2017

Regional Needs Assessment

REGION 8 – UPPER SOUTH TEXAS

PREVENTION RESOURCE CENTER

It is my great honor and privilege to serve as the Executive Director for the San Antonio Council on Alcohol and Drug Abuse. I passionately believe in the great work this organization has provided our community for over 60 years, and I'm excited about the new opportunities we have in bringing hope and healing through prevention and intervention services.

We know that substance abuse is one of the leading problems that affect San Antonio. It is a significant factor in broken homes, domestic violence, child abuse, health problems, soaring medical costs, crime, DWI fatalities, unplanned pregnancies, school performance problems, truancy, high dropout rates, loss of productivity and many workplace issues. Its effects reach far beyond the user to family, friends, the workplace, and the entire community.

Collaboration with other organizations and agencies is crucial in preventing substance abuse and addiction. Working with our many partners, we are making our community safer and healthier. By utilizing community assessments and implementing evidence-based strategies, we will be able to monitor our success and be strategic in all the work we do.

I'm extremely grateful to our Board of Directors, Staff and Community Partners for their unwavering support of the San Antonio Council on Alcohol and Drug Abuse. Together, we're reducing the impact of substance abuse and addiction.

Sincerely,

Abigail Moore MA, LPC, LCDC, ACPS
CEO
San Antonio Council on Alcohol and Drug Abuse

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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 8 along with Evaluators from PRCs across the State of Texas and supported by San Antonio Council on Alcohol and Drug Abuse (SACADA) and the Texas Department of Health and Human Services Commission (HHSC). The PRC Region 8 serves 28 counties in Upper Central South Texas.

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

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC Region 8 recognizes those collaborators who contributed to the creation of this RNA.

Key Findings:

When comparing with other Regions, Region 8 has the third largest population percentage of Hispanics in Texas at 55.8% which is significantly higher than Texas (39.9%) and the U.S. at 17.8%. All counties In Region 8, had larger populations of Hispanics than the U.S and over half (57.1%) exceeded Texas'rate of 39.9. See Appendix A, Table 10 for County data.

The population with Limited English proficiency (LEP) is lower in Region 8 (11.9%) than in Texas (14.2%), however it is much higher than the U.S. percent at 8.6%,

Eighty-two percent of Region 8 population resides in urban areas. Research has shown there are environmental and social determinants of health in both urban and rural populations. See Tables 12 and 13.

Region 8 (Per Capita Income $25,049), as well as 93% of our counties are below the US Per Capita Income of $28,929. Seventy-one percent of Region 8 Counties are below the Texas Per Capita Income, of $26,999.

Fifty-four percent of Region 8 Counties have higher percentages of all persons living in poverty than Texas' at 15.9% and sixty-one percent have higher percentages than the National average of 14.7%.

Sixty-one percent of Region 8 Counties have higer percentages of children under the age of 18 living in poverty than Texas' at 22.9% and seventy-one percent have higher percentages than the National average of 20.7%. See Appnedix A, Table 132 for County data.

In Region 8, over half (53.5%) of our Counties have higher percentages of single-parent households compared to Texas' percent of 33.8%.

In 2016, 61% of Region 8 counties reported higher unemployment rates than Texas at 4.6%.

Region 8 has very similar employment percentage proportions of workers by industry type.

Eighteen percent of Region 8 Counties have TANF rates of recipients' higher than the Texas rate of 232.2 per 100,000. Region 8 has 144.6 recipients per 100,000 population.

According to the 2016 Texas Health and Human Service Commission (HHSC), Region 8 has 434,409 (15%) persons receiving SNAP benefits which is higher than Texas at 14%. Over half (54%) of the counties in Region 8 have population percentages above Texas receiving these benefits.

The 2015 Texas dropout rates reflect we lost 33,437 students across the state. The highest rates were in 11th and 12th grade. Thirty-two percent of Region 8 Counties had dropout rates higher than Texas' rate at 6.3.

Region 8 does not compare favorably to the state rate of violent index crimes. Region 8 has higher rates of murder, rape, assault and overall violent crime rates than the state as whole, with a lower rate only for robbery. Twenty-one percent of Region 8 counties have violent crime rates higher than Texas' at 410.5 per 100,000 population. Region 8 violent crime rate is 412.1 per 100,000. See Tables 46 and 47

Region 8 surpassed the state in all property crimes including burglary, larceny and auto theft. With Region 8 (3,663.8) significantly higher than the state rate of 2822.78 per 100,000. Texas cleared 6.4% more auto thefts, 5% more larcenies and 5% more burglaries Region 8.

The total number of Region 8 family violence incidents in 2015 was 36,239 representing 19% of the incidents in Texas.

Region 8 accounts for 12% of Texas confirmed victims of abuse and neglect. Seventy-five percent of Region 8 counties have a rate more than Texas' rate of 7.92 per 1,000 child population. Region 8 rate is 9.28 per 1,000 child population which is higher than the state.

Region 8 had significant increases in seizures from 2014 to 2016 in solid pounds for Opiates (Morphine) (from 0 to 12 solid pounds), Opiates (Heroin) (81.3%), Opiates (Codeine) (157.1%), solid Cocaine (426.7%), Designer Drugs (200%), Amphetamines (24,700%) and Methamphetamines (174%). Increases in solid ounces seized for packaged Marijuana (21.3%), Opiates (Heroin) (28%), Opiates (Codeine), solid Cocaine (7%), PCP (from 0 to 3 solid ounces), and Methamphetamines (5.9%). Increases in solid grams for Opiates (Morphine) (340%), Opiates (Heroin) (21.8%), Opiates (Gum Opium) (266.7%), LSD (600%), PCP (from 0 to 1 solid gram), Mushrooms (23.8%), Peyote (from 0 to 12 solid grams), Amphetamines (6.1%), Methamphetamines (8.3%), and Tranquilizers (from 0 to 22 solid grams). Increases in liquid ounces for Hashish liquid oil (100%), Opiates (Heroin) (from 0 to 2,511 liquid ounces), Opiates

(Codeine) (46.7%), Barbiturates (190,300%), and Tranquilizers (8,440%). Increases in dose units for Opiates (Heroin) (714.8%), Opiates (Codeine) (32.5%), Opiates (Gum Opium) (from 0 to 173 dose units), Designer Drugs (146.9%), Barbiturates (81.5%), Amphetamines (38.3%), Methamphetamines (104.5%) and Synthetic Narcotics (86.7%).

The raw number of suicides for Region 8 has had an upward trend since 2014 and account for 10.6 % of all suicides in Texas during 2011-2014. Sixty-eight percent of our county's rates are higher than Texas (11.7 per 100k).

The psychiatric hospital discharge rate for Region 8, at 4.8, is higher than the Texas rate (4.5) but similar to the U.S. rate (4.8), indicating there is similarity in the characteristics of regional patients seeking psychiatric medical care.

In 2015, the treatment admission rate was higher for primary alcohol abuse than for any illicit drugs. The primary alcohol admission rate was 26 per 100,000 population and the rate for alcohol with secondary drug abuse was 22 per 100,000. The highest rates for illicit drugs were for marijuana (40 per 100,000) and methamphetamines (28 per 100,000).

Opioid screenings from 2014 to 2015 for Texas, decreased -3.4% as well as for Region 8 at -11.3%.

Texas School Survey Reports:

Almost half of (48.9%) of Region 7&8 students surveyed report alcohol somewhat to very easy to obtain. This is higher than Texas at 46.9%.

One quarter (25.9%) of seventh grade students surveyed reported alcohol somewhat to very easy to obtain while 14.7% had reported alcohol use in the past month.

Over half (66%) of the seniors surveyed reported alcohol somewhat to very easy to obtain, therefore 44.3% used alcohol in the past month.

Thirty-five percent (35%) of Region 7&8 students surveyed report marijuana somewhat easy to very easy to get compared to Texas at 33.3%.

Over half of (55.7%) of seniors surveyed reported marijuana somewhat easy to very easy to obtain, while 22.1% reported using marijuana in the past month.

Bexar County drug induced death rate of 11.2 per 100,000 are significantly higher than the Texas rate of 9 per 100,000 population during 1999-2015.

Over time Region 8 has declined in alcohol related fatalities by 22.4 %. One out 4 driving fatalities involved driving under the influence. Almost half of Region 8 (46%) counties had higher percentages of fatalities involving driving under the influence.

Texas had 987 DUI deaths in 2016, 9.4% were youth under the age of 21. Fifty-six percent of the fatalities in Region 8 occurred in Bexar County.

In Region 8, youth under the age of 21 reported 1,331 alcohol related arrests in 2015. Thirty-eight percent was for driving under the influence, thirty-seven percent for liquor laws and twenty-five percent for drunkenness

Twenty-five percent of our counties exceed the State chlamydia rate of 487.3 per 100,000. Region 8 chlamydia rate is 567.6 per 100,000. State gonorrhea rate is 136.7, Region 8 is 155.2 and State syphilis rate is 30.6 and Region 8 at 37.7 per 100,000.

Although Region 8, HIV diagnoses rates are below the state rate of 16.3 per 100,000, our region ranks third highest in the state at 13.8.

Prevention Resource Centers

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

Our Purpose

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

What Evaluators Do

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

How We Help the Community

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

Our Regions

Current areas serviced by a Prevention Resource Center are:

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

Conceptual Framework of This Report

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

Adolescence

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

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

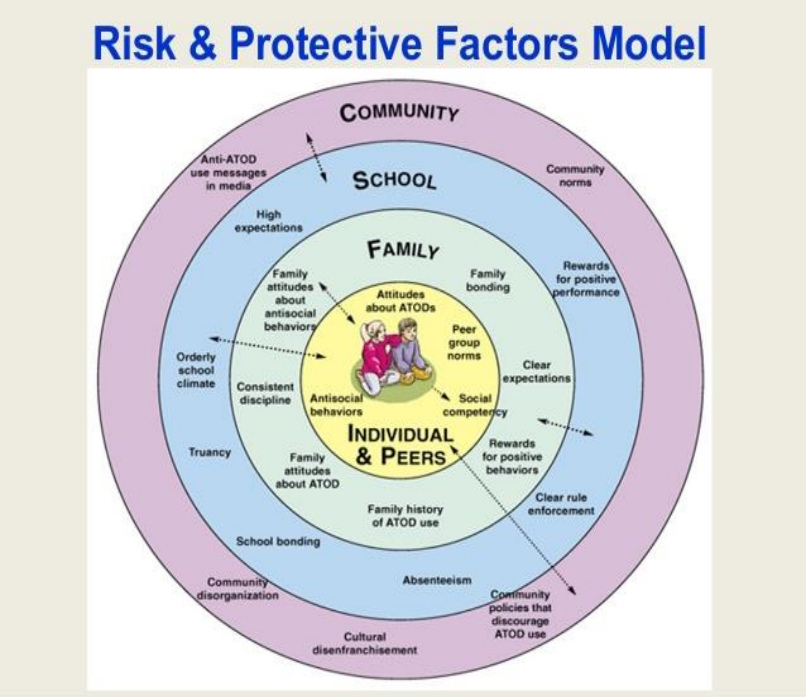
The information presented in this RNA is comprised of regional and state data, which generally define adolescence as ages 10 through 17-19. The data reviewed here has been mined from multiple sources and will therefore consist of varying demographic subsets of age. Some domains of youth data conclude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

Epidemiology

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

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

Risk and Protective Factors



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

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

Consumption Patterns and Consequences

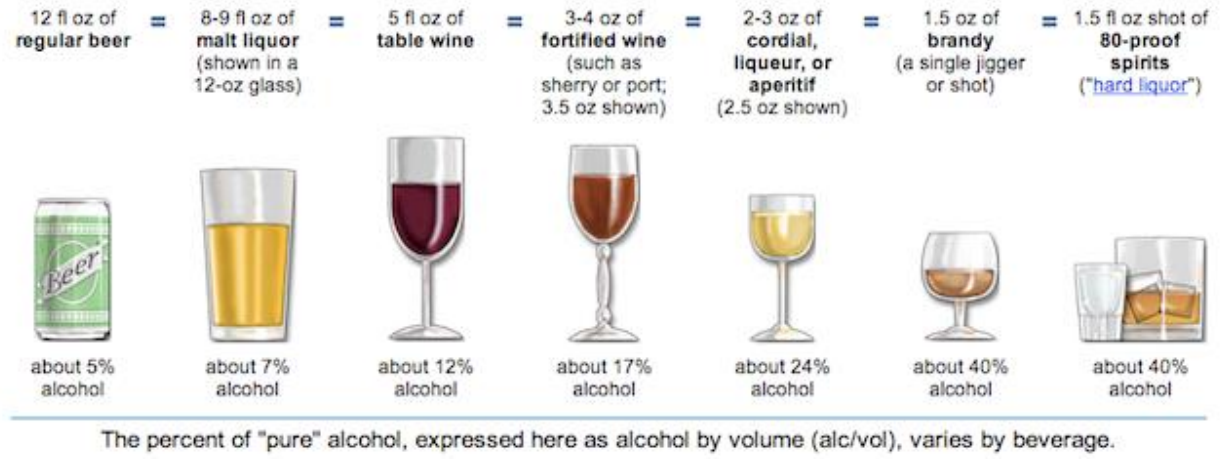
Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or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

Consumption Patterns Defined

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

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

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the "drink" as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or 1.5 ounce shot of distilled spirits.



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

Consequences

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

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

Stakeholders

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

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

Our Stakeholders are individuals, groups, and organizations that have a vested interest in protecting, providing services and preventing the misuse of substances in our communities.

Introduction

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

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

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

Our Audience

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

Purpose of This Report

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

Methodology

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

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

Process

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

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

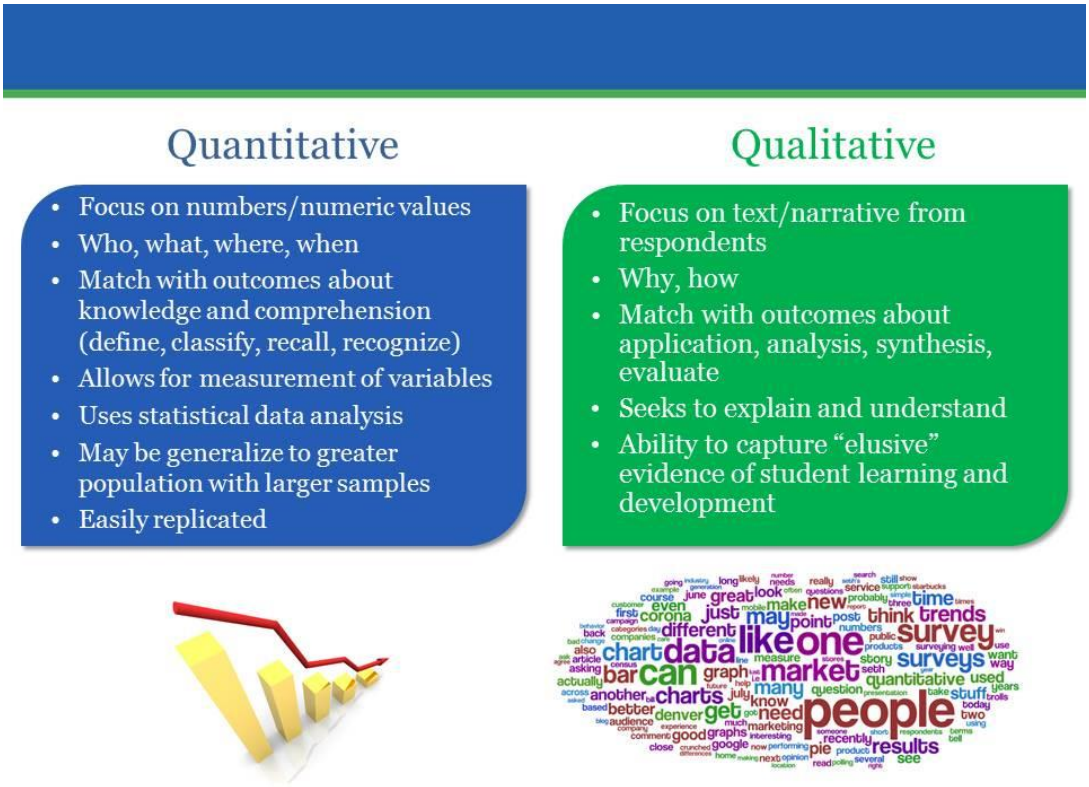
Primary and secondary data sources were identified when developing the methodology behind this document. Readers can expect to find information from the American Community Survey, Texas

Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. Also, adults and youth in the region were selected as primary sources.

Quantitative Data Selection

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

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



Qualitative Data Selection

While quantitative data often takes priority in assessments, it is equally important to provide context through the appropriate use of qualitative data. Together, qualitative and quantitative data help to define the scope and extent of a community's needs and to identify its gaps.

This year, we participated in many focus groups from a wide selection of professional law enforcement agencies, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners to address substance abuse in our community.

Bill Hubbard, Executive Director, South Alamo Regional Alliance for the Homeless (SARAH) works with agencies across San Antonio and Bexar County to end homelessness. SARAH provides the following comments:

In our January Point in Time (PIT Count) over 497 out of 2,116 total households counted reported having a substance abuse issue that "significantly impacts daily functioning." The rate is significantly higher when we isolate the interviews conducted of unsheltered homeless individuals living on the street on the night of PIT. In this cross section, 197 of the 413 (47%) unsheltered homeless individuals that were interviewed reported a substance abuse of significant impairment. The SARAH staff member responsible for coordinating street outreach efforts among the homeless non-profits, has shared that client interviews reveal that the price of heroin has remained steady at about $5 a dose over the course of the last year. Additionally, we see a phenomenon within local homeless encampments where the homeless living together segregate themselves based on preferred drug of choice.

Regional Demographics

By looking at regional and county level demographics we are able to assess a better understanding of the factors that influence risk and protection from substance abuse on a more localized level. Region 8 is comprised of 28 counties located in the Upper Central South part of Texas and has a population of 2,896,087. With over 31,637 square miles of land bordering the Rio Grande River and Mexico in the west and the Gulf Coast in the east. Our Region contains almost every type of geographical setting found in Texas: rolling hills and plains, hill country, coastal plains, brush country, and desert.

Counties served in Region 8 include Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, and Zavala. (See appendix – for county data).

Table 1 Region 8 Demographics		
Demographics	**Total Number**	**Percent**
Total Population	2,824,273	
Males	1,396,826	49.5%
Females	1,427,447	50.5%
Persons under 18 years of age	722,772	25.6%
Persons between 18-24 years of age	286,670	10.2%
Persons between 25-44 years of age	736,887	26.1%
Persons 45 years of age and older	1,077,944	38.2%
White alone	983,927	34.8%
Hispanic	1,576,620	55.8%
Black	157,108	5.6%
Other	106,618	3.8%
Texas Demographic Center, Texas Population Projections Program		

Regional Population

Texas experienced over twice as much population growth as the US during the period from 2010 to 2016. All Regions in Texas had growth with Regions 2, 4, and 5 with the least and Regions 6, 7 and 9 with the greatest growth. Region 8, had a growth increase 11.37% during the same period. While 98% of our counties had population growth, Edwards (-5.3%) and Val Verde (-1.3%) counties declined. Kendall (23.2%) and Comal (22.8%) counties had the greatest growth. See Appendix A, Table 3 for county data.

Table 2	2010-2016 Regional Population Growth			
Region	**2010 Population**	**2016 Population Estimate**	**# Growth 2010-2016**	**% Change from 2010 to 2016**
US	***309,348,193***	***323,127,513***	***13,779,320***	***4.5%***
Texas	***25,145,565***	***27,725,192***	***2,579,627***	***10.3%***
Region 1	839,586	874,939	35,353	4.2%
Region 2	550,250	554,584	4,334	0.8%
Region 3	6,733,179	7,471,409	738,230	11.0%
Region 4	1,111,696	1,154,138	42,442	3.8%
Region 5	767,222	776,744	9,522	1.2%
Region 6	6,087,133	6,900,523	813,390	13.4%
Region 7	2,948,364	3,336,686	388,322	13.2%
Region 8	***2,604,647***	***2,896,087***	***291,440***	***11.2%***
Region 9	571,871	646,391	74,520	13.0%
Region 10	825,913	865,166	39,253	4.8%
Region 11	2,105,704	2,248,525	142,821	6.8%
Texas Demographic Center, Population Estimates and Projections Program				

Population by Age

According to Texas Demographic Center, Aging inTexas reported that while Texas has a large elderly population and continues to age, it is still among the youngest states in the country known to have a younger population compared to other states. One key factor that is contributing to Texas's youth is its migrant population and booming economy. The Center saw a "younging" effect in a number of Texas counties with oil and gas extraction booms and animal processing plants. In the categories of youth (0-24 years of age), Region 8 stands at 34.9%, Texas at 35.8% while the U.S. is 32.4%. Region 11 (43%) and Region 10 (41.2%) have the largest percent of younger populations compared to Region 4 (32.6%) and Region 2 (34%) with the smallest percentages.

The older population in Texas grew at a faster rate than in the nation from 2000 to 2014. Among all states, Texas had the third largest elderly population.The older population in the category of persons 65 years of age and over shows Region 8 with 14%, Texas at 12% and the U.S. with 12.5%. Regions 2 (17%) and 4 (18%) have the higest percentages of the older populations and Regions 3 (11%) and 6 (11%) with fewer. County data is available in Appendix A, Tables 5 and 6.

Table 4 Regional Population by Age										
Area	<18	% <18	18-24	% 18 - 24	25-44	% 25-44	45-64	% 45-64	65+	% 65+
Region 1	231,630	26%	100,233	11%	229,581	26%	206,413	23%	120,691	14%
Region 2	131,150	23%	57,173	10%	139,453	25%	140,367	25%	97,600	17%
Region 3	1,929,591	26%	699,136	10%	2,046,136	28%	1,839,144	25%	811,570	11%
Region 4	273,018	24%	102,583	9%	283,362	24%	297,046	26%	204,636	18%
Region 5	186,886	23%	79,856	10%	193,100	24%	205,364	26%	131,889	17%
Region 6	1,760,293	26%	629,723	9%	1,915,070	29%	1,656,724	25%	713,070	11%
Region 7	813,604	25%	364,280	11%	942,659	29%	751,312	23%	379,680	12%
Region 8	***722,772***	***26%***	***286,670***	***10%***	***736,887***	***26%***	***691,017***	***24%***	***386,927***	***14%***
Region 9	159,513	26%	61,510	10%	156,652	26%	146,284	24%	83,825	14%
Region 10	253,010	28%	103,127	11%	234,677	26%	202,005	22%	106,055	12%
Region 11	703,629	30%	263,098	11%	592,013	26%	486,303	21%	275,365	12%
Texas	***7,165,096***	***26%***	***2,747,389***	***10%***	***7,469,590***	***27%***	***6,621,979***	***24%***	***3,311,308***	***12%***
Texas Demographic Center, Texas Population Projections Program										

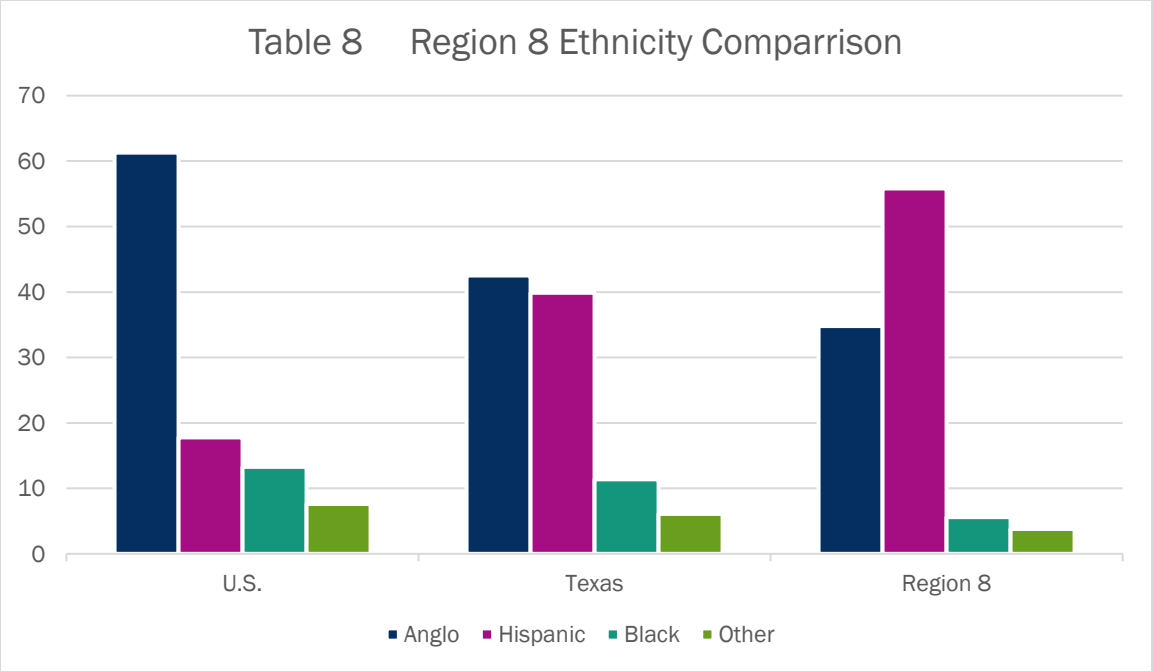
Race/Ethnicity

Texas is an increasingly diverse state with a strong Hispanic representation. The table below shows the racial and ethic make-up of Texas' population, which is represented by slightly fewer black and other races and significantly higher Hispanic or Latino populations than the U.S. as a whole.

Region 8 has the third largest population percentage of Hispanics in Texas at 55.8% which is significantly higher than Texas (39.9%) and the U.S. at 17.8%.

Table 7 2016 Race/Ethnicity Demographics by Region									
Area	**Total**	**Total Anglo**	**% Angle**	**Total Black**	**% Black**	**Total Hispanic**	**% Hispanic**	**Total Other**	**% Other**
United States	323,127,513	198,077,165	61.3%	42,975,959	13.3%	57,516,697	17.8%	24,557,691	7.6%
Texas	27,315,362	11,617,233	42.5%	3,122,847	11.4%	10,911,143	39.9%	1,664,139	6.1%
Region 1	888,548	478,720	53.9%	47,046	5.3%	330,058	37.1%	32,724	3.7%
Region 2	565,743	390,135	69.0%	33,659	5.9%	123,075	21.8%	18,874	3.3%
Region 3	7,325,577	3,546,880	48.4%	1,054,949	14.4%	2,140,230	29.2%	583,518	8.0%
Region 4	1,160,645	770,785	66.4%	178,294	15.4%	178,168	15.4%	33,398	2.9%
Region 5	797,095	492,828	61.8%	159,053	20.0%	117,435	14.7%	27,779	3.5%
Region 6	6,674,880	2,471,291	37.0%	1,106,048	16.6%	2,515,348	37.7%	582,193	8.7%
Region 7	3,251,535	1,780,896	54.8%	315,799	9.7%	944,788	29.1%	210,052	6.5%
Region 8	**2,824,273**	**983,927**	**34.8%**	**157,108**	**5.6%**	**1,576,620**	**55.8%**	**106,618**	**3.8%**
Region 9	607,784	283,735	46.7%	25,155	4.1%	284,314	46.8%	14,580	2.4%
Region 10	898,874	111,352	12.4%	21,868	2.4%	745,722	83.0%	19,932	2.2%
Region 11	2,320,408	306,684	13.2%	23,868	1.0%	1,955,385	84.3%	34,471	1.5%
Texas Demographic Center, Texas Population Projections Program									
U.S. Census Bureau: State and County QuickFacts. 2016 Vintage.									

Region 8 is 34.8% Anglo (or Caucasian, 5.6% Black (or African American), 55.8% Hispanic, and 3.8% Other. Other includes self-identify as Asian, American Indian, Native Hawaiian, and Mixed.



All counties In Region 8, had larger populations of Hispanics than the U.S and over half (57.1%) exceeded Texas'rate of 39.9. See Appendix A, Table 10 for County data.

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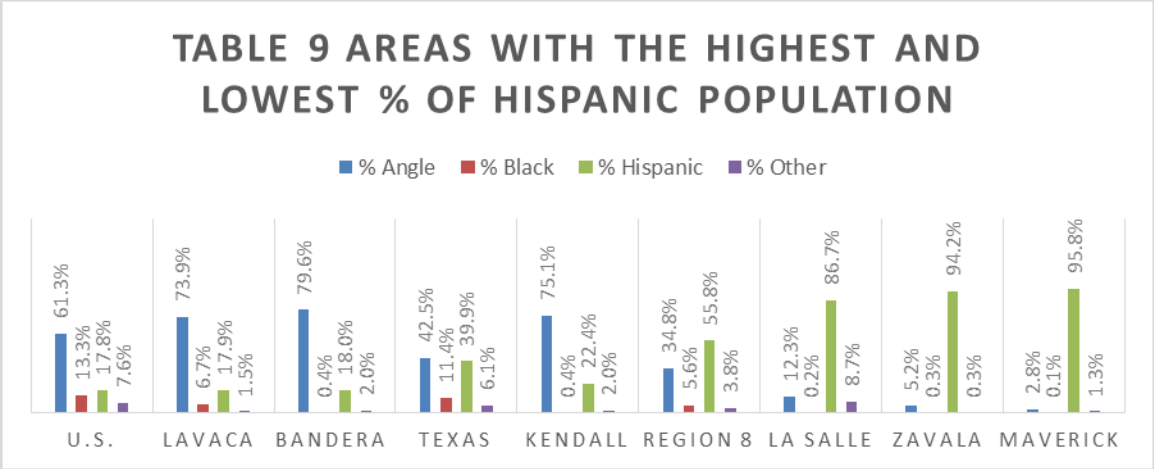


Table 5: Ethnicity					
Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
United States	***316,515,021***	***54,232,205***	***17.13%***	***262,282,816***	***82.87%***
Texas	***26,538,614***	***10,196,367***	***38.42%***	***16,342,247***	***61.58%***
Region 1	858,722	309,892	36.09%	548,830	63.91%
Region 2	549,722	116,424	21.18%	433,298	78.82%
Region 3	7,144,787	1,965,765	27.51%	5,179,022	72.49%
Region 4	1,124,283	161,312	14.35%	962,971	85.65%
Region 5	771,554	109,315	14.17%	662,239	85.83%
Region 6	6,514,602	2,341,385	35.94%	4,173,217	64.06%
Region 7	3,156,362	880,778	27.90%	2,275,584	72.10%
Region 8	**2,760,470**	**1,507,340**	**54.60%**	**1,253,130**	**45.40%**
Region 9	610,146	285,584	46.81%	324,562	53.19%
Region 10	855,492	690,861	80.76%	164,631	19.24%
Region 11	2,192,474	1,827,711	83.36%	364,763	16.64%
US Census Bureau, American Community Survey, 2011-2015. Source geography: Tract					

Concentrations of Populations

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

Eighty-two percent of Region 8 population resides in urban areas. Research has shown there are environmental and social determinants of health in both urban and rural populations. See Tables 12 and 13.

Urban	Rural
Social Enviornment	**Social Enviornment**
More likely to see large disparities in socioeconomic status, higher rates of crime and violence, the presence of marginalized populations (e.g., sex workers) with high risk behaviors, and a higher prevalence of psychological stressors that accompany the increased density and diversity of cities.	Rural elders have significantly poorer health status than urban elders, smoke more, exercise less, have less nutritional diets, and are more likely to be obese than suburban residents. Public health problems faced in rural areas (e.g., obesity, tobacco use, failure to use seat belts)
The Physical Environment	**The Physical Environment**
In densely populated urban areas, there is often a lack of facilities and outdoor areas for exercise and recreation. In addition, air quality is often lower in urban environments which can contribute to chronic diseases such as asthma.	While poor air quality and crime rates are likely to be less of an issue in rural areas, insufficiencies in the built environment make it difficult for rural residents to exercise and maintain healthy habits.
Access to Health and Social Service	**Access to Health and Social Service**
Persons of lower socioeconomic status and minority populations are more likely to live in urban areas and are more likely to lack health insurance. Thus, these populations face barriers to care, receive poorer quality care, and disproportionately use emergency systems. Other commonly represented populations in cities are undocumented immigrants and transient populations. The high prevalence of individuals without health insurance or citizenship creates a greater burden on available systems. This often leads to vast disparities in health care outcomes as well as a two-tiered health care system where insured individuals have access to preventive and routine health care while marginalized populations utilize "safety-net" emergency room care.	Evidence indicates that rural residents have limited access to health care and that rural areas are underserved by primary care physicians. Many rural individuals must travel substantial distances for primary medical care, requiring significantly longer travel times to reach care than their urban counterparts. Furthermore, some rural areas have a higher proportion of uninsured and individually insured residents than urban areas.
Unite for Sight, *Urban Versus Rural Health*, http://www.uniteforsight.org/global-health-university/urban-rural-health#_ftn7	

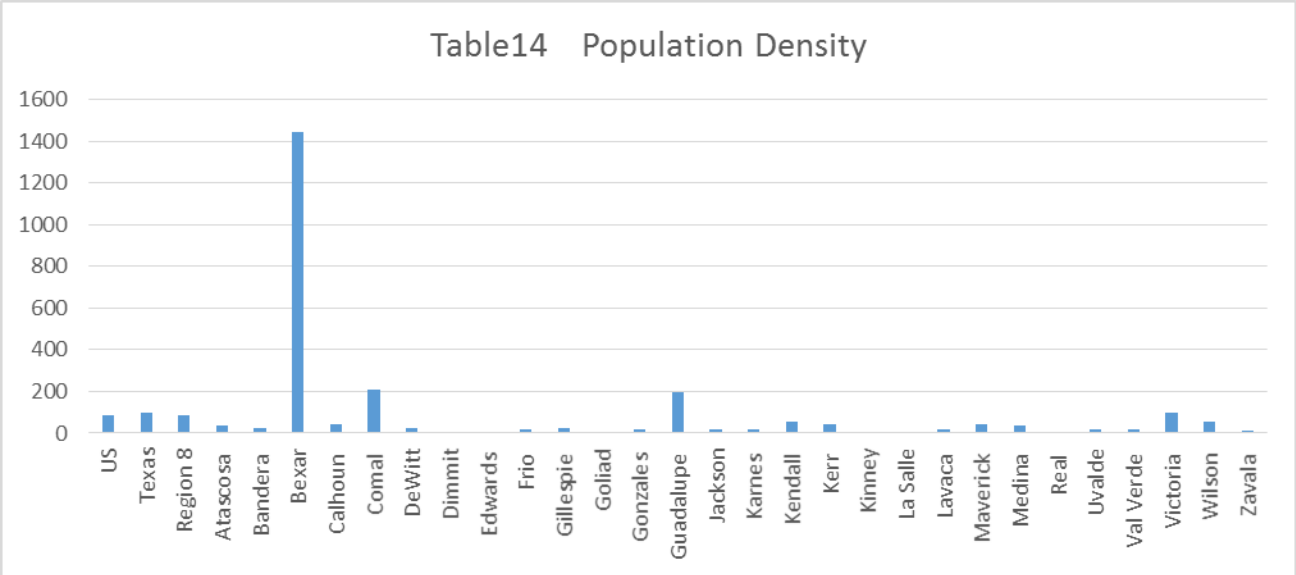
Table 12 below contains the 2010 Census designations of populations by urban and rural status by Region. To qualify as an **urban area**, the territory identified according to criteria must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters. Areas adjacent to urban areas and cores are also designated as urban when they are non-residential, but contain urban land uses, or when they contain low population, but link outlying densely settled territory with the densely settled core. "**Rural**" areas consist of all territory, population, and housing units located outside UAs and UCs. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units.

Table 12 Urban and Rural Populations

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

Source: U.S. Census Bureau: State and County Quick Facts.

Over 80% of Region 8 population resides in urban areas. The most densely populated county in Region 8 is Bexar County (1,442.95 people per sq miles) followed by Comal County at 206.99. The least densely populated county in Region 8 is Edwards County with 0.96 people per square mile. See Appendix A, Table 13 for County data.



Languages

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

The population with Limited English proficiency (LEP) is lower in Region 8 (11.9%) than in Texas (14.2%). Those areas with the highest percentages are Regions 10 and 11 which border Mexico.

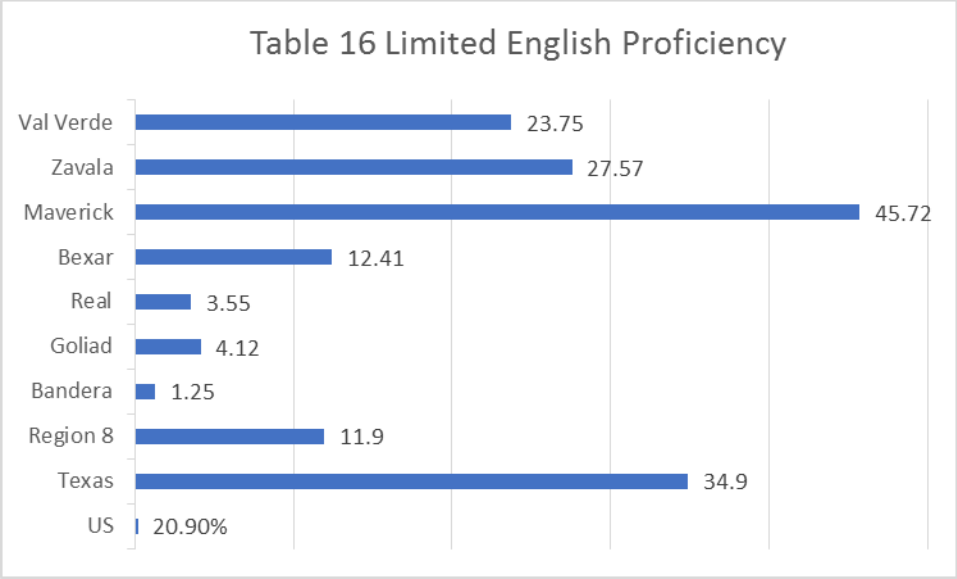
Table XX Limited English Proficiency by Region

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

U.S. Census Bureau, State and County Quick Facts, 2014 Vintage

U.S. Census Bureau, American Community Survey, 2010-2014

Counties with the highest LEP population are Maverick, Zavala and Val Verde which border or are near Mexico. Bexar County, the most populated County has a LEP population of 12.41, while Bandera has the lowest followed by Real and Goliad. See County data in Appendix A, Table 17.



General Socioeconomics

The socioeconomic characteristics of the community relate in part to the availability of health and social services and ability to pay for health care services. The wealthier communities, because of their greater tax resources, may provide a greater range of social and health related services, which may be more conveniently located than in less affluent areas. Low-income residents may utilize, as their primary source of medical care, public health services, which may be less up to date and more difficult to reach by public transportation. Socioeconomic status also relates to community environmental aspects, such as the quality of housing stock and the presence of toxic lead and dangerous asbestos in older housing. Some low socioeconomic status communities tend to be overcroweded and are more likely to have associated unsanitary conditions, which obviously are linked to ill health and transmission of infectious diseases. (Friis, R., Epidemiology for Public Health, Sudbury: Fourth ed, Vol.; Massachusetts; 2009.).

The more risk factors a child experiences, the more likely she/he will experience substance abuse and related problems in adolescence or young adulthood. Researchers have also found that the more the risks in a child's life can be reduced, the less vulnerability that child will have to subsequent health and social problems (Hawkins, Catalano, & Miller, 1992). The subparagraphs below will display data on the socioeconomics of our Region.

Per Capita Income

One of the most important factors related to risk for and protection from substance abuse is the ability to provide for the necessities of life. One of the indicators that measures this is per capita income, or the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area, according to the Census Bureau. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area. In Texas, the per capita income (2015 dollars, 2010-2015 data) is $26,999 (increase of 487 dollars, in 2014). This is significantly lower than the U.S. per capita income measure of $28,929 (increase of 375 dollars, in 2014). The table below features the higher per capita income in Regions 3, 6 and 7 associated with the metro

areas of Dallas/Fort Worth, Houston and Austin, respectively. Regions 11, 10, and 5 presents with the lowest per capita income in comparison to the rest of the regions in the State.

Table 17	2011-2015 Per Capita Income by Region		
Report Area	Total Population	Total Income ($)	Per Capita Income ($)
United States	***316,515,021***	***$9,156,731,836,300***	***$28,929***
Texas	***26,538,614***	***$716,519,339,400***	***$26,999***
Region 1	858,722	20,288,497,100	$23,626
Region 2	549,722	12,582,369,200	$22,888
Region 3	7,144,787	213,841,386,700	$29,929
Region 4	1,124,283	25,770,793,800	$22,921
Region 5	771,554	17,612,752,500	$22,827
Region 6	6,514,602	195,266,197,600	$29,973
Region 7	3,156,362	91,406,068,300	$28,959
Region 8	*2,760,470*	*69,147,960,100*	*$25,049*
Region 9	610,146	16,687,701,600	$27,350
Region 10	855,492	16,215,856,600	$18,955
Region 11	2,192,474	37,699,755,700	$17,195
US Census Bureau, American Community Survey, 2011-2015. Source geography: Tract			

Region 8 (Per Capita Income $25,049), as well as 93% of our counties are below the US Per Capita Income of $28,929. Seventy-one percent of Region 8 Counties are below the Texas Per Capita Income, of $26,999. Per Capita income ranges from a low of $ 13,812 in Zavala County, Texas to a high of 32,838 in Comal County. Refer to Appendix A, Table 18 for County data.

Poverty

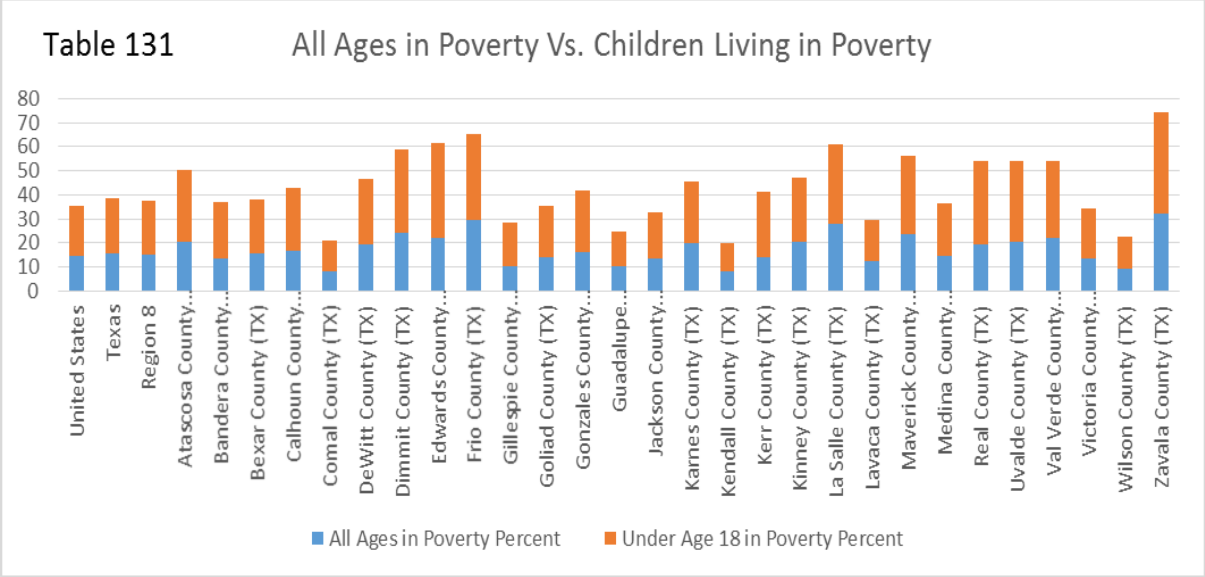
Child Trends. (2016) reported that poverty is related to increased risks for negative health outcomes for young children and adolescents. Children living in poverty are more likely to have poor health and chronic health condition, more likely to be born premature and at a low birth weight, and to develop later illnesses, such as respiratory diseases. As adolescents, poor youth are more likely to suffer from mental health problems, such as personality disorders and depression. Moreover, in comparison to all adolescents, those raised in poverty engage in higher rates of risky health-related behaviors, including smoking and early initiation of sexual activity.

Aside from physical and mental health, poverty in childhood and adolescence is associated with a higher risk for poorer cognitive and academic outcomes, lower school attendance, lower reading and math test scores, increased distractibility, and higher rates of grade failure and early high school dropout. Poor children are also more likely than other children to have externalizing and other behavior problems, or emotional problems, and are more likely to engage in delinquent behaviors during

adolescence. Finally, growing up in poverty is associated with lower occupational status and lower wages, poorer health, and deficits in working memory in adulthood.

According to the American Community Survey 5-year estimates, 426,123 persons (15.2%) in Region 8 lived in a state of poverty during 2015. Fifty-four percent of Region 8 Counties have higher percentages of all persons living in poverty than Texas' at 15.9% and sixty-four percent have higher percentages than the National average of 14.7%.

Sixty-one percent of Region 8 Counties have higer percentages of children under the age of 18 living in poverty than Texas' at 22.9% and seventy-nine percent have higher percentages than the National average of 20.7%. In 2015, Zavala County had the highest poverty rate (32%), while Kendall County had the lowest poverty rate (8%). See Appendix A, Table 132 for County level data.



U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015

Houshold Composition

Another way to gain a basic understanding of stresses to the family unit is the composition of the household. Household composition is the number of people living in a home. Texas has a greater number of persons per household (2.83) than the U.S. (2.63).

The Community Commons report defines an overcrowded unit as one that has more than one occupant per room. Information related to the percent of overcrowded housing is presented below. This indicator is relevant as housing conditions are associated with a wide range of health conditions and increased risk for diseases.

Region 11 has the highest percent of population living in an overcrowded unit.

Region	Total Households	Total Occupied Housing Units	Overcrowded Housing Units	% of Housing Units Overcrowded
1	219,977	265,700	11,853	4.46
2	126,251	181,040	4,975	2.75
3	1,885,207	1,808,092	112,394	6.22
4	267,054	330,486	14,660	4.44
5	181,057	213,909	8,707	4.07
6	1,722,230	1,467,564	113,200	7.71
7	752,154	894,120	39,920	4.46
8	**703,721**	**765,356**	**44,339**	**5.79**
9	157,358	180,319	9,008	5
10	244,547	221,461	17,542	7.92
11	673,940	581,640	68,111	11.71
Texas	6,933,496	6,909,687	444,709	6.44
U.S.	73,019,542	90,364,208	3,852,710	4.26

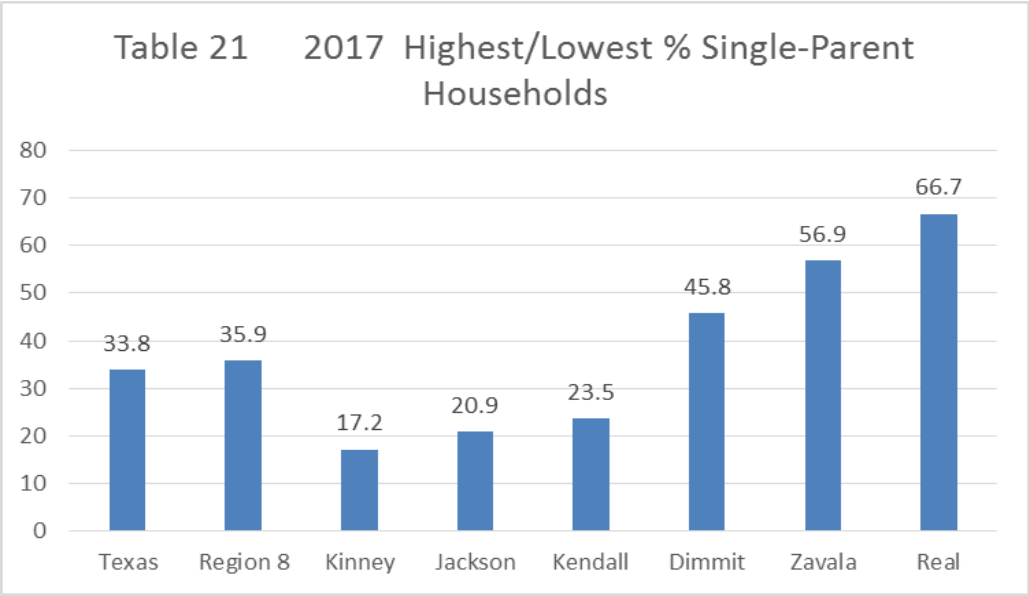
U.S. Census Bureau, American Community Survey. 2010-2014

In 2017, it was estimated by County Health Rankings and Roadmaps that Region 8 had 711,647 households of which 255,299 (35.9%) were headed by a single parent. Region 8 ranks among the highest along with Regions 5 (38.9%) and 11 (37.2%).

The Single Mother Guide reports that single-parent households are faced with food insecurities, spend more than half of their income on housing, which is generally considered the threshold for "severe housing cost burden." These households are among the poorest in the nation and are extremely vuneralbe to homelessness. Single-parent households are more likely to lack health insurance, child care access, and finally access to an education because there is simply no money left for educational expenses.

Table 20	Single-Parent Homes by Region		
Area	**2017 Single-Parent Households**	**2017 # Households**	**2017 % Single-Parent Households**
Texas	***2,284,003***	***6,766,502***	***33.8%***
Region 1	74,473	220,497	33.8%
Region 2	43,439	125,493	34.6%
Region 3	556,570	1,668,856	33.4%
Region 4	92,743	266,893	34.7%
Region 5	70,265	180,832	38.9%
Region 6	568,503	1,749,095	32.5%
Region 7	231,879	760,601	30.5%
Region 8	***255,299***	***711,647***	***35.9%***
Region 9	51,750	161,737	32.0%
Region 10	86,840	243,154	35.7%
Region 11	252,242	677,697	37.2%
County Health Rankings, www.countyhealthrankings.org			

In Region 8, over half (53.5%) of our Counties have higher percentages of single-parent households compared to Texas' percent of 33.8%. Those Counties with the lowest percent of single-parent households include Kinney, Jackson and Kendall and those with the highest are Dimmit, Zavala and Real. Bexar County is 37.9%, higher than Texas. See Appendix A, Table 22.



Employment Rates

Texas generally enjoys a substantially more favorable employment climate than most states, as previously evidenced in part by the population growth figures. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. The latest data from the Bureau of Labor Statistics (BLS, April 2016) indicates that Texas currently holds an unemployment rate of 4.6%, while the nation sits at 4.9%. The rates by region are indicated below, with Regions 3 and 1 in the metro Austin and Panhandle areas having the least current unemployment. Region 11 has the highest unemployment rate in comparison to the rest of the regions in the State, followed by region 5 and region 9.

Table 10	Employment & Unemployment 2013 - 2016					
Area	**2016 Labor Force**	**2016 Employed**	**2016 Unemployed**	**2016 % Unemployment**	**2013 % Unemployment**	**Rate Change 2013 to 2016**
US	***N/A***	***N/A***	***N/A***	***4.9%***	***7.4%***	***2.5%***
Texas	***13,284,651***	***12,671,814***	***612,837***	***4.6%***	***6.2%***	**1.6%**
Region 1	417,005	401,745	15,260	3.7%	5.1%	1.4%
Region 2	235,985	225,528	10,457	4.4%	5.5%	1.1%
Region 3	3,836,196	3,688,154	148,042	3.9%	6.1%	2.2%
Region 4	502,944	476,521	26,423	5.3%	6.8%	1.5%
Region 5	321,930	300,914	21,016	6.5%	9.1%	2.6%
Region 6	3,358,991	3,182,436	176,555	5.3%	6.0%	0.7%
Region 7	1,685,311	1,624,989	60,322	3.6%	5.5%	1.9%
Region 8	***1,350,656***	***1,295,400***	***55,256***	***4.1%***	***5.9%***	***1.8%***
Region 9	297,110	281,708	15,402	5.2%	4.4%	0.8%
Region 10	359,935	342,045	17,890	5.0%	7.9%	2.9%
Region 11	918,588	852,374	66,214	7.2%	8.7%	1.5%
US Department of Labor, Bureau of Labor Statistics, https://www.bls.gov/lau/#tables						

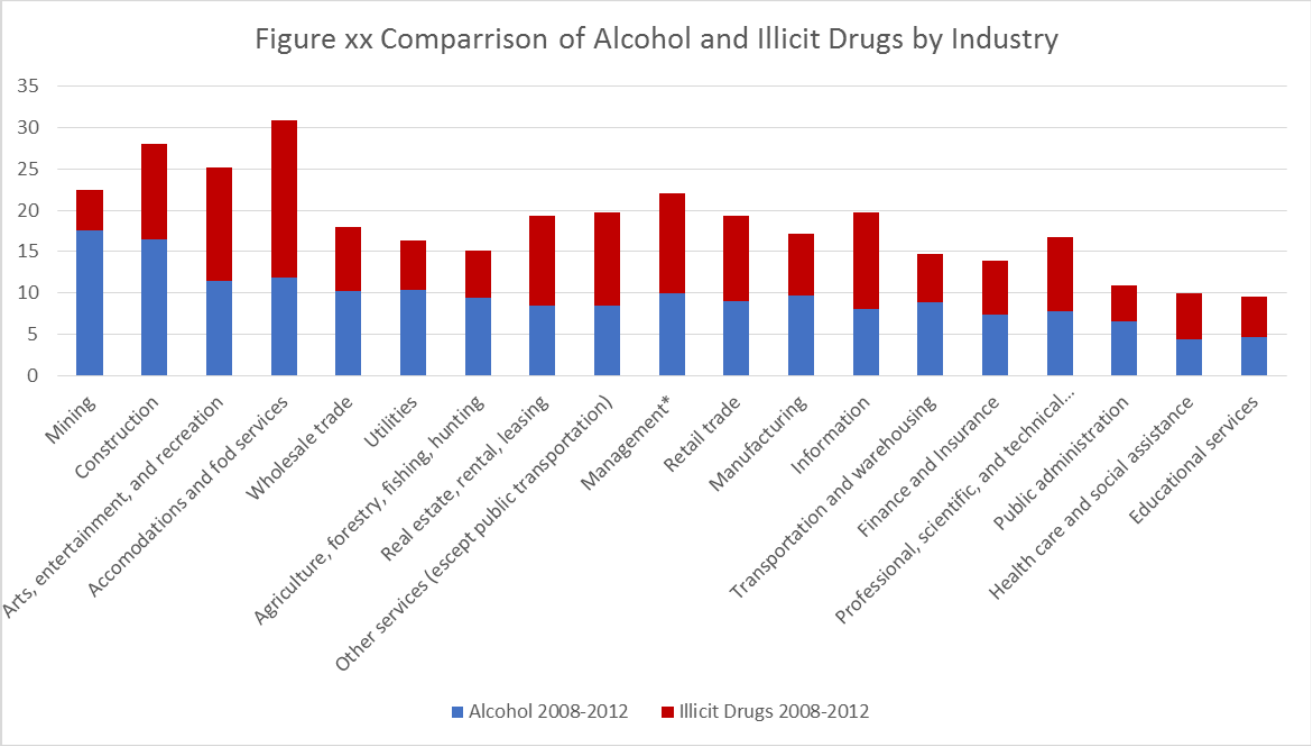
The counties with the highest unemployment rates include Dimmit (7.2%), Maverick (11.3) and Zavala (14.1%) and those reporting the least unemployment rate are Gillespie (2.8%), Kendall (3.2%) and Comal (3.6%). Bexar county, our most populated county, has an unemployment rate is 3.7%, lower than Region 8 (4.1%) and Texas (4.6%). Sixty-four percent of Region 8 counties have a higher unemployment rate than **Texas (4.6%). See** Appendix A, Table 25 for county data.

Table 11	2016 Region 8 Highest and Lowest Unemployment Rates			
County	**2016 Labor Force**	**2016 Employed**	**2016 Unemployed**	**2016 Unemployment %**
U S	***N/A***	***N/A***	***N/A***	***4.9%***
Texas	*13,284,651*	*12,671,814*	*612,837*	*4.6%*
Region 8	*1,350,656*	*1,295,400*	*55,256*	*4.1%*
Lowest Unemployment Rates				
Gillespie	12,923	12,555	368	2.8%
Kendall	19,565	18,934	631	3.2%
Comal	63,539	61,229	2,310	3.6%
Largest Populated County				
Bexar	902,623	869,025	33,598	3.7%
Highest Unemployment Rates				
Dimmit	6,203	5,759	444	7.2%
Maverick	24,087	21,366	2,721	11.3%
Zavala	3,893	3,344	549	14.1%
US Department of Labor, Bureau of Labor Statistics, https://www.bls.gov/lau/#tables				

Industry

Substance use negatively affects U.S. industry through lost productivity, workplace accidents and injuries, employee absenteeism, low morale, and increased illness. U.S. companies lose billions of dollars a year because of employees' alcohol and drug use and related problems.1 Research shows that the rate of substance use varies by occupation and industry. (D.M. Bush and R.N. Lipari. The CBHSQ Report: Substance Use and Substance Use Disorder, by Industry. (April 16, 2015). Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Rockville, MD.)

Comparrisons between past month heavy alcohol use and past month illicit drug use among adults aged 18 to 64 employed full time, by industry category: combined 2008 to 2012, shows which industries are more likely or less likely to misuse substances. The Accomodations and food services had the highest rates of past month combined alcohol and illicit drug use (30.9), followed by Construction (28.1) and Arts, entertainment and recreation (25.2).



When compared to US and Texas industries, Region 8 has very similar employment percentage proportions of workers by industry type. The data in the chart below indicates that Texas has a slightly more "blue collar" workforce. See Appendix A, Table 28 for county data.

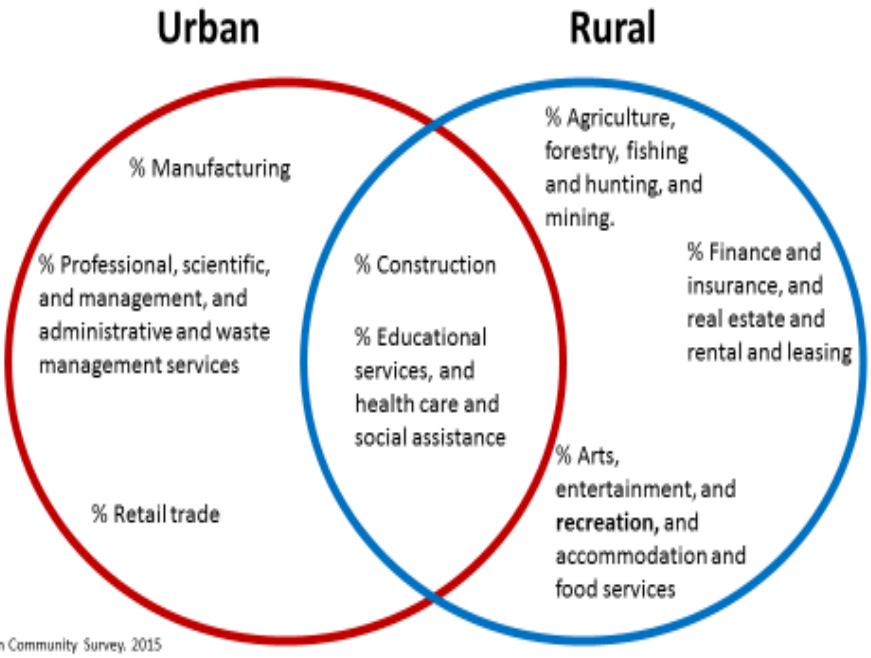
Figure xx Regional Employment by Industry

Area	Total Population 16 and Older	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transporta-ion and warehousing, and utilities	Informa-tion	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administra-tive and waste management services	Educational services, and health care and social assistance	Arts, entertain-ment, and recreation, and accommoda-tion and food services	Other services, except public administra-tion	Public admin-istration
US	***150,534,773***	***2,906,158***	***9,622,525***	***15,470,595***	***4,092,244***	***17,301,650***	***7,682,950***	***3,155,281***	***9,822,476***	***17,009,744***	***34,510,561***	***14,756,511***	***7,343,926***	***6,860,152***
Texas	***12,094,262***	***405,569***	***947,689***	***1,105,985***	***363,612***	***1,403,859***	***660,396***	***215,594***	***794,643***	***1,337,372***	***2,617,242***	***1,076,415***	***645,308***	***520,578***
Region 1	396,634	28,794	28,656	32,208	12,848	47,033	20,832	6,316	20,684	25,431	95,918	37,241	23,354	17,319
Region 2	228,599	18,069	14,745	17,944	4,722	27,615	11,720	3,128	11,144	13,203	58,430	20,364	13,020	14,495
Region 3	3,464,988	51,923	252,159	353,680	108,885	404,917	202,442	84,554	295,616	436,455	679,985	306,871	180,714	106,787
Region 4	462,717	26,065	35,090	52,637	12,475	60,945	23,398	5,918	21,490	32,507	108,266	35,192	26,119	22,615
Region 5	305,200	12,313	30,017	37,694	7,079	35,841	15,709	3,276	12,401	22,663	71,043	24,618	16,656	15,890
Region 6	3,067,434	114,481	272,357	322,837	111,526	331,714	185,295	40,565	177,725	382,850	614,717	250,459	169,285	93,623
Region 7	1,494,649	28,279	113,179	126,029	34,942	169,606	56,347	32,208	94,095	186,150	337,107	143,417	75,698	97,592
Region 8	***1,223,175***	***36,038***	***93,006***	***82,283***	***30,641***	***148,195***	***55,931***	***20,679***	***96,372***	***122,161***	***280,975***	***127,669***	***61,199***	***68,026***
Region 9	278,440	45,584	22,056	15,918	8,224	30,645	16,388	3,283	12,327	18,486	54,370	22,705	16,664	11,790
Region 10	337,974	4,734	20,672	24,104	9,570	39,891	21,901	5,772	17,587	32,922	85,628	33,769	15,411	26,013
Region 11	834,452	39,289	65,752	40,651	22,700	107,457	50,433	9,895	35,202	64,544	230,803	74,110	47,188	46,428

US Census Bureau, 2015 American Community 1-Year Estimate

Both Urban and Rural counties share higher rates of employment in the construction, educational, health care and social assistance industries. Urban counties provide more manufacturing, professional, scientific, and retail industries while the rural counties have the higher industries rates in Agriculture, forestry, fishing, and hunting.

