



**TEXAS PREVENTION
RESOURCE CENTER**
R E G I O N 1 0

2017

Regional Needs Assessment

REGION 10: FAR WEST TEXAS
PREVENTION RESOURCE CENTER 10

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Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 10 along with Evaluators from PRCs across the State of Texas and supported by Aliviane, Inc. and the Texas Department of State Health Services (DSHS). The PRC 10 serves 6 counties in the El Paso region.

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

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC10 recognizes those collaborators who contributed to the creation of this RNA.

Main key findings from this assessment include:

1. Increase in use of prescription drugs among teens.

Action recommended addressing finding: Increase access to substance abuse information and awareness by removing the barrier of access to teens in schools. Partner with schools to increase access to screenings, assessments and intervention programs in order to maximize impact.

2. Marijuana use increase among high school students.

Action recommended addressing finding: Address the perception of harm among high school teens with regard to the physical consequences related to Marijuana use. Integrate substance use prevention with fitness promotion in increasing self-image for positive behavior change¹.

3. Rural communities experiencing an increase of mental health issues.

Action recommended addressing finding: Increase emphasis on preventative actions in screening, treatment, case management and community outreach and education in providing services to underserved rural communities.

¹ Babor, T. F., Del Boca, F., & Bray, J. W. (2017). Screening, Brief Intervention and Referral to Treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*, 112(S2), 110-117.

Prevention Resource Centers

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

Our Purpose

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

What Evaluators Do

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

How We Help the Community

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

Our Regions

Current areas serviced by a Prevention Resource Center are:

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



Conceptual Framework of This Report

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

Adolescence

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

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

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

Epidemiology

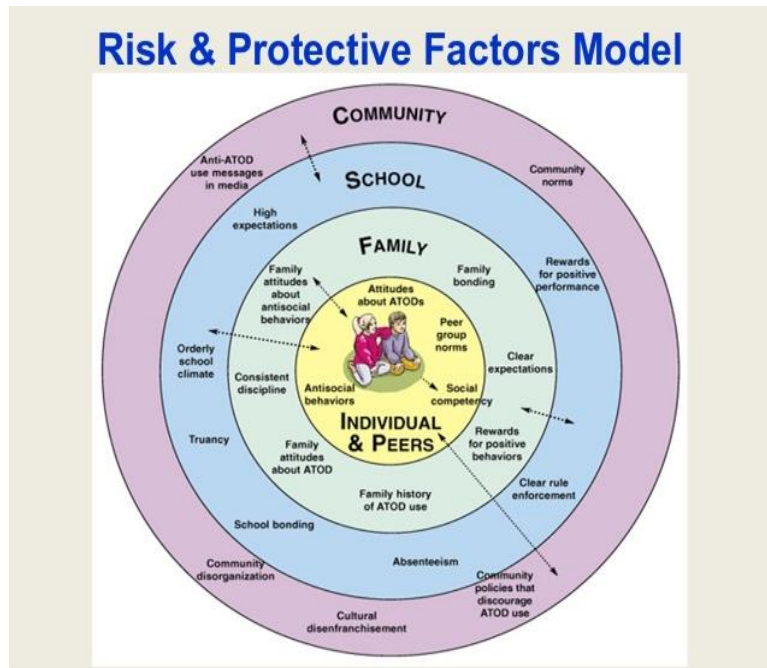
As established by the Substance Abuse and Mental Health Services Administration, epidemiology helps prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning ‘to study what is of the people’, epidemiology frames drug and alcohol use as a public health concern that is both preventable and treatable. According to the World Health Organization, “Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems.”²

The Substance Abuse Mental Health Services Administration has also adopted the epi-framework for the purpose of surveying and monitoring systems which currently provide indicators regarding the use

² Epidemiological Data: What Can it Tell You? Substance Abuse and Mental Health Services Administration. <https://captus.samhsa.gov/prevention-practice/epidemiology-and-prevention/epidemiological-data>

of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations are endeavoring to create an ongoing systematic infrastructure (such as a repository) that will enable effective analysis and strategic planning for the nation's disease burden, while identifying demographics at risk and evaluating appropriate policy implementation for prevention and treatment.

Risk and Protective Factors



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

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

Consumption Patterns and Consequences

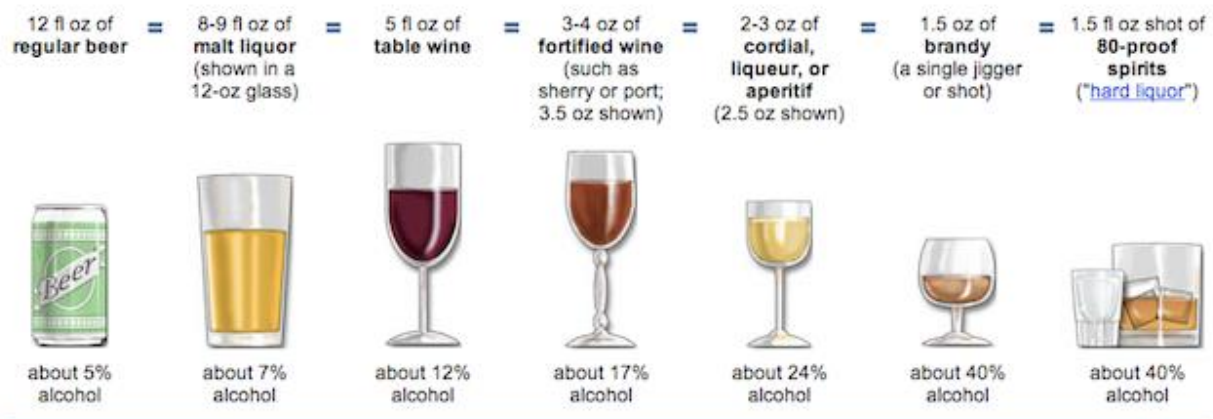
Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or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

Consumption Patterns Defined

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

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

The National Institute on Alcohol Abuse and Alcoholism defines the “drink” as half an ounce of alcohol, or 12 ounces of beer, a 5 ounce glass of wine, or 1.5 ounce shot of distilled spirits. With regard to intake,



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

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

Consequences

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

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

Stakeholders

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

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

Introduction

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

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

The Department of State Health Services Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth

in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

Our Audience

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



Purpose of This Report

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

Methodology

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

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

Process

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

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

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

Quantitative Data Selection

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

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

Qualitative Data Collection - Key Informant Interviews and Focus Groups

Please note that each secondary data source (refers to information that has been gathered and often interpreted by other professional organizations, community organizations, stakeholders, coalitions, and researchers) presented in this assessment uses varying geographic parameters for analyzing data. Where possible, we obtained data that specifically covers Region 10 and provides county-specific data. However, for many secondary data sources, only state level data or data for the city of El Paso were available at the time data was collected for the assessment.

Key Informant Interviews and Focus Groups region features a unique set of data sources and substance related issues. The gathering of primary data is likewise unique to each region.

In Region 10, the process of collecting qualitative data consisted of conducting face to face interviews with stakeholders. Specifically, this year Anthony Independent School district key stakeholders were surveyed with a qualitative data instrument. Stakeholders included coalition members, law enforcement, and school officials. Results of the surveys found stakeholders selected for discussions/interviews consisted of current researchers and leading professionals from community health organizations within the region. Participating institutions include the Counseling Center at the University Texas at El Paso, the High Intensity Drug Trafficking Unit for Region 10 and University Medical Center of El Paso.

Results from qualitative data collection Anthony Texas Drug Free Community Coalition:

The Town of Anthony, Texas is a rural community with a population a little over 5,000. The community is geographically 30 miles apart from two major cities which are El Paso, Texas and Las Cruces, New Mexico. Due to the location of this particular community, there are limited activities for youths. The community has no community centers, swimming pools, recreational centers and only has two parks which needs improvements. Without the availability of additional community activities, the youth gravitate to peer driven activities such as gangs.

The community of Anthony, Texas is made up of 83% Hispanic/Latino. Although most of the youth is bilingual, many parents and grandparents are monolingual Spanish.

Qualitative data collected from (25) parents and key stakeholders provided further insight on the issue of substance use among youths and the Anthony Independent School District. Community stakeholders were given an opportunity to express their concerns via a 15 open ended questionnaire. One of the questions asked, focused on factors for drinking among youth, "What are the key factors that contribute to alcohol use and binge drinking among youth and young adults in your community?" According to respondents, some of the factors included boredom, peer pressure, social media, as well as "low self-esteem", "family history", and "nothing to do in the community". Some of the respondents also commented on little to no after school activities available for youth, and the ease of alcohol availability particularly among family members. An additional question asked about strategies and factors that may limit youth from binge drinking and alcohol use. "What factors and strategies will get people interested and involved in preventing alcohol use and binge drinking among youth?" Suggestions from the respondents included "community activities that steer them away from temptation", "police involvement, presentations about alcohol consequences to youth and parents", "more youth and parent presentations at youth activities such as football games, and movie nights", and one respondent added "Coalition community leaders can develop a prevention plan to have events that involve the community to educate and coordinate research based prevention strategies in the community". The respondent's answers to the questions were centrally themed in regard to lack of activities, inclusion of prevention strategies, education and awareness on the dangers of substance use, and the importance of self-esteem and self-awareness.

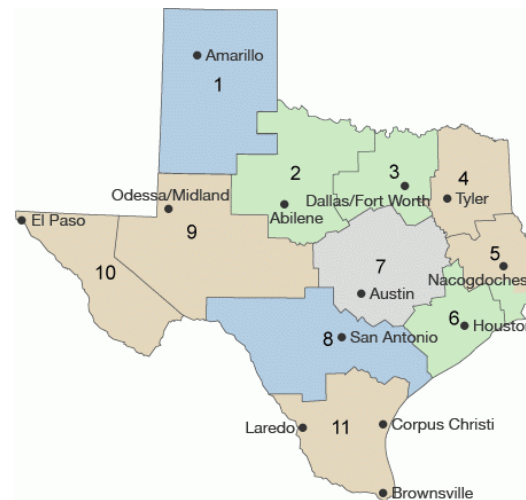
Regional Demographics

Region 10: Upper Rio Grande

Approximately 915,955 thousand people lived in the six-county region in 2016, having increased 4.05% from 2010 to 2016. Although the racial and ethnic population is predominantly Hispanic (77.54%) the demographics of the region continue to diversify.

Region 10 is comprised of six Texas counties:

- Brewster
- Culberson
- El Paso
- Hudspeth
- Jeff Davis
- Presidio



Brewster County, was founded in 1887 and named after Henry Percy Brewster. Historical accounts place the first European to set foot in Brewster as Álvar Núñez Cabeza de Vaca in 1535. Brewster County is the largest county in Texas, located in the Trans-Pecos region of West Texas, it is the site of Big Bend National Park, the largest park in the State of Texas. Alpine City, the county city, is the largest town in Brewster County. Alpine is also home to Sul Ross University and is named after Texas Governor Lawrence Sullivan Ross. The geographical makeup of Brewster County comprises 6,169 square miles of largely rough and mountainous terrain, with elevations ranging from 1,700 to 7,825 feet above sea level. Brewster County is made up of rural communities, with abundant opportunities for outdoor recreation including rafting, fishing, and camping. Since the county's creation, mining, the railroad, wholesale trade, construction and commerce have been the principal economic activities.

Culberson County, was established in 1911 and named after David B. Culberson. Van Horn city is the county seat and organized in 1912. Ranchers settled in the county with the opening of the railways. Today Culberson County is best known for the Guadalupe Mountains National park. The county comprises 3,815 square miles varying from mountainous to nearly level elevations, ranging from 8,751 feet on Guadalupe Peak to 3,000 feet in its shallow, stony, clam and sandy loams.

El Paso County, was first established in 1850 but has been recognized in the history books since 1598 when the Spanish explorer Don Juan de Onate celebrated a Thanksgiving mass in the county. The region of El Paso was claimed by Texas as part of a treaty agreement with Mexico in 1846. El Paso County was recognized as one of the safest places to live in 2010 and continuously ranks high for the category each year. El Paso is also known for its abundance of sunshine and recognized nationally as the only county to have mined, milled and smelted tin. El Paso County is home to Fort Bliss, Texas, and several higher education universities such as the University of Texas at El Paso, Texas Tech Medical Center, and Park University. El Paso County is one of the largest cities geographically resting on the Mexico border with a population of more than 837,000. It is predominantly Hispanic (85%), and is also

home to more than 8,591 Fort Bliss soldiers within the 2nd largest military installation in the United States Armed Forces.

Hudspeth County, is located seventy miles southeast of El Paso. It is considered the Trans-Pecos region of far west Texas. It is bordered by New Mexico to the north, the Mexican State of Chihuahua to the south and El Paso to the west. Sierra Blanca was made the county seat in 1917. The county is 4,566 square miles of mountainous terrain ranging from 3,200 to 7,500 feet above sea level. During the 1800's it was a popular watering hole stop, for travelers on stagecoaches and wagons, many in route to San Antonio Texas. With the gold rush of 1849 the trails intensified and farming and ranching were the primary sources of employment, and still are today. Many of the ranches still house thousands of cattle and sheep. In 2016, 78.44 percent of the population was Hispanic and 21.56 percent non-Hispanic.

