2020

REGIONAL NEEDS ASSESSMENT

PREVENTION RESOURCE CENTER

REGION 10

Table of Contents

Executive Summary

What is the RNA?

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 10 along with Data Coordinators from PRCs across the State of Texas and supported by Aliviane, Inc. and the Texas Health and Human Services Commission (HHSC). The PRC-10 serves six counties in Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio.

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

Who writes the RNA?

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

How is the RNA informed (data collections)?

Qualitative data collection has been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC-10 recognizes those collaborators who contributed to the creation of this RNA. Quantitative data has been extrapolated from federal and state agencies to ensure reliability and accuracy.

Main key findings from this assessment include:

Demographic

Consumption

Consequences

Environmental Protective Factors

Environmental Risk Factors

Prevention Resource Centers

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

Our Purpose

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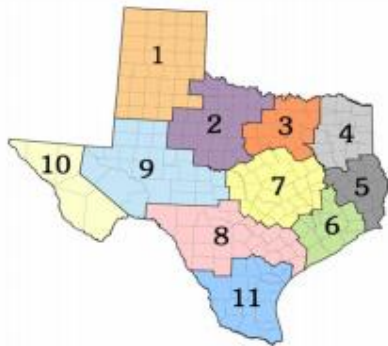
prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions (see Figure 1) to provide support to prevention providers located in their region with substance use data, trainings, media activities, and regional workgroups.

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

Our Regions

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

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

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

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

How We Help the Community

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

Conceptual Framework of This Report

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

Key Concepts

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus of prevention efforts on adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. [1]

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

Epidemiology

The WHO describes epidemiology as the "study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems." This definition provides the theoretical framework through which this assessment discusses the overall impact of substance use and misuse. Through this lens, epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA) establishes epidemiology to identify and analyze community patterns of substance misuse as well as the contributing factors influencing this behavior. SAMHSA adopted an epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.

---

[1] The National Center on Addiction and Substance Abuse at Columbia University. 2011. *CASA analysis of the National Survey on Drug Use and Health, 2009* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.[2] Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

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

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a SUD. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).[3]

---

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

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

Figure 2. Examples of risk and protective factors within the domains of the Socio-Ecological Model
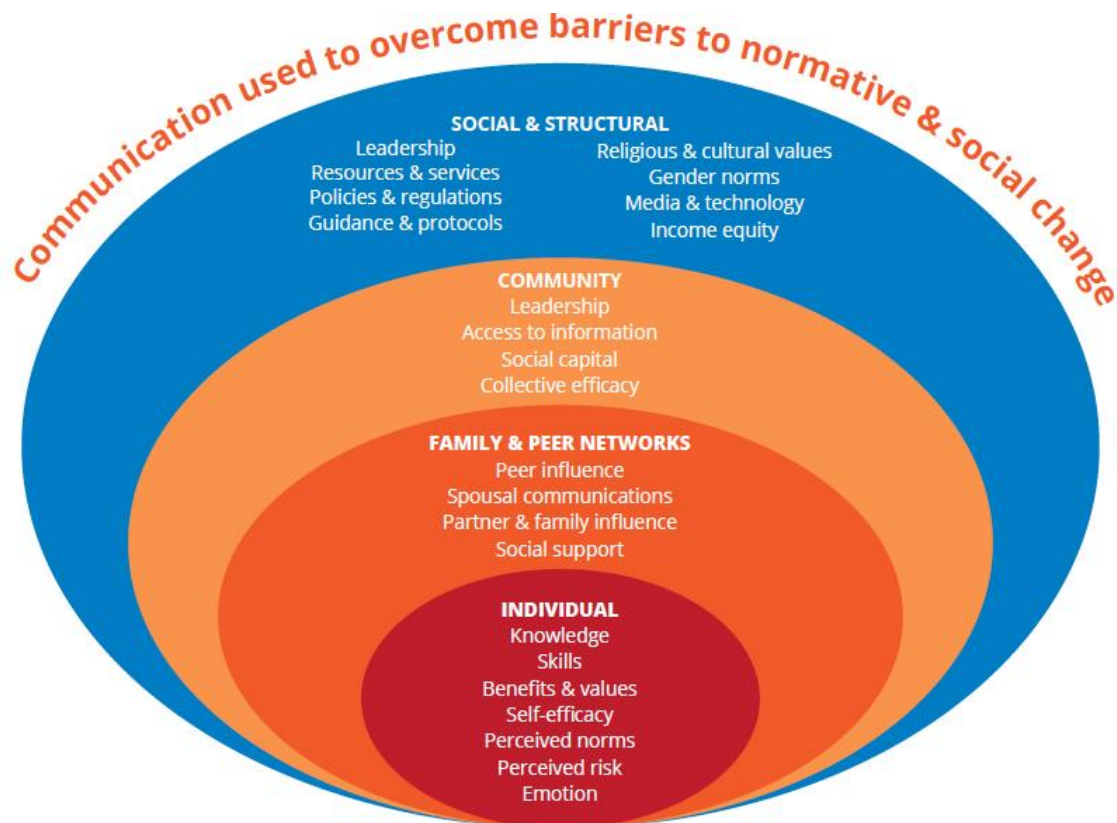
Source: Health Community Capacity Collaborative
https://healthcommcapacity.org/sbcc-capacity-ecosystem/ Accessed April 16, 2020.

Consumption Patterns

For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption, such as the Texas School Survey of Drug and Alcohol Use (TSS)[4], the Texas Youth Risk Surveillance System (YRBSS)[5], and the National Survey on Drug Use and Health (NSDUH)[6], consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even once), school year use (past year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three categories of consumption patterns are used in the TSS to elicit self-reports from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

4Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2016 State Report. 2016.

http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.

5 Texas Department of State Health Services. 2001-2017 High School Youth Risk Behavior Surveillance System Data. 2017.

http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.

6 Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016.

https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.

Due to its overarching and historical hold on the United States, there exists a plethora of information on the evaluation of risk factors that contribute to Alcohol Use Disorder (AUD). According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the United States, for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder (presented in descending order by prevalence rates).[7] When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption.[8] See Figure 3 for the NIAAA's operational definitions of the standard drink.

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

Some alcoholic drinks contain more alcohol than others. As with all matter's nutritional, you need to consider the portion size. For example, some cocktails may contain an alcohol "dose" equivalent to three standard drinks. Source: National Institute on Alcohol Abuse and Alcoholism https://www.niaaa.nih.gov/ Accessed April 16, 2020.

Consequences
One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly associated with SUDs, the most severe of SUDs being addiction, typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has

7 Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.

8 National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled Develop new and improved strategies to prevent drug use and its consequences.[9]

The consequences associated with SUDs tend to be developmentally, culturally, and contextually dependent and the measurement and conceptualization of such associations has proven to be quite difficult for various reasons, including the fact that consequences are not always caused or worsened by substance use or misuse.[10] Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

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

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

9 National Institute on Drug Abuse. 2016-2020 NIDA Strategic Plan. 2016.

https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.

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

Introduction

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

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4). In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.[11]

Figure 4. Strategic Prevention Framework (SPF)

Strategic Prevention Framework

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

Capacity
Mobilize and/or build capacity to address needs

Planning
Develop a Comprehensive Strategic Plan

Implementation
Implement the Strategic Plan and corresponding evidence-based prevention strategies

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

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

---

11 SAMHSA. Strategic Prevention Framework. https://avpride.com/ Accessed April 29, 2020.

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

Our Audience

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

Methodology

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

Purpose/Relevance of the RNA

The regional needs assessment can serve in the following capacities:

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

Process

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

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

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

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

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

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

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

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

> **Key Informant Interviews**
> Interviews are conducted primarily with school officials and law enforcement officers. Participants are randomly selected by city and then approached to participate in an interview with the Data Coordinator. Each participant is asked the following questions:
>
> - What problems do you see in your community?
> - What is the greatest problem you see in your community?
> - What hard evidence do you have to support this as the greatest problem?
> - What services do you lack in your community?

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

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

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

Regional Demographics

Overview of Region

In Region 10, also known as Upper Rio Grande, there is an estimated 892,037 people who live in this region as of 2019. Within this six-county region, the population has increased by 0.78% from 2018 to 2019. [12]

Region 10 has six counties (see Figure 5): Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio.

Figure 5. Regional Boundaries
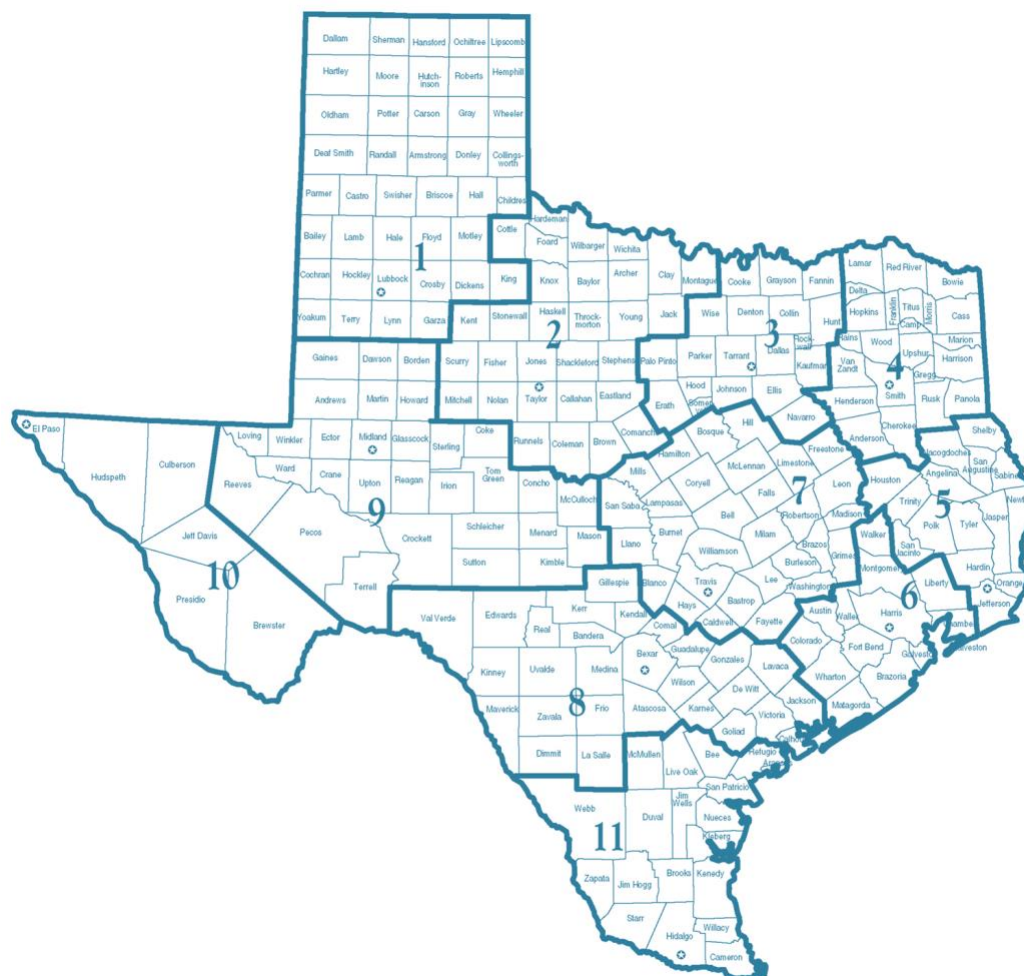
*Source: DFPS. Mapts of DFPS Regions. https://www.dfps.state.tx.us/Contact_Us/regional_map.asp*

Geographic Boundaries

El Paso is the furthest west part of Texas. El Paso holds a very unique spot in Texas as it borders New Mexico and the Mexican state of Chihuahua. El Paso is the only city on mountain time in the state. Separating El Paso, Texas and Mexico is the Rio Grande river which runs 1,900 miles from the Rocky Mountains in Colorado to the Gulf of Mexico. The Binational Health Council, which was established in

12 Texas Demographic Center. Populations Projections for Texas, Report. Last Updated 2019. Accessed June 4, 2020.

1963 to encourage positive relationships between sister cities on the border and their health officials,[13] provides the community a platform to share and exchange resources between our region (i.e., New Mexico, Mexico, and Texas). Region 10 is on the border of two countries, interacts with three states, and is neighbor to one of the largest military installations in the nation. Figure 6 below displays the intersection of El Paso, Juarez, and New Mexico. Also represented are detailed parts of the city of El Paso, such as Northeast El Paso, Fort Bliss, with a view of the cities of New Mexico such as Sunland Park, Anthony, and detailed sections of Juarez, Mexico.

Figure 6- Map of El Paso, New Mexico, and Juarez Intersection, 2020
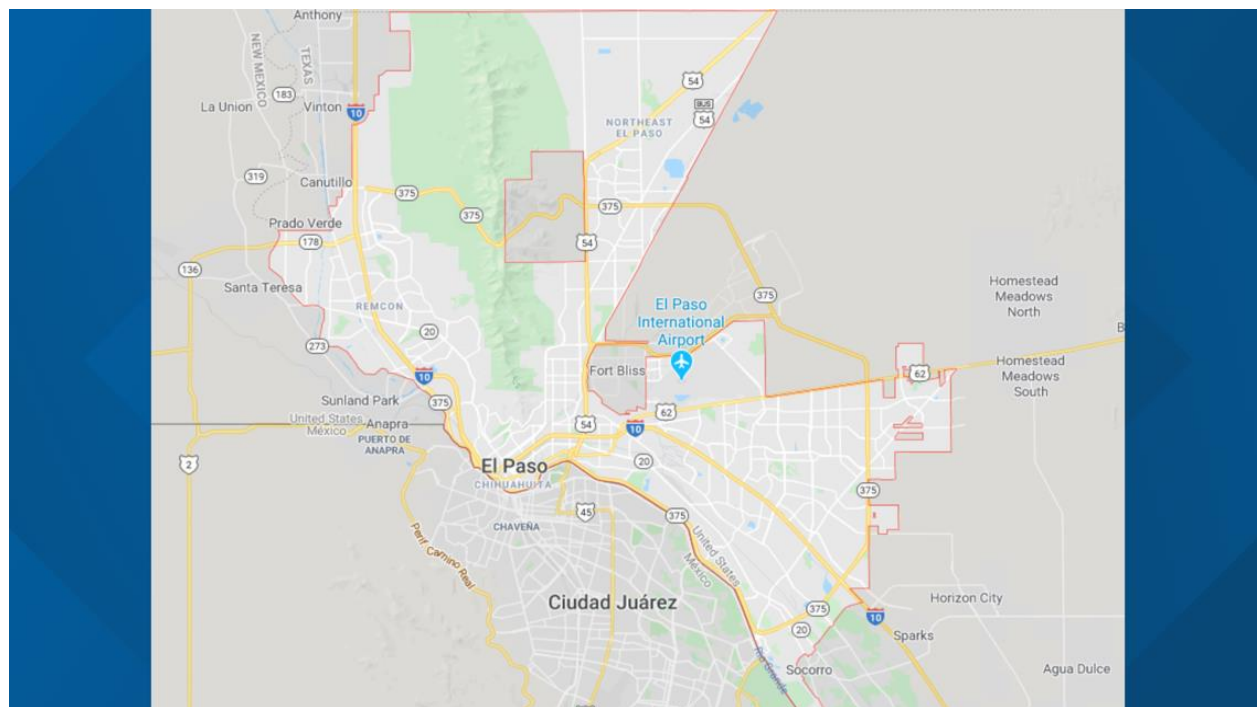
Source: Google Maps, Image of El Paso, Tx, New Mexico and Juarez Intersection. Accessed July 13, 2020.

Zip Codes

Region 10 is divided up into a large abundance of zip codes. When discussing El Paso's breakdown, it is more common to hear sides of town, such as: East, West, Central, or Northeast, rather than zip codes. Some zip codes within our region experience higher levels of poverty and thus receive more funding and support due to risk factors identified by local providers, like the Northeast side of El Paso. While some counties like Culberson only have one zip code, other counties, like El Paso, have 143 zip codes assigned to them. Despite not having the largest area of land, El Paso's number of zip codes demonstrate that they are the most populous county and also have the largest amount of available and occupied housing. Table 1 below shows the amount of zip codes in each county, as well as the available housing units in total, and the number of occupied homes in those areas.

Table 1- Region 10 Zip Codes and Occupied Housing

County	Amount of Zip Codes	Available Housing	Occupied Housing
Brewster	6	4,836	3,876
Culberson	1	1,098	883
El Paso	143	267,821	254,190
Hudspeth	4	1,455	1,118
Jeff Davis	1	142	87
Presidio	3	3,749	2,874

Source: United States Zip Codes.org. Texas Zip Codes. Last Updated 2020. Accessed June 23, 2020.

Counties

Brewster County

Brewster County was founded in 1887 and named after Henry Percy Brewster. Historical accounts place the first European to set foot in Brewster as Alvar Nuñez 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

Culberson County was established in 1911 and named after David B. Culberson. Van Horn city is the county seat and organized in 1012. 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, calm and sandy loams.

El Paso County

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 Oñate 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 2018 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 is home to a large part of the colonias established along the U.S/Mexico Border, with 90,000 people living in 200 known colonias. El Paso County is one of the largest cities geographically resting on the Mexico border with a population of 869,040. It is predominantly Hispanic (80.6%) and is also home to the Fort Bliss 1st Armored Division. Fort Bliss, the second-largest military installation in the US Armed Forces, has 31,088 Active Duty soldiers; 2,174

Reservists; 38,837 family members; 12,323 civilians; and 80,256 retirees accessing station/base/post/camp facilities and other resources, such as the VA hospital.[14]

Hudspeth County

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 en 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, 78.06 percent of the population was Hispanic and 21.93 percent non-Hispanic.

Jeff Davis County

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 its 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 3,401 with a predominantly Hispanic population.

Presidio County

Presidio County is geographically triangular and is comprised 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 was 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. There are approximately 6,049 people living in the county, with 81.18% of that population predominantly Hispanic. Presidio County is best known for the location of the mysterious Marfa lights.

Data for the regional demographics came from the Texas Demographic Center.[15]

Major Metropolitan Areas (i.e., Concentrations of Populations)

Per Table 2, the land area in Texas is 261, 231.71 square miles and has a population density of 96.3 per square mile. The state of Texas is denser than the population density for the United States. In Region 10, El Paso County has the highest population density, and Brewster County has the largest land area (6,183.73 square miles). Region 10 has a population density of 797.1 per square miles of land area, and a total land area of 21,700 square miles. This information is the most updated as the 2020 Census has yet to be finalized and published. In the table below, we will use acronyms sq. and mi. to represent square miles.

---

14 Texas Comptroller. Fort Bliss: Economic Impact on the Texas Economy, 2017.

15 Texas Demographic Center, Texas Populations Projections, 2019.

Table 2-Region 10 Population Density, 2010

Geographic Area	Land Area-Area in sq. mi.	Population-Density per sq. mi of land area
Brewster	6,183.73	1.48
Culberson	3,812.80	0.57
El Paso	1,012.69	828.72
Hudspeth	4,570.98	1.068
Jeff Davis	2,264.56	1.0
Presidio	3,855.24	1.74
Region 10	21,700.00	797.1
Texas	261,231.71	96.3
United States	3,531,905.43	87.4

Source: U.S Census Bureau, 2010 Census. Quick Facts-Texas. https://www.census.gov/quickfacts/TX. Accessed June 18, 2020.

Demographic Information

Total Population

The state of Texas continues its growth as demonstrated in Table 3 (see below). Based on 2019 projection data for Texas, as well as Census Bureau projections for the United States, Texas had a population of 29,193,268 and the United States had a population of 328, 239,523. These estimated projections show Texas growing by 10.17% and the US growing by 10.03%. These estimates place Texas as the 2nd most populous state in the nation but does not outpace the United States' population growth. Table 3 reflects the growth of the last two years nationally and within Texas.

Table 3- Texas and US Population Change Projections 2010 and 2019

Geographic Area	2018 Population	2019 Population	Growth (+/-)	Growth Rate
United States	327,167,434	328,239,523	1,072,089	10.03
Texas	28,701,845	29,193,268	491,423	10.17

Source: U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population for the United States. Last Updated December 2019. Accessed June 4, 2020; Texas Demographics Center, Texas Population Projections, 2019. Accessed June 10, 2020.

The Texas Demographic Center produces a projection report for the state of Texas. Figure 7 demonstrates population-level data at the regional level and includes data on all ages and races from 2011 to 2019. As demonstrated by the figure, Region 10 has continued to grow about 10% from 2018 to 2019 according to the estimates for these Texas counties.

Figure 7-Region 10-Population, 2011-2019
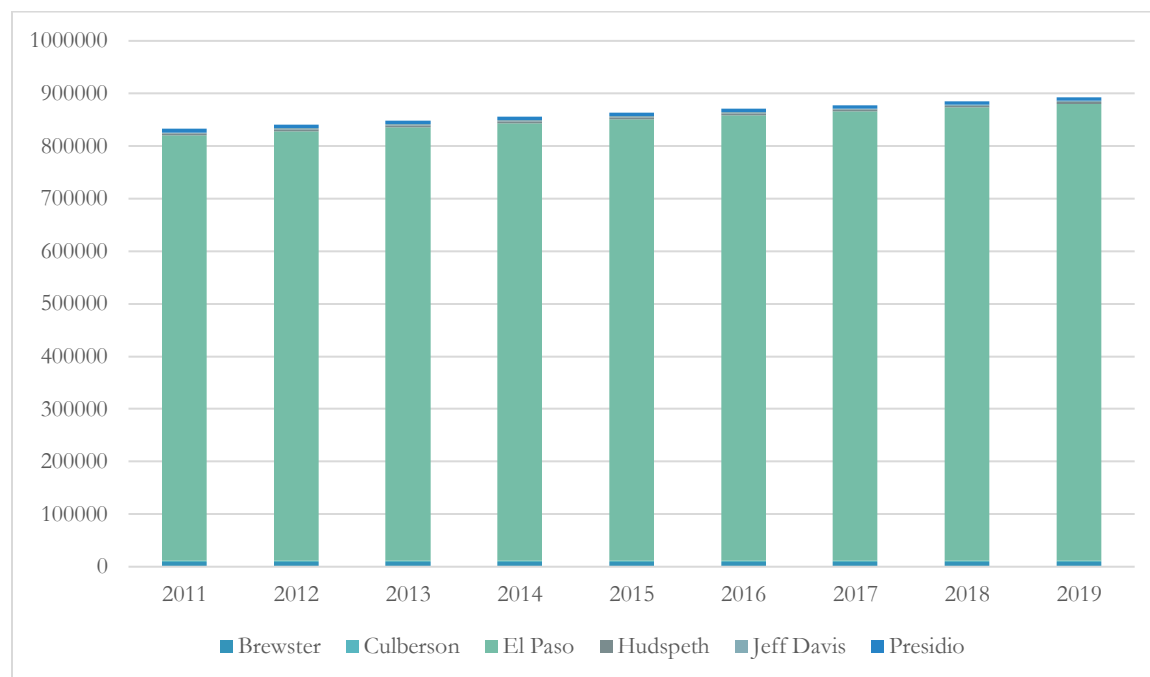
Source: Texas Demographic Center. Population Projections for Texas, Report. Last Updated 2019. Accessed June 4, 2020.

Population <Age 19 including percentage

Data collected from the Texas Population Projections indicates that while the number of persons under 19 is higher in the U.S overall, the percentage when compared to the nation is higher in Texas. Table 4 below represents the percentages in the United States, Texas, and Region 10, of persons under 19 respectively. As demonstrated by Table 4, Region 10 comprises a smaller percentage given that there is only one large metropolitan area in the region, El Paso.

Table 4-Population >Age 19

Geographic Area	Total	Percent
United States	82,290,630	25.07%
Texas	8,279,926	28.36%
Region 10	271,061	3.27%

Source: U.S Census Bureau, 2018 American Community Survey. Age and Sex. https://data.census.gov/cedsci/table?hidePreview=false&tid-ACSST1Y2018.S0101&t=Age%20and%20Sex.

Age

Census Bureau and Texas Demographic Center data indicate that the age distribution reflected in the United States is similar to the age distribution in Texas, respectively. From the surveyed participants, individuals ages 18-64 form the largest percentage of the population (see Table 5). The second-largest age range is the 0-17 group at 25.65% in Texas. When comparing 2018 to 2019, there is a marked

increase in the percentage of the aforementioned age groups. In the table below, and other sections of the report, we will use the acronym PCT to stand for percentage.

Table 5- Texas vs US Population by Age Category, 2019

Geographic Area					Age				
	Totals		0 to 17		18-64		65-80+	
	Sum	PCT	Sum	PCT	Sum	PCT	Sum	PCT
United States	325,179,178	100%	73,648,683	22.60%	201,254,783	62%	50,815,712	15.60%
Texas	28,461,446	100%	7,437,514	25.65%	18,004,815	62.09%	3,019,117	10.41%

Source: Texas Demographic Center. Texas Population Projections for Texas, Report. Last Updated 2019. Accessed June 4, 2020.

Figure 8 describes the population breakdown of Region 10 by age. The ages are categorized into five age ranges. In Region 10, the largest group are those under the age of 18 and the smallest age group are individuals in the 65 and over age group.

Figure 8- Region 10 Population by Age Category, 2019
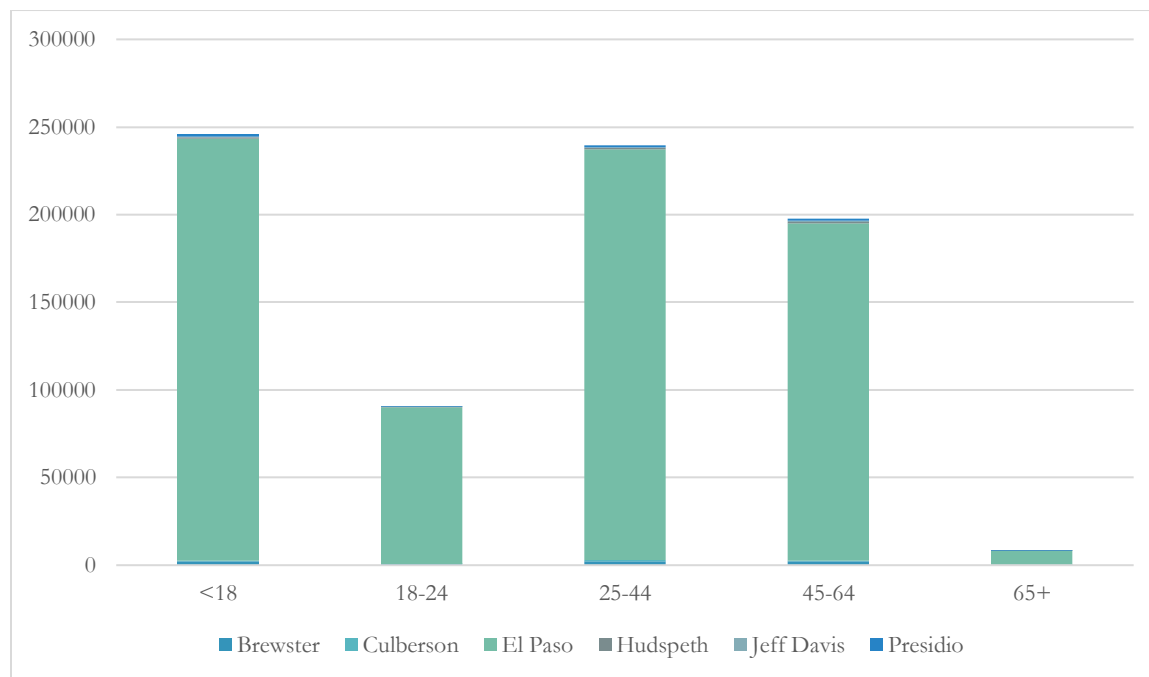
Source: Texas Demographics Center. TDC- Texas Population Projections Program. Accessed June 10, 2020.

Race/Ethnicity

Table 6 shows Region 10 broken down by race/ethnicity for the years 2017, 2018, and 2019. Racial categories described below include White, Black, Hispanic, Asian, and Other. Individuals who chose to identify as Other either do not identify with the other races or view themselves as a combination of different races or ethnicities. In Table 6, we see that the majority of counties have a large number of

individuals who identify as Hispanic. In Figure 9 we see that the majority of the counties have a large number of individuals who identify as Hispanic.

Table 6-Region 10 Population by Race and Ethnicity, 2017-2019

Race and Ethnicity

Year	Geographic Area	Total	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Asian, Non-Hispanic	Other
2017	Brewster	9,204	4,782	86	4,084	65	187
	Culberson	2,288	530	8	1,679	27	44
	El Paso	854,477	111,505	27,690	692,384	10,171	12,727
	Hudspeth	3,399	649	33	2,660	13	44
	Jeff Davis	2,168	1,291	10	809	7	51
	Presidio	6,371	975	34	5,214	82	66
2018	Brewster	9,192	4,742	87	4,107	66	190
	Culberson	2,275	533	8	1,662	27	45
	El Paso	861,801	112,349	28,927	696,545	10,658	13,322
	Hudspeth	3,398	650	34	2,656	13	45
	Jeff Davis	2,151	1,266	10	816	7	52
	Presidio	6,206	962	35	5,059	83	67
2019	Brewster	9,157	4,695	88	4,116	67	191
	Culberson	2,261	538	8	1,642	27	46
	El Paso	869,040	113,184	30,256	700,488	11,183	13,929
	Hudspeth	3,401	653	34	2,655	13	46
	Jeff Davis	2,129	1,239	10	820	7	53
	Presidio	6,049	950	36	4,911	84	68

Source: Texas Demographic Center. TDC-Texas Population Projections Program. Accessed June 4, 2020.

Figure 9-Region 10 Population by Race for 2019
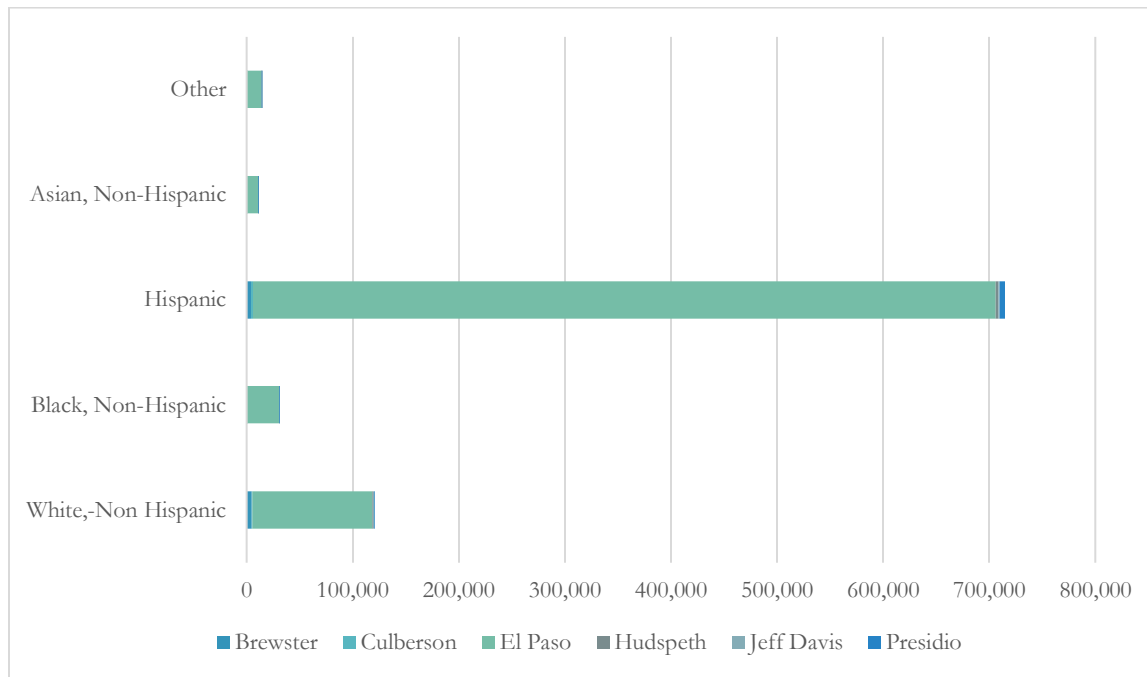
Source: Texas Demographic Center. TDC-Texas Population Projections Program. Accessed June 4, 2020.

Languages

According to the American Community Survey of 2018, there are a variety of languages spoken in Texas. These languages are not limited to English and Spanish, but also include other Indo-European languages, Asian and Pacific Islander languages, and other languages not defined. In order to give a broader perspective of what languages are spoken, the table represents Texas as a whole rather than counties in Region 10. Figure 10 below outlines the languages that are spoken in Texas broken down into totals and percentages. Additionally, according to the American Community Survey of 2018, 25.94% of Region 10 reported they speak English only (see Table 7). 61.42% of Region 10 speaks Spanish. Of those Spanish speaking individuals in Region 10, 27.76% reported speaking English less than "very well."

Figure 10- Languages Spoken in Texas, 2018
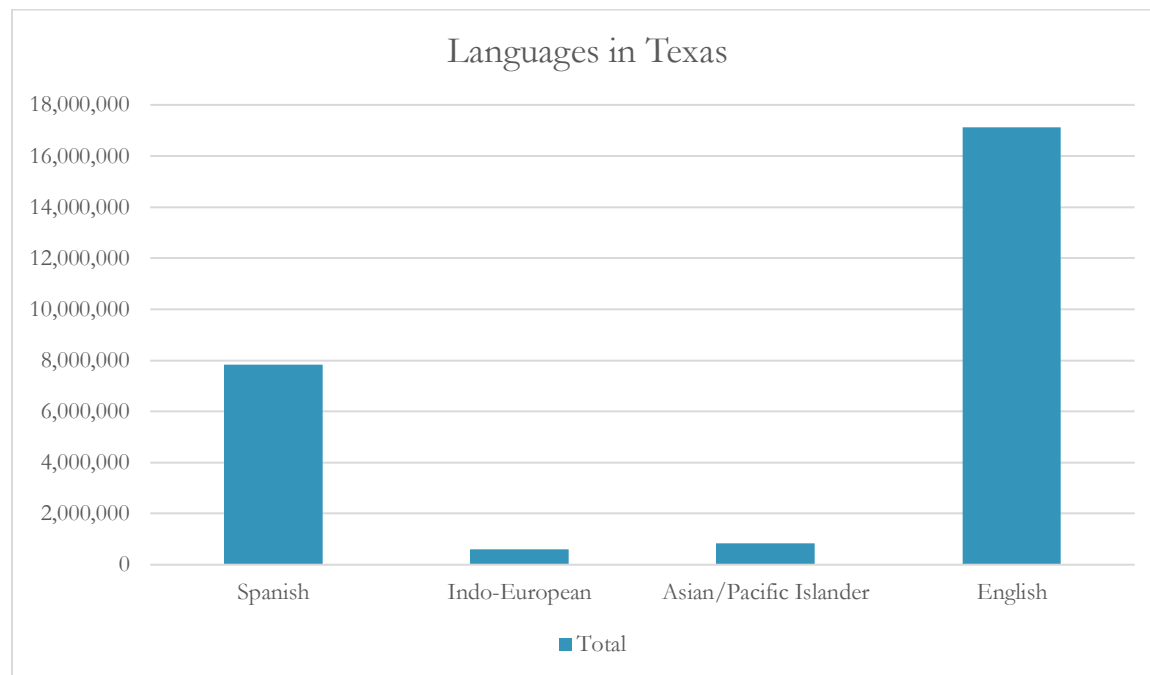
Source: U.S Census Bureau, 2014-2018 American Community Survey. Language Spoken at Home by Ability to Speak English for the Population. https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&table=DP02&tid=ACSDP5Y2018.DP02&y=2018&g=0400000US 48_0500000US48377&hidePreview=true. Accessed June 10, 2020.

