 4 | 0.4% | 22 | 0.5% | | |
| Other | 14 | 1.3% | 38 | 0.8% | 13 | 1.4% | 46 | 1.2% | 9 | 0.9% | 52 | 1.2% | | |
| None | 0 | 0.0% | 0 | 0.0% | 50 | 5.4% | 76 | 2.1% | 121 | 11.7% | 200 | 4.7% | | |
| Blank | 83 | 7.7% | 274 | 6.0% | 58 | 6.2% | 171 | 4.6% | 23 | 2.2% | 80 | 1.9% | | |
| Total Youth Admit | 1,078 | 100% | 4,594 | 100% | 934 | 100% | 3,682 | 100% | 1,037 | 100% | 4,271 | 100% | | |

Table 35. Region 6 and Texas youth treatment episode admissions by primary substance of use: 2017, 2018, 2019¹⁵⁶

Note. # = Count of youth for whom substance was primary substance at admission. % = percent of youth for whom substance was primary substance at admission. Rx Opi = Prescription Opioids. Meth = Methamphetemines and Amphetamines. Benzos = Benzodiazapines. Syn Stim = Synthetic Stimulants. Syn Canab = Synthetic Canabinoids.

¹⁵⁶Texas Health and Human Services Commission, Intellectual and Developmental Disability/BehavioralHealth Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services Data Warehouse(CMBHS), 2013 to 2019.

| | | 203 | 17 | | | 20 | 018 | | 2019 | | | | | |
|-------------------|--------|-------|--------|-------|-------|--------|--------|-------|-------|-------|--------|-------|--|--|
| | Reg | ion 6 | Te | xas | Reg | jion 6 | Te | xas | Reg | ion 6 | Te | xas | | |
| Primary Substance | # | % | # | % | # | % | # | % | # | % | # | % | | |
| Alcohol | 3,200 | 30.6% | 16,057 | 28.2% | 2,390 | 28.4% | 12,632 | 27.4% | 2,688 | 27.4% | 14,837 | 26.8% | | |
| Marijuana | 2,702 | 25.8% | 11,162 | 19.6% | 2,172 | 25.8% | 9,506 | 20.6% | 2,369 | 24.1% | 10,457 | 18.9% | | |
| Rx Opi | 619 | 5.9% | 2,820 | 4.9% | 406 | 4.8% | 2,051 | 4.5% | 522 | 5.3% | 2,732 | 4.9% | | |
| Meth | 1,091 | 10.4% | 9,887 | 17.3% | 979 | 11.6% | 8,381 | 18.2% | 1,412 | 14.4% | 11,191 | 20.2% | | |
| Benzo | 182 | 1.7% | 752 | 1.3% | 112 | 1.3% | 546 | 1.2% | 132 | 1.3% | 687 | 1.2% | | |
| Heroin | 673 | 6.4% | 6,591 | 11.6% | 552 | 6.6% | 4,884 | 10.6% | 725 | 7.4% | 7,134 | 12.9% | | |
| Cocaine/Crack | 1,205 | 11.5% | 4,615 | 8.1% | 1,043 | 12.4% | 3,842 | 8.3% | 1,288 | 13.1% | 4,416 | 8.0% | | |
| Syn Stim | 1 | 0.0% | 14 | 0.0% | 0 | 0.0% | 10 | 0.0% | 4 | 0.0% | 13 | 0.0% | | |
| Syn Can | 49 | 0.5% | 371 | 0.7% | 35 | 0.4% | 259 | 0.6% | 45 | 0.5% | 289 | 0.5% | | |
| Other | 325 | 3.1% | 827 | 1.5% | 314 | 3.7% | 719 | 1.6% | 361 | 3.7% | 855 | 1.5% | | |
| None | 0 | 0.0% | 0 | 0.0% | 154 | 1.8% | 910 | 2.0% | 205 | 2.1% | 1,725 | 3.1% | | |
| Blank | 419 | 4.0% | 3,930 | 6.9% | 267 | 3.2% | 2,338 | 5.1% | 73 | 0.7% | 948 | 1.7% | | |
| Total Adult Admit | 10,466 | 100% | 57,026 | 100% | 8,424 | 100% | 46,078 | 100% | 9,824 | 100% | 55,284 | 100% | | |

Table 36. Region 6 and Texas adult treatment episode admissions by primary substance of use: 2017, 2018, 2019¹⁵⁷

Note. # = Count of adults for whom substance was primary substance at admission. % = percent of adults for whom substance was primary substance at admission. Rx Opi = Prescription Opioids. Meth = Methamphetemines and Amphetamines. Benzos = Benzodiazapines. Syn Stim = Synthetic Stimulants. Syn Canab = Synthetic Canabinoids.

¹⁵⁷ Texas Health and Human Services Commission, Intellectual and Developmental Disability/BehavioralHealth Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services Data Warehouse(CMBHS), 2013 to 2019.

| Tuble 57. Region o opiola related exposites by opiola category. 2015 2017 | | | | | | | | | | | | |
|---|------|------|------|------|------|--|--|--|--|--|--|--|
| Region 6 | | | | | | | | | | | | |
| Opioid Category | 2013 | 2014 | 2015 | 2016 | 2017 | | | | | | | |
| All Opioids | 1141 | 1137 | 1033 | 963 | 961 | | | | | | | |
| Commonly Prescribed Opioids | 896 | 869 | 720 | 678 | 676 | | | | | | | |
| Heroin | 21 | 14 | 16 | 28 | 25 | | | | | | | |
| Other/Unspecified Opioids | 5 | 13 | 8 | 9 | 13 | | | | | | | |
| Synthetic Opioids | 251 | 270 | 321 | 279 | 287 | | | | | | | |
| | | | | | | | | | | | | |

Opioid Related Exposures Table 37. Region 6 opioid related exposures by opioid category: 2013-2017¹⁵⁸

¹⁵⁸ Texas Health and Human Services, Texas Population, 2017 (Projections). https://www.dshs.texas.gov/chs/popdat/ST2017.shtm. Updated December 2014. Accessed January 2019
Education