Jeff Davis County, is comprised of 2,258 square mountainous miles, with numerous wildlife including mule deer, pronghorn antelope, javelin and jacksnipe to name a few. Jeff Davis is best known for their Davis Mountains and is considered the highest mountain range located directly with the state of Texas. Jeff Davis County also houses the legendary Fort Davis where many battles occurred during the Civil War. Much of the land is utilized by cattle ranchers who fill much of the wide open spaces. Ranching and tourism continue to be the main industries for the county. The current population of Jeff Davis County is 2,200 with a predominantly Hispanic population.

Presidio County, is geographically triangular and comprises of 3,857 square miles of terrain that contrasts between plateaus and mountainous ranges. The area known as La Junta de Los Rios, is believed to be the oldest cultivated farm in Texas. Presidio County organized in 1875 and is the 4th largest county in Texas. Their economy is primarily based in agriculture for farms and cattle with 83 percent of their land used for that purpose. As of the 2010 census there are 7,304 people living in the county, with 84% of the population predominantly Hispanic. Presidio County is best known for the location of the mysterious Marfa lights.

Data for the geographic description comes from the U.S. Census.³

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the U.S. as a whole, Texas' 2016 population estimate of 27,862,596 people ranks it as the second-most populous state. Below in Table 1 are the regional components of Texas' significant population increases during the 2010-2016 period. Note that Region 6 (Houston and surrounding counties) continues to lead the growth component, followed by Midland-Odessa area of Region 9 and that of Austin and surrounding counties in Region 7.

³ U.S. Census Bureau, Geographical quick facts Texas counties, 2017

TABLE 1 - TEXAS POPULATION CHANGE PROJECTIONS, 2010-2016

Region	2010 Population	2016 Population Estimate	Growth (+/-)	Percent
1	839,736	899,512	28,564	3.40%
2	550,422	568,459	(381)	-0.07%
3	6,733,271	7,596,324	685,254	10.18%
4	1,111,701	1,186,116	21,928	1.97%
5	767,306	808,167	7,700	1.00%
6	6,087,210	6,946,624	739,562	12.15%
7	2,948,316	3,411,407	346,474	11.75%
8	2,604,657	2,923,361	261,469	10.04%
9	571,870	614,031	67,319	11.77%
10	825,912	915,995	33,473	4.05%
11	2,105,704	2,370,249	131,647	6.25%
Texas	25,146,561	27,862,596	2,323,009	10.8%
U.S.	308,758,105	323,127,517	14,369,408	4.7%

Source: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for the United States, States: December 2016.

In Table 2 below, Region 10 counties had population increases from 2015 to 2016 in the counties of Brewster, El Paso, Hudspeth, Jeff Davis and Presidio. Culberson County shows a decrease in population from last year from 2,233 to 2,198.

TABLE 2 - REGION 10, POPULATION ESTIMATES, 2010-2016

Region 10 Counties	2010	2011	2012	2013	2014	2015	2016
Brewster	9,270	9,354	9,243	9,273	9,123	9,099	9,200
Culberson	2,399	2,379	2,309	2,295	2,260	2,233	2,198
El Paso	803,641	819,471	830,853	831,218	834,190	833,783	837,918
Hudspeth	3,467	3,417	3,351	3,331	3,243	3,425	4,053
Jeff Davis	2,345	2,297	2,303	2,223	2,199	2,179	2,200
Presidio	7,876	7,747	7,557	7,282	7,040	6,881	6,958

Source: U.S. Census Bureau, American Fact Finder, American Community Survey, population estimates, December 2016.

Age

Below in Table 3, the United States vs. the Texas population is ranked 2nd behind California with a total population of 25,145,561. As a whole, the State of Texas is considered significantly younger than the United States in the categories of children (0-18 years of age) 28% vs. 25%, and the category of Adults (19-25 years of age), with Texas at 11%, and the U.S. 10%. The younger population is also revealed in the category of persons 65 years and over, where Texas has fewer in that group (12%) than the U.S. at (15%).

TABLE 3 - TEXAS VS. US POPULATION BY AGE CATEGORY, 2016

Location	Children 0-18	Adults 19-25	Adults 26-34	Adults 35-54	Adults 55-64	Adults 65+
United States	25%	10%	12%	26%	13%	15%
Texas	28%	11%	13%	25%	12%	12%

Source: U.S. Census Bureau, Population by Age, Kaiser Foundation, March 2016.

Table 4, breaks down the Region 10 population by age category.

TABLE 4 - REGION 10 POPULATION BY AGE CATEGORY, 2016

	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Region 10	69,078	175,258	98,875	119,765	108,706	102,977	85,228	95,605
Brewster	546	1,280	874	1,077	1,152	1,200	1,422	1,684
Culberson	176	392	285	248	181	335	321	358
El Paso	67,527	171,128	96,987	117,207	105,726	99,799	81,769	90,952
Hudspeth	221	647	224	464	360	425	452	537
Jeff Davis	55	323	76	145	207	386	428	612
Presidio	553	1,488	429	624	1,080	832	836	1,462
Texas	1,951,305	5,107,705	2,714,461	3,840,350	3,602,462	3,465,858	2,888,241	2,968,232
United States	19,912,018	53,771,807	31,368,674	42,881,649	40,651,910	43,895,858	39,417,628	44,615,477

Source: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for the United States, States: December 2016.

Race/Ethnicity

Texas continues to be an increasingly diverse state with a large Hispanic representation (79.4%). The table below shows the racial and ethnic make-up of Region 10 from 2013-2015.

TABLE 5 - TEXAS AND REGION 10 POPULATION BY RACE AND ETHNICITY, 2013, 2014, 2015

	Total Pop	White alone	African American	American Indian	Asia alone	Pacific Islander	Some other race	Two or more races
2013								
Brewster	9,244	8,653	94	109	110	0	135	143
Culberson	2,345	2,273	14	16	0	3	9	30
El Paso	813,015	657,330	26,516	4,824	8,741	1,061	96,308	18,235
Hudspeth	3,394	3,162	21	0	19	0	162	30
Jeff Davis	2,311	2,137	3	42	3	3	114	9
Presidio County	7,579	7,013	26	186	101	0	191	62
2014								
Brewster	9,270	8,635	168	134	0	0	167	166
Culberson	2,325	2,252	16	13	0	3	18	23
El Paso	823,862	672,899	27,991	4,935	8,820	1,275	90,020	17,922
Hudspeth	3,344	3,167	27	0	16	0	88	46
Jeff Davis	2,282	2,107	3	35	30	3	101	3
Presidio County	7,479	6,858	19	176	175	0	212	39
2015								
Brewster	9,235	8,609	123	140	0	0	195	168
Culberson	2,296	2,069	9	11	0	3	170	34
El Paso	831,095	688,335	29,361	5,185	9,132	1,376	79,816	17,890
Hudspeth	3,330	3,020	42	0	26	0	180	62
Jeff Davis	2,232	2,028	7	29	24	0	140	4
Presidio County	7,304	6,670	1	108	251	0	231	43

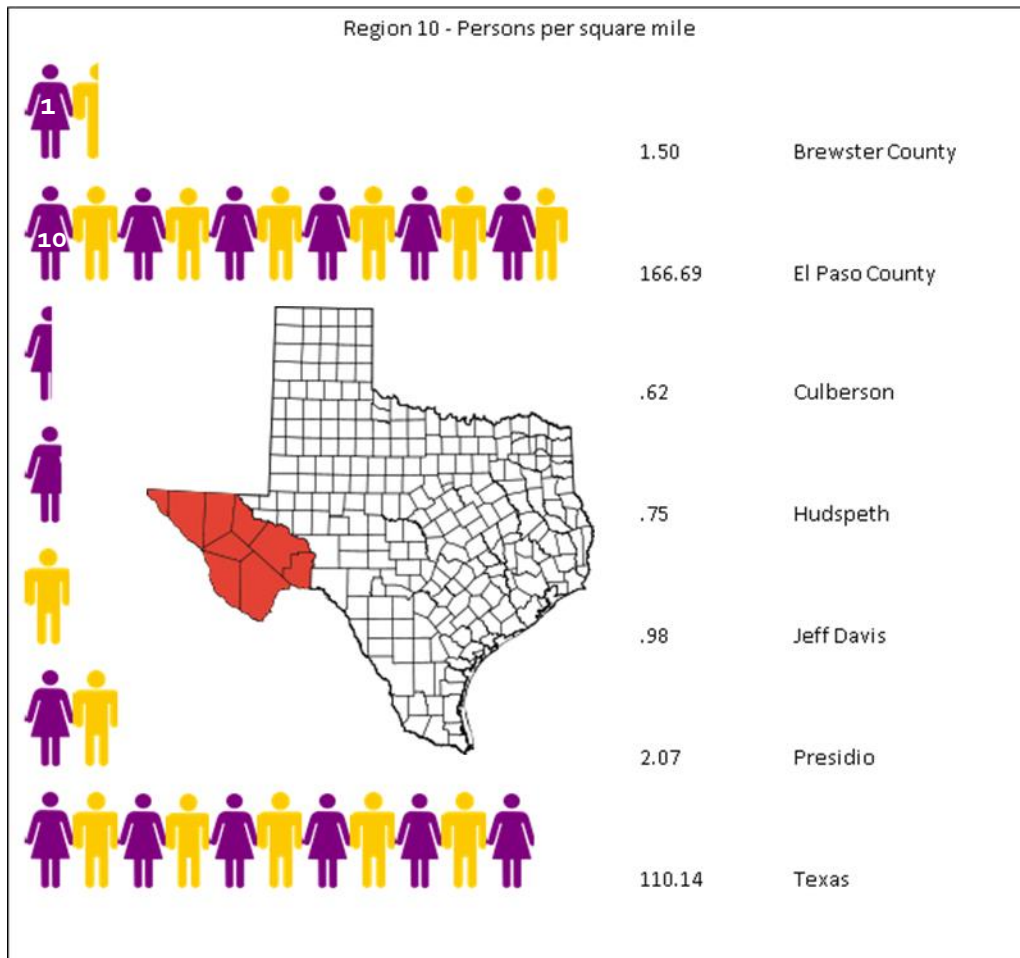
Source: U.S. Census Bureau, American Community Survey, American Fact Finder, 2011-2015.

Concentrations of Populations

Texas' land area of 268,580.82 square miles places it as the 2nd largest state, behind Alaska's vast 663,267.26 square miles. Texas 96.3 persons per square mile (density) is very close to the national average of 87.3, with New Jersey (1195.5) and Alaska (1.2) representing the highest and lowest density.⁴

⁴ U.S. Census Bureau, 2010-2013, 5-Year American Community Survey, Concentration of Populations, 2016.

FIGURE 1 - REGION 10 DENSITY POPULATION



In public health there has been a renewed interest in the geographical characteristics in community health and community development with regard to rural and urban environmental differences. Many of those differences lie in healthcare access and utilization, cost, and overall geographic distribution of providers and their services. Providers can examine the environment-specific factors that contribute to an individual's determinants of health outcomes for urban and rural residents. Table 5 is a breakdown of Region 10 for urban and rural populations. Whether in urban or rural living, the location has a direct effect on health and well-being, and the evidence to support contexts for positives and negatives of both.

TABLE 6 - REGION 10 URBAN AND RURAL POPULATION, 2015

	Total			Percent	
	Population	Urban Population	Rural Population	Urban	Percent Rural
Region 10	825,913	793,905	32,008	96.1%	3.8%
Brewster	9,232	6,013	3,219	65.1%	34.8%
Culberson	2,398	0	2,398	0%	100%
El Paso	800,647	783,238	17,409	97.8%	2.1%
Hudspeth	3,476	0	3,476	0%	100%
Jeff Davis	2,342	0	2,342	0%	100%
Presidio	7,818	4,654	3,164	59.5%	40.4%
Texas	25,145,561	21,298,039	3,847,522	84.7%	15.3%
United States	312,471,327	252,746,527	59,724,800	80.8%	19.1%

Source: U.S. Census Bureau, American Community Survey, American Fact Finder, 2011-2015.

Languages

More than 23.7 million people in Texas age five and older speak a language other than English at home. Spanish is the most spoken foreign language at (85%). But due to increasing immigration patterns, there are larger number of other foreign languages being spoken in Texas, such as Vietnamese, Chinese and Tagalog (Philippines). There are dramatic fluctuations of incoming immigrants in Texas over the last ten years. While immigrants born in Latin American countries make up the largest group in Texas, their share of the population has decreased from 69.4% in 2010 to around 42.9% in 2015, while the Asian immigration population has increased from 17.3% in 2010 to 40.4% in 2015. Another similar indicator is the population with limited English proficiency (LEP). In Texas, it is much higher at 14.18% of the population versus 8.57% for the U.S. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than "very well," measured as a percentage of the population aged 5 or older. ⁵ Note the significantly higher percentages in the border counties surrounding the El Paso (Region 10) and Brownsville (Region 11) metro areas.

