Regional Needs Assessment 2018

REGION 10: FAR WEST TEXAS
PREVENTION RESOURCE CENTER 10

TEXAS PREVENTION RESOURCE CENTER
REGION 10

Table of Contents

Executive Summary 4

Prevention Resource Centers 5

Introduction 11

Methodology 12

Regional Demographics.. 15

Population 16

General Socioeconomics 23

Education 30

Criminal Activity 36

Social Factors 48

Accessibility 53

Alcohol 53

Prescription Drugs and Opiates 59

Special Topics: Opioids 69

Region 10 Current Use 69

Consequences... 73

Legal Consequences... 74

Drug and/or Alcohol Related Inmate Population 74

Environmental Protective Factors 76

Overview of Protective Factors 76

Community Domain.. 76

School Domain 81

Region in Focus 82

Gaps in Services.. 83

Gaps in Data 83

Regional Partners... 84

Regional Successes 84

Conclusion.. 85

Key Findings 86

Moving Forward 87

Executive Summary

The purpose of the Prevention Resource Center for Region 10 is to collect and distribute data among community stakeholders, coalitions, agencies, hospitals and law enforcement. The overall purpose is to serve, advocate and align prevention efforts for the residents living within the 6 counties. The PRC as a data repository, aims to eliminate duplicative efforts in the collection and distribution of substance use data for the region. This approach in collaborating with various agencies, strengthens relationships in their effort to prioritize the needs of the communities, while tracking activities across the 6 counties.

The organizations and agencies who participated with the PRC Region 10 throughout the year are committed to addressing health disparities and inequities. The Regional Needs Assessment includes data from all diverse populations living along the U.S. - Mexico Border. The assessment aids in long term strategic prevention planning, summary of statistics relevant to risk and protective factors associated with drug use, as well as consumption patterns and consequences data. The assessment also offers an insight to gaps in services and data availability challenges.

Prevention Resource Center - Region 10 data sources

The health assessment (what does the data show?) was a compilation of elicited information from community members and stakeholders related to the issues of substance use. Collected data came from community and coalition meetings, presentations, data requests, focus groups, conferences, and one-on-one meetings with stakeholders across agencies in healthcare, law enforcement and education. Much of the data collected was made much easier by the formation of workgroups and a task force committed in identifying the needs of the communities, along with viable data that painted a clearer picture in the health needs of our region. The vision of a healthier community by the participating providers was a driving force for many of the events, publications and media campaigns that arose from the data collection process.

Below are a few of the partners that participated in the process of data collection, formation of working groups, and continued collaborative support for the PRC-Region 10. The gathering of information for the assessment was made easier by their need to address priority health issues for the region:

Prevention Resource Center - Region 10 key findings

Findings for Region 10 has found all 6 counties experience a high rate of tobacco use, marijuana use and continued high rates of underage drinking. The region has also experienced increased use of prescription medication and methamphetamine use.

The data collected for the RNA is an ideal starting point for prevention/intervention providers to coordinate with each other in addressing needed treatment options along with changes in the U.S. healthcare landscape.

Substance use was called out primarily by treatment providers, law enforcement agencies and key stakeholder discussions. The available data across both youth and adult populations suggest that Region 10 data on alcohol consumption puts it above the state average. Data from Monitoring the Future, and the Texas State School Survey suggest that youth and adolescents have initiated marijuana use by age 12. The compiled seizure data from the law enforcement community also suggests increase trafficking and use of methamphetamine use for the region.

Prevention Resource Centers

Our Purpose

Prevention Resource Centers (PRC) are a program funded by the Texas Health and Human Services Commission (HHSC) to provide data and information related to substance use and misuse, and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions (see Figure 1) to provide support to prevention providers located in their region with substance use data, trainings, media activities, and regional workgroups. Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to alcohol, tobacco, and other drug use among adolescents and adults and share findings with community partners (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) conduct voluntary compliance checks and education on state tobacco laws to retailers.

Efforts carried out by PRCs are focused on the state's three prevention priorities of underage drinking, use of marijuana and other cannabinoids, and prescription drug misuse.

Figure 1. Map of Health Service Regions serviced by the Prevention Resource Centers

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

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

How We Help the Community

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

Conceptual Framework

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

Adolescence

The World Health Organization (WHO) identifies adolescence as a critical transition in the life span characterized by tremendous growth and change, second only to infancy. This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus

of prevention efforts on adolescence is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs, began misusing substances before the age of 18. [1]

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

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

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

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

Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual's risk for a substance use disorder. Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors. Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and

---

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

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

failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).[3]

Figure 2. Examples of risk and protective factors within the domains of the Socio-Ecological Model
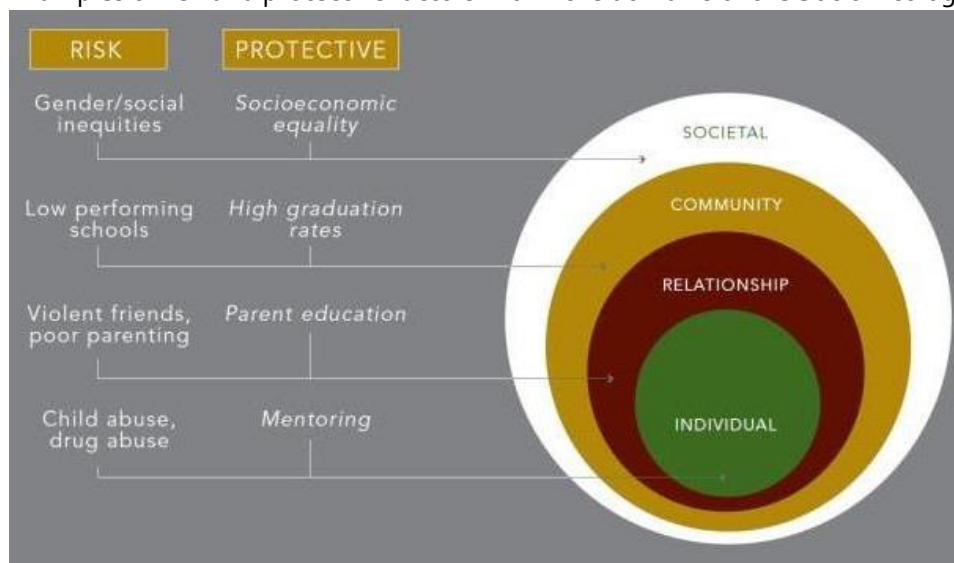
Source: Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS).
http://www.urbanpeaceinstitute.org/cvrs/ Accessed May 29, 2018.

Consumption Patterns

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

Due to its overarching and historical hold on the United States, there exists a plethora of information on the evaluation of risk factors that contribute to Alcohol Use Disorder (AUD). According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the United States, for people ages 12 and older, followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use

---

[3] Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). http://www.urbanpeaceinstitute.org/cvrs/. Accessed May 29, 2018.
[4] Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Accessed May 30, 2018.
[5] Texas Department of State Health Services. *2001-2017 High School Youth Risk Behavior Surveillance System Data*. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Accessed April 27, 2018.
[6] Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Accessed May 30, 2018.

Disorder, and Opioid Use Disorder (presented in descending order by prevalence rates).[7] When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created very specific guidelines that are widely used in the in quantitative measurement of alcohol consumption.[8] These standards define binge drinking as the drinking behaviors that raise an individual's Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically five or more drinks for men and four or more drinks for women, within a two-hour time span. At-risk or heavy drinking, is defined as more than four drinks a day or 14 drinks per week for men and more than three drinks a day or seven drinks per week for women. "Benders" are considered two or more days of sustained heavy drinking. See Figure 3 for the NIAAA's operational definitions of the standard drink.

Figure 3. NIAAA (2004) rubric for operationalizing the standard drink by ounces and percent alcohol across beverage type
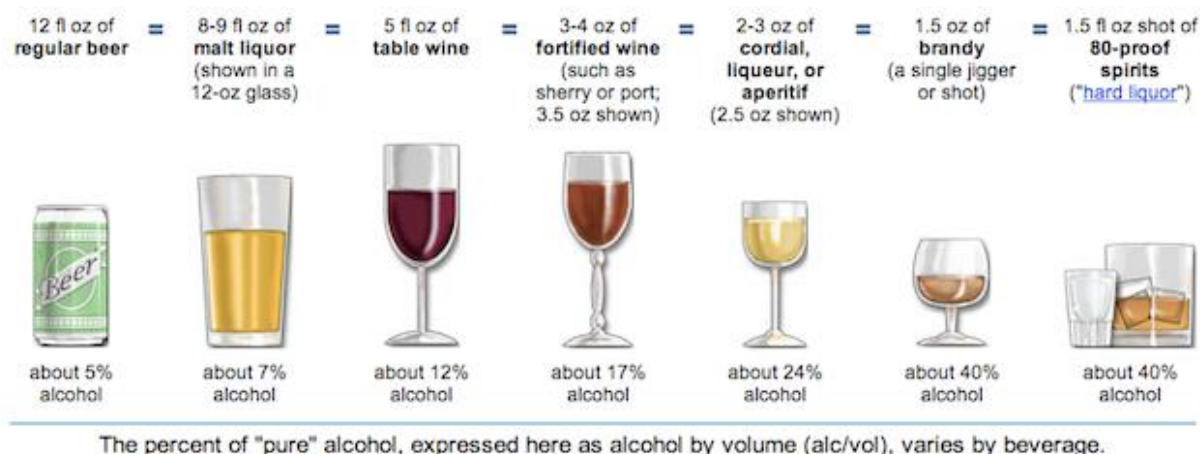
The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

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

---

[7] Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Accessed May 29, 2018.
[8] National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Accessed May 24, 2018.

Consequences

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly associated with SUDs, the most severe of SUDs being addiction, typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 NIDA Strategic Plan titled *Develop new and improved strategies to prevent drug use and its consequences*.[9]

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

Audience

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

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

---

[9]   National   Institute   on   Drug   Abuse.   *2016-2020   NIDA   Strategic   Plan*.   2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Accessed May 29, 2018.
[10] Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.

Introduction

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

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

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

Our Audience

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

Purpose of This Report

This needs assessment reviews substance abuse data and related variables across the state that aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Texas Department of State Health Services. The report seeks to address the substance abuse prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug

---

[11] SAMHSA. Strategic Prevention Framework. https://www.samhsa.gov/capt/applying-strategic-prevention-framework. Last updated June 5, 2017.Accessed July 30, 2017.

consumption trends and consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP).

Figure 4. Strategic Prevention Framework (SPF)

Source: SAMHSA. Strategic Prevention Framework. https://www.samhsa.gov/capt/applying-strategic-prevention-framework. Last updated June 5, 2017. Accessed July 30, 2017.

Methodology

Purpose

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

Specifically, this regional needs assessment can serve in the following capacities:

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

Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2017 and May 30, 2018. The state evaluator met with the regional evaluators at a statewide conference in September 2017 to discuss the expectations of the regional needs assessment for the fourth year.

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

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

Qualitative Data Selection

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

Focus Groups

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

Interviews

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

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

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

Surveys

Occasionally, organizations approach the PRC asking for guidance to construct and administer surveys in order to collect information about how their adolescents perceive and consume AOD. All survey questions are either copied from tools that have been tested and vetted or they are subjected to rigorous testing through focus groups or other research methods. Many of the questions used by the PRC originate from the following survey tools:

- 40 Developmental Assets Survey
- Youth Risk Behavior Surveillance System
- Monitoring the Future
- Texas School Survey

Longitudinally Presented Data

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

Regional Demographics

Region 10: Upper Rio Grande Geographic Description

Approximately 931,965 thousand people lived in the six-county region as of 2017. The racial and ethnic population is predominantly Hispanic (81.23%), an increase from last year's reported percentage of (77.25%), as the growth and demographics of the region continue to diversify.

Texas Public Health Region 10 is comprised of six Texas counties:

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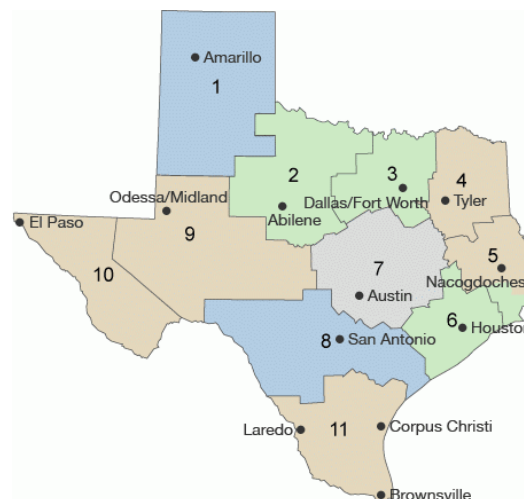
Brewster County, was founded in 1887 and named after Henry Percy Brewster. Historical accounts place the first European to set foot in Brewster as Álvar Núñez Cabeza de Vaca in 1535. Brewster County is the largest county in Texas, located in the Trans-Pecos region of West Texas, it is the site of Big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

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

El Paso County, was first established in 1850 but has been recognized in the history books since 1598 when the Spanish explorer Don Juan de Onate celebrated a Thanksgiving mass in the county. The region of El Paso was claimed by Texas as part of a treaty agreement with Mexico in 1846. El Paso County was recognized as one of the safest places to live in 2017 and continuously ranks high for the category each year. El Paso is also known for its abundance of sunshine and recognized nationally as the only county to have mined, milled and smelted tin. El Paso County is home to Fort Bliss, Texas, and several higher education universities such as the University of Texas at El Paso, Texas Tech Medical Center, and Park University. El Paso is home to a large part of the colonias established along the U.S. -

Mexico Border, with 90,000 people living in 200 known colonias. El Paso County is one of the largest cities geographically resting on the Mexico border with a population of more than 900,000.   It is predominantly Hispanic (81.23%), and is also home to the Fort Bliss 1st Armored division, with 27,132 Active Duty soldiers, 2,198 Reservist, 39,790 Family members, 12,323 Civilians, 32,794 Retirees, and 38,622 Family Members Retirees on base, with a total supported population of 166,832, within the 2nd largest military installation in the United States Armed Forces. [12]

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

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

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

Data for the geographic description comes from the U.S. Census.[13]

Population

Table 1 summarizes the population demographics for the six-county region. Approximately 25,145,561 residents live in Texas as of the 2010 census. The total population for Region 10 in 2017 was 931,965 with population projection estimates at a rate of 17.26% growth rate.   Compared to the U.S. as a whole as of July 1, 2017 Texas' population estimate of 28,304,596 people, ranks it as the second-most populous state. Below in Table 1 are the regional components of Texas' significant population increases during the 2010-2016 period. With projected population rates for 2017-2018 in Table 2 and Table 3.

---

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

[13] U.S. Census Bureau, Geographical quick facts Texas counties, 2018.

Note: A press release on May 24, 2018 identified 3 Texas cities with the largest population gains. San Antonio, Dallas and Fort Worth, Texas topped the list, with San Antonio having an average increase of 66 people growth rate per day from 2016-2017. Fort Worth, Texas was reported to be the 15th most populous city surpassing Indianapolis in 2016.

TABLE 1 - TEXAS POPULATION CHANGE PROJECTIONS, 2010-2016

Region	2010 Population	2016 Population Estimate	Growth (+/-)	Percent
1	839,736	899,512	28,564	3.40%
2	550,422	568,459	(381)	-0.07%
3	6,733,271	7,596,324	685,254	10.18%
4	1,111,701	1,186,116	21,928	1.97%
5	767,306	808,167	7,700	1.00%
6	6,087,210	6,946,624	739,562	12.15%
7	2,948,316	3,411,407	346,474	11.75%
8	2,604,657	2,923,361	261,469	10.04%
9	571,870	614,031	67,319	11.77%
10	825,912	915,995	33,473	4.05%
11	2,105,704	2,370249	131,647	6.25%
Texas	25,146,561	27,862,596	2,323,009	10.8%
U.S.	308,758,105	323,127,517	14,369,408	4.7%

Source: U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population for the United States. Last updated July 2017. Accessed May 18, 2018.

Table 2 shows the growth of each of the Region 10 counties from the years 2010-2016.

TABLE 2 - REGION 10, POPULATION, 2010-2016

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

Source: U.S. Census Bureau American Fact Finder. American Community Survey population estimates. Last updated July 2017. Accessed May 18, 2018.

Table 3 - Region 10, Projected Population rates by race, 2017

Region 10 Counties	Total Population 2017	Anglo	Black	Hispanic	Other
Brewster	9,971	5,295	79	4,338	259
Culberson	2,268	524	8	2,030	66
El Paso	904,586	98,091	21,996	763,039	21,430
Hudspeth	3,385	669	30	3,083	53
Jeff Davis	2,460	1,534	10	861	55
Presidio	8,485	1,179	27	7,129	150
Total	931,965	107,292	22,150	780,510	22,013

Source: Texas Department of State Health Services. Texas Population 2017 Projections.
https://www.dshs.texas.gov/chs/popdat/ST2017.shtm. Accessed June 1 2018.

Table 4 - Region 10, Projected Population rates by race, 2018

Region 10 Counties	Total Population 2018	Anglo	Black	Hispanic	Other
Brewster	9,894	5,293	80	4,273	248
Culberson	2,622	510	8	2,042	62
El Paso	920,987	97,098	22,106	779,717	22,066
Hudspeth	3,879	661	30	3,138	50
Jeff Davis	2,442	1,508	10	871	53
Presidio	8,494	1,168	27	7,156	143
Total	948,318	106,238	22,261	797,197	22,622

Source: Texas Department of State Health Services Texas Population 2018 Projections.
https://www.dshs.texas.gov/chs/popdat/ST2017.shtm. Accessed June 1 2018.

The demographic composition of each of the counties, as well as knowing the changes that occur over time in population growth or decrease, helps in understanding the needs of the residents at the health and social level.

