VOL. 5 | JULY 2019

2019 RNA

REGIONAL NEEDS ASSESSMENT

Region 9: West Texas

Prevention Resource Center

www.reg9prc.org

An annual comprehensive look at the role of substance use in West Texas

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This publication is available on the PRC website at www.reg9prc.org/rna

Table of Contents

Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 9 along with Evaluators from PRCs across the State of Texas and supported by the Texas Health and Human Services (HHSC). The Region 9 PRC serves 30 counties in West Texas.

This assessment was designed to aid PRCs, 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, as well as consumption patterns and consequences data. At the same time, this RNA will offer insight related to gaps in services and data availability challenges.

A team of Regional Evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted in the form of focus groups and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. Region 9 PRC recognizes those collaborators who contributed to the creation of this RNA.

Key findings from this assessment include:

Listed below are the key findings from the 2019 Regional Needs Assessment in Region 9:

- Demographics: Most (78%) of Region 9's population is under the age of 60. Hispanics make up the largest proportion of this population (49%) followed by Anglos (44%). Most of Region 9 (89%) is English proficient. About one-third of Region 9 speaks Spanish. Region 9's population density is only about one-seventh of what is seen across the state.
- Socioeconomics: The oil & gas industry makes up a considerable amount of Region 9 employment, opportunities, and culture. The Permian Basin officially passed Ghawar, Saudi Arabia and is now the top oil producer in the world. Oil output is expected to keep increasing and be double what it is now by year 2023. Region 9 has low unemployment rates and a lower single-parent household rate than the state. In recent years there has been seen a decline of TANF recipients and SNAP recipients and an increase in free and reduced-price lunch students. Region 9 has the lowest graduation rate and second highest dropout rate in the state.
- Consumption: In general, Region 9 youth begin using drugs at a younger age compared to youth across the state. A recognizably higher percentage of Region 9 youth have used and/or currently use alcohol, tobacco, marijuana, prescription drugs (misuse), and other illicit drugs compared to students across the state. Schedule II Drug Dispensations give insight to the number of opioids being prescribed and Region 9 has not yet caught up with statewide efforts of reducing prescriptions for these drugs. Drug screenings in Region 9 have risen by 81% since 2016.

- Consequences: Though there is not overdose death data for every county in Region 9, most counties have higher alcohol-induced and drug-induced death crude rates than that of the state. Region 9 is home to the top two ranking cities in Texas for drunk driving deaths. At any one time, there is an average of 353 people in Region 9 incarcerated for a DWI and 885 incarcerated for a drug offense. School expulsions have been on the rise since the 2014-15 school year as well as youth experiencing homelessness. Six of the seven index crimes reported in Region 9 are above the state rate. CPS child removals have increased since 2009. DUI crashes in Region 9 have increased since 2016 but are lower than 2015. Underage drinking is estimated to cost Region 9 over $131 million in 2019.
- Protective Factors: There are 12 community coalitions, 19 treatment/intervention providers, 13 social service providers, 4 law enforcement support services, 9 healthy youth activity programs, and 9 mental health providers listed in this document. Region 9 students have a lower perception of harm of alcohol, tobacco, and electronic vapor products compared to students across the state, but higher perceptions of harm for marijuana and prescription drug misuse compared to students across the state. Region 9 youth are currently serviced by 6 youth prevention (YP) programs across the region. More than half of Region 9 counties have lower youth unemployment rates than that state. Almost all counties in Region 9 have higher social association rates than the Texas average. Most Region 9 parents strongly disapprove of alcohol, tobacco, and marijuana use in youth.

Prevention Resource Centers

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

Our Purpose

Prevention Resource Centers (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.

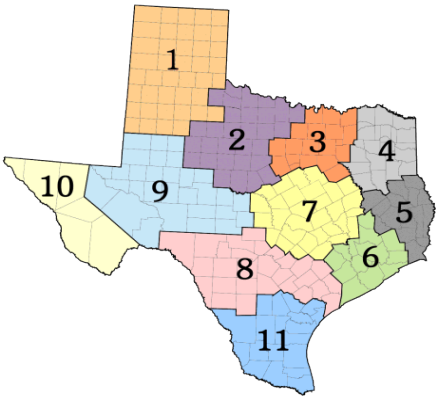


FIGURE 1. TEXAS HEALTH SERVICE REGIONS
Source: Texas Health and Human Services Commission[1]

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

Texas Health Service Regions

Current areas serviced by a Prevention Resource Center are:

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

How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups, and other stakeholders in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual Regional Needs Assessment (RNA). 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 RNA, 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.[2] 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% of adults who are clinically diagnosed with SUDs began misusing substances before the age of 18.[3]

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. Ages for data points will be specified throughout this text.

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.”[4] 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.[5] SAMHSA adopted an

epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.

Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.[6] *Intra*personal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. *Inter*personal 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. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).[7]

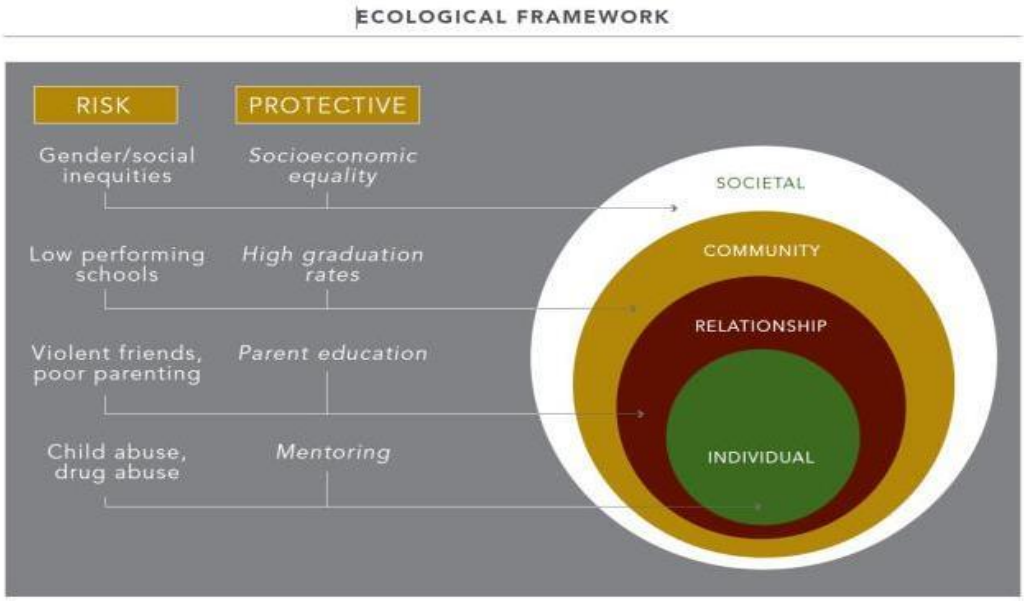


FIGURE 2. EXAMPLES OF RISK AND PROTECTIVE FACTORS WITHIN THE SOCIO-ECOLOGICAL MODEL
Source: Urban Peace Institute[7]

Protective factors are characteristics that decrease an individual's risk for a substance use disorder.[8] 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.[8] Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance.

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 Behavior 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 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 specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure 3).[13] These standards define binge drinking as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of 0.08% g/L, 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/day or 14 drinks per week for men and more than three drinks/day or 7 drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking.

FIGURE 3. NIAAA RUBRIC FOR OPERATIONALIZING THE STANDARD DRINK BY OUNCES AND PERCENT ALCOHOL ACROSS BEVERAGE TYPE
Source: National Institute on Alcohol Abuse and Alcoholism[13]

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 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 National Institute on Drug Abuse (NIDA) Strategic Plan, *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.

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 and acronyms can be found on page 122. A list of tables and figures can be found in **Appendix A** of this needs assessment. A list of PRC regions and Regional Evaluators can be found in **Appendix B**.

Introduction

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

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.[16]

FIGURE 4. STRATEGIC PREVENTION FRAMEWORK (SPF)
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)[16]

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 works to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.[17]

Our Audience

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

Purpose of This Report

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

Methodology

Purpose

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

Specifically, this regional needs assessment can serve in the following capacities:

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

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2018 and June 30, 2019.

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

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

Qualitative Data Selection

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

Focus Groups

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

Interviews

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

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

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

Longitudinally Presented Data

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, in cases where neither state-level nor national-level data are included in the tables and figures, the assumption can be made by the reader that this data is not made available at the time of the data request. Such requests are made to numerous county, state, and national level agencies in the development of this needs assessment.

Regional Demographics

Region 9, also known as West Texas, consists of a 30-county spread across the Permian Basin (see Figure 5).[18] The county that is furthest west in Region 9 is Reeves County with the county seat being Pecos. The southernmost county is Terrell County with the county seat being Sanderson. The eastern most county in Region 9 is Mason County with the county seat of Mason. Gaines, Dawson, and Borden counties are the northern most border counties with county seats of Seminole, Lamesa, and Gail, respectively. Interstate 10 and Interstate 20 run horizontally through Region 9. Pecos County is the largest county in Region 9 and spans 4,763.9 square miles.[19] Loving County is the least populated county in Texas with a population of 81.[19] Ector County and Midland County are the most populated counties in Region 9 and have total population estimates of 157,226 and 156,862, respectively, for 2019.[19] Region 9 also includes schools from Education Service Centers (ESCs) 15, 17, and 18.

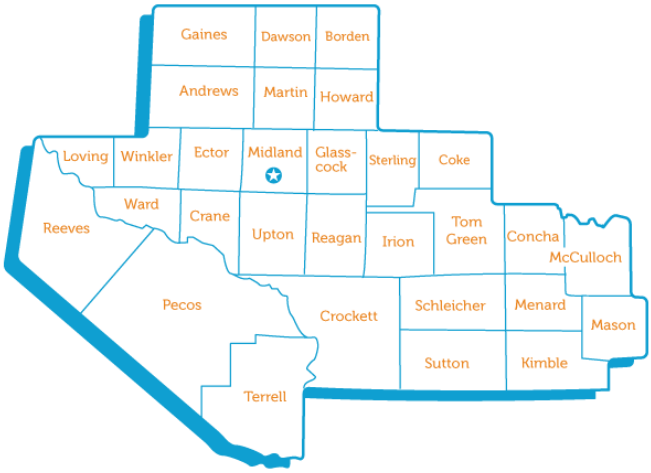


FIGURE 5. TEXAS HEALTH REGION 9 COUNTIES
SOURCE: TEXAS COUNCIL OF CHILD WELFARE BOARDS[18]

FIGURE 6. JOB AND WAGE CHANGES IN WEST TEXAS, 2007-2017
Source: Texas Comptroller[20]

Key industries of West Texas include: mining, oil & gas extraction, pipeline transportation, crop production, machinery manufacturing, utilities, truck transportation, rental & leasing services, specialty trade contractors, merchant wholesalers, and support activities for agriculture. No other region in Texas relies as heavily on oil and gas production like Region 9. Income in the success of the oil and gas industry relies heavily on volatile crude oil, making West Texas incredibly economically vulnerable.[20] Fortunately, when the oil and gas industry are booming, job growth increases dramatically (see Figure 6).[20] In 2017, jobs in West Texas increased by about 20%, nearly 7 times the growth seen nationwide, and wages increased by about 23% or about 4 times the growth of wages seen nationwide.[20] All the same, the economy is just as sensitive to oil busts, or when the oil and gas industry are on a decline.

Population

Population Growth

The Texas Department of State Health Services (DSHS) estimates that Region 9's total population in 2019 will be 635,337 (see Table 1).[19] This shows an increase of over 7,000 people, or a 1.13% increase, from 2018 to 2019. Surprisingly, this is nearly half the Texas average of a 1.98% population growth increase estimate from 2018-2019.[19]

Gaines County has the highest projected percent growth in Region 9 from 2018-2019 with a 2.10% change, or a population growth of 436 people. However, when considering the total number of people moving to a county, Ector, Midland, and Tom Green counties are projected to grow the most in Region 9 by 2,251, 2,346, and 477 people, respectively, from 2018-2019.

It is noteworthy to remember that with the current oil field success, West Texas is experiencing large changes in a transient population, changes which are most likely not reflected by these numbers. There are many challenges in projecting the population growth of a population in an incalculable situation such as the Permian Basin is currently experiencing. These population estimates are expected to be at least moderately underestimated.

Table 1. Region 9 Population Estimates, 2018-2019

County	2018	2019	Population Change
TEXAS	**29,366,479**	**29,948,091**	**1.98%**
REGION 9	**628,255**	**635,337**	**1.13%**
Andrews	16,936	17,215	1.65%
Borden	690	694	0.58%
Coke	3,136	3,116	-0.64%
Concho	4,264	4,281	0.40%
Crane	5,145	5,249	2.02%
Crockett	4,019	4,049	0.75%
Dawson	14,610	14,693	0.57%
Ector	154,975	157,226	1.45%
Gaines	20,800	21,236	2.10%
Glasscock	1,328	1,338	0.75%
Howard	37,244	37,477	0.63%
Irion	1,705	1,709	0.23%
Kimble	4,953	5,005	1.05%
Loving	80	80	0.00%
Martin	8,872	8,959	0.98%
Mason	5,431	5,529	1.80%
McCulloch	4,179	4,192	0.31%
Menard	2,394	2,398	0.17%
Midland	154,516	156,862	1.52%
Pecos	16,793	16,910	0.70%
Reagan	3,807	3,854	1.23%
Reeves	14,720	14,816	0.65%
Schleicher	3,835	3,872	0.96%
Sterling	1,207	1,212	0.41%
Sutton	4,552	4,600	1.05%
Terrell	1,039	1,043	0.38%
Tom Green	114,017	114,494	0.42%
Upton	3,781	3,832	1.35%
Ward	11,111	11,155	0.40%
Winkler	8,116	8,241	1.54%

Source: Texas Department of State Health Services[19]

Population Density

Population density is measured by the number of people per square mile of land area. These estimates are based on the 2019 population estimates listed previously. The population density

of Texas for 2019 is estimated to be 114.6 people/sq. land mile (see Table 2).[19,21] The population density of Region 9 is about one-seventh of the Texas population density at an average of 16.0 people/sq. mile.[19,21] Though Region 9 is covered by many sparsely inhabited counties, it still contains Ector County which has a population density of 175.1 people/sq. mile; Midland County which has a population density of 174.2 people/sq. mile; and, Tom Green County which has a population density of 75.2 people/sq. mile.[19,21] The cities that largely account for these higher density areas are Odessa (Ector County), Midland (Midland County), and San Angelo (Tom Green County).

Table 2. Region 9 Population Density, 2019

County	2019 Population Density*	County	2019 Population Density*	County	2019 Population Density*
TEXAS	**114.6**	Glasscock	1.5	Reagan	3.3
REGION 9	**16.0**	Howard	41.6	Reeves	5.6
Andrews	11.5	Irion	1.6	Schleicher	3.0
Borden	0.8	Kimble	4.0	Sterling	1.3
Coke	3.4	Loving	0.1	Sutton	3.2
Concho	4.4	Martin	9.8	Terrell	0.4
Crane	6.7	Mason	6.0	Tom Green	75.2
Crockett	1.4	McCulloch	3.9	Upton	3.1
Dawson	16.3	Menard	2.7	Ward	13.3
Ector	175.1	Midland	174.2	Winkler	9.8
Gaines	14.1	Pecos	3.5		

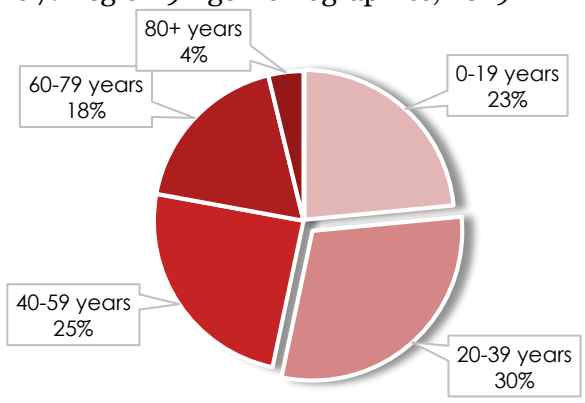
*Density = People per square mile

Source: Texas Department of State Health Services, US Census Bureau[19,21]

Age

Region 9 age demographics are broken down into the following categories: 0-19 years old, 20-39 years old, 40-59 years old, 60-79 years old, and 80 years old and older (see Figure 7). The largest age group in Region 9 in 2019 is estimated to be 20-39 year old's, including 30% of the population, or 175,934 people.[19] This age group is followed by 40-59 year old's in Region 9, making up 25% of the population.[19] Age group 0-19 makes up 23% of the population in Region 9, followed by age group 60-79 (18%) and age 80+ (4%).[19]

Figure 7. Region 9 Age Demographics, 2019



Source: Texas Department of State Health Services[19]

Race/Ethnicity

In Region 9, Anglos and Hispanics make up 44% and 49% of the population, respectively (see Table 3).[19] Collectively, this is 93% of the Region 9 population, placing it much higher than the collective Texas average of Anglos and Hispanics (82%).[19] Throughout Region 9, there are also groups of Black, Native American, Pacific Islander, and other European races, ethnicities, and nationalities.

Table 3. Region 9 Population by Race and Ethnicity, 2019

County	Anglo	%	Black	%	Hispanic	%	Other	%	Total
TEXAS	**11,871,540**	**40%**	**3,407,148**	**11%**	**12,568,914**	**42%**	**2,100,489**	**7%**	**29,948,092**
REGION 9	**278,303**	**44%**	**25,922**	**4%**	**313,993**	**49%**	**17,119**	**3%**	**635,338**
Andrews	7,331	43%	210	1%	9,304	54%	370	2%	16,936
Borden	585	84%	0	0%	102	15%	7	1%	690
Coke	2,358	76%	7	0%	682	22%	69	2%	3,136
Concho	1,800	42%	57	1%	2,372	55%	52	1%	4,264
Crane	1,886	36%	133	3%	3,138	60%	92	2%	5,145
Crockett	1,342	33%	13	0%	2,652	65%	42	1%	4,019
Dawson	5,219	36%	886	6%	8,384	57%	204	1%	14,610
Ector	52,520	33%	6,117	4%	94,742	60%	3,847	2%	154,975
Gaines	12,881	61%	289	1%	7,791	37%	275	1%	20,800
Glasscock	871	65%	15	1%	444	33%	8	1%	1,328
Howard	19,185	51%	2,282	6%	14,922	40%	1,088	3%	37,244
Irion	1,185	69%	11	1%	486	28%	27	2%	1,705
Kimble	3,634	73%	16	0%	1,292	26%	63	1%	4,953
Loving	58	73%	0	0%	18	23%	4	5%	80
McCulloch	5,687	63%	140	2%	3,017	34%	115	1%	763
Martin	2,839	51%	74	1%	2,548	46%	68	1%	15,245
Mason	3,109	74%	14	0%	1,029	25%	40	1%	4,179
Menard	1,403	59%	11	0%	969	40%	15	1%	2,394
Midland	71,445	46%	9,492	6%	70,232	45%	5,693	4%	154,516
Pecos	4,298	25%	521	3%	11,826	70%	265	2%	16,793
Reagan	1,267	33%	63	2%	2,493	65%	31	1%	3,807
Reeves	2,537	17%	673	5%	11,398	77%	208	1%	14,720
Schleicher	1,989	51%	31	1%	1,831	47%	21	1%	3,835
Sterling	751	62%	13	1%	418	34%	30	2%	1,207
Sutton	1,653	36%	6	0%	2,918	63%	23	1%	4,552
Terrell	499	48%	6	1%	523	50%	15	1%	1,039
Tom Green	60,322	53%	4,143	4%	46,014	40%	4,015	4%	114,017
Upton	1,689	44%	47	1%	2,046	53%	50	1%	3,781
Ward	4,727	42%	518	5%	5,685	51%	225	2%	11,111
Winkler	3,233	39%	134	2%	4,717	57%	157	2%	8,116

Source: Texas Department of State Health Services[19]

Languages

According to the 2017 American Community Survey (ACS), 89% of Region 9 "speaks English only or speaks English 'very well'", thus is "English Proficient", while 11% of Region 9 "speaks English less than 'very well'", or is Limited English proficient (LEP).[22] Table 4 dichotomizes the ACS language speaking ability variables and shows the language proficiency of each county in Region 9, including percentages of that population for each proficiency.

Table 4. Region 9 English Proficiency, 2017

County	English Proficient*	Not English Proficient**	County	English Proficient*	Not English Proficient**
TEXAS	86%	14%	**McCulloch**	94%	6%
REGION 9	89%	11%	**Martin**	91%	9%
Andrews	87%	13%	**Mason**	93%	7%
Borden	99%	1%	**Menard**	92%	8%
Coke	95%	5%	**Midland**	90%	10%
Concho	77%	23%	**Pecos**	85%	15%
Crane	82%	18%	**Reagan**	78%	22%
Crockett	94%	6%	**Reeves**	77%	23%
Dawson	89%	11%	**Schleicher**	89%	11%
Ector	86%	14%	**Sterling**	96%	4%
Gaines	81%	19%	**Sutton**	89%	11%
Glasscock	80%	20%	**Terrell**	92%	8%
Howard	89%	11%	**Tom Green**	94%	6%
Irion	100%	0%	**Upton**	92%	8%
Kimble	93%	7%	**Ward**	91%	9%
Loving	89%	11%	**Winkler**	85%	15%

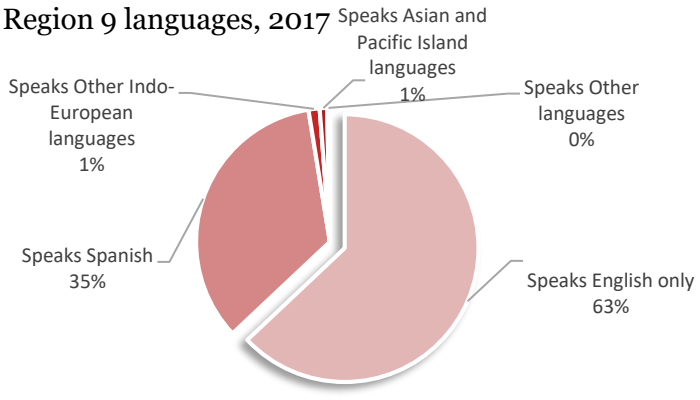
*: English Proficient means "Speaks English only or speaks English 'very well'".

**: Not English Proficient means "Speaks English less than 'very well'".

Source: U.S. Census Bureau[22]

Additionally, according to the 2017 ACS, over half (63%) of region 9 speaks only English.[22] About 35% of the population also speaks Spanish and nearly 2% of the population speaks other Indo-European, Asian and Pacific, and/or other languages (see Figure 8).[22]

Figure 8. Region 9 languages, 2017



Source: U.S. Census Bureau, American Community Survey[22]

General Socioeconomics

As explained earlier, the major economic drivers of Region 9 are based in fossil fuel industries. Due to the economic dependence on oil and other fossil fuels, the economy of the Permian Basin is considered volatile, as it can change dramatically over a very short period of time. In short, when the fossil fuel economy is doing well, Region 9 experiences high economic times, and when the fossil fuel economy is not doing well, Region 9 experiences economic lows.

As oil extraction began to slow throughout 2015 and into 2017, there were massive layoffs in oil fields and oil-based companies throughout the Permian Basin. Compared to 2014, the number of well completions in Texas was 34% less in 2015, 65% less in 2016, and 77% less in 2017.[23] However, there were 4,072 more well completions in 2018 than in 2017 across the state, an increase of 59% in one year.[23] This represented the beginning of the turnaround in the oil field. Oil companies competed fiercely in 2016 to secure oil-rich acreage in the Permian Basin of West Texas, where it's cheaper and more profitable to drill at current oil prices. The Permian Basin is forecasted to double its output of daily barrels by year 2023, putting it at producing over 6 million barrels per day (BPD) (see Figure 9).[24] As of April 2019, the Permian Basin is now the world's top oil producer, passing Ghawar, Saudi Arabia, which held this rank for decades.[25]

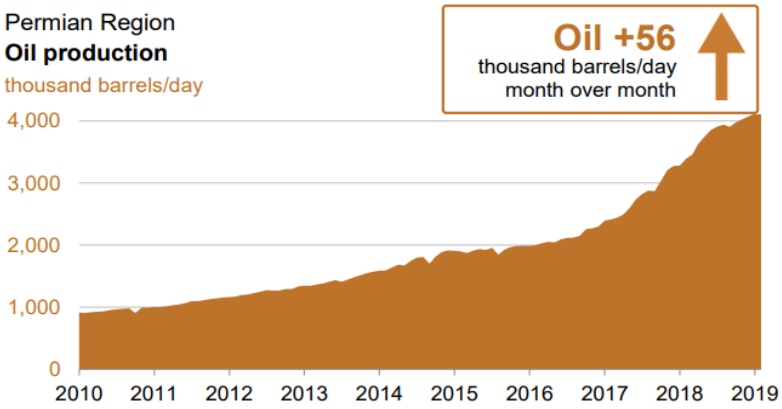


FIGURE 9. PERMIAN BASIN OIL PRODUCTION, 2010-2019
Source: US Energy Information Administration[24]

Household Composition

Children in single-parent households (a risk factor for substance abuse) is defined as the percentage of children in family households where the household is headed by a single parent, either male or female, with no spouse present.[26] Exposure to single parenthood increases the risk for adverse health outcomes, including mental illness (e.g., anxiety disorder, depression, and suicide), substance abuse, and other unhealthy behaviors like smoking.[27-30] From 2017 to 2019, the percentage of single-parent households in Texas has remained at 33%, but in Region 9 single-parent households has decreased from 32% in 2017 to 31% in 2019 (see Table 5).[26]

Table 5. Single-Parent Households, 2017-2019

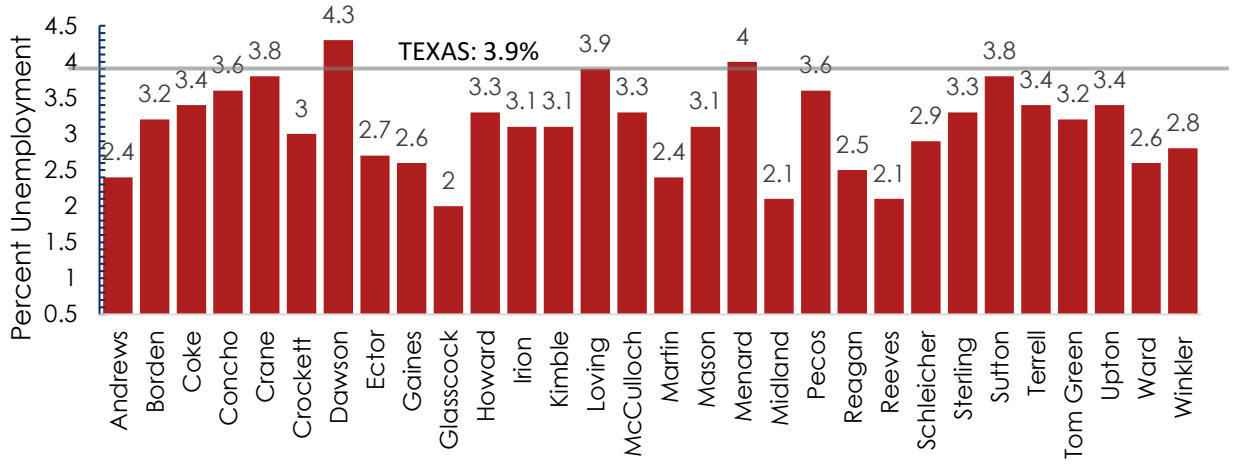
Region	2017	2018	2019
TEXAS	33%	33%	33%
REGION 9	32%	32%	31%

Source: County Health Rankings and Roadmaps[26]

Employment

In 2018, the unemployment rate for Texas was 3.9% and only 2.7% for Region 9.[31] Only two counties in Region 9 had unemployment rates above that of the Texas average: Dawson and Menard (see Figure 10).[31] In Region 9, Dawson County had the highest unemployment rate at 4.3% and Glasscock County had the lowest unemployment rate at 2.0%.[31] Population centers Ector, Midland, and Tom Green Counties had 2.7%, 2.1%, and 3.2% unemployment rates, respectively, all of which are under the Texas average.[31]

Figure 10. Region 9 Unemployment Rates, 2018

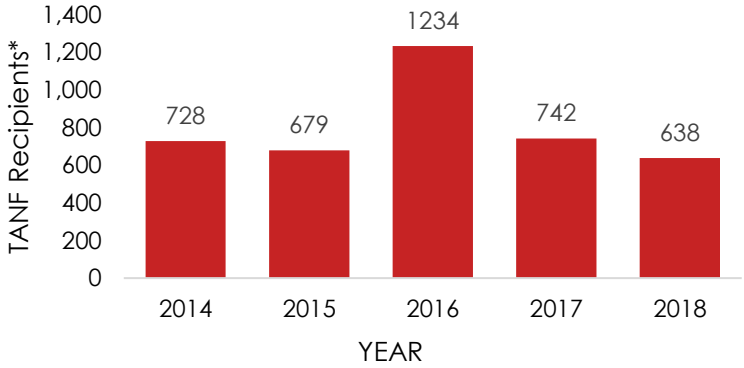


Source: U.S. Department of Labor, Bureau of Labor Statistics[31]

TANF Recipients

Temporary Assistance for Needy Families, or TANF, programs provide cash for monthly household expenses.[32] Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals.[32] TANF is further broken down into the TANF Basic Program, which assists single parents and children who may be wards of the state, and the TANF State Program.[32] TANF Basic is funded by federal money and the TANF State Program is specific to 2-parent households and funded with State General Revenue dollars.[32] These

Figure 11. Region 9 Monthly TANF Recipients, 2014-2018



*TANF Recipients include both TANF Basic and TANF State Program recipients. Recipient counts are the average number of recipients per month for each year.

Source: Texas Health and Human Services Commission[32]

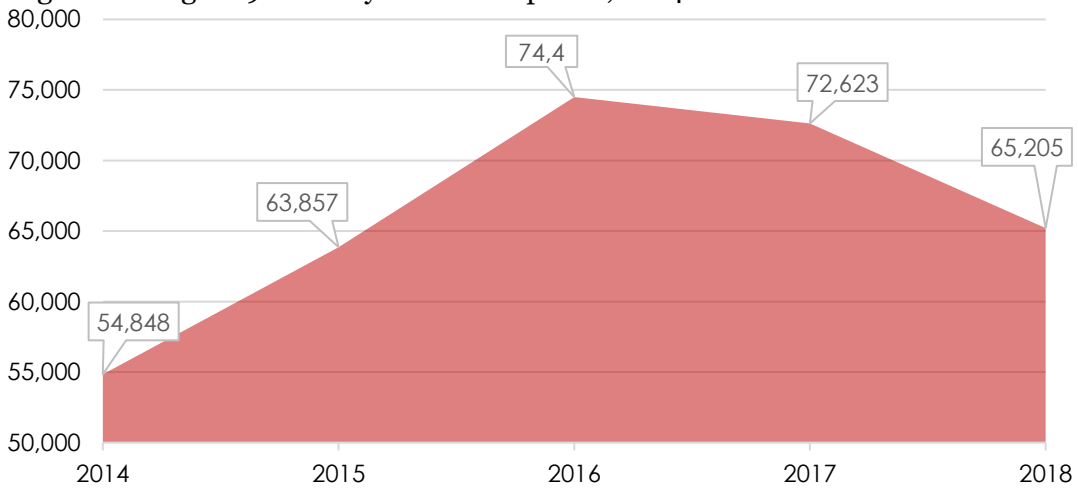
funds are generally reserved for when there is an emergency in the family and the family will be short on funds for the month.[32]

Figure 11 on the previous page shows the average number of monthly TANF recipients for Region 9 from 2014-2018.[32] Recipient counts were calculated as the average number of recipients per month for each year. Recipients include both TANF Basic and TANF State Program recipients. From 2014-2018, there was an average of 638 to 742 monthly TANF recipients in Region 9, except for a spike in 2016 of 1,234 TANF recipients per month.[32] Of the past five years, 2018 had the lowest number of monthly TANF recipients in Region 9.

Food Assistance Recipients

Additionally, Supplemental Nutrition Assistance Program (SNAP) benefits are put onto the Lone Star Card and can be used like a credit card at stores that accept SNAP.[33] SNAP cards cannot be used to buy tobacco, alcoholic drinks, things you cannot eat or drink, or pay for food bills that have already been incurred.[33] SNAP is designed for people who may not have a lot of money but want to eat healthy foods. Most able-bodied adults aged 18-49 years old without dependents can qualify for SNAP benefits for 3 months out of a 3-year period, which can be extended if the person works at least 20 hours/week.[33]

Figure 12. Region 9 Monthly SNAP Recipients, 2014-2018



Source: Texas Health and Human Services Commission[33]

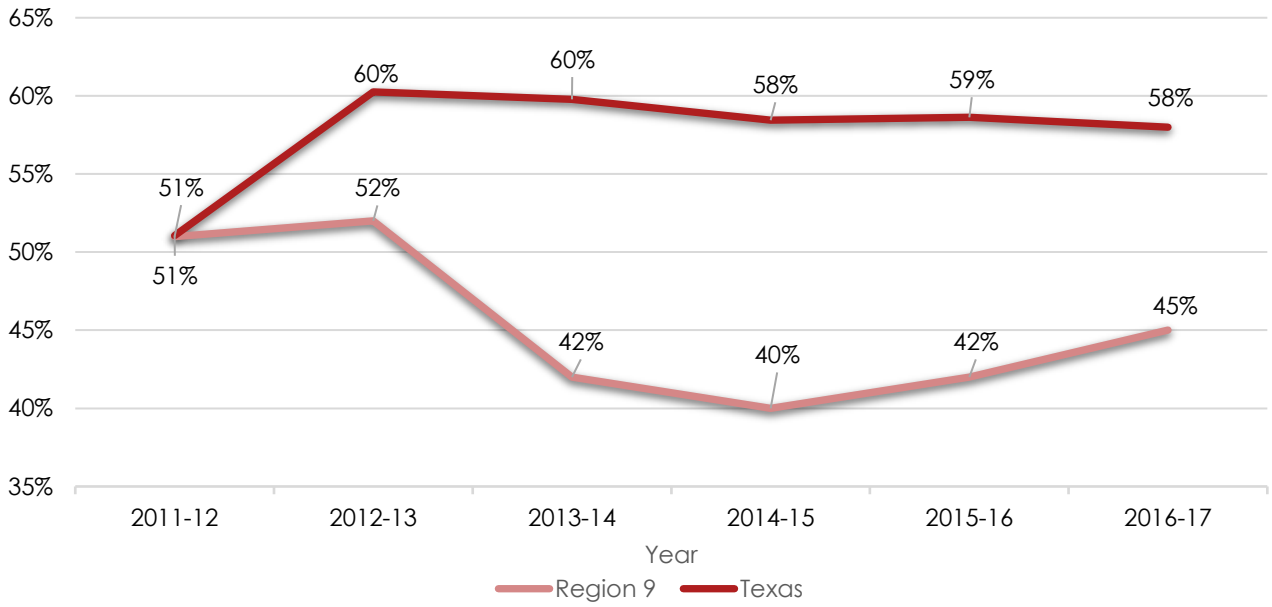
Region 9 had an average of 62,205 monthly SNAP recipients in 2018, a 10.2% decrease since 2017 (see Figure 12).[33] SNAP recipients made up 10.3% of Region 9's population in 2018.[33] The average payment per SNAP case in Region 9 in 2018 was $258.56, about $6 cheaper than the Texas average of $264.28 in 2018.[33] Ector County had the highest number of SNAP recipients (19,179) in Region 9, followed by Midland County (12,831), and Tom Green County (12,721) in 2018.[33] Each of these counties saw a decrease in SNAP cases compared to 2017.[33] Furthermore, Ector, Midland, and Tom Green Counties accounted for 68.6% of Region 9's total SNAP recipients which

is proportional to the percentage these counties make up regarding the total population of Region 9.[19,33] Additionally, in 2018 Region 9 had 40,377 SNAP recipients below the age of 18, or about 65% of all Region 9 SNAP recipients.[33] Only 7% of Region 9's SNAP recipients were ages 65 or older in 2018.[33] In total, 69% of Region 9 SNAP recipients in 2018 were children or elderly.[33]

Free and Reduced-Price School Lunch Recipients

According to the National Center for Education Statistics (NCES), "The percentage of students receiving free or reduced-price lunch is often used as a proxy measure for the percentage of students living in poverty," though it is not to be directly correlated with the percentage of students in poverty.[34] In 2017, about 58% of Texas students were free and reduced-price lunch students while only 45% of Region 9 students were free and reduced-price lunch students (see Figure 13).[35] The proportion of free and reduced-price lunch students in Region 9 is recognizably below the Texas average from 2012-13 through 2016-17 school years.[34]

Figure 13. Region 9 Free and Reduced-Price Lunch Students, 2011-2017



Source: U.S. Department of Education, National Center for Education Statistics[35]

Uninsured Children

Uninsured children are quantified as the percentage of children under age 19 without health insurance. Lack of health insurance coverage is a significant barrier to accessing needed health care and "going without coverage can have serious health consequences for the uninsured".[36] Table 6 shows the percentage of uninsured children in each county in Region 9 in 2016. In 2016, about 10% of Texas children were uninsured.[36] However, in Region 9, anywhere from 10% in Howard and Tom Green counties to 23% of children in Mason County were uninsured in 2016.[36] About 13% of Ector County children and 12% of Midland County children were uninsured in 2016, both of which are above the Texas average of uninsured children.[36]

Table 6. Region 9 Uninsured Children (%), 2016

County	Uninsured Children (%)	County	Uninsured Children (%)
TEXAS	10%	**Mason**	23%
Andrews	12%	**McCulloch**	12%
Borden	11%	**Menard**	19%
Coke	12%	**Midland**	12%
Concho	12%	**Pecos**	13%
Crane	13%	**Reagan**	14%
Crockett	12%	**Reeves**	12%
Dawson	12%	**Schleicher**	17%
Ector	13%	**Sterling**	16%
Gaines	22%	**Sutton**	13%
Glasscock	17%	**Terrell**	16%
Howard	10%	**Tom Green**	10%
Irion	12%	**Upton**	14%
Kimble	13%	**Ward**	11%
Loving	21%	**Winkler**	12%
Martin	16%		

Source: County Health Rankings[36]

Environmental Risk Factors

The more risk factors one has while using drugs, the more likely that person is to abuse drugs or become addicted.[37] Risk factors may be either environmental or biological. Biological risk factors may be one's genetics, the stage of development they are in, or even their gender or ethnicity.[37] Examples of environmental risk factors include, but are not limited to: conditions at home, school, and/or in their neighborhood.[37] This is the area preventionists can focus on altering. A person may have many environments or domains of influence such as community, family, school, and friends. An individual's risk of addiction can develop in any of these domains.

The Adverse Childhood Experiences (ACE) study is one of the largest childhood abuse and neglect and later-life health and well-being investigations.[38] The original Centers for Disease Control and Prevention (CDC)-Kaiser Permanente ACE study was conducted from 1995-1997 including over 17,000 participants from Southern California.[38] Since then, many ACE studies have occurred using similar tactics. ACEs are stressful or traumatic events, including abuse and neglect, which may also include witnessing domestic violence or growing up with family members whom have or had SUDs.[39] Examples of ACEs differ between each adolescent. For example, an event that may be traumatic for one child may simply be part of life for another child. In summary, ACEs include: physical, sexual, and emotional abuse, physical and emotional neglect, intimate partner violence,

violently treated mother, substance misuse within household, household mental illness, parental separation or divorce, and incarcerated household member(s).[39] As the number of ACEs increases, so does the risk for the following[38] :

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

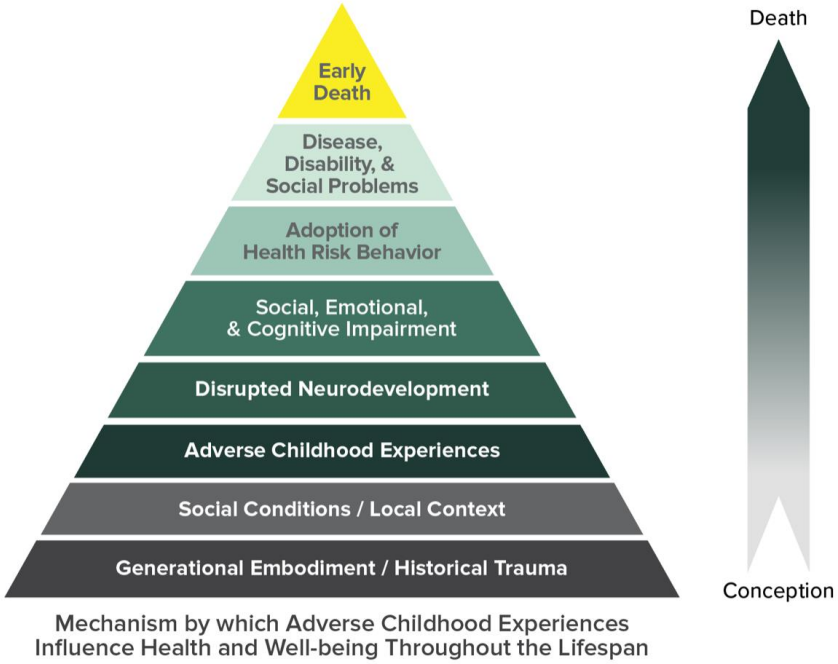


FIGURE 14. THE ACE PYRAMID
Source: Centers for Disease Control and Prevention[38]

The ACE Pyramid represents the conceptual framework for the ACE Study (see Figure 14).[38] The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease and well-being throughout the life course. ACEs are described here to provide understanding for including each risk factor included in this RNA. The Region 9 PRC often teaches on ACEs at presentations in schools and the community.

Education

Region 9 counties are spread across three Education Service Centers (ESCs): 15, 17, and 18.[40]

- **ESC 15:** Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Schleicher, Sterling, Sutton, Tom Green
- **ESC 17:** Borden, Dawson, Gaines
- **ESC 18:** Andrews, Crane, Ector, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reagan, Reeves, Terrell, Upton, Ward, Winkler

Education Regions 15, 17, and 18 do not match with HHSC Region 9, so these ESCs service more than just the listed counties above. For the purposes of this report, this RNA will only introduce data that is significant to the areas that the PRC services. There are 41 schools in Ector County Independent School District (ISD), as well as one alternative education center and seven private schools that serve the population within the county. There are 38 schools in Midland ISD, as well as one alternative education center and 11 private schools. Additionally, there are three schools in Greenwood. San Angelo ISD is home to 27 schools, two alternative educations centers, and 11 private schools. Midland and Ector Counties represent the largest school systems in Region 9.

Graduation and Dropout Rates

According to the Texas Education Agency (TEA), graduation rates are measured as the percentage of students in a cohort which graduate in the expected graduation time, i.e., four years for a cohort beginning in Grade 9.[41] Dropout rates are measured as the percentage of students in that cohort which do not return to public school the following fall, are not expelled, and did not graduate, receive a General Educational Development (GED) certificate, continue school outside the public school system, begin college, or die.[41] Region 9 had the lowest graduation rate (88.6%) and second highest dropout rate (7.1%) in Texas in 2017 (see Table 7).[41]

Table 7. Graduation and Dropout Rates by Region (%), 2017

Region	Graduation Rate	Dropout Rate
1	92.9	4.3
2	94.2	3.4
3	89.1	5.6
4	94.1	3.4
5	91.7	5.4
6	89.1	6.3
7	89.0	6.1
8	89.3	7.2
9	**88.6**	**7.1**
10	93.3	3.9
11	90.3	5.7

Source: Texas Education Agency[41]

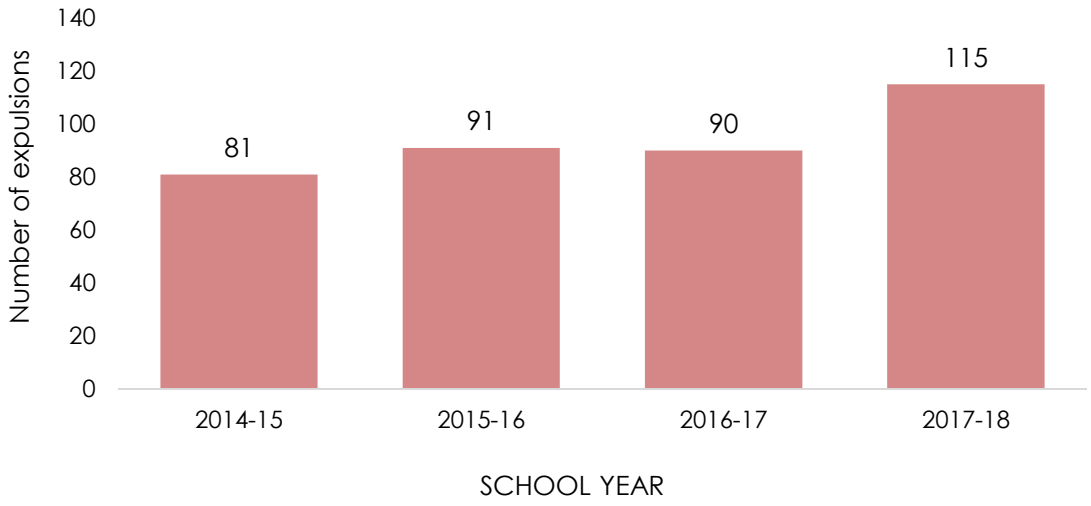
Region 9 had the lowest graduation rate and second highest dropout rate in Texas in 2017.

Texas Education Agency

School Expulsions

Disciplinary actions are reported to the Texas Education Agency each year. Figure 15 shows expulsions specifically reported in Region 9 schools from school year 2014–2015 to school year 2017–2018.[42] Expulsions in Region 9 schools have generally been increasing since 2014. Compared to the 2014-15 school year, there was a 42% increase in school expulsions in Region 9 in the 2017-18 school year.

Figure 15. Region 9 School Expulsions, 2014-2018



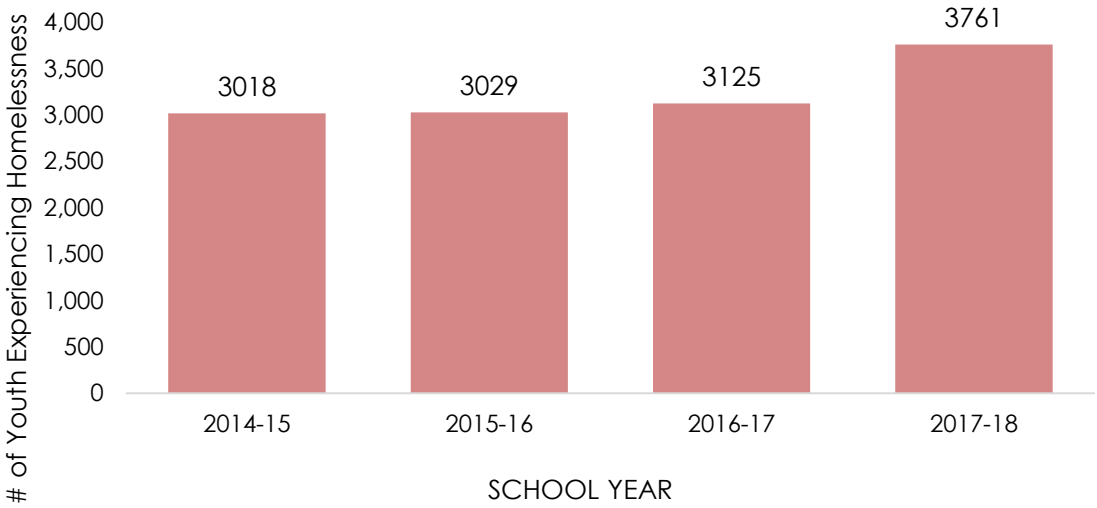
Source: Texas Education Agency[42]

Children and Youth Experiencing Homelessness

Likewise, the Texas Education Agency also collects data on the number of children and youth experiencing homelessness. Figure 16 on the following page shows the number of youths in Region 9 that experienced homelessness from school year 2014–2015 to school year 2017–2018.[43] In the 2014-15 school year, there were 3,018 youth in Region 9 who experienced homelessness. In the 2017-18 school year, there were 3,761 youth who experienced homelessness, or a 25% increase in youth experiencing homelessness since the 2014-15 school

year.[43] The number of youths in Region 9 who experienced homelessness increased each school year from 2014-15 up to 2017-18.

Figure 16. Region 9 Youth Experiencing Homelessness, 2014-2018



Source: Texas Education Agency[43]

Criminal Activity

Criminal activity encompasses various actions deemed illegal or irresponsible by the law and law enforcement officials. The Region 9 PRC includes Table 8 on the following page to detail the rate of index crimes in Region 9.[44] Index crime rates are calculated per 100,000 people and shown for the year 2018. Index crimes are comprised of eight crimes deemed by the FBI to produce a crime index: murder, rape, robbery, assault, burglary, larceny, auto theft, and arson. However, arson rates are not shown here because they are not reported by the Uniform Crime Report as part of its Crime Index.

Furthermore, index crimes can be separated into index violent crimes and index property crimes. Index violent crimes include: murder, rape, robbery, and aggravated assault. Index property crime includes the remaining index crimes, i.e. burglary, larceny, and auto theft.