TABLE 7 - REGION 10 ENGLISH VS. SPANISH LANGUAGE POPULATION, 2013-2015

	2013			2014			2015		
	Total Pop	Speak only English	Spanish or Spanish Creole	Total Pop	Speak only English	Spanish or Spanish Creole	Total Pop	Speak only English	Spanish or Spanish Creole
Region 10	8,722	5,318	3,200	8,731	5,457	3,156	8,689	5,356	3,206
Brewster	2,183	786	1,382	2,178	693	1,473	2,120	683	1,426
El Paso	746,725	201,310	530,376	757,033	207,185	534,122	763,568	212,685	534,735
Hudspeth	3,136	662	2,438	3,111	663	2,426	3,109	741	2,342
Jeff Davis	2,218	1,225	981	2,211	1,258	922	2,177	1,234	913
Presidio	6,983	904	5,912	6,875	944	5,708	6,751	921	5,542

⁵ U.S. Census Bureau, American Community Survey. 2011-15.

TABLE 8 - REGION 10 LIMITED ENGLISH PROFICIENCY, 2015

	Persons 5+ in Household	Number 5+ with LEP	Percent 5+ with LEP
Region 10	786,414	240,220	30%
Brewster	8,689	512	5%
Culberson	2,120	459	21%
El Paso	763,568	235,186	30%
Hudspeth	3,109	1,202	38%
Jeff Davis	2,177	363	16%
Presidio	6,751	2,498	37%
Texas	24,587,309	3,486,872	14%
United States	296,603,003	25,410,756	8%

Source: U.S. Census Bureau, American Community Survey, American Fact Finder, 2011-2015.

General Socioeconomics

Household Composition

Another way to gain a basic understanding of stresses to the family unit is the composition of the household and the median family income. According to the US Census Bureau, 37.55% of families in Texas have children under the age of 18 compared to Region 10 at 42.53% of households. The average family size in Texas is 2.84 in 2016, compared to 2.75 in 2015.

El Paso County has the largest number of households in the region (194,964) with a median family income of \$46,096 as of 2015.

TABLE 9 - REGION 10 FAMILY HOUSEHOLD COMPOSITION AND AVERAGE FAMILY INCOME, 2015

Region 10	Total Family Households	Average Family Income	Median Family Income
Brewster	2,139	\$80,671	\$53,395
Culberson	540	\$54,258	\$39,091
El Paso	194,964	\$61,237	\$46,096
Hudspeth	728	\$46,757	\$28,802
Jeff Davis	639	\$70,490	\$56,477
Presidio	1,773	\$49,662	\$38,884
Texas	6,364,104	\$85,545	\$62,717
United States	77,260,546	\$88,153	\$66,011

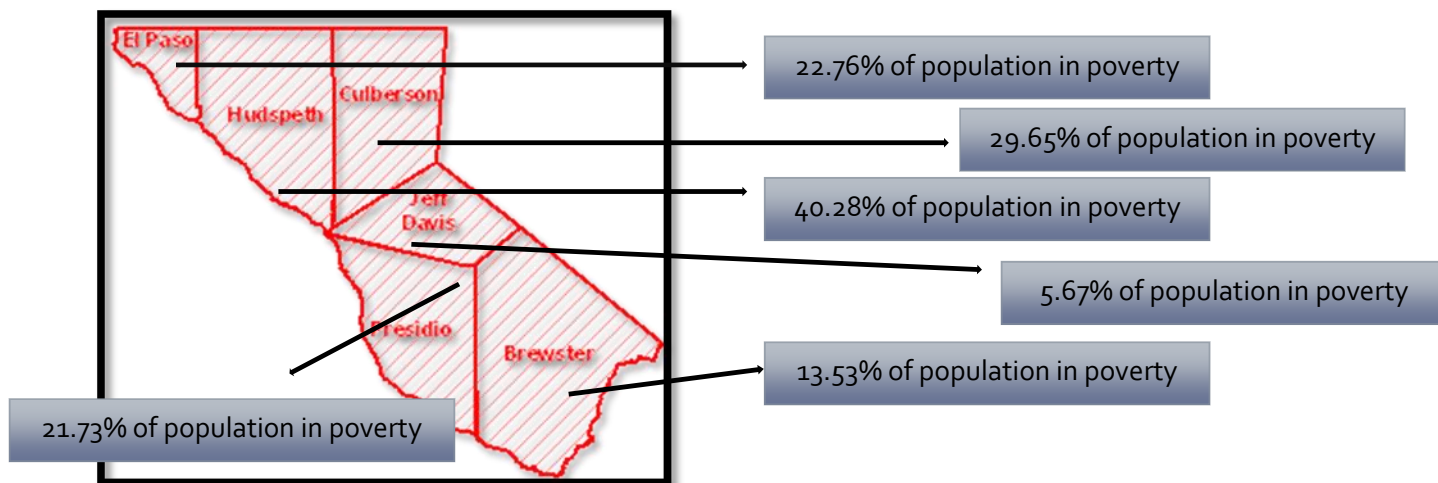
Data Source: U.S. Census Bureau, American Community Survey, American Fact Finder, 2011-2015.

TABLE 10 - REGION 10 MEDIAN FAMILY INCOME BY FAMILY COMPOSITION, 2015

Region 10	Married-Couple Families without Children	Married-Couple Families with Children	Single-Males without Children	Single-Males with Children	Single Females without Children	Single Females with Children
Brewster	\$57,500	\$94,063	\$53,145	\$26,375	\$33,571	\$24,955
Culberson	\$41,250	\$68,786	no data	no data	\$16,389	\$18,625
El Paso	\$56,699	\$55,415	\$44,174	\$32,222	\$36,357	\$20,633
Hudspeth	\$36,667	\$29,154	\$14,938	\$31,389	\$23,068	\$9,464
Jeff Davis	no data	no data	no data	no data	no data	no data
Presidio	no data	no data	no data	no data	no data	no data
Texas	\$76,682	\$79,106	\$50,546	\$37,918	\$41,178	\$24,249
United States	\$76,158	\$85,393	\$52,072	\$38,140	\$43,324	\$24,433

Source: U.S. Census Bureau, American Community Survey, American Fact Finder, 2011-2015.

Figure 2 - Percentage of population in poverty by County



Data Source: U.S. Census Bureau, American Community Survey, American Fact Finder, 2011-2015

The 2015 American Community Survey 4-year data is an average of data collected from 2011 through 2015. Hudspeth County, in Region 10, had the largest percentage of families whose income in the past 12 months is below the poverty level at 40.28%, compared to the State of Texas with an overall percentage of 17.25%. The indicator of poverty level is important to understanding challenges and barriers of access to families living in these counties, including healthcare, better food choices, and overall healthy behaviors.

The Colonias of Region 10

Approximately 400,000 Texans live in colonias. Colonias are defined as any U.S.-Mexico border low-income community that lacks basic infrastructure systems: municipal water, municipal sewage, and piped natural gas. There are more than 2,294 of these communities bordering the Texas - Mexico landscape. The proliferation of colonias in the region poses challenges for the counties and the lack of existing programs to improve the conditions.

Many of these settlements were started by farmworkers and migrants who were unable to find affordable housing. The Colonia Initiatives Program Office of the Texas Secretary of State reports El Paso with the largest number of colonia communities (329). The remaining counties in Region 10 have considerably less identified colonias, Brewster County (3), Culberson (2), Hudspeth (6), Jeff Davis (1), and Presidio with (8) with a total county colonia population of 90,653⁶.

Furthermore, Far West Texas (namely El Paso County) is considered a High Intensity Drug Trafficking Area by the Office of National Drug Control Policy (ONDCP)⁷, this along with the extreme poverty places the colonias at a high risk for substance abuse/use where drugs may be readily available.



The colonia home shown above is situated on a cinder block structure. Photo credit: Federal Reserve Bank of Dallas, Las Colonias in the 21st Century report, 2015.

⁶ Texas Secretary of State, Directory of Colonias Located in Texas

⁷ Office of National Drug Control Policy, High Intensity Drug Trafficking Areas Program Report to Congress

Employment

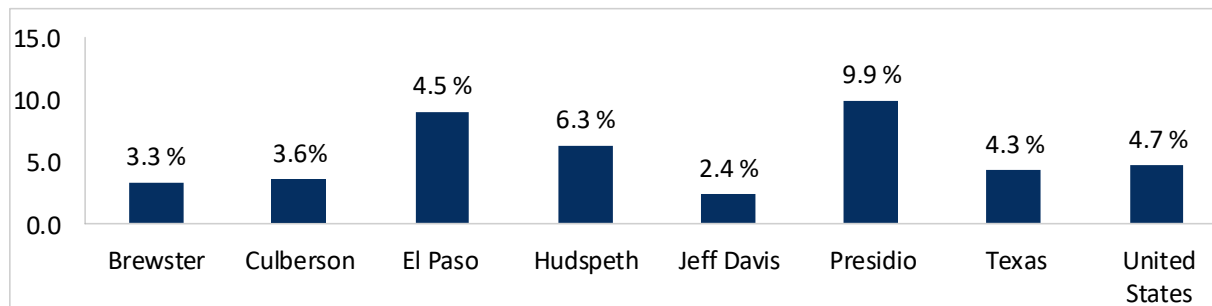
According to the 2015 American Community Survey, the county in Region 10 with the highest unemployment rate is Presidio at 9.9% with a labor force of 3,073 individuals. Labor force is defined as the number of residents age 16 and older that are either working or looking for work. People who are not in the labor force do not work for a variety of reasons. These reasons include: retirement, school attendance, inability to perform available work, physical incapacity, or no work is available to them.

TABLE 11 - REGION 10 LABOR FORCE AND UNEMPLOYMENT RATES AS OF APRIL 2017

	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Region 10	358,390	342,078	16,312	4.6%
Brewster	3,999	3,869	130	3.3%
Culberson	1,048	1,010	38	3.6%
El Paso	347,844	332,115	15,729	4.5%
Hudspeth	1,323	1,240	73	6.3%
Jeff Davis	1,103	1,076	27	2.4%
Presidio	3,073	2,768	305	9.9%
Texas	13,236,855	12,672,854	564,001	4.3%
United States	159,211,358	151,689,735	7,521,623	4.7%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2017 - April. Source geography: County.

FIGURE 3 - REGION 10 PERCENT UNEMPLOYMENT RATES BY COUNTY



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

TANF Recipients

This indicator reports the percentage recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families

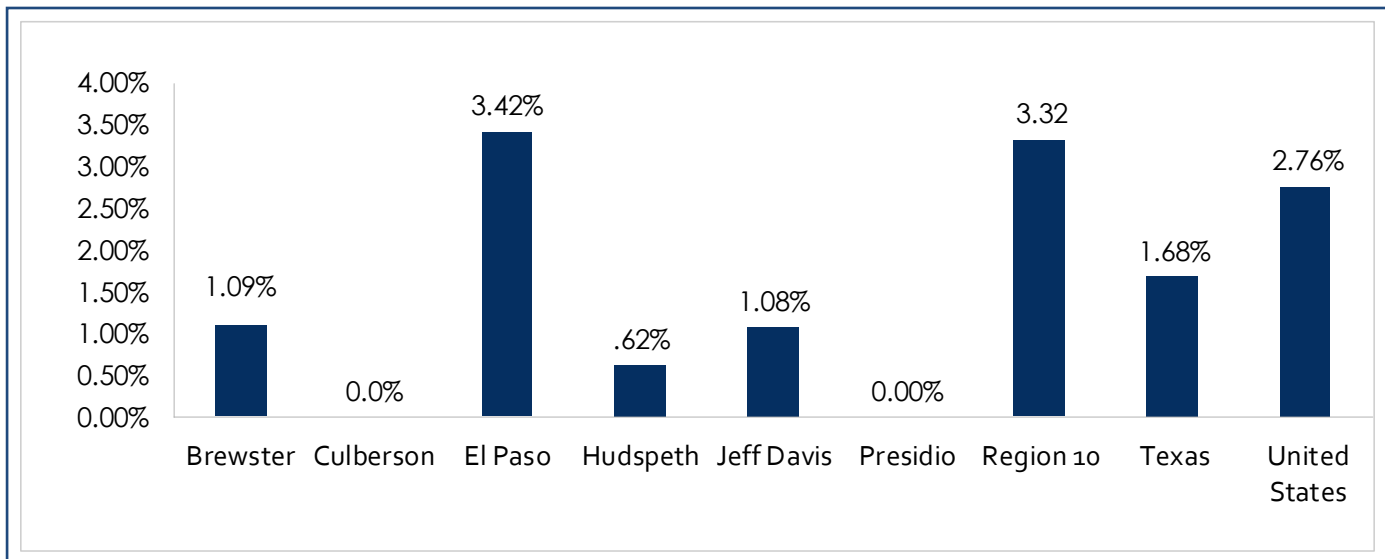
(TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

TABLE 12 - REGION 10 HOUSEHOLDS WITH PUBLIC ASSISTANCE, 2015

	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Region 10	269,050	8,934	3.32%
Brewster	4,025	44	1.09%
Culberson	788	0	0%
El Paso	259,612	8,873	3.42%
Hudspeth	968	6	0.62%
Jeff Davis	1,023	11	1.08%
Presidio	2,634	0	0%
Texas	9,149,196	154,152	1.68%
United States	116,926,305	3,223,786	2.76%

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

FIGURE 3 - REGION 10 PERCENT OF TANF RECIPIENTS BY COUNTY, 2015



Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract.