Table 29 Urban and Rural Comparison by Largest Employment Industry



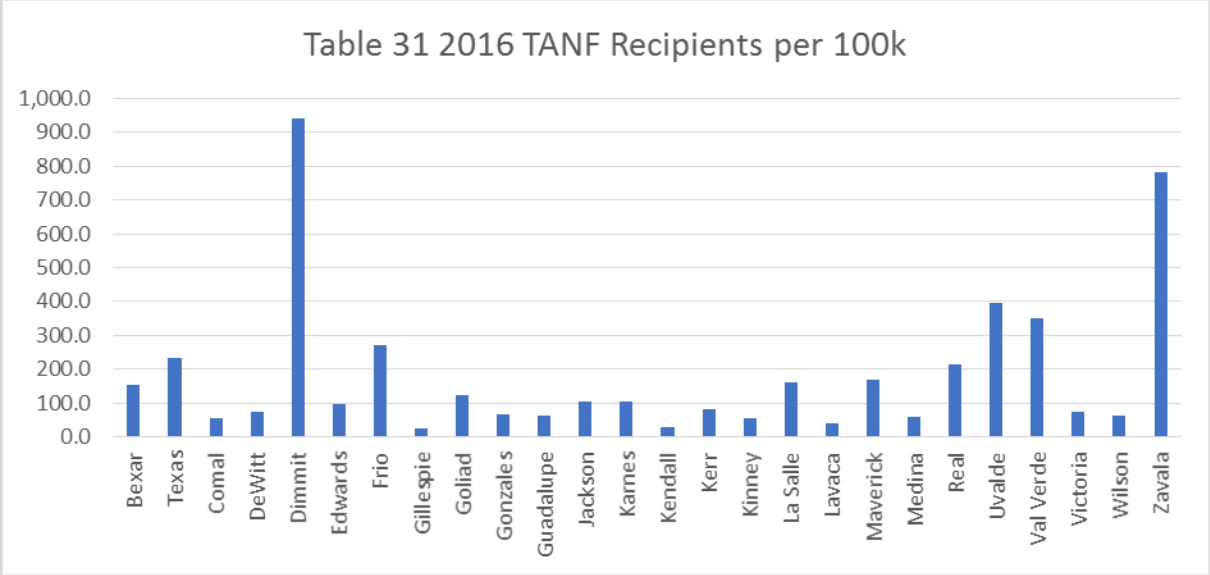
US Census Bureau, American Community Survey, 2015

TANF, SNAP, and Free School Lunch Recipients

This indicator reports the percentage of recipients per 100,000 populations receiving public assistance income. Public assistance income includes General Assistance and Temporary Assistance to Needy Families (TANF). The purpose of TANF is to provide temporary cash assistance to needy dependent children and the parents or relatives with whom they are living. In Texas, cash benefits are issued monthly through the Lone Star Card that works like a debit card, allowing you to use the card at authorized retailers or get cash from an ATM. Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. The percentage of households in Texas who receive public assistance income of this type varies significantly from Region to Region, the rates in Regions 10 and 11 are significantly higher than the state rate of 232.2 per 100k population.

Table 30 TANF 2014 - 2016									
Area	2016 Total Recipients	2016 Population	2016 Recipients per 100k	2015 Total Recipients	2015 Population	2015 Recipients per 100k	2014 Total Recipients	2014 Population	2014 Recipients per 100k
Region 1	1,663	888,548	187.2	1,523	880,203	173.0	1,670	872,013	191.5
Region 2	1,281	565,743	226.5	1,272	563,104	226.0	1,292	560,451	230.5
Region 3	9,232	7,325,577	126.0	9,898	7,225,438	137.0	12,120	7,125,433	170.1
Region 4	2,045	1,160,645	176.2	1,965	1,152,494	170.5	2,073	1,144,049	181.2
Region 5	1,385	797,095	173.7	1,390	792,109	175.4	1,585	787,125	201.4
Region 6	9,430	6,674,880	141.3	8,668	6,575,370	131.8	10,053	6,476,362	155.2
Region 7	4,203	3,251,535	129.3	4,086	3,199,811	127.7	4,843	3,148,709	153.8
Region 8	4,084	2,824,273	144.6	4,120	2,787,320	147.8	4,762	2,750,231	173.1
Region 9	871	607,784	143.4	779	601,840	129.5	710	595,940	119.2
Region 10	3,495	898,874	388.9	3,863	886,274	435.9	4,875	874,048	557.7
Region 11	25,728	2,320,408	1,108.8	27,368	2,283,153	1,198.7	30,125	2,246,895	1,340.7
Texas	63,419	27,315,362	232.2	64,933	26,947,116	241.0	74,107	26,581,256	278.8
Texas Health and Human Services Commission, TANF Basic and TANF State program - 2014-2016									

In Region 8, eighteen percent of our Counties have a rate of recipients' highers than Texas rate of 232.2 per 100,000. Counties with the highest rates include Uvalde (395.2), Zavala (781.1) and Dimmit (940.7) and those with the lowest are Gillespie (23.5), Kendall (27.8) and Lavaca (42.4). Bexar County rate is 154.9, and is lower than Texas at 232.2. See Appendix A, Table 32 for County data.



Food Assistance Recipients

Another indicator of instability in providing for basic needs is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health accesses, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Regions 4 (15,972.07) ,5 (16,736.33) and 11 (26,832.64) have the the highest SNAP populations receiving assistance in Texas.

Table 33 2016 SNAP Recipients Per 100K by Region											
Area	2016 Census Pop. Est.	Number of Cases	Number of Recipients	Recipients per 100K Pop	Age < 5	Ages 5 - 17	Ages 18 - 59	Ages 60 - 64	Ages 65 +	Total FB Payments	Avg Payment / Case
Texas	***27,862,596***	***1,653,465***	***3,910,253***	***14,034.06***	***647,796***	***1,474,284***	***1,428,113***	***107,146***	***252,914***	***$448,560,989***	***$256***
Region 3	8,222,509	430,823	1,012,125	12,309.20	166,058	391,058	361,646	28,203	65,160	$115,551,804	$264
Region 6	6,943,895	396,351	911,689	13,129.36	158,373	349,663	324,077	24,016	55,560	$110,088,852	$268
Region 7	3,353,756	147,719	344,254	10,264.73	58,753	128,817	130,157	9,086	17,441	$39,056,837	$252
Region 8	***2,955,561***	***178,975***	***434,409***	***14,698.02***	***69,842***	***156,880***	***165,808***	***12,326***	***29,553***	***$48,593,392***	***$264***
Region 11	2,248,140	239,447	603,033	26,832.64	99,460	238,534	199,501	14,535	51,003	$68,659,069	$274
Region 4	1,102,099	77,380	176,028	15,972.07	27,526	60,432	72,688	5,824	9,558	$19,350,186	$246
Region 1	877,797	48,833	121,453	13,836.11	19,544	44,188	48,055	3,344	6,322	$13,111,543	$269
Region 5	777,554	59,738	130,134	16,736.33	20,331	42,902	55,046	4,571	7,284	$14,823,321	$244
Region 9	637,456	30,622	76,932	12,068.60	13,196	28,037	29,064	1,943	4,692	$8,569,565	$271
Region 2	550,721	34,616	78,821	14,312.33	11,485	25,962	34,016	2,658	4,700	$8,399,761	$242
Region 10	193,108	8,961	21,375	11,068.94	3,228	7,811	8,055	640	1,641	$2,356,659	$222
Texas Health and Human Services Commission, SNAP Recipients 2016											

According to the 2016 Texas Health and Human Service Commission (HHSC), Region 8 has 434,409 (15%) persons receiving SNAP benefits which is higher than Texas at 14%. Over half (54%) of the counties in Region 8 have population percentages above Texas receiving these benefits. Those counties with the least percent of receipients are La Salle, Kendall and Gillespie with Dimmit, Maverick and Zavala reporting the highest. See county data in Appendix A, Table 35.

Table 34 2016 SNAP Recipients				
Counties with the Lowest % of SNAP Recipients				
La Salle	49,791	563	1,394	2.8%
Kendall	42,540	824	1,864	4.4%
Gillespie	26,521	727	1,770	6.7%
Counties with the Highest % of SNAP Recipients				
Dimmit	10,794	1,234	3,036	28.1%
Maverick	57,685	6,775	17,271	29.9%
Zavala	12,023	1,688	4,035	33.6%
Texas Health and Human Services Commission, SNAP Recipients 2016				

UDSA Food and Nutrition Service, National School Lunch Program (NSLP)

Free and Reduced-Price School Lunch Recipients

Another measure of possible food insecurity is the percentage of children who are eligible for free or reduced-price school meals. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

Over half (55%) of our Regions have a rate higher than Texas (58.4%) to include Region 8 (59.4%). Region 11 has the highest percentage of free or reduced lunches reported at 79.4% while Region 9 reports the least at 39.6%.

Table 36 Free and Reduced Lunch Eligible by Region

Area	Total Students, All Grades (Excludes AE) [Public School] 2014-15	Free and Reduced Lunch Students [Public School] 2014-15	2014-2015 Percent Free/Reduced Price Lunch Eligible
Region 1	165,156	97,369	59.0%
Region 2	94,742	53,322	56.3%
Region 3	1,402,020	749,646	53.5%
Region 4	196,469	118,929	60.5%
Region 5	133,971	82,062	61.3%
Region 6	1,313,280	744,179	56.7%
Region 7	559,206	289,586	51.8%
Region 8	***532,813***	***316,462***	***59.4%***
Region 9	119,209	47,169	39.6%
Region 10	182,716	135,882	74.4%
Region 11	534,129	424,000	79.4%
Texas	*5,233,711*	*3,058,606*	*58.4%*

National Center for Education Statistics - http://nces.ed.gov/ccd/elsi/

When it comes to county level data, La Salle, Maverick and Zavala have the greatest percentages of students with meal assistance, while Lavaca, Comal and Kendall report the fewest. County data is available in Appendix A, Table 38.

Table 37 Free and Reduced Lunch Eligible			
Area	**Total Students, All Grades (Excludes AE) [Public School] 2014-2015**	**Free and Reduced Lunch Students [Public School] 2014-2015**	**2014 - 2015 Percent Free/Reduced Price Lunch Eligible**
Texas	5,233,711	3,058,606	58.4%
Region 8	532,813	316,462	59.4%
Counties with Highest Free and Reduced Lunch Eligible			
KENDALL	8,050	2,059	25.6%
COMAL	24,075	7,897	32.8%
LAVACA	2,295	852	37.1%
Largest Populated County in Region 8 Free and Reduced Lunch Eligible			
BEXAR	351,598	223,258	63.5%
Counties with Lowest Free and Reduced Lunch Eligible			
ZAVALA	2,693	2,005	74.5%
MAVERICK	15,076	11,420	75.7%
LA SALLE	1,353	1,110	82.0%
National Center for Education Statistics - http://nces.ed.gov/ccd/elsi/			

Environmental Risk Factors

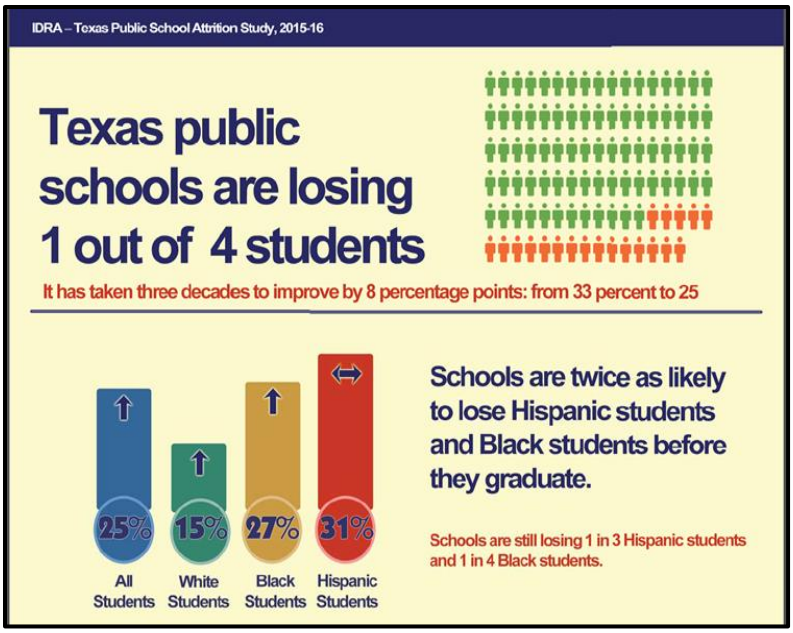
There are many factors that influence whether a person may develop a substance abuse disorder in their lifetime. According to the National Research Council and Institute of Medicine's 2009 report, "risk factors are certain biological, psychological, family, community or cultural characteristics that proceed and are associated with a higher likelihood of behavioral health problems". Different age groups have different risk factors and some overlap between age groups. Risk factors may also be correlated or have cumulative effects overtime.

Education

A student's academic success may be dependent on attendance, behavior and their environment. The following indicator information discusses dropout rates, school discipline, and homelessness in regard to enrolled students for the reported area.

Dropout Rates

Teens who are old enough to be in 12th grade, but have dropped out of school, have higher substance abuse rates than their peers who are enrolled in school, according to the 2014-2015 National Survey on Drug Use and Health (NSDUH). Dropouts ages 16 to 18 are more likely to be current users of cigarettes, alcohol, marijuana and other illicit drugs.



According to the Intercultural Development Research Association (IDRA), Texas is failing to graduate one out of every four students. The racial-ethnic gaps are nearly as high as or higher than 30 years ago. Black students and Hispanic students are about two times more likely to leave school without graduating with a diploma than White students.

Table 39 Annual Dropout Rate, by Grade and Gender, Texas Public Schools

Table 17
Annual Dropout Rate, by Grade and Gender, Texas Public Schools, 2014-15

		Dropouts					
		Female		Male		State	
Grade	Students	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
Grade 7	391,394	435	0.2	558	0.3	993	0.3
Grade 8	397,421	784	0.4	807	0.4	1,591	0.4
Grade 9	430,349	3,151	1.5	5,078	2.3	8,229	1.9
Grade 10	382,621	2,867	1.5	4,412	2.3	7,279	1.9
Grade 11	342,461	2,980	1.8	4,210	2.4	7,190	2.1
Grade 12	339,863	3,693	2.2	4,462	2.6	8,155	2.4
Grades 7-12	2,284,109	13,910	1.2	19,527	1.7	33,437	1.5

Texas dropout rates reflect we lost 33,437 students across the state. The higest rates were in 11th Grade and 12th Grade.

African American students were more than twice as likely to dropout as a White student as previously reported by the Intercultural Development Research Association (IDRA) above.

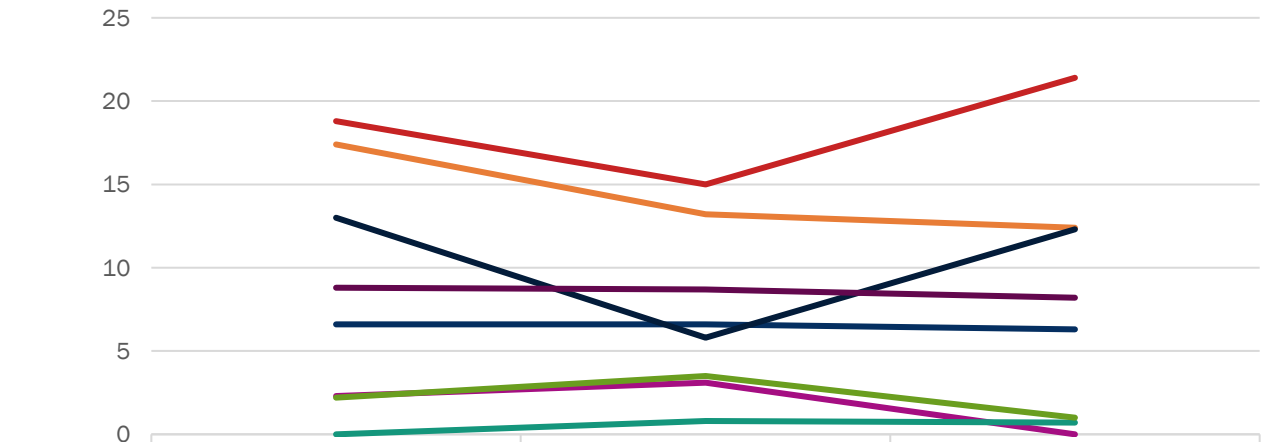
Table 18
Annual Dropout Rate, by Grade, Race/Ethnicity, Economic Status, English Language Learner Status, and Special Education Program Participation, Texas Public Schools, 2014-15

	Students		Dropouts		Annual
Group	Number	Percent	Number	Percent	dropout rate (%)
Grade 7					
African American	49,437	12.6	223	22.5	0.5
American Indian	<1,500	0.4	–[a]	–	0.3
Asian	15,357	3.9	27	2.7	0.2
Hispanic	200,990	51.4	533	53.7	0.3
Pacific Islander	<550	0.1	–	–	0.6
White	116,364	29.7	190	19.1	0.2
Multiracial	7,260	1.9	13	1.3	0.2
Economically disadvantaged	232,611	59.4	688	69.3	0.3
English language learner	50,322	12.9	210	21.1	0.4
Special education	38,672	9.9	149	15.0	0.4
State	391,394	100	993	100	0.3

Table 40 Annual Dropout Rate, by Grade, Race/Ethnicity, Economic Status, English Language Learner Status, and Special lEducation Program Participation, Texas Public Schools, 2014-2015

The 2015 Texas dropout rates reflect a loss of 33,437 students across the state. The highest rates were in 11th and 12th grade. Thirty-two percent of Region 8 Counties had dropout rates higher than Texas' rate at 6.3. In Region 8, the counties with the highest dropout rates included Dimmit, Real and Zavala, while Goliad, Lavaca and Dewitt had the least. Since the majority of Region 8 population is located in Bexar County this data is provided for comparison. Overall dropout rates have been improving across Texas. County data is available in Appendix A, Table 42.

Table 41 Texas Dropout Rates 2013-2015



	2013	2014	2015
Texas	6.6	6.6	6.3
Goliad	2.3	3.1	0
Lavaca	0	0.8	0.7
Dewitt	2.2	3.5	1
Dimmit	17.4	13.2	12.4
Real	18.8	15	21.4
Zavala	13	5.8	12.3
Bexar	8.8	8.7	8.2

School Discipline

Youth Suspensions and Expulsions

High school students may be suspended (temporarily removed from regular school activities either in or out of school) or expelled (permanently removed from school with no services) due to behavior problems. According to research studies, students who are suspended and/or expelled, particularly those who are repeatedly disciplined, are more likely to be held back a grade or to drop out than students not involved in the disciplinary system. Also, when a student is suspended or expelled, his or her likelihood of being involved in the juvenile justice system in subsequent years and engaging in substance use increases significantly.

The table below shows a comparison of county level School Discipline percentages reporting the highest and lowest, Bexar County with the largest population, Texas and Region 8. Over half (54%) of Region 8 counties report a lower Individual Student Disciplined rate then Texas. County data located in Appendix A, Table 44.

Table 43	2016 Disciplined Data						
Area	**# Students**	Individual Students Disciplined	Individual Students Disciplined (Rate Per 1000	Total Disciplined Records (Rate Per 1000)	Total In School Suspensions (Rate per 1000)	Total Out of School Suspensions (Rate per 1000)	Total Disciplinary Alternative Education Program (DAEP) (Rate per 1000)
Texas	***5,440,722***	***598,389***	***110.0***	***320.7***	***180.6***	***75.2***	***15.2***
Region 8	***573,178***	***61,768***	***107.8***	***315.0***	***171.9***	***72.0***	***16.5***
Counties with the Highest Disciplined Rate							
Calhoun	4,435	891	200.9	1,150.4	670.8	99.2	31.1
La Salle	1,448	301	207.9	626.4	357.0	73.9	24.2
Frio	3,525	816	231.5	802.6	562.0	72.1	27.8
County with the Largest Population							
Bexar	371,820	40,332	108.5	315.0	161.4	81.7	16.0
Counties with the lowest Disciplined Rate							
Kendall	9,596	556	57.9	114.4	75.4	18.1	11.0
Val Verde	11,228	800	71.3	172.9	96.2	47.8	10.4
Comal	**33,401**	2,414	72.3	194.8	113.1	37.0	10.7
Texas Education Agency (TEA), TEA Discipline/Expulsion Data 2016							

Region 8 is served by 4 Education Service Centers (ESC) including ESC 15 (Edwards and Vale Verde), ESC 20 (Atascosa, Bandera, Bexar, Dimmit, Frio, Kerr, Kinney, La Salle, Maverick, Medina, Real, Uvalde, Wilson and Zavala), ESC 13 (Comal, Gonzales, Guadalupe, Kendall and Gillespie) and ESC 3 (Calhouno, De Witt, Goliad, Jackson, Karnes, Lavaca and Victoria). The mission of the System of Education Service Centers is to improve student achievement in Texas by developing high quality services that enable schools to operate more efficiently and economically, and to support educators as they prepare the future workforce of Texas.

Criminal Activity

According to the National Council on Alcoholism and Drug Dependence, drug addiction can lead to criminal behavior. The use of illegal drugs is often associated with murder, rape, robbery, aggravated assault, burglary, larceny/theft, serious motor vehicle offenses with dangerous consequences, arson and hate crimes. Drug use and criminality are closely linked. Furthermore, research has shown that children who have delinquent friends are more likely to use alcohol, or other drugs and to engage in delinquent or violent behavior.

There are essentially three types of crimes related to drugs:

- Use-Related crime: These are crimes that result from or involve individuals who ingest drugs, and who commit crimes because of the effect the drug has on their thought processes and behavior.

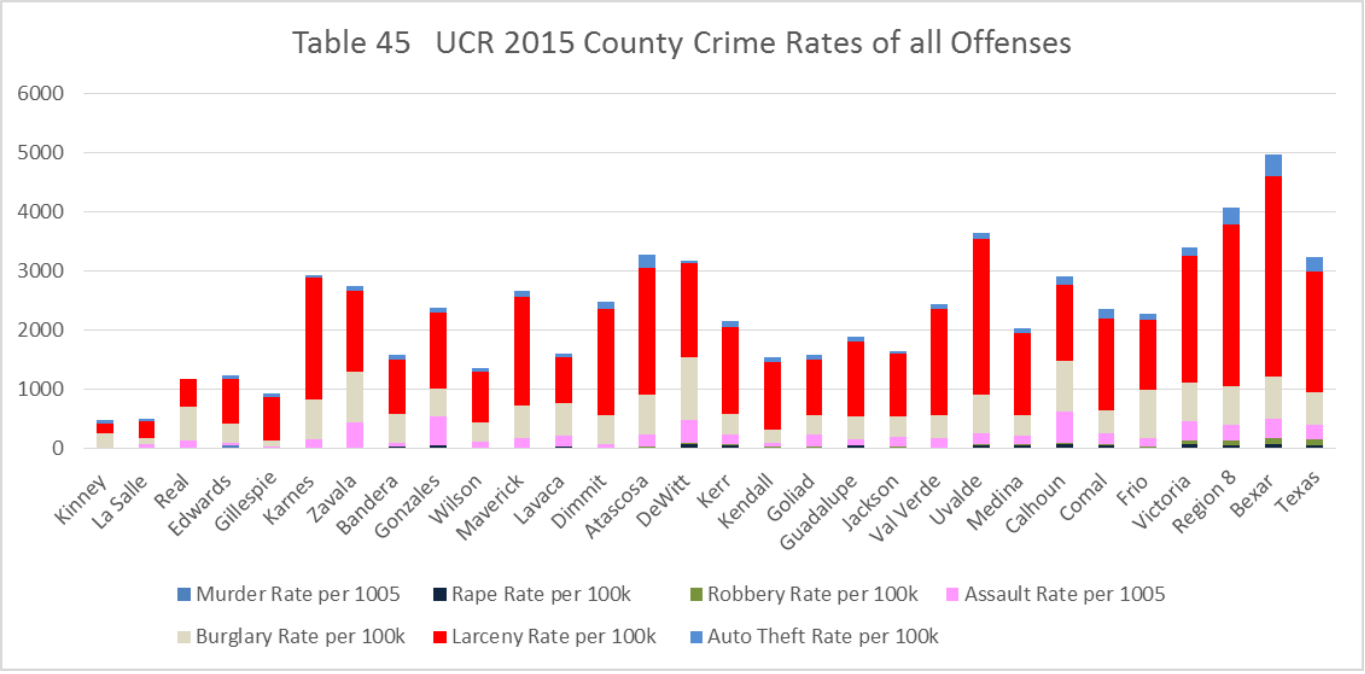
- Economic-Related crime: These are crimes where an individual commits a crime in order to fund a drug habit. These include theft and prostitution.
- System-Related crime: These are crimes that result from the structure of the drug system. They include production, manufacture, transportation, and sale of drugs, as well as violence related to the production or sale of drugs, such as a turf war.

Those with a drug use dependency are more likely to be arrested for acquisitive crimes such as burglary or shop theft, or for robbery and handling stolen goods -- crimes often related to "feeding the habit." For example, in 2004, 17% of state prisoners and 18% of federal inmates said they committed their current offense to obtain money for drugs. There are also close links between drug use and women, men and children who are involved in, or exploited by, the sex trade, many of whom are caught up in the criminal justice system. However, there is evidence that drug use is both a pre-determining factor in such sexual exploitation and a means of coping with it.

The earlier young people begin committing crimes, engaging in violent activity, dropping out of school, or becoming sexually active, the greater the likelihood that they will continue to have these problems later on.

According to the Texas Department of Public Safety, 2015 Uniform Crime Report, the Texas Crime Rate was 3233.3 crimes per 100,000 population, a 4.7% decrease from 2014. The crime rate is based on the 2015 Texas population of 27,469,114. The total number of Index Crimes reported for 2015 was 888,155. This volume of crime represents a decrease of 2.8% when compared to 913,403 in 2014.

Larceny-Theft, was most prevelant across all counties. Defined as the unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Larceny-Theft includes crimes such as shoplifting, pocket-picking, purse-snatching, thefts from motor vehicles, thefts of motor vehicle parts and accessories, bicycle thefts, and other things of value in which no use of force, violence or fraud occurs.



Index Violent Crime

In the FBI's Uniform Crime Reporting (UCR) Program, violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as those offenses which involve force or threat of force.

Region 8 does not compare favorably to the state rate of violent index crimes. Region 8 has higher rates of murder, rape, assault and overall violent crime rates than the state as whole, with a lower rate only for robbery. Twenty-one percent of Region 8 counties have violent crime rates higher than Texas' at 410.5 per 100,000 population.

Table 46 2015 Violent Crimes by Region 8					
Region 8 (2,862,428)	Murder	Rape	Robbery	Assault	Total Violent Crimes
Number of Offenses	146	1584	2,342	7,725	11,797
Rate per 100,000	5.1	55.3	81.8	269.9	412.1
Number of Clearances	118	350	348	2,501	3,317
Percent Cleared	80.8	22.1	14.9	32.4	28.1
Number of Arrests	112	283	718	1,776	2,889
Texas Department of Public Safety, Texas Crime Report for 2015					

Table 47 2015 Violent Crimes by State					
Texas (27,469,114)	Murder	Rape	Robbery	Assault	Total Violent Crimes
Number of Offenses	1,314	12,208	31,883	67,358	112,763
Rate per 100,000	4.8	44.4	116.1	245.2	410.5
Number of Clearances	932	4651	7,396	34,285	47,264
Percent Cleared	70.9	38.1	23.2	50.9	41.9
Number of Arrests	769	2,195	7,005	22,117	32,086
Texas Department of Public Safety, Texas Crime Report for 2015					

In Region 8, Calhoun couty had the highest violent crime rate of 632.2 per 100,000, followed by Gonzales (556.11), and Bexar (500.34). Those counties with the lowest violent crime rates include Kinney, Bandera and Gillespie. County data is available in Appendix A, Table 49.

Table 48	Highest and Lowest Violent Crime Rates in Region 8				
Area	Murder Rate per 1005	Rape Rate per 100k	Robbery Rate per 100k	Assault Rate per 100k	Violent Crime Rate per 100k
Texas	4.8	44.4	116.1	245.2	410.508
Region 8	5.1	55.3	81.8	269.9	412.132
Bexar	5.9	64	113.8	316.7	500.34
Gonzales	4.8	58	4.8	488.4	556.11
Calhoun	25.3	55.6	25.3	526	632.2
Kinney	0	0	0	0	0
Bandera	0	38.1	0	61.8	9.98
Gillespie	7.8	3.9	0	19.4	31.07
Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 10b, Crime by Jurisdiction (XLS)					

Index Property Crime

In the FBI's Uniform Crime Reporting (UCR) Program, property crime includes the offenses of burglary, larceny theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. High property crime rates are particularly strong indicators of substance-abusing behavior.

Region 8 surpased the state in all property crimes including burglary, larceny and auto theft. With Region 8 (3,663.8) significantly higher than the state rate of 2822.78 per 100,000. Texas cleared 6.4% more auto thefts, 5% more larcenies and 5% more burglaries Region 8.

Table 50	UCR 2015 Region 8 Property Crime Rates			
Region 8 (2,862,428)	Burglary	Larceny	Auto Theft	Total Property Crime
Number of Offenses	18,259	78,744	7,871	104,874
Rate per 100,000	637.9	2,751.0	275.0	3,663.8
Number of Clearances	1,027	11,155	517	12,699
Percent Cleared	5.6	14.2	6.6	12.1
Number of Arrests	1,382	10,259	343	11,984
Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 10b, Crime by Jurisdiction (XLS)				

Table 51	UCR 2015 Texas Property Crime Rates			
Texas (27,469,114)	Burglary	Larceny	Auto Theft	Total Property Crime
Number of Offenses	152,444	555,867	67,081	775,392
Rate per 100,000	555	2,023.6	244.2	2,822.8
Number of Clearances	15,701	105,614	8720	130,035
Percent Cleared	10.3	19.0	13.0	16.8
Number of Arrests	13,292	99,752	5,641	118,685
Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 10b, Crime by Jurisdiction (XLS)				

Fourteen percent of Region 8 counties have higher property crime rates than Texas' rate of 2822.77. Bexar, Uvalde and Atascosa reported the highest property crime rates while La Salle, Kinney and Gillespie reported the lowest.

Table 52 UCR 2015 Highest and Lowest Property Crime Rates in Region 8				
Area	Burglary	Larceny	Auto Theft	Total Property Crime
Region 8 (2,862,428)	637.9	2751	275	3,663.8
Texas (27,469,114)	555	2023.6	244.2	2,822.8
Atascosa (49,177)	677.1	2139.2	225.7	3,042.1
Uvalde (27,346)	661.9	2625.6	95.1	3382.6
Bexar (1,897,498)	721.7	3388.4	361.6	4471.7
La Salle (8,233)	109.3	291.5	36.4	437.2
Kinney (1,882)	265.7	159.4	53.1	478.2
Gillespie (25,741)	112.7	730.4	58.3	901.4
Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 10b, Crime by Jurisdiction (XLS)				

Family Violence and Child Abuse

Family and domestic violence is any violent, threatening, coercive or controlling behavior that occurs in current or past family, domestic or intimate relationships. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, social isolation and any behavior which causes a person to live in fear. While child abuse and family violence are generally considered separately, it is important to acknowledge the interelationship between family violence and child abuse.

Family Violelnce

The total number of Texas family violence incidents in 2015 was 194,872. This represented a 4.9 percent increase when compared to 2014. These incidents involved 211,301 victims (up 5.1 percentfrom 2014) and 205,154 offenders (up 4.9 percentfrom 2014).

The total number of Region 8 family violence incidents in 2015 was 36,239 representing 19% of the incidents in Texas. Uvalde, Victoria and Calhoun Counties had the highest rates of family violence incidents in 2015 while Edwards, Kinney and Gillespie had the fewest. Bexar County reported higher rates then Region 8 and Texas. See Appendix A, Table 54 for County data.

Table 53	2015 UCR Family Violence Rates			
Area (2015 Est Pop)	Total 2013 Familly Violence	Total 2014 Family Violence	Total 2015 Family Violence	2015 Family Violence Rate per 100,000
Texas - (27,469,114)	185,453	185,817	194,872	709.42
Region 8 - (2,862,428)	15,570	18,758	20,916	730.7
Edwards (1,856)	6	9	1	53.87
Kinney (1,882)	3	3	2	106.26
Gillespie (25,741)	30	30	39	151.5
Bexar (1,897,498)	10,468	13,227	15,310	806.85
Calhoun (19,772)	77	106	176	890.14
Victoria (92,373)	788	794	851	921.26
Uvalde (27,346)	170	279	303	1108.02
Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 5, Crime by Jurisdiction (XLS)				

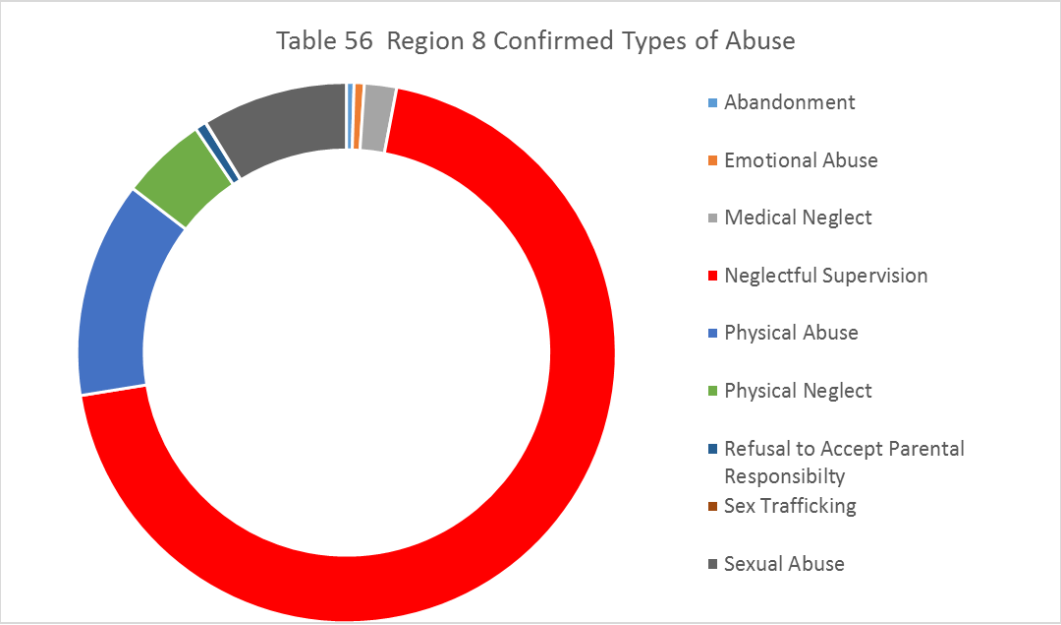
Child Abuse

Not all victims of child abuse and neglect will experience behavioral problems later on in life, but they are more likely to experience them. The National Survey of Child and Adolescent Well-Being found that 50% of youth who reported to have suffered maltreatment are at risk for emotional or behavioral problems as they grow up. Pregnancy, grade repetition, delinquency, truancy and substance abuse are very likely for over 50% of children who have suffered maltreatment. Other studies indicate that abused or neglected children are more likely to take risks sexually as they reach adolescence, increasing their chances of getting STDs. Victims of child abuse and neglect are driven to smoking, drinking and experimenting with drugs during early adolescence. Male children with 6 or more adverse childhood experiences (ACE) are over 4000% more likely to use intravenous drugs as adults.

The Department of Family Protective Services provides information related to confirmed victims of abuse or neglect. The table below provides the counties with the highest and lowest rates per 1,000 children population. Region 8 accounts for 12% of Texas confirmed victims of abuse and neglect. Seventy-nine percent of Region 8 counties have a rate more than Texas' rate of 7.92 per 1,000 child population. Region 8 rate is 9.28 per 1,000 child population which is higher than the state. Maverick, Kendall and Val Verde have the lowest rates of confirmed victims of child abuse and neglect, while Frio, Kerr and Dimmit have the highest. Bexar County represents the county with the largest population with a rate higher than Texas and Region 8. See Appendix A, Table 57 for county data.

Table 55	2016 Child Protective Services for Abuse and Neglect				
Area	Child Population	Confirmed Victims	Confirmed Victims per 1,000	Not Confirmed Victims	Not Confirmed Victims per 1,000
Texas	*7,407,636*	*58,644*	*7.92*	*218,119*	*29.45*
Region 8	*748,085*	*6,944*	*9.28*	*27,741*	*37.08*
Counties with the Highest CPS Confirmed Victims					
Maverick	19,099	34	1.78	321	16.81
Kendall	8,543	30	3.51	222	25.99
Val Verde	15,245	70	4.59	481	31.55
Largest Populated County in Region 8					
Bexar	503,711	4,550	9.03	18,901	37.52
Counties with the Lowest CPS Confirmed Victims					
Frio	4,389	79	18	266	60.61
Kerr	10,477	197	18.8	402	38.37
Dimmit	2,929	60	20.48	181	61.8
Texas Department of Family and Protective Services (DFPS), http://www.dfps.state.tx.us/					

The types of abuse most common in Region 8 confimed were for Neglectful Supervision, Physical Abuse and Sexual Abuse.



Seventy percent of Region 8 confirmed cases were for neglectful supervision which is characterized as:

- placing the child in or failing to remove a child from a situation that a reasonable person would realize:
  - requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities, and
  - that results in bodily injury or a substantial risk of immediate harm to the child;
  - placing a child in, or failing to remove the child from, a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or (Texas Family Code §261.001External Link (4)(B)(I)(iv)).
- placing a child in, or failing to remove the child from, a situation in which the child would be exposed to sexual abuse committed against another child. (Texas Family Code §261.001External Link (4)()(I)(v)).

Physical abuse was the second highest representing 13% of confirmed cases in Region 8. Physical injury is characterized as:

- injury that results in substantial harm to the child;
- the genuine threat of substantial harm from physical injury to the child; or
- an injury that does not match the history or explanation given.

Physical injury does not include:

- an accident; or
- reasonable discipline by a parent or caregiver that does not expose the child to a substantial risk of harm. (Texas Family Code §261.001External Link(1)(C)).

And finally, the third highest in Region 8 is Sexual Abuse representing 9% of confirmed victims. Sexual Abuse includes fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or producing pornographic materials.

Suspect Sexual Abuse When You See:

- Physical signs of sexually transmitted diseases
- Evidence of injury to the genital area
- Pregnancy in a young girl
- Difficulty in sitting or walking
- Extreme fear of being alone with adults of a certain sex
- Sexual comments, behaviors or play
- Knowledge of sexual relations beyond what is expected for a child's age
- Sexual victimization of other children

See Appendix A, Table 57 for County data.

Drug Seizures/Trafficking Arrests

Health & Safety Code, Sec. 481.185, requires that "All law enforcement agencies in this state shall file monthly with the (DPS), "Quantities of illegal drugs seized in Texas by rounded amounts. Dose units refer to one pill, tablet, capsule, or other single user quantity. The information was provided by the TXDPS 2016 Crime in Texas Report and county level data. Reports of drugs seized are based on Texas law enforcement agency reports and do not include drugs seized in Texas by any federal law enforcement agency. County UCR data may be requested from the Prevention Resource Center. **County level data is available upon request.**

Region 8 experienced significant **decreases** in seizures from 2014 to 2016 in **solid pounds** of packaged Marijuana (60.1%), LSD (100%), and Mushrooms (100%). Decrease in **solid ounces** seized for Solid Hashish (88.2%), LSD (60%), and Designer Drugs (30.3%). Decrease in **solid grams** of Hashish (13.5%), Opiate (Codeine) (1.5%), Solid Cocaine (0.4%), Designer Drugs (6.9%), and Precursor Chemicals (100%). Decrease in **liquid ounces** for Amphetamines (100%), Methamphetamines (94.4%) and Synthetic Narcotics (86%). Decrease in **dose units** for Opiates (Morphine) (78.7%), PCP (100%) and Tranquilizers (78.6%).

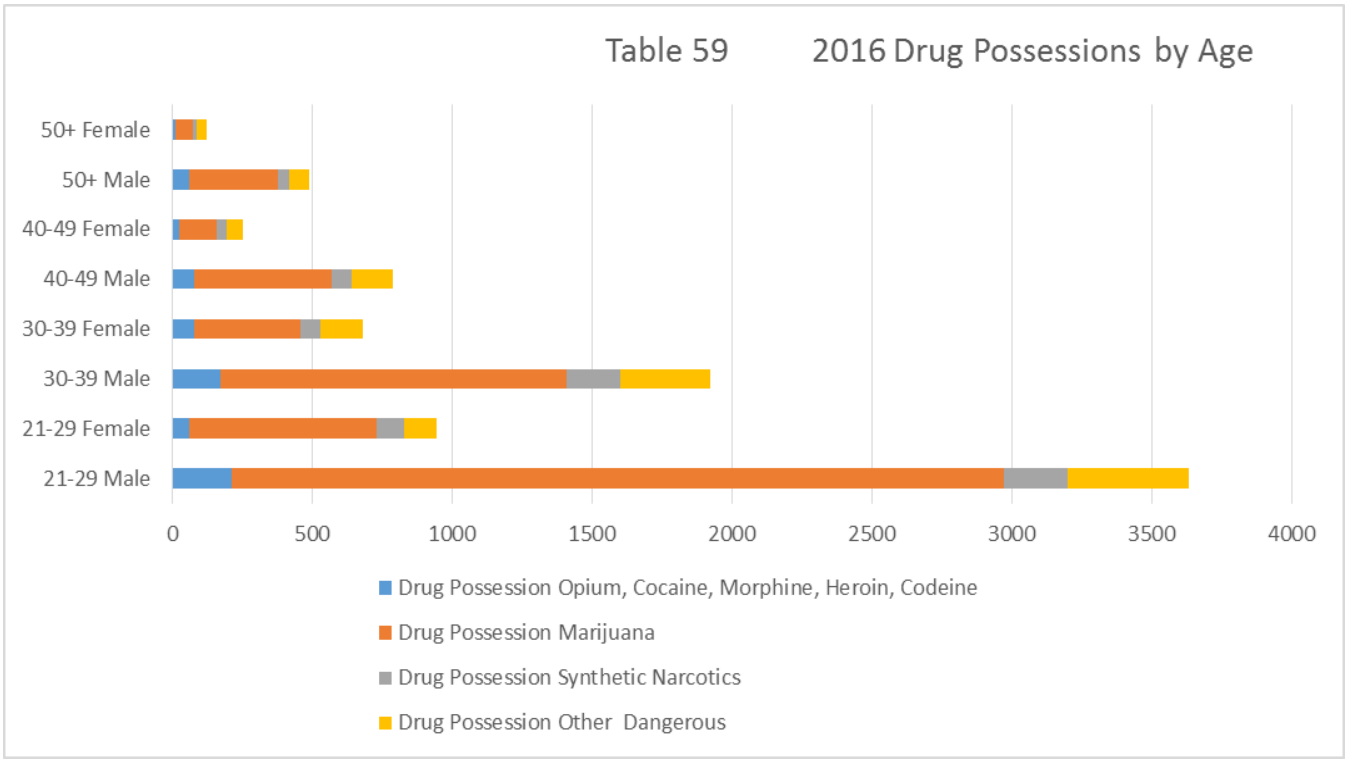
Region 8 had significant **increases** in seizures from 2014 to 2016 in **solid pounds** for Opiates (Morphine) (from 0 to 12 solid pounds), Opiates (Heroin) (81.3%), Opiates (Codeine) (157.1%), solid Cocaine (426.7%), Designer Drugs (200%), Amphetamines (24,700%) and Methamphetamines (174%). Increases in **solid ounces** seized for packaged Marijuana (21.3%), Opiates (Heroin) (28%), Opiates (Codeine), solid Cocaine (7%), PCP (from 0 to 3 solid ounces), and Methamphetamines (5.9%). Increases in **solid grams** for Opiates (Morphine) (340%), Opiates (Heroin) (21.8%), Opiates (Gum Opium) (266.7%), LSD (600%), PCP (from 0 to 1 solid gram), Mushrooms (23.8%), Peyote (from 0 to 12 solid grams), Amphetamines (6.1%), Methamphetamines (8.3%), and Tranquilizers (from 0 to 22 solid grams). Increases in **liquid ounces** for Hashish liquid oil (100%), Opiates (Heroin) (from 0 to 2,511 liquid ounces), Opiates (Codeine) (46.7%), Barbituates (190,300%), and Tranquilizers (8,440%). Increases in **dose units** for Opiates (Heroin) (714.8%), Opiates (Codeine) (32.5%), Opiates (Gum Opium) (from 0 to 173 dose units), Designer Drugs (146.9%), Barbituates (81.5%), Amphetamines (38.3%), Methamphetamines (104.5%) and Synthetic Narcotics (86.7%).

Table 58	Region 8 Drug Seizures 2014 - 2016 Comparrison											
Drug Description DESCRIPTION	2014 Solid Pounds	2016 Solid Pounds	2014 Solid Ounces	2016 Solid Ounces	2014 Solid Grams	2016 Solid Grams	2014 Liquid Ounces	2016 Liquid Ounces	2014 Dose Units	2016 Dose Units	2014 Items	2016 Items
Marijuana(Packaged)	18,092	7,218	164	199								
Marijuana(Plants)											9	60
Marijuana(Gardens)											3	6
Marijuana(Wild Fields)												
Marijuana(Cultivated Fields)												
Marijuana(Green Houses)											1	
Hashish(Liquid Oil)							2	4				
Hashish(Solid)			17	2	52	45						
Opiates(Morphine)		12			5	22			597	127		
Opiates(Heroin)	32	58	25	32	119	145		2,511	27	220		
Opiates(Codeine)	14	36	25	27	130	128	195	286	604	800		
Opiates(Gum Opium)					3	11				173		
Cocaine(Solid)	86	453	57	61	279	278						
Cocaine(Liquid)												
Hallucinogens(LSD)	1		10	4	3	21			184	184		
Hallucinogens(PCP)				3		1			10			
Hallucinogens(Mushrooms)	2		10	10	42	52						
Hallucinogens(Peyote)						12						
Hallucinogens(Designer Drugs)	3	9	33	23	87	81			1,432	3,535		
Precursor Chemicals					14							
Other Drugs(Barbiturates)							1	1,904	39,350	71,439		
Other Drugs(Amphetamines)	1	248	18	15	49	52	1		618	855		
Other Drugs(Methamphetamines)	123	337	101	107	289	313	573	32	67	137		
Other Drugs(Tranquilizers)						22	15	1,281	39,869	8,537		
Other Drugs(Synthetic Narcotics)							623	87	4,248	7,931	2	
Clandestine Labs												0
Texas Department of Public Safety,Chapter 4, NonIndex Crimes 2016												

U.S. Highway 90 from Del Rio and Hghway 57 from Eagle Pass serve as a major through route to transport illicit drugs into and through San Antonio to other major roadway that serve drug markets throughout the United States.

In 2015, of the persons arrested in Texas for drug possession, 5. percent were juveniles (16 and under); 78.4 percent were male; 74.4 percent were White; 24.6 percent were Black; 64.2 percent were not Hispanic, and 35.8 percent were Hispanic. The age group with the highest number of arrestees was the 20-to-24-year-old group.

Those persons arrested in Region 8 for drug possession included 8% for Opium, Cocaine, Morphine, Heroin, & Codeine, 69% Marijuana, 8% Synthetic Narcotics and 15% Other Dangerous drugs. The age group with the highest number of arrests were the 21-29-year olds. Males in Region 8 are 3.4 times more likely to be arrested for possession of drugs than females. County level data is available at Appendix A, Table 60-1a.



Mental Health

Research on mental health epidemiology shows that mental disorders are common throughout the United States, affecting tens of millions of people each year, and that only about half of those affected receive treatment. Mental health disorders are among the most common causes of disability.

A person who suffers from mental illness may abuse alcohol to self-medicate, or a person with a substance use disorder may experience or exacerbate symptoms of mental illness. At the community level, it is important to understand how the prevalence of one interacts with the other so that prevention and intervention efforts can better address the needs of both. Efforts are in progress at the federal and state levels to add mental health promotion and substance abuse prevention.

According to the National Alliance on Mental Illness, certain groups of people with mental illness (e.g., males, individuals of lower socioeconomic status, military veterans, and people with more general medical illnesses) are at increased risk of abusing drugs such as marijuana, opiates, cocaine and other stimulants, and alcohol.

Prevalence of Mental Illness

- Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year.1
- Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in each year that substantially interferes with or limits one or more major life activities.2
- Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%.3
- 1.1% of adults in the U.S. live with schizophrenia.4
- 2.6% of adults in the U.S. live with bipolar disorder.5
- 6.9% of adults in the U.S.—16 million—had at least one major depressive episode in the past year.6
- 18.1% of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias.7
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness.8

Social Stats

- An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.9
- Approximately 20% of state prisoners and 21% of local jail prisoners have "a recent history" of a mental health condition.10
- 70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.11
- Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. Among adults with a serious mental illness, 62.9% received mental health services in the past year.8
- Just over half (50.6%) of children aged 8-15 received mental health services in the previous year.12
- African Americans and Hispanic Americans each use mental health services at about one-half the rate of Caucasian Americans and Asian Americans at about one-third the rate.13

•Half of all chronic mental illness begins by age 14; three-quarters by age 24. Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.14

Consequences of Lack of Treatment

•Serious mental illness costs America $193.2 billion in lost earnings per year.15

•Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18–44.16

•Individuals living with serious mental illness face an increased risk of having chronic medical conditions.17 Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.18

•Over one-third (37%) of students with a mental health condition age 14-–21 and older who are served by special education drop out—the highest dropout rate of any disability group.19

•Suicide is the 10th leading cause of death in the U.S.,20 the 3rd leading cause of death for people aged 10–1421 and the 2nd leading cause of death for people aged 15–24.22

•More than 90% of children who die by suicide have a mental health condition.23

•Each day an estimated 18-22 veterans die by suicide.24

Suicide

The Centers for Disease Control and Prevention (CDC) reports that suicide is a significant problem in the United States:

• 41,149 people killed themselves in 2013.

• Over 494,169 people with self-inflicted injuries were treated in U.S. emergency departments in 2013.

• Suicides result in an estimated $44.6 billion in combined medical and work loss costs.

These numbers underestimate this problem. Many people who have suicidal thoughts or make suicide attempts never seek services.2

In 2013, suicide was the second leading cause of death among persons aged 15-24 years, the second among persons aged 25-34 years, the fourth among person aged 35-54 years, the eighth among persons aged 55-64 years, the seventeenth among persons 65 years and older, and the tenth leading cause of death across all ages.1

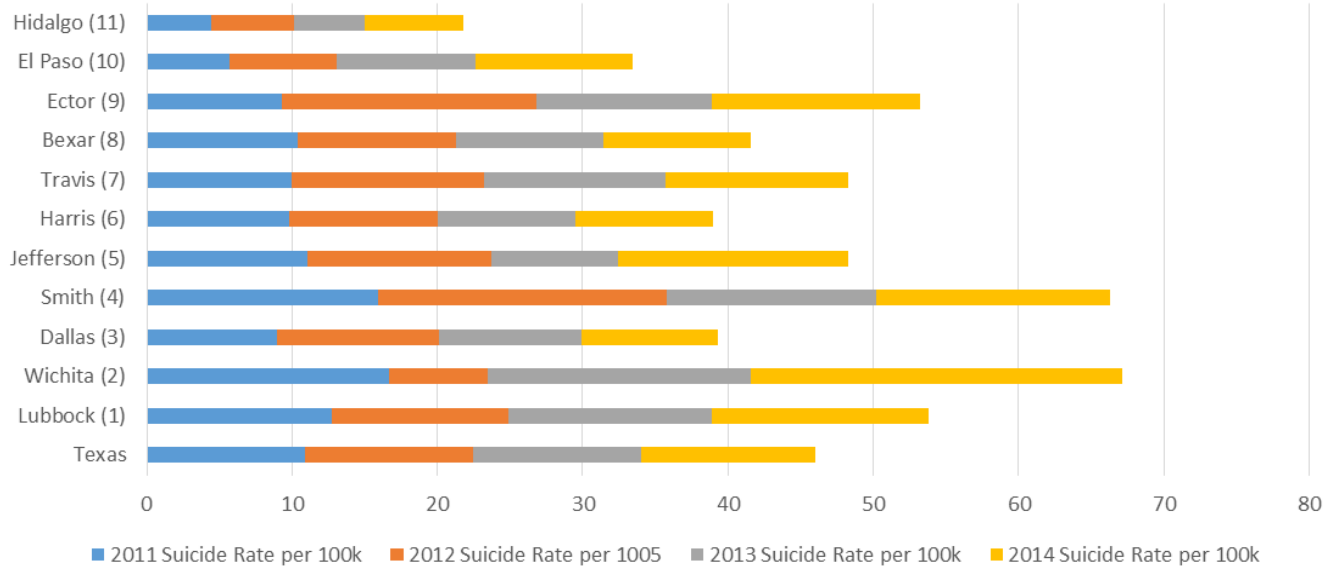
Suicide affects everyone, but some groups are at higher risk than others. Men are about four times more likely than women to die from suicide.1 However, women are more likely to express suicidal thoughts and to make nonfatal attempts than men.3 The prevalence of suicidal thoughts, suicide planning, and suicide attempts is significantly higher among young adults aged 18-29 years than it is among adults aged ≥30 years.3 Other groups with higher rates of suicidal behavior include American Indian and Alaska Natives, rural populations, and active or retired military personnel.4

Regions 3, 6, and 7 have experienced the highest percentage of suicides in their regions from 2011-2014. The raw number of suicides for Region 8 has had an upward trend since 2014 and account for 10.6 % of all suicides in Texas during the same period.

Table 60	2011-2014 Suicides by Regions					
Area	**Suicides 2011**	**Suicides 2012**	**Suicides 2013**	**Suicides 2014**	**Suicides 2011-2014**	**% of Suicides 2011-2014**
Region 1	122	123	117	139	501	4.1%
Region 2	84	86	96	116	382	3.2%
Region 3	718	783	809	802	3,112	25.7%
Region 4	199	226	168	189	782	6.5%
Region 5	103	100	110	132	445	3.7%
Region 6	672	649	685	702	2,708	22.4%
Region 7	351	390	399	443	1,583	13.1%
Region 8	291	340	307	347	1,285	10.6%
Region 9	79	92	96	86	353	2.9%
Region 10	49	65	79	95	288	2.4%
Region 11	134	178	181	174	667	5.5%
Texas	2,802	3,032	3,047	3,225	12,106	100.0%
HHSC, Texas Health Data, ICD10, 2011-2014						

The largest populated County in each Region was selected to compare suicide death rates across Texas over time from 2011-2014. Each selected county has an increase in suicide death rates with the exception of Harris County (9.8 to 9.5 per 100k) and Bexar County (10.4 to 10.2 per 100k).

Table 61 Trends Over Time 2011 - 2014 by Largest Populated County in Each Region



Source: DSHS, Texas Health Data, ICD10, 2011-2014

When it comes to 2011 - 2014 suicide death rates per 100k, for Region 8, 68% of our county's rates are higher than Texas (11.7 per 100k). The counties with the highest suicide rates in Region 8 –Lavaca, Kerr and Goliad. Bexar County (10.4), rates were lower than Texas, while Edwards, Kinney and La Salle rates were the lowest across Region 8. County data is available in Appendix A, Table 63.

Table 62	Suicide Rates 2012-2014	
Area	Total Suicides 2012-2014	2012 - 2014 Suicide Rate Per 100k
Texas	12,106	11.7
Counties with the Highest Suicide Rates		
Lavaca	12	20.3
Kerr	34	22.3
Goliad	6	26.5
County with the Largest Population		
Bexar	566	10.4
Counties with the Lowest Suicide Rates		
Edwards	2	@.@
Kinney	1	@.@
La Salle	1	@.@
DSHS, Texas Health Data, ICD10, 2012-2014		
Less Than 5 Not Calculated by DSHS Data Set		

Psychiatric Hospital Admissions

One of the many factors that can increase risk for substance use, misuse and addiction include co-occuring mental disorders. According to the 2015 National Survey on Drug Use and Health (NSDUH), of the 20.8 million people aged 12 or older who had a substance use disorder during the past year, about 2.7 million (13 percent) had both an alcohol use and an illicit drug use disorder, and 41.2 percent also had a mental illness.

The National Bureau of Economic Research, reported there is a definite connection between mental illness and the use of addictive substances. Individuals with an existing mental illness consume roughly 38 percent of all alcohol, 44 percent of all cocaine, and 40 percent of all cigarettes. Furthermore, the people who have ever experienced mental illness consume about 69 percent of all the alcohol, 84 percent of all the cocaine, and 68 percent of all cigarettes.

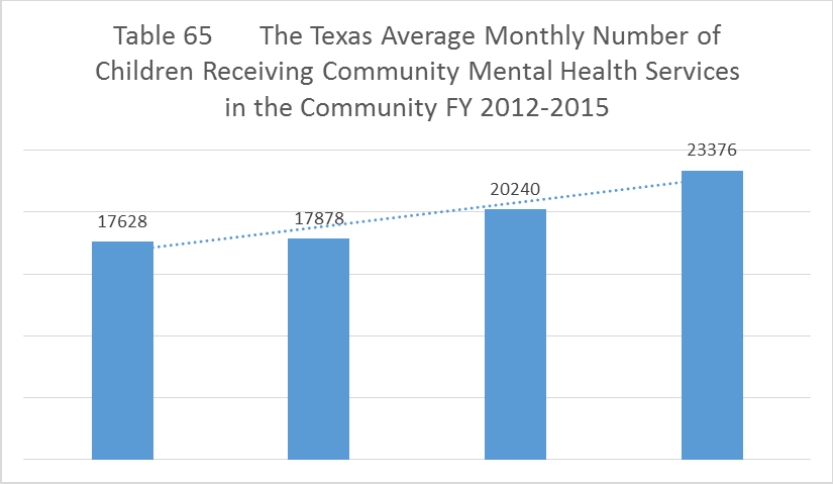
Data located on the Texas Department of State Health Services web site enables the user to query and download many statistics related to hospital utilization by Major Diagnostic Code (MDC). This system is known as the Texas (MONAHRQ) Hospital Data: Utilization and Quality database, and rates are available

by county for 2012 for discharges for the MDC 19, which are Mental Diseases and Disorders. The data contains the county of residence for patients discharged, as well as the total number of discharges, the discharge rate per 1,000 population, and an average cost per hospital discharge.