Age

Below in Table 5, the United States vs. the Texas population is ranked 2nd behind California with a total population of 28,704,330 as of estimated 2018 figures. Texas is considered the largest of the 50 contiguous U.S. states. Based on 2010 census data, population growth remains constant and has increased from 25.1 million. Its current growth rate of 1.80% ranks 3rd in the country. Texas has 3 cities with more than 1 million in population: Dallas, Houston, and San Antonio. El Paso is considered among one of the 25 largest cities in the US along with Fort Worth and Austin, Texas. The growth rate for Region 10 is currently 11% and currently is in the top 5 regions for overall growth in the State of Texas.

TABLE 5 - TEXAS VS. US POPULATION BY AGE CATEGORY, 2017

2017	Children 0-18	Adults 19-25	Adults 26-34	Adults 35-54	Adults 55-64	65+
United States	24%	9%	12%	26%	13%	15%
Texas	28%	10%	13%	25%	11%	12%

Source: Kaiser Family Foundation estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social and Economic Supplements). Published June 2017. Accessed May 13 2018.

Table 6, breaks down the Region 10 population by age category from under 1 years of age to 85 and over for 2017.

TABLE 6 - REGION 10 POPULATION BY AGE CATEGORY, 2017

Ages 1-44	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44
County										
Brewster	111	438	528	539	643	784	504	534	527	487
Culberson	40	158	184	165	179	189	159	117	134	124
El Paso	15,993	60,936	66,855	68,469	72,375	77,275	73,868	57,834	52,187	54,261
Hudspeth	57	210	231	264	280	332	211	177	180	175
Jeff Davis	25	83	88	104	113	191	87	67	78	77
Presidio	146	522	561	571	690	634	393	370	358	429
Region Total	16,372	62,347	68,447	70,112	74,280	79,405	75,222	59,099	53,464	55,553
Texas	438,086	1,695,756	2,030,035	2,122,061	2,149,148	2,088,983	2,045,372	2,036,142	1,987,621	1,858,490

Ages 45-85 and over	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 and Over	All Ages
County										
Brewster	565	626	638	802	738	554	395	213	203	9,829
Culberson	144	158	170	161	159	126	91	73	63	2,594
El Paso	53,411	51,406	51,687	44,109	34,792	25,405	18,275	13,094	12,967	905,199
Hudspeth	211	233	296	270	206	183	154	91	70	3,831
Jeff Davis	108	157	192	254	281	225	147	85	75	2,437
Presidio	518	477	475	530	518	445	337	235	224	8,433
Region Total	54,957	53,057	53,458	46,126	36,694	26,938	19,399	13,791	13,602	932,323
Texas	1,851,643	1,766,365	1,750,715	1,521,959	1,238,087	907,059	597,678	397,245	370,979	28,853,424

Source: Texas Department of State Health Services. Texas Population by age 2017. http://soupfin.tdh.state.tx.us/cgi-bin/pop85a, Accessed June 6 2018.

Race/Ethnicity

Region 10 continues to be an increasingly diverse state with a large Hispanic representation (81.23%). The table below shows the racial and ethnic make-up of Region 10 from 2017, 2016 and 2015.

TABLE 7 - TEXAS AND REGION 10 POPULATION BY RACE AND ETHNICITY, 2017

2017	Total Pop	Anglo	Black	Hispanic	Other
Brewster	9,971	5,295	79	4,338	259
Culberson	2,628	524	8	2,030	66
El Paso	904,586	98,091	21,996	763,069	21,430
Hudspeth	3,835	669	30	3,083	53
Jeff Davis	2,460	1,534	10	861	55
Presidio	8,485	1,179	27	7,129	150

Source: Texas Department of State Health Services. Texas Population 2017 projections. County Density as of Census Data 2010. https://www.dshs.texas.gov/chs/popdat/ST2017.shtm. Accessed June 21 2018.

TABLE 8 - TEXAS AND REGION 10 POPULATION BY RACE AND ETHNICITY, 2015, 2016

2015	Total Pop	White alone	African American	American Indian	Asia alone	Pacific Islander	Some other race	Two or more races
Brewster	9,235	8,609	123	140	0	0	195	168
Culberson	2,296	2,069	9	11	0	3	170	34
El Paso	831,095	688,335	29,361	5,185	9,132	1,376	79,816	17,890
Hudspeth	3,330	3,020	42	0	26	0	180	62
Jeff Davis	2,232	2,028	7	29	24	0	140	4
Presidio	7,304	6,670	1	108	251	0	231	43
2016								
Brewster	9,188	8,622	25	126	149	0	131	135
Culberson	2,259	1,767	9	0	0	3	378	102
El Paso	833,592	690,655	29,082	5,870	9,502	1,297	79,621	17,555
Hudspeth	3,481	2,741	44	0	45	0	589	62
Jeff Davis	2,221	2,144	12	13	18	0	26	8
Presidio	7,144	6,628	0	99	243	0	174	40

Source: U.S. Census Bureau American Community Survey 2014-2016. American Fact Finder. Last updated July 2017.Accessed June 16 2018.

Concentrations of Populations

Texas' land area of 261,249.64 square miles places it as the 2nd largest state, behind Alaska's vast 663,267.26 square miles. Texas 103.18 persons per square mile (density) is very close to the national average of 90.19. El Paso (822.74) has the highest population density in Region 10, and an overall rate of 39.53 per square mile of the 21,699.44 total land area.

In Figure 1 below the population density is most visible in El Paso with the other counties having an average of 1.13 rate of density for population habitation in Region 10.

FIGURE 5 - TEXAS DENSITY POPULATION
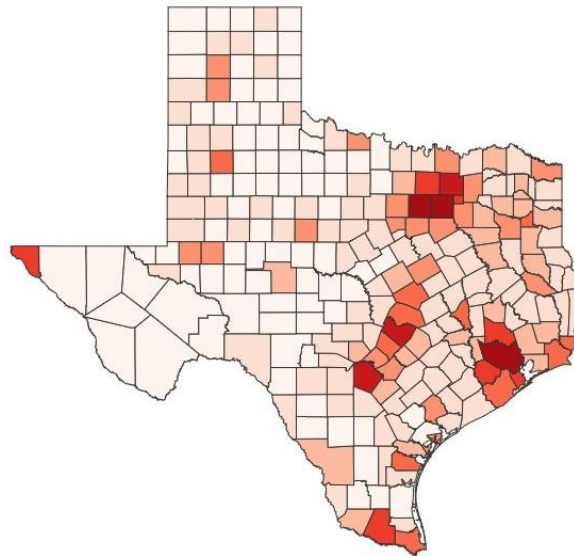
Source: U.S. Census Bureau Texas Density map 2016.

TABLE 9 - REGION 10 POPULATION DENSITY, 2016

	Total Land Area in square miles	Population Density (per square mile)
Brewster	6,183.76	1.49
Culberson	3,812.16	0.59
El Paso	1,013.19	811.74
Hudspeth	4,570.53	0.76
Jeff Davis	2,264.56	0.98
Presidio	3,855.25	1.85
Region 10	21,699.44	39.53
Texas	261,249.64	103.18
United States	3,532,068.58	90.19

Source: U.S. Census Bureau. American Community Survey. American Fact Finder, 2017.
Accessed June 25, 2018.

Public Health research has found both community-level factors and individual health behaviors directly affect the differences in healthcare access, utilization of services, cost and location of health providers. There are benefits to examining environment-specific factors that contributes to an individual's overall health. Many of the factors in an environment, interact or shape how one's health may be effected. Some characteristics of interest would include air quality, good housing, services (such as transportation), community history, crime and reputation of an area. The well-being of an individual can be a more complete picture when there is evidence both positive and negative within each of distinct causal factors in urban and rural locations.

Table 10 is a breakdown of Region 10 for urban and rural populations.

TABLE 10 - REGION 10 URBAN AND RURAL POPULATION, 2017

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

Source: U.S. Census Bureau. American Community Survey. American Fact Finder 2011-2016. Last updated July 2017. Accessed June 13, 2018.

Languages

As of 2017 more than 35% of Texas citizens speak a language other than English. Migration patterns and the diversity of incoming immigrants increases the number of languages for the state overall.

Understanding the language population aids in the development of multi-lingual programming along with appropriate information dissemination.

TABLE 11 - REGION 10, POPULATION IN LIMITED ENGLISH LANGUAGE HOUSEHOLDS, 2016

	Total Population Age 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
Region 10	789,870	138,023	17.47%
Brewster	8,680	388	4.47%
Culberson	2,139	472	22.07%
El Paso	767,080	134,399	17.52%
Hudspeth	3,264	789	24.17%
Jeff Davis County	2,166	233	10.76%
Presidio County	6,541	1,742	26.63%
Texas	24,985,749	1,942,413	7.77%

Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates: Language Spoken at Home. American Fact Finder Results. Last updated July 2017. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1601&prodType=table. Accessed June 2018

TABLE 12 - REGION 10 ENGLISH VS. SPANISH LANGUAGE POPULATION, 2014-2016

Region 10	2014				2015				2016		
	Total Pop	Speak only English	Spanish or Spanish Creole		Total Pop	Speak only English	Spanish or Spanish Creole		Total Pop	Speak only English	Spanish or Spanish Creole
Brewster	8,731	5,457	3,156		8,689	5,356	3,206		8,680	5,406	3,029
Culberson	2,178	693	1,473		2,120	683	1,426		2,139	734	1,405
El Paso	757,033	207,185	534,122		763,568	212,685	534,735		767,080	213,244	537,653
Hudspeth	3,111	663	2,426		3,109	741	2,342		3,264	710	2,483
Jeff Davis	2,211	1,258	922		2,177	1,234	913		2,166	1,287	858
Presidio	6,875	944	5,708		6,751	921	5,542		6,541	888	5,355

Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates: Limited English Language in Households. American Fact Finder Results. Census 2010. Accessed April 24, 2018.

.

General Socioeconomics

Household Composition

Another way to gain a basic understanding of stresses to the family unit is the composition of the household and the median family income. According to the US Census Bureau, there are approximately 201,514 family households in Region 10. The average family size in Texas is 2.81 in 2017, compared to 2.84 in 2016 and 2.75 in 2015.

El Paso County has the largest number of households in the region (195,728) with a median family income of $62,049 in 2017 compared to $46,096 for 2016.

TABLE 13 - REGION 10, FAMILY HOUSEHOLD INCOME, 2016

2016	Total Family Households	Average Family Income	Median Family Income
Region 10	201,541	$62,077	no data
Brewster	2,276	$76,141	$53,011
Culberson	526	$56,137	$38,977
El Paso	195,728	$62,049	$46,907
Hudspeth	706	$47,581	$29,405
Jeff Davis	585	$74,286	$62,566
Presidio	1,720	$50,284	$40,057
Texas	6,450,049	$88,231	$64,585
United States	77,608,829	$90,960	$67,871

Source: U.S. Census Bureau. 2012-2016 American Community Survey 5-year estimates: Family Household Income. American Fact Finder Results. Census 2010. Accessed May 15 2018.

TABLE 14 - REGION 10 MEDIAN FAMILY INCOME BY FAMILY COMPOSITION, 2016

2016	Married-Couple Families without Children	Married-Couple Families with Children	Single-Males without Children	Single-Males with Children	Single Females without Children	Single Females with Children
Brewster	$63,315	$95,143	$50,599	no data	$34,844	$27,031
Culberson	$46,250	$61,364	$93,155	$26,607	no data	$19,615
El Paso	$57,728	$56,288	$43,779	$33,112	$36,934	$20,845
Hudspeth	$36,806	$30,481	$18,068	no data	no data	$8,715
Jeff Davis	$65,682	$54,013	no data	no data	no data	no data
Presidio	$39,583	$46,154	no data	no data	$60,589	$20,750
Texas	$78,630	$81,385	$52,582	$39,700	$42,607	$25,006
United States	$78,162	$87,757	$53,570	$39,618	$44,636	$25,130

Source: U.S. Census Bureau, American Community Survey 2012-2016. American Fact Finder. Accessed June 1 2018

Figure 6 - Percentage of population in poverty by County
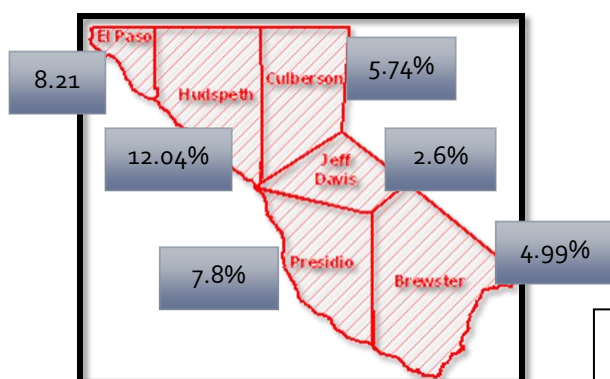
In Region 10, **8.16% of 842,165** individuals are living with an income at or **below 50%** of the Federal Poverty Level as of 2017. The indicator is a relevant data marker, as research has shown poverty creates barriers for many of the health services and other necessities contributing to a poor health status.

Data Source: U.S. Census Bureau. American Community Survey. American Fact Finder 2012-2016. Accessed May 28 2018.

Hudspeth County, in Region 10, had the largest percentage of families whose income in the past 12 months is below the poverty level at 12.04%, compared to the State of Texas with an overall percentage of 6.98%.

The Colonias of Region 10

Approximately 400,000 Texans live in colonias. Colonias are defined as any U.S.-Mexico border low-income community that lacks basic infrastructure systems: municipal water, municipal sewage, and piped natural gas.   There are more than 2,294 of these communities bordering the Texas - Mexico landscape, with approximately 90,000 residents for Region 10 colonias. The proliferation of colonias in the region poses challenges for the counties and the lack of existing programs to improve the conditions.

Many of these settlements were started by farmworkers and migrants who were unable to find affordable housing.   The Colonia Initiatives Program Office of the Texas Secretary of State reports El Paso with the largest number of colonia communities (329). The remaining counties in Region 10 have considerably less identified colonias, Brewster County (3), Culberson (2), Hudspeth (6), Jeff Davis (1), and Presidio with (8) with a total county colonia population of 90,653[14].

Furthermore, Far West Texas (namely El Paso County) is considered a High Intensity Drug Trafficking Area by the Office of National Drug Control Policy (ONDCP)[15], this along with the extreme poverty places the colonias at a high risk for substance abuse/use where drugs may be readily available.

Figure 7 - Percent of Hispanics in El Paso County by block group.
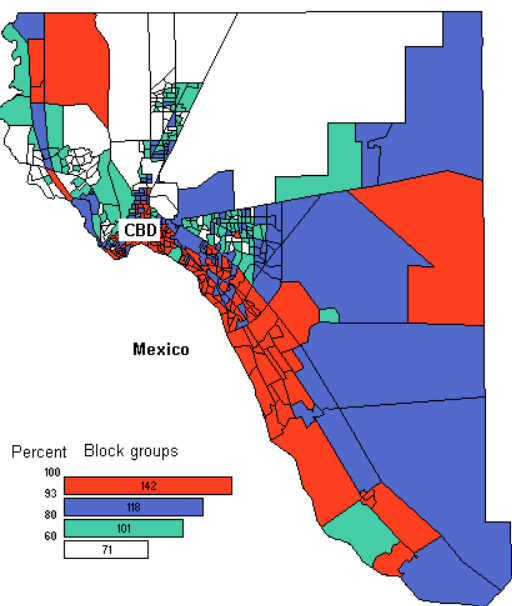
Figure 8 - Photo of a colonia homestead in El Paso County.

The colonia home shown above is situated in a colonia located in El Paso County. Photo credit: Colonias in Texas, accessed June 19 2018, https://people.uwec.edu/ivogeler/w188/border/coloniasTX.

The residents are mostly migrating Hispanics whose Spanish is their primary language. The Colonias lack many of the basic living necessities; such as running water, electricity, emergency services, public

---

[14] Texas Secretary of State, Directory of Colonias Located in Texas, last updated March 2017.
[15] Office of National Drug Control Policy, High Intensity Drug Trafficking Areas Program Report to Congress, retrieved May 2018.

transportation and basic health services. Colonias can be described as areas full of disproportionate health disparities.

The residents are mostly migrating Hispanics whose Spanish is their primary language. The Colonias lack many of the basic living necessities; such as running water, electricity, emergency services, public transportation and basic health services. Colonias can be described as areas full of disproportionate health disparities.

The education level of the residents living in the colonias is much lower than at the county level. Seventy-eight percent of the adult population in the colonias have an education level of high school or less. Approximately 24% have some college compared to 28.1% of the overall rate in Texas. Specific educational attainment data for just the El Paso colonias is not collected on a regular basis but are included in the population totals of the Census Bureau as listed in the table below.

TABLE 15 - EDUCATIONAL ATTAINMENT - EL PASO COUNTY COLONIAS BY ZIP CODE, 2012-2016

	2012-2016	High School graduate or higher, percent of persons age 25 years+	Bachelor's degree or higher, percent of persons age 25 years+
79927	Socorro	57.3%	6.3%
79836	Clint	65.1%	16.4%
79928	Horizon	86.1%	18.9%
79838	San Elizario	49.3%	8.7%
79853	Fabens	55.0%	3.4%
	El Paso	78.6%	23.6%
	Texas	82.3%	28.1%

Census Bureau, American Community Survey. Quick Facts 5 year Estimates 2012-2016. Accessed April 2018.

One of the greatest barriers/gaps in receiving services underdeveloped communities that lack paved roads or Individuals go without services due to their inaccessibility to many of the basic health needs. The data below identifies the number of employed citizens in the catchment area, less than 2% use the available public transit for commuting purposes.

TABLE 16 - PUBLIC TRANSIT COMMUTE USE FOR WORK, 2016

2016	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
El Paso County, TX	345,010	5,065	1.47%
Texas	12,237,558	188,919	1.54%
United States	145,861,221	7,476,312	5.13%

Census Bureau. American Community Survey. Use of Public Transportation 5 year Estimates 2012-2016. Accessed April 2018.

Employment

According to the U.S. Department of Labor for 2017, the county in Region 10 with the highest unemployment rate was Presidio at 9.4% with a labor force of 3,024 individuals. Labor force is defined as the number of residents age 16 and older that are either working or looking for work. People who are not in the labor force do not work for a variety of reasons. These reasons include: retirement, school attendance, inability to perform available work, physical incapacity, or no work is available to them.

