REGIONAL NEEDS ASSESSMENT 2016

Youth Substance Abuse Trends and Prevention Needs in the Texas Gulf Coast

PREVENTION RESOURCE CENTER

Region 6

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Contents

Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 6 and other PRCs across the state of Texas. It is supported by The Council on Recovery and the Texas Department of State Health Services (DSHS). The PRC 6 serves 13 counties in the Gulf Coast Region.

This assessment was designed to aid PRCs, DSHS, and community stakeholders in long-term strategic prevention planning based on most current information relative to the unique needs of the diverse communities in the state of Texas. This document will present a summary of statistics relevant to risk and protective factors associated with drug use, consumption patterns and consequences data, and gaps in services and data.

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of surveys, focus groups, and interviews with stakeholders. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 6 thanks our collaborators who contributed to the creation of this RNA.

Key findings

The Gulf Coast Region presents significant risk factors for youth substance abuse. The risks are as varied as this region's communities, from overcrowding and drug trafficking in urban areas to social norms permissive of underage drinking in rural areas.

This assessment recommends expanded services for youth to provide healthy alternatives to substance abuse, as well as increased education for parents and youth regarding the health and behavioral effects of alcohol and other drugs to adolescent development.

Introduction

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

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

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

Prevention Resource Centers

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

Our Purpose

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

What Evaluators Do

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

How We Help the Community

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

Our Regions

Current areas serviced by a Prevention Resource Center are:

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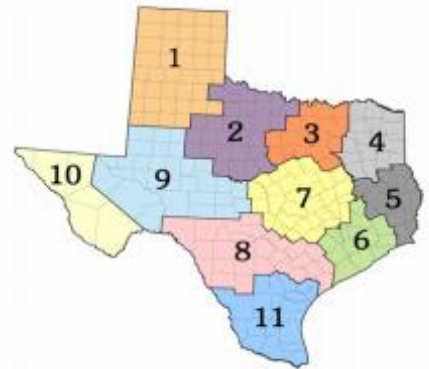
Conceptual Framework

Two central concepts guide this report: a focus on the youth population, and a public health framework.

Adolescence

According to the National Institute on Drug Abuse, there is a higher likelihood for people to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. The teenage years are a critical period of vulnerability to the development of lifelong substance use disorders.

The adolescent brain continues to develop until around age 25. On a biological level, substance use during adolescence may hinder the development of higher cognitive functioning, such as executive reasoning, impulse control, judgement, attention span development, and memory retrieval. On a behavioral level, substance use during adolescent may imprint a pattern of unhealthy coping skills that persist throughout one's life.

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

The information presented in this RNA is comprised of regional and state data, which generally define adolescence as ages 10 through 17-19. The data reviewed here has been mined from multiple sources and will therefore consist of varying demographic subsets of age. Some domains of youth data conclude with ages 17, 18 or 19, while others combine "adolescent" and "young adult" to conclude with age 21. The Texas Department of State Health Services uses a traditional definition of adolescence as ages 13-17 (Texas Administrative Code 441, rule 25).

Epidemiology

As established by the Substance Abuse and Mental Health Services Administration, epidemiology helps prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning 'to study what is of the people', epidemiology frames drug and alcohol use as a public health concern that is both preventable and treatable.

According to the World Health Organization, "Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems."

The Substance Abuse Mental Health Services Administration has also adopted the epi-framework for the purpose of surveying and monitoring systems which currently provide indicators regarding the use of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations are endeavoring to create an ongoing systematic infrastructure (such as a repository) that will enable

effective analysis and strategic planning for the nation's disease burden, while identifying demographics at risk and evaluating appropriate policy implementation for prevention and treatment.

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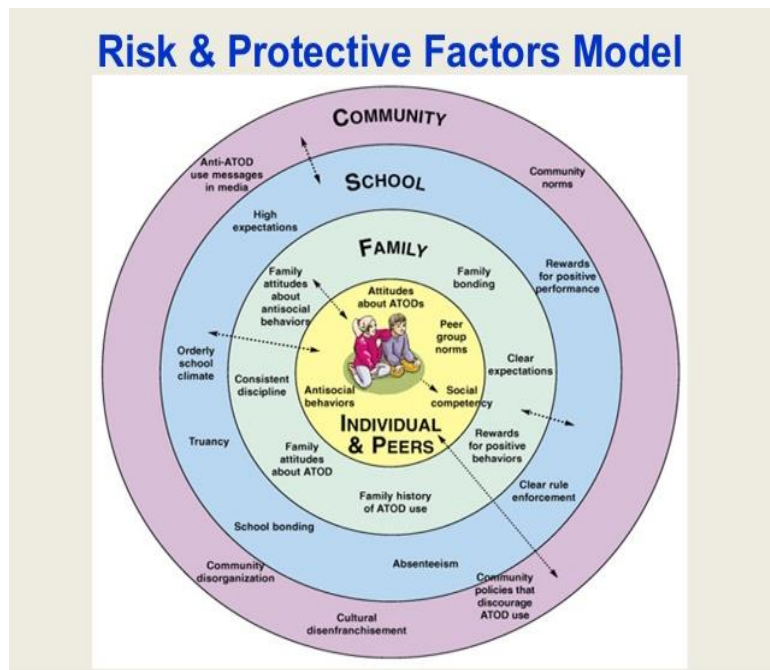
Protective factors are characteristics that decrease an individual's risk for a substance abuse disorder, such as strong and positive family bonds, parental monitoring of children's activities and peers, and clear rules of conduct that are consistently enforced within the family. Risk factors increase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

Consumption Patterns and Consequences

Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or if a seemingly apparent consequence has resulted due to consumption of a substance. This report examines rates of consumption among adolescents and related consequences in the context of their cyclical relationship.

Consumption Patterns Defined

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

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

standardized in order to derive meaningful and accurate relationships between consumption patterns and consequences.

The National Institute on Alcohol Abuse and Alcoholism defines the "drink" as half an ounce of alcohol, for example 12 ounces of beer, a 5-ounce glass of wine, or a 1.5-ounce shot of distilled spirits. NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two hour time span.

| 12 fl oz of regular beer | = | 8-9 fl oz of malt liquor (shown in a 12-oz glass) | = | 5 fl oz of table wine | = | 3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown) | = | 2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown) | = | 1.5 oz of brandy (a single jigger or shot) | = | 1.5 fl oz shot of 80-proof spirits ("hard liquor") |
| about 5% alcohol | | about 7% alcohol | | about 12% alcohol | | about 17% alcohol | | about 24% alcohol | | about 40% alcohol | | about 40% alcohol |

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

Consequences

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

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

Audience

Potential readers of this document include stakeholders from a variety of disciplines, such as substance use prevention and treatment providers, health care providers, school districts, community coalitions, public health organizations, local and state leaders, and community members interested in increasing their knowledge of public health factors related to youth drug abuse prevention.

Report Purpose and Methods

The intention of this report is to provide a foundation of information for evidence-based decisions regarding public health and safety in our region and state.

Specifically, this assessment serves the following purposes:

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

Methodology

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

Between September 2015 and June 2016, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information was primarily gathered through established secondary sources including federal and state government agencies. Regional data were also collected from local law enforcement, community coalitions, school districts, and local-level governments to address community-level needs. Additionally, qualitative data was collected through primary sources such as surveys and focus groups with regional stakeholders.

Quantitative Data Selection

Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support from resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). For the purpose of this Regional Needs Assessment, the Regional Evaluators and the Statewide Prevention Evaluator chose secondary data sources as the main resource for this document based on the following criteria.

- Relevance: The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- Timeliness: Our attempt is to provide the most recent data available (within the last five years); however, older data might be provided for comparison purposes.
- Methodologically sound: Data that used well-documented methodology with valid and reliable data collection tools.
- Representative: We chose data that most accurately reflects the target population in Texas and across the eleven human services regions.
- Accuracy: Data is an accurate measure of the associated indicator.

Demographics

This section describes population and socioeconomic figures, across Texas and within Region 6. Figures from the statewide perspective appear first. State figures are presented according to region, which allows readers to situate our region within the statewide context. A regional demographic profile follows.

State Demographics by Region

The Texas demographic section will describe statewide conditions for the following categories: population, age, race and ethnicity, languages, concentrations of populations, and socioeconomics, which includes average wages by county, household composition, employment rates, industry, and assistance programs.

Population

Texas is a state of vast land area and a rapidly growing population. Compared to the United States, Texas' 2015 population estimate of 27.5 million people ranks it as the second-most populous state, behind California's 39,144,818. Texas also ranks as the second-fastest growing state, with a 2010-2015 growth change of 9.24%, behind only North Dakota at 12.54%, and well ahead of the national growth rate of 4.10%.[1] The table below shows the regional components of Texas' significant population increase in the last five years. Region 6 leads state growth, followed by the Midland-Odessa area (Region 9) and the Austin area (Region 7).

Texas Population and Growth, 2010-2015				
Region	**2010 Population**	**2015 Population Estimate**	**# Growth**	**% Growth**
1	839,736	868,300	28,564	3.4%
2	550,422	550,041	-381	-0.1%
3	6,733,271	7,418,525	685,254	10.2%
4	1,111,701	1,133,629	21,928	2.0%
5	767,306	775,006	7,700	1.0%
6	**6,087,210**	**6,826,772**	**739,562**	**12.2%**
7	2,948,316	3,294,790	346,474	11.8%
8	2,604,657	2,866,126	261,469	10.0%
9	571,870	639,189	67,319	11.8%
10	825,912	859,385	33,473	4.1%
11	2,105,704	2,237,351	131,647	6.3%
Texas	**25,146,105**	**27,469,114**	**2,323,009**	**9.2%**
U.S.	**308,758,105**	**321,418,820**	**12,660,715**	**4.1%**

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[1] U.S. Census Bureau, 2015 Population, Population Change, and Components of Change.

Age

Texas' population is significantly younger than the United States as whole. Texas youth population (under age 20) comprises 29.3% of the total population, compared to 25.8% nationwide. There are comparatively fewer people over the age of 65 in Texas (11.8%) compared to the U.S. (14.5%).[2]

Population by Age Category, 2015				
Region	Population 0-19	Percent Age 0-19	Population 65+	Percent Age 65+
1	257,260	29.2%	117,297	13.3%
2	146,676	26.0%	95,632	17.0%
3	2,118,676	29.3%	777,568	10.8%
4	300,659	26.1%	199,394	17.3%
5	208,746	26.4%	128,501	16.2%
6	**1,927,254**	**29.3%**	**678,720**	**10.3%**
7	900,633	28.1%	363,486	11.4%
8	799,191	28.7%	373,269	13.4%
9	175,219	29.1%	81,331	13.5%
10	279,754	31.6%	102,419	11.6%
11	772,692	33.8%	266,081	11.7%
Texas	**7,886,760**	**29.3%**	**3,183,698**	**11.8%**
U.S.	**82,135,602**	**25.8%**	**46,243,211**	**14.5%**

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[2] Texas State Data Center, 2015 Population Projections, and U.S. Census Bureau, 2014 Annual Estimates of Population.

Race

Texas is an increasingly diverse state with a strong Hispanic representation. The table below shows the racial and ethic composition of Texas' population.[3]

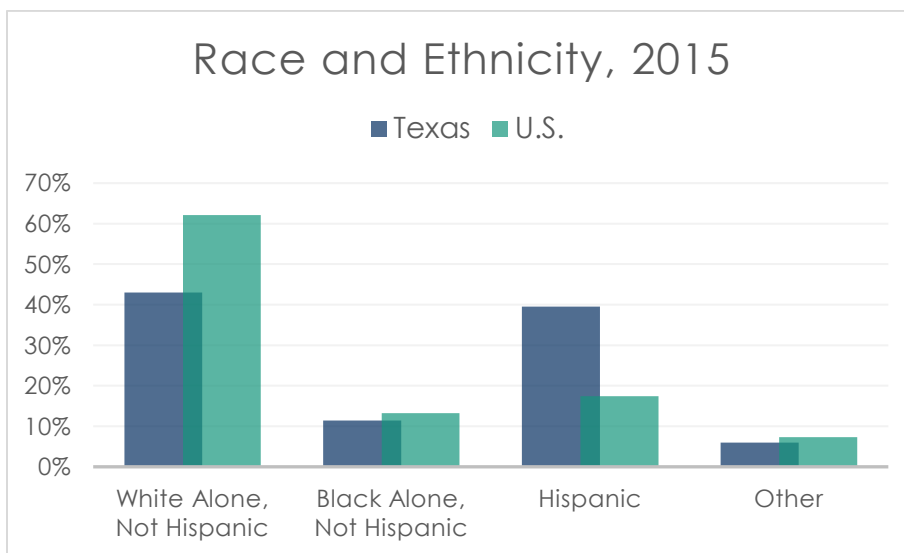| Population by Race and Ethnicity, 2015				
Region	**White, not Hispanic**	**Black, not Hispanic**	**Hispanic**	**Other**
1	54.4%	5.3%	36.7%	3.6%
2	69.3%	5.9%	21.4%	3.3%
3	49.0%	14.4%	28.8%	7.9%
4	66.8%	15.4%	15.0%	2.8%
5	62.2%	20.0%	14.4%	3.4%
6	**37.5%**	**16.6%**	**37.3%**	**8.6%**
7	55.2%	9.8%	28.7%	6.4%
8	35.2%	5.6%	55.5%	3.7%
9	47.2%	4.2%	46.3%	2.4%
10	12.6%	2.5%	82.7%	2.2%
11	13.5%	1.0%	84.0%	1.5%
Texas	**43.0%**	**11.4%**	**39.6%**	**6.0%**
U.S.	**62.1%**	**13.2%**	**17.4%**	**7.3%**

Race and Ethnicity, 2015

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[3] Texas State Data Center, 2015 Population Projections, and U.S. Census Bureau, 2015 Annual Estimates of Population.

Language

Texas has a significantly higher number of residents who are foreign born (16.5%) than the U.S. as a whole (13.1%). Similarly, more Texas residents report "language other than English is spoken at home," 34.9%, compared to 20.9% nationally.[4]

Another indicator to consider is the population with Limited English proficiency (LEP). In Texas, 14.2% of people over the age of 5 have limited English proficiency, compared to 8.6% nationally. Persons are considered to have limited English proficiency if they speak another language in the home and speak English less than "very well."[5] LEP rates are predictably higher in the border regions of El Paso (Region 10) and Brownsville (Region 11).

