

# Regional Needs Assessment

REGION VIII: SAN ANTONIO COUNCIL ON ALCOHOL  
AND DRUG AWARENESS (SACADA)  
PREVENTION RESOURCE CENTER

7500 U.S. Hwy 90 West, Dave Coy Building, San Antonio, TX 78227 Phone Number(s) 210-225-4741  
Website(s) <https://prcregion8.org>, <https://www.facebook.com/Prcregion8>

## Table of Contents

<b><i>Assessment Process and Methods</i></b> .....	<b>4</b>
<b><i>Conceptual Framework</i></b> .....	<b>5</b>
<b><i>Key Findings in this Assessment</i></b> .....	<b>5</b>
<b><i>Background</i></b> .....	<b>7</b>
<b><i>Prevention Resource Centers</i></b> .....	<b>7</b>
<b><i>Adolescence</i></b> .....	<b>8</b>
<b><i>Texas School Survey</i></b> .....	<b>9</b>
<b><i>Epidemiology</i></b> .....	<b>9</b>
<b><i>Strategic Prevention Framework</i></b> .....	<b>10</b>
<b><i>Socio-Ecological Model</i></b> .....	<b>11</b>
<b><i>Risk and Protective Factors</i></b> .....	<b>11</b>
<b><i>Social Determinants of Health</i></b> .....	<b>13</b>
<b><i>Consumption Patterns</i></b> .....	<b>14</b>
<b><i>Consequences</i></b> .....	<b>15</b>
<b><i>Stakeholder/Audience</i></b> .....	<b>15</b>
<b><i>Secondary Data Collection</i></b> .....	<b>16</b>
<b><i>Primary Data Collection</i></b> .....	<b>16</b>
<b><i>Key Informant Interviews</i></b> .....	<b>16</b>
<b><i>Focus Groups</i></b> .....	<b>16</b>
<b><i>Longitudinally Presented Data</i></b> .....	<b>16</b>
<b><i>Overview of the Region</i></b> .....	<b>17</b>
<b><i>Zip Codes</i></b> .....	<b>18</b>
<b><i>Major Metropolitan Areas</i></b> .....	<b>18</b>
<b><i>San Antonio-New Braunfels MSA</i></b> .....	<b>19</b>
<b><i>Victoria MSA</i></b> .....	<b>20</b>
<b><i>The Kickapoo Traditional Tribe of Texas (KTTT)</i></b> .....	<b>20</b>
<b><i>Border and non-Border Counties</i></b> .....	<b>21</b>
<b><i>Total Population</i></b> .....	<b>22</b>
<b><i>Population by Age Groups</i></b> .....	<b>23</b>

<b><i>Population by Sex .....</i></b>	<b><i>23</i></b>
<b><i>Race/Ethnicity .....</i></b>	<b><i>22</i></b>
<b><i>Language Proficiency.....</i></b>	<b><i>23</i></b>
<b><i>Societal Domain .....</i></b>	<b><i>25</i></b>
<i>Economic Status .....</i>	<i>25</i>
<i>Unemployment .....</i>	<i>26</i>
<i>TANF and SNAP Benefits.....</i>	<i>26</i>
<i>Medicaid, Uninsured Adults and Youth .....</i>	<i>26</i>
<i>Free and Reduced Lunch .....</i>	<i>28</i>
<i>Homelessness.....</i>	<i>28</i>
<b><i>Community Domain.....</i></b>	<b><i>30</i></b>
<i>Educational Attainment of Community .....</i>	<i>30</i>
<i>Community Conditions .....</i>	<i>30</i>
<i>Health Care/Service System .....</i>	<i>31</i>
<i>Retail Access .....</i>	<i>31</i>
<b><i>School Domain.....</i></b>	<b><i>32</i></b>
<i>Academic Achievement .....</i>	<i>32</i>
<i>School Conditions .....</i>	<i>32</i>
<b><i>Family Domain .....</i></b>	<b><i>34</i></b>
<i>Family Environment.....</i>	<i>34</i>
<i>Family Violence, Child Maltreatment, Child Abuse, and Neglect.....</i>	<i>34</i>
<i>Single- Parent Households .....</i>	<i>35</i>
<b><i>Perceptions of Parental Attitudes.....</i></b>	<b><i>35</i></b>
<b><i>Peer Domain.....</i></b>	<b><i>36</i></b>
<i>Perceptions of Peer Consumption .....</i>	<i>36</i>
<i>Perceived Social Access.....</i>	<i>36</i>
<i>Presence of a Substance at Parties .....</i>	<i>37</i>
<b><i>Individual Domain .....</i></b>	<b><i>37</i></b>
<i>Youth Mental Health .....</i>	<i>37</i>
<i>Youth Perception of Risk/Harm.....</i>	<i>39</i>
<i>Early Initiation of Use .....</i>	<i>39</i>
<b><i>Patterns of Consumption .....</i></b>	<b><i>40</i></b>

<i>Youth Substance Use .....</i>	<i>40</i>
<i>College Student Consumption.....</i>	<i>40</i>
<i>Adult Substance Use.....</i>	<i>40</i>
<i>Public Health/Safety Consequences.....</i>	<i>41</i>
<i>Emerging Trends.....</i>	<i>41</i>
<i>COVID-19 Impact on Behavioral Health .....</i>	<i>41</i>
<i>Bexar County .....</i>	<i>41</i>
<i>Guadalupe County .....</i>	<i>41</i>
<i>Kerr County .....</i>	<i>41</i>
<i>Kendall County .....</i>	<i>41</i>
<i>Prevention Resources and Capacities .....</i>	<i>41</i>
<i>Community Coalitions .....</i>	<i>41</i>
<i>Other Coalitions .....</i>	<i>41</i>
<i>Community Programs and Services .....</i>	<i>41</i>
<i>Other State/Federally Funded Prevention .....</i>	<i>41</i>
<i>SUD Treatment Providers .....</i>	<i>41</i>
<i>Healthcare Providers .....</i>	<i>41</i>
<i>Youth Prevention Programs .....</i>	<i>41</i>
<i>Overview of Community Readiness .....</i>	<i>41</i>
<i>Gaps in Services.....</i>	<i>41</i>
<i>Gaps in Data .....</i>	<i>41</i>
<i>Works Cited.....</i>	<i>42</i>

## Executive Summary

The Prevention Resource Center's (PRC) Regional Needs Assessment (RNA) is document created by PRC Region 8 along with Data Coordinators from PRCs across the State of Texas and supported by the Texas Health and Human Services Commission (HHSC). The PRC Region 8 serves 28 counties in Texas.

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

The PRC Data coordinators across the state has procured national, state, regional, and local data through collaborative partnerships with diverse agencies such as law enforcement, public health entities, education institutions, Substance Abuse and Mental Health Services Administration, Local Mental Health Authorities, and the recovery councils which the PRCs are housed. PRC Region 8 recognizes those collaborators who contributed to the creation of this document.

The regional needs assessment can serve in the following capacities to:

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

## Assessment Process and Methods

Primary and secondary data were collected to complete this RNA. Secondary data, mostly quantitative, has been extrapolated from federal, state, and local agencies to ensure reliability and validity. Primary data collection was in the form of questionnaires, focus groups, and interviews with key informants from community stakeholders within the 28 counties the PRC Region 8 serves. HHSC and Data Coordinators across the state collected this data between September 1, 2020, to June 30, 2021.

The data collected is the most recent data available within the last five years; however, data that is beyond the five- year threshold will be provided for comparison purposes. The criterion used for including data sets in this document is relevance and timeliness.

This needs assessment is a review of data on substance misuse, substance use disorders (SUD), and related variables that will aid in substance misuse/abuse prevention decision making at the county, regional, and state level. In this document, the objectives are as follows:

- primary focus on the state-delineated prevention priorities of alcohol (underage drinking)
- tobacco/nicotine, marijuana, prescription drugs, and other drug use among adolescents
- exploration of drug consumption trends and consequences, particularly where adolescents are concerned
- an exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP)

## Conceptual Framework

The conceptual framework for this document examines empirical indicators related to the Social Determinants of Health (SDoH), documenting risk and protective factors, consumption patterns, and public health consequences as they associate with substance use/misuse and behavioral health challenges. The indicators are organized in domains of the Social Ecological Model (SEM), as described later in this document. For strategic prevention planning, this assessment attempts to address behavioral health disparities and inequities present in the region.

## Key Findings in this Assessment

The key findings within this document would include the impact of COVID-19 on our 28 counties, substance use among active duty and veteran military service members, substance use among the youth, state of women's health in Bexar County, mental health and homelessness among the youth, and the amount of drug related deaths in Bexar County. A brief description of the top 30 key findings are listed below:

1. In Texas, 35.5% of children 5 years and older speaks Spanish in addition to English, whereas young adults aged 18 years old higher have a higher percentage of speaking other languages other than English and Spanish with 17.6%.
2. In 2020, the region's unemployment rate increased to 6.9% due to COVID-19
3. In 2020, there were 3201 TANF recipients from Region 8 receiving basic assistance with the average base payment of \$82.00 per month, depending on the size of the household.
4. 67% of the nonelderly persons that are ineligible for Medicaid Benefits are without children, 71% are living below the Federal Poverty Level of making a maximum income of \$17,609 annually.
5. Out of the 384,000 students that made up the class of 2020, 9.3% graduated within all four years, 3.9% pursued higher education and 0.4% received the Texas Certificate of High School Equivalency (TXCHSE)
6. The Border counties had the highest percentage with 103% of their student population was eligible for free and reduced lunch, which is a 37% increase from the 2017-2018 school year.
7. COVID-19 Forecast in learning loss in mathematics for grades 3-8 significantly declines from average growth trajectory. Predicting that in the Fall 2020 semester students would be roughly at 70% of reading gains in reading from prior years and 50% in mathematics
8. 49% of Texans are burdened by the cost of housing, which means that more than 30% of the household income is towards housing costs (mortgage/rent) and utilities.
9. From January 2018-December 2020, within the state of Texas, there was 609,421 incidents of family violence
10. 2019-2020 school year there were 78,128 homeless students enrolled, which is an increase of 5,939 students.
11. In 2019, there was 975,121 single parent households, with a decrease in single father households at 1.45%, and single mother households at 6.65%
12. American Indian female students had the highest dropout rate in the region with 15.2%, followed by Pacific Islander male students at 12.0%, African American male students at 9.8%, and Hispanic males with 7.7%.

13. The San Antonio Police Department reported over 30 deaths in the San Antonio area were attributed to family violence
14. 7<sup>th</sup> graders in the region and the state have a strong parental disapproval rate of about 84% of the use of substances
15. In the 2020 TSS, the same is reflected across the state and within the region, with about 30% of students reporting that it is very easy to get alcohol.
16. Ecstasy, heroin, methamphetamines, and prescription drugs had a perception rate between 70-90% for those substances being very dangerous.
17. San Antonio-New Braunfels MSA women have higher disability rates than those in Austin, Houston, and Dallas MSA's
18. Although substance use increased among adolescents across the nation during the pandemic, there was a greater percentage of adolescents engaging in solitary substance use (49.3%); although many were doing group substance use with peers via technology (31.6%) and face to face (23.6%).
19. In a national survey of mental health of high school and college students, showed about 75% of students reported that their mental health has gotten worse during the pandemic, some worsen significantly since the beginning of the pandemic.
20. In 2019, in the State of Texas 10% of High school students attempted self-directed violence one or more times in the past year, and it has increased due to COVID.
21. The ethnicity with the highest percent of self-directed violence are Black students at 12.3% and the highest percentage of attempted self-directed violence attempts that required medical attention.
22. 83% of LGBTQ students were reported experiencing more problems that affect their schoolwork or well-being that the year before, compared to 69% of their cis/heterosexual peers.
- 23.