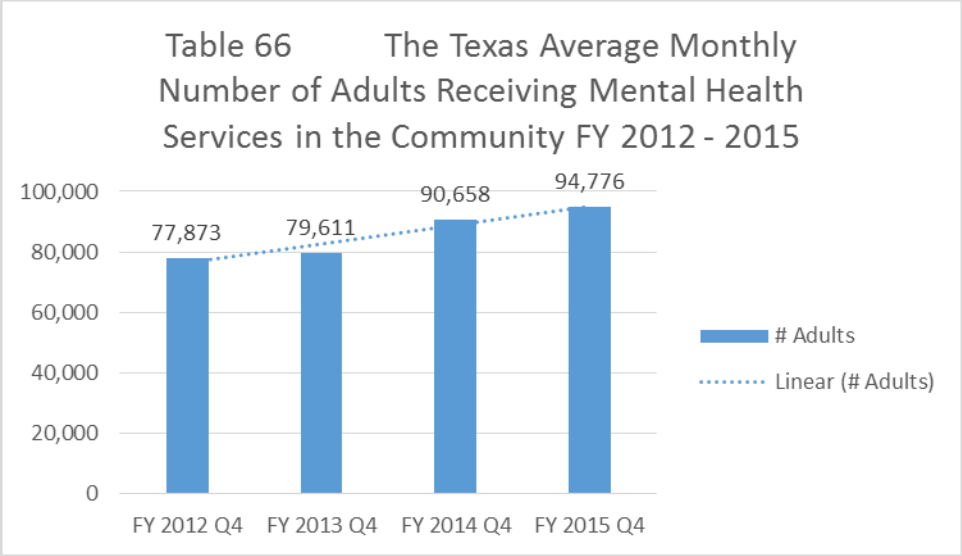
The discharge rate for Region 8, at 4.8, is higher than the Texas rate (4.5) but like the U.S. rate (4.8), indicating there is similarity in the characteristics of regional patients seeking psychiatric medical care. However, there is a great deal of variation between Bexar (6.1.), Dimmit (4.8) and Zavala (4.6) counties representing the highest rates and Val Verde (1.2), Karnes (1.4) and DeWitt (1.7) counties representing the lowest rates. County data is available in Apendix A, Table 67.

Table xx Psychiatric Hospital Discharge Rates 2012			
Area	Total Discharges	Rate per 1,000	Average Costs
Region 8	13,661	4.8	$21,575
Texas	118,420,	4.5	$15,646
U.S.	1,501,170	4.8	$6,388
Highest Psychiatric Hospital Discharge Rates			
Bexar	10,947	6.1	$15,290
Zavala	54	4.6	$12,297
Dimmit	48	4.8	$13,387
Lowest Psychiatric Hospital Discharge Rates			
Val Verde	59	1.2	$14,987
Karnes	20	1.4	$18,340
DeWitt	35	1.7	$14,148
Source: Texas (MONAHRQ) Hospital Data: Utilization and Quality, Mental Diseases and Disorers (MDC 19) Discharges in the State of Texas, 2012			

Texas Department of State Health Services (DSHS), Behavioral Health Databook, reports the average monthly children receiving community mental health services has been gradually increasing since 2012. With a monthly average cost of $411 per child in the last quarter of FY2015, totallying $10,308,816.

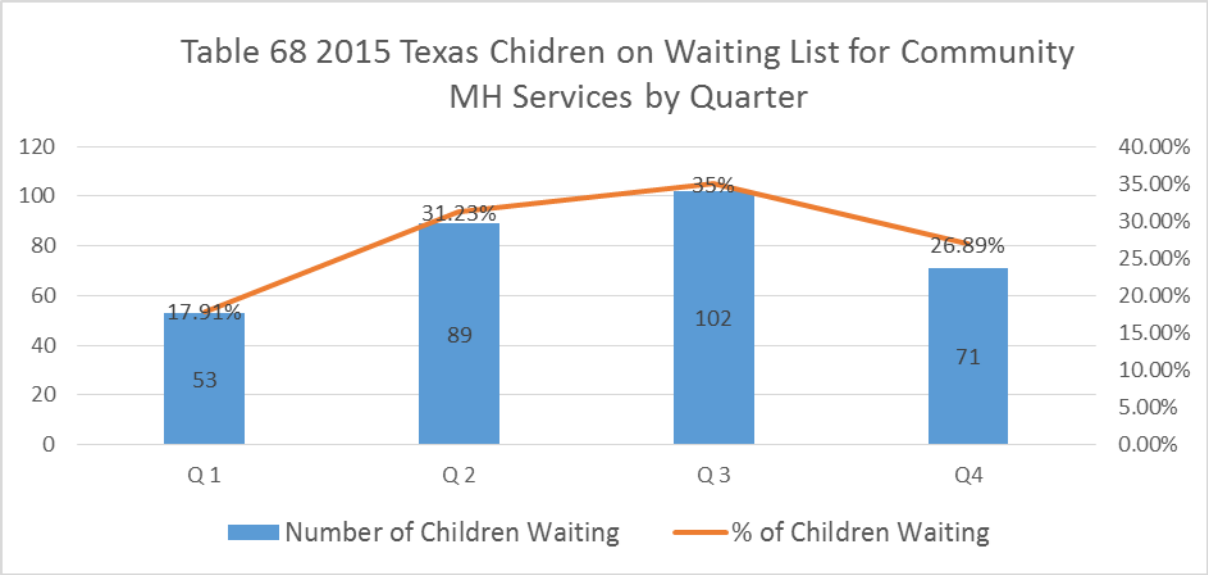


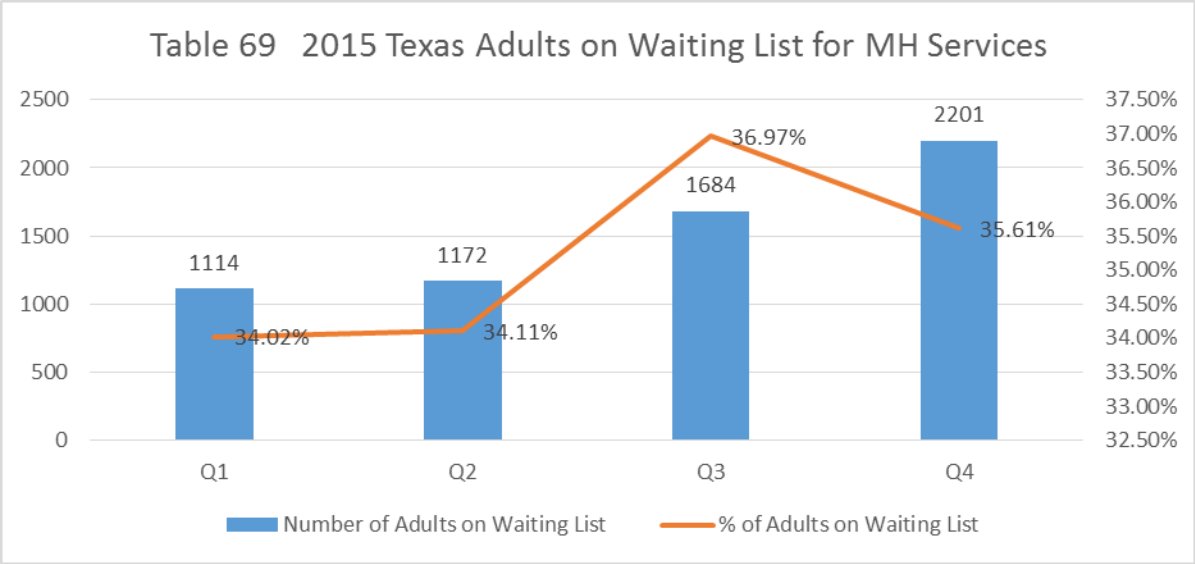
Also reporting monthly adults receiving community mental health services has been increasing since 2012. With a monthly average cost of $438 per adult in the last quarter of FY 2015, totallying $41,511,888.



Most common reasons for not receiving treatment among individuals aged 12 or older who needed and tried to receive treatment but did not receive treatment and felt a need for treatment: annual averages, 2010 to 2013

No health coverage/could not afford	37.3%
Not ready to stop using	24.5%
Did not know where to go for treatment	9.0%
Had health coverage but did not cover treatment or cover costs	8.2%
No transportation/inconvenient	8.0%





Substance Abuse Treatment in Texas

Treatment Episode Data Set (TEDS) 2004 – 2014, State Admissions to Substance Abuse Treatment Services report was prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The following provides data on the demographic characteristics of substance abuse treatment admissions aged 12 and older in Texas. Additional tables are in Appendix xx, Table xx.

Trends in substance abuse treatment admissions aged 12 and older from 2004 to 2015

All Admissions

- Between 2004 and 2014, the average rate of admissions was highest in 2005 at 232 per 100,000 population aged 12 and order. The rates have continuously trended downward to 178 per 100,000 reported in 2015.

Alcohol

- The treatment admission rate for primary alcohol was higher in 2004 (53 per 100,000) than in 2015, at 48 per 100,000 population aged 12 and older. The rate fluctuated between 2004 and 2015, but 2009 had the highest rated and 2015 had the lowest rate in this time.

Marijuana

- The treatment admission rate for primary marijuana was 9 percent higher in 2004, at 44 per 100,000 population aged 12 and older, than in 2015 (40 per 100,000).

Heroin

- The treatment admission rate for primary heroin was 29 percent lower in 2004, at 21 per 100,000 population aged 12 and older, than in 2015 (27 per 100,000).

Cocaine

- The treatment admission rate for primary cocaine was 67 percent higher in 2004, at 51 per 100,000 population aged 12 and older, than in 2015 (17 per 100,000).

Methamphetamine/Amphetamines

- The treatment admission rate for methamphetamine/amphetamines was 33 percent lower in 2004, at 21 per 100,000 population aged 12 and older, than in 2015 (28 per 100,000). Methamphetamine/amphetamines treatment admissions rates wavered up and down until 2010 at 17 per 100,000 population aged 12 and older and has continued to rise.

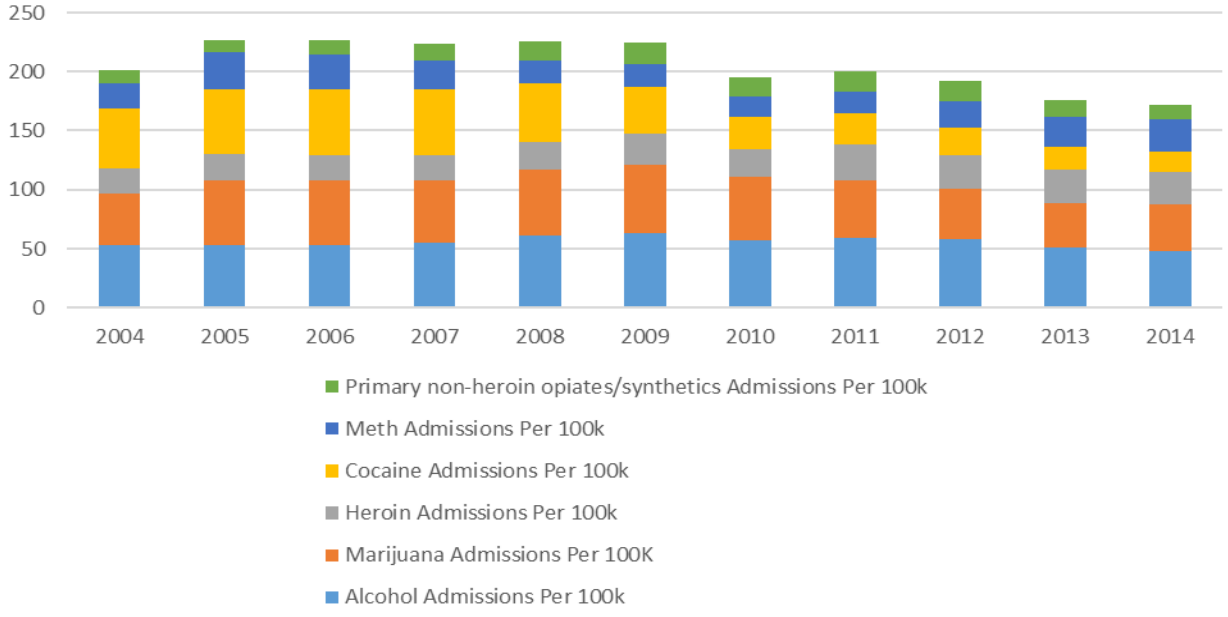
Opiates other than heroin

- The treatment admission rate for opiates other than heroin was 9 percent lower in 2004, at 11 per 100,000 population aged 12 and older, than in 2015 (12 per 100,000). Opiates other than heroin treatment admissons peeked in 2009 at 19 per 100,000. The past few years have shown a decrease.

Substance Abuse Treatment Admissions Aged 12 and Older: 2014

- In 2014, the treatment admission rate with alcohol as the primary substance was 26 per 100,000 population and the rate for alcohol with secondary drug abuse was 22 per 100,000). The highest rates for illicit drugs were for marijuana (40 per 100,000) and methamphetamines (28 per 100,000).

Table 70 Texas Trends in Substance Abuse Treatment Admissions, Aged 12 and Older by Primary Substance 2004-2014



Treatment Episode Data Set (TEDS) 2004 – 2014, State Admissions to Substance Abuse Treatment

Table 71	Texas Trends in Substance Abuse Treatment Admissions, Aged 12 and Older by Primary Substance 2004-2014														
Year	Treatment	Admissions Per 100,000	Alcohol Admissions	Alcohol Admissions Per 100k	Marijuana Admissions	Marijuana Admissions Per 100K	Heroin Admissions	Heroin Admissions Per 100k	Cocaine Admissioins	Cocaine Admissions Per 100k	Metham-phetamine Admissions	Meth Admissions Per 100k	Primary non-heroin opiates/synthetics Admissions	Primary non-heroin opiates/synthetics Admissions Per 1005
2004	37,050	204	9,619	53	7,991	44	3,763	21	9,201	51	3,736	21	1,916	11
2005	43,024	232	9,904	53	10,119	55	3,985	22	10,195	55	5,824	31	2,098	11
2006	43,850	231	10,012	53	10,380	55	3,912	21	10,635	56	5,431	29	2,510	13
2007	44,578	231	10,628	55	10,298	53	4,043	21	10,740	56	4,724	24	2,942	15
2008	45,771	233	11,974	61	11,079	56	4,529	23	9,887	50	3,677	19	3,408	17
2009	46,216	231	12,641	63	11,596	58	5,194	26	7,910	40	3,808	19	3,774	19
2010	41,511	201	11,835	57	11,043	54	4,758	23	5,803	28	3,462	17	3,323	16
2011	43,216	206	12,399	59	10,255	49	6,252	30	5,611	27	3,829	18	3,599	17
2012	42,242	197	12,391	58	9,292	43	5,916	28	5,088	24	4,604	22	3,567	17
2013	39,676	182	11,081	51	8,375	38	6,134	28	4,222	19	5,629	26	2,979	14
2014	39,485	178	10,667	48	8,965	40	6,083	27	3,722	17	6,219	28	2,596	12
Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data Received through 02.01.16														

Table 72 Texas admissions aged 12 and older, by primary substance of abuse and gender, age at admission, and race/ethnicity for 2014

Table 3.44a. Texas admissions aged 12 and older, by primary substance of abuse and gender, age at admission, and race/ethnicity: Number, 2014

Gender, age at admission, and race/ethnicity	All admissions aged 12 and older	Primary substance at admission: Alcohol		Opiates		Cocaine		Marijuana/hashish	Methamphetamine/amphetamines	Tranquilizers	Sedatives	Hallucinogens	PCP	Inhalants	Other/none specified
		Alcohol only	Secondary drug	Heroin	Other opiates	Smoked cocaine	Other route								
Total admissions aged 12 and older	39,485	5,811	4,856	6,083	2,596	2,202	1,520	8,965	6,219	626	51	69	332	16	139
Gender															
Male	23,457	4,037	3,250	3,970	1,130	1,198	778	5,960	2,588	259	19	52	122	8	86
Female	16,028	1,774	1,606	2,113	1,466	1,004	742	3,005	3,631	367	32	17	210	8	53
No. of admissions	39,485	5,811	4,856	6,083	2,596	2,202	1,520	8,965	6,219	626	51	69	332	16	139
Age at admission															
12 to 19 years	5,039	65	147	196	50	10	81	4,090	259	92	9	14	2	4	20
20 to 24 years	5,354	320	470	1,102	284	81	210	1,722	938	139	6	12	43	3	24
25 to 29 years	7,232	633	835	1,482	660	171	286	1,382	1,503	156	8	17	77	1	21
30 to 34 years	6,674	773	856	1,257	585	281	342	853	1,449	108	13	7	119	1	30
35 to 39 years	4,465	803	653	695	373	246	214	419	903	53	11	7	66	3	19
40 to 44 years	3,353	786	596	403	214	344	159	211	589	19	2	5	14	1	10
45 to 49 years	2,849	811	527	338	160	385	111	139	330	27	2	5	8	1	5
50 to 54 years	2,466	845	462	284	144	392	70	82	164	14	--	2	1	2	4
55 to 59 years	1,439	502	231	222	94	222	31	48	69	14	--	--	2	--	4
60 years and older	614	273	79	104	32	70	16	19	15	4	--	--	--	--	2
No. of admissions	39,485	5,811	4,856	6,083	2,596	2,202	1,520	8,965	6,219	626	51	69	332	16	139
Race/ethnicity															
White (non-Hispanic)	20,688	3,406	2,577	3,503	1,973	642	356	2,892	4,782	363	35	38	37	3	81
Black (non-Hispanic)	6,040	538	704	365	176	1,161	412	2,097	205	71	3	16	274	--	18
Hispanic origin	11,985	1,694	1,470	2,124	405	365	720	3,819	1,120	177	13	11	17	10	40
American Indian/Alaska Native	171	41	28	18	8	8	3	28	29	5	--	--	--	3	--
Asian/Pacific Islander	206	41	27	19	14	6	9	48	29	6	--	3	4	--	--
Other	363	83	49	43	20	17	19	79	49	3	--	1	--	--	--
No. of admissions	39,453	5,803	4,855	6,072	2,596	2,199	1,519	8,963	6,214	625	51	69	332	16	139

-- Quantity is zero.

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 02.01.16.

Table 73 Texas admissions aged 12 and older, by primary substance of substance and gender, age at admission, and race/ethnicity: Percent distribution 2014

Table 3.44b. Texas admissions aged 12 and older, by primary substance of abuse and gender, age at admission, and race/ethnicity: Percent distribution, 2014

Gender, age at admission, and race/ethnicity	All admissions aged 12 and older	Primary substance at admission													
		Alcohol		Opiates		Cocaine									
		Alcohol only	Secondary drug	Heroin	Other opiates	Smoked cocaine	Other route	Marijuana/ hashish	Methamphetamine/ amphetamines	Tranquilizers	Sedatives	Hallucinogens	PCP	Inhalants	Other/ none specified
Total admissions aged 12 and older	39,485	5,811	4,856	6,083	2,596	2,202	1,520	8,965	6,219	626	51	69	332	16	139
Gender															
Male	59.4	69.5	66.9	65.3	43.5	54.4	51.2	66.5	41.6	41.4	37.3	75.4	36.7	50.0	61.9
Female	40.6	30.5	33.1	34.7	56.5	45.6	48.8	33.5	58.4	58.6	62.7	24.6	63.3	50.0	38.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of admissions	39,485	5,811	4,856	6,083	2,596	2,202	1,520	8,965	6,219	626	51	69	332	16	139
Age at admission															
12 to 19 years	12.8	1.1	3.0	3.2	1.9	0.5	5.3	45.6	4.2	14.7	17.6	20.3	0.6	25.0	14.4
20 to 24 years	13.6	5.5	9.7	18.1	10.9	3.7	13.8	19.2	15.1	22.2	11.8	17.4	13.0	18.8	17.3
25 to 29 years	18.3	10.9	17.2	24.4	25.4	7.8	18.8	15.4	24.2	24.9	15.7	24.6	23.2	6.3	15.1
30 to 34 years	16.9	13.3	17.6	20.7	22.5	12.8	22.5	9.5	23.3	17.3	25.5	10.1	35.8	6.3	21.6
35 to 39 years	11.3	13.8	13.4	11.4	14.4	11.2	14.1	4.7	14.5	8.5	21.6	10.1	19.9	18.8	13.7
40 to 44 years	8.5	13.5	12.3	6.6	8.2	15.6	10.5	2.4	9.5	3.0	3.9	7.2	4.2	6.3	7.2
45 to 49 years	7.2	14.0	10.9	5.6	6.2	17.5	7.3	1.6	5.3	4.3	3.9	7.2	2.4	6.3	3.6
50 to 54 years	6.2	14.5	9.5	4.7	5.5	17.8	4.6	0.9	2.6	2.2	--	2.9	0.3	12.5	2.9
55 to 59 years	3.6	8.6	4.8	3.6	3.6	10.1	2.0	0.5	1.1	2.2	--	--	0.6	--	2.9
60 years and older	1.6	4.7	1.6	1.7	1.2	3.2	1.1	0.2	0.2	0.6	--	--	--	--	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of admissions	39,485	5,811	4,856	6,083	2,596	2,202	1,520	8,965	6,219	626	51	69	332	16	139
Race/ethnicity															
White (non-Hispanic)	52.4	58.7	53.1	57.7	76.0	29.2	23.4	32.3	77.0	58.1	68.6	55.1	11.1	18.8	58.3
Black (non-Hispanic)	15.3	9.3	14.5	6.0	6.8	52.8	27.1	23.4	3.3	11.4	5.9	23.2	82.5	--	12.9
Hispanic origin	30.4	29.2	30.3	35.0	15.6	16.6	47.4	42.6	18.0	28.3	25.5	15.9	5.1	62.5	28.8
American Indian/Alaska Native	0.4	0.7	0.6	0.3	0.3	0.4	0.2	0.3	0.5	0.8	--	--	--	18.8	--
Asian/Pacific Islander	0.5	0.7	0.6	0.3	0.5	0.3	0.6	0.5	0.5	1.0	--	4.3	1.2	--	--
Other	0.9	1.4	1.0	0.7	0.8	0.8	1.3	0.9	0.8	0.5	--	1.4	--	--	--
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of admissions	39,453	5,803	4,855	6,072	2,596	2,199	1,519	8,963	6,214	625	51	69	332	16	139

-- Quantity is zero.

NOTE: Percentages may not sum to 100 due to rounding.

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 02.01.16.

Table 74 2014 Type of Service at Admissions by State

Area	2014 Admissions	Ambulatory		Detoxification(24-hour service)1			Rehabilitation/residential1			Medication-assisted opioid therapy2		
		Outpatient	Intensive Outpatient	Free-Standing Residential	Hospital Inpatient	Ambulatory	Short-term (<30days)	Long-term (30 days+)	Hospital (Non-detox)	Out-Patient	Detoxification	Residential
Texas	39,485	12,818	5,767	8,456	--	1,070	10,618	266	--	482	6	2
Percentile		32.5	14.6	21.4	--	2.7	26.9	0.7	--	1.2	*	*

-- Quantity is zero; * Less than 0.05 percent; ‡ No data, or less than a full calendar year of data, submitted.

1 Ambulatory, detoxification, and rehabilitation/residential types of service exclude medication-assisted opioid therapy.

2 Therapy with methadone or buprenorphine is part of client's treatment plan.

Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 02.01.16.

Note: Texas reportable numbers are required by facilities that receive state/public funding. Methamphetamine/amphetamine admissions include admissions for both substances, but are primarily for methamphetamine. In 2014, methamphetamine constituted about 94 percent of combined methamphetamine/amphetamine admissions. Oregon and Texas, states with large numbers of methamphetamine admissions, reported them as other amphetamines until 2005 and 2006, respectively.

Outreach, Screening, Assessment and Referral Centers (OSARs)

OSARS may be the first point of contact for those seeking substance use disorder treatment services. Regardless of ability to pay, Texas residents who are seeking substance use disorder services and information may qualify for services based on need.

Opioid screenings from 2014 to 2015 for Texas, decreased -3.4% as well as for Region 8 at -11.3%. While over half of Texas Regions (55%) also experienced decreases in opioid screenings, Region 4 had the largest increase change of 20%.

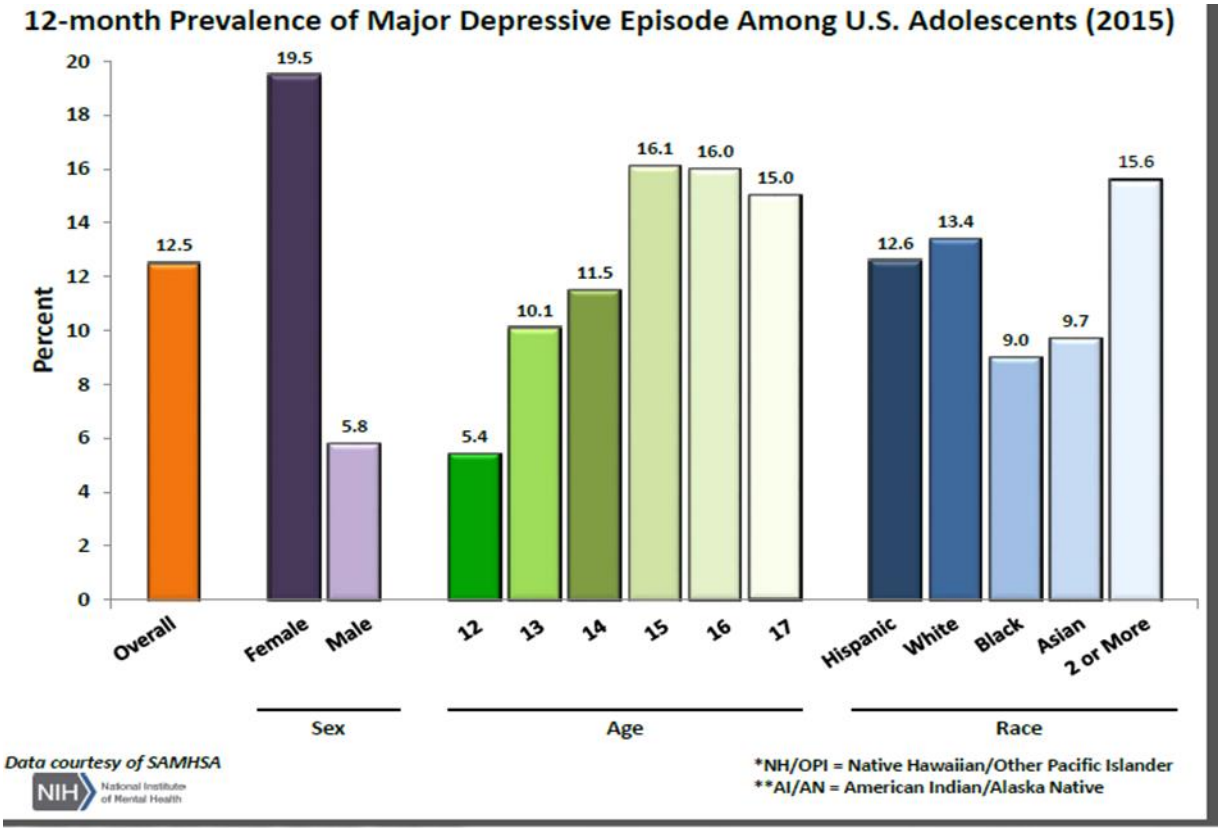
Table 132	2015 to 2016 Opioid Screening % Change			
Region	Substance	2015	2016	% Change
1	Opioids	185	222	20.0%
2	Opioids	543	574	5.7%
3	Opioids	5311	5453	2.7%
4	Opioids	274	153	-44.2%
5	Opioids	301	614	104.0%
6	Opioids	2190	1841	-15.9%
7	Opioids	1046	805	-23.0%
8	Opioids	3062	2715	-11.3%
9	Opioids	244	228	-6.6%
10	Opioids	280	321	14.6%
11	Opioids	1567	1561	-0.4%
Texas	Opioids	15003	14487	-3.4%
HHSC, OSAR, 2015 - 2016				

Depression

According to NAMI, major depression is a serious emotional and biological disease affecting one's thoughts, feelings, behavior, mood, and physical health. Depression is a life-long condition in which periods of wellness alternate with recurrences of illness and may require long-term treatment to keep symptoms from returning, just like any other chronic medical illness. All age groups and all racial, ethnic and socioeconomic groups can experience major depression.

NAMI reported an estimated 25 million American adults are affected by major depression in a given year, but only half ever receive treatment. The National Institute of Mental Health (NIMH) estimates that approximately 11 percent of adolescents in the U.S. have a depressive disorder by age 18. While some teens self-medicate to treat depression, other teens end up with a serious mental disorder due to abuse of drugs or alcohol. Abusive drinking or drug use can seriously undermine an adolescent's physical, emotional, and psychological health. Some drugs, such as methamphetamines, can seriously affect the brain's neurotransmitters. Recent studies suggest this damage can be long-lasting or permanent.

Table 75 12 Month Prevalence of Major Depressive Episode Among U.S. Adosescents (2015)



Although, the National Survey on Drug Use and Health (NSDUH) does not contain an overall indicator of mental health among adolescents aged 12 to 17, NSDUH provides estimates of having a past year major depressive episode (MDE) for this age group. Adolescents were defined as having MDE if they had a period of two weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least four of seven additional symptoms, such as problems with sleep, eating, energy, concentration, or self-worth. Adolescents were defined as having MDE with severe impairment if their depression caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.

An estimated 1.2 million youths aged 12 to 17 in 2015 who had a past year MDE received treatment for depression, or 39.3 percent of youths who had a past year MDE . This 2015 percentage was similar to the percentages in most years from 2004 to 2014. Among youths who had a past year MDE with severe impairment, 945,000 (44.6 percent) received treatment for depression. The percentage of adolescents with MDE with severe impairment in 2015 who received treatment for depression was similar to the percentages in most years from 2006 to 2014.

Table 76 Major Depressive Episode in the Past Year Among Youth 12 to 17 Years of Age						
	2010	2011	2012	2013	2014	2015
MDE	37.8	38.4	37	38.1	41.2	39.3
MDE w/Severe Impairment	41.1	43.5	41	45	44.7	44.6
+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.						
National Survey on Drug Use and Health 2015						

In 2015, an estimated 3.6 million young adults aged 18 to 25 had a past year MDE, or 10.3 percent of young adults. The percentage of young adults with a past year MDE was greater in 2015 than in 2014.

In 2015, an estimated 7.3 million adults aged 26 to 49 had a past year MDE, or 7.5 percent of adults in this age group. The percentage of adults aged 26 to 49 in 2015 who had a past year MDE was higher than in 2014.

In 2015, an estimated 5.2 million adults aged 50 or older had a past year MDE, or 4.8 percent of adults in this age group. The percentage of adults aged 50 or older in 2015 who had a past year MDE was higher in 2014.

Table 77 Major Depressive Episode in the Past Year Among Adults						
	2010	2011	2012	2013	2014	2015
18 or Older	6.8	6.6	6.9	6.7	6.6	6.7
18 to 25	8.3+	8.3+	8.9+	8.7+	9.3+	10.3
26 to 49	7.5	7.7	7.6	7.6	7.2	7.5
50 or Older	5.6	4.8	5.5	5.1	5.2	4.8
+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.						

MHMR Crisis Hotline/MCOT Team Data

Texas HHSC Mental Health and Substance Abuse Division funds providers of mental health and substance abuse services. When seeking help for mental health issues, the first step is to find services in your area (please see below). You can then call for immediate and confidential help 24 hours a day, seven days a week. Following the initial call, available services and treatment plans will vary from person to person. Financial assistance is available to those who qualify.

Social Factors

While parents may provide the first form of protection against risk for substance abuse, it's not long before they compete for a young person's attention from a variety of societal influences. Thrust into unfamiliar conditions, the desire for companionship can lead to poor decision-making. The process of self-discovery changes dramatically during formative years. Media messages also continue to portray

drugs and alcohol as acceptable, enjoyable ways to relate to others and have a good time. Peer pressure can make even the most steadfast young adult submit to experimentation and a "just this once" mindset. Even with no other risk factors present, peer pressure can be one of the most influential forces in an individual's life. Add to all the above the desire for stress relief, and social factors present a strong influence on teen substance abuse. Below are some results from the 2016 Texas School Survey of Drug and Alcohol Use relating to what the data shows regarding the social factors of substance abuse as reported by the surveyed students.

Region 7 and 8 Texas School Survey (TSS) data was combined due to lack of school participation in Region 8. Reasons for not participating were lack of time and resources involved in the survey administration.

Youth Perception of Parental Approval of Consumption

While many parents think that allowing their teens and their teens' friends to drink at home under adult supervision keeps kids safe and leads to healthier attitudes about drinking, there are serious negative consequences for both parents and teens. Supplying alcohol to minors increases, rather than decreases, the risk for continued drinking in the teenage years and leads to problem drinking later in life. Research from the Partnership Attitude Tracking Study (PATS) reveals that teens who perceive their parents to be more permissive about alcohol use are more likely to abuse alcohol and to use other drugs.

In addition to communicating the risks of substance abuse and safeguarding substances and prescriptions, it's important for parents to monitor adolescents' behavior and model healthy behavior themselves in order to help prevent adolescents from abusing substances.

In 2016, Texas Health and Human Services Commission (HHSC), in conjunction with the Public Policy Research Institute (PPRI) at Texas A&M University, conducted its fifthteenth biennial Texas School Survey of Substance Use (TSS). Students' perception of how their parents feel about kids their age using substances is below. Regions 3 and 7&8 reported the highest percentage of parental disapproval for tobacco and the lowest past month use. Also, Region 1&2 reported the lowest parental disapproval percentages and the highest past month use.

Table 78 Texas Parental Disapproval Vs. Student Use of Tobacco

Table XX					
Parental Disapproval Vs. Student Use Tobacco					
Region	**Parental Disapproval**	**Past Month**	**School Year**	**Ever Used**	**Never Used**
3	88.5%	13.2%	17.3%	27.9%	72.1%
7&8	87.3%	13.8%	18.2%	28.8%	71.2%
9&10	86.3%	17.3%	21.6%	35.7%	64.3%
State	85.8%	14.5%	18.6%	30.5%	69.5%
11	83.9%	13.7%	16.8%	28.7%	71.3%
5&6	83.3%	15.6%	19.9%	32.7%	67.3%
4&5	81.1%	17.5%	21.8%	34.9%	65.1%
1&2	80.9%	19.7%	24.8%	39.6%	60.4%
Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 State Report.					

As youth progress to higher grades in Region 7&8, their perception of parental disapproval for substances decreases as their **use increases**.

Table 79 Region 7&8 Parental Disapproval Vs. Student Use of Tobacco by Grade

Table 79	2016 TSS Region 7&8				
Parental Disapproval Vs. Student use of Tobacco by Grade					
Grade	Parental Disapproval	Past Month	School Year	Ever Used	Never Used
All	87.3%	13.8%	18.2%	28.8%	71.2%
Grade 7	90.6%	4.7%	6.0%	12.7%	87.3%
Grade 8	88.3%	8.5%	11.4%	21.3%	78.7%
Grade 9	86.6%	12.5%	16.2%	27.6%	72.4%
Grade 10	87.8%	13.9%	19.6%	31.1%	68.9%
Grade 11	85.5%	20.3%	25.8%	38.7%	61.3%
Grade 12	80.9%	26.4%	34.2%	45.8%	54.2%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Table 80 Region 7&8 Parental Disapproval Vs. Student Use of Alcohol by Grade

Table 80	2016 TSS Region 7&8				
Parental Disapproval Vs. Student use of Alcohol by Grade					
Grade	Parental Disapproval	Past Month	School Year	Ever Used	Never Used
All	79.0%	28.0%	34.1%	53.3%	46.7%
Grade 7	90.6%	14.7%	17.4%	37.2%	62.8%
Grade 8	88.3%	20.8%	24.5%	45.3%	54.7%
Grade 9	86.6%	26.4%	31.9%	50.5%	49.5%
Grade 10	87.8%	28.4%	35.8%	57.5%	42.5%
Grade 11	85.5%	37.5%	45.7%	63.5%	36.5%
Grade 12	80.9%	44.3%	54.9%	70.2%	29.8%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Table 81 Region 7&8 Parental Disapproval Vs. Student use of Marijuana by Grade

Table 81	2016 TSS Region 7&8				
Parental Disapproval Vs. Student use of Marijuana by Grade					
Grade	Parental Disapproval	Past Month	School Year	Ever Used	Never Used
All	85.0%	11.6%	14.5%	20.8%	79.2%
Grade 7	89.5%	3.8%	4.5%	7.0%	93.0%
Grade 8	86.4%	8.1%	9.4%	13.3%	86.7%
Grade 9	88.2%	9.1%	11.4%	15.6%	84.4%
Grade 10	83.2%	11.9%	16.5%	23.8%	76.2%
Grade 11	81.7%	17.8%	22.8%	32.8%	67.2%
Grade 12	79.8%	22.1%	26.0%	37.6%	62.4%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Regions 3, 7&8 and 11, report the highest parental disapproval percentages and the lowest **past month** use of alcohol.

Table 82 Parental Disapproval vs. Student Use of Alcohol by Region

Table 82	2016 TSS				
Parental Disapproval vs. Student Use of Alcohol					
Region	**Parental Disapproval**	**Past Month**	**School Year**	**Ever Used**	**Never Used**
3	81.7%	25.5%	31.2%	49.5%	50.5%
7&8	79.0%	28.0%	34.1%	53.3%	46.7%
11	78.8%	27.2%	31.4%	49.1%	50.9%
State	78.6%	28.6%	34.0%	53.0%	47.0%
5&6	74.8%	31.7%	37.4%	56.7%	43.3%
4&5	75.4%	32.3%	38.2%	58.0%	42.0%
9&10	78.7%	34.8%	40.2%	59.4%	40.6%
1&2	74.7%	35.4%	40.2%	61.0%	39.0%
Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 State Report.					

Youth perception of parental disapproval for marijuana use is significantly close in all regions.

Table 83 Parental Disapproval vs. Student Use of Marijuana by Region

Table 83				
Parental Disapproval Vs. Student Use of Marijuana				
Area	**Parental Disapproval**	**Past Month**	**School Year**	**Ever Used**
3	85.9%	13.1%	16.3%	21.5%
9&10	85.9%	14.3%	17.4%	24.0%
1&2	85.3%	12.7%	15.3%	21.5%
State	85.1%	12.2%	15.0%	21.0%
7&8	85.0%	11.6%	14.5%	20.8%
4&5	84.5%	12.7%	15.4%	21.8%
5&6	83.9%	12.3%	14.9%	21.5%
11	83.1%	13.9%	16.3%	23.3%
Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 State Report.				

Youth Perception of Peer Approval of Consumption

Research has demonstrated that adolescents tend to misjudge the prevalence (behaviour) and acceptance (attitudes) of substance use and abuse among their peers. It is presumed that adolescents are influenced by what they perceive to be the group norms between their peers (norms = behaviours and attitudes) therefore there is a strong probability that they will reason and behave in similar ways.

Perceptions about friends and their use of different substances vary across Texas as seen in the tables below. Regions 1&2 reported the highest percentages of their close friends using tobacco while Region 3 reported having the fewest friends using tobacco. Region 8 has very similar percentages in students' perception of how many of their close friends use tobacco. See table 87 below comparing What Students Think vs. What Students Report for Region 7&8.

Table 84 About How Many of Your Close Friends Use Tobacco, Grades 7-12 by Region

Table 84	2016 TSS by Region				
About How Many of Your Close Friends Use Tobacco, Grades 7-12 (TSS Table T-4)					
Region	**None**	**A Few**	**Some**	**Most**	**All**
State	68.4%	19.1%	7.8%	3.7%	1.0%
1&2	55.0%	24.6%	12.5%	7.0%	1.0%
1&9	55.8%	23.3%	12.7%	6.5%	1.6%
2	59.8%	24.2%	9.7%	5.8%	0.5%
3	71.9%	17.4%	7.1%	2.9%	0.6%
4&5	59.0%	22.0%	10.4%	7.2%	1.4%
5&6	66.0%	20.2%	8.4%	4.2%	1.2%
6&8	66.8%	20.7%	7.5%	3.8%	1.3%
7	70.5%	18.4%	7.1%	3.4%	0.7%
7&8	68.9%	20.1%	6.9%	3.4%	0.7%
9&10	64.8%	20.3%	9.2%	4.4%	1.3%
10	68.7%	18.9%	7.9%	3.4%	1.1%
11	71.7%	17.4%	7.2%	3.0%	0.8%
Texas A&M University, PPRI, 2016 State Report					

Table 85 About How Many of Your Close Friends Use Alcohol Grades 7-12 by Region

Table 85	2016 TSS by Region				
About How Many of Your Close Friends Use Alcohol, Grades 7-12 (TSS Table A-9)					
Region	**None**	**A Few**	**Some**	**Most**	**All**
State	49.5%	23.3%	13.8%	10.3%	3.1%
1&2	40.5%	26.3%	15.3%	14.7%	3.3%
1&9	38.4%	25.4%	16.90%	14.9%	4.4%
2	45.5%	25.6%	13.50%	12.0%	3.3%
3	52.0%	22.7%	13.6%	9.4%	2.4%
4&5	43.7%	25.8%	13.9%	12.8%	3.8%
5&6	47.7%	23.2%	13.7%	11.5%	4.0%
6&8	46.3%	24.0%	14.30%	11.3%	4.1%
7	52.6%	22.9%	13.40%	8.7%	2.3%
7&8	48.7%	24.7%	14.9%	9.2%	2.5%
9&10	42.7%	24.2%	15.8%	12.9%	4.5%
10	44.6%	24.4%	14.90%	12.2%	3.9%
11	52.3%	22.6%	13.8%	8.5%	2.8%
Texas A&M University, PPRI, 2016 State Report					

Table 86 About How Many of your Close Friends Use Marijuana, Grades 7-12 by Region

Table 86	2016 TSS by Region				
About How Many of Your Close Friends Use Marijuana? Grades 7 - 12 (TSS Table D-7)					
Region	**None**	**Few**	**Some**	**Most**	**All**
State	58.6%	19.0%	10.9%	8.5%	3.0%
1&2	60.1%	19.7%	10.2%	7.4%	2.6%
1&9	62.1%	20.1%	9.3%	6.1%	2.3%
2	61.6%	19.1%	10.2%	6.8%	2.4%
3	56.4%	18.2%	11.9%	10.1%	3.4%
4&5	59.8%	19.6%	9.4%	8.4%	2.7%
5&6	58.8%	20.0%	10.6%	7.6%	2.9%
6&8	58.2%	20.4%	10.7%	7.7%	3.1%
7	58.1%	19.4%	12.0%	7.9%	2.6%
7&8	56.8%	20.0%	12.2%	8.2%	2.8%
9&10	54.3%	21.3%	11.8%	9.3%	3.2%
10	50.6%	21.4%	12.9%	11.2%	3.8%
11	59.3%	18.0%	10.6%	8.6%	3.5%
Texas A&M University, PPRI, 2016 State Report					

There is a significant difference in what youth perceive when it comes to their close friends' use of tobacco, alcohol, marijuana and inhalants. The table below shows what youth think (About how many of your close friends use…) and what youth actually report (self-report) as using in the past school year.

Table 87 Region 7&8 TSS Students Perception

Perception of Alcohol Use				Perception of Tobacco Use		
Table A-9	Think	School Year		Table T-4	Think	School Year
All	51%	34%		All	31%	18%
Grade 7	25%	17%		Grade 7	11%	6%
Grade 8	36%	25%		Grade 8	20%	11%
Grade 9	52%	32%		Grade 9	28%	16%
Grade 10	59%	36%		Grade 10	35%	20%
Grade 11	68%	46%		Grade 11	44%	26%
Grade 12	74%	55%		Grade 12	54%	34%
Perception of Marijuana Use				**Perception of Inhalant Use**		
Table D-7	Think	School Year		Table I-6	Think	School Year
All	43%	15%		All	7%	5%
Grade 7	16%	5%		Grade 7	8%	7%
Grade 8	32%	9%		Grade 8	9%	7%
Grade 9	40%	11%		Grade 9	8%	7%
Grade 10	51%	17%		Grade 10	6%	4%
Grade 11	61%	23%		Grade 11	6%	3%
Grade 12	65%	26%		Grade 12	6%	4%

Texas A&M University, Texas School Survey of Drug and Alcohol Use: 2016 Region 7&8

Cultural Normas and Substance Abuse

Sociocultural views define attitudes toward and actions regarding substance use and abuse. Different social groups may function as risk or protective factors. The DSM-IV offered a framework for cultural formulation containing:

- A discussion of the cultural variations in currently recognized DSM disorders.
- A glossary of culture-bound syndromes.
- An outline for a culturally relevant case formulation based on 5 major areas: cultural identity, cultural explanation of the illness, cultural factors related to psychosocial environment and levels of functioning, cultural elements of the relationship between the individual and the clinician, and overall cultural assessment for diagnosis and care.

Individuals face many barriers when seeking treatment, including language, family structure, and other cultural circumstances. Cultural recovery may involve regaining a viable ethnic identity, acquiring a functional recovery network, making a religious, spiritual, or moral recommitment, re-engaging in recreational or vocational activities, or taking on a role in the recovery community. Family involvement is an important motivation in working with Hispanic and Native American communities. A meaningful

intervention should include efforts to re-establish a culturally integrated community, and combine basic community cultural values with the most recent advances in treatment intervention (Abbott & Chase 2008).

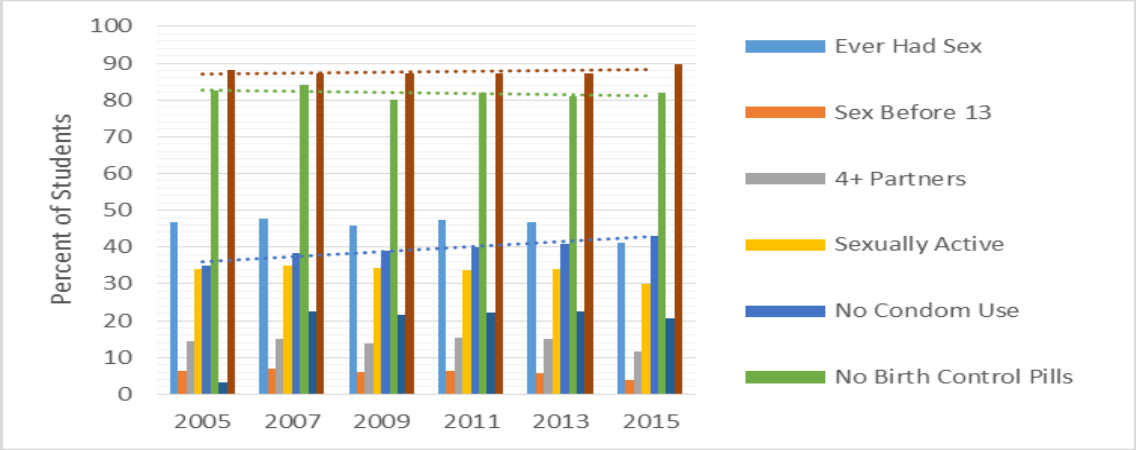
Adolescent Sexual Behavior

Nationally, high school students engage in risky sexual behaviors that contribute to unintended pregnancies and STIs, including HIV infection according to the data collected from the Youth Risk Behavior Surveillance (YRBS), US, 2015.

- 41% ever had sexual intercourse.
- 4% had sexual intercourse before age 13 years (for the first time)12% had sexual intercourse with four or more persons (during their life).
- 30% were currently sexually active (had sexual intercourse with at least one person during the 3 months before the survey)43% did not use a condom (during last sexual intercourse, among students who were currently sexually active)
- 82% did not use birth control pills (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)
- 14% did not use any method to prevent pregnancy (during last sexual intercourse, among students who were currently sexually active)
- 73% did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)90% were never tested for HIV (not counting tests done when donating blood).
- 21% Drank alcohol or used drugs (before last sexual intercourse, among students who were currently sexually active)

Nationally, since 2005, the YRBS shows that all the sexual behaviors have been on a steady decline except for no condom use and HIV testing. There is also a slight increase in no birth control pill use. See Appendix A, Table 89 for Texas and National comparrisons.

Table 88 National YRBS Sexual Behaviors 2005-2015
CDC, Youth Risk Behavior Surveillance System (YRBSS) data from 1991 - 2015. http://nccd.cdc.gov/youthonline/



Misunderstandings about Marijuana

On June 1, 2015, Gov. Greg Abbot signed SB 339 into law. Known as the Texas Compassionate Use Act, it is intended to allow some qualifying patients to access "low-THC cannabis," marijuana that contains 10% or more cannabidiol ("CBD") and not more than 0.5% tetrahydrocannabinol ("THC"). The legislation allows regulated businesses known as "dispensing organizations" to cultivate, process, and distribute low-THC cannabis to certain patients.

Unlike other states with similar laws establishing limited access to CBD-based medical marijuana products, the Texas law requires that qualified doctors join a physician registry and include information in the registry itself such as the dosage recommendations, means of administration, and the total amount of low-THC cannabis required to fill the patient's prescription. If issued, the prescription would also order a licensed marijuana establishment to distribute cannabis to the patient. In several respects, the Texas law attempts to mimic the prescription system put in place by federal authorities.

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

Accessibility

Effective social policy can put into place measures that control the supply of alcohol, tobacco and other durgs and affect population-wide demand for these substances. Comprehensive policies address legal measures to: control supply and demand, control access (by age, location and time), provide public education and treatment for those who need assistance, levy taxation to affect prices and to pay for problems generated by consumption, and harm-reduction strategies to limit ATOD-related problems such as impaired driving and domestic violence. A very interesting mechanism is to examine how available youth believe certain substances to be. Where the perceived access is high, there is a greater risk of consumption.

The Prevention Resource Centers across Texas collected data related to adolescents' perceptions about alcohol, tobacco, and other drugs from the Texas School Survey (TSS) administered in 2016. The Texas School Survey of Drug and Alcohol Use is an annual collection of self-reported tobacco, alcohol, inhalant, and substance (both licit and illicit) use data from students throughout the state of Texas. The survey, conducted by the Public Policy Research Institute (PPRI) in conjunction with the Texas Health and Human Services Commission (HHSC), is available for students in grades 7 through 12.

Across Texas, 600 campuses were randomly selected to participate in the survey. Initially 187 schools signed up, 47 dropped out and 147 participated. Most campuses declined due to the lack of time and resources involved in the survey administration. Each campus was given $500 when the survey materials were returned to the Public Policy Research Institute at Texas A&M University. Over 50,000 students participated, 1,071 were rejected for exaggerated responses and questions about a fake drug.

Regions 7&8, had 8,132 students to participate in the school survey. No school in Bexar County has participated in the school survey since 2012.

Participants responded on the ease of obtaining substances and as seen in the table below, alcohol remains the most commonly used substance as well as the easiet to obtain among students in Texas. See Appendix B for Texas School data fact sheets.

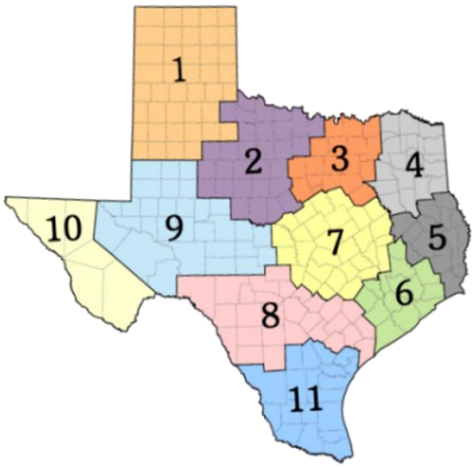


Table 90 2016 TSS Accessability			
Students Reported Some What to Very Easy to Obtain			
Region	Tobacco	Alcohol	Marijuana
State	34.8%	46.9%	33.3%
1&2	42.9%	49.5%	30.3%
3	36.7%	50.5%	38.2%
4&5	40.8%	47.7%	31.2%
5&6	36.1%	46.8%	32.2%
7&8	34.6%	48.9%	35.0%
9&10	33.7%	47.3%	33.7%
11	27.6%	38.8%	30.9%
Texas A&M Univ. Texas School Survey of Drug and Alcohol Use: 2016 State Report.			

In Region 7&8:

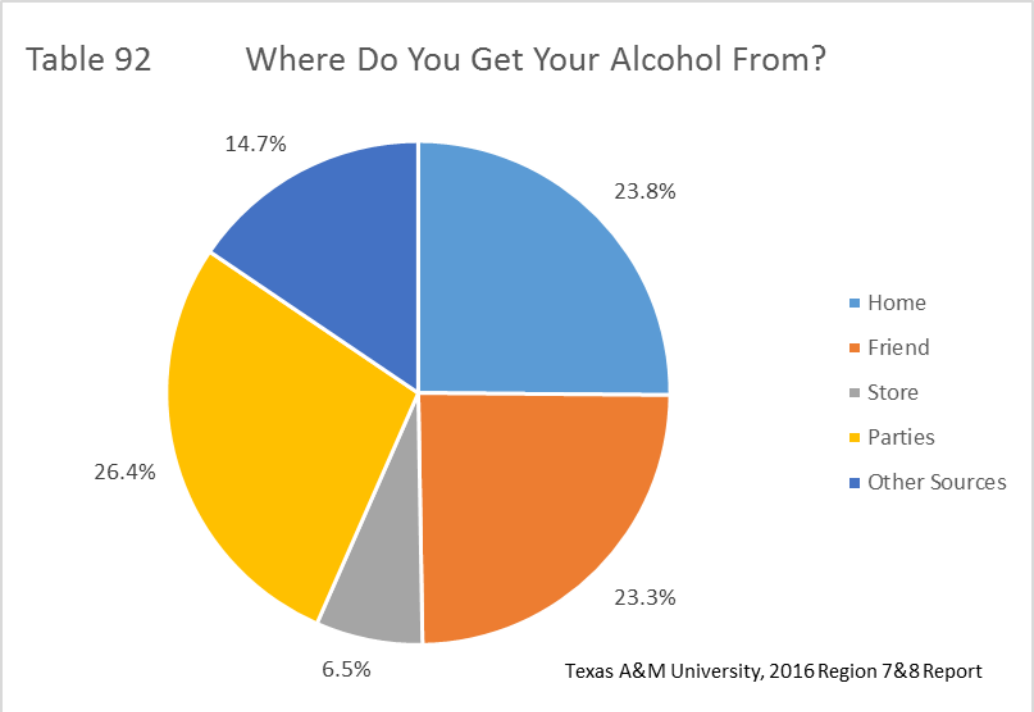
- 48.9% of surveyed students report alcohol some what to very easy to obtain. This is higher than Texas at 46.9%.
- 25.9% of seventh grade students report alcohol some what to very easy to obtain and 14.7% had reported alcohol use in the past month.
- 66% of seniors reported alcohol some what to very easy to obtain, therefore 44.3% used alcohol in the past month.
- As students progress through grade levels their access to alcohol increases and so does their use.

Table 91 Region 7&8 Easy Access Vs. Use by Grade

Table 91	2016 TSS Region 7&8				
Easy Access vs. Use by Grade					
Grade	Some What to Very Easy to Obtain	Past Month	School Year	Ever Used	Never Used
All	48.9%	28.0%	34.1%	53.3%	46.7%
Grade 7	25.9%	14.7%	17.4%	37.2%	62.8%
Grade 8	35.2%	20.8%	24.5%	45.3%	54.7%
Grade 9	46.7%	26.4%	31.9%	50.5%	49.5%
Grade 10	58.7%	28.4%	35.8%	57.5%	42.5%
Grade 11	65.8%	37.5%	45.7%	63.5%	36.5%
Grade 12	66.0%	44.3%	54.9%	70.2%	29.8%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Students in Region 7&8 report getting most of their alcohol from parties 26.4% of the time followed by home (23.8%) then friends (23.3%). Seventh grade students reported getting their alcohol mostly from home (13.7%), followed by parties 11% of the time.

Table 92 2016 Region 7&8 TSS – Where do you get your Alcohol From?



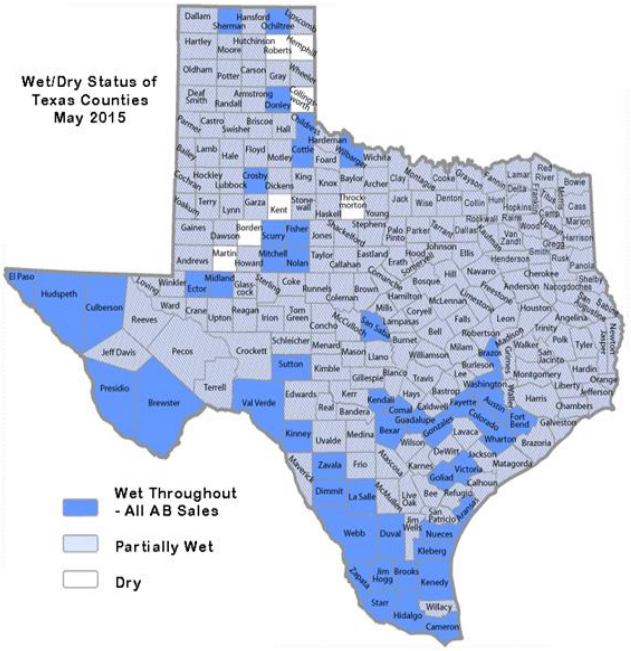
According to SAMHSA, a recent study showed that 93.4% of adolescents ages 12–14 who drank alcohol in the past month got it for free. In many cases, adolescents have access to alcohol through family members, or find it at home.

Alcohol Retail Permit Density and Violations

In the figure below access to alcohol in Region 8 is illustrated by county-level rates. The rates are calculated by the number of alcohol establishments divided by every 100,000 of population, as defined by North American Industry Classification System (NAICS) Code 445310. Alcohol establishments in this sample included the sale of beer, wine, and liquor. In the Region 8 there were a total of 213 establishments reported in 2013 and 1,856 for the state of Texas. The Regional rate is 7.4 which is lower compared to Texas which was 10.5 in 2013.

Alcohol Licenses

The licensing division investigates and processes applications for all phases of the alcoholic beverage industry, including the manufacture, sale, purchase, transportation, storage, and distribution of alcoholic beverages. The division must ensure that each applicant qualifies to hold such license/permit and adheres to all applicable regulatory requirements. Approximately 100,000 licenses and permits are issued each year by division personnel. The Texas Alcoholic Beverage Commission (TABC) is the state agency that regulates all phases of the alcoholic beverage industry in Texas.



Wet/Dry Map as of May 2015

Wet (W): The term "wet" when used with respect to a particular type of beverage sale respect in a given jurisdiction means that the entire jurisdiction, every square inch of it, is wet for that type of sale.

Partly Wet (PW): The term "partly wet" means that there are one or more parts of the jurisdiction in which a particular type of beverage sale is legal but there are other parts in that jurisdiction where that type of sale is not legal.

Dry: The term "dry" means the jurisdiction is dry throughout. No type of alcoholic beverage sales is permitted.

Sales Violations

According to the Texas Alcoholic Beverage Commission Code, a person commits an offense if with criminal negligence they sell an alcoholic beverage to a minor. Additionally, a person who sells to minors an alcoholic beverage does not commit an offense if minors falsely represent themselves to be 21 years old or older by displaying an apparently valid Texas driver's license or an identification card issued by the Texas Department of Public Safety, containing a physical description consistent with their appearance for the purpose of inducing the person to sell them an alcoholic beverage. An offense under this section is a Class A misdemeanor.

All 50 States in the U.S. prohibit sales to those under age 21, although definitions of "sales" and possible exceptions differ among jurisdictions. The overall structure of alcohol availability in a particular locale will influence the effectiveness of the prohibition.

The Texas Alcoholic Beverage Commission provided PRC 8 with the 2014 TABC Arrests and Citations report, which includes citations and warnings related to minors, either by making available, minor in possession or consumption, misrepresentation age by minor, or sale/ serve/ deliver alcoholic beverage to a minor in the region.

In Region 8:

- There were three cases and two warnings issued for making alcoholic beverage available to a minor
- 23 cases and 2 warnings were issued for Minor in Possession/ consume alcoholic beverage
- 1 case and 1 warning were documented in 2014 for Misrepresentation age by Minor.
- There were 175 cases and 4 warnings issued for Sale/ Serve/ Deliver alcoholic beverage to a Minor

In Texas:

- There were 12 cases and two warnings issued for Attempted Purchase Alcoholic Beverage by Minor
- 25 cases and 13 warnings were issued for Making Alcoholic Beverage Available To A Minor
- 1587 case and 42 warning were documented in 2014 for Minor Possess/Consume Alcoholic Beverage
- There were 31 cases and 1 warning issued for Misrepresent Age By Minor
- There were 862 cases and 86 warnings issued for Sale/Serve/Deliver Alcoholic Beverage To Minor

Social Hosting of Parties

Social hosting means allowing underage drinking, usually in your home. Penalties and consequences vary and can differ locally. Parents who allow their teens to have friends over to drink, thinking it's a safe way to keep them off the roads, may be surprised to find they are subject to liability laws that make them vulnerable to lawsuits, fines and jail time.