Limited English Proficiency			
Region	# People Ages 5+	# People Ages 5+ with LEP	% LEP Ages 5+
1	789,750	69,948	8.9%
2	514,095	26,457	5.2%
3	6,495,307	843,803	13.0%
4	1,048,689	56,541	5.4%
5	719,756	39320	5.5%
6	**5,885,315**	**987,163**	**16.8%**
7	2,873,636	264,024	9.2%
8	2,516,577	299,357	11.9%
9	550,027	65,133	11.8%
10	780,139	240,145	30.8%
11	1,977,989	543,369	27.5%
Texas	**24,151,279**	**3,435,260**	**14.2%**
United States	**294,133,388**	**25,305,204**	**8.6%**

Concentrations of Populations

Texas' land area of 268,581 square miles places it as the 2nd largest state in the U.S., behind Alaska's vast 663,267 square miles. Texas has an average population density of 96.3 persons per square mile, similar to the national average of 87.3.[6]

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[4] U.S. Census Bureau: State and County QuickFacts. 2014 Vintage.
[5] U.S. Census Bureau, American Community Survey. 2010-14.
[6] U.S. Census Bureau: State and County QuickFacts. Last Revised: 28-May-2015.

The following table identifies urban and rural populations in Texas.[7] Urban clusters are defined as populations of 2,500-50,000 people. Urban areas are defined as more than 50,000 people. Rural areas are defined as all territory, population, and housing units located outside urban areas and urban clusters. Geographic boundaries such as regions and counties often contain both urban and rural territory.

Urban and Rural Populations, 2010					
Region	**Population**	**# Urban**	**# Rural**	**% Urban**	**% Rural**
1	839,586	649,052	190,534	77.3%	22.7%
2	550,250	354,892	195,358	64.5%	35.5%
3	6,733,179	6,100,919	632,260	90.6%	9.4%
4	1,111,696	542,818	568,878	48.8%	51.2%
5	767,222	432,088	335,134	56.3%	43.7%
6	**6,087,133**	**5,625,713**	**461,420**	**92.4%**	**7.6%**
7	2,948,364	2,309,329	639,035	78.3%	21.7%
8	2,604,647	2,143,709	460,938	82.3%	17.7%
9	571,871	451,190	120,681	78.9%	21.1%
10	825,913	793,905	32,008	96.1%	3.9%
11	2,105,700	1,894,424	211,276	90.0%	10.0%
Texas	**25,145,561**	**21,298,039**	**3,847,522**	**84.7%**	**15.3%**
United States	**312,471,327**	**252,746,527**	**59,724,800**	**80.9%**	**19.1%**

State Socioeconomics

Socioeconomic indicators can shed light on local risk and protective factors related to youth substance abuse. For example, regional per capita income may indicate capacity for, or need for, preventative community services. Personal income and household composition may indicate access to quality health care and child care. Please note that income levels alone do not predict substance abuse. Substance abuse and addiction occur across all strata of socioeconomics.

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[7] U.S. Census Bureau. Urban, Urbanized Area, Urban Cluster, and Rural Population, 2010: United States.

Per Capita Income

Per capita income reflects the average money earned per all residents within a geographic area in the past 12 months. Its calculation divides the total income of all people of working age in a geographic area by the total population in that area. In Texas, the per capita income is $26,512. This is statistically significantly lower than the U.S. per capita income of $28,554.[8] Texas regions with major metro areas feature higher per capita income (Regions 3, 6, and 7).

Per Capita Income, by Region, 2010-2014			
Region	Total Population	Total Income	Per Capita Income
1	852,813	$20,063,979,988	$23,527
2	549,812	$12,414,759,612	$22,580
3	7,012,720	$206,705,337,504	$29,476
4	1,121,471	$25,454,054,744	$22,697
5	770,091	$17,240,982,928	$22,388
6	**6,371,624**	**$186,909,543,360**	**$29,335**
7	3,091,787	$87,291,704,328	$28,233
8	2,709,360	$67,011,716,504	$24,733
9	596,648	$16,002,279,536	$26,820
10	848,562	$15,931,207,356	$18,774
11	2,167,145	$36,746,206,204	$16,956
Texas	**26,092,032**	**$691,771,801,600**	**$26,512**
U.S.	**314,107,072**	**$8,969,237,037,056**	**$28,554**

Household Composition

Household composition can also provide insight into potential risk and protective factors related to substance abuse prevention. Texas has a greater number of persons per household (2.83) than the national average (2.63).[9]

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[8] U.S. Census Bureau, American Community Survey. 2010-14.
[9] U.S. Census Bureau, American Community Survey. 2010-14.

Children in households with only one adult are statistically at greater risk for adverse health outcomes, including behavioral health outcomes such as substances abuse. As indicated in the table below, some Texas regions have a higher than average rate of single-parent households.[10]

Household Composition, by Region, 2010-2014			
Region	Single Parent Households	Total Households	% Single Parent Households
1	74,594	219,977	33.9%
2	43,740	126,251	34.7%
3	600,317	1,885,207	31.8%
4	93,278	267,054	34.9%
5	70,844	181,057	39.1%
6	**557,876**	**1,722,230**	**32.4%**
7	235,257	752,154	31.3%
8	249,542	703,721	35.5%
9	52,470	157,358	33.3%
10	88,429	244,547	36.2%
11	248,553	673,940	36.9%
Texas	**2,314,900**	**6,933,496**	**33.4%**
U.S.	**24,537,900**	**73,019,542**	**33.6%**

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[10] U.S. Census Bureau, American Community Survey. 2010-14.

Employment Rates

Employment data are relevant to prevention because unemployment creates instability and reduces access to health insurance, health services, healthy foods, and other necessities that contribute to health status.

Texas generally enjoys a more favorable employment climate than most states. The latest data from the Bureau of Labor Statistics, April 2016, shows Texas' current unemployment rate at 4.2% and the national rate at 4.7%. The rates by region are indicated below, with Regions 3 and 11 having the most unemployment and Region 6 in the Gulf Coast having the least.[11]

Unemployment, by Region, 2016				
Region	**Labor Force**	**Number Employed**	**Number Unemployed**	**Unemployment Rate**
1	419,920	406,118	13,802	3.3%
2	240,701	230,916	9,785	4.1%
3	3,817,091	3,682,390	134,701	3.5%
4	504,920	480,735	24,185	4.8%
5	324,390	305,323	19,067	5.9%
6	**3,339,025**	**3,178,131**	**160,894**	**4.8%**
7	1,667,407	1,613,950	53,457	3.2%
8	1,341,361	1,290,956	50,405	3.8%
9	307,732	292,266	15,466	5.0%
10	359,309	342,895	16,414	4.6%
11	935,605	873,072	62,533	6.7%
Texas	**13,257,468**	**12,696,755**	**560,713**	**4.2%**
U.S.	**159,624,372**	**152,082,706**	**7,541,666**	**4.7%**

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[11] U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis, April 2016. Rates are seasonally adjusted.

Industry

When compared to United States averages, the Texas workforce represents similar proportions of work by industry type.[12]

Employment by Industry Type, by Region, 2010-2014					
Region	Civilian employed population age 16+	Management, business, science, arts	Service	Sales and office	Natural resources, construction, maintenance	Production, transportation, and material moving
1	394,362	30.7%	19.0%	24.2%	12.9%	13.1%
2	228,357	30.0%	19.9%	23.9%	12.9%	13.3%
3	3,374,570	37.4%	16.1%	25.3%	9.5%	11.7%
4	463,091	28.2%	18.7%	23.7%	13.5%	15.9%
5	302,876	28.0%	19.3%	23.0%	14.2%	15.5%
6	**2,977,406**	**36.4%**	**16.7%**	**23.6%**	**11.1%**	**12.3%**
7	1,451,071	39.7%	17.5%	24.2%	9.6%	9.0%
8	1,197,426	33.5%	19.4%	25.6%	10.9%	10.7%
9	269,715	27.7%	16.3%	24.4%	17.1%	14.5%
10	330,951	29.6%	21.4%	26.5%	9.9%	12.6%
11	819,185	26.9%	23.4%	25.3%	12.9%	11.6%
Texas	**11,809,010**	**34.9%**	**17.8%**	**24.6%**	**10.9%**	**11.8%**
U.S.	**143,435,233**	**36.4%**	**18.2%**	**24.4%**	**9.0%**	**12.1%**

Assistance Programs

Assistance program data are relevant to this assessment only to the extent that they indicate a time of instability within families, and instability is a risk factor for youth substance abuse.

The state of Texas provides a program called TANF, Temporary Assistance to Needy Families, to under-employed and newly unemployed parents of children under age 19. TANF provides a stipend and Medicaid benefits.

The percentage of households in Texas who receive public assistance income of this type varies significantly from county to county, but the rates in Regions 11 and 10 are higher than the state rate of 242.27 per 100,000 population.[13] There is no national calculation available for this measure.

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[12] Series S2406: Occupation by Class of Worker for the Civilian Employed Population 16 Years and Over. U.S. Census Bureau, American Community Survey. 2010-14.
[13] Texas Health and Human Services Commission, TANF Recipients by County, December 2015.

Temporary Assistance to Needy Families, by Region, 2015

Region	2015 Population	2015 TANF Recipients	Recipients Per 100K Population
1	882,775	1,523	172.5
2	563,104	1,272	225.9
3	7,225,438	9,898	137.0
4	1,152,494	1,965	170.5
5	792,109	1,390	175.5
6	**6,575,370**	**8,668**	**131.8**
7	3,210,292	4,119	128.3
8	2,776,839	4,088	147.2
9	601,840	780	129.6
10	883,702	3,863	437.1
11	2,283,153	27,368	1,198.7
Texas	**26,947,116**	**65,286**	**242.3**

Another estimate of instability in providing for basic needs is the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. The number of recipients per 100,000 population in in Texas is highest in Regions 11, 10 and 5.[14]

SNAP Recipients per 100,000 Population, 2015

Region	2015 Population	Number of SNAP Recipients	Recipients Per 100K Population
1	880,203	115,693	13,143.9
2	563,104	76,555	13,595.2
3	7,225,438	850,614	11,772.5
4	1,152,494	165,803	14,386.5
5	792,109	127,457	16,090.8
6	**6,575,370**	**849,699**	**12,922.5**
7	3,199,811	338,074	10,565.4
8	2,787,320	432,505	15,516.9
9	601,840	69,078	11,477.8
10	886,274	189,491	21,380.6
11	2,283,153	591,670	25,914.6
Texas	**26,947,116**	**3,806,639**	**14,126.3**

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[14] Texas Health and Human Services Commission, SNAP Recipients by County, December 2015.

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. 52% of all students in the United States and 60% of students in Texas qualify for either free or reduced price lunch. The regional percentages vary greatly from a high of 74.9% in Region 10 to a low of 53.9% in Region 2.[15]

School Lunch Assistance, by Region, 2013-2014			
Region	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
1	512,729	293,229	57.2%
2	229,556	123,627	53.9%
3	1,004,629	554,721	55.2%
4	196,361	108,819	55.4%
5	155,512	100,401	64.6%
6	**1,181,436**	**708,715**	**60.0%**
7	315,751	192,759	61.1%
8	498,551	306,658	61.5%
9	399,449	219,950	55.1%
10	184,051	137,773	74.9%
11	471,000	345,435	73.3%
Texas	**5,149,025**	**3,092,087**	**60.1%**
U.S.	**50,195,195**	**26,012,902**	**52.4%**

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[15] National Center for Education Statistics, NCES Common Core of Data. 2013-14.

Regional Profile

The Gulf Coast Region of Texas encompasses the city of Houston and thirteen counties. It spans beaches and wetlands, ranches of Texas hill country, planned suburban communities, sprawling refineries, and the concrete jungle of America's fourth largest city.

Sugar Land, Fort Bend County

Petroleum refinery, Texas City, Galveston County

Huntsville, Walker County

Pine Ranch, Austin County

Anahuac Wildlife Refuge, Chambers County

As of the 2010 Census, Houston was named the most diverse major city in America, in terms of culture, language, race, and economic status.

This vast and diverse region of over 6.5 million people defies simple demographic profiling.

Houston, Harris County

22

Regional Map

Region 6 is settled in southeast Texas and includes the following 13 counties:

- Austin
- Brazoria
- Chambers
- Colorado
- Fort Bend
- Galveston
- Harris
- Liberty
- Matagorda
- Montgomery
- Walker
- Waller
- Wharton
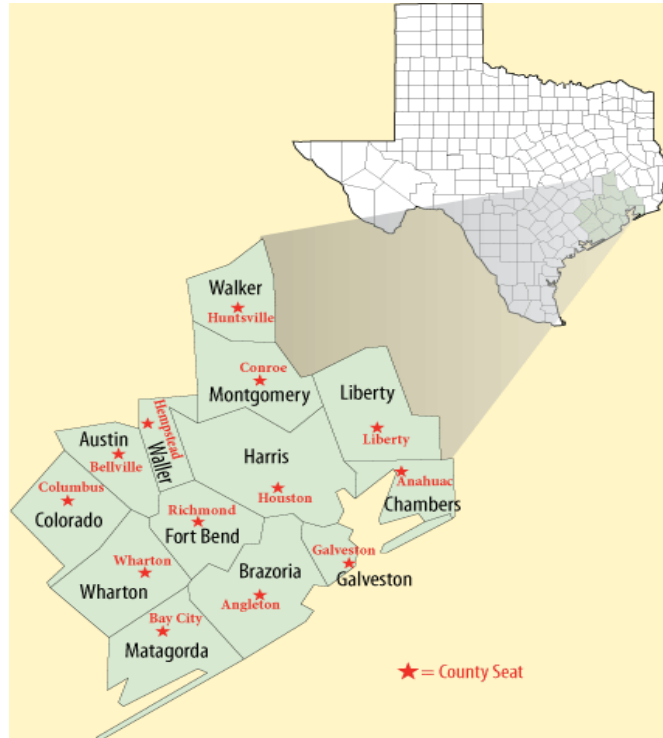
Source: Houston-Galveston Area Council

Population Growth

The thirteen counties of Texas Region 6 are home to 6,826,772 people. Almost 4.5 million people live in just one county: Harris County and the city of Houston. Young people under the age of 20 comprise almost 2 million of our region's 6.8 million residents.

Regional population growth continues to outpace the state and national growth rates, due to a robust job market and migration.[16]

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[16] Texas Comptroller of Public Accounts. Regional Snapshot: Gulf Coast Region. 2015.

POPULATION GROWTH
GULF COAST REGION VS. TEXAS AND U.S. 2003-2013

25% — REGION
20% — TEXAS
9% — U.S.

Source: Bureau of Economic Analysis

THE GULF COAST REGION ACCOUNTED FOR **45%** OF ALL NET MIGRATION TO TEXAS IN 2013…

…BUT IT ONLY ACCOUNTS FOR 25% OF THE TOTAL STATE POPULATION.

Source: U.S. Census Bureau

WITH **532 PEOPLE** PER SQUARE MILE, THE GULF COAST REGION IS TEXAS' MOST DENSELY POPULATED.