Table 7- Region 10, Language Proficiency, 2018

Geographic Area	English Only	PCT	Spanish Only	PCT	Spanish-Speak English "very well"	PCT	Spanish-Speak English Less than "very well"	PCT
Texas	16,688,818	57.16%	7,631,379	26.14%	4,557,789	15.6%	3,073,590	10.52%
Region 10	231,438	25.94%	547,955	61.43%	300,483	33.68%	247,472	27.74%
Brewster	5,696	62.20%	2,819	30.78%	2,144	23.41%	675	07.37%
Culberson	751	33.21%	1,283	56.74%	686	30.34%	597	26.40%
El Paso	221,500	25.43%	534,990	61.56%	293,489	33.77%	241,501	27.78%
Hudspeth	974	28.63%	2,799	82.29%	1,107	32.55%	1,692	49.75%
Jeff Davis	1,380	64.81%	765	35.93%	453	21.27%	312	14.65%
Presidio	1,137	18.80%	5,299	87.60%	2,604	43.04%	2,695	44.55%

Source: U.S Census Bureau, 2014-2018 American Community Survey. Language Spoken at Home by Ability to Speak English for the Population.
https://data.census.gov/cedsci/table?d=C16001&tid=ACSDT5Y2018.C16001&hidePreview=true&layer=VT _2018_040_00_PY_D1&g=0400000US48. Accessed June 18, 2020.

Single-parent households

As part of the County Health Rankings Model, single-parent households are households with a percentage of children that live in a family headed by a single parent. Single-parent household is an important factor because children who live in a single-parent house is a risk factor.[16] This risk factor is often associated with a risk for substance misuse and child abuse or neglect.[17] Figure 11 reports the percentage of single-parent households by county for the years 2018-2020. For most of the counties in Region 10, the rates remained relatively stable throughout the years. However, Culberson county did see a 10% increase from 2019 to 2020 while Presidio also increased by 15%.

Figure 11- Region 10 Single-Parent Households by County- 2018-2020
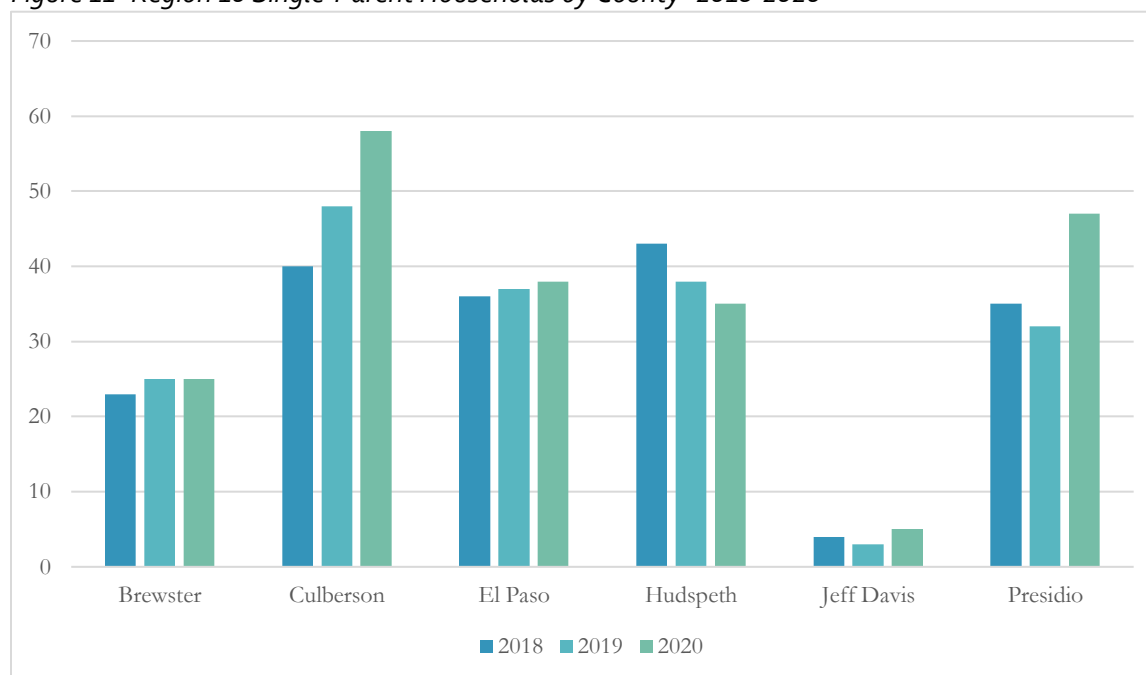
Source: County Health Rankings and Roadmaps, Children in Single-Parent Households in Texas. Accessed June 17, 2020.

Homeless Students

Homeless youth is a significant population to monitor as it relates to risk factors and misuse. Johnson and Chamberlain identified that homeless youth are at higher risk for developing substance misuse problems when compared to homeless adults.[18] Given this critical risk factor, the Texas Education Agency (TEA) has started recording the number of homeless students beginning in the 2016-2017 school year. A student is considered homeless if the child does not have a permanent address, which could be the case of individuals moving from house to house or living in a shelter. Region 10 is composed of school districts ESC 18 and 19. ESC stands for Educational Service Center of which there

---

16 County Health Rankings and Roadmaps. Children in single-parent households in Texas. County Health Rankings and Roadmaps. http://www.countyhealthrankings.org/app. Accessed June 17, 2020.

17 U.S Department of Health and Human Services. Administration on Children, Youth and Families, Children's Bureau. http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf. Accessed June 17, 2020.

18 Johnson G, Chamberlain C. Homelessness and Substance Abuse: Which Comes First? Aust Soc. Work. 2008; 61(4): 324-356. Doi: 10.1080/03124070802428191

are 20 in Texas. These represent the various public and charter schools covered by the TEA, throughout the state. The number of homeless students was added for ESC 18 and 19 to come up with a rate for Region 10. Texas has seen a slight increase from 2019 to 2020 (i.e., 1.42) while Region 10 has seen a steady increase since 2017 with the 2019-2020 school year showing a homelessness percentage of 2.2. Texas has an average of student homelessness of 1.61%, which is slightly lower than the rate of Region 10. Figure 12 below reflects the data of homeless students from the school years 2017-2018 to 2019-2020.

Figure 12- ESC 18/19 and Texas Percent of Homeless Students-2017-2020
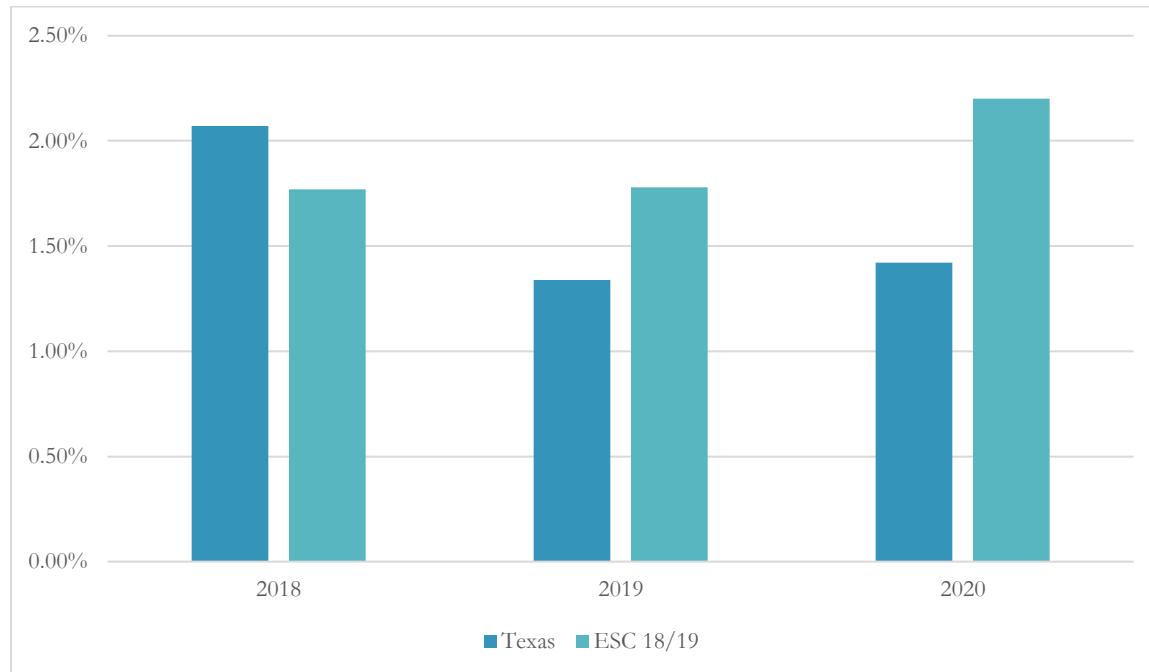
Source: Texas Education Agency, Student Program Reports. Data 2017-2020.
https://rptsvr1.tea.texas.gov/adhocrpt/adspr.html. Accessed June 26, 2020.

Socio-Economic Data

Average Salaries/wages by county/per capita by county

Median household income is an important factor when analyzing protective factors for children in Region 10 as the amount earned in one household affects participation, or the need to participate, in programs such as TANF, SNAP, and the Free/Reduced Lunch Program. Figure 13 below displays the information of median household income in each county over three years.

Figure 13- Median Household Income by Region 10 County, 2018-2020
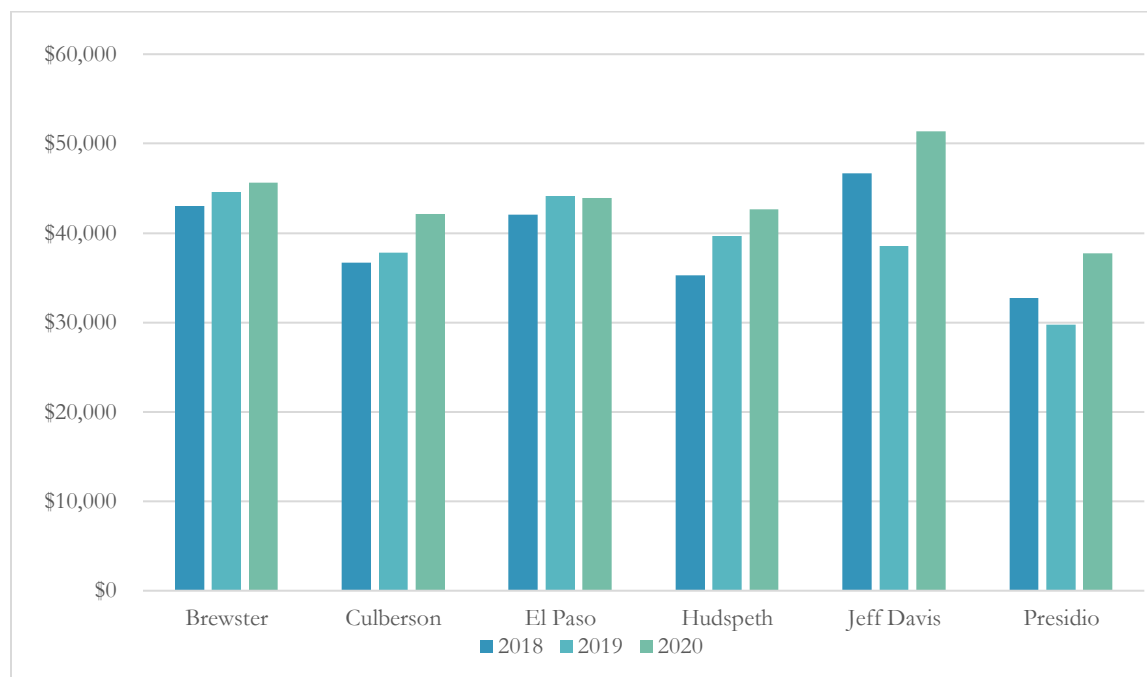
Source: County Health Rankings and Roadmaps, Median Household Income, 2018-2020. Accessed June 26, 2020.

Per capita income by county reflects how much each person would earn monetarily. This information is important when analyzing risk and protective factors for children in these areas because it helps to determine food security and access to other things such as health insurance. Table 8 below represents per capita income by county from 2016-2018.

Table 8- Per Capita Income by County in Region 10, 2016-2018

County	2018	2017	2016
Brewster	$27,227	$26,073	$26,156
Culberson	$15,873	$16,763	$18,862
El Paso	$20,763	$28,612	$19,145
Hudspeth	$14,190	$12,453	$14,776
Jeff Davis	$26,053	$25,167	$26,493
Presidio	$16,066	$15,329	$16,326

Source: U.S Census Bureau. Quick Facts, Per capita income, 2014-2018. www.census.gov/quickfacts/fact/table/PST045219. Accessed June 26, 2020.

Unemployment/Employment

According to the Texas Labor Market Information seen in Table 9, Texas has an annual unemployment rate of 3.5% in 2019. Upon comparing yearly unemployment rates, Table 5 indicates that Region 10 has a higher unemployment rate than the state (i.e., 3.9%- Regional vs. 3.5%- Texas). The county with the highest unemployment rate is Presidio, and the counties with the lowest unemployment rate are Brewster and Jeff Davis at 2.9%.

Table 9- Region 10- Labor Force, Employment, and Unemployment, 2019

Geographic Area	Employed	Labor	Unemployed	Unemployment Rate
Texas	13,551,791	14,045,312	493,521	3.5
Region 10	359,457	373,804	14,347	3.9
Brewster	4,084	4,207	123	2.9
Culberson	1,002	1.044	42	4.0
El Paso	348,712	362,582	13,870	3.8
Hudspeth	1,747	1,827	80	4.4
Jeff Davis	1,010	1,040	30	2.9
Presidio	2,902	3,104	202	6.5

Source: Texas Labor Market Information. Local Area Unemployment Statistics.
http://texaslmi.com/LMIbyCategory/LAUS. Accessed June 4, 2020.

Figure 14 below demonstrates the unemployment rates of Region 10 and Texas from 2016 to 2019. This trend analysis indicates that both Texas and Region 10 have seen a decreasing trend in unemployment.

Figure 14 - Region 10 and Texas Unemployment Rates—2016-2019
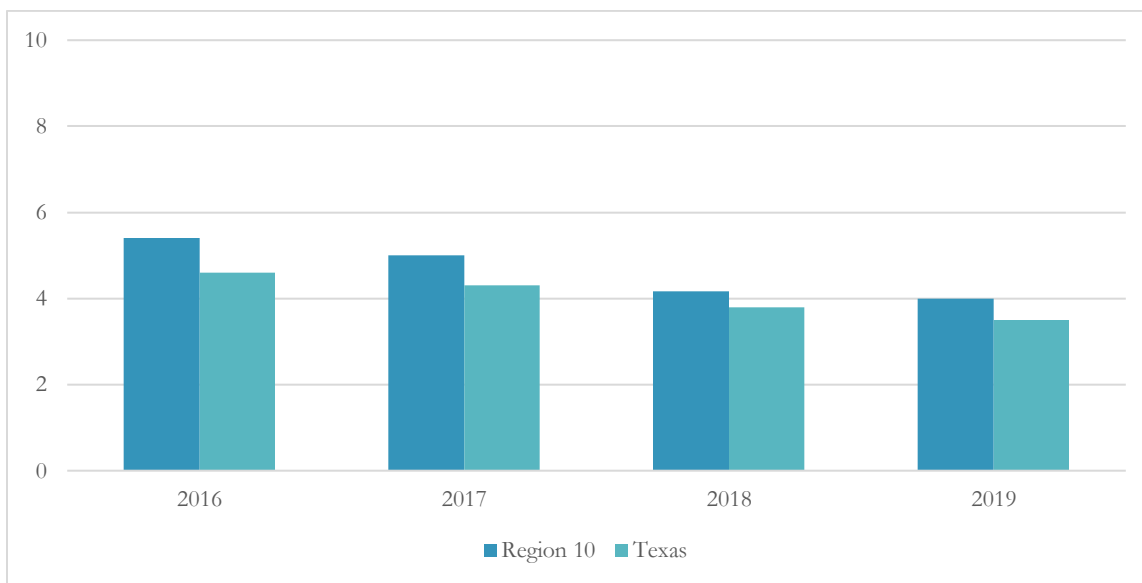
Source: Texas Labor Market Information. Local Area Unemployment Statistics.
http://texaslmi.com/LMIbyCategory/LAUS. Accessed June 4, 2020.

TANF Recipients

Temporary Assistance for Needy Families (TANF) provides financial assistance to families for household expenses. [19] The goal of the program is to help needy families achieve self-sufficiency. TANF recipients can receive TANF Basic or TANF State Program. The main difference between the two programs is the funding source as one is federal, and one is through the state. For Figure 15, TANF recipients include

[19] U.S Department of Health and Human Services. Temporary Assistance for Needy Families (TANF). Office of Family Assistance. ACF.

https://www.acf.hhs.gov/ofa/programs/tanf. Accessed June 11, 2020.

only TANF Basic while Figure 16 shows the number of participants in the TANF State Program in Region 10. The data is represented by the number of participants per 100,000 people in Texas. Figures 15 and 16 represent TANF recipients from Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio, as well as the overall numbers in Texas. Based on this figure between 2016 and 2019, TANF benefits have seen a significant and steady decrease. This decrease is notable because it could indicate that there is less of a need for financial assistance among Texas families in this region.

Figure 15- TANF State Region 10 and Texas, 2016-2019
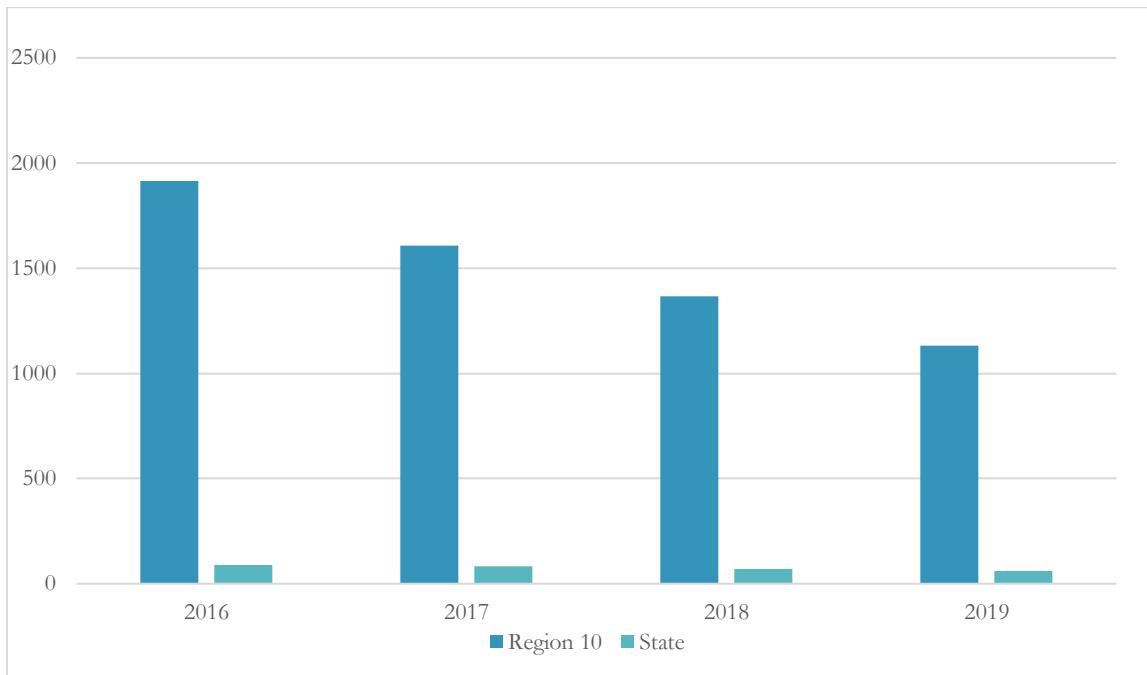
Source: Temporary Assistance for Needy Families. Texas Health and Human Services Commission.
https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics. Accessed June 15, 2020.

Figure 16- TANF Basic Region 10 and Texas, 2016-2019
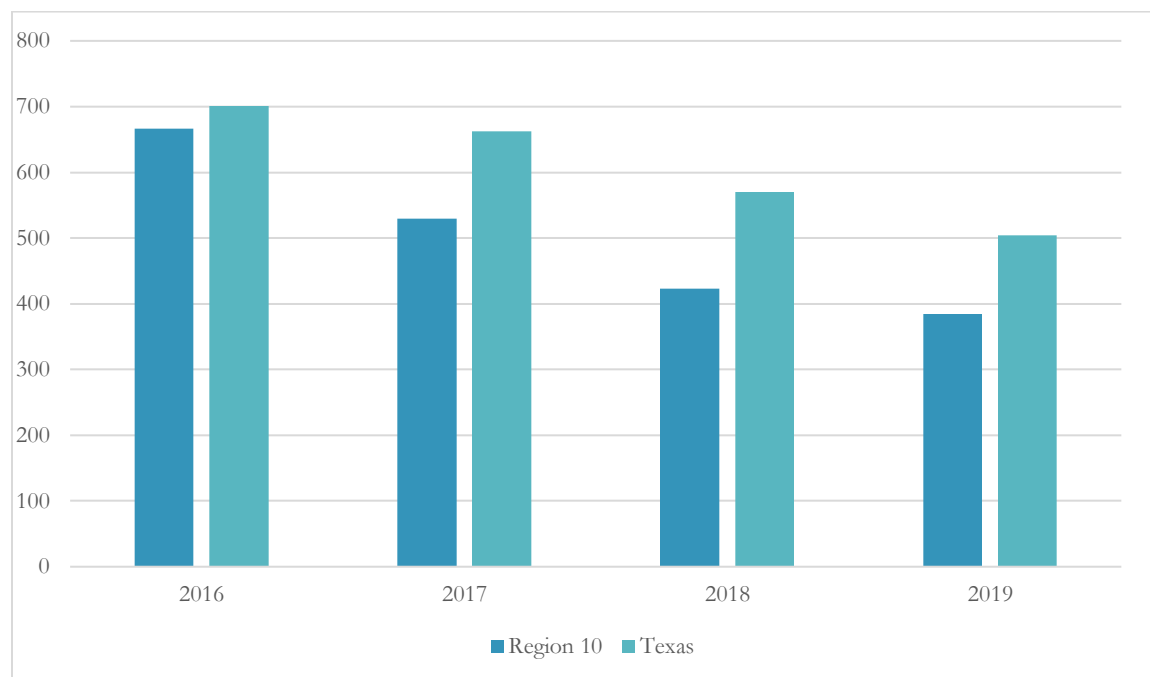
Source: Temporary Assistance for Needy Families. Texas Health and Human Services Commission. *https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics. Accessed June 15, 2020.*

SNAP recipients

Individuals in Region 10 receive Supplemental Nutrition Assistance Program (SNAP) benefits by placing funds on a debit-like card that they can use at stores that accept SNAP.[20] Based on the SNAP website, individuals are limited to the items that can be purchased with this financial assistance. SNAP is designed to help individuals who are not able to afford nutritious food for their household. Figure 17 depicts SNAP recipients from the years 2016-2019. Within this time frame, Region 10 saw the lowest number of participants in 2019. In comparison to Figure 17, Figure 18 highlights the trend in SNAP recipients across the state of Texas. Figure 18 shows a peak in recipients in 2016 and 2017, but in 2018 and 2019, Texas saw a steady decrease in SNAP recipients.

20 Texas Health and Human Services Commission. SNAP Food Benefits-How to Get Help.

Figure 17-Region 10 SNAP Recipients, 2016-2019
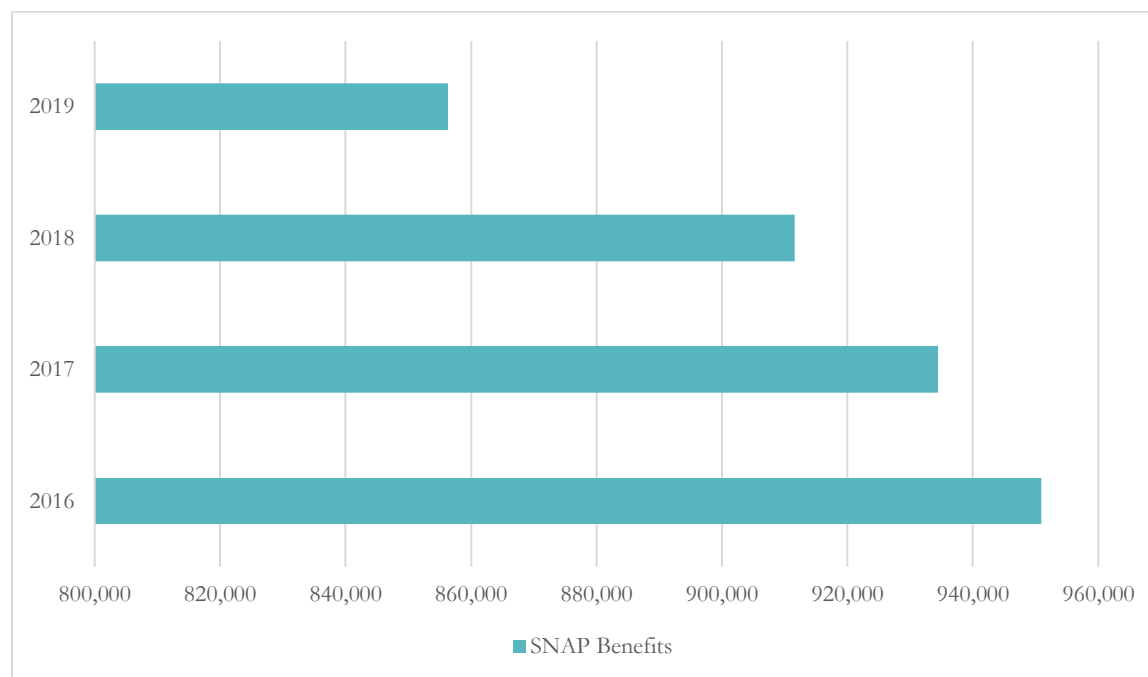
Source: Supplemental Nutrition Assistance Program (SNAP) Statistics. Texas Health and Human Services Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics. Accessed June 15, 2020.

Figure 18- Texas SNAP Recipients, 2016-2019
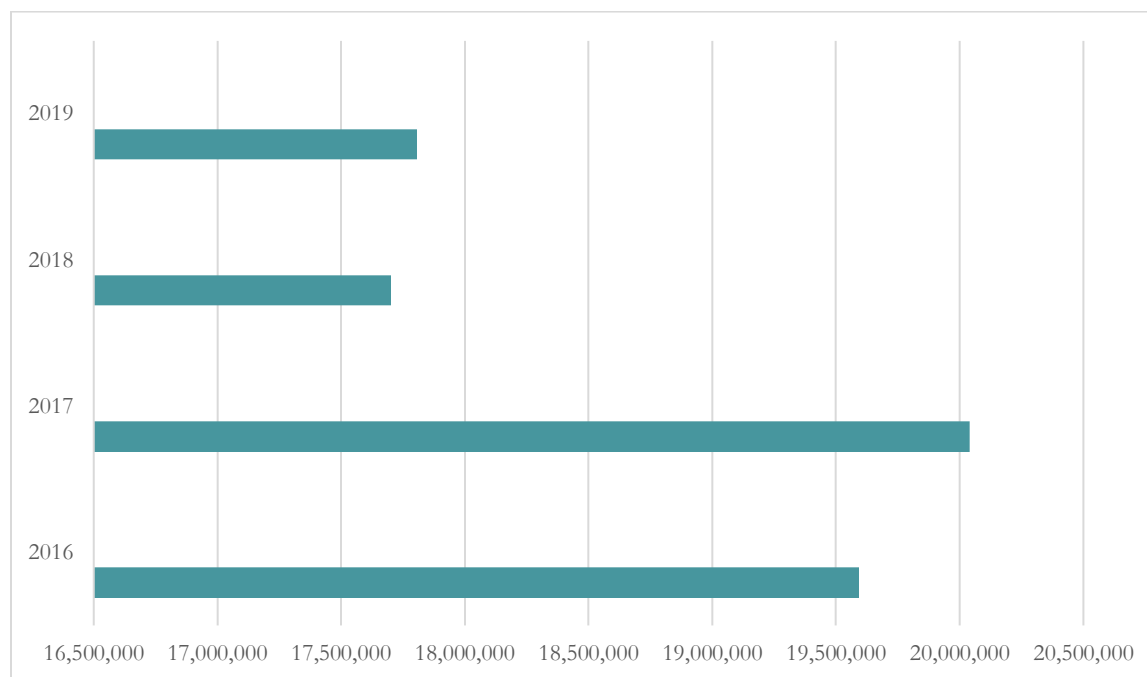
Source: Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Health and Human Services Commission. https://hhs.gov/about-hhs/records-statistics/supplemental-nutritional-assistance-program-snap-statistics. Access June 17, 2020.

Free, reduced school lunch recipients

National School Lunch Program (NSLP) provides over 30 million students annually with free or reduced lunches whose household income matches NSLP criteria.[21] Researchers in education often see NSLP enrollment as a proxy for economically disadvantaged individuals.[22] In the 2018-2019 school year, Region 10 saw an increased amount of children that were eligible for free or reduced lunch. This trend is similar to what Texas saw in their enrollment numbers as well with numbers rising by roughly 8% over the last two school years. In the school years 2017-2018 and 2018-2019, the percentage of Texas students eligible for free and/or reduced lunch rose only by 2 percent while region 10 remained stable. These numbers are representative of the fact that food insecurity remains a level of concern in Texas as well as in Region 10. Figure 19 demonstrates these numbers from school years beginning in 2016-2017, 2017-2018, and 2018-2019.

---

[21] U.S Department of Agriculture, Economic Research Service. (2019). National School Lunch Program. Retrieved from https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program/.

[22] Hill c.J., Bloom H.S., Black A.R., Lipsey M.W. (2008). Empirical benchmarks for interpreting effect sizes in research. Child Development Perspectives, 2(3), 172-177.

Figure 19- Region 10 and Texas Numbers of Free & Reduced Lunch Students, 2016-2019
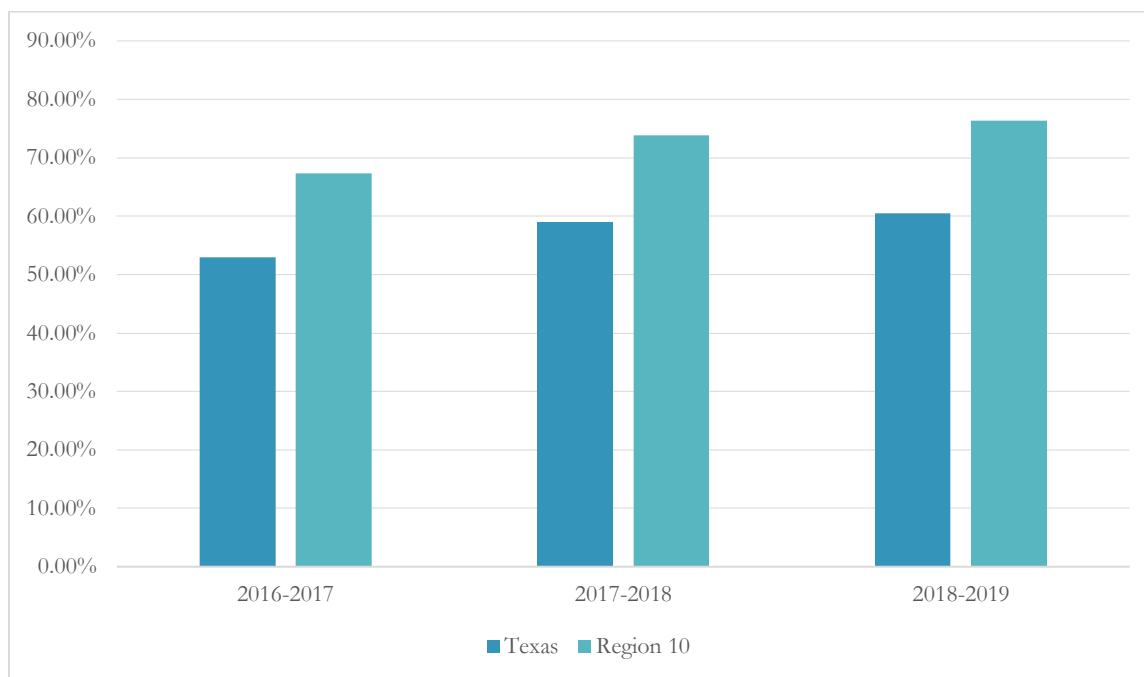
Source: U.S Department of Education, National Center for Education Statistics: Common Core Data. ELSI-Elementary and Secondary Information System. https://nces.ed.gov/ccd/elsi/tableGenerator.aspx. Accessed June 25, 2020.

Uninsured Children

With the passing of the Affordable Care Act (ACA) more and more people were able to obtain health insurance, and children were no exception. Insured children, as well as those who receive Medicaid and CHIP coverage, experience more "long-term positive outcomes in health, school performance and educational attainment, and economic success."[23] While there are reports that enrollment numbers in health insurance for children have decreased, thus increasing the number of uninsured children, due to factors such as immigration status and more red tape for families[24], Texas and the counties within Region 10 have had fluctuations in their numbers. The number of uninsured children in Texas has been on a decline which indicates a rise in access to health insurance which raises the protective factors for children in Texas. The numbers in the counties of Region 10 have fluctuated as well but indicate that there are still many children uninsured and therefore Figure 20 below represents the number of uninsured children and Figure 21 represents the percentage of uninsured children in Texas and the counties in Region 10.