Illegal Drugs on School Property

Figure 51. Regions 5 and 6 and Texas report of class attendance while drunk or high, Grades 7-12:TSS, 2018¹⁵⁹



drug?

| Table 38. Region 5/6 and Texas comparisons of conduct problems at and absences from school, | Grades |
|---|--------|
| 7-12: TSS, 2018 ¹⁶⁰ | |

| | Average number of days conduct problems reported | | Average number of days absent | | |
|---------------------|--|-------|----------------------------------|-------|--|
| Students | Region 5/6 | Texas | Region 5/6 | Texas | |
| Non-alcohol users | 0.9 | .8 | 3.1 | 3.3 | |
| Alcohol users | 2.6 | 2.3 | 4.4 | 4.3 | |
| Non-marijuana users | 1.2 | 1.0 | 3.5 | 3.5 | |
| Marijuana users | 3.9 | 3.4 | 4.5 | 4.5 | |

¹⁵⁹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 HHSC Region 5 and 6 Report.

http://www.texasschoolsurvey.org/Documents/Reports/Region/16Region5-6.pdf. Accessed July 25, 2018.

¹⁶⁰¹⁶⁰ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014, 2016, 2018 HHSC Region 5 and 6 Report. <u>http://www.texasschoolsurvey.org/Documents/Reports/Region/16Region5-6.pdf</u>. Accessed July 25, 2019.



Figure 52. Region 5/6 and Texas trends in conduct problems reported, Grades 7-12: TSS, 2014, 2016, 2018

Drop-out rates

| | 2016 | 2017 | 2018 |
|------------|------------|------------|------------|
| County | Drop Out % | Drop Out % | Drop Out % |
| Austin | .6% | 0.7% | 1.5% |
| Brazoria | .6% | 0.6% | 0.7% |
| Chambers | .1%** | 0.1%** | 0.1% |
| Colorado | 1.6% | 2.9% | 3.3% |
| Fort Bend | 0.8% | 0.7% | 1.0% |
| Galveston | 0.8% | 1.1% | 1.4% |
| Harris | 1.9% | 2.0% | 2.5% |
| Liberty | 1.2% | 1.2% | 1.5% |
| Matagorda | 1.0% | 0.5% | 1.7% |
| Montgomery | 0.6% | 0.7% | 1.3% |
| Walker | 2.5%* | 2.0%* | 3.2% |
| Waller | 0.6% | 0.1% | 1.2% |
| Wharton | 0.2% | 0.4% | 0.5% |
| Region 6 | | | |
| Texas | 1.4% | 1.4% | 1.4% |

Table 39. Region 6 county-level dropout rates: 2016, 2017, 2018¹⁶¹

Note. * Highest dropout rate. **Lowest dropout rate. -- = Missing data.

¹⁶¹Texas Education Agency. Completion, graduation, and dropout rates. Texas Education Agency.

https://tea.texas.gov/acctres/dropcomp/years.html. Published December 14, 2017. Accessed April 8, 2018 and April 11, 2019.

Criminal Activity

There are several risk factors associated with future development of substance use and misuse within the community domain that can be linked to criminal activity. In the state of Texas, the Department of Public Safety operationalizes criminal activity into two categories or indices: Property Crime Index and Violent Crime Index. The Property Crime Index is used to track and categorize the crimes of burglary, larceny, and auto theft. The Violent Crime Index is used to track and categorize the crimes of murder, rape, robbery, and assault.¹⁶² Tables 40-41 display totals and rates of offences per 100,000 population for Property Crime Index and Violent Crime Index for each county in Region 6. Figures 53 and 54 for three-year trends in offences per 100,000 for Property Crime Index and Violent Crime Index.

¹⁶² Texas Department of Public Safety. Texas crime report for 2017, 2018, 2019. <u>http://www.dps.texas.gov/crimereports/13/citCh2.pdf</u>. Accessed July 10, 2019.

| | | 2017 | | | 2018 | | | 2019 | | 2017-2019 |
|------------|---------------------|----------|---------------------|---------------------|----------|---------------------|---------------------|----------|---------------------|--------------------|
| County | Total Population | Offenses | Rate per 100,000 | Total Population | Offenses | Rate per 100,000 | Total Population | Offenses | Rate per 100,000 | Change |
| Austin | 29,963 | 324 | 1,081.3 | 29,912 | 247 | 825.8** | 29,912 | 256 | 855.8** | -225.5 |
| Brazoria | 367,132 | 5,405 | 1,472.2 | 373,587 | 5,405 | 1,446.8 | 376,599 | 6,172 | 1,638.9 | 166.7 |
| Chambers | 36,489 | 718 | 1,967.7 | 37,983 | 649 | 1,708.7 | 37,983 | 719 | 1,893.0 | -74.7 |
| Colorado | 21,020 | 205 | 975.3** | 21,225 | 200 | 942.3 | 21,225 | 227 | 1,069.5 | 94.2 |
| Fort Bend | 728,805 | 8,416 | 1,154.9 | 752,245 | 8,212 | 1,091.7 | 752,245 | 8,856 | 1,177.3 | 22.4 ^{††} |
| Galveston | 349,112 | 8,380 | 2,400.4 | 354,271 | 7,795 | 2,200.3 | 346,233 | 6,725 | 1,942.3 | -458.1 |
| Harris | 4,702,468 | 154,912 | 3,294.3* | 4,753,437 | 149,315 | 3,141.2* | 4,751,813 | 159,648 | 3,359.7* | 65.4 |
| Liberty | 25,306 | 686 | 2,710.9 | 84,637 | 1,428 | 1,687.2 | 84,637 | 1,594 | 1,883.3 | -827.6† |
| Matagorda | 37,230 | 1,002 | 2,691.4 | 36,756 | 1,104 | 3,003.6 | 36,756 | 1,118 | 3,041.7 | 350.3 |
| Montgomery | 567,199 | 6,823 | 1,202.9 | 580,733 | 7,680 | 1,322.5 | 579,354 | 7,629 | 1,316.8 | 113.9 |
| Walker | 71,970 | 877 | 1,218.5 | 72,631 | 873 | 1,202 | 72,631 | 798 | 1,098.7 | -119.8 |
| Waller | 50,195 | 663 | 1,320.9 | 51,297 | 779 | 1,518.6 | 51,297 | 539 | 1,050.7 | -270.2 |
| Wharton | 41,762 | 911 | 2,181.5 | 41,950 | 723 | 1,723.5 | 41,950 | 793 | 1,890.3 | -291.2 |
| Region 6 | 7,028,651 | 189,322 | 2,693.6 | 7,190,664 | 184,410 | 2,564.6 | 7,182,635 | 195,074 | 2,715.9 | 22.3 |
| Texas | 28,304,596 | 718,844 | 2,539.7 | 28,586,648 | 675,049 | 2,361.4 | 28,601,491 | 674,475 | 2,358.2 | -181.5 |