Source: Bureau of Economic Analysis
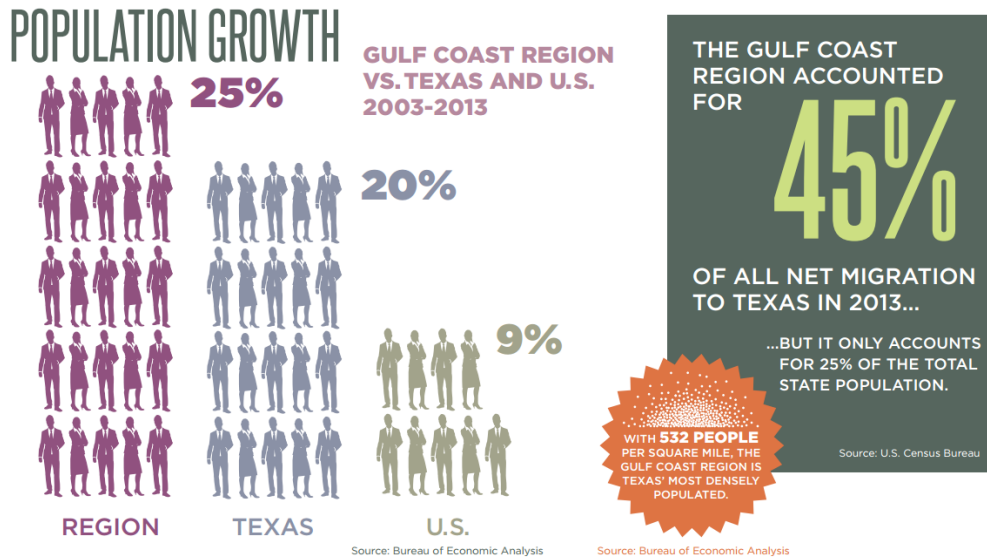
Population Estimates

Population estimates of Region 6 are provided below, courtesy of the Texas State Data Center[17]. They are arranged by county, total population, and selected youth age groups.

Region 6 Population, by County and Selected Age Group, 2015				
County	**Total Population (All ages)**	**Ages 10-14**	**Ages 15-19**	**Ages 20-24**	**Total Adolescent Population (10-19)**
Austin	30,504	2,052	2,138	1,903	6,093
Brazoria	342,233	26,596	24,574	21,257	72,427
Chambers	38,422	3,088	3,155	2,674	8,917
Colorado	21,356	1,352	1,369	1,331	4,052
Fort Bend	662,019	57,002	55,633	44,376	157,011
Galveston	306,587	21,294	20,633	19,756	61,683
Harris	4,387,851	324,109	303,817	295,579	923,505
Liberty	80,664	5,423	5,526	5,642	16,591
Matagorda	38,086	2,635	2,671	2,610	7,916
Montgomery	507,965	39,492	37,532	30,558	107,582
Walker	69,829	3,004	4,981	9,767	17,752
Waller	47,461	3,120	4,887	5,293	13,300
Wharton	42,393	3,165	2,930	2,846	8,941
Region 6	**6,575,370**	**492,332**	**469,846**	**443,592**	**1,405,770**

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[17] Texas State Data Center. Projections of the Population of Texas and Counties in Texas by Age, Sex and Race/Ethnicity for 2010-2050. Office of the State Demographer and The Hobby Center for Public Policy. November 2014.

- There are approximately 1.4 million youth between the ages of 10 and 19 in Region 6.

- Youths age 10-19 comprise 21.4% of the region's population.

- Region 6 is home to almost 500,000 youths age 10-14, the target age group for prevention.

Race and Ethnicity

Region 6 enjoys great diversity in terms of race, ethnicity, language, religion, and cultural heritage. Most data sources indicate only four categories for race and ethnicity, as displayed below. Please note that basic classifications of race do not account for country of origin or cultural identity.

The following charts use data from the Texas State Data Center, 2015.[18]

REGION 6 DIVERSITY, ALL AGES (0-85+)
- Other, 8.7%
- African-American, 16.7%
- Anglo, 37.7%
- Hispanic, 36.9%

REGION 6 DIVERSITY, YOUTH (12-21)
- Other, 8.0%
- African-American, 18.4%
- Anglo, 29.4%
- Hispanic, 44.2%

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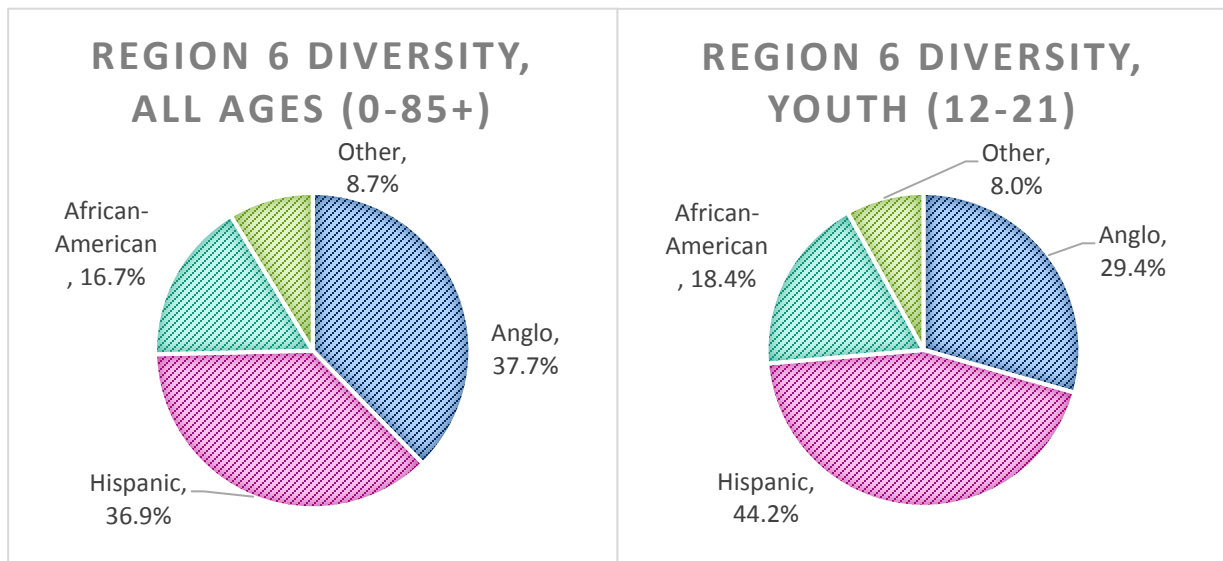
[18] Texas State Data Center. Population Estimates, 2015.
http://txsdc.utsa.edu/Data/TPEPP/Estimates/Tool.aspx?.

Population Density

Region 6 encompasses both rural and urban communities. The following table displays population density, from least to most dense[19]:

Population Density in Region 6, 2015			
County	Total Population	Total Land Area (Per Square Mile)	Population Density (Per Square Mile)
Colorado	21,356	960.3	22.24
Matagorda	38,086	1,100.3	34.61
Wharton	42,393	1,086.2	39.03
Austin	30,504	646.5	47.18
Chambers	38,422	597.1	64.35
Liberty	80,664	1,158.4	69.63
Walker	69,829	784.2	89.04
Waller	47,461	513.4	92.44
Brazoria	342,233	1,357.7	252.07
Montgomery	507,965	1,041.7	487.63
Fort Bend	662,019	861.5	768.45
Galveston	306,587	378.4	810.22
Harris	4,387,851	1,703.5	2575.79

Industry

The key industries of the Gulf Coast Region primarily involve energy and transportation:

- Chemical manufacturing
- Oil and gas extraction
- Pipeline transportation
- Metal product and machinery manufacturing
- Management of companies and enterprises
- Scientific and technical services
- Securities, commodities, other financial investments
- Support activities for transportation
- Petroleum products manufacturing
- Support activities for mining

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[19] Texas State Data Center and U.S. Census Bureau. Population Estimates, 2015.

Income

Personal income has grown along with population increase and job growth in Region 6. In the last decade, personal income grew across the region over 10 points faster than the U.S. rate.[20]
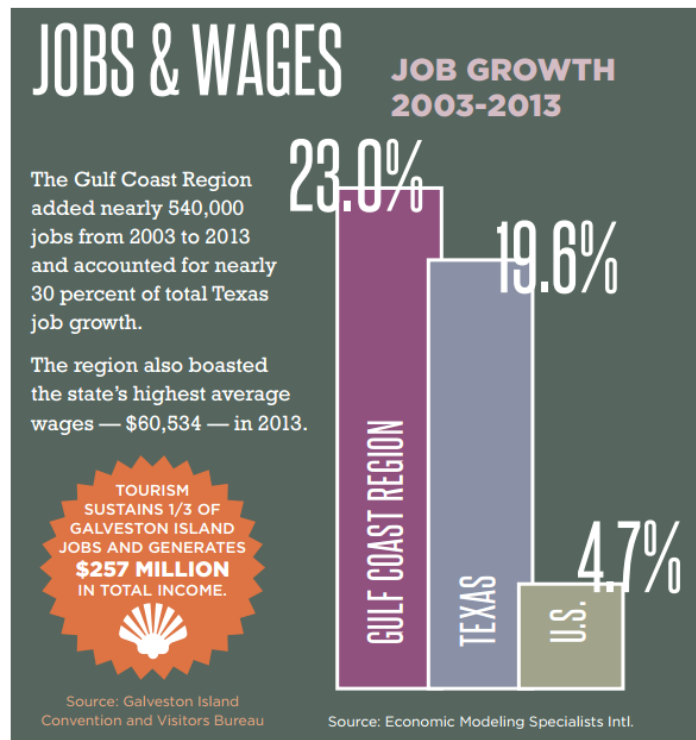

PER CAPITA PERSONAL INCOME GROWTH 2003-2013

REGION **48%**

46% TEXAS

U.S. **37%**
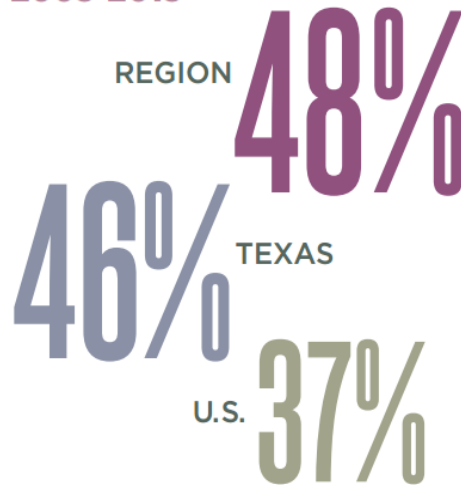
Source: Bureau of Economic Analysis and Texas Comptroller of Public Accounts

COUNTY	2013 PER CAPITA INCOME	10-YR PER CAPITA INCOME GROWTH
Chambers	$54,496	85%
Fort Bend	$53,717	59%
Montgomery	$53,192	65%
Harris	$53,141	44%
Galveston	$47,186	49%
Colorado	$44,021	66%
Austin	$43,550	57%
Brazoria	$41,751	46%
Wharton	$40,559	56%
Liberty	$36,799	54%
Matagorda	$35,426	53%
Waller	$31,605	34%
Walker	$28,055	52%

Employment

Texas Region 6 had robust job growth and wage growth over the last decade. However, a slump in the oil market brought increased unemployment in 2015-2016. Prior to 2016, unemployment rates had been steadily declining.

JOBS & WAGES **JOB GROWTH 2003-2013**

The Gulf Coast Region added nearly 540,000 jobs from 2003 to 2013 and accounted for nearly 30 percent of total Texas job growth.

The region also boasted the state's highest average wages — $60,534 — in 2013.

23.0% GULF COAST REGION

19.6% TEXAS

4.7% U.S.

TOURISM SUSTAINS 1/3 OF GALVESTON ISLAND JOBS AND GENERATES **$257 MILLION** IN TOTAL INCOME.

Source: Galveston Island Convention and Visitors Bureau

Source: Economic Modeling Specialists Intl.

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[20] Texas Comptroller of Public Accounts. Regional Snapshot: Gulf Coast Region. 2015.

Current unemployment rates are provided by the Texas State Data Center:

Regional Unemployment, May 2016				
County	**Labor Force**	**# Employed**	**# Unemployed**	**Unemployment Rate**
Austin	14,269	13,559	710	5.0%
Brazoria	167,363	159,614	7,749	4.6%
Chambers	17,897	16,970	927	5.2%
Colorado	9,714	9,308	406	4.2%
Fort Bend	350,868	334,576	16,292	4.6%
Galveston	157,667	150,155	7,512	4.8%
Harris	2,249,489	2,140,640	108,849	4.8%
Liberty	31,211	29,008	2,203	7.1%
Matagorda	17,744	16,557	1,187	6.7%
Montgomery	256,959	245,106	11,853	4.6%
Walker	22,926	21,807	1,119	4.9%
Waller	21,474	20,374	1,100	5.1%
Wharton	21,444	20,457	987	4.6%
*Texas	13,257,468	12,696,755	560,713	4.2%
*United States	159,624,372	152,082,706	7,541,666	4.7%

Each county in Region 6 has unemployment rates equal to or greater than the Texas state average of 4.2%. Eight of the region's thirteen counties have unemployment rates greater than the United States average of 4.7%.

Risk Factors

This section presents data on factors identified by prevention research as indicators of increased risk for adolescent substance abuse. Topics include: availability of substances in the community, criminal activity and drug trafficking, perceptions that drugs are harmless and lack of education about health and social consequences of use, cultural norms that encourage teen substance use, substance abuse among family or peers, childhood trauma, and mental health problems.

Additional risk factors were identified in qualitative research within the region, for example parents hosting underage drinking in the home (known as "social host"), drug activity in apartment complexes near junior high schools and high schools, lack of parental supervision, local gang activity that can place immense social and family pressure on youth to use or sell drugs, and media messages that frame underage drinking and drug use rites of passage or modes of self-expression.

Accessibility

Some risk factors for youth substance abuse are difficult to affect through prevention programming, such as mental health problems or family violence. However, the availability of substances to adolescents can be affected through community prevention action. Regional stakeholders identified access to substance as a top priority risk factor for adolescent substance abuse.

Alcohol Access

One indicator of alcohol accessibility is the density of alcohol permits within a particular geographical area. In Texas, there are 88,161 active retail permits and a permit density per square mile of .337. The following table details the number of alcohol retail permits per county and retail permit density.[21]

Active Alcohol Retail Permits and Permit Density, Region 6, 2016				
County	Region	Land Area in Square Miles	# Active Alcohol Permits	Permit Density Per Square Mile
Austin	6	647	176	0.27
Brazoria	6	1,358	944	0.70
Chambers	6	597	176	0.29
Colorado	6	960	142	0.15
Fort Bend	6	862	1,508	1.75
Galveston	6	378	1,518	4.01
Harris	6	1,704	16238	9.53
Liberty	6	1,158	251	0.22
Matagorda	6	381	247	0.65
Montgomery	6	1,042	1,683	1.62
Walker	6	784	195	0.25
Waller	6	513	210	0.41
Wharton	6	1,086	252	0.23
*Texas		261,233	88,161	0.34

[21] Texas Alcoholic Beverage Commission. Active retail permits. July, 2016.