Food Assistance Recipients

According to the 2015 American Community Survey, in the Texas Region 10, 23.1% of the households receive SNAP benefits. The county that receives the most SNAP benefits is Presidio with 72.4% of the households receiving SNAP of which 57.5% of households are below poverty level.

TABLE 13 - REGION 10 SNAP BENEFITS BY COUNTY, WITH CHILDREN UNDER 18, 2013-2015

	2013			2014			2015		
	Households receiving food stamps	With children under 18	Below poverty level	Households receiving food stamps	With children under 18	Below poverty level	Households receiving food stamps	With children under 18	Below poverty level
Brewster	412	22.3%	54.1%	424	24.3%	45.3%	443	48.3%	52.3%
Culberson	229	33.6%	54.1%	245	39.2%	53.5%	189	62.8%	39.5%
El Paso	59,453	66.7%	55.3%	61,432	65.7%	55.3%	61,123	61.5%	52.6%
Hudspeth	289	73.0%	77.5%	250	63.6%	76.0%	238	77.8%	77.1%
Jeff Davis	79	39.2%	25.3%	65	50.8%	27.7%	75	58.9%	28.9%
Presidio	811	46.9%	62.8%	801	46.7%	56.8%	714	72.4%	57.5%

Data Source: US Census Bureau, American Community Survey 2011-2015

Free and Reduced-Price School Lunch Recipients

The National School lunch program paid for free or reduced lunches at a cost of \$15 billion in 2014. Within Region 10, the six counties with 135,882 public school students, 74.37% were eligible for the free in-school meals in 2016. The indicator is important in assessing how the safety net of meals for kids crosses over in other risk factors associated with poor households. Additionally, the USDA found that 35% of school age children are found to be either obese or overweight, indicating poor food choices. Among eligible students receiving free lunches, the program found those recipients consuming less sweets and more fruits and vegetables.

The table below shows local, state and national trends eligible for free and reduced lunches across the years 2010-2015.

TABLE 12 - REGION 10 ELIGIBLE STUDENTS FOR FREE LUNCH, 2010-2015

	2010-11	2012-13	2013-14	2014-15
Region 10	68.5%	74.9%	75.1%	74.3%
Brewster	51.3%	55.7%	53.8%	50.9%
Culberson	73.9%	74.0%	73.0%	74.2%
El Paso	68.7%	75.0%	75.2%	74.4%
Hudspeth	84.1%	83.5%	87.2%	82.5%
Jeff Davis	48.7%	49.2%	87.1%	52.3%
Presidio	54.5%	84.8%	84.1%	84.8%
Texas	50.2%	60.2%	60.0%	58.7%
United States	48.1%	51.3%	51.9%	51.8%

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2014-15.



Environmental Risk Factors

Prevention practitioners have long targeted risk and protective factors as the “influences of behavioral health problems according to SAMHSA. A risk factor is a characteristic related to the individual’s biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes. Below are many of the factors that may influence an individual’s likelihood to develop a substance abuse or related behavioral health problem.

Education

Within the report area 94.53% of students are receiving their high school diploma within four years compared to 88.0% last year. Annual dropout rates inform education professionals about the numbers and rates of dropouts and the reasons for dropping out. Dropout counts and rates are often compared to measures of graduation rate, such as a cohort graduation rate. This indicator is relevant since research suggests education is one the strongest predictors of healthy behaviors and lower risk for overall disease.

Dropout Rates

El Paso Independent School District, Socorro Independent School District, and Ysleta Independent School District are the largest districts in the region. Table 13 shows attendance rate, graduation and dropout rate by counties in Region 10.

Hispanic students accounted for the largest percentage of total enrollment in Texas public schools in 2015-16 (52.2%), followed by White (28.5%), African American (12.6%), Asian (4.0%), and multiracial (2.1%) students.

TABLE 13 - REGION 10 ENROLLMENT, GRADUATION RATES AND DROPOUT RATES BY COUNTY, 2013-2015

School Year	2013			2014			2015		
	Number of Students	Graduation Rate	Dropout Rate	Number of Students	Graduation Rate	Dropout Rate	Number of Students	Graduation Rate	Drop-out Rate
Brewster	1264	100.0%	0.0%	1213	95.3%	3.5%	1171	97.2%	0.0%
Culberson	432	94.9%	5.1%	460	100.0%	0.0%	431	100.0%	0.0%
El Paso	34,235	83.6%	7.1%	34,778	83.4%	8.0%	35,601	84.2%	7.9%
Hudspeth	712	93.0%	7.0%	673	89.3%	8.9%	653	95.1%	2.4%
Jeff Davis	343	97.6%	2.4%	270	90.0%	3.3%	256	100.0%	0.0%
Presidio	1,772	86.5%	9.2%	1,761	89.8%	10.2%	1,726	90.7%	6.2%
Texas	5,151,925	88.0%	6.6%	5,232,065	88.3%	6.6%	5,299,728	89.0%	6.3%

Data Source: Texas Education Agency, Office of Academics, Enrollment in Texas Public Schools Report 2012-2015.

School Discipline

The State of Texas is served by Education Service Centers geographically. The counties in Region 10 are served by Education Services Centers 18 and 19. The largest districts in El Paso County are served by ESC 19.

The data derived for the Texas Education Agency provides insight to measurable outcomes attributed to youth that are suspended, expelled and ultimately drop out. The data also helps to improve on district operations which would affect the rates of crime and suspension overall.

Below Table 14 identifies the school districts in Region 10 within Education Service Center 18 and 19 with totals of In School Suspension (ISS) and Disciplinary Alternative Education (DAEP) as reported by the Texas Education Agency for the school year 2015-2016.

TABLE 14 - REGION 10 (ESC 19) SCHOOL DISTRICT TOTALS FOR ISS AND DAEP, 2015-2016

ESC 19	School Districts Region 10	Number of Students	ISS	DAEP	# of Violations possession of substance/drugs
El Paso	Anthony ISD	838	70	8	6
	Burnham Wood Charter School District	1,031	N/A	N/A	N/A
	Canutillo ISD	5,973	730	148	46
	Clint ISD	11,669	2,109	121	20
	El Paso Academy	362	N/A	N/A	N/A
	El Paso ISD	59,772	3,606	1439	348
	El Paso Leadership Academy	181	33	N/A	N/A
	Fabens ISD	2,364	690	47	7
	Harmony Science Academy	2,691	160	N/A	N/A
	La Fe Preparatory School	262	N/A	N/A	6
	Paso del Norte Academy Charter District	241	N/A	N/A	N/A
	San Elizario ISD	3,955	318	71	17
	Socorro ISD	45,126	5,013	494	191
	Tornillo ISD	1,192	286	N/A	N/A
	Vista del Futuro Charter School	364	N/A	N/A	N/A
Ysleta ISD	42,232	5,750	511	240	
Hudspeth	Dell City ISD	82	N/A	N/A	N/A
	Ft. Hancock ISD	434	47	N/A	N/A
	Sierra Blanca ISD	123	N/A	N/A	N/A

TABLE 15 - REGION 10 (ESC 18) SCHOOL DISTRICT TOTALS FOR ISS AND DAEP, 2015-2016

ESC 18	School Districts Region 10	Number of Students	ISS	DAEP	# of Violations possession of substance/drugs
Brewster	Alpine ISD	1,079	96	27	0
	Marathon ISD	54	N/A	N/A	N/A
	San Vicente ISD	31	N/A	N/A	N/A
	Terlingua CSD	86	N/A	N/A	N/A
Culberson	Culberson County-Allamore ISD	436	108	8	N/A
Jeff Davis	Fort Davis ISD	228	N/A	N/A	N/A
	Valentine ISD	46	N/A	N/A	N/A
Presidio	Marfa ISD	360	30	N/A	N/A
	Presidio ISD	1,366	29	26	N/A

Data Source: Texas Education Agency, PEIMS, District Level Annual Discipline Summary, 2015-2016.

Counts less than 5 and greater than 0, and, when necessary, other associated counts are masked with the value "N/A" to comply with FERPA.

Criminal Activity

Violence and injury prevention can encompass a variety of topics. Many injuries include those that are purposely inflicted with the intent of injuring someone. Examples of these include violent crimes and physical abuse. The information is important in understanding the types of activities that can erode a community. In most cases where there is an appropriate public health approach to the problem, the majority of these events can be prevented.

The following data are areas of focus for this assessment and are not inclusive of all crime statistics for Region 10.

The Federal Bureau of Investigation (FBI) crime reporting program, defines violent crime as an offense which involves force or threat of force. The following crime index are based on available data for Region 10, Texas and national databases. Note: Each county is served by a law enforcement jurisdiction. Table 15 below outlines the county with the corresponding jurisdiction. Table 16 reports available data for each crime which includes violent crime and property crime by county.

TABLE 16 - JURISDICTIONAL LAW ENFORCEMENT BY COUNTY FOR REGION 10

	Police Department	Sherriff's Office	School District PD
Brewster	Alpine PD Sul Ross PD	Brewster County SO	
Culberson		Culberson County SO	
El Paso	Anthony PD El Paso PD UT El Paso PD EPCC PD Clint PD Horizon PD Socorro City PD	El Paso County SO	El Paso ISD PD Socorro ISD
Hudspeth		Hudspeth County SO	
Jeff Davis		Jeff Davis County SO	
Presidio	Marfa PD Presidio PD	Presidio County SO	

Data Source: Texas Crime Summary Report, Chapter 10A, 2015.

TABLE 17 - STATE OF TEXAS TOTAL REPORTED CRIME, 2014-2015

Offenses	2015	2014	% Change
Murder	1,314	1,187	10.7
Rape	12,208	11,466	6.5
Robbery	31,883	30,857	3.3
Aggravated Assault	67,358	65,338	3.1
Burglary	152,444	166,429	-8.4
Larceny-Theft	555,867	570,385	-2.5
Motor Vehicle Theft	67,081	67,741	-1.0
Total	888,155	913,403	-2.8

Data Source: Texas Crime Summary Report, Chapter 10A, 2015.

TABLE 18 - INDEX VIOLENT AND PROPERTY CRIME BY COUNTY, 2014

	Murder	Rape	Robbery	Aggravated assault	Burglary	Larceny -theft	Motor vehicle theft	Total Offenses
Brewster	3	2	0	11	49	99	8	172
Culberson	0	0	0	0	9	5	1	15
El Paso	25	388	440	2,203	2,033	14,051	961	20,101
Hudspeth	2	0	0	1	8	12	0	23
Jeff Davis	0	2	0	5	2	3	0	12
Presidio	0	0	0	8	10	8	1	27

Data Source: Texas Crime Summary Report, Chapter 10b, County-Level Violent and Property Crime, 2014.

TABLE 19 - INDEX VIOLENT AND PROPERTY CRIME BY COUNTY, 2015

	Murder	Rape	Robbery	Aggravated assault	Burglary	Larceny -theft	Motor vehicle theft	Total Offenses
Brewster	1	2	0	8	35	88	7	141
Culberson	0	0	0	1	3	2	0	7
El Paso	23	370	444	2,128	1,851	12,552	947	18,315
Hudspeth	0	0	0	1	11	15	0	27
Jeff Davis	1	0	0	3	6	1	13	24
Presidio	0	2	0	8	9	24	11	54

Data Source: Texas Crime Summary Report, Chapter 10b, County-Level Violent and Property Crime, 2015.

Family Violence and Child Abuse

The National Coalition against Domestic Violence (NCADV) reports on average nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this would equate to more than 10 million women and men. In Texas, data collected for 2015 found 158 women were killed by their partner representing a 20% increase. The increase represents a record number of women killed in the year 2015. The county with the highest number of deaths in Region 10 was El Paso with 9 deaths in 2015 related to a family violence offense.

TABLE 20 - FAMILY VIOLENCE OFFENSES IN THE STATE OF TEXAS, 2015

Type	Group %	Offense	Total %
Assaults	96.9	Aggravated Assault	15.5
		Simple Assault	74.6
		Intimidation	6.7
Homicides	0.1	Murder & Non negligent	0.08
		Manslaughter	0.01
		Negligent Manslaughter	0.001
		Justifiable Homicide	
Kidnapping	0.3	Kidnapping/Abduction	0.3
Robbery	0.2	Robbery	0.01
Sex Offenses	2.5	Rape	1.2
		Sodomy	0.17
		Sexual Assault w/Object	0.1
		Fondling	0.9
		Incest	0.04
		Statutory Rape	0.09

Data Source: Texas Crime Summary Report, Chapter 5, Family Violence, 2015.