TABLE 17 - REGION 10, LABOR FORCE, EMPLOYED/UNEMPLOYED, 2017

Area	Unemployment Rate %	Labor Force	Employed	Unemployed
United States	3.8	157,833,000 est.	149,929,000 est.	7,891,650 est.
Texas	4.3	13,531,442	12,953,874	577,568
Region 10	4.6	363,834	346,981	16,853
Brewster	3.5	3,921	3,784	137
Culberson	3.6	913	880	33
El Paso	4.6	353,387	337,112	16,275
Hudspeth	6.0	1,537	1,445	92
Jeff Davis	3.1	1,052	1,019	33
Presidio	9.4	3,024	2,741	283

Source: U.S. Department of Labor. Bureau of Labor Statistics. Unemployment Statistics by County. https://www.bls.gov/lau/#cntyaa. Accessed June 19 2018.

TANF Recipients

This indicator reports the percentage recipients per 100,000 populations receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) is excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.   El Paso County paid out the most in 2016 in aggregate dollars in the amount of $22,805,800 for 7,159 households.

TABLE 18 - REGION 10 HOUSEHOLDS WITH PUBLIC ASSISTANCE, 2016

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

Census Bureau, American Community Survey. Public Assistance by County 2016.
https://assessmsnet.communitycommons.org/CHNA/report?page=2&id=768&report type=libraryCHNA.
Accessed June 18 2018.

TABLE 19 - REGION 10 HOUSEHOLDS WITH PUBLIC ASSISTANCE, 2015

	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
Region 10	7,237	23,034,900	$3,182
Brewster	59	207,900	$3,523
Culberson	0	0	no data
El Paso	7,159	22,805,800	$3,185
Hudspeth	9	21,200	$2,355
Jeff Davis	6	0	$0
Presidio	4	0	$0
Texas	147,100	441,170,100	$2,999
United States	3,147,577	10,499,747,500	$3,335

Census Bureau. American Community Survey. Public Assistance by County 2015.
https://assessmsnet.communitycommons.org/CHNA/report?page=2&id=768&report type=libraryCHNA. Accessed June 2018.

Food Assistance Recipients

The information below is an estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. It is important to understand this indicator as it assesses many of the vulnerable populations within the region that likely to have multiple issues, such as access to health care, lack of social support and dealing with poverty. In Region 10, the county that receives the most SNAP benefits is Presidio with 72.4% of the households of which 57.5% or households are below poverty level.

TABLE 20 - REGION 10 SNAP BENEFITS BY COUNTY, 2017

	2017	2016	2015	2014
Texas	1,668,798	1,631,721	1,585,089	1,463,495
Brewster	469	521	493	477
Culberson	206	209	208	203
El Paso	75,914	77,116	78,064	73,432
Hudspeth	377	378	334	313
Jeff Davis	65	73	65	60
Presidio	840	913	949	891

Data Source: Supplemental Nutritional Assistance Program (SNAP) Statistics. Texas Heath and Human Services Commission. https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics. Accessed June 2018.

Free and Reduced-Price School Lunch Recipients

The National School lunch program served over 4.89 million free or reduced lunches at a cost of $30 million in 2017. Within Region 10, the six counties with 182,602 public school students, 119,188 were eligible for the free in-school meals in 2016. The indicator is important in assessing how the safety net of meals for kids crosses over in other risk factors associated with poor households.   Additionally, the USDA found that 32% of school age children are found to be either obese or overweight, indicating poor food choices. Among eligible students receiving free lunches, the program found those recipients consuming less sweets and more fruits and vegetables.

The table below shows local, state and national trends eligible for free and reduced lunches across the years 2010-2016. The national number table shows a slight decrease in the number of school lunches dispersed as of March 2018. *Data is subject to change due to 9 month-12 school calendar calculations.

TABLE 21 - REGION 10 ELIGIBLE STUDENTS FOR FREE LUNCH, 2010-2016

	2010-11	2012-13	2013-14	2014-15	2015-2016
Region 10	68.5%	74.9%	75.1%	74.3%	73.8%
Brewster	51.3%	55.7%	53.8%	50.9%	50.6%
Culberson	73.9%	74.0%	73.0%	74.2%	74.3%
El Paso	68.7%	75.0%	75.2%	74.4%	73.8%
Hudspeth	84.1%	83.5%	87.2%	82.5%	86.0%
Jeff Davis	48.7%	49.2%	87.1%	52.3%	57.0%
Presidio	54.5%	84.8%	84.1%	84.8%	89.6%
Texas	50.2%	60.2%	60.0%	58.7%	58.9%
United States	48.1%	51.3%	51.9%	51.8%	52.6%

* Participation data are nine-month averages; summer months (June-August) are excluded. Participation is based on average daily meals divided by an attendance factor of 0.927. Department of Defense activity represents children of armed forces personnel attending schools overseas. Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2014-16.

TABLE 22 - NATIONAL SCHOOL LUNCH PROGRAM, 2017-2018

National Totals	March 2017	Feb 2018	March 2018
Average Daily Participation (thousands)	30,049	29,796	29,700
Participating Children (Free/Reduced)	22,050	22,026	21,877
Percent Free/Reduced Price	73.38%	73.92%	73.66%
Total Snacks Served (in thousands)	24,827	21,243	21,973

Data Source: National Assistance Program Report. March 2018 Summary.
https://fns-prod.azureedge.net/sites/default/files/datastatistics/march-performance-report-2018.pdf. Accessed June 2018.

Environmental Risk Factors

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

Education

Within the report area 81% of students are receiving their high school diploma within four years compared to 86.0% last year. Annual dropout rates inform education professionals about the numbers and rates of dropouts and the reasons for dropping out. Dropout counts and rates are often compared to measures of graduation rate, such as a cohort graduation rate. This indicator is relevant since research suggests education is one the strongest predictors of healthy behaviors and lower risk for overall disease.

Hispanic students accounted for the largest percentage of total enrollment in Texas public schools in 2016-17 **(52.4%),** *followed by White (28.1%), African American (12.6%), Asian (4.2%), and multiracial (2.2%) students.*

Dropout Rates

El Paso Independent School District, Socorro Independent School District, and Ysleta Independent School District are the largest districts in the region. Tables below show attendance rate, graduation and dropout rate by county totals in Region 10.

TABLE 23 - TEXAS TOTAL ENROLLMENT, 2016-2017

Ethnicity	Student Count
Black or African American	674,718
American Indian or Alaska Native	20,767
Asian	225,294
Hispanic	2,809,386
Native Hawaiian/Other or Pacific Islander	7,700
Two or More Races	115,907
White	1,505,355
Total All Ethnicities	5,359,127

Data Source: Texas Education Agency 2016-2017 Enrollment Summary Report. PEIMS Standard Reports Overview. https://fns-prod.azureedge.net/sites/default/files/datastatistics/march-performance-report-2018.pdf. Accessed June 2018.

TABLE 24 - REGION 10 ENROLLMENT, GRADUATION RATES AND DROPOUT RATES BY COUNTY, 2016-2017

2016-2017	Graduation Rate	Dropout Rate
Brewster	98.8%	1.2%
Culberson	97.5%	2.5%
El Paso	95.7%	4.3%
Hudspeth	94%	2.0%
Jeff Davis	100%	0
Presidio	93.8%	3.1%

Data Source: Texas Education Agency 2016-2017 Graduation/Dropout rate. PEIMS Standard Reports Overview. https://rptsvr1.tea.texas.gov/cgi/sas/broker. Accessed June 2018.

TABLE 25 - REGION 10 ENROLLMENT, GRADUATION RATES AND DROPOUT RATES BY COUNTY, 2013-2015

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

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

Table 26-32 - Region 10 by County, 2016-2017 Enrollment

El Paso County

Grade Level	Student Count
Early Education	719
Pre-kindergarten	8,297
Kindergarten	11,496
Grade 1	12,366
Grade 2	12,701
Grade 3	13,003
Grade 4	13,143
Grade 5	12,964
Grade 6	12,883
Grade 7	13,189
Grade 8	12,929
Grade 9	15,026
Grade 10	14,105
Grade 11	13,054
Grade 12	12,530

Brewster

Grade Level	Student Count
Early Education	9
Pre-kindergarten	62
Kindergarten	81
Grade 1	104
Grade 2	98
Grade 3	100
Grade 4	96
Grade 5	116
Grade 6	91
Grade 7	105
Grade 8	106
Grade 9	95
Grade 10	96
Grade 11	90
Grade 12	76

Culberson

Grade Level	Student Count
Pre-kindergarten	25
Kindergarten	29
Grade 1	35
Grade 2	45
Grade 3	31
Grade 4	28
Grade 5	37
Grade 6	20
Grade 7	22
Grade 8	30
Grade 9	30
Grade 10	31
Grade 11	36
Grade 12	26

Hudspeth

Grade Level	Student Count
Early Education	N/A
Pre-kindergarten	20
Kindergarten	44
Grade 1	39
Grade 2	48
Grade 3	36
Grade 4	43
Grade 5	42
Grade 6	39
Grade 7	51
Grade 8	50
Grade 9	48
Grade 10	50
Grade 11	49
Grade 12	44

Jeff Davis

Grade Level	Student Count
Early Education	N/A
Pre-kindergarten	10
Kindergarten	22
Grade 1	16
Grade 2	14
Grade 3	25
Grade 4	17
Grade 5	24
Grade 6	24
Grade 7	32
Grade 8	19
Grade 9	19
Grade 10	20
Grade 11	17
Grade 12	11

Presidio

Grade Level	Student Count
Pre-kindergarten	82
Kindergarten	117
Grade 1	103
Grade 2	107
Grade 3	114
Grade 4	129
Grade 5	104
Grade 6	126
Grade 7	126
Grade 8	150
Grade 9	142
Grade 10	145
Grade 11	123
Grade 12	133

Data Source: Texas Education Agency 2016-2017 Enrollment Summary Report. PEIMS Standard Reports Overview. https://rptsvr1.tea.texas.gov/cgi/sas/broker. Accessed June 2018.

School Discipline

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

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

Below the tables identify each school districts in Region 10 within Education Service Center 18 and 19 with totals of In School Suspension (ISS) and Disciplinary Alternative Education (DAEP) as reported by the Texas Education Agency for the school year 2015-2016, 2016-2017.

TABLE 33 - REGION 10 (ESC 19) SCHOOL DISTRICT TOTALS FOR ISS AND DAEP, 2016-2017

ESC 19	School Districts Region 10	Number of Students	ISS	DAEP	# of Violations possession of substance/drugs
El Paso	Anthony ISD	926	96	14	0
	Burnham Wood Charter School District	996	0	0	N/A
	Canutillo ISD	6,379	676	95	N/A
	Clint ISD	12,275	1,968	120	23
	El Paso Academy	671	0	0	0
	El Paso ISD	63,992	3,522	1,313	5
	El Paso Leadership Academy	272	75	0	0
	Fabens ISD	2,481	883	60	N/A
	Harmony Science Academy	3,508	514	0	0
	La Fe Preparatory School	287	0	0	0
	Paso del Norte Academy Charter District	387	0	0	0
	San Elizario ISD	4,203	521	119	N/A
	Socorro ISD	48,835	5,171	624	189
	Tornillo ISD	1,198	153	32	N/A
	Vista del Futuro Charter School	373	0	0	0
	Ysleta ISD	44,268	6,159	593	198
Hudspeth	Dell City ISD	78	0	0	N/A
	Ft. Hancock ISD	434	38	0	N/A
	Sierra Blanca ISD	133	10	0	N/A

Source: Texas Education Agency, Counts of Students and Actions by Discipline Action Reasons and discipline Action Groups Summary Report. PEIMS Data 2016-2017. https://rptsvr1.tea.texas.gov/cgi/sas/broker. Accessed June 2018.

TABLE 34 - REGION 10 (ESC 19) SCHOOL DISTRICT TOTALS FOR ISS AND DAEP, 2015-2016

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

Source: Texas Education Agency, Counts of Students and Actions by Discipline Action Reasons and discipline Action Groups Summary Report PEIMS Data 2015-2016. https://rptsvr1.tea.texas.gov/cgi/sas. Accessed June 2018.

TABLE 35 - REGION 10 (ESC 18) SCHOOL DISTRICT TOTALS FOR ISS AND DAEP, 2016-2017

ESC 18	School Districts Region 10	Number of Students	ISS	DAEP	# of Violations possession of substance/drugs
Brewster	Alpine ISD	1,213	110	18	0
	Marathon ISD	73	0	0	0
	San Vicente ISD	19	0	0	0
	Terlingua CSD	114	9	0	0
Culberson	Culberson County-Allamoor ISD	484	79	10	0
Jeff Davis	Fort Davis ISD	258	15	0	0
	Valentine ISD	48	0	0	0
Presidio	Marfa ISD	376	0	0	0
	Presidio ISD	1,446	29	41	0

Source: Texas Education Agency Counts of Students and Actions by Discipline Action Reasons and discipline Action Groups Summary Report PEIMS Data 2015-2016. https://rptsvr1.tea.texas.gov/cgi/sas. Accessed June 2018.

TABLE 36 - REGION 10 (ESC 18) SCHOOL DISTRICT TOTALS FOR ISS AND DAEP, 2015-2016

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

Data Source: Texas Education Agency PEIMS District Level Annual Discipline Summary 2015-2016.
https://rptsvr1.tea.texas.gov/cgi/sas/broker. Accessed June 2018.

Criminal Activity

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

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

The Federal Bureau of Investigation (FBI) crime reporting program, defines violent crime as an offense which involves force or threat of force. The following crime index are based on available data for Region 10, Texas and national databases. Note: Each county is served by a law enforcement jurisdiction. The table below outlines the county with the corresponding jurisdiction. Law enforcement data reports currently available for each, include violent crime and property crime by county. Note: As of the publication of this year's RNA the data for year 2017-2018 Uniform Crime Reporting data was not yet available.

TABLE 37 - JURISDICTIONAL LAW ENFORCEMENT BY COUNTY FOR REGION 10

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

Data Source: Texas Crime Summary Report. Chapter 10A 2018. Accessed March 10 2018.

TABLE 38 - STATE OF TEXAS TOTAL REPORTED CRIME, 2015-2016

Offenses	2015	2016	% Change
Murder	1,314	1473	12.1%
Rape	12,208	13,320	9.1%
Robbery	31,883	33,250	4.3%
Aggravated Assault	67,358	72,609	7.8%
Burglary	152,444	149,073	-2.9%
Larceny-Theft	555,867	548,941	-1.2%
Motor Vehicle Theft	67,081	68,523	2.1%
Total	888,155	886,189	-0.2%

Data Source: Texas Crime Summary Report Chapter 2 2016. Published February 2018.
https://www.dps.texas.gov/crimereports/16/citCh2.pdf. Accessed May 21 2018.

TABLE 39 - STATE OF TEXAS TOTAL REPORTED CRIME, 2014-2015

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

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

Property Crime

TABLE 40 - INDEX VIOLENT AND PROPERTY CRIME BY COUNTY, 2016

	Murder	Rape	Robbery	Aggravated assault	Burglary	Larceny-theft	Motor vehicle theft	Total Offenses
Brewster	0	2	0	4	15	19	1	41
Culberson	0	0	2	3	0	0	0	5
El Paso	23	378	520	2134	1781	11,656	928	17,420
Hudspeth	0	0	0	0	0	0	1	1
Jeff Davis	0	1	0	1	2	0	0	4
Presidio	0	0	0	0	0	0	3	3

Data Source: Texas Crime Summary Report Chapter 10b County-Level Violent and Property Crime 2018.
https://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm. Accessed June 2018.

TABLE 41 - INDEX VIOLENT AND PROPERTY CRIME BY COUNTY, 2015

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

Data Source: Texas Crime Summary Report Chapter 10b. County-Level Violent and Property Crime 2017. Accessed June 2018.

Family Violence and Child Abuse

The National Coalition against Domestic Violence (NCADV) reports on average nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this would equate to more than 10 million women and men. In Texas, data collected for 2016 found 146 women killed by a male intimate partner, compared to 2015 date where 158 women were killed. The county with the highest number of deaths in Region 10 was El Paso with 2 deaths, followed by Culberson County with 1 death in 2016 related to family violence.

The total number of Texas family violence incidents in 2016 was 196,564. This represented a 0.9 % increase when compared to 2015. These incidents involved 214,815 victims (up 1.7 percent from 2015) and 208,764 offenders (up 1.8 percent from 2015).

TABLE 42 - FAMILY VIOLENCE IN TEXAS, 2016

	2016	2015	% change
Incidents	196,564	194,872	0.9%
Victims	214,815	211,301	1.7%
Offenders	208,764	2015,154	1.8%

Data Source: Texas Crime Summary Report Chapter 5 Family Violence 2016.
http://www.dps.texas.gov/crimereports/16/citCh5.pdf. Accessed June 2018.