Property Crime Table 40. Region 6 county-level Property Crime Index per 100,000: 2017, 2018, 2019, and three-year change in rate per 100,000 2017-2019¹⁶³

Note. *Highest rate of property crime offences per 100,000 population. **Lowest rate of property crime offences per 100,000 population. †Highest three-year change in offences per 100,000 population. ††Lowest three-year change in offences per 100,000 population.

¹⁶³Texas Department of Public Safety. Texas crime report for 2017, 2018, 2019. <u>http://www.dps.texas.gov/crimereports/13/citCh2.pdf</u>. Accessed June 30, 2020.





¹⁶⁴ Texas Department of Public Safety. Texas crime report for 2017, 2018, 2019. http://www.dps.texas.gov/crimereports/13/citCh2.pdf. Accessed June 30, 2020.

| | | 2017 | | | 2018 | | | 2019 | | 2017- 2019 |
|------------|---------------------|----------|---------------------|---------------------|----------|---------------------|---------------------|----------|---------------------|------------------|
| County | Total Population | Offenses | Rate per 100,000 | Total Population | Offenses | Rate per 100,000 | Total Population | Offenses | Rate per 100,000 | 3-year Change |
| Austin | 29,963 | 49 | 163.5 | 29,912 | 46 | 153.8 | 29,912 | 256 | 153.8** | 9.7 |
| Brazoria | 367,132 | 636 | 173.2 | 373,587 | 614 | 164.4 | 376,599 | 6,172 | 174.7 | -1.5 |
| Chambers | 36,489 | 104 | 285.0 | 37,983 | 61 | 160.6 | 37,983 | 719 | 276.4 | 8.6 |
| Colorado | 21,020 | 61 | 290.2 | 21,225 | 24 | 113.1** | 21,225 | 227 | 179.0 | 111.2 |
| Fort Bend | 728,805 | 1,400 | 192.1 | 752,245 | 1,456 | 193.6 | 752,245 | 8,856 | 188.8 | 3.3 |
| Galveston | 349,112 | 939 | 269.0 | 354,271 | 993 | 280.3 | 346,233 | 6,725 | 259.4 | 9.6 |
| Harris | 4,702,468 | 36,511 | 776.4** | 4,753,437 | 35,200 | 740.5* | 4,751,813 | 159,648 | 729.7* | 46.7 |
| Liberty | 25,306 | 135 | 533.5 | 84,637 | 271 | 320.2 | 84,637 | 1,594 | 257.6 | 275.9† |
| Matagorda | 37,230 | 175 | 470.1 | 36,756 | 159 | 432.6 | 36,756 | 1,118 | 438.0 | 32.1 |
| Montgomery | 567,199 | 871 | 153.6* | 580,733 | 1,163 | 200.3 | 579,354 | 7,629 | 174.8 | -21.2 |
| Walker | 71,970 | 233 | 323.8 | 72,631 | 202 | 278.1 | 72,631 | 798 | 323.6 | 0.2†† |
| Waller | 50,195 | 155 | 308.9 | 51,297 | 203 | 395.7 | 51,297 | 539 | 249.5 | 59.4 |
| Wharton | 41,762 | 169 | 404.7 | 41,950 | 141 | 336.1 | 41,950 | 793 | 357.6 | 47.1 |
| Region 6 | 7,028,651 | 41438 | 589.6 | 7,190,664 | 405,33 | 563.7 | 7,182,635 | 195,074 | 553.3 | 36.3 |
| Texas | 28,304,596 | 123,211 | 435.3 | 28,586,648 | 118,645 | 415.0 | 29,912 | 103,734 | 404.1 | -31.2 |

Violent Crime Table 41. Region 6 county-level Violent Crime Index per 100,000: 2017, 2018, 2019¹⁶⁵

Note. *Highest rate of property crime offences per 100,000 population. **Lowest rate of property crime offences per 100,000 population. †Highest three-year change in offences per 100,000 population. ††Lowest three-year change in offences per 100,000 population.

¹⁶⁵ Texas Department of Public Safety. Texas crime report for 2017, 2018, 2019. <u>http://www.dps.texas.gov/crimereports/13/citCh2.pdf</u>. Accessed June 30, 2020.



Figure 54. Region 6 county-level three-year trends in Violent Crime Index: 2017, 2018, 2019¹⁶⁶

¹⁶⁶ Texas Department of Public Safety. Texas crime report for 2017, 2018, 2019. http://www.dps.texas.gov/crimereports/13/citCh2.pdf. Accessed June 30, 2020.

Mental Health

Depression Figure 55. US and Texas depression in adults: BFFRSS 2011-2017¹⁶⁷





¹⁶⁷ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. <u>https://www.cdc.gov/brfss/brfssprevalence/</u>. Accessed Mar 13, 2019.