TABLE 21 - FAMILY VIOLENCE NUMBER OF INCIDENTS BY COUNTY, 2014-2015

County	# of incidents, 2014	# of incidents, 2015
Brewster	33	34
Culberson	2	3
El Paso	5,501	5,391
Hudspeth	5	2
Jeff Davis	4	7
Presidio	7	3

Data Source: Texas Crime Summary Report, Chapter 5, Family Violence, 2015.

Drug Seizures/Trafficking Arrests

Texas shares its 1,254-mile border with Mexico that follows the course of the Rio Grande River. The border area and its expansive geographical terrain makes it difficult for law enforcement agencies to continuously monitor the areas used by drug traffickers to smuggle illicit drugs into the United States. Significant quantities of heroin, cocaine, marijuana and methamphetamines are smuggled from Mexico into Texas. Data from the Federal-wide Drug Seizure System (FDSS) indicates large quantities of drugs seized by federal law enforcement in Texas, most of which is seized near the U.S.-Mexico border, more than any other state in the United States. A 2017 Department of Public Safety Report reveals marijuana to be the most commonly used and most widely available illicit drug in the U.S.



Photo Credit: Jeffrey Coolidge/Getty Images

Figure 4 outlines the current drug prices as listed by the West Texas High Intensity Drug Trafficking quarterly report as of 2016.

FIGURE 4 - DRUG PRICES IN THE REGION AS LISTED BY WEST TEXAS HIDTA, 2016

West Texas HIDTA Drug Prices				
Type of Drug & Quantity	El Paso	Midland/ Odessa	Alpine/ Marfa	Las Cruces, NM
Marijuana (pound)	\$225-\$300	\$400-\$700	\$300-\$600	\$240-\$300
Cocaine (kilo)	\$20K-\$27,000	\$26,500-\$38K	\$24,000-\$30K	\$30K-\$32,000
Methamphetamine (pound)	\$3,000-\$7,000	\$12,000-\$15K	\$28,000 (kilo)	\$12K-\$14,000
Heroin (ounce)	\$900	\$1,600-- \$3,400	Blk-\$1,200 Brown-up to \$3,125	\$800 -\$1,000
Hydrocodone (pill)	\$5-\$8 a pill	\$5-\$10 a pill	\$10-\$20 a pill	\$0.50-\$1.00 per mg

Data Source: West Texas HIDTA Drug Threat Assessment Report, 2016.

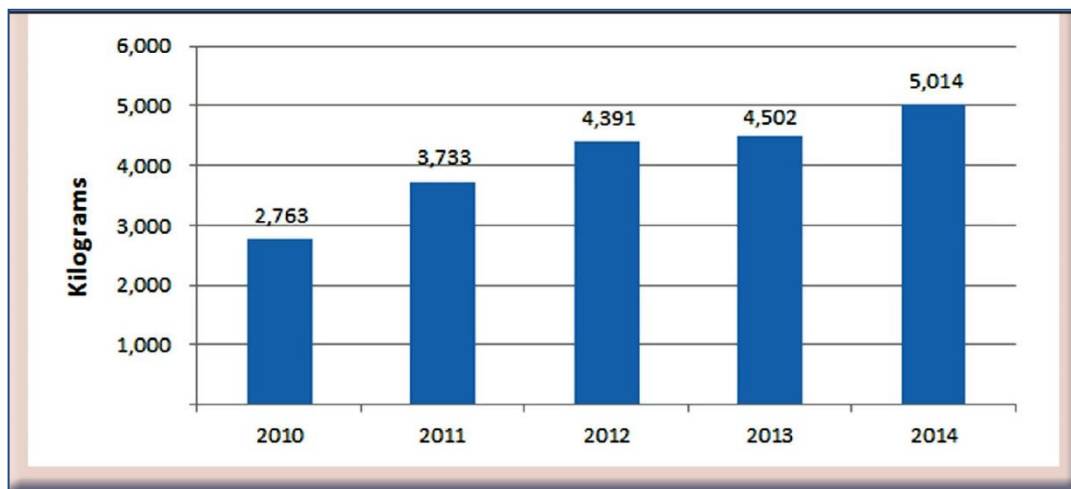
TABLE 22 - TYPE AND QUANTITY OF DRUGS SEIZED PER UNITS FOR EACH COUNTY IN REGION 10, 2014-2016

	2014			2015			2016		
	Marijuana	Opiates	Other drugs	Marijuana	Opiates	Other drugs	Marijuana	Opiates	Other Drugs
Brewster	767 lbs	2 oz	9 gm	487 lbs	13 oz	21,462 liquid oz	3,296 lbs	18 gm	284 oz
Culberson	10 oz	5 lbs	0	6 lbs	0	6 grams	2 lbs	5 gm	10 gm
El Paso	30,088 lbs	766 lbs	2,145 lbs	21,543 lbs	71 lbs	128 lbs	13,299 lbs	132 lbs	131 lbs
Hudspeth	1,434 lbs	190 dose units	3 lbs	30 lbs	0	36 dose units	763 lbs	0	0
Jeff Davis	0	0	0	0	0	0	0	0	0
Presidio	56 lbs	5 gm	0	535 lbs	0	4 gm	151 lbs	1 gm	1 oz

Data Source: Texas Department of Public Safety's Uniform Crime Report, drug seizure data 2014-2016.

Caveat for 2016 data: 2016 data may possibly contain incomplete Drug Seizure data for incident-based reporting agencies. Every effort has been made to include all Drug Seizure data, but since the data is not technically complete, there is a possibility of the numbers changing by the time of the Crime in Texas publication.

FIGURE 5 - HEROIN SEIZURES IN THE UNITED STATES, 2010-2014



Data Source: National Seizure Data System, 2010-2014.

A Substance Abuse Trends in Texas report by Jane C. Maxwell, (2016)⁸ found heroin users are younger and are less likely to be people of color. The synthetic opioid began appearing in the spring of 2016 with deaths from overdoses increasing over 300%. A special section in the RNA below focuses on Opiate use and abuse.

⁸ Maxwell, Jane Carlisle. "Substance abuse trends in Texas, June 2004." *Division of Epidemiology, Services and Prevention Research National Institute on Drug Abuse 6001 Executive Boulevard Bethesda, Maryland 20892 2* (2004): 234.

Mental Health

Mental and substance use disorders impact the health of many individuals, which includes their families, and community. SAMHSA reports that in 2015, an estimated 43.4 million adults aged 18 and older in the United States had a serious mental illness, and 1.7 million adults aged 18 to 25 were treated with a Major Depressive Disorder. Furthermore, it is estimated the percentage of adolescents who received mental health services aged 12-17 were higher than the last five years with an increase of 13.3 percent⁹. The stigma of mental health illness still exists, but national, state and local strides have been made with strategies in addressing reaching out to those that need help. The new “Okay to Say...” derived from a Texas Grassroots coalition. The campaign is focused on changing the dialog around mental health. “Okay to Say is envisioned to be a dynamic, ongoing, community-based movement that will engage Texans statewide in talking openly about the hope and recovery surrounding treatable mental illnesses.”

Suicide

In both the United States and in Texas, suicide was the second leading cause of death for people between the ages of 10-34 years of age. It is always difficult to find accurate data on this indicator due to the differences of reporting by agency, but for El Paso County, according to the El Paso Police Department, there has been an increase of suicides from 2015 (70). Data from the Medical Examiner’s office as well as the West Texas Suicide Prevention Coalition, report a combined total of 84 suicides for El Paso County for 2016. The data below reflects the number of suicides by Region 10 counties up through 2014 as reported by the Texas Health and Human Services Commission.

TABLE 24 - REGION 10 COUNTIES NUMBER OF SUICIDES, 2012-2014

	2012	2013	2014
Brewster	2	0	2
Culberson	1	0	0
El Paso	62	79	90
Hudspeth	0	0	0
Jeff Davis	0	0	1
Presidio	0	0	2

Data Source: Texas Health Data, Death of Texas Residents, 2012-2014.

Adolescents and Adults Receiving Substance Abuse Treatment

Individuals with co-occurring mental and substance use disorders are a population that experience greater challenges in treatment. Most often many of those receiving treatment for both disorders are not simultaneously integrated, with poorer outcomes. As of 2015, the National survey of Substance Abuse Treatment Services reported 1,305,647 clients in substance use treatment. Clients with both

⁹ Prevention of Substance Abuse and Mental Illness, Prevention Strategies. Substance Abuse and Mental Health Services. <http://www.samhsa.gov/prevention>.

alcohol and drug abuse issues represented 41.6% of the clients in treatment. Clients with only drug abuse represented 42.5%, with the remainder of clients in treatment for alcohol abuse (16%)¹⁰.

Depression

The following table has information on the total amount of Medicare beneficiaries with depression as of 2015. The lowest percentage of Medicare Beneficiaries with depression is from the Jeff Davis County (7.07%) and the highest percentage is El Paso County (14.02%). All of the Region 10 counties are below the percentage of people with depression in Texas (17.0%) and in the United States (16.7%).

TABLE 25 - REGION 10 PERCENTAGE OF MEDICARE POPULATION WITH DEPRESSION, 2015

	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Brewster	1,385	136	9.8%
Culberson	364	6,484	19.5%
El Paso	45,790	44	14.02%
Hudspeth	331	36	13.3%
Jeff Davis	466	33	7.07%
Presidio	1,362	129	9.5%
Region 10	49,698	6,900	13.9%
Texas	2,215,695	377,096	17.0%
United States	34,118,227	5,695,629	16.7%

Date Source: Centers for Medicare and Medicaid Services, 2015.

¹⁰ Abuse, Substance. *Results from the 2014 National Survey on Drug Use and Health: Mental Health Findings*. 2015.

TABLE 26 - REGION 10 ACCESS TO MENTAL HEALTH PROVIDERS, 2015

	Estimated population	Number of Mental Health Providers	Mental Health Provider rate (per 100,000 population)
Brewster	9,173	136	130.8
Culberson	No data	0	No data
El Paso	833,437	67	80
Hudspeth	0	0	No data
Jeff Davis	2,204	4	181.4
Presidio	6,978	1	14.3
Region 10	851,793	684	80.3
Texas	26,667,264	377,096	102.3
United States	317,105,555	643,219	202.8

Social Factors

There are a number of factors that can influence the likelihood of an individual using substances such as biological and psychological characteristics. An individual may come across specific risk factors in their life that can include norms and laws favorable to substance use, much like the misinformation may individuals have on synthetic marijuana.

Research has increasingly shown how strongly social and economic conditions determine an individual's health and differences in health among subgroups, much more so than medical care. An example, research has shown that poverty in childhood has long lasting effects, which in turns limits life expectancy and overall worsening health conditions if the conditions were not improved.

The following section focuses on data regarding youth and adult perception of harm across substances and health behaviors.

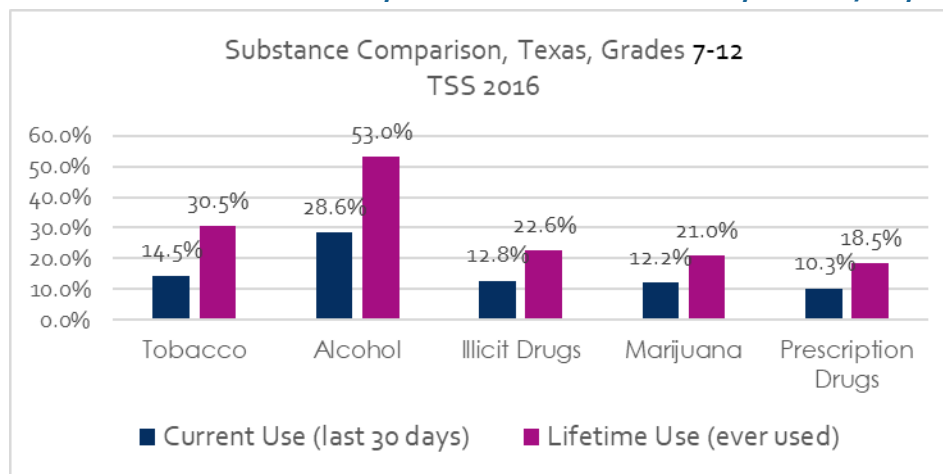
The data from the **Texas School Survey of Drug and Alcohol Use** collects self-reported tobacco, alcohol, and substance use data from students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human Services Commission (HHSC) and administered by the Public Policy Research Institute (PPRI). The data charts and figures below are from the data collected in 2014, analyzed and reported through 2016.