The Texas social host law is in Section 2.02 of the Texas Alcoholic Beverage Code. It holds party hosts liable in two circumstances: if the hosts knowingly serve alcohol to minors on their property, or if the hosts supply car keys to an intoxicated adult on the host's property. The law requires knowledge by the host of the minor's age. Without actual knowledge of the minor's age, a party host will not be liable so long as the host's assumption is reasonable.

Social hosting of parties is one of the leading passages for youth to obtain alcohol from friends and family.

San Antonio City Council unanimously passed a civil social host ordinance with the help of Austin-based non-profit Texans standing tall (TST) and Circles of San Antonio Community Coalition (COSA). The new ordinance went into effect March 2017. A civil social host ordinance is a city level policy that addresses underage alcohol abuse by allowing police officers to fine hosts of underage drinking parties when they are called for service. San Antonio's social host ordinance is a comprehensive approach to addressing youth social access and serves as a model ordinance for the state. "San Antonio is the largest city in the country to pass a civil social host ordinance.

Perceived Access of Marijuana

Thirty-five percent (35%) of Region 7&8 students surveyed report marijuana some what easy to very easy to get compared to Texas at 33.3%.

Table 93 Access for Marijuana, Grades 7-12 by Region

Table 93 2016 TSS by Region						
If You Wanted Some, How Difficult Would It Be to Get (TSS Table D-3)						
Access for Marijuana, Grades 7-12 (TSS Table D-3)						
Region	**Never Heard of It**	**Impossible**	**Very Difficult**	**Somewhat Difficult**	**Somewhat Easy**	**Very Easy**
State	25.4%	24.1%	7.7%	9.4%	12.6%	20.7%
1&2	21.7%	27.9%	10.0%	10.0%	12.6%	17.7%
1&9	23.7%	26.1%	10.8%	10.0%	13.5%	15.9%
2	20.8%	32.1%	8.8%	10.0%	11.7%	16.7%
3	20.0%	24.6%	7.6%	9.7%	13.9%	24.3%
4&5	24.4%	26.8%	7.7%	9.9%	11.4%	19.8%
5&6	28.9%	22.8%	7.0%	9.0%	12.0%	20.2%
6&8	28.2%	23.0%	7.0%	9.2%	12.1%	20.4%
7	20.6%	24.6%	9.4%	10.3%	14.7%	20.4%
7&8	22.7%	23.6%	8.7%	10.0%	14.6%	20.4%
9&10	28.0%	20.7%	7.6%	10.1%	14.1%	19.6%
10	29.6%	18.0%	6.3%	9.9%	14.3%	21.8%
11	34.2%	20.8%	6.5%	7.6%	10.2%	20.7%
Texas A&M University, PPRI, 2016 State Report						

2016 Texas School Survey for Region 7&8 reports:

- 8.7% of seventh grade students report marijuana some what easy to very easy to obtain while 3.8% had reported marijuana use in the past month.
- 55.7% of seniors surveyed reported marijuana some what easy to very easy to obtain, while 22.1% reported using marijuana in the past month.
- Like other substances, as students progress through grade levels their access increases and so does their use.

Table 94 Region 7&8 Access Vs. Student Use of Marijuana by Grade

Table 94	2016 TSS Region 7&8				
Easy Access vs. Student Use of Marijuana by Grade					
Grade	Some What to Very Easy to Obtain	Past Month	School Year	Ever Used	Never Used
All	35.0%	11.6%	14.5%	20.8%	79.2%
Grade 7	8.7%	3.8%	4.5%	7.0%	93.0%
Grade 8	20.7%	8.1%	9.4%	13.3%	86.7%
Grade 9	33.4%	9.1%	11.4%	15.6%	84.4%
Grade 10	41.9%	11.9%	16.5%	23.8%	76.2%
Grade 11	55.6%	17.8%	22.8%	32.8%	67.2%
Grade 12	55.7%	22.1%	26.0%	37.6%	62.4%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Perceived Access of Prescription Drugs

Non-medical use of prescription drugs (NMUPD) by teens in the United States is a growing public health concern. A 2007 NIH news release noted that while the last few decades have seen a downward trend in illicit substance use among teens, prescription drug abuse remains high (NIDA, 2007). The problem of prescription drug abuse has been tied to the wider societal availability of potent prescription drugs. NIDA's Director, Dr. Nora Volkow, noted it is not surprising that the availability of more, newer, and better psychotherapeutics was followed by an upswing in their non-medical use (Volkow, 2006).
The three classes of prescription drugs that are most often abused are:

- Opioids (e.g., Vicodin and Oxycontin), which are most often prescribed for pain;
- Stimulants (e.g., Dexedrine and Ritalin), which are prescribed to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy); and
- Central nervous system (CNS) depressants, which are prescribed to treat anxiety and sleep disorders (NIDA, 2005).

CNS depressants are often referred to as sedatives and tranquilizers, and are further broken down into the categories of barbiturates, and benzodiazepines (the latter of which includes Valium, Librium, and Xanax) (NIDA, 2005).

Pain relievers are currently the most abused types of prescription drugs among teens, followed by stimulants, tranquilizers, and sedatives (SAMHSA, 2006). According to 2015 Monitoring the Future (MTF) survey results, annual prevalence rates for abuse among 12th graders were 5.4% for Narcotics other than Heroin, 3.7% for OxyContin, 4.4% for Vicodin, 7.7% for Amphetamines, 2.0 Ritalin, 7.5 for Adderall 4.7%

for tranquilizers, 3.6% for sedatives, and 12.9% for Any Prescription Drug. Twelth grade students reported the following prescription drugs as "fairly easy" or "very easy" to get.

Table 17	2011	2012	2013	2014	2015
Some other narcotic (including methadone)(a)	50.7	50.4	46.5	42.2	39
Amphetamines (b)	47	45.4	42.7	44.5	41.9
Sedatives (barbiturates) (c)	32.4	28.7	27.9	26.3	25
Tranquillizers	16.8	14.9	15	14.4	14.9

(a) In 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc.
(b) In 2011 the list of examples was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.
(c) In 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from droners, goofballs, reds, yellows, etc to just downers. These changes likely explain the discontinuity in the 2004 results.

The Texas School Survey reports the following on Non-medical use of prescription drugs (NMUPD) by teens in Region 7&8:

Codeine Cough Syrup

- In 2014, about 12.1 percent of students reported using **codeine cough syrup** non-medically at some point in their lives, and 5.8 percent reported that they used in the past month. These prevalence rates **decreased** in 2016 with 11.4 percent of students reporting having ever used codeine cough syrup and 5.6 percent of students reported using in the past month.

Opioids – Used for Pain

- Two commonly abused narcotic prescription drugs: **Oxycodone** products (OxyContin, Percodan, and Percocet) and **hydrocodone** products (Vicodin, Lortab, and Lorcet) were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. In 2016, 5.1 percent of students reported using these products non-medically in their lifetime and 2.4 percent of students reported using these products in the past month. These reports do not represent a significant increase from past years.

Benzodiazepines - Anti-Anxiety

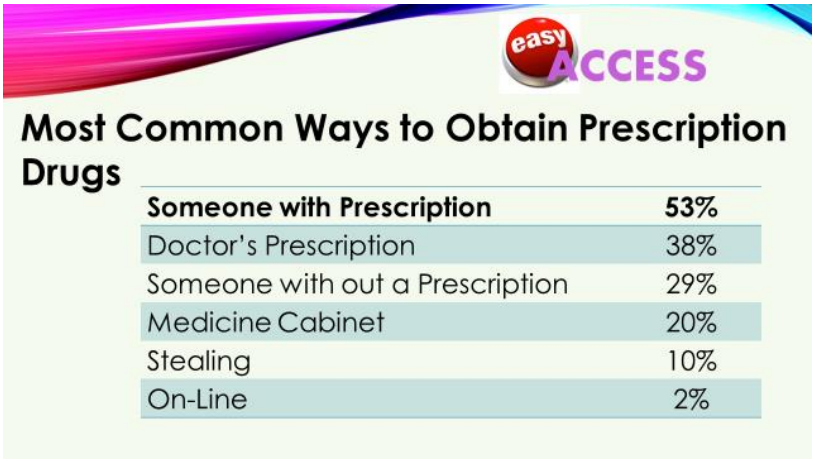
- Two popularly prescribed anti-anxiety drugs, **Valium (or Diazepam)** and **Xanax (or Alprazolam),** were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. About 4.6 percent of students reported non-medical use of these narcotics in their lifetime and 2.1 percent reported use in the past month. These combined reports represent an increase from reported use of Valium (1.2 percent reported lifetime use) and Xanax (3.5 percent reported lifetime use) in 2014.

Amphetamines - Stimulants

- In 2016, a new question was added to capture the use of **Adderall, Ritalin, Dexedrine, Concerta,** or **Focalin**. These drugs are stimulants commonly prescribed for attention deficit hyperactivity disorder (ADHD) but also abused by students seeking to improve their academic performance. In 2016, 5.2 percent of students reported using these substances in their lifetime and 2.1 percent reported using them in the past month. These percentiles are **higher** than the State (Ever used 4.0 percent and Past-month 1.8 percent).

Prescription Drugs Access

Teens' addiction to prescription or over-the-counter drugs often begins when they have easy access to medications. The misuse of prescription medications or household substances is something many adolescents engage in occasionally according. Most misused prescription drugs are found in the medicine cabinets of friends, parents and grandparents. Teens report that they get their prescription drugs given to them for free by friends or relatives, buying from a friend or take from someone without asking (stealing). The 2015 Texas Survey of Substance Use Among College Students report most common way to obtain prescription drugs below.



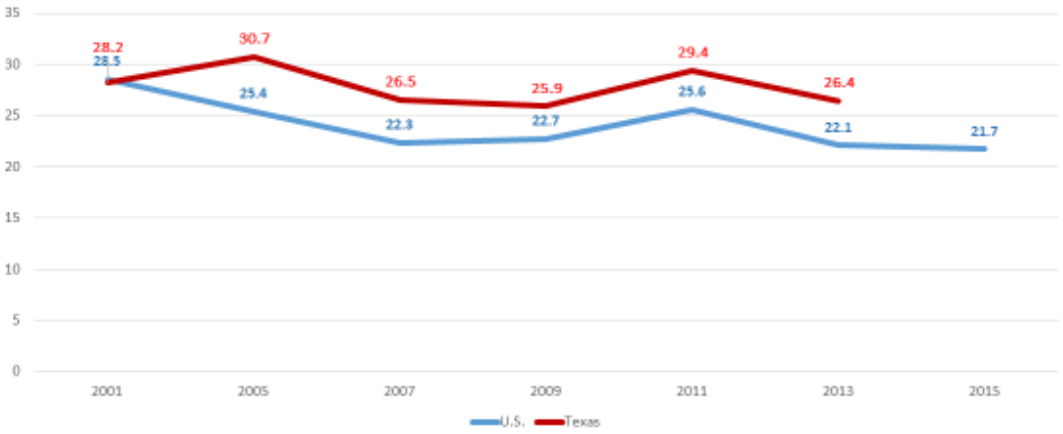
Illegal Drugs on School Property

According to a study conducted by The National Center on Addiction and Substance Abuse at Columbia University, high school students reported that teen use of alcohol, tobacco, or other drugs occurs during the school day, often on campus, according to an annual survey in 2012. They estimate that about 17% of high school students use alcohol, tobacco, or drugs while at school. 86% of American high school students reported that some of their classmates use alcohol, tobacco, or other drugs during the school day. The research has found that about 60% of high school students say their schools are "drug-infected" – that drugs are used, kept, or sold on campus.

Students reported prevalence of drugs in schools is not limited to public institutions. Survey demonstrated that more than half of students attending private school (54%) say illegal drugs are present at school and more than half of high school students report that there is a place on or near campus where students go to drink, smoke, or get high. About one-third of the students (36%) say it is easy for students to do this without getting caught. 44% of high school students say they know a student who sells drugs at school. Drugs most often sold by students are marijuana (91%), prescription drugs (24%), cocaine (9%), and Ecstasy (7%).

The Center for Disease Control and Prevention, High School Youth Risk Behavior Survallience (YRBS), shows Texas youth at higher rates for being offered, sold, or given an illegal drug on school property (during the 12 months before the survey) than for Texas over time. Rates show a gradual decline since 2009 for Texas students. (**Texas students were not surveyed in 2015**)

Table 96 Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)



Center for Disease Control and Prevention, Texas High School YRBS, https://nccd.cdc.gov/Youthonline/App/Default.aspx

Perceived Risk of Harm

Research indicates that the perception of risk is an essentially cognitive process through which individuals assign positive or negative properties to a determined object or event. This process may leave the individual more or less vulnerable to high risk behaviors according to the properties they assign to the object or event. The perception of risk associated with drug use has been established as a key factor in the decision of whether or not to use a drug. The 2016 Texas School Survey also provided a report on the attitudes around some types of drug use, such as perceived harm of use of substances such as alcohol, marijuana, tobacco, and non medical use of prescription drugs.

Statewide:

- 53.3% of students feel that it is very dangerous to drink alcohol an increase of danger from 2014 at 52%.
- 63.3 of students report that it is very dangerous to use tobacco an increase of danger from 2014 at 61.6.
- 58.3% of students said that marijuana use is very dangerous an increase of danger from 2014 at 57.2%.
- 74% of students said that nonmedical use of prescription drugs are very dangerous.

Region 7&8:

- 50.2% of students feel that it is very dangerous to drink alcohol a decrease of danger from 2014 at 53.8%.

- 60.3 of students report that it is very dangerous to use tobacco a decrease of danger from 2014 at 63.9.
- 53.2% of students said that marijuana use is very dangerous a decrease of danger from 2014 at 62.7%.
- 70.8% of students said that nonmedical use of prescription drugs are very dangerous.

Perceived Risk of Harm from Alcohol

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), in most cultures alcohol is the most frequently used brain depressant and a cause for considerable morbidity and mortality. At some point in their lives, as many as 90% of adults in the United States have had some experience with alcohol, and a substantial number (60% of males and 30% of females) have had one or more alcohol-related adverse life events (e.g. driving after consuming too much alcohol, missing school or work due to a hangover).

The criteria for substance abuse are as follows:

- A maladaptive pattern of substance use leading to a clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:
    - Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
    - Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile)
    - Recurrent substance-related legal problems
    - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- The symptoms have never met the criteria for substance dependence only substance abuse.

When problems are accompanied by evidence of tolerance, withdrawal, or compulsive behavior related to alcohol use, a diagnosis of Alcohol Dependence, rather than Alcohol Abuse should be considered. However, since some symptoms of tolerance, withdrawal, or compulsive use can occur in individuals with abuse but not dependence, it is important to determine whether the full criteria for dependence are met. The Center for Disease Control and Prevention estimates that there are 88,000 deaths every year that are related to alcohol use in the U.S. Alcohol consumption is the 3rd leading lifestyle, and excessive alcohol use is responsible for 2.5 million years of potential life lost.

There are different patterns of alcohol consumption; binge drinking is the most common form of drinking, in women consuming 4 or more drinks during a single occasion, in men consuming 5 or more drinks during a single occasion. Heavy drinking in women is considered as consuming 8 or more drinks per week, and in men it is consuming 15 or more drinks per week.

The CDC provides information on some of the short-term risks and consequences:

- Physical injuries
- Violence towards spouse, child, and any other individuals

- Risky sexual behaviors
- Miscarriage/stillbirth (if women who is consuming alcohol is pregnant)
- Alcohol poisoning

Some of the long-term risks and consequences include:

- Neurological problems (dementia and stroke)
- Cardiovascular disease
- Psychiatric problems and mental health disorder
- Social problems
- Cancer of the mouth, breast, colon, liver
- Liver disease (cirrhosis)

Table 97 How Dangerous do you Think it is for Kids your Age to use Alcohol, by Region

Table 97	2016 TSS Region 7&8				
How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol, Grades 7-12 (TSS Table A-13)					
Region	**Very Dangerous**	**Somewhat Dangerous**	**Not Very Dangerous**	**Not at All Dangerous**	**Do Not Know**
State	53.3%	29.1%	11.8%	2.4%	3.3%
1&2	50.7%	31.4%	11.8%	2.3%	3.7%
1&9	48.0%	33.2%	13.8%	2.3%	2.6%
2	52.7%	30.5%	10.4%	2.3%	4.0%
3	52.4%	30.7%	12.1%	1.9%	2.9%
4&5	53.2%	29.1%	11.8%	2.6%	3.3%
5&6	54.2%	27.1%	11.8%	3.0%	3.9%
6&8	53.4%	28.4%	11.7%	2.8%	3.6%
7	51.0%	32.0%	12.2%	2.0%	2.8%
7&8	50.2%	31.9%	12.5%	2.1%	3.3%
9&10	51.2%	30.5%	12.4%	2.6%	3.2%
10	53.6%	28.8%	11.6%	2.6%	3.4%
11	58.0%	24.1%	11.3%	2.5%	4.2%
Texas A&M University, TSS, 2016 HHSC Region 7&8 Report					

By the time a 7th grade student reaches the 12th grade their perception of very dangerous decreases by 33.4%.

Table 97-1	2016 TSS Region 7&8				
How Dangerous Do you Think it is for Kids Your Age to Use Alcohol by Gr					
Grade	Very Dangerous	Some What Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	50.2%	31.9%	12.5%	2.1%	3.3%
Grade 7	61.7%	24.6%	8.4%	2.1%	3.2%
Grade 8	57.6%	26.4%	10.5%	2.3%	3.1%
Grade 9	47.7%	32.3%	13.6%	2.3%	4.0%
Grade 10	46.2%	36.1%	12.2%	2.3%	3.3%
Grade 11	44.7%	35.6%	14.7%	1.6%	3.4%
Grade 12	41.1%	37.9%	16.6%	2.0%	2.5%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Perceived Risk of Harm from Marijuana

Attitudes and beliefs toward substance use and abuse have been regarded as strong influences in determining whether an individual uses marijuana. Recently, one of the perceptions that has been found by researchers to be strongly correlated with drug use in general and marijuana use is perceived risk. Perceived risk can be defined as perceptions of the negative effects from using drugs, according to an article written by Danseco, Perceived risk of harm from marijuana use among youth in the USA, (School Psychology International (Impact Factor: 0.59). 02/1999; 20(1):39-56.).

Perceived risk or beliefs about the harmful effects of drugs is strongly associated with marijuana use, according to the author, a review of studies that have examined perceived risk showed that perceived risk can be construed as consisting of at least four areas physical harm, parental disapproval, peer disapproval and fear of arrest and having several characteristics like locus of harm, level of use, etc. Perceptions of risk vary with gender, age and other factors.

When discussing marijuana and cannabis both have the same meaning. When talking botanically meaning the plant, the word Cannabis is used. The main active ingredients are called THC and CBD.

- THC (tetrahydrocannabinol) - or delta-9- tetrahydrocannabinol) - tests have shown THC has mild to moderate painkilling (analgesic) effects and can be used for the treatment of pain. THC alters transmitter release in the spinal cord, resulting in pain relief. The compound is also known to stimulate appetite (informally known as "the munchies"), it induces a relaxed state, as well has having effects on the person's sense of smell, hearing and eyesight. It can also cause fatigue. In some people, THC may reduce symptoms of aggression.

- CBD (Cannabidiol) - animal laboratory tests have shown than it has a sedative effect; it has also been found to increase alertness in some studies. However, experts say that CBD may interfere with THC metabolism in the liver - THC clearance from the body may slow down.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Cannabis Use Disorder is a newly introduced diagnosis. In the previous edition, the DSM-IV-TR, problematic use of cannabis or marijuana was separated into two different disorders, Cannabis Abuse and Cannabis Dependence. Individuals with Cannabis Dependence have compulsive use and do not generally develop physiological dependence, although tolerance to most of the effects of cannabis has been reported in individuals who use cannabis chronically. The THC content of marijuana has increased significantly since the late 1960's from an average of approximately 1-5% to as much as 10-15%. Cannabis is the world's most commonly used illicit substance. It is among the first drugs of experimentation (often in teens) for all cultural groups in the US. As with most other illicit drugs, Cannabis Use Disorders appear more often in males, and prevalence is most common in persons between ages 18-30. Therefore, just because the name has changed, and the term "use" has replaced "abuse" or "dependence," doesn't mean that cannabis is not addictive. Research shows conclusively that cannabis is addictive.

The criteria for substance abuse are as follows:

- A maladaptive pattern of substance use leading to a clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:
    - Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
    - Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile)
    - Recurrent substance-related legal problems
    - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
    - The symptoms have never met the criteria for substance dependence.

Periodic use and intoxication can interfere with performance at work and school and may be physically hazardous in certain situations such as driving a car/operating heavy machinery. Legal problems may occur as a consequence of arrests for cannabis possession. There may be arguments with spouses or parents over the possession of cannabis in the home or its use in the presence of children. When psychological or physical problems are associated with cannabis in the context of compulsive use, a diagnosis of Cannabis Dependence, rather than Cannabis Abuse should be considered.

According to NIDA, some of the common short-term effects of continued use include:

- Conjunctival infection
- Tachycardia
- Loss of coordination
- Memory, judgment, and perception impairment
- Engagement in risky sexual behaviors

Some of the long-term effects of marijuana use include:

- Affects brain function
- Increased risk of developing psychosis
- Increased risk for depression and anxiety disorders
- Increased risk of dependency
- Lung disease

Since 2014, Students' perception of marijuana danger has been declining. Fifty-seven percent (57.2%) of Texas 7th thru 12th grade students reported marijuana very dangerous in 2014 compared to 53.2 as very dangerous in 2016. In Region 7&8, students' perception of danger for marijuana is lower than the State.

Table 98 How Dangerous do you Think it is for Kids Your Age to Use Marijuana by Region

Table 98	2016 TSS by Region Marijuana				
How Dangerous Do You Think It Is for Kids Your Age to Use..., Grades 7-12 (TSS Table D-10)					
Region	**Very Dangerous**	**SomeWhat Dangerous**	**Not Very Dangerous**	**Not At All Dangerous**	**Do Not Know**
State	58.3%	13.3%	12.2%	12.2%	3.9%
1&2	61.6%	14.1%	9.5%	10.2%	4.6%
1&9	63.5%	14.2%	10.4%	8.4%	3.6%
2	61.5%	14.4%	8.8%	10.5%	4.8%
3	54.4%	14.0%	13.6%	14.4%	3.6%
4&5	61.7%	13.3%	10.4%	10.7%	3.9%
5&6	59.5%	12.0%	12.3%	11.7%	4.5%
6&8	58.1%	12.5%	13.2%	11.8%	4.4%
7	52.3%	15.6%	14.8%	14.3%	2.9%
7&8	53.2%	15.0%	14.1%	14.3%	3.4%
9&10	58.7%	14.1%	11.4%	11.9%	3.9%
10	56.8%	13.7%	11.8%	13.5%	4.1%
11	63.5%	11.9%	9.6%	10.5%	4.6%
Texas A&M University, PPRI, 2016 TSS State Report					

Table 98-1 Year Comparrisons - How Dangerous Do You Think it is for Kids Your Age to Use Marijuana by Grade in Region 7&8

Table 98-1	2016 TSS Region 7&8	
How Dangerous Do you Think it is for Kids Your Age to Use Marijuana by Grade		
Grade	Very Dangerous	Very Dangerous
	2014	**2016**
Grade 7	80.2%	79.8%
Grade 8	68.6%	66.4%
Grade 9	56.4%	54.4%
Grade 10	47.0%	41.7%
Grade 11	42.4%	37.0%
Grade 12	50.4%	34.4%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8		

When comparing 2014 to 2016, each grades' perception of danger for marijuana declined with the biggest change in 12th grade from 50.4% to 34.4%.

Perceived Risk of Harm from Prescription Drugs

One out of four teens have misused or abused a prescription drug at least once in their lifetime, a 33% increase over the last five years, according to Attitude Tracking Study, 2013. One in eight teens says they have taken Ritalin or Adderall when it was not prescribed for them was noted in the study by the Partnership for Drug-Free Kids and the MetLife Foundation, Attitude Tracking Study, 2013.

National Institute on Drug Abuse (NIDA) for Teens describes prescription drug abuse as the act of taking a medication in an inappropriate way, such as without a prescription, in a way other than as prescribed, or for the "high" elicited.

NIDA also states, abusing some prescription drugs, such as narcotic painkillers, sedatives, tranquilizers, and stimulants can lead to addiction. Every medicine has some risk of side effects and doctors take this into account when prescribing medicines. People who abuse these drugs may not understand the risks. The medicines may not be safe for them, especially at higher doses or when taken with other medicines. Prescription drugs can be easier to get than street drugs, for the most part, adolescents have reported that they obtained meds from their parents or grandparent's cabinet, from other friends, and from people who sell them in the streets or at school.

Prescription Drug abuse is more common among teenagers. In most cases females abuse prescription medication to stay alert or lose weight and males abuse them to get "high" according to the research conducted by NIDA. This may also be a cheaper way for the youth to get high if the medication is from a family member.

Some of the short-term and long-term consequences of using prescription medications include:

- Stimulants- paranoia, high body temperature, irregular heartbeat
- Opioids- drowsiness, nausea, constipation
- Depressants- slurred speech, shallow breathing, fatigue, disorientation, lack of coordination, and seizures

1 in 4 teens reports having misued or abused a prescription drug at least once in their lifetime. (PATS 2013)

Region 7&8 students reported less perception of danger than Texas for kids using any prescription drug not prescribed to them.

Table 99 How Dangerous do you Think it is for Kids your Age to Use Any Prescription Drug Not Prescribed to Them, by Region

Table 99 2016 TSS by Region					
How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed to Them? Grades 7-12 (TSS Table D-13)					
Region	**Very Dangerous**	**SomeWhat Dangerous**	**Not Very Dangerous**	**Not At All Dangerous**	**Do Not Know**
State	74.0%	14.2%	4.2%	1.2%	6.3%
1&2	75.7%	11.9%	4.7%	1.2%	6.5%
1&9	76.6%	11.9%	4.3%	1.3%	5.9%
2	76.0%	12.0%	4.0%	0.7%	7.3%
3	72.6%	16.4%	4.1%	1.0%	5.9%
4&5	77.4%	11.3%	3.8%	1.1%	6.4%
5&6	75.1%	12.5%	4.6%	1.2%	6.5%
6&8	74.5%	13.2%	4.6%	1.2%	6.5%
7	69.4%	17.6%	4.9%	1.5%	6.5%
7&8	70.8%	16.6%	4.5%	1.5%	6.6%
9&10	75.0%	13.0%	3.9%	1.5%	6.7%
10	74.6%	13.0%	4.0%	1.6%	6.7%
11	75.9%	12.1%	3.3%	1.7%	7.1%
Texas A&M University, PPRI, 2016 TSS State Report					

In Region 7&8, as student grew older their perception of danger deccreases and use increases.

Table 99-1 2016 TSS Region 7&8					
How Dangerous Do you Think it is for Kids Your Age to Use Prescription Drugs Not Prescribed to Them by Grade					
Grade	Very Dangerous	Some What Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	70.8%	16.6%	4.5%	1.5%	6.6%
Grade 7	77.2%	11.0%	3.4%	1.2%	7.2%
Grade 8	76.6%	11.1%	4.0%	1.5%	6.8%
Grade 9	70.3%	16.0%	5.4%	0.9%	7.5%
Grade 10	65.6%	20.3%	5.0%	2.0%	7.1%
Grade 11	67.0%	20.2%	5.1%	1.7%	6.1%
Grade 12	67.5%	22.3%	4.2%	1.6%	4.5%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: Region 7&8					

Regional Consumption

During the FY13-14 cycle, the Texas School Survey of Drug and Alcohol Use was conducted with promotional assistance from the regional PRCs to increase participation from the schools selected in the sample size. Due to this effort, consumption data has been made available at the **regional level** with the release of the 2014 data. Below are indicators as noted from the Texas School Survey (TSS), the Youth Risk Behavior Survey of Texas High Schools (YRBS), and the Behavioral Risk Factor Surveillance System (BRFSS) – Texas HHS Regions, collected to illustrate general consumption patterns related to substance use and abuse.

Alcohol

Alcohol is the primary drug of abuse in Texas. In 2016, 53% of Texas secondary school students in grades 7–12 had ever used alcohol, and 28.6% had consumed alcohol in the last month. In 2016, 11.5% of all secondary students said that when they drank, they usually drank five or more drinks at one time. According to the data collected from the Department of Health and Human Services, in 2013, 28% of all admissions to publicly funded treatment programs in Texas had a primary problem with alcohol.

The 2016 TSS in Region 7&8 report 53.3% of Texas secondary school students in grades 7–12 had ever used alcohol, and 28% had consumed alcohol in the last month. In 2016, 10.9% of all secondary students said that when they drank, they usually drank five or more drinks at one time.

Age of Initiation

Although drinking by persons under the age of 21 is illegal, understanding at what age youth begin to experiment with alcohol provides valuable insight into targeting prevention.

According to the Centers for Disease Control and Prevention (CDC):

- Alcohol use by youth under age 21 is a major public health problem.
- Alcohol is the most used and abused drug among youth in the United States, more than tobacco and illicit drugs.
- Alcohol is responsible for more than 4,300 deaths annually among underage youth.
- People aged 12 to 20 years drink 11% of all alcohol consumed in the United States.
- More than 90% of this alcohol is consumed during binge drinking.
- On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.
- In 2010, there were approximately 189,000 emergency room visits by minors for injuries linked to alcohol.

In Texas, the 2014 TSS reported the average age of alcohol consumption initiation for secondary students was 12.6. The average reported by Regions 7 & 8 that participated in the 2014 Texas School Survey was 12.4. (Survey question in 2016 was not asked)

Early Initiation

According to a study performed by the Journal of Studies on Alcohol and Drugs, onset of alcohol use before age 11 (late childhood), when compared with initiation during early adolescence, was related to increased incidence of adult alcohol dependence, even after accounting for sociodemographic controls and other substance use in adolescence. These findings suggest the importance of delaying the onset of

alcohol use through prevention efforts as early as the elementary grades. In addition, prevention efforts should focus on preventing regular drinking before age 21.

Data from the 2014 Texas School Survey indicates the average age of first use of alcohol for Texas 7th graders is 10.6 years old, when connections being made in the developing brain are put at risk. The average age of initiation for 7th through 12th graders is 12.6 years old. This indicates that the average age of first use occurs significantly younger than the high school years.

Current Use

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

The Community Commons, Community Health Needs Assessment for 2017 reports the estimated adults drinking excessively in Texas is 17%. Almost one-half (46.42%) of Region 8 counties reported more adults drinking excessively than Texas. Those counties with the highest excessive drinking by adults aged 18 and older are Guadalupe (19%), Comal, Medina, Victoria and Wilson each report (18%). Bexar, the most populated county reported 17%.

High-risk use of alcohol, especially by minors, is most closely associated with binge drinking, where multiple servings of alcohol are consumed in succession during a short period of time. Binge drinking is a very strong indicator of consumption patterns that need the most immediate interventions. Below is data from the 2016 TSS indicating how often high-risk use of alcohol was reported by grade level. *High-risk use is current (last 30 days) binge drinking (5 or more drinks in a 2-hour period). Region 7&8 report less binge drinking than Texas by All Grades, however we have more 7th grade students reporting binge drinking.

Table 100 TSS High Risk Drinking

Region	Current Use, All Grades	High-Risk Use*, All Grades	Current Use, Grade 7	High-Risk Use*, Grade 7	Current Use, Grade 12	High-Risk Use*, Grade 12
State	28.6%	11.5%	13.3%	4.0%	47.1%	22.9%
7&8	28.0%	10.9%	14.7%	4.7%	44.3%	20.8%

Lifetime Use

A survey of lifetime use does not provide the entire picture because it does not reflect current use or trends over time, according to National Institute on Drug Abuse. For example, although lifetime use of alcohol was reported by the TSS study to be roughly 53% in Texas, current use has been documented at approximately 28.6%.

Table 101 Region 7&8 Lifetime Use of Alcohol

Table 101	2016 TSS, Grades 7-12							
Alcohol Consumption Texas vs. Region 7&8								
Grade	Past Month		School Year		Ever Used		Never Used	
	Texas	Region 7&8	Texas	Region 7&8	Texas	Region 7&8	Texas	Region 7&8
All	28.6%	28.0%	34.0%	34.1%	53.0%	53.3%	47.0%	46.7%
Grade 7	13.3%	14.7%	15.9%	17.4%	34.6%	37.2%	65.4%	62.8%
Grade 8	20.3%	20.8%	23.9%	24.5%	43.3%	45.3%	56.7%	54.7%
Grade 9	28.3%	26.4%	33.4%	31.9%	52.9%	50.5%	47.1%	49.5%
Grade 10	31.8%	28.4%	38.0%	35.8%	58.6%	57.5%	41.4%	42.5%
Grade 11	38.0%	37.5%	46.0%	45.7%	64.8%	63.5%	35.2%	36.5%
Grade 12	47.1%	44.3%	55.5%	54.9%	71.8%	70.2%	38.2%	29.8%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: 2016 Region 7&8 Report								

Qualitative Data

Many youth and adults are familiar with some of the dangers associated with drinking alcohol and starting at a young age. However, the majority of youth participants stated that drinking alcohol is part of their culture, and they were exposed to it at a relatively young age; most agreed that alcohol is present at their family gatherings, parties, or when having a meal. Most adolescent participants stated that they often feel pressured to do some type of drug.

Participants stated that alcohol consumption often leads to aggression, and that is the main reason why families struggle at times; however, the majority agreed that having strong family bonds and being able to confide in family members and friends is a strong support for them. When participants were asked about resources in their communities, adolescents agreed that they feel that they can trust their families and their primary doctors, but they were not as familiar with other resources such as social service agencies and treatment services. Adult participants also expressed concern about alcohol marketing and its effects on adolescents and youth.

Marijuana

Marijuana remains the most widely used illicit drug among youth in Texas. In 2016, 20% of Texas secondary school students in grades 7–12 had ever used marijuana, and 12.2% had consumed marijuana in the last month. In 2016 in Region 7&8, 20.8% of secondary school students in grades 7–12 had ever used marijuana, and 11.6% had consumed marijuana in the last month.

The 2016 Texas School Survey for Region 7&8 report:

- Marijuana use **increased** in Past-month use from 8 percent in 2014 to 12 percent in 2016, School Year increased from 12 Percent in 2014 to 15 percent in 2016. However, students reported a **decrease in Ever Used** from 23 Percent in 2014 to 21 percent in 2016. Past-month use for 7th, 8th and 12th grade students doubled. In 2014, 7th grade students reported Past-month use as 1.7 percent to 3.8 percent in 2016, 8th grade students 4.3 percent to 8.1 percent in 2016 and 12th grade students 11.1 percent to 22.1 percent in 2016.
- In 2016, 1.4 percent of students reported using Marijuana daily making it the **most frequently used substance** compared to 0.2 daily use for alcohol. Students using Marijuana several times a week was reported as 2.2 percent compared to alcohol at 1.4 percent.

- Students' **perception of danger for Marijuana use decreased** from 71 percent in 2014 to 68 percent in 2016. Over half (56%) of the seniors surveyed reported Marijuana somewhat to very easy to get.
- Of those youths who used marijuana/cannabis, 1.4% smoked every day, down from 1.9% in 2014.
- 6.3% report attending class while high from marijuana use.

According to the data collected from the Department of Health and Human Services, in 2013, 28% of all admissions to publicly funded treatment programs in Texas had a primary problem with alcohol.

In 2013, the YRBS reported that 37.5% of Texas high school students in grades 9–12 had ever smoked marijuana/cannabis, compared with 41% in 2011, 37% in 2009, 38% in 2007, 42% in 2005, and 41% in 2001.

The 2011–2012 NSDUH estimated that 5.1% of Texans age 12 and older had used marijuana/cannabis in the past year (compared with 7.1% nationally); in 2008–2009, 8.3% reported past-year use, compared with 10.8% nationally.

The Texas Poison Center Network reported 130 calls of human exposure to marijuana/cannabis in 1998, compared with 374 calls in 2013 according to Maxwell, in her article Substance Abuse Trends in Texas, (June 2014).

Maxwell also reported the following statistics in 2015:

- Marijuana/cannabis was the primary problem for 22.6% of admissions to treatment programs in 2015, compared with 23% in 2013 and 8% in 1995.
- The average age of marijuana/cannabis clients was 23.7.
- Approximately 41% were Hispanic, 32% were white, and 26% were black. 69% were male.
- 73% were involved with the criminal justice system, and only 17.5% were employed full time.
- Domestic cannabis in 2015 cost between $225 and $300 per ounce, whereas Mexican cannabis cost between $20 and $50. Hydroponic from California or Colorado cost between $2,500 and $3,200 per pound. High-grade "popcorn" sells for double the price of regular commercial-grade cannabis.

Age of Initiation

Marijuana is the most commonly used illicit drug in the United States, ranking just behind alcohol and tied with tobacco as the most commonly used addictive substance by teens. The National Institute on Drug Abuse (NIDA) warns that the current high rates of marijuana use by teenagers are placing them at risk for future brain development abnormalities. Regular marijuana use in early years affects learning, judgment and motor skills.

Young people are more susceptible to the harmful physical effects of using drugs such as marijuana. They are also more likely to engage in other risky behaviors when they are using. Adolescent use of marijuana has been linked to a range of developmental and social problems. According to the Alcohol and Drug

Abuse Institute, a 2012 study of over 1,000 individuals followed from birth through midlife found that persistent cannabis use was associated with neuropsychological decline across numerous domains, including cognitive and memory problems and declining IQ. Further, cessation of marijuana use did not fully restore neuropsychological functioning among adolescent onset cannabis users.

Other studies have shown that those who use marijuana from an early age are at risk of later developing problems, characterized by social disadvantage, behavioral difficulties, and problematic peer affiliations. According to the 2014 Monitoring the Future (MTF) Study 44.4% of U.S. 12th graders reported having used marijuana once or more in their lifetime.

According to the 2014 Texas School Survey, (average age of initiation was not asked in 2015) in Texas, the average age of initiation for marijuana use among secondary students was 13.3 years old, average age among Region 7&8 studens was younger at 13.16 years old.

Early Initiation

The long-term effects of marijuana use on adults who initiated use as adolescents are striking. If marijuana use begins in adolescence when the brain is still developing, the negative impact of chronic marijuana use on cognitive function and structure can last several years and may be permanent, according to The TED Report (Marijuana Admissions to Substance Abuse Treatment Aged 18 to 30: Early vs. Adult Initiation), 2013 by SAMHSA. According to TEDS, in 2010 there were 687,531 substance abuse treatment admissions aged 18 to 30. Of these, 340,212 reported marijuana abuse at treatment intake and the age of marijuana initiation. The majority of marijuana admissions reported early initiation (started using marijuana at age 17 or younger; 86.8%); the remaining 13.2 % reported adult initiation (started using marijuana at age 18 or older). These proportions remained relatively constant between 2000 and 2010.

Current Use

Determining the most recent use is a desired measure for youth marijuana consumption. Where age of initiation is indicative, that of most recent use helps differentiate use that that is ongoing. Below is a table from the 2016 TSS which details this information.

Table 102 2016 TSS Region 7&8 Marijuana Consumption

Table 102	2016 TSS, Grades 7-12							
	Marijuana Consumption Texas vs. Region 7&8							
Grade	Past Month		School Year		Ever Used		Never Used	
	Texas	Region 7&8	Texas	Region 7&8	Texas	Region 7&8	Texas	Region 7&8
All	12.2%	11.6%	15.0%	14.5%	21.0%	20.8%	79.0%	79.2%
Grade 7	3.6%	3.8%	4.3%	4.5%	5.9%	7.0%	94.1%	93.0%
Grade 8	6.7%	8.1%	8.3%	9.4%	11.4%	13.3%	88.6%	86.7%
Grade 9	10.9%	9.1%	13.1%	11.4%	17.8%	15.6%	82.2%	84.4%
Grade 10	14.4%	11.9%	17.8%	16.5%	25.2%	23.8%	74.8%	76.2%
Grade 11	19.4%	17.8%	23.8%	22.8%	33.7%	32.8%	66.3%	67.2%
Grade 12	23.0%	22.1%	28.1%	26.0%	40.2%	37.6%	59.8%	62.4%
Texas A&M University, Texas School Survey of Drug and Alcohol Use: 2016 Region 7&8 Report								

Lifetime Use

Marijuana remains the most widely used illicit drug among Texas youth, according to the Texas School Survey. According to the most recent report, lifetime marijuana use decreased from about 26.2% of students in 2012 to 23.2% of students in 2014.

Although lifetime use of marijuana has decreased according to the survey for Texas, students for region 7&8 report a 19.2% use of this drug that is less than what is reported for the state of Texas.

Marijuana consumption data is not regionally available and is generally know at the state-level. However a report published by the Department of Justice, Drug Enforcement Administration, The Dangers and Consequences of Marijuana Abuse, 2014 report lifetime use is up 21%, an increase of 8 million teens. Participants seemed unfamiliar with the major consequences of continued marijuana use. Lacking an understanding of the mental and physical effects of marijuana, its use on adolescents, families, and societies, deprives the communities from the full understanding of the consequences of marijuana and how it will impact younger generations, the future and cost to society, according to a report by the U.S. Department of Justice, Drug Enforcment Administration (DEA): The Dangers and Consequences of Marijuana Abuse, 2014. This article also states, "Legalization of marijuana, no matter how it begins, will come at the expense of our children and public safety. It will create dependency and treatment issues, and open the door to use of other drugs, impaired health, delinquent behavior, and drugged drivers."

According to DEA, marijuana from the 1970 compared to marijuana from now, is far more powerful and provided these analysis:

- Analysis from the NIDA-funded University of Mississippi's Potency Monitoring Project revealed that marijuana potency levels in the U.S. are the highest ever reported since the scientific analysis of the drug began.
- The average amount of THC in seized samples has reached 12.55%. This compares to an average of just under 4% reported in 1983 and represents more than a tripling of the potency of the drug since that time.
- Marijuana use that begins in adolescence increases the risk they will become addicted to the drug and the risk of addiction goes from about 1 in 11 overall to 1 in 6 for those who start using in their teens, and even higher among daily smokers
- Teens who experiment with marijuana may be making themselves more vulnerable to heroin addiction later in life, if the findings from experiments with rats are any indication.
- Marijuana is a frequent precursor to the use of more dangerous drugs and signals a significantly enhanced likelihood of drug problems in adult life.
- Long-term studies on patterns of drug usage among young people show that very few of them use other drugs without first starting with marijuana.
- Teens who used marijuana at least once in the last month are 13 times likelier than other teens to use another drug like cocaine, heroin, or methamphetamine and almost 26 times likelier than those teens who have never used marijuana to use another drug.
- Marijuana was the illicit drug with the highest rate of past year dependence or abuse in 2012; of the 7.3 million persons age 12 or older classified with illicit drug dependence or abuse, 4.3 million had marijuana dependence or abuse (representing 1.7% of the total population aged 12 or older and 58.9% of all those classified with illicit drug dependence or abuse).

Prescription Drugs

Prescription drug abuse is a major health epidemic in the United States. In the past two decades, many new medications have been developed including new treatments for pain management, Attention Deficit Hyperactivity Disorder (ADHD), anxiety and sleep disorders. At the same time, we see an increase in the misuse and abuse of these medications where individuals take a drug in a higher quantity, in another manner, or for another purpose than prescribed, or take a medication that has been prescribed for another individual.

Age of Initiation

According to a study performed from the National Institute on Drug Abuse and the National Institute of Health, a higher percentage of individuals who began using prescription drugs non-medically at or before 13 years of age were found to have developed prescription drug abuse and dependence versus those individuals who began using at or after 21 years of age. The study results indicate that early onset of non-medical use of prescription drugs was a significant predictor of prescription drug abuse and dependence. The study also discussed how there has been an increase in the non-medical use of prescription drugs (NMUPD) in the US over the past 15 years. In 2014, approximately 2.4 million Americans aged 12 years or older initiated non-medical use of prescription opioids within the past year, which exceeded the numbers of initiates for marijuana (2.1 million) or cocaine (1.0 million). Despite recent increases in NMUPD, there is a gap in knowledge regarding the association between early onset of NMUPD and the development of prescription drug abuse and dependence in the United States.

Early Initiation

Initial age of initiation was not reported at the State or Regional level; however, based on the data collected by the NSDUH it can be inferred that youth all over the nation are starting to experiment with prescription and non-prescription medication as early as 12 years old.

Current Use

The drugs teens often look to in these cases are not bought from a dealer on the street, but are given to them from friends or even found in their parents' or other relatives' medicine cabinet. According to the National Institute on Drug Abuse (NIDA), after marijuana and alcohol, prescription drugs are the most commonly abused substances by Americans age 14 and older.

Lifetime Use

The Texas Drug Facts among Youth 2016, reported by Texas Health and Human Services Commission (HHSC), a summary report of the Texas School survey key findings for nonmedical use of prescription drugs:

TEXAS DRUG FACTS:

Nonmedical Use of Prescription Drugs:

- In 2014, about 10.8 percent of students reported using **codeine cough syrup** nonmedically at some point in their lives, and 5.1 percent reported that they used in the past month. These prevalence rates increased in 2016 with 12.8 percent of students reporting having ever used codeine cough syrup and 6.0 percent of students reported use in the past month.

- Two commonly abused narcotic prescription drugs: **oxycodone** products (OxyContin, Percodan, Percocet) and **hydrocodone** products (Vicodin, Lortab, Lorcet) were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. In 2016, 5.0 percent of students reported using these products nonmedically in their lifetime and 2.4 percent of students reported using these products in the last month. These reports do not represent a significant increase from past years.

- Two popularly prescribed anti-anxiety drugs, **Valium (or Diazepam)** and **Xanax (or Alprazolam)**, were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. About 4.0 percent of students reported non-medical use of these narcotics in their lifetime and 1.9 percent reported use in the last month. These combined reports represent an increase from reported use of Valium (1.0 percent reported lifetime use) and Xanax (3.1 percent reported lifetime use) in 2014.

- In 2016, a new question was added to capture the use of: Adderall, Ritalin, Dexedrine, Concerta, or Focalin. These drugs are stimulants commonly prescribed for attention deficit hyperactivity disorder (ADHD) but also abused by student seeking to improve their academic performance. In 2016, 4.0% of students reported using these substances in their lifetime and 1.8 percent reported using them in the past month.

Region 7&8 FACT SHEET:

Codeine Cough Syrup

- In 2014, about 12.1 percent of students reported using **codeine cough syrup** non-medically at some point in their lives, and 5.8 percent reported that they used in the past month. These prevalence rates **decreased** in 2016 with 11.4 percent of students reporting having ever used codeine cough syrup and 5.6 percent of students reported using in the past month.

Opioids – Used for Pain

- Two commonly abused narcotic prescription drugs: **Oxycodone** products (OxyContin, Percodan, and Percocet) and **hydrocodone** products (Vicodin, Lortab, and Lorcet) were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. In 2016, 5.1 percent of students reported using these products non-medically in their lifetime and 2.4 percent of students reported using these products in the past month. These reports do not represent a significant increase from past years.

Benzodiazepines - Anti-Anxiety

- Two popularly prescribed anti-anxiety drugs, **Valium (or Diazepam)** and **Xanax (or Alprazolam),** were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. About 4.6 percent of students reported non-medical use of these narcotics in their lifetime and 2.1 percent reported use in the past month. These combined reports represent an increase from reported use of Valium (1.2 percent reported lifetime use) and Xanax (3.5 percent reported lifetime use) in 2014.

Amphetamines - Stimulants

- In 2016, a new question was added to capture the use of **Adderall, Ritalin, Dexedrine, Concerta,** or **Focalin**. These drugs are stimulants commonly prescribed for attention deficit hyperactivity disorder (ADHD) but also abused by students seeking to improve their academic performance. In 2016, 5.2 percent of students reported using these substances in their lifetime and 2.1 percent reported using them in the past month. These percentiles are **higher** than the State (Ever used 4.0 percent and Past-month 1.8 percent).

Qualitative Data

The Substance Abuse and Mental Health Services Administration (SAMHSA) addresses prescription drug misuse and abuse using a public health approach which includes early intervention, prevention, treatment, and recovery support services. They define prescription drug misuse and abuse is the intentional or unintentional use of medication without a prescription, in a way other than prescribed, or for the experience or feeling it causes.

The 2013 National Survey on Drug Use and Health (NSDUH) reported:

- About 15.3 million people aged 12 or older used prescription drugs non-medically in the past year and 6.5 million did so in the past month.
- SAMHSA states it is a growing national problem in the US.
- There is a large growth in misuse and abuse, fueled by misperceptions about their safety, increasing availability, and varied motivations for their use from countering anxiety and helping sleep problems to getting high.
- 12.5% of new illegal drug users began with prescription pain relievers.

A 2011 analysis by the Centers for Disease Control and Prevention (CDC) found:

- Opioid analgesic (painkiller) sales increased nearly four-fold between 1999 and 2010
- Paralleled by an almost four-fold increase in opioid (narcotic pain medication) overdose deaths.
- Substance abuse treatment admissions almost six times the rate during the same time period.

Prescription drug abuse-related emergency department visits and treatment admissions have risen significantly in recent years according to the research reported by SAMHSA. Other negative outcomes that may result from prescription drug misuse and abuse include overdose and death, falls and fractures in older adults, and, for some, initiating injection drug use with resulting risk for infections such as hepatitis C and HIV.

The Texas Prescription Program (TPP) collects prescription data on ALL Schedule II, III, IV and V controlled substances dispensed by a pharmacy in Texas or to a Texas patient from a pharmacy in another state.

The Texas Prescription Program was created by the 67th Texas Legislature in 1982 to monitor Schedule II controlled substance prescriptions. Effective Sept. 1, 2008, the Texas Legislature expanded TPP to include the monitoring of Schedule III through Schedule V controlled substance prescriptions.

Although controlled substances have valid medical uses, they also have potential for abuse and addiction. Diversion of prescription drugs is a significant abuse problem, and this program was created to be an efficient, cost effective tool for investigating and preventing drug diversion. Although controlled substances have valid medical uses, they also have potential for abuse and addiction. Federal controls monitor the substances from manufacture through distribution to retail facilities. However,

most pharmaceutical drug diversion occurs at the retail/consumer level. The program seeks to control misuse by following controlled substances to the point of ultimate use. TPP can be used by practitioners and pharmacists to verify their own records and inquire about patients. In addition, the program can be used to generate and disseminate information regarding prescription trends.

DEA ANNOUNCES 13th NATIONAL PRESCRIPTION DRUG TAKE-BACK

DEA announced that the 13th National Prescription Drug Take-Back will take place October 28, 2017 from 10 am-2 pm local time. As with the previous 12 Take-Back events, sites will be set up throughout communities nationwide so local residents can return their unwanted, unneeded, or expired prescription drugs for safe disposal.

Collection sites in every local community can be found by going to www.dea.gov. This site will be continuously updated with new take-back locations.

The National Prescription Drug Take-Back addresses a vital public safety and public health issue. Many Americans are not aware that medicines that languish in home cabinets are highly susceptible to diversion, misuse, and abuse. Rates of prescription drug abuse in the U.S. are at alarming rates, as are the number of accidental poisonings and overdoses due to these drugs. Studies show that many abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. In addition, many Americans do not know how to properly dispose of their unused medicine, often flushing them down the toilet or throwing them away – both potential safety and health hazards.

"Prescription drug abuse is a huge problem and this is a great opportunity for folks around the country to help reduce the threat," Rosenberg said. "Please clean out your medicine cabinet and make your home safe from drug theft and abuse."

The U.S. Drug Enforcement Administration and more than 4,200 of its law enforcement and community partners collected more unused prescription drugs than at any of the 12 previous National Prescription Drug Take Back Day events.

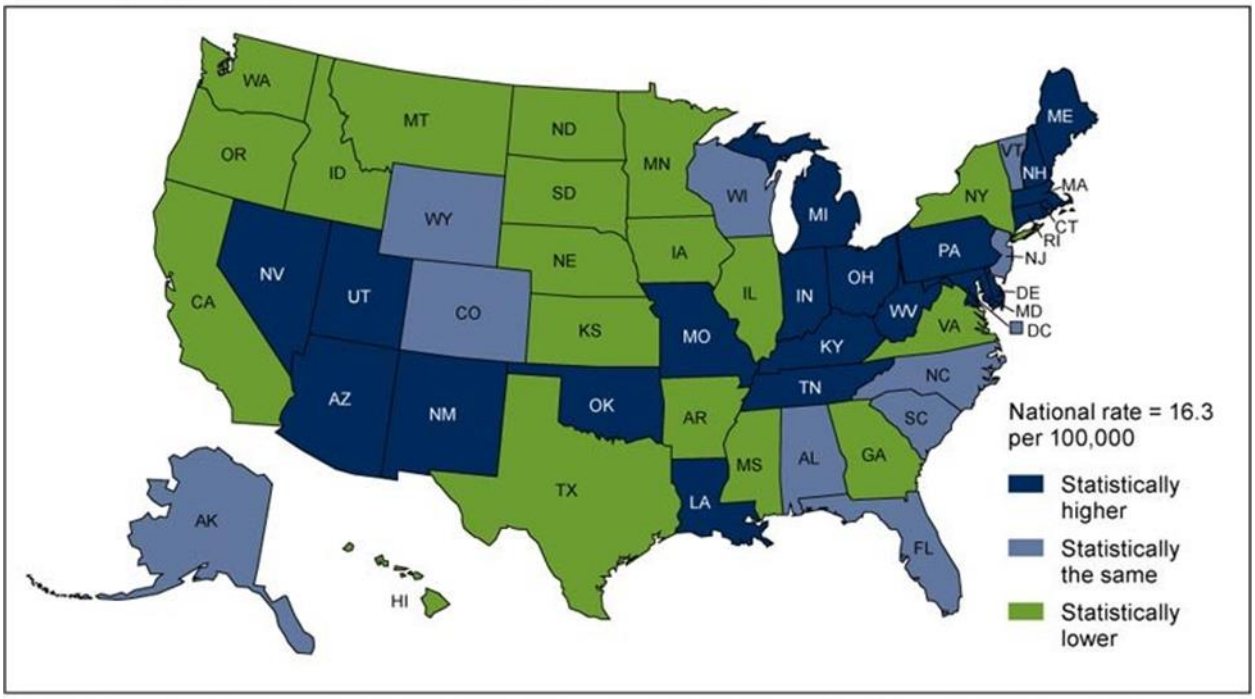
On Saturday, April 29, the event brought in 900,386 pounds (450 tons) at close to 5,500 sites across the nation. Marking the 13th National Prescription Take Back Day since September 2010, these events have altogether collected 8,103,363 pounds (4,052 tons) of prescription drugs.

Special Topic: Opiates

The National Institute on Drug Abuse, (NIDA), Opioid Crisis, dtd June 2017 reports, every day, more than 90 Americans die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the

United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

Figure 4. Age-adjusted drug overdose death rates, by state: United States, 2015



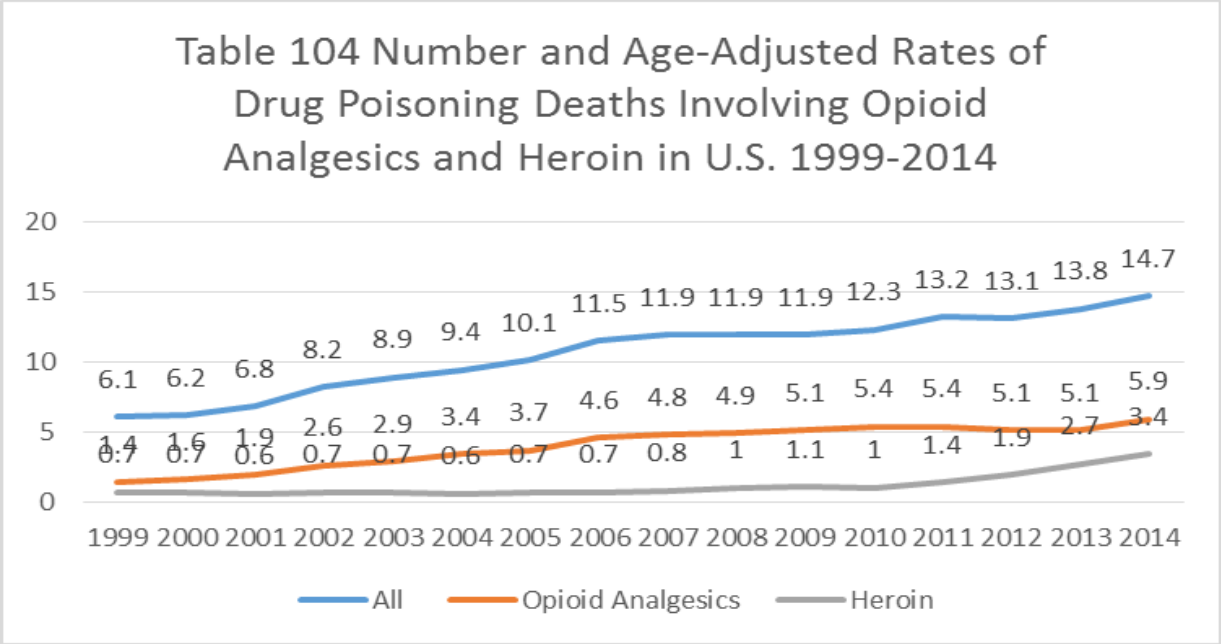
NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db273_table.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.

National Crisis

In 2015, more than 33,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful synthetic opioid.[1] That same year, an estimated 2 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 591,000 suffered from a heroin use disorder (not mutually exclusive).[5] Here is what we know about the opioid crisis:

- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.[6]
- Between 8 and 12 percent develop an opioid use disorder.
- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.
- About 80 percent of people who use heroin first misused prescription opioids.

This issue has become a public health crisis with devastating consequences including increases in opioid misuse and related overdoses, as well as the rising incidence of neonatal abstinence syndrome due to opioid use and misuse during pregnancy. The increase in injection drug use has also contributed to the spread of infectious diseases including HIV and hepatitis C. As seen throughout the history of medicine, science can be an important part of the solution in resolving such a public health crisis.



NOTES: Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD–10). Drug-poisoning deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug-poisoning deaths involving opioid analgesics are drug-poisoning deaths with a multiple cause code of T40.2, T40.3, or T40.4. Drug-poisoning deaths involving heroin are drug-poisoning deaths with a multiple cause code of T40.1. Each year a small subset of drug-poisoning deaths involved both opioid analgesics and heroin. For example, in 2014, 2,348 deaths involved both opioid analgesics and heroin. Deaths involving both opioid analgesics and heroin are included in both the rate of deaths involving opioid analgesics and the rate of deaths involving heroin. Approximately one-fifth of drug-poisoning deaths lack information on the specific drugs involved. Some of these deaths may involve opioid analgesics or heroin.SOURCE: NCHS, National Vital Statistics System, Mortality File.

Morbidity and Mortality Weekly Report (MMWR), Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014, Weekly, January 1, 2016 / 64(50);1378-82, (http://www.cdc.gov/mmwr), reports the following summary on the Opioid overdose deaths.

What is already known on this topic?

The rate for drug overdose deaths has increased approximately 140% since 2000, driven largely by opioid overdose deaths. After increasing since the 1990s, deaths involving the most commonly prescribed opioid pain relievers (i.e., natural and semisynthetic opioids) declined slightly in 2012 and remained steady in 2013, showing some signs of progress. Heroin overdose deaths have been sharply increasing since 2010.

What is added by this report?

Drug overdose deaths increased significantly from 2013 to 2014. Increases in opioid overdose deaths were the main factor in the increase in drug overdose deaths. The death rate from the most commonly prescribed opioid pain relievers (natural and semisynthetic opioids) increased 9%, the death rate from heroin increased 26%, and the death rate from synthetic opioids, a category that includes illicitly

manufactured fentanyl and synthetic opioid pain relievers other than methadone, increased 80%. Nearly every aspect of the opioid overdose death epidemic worsened in 2014.

What are the implications for public health practice?