Figure 20- Number of Uninsured Children in Texas and Region 10, 2016-2018
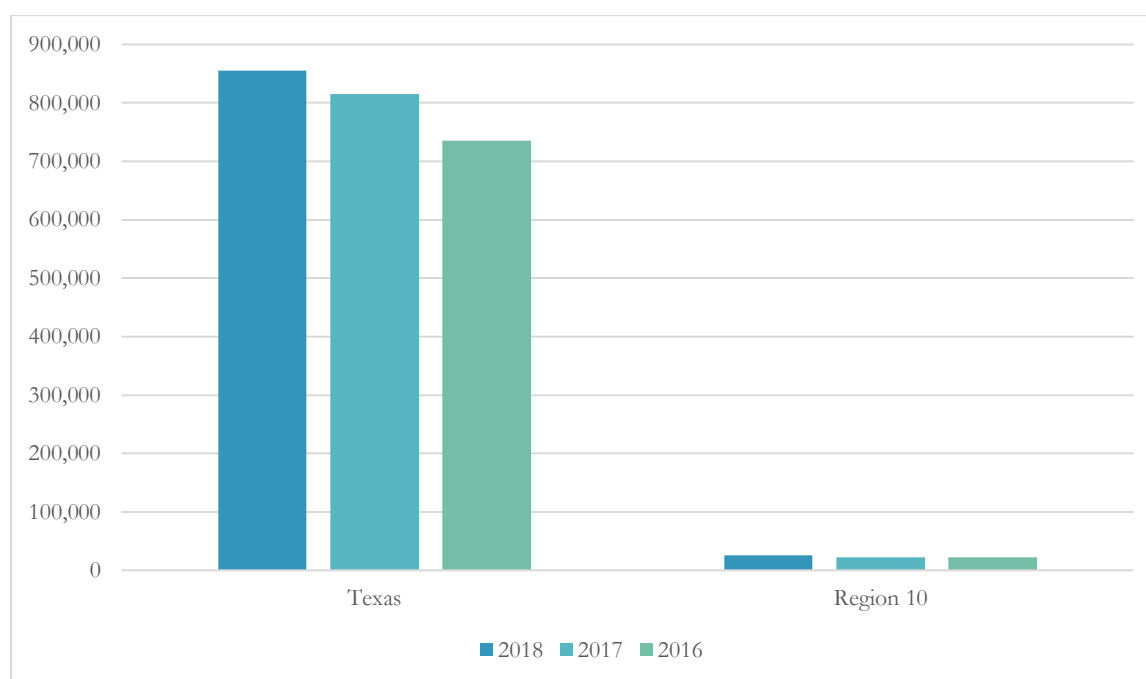
Source: U.S Census Bureau. Small Area Health Insurance Estimates (SAHIE) 2018.
https://www.census.gov/data-tools/demo/sahie/#/?s_statefips=48&s_agecat=4&s_year=2018,2017,2016. *Accessed August 12, 2020.*

23 Artiga, S. and Ubri P. Key issues in children's health coverage. *The Henry J. Kaiser Family Foundation*. 2017; Issue Brief: 1-11.

24 Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. *Henry J. Kaiser Family Foundation*. 2019; 1-19.

Figure 21- Percentage of Uninsured Children in Texas and Region 10, 2018-2020
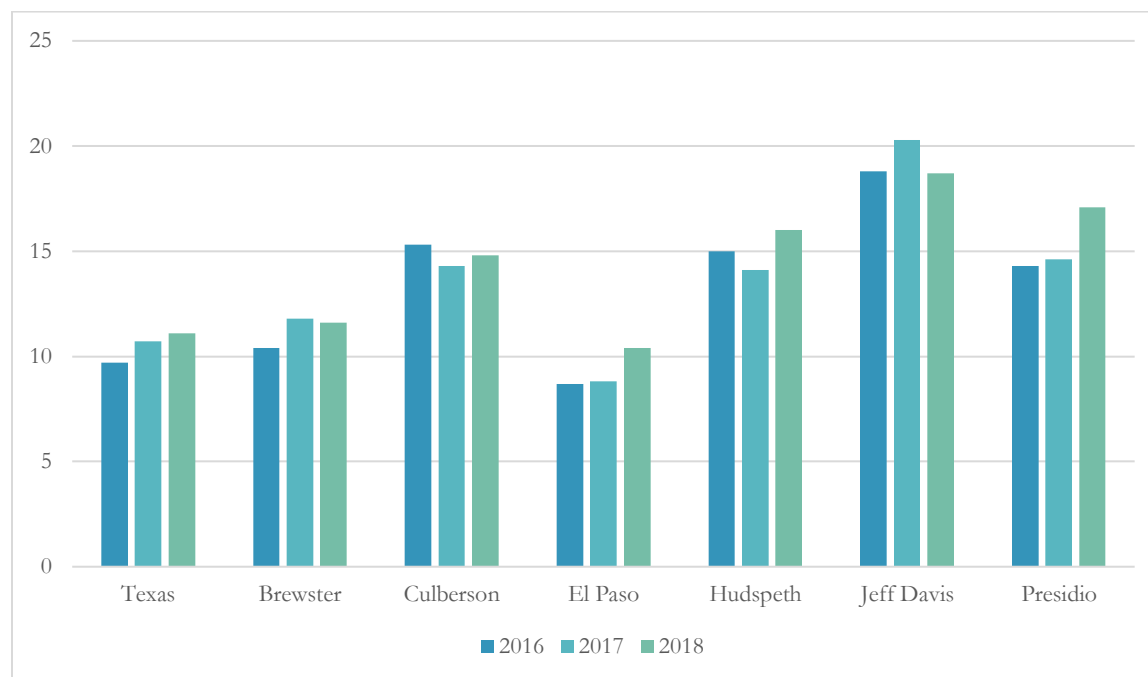
Source: U.S Census Bureau. Small Area Health Insurance Estimates (SAHIE) 2018.
https://www.census.gov/data-
tools/demo/sahie/#/?s_statefips=48&s_agecat=4&s_year=2018,2017,2016. *Accessed August 12, 2020.*

Environmental Risk Factors
Retail Access
Alcohol

Region 10's retail access to alcohol products is no different from any other area as the six counties have a total of 1,052 alcohol retailers. However, when considering respective populations, some areas have more retailers than others. It is clear from the data that the larger the population the more alcohol retailers there are. Figure 22 below breaks down how many retailers per capita are in each region. As demonstrated by the information in the figure, Culberson county has the largest number of retailers in Region 10. The ready access to alcohol retailers in this region indicates a strong risk factor for alcohol use.

Figure 22- Individual Alcohol Retailers in Counties in Region 10, 2020
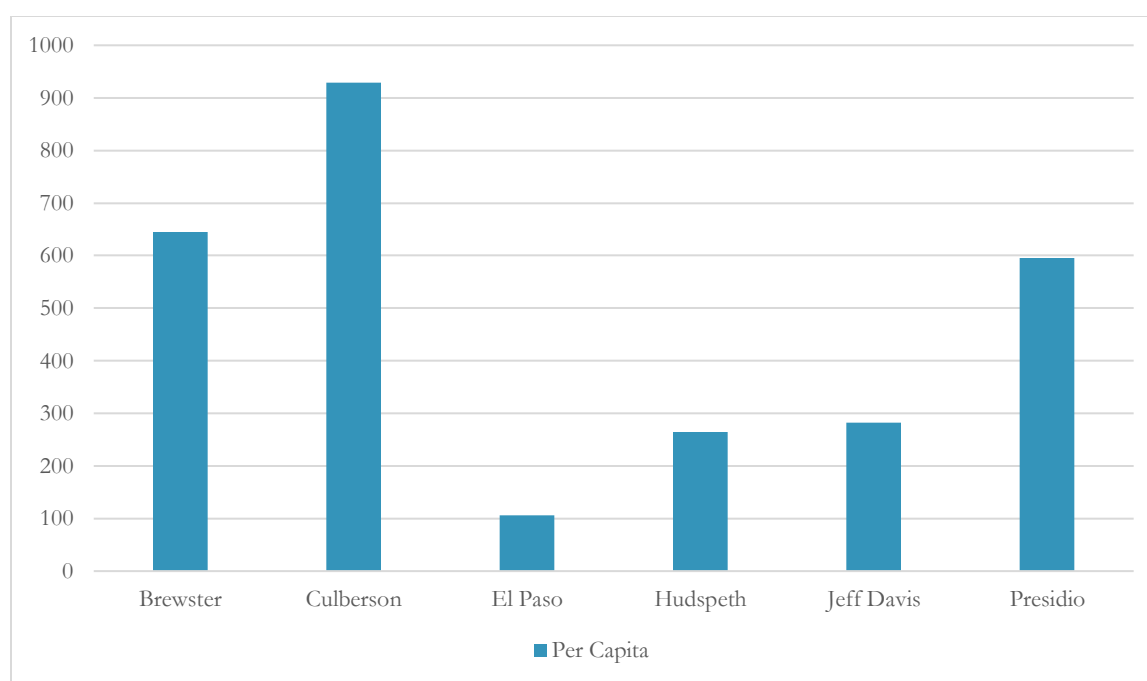
Source: Texas Alcohol Beverage Commission, TABC Active License and/or Permits, 2020.
https://www.tabc.state.tx.us/PublicInquiry/Roster.aspx

Tobacco and other Nicotine products

The state of Texas recently raised the legal age to possess, purchase, sell, distribute, consume or receive tobacco products to 21 effective September 1, 2019. The age was then raised to 21 federally on December 20, 2019.[25] Despite the legal age being increased, consumers and distributors have found a loophole in which to sell products used for vaping to include vape juice: online sales. Once you enter a website that sells vaping products they ask if the consumer is 21 or older and offer a yes or no button. However, there are some websites that state they use a third party to verify the information submitted (see Figure 23 below). Additionally, throughout Region 10 there are a large number of retailers where access to tobacco

---

[25] Comptroller of Texas. Underage Smoking Provisions- Regulatory Information. 2019.

and other nicotine products are available, but as shown in Figure 24, the highest per capita is in Culberson county. Figure 24 breaks down tobacco retailers per capita in each of the six counties in region 10.
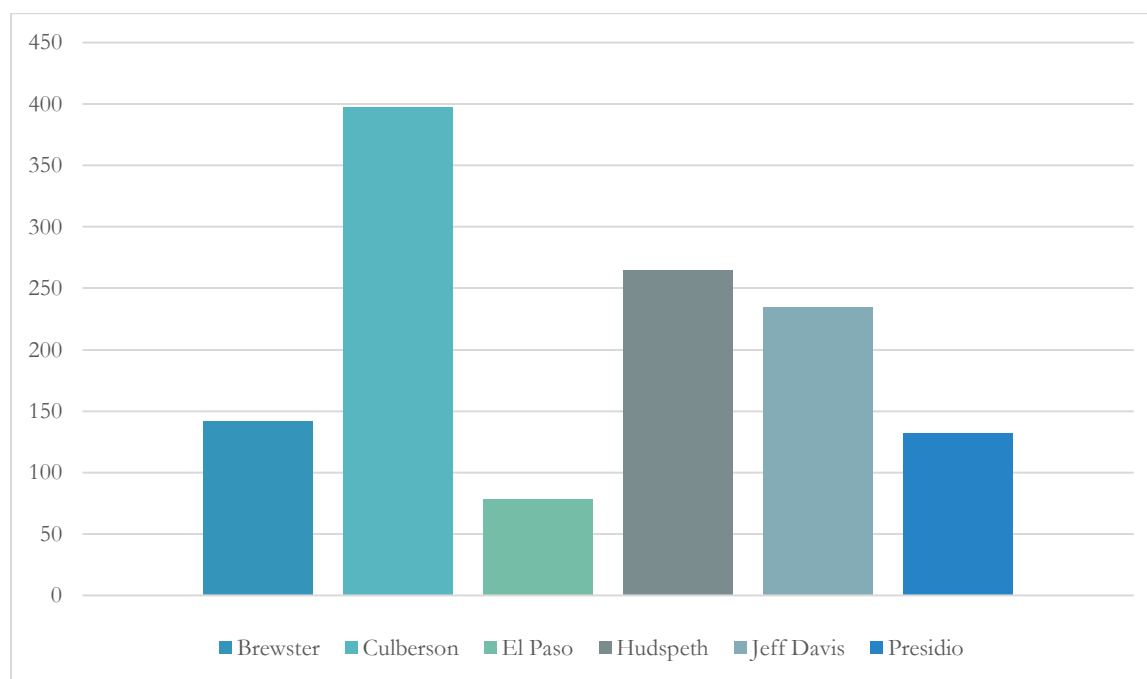
Figure 23- Third Party Source ID Verification to Purchase Vaping Products, 2020

Source: Direct Vapor. https://www.directvapor.com/checkout/onepage/. *Accessed July 24, 2020.*

Figure 24- Tobacco Retailers Per Capita by County in Region 10, 2020


Source: Texas Comptroller of Public Accounts. Cigarette Tobacco Retailer Search, 2020. Accessed July 24, 2020.

Marijuana

Marijuana is and has been illegal in Texas since 1931. What has been changing is the classifications of substances that come from marijuana such as Cannabidiol (CBD) and hemp. In 2018, the federal government legalized hemp while keeping marijuana illegal and Texas tried to stay in line with that in 2019 by passing a similar law.[26] An important distinction is that marijuana has now been classified as "a cannabis plant or its derivatives with a THC (tetrahydrocannabinol) concentration of more than 0.3%; if that percentage is less it is considered hemp.[27] Because state labs cannot detect the exact percentage of THC, prosecutions regarding marijuana have dropped by more than half.[28] Additionally, medical cannabis in Texas is legal as of 2015 to those who suffer from epilepsy, allowing them to use cannabis oil with less than a 0.5% THC, and in 2019 multiple sclerosis (MS), Parkinson's disease and Lou Gehrig's disease, or ALS, were added to the list. Many voters in Texas, according to a University of Texas/Texas Tribune Poll in June of 2019, stated that they supported legalizing marijuana in one of three ways: medical marijuana (31%), small amounts (30%), or any amount (23%).[29] Legalizing marijuana in these ways would open up risk factors for youth that could carry on into adulthood as there is no clear way on how to regulate the distribution of the drug, as there are no licensing requirements now to sell CBD. Figure 25 below details the states where marijuana is legal for recreational or medical use, as well as states where the purchase of CBD is legal.

Figure 25 – Map of States Detailing Regulated and Legal Marijuana Use and Its Products, 2020
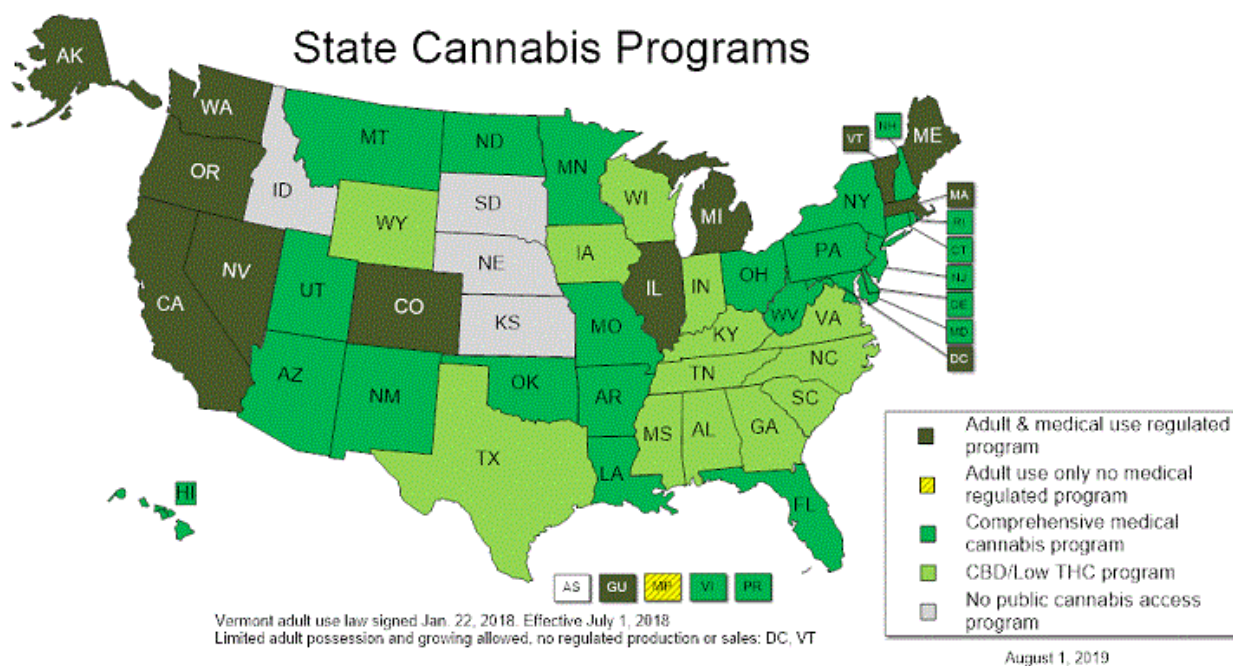
Source: National Conference of State Legislatures. The NCSL Podcast: State Medical Marijuana Laws, 2020. Accessed July 30, 2020.

---

26 Menchaca, Megan. CBD, hemp, medical marijuana? Here's what you need to know about Texas' changing pot laws. 2020.

27 Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. *Henry J. Kaiser Foundation.* 2019: 1-19.

28 Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. *Henry J. Kaiser Foundation.* 2019: 1-19.

29 Tolvert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. *Henry J. Kaiser Foundation.* 2019; 1-19.

Prescription Drugs

In 2017, overdose deaths, specifically related to opioids, were the most common reason for drug overdose deaths.[30] In 2018 there was a noticeable shift in the number of these deaths as there was a 13.5% decrease from 2017 to 2018.[31] In Texas, there has been a significant drop in the number of opioids prescribed as indicated in Figure 26. Similarly, in Region 10, there has been a drop in the number of opioids prescribed which are in line with the nation's overall reduction in overdose deaths caused by prescription opioids. Figures 26 displays the totals prescribed for Texas and Region 10 from 2017-2019, where we see a steady decline overall. Figure 27 highlights the reductions in Region 10 and breaks them down by their classification (ex. Schedule II-V). As noted in the graph, Schedule II drugs are steadily declining along with the rest of the scheduled drugs over the last three years. In order to understand what kind of drugs would be classified in this system, here is a breakdown with a few examples from each category: Schedule II drugs would be medications like Fentanyl, Adderall, and Ritalin, drugs that pose a higher risk of dependency; Schedule III drugs are medications like Tylenol with Codeine, anabolic steroids, and testosterone; Schedule IV drugs are medications like Tramadol, Xanax, Ambien, Valium, and, finally, Schedule V drugs are medications like Lyrica and cough suppressants with Codeine.[32]

Figure 26- Total of Schedule II-V Drugs Prescribed in Texas, 2017-2019
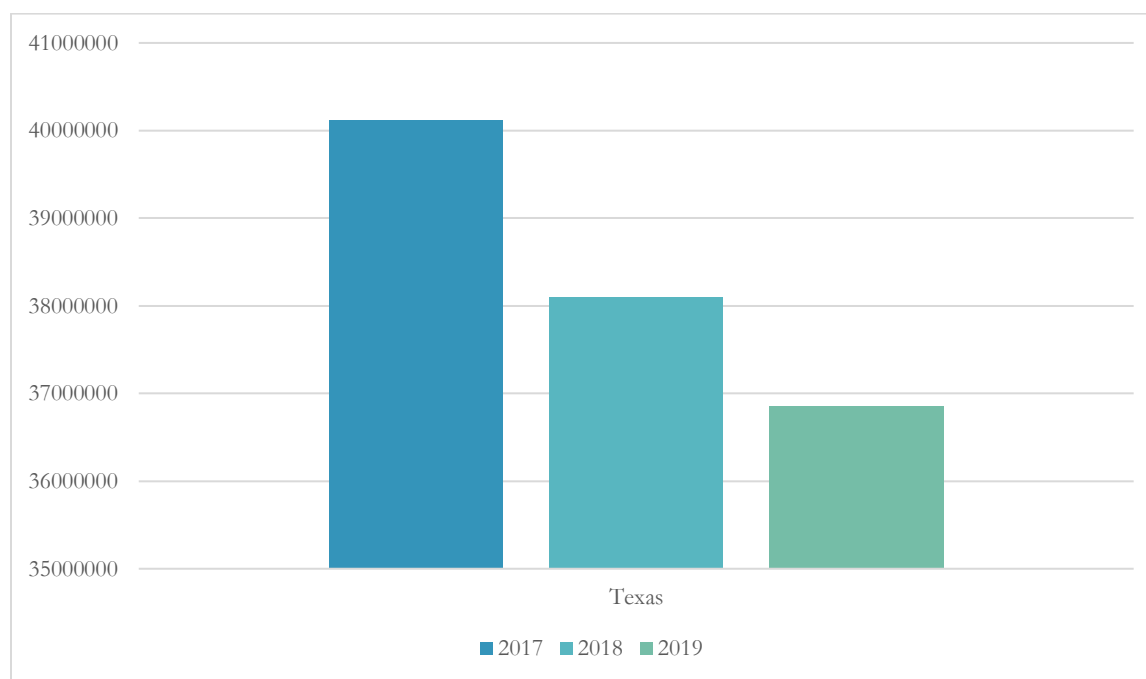
Source: Texas Prescription Program, Prescription Drug Monitoring Program.
*https://www.pharmacy.texas.gove/index.asp. Accessed August 4, 2020.*

30 Centers for Disease Control and Prevention National Vital Statistics System 2016 Multiple Cause of Death file. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2017.

31 Nana Wilson, et. al. Drug and Opioid-Involved Overdose Deaths- United States, 2017-2018, 69(11); 290-297. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report; 2020.

32 Campus Drug Prevention, Drug Enforcement Administration. www.campusdrugprevention.org.

Figure 27- Number of Schedule II-V Drugs Prescribed in Region 10, 2017-2019
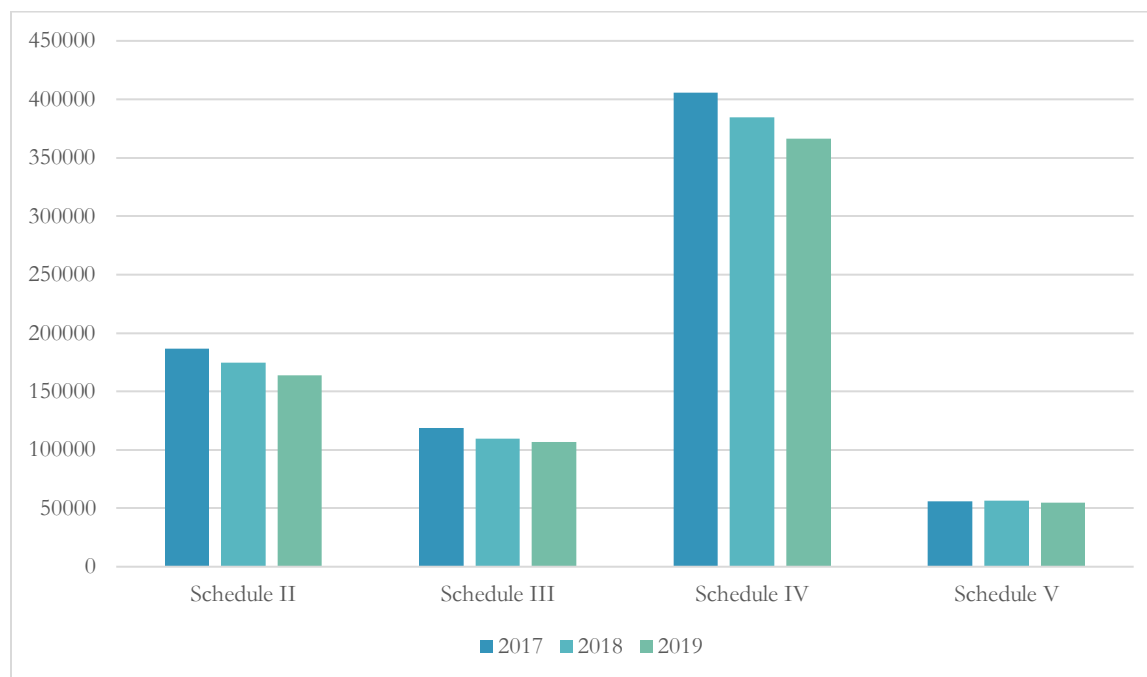
Source: Texas Prescription Program, Prescription Drug Monitoring Program.
https://www.pharmacy.texas.gove/index.asp*. Accessed August 4, 2020.*

Lack of Enforcement of Existing Laws

Drug Seizures/Trafficking

In 2018 a total of 65,983 solid pounds of marijuana were seized by the various law enforcement departments in region 10. Those departments include: Alpine PD, Anthony PD, Brewster Sheriff's Office, Clint PD, Culberson Sheriff's Office, El Paso County Sheriff's Office, El Paso Community College PD, El Paso ISD PD, El Paso PD, Horizon City PD, Hudspeth Sheriff's Office, Jeff Davis Sheriff's Office, Marfa PD, Presidio Sheriff's Office, Presidio PD, San Elizario PD, Socorro ISD PD, Socorro PD, Sul Ross University PD, and the University of Texas at El Paso PD. While 2019 saw a significant decrease in the solid pounds of marijuana seized, a mere 10,566 pounds, other areas saw an increase that is concerning despite the evidence that the number of prescription drugs are becoming less and less as referenced by the above Figure 26. Table 10 below shows how Hashish (liquid oil) takes over as being the highest amount of drug taken, while also showing increases in some of the other drugs seized. In order to reference decreases and increases, 2018 numbers will be shown on the left and 2019 numbers on the right (ex. 65,983/10,566).

Table 10 – Type and Quantity of Drugs Seized – Region 10, 2018-2019

Description	Solid Pounds	Solid Ounces	Solid Grams	Liquid Ounces	Dose Units	Items
Marijuana (Packaged)	65,983 / 10,566	423 / 496	0 / 0	0 / 0	0 / 0	0 / 0
Hashish (Liquid Oil)	0 / 0	0 / 0	0 / 0	372 / 63,018	0 / 0	0 / 0
Hashish (Solid)	272 / 82	137 / 156	306 / 420	0 / 0	0 / 0	0 / 0
Opiates (Morphine)	0 / 0	2 / 0	18 / 15	0 / 0	50 / 18	0 / 0
Opiates (Heroin)	4,135 / 72	94 / 46	162 / 207	0 / 79	0 / 0	0 / 0
Opiates (Codeine)	0 / 2	0 / 18	11 / 65	0 / 6	89 / 23	0 / 0
Cocaine (Solid)	350 / 310	184 / 170	415 / 486	0 / 0	0 / 0	0 / 0
Hallucingens (LSD)	0 / 0	0 / 0	2 / 5	0 / 0	11 / 66	0 / 0
Hallucinogens (Mushrooms)	0 / 1	1 / 12	61 / 28	0 / 0	0 / 0	0 / 0
Hallucinogens (Designer Drugs)	0 / 10	2 / 58	62 / 171	0 / 21	0 / 8	0 / 0
Barbiturates	0 / 0	0 / 0	0 / 0	0 / 0	45 / 171	0 / 0
Amphetamines	6 / 135	32 / 76	200 / 386	0 / 0	24 / 35	0 / 0
Methamphetamines	236 / 335	149 / 111	466 / 315	0 / 23,252	0 / 0	0 / 0
Tranquilizers	0 / 0	0 / 0	0 / 0	0 / 1	1,891 / 150	0 / 0
Synthetic Narcotics	0 / 0	0 / 0	0 / 0	122 / 24	190 / 476	0 / 0
Clandestine Labs	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	5 / 32

Source: Texas Department of Public Safety, Type and Quantity of Drugs Seized. Data 2019.
*https://txucr.nibrs.com/Report/DrugSeized. Accessed August 6, 2020.*

Social Access

Perceived Access

Alcohol

Alcohol Licenses

There are currently 1,704 alcohol licenses in all of Region 10 as of July 2020. When looking at how many licenses there are, it is also important to keep in mind that each 7-11, for example, has an alcohol license as does each Circle K store, Applebee's restaurants, etc. Figure 28 below breaks down how many alcohol licenses are in each county of region 10. Notice that while some counties like Brewster and Presidio seem to have more licensed alcohol retailers, El Paso has the highest amount, but is also the only metropolitan area within the six counties of region 10. This would mean that there is a higher risk factor in El Paso as access to alcohol seems to be easier given the large number of licenses.

*Figure 28 – Alcohol Licenses by County in Region 10, 2020*
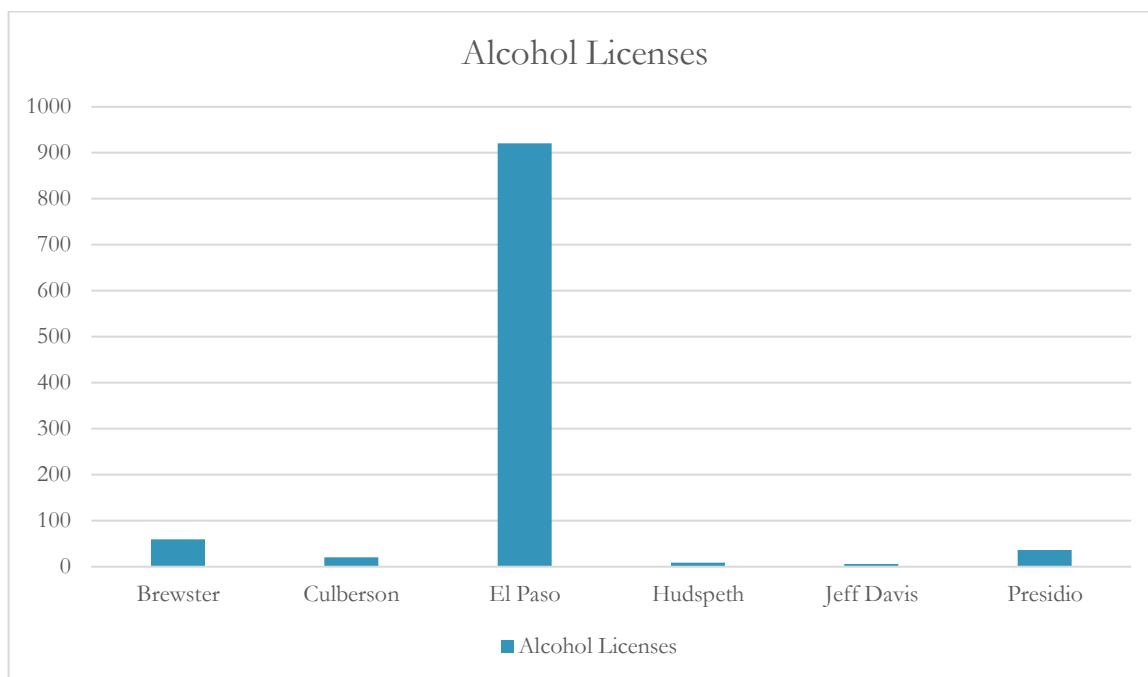
Source: Texas Alcohol Beverage Commission, TABC Active License and/or Permits, 2020.
https://www.tabc.state.tx.us/PublicInquiry/Roster.aspx. *Accessed July 24, 2020.*

Sales Violations

In a recent report, it was shown that young people in Texas are drinking despite minimum age laws, for students in 7th-12th grade, alcohol use exceeds the use of tobacco and marijuana.[33] Because El Paso has the largest number of alcohol outlets in the region, it also stands that it also has the largest number of citations. Comparable data was not available through the Texas Alcohol and Beverage Commission public inquiry website. The data displayed in Figure 29 consists of the total number of violations in Region 10 and the number of violations associated with alcohol sales to minors or allowing a minor to possess alcohol on-premise.

---

[33] The Effects of Alcohol Excise Tax Increases on Public Health and Safety in Texas. Texans for Safe and Drug-Free Youth: 2018.

Figure 29– Region 10 Alcohol Violations, 2016-2019
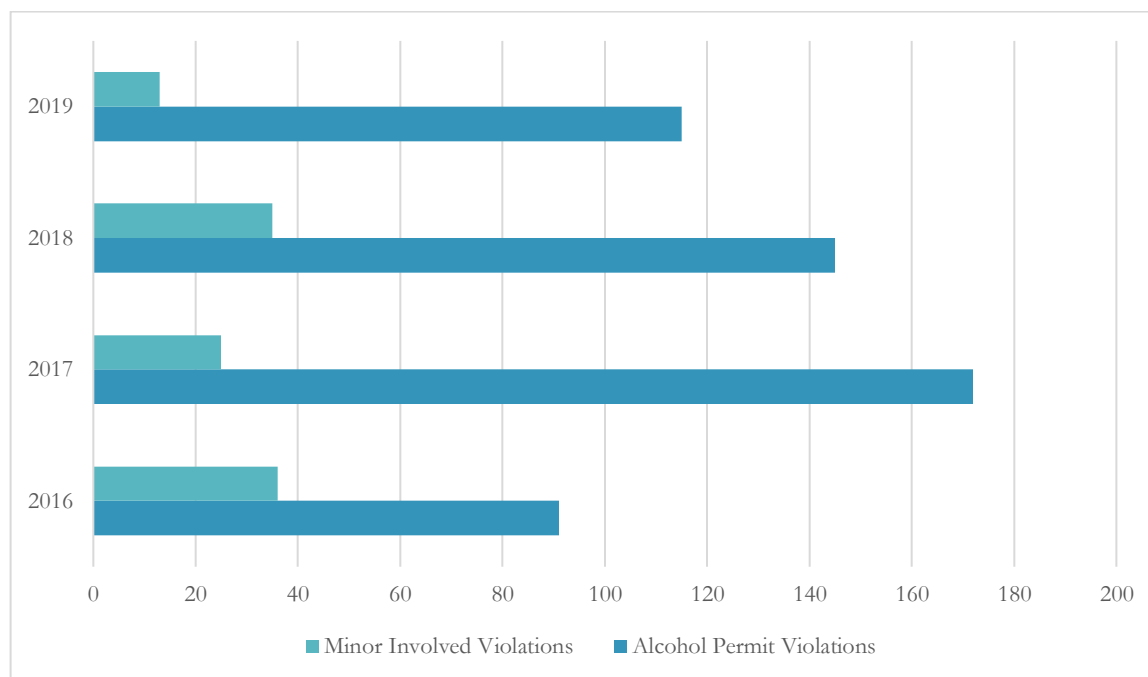
Source: TABC Public Inquiry. https://www.tabc.texas.gov/PublicInquiry/AdminViolations.aspx. Accessed July 24, 2020.

Social Hosting of Parties

2018 data from the Texas School Survey (TSS) states that 12.7% of youth respondents generally access alcohol through parties.[34] Given this access point, many communities pass local ordinances to deter parties that involve underage drinking. One of the most common prevention deterrents is a social host ordinance. A social host ordinance holds the individual property owner responsible for allowing a gathering involving underage drinking.[35] El Paso, Texas was the first city in the state to pass a Social Host Ordinance in December 2016 that went into effect in June of the next year, 2017.[36] Since the passing of the ordinance to date, El Paso has had 73 citations issued for violations of the ordinance (see Figure 30). Of those individuals who received a citation, they are given the option of paying a fine or taking an alcohol education class. Data indicates that the summer months are when the most citations are issued, while fall/winter months have the fewest. Additionally, there is only one month of data available for 2020* due to the current COVID-19 situation which renders some data collection difficult, as well as there having been a stay at home order issued by Texas and El Paso, respectively, which has limited large social gatherings.

---

34 Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.

http://www.texasschoolsurvey.org/Documents/Reports/18Region10.pdf

35 MCconnell C, Sewing G, Barnett G. Social Host Accountability. 2017

36 First city in Texas to adopt civil Social Host Ordinance, Paso del Norte Health Foundation, El Paso, Texas. https://pdnhf.org/news/first-city-in-texas-to-adopt-civil-social-host-ordinance. Accessed August 12, 2020.