Adolescents/Adults Receiving MH Services

| | | | 2016 | | | | | | 2017 | | | |
|---------------|-------|--------|-------------|-------|------------|------|-------|---------|-----------|-------|-------------|------|
| | | Туре о | f Diagnosis | Prin | nary Diagn | osis | | Type of | Diagnosis | Prim | nary Diagno | osis |
| County | ACAU | MH | Dual | | Other/ | | ACAU | MH | Dual | | Other/ | |
| | | Only | | MH | Not MH | SU | | Only | | MH | Not MH | SU |
| Austin | 85 | 82 | * | 71 | 14 | | 85 | 84 | * | 59 | 26 | |
| Brazoria | 272 | 257 | 15 | 229 | 42 | * | 247 | 241 | * | 208 | 39 | |
| Chambers | 23 | 22 | * | 22 | * | | 38 | 36 | * | 33 | * | |
| Fgtg Colorado | 103 | 101 | * | 92 | 11 | | 123 | 120 | * | 101 | 22 | |
| Fort Bend | 756 | 741 | 15 | 608 | 147 | * | 874 | 861 | 13 | 656 | 218 | * |
| Galveston | 402 | 383 | 19 | 323 | 78 | * | 329 | 314 | 15 | 283 | 45 | * |
| Harris | 4,854 | 4,404 | 450 | 4,762 | 87 | * | 5,431 | 4,946 | 485 | 5,331 | 91 | * |
| Liberty | 143 | 140 | * | 139 | * | | 165 | 160 | * | 156 | * | |
| Matagorda | 181 | 178 | * | 147 | 34 | | 160 | 160 | | 124 | 36 | |
| Montgomery | 1,054 | 1,005 | 49 | 983 | 69 | * | 1,241 | 1,193 | 48 | 1,176 | 63 | * |
| Walker | 121 | 117 | * | 120 | * | | 128 | 123 | * | 126 | * | |
| Waller | 127 | 123 | * | 114 | 13 | | 119 | 115 | * | 101 | 18 | |
| Wharton | 174 | 170 | * | 156 | 17 | * | 165 | 162 | * | 147 | 18 | |
| Region 6 | 8,295 | 7,723 | 572 | 7,766 | | | 9,105 | 8,515 | 590 | 8,501 | | |

Table 42. Region 6 county-level youth mental health and substance use treatment: HHSC, 2016-2017¹⁶⁸

Note. *Suppressed data due to age of clients. ACAU = Active Authorizations. MH = Mental Health. Dual = Dual Diagnoses.

¹⁶⁸ Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Health Services, Office of Decision Support. (2019). Clinical Management for Behavioral Health Services Data Warehouse (CMBHS), 2014 to 2018 Youth Mental Health and Substance Use Treatment.

Environmental Protective Factors

Community Coalitions

There are eight HHSC-funded prevention coalitions in Region 6 with whom the PRC collaborates in various prevention efforts. Due to COVID-19, the past fiscal year has provided new opportunities to learn with and from each other, as well as support each other in new ways. Our nation's quarantine, which began in March of 2020, has forced most people to learn new ways of communicating and working with each other and it is through these new modes of communications that many have learned advantages to telecommuting that never would have been known, had we not had to rely on them so heavily. A list of the HHSC-funded prevention coalitions in Region 6 is as follows:

Bay Area Alliance for Youth and Families - Clear Creek

Bay Area Alliance for Youth and Families – Friendswood

Brazoria County Community Coalition at the Bay Area Councl on Drugs and Alcohol

Galveston County Communnity Coalition at the Bay Area Council on Drugs and Alcohol

Matagorda County Community Coalition at the Bay Area Council on Drugs and Alcohol

Pasadena Community Coalition at the Bay Area Council on Drugs and Alcohol

Southeast Harris County Community Coalition at the Bay Area Council on Drugs and Alcohol

Coalition for Substance Abuse Prevention at Phoenix Houston

Fort Bend Community Prevention Coalition

Other Coalitions

Several other coaltions within Region 6 are colaborators with the PRC. Most notable is the Houston Recovery Initiative/Recovery Oriented Systems of Care (HRI/ROSC). The HRI is basically an organization of organizations dedicated to the behavioral and mental well being of individuals with substance use issues, in treatment for those issues, or in recovery from those issues. The PRC is directly involved with cochairing two of thenworkgroups under the HRI/ROSC: The Adolescent Recovery Oriented Systems of Care and the Lifespan Prevention Epidemiology Workgroup (L-PEW). The L-PEW evolved from the PRC's already-existing epidemiology workgroup and extended to include a community process focus. Some additional coalitions with whom the PRC 6 collaborates are as follows:

Lifespan Prevention Epidemiology Workgroup

Adolescent Recovery Oriented Systems of Care

Houston Coalition on Behavioral Health

Houston Asthma Coalition

Houston Recovery Initiative/ Recovery Orientes Systems of Care

Multi-county Interagency Coalition against Sexual Assault

SUD Treatment Providers (Treatment/Intervention providers)

The Recovery Oriented Systems of Care (ROSC) community, particularly of the Greater Houston Area, rivals that of very few other recovery communities in the United States. The Houston Recovery Initiative (HRI) ROSC meetings are held the third Friday of every month and yield a significant monthly gathering of service providers from all across the Gulf Coast Region 6 area. These meetings have brought in attendees and speakers from the Houston Mayors Office, as well as from around the state of Texas and the country.

For an individualized search of facilities, the SAMHSA online Behavioral Health Treatment Services Locator (<u>https://findtreatment.samhsa.gov/</u>) can assist with that. Appendix D contains a tip sheet for navigating the SAMHSA Behavioral Health Treatment Services Locator website and setting parameters for individual searches. Some parameters might be age groups served, acceptance of insurance/ Medicaid, and whether the provider provides Mental Health services, Substance Use services, and/or Medication Assisted Treatment and Recovery (MAT/MAR).

YP Programs

Youth Prevention Programs

There are three types of youth prevention programs: universal prevention interventions (YPU), selective interventions (YPS), and indicated interventions (YPI). School-level YPU interventions are designed to address social and emotional competencies in the overall and have the greatest overall impact on reducing substance use and misuse compared to more individually-focused interventions. In many cases, an entire population of students on a school campus might be enrolled in a universal intervention program and many universal programs are designed to be implemented with elementary populations, as well as adolescent populations. The far-reaching nature of universal intervention programs is what gives these programs results that yield more bang for the buck, so to speak.¹⁶⁹

Selective youth prevention interventions (YPS) are designed for youth who come to the table already at increased risk of developing substance misuse problems. Although more limited in their reach, compared to population-based interventions, YPS programs and services are purposefully designed for a specific high-risk group with the goal of reducing identified risk factors, increasing protective factors, or both. YPS programs do have some advantages over universal intervention programs in that greater levels of resources and efforts are allocated to individuals who are at high risk for developing behavioral health difficulties.