Table 8. Region 9 Index Crime Rates (per 100k), 2018

County	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
TEXAS	**4.4**	**49.6**	**94.4**	**247.7**	**390.2**	**1,634.4**	**229.4**	**2,650.2**
REGION 9	**4.9**	**57.0**	**44.2**	**346.0**	**439.1**	**1,673.8**	**243.5**	**2,808.4**
Andrews	0.0	59.0	5.9	360.2	354.3	1,104.2	194.9	2,078.4
Borden	0.0	0.0	0.0	0.0	579.7	1,449.3	144.9	2,173.9
Coke	31.9	0.0	0.0	0.0	31.9	0.0	0.0	63.8
Concho	0.0	0.0	0.0	258.0	46.9	164.2	0.0	469.0
Crane	0.0	19.4	0.0	0.0	97.2	194.4	38.9	349.9
Crockett	0.0	0.0	24.9	49.8	2,637.5	273.7	0.0	2,985.8
Dawson	6.8	68.4	27.4	219.0	800.8	1,964.4	143.7	3,230.7
Ector	7.7	80.7	81.9	625.3	518.1	2,057.8	408.5	3,780.0
Gaines	0.0	33.7	9.6	274.0	264.4	653.8	91.3	1,326.9
Glasscock	0.0	0.0	0.0	0.0	150.6	1,280.1	75.3	1,506.0
Howard	8.1	29.5	40.3	464.5	550.4	1,820.4	290.0	3,203.2
Irion	0.0	58.7	0.0	176.0	410.6	1,173.0	176.0	1,994.1
Kimble	0.0	0.0	0.0	100.9	141.3	343.2	80.8	666.3
Loving	0.0	0.0	0.0	0.0	0.0	21,250.0	0.0	21,250.0
Martin	0.0	26.2	6.6	45.9	59.0	334.5	72.2	544.4
Mason	0.0	0.0	0.0	23.9	167.5	215.4	23.9	430.7
McCulloch	0.0	0.0	131.1	524.2	2,359.1	8,387.9	1,310.6	12,713.0
Menard	0.0	0.0	0.0	41.8	543.0	0.0	0.0	584.8
Midland	5.8	40.8	43.4	246.6	300.3	1,598.5	251.8	2,487.1
Pecos	6.0	17.9	11.9	351.3	399.0	708.6	77.4	1,572.1
Reagan	0.0	0.0	0.0	210.1	315.2	1,077.0	157.6	1,759.9
Reeves	0.0	115.5	40.8	713.3	176.6	1,630.4	34.0	2,710.6
Schleicher	0.0	0.0	0.0	0.0	78.2	547.6	78.2	704.0
Sterling	0.0	0.0	0.0	82.9	82.9	248.6	0.0	414.3
Sutton	0.0	43.9	22.0	87.9	22.0	527.2	43.9	746.9
Terrell	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tom Green	2.6	86.0	44.7	217.5	611.3	2,409.3	223.7	3,595.1
Upton	0.0	0.0	0.0	26.4	0.0	423.2	52.9	502.5
Ward	9.0	36.0	9.0	306.0	621.0	1,548.0	72.0	2,601.0
Winkler	0.0	73.9	12.3	382.0	357.3	874.8	209.5	1,909.8

Source: Texas Department of Public Safety[44]

Index Violent Crime

Region 9 has higher murder, rape, and assault crime rates than the Texas average (see Table 8 on the previous page).[44] Most noticeably, Region 9 reported a 40% higher rate of assault than that of Texas in 2018.[44] However, Region 9 had less than half the robbery rate of Texas in 2018.[44]

Looking at the county level for Region 9 population centers, Ector County also had higher murder (7.7/100k), rape (80.7/100k), and assault (625.3/100k) crime rates in 2018 than Texas, by increases of 75%, 63%, and 152%, respectively.[44] Midland County had a higher murder rate (5.8/100k) than Texas in 2018, as well, by 32%, but other violent crimes were below the state rate.[44] Tom Green County had a 74% higher rate of rape (86/100k) compared to Texas in 2018, but lower rates than the state for all other violent crimes in 2018.[44]

The Region 9 county with the highest rate of murder in 2018 was Coke County with a rate of 31.9 murders/100k population, or a 625% higher rate than that of Texas in 2018.[44] Reeves County had the highest rate of rape in Region 9 in 2018 (115.5/100k) which was 133% higher than the Texas rate that year.[44] McCulloch County had the highest rate of robbery in 2018 (131.1/100k) which was 39% higher than the Texas rate that year.[44] Finally, the Region 9 county with the highest rate of assault in 2018 was Reeves County with a rate of 713.3 assault crimes per 100k population, or 188% higher than the state rate.[44] It is important to note that counties such as Coke, Reeves, and McCulloch have smaller populations and, so, are more sensitive to rates such as these which are calculated per 100,000 population.

Index Property Crime

Region 9 reported higher rates of burglary, larceny, and auto theft in 2018 by 12.5%, 2.4%, and 6.1%, respectively (see Table 8 on the previous page).[44]

Looking at the county level for Region 9 population centers, Ector County also had higher burglary (518.1/100k), larceny (2,057.8/100k), and auto theft (408.5/100k) crime rates in 2018 than Texas, by increases of 32.8%, 25.9%, and 78%, respectively.[44] Midland County had a higher auto theft rate (251.8/100k) than Texas in 2018, as well, by 9.8%, but other property crimes were below the state rate.[44] Tom Green County had a 59% higher rate of burglary (611.3/100k) and 47.4% higher rate of larceny (2,409.3/100k) compared to Texas in 2018, but a lower rate than the state for auto theft.[44] The Region 9 county with the highest rate of burglary in 2018 was Crockett County with a rate of 2,637.5 burglaries/100k population, or a 567% higher rate than that of Texas in 2018.[44] McCulloch County had the highest rate of larceny in 2018 (8,387.9/100k) which was 413% higher than the Texas rate that year.[44] Finally, the Region 9 county with the highest rate of auto theft in 2018 was also McCulloch County with a rate of 1,310.6 auto theft crimes per 100k population, or 471% higher than the state rate.[44] It is important to note that counties such as Crockett and McCulloch have smaller populations and, so, are more sensitive to rates such as these which are calculated per 100,000 population.

Family Violence Crime

The Texas Department of Family and Protective Services (DFPS) protects children and vulnerable adults from abuse, neglect, and exploitation. One of its programs is Child Protective Services, or CPS, which protects children from abuse and neglect through services, foster care, and adoption. Child abuse and separation from family is considered a risk factor when it comes to substance use. Looking at the number of CPS children removed from their homes, or CPS child removals, offers insight to the magnitude of the issue of child abuse in Region 9. In 2018, there were 665 CPS child removals in Region 9 counties (see Figure 17).[45] The red trendline on Figure 18 below shows a gradual increase in CPS child removals from 2008 to 2019 in Region 9.[45] The year 2008 had the highest number of child removals (782) followed by the year 2018 (665).

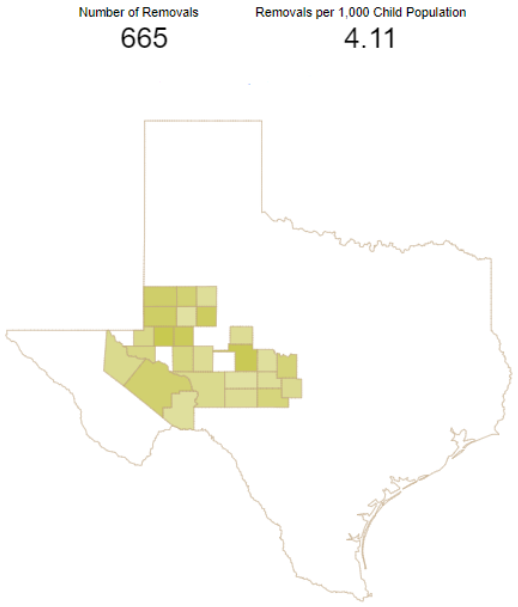
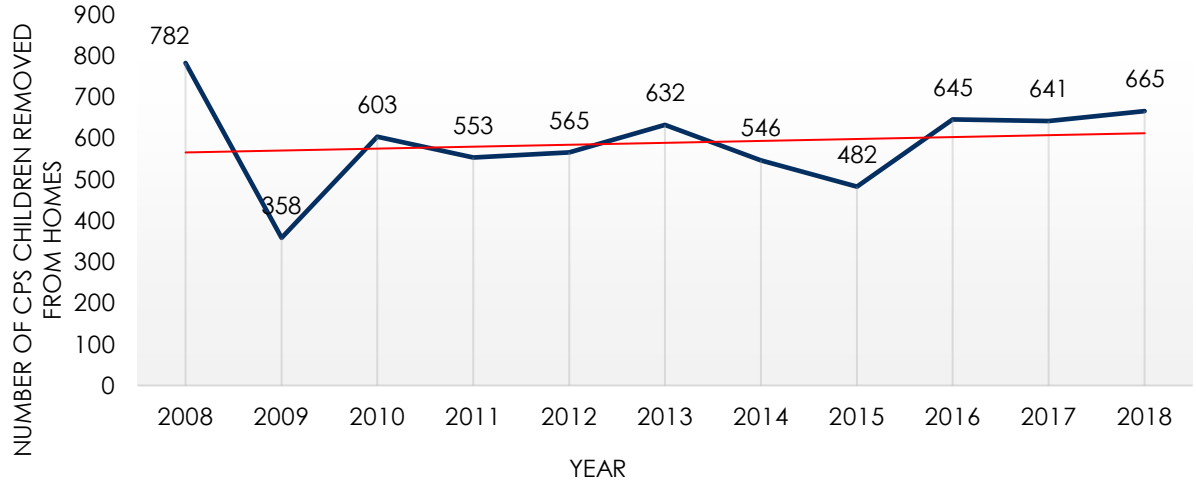


FIGURE 17. REGION 9 CPS CHILD REMOVALS, 2018
Source: Texas Department of Family and Protective Services[45]

Figure 18. Region 9 Child Removals, 2008-2018

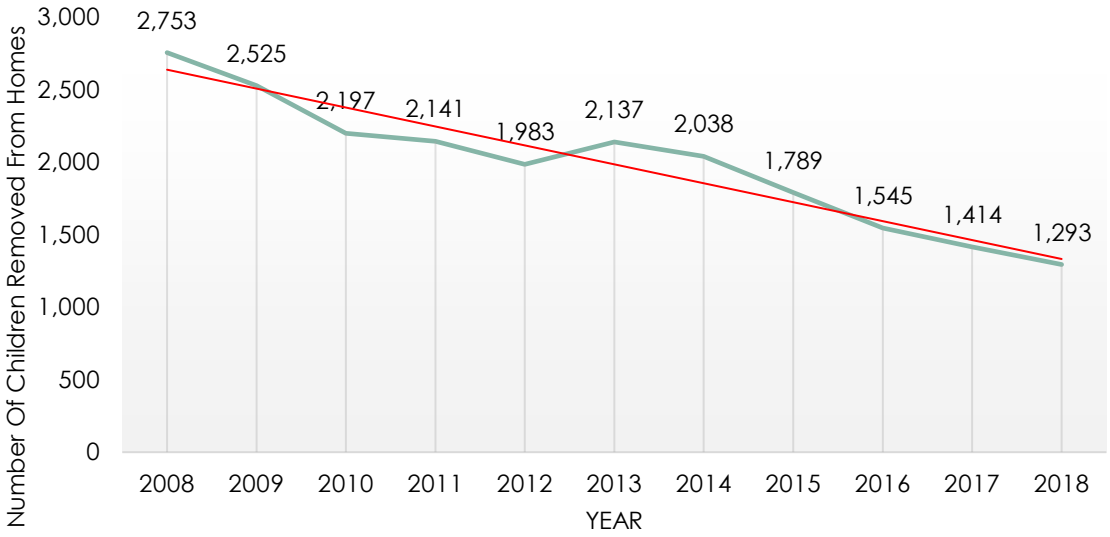


Source: Texas Department of Family and Protective Services[45]

On the other hand, confirmed victims of domestic violence have been on the decline in Region 9. The red trendline on Figure 19 on the following page shows a more steep decline in confirmed victims of domestic violence from 2008 to 2018 in Region 9, compared to the gradual

increase of CPS child removals in Figure 18.[46] The greatest number of victims of domestic violence was reported in 2008 (2,753 victims) and the lowest number of domestic violence victims was reported in 2018 (1,293 victims).[46]

Figure 19. Region 9 Confirmed Victims of Domestic Violence, 2008-2018



Source: Texas Department of Family and Protective Services[46]

Mental Health

In the rural areas of Region 9, accessing mental health services can be a challenge. In recent years the use of telemeds, or medical consultation via computing technology, has greatly increased the accessibility to providers. However, even with the use of newer technology, access times are still limited and wait times can be long. Region 9 is served by five different mental health service centers: Center for Life Resources, Hill Country Mental Health Developmental Disabilities (MHDD), Mental Health and Mental Retardation (MHMR) Services of the Concho Valley, PermiaCare, and West Texas Centers. There are also a number of mental health counseling centers. Each center offers an array of services designed to best fit client needs. Client service packages depend on their level of need. Clients who need close monitoring to stabilize and manage their symptoms may be seen more frequently than clients who are maintaining their symptoms. Individuals diagnosed with a mental health condition face a unique set of challenges to maintain their health. Sometimes doctors prescribe several medications to stabilize their mental health condition. These medications can interfere with their normal bodily routines and cause other health conditions to be exacerbated. Clients who are on medications long-term need their biometrics monitored regularly to make sure their bodies are tolerating the medications correctly.

Suicide

From 1999-2017, 1,359 suicides were reported in Region 9, making up about 2.6% of suicides in Texas in those years (see Table 9).[47] This is a bit higher than the proportion of the population that Region 9 is to Texas, which is about 2.1%.[19] Table 9 compares crude rates and age-adjusted rates of suicides in Region 9 from 1999-2017. Age-adjusted rates are crudes rates that are adjusted so the rate is not influenced by age distribution, which can decrease or increase any rate. McCulloch County had the highest rate of suicides in Region 9 from 1999-2017, according to both crude (18 suicides/100k) and age-adjusted (19.1 suicides/100k) rates.[47] Some counties in Region 9 did not have a large enough population to be included in this study and, thus, are not shown in Table 9. Furthermore, some rates were considered unreliable and were suppressed due to having less than 20 suicide deaths from 1999-2017.

From 1999-2017, there were 1,359 suicides in Region 9.

CDC Wonder[47]

It is worth noting that suicide rates may often be skewed because the burden of proof for a law enforcement or health official to determine an individual deceased via suicide is challenging, at best. Law enforcement and health officials must have undeniable proof from the deceased individual (e.g., a suicide note) that the deceased intentionally committed suicide.

Furthermore, drug overdoses are not considered suicide and are ruled accidental death. There is state-wide inconsistency over how to count overdose deaths and if there is indication of suicide or an accidental overdose. Currently, there is no clear guidance on ways to be consistent regarding drug-related death rulings.

Table 9. Region 9 Suicides, 1999-2017

County	Deaths	Crude Rate	Age-Adjusted Rate
Texas	**51622**	**11.2**	**11.4**
Andrews	40	14.2	14.8
Coke	13	Suppressed	Suppressed
Crane	13	Suppressed	Suppressed
Crockett	10	Suppressed	Suppressed
Dawson	25	9.4	8.9
Ector	323	12.5	13
Gaines	33	10.2	11.5
Howard	114	17.3	17.5
Kimble	19	Suppressed	Suppressed
McCulloch	28	18	19.1
Mason	14	Suppressed	Suppressed
Midland	306	11.9	12.2
Pecos	31	10.3	10.4
Reagan	10	Suppressed	Suppressed
Reeves	28	10.9	10.6
Sutton	11	Suppressed	Suppressed
Tom Green	289	13.9	14.2
Ward	27	13.1	13.6
Winkler	25	18.3	18.5

Source: CDC Wonder[47]

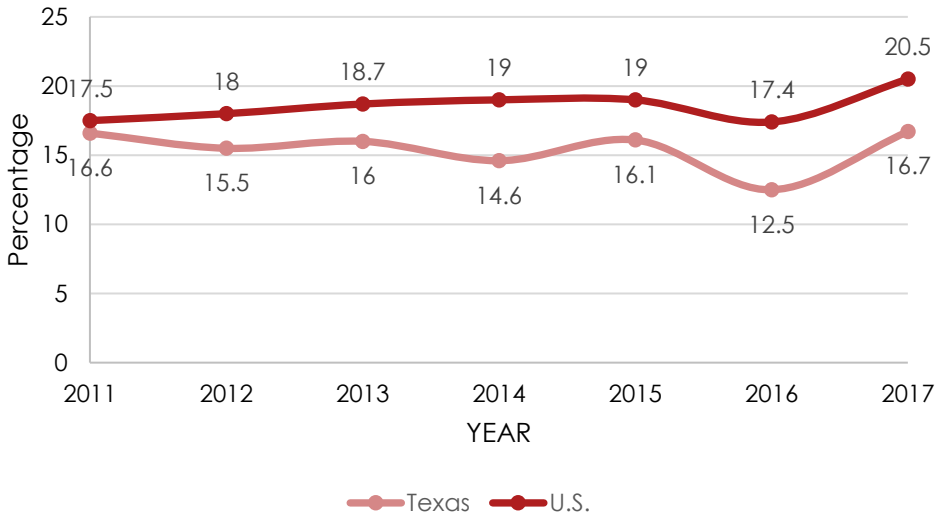
Depression

Depression is the leading cause of disability in 15-44 year-olds in the U.S.[48] Depression affects 16 million American adults yearly and about 1 in 6 adults are predicted to have depression at

some point in their life.[49] First onset of depression is usually in childhood or adolescence, but depression can affect anyone at any stage of life.[49]

Up to one-third of patients with major depressive disorder (MDD) also have substance use disorders (SUDs), magnifying a comorbidity that increases the risk for suicide, social impairment, and other psychiatric conditions.[50] Since onset of depression is usually during childhood or adolescence, prevention efforts focused on these developmental stages are imperative.

Figure 20. Adults with Depression, 2011-2017



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)[51]

The Behavioral Risk Factor Surveillance System (BRFSS) is a national system that conducts telephone surveys in efforts of collecting data on U.S. adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. From 2011-2017, the BRFSS tracked the percentage of depressed adults across the nation (see Figure 20 above).[51] Rates of adults with depression across the U.S. steadily increased from 2011-2015 and then made a bit of a decline from 2015-2016 only to increase again in 2017. Texas did not have the same trend. From 2011-2016, the percentage of depressed adults decreased and increased every other year in Texas, eventually making a steeper increase from 2016-2017 reporting 16.7% of Texas adults living with depression. Though Texas trends were less consistent than U.S. trends, Texas remained under the national average for percentage of adults with depression from 2011-2017.

Substance Use and Mental Health

About 8.5 million adults had co-occurring substance use and mental disorders in 2017.[52] Furthermore, there is a tremendous following of smokers who have been diagnosed with a

mental health condition. More than 44% of the cigarettes smoked in America are smoked by individuals with a mental health condition or SUD.[53] For instance, those with schizophrenia are 3-4 times more likely to smoke than the general population.[53] Smoking kills about 200,000 people living with a mental health condition each year.[53] Smoking also increases the breakdown of medicines in the body, leaving smokers needing to take higher doses of their medication to receive the same effect as someone who does not smoke.[53]

People with mental health disorders are more likely than people without mental health disorders to have an alcohol or SUD.[54] In many cases, people with co-occurring disorders are only treated for one or the other, but not both disorders. Those with co-occurring disorders are best treated through integrated treatment, where practitioners can address both the mental and substance use disorder.

Social Factors

The social epidemiology on substance abuse includes social factors that shape the population distribution of substance use behavior. There are several social factors which can determine the reason for an individual using drugs and alcohol. Children who grow up in an environment of drugs and alcohol may feel consumption is a normal practice and integral to their family. Accordingly, if drugs are easily accessible, children may be more enticed to try them.

Furthermore, research shows that self-derogation and peer approval of substance use independently predict later-on substance dependence, even when early use is controlled.[55] In one such study developed by Taylor and Lloyd, children who used earlier on in development and had low self-esteem were the most likely to develop a long-term substance abuse issue.[55] Similarly, those suffering from a substance addiction generally have a lower self-esteem compared to those not suffering from a substance addiction.[56] The speculation is that the reason for childhood drug consumption in children with low self-esteem is that temporary pleasure from the substance use is being used to fill a void caused by not feeling good about oneself.

Additionally, children may be pressured into substance use by their peers or may feel more welcome to use substances due to the casual nature of the environment in which substance use is occurring around them.

Texas School Survey Data

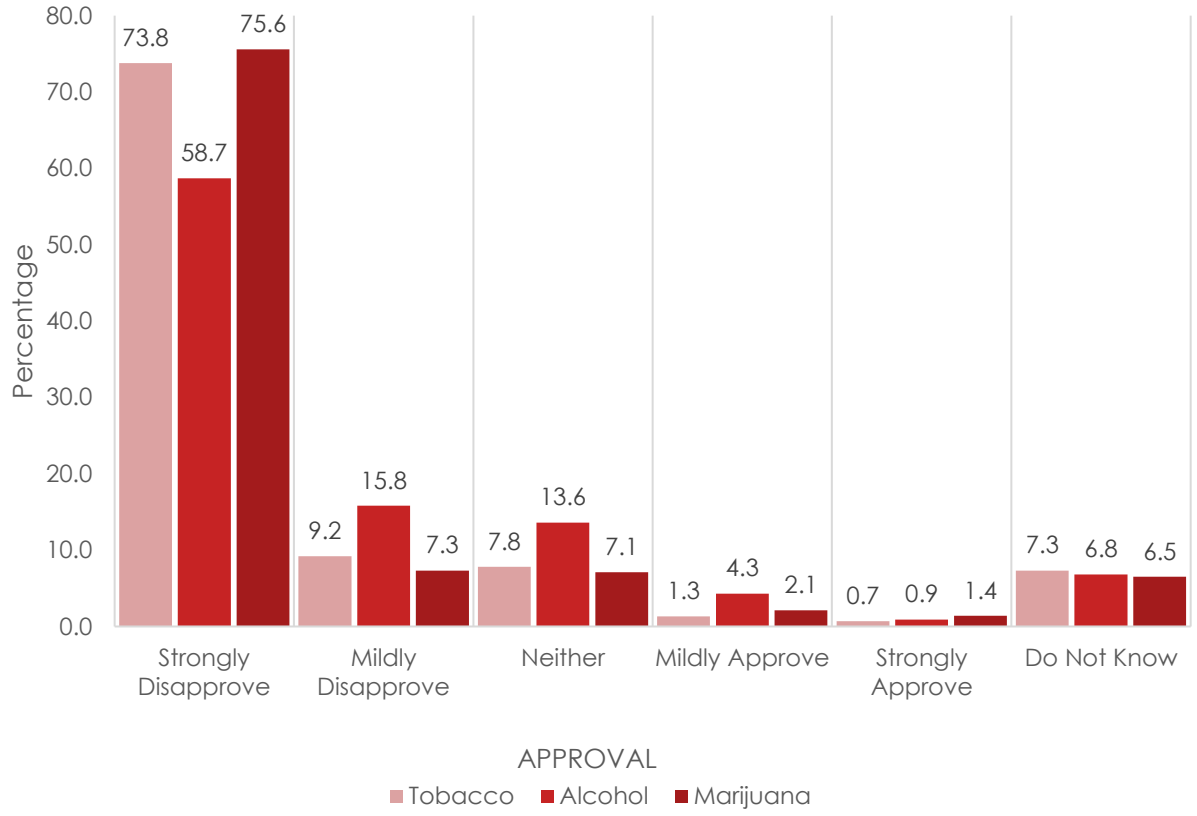
Data reported for youth in Texas is researched and collected by the Public Policy Research Institute (PPRI) at Texas A&M University through participation in the Texas School Survey (TSS).[9] This survey is conducted every two years on students in grades 7-12. The latest data is from the 2018 TSS. The 2018 TSS was the first year for Region 9 to meet the requirements to receive its own regional report. In previous years, data for Region 9 was combined with Region 10 (El Paso) to meet the reporting requirement for quantity of schools surveyed. This occurrence was common in other parts of Texas, as well. Thus, 2018 TSS data is not able to be compared to previous years' data since the population at-hand is not comparable. Additionally, for ease of

reading, when referring to the TSS, "students" will refer to students in grades 7-12 that were surveyed.

Youth Perception of Parental Approval of Consumption

According to the 2018 TSS, 58.7% of students in Region 9 reported that their parents strongly disapprove of kids their age using alcohol (see Figure 21).[9] Even more students, 73.8% and 75.6%, reported that their parents strongly disapprove of kids their age using tobacco and marijuana, respectively.[9] The state average for student perception of parental approval of consumption ("strongly disapprove") was 62.0% for alcohol, 78.3% for tobacco, and 76.5% for marijuana, recognizably higher than student perceptions in Region 9.[9]

Figure 21. Region 9 Parental Approval of Substance Use, 2018



Source: Texas School Survey, 2018[9]

Youth Perception of Peer Approval of Consumption

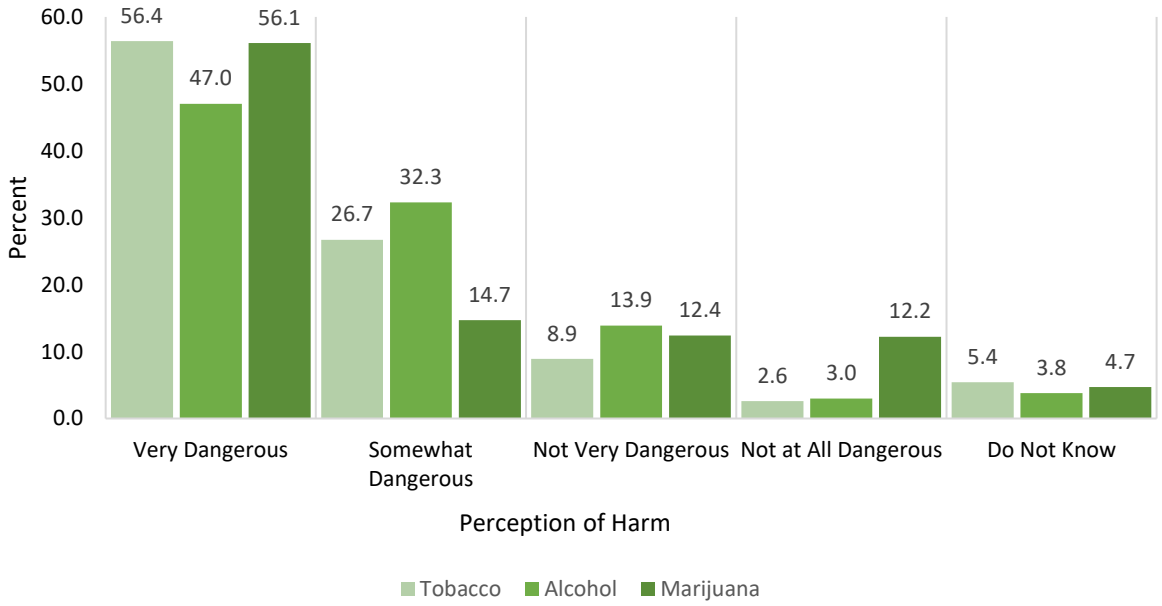
In the 2018 TSS, students were asked, "How dangerous do you think it is for kids your age to use…" alcohol, tobacco, and marijuana and given the answer choices of "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".[9]

In 2018, 47.0% of Region 9 students reported that they believe it is "very dangerous" for kids their age to use alcohol (see Figure 22).[9] Even more students, 56.4% and 56.1%, reported that they believe it is "very dangerous" for kids their age to use tobacco and marijuana, respectively.[9] There is a recognizable gap in student perception vs. parental perception of substance use in that a higher percentage of students reported their parents think alcohol, tobacco, and marijuana are dangerous than did students reporting that they, themselves, think alcohol, tobacco, and marijuana are dangerous. Furthermore, 12.2% of students in Region 9 reported that they believe it is "not at all dangerous" for kids their age to use marijuana while only 3.0% and 2.6% of students reported the same answer for alcohol and tobacco, respectively.[9] About 3-5% of students in Region 9 reported that they "do not know" if it is dangerous for kids their age to use alcohol, tobacco, and marijuana.[9]

12.2% of Region 9 students believe it is "not at all dangerous" for kids their age to use marijuana.

Texas School Survey, 2018

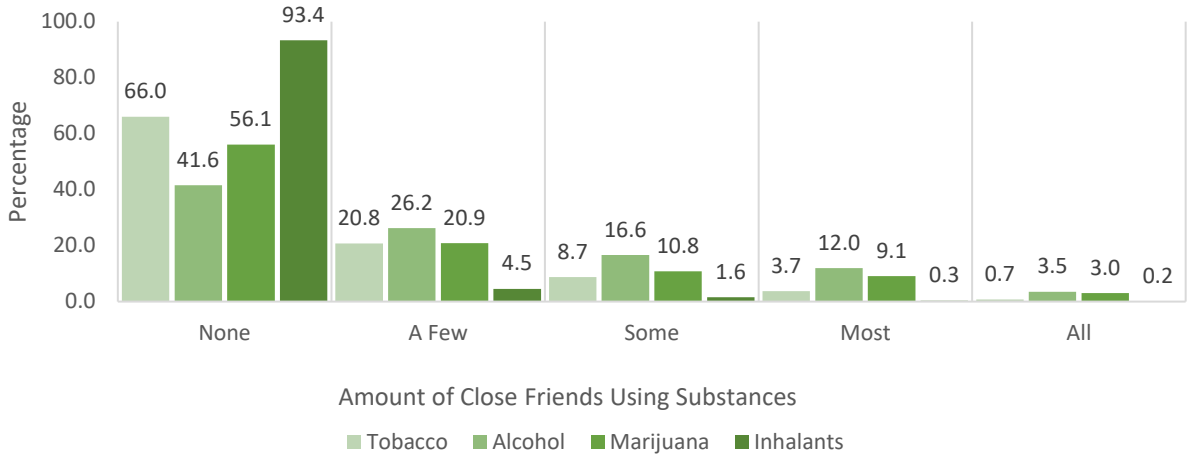
Figure 22. Region 9 Students' Perception of Harm, 2018



Source: Texas School Survey, 2018[9]

Additionally, 4.4% of Region 9 students reported that most or all of their close friends use tobacco, 15.5% reported most or all of their close friends use alcohol, 12.1% reported most or all of their close friends use marijuana, and 0.5% reported most or all of their close friends use inhalants (see Figure 23 on the following page).[9] In total, 34% of Region 9 students reported that they have at least a few close friends that use tobacco; 58.4% reported they have at least a few close friends that use alcohol; 43.9% reported the same for marijuana use; and, 6.6% reported that they have at least a few close friends that use inhalants.[9]

Figure 23. Region 9 Students' Close Friends' Substance Use, 2018



Source: Texas School Survey, 2018[9]

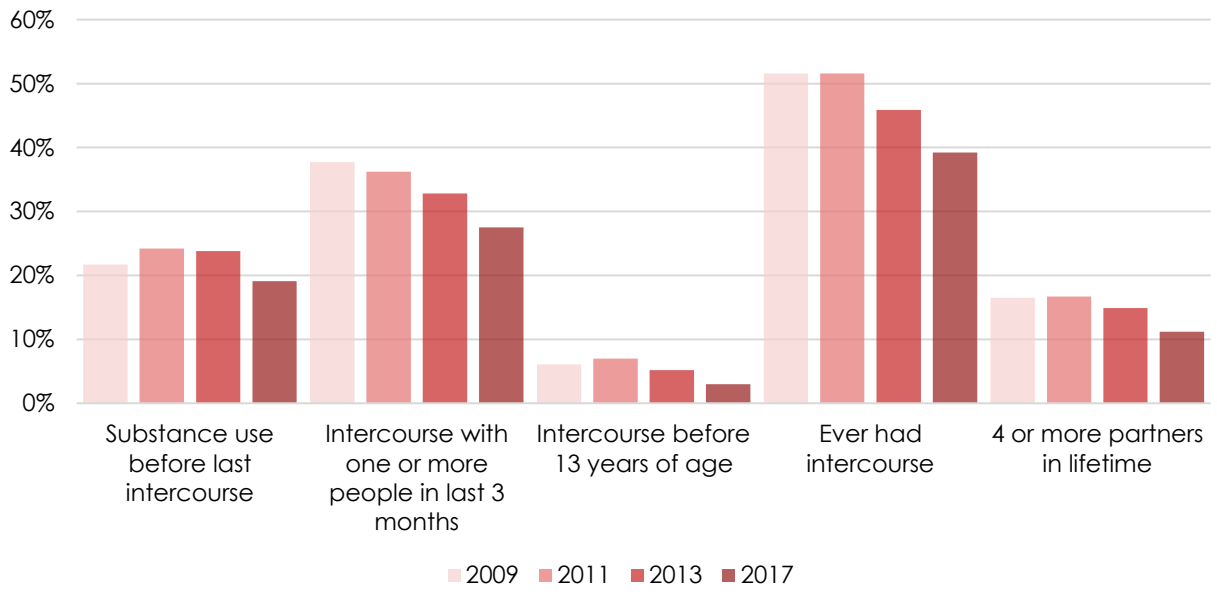
Cultural Norms and Substance Abuse

Culture plays a central role in forming the expectations of individuals about potential problems faced with drug use.[57] For many social groups, culture may provide a protective factor, e.g., stigmatization of substance use. On the other hand, initiation into excessive substance use may occur during periods of rapid social change, often among cultures who have had little exposure to drugs and have not developed those normative protective factors that other cultures may have already established.[57] Anomie, or the loss of a healthy ethnic or cultural identity, may occur among cultures which have been rapidly influenced by an outside source.[57] Treatment specialists must be aware of the changing and various cultures of their clients.

Adolescent Sexual Behavior

PRCs across the state of Texas include adolescent sexual behavior in the annual RNA because consumption of alcohol and other drugs creates environments that can promote risky sexual behavior. According to the Youth Risk Behavior Surveillance System (YRBSS), a survey conducted on high school students by the CDC, state, and local agencies, about 39% of Texas teens have had sexual intercourse, down from about 52% in 2009 (see Figure 24 on the following page).[58] In 2017, about 28% of Texas teens reported they are currently sexually active (have had sex in the past 3 months) and 11% have had 4 or more sexual partners in their lifetime.[58] Three percent of Texas teens reported that they had sex before the age of 13 and 19% of Texas teens reported in 2017 that they used alcohol or drugs before their last sexual intercourse.[58] Trends in each category are down from previous years in Texas.

Figure 24. Texas Adolescents' Sexual Behavior, 2009-2017



Source: Texas Department of State Health Services, Youth Risk Behavior Survey[58]

On the other hand, teen birth rates are high in Region 9 (see Table 10).[59] In 2017, the Texas average teen birth rate was 37 teen births/1,000 female population ages 15-19.[59] Reeves County and Pecos County had teen birth rates of 83 and 72, respectively, making them the highest in Region 9 and about double the state teen birth rate.[59] Mason County had the lowest reported teen birth rate in Region 9 of 23 teen births per 1,000 female population aged 15-19 years old.[59] In 2017, 21 of the 30 counties in Region 9 were above the Texas average teen birth rate.[59] There was not sufficient data for Borden, Glasscock, Irion, Loving, Sterling, and Terrell counties.

Table 10. Region 9 Teen Birth Rates, 2017

County	Teen Birth Rate (per 1,000)	County	Teen Birth Rate (per 1,000)
Texas	**37**	Mason	23
Andrews	68	McCulloch	47
Borden	--	Menard	34
Coke	40	Midland	55
Concho	43	Pecos	72
Crane	53	Reagan	64
Crockett	71	Reeves	83
Dawson	70	Schleicher	26
Ector	70	Sterling	--
Gaines	52	Sutton	54
Glasscock	--	Terrell	--
Howard	67	Tom Green	38
Irion	--	Upton	51
Kimble	47	Ward	62
Loving	--	Winkler	61
Martin	60		

Source: County Health Rankings and Roadmaps[59]

Misunderstandings about Marijuana

Marijuana is the most commonly used illicit drug in the United States.[60] About 9% of the U.S. population over the age of 12 reported that they were current marijuana users in 2016.[61] With legalization efforts happening across the United States, the political and discursive landscape of marijuana has been filled with significant amounts of misinformation, so it is important that PRCs share scientifically-backed facts about the drug. Below are a series of misunderstandings about marijuana that are corrected by science-based research.

- Misconception: *Marijuana is legal in Texas.*
  Fact: Marijuana is not legal in Texas. Marijuana (cannabis) is a Schedule I drug, defined as a drug with no currently accepted medical use and a high potential for abuse.[62]

- Misconception: *"CBD is legal in Texas… doesn't that mean marijuana is legal?"*
  Fact: No, marijuana is illegal in Texas; CBD is not marijuana. Cannabidiol, aka CBD, is a pharmacologically relevant constituent of the Cannabis plant.[63] Those who smoke cannabis may do so for the intoxicating effects of tetrahydrocannabinol (THC) that is present in cannabis.[63] However, CBD does not contain THC, is nonintoxicating, and contains anxiolytic, anti-inflammatory, antiemetic, and antipsychotic properties.[63]

- Misconception: *Marijuana is not harmful.*
  Fact: Marijuana can cause both mental and physical harm to the user. Marijuana affects brain development and (when use begins in adolescence) may impair thinking, memory, and learning functions as well as affect how the brain builds connections.[64] Marijuana smoke affects the lungs and people who smoke marijuana frequently may have the same breathing problems as tobacco smokers.[64] Marijuana can increase the chance for heart attacks, as it raises the heart rate for some time after being smoked, and can lead to Cannabinoid Hyperemesis Syndrome, where the user experiences cycles of severe nausea, vomiting, and dehydration.[64] Long-term marijuana use has been linked to mental health conditions in some users, such as temporary hallucinations, temporary paranoia, and worsening symptoms of existing schizophrenia.[64]

- Misconception: *Marijuana is not addictive.*
  Fact: According to the Diagnostic and Statistical Manual-V (DSM-5), "Cannabis Addiction is a highly prevalent public health issue and common clinical problem".[65] Moreover, adults seeking treatment for marijuana use disorders have, on average, attempted to quit more than 6 times.[66]

- Misconception: *Marijuana is not as harmful to your health as tobacco.*
  Fact: Any smoke is harmful to lung health.[67] Smoking marijuana causes chronic bronchitis, chronic cough, phlegm production, wheeze, acute bronchitis, and has been linked to causing air pockets in the chest cavity.[67]

- Misconception: *Marijuana is not a gateway drug.*
  Fact: In order to be a gateway drug, the use of marijuana must be prior to the use of other drugs.[65] In 2013, nearly three-quarters of adult illicit-drug users reported that marijuana was their first illicit drug of choice.[65] When one uses an addictive drug, their probability of using another addictive drug is increased.[65] Furthermore, marijuana is highly correlated with alcohol, opioid, and cocaine use disorders.[68]

Accessibility

In evaluating the risk of substance use in congruence with the risk factor model, accessibility should be considered as a risk factor in the perceptions one has in obtaining alcohol, marijuana, and other drugs. Social hosting by family is an example of an accessibility increased risk factor of substance use, e.g., when a parent hosts a party and allows substance use on their property. Another example is the acceptability of drugs and/or alcohol in a school environment and among peers. The more accepted and common AOD are, the more accessible they are. The community also contributes to the accessibility risk factor if businesses do not follow state licensing and regulations in alcohol sales. The following information addresses each realm of the risk model in assessing accessibility.

Students' Perceived Access of AOD

Region 9 students participating in the 2018 TSS reported on their perceived ease of obtaining the following substances: tobacco, alcohol, marijuana, ecstasy, cocaine, crack, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine.[9] Region 9 students were asked how easy it would be to obtain each substance and given the following options: "never heard of it", "impossible", "very difficult", "somewhat difficult", "somewhat easy", and "very easy". For ease of reading, students reporting that a substance is either "somewhat easy" or "very easy" to obtain will be combined and classified as students reporting that the substance is "easy" to obtain.

In 2018, a higher proportion of students in Region 9, compared to the proportion of students across the state, reported that tobacco, alcohol, and cocaine are easy to obtain (see Table 11).[9] Thus, fewer students in Region 9 compared to the state reported that marijuana, ecstasy, crack, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine are

Table 11. Students who believe it is easy* to obtain substances (%), 2018

Region	Tobacco	Alcohol	Marijuana	Ecstasy
Region 9	36.0	48.9	31.3	6.4
Texas	33.9	46.9	33.5	7.5
	Cocaine	**Crack**	**Synthetic Marijuana**	**Inhalants**
Region 9	9.0	6.3	8.9	31.2
Texas	8.8	6.5	10.3	31.9
	Steroids	**Heroin**	**Methamphetamine**	
Region 9	6.7	4.5	4.9	
Texas	7.0	4.6	5.1	

*: Students answered that the particular substance is either "very easy" or "somewhat easy" to obtain

Source: Texas School Survey, 2018[9]

easy to obtain.[9] Alcohol was the drug reported by the highest percentage of students in Region 9 to be easy to obtain (48.9%), followed by tobacco (36.0%) and marijuana (31.3%) in 2018.[9] Heroin (4.5%), methamphetamine (4.9%), and crack (6.3%) were the drugs reported by the least number of Region 9 students to be easy to obtain in 2018.[9]

Alcohol Retail Permit Density and Violations

As of July 2018, there were 1,467 locations in Region 9 where you could purchase alcohol.[69] Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC) and can be sold to qualifying grocery stores, liquor stores, convenience stores, as well as bars and entertainment clubs. High alcohol outlet density, or having a high concentration of retail alcohol outlets in a small area, is a public health issue because it is an environmental risk factor for excessive drinking.[70]

There are currently 64,448 licensed retail alcohol permits in the state of Texas.[69] Being that Texas is 261,797 square miles, this yields a retail permit density of 2.4 alcohol permits per 10 square miles in Texas.[71] Ector County spans 901.8 square miles, yielding a retail permit density of 4.2 alcohol permits per 10 square miles, about twice as dense as the rate of Texas.[69,72] Midland County is 902.1 square miles and has a retail permit density of 3.7 alcohol permits per 10 square miles.[69,72] Tom Green County spans 1,540.6 square miles and has a retail permit density of 1.7 alcohol permits per 10 square miles.[69,72] Across Region 9 in 2017, there were 76 TABC violations.[69]

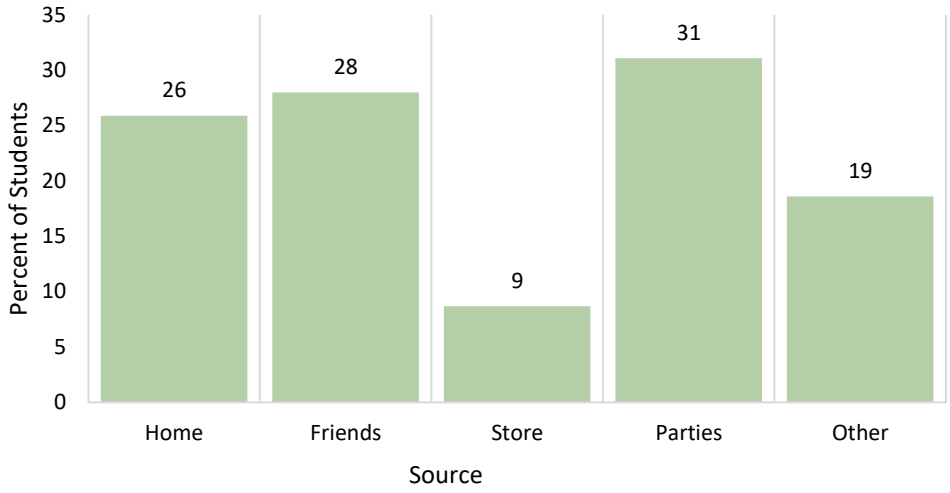
> Ector County has an alcohol retail permit density of 4.2 alcohol permits per 10 square miles – nearly twice the density seen across Texas.
>
> *Texas Alcoholic Beverage Commission*

Social Hosting

In July 2017, the Here 2 Impact (H2i) Coalition, in collaboration with Texans Standing Tall, Ector County Mayor David Turner, city councilmen Malcolm Hamilton, Dewey Bryant, Barbara Graff, Michael Gardner, and Filiberto Gonzales, Odessa Police Chief Michael Gerke, Odessa Police Corporal Steve LeSueur, and several members of the H2i Coalition, passed a Social Host Accountability Ordinance (SHO) in Ector County, in which adults who provide a place for minors to drink alcohol will be ticketed. According to Texas law, adults cannot furnish alcohol to minors that are not their own child. Additionally, the SHO holds adults responsible for underage drinking parties if underage people are served, regardless of who furnishes the alcohol.[73] The SHO went into effect August 25, 2017 and Odessa was the fourth city in Texas to pass the ordinance.[73] Odessa has given 12 SHO citations: two in 2017, one in 2018, and nine in 2019 as of July 11, 2019.

The largest portion (31%) of students in Region 9 reported that they receive alcoholic beverages from parties, while 28% of students reported to receive alcohol from friends, 26% from home, 19% from other sources, and 9% from stores (see Figure 25 on the following page).[9] Knowing that Region 9 students largely obtain their alcohol from parties, friends, and home, environmental strategies like the Social Host Ordinance are able to make significant impacts.

Figure 25. Sources of Alcohol Obtainment for Region 9 Students, 2018



Source: Texas School Survey, 2018[9]

Prescription Drugs Access

From 1999 to 2016, more than 630,000 people in the U.S. died from a drug overdose.[74] In the 1990s, there were dramatic increases in opioid prescriptions in response to chronic pain symptoms reported by U.S. patients. This marked the beginning of the current opioid epidemic. The year of 2010 marked the second wave of opioid overdose deaths via the drug heroin. The third wave of this epidemic was in 2013 which then involved synthetic opioids, particularly fentanyl, which increased opioid overdose deaths even more. Measures were, and still, are being taken at the national, state, and regional levels to combat the drug overdose epidemic. In 2017, the U.S. Department of Health and Human Services (HHS) declared the opioid epidemic a public health emergency and announced a 5-Point Strategy to combat the opioid crisis.[75] Former Secretary Price of HHS announced the HHS's 5 priorities as:

1. Improving access to treatment and recovery services;
2. Promoting use of overdose-reversing drugs;
3. Strengthening our understanding of the epidemic through better public health surveillance;
4. Providing support for cutting edge research on pain and addiction; and
5. Advancing better practices for pain management.[75]

Schedule II drugs (usually prescribed for pain management) are defined as those with a high potential for abuse and use can potentially lead to severe psychological or physical dependence.[62] Most opioids, such as hydrocodone, methadone, oxycodone, hydromorphone, and fentanyl, fall into this category of Schedule II drugs.[62] Table 11 on the following page shows Schedule II drug dispensations for 21 out of the 30 counties in Region 9 from 2015 to 2018. The other nine counties in Region 9 did not have enough data to report on. From 2015-2018, seven

counties in Region 9 (Crane, Howard, Martin, Midland, Reagan, Tom Green, and Upton) reported an increase in Schedule II drug dispensations while the remaining 14 counties reported a decrease in Schedule II drug dispensations (see Table 12).[76] From 2015 to 2018, Texas had an overall 66.4% decrease in Schedule II drug dispensations while Region 9 had a 0.29% increase in Schedule II drug dispensations.[76] This denotes that efforts being made at the state level have not been replicated in Region 9 yet.

Table 12. Region 9 Schedule II Drug Dispensations, 2015-2018

County	2015	2016	2017	2018	% Difference from 2015 to 2018
TEXAS	**38,453,715**	**39,164,413**	**13,383,655**	**12,918,910**	**-66.40%**
REGION 9	**261,666**	**248,438**	**271,660**	**262,426**	**0.29%**
Andrews	6,511	6,037	7,357	6,446	-1.00%
Concho	956	826	878	816	-14.64%
Crane	1,385	1,352	2,108	2,162	56.10%
Crockett	434	359	394	369	-14.98%
Dawson	3,942	3,365	3,371	3,143	-20.27%
Ector	60,519	55,535	58,178	56,520	-6.61%
Gaines	5,509	5,046	5,587	5,286	-4.05%
Howard	16,068	18,453	27,945	24,550	52.79%
Kimble	1,614	1,255	1,402	1,252	-22.43%
Martin	1,197	1,230	1,399	1,380	15.29%
Mason	995	936	935	974	-2.11%
McCulloch	4,688	4,440	4,454	3,723	-20.58%
Midland	72,021	68,377	72,435	72,361	0.47%
Pecos	3,415	3,048	3,065	2,837	-16.93%
Reagan	320	427	567	598	86.88%
Reeves	5,419	4,083	4,290	4,058	-25.12%
Sutton	1,463	1,241	1,227	948	-35.20%
Tom Green	66,543	65,113	69,622	68,797	3.39%
Upton	509	572	504	629	23.58%
Ward	5,704	4,734	4,135	3,997	-29.93%
Winkler	2,454	2,009	1,807	1,580	-35.62%

Source: Texas Prescription Monitoring Program (PMP)[76]

On-Campus Substance Violations

Because Public Health Region 9 does not align with the Texas Education Service Center regions, data for on-campus ATOD violations includes ESCs 15, 17, and 18 since these encompass Public

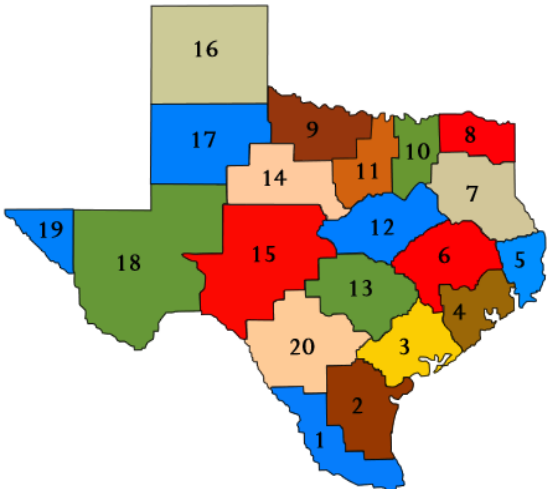


FIGURE 26. TEXAS EDUCATION SERVICE CENTERS MAP
Source: Texas Education Agency[77]

Health Region 9 (see Figure 26).[77] It is important to note that other schools outside of Health Region 9 are included in ESCs 15, 17, and 18.

