Prevention Resource Center Region 6

Regional Needs Assessment

REGION VI: THE COUNCIL ON RECOVERY

PREVENTION RESOURCE CENTER 6

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PART I – RNA Background and Methodology

Executive Summary

What is the Regional Needs Assessment (RNA)?

The Prevention Resource Center's (PRC) RNA is a document created by the Region 6 Data Coordinator along with Data Coordinators from PRCs across the State of Texas and supported by Texas Health and Human Services Commission (HHSC). The PRC 6 serves 13 counties in the Gulf Coast Region of Texas.

A needs assessment is the process of determining and addressing the gaps that exist between the current conditions and desired conditions in a set environment or demographic.[1] This assessment was designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information about the unique needs of Texas' diverse communities. This document will present summary statistics of risk and protective factors associated with substance use, consumption patterns, and public health consequences. In addition, this report will offer insight on gaps in behavioral health promotion and substance use prevention services and data in Texas.

Who creates the RNA?

A team of Data Coordinators from all eleven PRCs has gathered national, state, regional, and local data through collaborative partnerships with diverse agencies from the CDC's twelve sectors for community change:

- Youth and young adults
- Parents
- Business communities
- Media
- Schools
- Organizations serving youth and young adults
- Law enforcement agencies
- Religious or fraternal organizations
- Civic or volunteer groups
- Healthcare professionals and organizations
- State, local, and tribal government agencies
- Other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs, such as recovery communities, Education Services Centers, and Local Mental Health Authorities[2]

PRC 6 recognizes those collaborators who contributed to the creation of this RNA.

How is the RNA informed?

Qualitative data has been collected in the form of focus groups and interviews with key informants. Quantitative data has been collected from federal and state agencies to ensure reliability and accuracy. The information obtained through these partnerships has been analyzed and synthesized together in the form of this RNA.

[1] Watkins, R., et al. (2012).
[2] Centers for Disease Control and Prevention. (2021).

Main key findings from this assessment include:

Demographics:

- Region 6 is the second most-populous Public Health Region in the state of Texas behind Region 3.
- Region 6 is home to the most-populous county in Texas, Harris County.
- From 2018-2022, it is estimated that the ethnic breakdown of Region 6 was 38% Hispanic or Latino, 62% Non-Hispanic and the racial breakdown was 50.72% White, 17.14% Black or African American, 13.87% two or more races, 7.86% Asian, 0.59% American Indian and Alaska Native, and 9.76% some other race.
- From 2018-2022, about 40.67% of Region 6 households spoke a language other than English at home and about 8.8% of Region 6 households had limited English proficiency.
- From 2018-2022, about 19.8% of households with an under 18-year-old were single-parent households.
- It is estimated that about 10.03% of the Region 6 population has at least one disability.

Substance Use Behaviors:

- Substance use among students grades 7-12 in Regions 6/7 has decreased from 2018 to 2022 for all substances. In 2022, 55.4% of students "never used" alcohol, 76.1% "never used" tobacco, 78.9% "never used" e-cigarettes/vaping products, 81.2% "never used" weed, 86.1% "never misused" prescription drugs, and 78.3% "never used" any illicit drugs.
- From 2018 to 2022, there was a decrease in substances present at middle school and high school parties and an increase in the perceived difficulty for students grades 7-12 to obtain alcohol, tobacco, and weed.
- The average age of first use in Regions 6/7 students slightly decreased from 2018 to 2022 for alcohol, tobacco, weed, and any illicit drugs.
- While alcohol consumption among college students remains relatively high, the percent of college students who consume alcohol decreased from 2019 to 2021.
- Consumption of tobacco, marijuana, and prescription drugs among Texas college students decreased from 2019 to 2021. The only substances that saw slight increases in consumption were inhalants and hallucinogens.
- In 2022, over half of adults in Texas reported currently using alcohol, however there was a decrease in the percent of adults engaging in binge drinking and smoking.

Underlying Risk Factors:

- For the 2023-2024 school year, Region 6 had an estimated rate of 636 economically disadvantaged students per 1,000 students which is higher than the statewide rate.
- There was an increase in the rate of student homelessness in Region 6 from 2021 to 2024. During the 2023-2024 school year, Region 6 had a rate of 13.6 students experiencing homelessness per 1,000 students.
- Texas is the state with the highest rate of uninsured people in the United States. In 2021, there was an estimated 246,555 uninsured children and 1,099,226 uninsured adults in Region 6.

- The 5-year estimated average family income from 2018-2022 in Region 6 is $83,433 which is below the state median family income. Most of the Region 6 counties, eight out of thirteen, had median family incomes lower than the Texas median income.
- In 2023, most Region 6 counties, nine out of 13, had unemployment rates higher than the statewide unemployment rate.
- Region 6 had a rate of 7.61 family violence incidents per 1,000 people in 2023.
- The prevalence of adolescent depression has increased with 44.6% of Texas adolescents reporting symptoms of depression in 2021.

Behavioral Health Disparities:

- Behavioral health treatment is difficult to access for the large number of people in Region 6 who are uninsured.
- All Region 6 counties except for Harris County have higher ratios of individuals to mental health providers (meaning less access to mental health provers) than Texas as a whole.
- The data is not finalized however using the currently available data to compare racial groups, it appears that the non-Hispanic Black population had the highest rate of overdose deaths in 2023 in Texas. The rate of overdose deaths among the Hispanic population in Texas more than doubled from 2018 to 2023.
- The rate of adults accessing substance use treatment has decreased 41% from 2018 to 2022 and is lower in Region 6 than in Texas. Every year from 2018 to 2022 about 80% of adults who accessed substance use treatment were white.

Protective Factors and Community Strengths:

- In the 2021-2022 school year, the majority of Region 6 counties, all except for one, had average daily attendance rates greater than 90%.
- In 2022, the average high school graduation rate in Region 6 was 91.4%.
- In 2022, 80.1% of students in Region 6 felt either somewhat or very safe at school.
  Region 6 has an estimated average rate of 132 congregations per 10,000 people and an average of 52% of the Region 6 population are considered adherents meaning affiliated with formal religious groups and institutions.

Introduction

The information presented in this RNA aims to contribute to program planning, evidence-based decision making, and community education. The RNA strives to increase knowledge of factors related to substance use and behavioral health. There are several guiding key concepts throughout the RNA, including a focus on the youth and young adult population and the use of an empirical, public health framework. All key concepts are outlined within their own respective sections later in this report.

The information in this needs assessment is based on three main data categories:

- Exploration of related risk and protective factors as defined by The Center for Substance Abuse Prevention (CSAP);
- Exploration of drug consumption trends of adolescents with a primary focus on the state-delineated prevention priorities of alcohol (underage drinking), tobacco/nicotine, marijuana, and non-medical use of prescription drugs; and
- Broader public health and public safety consequences that result from substance use and behavioral health challenges.

The report concludes with a collection of prevention resources in the region, an overview of the region's capacity to address substance use and other behavioral health challenges, and overall takeaways from the RNA.

Prevention Resource Centers (PRCs)

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

PRCs focus on the state's overall behavioral health and the four prevention priorities:

- Underage alcohol use;
- Underage tobacco and nicotine products use;
- Marijuana and other cannabinoids use; and
- Non-medical use of prescription drugs.

PRCs have four fundamental objectives:

- Collect data relevant to the state's prevention priorities, share findings with community partners, and ensure sustainability of a Regional Epidemiological Workgroup (REW) focused on identifying strategies related to data collection, gaps in data, and prevention needs;
- Coordinate regional behavioral health promotion and substance use prevention trainings;
- Promote substance use prevention and behavioral health promotion with media awareness activities; and
- Conduct voluntary compliance checks on tobacco and e-cigarette retailers and provide education on state tobacco laws to these retailers.

Regions

Figure 1. Map of Texas HHSC Public Health Regions serviced by a Prevention Resource Center:

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

Image courtesy of HHSC.

How PRCs Help the Community

PRCs provide information and education to other HHSC-funded providers, community groups, and other stakeholders through four core areas based around the four fundamental objectives: Data, Training, Media, and Tobacco. All the core areas work together to position the PRC as a regional hub of information and resources related to prevention, substance use, and behavioral health in general. PRCs work to educate the community on substance use and associated consequences through various data products, such as the RNA, media awareness activities, training, and retailer education. Through these actions, PRCs 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.

Data

The PRC Data Coordinators serve as a primary resource for substance use and behavioral health data for their region. They lead an REW, compile and synthesize data, and disseminate findings to the community. The PRC Data Coordinators also engage in building collaborative partnerships with key community members who aid in securing access to information. To accomplish this, Data Coordinators:

- Develop and maintain the REW;
- Conduct Key Informant Interviews (KII);
- Develop and facilitate at least one regionwide event based on RNA data findings;
- Conduct and attend meetings with community stakeholders to raise awareness and generate support to enhance data collection efforts of substance use and behavioral health data;

- Compile and synthesize data to develop an RNA to provide community organizations and stakeholders with region-specific substance use, behavioral health, and Social Determinants of Health (SDOH) information;
- Direct stakeholders to resources regarding data collection strategies and evaluation activities; and
- Disseminate findings to the community.

Training

The PRC Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention trainings. To accomplish this, Public Relations Coordinators:

- Work directly with the HHSC-funded training entity to identify training and learning needs;
- Host and coordinate trainings for virtual and in-person trainings; and
- Provide monthly updates to HHSC-funded prevention providers within the region about the availability of substance use prevention trainings and related trainings offered by the HHSC-funded training entity and other community-based organizations.

Media

The PRC Public Relations Coordinators also use social and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion. To accomplish this, Public Relations Coordinators:

- Promote consistent statewide messaging by participating in HHSC's statewide media campaign;
- Maintain organizational social media platforms required by HHSC to post original content, share other organizations' posts, and HHSC media; and
- Publicize prevention messages through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, or social media.

Tobacco

The PRC Tobacco Coordinators provide education and conduct activities that address retailer compliance with state law. The goal of these tobacco-related activities is to reduce minors' access to tobacco, e-cigarette, and other nicotine products. To accomplish this, Tobacco Coordinators:

- Conduct on-site, voluntary checks with tobacco and e-cigarette retailers in the region to verify compliance with state and federal regulations regarding proper signage and placement of tobacco and e-cigarette products;
- Provide education to tobacco and e-cigarette retailers in the region that require additional information on the most current tobacco and e-cigarette laws as they pertain to minor access;
- Conduct follow-up voluntary compliance visits with all tobacco and e-cigarette retailers who have been cited for violations of tobacco and e-cigarette regulations.

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. Members of the REW are stakeholders that represent all twelve of the community sectors (see *Stakeholders/Audience* section below for these) and different geographic locations within that region. The

REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information relevant to identification of data gaps, analysis of community resources and readiness, and collaboration on region-wide efforts comes directly from those participating in the REWs. A minimum of four REW meetings are conducted each year to provide recommendations and develop strong prevention infrastructure support at the regional level.

The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

A needs assessment broadly is a systematic process for determining and addressing the gaps that exist between current conditions and desired conditions.[3] This RNA is a specific needs assessment that provides community organizations and stakeholders with region-specific substance use and related behavioral health information. At the broadest level, the RNA can show patterns of substance use among adolescents and adults, monitor changes in substance use trends over time, and identify substance use and behavioral health issues that are unique to specific communities. It provides data to local providers to support grant-writing activities and provide justification for funding requests and to assist policymakers in program planning and policy decisions regarding substance use prevention, intervention, and treatment. The RNA can also highlight gaps in data where critical substance use and behavioral health information is missing. It is a comprehensive tool for local providers to design relevant, data-driven prevention and intervention programs tailored to specific needs through the monitoring of county-level differences and disparities. Figure 2 below shows a visual representation of the overall steps and process of creating the RNA.

Figure 2. Steps, Processes, and Stakeholders Involved for RNA Creation

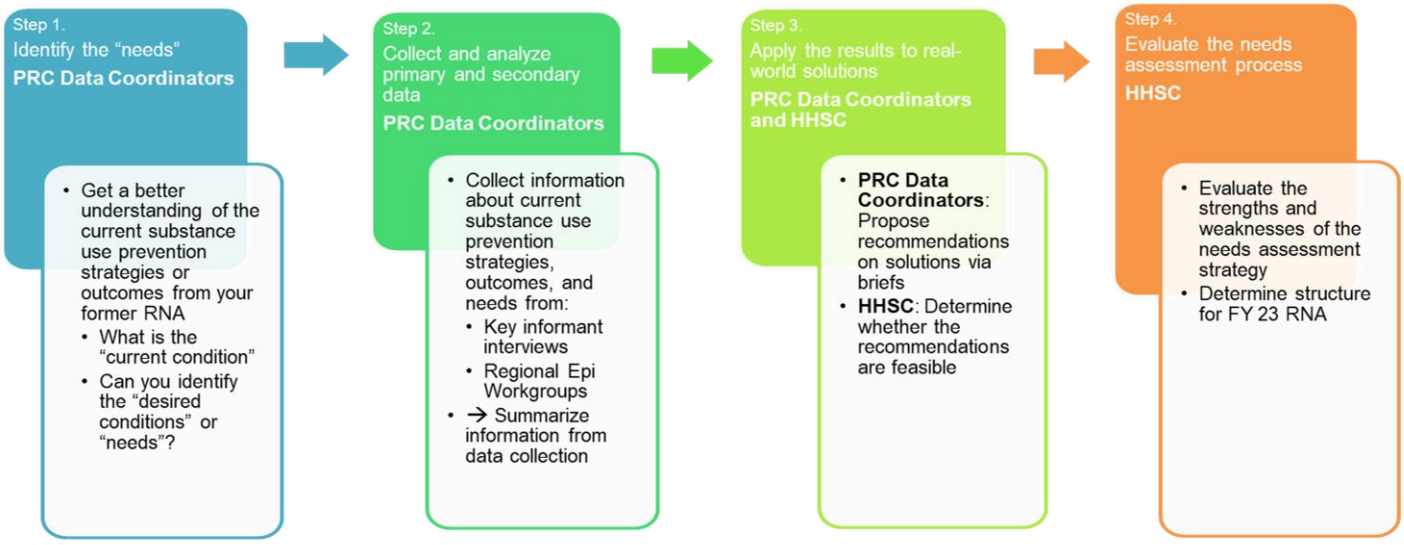


Image courtesy of HHSC.

[3] Watkins, R., et al. (2012).

Stakeholders/Audience

Stakeholders can use the information presented in this report to contribute to program planning, evidence-based decision making, and community education. The executive summary found at the beginning of this report provides highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of backgrounds, a glossary of key concepts can be found at the end of this needs assessment. The core of the report focuses on risk factors and protective factors, consumption patterns, and public health and safety consequences.

Stakeholders within the twelve sectors both contribute to the RNA and benefit from the information within. These stakeholders participate in focus groups, qualitative interviews, Epi-Workgroup meetings, and collaborations with the PRC. Qualitative interviews were completed within all twelve community sectors in 2022 and 2023.[4] The information gathered in these interviews was compiled to create the 2022 RNA and will be utilized in the 2023 RNA. These twelve sectors are:

- youth and young adults
- parents
- business communities
- media
- schools
- organizations serving youth and young adults
- law enforcement agencies
- religious or fraternal organizations
- civic or volunteer groups
- healthcare professionals and organizations
- state, local, and tribal government agencies
- and other local organizations involved in promoting behavioral health and reducing substance use and non-medical use of prescription drugs such as recovery communities, Education Services Centers, and Local Mental Health Authorities

Each sector has a unique knowledge of substance use along with risk and protective factors in their communities.

Regionwide Event

The Region 6 PRC was tasked by HHSC to develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and promote collaboration on substance use related issues. PRC 6 partnered with Houston High Intensity Drug Trafficking Area (HIDTA) to host a one-day, in-person conference focused on prevention called "Prevention Upgraded." The conference included a naloxone training and four different sessions on vaping, decoding social media drug culture, the opioid crisis, and working with the LGBTQ+ community. During the breaks between sessions, attendees had the opportunity to network and learn about local community resources. About 55 people representing stakeholders, community members, and service providers in the region attended the event.

[4] Centers for Disease Control and Prevention. (2021).

Methodology

This needs assessment reviews behavioral health data on substance use, substance use disorders, related risk and protective factors, and other negative public health and safety consequences that will aid in substance use prevention decision making at the county, regional, and state level.

Conceptual Framework

The overall conceptual framework for this report is the use of epidemiological data to show the overall distribution of certain indicators that are associated with substance use and behavioral health challenges. Broadly, these indicators consist of documented risk and protective factors, such as the Social Determinants of Health (SDOH), Adverse Childhood Experiences (ACEs), and Positive Childhood Experiences (PCEs); consumption patterns; and public health and safety consequences related to substance use and behavioral health challenges. The indicators are organized by the domains (or levels) of the Social Ecological Model (SEM). To aid in strategic prevention planning, the report attempts to identify behavioral health disparities and inequities present in the region. For more information on these various frameworks and concepts, please see the "Key Concepts" section later in this report.

Process

PRCs collaborate with HHSC's Data Specialist in the Prevention and Behavioral Health Promotion Unit, other PRC Data Coordinators, other HHSC staff, and regional stakeholders to develop a comprehensive data infrastructure for each PRC region.

HHSC staff met with the Data Coordinators via monthly conference calls to discuss the criteria for processing and collecting data. Primary data was collected from a variety of community stakeholders, and secondary data sources were identified as a part of the methodology behind this document. Readers can expect to find information from secondary data sources such as: the U.S. Census, American Community Survey, Texas Department of State Health Services, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, among others.

Quantitative Data Selection

Quantitative data refers to any information that can be quantified, counted, or measured, and given a numerical value. Quantitative data tells how many, how much, or how often and is gathered by measuring and counting then analyzing using statistical analysis. Quantitative indicators were selected after doing a literature review on causal factors and consequences that are most related to substance use and non-medical use of prescription drugs. Data sets were selected based on relevance, timeliness, methodological soundness, representativeness, and accuracy. Data used in this report was primarily gathered through established secondary sources including federal and state government agencies to ensure reliability and accuracy. Region-specific quantitative data collected through local law enforcement, community coalitions, school districts, and local-level governments is included to address the unique regional needs of the community.

While the data selection process was heavily informed by research and evidence on substance use, we caution readers against drawing any firm conclusions about the causes and consequences of substance use from the data reported here. The secondary data we have compiled does not necessarily show a direct causal relationship between these factors, substance use, and consequences for the community.

Longitudinal Data

To capture a richer depiction of possible trends in the data, multi-year data, referred to as longitudinal data, is reported where it is available from respective sources. Longitudinal data in this needs assessment consist of the most recently available data going back to 2018. For each indicator, there are a different number of data points due to differing frequencies of data collection. However, data from before 2018 will not be included in this needs assessment regardless of the number of data points available. Efforts are also made to present state-level data for comparison purposes with regional and county data. In some instances, there will be data gaps, and this is generally because the data was not available at the time of the data request.

COVID-19 and Data Quality

One of the many impacts of the COVID-19 pandemic was a direct negative effect on the data collection efforts of many organizations and agencies. This in turn has left a lasting mark on the validity and reliability of any data that was collected during this time. While this report will include data from the time of COVID-19, primarily the years of 2020 and 2021, it is important to keep in mind that these data points may not be truly accurate of what was going on during that time. As such, no firm conclusions should be drawn from data collected during those years and we caution again making direct comparisons of these years with the other years presented in this report, namely 2018 and 2022.

Texas School Survey (TSS) and Texas College Survey (TCS)

The primary sources of quantitative data for substance use behaviors for this report are the Texas School Survey of Drug and Alcohol Use (TSS) and the Texas College Survey of Substance Use. TSS collects self-reported substance use data among students in grades 7 through 12 in Texas public schools while TCS collects similar information from college students across Texas. This includes tobacco, alcohol, marijuana, non-medical use of prescription drugs, and use of other illicit drugs. The surveys are sponsored by HHSC and administered by staff from the Department of Public Service and Administration (PSAA) at Texas A&M University. For TSS, PSAA actively recruits approximately 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. For TCS, PSAA recruits from a variety of college institutions including both 2-year colleges and 4-year colleges. They administer the assessment every odd-numbered year.

It is important to note that during the 2019-2020 school year, schools across Texas were closed from early March through the end of the school year due to the COVID-19 pandemic. Due to this sudden and unexpected closure, many schools that had registered for the survey were unable to complete it. Please note that both the drop in participation along with the fact that those that did complete did so before March may have impacted the data. Figures 3 and 4 on the following page provide more detail on context on recruitment and the number of usable surveys from 2018 through 2022, showcasing how 2020 caused a sizable drop in both campuses that participated and in usable surveys.

Table 1. Number of Usable Surveys Included in State Sample for Texas School Survey 2018-2022

Number of Surveys Included in State Sample for TSS							
Report Year	**Original Campuses Selected**	**Campuses Signed Up to Participate**	**Actual Participating Campuses**	**Total Non-Blank Surveys**	**Usable Surveys**	**Number Rejected**	**Percent Rejected**
2022	711	232	164	43,010	42,199	811	1.89%
2020	700	224	107	28,901	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: https://www.texasschoolsurvey.org/Report.

Table 2. Texas School Survey Distribution Across Grades in 2020 and 2022

	Survey Distribution TSS 2022		**Survey Distribution TSS 2020**		**Difference Between 2020* and 2022 TSS**
Grade	**# of Usable Surveys**	**%**	**# of Usable Surveys**	**%**	**# of Usable Surveys**
Grade 7	10,759	25.5%	6,414	22.9%	4,345
Grade 8	11,056	26.2%	6,472	23.1%	4,584
Grade 9	5,345	12.7%	4,189	15.0%	1,156
Grade 10	5,268	12.5%	4,119	14.8%	1,149
Grade 11	4,948	11.8%	3,556	12.7%	1,392
Grade 12	4,823	11.4%	3,215	11.5%	1,608
Total	**42,199**	**100.0%**	**27,965**	**100.0%**	**14,234**

Information in these tables is from the Methodology Reports for the 2018, 2020, and 2022 Texas School Survey. These reports can be accessed here: https://www.texasschoolsurvey.org/Report.

Qualitative Data Selection

Qualitative data is descriptive in nature and expressed in terms of language, interpretation, and meaning rather than numerical values and categorized based on traits and characteristics. Qualitative data tells the why or how behind certain behaviors by describing certain attributes and is gathered through observation and interviews then analyzed by grouping data into meaningful themes or categories.

Data Coordinators conducted key informant interviews with community members about what they believe their greatest needs and resources are in the region. These qualitative data collection methods

provide additional context and nuance to the secondary data and often reveal additional potential key informants and secondary data sources.

Key Informant Interviews

Data Coordinators conducted Key Informant Interviews (KII) with stakeholders that represent the twelve community sectors (please see the prior Stakeholders/Audience section in the Introduction for a table of these sectors) across each region. Most of these interviews occurred between September of 2021 and August of 2022 and a few others up through August of 2023.

Key Informants are individuals with specific local knowledge about certain aspects of the community because of their professional background, leadership responsibilities, or personal experience. Compared to quantitative data, the format of interviewing allows the interviewer to ask more open-ended questions and allows the Key Informant to speak rather than filling in pre-selected options. This results in data with richer insights and more in-depth understanding and clarification. The interviews focused on the informant's perceptions of their communities' greatest resources and needs and to determine how their communities are affected by substance use and behavioral health challenges.

Each participant was asked the following questions:

1. What substance use concerns do you see in your community?
    a. What do you think are the greatest contributing factors, and what leads you to this conclusion?
    b. What do you believe are the most harmful consequences of substance use/misuse, and what leads you to this conclusion?
2. How specifically does substance use affect the (insert sector here) sector?
3. What substance use and misuse prevention services and resources are you aware of in your community?
    a. What do you see as the best resources in your community?
    b. What services and resources does your community lack?
4. What services and resources specifically dedicated to promoting mental and emotional wellbeing are you aware of in your community?
    a. What do you see as the best resources in your community?
    b. What services and resources does your community lack?
5. What information does the (insert sector here) sector need to better understand substance use/misuse and mental and emotional health in your community?
6. What other questions should we be asking experts in this area?

Once the KII was complete, the Data Coordinator transcribed the audio from the interviews and then analyzed the data. This involved categorizing the information by topics and themes and looking for patterns across the interviews.

Key Concepts

Epidemiology

Epidemiology is defined as the study (scientific, systematic, and data-driven) of the distribution (frequency, pattern) and determinants (causes, risk factors) of health-related states or events (not just diseases) in specified populations (neighborhood, school, city, state, country, global). It is also the application of this study to the control of health problems.[5] This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use. Epidemiology frames substance use as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use, utilizes epidemiology to identify and analyze community patterns of substance use and the contributing factors influencing this behavior.

Risk and Protective Factors

One component shared by effective prevention programs is a focus on risk and protective factors that influence adolescents. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Examples include strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. 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. Examples include unstable home environments, parental use of alcohol or drugs, parental mental illness, poverty, and failure in school performance. Risk and protective factors can exist in any of the domains of the Socio-Ecological Model, described more in the following section.[6]

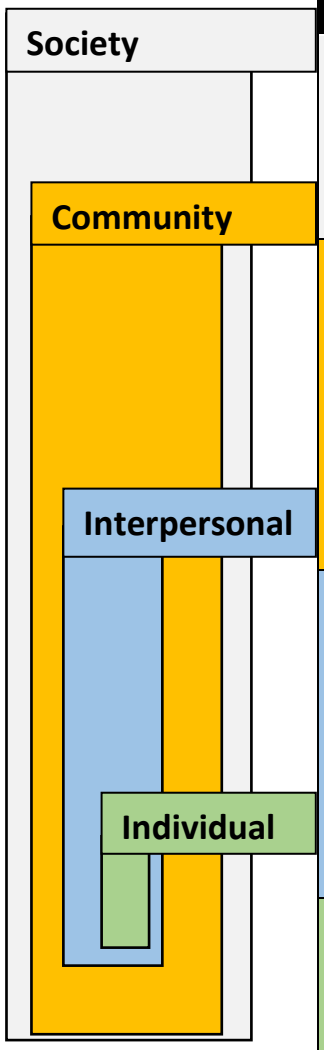
Social-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional risk and protective factors that influence health behavior and to categorize health intervention strategies.[7] This RNA is organized using the four domains of the SEM (See Figure 2)[8] as described below:

- Societal Domain – Social and cultural norms, policies, and socio-demographics such as the economic status of the community and legislation about the availability of different substances.
- Community Domain – Social and physical factors that indirectly influence youth including educational attainment of the community and community levels of poverty, community environments that youth engage with like school or religious institutions, and community conditions like the physical built environment, the health care/service system, and retail access to substances.
- Interpersonal Domain – Social factors and experiences that impact youth including their peer groups at school, friends, family conditions, perceptions of parental attitudes about substance use, perceptions of peer consumption, and perceptions about ease of access to substances.

[5] Centers for Disease Control and Prevention. (2012).
[6] Substance Abuse and Mental Health Services. (2019).
[7] Centers for Disease Control and Prevention. (2022a).
[8] Adapted from: D'Amico, EJ, et al. (2016).

Figure 3. Social-Ecological Model for Substance Use, with Examples



	Risk Factors	Protective Factors
Society	• Impoverishment • Unemployment and underemployment • Discrimination • Pro-AOD-use messages in the media	• Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-under-the-influence laws
Community	• Availability of AOD • Community laws, norms favorable toward AOD • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization • Academic failure beginning in elementary school • Low commitment to school	• Opportunities for participation as active members of the community • Decreasing AOD accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Interpersonal	• Family history of AOD use • Family management problems • Family conflict • Parental beliefs about AOD • Association with peers who use or value AOD use • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers	• Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics • Association with peers who are involved in school, recreation, service, religion, or other organized activities • Resistance to negative peer pressure • Not easily influenced by peers
Individual	• Biological and psychological dispositions • Positive beliefs about AOD use • Early initiation of AOD use • Negative relationships with adults • Risk-taking propensity/impulsivity	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative beliefs about AOD • Positive relationships with adults

- Individual Domain – Intrapersonal characteristics of youth such as an individual's knowledge, skills, attitudes, beliefs, and perceptions.

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

Social Determinants of Health (SDOH)

The U.S. Department of Health and Human Services, Health People 2030 defines the SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[9] The SDOH are grouped into 5 domains (see Figure 4): economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. SDOH's have a major impact on health, well-being, and quality of life, and they also contribute to health disparities and inequities.

Figure 4. Social Determinants of Health

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 6/8/2023 from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

[9] Healthy People 2030, U.S. Department of Health and Human Services, Offices of Disease Prevention and Health Promotion. (2023).

Adolescence

The American Psychological Association defines "adolescence" as a part of human development which begins at puberty (10-12 years of age) and ends with physiological and neurobiological maturity, reaching to at least 20 years of age. Brain development continues into an individual's mid-twenties. Adolescence is a period of major changes in physical characteristics along with significant effects on body image, self-concept, and self-esteem. Mental characteristics are also developing during this time. These include abstract thinking, reasoning, impulse control, and decision-making skills.[10] The World Health Organization (WHO) adds this period of growth poses a critical point in vulnerability where the non-medical use of substances, or other risky behaviors can have long-lasting negative effects on future health and well-being.[11]

A similar but slightly different term that is used in the justice system is "juvenile." The Texas Juvenile Justice System defines a juvenile as a person at least 10 years old but not yet 17 at the time he or she commits an act of "delinquent conduct" or "conduct in need of supervision".[12] Delinquent conduct is generally conduct that could result in imprisonment or jail if committed by an adult. Conduct in Need of Supervision for juveniles includes truancy and running away from home. In the context of some indicators, juvenile will be used instead of adolescent to more precisely define the population of interest.

Adverse Childhood Experiences (ACEs)

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.[13] ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven different categories. The study showed that individuals with a score of 4 or more (meaning they experienced at least one event in four of the seven categories) have an increased risk for:

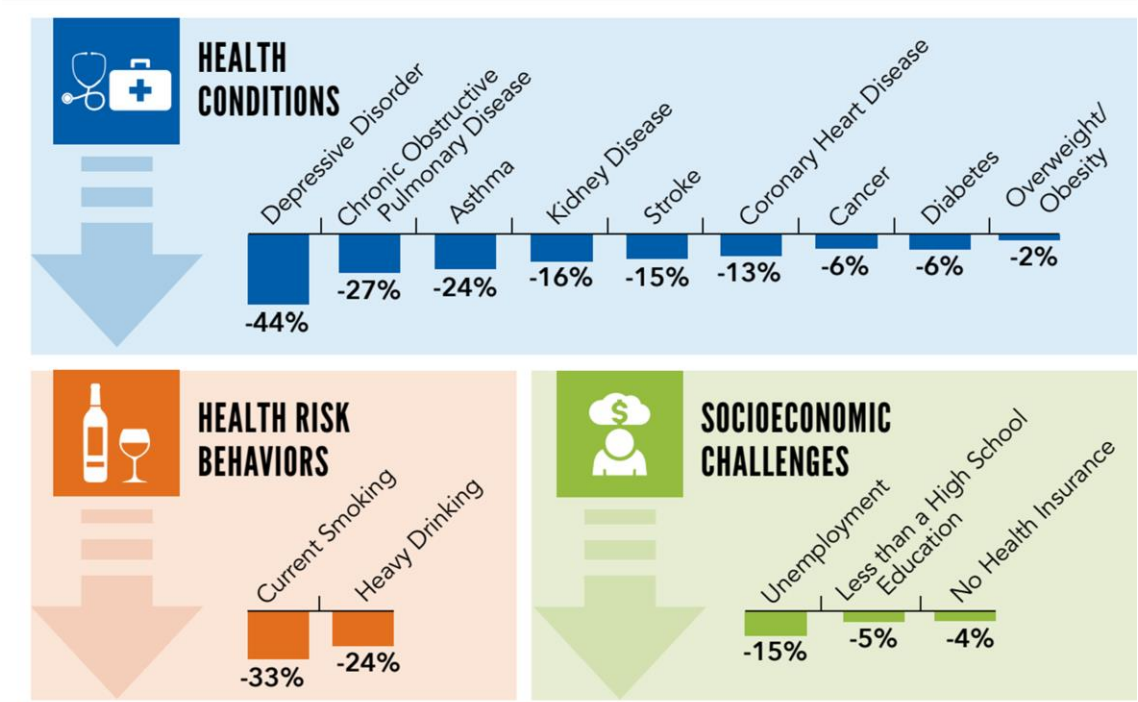
- Smoking, heavy alcohol use, and SUDs
- Mental health issues, such as depression and suicidal behavior
- Poor self-rated health
- Sexually transmitted disease
- Challenges with obesity and physical inactivity
- Heart disease
- Lung disease
- Risk for broken bones
- Multiple types of cancer

[10] American Psychological Association. (2023).
[11] World Health Organization. (2023).
[12] Texas Juvenile Justice Department. (2022).
[13] Felitti, VJ, et al. (1998).

The study also showed that there is a dose-response relationship where experiencing ACEs in more categories is directly linked with an increasing risk for the above physical and behavioral health concerns. ACEs can also negatively impact job opportunities, education, and earning potential.

ACEs are common with the CDC reporting that approximately 61% of adults have experienced at least one type of ACE before the age of 18, and 1 in 6 reports having 4 or more. Women and other marginalized groups are at a higher risk for experiencing 4 or more types of ACEs. ACEs can, however, be prevented by creating safe, stable, and healthy relationships and environments. Preventing ACEs requires understanding and addressing the risk and protective factors that make these experiences more likely to occur.[14] Figure 4 below describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 5. Potential reduction of negative outcomes in adulthood from preventing ACEs in childhood.



Accessed from: https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf. Original source: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Positive Childhood Experiences (PCEs)

Unlike ACEs which have been researched for decades, Positive Childhood Experiences are still a relatively new and explored aspect of prevention. Dr. Christina Bethell from Johns Hopkins, one of the leading researchers on Positive Childhood Experiences (PCEs), defines a positive childhood experience as "feeling safe in our families to talk about emotions and things that are hard and feeling support during hard

[14] Centers for Disease Control and Prevention. (2022b).

times."[15] Dr. Bethell and her colleagues conducted a similar study to the ACEs study in 2019 to determine the health impacts of positive childhood experiences. In this study, they identified seven distinct PCEs:

1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participating in community traditions.
4. Feeling a sense of belonging in high school (this did not include those who did not attend school or were home schooled).
5. Feeling supported by friends.
6. Having at least 2 non-parent adults who genuinely cared about them.
7. Feeling safe and protected by an adult in the home.[16]

The researchers used data from adults who responded to the 2015 Wisconsin Behavioral Risk Factor Survey (BRFS) and, like the ACEs study, also found that PCEs have a dose-response relationship with adult mental and behavioral health meaning that experiencing more PCEs was associated with better outcomes. This included a lower odd of depression and poor mental health and increased odds of reporting high amounts of social and emotional support in adulthood. The protective effects of PCE's remained even after adjusting for ACEs suggesting that promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.[17]

Consumption Patterns

This needs assessment follows the example of the Texas School Survey (TSS), the Texas Youth Risk Surveillance System (YRBSS), and the National Survey on Drug Use and Health (NSDUH), by organizing consumption patterns into three categories:

- lifetime use (has tried a substance, even if only once)
- school year use (past year use when surveying adults or youth outside of a school setting)
- current use (use within the past 30 days)

These three consumption patterns are used in the TSS to elicit self-reports from adolescents on their use of tobacco, alcohol, marijuana, and other illicit drugs, and their non-medical use of prescription drugs. The TSS therefore serves as the primary outcome measure of Texas youth substance use in this needs assessment.

[15] Kreitz, M. (2023).
[16] Pinetree Institute. (2023).
[17] Bethell, C. et al. (2019).

PART II – Geographical Area and Community Demographics

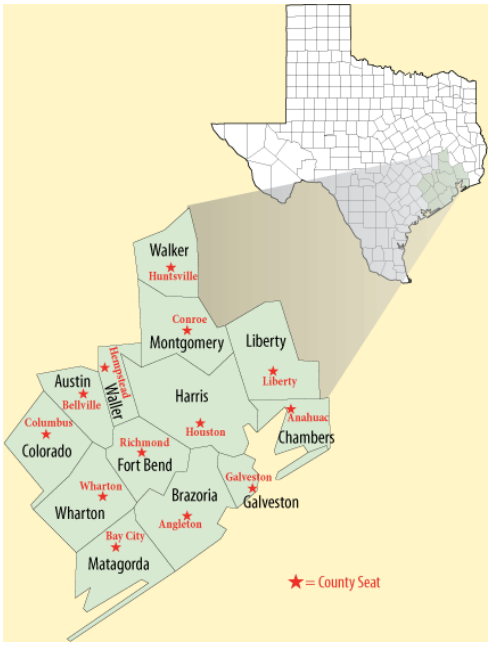
Regional Demographics

Overview of Region

Geographic Boundaries

Region 6, also known as the Gulf Coast region, is located in southeast Texas. The region consists of diverse geographical areas ranging from rural small towns to large metropolitan cities to coastal shorelines. Large state parks, lakes, rivers, and wildlife habitats encompass the region. The region has one of the largest concentrations of correctional facilities. Most of the counties in the region were integral parts of Texas history. Region 6 has multiple major highways that run though the 13 counties, including interstate 10 and interstate 45. The northern most county, Walker County, was home to the first president (Sam Houston) of the Republic of Texas.

Figure 6. Map of Region 6 Counties



Counties

Region 6 is comprised of the following 13 counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton. Region 6 borders PRC Regions 5, 7, and 8. The counties in Region 6 range from small, rural areas to coastal areas to large, urban areas. Harris County is the most populous county in both the region and in the whole state and the third most populous county in the country. Fort Bend County is often considered the most racially diverse county in Texas and one of the most diverse counties in the country. Colorado County is the least populous county in the region and is largely rural. Region 6 has a diverse economy with various key industries including agriculture, oil and gas, petrochemical, residential construction, healthcare, maritime-related activities, energy, business services, aerospace and aviation, manufacturing, aquaculture, and tourism. Walker County's economy relies heavily on the public sector with 40% of the county's employment in the public sector. There are more prisons in Walker County than in any other county in Texas. [18]

[18] The Gulf Coast Economic Development District (2018).

Major Metropolitan Areas

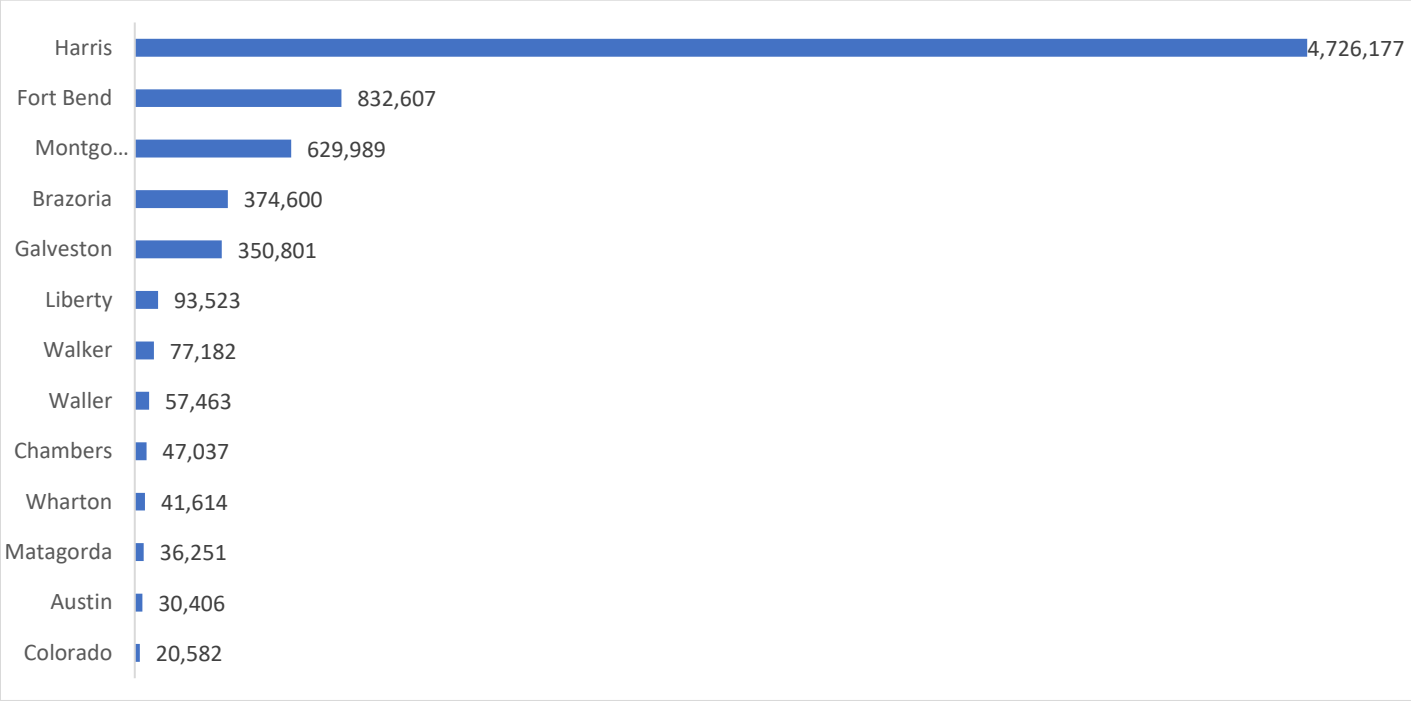
Region 6 is home to one Metropolitan Statistical Area (MSA) known as Houston-Pasadena-The Woodlands MSA which includes 9 counties (Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller) with the principal cities being Houston, Pasadena, The Woodlands, Sugar Land, Conroe, Baytown, Galveston, and Texas City.[19]

Demographic Information

Total Population

With a five-year population estimate of 7,318,232, Region 6 is the second most populous Public Health Region in Texas behind Region 3 (Dallas-Fort Worth area) and followed by Region 7 (Austin area). Figure 7 below reflects the population estimates for each county within Region 6. Harris County is by far the largest Region 6 county.

Figure 7. Population estimates by county, 2018-2022



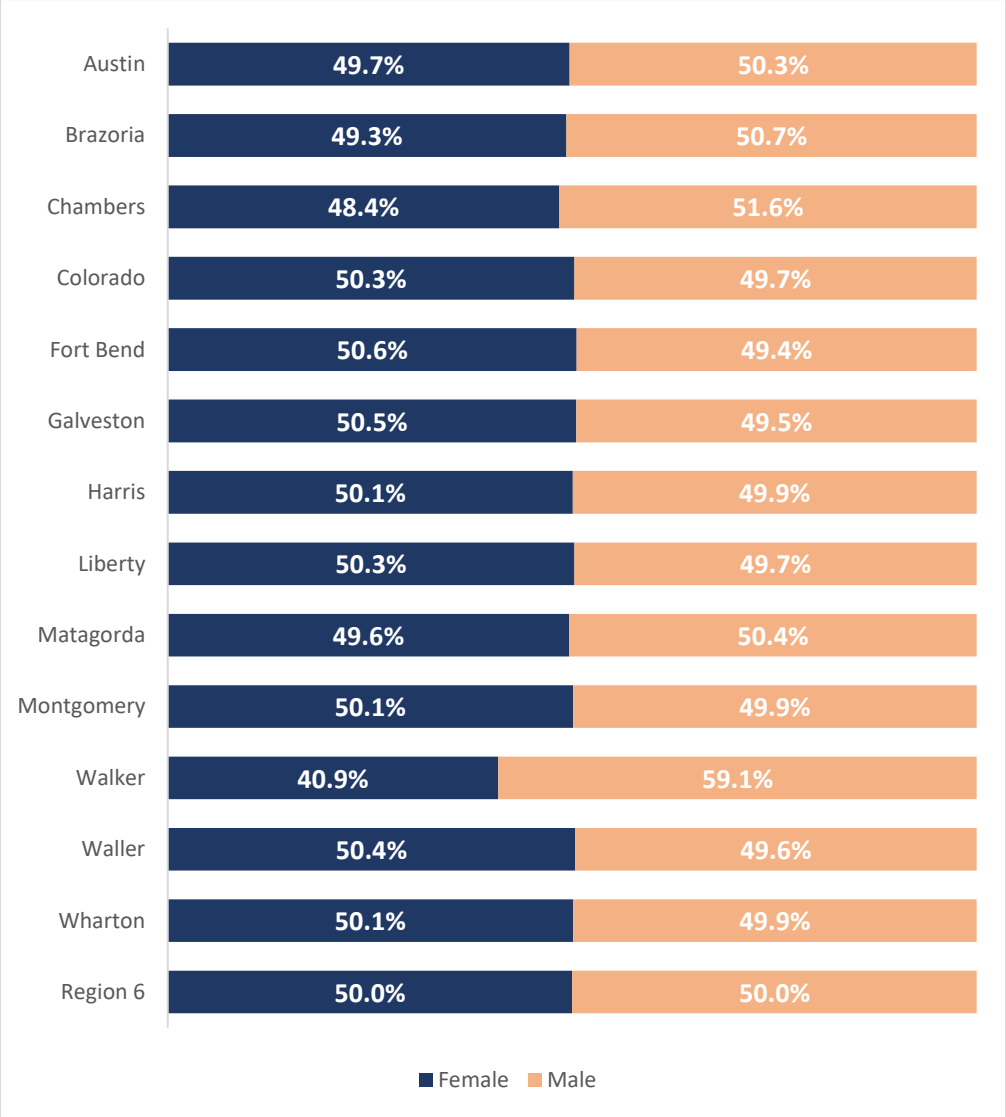
Source: US Census Bureau – American Community Survey, 2022

Total Population by Sex and Age

It is estimated that there are about an equal number of males and females in Region 6. The majority of the counties reflect the sex makeup of the overall region with one exception being Walker County. Walker County's male population (59.1%) is substantially larger than its female population. The complete breakdown per county is reflected below in Figure 8.

[19] Office of Management and Budget (2023).

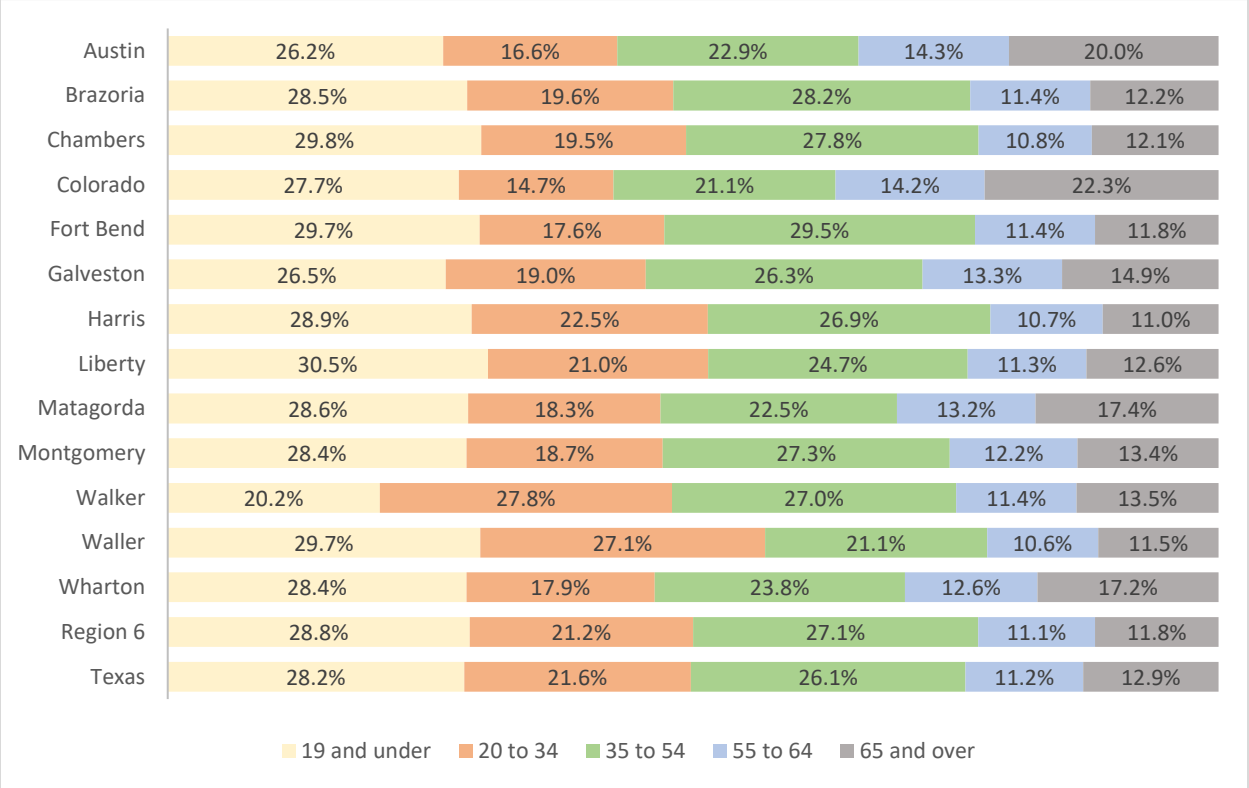
Figure 8. Population by sex by county



Source: US Census Bureau – American Community Survey, 2022

The age breakdown of Region 6 mirrors that of Texas as a whole. Walker County skews slightly older having the smallest percentage of individuals 19 years and under in all of Region 6. Harris County, Liberty County, and particularly Waller County skew younger than both Region 6 and Texas with over 50% of their populations being 34 years old and younger.