Figure 30 – El Paso Social Host Citations, 2017-2020

Social Host Citations
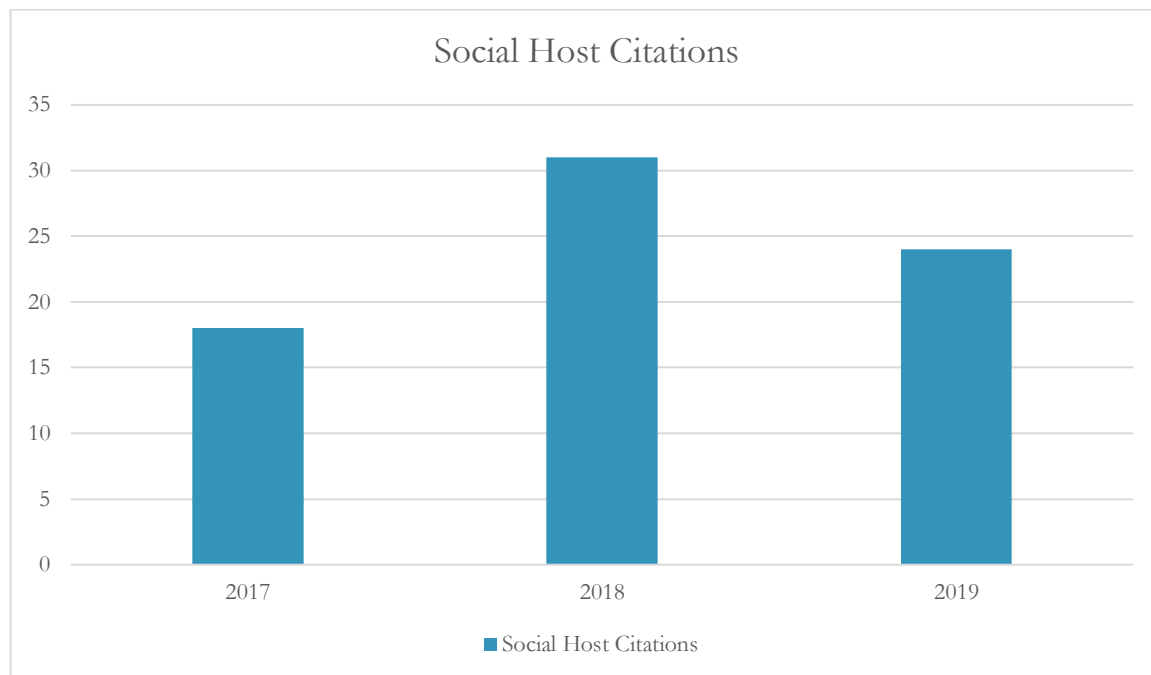
*Source: El Paso Police Department. Social Host Accountability Ordinance Citations. Accessed August 12, 2020. *Indicates year not complete*

**Tobacco and Other Nicotine Products**

The amount that Texas spends annually on health care costs attributed to smoking is $8.85 billion.[37] In 2018, there remained 14.0% who smoked, however, in 2019 that number dropped to 13.7%.[38] Cigarette smoking is the leading cause of preventable disease and death in the United States accounting for 1 in 5 deaths.[39] Because of the severe toxicity of tobacco, the (TSS) assesses what the perceived access to smoking is. Because the TSS is done every two years, and the information for 2020 has not yet been released, the information provided is from the 2016 and 2018 TSS reports respectively. In Figure 31, the majority of students report that they have never heard of tobacco (39.1%), but there was a slight decrease in the number of students who said it was impossible or very difficult to access from 2016-2018.

---

37 The Toll of Tobacco in Texas. Texas Campaign for Tobacco-Free Kids. 2020.

38 Centers for Disease Control and Prevention. Smoking & Tobacco Use: Current Cigarette Smoking Among Adults in the United States. 2019. Accessed August 11, 2020.

39 Centers for Disease Control and Prevention. Smoking & Tobacco Use: Current Cigarette Smoking Among Adults in the United States. 2019. Accessed August 11, 2020.

Figure 31 – Region 10 Ease of Tobacco Access, 2016 & 2018
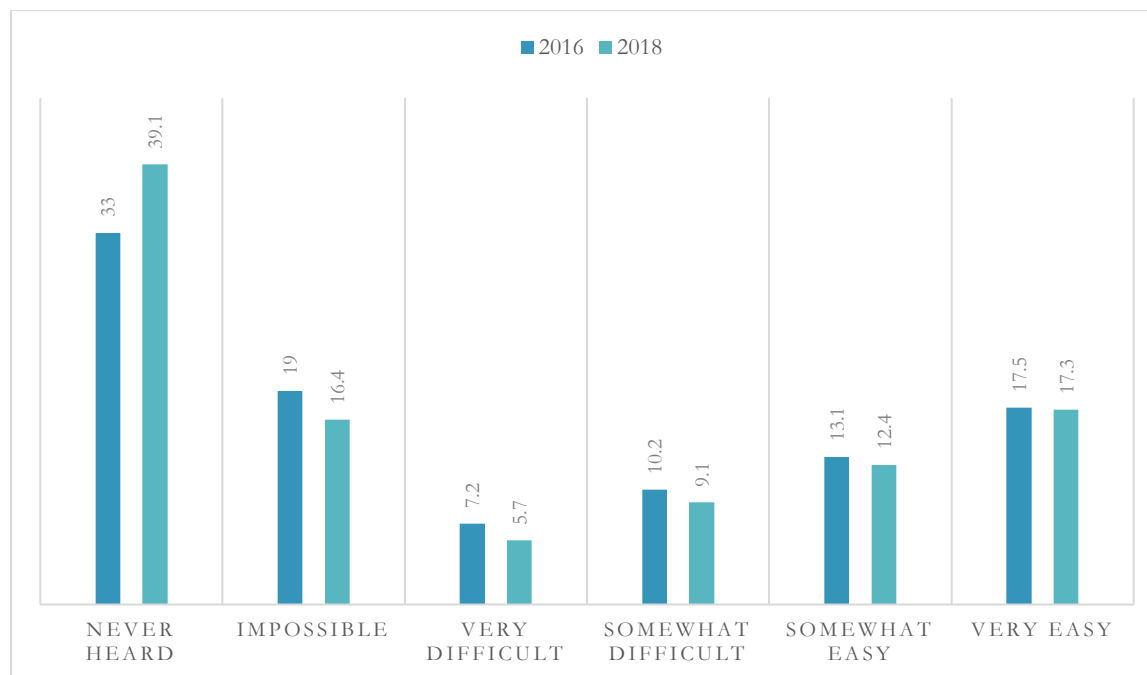
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf. Accessed August 3, 2020.

Marijuana

Marijuana is the most widely used illegal drug in the United States with an estimated 43.5 million users as of 2018.[40] Marijuana affects the parts of the brain involved in verbal learning and memory, attention, psychomotor function, and decision making.[41] There is much left to study about the consequences and benefits of marijuana, however, what is known is that more and more individuals are beginning to use this substance. Given the rise in usage, the TSS assesses the perceived access to marijuana. Again, due to the TSS for 2020 not having been published yet, the information given is from the TSS from the years 2016 and 2018. Figure 32 highlights that most students report never hearing about this substance (i.e., 35%). Of significant note is that most students suggest it is easier to access marijuana (i.e., 21%) than tobacco (17%).

40 Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

41 Brumback, T., Castro, N., Jacobus, J., Tapert, S. (2016). Effects of marijuana use on brain structure and function: neuroimaging findings from a neurodevelopmental perspective. US National Library of Medicine, National Institute of Health. Doi: 10.1016/bs.irn.2016.06.004.

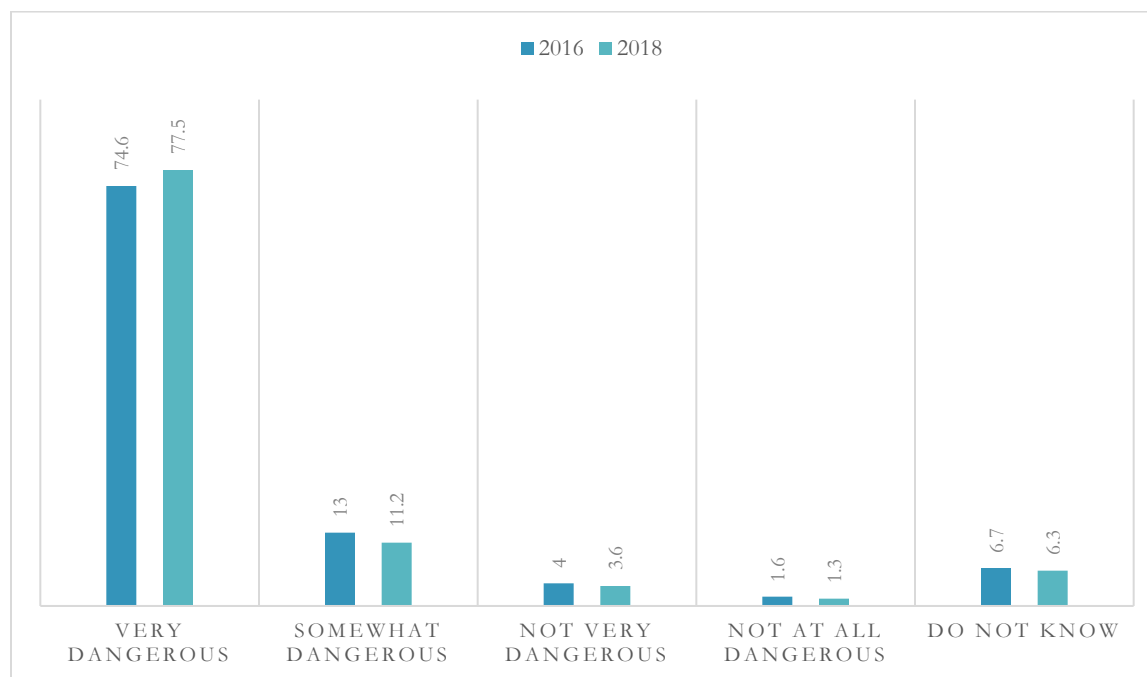*Figure 32 – Region 10 Ease of Marijuana Access, 2016 & 2018*
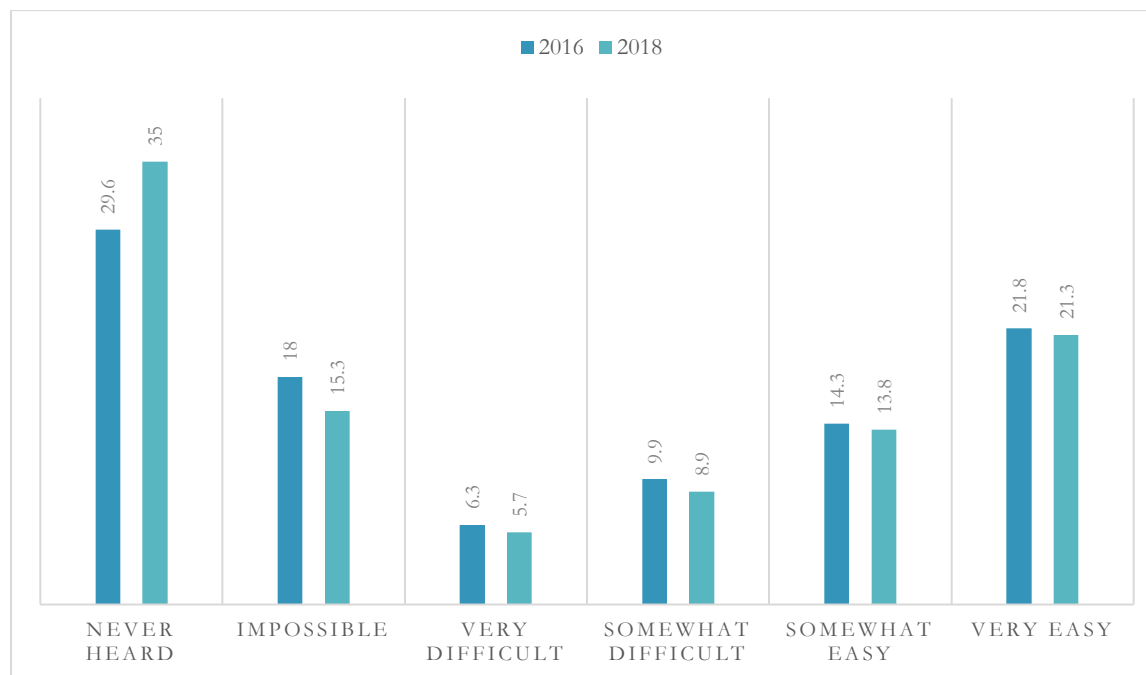
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf.

Prescription Drugs

In 2018, 69.5% of drug overdose deaths involved an opioid.[42] As shown in the section for Drugs Seized
(Table 10), while seizures of substances such as marijuana have decreased, seizures for items such as
barbiturates and synthetic narcotics have gone up over the last year. Reviewing the section for
prescription drugs in the 2016 and 2018 TSS, it is clear that while there is some knowledge about the
dangers of taking prescription drugs that an individual has not been prescribed, there is still more to be
done to ensure that parents and children alike gain more knowledge in the dangers of prescription
drugs and how to safely dispose them to decrease access. Figure 33 below highlights how much
students in grades 7-12 know about the dangers of prescription drugs.

---

42 Nana Wilson, et. al. Drug and Opioid-Involved Overdose Deaths- United States, 2017-2018, 69(11); 290-297. Centers for Disease Control and Prevention

Morbidity and Mortality Weekly Report; 2020.

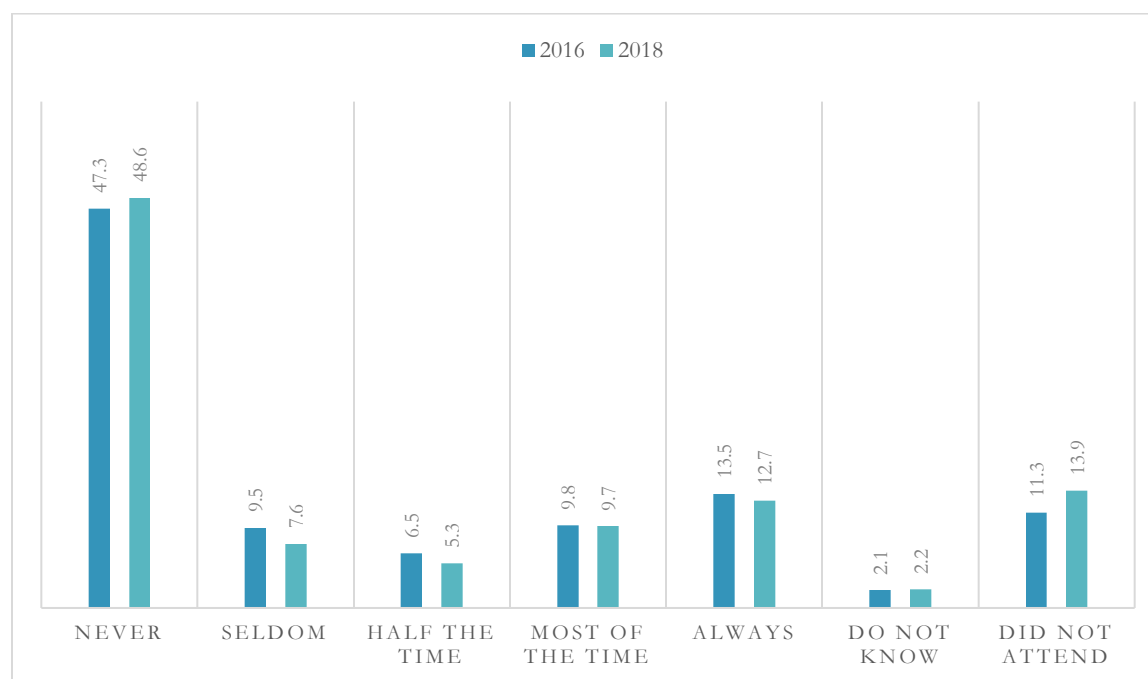*Figure 33 – Danger of Prescription Drug Use, 2016 & 2018*

Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report. http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf.

Source of Access

Marijuana, alcohol, tobacco, and prescription drugs seem to be readily available based on the numbers of students who say they have tried out those substances or been offered them. According to the TSS of 2016 and 2018, house parties are not the place that most substances are obtained, but rather state that they obtain alcohol from home at 58.7% in 2016 and 60.7% in 2018. Marijuana and/or other drugs always being used at parties has increased from 7.2% to 9.1% from 2016 to 2018 indicating that while alcohol is decreasing at parties, marijuana is having the opposite effect. It has been indicated in the TSS that substances have been available in areas like home, friends, parties, and stores. While there are other social settings where the aforementioned substances can be obtained, house parties were the predominant setting, however, Figure 34 highlights just how often alcohol was used at a party in 2016 and 2018, while Figure 35 highlights how often marijuana and/or other drugs were used at a party.

Figure 34 – How Often was Alcohol Used at a Party? – 2016 & 2018

Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf.

Figure 35 – How Often was Marijuana and/or Other Drugs Used at a Party? – 2016 & 2018
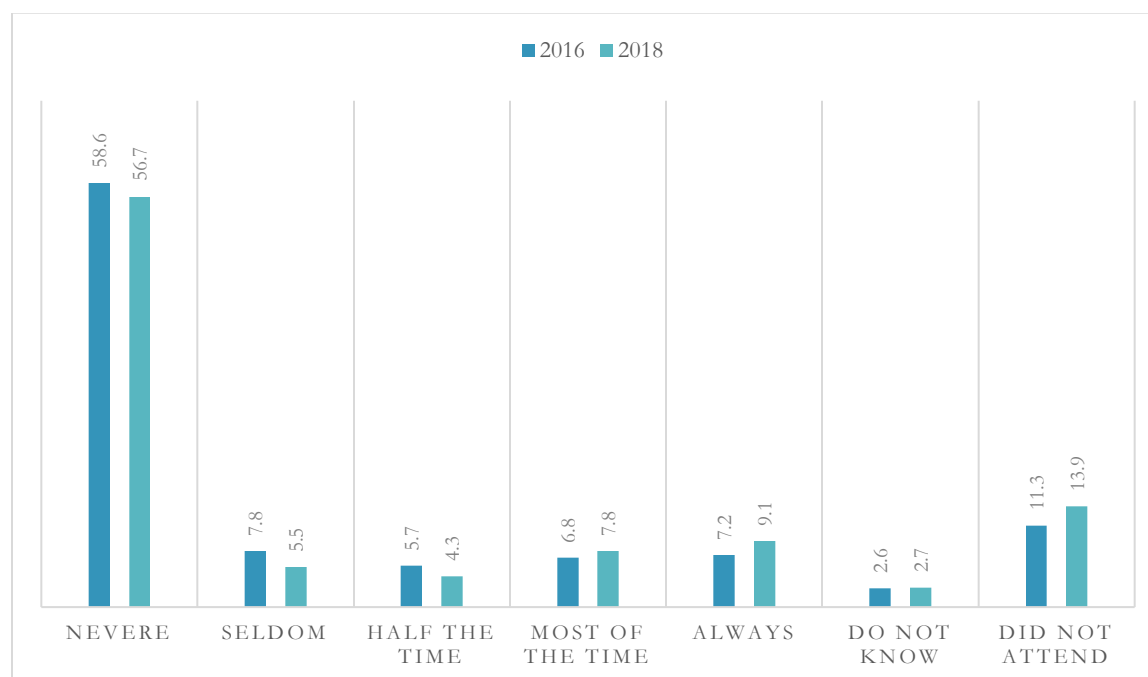
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf.

Illegal Drugs on School Property

The substances mentioned above are problematic because individuals can access them at homes, parties, stores, or other social settings. Addressing substance misuse in youth is even more troublesome because some students get their drugs at school. As a result of this and other criminal activity, many school districts have started hiring peace officers. Part of the role of peace officers in schools is to confiscate and deter youth from accessing or using substances on campuses. One of the indicators tracked in the YBRS is the percentage of Texas students who were offered, sold, or given drugs. Figure 36 shows a scatter plot from 2009-2019 indicating a slight upward tick.

Figure 36 – Percentage of Texas Students who were offered, sold, or given an illicit drug on school property by someone during the past 12 months, 2009-2019
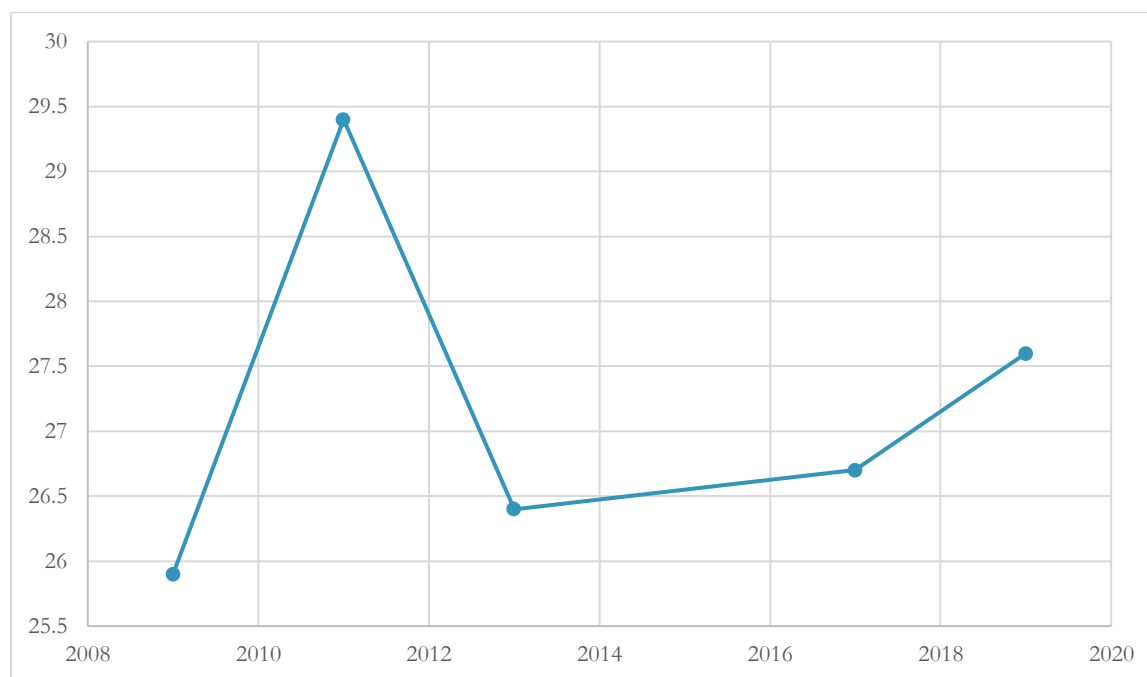
Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.
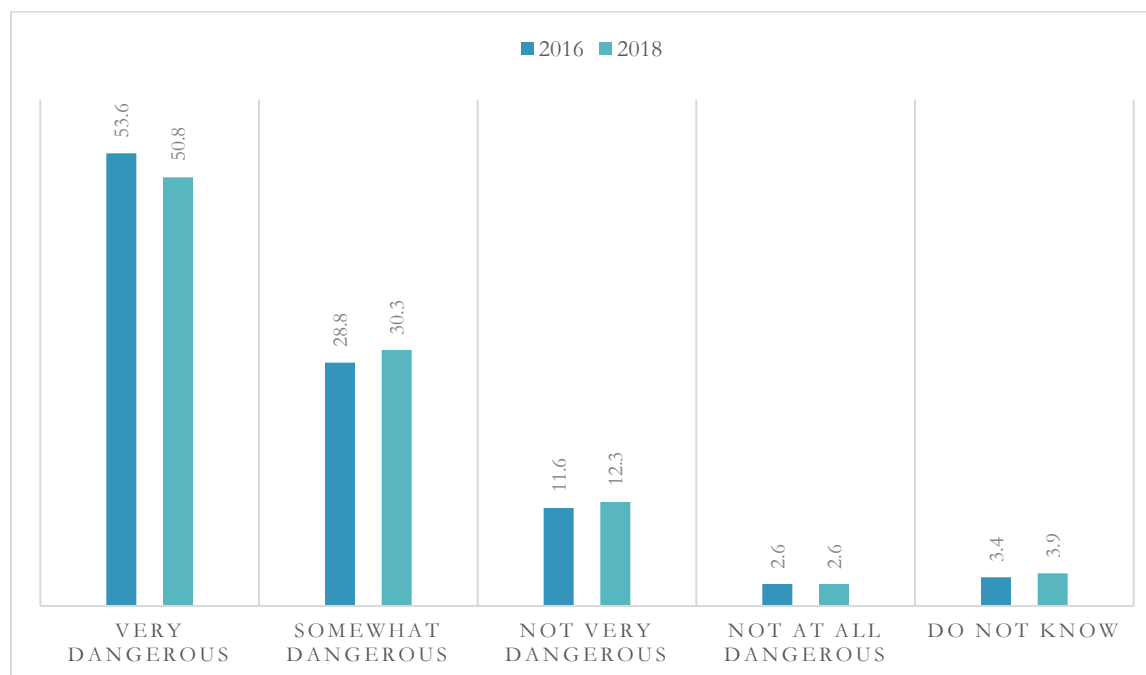
Perceived Risk of Harm

Individuals are usually vigilant of the things that would decrease their likelihood of survival. Based on this premise, our perception of substance use harm would be an essential determinant to the consumption of that substance. For example, the higher the perception of harm of a substance, the less likely an individual is to consume it. In direct contrast to that, the less perceived harm of a substance, the more likely an individual is to consume it. Given the importance of assessing the perception of harm, the TSS asks students how they view the harm of the following substances: alcohol, tobacco, marijuana, and prescription drugs. The TSS asks students, "How dangerous do you think it is for kids your age to use (alcohol/tobacco/marijuana/prescription drugs)?"

Alcohol

According to the TSS from 2016 and 2018, the perceived risk of harm for alcohol has decreased. This decrease is concerning because it signals a shift in the possibility of more people using alcohol as its perceived danger wanes. Overall perception or knowledge of how dangerous alcohol can be has decreased over the last two TSS surveys. Figure 37 below highlights the overall decreases when it comes to the perceived risk of harm of alcohol.

Figure 37 – Percentage of Students of How Dangerous Alcohol Can Be – 2016 & 2018
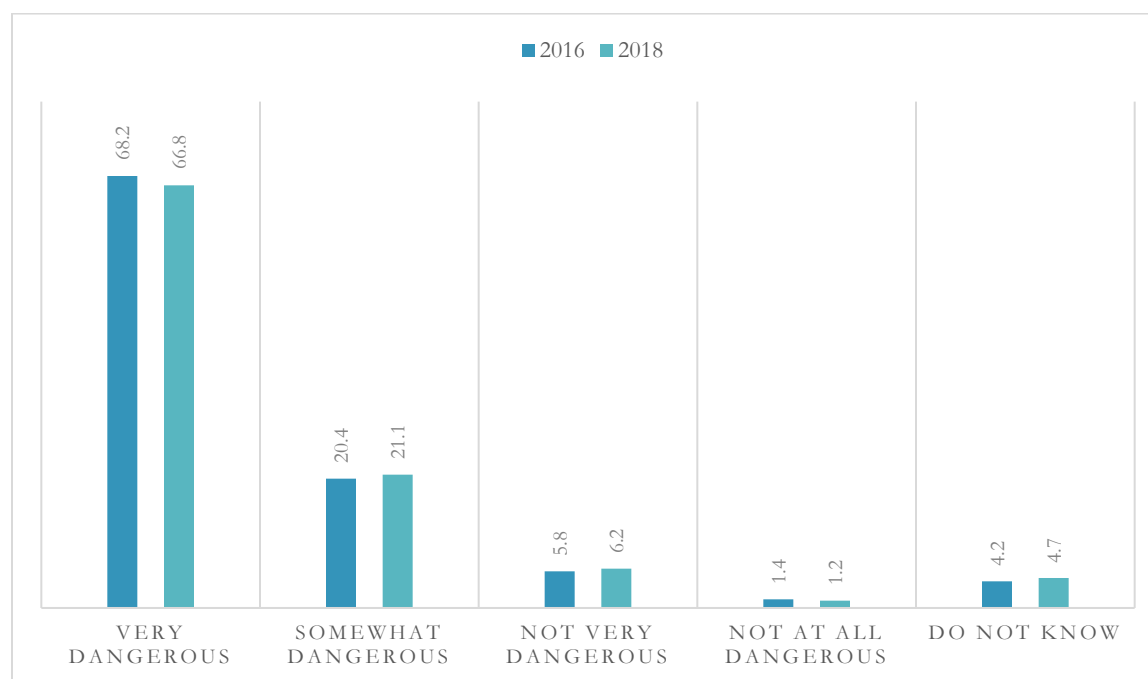

Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

Tobacco and Other Nicotine Products

As with alcohol, the perceived risk of harm from using tobacco and other nicotine products has lessened from the 2016 TSS to the 2018 TSS. Despite electronic vapor products gaining popularity, there was less of a drop there than with other tobacco products themselves, such as cigarettes. When students were surveyed about how dangerous tobacco was, 68.2% said "very dangerous" in 2016 to 66.8% in 2018. However, the students surveyed from 2016 and 2018 have shown an increasing awareness of electronic vapor products with the "very dangerous" answers rising from 55.1% to 59.7% indicating that education about the dangers of "vaping" is reaching the intended audience. Figure 38 highlights the decrease in perceived risk of harm for tobacco using the TSS from 2016 and 2018, while Figure 39 highlights the increased awareness for risk of harm for electronic vaping products.

Figure 38 – How Dangerous Do You Think it is for Kids Your Age to Use Tobacco? – 2016 & 2018

Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

*Figure 39 – How Dangerous Do You Think it is for Kids Your Age to Use Electronic Vapor Products? – 2016 & 2018*
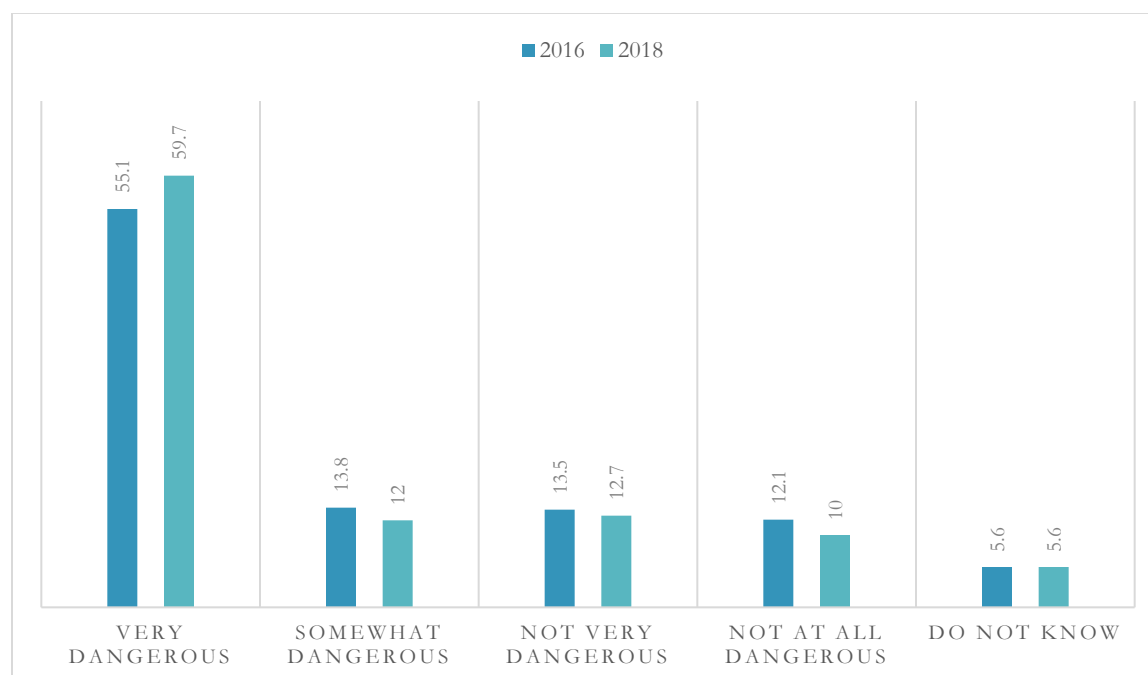
Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

Marijuana

Marijuana is a substance that is always on the news and in political circles. There is the question of if it has any medicinal benefits and if so, in what part of the plant's composition does it come from and how much should be used. Due to some states legalizing recreational marijuana, the percentage of students who perceive it as harmful has decreased from the 2016 TSS to the 2018 TSS with a drop from 56.8% to 55.3%. While not a significant change, it does indicate that the more the drug is touted for medicinal and pharmaceutical use, the more a student may be willing to try it as the risks therein are not as widely discussed. Figure 40 below highlights how much of a perceived danger using marijuana is from the 2016 and 2018 TSS reports.