The Texas School Survey provides another indicator of access to alcohol. The following table summarizes the responses students provide when asked where they usually obtain alcohol, if they drink.[22]

Most Frequent Sources of Alcohol, Grades 6-12
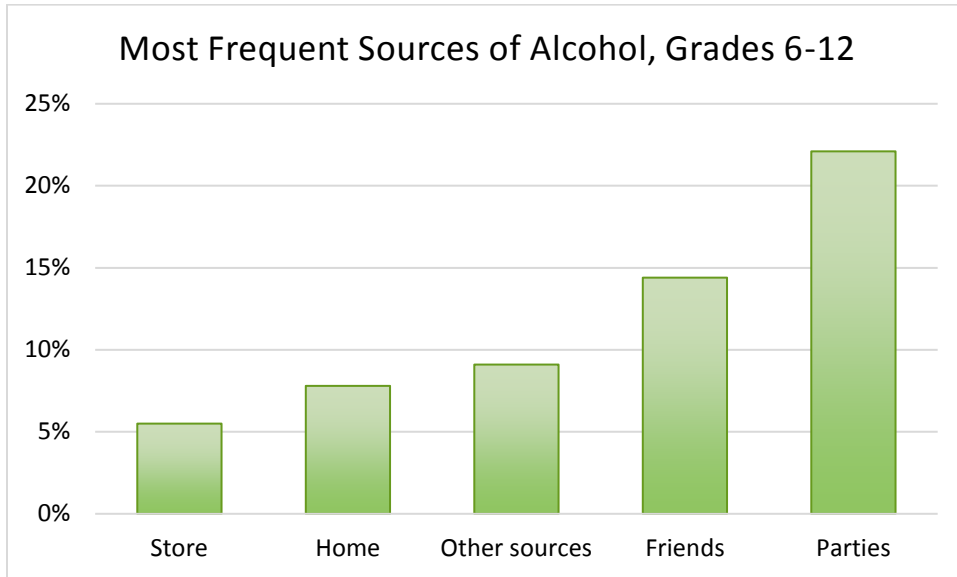
Education
Dropout Rates

School dropout may increase risk for substance abuse, and conversely substance abuse may increase risk for school dropout. High school and college completion play a key factor in income inequality in our region. In the Gulf Coast specifically, local jobs requiring a bachelor's degree pay on average $28 dollars more per hour than other regional jobs.[23]

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[22] Texas School Survey on Alcohol and Drug Use. Regions 5 & 6 Report, 2014. Texas A&M University, 2015.
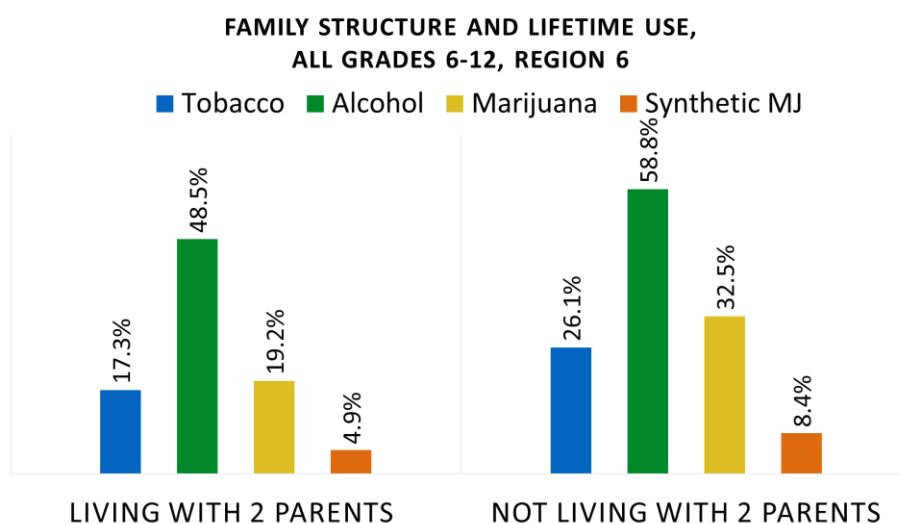[23] Texas Comptroller of Public Accounts. Regional Snapshot: Gulf Coast Region. 2015.

Family

The circumstances and behavior family and peers has significant impact on adolescents' risk for substance abuse.

Family Structure

Some research indicates that children with only one adult guardian face a higher risk for substance abuse. The following information from the Texas School Survey shows a difference in the incidence of substance abuse between children with only one adult in the home and children with two or more adult guardians in the home.

**FAMILY STRUCTURE AND LIFETIME USE,
ALL GRADES 6-12, REGION 6**

■ Tobacco ■ Alcohol ■ Marijuana ■ Synthetic MJ

LIVING WITH 2 PARENTS: Tobacco 17.3%, Alcohol 48.5%, Marijuana 19.2%, Synthetic MJ 4.9%

NOT LIVING WITH 2 PARENTS: Tobacco 26.1%, Alcohol 58.8%, Marijuana 32.5%, Synthetic MJ 8.4%

The trauma of losing a parent due to incarceration may also increase an adolescent's risk of substance abuse.

Homelessness and Transience

There is an increased risk for substance abuse children who are transient or homeless. Research indicates that a homeless child is 60% more likely to use drugs in his or her lifetime, compared with a non-homeless child.[24]

Rates of child homelessness have been increasing across the United States in the last five years. In Texas schools, a student is identified as homeless if the child lacks a permanent place to sleep.

- In 2016, the national child homelessness rate is between 2.2% and 3.3% of the total child population. [25]
- In Region 6 during the 2014-2015 school year, 28,624 students identified as homeless in public schools.[26]
- Approximately 3.1% of the total adolescent population in Region 6 was identified as homeless in 2015.

[24] Embleton L, Mwangi A, Vreeman R, Ayuku D, Braitstein P. The epidemiology of substance use among street children in resource-constrained settings: a systematic review and meta-analysis. Journal of Addiction. 2013.
[25] American Institutes for Research. Homeless Fact Sheet. 2014.
[26] Texas Education Agency. Homeless students, all Texas zip codes. February 2016.

Mental Health

The Centers for Disease Control and Prevention report that approximately 6% of adolescents in the United States have serious emotional or behavioral difficulties.[27] This section addresses mental health indicators in Texas and Region 6.

Depression

Depression and substance use frequently co-occur in adolescence.[28] In some cases, substance use leads to the development of major depressive order. In others, a depressive order may lead to substance abuse. In one study researchers found that the co-morbidity of substance use disorders, specifically alcohol use and major depressive episodes, were associated with higher risk of suicide attempts, lower global functioning and life dissatisfaction.[29]

Below are findings from the Youth Risk Behavior Survey regarding depressive symptoms among high school students in Texas and the city of Houston[30]:

- 28.3% of high school students in Texas reported feeling sad or hopeless almost every day for 2 or more weeks in a row and that they stopped doing some usual activities during the 12 months before the survey.

- 29.9% of high school students in Houston reported feeling sad or hopeless almost every day for 2 or more weeks in a row and that they stopped doing some usual activities during the 12 months before the survey.

Additional data on Major Depressive Episode (MDE) among adolescents are provided by the Texas Behavioral Health Barometer[31]:

- In Texas in the last 4 years, an average of 193,000 adolescents per year (8.9%) had at least one MDE within the year prior to being surveyed.

- The percentage of youths reporting MDE has increased from 8.0% in 2009 to 10.5% in 2013.

- In 2009-2012, the rate of Texas youths reporting MDE was on par with the national rate; however, in 2012-2013, the Texas rate was slightly higher than the U.S. rate (10.5% and 9.9%).

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[27] Centers for Disease Control and Prevention. NCHS Data Brief. 2014; 163(August). http://www.cdc.gov/nchs/data/databriefs/db163.htm. Accessed December 4, 2014.

[28] Rao U. Links between depression and substance abuse in adolescents: Neurobiological mechanisms. *American Journal of Prevention Medicine* 2006; 6(1): S161-174.

[29] Brière FN, Rohde P, Seeley JR, Klein D, Lewinsohn P. Comorbidity between major depression and alcohol use disorder from adolescence to adulthood. *Comprehensive Psychiatry.* 2014; 55(3):526-33.

[30] Centers for Disease Control. Youth Risk Behavior Surveillance System: 2013. http://nccd.cdc.gov/adolescentsonline/App/Default.aspx. Accessed May 23, 2014.

[31] Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Texas, 2014.* HHS Publication no. SMA-15-4895TX. Rockville, MD: SAMHSA; 2015.
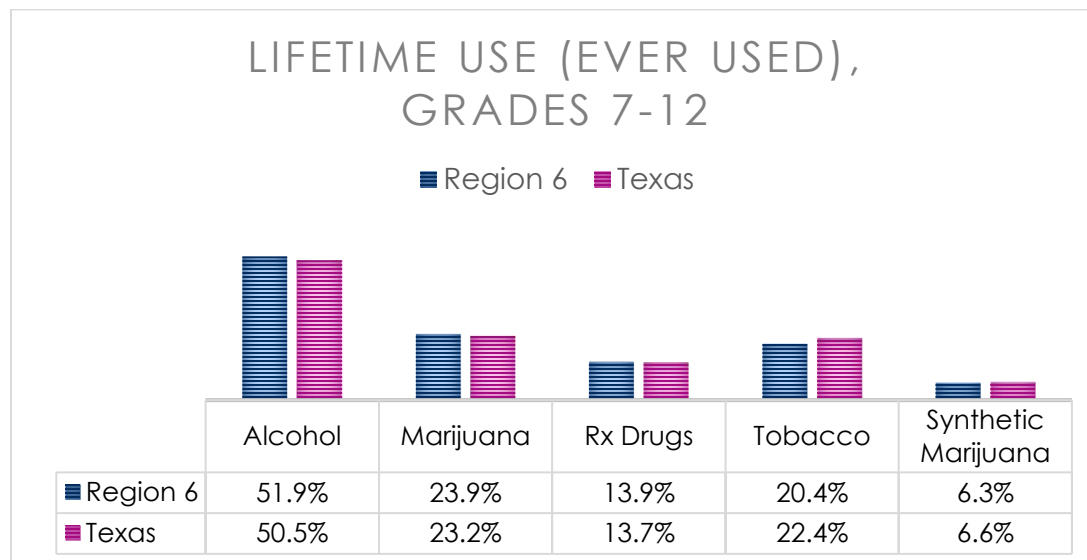
Regional Consumption

This section provides data on the rates of youth substance abuse in Region 6 and Texas. This assessment relies upon the Texas School Survey (TSS) to provide data on incidence and age of first use. The TSS is administered every two years. The most recent results were obtained in Spring 2014 and published in 2015.

Prevalence

Lifetime Use

The following table provides a comparative view of the current rates of youth substance use[32]:

LIFETIME USE (EVER USED), GRADES 7-12

■ Region 6 ■ Texas

	Alcohol	Marijuana	Rx Drugs	Tobacco	Synthetic Marijuana
■ Region 6	51.9%	23.9%	13.9%	20.4%	6.3%
■ Texas	50.5%	23.2%	13.7%	22.4%	6.6%

Trends may be analyzed according to gender as well:

GENDER AND SUBSTANCE USE, ALL GRADES 7-12, REGION 6

■ Tobacco ■ Alcohol ■ Marijuana ■ Synthetic MJ

	Male	Female
Tobacco	21.6%	19.3%
Alcohol	49.3%	54.6%
Marijuana	25.2%	22.7%
Synthetic MJ	7.4%	4.9%

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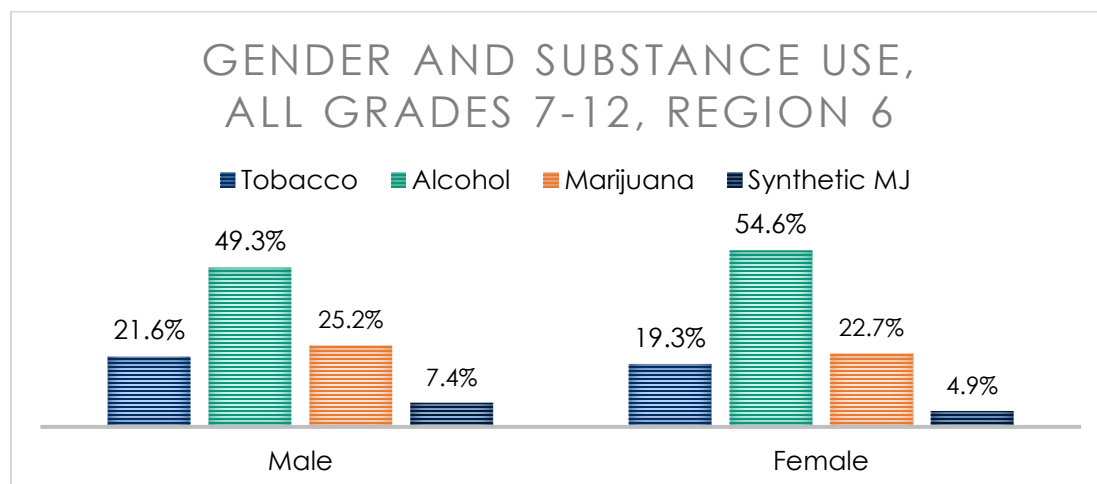
[32] Texas School Survey on Alcohol and Drug Use. Regions 5 & 6 Report, 2014. Texas A&M University, 2015.

The previous tables provided a weighted average of all ages in grades 7-12. It may be helpful to consider lifetime use by twelfth grade. Grade-level data also provides detail about prescription drug trends.

Lifetime Use, 12th Graders, TSS 2014

Region 6 vs. Texas:
- Alcohol: 70.0% / 64.3%
- Marijuana: 41.4% / 38.2%
- Tobacco: 32.5% / 34.0%
- Codeine: 14.8% / 14.7%
- Synthetic...: 9.5% / 9.4%
- Vicodin...: 7.2% / 9.7%
- Xanax or...: 6.0% / 5.2%
- Oxycodone...: 3.9% / 4.2%

■ Region 6 ■ Texas
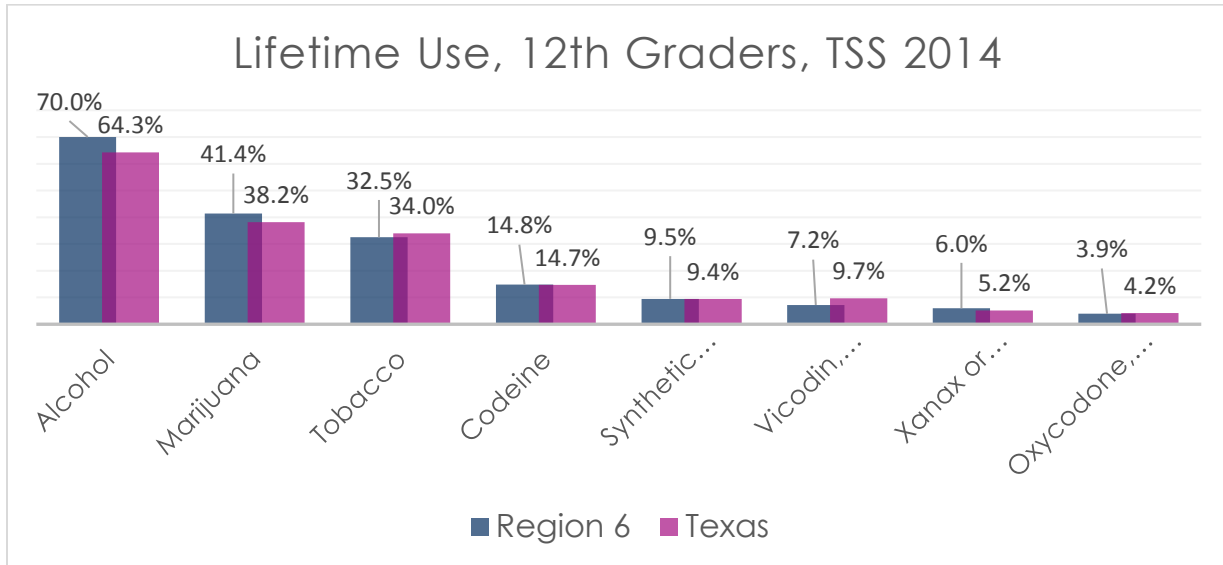
Current Use

Current use measures substance consumption rates in the last 30 days.