**Figure 9. State of Texas Summary, Intimate Partner - By the numbers
2016 Facts and Figures**
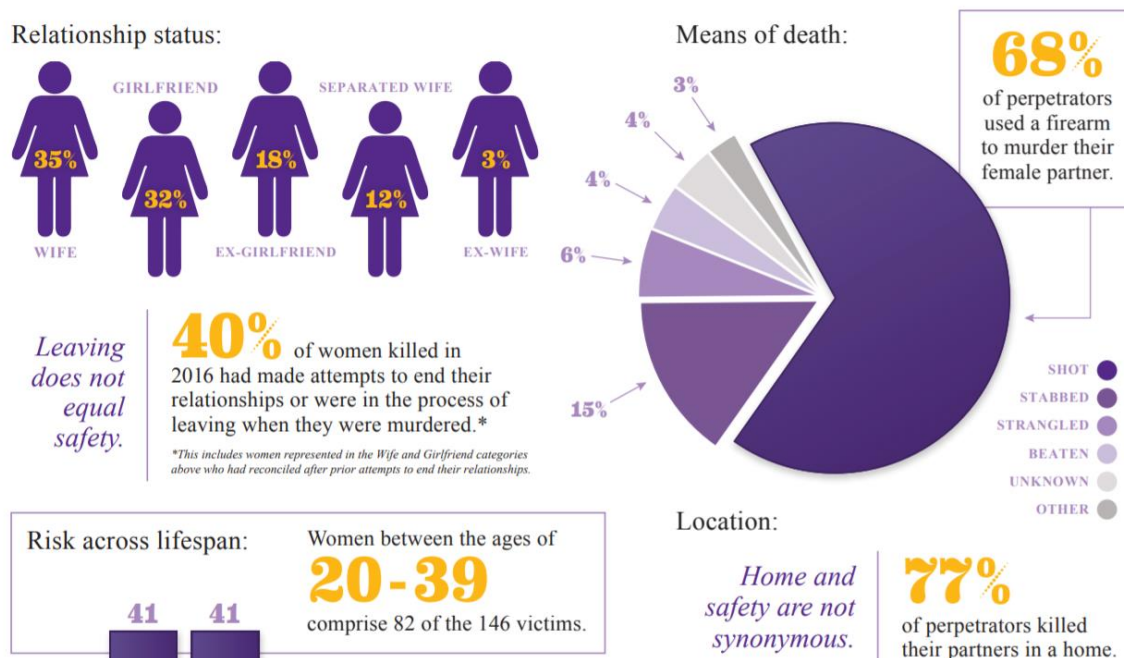
Data Source: Texas Council on Family Violence 2016 Honoring Texas Victims Summary.
http://2mg7g749lu2112sis323nkkn.wpengine.netdna-cdn.com/wp-content/uploads/2017/10/2016_HTV_Fact_Sheet.pdf.
Accessed June 2018.

TABLE 43 - FAMILY VIOLENCE NUMBER OF INCIDENTS BY COUNTY, 2014-2016

County	# of incidents, 2014	# of incidents, 2015	# of incidents 2016
Brewster	33	34	41
Culberson	2	3	9
El Paso	5,501	5,391	5,059
Hudspeth	5	2	3
Jeff Davis	4	7	0
Presidio	7	3	1

Data Source: Texas Crime Summary Report, Chapter 5, Family Violence, 2016, accessed June 20, 2018, http://www.dps.texas.gov/crimereports/16/citCh5.pdf

Drug Seizures/Trafficking Arrests

Texas shares its 1,254-mile border with Mexico that follows the course of the Rio Grande River. The border area and its expansive geographical terrain make it difficult for law enforcement agencies to continuously monitor the areas used by drug traffickers to smuggle illicit drugs into the United States. Significant quantities of heroin, cocaine, marijuana and methamphetamines are smuggled from Mexico into Texas. Data from the Federal-wide Drug Seizure System (FDSS) indicates large quantities of drugs seized by federal law enforcement in Texas, most of which is seized near the U.S.-Mexico border, more than any other state in the United States. The DEA reports Region 10 as geographically centered for 8 different drug trafficking corridors. A 2017 Department of Public Safety Report reveals marijuana to be the most commonly used and most widely available illicit drug in the U.S. Reports for Region 10 from different law enforcement agencies also report marijuana and methamphetamine as the most trafficked drugs for this area.

Photo Credit: Drug seizure Navarro County, Texas, Sherriff's Office.

"Between 2014 and 2016, there has been a 103% increase in methamphetamine seizures on the border. In addition, the El Paso Intelligence Center (EPIC) predicts a possible correlation between heroin and methamphetamine seizures as Mexican transnational criminal organizations (TCOs) and drug trafficking organizations (DTOs) actively pursue new user markets and expand into supplemental product lines to ensure their operating costs remain low and their profit margins remain high. According to the DEA, Mexican DTOs/TCOs have been switching their focus from methamphetamine to heroin primarily as a result of the current low price of methamphetamine in the United States. This has enabled the Mexican DTOs/TCOs to explore product diversification and new market areas where methamphetamine is not widely used in the United States. This diversification can be seen in the fact that 17% of the methamphetamine deaths in 2016 in Texas also involved heroin[16]."

---

[16] Substance Abuse Trends in Texas 2017, a Report to the National Drug Early Warning System, Jane Carlisle Maxwell, Ph.D.
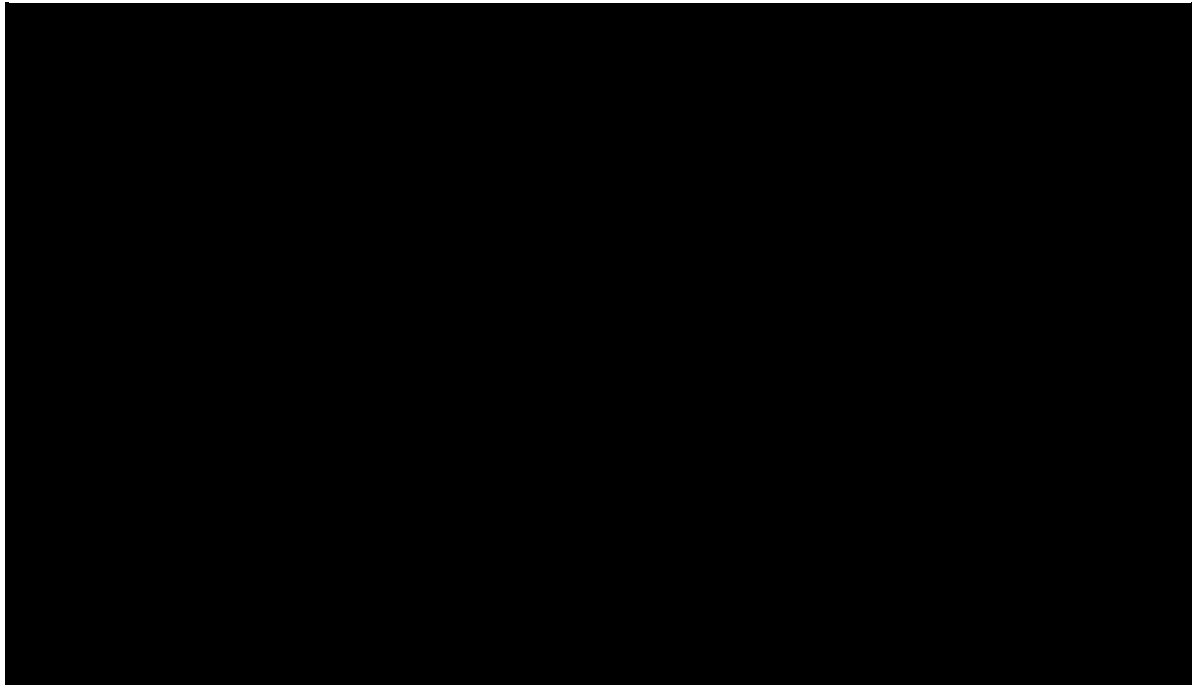
TABLE 44 - DEA STATE OF TEXAS DRUG SEIZURES, 2016

Type of Drug & Quantity	Number of seizures	Average potency of drug	Net Grams	USD Value
Cocaine	408	77%	221,572.832	$6,560.00
Heroin	18	85%	15,755.16	$1,500.00
Methamphetamine	101	98%	271,486.14	N/A

* The Drug Enforcement Administration keeps a record of controlled substances taken into federal custody. This record includes all drugs submitted to the DEA's laboratory system for analysis.

Data Source: Drug Enforcement Administration DEA Drug Seizure Data. Published January 2017. https://www.dea.gov/resource-center/stride-data.shtml. Accessed July 2018.

TABLE 45 - TYPE AND QUANTITY OF DRUGS SEIZED PER UNITS FOR EACH COUNTY IN REGION 10, 2014-2016

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

Data Source: Texas Department of Public Safety's Uniform Crime Report. Drug seizure data 2014-2016. Accessed June 2018.

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

TABLE 46 - ARRESTS FOR DRUG ABUSE VIOLATIONS, PERCENT DISTRIBUTION BY U.S. REGION, 2017

Drug abuse violations		United States total	North east	Midwest	South	West
Total[1]		100%	100%	100%	100%	100%
Sale/Manufacturing:	Total	16.1	19.9	15.9	16.6	13.4
	Heroin or cocaine and their derivatives	5.5	10.9	3.7	5.1	4.0
	Marijuana	4.6	5.2	6.3	4.0	3.7
	Synthetic or manufactured drugs	1.8	1.5	1.1	3.4	0.5
	Other dangerous nonnarcotic drugs	4.2	2.3	4.7	4.1	5.2
Possession:	Total	83.9	80.1	84.1	83.4	86.6
	Heroin or cocaine and their derivatives	19.9	18.0	10.9	14.7	33.5
	Marijuana	38.6	46.1	50.7	46.5	16.5
	Synthetic or manufactured drugs	5.1	3.5	5.2	7.6	2.8
	Other dangerous nonnarcotic drugs	20.2	12.6	17.3	14.7	33.8

*Because of rounding, the percentages may not add up to 100.0%.
**Region 10 is considered part of the South on a U.S. map.

Data Source: Federal Bureau of Investigation Crime in the United States summary report 2015. https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/arrest_table_arrests_for_drug_abuse_violations_percent_distribution_by_regions_2015.xls. Accessed July 2018.

TABLE 47 - U.S. BORDER PATROL NATIONWIDE CHECKPOINT DRUG SEIZURES IN POUNDS

Totals in pounds	Cocaine	Heroin	Marijuana	Methamphetamine	Fentanyl
April 2018	2,779.90	316.05	7.62	650.70	1.41
May 2018	2,296.16	225.95	40.40	668.83	14.09
FY 2018	39,510	3,316	206,883	45,896	**984
FY 2017	56,729	3,626	338,676	44,065	951.54

*weights are in pounds (lb.).
** Fentanyl statistics reflected here are through April 30.
Data Source: U.S. Customs and Border Protection Enforcement Statistics.
https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics. Accessed July 2018.

TABLE 48 - U.S. BORDER PATROL DRUG SEIZURES, 2012-2018

	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018TD
Cocaine	12,161	4,696	4,554	11,220	5,473	9,346	5,321
Heroin	430	576	606	518	566	953	315
Marijuana	2,299,864	2,430,123	1,922,545	1,538,307	1,294,052	861,231	360,241
Methamphetamine	3,715	3,580	3,930	6,443	8,224	10,328	7,205
Fentanyl	n/a	n/a	n/a	n/a	n/a	181	309

*weights are in pounds (lb.).
** TD data is through May 2018.

Data Source: U.S. Customs and Border Protection Enforcement Statistics.
https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics. Accessed July 2018.

TABLE 49 - TYPE AND QUANTITY OF DRUG SEIZED BY COUNTY, 2018

County	Cocaine	Opiates (Heroin)	Marijuana	Methamphetamine	Clandestine labs	Other
Brewster	8 grams	20 grams (O)	1,865 lbs.	n/a	n/a	53 grams Hashish
Culberson	n/a	n/a	38 oz.	3 grams	n/a	n/a
El Paso	266 lbs.	270 lbs. (O)	8,637 lbs.	299 lbs.	3 (PCP) 6 (THC)	7,595 oz. Hashish
Hudspeth	69 lbs.	28 lbs. (O)	2,710 lbs.	70 lbs.	n/a	595 lbs. Hashish 28 lbs. Mushrooms
Jeff Davis	n/a	n/a	n/a	n/a	n/a	n/a
Presidio	3 grams	2 oz. (O)	2,559 lbs.	n/a	n/a	12 grams Mushrooms

Data Source: Texas Department of Public Safety Type and Quantity of Drugs seized January 2017 - June 2018.
https://txucr.nibrs.com/Report/DrugSeized. Accessed July 2018.

Mental Health

Mental and substance use disorders impact the health of many individuals, which includes their families, and community. The Substance Abuse and Mental Health Services Administration Survey on Drug Use and Health, found more than 43.6 million or (18.1%) of Americans age 18 or older experience some more of mental illness. Last year SAMHSA reported 20.2 million (8.4%) adults had some type of substance use disorder, and of these same individuals, 7.9 million had both a mental disorder and a substance use disorder combined. Mental illness is more prevalent among women (21.2%) than men (14.3%), and occurred among more than a fifth of adults ages 18 to 25, as well over a fifth of adults ages 26 to 49.

Suicide

In both the United States and in Texas, suicide was the second leading cause of death for people between the ages of 10-34 years of age.   According to the Center for Disease Control and Prevention, suicide is the 10th leading cause of death overall in the United States, claiming over 45,000 lives each year[17]. It is always difficult to find accurate data on this indicator due to the differences of reporting by agency, but for El Paso County, according to the El Paso Police Department, there has been an increase of suicides from 2015 (70). Data from the Medical Examiner's office as well as the West Texas Suicide Prevention Coalition, report a combined total of 84 suicides for El Paso County for 2016. The data below reflects the number of suicides by Region 10 counties up through 2017 as reported by the Texas Health and Human Services Commission.

TABLE 50 - REGION 10 COUNTIES NUMBER OF SUICIDES, 2012-2017

	2012	2013	2014	2015	2016	2017
Brewster	2	0	2	0	0	0
Culberson	1	0	0	0	0	0
El Paso	62	79	90	69	84	78
Hudspeth	0	0	0	0	0	0
Jeff Davis	0	0	1	0	0	0
Presidio	0	0	2	0	0	0

Data Source: Texas Health Data, Death of Texas Residents 2012-2016. http://healthdata.dshs.texas.gov/VitalStatistics/Death. Accessed July 2018.

TABLE 51 - U.S. DATA, SUICIDE BY METHOD, 2016

Suicide Method	Number of deaths
Total	44,965
Firearm	22,963
Suffocation	11,642
Poisoning	6,698
Other	3,662

Date Source: National Institute of Health Number of Suicides Deaths by Method Summary Report 2016. Accessed July 2018.

---

[17] Center for Disease Control and Prevention, Suicide Prevention Health Information, last updated May 2018, accessed July 2018.

Adolescents and Adults Receiving Substance Abuse Treatment

Individuals with co-occurring mental and substance use disorders are a population that experience greater challenges in treatment. Most often many of those receiving treatment for both disorders are not simultaneously integrated, with poorer outcomes. A study by the National Survey on Drug Use and Health based on data collected from 2008-2014, found 3% of the U.S. population suffer from both a mental health and substance use disorder, and fewer than 10% received treatment for both disorders. Below are 2017 data related to adult, youth and adolescents identified with mental health and substance use issues.

Photo Credit: SAMHSA, Shutterstock.

TABLE 52 - REGION 10, YOUTH AND ADOLESCENTS MENTAL HEALTH CLIENTS, AGES 6-17, 2017

Region	2017 # of Clients	2017 % of Clients	2016 # of Clients	2016 % of Clients
10	1754	2.52%	1528	2.38%

Date Source: Health and Human Services. Office of Decision Support HHSC funded substance abuse treatment adolescent admission data. Accessed July 2018.

Table 53 - Region 10, Mental Health/Substance Use among Adolescents Clients, Ages 6-17, 2017

Region	MH/SUD Indicator	2017 # of Clients	2017 % of Clients	2016 # of Clients	2016 % of Clients
10	MH Only	1656	94.41%	1433	93.78%
10	Dual Diagnosis	98	5.59%	95	6.22%

Data Source: Health and Human Services. Office of Decision Support HHSC funded substance abuse treatment adolescent admission data. Accessed July 2018.

Table 54 - Region 10, Mental Health/Substance Use among Adolescents Clients, Ages 6-17, 2017

Calendar Year	County Name	# Clients
2017	Brewster	18
2017	Culberson	*
2017	El Paso	1,695
2017	Hudspeth	*
2017	Jeff Davis	*
2017	Presidio	27

Data Source: Health and Human Services. Office of Decision Support HHSC funded substance abuse treatment adolescent admission data. Accessed July 2018.

TABLE 55 - REGION 10, ADULT MENTAL HEALTH ADMISSIONS, 2017

Primary Diagnosis	2017 # of Clients
Region 10	1739
Adjustments / Other non-psychotic	69
Affective disorders - Bipolar	43
Affective disorders - Major depression	380
Affective disorders - Other	137
Anxiety / Somatoform / Dissociative	62
Attention Deficit Disorder	600
Autism / Pervasive Disorders	*
Dementia / Other cognitive disorders	*
Disruptive Behavior Disorder	45
Drug Related disorders	*
Not Applicable	145
Other Developmental / Behavioral	*
Other psychoses	14
Personality / Factitious / Impulse	*
Schizophrenia and related disorders	*
Undiagnosed Mental Health	244

Data Source: Health and Human Services Office of Decision Support. Mental Health Admissions
For Region 10. Accessed June 2018.

Depression

The following table has information on the total amount of Medicare beneficiaries with depression as of 2015 (most recent data available). The lowest percentage of Medicare Beneficiaries with depression is from Jeff Davis County (7.07%) and the highest percentage is in El Paso County (14.02%). The percentage of people diagnosed with clinical depression in Texas is (17.0%) and in the United States (16.7%). Data from Medicare Designated Beneficiaries reported El Paso individuals under with age of 65 with a 3.3% prevalence for Alzheimer's Disease/Dementia, 23.5% for Depression, and 6.9% Schizophrenia and other psychotic disorders prevalence.

TABLE 56 - REGION 10, MENTAL HEALTH BENEFICIARIES ADMISSIONS, 2015

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

Date Source: Centers for Medicare and Medicaid Services, Chronic Conditions Measure through Administrative claims report summary, last updated March 2017, Data years 2007-2015, accessed July 2018, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html

TABLE 57 - REGION 10 ACCESS TO MENTAL HEALTH PROVIDERS, 2015

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

Date Source: Centers for Medicare and Medicaid Services, Chronic Conditions Measure through Administrative claims report summary, last updated March 2017, Data years 2007-2015, accessed July 2018, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main.html.