Indicated youth prevention interventions are designed for those youth who are identified as already being involved in risky behavior. As many of the TSS data points for 2018 have shown, the percentages of students already involved in such risky behavior are quite small. However, it is this population of youth who require the most intensive and individualized prevention interventions and resources available. Given the likelihood of developing SUDs without intensive intervention, which imposes a much larger financial burden than the higher cost of the YPI intervention (in comparison with YPUs and YPSs), the

¹⁶⁹ Source: U.S. Department of Health and Human Services. *Facing addiction in America: the surgeon general's report on alcohol, drugs, and health*. <u>https://addiction.surgeongeneral.gov/</u>. Published 2017. Accessed July 30, 2017.

benefits of the YPI for this population of youth far outweigh any negatives associated with such a cost. See Appendix E for a listing of youth prevent programs in Region 6 for FY2019.

Communication between Parent and Child Regarding Alcohol, Tobacco, and other Drugs

As can be seen in Figure 56, the highest percentage of student reports indicating to whom they would go for help if they were having difficulties with drugs or alcohol, 68 percent (the highest percentage of all choices provided) indicated they would go to their parents.

Figure 56. Region 5/6 and Texas comparisons of student reports of individuals to whom they would reach out for help if they had a drug or alcohol problem TSS, Grades 7-12: 2018¹⁷⁰



If you had a drug or alcohol problem and needed help, who would you go to?

Students receiving education about ATOD

The next two tables present indicators from the TSS regarding how information about alcohol and drugs is given to students, as well as who students would seek help from should they find themselves in having substance misuse or substance use disorder problems. Table 43 displays the school-based individuals or departments from which students report receiving information on alcohol and other drugs at school, as per the TSS. Other than Any School Source, Assembly Program and School Health classes were the highest reported source from which students reported getting information about alcohol and drugs, which was 32 percent and 30.1 percent, respectively, of students in Region 5/6 who filled out the TSS.

¹⁷⁰ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 HHSC Region 5 and 6 Report. http://www.texasschoolsurvey.org/Documents/Reports/Region/16Region5-6.pdf. Accessed July 25, 2018.

| | Since school | began in the Fa | III, have you gotten | any | | |
|--|---|-----------------|----------------------|-------|--|--|
| | information on drugs or alcohol from the following? | | | | | |
| | 203 | 16 | 201 | 8 | | |
| School Personnel | Region 5/6 | Texas | Region 5/6 | Texas | | |
| School Health | 44.7% | 43.9% | 30.1% | 40.1% | | |
| Assembly Program | 34.9% | 44.7% | 32.0% | 40.5% | | |
| Guidance Counselor | 21.3% | 27.9% | 19.3% | 26.7% | | |
| School Nurse | 14.3% | 17.2% | 12.1% | 16.7% | | |
| Science or Social Studies Class | 23.0% | 27.3% | 22.0% | 26.5% | | |
| Student Group or Club | 13.4% | 14.4% | 11.2% | 14.6% | | |
| Invited Guest | 22.2% | 31.6% | 18.8% | 27.6% | | |
| Another Source at School | 26.0% | 28.9% | 24.9% | 28.6% | | |
| Any School Source | 63.2% | 68.9% | 55.5% | 64.7% | | |
| No Prevention Education on Drugs or Alcohol | 36.8% | 31.1% | | | | |

Table 43. Region 5/6 and Texas comparisons of student reports on sources from which they received information on alcohol and drugs, Grades 7-12: TSS, 2016, 2018

Note. -- = No data.

Trends of Declining Substance Use

Alcohol Statewide Longitudinal Trends¹⁷¹¹⁷²

Figure 57.Texas trends in adolescents' alcohol consumption: TSS, Grades 7-12, 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018; YRBS, Grades 9-12, 2001, 2005, 2007, 2009, 2011, 2013, 2017



Figure 58. Texas trends in adolescents' alcohol consumption, Grades 9-12: YRBS, 2001, 2005, 2007, 2009, 2011, 2013, 2017



²⁷¹ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018. HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹⁷² Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2001, 2005, 2007, 2009, 2011, 2013, 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed July 25, 2018.

Tobacco Statewide Longitudinal Trends¹⁷³



Figure 59. Texas trends in adolescents' tobacco consumption: TSS, Grades 7-12, 2008, 2010, 2012, 2014, 2016, 2018

¹⁷³ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2008, 2010, 2012, 2014, 2016, 2018 HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

Marijuana Statewide Longitudinal Trends¹⁷⁴¹⁷⁵



Figure 60. Texas trends in adolescents' marijuana consumption: TSS, Grades 7-12, 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018; YRBS, Grades 9-12, 2001, 2005, 2007, 2009, 2011, 2013, 2017

¹⁷⁴ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018 HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

¹⁷⁵ Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2001, 2005, 2007, 2009, 2011, 2013, 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed July 25, 2018.

Prescription Drugs Statewide Longitudinal Trends¹⁷⁶



Figure 61. Texas trends in adolescents' prescription drug consumption: TSS, 2008, 2010, 2012, 2014, 2016, 2018

¹⁷⁶ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018 HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report Accessed July 25, 2019.

Illicit Drugs Longitudinal Statewide Trends¹⁷⁷¹⁷⁸



Figure 62. Texas trends in adolescents' consumption of any illicit drug: TSS, Grades 7-12, 2008, 2010, 2012, 2014, 2016, 2018

Figure 63. Texas trends in adolescents' life time use of substances, Grades 9-12: YRBS, 2001, 2005, 2007, 2009, 2011, 2013, 2017



¹⁷⁷ Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018 HHSC Texas State Reports. https://www.texasschoolsurvey.org/Report . Accessed July 25, 2019.

¹⁷⁸ Center for Disease Control and Prevention. High School Youth Risk Behavior Surveillance System (YRBSS). 2001, 2005, 2007, 2009, 2011, 2013, 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed July 25, 2018.