## Introduction

### Background

PRC Region 8 is housed in The San Antonio Council of Alcohol and Drug Awareness (SACADA). SACADA was founded in 1957, by a small group of citizens who formed The San Antonio Council to educate their community on the harmful effects of alcoholism and to assist alcoholics and their families in finding resources to aid their recovery.

SACADA is a nonprofit that provides education to the youth prevention programs, information resources and services to prevent alcohol and drug abuse. Their mission is to empower their community to live healthy lives by providing prevention, intervention, and recovery support services for children and adults. With this mission, SACADA currently serves nearly 90,000 people in Bexar County and the surrounding counties in South Central Texas.

### Prevention Resource Centers

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

Their (Administration) focus is on the state's overall behavioral health and four prevention priorities are as follows:

- underage alcohol use
- underage tobacco and nicotine and products use
- marijuana and other cannabinoids use
- prescription drug use.

These entities also have four fundamental objectives which are:

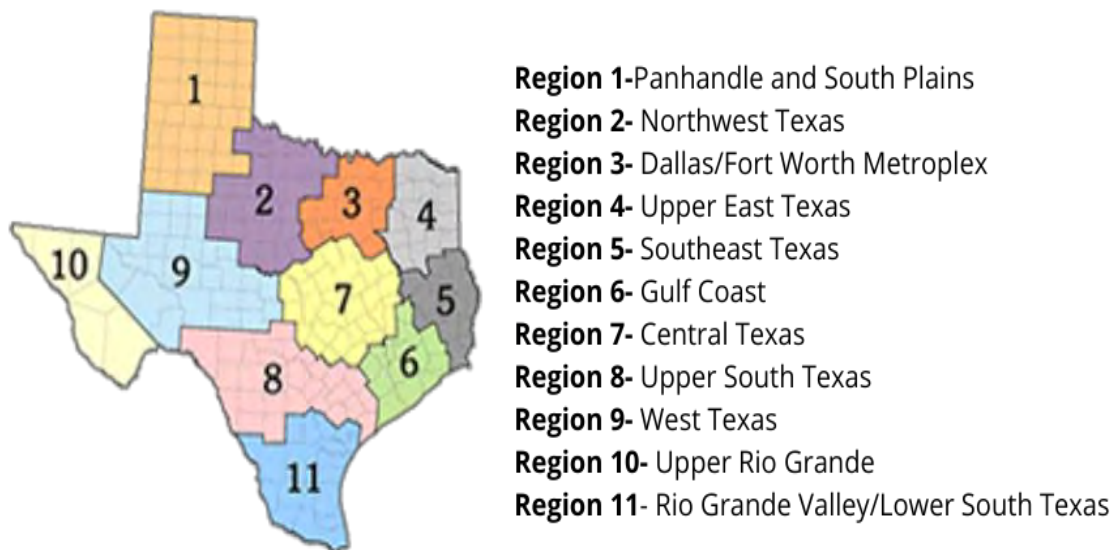
- to collect data relevant to the state's prevention priorities and share findings with community partners
- ensure sustainability of Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs
- coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of alcohol, tobacco, and other drugs (ATOD) use



- conduct voluntary compliance checks and education on state tobacco laws to retailers

PRC's provide technical assistance and consultation to providers, community groups, and other stakeholders to identify data related to substance use and behavioral health. They work to promote and educate the community and stakeholders on substance use and misuse, aid in programmatic decision making, provide an understanding of the community's strengths and gaps in services and how to improve.

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead Regional Epidemiological Workgroups (REW), compile and synthesize data, disseminate findings to the community and engage in building collaborative partnerships with key community members who aid in securing access to information.



*Figure 1-Map of Health Service Regions serviced by a Prevention Resource Center*

*Source: Department of State Health Services.*

## Key Concepts

### Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the lifespan characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. The focus of prevention efforts on adolescence is particularly important since approximately 90% of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18 (SAMSHA). Qualifiers for age-specific terms related to different data sources will be referenced in each section.

## Texas School Survey

The Texas School Survey of Drug and Alcohol Use (TSS) collects self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by HHSC and administered by the Public Policy Research Institute (PPRI). PPRI actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years.

Number of Surveys Included in State Sample for TSS							
Report Year	Original Campuses Selected	Campuses Signed Up to Participate	Actual Campuses Participated	Total Non-Blank Surveys	Usable Surveys	# Rejected	% Rejected
2020 <sup>1</sup>	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%
2016	600	187	140	50,143	49,070	1,073	2.1%

Figure 2- Number of Surveys Included in State Sample for Texas School Survey

Source: Texas School Survey 2020

Survey Distribution TSS 2020*			Survey Distribution TSS 2018		Difference Between 2018 and 2020* TSS
Grade	# Of Usable Surveys	%	# Of Usable Surveys	%	# Of Usable Surveys
Grade 7	6,414	2.9%	12,445	20.5%	-6,031
Grade 8	6,472	23.1%	12,268	20.2%	-5,796
Grade 9	4,189	15.0%	9,409	15.5%	-5,220
Grade 10	4,119	14.7%	9,571	15.8%	-5,452
Grade 11	3,556	12.7%	9,163	15.1%	-5,607
Grade 12	3,215	11.5%	7,920	13.0%	-4,705
Total	27,965	100.0%	60,776	100.0%	-32,811

Figure 3-Texas School Survey Distribution Comparison and Impact of Pandemic

Source: Texas School Survey 2020

## Epidemiology

Epidemiology is defined in the *Dictionary of Epidemiology* as “the study of the occurrence and distribution of health-related events, states, and processes in specified populations, including the study of the determinants influencing such processes, and the application of this knowledge to control relevant health problems.” This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance misuse and the contributing factors influencing this behavior.

<sup>1</sup> During the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data. (Public Policy Research Institute, 2020)

## Strategic Prevention Framework

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the SPF in close collaboration with local communities 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 National Academy of Medicine (NAM), which are universal, selective, and indicated.



Figure 4- Strategic Prevention Framework

Source: AVPRIDE

## Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies (see figure 5). This RNA is organized using the six domains (or levels) of the SEM as described below:

- Societal Domain - social and cultural norms and socio-demographics such as the economic status of the community
- Community Domain - social and physical factors that indirectly influence youth including educational attainment of the community, community conditions, the health care/service system, and retail access to substances
- School Domain - social and physical factors that indirectly impact youth including academic achievement and the school environment
- Family Domain - social and physical factors that indirectly impact youth including family conditions and perceptions of parental attitudes
- Peer Domain - interpersonal factors including social norms and youth perceptions of peer consumption and social access
- Individual Domain - intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the health promotion programs become more effective when they intervene at multiple levels. Changes at the community level will create change in individuals, and the support of individuals in the population is essential for implementing environmental change.

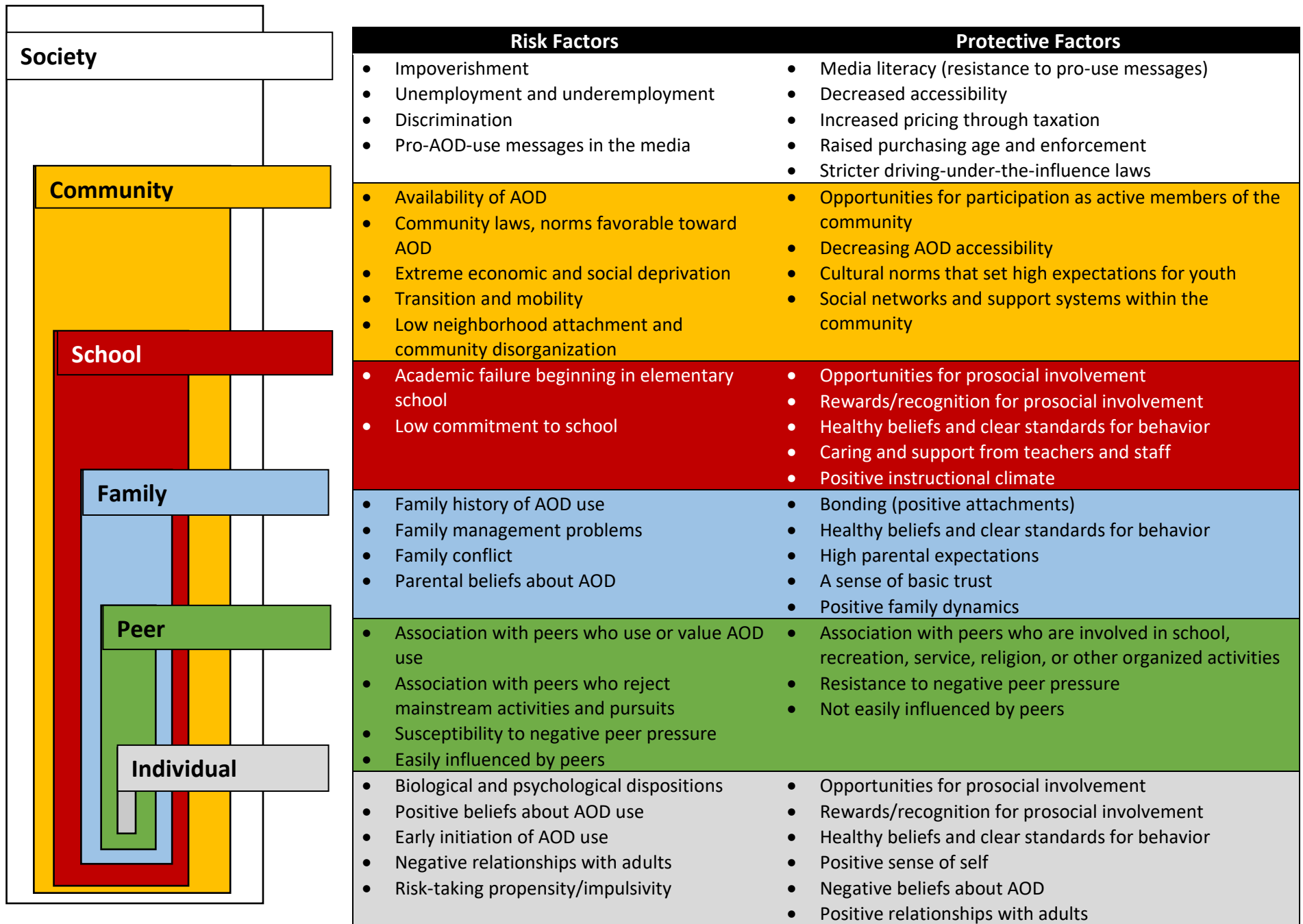
## Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors decrease an individual's risk for a substance use disorder. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors increase the likelihood of substance use behaviors. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty levels, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model (see Figure 5).<sup>2</sup>

---

<sup>2</sup> Adapted from: D'Amico, EJ, and Osilla, KC. Prevention and Intervention in the School Setting. Edited by KJ Sher. Oxford: Oxford University Press, 2016. Vol 2 of The Oxford Handbook of Substance Use and Substance Use Disorders, p. 678

Figure 5- Socio-Ecological Model for Substance Use with Examples



## Social Determinants of Health

The U.S. Department of Health and Human Services, Healthy People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The SDOH are grouped into 5 domains; economic stability, education access, health care access, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, they also contribute to health disparities and inequities.



Adapted from: Healthy People 2020

Figure 6- Social Determinants of Health

## Consumption Patterns

This needs assessment follows the example of the TSS, the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories: lifetime use (has tried a substance, even if only once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and illicit drugs and their misuse of prescription drugs. The TSS, in turn, is used as the primary outcome measure of Texas youth substance use and misuse in this needs assessment.

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

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure 7).

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



Figure 7-Percentage of Alcohol in Standard Portions

Source: National Institute on Alcohol and Abuse and Alcoholism



## Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. SUDs have health consequences, physical consequences, social consequences, and specific consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop New and Improved Strategies to Prevent Drug Use and its Consequences*.

We caution our readers against drawing firm conclusions about the consequences of SUDs from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between SUDs and consequences for the community.