Social Factors

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

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

Social Norms of Substance Consumption

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

The data from the **Texas School Survey of Drug and Alcohol Use** collects self-reported tobacco, alcohol, and substance use data from students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human Services Commission (HHSC) and administered by the Public Policy Research Institute (PPRI). The data charts and figures below are from the data collected in 2016, analyzed and reported through 2018. Note: Data from the schools that participated from Region 10 are included in the aggregate data unless otherwise designated.

TABLE 58 - YOUTH PERCEPTION OF PARENTAL APPROVAL OF CONSUMPTION AND ACCESS, TEXAS SCHOOL SURVEY, 2016

How Do Your Parents Feel About Kids Your Age Drinking Alcohol, Grades 7-12

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
10	66.8%	12.8%	9.4%	3.6%	1.1%	6.3%

Data Source: Texas State School Survey Summaries and Report. Published April 2018.
http://texasschoolsurvey.org/Report#D. Accessed July 2018.

Table 59 - Prevalence of past 30 day Alcohol Use among Students, TEXAS SCHOOL SURVEY
***EL PASO REGION PARTICIPATING SCHOOLS*, N=3,666**

El Paso Schools	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
School A	n/a	n/a	25.4%	39.4%	48.9%	53.7%
School B	8.8%	21.4%	n/a	n/a	n/a	n/a
School C	22.3%	n/a	n/a	n/a	n/a	n/a
School D	n/a	n/a	38.5%	36.1%	47.9%	56.7%
School E	n/a	n/a	30.5%	41.1%	39.4%	38.9%

*grades with N/A did not complete the survey or the school is a middle school vs. a high school

Data Source: Texas State School Survey School A-E Executive Summary. Published April 2018.
http://texasschoolsurvey.org/SchoolSummary. Accessed July 2018.

Another measure of alcohol use among youth is the Texas Youth Risk Behavior Surveillance System (YRBSS) which has collected data since it's initiation in 1991. The YRBSS is a federally funded classroom-based paper survey conducted biennially on odd years. The survey measures priority health-risk behaviors that can contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States. The data from the survey is a useful tool to monitor the Healthy People 2020 Objectives for smoking, overweight, exercise, seat belt use, fruit/vegetable consumption, alcohol consumption, drug use, sexual activity and other risk factors. Data from the most recent survey results from 2017 are below.

Table 60 - Texas High School Youth Risk Behavior Survey, Alcohol use Among High School Students, 2017

	Current Past Month Drinking	Drank Before Age 13	Binge Drinking	Access from someone else
9th grade	20.5%	19.7%	6.1%	46.7%
10th grade	21.7%	16.6%	7.9%	n/a
11th grade	30.1%	13.3%	13.9%	44.6%
12th grade	36.9%	17.1%	21.8%	39.5%
State Total	26.8%	16.9%	11.8%	n/a

*N/A indicates data not supported

Data Source: Texas Department of State Health Services. 2001-2017 High School Youth Risk Behavior Survey Data. http://healthdata.dshs.texas.gov/healthrisks/YRBS/. Accessed April 2018.

Peer Approval/Consumption

Perception of one's peers and parental views on substance use can be quite influential on an individual's proclivity to do the same. Despite the increase of peer influences along with social media access, as children age, parents continue to be an important part in shaping alcohol and substance use among adolescents. Parents who actively monitor their children's use and have house rules regarding alcohol use, are less likely to have adolescents who drink or begin drinking at an earlier age. Below are data regarding parents and student perception in the use of alcohol, tobacco and marijuana.

Table 61 - TSS Border Regions Report, perception on tobacco use, Grades 7-12, 2016
How many of your close friends use tobacco?

Southwest Border Region	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
None	86.6%	81.4%	72.1%	67.0%	62.8%	54.1%
A few	9.7%	12.7%	17.7%	20.0%	22.7%	25.6%
Some	2.7%	4.0%	6.6%	8.9%	9.2%	12.8%
Most	0.6%	1.3%	2.8	3.4%	4.4%	5.6%
All	0.5%	0.6%	0.8	0.7%	0.8%	1.9%

Data Source: Texas State School Survey Border Report. Published April 2018.
http://www.texasschoolsurvey.org/Report#C. Accessed July 2018.

Table 62 - TSS Border Regions Report, perception of peer consumption of alcohol, Grades 7-12, 2016
How many of your close friends use alcohol?

Southwest Border Region	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
None	77.5%	63.9%	43.7%	39.7%	34.1%	28.5%
A few	14.2%	20.3%	26.2%	26.7%	28.1%	28.1%
Some	5.6%	9.7%	18.0%	17.7%	19.4%	19.0%
Most	2.1%	4.5%	9.7%	11.7%	14.3%	17.1%
All	0.6%	1.6%	2.4%	4.2%	4.0%	7.3%

Data Source: Texas State School Survey Border Report. Published April 2018.
http://www.texasschoolsurvey.org/Report#C. Accessed July 2018.

Table 63 - TSS Border Regions Report, perception on marijuana use, Grades 7-12, 2016
How many of your close friends use marijuana?

Southwest Border Region	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
None	81.3%	69.2%	56.7%	47.6%	46.3%	42.9%
A few	11.3%	16.2%	20.7%	23.7%	23.2%	23.5%
Some	4.6%	7.0%	10.7%	14.5%	15.4%	14.9%
Most	1.7%	5.0%	8.3%	10.7%	12.0%	12.3%
All	1.1%	2.5%	3.5%	3.5%	3.1%	6.4%

Data Source: Texas State School Survey Border Report. Published April 2018. http://www.texasschoolsurvey.org/Report#C.
Accessed July 2018.

Parental Approval/Consumption

Table 64 - TSS Border Regions Report, parent perception on the use of tobacco, Grades 7-12, 2016
How do your parents feel about kids your age using tobacco?

Southwest Border Region	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Strongly Disapprove	80.8%	82.1%	79.7%	81.3%	79.6%	75.3%
Mildly disapprove	2.6%	4.7%	6.6%	6.1%	7.1%	8.4%
Neither	1.7%	2.8%	4.3%	4.0%	4.2%	6.9%
Mildly Approve	0.6%	0.5%	0.6%	1.0%	0.6%	2.1%
Strongly Approve	1.3%	0.6%	0.9%	0.9%	0.4%	1.0%
Do Not Know	12.9%	9.4%	7.9%	6.7%	8.1%	6.3%

Data Source: Texas State School Survey Border Report. Published April 2018.
http://www.texasschoolsurvey.org/Report#C, Accessed July 2018.

Table 65 - TSS Border Regions Report, parent perception on the consumption of alcohol, Grades 7-12, 2016
How do your parents feel about kids your age drinking alcohol?

Southwest Border Region	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Strongly disapprove	75.2%	73.4%	64.2%	66.8%	66.5%	60.9%
Mildly disapprove	6.5	8.7	14.5	12.8	12.5	14.7
Neither	3.1	5.8	9.8	9.4	10.5	11.5
Mildly approve	1.6	2.0	3.4	3.6	2.7	5.0
Strongly approve	1.4	0.8	1.2	1.1	0.8	1.9
Do not know	12.3	9.3	6.9	6.3	7.0	6.0

Data Source: Texas State School Survey Border Report. Published April 2018.
http://www.texasschoolsurvey.org/Report#C. Accessed July 2018.

Table 66 - TSS Border Regions Report, parent perception on the use of marijuana, Grades 7-12, 2016

How do your parents feel about kids your age using marijuana?

Southwest Border Region	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade
Strongly disapprove	80.8%	81.7%	79.6%	78.8%	79.1%	77.1%
Mildly disapprove	2.2	3.2	5.8	5.8	6.3	6.6
Neither	1.8	3.6	5.1	5.0	5.5	7.3
Mildly approve	0.7	0.7	1.3	2.1	1.2	1.8
Strongly approve	1.6	1.3	1.5	1.7	1.0	1.5
Do not know	12.9	9.4	6.6	6.5	6.9	5.6

Data Source: Texas State School Survey Border Report. Published April 2018
http://www.texasschoolsurvey.org/Report#C. Accessed July 2018.

Adolescent Sexual Behavior

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

The teen birth data is from the County Health Rankings & Roadmaps with the number of births per 1,000 females between the ages of 15 and 19. The birth rate of Culberson, El Paso, Hudspeth, and Presidio are higher than in Texas (31) based on the total female population age 15-19.

Table 67 - Region 10, Teen Pregnancy Rate

County	Teen Birth Rate (2010-2016)	Ranking
Presidio	76	15
Culberson	71	28
Hudspeth	65	42
El Paso	52	96
Jeff Davis	45	140
Brewster	37	182

*Teen Birth Rate = births per 1,000 girls
Teen births. County Health Rankings & Roadmaps. http://www.countyhealthrankings.org/app/texas/2018/measure/factors/14/data?sort=sc-0. Accessed June 6, 2018.

"In 2016 there were 29,765 teen births. Most teen births in Texas (77%) are to older teens (age 18-19). It is also the case that 16% of all teen births were to teens who already had a child. The public savings in 2015 due to declines in the teen birth rate totaled $418 million. Teen birth rates have fallen for all racial and ethnic groups, and in some cases the gap in teen birth rates by race/ethnicity has narrowed, but disparities remain."[18]

---

[18] Centers for Disease Control and Prevention (CDC). (2016). Natality Public -Use Data on CDC Wonder Online Database. https://wonder.cdc.gov/natality.html. Last accessed July 2018.

Cultural Norms and Substance Abuse

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

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

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

Accessibility
Perceived Access of Alcohol, Marijuana and Prescription Drugs

Alcohol use crosses ethnic, socio-economic, cultural and gender lines throughout the world. It is commonly perceived as part of our American culture, particularly in the Hispanic culture at parties, social functions and rites of passage. Teenagers often mimic the behaviors of adults, including the coping methods of drinking and substance use. Teens are more often bombarded with alcohol, tobacco and prescription medication advertisements. They listen to the radio and hear music promoting drinking, with subliminal messages that may influence their behavior to experiment with drugs and alcohol. Exposure to these substances is made even easier by accessibility and density of package/liquor stores, gas stations that sell alcohol and tobacco products, and convenience stores on every corner. With all the factors surrounding teens today and the stressors of school assimilation, social media acceptance, and their overall physical body changes, more and more are trying alcohol, tobacco and drugs at a much younger age and is becoming a common behavior. The data below is a snapshot of the Texas Behavioral Survey in response to survey questions from students in grades 7-12 on alcohol, marijuana and prescription drugs.

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

Alcohol is the most popular choice of substance misuse for youth across the country, with more adolescents consuming alcohol than those who smoke cigarettes or use marijuana.

More adolescents consume alcohol during the school year, more than any other time in the year.   Smoking
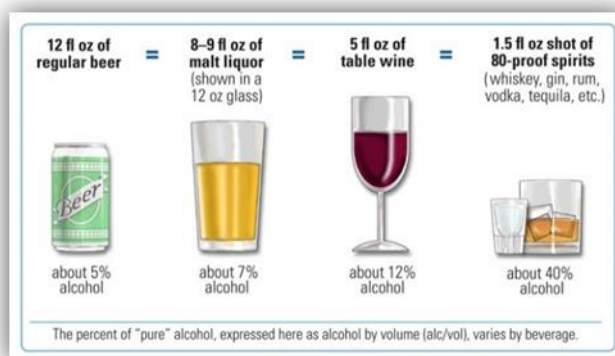
Photo Credit: NIAAA, NIH, overview alcohol standard.

tobacco has shown decreases over recent years, but the trend of novelty smoking products such as juules and vaping have increased.

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

TABLE 68 - REGION 10, ALCOHOL CONSUMPTION, GRADES 7-12, 2016
HOW RECENTLY, IF EVER, HAVE YOU USED ALCOHOL?

	Past Month	School Year	Ever Used	Never Used
Texas	28.6%	34.0%	53.0%	47.0%
Region 10	34.7%	40.4%	58.6%	41.4%

Data Source: Texas State School Survey of Drug and Alcohol Use, the Public Policy Research Institute Texas A&M University, 2018

TABLE 69 - REGION 10, ALCOHOL CONSUMPTION, BY COUNTY, 2016

2016	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively(Crude Percentage)	Estimated Adults Drinking Excessively(Age-Adjusted Percentage)
Region 10	568,520	97,492	17.4%	16.9%
Brewster County	7,353	1,096	14.9%	13.8%
Culberson County	1,870	no data	suppressed	suppressed
El Paso County	549,476	95,059	17.3%	16.9%
Hudspeth County	2,379	1,337	56.2%	34.3%
Jeff Davis County	1,910	no data	suppressed	suppressed
Presidio County	5,532	no data	suppressed	suppressed
Texas	17,999,726	2,879,956	16.0%	15.8%
United States	232,556,016	38,248,349	16.4%	16.9%

County Health Rankings & Roadmaps.
http://www.countyhealthrankings.org/app/texas/2018/measure/factors/14/data?sort=sc-0. Accessed June 6 2018

TABLE 70- REGION 10, NUMBER OF ALCOHOL PERMITS ISSUED, 2017

County	Number of Alcohol Permits
Brewster	75
Culberson	20
El Paso	1542
Hudspeth	7
Jeff Davis	6
Presidio	41

Data Source: Texas Alcoholic Beverage Commission. Number of alcohol permits/licenses per county. http://ftp.tabc.texas.gov/Rosters/ByAddr/. Accessed July 2018.

TABLE 71- REGION 10, NUMBER OF ALCOHOL ESTABLISHMENTS, 2018

	Total population	Number of alcohol retail establishments
Brewster	9,232	11
Culberson	2,398	2
El Paso	800,647	1,218
Hudspeth	3,476	0
Jeff Davis	2,342	1
Presidio	7,818	7

Data Source: US Census Bureau County Business Patterns. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ECN_200 US_42A1&prodType=table. Accessed July 2018.

Alcohol Retail Permit Density (the number of alcohol outlets in a given location)

To reduce the risk of alcohol problems, limiting the number of alcohol outlets in relation to the population in communities shapes the overall alcohol environment. Region 10 has a very active Alcohol Impact Network, comprised of prevention providers, business owners, community organizations and coalitions focused on reducing the risk of alcohol related negative consequences. The Alcohol Impact Network relies on the data collection regarding retail outlets, in comparison to the number of calls for service to the El Paso Police Department in addressing policy changes. The results of their work will be published in 2018 and provides a clear correlation to the harms and negative consequences in the consumption of alcohol in relation to disturbance calls. **The information derived from the study found over 1218 alcohol outlets, including 520 off-premise and 698 on premise locations within the El Paso city limits[19].**

Below is a brief excerpt from the study regarding alcohol sales in El Paso, Texas:

"Total bar sales and alcohol outlets in El Paso almost doubled in the past 10 years, from $82 million in 2006 to $148 million in 2016, and from 624 alcohol outlets in 2006 to 1218 alcohol outlets in 2016. Alcohol outlets are located through the city; however, some neighborhoods have more than others. With more outlets come more complaints from residents about problems such as public intoxication, illegal parking, litter, property damage and crime. Research studies have shown that a high concentration of alcohol outlets in an area increases the likelihood of excessive alcohol consumption and alcohol-related harm.

A measure of vehicle crash deaths and motor vehicle crash deaths related to alcohol is also an important indicator for creating prevention programming and examining alcohol policies for the safety of communities. In 2016, there were **23,560** deaths in the United States due to alcohol, of those, **4,653** deaths involved motorcycle drivers, and **1,938** deaths involved pedestrians younger than age 16.[20] Below is the most recent data regarding TABC permits and density for Region 10 counties. *2016-2017 data will be released by the American Community Survey in December 2018.

TABLE 72 - REGION 10, TABC PERMITS AND DENSITY, 2015

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

Data Source: Texas Data Center. TABC Alcoholic Beverage Permits. Published March 2016. Accessed July 2018.

---

[19] Alcohol Impact Network, Paso del Norte Health Foundation, Alcohol Density Mapping Summary Report, via email dated June 26 2018.

[20] Insurance Institute for Highway Safety Highway Loss Data Institute, Alcohol and Drugs 2016 Summary report, published December 2017, accessed July 2018, www.iihs.org/iihs/topics/t/alcohol-and-drugs/fatalityfacts/alcohol-and-drugs/2016.

Sales Violations

In Region 10 El Paso County had the highest number of citations issued to retail establishments from January 2017 - June 2018 (51) for Dispensing or Delivering Alcohol to a minor, Brewster County had (1) citation while Culberson, Hudspeth, Jeff Davis and Presidio did not have citations during the same time period.

Alcohol is the leading drug among young people in Region 10. According to the Texas State School Survey more than 43% of 7-12th graders have ever used alcohol compared to any other substance use. Among those who do drink alcohol, more than half said they have ridden in a car driven by someone else who has been drinking. Youth and young adults are particularly vulnerable to alcohol related consequences. Data from the Center for Disease Control and Prevention estimates the economic burden of underage drinking, which includes healthcare, lost productivity, criminal justice and traffic costs to be $1.8 billion per year in Texas (Paso del Norte Health Foundation, Underage Drinking Report, 2016).

Other Provision(s) Targeting Minors regarding alcohol offenses:

• Use of a false ID to obtain alcohol is a criminal offense.

• Penalty may include driver's license suspension through a judicial procedure. Provisions Targeting Retailers

• State provides incentives to retailers who use electronic scanners that read birthdate and other information digitally encoded on valid identification cards.

• Licenses for drivers under age 21 are easily distinguishable from those for drivers age 21 and older.

• Specific affirmative defense—the retailer inspected the false ID and came to a reasonable conclusion based on its appearance that it was valid[21].

Social Hosting of Parties

A primary purpose of a Social Host Ordinance is to deter underage drinking parties where adults knowingly allow minors to drink alcohol or alcoholic beverages. The ordinance applies to any adult who is over the age of 18 and knowingly allows the consumption of alcohol by a minor.

The City of El Paso in Region 10 was the first city in Texas to pass a Social Host Ordinance on December 6, 2017. The implementation of the ordinance went into effect 90 days later. Currently there have been approximately 21 citations issued for violation of the ordinance. The community partners of El Paso, located in Region 10 worked alongside the Alcohol Impact Network over 22 months in researching, analyzing and creating an ordinance that would be enforceable and effective. El Paso City Council passed the ordinance that would in effect provide the El Paso Police Department another tool to effectively address social hosting of underage drinking parties, by then reducing the negative consequences associated with them.