Region in Focus

Gaps in Service

With the number of COVID-19 cases growing and businesses and usual access to medical care drastically changing in efforts to combat the spread of COVID-19, issues regarding effective administration of medication required for Medication Assisted Treatment/Medication Assisted Recovery (MAT/MAR) protocols also began to emerge. These issues lead to reduced access to medication for patients who rely on MAT/MAR services, and in turn, lead to increases in relapses and potentially overdoses. Once an individual has received detoxification as part of their treatment for Opioid Use Disorder (OUD), their potential for overdose increases three fold compared to their potential for overdose during active OUD. The reason, here, being that individuals suffering from relapse tend to attempt the same amount of opioid they were using in active OUD, an amount for which they no longer have a tolerance due to detoxification. Patients are at high risk for overdose when barriers to consistent administration of MAT/MAR medication are introduced and this was the case during the spring of 2020 when lockdown and social distancing requirements were being implemented for the first time duing the coronavirus pandemic.

With regard to prevention services, several of the counties in Region 6 remain without youth prevention services and community coalitions, both of which include the implementation of evidence-based strategies and are HHSC funded. The counties that do not have grants to fund Youth Prevention Programs or Community Prevention Coalitions include the following: Austin, Colorado, Chambers, Montgomery, Walker, Waller, and Wharton. These seven out of the 13 counties in Region 6 are certainly not absent in criteria that would qualify them for such prevention services.

Access to any kind of services, whether it be prevention, treatment, or recovery services, still tends to be minimal in rural areas. In reviewing the availability of Substance Abuse, Mental Health, and Buprenorphine providers in many of the rural counties of Region 6, Table 43 displays the number of such providers for those counties as well as the number of providers in Harris County for comparison. Although the number of buprenorphine providers looks promising as far as ensuring that those individuals recovering from OUD are able to access MAT/MAR services, questions remain regarding whether all providers who have been awarded a waiver for providing such services, are actually doing so. More data gathering on this topic needs to be completed. Perhaps simple phone call inquiries may help to provide a clearer understanding of exactly how many practicing buprenorphine providers there are in each county and the region.

| County | Substance Abuse Providers | Mental Health Providers | Buprenorphin Providers |
|-------------------|------------------------------|----------------------------|---------------------------|
| Austin County | 0 | 0 | 0 |
| Brazoria County | 9 | 4 | 36 |
| Chambers County | 1 | 1 | 1 |
| Colorado County | 0 | 0 | 0 |
| Fort Bend County | 4 | 6 | 39 |
| Galveston County | * | * | * |
| Harris County | 67 | 41 | 307 |
| Liberty County | 1 | 2 | 4 |
| Matagorda County | 1 | 3 | 2 |
| Montgomery County | 7 | 4 | 45 |
| Walker County | 0 | 2 | 3 |
| Waller County | 2 | 0 | 1 |
| Wharton County | 2 | 0 | 1 |

Table 43. County-level counts of Substance Abuse, Mental Health, and Buprenorphine providers in Region 6¹⁷⁹

Note. *Data unavailable.

Gaps in Data

One of the most notable gaps in data is one that continues to be an issue faced each year that the RNA is written and this is the inability to obtain single-region level TSS consumption data or any county-level consumption data. For the purpose of writing the RNA for Region 6, the TSS data must be presented for Region 6 and Region 5 combined. As per the developers of the TSS (PPRI in accordance with contract with HHSC), there must be at least 14 campuses in a region that participated in the TSS in order for findings to have a high enough effect size to show significance. However, it is rarely the case that 14 campuses in Region 6 participate in TSS data collection. Therefore, the reporting of Region 6 TSS data is done so in combination with the TSS data from Region 5. County-level TSS data is also not a possibility for the same reason, but unfortunate due to the fact that most of the indicators for risk factors and protective factors are reported out at the county level in this needs assessment.

In efforts of collecting the most recently released data for many of the indicators reported out in the RNA for risk factors and protective factors for substance use and misuse, the agencies from which such data are obtained often vary in the timing of the release of data. It is oftentimes that data is one to two years old before it is written up and released into the public domain. It is never the case that all data included in an RNA were collected during the same data collection year.

¹⁷⁹ Substance Abuse and Mental Health Services Administration. Behavioral Health Treatment Services Locator. <u>https://findtreatment.samhsa.gov/</u>. Accessed March 15, 2020.

Conclusion Key Findings

- 1. Alcohol continues to be the primary substance of concern regarding youth consumption and intervening environmental variables. Before moving into discussion of alcohol as a concern, it is important to first unpack the term 'intervening variables' within the current sociological context. Currently, intervening variables should not be referred to lightly as the nation, and world are feeling the effects that a pandemic poses on a society. The arrival of COVID-19 in the United States, and more specifically, in Texas and Region 6, has put its inhabitants on lockdown. This pandemic has touched the population through more risk factors at one time than what would normally be experienced by all at one time. For individuals who were already behind the curve and economically disadvantaged before March 2020, many are reaching the depths of despair during this time when businesses are shut down, jobs are scarce and money for bills and rent even scarcer. The mental and behavioral health issues, including trauma, depression, suicidality, and, of course substance use and misuse, have been pronounced to a level possibly not seen since the Great Depression. As a result, we have seen online and athome alcohol sales increased exponentially. Sales from those initial weeks appear to be reflective of the stockpiling that was taking place. However, although sales have decreased since April when alcohol sales were estimated to have increased by more than 250 percent, those sales are still hovering at 50 percent more than this time last year. So, if one has a youth living in a household where there are stockpiling efforts being made in pursuit for alcoholic beverages, care might need to be taken. For some youth, accessibility to alcohol might be unusually high right now, especially if their parents drink – and not necessarily at high-risk levels.
- 2. Vaping and marijuana consumption remain the secondary and tertiary substances of concern with regard to youth substance consumption. The data presented, here, along with the societal and cultural influences arising from the legalization of marijuana are indeed great cause for concern. In February of this year, the PRC 6 partnered with The Council on Recovery in producing their Vaping Summit where much of the talk on the matter now included deaths and severe lung injury due to the consumption of vaping liquids that contained an additive called vitamin E acetate, which is an additive used in the black market production of vaping liquids containing THC. There is great ease with which vaping paraphernalia can be obtained (even in the mail) and concealed, and the use of vape pens to smoke marijuana concentrates in them with a pleasant scent or no odor at all. Houston HIDTA found in their annual Drug Threat Assessment that vaping is showing a significant upward surge in adolescents, a finding that resonated with the youth consumption data presented in this needs assessment. HIDTA also reports that marijuana is the most trafficked and most frequently seized illicit drug in Texas. Influence of increased marijuana availability, along with slight decrease on perception of harm measures, the threat of marijuana for teens is seen as marijuana concentrates (wax and oil) and high-grade/hydroponic marijuana are the top two emerging trends cited in the aforementioned HIDTA report. Edibles incorporating the high doses of THC are being produced as candy and baked goods and poses yet another trend of which providers need to be aware, as youth have