## Stakeholder/Audience

This document can provide useful information to stakeholders from a variety of disciplines: substance use prevention and treatment providers; community coalitions; medical providers; school districts and higher education institutions; city, county, and state leaders; and community members interested in public health and 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 provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in the appendices.



## Data Methodology

### Secondary Data Collection

Secondary data was collected from a variety of local, county, state, and federal sources to depict community demographics, risk, and protective factors within the SDOH, health behaviors, mental health, chronic diseases, and substance use and misuse within the community. Data reflects the target population in Texas and across the eleven public health regions.

Sources of Data Included: U.S Census American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, The Community Commons, Youth Risk Behaviors Survey, U.S. Census Household Pulse Survey, Annual Medical Examiners Reports, and Community Needs Assessments, among others.

### Primary Data Collection

Data Coordinators conduct focus groups, surveys, and interviews with community members about what they believe their greatest needs to be. These qualitative data collection methods often reveal additional sources of data.

#### *Key Informant Interviews*

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

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

#### *Focus Groups*

Participants for the focus groups are invited from a wide selection of professions including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by substance use/misuse and behavioral health challenges.

#### *Longitudinally Presented Data*

To capture a richer depiction of possible trends in the data, we report multi-year data where it is available from respective sources. Most longitudinal presentations of this needs assessment consist of, but not limited to; the most recently available data collected over three years in one-year intervals of data-collection, or the most recently available data collected over three data-collection intervals of more than one year (e.g., data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state- and national- level data with county-level data for comparison purposes. When state-level nor national-level data are included in tables and figures, it is generally due to the data not being available at the time of the data request. Such requests are made to numerous counties, state, and national-level agencies in the development of this needs assessment.

## Regional Demographics

### Overview of the Region

Region 8 serves 28 counties and covers over 31,057 square miles located in South Central Texas bordering the Rio Grande River and Mexico to the west and the Gulf Coast to the east. This region varies geographically with rolling hills and plains, hill country, coastal plains, brush country, and desert. Bexar County, the largest in the region has an estimated population of 2.1 million people, with the city of San Antonio encompassing 50% of the region. 87.4% of the region's population resides in urban or metropolitan areas. The population of the region is about 3.1 million people, which has the following races/ethnicities:

- 65.5% Hispanic
- 24.6% White Alone
- 5.4% Black or African American
- 2.0% Asian
- 2.6% Other<sup>3</sup>

Region 8 has three separate Councils of Government (COGs). The eastern seven counties compose of the Golden Crescent Council of Governments (GCOG 17), the central twelve counties compose of the Alamo Area Council of Governments (AACOG 18), and the western nine counties make up the Middle Rio Grande Council of Governments (MRGCOG 24).



Figure 8- Geographic Boundaries for Region 8

Source: Department of State Health Services

<sup>3</sup> Demographics listed as "Other" is suppressed data of Native American Indian, Native Hawaiian, Other Pacific Islanders, and Alaska Native.

## *Zip Codes*

A zip code's influence on the health of those living there is multifaceted and complicated; from exposure to air pollution and toxins in water to the accessibility of healthy foods, greens spaces and adequate medical care. It also provides disparities in educational attainment, health literacy, and longevity of living based on socioeconomic factors such as race, gender, and income (Ducharme and Wolfson).

Region 8 encompasses 185 cities and towns, 3 major military installations located in Bexar County, and the Kickapoo Traditional Tribe of Texas, all of which provides over 250 zip codes in the area. (Appendix A, Table 1).

## **Major Metropolitan Areas**

Counties are designated as Metropolitan or non-Metropolitan by the U.S Office of Budget and Management. Texas Health Professions Resource Center (HPRC) currently uses these designations interchangeably with "Rural" and "Urban" areas.

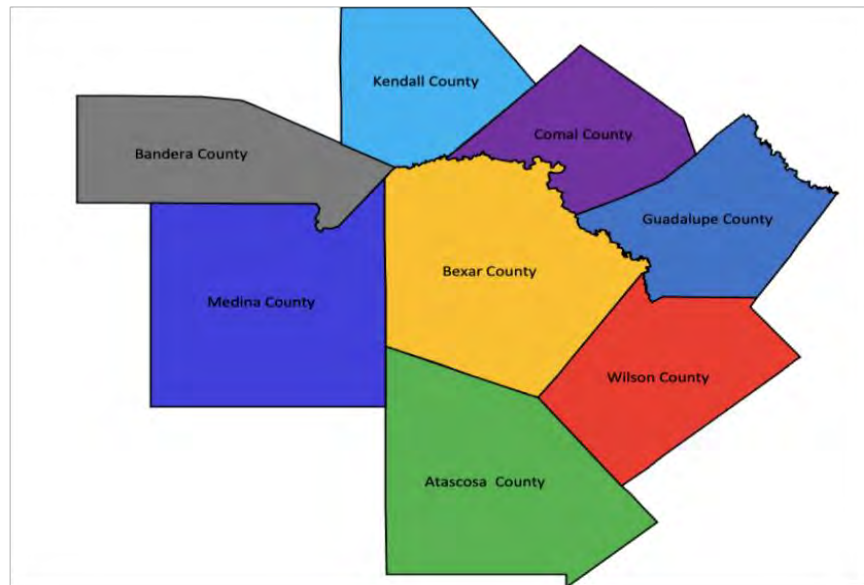
18 counties within region are designated as rural and/or Border Counties (non-Metropolitan) areas. Those counties are Calhoun, DeWitt, Dimmit, Edwards, Frio, Gillespie, Gonzalez, Jackson, Karnes, Kerr, Kinney, LaSalle, Lavaca, Maverick, Real, Uvalde, Val Verde, and Zavala. The remaining 8 counties are designated as urban (Metropolitan) areas.

County populations are also broken down into areas that are considered rural and urban. Bexar County or the San Antonio area has the largest urban population followed by Maverick and Val Verde Counties, while as Edwards, Goliad and Real the highest percentages of rural populations.

Region 8 includes two Metropolitan Statistical Areas (MSAs) including San Antonio- New Braunfels MSA which has a population of 2.6 million residents and Victoria MSA that has a population of 105,461 residents.

### *San Antonio-New Braunfels MSA*

San Antonio-New Braunfels MSA is also referred as the Greater San Antonio Area, including Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson counties. The land area is 7,312.7 square miles with a population density of 360 per square mile.



*Figure 9- San Antonio-New Braunfels MSA Geographical Boundaries*

The 2020 U.S Census projections show this area's population increase by 22.9% from the reported 2.1 million residents in the decennial census in 2010. San Antonio-New Braunfels is the third largest metro area, after the Dallas-Fort Worth- Arlington MSA and Houston-The Woodlands-Sugarland MSA. It was also projected in the same report, an increase in population in Kendall, Comal, and Guadalupe counties, whereas Bandera and Medina counties had a decrease in population. Over half of the San Antonio-New Braunfels Metro area identifies as Hispanic (56.2%), followed by those who identify as White Alone (32.6%), Black or African American (6.6%), Asian (2.6%) and Other (2.2%).

### Victoria MSA

Victoria MSA is also known as the Golden Crescent Region, include Goliad and Victoria counties. The land area is 1,734.1 per square miles with a population density of 60.8 persons per square mile. The 2020 U.S Census projections shows an increase in population by 12.2% from the reported 94,003 residents in the decennial census in 2010. It is ranked as the second smallest metro area in Texas next to Texarkana MSA.

Over half of the Victoria MSA identifies as Hispanic (47.2%), followed by those who identify as White Alone (44.5%), Black or African American (5.9%), Asian (1.0%), and Other (1.4%).

### The Kickapoo Traditional Tribe of Texas (KTTT)

Formerly known as the Texas Band of Traditional Kickapoo, KTTT is one of three federally recognized Tribes of the Kickapoo people. The current enrolled population of the tribe is 960 members. They were officially recognized by the Texas Indian Commission in 1977. The KTTT Reservation is in the Rio Grande on the US- Mexico border in western Maverick County, south of Eagle Pass and is part of the Rosita Valley Community (see figure 9).

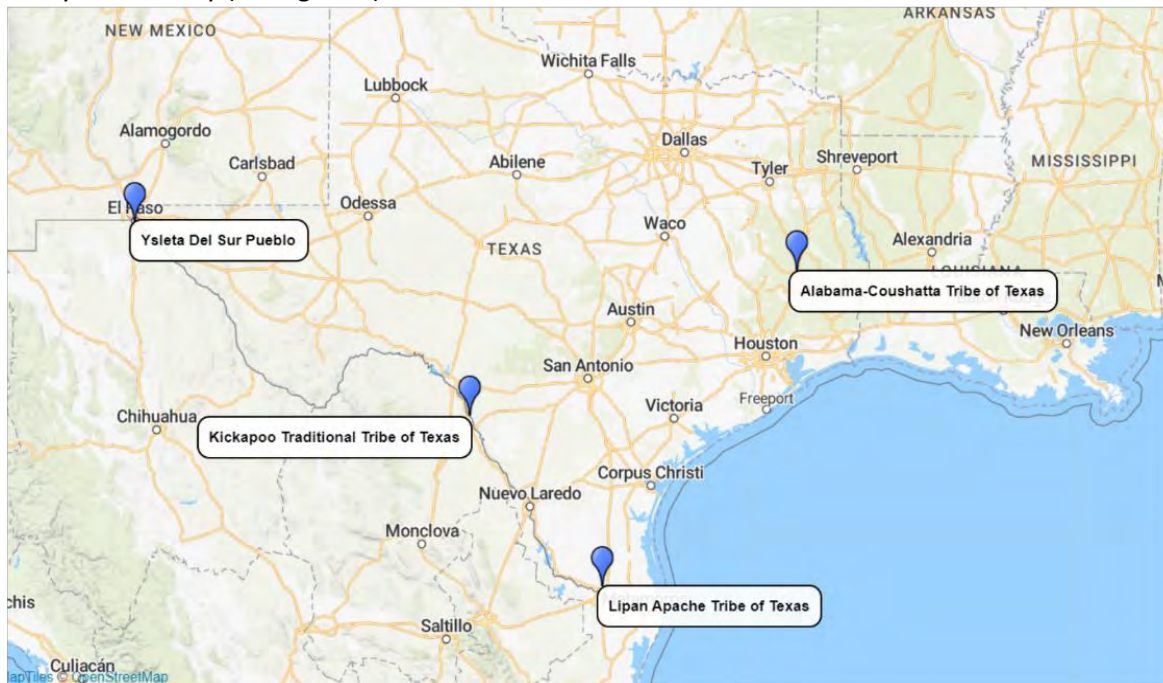


Figure 10- Federally and State Recognized Tribes in Texas

Source: Bureau of Indian Affairs

### *Border and non-Border Counties*

Border and non-Border counties were designated from the La Paz Agreement of 1983, which defines a Border County being within 100 kilometers of the U.S./Mexico border. Region 8 has 10 border counties which includes Dimmit, Edwards, Frio, Kinney, La Salle, Maverick, Real, Uvalde, Val Verde, and Zavala. Approximately about 200,000 of Region 8 residents live in Border counties. The land area covers 14,870.2 square miles with a population density of 13.3 person per square mile. Population within the 10 border counties in the region between the 2010 and 2020 census increased by 7.3%. Over a ten-year span, Frio, Dimmit, and La Salle counties had the highest increase in population while Val Verde and Kinney counties had a decline in population. The population break down of the bordering counties are as follows:

- 8.4% Hispanic
- 13.3% White alone
- 0.8% Black or African American
- 0.9% Other
- 0.5% Asian