Figure 9. Population by age per county, region, and state



Source: US Census Bureau – American Community Survey, 2022

Total Population by Race

Texas consistently ranks as one of the most racially diverse states in the United States and the Houston area is thought of as one of the most diverse regions in Texas. There are both differences and commonalities in the racial makeups of Region 6 counties. In each Region 6 county, the largest racial group is White while the smallest racial groups are American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander. Table 3 below shows the estimated racial makeup of Region 6 counties and the region as a whole. The numbers in Table 3 come from the US Census Bureau's count of Race (Alone and in Combination) meaning that people are counted in each self-identified racial group, so anyone identifying as two or more races may be counted multiple times.

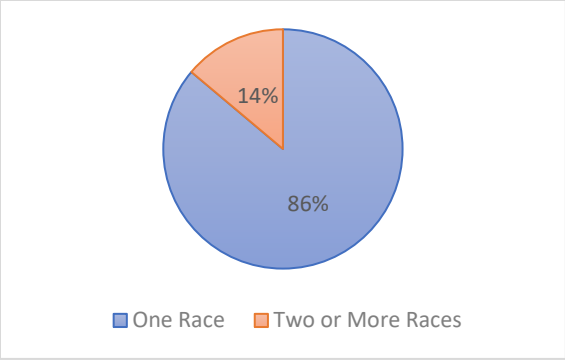
Table 3. Population by race (alone and in combination)

County	AI/AN*	Asian	Black/AA*	NH/PI*	White	Other
Austin	306	308	3,125	59	23,726	4,647
Brazoria	4,728	29,546	61,685	648	266,411	62,566
Chambers	405	706	4,223	83	38,859	6,703
Colorado	265	84	2,761	-	15,133	3,667
Fort Bend	11,390	191,678	183,918	1,113	425,526	116,570
Galveston	5,514	14,569	48,084	1,341	279,302	45,935
Harris	78,764	382,388	977,669	9,358	2,851,116	1,174,872
Liberty	1,295	734	8,966	36	74,105	18,988
Matagorda	374	679	3,985	107	25,210	10,259
Montgomery	7,943	26,425	43,164	1,035	544,852	80,825
Walker	1,350	1,042	18,027	246	56,925	6,942
Waller	1,423	1,057	15,135	44	32,871	12,055
Wharton	193	250	6,231	8	33,980	5,752
Region 6	**113,950**	**649,466**	**1,376,973**	**14,078**	**4,668,016**	**1,549,781**

Source: US Census Bureau – American Community Survey, 2022
**AI/AN: American Indian and Alaska Native*
**Black/AA: Black or African American*
**NH/PI: Native Hawaiian and Other Pacific Islander*

While some individuals identifying as more than one race might have been counted in multiple categories, the vast majority of individuals in Region 6 identify as only one race as reflected in Figure 10 below.

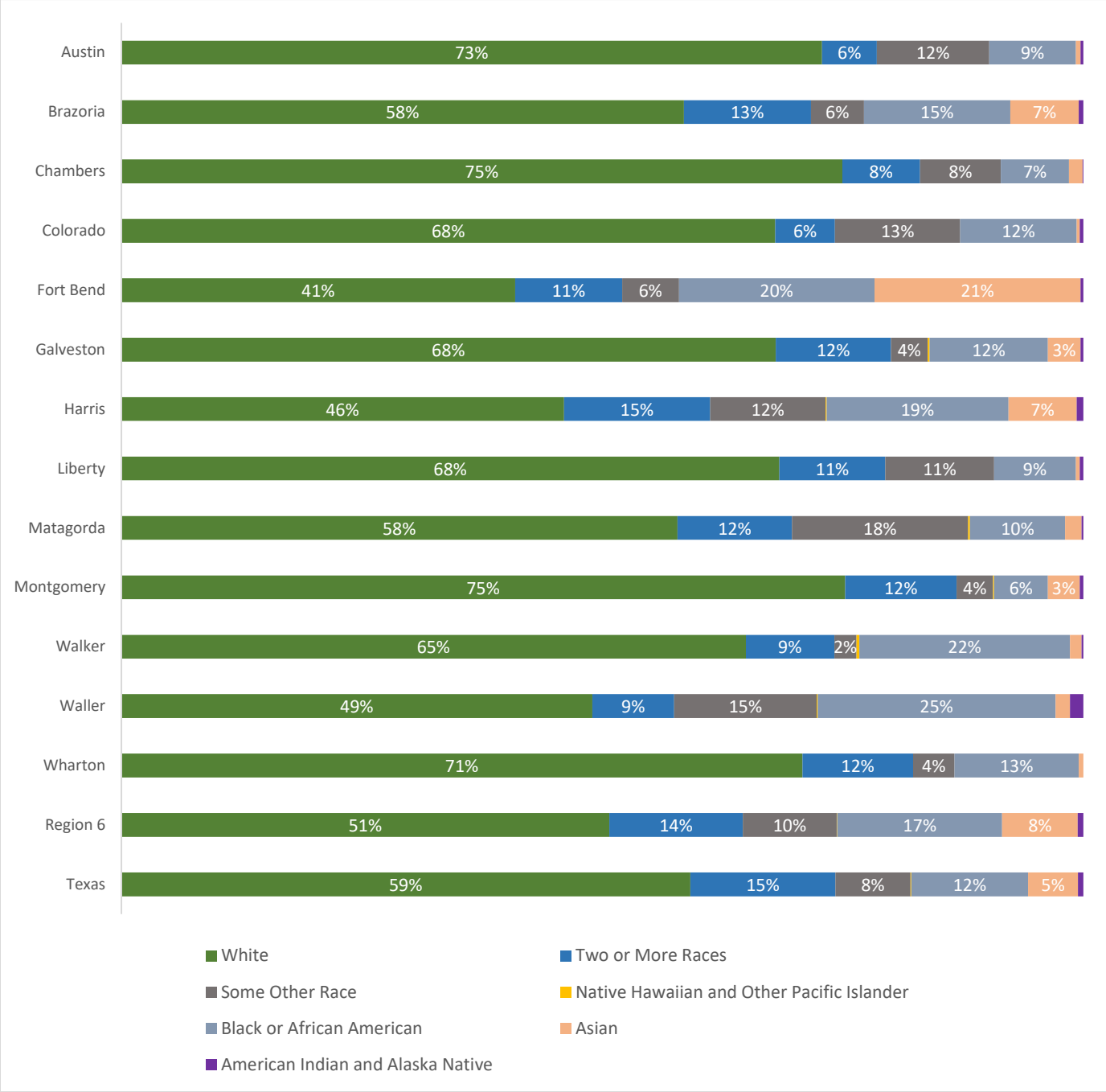
Figure 10. Region 6 percentage of individuals identifying as one race and two or more races



Source: US Census Bureau – American Community Survey, 2022

Another way the US Census Bureau estimates racial makeup is through Race (Alone) meaning that people are only counted in a racial group if they self-identify as only that race and people who identify as multiracial are counted in the "Two or More Races" category. As reflected in Figure 11, similarly to Table 4 above, the largest racial group in each Region 6 county is White. Fort Bend County has the largest percentage of Asian people followed by Brazoria County and Harris County. The largest percentage of Black or African American people is in Waller County followed by Walker County and then Fort Bend County.

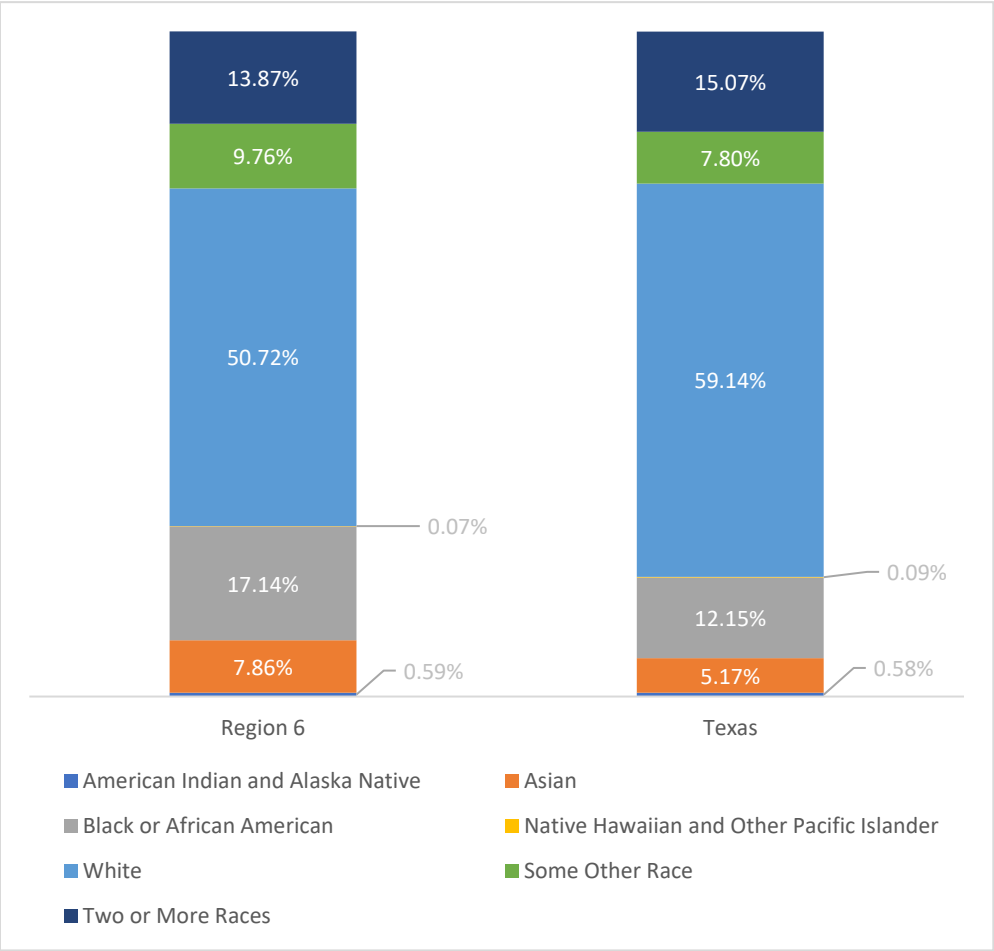
Figure 11. Region 6 population by race (alone) by county



Source: US Census Bureau – American Community Survey, 2022

Region 6's racial makeup aligns closely to Texas' total racial makeup, however, could be described as slightly more diverse than the rest of Texas. For example, it is estimated that 5.17% of the population in Texas is Asian while 7.86% of Region 6 is estimated to be Asian. It is estimated that 12.15% of Texas identifies as Black or African American versus 17.14% in Region 6. The largest difference seen between Region 6 and Texas is among White people which make up 59.14% of Texas versus 50.72% of Region 6. Figure 12 below illustrates these comparisons.

Figure 12. Region 6 and Texas populations by race (alone)

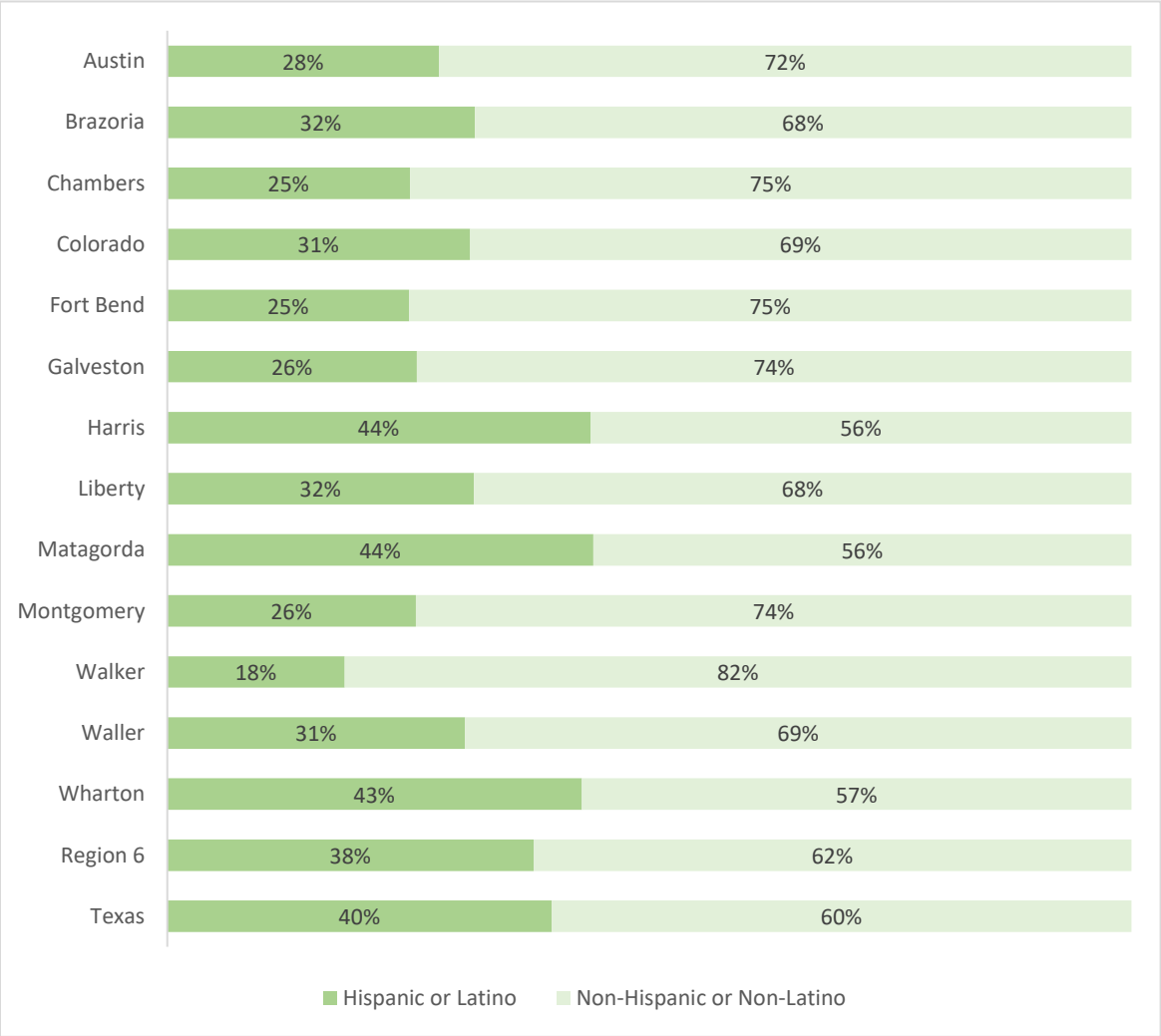


Source: US Census Bureau – American Community Survey, 2022

Total Population by Ethnicity by Race

In all Region 6 counties, in Region 6 overall, and in all of Texas, there is a larger percentage of people who identify as Non-Hispanic/Non-Latino than Hispanic or Latino. Harris County, Matagorda County, and Wharton County have the largest percentages of Hispanic or Latino populations and the smallest percentages of Non-Hispanic/Non-Latino populations. Region 6 aligns closely with the rest of Texas with a slightly smaller percentage of self-identified Hispanic or Latino persons. The complete breakdown is shown below in Figure 13.

Figure 13. Region 6 breakdown by ethnicity by race (alone) by area

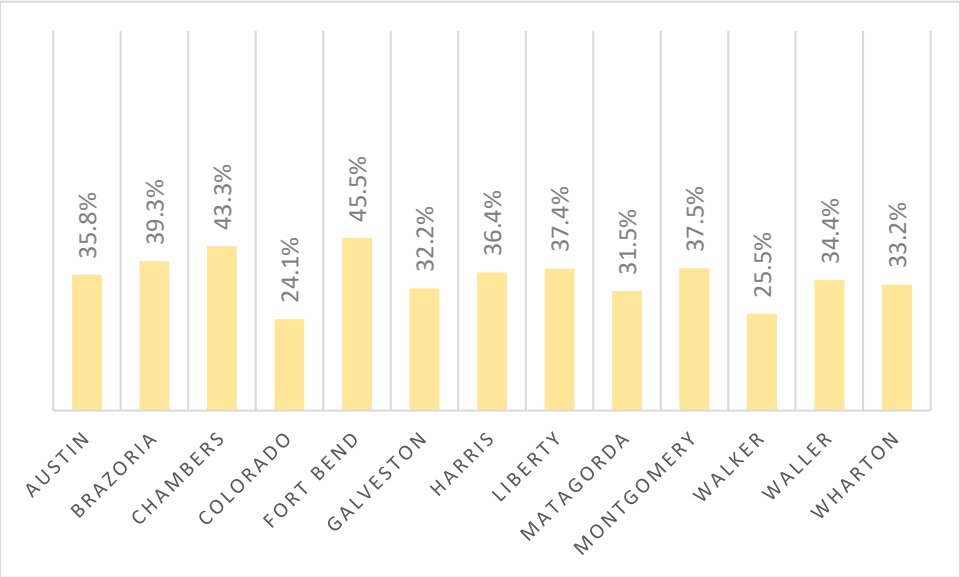


Source: US Census Bureau – American Community Survey, 2022

Household Composition

Many of the households in Region 6 contain at least one person who is under the age of 18 years old. Figure 14 shows each county's percentage of households with at least one member who is under 18 years old.

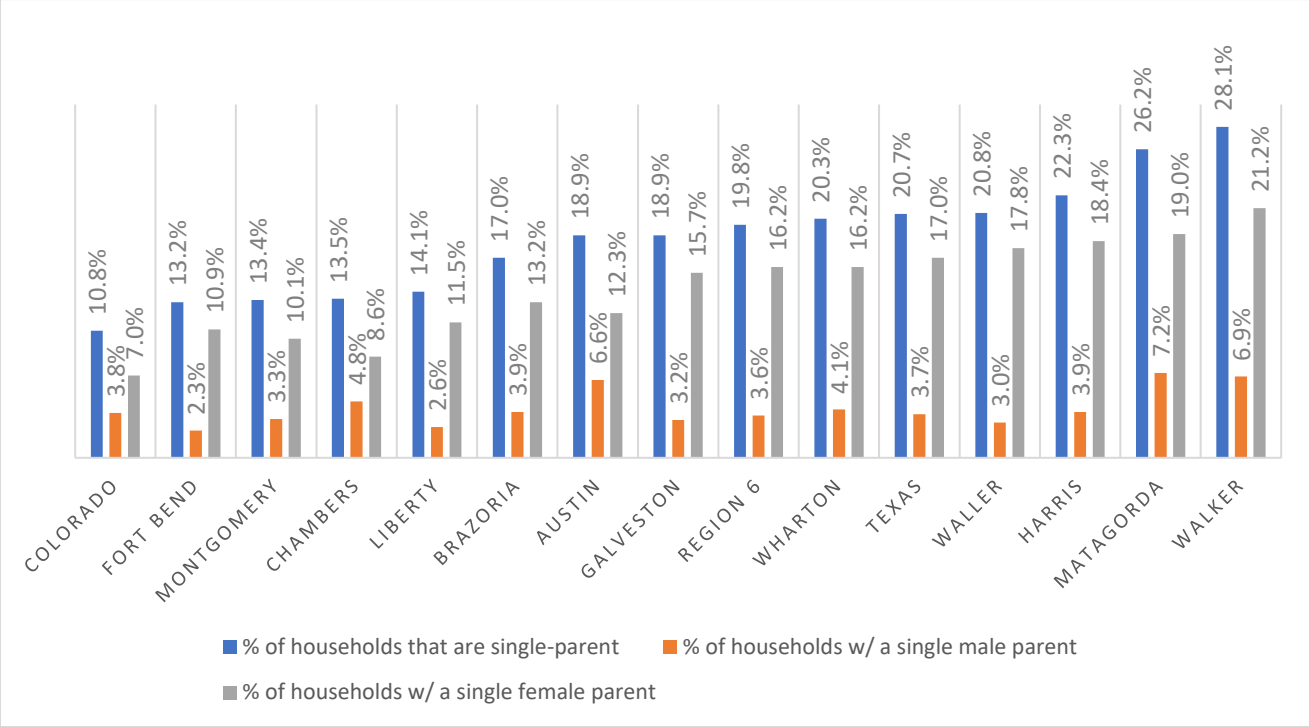
Figure 14. Percent of households with at least one under 18-year-old by county



Source: US Census Bureau – American Community Survey, 2022

There is a percentage of households with at least one under 18-year-old that would be considered single parent households. The percentage of single parent households varies among counties in Region 6 with the lowest being in Colorado County (10.8%) to the highest being in Walker County (28.1%). Something to note is that while Walker County has the smallest percentage of households with at least one person under the age of 18 in Region 6, they have the highest percentage of single parent households in the region. Each county has a larger percentage of single female householders than single male householders as seen in Figure 15 below. The Region 6 percentage of single parent households (19.8%) is slightly less than that of Texas (20.7%).

Figure 15. Percent of households with under 18-year-old(s) with a single parent by area



Source: US Census Bureau – American Community Survey, 2022

Disability Status

There are multiple ways to define disability. The US Census asks six questions about a person's difficulty with hearing, vision, cognition, self-care, mobility, and independent living to determine if an individual would be classified as having a disability. An individual is recorded as having a disability if they affirm that they have difficulty in any of the areas mentioned above.

In Region 6 it is estimated that 10% of the total noninstitutionalized population has a disability. Matagorda County has the highest prevalence of persons with a disability (17.4%) while Fort Bend County has the lowest prevalence (7.3%).

Table 4. Percentage of total noninstitutionalized population with a disability by area

	Percent of population with a disability
Austin	13.0%
Brazoria	9.7%
Chambers	10.9%
Colorado	14.2%
Fort Bend	7.3%
Galveston	12.9%
Harris	10.0%
Liberty	16.2%
Matagorda	17.4%
Montgomery	10.1%
Walker	11.6%
Waller	11.1%
Wharton	15.1%
Region 6	10.0%
Texas	11.7%

Source: US Census Bureau – American Community Survey, 2022

LGBTQ+ Population

The data on the size of the LGBTQ+ population is limited, so there is only state and federal level data available. Reliable county and regional data are not available. It is estimated that 5.5% (13,942,200 people) of the US population identifies as LGBT.[22] Texas ranks number two in the United States for the number of LGBT adults (1,071,300), but when compared to other states, Texas has a relatively low percentage of adults who identify as LGBT (5.1%). The percentage of same-sex households is the same in Texas as it is nationwide, however the percentage of these households that are married households is slightly lower in Texas than in the country as a whole.

Table 5. Same-sex households (percentage and number) in Texas and the United States

	Total Number of Households	Percentage of households that are same-sex	Percentage of same-sex households that are married households
United States	129,870,928	1%	58%
Texas	11,087,708	1%	54.2%

Source: US Census Bureau – American Community Survey, 2022

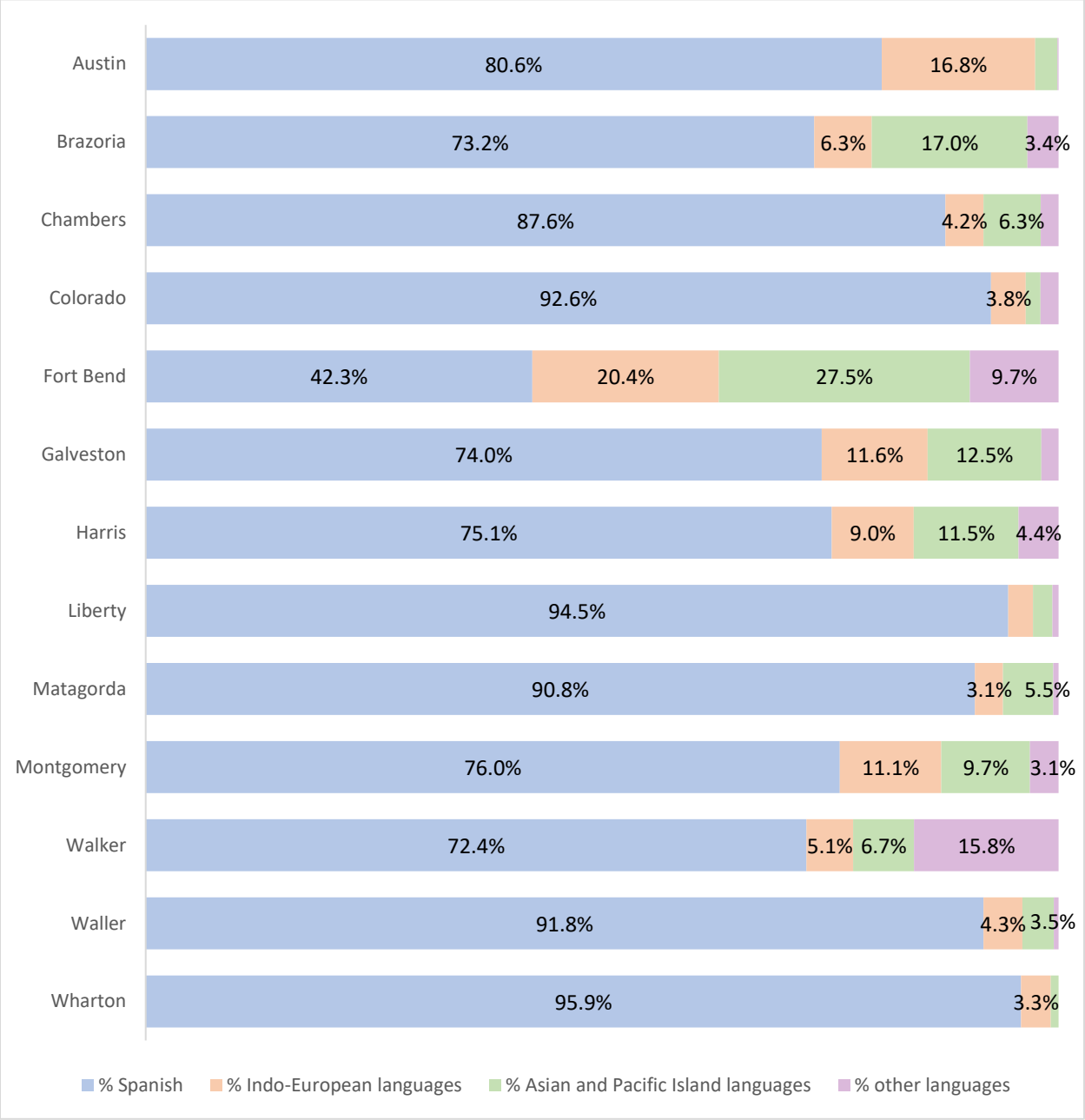
Limited English Language Proficiency and Languages Spoken in Home

The US Census collects data on English Language Proficiency and languages spoken in households. For a household to be considered "limited English-speaking" everyone in the household over the age of 14 must have some difficulty with English. It is estimated that 35.9% of households in Texas speak a language other than English and of these households, about 7.0% have Limited English Proficiency (LEP). Region 6 is similar to Texas as a whole with an estimated 35.33% of households speaking another language other than English. In all Region 6 counties, the most common language spoken, other than English, is Spanish.

Using the total number of households in each county that speak a language other than English, it is possible to estimate the prevalence of languages spoken. For example, there are a total of 122,571

households in Fort Bend that speak a language other than English and 42.3% of those households speak Spanish, 20.4% speak Indo-European languages, 27.5% speak Asian and Pacific Island languages, and 9.7% speak other languages. Each Region 6 county is broken down like this in Table 6 below.

Figure 16. Household languages spoken other than English by county



Source: US Census Bureau – American Community Survey, 2022

An estimated 9% of Region 6 households that speak a language other than English have LEP. Table 6 below shows a breakdown by county of the total percentage of households that speak a language other than English and the percentage of these households that have LEP.

Table 6. Percent of households that speak another language and percent of these households that are LEP by county

County	Percent of households that speak another language	Percent of these households that are LEP
Austin	39.2%	1.4%
Brazoria	34.0%	3.7%
Chambers	33.5%	1.6%
Colorado	35.8%	2.4%
Fort Bend	32.4%	6.0%
Galveston	38.6%	2.8%
Harris	35.8%	11.3%
Liberty	30.9%	4.6%
Matagorda	38.8%	6.2%
Montgomery	35.6%	3.2%
Walker	31.9%	1.3%
Waller	30.9%	5.9%
Wharton	36.4%	3.9%

Source: US Census Bureau – American Community Survey, 2022

PART III – Risk Factors and Protective Factors

Societal Domain

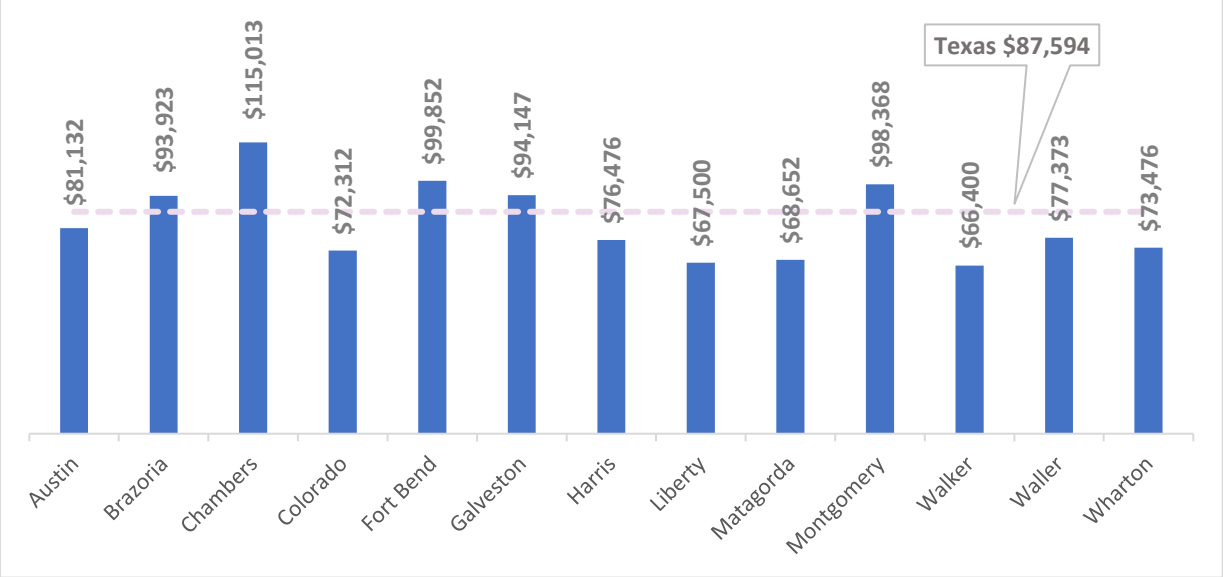
The societal level of the SEM model includes policies, programming, and structure of the larger society that effect an individual's personal development and behavior patterns[24]. Societal level risk factors for increased substance use include housing, income, unemployment, and availability of resources (e.g., welfare services). Stressors such as housing insecurity, unemployment, and financial hardships are important to acknowledge as these are all risk factors for substance use and misuse.

Economic

Income

The average family income, adjusted for cost-of-living, in Region 6 for a four-person household (2 parents and 2 children) is estimated to be $83,433 which is less than the median family income in Texas ($87,594). Only five counties earn above the state median (Brazoria, Chambers, Fort Bend, Galveston, and Montgomery) while the remaining counties in the region are below the state median.

Figure 17. Family median income adjusted for cost-of-living by county compared to Texas' median income

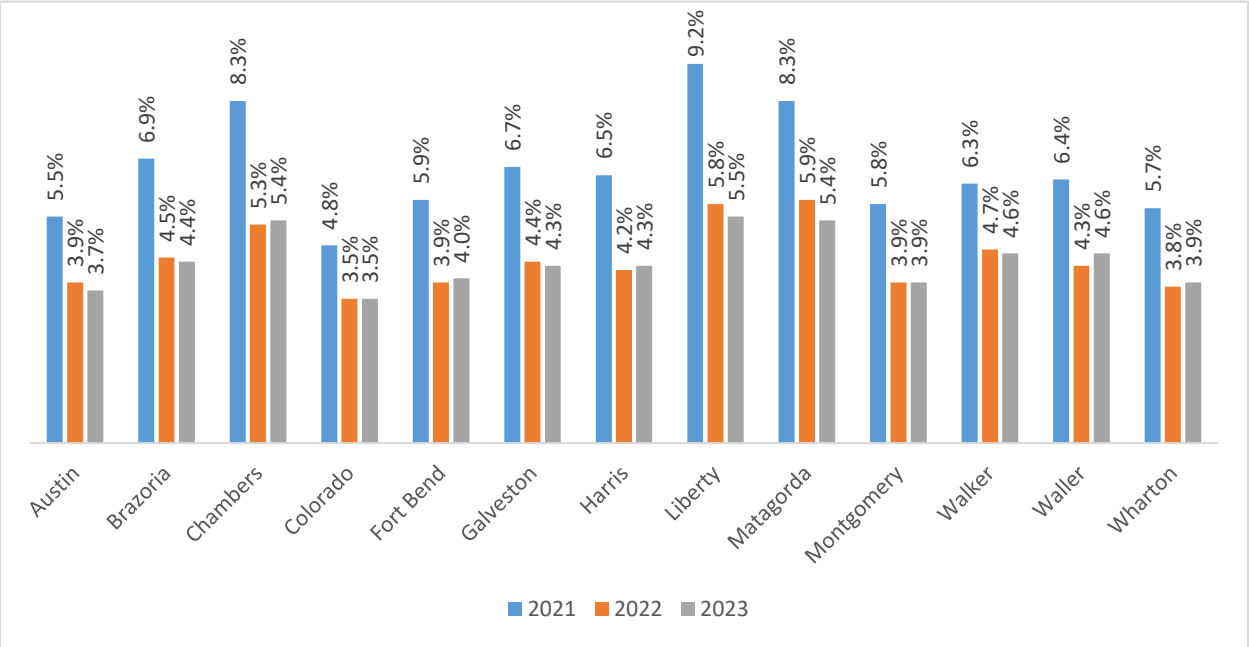


Source: US Census Bureau – American Community Survey, 2022

Unemployment

There was a significant decrease in unemployment rates in all Region 6 counties from 2021 to 2022. However, from 2022 to 2023 the rates stayed fairly consistent with some slight increases, some slight decreases, and some rates staying the same. In Region 6, Liberty County maintained the highest rate of unemployment from 2021 to 2023 followed closely by Chambers County and Matagorda County. Colorado County has the lowest rate of unemployment in Region 6.

Figure 18. Unemployment rates by county over three years (2021-2023)



Source: US Bureau of Labor Statistics

Economically Disadvantaged Students

The Texas Education Agency (TEA) keeps track of the number of students who are considered "economically disadvantaged" each year. The TEA classifies a student as economically disadvantaged when they fall into at least one of the following categories:

- eligible for free or reduced-price meals under the National School Lunch Program
- from a family with an annual income at or below the federal poverty line
- eligible for TANF or other public assistance
- receive a Pell Grant or comparable state program based on financial need
- eligible for programs under Title II of the Job Training Partnership Act
- eligible for benefits under SNAP (Supplemental Nutrition Assistance Program, previously known as "food stamps.")

Table 7 below shows the rate of economically disadvantaged students per 1,000 students in each Region 6 county over 3 school years (2021-2022, 2022-2023, and 2023-2024). All counties in the region have experienced increased rates of economically disadvantaged students from the school year 2021-2022 to the current school year except for Waller County and Wharton County which both experienced slight decreases. For the 2023-2024 school year, the TEA was able to calculate the rate of economically disadvantaged students by region. Region 6 had an estimated rate of 636 economically disadvantaged students per 1,000 students which is higher than the rate of Texas at 621.9.

Table 7. Rate of economically disadvantaged students per 1,000 students for three years (2021-2024) by county

Column1	2021-2022	2022-2023	2023-2024
Austin	543	578	569
Brazoria	516	532	536
Chambers	368	392	390
Colorado	623	679	672
Fort Bend	489	501	493
Galveston	489	504	508
Harris	671	689	693
Liberty	767	805	796
Matagorda	708	718	716
Montgomery	464	495	502
Walker	553	626	652
Waller	721	707	713
Wharton	688	670	680

Source: Texas Education Agency

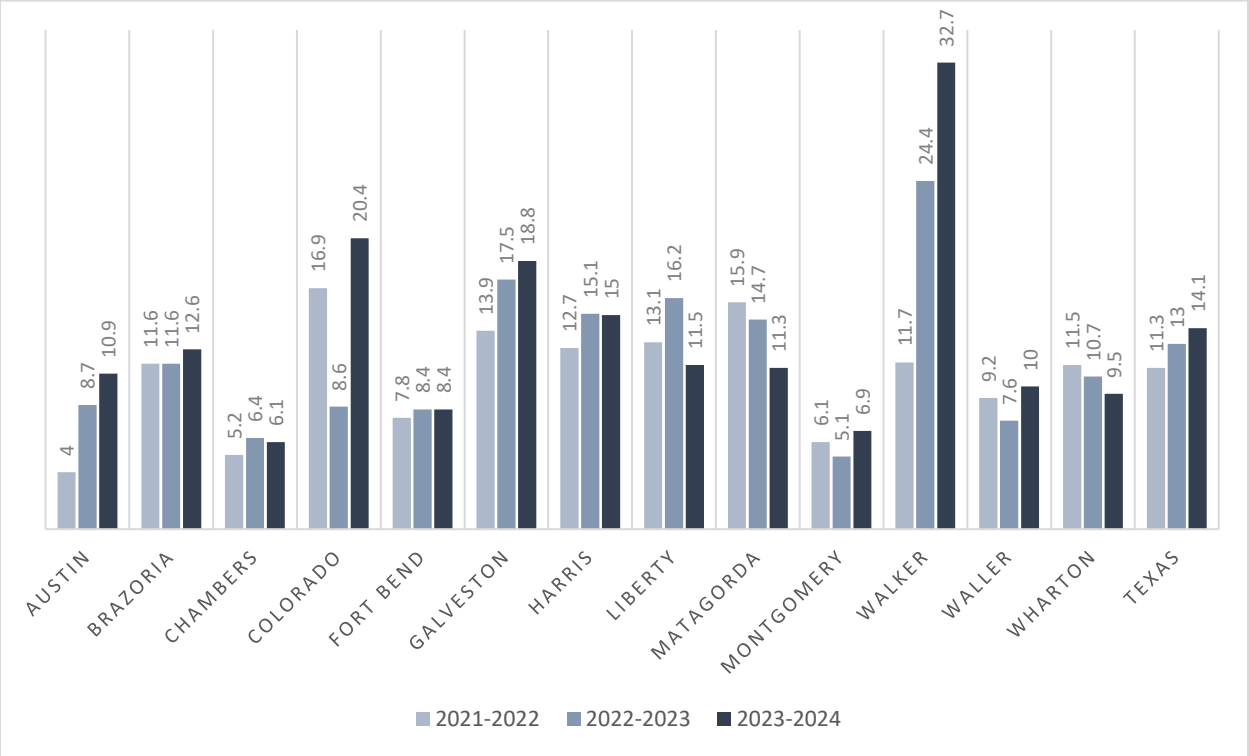
Students Experiencing Homelessness

The TEA tracks the number of students experiencing homelessness each school year. The TEA counts students as homeless using the definition used in 42 U.S.C. Section 1134(a) which includes the following cases:

- a student that is temporarily living doubled-up meaning sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- a student who is unsheltered meaning their nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (i.e. places, parks, campgrounds, temporary trailers, abandoned building, and substandard housing)
- a student living in a hotel or motel because they have lost their housing, lack an alternative accommodation, and do not have a “fixed, regular, and adequate nighttime residence”
- a student residing in a shelter or transitional housing. Region 6 counties vary in student homeless rate per 1,000 with some significant things to note.

In the 2023-2024 school year, Region 6 had a lower rate of student homelessness than Texas did at 13.6 students experiencing homelessness per 1,000 enrolled students. Walker County had the highest rate of student homelessness in Region 6 with the rate substantially increasing from the 2021-2022 school year to the 2023-2024 school year. Following Walker County is Colorado County which experienced a 137% increase in student homelessness rate from the 2022-2023 school year to the 2023-2024 school year.

Figure 19. Number of students experiencing homelessness per 1,000 students over three years (2021-2024)



Source: Texas Education Agency

Community Domain

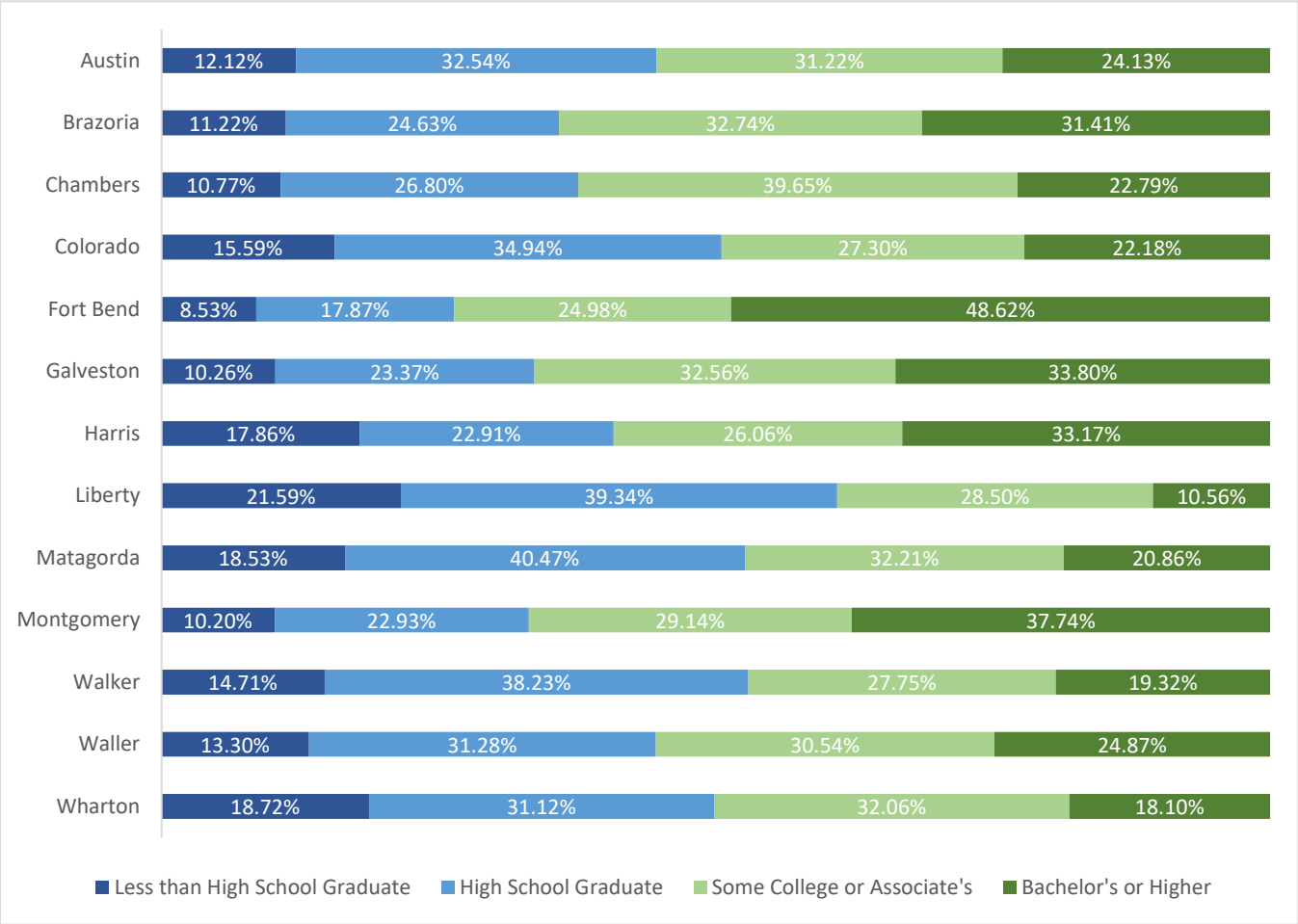
The community level considers an individual's direct interaction with their environment (e.g., work, school, neighborhood, church). The community domain includes community context and social networks that promote positive and negative health behaviors.[20] Research suggests that community disorganization, geographic conditions, availability of substances, treatment accessibility, medication disposal services, cultural attitudes and norms related to substance use, community level violence, and racism/discrimination contribute to rates of substance use. Community support and cohesion have been identified as protective factors for substance misuse. [21]

Educational Attainment of Community

The US Census collects data on the educational attainment of communities. The educational attainment of the counties in Region 6 seem to be fairly consistent. The majority of the Region 6 adult population 25 years and over has at least a high school diploma. Fort Bend County has the highest percentage of adults with a bachelor degree or higher followed by Montgomery County then Galveston County then Harris County. Liberty County has the highest percentage of adults with less than a high school diploma.

[20] Connell et al. (2010); Jalali et al. (2020).
[21] Raynor (2013).

Figure 20. Educational attainment of 25 years and up population by county for 2022



Source: US Census Bureau – American Community Survey, 2022

Community Conditions

Alcohol Related Arrests

The Texas Department of Public Safety (DPS) operates the Safety Uniform Crime Reporting System (UCR) to collect crime statistics across the state in an effort to identify fluctuations in the level of crime from year to year. There are three kinds of alcohol related arrests highlighted in this section: driving under the influence, liquor laws, and drunkenness. Driving under the influence (DUI) is when an individual drives or operates a motor vehicle or common carrier while impaired as the result of consuming an alcoholic beverage or using a drug or narcotic. Although an individual can be arrested for a DUI while under the influence of a drug, for this data, a DUI is classified solely as an alcohol related arrest. A liquor law violation is any violation of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages such as operating without a liquor license or giving liquor to a minor. Drunkenness is when an individual drinks alcohol to the extent that their mental faculties and physical coordination are substantially impaired.

Adults

Over the 5 years from 2019 to 2023, the rate of alcohol related arrests per 100,000 adults in Region 6 steadily decreased. All Region 6 counties have seen decreases in alcohol related arrests since 2019

which parallels the trend seen in the rest of Texas. In 2023, Galveston County had the highest rate of alcohol related arrests per 100,000 adults (612.04), however the rate has substantially decreased since 2019. Liberty County had the lowest rate in Region 6 in 2023 with a rate of 77.14 alcohol related arrests per 100,000 adults.

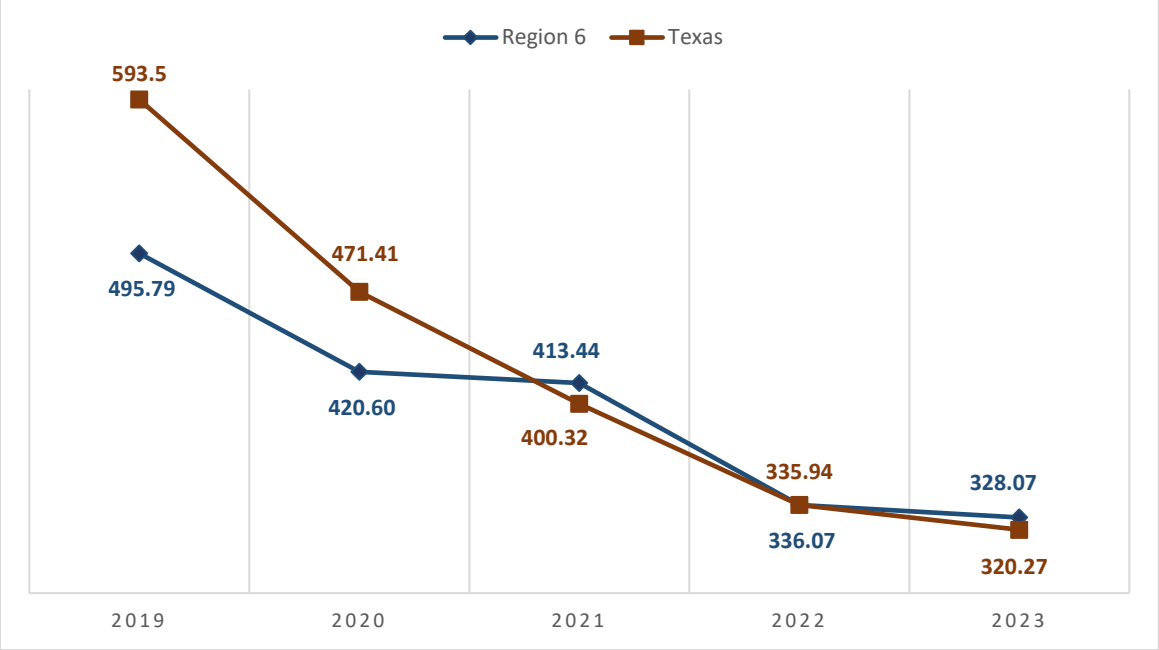
Table 8. Region 6 adult alcohol related arrests over five years (2019-2023)

	2019	2020	2021	2022	2023
DUI	18,196	16,988	18,872	16,144	16,332
Liquor Laws	618	398	417	369	385
Drunkenness	8,618	5,886	3,587	2,082	1,435
Total Arrests	27,432	23,272	22,876	18,595	18,152
Arrests per 100,000	495.79	420.60	413.44	336.07	328.07

Source: Texas Department of Public Safety's Uniform Crime Reporting

The rate of adult alcohol related arrests per 100,000 was higher in Texas than in Region 6 in 2019 and 2020. In 2021, Region 6's rate of alcohol related arrests surpassed that of Texas. In 2022, Texas and Region 6 had an almost equal rate of alcohol related arrests and in 2023 Region 6 again surpassed Texas.