On-campus ATOD violations have varied year-to-year in this region, but no steady increase or decrease in any one violation is seen (see Table 13).[77] There were about as many controlled substance/drug violations in the 2017-2018 school year as there were from 2013-2014.[77] However, there was a 133% increase in on-campus alcohol violations from the 2013-2014 school year to the 2017-2018 school year.[77] Conversely, there was a 3% decrease in on-campus tobacco violations from the 2013-2014 school year to the 2017-2018 school year.[77] Felony controlled substance violations have varied year-to-year, but the most was seen in the 2017-2018 school year followed by the 2013-2014 school year.[77]

Table 13. On-Campus Substance Violations, 2013-2018
Schools from ESC Regions 15, 17, and 18

Violation	2013-14	2014-15	2015-16	2016-17	2017-18
Controlled Substances/Drugs	1,188	1,243	1,214	1,190	1,276
Alcohol Violations	98	143	122	140	228
Tobacco	265	236	202	180	256
Felony Controlled Substance	12	5	0	7	17

Source: Texas Education Agency[77]

Perceived Risk of Harm

Students were asked, "How dangerous do you think it is for kids your age to use…" the following 10 substances: tobacco, alcohol, marijuana, prescription (Rx) drugs, cocaine, crack, synthetic marijuana, ecstasy, steroids, heroin, methamphetamine, and inhalants, and given the answer choices of "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".[9]

Table 14 on the following page shows an overview of perceived risk of harm in Region 9. This table compares Texas students to Region 9 students in 2018 on the percentage of students who reported that they believed X substance was either "very dangerous" or "somewhat dangerous", (here deemed together as simply "dangerous"). In general, the percentage of students in Region 9 was comparable to the percentage of students in Texas that believe a certain substance is dangerous.[9] A slightly larger proportion of students in Region 9 compared to Texas reported

Table 14. Students who believe substances are dangerous* (%), 2018				
Region	**Tobacco**	**Alcohol**	**Marijuana**	**Rx Drugs**
Region 9	83.1	79.3	70.8	88.5
Texas	84.9	78.9	69.7	88.2
	Cocaine	**Crack**	**Synthetic Marijuana**	**Ecstasy**
Region 9	93.0	93.1	88.7	88.9
Texas	93.0	92.9	88.3	88.8
	Steroids	**Heroin**	**Methamphetamine**	**Inhalants**
Region 9	88.9	92.2	91.9	87.2
Texas	88.4	92.3	91.8	86.1
*Students answered that the particular substance was either "very dangerous" or "somewhat dangerous" for kids their age to use.				

Source: Texas School Survey, 2018[9]

of students in Texas reported that cocaine is dangerous (93%).[9] that alcohol, marijuana, prescription drugs, crack, synthetic marijuana, ecstasy, steroids, methamphetamine, and inhalants are dangerous.[9] On the other hand, a smaller proportion of students in Region 9 compared to Texas reported that tobacco and heroin are dangerous.[9] None of these differences were larger than 1.8%. The same proportion of students in Region 9 compared to the proportion

The following "Perceived Risk of Harm" sections are focused on students in Region 9, including averages broken up by grade level. Alcohol, marijuana, prescription drugs, and tobacco are the drugs of focus. Please note that anytime prescription drugs were asked about in the 2018 TSS, the question concerned abusing, not just using, prescription drugs.

Perceived Risk of Harm from Alcohol

According to the 2018 TSS, more Region 9 youth in grades 7-12 believe that it is "not at all dangerous" for kids their age to use alcohol than the average Texas youth in the same grade levels (see Table 15).[9] Specifically, 3.0% of youth in grades 7-12 in Region 9 believe that alcohol is "not at all dangerous" for kids their age to use, while 2.6% of Texas youth believe the same.[9]

Table 15. Texas Student's Perceived Risk of Harm from Alcohol (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**49.2**	**29.7**	**14.3**	**2.6**	**4.1**
1	47.2	34.0	13.5	1.9	3.5
2	51.0	31.2	12.0	2.1	3.7
3	51.6	28.2	14.4	1.8	4.0
4	52.8	30.0	11.4	2.5	3.3
5	45.9	29.6	16.3	3.8	4.4
6 & 7	48.0	30.8	14.2	2.7	4.4
8	44.7	31.3	16.7	3.4	4.0
9	47.0	32.3	13.9	3.0	3.8
10	50.8	30.3	12.3	2.6	3.9
11	53.0	26.5	13.3	3.3	3.9

Source: Texas School Survey, 2018[9]

Accordingly, less students in Region 9 (47.0%) believe that alcohol is "very dangerous" to use compared to 49.2% of Texas students in 2018.[9]

Table 16 shows Region 9 students alone. Over 12% more 7th graders than 12th graders in Region 9 reported that alcohol is "very dangerous" for kids their age to use.[9] However, nearly 13% more 12th graders than 7th graders reported that alcohol is "somewhat dangerous" to use.[9] Generally, the higher the grade level, the lower the perception of "very dangerous" harm and the higher the perception of "somewhat dangerous" harm from alcohol in Region 9 students in 2018.[9]

Table 16. Region 9 Students' Perceived Risk of Harm from Alcohol by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**47.0**	**32.3**	**13.9**	**3.0**	**3.8**
Grade 7	54.4	25.4	12.9	2.6	4.7
Grade 8	49.2	28.9	15.9	2.8	3.2
Grade 9	47.0	31.7	15.2	2.3	3.8
Grade 10	44.6	34.3	11.5	4.2	5.5
Grade 11	42.8	37.7	13.3	2.7	3.5
Grade 12	41.8	38.2	14.2	3.8	2.1

Source: Texas School Survey, 2018[9]

Perceived Risk of Harm from Marijuana

According to the 2018 TSS, Region 9 students are about average in each category questioning the perceived risk of harm of using marijuana (see Table 17).[9] About 56% of Region 9 students believe it is "very dangerous" for kids their age to use marijuana and 12.2% believe it is "not at all dangerous".[9] Nearly 5% of students in Region 9 "do not know" if it is dangerous for kids their age to use marijuana.[9] Each of these regional averages were comparable to the state in 2018.

Table 17. Texas Student's Perceived Risk of Harm from Marijuana (%), 2018

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	**56.0**	**13.7**	**12.6**	**13.0**	**4.7**
1	61.8	13.8	10.4	9.9	4.1
2	61.7	13.4	9.9	10.9	4.2
3	56.0	14.1	12.9	12.6	4.5
4	59.2	13.4	10.9	12.1	4.4
5	60.4	11.5	11.5	11.7	4.9
6 & 7	54.2	13.8	13.0	14.1	4.9
8	55.4	14.5	13.0	12.8	4.3
9	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
10	55.3	13.9	13.5	13.0	4.3
11	60.4	12.9	10.8	11.6	4.3

Source: Texas School Survey, 2018[9]

Despite having overall average perceptions of harm compared to the rest of the state, Region 9 students have greatly varying levels of perception of harm of marijuana between grade levels (see Table 18).[9] For instance, 20% of 12th graders in Region 9 believe that it is "not at all dangerous" for kids their age to use marijuana, while less than 6% of 7th graders believe the same, showing a 14.3% difference.[9] Accordingly, nearly three quarters of 7th graders in Region 9 believe that it is "very dangerous" for kids their age to use marijuana while this number drops to 42% in 12th graders.[9] Similar to alcohol, the higher the grade level, the lower the perception of harm from marijuana in Region 9 students in 2018.[9]

Table 18. Regions 9 Students' Perceived Risk of Harm from Marijuana by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
Grade 7	72.4	9.6	6.1	5.7	6.2
Grade 8	65.4	14.0	8.6	8.1	3.9
Grade 9	55.4	16.9	11.2	12.2	4.2
Grade 10	51.3	15.8	14.0	12.9	6.0
Grade 11	44.7	15.9	18.5	16.6	4.3
Grade 12	42.0	16.8	18.1	20.0	3.1

Source: Texas School Survey, 2018[9]

Perceived Risk of Harm from Prescription Drugs

According to the 2018 TSS, 88.5% of Region 9 students in grades 7-12 believe prescription drug abuse is either "very" or "somewhat" dangerous (see Table 19).[9] About 5% of Region 9 youth reported that they believe abusing prescription drugs is "not very" or "not at all" dangerous.[9] Nearly 7% of Region 9 youth reported that they did not know if prescription drug abuse is dangerous.[9] Perception of harm from Region 9 youth concerning prescription drug abuse is comparable to Texas student reportings in 2018.

Table 19. Texas Student's Perceived Risk of Harm from Prescription Drugs (%), 2018

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	**75.4**	**12.8**	**3.5**	**1.4**	**6.8**
1	80.2	10.6	2.2	1.0	6.0
2	80.4	10.7	2.6	0.9	5.4
3	76.5	11.9	3.5	1.4	6.7
4	78.6	11.8	2.8	1.2	5.7
5	78.3	9.8	3.2	1.5	7.1
6 & 7	73.4	14.7	3.7	1.3	6.9
8	74.9	13.0	4.1	1.4	6.6
9	76.5	12.0	3.5	1.2	6.8
10	77.5	11.2	3.6	1.3	6.3
11	76.5	11.5	3.2	1.7	7.1

Source: Texas School Survey, 2018[9]

In Region 9, most students in grades 7-12 reported they believe prescription drug abuse is "very dangerous" (see Table 20).[9] Unlike the 12.6% fluctuation we see in the alcohol category and the 30.4% fluctuation we see in the marijuana categories from 7th to 12th grade responses, nearly as many 7th grade students (75.7%) as 12th grade students (78.0%) in Region 9 believe that abusing prescription drugs is "very dangerous".[9] Thus, Region 9 youth perception of harm from prescription drug abuse is less sensitive to age than perception of harm from alcohol and marijuana. In fact, prescription drug abuse was opposite of other substances in that the higher the grade level, the higher the perception of harm in Region 9 youth.

Table 20. Regions 9 Students' Perceived Risk of Harm from Prescription Drugs by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**76.5**	**12.0**	**3.5**	**1.2**	**6.8**
Grade 7	75.7	11.4	2.7	1.1	9.1
Grade 8	76.7	11.9	3.4	1.6	6.3
Grade 9	76.6	12.5	3.8	1.3	5.9
Grade 10	75.0	11.3	4.6	1.3	7.8
Grade 11	77.5	12.5	3.2	0.9	5.9
Grade 12	78.0	12.3	3.5	0.7	5.7

Source: Texas School Survey, 2018[9]

Perceived Risk of Harm from Tobacco and Other Nicotine Products

According to the 2018 TSS, 83.1% of Region 9 youth believe tobacco is either "very" or "somewhat" dangerous (see Table 21).[9] About 85% of Texas youth believe tobacco is either "very" or "somewhat" dangerous, which is nearly 2% higher than Region 9 youth reportings.[9]

Table 21. Texas Student's Perceived Risk of Harm from Tobacco (%), 2018

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	**61.2**	**23.7**	**8.1**	**1.8**	**5.1**
1	60.6	26.0	7.7	1.4	4.3
2	56.4	26.5	10.4	2.0	4.7
3	62.2	23.8	8.0	1.4	4.6
4	57.7	24.4	10.9	2.9	4.1
5	51.8	26.0	13.3	3.4	5.4
6 & 7	60.7	24.0	8.1	1.8	5.3
8	57.7	25.9	9.2	2.3	4.9
9	56.4	26.7	8.9	2.6	5.4
10	66.8	21.1	6.2	1.2	4.7
11	65.7	20.2	6.4	2.0	5.7

Source: Texas School Survey, 2018[9]

Like with alcohol and marijuana, student perceptions varied greatly between grade levels for perceived harm from tobacco use (see Table 22).[9] In fact, in Region 9, about 30% less 12th graders than 7th graders believe that tobacco is "very dangerous" for kids their age to use and, on the reverse side, four times more 12th graders than 7th graders believe that tobacco is "not at all dangerous" for kids their age to use.[9] However, 14.1% more 12th graders reported that tobacco is "somewhat dangerous" compared to 7th graders in Region 9.[9] Thus, the higher the grade level, the lower the perception of harm.

Table 22. Regions 9 Students' Perceived Risk of Harm from Tobacco by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**56.4**	**26.7**	**8.9**	**2.6**	**5.4**
Grade 7	69.6	19.4	4.1	1.3	5.6
Grade 8	61.0	25.7	6.7	1.2	5.3
Grade 9	58.8	27.1	7.2	2.0	5.0
Grade 10	54.9	26.0	9.2	3.3	6.6
Grade 11	48.8	30.3	12.3	3.3	5.3
Grade 12	40.1	33.5	16.7	5.3	4.4

Source: Texas School Survey, 2018[9]

Additionally, students were surveyed for their perception of harm from electronic vapor products (see Table 23).[9] One percent less students in Region 9 compared to Texas students reported that electronic vapor products are either "very" or "somewhat" dangerous to use.[9] Nearly 7% of Region 9 students did not know if electronic vapor products are dangerous to use.[9]

Table 23. Texas Student's Perceived Risk of Harm from Electronic Vapor Products (%), 2018

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	**54.7**	**12.4**	**14.6**	**11.8**	**6.5**
1	59.3	13.6	12.4	9.0	5.6
2	57.1	12.3	14.4	11.1	5.0
3	54.4	13.5	13.9	12.0	6.2
4	57.2	13.2	13.2	11.2	5.2
5	56.7	11.1	14.2	10.7	7.2
6 & 7	51.9	12.3	16.0	13.1	6.6
8	53.7	13.2	16.5	10.7	5.9
9	54.1	12.0	15.6	11.7	6.6
10	59.7	12.0	12.7	10.0	5.6
11	61.7	10.4	11.3	9.7	7.0

Source: Texas School Survey, 2018[9]

As with tobacco, more than 20% less 12th graders than 7th graders believe that electronic vapor products are "very dangerous" for kids their age to use, and 2.4 times more 12th graders than 7th graders believe that electronic vapor products are "not at all dangerous" for kids their age to use.[9] Like with alcohol, tobacco, and marijuana, the higher the grade level, the lower the perception of harm from electronic vapor products in Region 9 students in 2018.[9]

Table 24. Regions 9 Students' Perceived Risk of Harm from Electronic Vapor Products by Grade Level (%), 2018

Grade Level	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	**54.1**	**12.0**	**15.6**	**11.7**	**6.6**
Grade 7	63.9	11.8	10.2	6.9	7.1
Grade 8	57.9	14.1	13.5	8.8	5.7
Grade 9	55.2	10.5	16.0	11.9	6.4
Grade 10	53.0	11.3	15.6	12.2	8.0
Grade 11	48.1	11.4	18.9	15.2	6.3
Grade 12	43.3	13.1	21.2	16.8	5.7

Source: Texas School Survey, 2018[9]

Regional Consumption

In accordance with the three statewide prevention priorities (underage drinking, marijuana use and prescription drug abuse), the following information reports consumption rates of alcohol, marijuana, and prescription drugs. Data reported for youth is researched and collected by the PPRI at Texas A&M University through participation in the Texas School Survey (TSS).[9]

Alcohol

Alcohol is the most commonly abused substance among youth, both nationally and in Region 9.[9,78] However, Region 9 students reported at noticeably higher rates than the Texas average in saying that a few, some, most, or all of their close friends use alcohol (see Table 25).[9] According to the 2018 TSS, 12% of students in grades 7-12 in Region 9 believe "most" of their close friends use alcohol while only 10.5% of the state reported so.[9] About 17% of students in Region 9 reportedly believe that "some" of their close friends use alcohol, 26.2% reported only a "few" of

Table 25. Students Whose Close Friends Use Alcohol (%), 2018

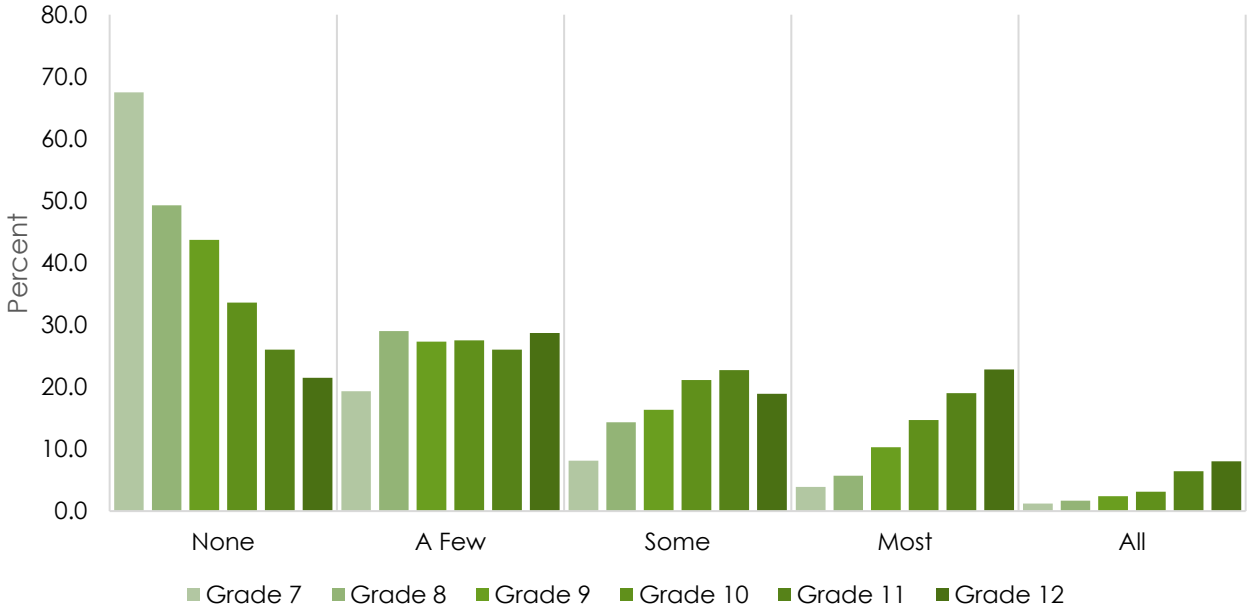
Region	None	A Few	Some	Most	All
State	48.4	23.8	14.0	10.5	3.2
1	38.9	27.6	16.9	13.0	3.6
2	43.5	27.9	13.9	12.0	2.6
3	52.5	22.8	14.0	8.7	2.0
4	45.8	26.7	14.2	10.6	2.7
5	39.6	24.0	15.5	15.6	5.2
6&7	50.1	22.9	13.6	10.4	3.1
8	41.0	24.2	14.3	15.1	5.5
9	41.6	26.2	16.6	12.0	3.5
10	45.2	25.3	14.2	11.2	4.2
11	49.8	24.1	13.6	9.1	3.3

Source: Texas School Survey, 2018[9]

their close friends use alcohol, 41.6% reported that "none" of their close friends use alcohol, and 3.5% reported that "all" of their friends use alcohol.[9]

Looking at high schoolers in Region 9, the percentage of students reporting "none" of their close friends use alcohol declines from 7th – 12th graders while the percentage of students reporting "most" or "all" of their close friends use alcohol increases from 7th –12th graders (see Figure 27 on the following page).[9] In Region 9, about one in every three 12th grade students say "most" or "all" of their friends use alcohol.[9]

Figure 27. Region 9 Students Whose Friends Use Alcohol by Grade Level, 2018



Source: Texas School Survey, 2018[9]

Early Initiation to Alcohol and College Use

Age of first use of alcohol was asked to youth in the 2018 TSS, i.e. the age of the participant when they first tried alcohol. The average age Region 9 youth first used alcohol was 13.0 years old in 2018 (see Table 26).[9] The average age of first use for youth across Texas was 13.1 years old in 2018.[9] Region 9 was tied for the third lowest age of first use of alcohol in the state in 2018.[9]

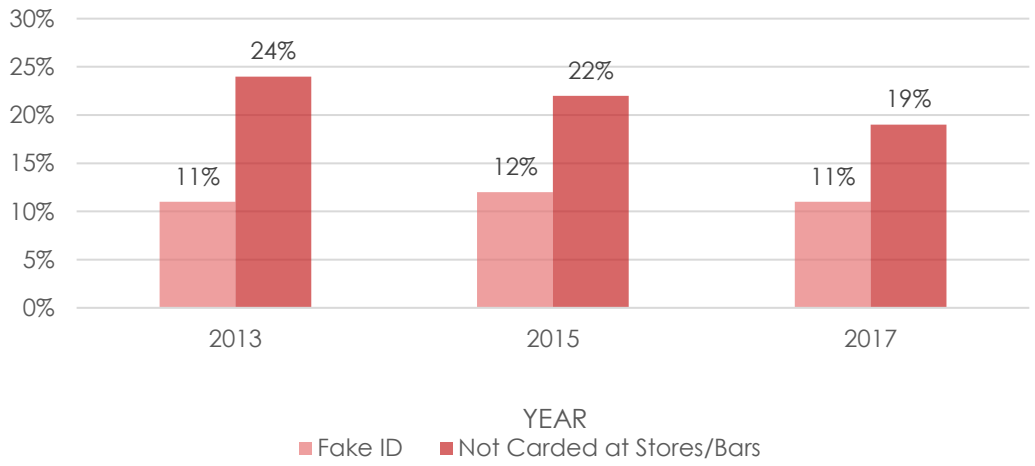
Table 26. Age of First Use of Alcohol, 2018

Region	Age
Texas	**13.1**
1	13.3
2	13.0
3	13.2
4	12.9
5	12.6
6 & 7	13.0
8	13.2
9	**13.0**
10	13.4
11	13.4

Source: Texas School Survey, 2018[9]

In the 2017 Texas College Survey (TCS), underage college students across Texas were asked where they obtained alcohol.[79] About 70% reported they obtained alcohol from a friend over 21; 49% reported they obtained alcohol from a parent or relative; and, 35% reported they obtained alcohol from a friend under 21.[79] Moreover, 11% of underage college students in Texas reported they used a fake I.D. to obtain alcohol and 19% reported they were not carded at stores/bars (see Figure 28 on the following page).[79] From 2013 to 2017, there has been a steady decline in Texas college underage drinkers *not* being carded at stores/bars while the percentage of students using fake IDs has remained relatively stable.[79] The most common place for underage Texas college students to drink without being carded was at restaurants (28%), followed by off-campus bars and gas stations (each 19%).[79]

Figure 28. Underage Texas College Students' Alcohol Obtainent, 2017



Source: Texas College Survey, 2017[80]

Current/Lifetime Alcohol Use

Underage drinking cannot be understated as an issue in 7th-12th grade students in Region 9, where is seen some of the most current, school-year, lifetime, and high-risk use in the state (see Table 27).[9] According to the 2018 TSS, nearly 60% of 7th-12th grade students in Region 9 have drank alcohol at some point in their lifetime.[9] About 14% of Region 9 students reported they were high-risk users, i.e., binge users of alcohol in the last 30 days which is 5 or more drinks in a 2-hour period.[9] About 35% of students in Region 9 in 2018 reported they currently use alcohol.[9]

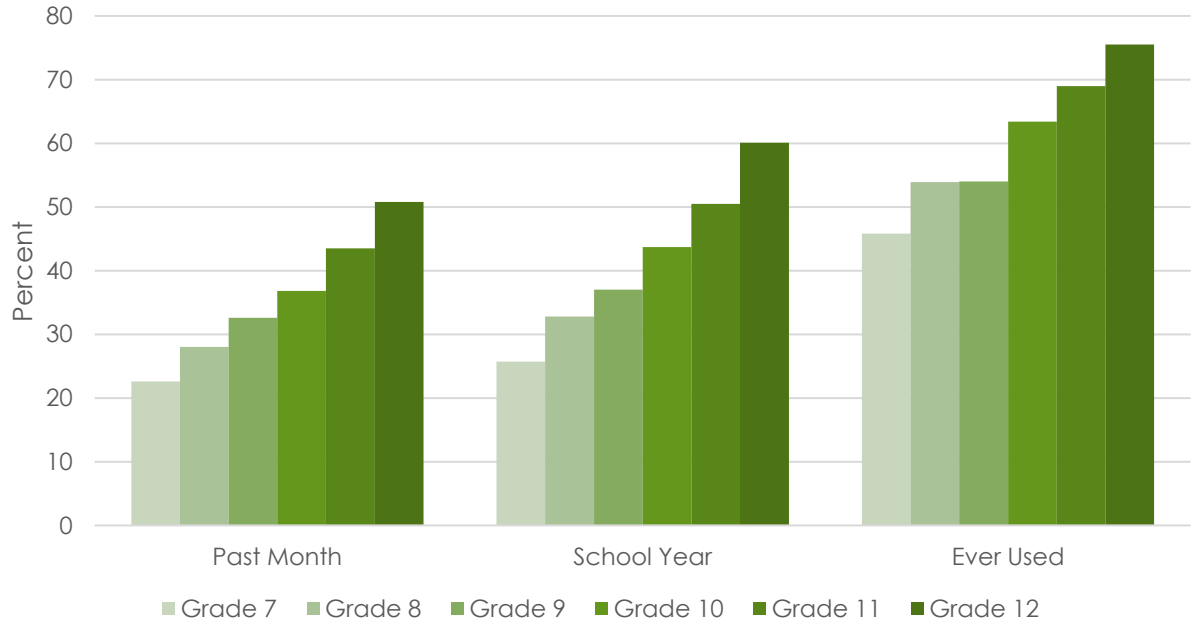
Table 27: Texas Student Alcohol Consumption (%), 2018

Region	Current Use	School Year Use	Lifetime Use	High-Risk Use
State	29.0	34.4	51.5	11.7
1	33.5	39.8	59.7	14.1
2	28.2	34.0	54.6	11.7
3	23.6	28.5	46.9	8.1
4	29.5	35.9	55.9	12.0
5	36.8	42.3	61.7	18.1
6 & 7	28.9	34.3	50.7	11.6
8	36.0	41.9	58.8	17.1
9	34.7	40.4	59.3	14.3
10	32.1	36.8	54.5	13.0
11	29.0	33.5	48.2	11.6

Source: Texas School Survey, 2018[9]

When looking at alcohol use in 7th-12th grade students in Region 9, it is obvious to see that as grade level increases, so does the percentage of students using alcohol (see Figure 29 on the following page).[9] This is illustrative of students' perception of harm stated earlier in this text. Accordingly, as grade level increases the percentage of students reporting that they have "never used" alcohol steadily declines.[9]

Figure 29. Region 9 Student Alcohol Consumption, 2018



Source: Texas School Survey, 2018[9]

Qualitative and Local Data on Alcohol Use

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that they rarely see a student come to school drunk or under the influence of alcohol. It is suspected that underage drinking is more of a problem "outside of school" than, per se, illicit drugs on campus.

However, local recovery centers note that alcohol misuse is still the most prevalent issue they see. Furthermore, local Department of Family and Protective Services (DFPS) offices commented that "probably 80-90%" and "up to 99%" of their cases involve some form of alcohol, drugs, or both. When meeting with local stakeholders, such as law enforcement, teachers, and healthcare professionals, alcohol is undoubtedly an issue in the Permian Basin.

Furthermore, Figure 30 shows that Odessa and Midland are the two highest ranking cities in Texas for drunk driving deaths from 2013-2017.[81] Odessa has a drunk driving death rate of 6.26 and Midland 6.19, both nearly double the U.S. drunk driving death rate in 2012 of 3.3 deaths per 100,000 residents.[81,82]

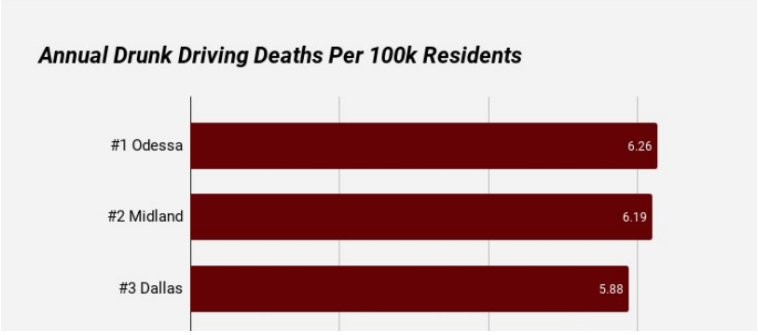


FIGURE 30. THE 10 TEXAS CITIES WITH THE HIGHEST DRUNK DRIVING FATALITY RATES, 2013-2017
Source: Texas Department of Transportation[81]

Tobacco

Tobacco use is primarily established during adolescence.[83,84] Nearly 9 out of 10 cigarette smokers began smoking before they were 18 years of age and every day in the U.S. more than 3,000 youth under the age of 18 smoke their first cigarette.[84] From 2011-2017, cigarette smoking declined among middle and high school students across the U.S., but electronic cigarette use increased among the same demographic.[85,86] These trends are reflected in Region 9 youth.

Age of Initiation to Tobacco

According to the 2018 TSS, the average age students in Region 9 reported first use of tobacco was 13.2 years (see Table 28).[9] The average age Texas youth reported first using tobacco in 2018 was 13.5 years.[9] Region 9 tied for third lowest age in the state for first use of tobacco.[9]

Table 28. Age of First Use of Tobacco, 2018

Region	Age
Texas	**13.5**
1	13.5
2	13.2
3	13.6
4	12.9
5	12.8
6 & 7	13.4
8	13.9
9	**13.2**
10	13.8
11	13.6

Source: Texas School Survey, 2018[9]

Current/Lifetime Tobacco Use

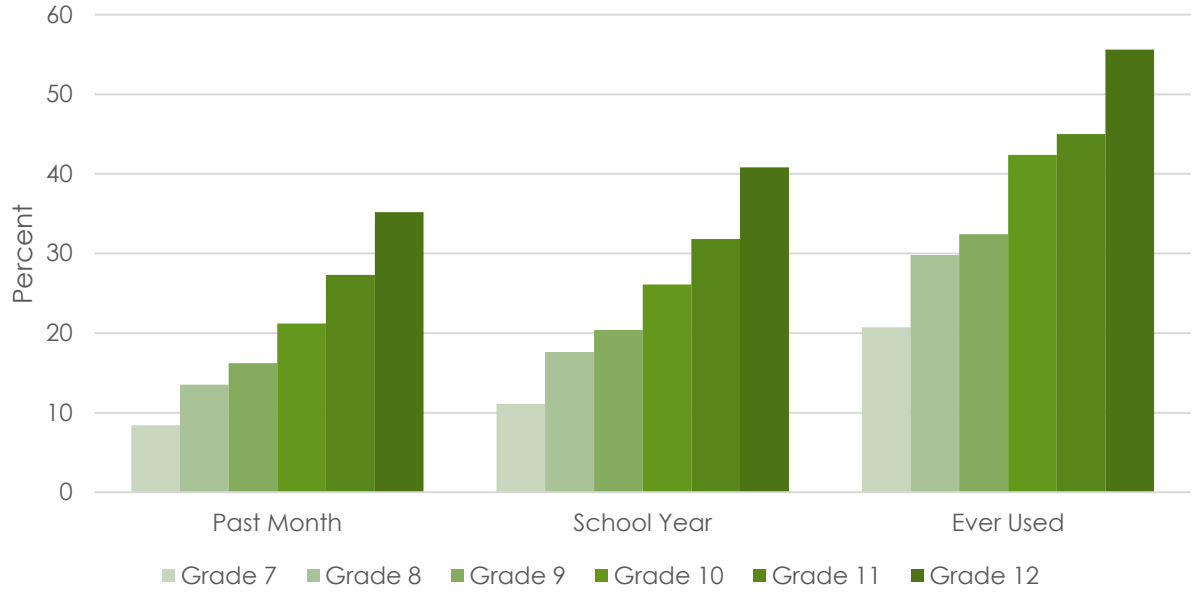
Three percent more youth in Region 9 reported using tobacco in the past 30 days compared to the state average in 2018 (see Table 29) .[9] Similarly, nearly 4% more youth in Region 9 reported using tobacco in the past school year compared to the Texas average and 6.1% more youth in Region 9 reported having ever used tobacco compared to the Texas average.[9] Region 9 youth are using tobacco at higher rates than Texas youth in each category of use (current, school year, and lifetime). Like with alcohol and marijuana, and unlike prescription drug abuse, the percentage of students using tobacco increases by grade level and the percentage of students having never used tobacco decreases by grade level consistently (see Figure 31 on the following page).[9] More than one in every two 12th grade students in Region 9 have used tobacco at some point in their life and about one in every five 7th grade students in Region 9 have used tobacco at some point in their life.[9] Furthermore, more than one-third of 12th grade students in Region 9 are currently using tobacco.[9]

Table 29: Texas Student Tobacco Use (%), 2018

Region	Current Use	School Year Use	Lifetime Use
State	16.3	19.9	30.3
1	18.0	21.8	36.8
2	17.7	22.1	35.3
3	14.3	17.3	26.7
4	18.8	22.7	35.1
5	23.2	27.4	41.7
6 & 7	17.1	20.9	30.5
8	20.4	24.2	34.8
9	19.3	23.6	36.4
10	15.4	19.0	31.9
11	12.8	15.8	26.7

Source: Texas School Survey, 2018[9]

Figure 31. Region 9 Student Tobacco Use, 2018

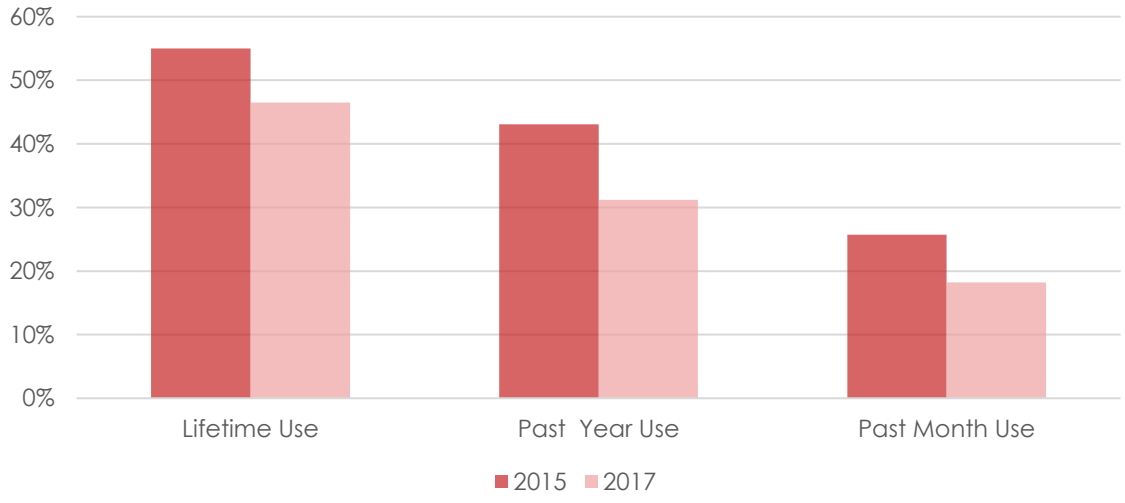


Source: Texas School Survey, 2018[9]

College Tobacco Use

Tobacco use among Texas college students is also high, but has reportedly declined since 2015 (see Figure 32).[80] According to the 2017 Texas College Survey (TCS), about 18% of Texas college students used tobacco in the past 30 days, a large decline from 25.7% in 2015.[80] In 2017, nearly 47% of Texas college students reported they had ever used tobacco in their lifetime, an 8.5% decrease from student reports in 2015.[80]

Figure 32. Texas College Students: Tobacco Use, 2015-2017



Source: Texas College Survey, 2017[80]

Qualitative Data on Tobacco Use

Upon visiting local junior high and high schools, all campuses noted that vaping/using vaping devices is the most popular drug use they see on campus. JUULs are the most common vaping device seen on Region 9 campuses. Going into nearly any convenience store in Midland/Odessa, one will find advertising for JUUL. The JUUL is discussed more in the *Emerging Trends* section of this assessment.

Marijuana

With legalization efforts succeeding in various states across the U.S., marijuana continues to grow as a drug of choice among youth and adults in Region 9. In recent years, perception of harm regarding marijuana has diminished in Region 9, possibly due to misinformation and pro-legalization efforts. As explained earlier, there are many common misconceptions about the drug, and these misunderstandings about marijuana may correlate with increased use in Region 9 and across the United States.

Age of Initiation to Marijuana

Data from the 2018 TSS indicates that the age of initiation (first-use) for marijuana in students in Region 9 is 13.7 years old, which ties with Region 5 for the youngest age of initiation to marijuana in the state.[9] The state average age of first use of marijuana is 14.0 years old (see Table 30).[9]

Table 30. Age of First Use of Marijuana, 2018

Region	Age
Texas	**14.0**
1	13.9
2	14.0
3	14.1
4	14.0
5	13.7
6 & 7	14.1
8	14.1
9	**13.7**
10	14.0
11	14.0

Source: Texas School Survey, 2018[9]

Current/Lifetime Marijuana Use

Students in Region 9 rank the third highest in Texas for both current and school-year use of marijuana (see Table 31).[9] Additionally, Region 9 has the second greatest proportion of youth in the state for lifetime use of marijuana.[9] Nearly one in four (24.8%) 7th-12th grade students in Region 9 have used marijuana at least once in their lifetime.[9] Moreover, about one in seven 7th-12th grade students in Region 9 are currently using (in the past 30 days) marijuana.[9] Thus, the majority (about 75% total) of Region 9 students reported they have never used marijuana, no matter the grade level (see Figure 33 on the following page).[9] However, the percentage of these students drops by grade level, i.e., nearly 90% of 7th graders reported having "never

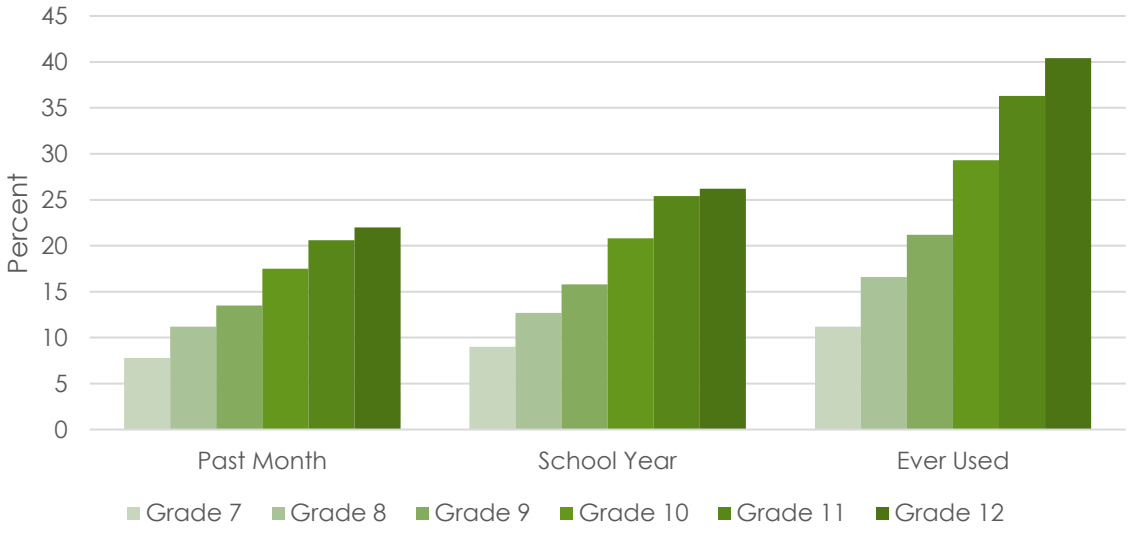
Table 31: Texas Student Marijuana Use (%), 2018

Region	Current Use	School Year Use	Lifetime Use
State	13.6	16.3	22.1
1	12.8	15.7	22.3
2	9.0	11.4	18.6
3	11.6	14.3	19.8
4	11.9	14.5	21.0
5	13.9	16.8	23.4
6 & 7	13.5	16.4	22.3
8	15.6	18.4	23.8
9	14.9	17.7	24.8
10	18.4	21.1	27.5
11	14.5	16.4	21.6

Source: Texas School Survey, 2018[9]

used" marijuana while less than 60% of 12th graders reported the same.[9] Accordingly, the percentage of students reporting they have "ever used" marijuana increases by grade level, i.e., about 11% of 7th graders reported they have "ever used" marijuana while this rises to over 40% in 12th graders.[9] Additionally, more than one in every five 12th grade students in Region 9 reported using marijuana in the past month.[9]

Figure 33. Region 9 Student Marijuana Use, 2018

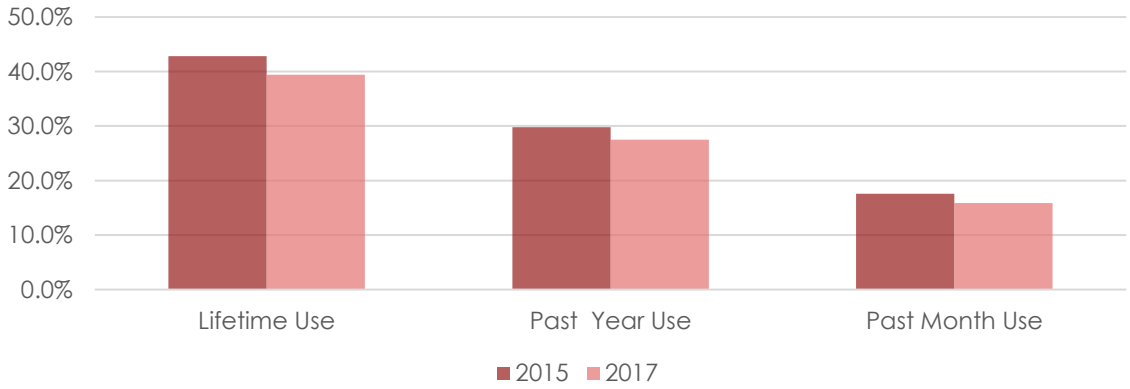


Source: Texas School Survey, 2018[9]

College Marijuana Use

Marijuana use among Texas college students is also high, but has reportedly declined since 2015 (see Figure 34).[80] According to the 2017 Texas College Survey (TCS), about 16% of Texas college students used marijuana in the past 30 days, a decrease from 17.6% in 2015.[80] In 2017, nearly 40% of Texas college students reported they had used marijuana in their lifetime, which is a 3% decrease from student reports in 2015.[80] College use is expected to rise, however, as nearby states, like Colorado, have legalized marijuana and "weed tourism" increases.

Figure 34. Texas College Students' Marijuana Use, 2017



SOURCE: TEXAS COLLEGE SURVEY, 2017[80]

Qualitative Data on Marijuana Use

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that marijuana use is "most definitely" an issue. However, liquid marijuana used in electronic nicotine delivery systems (ENDS), such as JUUL™ devices, is more often seen now. School officials report they sometimes smell marijuana on students coming back from lunch or at other times, but they mostly catch student marijuana use in ENDS devices which hide the scent of marijuana.

Furthermore, local DFPS offices report that methamphetamine and marijuana are their two most commonly seen illicit drugs in their cases. Finally, a local drug screening facility, primarily for oil field workers, noted that they see marijuana and cocaine use the most often.

Prescription Drugs

In 2011, the Executive Office of the President of the United States called the abuse of prescription drugs an epidemic.[87] The 2011 Prescription Drug Abuse Prevention Plan further outlined four areas to focus on to reduce prescription drug abuse: 1) education, 2) tracking and monitoring, 3) proper medication disposal, and 4) enforcement.[87] Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients. In addition, proper storage and disposal of prescription drugs is needed to prevent abuse of prescription drugs. Monitoring and tracking are necessary measures to assess prescription drug rates throughout communities and the impacts these rates create. Monitoring also helps enforce prescription medication regulations on providers who may choose to abuse their prescribing privileges. Monitoring in Texas includes implementation of prescription drug monitoring programs (PMPs).[76]

Age of Initiation

In the 2018 TSS, students are not asked about the age which they first misused prescription drugs, but the 2017 Monitoring the Future survey showed that 4.9% of youth aged 12-17 years old in the US misused prescription drugs in the past year.[88]

Current/Lifetime Use

In 2018, 7.3% of Region 9 youth reported abusing prescription drugs in the past month, i.e. current misuse (see Table 32).[9] Nearly 12% of Region 9 youth reported misusing prescription drugs in the past school year and about 21% reported having ever misused prescription drugs in their lifetime.[9]

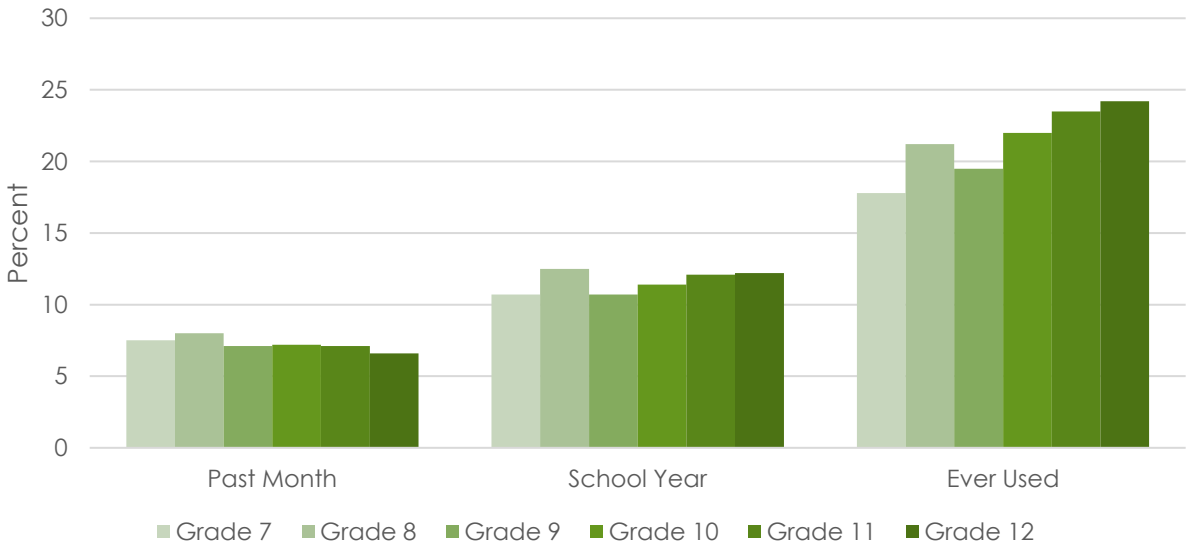
Table 32: Texas Students' Prescription Drug Misuse (%), 2018

Region	Current Misuse	School Year Misuse	Lifetime Misuse
State	7.1	10.5	18.5
1	6.0	10.6	18.5
2	6.5	9.7	18.6
3	6.6	9.6	17.1
4	7.6	11.7	20.2
5	10.1	14.6	24.6
6 & 7	7.2	10.8	19.1
8	7.7	11.2	18.1
9	7.3	11.5	21.1
10	8.3	11.9	20.1
11	6.3	9.3	15.9

Source: Texas School Survey, 2018[9]

Unlike with alcohol and marijuana use, there is a less distinguishable trend with prescription drug misuse among 7th-12th grade students in Region 9 (see Figure 35).[9] Generally, however, the higher the grade level, the higher the percentage of students who have misused prescription drugs.[9]

Figure 35. Region 9 Student Prescription Drug Use, 2018



Source: Texas School Survey, 2018[9]

In 2018, Region 9 students were also asked about their use of prescription opioids which were not prescribed to them, i.e. their misuse of prescription opioids, including: OxyContin, Percodan, Percocet, Vicodin, Lortab, Lorcet, and Hydrocodone. Table 33 shows that less than 1% of Region 9 youth reported misusing prescription opioids in the past month; 1.6% reported misusing prescription opioids in the past school year; and 4.0% of Region 9 youth reported misusing prescription opioids in their lifetime.[9] Region 9 youth rates were comparable to state averages for prescription opioid misuse.

Table 33: Texas Students' Rx Opioid Misuse (%), 2018

Region	Current Use	School Year Use	Lifetime Use
State	1.0	2.0	3.8
1	0.9	1.9	3.9
2	1.3	2.1	4.7
3	1.0	2.0	3.7
4	1.1	2.1	4.3
5	1.4	2.2	5.1
6 & 7	1.1	2.2	4.3
8	0.9	1.7	3.5
9	0.9	1.6	4.0
10	1.4	2.2	3.7
11	0.6	1.2	2.3

Source: Texas School Survey, 2018[9]

Qualitative Data on Prescription Drug Abuse

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that besides seeing marijuana on campus, prescription medications are the most commonly seen drug. Examples they gave were Adderall and some opioids, such as Oxycontin and Hydrocodone, but the most commonly seen among all campuses is Xanax, a prescription medication that treats anxiety and panic disorders. School officials noted that you can sometimes smell other drugs, like marijuana, but pills have no scent and are easy to hide. When asking the school officials if they had to name just one prescription drug they see the most, the unanimous response was Xanax. They urge parents to check and secure their medicine cabinets because students of all kinds are being caught with pills on campus that are not prescribed to them, i.e. prescription drug misuse.

Furthermore, local DFPS offices reported that they see prescription medications among the top substances abused in their cases. Others reported on prescription opioids, specifically, which is recognized exclusively later in this text in the *Special Topic: Opioids* section.

Other Illicit Drugs

Age of Initiation

Data from the 2018 TSS indicates that the age of initiation (first-use) in Region 9 youth for cocaine is 14.8 years, crack 13.4 years, steroids 12.0 years, ecstasy 14.6 years, heroin 12.8 years, methamphetamine 13.8 years, synthetic marijuana 13.4 years, and inhalants 11.9 years (see Table 34).[9] These ages were all comparable to the state average age of first use for each of these substances, with none varying more than 0.5 years.[9]

Table 34. Age of First Use of Other Substances (%), 2018

Substance	Texas	Region 9
Cocaine	14.8	14.8
Crack	13.3	13.4
Steroids	12.5	12.0
Ecstasy	14.7	14.6
Heroin	12.6	12.8
Methamphetamine	13.8	13.8
Synthetic Marijuana	13.6	13.4
Inhalants	11.7	11.9

Source: Texas School Survey, 2018[9]

Current/Lifetime Use

In 2018, more than 15% of Region 9 youth reported that they used some kind of illicit drug in the past month (current use); about 20% reported they used some kind of illicit drug in the past school year; and, more than 26% reported they've used some kind of illicit drug in their lifetime (see Table 35).[9] These rates were recognizably above the state averages of 13.9%, 17.9%, and 23.5% for current, school-year, and lifetime use of illicit drugs in 2018.[9]

Table 35: Texas Student Illicit Drug Use (%), 2018

Region	Current Use	School Year Use	Lifetime Use
State	13.9	17.9	23.5
1	13.3	18.0	23.9
2	9.2	12.9	19.7
3	11.8	15.7	20.8
4	12.3	16.4	22.5
5	14.4	18.8	24.9
6 & 7	13.9	18.3	23.9
8	15.9	20.2	25.4
9	15.3	19.6	26.5
10	19.0	23.1	29.3
11	14.8	17.6	22.9

Source: Texas School Survey, 2018[9]

Looking further into the data, marijuana was the illicit drug of choice for Region 9 youth in 2018 for current, school-year, and lifetime use.[9] Table 36 shows that nearly 25% of Region 9 youth reported they used marijuana at some point in their lifetime. The second most-used substance for Region 9 youth was synthetic marijuana (4%), followed by both cocaine and hallucinogens (each 3.5%).[9]

Table 36: Region 9 Student Illicit Drug Use (%), 2018

Substance	Current Use	School Year Use	Lifetime Use
Any Illicit Drug	15.3	19.6	26.5
Marijuana	14.9	17.7	24.8
Cocaine	1.6	1.9	3.5
Crack	0.4	0.4	0.9
Hallucinogens	1.1	1.8	3.5
Synthetic Cathinones	0.1	0.2	0.4
Steroids	0.4	0.5	1.4
Ecstasy	0.4	0.8	2.0
Heroin	0.1	0.1	0.6
Methamphetamine	0.3	0.4	1.0
Synthetic Marijuana	1.3	1.9	4.0

Source: Texas School Survey, 2018[9]

Qualitative Data on Illicit Drug Use

Often, the Region 9 PRC receives data requests for illicit drug use, especially for cocaine and methamphetamine. This data is particularly difficult to obtain in adults because there is no convenient way to measure this substance use, as there can be with alcohol, nor a general public survey that reports the consumption rates of adults in our community. However, from dialogue in our community, we realize that illicit drug use is a problem more than worthy of our attention. One way we can draw a picture of illicit drug use in our region is from local law enforcement. Local police officers have shared with us that cocaine, methamphetamine, and heroin are large issues in our area, especially with oil field workers on long shifts. Police officers have reported stories to us that it is common for them to catch someone possessing methamphetamine while they're on their way to a 24-hour long shift at work. Some officers showed us specific neighborhoods which were known for cocaine, methamphetamine, etc. Law enforcement also shared that they see a lot of prescription opioid abuse, especially oxycodone and hydrocodone.