CURRENT SUBSTANCE USE (LAST 30 DAYS), GRADES 7-12, TSS 2014

■ Region 6 ■ Texas

Region 6 vs. Texas:
- Alcohol: 21.9% / 21.2%
- Marijuana: 9.5% / 9.1%
- Rx Drugs: 7.7% / 7.3%
- Tobacco: 7.0% / 8.4%
- Synthetic Marijuana: 1.8% / 1.8%
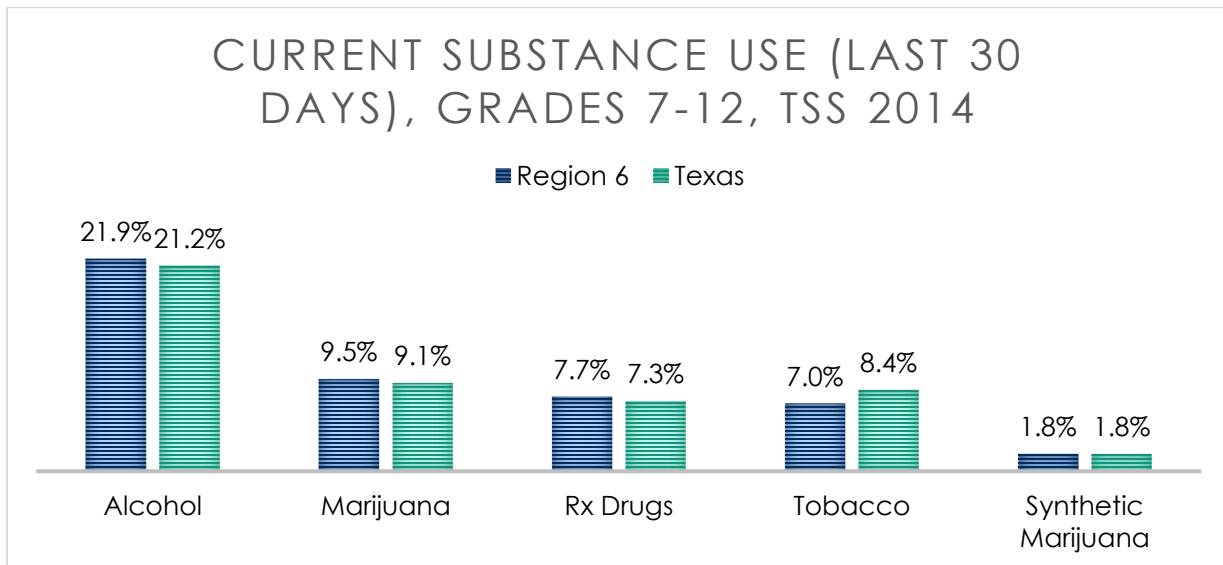
Tables with grade-level detail on current and lifetime use area available in Appendix A.

Age of Initiation

The age at which an individual begins using substance significantly influences his or her risk for addiction later in life.

The average age of initiation to substances is thirteen years old, in Region 6 and the United States.

Average Age of Initiation to Substances		
Region 6	**Texas**	**Substance**
12.8	12.9	Alcohol
13.1	13.3	Tobacco
13.6	13.8	Marijuana
14.2	14.2	Synthetic Marijuana
*		Prescription Drugs [33]

The following table details the rate of adolescents beginning to use substance before age 13.[34]

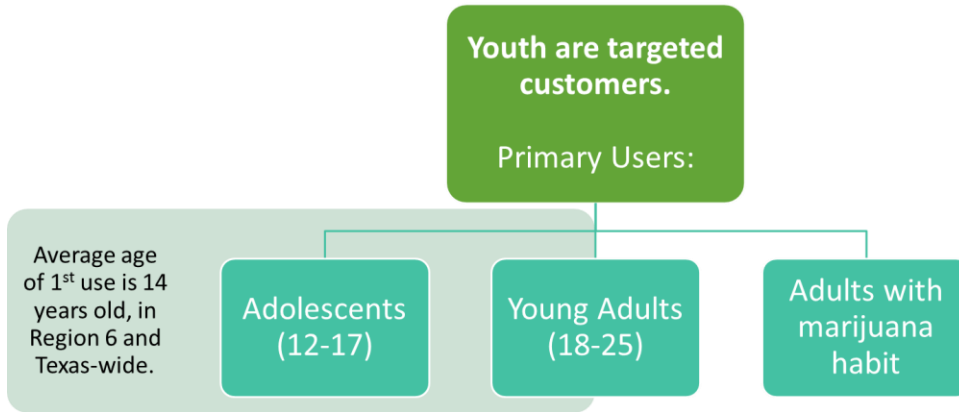| Rates of Early Initiation (before age 13)		
Region 6	**Texas**	**Substance**
40.7%	38.0%	Alcohol
36.3%	33.7%	Tobacco
25.8%	23.1%	Marijuana
14.9%	14.7%	Synthetic Marijuana
*		Prescription Drugs

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[33]Data is unavailable on age of first use of prescription drugs.
[34] Texas School Survey on Alcohol and Drug Use. Regions 5 & 6 Report, 2014. Texas A&M University, 2015.

Synthetic Cannabinoids

Synthetic cannabinoids, also known as synthetic marijuana or Kush, have been identified as the second-most critical drug threat in our region, second only to methamphetamine.[35]

Synthetic drugs are popular with teen populations, homeless populations, and adults with a marijuana habit who are seeking to evade drug tests.

Youth are targeted customers.

Primary Users:

| Average age of 1st use is 14 years old, in Region 6 and Texas-wide. | Adolescents (12-17) | Young Adults (18-25) | Adults with marijuana habit |

Kush is the third most-used drug by teens in the Gulf Coast Region. By the junior year of high school, 11% of adolescents have used these toxic synthetic drugs.[36]

More information about the serious health effects of synthetic cannabinoids appears in the Consequences section.

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[35] Houston Investigative Support Center. 2016 Houston HIDTA Threat Assessment. Office of National Drug Control Policy. 2016.
[36]Texas School Survey on Alcohol and Drug Use. Regions 5 & 6 Report, 2014. Texas A&M University, 2015.

Consequences

Among adults, approximately 1 in 10 people who use alcohol and other drugs will develop substance abuse disorder, also known as addiction. Among people who start using before age 15, the risk for addiction later in life increases to 1 in 6.[37] Underage drinking and drug use also have negative consequences that extend beyond the individual's risk for addiction. The impacts of youth substance use ripple through families, schools, community, and society.

This section explores the data and research available on the consequences of youth substance abuse in Region 6, through the following five categories: health, education, public safety, criminal justice, and the regional economy.

Health Consequences

The health consequences of youth substance use include hindrance to adolescent brain development, the short-term and long-term health effects caused by substances, psychological and behavioral impacts, hospitalization, and fatalities.

Substance Abuse and Adolescent Development

One of the primary goals of prevention is to reduce and prevent the disruption of adolescent development caused by substance abuse. The adolescent brain displays intense development between ages 12 and 25. Substance abuse during this period has profound limitations to the development of key neurobehavioral skills referred to as executive functioning. Executive functioning includes decision making, impulse control, self-organization, emotion regulation, attention, and memory retrieval.

Through the research for this RNA, prevention specialists and other service providers in Region 6 emphasized the priority they place on protecting adolescent development from the dampening effects of substance use. Providers want each child to have the opportunity to develop the self-regulating skills necessary for a stable future.

Additional readings on the impacts of substances to neurobehavioral adolescent development are suggested in the appendix of this report.

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[37] Substance Abuse and Mental Health Services Administration, 2014.

Health Effects of Substances

The documented health effects of each substance prioritized in this assessment are summarized in the following graphics. Findings from the Centers for Disease Control and Prevention:

Health Effects of Alcohol Binge Drinking

- Poor neurocognitive functioning in adulthood
- Alcohol poisoning and death by alcohol poisoning
- Liver damage and liver disease
- Fetal alcohol spectrum disorders
- Increased risk for accidental death
- Disrupted immune system
- Long-term impairment of attention and visuospatial skills

Health Effects of Habitual Marijuana Use

- 50% increase in risk for early onset of schizophrenia and other psychotic symptoms
- Impairment of cognitive development
- Chronic bronchitis
- Risk for substance dependence
- Withdrawal symptoms among adolescents
- Reduced baby birth weight
- Increased risk for other high-risk behavior, such polysubstance use or driving while intoxicated

Health Effects of Synthetic Marijuana

- Extreme anxiety or delusions
- Violent behavior
- Temporary or permanent psychosis
- Rapid fever and tachycardia
- Stroke or death
- Risk for substance dependence and withdrawal symptoms
- Seizures and paralysis

Health Effects of Rx Drug Misuse

- Risk for substance dependence and withdrawal symptoms
- Opioids - Hopoxia, which causes coma, brain damage, or death
- Xanax (benzodiazipene) - Respiratory depression, weakness, coma, psychosis, or aggressive and impulsive behavior
- Ritalin (methylphenidate) - Psychosis, withdrawal, anxiety, restlessness, and impaired cognitive functions

Each of these categories of substances carries a risk for addiction. For example, more than 50% of patients taking opioid prescription drugs for at least 3 months are still taking them 5 years later.[38] Nationwide, marijuana use more than doubled in the last 10 years across all ages, and marijuana use disorder (DSM-IV) has doubled as well.[39] Note that the risk of addiction increases as the age of initiation decreases.
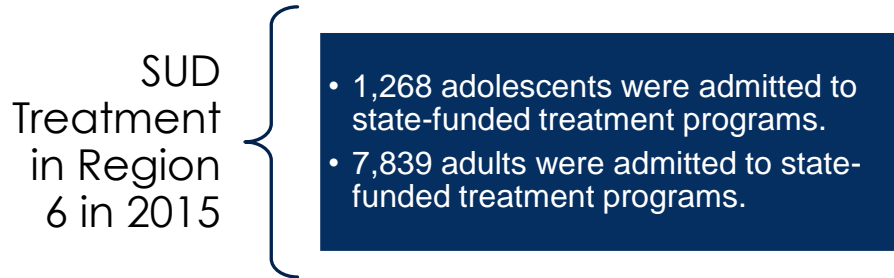
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[38] Franklin GM. Opioids for chronic noncancer pain. J. Neurology 2014;83;1277-1284.

[39] Hasin DS et al. Prevalence of marijuana use disorders. JAMA 2015.

Substance Abuse Treatment Utilization

Another possible consequence of underage drinking and drug use is the utilization of treatment for substance use disorder (SUD). A wide variety of treatment programs offer services in Region 6.

The Texas Department of State Health Services reported the following treatment rates for services provided by DSHS affiliated programs[40]:

SUD Treatment in Region 6 in 2015

- 1,268 adolescents were admitted to state-funded treatment programs.
- 7,839 adults were admitted to state-funded treatment programs.

Please note that data from private clinical treatment programs or non-funded peer recovery services are not reflected in this data set.

Top 10 Primary Substances of Abuse in Treatment Data, Region 6, DSHS 2015	
Primary Drug	**Percent of Total**
Marijuana/Hashish	31.3%
Alcohol	27.3%
Methamphetamine	7.3%
Cocaine	6.7%
Crack	5.5%
Heroin	4.7%
Opiates and Synthetics	3.6%
Vicodin (Hydrocodone)	3.0%
Amphetamine	2.2%
Xanax (Alprazolam)	2.0%

The majority of patients entering substance abuse treatment cite marijuana or alcohol as their primary substance of abuse. However, polysubstance use is common. Treatment admissions data is coded according to the substance with which a patient has the strongest habitual relationship.

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[40] Texas Department of State Health Services. Calendar Year 2015 SUD Services. Obtained by Statewide Evaluator, June 2016.

Medical Hospital Utilization due to Alcohol and other Drugs

It can be challenging to acquire current data on the number of hospital and emergency department utilizations attributed to alcohol and drug use. Hospitals are understandably protective of their data. The most current data available is from 2011-2013, via DSHS in 2016. [41] Healthcare utilization and quality management data were queried using the diagnostic category of "alcohol/drug use or alcohol/drug use induced mental disorders."

Hospital Utilization, Region 6 , 2011-2013

- 14,403 hospitalizations (all ages) were attributed to alcohol/drug use and drug-induced psychosis.
- The average hospital stay related to alcohol/drug use was 5.4 days.
- The total charges for drug/alcohol related hospital stays (all ages) were $252,050,268.30.
- The total charges for drug/alcohol related hospital stays by youth under age 18 were $882,012.

Underage drinking and drug use in the Gulf Coast Region had a consequence of 1,018 hospitalizations of youth and hospital charges of $882,012.

Drug and Alcohol Related Fatalities

There are several ways to define and analyze fatalities related to drug and alcohol use. In this assessment, indicators were selected according to consistency of data availability across the region and state, for example drug overdose rates.

Drug overdose is the leading cause of accidental death in Texas and the United States.

Over 60% of drug overdoses involve opioids.[42]

Alcohol-induced deaths contribute to loss of life in our community as well. Statewide, 22,491 alcohol-induced deaths were recorded in Texas in 2014, a 5.9 mortality rate per 100,000 population.