Figure 21. Rate of adult alcohol related arrests per 100,000 in Region 6 vs Texas over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Juveniles

The alcohol related arrests of juveniles in Region 6 has remained consistently low from 2019 to 2023 with a rate of arrests per 100,000 being lower in the region than in the state of Texas every year. There has been a net decrease in the rate of juvenile alcohol related arrests from 2019 to 2023, however there

was an increase from 2022 to 2023. Multiple counties have zero alcohol related arrests of juveniles (Chambers, Colorado, Liberty, and Waller) over the five years. Similar to the adult rate, while there has been a decrease in arrests in Galveston County, it has a significantly higher rate of arrests in 2023 (42.28) than the other counties.

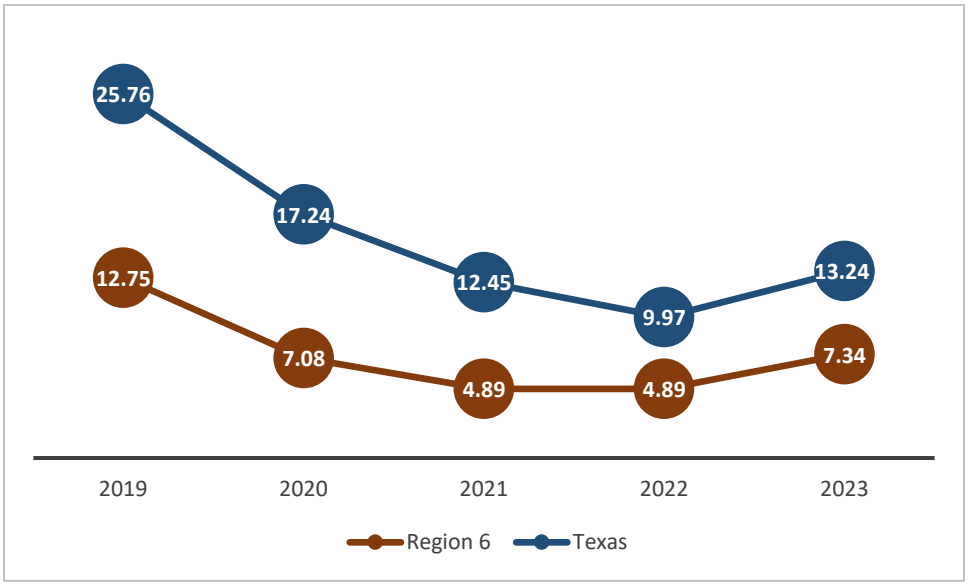
Table 9. Region 6 juvenile alcohol related arrests over five years (2019-2023)

	2019	2020	2021	2022	2023
DUI	13	22	11	8	18
Liquor Laws	58	25	17	21	31
Drunkenness	28	8	10	9	8
Total Arrests	99	55	38	38	57
Arrests per 100,000	12.75	7.08	4.89	4.89	7.34

Source: Texas Department of Public Safety's Uniform Crime Reporting

The rate of juvenile alcohol related arrests in Region 6 has remained less than that of Texas from 2019 to 2023.

Figure 22. Rate of juvenile alcohol related arrests per 100,000 in Region 6 vs Texas over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Drug Related Arrests

The Texas DPS also tracks data on drug related arrests across the state. These are arrests from offenses such as unlawful possession, sale, use, growing, and manufacturing of narcotic drugs. In this report, these arrests are classified as either arrests for possession or arrest for sale/manufacturing.[22]

Adults

The vast majority of adult drug related arrests in Region 6 are classified as possession offenses. The rate of drug arrests in Region 6 has steadily decreased since 2019. Fort Bend County and Harris county had the two lowest rates of drug related arrests in Region 6.

Table 10. Region 6 rate of adult drug related and possession arrests over five years (2019-2023)

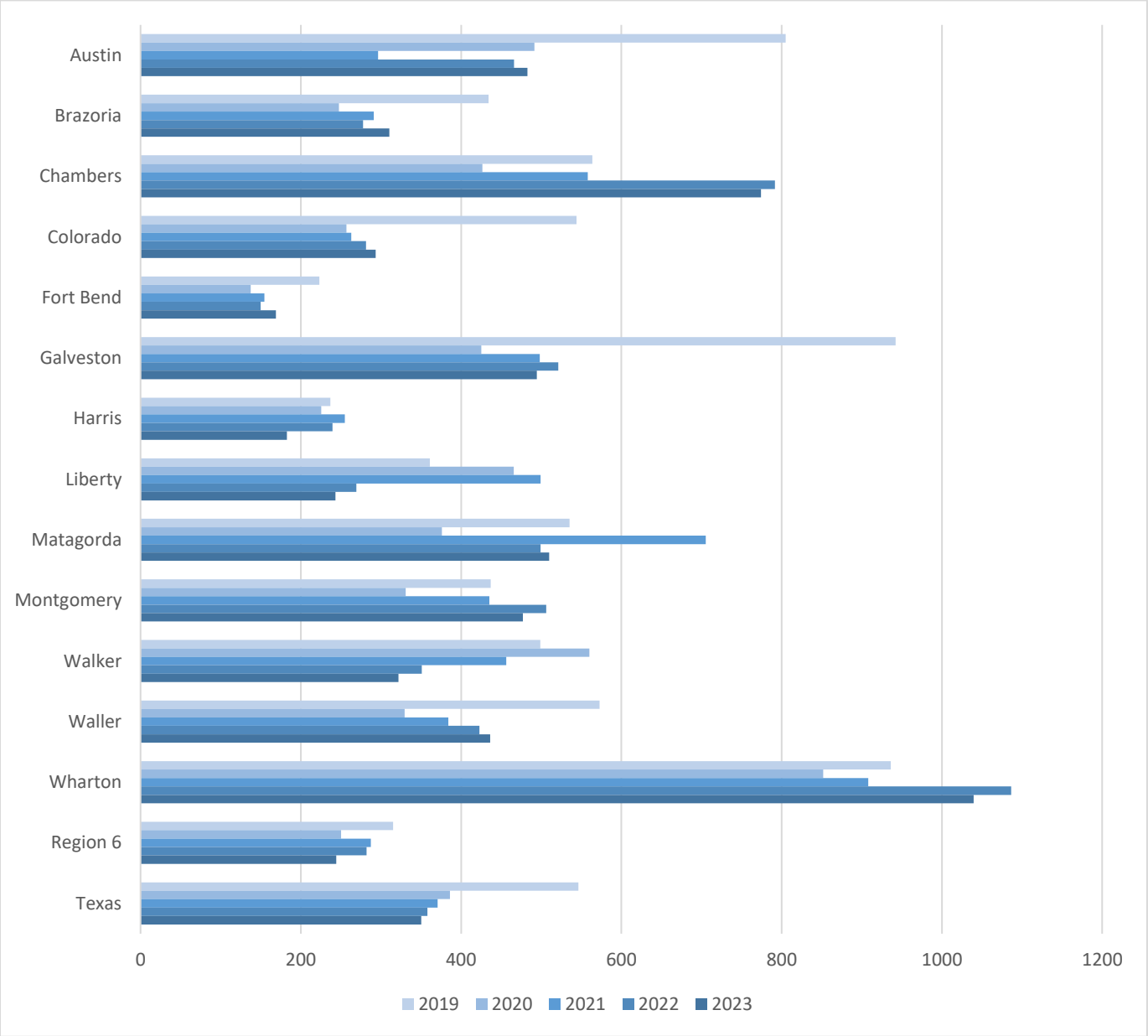
	2019	2020	2021	2022	2023
Possession Arrests per 100,000	282.38	224.72	263.96	259.24	220.53
Total Drug Arrests per 100,000	315.22	250.35	287.42	281.93	244.17

Source: Texas Department of Public Safety's Uniform Crime Reporting

While Wharton County experienced a slight decrease in rate of drug related arrests per 100,000 adults from 2022 to 2023, the rate is still the highest in Region 6 much higher than Texas' rate. The rate of adult drug related arrests in Region 6 has remained lower than the rate in Texas for every year between 2019 and 2023.

[22] Texas Department of Public Safety (2021).

Figure 23. Rate of adult drug related arrests per 100,000 by area over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Juveniles

Like adults, the vast majority of juvenile drug related arrests are classified as possession offenses.

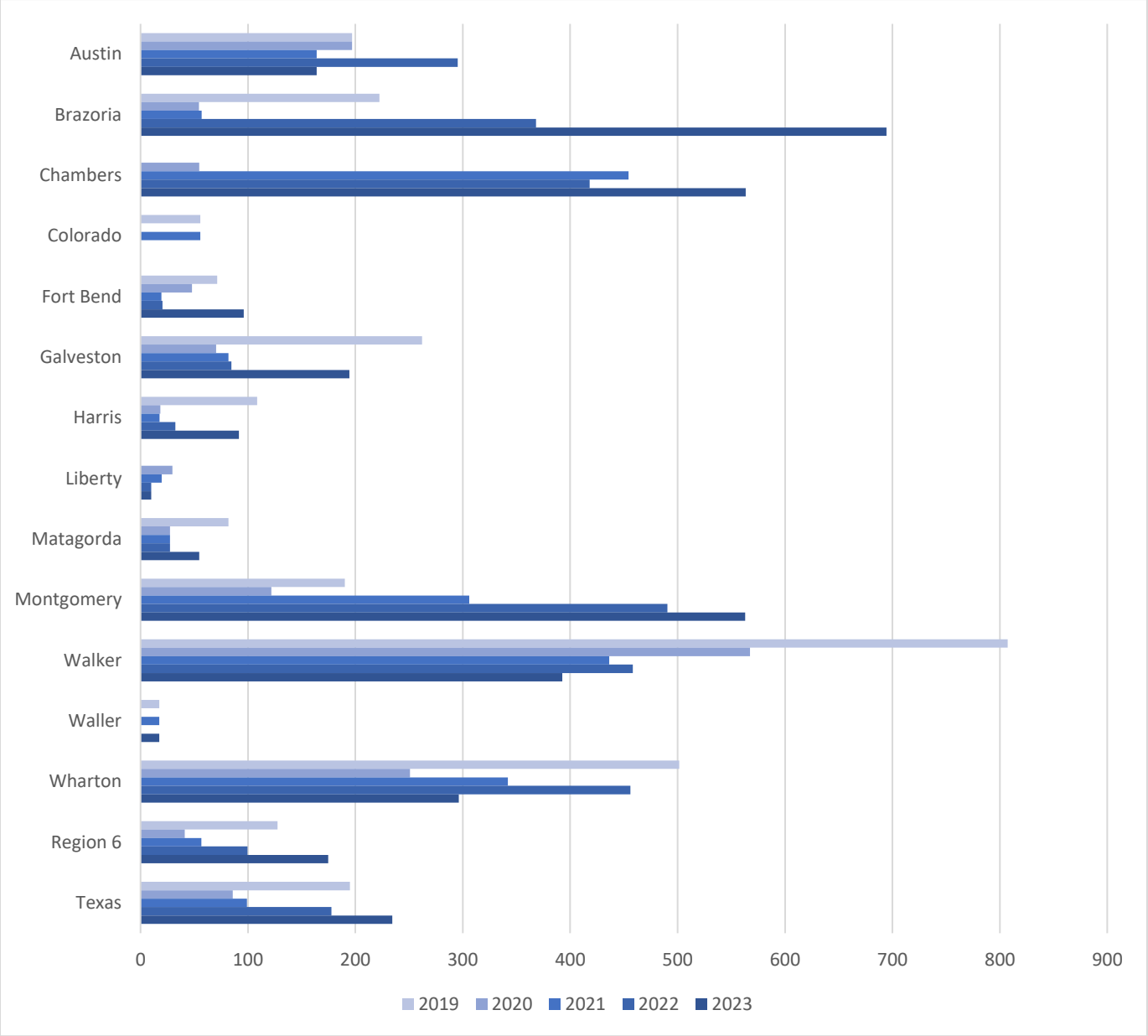
Table 11. Region 6 rate of juvenile drug related and possession arrests over five years (2019-2023)

	2019	2020	2021	2022	2023
Possession Arrests per 100,000	115.51	37.22	53.83	96.58	171.52
Total Drug Arrests per 100,000	127.61	41.08	56.53	99.54	174.62

Source: Texas Department of Public Safety's Uniform Crime Reporting

Although Region 6 had a lower rate of juvenile drug related arrests per 100,000 than Texas every year between 2019 and 2023, the rate almost doubled from 2022 (99.54) to 2023 (174.62). Colorado County had 0 drug related arrests of juveniles in 2020, 2022, and 2023 and Waller County had 0 drug related arrests of juveniles in 2020 and 2022. Brazoria County had the highest rate of drug related arrests among juveniles in Region 6 (694.44) with the rate nearly doubling from 2022 to 2023 and tripling since 2019. Chambers County has the second highest rate in the region (563.43) followed closely by Montgomery County (562.97).

Figure 24. Rate of juvenile drug related arrests per 100,000 by area over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Violent Crime and Property Crime Rates

Violent Crime

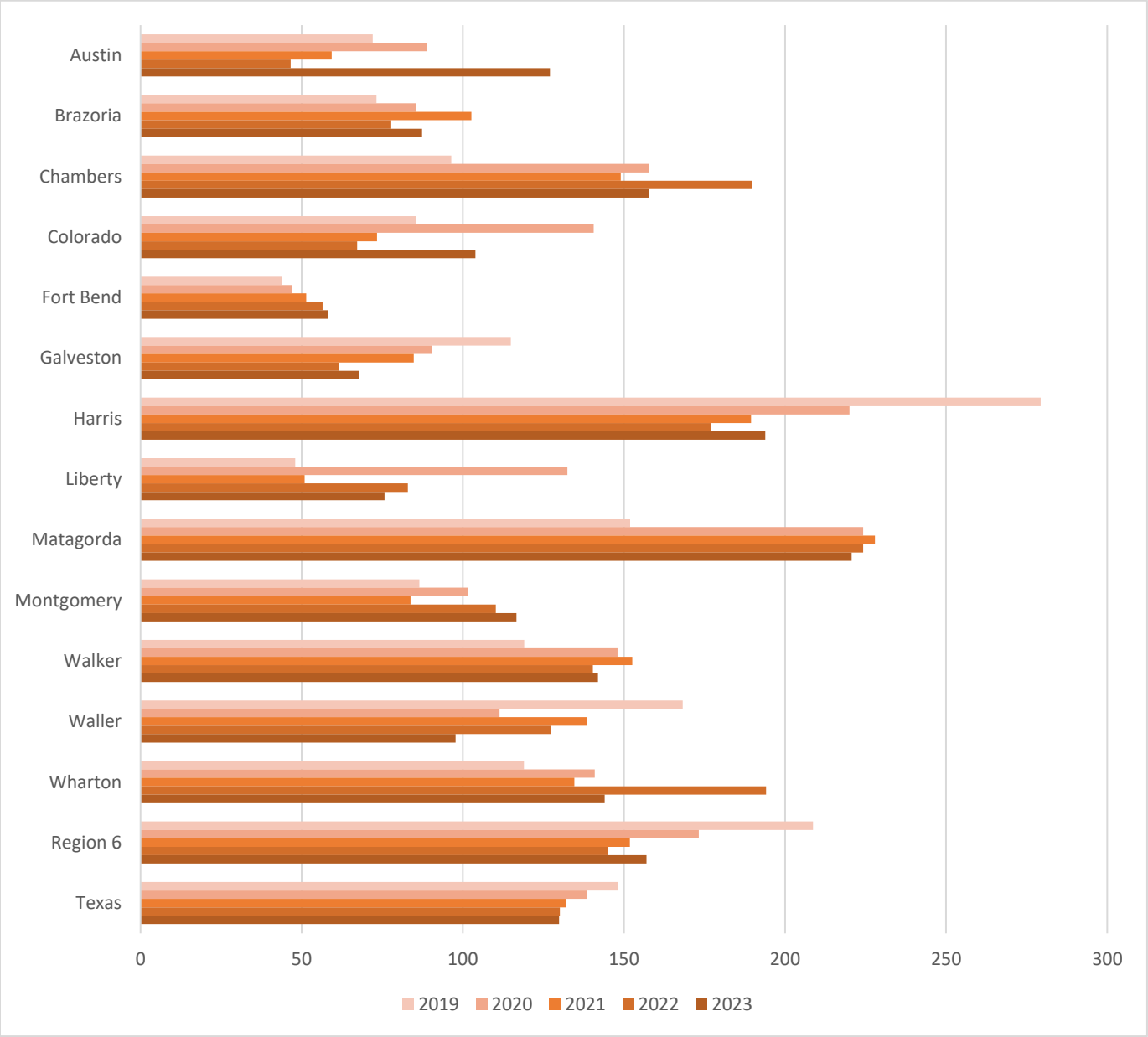
In this report, violent crime is referring to murder and nonnegligent homicide, rape, aggravated assault, and robbery. "Total Violent Crimes" refers to the combination of these four crimes for the age group and/or year that is being analyzed.

Adults

From 2019 to 2023, the rate of adult violent crime remained higher in Region 6 than in Texas. While there was a net decrease in violent crime in Region 6 from 2019 to 2023, there was a slight uptick from 2022 to 2023. Matagorda County had the highest rate of violent crime per 100,000 adults in 2023

(220.66) followed by Harris County (193.89). Fort Bend County had the lowest rate of violent crime in Region 6 (58.14 per 100,000 adults).

Figure 25. Rate of violent crimes per 100,000 adults by area over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Table 12 below shows the number of violent crimes committed by adults in 2023 by county and the Region as a whole. With Harris County being the largest county by far in Region 6, it is understandable that the majority of violent crimes in Region 6's total occurred in Harris County.

Table 12. Adult violent crime counts in 2023 by county and type of crime

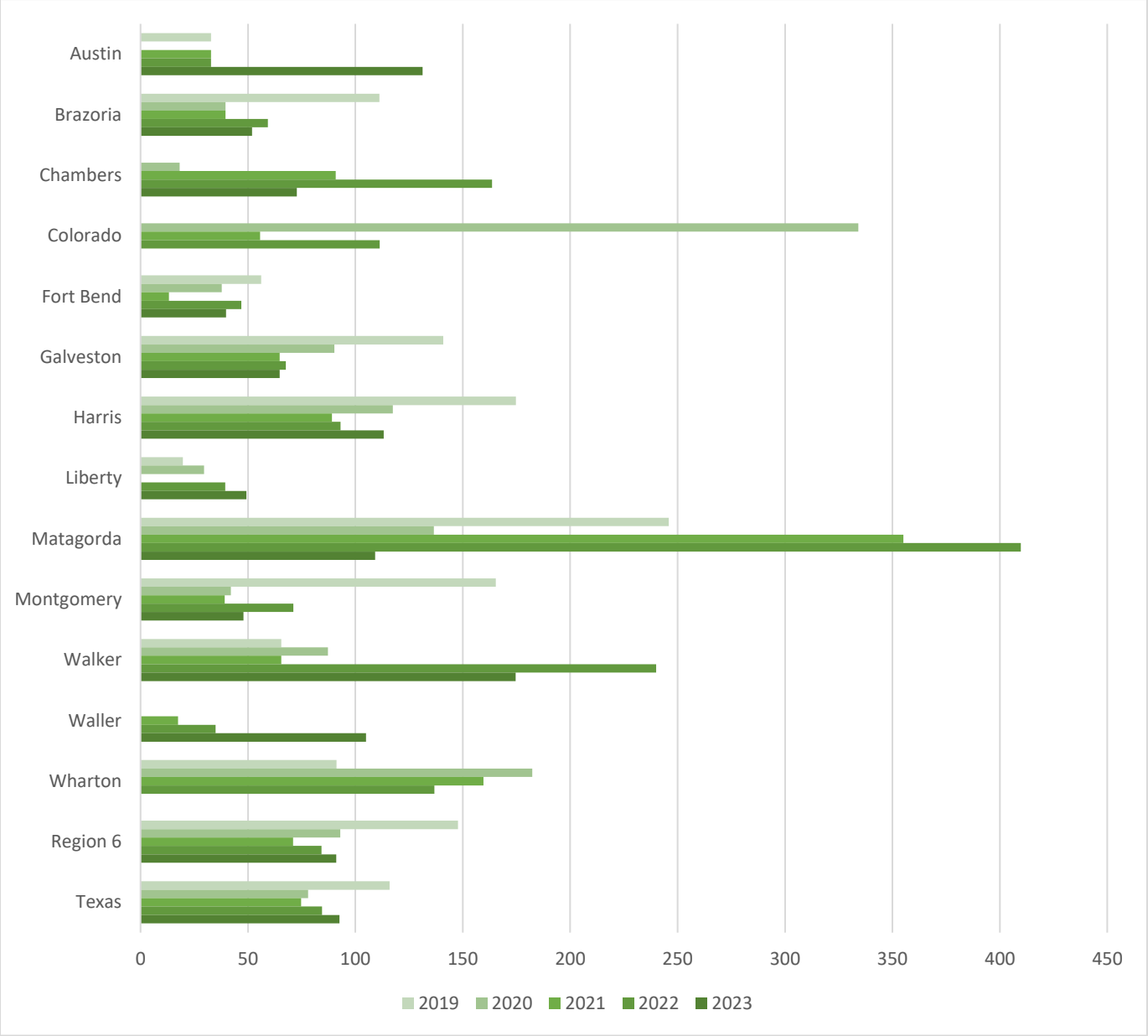
	Murder and Nonnegligent Manslaughter	Rape	Aggravated Assault	Robbery	Total Violent Crimes
Austin	-	1	29	-	30
Brazoria	10	7	193	36	246
Chambers	3	7	41	3	54
Colorado	-	2	13	2	17
Fort Bend	12	23	270	50	355
Galveston	9	20	124	32	185
Harris	258	136	5,227	1,337	6,958
Liberty	4	2	40	6	52
Matagorda	-	3	57	1	61
Montgomery	5	45	462	34	546
Walker	2	7	74	10	93
Waller	1	-	34	8	43
Wharton	-	3	41	2	46
Region 6	**304**	**256**	**6,605**	**1,521**	**8,686**

Source: Texas Department of Public Safety's Uniform Crime Reporting

Juveniles

From 2019 to 2023, the rate of juvenile violent crime in Region 6 was the highest in 2019 and the lowest in 2021. In 2019 and 2020, the rate of juvenile violent crime was higher in Region 6 than in Texas, however, from 2021 to 2023, the rate in Region 6 stayed slightly below the rate in Texas. Like the adults, the majority of the violent crimes by juveniles occurred in Harris County since this is the most populous county in the region. Walker County had the highest rate of violent crime in 2023 (174.56 per 100,000) with 8 aggravated assaults committed by juveniles. Both Colorado County and Wharton County had 0 violent crimes committed by juveniles in 2023 and the majority of counties in Region 6 had lower juvenile violent crime rates than Texas in 2023 including Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Montgomery, and Wharton.

Figure 26. Rate of violent crimes per 100,000 juveniles by area over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Table 13. Juvenile violent crime counts in 2023 by county and type of crime

	Murder and Nonnegligent Manslaughter	Rape	Aggravated Assault	Robbery	Total Violent Crimes
Austin	0	1	3	0	4
Brazoria	0	0	11	10	21
Chambers	0	1	3	0	4
Colorado	0	0	0	0	0
Fort Bend	3	2	26	8	39
Galveston	1	3	18	1	23
Harris	22	18	311	209	560
Liberty	1	0	3	1	5
Matagorda	0	0	4	0	4
Montgomery	0	4	24	5	33
Walker	0	0	8	0	8
Waller	2	0	3	1	6
Wharton	0	0	0	0	0
Region 6	**29**	**29**	**414**	**235**	**707**

Source: Texas Department of Public Safety's Uniform Crime Reporting

Property Crime

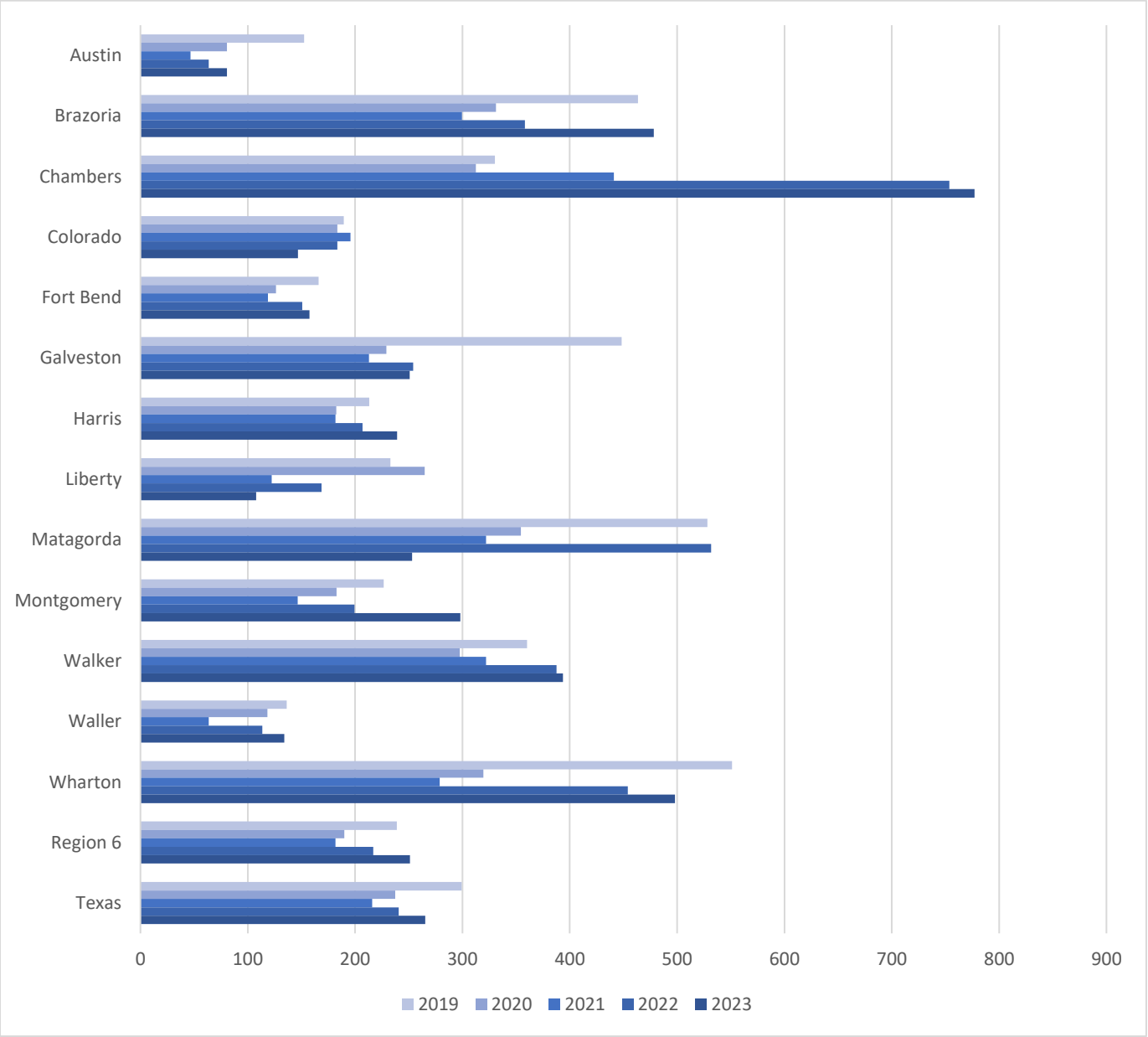
For the purpose of this report, property crime is classified as either burglary, meaning breaking or entering, larceny-theft, meaning the unlawful taking, carrying, leading, or riding away of property from the possession of another (not including motor vehicle theft), and motor vehicle theft, meaning the theft or attempted theft of a motor vehicle.

Adults

In each Region 6 county, the most common property crime committed by adults is larceny-theft. The rate of property crime by adults has been lower in Region 6 than in Texas from 2019 to 2023. The highest rates of property crime in 2023 were in Chambers County (777.1), Wharton County (497.9), and Brazoria County (478.23) while the lowest rate was in Austin County (80.49). The rate of property crime in Region 6 steadily decreased from 2019 to 2021 and since then has been steadily increasing. Looking at

the 5-year period between 2019 and 2023, the property crime rate amongst adults in Region 6 was the highest in 2023.

Figure 27. Rate of property crimes per 100,000 adults by area over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Table 14. Adult property crime counts in 2023 by county and type of crime

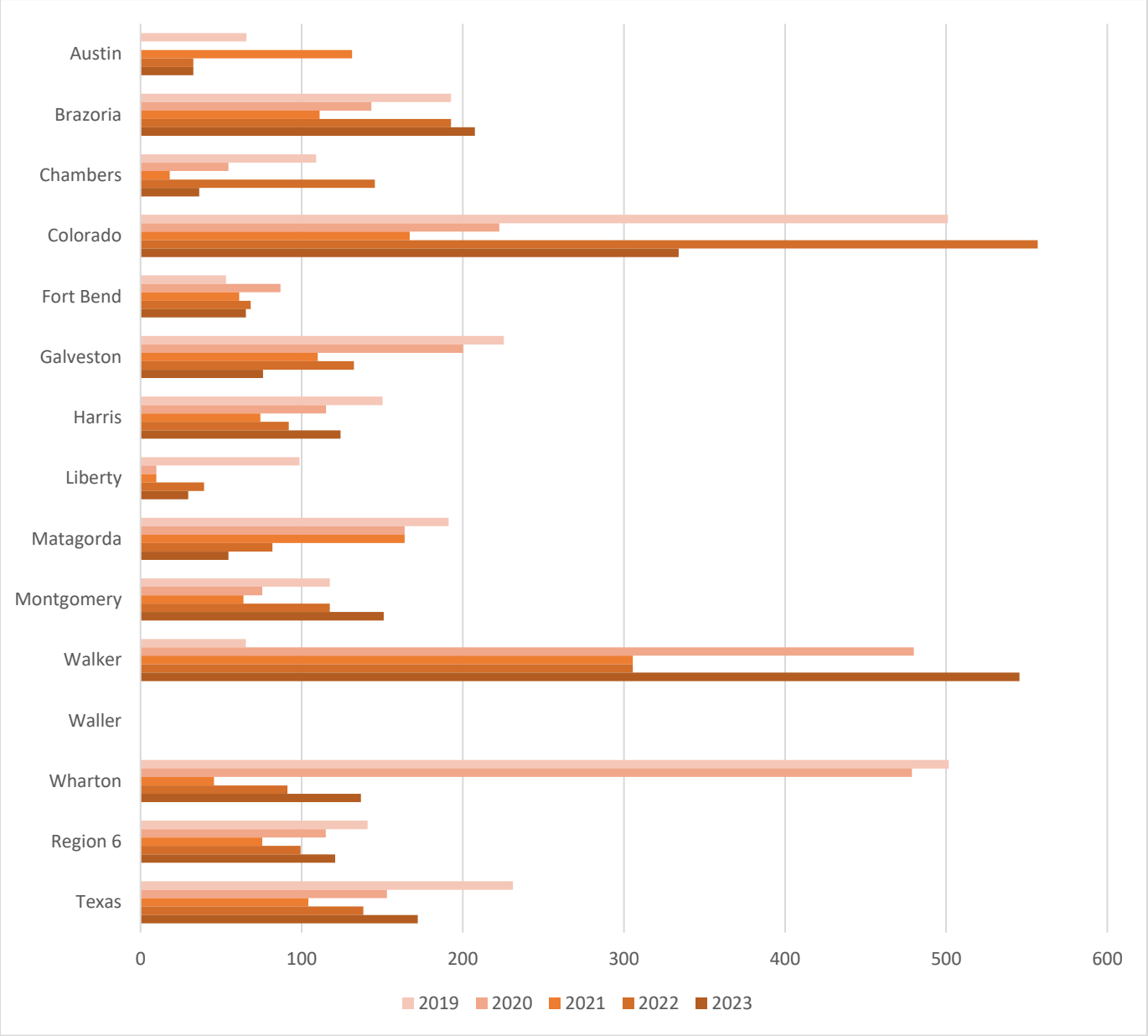
	Burglary	Larceny-Theft	Motor Vehicle Theft	Total Property Crimes
Austin	2	10	7	19
Brazoria	82	1,206	58	1,346
Chambers	28	218	20	266
Colorado	2	17	5	24
Fort Bend	58	841	63	962
Galveston	62	555	66	683
Harris	1,176	6,170	1,234	8,580
Liberty	20	37	17	74
Matagorda	9	56	5	70
Montgomery	154	1,139	102	1,395
Walker	49	184	25	258
Waller	11	27	21	59
Wharton	27	110	22	159
Region 6	**1,680**	**10,570**	**1,645**	**13,895**

Source: Texas Department of Public Safety's Uniform Crime Reporting

Juveniles

The property crime rate of juveniles in Region 6 has followed the same pattern as the property crime rate of adults in Texas decreasing from 2019 to 2021 and steadily increasing from 2021 to 2023. Region 6's juvenile rate of property crime remained lower than that of Texas from 2019 to 2023. The majority of the property crimes in Region 6 for 2023 were classified as larceny-theft with motor vehicle theft following behind. Walker County had by far the highest rate of property crime by juveniles in 2023 (545.59 per 100,000) and Waller County had the lowest with 0 property crimes.

Figure 28. Rate of property crimes per 100,000 juveniles by area over five years (2019-2023)



Source: Texas Department of Public Safety's Uniform Crime Reporting

Table 15. Juvenile property crime counts in 2023 by county and type of crime

	Burglary	Larceny-Theft	Motor Vehicle Theft	Total Property Crimes
Austin	0	0	1	1
Brazoria	10	66	8	84
Chambers	0	0	2	2
Colorado	3	2	1	6
Fort Bend	13	43	8	64
Galveston	2	22	3	27
Harris	68	348	198	614
Liberty	0	0	3	3
Matagorda	0	2	0	2
Montgomery	8	85	11	104
Walker	4	19	2	25
Waller	0	0	0	0
Wharton	1	4	1	6
Region 6	**109**	**591**	**238**	**938**

Source: Texas Department of Public Safety's Uniform Crime Reporting

Juvenile Probation

The Texas Juvenile Justice Department (TJJD) has data on juvenile referrals to probation because juvenile probation departments have been required to submit individual case file data to the TJJD since 1999. There are specific misconducts that would place a child under the jurisdiction of juvenile court that are separated into two categories: Conduct Indicating a Need for Supervision (CINS) and delinquent conduct. CINS are certain non-criminal or status offenses and less serious law violations including any fineable offense, truancy, running away, inhalant abuse, and DWIs. Delinquent conduct involves more serious violations such as a felony offense or jailable misdemeanor, violations of probation, any violation of Texas Penal Code. [23] After a youth is adjudicated as delinquent, they can be referred to probation which is a community-based corrections approach giving the youth rules to follow and addressing the needs of the youth and family.

The COVID-19 pandemic affected the juvenile justice system from 2020 to 2022 leading to many police departments continuing to prioritize limiting the spread of COVID-19 by referring and processing only the most serious cases. As such, both Region 6 and Texas experienced the lowest juvenile probation referral rates and least number of youths referred in 2020 and 2021. There was an uptick in the rate and number of youths referred in 2022 in Region 6 and Texas. While the rate of referral has been consistently lower in Region 6 than in Texas between 2018 and 2022, some counties have seen higher than usual referral rates in 2022 including Brazoria County, Galveston County (the highest in Region 6), Liberty County, Montgomery County, and Walker County.

[23] Office of the Attorney General (2020).

Table 16. Juvenile probation referral rate per 1,000 by area over five years (2018-2022)

	2018	2019	2020	2021	2022
Austin	17	14	8	14	14
Brazoria	24	25	12	16	27
Chambers	4	2	3	12	15
Colorado	18	16	10	16	16
Fort Bend	15	14	9	9	13
Galveston	34	38	21	20	28
Harris	16	15	8	8	10
Liberty	9	8	4	11	26
Matagorda	25	16	8	12	11
Montgomery	21	20	13	19	27
Walker	21	26	21	20	22
Waller	7	11	8	10	19
Wharton	23	21	18	21	20
Region 6	**18**	**17**	**10**	**10**	**14**
Texas	**19**	**19**	**11**	**12**	**16**

Source: Texas Juvenile Justice Department

Table 17. Total youth referred to juvenile probation by area over five years (2018-2022)

	2018	2019	2020	2021	2022
Austin	42	33	16	36	34
Brazoria	676	685	366	456	752
Chambers	19	9	13	49	61
Colorado	27	25	15	16	20
Fort Bend	963	967	631	587	910
Galveston	566	579	324	361	424
Harris	5,533	4,683	2,509	2,356	3,251
Liberty	63	57	33	82	196
Matagorda	73	52	27	38	31
Montgomery	997	946	603	927	1,298
Walker	75	90	66	78	73
Waller	30	50	36	47	84
Wharton	73	79	61	74	78
Region 6	**9,137**	**8,255**	**4,700**	**5,107**	**7,212**
Texas	**39,154**	**39,185**	**24,444**	**26,155**	**35,085**

Source: Texas Juvenile Justice Department

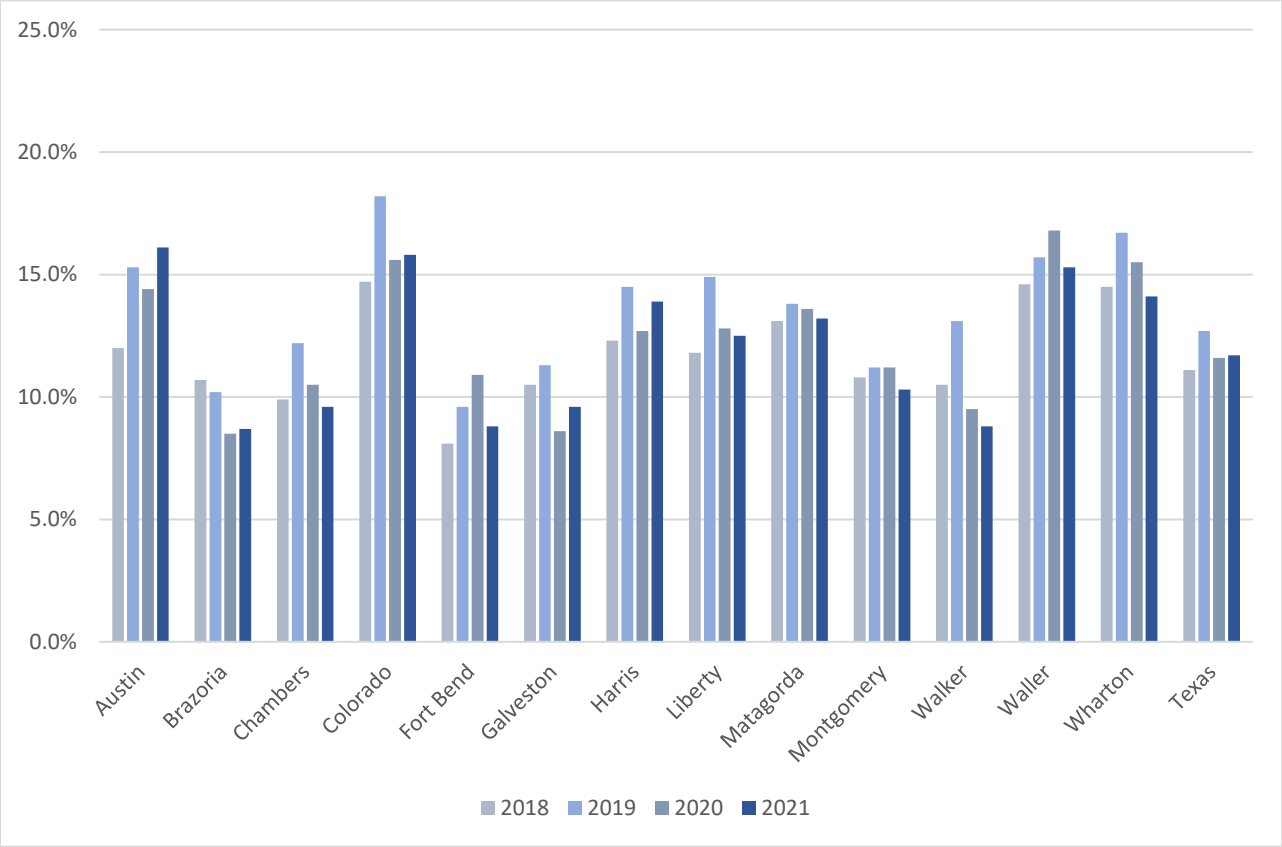
Health Care/Service System

Availability and access to treatment are important when examining the risk of negative health outcomes. The number of people who have insurance coverage is directly related to the number of people who have access to treatment and preventative services.[24]

Uninsured Children

Since the COVID-19 pandemic the rate of uninsured children in the United States has decreased, however Texas continues to be the state with the highest percentage of uninsured children.[25] The percentage of uninsured children in Texas and the Region 6 counties remained somewhat steady from 2018 to 2021. Some Region 6 counties experienced upticks in the rate of uninsured children from 2018 to 2021 including Austin (from 14.4% to 16.1%), Brazoria (8.5% to 8.7%), Colorado (15.6% to 15.8%), Galveston (8.6% to 9.6%), and Harris (12.7% to 13.9%). From 2020 to 2021, Austin County experienced the largest increase in rate of uninsured children and Fort Bend County experienced the largest decrease in rate of uninsured children. In 2021, there was an estimated total of 246,255 uninsured children in Region 6.

Figure 29. Percent of children (under 19 years old) who are uninsured by area over four years (2018-2021)



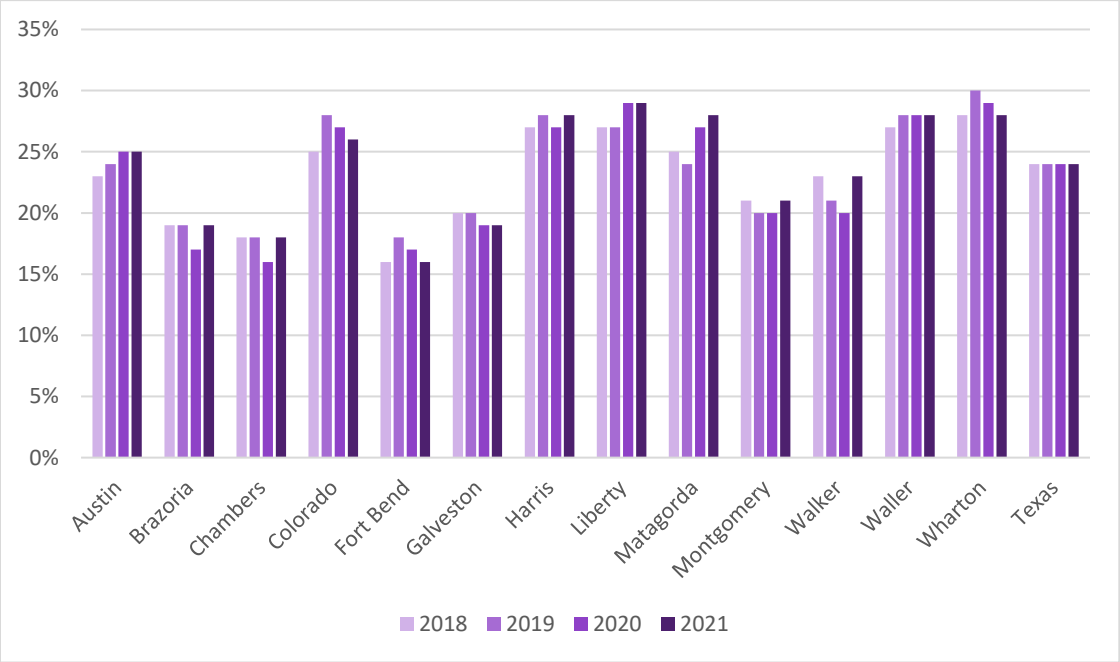
Source: US Census Bureau – Small Area Health Insurance Estimates

[24] Jalali, M.S. et al. (2020).
[25] Alker, J. et al. (2022).

Uninsured Adults 19-64

In 2021, Texas had the highest rate of uninsured adults in the United States.[26] The COVID-19 pandemic did not have the same effect on insurance rates for adults ages 19 to 64 years old as it did for children in Texas. The rate of uninsured adults in Texas remained at 24% for each year from 2018 to 2021 and the Region 6 counties followed a similar pattern. All counties in Region 6 have either seen an increase in percentage of uninsured adults from 2018 to 2021 or no change except for Galveston County which experienced a decrease of 1% during this time period. In 2021, there was an estimated total of 1,099,226 adults ages 19 to 64 years old in Region 6 without insurance.

Figure 30. Percent of adults (19-64 years old) who are uninsured by area over four years (2018-2021)



Source: US Census Bureau – Small Area Health Insurance Estimates

Retail Access

Increase in supply and demand increases the need for community retailers. The availability of and access to certain substances through prescriptions, online markets, and street vendors exacerbates the risk of substance misuse.[27]

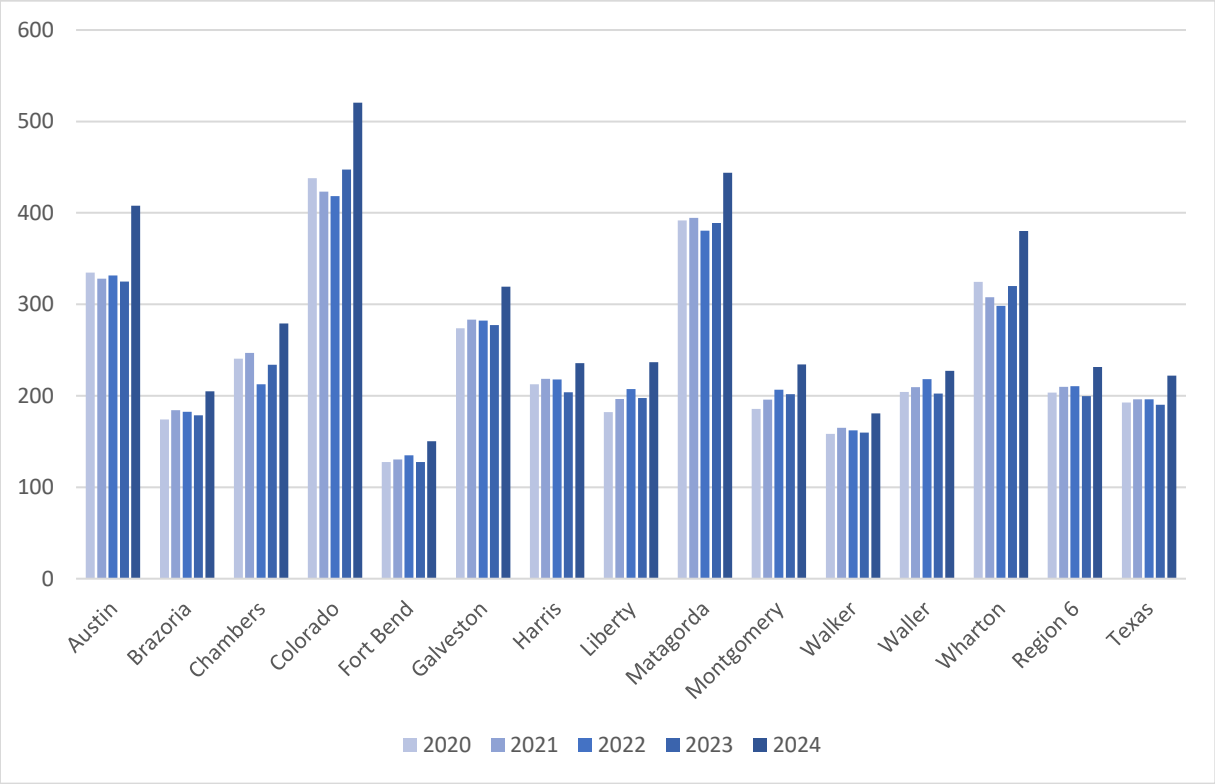
Alcohol Retail Density

The CDC asserts that high alcohol retail density, "is an environmental risk factor for excessive drinking." High alcohol retail density is associated with social disruption in neighborhoods in and around the retailers such as disorderly conduct, noise, neighborhood disruption, public nuisance, and property damage and other effects in neighborhoods further away from retailers such as alcohol-impaired driving, pedestrian injuries, domestic violence, and child abuse and neglect.[28]

[26] Terlizzi, E.P. et al. (2022).
[27] Connel, C.M. et al. (2010); Jalali, M.S. et al. (2020).
[28] Centers for Disease Control and Prevention (2017).