---

[21] Substance Abuse Texas State Profile and Underage Drinking, accessed July 2018, https://store.samhsa.gov/shin/content/PEP12-RTCUAD-STATES/texas_profile.pdf

In El Paso as of May 2018 there have been 21 citations for violations of the Social Host Ordinance. Of those violations, those cited have the option of paying the fine ranging from $100-$1000, or will have the option to take an Alcohol Education class in lieu of the fine. Prior to the ordinance, there was no mechanism or tool for the El Paso Police Department to cite underage drinking parties. Surrounding communities of El Paso, such as Anthony, Texas and Horizon, Texas are in the process of adopting similar Social Host Ordinances.

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

Marijuana Access

Marijuana access and the perception of harm has changed in recent years. Research on alcohol and tobacco has shown that the use of these substances by youths is higher in places where there is easier access by adults. Today's marijuana is much stronger than 20 years ago. The DEA reports higher strains with as much as 12 times more THC compared to the potency of marijuana decades ago. The research has also shown many youths who do smoke marijuana are likely to become dependent if used long term, and on a daily basis up to 25% and 50%. Access to marijuana can increase the likelihood in the use of other substances such as alcohol and prescription medication. Combination of low doses of alcohol and marijuana could mean more marijuana involved traffic fatalities. Data below are from the Texas Highway Patrol on the number of citations involving substances for year 2016 (most recent data available).

TABLE 73 - TEXAS HIGHWAY PATROL CITATIONS, ALCOHOL, MARIJUANA AND OTHER DRUGS, 2016

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

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

Prescription Drugs and Opiates

National Crisis

The Center for Disease Controls estimates more than 115 people in the United States die after overdosing on opioids[22]. The misuse of all classes of opioids including heroin and fentanyl (synthetic pain relievers) has become a national crisis that demands attention at the social and economic level. Total economic burden of prescription opioid misuse in the United States exceeds $78.5 billion per year. The burden consists of healthcare, addiction treatment and legal costs.

Attention to the crisis began in early 2015 when the CDC reported more than 33,00 people died as a result of an opioid overdose that included new synthetic street drugs manufactured by traffickers in forms of fentanyl and heroin. Below are data related to the opioid crisis from the National Institute on Drug Abuse, Advancing Addiction Science[23].

- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.

- Between 8 and 12 percent develop an opioid use disorder.

- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.

- About 80 percent of people who use heroin first misused prescription opioids.

- Opioid overdoses increased 30 percent from July 2016 through September 2017 in 52 areas in 45 states.

- The Midwestern region saw opioid overdoses increase 70 percent from July 2016 through September 2017.

- Opioid overdoses in large cities increase by 54 percent in 16 states.

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

Heroin is a naturally derived opioid. Other opioids, including oxycodone (OxyContin), morphine, methadone, and codeine are used therapeutically for the management of pain and other conditions. The substances may be diverted from pharmaceutical purposes and used illicitly, and have an extremely high potential for abuse due to their chemical structure for dependence. Data related to opioid misuse including queries in the Prescription Monitoring Program aid in the development of programming addressing the crisis at the level of intervention, prevention, treatment and recovery.

---

[22] CDC/NCHS, National Vital Statistics System, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. Accessed July 2018, https://wonder.cdc.gov.

[23] National Institute on Drug Abuse, Advancing Addiction Science, Opioid Overdose Crisis Summary Report, revised March 2018, https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis, accessed July 2018.

TABLE 74 - PRESCRIPTION MONITORING PROGRAM QUERIES, 2016-2017

STATE	QUERIES 2017	QUERIES 2016	2016-17 PERCENT CHANGE
ARIZONA	9,959,844	3,975,220	150.5
CALIFORNIA	9,977,133	9,581,280	4.1
NEW MEXICO	1,304,013	938,940	38.9
OKLAHOMA	5,035,904	5,478,498	-8.1
TEXAS	4,163,058	1,086,373	283.2

DOCTORS ARE INCREASINGLY USING PRESCRIPTION DRUG MONITORING PROGRAMS, IN AN EFFORT TO CUT DOWN ON INAPPROPRIATE PRESCRIPTIONS [24]
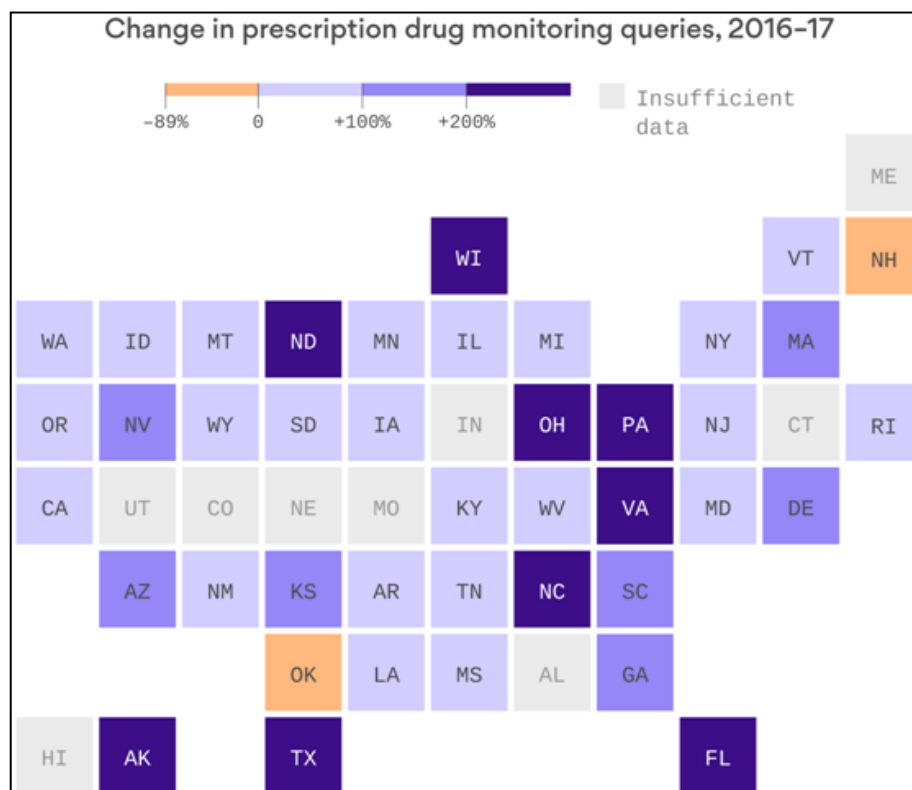
Data Source: American Medical Association, Get the Data, Cartogram: AndrewWitherspoon/Axios, accessed July 2018, https://www.axios.com/doctors-are-being-more-careful-about-opioids

---

[24] American Medical Association, Article: Doctors getting more careful about opioids, Change in prescription drug monitoring queries, 2016-17.

TABLE 75 - MOST COMMONLY DIVERTED MEDICATIONS, 2017

County	Prescription Drug Plans		Medicare Advantage Prescription Drug		Total
	Count	Percent	Count	Percent	Count
Brewster	1,092	80%	272	20%	1,364
Culberson	317	86%	53	14%	370
El Paso	27,377	30%	63,829	70%	91,206
Hudspeth	235	51%	229	49%	464
Jeff Davis	355	86%	58	14%	413
Presidio	938	76%	298	24%	1,236

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

TABLE 76 - REGION 10, Medicare Prescription Drug Enrollment, 2017

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

Data Source: Medicare Enrollment Dashboard Prescription Drug Plans. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/Dashboard.html. Accessed July 2018.

TABLE 77 - REGION 10, Dispensations by DEA Schedule, 2015-2016

Dispensations by DEA Schedule	Year		
County	2015	2016	Grand Total
BREWSTER	**12,444**	**13,921**	**26365**
2	3111	3484	6595
3	1337	1563	2900
4	6249	6830	13079
5	18	23	41
99	1729	2021	3750
EL PASO	**751124**	**754321**	**1505445**
2	173529	173731	347260
3	102521	106427	208948
4	353023	356136	709159
5	3495	3001	6496
6	1		1
99	118555	115026	233581
PRESIDIO		**28**	**28**
2		15	15
3		4	4
4		6	6
99		3	3
Grand Total	763568	768270	1531838

*Region 10 counties not listed did not have data available.
**99 denotes data was unspecified
Data source: Texas State Board of Pharmacy Prescriptions Monitoring Program by
Texas licensed pharmacies 2015-2016. Accessed May 2018.

Illegal Drugs on School Property

Disciplinary Action Reasons codes and Definitions/2016-2017 PEIMS/Texas Education Standards

Marijuana or Controlled Substance or Dangerous Drug - TEC §37.006(a)(2)(C) and §37.007(b)(2)(A) sells, gives, or delivers to another person or possesses or uses or is under the influence of marijuana or a controlled substance, as defined by Health and Safety Code Chapter 481, or a dangerous drug, as defined by Health and Safety Code Chapter 483.

Health and Safety Code Chapter 481 defines marijuana as Cannabis Sativa whether growing or not, the seeds of the plant, and every compound, manufacture, salt, derivative, mixture, or preparation of that plant or its seeds. The term does not include resin extracted from a part of the plant, the mature stalks of the plant or fiber produced from the stalks, oil or cake made from the seeds of the plant, the sterilized seeds of the plant or a compound, manufacture, salt, derivative, mixture, or preparations of the mature stalks, fiber, oil or cake.

Health and Safety Code Chapter 481 defines a controlled substance as a substance, including a drug and an immediate precursor, listed in Schedules I-V or penalty Groups 1-4 of the Health and Safety Code. Possession of any amount in Penalty Groups 1 and 2 is a felony. Possession of a controlled substance in Penalty Groups 3 and 4 is a felony if the amount is more than 28 grams. It is also a felony to deliver a controlled substance to a minor. (However, this offense does not apply to minors in some circumstances.)

Health and Safety Code Chapter 483 defines a dangerous drug as a device or a drug that is unsafe for self-medication and that is not included in Schedules I-V or penalty Groups 1-4 of the Health and Safety Code. The term includes a device or drug that bears or is required to bear the legend:

(a)   Caution: federal law prohibits dispensing without a prescription; or

(b)   Caution: federal law restricts this drug to use by or on the order of a licensed veterinarian.

"Marijuana or Controlled Substance or Dangerous Drug" violation is also a discretionary expellable offense dependent on the local Student Code of Conduct.

If a violation under this category is committed at a felony level, then the student must be expelled from their regular education setting.

Data source: Texas Education Agency Region Level School Standards. https://rptsvr1.tea.texas.gov/cgi/sas/broker. Accessed July 2018.

TABLE 78 - EDUCATION SERVICE CENTER 18 AND 19 (REGION 10), DISCIPLINE DATA, 2017

	Enrollment 2017	Region Discipline Population	Controlled Substances/Drugs	Alcohol Violations
Edu Svc Center 18	93,682	10,602	673	46
Edu Svc Center 19	186,414	13,477	854	93
Region 10 Totals	280,096	24,079	1,527	139

Current Use

Like many states across the nation, Texas is facing unsurmountable odds when it comes to persons becoming addicted to prescription opioids. Opioid medication is typically prescribed by a physician for pain from injuries, surgeries and other painful conditions. While most medication is for legitimate medical purposes, many are being manufactured illicitly and sold on the street for profit. According to Dr. Jane Maxwell, from the School of Social Work in Austin, Texas, "hydrocodone is the most prevalent opioid used for non-medicinal purposes in the state."   Region 10 is experiencing higher rates of Cocaine and Methamphetamine use along with increased law enforcement drug seizures of Marijuana. The large numbers of addicted persons have little to no knowledge of the true addictive nature of the synthetic drugs sold to them.

State of Texas drug overdose data, 2015-2016:

2015 - 590 deaths

2016 - 617 deaths

*Drug overdose deaths are defined as natural and semi-synthetic opioids and methadone contributing causes.

Figure 11. El Paso County Number of Drug Related Deaths, 2012-2017
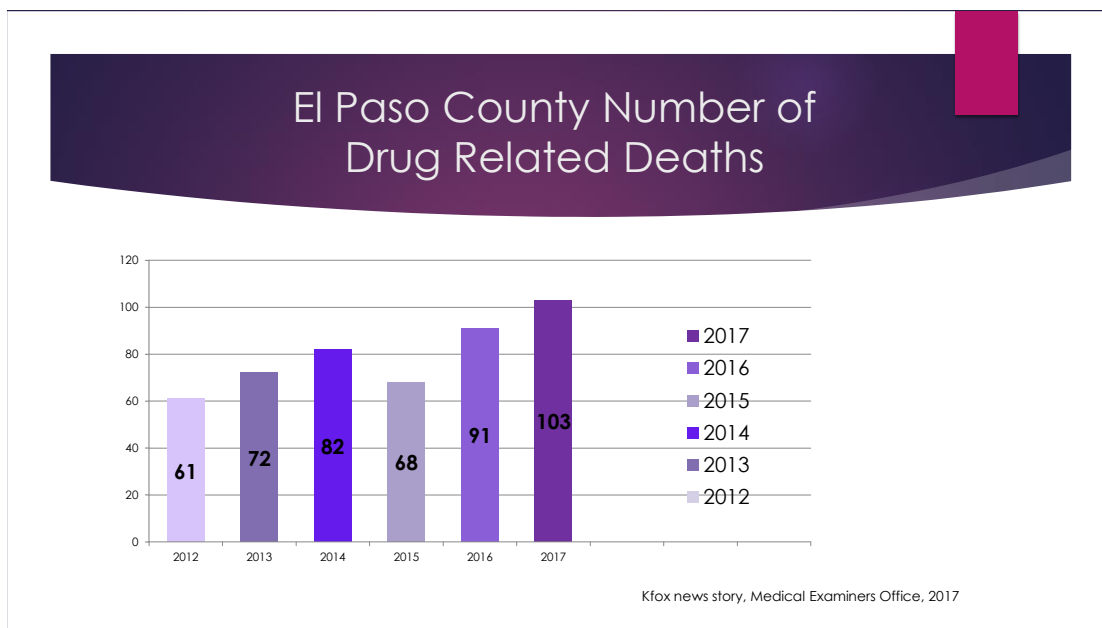
Disease (Morbidity) Related to Substance Abuse

Drug overdose was the leading cause of injury death in 2016 according to County Health Rankings & Roadmaps. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes[25]. The El Paso County Office of the Medical Examiner's Office reported (83) deaths related to Acute Drug Toxicity, (10) deaths from Mixed Alcohol and Drug Toxicity and (1) death Acute Alcohol Toxicity. El Paso County had 615 drug poisoning deaths as of 2016, which is up from 542 in 2015.

Table 79 - Single Drug-Related Deaths - Drug Involved, 2016

El Paso County	# of cases
Heroin	16
Cocaine	8
Fentanyl	4
Morphine	2
Ethanol	2
Tramadol	2

Data Source: El Paso County Office of the Medical Examiner, 2016 Annual Report, accessed July 2018, file:///C:/Users/David/Documents/2018%20RNA%20data/2016%20EPOME%20Annual%20Report.pdf

---

[25] County Health Rankings, Drug Poisoning Deaths, accessed July 2018, https://assessment.communitycommons.org/CHNA/report?page=6&reporttype=libraryCHNA

Table 80 - Multiple Drug-Related Deaths - Most Frequently Involved Drugs

El Paso County	# of cases
Heroin	16
Cocaine	11
Alprazolam	10
Ethanol	10
Morphine	11
Hydrocodone	9
Clonazepam	7
Morphine	7
Diazepam	5
Methadone	5
Oxycodone	5
Fentanyl	4
Codeine	4
Cyclobenzaprine	4
Oxymorphone	4
Tramadol	4

*only drugs involved in >4 cases are mentioned
*Heroin was present in 34% of all multiple drug-related deaths
Data Source: El Paso County Office of the Medical Examiner, 2016 Annual Report, accessed July 2018,
file:///C:/Users/David/Documents/2018%20RNA%20data/2016%20EPOME%20Annual%20Report.pdf

National Magnitude of the Problem (last updated September, 2017)
- More than 64,070 drug overdose deaths in 2016
- Sharpest increase related to fentanyl related deaths with over 20,000
- Deaths involving Opioids and Cocaine have more than doubled
- Overdose death due to Heroin, 2015: 9,881 Males, 3,108 Females
- Overdose death due to Illicit Opioids, 2015: 14,426 Males, 5,458 Females

Opioid Crisis: National Related Trends
- Lack of Education about Opioid Use Disorders
- Increased Availability of Heroin
- Widespread Prescribing of Opioids
- Increased Hopelessness and Depression associated with Economic Decline

Figure 12. Benzodiazepines and Opioids related deaths, 2002-2015
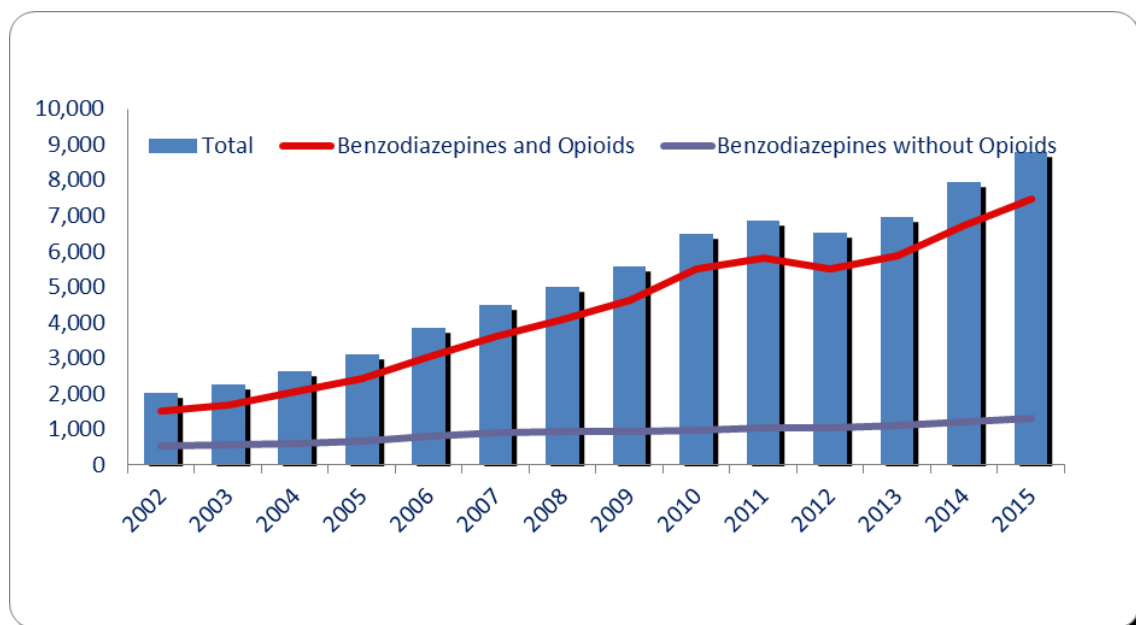
Data Source: National Institute on Drug Abuse, National Overdose Deaths, 2002-2015.