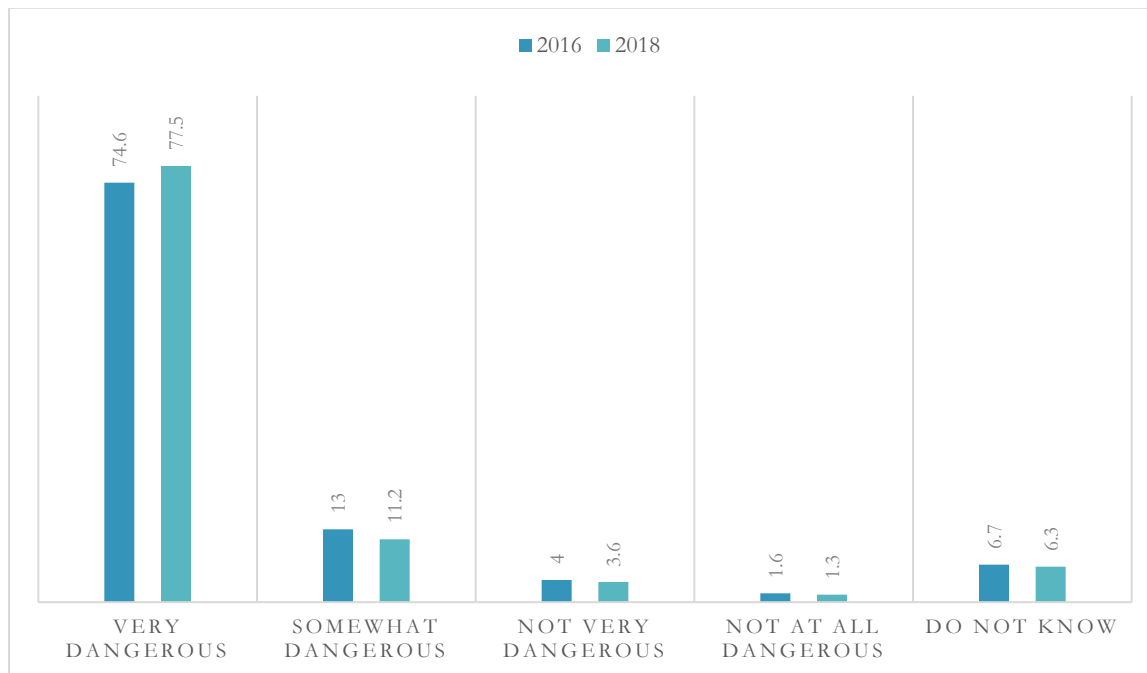*Figure 40 – How Dangerous Do You Think it is for Kids Your Age to Use Marijuana? – 2016 & 2018*
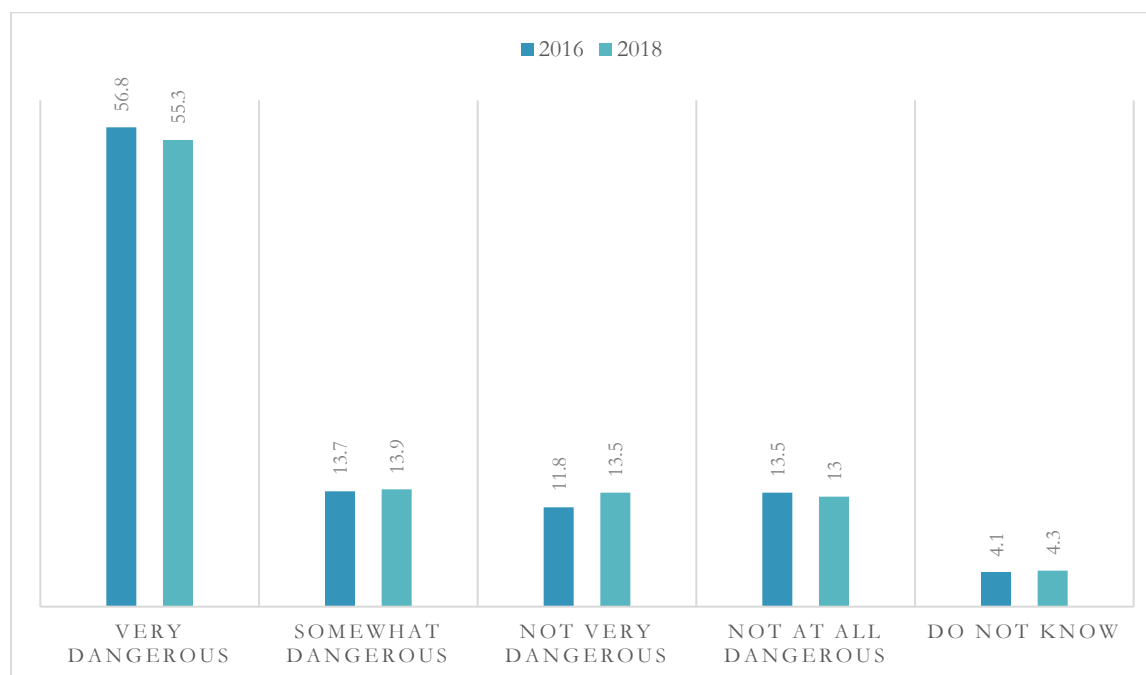
Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

Prescription Drugs

Prescription drugs have long been a source of harm among various groups of people, especially with the current opioid epidemic responsible for 70% of the 67,000 people who died of drug overdoses in 2018.[43] Encouragingly, there was an increase in awareness of the risk of harm from using prescription drugs not prescribed to an individual from the 2016 TSS to the 2018 TSS with the numbers moving up from 74.6% to 77.5%. The TSS survey asks students "How dangerous do you think it is for kids your age to use any prescription drug not prescribed to them?" and Figure 41 records their answers for the TSS from the years 2016 and 2018.

---

[43] Centers for Disease Control and Prevention, Opioid Overdose. 2020. Accessed August 10, 2020.

Figure 41 – How Dangerous Do You Think it is for Kids Your Age to Use Prescription Drugs Not Prescribed to Them? – 2016 & 2018
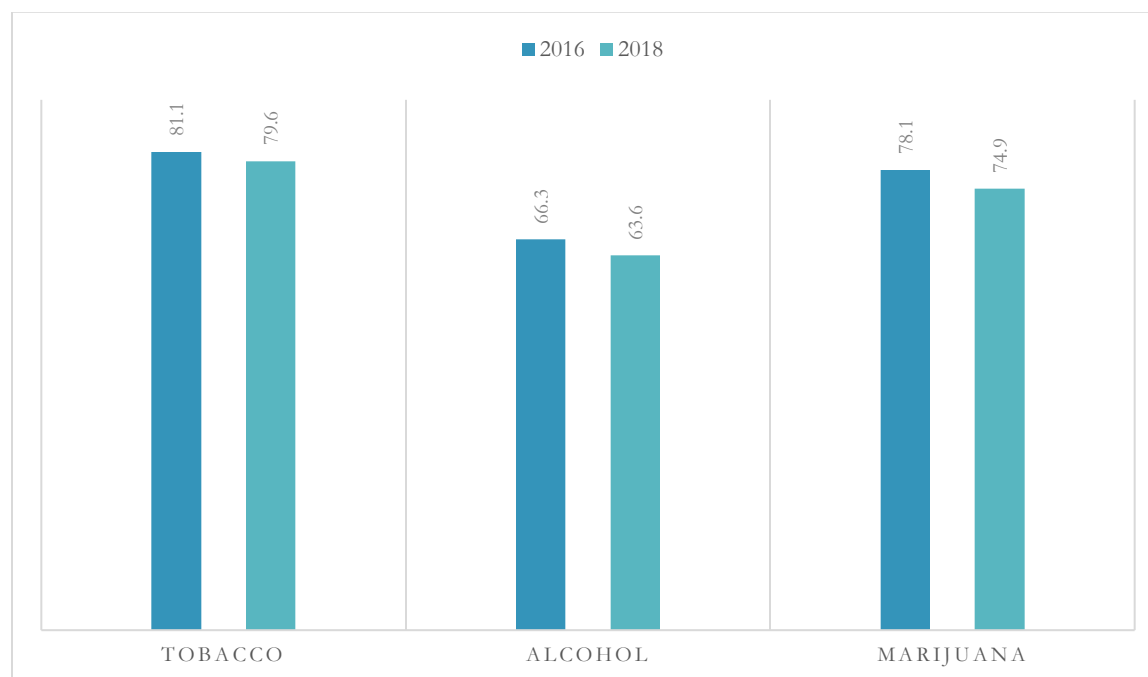

Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

Social Norms

Parental Approval/Consumption

The Texas School Survey asks students how they think their parents feel about kids their age using certain substances, to include alcohol, tobacco, and marijuana. The percentage of students who feel their parents strongly disapprove of their use of tobacco has gone down, as have alcohol and marijuana. Marijuana has had the largest drop of about 4% which is cause for concern given the different products that are available for consumption. Figure 42 below shows how those percentages have changed from the 2016 TSS to the 2018 TSS. Unfortunately, the lower percentages indicate that parents are not as disapproving of consumption of the substances as before and more education is needed.

Figure 42 – Percentage of Parents Who Strongly Disapprove of Kids Your Age Using Tobacco/Alcohol/Marijuana? – 2016 & 2018
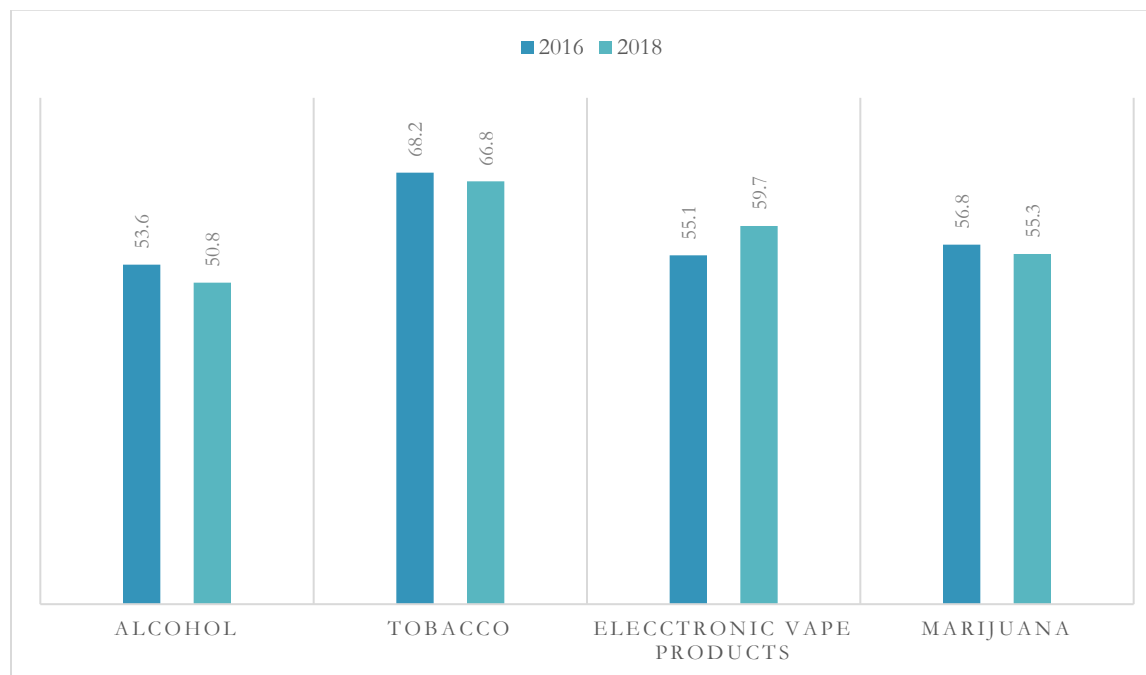

Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

Peer Approval/Consumption

In addition to surveying students on their parents' approval of using certain substances, they ask "How dangerous do you think it is for kids your age to use tobacco/alcohol/marijuana?" As reported above, some of those percentages have dropped while others have steadily risen. These lowering numbers indicate that there are more students who may be engaging in harmful behaviors. Figure 43 below highlights how dangerous students think it is for kids their age to use these various substances.

Figure 43 – Percentage of Students who Think it is Dangerous for Kids Their Age to Use Alcohol/Tobacco/Marijuana – 2016 & 2018

Source: Texas Department of State Health Services. 2009-2019 High School Youth Risk Behavior Survey Data. Available at http://healthdata.dshs.texas.gov/HealthRisks/YRBS/. Accessed August 10, 2020.

Alcohol/Tobacco/Other Legal Substances Promotion

Media in Region

Media is used to make a product look appealing and influence the buyer into purchasing said product. Tobacco and alcohol advertisements operate in much the same way. Each year these major industries spend millions of dollars on advertising to appeal to current and new potential users. In fact, the tobacco industry spent $622.2 million dollars on advertising in Texas alone while spending $9.1 billion nationwide annually.[44] The emerging industry of vaping, or electronic vape products, spent $125 million on advertising in 2014.[45] The image in Figure 44 below highlights how the various industries use the 4 P's of Marketing to entice new and current users by setting an affordable price, designing an appealing product, promoting a place/places to get the item, and promoting through multiple platforms.

[44] Texas Campaign for Tobacco Free Kids. The Toll of Tobacco in Texas. 2020.

[45] U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General – Executive Summary. Atlanta, GA: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

Figure 44 – 4 P's of Marketing - 2020

Source: National Alcohol Beverage Control Association, CADCA Mid-Year Training Institute, 2020. Accessed August 14, 2020.

Pricing

It seems that as a general rule of thumb alcohol, tobacco, and electronic cigarette/vaping producers make their products as affordable as possible. Recently in Texas, there has been a push to increase the alcohol excise tax by 10 cents hoping to increase revenue and decrease usage, especially in younger populations. An increase in alcohol excise taxes would raise $708 million in new revenue for the state of Texas and would result in an 8.6 percent reduction in alcohol consumption.[46] Drinking in Texas costs the state roughly $19 billion annually, while underage drinking in Texas costs $2.1 billion annually. Additionally, if there were an increase of 10 cents to the alcohol excise tax, it would aid in decreasing underage drinking by 46,959 cases and would prevent 27,393 underage drinkers from binge drinking.[47]

Prescription Drug Monitoring Program

The Texas State Board of Pharmacy has instituted a new program called the Texas Prescription Management Program that went into effect on March 1, 2020. This program "collects and monitors prescription data for all Schedule II, III, IV and V Controlled Substances (CS) dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state."[48] In the future, the coalition programs will be reaching out to do prescription education and medicine disposal trainings (Deterra bags) that they can then pass on to customers. The Texas Prescription Management Program, in addition to these trainings, will aid in reducing the risk factors of unused prescriptions being available to vulnerable populations.

---

46 Texans for Safe and Drug Free Youth. The Effects of Alcohol Excise Tax Increases on Public Health and Safety in Texas. 2018.

47 Texans for Safe and Drug Free Youth. The Effects of Alcohol Excise Tax Increases on Public Health and Safety in Texas. 2018.

48 Texas State Board of Pharmacy. Texas Prescription Management Program, 2020.

Regional Consumption

College Student Consumption

A study by O'Malley and Johnston who reviewed national college surveys found that about two of five American college students were heavy drinkers.[49] This data point is consistent with the PPRI. The Texas College Survey of Substance Use collects self-reported data twice a year on substance use and other factors. Data reviewed below include information on the most current available use of Texas college students. All drugs are not included in the figure below because they were less than 3.5% of college students who reported using the substance. These removed substances include synthetic marijuana, cocaine, stimulants, sedatives, hallucinogens, heroin, other narcotics, and MDMA. Figure 45 describes the most commonly used substances, which are alcohol, followed by tobacco, and finally, marijuana. As highlighted in Figure 43, the differences from the 2013, 2015, and 2017 college surveys are minimal. The 2017 Texas College Survey is the most recent published and therefore the information provided is as up to date as possible.

Figure 45 – Most Commonly Used Substances, 2013-2017
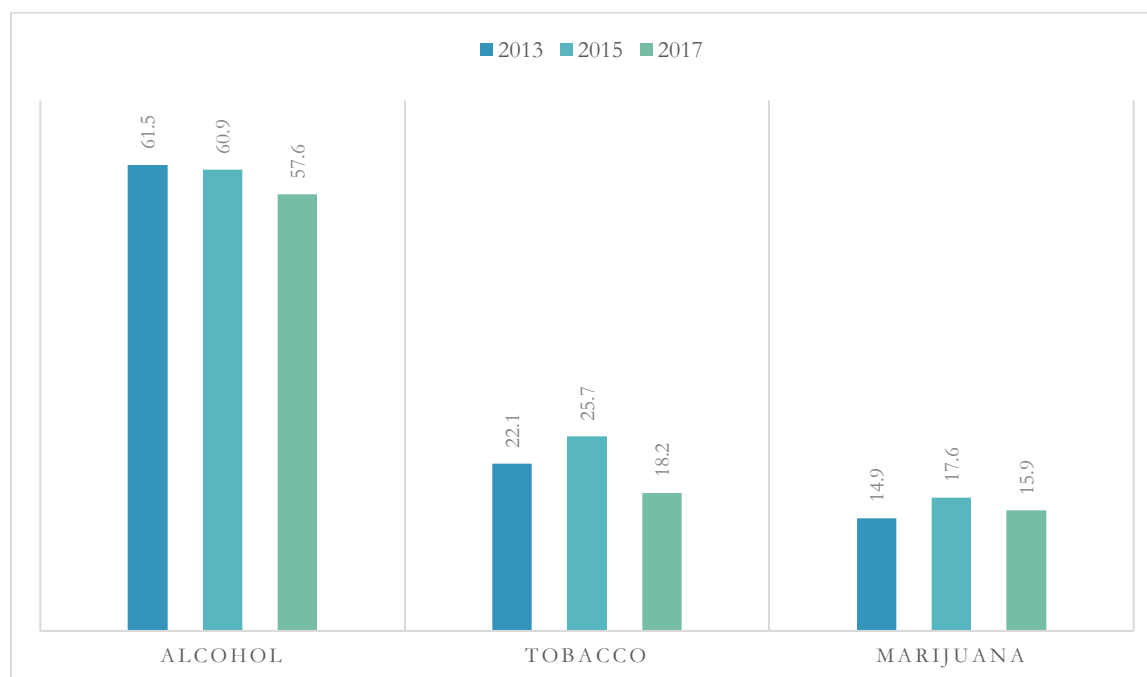
Source: M.P Trey Marchbanks III, PhD. Texas College Survey. Public Policy Research Institute (PPRI). https://texascollegesurvey.org. Published August 2017. Accessed August 17, 2020.

Current Use

Alcohol

The NIAAA's standard definition of binge drinking is drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of 0.08gm%, which is typically five or more drinks for men and four or more drinks for women, within two hours. At-risk or heavy drinking is defined as

---

49 O'Malley PM, Johnston LD. Epidemiology of alcohol and other drug use among American college students. J Stud Alcohol Suppl. 2002; (14): 23-39.

more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking.

Adult binge drinking rates

The National Survey on Drug Use and Health from 2018 reports that an estimated 25.1% of adults aged 26 or older were current binge drinkers which corresponds to about 54 million adults in this age group. The survey breaks down binge drinkers into three categories: 12-17, 18-25, and 26 or older. For the purposes of considering adult binge drinking rates, the latter category will be used. The amount reported in 2018 is higher than in 2016 but appears to be similar when compared to 2015 and 2017, according to the National Survey on Drug Use and Health.

Underage drinking rates

Alcohol is the most commonly used and misused drug among youth in the United States. [50] People ages 12 through 20 drink 11% of all alcohol consumed in the United States.[51] Unfortunately, such widespread misuse of alcohol does come with consequences. One of those consequences is that in 2013 approximately 119,000 emergency room visits were by persons aged 12-21 for injuries and other conditions linked to alcohol.[52] Table 11 below highlights the different injuries associated with alcohol as reported by the CDC from 2006-2010.

Table 11 – Alcohol Related Injuries in Underage Drinkers, 2010-2016

Type of Alcohol Related Injury	Number
Deaths from Motor Vehicle Crashes	1,580
Homicides	1,269
Alcohol Poisoning/Falls/Burns/Drowning	245
Suicides	492

Source: National Institute on Alcohol Abuse and Alcoholism. Underage Drinking. 2020. Accessed August 14, 2020.

Marijuana

According to Substance Abuse and Mental Health Services, cannabis is the most widely used illicit substance among youth, following alcohol.[53] In fact, in 2018, 2.1% of youth aged 12-17 have been diagnosed with cannabis use disorder in the past year.[54] What seems more alarming is that an online survey aimed at youth with lifetime cannabis use had 94% respond "no" when asked if they thought cannabis was addictive.[55] These statistics combined with the TSS from 2016 and 2018 indicating a decline in students who perceive marijuana as "very dangerous" demonstrate an alarming upward tick in marijuana use. Vaping has emerged as a very accessible way for students to acquire cannabis in recent years and in 2019 vaping saw 20.8% of twelfth grade students vape cannabis in the past year.[56] In Texas,

50 Centers for Disease Control and Prevention. Alcohol and Public Health. 2020.

51 National Institute on Alcohol Abuse and Alcoholism. Underage Drinking. 2020.

52 Centers for Disease Control and Prevention. Alcohol and Public Health. 2020.

53 CADCA. Practical Theorist (12). Cannabis: current state of affairs. 2020.

54 CADCA. Practical Theorist (12). Cannabis: current state of affairs. 2020.

55 CADCA. Practical Theorist (12). Cannabis: current state of affairs. 2020.

56 CADCA. Practical Theorist (12). Cannabis: current state of affairs. 2020.

marijuana is still illegal. Despite this, many young people are being charged with possession or distribution. These charges often result in misdemeanors, and in some cases, a felony, which limits a youth's opportunities for work and school. Despite the potential consequences, students are still reporting use of the substance. In fact, according to the 2018 TSS there has been an increase in current use (past 30 days) of marijuana between 2016 and 2018 (see Figure 46).

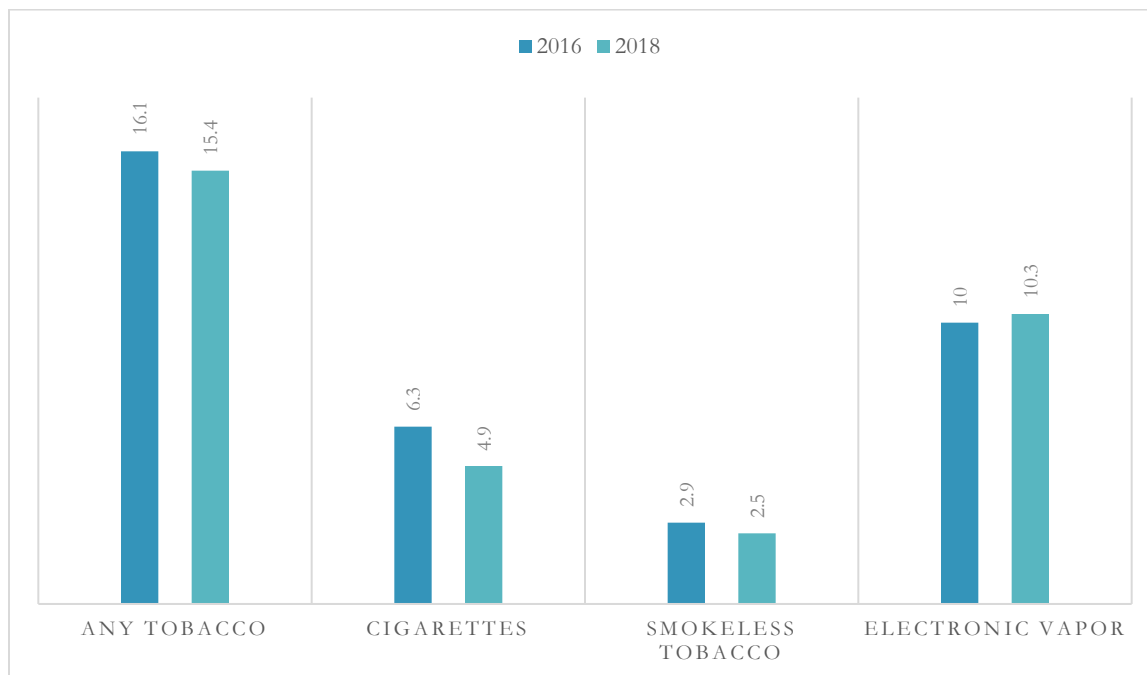*Figure 46 – Region 10 Past Month Marijuana Use – Grades 7-12, 2016-2018*
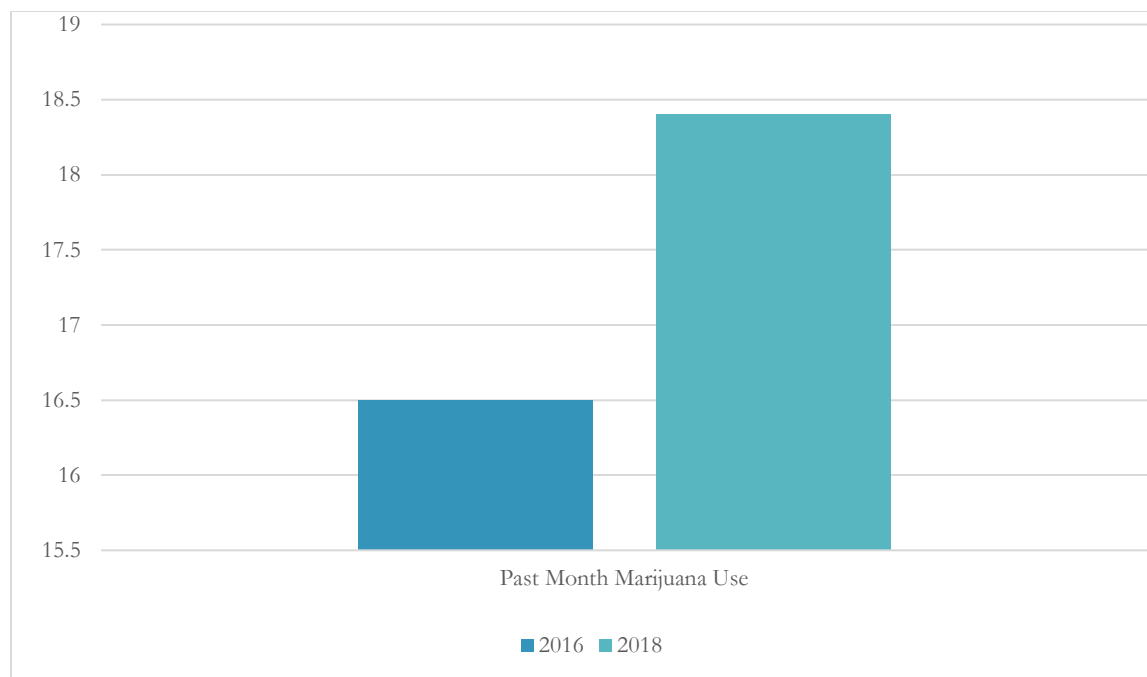
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf.

Tobacco

In 2019, 12.5% of middle schoolers and 31.2% of high schoolers reported the use of two or more tobacco products in the past 30 days.[57] This national data reflects that even though public health professionals have made a dent in preventing tobacco use, there is still much work to be done. Given that tobacco use is known to be highly toxic, the TSS surveys students on whether or not they have used a tobacco product in the past month. Students were also asked what type of tobacco product they used in the past month. The data in Figure 47 depicts the years 2016 and 2018. The most popular choice of tobacco product was electronic vapor products (~10%). Past month tobacco use indicates that any tobacco, cigarettes, and smokeless tobacco had a slight decrease in use between 2016 and 2018 (see Figure 47). Unlike other tobacco products, electronic vapor products had a slight increase in reported use from 10.0 in 2016 to 10.3 in 2018.

---

[57] Centers for Disease Control and Prevention. Vital Signs: Tobacco Product Use Among Middle and High School Students – United States, 2011-2019. Morbidity and Mortality Weekly Report, 2019; 68 (12); 1-22. Accessed August 17, 2020.

Figure 47 – Region 10 Past Month Tobacco Use – Grades 7-12, 2016-2018

Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report. http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf. Accessed August 10, 2020.

Prescription Drugs

In 2015-2018, 10.7% of U.S adults used one or more prescription pain medications in the past 30 days.[58] This number is still alarming given that it reflects only adult use as prescription drugs have not been isolated to a specific segment of the population. In 2018, the number of Americans who used prescription drugs in the past 30 days was 46% which is significant because it does not narrow it down to a certain age group.[59] Despite these numbers, Monitoring the Future data indicates that opioid misuse has dropped significantly, and this is in part due to youth access to prescription drugs.[60] Figure 48 highlights students polled from grades 7-12 between the years 2016 and 2018. The TSS data states that there was a decrease in prescription drug use from 2016 to 2018. Also, 2018 TSS data indicates that only 1.4% of students reporting using opioids in the past month. The most common type of prescription drug misuse in Region 10 is codeine cough syrup.

---

58 Centers for Disease Control and Prevention. National Center for Health Statistics. Prevalence of Prescription Pain Medication Use Among Adults: United States, 2015-2018, NCHS Data Brief No. 369. 2020. Accessed August 17, 2020.

59 National Center for Health Statistics. National Health and Nutrition Examination Survey 1988-2016 data documentation, codebook, and frequencies: Prescription medications – drug informatin (RXQ_DRUG). 2019.

60 Abuse NI on D. Monitoring the Future Survey: High School and Youth Trends. https://www.drugabuse.gov/publications/drugfacts/monitoring-future-survey-high-school-youth-trends.

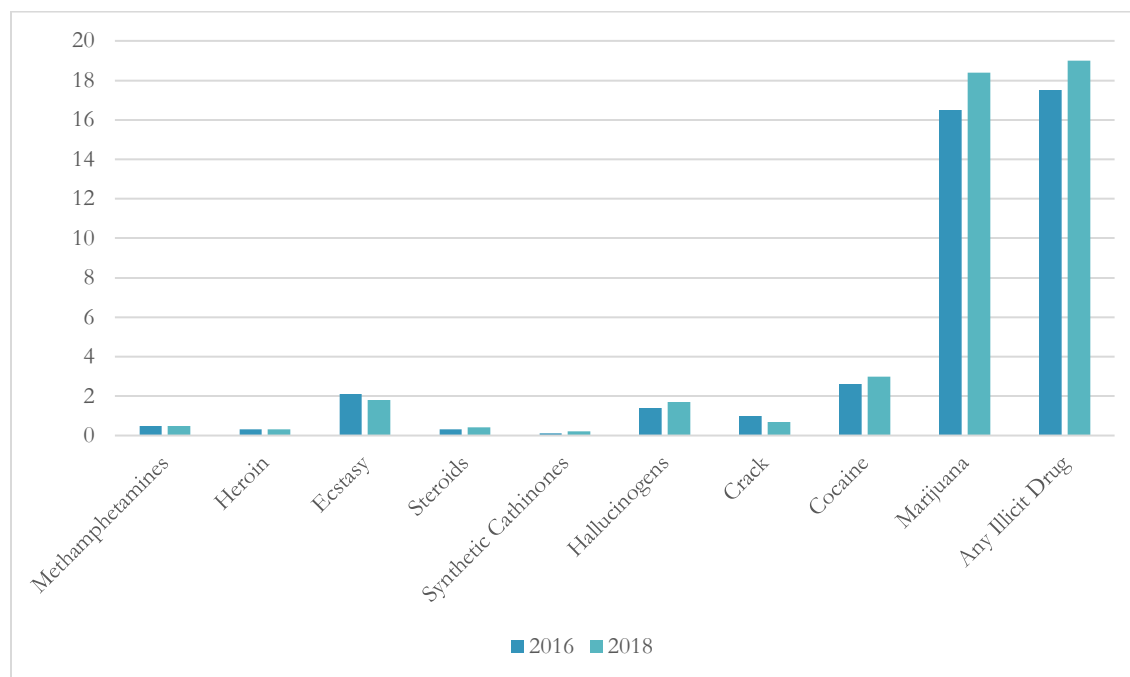*Figure 48 – Region 10 Past Month Prescription Drug Use – Grades 7-12, 2016-2018*
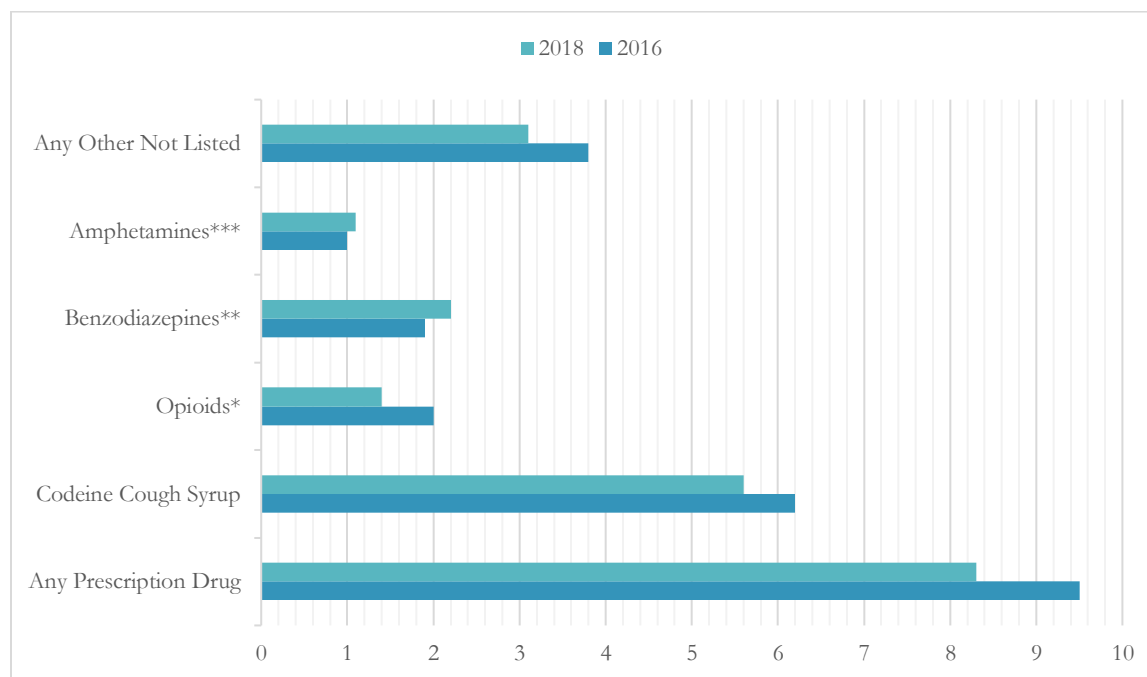
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf. Accessed August 10, 2020.

Illicit

In 2018, approximately 4.2 million, or 1 in 6, adolescents aged 12 to 17 were past year illicit drug users.[61]
The number of adults that have used illicit drugs in the last year is much higher at 16.7%, or 35.9
million.[62] The TSS shows an increase in several categories including marijuana and cocaine. There is an
increase when asked if they had used any illicit drug in the past month as students answered with 17.5%
in 2016 and 19% in 2018. The illicit drug use increasing is a trend that indicates more education is
needed to reach the community and its children to inform them of the many risks associated with using
these illicit substances. Figure 49 below highlights the percentage of students that have partaken in
various illicit substances over the past month in the TSS survey of 2016 and 2018.

---

61 Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018
National Survey on Drug use and Health, 2018.

62 Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018
National Survey on Drug use and Health, 2018.

Figure 49 - Region 10 Past Month Illicit Drug Use – Grades 7-12, 2016-2018

Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report. http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf. Accessed August 10, 2020.

Texas School Survey

The Texas School Survey is conducted every two years with 7th through 12th grade students, with the most recent published data coming from 2018, and surveys students on a variety of subjects. They survey students on the prevalence of using substances like alcohol, tobacco, electronic vaping products, prescription drugs, and illicit drugs. They go much more in depth by asking how, if at all, using these substances has affected their attendance at school. Also represented is how the students feel their parents and peers feel about kids their age using those substances. The survey goes further to break down the data collected by highlighting the disparities in use and perception of harm by gender, race, ethnicity, household composition, and grades. The data collected by the Texas School Survey is vital in prevention work as it is those areas that are targeted to decrease use and increase awareness.