Special Topic: Opioids

Opioids are pain-relieving drugs derived from opium, i.e., opiates and synthetic opiates.[89] Common opiates are heroin (an illegal opiate) as well as prescription medications: oxycodone (a.k.a. OxcyContin), hydrocodone (a.k.a. Vicodin), morphine, and methadone.[89] Fentanyl is a synthetic opiate typically used for treating severe pain, e.g., in advanced cancer patients, but is now commonly made and distributed illicitly.[89] Biological effects of fentanyl are indistinguishable

from those of heroin except for fentanyl is around 50 times, sometimes up to hundreds of times, more potent than heroin.[90,91]

To give perspective, oxycodone is 1.5 times stronger than morphine, heroin 2-5 times stronger then morphine, methadone 3 times stronger morphine, fentanyl 50-100 times stronger morphine, and carfentanil 10,000 times stronger than morphine (see Figure 36).[92,93] Carfentanil is a tranquilizer for elephants and other large mammals, unintended for humans, but is being found mixed into heroin and other drugs creating an extremely lethal drug.[93]

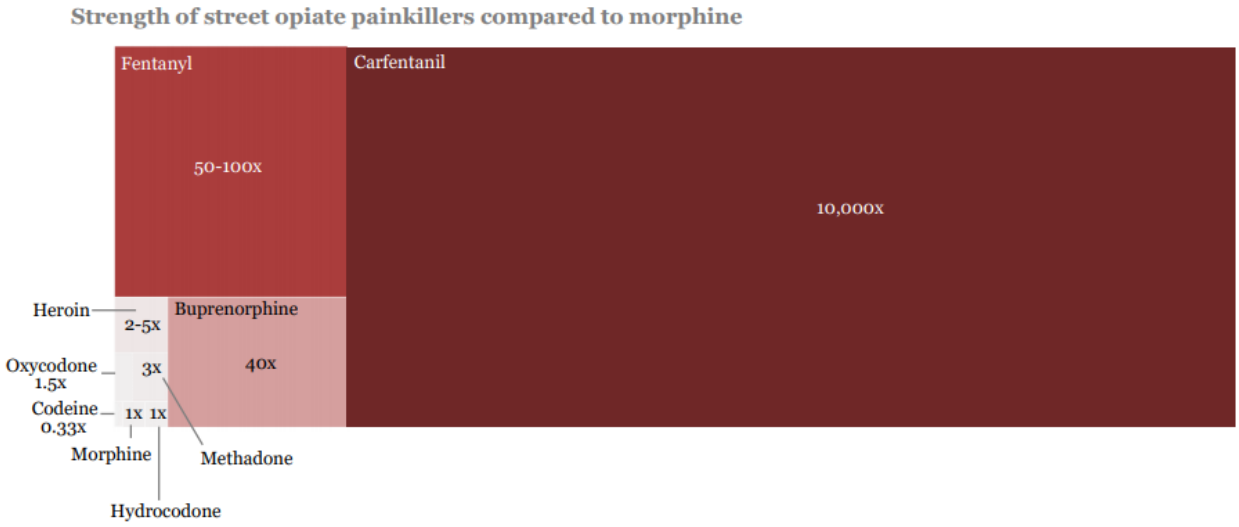


FIGURE 36. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE
Source: National Journal Presentation Center, Washington Post [92,93]

National Crisis

In 2017, more than 70,000 people in the U.S. died of a drug overdose, of which more than 47,600 (68%) were caused by an opioid.[94] This amounts to more than 130 deaths per day in the U.S. from opioid drug overdoses alone. This was an increase from 2016, when more than 40,000 opioid overdose deaths occurred (see Figure 37).[94]

The misuse of and addiction to opioids—including prescription pain pills, illicit opioids, e.g., heroin, and synthetic opioids such as fentanyl —is a serious national crisis that affects public health as well as social and economic welfare.[95] The total economic burden of the prescription opioid overdose,

Figure 3. **National Drug Overdose Deaths Involving Any Opioid,** Number Among All Ages, by Gender, 1999-2017

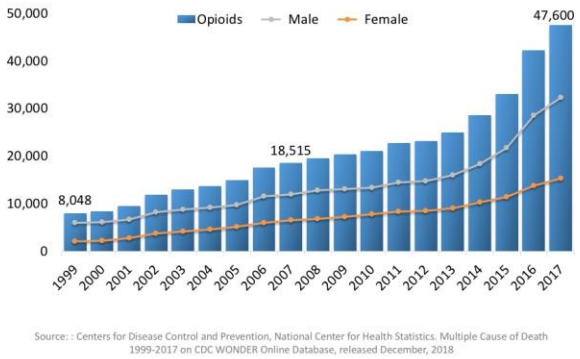


FIGURE 37. OPIOID OVERDOSE DEATHS, 2002-2015
Source: National Institute on Drug Abuse[94]

abuse, and dependence in the U.S. as of 2013 was estimated to be $78.5 billion, of which over a third of these costs is attributed to increased health care and substance abuse treatment costs.[96]

Furthermore, a 2017 CastLight report found that, contrary to popular belief, "opioid abusers are more likely to live in the rural south" than on the east or west coast of the U.S. (see Figure 38).[97] This report also ranked four Texas cities among the top 25 opioid abusing cities, including Odessa (Ector County) with an 8% opioid abuse rate and rank of #15 in the U.S.[97] This report estimates that 8% of people prescribed opioids in Odessa are abusing them.[97]

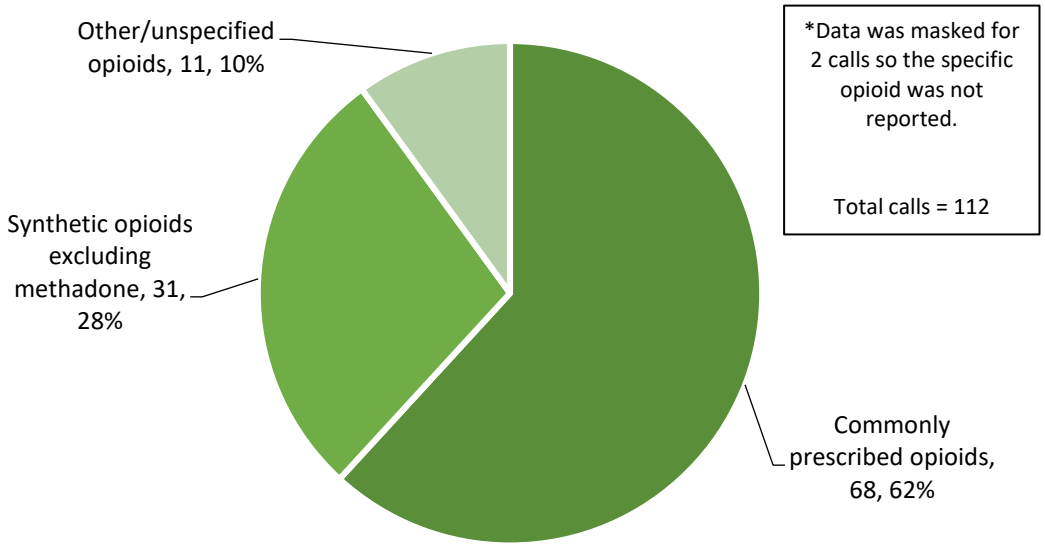
FIGURE 38. ODESSA #15 IN TOP OPIOID ABUSE RATES IN NATION, 2017
Source: CastLight Health[97]

Texas Poison Center Calls

In 2017, the Texas Poison Center reported 112 opioid-related exposures from Region 9 (see Figure 39 on the following page).[98] Midland County accounted for 36 of these calls, Ector County 22, Tom Green County 16, and Howard County 10.[98] Thirty-one of the 112 calls were for synthetic opioids other than methadone; 11 of the calls were for unspecified opioids; and 68 calls were for commonly prescribed opioids.[98] Region 9 calls were comparable to the state rate, as commonly prescribed opioids accounted for 67% of the calls, synthetic opioids accounted for 30%, and

heroin and unspecified opioids accounted for the remaining of the opioid-related calls to the Texas Poison Control Center.[98]

Figure 39. Region 9 Opioid-Related Poison Center Calls, 2017



Source: Texas Health and Human Services Commission[98]

Adolescent Use

In 2017, 11.4 million people aged 12 or older misused opioids, the majority being prescription opioids, not heroin.[11] Over 5,400 youth aged 15-24 died from a drug overdose in 2017 and more than 60% of these were attributed to heroin and other opioids.[99] It is estimated that for every young adult death due to prescription drug overdose, including opioids, there are 22 treatment admissions and 199 emergency room visits.[100] Drug overdose deaths involving opioids among adolescents have more than tripled from 1999-2015 and this rate is more than cocaine, benzodiazepines, and psychostimulant overdose death rates combined (see Figure 40 on the following page).[101]

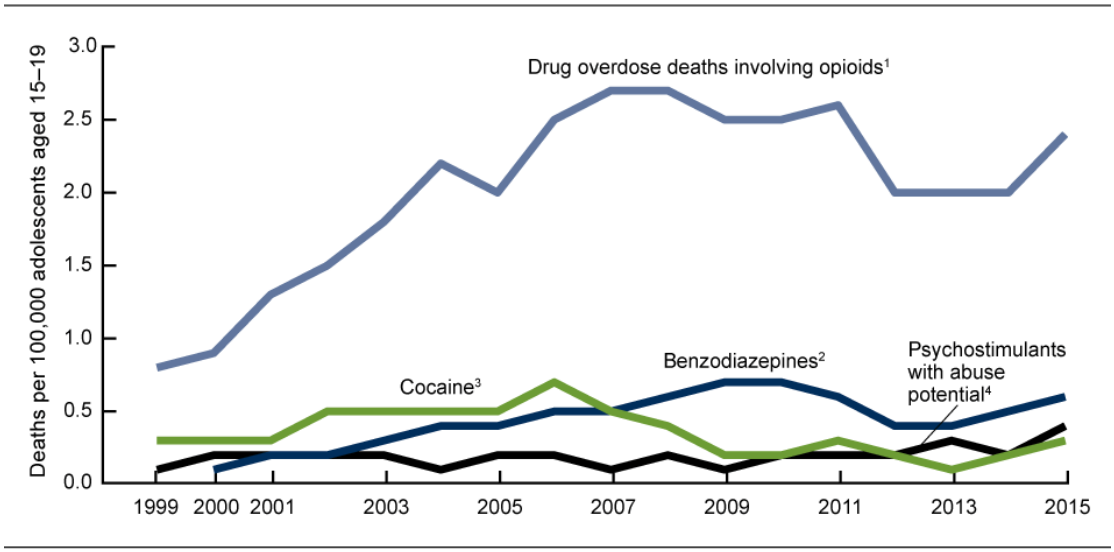


FIGURE 40. DRUG OVERDOSE DEATH RATES FOR ADOLESCENTS AGED 15-19, 1999-2015
Source: Centers for Disease Control and Prevention[101]

Qualitative Data

Among the prescription medications that local junior high and high schools report seeing are opioids. Specifically, schools report students bringing hydrocodone and oxycodone, a.k.a. Vicodin and Oxycontin by their brand names, respectively. School officials say that they catch students selling these pills often before school begins in the morning, so they don't get caught with carrying a prescription drug not prescribed to them during the day. As with opioids, Xanax, and other medications, they urge parents to check and secure their medicine cabinets.

Local treatment facilities report that less than a quarter of their patients are there for opioid abuse. This is most likely because there are clinics solely for opioid abusers, i.e., methadone clinics. Both Midland and Odessa have outpatient methadone clinics and, in total, have the capacity to serve 241 patients. As of July 2019, both methadone clinics currently have wait lists. The most commonly abused opioids these clinics see are heroin and a mixture of oral opiates.

Furthermore, local DFPS offices report that they see prescription medication abuse among the top substances abused in their cases and these include opioids, as well.

Fentanyl and Opioid Dangers

Fentanyl is a powerful synthetic opioid analgesic like morphine, but is 50 to 100 times more potent.[92,93] Fentanyl is a schedule II prescription drug and is manufactured as a surgery anesthetic, pain management medication after surgery, and to treat chronic pain in patients tolerant to other painkillers.[102] In its legal (prescription) form, fentanyl is known as Actiq®, Duragesic®, and Sublimaze®.[103] Street names for fentanyl or for fentanyl-laced heroin include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.[103]

In 2013, the Drug Enforcement Administration (DEA) began noticing a spike in opioid overdoses and deaths and found them to be the result of counterfeit pharmaceutical products containing fentanyl or fentanyl-related substances and other synthetic opioids.[102] The current rise in opioid-related deaths appears to be driven by illicitly produced fentanyl products.[102] South America and Mexico appear to be the main regions smuggling fentanyl into the U.S. with a notable amount also coming through Canada.[102]

Fentanyl-related substances have been identified in powder, pill, capsule, and liquid forms, as well as on blotter paper.[102] Fentanyl has also been identified in counterfeit pharmaceutical products, e.g., tablets that mimic oxycodone, and found in mixtures with cocaine ("speedball") and heroin plus other synthetic opioids ("Grey Death").[102] It has been determined that only 2-3 milligrams, about the size of 5-7 grains of salt, of fentanyl can induce respiratory depression, arrest, and possibly death (see Figure 41).[102]

The DEA gives specific guidelines on treating a first responder that may have come into contact with a fentanyl-related substance, including administering multiple doses of naloxone, an opioid overdose antidote, if the victim has overdosed.[102]

FIGURE 41. LETHAL AMOUNT OF FENTANYL COMPARED TO A PENNY
Source: Drug Enforcement Administration[102]

Emerging Trends

One way to understand current trends in substance use is to be aware of any new substances and devices in the market. Many times, emerging trends consume the drug market at a rapid pace without knowledge of the effects a drug or device may reap. New substances and devices can often be detrimental to a society. One such new trend we are seeing across the U.S. and in the Permian Basin is the JUUL™.

> "We believe that vaping can… have a negative impact when used by nonsmokers…These alternatives contain nicotine… We believe that these alternatives are not appropriate for people who do not already smoke".
>
> *-JUUL*

JUULs and E-Cigarettes

JUUL devices are a closed system vapor product and use a heating mechanism to create an aerosol.[104] JUULs are rechargeable via a USB port and they utilize e-liquids, or the fluid which creates the vapor, in the form of JUULpods. JUULpods contain propylene glycol, glycerine, benzoic acid, flavors, and nicotine. Per the JUUL website, the mission of JUUL is to create an alternative for current smokers, not a new habit for nonsmokers.[104] In overview, JUUL devices have a sleek design and are manufactured to give a "healthier" alternative to adult tobacco cigarette smokers while still delivering the nicotine they seek (see Figure 42).[104]

FIGURE 42. JUUL™, THE NEW ELECTRONIC CIGARETTE
Source: JUUL[104]

Though the JUUL was designed as an alternative for current adult smokers and electronic cigarettes are illegal to buy under the age of 18, the JUUL has been a hit among teens across the U.S., including the Permian Basin. When interviewing local schools and asking if they had seen JUULs on their campus, assistant principals opened their desk drawer and displayed the JUULs they confiscated that week.

JUULs make up about 68% of the $2 billion e-cigarette market.[105] JUULs are cause for concern with medical professionals due to their higher concentrations of nicotine compared to other e-cigarettes and cigarettes.[105] The amount of nicotine in one JUUL pod is equivalent to a pack of cigarettes and can expose teens to unsafe levels of nicotine, leading to both immediate and long-term health consequences.[105] In one study, adolescents who began smoking at a young age had a markedly reduced prefrontal cortex which is an area of the brain responsible for a person's cognitive behavior and decision making.[105] JUULing is fairly new; there are even more studies concerning e-cigarette usage in adolescents.

Barrington-Trimis et al. found that e-cigarette users had over 6 times the odds of beginning cigarettes later on in life as compared to non-e-cigarette users.[106] NIDA reports that over 30% of e-cigarette users began smoking within 6 months of using an e-cigarette while only 8% of non-users began smoking (see Figure 43).[107] Furthermore, nearly one-fifth of 12th grade students across the U.S. reported using e-cigarettes in the past month.[107]

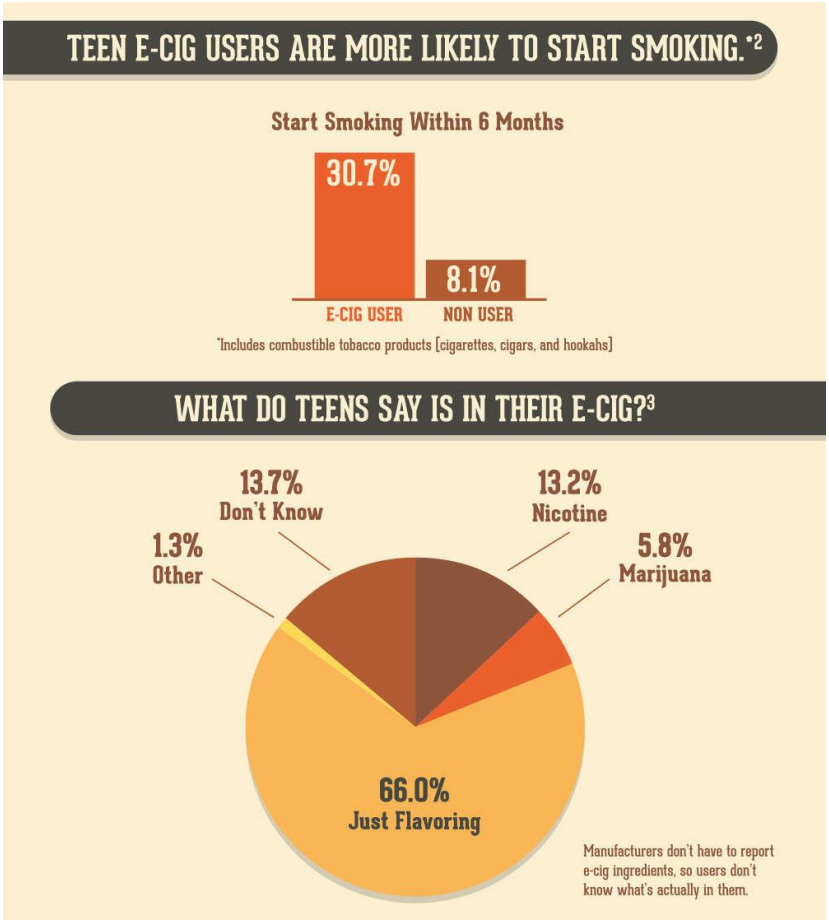


FIGURE 43. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS
Source: National Institute on Drug Abuse[107]

Teens also don't always know what is in their e-cigarettes. Figure 43 shows that two-thirds of teens believe only flavoring is in their e-cigarette and only 13% know that it contains nicotine.[107] This may be true, as some e-cigarette brands claim to have nicotine-free liquid. Interestingly, nearly 6% of teens believe marijuana is in their e-cigarette and this could also be true.[107] If you visit any of the marijuana online forums, you are sure to be able to find a tutorial on how to use liquid marijuana in an e-cigarette. Local schools noted that students can and are getting high in class simply by vaping liquid marijuana from their USB-looking vaping devices.

Consequences

In assessing environmental risk factors, one may face certain consequences due to the amount of risk accumulated. Consequences may include mortality, legal consequences, hospitalizations, economic impacts, and more. Each realm of consequences listed in the following section has the ability to affect the community, school, family, and individual sectors.

Overview

Consequences come in a variety of forms, such as: overdose deaths and disease related to alcohol and drugs, arrests and criminal charges, hospitalizations and ER admissions, underage drinking and drug use, and the cost of treatment, as well as low employment and college admissions. These consequences are felt by the community at-large and are relevant because they, in turn, are a way of reporting the risk factors present in a community.

Mortality

Fatality is the most extreme example of substance use consequences, but it is not uncommon. Alcohol and other drugs can kill people in a variety of ways, either directly or indirectly, and the magnitude of this consequence is inconceivable. However, it is important to report what data can be attributed to substance use. Thus, the following section expresses substance use-related mortality rates in Region 9.

Overdose Deaths

Overdose death is a directly related fatality due to alcohol and/or drugs. Table 37 shows the overdose death crude rate, or the number of people per 100,000 population that died directly from overdosing on alcohol or drugs from 1999-2017.[108] Only 12 counties in Region 9 had data for the overdose death crude rate, as the remaining counties did not have sufficient enough data to report on this factor from 1999-2017. The county with the highest overdose death crude rate from 1999-2017 was Reeves County (county seat of Pecos, TX) with a rate of 25.6 overdose deaths per 100,000 population.[108] In comparison, Reeves County's overdose death crude rate was 63% higher than the Texas overdose death crude rate from 1999-2017.[108] Following Reeves County, Ector County had an overdose death crude rate of 23.4 and Winkler County had an overdose death crude rate of 22.7 from 1999-2017.[108]

Table 37. Overdose Death Crude Rate per 100K, 1999-2017

Area	Overdose Death Crude Rate per 100K
Texas	**15.7**
Andrews County	11.4
Dawson County	17.7
Ector County	23.4
Gaines County	11.5
Howard County	22.2
McCulloch County	12.9
Midland County	18.1
Pecos County	14.6
Reeves County	25.6
Tom Green County	18.8
Ward County	21.9
Winkler County	22.7

Source: CDC Wonder[108]

Overdose deaths can be caused by many drugs. Trends show that synthetic opioids other than methadone (mainly fentanyl) are the leading cause of overdose deaths in the U.S. as of 2017, followed by prescription opioids, heroin, cocaine, benzodiazepines, psychostimulants with abuse potential, and antidepressants (see Figure 44).[94] It is important to note that alcohol is not included in Figure 44, but is included in overdose death rates seen in Table 37 on the previous page.

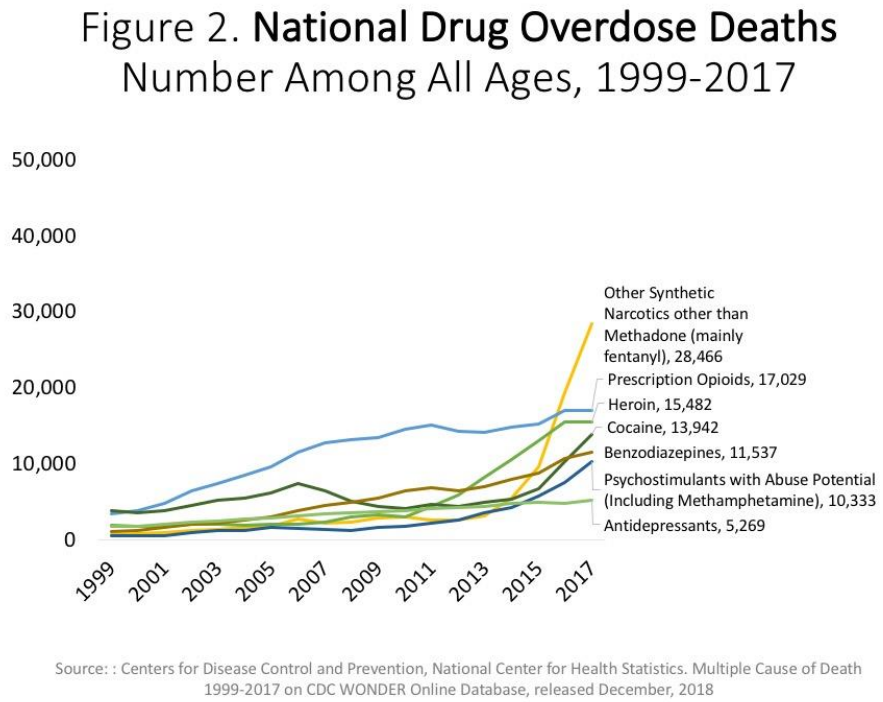


FIGURE 44. DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 1999-2017
Source: National Institute on Drug Abuse[94]

Drug and Alcohol-Related Deaths

Alcohol-induced deaths include deaths from dependent and nondependent use of alcohol, deaths from accidental poisoning by alcohol, excluding unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome.[108] Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning (drug overdose) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing's syndrome).[108] Therefore, deaths in this section encompass more than direct deaths due to alcohol/drugs (overdose). Drug-induced deaths are separated from alcohol-induced deaths to represent the magnitude of each. Crude rates are represented in number of deaths per 100,000 population and are not adjusted for age or any other factors, hence, the *crude* rate.

Table 38. Alcohol-Induced Death Crude Rate, 1999-2017	
Area	**Crude Rate per 100K**
Texas	**6.3**
Dawson County	9.1
Ector County	10.8
Howard County	10.6
Midland County	9.6
Pecos County	8.3
Reeves County	10.9
Tom Green County	7.2
Ward County	12.2

Source: CDC Wonder[108]

The alcohol-induced death crude rate for Texas from 1999-2017 was 6.3, or 6.3 deaths per 100,000 people.[108] Not every county in Region 9 had sufficient data to report on this variable, but eight counties in Region 9 did (see Table 38).[108] Ward County had the highest alcohol-induced death crude rate from 1999-2017 in Region 9 of 12.2, which is about twice the rate of Texas.[108] The second and third highest alcohol-induced death crude rates in Region 9 from 1999-2017 were in Reeves County (10.9) and Ector County (10.8).[108]

The drug-induced death crude rate of Texas from 1999-2017 was 9.4 (see Table 39).[108] Winkler County had the highest drug-induced death crude rate in Region 9 from 1999-2017: 16.1, which is about 71% higher than the Texas rate for that same time period.[108] The second highest drug-induced death crude rate in Region 9 from 1999-2017 was in Reeves County (14.7) followed by the third highest in Ector County (12.7).[108]

Table 39. Drug-Induced Death Crude Rate, 1999-2017	
Area	**Crude Rate per 100K**
Texas	**9.4**
Andrews County	7.8
Dawson County	8.7
Ector County	12.7
Gaines County	7.8
Howard County	11.5
Midland County	8.5
Reeves County	14.7
Tom Green County	11.6
Ward County	9.7
Winkler County	16.1

Source: CDC Wonder[108]

Drug and Alcohol-Related Crashes

Additionally, Region 9 reported 735 vehicle crashes indicated as Driving Under the Influence (DUI) accidents (see Table 40).[109] This averages out to more than two DUI crashes each day in Region 9 in 2017. Of the 735 DUI crashes in Region 9 in 2017, 335 (46%) of these resulted in an injury/multiple injuries as well as 33 fatalities.[109] Ector County had the most DUI crashes (263) and Midland County closely followed (205) in 2017.[109] DUI crashes in Region 9 have varied from 2015-2017. In 2015, there were 812 DUI crashes, 713 in 2016, and 725 in 2017. Overall, there was a 9.5% decrease in DUI crashes from 2015 to 2017 in Region 9.[109]

Table 40. Region 9 DUI Crashes, 2015-2017

County	2015	2016	2017
REGION 9	**812**	**713**	**735**
Andrews	19	15	12
Borden	0	1	0
Coke	4	0	2
Concho	3	4	5
Crane	0	7	4
Crockett	7	7	7
Dawson	5	9	7
Ector	314	254	263
Gaines	30	22	14
Glasscock	0	3	1
Howard	21	20	35
Irion	1	9	3
Kimble	6	3	5
Loving	1	0	0
Martin	9	9	18
Mason	8	3	5
McCulloch	14	8	6
Menard	2	2	3
Midland	219	236	205
Pecos	11	18	11
Reagan	5	3	1
Reeves	15	10	17
Schleicher	4	3	2
Sterling	2	0	0
Sutton	7	6	5
Terrell	12	2	0
Tom Green	58	43	76
Upton	9	5	2
Ward	14	8	16
Winkler	12	4	10

Source: Texas Department of Transportation[109]

Legal Consequences

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

Driving Under the Influence

Alcohol-related arrests are codified by the Federal Bureau of Investigations (FBI) and other law enforcement agencies, according to: Driving Under the Influence (DUI), public drunkenness, and liquor law violations.[110] According to the FBI, DUIs are "driving or operating a motor vehicle or common carrier while mentally or physically impaired as the result of consuming an alcoholic beverage or using a drug or narcotic."[111] Liquor law violations consist of "the violation of state or local laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages, not including driving under the influence and drunkenness. Federal violations are excluded."[111] Drunkenness violations are "to drink alcoholic beverages to the extent that one's mental faculties and physical coordination are substantially impaired. Driving under the influence is excluded."[111]

Substance Use Criminal Charges

Table 41 shows the average number of people incarcerated for Driving While Intoxicated (DWI) and drug offenses (including both delivery and possession charges) in Region 9 in 2018 at "any one time", i.e. the number of people currently being held at the Texas Department of Criminal Justice (TDCJ) on August 2, 2018.[112] This population represents the average number of incarcerations at any one time throughout the year. Region 9 had an average of 353 DWI incarcerations and 885 drug incarcerations in 2018. Contributing the most to this total is Tom Green County with 62 DWI incarcerations and 306 drug offense incarcerations at time of survey.[112] Following Tom Green County, are Ector and Midland counties with Ector having 99 DWI incarcerations and 200 drug offense incarcerations and Midland having 92 DWI incarcerations and 158 drug offense incarcerations.[112]

Table 41. Region 9 "Any One Time" Incarcerations for DWI and Drug Offenses, 2018

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
Region 9	**353**	**885**	Howard	16	38	Reeves	1	16
Andrews	12	22	Irion	1	0	Schleicher	4	0
Borden	0	0	Kimble	0	23	Sterling	1	0
Coke	0	0	Loving	--	--	Sutton	2	6
Concho	3	3	McCulloch	8	14	Terrell	0	0
Crane	1	1	Martin	0	2	Tom Green	62	306
Crockett	4	3	Mason	1	5	Upton	2	5
Dawson	13	23	Menard	1	10	Ward	8	16
Ector	99	200	Midland	92	158	Winkler	3	6
Gaines	10	15	Pecos	6	8			
Glasscock	1	2	Reagan	2	3			

August*: On hand population at TDCJ for DWI and drug offenses on August 2, 2018.

Source: Texas Department of Criminal Justice[112]

Direct Costs

The average cost of a first offense-DUI is $6,500, excluding an additional average of $4,400 in lost wages.[113] DUI costs include, but are not limited to, attorney's fees, court-ordered fees, car insurance increases, traffic school and substance abuse education courses, Department of Motor Vehicles (DMV) fees, ignition interlock devices, towing and storage, and bail.[113]

FIGURE 45. TEXAS DWI FINES BREAKDOWN
Source: Law Office of Brent de la Paz[114]

Moreover, a first-offense DWI in Texas is estimated to be a minimum of $12,000 (see Figure 45).[114] These costs include the same factors as DUIs. Costs of multiple offenses increases accordingly.

Due to the varying circumstances for drug offenses, e.g., drug possession vs. intent to distribute, it is difficult to put a number on the average cost of drug offenses. Penalties can range from less than $100 and/or a few days in jail to thousands of dollars and several years in prison for the same offense, depending on various factors.[115] Penalties in Texas are dependent upon the type of drug, the quantity of drug, how the drug was stored, possession of other drug paraphernalia, and past convictions of the offender.[116] The highest penalty given in Texas for drug possession is life or 99 years in prison and/or a fine of up to $250,000.[116]

Hospitalization and Treatment

Due to various reasons, from overdosing to alarming side effects, people may be hospitalized for their alcohol/drug abuse or dependence. Those hospitalized represent a smaller portion of the community at-large abusing alcohol/drugs. However, knowing the number of hospital discharges for this reason can relay a meaningful message for our community's needs. Unfortunately, hospitalization data concerning substance use has not been available for more than seven years. However, treatment data is available.

Adolescents and Adults Receiving Substance Abuse Treatment

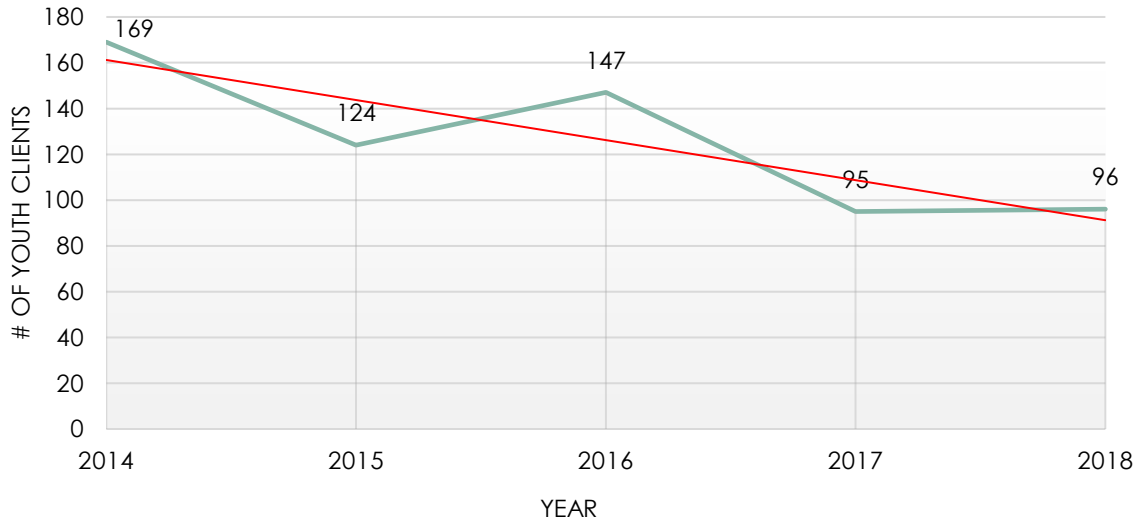
There are several types of substance abuse treatments offered in Texas. COPSD (Co-Occurring Psychiatric and Substance use Disorder) clients are individuals who have a mental health condition co-occurring with a substance use disorder. Both substance abuse and mental health conditions need to be treated and managed in their proper, similar, and categorical way. Individuals may acknowledge that they have a substance use problem but may not think it so

severe that they need to go into a residential treatment facility. These individuals may choose to seek treatment in an outpatient setting. In this setting, individuals manage their substance use disorder by talking to a counselor or case manager on a periodic basis. Services can be used to help people obtain and maintain independent sobriety.

Individuals who are highly dependent on a substance may choose to go into a residential treatment facility where they can be monitored by health care professionals to make sure they safely quit the substance they are dependent on. When a person is put into detoxification (detox), they are monitored by medical professionals on a frequent basis to make sure they are medically stable. Typically, there is a period of detox before someone goes into a residential treatment setting. The detox period varies but is generally between 72 and 96 hours. The length of detox depends on what substances were taken and how much of the substance(s) is in the patient's system. At the end of the detox period the physician will release the client, and at that time the client can go to a residential treatment setting. When a person is in a residential treatment center, they are taught about addiction and how it affects their bodies. These individuals talk about how to stay in recovery once they return to their home environment.

Youth receiving substance abuse treatment in Region 9 has generally been declining since 2014 (see the red trendline on Figure 46).[117] Youth receiving substance abuse treatment range from ages 13 to 17. Youth receiving substance abuse treatment in Region 9 was highest in 2014 totaling 169 youth. This decreased to 124 youth in 2015, increased to 147 youth in 2016, and then decreased to 95 and 96 youth in 2017 and 2018, respectively. (Some points to consider in this data that represents number of youths served are: the number of treatment centers/providers accessible to youth, and barriers to youth needing, but not receiving, treatment.)

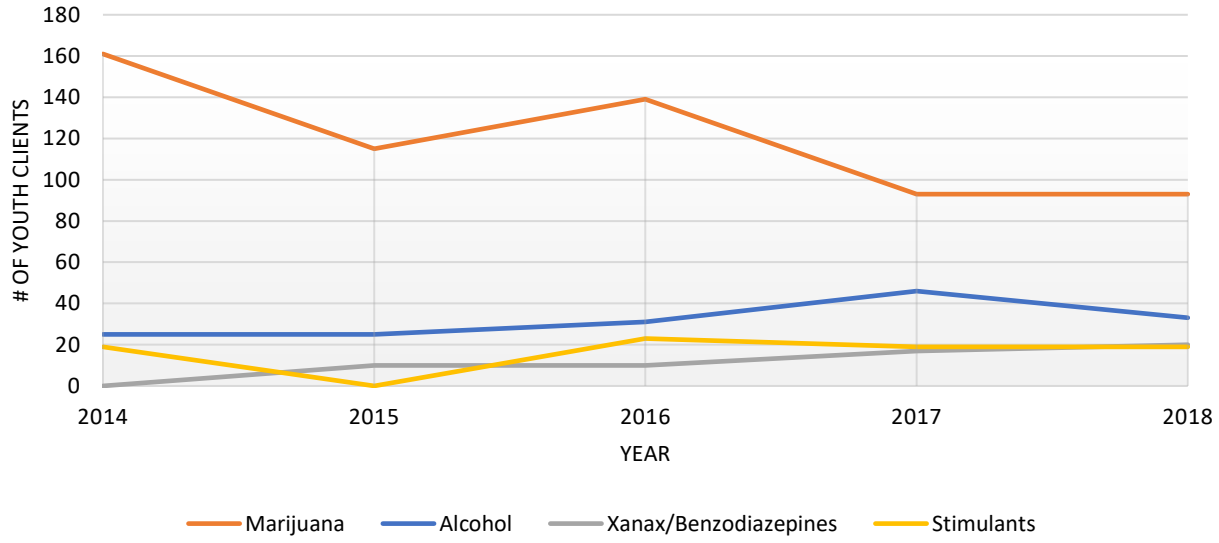
Figure 46. Region 9 Youth Substance Abuse Treatment, 2014-2018



Source: Substance Abuse and Mental Health Services Administration[117]

Furthermore, Figure 47 shows that marijuana is the top substance treated in Region 9 youth substance abuse treatment from 2014 to 2018.[117] Alcohol is the second most treated substance in youth, followed by Xanax/Benzodiazepines, and stimulants. Treatment for marijuana use disorder generally declined from 2014-2018, while treatment for alcohol-, benzodiazepine-, and stimulant-use disorder generally increased from 2014-2018 in Region 9 youth.

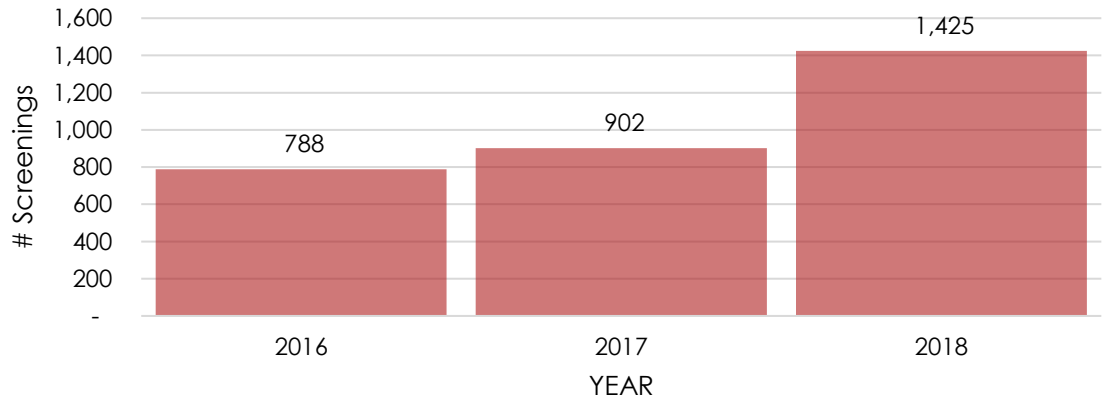
Figure 47. Region 9 Substance Abuse Treatment by Substance, 2014-2018



Source: Substance Abuse and Mental Health Services Administration[117]

Outreach, Screening, Assessment, and Referral (OSAR) centers are held at local mental health authorities (LMHAs) and perform OSAR screenings for individuals seeking substance use disorder treatment services. The LMHA and, therefore, the OSAR Center for Region 9 is PermiaCare. From 2016 to 2018, there was an 81% increase in Region 9 drug screenings performed through OSAR (see Figure 48).[118]

Figure 48. Region 9 Drug Screens, 2016-2018



Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referral Center (OSAR)[118]

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) offers the *Daddy & Me* program designed to help new and current fathers overcome parental-related challenges. PBRCADA also offers the *Mommy & Me* program for mothers of child-bearing age who are pregnant or who have recently given birth and are at-risk for drug use and/or have a drug dependence.

Turning Point in Odessa, a program associated with PermiaCare, is a residential treatment setting that has 42 beds. PermiaCare, previously Permian Basin Community Centers, also offers the *She's for Sure* program which provides outpatient substance abuse treatment to adolescents and women who have a history of chemical dependency. Additionally, the *Top Rank Youth* program provides outpatient substance abuse treatment for teenagers who do not require a residential treatment setting. PermiaCare also offers the COPSD program for dual diagnosis clients, as well as Outreach, Screening, Assessment, and Referral (OSAR) to patients in need of such services.

The Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) offers outpatient treatment that consists of a six-month program. ADACCV also has William's House and Sara's House. William's House is a residential treatment setting for males. Sara's House is a residential treatment program for indigent women where families can stay intact, and children can live with their mother as she goes through treatment. ADACCV is also building a new facility, the Journey Recovery Center. The new 20,000+ square foot facility will allow ADACCV to consolidate its residential treatment services to one location and double its residential treatment capacity by providing 30 male treatment beds and 18 female treatment beds. ADACCV will also add residential detoxification services that can accommodate up to 12 clients.

River Crest Hospital in San Angelo offers both mental health and substance abuse treatment. River Crest has an 80-bed facility which includes patients with mental illness as well as individuals going through substance abuse treatment. River Crest is one of few agencies that takes Tri-Care, or common military insurance.

Members of the military that are seeking substance abuse treatment can either go to the West Texas Veterans Affairs (VA) Healthcare System in Big Spring, TX and receive residential treatment or to the outpatient clinic at the Permian Basin Community-Based Outpatient Clinic in Odessa. The Big Spring VA hospital has a 40-bed facility that has the capacity to serve 36 male and 4 female military veterans. The Permian Basin Community-Based Outpatient Clinic, or VA Odessa Clinic, serves both male and female veterans in an outpatient setting.

The Springboard Center is a chemical dependency treatment facility in Midland, TX that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 of which are allocated to detoxification services and 26 to residential services. Detox offers medical stabilization for clients, while residential focuses on three core components: counseling, education, and health and wellness. Springboard also offers intensive outpatient services for adults and adolescents ages 13-17; both groups meet in the evenings Monday-Thursday. Springboard has six sober living houses in Midland, four for men and two for women

that offer an accountable and safe living environment with on-site house managers. Furthermore, Springboard also works with area organizations to care for indigent clients who may not be able to pay for services.

Big Spring, in Howard County, has no detox facilities and relies on the facilities in the surrounding counties to provide treatment to individuals.

EMS Runs for Overdose Symptoms

The most recently compiled data which exists regarding emergency department "runs", or number of times an Emergency Medical Services (EMS) agency was sent to respond to an event, comes from the Texas EMS Registry provided by the HHSC.[119] In 2016, there were 138 EMS runs regarding primary symptoms of overdose (drugs or alcohol) in Region 9.[119] About half of these (68) came from Midland County alone.[119] The second leading county was Ector, accounting for 17 (12%) EMS runs for overdose symptoms in Region 9.[119] Overdose EMS runs have declined from 2010-2016 in Region 9.[119] In 2011 Region 9 reported its highest number of overdose EMS runs of 373, and in 2016, Region 9 reported its lowest number of overdose EMS runs of 138.[119] There was no data for 2015.

Economic Impacts

Economic impacts are one of the most alarming concerns for stakeholders, because the average taxpayer spends thousands of dollars on unknown drug and alcohol-related costs. The following section pictures the estimated costs to Region 9 regarding underage drinking, alcohol-related arrests, marijuana, synthetic drug, and prescription drug abuse, as well as average regional treatment costs.

Underage Drinking/Drug Use

According to the CDC, underage excessive drinking costs the U.S. 4,300 lives each year.[120] In 2013, underage drinking cost Texas citizens $5.5 billion, including medical care, work loss, and pain and suffering costs associated with the multiple problems resulting from the use of alcohol by youth (see Figure 49).[121] Also to be considered, suffering costs include groups of intangible monetary losses, such as risky sexual behavior, funerals, fire damages, and other costs.[122]

Costs of Underage Drinking by Problem, Texas, 2013 $

Problem	Total Costs (in millions)
Youth violence	$3,082.5
Youth traffic crashes	$779.3
High-risk sex, Ages 14–20 years	$609.5
Property and public order crime	$23.3
Youth injury	$210.1
Poisonings and psychoses	$63.9
Fetal alcohol syndrome among mothers aged 15–20 years	$212.2
Youth alcohol treatment	$18.8
Total	**$5,469.2 (e.g. $5.5 B)**

FIGURE 49. UNDERAGE DRINKING COSTS IN TEXAS, 2013
Source: Pacific Institute for Research and Evaluation[121]

Additionally, in 2006, underage drinking cost the state of Texas $1.8

Underage drinking is estimated to cost Region 9 over $131 million in 2019.

Pacific Institute for Research and Evaluation

billion, while excessive drinking in total cost the state of Texas $16.5 billion.[123] This ranked Texas first in the nation for underage drinking costs.[123] As stated earlier, in 2013 underage drinking cost the state of Texas $5.5 billion, an increase of 206% over 7 years.[121] It is worth mentioning that different entities calculated these estimates, so, though exact costs may differ due to varying analyses, these numbers do show a trend of dramatically increasing state costs for underage drinking from 2006-2013. Breaking down these costs to the population of Texas in 2013, each resident paid about $206.54 for underage drinking consequences.[124] Hence, a family of five contributed over $1,000 in 2013 to pay for underage drinking. If the cost of underage drinking in Texas remained the same from 2013 to now, Region 9 can expect to pay over $131 million for underage drinking.[19,121] This, however, is also a conservative estimate, as the trend of underage drinking costs is expected to have risen since 2013.

Aside from being an illegal substance, underage drinking is still a public health issue. For example, if individuals under 21 years old wreck a vehicle, insurance companies can increase policy premiums for all customers due to the high rate of wrecks. This is an example of the community suffering consequences of one member's decision.

Furthermore, one of the most notable economic impacts of underage drinking is risky adolescent sexual activity. Correlations from Miller, Levy, Spicer, and Taylor indicate underage drinking can contribute to costly, young sexual activity.[122] Specifically, their findings indicate if a teenager drinks, they are over 5 times more likely to engage in risky sexual activity.[122] The Texas Campaign to Prevent Teen Pregnancy estimates that each teen birth costs the public about $7,400, including prenatal, labor and delivery postpartum care, infant care, WIC expenses, TANF assistance, and SNAP during pregnancy and infancy costs.[125] Region 9 has one of the highest teenage birth rates in Texas.[59] Refer to Table 10 earlier in this text to view more information.

Alcohol is a drug in which its effect and hindrance on a person can be measured, i.e., blood alcohol concentration (BAC) levels. Other drugs are not able to be measured in this way and there are many challenges in reporting that a certain crime, for instance, was committed because a person was under the influence of drugs. Being that alcohol is the most commonly used drug and cost estimates, though still difficult to estimate, contain less challenges in obtaining, there are few estimates on the costs of the consequences of illicit drug use and abuse in America. However, the Office of the National Drug Control Policy and the National Drug Intelligence Center did provide estimates of the economic impact of illicit drug use in 2010 and 2011. Illicit drug use was estimated to cost the U.S. $181 billion in 2002 and over $193 billion in 2007, an increase of more than 6% in 5 years.[126,127] These values represent the use of resources to address health and crime consequences and the loss of potential productivity from disability, premature death, and withdrawal from the legitimate workforce.[126] With the rise of the opioid epidemic in the years since, we expect these numbers to have risen to astronomical amounts.