The following table reflects deaths attributable to alcohol poisoning or chronic disease induced by alcoholism.[43]

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[41] Center for Health Statistics. Texas Health Data. Texas Department of State Health Services, 2016. http://healthdata.dshs.texas.gov/Hospital/InpatientUtilization. Accessed June 22, 2016.
[42] Centers for Disease Control, National Vital Statistics System, Mortality File. Number and age-adjusted rates of drug-poisoning deaths involving opioid analgesics and heroin: United States, 2000-2014. http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf. Accessed March 4, 2015.
[43] Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death 1999-2014. 2015.
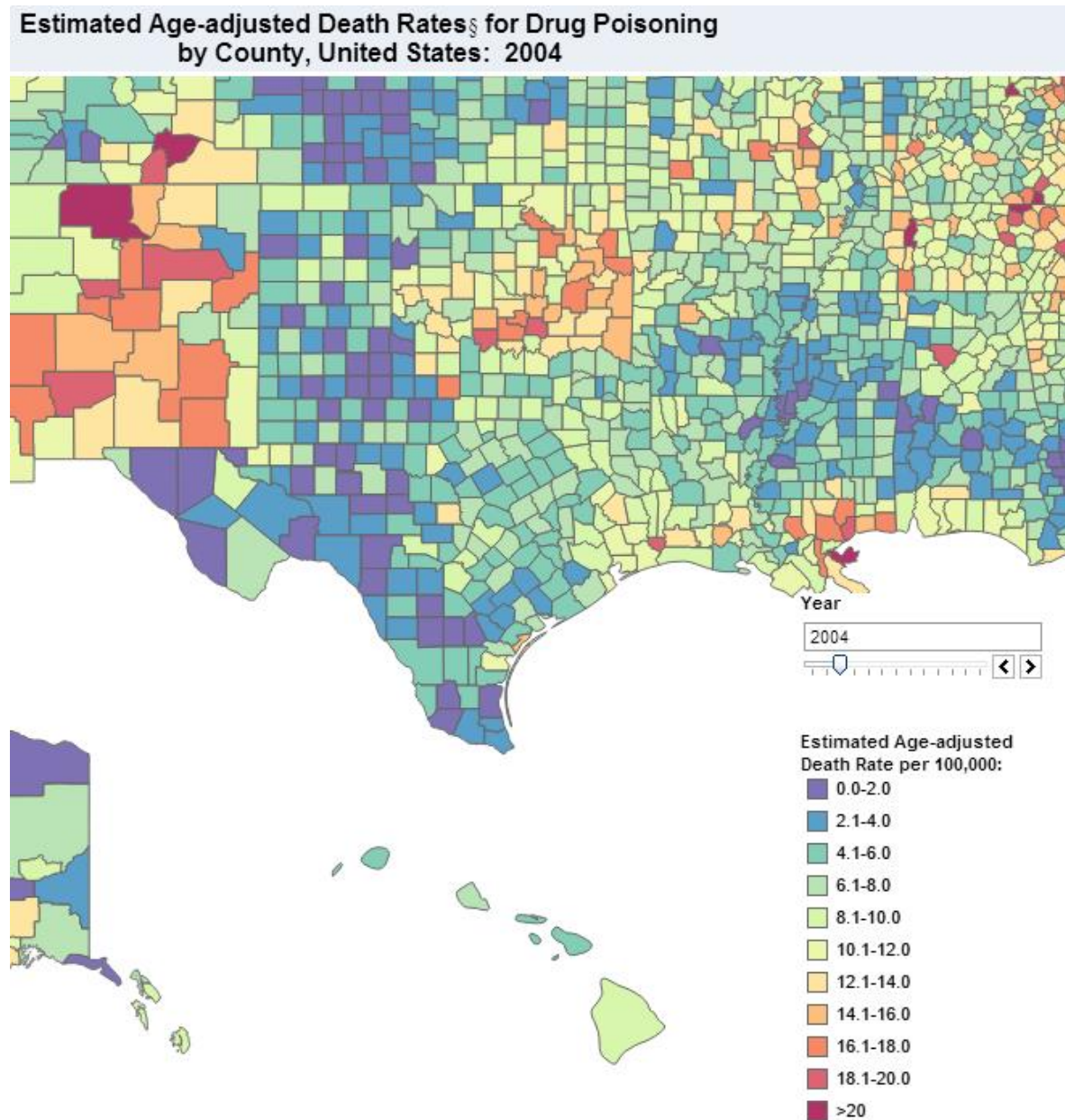
Alcohol-Induced Deaths, Region 6, 2014		
County	**Deaths**	**Crude Rate per 100,000 Population**
Austin	28	6.5
Brazoria	213	4.6
Chambers	15	(unreliable)
Colorado	16	(unreliable)
Fort Bend	213	2.6
Galveston	307	6.9
Harris	3,526	5.7
Liberty	63	5.3
Matagorda	35	5.9
Montgomery	314	4.9
Walker	35	3.3
Waller	38	6.1
Wharton	30	4.6

The nation has suffered rising rates of fatal drug overdoses in the last decade. Texas has not experiencing the drug overdose epidemic as much as some other states have. However, overdose rates vary by community, and some counties in Region 6 are experiencing drug overdose rates above the national average.[44]

Fatal Drug Overdose, Per 100,000 Population, Region 6, 2014		
County	**Estimated Death Rate**	**Compared to U.S. Average**
Austin	8.1-10.0	-
Brazoria	12.1-14.0	-
Chambers	16.1-18.0	+
Colorado	8.1-10.0	-
Fort Bend	4.1-6.0	-
Galveston	18.1-20.0	+
Harris	12.1-14.0	-
Liberty	18.1-20.0	+
Matagorda	8.1-10.0	-
Montgomery	14.1-16.0	=
Walker	6.1-8.0	-
Waller	10.1-12.0	-
Wharton	6.1-8.0	-
United States	14.7	

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[44] Centers for Disease Control and Prevention. National Centers for Health Statistics. Drug Poisoning Mortality: United States 2002-2014. 2016.

The following two graphics reveal the increase in overdose fatalities in Texas and surrounding states from 2004 compared to 2014.[45]

Estimated Age-adjusted Death Rates§ for Drug Poisoning by County, United States: 2004

Year

2004

Estimated Age-adjusted
Death Rate per 100,000:

- 0.0-2.0
- 2.1-4.0
- 4.1-6.0
- 6.1-8.0
- 8.1-10.0
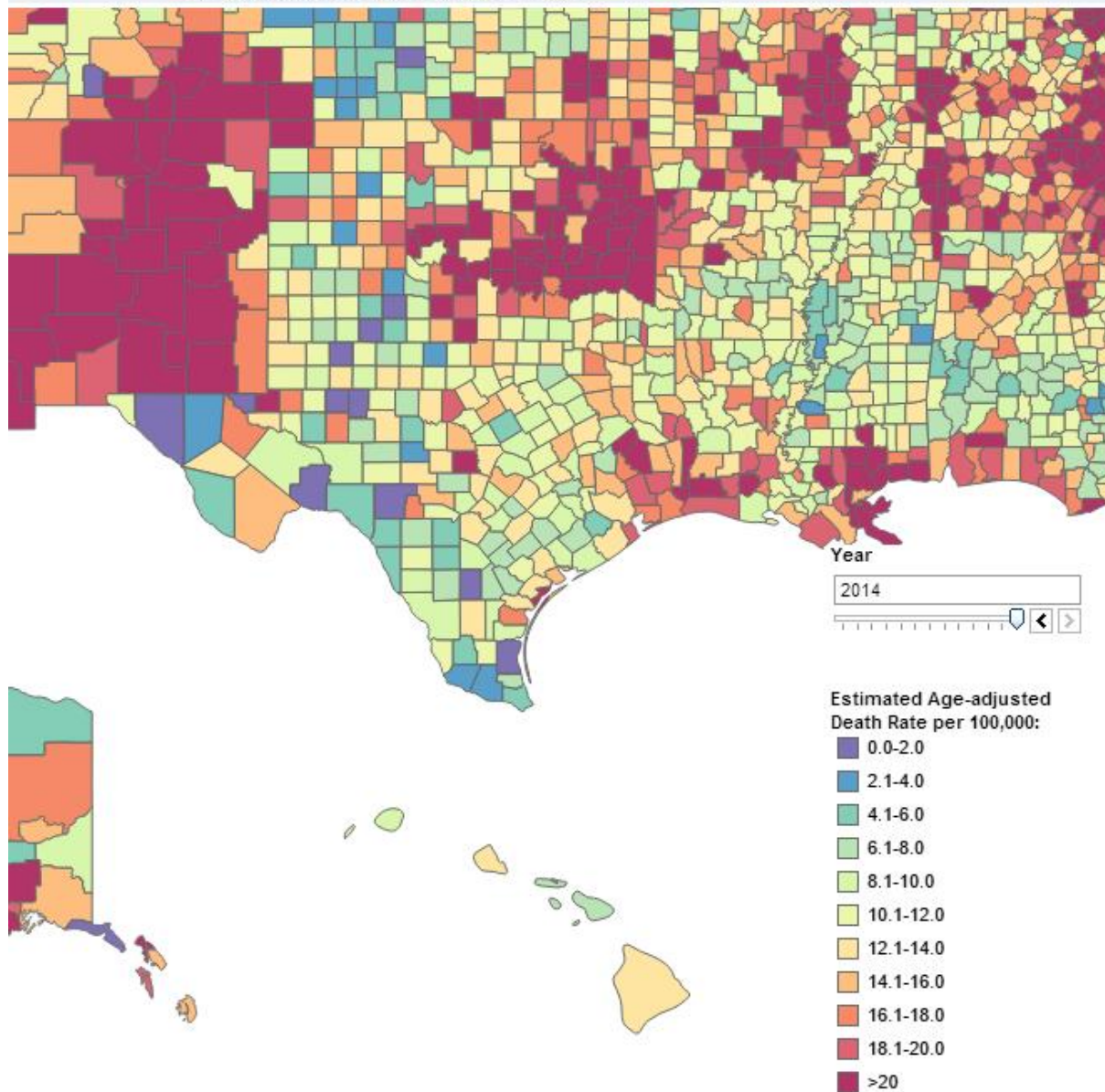- 10.1-12.0
- 12.1-14.0
- 14.1-16.0
- 16.1-18.0
- 18.1-20.0
- >20

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[45] Centers for Disease Control. National Centers for Health Statistics. "Drug Poisoning Mortality: United States 2002-2014." Data visualization by L. Rossen, B. Bastian, Y. Chong. CDC/NCHS, National Vital Statistics System. http://blogs.cdc.gov/nchs-data-visualization/drug-poisoning-mortality/. Accessed January 22, 2016.

Estimated Age-adjusted Death Rates§ for Drug Poisoning by County, United States: 2014

Year
2014

Estimated Age-adjusted Death Rate per 100,000:
- 0.0-2.0
- 2.1-4.0
- 4.1-6.0
- 6.1-8.0
- 8.1-10.0
- 10.1-12.0
- 12.1-14.0
- 14.1-16.0
- 16.1-18.0
- 18.1-20.0
- >20

Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System.

- Nationwide, 3,798 deaths of young people age 15-24 were attributed to drug poisoning in 2014.

Intoxicated Driving

Fatal Crashes involving Substance Use

Alcohol-impaired driving account for approximately one-third of all crash fatalities in the United States. [46] Texas Department of Transportation reports that a total of almost 15,000 vehicle crashes were attributed to alcohol use in 2014.[47]

The Governor's Highway Safety Administration reports that 40% of fatally injured drivers test positive for drugs.

Texas DUI Crashes 2014
- 14,637 vehicle crashes were attributed to alcohol use.
- 134 youths were killed in crashes involving alcohol.
- 49 underage drunk drivers died in fatal crashes.

Prevalence of Intoxicated Driving

Nationwide, rates of drunk driving have declined slowly over time. Rates of marijuana impaired driving have increased by 48% in the last seven years, according to the National Roadside Survey.[48]

The National Roadside Survey found that on weekend nights 15% of drivers tested positive for illicit drugs, and 8.3% of drivers tested positive for alcohol.

High School students of driving age
- 11% report driving stoned in the last year
- 8.3% report driving drunk in the last year

Rates of adolescents driving while intoxicated in Texas are measure through two surveys: The Texas School Survey and the Youth Risk Behavior Survey.

The Texas School Survey 2014 provided regional data on students reporting they drove while intoxicated by alcohol or marijuana.[49]

In the Gulf Coast Region in 2014, 8.3% of high school students in 11th and 12th grade (driving age) reported driving under the influence of alcohol at least once in the last year, and 11% reported driving under the influence of marijuana.

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[46] Jewett A, Shults R, Banerjee T, Bergen G. Alcohol-impaired driving among adults – United States, 2012. *Morbidity and Mortality Weekly Report*; 64(30);814-817. Centers for Disease Control and Prevention, 2015.

[47] Texas Department of Transportation, *Texas Motor Vehicle Crash Statistics – 2014.*
http://www.txdot.gov/government/enforcement/annual-summary.html. Accessed April 13, 2016.

[48] National Highway Traffic Safety Administration. Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. U.S. Department of Transportation, February 2015.

[49] Texas School Survey on Alcohol and Drug Use. Regions 5 & 6 Report, 2014. Texas A&M University, 2015.

School Performance

Two regional indicators are available from the Texas School Survey (TSS) to illustrate the consequences of youth substance abuse to the school environment. In Region 6 in 2014:

- 4.2% of students in grades 6-12 report having attended class while drunk at least once in the last school year.
- 9% of students in grades 6-12 report having attended class while high from marijuana use at least once in the last year.
- 4.8% of high school students (grades 9-12) report having attended class while drunk at least once in the last school year.
- 12.9% of high school students (grades 9-12) report having attended class while high from marijuana at least once in the last year.
- 2.7% of students grades 6-12 and 3.2% of high school students report having attended class while high from some other drug.

The TSS also provides information regarding conduct and attendance problems among students who abuse substances. Please note that attendance and conduct data are only available for alcohol and marijuana; prescription drugs are not included in these particular survey questions.

Conduct Problems and Substance Use in the Last School Year, Grades 6-12, Region 6, 2014		
Students	**Average # days conduct problems reported**	**Average # days absent**
Non-alcohol users	1.1	3.1
Alcohol users	3.0	4.2
Non-marijuana users	1.3	3.3
Marijuana users	4.5	4.5

Economic Impacts

As reported in the Health Consequences section, hospital charges directly related to underage drinking and drug use in Region 6 totaled $882,012 in 2011-2013.

The Pacific Institute for Research and Evaluation provides estimates of the economic impacts of underage drinking specifically, including medical costs, court costs, and property damage.[50]

- In 2013, underage drinking cost Texas citizens $1.78 billion dollars.
- In 2012, underage drinkers consumed 13% of all alcohol sold in Texas, which results in $599 million profit for the alcohol industry.

Research also indicates a clear relationship between chronic homelessness and substances in the United States. According to meta-analysis, "substance abuse contributes to homelessness, and homelessness itself contributes to substance abuse."[51]

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[50] Pacific Institute for Research and Evaluation. Underage Drinking in Texas: The Facts. 2015. http://www.udetc.org/factsheets/TX.pdf. Accessed April 1, 2015.

[51] Regional Task Force on the Homeless. Substance abuse contributes to homelessness. *Homelessness.* Ed. Tamara Thompson. Detroit. Greenhaven Press, 2012.

Protective Factors

Community Domain

The Gulf Coast Region has robust community coalitions for prevention. Coalitions educate the public, schools, law enforcement, parents, and teens about the risks of youth substance abuse and healthy alternatives. Coalitions also facilitate environmental change by harnessing their relationships in various community sectors to improve enforcement of restrictions and advance healthy policies.