Age of Initiation

Research by DeWit and colleagues describes the risks involved in early age use of alcohol. This study found that the first use of alcohol at ages 11-14 increased the likelihood of the individual progressing to an alcohol disorder.[63] The average of all grades combined is 13.4 years of age. As a community, there is a need to find strategies to delay first use to assist with preventing later problems in life. Figure 50 describes the average age of initiation for grades 7-12 in the 2018 TSS. It is important to note that the age of initiation was not surveyed for the year 2016, nor has data for 2020 been published, and as such,

---

[63] DeWit DJ, Adlaf EM, Offord DR, Ogborne AC. Age at first alcohol use: a risk factor for the development of alcohol disorders. Am J Psychiatry. 2000; 157(5): 745-750. doi: 10.1176/appi.ajp.157.5.745

the below data only includes data for 2018. The youngest average age of first use is from 7th graders at 10.4 years of age.
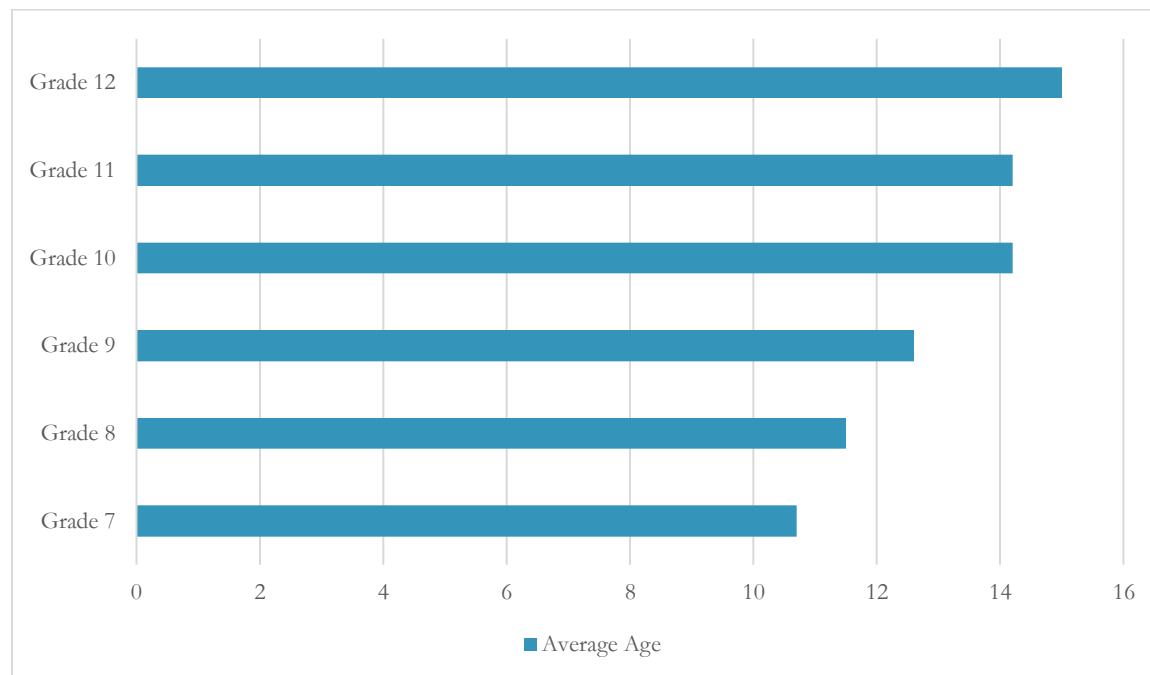
Figure 50 – Region 10 Average Age of First Use of Alcohol – 2018
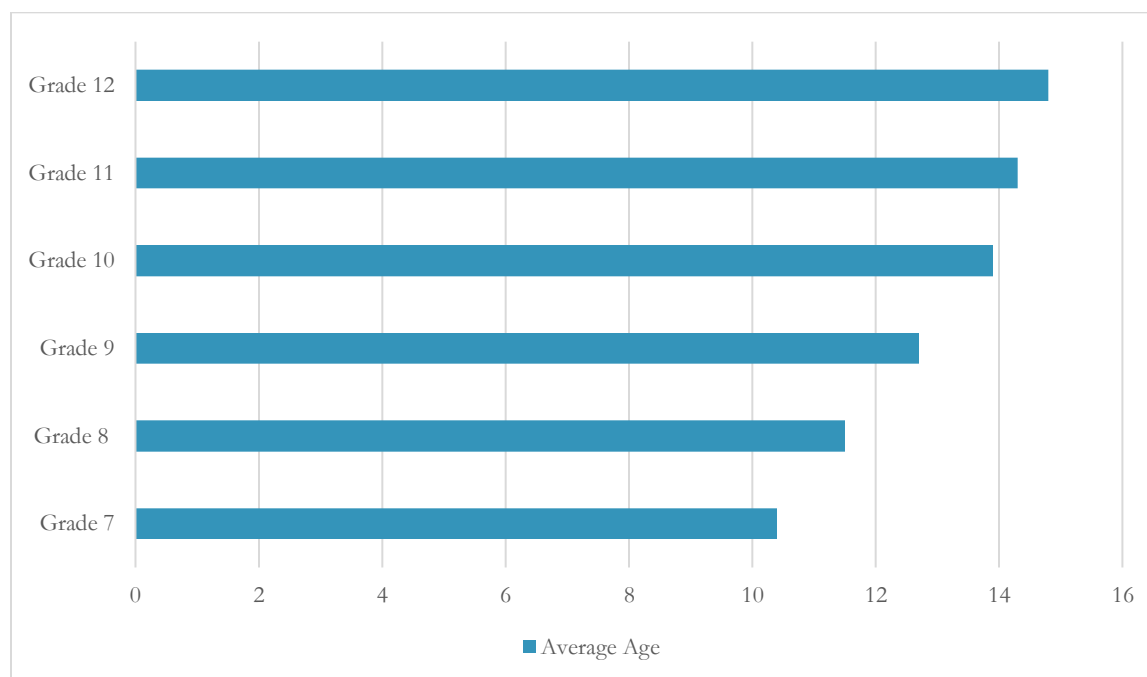
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf. Accessed August 10, 2020.

Kendler and colleagues published a co-twin control study in 2014 that looked at tobacco use in twins and found that age at onset of regular smoking predicted the level of nicotine dependence.[64] In the most recent sample of TSS students, 13.8 was the average age of first use of tobacco. Region 10 should focus on strategies that aim at delaying or preventing tobacco use in youth. These types of plans will minimize the likelihood of nicotine dependence in youth. Similar to alcohol, grade 7 had the lowest average age of first use of tobacco (see Figure 51). Again, the age of initiation was not asked of students in the TSS of 2016.

64 Kendler, KS, Myers J, Damaj MI, Chen X. Early smoking onset and risk for subsequent nicotine dependence: a monozygotic co-twin control study. Am J Psychiatry. 2013: 170(4): 408-413. doi: 10.1176/appj.ajp.2012.12030321

Figure 51 – Region 10 Average Age of First Use of Tobacco – 2018

When individuals begin using marijuana earlier in life, they often will smoke more often and demonstrate some negative impact on cognitive performance.[65] Gruber and colleagues described the early onset of marijuana use as before the age of 16. The average age of first use of marijuana across all grades is 14. Marijuana is not the only substance that sees an average age of 11 at first use. Students are also reporting use of substances like cocaine and heroin. There is a need for Region 10 to put more effort into delaying access to these products to youth. If we provide a strategic approach to addressing illicit drug use, to include marijuana, we could decrease the usage of these substances and deter some of the adverse cognitive effects. According to Figure 52, the average age of students who first used marijuana is 14 which is roughly the same age as those who claimed use of cocaine and ecstasy.

65 Gruber SA, Sagar KA, Dahlgren MK, Racine, M, Lukas SE. Age of onset of marijuana use and executive function. Psychol Addict Behav J Soc Psychol Addict Behav. 2012; 26(3): 496-506. doi: 10.1037/a0026269

Figure 52 – Average Age of First Use of Illicit Drugs – 2018
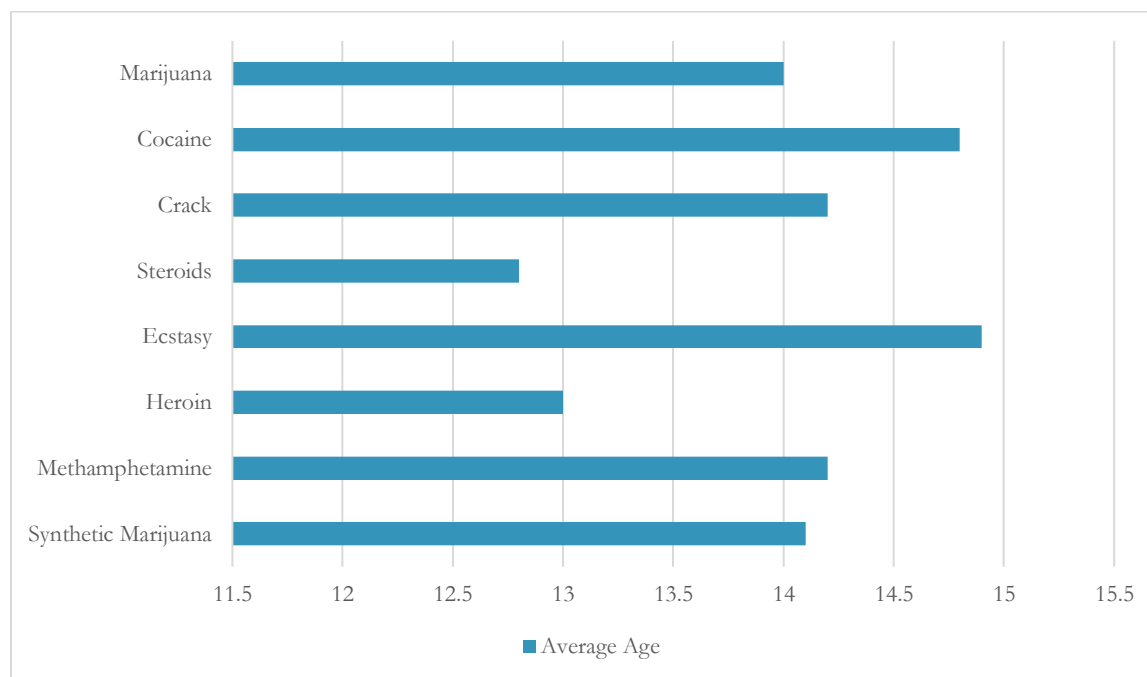
Source: Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2018 HHSC Region 10 Report.
http://www.texasschoolsurvey.org/Documents/Reports/Region/18Region10.pdf. Accessed August 10, 2020.

Emerging Trends

Vaping

Initially, the vaping epidemic was taken up by adult hobbyists. As vaping devices evolved, the U.S started to see a migration of users. Unexpectedly, U.S youth has seen an increase in vaping rates. The rapid rise in youth users has led to a public health dilemma. This debate has, on the one hand, a potential tool to help adult smokers quit, and on the other hand, vaping can potentially grab hold of a new generation of youth users.

Within the past year, the Prevention Resource Center (PRC) has seen an increase in requests for presentations on vaping. Schools and parents alike are wondering what is vaping. According to the U.S Department of Health and Human Services, vaping manufacturers spent $125 million in advertising in 2014. These same manufacturers have also increased the concentration of nicotine found in these devices, which increases the likelihood of dependence.

The market and environmental factors have led to 3.6 million teens vaping, according to the Centers for Disease Control. The Texas School Survey indicates that 25.5% of 7-12 grade students have vaped at some point in their life. With these alarming numbers, what should be the approach of public health professionals?

The short answer is that it depends on the audience. For adults, the message should be that these vaping devices are not FDA approved cessation devices. Although there is some anecdotal evidence that smokers have been using them to quit. The second message for adults is that vaping is less harmful, in terms of carcinogens and chemicals, than traditional cigarettes, but they pose other risks.

Vaping is not recommended for youth usage under any circumstances. This message may seem stringent, but public health professionals need to take into account that nicotine can lead to dependence, brain development issues, and could prime the teen for other addictions. The other risks to consider is some of the chemicals found in vaping devices that have been known to cause adverse health effects.

The vaping epidemic will require health service providers to unite in message and practice. The PRC invites the community to take advantage of its free services, which include data collection and distribution, information dissemination, and strengthening regional substance use services through collaborations, trainings, and other mechanisms. To contact us call 915-782-4000 ext 1322 or visit the PRC website www.prc1otx.org.

Local Covid-19 Situation

The novel coronavirus emerged in Wuhan, China in December 2019. While its origins are unknown, it has been assigned the name SARS-CoV-2 and attempts to manufacture a vaccine have been taken on. There are approximately 5.5 million cases in the United States as of August 19, 2020 with 172,000 deaths. In Texas there are 577,000 cases with 10,798 deaths according to information available on August 19, 2020 as well. Region 10 has been impacted as well with the total cases from the counties of Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio being 17,676 and deaths totaling 320 as of information available on August 13, 2020.

According to the *New York Times*, there are currently 165 vaccines for COVID-19 in development while 31 are in human trials. There are several phases vaccines must go through before they gain approval. Those steps are preclinical, Phase 1, Phase 2, Phase 3, and final approval. The breakdown of what happens in each phase are as follows: Preclinical means they are not in human trials; Phase 1 means the vaccines are being tested for safety and dosage; Phase 2 means the vaccine is in expanded safety trials; Phase 3 means the vaccines are in large scale efficacy tests, and approval means the vaccines are approved for early or limited use. While we wait for a vaccine, those who do become sick with the virus and need medical attention often struggle with what treatment is best as this virus does not seem to be defeated by the same medication for every person infected.

In order to slow the spread the Centers for Disease Control and Prevention have asked the public to follow a few simple things: wear a face mask, wash your hands, sneeze or cough into your elbow, and stay home if you are sick. They are also encouraging social distancing, which means to stay 6 feet apart and not to gather in groups larger than 10. Texas Governor Greg Abbott has ordered that counties who have more than 20 cases are to wear face masks while out in public and to enter any business or establishment, which in Texas has amounted to 228 out of 254 counties having to adhere to this mandate.

This virus is constantly evolving leaving doctors and scientists to figure out exactly how the virus works which makes it difficult to treat as the virus attacks people of various ages and sex differently. What is known is that it attacks the lungs and often those hospitalized require ventilators to help them breathe. Some of the symptoms include fever or chills, cough, shortness of breath, fatigue, muscle or body

aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.[66]

In order to give a fuller picture of the extent of the virus in Region 10, the data compiled as of August 2020 will be broken down to show the number of tests administered, number of positives, and the number of fatalities in each of the six counties and Texas (see Table 12).*

Table 12 – COVID-19 Data in Texas and Counties in Region 10 – 2020

Location	Number of Tests Administered	Number of Positive Cases	Number of Fatalities
Texas	4,549,474	513,575	9,289
Brewster	1,721	187	2
Culberson	152	21	2
El Paso	112,496	17,378	311
Hudspeth	147	33	2
Jeff Davis	201	8	0
Presidio	647	49	3

*Source: Department of State Health Services. Covid19 cases, fatalities, and hospitalizations. https://dshs.state.tx.us/coronavirus/. Accessed August 18, 2020. *Information provided from data available as of August 14, 2020.*

Consequences

Overview of Consequences

Substance use and misuse will often lead to addiction. Addiction is a brain disease that is characterized by compulsive substance use regardless of consequences to the point that it takes over their life.[67] Although some of these consequences are intentional to satisfy the craving, others may likely be unintended. Consequences, such as the ones described below, are adverse health, social or safety problems related to substance misuse. The consequences below include legal issues such as incarceration, arrests, and juvenile justice among others. Often the consequences affect the individual using substances, but these consequences will then trickle into complications in the family, school, and the community.

Legal

Legal consequences have ramifications that alter an individual's entire life. One example of a legal consequence is a Driving While Intoxicated (DWI) offense. Other examples include public intoxication, possession of an illegal substance, distribution of an illegal substance, or the intent to distribute. The consequences for illegal substance related charges usually carry much heavier penalties with long lasting consequences. The data in the below sections include alcohol and drug-related incarcerations. This data was provided by the Texas Department of Criminal Justice, which is the entity that records the type of incarcerations being made in each county.

66 Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Symptoms of Coronavirus. 2020.

67 What is Addiction? https://www.psychiatry.org/patients-families/addiction/what-is-addiction. Accessed August 21, 2020.

Noise Violation Data

Noise violation data for Region 10 is unavailable due to the current COVID-19 situation.

Public Intoxication arrests

Public Intoxication, also called drunkenness, is the act of being drunk in public. In Texas, one would receive the Class C misdemeanor charge, punishable by a $500 fine, if they are intoxicated in a public place to a degree that they may endanger themselves or others.[68] According to arrest data compiled from the years 2017-2019, El Paso County has had the most public intoxication arrests, followed by Brewster county. Over the last three years, Jeff Davis has remained consistent in having zero public intoxication arrests, while Culberson and Hudspeth showed the most decreases in arrests. Figure 53 details the number of arrests in each county for Region 10 over the last three years.

Figure 53 – Number of Public Intoxication Arrests by county in Region 10, 2017-2019
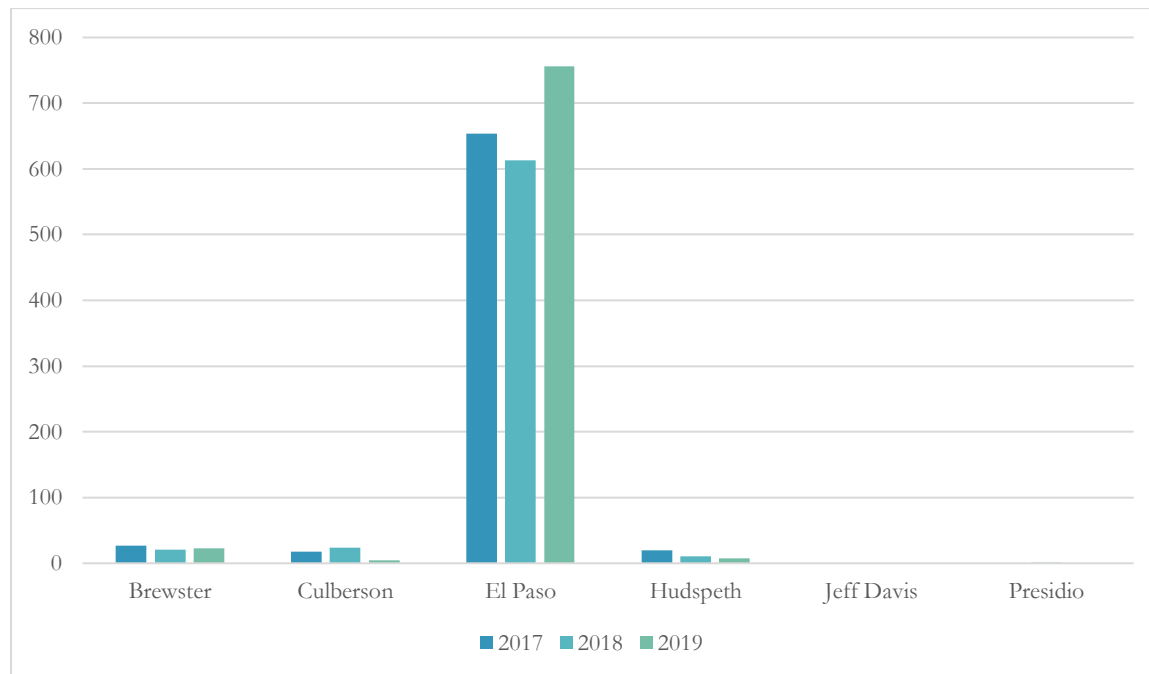
Source: Texas Department of Public Safety, 2017-2019 Crime in Texas Arrestee Summary Report. Data 2017-2019. https://txucr.nibrs.com/SRSReport/ArresteeSummary. Accessed August 3, 2020.

DWI Rates

The DWI offense is often reserved for adults over the age of 21 who drive and have a blood alcohol content (BAC) at or above 0.08%.[69] In 2018, there were 10,511 people killed in alcohol-impaired driving

---

68 Texas Penal Code. Title 10 Offense Against Public Health, Safety, and Morals. Chapter 49 Intoxication and Alcoholic Beverage Offenses. https://statutes.capitol.texas.gov/Docs/PE/htm/PE.49.htm#:~:text=49.02.,Code%20is%20a%20public%20place.. Accessed August 20, 2020.

69 Difference Between a DUI and DWI in Texas. Board Certified DWI Lawyer. https://www.dougmurphylaw.com/dui-dwi-differences. Accessed August 19, 2020.

crashes in the United States.[70] A DWI offense has a range of consequences depending on the number of crimes. For example, a third offense DWI can lead an individual to have a $10,000 fine, two to ten years in prison, loss of driver's license, and an annual fee of $1,000-$2,000 for three years.[71] The information provided will detail adult and juvenile arrests where an adult is a person over 21 years of age, and the Texas Department of Public Safety begins tracking this information for juveniles at age 13. Jeff Davis and Presidio counties each have zero arrests for DWI over the three years, while Hudspeth saw a dramatic drop from 54 to 0 over the same period. El Paso County has the highest amount of DWI arrests, and they only increased each year over those three years. Juvenile DWI charges are not as common in the less populated areas of Region 10, but El Paso County does seem to have DWI arrest numbers that remain relatively high over the last three years. Figure 54 below details how many adult arrests have been made in each county of Region 10 for DWI over the last three years and Table 13 details how many juvenile arrests have been made for DWI in each of the counties of Region 10.

Figure 54 – Adult DWI Arrests by county in Region 10, 2017-2019
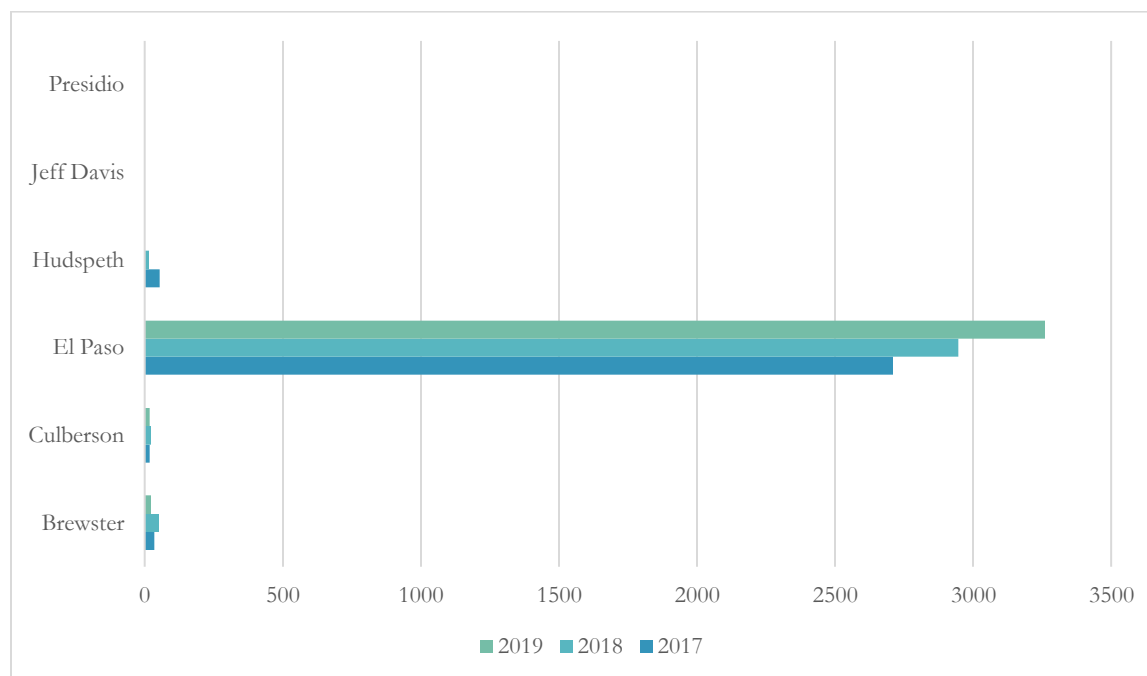
Source: Texas Department of Public Safety, 2017-2019 Alcohol Related Arrests in Texas Arrestee Summary Report. Data 2017-2019. https://txucr.nibrs.com/SRSReport/ArresteeSummary. Accessed August 3, 2020.

---

70 National Highway Traffic Safety Administration. Drunk Driving Facts 2018 data: driving after drinking. U.S Department of Transportation, Washington, DC; 2019. https://www.nhtsa.gov/risky-driving/drunk-driving#:~:text=Approximately%20one%2Dthird%20of%20all,killed%20in%20these%20preventable%20crashes.

71 Driving While Intoxicated (DWI). https://www.txdot.gov/inside-txdot/division/traffic/safety/sober-safe/intoxication.html. Accessed August 19, 2020.

Table 13 – Juvenile DWI Arrests by county in Region 10, 2017-2019

County	2017	2018	2019
Brewster	3	0	2
Culberson	0	0	2
El Paso	134	199	192
Hudspeth	4	2	0
Jeff Davis	0	0	0
Presidio	0	0	0

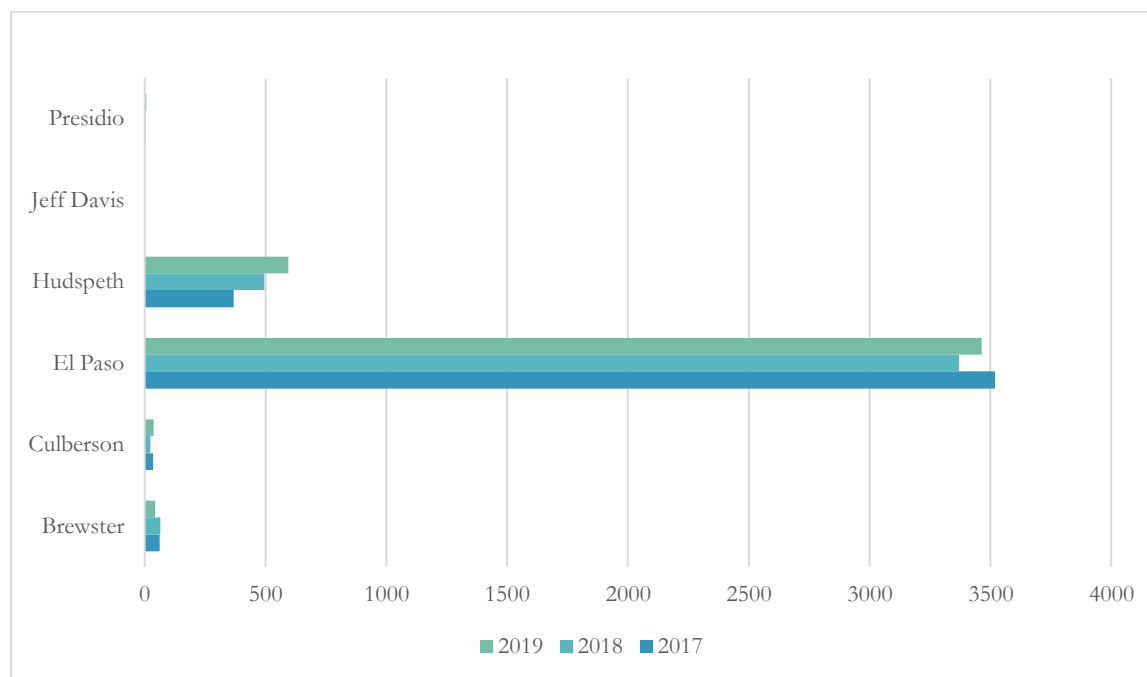*Source: Texas Department of Public Safety, 2017-2019 Alcohol Related Arrests in Texas Arrestee Summary Report. Data 2017-2019. https://txucr.nibrs.com/SRSReport/ArresteeSummary. Accessed August 3, 2020*

Possession of illicit drug (arrests)

The consequences for possession of illicit drugs varies by age, amount, and type of illegal substance. For example, if the amount is small an individual can be charged with a class A, B, or C misdemeanor which is punishable with a fine of up to $2,000, jail for up to 180 days, or both.[72] For more serious amounts, intent to distribute, and other various factors, an individual could expect to face anything from a third degree felony up to a first degree felony. The highest penalty given in Texas for drug possession is life or 99 years in prison, and/or a fine of up to $250,000.[73] In Region 10, El Paso County has the most adult arrests for possession of illicit substances, followed by Hudspeth from 2017 to 2019. Jeff Davis and Presidio counties enjoy the lowest numbers of arrests as Jeff Davis stays consistent at zero and Presidio has 7 as its highest number. Figure 55 breaks down the arrests of adults for possession of illicit substances in each county of Region 10. More outreach is needed in the adult communities to lower numbers as Hudspeth and El Paso lead the region in arrests for illicit substances.

---

[72] The Arbor, Behavioral Healthcare. Texas Drug Laws: Potential Penalties for Possession of Controlled Substances. 2018. Accessed August 19, 2020.

[73] Find Law. Texas Drug Possession Laws. 2018. Accessed August 19, 2020.

Figure 55 – Adult Arrests for Possession of Illicit Substances per county in Region 10, 2017-2019

Source: Texas Department of Public Safety, 2017-2019 Adult Drug Related Arrests in Texas Arrestee Summary Report. Data 2017-2019. https://txucr.nibrs.com/SRSReport/ArresteeSummary. Accessed August 3, 2020.

Juvenile Justice involvement

In 2018, 39,154 juveniles accounted for 53,390 formal referrals to juvenile probation departments, however, the number of referrals is on a decline.[74] According to figures provided by the Juvenile Justice Department, El Paso County had an average daily population (ADP) of 600+, while the other five counties in Region 10 had 0-99 ADP. Juveniles are referred for juvenile justice involvement for several reasons, some of which include violent offenses, class A/B misdemeanors, conduct indicating a need for supervision, and delinquent conduct. The numbers of juveniles referred in Texas as well as in Region 10 have remained steady over the last three years indicating that, while there is no increase, there is still a need to engage in more youth outreach. Table 13 shows the number of juveniles referred and the number of referrals for Texas for the years 2016-2018. Table 14 shows the number of juveniles referred and the number of referrals for Region 10 for the years 2016-2018.

[74] The State of Juvenile Probation Activity in Texas: Statistical and Other Data on the Juvenile Justice System in Texas. Texas Juvenile Justice Department. 2018.

P a g e 61 | 103

*Table 14 – Number of Juveniles Referred to Juvenile Justice Dept. and Referrals in Region 10, 2016-2018*

Year	Juveniles Referred	Total # of Referrals
2016	1,337	1,909
2017	1,310	1,950
2018	1,356	1,986

Source: Texas Juvenile Justice Department. The State of Juvenile Probation Activity in Texas, 2015-2017. www.tjjd.texas.gov. Accessed August 20, 2020.

Alcohol sales to minors

The Texas Alcohol Beverage Commission tracks violations from alcohol retailers for a variety of reasons from selling after hours to selling to minors. Though the data for 2020 is incomplete, the amount of alcohol sales to minors has only 3 instances of retailers selling alcohol to a minor. Compliance checks are of vital importance to ensure that retailers do not become complacent in applying protocols such as asking for identification and spotting fake identifications. The punishment for making alcoholic beverages available to a minor is a Class A misdemeanor is a fine of up to $4,000, confinement in jail for up to a year, or both.[75] Figure 56 shows the number of alcohol sales to minors over the last three years. As represented in this figure, El Paso County has the most violations, but given that it also has the largest population of the six counties in Region 10, this number seems to correlate. Brewster, Culberson Hudspeth, and Jeff Davis have zero violations which also correlates with their much smaller populations.

---

75 Texas Alcohol Beverage Commission. Underage Drinking Laws. www.tabc.state.tx.us>laws>underage_drinking_laws. 2020. Accessed August 18, 2020.
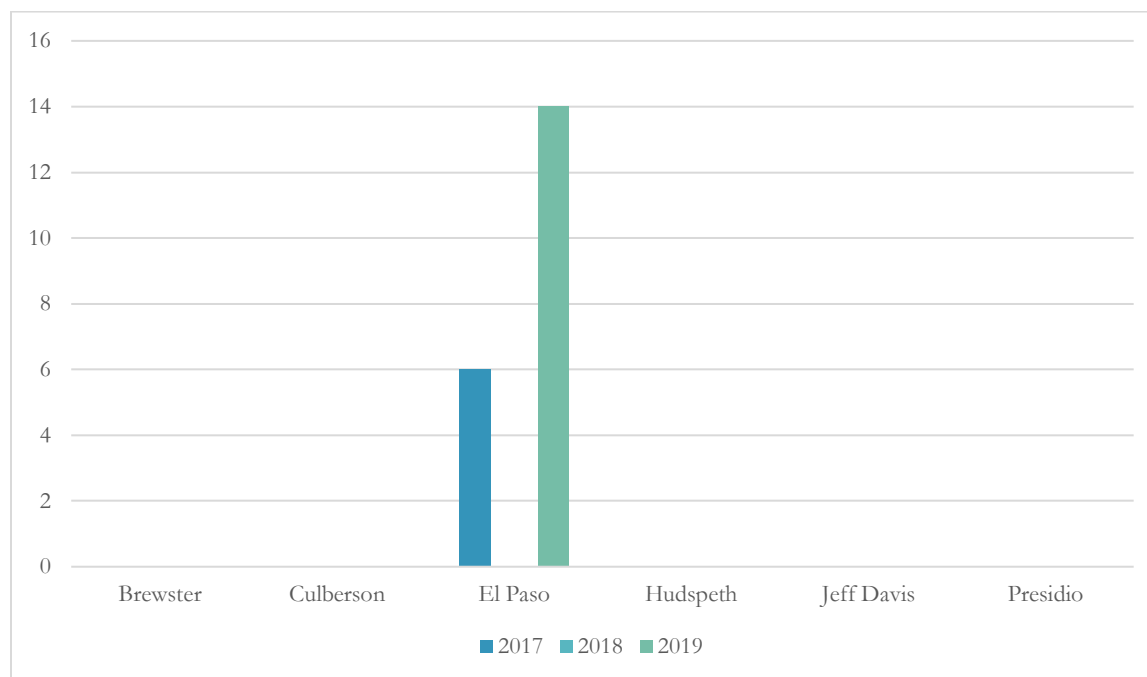
Figure 56 – Alcohol Sales to Minors by County in Region 10 – 2017-2019
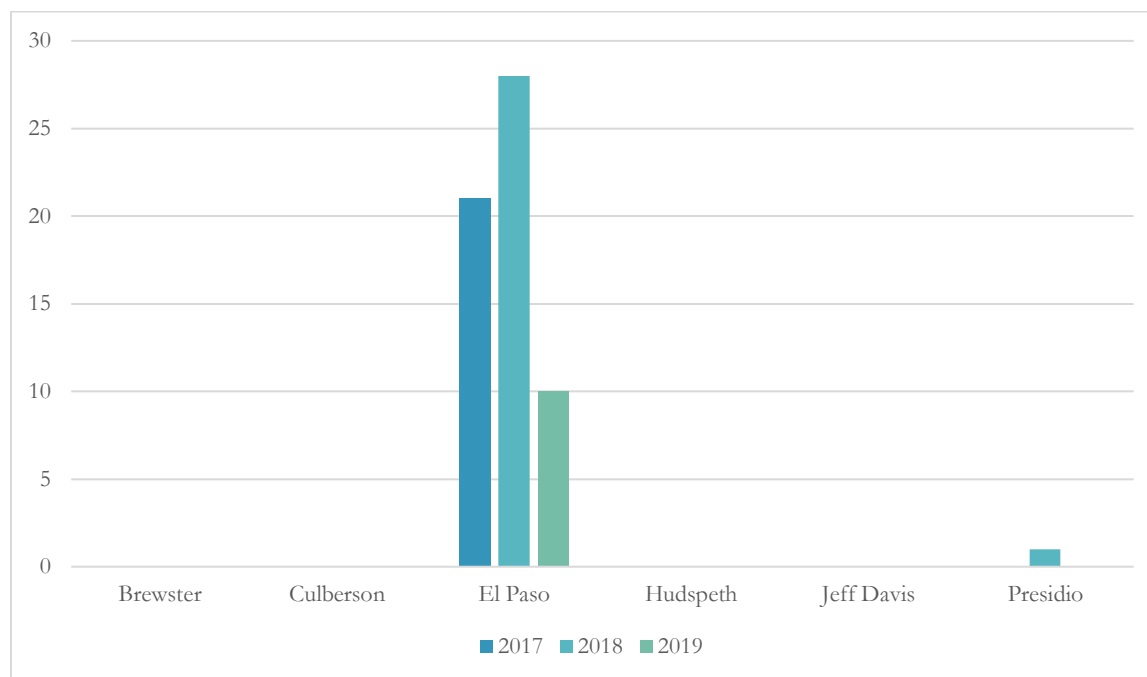
Source: Texas Health and Human Services. Texas Health and Human Services Open Records Request, HHSC, Alcohol Violations by County, Number of Alcohol Sales to Minors per county. www.hhs.texas.gov. Accessed August 18, 2020.