Figure 13. Cocaine and Opioids related deaths
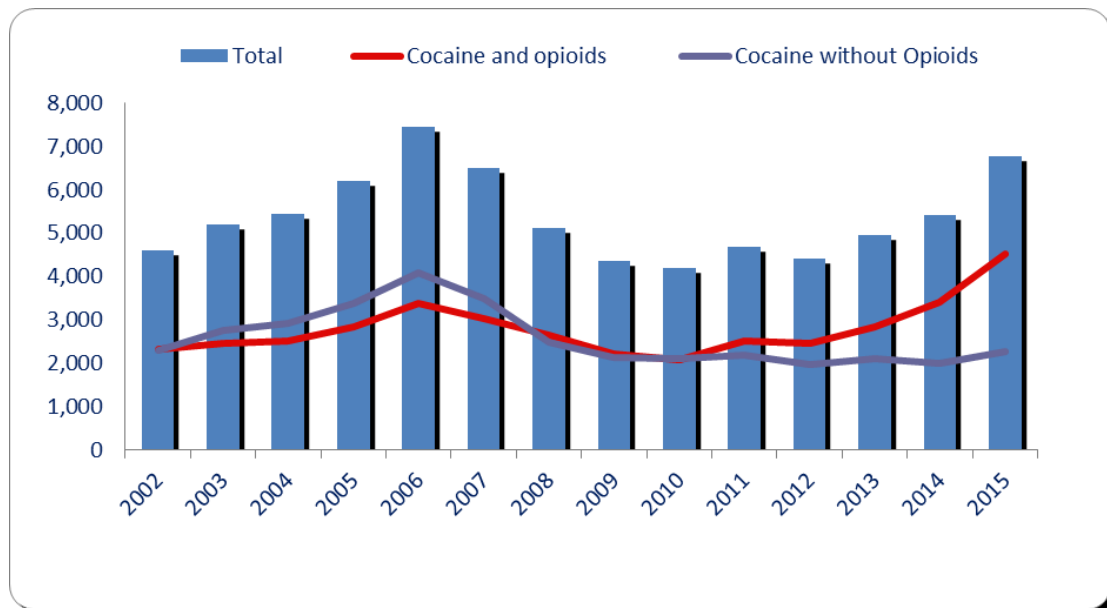
Data Source: National Institute on Drug Abuse, National Overdose Deaths, 2002-2015.

Risk Factors for Drug Use in the Region

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

Fentanyl and Opiate Dangers

Beginning in 2016, the Drug Enforcement Administration issued a nationwide alert identifying fentanyl as a threat to public health and safety. Fentanyl is a synthetic opioid that is 50-100 times more potent than morphine. States across the country are experiencing increases of fentanyl involved overdose deaths. The DEA also reported over a 323% increase of deaths from synthetic opioid deaths during years 2014-2016.

Special Topics: Opioids

Region 10 Current Use

The Drug Enforcement Administration El Paso Division has cultivated several collaborations and partnerships with the implementation of their Community Outreach Personnel. The collaboration allows for the reporting of seizure data, along with sharing similar prevention and intervention efforts. The number of people dying from an opioid overdose has increased every year in the State of Texas. So while rates remain low, the cause for concern remains as the data shows steady increases in several Texas Counties.

Region 10 has partnerships with many of the law enforcement agencies that are reporting increased arrests and seizures that include illegal and illicit drug use. For Region 10 there has been an increase of marijuana, methamphetamine and cocaine specifically for this area and their increased use. Treatment centers for this area have also reported a surge of clients whose source of addiction stems from methamphetamine and cocaine use.

Deaths related to opioid use are hard to identify with just hospital data. Many of the trends are identified through the compilation of treatment center data, law enforcement agencies and the hospitals. Due to the nature of an individual presenting at the hospital with a health consequence from taking a prescription opioid, it may or may not be reported in the electronic intake system. If an individual dies from an overdose from an opioid, it may not be known unless an autopsy is performed or the information is voluntarily placed in the person's medical record. As of 2017 there were 103 reported deaths for El Paso from opioids. The known trends in the area are discussed in the following sections.

Emerging Trends

Drug trends help us understand prevalence of drug use and the consumption patterns of drugs over time. Unfortunately, as often as we monitor these drug trends, new drugs emerge changing the norm among usage. The street drug form of Fentanyl has been found in many of the illicit drugs on the market. With its potency 100 times more than heroin, it has been found in many of the heroin, spice and designer drug pills currently seized by law enforcement.   Current trends for the area also include street drugs known as 'Spice', or the new tobacco novelty 'Juul's have grown in popularity. These drugs are dangerous and a brief description is provided here to help build awareness on the most current trends.

Fentanyl

Fentanyl is a synthetic opioid analgesic created to mimic the pain relieving opiate receptor. It has historically been used as a pain reliever in both human and veterinary medicine. Fentanyl was first synthesized by Paul Janssen in 1960 and marketed as a medicinal product for treating pain. There are several derivatives of the drug including sufentanil, alfentanil, remifentanil, and carfentanil. Fentanyl was first introduced as a pain patch for pain management purposes.   The current illicit drug form has increased the amount of opioid related deaths[26].

Photo Credit: Shutterstock

---

[26] Drug War Facts, What is Fentanyl?, accessed July 2018, http://drugwarfacts.org/chapter/fentanyl

Juul

Juul is a new vapor product on the market targeted at young adults. They are sold in convenience stores along with tobacco products. A single juul pod contains 50mg/ml of nicotine, which equals to the same amount as a pack of cigarettes. Juul vapor is thin and dissipates fast, making it easy to smoke in classrooms or restrooms

Photo Credit: Shutterstock

without the fear of being caught. The Juul product is quickly becoming popular not only with adults, but with teenagers as well due to the choice of colors, flavors and affordability. The resemblance to a hard drive also makes it attractive to young adolescents. 65% of Juul users age 15-25 didn't know that Juuls always contain nicotine.

Synthetic Cannabinoids (SPICE)

Spice is a synthetic drug created in a laboratory that eventually made its way to the streets in Europe before making its way to the United States. In the 1990's, J.W. Huffman at Clemson University created a large series of compounds[27].   These compounds were primarily developed as pharmaceutical agents intended for pain management also known as analgesic drugs.

Photo Credit: Shutterstock

Spice is a mixture of herbs that are dried in a similar fashion to marijuana and combined with the manmade compounds explained above. Most products have added chemicals that the designers of the drug include at their discretion. Spice is known to be sold at local convenience stores and tobacco shops, as well as the availability of buying it online. The mixture of unknown chemicals in Spice has prompted many more calls to poison control centers nationally including region 10. It should be noted that Spice is illegal, yet producers of the drug continuously change the formula of the product to evade legal restrictions. The TSS 2016 for Region 10 report that the average age of initiation for grades 6-12 is 14 years old.

Table 81 - Synthetic Marijuana Consumption, grades 6-12, TSS

	Past Month	School Year	Ever Used	Never Used
All	1.8%	2.7%	5.9%	94.1%
Grade 7	1.1%	1.6%	3.0%	97.0%
Grade 8	2.6%	3.2%	4.7%	95.3%
Grade 9	2.1%	3.0%	6.5%	93.5%
Grade 10	2.2%	3.2%	6.2%	93.8%
Grade 11	1.4%	2.6%	7.6%	92.4%
Grade 12	1.4%	2.5%	7.4%	92.6%

---

[27] European Monitoring Centre for Drugs and Drug Addiction, Understanding the 'Spice' phenomenon

Table 82 - Synthetic Marijuana Initiation, grades 6-12, TSS

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

Data Source: Texas State School Survey of Drug and Alcohol Use, Region 10, the Public Policy Research Institute Texas A&M University, 2018.

Synthetic Cathinones

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

Common synthetic cathinones found in bath salts include 3, 4-methylenedioxypyrovalerone (MDPV), mephedrone ("Drone," "Meph," or "Meow Meow"), and methylone, but there are many others[28].

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

Photo credit: Partners for Drug-Free Kids

Synthetic Cathinones should not be confused with products marked "bath salt" or Epsom salts that are used for bathing. These types of products have no mind- altering ingredients.

E-Cigarettes/Vaping

The Surgeon General released an Executive Summary report in 2016. Findings in the report warned of the alarming rate of e-cigarette among youth. The report also stated e-cigarette use as the most common used tobacco product among youth in the United States[29]. The Center for Disease Control and Prevention reported that e-cigarette use has tripled among middle and high school students in less than a year in a press release on April 16, 2015.

Photo credit: Partners for Drug-Free Kids

The CDC also reported e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 6.5 percent in 2015 to 15.4 percent in 2016, rising from approximately 660,000 to 2 million students[30].

---

[28] National Institute on Drug Abuse, Drug Facts: Synthetic Cathinones ("Bath Salts"), 2018.

[29] U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary. Atlanta, GA: U.S. Department of Health, 2017. and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

[30] Centers for Disease Control and Prevention, E-cigarette use triples among middle and high school students in just one year, 2016.

In a separate press release, the CDC announced that more than half (53.1 percent) of the calls to poison centers due to e-cigarettes involved young children under age 5, and about 47 percent of the poison calls involved people age 20 and older[31].

BHO "Dabbing "and Consumables

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

Photo credit: Partners for Drug-Free Kids

---

[31] Centers for Disease Control and Prevention, New CDC study finds dramatic increase in e-cigarette-related calls to poison centers, 2016.

Consequences

Overview of Consequences

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

Mortality

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed. Below are data related to national substance use rates:

Figure 14. Drugs Involved in U.S. Overdose Deaths, 2000 -2016
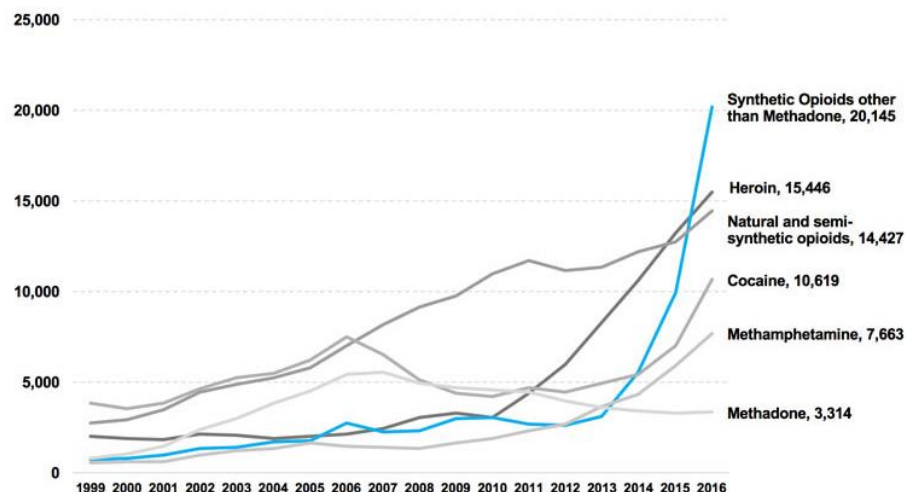
Date Source: National Institute on Drug Abuse, Overdose Death Rates 2000-2016, accessed July 2018, https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/overdosedeaths1.jpg

Figure 15. Poisoning Deaths among adults, 2010-2012
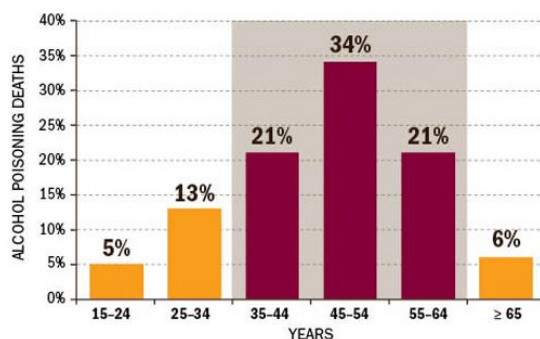
Date Source: CDC Vital Signs, January 2015, www.cdc.gov/vitalsigns. National Center for Health Statistics Mortality Multiple Causes, 2010-2012

Legal Consequences

Drug and/or Alcohol Related Inmate Population

Over 100,000 people die every year due to drinking and driving incidences. Drug driving has also become an issue with many people under the influence of prescription medication. With a conviction of either of those two offenses, many will face jail time, loss of employment, loss of custody of their children, court-ordered treatment, financial aid for college, and

Photo credit: Serenity Summit Treatment Center

professional licensing to name a few. In Texas the data collected for incarceration by the Bureau of Justice Statistics, National Prisoner Statistics Program, reported the following number of incarcerated prisoners for years 2014-2016*:

2014:   166,043

2015:   163,909

2016:   163,703

*data include total jail and prison populations[32].

---

[32] Bureau of Justice Statistics, Total Jurisdictional Count 2014-2016, Generated using the Corrections Statistical Analysis tool at www.bjs.gov.

Below is a table displaying the population by counties in our region as of 2015 (most recent data available). State of Texas totals for DWI (liquor and drugs offenses) 1,098 as of May 2018.

Table 83 - Inmate Population, Drug/Alcohol offenses, 2015

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

Data Source: Texas Department of Criminal Justice Records, 2015

Environmental Protective Factors

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

Photo Source: SAMHSA

Prevention strategies are focused on helping develop knowledge, attitudes, and skills to help individuals make good choices and/or change harmful behaviors[33]. Prevention is an attempt to reach individuals before the onset of a disorder and is intended to prevent or reduce the risk of developing a behavioral health problem.
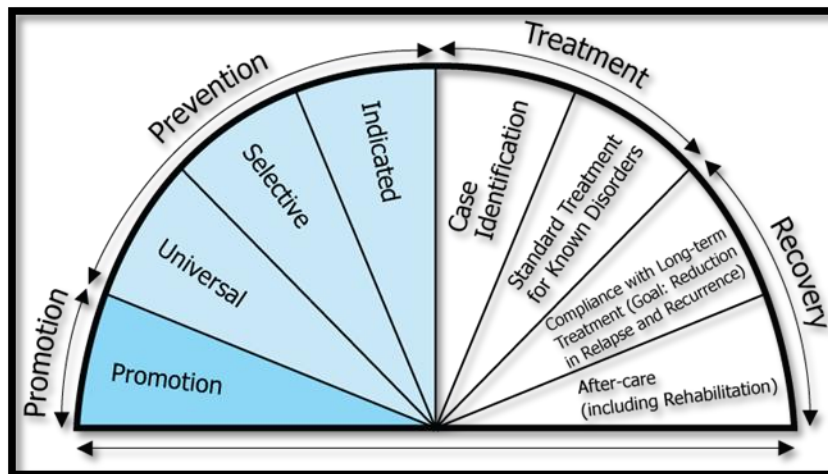
Region 10 is striving to provide services to individuals across the continuum of care and create opportunities of individuals to succeed.

Overview of Protective Factors

Community Domain

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

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

Community Coalitions

The Texas Department of Health and Human Services has funded a number of programs to provide service throughout Region 10. These programs not only focus on the individual, they also create

---

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

environmental change that supports healthy behaviors. These services are provided through Universal, Selective, and Indicated programming[34]:

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

Additional to the services above, HHSC funds Community Coalition Programs (CCP) throughout the state. The coalitions address community concerns regarding the prevention and reduction of the illegal and harmful use of alcohol, tobacco, and other drugs in target counties[35].

Youth Prevention Programs

PRIDES (YPU) - Aliviane, Inc.

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

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

Photo credit: Shutterstock

---

[34] Texas Department of State Health Services, Universal, Selective, and Indicated Prevention.
[35] Texas Department of State Health Services, Substance Abuse Prevention Services: Community Coalition Programs (CCP).

Strengthening Families (YPS) - Aliviane, Inc.

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

Photo credit: Strengthening Families Program Curriculum website

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

IMASTAR (YPI) - Aliviane, Inc.

IMASTAR stands for: I'm Motivated to learn, I'm Achieving my goals, I'm Staying drug and alcohol free, I'm Thinking about my future, I'm Active in my School, I'm Responsible for my success. IMASTAR is a prevention program that has been serving youth in El Paso County since 1994. The program addresses involvement in substance abuse and other high risk behavior such as poor grades, excessive unexcused absenteeism, tardiness, disruptive behavior, gang activity, repeated suspensions, social problems, and family dysfunction.

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

El Paso Advocates for Prevention Coalition (CCP) - Aliviane, Inc.

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

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

This year the coalition was able to install their first prescription drop box to serve the residents of El Paso County. The collaboration is a unique one as the coalition and its members were able to partner with a county hospital for the implementation of the drop box, and the disposal of prescription medication.

Photos courtesy of: Aliviane, Inc., 2018

Alcohol and Substance Abuse Program (ASAP) - Ysleta Del Sur Pueblo[36]
ASAP utilizes the Positive Action (PA) curriculum developed by the Center for Substance Abuse Prevention (CSAP).