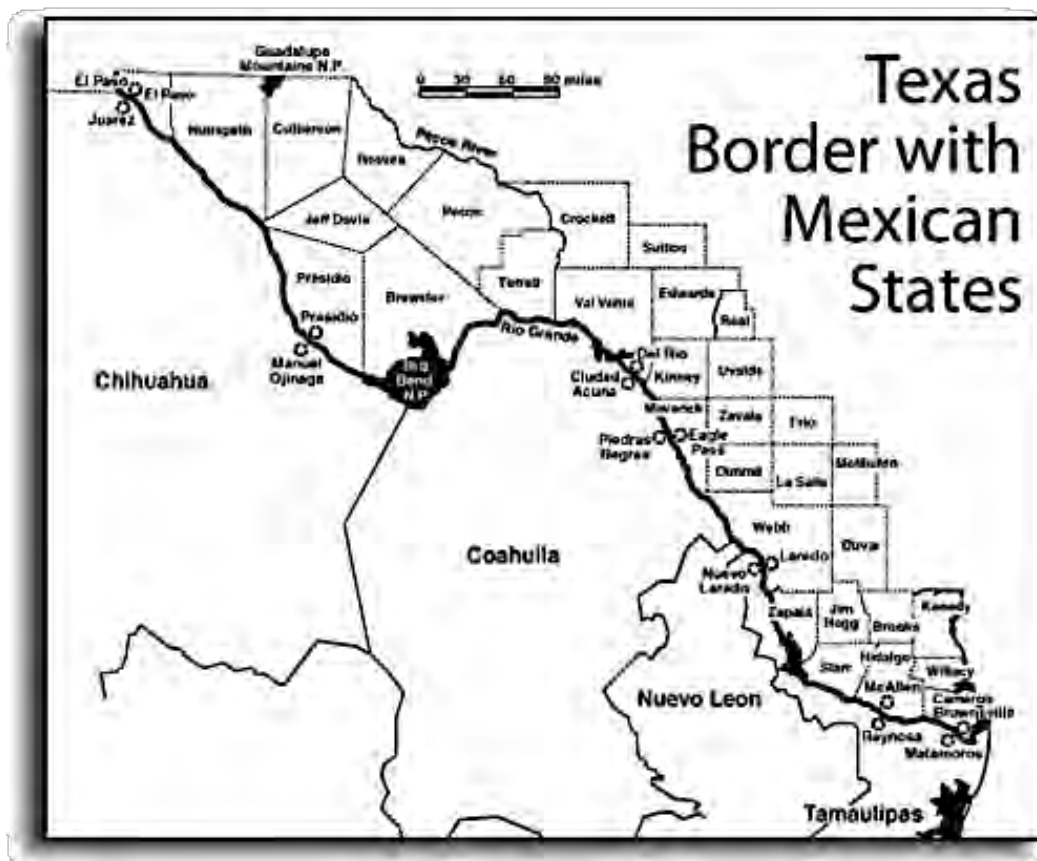


Figure 11- Texas Border with Mexican States

Source: The TCEQ Border Initiative



## Demographic Information

### Total Population

Texas' 2021 projected population of 30,168,926 makes the state the second largest state in both land area and in population. The state of Texas has the land area of 261,231.7 square miles and a population density of 113.6 person per square mile. The population change from the decennial census in 2010 to the recent census in 2020 increased by 18% compared to the United States 6.5%. Region 8's population increase of 20.3% in the span of 10 years, ranks the region to be the fourth fastest growing region with a steady increase of 3.7% from 2019 until now; compared to Region 3, which is ranked to be the first with a population of 8,226,141, followed by Region 6 with a population of 7,707,348, and Region 7 with population of 3,662,025 (see figure 12).

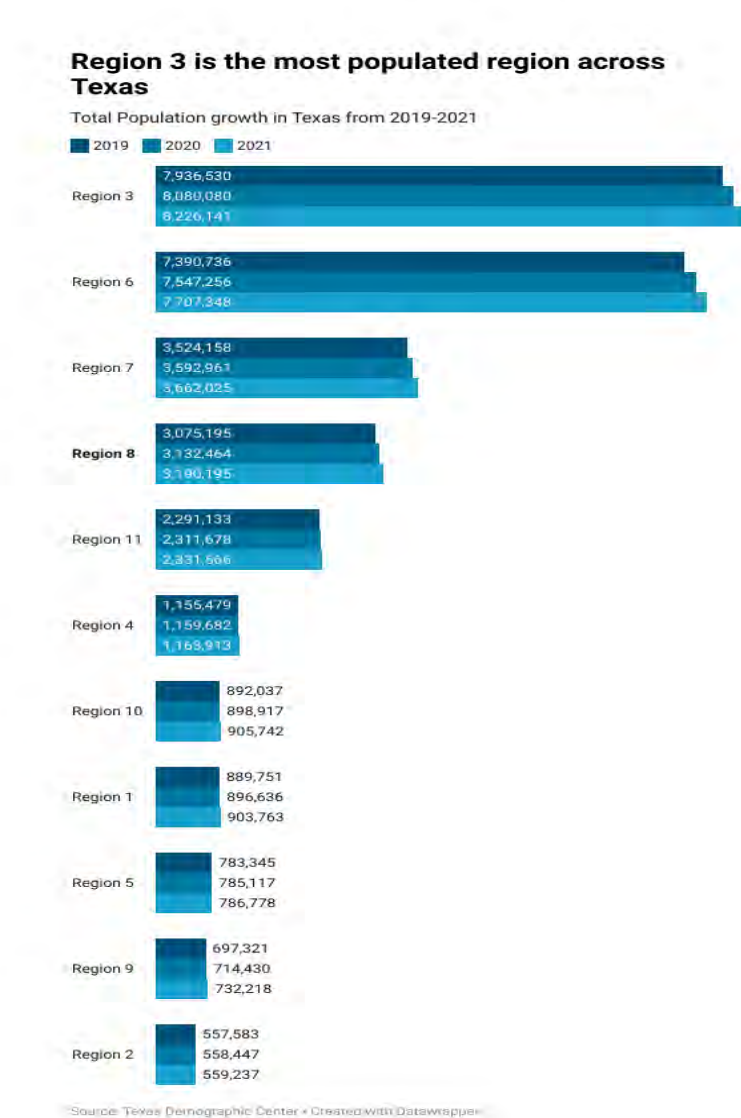


Figure 12- Population Change in the state of Texas from 2019-2021

### *Population by Age Groups*

In Texas and across the region the most populated groups are 25-44 years old, followed by 0-17 years old. From 2019-2021 population growth among this group has increased by 3.7% within the state and within the region 5.5%. Zavala county had the highest percentage increase in population of persons 0-17 years old at 2% (See Appendix A Table 2). In 2020, Texas and the regional population was very similar apart from the region having a slightly higher percentage of persons ages 65 and over.

### *Population by Sex and Ethnicity*

Majority of the population within the region is mostly female, with 1,601,036 compared to males at 1,589,159. Hispanics and Non-Hispanic Whites makes up 89% of the region, while 6% are Black, 2.3% are Asian, and other is 1.9%. Region 8 population was distributed among 49.1% females to 50.9% males, which is unchanging from 2020's population. The counties with the highest male population are Bexar, Guadalupe, Comal, and Victoria. The counties with the lowest population were Real, Kinney, and Edwards.

### *Language Proficiency*

Language barriers can have negative effects on a person's ability to access care and resources. Those who face such barriers are less likely to have a usual source of medical provision, preventative care, and have an increased risk of nonadherence to medication (Flores 229). Patients or clients that face language barriers are also more likely to receive a diagnosis of severe psychopathology and leave the hospital against medical advice (Flores 230).

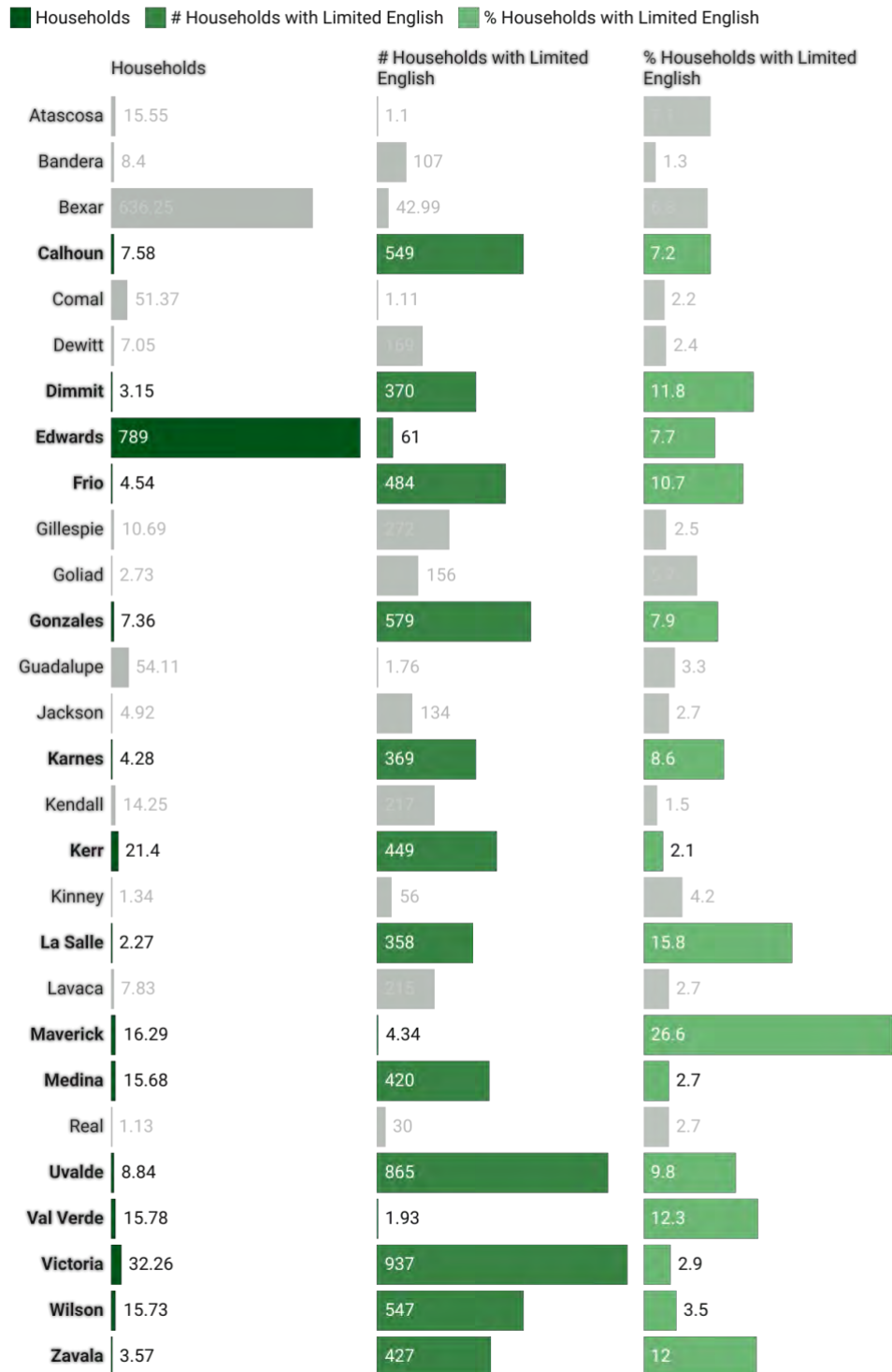
The state of Texas has 749,211 households that have limited English proficiency according to the American Community Survey, conducted in 2019. Compared to the region with 61,000 households with limited English proficiency. In this survey, it also shows that the greatest number of limited proficiencies is among those who are in rural counties and counties that also borders Mexico such as Maverick, LaSalle, Frio, Dimmit, Val Verde, Edwards, Kinney, Zavala, Real, and Uvalde (see figure 13).