Tobacco sales to minors

In Texas, the sale or provision of tobacco products to a minor under 21 years of age is considered a Class C Misdemeanor and a fine of up to $500 may be imposed.[76] Figure 57 below shows the number of violations per county in Region 10 from 2017 through 2019. Again, the highest amount of violations comes from El Paso County which correlates with their larger population and the fact that they have more tobacco retailers. Difficult as it may be, compliance checks must be more stringent and education to retailers must be provided to curb these numbers.

[76] Texas State Texas School Safety Center. Texas Tobacco Law Tooklit: 1.0 Texas Tobacco Law. 2020. https://txssc.txstate.edu/tools/tobacco-law-toolkit/laws#:~:text=SALE%20OR%20PROVISION%20OF%20TOBACCO,%2D800%2D345%2D8647. Accessed August 19, 2020.

Figure 57 – Tobacco Sales to Minors by County in Region 10, 2017-2019

Source: Texas Health and Human Services. Texas Health and Human Services, Open Records Request, Tobacco Violations by County, Number of Tobacco Sales to Minors per county. www.hhs.texas.gov. Accessed August 19, 2020.

Minor in Possession (MIP) data

El Paso County has the largest number of arrests for minors in possession over the three years, while Jeff Davis county has zero arrests over the same period. Unfortunately, some students are not aware of the fact that some of the substances they are arrested for possessing can result in a felony arrest. However, more than the legal consequences that may arise from possessing an illegal substance, the lifelong consequences of using these substances can be far more damaging. Because a brain does not fully develop until an individual is in their mid-twenties, cessation of use of illegal substances is vital to encourage healthy brain development. It is clear by the numbers below that more outreach is needed in the communities of El Paso and Hudspeth to lower the numbers. Figure 58 breaks down the arrests of juveniles in each county of Region 10.

Figure 58 – Juvenile Arrests for Possession of Illicit Substances per county in Region 10, 2017-2019
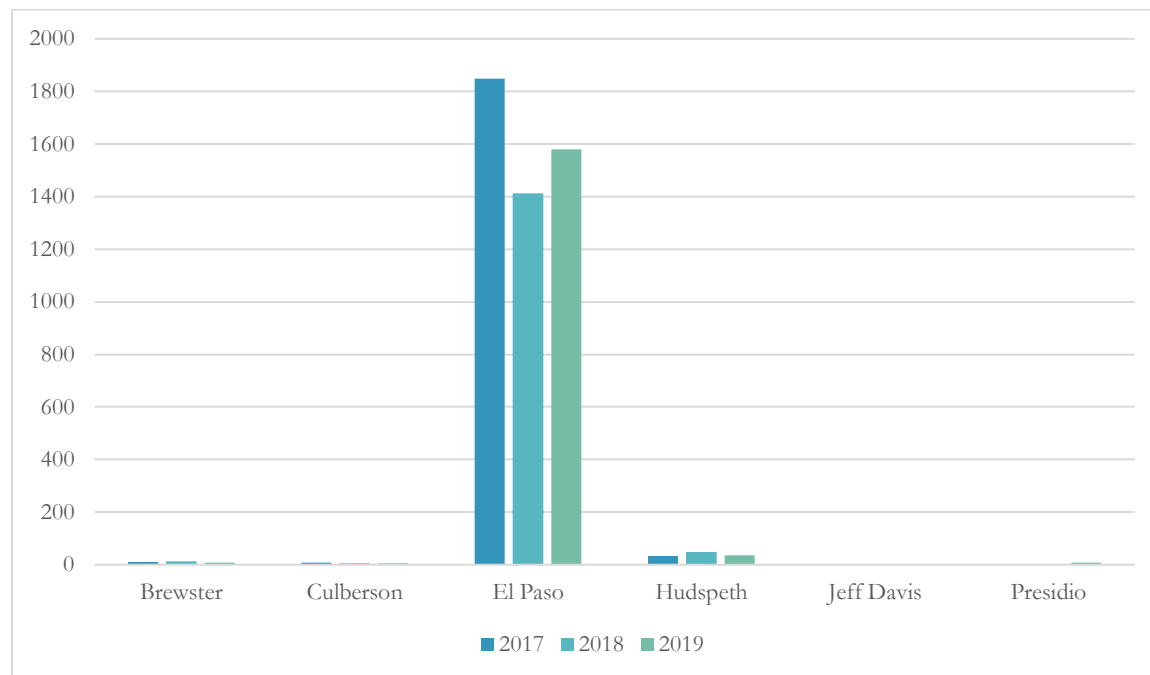
Source: Texas Department of Public Safety, 2017-2019 Juvenile Drug Related Arrests in Texas Arrestee Summary Report. Data 2017-2019. https://txucr.nibrs.com/SRSReport/ArresteeSummary. Accessed August 3, 2020.

Probation/Parole Rates

In the United States, the adult population on probation or parole declined from 4,508,900 at the end of 2017 to 4,399,000 at the end of 2018, which was a 2.4% decrease.[77] At the end of 2018, Texas had an adult population on probation of 474, 600 which was a 0.7% decrease from the 477,800 under supervision at the beginning of 2018. As to where the number of adults on parole in Texas at the beginning of 2018 was 109,151 and at the end of 2018 was 109,213. Those numbers saw a slight increase of 0.1% throughout2018.

---

[77] Kaeble, Danielle and Alper, Mariel. Probation and Parole in the United States, 2017-2018. Office of Justice Programs, Bureau of Justice Statistics. Accessed August 20, 2020.

Texas Prison Incarcerations

In Texas in 2018 there were 151,213 people in the prison population.[78] Texas spends $42.90 a day per person in state prison.[79] Given that figure, in 2018 Texas would have spent $6,487,037.70 on the population in its state prisons. In Region 10 the incarceration rates over the last three years showed an increase in El Paso County, but a decrease in counties like Presidio and Brewster. However, as a region, the incarceration rates are on an upward trend. Figure 59 below highlights the changes throughout Region 10 from 2015 to 2019. The incarceration rates are broken down into various categories. The numbers provided would suggest that there is a need for work on possession of drugs in the communities. Figure 60 below breaks down the incarcerations in Region 10 for 2019 in the categories DWI, drug possession, drug delivery, and other involving drugs.
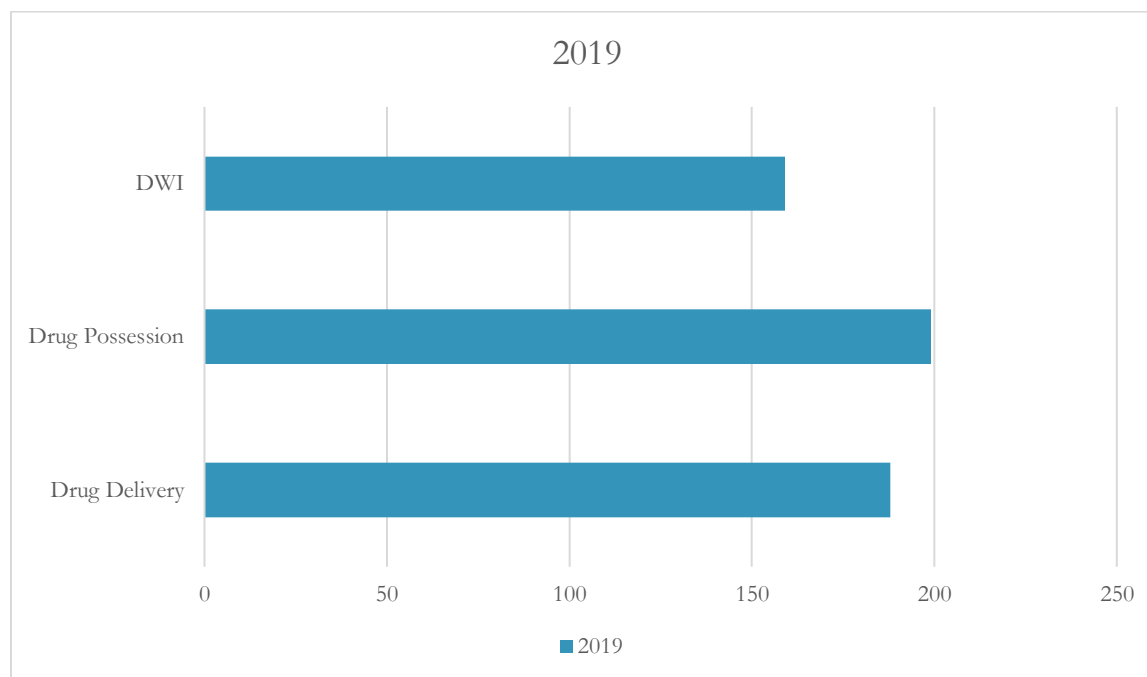
Figure 59 – Number of Incarcerated Persons in Region 10, 2015-2019
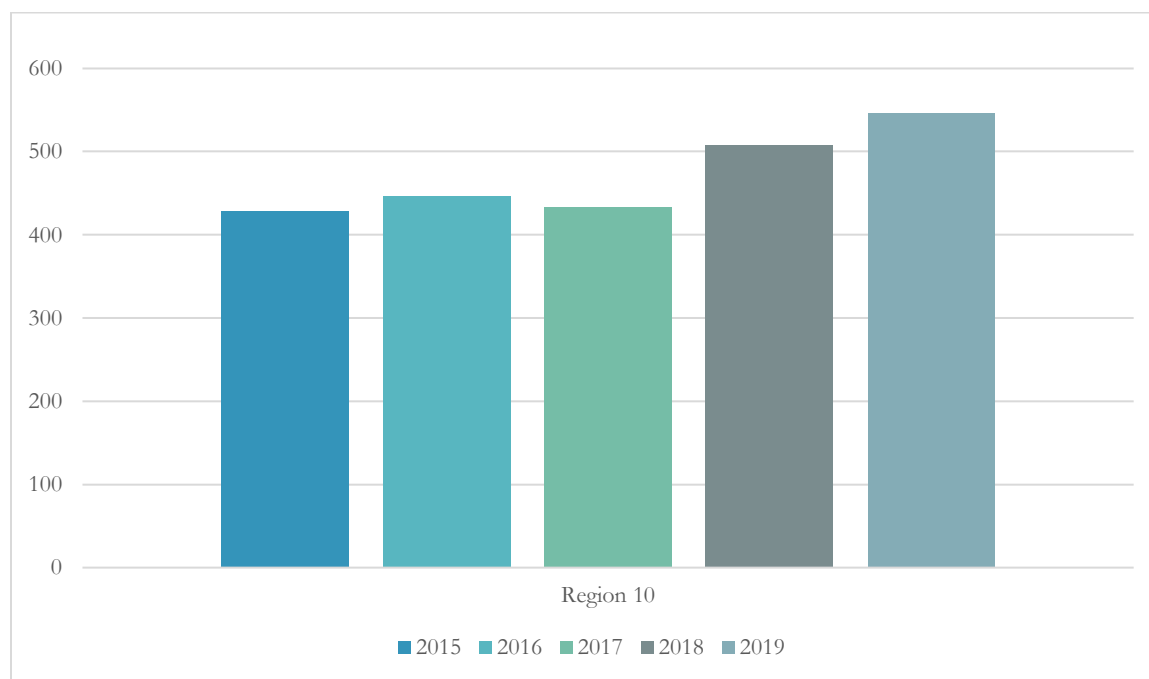
Source: Texas Department of Criminal Justice, All Drug and Alcohol OH Population, 2015-2019. Accessed August 14, 2020.

---

78 Vera Institute of Justice. Incarceration Trends in Texas: Incarcerations in Local Jails and State Prisons. 2019. Accessed August 20, 2020.

79 Texas Criminal Justice Coalition: Safer, Smarter, and More Cost-Efficient Approaches to Reducing Crime in Texas, . www.TexasCJC.org. Accessed August 20, 2020.

Figure 60 – Breakdown of Arrests in Region 10, 2019

Source: Texas Department of Criminal Justice, All Drug and Alcohol OH Population, 2015-2019. Accessed August 14, 2020.

Mortality

Death is the most severe and final of the consequences. Unfortunately, individuals dying from substance misuse is not an uncommon occurrence. As devastating as the loss of a loved one to substance use can be, the damages permeate far beyond the deceased and negatively impact the family and friends of the departed. The following data describes death as a result of substance misuse in Region 10.
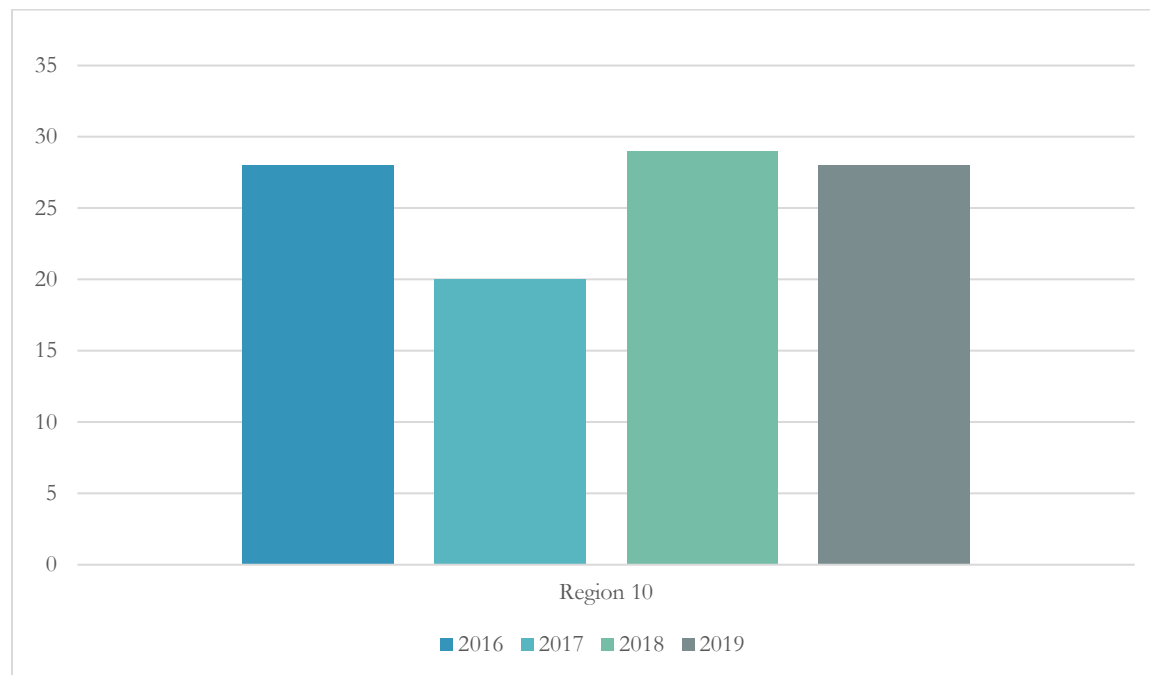
Alcohol related vehicular fatalities

Every year in the United States 10,000 people die in alcohol related vehicular crashes. In 2018, there were 10,511 alcohol related vehicular deaths.[80] In Region 10, in 2019, there was a total of 891 alcohol related crashes.[81] Luckily not every one of those crashes resulted in a fatality. It is clear from the data that, despite a drop from 2016 to 2017, that the number of alcohol related vehicular fatalities is increasing in the region. This points to a growing need for more work in the community to be done to facilitate a stop in these numbers. The figure below breaks down how many alcohol related vehicular fatalities there have been in Region 10 from 2016 to 2019.

---

80 National Highway Traffic Safety Administration. Drunk Driving. 2019. Accessed August 14, 2020.

81 Texas Department of Transportation. DUI (Alcohol) Involved Crashes by County. 2019. http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2019/39.pdf. Accessed August 20, 2020.

Figure 61 – Alcohol Related Vehicular Fatalities in Region 10, 2016-2019

Source: Texas Department of Transportation. Driving Under the Influence (Alcohol) Related Fatalities by Age and County. https://www.txdot.gov/inside-txdot/forms-publications/drivers-vehicles/publications/annual-summary.html. Accessed August 22, 2020.

Suicide Rates

As of 2017, suicide was the 10th leading cause of death in all ages.[82] Data also indicates a relationship between substance misuse and suicide. People treated for alcohol misuse or dependence are at ten times greater risk for suicide.[83] The data obtained in Table 15 is from CDC Wonder. In Table 15, data is indicated as suppressed when the data meets the criteria for confidential restraints. The crude death rate is the number of deaths divided by the population, multiplied by 100,000, and rates are considered unreliable when the death rates are based on counts less than twenty.[84]

---

[82] NIMH>>Suicide. https://www.nimh.nih.gov/health/statistics/suicide.shtml. Accessed August 19, 2020.

[83] Center for Substance Abuse Treatment. (2009). Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 50. HHS Publication No. (SMA) 09-4381. Rockville, MD: Substance Abuse and Mental Health Services Administration.

[84] Multiple Cause of Death 1999-2018. https://www.wonder.cdc.gov/wonder/help/mcd.html#Top15. Accessed August 22, 2019.

Table 15 – Suicide Rate – Region 10, 1999-2018

County	Deaths	Population	Crude Rate
Brewster	35	181,243	19.3
Culberson	Suppressed	50, 323	Suppressed
El Paso	1,240	15,413,356	8
Hudspeth	Suppressed	70, 687	Suppressed
Jeff Davis	Suppressed	44, 992	Suppressed
Presidio	13	148,277	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER online database released December 2019. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on August 21, 2020.

Overdose Deaths

Overdose by substance use is a leading contributor to premature death.[85] Table 16 describes the data extracted from the CDC WONDER system. This table represents the counties in Region 10 and states the deaths associated with drugs and alcohol. The crude rate is calculated based on the number of deaths per 100,000 individuals. When the table indicates suppressed, this means the data meets the criteria for confidential constraints. Also, rates are entered as unreliable when the rate is calculated with a numerator of 20 or less. The county with the highest overdose deaths was El Paso County. 3.3% of the total deaths in this county are attributed to drug overdoses between the years 1999-2018, which is no change from the 3.3% El Paso County held last year in this area.

Table 16 – 1999-2018 Alcohol and Drug Related Deaths

County	Deaths	Crude Rate per 100K	Population	% of Total Deaths
Brewster	51	28.1	181,243	.10%
Culberson	Suppressed	Suppressed	50,333	Suppressed
El Paso	2,578	15,413,356	16.7	3.30%
Hudspeth	Suppressed	Suppressed	70,694	Suppressed
Jeff Davis	Suppressed	Suppressed	45,001	Suppressed
Presidio	13	Unreliable	148,277	0.00%

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death. 1999-2018 on CDC WONDER Online Database, released December 2019. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/wonder/help/ucd.html. Accessed on August 23, 2020.

85 Drug Overdose Deaths*. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-drug-use/drug-overdose-deaths. Accessed July 15, 2020.

Hospitalization

HIV infection rates and transmission route

HIV infection rates have been on the rise since 2009. As of 2018, there are 94,106 people living with HIV in the state of Texas.[86] The number of people with HIV in Texas in 2009 was 64,625. In Region 10, the rates are also on the rise, with El Paso County having the highest incidence of infection. The table below reflects the total number of infected persons living with HIV in Region 10 broken down by gender over the period of 2009-2018. The table also indicates that more males are living with HIV than females in all counties of Region 10. The transmission route that seems to be most prevalent is male-male sexual contact. However, other transmission routes still have considerably high numbers. Table 17 below highlights the total number of those infected via the various transmission routes.

Table 17 – People Living with HIV in Region 10 by Gender, 2009-2018

County	Total	Male	Female
Brewster	13	13	0
Culberson	5	5	0
El Paso	19,246	16,689	2,557
Hudspeth	6	6	0
Jeff Davis	0	0	0
Presidio	40	40	0

Source: Texas Department of State Health Services. Texas Health Data. People Living with HIV, HIV Prevalence (Persons Living with HIV) by County, 2019.
http://www.healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv. Accessed August 24, 2020.

Table 18 – Transmission Rate of HIV Totals, 2009-2018

Geographic Location	Transmission Route	Total
Texas	Heterosexual Contact	338,271
	Intravenous Drug Use (IDU)	135,185
	Male-Male Sexual Contact (MMSC)	887,387
	MMSC/IDU	84,451
	Perinatal	12,054
	Adult Other	683

Source: Texas Department of State Health Statistics. Texas Health Data, HIV Prevalence (Persons Living with HIV) by Transmission Category, 2019.
http://www.healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv. Accessed August 24, 2020.

---

86 Texas Department of State Health Statistics. Texas Health Data. People Living with HIV: Texas HIV Prevalence, 2019.
http://www.healthdata.dshs.texas.gov/dashboard/diseases/people-living-with-hiv. Accessed on August 24, 2020.

Treatment episode admission data (treatment utilization)

Every year the Texas Treatment Episode Data Set compiles information on how many people are admitted to the hospital for misuse of substances such as alcohol, opiates, heroin, cocaine, and marijuana to name a few. According to the data provided, the number of youths admitted in the age group 12-17 has increased from 2016 to 2019. While the numbers provided show slight increases from year to year, overall the numbers are high, especially in the marijuana category where over the time frame given the total percentage of youth aged 12-17 were admitted was 136.9%. Table 19 below highlights the percentages presented for Texas overall from 2016-2019 and breaks down certain categories as pertains to more commonly used substances. The total is the total amounts of admissions for all ages, and the percentages are how much of the specific age range have beed admitted for it.

Table 19 – TEDS Admissions by Percent in Texas, 2016-2019

Texas	Alcohol Only	Other Opiates	Cocaine	Marijuana	Amphetamines
Total	19,877	6,662	10,459	32,027	26,982
% 12-17	2.1%	4.7%	13.6%	136.9%	5.6%
% 18-20	2.9%	3.7%	15.8%	34.3%	11.9%

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). https://www.samhsa.gov/data/quick-statistics-results?qs_type=teds&state=Texas&year=2016&type=Admissions&view=full. Updated April 1, 2020. Accessed August 24, 2020.

Adolescent AOD-related ER Admits

The Texas Department of State Health Services has an Office of Injury Prevention and EMS & Trauma that compiles a registry of adolescents who have been admitted through the ER for alcohol or drug related causes. Region 10 saw a low of 341 admissions in 2018, which accounted for roughly 3.84% of admissions. El Paso County saw the highest number of admissions; however, data is suppressed for two counties. The table below highlights the number of admissions in each county of Region 10 in 2018. Data that is labeled as suppressed is labeled as such when numbers are below five.

Table 20 – Adolescent AOD Related ER Admits in Region 10 – 2018

County	Frequency (Raw Number)	Percent of Texas Total
Brewster	0	0%
Culberson	0	0%
El Paso	334	3.76%
Hudspeth	Suppressed	Suppressed
Jeff Davis	0	0
Presidio	Suppressed	Suppressed

Source: Office of Injury Prevention and EMS & Trauma registries, Texas Department of State Health Services. EMS Runs and Overdose or Poisoning Toxic Ingestion. 2018. Accessed August 24, 2020.

Adolescents Receiving SA Treatment

In 2019, 64, 415 people in Texas were seeking substance misuse treatment.[87] That number has steadily increased every year, with the lowest number at 53,709 in 2018. Data compiled is from 2017-2019 and broken down into various age groups. The table below breaks down the various reasons for SA treatment for the age group under 18 for the years 2017-2019.

Table 21 – Adolescents Receiving SA Treatment, 2017-2019

Substance	Brewster	Culberson	El Paso	Hudspeth	Jeff Davis	Presidio
Alcohol	0	0	13	0	0	0
Benzodiazepenes	0	0	8	0	0	0
Cocaine/Crack	0	0	6	0	0	0
Heroin	0	0	1	0	0	0
Marijuana	1	0	441	0	0	0
Methamphetamines	0	0	11	0	0	0
Prescription Opiates	0	0	4	0	0	0

Source: Texas Health and Human Services Commission, Intellectual and Developmental Disability/Behavioral Heatlh Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services Data Warehouse (CMBHS), 2013-2019. Accessed August 23, 2020.

Opioid Related Exposures

Texas Health Data is collected on many different topics. One of those topics is opioid-related poison center calls. The data collected is on substances such as heroin, Morphine, Codeine, Oxycodone, Hydrocodone, methadone, Tramadol, and Fentanyl, among a few others. From 2016 to 2019 there is evidence of a decrease in these calls. However, the numbers do tend to fluctuate a bit with a dip coming in 2017 at 178 only to increase in 2018 with 206 calls. The overall number of calls for ages 13-19 in 2019 was 512.[88] Texas overall is on a downward trend with these calls going from 93,330 in 2018 to 84,798 in 2019. The table below highlights the amount of calls in each county over the last three-year period of 2017 to 2019.

Table 22 – Opioid Related Poison Calls by County in Region 10, 2017-2019

County	2017	2018	2019
Brewster	5	Suppressed	Suppressed
Culberson	0	0	0
El Paso	178	206	168
Hudspeth	0	Suppressed	0
Jeff Davis	0	0	0
Presidio	0	0	0

Source: Texas Department of State Health Services. Texas Health Data, Opioid Related Poison Calls. (2020). http://www.healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioid-related-poison-center-calls. Accessed August 24, 2020.

[87] Texas Health and Human Services Commission, intellectual and Developmental Disability/Behavioral. Health Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services.

[88] Texas Department of State Health Services. Texas Health Data, Opioid-Related Poison Center Calls. (2020).

Education

School disciplinary issues

The Education Service Centers (ESC) serve the state of Texas, and this education provider divides Texas into 20 geographic regions.[89] The counties in Region 10 are served by ESC 18 and 19. The data below is derived from TEA, and it depicts information concerning suspensions in Region 10 that are based on controlled substances/drugs, alcohol, or tobacco violations. Data was obtained from the school years 2018-2019. Figure 62 displays the information gathered about the disciplinary action taken for each of the violations mentioned above by number of suspensions with no distinction between in or out-of-school suspension. While the numbers may seem as though they are small for Region 10 when compared to Texas, the total student population of Texas is 5,574,620 when compared to Region 10's 283,952 total student population. What these numbers help us understand is that throughout Texas and Region 10 alcohol violations are on a downward trend while tobacco and controlled substance/drugs use is increasing.

Figure 62 – ESC 18/19 and Texas Suspensions by Reason, 2018-2019
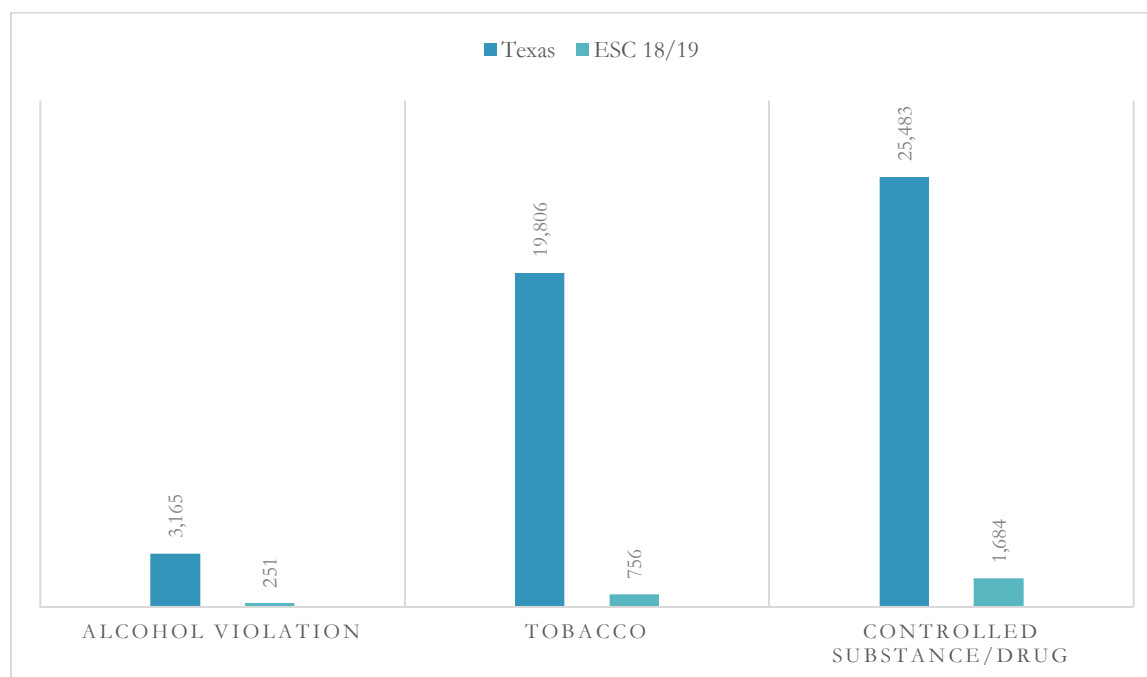
Source: Texas Education Agency, Regional Level Annual Discipline Summary. PEIMS Discipline Data for 2018-2019. https://tea.texas.gov/reports-and-data/student-data/discipline-data-products/discipline-reports. Accessed August 24, 2020.

---

89 Texas Education Agency, District Level Annual Discipline Summary for Region 18/19. PEIMS Discipline Data for 2018-2019.

Drop-out rates

Truancy is believed to be a direct correlation to less successful performance in school. Unfortunately, it was only in more recent years that studies have been launched to recognize the effects of absences on students in grades K-12.[90] The TEA defines dropout rate as the percentage of students in a given cohort who do not return to public school the following fall, are not expelled, received General Education Development (GED) certificate, continue education outside the public school system, begin college, or die. Table 22 below displays the dropout rate for school years 2017-2018 and 2018-2019 in Region 10 according to data obtained from the TEA for ESC regions 18 and 19. Table 23 displays the dropout rate for Texas overall.

Table 23 – Dropout Rates by Grade in ESC Regions 18 and 19, 2017-2018 and 2018-2019

School Year	Grade Span	Dropouts	Students	Rate (%)
2018-2019	Grades 7-8	243	41,893	.58%
	Grades 9-12	2,036	83,705	2.43%
	Grades 7-12	2,279	125,598	1.81%

Source: Texas Education Agency. Completion, Graduation, and Dropouts, 2018-2019. https://rptsvr1.tea.texas.gov/cgi/sas/broker. Accessed August 24, 2020.

Criminal Activity

Property Crime

Property crimes are some of the most common crimes to occur in any given area. Often these crimes do not involve people, such as auto theft and burglary. The data listed below was obtained through the Texas Department of Public Safety's Uniform Crime Reporting (UCR) System. The system tracks crimes as it relates to auto theft and burglary, as referenced below. In Region 10 the number of these specific crimes is relatively high, but also relatively stable as the numbers do not fluctuate too much. El Paso County is the county with the highest number of these crimes committed throughout all three years. The county with the lowest number of these crimes is Culberson. The table below highlights the number of crimes from 2017 to 2019 by county in Region 10.

90 Missing School Matters. http://www.missingschoolmatters.org. Accessed August 25, 2020.

Table 24 – Auto Theft and Burglary by County in Region 10, 2017-2019

County	Crime	2017	2018	2019
Brewster	*Auto Theft*	*8*	*1*	*7*
	Burglary	*44*	*44*	*30*
Culberson	*Auto Theft*	*0*	*0*	*0*
	Burglary	*0*	*0*	*0*
El Paso	*Auto Theft*	*898*	*923*	*1,004*
	Burglary	*1,603*	*1,369*	*1,290*
Hudspeth	*Auto Theft*	*1*	*8*	*2*
	Burglary	*0*	*20*	*3*
Jeff Davis	*Auto Theft*	*1*	*1*	*1*
	Burglary	*5*	*1*	*4*
Presidio	*Auto Theft*	*1*	*1*	*0*
	Burglary	*6*	*1*	*2*

Source: Texas Department of Public Safety, Crime in Texas Online. Dta 2017-2019.
https://txucr.nibrs.com/Home/Index. Published 2020. Accessed August 25, 2020.

Violent Crime

Data from criminal offenses obtained through the aforementioned UCR and includes crimes such as rape, robbery, and assault. Table 25 describes these violent crimes count by the offense in Region 10 counties. The county with the highest number of incidents is El Paso County while the lowest would be Culberson County. However, numbers in the region are fairly stable and do not seem to show dramatic increases or decreases.

Table 25 – Violent Crime Count by Offense, 2017-2019

County	Crime	2017	2018	2019
Brewster	Rape	3	4	2
	Robbery	0	1	0
	Assault	19	19	16
Culberson	Rape	0	0	0
	Robbery	0	0	0
	Assault	0	0	0
El Paso	Rape	441	464	368
	Robbery	432	403	363
	Assault	2,122	2,019	2,029
Hudspeth	Rape	0	0	0
	Robbery	0	0	0
	Assault	1	3	8
Jeff Davis	Rape	0	1	2
	Robbery	0	0	0
	Assault	3	3	2
Presidio	Rape	1	0	2
	Robbery	0	0	0
	Assault	2	6	4

Source: Texas Department of Public Safety, Crime in Texas Online. Dta 2017-2019.
https://txucr.nibrs.com/Home/Index. Published 2020. Accessed August 25, 2020.

Homicide Rates

Homicide rates are also collected by the UCR and broken down by agency in each county. Table 26 below describes the number of murders in each county in Region 10 from 2017 to 2019. As evidenced by the table, El Paso County has the most murders in Region 10 with an amount that increases every year. Three counties, Culberson, Hudspeth, and Presidio have the lowest number of homicides over the three years at zero each.

Table 26 – Crime of Murder by County, 2017-2019

County	2017	2018	2019
Brewster	1	1	1
Culberson	0	0	0
El Paso	21	31	41
Hudspeth	0	0	0
Jeff Davis	1	1	0
Presidio	0	0	0

Source: Texas Department of Public Safety, Crime in Texas Online. Dta 2017-2019.
https://txucr.nibrs.com/Home/Index. Published 2020. Accessed August 25, 2020.

Mental Health

Depression

Individuals who attempt suicide struggle frequently with depression. Depression is a perceived loss of self-esteem that leads to behavioral changes, like lack of sleep or decreased appetite, and cognitive responses.[91] The relationship between substance misuse and depression is complicated, and it is unclear which one begets the other.[92] What can be said is that one is often associated with the other, which is the reason that we discuss the depression indicator. Figure 63 has information on the percentage of individuals with depression from 2016-2018. It is evident from this figure that adults in the age range 55-64 experience the highest rates of depression in Texas. Figure 64 highlights the percentage of depressed adults overall in the U.S when compared to Texas. The two lines compare the proportion of individuals from Texas and the United States. Based on this figure, the percentage of individuals with depression has been more substantial in the United States in comparison to Texas residents over the same period of 2016-2018.

---

[91] Washington CM, Leaver DT. Principles and Practice of Radiation Therapy; 2016. https://nls.ldls.org.uk/welcome.html?ark:/81055/vdc_100031862089.0x000001. Accessed August 24, 2020.