Efforts to encourage safer prescribing of opioid pain relievers should be strengthened. Other key prevention strategies include expanding availability and access to naloxone (an antidote for all opioid-related overdoses), increasing access to medication-assisted treatment in combination with behavioral therapies, and increasing access to syringe service programs to prevent the spread of hepatitis C virus infection and human immunodeficiency virus infections. Public health agencies, medical examiners and coroners, and law enforcement agencies can work collaboratively to improve detection of and response to outbreaks associated with drug overdoses related to illicit opioids.

Table 105 2015 U.S. Overdose Deaths by Sex

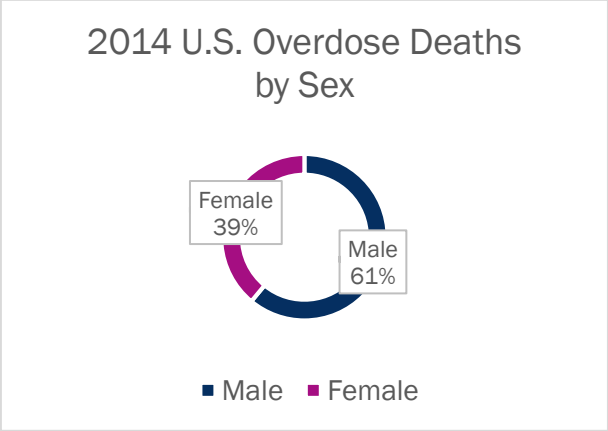


Table 106 U.S. Overdose Deaths by Age			
Age	2013	2014	%Change
0-14	105	109	0.0%
15-24	3,664	3,798	3.6%
25-34	8,947	10,055	10.5%
35-44	9,320	10,134	8.7%
45-54	12,045	12,263	2.5%
55-64	7,551	8,122	5.7%
≥ 65	2,344	2,568	7.7%
National Vital Statistics System, Mortality File			

Table 107 Age Adjusted Overdose Deaths			
Year	U.S.	Texas	% Change
2013	13.8	9.3	6.5%
2014	14.7	9.7	4.3%
National Vital Statistics System, Mortality File			

Emerging Trends

The University of Texas at Austin, Addictin Research Institute, School of Social Work report the Substance Abuse Trends In Texas: August 2016

Methamphetamine indicators are higher than before the pseudoephedrine ban in 2007–2008. The DEA El Paso Intelligence Center (EPIC) reported seizures of methamphetamine increased by 37% between 2013 and 2015 and it is ranked as the #1 drug threat in the DEA Dallas are and #2 in Houston. The methamphetamine made in Mexico using the P2P process is increasingly pure and more potent with more reports by Texas outreach workers of use by men who have sex with men and high-risk heterosexuals with increases in HIV and syphilis. The HIV mode of exposure among men who have sex with men is at the same level in 2015 (70% of all cases as it was in 1988 when data on mode of exposure were first collected.

- The **novel psychoactive substances/synthetics** situation is mixed, marked by sporadic clusters of overdoses, which may be a result of amateur chemists mixing the drugs or bad batches of precursor

chemicals. The number of poison calls for synthetic cannabinoids or cathinones peaked in 2014. The chemical ingredients of cannabinoids have changed from JWH varieties to AB-CHMINACA and XLR-11. The number of phenethylamines identified continues to increase. The primary synthetic cathinones in 2015 was ethylone. A growing problem is PCP-like reactions to the synthetic drugs; the analog producing these reactions is not yet identified.

- **Heroin** users are younger and less likely to be people of color. Indicators of deaths and poison center calls continued to rise, but seizures along the Texas–Mexico border decreased 10%. Nevertheless, the DEA reported Mexican opium production is increasing to sustain the increasingly high levels of demand in the United States. **"Other opiate"** indicators are trending downward as a result of rescheduling of hydrocodone. Oxycodone is less of a problem than hydrocodone and it has remained stable, as have buprenorphine and methadone numbers. Oxycodone numbers are not as consistent in terms of trending, but its use is much lower than for hydrocodone. Fentanyl abuse and misuse in Texas traditionally involved the transdermal patches, but new rogue fentanyl powder began appearing in spring 2016. New synthetic opioids such as UR-47700 also began appearing.
- The **cannabis** situation has been influenced by both supply and demand. Supply from Mexico has decreased, with increases instead occurring in the use of home-grown and hydroponic methods and the availability of high-quality cannabis from Colorado. The demand for the drug has been influenced by changes in patterns of use with blunts and now electronic cigarettes and the "vaping" of hash oil and "shatter."
- **PCP** remains as a problem. The number of PCP items identified by forensic labs peaked in 2014 at 1052 and dropped to 766 in 2015, which may reflect the characteristics exhibited by many individuals who needed hospital care had taken "K-2" OR "Spice" and they exhibited the classic PCP signs but the forensic tests did not indicate the presence of PCP. Some N-BOMe analogs that have not been identified may be mimicking the PCP behaviors.
- **Cocaine** indicators continue to trend downward, but this may be changing. Availability is high, but the source has been unstable as a result of cartel wars, with the amounts seized at the Texas–Mexico border down 17% between 2013 and 2015. However, UNODC has reported an increase of almost 40 per cent in the Colombian coca crop acreage between 2014 2015. The Houston DEA Field Division reported that the flow of cocaine appeared to be rising at the end of 2015. Texas street outreach workers are reporting increased popularity of powder cocaine.
- **Benzodiazepine** indicators have remained fairly stable over the last two years. Alprazolam is the most abused benzodiazepine.

Fentanyl and Opiate Dangers

Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze®.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.

According to the DEA, the drug, which is often used in anesthesia to prevent pain after surgery or other procedures, is commonly laced in heroin, causing significant problems across the country, particularly because heroin abuse has increased.

The DEA reports that in the last 2 years, the DEA has seen a significant resurgence in fentanyl-related seizures. According to the National Forensic Laboratory Information System, state and local laboratories reported 3,344 fentanyl submissions in 2014, up from 942 in 2013. In addition, the DEA has identified 15 other fentanyl-related compounds.

A Schedule II narcotic used fentanyl is the most potent opioid available for use in medical treatment — 50 to 100 times more potent than morphine, and 30 to 50 times more potent than heroin. Fentanyl is potentially lethal, even at very low levels. The DEA notes that ingestion of even small doses — as small as 0.25 mg — can be fatal. Its euphoric effects are indistinguishable from those of morphine or heroin.The DEA has also issued warnings to law enforcement agencies, owing to the fact that fentanyl can be absorbed through the skin, and accidental inhalation of airborne powder can occur.

This is not the first time fentanyl has posed such a threat to public health and safety. Between 2005 and 2007, more than 1000 US deaths were attributed to fentanyl — many of which occurred in Chicago, Detroit, and Philadelphia. The source of that fentanyl was traced to a single laboratory in Mexico. When that laboratory was identified and dismantled, the surge ended.

Consequences

Most of the evaluation work that is done through the Prevention Resource Centers is based on the Strategic Prevention Framework from the Substance Abuse and Mental Health Services Administration. This framework is a five-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process. The SPF is designed to help States and communities build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. Focused on systems development, the SPF reflects a public health, or community-based, approach to delivering effective prevention.

When looking at consequences of substance abuse, it is important to look at the strategic prevention framework, which is driven by the concept of outcome-based prevention. The SPF serves as a guide for organizations and decision-makers toward defining the specific results they expect to accomplish when creating a prevention plan.

Overview of Consequences

Outcomes-based prevention starts with looking at consequences of use, then identifying the patterns of consumption that produce these consequences. The Prevention Resource Center Region 8 performs a regional needs assessment to look at the patterns and effects of substance abuse in particular populations, as well as related behavioral health problems specific to the area. The process begins with a review of epidemiological data. It is necessary to understand the nature, extent, and impact of identified problems at the local level, to uncover the factors that drive them, and to identify appropriate solutions.

According to SAMHSA, consequences describe what happens when people use substances. Any social, economic, or health problem can be defined as a substance-related consequence if the use of alcohol, tobacco, or illicit drugs increases the likelihood that the consequence will occur.

In terms of the target population for this Regional Needs Assessment, young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society.

The Prevention Resource Center Region 8, along with the Statewide Prevention Evaluator have identified and performed an assessment of substance use/abuse related consequences and risk factors; however, this information is intended to be used as a general report about how Region 8 stands in relation to consequences associated with substance use/abuse. Mortality rates, academic performance, health disparities, criminal activity, and mental health issues are among the related consequences that will be discussed.

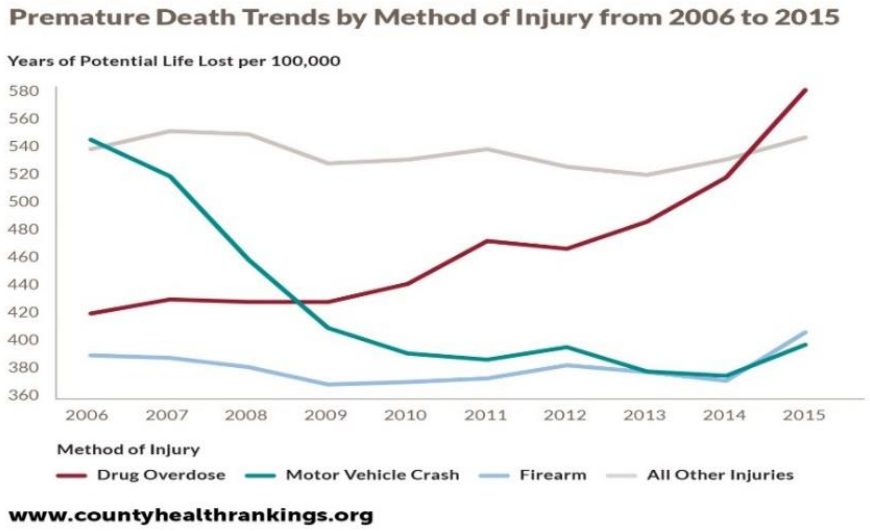
Mortality

Mortality is defined as the number of deaths in a given time or place. According to the National Institute on Drug Abuse (NIDA), Drug-related deaths have more than doubled since 2000. There are more deaths, illness, and disabilities from substance use than from any other preventable health condition. Today, one in four deaths is attributable to alcohol, tobacco, and illicit or prescription drug use Today, one in four deaths is attributable to alcohol, tobacco, and illicit drug use, according to the National Institute on Drug Abuse (NIDA). Some of the mortality factors considered for the purpose of this Regional Needs Assessment include: suicide, overdose deaths, and drug/alcohol related fatalities.

Overdose Deaths

The Community Commons report, *Drug Overdose is a Major Contributor to the Rise in Premature Death Across the U.S.* The U.S. continues to experience an epidemic of drug overdose deaths. From 2000 to 2015 more than half a million people died from drug overdoses, the majority (55 percent of these deaths) occurring from 2009 to 2015. While injury deaths due to drug overdoses, motor vehicle crashes, and firearms have consistently been leading contributors to premature death, as indicated in the graphic, drug overdose was by far the single leading cause of premature death by injury in 2015.

Table 108 Premature Death Treands by Method of Injury 2006-2015



Nationally, accidental drug overdose, from both legal and illegal drugs, now ranks second only to auto collisions among leading causes of accidental death in the US, having surpassed deaths due to firearms. This serious but largely overlooked national crisis has taken root in Texas and the numbers are startling. Between 1999 and 2007, overdose deaths increased by more than 150%. Accidental poisoning (most commonly due to drug overdose) is the third-leading cause of injury-related death in Texas, behind car crashes and suicide, reports a study conducted by the Center for Disease Control and Prevention (CDC), Overdose: A National Crisis Taking Root in Texas, 2010.

National Institute on Drug Abuse (NIDA) states, an overdose is when someone takes too much of a drug or medication, causing serious, harmful symptoms or even death. If someone takes too much of something on purpose to commit suicide, for example, it is called an intentional or deliberate overdose. If the overdose happens by mistake, it is called an accidental overdose. More overdose deaths are caused by people abusing prescription opioids than by any other drug, including heroin or cocaine.

If you think you or someone else has overdosed on a drug, you should always call 911 immediately.

If it is not an emergency but you would like information, you can call the National Poison Control Center (1-800-222-1222) from anywhere in the United States. It is a free and confidential service. You should call if you have any questions about an overdose, poisoning, or poison prevention. You can call for any reason, 24/7.

The largest populated County in each Region was selected to compare drug induced death crude rates from 1999-2015. Bexar County drug induced deaths of 11.2 per 100,000 are significantly higher than the Texas rate of 9 per 100,000 population during 1999-2015.

Table 109 Drug Induced Deaths by Largest Population by Region					
County	Region	Drug--Induced Deaths (1999-2015)	Population, 1999-2015	Crude Rate per 100k	Age Adjusted Rate per 100k
Texas		***31,776***	***405,679,137***	***9***	***9.2***
Lubbock	1	396	4,546,940.00	8.7	9.7
Wichita	2	351	2,231,373.00	15.7	16.5
Dallas	3	3928	39,675,654.00	9.9	9.9
Smith	4	312	3,371,548.00	9.3	9.6
Jefferson	5	525	4,266,434.00	12.3	12.2
Harris	6	6439	66,153,898.00	9.7	9.9
Travis	7	1872	16,411,526.00	11.4	11.3
Bexar	***8***	***3074***	***27,491,547.00***	***11.2***	***11.4***
Ector	9	290	2,271,067.00	12.8	14
El Paso	10	1078	12,894,270.00	8.4	9
Hidalgo	11	390	12,060,443.00	3.2	3.7
CDC Wonder, Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics					

One quarter (25%) of Region 8 Counties have drug induced rates higher than Texas' rate of 9 deaths per 100,000 people. Bexar (11.2), Calhoun (12) and Ker (11.4) counties have the highest drug induced crude rates per 100,000 deaths from 1999-2015. County level data is available in Appendix A, Table 110.

Alcohol Related Fatalities

Approximately every 29 minutes, someone is hurt or killed in Texas in a crash involving alcohol. In 2014, there were 1,041 fatalities in Texas due to crashes involving a DUI, and 29% of all fatalities in motor vehicle crashes in Texas involved a driver under the influence of alcohol. Impaired driving is a serious issue in Texas, and it affects many more than only those involved in drunk driving crashes. There were no deathless days on Texas roadways in 2014, according to the data from Texas Department of Transportation (TXDOT), Texas Motor Vehicle Traffic Crash Highlights, 2014. The misuse or abuse of alcohol greatly increases the chance of injuries or deaths.

Region 8 had 114 DUI fatalities and a total of 3,120 DUI crashes in 2014, according to the data from TXDOT.

2014 DUI (Alcohol) Related Fatalities					
	# Fatalities	<21	21-25	26-30	>31
Bexar County	57	5	11	12	29
Region 8	114	15	29	18	52
Texas	1,041	134	206	151	550
Nation	9,967				

Source: Texas Department of Transportation, Texas Peace Officer's Crash Reports (CR-3).

- Bexar County accounts for 50% of fatalities in Region 8 and 5% of all fatalities in Texas.

- Youth under the age of 21 accounted for 13% of the fatalities in Region 8.
- Region 8 accounts for 11% of fatalities in Texas and 1% of the fatalities in the Nation.
- Texas accounts for 10% of fatalities in the Nation.
- Youth under the age of 25 account for 33% of fatalities in Texas and 39% in Region 8.

Table 112 Alcohol Induced Deaths by Largest Population by Region

County	Region	Alcohol-Induced Deaths (1999-2015)	Population, 1999-2015	Crude Rate per 100k	Age Adjusted Rate per 100k
Texas		***31,776***	***405,679,137***	***9***	***9.2***
Lubbock	1	315	4,546,940	6.9	7.7
Wichita	2	259	2,231,373	11.6	11.6
Dallas	3	2,182	39,675,654	5.5	6
Smith	4	150	3,371,548	4.4	4.2
Jefferson	5	220	4,266,434	5.2	4.9
Harris	6	3,800	66,153,898	5.7	6.2
Travis	7	1,123	16,411,526	6.8	7.6
Bexar	***8***	***2,149***	***27,491,547***	***7.8***	***8.3***
Ector	9	226	2,271,067	10	10.5
El Paso	10	1,028	12,894,270	8	8.8
Hidalgo	11	416	12,060,443	3.4	4.3

CDC, Mortality Statistics Brancy, Division of Vital Statistics, National Center for Health Statistics

Crashes and Fatalities

Over time Region 8 has declined in alcohol related fatalities by 22.4 %. One out 4 fatalities involed driving under the influence, see table 116 below. Almost half of Region 8 (46%) counties had higher percentages of fatalities involving driving under the influence. Frio (66.7%), Dewitt (40%) and Guadalupe (45.8%) had the highest percentages. Bexar County, our most populated county has 26.4% of their fatalaties driving under the influence, higher than Texas (26.2%).

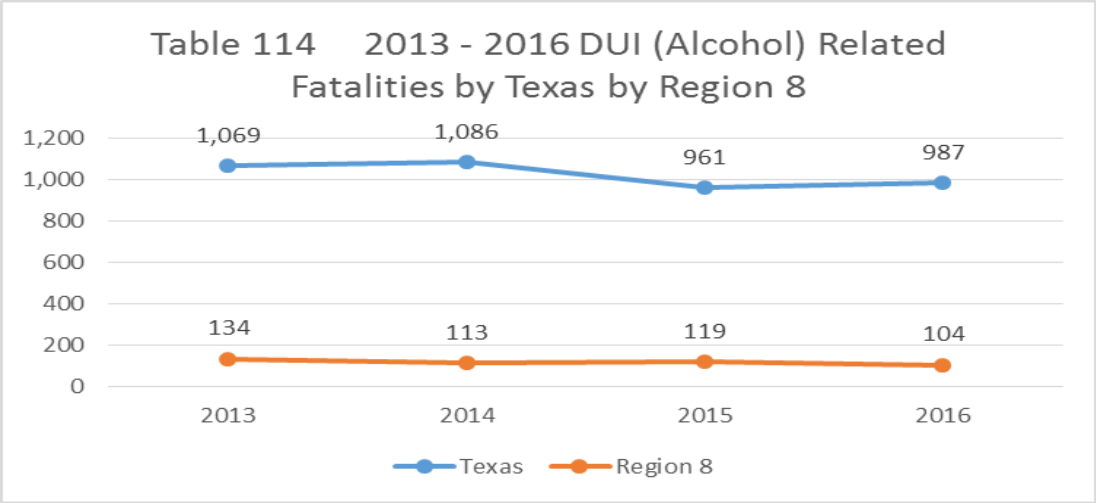
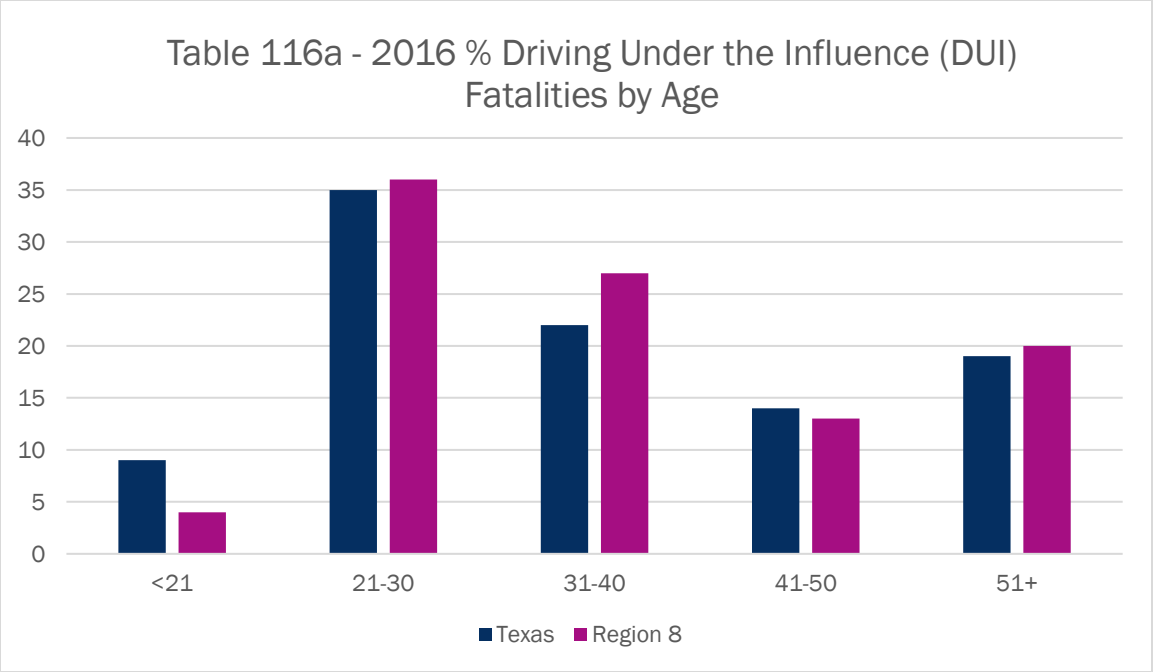


Table 116	2016 Crashes and DUI (Alcohol) Related Fatalities by County				
Area	**Total Crashes**	**Total Crashes Involving a Fatality**	**Total Fatalities**	**Total DUI Fatallities**	**% of Fatalities Involving a DUI**
Texas	***551,971***	***3,404***	***3,773***	***987***	***26.2%***
Region 8	***67,666***	***357***	***404***	***104***	***25.7%***

Texas Department of Transportation, DUI (Alcohol) Related Fatalities, Crashes and Injuries, 2016

Texas had 987 DUI deaths in 2016, 9.4% were youth under the age of 21. Fifty-six percent of the fatalities in Region 8 occurred in Bexar County. Thirty-five percent were between the ages of 21-30, 22% were between the ages of 31-40, 14% were 41 to 50 and 19% were age 51 and older. See Appendix A, Table 117 and 118 for County level data.



Disease (Morbidity) Related to Substance Abuse

An outcome not as severe as death, is disease (morbidity). Substance-abusing and behavior is very closely tied to a number of chronic diseases, such as sexually transmitted diseases (STDs), HIV/AIDS, diabetes, and obesity, just to name a few.

This section will provide Region 8's ranking in relation to a number of chronic diseases that create a detriment to quality of life and a burden to the patient and the health care system that manages these conditions. In almost every case, these diseases are preventable, and many are related to substance-abusing behavior.

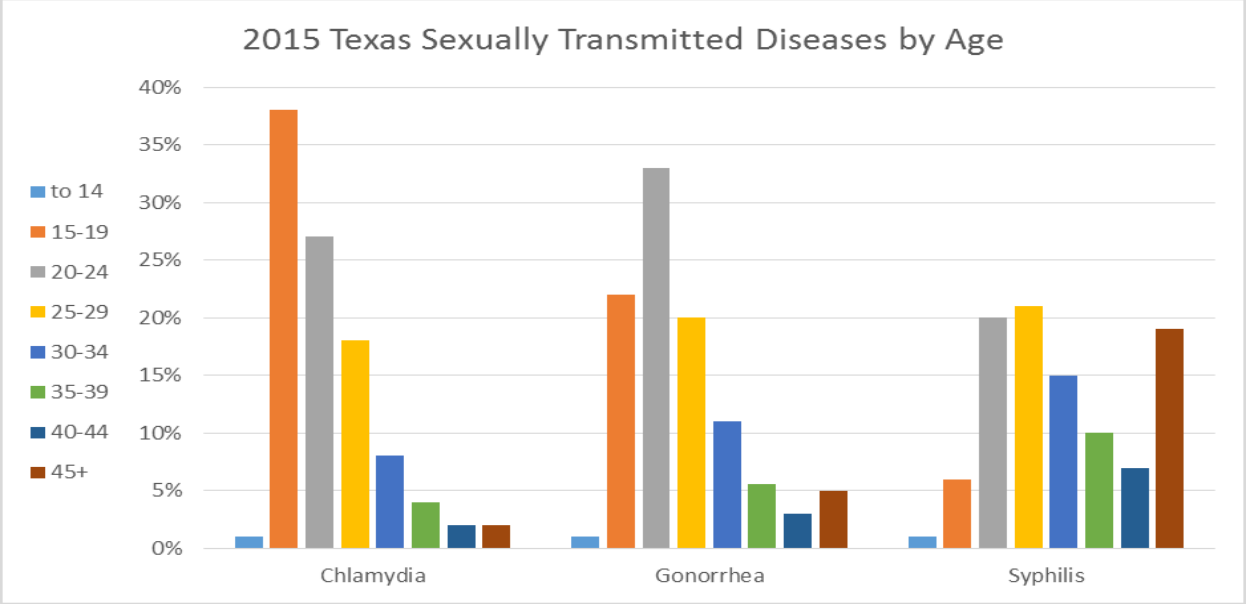
Sexually Transmitted Diseases (STDs)

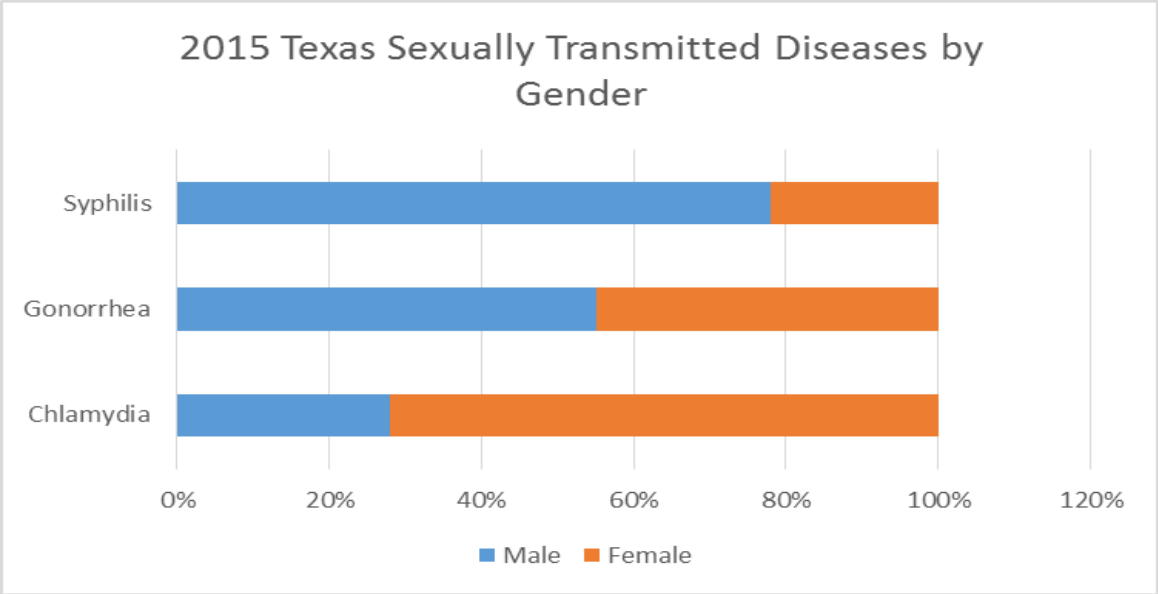
Substance-abusing and risk-taking behavior often lead to poor sexual health decisions.

Overall Texas chlamydia rates increased 0.6% from 484.2 in 2014 to 487.3 in 2015, girls were 3 times more likely to be diagnosed with chlamydia. Texas gonorrhea rates increased 4.1% from 131.3 rate reported in 2014 to 136.7 rate in 2015, males and females were equally likely to be diagnosed with gonorrhea. Syphilis rates for texas increased 7.4% from 28.4 reported in 2014 to 30.6 in 2015, males were almost 3 times more likely to be diagnosed with syphilis. Region 8 exceeds the state rates for chlamydia, gonorrhea and syphilis and has the second highest rates in the state for chlamydia (567.6) and syphilis (37.7).

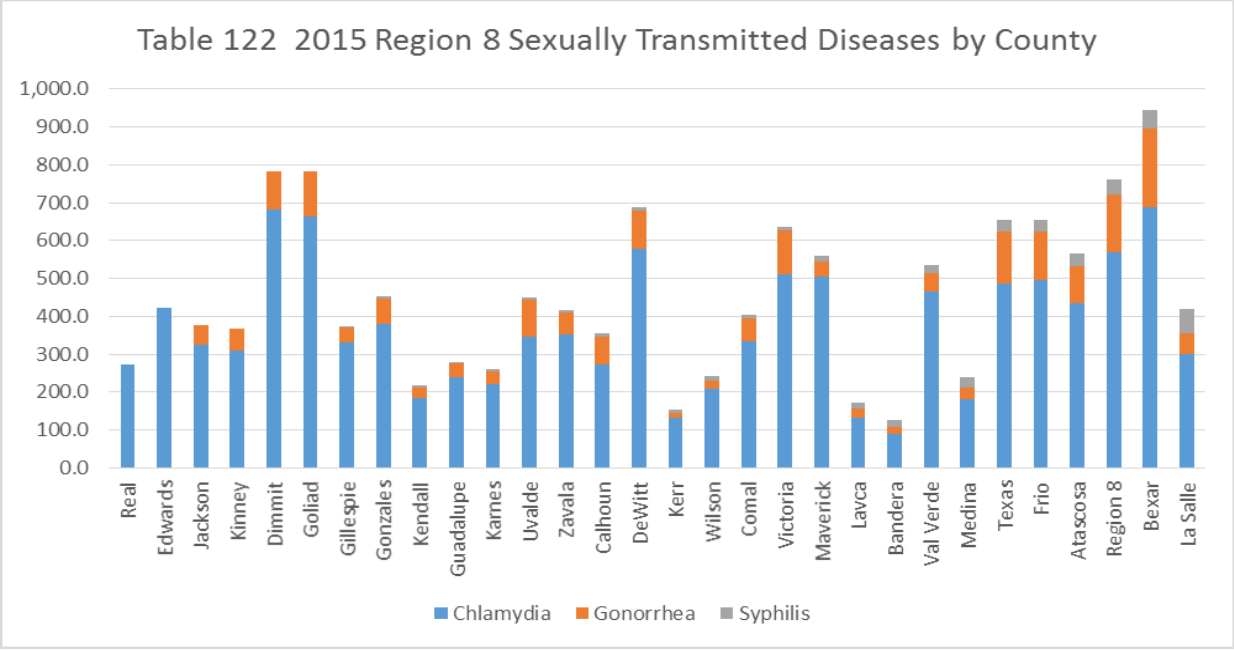
Table 119 2015 Sexually Transmitted Diseases by Region						
	Chlamydia		Gonorrea		Syphilis	
Area	Cases	Rate*	Cases	Rate*	Cases	Rate*
Texas	133,850	487.3	37,539	136.7	8,395	30.6
Region 1	4,572	52.5	1,860	214.2	160	18.4
Region 2	2,255	410.0	653	118.7	76	13.8
Region 3	32,416	437.0	10,364	139.7	2,366	31.9
Region 4	4,424	390.3	1,642	144.8	171	15.1
Region 5	3,452	445.4	1,016	131.1	169	21.8
Region 6	32,671	478.6	8,937	130.9	2,613	38.3
Region 7	19,812	601.3	5,664	171.9	799	24.3
Region 8	16,267	567.6	4,447	155.2	1,081	37.7
Region 9	3,320	519.4	1,010	158.0	143	22.4
Region 10	4,599	535.2	550	64.0	244	28.4
Region 11	10,062	449.7	1,396	62.4	573	25.6
HHSC, Texas 2015 STD Surveillance Report - v3 - Updated 12/12/16						
* Rates represent cases for 100,000 population						

Table 120 2015 Texas Sexually Transmitted Diseases by Age





Bexar is the only County that exceeds the the state in chlamydia, gonorrhea and syphilis rates. Twenty-five percent of our counties exceed the State chlamydia rate of 487.3 per 100,000. Region 8 chlamydia rate is 567.6 per 100,000. Region 8 counties that have the highest chlamydia rates are Frio (494.9), Maverick (506), Victoria (510.9), Dewitt (577), Golida (663.9), Dimmit (683.1) and Bexar (688.7). Only Bexar County exceeds the state gonorrhea rate of 136.7 at 205.8. Frio (31.9), Atascosa (33), Bexar (50.5) and La Salle (65.5) exceed the Texas syphilis rate of 30.6. See Appendix A, Table 123 for County data.



HHSC, Texas 2015 STD Surveillance Report - v3 - Updated 12/12/16

People Living with HIV and Cumulative HIV Diagnoses

A sexually transmitted disease that is generally considered separately is that of HIV/AIDS, which has the potential to be transmitted through risky sexual behavior due to drug and alcohol use as well as through intravenous drug use and other means.

Although Region 8, HIV diagnoses rates are below the state rate of 16.3 per 100,000, our region ranks third highest in the state at 13.8. Region 8 is below the state rate of 301.2 for people living with HIV, while we rank fourth highest in the state with a rate of 232.8 per 100,000. Region 8 is well below the state rates for AIDS at 7.4.

Table 124 HIV Diagnoses and AIDS Diagnoses by Region, 2015

Area	HIV Diagnoses*		People Living with HIV **		Cumulative HIV Diagnoses **	AIDS *	
	Cases	Rate†	Cases	Rate†	Cases	Cases	Rates †
Region 1	97	11.2	1,044	120.2	1,830	35	4.0
Region 2	26	4.7	539	98.0	981	13	2.4
Region 3	1,285	17.3	25,469	343.3	39,381	627	8.5
Region 4	111	9.8	1,907	168.2	2,938	69	6.1
Region 5	86	11.1	1,628	210.1	2,929	46	5.9
Region 6	1,450	21.2	27,838	407.8	49,513	639	9.4
Region 7	438	13.3	7,475	226.9	11,476	166	5.0
Region 8	395	13.8	6,673	232.8	10,310	166	5.8
Region 9	48	7.5	613	95.9	1,033	16	2.5
Region 10	100	11.6	2,045	238.0	2,983	45	5.2
Region 11	220	9.8	3,298	147.4	5,064	137	6.1
ICE Facility	103		397		566	41	
Fed Prison	41		396		312	7	
TDCJ ‡	86		3,423		4,134	20	
Texas	4,486	16.3	82,745	301.2	133,450	2,027	7.4

DSHS, Texas 2015 HIV Surveilllance Report

* 2015 Diagnoses ** Through December 31, 2015

† Rates represent cases per 100,000 Population

‡ Texas Department of Criminal Justice

Bexar County rates are higher than the state rates for HIV diagnoses, people living with HIV and AIDS. See Appendix A, Table 126 for county level data.

Table 125 HIV Diagnoses, People Living with HIV, Cumulative HIV Diagnoses and AIDS

Area	HIV Diagnoses*		People Living with HIV **		Cumulative HIV Diagnoses **	AIDS *	
	Cases	Rate†	Cases	Rate†	Cases	Cases	Rates †
Texas	4,486	16.3	82,745	301.2	133,450	2,027	7.4
Region 8	395	13.8	6,673	232.8	10,310	166	5.8
Bexar	363	19.1	5,763	303.7	9,148	139	7.6
DSHS, Texas 2015 HIV Surveilllance Report							
† Rates represent cases per 100,000 Population							

Legal Consequences

Substance abuse involving drugs, alcohol, or both has been associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime. In addition, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

The use of alcohol and drugs can negatively affect all aspects of a person's life, impact their family, friends and community, and place an enormous burden on American society. One of the most significant areas of risk with the use of alcohol and drugs is the connection between alcohol, drugs and crime.

Alcohol and drugs are implicated in an estimated 80% of offenses leading to incarceration in the United States such as domestic violence, driving while intoxicated, property offenses, drug offenses, and public-order offenses.

Our nation's prison population has exploded beyond capacity and most inmates are in prison, in large part, because of substance abuse:

- 80% of offenders abuse drugs or alcohol.
- Nearly 50% of jail and prison inmates are clinically addicted.
- Approximately 60% of individuals arrested for most types of crimes test positive for illegal drugs at arrest.

The relationship between drugs and crime is complex, and one question is whether drug use leads people into criminal activity or whether those who use drugs are already predisposed to such activity. Many illegal drug users commit no other kinds of crimes, and many persons who commit crimes never use illegal drugs. However, at the most intense levels of drug use, drugs and crime are directly and highly correlated and serious drug use can amplify and perpetuate preexisting criminal activity.

There are essentially three types of crimes related to drugs:

- Use-Related crime: These are crimes that result from or involve individuals who ingest drugs, and who commit crimes as a result of the effect the drug has on their thought processes and behavior.

- Economic-Related crime: These are crimes where an individual commits a crime in order to fund a drug habit. These include theft and prostitution.
- System-Related crime: These are crimes that result from the structure of the drug system. They include production, manufacture, transportation, and sale of drugs, as well as violence related to the production or sale of drugs, such as a turf war.

Those with a drug use dependency are more likely to be arrested for acquisitive crimes such as burglary or shop theft, or for robbery and handling stolen goods -- crimes often related to "feeding the habit." For example, in 2004, 17% of state prisoners and 18% of federal inmates said they committed their current offense to obtain money for drugs. There are also close links between drug use and women, men and children who are involved in, or exploited by, the sex trade, many of whom are caught up in the criminal justice system. However, there is evidence that drug use is both a pre-determining factor in such sexual exploitation and a means of coping with it.

Driving Under the Influence

According to the National Institute on Drug Abuse (NIDA), intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease.

More than one million people are arrested annually for driving while intoxicated, which is the third most commonly reported crime in the United States. Drinking and drugged driving is the number one cause of death, injury and disability of young people under the age of 21, and nearly 40% of all traffic fatalities are alcohol related. Every day 36 people die and approximately 700 are injured in motor vehicle crashes that involve an alcohol-impaired driver. Drugs other than alcohol (e.g., marijuana and cocaine) are involved in about 18% of motor vehicle driver deaths, often in combination with alcohol.

In 2007, according to the National Highway Traffic Safety Administration, approximately one in eight weekend, nighttime drivers tested positive for illicit drugs. Moreover, approximately one in eight high school seniors responding to a 2010 study reported driving after smoking marijuana within two weeks prior to the survey interview.

Many prescription drugs including opioid pain relievers and benzodiazepenes prescribed for anxiety or sleep disorders come with warnings against the operation of machinery -- including motor vehicles -- for a specified period of time after use. When prescription drugs are abused (taken without medical supervision), impaired driving and other harmful reactions become much more likely.

In 2016, there were 987 people killed in motor vehicle traffic crashes where a driver was under the influence of alcohol. This is 26% of the total number of people killed in motor vehicle traffic crashes. See Appendix A, Table 129 and 130 for County level data.

In Region 8, youth under the age of 21 reported 1,331 alcohol related arrests in 2015. Thirty-eight percent was for driving under the influence, thirty-seven percent for liquor laws and twenty-five percent for drunkenness.

Table 127 Alcohol Related Arrests 20 Years of Age and Younger

Table XX Alcohol Related Arrests 1/20/2015 thru 12/20/2015												
Area	17 and Under		18 - 20		17 and Under		18 - 20		17 and Under		18 - 20	
	Male	Females	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Texas	*322*	*62*	*3105*	*853*	*950*	*511*	*3340*	*1351*	*896*	*234*	*4400*	*1106*
Region 1	18	2	126	37	42	21	237	78	16	2	185	50
Region 2	2	3	47	13	7	7	22	2	16	2	77	17
Region 3	70	13	546	154	220	110	703	275	179	50	859	233
Region 4	8	0	114	17	28	7	96	37	11	4	94	27
Region 5	3	0	68	17	12	2	26	13	17	2	122	32
Region 6	57	12	606	157	118	63	464	173	160	34	772	178
Region 7	62	11	595	194	182	82	826	353	48	21	410	127
Region 8	***21***	***3***	***371***	***108***	***57***	***34***	***269***	***134***	***44***	***6***	***237***	***47***
Region 9	14	3	120	13	68	43	199	104	28	17	167	33
Region 10	27	7	154	53	127	90	221	68	10	4	57	20
Region 11	40	8	358	90	89	52	277	114	367	92	1420	342
Texas Department of Public Safety Alcohol Arrests, 2015												

Region 8 accounted for 16% of all DUIs for adults 21 years old and over in Texas in 2015.

Table 128 2015 Arrests for Driving Under the Influence

Table XX UCR 2015 Arrests for Driving Under the Influence									
Age	21-29		30-39		40-49		50+		Total DUI 21 and Over
Area	Male	Female	Male	Female	Male	Female	Male	Female	All
Texas	***18,221***	***5,342***	***14,169***	***3,822***	***8,558***	***2,552***	***7,022***	***1,756***	61,442
Region 1	553	144	372	80	235	54	252	47	1,737
Region 2	279	81	241	74	207	46	223	40	1,191
Region 3	3296	1001	2623	764	1612	511	1266	360	11,433
Region 4	501	140	450	152	335	115	385	97	2,175
Region 5	386	85	352	116	273	77	286	72	1,647
Region 6	3741	949	3299	739	1912	514	1504	362	13,020
Region 7	3230	1106	2280	621	1176	399	924	286	10,022
Region 8	***2,788***	***896***	***2,199***	***727***	***1,330***	***432***	***1,022***	***266***	9,660
Region 9	643	135	482	97	263	63	248	55	1,986
Region 10	1054	313	608	190	446	94	324	71	3,100
Region 11	1750	492	1263	262	769	247	588	100	5,471
Texas Department of Public Safety, UCR Alcohol Arrests, 2015									

Substance Use Criminal Charges and Court Cases

In recent years, drug-related criminal cases have imposed an enormous burden on court systems. More than a million drug arrests were made in the U.S. in 1991, a 56 percent increase since 1982.1 The number of defendants convicted of drug offenses in federal courts increased approximately 50 percent from 1980 to 1987, while the number of defendants sentenced to prison increased over 70 percent.2 Both jail and prison populations have grown significantly as a result of the tremendous influx of drug-related cases. State and federal prison populations have increased from 329,000 in 1980 to 804,000 at midyear 1991.3 Substance-abusing offenders present a challenge to the criminal justice system not just because of their volume, but also because of the interrelated nature of addiction and criminal behavior. Illegal drug use by offenders appears to increase their criminal behavior. Many addicts commit crimes to support their substance abuse habit, while for others, substance abuse reflects more pervasive criminal values and an established criminal lifestyle. Without access to substance abuse treatment, these offenders are likely to relapse and return to criminal activity following release from custody.4 However, few treatment opportunities are available in jails and prisons. Within community corrections settings, a defendant's involvement in treatment often depends on the skills and interests of the supervising probation or pretrial services officer who may monitor 100 or more offenders at a time. Federal, state, and local responses to the drug epidemic have focused on enhanced enforcement and incarceration. These efforts have failed to significantly reduce illegal drug availability or use. At the same time, the costs of jail and prison construction have risen, while drug-involved offenders have continued to relapse and return to criminal activities. As a result, there is a growing recognition that other approaches must be considered.

In 2014, there were 1,561,231 arrests for drug law violations out of a total 11,205,833 arrests nationwide for all offenses. Also in 2014, authorities reported 498,666 arrests for all violent crimes and 1,553,980 arrests for all property offenses.

Four out of every five children and teen arrestees in state juvenile justice systems are under the influence of alcohol or drugs while committing their crimes, test positive for drugs, are arrested for committing an alcohol or drug offense, admit having substance abuse and addiction problems, or share some combination of these characteristics.

1.9 million of 2.4 million juvenile arrests had substance abuse and addiction involvement, while only 68,600 juveniles received substance abuse treatment.

Table 131 Drug Offense Record

FY2016 - Offense of Record				
Reg	Drug-Delivery	Drug-Possession	Drug-Other	DWI
1	208	730	0	189
2	249	532	0	167
3	1,287	3,908	3	956
4	285	1,177	1	337
5	168	649	0	190
6	1,150	3,708	6	884
7	455	1,561	0	561
8	431	1,521	1	436
9	119	546	0	200
10	83	178	1	175
11	148	1,041	0	394
State	4,583	15,551	12	4,489

Texas Department of Criminal Justice, Executive Services, //www.tdcj.texas.gov/

Hospitalization and Treatment

Drug addiction is a complex illness. It is characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of shattering consequences. Drug abuse and drug-abusing behaviors have been associated with increased morbidity and mortality. The number of individuals seen in an emergency department (ED) for the use of illicit drugs and the misuse or abuse of pharmaceuticals has increased according to the data provided by National Drug Control Strategy Data Supplement 2014.

Drug abuse has been linked to many medical problems, including infectious diseases, pulmonary disease, cardiac failure, and mental disorders. Also the "treatment gap" is massive, according to an article by US Department of Human Services, Principles of Drug Addiction Treatment, 3rd Ed. The research further states, among those who need treatment for a substance use disorder, few receive it and because drug abuse and addiction have so many dimensions and disrupt so many aspects of an individual's life, treatment is not simple.

Hospital Use due to AOD

Substance use impacts all Americans, through individual experience, friends, colleagues or loved ones who have experienced problems or through the shared economic burden of health, criminal justice and lost productivity. A better understanding of the impact that different substances of abuse have on the hospital system is an important way to identify target areas for prevention and treatment to reduce both individual harms and costs to the system. Cost data concretely illustrate the potential savings associated with investments in prevention, early intervention, treatment and programs that aim to

reduce the harms associated with alcohol and other drug use. These investments could reduce the need for hospitalization.

Local data regarding hospital use due to substance abuse or misuse was not available at the time of data collection for the needs assessment.

AOD-related ER Admits

National estimates on drug-related visits to hospital emergency departments (ED) are obtained from the Drug Abuse Warning Network (DAWN), a public health surveillance system managed by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

Economic Impacts

The consequences of alcohol and drug abuse show significant costs to the state in medical resources used for treatment and care, in reduced and lost productivity, in law enforcement, in destruction of property, in motor vehicle accidents, and in social welfare administration.

Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, more than $700 billion annually in costs related to crime, lost work productivity and health care.

	Health Care	Overall
Tobacco	$130 billion	$295 billion
Alcohol	$25 billion	$224 billion
Illicit Drugs	$11 billion	$193 billion

National Institute on Drug Abuse. Trends & Statistics Retrieved from http://www.drugabuse.gov/related-topics/trends-statistics on July 21, 2015

A report by the National Drug Intelligence Center, The Economic Impact of Illicit Drug Use on American Society, 2011, reported the following findings:

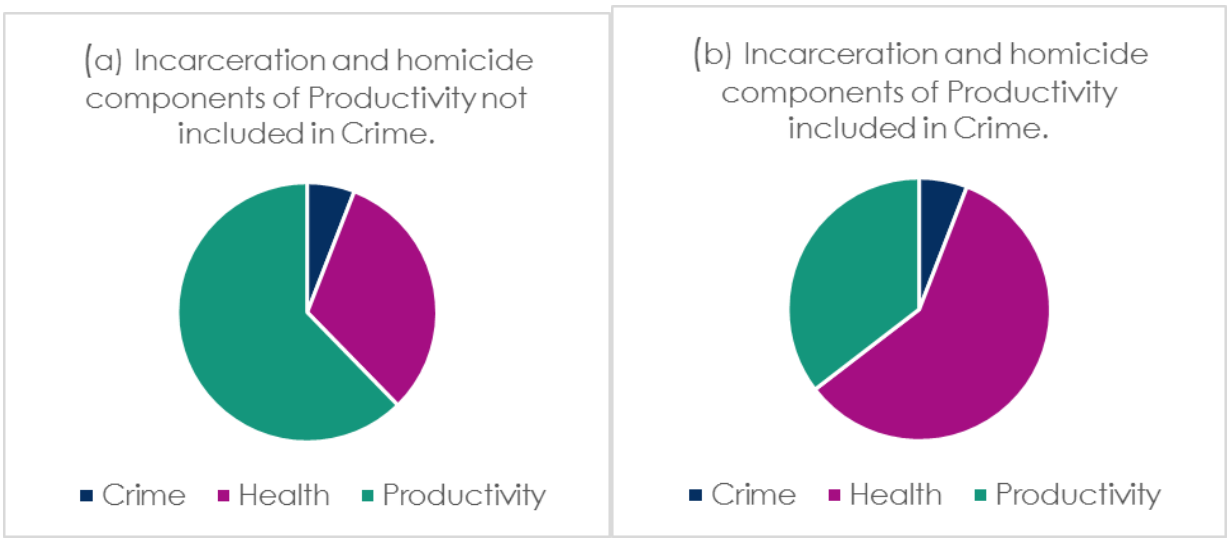
- Crime includes three components:
  - Criminal justice system costs ($56,373,254)
  - Crime victim costs ($1,455,555)
  - Other crime costs ($3,547,885)
    - These subtotal $61,376,694
- Health includes five components:
  - Specialty treatment costs ($3,723,338)
  - Hospital and emergency department costs for non-homicide cases ($5,684,248)
  - Hospital and emergency department costs for homicide cases ($12,938)
  - Insurance administration costs ($544)
  - Other health costs ($1,995,164)
    - These subtotal $11,416,232
- Productivity includes seven components:
  - Labor participation costs ($49,237,777)
  - Specialty treatment costs for services provided at the state level ($2,828,207)
  - Specialty treatment costs for services provided at the federal level ($44,830)
  - Hospitalization costs ($287,260)
  - Incarceration costs ($48,121,949)

    - Premature mortality costs (non-homicide: $16,005,008)
    - Premature mortality costs (homicide: $3,778,973)
        - These subtotal $120,304,004
- Taken together, these costs total $193,096,930, with the majority share attributable to lost productivity.

Statistical Summary – All Costs reported in red italics are in thousands

Crime	(a)	(b)
Criminal Justice System	*$56,373,254*	*$56,373,254*
Crime Victim	*$1,455,555*	*$1,455,555*
Personal	*$134, 864*	
Property	*$1,320,691*	
Other	*$3,547,885*	*$3,547,885*
Productivity	*$0*	*$51,900,922*
Subtotal	*$61,376,964*	*$133,277,616*
Health	*(a)*	*(b)*
Specialty Treatment	*$3,723,338*	*$3,723,338*
State	*$3,368,564*	
Federal	*$354,774*	
Hospital & Emergency Dept.	*$1,455,555*	*$1,455,555*
Non-homicide	*$5,684,248*	*$5,684,248*
Hospital	*$5,523,189*	
Emergency Dept.	*$161,059*	
Homicide	*$12,938*	*$12,938*
Hospital	*$12,700*	
Emergency Dept.	*$238*	
Insurance Administration	*$544*	*$544*
Other	*$1,995,164*	*$1,995,164*
Federal Prevention	*$803,761*	
Federal Research	*$569,340*	
AIDS	*$622,063*	
Subtotal	*$11,416,232*	*$11,416,232*
Productivity	*(a)*	*(b)*
Labor Participation	*$49,237,777*	*$49,237,777*
Males	*$34,998,122*	
Females	*$14,239,655*	
Specialty Treatment (State)	*$2,828,207*	*$2,828,207*
Males	*$1,981,428*	
Females	*$846,779*	
Specialty Treatment (Federal)	*$44,830*	*$44,830*
Males	*$43,252*	
Females	*$1,578*	
Hospitalization	*$287,260*	*$287,260*
Males	*$178,016*	
Females	*$109,244*	
Incarceration	*$48,121,949*	*$0*
Males	*$44,048,432*	
Females	*$ 4,073,517*	
Premature Mortality (Non-Homicide)	*$16,005,008*	*$16,005,008*
Males	*$11,710,119*	
Females	*$4,294,889*	
Premature Mortality (Homicide)	*$3,778,973*	*$0*
Males	*$3,089,080*	
Females	*$689,893*	
Subtotal	*$120,304,004*	*$68,403,082*
Total	*$193,096,930*	*$193,096,930*

Source: U.S. Department of Justice National Drug Intelligence Center, The Economic Impact of Illicit Drug Use on American Society, 2011



Source: U.S. Department of Justice National Drug Intelligence Center, the Economic Impact of Illicit Drug Use on American Society, 2011

Drug User Expenditures and Availability

Table 65. Total U.S. Expenditures on Illicit Drugs, 1988–2010 ($ Billions)

Year	Cocaine	Heroin	Marijuana	Meth-amphetamine	Other drugs	Total[1]
1988	107.0	26.1	12.1	5.8	3.3	154
1989	88.4	24.3	11.0	5.8	2.8	132
1990	69.9	22.5	15.0	5.7	2.2	115
1991	57.1	20.3	14.0	3.7	2.3	97
1992	49.9	17.2	14.6	4.8	1.5	88
1993	45.0	13.8	12.0	5.1	1.5	77
1994	42.8	13.2	12.2	7.6	2.6	78
1995	40.0	13.2	10.2	9.2	2.7	75
1996	39.2	12.8	9.5	10.1	2.7	74
1997	34.7	11.4	10.5	9.3	2.5	68
1998	34.9	11.1	10.8	8.0	2.3	67
1999	35.6	10.1	10.6	5.8	2.6	65
2000	55	23	22	8		108
2001	49	23	24	11		107
2002	45	22	30	15		112
2003	43	23	30	17		113
2004	44	23	31	20		119
2005	44	22	30	23		119
2006	43	21	30	22		116
2007	39	21	30	20		110
2008	34	23	32	16		105
2009	31	26	35	15		108
2010	28	27	41	13		109

No Data.

Note: Estimates for 1988 to 1999 are in constant 2000 dollars; estimates for 2000 to 2010 are in 2010 dollars.

[1] Totals from 2000 to 2010 are for cocaine, heroin, marijuana, and methamphetamine only.

Source: Office of National Drug Control Policy. *What America's Users Spend on Illegal Drugs: 2000-2010* (February 2014); *What America's Users Spend on Illegal Drugs* , 1988–2000 (December 2001). Washington, DC: Executive Office of the President .

Underage Drinking/Drug Use

Texas Standing Tall published their Report Card 2013 and reported that researchers found that excessive drinking cost Texas $16.5 billion in 2006, which is about $1.89 per drink. Of this total cost, the Texas government paid 40.7% or $6.7 billion, which is about $2 of every $5. Underage drinking alone cost Texas $1.8 billion, 11% of total costs. Binge drinking is responsible for the majority of the costs, costing Texas $13.0 billion, 77% of total cost. The chart on the following page shows these costs and total costs of excessive drinking in Texas.

Cost of Excessive Drinking in Texas in 2006	
Cost of Binge Drinking	$13 billion
Cost of Underage Drinking	$1.8 billion
Total Cost	$16.5 billion

Source: Texans Standing Tall Inc., Report Card, 2013

The Report also stated the costs of excessive drinking in Texas in 2006 ($16.5 billion) exceeded that of smoking ($12.3 billion) and neared that of Medicaid spending ($18.1 billion).

Average Cost of Treatment in Region

Substance abuse costs America over $600 billion annually and treatment can minimize these costs according to NIDA. Drug addiction treatment has been demonstrated to reduce related health and social costs by far more than the cost of the treatment itself. Furthermore NIDA states that treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. NIDA gives the example, the average cost for 1 full year of methadone maintenance treatment is approximately $4,700 per patient, whereas 1 full year of imprisonment costs approximately $24,000 per person.

According to several conservative estimates that NIDA reports, every dollar invested in addiction treatment programs produces a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are counted in, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also branch from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths.

Employability and College Admissions

According to recent data produced by National Institute on Drug Abuse, 67.9% of all adult illegal drug users are employed full or part time, as are most binge and heavy alcohol users. Studies have demonstrated, when compared with non-substance users, substance using employees are more likely to:

- Change jobs frequently
- Be late to or absent from work
- Be less productive
- Be involved in a workplace accident and potentially harm others
- File a workers' compensation claim.

Further research on drug abuse by American workers, by the US Department of Labor (DOL), General Workplace Impact, states workplace drug and alcohol abuse may potentially cost US businesses an estimated $100 billion each year. Smaller businesses are more vulnerable to drug use in the workplace and drug test their employees less than larger businesses.

Additionally, the majority of drug and alcohol abusers in the US were employed:

- 75% of illicit drug users were over 18 years of age
- Nearly 80% of binge and heavy drinkers are employed
- 60% of adults in the workplace have a substance abuse problems
-

The Working Partners' Report published by DOL, the Small Businesses Administration (SBA) and the Office of National Drug Control Policy reported the following:

- Workers Compensation: 38% to 50% of all Workers Compensation claims are related to substance abuse in the workplace, as substance abusers file 3 to 5 times as many Workers Compensation claims.
- Medical Costs: Substance abusers incur 300% higher medical costs than non-abusers
- Absenteeism: Substance abusers are 2.5times more likely to be absent 8 or more days a year.
- Lost Productivity: Substance abusers are 1/3 less productive
- Employee Turnovers: It costs a businesses an average of $7,000.to replace a salaried worker
- Among 55.3 million adult binge drinkers, 44.0 million (79%) were employed
- Among 16.4 million persons reporting heavy alcohol use, 13.1 million 79.6% were employed
- Of the 20.4 million adults classified with substance dependence or abuse, 12.3 million (60.4%) were employed full-time.

College Admissions

In 2013, there were almost 40,000 arrests and 165,000 disciplinary actions for drug- and alcohol-related offenses on American college campuses according to the Office of Postsecondary Education (OPE). They collect crime statistics for all colleges that participate in federal student financial aid programs. The statistics analyzed are from 2013 and are the most up-to-date snapshot of college crime until 2014's numbers are released in late 2015.

According to SAMHSA, college can be very overwhelming to new students as they transaction with changing social and academic expectations and responsibilities. It can be so challenging that about one-third of first-year students fail to enroll for their second year according to the publication.

Young adults are entering an environment where alcohol use among 18- to 20-year-olds escalates dramatically, SAMHSA states in there publication on alcohol and college students. Overall, full-time first year students tend to drink more than their peers who do not attend college and suffer significantly more alcohol related consequences was also stated by SAMHSA.

Environmental Protective Factors

Environmental prevention, rooted in the public health model, is an essential part of a comprehensive approach to preventing alcohol, tobacco, and other drug use. These community-based strategies act to create change and enforce policies. When targeting youth substance use and abuse, environmental prevention strategies address reducing access and availability, changing perceptions and norms of substance use, and strengthening enforcement of substance use prevention laws. Rather than focusing on changing an individual's behaviors, environmental prevention strategies create effective and lasting change for an entire community.

Evidence-based environmental prevention strategies to combat youth alcohol and tobacco use are highly recommended by multiple reputable sources including the Institute of Medicine, Centers for Disease Control and Prevention (CDC).

Overview of Protective Factors

A NIDA-funded study has identified a number of protective factors that can help prevent high-risk youths from engaging in delinquency and drug use. An accumulation of these protective factors in different areas of an adolescent's life strongly predicts resistance to drug use and delinquency stated NIDA, on their publication, Protective Factors Can Buffer High-Risk Youths from Drug Use.

Protective Factors

Family Factors	**Parental Supervision** **Child's Attachment to Parent** **Parent's Attachment to Child** Parent's Involvement in Child's Activities
Educational Factors	**Reading Percentile** **Mathematics Percentile** **Commitment to School** **Attachment to Teachers** Aspirations to Go to College Expectations to Go to College **Parent's Expectation for Child to Go to College** **Parent's Values About College**
Peer Factors	**Peers Have Conventional Values** **Parent's Positive Evaluation of Peers**
Other Resources	Child's Self Esteem Child's Involvement in Religious Activities Child's Involvement in Prosocial Activities Child Is Close to an Adult Outside the Family

Source: National Institute on Drug Abuse (NIDA), Protective Factors Can Buffer High-Risk Youths from Drug Use, 1996

The protective factors in bold consistently distinguished high-risk youths who remained drug free from high-risk youths who used drugs. The factors that are not bold did not have an impact on drug use among the high-risk youths in the study.

The most important finding in this article is that it is the accumulation of protective factors in school, family, and peer environments that has a positive effect on drug use over the longer term.

SAMHSA asserts that substance use is a complex problem that develops in response to multiple influences. These spheres of influences of activity, usually are called domains and include the individual, family, peers, school, community, and society/environment. Characteristics and conditions that exist within each domain of influence also work as risk or protective factors that help propel individuals to or safeguard them from substance abuse.

Community Domain

Specific community-based programs, such as prevention programs and community coalitions, offer drug overdose and underage drinking and driving prevention services to persons who use drugs, their families, and service providers (e.g., healthcare providers, homeless shelters, and substance abuse treatment programs). These services include education regarding overdose risk factors, recognition of signs of opioid and other drugs overdose, appropriate responses to an overdose, among other drug use consequences.

Principles of Effective Substance Abuse Prevention:

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

- Develop integrated, comprehensive prevention strategies rather than one-time community-based events.
- Control the environment around schools and other areas where youth gather.
- Provide structured time with adults through mentoring.
- Increase positive attitudes through community service.
- Achieve greater results with highly involved mentors.
- Emphasize the costs to employers of workers' substance use and abuse.
- Communicate a clear company policy on substance abuse.
- Include representatives from every organization that plays a role in fulfilling coalition objectives.
- Retain active coalition members by providing meaningful rewards.
- Define specific goals and assign specific responsibility for their achievement to subcommittees and task forces.
- Ensure planning and clear understanding for coalition effectiveness.
- Set outcome-based objectives.
- Support a large number of prevention activities.
- Organize at the neighborhood level.
- Assess progress from an outcome based perspective and make adjustments to the plan of action to meet goals.
- Involve paid coalition staff as resource providers and facilitators rather than as direct community organizers.