been found to consume such products in alarming quantities in which the already high THC potencies in these products are causing individuals to overdose and require medical attention.

Appendix A

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Appendix B

Glossary of Terms

| ACS | American Community Survey |
|---------------------|--|
| Adolescent | An individual between the ages of 12 and 17 years (SAMHSA) |
| APA | American Psychological Association |
| ATOD | Alcohol, tobacco, and other drugs |
| BAC | Blood Alcohol Concentration |
| BLS | U.S. Bureau of Labor Statistics |
| BRFSS | Behavioral Risk Factor Surveillance System |
| CAPT | Southwest Regional Center for Applied Prevention Technologies |
| CBD | Cannabinoid |
| CBP | U.S. Customs and Border Protection |
| CDC | Centers for Disease Control and Prevention |
| CHR | County Health Rankings |
| CSAP | SAMHSA's Center for Substance Abuse Prevention |
| Current Use | Misuse of a substance in the 30 days before participation in survey |
| DEA | Drug Enforcement Agency |
| EBP Resource Center | SAMHSA's online Evidence-Based Practices Resource center providing communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources, including prevention resources. |
| 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. |
| EWG | Epidemiological Work Group |
| | |

| FBI UCR | Federal Bureau-Investigation Uniform Crime Reporting |
|---|--|
| HHSC | Health and Human Services Commission |
| HIDTA | High Intensity Drug Trafficking Area |
| Incidence | Incidence refers to the occurrence of new cases of disease or injury in a population over a specified period of time. (CDC) |
| IOM | Institute of Medicine |
| Lifetime Use | Any misuse of a substance, even just once, in one's lifetime |
| NCES | National Center for Education Statistics |
| TJJD | Texas Juvenile Justice Department |
| NCLB | No Child Left Behind |
| NIDA | National Institute on Drug Abuse |
| OCA | Texas Office of Court Administration |
| PDAP | Palmer Substance Abuse Program |
| PDMP | Prescription Drug Monitoring Program |
| PPRI | Public Policy Research Institute |
| PRC | Prevention Resource Center |
| Provalance | |
| Trevalence | Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC) |
| Protective Factor | Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC) Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (SAMHSA) |
| Protective Factor Risk Factor | Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC) Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (SAMHSA) Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (SAMHSA) |
| Protective Factor Risk Factor | Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC) Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (SAMHSA) Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (SAMHSA) Regional Needs Assessment |
| Protective Factor Risk Factor RNA SAMHSA | Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC) Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (SAMHSA) Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (SAMHSA) Regional Needs Assessment Substance Abuse and Mental Health Services Administration |

| SPF | Strategic Prevention Framework. SAMHSA's SPF is a planning process for preventing substance use and misuse. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. (SAMHSA) |
|------------------|--|
| 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. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Disorders include: Alcohol Use Disorder (AUD), Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder. (SAMHSA) |
| TANF | Temporary Assistance for Needy Families |
| TDC | Texas Demographic Center |
| TEA | Texas Education Agency |
| DIID | Texas Juvenile Justice Department |
| TPII | Texas Prevention Impact Index |
| TSDC | Texas State Data Center |
| TSS | Texas School Survey |
| TxDOT | Texas Department of Transportation |

| TxDPS | Texas Department of Public Safety |
|-------|---|
| USCB | U.S. Census Bureau |
| WHO | World Health Organization |
| YRBSS | Youth Risk Behavior Surveillance System |

Appendix C

Texas Department of Public Safety, Houston Police Department Drug Seizures, June 2018-June 2019



Type and Quantity Of Drugs seized

Printed On: 7/23/2019

Period: June 2018 - June 2019; Agency: HOUSTON PD

Page 1 of 2

| Description | Solid Pounds | Solid Ounces | Solid Grams | Liquid Ounces | Dose Units | Items |
|-------------------------------------|--------------|--------------|-------------|------------------|------------|-------|
| Marijuana(Packaged) | 2,112 | 269 | | | | |
| Marijuana(Plants) | | | | | | |
| Marijuana(Gardens) | | | | | | |
| Marijuana(Wild Fields) | | | | | | |
| Marijuana(Cultivated Fields) | | | | | | |
| Marijuana(Green Houses) | | | | | | |
| Hashish(Liquid Oil) | | | | | | |
| Hashish(Solid) | 79 | 108 | 203 | | | |
| Opiates(Morphine) | 0 | 6 | 57 | | | |
| Opiates(Heroin) | 5,287 | 119 | 254 | | | |
| Opiates(Codeine) | | | | | | |
| Opiates(Gum Opium) | | | | | | |
| Cocaine(Solid) | 767 | 266 | 416 | | | |
| Cocaine(Liquid) | | | | | | |
| Hallucinogens(LSD) | 0 | 0 | 25 | | | |
| Hallucinogens(PCP) | 5 | 69 | 171 | 0 | | |
| Hallucinogens(Mushrooms) | | | | | | |
| Hallucinogens(Peyote) | | | | | | |
| Hallucinogens(Designer Drugs) | 1,075 | 124 | 236 | | | |
| Precursor Chemicals | | | | | | |
| Other Drugs(Barbiturates) | | | | | | |
| Other Drugs (Amphetamines) | 16,378 | 195 | 282 | | | |
| Other Drugs (Methamphetamines) | | | | | | |
| Other Drugs(Tranquilizers) | | | | | 152 | |
| Other Drugs(Synthetic Narcotics) | | | | 191 | 264 | |
| Clandestine Labs | | | | | | |
| Clandestine Labs | fotal | | | | | |
| Totals | | | | | | |