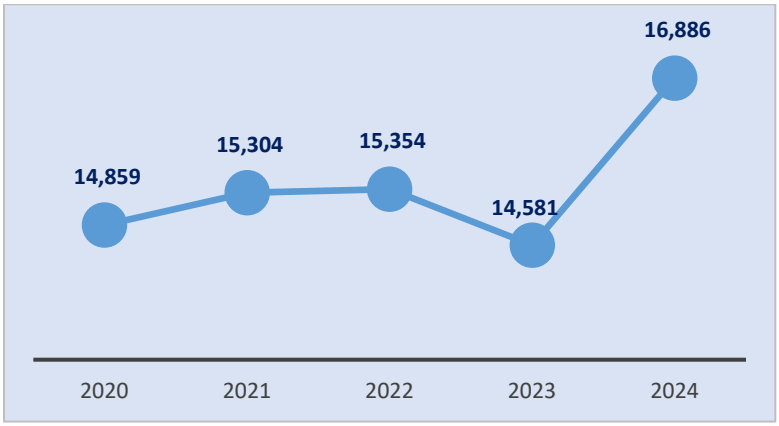
Both Region 6 and Texas as a whole saw a significant increase in alcohol retail density from 2023 to 2024 after fairly consistent alcohol retail densities from 2020 to 2023. The number of licensed alcohol-related businesses in Region 6 increased from 14,581 in 2023 to 16,886 in 2024. Over the last 5 years, Fort Bend County has consistently had the lowest alcohol retail density while Colorado County and Matagorda County have consistently had the highest alcohol retail densities.

Figure 31. Number of alcohol retailers per 100,000 people by area over five years (2020-2024)



Source: Texas Alcoholic Beverage Commission

Figure 32. Number of liquor licenses in Region 6 over five years (2020-2024)



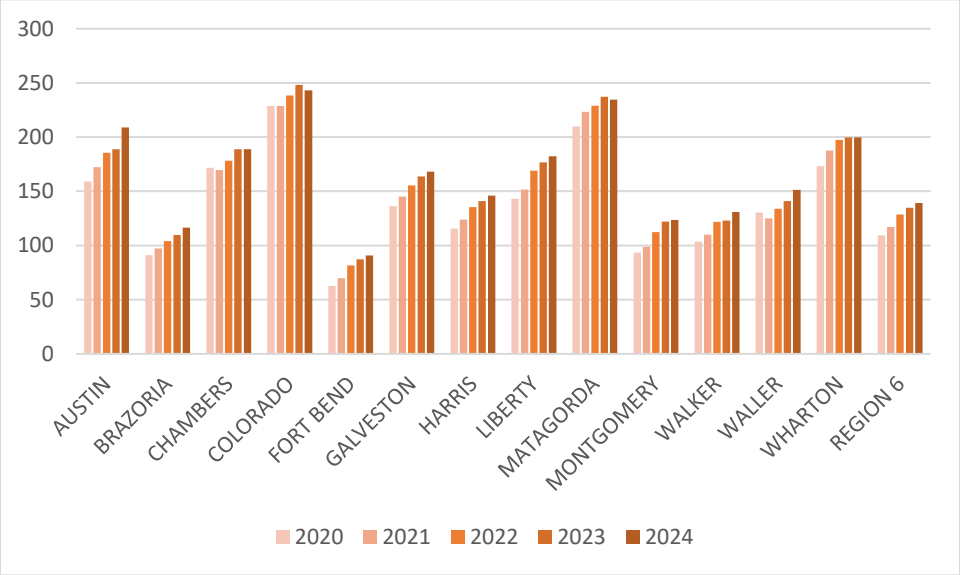
Source: Texas Alcoholic Beverage Commission

Tobacco Retail Density

From 2020 to 2024, there has been a 27% increase in the number of tobacco retail permits in Region 6. All of the Region 6 counties have experienced gradual increases in the number of tobacco retail permits

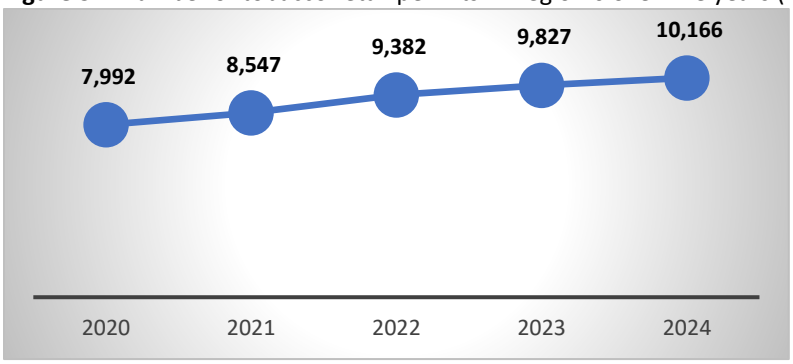
per 100,000 people from 2020 to 2024. Currently, in 2024, Colorado County and Matagorda County have the highest number of tobacco permits per 100,000 people while Fort Bend County has the lowest number.

Figure 33. Number of tobacco retail permits per 100,000 people in Region 6 over five years (2020-2024)



Source: Texas Comptroller

Figure 34. Number of tobacco retail permits in Region 6 over five years (2020-2024)

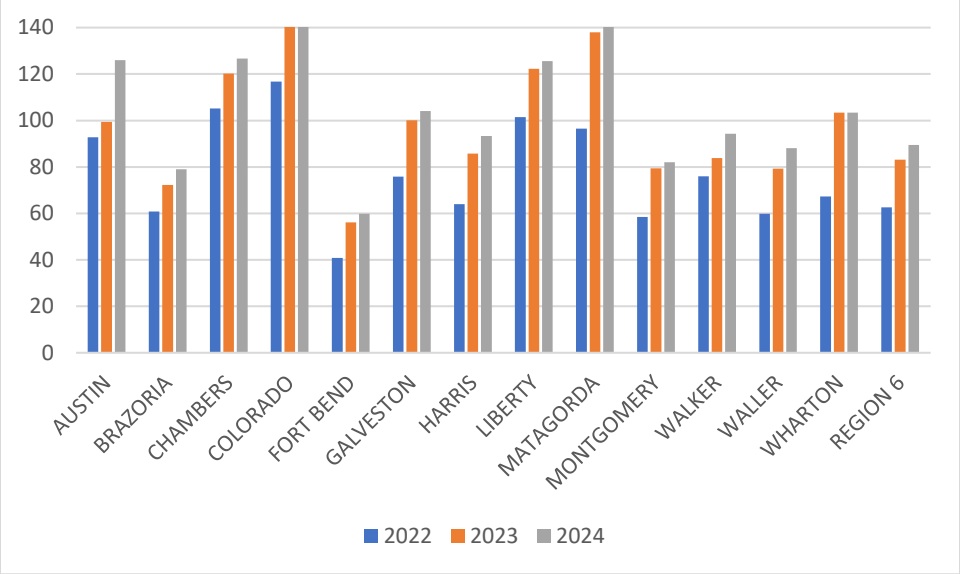


Source: Texas Comptroller

E-Cig Permit Density

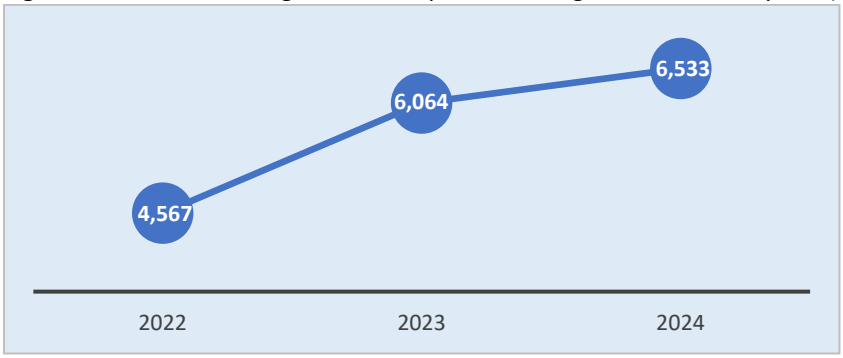
While e-cigarettes hit the market in the United States around 2003, it was not until January 1, 2022 that businesses in Texas were required to apply for e-cigarette retail licenses in order to sell e-cigarettes. Thus, there is only data about e-cigarette retail density in Texas from the years 2022 to 2024. From 2022 to 2024, the number of e-cigarette permits in Region 6 increased by 43%. All Region 6 counties saw increases in e-cigarette permit density from 2022 to 2024. Currently, in 2024, Colorado County and Matagorda County have the highest number of e-cigarette permits per 100,000 people while Fort Bend County has the lowest number.

Figure 35. Number of e-cigarette retail permits per 100,000 people in Region 6 over three years (2022-2024)



Source: Texas Comptroller

Figure 36. Number of e-cigarette retail permits in Region 6 over three years (2022-2024)



Source: Texas Comptroller

School Conditions

The conditions in a school such as relationships between students and teachers, feelings of safety or lack of, and presence of violence and harassment affect levels of in-school substance use and school disciplinary actions. Research shows that schools with higher levels of substance use and violence and harassment have a higher prevalence of school discipline while schools with students reporting higher levels of feeling safe in school had lower prevalence of school discipline.[29]

The TEA collects data from Texas schools about various kinds of disciplinary actions, some of which are specific to possession of substances. In this section, four types of substance use infractions are discussed:

1. Abuse of a volatile chemical: "when a person inhales, ingests, applies, uses, or possesses a volatile chemical with the intent to inhale, ingest, apply, or use a volatile chemical (glue, aerosol paint, etc) in a manner…designed to affect the persons central nervous system, create or induce

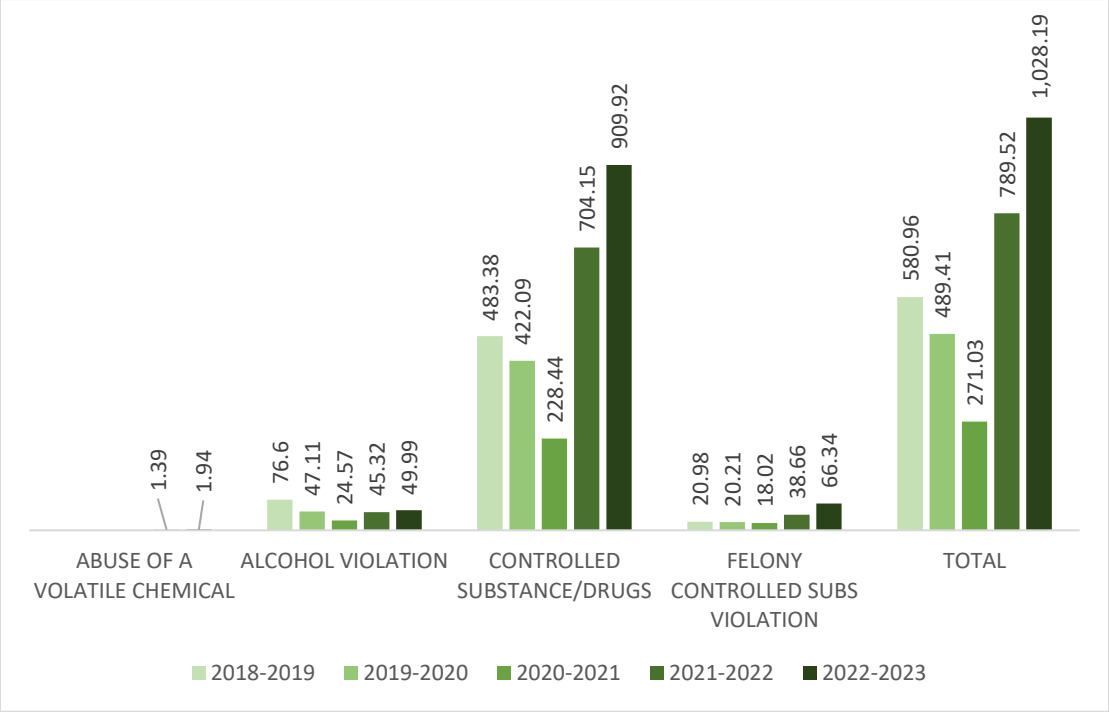
[29] Prins, S.J. et al. (2022).

a condition of intoxication, hallucination, or elation or change or distort or disturb the person's eyesight, thinking process, balance or coordination."

2. Alcohol violation: when someone "sells, gives, or delivers to another person an alcoholic beverage" or "commits a serious act or offense while under the influence of alcohol, or possesses, uses, or is under the influence of an alcoholic beverage."
3. Controlled substance violation: when a person "sells, gives, or delivers to another person or possesses or uses or is under the influence of marijuana or a controlled substance."
4. Felony controlled substance violation includes the possession of "four (4) ounces or more of marijuana, any amount of cocaine, and other controlled substances."[30]

Using the data collected by the TEA, it is possible to estimate the rate of the number of students who committed substance use infractions per 100,000 students in Region 6 and in Texas as a whole. From the 2018-2019 school year to the 2022-2023 school year, the rate of students committing substance use infractions in Region 6 follows a similar trend as that of Texas. Both in Region 6 and in Texas, the rate of students who committed controlled substance/drug violations, felony controlled substance violations, and the total rate of substance use violations were the highest in the 2022-2023 school year. Each violation regionally and statewide experienced decreases in rates in the 2020-2021 school year, which could be attributed to the COVID-19 Pandemic with students not attending school in-person. The rate of students with an abuse of a volatile chemical infraction cannot be calculated statewide due to the number of infractions being so small while regionally, only rates for the school years 2021-2022 and 2022-2023 could be estimated.

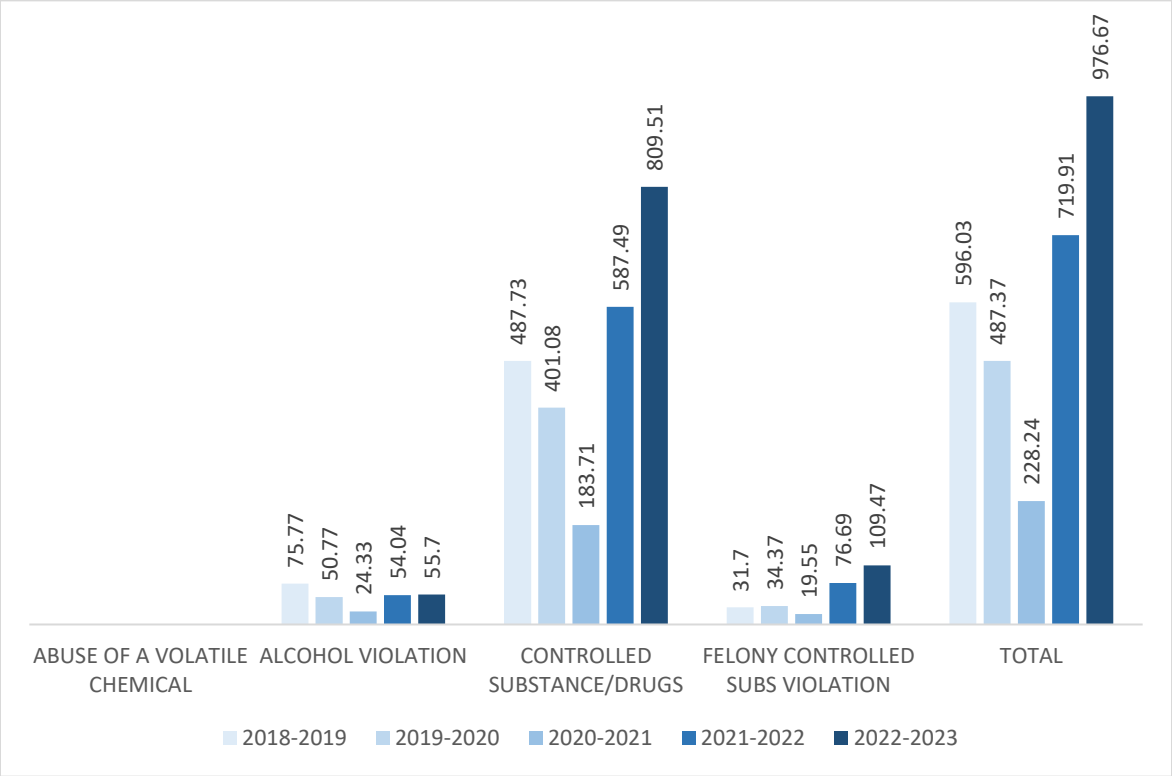
Figure 37. Estimated rate of students with substance use infractions per 100,000 students in Region 6 over five school years (2018-2023)



Source: Texas Education Agency

[30] Texas Education Agency (2015-2016).

Figure 38. Estimated rate of students with substance use infractions per 100,000 students in Texas over five school years (2018-2023)



Source: Texas Education Agency

Protective Factors

Social Associations

County Health Rankings and Roadmaps collects data on social associations, a rate that measures the number of membership associations per 10,000 people. County Health Rankings and Roadmaps count membership associations as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Social support networks can have a large impact on health behaviors. Research shows that individuals who do not have a strong social network are less likely to make healthy lifestyle choices than individuals who have a strong social network. It is important to note that there is not currently a reliable, national source of data for measuring social or community support at the local level. The County Health Rankings and Roadmaps measure of social associations does not account for important social connections offered via family support structures, informal networks, or community service organizations, all of which are important to consider when understanding the amount of social support available within a county. It also does not account for perceived support. For instance, an individual can be a member of numerous social associations, but feel they receive no social support from those organizations.

In 2021, Texas had a rate of 7.4 social associations per 10,000 people. Only four of the Region 6 counties, Austin, Colorado, Matagorda, and Wharton, had social association rates higher than that of Texas. The rest of the counties had social association rates lower than that of Texas.

Table 18. Number of social associations per 10,000 population by county over five years (2020-2024)

	2020	2021	2022	2023	2024
Austin	12.4	11.3	11.3	11.3	11.2
Brazoria	6.5	6.4	6.5	6.8	6.9
Chambers	6	5.4	4.8	4.6	4.9
Colorado	12.7	12.7	12.6	12.5	16
Fort Bend	5	4.7	4.7	4.7	4.8
Galveston	7.4	7.5	7.1	6.6	6.6
Harris	5.5	5.4	5.5	5.5	5.5
Liberty	8.7	8.6	8.2	8	7.3
Matagorda	14.9	14.2	13.4	13.1	11.8
Montgomery	5.8	5.8	5.9	5.7	5.7
Walker	5.8	6.6	6.3	6.4	6.2
Waller	5.5	5.8	4.7	4.5	4
Wharton	15.2	15.4	15.4	14.9	14.4
Texas	**7.6**	**7.5**	**7.5**	**7.4**	**7.4**

Source: County Health Rankings and Roadmaps

Prescription Drug Monitoring Program

Prescription Drug Monitoring Programs (PDMPs) are electronic databases that gather information on controlled substance prescriptions in a state. Initially, most PDMPs were developed with goals of supporting regulatory and law enforcement activities including reducing misuse and diversion of prescription drugs and aiding investigations. However, with the increase in prescription opioid overdoses, PDMPs have become a public health tool used to address the opioid epidemic by informing prescribing practices and addressing prescription drug misuse, diversion, and overdose.[31] Per House Bill 2561 from the 85th Texas Legislature, prescribers and pharmacists are required to check the Texas Prescription Monitoring Program (PMP) before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol to avoid potentially life-threatening drug interactions, decide when to make referrals to treatment providers, and identify individuals obtaining controlled substances from multiple prescribers and pharmacies.[32]

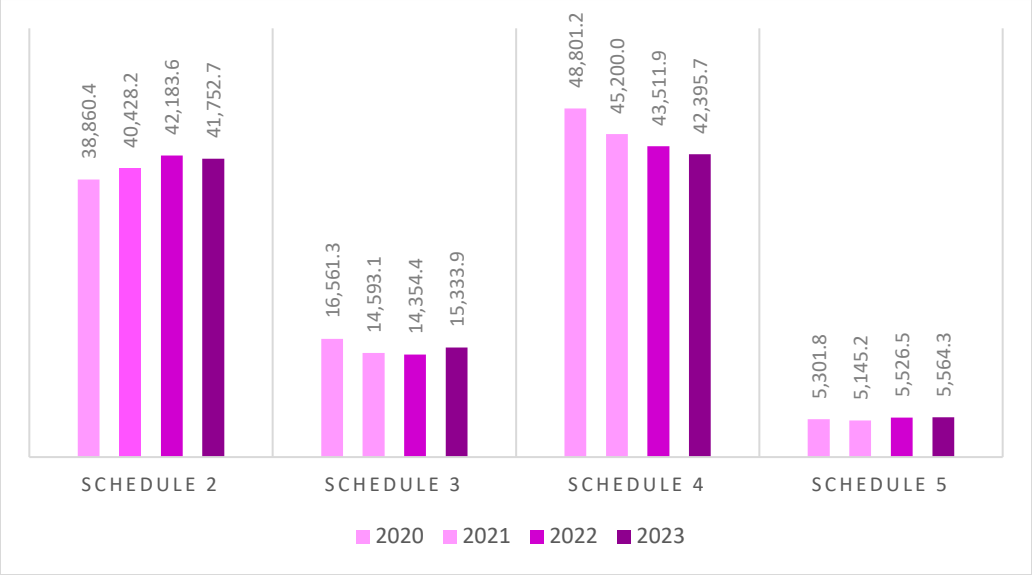
The Texas PMP monitors controlled substance prescriptions by schedule type. Schedule II drugs have a high potential for misuse with the potential of leading to severe psychological or physical dependence. Some examples of Schedule II drugs are Vicodin, cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin. Schedule III, IV, and V drugs have lower potentials for misuse. Schedule III drugs include products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone. Schedule IV drugs include Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol. Schedule V drugs include cough preparations with

[31] Centers for Disease Control and Prevention (2021); Texas Prescription Monitoring Program (n.d.).
[32] Texas Prescription Monitoring Program (n.d.).

less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.[33]

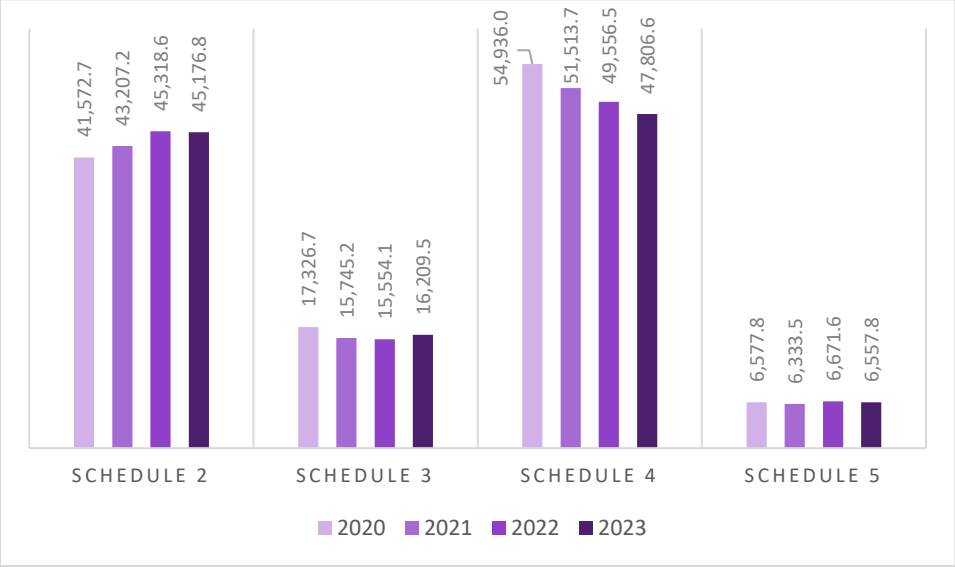
In Region 6 and all of Texas, the rate of Schedule II prescriptions (drugs with the highest likelihood of misuse) written per 100,000 people has increased from 2020 to 2023. Schedule II drugs had the second highest rate of prescriptions after Schedule IV.

Figure 39. Prescriptions written per 100,000 people in Region 6 by schedule over four years (2020-2023)



Source: Texas Prescription Monitoring Program

Figure 40. Prescriptions written per 100,000 people in Texas by schedule over four years (2020-2023)



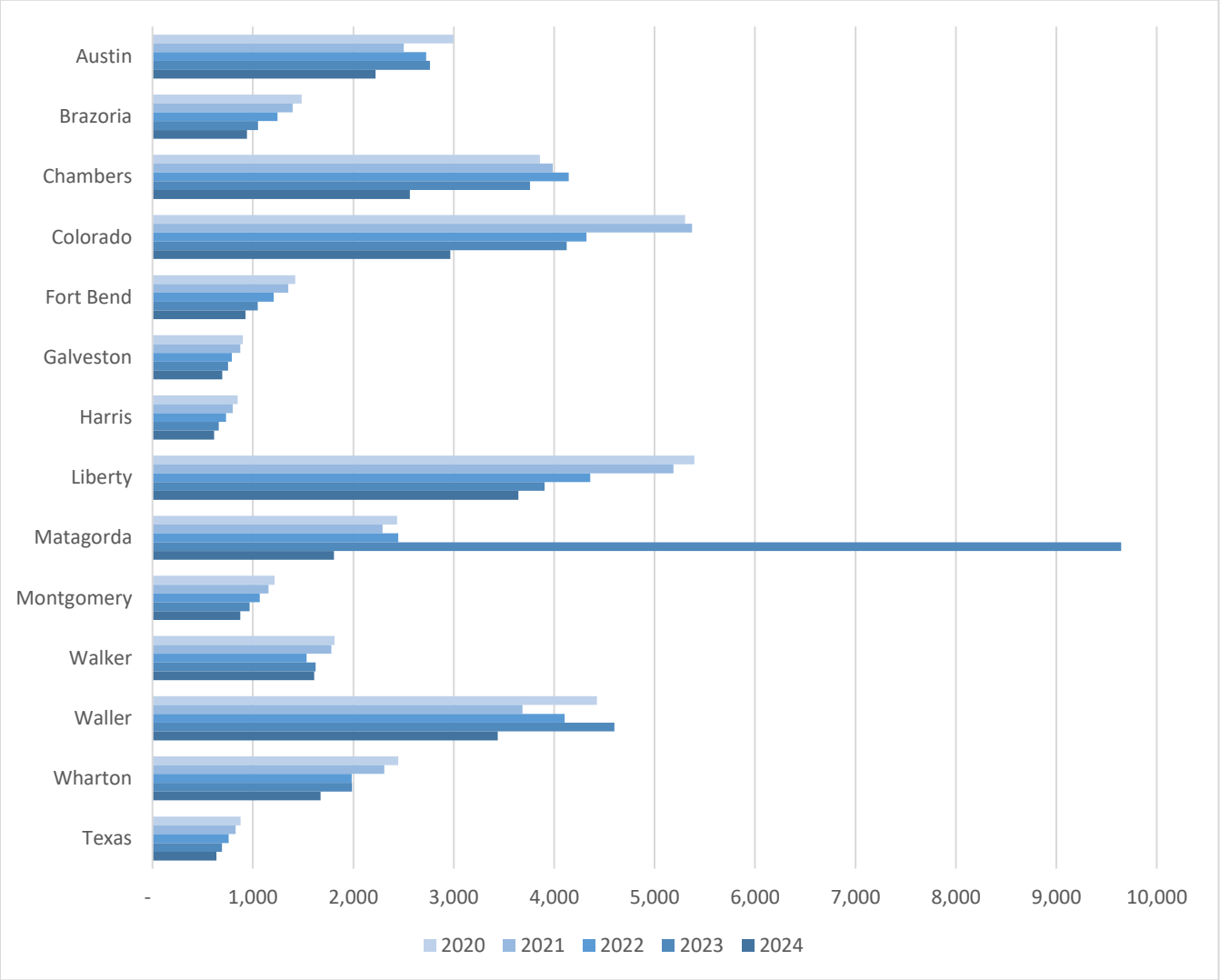
Source: Texas Prescription Monitoring Program

[33] Drug Enforcement Agency (2018).

Mental Health Providers

One important protective factor to acknowledge in communities is the availability of mental health providers. For the purpose of this report, the following are considered mental health providers: psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug misuse, and advance practice nurses specializing in mental health care. Figure 26 below shows the number of individuals served by one mental health provider in each county and in the state of Texas (i.e. the total population divided by the number of mental health providers). Harris County is the only county that consistently had a lower ratio (meaning greater access to mental health providers) than Texas from 2020 to 2024. All of the other Region 6 counties had higher ratios than Texas. Liberty County had the highest ratio of individuals per mental health provider in 2024 (3,643 individuals to 1 mental health provider) followed by Waller County (3,439 individuals to 1 mental health provider).

Figure 41. Ratio (number of individuals per provider) of mental health providers by area over five years (2020-2024)



Source: University of Wisconsin Population Health Institute

Interpersonal Domain

The interpersonal level examines the interpersonal relationships within an individual's environment that has the most influence on their development and behavioral responses. Interpersonal level risk factors for substance use include loss of caregiver/family member, family history of mental illness, parental mental illness, aversive family environment, economic stress, trauma, abuse and neglect. Interpersonal level protective factors include parental support and monitoring, positive family functioning, positive home environment, good parental mental stability, and peer social support.[34]

Family Environment

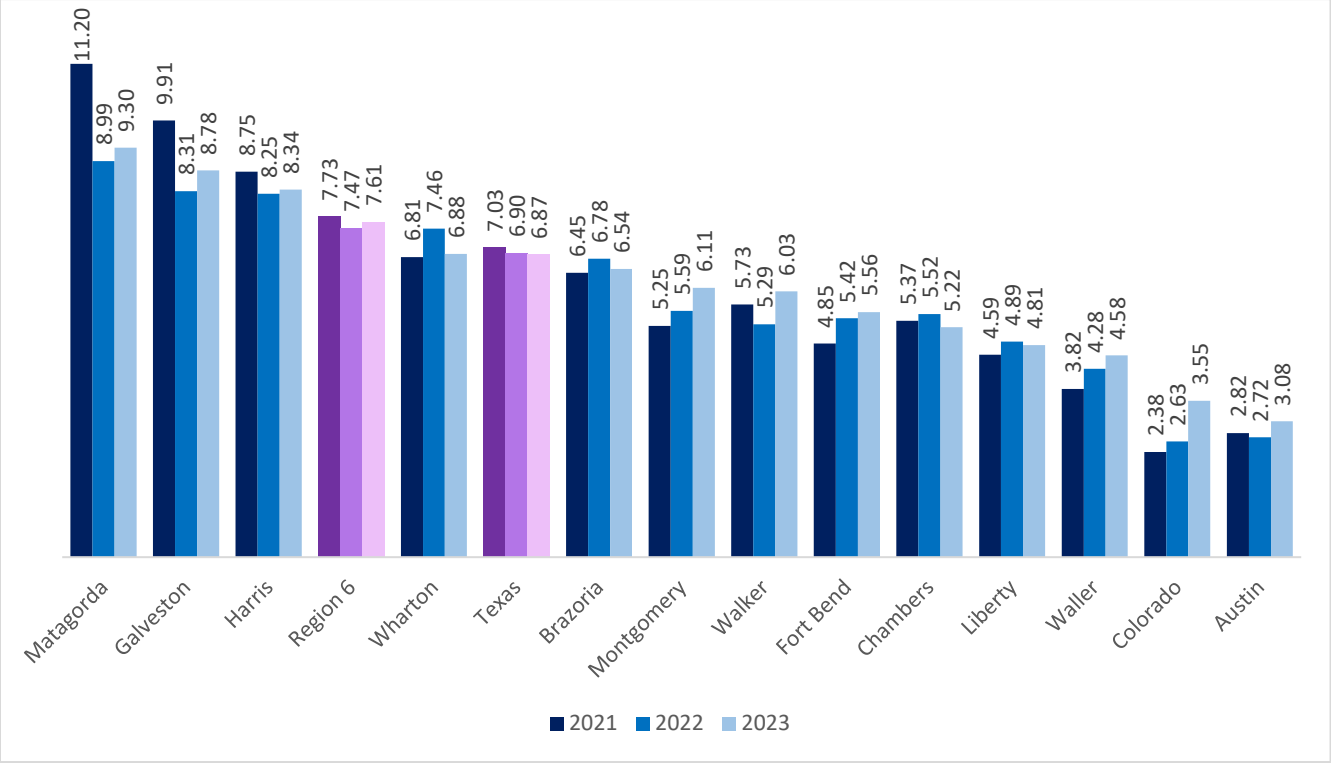
The environment and dynamics of the family a child grows up in has impacts on their well-being. Familial-level risk factors include caregivers with mental health issues such as depression, families experiencing violence including relationship violence, families with incarcerated household members, and families with high conflict and negative communication styles. Familial-level protective factors include families having strong social support networks, families where caregivers are present and interested in the child, and families where caregivers enforce rules and monitor the children.[35]

Family Violence Crime Rate

According to the CDC, witnessing or experiencing violence in the home is considered an Adverse Childhood Experience (ACE). As shown by research, ACEs increase the risk of adolescent substance use and misuse. The Texas Department of Public Safety (DPS) tracks the number of family violence incidents that occur using the Uniform Crime Reporting System. In 2023, the majority of Region 6 counties had a lower rate of family violence incidents per 1,000 people than Texas as a whole. Four counties, Matagorda, Galveston, Harris, and Wharton, had rates higher than that of Texas in 2023. In Region 6, Matagorda County has remained the county with the highest rate of family violence incidents per 1,000 from 2021 to 2023.

[34] Lut, I. et al. (2021).
[35] Centers for Disease Control and Prevention (2024).

Figure 42. Family violence incidents per 1,000 population over three years (2021-2023)

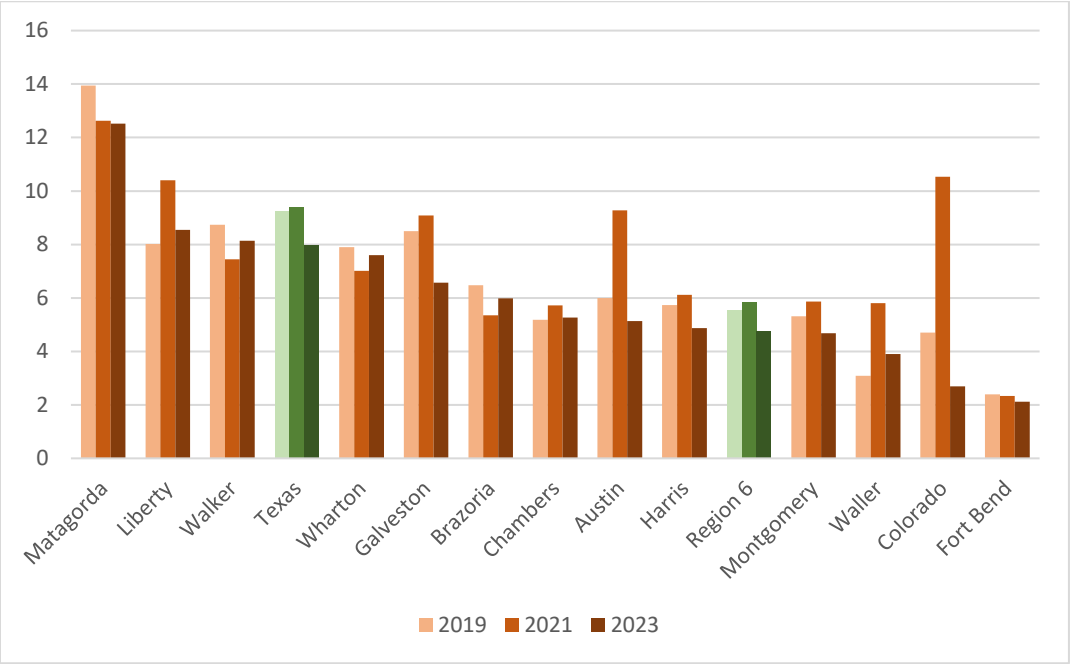


Source: Texas Department of Public Safety's Uniform Crime Reporting

Victims of Maltreatment

All but three (Liberty County, Chambers County, and Waller County) Region 6 counties saw declines in the rate of confirmed child maltreatment cases from 2021 to 2023. In 2023, Matagorda County, Liberty County, and Walker County are the only Region 6 counties that had confirmed child maltreatment rates per 1,000 children greater than that of Texas as a whole. The rate of confirmed child maltreatment cases per 1,000 children in all of Region 6 increased in from 5.53 in 2019 to 5.85 in 2021 before experiencing a decrease in 2023 to 4.78.

Figure 43. Rate of confirmed child maltreatment cases per 1,000 children by area over three years (2019, 2021, 2023)



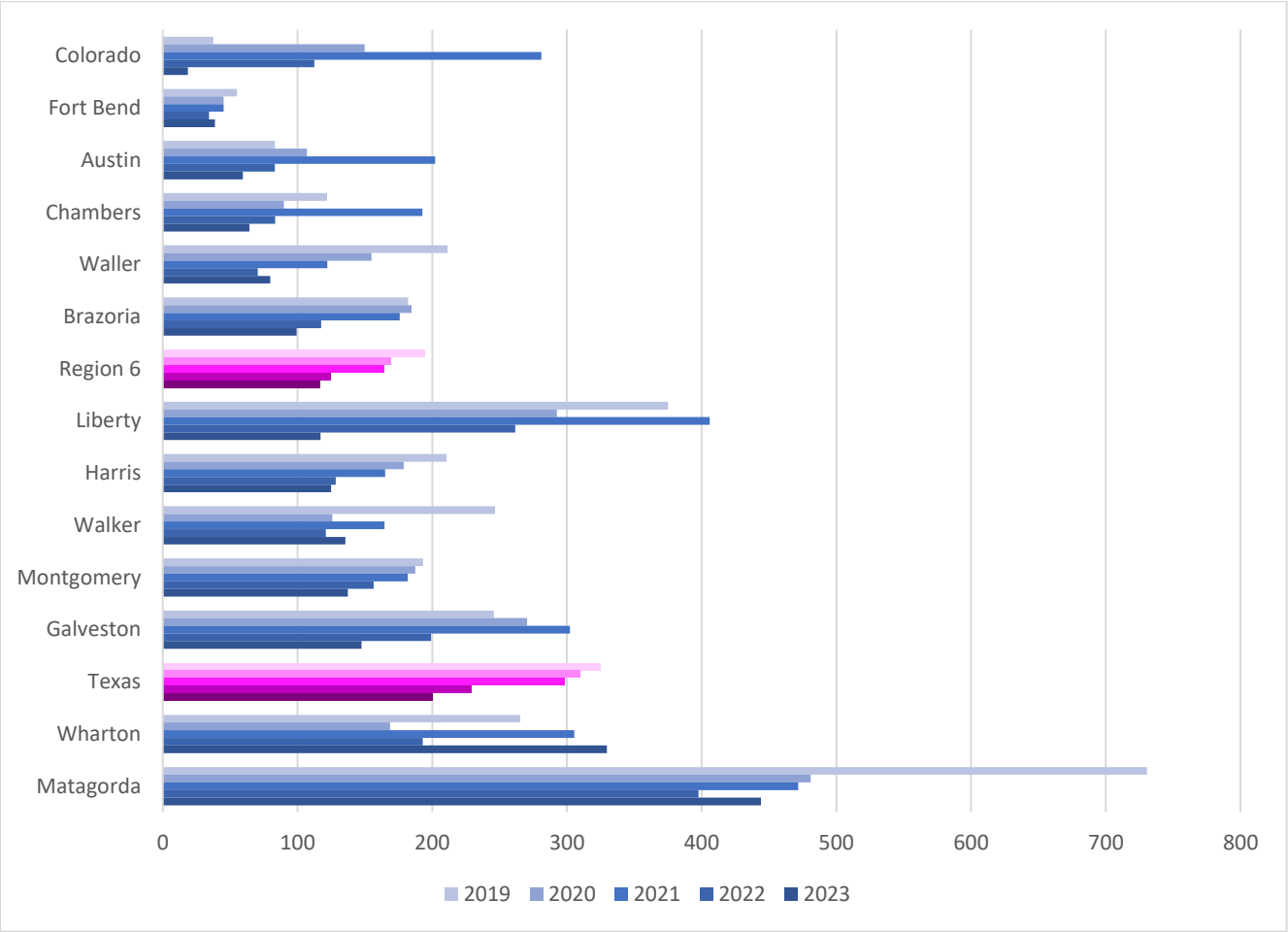
Source: Texas Department of Family and Protective Services

Children in Foster Care

A child being placed in foster care is considered a risk factor not only because of the maltreatment that they endured prior to placement, but also because of other factors associated with foster care such as poverty, parental substance use, and neighborhood disadvantage. Children placed in foster care are more likely to struggle in school, misuse substances in adolescence and early adulthood, experience mental health issues, and have behavioral issues.[36] Across the United States, the number of children put into foster care has been decreasing since the passage of the Family First Prevention Services Act which helped change the approach to prevention of foster care placements and preservation of families.[37] Region 6 counties have mostly reflected this same trend. From 2019 to 2023, all counties in Region 6 experienced a decrease in the rate of children in foster care per 100,000 children except for Wharton County which experienced an increase. Matagorda County and Wharton County had the highest rate of children in foster care while Colorado County and Fort Bend County had the lowest rates.

[36] Turney, K. et al. (2016).
[37] Administration for Children and Families (2024).

Figure 44. Rate of children in foster care per 100,000 children by county over five years (2019-2023)



Source: Department of Family and Protective Services

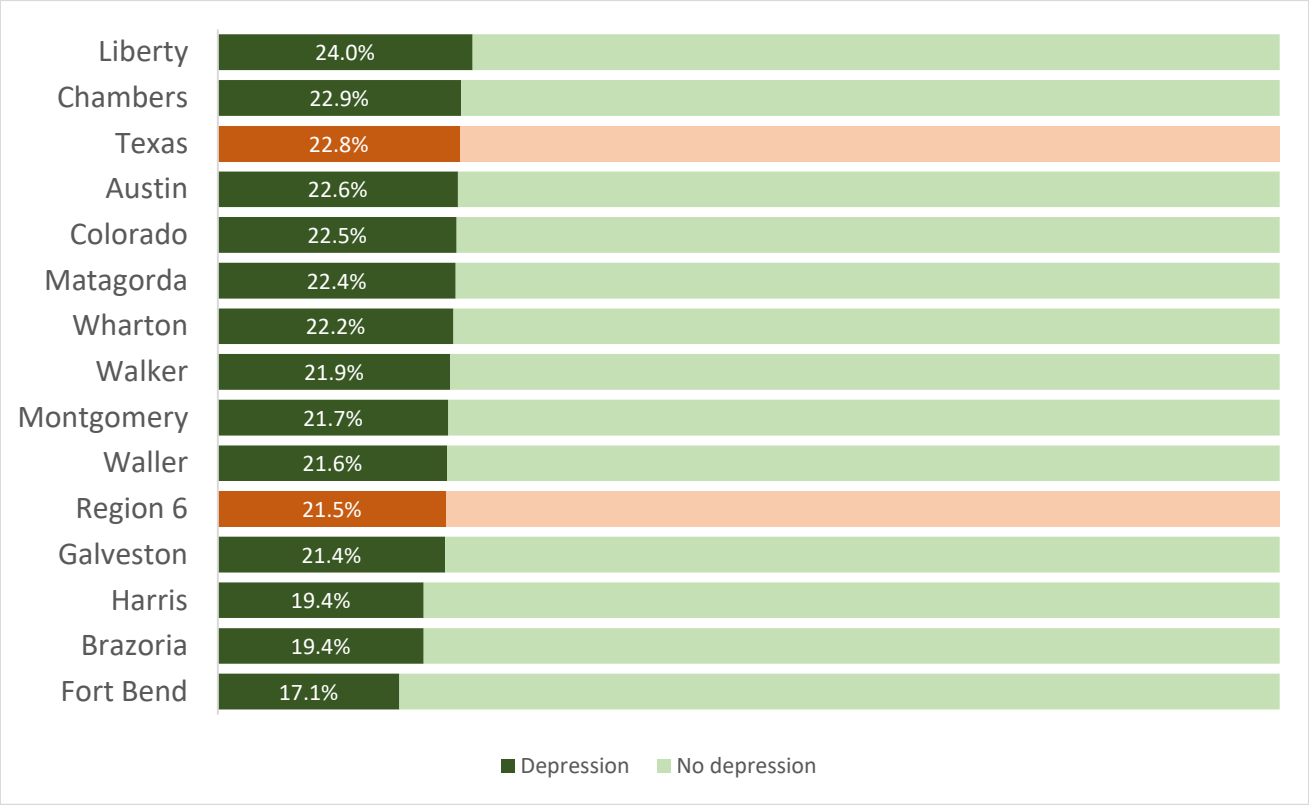
Adult Depression

When a parent is depressed, adolescent tobacco and substance use occurs more often.[38] The CDC uses data from the Behavior Risk Factors Surveillance System (BRFSS), the nation's system of health-related telephone surveys to collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services, to create county level estimates of prevalence rates of depression in the adult population. Although this data is adult depression and not specifically parental depression, research suggests that there is not a significant difference in rates of depression among these two populations.

In 2021, Region 6's estimated average percentage of adults experiencing depression was 21.5% which is lower than the statewide average percentage of adults experiencing depression, 22.8%. The figure below shows the county level estimates of rates of adult depression in Region 6 in comparison to the average prevalence both statewide and region wide.

[38] National Research Council (US) and Institute of Medicine (US) Committee on Depression, Parenting Practices, and the Healthy Development of Children (2009)

Figure 45. Prevalence rate of adult depression in Region 6 by county compared to Texas in 2021



Sources: CDC PLACES and Texas DSHS

Perceptions of Parental Attitudes

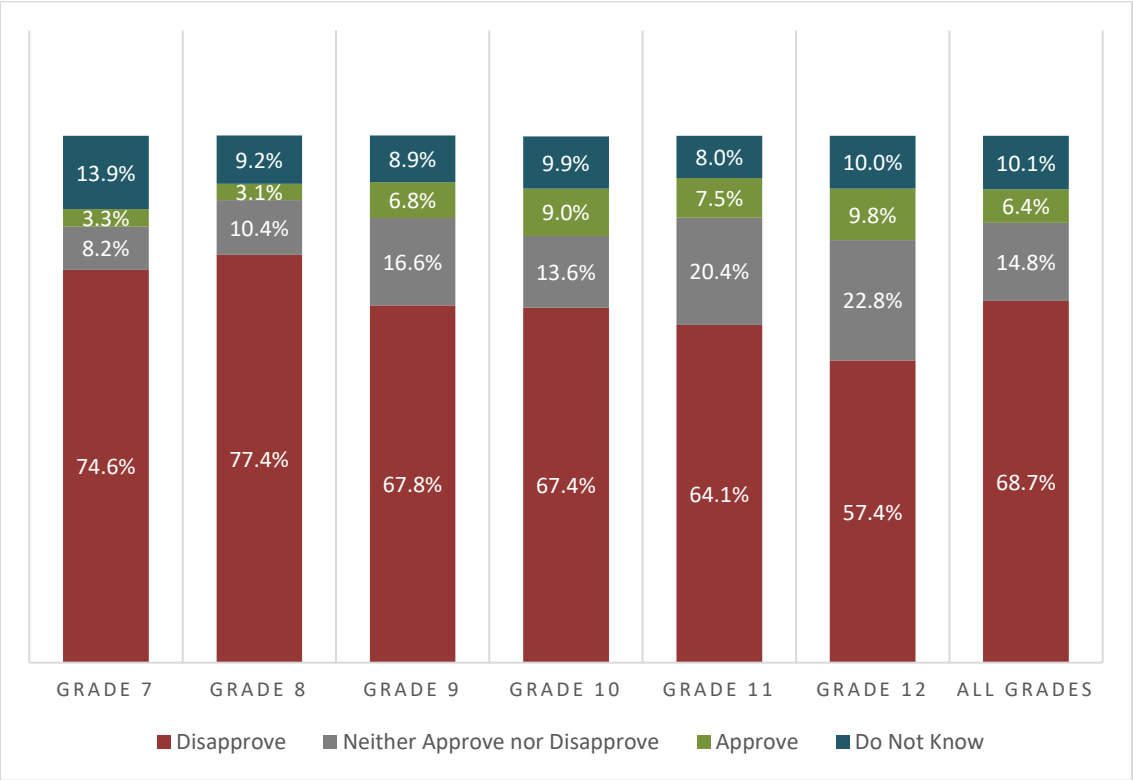
Children's perceived parental disapproval of substances has been shown to be protective against substance use and misuse.[39] The Texas School Survey (TSS) is administered to students grades 7 to 12 and asks students specific questions about how they think their parents feel about use of substances including alcohol, marijuana, and tobacco. Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Parents Disapproval of Alcohol

Region 6 and 7 students have similar perceptions of parental attitudes toward alcohol as students across the state of Texas with some variation. Students in higher grades tended to perceive lower parental disapproval of alcohol and higher neutral and approving parental attitudes towards alcohol. With all grade levels combined, the perceived disapproval of alcohol is slightly lower in Regions 6 and 7 than in Texas. The overall perceived parental disapproval of alcohol in 2022 for Regions 6 and 7 was 68.7% while for Texas it was 71.9%.