In Region 8, there are the following prevention coalitions funded by HHSC: Circles of San Antonio Community Coalition (COSA), Bethel Prevention, Maverick County Coalition against Drugs, Texans Standing Tall, Karnes County Community Coalition, Caring Community Coalition (Comal County), and Texans Standing Tall Coalition that provide educational and prevention resources to the communities across the counties in the region.

Community Coalitions

Community coalitions promote a drug free environment by bringing communities together through collaborative efforts, such as substance use trends presentations, community health fairs, town hall meetings, creation of local ordinances that address specific drug use issues, and outreach activities that promote healthy lifestyles. The coalitions address community concerns regarding the prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in the target counties across Texas. The primary emphasis is the reduction in youth and young adult use by promoting and conducting community-based and environmental strategies. The Texas Health and Human Services Commission (HHSC)) requires all contractors to implement the Strategic Prevention Framework (SPF) model for evidence-based practices within community coalitions.

Furthermore, the coalitions in Region 8 have an enormous impact in the community as it is through their assiduous effort that state and local representatives are able to create and approve ordinances and policies that contribute to preventing minors from falling into drug addiction.

Environmental Changes

Although the PRC Region 8 does not work strategically on environmental changes, the information and data from the Regional Needs Assessment will be instrumental for coalitions and organizations that do. As defined by the Substance Abuse Mental Health Services Administration (SAMSHA), environmental changes target a broad audience and have the potential to produce widespread changes in behavior at the population level. When implemented effectively, they can create shifts in both individual attitudes and community norms that can have long-term, substantial effect. Through data request, the PRC Region 8 will be able to see which coalitions and organizations are requesting data, the type of data they are collecting and which communities within the region they are working with. In following up with these coalitions and organizations reports and needs assessments, the PRC Region 8 will anticipate seeing environmental changes.

Regional Coalitions

Aside from having the support of organizations and agencies throughout the region, PRC Region 8 also collaborates actively with community coalitions that focus on providing prevention services related to underage drinking, tobacco use, illicit drug use, as well as recreational use of prescription medications among youth. These coalitions mobilize their communities to address the needs of the population in the region, and provide evidence-based program services that aim to reduce the incidence of substance abuse among youth and adults.

The Prevention Resource Center in Region 8 has a strong partnership with the following community coalitions:

- Circles of San Antonio (COSA) Community Coalition – creates change through collaboration with community stakeholders to educate and motivate individuals, families, organizations and institutions with the goal of preventing and reducing alcohol and substance abuse. COSA is the only community coalition program (CCP) funded through the Texas Department of State Health Services for Region 8.

The PRC Region 8 is working to strengthen partnership with non-funded HHSC coalitions such as the Drug Free Community grantees and local coalition in the rural areas. The combined efforts of these community coalitions and PRC Region 8 are an invaluable resource to Region 8 and the State of Texas, as it is through their work that other community organizations and stakeholders, as well as the community as a whole can identify the specific needs that our diverse population has.

Treatment/Intervention Providers

Prevention programs address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs. These programs are tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Outreach, Screening, Assessment and Referral Centers (OSARs) are the first point of contact for those seeking substance abuse treatment services. Regardless of ability to pay, Texas residents who are seeking substance abuse services and information may qualify for services based on need.

Region 8 OSAR Locations:

Camino Real Community Services, 19965 FM 3175 N., Lytle, TX 78052, Crisis Phone: 800-543-5750, Main Phone: 210-357-0300, Website: http://www.caminorealcs.org/, Counties Served: Atascosa, Dimmit, Frio, La Salle, Karnes, Maverick, McMullen, Wilson and Zavala

The Center for Health Care Services, 3031 IH 10 West, San Antonio, TX 78201, Crisis Phone: 800-316-9241 or 210-223-7233, Main Phone: 210-731-1300, Website: http://www.chcsbc.org/, Serving 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 and Zavala Counties

Gulf Bend Center, 6502 Nursery Drive, Suite 100, Victoria, TX 77904-1178, Crisis Phone: 877-723-3422, Main Phone: 361-575-0611, Website: http://www.gulfbend.org/, Counties Served: Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, and Victoria

Hill Country Mental Health & Developmental Disabilities Centers, 819 Water St., Ste. 300, Kerrville, TX 78028, Crisis Phone: 877-466-0660, Main Phone: 830-792-3300, Website: http://www.hillcountry.org/, Counties Served: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde

Region 8 HHSC Substance Abuse Services Funded Prevention and Intervention Programs are:

- CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC - a non-profit organization that provides a safe and secure alternative to the "streets" for homeless, abused, or at-risk youth. The organization provides program services, counseling and prevention education services for youth, adults, and families, as well as short-term residential services for runaway, abused or neglected, homeless, and at-risk youth. Serves Atascosa, Comal, Frio, Goliad, Gonzales, Guadalupe, Karnes, and Wilson Counties. P.O. Box 311268, New Braunfels, TX 78131, (830) 629-6571.

- Serving Children and Adults in Need (SCAN) – aims to foster the healthy development of individuals and families through empowerment opportunities that are effective, culturally responsive, trauma-informed and community-centered. This organization provides prevention services to youth and adult populations. Serves Dimmitt, Edwards, Frio, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde and Zavala Counties.

- San Antonio Council on Alcohol and Drug Abuse (SACADA) is a nonprofit organization that provides education, youth prevention programs, information resources and services to prevent alcohol and drug abuse. We serve nearly 60,000 people in Bexar County and 28 surrounding counties in South Central Texas. Serves Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala Counties. 9700 US Hwy 90 West, San Antonio, TX 78227, 210-225-4741.

- Alpha Home, Inc., - is a non-profit treatment center providing gender-specific services to chemically dependent women and men. Addiction is three-fold—body, mind, and spirit. At Alpha Home, we treat all three, not just the physical addiction but the complete person. Alpha Home is accredited by CARF and the Better Business Bureau and is proud to be a United Way of San Antonio and Bexar County agency. Serves Bexar, Comal, Guadalupe, and Medina Counties.

- Center for Health Care Services, The Bexar Co. MHMR Center - Provides assessment and intervention services 24 hours for individuals experiencing psychiatric emergency. Services include face-to-face screening /assessment; linkage/referral/ outreach; 23 hour outpatient observation; mental health warrant applications. Serves Bexar County. 601 N. Frio, San Antonio, TX 78207, 210) 225-5481.

- Family Violence Association of San Antonio, (FVPS) has been helping victims of domestic violence in San Antonio since 1977. FVPS began as an emergency shelter for women and children and we now offer a complete array of shelter, transitional housing, counseling, children's, and legal services to help individuals and families recover from the pain and long-term effects of domestic violence. Contact our Crisis Hotline: (210) 733-8810, 24 Hours a Day, 365 Days a Year. Serves Bexar County.

- Family Service Association of San Antonio, Inc., - has been building strong families since 1903. It is the oldest human service agency in San Antonio dedicated to helping children, seniors, and families in need. From five neighborhood locations and from more than 56 school campuses, Family Service provides high quality service in English and Spanish to the residents of 28 counties of all ethnic and racial backgrounds and all socio-economic levels. Family Service is a private, non-profit, non-sectarian agency funded by the United Way, United States Department of Health and Human Services, fee-for-service contracts with both public and private organizations, foundation and corporate grants, private contributions, client fees, and outpatient mental health

insurance. Fees are charged on a sliding scale, and no one is denied help because of their inability to pay the full cost of service. Serves Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, LaSalle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala Counties.

- Joven – Juvenile Outreach and Vocational Educational - is a 501(c)3 nonprofit based in San Antonio, which provides life skills education to youth who may be at risk due to poverty, an incarcerated parent, sibling gang involvement, single parent homes, or poor community environment. Joven provides After-school, Summer Camp, Prevention curriculum, and Dance. Located at 102 W. White San Antonio, TX. Serves Bexar County.

- South Texas Rural Health Services Inc., - This clinic was founded in 1975 and began providing health services in 1976 to the people of LaSalle, Dimmitt, and Frio counties. This service area has been designated as a Medically Underserved Area and as a Health Professional Shortage Area. The clinic maintains five program/service delivery sites and provides services such as laboratory, pharmacy, radiology, dental, family planning, HIV/AIDS testing and counseling, health education, nutrition counseling, substance abuse counseling, and transportation assistance. 1-800-788-6950. Serves Dimmitt, Frio, LaSalle, Maverick, Medina, Real, Uvalde, and Zavala Counties.

- Karnes/Wilson Juvenile Board – Provides prevention and intervention programs, 115 N. Market, Karnes City, TX 78118, (830) 780-2228. Serves Atascosa, Frio, Karnes, LaSalle and Wilson Counties.

Local Social Services

Throughout Region 8, there are many programs that service and reach out to the diverse communities in the area including:

- The San Antonio Council on Alcohol and Drug Abuse (SACADA) is a nonprofit organization that provides education, youth prevention programs, information resources and services to prevent alcohol and drug abuse to youth and adults in Bexar County and the 28 surrounding counties of Region 8. The SACADA youth prevention programs are targeted to youth in Bexar County, providing evidence-based, age-appropriate curriculum, to elementary, middle and high school youth. The youth prevention programs also provide prevention service to youth and adults though presentations on alcohol, tobacco and other drugs and information on living healthy lifestyles.

- Center for Health Care Services– focuses on improving the lives of people with mental health disorders, substance abuse challenges and developmental disabilities. Primary service area includes the 28 counties of Region 8.

- Connections Individual and Family Services - focuses on providing a safe and secure alternative to the "streets" for homeless, abused, or at-risk youth. Connections Individual and Family Services provides program services in 18 rural counties and operates thirteen 13 counseling offices and three 3 residential locations. Connections services are available to the following counties: Aransas, Atascosa, Bastrop, Bee, Caldwell, Comal, Frio, Goliad, Gonzales, Guadalupe, Karnes, Lee, Live Oak, McMullen, Refugio, San Patricio, Wilson, and Zavala.

- Family Service Association – is a private, non-profit, non-sectarian agency funded by the United Way, United States Department of Health and Human Services, fee-for-service contracts with both public and private organizations, foundation and corporate grants, private contributions, client fees, and outpatient mental health insurance. Prevention services include providing prevention education and Families and Schools Together (FAST). FAST services 7 elementary schools, 2 middle schools and 4 Head Start centers in Bexar County, as well as families and 9 schools in Uvalde and Zavala Counties. In a collaborative effort among schools, Family Service Association and families, FAST focuses on children at risk for school failure, juvenile delinquency and substance abuse in adolescence.

- Family Violence Prevention Services – focuses on breaking the cycle of violence to strengthen families, by providing the necessary tools for self-sufficiency through the delivery of emergency shelter, transitional housing, education, effective parenting education, and early intervention with children and youth. Primary service area for prevention includes Bexar County.

- Karnes/Wilson Juvenile Board- focuses on providing evidence-based, age-appropriate curriculum, to elementary, middle and high school youth. Primary service area includes Karnes, Wilson, Atascosa, Frio, LaSalle counties.

- Mid-Coast Family Services – focuses on providing comprehensive services for adults and youth who have been affected by alcohol and drug abuse. Youth Prevention Programs primary service area includes Victoria, Calhoun, DeWitt, Jackson, Goliad, and Gonzales, Refugio, and Lavaca counties. Mid-Coast is also the Outreach, Screening and Referral (OSAR) for Region 8. OSARs are the first point of contact for those seeking substance abuse treatment services.

- JOVEN-Juvenile Outreach and Vocational Educational – focuses on developing character and resiliency in children by providing them with innovative and exciting programs, as well as structured alternative activities that are designed to help them to succeed. JOVEN provides in-school programming in 8 school districts in the surrounding areas of Bexar, Guadalupe and Comal County.

- South Texas Rural Health – focuses on providing health services to the people of LaSalle, Dimmitt, and Frio counties. This service area has been designated as a Medically Underserved Area and as a Health Professional Shortage Area. The clinic maintains five program/service

delivery sites and provides services such as laboratory, pharmacy, radiology, dental, family planning, HIV/AIDS testing and counseling, health education, nutrition counseling, substance abuse counseling, and transportation assistance

- Servicing Children and Families in Need (SCAN), Inc. – focuses on fostering the healthy development of individuals and families through empowerment opportunities that are effective, culturally-responsive, trauma-informed and community-centered. Provides services to the following Region 8 counties including: Dimmit, Frio, LaSalle, Maverick, Real, Uvalde, and Zavala.

Law Enforcement Capacity and Support

The San Antonio Police Department has embraced Community Policing for many decades, through its Community Services and School Services Programs, Crime Prevention Programs (Neighborhood Watch, National Night Out), Store Fronts, Decentralized Patrol Substations, and the Downtown Foot and Bicycle Patrol Unit. In 1995 the Department created a special Community Policing Unit, the San Antonio Fear Free Environment Unit (SAFFE) which links closely with community involvement programs, such as Cellular on Patrol (initiated in 1993) and the Citizen Police Academy (initiated 1994).

Southwest Texas Fusion Center (SWTFC)

The Southwest Texas Fusion Center (SWTFC) was recognized by the State of Texas and the Department of Homeland Security (DHS) as a Level 2 Major Urban Area Fusion Center in November 2011. A Fusion Center is a collaborative effort of two or more agencies that provide resources, expertise, and information to the center with the goal of maximizing their ability to detect, prevent, investigate and respond to criminal and terrorist activity. The mission of the SWTFC is to serve as an all threat/all hazard center for information/intelligence sharing and public safety through a process of collaboration with other regional and national partners, which is balanced and guided by the need and responsibility to preserve the rights and privacy of the citizens we protect. The SWTFC is managed by the San Antonio Police Department (SAPD) and operates under the guidance of an advisory board that includes representatives from public and private partners throughout the southwest Texas region.

The San Antonio Regional Intelligence Center (SARIC) provides intelligence for officers of the SAPD and its regional partners. This has been accomplished by means of strengthening intelligence sharing methods and receiving support from local, state and federal law enforcement as SARIC continues to support the efforts of the Southwest Texas Fusion Center.

Bexar County Sheriff's Office

After years of planning and implementation, the Bexar County Sheriff's Office, Bexar County Fire Marshal, Bexar County Constables, and several municipal police departments supported by Bexar County, went live on a new public safety command and control system in August 2010. The new system was developed through a regional partnership including Bexar County, Bexar Metro 911, City of San Antonio and City of Schertz to improve the flow of information between the participating communication centers and field personnel.

A critical component of the new system included TriTech's Inform Mobile data solution which provides an automated and accelerated flow of data, including locations, incident information, and historical information directly to resources in the field. With immediate access to comprehensive data and

extensive messaging capabilities, Inform Mobile serves as a seamless extension of Inform computer aided dispatch (CAD). With real-time information, field personnel are empowered to make quick, informed decisions.

Agencies Served:

- ***16 Law Enforcement Agencies:***
  - *Bexar County Sheriff's Office*
  - *Constable Pct. 1*
  - *Constable Pct. 2*
  - *Constable Pct. 3*
  - *Constable Pct. 4*
  - *Fire Marshal's Office*
  - *China Grove PD*
  - *Elmendorf PD*
  - *Hill Country Village PD*
  - *Hollywood Park PD*
  - *Somerset PD*
  - *Von Ormy City Marshal*
  - *East Central ISD PD*
  - *Judson ISD PD*
  - *Southside ISD PD*
  - *Texas A&M University PD*

Healthy Youth Activites

Many alternative activities have been identified as health activities for youth to participate in to curb illicit drug use and alcohol consumption. Below are some of the identified youth activities and services that can be found in Region 8.

Youth participation in sport and other organized physical activity can very easily be considered a double-edged sword in reference to substance abuse and prevention. Evidence suggests that youth participation in prosocial activities such as sport and exercise can build positive social relationships, self-confidence, and life skills **(CCSA);** all of which are considered protective factors against substance abuse. However, it has also been noted that sport participation has been found to be associated with increases in alcohol consumption and/or steroid use. Keeping in mind that these activities help to build self-confidence and self-esteem, their inherent value should not be negated. To support this, it has been shown that experiential challenge programs are highly effective in building these characteristics and have been implemented for prevention purposes through the following forms **(NIDA; HSR**):

- *Experiential Wilderness Programs*
- *Ropes Courses*
- *Recreation & Sport Programs*

Entities in Region 8 that provide services that actively engage youth populations in physical activity and sports are the YMCA/YWCA and the Boys & Girls Club of America. These organizations provide

afterschool programming for youth (children & teens) to participate in physical activity and social bonding.

Work Force Training

Allowing youth to engage in workforce aptitude testing and training early can help to provide them with a sense of self-efficacy and confidence in their development trajectory. In Region 8, Gary Job Corps offers hands-on career training and education for youth ages 16-24. These programs offer zero-tolerance for substance abuse and violence, creating an environment that is indicative of substantial learning and growth.

Religion and Prevention

Engagement in prosocial activities and involvement religious activities has been determined by the National Institute on Drug Abuse (1996) as a protective factor against substance abuse and other behavioral issues in youth. Churches and religious entities are paramount to the success of communities and often provide services in the form of support groups and facility space for prevention and recovery programs. In Region 8, the Methodist Health Care Ministries offer a range of in-patient and day treatment programs for persons with mental health and chemical dependency concerns. In addition to this, some churches host 12-step programs, alcohol-anonymous, and chemical dependence support.

School Domain

The risk factors associated with the school domain include lack of commitment to education, poor grades or school failure, lack of attachment to school, negative school climate, and lenient school policies with regard to the use of some substances, as stated by SAMHSA.

Principles of Effective Substance Abuse Prevention:

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

- *Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.*
- *Correct misconceptions about the prevalence of use in conjunction with other educational approaches.*
- *Involve youth in peer-led interventions or interventions with peer-led components.*
- *Give students opportunities to practice newly acquired skills through interactive approaches.*
- *Help youth retain skills through booster sessions.*
- *Involve parents in school-based approaches.*
- *Communicate a commitment to substance abuse prevention in school policies.*

SAMHSA also argues that school climate is another factor contributing to the lack of attachment to school. Together, teachers' instructional methods, classroom management techniques, class size, student-teacher ratios, classroom organization, and educators' attitudes toward students affect the climate in a particular school.

YP Programs

The Youth Prevention (YP) programs consist of using age-appropriate, evidence-based curriculum to educate youth on the negative health consequences of alcohol tobacco and other drugs. These curriculums are incorporate life skills which, coupled with drug education, can build resiliency in youth. The prevention programs are broken down in to three sub-categories: Universal, Selected and Indicated.

- *Universal prevention (YPU) reaches the general population, without regard to individual risk factors, and are generally designed to reach a very large audience or population, such as a community, school, or neighborhood. Participants are not recruited to participate in the activities and the degree of individual substance abuse.*
- *Selective prevention (YPS) activities promote a proactive process to address health and wellness for individuals, families, and communities by enhancing protective factors and by averting and precluding negative factors that place individuals at risk for substance abuse. Selective prevention activities target subgroups of the general population that are determined to be at risk for substance abuse.*
- *Indicated prevention (YPI) approaches are used for individuals who are experiencing early signs of substance use and other related problem behaviors associated with substance use. The individuals may or may not be abusing substances, but exhibit risk factors such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or psychological problems, such as depression or suicidal behaviors that increase their chances of developing a drug abuse problem.*

Region 8 has 7-substance abuse prevention providers as funded by Texas Health and Human Services Commission (HHSC). The service area each organization covers, age-group targeted and prevention sub-category taught is all directed by the grants.

Students Receiving AOD Education in School

The Center for Substance Abuse Prevention (CSAP) identifies prevention education as one of the six CSAP Prevention Strategies and defines prevention education as a two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. The activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g. of media messages). Students receiving alcohol and other drug (AOD) education in school vary from district to district. There are a number of districts who provide AOD education through the health education classes, and others who collaborate with community organizations to bring in presentations and curriculum.

The following organizations are prevention providers who are funded by HHSC to provide prevention education in Region 8:

- *The San Antonio Council on Alcohol and Drug Abuse (SACADA)*
- *Connections Individual and Family Services*
- *Family Service Association*
- *Family Violence Prevention Services*
- *Karnes/Wilson Juvenile Board*
- *Mid-Coast Family Services*

- *JOVEN-Juvenile Outreach and Vocational*

Sober Schools

High schools specifically designed for students recovering from a substance use disorder (substance abuse or dependence) have been emerging as a continuing care resource since 1987. According to the Association of Recovery Schools (ARS), this continuing care model has slowly grown since that time to include 31 high schools in 10 states.

Alternative Peer Group

The Alternative Peer Group (APG) model encompasses the necessary ingredients for successful treatment of adolescents struggling with substance abuse or drug addictions. This model was created in Houston, Texas about forty years ago. Alternative Peer Groups were created to address the emotional, psychological, spiritual and social needs of teens struggling with substance abuse.

The APG model integrates important peer connections with clinical practice through intervention, support, education, and parent involvement. The foundation of this model is the basic assumption that peer relationships, much like the ones that initiate and support drug and alcohol use, are necessary to facilitate recovery. The ultimate goal is to remove the teen from a negatively pressured environment and offer them a new group of friends that exert positive peer pressure and provide support for the necessary changes they need to make in order to recover.

Dr. Scott Basinger of Baylor College of Medicine has been studying the outcomes of alternative peer groups and recently presented his data at the Teens and High Risk Symposium. He compared the national rates of teen relapse to the rates of teens enrolled in local APGs. The national relapse rate for teens in recovery is between 50-90%. In Houston, for those adolescents participating in APGs between January 2007 and 2010, the relapse rates were between 8%-11%. Overall, since APGs have been in existence, they have a recovery rate greater than 85% versus a nationwide recovery rate of around 30% according to the research gathered in Journal of Groups in Addiction & Recovery, Alternative Peer Group: A Model for Youth Recovery, 2014.

Just like Sober Schools, the Alternative Peer Groups, are currently not available here in Region 8; this can be seen as a gap within our region.

High School to College and Academic Achievement

According to the Texas Education Agency (TEA), the Texas high school on-time graduation rate is at an all-time high, reaching 89% for the class of 2015, 0.7% higher than the previous record set by the class of 2014, and marks the seventh consecutive year the rate has increased. The class of 2015 cohort, graduated 93.7% of students including those that graduated on time, continued high school or received a General Educational Development (GED) which is a Certificate of High School Equivalency, 89% graduated on time, 4.1% continued in high school and 6.3% dropped out of school. See Appendix A, Table 42 for County data.

Family Domain

Parental/Social Support

Family domain risk factors include parental and sibling drug use or approval of use, inconsistent or poor family management practices—including lack of supervision, lack of parental involvement in children's lives, family conflict, sexual or physical abuse, economic instability, and lack of attachment to parents, often called low family bonding. For immigrant families, problems adapting to the mainstream culture can also be a serious risk factor.

Principles of Effective Substance Abuse Prevention:

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

- *Target the entire family.*
- *Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.*
- *Help minority families respond to cultural and racial issues.*
- *Develop parenting skills.*
- *Emphasize family bonding.*
- *Offer sessions where parents and youth learn and practice skills.*
- *Train parents to both listen and interact.*
- *Train parents to use positive and consistent discipline techniques.*
- *Promote new skills in family communication through interactive techniques.*
- *Employ strategies to overcome parental resistance to family-based programs.*
- *Improve parenting skills and child behavior with intensive support.*
- *Improve family functioning through family therapy when indicated.*
- *Explore alternative community sponsors and sites for schools.*
- *Videotape training and education.*

Research has shown that parental monitoring is related to adolescent drug abuse, and recent data continue to support this. The Partnership Attitude Tracking Study, Teens & Parents, 2013 states the following research:

- *teens who report that their parents show concern for them and are monitoring their behaviors are less likely to engage in substance abuse*
- *teens are less likely to use substances if they have learned a lot about the risks of drug use from their parents or from schools*

The recent research developments are reinforced by the fact that, according to the U.S. Census Bureau, 35 % of children are raised in households where the mother and father no longer live together. Further to this point, additional data show that children raised by single parents suffer negative impacts to their emotional, mental and physical health.

The Centers for Disease Control, the Department of Justice, the Census Bureau and numerous researchers have reported alarming outcomes for the 35% of children who are raised by single parents versus shared parenting. Yet, until now, this factor has been largely ignored in the conversation about child wellbeing.

Children raised by single parents account for:

- *63% of teen suicides;*
- *70% of juveniles in state-operated institutions;*
- *71% of high school drop-outs;*
- *75% of children in chemical abuse centers;*
- *85% of those in prison;*
- *85% of children who exhibit behavioral disorders; and*
- *90% of homeless and runaway children.*

Whether the problem is emotional disturbances of children, drug use, alcohol use, teen pregnancy, poor performance in school, trouble with the law or running with gangs, being raised by a single parent is a powerful risk factor. Conversely, children on average do much better on all these measures if they have shared parenting.

For parents, shared parenting significantly increases child support compliance, diminishes parental conflict and domestic violence, and allows both parents to pursue their careers, social lives and other interests without the burden of single handedly raising a child.

Unfortunately, according to the U.S. Census Bureau, only 17% of children of separated or divorced parents have shared parenting, which prevents their ability to benefit equally from both parents and has a tremendous impact on their emotional, mental and physical health.

Parental Attitudes toward Alcohol and Drug Consumption

The risk factors that impact adolescents' substance use or abuse include individual-level characteristics, peer attitudes and behaviors, community norms, and family characteristics. Research has shown, when parents hold attitudes favorable to the use of alcohol and other drugs, or engage in heavy drinking or drug use themselves, their children are more likely to drink alcohol or use drugs, according to the publication, the role of risk and protective factors in substance use across adolescence, National Institute of Health.

According to the Partnership Attitude Tracking Study (PATS), Teens & Parents, 2013:

- *one-third of parents (34%) believe there is little they can do to prevent their kids from trying drugs other than alcohol*
- *one in four parents (23%) feel uncomfortable telling their child not to use drugs because of their own history of drug use*
- *Among parents who suspect their child has used drugs or alcohol, one in five (21%) have not intervene.*
- *PATS data show that if parents communicate their disapproval of marijuana use, and if they effectively communicate the risks associated with heavy marijuana use, then they increase the chances that their child will avoid becoming a heavy marijuana user, even if he or she decides to experiment with marijuana.*
- *More than one in ten teens (12%) continue to indicate their parents would be okay with their marijuana use*
- *perceived parental permissiveness and perceived risk in using marijuana regularly also has a strong influence on the more frequent marijuana user*

- *More than one in five teens (22%) say parents would not care as much if their teen were caught abusing or misusing prescription drugs, when compared to illicit drugs.*
- *More than half of parents (55%) say anyone can access their medicine cabinet*
- *one-third of teens (32 percent) believe their parents would say it's okay for them to drink beer every once in a while, while only 4 percent of parents corroborate this statement*.

Students Talking to Parents about ATOD

According to the National Crime Prevention Council, their research shows the main reason that kids don't use alcohol, tobacco, or drugs is because of their parents. Their parents positive influence and because they know it would disappoint them are the main reasons why kids' abstain from drug use. It is so important that parents build a strong relationship with their kids and talk to them about substance abuse.

The role of parents is critical, if a teen learns about the risks from his or her friends or "on the street" rather than from parents, then that teen is more likely to engage in substance use according to the research from this publication.

Individual Domain

Risk factors for drug abuse in the individual domain consist of the following, lack of knowledge about the negative consequences associated with using illegal substances, attitudes favorable toward use, early onset of use, biological or psychological dispositions, antisocial behavior, sensation seeking, and lack of adult supervision, according to SAMHSA in their Guide to Science- Based Practices, Principles of Substance Abuse Prevention.

SAMHSA states that most interventions aimed at the individual are designed to change knowledge about and attitudes toward substance abuse with the ultimate goal of influencing behavior.

Principles of Effective Substance Abuse Prevention:

SAMHSA provided a listing of the scientifically defensible principles that can help service providers design and implement programs that work.

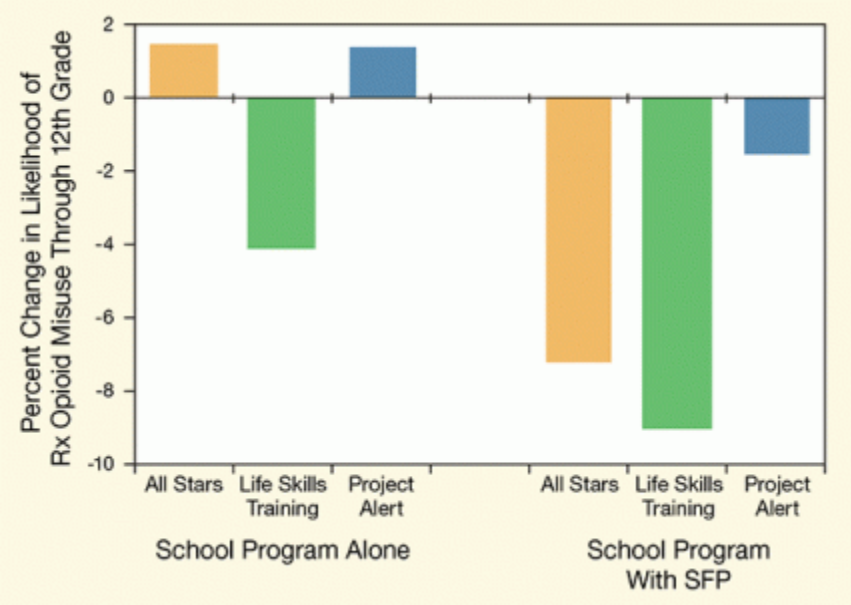
- *Social and personal skills-building can enhance individual capacities, influence attitudes, and promote behavior inconsistent with use. These interventions usually include information about the negative effects of substance use.*
- *To be effective, interventions must be culturally sensitive and consider race, ethnicity, age, and gender in their designs.*
- *Youth tend to be more concerned about social acceptance and the immediate rather than long-term effects of particular behaviors. Citing consequences such as stained teeth and bad breath has more impact than threats of lung cancer, which usually develops later in life.*
- *Used alone, information dissemination and media campaigns do not play a major part in influencing individual knowledge, attitudes, and beliefs, but they can be effective when combined with other interventions.*
- *Alternatives such as organized sports, involvement in the arts, and community service provide a natural and effective way of reaching youth in high-risk environments who are not in school and*

who lack both adequate adult supervision and access to positive activities. Positive alternatives can help youth develop personal and social skills inconsistent with substance use.

- *Effective programs recognize that relationships exist between substance use and a variety of other adolescent health problems, such as mental disorders, family problems, pregnancy, sexually transmitted diseases, school failure, and delinquency—and include services designed to address them.*
- *Incorporating problem identification and referral into prevention programs helps to ensure that participants who are already using drugs will receive treatment.*
- *Providing transportation to treatment programs can encourage youth participation.*

SAMHSA states, Life Skills Training (LST) Program demonstrates that linking key skills development with information targeting social influences to use, and reinforcing these strategies with booster sessions, can produce durable reductions in use.

Eric Sarlin, M.Ed., M.A., NIDA Notes Contributing Writer reported, Evidence-Based Prevention Programs for 7th Graders Lower Risk for Prescription Opioid Misuse Before 12th Grade Researchers calculated that participating in Life Skills Training (LST) in 7th grade reduced a child's likelihood of initiating prescription opioid misuse before 12th grade by 4.4 percent. Of the 6 prevention approaches used in the PROSPER study, LST plus Strengthening Families: for Parents and Youth 10–14 (SFP) reduced children's risk of prescription opioid misuse the most.



Life Skills Learned in YP Programs

Botvin Life Skills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

LST promotes healthy alternatives to risky behavior through activities designed to:

- *Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs*
- *Help students to develop greater self-esteem and self-confidence*
- *Enable students to effectively cope with anxiety*
- *Increase their knowledge of the immediate consequences of substance abuse*
- *Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors*

Summary of Life Skills Training Evaluation Research:

- *Cuts tobacco, alcohol and marijuana use by up to 75%*
- *Booster sessions maintain prevention effects*
- *Effects last up to 6 years*
- *Cuts polydrug use by up to 66%*
- *Decreases use of inhalants, narcotics and hallucinogens*
- *Effective with white, African-American and Hispanic youth*
- *Effective when taught by teachers, peer leaders or health professionals*

Mental Health and Family Recovery Services

Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities, according to SAMHSA.

SAMHSA also reports, in 2012:

- *9.6 million adults aged 18 and older in the United States had a serious mental illness*
- *2.2 million youth aged 12 to 17 had a major depressive episode during the past year*
- *23.1 million Americans aged 12 and older needed treatment for substance use*

Many of which these mental and substance use disorders may allure to a disability in the US, causing a significant cost to families, employers, publicly funded health systems and much more. Statistics has demonstrated that prevention and early intervention can have positive outcome on the health of people, their families and communities, and is analytical imperative to handling mental issues to prevent more serious problems like unemployment, homelessness, poverty, and suicide.

Youth Employment

A significant portion of teens work while in school and the consequences of that work are of potential concern to society according to research done at the National Institute of Health, The Benefits and Risks of Adolescent Employment, 2010. Debates surrounds the consequences of adolescent employment, with researchers coming to different conclusions regarding teens working being good, bad, work doesn't matter. Employment is important to some adolescents but not others, their prior backgrounds, attributes and the contexts of their employment depend on this view states this publication. Some parents support for combining work and school, and there is some research that employment has positive effects on youth development, but there is also research that has revealed some potentially harmful consequences of employment among teens.

Employment can have both negative and positive effects, and research on substance use, problem behavior, and other negative consequences of employment shows that these are largely attributable to self-selection rather than to work experience itself. Research states parents, play an important role in guiding their teens toward the kinds of work experiences that will be most beneficial, and should help them to avoid the risks of employment.

Youth Perception of Access

Perceived availability of alcohol, tobacco, marijuana and other drugs: The more available alcohol, tobacco, and other drugs are in a community, the higher the risk that the youth will use them. Increased use is also associated with the perception that substances are readily available, regardless if the perception is accurate.

Youth Perception of Risk and Harm

For many drugs, the level of risk attributed to use varies considerably with the intensity of use being considered. Knowing the health risks that come with using or abusing drugs convinces most adolescents (and adults) to stay away from them. Research has demonstrated that when an adolescent thinks a drug can be harmful, they are less likely to abuse it.

The perception of risk and harm in using alcohol and other drugs is a significant factor in decreasing use and abuse. Throughout the research, it has demonstrated that as perception of harmfulness decreases, the inclination for substance use to increase according to SAMHSA. Therefore, it is very important for adolescents to be informed of the medical and psychological risks and hazards of using alcohol, and other drugs.

Trends of Declining Substance Use

The 2015 Monitoring the Future survey (MTF) shows decreasing use of a number of substances, including cigarettes, alcohol, prescription opioid pain relievers, and synthetic cannabinoids (“synthetic marijuana”).

Five-year trends continue to show significant decreases in alcohol use among all grades. Past-month use of alcohol was 9.7 percent, 21.5 percent, and 35.3 percent of 8th, 10th and 12th graders, respectively, compared to 5 years ago, with rates at 13.8 percent, 28.9 percent, and 41.2 percent in 2010. There was also a significant drop in daily use of alcohol among 10th graders, in 12th grade students reporting being drunk in the past year, and in binge drinking among 10th and 12th graders.

Marijuana use remained steady among 8th, 10th, and 12th graders over the past 5 years despite softening of perceived risks. Past-month use of smoked marijuana remained steady among 8th graders at 6.5 percent, 10th graders at 14.8 percent, and 12th graders at 21.3 percent. Six percent of 12th graders report daily use of marijuana. The majority of high school seniors do not think occasional marijuana smoking is harmful, with only 31.9 percent saying that regular use puts the user at great risk compared to 78.6 percent in 1991. However, disapproval of regularly smoking marijuana remains relatively high at 70.7 percent among 12th graders, although this rate has gradually declined from a high of 90.1 percent in 1992.

Daily cigarette smoking decreased to 1.3 percent among 8th graders, compared to 2.9 percent 5 years ago; to 3.0 percent among 10th graders, compared to 6.6 percent 5 years ago; and to 5.5 percent among high school seniors, down from 6.7 percent last year and 10.7 percent in 2010. Daily smoking rates among seniors peaked in 1997 at nearly 25 percent. Among 10th graders, there was a significant drop in perceived availability of cigarettes, with 66.6 percent saying they are fairly or very easy to obtain, compared to last year's 69.0 percent.The following substances reported from the 2014 TSS declined for life-time use and past month use.

2012 – 2014 TSS Decline in Substance Use				
	Past Month		Ever Used	
	2012	2014	2012	2014
Tobacco	11%	8.4%	27.7%	22.4%
Alcohol	25.1%	21.2%	57.5%	50.5%
Inhalants	4.8%	3.9%	15.7%	12.3%
Cocaine/Crack	1.4%	0.7%	4.6%	2.2%
Hallucinogens	1.3%	0.8%	4.1%	2.6%
Rohypnol	0.7%	0.3%	2.0%	0.8%
Steroids	0.5%	0.4%	1.4%	1.0%
Ecstasy	1.7%	0.8%	5.7%	2.7%
Heroin	0.4%	0.2%	1.1%	0.5%

2014 Texas School Survey of Alcohol and Drug Use (TSS)

Region in Focus

The Prevention Resource Center (PRC) is dedicated to capturing the needs of the Region 8 communities by identifying the gaps in resources, current drug trends, drug prevention resources and prevention training needs.

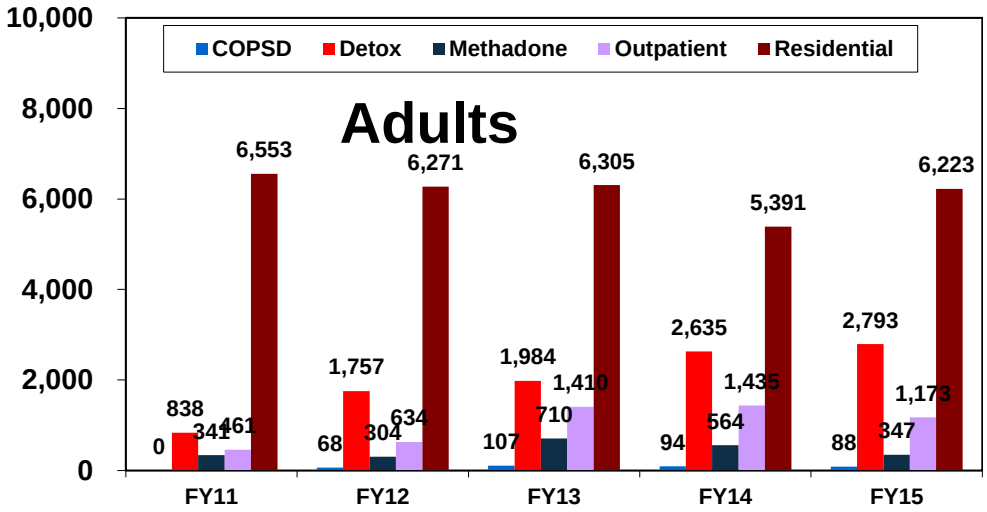
Through data collection efforts and partnerships with key stakeholders, schools, and organizations, the PRC serves as an invaluable resource to all who seek relevant information as it pertains to the 28 counties of Region 8.

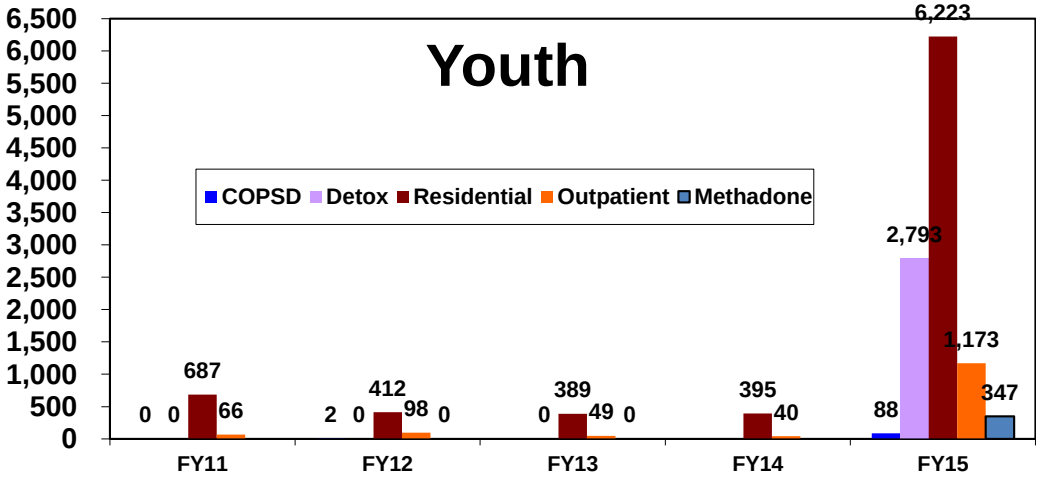
We serve our communities by providing data on the state's Three Prevention Priorities of alcohol, marijuana, and prescription drug use, as well as tobacco and other drugs. We provide data to schools, colleges, universities, coalitions, councils, events, and other stakeholders within our communities. This is done through Information Dissemination which provides awareness and knowledge of substance abuse issues and trends through the data collected by the central data repository.

Gaps in Services

The PRC Region 8 has identified data availability, as well as geographical size of the target population, creates a gap. Certain parts of the region must travel outside their community because services are not available in their particular county. There are also limited organizations that provide substance abuse prevention education and must rely on the Prevention Resource Center for these types of services. Other gaps include lack of community awareness and participation in prevention activities from both the schools and the community.

Texas Department of State Health Services provide a summary of adults and youth on a waiting list by substance abuse programs.





Other gaps include the budget shortfalls with school districts and the lack of participation in the Texas School Survey. Since the schools are working with less, there is more of a demand for PRC Region 8 services including literature, community outreach and presentations.

Gaps existing in training within the targeted communities include training space, lack of information on the types of training PRC provides, and encouraging communities to continue education on substance abuse all year round instead of just during Red Ribbon Week. The PRC is currently working on a tool to survey the entire Region 8 counties, soliciting for training request that is beyond what HHSC training are necessary to prevention providers.

As this Regional Needs Assessment has shown, complex factors are influencing rates of general health, mental health, and legal problems related to problematic substance use and abuse in Region 8. Ethnicity, education level, income, and other important factors seem to play a significant role in the problems Region 8 is experiencing with substance use and abuse, especially with our youth.

Gaps in Data

There are still data gaps in county-level data collection efforts across the region. Yet, as efforts are made to unify the counties for data collection, the need to gather data in Spanish is also relevant. A growing issue in Region 8 is the language barrier. Not all service providers can help the Spanish-speaking population, this becomes more apparent in rural areas where services are already limited.

A significant source of surveying across the region is conducted through the Public Policy Research Institute with the use of the Texas School Survey. For the most part, drug and alcohol data collected from adolescents throughout the region is short of rich and detailed regional assessment, especially at the county-level. There are a number of coalitions assessing their community needs, but data outcomes are not representative of the region. Community-level data reporting can be collected for our evaluation and study of variables and factors at work, but more region-wide data collection is necessary. As a result, existing data is currently the only feasible way to begin assessing and estimating the effects of alcohol, marijuana, and prescription drugs in the region. Therefore continued encouragement and support for community-level efforts in the region is needed. Further community-level activity is necessary in order to translate community-level data to a regional-level assessment. What community-level data can do by expanding their efforts is to begin developing county-level assessment and relational connections to neighboring counties.

The evaluation of certain seasonal occurrences are also necessary to assess. For instance, among marijuana users time related to the numerical value of 420 is commonly use as when to conduct marijuana activity. The numerical value 420 can mean April 20th as the day for marijuana use or the time 4:20pm or 4:20am. Also, the term “420 friendly” is sometimes used in online social media setting as an indication of being open to marijuana use. Additionally, alcohol use is generally seen to increase during holidays (e.g., New Year’s Eve). However, measures are needed to observe spikes in alcohol and substance abuse in order to deter instances in the following year.

The national, state and local statistics are breathtaking in their wealth of information, however they are not consistent and some research is contradicting or outdated. Regardless of the data gaps, Region 8 will provide data at a national, state, and local level per request that fulfill its requirements, from all the various systems; data can be analyzed with or without interpretation from the available resource with clear evidence drawn from reputable sources if requested as well.

Regional Partners

There are many local social services agencies that facilitate access to information and resources across the diverse communities in Region 8. These agencies focus on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. Some of the local social services agencies that provide aid to the population in the region and that contribute to strengthen communities include: The San Antonio Food Bank, and the Communities in School (CIS) program.

The San Antonio Food Bank informs, refers and assists clients in the Food Stamp application process along with any other assistance available through Health and Human Services Commission. The San Antonio Food Bank provides food and grocery products to more than 500 partner agencies in 16 counties throughout Southwest Texas including Atascosa, Bandera, Bexar, Comal, Edwards, Frio, Guadalupe, Karnes, Kendall, Kerr, La Salle, Medina, Real Uvalde, Wilson and Zavala.

Communities in School (CIS) program was created to promote and facilitate delivery of community social services, health, educational services, enrichment and other support services to youth and their families. This initiative was established to address the high rate of dropouts that exists within school districts. CIS is a year round program with services based on an individual assessment of the participant, family and school. Services include the support and promotion of health awareness, healthy life styles and provision of basic needs; provide support and help to increase the participation of parents in the students' educational experience; provide support in all educational areas as needed to promote student achievement and success in their school experience, as well as activities that promote career awareness, job readiness, skills training, preparation for the workforce and assistance in the attainment of employment. This program is being implemented across the region, and students and families are able to benefit from the variety of services that it offers.

Furthermore, there are community programs in the region that provide training to local residents as “promotoras” to provide and lead culturally appropriate group education and exercise sessions in community centers located across South Texas and the Central Rio Grande Valley. Texas A&M University Colonias Program, located in Webb County with community resources centers in Maverick and Val Verde Counties, provide community health advisor, emergency response, cancer survivorship, and “taking control of your health” program education to local residents to form a core leadership group in order to help fellow colonia residents to gaining access to education, health, job training, human services, youth, and elderly programs in the colonia areas. Promotoras disseminate knowledge through door to door visits to their colonia neighbors, and they provide a break through the communication barriers that exist between colonia residents and service and program providers.

These agencies contribute to better access of resources to populations in region 8. They promote improved service delivery systems by addressing not only the quality of direct services, but by also seeking to improve accessibility, accountability, and coordination among professionals and agencies in service delivery for all communities in the region.

Prevention Resource Center (PRC) Region 8 Community Partnerships

AHHA! IHDR

Alpha Home, INC

Atascosa County Juvenile Probation Department

Bethel Prevention Coalition

Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a/ The Center for Health Care Services ("Center")

Bexar County JPD

Billy T. Cattan Recovery Outreach, INC.

Brook Army Medical Center (BAMC)

Center for Juvenile Management

Connections Individual and Family Service

Cuero-Dewitt County Health Department

Education Service Center – Region 20

First United Pentecostal Church of Atascosa County

George Gervin Youth Center, Project Alert

Gillespie County Juvenile Probation Department

Gonzales County Juvenile Probation Department

Gonzales/Lavaca County Juvenile Probation Department

Great Oaks Recovery Center

Guadalupe County Sheriff's Office

Guadalupe Inter-Agency Council

Gulf Bend Center

Hill Country on Alcohol and Drug Abuse

iParent SA

Joven

Juvenile Probation

Karnes City ISD

Karnes/Wilson Juvenile Board

Kens 5 News

Lifetime Recovery

Medina County Sheriff's Office

One-Eighty Guadalupe Regional Medical Center

Prevention Resource Center (PRC) Region 2

Prevention Resource Center (PRC) Region 3

Prevention Resource Center (PRC) Region 5

Prevention Resource Center (PRC) Region 6

Prevention Resource Center (PRC) Region 7

Prevention Resource Center (PRC) Region 9

Reach Youth Shelter

Recovery Unplugged Texas

Region 8 Committee for Eliminating Disproportionality and Disparity (CEDD)

San Antonio Coalition for Veterans and Families (SACVF)

San Antonio Council on Alcohol and Drug Abuse – AMORE

San Antonio Council on Alcohol and Drug Abuse – Circles of San Antonio Community Coalition

San Antonio Council on Alcohol and Drug Abuse – Drug Free Communities

San Antonio Council on Alcohol and Drug Abuse – Partnership for Success

San Antonio Council on Alcohol and Drug Abuse – Recovery Support Services (RSS)

San Antonio Council on Alcohol and Drug Abuse – Youth Prevention Indicated Program (YPI)

San Antonio Council on Alcohol and Drug Abuse – Youth Prevention Selective Program (YPS)

San Antonio Council on Alcohol and Drug Abuse – Youth Prevention Universal Program (YPU)

San Antonio Council on Alcohol and Drug Prevention Hill Country Youth Programs (HCYP)

Santé Center for Healing

Serving Children and Adults in Need, Inc.

SHAPE! IHDR

T & T DWI Classes

Teddy Buerger Center

Texans Standing Tall

Texas Health and Human Services Commission

TMF Healthy Quality Institute

Uvalde County Sheriff's Office

Victoria City Health Department

Wellspring Wellness Manifest

Amie Moore

Ana Guerra

Angela Solis

Armida Flores

Beatnx Perez

Brenda Gearhert

Candida Tristan

Cassandra Oliver

Clyde Keebaugh

Diana A. Hernandez

Diana Morrison

Earl M. Tyrus Jr.

Elaine Zuercher

Felicia Givens

Jacob Davis

James D. Gomez

Joun W. Gauna

Kevin Langehennis

Krystal D. Garcia

Lisa M Weatherspoon

Lynsey Tucker

Mary Lou Cortinas

Melanie Gomez

Michael Guerra

Nayda Tmdell

Oscar Hernandes

Patrice Woodard

Priscilla Mora

Rena White

Ron Palermo

Ruben Gonzlez

Stacy Sandate

Susan Riadon

Taylor Blake

Willie Rodriguez

Regional Successes

Since its development, the Prevention Resource Center Region 8 has been able to secure networks and strong collaboration alliances with diverse local and regional organizations and their key representatives. This combined effort has made it possible for PRC Region 8 to gain access to a great deal of data and information that only strengthen the information that is already available through national and federal resources. Additionally, these partnerships have successfully enabled PRC Region 8 to share resources and information relevant to each organization's unique needs.

The Circles of San Antonio Community Coalition (COSA) helped to organize the Social Host Ordinance that was unamously passed by the City of San Antonio.

The coalition collaborated with Bexar County DWI Task Force to train local police officers on reducing underage drinking. In addition to this, the coalition has joined forces with Texans Standing Tall (TST) to train San Antonio Police Department Vice Unit on how to break up underage drinking parties. The coalition has presented to the San Antonio Police Department Team DWI group on dangers of underage drinking and social host accountability.

Our youth coalition members are gathering data on the local prices of alcoholic and non- alcoholic beverages. This data will be used locally in the coalition's needs assessment and forwarded to TST to use in their strategy. Five coalition members attended the TST Statewide Summit and educated state elected officials on evidenced based prevention strategies to reduce underage drinking. The Coalition boasts great involvement with two local universities that have substance abuse and HIV prevention grants.

The coalition has received a Drug Free Communities grant this fiscal year and is in the assessment phase to determine strategies for the zip codes in the San Antonio Independent School District boundaries. With this designation, the coalition is collaborating with the three other Drug Free Communities grantees and providing technical assistance on environmental prevention strategies.

Furthermore, coalition's efforts to mobilize communities throughout the region have been improving the way substance abuse and related behavioral issues among youth are addressed locally. Awareness and prevention efforts made by coalitions, along with the support from county officials and key organization members have made an impact in Region 8.

San Antonio City Council unanimously passed a civil Social Host Ordinance

Conclusion

This needs assessment provides a review of data on substance abuse and related variables across the state that will aid in substance abuse prevention decision making and will contribute to the creation of new treatment and prevention services for mental health and substance abuse, which are lacking throughout Region 8. This document has incorporated data from many quantitative secondary sources such as governmental, law enforcement, educational and mental health organizations. Aside from facilitating evidence-based decision-making, this Regional Needs Assessment was also created with the intent of assessing the nature and extent of available data relating to State and Regional alcohol, drug abuse, tobacco and health information as well as to determine difficulties in obtaining meaningful data and recognizing the availability of the same.

By completing this RNA, the Prevention Resource Center 8 has also been able to identify some of the gaps that exist in the region's and state's data collection infrastructure. While the Prevention Resource Center Region 8 in collaboration with the Statewide Evaluator and the other Regional Evaluators from the rest of the Sate were able to access a good amount of local data for use in its analyses, there were instances where certain data were not available at the desired geographic scale or not available at all. The organization of the available data in the structured Regional Needs Assessment format allowed the identification of significant gaps that exist in the data. These identified gaps will facilitate guidance for future research work and help ensure that it focuses on generating and collecting the most useful and relevant data that will aid in substance abuse prevention and treatment as well as addressing health-related issues of the community as a whole.

Throughout Region 8, many of the social problems in our neighborhoods, such as economic deprivation and crime, can be associated with the use of drugs and alcohol. Research shows how substance abuse has some role in creating these social barriers, sustaining them, or making them worse. Substance abuse affects all directly or indirectly in one way or another. Substance abuse generates a stress on, and limits the effectiveness of institutions or programs that are intended to help people. Region 8 like other regions, demonstrates that drugs and alcohol are a significant problem. The Regional 8 PRC needs assessment should serve as a comprehensive snapshot of the 28 counties within the region and as an instrument for substance use prevention.

Summary of Region Compared to State

Through the collection and analysis of Regional, State, and National data, a few marked comparions can be noted to help describe the overall level of capacity within Region 8. In Region 8, about 54% of the total population identify as having a Hispanic or Latino ethnic background, compared to approximately 38% in the state of Texas. With this data, it has also been noted that about 61% of Region 8 citizens ages 5 and older speak English as their first language, compared to 65% of the total speaking population in Texas. This means, about 39% of those 5 and older in Region 8 do not speak English as their first language; suggesting a language barrier for many who may need resources that are only offered in English. This statistic points to the need for services and programs that are culturally sensitive and inclusive of all languages.

On average, income earning citizens in Region 8 make about $773/ week; compared to the state average weekly income of $988. In accordance with that data it was found that the average yearly household income in Region 8 is about $45,658 compared to the State average household income of $51,900 and

the National average of $53,046. Region 8 reports about 41% of male youth employment (16-19) and about 42% of female youth employment (16-19) compared to the State reports of 36 % male youth employment and 35% female youth employment

The state of Texas has noted an overall 3% increase in higher education enrollments while Region 8 has realized a .2% decrease in overall higher education enrollments. Teen Birth Rate in Region 8 is estimated at a staggering rate of 56% compared to the State average of 55% and the National average of 37%. Region 8 holds a rate of about 14% for Alcohol and Drug related death rates compared to the State average of 15%. The suicide mortality rate in Region 8 is about 13% compared to 11% in the State.

These comparisons clearly highlight the gaps experienced in Region 8 and the state of Texas at large. Though causality cannot be concluded from this data, there seems to be high corrlations between drug use, unplanned pregnancy, education, and earnings.

Moving Forward

This Regional Needs Assessment provides an opportunity for key stakeholders, business professionals, and community members in general to identify regional strengths and weaknesses as well as become able to produce comparisons among the diverse counties of the region. This document highlights the main strengths of the region while also addressing the gaps found in services and data available. As stated in the earlier pages of this document, this regional assessment serves the following purposes:

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

This report also provides a means to facilitate data-driven decisions and mobilization of communities, as it informs key community, local, state, and federal representatives about the needs that communities in Region 8 and the rest of the State have. This RNA helps gain a deeper understanding of the community, as each community within the region has its own needs and assets, as well as its own culture and social structure. Furthermore, this document will help make decisions related to priorities for program or system improvement. In order to address community issues, one has to fully understand what the problems are and how they arose. This in turn will increase the community's capacity for solving its own problems and creating its own change, with support of state and federal authorities.

How Should You Use This Information?

Potential readers of this document include stakeholders who are vested in the prevention, intervention, and treatment of adolescent substance use in the state of Texas, as well as concerned community members who desire to mobilize their own communities and stay informed about the major issues that directly impact their homeland. Stakeholders include but are not limited to substance abuse prevention and treatment providers; medical providers; school districts and higher education; substance abuse community coalitions; city, county, and state leaders; prevention program staff; and community members vested in preventing substance use.

This report includes a wealth of information that readers can refer to for a variety of reasons. Some may be reading only for an overview whereas others may be reading for more detailed information on trends and consequences of specific drugs. The information obtained through this Regional Needs Assessment is also intended to aid in the development of federal and state grants that will assist in the creation of improved programs in the communities and the region as a whole; thereby bridging regional gaps.