Average Cost of Treatment

There are no specific figures for the average cost of substance abuse treatment in Region 9, but NIDA estimates that substance abuse costs the U.S. over $600 billion each year.[128] Though this may sound steep, treatment is less expensive than alternatives like incarceration, where 1 year of imprisonment costs around $24,000 and 1 year of methadone treatment is about $4,700.[128] Additionally, every dollar invested in addiction treatment programs yields a return of up to $12 in reduced drug-related crime, criminal justice costs, theft, and healthcare costs.[128] Still even, prevention is said to have the potential to save $18 per $1 invested in effective school-based prevention programs.[129]

Employability and College Admissions

The Equal Employment Opportunity Commission (EEOC) states that employees and applicants may not be discriminated based on race, color, religion, sex, national origin, age, disability, or genetic information.[130] However, federal law does not prohibit employers from asking about criminal history, and background checks are commonly required.[131]

Moreover, 66% of all colleges and universities have a required criminal history check, though not all of them consider it in their admissions process.[132] But, less than half of the schools that collect criminal justice information have written policies in place and only 40% train staff on how to interpret criminal information.[132] Many convictions are viewed as negative factors during the admissions process, namely drug and alcohol convictions, and this can place a hindrance on that individual's future, especially in terms of their education.[132] Furthermore, those in a state or federal prison cannot receive a Federal Pell Grant or federal student loans.[133] Those in an institution other than federal or state still cannot receive federal student loans, but may be eligible for a Federal Pell Grant.[133] Those in federal, state, or another institution may be eligible for other grants and Federal Work-Study, but probably won't receive them because priority is given to those eligible for a Federal Pell Grant and there are many challenges of performing a Federal Work-Study while incarcerated.[133] Once released, most eligibility limitations are removed except for drug-related and sexual offenses.[133] Additionally, if the offense occurred while the student was receiving federal aid, eligibility may be suspended.[133]

Excessive alcohol use and/or drug use in college creates a limitless cascade of consequences. According to the Center on Young Adult Health and Development (2013), students who abuse drugs and use alcohol excessively during college may have a harder time finding a job and maintaining relationships outside of school once they graduate.[134] Moreover, college students excessively drinking alcohol or using drugs face more challenges in completing their courses successfully and graduating.[134] This study claims, "in addition to reducing other adverse outcomes associated with drinking… policies to reduce college student drinking can be expected to improve the quality of human capital they accumulate. The immediate benefits of this include reducing the likelihood of students dropping out because of poor grades and improving the likelihood of entrance into graduate programs (which is based largely on college GPA). The long-term consequences of improved academic performance include greater labor market participation and higher earnings."[134]

Though it is unclear how many drug-related convictions affect graduating high school students, according to the 2017 Texas College Survey, nearly one half of Texas college students are at risk because of their illegal use of marijuana.[80]

Qualitative Data on Consequences

The Region 9 PRC held multiple interviews and focus groups from 2016-2018. Though the purpose of those interviews and focus groups varied, many focus groups and interviews held by the Region 9 PRC reported the following results:

- Region 9 youth believe more protective factors, especially in the form of "things and activities to do for kids", should exist in Region 9 to minimize drug use. Many youths expressed interest in opening youth employment job markets in Region 9 population centers like Odessa, Midland, and San Angelo, as well as more entertainment venues for youth to mingle without pressures of alcohol vendors.
- Region 9 parents can often believe they know what their children are doing or where they are most of the time, but youth reported doing very different activities than what parents claim their children do. Honest family communication and child whereabouts are important to minimize substance use-related involvement and consequences.
- Region 9 youth want to be treated with less blithe by teachers and adults when talking about substance use. Multiple focus groups held by the Region 9 PRC indicated that youth prefer straight-forward, blunt conversations about substance abuse backed by science, rather than ambiguous conversations about substance use with no scientific reasoning, to minimize substance use consequences.
- Region 9 parents report that they would like to be more well-informed on current drug trends and how to best talk to their children and young relatives about drugs and alcohol.

Environmental Protective Factors

Protective factors are the characteristics at a community, family, or individual level that are associated with a lower likelihood of problematic outcomes.[8] They can be seen as positive countering events.[8] It is important to remember different age groups have different protective factors and some protective factors may overlap between age groups. Protective factors may also be correlated or have cumulative effects and could be predictive of other issues. Protective factors in Region 9 are reported to show what establishments are currently in place to counteract substance abuse, as well as to bring to attention to which areas Region 9 lags in so that appropriate measures can be taken to more effectively respond to the needs of our community.

Overview

For purposes of this report, protective factors are segregated into community, school, family, and individual domains. Inclusions of each domain are listed below:

Community

- Community Coalitions
- Treatment/Intervention Providers
- Local Social Services
- Law Enforcement Capacity and Support
- Religion

School

- YP Programs
- ATOD Education
- Sober Schools
- Alternative Peer Groups
- Academic Achievement

Family

- Parental Attitudes
- Parental Conversations
- Parental/Social Support

Individual

- Life Skills
- Mental Health Services
- Youth Employment
- Youth Perception - Access
- Youth Perception - Risk & Harm

Community Domain

Community coalitions are comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers, and other community activists who are mobilizing at the local level to promote a positive change in the community. The goal of community coalitions is to create effective, environmental, and sustainable changes within the community. Many of these coalitions maintain active Facebook pages which are listed with their descriptions. If you're interested in joining, please look them up on Facebook or contact the Region 9 PRC for more information.

Community Coalitions

1. **Better Breathing Club at Midland Memorial Hospital:** This program meets once a month to help people understand their breathing problems. Asthma, COPD, and emphysema are explained and ways to help individuals cope with their diagnosis are explored. Better Breathing Club currently serves Midland County. (432) 221-4864
2. **The Concho Valley C.A.R.E.S. Coalition:** This coalition is a Drug Free Community (DFC) Coalition that was established by the Alcohol and Drug Abuse Council for the Concho Valley (ADACCV). It addresses high-risk factors for those in the community to empower them to make better choices and minimize substance abuse dependence risks. The Concho Valley C.A.R.E.S. Program stands for Community Action & Resources for Empowerment and serves the Concho Valley http://www.adaccv.org/cares/, https://www.facebook.com/CVCARES/
3. **Early Childhood Coalition:** The Early Childhood Coalition is a community coalition representing both Midland and Odessa. The coalition consists of 60 stakeholder agencies including education, medical community, social services, mental health services, county government, public health, drug and alcohol abuse prevention, youth programming, and child care providers. The focus is to facilitate ongoing collaboration of community. mtarango@pbrcada.org
4. **Family Health Coalition:** This coalition in Region 9 promotes collaboration of the many services available throughout the region. This coalition meets quarterly throughout the region, promotes all levels of healthy living, and is open to anyone. The Family Health Coalition currently serves agencies that service people of all age groups. joanne.mundy@dshs.texas.gov
5. **Here to Impact (H2i) Coalition:** This coalition was created in 2013 and is supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA). The H2i Coalition's mission is to engage and serve the community through education and prevention of alcohol, tobacco, and other drugs in order to build a stronger, united community. The goal is to engage, advocate, and empower through education, community collaboration, and awareness in policy and social change for Ector County and to build a healthy and drug-free community. H2i currently serves Ector County. https://www.facebook.com/H2impact
6. **Homeless Coalition:** The Ector and Midland County homeless coalitions are a collaborative group of local agencies interested in supporting and stabilizing individuals in need. These coalitions identify and help to meet the needs of the homeless by providing, shelter, food, transportation, housing, medical needs, and hygiene. The Homeless Coalition serves Midland and Ector counties. mtarango@pbrcada.org

7. **Midland/Ector County Crime Victims Coalition:** The mission of the Midland and Ector County Crime Victims Coalition is to enhance services and promote justice to all victims of crime through the cooperation of local non-profit and law enforcement agencies. Each county has their own coalition which works to promote victim advocacy and awareness in the community. mtarango@pbrcada.org www.facebook.com/ectorvictimscoalition/
8. **The Midland Coalition:** The Midland Coalition was created in 2002 and is a Community Coalition Partnership (CCP) now headed by PBRCADA. Through collaborating with community members and the resources available in Midland, this coalition educates and plans projects that allow all agencies to be a part of preventing underage use of alcohol and drugs in our community. The Midland Coalition serves Midland County. stomlinson@pbrcada.org https://www.facebook.com/MidlandCoalition/
9. **Oxford House:** Oxford House is a democratically run, self-supporting and drug free home for those in recovery from drug and alcohol addiction. The number of residents in an Oxford House may range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. Currently, Odessa has 3 Men's Houses and 1 Women's House. San Angelo has 1 Men's and 1 Women's House. https://www.oxfordhouse.org/userfiles/file/purpose_and_structure.php
10. **Permian Basin Military Partners Coalition:** The Permian Basin Military Partners Coalition has been in place for almost 16 years. They currently refer veterans to other agencies in the area for different services needed. They will continue to focus on providing help serving this population through referrals, as well as education and awareness on alcohol, tobacco, and prescription drug use and abuse. https://www.facebook.com/Permian-Basin-Military-Partners-Coalition-776850372391827/
11. **Teen Pregnancy Prevention Coalition:** The Permian Basin Teen Pregnancy Prevention Coalition began in 2015 to advocate for a comprehensive strategy to prevent teen pregnancy and STDs. The goal is to do this by increasing parent and community involvement and empowering young people to make educated healthy decisions about relationships, sex, and pregnancy by connecting with mentors, peers, and the healthcare system. The Permian Basin Teen Pregnancy Prevention Coalition represents Andrews, Crane, Ector, Midland, and Upton counties. https://www.pbteenpregnancyprevention.com

12. **X-Out Youth Leadership Coalition:** The X-Out Youth Leadership Coalition is an in-house program of PBRCADA. This is a group of adolescents in Ector County ages 12-17 that want to empower their peers on the dangers of using alcohol, tobacco, and other drugs. This coalition promotes and advocates prevention leading the way for healthier generations. X-Out Youth Leadership Coalition currently serves Ector County. https://www.facebook.com/xoutylc/

Treatment/Intervention Providers

1. **Alcohol and Drug Abuse Council of the Concho Valley (ADACCV):** The mission of the Alcohol and Drug Abuse Council for the Concho Valley is to save lives and create healthier communities. The vision of the Alcohol and Drug Abuse Council for the Concho Valley is to be an effective and dynamic force in the prevention of human degradation, the loss of human dignity, and the ultimate loss of life caused by substance abuse and addiction in our community. In addition to the numerous treatment services they provide, they also offer support groups for individuals in recovery. ADACCV is excited to have begun construction on the much-anticipated Journey Recovery Center. This planned expansion, which should be open in late summer 2019, of life-saving programs will add crucial residential detoxification services to accommodate up to 12 clients. The expansion will also allow ADACCV to consolidate residential treatment services to one location and double capacity by providing 30 male treatment beds and 18 female treatment beds for the Concho Valley. http://www.adaccv.org/ The following programs are also offered by ADACCV:
    - **Cotton Lindsey Center:** Cotton Lindsey Center is an outpatient program consisting of a 14 or 26-week program which includes curriculum involving relapse prevention and education for both individuals and groups. The Cotton Lindsey Center is in San Angelo, TX.
    - **Sara's House:** Sara's House is an intensive residential treatment program for indigent women, including pregnant women and women with children. This program can accommodate children 0-5 years of age, and the number of children residing with each mother is determined on a case-by-case basis. The residential program focuses on intense and support-driven counseling for those in need. Sara's House is in San Angelo, TX.
    - **William's House:** William's House is an intensive residential treatment program for adult males. The treatment plan of William's House includes individual and group counseling, personal and social adjustment goals, and includes Gorski's Relapse Prevention Training. William's House is in San Angelo, TX.

2. **Alcoholics Anonymous: (AA)** AA first appeared in 1939 and is an international fellowship of men and women who have a drinking problem. It is a nonprofessional, self-supporting, multiracial, apolitical program and available almost everywhere. There are no age or education requirements for AA. Membership is open to anyone who wants to do something about his or her drinking problem and follow a 12-step program. https://www.westtexasadrc.com/
3. **Begin Again Recovery Center:** The Begin Again Recovery Center located in Midland, TX offers individual sessions, process groups, multi-family group counseling, chemical dependency counseling, addiction education, relief from anger and resentment and how to participate in leisure activities without alcohol/drugs. A treatment plan will be developed to meet personal needs. Our services provide the knowledge and education to live a more productive crime-free, clean, and sober lifestyle. These services will allow individuals to engage in treatment while continuing to live at home and maintain employment. The curriculum is designed to strengthen self-esteem, rebuild personal relationships, develop a recovery support system, promote health, and to address issues that are important for the individual to resolve. Success means a completion of the program, the ability to maintain sobriety, and a new life filled with opportunities and direction. www.beginagainrecovery.com, 432-218-8635
4. **Celebrate Recovery:** Celebrate Recovery helps people find freedom from hurts, habits, and hang-ups including addictions, compulsive, and dysfunctional behaviors. Celebrate Recovery meets at First Methodist Church in Midland every Tuesday night. You do not have to be a member of First Methodist to attend. http://www.firstmethodistmidland.com/celebrate-recovery/
5. **Centers for Children and Families:** Centers for Children and Families exists to improve quality of life and strengthen the communities they serve through counseling, educational, and supportive services. They offer counseling, parenting education classes, adoption support, and military support. Centers for Children and Families currently serves Ector and Midland counties. https://centerstx.org/
6. **Concho Valley Turning Point:** Concho Valley Turning Point offers rehabilitation, recovery, and outreach services for individuals and families looking for help in overcoming addiction and other destructive lifestyles. They offer intervention services to those who need assistance in confronting addiction. https://cvtp.org/
7. **Clover House:** This facility provides alcoholism treatment services to court-ordered patients. The treatment center provides residential short-term treatment and residential

long-term treatment care. There are special groups and programs for persons with co-occurring mental and substance use disorders, men, and criminal justice groups. Special language services provided include Spanish. Clover House serves counties across Texas, but patients must be court-ordered. (432) 580-0321

8. **Daddy & Me Program:** Daddy & Me is a program designed for adult or adolescent males who are expecting, and/or current fathers, to help overcome the challenges that often come with parenting. The program provides clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. https://www.reg9prc.org/all-programs
9. **Gaines County Community Rehabilitation Center:** This program is funded by Gaines County and serves the communities of Seminole and Seagraves. County residents can seek counseling and referral services for substance use and abuse through this program. (432) 758-4000
10. **Heart of Texas Healthcare System- Heritage Program:** This program provides outpatient mental health services to senior adults. The Heritage Program campus is in Brady, Texas, where professionals provide healthcare as well as mental health services. https://www.heartoftexashealthcare.org/services/heritageprogram.php
11. **Mission Messiah:** Mission Messiah is an 18-month faith-based residential program for women and their children. The eighteen months consist of 12 months of campus residency, and 6 months of accountable living (on their own) through mentorship, counseling, and service. Mission Messiah serves all counties. https://missionmessiah.org/
12. **Mommy & Me Program:** Mommy & Me is a program designed for pregnant and postpartum females who are identified as being at-risk of having or who have a substance use disorder. The program provides the clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. https://www.reg9prc.org/all-programs

13. **Narcotics Anonymous (NA):** NA is a global community-based organization which was founded in 1953. The program offers recovery from the effects of addiction through working a 12-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for those with a substance use challenge who wish to pursue and maintain a drug-free lifestyle. The name Narcotics Anonymous is not meant to imply a focus on any particular drug. NA's approach makes no distinction between drugs, including alcohol. Membership is free and there is no affiliation with any organizations outside of NA including governments, religions, law enforcements groups, or medical and psychiatric associations. https://www.na.org/
14. **Oceans Behavioral Health Center:** Oceans Behavioral Health Center is a secured inpatient treatment facility in Midland, TX for individuals suffering from psychiatric illnesses. Oceans provides 14 geriatric beds (ages 55 and older) and 28 beds for adults (ages 18 to 54). In March 2015, Oceans opened a portion of their facility to reach adolescents (ages 12-17). They currently have 20 beds designated for adolescent treatment of psychiatric and substance abuse issues. https://oceanshealthcare.com/permian-basin
15. **PermiaCare:** PermiaCare offers treatment services throughout Region 9. These services include Outreach, Screening, Assessment, and Referral (OSAR) for mental health and substance use issues. https://www.pbmhmr.com/ The following programs are offered by PermiaCare for substance use treatment:
    - **Co-Occurring Psychiatric and Chemical Dependency (COPSD) Program:** This program serves those diagnosed as having both major mental and chemical dependencies. Screening, integrated assessments, counseling, case coordination, linkages to other providers, and face-to-face contacts are completed to ensure the client remains drug-free and psychiatrically stable.
    - **Fresh Start** This program provides outpatient substance abuse treatment to adult men and women who do not need more intensive treatment.
    - **Outreach, Screening, Assessment, and Referral (OSAR):** The OSAR program helps with individuals and families with dependence issues free of charge and are self-referred or referred by other social services within the area. A Licensed Chemical Dependency Counselor (LCDC) in this program screens and assesses clients who need recovery services on a short-term or long-term basis. The LCDC determines the most appropriate place for the client to receive treatment for rehabilitation; these could be inpatient or outpatient services.
    - **She's for Sure Program:** She's for Sure provides outpatient substance abuse treatment to adolescents and adult women who have a history of chemical dependency or who are currently chemically dependent.

- **Top Rank Youth Program:** Top Rank Youth Program provides outpatient substance abuse treatment for adolescents (ages 13-17) who do not require a structured residential treatment.
- **Turning Point:** Turning Point provides detoxification services and intensive residential treatment. Adults are assisted through detoxification and placed in a highly structured and supervised residential setting, designed for newly-recovering individuals. This facility is in Ector County.

16. **River Crest Hospital:** River Crest Hospital is a secured inpatient facility in San Angelo, TX that provides mental health and substance abuse treatment to adults and adolescents throughout Region 9. The goal of River Crest is to provide evaluation, crisis stability, treatment, education, prevention, and follow-up care. River Crest is a modern 80-bed hospital specializing in the treatment of mental health and substance abuse issues that can afflict people of all ages. River Crest Hospital serves all counties. https://www.rivercresthospital.com/
17. **Serenity Al-Anon:** Al-Anon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive change to their individual situations, whether the alcoholic admits the existence of a drinking problem and seeks help or not. Serenity Al-Anon offers several meetings across the Permian Basin and surrounding areas. http://texas-al-anon.org/meetings/midlandodessa/
18. **The Springboard Center:** The Springboard Center is a chemical dependency treatment facility in Midland, Texas that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 allocated to detoxification services and 26 to residential services. Detox offers medical stabilization for clients, while residential focuses on three core components: counseling, education, and health and wellness. Springboard also offers intensive outpatient services for adults and adolescents ages 13-17; both groups meet in the evenings Monday-Thursday. Springboard has six sober living houses in Midland, four for men and two for women that offer an accountable and safe living environment with on-site house managers. Furthermore, Springboard also works with area organizations to care for indigent clients who may not be able to pay for services. Springboard serves all counties. https://www.springboardcenter.org/
19. **Steps Recovery:** Steps Recovery is a 13-week Bible-based program offered at the First Baptist Church of Odessa and is modeled after the traditional 12-steps of AA. Steps allows individuals to apply biblical scripture to each step of substance abuse recovery. Steps Recovery serves Midland and Ector counties.

https://www.fbcodessa.com/connect/care/life-recovery/

Local Social Services

1. **Adult and Teen Challenge of Texas:** Teen Challenge of the Permian Basin is a residential, faith-based program that helps individuals that suffer from addictions. This program offers help to individuals by offering religion-based acceptance, coping, and problem-solving skills. The focus is on family, leadership, and goals for those in need with the goal being the reunification of the family and overcoming addiction. Teen Challenge currently serves Midland and Ector counties. Adult programs are currently not available in the Permian Basin, but they are available in other parts of the state. http://teenchallengetx.org/
2. **Buckner Children and Family Services:** Buckner International transforms the lives of vulnerable children, enriches the lives of senior adults, and builds strong families through Christ-centered values. The Midland programs include Foster Care & Adoption where they train Foster parents and they place foster children in their home that CPS has removed and are frequently adopted. Family Pathways is another program that provides affordable housing to single moms & their children as they pursue a college degree to become self-efficient. www.Buckner.org
3. **Casa De Amigos:** Casa De Amigos aims to improve quality of life throughout the community by "helping individuals to help themselves". Programs currently being offered include: senior programs, health and wellness programs, education services, and social services. Specifically, the Take 2 Program is funded by Chevron to break the cycle of poverty by helping individuals gain employment in high paying industries. VITA is another Casa de Amigos program and it offers free tax services to low income families. Casa de Amigos serves all counties. http://www.casadeamigosmidland.org/
4. **The Center for Early Childhood Development (CECD):** The CECD of the Permian Basin offers free programs that help individuals become great parents. This program is sponsored by the University of Texas – Permian Basin. The CECD is a program that matches up parents with trained personnel who travel to their homes with the intention of providing information and answering questions about becoming a parent. The CECD also helps parents find the best resources available to them based on family needs. The CECD has several sub-programs that all work toward community improvement and involvement, including: home visiting programs, fatherhood engagement programs, an early childhood

resource network, and childhood (ages 0-5) hotline for parents. https://www.utpb.edu/ced/cecd/index

5. **The Crisis Center:** The Crisis Center of West Texas (CCWTX) provides services for adult survivors of domestic and sexual violence and their minor children. These free services include Louise Wood Angel House (a 61-bed emergency center), counseling, case management, legal assistance, crisis response services, and safety planning. CCWTX also offers research and evidence-based prevention education for youth and adults in the community and reStart, a Batterers Intervention and Prevention Program (BIPP) for men and women who have perpetuated abuse. CCWTX provides services in Andrews, Crane, Ector, Gaines, Loving, Pecos, Reeves, Ward, and Winkler counties. https://ccwtx.org/
6. **Goodwill of West Texas:** Goodwill of West Texas' goal is to provide opportunities to people with barriers to employment. Goodwill formed a retail store organization to assist those in need with everyday items from household goods to clothing needs. Goodwill West Texas currently serves Howard, McCulloch, Ector, Midland, and Tom Green counties. https://www.goodwillwesttexas.org/
7. **Harmony Home Children's Advocacy Center:** Harmony Home Children's Advocacy Center serves Ector, Pecos, Ward, Reeves, Loving, Winkler, and Ward counties by providing services for child victims of sexual, physical, and emotional abuse. Their goal is to break the silence and help heal the hurt of child abuse. Harmony Home offers education, forensic interviews, victim services, therapy, and community outreach. https://www.ohhcac.org/
8. **Midland Fair Havens:** Midland Fair Havens provides transitional housing and equips single mothers and their children for self-sufficient living by addressing their educational, vocational, spiritual, and emotional needs in residential and non-residential settings. Midland Fair Havens provides residential and non-residential services to single mothers and their children. http://www.mfh.org/
9. **Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA):** PBRCADA provides prevention and intervention services throughout Region 9. PBRCADA currently serves the HHSC Region 9 outlined in this report (30 counties). The Region 9 PRC, responsible for this document, is a program within PBRCADA. PBRCADA also houses the Mommy & Me, Daddy & Me, H2i Coalition, Midland Coalition, and Youth Prevention programs. https://www.reg9prc.org/all-programs

10. **Safe Place:** Safe Place in Midland provides domestic and sexual assault services for individuals affected by domestic and sexual violence. Safe Place serves Midland, Ector, Howard, Martin, Crane, Dawson, Gaines, Reeves, Upton, Ward, Winkler, Glasscock, and Loving counties. Safe Place services include shelter, counseling, sexual assault victim services, community education and training, and legal advocacy case managers. https://www.safeplacenow.com/
11. **Salvation Army:** The Salvation Army is an international organization whose focus is on the spiritual and physical well-being for everyone in need. The Salvation Army offers services for emergency response, family tracking, health services, social services, and addiction dependency. Even though they are an international organization, regional offices can be found throughout Texas. http://www.salvationarmytexas.org/midland/
12. **West Texas Food Bank:** The primary goal for the West Texas Food Bank is to provide those in need with food and groceries (individuals, families, daycares, youth programs, senior centers, and soup kitchens). The West Texas Food Bank serves Dawson, Borden, Andrews, Martin, Howard, Loving, Winkler, Ector, Midland, Glasscock, Ward, Crane, Upton, Reeves, Pecos, and Terrell counties in Region 9. https://www.wtxfoodbank.org/
13. **West Texas Opportunities, Inc. (WTO):** WTO was originally created to administer the provisions of the Economic Opportunity Act of 1964. The goal of WTO is to enable the U.S. to achieve full economic and social potential, one person at a time. WTO helps with childcare management services, head start entry, employment services, transportation services, and monetary assistance with energy bills. WTO currently serves 17 counties in Region 9: Reeves, Pecos, Terrell, Loving, Ward, Winkler, Crane, Upton, Ector, Midland, Glasscock, Howard, Martin, Andrews, Gaines, Dawson, and Borden. http://www.gowto.org/

Law Enforcement Capacity and Support

1. **Citizens on Patrol (C.O.P.):** This is a volunteer program that is sponsored by the Midland, Odessa, and San Angelo Police Departments. The purpose of this program is to enlist the help of residents to observe and report criminal activity safely. Volunteers assist citizens with basic needs including jumper cables, flares, traffic cones, and air tanks. They can be called upon to direct traffic at major events, conduct searches for lost children/seniors, aid in

the search for suspects, and assist with stolen vehicle searches. The police department considers them to be invaluable in assisting with surveillance in high crime areas.
https://www.midlandtexas.gov/316/Citizens-on-Patrol
http://www.odessapd.com/community/crime-prevention-programs/citizens-on-patrol
http://sanangelopolice.org/articles/view/citizens-police-academy

2. **Citizens Police Academy:** The Pecos City Police Department offers a 40-hour course that is designed to give community members a working knowledge of the police department and to encourage community involvement. The course introduces the students/citizens to procedures, training, investigations, firearm, and narcotic enforcement. The students are given opportunities to "ride along" with officers.
https://www.pecostx.gov/government/departments/police/citizens-police-academy
3. **National Night Out:** Local law enforcement agencies encourage communities to establish neighborhood watches, apartment watches, and even mall watches to help identify and work against potential crimes and criminals. Police officers make it a point to participate in community-driven "National Night Out" block parties to help educate and inform communities of crime trends. National Night Out is currently celebrated in Pecos, Ector, and Midland counties. https://natw.org/
4. **Teen Court:** Teen Court is a program in Midland and Ector counties which enables adolescents to help their peers who may be struggling in life. This is an educational program that offers both offenders and adolescents volunteer opportunities to gain a better understanding of the justice system. The goal of Teen Court is to intervene against developing substance use issues, to develop a firm understanding and respect of authority figures (law enforcement), and to increase self-esteem of adolescents. Teen Court stresses the individual's responsibility and accountability for his or her actions.
http://www.midlandteencourt.org/midland_teen_court.aspx
http://www.odessa-tx.gov/government/departments/municipal-court/teen-court

Healthy Youth Activities

1. **Big Brothers Big Sisters of the Permian Basin:** The mission of Big Brothers Big Sisters is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Big Brothers Big Sisters is one of the oldest and largest mentoring organizations in the nation and currently serves Midland and Ector counties. www.bbbspermianbasin.org.
2. **Boys and Girls Club of America:** This program focuses on building collaborative relationships within the community through child/youth development, self-esteem, and a love of learning by teaching them about civic duty, responsibility,

honesty, and self-discipline. The program offers homework support and help, education towards healthy choices, and arts and crafts. The Boys and Girls Club has local chapters throughout Texas. http://www.basinkids.org/

3. **Boy Scouts of America:** Boys Scouts of America is one of the nation's largest value-based youth development organizations. They provide a program for both male and female adolescents that builds character, life skills, promotes citizen and community development, and personal fitness. The Boy Scouts of America has local chapters throughout the nation. https://www.scouting.org/
4. **Campfire WTX:** The Campfire WTX program provides the opportunity for young people to find their spark, lift their voice, and discover who they are so that they can go out and shape the world. Campfire WTX offers after-school care, day camps, volunteer community service, life skills development, stranger danger education, and homework assistance for children. Campfire WTX currently serves Midland and Ector counties. http://campfirewtx.org/
5. **First Priority of the Permian Basin:** First Priority of the Permian Basin aims to use parents, teachers, pastors, business leaders, and youth to equip, encourage, and empower junior and high school students to bring Christ into their lives. First Priority currently serves Ector, Midland, and Ward counties. https://www.firstprioritypermianbasin.org/
6. **Girl Scouts:** The mission of the Girl Scouts is to build girls of courage, confidence, and character, which make the world a better place. They offer team building, individual development mentoring, a sense of belonging, and community involvement. The Girl Scouts has local chapters throughout the nation. https://www.girlscouts.org/
7. **Teen F.L.O.W.:** Teen F.L.O.W. (Faithful Leaders of the Word) is a Christian center that focuses on at-risk youth and adolescents by providing safe havens, meals, fun activities, educational skill development, and Bible studies. Teen F.L.O.W. currently serves Midland and Ector counties. http://teenflow.com/
8. **Texas 4-H Club:** The 4-H Club offers youth a chance to follow their dreams by enabling them to make healthy choices and pursue activities that hold an interest to them. Through this program, youth meet challenges head-on, learn life skills that will continue to help them as they reach maturity, and develop social, emotional, physical, and cognitive competencies. This helps youth make positive choices in how they live their lives. Youth learn leadership, citizenship, and occupational skills that help them build strong character well into adulthood. Texas 4-H has local chapters throughout Texas. https://texas4-h.tamu.edu/

9. **YMCA Partners with Youth Program:** YMCA Partners with Youth offers programs for adolescents to take part in fun activities and teams that enable participating youth to present better decisions about life choices. Some of the youth activities include flag football, basketball, soccer, volleyball, softball, and cheerleading. They give the youth a variety of activities to select from and help promote an active, healthy life. This program is offered in Midland and Ector counties. They also offer a Silver Sneakers Club which gives senior citizens a discount for membership. http://www.ymca.net/

Local Mental Health Providers

A list of the 5 mental health centers in Region 9 and their corresponding contact information is provided below in Table 42. Following this is a more informative list of these mental health centers along with other mental health providers in the region.

Table 42: REGION 9 MENTAL HEALTH CENTERS	
Center	**Center for Life Resources**
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	http://www.cflr.us/
Counties Served	McCulloch
Center	**Hill Country Mental Health & Developmental Disabilities Centers**
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	http://www.hillcountry.org/
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	**MHMR Services for the Concho Valley**
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	http://www.mhmrcv.org
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	**PermiaCare (Permian Basin Community Centers for MHMR)**
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	877-420-3964
Main Number	432-570-3333
Website	http://www.pbmhmr.com/
Counties Served	Ector, Midland, Pecos
Center	**West Texas Centers**
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	http://www.wtcmhmr.org/
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler

1. **Agape Counseling:** Agape offers counseling from a Christian perspective for people wanting counseling from that viewpoint. Agape's faith statement aligns closely with the Apostle's Creed. For clients that have other faith traditions, their faith is honored. Both people of all faiths and no faith are counseled. https://agapewesttexas.org/
2. **The Alpha Center:** The Alpha Center provides a wide variety of services to their clients. Some of their services include: court-ordered drug education and therapy, anger management, grief counseling, family counseling, and many others. https://www.tacpb.org/
3. **Center for Life Resources:** The Center for Life Resources provides a myriad of services from adult and child behavioral health, substance abuse services, peer support, autism, and intellectual and developmental delays services. Within Region 9, Center for Life Resources serves McCulloch County. http://cflr.us/wordpress/
4. **Hill Country MHDD Centers:** Hill Country MHDD provides mental health, individual developmental disability, substance abuse, and early childhood intervention services throughout the greater Texas Hill Country. The Centers currently serves Kimble, Mason, Menard, Schleicher, and Sutton Counties in Region 9, as well as Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kinney, Llano, Medina, Real, Uvalde, and Val Verde counties outside of Region 9. http://www.hillcountry.org/
5. **MHMR Services for the Concho Valley:** MHMR Services for the Concho Valley provides services and support to those suffering from an array of mental health illnesses, developmental delays, and intellectual and developmental disabilities. The goal of the MHMR Center is to help people work together to help themselves. Currently they serve seven counties in the Concho Valley area, including Coke, Concho, Tom Green, Crockett, Irion, Reagan, and Sterling counties in Region 9. https://www.mhmrcv.org/
6. **New Day Counseling:** New Day Counseling offers a variety of mental health services including cognitive-behavioral therapy, anger management, and parenting classes. In addition to these services, New Day Counseling specializes in substance use therapy, DWI interventions, and drug offender education. https://www.newdayodessa.com/
7. **PermiaCare:** PermiaCare, formerly Permian Basin Community Centers, provides services for Early Childhood Intervention, mental health, Intellectual Development

Disorder, chemical dependency, and HIV. PermiaCare is a public entity that is governed by a local Board of Trustees. The center was formed in 1969 by the city of Midland. Private insurance, Medicare, and Medicaid are accepted. The Texas Health and Human Services Commission (HHSC) contracts for mental health and chemical dependency services, Intellectual Developmental Disorders, and Early Childhood
Intervention services, allowing the implementation of a sliding fee scale, which lowers the cost to the consumer.

8. **Samaritan Counseling:** Samaritan Counseling Center is a comprehensive outpatient mental health care clinic offering counseling, education, and programs. They provide licensed, professional counseling services to children ages 3 and up, adolescents, adults, senior citizens, veterans, active military and their families throughout the Permian Basin and surrounding areas. Samaritan's goal is to restore hope and healing of mind, body, and spirit for optimal wellness. http://samaritanccwtx.org/
9. **West Texas Centers:** West Texas Centers provides services and support options to people with mental illnesses and Intellectual and Developmental Disabilities. They currently serve 23 counties, including Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, and Winkler counties in Region 9. The purpose of the community center is to offer proper support and services to those in need for them to begin the road to recovery and to lead productive lives. https://www.wtcmhmr.org/

Environmental Changes

Environmental strategies to challenge the prevalence and significance of substance abuse can take on many forms. In Region 9, a popular environmental strategy to combat substance abuse is the use of medication drop boxes. The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) heads both the Midland Coalition, which serves Midland County, and the Here 2 impact (H2i) Coalition, which serves Ector County.

The Midland Coalition's medication drop boxes can be found at the Midland Sheriff's Office, which is open 24/7. The Midland Coalition has collected:

- 2016: 1,659 pounds of medication
- 2017: Data for 2017 was unavailable as the Midland Coalition transitioned leadership from the Palmer Drug Abuse Program to PBRCADA
- 2018: 171 lbs. of prescription medication, 189 lbs. of over-the-counter medication, and 15.6 oz. of opioids

The H2i Coalition's medication drop boxes can be found at the Odessa Police Department, open 24/7, and the Ector Sheriff's Office, open Monday-Friday 8am-5pm. The H2i Coalition has collected:

- 2016: 215.3 pounds of medication
- 2017: 325 pounds of medication with an additional 5 pounds and 10 ounces, or 4,595 pills, of opioids
- 2018: 130 lbs. of prescription medication, 127 lbs. of over-the-counter medication, and 6 lbs. 5 oz. of opioids, which is equivalent to 5,044 opioid pills

The Alcohol and Drug Abuse Council of the Concho Valley (ADACCV), which is housed in San Angelo and serves the Concho Valley, collected 33.4 pounds of medication on their 2018 Medication Take-Back day. There are also three drop boxes in San Angelo which can be found at the San Angelo Police Department (Monday–Friday, 8am–5pm), the Walgreens Pharmacy on Abe St. (open 24/7), and the Medical Arts Pharmacy (Monday–Friday, 9am–6pm; Saturday 9am–1pm).

Another way organizations can initiate environmental strategies to combat substance abuse is to present substance abuse risks and harms to the community. ADACCV and PBRCADA programs execute hundreds of community presentations annually to address substance abuse.

Other ADACCV environmental changes worth noting include the passage of a no-smoking ordinance. ADACCV and Concho Valley C.A.R.E.S. partnered with the City of San Angelo Parks and Recreation Department in asking the city to amend the smoke-free San Angelo ordinance to include more specific restrictions on park areas where smoking would be prohibited. The new stipulation allows the city to place signs reminding residents that smoking is not allowed within 50 feet of playgrounds, pavilions, and other locations as selected by the Parks and Recreation Director. Other places, such as the area around The Bosque and fenced in spaces like city swimming pools, will also require smokers to be at least 50 feet away to smoke.

Another environmental strategy which has been successful in San Angelo, Ector, and Midland counties is ADACCV's and PBRCADA's promotion and use of Deterra Drug Deactivation System pouches and bags. Powered by patented MAT® (Molecular Adsorption Technology), the Deterra® System deactivates prescription drugs, rendering them ineffective for misuse and safe for the environment. Deterra pouches come in a variety of sizes, including buckets which can dispose up to 2,600 prescription pills safely.

One example of environmental change through policy is by passing social host ordinances (SHO). As of July 25th, 2017, Odessa was the fourth city in Texas to pass a social host ordinance (following San Antonio, El Paso, and Palmview) penalizing the distribution of alcohol to minors at social hosting parties. Specifically, the policy fines property owners where illegal underage drinking parties occur. According to the ordinance, "The intent of the ordinance is to protect the public health, safety, quiet enjoyment of residential property, and general welfare, rather than punish, and therefore, provide that persons who actively or passively aid, abet, or allow gatherings involving underage drinking shall be held accountable." As of July 2019 and since the ordinance went into effect on August 25, 2017, Odessa Police Department officers have issued 12 citations for the SHO.[73] You can learn more about the Odessa Social Host Ordinance at www.socialhostodessa.com.

School Domain

Education is one of the strongest protective factors a child can attain. Schools serve as a protective asset in a variety of ways. They not only provide education, but also social support, skill development, and the development of a positive self-image.

YP Programs

In Region 9, Youth Prevention (YP) programs exist in Coke, Concho, Crockett, Ector, Howard, Irion, Kimble, Martin, Mason, McCulloch, Menard, Midland, Reagan, Schleicher, Sterling, Sutton, and Tom Green counties. ADACCV serves Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green counties while PBRCADA serves Ector, Howard, Martin, and Midland Counties. Prevention specialists also provide community-wide presentations, interactive demonstrations, hands-on activities and other educational opportunities to community groups, youth groups, churches, businesses, and community social services organizations.

Youth drug prevention curriculums implemented in schools and community sites are evidence-based and provide facts about alcohol, tobacco, and other drugs. Curriculum lessons give students skills that include managing emotions, communicating, making friendships, developing social skills, analyzing media messages, and dealing with peer pressure. The goal of YP programs is to help build self-efficacy and become positive role models while implementing curriculum at community sites.

ADACCV YP Programs:

For youth ages 6-17 in the YP Selective (YPS) program, ADACCV's prevention team utilizes the Curriculum Based Support Group (CBSG) program, including Kids Connection and Youth Connection. This program is designed to provide a safe place for youth to learn vital life skills that will help them make healthy choices, overcome adversity, and stay drug-free while gaining a greater understanding of themselves and others.

For youth ages 14-17 in the YP Indicated (YPI) program, ADACCV's prevention team utilizes Project Toward No Drug Abuse (PTND). This evidence-based curriculum provides information about the social and health consequences of drug use, and includes instruction in active listening, effective communication skills, stress management, tobacco cessation techniques, and self-control to counteract risk factors for drug abuse relevant to older teens. The prevention staff also offer individualized prevention counseling and referral services for youth and their families. These intervention-based services are designed to address high-risk behaviors in youth and provide access to available resources to them and their families.

Table 43 shows success rates for the 2018-2019 school year YP programs provided by ADACCV.

Table 43. ADACCV YP Program Success Rates, 2018-19

	Youth Served	Youth successfully completed	Overall success rate
YPS - CBSG	494	464	94%
YPI - PTND	153	142	93%

PBRCADA YP Programs:

PRCRADA youth prevention programs consist of three Universal programs (YPU) and one Indicated program (YPI). These programs serve Ector, Midland, Martin, and Howard Counties. For the fiscal year 2016-2017, PBRCADA was awarded 3 expansion YP programs: one for Indicated youth and two for Universal youth. Each program serves youth with an evidence-based curriculum from ages 10-14 in the Universal programs, and 14-19 in the Indicated program. PBRCADA offers the following youth prevention curriculum:

- YPI: Project Towards No Drug Abuse (PTND) - Midland County 9^{th}-12^{th} grade (expansion)
- YPU: Positive Action - Martin/Howard County for 6^{th}-8^{th} grade (expansion)
- YPU: Positive Action - Midland County for 5^{th}-6^{th} grade (expansion)
- YPU: All Stars - Ector County for 6^{th}-8^{th} grade

YP programs implemented by PBRCADA served a total of 521 youth in the 2018-19 school year. The YPI program in Midland had a success rate of 100%; the YPU program for Howard and Martin counties 100%; and the YPU programs in Midland and Ector counties had success rates of 97% and 100%, respectively (see Table 44 on the following page). Students were classified as successful if they met the 80% attendance requirements and answered at least 5 out of 10

questions correctly by the end of the program. The questions concerned topics like: increased perception of risk of substances, if the students talked to one of their parents throughout the curriculum about the dangers of ATOD, if the student changed their group of friends if their friends posed risk factors, and the like.

Table 44. PBRCADA YP Program Success Rates, 2018-19

YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI - Midland	12	2	12	100%
YPU - Howard/Martin	45	2	45	100%
YPU - Midland	35	2	34	97%
YPU - Ector	429	18	429	100%

Students Receiving AOD Education in School

In the 2018 Texas School Survey, students across the state were asked, "Since school began in the fall, have you gotten any information on drugs or alcohol from the following sources?" and given the choices: school health class, an assembly program, guidance counselor, school nurse, science or social studies (SS) class, student group or club meeting at school, an invited school guest, another source at school, and any school source. According to the 2018 TSS, 34.8% of students in schools in Region 9 did not receive any prevention education regarding drugs or alcohol (see Table 45).[9] This was the lower than the state average of 35.3% of students reporting they received no AOD prevention education in the past school year.[9] The source the highest percentage of Region 9 students reported receiving AOD prevention education from was an assembly program (47.2%), followed by a school health class (36.9%), and an invited guest (32.6%).[9] This order of sources is replicated by the state averages, as well.

Table 45. AOD Education in Texas Schools by Region (%), 2018

Region	School Health Class	Assembly Program	Guidance Counselor	School Nurse	Science or SS Class	Student Group or Club	Invited Guest	Another Source at School	No AOD Prevention Education
State	**40.1**	**40.5**	**26.7**	**16.7**	**26.5**	**14.6**	**27.6**	**28.6**	**35.30**
1	40.5	50.0	25.2	19.1	26.0	13.9	33.8	27.3	31.40
2	33.8	45.4	21.9	14.6	25.4	12.5	33.4	28.1	36.10
3	43.3	45.1	32.9	17.4	28.5	15.7	30.0	30.5	30.20
4	36.7	44.0	23.2	15.4	26.1	13.4	29.5	27.7	36.60
5	25.5	36.8	20.2	11.9	20.2	10.7	27.5	20.2	46.00
6 & 7	34.7	33.3	19.7	12.8	24.2	12.0	20.9	26.0	41.50
8	45.0	42.4	26.9	20.0	29.1	18.0	30.9	31.3	30.80
9	**36.9**	**47.2**	**24.6**	**14.5**	**24.2**	**13.1**	**32.6**	**27.4**	**34.80**
10	60.5	52.5	38.1	26.4	32.5	23.3	41.6	35.6	22.90
11	49.8	44.9	36.5	24.7	29.0	18.0	34.6	30.3	30.70

Source: Texas School Survey, 2018[9]

Regional Academic Achievement

The Texas Education Agency (TEA) measures graduation and dropout rates as the percentage of students from a class of beginning ninth graders who graduate or drop out of high school by their anticipated graduation date.[41] Region 9 had the lowest graduation rate and second highest dropout rate in the state of Texas in 2017.[41] Previously stated, Table 7 in this text shows more information about Texas graduation and dropout rates in 2017.

As of 2019, Texas ranked number 13 in the nation for percentage (37%) of adults ages 25-34 years with only a high school diploma or less.[135] Additionally, Texas ranked number 34 in the U.S. for percentage (31%) of adults ages 25-34 years with a bachelor's degree or higher.[135] Moreover, Texas ranked #42 and #41 in the U.S. for Reading and Writing SAT and Math SAT scores, respectively.[135]

Family Domain

The family domain is important to recognize when discussing substance use, because the family dynamic is considered one of the strongest protective or risk factors associated with substance abuse. Unfortunately, there is a not a regional survey for our youth to respond to concerning their family domain. The most recent data we have concerning this domain is from the Texas Prevention Impact Index (TPII) held only in Midland County in 2016. Though this data can certainly not represent all of our youth today, it does give insight to the family domain of our community at a fairly recent time. According to the 2016 TPII, nearly three-quarters of 6th-12th grade students in Midland ISD had two parents at home, while 16% had a mother only.[136] Forty-three percent of students reported they can "always" talk to their parents about problems; 45% reported they can "sometimes" and 12% reported they can "never" talk to their parents when they have problems.[136] Two-thirds of Midland ISD students in grades 6-12 in 2016 reported they eat dinner with adults every day, while 18% reported they eat dinner with adults only 1-3 days per week.[136] However, only 32% of students reported they discuss daily events with adults every day while 34% reported they watch TV with adults daily.[136] Nearly half of students (46%) reported they attend church, temple, or spiritual meetings with adults 1-3 times per week.[136] Fifty-six percent of students reported they would go to a parent first with questions about alcohol or other drugs and 16% reported they would go to a brother or sister first.[136] Eleven percent of students reported having participated in family counseling in the past year.[136]

- 43% report they can always talk to their parents about problems
- 32% discuss their day with adults everyday
- 56% go to parents first with questions about alcohol/drugs

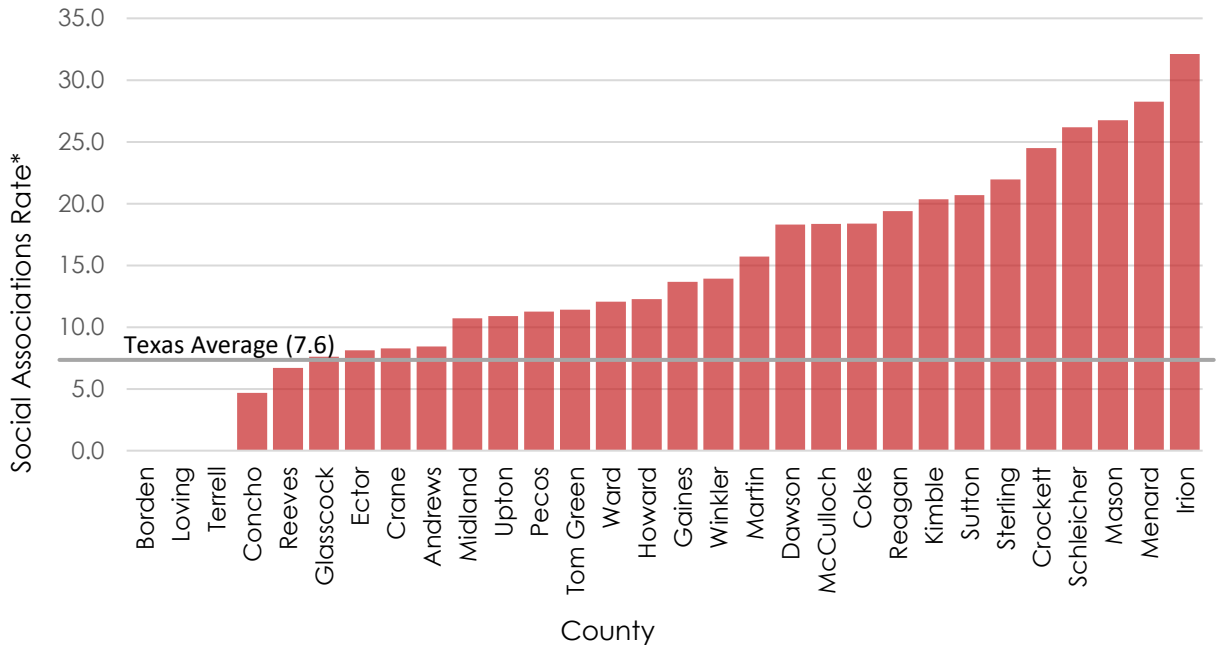
-Texas Prevention Impact Index

Parental/Social Support

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and mortality.[137] Social associations are a health factor that help measure family and social support. County Health Rankings and Roadmaps includes

membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations as social associations.[137] In 2016, Region 9 had 709 social associations.[137] The average rate across Texas for 2016 was 7.6 social associations per 10,000 population (see Figure 54).[137] Most of Region 9's counties were above this rate, with Irion County having over four times the Texas rate (32.1 social associations/10,000 population) and the highest rate in Region 9.[137] Borden, Loving, and Terrell counties had a reported number of 0 social associations, or insufficient data.[137] Population centers of Region 9, i.e., Ector, Midland, and Tom Green counties, were above the Texas average social association rate of 7.6 but Ector County was on the border with an 8.1 social association rate.[137] Concho and Reeves counties were both below the Texas social association rate.[137]

Figure 54. Region 9 Social Associations Rates, 2016



*Social Association Rate: Number of social associations per 10,000 population

Source: County Health Rankings and Roadmaps[137]

Parental Attitudes toward Alcohol and Drug Consumption

In the 2018 TSS, students across the state in grades 7-12 were asked, "How do your parents feel about kids your age drinking alcohol?", and given the options: "strongly disapprove", "mildly disapprove", "neither approve/disapprove", "mildly approve", "strongly approve", and "do not know".[9] About 75% of Region 9 students reported that their parents either "strongly disapprove" or "mildly disapprove" of kids their age drinking alcohol, which is a little lower than the state average of 76.4% (see Table 46 on the following page).[9] Region 9 students reported about average compared to the state for each option, whether disapproving or approving, of their parents' feelings of kids their age drinking alcohol.[9] However, it is recognizable that Region 9

students reported higher in the "mildly" dis/approving categories compared to state, pointing towards the notion that fewer Region 9 parents feel strongly about alcohol use compared to the state. More Region 9 youth are unsure of their parents' approval of alcohol use, as well.[9]

Table 46. Student Perception of Parental Approval of Alcohol (%), 2018

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	**62.0**	**14.4**	**12.3**	**3.9**	**1.0**	**6.5**
1	58.5	16.4	12.8	4.1	1.0	7.2
2	61.4	15.0	12.4	3.4	1.2	6.5
3	66.1	13.6	10.4	3.0	0.9	5.9
4	61.1	14.2	13.0	4.1	0.9	6.7
5	52.4	15.8	16.7	6.0	1.2	7.8
6 & 7	61.2	15.0	12.9	3.9	0.9	6.1
8	57.2	15.5	13.7	5.4	1.4	6.8
9	**58.7**	**15.8**	**13.6**	**4.3**	**0.9**	**6.8**
10	63.6	13.8	11.3	3.0	0.9	7.5
11	64.3	12.2	10.7	4.0	1.1	7.6

Source: Texas School Survey, 2018[9]

Additionally, Texas students in 7th-12th grade were asked, "How do your parents feel about kids your age using tobacco?", and given the options: "strongly disapprove", "mildly disapprove", "neither approve/disapprove", "mildly approve", "strongly approve", and "do not know" (see Table 47).[9] About 74% of Region 9 students and 78% of students across the state believe their parents "strongly disapprove" of kids their age using tobacco.[9] About 2% of students in Region 9 and across Texas believe their parents either strongly or mildly approve of kids their age using

Table 47. Student Perception of Parental Approval of Tobacco (%), 2018

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	**78.3**	**7.5**	**5.9**	**0.9**	**0.6**	**6.8**
1	75.6	8.9	6.2	1.2	0.7	7.5
2	72.5	10.0	8.5	1.3	0.9	6.8
3	80.3	7.6	4.9	0.8	0.5	6.0
4	71.5	9.8	8.6	2.0	0.8	7.2
5	63.5	11.2	13.1	2.3	0.8	9.1
6 & 7	79.7	7.1	5.6	0.6	0.6	6.5
8	75.2	8.1	7.4	1.2	0.7	7.3
9	**73.8**	**9.2**	**7.8**	**1.3**	**0.7**	**7.3**
10	79.6	6.0	4.9	1.0	0.8	7.7
11	78.9	6.4	4.9	1.1	0.7	8.1

Source: Texas School Survey, 2018[9]

tobacco.[9] Noticeably, less Region 9 students than the state believe their parents "strongly

disapprove" of tobacco use; more Region 9 students than the state believe their parents "mildly disapprove" of tobacco use; and, more Region 9 students than the state believe their parents approve, either mildly or strongly, of tobacco use.[9] This implies less Region 9 parents feel strongly disapproving of tobacco use in youth compared to the state. More Region 9 youth are unsure of their parents' approval of tobacco use, as well.[9]

Furthermore, the 2018 TSS also asked students about parental attitudes in regards to marijuana.[9] Similar to tobacco, the majority of both Texas and Region 9 students (83.3% and 82.9%, respectively) believe their parents either strongly or mildly disapprove of kids their age using marijuana (see Table 48).[9] However, more students in Region 9 (3.5%) believe their parents either mildly or strongly approve of kids their age using marijuana than do students believing their parents either mildly or strongly approve of kids their age using tobacco (2.0%).[9] The same notion also holds true with marijuana use in that more Region 9 parents feel "mildly" about marijuana use compared to the state than they do "strongly", whether approving or disapproving.[9]

Table 48. Student Perception of Parental Approval of Marijuana (%), 2018

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	**76.5**	**6.8**	**7.0**	**1.9**	**1.3**	**6.5**
1	78.8	5.7	5.3	1.7	1.7	6.8
2	78.1	6.0	6.9	1.5	1.4	6.1
3	77.7	6.2	7.0	1.9	1.4	5.8
4	76.3	6.0	6.8	2.4	1.6	6.8
5	73.3	6.5	8.8	1.9	1.1	8.5
6 & 7	76.0	7.6	7.3	1.9	1.2	6.1
8	75.5	7.3	7.0	1.8	1.3	7.1
9	**75.6**	**7.3**	**7.1**	**2.1**	**1.4**	**6.5**
10	74.9	6.8	7.4	1.7	1.7	7.4
11	77.5	5.6	6.0	1.6	1.4	7.8

Source: Texas School Survey, 2018[9]

Students Talking to Parents about ATOD

According to the 2016 TPII, a survey which asked Midland ISD 6th-12th grade students questions pertaining to substance use and family dynamics of substance use, not many parents are having conversations with their children about substance use.[136] In this survey, only 23% of students reported talking to their families about tobacco and only 31% reported talking about other drugs.[136] However, 85% of students did report speaking to their families about alcohol.[136] Forty percent of students reported discussing curfews with their families and, even less, 36%, reported discussing parties with their families.[136] The top 3 most reported topics discussed with families were: 1) friends (86%), 2) alcohol (85%), and 3) sports (73%).[136]

Individual Domain

As listed previously, life skills, mental health services, youth employment, and youth perception of ATOD access and ATOD harm are all protective factors apart of the individual domain. Protective factors can not only build resilience in a person's life, but may help build one's own positive self-image, promote self-control, build social competence, increase academic achievement, improve family and community relationships, increase access to support services, and increase feelings of belonging.