[92] Tasman A, Kay J, Lieberman JA, First MB, Riba MB, eds. Psychiatry. Fourth edition. Chichester, West Susses: John Wiley & Sons, Ltd., 2014.

Figure 63 – Percentage of Depressed Adults in Texas, 2016-2018
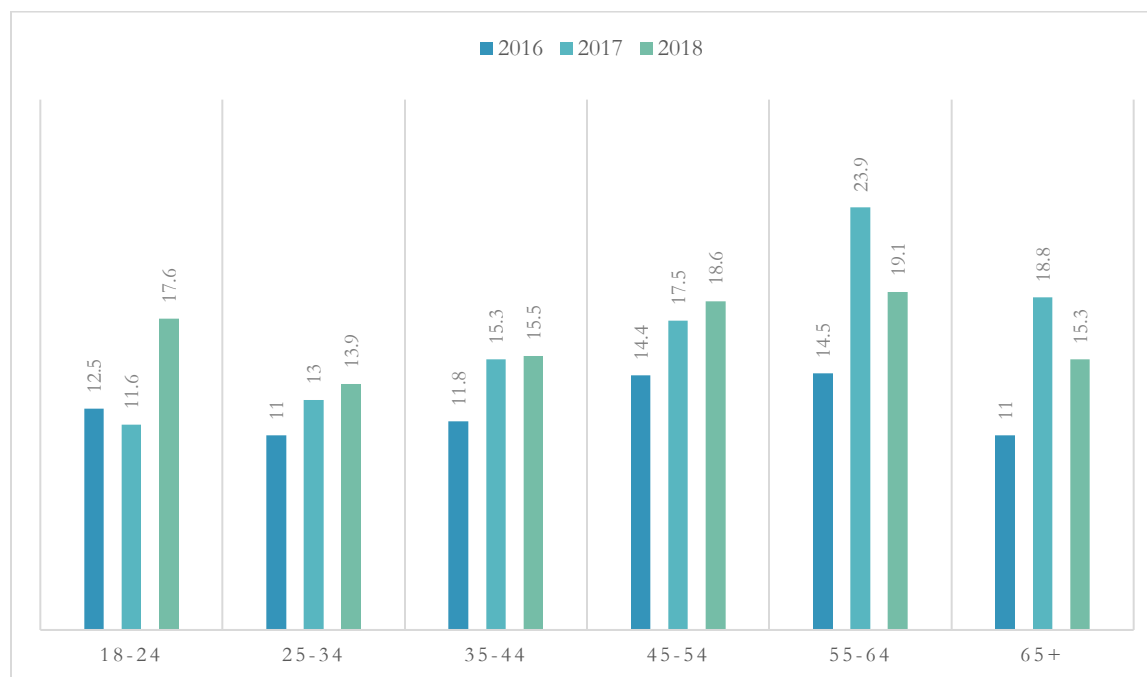
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data (online). 2018. https://www.cdc.gov/brfss/brfssprevalence/. Accessed August 25, 2020.

Figure 64 – Percentage of Depressed Adults in U.S vs. Texas, 2016-2018
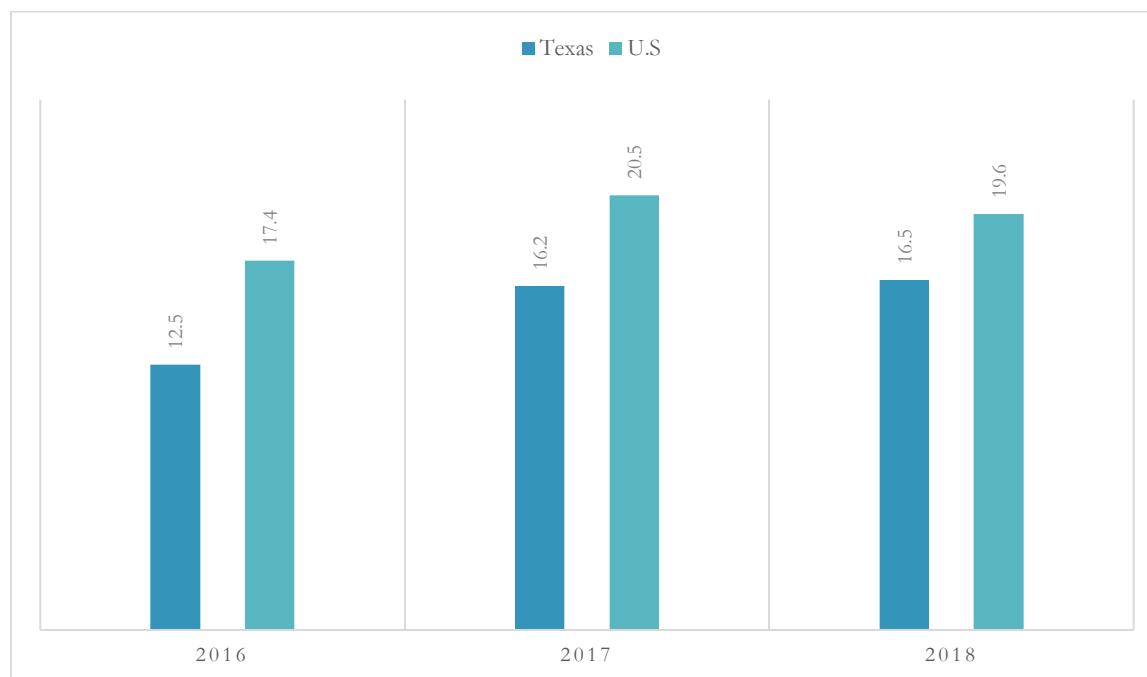
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data (online). 2018. https://www.cdc.gov/brfss/brfssprevalence/. Accessed August 25, 2020

Psychiatric Hospital Admissions

In El Paso County there are a few facilities that could be considered psychiatric hospitals. Those locations include El Paso Psychiatric Center, located next to University Medical Center; Rio Vista Behavioral Health Hospital; and El Paso Behavioral Health System. There are several facilities throughout the counties that offer mental health services but may not necessarily be considered hospitals. Rather they offer these services to a wide variety of patients, often at an outpatient capacity, but have the capabilities to refer patients who need more in-depth care.

Adolescents/Adults Receiving MH Services

The Texas Department of Health and Human Services compiles data for a section titled Youth/Adults Receiving Mental Health Services. It also breaks down the reasons why patients may be admitted as far as mental health issues or substance use disorders. According to the data compiled, El Paso County has the largest number of youth and adults receiving services. The county with the least people receiving services appears to be Jeff Davis County. Figure 65 highlights the number of youths, which is considered a person under 18 years of age, and adults in Region 10 over the years 2012-2015. Table 27 displays the numbers of both groups receiving mental health services for the years 2012-2015 in each county of Region 10.

Figure 65 – Adolescents/Adults Receiving Mental Health Services, 2012-2015
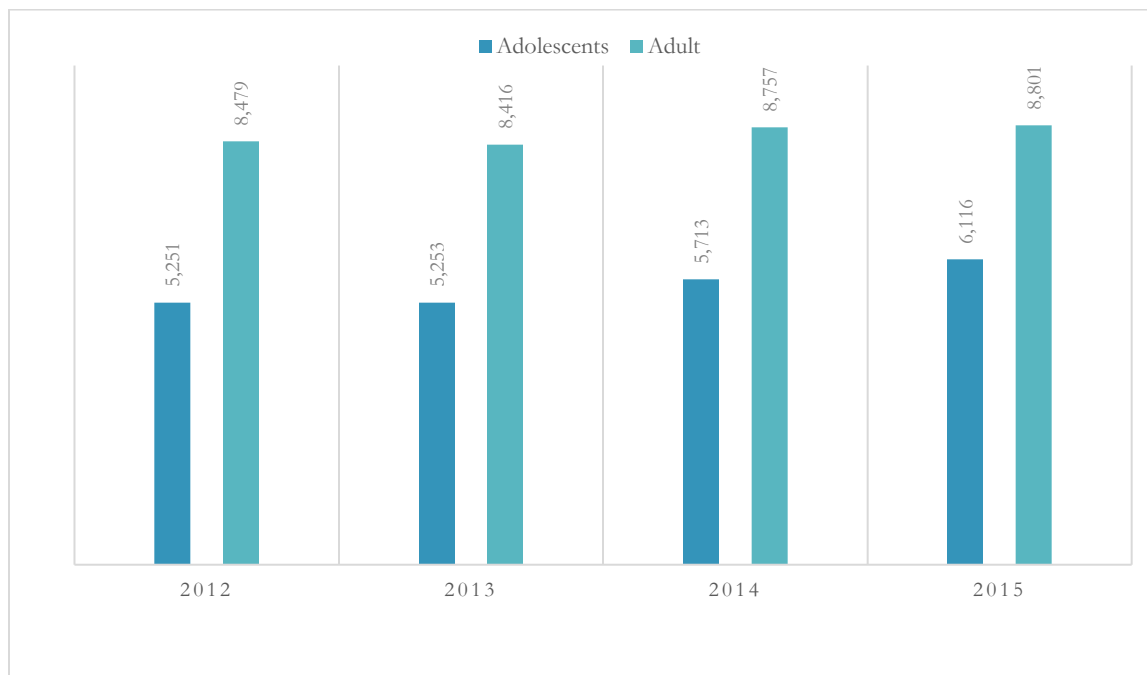
Source: Texas Department of Health and Human Services. Youth/Adult Receiving Mental Health Services. TX Medicaid BHMH and SUD Clients by County, SFY2008-2015_final.xlsx. Accessed August 25, 2020.

Table 27 – Adolescents/Adults Receiving Mental Health Services per County, 2012-2015

County	Type	2012	2013	2014	2015
Brewster	Adolescent	14	15	16	21
	Adult	100	89	80	91
Culberson	Adolescent	4	11	10	7
	Adult	46	41	39	41
El Paso	Adolescent	5,197	5,195	5,653	6,038
	Adult	8,229	8,173	8,533	8,535
Hudspeth	Adolescent	12	8	10	17
	Adult	17	23	20	24
Jeff Davis	Adolescent	4	9	5	12
	Adult	10	10	6	9
Presidio	Adolescent	20	15	19	21
	Adult	77	80	79	101

Source: Texas Department of Health and Human Services. Youth/Adult Receiving Mental Health Services. TX Medicaid BHMH and SUD Clients by County, SFY2008-2015_final.xlsx. Accessed August 25, 2020.

Environmental Protective Factors

Overview of Protective Factors

There is a multitude of opportunities for addressing behavioral health problems and disorders. By increasing the number of evidence-based practices in our community, the more likely 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 change harmful behaviors.[93] 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. Region 10 is striving to provide services to individuals across the continuum of care and create opportunities for individuals to succeed.

Community Coalitions

PRC 10 currently collaborates with many HHSC-funded and non-funded community coalitions, agencies, individuals, and organizations working in prevention services focused on the three state priorities of underage drinking, marijuana, and prescription medication. The mobilization efforts address the needs of populations identified by each of the related sectors. Their goal is to implement evidence-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 below. Future collaborations can only be beneficial in promoting awareness of the substance use issues affecting the counties of Region 10.

HHSC funds Community Coalition Partnership (CCP) programs 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 counties.[94]

El Paso Advocates for Prevention Coalition is locally known as the El Paso APC. El Paso APC is a CCP serving the entire 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.

Community Programs and Services (YMCA, Goodwill, etc.)

The YMCA of El Paso currently serves as the backbone organization of **A Smoke Free Paso del Norte** which is an initiative of the Paso del Norte Health Foundation. The Paso del Norte Health Foundation leads, leverages and invests in initiatives, programs, and policies to promote health and prevent disease in the Paso del Norte region.[95] The region is composed of two countries (USA and Mexico), three states (Texas, New Mexico, and Chihuahua), five counties (El Paso, Hudspeth, Doña Ana, Otero, and Luna), and includes the Municipio de Cd. Juárez. It was established in 1999, as one of the Paso del Norte Health Foundation's first priority health areas and set a goal to eliminate smoking in the region.

---

[93] SAMHSA, Prevention of Substance Abuse and Mental Illness, Prevention Strategies.

[94] Texas Department of Health Services, Substance Abuse Prevention Services: Community Coalition Program (CCP).

[95] Paso del Norte Health Foundation, Smoke Free. 2020. Accessed August 25, 2020.

Mothers Against Drunk Driving (MADD) has a mission to end drunk driving, help fight drugged driving, support the victims of these violent crimes, and prevent underage drinking. MADD can support the El Paso Advocates for Prevention Coalition by collaborating to take messages to the community about the dangers of drunk driving.

Fort Bliss Army Substance Abuse Prevention Program (ASAP) provides alcohol and other drug misuse prevention, substance misuse identification and referrals.

Paso del Norte Recovery-Oriented System of Care (ROSC) is a partnership of organizations and community members working together to promote recovery and/or mental illness.

COBINA is the Pase del Norte Bi-national Health Council and is the umbrella organization for seven committees focused on specific health issues at the border bringing together Texas, New Mexico, and México. The council currently has over 75 community agency representatives that share information regarding Substance Misuse/Mental Health, Diabetes, HIV/STD, Environmental Health, Border Epidemiology Surveillance Team (BEST), Maternal Child Health, and Community Health Worker Initiative.

Northeast Legacy Network is focused on addressing identified problems that affect the northeast part of El Paso city. The focal point of the Legacy Network is to increase graduation rates, minimize truancy, drug use, and crime.

Other State/Federally funded Prevention (HIV, violence, suicide)

The **Texas HIV** Medication Program (THMP) is the government funded AIDS Drug Assistance Program (ADAP) for the State of Texas. They provide certain prescription drugs to persons with HIV who meet income and residency requirements.

Texas has a **Suicide Prevention Resource Center** where one can obtain information if they are thinking of harming themselves. Once on this website, there are links for the state suicide prevention website which is called **Zero Suicide in Texas**, and the state coalition website which is called the **Texas Suicide Prevention Council**. Additionally, there is a Texas Suicide Hotline in which people who need assistance can speak with someone and there is one in nearly every city of Texas.

The **Family Violence Program** is funded by Texas Health and Human Services. This program promotes self-sufficiency, safety, and long-term independence of adult and child victims of family violence and victims of teen dating violence. The program has the ability to provide emergency shelter and supportive services to victims and their children, educates the public, and provides training, and support to various organizations across Texas. This is an all free program and there is no need to prove an income-based necessity.

There is also the **Crime Victims' Compensation Program** which is ran by the Office of the Attorney General of Texas. This program helps crime victims and their immediate families with financial costs of crime. CVC covers crime-related costs such as counseling, medical treatment, funerals, and loss of income not paid by other sources.

SUD Treatment Providers (Treatment/Intervention providers)

Aliviane, Inc. is the largest substance misuse provider in El Paso and has 20 programs that serve children, adolescents, women, men and families in the community. Aliviane provides prevention, intervention, treatment, recovery, and maintenance services.

Project Vida provides a comprehensive, evidence-based cessation program for middle school and high school teens and their parents.

Emergence Health Network (OSAR) provides free outreach, screening, assessment, and referral.

El Paso Behavioral Health System offers inpatient and outpatient mental health services to a wide variety of patients including children, adolescents, women, men, military, and seniors. This facility also provides substance misuse and dependency treatment.

PEAK Behavioral Health Services provides services for mental health, developmental disabilities, and substance use by making acute inpatient, residential treatment, adult partial hospitalization and recovery programs for both far east Texas and New Mexico available.

Homeward Bound Trinity offers complete substance misuse treatment with comprehensive residential and outpatient programs.

Healthcare Providers

Project Vida continues to provide affordable low-income rental housing, low cost healthcare, and provides prevention in homelessness and recovery services.

Centro San Vicente provides accessible and affordable medical care and social services.

Centro de Salud La Fe offers health care services, community health, and economic development to low income families in El Paso County.

YP Programs

PRIDES (i.e., YPU) 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 that promote healthy and drug-free lifestyles.

With a particular focus on youth ages 12 to 16, **Strengthening Families** (i.e., YPS) 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 misuse and other risk factors associated with school failure, delinquency, social problems and violence at home, school, or in the community, poverty, gang involvement, and other issues.

IMASTAR (i.e., YPI) 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 misuse 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 skils training, prevention counseling, referral support, AOD presentations, and tobacco presentations. Participants are also engaged in fun activities that are culturally relevant and offset attraction to the use of alcohol, tobacco, and other drugs. The program fosters bonding with peers, family, school, and community.

The **Ysleta Pueblo del Sur** (YDSP) Alcohol and Substance Abuse Program (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. This program has demonstrated strong evidence of positive effects 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 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 every month through a presentation, information dissemination, alternative drug-free activities, and career/health fairs.

Students talking to parents about ATOD

According to the TSS, students were asked if they would seek help from parents and 71.9% of them said yes, they would. Only 28.1% of students said they would not seek help from their parents. Additionally, the Tobacco Control Network recently created an excellent resource on how youth can talk with parents about substances. You can find the website at smokefreepdn.com. YP programs located in El Paso also place heavy emphasis on developing stronger parent-child relationships (e.g., Strengthening Families).

Students receiving education about ATOD

Many prevention programs in the El Paso community offer free substance use and misuse presentations. For example, the Advocates for Prevention Coalition offers free presentations on ATOD to schools. Individuals can contact Antonio Martinez via email (amartinez@aliviane.org) to request a presentation. Depending on specific criteria, some presentations may be referred to local YP programs depending on the type of presentation needed.

Life skills learned in YP Programs (pre and posttests)

Youth enrolled in the PRIDES program participate in groups twice a week for 45 minutes for a total of 8 weeks that utilize a curriculum that focuses on building life skills. The staff also hosts fun and engaging activities for the participants to enjoy in a safe, drug-free environment. They also share information with the community to change attitudes on substance use and mental health disorders.

Region in Focus

Due to its size and location, Region 10 is secluded from the rest of Texas. The need for services in the vast and rural counties is evident when reviewing the data in the regional needs assessment. The region has found ways to be innovative in their approach to substance use prevention services out of the necessity to provide adequate services. The regional data that was collected and contained in this local needs assessment is a glimpse into the region's challenges in the prevention of substance use. Further data on Region 10 is available from each section, and additional data related to other topics outside of the realm of substance misuse is available through the PRC-10 upon request.

We hope that organizations, community stakeholders, foundations, or anyone interested in providing services to Region 10 will find this RNA useful in their efforts.

Overview of Community Readiness

There are many programs available throughout Region 10, but most specifically in El Paso County. Many of these programs focus on outreach to youth and provide not only life skills training, but also substance use/misuse education and intervention. There are several programs for adults as well that offer much the same thing, and at outpatient capabilities. There are also several treatment facilities and hospitals that are ready to assist in mental health care and substance use/misuse care. Because El Paso is the largest city in the region it has the most, if not all, the access to care facilities, which leaves other counties at a disadvantage.

Data in Outreach Screening Assessment and Referral (OSAR)

OSAR is an excellent starting point for individuals who want help accessing substance use services but are unsure where to begin.[96] The number of OSAR screenings in Texas has steadily increased over the last three years from 31,365 in 2017 to 36,380 in 2019. The table below highlights the amount of OSAR done in each county from 2017 to 2019. Any data listed as suppressed is listed as such if the county does not have a count of OSAR done for that year.

Table 28 – OSAR by County, 2017-2019

County	2017	2018	2019
Brewster	1	3	4
Culberson	1	Suppressed	3
El Paso	648	990	941
Hudspeth	Suppressed	Suppressed	2
Jeff Davis	1	1	3
Presidio	2	Suppressed	Suppressed

Source: Texas Health and Human Services Commission. Open Records Request@hhsc.state.tx.us. Request for OSAR Screenings for FY 2017, 2018, and 2019. Accessed August 25, 2020.

Gaps in Services

The most significant barrier to receiving services is our lack of transportation throughout the region. El Paso County provides a large number 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 deplorable road conditions where in some cases the roadways are unpaved and flood with even small amounts of rain.

Areas in the region such as Presidio County have expressed to the PRC-10 that services for substance misuse prevention are needed. Rural community stakeholders expressed the need for treatment services for substance misuse because the nearest facility is located in El Paso County, which is 250 miles away. This situation is the case for most of Region 10 when seeking out services for family members for substance misuse and mental health services in the rural counties.

---

96 Texas Health and Human Services. Mental Health & Substance Use, Mental Health & Substance Use Resources, Outreach, Screening, Assessment & Referral. 2020.

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 serve 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 that certain population groups were not identified in the assessment by any survey data. It is often difficult to locate other populations by independent analysis such as pregnant women, the LGBTQIA community, and undocumented residents. In terms of content, the Regional Needs Assessment was designed to provide a comprehensive picture of the community's health, however, there are certainly a significant number of behavioral health conditions that were not explicitly addressed.

Our targets for data collection are in the areas of drug misuse 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.

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:

Michelle Millen, M.A.

Data Coordinator

mmillen@aliviane.org

915.782.4000

1-844-PRC-TX10 (1-844-772-8910)

@PRCRegion10

www.prx10tx.org

Conclusion

Identified Primary Substance Use Behaviors

Region 10 seems to struggle with alcohol and marijuana use, particularly in El Paso County. Given the more than 50% of underage drinking, public health providers should continue to support efforts at limiting access to alcohol in our community. Access to alcohol at parties and from parents, to name a few, are what is driving the increasing underage drinking rates. This may be a result of a lack of education of the consequences both physically and legally.

Identified Secondary and Tertiary Substance Use Behavior

Tobacco and prescription drug use have seen a decrease in the region; however, marijuana use is increasing. The rise in youth usage of marijuana is likely a result of e-cigarettes. This new form of administering marijuana has led to increased usage. Youth substance use still requires many prevention activities in Region 10.

Key Findings

Despite alcohol and marijuana increasing, and tobacco use decreasing, there was an interesting shift in the number of opiates seized and how many adolescents had sought treatment for that substance. This data indicates that there is a need to point focus in the direction of prescription drugs and opiates themselves to educate youth and parents alike. All of the data compiled suggests that providers should gather their resources and work collaboratively to prevent youth substance misuse. PRC-10 invites regional providers to contact our office to explore further collaborative approaches to prevention.

References

1. Hu P, Reuben DB. Effects of managed care on the length of time that elderly patients spend with physicians during ambulatory visits. Med Care. 2002;40(7):606-613.

2. Geller AC, Venna S, Prout M, et al. Should the skin cancer examination be taught in medical school? Arch Dermatol. 2002;138(9):1201-1203.

3. Centers for Disease Control and Prevention (CDC). Licensure of a meningococcal conjugate vaccine (Menveo) and guidance for use--Advisory Committee on Immunization Practices (ACIP), 2010. MMWR Morb Mortal Wkly Rep. 2010;59(9):273.

4. Gage BF, Fihn SD, White RH. Management and dosing of warfarin therapy. The American Journal of Medicine. 2000;109(6):481-488. doi:10.1016/S0002-9343(00)00545-3.

5. Aggleton JP. Understanding anterograde amnesia: disconnections and hidden lesions. Q J Exp Psychol.2008;61(10):1441-1471.

6. McKenzie BC. Medicine and the Internet: Introducing Online Resources and Terminology. 2nd ed. New York, NY: Oxford University Press; 1997.

7. Guyton JL, Crockarell JR. Fractures of acetabulum and pelvis. In: Canale ST, ed.Campbell's Operative Orthopaedics. 10th ed. Philadelphia, PA: Mosby, Inc; 2003:2939-2984.

8. National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Whats-A-Standard-Drink.aspx

9. National Institute on Drug Abuse. 2016-2020 NIDA Strategic Plan. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_32316.pdf.

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

11. SAMHSA. Strategic Prevention Framework. https://avpride.com/.

12. Texas Demographic Center. Populations Projections for Texas, Report. Last updated 2019.

13. Texas Department of Health Services, Border Health. Binational Health Councils, 2019.

14. Texas Comptroller. Fort Bliss: Economic Impact on the Texas Economy, 2017.

15. Texas Demographic Center, Texas Populations Projections, 2019.

16. County Health Rankings and Roadmaps. Children in single-parent households in Texas. County Health Rankings and Roadmaps. http://www.countyhealthrankings.org/app.

17. U.S Department of Health and Human Services. Administration on Children, Youth and Families, Children's Bureau. http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf.

18. Johnson, G., Chamberlain, C. Homelessness and Substance Abuse: Which comes first? Aust Soc. Work. 2008; 61 (4): 324-356. doi: 10.1080/03124070802428191.

19. U.S Department of Health and Human Services. Temporary Assistance for Needy Families (TANF). Office of Family Assistance.ACF. https://www.acf.hhs.gov/ofa/programs/tanf.

20. Texas Health and Human Services Commission. SNAP Food Benefits- How to get help. 2019.

21. U.S Department of Agriculture, Economic Research Service. (2019). National School Lunch Program.   https://www.ers.usda.gov/topics/food-nutrition-assistance/child-nutrition-programs/national-school-lunch-program/.

22. Hill C.J., Bloom H.S., Black A.R., Lipsey M.W. (2008). Empirical benchmarks for interpreting effect sizes in research. Child Development Perspectives, 2 (3), 172-177.

23. Artiga, S. and Ubri P. Key issues in children's health coverage. The Henry J. Kaiser Family Foundation. 2017; Issue Brief: 1-11.

24. Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. Henry J. Kaiser Family Foundation. 2019; 1-19.

25. Comptroller of Texas, Underage smoking provisions- regulatory information. 2019.

26. Menchaca, Megan. CBD, hemp, medical marijuana? Here's what you need to know about Texas' changing pot laws. 2020.

27. Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. Henry J. Kaiser Family Foundation. 2019; 1-19.

28. Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. Henry J. Kaiser Family Foundation. 2019; 1-19.

29. Tolbert, J., Orgera, K., Singer, N., et al. Key facts about the uninsured population. Henry J. Kaiser Family Foundation. 2019; 1-19.

30. Centers for Disease Control and Prevention National Vital Statistics System, 2016, Multiple Cause of Death. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2017.

31. Nana Wilson, et al. Drug and opioid-involved overdose deaths- United States, 2017-2018, 69 (11); 290-297. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 2020.

32. Campus Drug Prevention, Drug Enforcement Administration. www.campusdrugprevention.org.

33. The effects of alcohol excise tax increases on public health and safety in Texas. Texans for Safe and Drug-Free Youth: 2018.

34. Texas A&M University. Texas school survey of drug and alcohol use: 2018 HHSC Region 10 report. http://www.texasschoolsurvey.org/Documents/Reports/18Region10.pdf.

35. McConnell, C., Sewing, G., Barnett, G. Social host accountability. 2017.

36. First city in Texas to adopt civil social host ordinance, Paso del Norte Health Foundation, El Paso, Texas. https://pdnhf.org/news/first-city-in-texas-to-adopt-civil-social-host-ordinance.

37. The toll of tobacco in Texas. Texas Campaign for Tobacco-Free Kids. 2020.

38. Centers for Diseae Control and Prevention. Smoking & Tobacco Use: current cigarette smoking among adults in the United States. 2019.

39. Centers for Disease Control and Prevention. Smoking & Tobacco Use: current cigarette smoking among adults in the United States. 2019.

40. Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality.

41. Brumback, T., Castro, N., Jacobus, J., Tapert, S. (2016). Effects of marijuana use on brain structure and function: neuroimaging findings from a neurodevelopmental perspective. US National Library of Medicine, National Institute of Health. doi: 10.1016/bs.irn.2016.06.004.

42. Nana Wilson, et al. Drug and Opioid-Involved Overdose Deaths-United States, 2017-2018, 69(11); 290-297. Center for Disease Control and Prevention, Morbidity and Mortality weekly report; 2020.

43. Centers for Disease Control and Prevention, Opioid Overdose. 2020.

44. Texas Campaign for Tobacco Free Kids. The toll of tobacco in Texas. 2020.

45. U.S Department of Health and Human Services. E-cigarette use among youth and young adults: a report of the surgeon general – executive summary. Atlanta, GA: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2016.

46. Texans for Safe and Drug Free Youth. The effects of alcohol excise tax increases on public health and safety in Texas. 2018.

47. Texans for Safe and Drug Free Youth. The effects of alcohol excise tax increases on public health and safety in Texas. 2018.

48. Texas State Board of Pharmacy. Texas Prescription Management Program, 2020.

49. O'Malley, P.M., Johnston, L.D. Epidemiology of alcohol and other drug use among American college students. J Stud Alcohol Suppl. 2002; (14): 23-39.

50. Centers for Disease Control and Prevention. Alcohol and public health. 2020.

51. National Institute on Alcohol and Alcoholism. Underage Drinking. 2020.

52. Centers for Disease Control and Prevention. Alcohol and public health. 2020.

53. CADCA. Practical theorist (12). Cannabis: current state of affairs. 2020.

54. CADCA. Practical theorist (12). Cannabis: current state of affairs. 2020.

55. CADCA. Practical theorist (12). Cannabis: current state of affairs. 2020.

56. CADCA. Practical theorist (12). Cannabis: current state of affairs. 2020.

57. Centers for Disease Control and Prevention. National Center for Health Statistics. Prevalence of prescription pain medication use among adutls: United States, 2015-2018, NCHS Data Brief No. 369. 2020.

58. Centers for Disease Control and Prevention. National Center for Health Statistics. Prevalence of prescription pain medication use among adults: United States, 2015-2018, NCHS Data Brief No. 369. 2020.

59. National Center for Health Statistics. National Health and Nutrition Examination Survey 1988-2016 data documentation, codebook, and frequencies: prescription medications – drug information (RXQ_DRUG). 2019.

60. Abuse NI on D. Monitoring the Future Survey: High school and youth trends. https://www.drugabuse.gov/publications/drugfacts/monitoring-future-survey-high-school-youth-trends.

61. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2018 National Survey on Drug use and Health, 2018.

62. Substance Abuse and Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2018 National Survey on Drug use and Health, 2018.

63. DeWit, D.J., Adlaf, E.M., Offord, D.R., Ogborne, A.C. Age at first alcohol use: a risk factor for the development of alcohol disorders. Am J Psychiatry. 2000; 157 (5): 745-750. doi: 10.1176/appi.ajp.157.5.745

64. Kendler, K.S., Myers, J., Damaj, M.I., Chen, X. Early smoking onset and risk for subsequent nicotine dependence: a monozygotic co-twin control study. Am J Psychiatry. 2013; 170 (4): 408-413. doi: 10.1176/appj.ajp.2012.12030321

65. Gruber, S.A, Sagar, K.A., Dahlgren, M.K., Racine, M., Lukas, S.E. Age of onset of marijuana use and executive function. Psychol Addict Behav J Soc, 2012; 26 (3): 496-506. doi: 10.1037/a0026269

66. Centers for Disease Control and Prevention. Coronavirus disease 2019 (COVID-19). Symptoms of coronavirus. 2020.

67. What is addiction? https://www.psychiatry.org/patients-families/addiction/what-is-addiction.

68. Texas Penal Code. Title 10 offense against public health, safety, and morals. Chapter 49 intoxication and alcoholic beverage offenses. https://statutes.capitol.texas.gov.

69. Difference between a DUI and DWI in Texas. Board certified DWI lawyer. https://www.dougmurphylaw.com/dui-dwi-differences.

70. National Highway Traffic Safety Administration. Drunk driving facts 2018 data: driving after drinking. U.S Department of Transportation, Washington, D.C.; 2019. https://www.nhtsa.gov/risky-driving/drunk-driving.

71. Driving while intoxicated (DWI). https://www.txdot.gov/inside-txdot/division/traffic/safety/sober-safe/intoxication.html.

72. The Arbor, Behavioral Healthcare. Texas drug laws: potential penalties for possession of controlled substances. 2018.

73. Find Law. Texas drug possession laws. 2018.

74. The state of juvenile probation activity in Texas: statistical and other data on the juvenile justice system in Texas. Texas Juvenile Justice Department, 2018.

75. Texas Alcoholic Beverage Commission. Underage drinking laws. www.tabc.state.tx.us>underage_drinking_laws. 2020.

76. Texas State Texas School Safety Center. Texas tobacco law tookit; 1.0 Texas tobacco law. 2020. https://txssc.txstate.edu/tools/tobacco-law-toolkit/laws.

77. Kaeble, Danielle an Alper, Mariel. Probation and parole in the United States, 2017-2018. Office of Justice Programs, Bureau of Justice Statistics.

78. Vera Institute of Justice. Incarceration trends in Texas: incarcerations in local jails and state prisons. 2019.

79. Texas Criminal Justice Coalition: safer, smarter, and more cost-efficient approaches to reducing crime in Texas. www.TexasCJC.org.

80. National Highway Traffic Safety Administration. Drunk driving. 2019.

81. Texas Department of Transportation. DUI (Alcohol) involved crashes by county. 2019. http://ftp.dot.state.tx.us/pub/txdot-infor/trf/crash_statistics/2019/29.pdf.

82. NIMH>>Suicide. https://www.nimh.nih.gov/health/statistics/suicide.shtml.

83. Improvement Protocol (TIP) Series 50. HHS Publication No. (SMA) 09-4381. Rockville, MD: Substance Abuse and Mental Health Services Administration.

84. Multiple Cause of Death 1999-2018. https://www.wonder.cdc.gov/wonder/help/mcd.html#Top15.

85. Drug Overdose Deaths. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-drug-use/drug-overdose-deaths.

86. Texas Department of State Health Statistics. Texas Health Data. People living with HIV: Texas HIV prevalence, 2019.

87. Texas Health and Human Services Commission, intellectual and developmental disability/behavioral. Health Services, Office of Decision Support. (2020). Clinical Management for Behavioral Health Services.

88. Texas Department of State Health Services. Texas health data, opioid-related poison center calls. (2020).

89. Texas Education Agency, District level annual discipline summary for region 18/19. PEIMS discipline data for 2018-2019.

90. Missing school matters. http://www.missingschoolmatters.org.

91. Washington, CM, Leaver DT. Principles and practice of radiation therapy; 2016. https://nls.ldls.org.uk.welcome.html?ark:/81055/vdc_100003186208g.0x000001.

92. Tasman, A., Kay, J., Lieberman, J.A., First, M.B., Riba, M.B., eds. Psychiatry. Fourth edition. Chichester, West Sussex: John Wiley & Sons, Ltd., 2014.

93. SAMHSA, Prevention of substance abuse and mental illness, prevention strategies.

94. Texas Department of Health Services. Substance abuse prevention services: community coalition program (CCP).

95. Paseo del Norte Health Foundation. Smoke free. 2020.

96. Texas Health and Human Services. Mental health & substance use, mental health & substance use resources, outreach, screening, assessment & referral. 2020.

Regional Contributors

Since 2014 the Prevention Resource Center for Region 10 has published a Regional Needs Assessment report. Each year the report becomes more inclusive as to the type of data the community needs for prevention programming. HHS supports the required assessment and the completion of the report, but local county data for several indicators are 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 Data Coordinator at (915) 782-4032, 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. Regional contributors to the RNA include the PRC-10 Data Coordinator, Michelle Millen; Program Director, Antonio Martinez; and Divisional Director, Julie Priego.

Appendix A – List of Tables

Appendix B – List of Figures

Appendix C - 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 Use Disorder	Pending
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