It is within this population where we see more children 5 years and older speaking Spanish and English. In Texas, 35.5% of children 5 years and older speaks Spanish in addition to English, whereas young adults aged 18 years old higher have a higher percentage of speaking other languages other than English and Spanish with 17.6%. Region 8 reflects the same as the state with 37.1% of children 5 years and older speaking Spanish and English, and young adults speaking other languages at 7.2%, which is steadily increasing from the reported 6.8% in 2017. Calhoun County has the highest percentage of those speaking languages from Asia and the Pacific Islands within the region. In a broader scope, within the state, Calhoun County is ranked 9<sup>th</sup> (1,073) having the highest population of those speaking languages from Asia and the Pacific Islands (see Appendix A, Table 3).



## Rural Counties in Region 8 have the highest number of households with Limited English Proficiency

Households within the region with Limited English Proficiency



Source: American Community Survey (ACS) • Created with Datawrapper

Figure 13- Limited English Proficiency in Region 8 Households

# Risk and Protective Factors

## Societal Domain

### Economic Status

Substance misuse and abuse has been a public health concern for the past 30 years within the United States and within Texas; it holds an economic burden of over 7 billion dollars, according to the National Institute on Drug Abuse. The socioeconomic status (SES) can be a detriment or benefit in provision of access to preventative resources for substance use disorders (SUDs).

Studies have shown that those who have a lower SES, are more likely to be those who are in marginalized groups (i.e Persons of Color, LGBTQ+, immigrants/migrants), have higher rates of not only substance use, but also other illnesses such as cardiovascular disease, depression and anxiety, incarceration, and attempts in self-directed violence. SES is the foundation to the other domains and continues to be one that encompasses the most disparity and inequity.

## Social Determinants of Urban and Rural Health with Examples

	Social Environment	Physical Environment	Access to Health and Social Services
Urban Health	*More Likely to see large disparities in socioeconomic status *Higher rates of crime and violence *Presence of marginalized populations (e.g. sex workers) with high risk behaviors *Higher prevalence of psychological stressors that accompany the increased density and diversity of the city	* Lack of facilities and outdoor areas for exercise and recreation * Air quality is often lower due to pollution * Increase in chronic diseases such as asthma or cardiovascular diseases	*Persons of lower socioeconomic status or minority populations are more likely to live in urban areas * Lower socioeconomic status or minority populations are more likely to lack health insurance *Minority populations face inequities in access to health care, and are more adapt to receive poor quality of care, and disporpoironately use emergency systems *Other commonly represented populations in the cities are undocumented immigrants and transient populations.
Rural Health	*Rural elders have significantly poorer health status * More likely to smoke more *More likely to have chronic conditions *Less Likely to have health insurance.	* Lack of resources for exercise and recreation * Live to far from the nearest physician * Lesser rates of crime *More likely to have poor sanitation	* Less likely to be insured * More likely to be health illiterate * More likely to have higher health expenditures *Over use of emergency systems

Created with Dalawrapper

Figure 14- Challenges between Urban and Rural Health

Source: Unite for Sight

### *Unemployment*

The economic status within Region 8 is a true example of the income-wage gap between our MSAs and our rural and border counties. The median household income in region 8 is \$54,024, within the San Antonio MSA the median household income is \$69,579, Victoria MSA with \$56,783, and the rural/border counties with \$50,942 in 2019; however, due to COVID-19 the median household income has decreased for some with an increase of unemployment.

Prior to COVID, unemployment rates were declining within the region and across Texas. In 2019, the unemployment rate for the region was 3.2%, in 2020, the region's unemployment rate increased to 6.9%. According to the United States Bureau of Labor and Statistics, Maverick County was reported to have the highest percentage of those who were unemployed was 15%, which was a 97% increase from the reported rate of 7.6% in 2019 all of which effects an individual's eligibility for Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) benefits, Medicaid, Free and Reduced School Lunches, and Housing.

### *TANF and SNAP Benefits*

The TANF and SNAP Program are governmental programs that provide financial assistance for women and their families for basic needs such as food, shelter, and housing; medical benefits are excluded due assistance being under the Children's Health Insurance Program (CHIP). Eligibility for these benefits is based on the size on the individual's household and income.

In 2020, there were 3201 TANF recipients from Region 8 receiving basic assistance with the average base payment of \$82.00 per month, depending on the size of the household. Bexar county was reported to have the highest number of TANF recipients, 2326, receiving the average base payment of \$82.17. Between 2019-2020, there was a 10% decrease of TANF recipients in the region; however, within the state, there was a 40% decrease. Assistance in Texas only reaches 4 out of 10 families and is steadily decreasing according to the Center of Budget and Policy Priorities. In 2019, a family of 4 in Texas was receiving \$303 per month of assistance (See Appendix A, Table 4).

SNAP benefits are continuous, whereas TANF benefits can be used for up to five years. With SNAP, the total number of recipients in the region in 2020 was 3,9972,204, with the average payment of \$293 per month. The state during this time had 3,419,984 recipients with the average payment of \$303 per month. The age group with the highest number of recipients receiving SNAP benefits are between the age of 18-59 (See Appendix A, Table 5).

### *Medicaid, Uninsured Adults and Youth*

Medicaid, a state and federal assistance program that provides medical coverage for families who are who have a lower SES. To qualify in the state of Texas, the individual must be a resident of Texas, be a U.S national citizen, permanent resident, or legal alien who shows a need for health care or insurance assistance with an annual income before taxes not exceeding a percentage of the federal poverty line. The individual applying for must one of the following in to be considered eligible:

- Pregnant
- Responsible for a child 18 years of age or younger
- Blind
- Have a disability or has a family member in the household with a disability
- 65 years old or older.

In 2019, about 4 million residents in Texas was on Medicaid, in comparison to the region with about over 400,000 residents on Medicaid. In 2020, there was a 2.1% increase of Texas residents on Medicaid, where in region 8 there was a similar increase 2.1% of residents on Medicaid. The highest number of residents receiving Medicaid benefits are those who are under the age of 21, followed by those who are with a disability, who are 65 years and older with Medicare benefits. The state has not expanded Medicaid benefits to non-elderly adults, which leads to a high number of adults between the ages of 18-59 who are uninsured.

17.8% of the population in the state was uninsured in 2019; the Region 8 had 21.2% of its population who were uninsured. In both the state and the region over 3 million adults under the age of 65 was uninsured within the same year. The demographics of those who uninsured in Texas are as follows:

- 11.8% are uninsured children under the age of 19
- Working women between the ages of 19-64 are uninsured by 23.2%
- 19.3% of nonelderly persons (ages 0-64) that have at least 1 full time worker in the household are uninsured
- Working men between the ages of 19-64 are uninsured by 25.9%
- Nonelderly persons that are uninsured by race/ethnicity in 2018
  - White, non-Hispanic: 14.8%
  - Black. non-Hispanic 22.7%
  - Hispanic: 58%
  - Other: 4.5%

In 2020, 67% of the nonelderly persons that are ineligible for Medicaid Benefits are without children, 71% are living below the Federal Poverty Level of making a maximum income of \$17,609 annually. Currently in the legislature the Texas House of Representatives voted down on the expansion of Medicaid to uninsured nonelderly adults. The expansion of Medicaid benefits was part of the Affordable Care Act in 2014 to reduce the number of uninsured residents. The impact of the increasing rates of uninsured adults and the limitations for eligibility of Medicaid benefits will cause long term damage to the Texas economy.

In a 2019 study by the Texas Alliance for Health Care (TAHC), it warns that in 2040 if there is not any expansion to Medicaid benefits, over 6.1 million Texans will be uninsured. That could be a deficit of \$178.5 billion due to loss of earnings and attributions of poor health. Due to the impact of COVID-19 on the state's employment rates, Texas may reach that number sooner than 2040.

### *Free and Reduced Lunch*

The National School Lunch Program, established under the Richard B. Russell National School Lunch Act by President Truman, was a means to provide “nutritionally balanced”, reduced cost or free lunch to low-income families. This program has provided over 40 million children across the nation since its inception (Snyder). The program is administered by the Food and Nutrition Services at the federal level and state agencies operate the program with school food authority on campus. Participating school districts receive cash subsidies and foods from the United States Department of Agriculture (USDA) for each reimbursable meal that is served (Agriculture). Schools can also be reimbursed for snacks served to children who are participants in after school programs that have educational or enrichment activities. Eligibility for this program is if the student’s family income is either at or below 130% of the Federal Poverty Line, in the foster care system, participants in Head Start or Migrant Education Programs, or receiving services under the Runaway and Homeless Youth Act. Exceptions to this are if the school entity decides to provide free or reduced lunches to all the students in school due to their status of being Title I (federal status of a school entity for funding where majority of the students in attendance are in a household that is at 75% or above the poverty line) (Snyder).

In Region 8, during the 2018-2019 school year 58.72% of the student population was eligible for free and reduced lunch. While in Texas 60.5% of the student population in the 2018-2019 school year was eligible for free and reduced lunch. The Border counties had the highest percentage with 103% of their student population was eligible for free and reduced lunch, which is a 37% increase from the 2017-2018 school year.

### *Homelessness*

According to the 2019 Annual Homeless Assessment Report (AHAR) to Congress, by the U.S Department of Housing and Urban Development (HUD), over 500,000 people in the U.S were homeless in January 2019. In the state of Texas, in the same year according to the Texas Homeless Network the state had 4,735 people were homeless. Texas has a strong and growing economy with a hot real estate market that has increased the price of rent and a crucial for affordable housing. Texas A&M University’s Real Estate Research Center provided a metric called the Texas Housing Affordability Index (THAI) that measures the ability of one’s household median income to qualify purchasing a home in a certain area. The THAI involves the homes’ current interest rate, assumptions about down payment and the buyer’s “qualifying ratio” (a ratio of debt to income). The index score of 1 or below means that the household income is sufficient to purchase the home, if the score is 1 or above, it disqualifies the income for eligibility to purchase a home.

With this index provided, the THAI for the San Antonio-New Braunfels MSA was at 1.70, which makes it unaffordable for those who have a median income of \$67,444 (Donald). In the Texas Affiliation of Affordable Housing Providers, it reported that 49% of Texans are burdened by the cost of housing, which means that more than 30% of the household income is towards housing costs (mortgage/rent) and utilities.

Homelessness in Texas decreased by 35% from 2007-2019 but has increased by 2.1% from 2018-2019. According to the Point-In-Time (PIT)<sup>4</sup> count by the Texas Homeless Network, there are currently 2,354 Texans who are homeless<sup>5</sup> in 49 counties that participated in the count. The counties that participated in the PIT in Region 8 was Atascosa, Calhoun, Comal, Goliad, Gonzales, Kendall, and Victoria<sup>6</sup> which currently has 121 reported homeless persons, most of which were females (65), and under the age of 18 (53).

The PIT also comprises of those who are chronically homeless, which is defined by the HUD as a single individual (or head of household) that has a disabling condition who has been: 1). Living in a place that is not meant for human habitation, a safe haven or in an emergency shelter; and 2) has been homeless and living in the aforementioned places continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness in separate instances include at least 7 consecutive nights of not living in an emergency shelter, safe haven, etc. According to the PIT count, currently there are 143 Texans from the 49 counties are chronically homeless.

Another type of homelessness the PIT calculates are those who are unsheltered. Unsheltered homelessness is also defined by the HUD as individuals and/or families sleeping in a place not designed for or ordinarily used as regular sleeping location, such as a park bench, camping grounds, or cars. In the 2019 PIT count, Texas had 10,948 unsheltered homeless individuals.

The demographics of those who are homeless in Texas model the U.S population demographics with nearly 13% of the population are African American; however, accounted for nearly 40% of the homeless population. The U.S Census Bureau projected in 2019 the poverty rates for African American community at 18.8%, Hispanic community at 15.7% and non-Hispanic whites at 7.3%. The HUD in the same year estimated that 8.1% of adults living in the U.S that were experiencing homelessness were veterans. In Texas, 1,806 veterans were homeless in 2019. The impact of COVID-19 has provided limitations on resources for this demographic, such as shelters, medical aid, and preventative services.