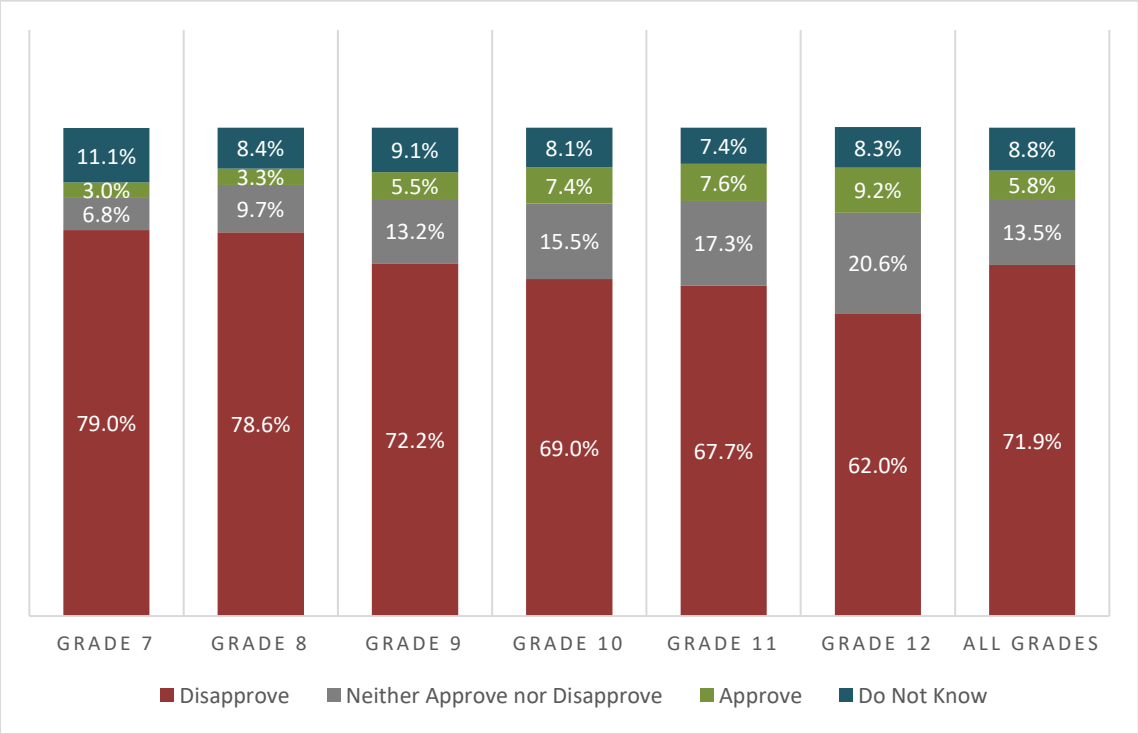
[39] Marziali, M.E. (2022).

Figure 46. Regions 6 and 7 combined perceived parental attitudes towards alcohol in 2022



Source: Texas School Survey

Figure 47. Texas perceived parental attitudes towards alcohol in 2022

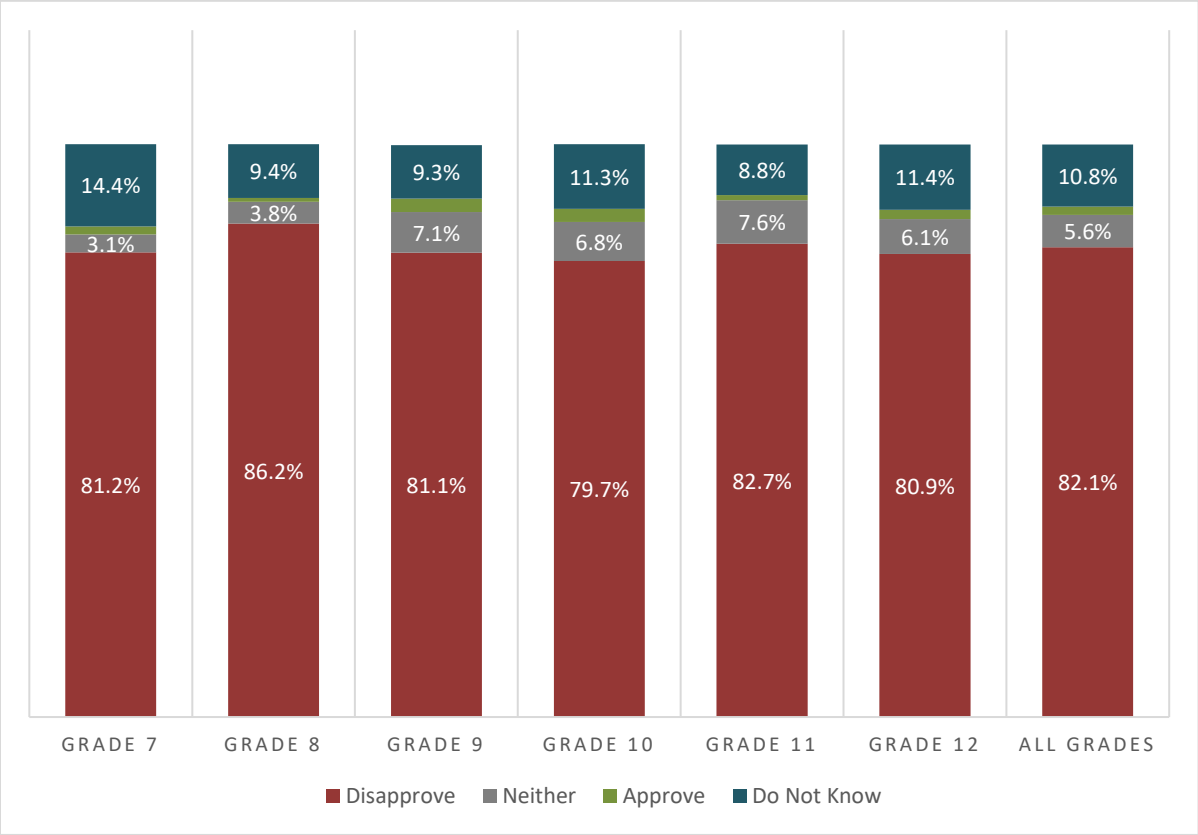


Source: Texas School Survey

Parents Disapproval of Tobacco

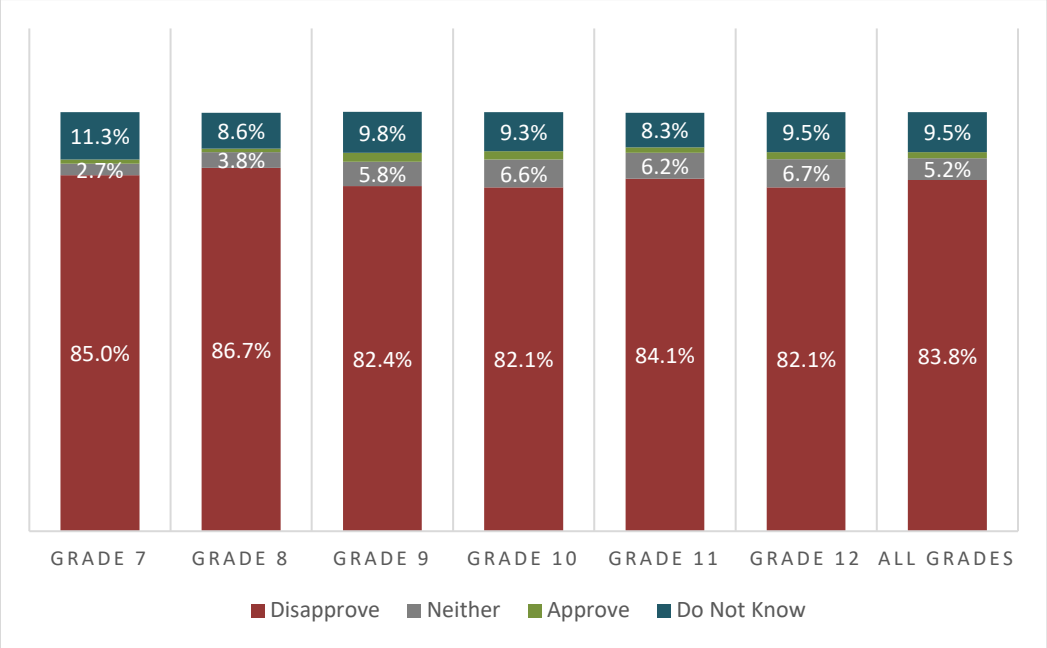
In 2022, the perceived parental disapproval of tobacco was higher than that of alcohol and marijuana in both Regions 6 and 7 and Texas across all grade levels. Perceived parental attitudes towards tobacco were similar in Regions 6 and 7 to those in Texas overall. The perceived disapproval of tobacco was slightly lower across all grades in Regions 6 and 7 than it was in Texas. The overall perceived parental disapproval of tobacco in 2022 for Regions 6 and 7 was 82.1% while for Texas it was 83.8%.

Figure 48. Regions 6 and 7 combined perceived parental attitudes towards tobacco in 2022



Source: Texas School Survey

Figure 49. Texas perceived parental attitudes towards tobacco in 2022

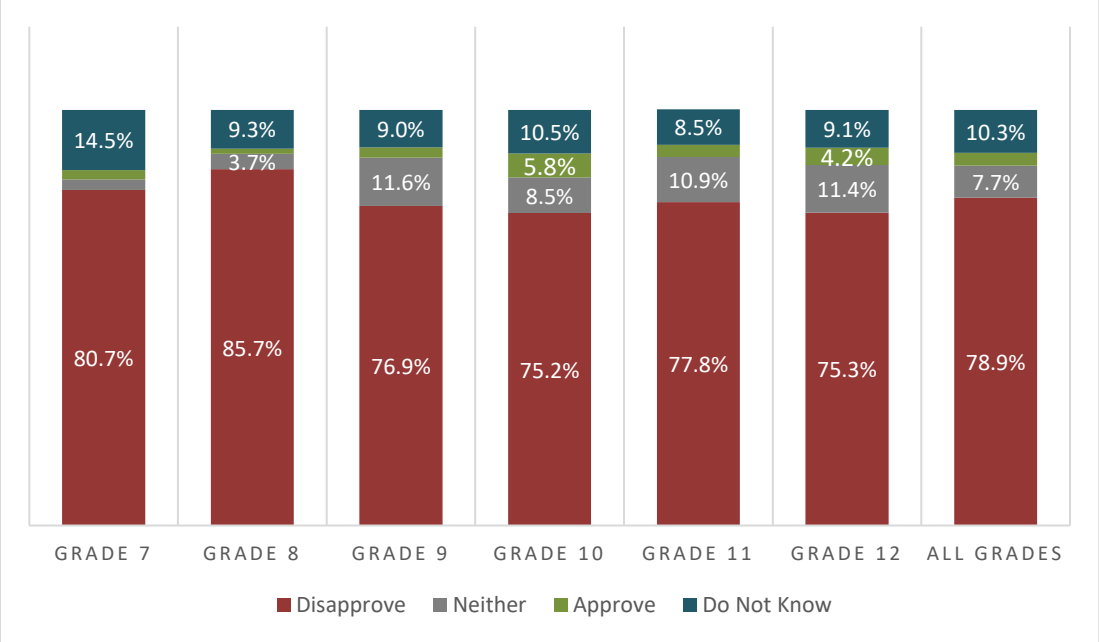


Source: Texas School Survey

Parents Disapproval of Marijuana

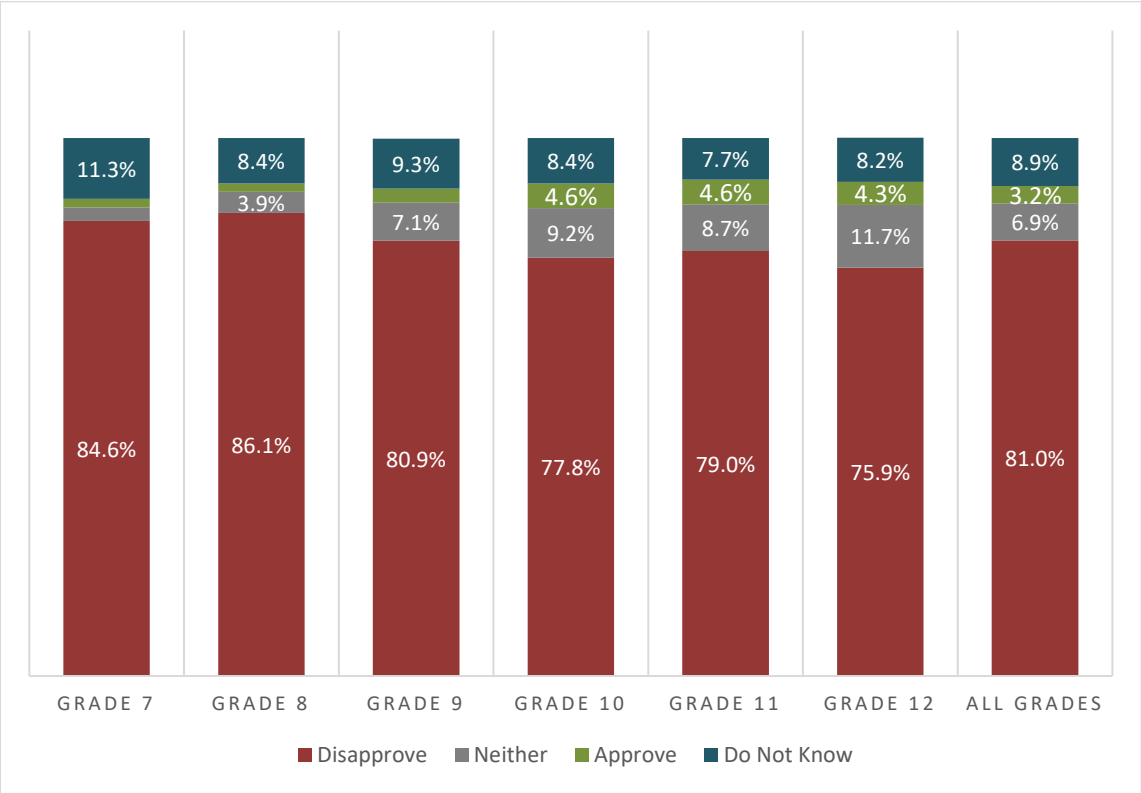
Both for Regions 6 and 7 and for Texas a whole, the perceived parental disapproval of marijuana was in-between tobacco, which had the greatest disapproval, and alcohol, which had the lowest disapproval. Perceived parental disapproval of marijuana was slightly lower in each grade level in Regions 6 and 7 than in Texas. The overall perceived parental disapproval of marijuana in 2022 for Regions 6 and 7 was 78.9% while for Texas it was 81%.

Figure 50. Regions 6 and 7 combined perceived parental attitudes towards marijuana in 2022



Source: Texas School Survey

Figure 51. Texas perceived parental attitudes towards marijuana in 2022



Source: Texas School Survey

Perceptions of Peer Use

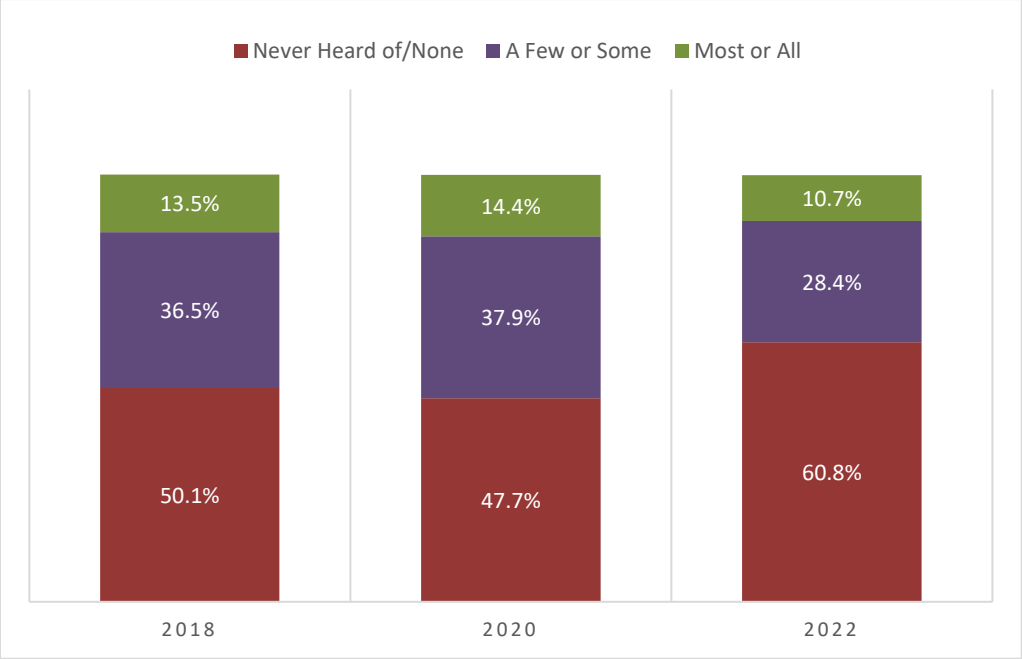
Research has shown that children's and adolescents' behaviors, including risky behaviors, are affected by their peers, particularly their close friends. The behaviors of friends, such as using substances, and the beliefs of friends, such as objecting to substance use, can be highly predictive of whether an adolescent will engage in smoking or drinking behaviors.[40] The Texas School Survey asks questions about students' perceptions of their friends' use of marijuana, tobacco, and alcohol. Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Friends Who Use Alcohol

From 2018 to 2022, the overall percentage of students in grades 7-12 who said that they had never heard of alcohol or that none of their friends' drink alcohol increased in both Regions 6 and 7 and in all of Texas. Another way of thinking about this is that the number of students reporting that *any* of their friends drink alcohol decreased by 22% in Regions 6 and 7, and by 26% in Texas.

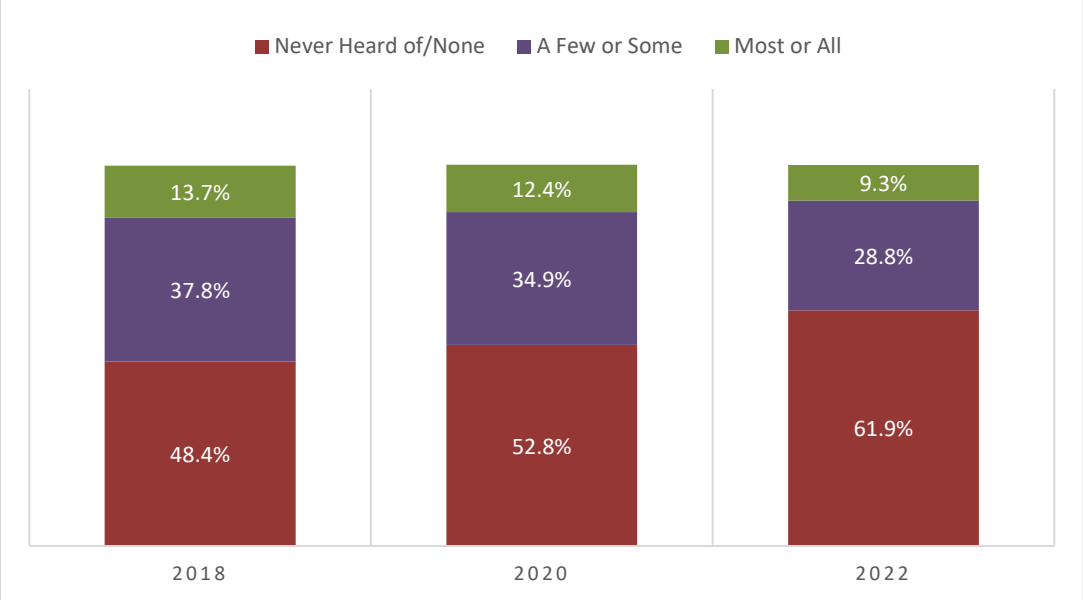
[40] Loke, A.Y. (2013).

Figure 52. Regions 6 and 7 overall students' perceptions of close friends' use of alcohol in 2018, 2020, and 2022



Source: Texas School Survey

Figure 53. Texas overall students' perceptions of close friends' use of alcohol in 2018, 2020, and 2022



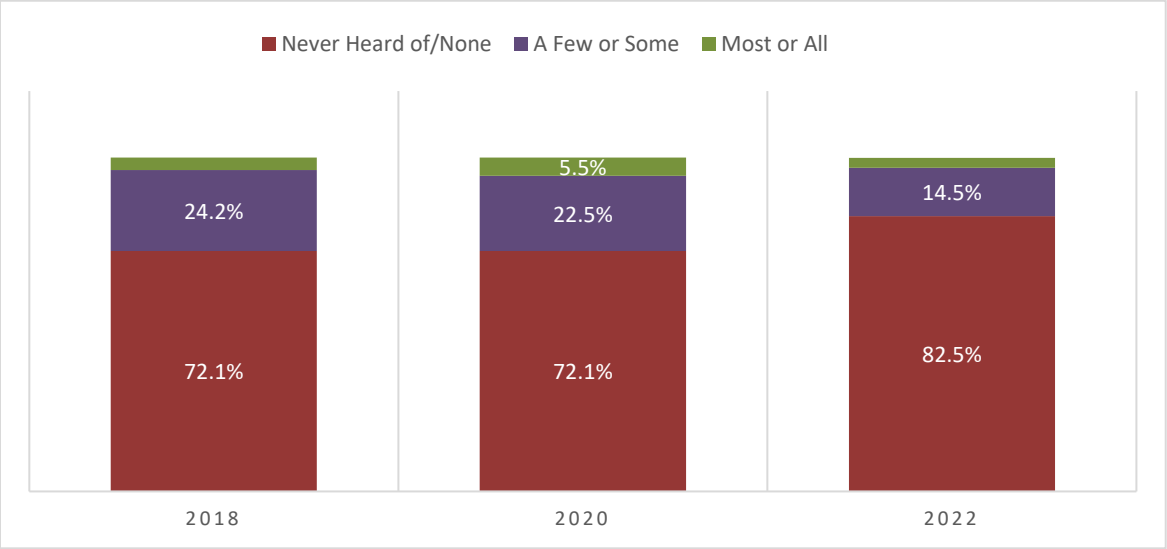
Source: Texas School Survey

Friends Who Use Tobacco

Similar to perceived use of alcohol by their friends, there was an increase from 2018 to 2022 in the number of students, grades 7-12, who said that they had never heard of tobacco or that none of their friends use tobacco. This held true for both Regions 6 and 7 as well as in all of Texas. Unlike alcohol, however, the percentage of students in Texas who reported that *any* friends used tobacco (30%) was already much lower in 2018 than what was reported for alcohol (52%). Through the lens of students

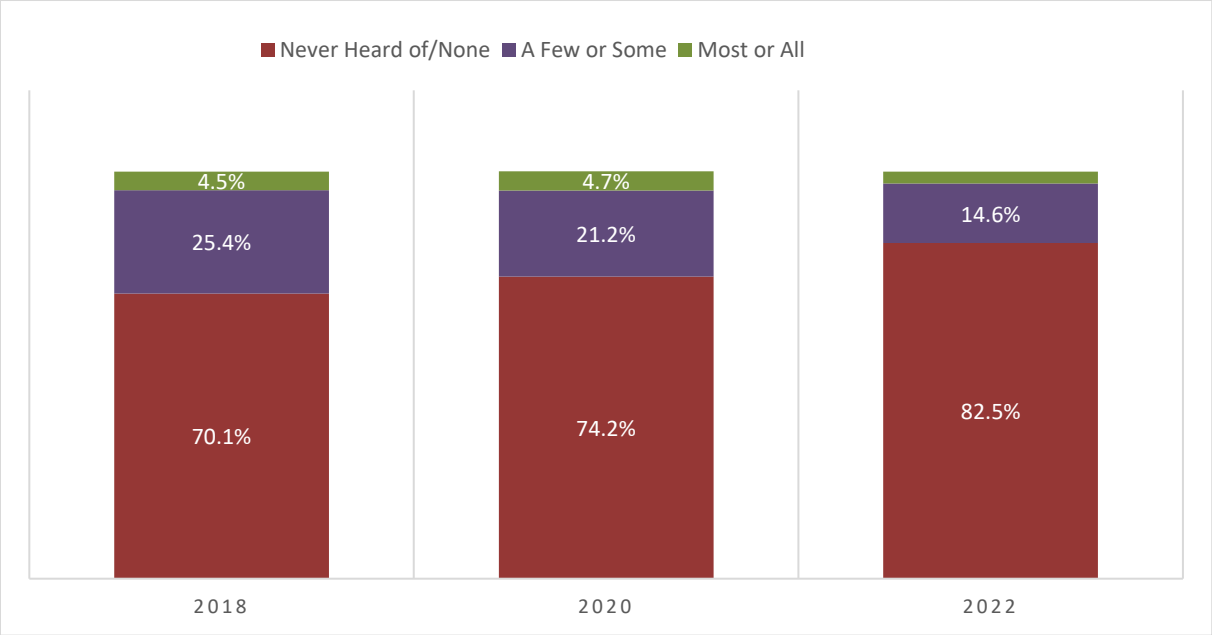
reporting any friends using tobacco, there was a 38% decrease from 2018-2022 in Regions 6 and 7 and a 41% decrease in all of Texas.

Figure 54. Regions 6 and 7 overall students' perceptions of close friends' use of tobacco in 2018, 2020, and 2022



Source: Texas School Survey

Figure 55. Texas overall students' perceptions of close friends' use of tobacco in 2018, 2020, and 2022

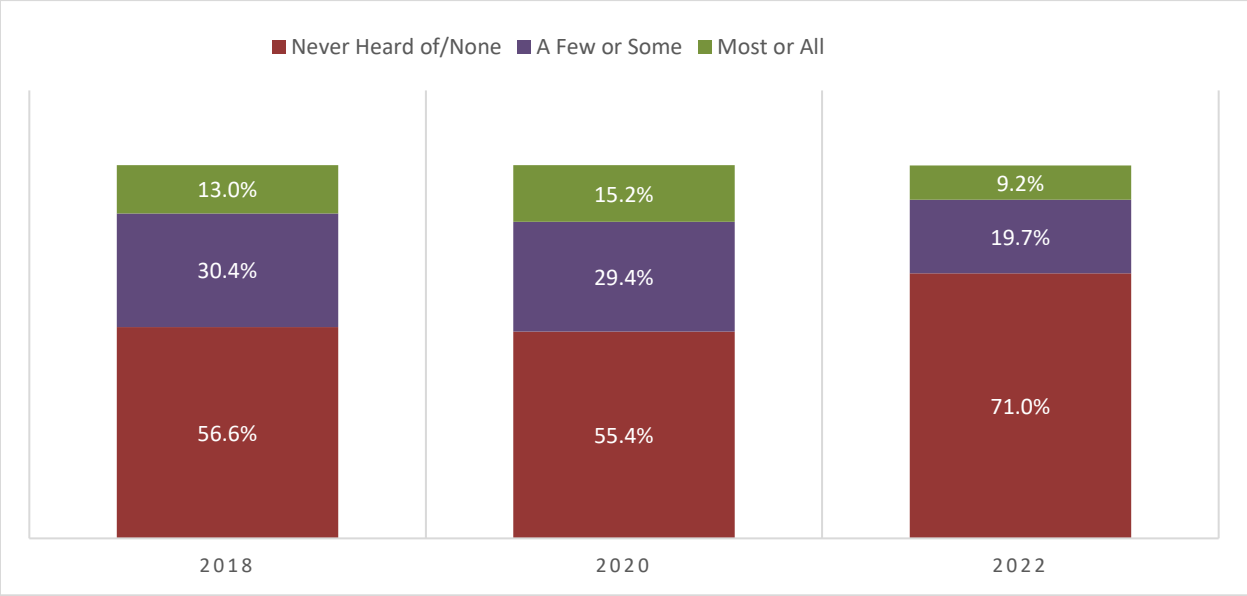


Source: Texas School Survey

Friends Who Use Marijuana

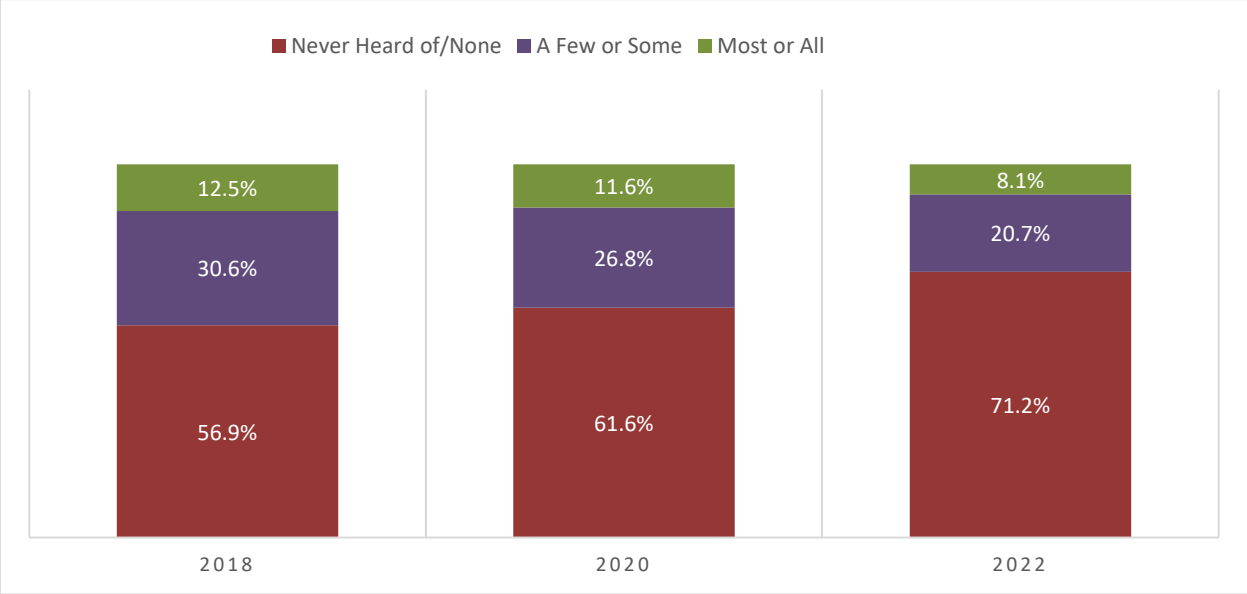
Students' perceptions of their friends' use of marijuana followed the same trend as alcohol and tobacco. There was an increase from 2018 to 2022 in the number of students, grades 7-12, who said that they had never heard of marijuana or that none of their friends use marijuana in Regions 6 and 7 as well as in all of Texas. This translated to a 33% decrease for both Texas and Regions 6 and 7 in students reporting any of their friends using marijuana.

Figure 56. Regions 6 and 7 overall students' perceptions of close friends' use of marijuana in 2018, 2020, and 2022



Source: Texas School Survey

Figure 57. Texas overall students' perceptions of close friends' use of marijuana in 2018, 2020, and 2022



Source: Texas School Survey

Perceived Substance Availability

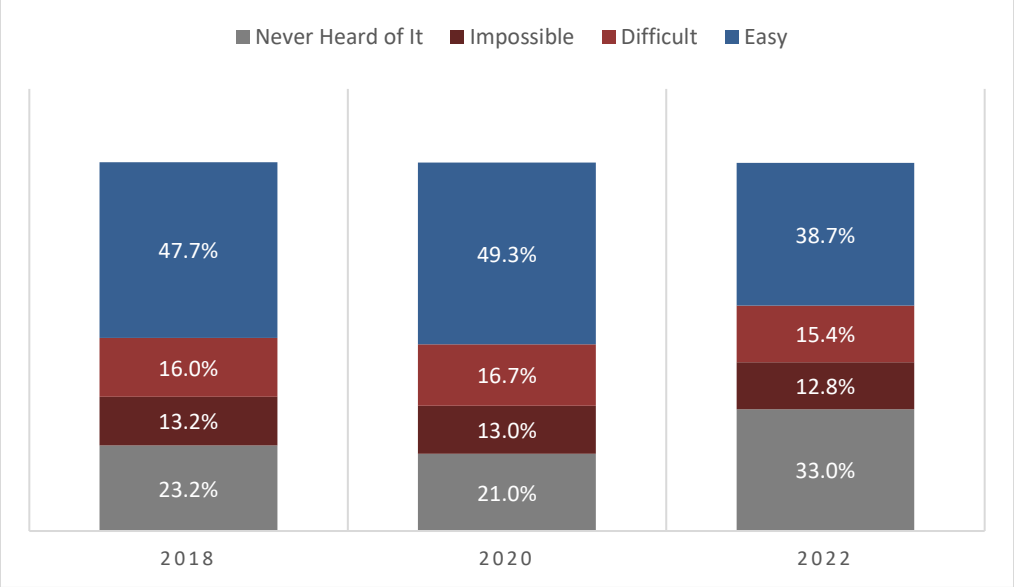
An important risk factor for substance use among adolescents is the perceived access to substances. If adolescents believe that alcohol, tobacco, and other drugs are readily available and easy to access, the risk for use increases significantly.[41] The TSS asks students questions about how difficult it would be to get various substances including alcohol, marijuana, and tobacco. The survey also questions students about what substances are present at parties they attend. Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Perceived Ease of Access

Access to Alcohol

From 2018 to 2022, both in Regions 6 and 7 as well as Texas, the percentage of students who reported that alcohol was either "very easy" or "somewhat easy" to access decreased significantly, 9 percentage points in the regions and 9.3 percentage points statewide. However, somewhat contradictory to this, from 2018 to 2022 the percentage of students who reported that alcohol was "impossible," "very difficult," or "somewhat difficult" to access also decreased in Regions 6 and 7. There was an increase regionally and statewide in percentage of students who reported that they had "never heard of" alcohol. Compared to tobacco and marijuana, students' responses indicate that alcohol was the most accessible substance in 2022.

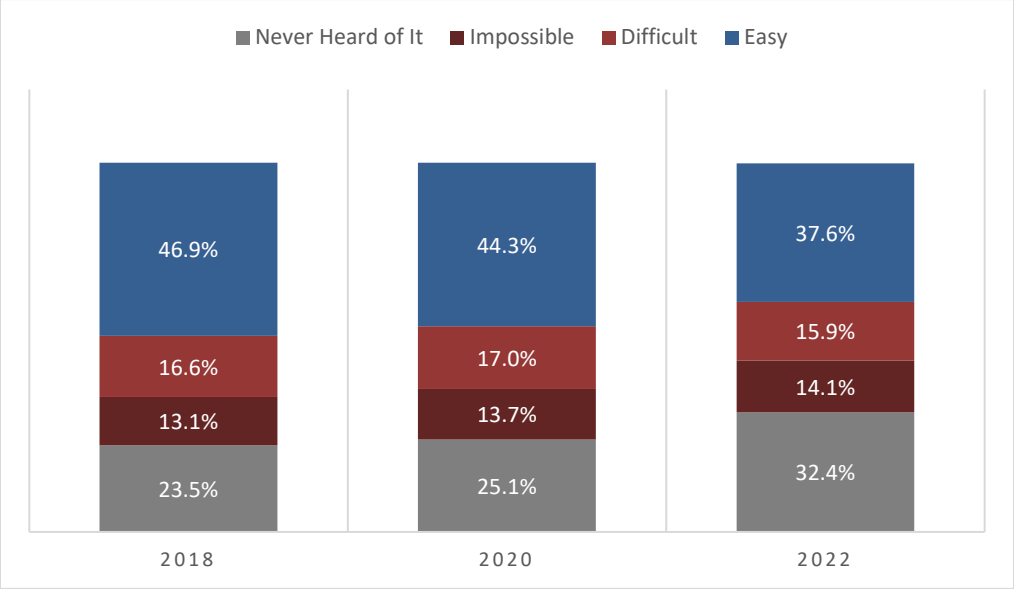
Figure 58. Regions 6 and 7 overall students' perceived access to alcohol in 2018, 2020, and 2022



Source: Texas School Survey

[41] Warren et al. (2015).

Figure 59. Texas overall students' perceived access to alcohol in 2018, 2020, and 2022

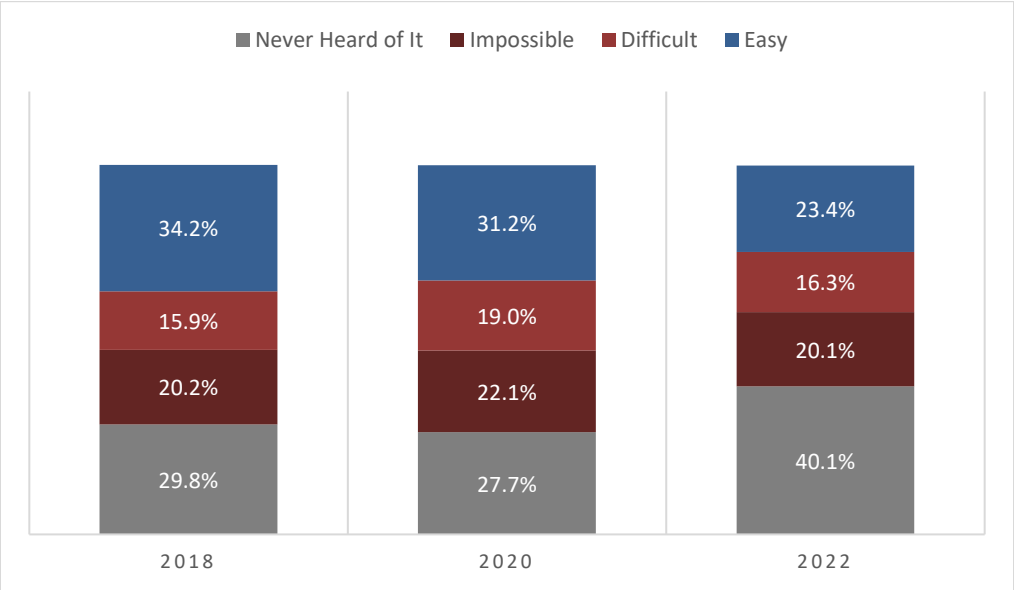


Source: Texas School Survey

Access to Tobacco

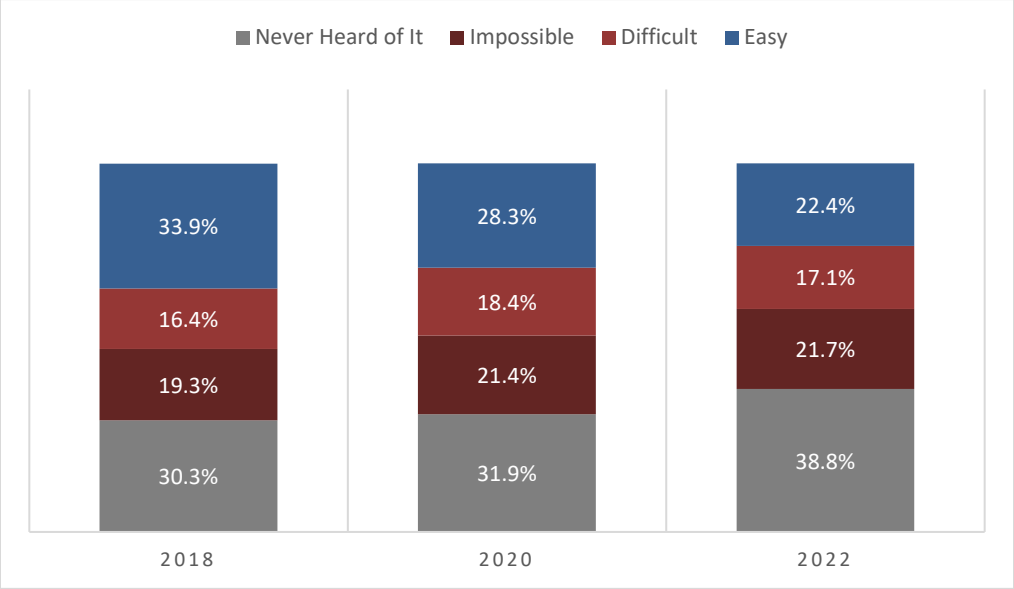
In Regions 6 and 7, from 2018 to 2022 there was a decrease in the percentage of students who reported that tobacco was "somewhat easy" or "very easy" to obtain, a decrease in students who found tobacco either difficult or impossible to obtain, and an increase in students who reported that they had "never heard of" tobacco before. Compared to Texas, there was a slightly higher percentage of students in Regions 6 and 7 who reported that tobacco is "somewhat easy" or "very easy" to access and a slightly lower percentage of students who reported that tobacco is "somewhat difficult," "very difficult," or "impossible" to access.

Figure 60. Regions 6 and 7 overall students' perceived access to tobacco in 2018, 2020, and 2022



Source: Texas School Survey

Figure 61. Texas overall students' perceived access to tobacco in 2018, 2020, and 2022

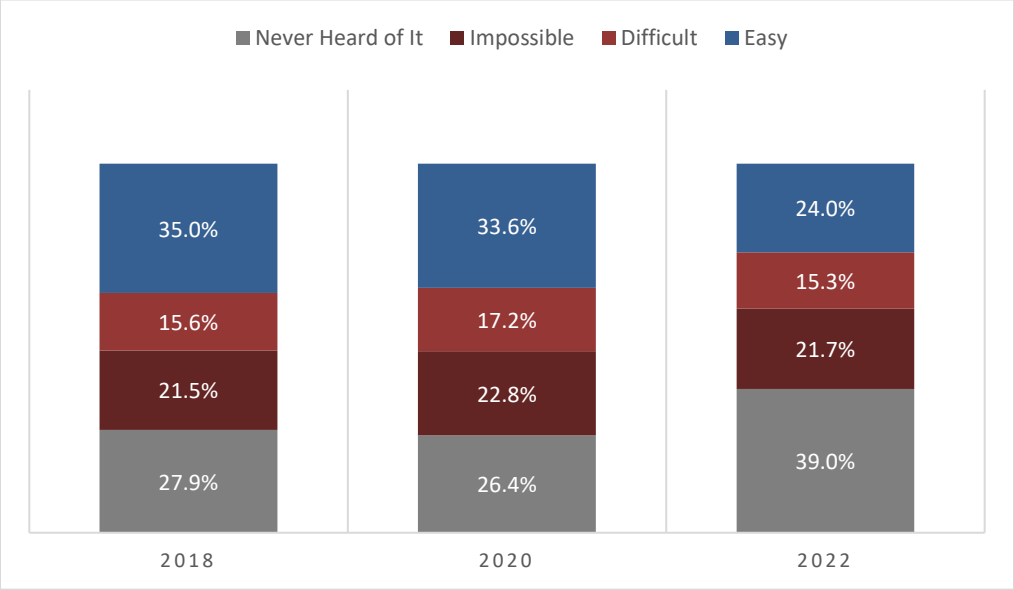


Source: Texas School Survey

Access to Marijuana

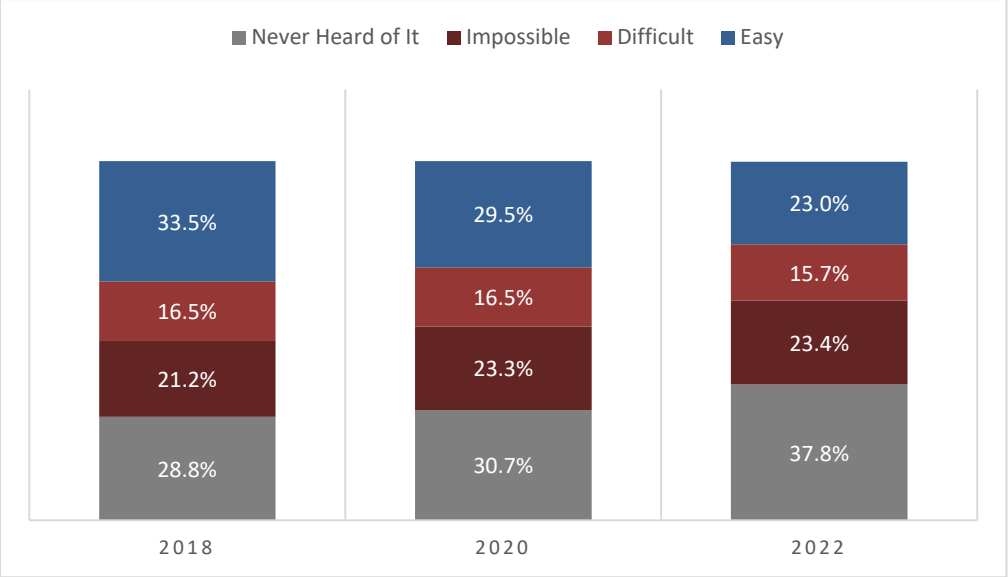
From 2018 to 2022 there was a decrease in percentage of students who found marijuana "somewhat easy" or "very easy" to access. Over the same time, the percentage of students in Regions 6 and 7 who reported that marijuana is difficult or impossible to access stayed about the same and the percentage of students who had "never heard of" marijuana increased significantly. Compared to the rest of the state, in 2022 a slightly larger portion of students in Regions 6 and 7 reported that marijuana was easy to access and a smaller portion of students reported that marijuana was difficult or impossible to access.

Figure 62. Regions 6 and 7 overall students' perceived access to marijuana in 2018, 2020, and 2022



Source: Texas School Survey

Figure 63. Texas overall students' perceived access to marijuana in 2018, 2020, and 2022



Source: Texas School Survey

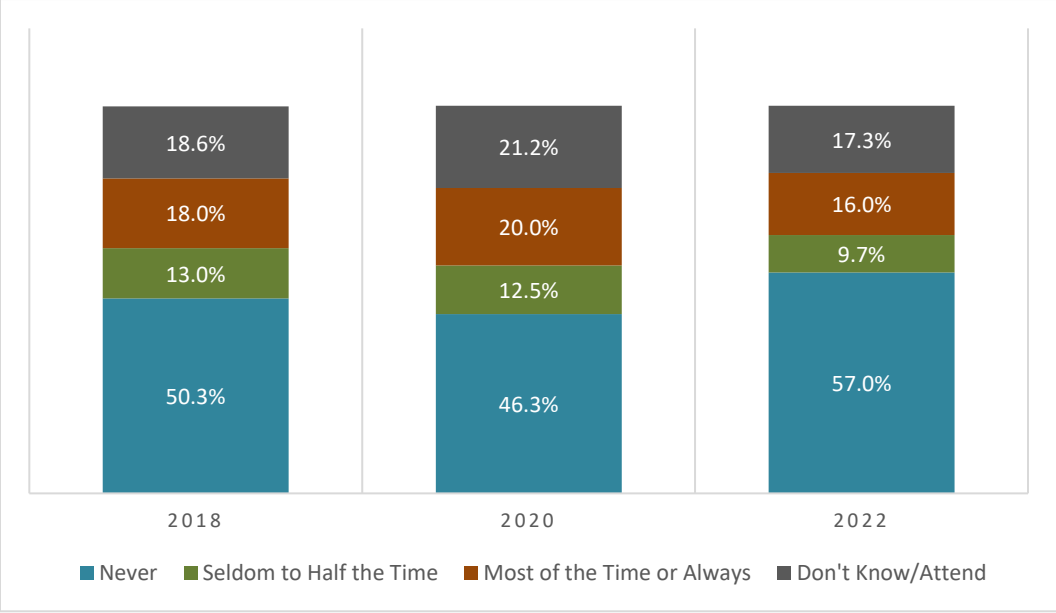
Presence of a Substance at Parties

Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Alcohol at Parties

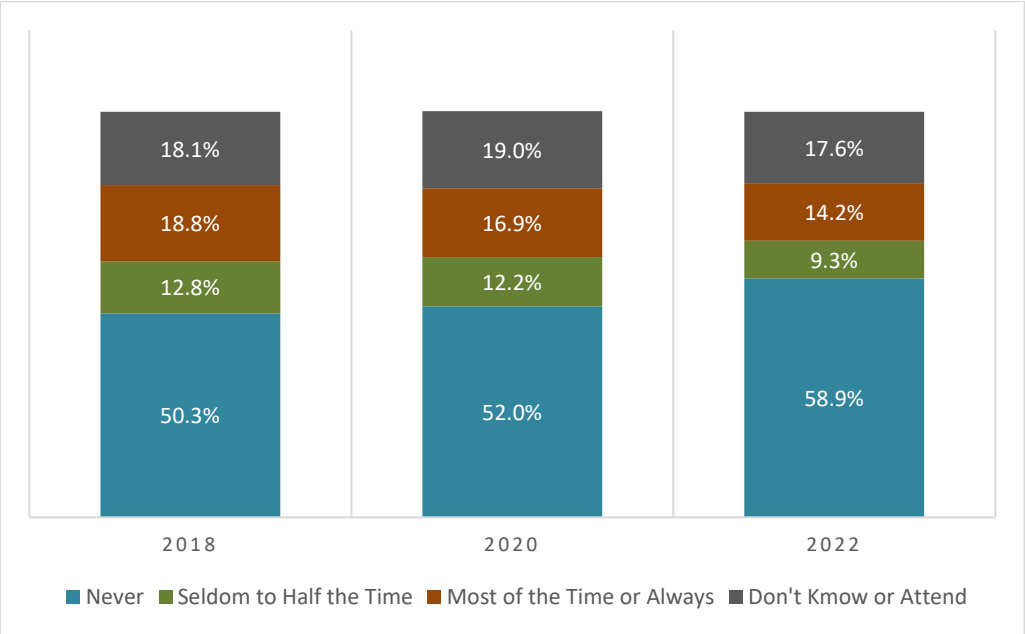
Regionally and statewide, from 2018 to 2022, there was an increase in the percentage of students, grades 7-12 who never see alcohol at parties and a decrease in percentage of students who reported that alcohol is present at most or all parties. The percentage of students who reported that alcohol is "always" or "most of the time" at parties is slightly higher in Regions 6 and 7 than in Texas.