TABLE 27:28 - YOUTH PERCEPTION OF PARENTAL APPROVAL OF CONSUMPTION AND ACCESS, TEXAS SCHOOL SURVEY, 2016

How Do Your Parents Feel About Kids Your Age Drinking Alcohol, Grades 7-12						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
10	66.3%	13.1%	9.90%	2.9%	1.0%	6.9%

How Often, If Ever, Do You Get Alcoholic Beverages From? Grades 7-12					
Region	Home	Friends	Store	Parties	Other Sources
10	19.7%	29.7%	10.0%	36.7%	19.0%

FIGURE 6 - TEXAS SCHOOL SURVEY, SUBSTANCE USE COMPARISON, GRADES 7-12, 2016



Data Source: Texas State School Survey of Drug and Alcohol Use, Public Policy Research Institute Texas A&M University, 2016.

Cultural Norms and Substance Abuse

Cultural norms and sociocultural beliefs can shape behaviors regarding substance use and abuse. Research has shown that culture plays a central role in forming the expectations of individuals about potential problems they may face with drug use.

The degree of acculturation to which an individual identifies with his or her culture, is thought to be related to substance use and abuse. Particularly for Region 10, Hispanic immigrants and Asian immigrants live along the El Paso, Texas - Juarez, Mexico border as well as in Presidio, Texas - Ojinagua, Mexico border.

Hispanics who have moved to the United States are said to have acute sensitivity to changes in the degree of acculturation, often assume drinking behavior of the dominant society, therefore increasing their use of alcohol.

Adolescent Sexual Behavior

Although teen pregnancy may or may not be contributed to substance abuse, it is important to understand that it may increase a teen parents risk factors.

The teen birth data is from the County Health Rankings & Roadmaps with the number of births per 1,000 females between the ages of 15 and 19 in the years 2006 to 2012. The birth rate of Culberson, El Paso, Hudspeth, and Presidio are higher than in Texas based on the total female population age 15-19.

TABLE 29 - TEEN BIRTH RATE OF WOMEN AGE 15-19, 2006-2012

	Female Population Age 15-19	Births to Mothers Age 15-19	Teen Birth Rate (per 1,000 population)
Brewster	248	13	50%
Culberson	97	8	82%
El Paso	33,829	2,229	65%
Hudspeth	163	11	70%
Jeff Davis	79	3	37%
Presidio	292	24	80%
Region 10	37,708	2,288	65%
Texas	914,438	50,294	55%
United States	10,736,677	392,962	36%

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

Accessibility

Perceived Access of Alcohol, Marijuana and Prescription Drugs

Alcohol use crosses ethnic, socio-economic, cultural and gender lines throughout the world. It is commonly perceived as part of our American culture, particularly in the Hispanic culture at parties, social functions and rites of passage. Teenagers often mimic the behaviors of adults, including the coping methods of drinking and substance use. Teens are more often bombarded with alcohol, tobacco and prescription medication advertisements. They listen to the radio and hear music promoting drinking, with subliminal messages that may influence their behavior to experiment with drugs and alcohol. Exposure to these substances is made even easier by accessibility and density of package/liquor stores, gas stations that sell alcohol and tobacco products, and convenience stores on every corner. With all the factors surrounding teens today and the stressors of school assimilation, social media acceptance, and their overall physical body changes, more and more are trying alcohol,

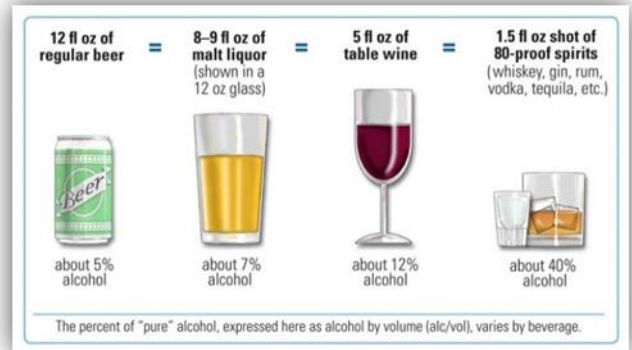
tobacco and drugs at a much younger age and is becoming a common behavior. The data below is a snapshot of the Texas Behavioral Survey, 2016 in response to survey questions from students in grades 7-12.

Early onset underage drinking and experimental drug use is a vital problem in Region 10 that requires education and awareness to parents and educators, as well as addressing the community norms that foster the continued acceptability of substance use among youths.

Alcohol

Alcohol enters the bloodstream from the initial drink and has an immediate effect that can appear within about 10 minutes. SAMHSA reports that slightly more than half of Americans aged 12 or older as being current drinkers of alcohol.

Four out of the six counties in Region 10 ranked among the top 30% of counties with the most alcohol consumption. This is also reflected in region 10 for the average expenditures in alcohol (\$851.30) and percentage of at home expenditures (15.04%), which is higher than in the average in Texas and the U.S.



The data below includes Region 9 and 10 due to the proximity of the public health regions.

TABLE 30 - REGION 9 AND 10, ALCOHOL CONSUMPTION, GRADES 6-12, 2016

	Current Use, All Grades	Lifetime Use, All Grades	High-Risk Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12	High-Risk Use, Grade 12
Texas	21.2%	50.5%	13.8%	32.7%	64.3%	23.5%
Region 9 and 10	23.2%	51.9%	15.2%	39.8%	74.1%	30.9%

Data Source: Texas State School Survey of Drug and Alcohol Use, the Public Policy Research Institute Texas A&M University, 2016

TABLE 31 - REGION 9 AND 10, ALCOHOL INITIATION, GRADES 6-12, 2016

	Age of Initiation of Alcohol Use	Early Initiation < 13
Texas	Age 12	38.0%
Region 9 and 10	Age 12.9	38.3%

Data Source: Texas State School Survey of Drug and Alcohol Use, the Public Policy Research Institute Texas A&M University, 2016.

TABLE 32 - REGION 10, LIQUOR STORE ACCESS, NUMBER OF ESTABLISHMENTS, PER 100,000 POPULATION, 2015

	Total population	Number of Establishments
Brewster	9,232	2
Culberson	2,398	0
El Paso	800,647	51
Hudspeth	3,476	0
Jeff Davis	2,342	1
Presidio	7,818	2
Region 10	825,913	56
Texas	25,145,561	1,869
United States	312,846,570	33,692

Data Source: US Census Bureau, County Business patterns, 2015

Alcohol Retail Permit Density

TABLE 33 - REGION 10, TABC PERMITS AND DENSITY, 2015

	Number of TABC Permits	Permits per sq. mile (Density)
Brewster	66	0.11
Culberson	20	.005
El Paso	1,477	1.458
Hudspeth	9	.002
Jeff Davis	5	.002
Presidio	40	.002

Data Source: Texas Data Center, TABC Alcoholic Beverage Permits, 2015.

Social Hosting of Parties

Alcohol is the leading drug among young people in Region 10. According to the Texas State School Survey more than 50% of 7-12th graders have ever used alcohol compared to any other substance use. Among those who do drink alcohol, more than half said they have ridden in a car driven by someone else who has been drinking. Youth and young adults are particularly vulnerable to alcohol related consequences. Data from the Center for Disease Control and Prevention estimates the economic burden of underage drinking, which includes healthcare, lost productivity, criminal justice and traffic costs to be \$1.8 billion per year in Texas (Paso del Norte Health Foundation, Underage Drinking Report, 2016).

Young people report drinking mostly in social settings, due to their inability to purchase alcoholic beverages. Strategies enforcing and limiting these types of parties includes policies such as the Social Host Ordinance.

El Paso, Texas was the first in Texas to implement such an ordinance. The community partners of El Paso, located in Region 10 worked along side the Alcohol Impact Network over 22 months in researching, analyzing and creating an ordinance that would be enforceable and effective. On December 6, 2016 the El Paso City Council passed the ordinance that would in effect provide the El Paso Police Department another tool to effectively address social hosting of underage drinking parties, by then reducing the negative consequences associated with them.

Marijuana Access

Marijuana access and the perception of harm has changed in recent years. Research on alcohol and tobacco has shown that the use of these substances by youths is higher in places where there is easier access by adults. Today's marijuana is much stronger than 20 years ago. The DEA reports higher strains with as much as 12 times more THC compared to the potency of marijuana decades ago. The

research has also shown many youths who do smoke marijuana are likely to become dependent if used long term, and on a daily basis up to 25% and 50%. Access to marijuana can increase the likelihood in the use of other substances such as alcohol and prescription medication. Combination of low doses of alcohol and marijuana could mean more marijuana involved traffic fatalities. Data below are from the Texas Highway Patrol on the number of citations involving substances for year 2016.

TABLE 34 - TEXAS HIGHWAY PATROL CITATIONS, ALCOHOL, MARIJUANA AND OTHER DRUGS, 2016

	DWI Arrests (>=21)	DUI Arrests Underage (<=21)	Poss. Of MA(<=4oz)	Poss. Dangerous Drug Offenses
Brewster	22	2	22	--
Culberson	13	--	15	1
El Paso	414	40	131	5
Hudspeth	60	1	17	--
Jeff Davis	8	--	5	--
Presidio	24	2	15	--

Data Source: Data Report for PRC Region 10, Highway Safety Operations Center, Texas Highway Patrol Citations, El Paso HIDTA, 2017.

Prescription Drugs and Opiates

National Crisis

Data from the National Survey on Drug Use and Health (NSDUH), 2015 found that pain relievers (i.e., opioids) are the most commonly misused type of prescription drug, far exceeding the misuse and abuse of any other drug, including stimulants, tranquilizers, and sedatives. The term opioid is a class of drugs derived from opium, it is also manufactured synthetically with a chemical structure similar to opium.

Heroin is a naturally derived opioid. Other opioids, including oxycodone (OxyContin), morphine, methadone, and codeine are used therapeutically for the management of pain and other conditions. The substances may be diverted from pharmaceutical purposes and used illicitly, and have an extremely high potential for abuse due to their chemical structure for dependence. The table below lists commonly diverted medications on the market.

TABLE 35 - MOST COMMONLY DIVERTED MEDICATIONS, 2016

Narcotic Pain Medications (Opioids)	Stimulant Medications	Barbiturate Sedatives	Benzodiazepine Tranquilizers
Codeine Fentanyl Meperidine - (Demerol) Methadone Hydromorphone Morphine Opium Oxycodone Hydrocodone	Adderall Dextroamphetamine (Dexedrine) Focalin Methylphenidate - (Ritalin)	Amobarbital Pentobarbital Secobarbital Phenobarbital	Clonazepam Diazepam Estazolam Flunitrazepam (Rohypnol) Lorazepam Midazolam Nitrazepam Oxazepam Triazolam Temazepam Chlordiazepoxide (Librium)

Data Source: Prevention Resource Center - Region 10, Prescription Medication Flyer, 2017

Current Use

Like many states across the nation, Texas is facing unsurmountable odds when it comes to persons becoming addicted to prescription opioids. Opioid medication is typically prescribed by a physician for pain from injuries, surgeries and other painful conditions. While most medication is for legitimate medical purposes, many are being manufactured illicitly and sold on the street for profit. According to Dr. Jane Maxwell, from the School of Social Work in Austin, Texas, "hydrocodone is the most prevalent opioid used for non-medicinal purposes in the state." The large numbers of addicted persons have little to no knowledge of the true addictive nature of the synthetic drugs sold to them.

Disease (Morbidity) Related to Substance Abuse

Drug overdose was the leading cause of injury death in 2016 according to County Health Rankings & Roadmaps. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes¹¹. El Paso County had 542 drug poisoning deaths as of 2016, which is up from 542 in 2015.

Magnitude of the Problem

- 15,000 deaths annually nationwide
- In 2015, 1 in 10 used pain killer for non-medical purposes

¹¹ County Health Rankings, Drug Poisoning Deaths, Description

- Enough prescription pain killers were prescribed in 2014 to medicate every American adult around the clock for 1 month

Risk Factors for Drug Use in the Region

- Domestic violence
- Fear of Deportation
- Acculturation
- Social Isolation
- Poorest areas in the nation
- High teen age pregnancy rates
- Low education attainment
- Linguistic barriers
- Lack of healthcare insurance

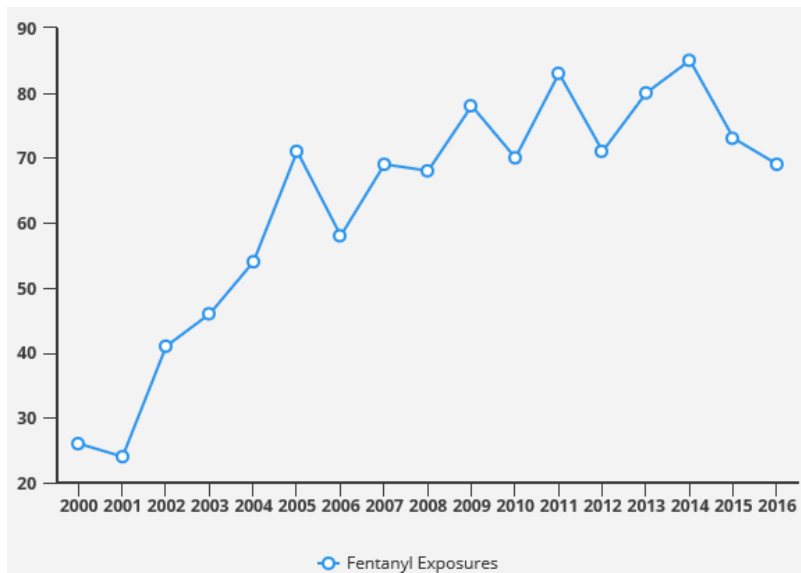
Fentanyl and Opiate Dangers

In October 2015, the Drug Enforcement Administration issued a nationwide alert identifying fentanyl as a threat to public health and safety. Fentanyl is a synthetic opioid that is 50-100 times more potent than morphine. States across the country are experiencing increases of fentanyl involved overdose deaths. The DEA also reported 426% increase of deaths from synthetic opioid deaths during the years 2013-2014.