In Texas, during the 2018-2019 school year, 72,189 homeless students were enrolled, compared to the 2019-2020 school year there were 78,128 homeless students enrolled, which is an increase of 5,939 students. In the same school year, Region 8 had 6,858 homeless students in enrolled, while in the 2018-2019 school year 6,369 enrolled homeless students, which is steadily increasing. Over the past three years there has been significant increase of homeless students due to them being displaced by natural disasters such as Tropical Storm Cindy in 2017, Hurricane Harvey also in 2017, Tropical Storm Imelda in 2019, and the Snowstorm earlier this year.

## Community Domain

### *Educational Attainment of Community*

Educational Attainment is not only based on SES but is also a predictor of wellbeing. Studies show those who have completed higher levels of education are more likely to achieve economic success, than those who do not. The lack of educational attainment is associated with higher rates of substance use, excessive use of the emergency room due to poor health, health illiteracy, and limited accessibility to health care. In a study about Substance Use Among 12<sup>th</sup> Grade Aged Youth by Dropout Status from the National Survey on Drug Use and Health (NSDUH), they found that there is a correlation with substance use and high school dropouts. This study showed that those who have dropped out of high school will be less likely to have jobs that will provide adequate health insurance to cover the costs of health issues that arise from abuse of drugs or treatment for recovery. Their findings also proved that the longer an individual was out of school, they were more likely to have used drugs or tobacco within the 30 days of dropping out.

In 2018, over 4 million young adults between the ages of 18-24 in the United States had less than a high school education. In the state of Texas, that number was over 400,000, and in Region 8, it was over 43,000. The educational attainment of the population in 2019 of persons 18 years and older in Texas were as follows:

- 16.1% of the population had less than a high school diploma
- 26.04% received a high school diploma or equivalent
- 30.8% had some college or an associate's degree
- 27.1% had a bachelor's degree or higher

The region's and the San Antonio- New Braunfels MSA population of educational attainment mirrored that of the state; however, the Border Counties have lower numbers in educational attainment, whereas 32.2% of the population have less than a high school diploma.

### *Community Conditions*

The community is the most essential part of the well-being of a person. Community brings forth a sense of belonging and connection to those around you. Your community is not only limited to just an entity or group of people, but it is a feeling of unity, acceptance, and support (Gilbert). Studies show that communities that involve a lot of crime and violence can cause PTSD, as well as other health issues such as cardiovascular disease, obesity, SUD, and mental disorders. As mentioned earlier, your zip code can be a detriment to your health. Neighborhoods with less educational attainment and lack of health literacy, often have food scarcity. 22.5% of children in Texas had food insecurities prior to the pandemic, and now with the pandemic it has increased to 24%. There are over 1 million Texan households that have food insecurities due to the pandemic. An example of this is in Bexar County on the south side, where the nearest HEB is about 20 miles away. In these food deserts there are more likely to have higher incarceration rates, and retail access to alcohol and tobacco.

---

<sup>4</sup> Point-in-Time count is a count of sheltered and unsheltered homeless individuals on a single night in January. The HUD requires that the CoC conduct an annual count on homeless individuals who are sheltered in emergency shelters and transitional housing on a single night. CoC's also require that a count is conducted of unsheltered homeless individuals every other year (odd number years)

<sup>5</sup> The number given by the Texas Homeless Network excludes 205 counties. Due to the Texas Balance of State Continuum of Care (TX BoS CoC) geography being so large, data collection is dependent on volunteers within the community. Each year different communities choose to participate in the PIT count. The Texas Homeless Network can't provide data on communities who doesn't perform a count.

<sup>6</sup> Calhoun, Goliad, Gonzales, and Victoria numbers were combined with Region 11 with Refugio county in 2021 and 2020



### *Retail Access*

Higher tobacco and alcohol retail density has been associated with higher rates of youth initiation of use. The Tobacco Permit Density within the region 124.0 per 100,000 persons, whereas in 2019 it was 131.6 per 100,000 persons. The counties with the highest tobacco density rates are Edwards (303.2), La Salle (200.5), and Real (380.7), which are some of the rural and border counties in the region. Those with the lower density rates are Guadalupe (70.9) and Maverick County (74.4). All of which is a steady decrease of 0.2%. In regards to tobacco sales to minors 99 retail stores were in violation within the region. 32 of those sales were in Bexar County, 11 in Maverick County, and 16 were in Wilson County.

Alcohol retail density considers bars, taverns, pubs and liquor stores within the community, which has been associated with alcohol related problems. The rate of alcohol permits within the region is significantly higher than tobacco retailers with a rate of 256 per 100,000 persons in 2020. In 2019, the rate was 258 per 100,000 persons. The counties with the highest rates were Gillespie with 588 per 100,000 and Real with a rate of 614.9 per 100,000. Between 2019-2020 there was a slight increase of 10% in Real and 0.6% in Gillespie. The lowest alcohol density rate in Maverick County with 141.8 in 2019 and 142.2 in 2020. Alcohol sales to minors drastically decreased by 87% from 95 to 2019 to 12 in 2020. Most of the sales to minors were in Bexar County with 8 and 4 were in Victoria County.

### *Liquor Law Arrests, DUIs and DWIs*

With the decrease in liquor or alcohol sales and retail density, there were instances of arrests such as DUIs, drunkenness, and violations of the liquor law. In 2020, there were a total of 6,092 arrests of driving under the influence, 3,331 arrests for drunkenness, and 317 arrest for violation of the liquor laws. Of those arrests, majority were by adults with 6,086 for DUI, 3,327 arrests for drunkenness, and 292 for violation of liquor laws. Juveniles only accounted for a fraction of the arrests, such as 6 arrests for DUIs, 4 juvenile arrests for drunkenness and 25 arrests for violation of a liquor law. Compared to 2019, there has been a great decrease of arrests in the Region. In 2019, there was 9,177 arrests for DUI, 4,211 for drunkenness, and 618 arrests for violation of the liquor law. This is about a 33% decrease for adult arrests for DUIs, and an increase of juvenile arrests (3) for a DUI at 100%, decrease of juvenile arrest for drunkenness at 50%, and decrease of arrests for both adults and juveniles for violation of liquor laws at 48.7%.

### *Health Care/Service System*



## School Domain

### *Academic Achievement*

In the spring 2020, Governor Greg Abbott suspended in school instruction due to COVID-19; virtual instruction took place from March-May. According to the 2019-2020 Secondary School Completion and Dropouts in Texas Public Schools Report by the Texas Education Agency, out of the 384,000 students that made up the class of 2020, 9.3% graduated within all four years, 3.9% pursued higher education and 0.4% received the Texas Certificate of High School Equivalency (TXCHSE). The longitudinal rate for dropouts was 5.4%, which is lower than 2019.

In a 4-year span, in each year after their first year of high school, many of the students who dropped out were either a grade or more behind the expected grade level. In this report it showed that about 50.5% who dropped out in their sophomore year didn't have enough credits to be considered to advance to 10<sup>th</sup> grade, 58.7% dropped out in their third year, and 61.9% dropped out in their fourth year. Over 2 million students were enrolled in Grades 7-12 in Texas during the 2019-2020 school year, although there was a ten percent decrease of dropouts from the 2018-2019 school year; there was a 20% increase of students who dropped out of Grades 7-8 with 4,295 students.

In Region 8, in the 2018-2019 school year the drop out rate was 5.7%, with an overall graduation rate of 91%. American Indian female students had the highest dropout rate in the region with 15.2%, followed by Pacific Islander male students at 12.0%, African American male students at 9.8%, and Hispanic males with 7.7%. The highest graduation rates were overall were among female students at 92.8%, Asians at 95.5%, White Alone at 94.4%, Multiracial students at 93.5%, and Pacific Islander Students at 91.5%. Graduation rates among African American and Hispanic students were at 88.2% and 89.8%. American Indian students in the region had a graduation rate of 82.6%.

### *School Conditions*

The end of the 2019-2020 school year was trying for a lot of students across the nation due to the COVID-19 pandemic. In addition to the vast switch from in-person instruction to virtual instruction, the Texas Education Agency (TEA) also suspended grades A-F, and the State of Texas Assessments of Academic Readiness (STAAR) for grades 3-11. The impact of COVID-19 in the 2019-2020 school year greatly caused a hinderance to math and reading skills. The Northwest Education Association (NWEA) and the Measure of Academic Performance (MAP) showed there was a 5-10 percentile drop in math achievement. COVID-19 Forecast in learning loss in mathematics for grades 3-8 significantly declines from average growth trajectory. Predicting that in the Fall 2020 semester students would be roughly at 70% of reading gains in reading from prior years and 50% in mathematics. Students in Grades 3-4 was predicted to be nearly a full year behind in math compared to normal conditions. This impact is significant in the STAAR 2018-2019 and 2020-2021 scores. In the 2018-2019 school year, from grades 3-11, over 8 million students in the state tested in the subjects English, Math, Science, and Social Studies and the scores are as follows:

- 25% of students Did Not Meet grade level
- 75% Approaches grade level
- 48% Meets grade level
- 23% Masters grade level.

In comparison to the 2020-2021 school year, over 7 million students in grades 3-11 tested in the same subjects, and the scores were as follows:

- 34% of students Did Not Meet grade level
- 66% of students Approaches grade level

- 40% Meets grade level
- 18% Masters grade level

Between the 2018-2019 school year and the 2020-2021 school year there is a 20% increase of students who Did Not Meet grade level, a 24% decrease in students Approaches grade level, a 29% decrease of students Meets grade level, and a 32% decrease in students Masters grade level. Across the state of Texas, among grades 3-8 mathematics and reading reflects that of the nation with a deficit of learning loss of about 50-65% from the 2018-2019 school year.

The impact of learning loss leads to loss of earning. It was estimated that the average K-12 student in the United States could lose \$61,000 to \$82,000 in lifetime earnings, or the equivalent of a year of full-time work, because of COVID-19 related learning losses. It is estimated that Hispanic Americans (\$1,809 a year less) and Black Americans (\$2,186 a year less) over a 40-year working life. It was estimated that their white counterparts (\$1,348 a year less) would only see a small decrease in lifetime earnings in a 40-year

According to a national monthly school dashboard in May 2020, only 15% of districts expected their elementary students to be receiving instruction for more than four hours per day during remote learning, while 85% of districts expected instructional time to dip under four hours. 17% of the districts surveyed, the instruction students received in the Spring 2020 school year was not designed to teach new skills and understanding, but to review what had already been taught. According to the National Center for Education Statistics, in January 2020 survey- 31% of districts were reportedly offering more than five hours of live instruction for their 4th graders remote learning, while 34% offering the same for 8th graders with the numbers being constant during the Spring 2021 semester. In the same semester (Spring 2021) the number of students receiving in-person instruction also rose throughout the spring semester (38% of 4th graders and 28% of 8th graders learning in person by January to 44% of 4th graders to 33% 8th graders learning in person in March. 88% of schools nationwide were offering some form of in-person learning either fulltime or in hybrid settings. It was also shown that Black, Latinx and Asian students were significantly less likely to be enrolled in fulltime in-person instruction in the spring 2021 semester.

Across the country prior to the pandemic, students of color were more likely than their white counterparts to attend schools that have fewer resources or attend schools that were less safe and more likely to be in temporary trailers with poorly maintained exteriors and HVAC systems. In 2018, students of color, especially from Black, Hispanic/Latinx, and Native American backgrounds attended schools in districts that received nearly 13% less in state and local funding per student than schools in districts that have less students of color. These students are also often classified "at-risk" and come from lower income households, which leads to the higher drop out rates. Historically American Indians/ Native Americans has had the highest high school dropout rates between African Americans and Hispanic students. This is due to the historical atrocities that were done in the past, there has been negative perceptions from Native Americans towards the public school system and distrust in the government. This is thought to be a reason that many American Indian children lose interest to pursuing an education and dropout. Another reason is that the high poverty rates among this ethnic group as well as African Americans and Hispanics create disproportionate barriers in educational attainment.