This report reflects incidents submitted to the Texas Department of Public Safety's Uniform Crime Reporting (UCR) system as applied to your request. UCR is a voluntary program, wherein, participating agencies are required to submit their data annually but have no data frequency submission requirement. As data is submitted, routine data validations are applied to ensure completeness; however, the responsive data contained within this report may have been retrieved from the system prior to being subject to or completing those validation routines, and as such, may contain inaccuracies, be incomplete or not reflect every incident that may have occurred within the specified jurisdiction for the requested timeframe. As such, this report is a reflection of all of the data contained within the TXDPS UCR System at the time of inquiry for the timeframe specified. Every effort has been made to produce the data in the requested format.

Appendix D SAMHSA Behavioral Health Treatment Services Locator https://findtreatment.samhsa.gov/

SAMHSA Behavioral Health Treatment Services Locator: Setting Search Parameters

https://findtreatment.samhsa.gov/

1.

2.

| Substance Ab Service | ouse and Mental Hes is Administration | 10 | | | Search SAMHSA.gov Search | | Search |
|--|--|------------------|---|--|--|---|-----------------------------|
| Напа | About | FAQS | Locator Hap | State Agencies | Widgets | Contact Us | Help |
| Behavioral I | Health Links | Beha | avioral Health | Treatmen | Services L | ocator | na di |
| Health and Hu Agencies | man Ganutae | PLEAGE anonym | tion for persons seeing t Joban and/or mental heal MOTE: Your personal info IOUS. 54MHSA does not co | matment facilities in th problems. Imation and the se effect or maintain an | the united States of with criteria you entry information you pri | II.S. Territories for subs r into the Locatar is second withe | dance ure and |
| berdelors wes | Webster | Find | catment facilitie | s confidential | and anonyme | usty. | |
| | | Harr | IS COURTER, TA, USH | | | | |
| Self-Belg, P Commerce C | ver Support, and Groups | Harr | Source Source | for substance us | r tacilities 54 | arch for montal health | tacilities |
| Self-Help, P Consumer C Self-Help, P Consumer C | Next Support, and Georges (Addition) (Nextd Health) | Harr | Help Ide prevention lifeti | | e facilities Telpline | orth for mental health | n facilities en Helpline |

Go to link and type in city, county, state, etc.



Next screen shows chosen area with treatment facilities listed to the right.

In the top right hand corner of the previous screen, chose facility parameters for your search. Below, the parameter of SU & MH (substance use and mental health) is chosen. This automatically opens a drop-down menu that allows for specific parameters (i.e., age accepted, insurance/no insurance, veteran services, etc.) to be selected.


Choose desired parameters in order to complete your search. The result will be an updated map of treatment locations based on selected parameters, along with the listings of those treatment centers to the right of the map. See search parameters, below.



| - | TGFD | | | | | | | | | | | | | | |
|---|--------------------|--|--|--|---------------------------------|-----------------------|--|--------------------------------|---|---|---------------------------------|-------------------------------------|---------------------------------|-----------------------------------|--|
| | (SFP) 10-14 | | | | | | | | | | | | | | |
| | (SFP) 7-17 | | | | | | | | | | | | | | |
| | (SFP) 6-16 | | | | | | | | | | | | | | |
| | PTND | | 1 | | | | | | | | | | | | |
| - | Positive Action | | | | | | | | | | | | | | |
| = | LST | | | | | | | | | | 1 | | | | |
| • | CBSG | | | | | | | | | | | | | | |
| - | All Stars | | | | | | | | | | | | | | |
| | Website | http://bayareacouncilondrugsandalco hol.homestead.com | http://bayareacouncilondrugsandalco hol.homestead.com | http://bayareacouncilondrugsandalco hol.homestead.com | https://www.changehappenstx.org | https://www.ccisd.net | https://www.communityfamilycenter s.org/index.php | https://www.depelchin.org | https://www.fortbendcouncil.org | https://www.phoenixhouse.org/loca tions/texas/houston-outpatient-and- prevention/ | http://www.santamariahostel.org | http://www.tricountyservices.org | http://www.unlimitedvisions.org | https://www.councilonrecovery.org | |
| 2 | City | Houston | Houston | Houston | Houston | League City | Houston | Houston | Stafford | Houston | Houston | Conroe | Houston | Houston | |
| 2 | Address | 1300 Bay Area Blvd | 1300 Bay Area Blvd | 1300 Bay Area Blvd | 3353 Elgin St | 2425 E Main St | 7524 Ave E | 4950 Memorial Dr | 10435 Greenbough Dr Ste 250 | 2525 North Loop West, Ste 100 | 2605 Parker Rd | 233 Sgt Ed Holcomb Blvd S | 5527 Lawndale | 303 Jackson Hill St | |
| 2 | Phone | 800-510-3111 | 800-510-3111 | 800-510-3111 | 713-374-1200 | 281-284-0000 | 713-923-2316 | 713-730-2335 | 281-207-2400 | 844-748-3927 | 713-691-0900 | 936-756-8331 | 713-923-1786 | 713-942-4100 | |
| | Agency | Bay Area Council on Drugs & Alcohol | Bay Area Council on Drugs & Alcohol | Bay Area Council on Drugs & Alcohol | Change Happens | Clear Creek ISD | Community Family Centers | DePelchin Children's Center | Fort Bend Regional Council on Substance Abuse, Inc. | Phoenix House of Texas | Santa Maria Hostel | Tri-County Behavioral Healthcare | Unlimited Visions Aftercare | The Council on Recovery | |

Appendix E HHSC-Funded Prevention Programs, Region 6, Fiscal Year 2020