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

CHOICES Program - Communities in Schools (CIS), El Paso[37]
Choices is a drug and alcohol prevention program. The goal of the "Choices" program is the prevention of violence, alcohol, tobacco and other drug use among the youth of El Paso, specifically the CIS targeted areas. CIS provides the Choices program weekly in 8 schools in the Ysleta and Socorro Independent School Districts. CIS Choices provides services for other CIS campuses on a monthly basis through presentation, information dissemination, alternative drug free activities, and career/health fairs.

---

[36] Ysleta del Sur Pueblo, Alcohol and Substance Abuse Program.
[37] Communities In Schools, Programs, Choices.

Rio Grande Safe Communities Coalition - University Medical Center El Paso (UMC)[38]

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

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

School Domain

Students Receiving AOD Education in School

"According to the National Institute on Drug Abuse, 27.2% of students in grades 8–12 have tried drugs in the past year. This fosters a dangerous environment not only for the kids who experiment with drug use, but for their classmates around them. It can also create an extremely unhealthy situation for those who are struggling to break free from addiction as well[39].

A report from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2013, estimated 2.3 million kids ages 12 to 17 had used drugs. Of those who were using drugs, only 5.4% were entered into any kind of treatment. And the majority of them will not receive intensive outpatient therapy.

According to recent research the better alternative would be in the development of recovery high schools. The high schools often provide a safe space where students are not exposed to other drug-using peers. The curriculums of the proposed school include curriculums intertwined with treatment and support.

"Early studies show that within six months of completing a recovery school curriculum, students have a relapse rate of only 30% – less than half of normal intervention programs."

There are currently 34 recovery schools throughout the United States. Eight of them are in East Texas. There are currently no treatment or recovery schools serving Region 10.

The 2016 Texas School Survey showed that students between the grades 6 and 12, mostly received information on drugs and alcohol from assembly programs 24,065 students (54.7%) compared to (44.7%) from 2014 survey results and the least from Science or Social Studies Class (31.3%) compared to 2014 results (27.3%). Overall, 69% of the time students received information relating to drugs or alcohol from school.

---

[38] Rio Grande Safe Communities, Who We Are, 2017
[39] National Institute on Drug Abuse, Youth Substance Use, accessed July 2018, https://www.drugabuse.gov/drugs-abuse/opioids

Figure 16. Map of current Recovery Schools in the U.S., 2018

http://recoveryschools.capacitype.com/map
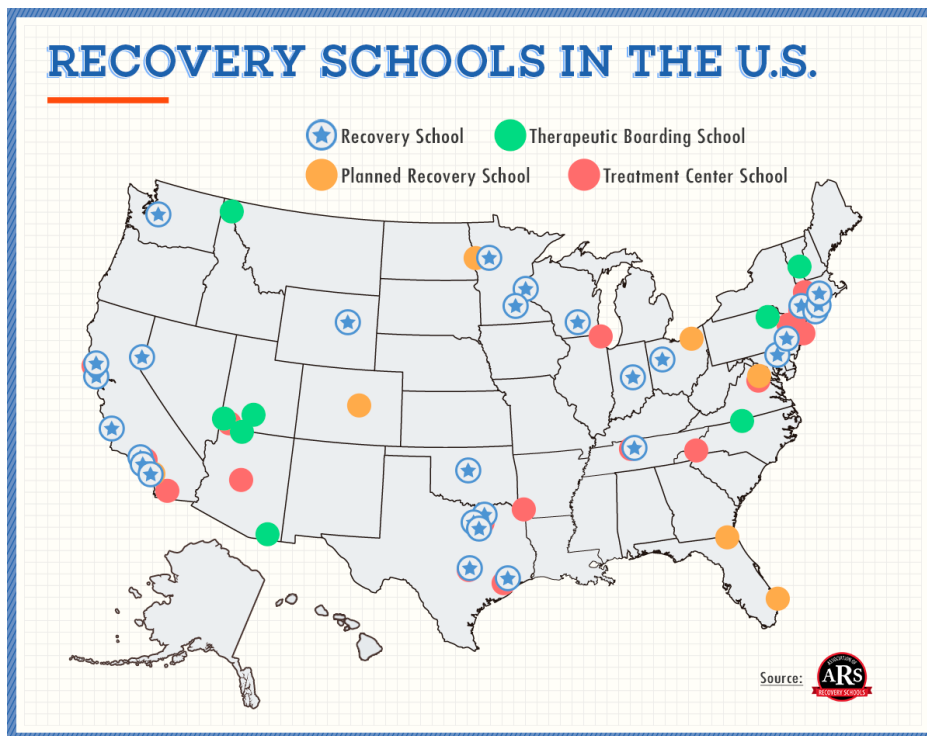
Trends of Substance Use in the Region

Region 10 is experience an increase of tobacco use, as well as the increase use of vaping products among youth compared to last year. Decrease in prescription medication among youth is identified through the survey results of the Texas School Survey. Further trends include the increase of Methamphetamines by adults, and prescription medication among the senior population. The information is derived from treatment organizations and coalitions collecting data via surveys and stakeholder discussions.

Region in Focus

Due to its size and location, Region 10 is secluded from the rest of Texas. The need for services in the large and rural counties is clear when reviewing the data in the regional needs assessment. The region has found ways to be innovative in their approach to substance use treatment services out of the necessity to provide adequate services. The regional data that was collected and provided in this regional needs assessment is a glimpse into the region's challenges in the prevention of substance abuse. Further data on Region 10 is available from each section, and further data related to other topics outside of the realm of substance abuse is available through the PRC10 upon request.

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

Gaps in Services

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

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

Gaps in Data

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

For example, we recognize certain populations groups were not recognized in the assessment by any survey data, these include but not limited to the homeless, institutionalized persons, or those who speak another language other than English or Spanish. It is often difficult to identify other populations by independent analysis such as pregnant women, the LGBT community, and undocumented residents.

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

- Texas School Survey data from our large school districts such as El Paso Independent School District, Socorro Independent School District, and others (same as previous years)
- County level data on the synthetic drug use, abuse, and overdose (same as last year)
- County level data on the economic impact substance abuse and use has on the community (same as last year)
- County level data on emergency room visits due to substance abuse or use (ongoing from previous years)
- County level data on the tribal communities located in Region10 (same as previous years)
- Number of youth and adolescents in need of treatment services (new this year)
- Number of youth and adults suffering from an opiate addiction (new this year)
- Number of Naloxone saves from overdose deaths (new this year)
- Ambulatory data related to substance use (new this year)
- Update crime statistics from most current years (ongoing from previous years)

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

Regional Partners

The Prevention Resource Center in Region 10 has found the collaboration of prevention providers a huge success as outlined in the data collected for the RNA, as well as for activities and outcomes for fiscal year 2017-2018. Below are some of the successes experienced by the PRC-Region 10 along with its regional partners.

Regional Successes

The Rise Up Region 10 Task Force was convened in March, 2017 to effectively tackle the issue of prescription medication misuse. The Task Force is spearheaded by the Region 10 Prevention Resource Center in El Paso, Texas. Any trends of substance use are effectively monitored by its members. To draw attention to the unique community needs, the PRC reached out to its prevention provider partners and their Epidemiological workgroup to establish what is now named the Region 10 Rise Up Task Force. Region 10 covers the 6 counties of Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio. The Task Force and its members for this fiscal year participated in conferences, media events, billboard campaigns and advocacy issues focused on underage drinking. The Task Force has plans to continue their work and focus on the drug trends facing the communities in Region 10.

The Task Force is currently working on strategies that will be applied to campaigns of Marijuana/Spice and prescription medication to lower the rates of addiction among individuals in Region 10. In doing so, billboards, and other media activities will be marketed to the communities in the 6 counties.

The Task Force has taken the recommendations from the community, state wide recommendations, and national evidenced-based strategies of the Prescription Monitoring Program, establishing 24/7 prescription drop boxes, education and training in schools, and marketing of prevention messages.

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

The collaboration of partners has helped to develop relevant prevention messages, plan a Behavioral Health Conference which had over 300 participants locally and regionally, a media campaign that continues to be associated with the Task Force logo, a Town Hall Meeting discussing Prescription Misuse in our Community, Partnership with the EPPD to place Deterra Medication Disposal Bags with Command Centers in El Paso, Texas, and continuing prevention education to as many school districts on all related drug trends.

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

The agencies represented in the Task Force include:

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

The PRC10 will continue to expand its outreach and partnerships in the areas of substance use and behavioral health. Addressing the diverse public health needs of county citizens, the success of past collaborations and dynamic plans for 2018-2019 would not be possible without our partners throughout our 6 counties of Brewster, Culberson, Hudspeth, El Paso, Jeff Davis and Presidio. The PRC10 looks forward to the privilege of serving the community through people, prevention and partnerships.

Conclusion

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

Based on the findings of the RNA it is important for the community to address issues related to alcohol, marijuana, and prescription drug abuse. Collective impact has been used throughout the world and has been shown to have the greatest changes in the communities. Instead of an organization competing against others to obtain the greatest change, though collective impact, organizations work together toward the same goal[40].

It is important to understand that although one risk factor is being addressed not much change may be seen unless all of the risk factors are addressed at the same time[41]. For collective impact to work, it is

---

[40] Hanley Brown, Fay, John Kania, and Mark Kramer. "Channeling change: Making collective impact work." Stanford Social Innovation Review 20 (2012): 1-8.
[41] Kania, John, and Mark Kramer. "Collective impact." (2011): 36-41.

important to identify key players that can converge and organize their goals to align with each other in order to sustain action and impact.

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

Key Findings

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

Alcohol continues to be the prevailing substance used and abused which is widespread in Region 10. The Texas School Survey continues to identify our youth as continuing to gain access to alcohol and the prevalence of use increasing. Treatment services for youth in El Paso County continues to be primarily for the abuse of marijuana.

At Aliviane, Inc.'s Treatment Resources for adults, the top 3 drugs of choice for 2017-2018 were **Heroin (35%),** Amphetamines (23%), Alcohol (22%), and Cocaine (15%), compared to last year's percentages of **Alcohol (36%),** Cocaine (20%), Amphetamines (20%) and Heroin (20%).   Currently, as of June 2018, Aliviane, Inc., is treating 650 patients, (496) Outpatient clients and (154) Inpatient clients. Adolescents in treatment for mainly marijuana misuse were 144 as of June 2018.

The increased inpatient clientel of Heroin addiction provides further indication of the Opioid misuse issue for the region. Among adults in El Paso County receiving substance abuse treatment, alcohol and cocaine are still high ranking primary drugs of choice throughout residential and outpatient services among individuals.

Summary of Region Compared to State

A report by Jane C. Maxwell (2018) from the University of Texas at Austin Addiction Research Institute outlined substance use indicators for Texas and noted the continuation on the infiltration of illicit drugs on our U.S.-Mexico Border. A major finding for our area as compared to the rest of Texas, is the pattern of increased use of marijuana, cocaine and heroin, unlike the increased use of methamphetamines in the rest of the state. Another report by the West Texas HIDTA found the increased use of use of street heroin.   Specifically, the 2018 report found drug treatment admissions in El Paso County were increasing and **heroin admissions (224)** were second only to **marijuana admissions (257)** in 2017. Alcohol related admissions among El Paso treatment centers remained high at **(341) admissions** and cocaine admissions for **2017 were (92). Total Treatment admission for El Paso County were 1,077, (298) female and (779) were male.**

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

Moving Forward

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

Susie Villalobos, M.Ed.
Regional Evaluator
svillalobos@aliviane.org
915.782.4000
1-844-PRC-TX10 (1-844-772-8910)
@PRCRegion10
Twitter.com/PRCRegion10
Facebook.com/PRC10
www.prc10.net

Regional Contributors RNA

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

Appendix A

Glossary of Terms

ACS	American Community Survey
Adolescent	An individual between the ages of 12 and 17 years (SAMHSA)
ATOD	Alcohol, tobacco, and other drugs
BAC	Blood Alcohol Concentration
BLS	U.S. Bureau of Labor Statistics
BRFSS	Behavioral Risk Factor Surveillance System
CAPT	Southwest Regional Center for Applied Prevention Technologies
CBD	Cannabinoid
CBP	U.S. Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CHR	County Health Rankings
CSAP	SAMHSA's Center for Substance Abuse Prevention
Epidemiology	Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems. (CDC)
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.
EWG	Epidemiological Work Group
FBI UCR	Federal Bureau-Investigation Uniform Crime Reporting
HHSC	Texas Health and Human Service Commission
Incidence	Incidence refers to the occurrence of new cases of disease or injury in a population over a specified period of time. (CDC)

IOM	Institute of Medicine
NCES	National Center for Education Statistics
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
OCA	Texas Office of Court Administration
PMP	Prescription Monitoring Program
PPRI	Public Policy Research Institute
PRC	Prevention Resource Center
Prevalence	Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC)
Protective Factor	Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (SAMHSA)
RE	Regional Evaluator
Risk Factor	Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (SAMHSA)
RNA	Regional Needs Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SNAP	Supplemental Nutrition Assistance Program
SPF	Strategic Prevention Framework. SAMHSA's SPF is a planning process for preventing substance use and misuse. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. (SAMHSA)

SUD	Substance Use Disorder. The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Disorders include: Alcohol Use Disorder (AUD), Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder. (SAMHSA)
TANF	Temporary Assistance for Needy Families
TDC	Texas Demographic Center
TEA	Texas Education Agency
TJJD	Texas Juvenile Justice Department
TPII	Texas Prevention Impact Index
TSDC	Texas State Data Center
TSS	Texas School Survey
TxDOT	Texas Department of Transportation
TxDPS	Texas Department of Public Safety
USCB	U.S. Census Bureau
WHO	World Health Organization
YRBSS	Youth Risk Behavior Surveillance System

Appendix B

List of Tables

Appendix C

List of Figures

References

1. The National Center on Addiction and Substance Abuse at Columbia University. 2011. *CASA analysis of the National Survey on Drug Use and Health, 2009* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
2. McLeroy, KR, Bibeau, D, Steckler, A, Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education & Behavior, 15(4), 351-377.
3. Urban Peace Institute. Comprehensive Violence Reduction Strategy (CVRS). http://www.urbanpeaceinstitute.org/cvrs/. Retrieved May 29, 2018.
4. Texas A&M University. *Texas School Survey of Drug and Alcohol Use: 2016 State Report*. 2016. http://www.texasschoolsurvey.org/Documents/Reports/State/16State712.pdf. Retrieved May 30, 2018.
5. Texas Department of State Health Services. *2001-2017 High School Youth Risk Behavior Surveillance System Data*. 2017. http://healthdata.dshs.texas.gov/HealthRisks/YRBS. Retrieved April 27, 2018.
6. Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health*. 2016. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf. Retrieved May 30, 2018.
7. Substance Abuse and Mental Health Services Administration. Substance use disorders. https://www.samhsa.gov/disorders/substance-use. Updated October 27, 2015. Retrieved May 29, 2018.
8. National Institute for Alcohol Abuse and Alcoholism. What is a "standard" drink? https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx. Retrieved May 24, 2018.
9. National Institute on Drug Abuse. *2016-2020 NIDA Strategic Plan*. 2016. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nida_2016strategicplan_032316.pdf. Retrieved May 29, 2018.
10. Martin, CS., Langenbucher, JW, Chung, Sher, KJ. Truth or consequences in the diagnosis of substance use disorders. *Addiction*. 2014. 109(11): 1773-1778.
11. SAMHSA. Strategic Prevention Framework. https://www.samhsa.gov/capt/applying-strategic-prevention-framework. Last updated June 5, 2017. Retrieved July 30, 2017.
12. The National Center on Addiction and Substance Abuse at Columbia University. 2011. *CASA analysis of the National Survey on Drug Use and Health, 2009* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
13. U.S. Census Bureau, Geographical quick facts Texas counties, 2018. Last updated April 2018. Retrieved July 2018.
14. Texas Secretary of State, Directory of Colonias Located in Texas, last updated March 2017.
15. Office of National Drug Control Policy, High Intensity Drug Trafficking Areas Program Report to Congress, retrieved May 2018.
16. Substance Abuse Trends in Texas 2017, a Report to the National Drug Early Warning System, Jane Carlisle Maxwell, Ph.D.
17. Center for Disease Control and Prevention, Suicide Prevention Health Information, last updated May 2018, accessed July 2018.
18. Alcohol Impact Network, Paso del Norte Health Foundation, Alcohol Density Mapping Summary Report, via email dated June 26 2018.

19.   Insurance Institute for Highway Safety Highway Loss Data Institute, Alcohol and Drugs 2016 Summary report, published December 2017, accessed July 2018, www.iihs.org/iihs/topics/t/alcohol-and-drugs/fatalityfacts/alcohol-and-drugs/2016.

20.   Substance Abuse Texas State Profile and Underage.

21.   County Health Rankings, Drug Poisoning Deaths, Description

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

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

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

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

26.   SAMHSA, Prevention of Substance Abuse and Mental Illness, Prevention Strategies

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

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

29.   Ysleta del Sur Pueblo, Alcohol and Substance Abuse Program.

30.   Communities In Schools, Programs, Choices.

31.   Rio Grande Safe Communities, Who We Are.

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

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

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

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

36.   Ysleta del Sur Pueblo, Alcohol and Substance Abuse Program.

37.   Communities In Schools, Programs, Choices.

38.   Rio Grande Safe Communities Coalition, Who We Are, 2017.

39.   National Institute on Drug Abuse, Youth Substance Use, accessed July 2018, https://www.drugabuse.gov/drugs-abuse/opioids.

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

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

Prevention Resource Center 10 Staff:

Julie Priego, M.A.
Divisional Director
jpriego@aliviane.org

Susie A. Villalobos, M.Ed.
Regional Evaluator
svillalobos@aliviane.org

Chrystal Loveless, BSW
Project Coordinator
bwilson@aliviane.org

Ildamar Garcia, BA
Tobacco Specialist
iacosta@aliviane.org

Jesse Youngblood
Tobacco Specialist
jyoungblood@aliviane.org

Prevention Resource Center 10 Social Media:

Facebook.com/prc10

Twitter.com/prcregion10