Life Skills Learned in YP Programs

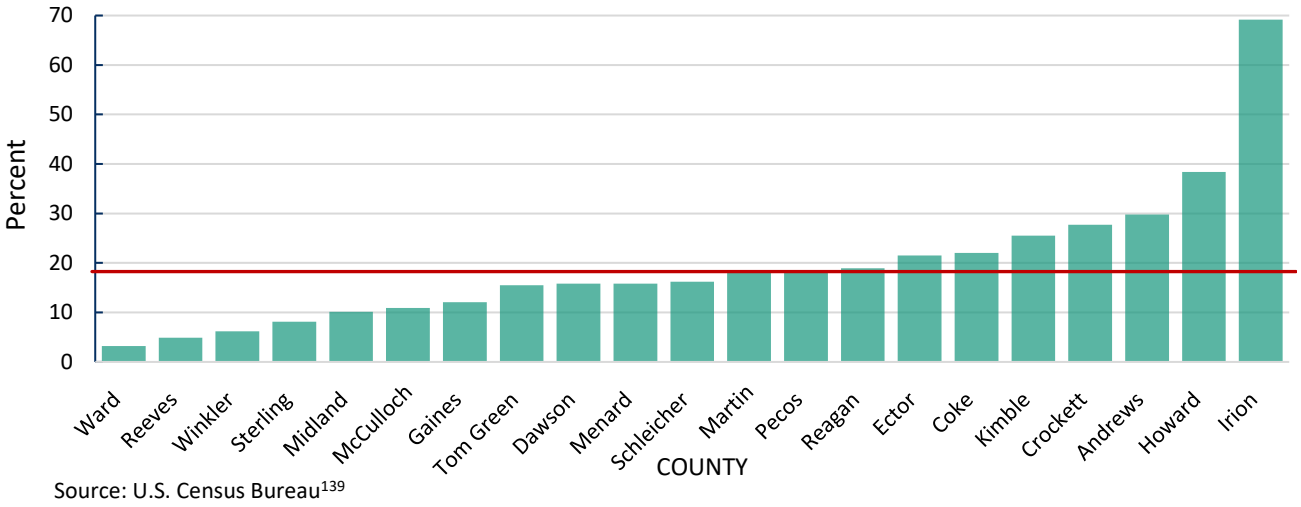
YP programs implement curriculums in schools and community sites that are evidence-based and endorsed by SAMHSA.[138] YP programs empower young people and promote the development of healthy behaviors to allow youth the knowledge to transition into adulthood in a healthy way by partnering with their families and communities.[138] These lessons help students set goals and make healthy decisions for their life. Curriculum lessons give students skills that include managing emotions, communicating, making friendships, developing social skills, analyzing media messages, and dealing with peer pressure. The benefits of YP programs include[138]:

- Reduced substance use risk factors through strengthened protective factors
- Enhanced cultural identity
- Decreased instances of substance use and misuse
- Decreased risk for health issues related to substance use and misuse and unhealthy habits
- Reduced risk for behavioral health issues
- Reduced costs to society associated with health care, law enforcement, and assistance programs
- Enhanced sense of well-being
- Improved quality of life
- Reduced likelihood of legal issues

Youth Unemployment

In 2017, the youth unemployment rate in Texas for teens aged 16-19 years old was 19.8, i.e., for every 100 teens in this age group, 19.8 were unemployed.[139] Only 21 counties in Region 9 had sufficient data for this report and seven of these counties were above the Texas average meaning these counties had higher unemployment rates among youth aged 16-19 years than the Texas average for 2017 (see Figure 50 on the following page).[139] Population centers Midland and Tom Green counties were both under the Texas average, with Midland County having only a 10.1 youth unemployment rate and Tom Green County having a youth unemployment rate of 15.5.[139] However, Ector County had a youth unemployment rate of 21.5 in 2017. Ward County had the lowest youth unemployment rate in Region 9 in 2017: 3.2; Irion County had the highest youth unemployment rate in Region 9 in 2017: 69.2.[139]

Figure 50. Region 9 Youth Unemployment Rates, 2017



Source: U.S. Census Bureau[139]

Youth Perception of Access

Ease of access to substances has been shown to have a direct relationship with youth substance use and a youth's perception of ease is indicative of how accessible that substance is to them.[140] Students in Region 9 were asked in the 2018 TSS, "If you wanted some, how difficult would it be to get…" tobacco, alcohol, marijuana, cocaine, crack, steroids, ecstasy, heroin, methamphetamine, synthetic marijuana, and inhalants (see Table 49 on the following page).[9] Students were given the following answer choices: "never heard of it", "impossible", "very difficult", "somewhat difficult", "somewhat easy", and "very easy".

The drug with the highest percentage of students reporting they had "never heard of it" was ecstasy (51.6%), followed closely by methamphetamine (49.7%) and synthetic marijuana (49.4%).[9] Alcohol was reported by the least percentage (19.8%) of students to have never been heard of by Region 9 youth.[9]

Heroin and crack were reported by the highest percentage of students to be "impossible" to get; crack and cocaine were most popular to be "very difficult" to obtain; and, alcohol was reported by the highest percentage of students to be "somewhat difficult", "somewhat easy", and "very easy" to obtain.[9]

Thus, the leading drug for each level of difficulty to obtain:

- Never heard of it: Ecstasy
- Impossible: Heroin
- Very difficult: Cocaine and Crack
- Somewhat difficult: Alcohol
- Somewhat easy: Alcohol
- Very easy: Alcohol

Table 49. Region 9 Students' Perceived Ease of Access (%), 2018						
Substance	**Never Heard of It**	**Impossible**	**Very Difficult**	**Somewhat Difficult**	**Somewhat Easy**	**Very Easy**
Tobacco	28.0	18.5	7.2	10.3	15.0	21.0
Alcohol	19.8	12.2	6.8	12.3	20.7	28.2
Marijuana	27.5	22.1	8.9	10.3	12.9	18.4
Cocaine	39.8	31.9	12.3	7.0	4.3	4.7
Crack	42.6	32.9	12.3	5.9	2.9	3.4
Steroids	44.7	31.1	11.7	5.8	3.4	3.3
Ecstasy	51.6	27.5	9.6	4.9	3.1	3.3
Heroin	47.6	33.1	10.9	3.8	2.0	2.5
Methamphetamine	49.7	31.2	10.4	3.8	2.2	2.7
Synthetic Marijuana	49.4	26.7	9.5	5.6	4.2	4.7
Inhalants	42.9	15.8	4.6	5.5	9.4	21.8

Source: Texas School Survey[9]

Youth Perception of Harm

Additionally, a youth's perception of harm or risks from using a substance is an important determinant of whether they choose to partake of that substance.[141] Region 9 students in grades 7-12 were asked, "How dangerous do you think it is for kids your age to use…" each of the following substances: tobacco, electronic vapor (e-vapor) products, alcohol, marijuana, cocaine, crack, ecstasy, steroids, heroin, methamphetamine, synthetic marijuana, any prescription drug, and inhalants (see Table 50 on the following page).[9] Students were given the answer choices: "very dangerous", "somewhat dangerous", "not very dangerous", "not at all dangerous", and "do not know".[9]

Crack (87.9%) and heroin (87.9%) were answered by the highest percentage of students to be "very dangerous" to use.[9] Alcohol (32.3%) was reported by the highest percentage of students to be "somewhat dangerous" to use; electronic vapor products (15.6%) to be "not very dangerous" to use; marijuana (12.2%) to be "not at all dangerous" to use; and, the highest percentage of students reporting that they did not know the dangers of this drug was for synthetic marijuana.[9]

Thus, the leading drug for each level of perceived harm:

- Very Dangerous: Crack and Heroin
- Somewhat Dangerous: Alcohol
- Not Very Dangerous: Electronic Vapor Products
- Not at All Dangerous: Marijuana
- Do Not Know: Synthetic Marijuana

Table 50. Region 9 Students' Perceived Risk/Harm (%), 2018					
Substance	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
Tobacco	56.4	26.7	8.9	2.6	5.4
E-Vapor Products	54.1	12.0	15.6	11.7	6.6
Alcohol	47.0	32.3	13.9	3.0	3.8
Marijuana	56.1	14.7	12.4	12.2	4.7
Cocaine	86.8	6.2	1.0	0.6	5.4
Crack	87.9	5.2	0.7	0.4	5.8
Ecstasy	81.6	7.3	1.6	0.6	8.9
Steroids	78.0	10.9	2.9	0.9	7.3
Heroin	87.9	4.3	0.7	0.4	6.8
Methamphetamine	87.3	4.6	0.7	0.4	7.0
Synthetic Marijuana	81.7	7.0	1.9	1.1	8.3
Any Prescription Drug	76.5	12.0	3.5	1.2	6.8
Inhalants	73.9	13.3	4.1	1.2	7.5

Source: Texas School Survey, 2018[9]

Tracking Trends

Some trends noted throughout this 2019 Regional Needs Assessment, include both substance use and substance use-related outcomes. In 2018, Region 9 reported the lowest number of monthly TANF recipients reported since 2014 (Figure 11). Additionally, there was also a 10% decline in SNAP recipients from 2017 to 2018 (Figure 12). On the other hand, Region 9 has seen an increase in free and reduced-price lunch students from the 2014-15 school year to the 2016-17 school year of about 13% (Figure 13). In the 2017-18 school year, Region 9 reported a 28% increase in school expulsions compared to the previous year (Table 15). Furthermore, in the 2017-18 school year, Region 9 reported a 20% increase in youth experiencing homelessness compared to the previous school year alone (Figure 16). Additionally, in 2018, Region 9 reported the highest amount of CPS child removals since 2008 (Figure 18). However, 2018 was an all-time low for confirmed victims of digestive violence in Region 9 (Figure 19). Teen birth rates remain high across Region 9 (Table 10). Region 9 reported a 0.3% increase in schedule II drug dispensations from 2015-2018 while Texas reported a 66% decrease (Table 12). Region 9 reported more DUI crashes in 2017 than in 2016, but still less than in 2015 (Table 40). Region 9 youth substance abuse treatment was at an all-time low in 2018 since 2014 (Figures 46 and 47). There was a 58% increase in OSAR screenings in Region 9 from 2017 to 2018 (Figure 48).

Looking on a statewide scale, Texas reported a 34% increase in adults living with depression from the year 2016 to 2017 alone, and the highest this number has been reported since 2011 (Figure 20). Figure 24 in this text depicts that Texas adolescent sexual behavior has consistently been on the decline from 2009 to 2017. In 2017, fewer underage Texas college students report being carded at stores and bars and also using fake IDs than in 2015 (Figure 28). Fewer Texas college students reported using tobacco and marijuana in 2017 than in 2015 for lifetime, past year, and past month use (Figures 32 and 34). Drug overdose deaths continue to reach soaring rates across the nation, much thanks to synthetic opioids like fentanyl (Figures 37, 40, 44).

Region Focus

Region 9 prides itself on the many services offered to those in need, be it with substance abuse, mental health, or both. However, seeing as the population in Region 9 continues to increase and substance abuse trends do as well, there is a nearly inevitable gap of services to some of this population.

Gaps in Services

The most significant gap in service in the Permian Basin and Concho Valley regarding behavioral health stems from the sheer lack of services available in Region 9, especially for rural counties. Region 9 has less than 50 substance abuse treatment beds available for youth ages 18 and younger. For adults, there are less than 200 treatment beds available. Beyond substance abuse treatment, there is a significant lack of mental health professionals and providers in Region 9. Since mental health issues and substance abuse are considerably similar in their disease functionality, prevention, intervention, and treatment and are often co-occurring, it is important that Region 9 provides more mental healthcare options.

Gaps in Data

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

- Local hospital data: Some of the first lines of defense include local hospitals and emergency rooms. First responders have a unique role in reacting and repairing the consequences of some behaviors members of our community may take. Local emergency room data is difficult to collect as many Region 9 hospitals either don't collect the data or are unable to readily share their data. The PRC will continue to pursue emergency room data to learn about any substances or public health issues that may raise preventative measures for our community.
- Data obtainment: For this RNA, a plethora of sources are necessary to collect data. There are eleven evaluators across the state of Texas working to write annual assessments in utilizing these data sources. Many datasets are not uploaded until April - May and being that the RNA is due in July, this not only rushes the research but also hinders analysis. A streamlined approach in services, immediate access to datasets, and responsive agencies which report these data would allow our processes of writing and analyzing to be much more thorough and speedier.
- Masked and rural community data: In order to keep data non-identifiable and confidential, data is masked under certain thresholds for varying sets, i.e., if a town or entity has data to report but not enough incidents to report, then this data is masked, or counted as zero, for that entity. Region 9 is largely made up of small towns, so much of our data is masked and true values for these towns is not known, therefore hindering analysis and capability to perceive a community's full needs. In the years to come, the Region 9 PRC aspires to collect more data from rural communities in our region.

- College students: Region 9 has two universities and a number of colleges. There is a lack of data concerning substance use in Region 9 college students. Knowing substance use trends in Region 9 college students would allow insight to the environment they are immersed into and allow prevention, intervention, and treatment providers to respond appropriately.
- Opioid data: There is an alarming lack of data across Texas concerning opioids. The HHSC just recently established an opioid dashboard, yet most counties in Texas do not have enough data to report. Efforts regarding opioid data collection will aid researchers, preventionists, interventionists, treatment providers, and more, to not only prepare but also to gain insight and respond to the opioid crisis in our communities.
- Adult substance use data: Many youths in Region 9 have the opportunity to participate in the Texas School Survey every other year, though not all. There is no such survey for adults in our community. Thus, estimates of the impact of alcohol, tobacco, and illicit drug abuse in our community is left up to compiling consequences data, re: DWI arrests, drug possession charges, drunk driving fatalities. It would be useful to have a community survey that anonymously questions the community on what substances they are using, what risk factors are involved, and the environmental factors of the participant.

Regional Partners

Our regional partners are extremely valuable to our agency and assist us in reaching out to our communities across the region. It would be obstructive to list all our regional partners here, as the list is extensive and expanding. Our partners include law enforcement officials, health departments, mental health authorities, media and multimedia stations, non-profit agencies for intervention and prevention services, other PRCs across the state of Texas, prevention education programs, local schools, coalitions focused on preventative measures, and more. We are most grateful for these partnerships and the services we are able to provide each other with. We look forward to growing our partnerships with other agencies in the next fiscal year.

Regional Successes

Aside from countless presentations, forming new partnerships, and developing new tools, the following shows some of the success our agency, the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA), has achieved throughout the 2019 fiscal year:

- Texas School Survey Participation: For the first time, Region 9 received its region-specific report from the Texas A&M Public Policy Research Institute. Thirty schools in Region 9 participated in the 2018 Texas School Survey. This allowed the Region 9 Prevention Resource Center to assess Region 9 youth data, rather than Regions 9 & 10 combined youth data as has been done in years past. If this success is continued for the 2020 TSS, Region 9 will be able to compare youth substance use trends data from year-to-year.
- Social Host Ordinance: The Here2impact (H2i) Coalition, a part of the PBRCADA, worked to pass the Social Host Ordinance (SHO) in 2017. The SHO citations are written for those supplying a place, re: home, hotel, conference center, for underage drinking. The H2i Coalition has the opportunity to teach new officers at the Odessa Police Department about the SHO. Twelve citations have been written since the SHO passed in Odessa, nine

of which were written in 2019 as of July 2019. This shows that Odessa officers are learning about underage drinking and enforcing the SHO in the community. The SHO is an environmental strategy against underage drinking.

- Recovery Panel "Real Talk": For the first time, the Region 9 Prevention Resource Center brought panelists of people in recovery to share their stories of substance abuse with the communities of Midland and Odessa. The Region 9 PRC was also able to inform attendees on substance trends happening in their communities, thus raising awareness and providing adults with tools to speak to youth around them about substance use.
- Red Ribbon 2018: PBRCADA served 13,036 youth for Red Ribbon 2018. Students spanned across Midland, Ector, Martin, and Howard counties. Red Ribbon takes place during the month of October each year and honors the life of a former DEA Agent, Enrique "KiKi" Camarena. Red Ribbon aims to bring awareness to the consequences of substance abuse and teach students in varying grade levels substance use prevention.

Conclusion

In conclusion, the Region 9 Prevention Resource Center aims to provide the community with a more complete perspective of the substance use trends and related consequences happening in our community. Being informed of these trends and data should guide stakeholders with a more well-informed and focused vision for their efforts and inspire parents and adults with a desire to work preventatively with youth concerning substance use.

Major Key Findings

One of the major key findings in this 2019 Regional Needs Assessment is that alcohol is still the most commonly used drug among youth in Region 9, followed by tobacco, marijuana, and prescription drug misuse, accordingly. This is only partially reflected by student perception of harm, which ranks electronic vapor products as the least dangerous substance use followed by marijuana use, alcohol use, tobacco use, and prescription misuse, accordingly. Though alcohol violations have increased dramatically in Region 9 schools, use of this substance is seen more outside of school. In Region 9 school settings, there is commonly seen marijuana use, tobacco use via electronic vapor products like JUULs, and prescription drug misuse, most notably that of Xanax.

Another major key finding is that alcohol use is still a glaring issue in the Region 9 adult population, as well. Direct consequences of this use include Odessa and Midland being the top two cities in Texas for drunk driving deaths. Additionally, at any one time in Region 9, there are approximately 353 people incarcerated for a DWI charge. Furthermore, every county in Region 9 (with sufficient data) has higher alcohol-induced death crude rates than that of the state. There were more than two DUI crashes every day in Region 9 in the year 2017.

Additionally, it is unsettling to know that 12.2% of Region 9 youth believe that marijuana use is "not at all dangerous" with an additional 12.4% believing marijuana use is "not very dangerous". In total, nearly one-third of our youth believe marijuana is not dangerous or are unsure of the dangers of marijuana use. A low perception of harm or an unknown perception of harm is a risk factor for substance use. Marijuana use is also the most widely accepted substance use by our youth.

Finally, though Region 9 contains the booming oilfield of the Permian Basin, youth experiencing homelessness has increased, as well as free & reduced-price lunch students. TANF and SNAP recipients have decreased, while CPS child removals have increased. However, Region 9 has low unemployment rates and high social association rates. There are many providers and resources in the community that serve both our youth and adult populations to prevent, intervene, and/or treat substance use disorders and mental health conditions. In fact, most Region 9 students receive alcohol and other drug education at school. Though there is this influx of money and resources in Region 9, issues at the community level still exist and resources for these, e.g. domestic violence shelters, substance abuse treatment centers, and housing committees, are needed at growing rates.

Summary of Region Compared to State

One will notice that most data in this report is calculated in rates and/or percentages. This is so regional data may be compared to state or national data. Comparison allows Region 9 to more fully assess the impact of substance use happening in its communities.

Substance use-related comparison data: In 2019, Region 9 reported 31% single-parent households compared to 33% seen at the state level (Table 5). Region 9's unemployment rate is 2.7%; Texas is 3.9% (Figure 10). Region 9 remains under the state rate for free and reduced-price lunch recipients (Figure 13). All but two counties in Region 9 are at or below the Texas rate of uninsured children (Table 6). Region 9 has the lowest graduation rate and second highest dropout rate in the state (Table 7). Region 9 has higher rates of murder, rape, assault, burglary, larceny, and auto theft, but not robbery (Table 8). Eight of the twelve Region 9 counties with available data, have a higher crude rate of suicide than the state (Table 9). Twenty-one of the twenty-five Region 9 counties with available data are above the Texas teen birth rate (Table 10). Twenty-seven Region 9 counties had social association data for 2016 and of these, 25 were at or above the Texas social association rate (Figure 54). Of the 21 counties in Region 9 that have youth unemployment rate data, seven were above the Texas youth unemployment rate (Figure 50).

Substance use comparison data: A higher percentage of students in Region 9 compared to the state believe it is easy to obtain tobacco, alcohol, and cocaine (Table 11). Ector and Midland counties have higher alcohol retail permit densities than the state. Region 9 reported a 0.29% increase in Schedule II Drug Dispensations from 2015 to 2018, while Texas reported an overall 66.4% *decrease* in Schedule II Drug Dispensations (Table 12). A larger proportion of Region 9

students than the state believes that alcohol, marijuana, prescription drugs, crack, synthetic marijuana, ecstasy, steroids, methamphetamine, and inhalants are dangerous (Table 14). Region 9 youth have lower perceptions of harm for alcohol, tobacco, and electronic vapor products compared to the state (Tables 15, 21, 23) but higher perceptions of harm for marijuana and prescription drug misuse (Tables 17 and 19). About 7% more Region 9 youth than youth across Texas reported that they have at least a few friends who use alcohol (Table 25). Region 9 youth begin using alcohol, tobacco, and marijuana at a younger age than youth across the state (Tables 26, 28, 30). A much higher percentage of Region 9 youth have used alcohol, tobacco, marijuana, prescription drugs (misuse), and illicit drugs in general compared to youth across the state (Tables 27, 29, 31, 32, 35). Region 9 youth also begin using steroids, ecstasy, and synthetic marijuana at a younger age than youth across the state (Table 34). Only 12 counties in Region 9 had data on overdose death crude rates, and of these, 8 counties were above the Texas overdose death crude rate from 1999-2017 (Table 37). Only 8 counties in Region 9 had data on alcohol-induced death crude rates, and of these, all 8 were above the Texas alcohol-induced death crude rate from 1999-2017 (Table 28). Accordingly, only 10 counties in Region 9 had data for drug-induced death crude rates, and of these, 6 were above the Texas drug-induced death crude rate (Table 39). A larger proportion of Region 9 students compared to the state reported receiving alcohol and other drug (AOD) education in 2018 (Table 45). A larger proportion of Region 9 parents either mildly approve or mildly disapprove of youth alcohol, tobacco, and marijuana consumption compared to parents across the state (Tables 46, 47, 48). A smaller proportion of Region 9 parents strongly disapprove of alcohol, tobacco and marijuana compared to parents across the state, most recognizably for alcohol and tobacco consumption (Tables 46, 47, 48). This evidence suggests Region 9 parents tend to feel more mildly about youth substance use compared to parents across the state.

Moving Forward

This RNA is meant to address and help bring light to the issues and challenges discussed in this text to make our communities safer and healthier. By using data from this RNA, we hope that our communities can receive the care necessary to achieve these goals, as well as provide the resources necessary for a strong, thorough, and consistent prevention message. The Region 9 PRC utilizes this data to discern curricula taught to students, presentations shown to stakeholders such as law enforcement and health care professionals, and to gain funding from existing sources in response to the evident needs in our community.

This 2019 RNA shows that there is a continuing need for substance use prevention, especially for youth in our region. There is also a need for quality parental involvement. Studies show that parent involvement helps increase communication, promotes positive attitudes for health behaviors, and is more likely to create a responsive drug education as part of a holistic approach to drug education than using isolated education programs alone.[142,143] More Region 9 students reported their parents believe various drugs are dangerous, but less students reported that they, themselves, believe these drugs are dangerous. This shows a gap in parent-child communication and is one way in which prevention programs, like the PRC and PBRCADA, can gear programs towards in the coming years.

Each agency, coalition, organization, school, and stakeholder play a major part in the information and data collected and shared with the Region 9 PRC. A simple “thank you” does not express the immense gratitude the Region 9 PRC has for every individual who made this RNA a reality. Your contribution to the Region 9 PRC and this document makes our communities safer, healthier, and more well-informed, all of which the benefits are endless. The Region 9 PRC looks forward to your continued cooperation and sharing of information.

Additionally, the Region 9 PRC is constantly seeking input on the RNA. Our staff disseminate the Regional Needs Assessment across both Region 9 and the state to show stakeholders areas in need of attention in the fields of community health and prevention. The process of making the 2019 RNA takes many months and time not spent on creating this document is largely spent on disseminating the information within the report and collecting new information. If you are interested in giving the Region 9 PRC relevant information regarding community health, would like more information on gaps in this data, or if you simply have a question about this RNA, please contact the Region 9 PRC Program Director Kayla Doubrava at kdoubrava@pbrcada.org.

Glossary

ACE	Adverse Childhood Experiences study
ACS	American Community Survey
Adolescent	An individual between the ages of 12 and 17 years (SAMHSA)
AOD	Alcohol and Other Drugs
ATOD	Alcohol, tobacco, and other drugs
AUD	Alcohol Use Disorder
BAC	Blood Alcohol Concentration
BPD	Barrels per day
BRFSS	Behavioral Risk Factor Surveillance System
CBD	Cannabinoid
CDC	Centers for Disease Control and Prevention
COPSD	Co-Occurring Psychiatric and Substance use Disorder
CSAP	SAMHSA's Center for Substance Abuse Prevention
DEA	Drug Enforcement Administration
DFPS	Department of Family and Protective Services
DMV	Department of Motor Vehicles
DSM-5	Diagnostic and Statistical Manual - V
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
EEOC	Equal Employment Opportunity Commission
EMS	Emergency Medical Services
ENDS	Electronic Nicotine Delivery Systems
Epidemiology	Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems. (CDC)
ESC	Education Service Center
EWG	Epidemiological Work Group
FBI	Federal Bureau-Investigation
HHS	U.S. Department of Health and Human Services
HHSC	Texas Health and Human Service Commission
IOM	Institute of Medicine
ISD	Independent School District
LEP	Limited English Proficiency
MDD	Major Depressive Disorder
NCES	National Center for Education Statistics
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NSDUH	National Survey on Drug Use and Health
OSAR	Outreach, Screening, Assessment, and Referral
PBRCADA	Permian Basin Regional Council on Alcohol and Drug Abuse

PMP	Prescription drug Monitoring Program
PPRI	Public Policy Research Institute
PRC	Prevention Resource Center
Prevalence	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	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)
PTND	Project Towards No Drug abuse
Risk Factor	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)
RNA	Regional Needs Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SEM	Socio-Ecological Model
SHO	Social Host Ordinance
SNAP	Supplemental Nutrition Assistance Program
SPF	Strategic Prevention Framework
SUD	Substance Use Disorder
TABC	Texas Alcoholic Beverage Commission
TANF	Temporary Assistance for Needy Families
TCS	Texas College Survey
TEA	Texas Education Agency
TPII	Texas Prevention Impact Index
TSS	Texas School Survey of Drug and Alcohol Use
VA	Veterans Affairs
WHO	World Health Organization
YP	Youth Prevention
YPI	Youth Prevention Indicated
YPS	Youth Prevention Selective
YPU	Youth Prevention Universal
YRBSS	Youth Risk Behavior Surveillance System

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Suggested citation for this document:

Doubrava K, Tarango M. *2019 Regional Needs Assessment - Region 9*. Odessa, TX. Permian Basin Regional Council on Alcohol and Drug Abuse; 2019:193. Available at: www.reg9prc.org/rna.

Appendix A

Tables

Table 1. Region 9 Population Estimates, 2018-2019			
County	**2018**	**2019**	**Population Change**
TEXAS	**29,366,479**	**29,948,091**	**1.98%**
REGION 9	**628,255**	**635,337**	**1.13%**
Andrews	16,936	17,215	1.65%
Borden	690	694	0.58%
Coke	3,136	3,116	-0.64%
Concho	4,264	4,281	0.40%
Crane	5,145	5,249	2.02%
Crockett	4,019	4,049	0.75%
Dawson	14,610	14,693	0.57%
Ector	154,975	157,226	1.45%
Gaines	20,800	21,236	2.10%
Glasscock	1,328	1,338	0.75%
Howard	37,244	37,477	0.63%
Irion	1,705	1,709	0.23%
Kimble	4,953	5,005	1.05%
Loving	80	80	0.00%
Martin	8,872	8,959	0.98%
Mason	5,431	5,529	1.80%
McCulloch	4,179	4,192	0.31%
Menard	2,394	2,398	0.17%
Midland	154,516	156,862	1.52%
Pecos	16,793	16,910	0.70%
Reagan	3,807	3,854	1.23%
Reeves	14,720	14,816	0.65%
Schleicher	3,835	3,872	0.96%
Sterling	1,207	1,212	0.41%
Sutton	4,552	4,600	1.05%
Terrell	1,039	1,043	0.38%
Tom Green	114,017	114,494	0.42%
Upton	3,781	3,832	1.35%
Ward	11,111	11,155	0.40%
Winkler	8,116	8,241	1.54%

Source: Texas Department of State Health Services[19]

Table 2. Region 9 Population Density, 2019					
County	**2019 Population Density***	**County**	**2019 Population Density***	**County**	**2019 Population Density***
TEXAS	**114.6**	Glasscock	1.5	Reagan	3.3
REGION 9	**16.0**	Howard	41.6	Reeves	5.6
Andrews	11.5	Irion	1.6	Schleicher	3.0
Borden	0.8	Kimble	4.0	Sterling	1.3
Coke	3.4	Loving	0.1	Sutton	3.2
Concho	4.4	Martin	9.8	Terrell	0.4
Crane	6.7	Mason	6.0	Tom Green	75.2
Crockett	1.4	McCulloch	3.9	Upton	3.1
Dawson	16.3	Menard	2.7	Ward	13.3
Ector	175.1	Midland	174.2	Winkler	9.8
Gaines	14.1	Pecos	3.5		

*Density = People per square mile

Source: Texas Department of State Health Services, US Census Bureau[19,21]

Table 3. Region 9 Population by Race and Ethnicity, 2019									
County	**Anglo**	**%**	**Black**	**%**	**Hispanic**	**%**	**Other**	**%**	**Total**
TEXAS	**11,871,540**	**40%**	**3,407,148**	**11%**	**12,568,914**	**42%**	**2,100,489**	**7%**	**29,948,092**
REGION 9	**278,303**	**44%**	**25,922**	**4%**	**313,993**	**49%**	**17,119**	**3%**	**635,338**
Andrews	7,331	43%	210	1%	9,304	54%	370	2%	16,936
Borden	585	84%	0	0%	102	15%	7	1%	690
Coke	2,358	76%	7	0%	682	22%	69	2%	3,136
Concho	1,800	42%	57	1%	2,372	55%	52	1%	4,264
Crane	1,886	36%	133	3%	3,138	60%	92	2%	5,145
Crockett	1,342	33%	13	0%	2,652	65%	42	1%	4,019
Dawson	5,219	36%	886	6%	8,384	57%	204	1%	14,610
Ector	52,520	33%	6,117	4%	94,742	60%	3,847	2%	154,975
Gaines	12,881	61%	289	1%	7,791	37%	275	1%	20,800
Glasscock	871	65%	15	1%	444	33%	8	1%	1,328
Howard	19,185	51%	2,282	6%	14,922	40%	1,088	3%	37,244
Irion	1,185	69%	11	1%	486	28%	27	2%	1,705
Kimble	3,634	73%	16	0%	1,292	26%	63	1%	4,953
Loving	58	73%	0	0%	18	23%	4	5%	80
McCulloch	5,687	63%	140	2%	3,017	34%	115	1%	763
Martin	2,839	51%	74	1%	2,548	46%	68	1%	15,245
Mason	3,109	74%	14	0%	1,029	25%	40	1%	4,179
Menard	1,403	59%	11	0%	969	40%	15	1%	2,394
Midland	71,445	46%	9,492	6%	70,232	45%	5,693	4%	154,516
Pecos	4,298	25%	521	3%	11,826	70%	265	2%	16,793
Reagan	1,267	33%	63	2%	2,493	65%	31	1%	3,807
Reeves	2,537	17%	673	5%	11,398	77%	208	1%	14,720
Schleicher	1,989	51%	31	1%	1,831	47%	21	1%	3,835
Sterling	751	62%	13	1%	418	34%	30	2%	1,207
Sutton	1,653	36%	6	0%	2,918	63%	23	1%	4,552
Terrell	499	48%	6	1%	523	50%	15	1%	1,039
Tom Green	60,322	53%	4,143	4%	46,014	40%	4,015	4%	114,017
Upton	1,689	44%	47	1%	2,046	53%	50	1%	3,781
Ward	4,727	42%	518	5%	5,685	51%	225	2%	11,111
Winkler	3,233	39%	134	2%	4,717	57%	157	2%	8,116

Source: Texas Department of State Health Services[19]

Table 4. Region 9 English Proficiency, 2017					
County	**English Proficient***	**Not English Proficient****	**County**	**English Proficient***	**Not English Proficient****
TEXAS	86%	14%	**McCulloch**	94%	6%
REGION 9	89%	11%	**Martin**	91%	9%
Andrews	87%	13%	**Mason**	93%	7%
Borden	99%	1%	**Menard**	92%	8%
Coke	95%	5%	**Midland**	90%	10%
Concho	77%	23%	**Pecos**	85%	15%
Crane	82%	18%	**Reagan**	78%	22%
Crockett	94%	6%	**Reeves**	77%	23%
Dawson	89%	11%	**Schleicher**	89%	11%
Ector	86%	14%	**Sterling**	96%	4%
Gaines	81%	19%	**Sutton**	89%	11%
Glasscock	80%	20%	**Terrell**	92%	8%
Howard	89%	11%	**Tom Green**	94%	6%
Irion	100%	0%	**Upton**	92%	8%
Kimble	93%	7%	**Ward**	91%	9%
Loving	89%	11%	**Winkler**	85%	15%

*: English Proficient means "Speaks English only or speaks English 'very well'".

**: Not English Proficient means "Speaks English less than 'very well'".

Source: U.S. Census Bureau[22]

Table 5. Single-Parent Households, 2017-2019			
Region	**2017**	**2018**	**2019**
TEXAS	**33%**	**33%**	**33%**
REGION 9	**32%**	**32%**	**31%**

Source: County Health Rankings and Roadmaps[26]

Table 6. Region 9 Uninsured Children (%), 2016			
County	**Uninsured Children (%)**	**County**	**Uninsured Children (%)**
TEXAS	10%	**Mason**	23%
Andrews	12%	**McCulloch**	12%
Borden	11%	**Menard**	19%
Coke	12%	**Midland**	12%
Concho	12%	**Pecos**	13%
Crane	13%	**Reagan**	14%
Crockett	12%	**Reeves**	12%
Dawson	12%	**Schleicher**	17%
Ector	13%	**Sterling**	16%
Gaines	22%	**Sutton**	13%
Glasscock	17%	**Terrell**	16%
Howard	10%	**Tom Green**	10%
Irion	12%	**Upton**	14%
Kimble	13%	**Ward**	11%
Loving	21%	**Winkler**	12%
Martin	16%		

Source: County Health Rankings[36]

Table 7. Graduation and Dropout Rates by Region (%), 2017		
Region	**Graduation Rate**	**Dropout Rate**
1	92.9	4.3
2	94.2	3.4
3	89.1	5.6
4	94.1	3.4
5	91.7	5.4
6	89.1	6.3
7	89.0	6.1
8	89.3	7.2
9	**88.6**	**7.1**
10	93.3	3.9
11	90.3	5.7

Source: Texas Education Agency[41]

Table 8. Region 9 Index Crime Rates (per 100k), 2018								
County	**Murder**	**Rape**	**Robbery**	**Assault**	**Burglary**	**Larceny**	**Auto Theft**	**Total**
TEXAS	**4.4**	**49.6**	**94.4**	**247.7**	**390.2**	**1,634.4**	**229.4**	**2,650.2**
REGION 9	**4.9**	**57.0**	**44.2**	**346.0**	**439.1**	**1,673.8**	**243.5**	**2,808.4**
Andrews	0.0	59.0	5.9	360.2	354.3	1,104.2	194.9	2,078.4
Borden	0.0	0.0	0.0	0.0	579.7	1,449.3	144.9	2,173.9
Coke	31.9	0.0	0.0	0.0	31.9	0.0	0.0	63.8
Concho	0.0	0.0	0.0	258.0	46.9	164.2	0.0	469.0
Crane	0.0	19.4	0.0	0.0	97.2	194.4	38.9	349.9
Crockett	0.0	0.0	24.9	49.8	2,637.5	273.7	0.0	2,985.8
Dawson	6.8	68.4	27.4	219.0	800.8	1,964.4	143.7	3,230.7
Ector	7.7	80.7	81.9	625.3	518.1	2,057.8	408.5	3,780.0
Gaines	0.0	33.7	9.6	274.0	264.4	653.8	91.3	1,326.9
Glasscock	0.0	0.0	0.0	0.0	150.6	1,280.1	75.3	1,506.0
Howard	8.1	29.5	40.3	464.5	550.4	1,820.4	290.0	3,203.2
Irion	0.0	58.7	0.0	176.0	410.6	1,173.0	176.0	1,994.1
Kimble	0.0	0.0	0.0	100.9	141.3	343.2	80.8	666.3
Loving	0.0	0.0	0.0	0.0	0.0	21,250.0	0.0	21,250.0
Martin	0.0	26.2	6.6	45.9	59.0	334.5	72.2	544.4
Mason	0.0	0.0	0.0	23.9	167.5	215.4	23.9	430.7
McCulloch	0.0	0.0	131.1	524.2	2,359.1	8,387.9	1,310.6	12,713.0
Menard	0.0	0.0	0.0	41.8	543.0	0.0	0.0	584.8
Midland	5.8	40.8	43.4	246.6	300.3	1,598.5	251.8	2,487.1
Pecos	6.0	17.9	11.9	351.3	399.0	708.6	77.4	1,572.1
Reagan	0.0	0.0	0.0	210.1	315.2	1,077.0	157.6	1,759.9
Reeves	0.0	115.5	40.8	713.3	176.6	1,630.4	34.0	2,710.6
Schleicher	0.0	0.0	0.0	0.0	78.2	547.6	78.2	704.0
Sterling	0.0	0.0	0.0	82.9	82.9	248.6	0.0	414.3
Sutton	0.0	43.9	22.0	87.9	22.0	527.2	43.9	746.9
Terrell	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tom Green	2.6	86.0	44.7	217.5	611.3	2,409.3	223.7	3,595.1
Upton	0.0	0.0	0.0	26.4	0.0	423.2	52.9	502.5
Ward	9.0	36.0	9.0	306.0	621.0	1,548.0	72.0	2,601.0
Winkler	0.0	73.9	12.3	382.0	357.3	874.8	209.5	1,909.8

Source: Texas Department of Public Safety[44]

Table 9. Region 9 Suicides, 1999-2017			
County	**Deaths**	**Crude Rate**	**Age-Adjusted Rate**
Texas	**51622**	**11.2**	**11.4**
Andrews	40	14.2	14.8
Coke	13	Suppressed	Suppressed
Crane	13	Suppressed	Suppressed
Crockett	10	Suppressed	Suppressed
Dawson	25	9.4	8.9
Ector	323	12.5	13
Gaines	33	10.2	11.5
Howard	114	17.3	17.5
Kimble	19	Suppressed	Suppressed
McCulloch	28	18	19.1
Mason	14	Suppressed	Suppressed
Midland	306	11.9	12.2
Pecos	31	10.3	10.4
Reagan	10	Suppressed	Suppressed
Reeves	28	10.9	10.6
Sutton	11	Suppressed	Suppressed
Tom Green	289	13.9	14.2
Ward	27	13.1	13.6
Winkler	25	18.3	18.5

Source: CDC Wonder[47]

Table 10. Region 9 Teen Birth Rates, 2017			
County	**Teen Birth Rate (per 1,000)**	**County**	**Teen Birth Rate (per 1,000)**
Texas	**37**	Mason	23
Andrews	68	McCulloch	47
Borden	--	Menard	34
Coke	40	Midland	55
Concho	43	Pecos	72
Crane	53	Reagan	64
Crockett	71	Reeves	83
Dawson	70	Schleicher	26
Ector	70	Sterling	--
Gaines	52	Sutton	54
Glasscock	--	Terrell	--
Howard	67	Tom Green	38
Irion	--	Upton	51
Kimble	47	Ward	62
Loving	--	Winkler	61
Martin	60		

Source: County Health Rankings and Roadmaps[59]

Table 11. Students who believe it is easy* to obtain substances (%), 2018				
Region	**Tobacco**	**Alcohol**	**Marijuana**	**Ecstasy**
Region 9	36.0	48.9	31.3	6.4
Texas	33.9	46.9	33.5	7.5
	Cocaine	**Crack**	**Synthetic Marijuana**	**Inhalants**
Region 9	9.0	6.3	8.9	31.2
Texas	8.8	6.5	10.3	31.9
	Steroids	**Heroin**	**Methamphetamine**	
Region 9	6.7	4.5	4.9	
Texas	7.0	4.6	5.1	
*: Students answered that the particular substance is either "very easy" or "somewhat easy" to obtain				

Source: Texas School Survey, 2018[9]

Table 12. Region 9 Schedule II Drug Dispensations, 2015-2018					
County	**2015**	**2016**	**2017**	**2018**	**% Difference from 2015 to 2018**
TEXAS	**38,453,715**	**39,164,413**	**13,383,655**	**12,918,910**	**-66.40%**
REGION 9	**261,666**	**248,438**	**271,660**	**262,426**	**0.29%**
Andrews	6,511	6,037	7,357	6,446	-1.00%
Concho	956	826	878	816	-14.64%
Crane	1,385	1,352	2,108	2,162	56.10%
Crockett	434	359	394	369	-14.98%
Dawson	3,942	3,365	3,371	3,143	-20.27%
Ector	60,519	55,535	58,178	56,520	-6.61%
Gaines	5,509	5,046	5,587	5,286	-4.05%
Howard	16,068	18,453	27,945	24,550	52.79%
Kimble	1,614	1,255	1,402	1,252	-22.43%
Martin	1,197	1,230	1,399	1,380	15.29%
Mason	995	936	935	974	-2.11%
McCulloch	4,688	4,440	4,454	3,723	-20.58%
Midland	72,021	68,377	72,435	72,361	0.47%
Pecos	3,415	3,048	3,065	2,837	-16.93%
Reagan	320	427	567	598	86.88%
Reeves	5,419	4,083	4,290	4,058	-25.12%
Sutton	1,463	1,241	1,227	948	-35.20%
Tom Green	66,543	65,113	69,622	68,797	3.39%
Upton	509	572	504	629	23.58%
Ward	5,704	4,734	4,135	3,997	-29.93%
Winkler	2,454	2,009	1,807	1,580	-35.62%

Source: Texas Prescription Monitoring Program (PMP)[76]

Table 13. On-Campus Substance Violations, 2013-2018 Schools from ESC Regions 15, 17, and 18					
Violation	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Controlled Substances/Drugs	1,188	1,243	1,214	1,190	1,276
Alcohol Violations	98	143	122	140	228
Tobacco	265	236	202	180	256
Felony Controlled Substance	12	5	0	7	17

Source: Texas Education Agency[77]

Table 14. Students who believe substances are dangerous* (%), 2018				
Region	**Tobacco**	**Alcohol**	**Marijuana**	**Rx Drugs**
Region 9	83.1	79.3	70.8	88.5
Texas	84.9	78.9	69.7	88.2
	Cocaine	**Crack**	**Synthetic Marijuana**	**Ecstasy**
Region 9	93.0	93.1	88.7	88.9
Texas	93.0	92.9	88.3	88.8
	Steroids	**Heroin**	**Methamphetamine**	**Inhalants**
Region 9	88.9	92.2	91.9	87.2
Texas	88.4	92.3	91.8	86.1
*Students answered that the particular substance was either "very dangerous" or "somewhat dangerous" for kids their age to use.				