Figure 64. Students' reported presence of alcohol at parties in Regions 6 and 7 in 2018, 2020, and 2022



Source: Texas School Survey

Figure 65. Students' reported presence of alcohol at parties in Texas in 2018, 2020, and 2022

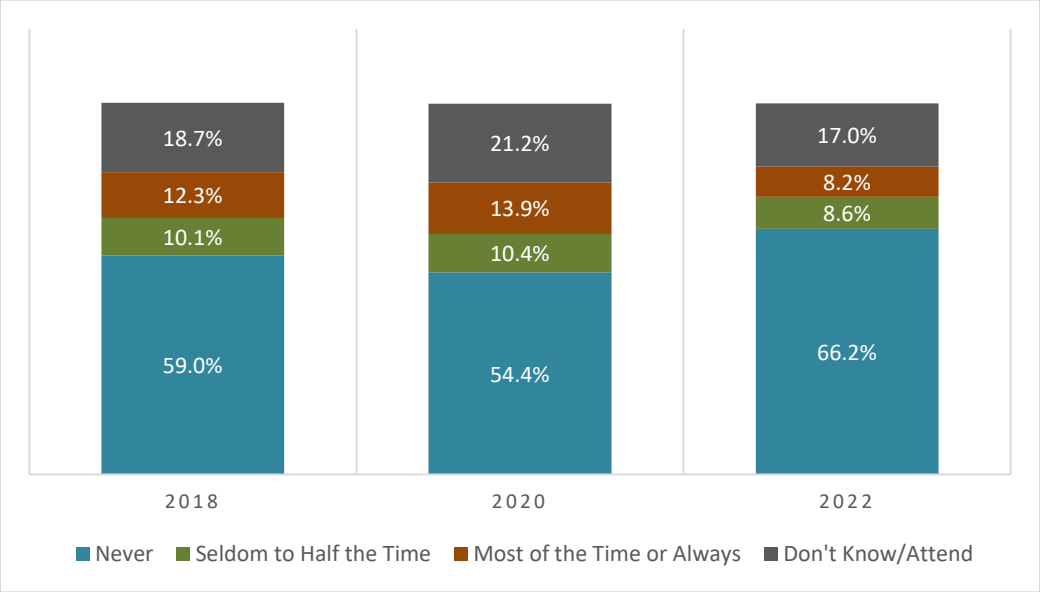


Source: Texas School Survey

Marijuana and Other Drugs at Parties

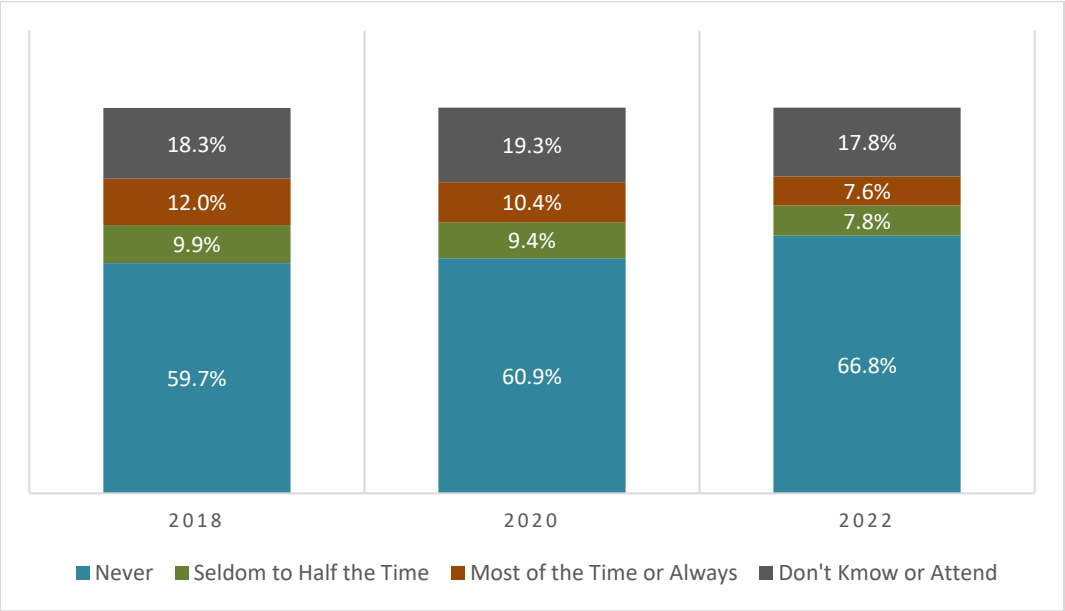
In Regions 6 and 7, from 2018 to 2022, there was a decrease in the percentage of students who "always," "most of the time," or "half the time" saw marijuana or other drugs at parties and an increase in percentage of students who "never" saw these drugs at parties. These trends are mirrored in the rest of Texas, however students in Regions 6 and 7 reported slightly more often that there was "always" or "most of the time" marijuana or other drugs at parties and slightly less often that there was "never" marijuana or other drugs at parties.

Figure 66. Students' reported presence of marijuana/other drugs at parties in Regions 6 and 7 from 2018 to 2022



Source: Texas School Survey

Figure 67. Students' reported presence of marijuana/other drugs at parties in Texas from 2018 to 2022



Source: Texas School Survey

Individual Domain

The individual or intrapersonal level consists of innate characteristics, genetics, personality, and demographic factors (e.g., race/ethnicity, age, and gender) that are associated with the risk of substance use. Research has identified academic achievement, work ethic, coping styles, self-esteem, religiosity, and access to care as protective individual level factors for substance use.[42]

Academic Achievement

A student's academic performance can either be a risk factor or protective factor depending on the student's performance. Educational success protects against substance use because this typically indicates dedication to education which facilitates a "prosocial lifestyle." Low academic achievement and school disengagement can be risk factors for substance use because students are more prone to problematic behavior. [43]

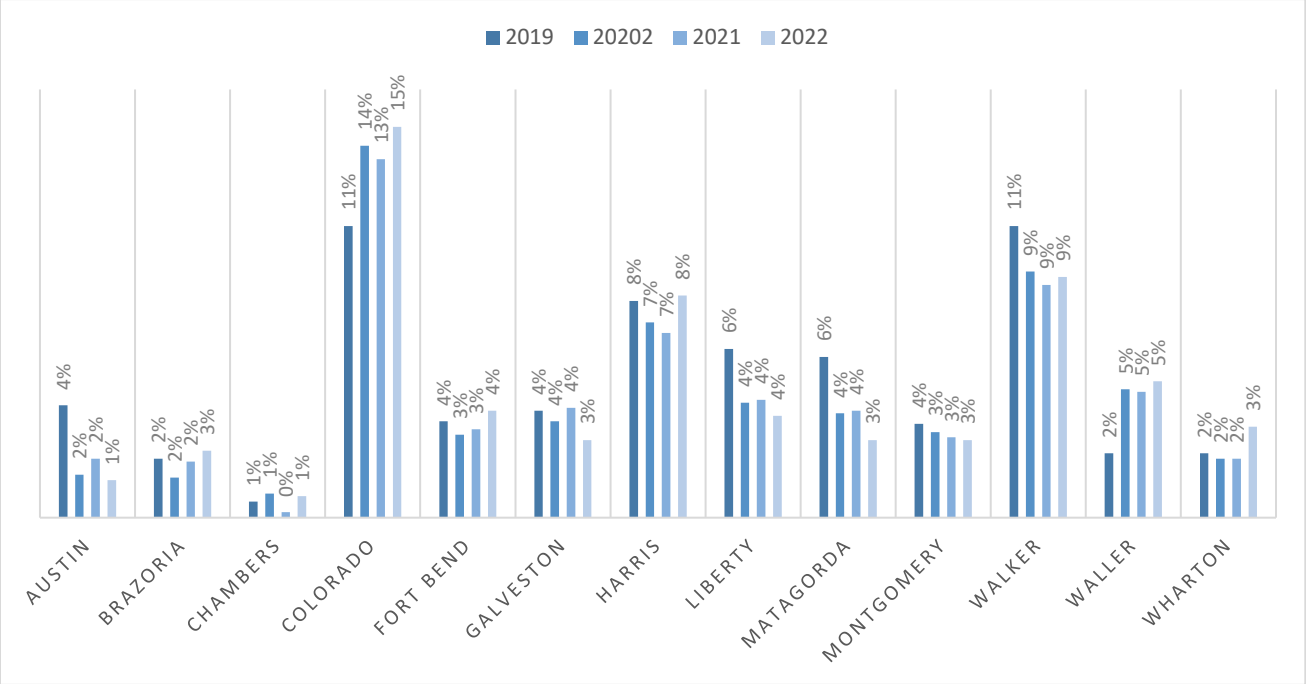
The Texas Education Agency (TEA) is the state agency that oversees primary and secondary education. The TEA collects vital data including dropout rates and student attendance across the state.

High School Dropout

The overall high school dropout rate in 2022 in Region 6 was 6.6%, an increase from 2021's dropout rate of 5.7%. Many Region 6 counties had an increase in dropout rates from 2021 to 2022 including Brazoria, Chambers, Colorado, Fort Bend, Harris, Walker, Waller, and Wharton. Brazoria, Colorado, Fort Bend, Harris, Waller, and Wharton saw the highest dropout rates in 2022 since 2019. Austin, Galveston, Liberty, Matagorda, and Montgomery counties saw the lowest dropout rates in 2022 since 2019.

[42] Connell et al. (2010); Davis et al. (2016); Jalali et al. (2020).
[43] Kendler et al. (2020)

Figure 68. High school dropout rates in percentages by counties over four years (2019-2022)

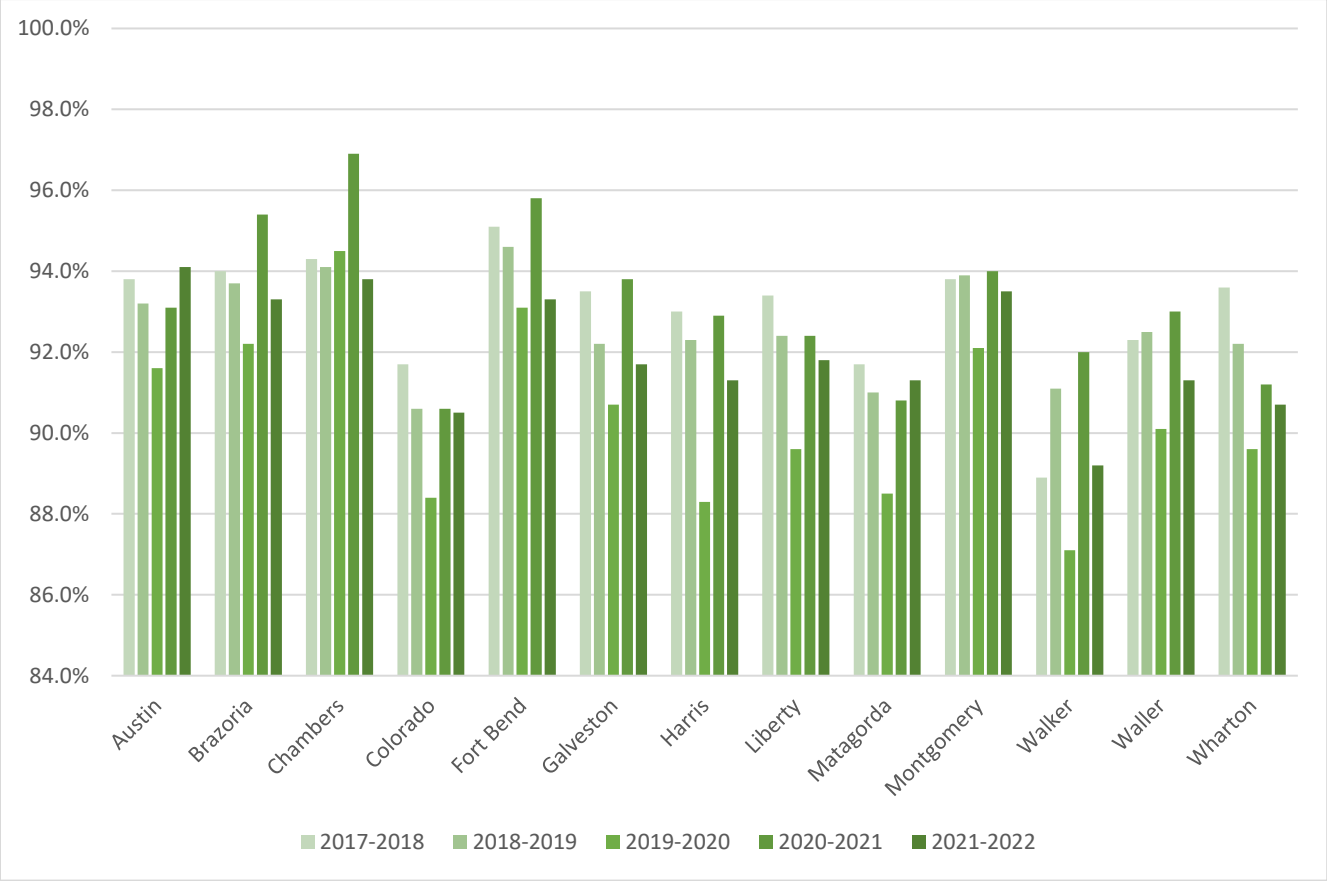


Source: Texas Education Agency

Average Daily Attendance

Consistent school attendance assists students in achieving academic success which, as stated above, can be a protective factor against substance use. The TEA collects data on the average daily attendance of students, in percentages, by county. The lowest average daily attendance rate for the 2021-2022 school year was in Walker County, 89.2%, while the highest average daily attendance rate was in Austin County, 94.1%.

Figure 69. Average daily attendance rates by county over five school years (2017-2022)



Source: Texas Education Agency

Youth Mental Health

Youth mental health can be predictive of substance use. Mental health disorders, trauma, and neurodevelopment disorders in youth are strong predictive factors of substance use, early first use, and development of substance use disorders.[44]

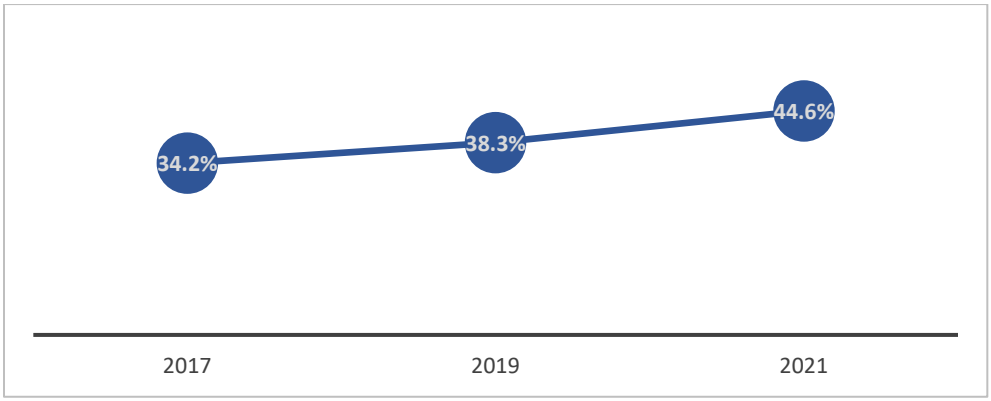
Adolescent Depression

The Texas Youth Risk Behavior Survey (YRBS) is conducted every two years to monitor health risk behaviors among high school students. One category of the YRBS is called Suicide-Related Behavior and asks youth if they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. For the purposes of this report, the percentage of students who affirmed that they felt this way will be used to indicate prevalence of adolescent depression in Texas.

The percentage of adolescents in Texas responding affirmatively to having feelings of sadness and hopelessness increased from 2017 to 2019 and from 2019 to 2021.

[44] National Governors Association (2023).

Figure 70. Percentage of adolescents in Texas with depressive symptoms in 2017, 2019, and 2021



Source: Youth Risk Behavior Survey

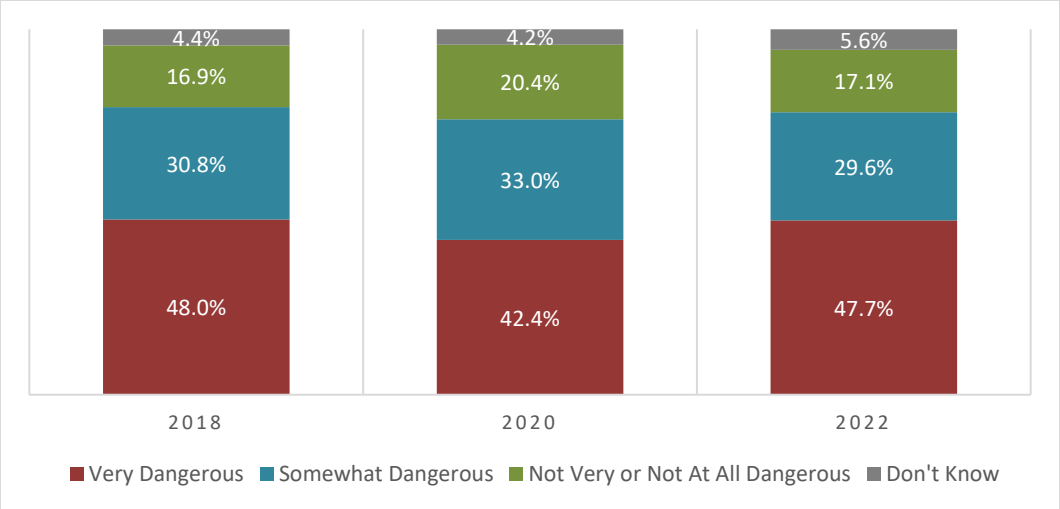
Youth Perception of Risk/Harm

An adolescent's perception of risk associated with substances can be an important predictor for substance use. Adolescents who perceive a high risk of harm are less likely to engage in substance use than adolescents who perceive a low risk of harm.[45] Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Youth Perception of Risk/Harm-Alcohol

When asked about the potential risk and harm of alcohol, the largest percentage of students, grades 7-12, in Regions 6 and 7 responded that they believe alcohol is "very dangerous." The next highest was "somewhat dangerous" and those who see it as low-risk are the smallest (even combining two categories). The percentage responding that they perceive alcohol as "very dangerous" in 2022 was an increase from 2020, but a very slight decrease from 2018.

Figure 71. Students' perception of risk/harm of alcohol in Regions 6 and 7 in 2018, 2020, and 2022



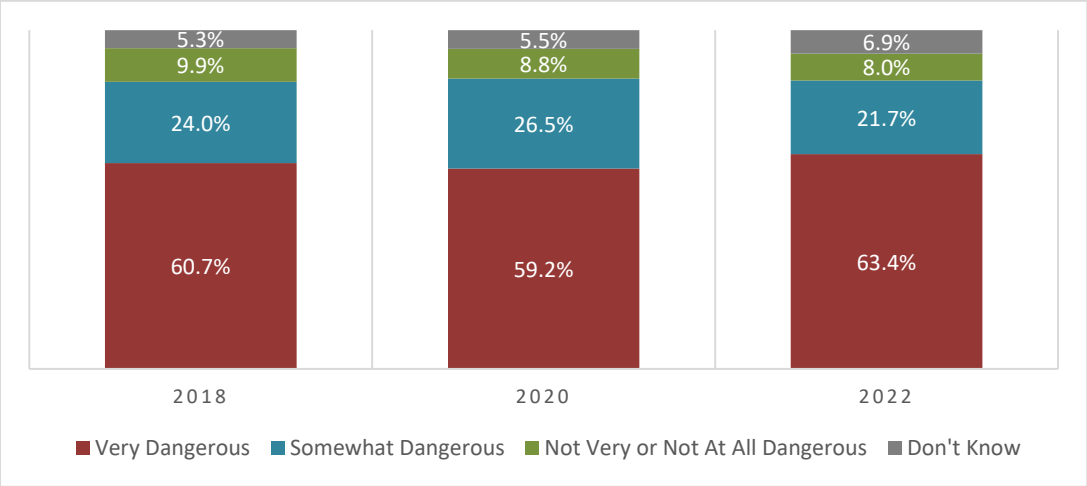
Source: Texas School Survey

[45] SAMHSA (2013).

Youth Perception of Risk/Harm-Tobacco

Well over half of students in Regions 6 and 7 believed that tobacco was "very dangerous" in 2022, an increase from 2020 and 2018. There was a slight decrease in percentage of students who believed that tobacco is "not very dangerous" or "not at all dangerous" over the three years. There was a slight increase in students who responded that they "don't know" the risk of tobacco indicating a possible need for education offered to students about the risks associated with using tobacco products.

Figure 72. Students' perception of risk/harm of tobacco in Regions 6 and 7 in 2018, 2020, and 2022

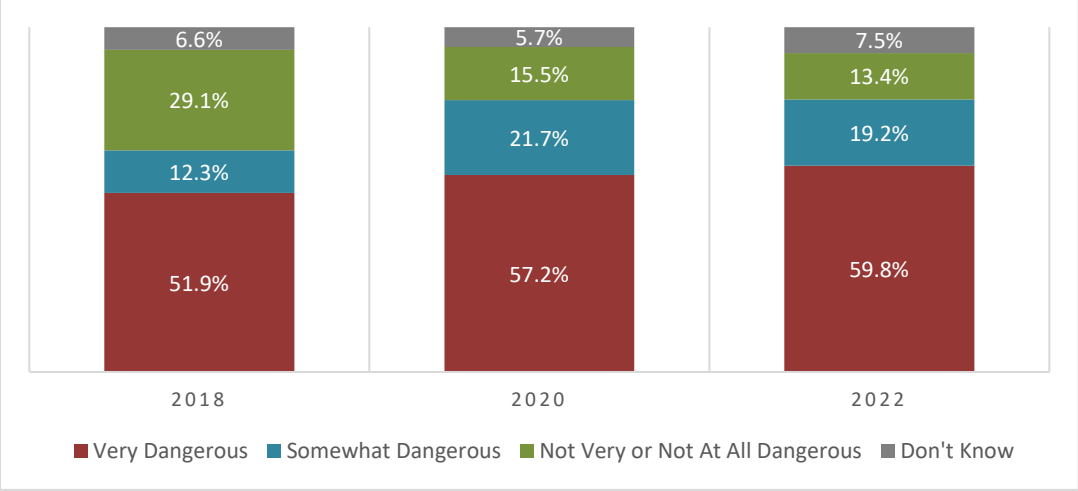


Source: Texas School Survey

Perception of Risk/Harm-Electronic Vapor Products

There was a significant change in perception of risk of electronic vapor products among students in Regions 6 and 7. There was a decrease of almost 16 percentage points from 2018 to 2022 in students who believe that electronic vapor products are "not at all dangerous" or "not very dangerous." There was also an increase of 8 percentage points in students who perceived electronic vapor products as "very dangerous" from 2018 to 2022, suggesting that the increase in public health messaging about the potential harms of using these products is having an impact.

Figure 73. Students' perception of risk/harm of electronic vapor products in Regions 6 and 7 in 2018, 2020, and 2022

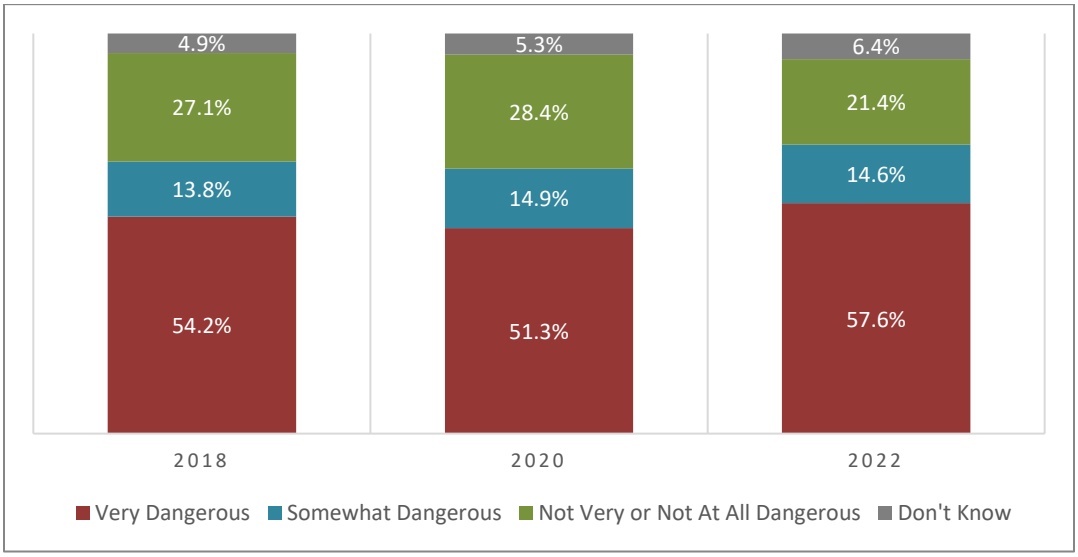


Source: Texas School Survey

Perception of Risk/Harm-Marijuana

After a decrease from 2018 to 2020 in the percentage of Regions 6 and 7 students who perceived marijuana to be "very dangerous," there was an increase from 2020 to 2022. There was a steady decrease in the portion of students who believed that marijuana is "not at all dangerous" from 2018 to 2022.

Figure 74. Students' perception of risk/harm of marijuana in Regions 6 and 7 in 2018, 2020, and 2022

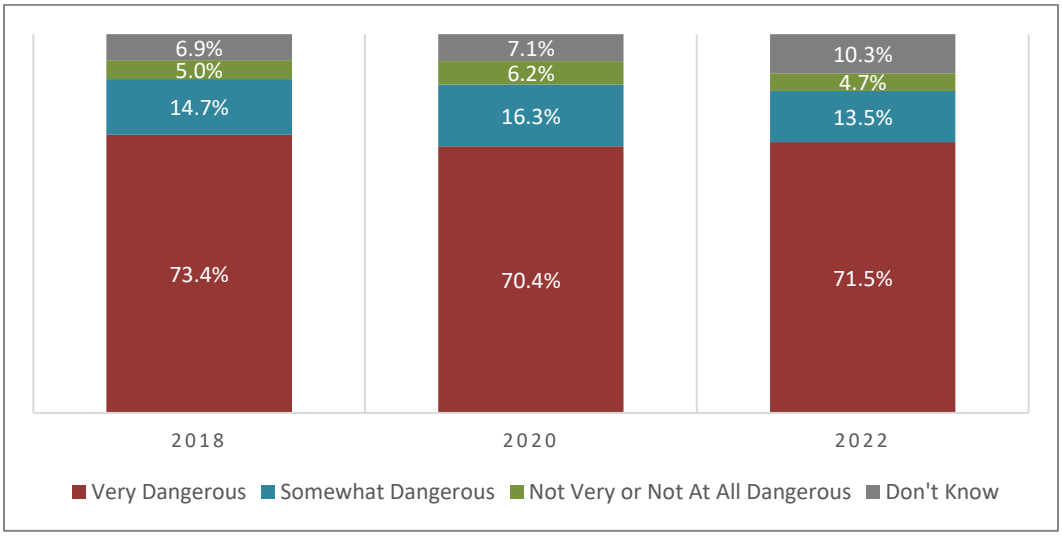


Source: Texas School Survey

Perception of Risk/Harm- Prescription (Rx) Drugs

Out of all substances discussed in this section, prescription drugs had the highest rate of perceived danger from 2018 to 2022 among Regions 6 and 7 students. However, from 2018 to 2022 there was a slight decrease in percentage of students who perceived misusing prescription drugs as "very dangerous" and an increase in students who "don't know" the risks and harms it can cause.

Figure 75. Students' perception of risk/harm of Rx drugs in Regions 6 and 7 in 2018, 2020, and 2022



Source: Texas School Survey

Early Initiation of Use

Early initiation, referring to substance use occurring in adolescents under 15 years old, is a predictor of substance use disorders later in life. Because of this, one of the major goals of prevention programs for adolescents is to delay the age of initiation.[46] Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Age of First Use-Alcohol

Regions 6 and 7 combined (because of some sampling struggles, Regions 6 and 7 are combined to reach a large enough sample for estimates to be valid) saw a slight decrease in age of first use of alcohol from 2018 to 2022 similar to the statewide trend. In 2018, the average age of first use of alcohol was 13 and 13.1 in Region 6/7 and statewide respectively. In 2022 the average age of first use of alcohol was 12.9 and 12.8 in Region 6/7 and statewide respectively.

Table 19. Average age of first use of alcohol among students grades 7-12 in Regions 6/7 and Texas in 2018, 2020, and 2022

Year	Region 6/7	Texas
2018	13.0	13.1
2020	12.8	12.8
2022	12.9	12.8

Source: Texas School Survey

Age of First Use-Tobacco

There was a decrease in the average age of first use of tobacco in Region 6/7 and statewide from 2018 to 2022. In 2022, the average age of first use of tobacco was slightly higher in Regions 6 and 7 than in Texas.

Table 20. Average age of first use of tobacco among students grades 7-12 in Regions 6/7 and Texas in 2018, 2020, and 2022

Year	Region 6/7	Texas
2018	13.4	13.5
2020	13.3	13.2
2022	13.1	13.0

Source: Texas School Survey

Age of First Use-Marijuana

After the average age of first use of marijuana remained consistent at 14.1 years old from 2018 to 2020 in Regions 6 and 7, there was a slight decrease to 14 years old from 2020 to 2022. In 2022, the average age of first use of marijuana in Regions 6 and 7 was lower than that of Texas (14.1).

Table 21. Average age of first use of marijuana among students grades 7-12 in Region 6/ 7 and Texas in 2018, 2020, and 2022

Year	Region 6/7	Texas
2018	14.1	14.0
2020	14.1	13.9
2022	14.0	14.1

Source: Texas School Survey

[46] Trujillo et al. (2019).

Age of First Use-Any Illicit Drugs

After the average age of first use of any illicit drugs remained consistent at 13.9 years old from 2018 to 2020 in Regions 6 and 7, there was a slight decrease to 13.8 years old from 2020 to 2022. In 2022, the average age of first use of any illicit drugs in Regions 6 and 7 was lower than that of Texas (13.9).

Table 22. Average age of first use of any illicit drugs among students grades 7-12 in Regions 6/7 and Texas in 2018, 2020, and 2022

Year	Region 6/7	Texas
2018	13.9	13.9
2020	13.9	13.8
2022	13.8	13.9

Source: Texas School Survey

Protective Factors

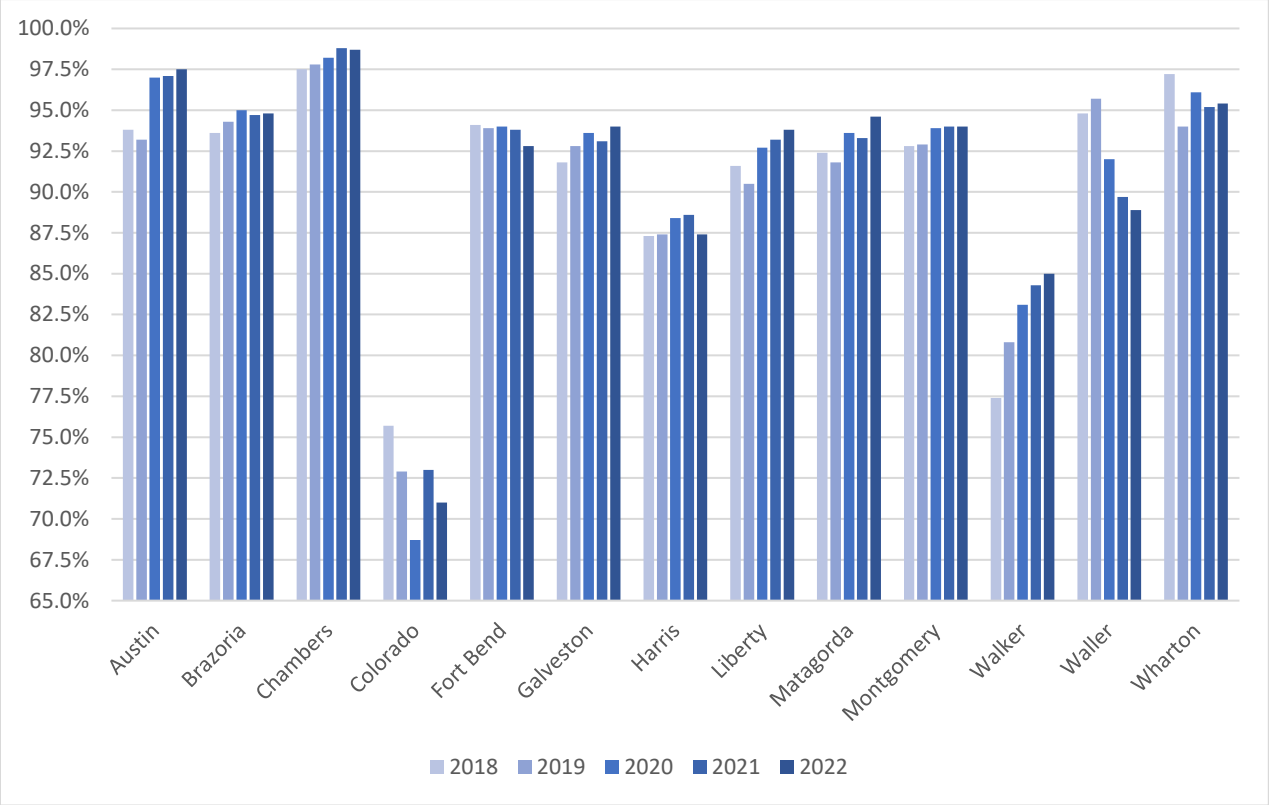
High School Graduation

Various studies have shown that success in school and high school completion are negatively associated with substance use during adolescence and educational attainment is negatively associated with substance use in adulthood.[47] In Region 6 the graduation rates varied by county over the years 2018 to 2022. Colorado County consistently had the lowest graduation rate in Region 6 for all 5 of those years followed by Walker County. However, Walker County saw a consistent increase in graduation rate from 2018 to 2022. Austin County, Galveston County, Liberty County, Matagorda County, Walker County, and Wharton County all had increases in graduation rates from 2021 to 2022.

In 2022 the graduation rates among economically disadvantaged students was lower than the overall graduation rates in all 13 counties in Region 6. In all but two counties (Chamber and Matagorda), the graduation rates among male students was lower than the overall graduation rates.

[47] Martin et al. (2015).

Figure 76. High school graduation rates by county over five years (2018-2022)



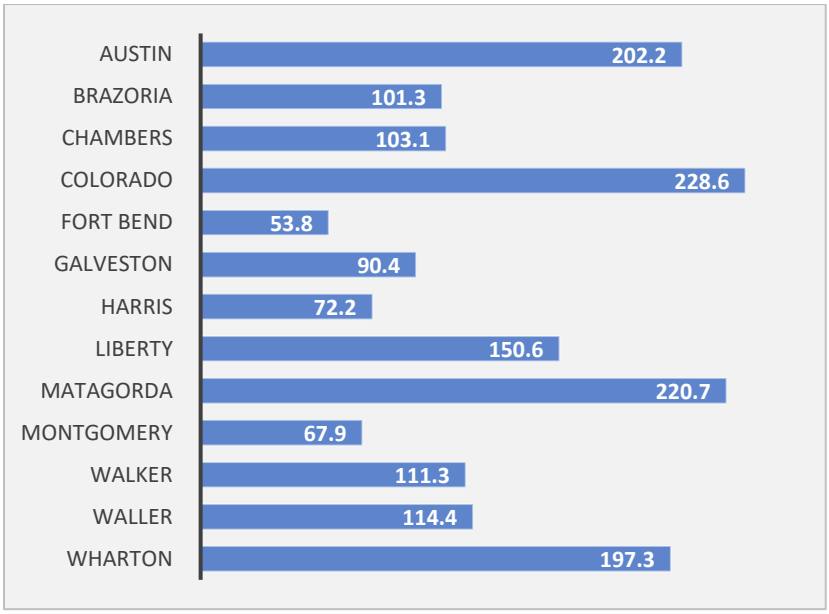
Source: Texas Education Agency

Spirituality

Research suggests that religious affiliation and/or spirituality can be protective factors against problematic use of substances among adults and substance use in adolescents. Religious affiliations may increase adolescents' access to positive social networks and enhance adolescents' self-control.[48] The US Religion Census collects data on the number of congregations, members, adherents, and attendees across the country and this data is aggregated to the county level. A congregation can be generally defined as a group of people who meet regularly at a pre-announced time and location. Adherents may include all of those with an affiliation to a congregation. The figures below show the number of congregations per 100,000 people and the percentage of the population classified as adherents per county in Region 6. In 2020, Colorado County had the largest number of congregations per 100,000 people and Wharton County had the highest percentage of adherents. Fort Bend County had the smallest number of congregations per 100,000 people and Waller County had the lowest percentage of adherents.

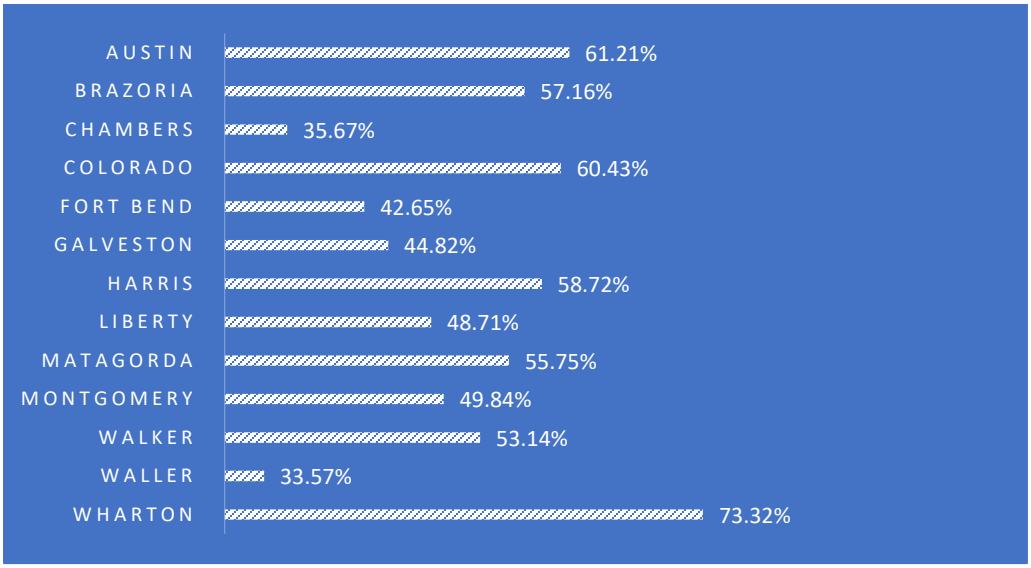
[48] Rosmarin et al. (2022).

Figure 77. Congregations per 100,000 population by county in 2020



Source: US Religion Census

Figure 78. Percentage of population classified as adherents by county in 2020



Source: US Religion Census

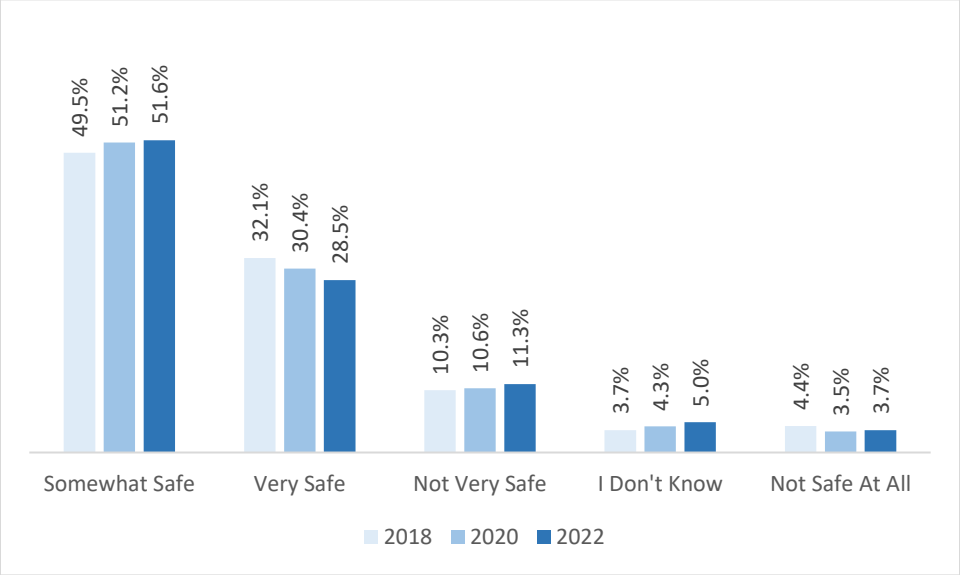
School Connectedness

School connectedness refers to students' perception of adults and other students caring about them as individuals and about their learning. Research has shown that when youth feel connected to their school, they are less likely to experience poor mental health, sexual health risks, substance use, and violence.[49] While there are various ways to assess school connectedness, this report uses data collected from the TSS about how safe students feel at school. Both in Regions 6 and 7 and Texas as a whole, the percentage of students who felt "very safe" at school decreased from 2018 to 2022 while the

[49] Centers for Disease Control and Prevention (2023).

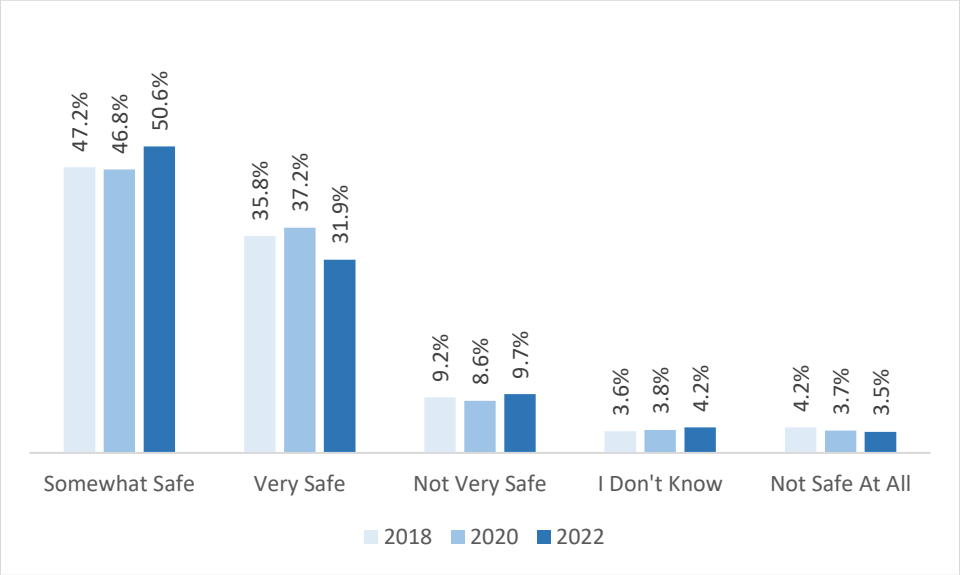
percentage of students who felt “not very safe” and “somewhat safe” increased from 2018 to 2022. The percentages of students who felt “not very safe” and “not safe at all” in 2022 were higher in Regions 6 and 7 than in Texas as a whole.

Figure 79. Students’ perceptions of safety at school in Regions 6 and 7 over three years (2018, 2020, 2022)



Source: Texas School Survey

Figure 80. Students’ perceptions of safety at school in Texas over three years (2018, 2020, 2022)



Source: Texas School Survey

PART IV – Consumption Patterns

Patterns of Consumption

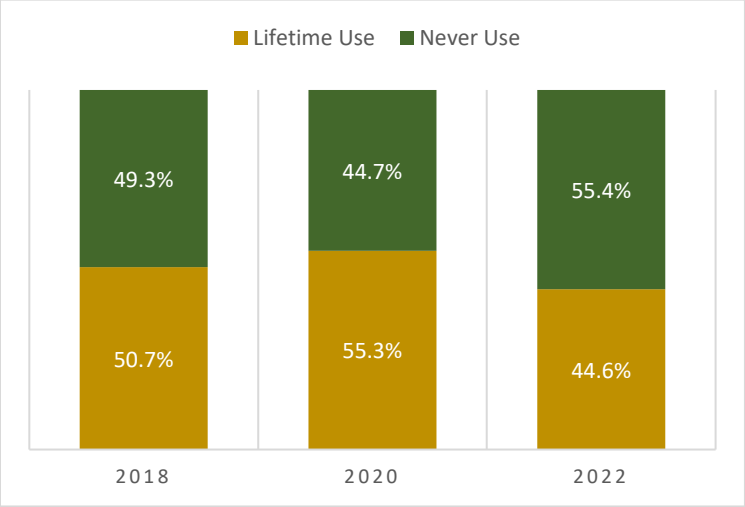
Youth Substance Use

The TSS collects data on youth substance use by asking students the question, "How recently, if ever, have you used…" for a number of different substances including alcohol, tobacco, marijuana, prescription drugs, vaping products, and illicit drugs. Please note, all of the statistics and figures in this section are a combination of data from both Regions 6 and 7 due to sampling struggles in Region 6.

Alcohol

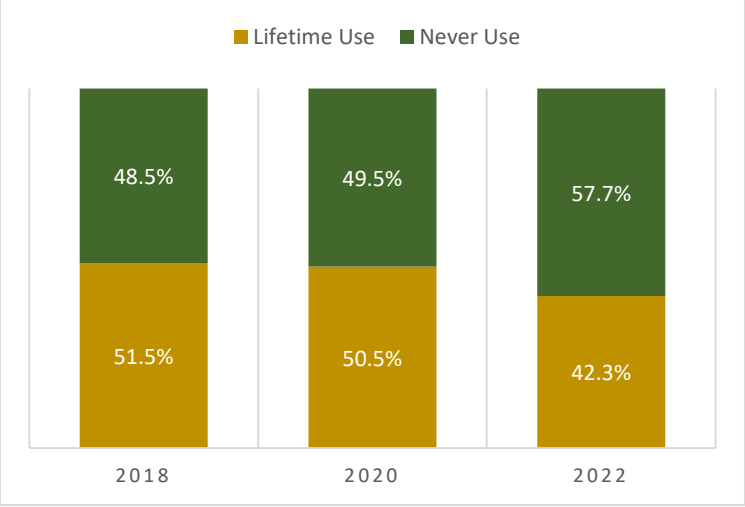
In 2022, 55.4% of students in Regions 6 and 7 revealed that they "never use" alcohol. This is an increase of over 10 percentage points from 2020. The percentage of students in 2022 who indicated that they had "never used" alcohol was lower in Regions 6 and 7 than statewide.

Figure 81. Lifetime alcohol use among students in Regions 6 and 7 in 2018, 2020, and 2022



Source: Texas School Survey

Figure 82. Lifetime alcohol use among Texas students in 2018, 2020, and 2022



Source: Texas School Survey

Binge Drinking

The TSS found that 9.1% of students in Regions 6 and 7 engaged in binge drinking in the "past 30 days" in 2022. This was down from 11.1% in 2020 and 11.6% in 2018. While the downward trend mirrored that of the rest of Texas, in 2022 the percentage of students in Regions 6 and 7 who engaged in binge drinking in the last 30 days was higher than the percentage of Texas students who engaged in binge drinking in the last 30 days.