As of March 2021, 58% of white students attending schools that serve 4th grades, were enrolled in fulltime instruction, whereas 36% of Black students, 35% of Latinx students, and 18% of Asian students in school serving 4th graders were enrolled in fulltime in-person instruction. Technology barriers showed to be a substantial hindrance of education for students of color. In a survey conducted in the summer 2020 a third of teachers in predominately Black schools reported that their students lacked the technology necessary for virtual learning. One in five teachers reported that in the schools where there were fewer than 10% of students were Black, similarly to schools with predominately Latinx students. In another survey of more than 60,000 secondary and 22,000 upper elementary (grades 4-6), 30% of Latinx students reported lack of reliable internet access as a reliable internet, compared 23% of their other classmates surveyed. By October 2020, one of every ten Black and Latinx households lacked consistent computer access, compared to 6.7% of white households. Only 4.7% of white households reported inconsistent internet access, more than twice as many Black households and one and a half times as many Latinx households. It was also estimated that Black (40%) and Hispanic students (30%) and low-income students (40%) were at a higher risk of not receiving remote instruction of average or above average quality.

## Family Domain

### *Family Environment*

The family environment shapes who we are as individuals and impacts our interpersonal and intrapersonal relationships, how we approach our jobs and education, our perception about the world, our ability for resilience, and our mental, physical, and emotional health. Developing a strong and healthy familial environment is a great protective factor that allows an individual to live happier and whole lives; however, some may not be fortunate to have a healthy familial environment due to Adverse Childhood Effects (ACEs) due to a habitual cycle of familial violence, abuse, neglect, and maltreatment.

### *Family Violence, Child Maltreatment, Child Abuse, and Neglect*

Family violence is defined by the Texas Family Codes as an act committed by a member of the household against another with the intent to cause bodily injury, assault, physical harm, or a threat that places reasonable fear of imminent harm; in which, discipline towards a child is excluded from this law. Abuse is defined within this law as physical injury that results in substantial harm or genuine threat; sexual contact, intercourse, conduct, or persuading and/or encouraging a child to engage in sexual acts.

From January 2018-December 2020, within the state of Texas, there was 609,421 incidents of family violence that was reported. In 2019, it was reported that within the region there were 21,421 family violence incidents, which was a 5.5% increase from the 20,297 incidents reported in 2018. The San Antonio- New Braunfels MSA and the Victoria MSA had higher incidences of family violence than the state in 2019. In the same year 68% of the counties in Region 8 saw an increase in the prevalence of family violence.

In 2020 due to the mandatory stay in place orders, there was an increase of family violence in a span of ten years by 43% in the San Antonio-New Braunfels MSA. The San Antonio Police Department reported over 30 deaths in the San Antonio area were attributed to family violence. As of October 2020 in Bexar County, there was 465 family violence/ sexual assault cases that were Class A misdemeanor, in which the incident was assault, bodily injury, and terroristic threats and is punishable with time served an up to a \$4,000 fine. In the same year, there was a total of 781 cases that were booked (on record) for the following jailable offenses:

- Assault with bodily injury- Married Couple- 198
- Assault with bodily injury- Family/Household member -91

- Assault of Family member by choking/strangulation- 67
- Aggravated Assault with a deadly weapon- 59
- Violation of Bond/Protective Order- 57.

Family violence in a home with child present often could lead to the removal of the child, by Child Protective Services (CPS). From 2018-2019, Texas saw a decrease in the number of child abuse investigations by 5.1% (from 280,911 to 266,611); however, in 2020 there was 184,785 reported investigations of child abuse and neglect in the state of Texas, in which most of those cases were male victims. Region 8 had 21,042 reported cases of child abuse and neglect with the most cases involving female victims. The age mostly affected by abuse or neglect were children ages 0-17.

### *Single- Parent Households*

The familial environment could often involve children growing up in a single parent household. Studies have shown that single parent families often do not have the same economic resources than that of two parent families, where the parents are married. Studies also show that children raised in single parent households are more likely to drop out of school, experience teen pregnancy, and experience failed romantic relationships or divorce in adulthood.

In 2018, there was 966,675 single parent households in Region 8. 2.3% were single father households with children under 18 years old and 8.13% were single mother households with children under 18 years old. The total number of single parent households with children under the age of 18, with the average household size being 3. In the Border counties, single mother household is 9.61%. In 2019, there was 975,121 single parent households, with a decrease in single father households at 1.45%, and single mother holds at 6.65%. Although there is a slight decrease in the Border Counties with single mother households, it is still the highest among the region at 8.5%.

### *Perceptions of Parental Attitudes*

The interactions between the child and parent(s) also shapes who we are and what we think, or feel about the use of substances. Parents who have a democratic or authoritative parenting styles are more likely to have higher levels of positive parent-child connectedness (Carver, et al 120). Communication between the child and the parent is open, conversation about sensitive topics substance use, sexual intercourse, and other high-risk behaviors are encouraged, as well as providing a safe space to discuss other things such as romantic relationships. Parents who have an authoritarian or neglectful parenting style more likely to have higher levels of negative parent-child connectedness, which provides an environment with a higher risk the child using and abusing substances (Carter et al 120, Benchaya et al . 238).

Parents with the permissive attitudes may have the perception that allowing their teens and their friends to drink or use at home under adult supervision may provide healthier attitudes about drinking; however, this perception provides negative consequences for both the parent and teen. Supplying alcohol, tobacco, and other drugs (ATOD) to a minor, creates the risk for continued use later in adulthood. Research from the Partnership Attitude Tracking Study (PATs) also showed that teens who perceive their parents to be more permissive about substance use are more likely to abuse.

In the 2019-2020 school year, the Texas Health and Human Services Commission (HHSC), in conjunction with the Public Policy Research Institute (PPRI) at Texas A&M University- College Station, conducted their biennial Texas School Survey of Substance Use (TSS). The survey collects self-reported data on tobacco, alcohol, marijuana, and other drugs among students grades 7-12 in Texas public schools. Due to COVID-19 and the mandated school closures, the data is combined with other regions across the state to provide a viable sample of perceptions of use among the students. Region 8 was combined with Region 6-Gulf Coast (Houston MSA) and Region 11- Rio Grande Valley/Lower South Texas (Edinburg MSA).

When asked, “How do your parents feel about your age using alcohol, marijuana, or tobacco?”, it was perceived that their parents would strongly disapprove the use of marijuana. 7<sup>th</sup> graders in the region and the state have a strong disapproval rate of about 84%. The “strongly disapproval” perception of the parent decreases in high school (grades 9-12). In 2018, marijuana use was strongly disapproved by 75.5%. It is the idea that students who perceive their parents would strongly disapprove of their using of specific substances were less likely to use these substances. Alcohol use had less disapproval rates but was perceived to be mildly disapproved or neither approved nor disapproved by the students’ parents, which is unchanging from the 2018 TSS. Within the 2020 survey, the perception of tobacco use was also perceived to be strongly disapproved by 7<sup>th</sup> graders by 82%. Although 7<sup>th</sup> grade parents had a high perception of disapproval, there is still a high perception of parents mildly disapproving, neither approving or disapproving, or not know of how the parents would perceive the student using substances. 12<sup>th</sup> grade students had the highest rates of parental perception of neither approving nor disapproving at about 10-13%.

## Peer Domain

### *Perceptions of Peer Consumption*

Your peers are also a great influence on an individual’s behavior and choices. The more independence the youth have, the more their peers have a bigger role in their decision making. Adolescents spend more time with their peers than they do with their parents and siblings and as they go through life together; they are more likely to report peer approval of the use of ATOD. Studies have shown that an indicator of substance misuse and other behavioral issues with the association of a particular group of friends.

The 2020 TSS asked students, “About how many of your close friends use tobacco, alcohol, or marijuana?”. The perception of use of all substances are between none of my close friends use to some of my close friends use. For the use of alcohol, in both the state and in the region about 50% of students in all grade levels reported that none of their close friends use alcohol, which is like the parental approval rates. When it comes to tobacco use, there was a higher percentage of the perception of none of their close friends are using it. In both the state and in the region, it was between 73-74%, in which the perception of none of their close friends were using marijuana was at around 60%. Students in grades 9-12 had higher rates of a few friends using substances, with students in 12<sup>th</sup> grade having a higher rate of most of their friends using either marijuana or alcohol.

### *Perceived Social Access*

Studies show that the ease of access to substance have a direct impact of substance use among adolescence. The perception of ease of access to substances may differ from rural and urban students (Warren et al 3397). In the 2013 Georgia Student Health Survey II, it showed that rural students

reported having a perception of greater access to tobacco products and steroids, whereas urban students had the perception of have greater access to alcohol, marijuana, cocaine, inhalants, ecstasy, methamphetamine, hallucinogens, and prescription drugs. This perception of ease of access among rural students is thought that their parental attitudes are more relaxed about alcohol and tobacco use due to a higher prevalence of adult use of these substances. This study also shows is that the perception of ease access of alcohol was higher among high school students among both rural and urban students. In the 2020 TSS, the same is reflected across the state and within the region, with about 30% of students reporting that it is very easy to get alcohol. Substances such as tobacco and marijuana were reported to have higher rates of perceiving access to be either impossible or somewhat easy. Students in the 7<sup>th</sup> grade had higher rates of never hearing about either alcohol, tobacco, or marijuana at about 40%.

### *Presence of a Substance at Parties*

Parties are usually big social gatherings where youth can socialize with different groups; however, there is a party culture that involves heavy drinking, misuse of substances, and other high-risk behaviors. Alcohol was always used when students where asked, "Thinking of parties you attended this school year, how often was alcohol used? In the 2020 TSS, at 8.7% across the state, and within the Region in 9%, which is a decrease from the 2018 TSS of 23.9%. Although substance use increased among adolescence across the nation during the pandemic, there was a greater percentage of adolescents engaging in solitary substance use (49.3%); although many were doing group substance use with peers via technology (31.6%) and face to face (23.6%).

Alcohol has been shown to be the most used substance among adolescence. In 2018 in Region 8, 58.8% students in grades 7-12 have used alcohol. Among the 12<sup>th</sup> graders who drink alcohol, 18.6% said they have driven a car after they had more than one to drink. Among Texan underage college students, 70% of students obtained alcohol from a friend who was over the age of 21, while 49% obtained alcohol from a parent or relative, and 35% obtained alcohol from a friend who was also under the age of 21. Underage drinking costs the citizens of Texas \$2.1 billion per year, which involves medical care, work loss, and pain and suffering associated with underage drinking and driving and fatal car crashes. This translates to about \$2.00 per drink consumed by a person who is underaged.

A strategy to enforce and limit social gatherings/parties where alcohol is are consumed, includes policies such as the Social Host Ordinance. San Antonio's Social Host Ordinance is one of a few Texas cities that has this policy, where the adult is held civilly liable for providing alcohol to minors, and responsible for the environment underage drinking has occurred. By imposing fines on the homeowner and/or property owner for each offense, it is the goal to discourage the underage drinking at parties. The San Antonio Ordinance leverages the civil penalties for adults when a violation is issued. The first violation is a penalty of \$300 and subsequent penalties are \$500. Violations can only be issued, or the ordinance can be enforced when the San Antonio Police Department (SAPD) officers are called.

## **Individual Domain**

### *Youth Mental Health*

In a national survey of mental health of high school and college students, showed about 75% of students reported that their mental health has gotten worse during the pandemic, some worsen significantly since the beginning of the pandemic. Survey also showed that 66.89% reported an increase in supporting others in their mental wellness. 66.41% of students reported having received information from their learning institution about mental health, 49.1% reported that they received healthy coping strategies. 3/4 of respondents feel optimistic or hopeful about their school related goals and future job prospects. In the 2020-2021 school 62.46% of college students planned for a combination of on campus

and online instruction; however, when school started only 42.81% were receiving instruction this way, 51.24% reported receiving all instruction online, and 1.27% had changed their fall academic plans as a result of COVID-19. 55.83% of respondents reported that their physical activity has decreased or significantly decreased.