Texas overdose death rates

Texas saw over 1,186 opioid related deaths in 2015. The DEA reported an increase of fentanyl-related deaths for Texas up from previous years by 73%.

FIGURE 7 - TEXAS FENTANYL-RELATED DEATHS, 2000-2016



Data Source: Texas Poison Center Network, 2000-2016

Emerging Trends

Drug trends help us understand prevalence of drug use and the consumption patterns of drugs over time. Unfortunately, as often as we monitor these drug trends among our population new drugs emerge changing the norm among usage. Current trends include street drugs that are known as 'Spice' or 'Bath Salts' have grown in popularity. These synthetic drugs are dangerous and a brief description of the drugs are provided here to help build awareness on the most current trends.

Synthetic Cannabinoids

Spice is a synthetic drug created in a laboratory that eventually made its way to the streets in Europe before making its way to the United States. In the 1990's, J.W. Huffman at Clemson University created a large series of compounds¹². These compounds were primarily developed as pharmaceutical agents intended for pain management also known as analgesic drugs.

Spice is a mixture of herbs that are dried in a similar fashion to marijuana and combined with the manmade compounds explained above. Most products have added chemicals that the designers of the drug include at their discretion.

There have been a rising number of calls to poison control centers nationally and in region 10 due to the use of Spice. It should be noted that Spice is illegal, yet producers of the drug continuously change the formula of the product to evade legal restrictions. The TSS 2016 for Region 9 & 10 report that the average age of initiation for grades 6-12 is 14 years old.



Table 36 - Synthetic Marijuana Consumption, grades 6-12, TSS

Region	Current Use, All Grades	Lifetime Use, All Grades	Current Use, Grade 12	Lifetime Use, Grade 12
State	1.8%	6.6%	2.1%	9.4%
9&10	2.3%	7.9%	3.5%	15.4%

Table 37 - Synthetic Marijuana Initiation, grades 6-12, TSS

Region	Age of Initiation	Early Initiation (<13)
State	14.2	14.7%
9&10	14.0	16.5%

Data Source: Texas State School Survey of Drug and Alcohol Use, the Public Policy Research Institute Texas A&M University, 2016.

¹² European Monitoring Centre for Drugs and Drug Addiction, Understanding the 'Spice' phenomenon

Synthetic Cannabinoids

Much like Spice, Bath Salts have emerged rapidly among Europe and the United States. Bath Salts contain a number of chemicals that can produce euphoria and increased sociability and sex drive.

Common synthetic cathinones found in bath salts include 3, 4-methylenedioxypyrovalerone (MDPV), mephedrone ("Drone," "Meph," or "Meow Meow"), and methylone, but there are many others¹³.

Bath salts users have reported that Bath salt trigger intense cravings (or a compulsive urge to use the drug again) and that they are highly addictive according to NIDA.



Photo Source: Partners for Drug-Free Kids

E-Cigarettes/Vaping

The Center for Disease Control and Prevention reports that e-cigarette use has tripled among middle and high school students in less than a year in a press release on April 16, 2015.

The CDC reported e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, rising from approximately 660,000 to 2 million students¹⁴.

In a separate press release, the CDC announced that more than half (51.1 percent) of the calls to poison centers due to e-cigarettes involved young children under age 5, and about 42 percent of the poison calls involved people age 20 and older¹⁵.

BHO "Dabbing" and Consumables

Butane Hash Oil (BHO) is an extract high in THC levels and is extremely dangerous to create. The process includes filtering marijuana with butane and then boiling the butane from the marijuana. This has caused many fires and explosions in homes where individuals are attempting to create this substance. If successful, users are left with a product that can be used to dab there e-cigarette or vaping machines to get an odorless high off of the BHO. Other forms can be created after the substance is extracted to place in food as an oil, create a wax or butter to place in lip balms, or shatter that look similar to peanut brittle.

¹³ National Institute on Drug Abuse, Drug Facts: Synthetic Cathinones ("Bath Salts")

¹⁴ Centers for Disease Control and Prevention, E-cigarette use triples among middle and high school students in just one year

¹⁵ Centers for Disease Control and Prevention, New CDC study finds dramatic increase in e-cigarette-related calls to poison centers

Consequences

The use of drugs and alcohol result in a number of individuals that find themselves in hospitalization or in other cases they die as a result of their substance use. Not only do individuals who abuse drugs and alcohol place themselves at risk, but those around them are also impacted by their usage of substances.

Legal Consequences

Drug and/or Alcohol Related Inmate Population

Below is a table displaying the population by counties in our region as of 2015.

Table 38 - Inmate Population, Drug/Alcohol offense, 2015

County	Drug/Alcohol Inmates
Brewster	20
Culberson	5
El Paso	2,117
Hudspeth	8
Jeff Davis	3
Presidio	11
Total	2,164

Data Source: Texas Department of Criminal Justice Records, 2015

Environmental Protective Factors

There are a multitude of opportunities for addressing behavior health problems and disorders. By increasing the amount of evidence-based practices in our community, the likelihood we increase protective factors. Prevention is at the core of providing a continuum of care, and part of a comprehensive approach to behavioral health.

Prevention strategies are focused on helping develop knowledge, attitudes, and skills to help individuals make good choices and/or change harmful behaviors¹⁶. Prevention is an attempt to reach individuals before the onset of a disorder and is intended to prevent or reduce the risk of developing a behavioral health problem.

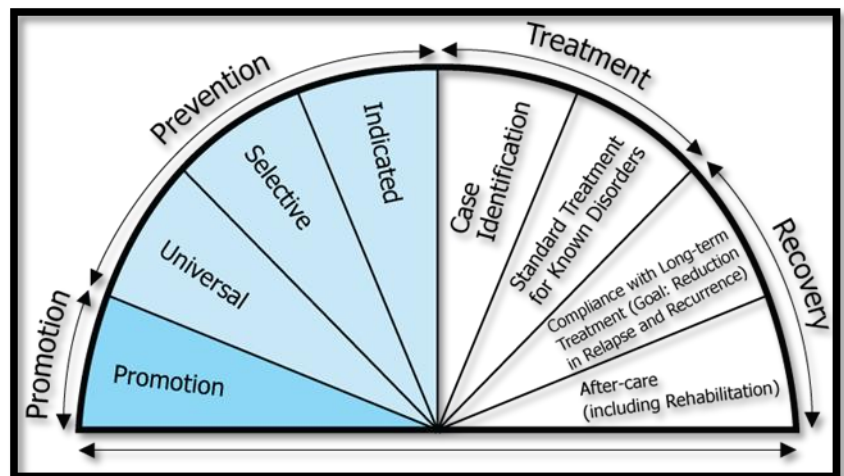


Photo Source: SAMHSA

¹⁶ SAMHSA, Prevention of Substance Abuse and Mental Illness, Prevention Strategies

Region 10 is striving to provide services to individuals across the continuum of care and create opportunities of individuals to succeed.

Overview of Protective Factors

Community Domain

PRC 10 currently collaborates with many DSHS-funded and non-funded Community Coalitions, agencies, individuals and organizations working in prevention services focused on the three state priorities of underage drinking, synthetic marijuana and prescription medication. The mobilization efforts address the needs of populations identified by each of the related sectors. Their goal is to implement evidenced-based practices utilizing the Strategic Prevention Framework in promoting the activities related to substance use issues and healthy living in their communities.

Many of the partnerships are mentioned belloved and future collaborations can only be beneficial in promoting awareness to the substance use issues affecting the counties of Region 10.

Community Coalitions

The Texas Department of Health and Human Services has funded a number of programs to provide service throughout Region 10. These programs not only focus on the individual, they also create environmental change that supports healthy behaviors. These services are provided through Universal, Selective, and Indicated programming¹⁷:

- Universal (YPU) - Prevention programs that are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience.
- Selective (YPS) - Prevention programs that target subgroups of the general population that are determined to be at risk for substance abuse.
- Indicated (YPI) - Prevention intervention programs that identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs.

Additional to the services above, DSHS funds Community Coalition Programs (CCP) throughout the state. The coalitions address community concerns regarding the prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in target counties¹⁸.

¹⁷ Texas Department of State Health Services, Universal, Selective, and Indicated Prevention

¹⁸ Texas Department of State Health Services, Substance Abuse Prevention Services: Community Coalition Programs (CCP)

Youth Prevention Programs

PRIDES (YPU) - Aliviane, Inc.

PRIDES is an acronym for Prevention and Intervention of Drug Abuse through the Enhancement of Self Esteem. The PRIDES program provides universal prevention services that promote a process of addressing health and wellness for individuals, families, and communities in the El Paso County and Culberson County that increase knowledge, skills, and attitudes necessary for making positive life choices.

PRIDES services include outreach to the community, linkages to behavioral health services throughout Far West Texas, and the use of Life Skills Training for families to increase pro-social behaviors among that promote healthy and drug-free lifestyles.



Strengthening Families (YPS) - Aliviane, Inc.

With a special focus on youth ages 12 to 16, Strengthening Families is a family based prevention program that promotes healthy living, awareness of risks related to alcohol, tobacco and other drugs, and community involvement through activities that are educational, fun, and inspiring for everyone in the family.

Strengthening Families addresses risks related to substance abuse and other risks factors associated with school failure, delinquency, social problems and violence at home, school, or in the community, poverty, gang involvement and other issues.



IMASTAR (YPI) - Aliviane, Inc.

IMASTAR stands for: I'm Motivated to learn, I'm Achieving my goals, I'm Staying drug and alcohol free, I'm Thinking about my future, I'm Active in my School, I'm Responsible for my success.

IMASTAR is a prevention program that has been serving youth in El Paso County since 1994. The program addresses involvement in substance abuse and other high risk behavior such as poor grades, excessive unexcused absenteeism, tardiness, disruptive behavior, gang activity, repeated suspensions, social problems, and family dysfunction.

Youth in IMASTAR are provided with comprehensive screening and service planning, prevention education skills training, prevention counseling, referral support, AOD Presentations and Tobacco presentations. Participants are also engaged in fun activities that are culturally relevant, offset attraction to the use of alcohol, tobacco or other drugs and foster bonding with peers, family, school and community.



Advocates for Prevention Coalition (CCP)-

Aliviane, Inc.

El Paso Advocates for Prevention Coalition, also known as the El Paso APC is a community coalition partnership serving the communities rural areas of El Paso County.

The El Paso APC works towards prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in El Paso County, amongst youth and adults, by promoting and conducting community-based and evidence-based prevention strategies with key stakeholders.



Alcohol and Substance Abuse Program (ASAP) - Ysleta del Sur Pueblo¹⁹

ASAP utilizes the Positive Action (PA) curriculum developed by the Center for Substance Abuse Prevention (CSAP).

PA is an evidence-based program focused on character development and academic improvement, which has shown strong evidence of positive effect in prevention and intervention strategies for Native American youth, ages 6-12. When used in an intervention setting, such as counseling, it promotes an intrinsic interest in becoming a better person by encouraging a positive self-concept, educational advancement and responsible citizenship.



CHOICES Program - Communities in Schools (CIS), El Paso²⁰

Choices is a drug and alcohol prevention program. The goal of the "Choices" program is the prevention of violence, alcohol, tobacco and other drug use among the youth of El Paso, specifically the CIS targeted areas. CIS provides the Choices program weekly in 8 schools in the Ysleta and Socorro Independent School Districts. CIS Choices provides services for other CIS campuses on a monthly basis through presentation, information dissemination, alternative drug free activities, and career/health fairs.

¹⁹ Ysleta del Sur Pueblo, Alcohol and Substance Abuse Program

²⁰ Communities In Schools, Programs, Choices

Rio Grande Safe Communities - University Medical Center El Paso (UMC)²¹

The Rio Grande Safe Communities Coalition (RGSCC) is funded through a Community Coalition Prevention (CCP) through the Texas Department of State Health Services, and is managed and coordinated by UMC’s Level I Trauma Center in order to link local agencies and organizations with local community needs.