Table 23. Percentage of students in Regions 6 and 7 who engaged in binge drinking within the last 30 days by number of days binge drinking occurred in 2018, 2020, and 2022

Year	Never/None	1 Day	2 Days	3 to 5 Days	6 to 9 Days	10+ Days
2018	88.4%	4.2%	2.5%	2.5%	0.8%	1.6%
2020	88.9%	4.4%	2.5%	2.3%	0.6%	1.2%
2022	90.9%	2.9%	2.4%	1.8%	1.0%	1.0%

Source: Texas School Survey

Table 24. Percentage of Texas students who engaged in binge drinking within the last 30 days by number of days binge drinking occurred in 2018, 2020, and 2022

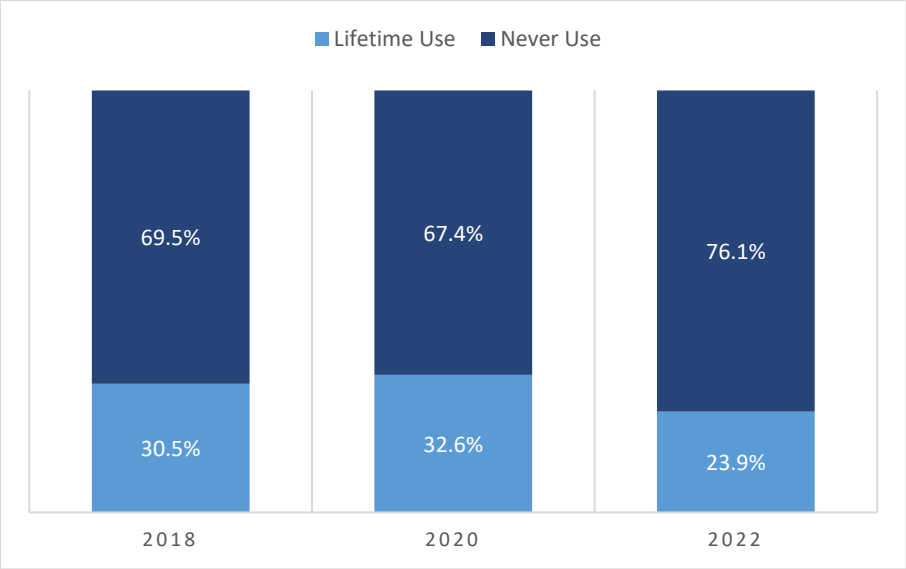
Year	Never/None	1 Day	2 Days	3 to 5 Days	6 to 9 Days	10+ Days
2018	88.3%	4.4%	2.5%	2.4%	0.9%	1.5%
2020	89.4%	4.0%	2.3%	2.3%	0.7%	1.3%
2022	92.2%	2.7%	2.0%	1.6%	0.6%	1.0%

Source: Texas School Survey

Tobacco

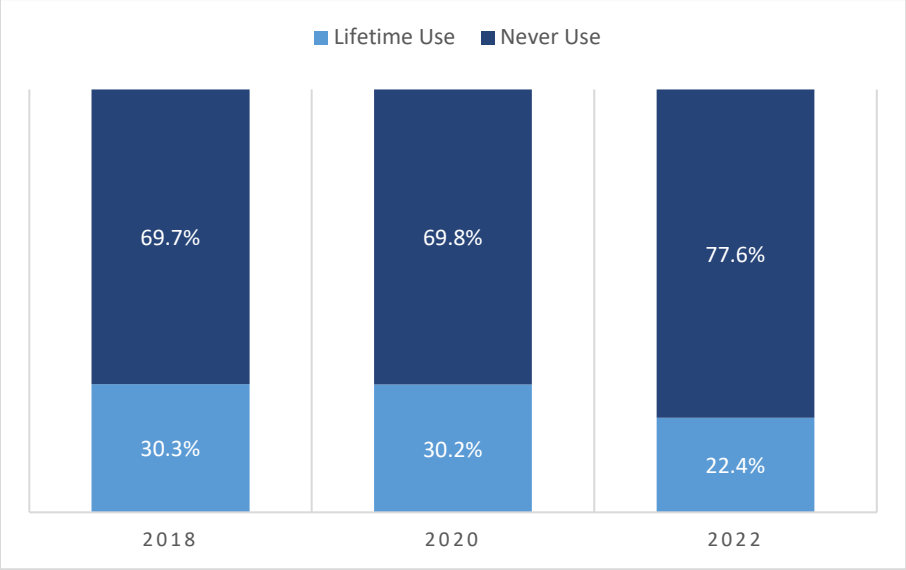
From 2018 to 2022, Regions 6 and 7 saw a positive trend in youth tobacco use with an increase in percentage points of students who "never use" tobacco, and a decrease in "lifetime use," "past school year use," and "current/past month use" of tobacco. Compared to Texas students as a whole, there was a lower percentage of students in Regions 6 and 7 who responded that they "never use" tobacco and a higher percentage of students who responded that they used tobacco at some point in their lives.

Figure 83. Lifetime tobacco use among students in Regions 6 and 7 in 2018, 2020, and 2022



Source: Texas School Survey

Figure 84. Lifetime tobacco use among Texas students in 2018, 2020, and 2022

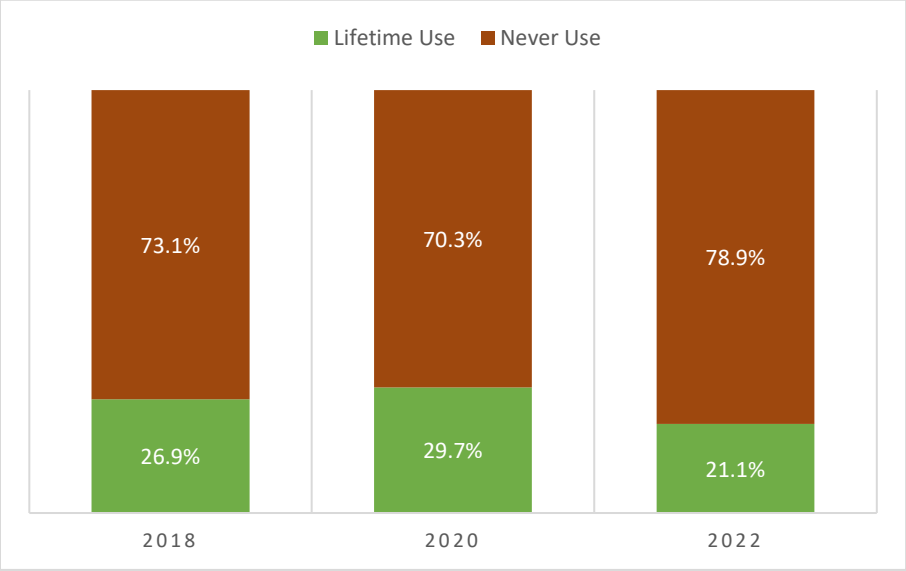


Source: Texas School Survey

E-Cigs/Vaping Products

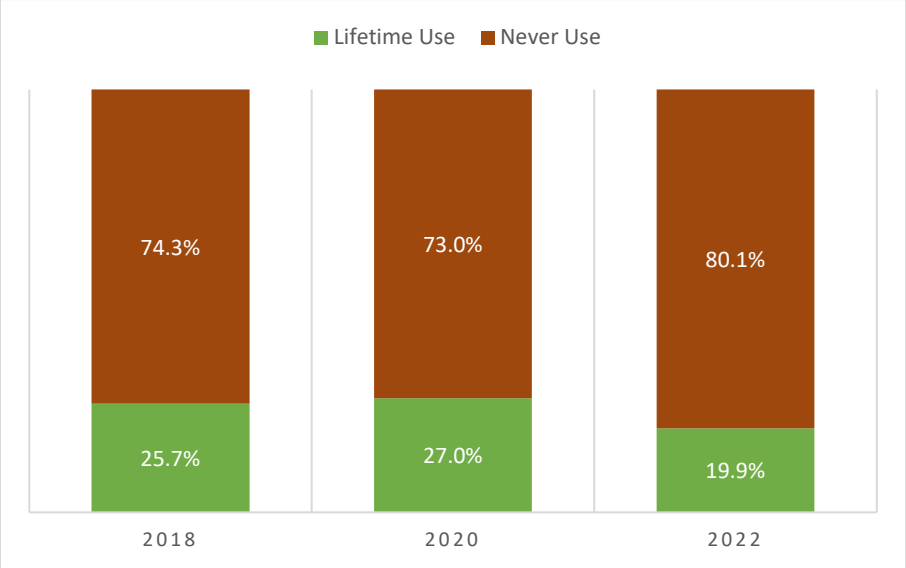
From 2020 to 2022 there was a significant increase of 8.6% of students who responded that they had "never used" e-cigarettes or vaping products in Regions 6 and 7. This is the same trend seen statewide however, in 2022 the percentage of students who used e-cigarettes or vaping products at some point in their life was slightly higher in Regions 6 and 7 than it was in Texas.

Figure 85. Lifetime e-cig/vaping product use among students in Regions 6 and 7 in 2018, 2020, and 2022



Source: Texas School Survey

Figure 86. Lifetime e-cig/vaping product use among Texas students in 2018, 2020, and 2022

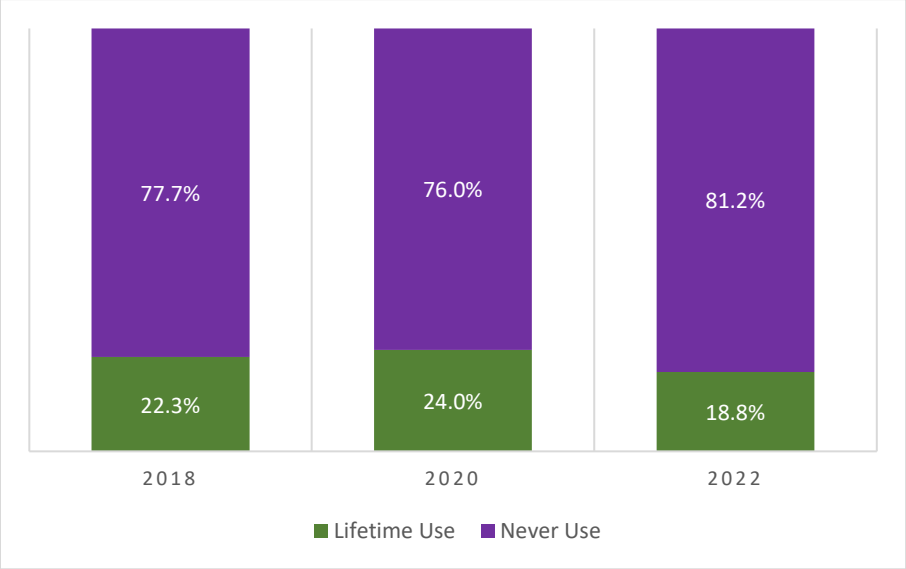


Source: Texas School Survey

Marijuana

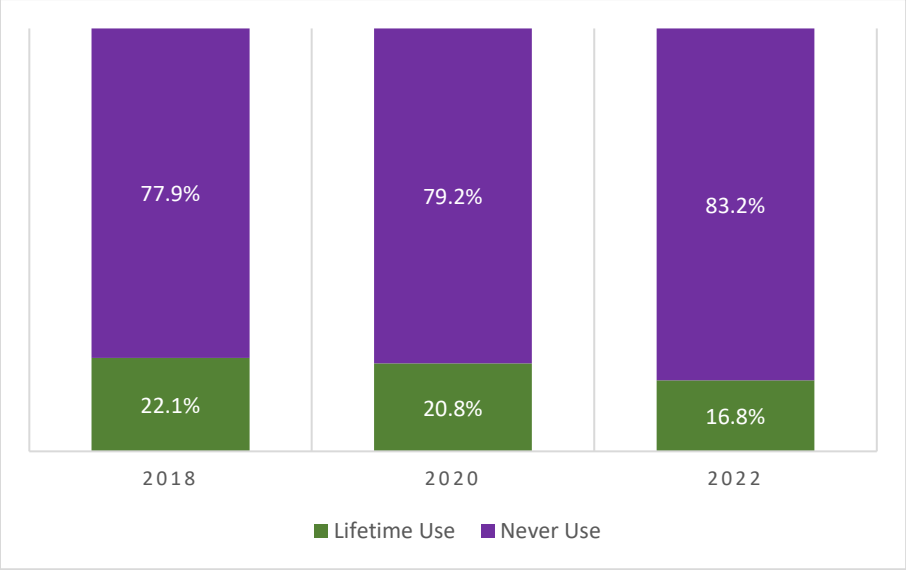
The percentage of students in Regions 6 and 7 who currently use or who have used marijuana at some point in their life decreased from 2018 to 2022. In 2022, the percentage of students who indicated that they "never used" marijuana was lower in Regions 6 and 7 than in Texas.

Figure 87. Lifetime marijuana use among Regions 6 and 7 students in 2018, 2020, and 2022



Source: Texas School Survey

Figure 88. Lifetime marijuana use among Texas students in 2018, 2020, and 2022

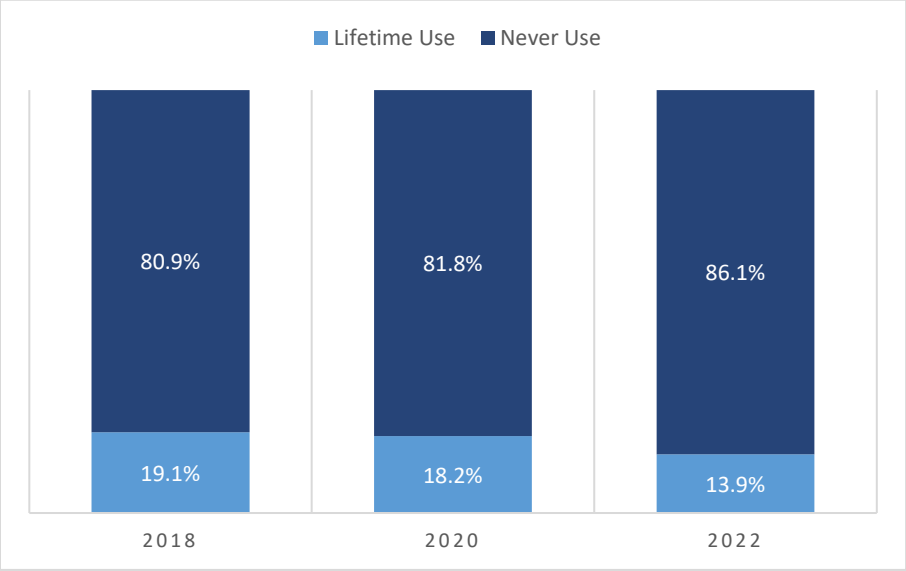


Source: Texas School Survey

Prescription (Rx) Drugs

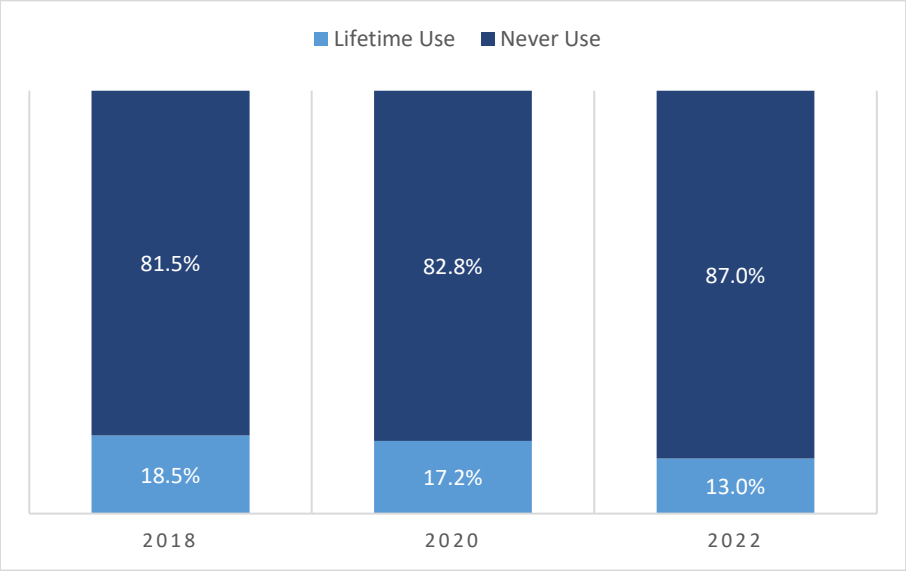
The vast majority of students statewide and in Region 6/7 specifically indicated that they had "never used" any prescription drugs not prescribed to them. From 2018 to 2022, Regions 6 and 7 saw a decrease in current or past misuse of prescription drugs among students, however this percentage is still higher than the statewide percentage.

Figure 89. Lifetime Rx drug use among Regions 6 and 7 students in 2018, 2020, and 2022



Source: Texas School Survey

Figure 90. Lifetime Rx drug use among Texas students in 2018, 2020, and 2022

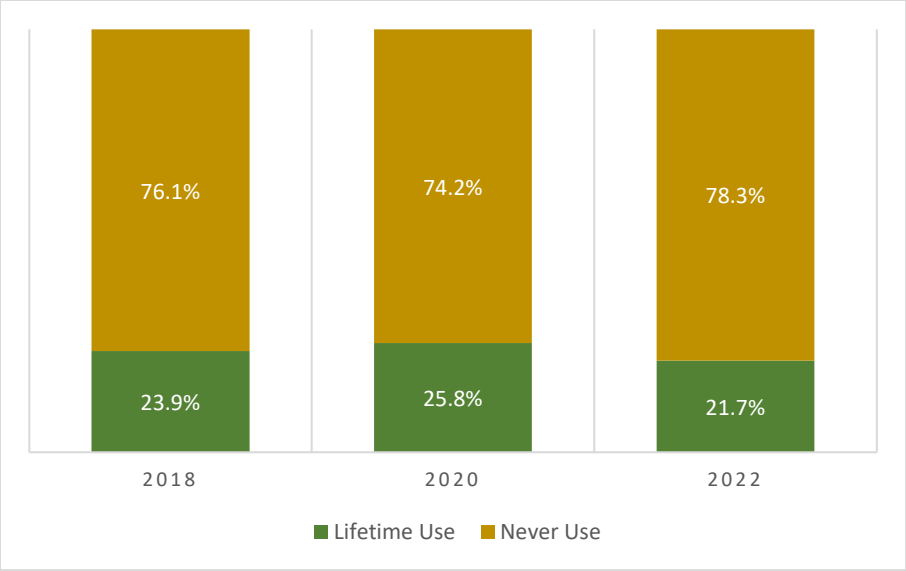


Source: Texas School Survey

Illicit Drugs

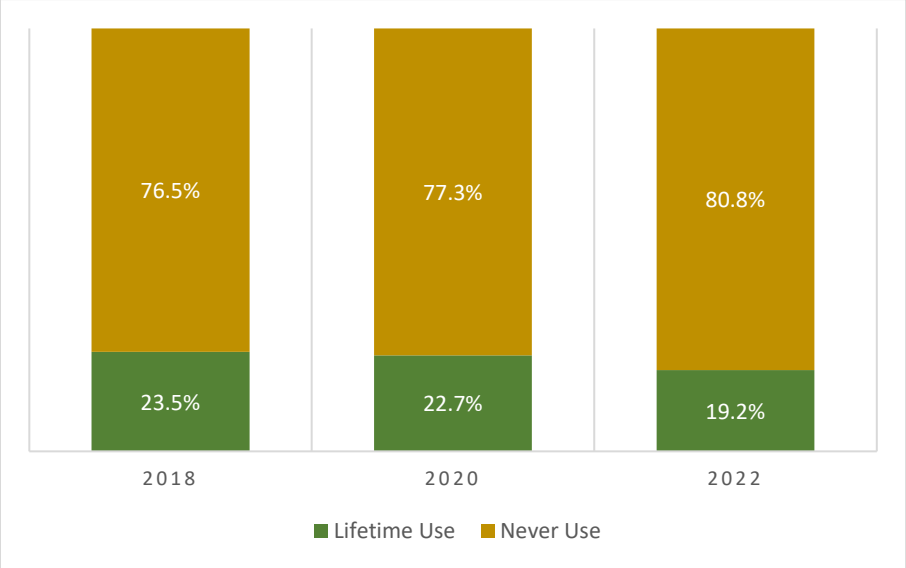
Both statewide and in Regions 6 and 7 specifically, there was a decrease from 2018 to 2022 in percentage of students who indicated that they either currently use any illicit drugs or have used any illicit drugs in the past. However, the percentage of students statewide who had "never used" any illicit drugs in 2022 was higher in Texas than in Regions 6 and 7.

Figure 91. Lifetime illicit drug use among Regions 6 and 7 students in 2018, 2020, and 2022



Source: Texas School Survey

Figure 92. Lifetime illicit drug use among Texas students in 2018, 2020, and 2022



Source: Texas School Survey

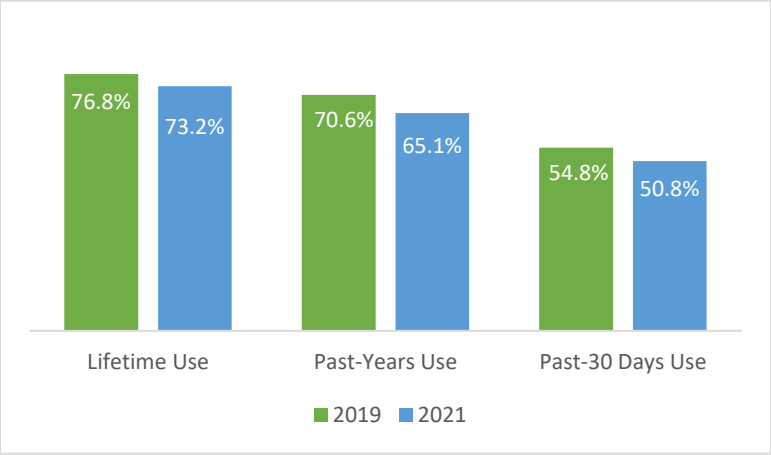
College Student Consumption

The Texas College Survey of Substance Use (TCS) is a survey conducted every other year with the goal of collecting data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. The survey is administered online and conducted by the Department of Public Service and Administration (PSA) at Texas A&M University on behalf of the Texas Health and Human Services Commission (HHSC). The results are statewide and not separated by region or county.

Alcohol

In 2021, 73.2% of college students reported consuming alcohol at some point during their life, a 3.6% decrease from 2019. A little over half of college students reported using alcohol within the last 30 days. There was a decrease in all three categories (lifetime use, past-years use, past-30 days use) in the percentage of students who consumed alcohol from 2019 to 2021.

Figure 93. Texas college student alcohol consumption in 2019 and 2021

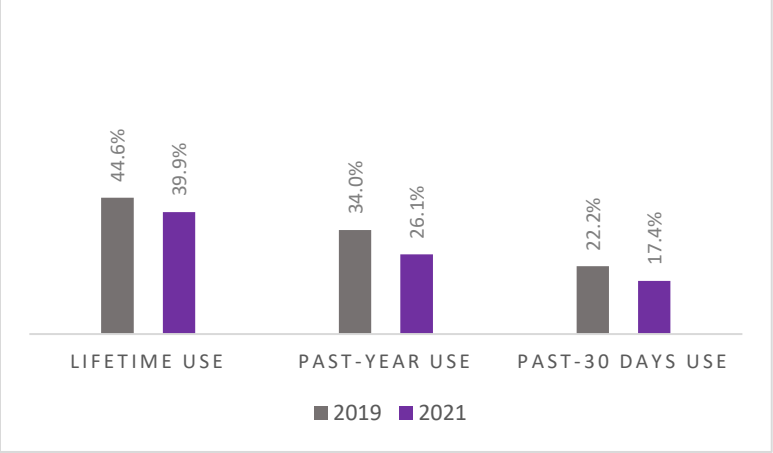


Source: Texas College Survey of Substance Use

Tobacco

Tobacco use in Texas college students decreased from 2019 to 2021 in all three categories of consumption (lifetime use, past-30 day use, and past-year use).

Figure 94. Texas college student tobacco consumption in 2019 and 2021

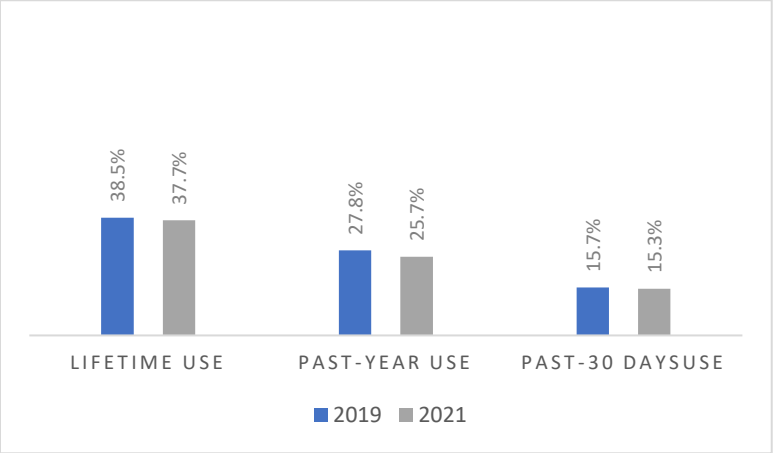


Source: Texas College Survey of Substance Use

Marijuana

Marijuana use among Texas college students decreased from 2019 to 2021 in all three categories of consumption (lifetime use, past 30-day use, and past-year use).

Figure 95. Texas college student marijuana consumption in 2019 and 2021

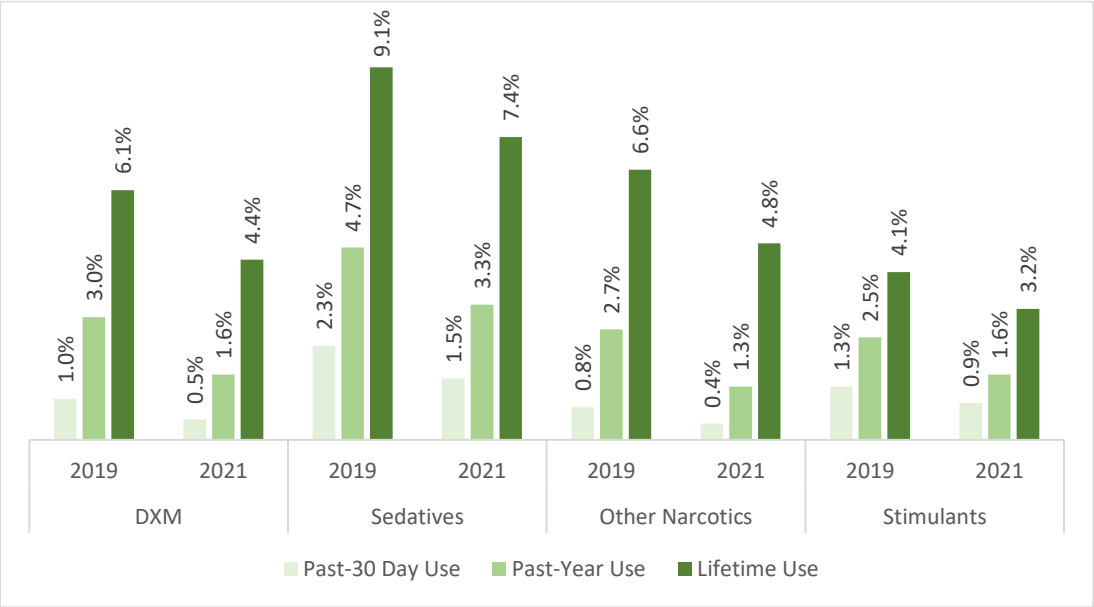


Source: Texas College Survey of Substance Use

Prescription (Rx) Drugs

Prescription drugs included on the Texas College Survey include DXM, sedatives, other narcotics, and stimulants like Ritalin. It should be noted that the percentage of students who have used stimulants in Figure 96 represents students who have misused prescription stimulants and does not include use of other stimulants like cocaine or methamphetamine. Prescription drug misuse among Texas college students decreased from 2019 to 2021 for all types of prescription drugs (DXM, sedatives, other narcotics, and stimulants) in all three categories of consumption (lifetime use, past 30-day use, and past-year use).

Figure 96. Texas college student prescription drug consumption in 2019 and 2021

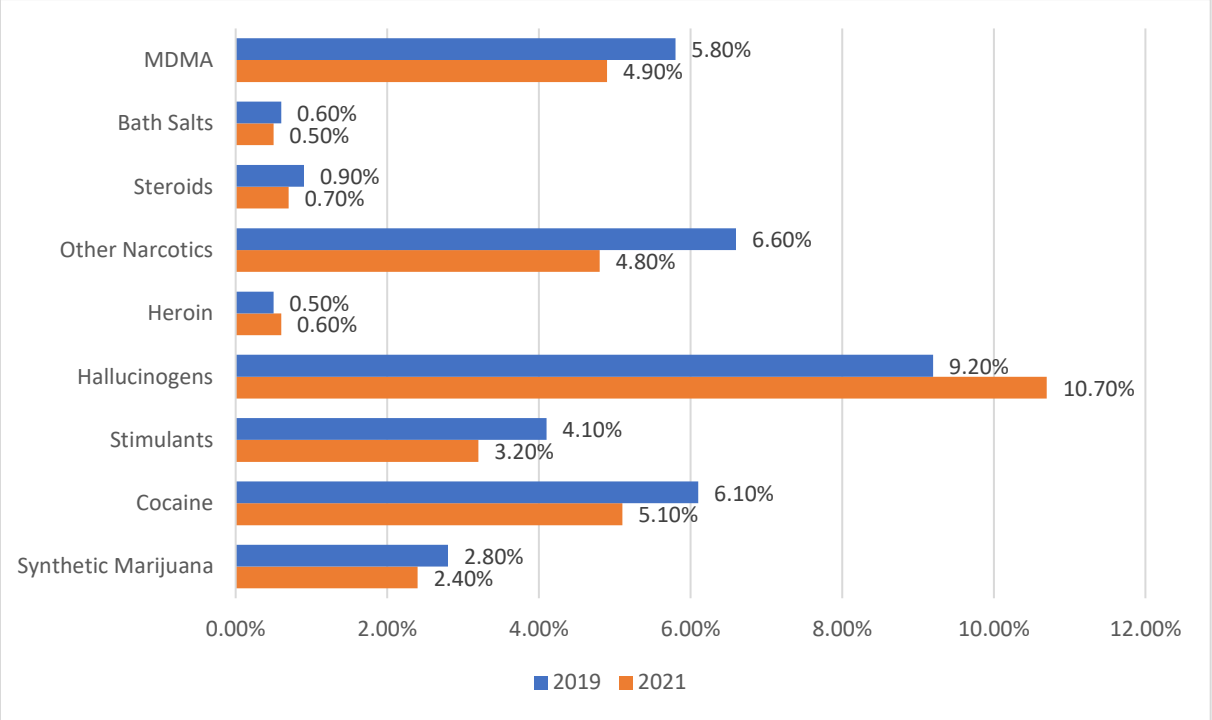


Source: Texas College Survey of Substance Use

Illicit Drugs

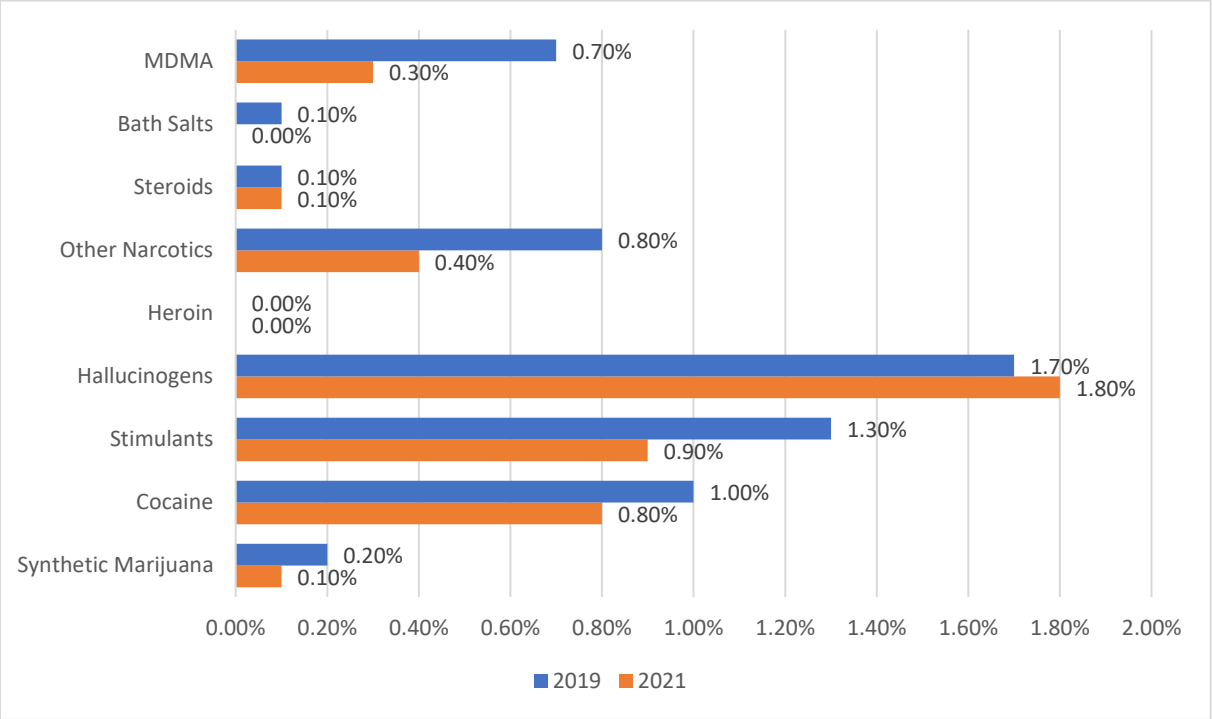
Other than marijuana, illicit drugs that were asked about in the TCS include bath salts, cocaine, hallucinogens, heroin, MDMA, other narcotics, steroids, non-prescription stimulants, and synthetic marijuana. There was a decrease or no change in lifetime consumption from 2019 to 2021 of all illicit drugs except hallucinogens and heroin. Lifetime use of hallucinogens increased by 16% between 2019 and 2021, while the change in heroin was negligible given that lifetime use is already very rare in the first place. The only increase seen from 2019 to 2021 in past-30 days use was for hallucinogens, however, this increase was very minimal.

Figure 97. Texas college student illicit drug lifetime use by substance in 2019 and 2021



Source: Texas College Survey of Substance Use

Figure 98. Texas college student illicit drug past-30 days use by substance in 2019 and 2021



Source: Texas College Survey of Substance Use

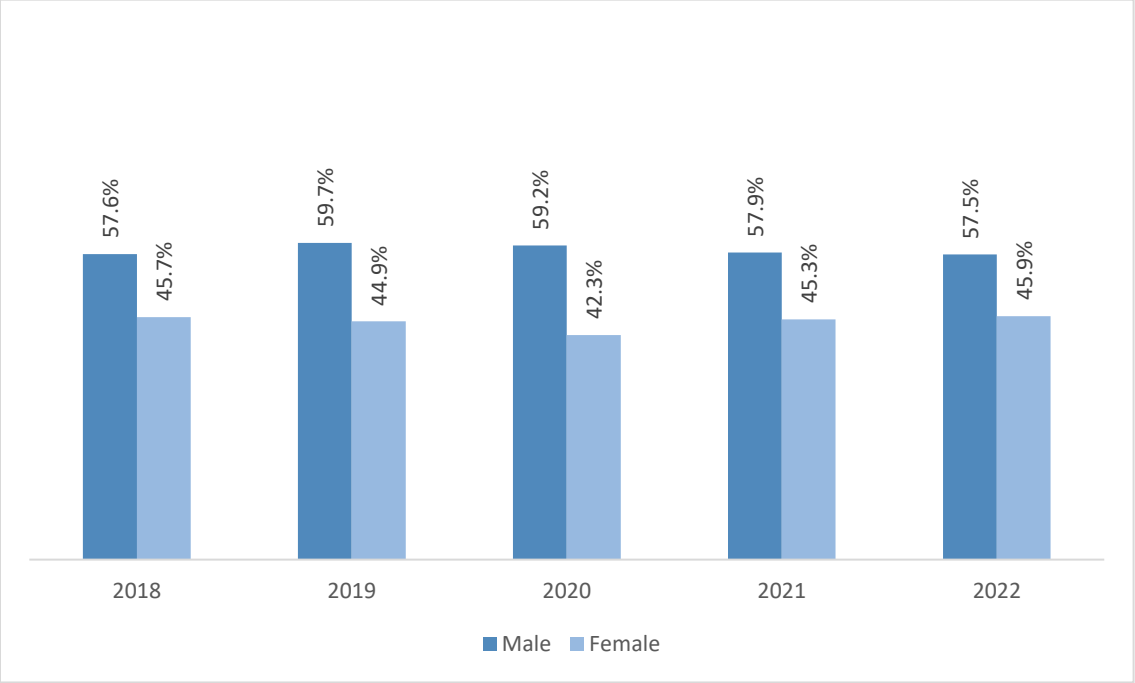
Adult Substance Use

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's system of health-related telephone surveys sponsored by most divisions of the CDC National Center for Chronic Disease Prevention and Health Promotion, other CDC centers, and federal agencies to collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. For this report, data from the BRFSS is used to reflect adult use of tobacco and alcohol in Texas.

Current Use-Alcohol

Adults who revealed that they had at least one drink in the last 30 days are classified as currently using alcohol in this report. Across five years, 2018-2022, the percentage of adults in Texas who are currently using alcohol has stayed fairly consistent. Males had a higher rate of current alcohol use than females for all five years. During this time period, 2022 saw the highest percentage of females who currently consume alcohol.

Figure 99. Texas adult current use of alcohol by gender over five years (2018-2022)

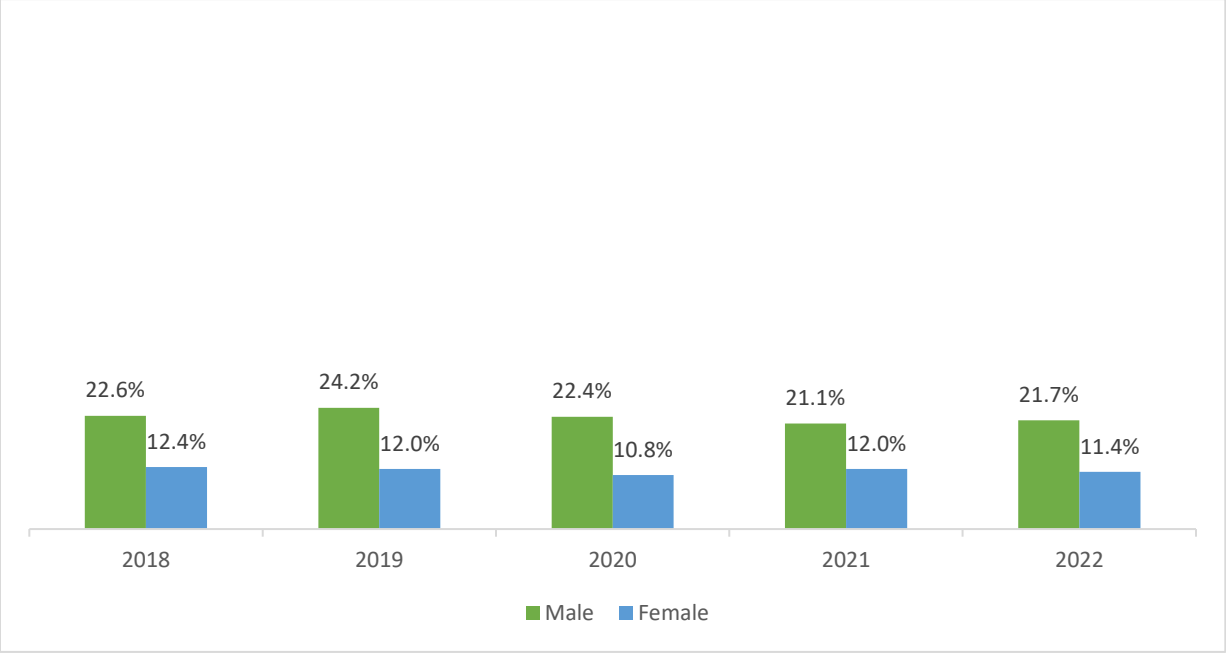


Source: Behavioral Risk Factor Surveillance System

Adult Binge Drinking

Binge drinking is defined as consuming five or more drinks on one occasion for males and consuming four or more drinks on one occasion for females. The percentage of adults who engaged in binge drinking decreased from 2018 to 2022 for both males and females. The percentage of males who engaged in binge drinking is almost double that of females for each of the five years between 2018 and 2022.

Figure 100. Texas adult prevalence of binge drinking by gender over five years (2018-2022)

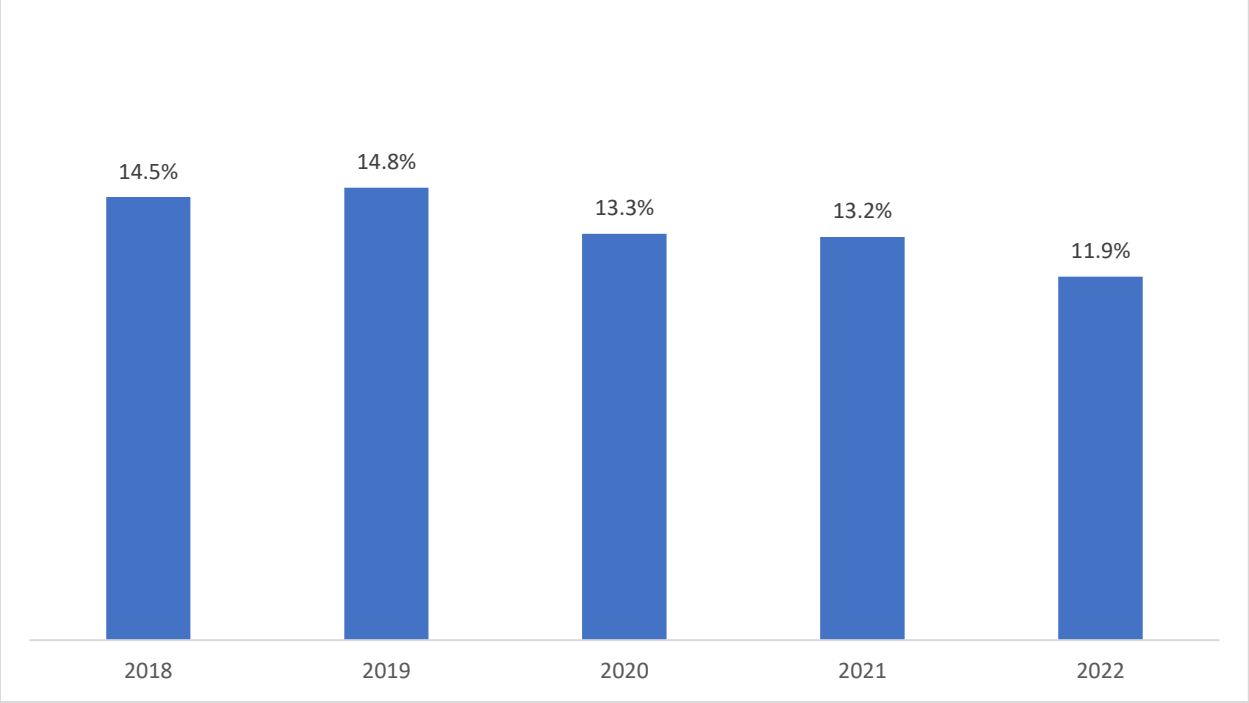


Source: Behavioral Risk Factor Surveillance System

Adult Smoking

The vast majority of adults in Texas are not current smokers. The percentage of adults who smoke gradually decreased from 14.5% in 2018 to 11.9% in 2022.

Figure 101. Percentage of Texas adults who are smokers over five years (2018-2022)



Source: Behavioral Risk Factor Surveillance System

PART V – Public Health and Public Safety

Consequences/Outcomes of Substance Use/Misuse

There are various consequences, short-term and long-term, to substance use and misuse. On an individual level, substance use and misuse use can negatively impact the brain and/or body increasing the risk of developing health issues including heart disease, cancer, HIV/AIDS, Hepatitis, lung disease, kidney disease, liver disease, and mental health conditions such as depression, anxiety, bipolar disorder, and personality disorders.[50] On a community level, substance use and misuse can negatively impact the economy, increase motor vehicle accidents, and increase incarceration rates and crime.

Mortality

Opioid ED Visits

The Texas Health Care Information program of the Texas Department of State Health Services (DSHS) collects and reports on data about health care activity in hospitals and health maintenance organizations in Texas. The data collected by DSHS allows for the calculation of the rate of opioid-related emergency departments visits per 100,000 people by county, region, and state and separated into two categories: inpatient (patients seen at a hospital) and outpatient (patients seen by another medical provider).

Region 6 had a lower rate of opioid-related emergency department visits than Texas for both inpatient and outpatient visits. From 2018 to 2022, all Region 6 counties experienced increases in the rate of opioid-related outpatient visits per 100,000 except for Austin County and Galveston County. During this time frame, the rate of opioid-related outpatient visits per 100,000 nearly tripled in Walker County and more than doubled in Chambers County, Colorado County, and Walker County. Galveston County maintained the highest rate of opioid-related inpatient visits per 100,000 from 2018 to 2022, however the rate steadily decreased during this time period. Austin County had the lowest rate of both inpatient and outpatient opioid-related visits in 2022.

[50] Dorwart (2022).

Table 25. Rate of opioid-related inpatient visits per 100,000 people by area over five years (2018-2022)

	2018	2019	2020	2021	2022
Austin	106.1	99.4	43.1	39.8	19.9
Brazoria	77.4	73.1	74.7	68	71
Chambers	53.7	79.4	64.4	64.4	79.4
Colorado	53.5	58.4	68.1	29.2	34.1
Fort Bend	45.8	46.7	39.7	45.9	51.9
Galveston	157.4	132	135.7	124.3	111.5
Harris	84.1	84.8	74.6	78.1	75.6
Liberty	93.9	126.6	86.2	74.2	93.9
Matagorda	38.6	46.9	38.6	38.6	44.1
Montgomery	89	90.9	81.4	90.7	92
Walker	75.9	65.4	55	85.1	66.8
Waller	88	70.4	38.7	40.5	52.8
Wharton	40.9	52.9	52.9	60.1	65
Region 6	**82.8**	**82.5**	**73.3**	**76.3**	**75.2**
Texas	**104.4**	**108.3**	**98.4**	**96.2**	**97.7**

Source: Texas Department of State Health Services

Table 26. Rate of opioid-related outpatient visits per 100,000 people by area over five years (2018-2022)

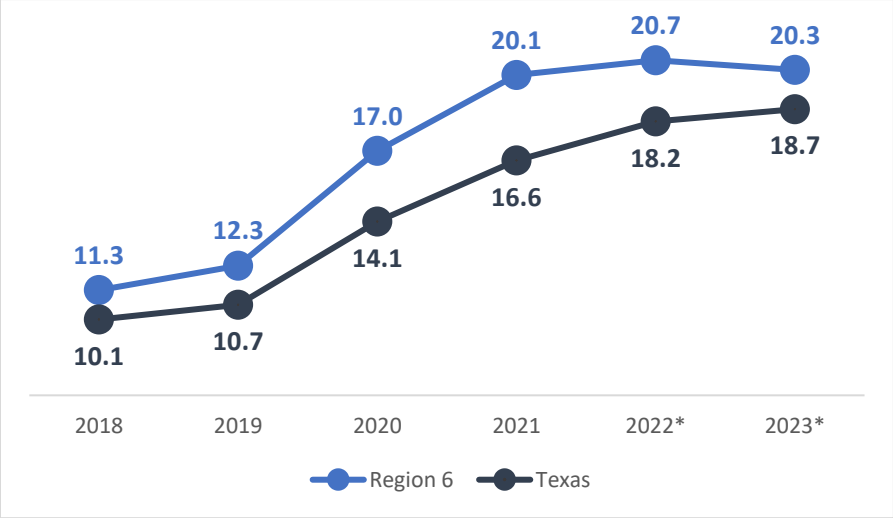
	2018	2019	2020	2021	2022
Austin	53	56.4	39.8	53	43.1
Brazoria	62.6	60.2	61.6	69.3	72.3
Chambers	49.4	49.4	55.8	73	116
Colorado	38.9	87.6	126.5	68.1	87.6
Fort Bend	43.1	48.9	45.5	50.7	53.4
Galveston	119.8	104.4	109.2	113.2	97.8
Harris	68.2	70.2	75.1	77.4	73.5
Liberty	66.6	82.9	90.6	85.1	84
Matagorda	126.9	71.7	46.9	44.1	135.2
Montgomery	74.5	87.7	72.9	75.9	83.3
Walker	32.7	75.9	43.2	39.3	87.7
Waller	58.1	59.9	59.9	65.1	61.6
Wharton	91.4	141.9	89	113.1	110.7
Region 6	**67.8**	**70.8**	**72.1**	**75.1**	**74**
Texas	**102.3**	**97**	**90.8**	**98.6**	**100.3**

Source: Texas Department of State Health Services

Overdose Deaths

Using and misusing substances can have fatal consequences. Certain substances are more likely to cause overdose deaths than others and the rate of overdose deaths varies across populations. From 2018 to 2023, the total rate of overdose deaths per 100,000 people increased almost 80% in Region 6 and increased over 85% in all of Texas. The rate of overdose deaths has been higher in Region 6 than in Texas as a whole for all 6 years between 2018 and 2023.

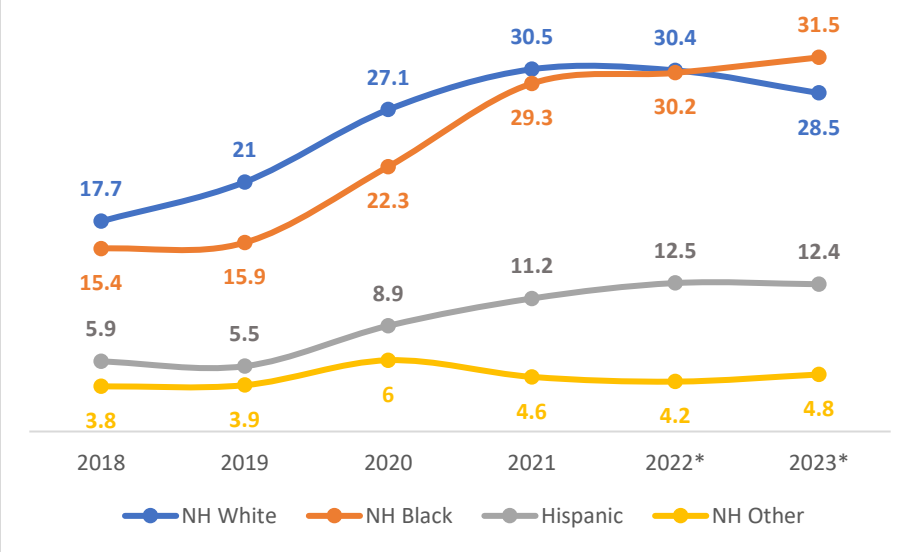
Figure 102. Rate of overdose deaths per 100,000 population in Region 6 and Texas over six years (2018-2023)



Source: Texas Department of State Health Services
*Death data for 2022 and 2023 are non-final. They are tabulated based on data that are not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized.