A few of the Prevention Resource Center's key community partners are listed below:

Bay Area Alliance for Youth and Families (Coalition)	Houston Harris County Office of Drug Policy (Coalition)
Phoenix House Coalition for Substance Abuse Prevention	Galveston County Community Resource Coordination Group
Brazoria County Community Coalition	Southeast Harris County Community Coalition
Change Happens	Tri-County Services
Coalition for Behavioral Health Services	Hello Hempstead
Communities in Schools	Houston Community College
Family Services of Greater Houston	Galveston Police Department
Fort Bend County Community Prevention Coalition	Drug Enforcement Administration Houston Division
Galveston County Community Coalition	Houston Crackdown
Gulf Coast Center	Community Family Centers
Harris County Institute of Forensic Sciences	Houston Recovery Initiative
Houston-Galveston Area Council	Harris County Public Health
Baytown Police Department	DePelchin Children's Center
The Behavioral Health Institute	Harris County Juvenile Probation Department
Houston High Intensity Drug Trafficking Area program (HIDTA)	Public Policy Research Institute of Texas A&M University
Tri-County Community Coalition	Texas A&M Transportation Institute
University of Texas Harris County Psychiatric Center	UTHealth Center for Neurobehavioral Research on Addiction

Prescription Drug Take-back Efforts

In the last two years in Region 6, coalitions, businesses, and law enforcement have made concerted efforts to prevent youth substance abuse by reducing the amount of prescription drugs available from family and friends' medicine cabinets. Community drug takeback events collect thousands of pounds of unwanted pills each year. Coalition leaders also partnered with law enforcement agencies to provide permanent drop-boxes at police stations and sheriffs' departments.[52]

In 2015, prescription drug takeback organizers struggled to find affordable, safe incineration for the drugs collected. In 2016, the Drug Enforcement Administration – Houston Division partnered with regional coalitions to help organize and fund the process of securing and incinerating pills from prescription drug takebacks.

The 2016 takebacks were a great success, in terms of reducing youth access to drugs and raising community awareness about the risks of prescription drug abuse.

- On National Prescription Drug Takeback Day, April 30, 2016, at least forty-eight takeback events were held in eight counties across Region 6.
- In a survey administered at the Coalition for Substance Abuse Prevention's takeback event, 44.5% of participants said they would have kept their extra prescription drugs in the home if the disposal event had not been offered.

In 2016, the Walgreen Company and CVS pharmacies began implementing an initiative to provide permanent prescription drug drop-boxes for customers to dispose of extra prescription drugs conveniently, safely, and anonymously. Walgreen's has installed 3 drop-boxes in Harris County as of July 2016 with more locations planned.

School Domain

Students Receiving AOD Education in School

Preventative education is increasing in Texas schools. The majority of students in Region 6 now receive information in a school setting about healthy choices and the risks of alcohol and drugs. Findings from the Texas School Survey (2014)[53]:

- 72% of students grades 6-12 report having received information about drugs or alcohol from a school source.

- The rate of students reporting they received drug or alcohol education in school increased in the 2014 survey by approximately 20% since the previous survey year (2012).

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[52] To find prescription drug drop-off locations near you, or to list your agency's drop-box, see RxDrugDropBox.org.
[53] Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 HHSC Region 5 and 6 Report Grades 6-12. Spring 2014.

Peer Attitudes

Findings on peer attitudes toward alcohol, in Region 6 and statewide, indicate that substance dependence would cause peer disapproval. From the National Survey on Drug Use and Health[54]:

- 85.7% of adolescents across the state of Texas reported that their close friends would strongly or somewhat disapprove of having one or two alcoholic beverages nearly every day.

- 86% of adolescents in Region 6 reported that their close friends would strongly or somewhat disapprove of having one or two alcoholic beverages nearly every day.

Sober Schools

There are thirty-six sober schools in the United States, and Region 6 is home to two of them. A national study of the impacts on adolescent substance abuse recovery in sober schools, including Houston's Archway Academy, found "significant reduction in substance use as well as in mental health symptoms among the students."[55] Archway Academy and Three Oaks Academy are private charter high schools that provide education and support to students in recovery within a sober environment. Three Oaks Academy also requires its students to participate in alternative peer groups (APGs), such as Lifeway.

Region 6 has been recognized as a nationally leading community for alternative peer groups. The city of Houston is featured in two documentaries about sober schools and community support for people in recovery. It is possible to find a continuum of recovery support after high school as well. Texas has more collegiate recovery services than any other state.

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[54] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: 10-year substrate R-DAS (2002-2011). 2013.
[55] Moberg DP, Finch A. Recovery high schools: A descriptive study of school programs and students. *Journal of Groups in Addiction and Recovery.* 2008;2:128-161.

Family Domain

The most influential and effective protective factor is parental involvement with their adolescent children. Parental involvement includes providing clear expectations of behavior.

Information on how teens perceive their parent's approval or disapproval of substance use are provided by the Texas School Survey (2014)[56]:

- 85.1% of students grades 7-12 report their parents would disapprove of tobacco use, in Region 6. This is slightly higher than the Texas average of 84.8%.

- 77.1% of students grades 7-12 report their parents would disapprove of alcohol use, in Region 6. This is slightly lower than the state average of 78%.

- 84.5% of students grades 7-12 report their parents would disapprove of marijuana use, in Region 6. This is in line with the state average of 84.8%.

Trends of Declining Substance Use

Prevention efforts in Texas and the U.S. have impacted rates of youth substance use. The Texas School Survey provided the PRCs with 20-year data that demonstrate an overall decline in teen substance use, particularly tobacco and alcohol.[57]

Lifetime Use, Texas Grades 7-12, 1994 - 2014

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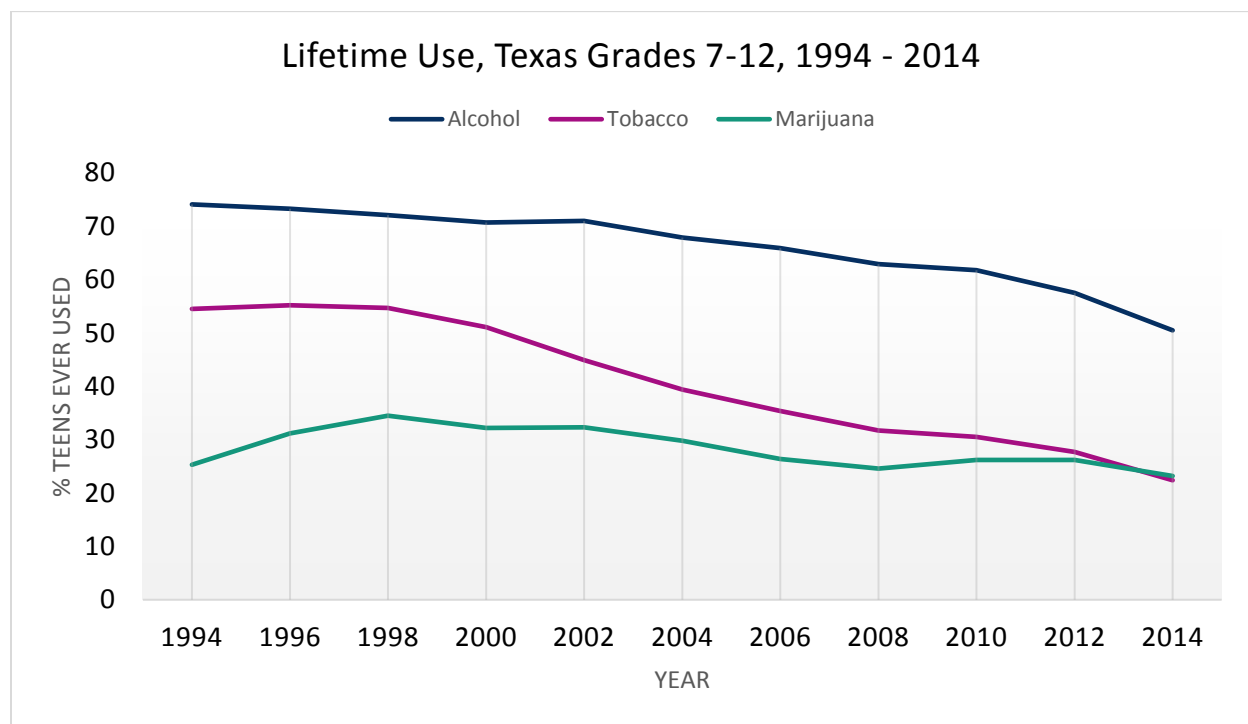
[56] Texas A&M University. Texas School Survey of Drug and Alcohol Use: 2014 HHSC Region 5 and 6 Report Grades 6-12. Spring 2014.

[57] Texas A&M University. Lifetime Use of Substances, By Grade: All Texas Secondary Students, 1988-2014. Texas School Survey of Drug and Alcohol Use: 1988 – 2014. Accessed May 20, 2015.

- In the last 20 years in Texas, the rate of teens having ever used alcohol has declined by almost one-third. Lifetime use dropped from 74.1% in 1994 to 50.5% in 2014.

- The rate of lifetime tobacco use by teens in Texas has declined by more than half in the last 20 years, from 54.5% in 1994 to 22.4% in 2014.

- The rate of teen marijuana use has declined only slightly in the past 20 years in Texas, from 25.3% in 1994 to 23.2% in 2014.

Region in Focus

Gaps in Data

The two most significant gaps in data in Region 6 are: (1) healthcare utilization data, and (2) law enforcement data. The ways in which agencies collect data is currently not coordinated and consistent, nor is it readily available to prevention research.

Gaps in Services

The gap in services most frequently identified by stakeholders in Region 6 is a lack of positive activities for youth. There is also a significant gap in youth education and parental knowledge regarding the negative long-term health and behavioral consequences of underage drinking and drug use.

Conclusion

Current rates of youth substance abuse are elevated in the Gulf Coast Region compared to statewide averages. The majority of regional adolescents are not using substances. Among teens who have used alcohol or drugs, the average age of first use is younger in Region 6 compared to statewide averages. Alcohol continues to be the primary drug of choice among adolescents, with marijuana a close second. Xanax and other prescription drugs rank third in youth use. Synthetic drugs are quickly climbing to a relevant position in the top most abused and most harmful addictive substances.

The Gulf Coast Region presents significant risk factors for youth substance abuse. The risks are as varied as this region's communities, from overcrowding and drug trafficking in urban areas, to social norms permissive of underage drinking in rural areas.

This assessment recommends expanded services for youth to provide healthy alternatives to substance abuse, as well as increased education for parents and youth regarding the health and behavioral effects of alcohol and other drugs during adolescence.

Appendix A: Tables

DSHS-Funded Prevention Programs, Region 6, Spring 2016

This table provides detail about the type, location, and provider of regional prevention programs.

Terms
- YPU: Youth Prevention-Universal. Curriculum designed for all students.
- YPS: Youth Prevention-Selected. Curriculum designed for students selected to receive preventative information based on risk factors.
- YPI: Youth Prevention-Indicated. Curriculum designed for students who have an indicated high risk for substance abuse.

Type	District	Provider	Name of School	Grades	Curriculum
YPS	Aldine ISD	Santa Maria Hostel	Gray Elementary	Elementary	CBSG - Kids' Connection
YPS	Aldine ISD	Santa Maria Hostel	Jones Elementary	Elementary	CBSG - Kids' Connection
YPS	Aldine ISD	Santa Maria Hostel	Stovall Academy	Elementary	CBSG - Kids' Connection
YPS	Aldine ISD	Santa Maria Hostel	Thompson Elementary	Elementary	CBSG - Kids' Connection
YPU	Alief ISD	Depelchin	Elsik High School	High	Positive Action
YPU	Alief ISD	Depelchin	Holub Middle School	Middle	Positive Action
YPI	Alief ISD	The Council on Recovery	Holub Middle School	Middle	CBSG - Youth Connections
YPI	Alief ISD	The Council on Recovery	Killough MS	Middle	CBSG - Youth Connections
YPU	Alief ISD	Depelchin	Mata Intermediate	Middle	Positive Action
YPI	Alief ISD	The Council on Recovery	O'Donnell MS	Middle	CBSG - Youth Connections
YPS	Brazosport ISD	Bay Area Council on Drugs and Alcohol	Clute Intermediate School	Middle	Positive Action
YPS	Brazosport ISD	Bay Area Council on Drugs and Alcohol	Lanier Middle School	Middle	Positive Action
YPS	Brazosport ISD	Bay Area Council on Drugs and Alcohol	Rasco Middle School	Middle	Positive Action
YPU	Charter	Depelchin	AAMA	Elementary	Positive Action
YPU	Charter	Depelchin	Amigos Por Vida	Elementary	Positive Action
YPU	Charter	Depelchin	Beatrice Mayes Institute	Elementary	Positive Action
YPU	Charter	Depelchin	Harmony School of Excellence	Elementary	Positive Action
YPU	Charter	Depelchin	Harmony School of Science- High.S	High	Positive Action
YPU	Charter	Depelchin	Harmony School of Science- NW	Elementary/ Middle	Positive Action
YPU	Charter	Depelchin	K.I.P.P. Intrepid	Middle	Positive Action
YPU	Charter	Depelchin	K.I.P.P. Spirit	Middle	Positive Action
YPS	Clear Creek ISD	Bay Area Council on Drugs and Alcohol	Clear Path Alternative School	Middle	Positive Action
YPI	Crosby ISD	Unlimited Visions	Highpoint East (DEAP)	Middle/High	Project Towards No Drugs (PTND)
YPS	Dickinson ISD	Bay Area Council on Drugs	Dunbar Middle School	Middle	Positive Action