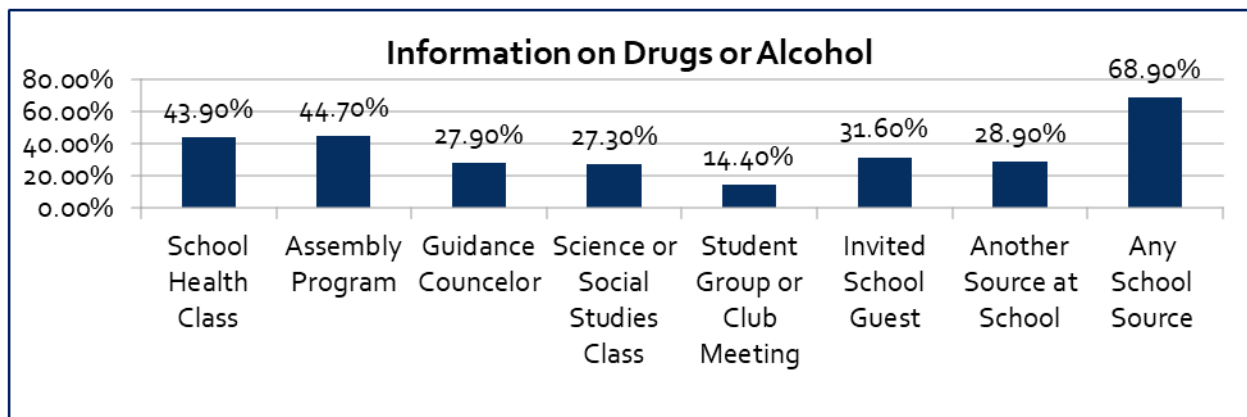


RGSCC organizes a local coalition composed of community members representing a minimum of 12 sectors (youth, parents, businesses, media, schools, youth serving organizations, law enforcement agencies, religious or fraternal organizations, civic and volunteer groups, healthcare professionals, state, local or government agencies with expertise in the field of substance abuse, and other organizations involved in reducing substance abuse).

School Domain

Students Receiving AOD Education in School

The 2016 Texas School Survey showed that students between the grades 6 and 12, mostly received information on drugs and alcohol from assembly programs (44.7%) and the least from Science or Social Studies Class (27.3%). Overall, 69% of the time students received information relating to drugs or alcohol from school.



Data Source: Texas School Survey, Region 10, 2016

²¹ Rio Grande Safe Communities, Who We Are

Trends of Declining Substance Use

Region 10 only experienced a decline in substance use for tobacco use, although the use of Marijuana and Spice has increased due to the perception of harm among teens. Further trends include the increase of Methamphetamines by adults, and prescription medication among the senior population. The information is derived from treatment organizations and coalitions collecting data via surveys and stakeholder discussions.

Region in Focus

Due to its size and location, Region 10 is secluded from the rest of Texas. The need for services in our large and rural counties is clear when reviewing the data in the regional needs assessment. Our region has found ways to be innovative in our approach out of the necessity to provide adequate services. It is clear that our region is capable of doing more with less funding than the rest of the state through the extent that is possible.

The regional data that was collected and provided in this regional needs assessment is but a glimpse into the region's challenges in the prevention of substance abuse. Further data on Region 10 is available from each section, and further data related to other topics outside of the realm of substance abuse is available through the PRC10 upon request.

Our hope is that organizations, community stakeholders, foundations, or anyone interested in providing services to our region will find this RNA useful in their efforts.

Gaps in Services

The greatest barrier to receiving services is our lack of transportation throughout the region. El Paso County provides a large amount of services that are available to the region, yet travel from areas such as Presidio or Marfa takes hours. Furthermore, our colonias in Region 10 suffer from extremely poor road conditions where in some cases the roadways are unpaved and flood during even small amounts of rain.

Areas in the region such as Presidio County have expressed to the PRC10 that services for substance abuse prevention are needed. In a stakeholders meeting in Presidio County, community advocates expressed the need for treatment services for substance abuse due to the fact that the nearest facility is located in El Paso County which is 250 miles away. This is the case for most of Region 10 when seeking out services for family members for substance abuse and mental health services in the rural counties.

Gaps in Data

While this assessment is considered comprehensive, the reporting and selection of the measures cannot represent all aspects of health in the community, nor do we represent all populations of interest. As a community we must recognize the data gaps might in some ways limit the ability to assess a community's health needs.

For example, we recognize certain populations groups were not recognized in the assessment by any survey data, these include but not limited to the homeless, institutionalized persons, or those who

speaking another language other than English or Spanish. It is often difficult to identify other populations by independent analysis such as pregnant women, the LGBT community, and undocumented residents.

In terms of content, the Regional Needs Assessment was designed to provide a broad and comprehensive picture of the health of the overall counties under Region 10. However, there are certainly a great number of behavioral health conditions that were not specifically addressed. With the current assessment, we can outline gaps in data identified by the PRC10 in the following areas:

- Texas School Survey data from our large school districts such as El Paso Independent School District, Socorro Independent School District, and others
- County level data on the synthetic drug use, abuse, and overdose
- County level data on the economic impact substance abuse and use has on the community
- County level data on emergency room visits due to substance abuse or use
- County level data on our military based at Fort Bliss
- County level data on our Colonias and their behavioral health needs
- County level data on the tribal communities located in Region 10

This list could go further, and the Prevention Resource Centers across the state are working together in efforts toward collecting this data. Our targets for data collection are in the areas of drug abuse treatment and prevention/intervention programs, local hospitals, county and local health departments, medical examiner's office, poison control centers, drug helplines, mental health centers, HIV/STD outreach programs, pharmaceutical associations, county forensic labs, criminal justice/police reports, drug seizures - drug cost/purity, education/school districts, recreation centers, and university researchers.

Regional Partners

The Prevention Resource Center in Region 10 has found the collaboration of prevention providers a huge success as outlined in the data collected for the RNA, as well as for activities and outcomes for fiscal year 2016-2017. Below are some of the successes experienced by the PRC-Region 10 along with its regional partners.

Regional Successes

The Rise Up Region 10 Task Force was convened in March, 2017 to effectively tackle the issue of prescription medication misuse. The Task Force is spearheaded by the Region 10 Prevention Resource Center in El Paso, Texas. To effectively draw attention to our unique community, the PRC reached out to its prevention provider partners and their Epidemiological workgroup to establish what is now named the Region 10 Rise Up Task Force. Region 10 covers the 6 counties of Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio. In just 5 months, the Task Force has convened 6 full meetings, a press conference, newspaper attention, citywide billboards, attendance of over 120 at the Town Hall Meeting, and attendance of 80 plus at the 2 day State HHSC Naloxone trainings.

The Task Force is now in the middle of working through the strategies in improving the rates of addiction among individuals in Region 10. In doing so, billboards targeting individuals at risk, and a

professional Public Service Announcement has been completed, and will be marketed to the communities in the 6 counties.

The Task Force has taken the recommendations from the community, state wide recommendations, and national evidenced-based strategies of the Prescription Monitoring Program, establishing 24/7 prescription drop boxes, education and training in schools, and marketing of prevention messages with 4 work groups made up of intervention, prevention, treatment and recovery providers. The work groups work separately to complete the tasks in a timely manner and report back to the Task Force as a whole at monthly meetings.

Each member of the Task Force is passionate about the issue of prescription misuse in their community. Many of the professionals have been working in the field for many years and have never seen such an epidemic, and have committed their time and efforts now and in the future to solve the problem.

Region 10 is fortunate to have such dedicated professionals and leaders to continue working on the prescription drug misuse issue for the healthy success of our communities.

The agencies represented in the Task Force include:

- El Paso Independent School District
- El Paso Police Department
- Rio Grande Safe Communities
- Smoke Free Paso del Norte
- University of Texas at El Paso
- West Texas Poison Control
- Drug Enforcement Administration
- Trinity Homeward Bound Treatment Services
- Community in Schools
- Emergence Health Network
- Advocates for Prevention
- Paso del Norte Health Foundation
- El Paso Behavioral Health
- West Texas High Intensity Drug Trafficking Agency
- Community Youth Development Coalition
- Alliance of Border Collaboratives

The PRC10 will continue to expand its outreach and partnerships in the areas of substance use and behavioral health. Addressing the diverse public health needs of county citizens, the success of past collaborations and dynamic plans for 2017-2018 would not be possible without our partners throughout our 6 counties of Brewster, Culberson, Hudspeth, El Paso, Jeff Davis and Presidio. The PRC10 looks forward to the privilege of serving the community through people, prevention and partnerships.



Conclusion

The Regional Needs Assessment report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the RNA is the ability to have a broad focus on the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured persons and racial/ethnic minority groups.

Based on the findings of the RNA it is important for the community to address issues related to alcohol, marijuana, and prescription drug abuse. Collective impact has been used throughout the world and has been shown to have the greatest changes in the communities. Instead of an organization competing against others to obtain the greatest change, through collective impact, organizations work together toward the same goal²².

It is important to understand that although one risk factor is being addressed not much change may be seen unless all of the risk factors are addressed at the same time²³. For collective impact to work, it is important to identify key players that can converge and organize their goals to align with each other in order to sustain action and impact.

In order to achieve this, the Prevention Resource Center will serve as the backbone organization providing strategic direction, facilitating dialogue between key players, managing data collection and analysis, coordinating community outreach, and mobilizing strategies for funding.

Key Findings

The following "health priorities" represent recommended areas of intervention based on the information gathered through the process of collecting data for the RNA and guidelines from the Texas Department of Health and Human Services and the Healthy People 2020 mandate.

Alcohol seems to be the prevailing substance used and abused which is widespread in Region 10. The Texas School Survey continues to identify our youth as continuing to gain access to alcohol and the prevalence of use increasing. Treatment services for youth in El Paso County continues to be primarily for the abuse of marijuana. At Aliviane, Inc.'s Treatment Resources for adults, the top 3 drugs of choice were Alcohol (36%), Cocaine (20%), Amphetamines (20%) and Heroin (20%). Currently, as of January 2017, Aliviane, has 128 adults in outpatient treatment.

Among adults in El Paso County receiving substance abuse treatment, alcohol remains the highest percentage identified as primary drug of choice throughout residential and outpatient services among individuals.

Summary of Region Compared to State

A report by Jane C. Maxwell (2016) from the University of Texas at Austin Addiction Research Institute outlined substance use indicators for Texas. Dr. Maxwell noted that illicit drugs continue to enter through El Paso, Texas as well as our other counties adjacent to the Mexico border. A major finding for

²² Hanley Brown, Fay, John Kania, and Mark Kramer. "Channeling change: Making collective impact work." *Stanford Social Innovation Review* 20 (2012): 1-8.

²³ Kania, John, and Mark Kramer. "Collective impact." (2011): 36-41.

our area as compared to the rest of Texas, is the pattern of increased use of marijuana, cocaine and heroin, unlike the increased use of methamphetamines in the rest of the state. Another report by the West Texas HIDTA drug threat project found the increased use of Opioid use along with the parallel use of street heroin. Specifically, the report found drug treatment admissions in El Paso County were increasing and heroin admissions (235) were second only to marijuana admissions (325) in 2016.

The Regional Needs Assessment report services serves as a platform for the PRC10 to move forward in highlighting the areas of need. The substance use issue continues to pervade Region 10 and can only be reduced with outlining and identifying gaps that only data can make, and for agencies to know of the increasing need for prevention and intervention services.

Moving Forward

The Prevention Resource Center 10 is continuously seeking new and up-to-date data that is relevant to the region as well as the state. The RNA is filled with data that individuals, organizations and agencies may like to examine more in-depth. Data requests or submissions can be made by contacting:

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Regional Contributors RNA

Since 2014 the Prevention Resource Center for region 10 has published a Regional Needs Assessment report. Each year the report becomes more inclusive and concise as to the type of data the community needs for prevention programming. The Health and Human Services Commission for the State of Texas supports the required assessment and the completion of the report, but local county data for several indicators is difficult to acquire each year. Given the unique landscape of region 10 with its urban, rural and farming communities, and shared demographics, the PRC still needs data for much of the counties for an accurate snapshot of health and outcome behaviors. If you would be interested in contributing to the Regional Needs Assessment, please contact the Regional Evaluator at (915) 782-4000, to learn what information would be most helpful for the next report. The PRC for region 10 is committed to a unified and strategic way of using data to address population needs in the region to ultimately achieve health equity!

Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
ATOD	Alcohol, tobacco, and other drugs.
Adolescent	An individual between the ages of 12 and 17 years.
DSHS	Department of State Health Services
Epidemiology	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
Incidence	A measure of the risk for new substance abuse cases within the region.
PRC	Prevention Resource Center
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Substance Abuse	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.

Abuse might be used to describe the behavior of a woman who has four glasses of wine one evening and wakes up the next day with a hangover.

Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder
TPII	Texas Prevention Impact Index
TSS	Texas Student Survey
VOICES	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
YRBS	Youth Risk Behavior Surveillance Survey

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Appendix B

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