In May 2020, nearly three in ten parents surveyed in a Gallup poll reported that their child was "experiencing harm to their emotional or mental health", 45% cited that the separation from teachers and classmates as a "major challenge". Suicide ideation was also on the rise among children and young adults. According to the National Association of Elementary School Principals, nearly 70% of school principals who participated in a survey conducted early in the 2021 said they could not meet their student's mental health needs with the limited staff they had. There were also concerns the heightened risks of child abuse at the home during the pandemic.

In 2019, in the State of Texas 10% of High school students attempted self-directed violence one or more times in the past year, and it has increased due to COVID. A significantly higher percentage of female students at 12.4% attempted self-directed violence than male students who attempted self-directed violence at 7.5%. The ethnicity with the highest percent of self-directed violence are Black students at 12.3% and the highest percentage of attempted self-directed violence attempts that required medical attention. During 2020, the rate of death because of self-directed violence was 14.3 deaths per 100,000 population.

Students who identify as being part of the LGBTQ+ community had significantly high rates of hopelessness and sadness and ideation of self-directed violence compared to those who identify as a cis-heterosexual person. Across the country about 42% of LGBTQ youth considering seriously attempting suicides in 2020, with more than half of that number are students who identify as non-binary or transgendered. In a national survey with a population of 2,000 high school students conducted in 2021, 83% of LGBTQ students were reported experiencing more problems that affect their schoolwork or well-being that the year before, compared to 69% of their cis/heterosexual peers. Within the same survey 30% of LGBTQ students reported seeing a decline in relationships with other students, compared to only 19% of cis/heterosexual students who said the same. In another study nearly 35,000 LGBTQ+ youth ages 13-24 found that about 48% of LGBTQ youth who wanted mental healthcare in 2020 was not able to have access to care. In the same study 85% of transgender and nonbinary youth reported that COVID-19 had greatly impacted their mental health, and 78% reported that their mental health was poor during COVID. 75% of cisgender youth reported that COVID greatly impacted their mental health, and 61% said that their mental health was poor during COVID.

Across the country during quarantine, a study conducted at the University of Miami, of residents between the ages of 18-35 and they reported that their feelings of loneliness (65%), alcohol use (48%), drug use (44%), anxiety (62%), and depression (64%) had increased, while experiencing a decrease in feelings of connectedness (53%), since COVID-19. The level of change in loneliness was associated with changes in alcohol use, anxiety, depression, and feelings of connectedness. Most participants reporting an increase in feelings of loneliness also indicated an increase in drinking (58%), drug use (56%), anxiety (76%), and depression (78%), and decrease of feelings of connectedness (58%).

In Texas last year, 12.19% of youth ages 12-17 report suffering at least one major depressive episode according to the 2020 Mental Health in America Youth Data Report. Undiagnosed childhood depression is more likely to persist into adulthood and start initiation of substance use. In the same report 9% of the youth was experiencing a severe depressive episode.



### *Youth Perception of Risk/Harm*

The perception of risk (danger) associated with drug use has been established as a key factor in the decision of whether to use a drug or not. When the perception of harm is high, students are less likely to use. Cocaine, crack, and heroin are perceived to have the highest risk of danger; therefore, have less use by students. Other substances such as E-Vapor products (marijuana or tobacco), marijuana, tobacco, and alcohol have the least perception of harm and have the highest percentage of past month use.

In the 2020 TSS, when students were asked about how dangerous do you think it is for kids your age to use ATOD, when it came to alcohol, 45.5% of students in grade 7<sup>th</sup>-12<sup>th</sup> perceived alcohol to be very dangerous across the state. In Region 6,8,711, the perception of using was also very dangerous at 47.8%. Compared to the 2018 TSS, the perception of use was between “somewhat dangerous” to “very dangerous” at 49.2% in the state, and 44.7% in the region.

The perception of harm for tobacco use remained the same from 2018-2019 at about 60% reporting the substance to be “very dangerous”. About 25% perceived tobacco to be “somewhat dangerous.”. Substances like marijuana or synthetic marijuana were perceived to be “very dangerous” by middle school students who are in grades 7<sup>th</sup> and 8<sup>th</sup> than those in high school (grades 9<sup>th</sup>-12<sup>th</sup>) thought these substances were either “not very dangerous” or “not at all dangerous”. Ecstasy, heroin, methamphetamines, and prescription drugs had a perception rate between 70-90% for those substances being very dangerous.

Monitoring the Future Survey (MTF) is an ongoing annual national drug use survey of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students and is conducted by a research team of professors at the University of Michigan, Ann Arbor. In this survey, about 11,800 students from 112 schools across the United States; however, due to the pandemic the survey results accounts about 25% of the sample size. Within this survey it shows the use of nicotine/tobacco vaping has leveled off, but it is still steady between 2019 and 2020 at now 8.6% of 12<sup>th</sup> graders who vapes daily or nearly daily. JUUL use dropped significantly between the 10<sup>th</sup> and 12<sup>th</sup> grade students at about 6%. Marijuana vaping is declining, but still holding steady. The daily or near daily use of marijuana vaping decreased significantly among 10<sup>th</sup> grade students at about 43%. Unfortunately, marijuana and tobacco were perceived to be very dangerous, according to TSS, the perception of alcohol is still considered to be “somewhat or not very dangerous” with the gradual decline of alcohol use; however, binge drinking among 12<sup>th</sup> graders are still at 16.8% according to the MTF. The percentage of middle school or junior high school students in 8<sup>th</sup> grade who are misusing amphetamines, inhalants, and cough medicine within the past 12 months is gradually increasing.

### *Early Initiation of Use*

Alcohol, tobacco, and marijuana are the substances American adolescents use and abuse the most. In a study by the National Institute on Alcohol Abuse and Alcoholism examined how adolescents’ substance use patterns are associated with SUDs in young adulthood. In their findings, adolescents who drank alcohol and smoked cigarettes and marijuana are more likely to suffer from health issues at an earlier age than those who delayed trying those substances. Researchers in this study also found that multiple use of substances is high prevalent among adolescences in the U.S., with 34.1% reporting early use of alcohol and marijuana, alcohol and tobacco, or marijuana and tobacco. Early use of substances is also associated with higher rates of substance-dependence in young adults. Early users of alcohol, tobacco, marijuana prior to the age of 16 were also more likely to be dependent on other illicit drugs.



In the 2020 TSS, the average age of first use of alcohol was in both the state and in the region was 13 years old. Over the course of 20 years there has been an increase in alcohol age of first use being 8<sup>th</sup> graders at 1.8%, 9<sup>th</sup> graders at 5.1%, 10<sup>th</sup> graders by 6.4%, 11<sup>th</sup> graders by 6.1% and 12<sup>th</sup> graders by 7.2%, while those in 7<sup>th</sup> grade remained steady.

The average of first use of tobacco in the 2018 TSS was about 14 years of age in both the region and the state, where is it now the age of 13. This aligns with the Surgeon General's Report, that nearly 9 out of 10 adult smokers started before the age of 18. The report also estimates that about 3 out of 4 high school smokers will become adult smokers- even if they have intentions to quit in a few years.

Marijuana remains to be the most widely used illicit drug among youth and adults. The age of first use of marijuana has been steadily remaining at 14 years old in both the region and in the state from 2018-2020. From 2000- 2020 there has been a steady increase as well in the age of first use throughout grades 7-12. 7<sup>th</sup> graders having a decrease in initiation by 0.9%, 8<sup>th</sup> graders increase by 2.5%, 9<sup>th</sup> graders increase of 2.3%, 10<sup>th</sup> grades increase by 3.0%, 11<sup>th</sup> graders by 3.5%, and 12<sup>th</sup> graders by 2.7%.

## **Consumption Patterns and Public Health/Safety Consequences**

### **Patterns of Consumption**

#### *Youth Substance Use*

#### *College Student Consumption*

#### *Adult Substance Use*

Public Health/Safety Consequences

Emerging Trends

*COVID-19 Impact on Behavioral Health*

## **Region in Focus**

Bexar County

Guadalupe County

Kerr County

Kendall County

Prevention Resources and Capacities

*Community Coalitions*

*Other Coalitions*

*Community Programs and Services*

*Other State/Federally Funded Prevention*

*SUD Treatment Providers*

*Healthcare Providers*

*Youth Prevention Programs*

*Students talking to parents about Alcohol, Tobacco, and Other Drugs (ATOD)*

*Students receiving education about ATOD*

*Life Skills Learned in YP Programs*

Overview of Community Readiness

*Gaps in Services*

*Gaps in Data*

## **Putting it all Together**

## Works Cited

- Benchaya, Mariana C., Bisch, Nadia K., Moreira, Taís C., Ferigolo, Maristela, and Barros, Helena M.T. "Non-Authoritative Parents and Impact on Drug Use: The Perception of Adolescent Children" *Jornal De Pediatria*. 87(3). May/June 2011. doi.org.10.2223/JPED.2089. 30 August 2021
- Carver, Hannah, Elliot, Lawrie, Kennedy, and Hanley, Janet. "Parent-Child Connectedness and Communication in Relation to Alcohol, Tobacco and Drug Use in Adolescence: An Integrative Review of Literature" *Drugs: Education, Prevention, and Policy*. 24(2017) 26 Sep 2016. doi.org/10.1080/09687637.2016.1221060. 29 August 2021.
- Donald, Jessica and Grubbs, Spencer. "Economy: Fiscal Notes-Housing Affordability and Homelessness in Texas ." March 2021. *comptroller.texas.gov*. 23 August 2021.
- Ducharme, Jamie and Wolfson, Elijah. *Time Magazine: Health- Public Health* . 17 June 2019 . 12 August 2021.
- Flores, Glenn. "Language Barriers to Health Care in the United States" *The Journal of New England Medicine*. 355(3): 229-31. 20 Jul 2006. doi: 10.1056/NEJMp058316. 31 August 2021
- Gilbert, Stephanie. "The Importance of Community and Mental Health" *National Alliance of Mental Illness*. Blog. 18 November 2019. <https://www.nami.org/Blogs/NAMI-Blog/November-2019/The-Importance-of-Community-and-Mental-Health>. 30 August 2021
- Porta, Miquel. *A Dictionary of Epidemiology*. Oxford: Oxford University Press, 2016. Dictionary.
- Progam, The National School Lunch. *The National School Lunch Program* . Fact Sheet . Washington D.C : United States Department of Agriculture, 2017.
- Safawi, Ali and Schott, Liz. "To Lessen Hardship, States Should Invest More TANF Dollars in Basic Assistance for Families." *Center on Budget and Policy Priorities: Family Income Support*. 21 January 2021. Website. 17 August 2021.
- Snyder, Tom and Musu-Gillette, Lauren. *Free or Reduced Price Lunch: A Proxy for Poverty?* Washington D.C , 16 April 2015. Blog.08 August 2021
- Substance Abuse and Mental Services Administration. *Understanding Adolescent Inhalant Use* . Data Review. Rockwall: United States Department of Health and Human Services, 2017.
- Texas Health Care Alliance. *The Impact of Uninsurance on Texas' Economy* . Study. Austin: Wye River Group, 2019 .Report.
- United States Department of Agriculture. *The National School Lunch Program* . Blog . Washington D.C : United States Department of Agriculture , 2017.
- Warren, Jacob C., Smalley. K. Bryant., and Barefoot,K. Nikki. "Perceived Ease of Access to Alcohol, Tobacco, and Other Substances in Rural and Urban US Students" *Rural Remote Health*. 15(4), 3397. 31 October 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4727394/>. 29 August 2021.