The rate of overdose deaths can be broken down based on ethnicity and race to show variations across populations. All groups analyzed in this report, non-Hispanic White, non-Hispanic Black, Hispanic, and non-Hispanic other, experienced increases in rates of overdose deaths from 2018 to 2023. The non-Hispanic White population of Region 6 had the highest rate of overdose deaths from 2018 to 2022 before the overdose rate among the non-Hispanic Black population surpassed it in 2023. The rate of overdose deaths among the non-Hispanic Black population and the Hispanic population in Region 6 has more than doubled over these 6 years.

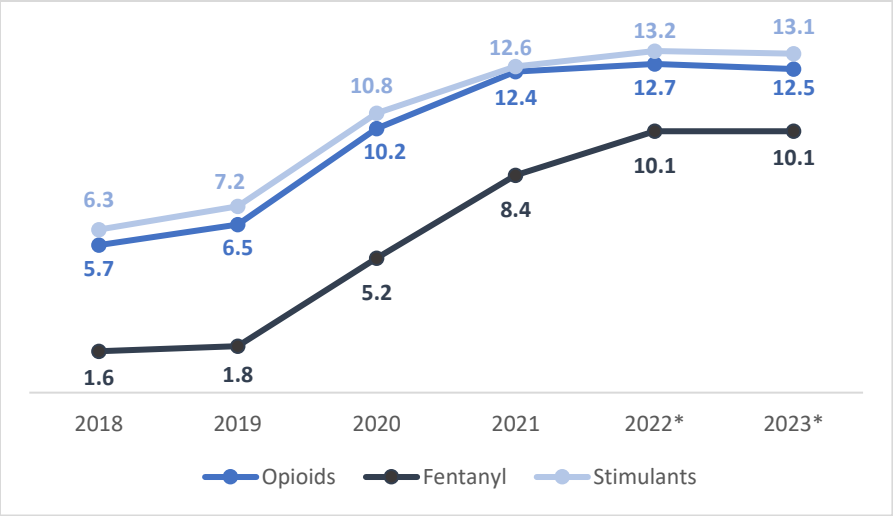
Figure 103. Rate of overdose deaths per 100,000 population in Region 6 by ethnicity and race over six years (2018-2023) (in the figure, NH denotes non-Hispanic)



Source: Texas Department of State Health Services
* Death data for 2022 and 2023 are non-final. They are tabulated based on data that are not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized.

In Region 6, the rate of opioid-related, fentanyl-related, and stimulant-related overdose deaths have increased significantly from 2018 to 2023. The rates of opioid-related and stimulant-related overdose deaths more than doubled during this 6-year period while the rate of fentanyl-related overdose deaths increased more than six-fold. Please note, these drug categories are not mutually exclusive because overdose deaths often involve more than one drug.

Figure 104. Region 6 rate of overdose deaths per 100,000 population by substance over six years (2018-2023)



Source: Texas Department of State Health Services

* Death data for 2022 and 2023 are non-final. They are tabulated based on data that are not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized.

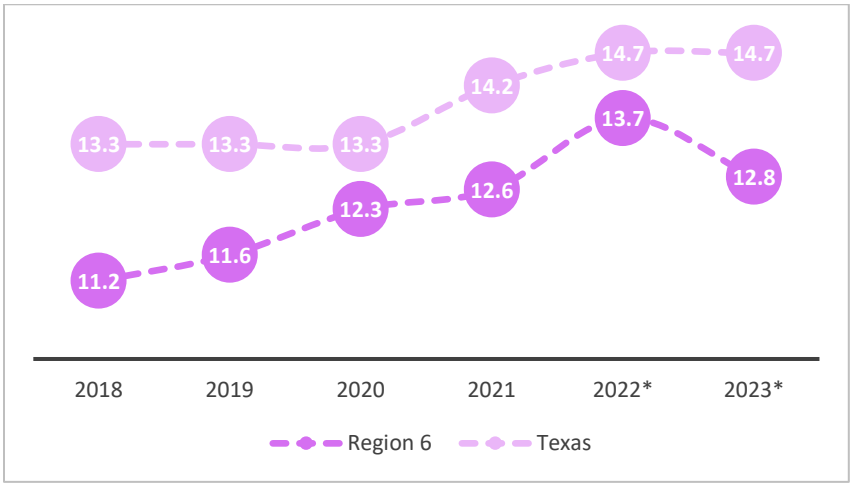
Deaths by Suicide

Suicide is one of the leading causes of death in the United States. One of the major risk factors for suicidal ideation, suicide attempts, and death by suicide is substance use and misuse. Compared to the general population, people with substance use disorders have a 10-14 times greater risk of dying by suicide.[51]

The overall death by suicide rate in Region 6 has remained lower than the statewide rate from 2018 to 2023. During this same time period, the rate of deaths by suicide per 100,000 population in Region 6 increased by 14%.

[51] Esang et al. (2018).

Figure 105. Rate of deaths by suicide per 100,000 population in Region 6 and Texas over six years (2018-2023)



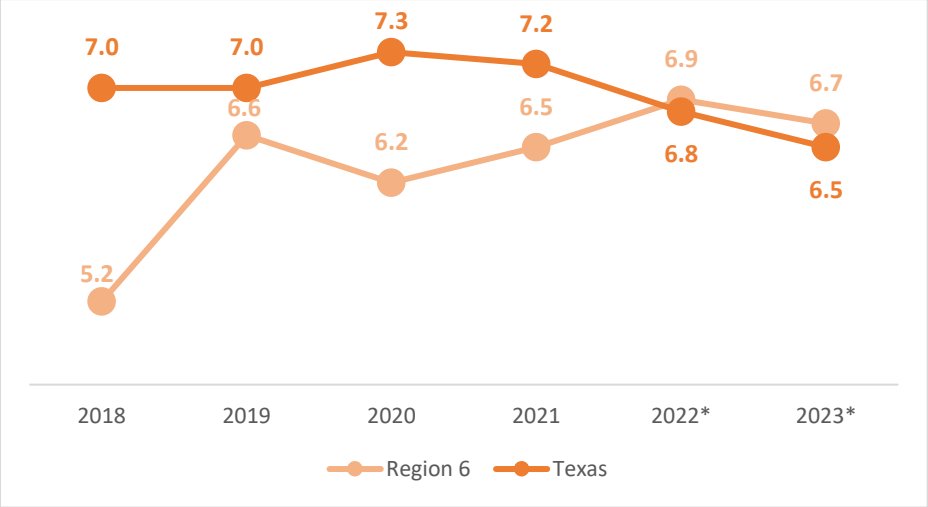
Source: Texas Department of State Health Services

* Death data for 2022 and 2023 are non-final. They are tabulated based on data that are not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized.

Adolescent Deaths by Suicide

From 2018 to 2023, in Region 6, there was an almost 30% increase in rates of adolescent deaths by suicide per 100,000 adolescents. The rate of adolescent suicides was lower in Region 6 than in Texas from 2018 to 2021. The data for 2022 and 2023 is non-final, however it is showing that the rate of adolescent suicides in Region 6 surpassed the statewide rate in 2022 and in 2023.

Figure 106. Rate of adolescent (10-19 years old) deaths by suicide per 100,000 population in Region 6 and Texas over six years (2018-2023)



Source: Texas Department of State Health Services

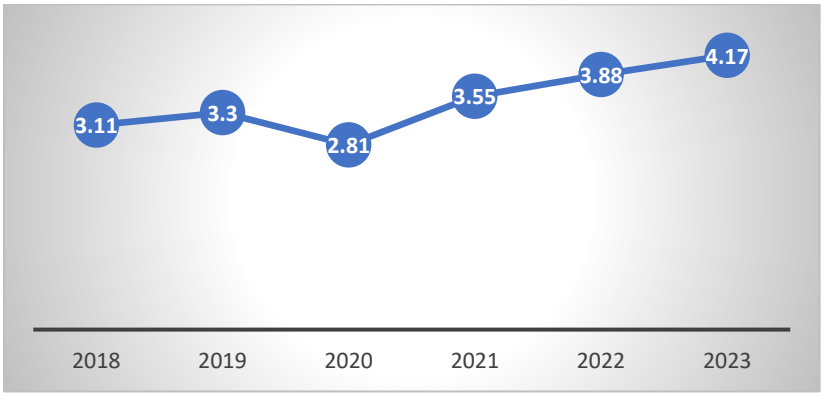
* Death data for 2022 and 2023 are non-final. They are tabulated based on data that are not yet finalized and may be incomplete. Provided data are subject to change before 2022 and 2023 data are finalized.

Alcohol-Related Vehicular Fatalities

In 2023, Texas had a rate of 4.32 alcohol-related vehicular fatalities per 100,000 people. Region 6 had a slightly lower rate at 4.17 deaths per 100,000, however this was an increase from 2022. Each year from

2018 to 2023, the rate of alcohol-related vehicular fatalities in Region 6 increased other than 2020 when there was a decrease possibly due to the COVID-19 pandemic when the state was on lockdown and people were not driving around as much as usual.

Figure 107. Region 6 rate of alcohol-related vehicular fatalities per 100,000 people over six years (2018-2023)



Source: Texas Department of Transportation

Healthcare

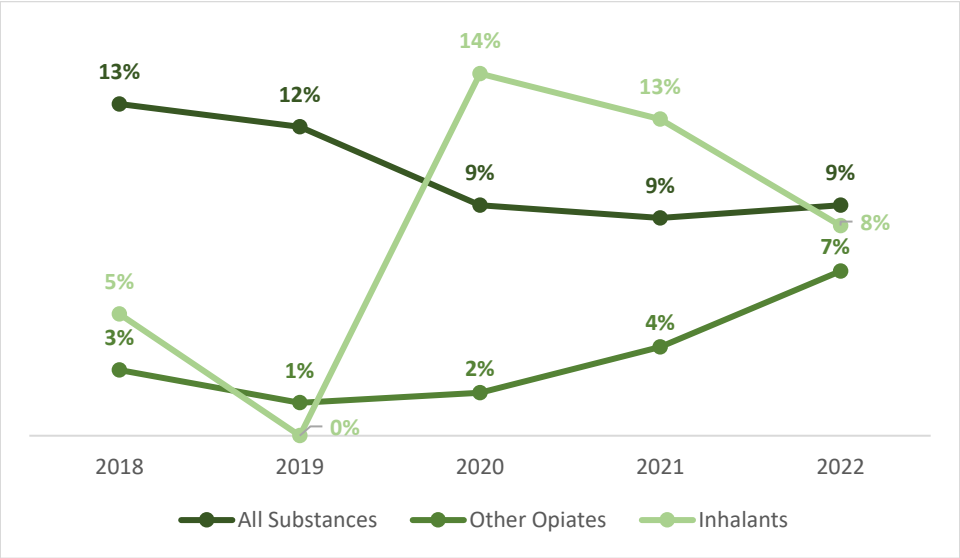
Adolescents Receiving SUD Treatment

Through the Treatment Episode Data Set (TEDS), the Substance Abuse and Mental Health Services Administration (SAMHSA) records data on the demographic and drug history information on individuals 12 years and older who are admitted and discharged from substance use treatment. This report uses TEDS-A, which records information for an admission (since this database records admissions, individuals may be counted twice if admitted more than once), to analyze the changes over time of the number of adolescents receiving SUD treatment and of the substances adolescents are using in Texas.

In 2022, adolescents, ages 12-20 years old, made up 9.1% of total admissions to SUD treatment in the state of Texas. Besides a slight increase from 2021 to 2022, the percentage of SUD admissions that are adolescents steadily decreased from 2018 to 2022. In 2022, almost half, 42.3%, of the admissions to treatment for marijuana use and more than one-fourth of the admissions to treatment for sedatives were adolescents.

The figure below reflects percentage of admissions that were adolescents for all substances, inhalants, and other opiates. From 2018 to 2022, the percentage of admissions for inhalants that were adolescents nearly doubled while the percentage of admissions for other opiates (which include buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics) that were adolescents nearly tripled.

Figure 108. Percent of admissions for all substances, inhalants, and other opiates that were adolescents (12-20 years old) over five years

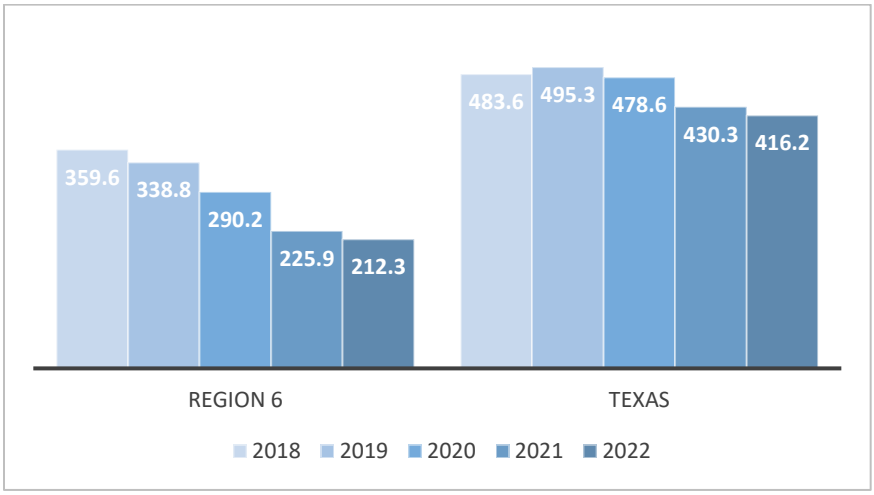


Source: Substance Abuse and Mental Health Services Administration

Adults Receiving SUD Treatment

The rate of adults receiving SUD treatment can be analyzed on a regional level using data from the Texas Health and Human Services Commission (HHSC). The rate of adults receiving SUD treatment in Region 6 and statewide decreased from 2018 to 2022 however the decrease seen in Region 6 was significantly larger than in Texas. Region 6 saw a 41% decrease in the rate of adults receiving SUD treatment while Texas saw only a 14% decrease. The rate of adults receiving SUD treatment was lower in Region 6 than in Texas for all 5 years between 2018 and 2022. One major limitation of this data to note is that it is strictly from HHSC-funded treatment providers. It does not encompass information or numbers from treatment providers that do not receive funding from Texas HHSC.

Figure 109. Rate of adults per 100,000 in Region 6 and Texas that received SUD treatment from an HHSC-funded provider over five years (2018-2022)



Source: Texas Health and Human Services Commission

Based on the TEDS-A data, every year from 2018 to 2022 about half of the adults that received SUD treatment in Texas are between 26 and 40 years old, about 80% of adults that received treatment are white, and more males than females received SUD treatment.

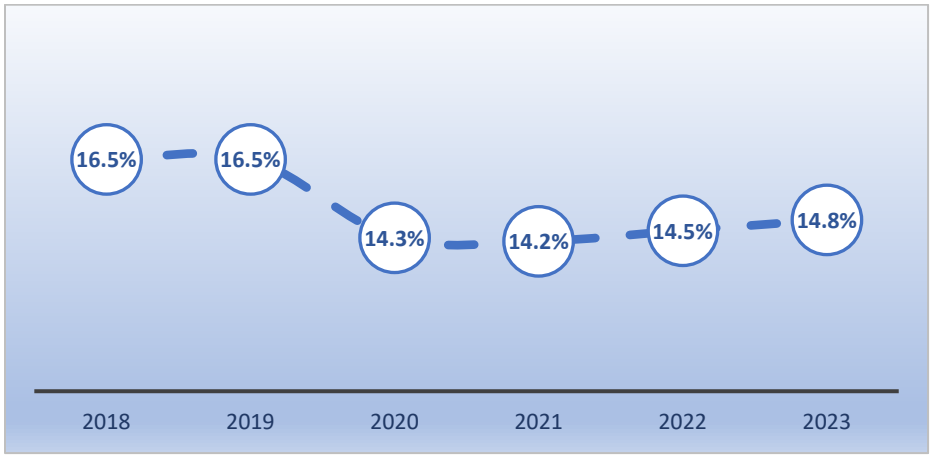
Criminal Justice

Substance use and misuse has long been connected to the criminal justice system. It is estimated that about 65% of the prison population in the United States has a Substance Use Disorder and that another 20% of the prison population do not meet the criteria for a SUD but were under the influence of drugs or alcohol at the time of their crime.[52]

Incarceration Rates (Drug-Related)

In 2023, 14.8% of individuals incarcerated in state-level jails, prisons, and private correctional facilities in Texas were incarcerated for a drug-related offense such as drug possession or drug delivery. After 2019, there was a decrease in the number of individuals incarcerated for drug crimes and a decrease in the percentage of the incarcerated population whose main charge was a drug crime. This may have been due to a shift in focus to violent crime during the COVID-19 pandemic. This decrease could also be attributed to House Bill 1325 which legalized hemp. Arrests for marijuana possession decreased after this bill was signed into law because of confusion regarding the difference between hemp and marijuana and the lack of resources to test legal levels of THC in drugs confiscated during arrests.

Figure 110. Percentage of incarcerated population in Texas whose main offense is a drug crime over six years (2018-2023)

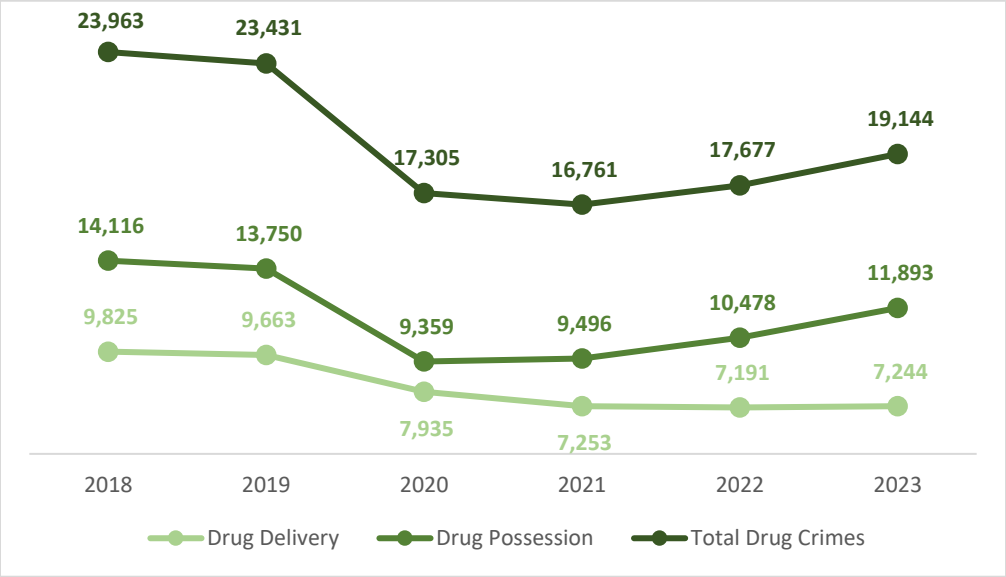


Source: Texas Department of Criminal Justice

[52] National Institute on Drug Abuse (2020).

The figure below shows that there are more people incarcerated for drug possession than drug delivery in Texas.

Figure 111. The number of individuals incarcerated for drug crimes in Texas over six years (2018-2023)

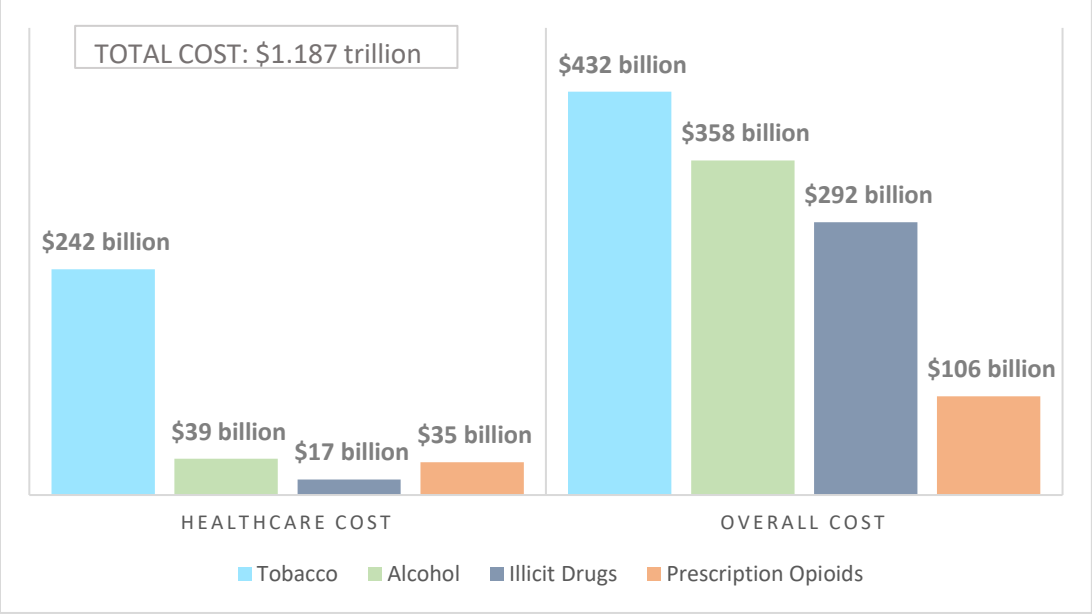


Source: Texas Department of Criminal Justice

Economic

The National Institute on Drug Abuse (NIDA) estimated the health care costs and overall costs of illicit drugs in 2007, tobacco and alcohol in 2010, and prescription opioids in 2013. Using these estimates and adjusting for inflation, it is estimated that the total cost of substance use and misuse in the United States in 2023 was $1.187 trillion. The chart below breaks down the economic impact of substance use by substance.

Figure 112. Estimated economic costs of substance use in US by substance



Source: National Institute on Drug Abuse

Emerging Trends

Impact of Covid-19 on Behavioral Health

Although the COVID-19 public health emergency was declared over in the United States on May 11th, 2023, the effects of the pandemic persist. There have been many major societal consequences from the lockdowns, massive infection rates, high death tolls, and extended isolation that accompanied the pandemic including increased poverty and segregation, unprecedented economic disruptions, information gaps, declining social capital (especially among vulnerable groups), increased social isolation, behavioral changes (more online interaction and less face-to-face interaction), increased levels of stress and loneliness, educational inequalities, and food and livelihood insecurities.[53] The pandemic and these rippling effects of the pandemic have directly and indirectly caused an increase in the symptoms of anxiety and depression among both youth and adults, an increase in suicidal ideation and suicide rates, and an increase in drug overdoses.

The detrimental effects of the pandemic on society as a whole and on population health has shined a light on the importance of mental health. Although there are still many barriers to accessing behavioral health services (i.e. cost of services, shortage of services for youth, Texas' high uninsured population, lack of providers in rural areas, insufficient funding, limited resources, stigma), there have been strides towards making mental health services more accessible. This includes increasing Telehealth services, shifting towards more integrated care, the designation of 988 as the universal phone number for national suicide prevention and mental health crisis hotline, and destigmatizing mental health issues.

Community Interview Findings

In 2022, PRC 6 conducted 17 key informant interviews across the 12 sectors of the community outlined by Texas HHSC. The following themes emerged from these interviews:

1. The three main substances of concern across Region 6 were **methamphetamines**, **e-cigarettes/vaping products,** and **fentanyl**. Interviewees noted that youth are starting to vape at younger ages and vaping in schools, meth use has increased, meth and other stimulants are often laced with fentanyl, fentanyl use has increased, fentanyl-related overdoses have exponentially increased, and synthetic drugs often contain fentanyl, unknowingly to individuals using these substances.
2. The concerning use of the substances discussed above can be **contributed to stressors** caused by the **COVID-19 pandemic**, **poverty**, **trauma**, **mental health issues** accompanied by a **lack of resources** and education about mental health, and **financial issues**.
3. Almost all of the interviewees discussed the **stigma** of mental health and substance use (particularly in rural areas). It was highlighted that this stigma **creates barriers** inhibiting **access to support** and **limits the empathy and compassion** held for people struggling with SUDs.
4. The **family unit** was discussed by multiple individuals from different sectors. A common **contributing factor** to substance use and misuse mentioned by individuals from different sectors was **generational use** and, on the other side of things, a **major consequence** of substance use mentioned by many of the interviewees was the **destruction of the family unit**.

[53] Alizadeh, H. et al. (2023).

5. Although **prevention programs**, particularly in schools, were highlighted as a **strength** in the region, there seems to be a **need** for more **family-based prevention** and more substance use **education for parents**.
6. The **lack of resources** and providers was a major theme identified throughout the interviews. As stated by a particular interviewee, "the **need** for services is **greater than** the **availability** of services." Specifically, interviewees mentioned a need for **more inpatient and residential beds**, residential **treatment for youth**, services for **low-income and under/uninsured population**, **transportation** to/from treatment, and **harm reduction** services.
7. It was identified that the community as a whole would be **more successful** in **preventing** and **treating** SUDs if people had **more empathy and compassion** for individuals using and misusing substances. The way to achieve this is through more **education** provided to all 12 sectors of the community.

PART VI – Region in Focus

Prevention Resources and Capacities

Region 6 has a vast number of coalitions and organizations focused on substance use prevention, education, treatment, recovery, and issues relating to substance use and misuse.

Substance Use/Misuse and Behavioral Health Community Coalitions

Bay Area Council on Drugs and Alcohol
2947 E. Broadway, Suite 400
Pearland, Texas 77581
https://www.bacoda.org/

- Brazoria County Community Coalition
- Galveston County Community Coalition
- Matagorda County Community Coalition
- Southeast Harris County Community Coalition

Coalition for Behavioral Health-Houston
2525 North Loop West, Suite 100
Houston, Texas 77008
https://www.cbh-houston.org/

Coalition of Substance Abuse Prevention (CoSAP)
Program of Phoenix House Texas
2525 North Loop West, Suite 100
Houston, Texas 77008
https://phoenixhousetx.org/coalitions/

Fort Bend Community Prevention Coalition
Program of Fort Bend Regional Council on Substance Abuse
10435 Greenbough Drive, Suite 250
Stafford, TX 77477
https://fortbendcpc.org/

Houston Recovery Initiative
Offers opportunities for service providers to collaborate with agencies across Houston through various workgroups in an effort to implement a recovery-oriented system of care (ROSC).
1500 McGowen Street, Suite 250
Houston, Texas 77004
https://houstonrecoveryinitiative.org/
**Workgroups include: Adolescent ROSC, Behavioral Health Integration, Faith-Based Recovery, Families in Recovery, Recovery Housing, Justice Involved, Lifespan Prevention Epidemiology, Overdose Awareness and Opioid Taskforce, Peers Supporting Peers, Peer Support/Recovery Community Centers, Recovery Advocacy, Recovery to Work, Working with Communities*

The Wellness Council of Greater Colorado Valley
https://thehealthbehavioralwellnesscouncilgreatercoloradovalley.org/

Other Coalitions

Bay Area Alliance for Youth and Families: serves, supports, and inspires students and families to build a healthier community for all.
2903 Falcon Pass
Houston, Texas 77062
https://thealliancebayarea.org/

- The Alliance-Clear Creek
- The Alliance-Friendswood

Harris County Domestic Violence Coordinating Council (HCDVCC): hosts community partner meetings in an effort to build collaborative systems and innovative programs that increase access to services and safety and improve Harris County's response to domestic violence.
2990 Richmond Avenue, Suite 550
Houston, Texas 77098
https://www.hcdvcc.org/

Liberty County Community Coalition: a collaborative group that works together to enhance the physical and mental well-being of Liberty County residents.
Program of Emergency Hospital Systems
https://www.lccctx.org/home

Safe Kids Greater Houston: a coalition led by Texas Children's Hospital focused on preventing unintentional child injuries and death by addressing major risk areas including child passenger safety, home safety, fire safety, water safety, and pedestrian and wheeled sports safety through evidence-based programs.
1919 South Braeswood, Suite 2228
Houston, Texas 77030
https://www.safekidsgreaterhouston.org/

The Coalition for the Homeless of Houston/Harris County: the leader of the homeless response system for Harris, Fort Bend, and Montgomery Counties.
2000 Crawford Street, Suite 700
Houston, Texas 77002
https://www.homelesshouston.org/

Community Programs and Services

BakerRipley: with a vision of disrupting inequities, BakerRipley brings resources, education, and connection to emerging neighborhoods.
4450 Harrisburg Boulevard, Suite 200
Houston, Texas 77011

https://bakerripley.org/
**Services include adult education, ESL classes, Head Start, Early Reach, child care payment scholarships, Community Schools, food distribution, civic engagement, senior health and wellness, immigration and citizenship services, tax, utility, and weatherization assistance, veteran services, and workforce solutions.*

Civic Heart Community Services: nonprofit that offers a wide array of programs and services that serve marginalized and vulnerable communities.
3131 Emancipation Avenue, Suite 400
Houston, Texas 77004
https://civicheart.org/
**Community services include education and employment services, after-school and summer enrichment programs, housing and supportive services, substance misuse prevention and co-occurring mental health treatment, HIV prevention and testing, teen pregnancy prevention, connection to health care coverage, reentry program, refugee youth mentoring, and case management and supportive services for justice-involved youth.*

The YMCA of Greater Houston: offers various community programs to meet community needs with initiatives aimed at empowering youth, building healthier families, and fostering inclusive communities.
PO Box 3007
Houston, Texas 77253
https://ymcahouston.org/programs/community
**Community services include adaptive programs for children and adults with disabilities, Safety Around Water, Y Teen Leadership, Inspiration, Fellowship, Education (L.I.F.E.), International Services for refugees, survivors of human trafficking, asylees, and other newcomers, Community-Based Opportunity Centers, and food distribution.*

Other State/Federally Funded Prevention

Harris County Public Health (HCPH): government agency aiming towards protecting health, preventing disease and injury, and promoting health and well-being for everyone in Harris County.
1111 Fannin Street
Houston, Texas 77002
https://publichealth.harriscountytx.gov/

- Chronic disease prevention: Diabetes Prevention Program, Tobacco/Vaping Prevention and Cessation Program, Nutrition and Physical Activity Program, Asthma Control Program
- Community Health and Violence Prevention Services (CHVPS) Division: uses public health approaches to prevent violence in Harris County through two programs-Holistic Assistance Response Team (HART) and Relentless Interrupters Serving Everyone (RISE)
- HIV/STI Prevention Program: clinic services at the Antoine Clinic, free HIV/STI testing, PrEP prescriptions for individuals at risk of contracting HIV, linkage to care services, counseling, education, outreach, and vaccinations

Texas Department of Family and Protective Services: The Prevention and Early Intervention (PEI) division contracts with local nonprofits, governments, and schools to offer free, voluntary services to families to prevent child abuse and neglect, juvenile delinquency, youth runaway, and truancy. Their

website will direct individuals to prevention programs, coalitions, and PEI-funded family resource centers in specific counties across the state of Texas.
https://www.dfps.texas.gov/Prevention_and_Early_Intervention/Programs_Available_In_Your_County/default.asp

- Baylor College of Medicine: Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller
- Big Brothers Big Sisters Lone Star: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
- Colorado County Youth and Family Services: Austin, Colorado
- DePelchin Children's Center: Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller
- Family Service Center of Galveston: Chambers, Galveston, Liberty
- Harris County Protective Services for Children and Adults: Harris
- Houston Independent School District: Harris
- Motivation Education & Training Inc.: Brazoria, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller
- Montgomery County Youth Services: Montgomery, Walker
- Texas Alliance of Boys & Girls Club: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
- Texas Children's Health Plan: Brazoria, Chambers, Fort Bend, Galveston, Harris, Montgomery
- Youth and Family Counseling Services: Brazoria, Matagorda, Wharton

SUD Treatment Providers

ADAPT Programs: provider offering various services including outpatient services, ambulatory detox, adolescent outpatient treatment, DWI intervention, substance abuse assessment, and inpatient residential.
https://www.adaptprograms.com/

Career and Recovery Resources: nonprofit offering employment services, veteran services, housing services, and outpatient recovery services that are barrier-free and evidence-based and include both group and individual counseling.
https://careerandrecovery.org/

Cenikor: state-funded provider of drug and alcohol treatment services offering programs including detoxification, Medication Assisted Treatment, inpatient residential for youth and adults, partial hospitalization, outpatient services for youth and adults, and recovery housing.
https://www.cenikor.org/

Santa Maria Hostel: one of Texas' largest residential and outpatient substance use treatment centers for women offering a full continuum of services for women who are pregnant or parenting.
https://www.santamariahostel.org/

Healthcare Providers

AccessHealth: a private, not-for-profit organization and Federally Qualified Health Center (FQHP) providing services to the low-income population including primary care, family planning services, disease management, pediatric care, women's health, dental services, behavioral healthcare, WIC services, Medication Assisted Treatment, HIV/AIDS care, and smoking cessation assistance.
https://www.myaccesshealth.org/

Harris Health System: the public healthcare safety-net provider serving the residents of Harris County with a focus on low-income uninsured and underinsured patients through acute and primary care, wellness, disease management, population health, and correctional healthcare services.
https://www.harrishealth.org/

Legacy Community Health: the largest Federally Qualified Health Center (FQHC) in Texas comprised of over 50 locations in the Gulf Coast region offering adult and senior primary care, pediatrics, OB/GYN, behavioral health, dental, HIV/AIDS care, vision, specialty care, and pharmacy services to underserved communities.
https://www.legacycommunityhealth.org/

YP Programs (YPU, YPS, YPI)

Youth Prevention (YP) programs, funded by the Texas Health and Human Services Commission, promote healthy environments and behaviors by using an evidence-based approach to teach youth, their families, and communities how to meet life's challenges and transition into adulthood. YP programs are meant to be delivered before the onset of a substance use disorder and are intended to prevent or reduce the risk of developing a health program.

YP programs are divided into three main areas: YP universal, YP selective, and YP indicated.

YP Universal (YPU) is offered to young people in general, regardless of age. The YPU program in Region 6 is known as the Life Skills program. The Life Skills program aims to build social skills, self-esteem, coping skills, and resistance to peer pressure.

YP Selective (YPS) is programming that is offered to youth that are at a higher risk for substance use. The YPS program in Region 6 is known as the All Stars Core program. The All Stars Core program is a research-based program that aims to delay the onset of problematic behaviors. These behaviors include alcohol use, tobacco use, marijuana use, opioid use, inhalant use, fighting, bullying, and early sexual behaviors. The All Stars Core program is administered to youth in 5th to 8th grade.

YP Indicated (YPI) is programming that is offered to youth who are experiencing early signs of substance use and other related problem behaviors that have not reached the point of need substance use treatment. The YPS program in Region 6 is known as the Youth Connection program, which is a part of the Curriculum Based Support Group (CBSG) program. CBSG is an evidence-based, manualized prevention program that provides coping, social, and substance misuse prevention skills in a group setting. The group is facilitated by a trained and certified CBSG program facilitator. The CBSG group can be provided in a school setting, community setting, or faith-based setting.

The table below reflects the number of programs and number of participants by age served through YP programs per month for fiscal year 2023.

Table 27. Individuals served in Region 6 in fiscal year 2023 by program

Adults attending prevention/behavioral health promotion presentations	8,052
Adults in Positive Alternatives	16,113
Positive Alternatives conducted	2,555
Prevention/behavioral health promotion presentations conducted	1,369
Social media messages focused on prevention and behavioral health promotion	333
Unduplicated adults receiving prevention education/skills training	94
Unduplicated youth receiving prevention education/skills training	8,404
Youth attending prevention/behavioral health promotion presentations	66,421
Youth in Positive Alternatives conducted	44,356

Source: Texas Health and Human Services Commission

Overview of Community Readiness, Community Priorities, and Opportunities for Behavioral Health Promotion

In 2022, the PRC 6 Data Coordinator conducted key informant interviews with 17 community stakeholders from the 12 different community sectors defined by HHSC. The interviewees were affiliated with the following organizations: Houston High Intensity Drug Trafficking Area, Celebrate Recovery, The Council on Recovery, Houston Recovery Initiative/Recovery Oriented Systems of Care, Alcohol Drug and Psychological Treatment (ADAPT), Adolescent Recovery Oriented Systems of Care, Lifespan Prevention Epidemiology Workgroup, Liberty County Family and Community Health Advisory Board, Behavioral Health Suicide Prevention Task Force, Fort Bend Regional Council, University of Texas School of Public Health, HEROES program, Integra program, Salvation Army, BeWell, Unitus network, STAR court, and Houston Crackdown . The individuals were asked six semi-structured interview questions about their concern regarding substance use in the community, the effects of substance use on the community, availability of resources, and community needs. Information gathered from these interviews as well as from the quarterly Regional Epidemiological Workgroups informed an understanding of Region 6's community readiness, community priorities, and opportunities for behavioral health promotion which are summarized below.

There were various strengths in Region 6 that were mentioned by the community stakeholders indicating the level of community readiness in this region. One major strength discussed was the availability of treatment and recovery services within the region. Another one that was noted was the specialty programs and trainings, such as harm reduction services, naloxone trainings, and recovery programs in high schools, that are offered in the community. These programs and trainings were highlighted for being effective in mitigating the risk of negative outcomes in the community. Lastly, mental health and medical services emerged as a significant factor in regards to community readiness for prevention and education. The representatives stated that providers that provide sliding scale fees or do not require insurance made a difference in terms of service utilization. Telehealth methods increased the use of treatment for community members who otherwise would not be able to obtain such resources. Representatives pointed out that within Region 6 schools there is more visibility and discussion around mental health including mental health student organizations and clubs to combat the stigma of mental illness. In terms of medical services, it was acknowledged that the Texas Medical

Center is an added benefit to those who require immediate medical attention as a result of substance use/misuse.

The information from the interviews and workgroups also revealed multiple opportunities for improvement for prevention and healthcare in Region 6. Region 6 representatives appear to have concerns regarding increased fentanyl use (knowingly or unknowingly) leading to poisoning and overdose deaths. Other substances of concern within Region 6 included alcohol, tobacco nicotine products, marijuana, prescription medication, crack cocaine, methamphetamines, cocaine, and vape products. Many of these substances seem to be readily available to youth in Region 6 contributing to negative outcomes within the community. The availability of substances could be explained by the low prices or specific drugs, accessibility of substances at school and through the mail, and the legalization of hemp and certain strands of the cannabis plant. The representatives believed that more programming focused on substance use and misuse is needed in the community and in schools. Another point that was highlighted regarding youth and schools was the importance of school conditions. School conditions such as safety, climate, and connectedness were identified as factors that potentially affect suicide risk and should be addressed in programming. On the community level, representatives believed there was a need for more collaboration between agencies, including law enforcement, schools, mental health professionals, medical professionals, lawyers, EMTs, and faith-based communities. There was a need identified for more treatment programs, specifically for adolescents and that more funding for specialized programs is needed. The home environment was highlighted as an important environmental factor that needs more attention. While there is prevention programming occurring in schools and the community for youth, it seems that there is a lack of education offered to parents. There is a lack of understanding among parents about how their substance use, their mental health, and their attitudes towards substance use affect youth substance use.

Another major area for improvement was access to behavioral healthcare. The information from the interview and workgroups revealed that there are various barriers to treatment within the region, including lack of transportation, lack of availability, limited providers, healthcare costs, lack of health insurance, and lack of knowledge about available resources especially in rural communities. On top of the barriers, individuals struggling with Substance Use Disorders face tremendous stigma in both the general community and when receiving services. This stigma can make recovery more challenging for individuals making it clear that there needs to be more education offered to service providers, school officials, law enforcement, and medical professionals on topics such as warning signs of substance misuse, harm reduction, use of naloxone, use of medication assisted treatment/recovery, and empathy. For the community to meet the needs of individuals with SUDs, there needs to be a shift towards person-centered and trauma-informed care.

Part VII-Putting it all Together

Conclusion

With a population of over 7 million people, it is understandable that Region 6 not only has a diverse population, but also a diverse set of needs and concerns that shifts from year to year. One common not only in Region 6 but also nationwide is fentanyl. While many of the key informant interviews revealed that the demand for fentanyl has substantially increased, of potentially greater concern is the prevalence of fentanyl present in other substances, especially stimulants. Although there are various positive trends evident in Region 6 (adolescent substance use decreased, college student substance use decreased, increased adolescent perception of risk/harm of substances), the significant increase in overdose deaths, especially fentanyl, stimulant, and opioid-related, raises concerns.

Another topic of concern that was raised in the key informant interviews was the generational effects of substance use/misuse and addiction. There were praises given for the prevention programs geared towards adolescents, however the need for a family approach is clear. It was mentioned numerous times that parents need more education and are unaware of the fact that their perception and use of substances affects their children's perception and use of substances. There is not readily available data on adult use of illicit substances on a local level, but when looking at substance use nationwide and statewide, it is clear that adult and parent use of substances is not uncommon. About 51.7% of Texas adults currently consume alcohol, the rate of alcohol-related vehicular fatalities in Region 6 has increased, and alcohol will cost the nation an estimated $358 billion this year. With the damage alcohol and other substances do to the community, a family approach to tackle the generation effect of substance use/misuse is needed.

As discussed throughout this assessment, there are underlying risk factors that contribute to the substance use and misuse occurring in Region 6. On a societal level, most Region 6 counties have median family incomes lower than the median family income statewide, most Region 6 counties have unemployment rates higher than Texas', the rate of student homelessness has increased, and almost two-thirds of Region 6 students are considered economically disadvantaged. On a community level, the rate of violent crime in Region 6 is higher than the rate in Texas, there are many uninsured people, and the alcohol, tobacco, and e-cig/vaping retail density has increased. On an interpersonal level, there is a high rate of adult depression and adolescent depression has increased. All of these substantial risk factors cannot be mentioned without mentioning the COVID-19 pandemic. The pandemic directly negatively affected people's lives and potentially played a part in worsening some of the risk factors mentioned above. The societal, communal, and interpersonal risk factors weaved in with the COVID-19 pandemic contributes to the issues of substance use/misuse in the region, state, and nation.

Not only do some of the risk factors contribute to substance use/misuse, they also may become barriers to accessing treatment and services. For those who economically disadvantaged, struggling to find employment, and/or do not have health insurance, it becomes incredibly challenging to afford treatment because, as revealed in the key informant interviews, there is a lack of affordable treatment options available in Region 6. It is also apparent that there is a lack of resources in rural areas. There are few mental health providers in many of the rural counties in Region 6 adding another layer of barriers. There are also racial disparities that are necessary to address. The rate of overdose deaths among the non-Hispanic Black population has increased substantially and became the highest rate of overdose deaths among racial groups in 2023. The rate of overdose deaths among the Hispanic population,

although comparatively low, has more than doubled over the last 6 years. Despite these alarming facts, the majority, about 80%, of adults accessing substance use treatment is White.

It is just as important to touch on protective factors and community assets as it is to talk about risk factors and disparities. Region 6 has offered lots of prevention services and programs to adolescents and there is a need to include parents and the whole family in these services. There is a high rate of congregations in Region 6 with more than half of the population being adherents. The vast majority of students feel somewhat or very safe at school and the average high school graduation rate was 91.4% in 2022. In order to be effective in tackling the issue of substance use/misuse, it is necessary to simultaneously work on decreasing risk factors and increasing protective factors.

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Glossary of Helpful Terms and Definitions

ACEs	Adverse Childhood Experiences. Potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member live through a suicide attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. May also refer to adverse *community* experiences such as concentrated poverty, segregation from opportunity, and community violence. All these conditions and experiences contribute to community trauma, which can exacerbate the negative impacts of adverse childhood experiences (ACEs) that individuals experience. Please see the beginning of the report for more information on ACEs.
Adolescent	An individual ranging between the ages of 10 and 20 years depending on what health organization you reference. For a more in-depth description and definition, see the "Adolescence" section in "Key Concepts" in the beginning of the RNA.
ATOD	Acronym for alcohol, tobacco, and other drugs.
Binge Drinking	Defined as consuming 5 or more drinks on an occasion for men, and 4 or more drinks for women on an occasion for women.
BRFSS	Behavioral Risk Factor Surveillance System. Health-related telephone survey that collects state data about U.S. residents regarding their health-related behaviors, chronic health conditions, and use of preventive services.

Counterfeit Drug	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled then sold with the intent to deceptively represent its origin, authenticity, or effectiveness. Counterfeit drugs include drugs that contain no active pharmaceutical ingredient (API), an incorrect amount of API, an inferior-quality API, a wrong API, contaminants, or repackaged expired products. An example of this can be any drug that is marketed as a specific product but contains illegally manufactured fentanyl.
DSHS	The Texas Department of State Health Services. The agency's mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions.
Drug	A medicine or other substance which has a physiological and/or psychological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior.
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. The primary purpose is to gain insight to assist in future change.
HHS	The United States Health and Human Services. The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
Incidence	The proportion, rate, or frequency of new occurrences of a disease, crime, or something else undesirable. In the case of substance use, it is a measure of the risk for new substance use behaviors and new substance use disorder cases within a community.

LGBTQIA+	An inclusive term referring to people of marginalized gender identities and sexual orientations and their allies. Examples include lesbian, gay, bisexual, transgender, non-binary, genderqueer, questioning, queer, intersex, asexual, demisexual, and pansexual.
Justice-Impacted	Justice-impacted individuals include those who have been incarcerated or detained in a prison, immigration detention center, local jail, juvenile detention center, or any other carceral setting, those who have been convicted but not incarcerated, those who have been charged but not convicted, and those who have been arrested.
MAT/MOUD	Medication-Assisted Treatment/Medications for Opioid Use Disorder. The use of medications, in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.
Neurotoxin	Synthetic or naturally occurring substances that damage, destroy, or impair nerve tissue and the function of the nervous system. They inhibit communication between neurons across a synapse.
PCEs	Positive Childhood Experiences. Experiences during childhood that promote safe, stable, and nurturing relationships and environments. PCEs can help children develop a sense of belonging, connectedness, and build resilience.
Person-Centered Language or Person-First Language	Language that puts people first. A person's identity and self-image are closely linked to the words used to describe them. Using person-centered language is about respecting the dignity, worth, unique qualities, and strengths of every individual. It reinforces the idea that people are more than their substance use disorder, mental illness, or disability. Please note: some people do prefer the use of language that is not person-centered to self-identify, e.g., in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), some people prefer to self-identify as an "addict" rather than a "person with addiction" even though this is not person-centered language. It is best practice to use the language that a person asks you to use when referring to them.

PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide trainings, support community programs and tobacco prevention activities, and connect people with community resources related to substance use. The beginning of the RNA includes significantly more details on the purpose and functions of the PRCs.
Prevalence	The current proportion, rate, or frequency of a disease, crime, or other event or health state with a given community. In the case of substance use, it refers to the current rates of substance use, and the current rate of substance use disorders within a given community.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk for mental health challenges and substance use in families and communities.
Recovery	A process of change through which individuals struggling with behavioral health challenges improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Risk Factor	Conditions, behaviors, or attributes in individuals, families, communities, or the larger society that contribute to or increase the risk for mental health challenges and substance use in families and communities.
Self-Directed Violence	Anything a person does intentionally that can cause injury to self, including death.
SPF	Strategic Prevention Framework. SPF is a model created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist communities with implementing effective plans to prevent substance use. The idea behind the SPF is to use findings from public health research and community assessment, such as this RNA, along with evidence-based prevention programs to build a robust and sustainable prevention system. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities. More information can be found here: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Stigma	The stigma of substance use—the mark of disgrace or infamy associated with the disease—stems from behavioral symptoms and aspects of substance use disorder. The concept of stigma describes the powerful, negative perceptions commonly associated with substance use and misuse. Stigma has the potential to negatively affect a person's self-esteem, damage relationships with loved ones, and prevent those suffering from substance use and misuse from accessing treatment.
SDOH	Social Determinants of Health. These refer to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. See the beginning of the RNA for more details.
Substance Abuse	When substance use adversely affects the health of an individual or when the use of a substance imposes social and personal costs. **Please note:** This is an antiquated term that should be avoided as it contributes to the stigma surrounding substance use and substance use disorders. The term "abuse" has been found to have a high association with negative judgments and punishment and can prevent people seeking treatment. More information can be found here: https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction
Substance Dependence	An adaptive biological and psychological state that develops from repeated drug administration, and which results in withdrawal upon cessation of substance use.
Substance Misuse or Non-Medical Substance Use	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.

Substance Use	The consumption of any drugs such as prescription medications, alcohol, tobacco, and other illicit drugs. Substance use is an inclusive, umbrella term that includes everything from an occasional glass of wine with dinner or the legal use of prescription medication as directed by a doctor all the way to use that causes harm and becomes a substance use disorder (SUD).
SUD	Substance Use Disorder. A condition in which there is uncontrolled use of a substance despite harmful consequences. SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
Telehealth	The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.
TCS	Texas College Survey of Substance Use. A survey that collects self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. More information on the TCS can be found in the beginning of the RNA.
TSS	Texas School Survey of Drug and Alcohol Use. A survey that collects self-reported data on tobacco, alcohol, and other substance use among students in grades 7 through 12 in Texas public schools. More information on TSS can be found in the beginning of the RNA.
YRBSS	Youth Risk Behavior Surveillance Survey. an American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention. It surveys students in grades 9–12.