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Appendix A

Table 3 2010-2016 Population Growth

Table 3	2010-2016 County Population Growth			
Area	2010 Population	2016 Population Estimate	# Growth 2010-2016	% Change from 2010 to 2016
Atascosa	44,911	49,266	4,355	9.7%
Bandera	20,485	21,374	889	4.3%
Bexar	1,714,773	1,913,559	198,786	11.6%
Calhoun	21,381	21,397	16	0.1%
Comal	108,472	133,200	24,728	22.8%
De Witt	20,097	21,221	1,124	5.6%
Dimmit	9,996	11,012	1,016	10.2%
Edwards	2,002	1,896	-106	-5.3%
Frio	17,217	19,041	1,824	10.6%
Gillespie	24,837	26,303	1,466	5.9%
Goliad	7,210	7,741	531	7.4%
Gonzales	19,807	20,275	468	2.4%
Guadalupe	131,533	154,995	23,462	17.8%
Jackson	14,075	14,674	599	4.3%
Karnes	14,824	15,577	753	5.1%
Kendall	33,410	41,161	7,751	23.2%
Kerr	49,625	51,589	1,964	4.0%
Kinney	3,598	3,742	144	4.0%
La Salle	6,886	7,640	754	10.9%
Lavaca	19,263	19,567	304	1.6%
Maverick	54,258	57,666	3,408	6.3%
Medina	46,006	49,558	3,552	7.7%
Real	3,309	3,463	154	4.7%
Uvalde	26,405	27,863	1,458	5.5%
Val Verde	48,879	48,230	-649	-1.3%
Victoria	86,793	92,667	5,874	6.8%
Wilson	42,918	49,106	6,188	14.4%
Zavala	11,677	12,304	627	5.4%
Region 8	*2,604,647*	*2,896,087*	*291,440*	*11.2%*
Texas	*25,145,565*	*27,725,192*	*2,579,627*	*10.3%*
US	*309,348,193*	*323,127,513*	*13,779,320*	*4.5%*
Texas Demographic Center, Population Estimates and Projections Program				

Table 5 County Population by Age US Census Bureau

Table 3: Population by Age

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Texas	*7.35%*	*19.25%*	*10.23%*	*14.47%*	*13.57%*	*13.06%*	*10.88%*	*11.18%*
United States	*6.29%*	*16.99%*	*9.91%*	*13.55%*	*12.84%*	*13.87%*	*12.45%*	*14.10%*
Region 8	***7.04%***	***18.97%***	***10.25%***	***14.11%***	***12.82%***	***12.93%***	***11.19%***	***12.69%***
Atascosa	7.26%	20.83%	8.90%	12.31%	12.34%	13.04%	11.67%	13.65%
Bandera	4.28%	13.59%	5.95%	8.25%	9.79%	15.21%	18.51%	24.41%
Bexar	7.30%	19.08%	10.87%	15.38%	13.29%	12.66%	10.43%	10.98%
Calhoun	6.85%	18.72%	7.95%	12.88%	11.49%	13.64%	12.52%	15.95%
Comal	5.65%	17.54%	7.58%	10.55%	12.07%	14.75%	14.93%	16.93%
DeWitt	6.45%	15.78%	7.22%	11.27%	12.11%	14.57%	13.30%	19.31%
Dimmit	9.23%	20.62%	9.39%	10.96%	12.06%	11.73%	11.88%	14.13%
Edwards	5.61%	12.33%	10.34%	3.78%	14.32%	12.22%	12.17%	29.22%
Frio	6.61%	17.69%	15.37%	15.79%	11.51%	12%	8.79%	12.25%
Gillespie	4.88%	14.74%	6.64%	8.18%	9.17%	12.80%	15.67%	27.91%
Goliad	4.43%	17.13%	8.30%	8.03%	11.47%	14.26%	16.10%	20.28%
Gonzales	6.96%	19.82%	9.18%	11.19%	11.49%	13.06%	12.18%	16.12%
Guadalupe	6.51%	20.01%	9.03%	12.32%	13.86%	14.38%	11.20%	12.69%
Jackson	7.43%	18.35%	7.80%	11.83%	10.98%	13.57%	13.77%	16.27%
Karnes	5.35%	15.69%	10.50%	17.53%	12.52%	12.70%	11.20%	14.51%
Kendall	5.06%	18.60%	7.94%	8.06%	12.07%	14.97%	14.80%	18.48%
Kerr	5.03%	14.47%	8.46%	9.50%	9.24%	12.51%	14.65%	26.14%
Kinney	2.54%	16.33%	8.08%	14.23%	8.86%	16.05%	19.26%	14.65%
La Salle	8.82%	20.11%	9.12%	17.13%	10.92%	11.60%	8.68%	13.63%
Lavaca	6.22%	17.08%	7.24%	9.60%	9.97%	13.73%	14.42%	21.74%
Maverick	8.81%	23.49%	11.51%	12.21%	12.35%	10.97%	9.56%	11.10%
Medina	5.83%	18.56%	9.69%	11.60%	11.78%	14.41%	13.27%	14.85%
Real	6.20%	13.56%	6.32%	5.30%	10.31%	8.91%	15.44%	33.97%
Uvalde	7.74%	20.33%	10.64%	11.99%	11.32%	11.31%	10.80%	15.87%
Val Verde	8.42%	20.82%	11.01%	13.73%	11.92%	11.23%	9.51%	13.36%
Victoria	7.36%	18.65%	9.53%	13.46%	11.58%	12.87%	12.36%	14.19%
Wilson	5.60%	19.52%	8.02%	10.60%	12.60%	15.60%	13.93%	14.12%
Zavala	9.12%	21.40%	12.37%	12.20%	11.69%	10.36%	10.47%	12.39%

US Census Bureau, American Community Survey, 2011-2015. Source geography: Tract

Table 5 County Population by Age – 2016 Texas Demographics

Table 5 County Population by Age										
Area	<18	% <18	18-24	% 18 - 24	25-44	% 25-44	45-64	% 45-64	65+	% 65+
Texas	***7,165,096***	***26.0%***	***2,747,389***	***10.0%***	***7,469,590***	***27.0%***	***6,621,979***	***24.0%***	***3,311,308***	***12.0%***
Region 8	***722,772***	***25.6%***	***286,670***	***10.2%***	***736,887***	***26.1%***	***691,017***	***24.5%***	***386,927***	***13.7%***
Atascosa	12,971	26.4%	4,982	10.1%	11,134	22.6%	12,550	25.5%	**7,558**	15.4%
Bandera	3,692	17.0%	1,681	7.8%	3,454	15.9%	7,309	33.8%	5,520	25.5%
Bexar	489,752	26.3%	193,887	10.4%	522,653	28.0%	438,143	23.5%	220,669	11.8%
Calhoun	5,703	24.9%	2,223	9.7%	5,150	22.5%	5,938	25.9%	3,881	17.0%
Comal	26,085	21.6%	10,250	8.5%	24,593	20.4%	36,487	30.2%	23,219	19.2%
De Witt	4,389	21.6%	1,696	8.3%	4,640	22.8%	5,525	27.2%	4,064	20.0%
Dimmit	2,963	28.0%	1,135	10.7%	2,195	20.7%	2,494	23.6%	1,796	17.0%
Edwards	445	21.1%	162	7.7%	357	16.9%	561	26.6%	583	27.7%
Frio	4,325	23.5%	2,144	11.7%	5,500	29.9%	3,982	21.7%	2,431	13.2%
Gillespie	4,990	19.3%	2,011	7.8%	4,390	17.0%	7,132	27.6%	7,355	28.4%
Goliad	1,502	20.2%	697	9.4%	1,341	18.0%	2,213	29.7%	1,693	22.7%
Gonzales	5,614	26.8%	1,888	9.0%	4,714	22.5%	5,266	25.1%	3,497	16.7%
Guadalupe	36,964	25.1%	14,736	10.0%	35,889	24.3%	39,840	27.0%	20,125	13.6%
Jackson	3,567	24.7%	1,289	8.9%	3,206	22.2%	3,729	25.9%	2,625	18.2%
Karnes	2,846	18.6%	1,539	10.1%	4,540	29.7%	3,969	26.0%	2,400	15.7%
Kendall	7,730	21.1%	3,373	9.2%	6,769	18.5%	11,213	30.6%	7,555	20.6%
Kerr	10,182	19.8%	4,020	7.8%	9,887	19.3%	13,404	26.1%	13,853	27.0%
Kinney	676	18.4%	335	9.1%	774	21.1%	911	24.8%	976	26.6%
La Salle	1,593	21.3%	855	11.4%	2,359	31.6%	1,508	20.2%	1,160	15.5%
Lavaca	4,166	21.6%	1,563	8.1%	3,671	19.1%	5,292	27.5%	4,569	23.7%
Maverick	18,909	31.7%	7,074	11.9%	13,967	23.4%	12,400	20.8%	7,212	12.1%
Medina	11,745	23.6%	5,182	10.4%	10,995	22.1%	13,736	27.6%	8,159	16.4%
Real	582	17.6%	308	9.3%	499	15.1%	899	27.2%	1,018	30.8%
Uvalde	7,735	27.9%	3,351	12.1%	5,861	21.1%	6,186	22.3%	4,596	16.6%
Val Verde	15,392	29.5%	5,411	10.4%	13,045	25.0%	11,141	21.3%	7,255	13.9%
Victoria	23,574	25.9%	8,898	9.8%	22,317	24.5%	22,231	24.4%	13,924	15.3%
Wilson	10,830	22.9%	4,611	9.8%	9,945	21.1%	14,347	30.4%	7,508	15.9%
Zavala	3,850	30.6%	1,369	10.9%	3,042	24.1%	2,611	20.7%	1,726	13.7%
Texas Demographic Center, Texas Population Projections Program										

Table 10 Race/Ethnicity Demographics by County

Table 10 2016 Race/Ethnicity Demographics by County									
Area	**Total**	**Total Anglo**	**% Angle**	**Total Black**	**% Black**	**Total Hispanic**	**% Hispanic**	**Total Other**	**% Other**
U.S.	**323,127,513**	**198,077,165**	**61.3%**	**42,975,959**	**13.3%**	**57,516,697**	**17.8%**	**24,557,691**	**7.6%**
Texas	***27,315,362***	***11,617,233***	***42.5%***	***3,122,847***	***11.4%***	***10,911,143***	***39.9%***	***1,664,139***	***6.1%***
Region 8	***2,824,273***	***983,927***	***34.8%***	***157,108***	***5.6%***	***1,576,620***	***55.8%***	***106,618***	***3.8%***
Atascosa	49,195	16,962	34.5%	271	0.6%	31,350	63.7%	612	1.2%
Bandera	21,656	17,248	79.6%	88	0.4%	3,893	18.0%	427	2.0%
Bexar	1,865,104	523,643	28.1%	128,732	6.9%	1,127,305	60.4%	85,424	4.6%
Calhoun	22,895	9,768	42.7%	540	2.4%	11,364	49.6%	1,223	5.3%
Comal	120,634	84,102	69.7%	1,770	1.5%	31,731	26.3%	3,031	2.5%
De Witt	20,314	10,990	54.1%	1,827	9.0%	7,140	35.1%	357	1.8%
Dimmit	10,583	1,252	11.8%	87	0.8%	9,153	86.5%	91	0.9%
Edwards	2,108	957	45.4%	10	0.5%	1,123	53.3%	18	0.9%
Frio	18,382	2,816	15.3%	517	2.8%	14,524	79.0%	525	2.9%
Gillespie	25,878	19,626	75.8%	51	0.2%	5,821	22.5%	380	1.5%
Goliad	7,446	4,351	58.4%	312	4.2%	2,677	36.0%	106	1.4%
Gonzales	20,979	8,630	41.5%	1,409	6.7%	10,634	50.7%	306	1.5%
Guadalupe	147,554	77,733	52.7%	8,939	6.1%	55,246	37.4%	5,636	3.8%
Jackson	14,416	8,712	60.4%	979	6.8%	4,514	31.3%	211	1.5%
Karnes	15,294	5,921	38.7%	1,365	8.9%	7,858	51.4%	150	1.0%
Kendall	36,640	27,533	75.1%	143	0.4%	8,213	22.4%	751	2.0%
Kerr	51,346	35,841	69.8%	779	1.5%	13,519	26.3%	1,207	2.4%
Kinney	3,672	1,407	38.3%	39	1.1%	2,168	59.0%	58	1.6%
La Salle	7,475	919	12.3%	18	0.2%	6,483	86.7%	55	8.7%
Lavaca	19,261	14,239	73.9%	1,291	6.7%	3,443	17.9%	288	1.5%
Maverick	59,562	1,651	2.8%	78	0.1%	57,045	95.8%	788	1.3%
Medina	49,817	22,316	44.8%	927	1.9%	25,691	51.6%	883	1.8%
Real	3,306	2,316	70.1%	22	0.7%	889	26.9%	79	2.4%
Uvalde	27,729	7,422	26.8%	116	0.4%	19,824	71.5%	367	1.3%
Val Verde	52,244	8,585	16.4%	611	1.2%	42,419	81.2%	629	1.2%
Victoria	90,944	41,111	45.2%	5,490	6.0%	42,098	46.3%	2,245	2.5%
Wilson	47,241	27,215	57.6%	662	1.4%	18,626	39.4%	738	1.6%
Zavala	12,598	661	5.2%	35	0.3%	11,869	94.2%	33	0.3%
Texas Demographic Center, Texas Population Projections Program									
U.S. Census Bureau: State and County QuickFacts. 2016 Vintage.									

Table 13 Population Density

Table 13	Population Density		
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Region 8	2,709,360	31,637.33	85.64
Atascosa	46,343	1,219.54	38
Bandera	20,642	790.99	26.1
Bexar	1,789,088	1,239.88	1,442.95
Calhoun	21,569	506.84	42.56
Comal	115,808	559.48	206.99
DeWitt	20,397	908.98	22.44
Dimmit	10,537	1,328.88	7.93
Edwards	2,037	2,117.86	0.96
Frio	17,847	1,133.50	15.75
Gillespie	25,179	1,058.21	23.79
Goliad	7,357	852.01	8.63
Gonzales	20,054	1,066.69	18.8
Guadalupe	139,709	711.28	196.42
Jackson	14,336	829.44	17.28
Karnes	14,884	747.57	19.91
Kendall	36,058	662.45	54.43
Kerr	49,914	1,103.32	45.24
Kinney	3,598	1,360.06	2.65
La Salle	7,075	1,486.69	4.76
Lavaca	19,438	969.71	20.05
Maverick	55,821	1,279.47	43.63
Medina	46,965	1,325.36	35.44
Real	3,365	699.14	4.81
Uvalde	26,763	1,551.95	17.24
Val Verde	48,999	3,144.75	15.58
Victoria	88,955	882.14	100.84
Wilson	44,609	803.73	55.5
Zavala	12,013	1,297.41	9.26
Texas	26,092,032	261,237.45	99.88
United States	314,107,083	3,531,932.26	88.93
US Census Bureau, American Community Survey. 2010-2014			

Table 17 Limited English Proficiency

Table XX Limited English Proficiency by County			
Report Area	**Population Age 5+**	**Population Age 5+ with Limited English Proficiency**	**% Population Age 5+ with Limited English Proficiency**
Atascosa	42,971	5,794	13.48%
Bandera	19,675	246	1.25%
Bexar	1,657,017	205,592	12.41%
Calhoun	20,044	2,082	10.39%
Comal	109,298	4,922	4.50%
DeWitt	19,143	801	4.18%
Dimmit	9,588	1,901	19.83%
Edwards	1,942	215	11.07%
Frio	16,681	2,864	17.17%
Gillespie	23,953	1,914	7.99%
Goliad	7,023	289	4.12%
Gonzales	18,560	2,316	12.48%
Guadalupe	130,475	8,795	6.74%
Jackson	13,272	843	6.35%
Karnes	14,089	1,450	10.29%
Kendall	34,199	2,253	6.59%
Kerr	47,363	2,632	5.56%
Kinney	3,400	442	13.00%
La Salle	6,390	1,560	24.41%
Lavaca	18,262	859	4.70%
Maverick	50,889	23,267	45.72%
Medina	44,080	3,322	7.54%
Real	3,207	114	3.55%
Uvalde	24,702	3,055	12.37%
Val Verde	44,948	10,673	23.75%
Victoria	82,399	5,181	6.29%
Wilson	42,083	2,963	7.04%
Zavala	10,924	3,012	27.57%
U.S. Census Bureau, State and County Quick Facts, 2014 Vintage			
U.S. Census Bureau, American Community Survey, 2010-2014			

Table 18 2011-2015 Per Capita Income by County

Table 18	2011-2015 Per Capita Income by County		
Report Area	Total Population	Total Income ($)	Per Capita Income ($)
United States	***316,515,021***	***$9,156,731,836,300***	***$28,929***
Texas	***26,538,614***	***$716,519,339,400***	***$26,999***
Region 8	***2,760,470***	***$69,147,960,100***	***$25,049***
Atascosa County, TX	47,050	$1,058,312,600	$22,493
Bandera County, TX	20,796	$554,474,600	$26,662
Bexar County, TX	1,825,502	$45,154,026,200	$24,735
Calhoun County, TX	21,666	$528,050,100	$24,372
Comal County, TX	119,632	$3,928,486,900	$32,838
DeWitt County, TX	20,540	$583,700,400	$28,417
Dimmit County, TX	10,682	$226,179,500	$21,173
Edwards County, TX	1,906	$53,163,200	$27,892
Frio County, TX	18,168	$309,167,200	$17,017
Gillespie County, TX	25,398	$783,759,300	$30,859
Goliad County, TX	7,410	$218,688,000	$29,512
Gonzales County, TX	20,172	$427,334,500	$21,184
Guadalupe County, TX	143,460	$3,863,144,100	$26,928
Jackson County, TX	14,486	$372,106,100	$25,687
Karnes County, TX	14,879	$384,897,000	$25,868
Kendall County, TX	37,361	$1,349,700,700	$36,125
Kerr County, TX	50,149	$1,317,143,900	$26,264
Kinney County, TX	3,577	$61,879,500	$17,299
La Salle County, TX	7,191	$159,118,700	$22,127
Lavaca County, TX	19,549	$533,448,200	$27,287
Maverick County, TX	56,548	$862,281,100	$15,248
Medina County, TX	47,392	$1,129,336,500	$23,829
Real County, TX	3,356	$65,607,200	$19,549
Uvalde County, TX	26,952	$488,784,800	$18,135
Val Verde County, TX	48,980	$912,580,600	$18,631
Victoria County, TX	90,099	$2,341,366,600	$25,986
Wilson County, TX	45,509	$1,314,637,900	$28,887
Zavala County, TX	12,060	$166,584,700	$13,812
US Census Bureau, American Community Survey, 2011-2015			

Table 22 Single Parent Homes by County

Table 22	Single Parent Homes by County		
Area	2017 Single-Parent Households	2017 # Households	2017 % Single-Parent Households
Texas	***2,284,003***	***6,766,502***	***33.8***
Region 8	***255,299***	***711,647***	***35.9***
Atascosa	5,249	13,171	39.9
Bandera	901	3,589	25.1
Bexar	180,881	477,350	37.9
Calhoun	1,660	5,445	30.5
Comal	6,772	27,586	24.5
DeWitt	1,951	4,510	43.3
Dimmit	1,461	3,189	45.8
Edwards	87	342	25.4
Frio	1,719	4,414	38.9
Gillespie	1,177	4,983	23.6
Goliad	607	1,588	38.2
Gonzales	2,231	5,365	41.6
Guadalupe	10,414	37,750	27.6
Jackson	770	3,676	20.9
Karnes	1,382	3,118	44.3
Kendall	2,071	8,795	23.5
Kerr	3,292	9,455	34.8
Kinney	112	653	17.2
La Salle	783	2,032	38.5
Lavaca	1,259	4,550	27.7
Maverick	5,761	18,262	31.5
Medina	3,287	11,454	28.7
Real	429	643	66.7
Uvalde	2,877	7,453	38.6
Val Verde	4,855	14,285	34.0
Victoria	8,408	23,044	36.5
Wilson	2,810	11,264	24.9
Zavala	2,093	3,681	56.9
County Health Rankings, www.countyhealthrankings.org			

Table 25 Employment and Unemployment by County

Table 25	Employment & Unemployment by County			
County	**2016 Labor Force**	**2016 Employed**	**2016 Unemployed**	**2016 Unemployment %**
U S	***N/A***	***N/A***	***N/A***	***4.9%***
Texas	*13,284,651*	*12,671,814*	*612,837*	*4.6%*
Region 8	*1,350,656*	*1,295,400*	*55,256*	*4.1%*
Atascosa	21,133	20,006	1,127	5.3%
Bandera	9,402	9,014	388	4.1%
Bexar	902,623	869,025	33,598	3.7%
Calhoun	10,815	10,213	602	5.6%
Comal	63,539	61,229	2,310	3.6%
DeWitt	9,376	8,851	525	5.6%
Dimmit	6,203	5,759	444	7.2%
Edwards	857	815	42	4.9%
Frio	8,711	8,277	434	5.0%
Gillespie	12,923	12,555	368	2.8%
Goliad	3,345	3,151	194	5.8%
Gonzales	9,531	9,121	410	4.3%
Guadalupe	74,988	72,296	2,692	3.6%
Jackson	7,246	6,900	346	4.8%
Karnes	6,259	5,954	305	4.9%
Kendall	19,565	18,934	631	3.2%
Kerr	21,236	20,472	764	3.6%
Kinney	1,166	1,096	70	6.0%
La Salle	3,891	3,687	204	5.2%
Lavaca	8,699	8,325	374	4.3%
Maverick	24,087	21,366	2,721	11.3%
Medina	20,893	19,969	924	4.4%
Real	1,027	968	59	5.7%
Uvalde	11,778	11,150	628	5.3%
Val Verde	19,968	18,701	1,267	6.3%
Victoria	43,919	41,558	2,361	5.4%
Wilson	23,583	22,664	919	3.9%
Zavala	3,893	3,344	549	14.1%
US Department of Labor, Bureau of Labor Statistics, https://www.bls.gov/lau/#tables				

Table 28 Industry by county

Table 28 Employment Industry by County 2015

County	Total Employed16 and Older	Agriculture, forestry, fishing and hunting, and mining (be)	% Agriculture, forestry, fishing and hunting, and mining (be)	Construction (be)	% Construction (be)	Manufacturing (be)	% Manufacturing (be)	Wholesale trade	% Wholesale trade	Retail trade	% Retail trade	Transportation and warehousing, and utilities	% Transportation and warehousing, and utilities (be)	Information	% Information	Finance and insurance, and real estate and rental and leasing	% Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste management services	% Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	% Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	% Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	% Other services, except public administration	Public administration	% Public administration
Texas	12,094,262	405,569	3%	947,689	8%	1,105,985	9%	363,612	3%	1,403,859	12%	660,396	5%	215,594	2%	794,643	7%	1,337,372	11%	2,627,242	22%	1,076,415	9%	645,308	5%	520,578	4%
Region 8	1,223,175	36,038	3%	93,006	7%	82,283	7%	30,641	3%	148,195	12%	55,931	5%	20,679	2%	96,372	8%	122,161	10%	280,975	23%	127,669	10%	61,199	5%	68,026	6%
Atascosa	19,975	2,116	11%	2,263	11%	1,437	7%	468	2%	2,281	11%	1,352	7%	180	1%	1,047	5%	1,298	6%	4,075	20%	1,713	9%	779	4%	968	5%
Bandera	9,010	527	6%	1,106	12%	580	6%	129	1%	945	10%	102	1%	108	1%	496	6%	759	8%	2,190	24%	681	8%	738	8%	649	7%
Bexar	824,123	10,367	1%	60,307	7%	48,174	6%	20,077	2%	99,390	12%	35,567	4%	15,573	2%	74,630	9%	91,164	11%	190,807	23%	94,181	11%	41,210	5%	42,676	5%
Calhoun	9,416	496	5%	1,141	12%	2,348	25%	233	2%	1,015	11%	365	4%	109	1%	428	5%	572	6%	1,741	18%	489	5%	240	3%	239	3%
Comal	54,190	1,052	2%	5,201	10%	3,604	7%	1,792	3%	6,881	13%	2,396	4%	1,309	2%	3,797	7%	6,606	12%	11,901	22%	4,810	9%	2,639	5%	2,142	4%
DeWitt	7,927	1,259	16%	517	7%	743	9%	248	3%	625	8%	270	3%	77	1%	342	4%	385	5%	1,703	21%	679	9%	465	6%	615	8%
Dimmit	4,210	958	23%	91	2%	42	1%	96	2%	752	18%	108	3%	0	0%	165	4%	139	3%	856	20%	484	11%	188	4%	331	8%
Edwards	912	127	14%	133	15%	5	1%	11	1%	31	3%	57	6%	43	5%	87	10%	59	6%	242	27%	46	5%	55	6%	16	2%
Frio	6,618	988	1%	563	9%	394	6%	131	2%	822	12%	474	7%	0	0%	253	4%	254	4%	1,323	20%	556	8%	198	3%	662	10%
Gillespie	11,230	498	4%	1,198	11%	672	6%	337	3%	1,429	13%	587	5%	185	2%	438	4%	1,054	9%	2,439	22%	1,497	13%	652	6%	253	2%
Goliad	2,962	408	14%	135	5%	365	12%	60	20%	280	9%	136	5%	77	3%	62	2%	154	5%	741	25%	183	6%	138	5%	223	8%
Gonzales	8,422	1,163	14%	661	8%	1,236	15%	370	4%	974	12%	403	5%	123	1%	320	4%	481	6%	1,564	19%	407	5%	344	4%	316	4%
Guadalupe	66,822	1,471	2%	4,111	6%	7,411	11%	2,002	3%	9,692	15%	2,927	4%	1,182	2%	3,957	6%	5,006	7%	14,038	21%	5,650	8%	3,917	6%	5,458	8%
Jackson	6,251	954	15%	589	9%	1,273	20%	53	1%	436	7%	426	7%	26	0%	277	4%	268	4%	1,131	18%	404	6%	241	4%	173	3%
Karnes	5,251	866	16%	380	7%	282	5%	87	2%	658	13%	359	7%	26	0%	170	3%	195	4%	1,106	21%	201	4%	290	6%	631	12%
Kendall	16,597	378	2%	1,004	6%	1,201	7%	457	3%	1,761	11%	886	5%	225	1%	1,469	9%	2,192	13%	3,565	21%	1,648	10%	999	6%	892	5%
Kerr	20,523	824	4%	1,924	9%	929	5%	365	2%	2,491	12%	683	3%	337	2%	1,232	6%	1,593	8%	5,408	26%	2,561	12%	1,469	7%	807	4%
Kinney	1,213	103	8%	157	13%	5	0%	0	0%	61	5%	131	11%	111	1%	30	2%	27	2%	279	23%	56	5%	43	4%	310	26%
La Salle	2,307	406	18%	133	6%	130	6%	39	2%	187	8%	332	14%	0	0%	9	0%	126	5%	403	17%	395	17%	90	4%	87	4%
Lavaca	8,929	896	10%	837	9%	1,307	15%	302	3%	968	11%	472	5%	77	1%	518	6%	452	5%	1,897	21%	450	5%	456	5%	297	3%
Maverick	20,309	2,071	10%	1,260	6%	835	4%	339	2%	2,420	12%	1,371	7%	102	1%	844	4%	617	3%	5,926	29%	1,944	10%	678	3%	1,902	9%
Medina	19,610	1,395	7%	1,586	8%	837	4%	535	3%	2,172	11%	1,212	6%	189	1%	1,353	7%	2,064	11%	4,796	24%	1,429	7%	1,001	5%	1,041	5%
Real	996	108	11%	103	10%	51	5%	0	0%	96	10%	54	5%	27	3%	24	2%	35	4%	170	17%	225	23%	57	6%	46	5%
Uvalde	10,801	1,235	11%	938	9%	511	5%	166	2%	1,262	12%	683	6%	26	0%	369	3%	714	7%	2,778	26%	738	7%	593	5%	788	7%
Val Verde	19,261	934	5%	944	5%	1,247	7%	282	2%	2,478	14%	1,049	6%	88	0%	872	5%	807	4%	4,570	25%	1,551	8%	605	3%	2,634	16%
Victoria	41,513	2,800	7%	3,266	8%	4,749	11%	1,338	3%	5,657	14%	1,904	5%	293	1%	1,965	5%	3,224	8%	9,621	23%	2,994	7%	2,126	5%	1,576	4%
Wilson	20,521	1,126	5%	2,195	11%	1,628	8%	693	3%	2,286	11%	1,626	8%	232	1%	1,075	5%	1,653	8%	4,257	21%	1,237	6%	702	3%	1,811	9%
Zavala	4,276	512	12%	263	6%	167	4%	31	1%	145	3%	179	4%	54	1%	143	3%	263	6%	1,448	34%	500	12%	286	7%	285	7%

US Census Bureau, American Community Survey, 2015

Table 32 TANF

Table 32 TANF 2014 - 2016									
Area	2016 Total Recipients	2016 Population	2016 Recipients per 100k	2015 Total Recipients	2015 Population	2015 Recipients per 100k	2014 Total Recipients	2014 Population	2014 Recipients per 100k
Atascosa	81	49,195	165.0	49	48,451	100.4	49	47,735	101.8
Bandera	12	21,656	56.3	15	21,475	70.8	7	21,274	33.3
Bexar	2,889	1,865,104	154.9	3,089	1,839,926	167.9	3,685	1,814,536	203.1
Calhoun	14	22,895	62.0	13	22,635	58.2	23	22,378	104.3
Comal	65	120,634	53.8	74	118,571	62.4	96	116,507	82.6
DeWitt	15	20,314	74.9	11	20,255	55.0	32	20,220	160.3
Dimmit	100	10,583	940.7	32	10,481	309.9	34	10,380	331.9
Edwards	2	2,108	96.2	0	2,094	0.0	3	2,079	146.1
Frio	50	18,382	270.3	15	18,188	83.5	36	17,993	202.6
Gillespie	6	25,878	23.5	5	25,677	19.7	8	25,505	31.8
Goliad	9	7,446	122.6	4	7,409	54.7	3	7,370	41.2
Gonzales	14	20,979	67.8	22	20,800	107.3	24	20,607	118.0
Guadalupe	92	147,554	62.6	125	144,847	86.1	101	142,137	71.3
Jackson	15	14,416	105.7	16	14,361	113.3	25	14,302	177.2
Karnes	16	15,294	106.1	3	15,228	20.0	12	15,155	80.2
Kendall	10	36,640	27.8	9	36,090	25.4	27	35,551	76.9
Kerr	42	51,346	81.0	47	51,049	91.4	43	50,748	83.9
Kinney	2	3,672	55.2	2	3,665	55.3	4	3,652	110.9
La Salle	12	7,475	162.8	9	7,390	123.4	11	7,289	152.8
Lavaca	8	19,261	42.4	2	19,250	10.5	3	19,245	15.8
Maverick	100	59,562	168.7	94	58,663	160.8	81	57,751	140.3
Medina	30	49,817	61.1	19	49,158	39.2	27	48,506	56.4
Real	7	3,306	214.7	7	3,310	215.9	2	3,311	61.2
Uvalde	110	27,729	395.2	90	27,499	328.3	51	27,275	185.7
Val Verde	184	52,244	351.3	174	51,690	337.5	204	51,160	398.0
Victoria	69	90,944	75.8	79	90,224	87.6	80	89,515	89.4
Wilson	30	47,241	64.4	24	46,488	52.4	30	45,765	66.5
Zavala	98	12,598	781.1	88	12,446	708.1	58	12,285	469.8
Texas Health and Human Services Commission, TANF Basic and TANF State program - 2014-2016									

Table 35 SNAP

Table 35	2016 SNAP Recipients by County by Population %											
County Name	2016 Census Pop. Est.	Number of Cases	Number of Recipients	Percent SNAP Recipients	Recipients Ages < 5	Recipients Ages 5 - 17	Recipients Ages 18 - 59	Recipients Ages 60 - 64	Recipients Ages 65 +	Total FB Payments	Avg Payment / Case
Atascosa	48,797	3,522	9,131	18.7%	1,402	3,342	3,527	278	582	$1,020,232	$290
Bandera	21,776	965	2,126	9.8%	276	659	957	99	135	$241,154	$250
Bexar	1,928,680	123,913	298,418	15.5%	48,563	108,498	114,615	8,295	18,447	$33,828,398	$273
Calhoun	21,965	1,351	3,269	14.9%	547	1,146	1,280	109	187	$378,406	$280
Comal	134,788	3,716	9,269	6.9%	1,599	3,223	3,621	285	541	$1,002,613	$270
DeWitt	20,865	1,340	3,214	15.4%	519	1,107	1,244	110	234	$350,993	$262
Dimmit	10,794	1,234	3,036	28.1%	519	1,027	1,089	91	310	$336,495	$273
Edwards	1,911	132	300	15.7%	45	101	93	14	47	$31,219	$237
Frio	18,956	1,497	3,839	20.3%	646	1,386	1,381	113	313	$409,207	$273
Gillespie	26,521	727	1,770	6.7%	283	640	657	60	130	$173,815	$239
Goliad	7,517	377	927	12.3%	150	336	351	30	60	$105,147	$279
Gonzales	20,876	1,432	3,522	16.9%	579	1,396	1,207	102	238	$389,351	$272
Guadalupe	155,265	5,613	13,984	9.0%	2,263	5,171	5,264	406	880	$1,545,210	$275
Jackson	14,869	817	1,985	13.3%	299	753	750	69	114	$219,849	$269
Karnes	15,254	1,048	2,538	16.6%	403	887	993	73	182	$295,285	$282
Kendall	42,540	824	1,864	4.4%	283	669	730	55	127	$212,973	$258
Kerr	51,504	2,527	5,701	11.1%	876	1,911	2,376	189	349	$610,182	$241
Kinney	3,590	206	455	12.7%	49	138	178	15	75	$46,328	$225
La Salle	49,791	563	1,394	2.8%	218	493	473	44	166	$143,472	$255
Lavaca	19,809	875	2,082	10.5%	335	783	772	60	132	$225,786	$258
Maverick	57,685	6,775	17,271	29.9%	2,484	5,954	5,865	497	2,471	$1,768,207	$261
Medina	49,283	2,728	6,630	13.5%	906	2,299	2,762	196	467	$716,018	$262
Real	3,389	209	484	14.3%	91	134	192	19	48	$51,619	$247
Uvalde	27,285	2,496	6,468	23.7%	975	2,334	2,464	189	506	$684,897	$274
Val Verde	48,881	4,565	11,450	23.4%	1,776	4,057	3,822	326	1,469	$1,200,766	$263
Victoria	92,467	6,107	14,955	16.2%	2,505	5,514	5,877	359	700	$1,688,574	$276
Wilson	48,480	1,728	4,292	8.9%	670	1,493	1,763	111	255	$470,694	$272
Zavala	12,023	1,688	4,035	33.6%	581	1,429	1,505	132	388	$446,502	$265
Region 8	2,955,561	178,975	434,409	14.7%	69,842	156,880	165,808	12,326	29,553	$48,593,392	$264
Texas	27,862,596	1,653,465	3,910,253	14.0%	647,796	1,474,284	1,428,113	107,146	252,914	$448,560,989	$256

Human Services Programs // Center for Analytics and Decision Support // Texas Health & Human Services Commission // January 2017 (crg)

Table 38	Free and Reduced Lunch Eligible by County		
Area	Total Students, All Grades (Excludes AE) [Public School] 2014-2015	Free and Reduced Lunch Students [Public School] 2014-2015	2014 - 2015 Percent Free/Reduced Price Lunch Eligible
Texas	5,233,736	3,058,606	58.4%
Region 8	532,813	316,462	59.4%
ATASCOSA	8,684	5,320	61.3%
BANDERA	2,549	1,317	51.7%
BEXAR	351,598	223,258	63.5%
CALHOUN	4,224	2,564	60.7%
COMAL	24,075	7,897	32.8%
DEWITT	4,695	2,743	58.4%
DIMMIT	2,449	1,805	73.7%
EDWARDS	388	263	67.8%
FRIO	3,407	2,398	70.4%
GILLESPIE	3,637	1,781	49.0%
GOLIAD	1,408	643	45.7%
GONZALES	4,193	3,103	74.0%
GUADALUPE	26,110	10,967	42.0%
JACKSON	3,345	1,712	51.2%
KARNES	2,523	‡	‡
KENDALL	8,050	2,059	25.6%
KERR	6,967	4,223	60.6%
KINNEY	641	385	60.1%
LA SALLE	1,353	1,110	82.0%
LAVACA	2,295	852	37.1%
MAVERICK	15,076	11,420	75.7%
MEDINA	10,301	5,939	57.7%
REAL	542	356	65.7%
UVALDE	5,763	4,094	71.0%
VAL VERDE	11,261	8,384	74.5%
VICTORIA	15,749	9,864	62.6%
WILSON	8,837	‡	‡
ZAVALA	2,693	2,005	74.5%
National Center for Education Statistics - http://nces.ed.gov/ccd/elsi/			
‡ indicates that the data do not meet NCES data quality standards.			

Table 42	2015 Completion and Dropout Rates by County				
County Name	**County all students graduation, continuation, or GED rate, 2015**	**County all students graduation rate, 2015**	**County all students continuation rate, 2015**	**County all students GED rate, 2015**	**County all students dropout rate, 2015**
Texas	***93.7***	***89***	***4.1***	***0.6***	***6.3***
ATASCOSA	96.5	94.1	2.4	0.2	3.5
BANDERA	98.2	97.6	0.5	0.6	1.8
BEXAR	91.8	87.7	4.5	0.6	8.2
CALHOUN	97.1	92.6	0.7	2.3	2.9
COMAL	94.9	92.5	3	0.7	5.1
DEWITT	99	93.4	5.9	0.7	1
DIMMIT	87.6	85.2	3.8	0	12.4
EDWARDS	97.4	97.4	2	0	2.6
FRIO	89.7	85.4	1.5	0	10.3
GILLESPIE	98.9	97.5	2.3	0	1.1
GOLIAD	100	99	0	0	0
GONZALES	91.5	88.6	2	0.8	8.5
GUADALUPE	97.7	94.7	2.4	0.4	2.3
JACKSON	96.5	93.4	3.2	0	3.5
KARNES	95.5	93.8	2.4	0	4.5
KENDALL	99	97.2	0.7	0.1	1
KERR	96.8	91	3.8	2	3.2
KINNEY	92.2	92.2	0	0	7.8
LA SALLE	93.9	92.7	0	1.2	6.1
LAVACA	99.3	97.8	0	1.5	0.7
MAVERICK	92.2	86.1	5	1.2	5.6
MEDINA	96.4	95.2	0.8	0.3	3.6
REAL	78.6	69	2.4	7.1	21.4
UVALDE	89.1	83.8	3.7	1.5	10.9
VAL VERDE	96.2	92.7	3.5	0	3.8
VICTORIA	89.8	83.5	4.9	1.4	10.2
WILSON	97.8	96	1.7	0.2	2.2
ZAVALA	87.7	82.6	5.1	0	12.3
Texas Education Agency (TEA), TEA Divison of Research and Analysis, http://tea.texas.gov/acctres/dropcomp/years.html					

Table 44 Disciplined Data 2016 by County

Area	# Students	Individual Students Disciplined	Individual Students Disciplined (Rate Per 1000)	Total Disciplined Records	Total Disciplined Records (Rate Per 1000)	In School Suspensions (ISS)	Total In School Suspensions (Rate per 1000)	Out of School Suspensions (OSS)	Total Out of School Suspensions (Rate per 1000)	Total Disciplinary Alternative Education Program (DAEP)	Total (DAEP) (Rate per 1000)
Kendall	**9,596**	556	57.9	1,098	114.4	724	75.4	174	18.1	106	11.0
Kinney	**665**	54	81.2	96	144.4	80	120.3	6	9.0	6	9.0
Val Verde	**11,228**	800	71.3	1,941	172.9	1,080	96.2	537	47.8	117	10.4
Edwards	**608**	54	88.8	109	179.3	66	108.6	10	16.4	5	8.2
Comal	**33,401**	2,414	72.3	6,505	194.8	3,778	113.1	1,237	37.0	358	10.7
Maverick	**15,865**	1,170	73.7	3,153	198.7	469	29.6	1,239	78.1	157	9.9
Wilson	**9,338**	835	89.4	1,901	203.6	1,398	149.7	188	20.1	128	13.7
Jackson	**3,823**	401	104.9	834	218.2	594	155.4	140	36.6	52	13.6
Gillespie	**3,979**	362	91.0	990	248.8	748	188.0	32	8.0	52	13.1
Medina	**10,722**	1,157	107.9	2,723	254.0	2,091	195.0	377	35.2	133	12.4
Bandera	**2,789**	266	95.4	716	256.7	355	127.3	126	45.2	84	30.1
Guadalupe	**27,798**	2,769	99.6	7,358	264.7	4,204	151.2	1,637	58.9	541	19.5
Kerr	**7,474**	814	108.9	2,006	268.4	1,564	209.3	227	30.4	123	16.5
Region 8	**573,178**	61,768	107.8	180,559	315.0	98,464	171.9	41,268	72.0	9,433	16.5
Bexar	**371,820**	40,332	108.5	117,137	315.0	60,009	161.4	30,361	81.7	5,952	16.0
Texas	**5,440,722**	598,389	110.0	1,744,917	320.7	98,464	180.6	408,873	75.2	82,784	15.2
Atascosa	**9,817**	1,214	123.7	3,152	321.1	2,068	210.7	260	26.5	204	20.8
Karnes	**2,718**	296	108.9	909	334.4	584	214.9	155	57.0	51	18.8
Uvalde	**6,281**	701	111.6	2,114	336.6	1,049	167.0	536	85.3	178	28.3
Gonzales	**4,494**	676	150.4	1,592	354.3	1,251	278.4	143	31.8	42	9.3
Goliad	**1,448**	169	116.7	528	364.6	376	259.7	27	18.6	36	24.9
Lavaca	**2,489**	322	129.4	945	379.7	661	265.6	70	28.1	17	6.8
Real	**603**	119	197.3	262	434.5	134	222.2	96	159.2	7	11.6
Dimmit	**2,521**	388	153.9	1,181	468.5	908	360.2	99	39.3	68	27.0
Zavala	**2,614**	413	158.0	1,230	470.5	981	375.3	68	26.0	38	14.5
DeWitt	**4,994**	702	140.6	2,377	476.0	1,209	242.1	198	39.6	101	20.2
La Salle	**1,448**	301	207.9	907	626.4	517	357.0	107	73.9	35	24.2
Victoria	**16,685**	2,776	166.4	10,864	651.1	6,610	396.2	2,524	151.3	606	36.3
Frio	**3,525**	816	231.5	2,829	802.6	1,981	562.0	254	72.1	98	27.8
Calhoun	**4,435**	891	200.9	5,102	1,150.4	2,975	670.8	440	99.2	138	31.1

Texas Education Agency (TEA), TEA Discipline/Expulsion Data 2016

Table 49	Index Crimes by County for 12 Months of 2015							
Atascosa (49,177)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	6	7	5	101	333	1,052	111	1,615
Rate per 100,000	12.2	14.2	10.2	205.4	677.1	2139.2	225.7	3284.1
Number of Clearances	6	7	0	44	25	131	27	240
Percent Cleared	100	100	0	44	8	13	25	15
Number of Arrests	6	2	0	38	32	129	24	231

Bandera (21,024)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	8	0	13	102	194	16	333
Rate per 100,000	0	38.1	0	61.8	485.2	922.8	76.1	1583.9
Number of Clearances	0	1	0	6	4	13	3	27
Percent Cleared	0	13	0	47	4	7	19	9
Number of Arrests	0	1	0	6	3	4	1	15

Bexar (1,897,498)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	112	1,214	2,159	6,009	13,694	64,295	6,861	94,344
Rate per 100,000	5.9	64	113.8	316.7	721.7	3388.4	361.6	4972
Number of Clearances	90	211	263	1576	554	8401	301	11396
Percent Cleared	81	18	13	27	4	14	5	13
Number of Arrests	82	203	638	1,028	916	7,750	155	10,772

Calhoun (19,772)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	5	11	5	104	170	252	31	578
Rate per 100,000	25.3	55.6	25.3	526	859.8	1274.5	156.8	2923.3
Number of Clearances	5	4	1	55	19	62	14	160
Percent Cleared	100	37	20	53	12	25	46	28
Number of Arrests	2	5	1	45	25	81	7	166

Comal (138,415)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	4	64	37	249	539	2145	221	3259
Rate per 100,000	2.9	46.2	26.7	179.9	389.4	1549.7	159.7	2354.5
Number of Clearances	2	6	10	95	24	223	16	376
Percent Cleared	50	10	27	39	5	11	8	12
Number of Arrests	2	3	12	66	31	275	19	408

Dewitt (18,658)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	15	2	74	199	295	10	595
Rate per 100,000	0	80.4	10.7	396.6	1066.6	1581.1	53.6	3189
Number of Clearances	0	4	0	38	9	27	2	80
Percent Cleared	0	27	0	52	5	10	20	14
Number of Arrests	0	2	0	58	7	25	2	94

Dimmit (11,396)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	0	1	9	55	204	14	283
Rate per 100,000	0	0	8.8	79	482.6	1790.1	122.9	2483.3
Number of Clearances	0	0	1	8	4	58	4	75
Percent Cleared	0	0	100	89	8	29	29	27
Number of Arrests	0	0	2	6	12	57	0	77

Edwards (1,856)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	1	0	0	1	6	14	1	23
Rate per 100,000	53.9	0	0	53.9	323.3	754.3	53.9	1239.2
Number of Clearances	1	0	1	3	0	3	0	8
Percent Cleared	100	0	#NUM!	300	0	22	0	35
Number of Arrests	1	0	0	0	0	1	0	2

Frio (18,909)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	1	8	27	151	224	19	430
Rate per 100,000	0	5.3	42.3	142.8	798.6	1184.6	100.5	2274
Number of Clearances	0	1	1	16	10	35	0	63
Percent Cleared	0	100	13	60	7	16	0	15
Number of Arrests	0	1	1	29	6	27	0	64

Gillespie (25,741)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	2	1	0	5	29	188	15	240
Rate per 100,000	7.8	3.9	0	19.4	112.7	730.4	58.3	932.4
Number of Clearances	1	0	0	5	3	51	2	62
Percent Cleared	50	0	0	100	11	28	14	26
Number of Arrests	1	0	0	5	9	32	2	49

Goliad (7,651)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	2	1	16	25	72	5	121
Rate per 100,000	0	26.1	13.1	209.1	326.8	941.1	65.4	1581.5
Number of Clearances	0	0	0	7	0	3	0	10
Percent Cleared	0	0	0	44	0	5	0	9
Number of Arrests	0	0	0	4	0	2	0	6

Gonzales (20,679)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	1	12	1	101	97	266	14	492
Rate per 100,000	4.8	58	4.8	488.4	469.1	1286.3	67.7	2379.2
Number of Clearances	1	10	0	86	26	78	8	209
Percent Cleared	100	84	0	86	27	30	58	43
Number of Arrests	1	3	0	54	16	23	9	106

Guadalupe (140,029)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	4	70	21	120	550	1,764	126	2,655
Rate per 100,000	2.9	50	15	85.7	392.8	1259.7	90	1896
Number of Clearances	3	55	15	82	85	402	33	675
Percent Cleared	75	79	72	69	16	23	27	26
Number of Arrests	2	32	16	60	64	284	15	473

Jackson (14,944)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	4	3	22	53	159	6	247
Rate per 100,000	0	26.8	20.1	147.2	354.7	1064	40.1	1652.8
Number of Clearances	0	1	2	25	20	67	5	120
Percent Cleared	0	25	67	114	38	43	84	49
Number of Arrests	0	2	1	18	23	109	12	165

Karnes (14,949)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	1	1	0	23	100	309	6	440
Rate per 100,000	6.7	6.7	0	153.9	668.9	2067	40.1	2943.3
Number of Clearances	1	0	0	16	8	54	0	79
Percent Cleared	100	0	0	70	8	18	0	18
Number of Arrests	4	0	0	15	6	62	0	87

Kendall (38,550)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	10	5	24	87	443	25	594
Rate per 100,000	0	25.9	13	62.3	225.7	1149.2	64.9	1540.9
Number of Clearances	0	5	3	14	6	73	3	104
Percent Cleared	0	50	60	59	7	17	12	18
Number of Arrests	0	2	2	6	6	34	3	53

Kerr (50,906)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	2	32	6	84	180	746	45	1095
Rate per 100,000	3.9	62.9	11.8	165	353.6	1465.4	88.4	2151
Number of Clearances	2	21	13	60	42	185	20	343
Percent Cleared	100	66	217	72	24	25	45	32
Number of Arrests	2	8	11	37	37	158	18	271

Kinney (1,882)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	0	0	0	5	3	1	9
Rate per 100,000	0	0	0	0	265.7	159.4	53.1	478.2
Number of Clearances	0	0	0	0	2	2	0	4
Percent Cleared	0	0	0	0	40	67	0	45
Number of Arrests	0	0	0	1	1	2	0	4

La Salle (8,233)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	0	0	6	9	24	3	42
Rate per 100,000	0	0	0	72.9	109.3	291.5	36.4	510.1
Number of Clearances	0	0	0	5	0	1	1	7
Percent Cleared	0	0	0	84	0	5	34	17
Number of Arrests	0	0	0	9	5	12	0	26

Lavaca (24,187)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	1	6	2	43	134	189	12	387
Rate per 100,000	4.1	24.8	8.3	177.8	554	781.4	49.6	1600
Number of Clearances	1	4	2	25	20	38	2	92
Percent Cleared	100	67	100	59	15	21	17	24
Number of Arrests	0	3	3	19	26	29	1	81

Maverick (57,798)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	1	2	4	97	319	1066	54	1543
Rate per 100,000	1.7	3.5	6.9	167.8	551.9	1844.4	93.4	2669.6
Number of Clearances	1	1	2	41	17	140	2	204
Percent Cleared	100	50	50	43	6	14	4	14
Number of Arrests	1	1	3	37	30	201	20	293

Medina (48,191)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	2	23	11	68	171	664	43	982
Rate per 100,000	4.2	47.7	22.8	141.1	354.8	1377.9	89.2	2037.7
Number of Clearances	4	7	9	45	17	99	13	194
Percent Cleared	200	31	82	67	10	15	31	20
Number of Arrests	7	6	7	47	28	128	13	236

Real (3,390)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	0	0	5	19	16	0	40
Rate per 100,000	0	0	0	147.5	560.5	472	0	1179.9
Number of Clearances	0	0	0	5	3	1	0	9
Percent Cleared	0	0	0	100	16	7	0	23
Number of Arrests	0	0	0	5	5	6	0	16

Uvalde (27,346)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	15	6	50	181	718	26	996
Rate per 100,000	0	54.9	21.9	182.8	661.9	2625.6	95.1	3642.2
Number of Clearances	0	1	4	32	18	214	6	275
Percent Cleared	0	7	67	64	10	30	24	28
Number of Arrests	0	1	2	36	12	59	4	114

Val Verde (49,073)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	1	2	10	75	195	880	33	1196
Rate per 100,000	2	4.1	20.4	152.8	397.4	1793.2	67.2	2437.2
Number of Clearances	0	2	8	31	23	192	15	271
Percent Cleared	0	100	80	42	12	22	46	23
Number of Arrests	1	1	7	32	28	143	9	221

Victoria (92,373)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	3	76	52	302	593	1988	134	3148
Rate per 100,000	3.2	82.3	56.3	326.9	642	2152.1	145.1	3407.9
Number of Clearances	0	6	12	123	37	458	19	655
Percent Cleared	0	8	24	41	7	23	15	21
Number of Arrests	0	3	12	76	29	554	20	694

Wilson (47,369)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	6	3	44	155	405	29	642
Rate per 100,000	0	12.7	6.3	92.9	327.2	855	61.2	1355.3
Number of Clearances	0	2	1	38	45	131	20	237
Percent Cleared	0	34	34	87	29	33	69	37
Number of Arrests	0	3	0	27	11	60	8	109

Zavala (12,432)	Murder	Rape	Robbery	Assault	Burglary	Larceny	Auto Theft	Total
Number of Offenses	0	2	0	53	108	169	10	342
Rate per 100,000	0	16.1	0	426.3	868.7	1359.4	80.4	2751
Number of Clearances	0	1	0	20	6	13	1	41
Percent Cleared	0	50	0	38	6	8	10	12
Number of Arrests	0	1	0	12	14	12	1	40

Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 10b, Crime by Jurisdiction (XLS)

Table 54	2013-2015 UCR Family Violence by County			
Area (2015 Est Pop)	2013	2014	2015	2015 Family Violence Rate per 100,000
Edwards (1,856)	6	9	1	53.87
Kinney (1,882)	3	3	2	106.26
Gillespie (25,741)	30	30	39	151.5
Wilson (47,369)	82	60	75	158.33
La Salle (8,233)	23	26	21	255.07
Real (3,390)	1	1	10	294.98
Medina (48,191)	132	123	144	298.81
Kendall (38,550)	131	160	121	313.87
Jackson (14,944)	30	45	52	347.96
Bandera (21,024)	94	107	79	375.76
Dewitt (18,658)	81	77	76	407.33
Karnes (14,949)	57	79	63	421.43
Gonzales (20,679)	61	83	90	435.22
Goliad (7,651)	14	44	34	444.38
Zavala (12,432)	21	23	57	458.49
Val Verde (49,073)	311	292	227	462.57
Lavaca (24,187)	73	83	122	504.4
Frio (18,909)	129	132	96	507.69
Guadalupe (140,029)	760	802	791	564.88
Dimmit (11,396)	68	79	72	631.8
Atascosa (49,177)	240	195	312	634.44
Kerr (50,906)	347	298	328	644.32
Texas - 27,469,114	185453	185817	194872	709.42
Maverick (57,798)	432	489	415	718.01
Region 8 - 2,862,428	15570	18758	20916	730.7
Comal (138,415)	941	1112	1049	757.86
Bexar (1,897,498)	10468	13227	15310	806.85
Calhoun (19,772)	77	106	176	890.14
Victoria (92,373)	788	794	851	921.26
Uvalde (27,346)	170	279	303	1108.02

Texas Department of Public Safety, Texas Crime Report for 2015, Chapter 5, Crime by Jurisdiction (XLS)

Table 57 2016 Child Protective Services for Abuse and Neglect

Area	Child Population	Confirmed Victims	Confirmed Victims per 1,000	Not Confirmed Victims	Not Confirmed Victims per 1,000
Texas	***7,407,636***	***58,644***	***7.92***	***218,119***	***29.45***
Region 8	***748,085***	***6,944***	***9.28***	***27,741***	***37.08***
Atascosa	13,571	202	14.88	517	38.10
Bandera	3,899	47	12.05	156	40.01
Bexar	503,711	4,550	9.03	18,901	37.52
Calhoun	6,001	91	15.16	212	35.33
Comal	28,367	382	13.47	1,015	35.78
DeWitt	4,530	72	15.89	260	57.40
Dimmit	2,929	60	20.48	181	61.80
Edwards	455	2	N/A	7	15.38
Frio	4,389	79	18.00	266	60.61
Gillespie	5,270	34	6.45	133	25.24
Goliad	1,585	17	10.73	89	56.15
Gonzales	5,675	46	8.11	201	35.42
Guadalupe	41,160	357	8.67	1,335	32.43
Jackson	3,538	54	15.26	107	30.24
Karnes	2,932	31	10.57	184	62.76
Kendall	8,543	30	3.51	222	25.99
Kerr	10,477	197	18.80	402	38.37
Kinney	677	10	14.77	30	44.31
La Salle	1,627	19	11.68	104	63.92
Lavaca	4,221	21	4.98	135	31.98
Maverick	19,099	34	1.78	321	16.81
Medina	12,437	107	8.60	486	39.08
Real	595	10	16.81	31	52.10
Uvalde	7,833	101	12.89	378	48.26
Val Verde	15,245	70	4.59	481	31.55
Victoria	23,558	222	9.42	1,083	45.97
Wilson	11,950	60	5.02	307	25.69
Zavala	3,811	39	10.23	197	51.69

Texas Department of Family and Protective Services (DFPS), http://www.dfps.state.tx.us/

Table 60-1a		Drug Possession Opium, Cocaine, Morphine, Heroin, Codeine							
Age		21-29		30-39		40-49		50+	
Area		Male	Female	Male	Female	Male	Female	Male	Female
Atascosa	8	8	3	12	2	2	1	1	0
Bandera	8	12	8	12	8	6	2	1	0
Bexar	8	26	13	27	13	8	1	4	1
Calhoun	8	13	0	4	0	5	3	3	0
Comal	8	4	0	4	1	1	0	0	1
DeWitt	8	4	1	2	2	2	0	2	0
Dimmit	8	3	0	4	1	0	0	2	0
Edwards	8	0	0	0	0	0	0	0	0
Frio	8	10	3	7	2	6	3	2	0
Gillespie	8	13	5	10	6	5	2	6	1
Goliad	8	0	0	0	0	0	0	0	0
Gonzales	8	13	6	10	3	6	2	2	1
Guadalupe	8	19	4	17	7	4	3	3	0
Jackson	8	3	1	2	3	1	0	0	0
Karnes	8	2	0	1	0	0	0	0	0
Kendall	8	3	0	2	2	1	0	1	0
Kerr	8	16	3	8	7	3	0	2	1
Kinney	8	0	0	2	0	0	0	0	0
La Salle	8	15	4	11	1	4	1	4	1
Lavaca	8	0	1	1	1	0	0	0	0
Maverick	8	6	0	5	0	1	0	1	0
Medina	8	2	1	2	2	1	1	1	0
Real	8	0	0	0	0	0	0	0	0
Uvalde	8	5	1	0	0	1	0	1	2
Val Verde	8	3	1	2	0	0	0	0	0
Victoria	8	28	6	21	14	15	5	19	5
Wilson	8	2	0	1	1	2	1	0	0
Zavala	8	0	1	4	1	3	0	6	0

Table 60-1a		Drug Possession Marijuana							
Age		21-29		30-39		40-49		50+	
Area		Male	Female	Male	Female	Male	Female	Male	Female
Atascosa	8	30	9	11	1	10	1	3	1
Bandera	8	11	0	8	1	1	0	4	1
Bexar	8	1969	480	896	284	371	103	243	46
Calhoun	8	29	6	15	5	40-49	0	5	1
Comal	8	110	27	53	9	20	6	13	4
DeWitt	8	11	3	6	2	4	0	1	1
Dimmit	8	8	1	1	1	0	1	0	1
Edwards	8	2	0	3	0	0	0	0	0
Frio	8	11	5	3	2	4	0	1	0
Gillespie	8	18	9	8	3	2	2	1	1
Goliad	8	2	0	2	2	3	0	0	0
Gonzales	8	25	9	24	7	4	0	5	1
Guadalupe	8	127	31	52	18	12	3	9	2
Jackson	8	16	8	14	3	5	3	2	0
Karnes	8	6	2	2	2	0	0	0	0
Kendall	8	58	11	22	6	5	1	2	0
Kerr	8	49	3	19	4	10	3	6	1
Kinney	8	6	0		0	2	0	0	0
La Salle	8	12	6	3	1	4	1	1	0
Lavaca	8	12	3	5	1	1	0	2	0
Maverick	8	53	6	15	1	5	2	7	0
Medina	8	17	3	2	3	3	0	0	0
Real	8	1	2	1	0	0	0	0	0
Uvalde	8	17	2	15	2	7	1	2	1
Val Verde	8	24	3	4	0	1	0	2	0
Victoria	8	114	38	44	19	13	3	4	1
Wilson	8	22	3	9	4	3	1	1	0
Zavala	8	4	0	1	0	1	0	1	0

Table 60-1a		Drug Possession Synthetic Narcotics							
Age		21-29		30-39		40-49		50+	
Area		Male	Female	Male	Female	Male	Female	Male	Female
Atascosa	8	18	4	17	6	8	8	3	1
Bandera	8	1	0	0	0	0	0	0	0
Bexar	8	25	10	13	4	6	6	3	0
Calhoun	8	5	0	0	2	1	0	1	0
Comal	8	16	3	21	8	6	2	7	1
DeWitt	8	4	0	2	0	0	0	1	0
Dimmit	8	1	1	3	2	3	1	0	0
Edwards	8	0	0	0	0	0	0	0	0
Frio	8	4	2	5	0	0	0	0	0
Gillespie	8	2	2	1	1	0	0	0	0
Goliad	8	0	1	0	0	0	0	0	0
Gonzales	8	11	4	7	3	5	1	4	1
Guadalupe	8	61	27	57	19	21	9	9	3
Jackson	8	3	0	2	1	2	1	0	0
Karnes	8	3	0	2	1	0	0	0	0
Kendall	8	4	7	5	2	0	2	1	0
Kerr	8	20	11	11	7	0	2	2	2
Kinney	8	1	0	0	0	0	0	0	0
La Salle	8	0	1	0	0	0	0	0	0
Lavaca	8	0	2	1	0	0	0	0	0
Maverick	8	7	4	6	3	0	0	4	0
Medina	8	8	2	11	1	5	1	1	0
Real	8	0	1	0	0	0	0	1	0
Uvalde	8	5	2	5	2	4	1	0	1
Val Verde	8	7	2	4	0	2	1	2	0
Victoria	8	4	7	10	0	3	0	0	0
Wilson	8	13	5	9	8	6	2	3	1
Zavala	8	1	0	1	1	0	0	0	0

Table 60-1a		Drug Possession Other Dangerous							
Age		21-29		30-39		40-49		50+	
Area		Male	Female	Male	Female	Male	Female	Male	Female
Atascosa	8	9	0	6	1	8	0	2	0
Bandera	8	1	0	0	1	1	0	2	0
Bexar	8	239	49	185	90	104	34	41	21
Calhoun	8	6	0	5	5	0	1	0	0
Comal	8	41	16	27	10	15	5	4	3
DeWitt	8	5	0	1	1	1	0	0	0
Dimmit	8	0	1	1	2	0	0	0	0
Edwards	8	0	0	0	0	0	0	0	0
Frio	8	0	1	0	0	0	0	0	0
Gillespie	8	0	2	0	0	2	0	0	0
Goliad	8	0	3	3	2	0	0	0	0
Gonzales	8	4	1	4	0	0	1	1	2
Guadalupe	8	11	4	8	5	0	2	1	0
Jackson	8	11	0	9	1	2	1	1	1
Karnes	8	0	1	0	0	0	0	0	0
Kendall	8	1	1	5	1	0	1	0	0
Kerr	8	8	4	0	4	2	3	5	3
Kinney	8	0	0	0	0	0	0	0	0
La Salle	8	0	0	0	0	0	1	0	0
Lavaca	8	0	2	2	2	0	0	0	0
Maverick	8	0	0	0	0	1	0	0	0
Medina	8	1	3	1	0	1	0	0	0
Real	8	0	0	0	0	0	0	0	0
Uvalde	8	56	9	24	10	6	2	6	2
Val Verde	8	0	0	3	0	0	0	0	0
Victoria	8	38	18	31	12	4	6	4	2
Wilson	8	3	0	5	3	3	1	2	2
Zavala	8	0	1	0	0	0	0	0	0

Table 63	Suicides 2011 - 2014 by County									
Area	Total Suicides 2011	2011 Suicide Rate Per 100k	Total Suicides 2012	2012 Suicide Rate Per 100k	Total Suicides 2013	2013 Suicide Rate Per 100k	Total Suicides 2014	2014 Suicide Rate Per 100k	Total Suicides 2012-2014	2012 - 2014 Suicide Rate Per 100k
Texas	2,802	10.9	3,032	11.6	3,047	11.5	3,225	12	12,106	11.7
Atascosa	5	10.8	7	14.9	4	@.@	10	20.9	21	14.8
Bandera	5	24.2	5	24.1	2	@.@	5	23.6	12	19.1
Bexar	182	10.4	194	10.9	184	10.1	188	10.2	566	10.4
Calhoun	4	@.@	2	@.@	2	@.@	5	23.2	9	13.8
Comal	17	15.2	26	22.6	15	12.7	25	20.2	66	18.5
DeWitt	3	@.@	1	@.@	4	@.@	5	23.9	10	16
Dimmit	1	@.@	1	@.@	1	@.@	1	@.@	3	@.@
Edwards	0	@.@	1	@.@	1	@.@	0	@.@	2	@.@
Frio	1	@.@	4	@.@	2	@.@	4	@.@	10	18.3
Gillespie	4	@.@	2	@.@	3	@.@	8	30.5	13	16.8
Goliad	1	@.@	3	@.@	2	@.@	1	@.@	6	26.5
Gonzales	2	@.@	3	@.@	1	@.@	4	@.@	8	13.1
Guadalupe	16	11.8	16	11.5	16	11.2	19	12.9	51	11.9
Jackson	1	@.@	1	@.@	0	@.@	6	40.8	7	16.1
Karnes	5	33.3	3	@.@	4	@.@	1	@.@	8	17.3
Kendall	2	@.@	8	22.5	6	15.9	6	15.4	20	17.8
Kerr	11	22	14	27.8	8	15.7	12	23.5	34	22.3
Kinney	0	@.@	0	@.@	0	@.@	1	@.@	1	@.@
La Salle	0	@.@	0	@.@	1	@.@	0	@.@	1	@.@
Lavaca	1	@.@	5	25.3	5	25.6	2	@.@	12	20.3
Maverick	1	@.@	7	12.5	2	@.@	5	8.8	14	8.3
Medina	4	@.@	3	@.@	3	@.@	8	16.4	14	9.7
Real County	0	@.@	1	@.@	0	@.@	2	@.@	3	@.@
Uvalde	4	@.@	3	@.@	8	29.9	1	@.@	12	14.9
Val Verde	5	10.2	5	10	5	10.3	3	@.@	13	8.8
Victoria	10	11.4	18	20.2	17	19	18	19.8	53	19.7
Wilson	6	13.5	5	11	6	13.1	7	15	18	13.1
Zavala	0	@.@	2	@.@	5	41.3	0	@.@	7	19.3
DSHS, Texas Health Data, ICD10, 2011-2014										
Less Than 5 Not Calculated by DSHS Data Set										

Table 67 2012 Psychiatric Hospital Discharge Rates

Table XX 2012 Psychiatric Hospital Discharge Rates			
County	**Total Discharges**	**Rate per 1,000**	**Average Costs**
Atascosa County	150	3.2	$11,536
Bandera County	55	2.6	$18,233
Bexar County	10,947	6.1	$15,290
Calhoun County	48	2.2	$13,336
Comal County	431	3.7	$14,321
DeWitt County	35	1.7	$14,148
Dimmit County	48	4.8	$13,387
Edwards County	c	c	c
Frio County	47	2.7	$14,883
Gillespie County	53	2	$11,740
Goliad County	13	1.8	$12,734
Gonzales County	78	3.9	$11,535
Guadalupe County	532	3.8	$12,722
Jackson County	44	3.1	$11,490
Karnes County	20	1.4	$18,340
Kendall County	96	2.7	$16,678
Kerr County	143	2.8	$18,949
Kinney County	c	c	c
La Salle County	12	1.7	$61,826
Lavaca County	49	2.5	$10,782
Maverick County	138	2.5	$18,697
Medina County	169	3.5	$15,888
Real County	8	2.3	$153,668
Uvalde County	53	2	$15,004
Val Verde County	59	1.2	$14,987
Victoria County	231	2.7	$15,868
Wilson County	148	3.2	$12,611
Zavala County	54	4.6	$12,297
Region 8	13,661	4.8	$21,575
Texas	118,420	4.5	$15,646
U.S.	1,501,170	4.8	$6,388
Source: Texas (MONAHRQ) Hospital Data: Utilization and Quality, Mental Diseases and Disorers (MDC 19) Discharges in the State of Texas, 2012.			