Type	District	Provider	Name of School	Grades	Curriculum
YPU	Fort Bend ISD	Fort Bend Regional Council	Blue Ridge ES	Elementary	Life Skills Training
YPU	Fort Bend ISD	Fort Bend Regional Council	Briargate ES	Elementary	Life Skills Training
YPU	Fort Bend ISD	Fort Bend Regional Council	Cornerstone ES	Elementary	Life Skills Training
YPS	Fort Bend ISD	Fort Bend Regional Council	Crockett MS	Middle	CBSG - Youth Connections
YPI	Fort Bend ISD	Fort Bend Regional Council	Ferndell Henry CFL	Middle/High	CBSG - Youth Connections
YPU	Fort Bend ISD	Fort Bend Regional Council	Heritage Rose ES	Elementary	Life Skills Training
YPS	Fort Bend ISD	Fort Bend Regional Council	Hodges Bend MS	Middle	CBSG - Youth Connections
YPU	Fort Bend ISD	Fort Bend Regional Council	Lantern Lane ES	Elementary	Life Skills Training
YPI	Fort Bend ISD	Fort Bend Regional Council	Marshall HS	High	CBSG - Youth Connections
YPU	Fort Bend ISD	Fort Bend Regional Council	Mission West ES	Elementary	Life Skills Training
YPS	Fort Bend ISD	Fort Bend Regional Council	Missouri City MS	Middle	CBSG - Youth Connections
YPU	Fort Bend ISD	Fort Bend Regional Council	Quail Valley ES	Elementary	Life Skills Training
YPS	Fort Bend ISD	Fort Bend Regional Council	Quail Valley MS	Middle	CBSG - Youth Connections
YPU	Fort Bend ISD	Fort Bend Regional Council	Ridgegate ES	Elementary	Life Skills Training
YPU	Fort Bend ISD	Fort Bend Regional Council	Ridgemont ES	Elementary	Life Skills Training
YPU	Fort Bend ISD	Fort Bend Regional Council	Seguin ES	Elementary	Life Skills Training
YPS	Fort Bend ISD	Fort Bend Regional Council	Sugar Land MS	Middle	CBSG - Youth Connections
YPI	Fort Bend ISD	Fort Bend Regional Council	Willowridge HS	High	CBSG - Youth Connections
YPI	Fort Bend ISD	Fort Bend Regional Council	Wood CFL	Middle/High	CBSG - Youth Connections
YPI	Galena Park	Unlimited Visions	Cunningham Middle School	Middle	Project Towards No Drugs (PTND)
YPI	Galena Park	Unlimited Visions	Galena Park High School	High	Project Towards No Drugs (PTND)
YPI	Galena Park	Unlimited Visions	Galena Park Middle School	Middle	Project Towards No Drugs (PTND)
YPI	Galena Park	Unlimited Visions	Northshore 9th Grade	9th Grade	Project Towards No Drugs (PTND)
YPI	Galena Park	Unlimited Visions	Northshore Middle School	Middle	Project Towards No Drugs (PTND)
YPI	Galena Park	Unlimited Visions	Zotz Alternative School	Middle/High	Project Towards No Drugs (PTND)
YPS	Houston ISD	Depelchin	Atherton Elementary	Elementary	All Stars
YPU	Houston ISD	Community Family Centers	Austin HS	High	Positive Action
YPI	Houston ISD	Family Services of Greater Houston	Austin HS	High	Project Towards No Drugs (PTND)
YPI	Houston ISD	The Council on Recovery	Austin HS	High	RY - Reconnecting Youth
YPS	Houston ISD	Depelchin	Bastian Elementary	Elementary	All Stars
YPS	Houston ISD	Unlimited Visions	Beechnut Academy	Middle/High	Creating Family Connections
YPI	Houston ISD	The Council on Recovery	Bellaire HS	High	Reconnecting Youth
YPU	Houston ISD	Family Services of Greater Houston	Browning ES	Elementary	Life Skills Training for Elementary

Type	District	Provider	Name of School	Grades	Curriculum
YPU	Houston ISD	The Council on Recovery	Burnett Elementary	Elementary	Positive Action
YPU	Houston ISD	Association for the Advancement of Mexican-Americans	Burnette Elementary	Elementary	Positive Action
YPS	Houston ISD	Santa Maria Hostel	Burrus Elementary	Elementary	CBSG - Kids' Connections
YPS	Houston ISD	Santa Maria Hostel	Burrus Elementary	Elementary	CBSG - Kids' Connections
YPU	Houston ISD	Community Family Centers	Cage ES	Elementary	Positive Action
YPU	Houston ISD	The Council on Recovery	Carrillo Elementary	Elementary	Positive Action
YPU	Houston ISD	Association for the Advancement of Mexican-Americans	Carrillo Elementary	Elementary	Positive Action
YPI	Houston ISD	Family Services of Greater Houston	Challenge Early College HS	High	Project Towards No Drugs (PTND)
YPI	Houston ISD	Family Services of Greater Houston	Chavez HS	High	Project Towards No Drugs (PTND)
YPS	Houston ISD	Depelchin	Coop Elementary	Elementary	All Stars
YPS	Houston ISD	Santa Maria Hostel	Coop Elementary	Elementary	CBSG - Kids' Connections
YPS	Houston ISD	Santa Maria Hostel	Coop Elementary	Elementary	CBSG - Kids' Connections
YPU	Houston ISD	Family Services of Greater Houston	Crespo ES	Elementary	Life Skills Training for Elementary
YPI	Houston ISD	Family Services of Greater Houston	Cristo Rey CP	High	Project Towards No Drugs (PTND)
YPS	Houston ISD	Santa Maria Hostel	Crockett Elementary	Elementary	CBSG - Kids' Connections
YPS	Houston ISD	Santa Maria Hostel	Crockett Elementary	Elementary	CBSG - Kids' Connections
YPU	Houston ISD	Family Services of Greater Houston	Crockett ES	Elementary	Life Skills Training for Elementary
YPU	Houston ISD	Family Services of Greater Houston	Davila ES	Elementary	Life Skills Training for Elementary
YPS	Houston ISD	Depelchin	Deady MS	Middle	All Stars
SAP	Houston ISD	Family Services of Greater Houston	Deady MS	Middle	Life Skills Training for Middle Schools
YPI	Houston ISD	The Council on Recovery	Eastwood Academy	Middle	Reconnecting Youth
YPI	Houston ISD	Community Family Centers	Edison MS	Elementary	Positive Action
SAP	Houston ISD	Family Services of Greater Houston	Edison MS	Middle	Life Skills Training for Middle Schools
YPS	Houston ISD	Depelchin	Elmore Elementary	Elementary	All Stars
YPU	Houston ISD	Family Services of Greater Houston	Field ES	Elementary	Life Skills Training for Elementary
YPS	Houston ISD	Depelchin	Gallegos Elementary	Elementary	All Stars
YPS	Houston ISD	Depelchin	Harris Elementary	Elementary	All Stars
YPU	Houston ISD	Family Services of Greater Houston	Harvard ES	Elementary	Life Skills Training for Elementary
YPU	Houston ISD	Family Services of Greater Houston	Helms ES	Elementary	Life Skills Training for Elementary
YPS	Houston ISD	Depelchin	Hilliard Elementary	Elementary	All Stars
SAP	Houston ISD	Family Services of Greater Houston	Hogg MS	Middle	Life Skills Training for Middle Schools

Type	District	Provider	Name of School	Grades	Curriculum
YPS	Houston ISD	Depelchin	Isaacs Elementary	Elementary	All Stars
YPI	Houston ISD	The Council on Recovery	Jackson MS	Middle	CBSG - Youth Connections
YPS	Houston ISD	Santa Maria Hostel	Jones Elementary	Elementary	CBSG - Kids' Connection
YPU	Houston ISD	Community Family Centers	JR Harris ES	Elementary	Positive Action
YPS	Houston ISD	Depelchin	Kennedy Elementary	Elementary	All Stars
YPI	Houston ISD	The Council on Recovery	Key MS	Middle	CBSG - Youth Connections
YPU	Houston ISD	The Council on Recovery	Lantrip Elementary	Elementary	Positive Action
YPU	Houston ISD	Association for the Advancement of Mexican-Americans	Lantrip Elementary	Elementary	Positive Action
YPS	Houston ISD	Santa Maria Hostel	Looscan Elementary	Elementary	CBSG - Kids' Connections
YPS	Houston ISD	Santa Maria Hostel	Looscan Elementary	Elementary	CBSG - Kids' Connections
YPU	Houston ISD	Family Services of Greater Houston	Love ES	Elementary	Life Skills Training for Elementary
SAP	Houston ISD	Family Services of Greater Houston	Marshall MS	Middle	Life Skills Training for Middle Schools
YPI	Houston ISD	Community Family Centers	McReynolds MS	Middle	Positive Action
YPU	Houston ISD	Family Services of Greater Houston	Memorial ES	Elementary	Life Skills Training for Elementary
YPI	Houston ISD	Community Family Centers	Milby HS	High	Positive Action
YPI	Houston ISD	Family Services of Greater Houston	Milby HS	High	Project Towards No Drugs (PTND)
YPI	Houston ISD	Community Family Centers	Ortiz MS	Elementary	Positive Action
YPU	Houston ISD	The Council on Recovery	Park Place Elementary	Elementary	Positive Action
YPU	Houston ISD	Association for the Advancement of Mexican-Americans	Park Place Elementary	Elementary	Positive Action
YPI	Houston ISD	Community Family Centers	Project Chrysalis MS	Middle	Positive Action
YPI	Houston ISD	Family Services of Greater Houston	Reagan HS	High	Project Towards No Drugs (PTND)
YPS	Houston ISD	Unlimited Visions	Sam Houston H.S.	High	Creating Family Connections
YPU	Houston ISD	The Council on Recovery	Sanchez Charter School	Middle/High	Positive Action
YPU	Houston ISD	Association for the Advancement of Mexican-Americans	Sanchez Elementary	Elementary	Positive Action
YPU	Houston ISD	Family Services of Greater Houston	Sanchez ES	Elementary	Life Skills Training for Elementary
YPU	Houston ISD	The Council on Recovery	Southmayd Elem.	Elementary	Positive Action
YPU	Houston ISD	Association for the Advancement of Mexican-Americans	Southmayd Elementary	Elementary	Positive Action
YPU	Houston ISD	Community Family Centers	Stevenson MS	Middle	Positive Action
YPS	Houston ISD	Depelchin	Sutton Elementary	Elementary	All Stars
YPS	Houston ISD	Depelchin	Tinsley Elementary	Elementary	All Stars
YPI	Houston ISD	The Council on Recovery	Westfield High School	High	Reconnecting Youth

Type	District	Provider	Name of School	Grades	Curriculum
YPS	Houston ISD	Depelchin	Wharton Dual Language Academy	Elementary	All Stars
SAP	Houston ISD	Family Services of Greater Houston	Wharton K-8th Grade	Middle	Life Skills Training for Middle Schools
YPU	Houston ISD	Family Services of Greater Houston	Wharton K-8th Grade	Elementary	Life Skills Training for Elementary
YPI	Lamar CISD	Fort Bend Regional Council	Alternative Learning Center (DAEP)	K-12	CBSG - Youth Connections
YPU	Lamar CISD	Fort Bend Regional Council	Beasley ES	Elementary	Life Skills Training
YPU	Lamar CISD	Fort Bend Regional Council	Bowie ES	Elementary	Life Skills Training
YPI	Lamar CISD	Fort Bend Regional Council	Briscoe JHS	Middle	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	Foster HS	High	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	George JHS	Middle	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	George Ranch HS	High	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	Lamar HS	High	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	Lamar JHS	Middle	CBSG - Youth Connections
YPU	Lamar CISD	Fort Bend Regional Council	Long ES	Elementary	Life Skills Training
YPS	Lamar CISD	Fort Bend Regional Council	Navarro MS	Middle	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	Reading JHS	Middle	CBSG - Youth Connections
YPI	Lamar CISD	Fort Bend Regional Council	Terry HS	High	CBSG - Youth Connections
YPU	Lamar CISD	Fort Bend Regional Council	Thomas ES	Elementary	Life Skills Training
YPU	Lamar CISD	Fort Bend Regional Council	Travis ES	Elementary	Life Skills Training
YPS	Lamar CISD	Fort Bend Regional Council	Wessendorf MS	Middle	CBSG - Youth Connections
YPU	Pasadena ISD	Depelchin	Rayburn High School	High	Positive Action
YPS	Pasadena ISD	Bay Area Council on Drugs and Alcohol	The Summit Alternative School	Middle	Positive Action
YPS	Spring Branch	Santa Maria Hostel	Buffalo Creek Elementary	Elementary	CBSG - Kids' Connection
YPS	Spring Branch	Santa Maria Hostel	Ridgecrest Elementary	Elementary	CBSG - Kids' Connection
YPI	Spring ISD	Unlimited Visions	Highpoint North (DEAP)	Middle/High	Project Towards No Drugs (PTND)
YPU	Spring ISD	Depelchin	Westfield High School	High	Positive Action
YPU	Spring ISD	Depelchin	Wunsche High School	High	Positive Action
YPU	Stafford MSD	Fort Bend Regional Council	Stafford ES	Elementary	Life Skills Training
YPI	Stafford MSD	Fort Bend Regional Council	Stafford HS	Middle	CBSG - Youth Connections
YPI	Stafford MSD	Fort Bend Regional Council	Stafford MS	Middle	CBSG - Youth Connections
YPI	Stafford MSD	Fort Bend Regional Council	Stafford Special Education Advisory Council	K-12	CBSG - Youth Connections

Consumption Tables
Grade-level detail from the Texas School Survey 2014: Current and Lifetime Use

Lifetime Use (ever used), Region 6, By Grade, Texas School Survey 2014

Substance	All Grades	6th	7th	8th	9th	10th	11th	12th
Alcohol	51.9%	26.6%	36.3%	42.5%	59.6%	61.4%	69.0%	70.0%
Marijuana	23.9%	6.9%	9.2%	14.9%	27.9%	29.8%	40.5%	41.4%
Tobacco	20.4%	7.6%	9.4%	13.1%	25.5%	24.4%	31.5%	32.5%
Codeine	11.2%	6.4%	5.9%	7.4%	12.8%	14.2%	17.4%	14.8%
Synthetic Marijuana	6.3%	2.9%	1.9%	3.3%	7.7%	7.9%	11.0%	9.5%
Vicodin, Hydrocodone, Lortab, or Lorcet	3.7%	0.8%	0.5%	1.1%	4.5%	4.0%	8.4%	7.2%
Xanax or Alprazolam	2.6%	0.5%	0.2%	0.6%	3.1%	2.7%	5.1%	6.0%
Oxycodone, Oxycontin, Percodan, or Percocet	2.1%	0.8%	0.4%	0.8%	2.3%	2.3%	3.9%	3.9%

Current Use (in last 30 days), Region 6, By Grade, Texas School Survey 2014

Substance	All Grades	6th	7th	8th	9th	10th	11th	12th
Alcohol	21.9%	8.1%	12.7%	12.3%	25.4%	27.5%	33.2%	36.3%
Marijuana	9.5%	1.4%	4.3%	4.3%	11.0%	10.6%	18.3%	18.1%
Tobacco	7.0%	2.2%	2.5%	3.9%	8.1%	7.3%	11.4%	14.9%
Codeine	5.6%	3.4%	2.6%	4.0%	6.3%	6.9%	9.0%	7.2%
Synthetic Marijuana	1.8%	0.6%	1.1%	0.7%	2.6%	2.2%	3.1%	2.0%
Vicodin, Hydrocodone, Lortab, or Lorcet	1.8%	0.3%	0.3%	0.8%	1.9%	2.0%	4.3%	3.4%
Xanax or Alprazolam	1.4%	0.2%	0.2%	0.1%	1.5%	1.9%	3.0%	2.9%
Oxycodone, Oxycontin, Percodan, or Percocet	1.2%	0.3%	0.2%	0.2%	1.1%	1.6%	2.9%	2.0%

Appendix B: Glossary of Terms

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

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

Appendix C: Acknowledgements

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