Source: Texas School Survey, 2018[9]

Table 15. Texas Student's Perceived Risk of Harm from Alcohol (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**49.2**	**29.7**	**14.3**	**2.6**	**4.1**
1	47.2	34.0	13.5	1.9	3.5
2	51.0	31.2	12.0	2.1	3.7
3	51.6	28.2	14.4	1.8	4.0
4	52.8	30.0	11.4	2.5	3.3
5	45.9	29.6	16.3	3.8	4.4
6 & 7	48.0	30.8	14.2	2.7	4.4
8	44.7	31.3	16.7	3.4	4.0
9	47.0	32.3	13.9	3.0	3.8
10	50.8	30.3	12.3	2.6	3.9
11	53.0	26.5	13.3	3.3	3.9

Source: Texas School Survey, 2018[9]

Table 16. Region 9 Students' Perceived Risk of Harm from Alcohol by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**47.0**	**32.3**	**13.9**	**3.0**	**3.8**
Grade 7	54.4	25.4	12.9	2.6	4.7
Grade 8	49.2	28.9	15.9	2.8	3.2
Grade 9	47.0	31.7	15.2	2.3	3.8
Grade 10	44.6	34.3	11.5	4.2	5.5
Grade 11	42.8	37.7	13.3	2.7	3.5
Grade 12	41.8	38.2	14.2	3.8	2.1

Source: Texas School Survey, 2018[9]

Table 17. Texas Student's Perceived Risk of Harm from Marijuana (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**56.0**	**13.7**	**12.6**	**13.0**	**4.7**
1	61.8	13.8	10.4	9.9	4.1
2	61.7	13.4	9.9	10.9	4.2
3	56.0	14.1	12.9	12.6	4.5
4	59.2	13.4	10.9	12.1	4.4
5	60.4	11.5	11.5	11.7	4.9
6 & 7	54.2	13.8	13.0	14.1	4.9
8	55.4	14.5	13.0	12.8	4.3
9	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
10	55.3	13.9	13.5	13.0	4.3
11	60.4	12.9	10.8	11.6	4.3

Source: Texas School Survey, 2018[9]

Table 18. Regions 9 Students' Perceived Risk of Harm from Marijuana by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**56.1**	**14.7**	**12.4**	**12.2**	**4.7**
Grade 7	72.4	9.6	6.1	5.7	6.2
Grade 8	65.4	14.0	8.6	8.1	3.9
Grade 9	55.4	16.9	11.2	12.2	4.2
Grade 10	51.3	15.8	14.0	12.9	6.0
Grade 11	44.7	15.9	18.5	16.6	4.3
Grade 12	42.0	16.8	18.1	20.0	3.1

Source: Texas School Survey, 2018[9]

Table 19. Texas Student's Perceived Risk of Harm from Prescription Drugs (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**75.4**	**12.8**	**3.5**	**1.4**	**6.8**
1	80.2	10.6	2.2	1.0	6.0
2	80.4	10.7	2.6	0.9	5.4
3	76.5	11.9	3.5	1.4	6.7
4	78.6	11.8	2.8	1.2	5.7
5	78.3	9.8	3.2	1.5	7.1
6 & 7	73.4	14.7	3.7	1.3	6.9
8	74.9	13.0	4.1	1.4	6.6
9	76.5	12.0	3.5	1.2	6.8
10	77.5	11.2	3.6	1.3	6.3
11	76.5	11.5	3.2	1.7	7.1

Source: Texas School Survey, 2018[9]

Table 20. Regions 9 Students' Perceived Risk of Harm from Prescription Drugs by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**76.5**	**12.0**	**3.5**	**1.2**	**6.8**
Grade 7	75.7	11.4	2.7	1.1	9.1
Grade 8	76.7	11.9	3.4	1.6	6.3
Grade 9	76.6	12.5	3.8	1.3	5.9
Grade 10	75.0	11.3	4.6	1.3	7.8
Grade 11	77.5	12.5	3.2	0.9	5.9
Grade 12	78.0	12.3	3.5	0.7	5.7

Source: Texas School Survey, 2018[9]

Table 21. Texas Student's Perceived Risk of Harm from Tobacco (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**61.2**	**23.7**	**8.1**	**1.8**	**5.1**
1	60.6	26.0	7.7	1.4	4.3
2	56.4	26.5	10.4	2.0	4.7
3	62.2	23.8	8.0	1.4	4.6
4	57.7	24.4	10.9	2.9	4.1
5	51.8	26.0	13.3	3.4	5.4
6 & 7	60.7	24.0	8.1	1.8	5.3
8	57.7	25.9	9.2	2.3	4.9
9	56.4	26.7	8.9	2.6	5.4
10	66.8	21.1	6.2	1.2	4.7
11	65.7	20.2	6.4	2.0	5.7

Source: Texas School Survey, 2018[9]

Table 22. Regions 9 Students' Perceived Risk of Harm from Tobacco by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**56.4**	**26.7**	**8.9**	**2.6**	**5.4**
Grade 7	69.6	19.4	4.1	1.3	5.6
Grade 8	61.0	25.7	6.7	1.2	5.3
Grade 9	58.8	27.1	7.2	2.0	5.0
Grade 10	54.9	26.0	9.2	3.3	6.6
Grade 11	48.8	30.3	12.3	3.3	5.3
Grade 12	40.1	33.5	16.7	5.3	4.4

Source: Texas School Survey, 2018[9]

Table 23. Texas Student's Perceived Risk of Harm from Electronic Vapor Products (%), 2018					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	**54.7**	**12.4**	**14.6**	**11.8**	**6.5**
1	59.3	13.6	12.4	9.0	5.6
2	57.1	12.3	14.4	11.1	5.0
3	54.4	13.5	13.9	12.0	6.2
4	57.2	13.2	13.2	11.2	5.2
5	56.7	11.1	14.2	10.7	7.2
6 & 7	51.9	12.3	16.0	13.1	6.6
8	53.7	13.2	16.5	10.7	5.9
9	54.1	12.0	15.6	11.7	6.6
10	59.7	12.0	12.7	10.0	5.6
11	61.7	10.4	11.3	9.7	7.0

Source: Texas School Survey, 2018[9]

Table 24. Regions 9 Students' Perceived Risk of Harm from Electronic Vapor Products by Grade Level (%), 2018					
Grade Level	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
All	**54.1**	**12.0**	**15.6**	**11.7**	**6.6**
Grade 7	63.9	11.8	10.2	6.9	7.1
Grade 8	57.9	14.1	13.5	8.8	5.7
Grade 9	55.2	10.5	16.0	11.9	6.4
Grade 10	53.0	11.3	15.6	12.2	8.0
Grade 11	48.1	11.4	18.9	15.2	6.3
Grade 12	43.3	13.1	21.2	16.8	5.7

Source: Texas School Survey, 2018[9]

Table 25. Students Whose Close Friends Use Alcohol (%), 2018					
Region	**None**	**A Few**	**Some**	**Most**	**All**
State	48.4	23.8	14.0	10.5	3.2
1	38.9	27.6	16.9	13.0	3.6
2	43.5	27.9	13.9	12.0	2.6
3	52.5	22.8	14.0	8.7	2.0
4	45.8	26.7	14.2	10.6	2.7
5	39.6	24.0	15.5	15.6	5.2
6&7	50.1	22.9	13.6	10.4	3.1
8	41.0	24.2	14.3	15.1	5.5
9	41.6	26.2	16.6	12.0	3.5
10	45.2	25.3	14.2	11.2	4.2
11	49.8	24.1	13.6	9.1	3.3

Source: Texas School Survey, 2018[9]

Table 26. Age of First Use of Alcohol, 2018	
Region	**Age**
Texas	**13.1**
1	13.3
2	13.0
3	13.2
4	12.9
5	12.6
6 & 7	13.0
8	13.2
9	**13.0**
10	13.4
11	13.4

Source: Texas School Survey, 2018[9]

Table 27: Texas Student Alcohol Consumption (%), 2018				
Region	**Current Use**	**School Year Use**	**Lifetime Use**	**High-Risk Use**
State	29.0	34.4	51.5	11.7
1	33.5	39.8	59.7	14.1
2	28.2	34.0	54.6	11.7
3	23.6	28.5	46.9	8.1
4	29.5	35.9	55.9	12.0
5	36.8	42.3	61.7	18.1
6 & 7	28.9	34.3	50.7	11.6
8	36.0	41.9	58.8	17.1
9	34.7	40.4	59.3	14.3
10	32.1	36.8	54.5	13.0
11	29.0	33.5	48.2	11.6

Source: Texas School Survey, 2018[9]

Table 28. Age of First Use of Tobacco, 2018	
Region	**Age**
Texas	**13.5**
1	13.5
2	13.2
3	13.6
4	12.9
5	12.8
6 & 7	13.4
8	13.9
9	**13.2**
10	13.8
11	13.6

Source: Texas School Survey, 2018[9]

Table 29: Texas Student Tobacco Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	16.3	19.9	30.3
1	18.0	21.8	36.8
2	17.7	22.1	35.3
3	14.3	17.3	26.7
4	18.8	22.7	35.1
5	23.2	27.4	41.7
6 & 7	17.1	20.9	30.5
8	20.4	24.2	34.8
9	19.3	23.6	36.4
10	15.4	19.0	31.9
11	12.8	15.8	26.7

Source: Texas School Survey, 2018[9]

Table 30. Age of First Use of Marijuana, 2018	
Region	**Age**
Texas	**14.0**
1	13.9
2	14.0
3	14.1
4	14.0
5	13.7
6 & 7	14.1
8	14.1
9	**13.7**
10	14.0
11	14.0

Source: Texas School Survey, 2018[9]

Table 31: Texas Student Marijuana Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	13.6	16.3	22.1
1	12.8	15.7	22.3
2	9.0	11.4	18.6
3	11.6	14.3	19.8
4	11.9	14.5	21.0
5	13.9	16.8	23.4
6 & 7	13.5	16.4	22.3
8	15.6	18.4	23.8
9	14.9	17.7	24.8
10	18.4	21.1	27.5
11	14.5	16.4	21.6

Source: Texas School Survey, 2018[9]

Table 32: Texas Students' Prescription Drug Misuse (%), 2018			
Region	**Current Misuse**	**School Year Misuse**	**Lifetime Misuse**
State	7.1	10.5	18.5
1	6.0	10.6	18.5
2	6.5	9.7	18.6
3	6.6	9.6	17.1
4	7.6	11.7	20.2
5	10.1	14.6	24.6
6 & 7	7.2	10.8	19.1
8	7.7	11.2	18.1
9	7.3	11.5	21.1
10	8.3	11.9	20.1
11	6.3	9.3	15.9

Source: Texas School Survey, 2018[9]

Table 33: Texas Students' Rx Opioid Misuse (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	1.0	2.0	3.8
1	0.9	1.9	3.9
2	1.3	2.1	4.7
3	1.0	2.0	3.7
4	1.1	2.1	4.3
5	1.4	2.2	5.1
6 & 7	1.1	2.2	4.3
8	0.9	1.7	3.5
9	0.9	1.6	4.0
10	1.4	2.2	3.7
11	0.6	1.2	2.3

Source: Texas School Survey, 2018[9]

Table 34. Age of First Use of Other Substances (%), 2018		
Substance	**Texas**	**Region 9**
Cocaine	14.8	14.8
Crack	13.3	13.4
Steroids	12.5	12.0
Ecstasy	14.7	14.6
Heroin	12.6	12.8
Methamphetamine	13.8	13.8
Synthetic Marijuana	13.6	13.4
Inhalants	11.7	11.9

Source: Texas School Survey, 2018[9]

Table 35: Texas Student Illicit Drug Use (%), 2018			
Region	**Current Use**	**School Year Use**	**Lifetime Use**
State	13.9	17.9	23.5
1	13.3	18.0	23.9
2	9.2	12.9	19.7
3	11.8	15.7	20.8
4	12.3	16.4	22.5
5	14.4	18.8	24.9
6 & 7	13.9	18.3	23.9
8	15.9	20.2	25.4
9	15.3	19.6	26.5
10	19.0	23.1	29.3
11	14.8	17.6	22.9

Source: Texas School Survey, 2018[9]

Table 36: Region 9 Student Illicit Drug Use (%), 2018			
Substance	**Current Use**	**School Year Use**	**Lifetime Use**
Any Illicit Drug	15.3	19.6	26.5
Marijuana	14.9	17.7	24.8
Cocaine	1.6	1.9	3.5
Crack	0.4	0.4	0.9
Hallucinogens	1.1	1.8	3.5
Synthetic Cathinones	0.1	0.2	0.4
Steroids	0.4	0.5	1.4
Ecstasy	0.4	0.8	2.0
Heroin	0.1	0.1	0.6
Methamphetamine	0.3	0.4	1.0
Synthetic Marijuana	1.3	1.9	4.0

Source: Texas School Survey, 2018[9]

Table 37. Overdose Death Crude Rate per 100K, 1999-2017	
Area	**Overdose Death Crude Rate per 100K**
Texas	**15.7**
Andrews County	11.4
Dawson County	17.7
Ector County	23.4
Gaines County	11.5
Howard County	22.2
McCulloch County	12.9
Midland County	18.1
Pecos County	14.6
Reeves County	25.6
Tom Green County	18.8
Ward County	21.9
Winkler County	22.7

Source: CDC Wonder[108]

Table 38. Alcohol-Induced Death Crude Rate, 1999-2017	
Area	**Crude Rate per 100K**
Texas	**6.3**
Dawson County	9.1
Ector County	10.8
Howard County	10.6
Midland County	9.6
Pecos County	8.3
Reeves County	10.9
Tom Green County	7.2
Ward County	12.2

Source: CDC Wonder[108]

Table 39. Drug-Induced Death Crude Rate, 1999-2017	
Area	**Crude Rate per 100K**
Texas	**9.4**
Andrews County	7.8
Dawson County	8.7
Ector County	12.7
Gaines County	7.8
Howard County	11.5
Midland County	8.5
Reeves County	14.7
Tom Green County	11.6
Ward County	9.7
Winkler County	16.1

Source: CDC Wonder[108]

Table 40. Region 9 DUI Crashes, 2015-2017			
County	**2015**	**2016**	**2017**
REGION 9	**812**	**713**	**735**
Andrews	19	15	12
Borden	0	1	0
Coke	4	0	2
Concho	3	4	5
Crane	0	7	4
Crockett	7	7	7
Dawson	5	9	7
Ector	314	254	263
Gaines	30	22	14
Glasscock	0	3	1
Howard	21	20	35
Irion	1	9	3
Kimble	6	3	5
Loving	1	0	0
Martin	9	9	18
Mason	8	3	5
McCulloch	14	8	6
Menard	2	2	3
Midland	219	236	205
Pecos	11	18	11
Reagan	5	3	1
Reeves	15	10	17
Schleicher	4	3	2
Sterling	2	0	0
Sutton	7	6	5
Terrell	12	2	0
Tom Green	58	43	76
Upton	9	5	2
Ward	14	8	16
Winkler	12	4	10

Source: Texas Department of Transportation[109]

Table 41. Region 9 "Any One Time" Incarcerations for DWI and Drug Offenses, 2018

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
Region 9	**353**	**885**	Howard	16	38	Reeves	1	16
Andrews	12	22	Irion	1	0	Schleicher	4	0
Borden	0	0	Kimble	0	23	Sterling	1	0
Coke	0	0	Loving	--	--	Sutton	2	6
Concho	3	3	McCulloch	8	14	Terrell	0	0
Crane	1	1	Martin	0	2	Tom Green	62	306
Crockett	4	3	Mason	1	5	Upton	2	5
Dawson	13	23	Menard	1	10	Ward	8	16
Ector	99	200	Midland	92	158	Winkler	3	6
Gaines	10	15	Pecos	6	8			
Glasscock	1	2	Reagan	2	3			

August*: On hand population at TDCJ for DWI and drug offenses on August 2, 2018.

Source: Texas Department of Criminal Justice[112]

Table 42: REGION 9 MENTAL HEALTH CENTERS	
Center	**Center for Life Resources**
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	http://www.cflr.us/
Counties Served	McCulloch
Center	**Hill Country Mental Health & Developmental Disabilities Centers**
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	http://www.hillcountry.org/
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	**MHMR Services for the Concho Valley**
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	http://www.mhmrcv.org
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	**PermiaCare (Permian Basin Community Centers for MHMR)**
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	800-542-4005 or 877-475-7322
Main Number	432-570-3333
Website	http://www.pbmhmr.com/
Counties Served	Ector, Midland, Pecos
Center	**West Texas Centers**
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	http://www.wtcmhmr.org/
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler

Table 43. ADACCV YP Program Success Rates, 2018-19			
	Youth Served	Youth successfully completed	Overall success rate
YPS - CBSG	494	464	94%
YPI - PTND	153	142	93%

Table 44. PBRCADA YP Program Success Rates, 2018-19				
YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI - Midland	12	2	12	100%
YPU - Howard/Martin	45	2	45	100%
YPU - Midland	35	2	34	97%
YPU - Ector	429	18	429	100%

Table 45. AOD Education in Texas Schools by Region (%), 2018									
Region	School Health Class	Assembly Program	Guidance Counselor	School Nurse	Science or SS Class	Student Group or Club	Invited Guest	Another Source at School	No AOD Prevention Education
State	**40.1**	**40.5**	**26.7**	**16.7**	**26.5**	**14.6**	**27.6**	**28.6**	**35.30**
1	40.5	50.0	25.2	19.1	26.0	13.9	33.8	27.3	31.40
2	33.8	45.4	21.9	14.6	25.4	12.5	33.4	28.1	36.10
3	43.3	45.1	32.9	17.4	28.5	15.7	30.0	30.5	30.20
4	36.7	44.0	23.2	15.4	26.1	13.4	29.5	27.7	36.60
5	25.5	36.8	20.2	11.9	20.2	10.7	27.5	20.2	46.00
6 & 7	34.7	33.3	19.7	12.8	24.2	12.0	20.9	26.0	41.50
8	45.0	42.4	26.9	20.0	29.1	18.0	30.9	31.3	30.80
9	**36.9**	**47.2**	**24.6**	**14.5**	**24.2**	**13.1**	**32.6**	**27.4**	**34.80**
10	60.5	52.5	38.1	26.4	32.5	23.3	41.6	35.6	22.90
11	49.8	44.9	36.5	24.7	29.0	18.0	34.6	30.3	30.70

Source: Texas School Survey, 2018[9]

Table 46. Student Perception of Parental Approval of Alcohol (%), 2018						
Region	**Strongly Disapprove**	**Mildly Disapprove**	**Neither**	**Mildly Approve**	**Strongly Approve**	**Do Not Know**
State	**62.0**	**14.4**	**12.3**	**3.9**	**1.0**	**6.5**
1	58.5	16.4	12.8	4.1	1.0	7.2
2	61.4	15.0	12.4	3.4	1.2	6.5
3	66.1	13.6	10.4	3.0	0.9	5.9
4	61.1	14.2	13.0	4.1	0.9	6.7
5	52.4	15.8	16.7	6.0	1.2	7.8
6 & 7	61.2	15.0	12.9	3.9	0.9	6.1
8	57.2	15.5	13.7	5.4	1.4	6.8
9	**58.7**	**15.8**	**13.6**	**4.3**	**0.9**	**6.8**
10	63.6	13.8	11.3	3.0	0.9	7.5
11	64.3	12.2	10.7	4.0	1.1	7.6

Source: Texas School Survey, 2018[9]

Table 47. Student Perception of Parental Approval of Tobacco (%), 2018						
Region	**Strongly Disapprove**	**Mildly Disapprove**	**Neither**	**Mildly Approve**	**Strongly Approve**	**Do Not Know**
State	**78.3**	**7.5**	**5.9**	**0.9**	**0.6**	**6.8**
1	75.6	8.9	6.2	1.2	0.7	7.5
2	72.5	10.0	8.5	1.3	0.9	6.8
3	80.3	7.6	4.9	0.8	0.5	6.0
4	71.5	9.8	8.6	2.0	0.8	7.2
5	63.5	11.2	13.1	2.3	0.8	9.1
6 & 7	79.7	7.1	5.6	0.6	0.6	6.5
8	75.2	8.1	7.4	1.2	0.7	7.3
9	**73.8**	**9.2**	**7.8**	**1.3**	**0.7**	**7.3**
10	79.6	6.0	4.9	1.0	0.8	7.7
11	78.9	6.4	4.9	1.1	0.7	8.1

Source: Texas School Survey, 2018[9]

Table 48. Student Perception of Parental Approval of Marijuana (%), 2018						
Region	**Strongly Disapprove**	**Mildly Disapprove**	**Neither**	**Mildly Approve**	**Strongly Approve**	**Do Not Know**
State	**76.5**	**6.8**	**7.0**	**1.9**	**1.3**	**6.5**
1	78.8	5.7	5.3	1.7	1.7	6.8
2	78.1	6.0	6.9	1.5	1.4	6.1
3	77.7	6.2	7.0	1.9	1.4	5.8
4	76.3	6.0	6.8	2.4	1.6	6.8
5	73.3	6.5	8.8	1.9	1.1	8.5
6 & 7	76.0	7.6	7.3	1.9	1.2	6.1
8	75.5	7.3	7.0	1.8	1.3	7.1
9	**75.6**	**7.3**	**7.1**	**2.1**	**1.4**	**6.5**
10	74.9	6.8	7.4	1.7	1.7	7.4
11	77.5	5.6	6.0	1.6	1.4	7.8

Source: Texas School Survey, 2018[9]

Table 49. Region 9 Students' Perceived Ease of Access (%), 2018						
Substance	**Never Heard of It**	**Impossible**	**Very Difficult**	**Somewhat Difficult**	**Somewhat Easy**	**Very Easy**
Tobacco	28.0	18.5	7.2	10.3	15.0	21.0
Alcohol	19.8	12.2	6.8	12.3	20.7	28.2
Marijuana	27.5	22.1	8.9	10.3	12.9	18.4
Cocaine	39.8	31.9	12.3	7.0	4.3	4.7
Crack	42.6	32.9	12.3	5.9	2.9	3.4
Steroids	44.7	31.1	11.7	5.8	3.4	3.3
Ecstasy	51.6	27.5	9.6	4.9	3.1	3.3
Heroin	47.6	33.1	10.9	3.8	2.0	2.5
Methamphetamine	49.7	31.2	10.4	3.8	2.2	2.7
Synthetic Marijuana	49.4	26.7	9.5	5.6	4.2	4.7
Inhalants	42.9	15.8	4.6	5.5	9.4	21.8

Source: Texas School Survey[9]

Table 50. Region 9 Students' Perceived Risk/Harm (%), 2018					
Substance	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
Tobacco	56.4	26.7	8.9	2.6	5.4
E-Vapor Products	54.1	12.0	15.6	11.7	6.6
Alcohol	47.0	32.3	13.9	3.0	3.8
Marijuana	56.1	14.7	12.4	12.2	4.7
Cocaine	86.8	6.2	1.0	0.6	5.4
Crack	87.9	5.2	0.7	0.4	5.8
Ecstasy	81.6	7.3	1.6	0.6	8.9
Steroids	78.0	10.9	2.9	0.9	7.3
Heroin	87.9	4.3	0.7	0.4	6.8
Methamphetamine	87.3	4.6	0.7	0.4	7.0
Synthetic Marijuana	81.7	7.0	1.9	1.1	8.3
Any Prescription Drug	76.5	12.0	3.5	1.2	6.8
Inhalants	73.9	13.3	4.1	1.2	7.5

Source: Texas School Survey, 2018[9]

Figures

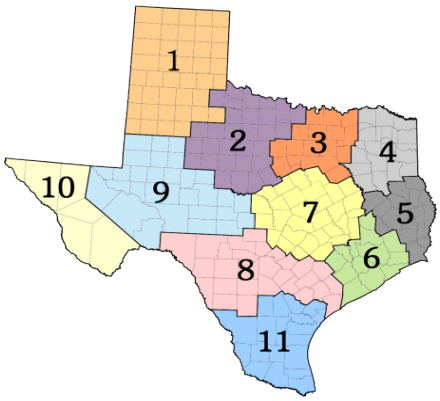


FIGURE 4. TEXAS HEALTH SERVICE REGIONS
Source: Texas Health and Human Services Commission[1]

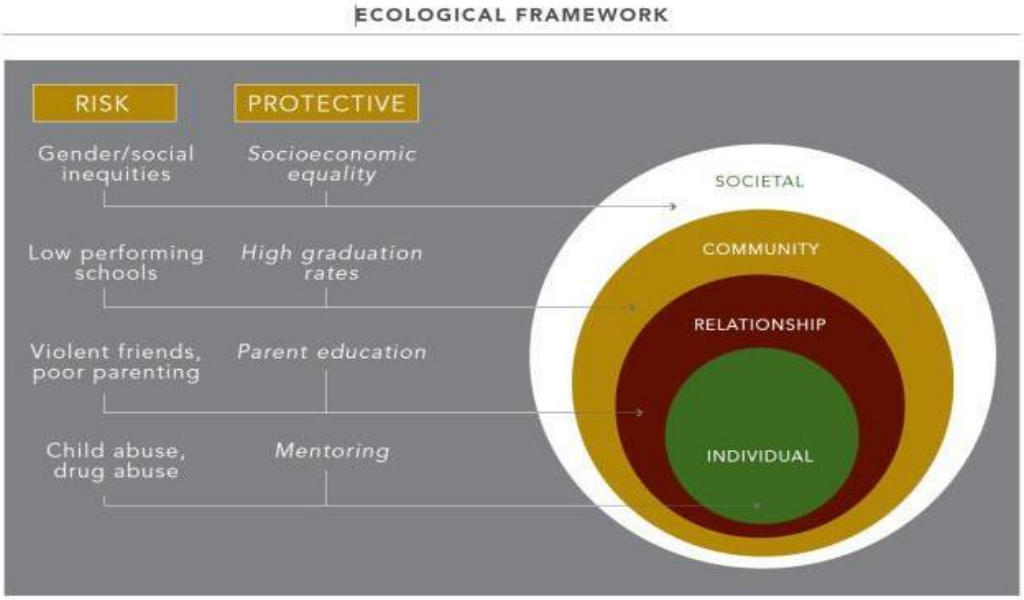


FIGURE 5. EXAMPLES OF RISK AND PROTECTIVE FACTORS WITHIN THE SOCIO-ECOLOGICAL MODEL
Source: Urban Peace Institute[7]

FIGURE 6. NIAAA RUBRIC FOR OPERATIONALIZING THE STANDARD DRINK BY OUNCES AND PERCENT ALCOHOL ACROSS BEVERAGE TYPE

Source: National Institute on Alcohol Abuse and Alcoholism[13]

FIGURE 4. STRATEGIC PREVENTION FRAMEWORK (SPF)

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)[16]

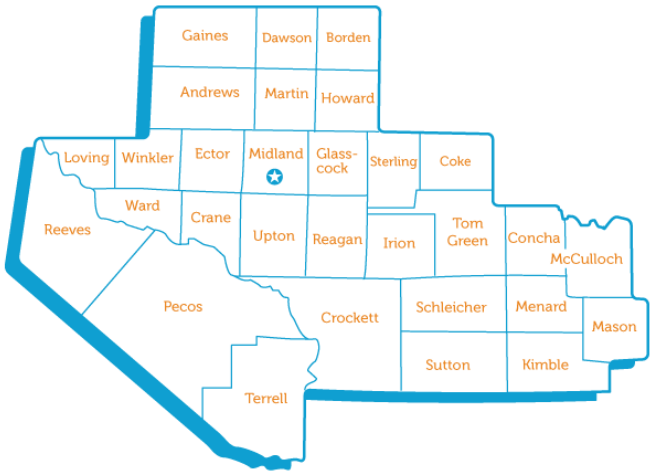
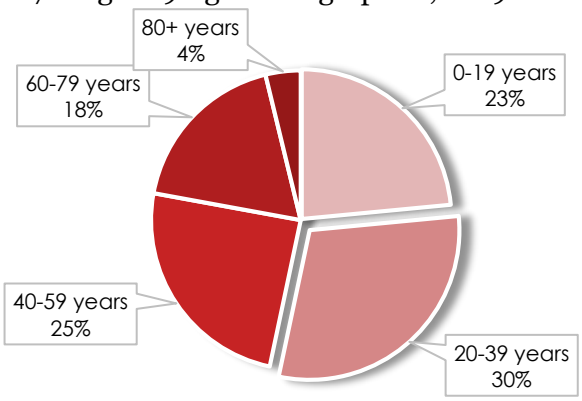


FIGURE 5. TEXAS HEALTH REGION 9 COUNTIES
SOURCE: TEXAS COUNCIL OF CHILD WELFARE BOARDS[18]

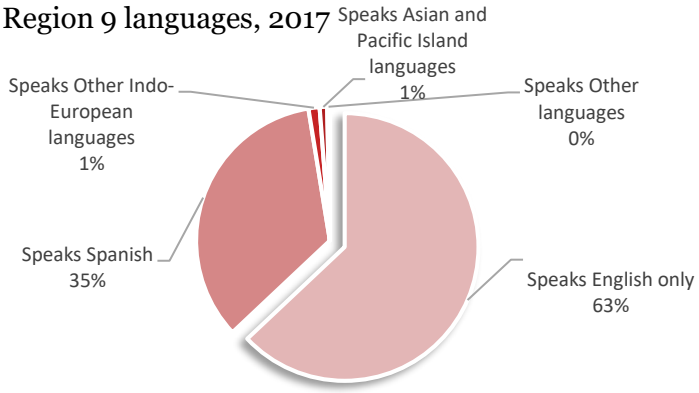
FIGURE 6. JOB AND WAGE CHANGES IN WEST TEXAS, 2007-2017
Source: Texas Comptroller[20]

Figure 7. Region 9 Age Demographics, 2019



Source: Texas Department of State Health Services[19]

Figure 8. Region 9 languages, 2017



Source: U.S. Census Bureau, American Community Survey[22]

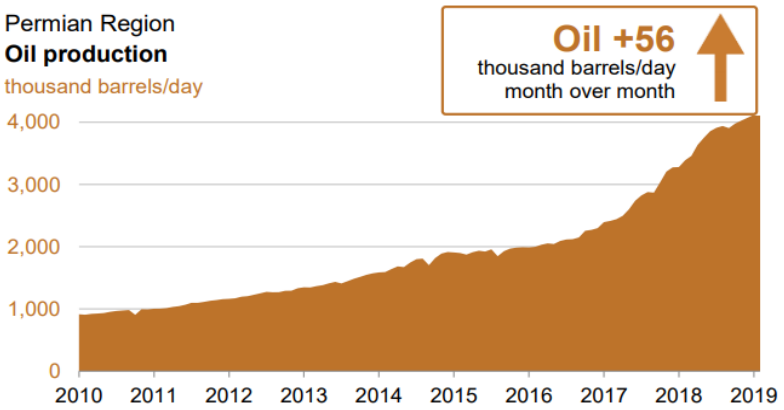
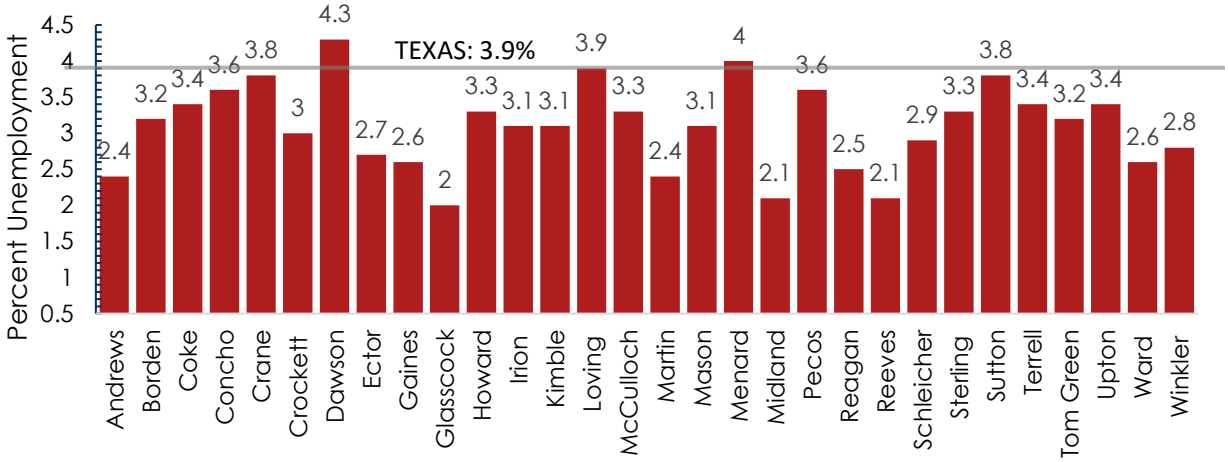


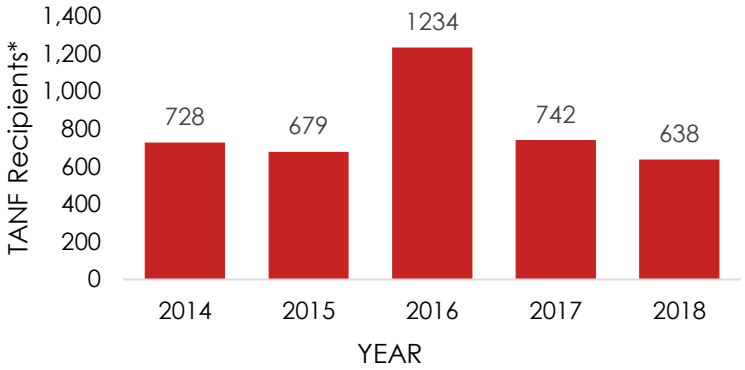
FIGURE 9. PERMIAN BASIN OIL PRODUCTION, 2010-2019
Source: US Energy Information Administration[24]

Figure 10. Region 9 Unemployment Rates, 2018



Source: U.S. Department of Labor, Bureau of Labor Statistics[31]

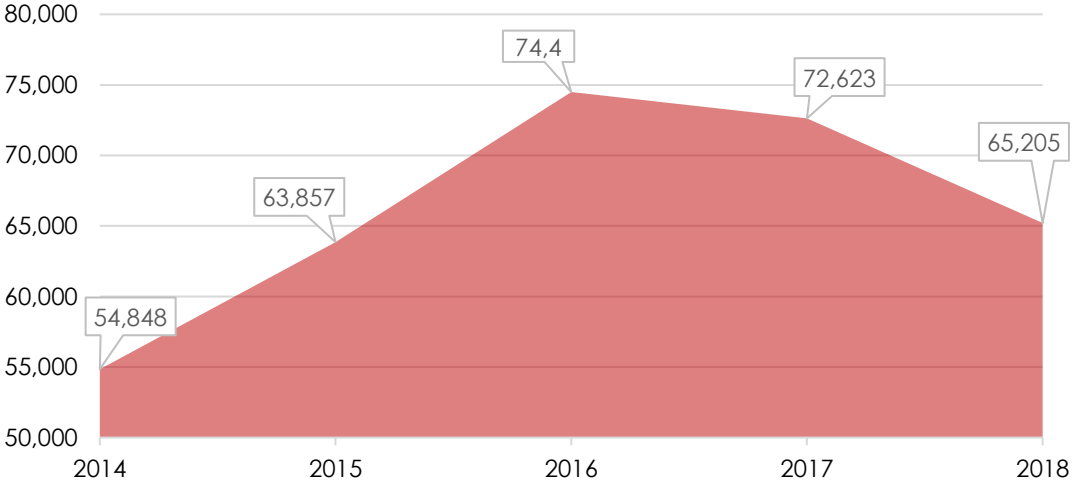
Figure 11. Region 9 Monthly TANF Recipients, 2014-2018



*TANF Recipients include both TANF Basic and TANF State Program recipients. Recipient counts are the average number of recipients per month for each year.

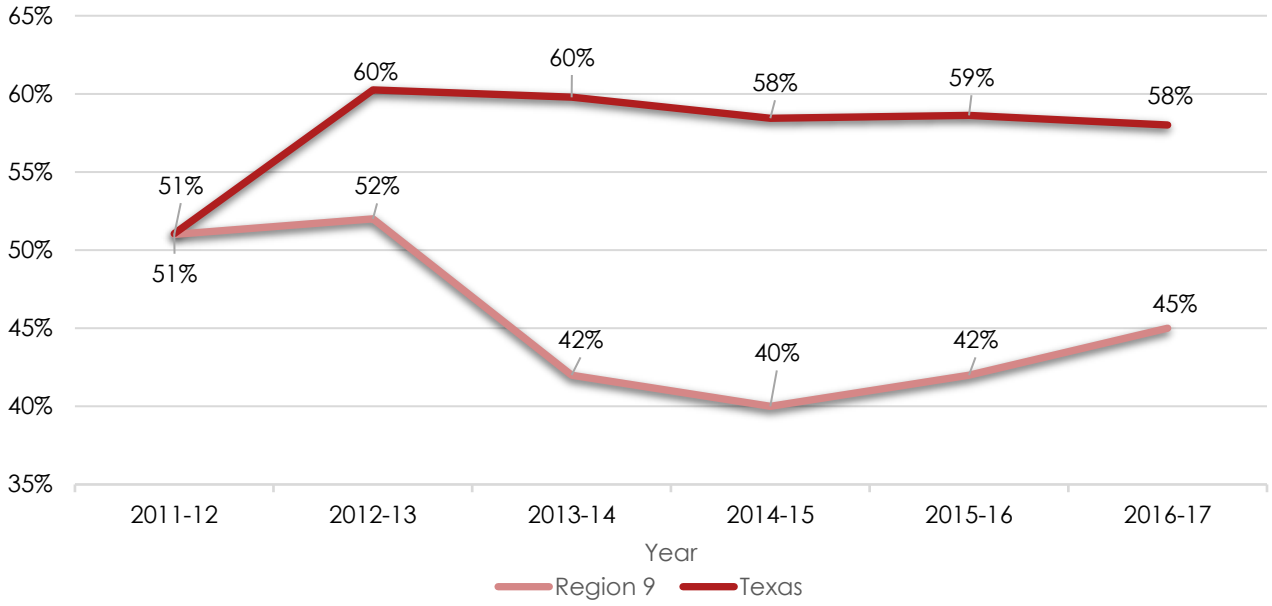
Source: Texas Health and Human Services Commission[32]

Figure 12. Region 9 Monthly SNAP Recipients, 2014-2018



Source: Texas Health and Human Services Commission[33]

Figure 13. Region 9 Free and Reduced-Price Lunch Students, 2011-2017



Source: U.S. Department of Education, National Center for Education Statistics[35]

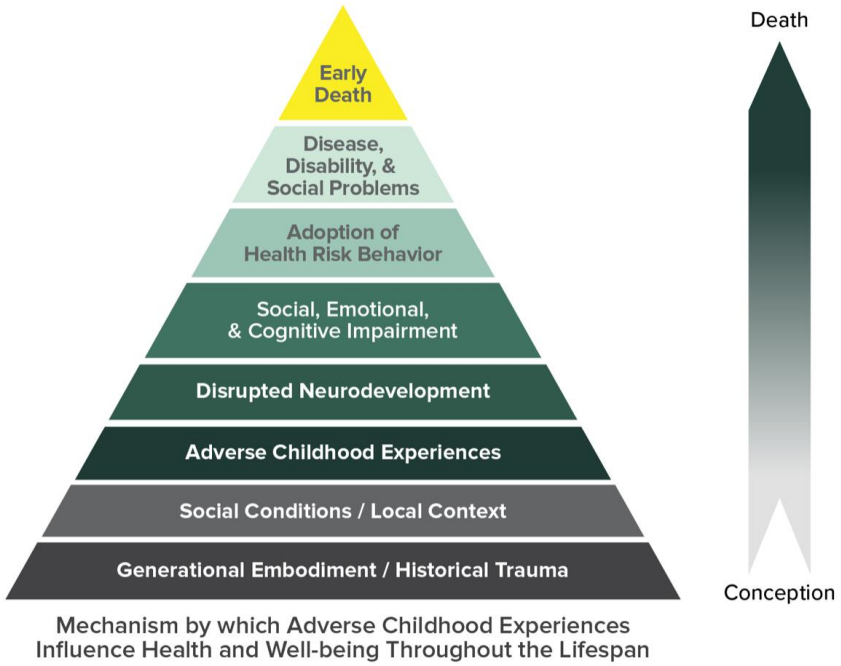
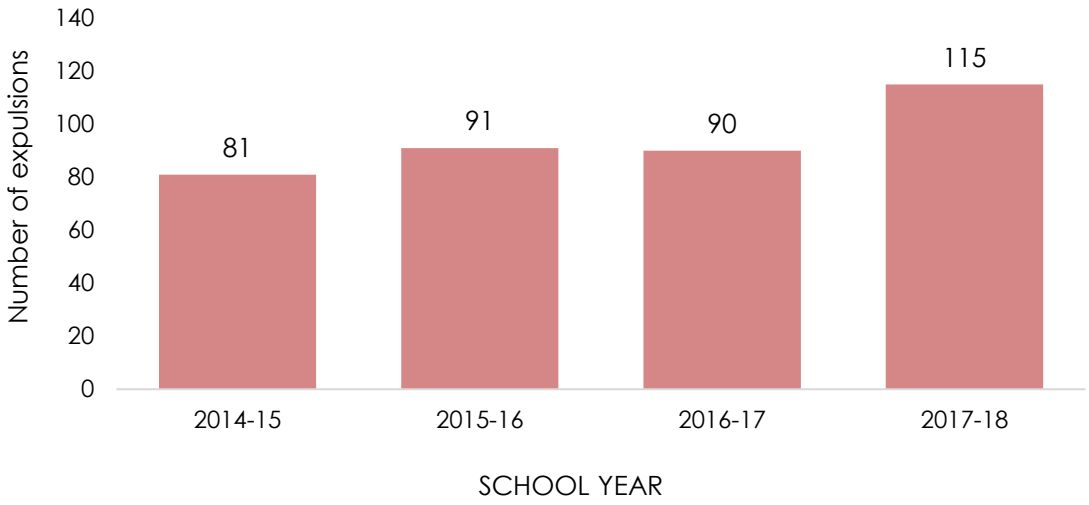


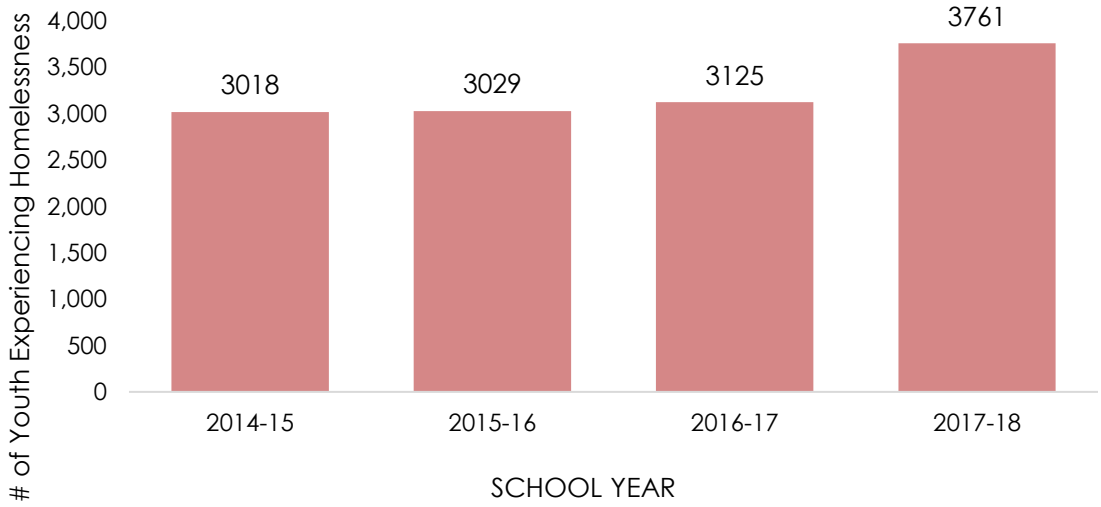
FIGURE 14. THE ACE PYRAMID
Source: Centers for Disease Control and Prevention[38]

Figure 15. Region 9 School Expulsions, 2014-2018



Source: Texas Education Agency[42]

Figure 16. Region 9 Youth Experiencing Homelessness, 2014-2018



Source: Texas Education Agency[43]

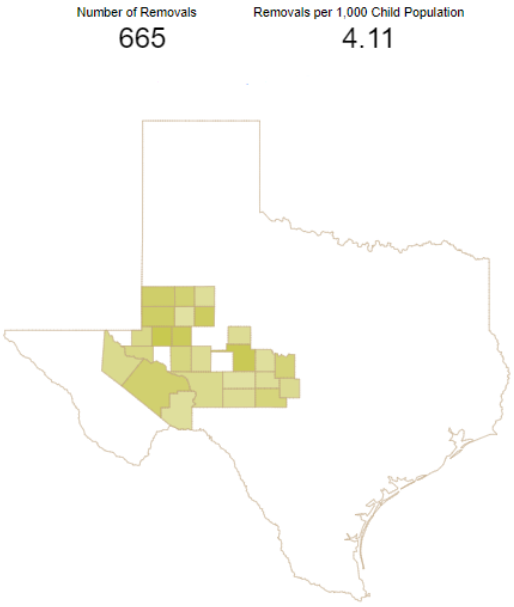
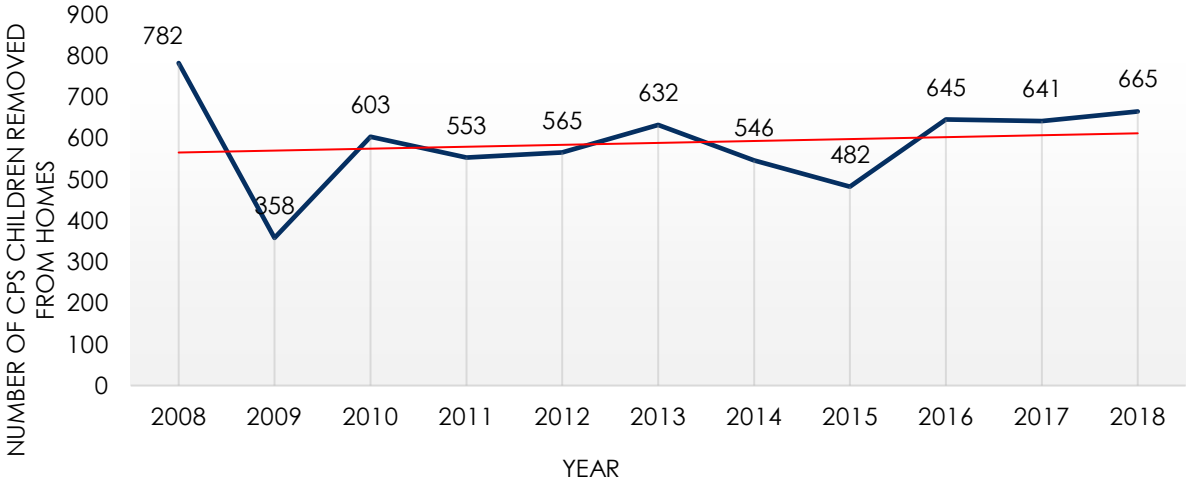


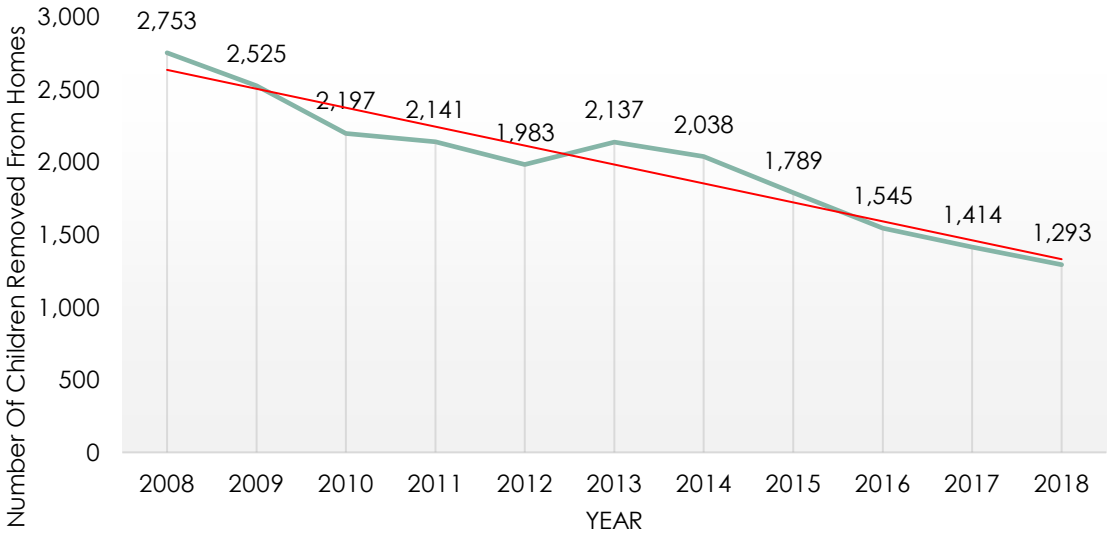
FIGURE 17. REGION 9 CPS CHILD REMOVALS, 2018
Source: Texas Department of Family and Protective Services[45]

Figure 18. Region 9 Child Removals, 2008-2018



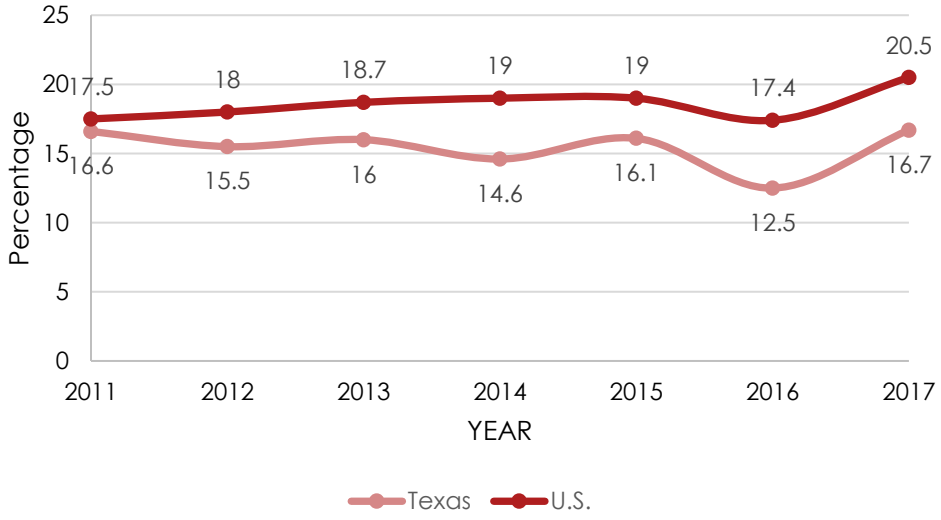
Source: Texas Department of Family and Protective Services[45]

Figure 19. Region 9 Confirmed Victims of Domestic Violence, 2008-2018



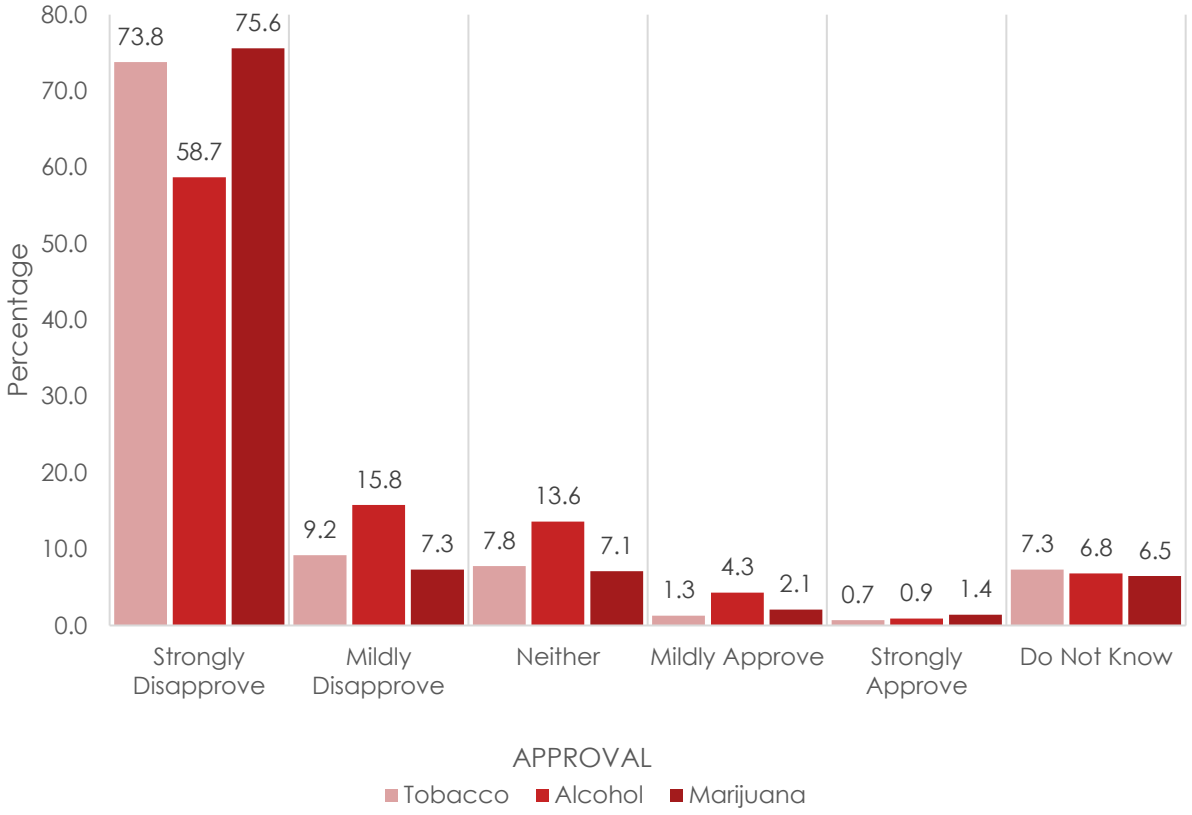
Source: Texas Department of Family and Protective Services[46]