Table 89 U.S. and Texas High School Youth Risk Behavior Survey All Races/Ethnicities – Sexual Behaviors

Table 89 US and Texas, High School Youth Risk Behavior Survey All Races/Ethnicities - Sexual Behaviors														
SEXUAL BEHAVIORS	2001		2005		2007		2009		2011		2013		2015	
US and Texas, High School Youth Risk Behavior Survey All Races/Ethnicities - Sexual Behaviors	US	Texas	US	Texas	US	Texas	US	Texas	US	Texas	US	Texas	US	Texas
Ever had sexual intercourse	45.6%	50.4%	46.8%	52.5%	47.8%	52.9%	46.0%	51.6%	47.4%	51.6%	46.8%	45.9%	41.2%	NS
Had sexual intercourse before age 13 years (for the first time)	6.6%	7.5%	6.2%	7.4%	7.1%	6.6%	5.9%	6.1%	6.2%	7.0%	5.6%	5.2%	3.9%	NS
Had sexual intercourse with four or more persons (during their life)	14.2%	16.4%	14.3%	16.3%	14.9%	17.1%	13.8%	16.5%	15.3%	16.7%	15.0%	14.9%	11.5%	NS
Were currently sexually active (had sexual intercourse with at least one person during the 3 months before the survey)	33.4%	36.2%	33.9%	37.6%	35.0%	38.7%	34.2%	37.7%	33.7%	36.2%	34.0%	32.8%	30.1%	NS
Did not use a condom (during last sexual intercourse, among students who were currently sexually active)	42.1%	44.6%	37.2%	39.3%	38.5%	43.6%	38.9%	42.3%	39.8%	46.2%	40.9%	47.1%	43.1%	NS
Did not use birth control pills (before last sexual intercourse to prevent pregnancy, among students who were currently sexually active)	81.8%	89.2%	82.4%	87.0%	84.0%	86.8%	80.2%	86.1%	82.0%	88.7%	81.0%	86.3%	81.8%	NS
Did not use any method to prevent pregnancy (during last sexual intercourse, among students who were currently sexually active)	NS	18.3%	NS	13.1%	NS	15.8%	NS	14.6%	NS	20.0%	13.7%	19.0%	13.8%	NS
Drank alcohol or used drugs (before last sexual intercourse, among students who were currently sexually active)	25.6%	26.6%	23.3%	22.7%	22.5%	22.2%	21.6%	21.7%	22.1%	24.2%	22.4%	23.8%	20.6%	NS
Were never tested for HIV (not counting tests done when donating blood)	NS	NS	88.1%	NS	87.1%	NS	87.3%	NS	87.1%	NS	87.1%	NS	89.8%	NS
CDC, Youth Risk Behavior Surveillance System (YRBSS) data from 1991 - 2015, http://nccd.cdc.gov/youthonline/														

Table 110 Drug Induced Deaths 1999 - 2015				
County	**Drug-Induced Deaths (1999-2015)**	**Population, 1999-2015**	**Crude Rate per 100k**	**Age Adjusted Rate per 100k**
Texas	31,776	405,679,137	9	9.2
Atascosa	56	738,347	7.6	8.3
Bandera	32	334,282	9.6	9.3
Bexar	3,074	27,491,547	11.2	11.4
Calhoun	43	358,747	12	13.1
Comal	183	1,692,181	10.8	10.9
DeWitt	19	343,498	Unreliable	Unreliable
Dimmit	10	173,705	Unreliable	Unreliable
Edwards	Suppressed	34,440	Suppressed	Suppressed
Frio	12	290,233	Unreliable	Unreliable
Gillespie	23	399,439	5.8	6.3
Goliad	Suppressed	121,999	Suppressed	Suppressed
Gonzales	31	332,312	9.3	10.3
Guadalupe	143	1,998,465	7.2	7.3
Jackson	15	241,502	Unreliable	Unreliable
Karnes	12	256,149	Unreliable	Unreliable
Kendall	40	521,559	7.7	8.6
Kerr	92	809,354	11.4	13.5
Kinney	Suppressed	59,495	Suppressed	Suppressed
La Salle	Suppressed	112,878	Suppressed	Suppressed
Lavaca	14	327,941	Unreliable	Unreliable
Maverick	31	882,765	3.5	4
Medina	34	747,747	4.5	4.8
Real	Suppressed	54,702	Suppressed	Suppressed
Uvalde	20	448,833	4.5	4.8
Val Verde	40	804,791	5	5.4
Victoria	137	1,470,265	9.3	9.6
Wilson	38	675,202	5.6	5.7
Zavala	15	199,705	Unreliable	Unreliable
CDC Wonder, Mortality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics				

Table 113 Alcohol Induced Deaths 1999 - 2015 by County				
County	**Induced Deaths (1999-**	**Population, 1999-2015**	**Crude Rate per 100k**	**Adjusted Rate per 100k**
Texas	***31,776***	***405,679,137***	***9***	***9.2***
Atascosa	46	738,347	6.2	6.2
Bandera	43	334,282	12.9	8.8
Bexar	2,149	27,491,547	7.8	8.3
Calhoun	52	358,747	14.5	13.5
Comal	122	1,692,181	7.2	6
DeWitt	27	343,498	7.9	6.5
Dimmit	14	173,705	Unreliable	Unreliable
Edwards	uppresse	34,440	Suppressed	Suppressed
Frio	17	290,233	Unreliable	Unreliable
Gillespie	35	399,439	8.8	7.1
Goliad	uppresse	121,999	Suppressed	Suppressed
Gonzales	35	332,312	10.5	9.8
Guadalupe	120	1,998,465	6	5.7
Jackson	14	241,502	Unreliable	Unreliable
Karnes	18	256,149	Unreliable	Unreliable
Kendall	19	521,559	Unreliable	Unreliable
Kerr	101	809,354	12.5	10.3
Kinney	uppresse	59,495	Suppressed	Suppressed
La Salle	13	112,878	Unreliable	Unreliable
Lavaca	24	327,941	7.3	6
Maverick	38	882,765	4.3	5.1
Medina	30	747,747	4	3.8
Real	uppresse	54,702	Suppressed	Suppressed
Uvalde	33	448,833	7.4	7.6
Val Verde	51	804,791	6.3	6.7
Victoria	98	1,470,265	6.7	6.6
Wilson	36	675,202	5.3	4.8
Zavala	14	199,705	Unreliable	Unreliable
CDC, Mortality Statistics Brancy, Division of Vital Statistics, National Center for Health Statistics				

Table 117 2016 Crashes and DUI (Alcohol) Related Fatalities by County

Table 117	2016 Crashes and DUI (Alcohol) Related Fatalities by County				
Area	**Total Crashes**	**Total Crashes Involving a Fatality**	**Total Fatalities**	**Total DUI Fatallities**	**% of Fatalities Involving a DUI**
Texas	***551,971***	***3,404***	***3,773***	***987***	***26.2%***
Region 8	***67,666***	***357***	***404***	***104***	***25.7%***
Atascosa	799	6	6	1	16.7%
Bandera	311	2	2	0	0.0%
Bexar	52,633	203	220	58	26.4%
Calhoun	329	1	1	1	100.0%
Comal	2,280	22	24	6	25.0%
Dewitt	248	5	5	2	40.0%
Dimmit	168	2	2	0	0.0%
Edwards	24	1	1	0	0.0%
Frio	165	3	3	2	66.7%
Gillespie	513	4	7	0	0.0%
Goliad	122	4	4	1	25.0%
Gonzales	377	9	13	2	15.4%
Guadalupe	2,613	18	24	11	45.8%
Jackson	240	5	6	2	33.3%
Karnes	250	5	5	1	20.0%
Kendall	798	5	5	1	20.0%
Kerr	811	10	11	3	27.3%
Kinney	32	2	2	1	50.0%
LaSalle	102	1	1	1	100.0%
Lavaca	176	3	4	0	0.0%
Maverick	795	8	10	2	20.0%
Medina	745	14	14	5	35.7%
Real	71	3	3	1	33.3%
Uvalde	474	2	2	1	50.0%
Val Verde	853	3	3	1	33.3%
Victoria	1,062	9	13	0	0.0%
Wilson	626	5	7	1	14.3%
Zavala	49	2	6	0	0.0%
Texas Department of Transportation, DUI (Alcohol) Related Fatalities, Crashes and Injuries, 2016					

Table 118 2016 DUI Alcohol Related Fatalities by County by Age

Table XX 2016 DUI (Alcohol) Related Fatalities by County by Age						
Area	**20 and Under**	**21 - 30**	**31- 40**	**41 - 50**	**51 and Over**	**Total**
Texas	***93***	***345***	***216***	***143***	***190***	***987***
Region 8	***4***	***37***	***28***	***14***	***21***	***104***
Atascosa	0	0	0	0	1	1
Bandera	0	0	0	0	0	0
Bexar	2	24	16	9	7	58
Calhoun	0	0	1	0	0	1
Comal	0	4	0	0	2	6
Dewitt	0	0	1	0	1	2
Dimmit	0	0	0	0	0	0
Edwards	0	0	0	0	0	0
Frio	0	0	1	0	1	2
Gillespie	0	0	0	0	0	0
Goliad	0	0	0	1	0	1
Gonzales	0	1	0	0	1	2
Guadalupe	0	3	6	1	1	11
Jackson	1	0	0	0	1	2
Karnes	0	1	0	0	0	1
Kendall	0	0	0	0	1	1
Kerr	0	2	1	0	0	3
Kinney	0	0	0	1	0	1
LaSalle	0	0	0	0	1	1
Lavaca	0	0	0	0	0	0
Maverick	0	1	0	1	0	2
Medina	1	0	1	1	2	5
Real	0	0	0	0	1	1
Uvalde	0	0	0	0	1	1
Val Verde	0	0	1	0	0	1
Victoria	0	0	0	0	0	0
Wilson	0	1	0	0	0	1
Zavala	0	0	0	0	0	0
Texas Department of Transportation, DUI (Alcohol) Related Fatalities, 2016						

Table 123 2015 Sexually Transmitted Diseases by County						
	Chlamydia		Gonorrea		Syphilis	
Area	Cases	Rate*	Cases	Rate*	Cases	Rate*
Texas	133,850	487.3	37,539	136.7	8,395	30.6
Region 8	16,267	567.6	4,447	155.2	1,081	37.7
Atascosa	211	435.6	47	97.0	16	33.0
Bandera	19	89.3	4	18.8	4	18.8
Bexar	13,069	688.7	3,905	205.8	959	50.5
Calhoun	60	274.0	16	73.1	2	9.1
Comal	430	333.2	78	60.4	14	10.8
DeWitt	120	577.0	21	101.0	2	9.6
Dimmit	75	683.1	11	100.2	0	0.0
Edwards	8	422.4	0	0.0	0	0.0
Frio	93	494.9	24	127.7	6	31.9
Gillespie	86	331.2	10	38.5	1	3.9
Goliad	50	663.9	9	119.5	0	0.0
Gonzales	78	379.1	14	68.1	1	4.9
Guadalupe	360	238.0	55	36.4	9	6.0
Jackson	48	324.0	8	54.0	0	0.0
Karnes	33	220.4	5	33.4	1	6.7
Kendall	74	183.2	12	29.7	2	5.0
Kerr	68	133.5	5	9.8	5	9.8
Kinney	11	309.9	2	56.4	0	0.0
La Salle	23	301.4	4	52.4	5	65.5
Lavca	26	131.1	5	25.2	3	15.1
Maverick	292	506.0	23	39.9	8	13.9
Medina	88	181.8	14	28.9	14	28.9
Real	9	272.1	0	0.0	0	0.0
Uvalde	94	345.0	27	99.1	2	7.3
Val Verde	228	465.4	24	49.0	10	20.4
Victoria	472	510.9	106	114.7	11	11.9
Wilson	99	208.3	11	23.1	5	10.5
Zavala	43	351.5	7	57.2	1	8.2
HHSC, Texas 2015 STD Surveillance Report - v3 - Updated 12/12/16						
* Rates represent cases for 100,000 population						

Table 126 HIV Diagnoses and AIDS Diagnoses by Region, 2015							
Area	HIV Diagnoses*		People Living with HIV		Cumulative HIV Diagnoses	AIDS *	
	Cases	Rate†	Cases	Rate*	Cases	Cases	Rates †
Texas	4,486	16.3	82,745	301.2	133,450	2,027	7.4
Region 8	395	13.8	6,673	232.8	10,310	166	5.8
Atascosa	5	10.3	47	97.0	64	2	4.2
Bandera	4	18.8	20	94.0	28	2	9.7
Bexar	363	19.1	5,763	303.7	9,148	139	7.6
Calhoun	1	4.6	14	63.9	31	2	9.2
Comal	2	1.5	151	117.0	167	5	4.2
DeWitt	3	14.4	12	57.7	26	1	4.9
Dimmit	0	0.0	6	54.6	13	0	0.0
Edwards	0	0.0	3	158.4	12	0	0.0
Frio	0	0.0	19	101.1	24	3	16.0
Gillespie	1	3.9	19	73.2	16	1	3.9
Goliad	1	13.3	6	79.7	4	1	13.3
Gonzales	0	0.0	17	82.6	23	0	0.0
Guadalupe	5	3.3	148	97.9	128	4	2.6
Jackson	0	0.0	14	94.5	18	1	6.7
Karnes	1	6.7	10	66.8	18	0	0.0
Kendall	0	0.0	0	0.0	0	0	0.0
Kerr	0	0.0	51	100.1	66	0	0.0
Kinney	0	0.0	5	140.9	8	0	0.0
La Salle	0	0.0	8	104.8	10	0	0.0
Lavca	1	5.0	15	75.6	17	0	0.0
Maverick	0	0.0	62	107.4	93	0	0.0
Medina	0	0.0	41	84.7	52	0	0.0
Real	0	0.0	4	121.0	1	0	0.0
Uvalde	0	0.0	16	58.7	30	2	7.3
Val Verde	1	2.0	42	85.7	44	0	0.0
Victoria	7	7.6	103	111.5	176	3	3.2
Wilson	0	0.0	34	71.5	43	0	0.0
Zavala	0	0.0	8	65.4	16	0	0.0
DSHS, Texas 2015 HIV Surveilllance Report							
* Rates represent cases per 100,000 population							
** Immigrations and Customs Enforcement							
*** Texas Department of Criminal Justice							

Table 129 Alcohol Related Arrests

Table XX Alcohol Related Arrests 1/20/2015 thru 12/20/2015												
Area	17 and Under Driving Under the Influence		18 - 20 Driving Under the Influence		17 and Under Liquor Laws		18 - 20 Liquor Laws		17 and Under Drunkenness		18 - 20 Drunkenness	
	Male	Females	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Texas	***322***	***62***	***3105***	***853***	***950***	***511***	***3340***	***1351***	***896***	***234***	***4400***	***1106***
Region 8	***21***	***3***	***371***	***108***	***57***	***34***	***269***	***134***	***44***	***6***	***237***	***47***
Atascosa	0	0	2	0	2	0	0	0	3	1	22	1
Bandera	2	0	1	0	2	0	3	0	0	0	2	0
Bexar	10	2	307	98	18	10	184	97	0	0	76	18
Calhoun	0	0	3	0	0	0	1	0	1	0	3	0
Comal	1	0	14	5	10	1	8	10	6	1	28	11
DeWitt	0	0	2	0	0	0	0	0	0	0	10	0
Dimmit	0	0	0	0	1	0	1	0	4	0	6	0
Edwards	0	0	0	0	0	0	0	0	0	0	0	0
Frio	0	0	1	0	0	0	0	0	0	0	4	2
Gillespie	1	0	3	0	2	0	3	0	0	0	4	1
Goliad	0	0	0	0	0	0	0	0	0	0	0	0
Gonzales	0	0	0	0	0	0	1	0	3	0	4	0
Guadalupe	2	0	9	1	2	0	8	2	2	3	15	2
Jackson	0	0	0	0	0	0	0	0	0	0	0	0
Karnes	0	0	1	0	0	0	1	0	1	0	3	1
Kendall	1	0	4	2	5	8	13	2	3	0	9	1
Kerr	1	0	3	0	14	10	36	18	1	0	11	3
Kinney	0	0	1	0	0	0	0	0	0	0	0	0
La Salle	0	0	4	0	0	0	0	0	2	0	2	0
Lavaca	1	0	0	0	0	0	7	0	1	0	3	0
Maverick	0	0	4	0	0	0	0	1	2	0	11	2
Medina	0	0	0	0	1	1	0	1	2	0	2	0
Real	0	0	0	0	0	0	0	0	0	0	0	0
Uvalde	0	0	3	0	0	0	1	0	1	0	1	0
Val Verde	1	0	7	2	0	0	0	0	0	0	6	2
Victoria	0	1	0	0	0	2	2	3	4	0	4	1
Wilson	0	0	0	0	0	2	0	0	7	1	6	2
Zavala	1	0	2	0	0	0	0	0	1	0	5	0
Texas Department of Public Safety Alcohol Arrests, 2015												

Table 130 Adult Arrest for Driving Under the Influence

	UCR 2015 Arrests for Driving Under the Influence							
Age	21-29		30-39		40-49		50+	
Area	Male	Female	Male	Female	Male	Female	Male	Female
Texas								
Region 8	***2,788***	***896***	***2,199***	***727***	***1,330***	***432***	***1,022***	***266***
Atascosa	14	2	14	3	11	3	14	4
Bandera	12	3	1	4	8	1	18	1
Bexar	2,253	756	1,803	609	1,042	342	753	190
Calhoun	11	5	8	4	3	0	6	2
Comal	160	51	101	35	58	32	55	22
DeWitt	1	0	3	1	1	1	1	0
Dimmit	3	0	3	1	2	1	2	0
Edwards	0	0	0	0	0	0	0	0
Frio	6	0	11	0	7	1	2	1
Gillespie	31	12	31	11	24	7	17	9
Goliad	0	1	0	0	0	0	0	0
Gonzales	3	0	4	1	6	2	5	0
Guadalupe	78	19	65	24	45	12	53	12
Jackson	2	0	0	0	0	0	1	0
Karnes	7	0	8	1	5	0	3	0
Kendall	25	12	17	10	13	5	8	5
Kerr	41	10	23	9	15	13	22	11
Kinney	3	0	4	0	5	0	0	2
La Salle	24	1	23	2	16	2	13	1
Lavaca	3	0	1	0	2	1	1	0
Maverick	31	6	21	1	17	1	11	3
Medina	5	0	2	0	3	0	1	1
Real	0	0	2	0	1	0	2	0
Uvalde	20	8	17	5	14	2	10	1
Val Verde	41	8	30	2	25	5	18	1
Victoria	1	0	2	0	1	0	0	0
Wilson	10	0	3	2	5	1	5	0
Zavala	3	2	2	2	1	0	1	0
Texas Department of Public Safety, UCR Alcohol Arrests, 2015								

Table 132 Poverty by County

Table 132	Poverty by County					
State / County Name	All Ages SAIPE Poverty Universe	All Ages in Poverty Count	All Ages in Poverty Percent	Under Age 18 SAIPE Poverty Universe	Under Age 18 in Poverty Count	Under Age 18 in Poverty Percent
United States	313,476,400	46,153,077	14.7	72,454,786	15,000,273	20.7
Texas	26,846,185	4,255,690	15.9	7,123,991	1,634,149	22.9
Region 8	2,794,501	426,123	15.2	724,865	160,273	22.1
Atascosa County (TX)	47,938	9,797	20.4	13,212	3,954	29.9
Bandera County (TX)	20,914	2,788	13.3	3,491	831	23.8
Bexar County (TX)	1,853,569	288,976	15.6	487,557	107,996	22.2
Calhoun County (TX)	21,660	3,633	16.8	5,430	1,422	26.2
Comal County (TX)	127,929	10,612	8.3	29,201	3,709	12.7
DeWitt County (TX)	18,923	3,630	19.2	4,555	1,239	27.2
Dimmit County (TX)	10,862	2,650	24.4	3,259	1,123	34.5
Edwards County (TX)	1,887	419	22.2	394	156	39.6
Frio County (TX)	15,373	4,501	29.3	4,551	1,629	35.8
Gillespie County (TX)	25,597	2,674	10.4	4,970	894	18
Goliad County (TX)	7,417	1,049	14.1	1,589	337	21.2
Gonzales County (TX)	20,203	3,323	16.4	5,413	1,388	25.6
Guadalupe County (TX	149,004	15,326	10.3	38,746	5,634	14.5
Jackson County (TX)	14,536	1,980	13.6	3,717	707	19
Karnes County (TX)	12,321	2,463	20.0	3,143	807	25.7
Kendall County (TX)	39,869	3,206	8.0	9,280	1,085	11.7
Kerr County (TX)	49,057	7,031	14.3	9,559	2,551	26.7
Kinney County (TX)	3,215	661	20.6	688	182	26.5
La Salle County (TX)	5,979	1,668	27.9	1,522	507	33.3
Lavaca County (TX)	19,382	2,360	12.2	4,620	805	17.4
Maverick County (TX)	56,652	13,514	23.9	18,228	5,876	32.2
Medina County (TX)	46,021	6,808	14.8	11,300	2,420	21.4
Real County (TX)	3,224	626	19.4	561	194	34.6
Uvalde County (TX)	26,652	5,523	20.7	7,438	2,482	33.4
Val Verde County (TX)	47,074	10,402	22.1	13,889	4,422	31.8
Victoria County (TX)	90,591	12,329	13.6	23,311	4,835	20.7
Wilson County (TX)	46,851	4,401	9.4	11,539	1,524	13.2
Zavala County (TX)	11,801	3,773	32.0	3,702	1,564	42.2
U.S. Census Bureau, Small Area Income and Poverty Estimates 2015						

Table 133 2009-2015 Texas Poison Center Calls for Opioids

2009-2015 Poison Center, Calls to Texas Poison Center Network for Opioids										
County	2009	2010	2011	2012	2013	2014	2015	Total 2009-2015	2010 Population	Rate/1000 Population
ATASCOSA	15	19	23	12	13	13	6	101	44,911	2.2
BANDERA	2	2	1	1	1	2	1	10	20,485	0.49
BEXAR	445	558	498	477	430	404	428	3,240	1,714,773	1.9
CALHOUN	4	9	6	16	7	7	6	55	21,381	2.6
COMAL	28	33	34	36	31	31	25	218	108,472	2
DE WITT	5	3	5	5	4	4	2	28	20,097	1.4
DIMMIT	4	4	7	6	6	3	5	35	9,996	3.5
EDWARDS			1	1				2	2,002	1
FRIO	7	3	3	3	16	7	3	42	17,217	2.4
GILLESPIE	10	13	4	7	4	7	9	54	24,837	2.2
GOLIAD					3	1	1	5	7,210	0.7
GONZALES	1	10	6	8	5	3	5	38	19,807	1.9
GUADALUPE	28	33	32	29	34	26	26	208	131,533	1.6
JACKSON	3		5	6		1	2	17	14,075	1.2
KARNES	4	6	1	2	2		5	20	14,824	1.3
KENDALL	6	6	5	6	5	5	6	39	33,410	1.2
KERR	31	28	20	22	24	21	19	165	49,625	3.3
KINNEY	1				1			2	3,598	0.6
LA SALLE			1					1	6,886	0.1
LAVACA	8	4	5	3	5	4	2	31	19,263	1.6
MAVERICK	10	7	8	8	4	6	3	46	54,258	0.8
MEDINA	2	6	11	5	6	5	7	42	46,006	0.9
REAL			1					1	3,309	0.3
UVALDE	11	14	16	5	9	11	4	70	26,405	2.7
VAL VERDE	12	10	16	12	8	6	9	73	48,879	1.5
VICTORIA	28	42	28	33	35	30	33	229	86,793	2.6
WILSON	15	18	5	7	2	8	10	65	42,918	1.5
ZAVALA	1	1	3			1		6	11,677	0.5
Region 8	681	829	745	710	655	606	617	4,843	2,604,647	1.9
Texas	5,797	6,250	5,996	5,875	5,450	5,253	4,995	39,616	25,145,561	1.6
Texas Poison Center, Calls to Texas Poison Center Network 2009-2015										

Table 134 2014 Texas Prescriptions Per Capita by County

Table 134	2014 Prescriptions Per Capita by County							
Area	**2014 Population**	**Not Scheduled**	**Schedule 2**	**Schedule 3**	**Schedule 4**	**Schedule 5**	**Total Prescriptions**	**Total Prescriptions per 100K Pop.**
***TEXAS**	**26,581,256**	**479,316**	**13,869,632**	**2,010,018**	**11,807,277**	**1,471,887**	**29,638,130**	**111,500**
Region 8	2,750,231	55,810	1,371,980	186,838	1,260,532	153,565	3,028,725	110,126
Atascosa	47,735	768	26,273	3,390	22,932	3,187	56,550	118,467
Bandera	21,274	590	13,955	1,753	12,875	1,357	30,530	143,509
Bexar	1,814,536	32,711	861,440	115,975	804,494	91,697	1,906,317	105,058
Calhoun	22,378	642	18,995	1,443	13,206	1,803	36,089	161,270
Comal	116,507	5,374	71,622	12,203	66,058	8,024	163,281	140,147
DeWitt	20,220	686	15,673	1,442	14,389	1,859	34,049	168,393
Dimmit	10,380	87	5,371	730	5,421	719	12,328	118,767
Edwards	2,079	29	564	66	454	71	1,184	56,950
Frio	17,993	184	6,204	907	5,663	740	13,698	76,130
Gillespie	25,505	1,026	15,714	2,049	16,949	1,969	37,707	147,842
Goliad	7,370	245	5,004	525	3,884	761	10,419	141,370
Gonzales	20,607	236	9,193	1,319	8,510	1,195	20,453	99,253
Guadalupe	142,137	3,381	73,778	11,142	61,469	8,456	158,226	111,319
Jackson	14,302	388	9,475	1,264	8,152	1,132	20,411	142,714
Karnes	15,155	180	9,902	981	8,350	1,061	20,474	135,097
Kendall	35,551	1,668	23,656	3,566	23,491	2,456	54,837	154,249
Kerr	50,748	1,524	33,084	5,098	29,672	3,453	72,831	143,515
Kinney	3,652	29	1,230	178	1,305	231	2,973	81,407
La Salle	7,289	46	2,311	335	1,918	271	4,881	66,964
Lavaca	19,245	605	11,342	1,646	12,942	1,752	28,287	146,984
Maverick	57,751	150	9,545	1,883	12,796	2,607	26,981	46,720
Medina	48,506	753	25,279	3,447	24,585	3,176	57,240	118,006
Real	3,311	36	2,138	434	2,218	305	5,131	154,968
Uvalde	27,275	311	11,554	1,728	9,369	1,594	24,556	90,031
Val Verde	51,160	233	14,085	1,810	11,642	2,518	30,288	59,203
Victoria	89,515	2,669	64,397	7,303	51,450	7,573	133,392	149,016
Wilson	45,765	1,224	25,494	3,614	22,080	2,781	55,193	120,601
Zavala	12,285	35	4,702	607	4,258	817	10,419	84,811

Texas Department of Public Safety Regulatory Services Division, Texas Prescription Program. 2014. https://www.txdps.state.tx.us/RSD/PrescriptionProgram/index.htm

Appendix B Fact Sheet – 2016 Texas School Survey

2016 Texas School Survey Drug Facts among Region 7&8 Students

Alcohol

- **Alcohol continues** to be the most commonly used substance among Region 7&8 students. In 2014, 51 percent of students reported that they had Ever Used alcohol at some point in their lives. In 2016, student alcohol Ever used increased to 53 percent. Past-month alcohol use also **increased** from 22 percent in 2014 to 28 percent in 2016.
- Almost half (44.2%) of 12th grade students reported that they had used alcohol in the past month. This is an increase from 33.6% reported by 12th grade students in 2014.
- **Binge drinking**, defined as having five or more drinks at one time in the past month, was reported by 10.9 percent of students in 2016, **down** from 13.4 percent of students in 2014. Students report Beer as their alcohol of choice, but when it comes to binge drinking, students report drinking Liquor 8.1 percent of the time and Beer 6 percent of the time.
- **Females** continue to **surpass the males in Alcohol Use** for Past-month, School Year and Ever Used. In 2106, Past-Month Males (26.7%) and Females (29.2%), School Year Males (32.5%) and Females (35.7%), Ever Used Males (52%) and Females (54.5%).
- Students report **drinking less at school**. In 2014, 3.5 percent of students reported drinking 1 to 3 days at school compared to 3.1 percent in 2016. In 2014, 0.4 percent of students reported drinking 10 or more days at school compared to 0.2 percent in 2016.
- **Drinking and driving is up**. In 2014, 0.2 percent of students reported driving 10 or more days in the Past 12 Months when they had a good bit to drink compared to 0.4 percent reported in 2016. (9th through 12th grade only).

Tobacco:

- **Tobacco use among students increased**. Lifetime use of any tobacco product increased from 23 percent in 2014 to 31 Percent in 2016. Past-Month use of tobacco was 9 percent in 2014 and 15 percent in 2016. Past-month use for 12th grade students more than doubled going from 15.3 percent in 2014 to 31 percent in 2016. 7th grade students went from 1.9 percent to 6.4 percent, 8th grade students 5.5 percent to 7.8 percent, 9th grade students 7.2 percent to 12.9 percent, 10th grade students 10.4 percent to 13.3 percent, 11th grade 13.4 percent to 23.3 percent.
- **E-Vapor use ranks 2nd next to alcohol** use in our Region and across Texas. It is the fastest growing trend across the Nation. E-Vapor products were not measured in 2014, however 24 percent of students reported that they had used electronic vapor products at some point in their lives, 13.4 percent in the school year and 8.8 percent in the Past-month. The increase in tobacco products is the result of including E-Vapor products on the survey which includes items such as E-Cigarettes, E-Cigars, Vaping Pens, Vape Pipes, etc. Students reported using E-Vapor Products 2 x more than cigarettes and 3 x more than Smokeless Tobacco in the past month. Past-month use for Cigarettes was 4.3 percent; Smokeless Tobacco was 3 percent and E-Vapor products 8.8 percent.

Inhalants:

- **Lifetime inhalant use decreased** from 11.7 percent in 2014 to 10.6 percent in 2016. Past-month use, however increased from 3.7 percent in 2014 to 4 percent in 2016. Seventh and 8th grade students used inhalants the most in Past-month, School Year and in Ever Used. The most popular inhalants used to get high among secondary school students in 2016 were: (5.6 %) helium, butane, propane, whippets and Freon, followed by (4%) Whiteout, Correction Fluid or Magic Markers, next (1.7%) Spray Paint and finally (0.8%) Computer Dusting Sprays.

Use of Illicit Drugs

Marijuana:

- **Marijuana remains the most widely used illicit drug among youth**. In our Region, Marijuana use **increased** in Past-month use from 8 percent in 2014 to 12 percent in 2016, School Year increased from 12 Percent in 2014 to 15 percent in 2016. However, students reported a **decrease in Ever Used** from 23 Percent in 2014 to 21 percent in 2016. Past-month use for 7th, 8th and 12th grade students doubled. In 2014, 7th grade students reported Past-month use as 1.7 percent to 3.8 percent in 2016, 8th grade students 4.3 percent to 8.1 percent in 2016 and 12th grade students 11.1 percent to 22.1 percent in 2016.
- In 2016, 1.4 percent of students reported using Marijuana daily making it the **most frequently used substance** compared to 0.2 daily use for alcohol. Students using Marijuana several times a week was reported as 2.2 percent compared to alcohol at 1.4 percent.
- Students' **perception of danger for Marijuana use decreased** from 71 percent in 2014 to 68 percent in 2016. Over half (56%) of the seniors surveyed reported Marijuana somewhat to very easy to get.

Synthetic Marijuana

- Synthetic Marijuana use nearly **cut in half**. In 2014, 6.6 percent of students reported that they had used synthetic marijuana at some point in their lives. In 2016, 3.8 percent of students reported that they used Synthetic Marijuana at some point in their lives. Past-month Synthetic Marijuana use decreased from 1.6 percent in 2014 to 1.0 percent in 2016 and School Year use from 2.4 percent in 2014 to 1.5 percent in 2016. The most significant Past-month change reported a decrease in 12th grade students from 2.9 percent in 2014 to 1.0 percent in 2016 with 8th grade students reporting an increase from 1.8 percent in 2014 to 2.1 percent increase in 2016 for School Year.

Ecstasy

- Ecstasy Past-month use **increased** from 0.4 percent in 2014 to 0.7 percent in 2016. School Year use doubled from 0.6 percent reported in 2014 to 1.2 percent in 2016 and Ever Used increased from 2.0 percent in 2014 to 2.7 percent in 2016. Seniors' Ecstasy use increased 5 times more in Past-month use from 0.4 percent in 2014 to 2.1 percent in 2016.

Cocaine

- Cocaine Past-month use **increased** 3 times more from 0.4 percent reported in 2014 to 1.2 percent reported in 2016. School Year increased from 0.5 percent reported in 2014 to 1.6 percent reported in 2016 and Ever Used reported 1.2 percent in 2014 to 2.4 percent in 2016.

Crack

- Crack Past-month use **increased** from 0.1 percent in 2014 to 0.5 percent in 2016, School Year Use increased from 0.1 percent in 2014 to 0.6 percent in 2016 and finally 0.4 percent in 2014 to 1.1 percent in 2016. The most significant increase in Past-month use occurred in 8th grade from 0.1 percent in 2014 to 0.9 percent in 2016.

Steroids

- Steroid use remained at 0.3 percent for Past-month use, School Year increased from 0.4 percent in 2014 to 0.6 percent in 2016 and Ever Used increased from 1.1 percent to 1.4 percent.

Heroin

- In 2014, 0.3 percent of students reported that they had used Heroin at some point in their lives. In 2016, Heroin use more than **doubled** at 0.7 percent of students reporting that they had used at some point in their lives. Past-month use for Heroin remained at 0.2 percent, School Year use went from 0.2 percent reported in 2014 to 0.3 percent in 2016.

Methamphetamine

- Methamphetamine Past-month use slightly increased from 0.2 percent reported in 2014 to 0.3 percent in 2016, School Year remained at 0.5 percent and Ever used increased from 0.8 percent in 2014 to 1.2 percent in 2016. Most significant Past-month use increase reported by 12th grade students from 0.2 percent in 2014 to 0.6 percent reported by 12th grade students in 2016.

Over the Counter Drugs

- Over the Counter drug use remained at 3.3 percent of students reporting they had ever taken **DXM** (dextromethorphan), **Triple C's**, **Skittles**, or **Coricidin** non-medically in their lifetime. Past-month use increased from 1.0 percent reported in 2014 to 1.5 percent in 2016 and School Year use also increased from 1.7 percent to 2.0 percent in 2016. Significant increases in Past-month use for 9th grade students reported 0.6 percent in 2014 to 1.8 percent in 2016, 10th grade from 1.1 percent in 2014 to 2.2 percent in 2016 and 11th grade students from 1.3 percent in 2014 to 1.8 percent in 2016.

Nonmedical Use of Prescription Drugs:

Codeine Cough Syrup

- In 2014, about 12.1 percent of students reported using **codeine cough syrup** non-medically at some point in their lives, and 5.8 percent reported that they used in the past month. These prevalence rates **decreased** in 2016 with 11.4 percent of students reporting having ever used codeine cough syrup and 5.6 percent of students reported using in the past month.

Opioids – Used for Pain

- Two commonly abused narcotic prescription drugs: **Oxycodone** products (OxyContin, Percodan, and Percocet) and **hydrocodone** products (Vicodin, Lortab, and Lorcet) were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. In 2016, 5.1 percent of students reported using these products non-medically in their lifetime and 2.4 percent of students reported using these products in the past month. These reports do not represent a significant increase from past years.

Benzodiazepines - Anti-Anxiety

- Two popularly prescribed anti-anxiety drugs, **Valium (or Diazepam)** and **Xanax (or Alprazolam),** were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. About 4.6 percent of students reported non-medical use of these narcotics in their lifetime and 2.1 percent reported use in the past month. These combined reports represent an increase from reported use of Valium (1.2 percent reported lifetime use) and Xanax (3.5 percent reported lifetime use) in 2014.

Amphetamines - Stimulants

- In 2016, a new question was added to capture the use of **Adderall, Ritalin, Dexedrine, Concerta,** or **Focalin**. These drugs are stimulants commonly prescribed for attention deficit hyperactivity disorder (ADHD) but also abused by students seeking to improve their academic performance. In 2016, 5.2 percent of students reported using these substances in their lifetime and 2.1 percent reported using them in the past month. These percentiles are **higher** than the State (Ever used 4.0 percent and Past-month 1.8 percent).

Other Facts

- In 2016, students reported Alcohol, Marijuana, Inhalants, Synthetic Marijuana and Ecstasy as the top 5 most used substances. These same 5 substances were also rated as the least dangerous by the students. **If the perception of danger is low…Students will use.**
- More absences and bad conduct days reported in 2016. **Marijuana Users** (4.9%) were more likely to be **absent** followed by Inhalant Users (4.8%) and finally Alcohol Users (4.5%). **Inhalant Users** were more likely to have **bad conduct** days (4.7%)

- Eighty-three percent of students continue to report that **they will not seek help** for alcohol or drugs use**,** but if they do, they **will seek help** from their **parent or friend**. Six percent of students reported that they sought help in both 2014 and 2016.
- In 2016, students reported an **increase** of having more friends that feel **close to their parents** (54%) and caring about **making good grades** (67%). In 2014, friends that feel close to their parents was 50 percent and caring about making good grades was 66 percent.
- Students reported a **decrease** in friends that belonged to a **gang** (13%) and that carried **a weapon** (24%) in 2016. In 2014, students that had friends that belonged to a gang was 17 percent and that carried a weapon was 29 percent.

Safety

- Students reported feeling **less safe at school** than at home or in their neighborhood. In 2014 and 2016, 10 percent of students reported that they did **not feel safe** at **school.** One percent of students reported that they did not feel safe in their home in both 2014 and 2016. In 2014, 8 percent of students reported that they did not feel safe in their neighborhood and in 2016, only 6 percent reported that they did not feel safe.

Education

- Students report an **increase in receiving prevention education** at school. In 2014, 62 percent of the students reported receiving prevention education and in 2016, it was reported at 66 percent. The majority of their prevention education was taught during a school assembly or during Health class. Students were least likely to receive prevention education from a school nurse.

To request a presentation or data for the 2016 Texas School Survey (TSS) Region 7&8, please contact the Region 8 Prevention Resource Center (PRC), a Program of the San Antonio Council on Alcohol and Drug Abuse (SACADA), 7500 US Hwy 90 West, Suite 100, San Antonio, TX 78227

Phone 210-225-4741 www.prcregion8.org www.sacada.org

Appendix B Fact Sheet – 2017 Bexar County Opioids

Bexar County by the Numbers – Opioids ***Facing Opioids in Bexar County 2017***

PREVENTION RESOURCE CENTER Region 8

Opioids are commonly prescribed to relieve pain. They are often prescribed by doctors after surgery or to help patients with severe acute or chronic pain. Studies have shown that if taken exactly as prescribed by a medical professional, opioids are safe, can manage pain effectively, and rarely cause addiction. Narcotic refers to opium, opium derivatives, and their semi-synthetic substitutes. The problem occurs when they are abused.

Prescription Opioids and Heroin Uses

Type	Used For	Street Names
• Oxycodone (OxyContin, Percodan, Percocet • Hydrocodone (Vicodin, Lortab, Lorcet) • Diphenoxylate (Lomotil) • Morphine (Kadian, Avinza, MS Contin) • Codeine • Fentanyl (Duragesic) • Propoxyphene (Darvon) • Hydromorphone (Dilaudid) • Meperidine (Demerol) • Methadone • **Heroin – Illicit drug**	• Severe pain, often after surgery • Chronic or acute pain • Cough and diarrhea • **Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin.** • **People inject, sniff, snort, or smoke heroin. Some people mix heroin with crack cocaine, called speedballing.**	• Hillbilly heroin, OC, oxy, percs, happy pills or Vikes 

Short Term Symptoms

- **warm flushing of the skin**
- **heavy feeling in the arms and legs**
- **nausea and vomiting**
- **severe itching**
- **clouded mental functioning**
- **going "on the nod," a back-and-forth state of being conscious and semiconscious**

Long Term Symptoms

- **insomnia**
- **collapsed veins for people who inject the drug**
- **infection of the heart lining and valves**
- **abscesses (swollen tissue filled with pus)**
- **constipation and stomach cramping**
- **liver and kidney disease**
- **lung complications, including pneumonia**
- **mental disorders such as depression and antisocial personality disorder**

How can an opioid overdose be treated?

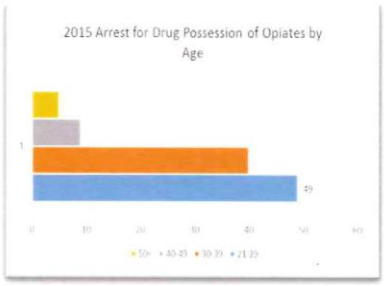
Naloxone is a medicine that can treat an opioid overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of heroin and other opioid drugs. Naloxone is available as an injectable (needle) solution, a handheld auto-injector (EVZIO®), and a nasal spray (NARCAN® Nasal Spray). Friends, family, and others in the community can use the auto-injector and nasal spray versions of naloxone to save someone who is overdosing. If you are with someone experiencing an overdose, immediately call 911.

Need Help?? The San Antonio Council on Alcohol and Drug Abuse (SACADA) can get you connected with one of our certified Recovery Coaches. Recovery Coaches assist in connecting individuals with resources they need to help get them on the path to recovery. **For more information, call (210) 225-4741 or visit us online at www.SACADA.org.**

Appendix B Fact Sheet – 2017 Bexar County Opioids

Bexar County by the Numbers – Opioids ***Facing Opioids in Bexar County 2017***

- Drug induced **death crude rate** in Bexar County from 1999-2015 is 11.2 per 100k compared to Texas at 9 per 100k.
- Texas **treatment admission** rate for **heroin** was 29% lower in 2004, at 21 per 100k population aged 12 and older, than in **2015 at 27 per 100k.**
- The treatment admission rate for **opiates** other than heroin was 9% lower in 2004, at 11 per 100k population aged 12 and older, than in **2015 at 12 per 100k**. Opiates other than heroin treatment admissions peeked in 2009 at 19 per 100k. The past few years have shown a decrease.
- Region 8, Outreach, Screening, Assessment and Referral Centers (OSAR) reported a **decrease of -11.3%** in **opioid screenings** from 3,062 reported in 2015 to 2,715 in 2016.
- **Drug Seizures** from 2015 to 2016 in Bexar County had a 59% increase in Solid Pounds of Opiates, 425% increase in Solid Ounces of Opiates, and a 20% increase in Dose Units of Opiates.



The National Institute on Drug Abuse, (NIDA), reports, every day, more than 90 Americans die after overdosing on opioids.

2016 Texas School Survey

- **Heroin**

In 2014, 0.3 percent of students reported that they had used Heroin at some point in their lives. In 2016, Heroin use more than doubled at 0.7 percent of students reporting that they had used at some point in their lives. Past-month use for Heroin remained at 0.2 percent, School Year use went from 0.2 percent reported in 2014 to 0.3 percent in 2016.

- **Codeine Cough Syrup**

In 2014, about 12.1 percent of students reported using codeine cough syrup non-medically at some point in their lives, and 5.8 percent reported that they used in the past month. These prevalence rates decreased in 2016 with 11.4 percent of students reporting having ever used codeine cough syrup and 5.6 percent of students reported using in the past month.

- **Opioids – Used for Pain**

Two commonly abused narcotic prescription drugs: Oxycodone products (OxyContin, Percodan, and Percocet) and hydrocodone products (Vicodin, Lortab, and Lorcet) were first asked in the 2008 school survey. In 2016, these narcotics were combined into one question. In 2016, 5.1 percent of students reported using these products non-medically in their lifetime and 2.4 percent of students reported using these products in the past month. These reports do not represent a significant increase from past years.


PREVENTION RESOURCE CENTER

Prevalence 2014/2016 Region 7&8

0% Change in Past Month Use of Heroin

Heroin

	Past Month		School Year		Ever Used	
	2014	2016	2014	2016	2014	2016
7th	0.8	0.2	0.8	0.2	0.9	0.4
8th	0	0.2	0	0.6	0.1	1.2
9th	0	0.1	0	0.2	0.3	0.5
10th	0	0.4	0	0.4	0.3	0.8
11th	0.1	0.1	0.1	0.1	0.3	0.8
12th	0	0.2	0	0.2	0	0.6
ALL	0.2	0.2	0.2	0.3	0.3	0.7

Need more information on Opioids?

The San Antonio Council on Alcohol and Drug Abuse (SACADA) provides prevention education to adults and youth in regards to opioid misuse, overdose and recovery.

For prevention presentations and/or drug deactivation disposal bags for opioid medications, please contact (210) 225-4741. Visit us online at www.SACADA.org.

Appendix C Substance Abuse Treatment Providers by County

Region 8 Substance Abuse Treatment Providers by County					
COUNTY	**NAME**	**ADDRESS**	**PHONE NUMBER**	**BEDS**	**SLOTS**
BANDERA	WARRIORS HEALING CENTER LLC	756 PURPLE SAGE ROAD, Bandera, TX 78003	(844) 448-2567	40	0
BEXAR	The Center for Health Care Services, BEXAR COUNTY BOARD OF TRUSTEES FOR MHMR SERVICES	601 NORTH FRIO, BLDG. 2, 2ND FLOOR, San Antonio, TX 78207	(210) 246-1355	0	400
BEXAR	SAN ANTONIO LIFETIME RECOVERY, INC.	10290 SOUTHTON ROAD, San Antonio, TX 78223	(210) 633-0201	94	0
BEXAR	SAN ANTONIO LIFETIME RECOVERY, INC.	96 CROSSROADS BLVD., SUITE 200, 201A, 201B, 204 AND 250, San Antonio, TX 78201	(210) 734-6362	0	200
BEXAR	VOLUNTEERS OF AMERICA TEXAS INC	6487 WHITBY ROAD, BLDG. #4, San Antonio, TX 78240	(210) 558-0928	37	0
BEXAR	ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN-AMERICANS	248 POST AVENUE, San Antonio, TX 78215	(210) 223-4004	16	0
BEXAR	ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN-AMERICANS	2300 WEST COMMERCE STREET SUITES 310, 311, & 312, San Antonio, TX 78207	(210) 270-8575	0	50
BEXAR	ALPHA HOME, INC.	300 E. MULBERRY 402 CARLTON CT. & 419 E. MAGNOLIA, San Antonio, TX 78212	(210) 735-3822	31	0
BEXAR	ALPHA HOME, INC.	814 CAMDEN STREET & 419 E. MAGNOLIA, San Antonio, TX 78212	(210) 735-3822	16	0
BEXAR	ALPHA HOME, INC.	419 EAST MAGNOLIA, San Antonio, TX 78212	(210) 735-3822	0	200
BEXAR	TREATMENT ASSOCIATES OF VICTORIA, INC.	701 SAN PEDRO AVENUE, San Antonio, TX 78212	(210) 212-4853	0	350
BEXAR	Elite Counseling, DEBORAH JUDITH INC	700 SOUTH ZARZAMORA, SUITES 208 & 209, San Antonio, TX 78207	(210) 822-9493	0	80
BEXAR	CROSSPOINT, INC.	1502 N. PANAM EXPRESSWAY, San Antonio, TX 78215	(210) 225-1022		60
BEXAR	TRS BEHAVIORAL CARE, INC.	12042 BLANCO ROAD, SUITE 101, San Antonio, TX 78216	(210) 541-8400	0	40
BEXAR	BEXAR COUNTY BOARD OF TRUSTEES FOR MHMR SERVICES	601 NORTH FRIO, BUILDING 1, San Antonio, TX 78207	(210) 246-1300	28	0
BEXAR	RUELAS MANAGEMENT SERVICES, LLC	5806 CULEBRA, San Antonio, TX 78228	(210) 432-3700	20	12
BEXAR	CREEKVIEW COUNSELING PLLC	4115 MEDICAL DRIVE SUITE 105, San Antonio, TX 78229	(210) 280-0262	0	30
BEXAR	FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC.	702 SAN PEDRO AVENUE SUITE 101, San Antonio, TX 78212	(210) 299-2400	0	50
BEXAR	Bexar County Recovery Center, SOBA TEXAS LLC	1401 DEZARAE STREET, LOT #3, San Antonio, TX 78253	(210) 439-6342	23	0
BEXAR	SOBA TEXAS LLC	9411 DUGAS DRIVE SUITE 102, San Antonio, TX 78245	(830) 708-0767	0	100
BEXAR	BEAT AIDS COALITION TRUST	1017 NORTH MAIN STREET, SUITE 200 AND 213, San Antonio, TX 78212	(210) 212-2266	0	30
BEXAR	ALAMO AREA RESOURCE CENTER, INC.	303 NORTH FRIO STREET, San Antonio, TX 78207	(210) 625-7200	0	40
BEXAR	DEBRA JUDITH, INC.	5121 CRESTWAY DRIVE SUITE 115, San Antonio, TX 78239	(210) 335-7969	0	30
BEXAR	THE BEST OPTION, LIMITED LIABILITY COMPANY	3700 FREDERICKSBURG ROAD SUITE 137, San Antonio, TX 78201	(210) 265-1133	0	45

Appendix C Substance Abuse Treatment Providers by County

BEXAR	UNCONDITIONAL CARE SERVICES	110 EAST HOUSTON STREET 6TH AND 7TH FLOORS, San Antonio, TX 78205	(770) 655-7072	0	100
BEXAR	BEXAR COUNTY BOARD OF TRUSTEES FOR MHMR SERVICES	7137 WEST MILITARY DRIVE, San Antonio, TX 78227	(210) 261-3027	14	0
BEXAR	MEMORIAL HERMANN HEALTH SYSTEM	1015 CENTRAL PARKWAY NORTH SUITE 125, San Antonio, TX 78232	(713) 939-7272	0	18
BEXAR	THE OTHER SIDE TREATMENT CENTER PLLC	3619 PAESANOS PARKWAY SUITE 302, Shavano Park, TX 78231	(888) 509-2306	0	100
COMAL	WINDMILL WELLNESS RANCH LLC	26229 NORTH CRANES MILL ROAD, Canyon Lake, TX 78133	(830) 935-2800	36	15
COMAL	OMSRIJAS, LLC	2098 TEXAS OAKS, Spring Branch, TX 78070	(210) 884-2226	12	0
DIMMIT	SOUTH TEXAS RURAL HEALTH SERVICES, INC.	902 B SOUTH 5TH STREET, Carrizo Springs, TX 78834	(830) 876-2611	0	20
FRIO	SOUTH TEXAS RURAL HEALTH SERVICES, INC.	606 W. LEONA, Dilley, TX 78017	(830) 965-2097	0	20
FRIO	SOUTH TEXAS RURAL HEALTH SERVICES, INC.	158 MEDICAL DRIVE, Pearsall, TX 78061	(830) 334-2087	0	20
GILLESPIE	SERENITY FOUNDATION OF TEXAS	312 BALCONES DR., Fredericksburg, TX 78624	(830) 997-9340	32	0
GILLESPIE	HILL COUNTRY COMMUNITY MHMR CENTER	1605 B E. MAIN STREET, Fredericksburg, TX 78624	(830) 990-1582	0	32
GILLESPIE	AWAKENINGS HILL COUNTRY LLC	184 FULLBROOK LANE, Fredericksburg, TX 78624	(830) 997-2675	19	0
GUADALUPE	BLUEBONNET TRAILS COMMUNITY MHMR CENTER	1104 JEFFERSON STREET, Seguin, TX 78155	(512) 863-8968	0	75
KENDALL	PACIFIC HILLS TREATMENT CENTERS INC	9 BRANDT ROAD, Boerne, TX 78006	(830) 336-2300	13	10
KERR	Starlite Recovery Center, THE CAMP RECOVERY CENTERS LLC	230 MESA VERDE DRIVE EAST BUILDING A, Center Point, TX 78010	(866) 220-1626	71	24
KERR	Starlite Recovery Center, THE CAMP RECOVERY CENTERS LLC	230 MESA VERDE DRIVE EAST BUILDING B, Center Point, TX 78010	(830) 292-0148	12	0
KERR	Starlite Recovery Center, THE CAMP RECOVERY CENTERS LLC	230 MESA VERDE DRIVE EAST BUILDING C, Center Point, TX 78010	(830) 220-1626	16	0
KERR	La Hacienda Treatment Center, ESPERANZA HEALTH SYSTEMS, LTD.	145 LA HACIENDA WAY, Hunt, TX 78024	(830) 238-4222	135	70
KERR	HILL COUNTRY COMMUNITY MHMR CENTER	819 WATER STREET SUITE 370, Kerrville, TX 78028	(830) 792-3300	0	32
KERR	HILL COUNTRY COUNCIL ON ALCOHOL AND DRUG ABUSE, INC.	102 BUSINESS DRIVE W, Kerrville, TX 78028	(830) 367-4667	0	69
KERR	CREEKVIEW COUNSELING PLLC	404 THOMPSON DRIVE, Kerrville, TX 78028	(830) 928-2848	0	30
KERR	ASPIRE ADDICTION RECOVERY CENTER, LLC	2210 BANDERA HIGHWAY SUITE C1, Kerrville, TX 78028	(830) 460-9200	0	80
MAVERICK	SOUTH TEXAS RURAL HEALTH SERVICES, INC.	2250 N. VETERANS BLVD., Eagle Pass, TX 78552	(830) 757-0117	0	20
MEDINA	SOUTH TEXAS RURAL HEALTH SERVICES, INC.	1002 W. HONDO AVE., Devine, TX 78016	(830) 663-9786	0	20
UVALDE	SOUTH TEXAS RURAL HEALTH SERVICES, INC.	1815 GARNER FIELD RD., BLDG. 1, Uvalde, TX 78801	(830) 591-1822	0	20
VICTORIA	TREATMENT ASSOCIATES OF VICTORIA, INC.	107 COZZI CIRCLE, Victoria, TX 77901	(361) 578-7182	80	250
VICTORIA	RECLAMATION COUNSELING CENTER, P.C.	506 GLASCOW STREET, Victoria, TX 77904	(361) 576-3385	0	30

Appendix C Narcotic Treatment Providers in Region 8

Narcotic Treatment Clinics in Region 8						
COUNTY	EXPIRATION DATE	NAME	DBA NAME	ADDRESS	PHONE NUMBER	NUMBER OF APPROVED PATIENTS
BEXAR	1/16/2019	BEXAR COUNTY BOARD OF TRUSTEES FOR MHMR SERVICES	THE CENTER FOR HEALTH CARE SERVICES	601 NORTH FRIO, BLDG. 2, 1ST FLOOR, San Antonio, TX 78207	210-261-3001	800
BEXAR	6/12/2018	CROSSROADS TREATMENT CENTER OF SAN ANTONIO PLLC		5121 CRESTWAY DRIVE SUITE 200B, San Antonio, TX 78239	210-310-3864	200
BEXAR	8/8/2018	MARS S.A. LLC		437 MCCARTY ROAD #600, San Antonio, TX 78216	210-314-1934	170
BEXAR	6/19/2018	MEDMARK TREATMENT CENTERS OF TEXAS, INC.	MEDMARK TREATMENT CENTERS SAN ANTONIO	7418 MILITARY DRIVE WEST, San Antonio, TX 78227	210-673-8111	450
BEXAR	6/2/2017	METRO TREATMENT OF TEXAS, L.P.	NW SAN ANTONIO TREATMENT CENTER	3615 CULEBRA ROAD, San Antonio, TX 78228	210-314-6473	400 B&M
BEXAR	5/1/2019	METRO TREATMENT OF TEXAS, LP	SAN ANTONIO TREATMENT CENTER	3701 WEST COMMERCE, San Antonio, TX 78207	210-434-0531	681
BEXAR	1/6/2019	RIVER CITY REHABILITATION CENTER, INC.		680 STONEWALL STREET, San Antonio, TX 78214	210-924-7547	490
BEXAR	11/28/2017	TEXAS TREATMENT SERVICES, LLC	STOP SA	3780 NW LOOP 410, San Antonio, TX 78229	210-736-4405	300
BEXAR	7/21/2017	VCPHCS VII LLC	MEDMARK TREATMENT CENTERS SAN ANTONIO QUINCY	519 EAST QUINCY, San Antonio, TX 78212	210-299-1614	225
COMAL		RIVER CITY REHABILITATION CENTER INC		1149 SOUTH ACADEMY AVENUE, New Braunfels, TX 78130	830-620-0282	
Department of State Health Services, http://dshs.texas.gov/facilities/find-a-licensee.aspx						

Glossary of Terms

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

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