Figure 20. Adults with Depression, 2011-2017



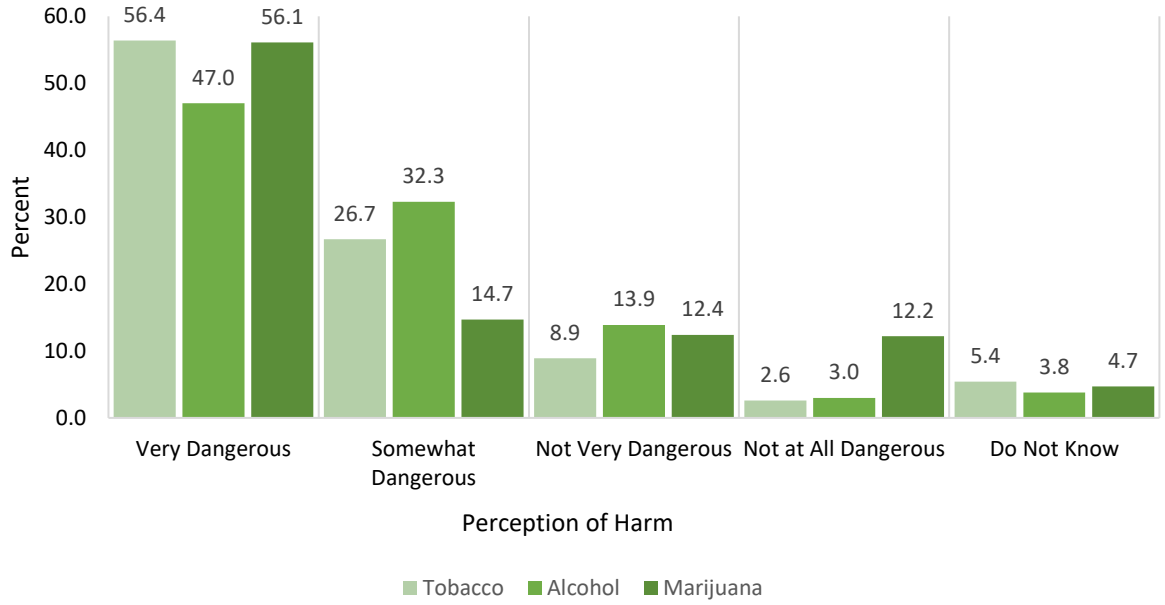
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)[51]

Figure 21. Region 9 Parental Approval of Substance Use, 2018



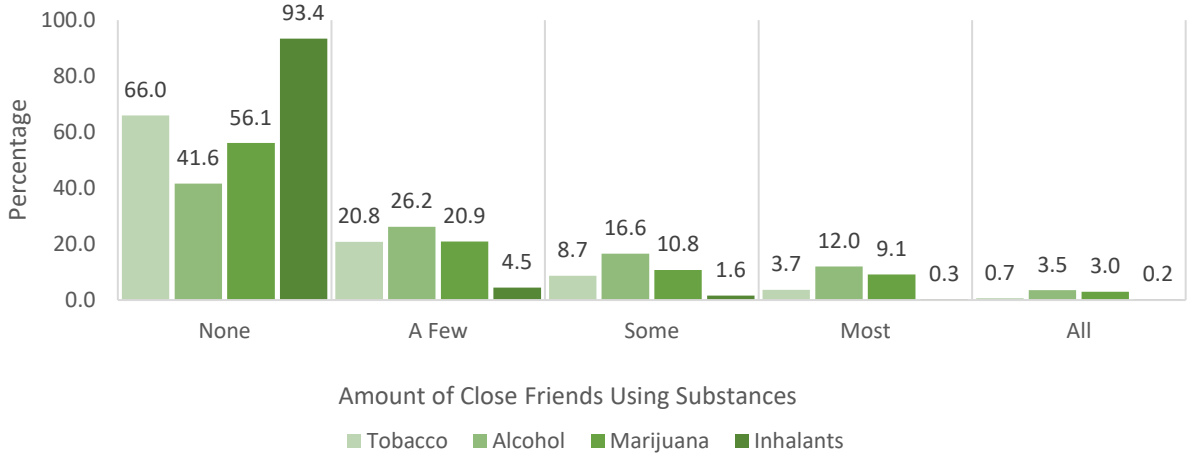
Source: Texas School Survey, 2018[9]

Figure 22. Region 9 Students' Perception of Harm, 2018



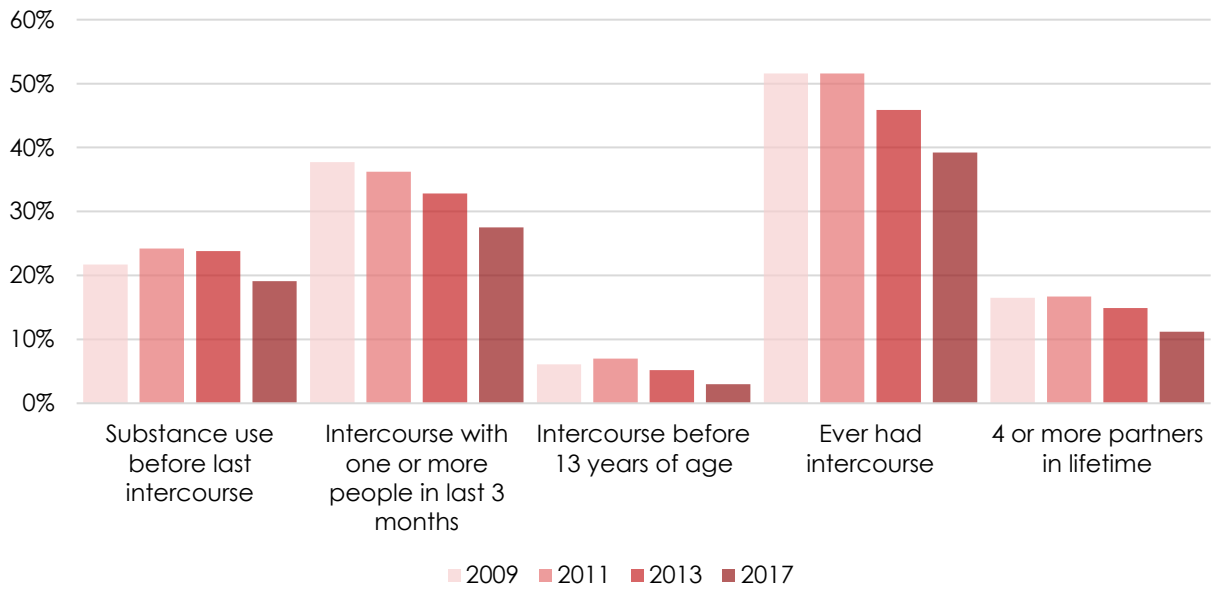
Source: Texas School Survey, 2018[9]

Figure 23. Region 9 Students' Close Friends' Substance Use, 2018



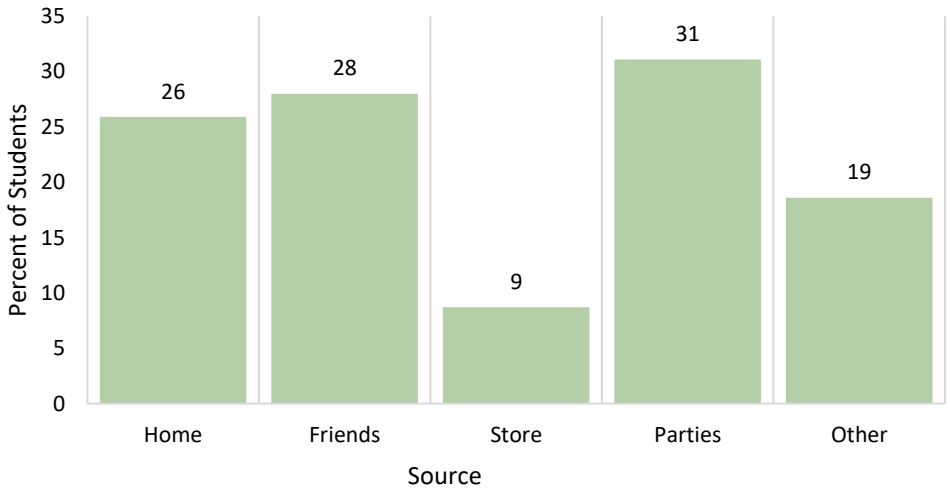
Source: Texas School Survey, 2018[9]

Figure 24. Texas Adolescents' Sexual Behavior, 2009-2017



Source: Texas Department of State Health Services, Youth Risk Behavior Survey[58]

Figure 25. Sources of Alcohol Obtainment for Region 9 Students, 2018



Source: Texas School Survey, 2018[9]

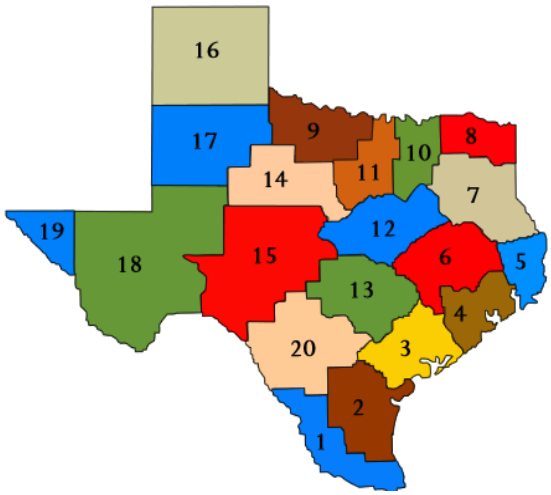
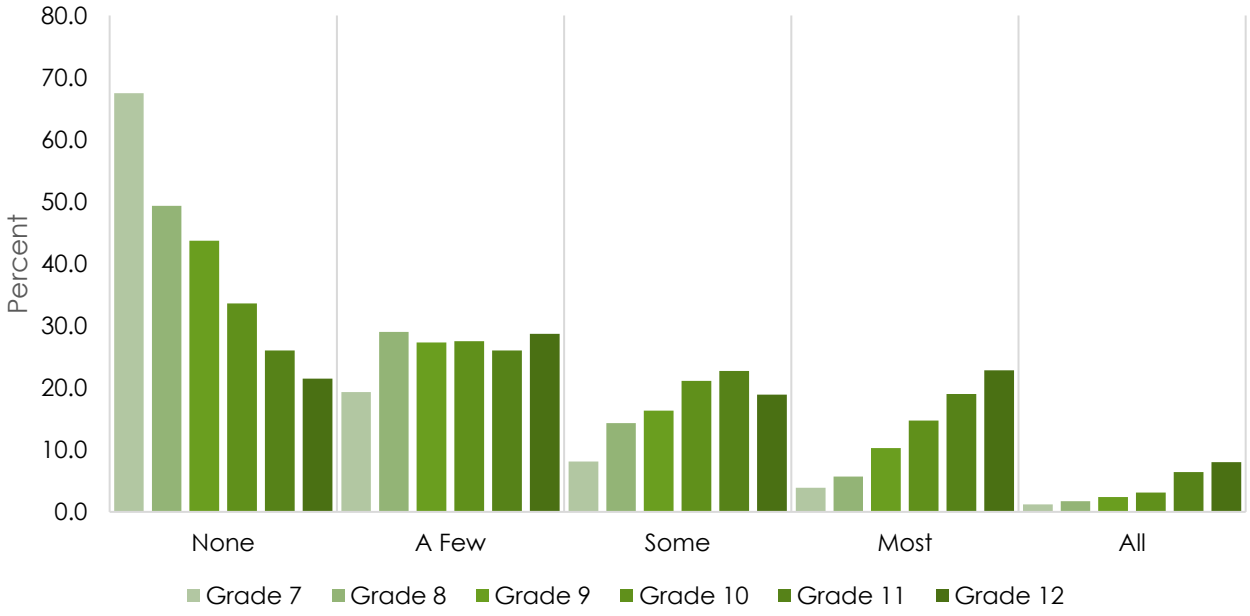


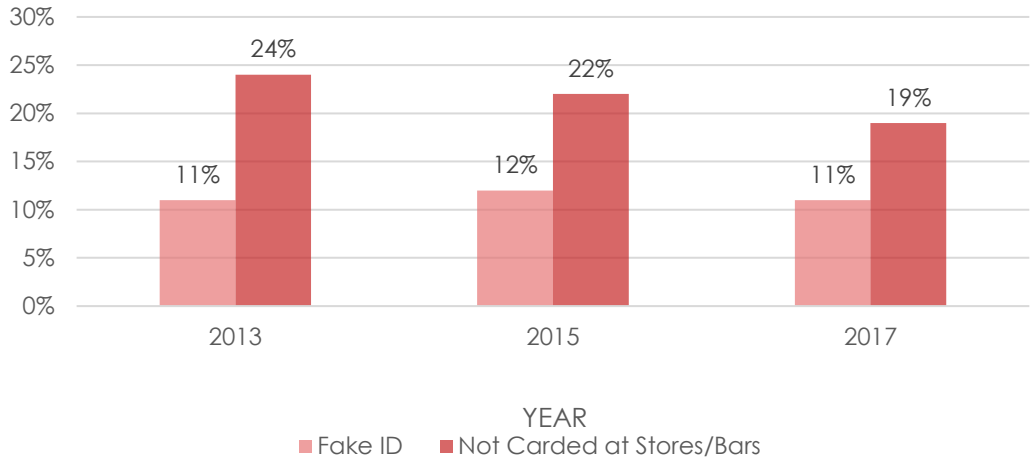
FIGURE 26. TEXAS EDUCATION SERVICE CENTERS MAP
Source: Texas Education Agency[77]

Figure 27. Region 9 Students Whose Friends Use Alcohol by Grade Level, 2018



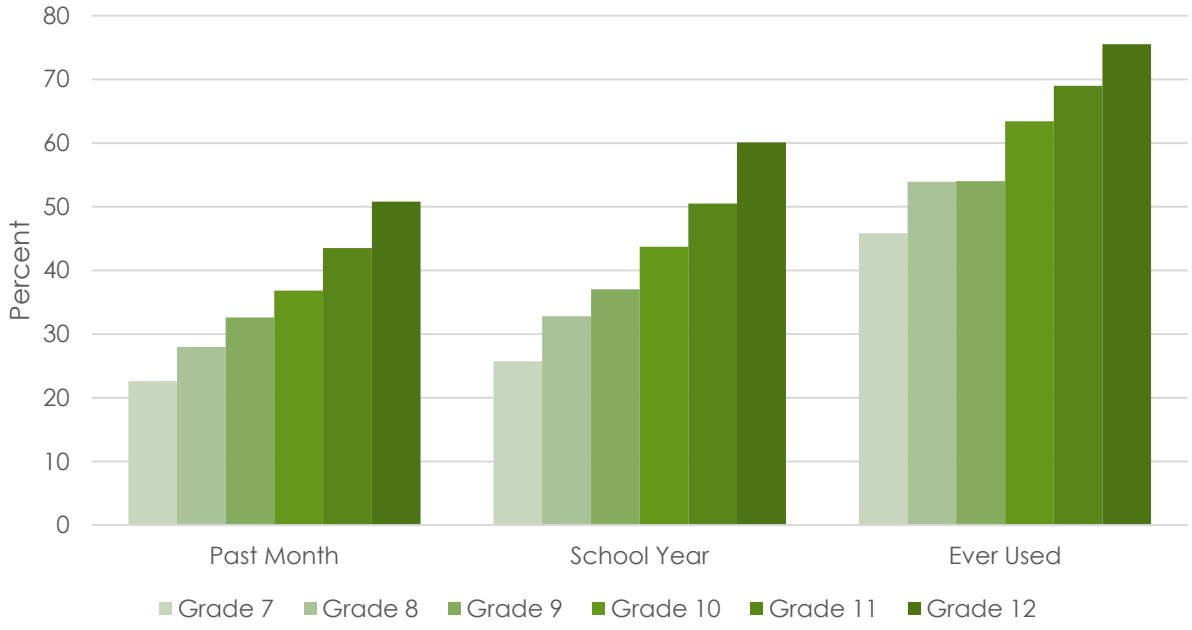
Source: Texas School Survey, 2018[9]

Figure 28. Underage Texas College Students' Alcohol Obtainent, 2017



Source: Texas College Survey, 2017[80]

Figure 29. Region 9 Student Alcohol Consumption, 2018



Source: Texas School Survey, 2018[9]

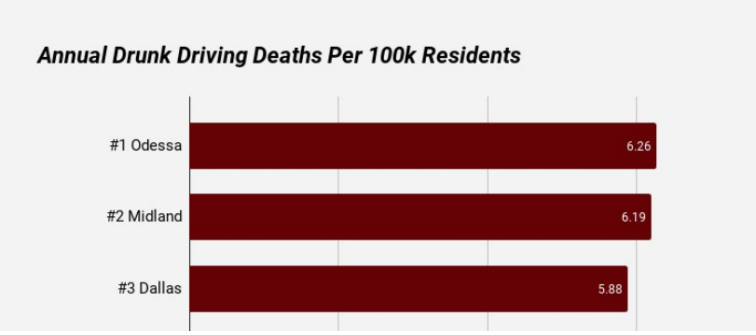
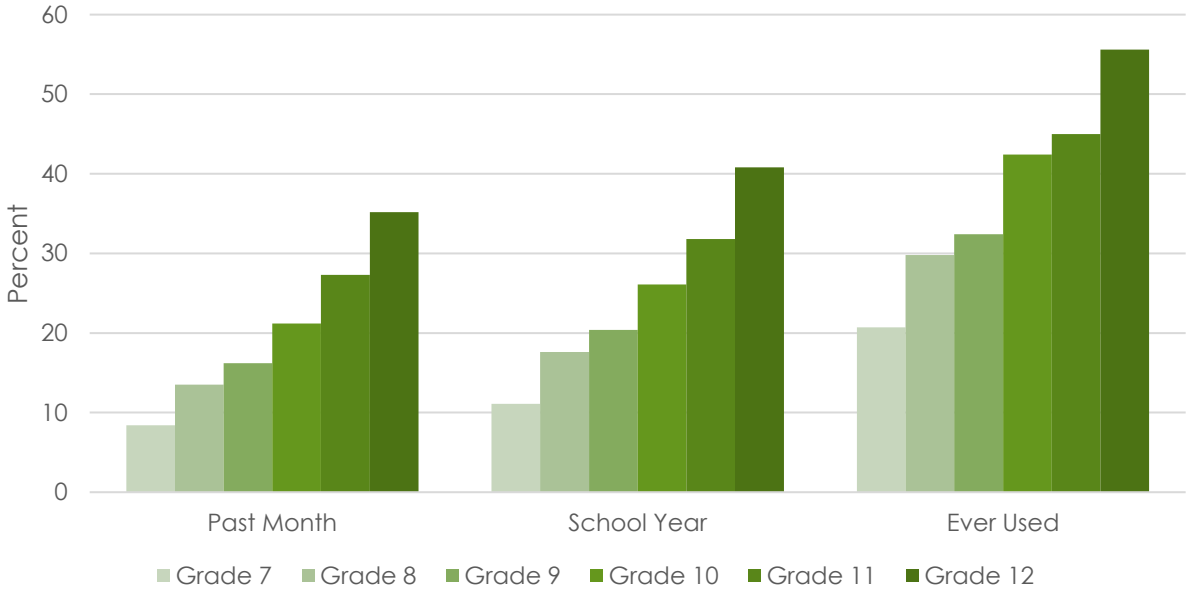


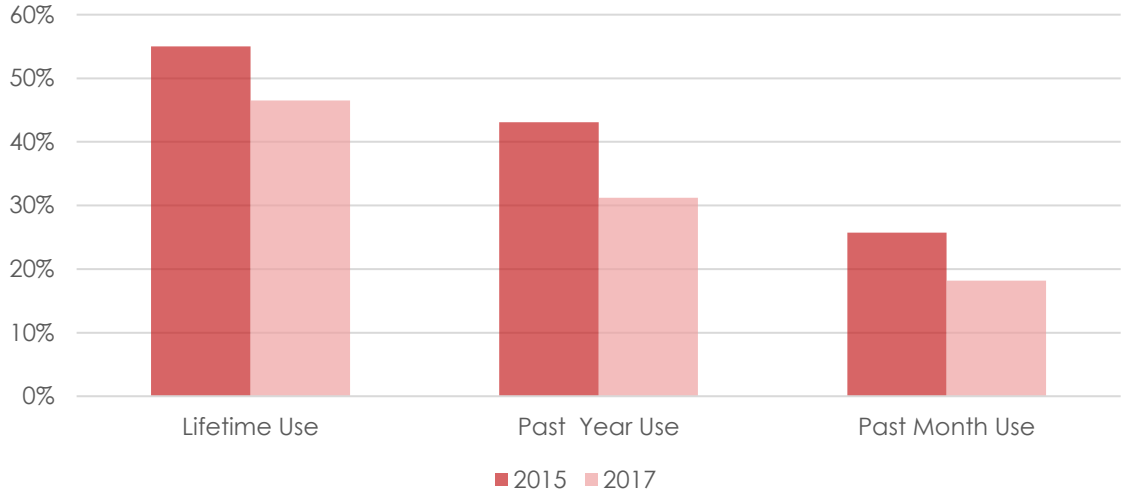
FIGURE 30. THE 10 TEXAS CITIES WITH THE HIGHEST DRUNK DRIVING FATALITY RATES, 2013-2017
Source: Texas Department of Transportation[81]

Figure 31. Region 9 Student Tobacco Use, 2018



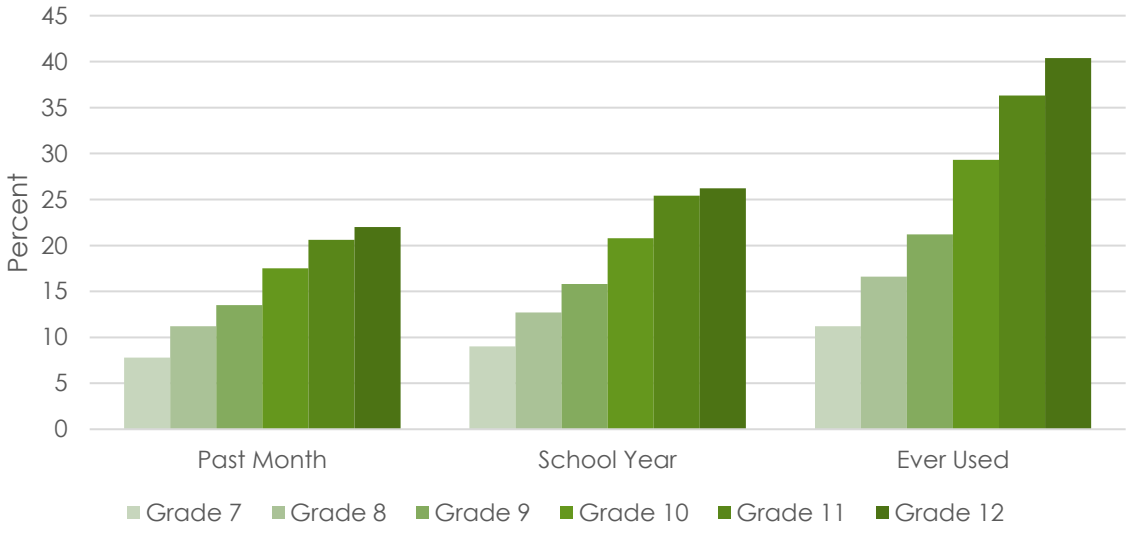
Source: Texas School Survey, 2018[9]

Figure 32. Texas College Students: Tobacco Use, 2015-2017



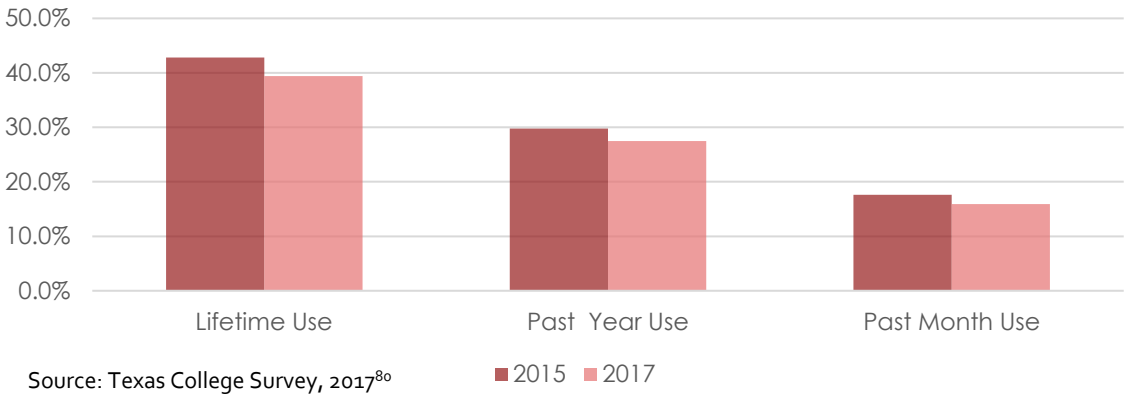
Source: Texas College Survey, 2017[80]

Figure 33. Region 9 Student Marijuana Use, 2018



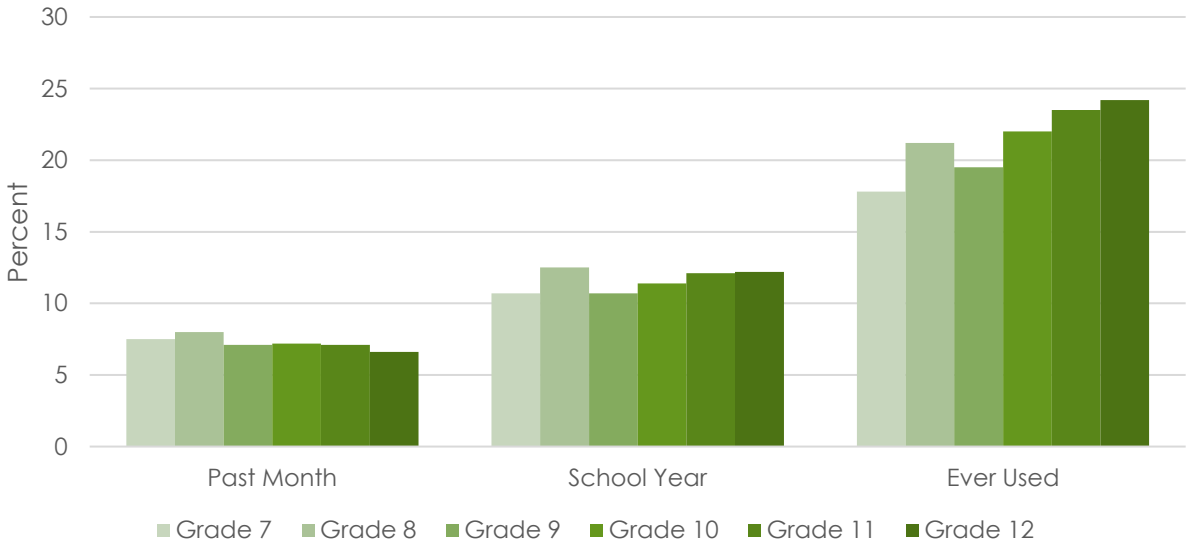
Source: Texas School Survey, 2018[9]

Figure 34. Texas College Students' Marijuana Use, 2017



Source: Texas College Survey, 2017[80]

Figure 35. Region 9 Student Prescription Drug Use, 2018



Source: Texas School Survey, 2018[9]

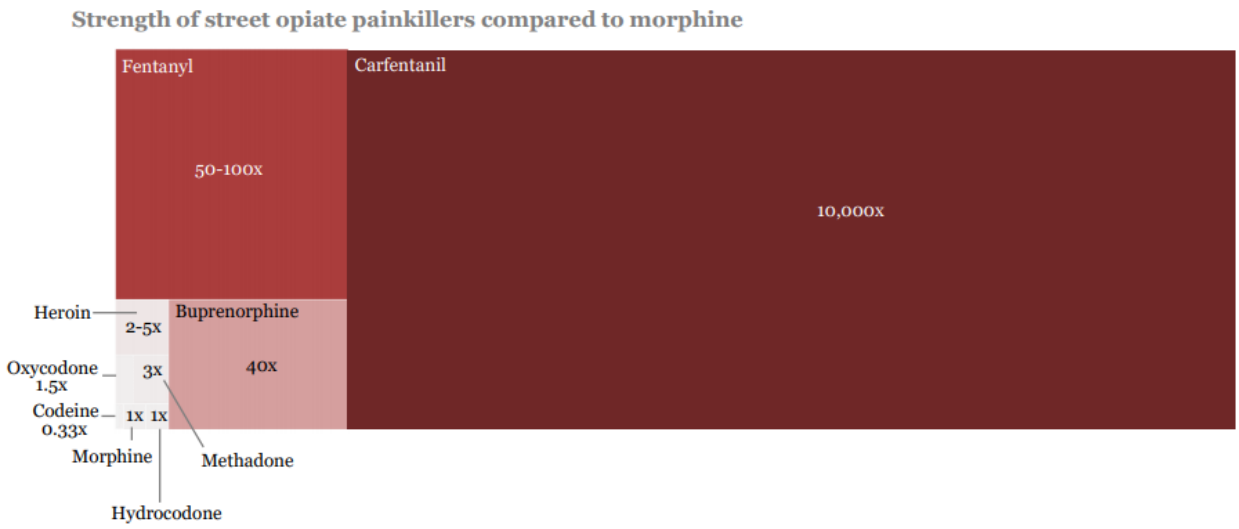


Figure 36. Strength of Street Opioids Compared to Morphine

Source: National Journal Presentation Center, Washington Post [92,93]

Figure 3. **National Drug Overdose Deaths Involving Any Opioid,** Number Among All Ages, by Gender, 1999-2017

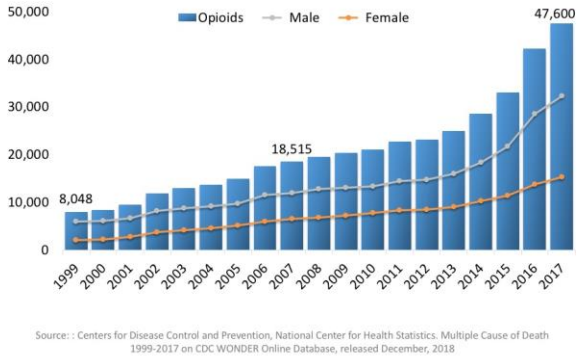
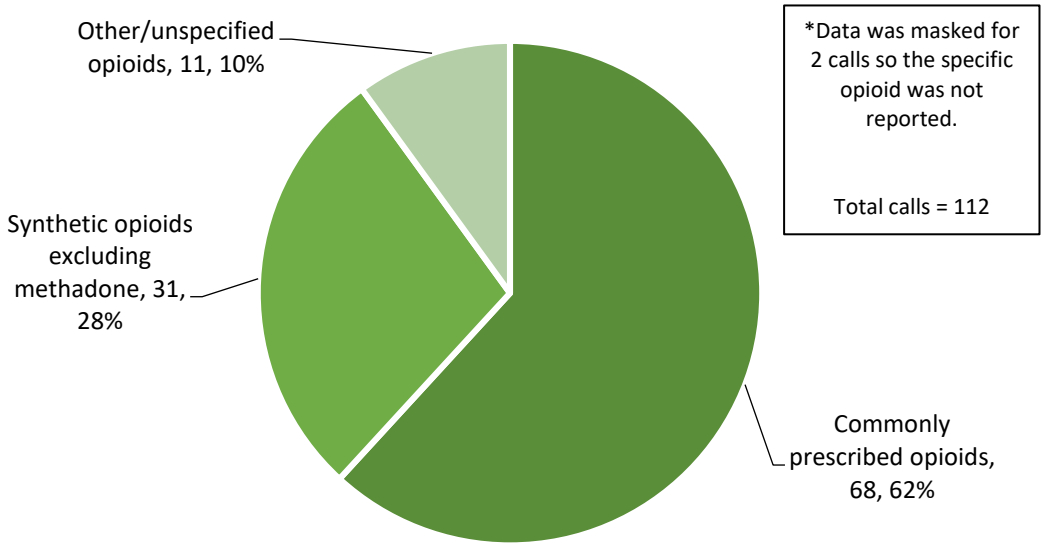


FIGURE 37. OPIOID OVERDOSE DEATHS, 2002-2015

Source: National Institute on Drug Abuse[94]

Figure 38. Odessa #15 in Top Opioid Abuse Rates in Nation, 2017
Source: CastLight Health[97]

Figure 39. Region 9 Opioid-Related Poison Center Calls, 2017



Source: Texas Health and Human Services Commission[98]

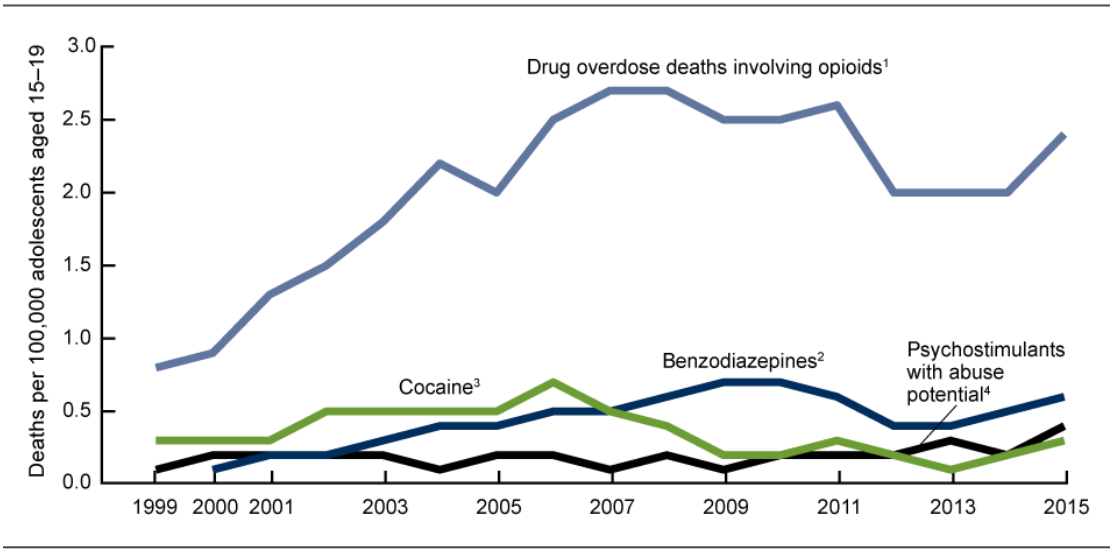


FIGURE 40. DRUG OVERDOSE DEATH RATES FOR ADOLESCENTS AGED 15-19, 1999-2015
Source: Centers for Disease Control and Prevention[101]

FIGURE 41. LETHAL AMOUNT OF FENTANYL COMPARED TO A PENNY
Source: Drug Enforcement Administration[102]

Figure 42. JUUL™, The New Electronic Cigarette
Source: JUUL[104]

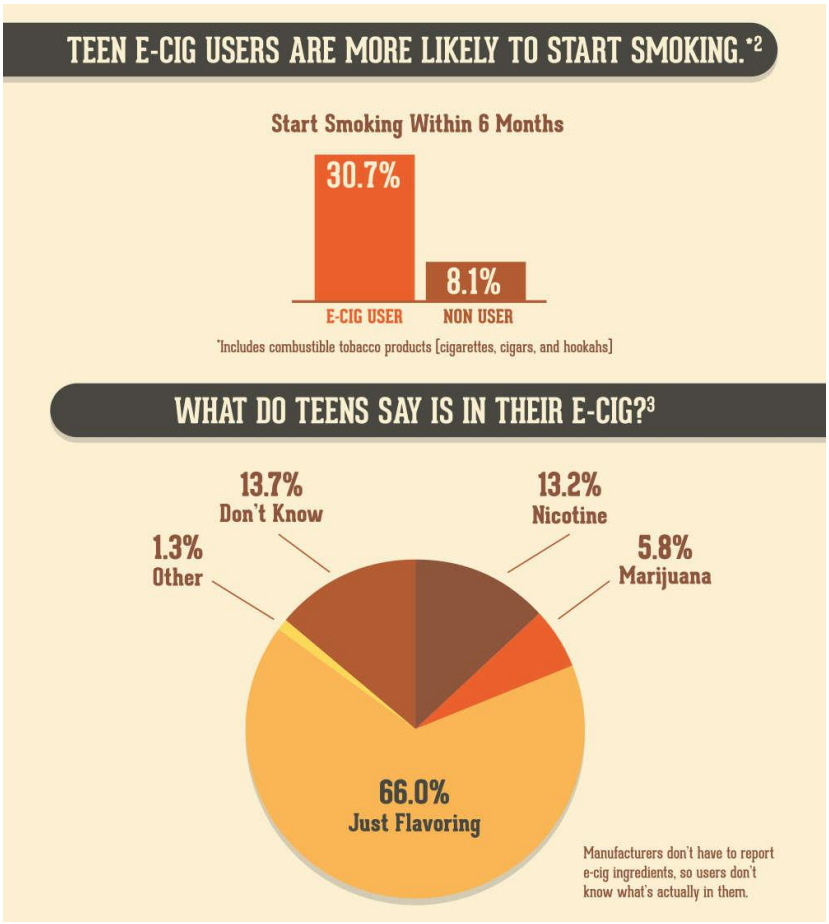


FIGURE 43. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS
Source: National Institute on Drug Abuse[107]

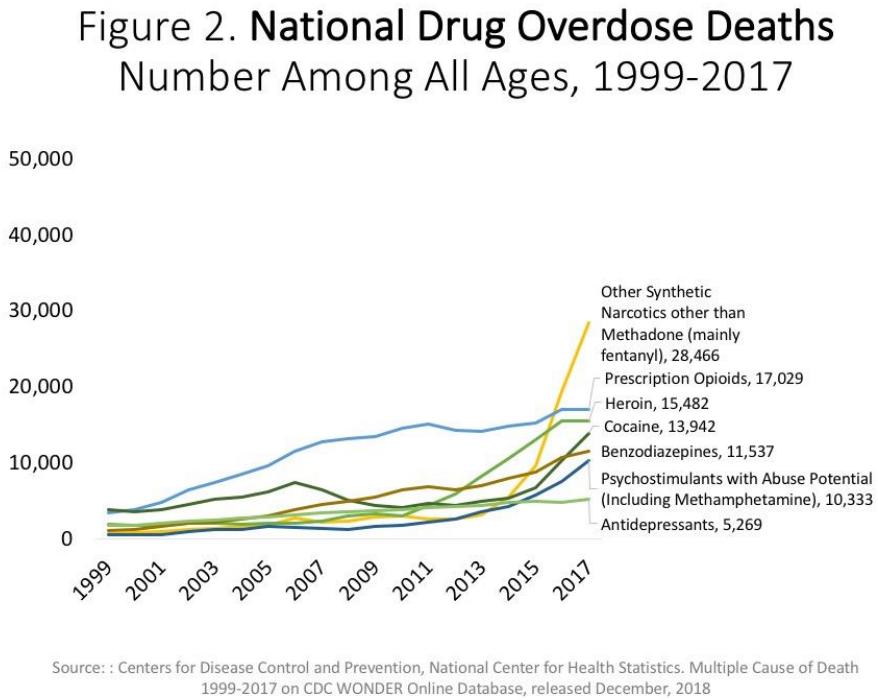
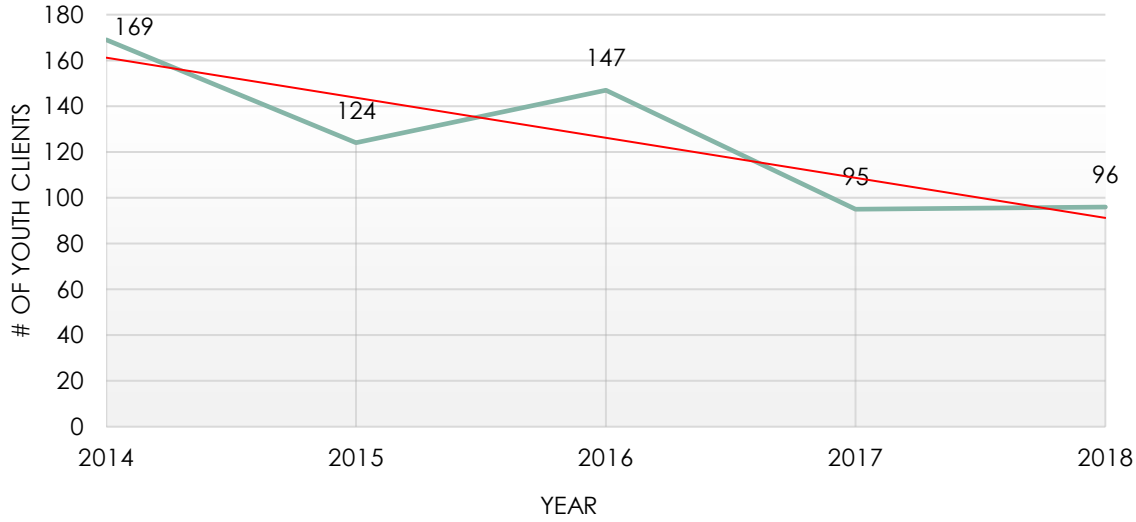


FIGURE 44. DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 1999-2017
Source: National Institute on Drug Abuse[94]

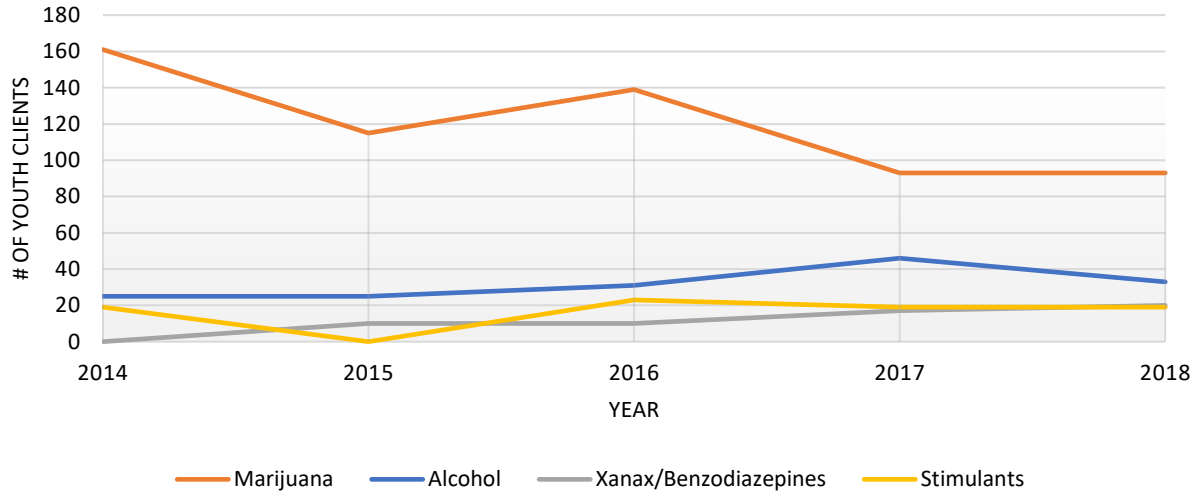
FIGURE 45. TEXAS DWI FINES BREAKDOWN
Source: Law Office of Brent de la Paz[114]

Figure 46. Region 9 Youth Substance Abuse Treatment, 2014-2018



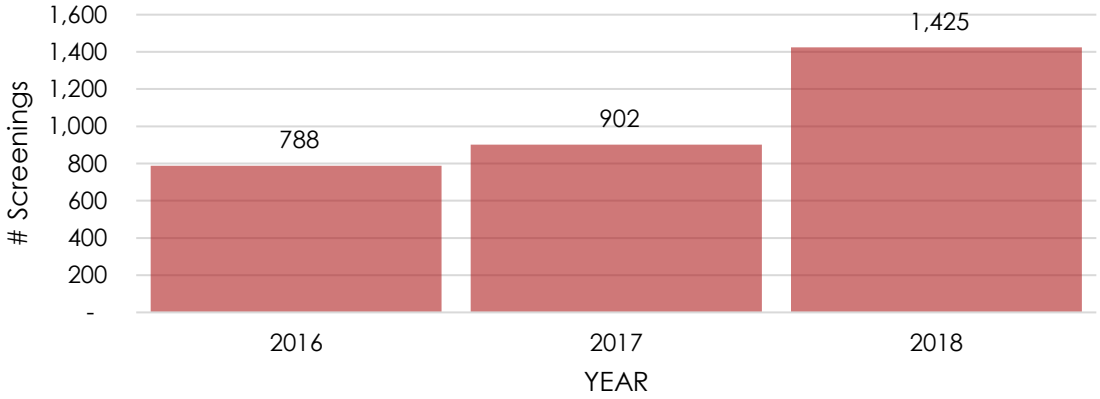
Source: Substance Abuse and Mental Health Services Administration[117]

Figure 47. Region 9 Substance Abuse Treatment by Substance, 2014-2018



Source: Substance Abuse and Mental Health Services Administration[117]

Figure 48. Region 9 Drug Screens, 2016-2018



Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referral Center (OSAR)[118]

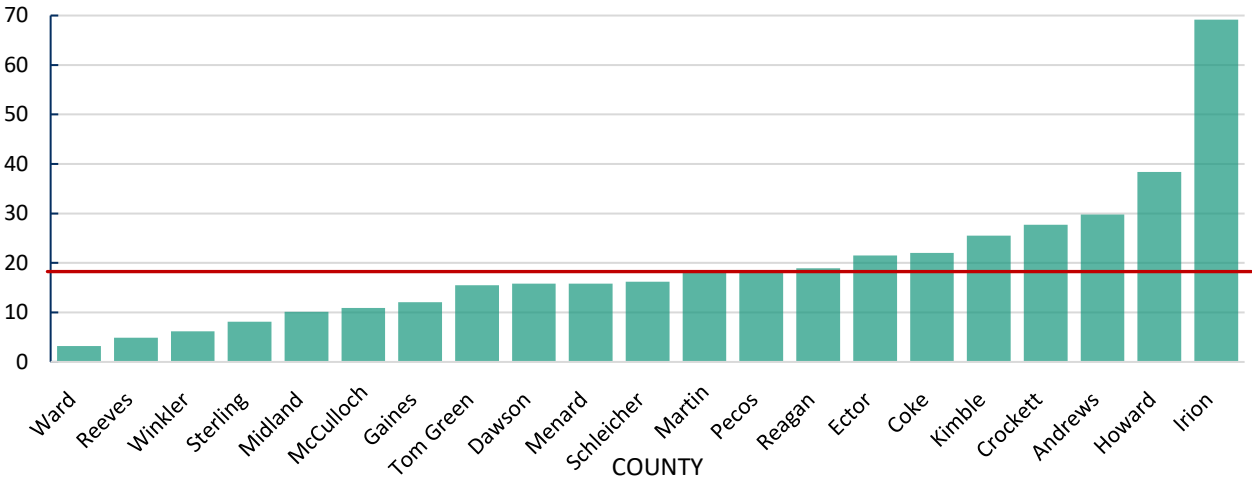
Costs of Underage Drinking by Problem, Texas, 2013 $

Problem	Total Costs (in millions)
Youth violence	$3,082.5
Youth traffic crashes	$779.3
High-risk sex, Ages 14–20 years	$609.5
Property and public order crime	$23.3
Youth injury	$210.1
Poisonings and psychoses	$63.9
Fetal alcohol syndrome among mothers aged 15–20 years	$212.2
Youth alcohol treatment	$18.8
Total	**$5,469.2 (e.g. $5.5 B)**

FIGURE 49. UNDERAGE DRINKING COSTS IN TEXAS, 2013

Source: Pacific Institute for Research and Evaluation[121]

Figure 50. Region 9 Youth Unemployment Rates, 2017



Source: U.S. Census Bureau[139]

Appendix B

PRC Regions

Region	Area	Counties
1	Amarillo, Lubbock	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum
2	Wichita Falls, Abilene	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young
3	Dallas/Fort Worth, Arlington	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise
4	Texarkana, Longview, Tyler	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
5	Beaumont, Port Arthur	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
6	Houston-Galveston, Conroe	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
7	Austin, Round Rock, Killeen, Temple, Bryan/College Station, Waco	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson
8	San Antonio, New Braunfels, Victoria	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala
9	Midland/Odessa, San Angelo	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler
10	El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio
11	Corpus Christi, Brownsville, Harlingen, McAllen, Edinburgh, Mission, Laredo	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

2019 Regional Evaluators

Region	Evaluator	Email
1	Vacant	N/A
2	Ashley Simpson	asimpson@abirecovery.org
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4	Mindy Robertson	mrobertson@etcada.com
5	Kim Bartel	kbartel@adacdet.org
6	Melissa Romain-Harrott	mromain-harrott@councilonrecovery.org
7	Jared Datzman	jdatzman@bvcasa.org
8	Teresa Stewart	tstewart@sacada.org
9	Maanami Bolton	mbolton@pbrcada.org
10	Antonio Martinez	amartinez@aliviane.org
11	Karen Rodriguez	krodriguez@bhsst.org