2023

Regional Needs Assessment

Region 5

Prevention Resource Center

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Note. The artwork for the cover was created by Kimberlyn Stow and is entitled “Pieces of Memory”.

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Executive Summary

What is the Regional Needs Assessment?

The Regional Needs assessment (RNA) is a document created by the Region 5 Prevention Resource Center's (PRC) Data Coordinator along with Data Coordinators from PRCs across the state of Texas and supported by the Texas Health and Human Services Commission (HHSC). The Region 5 PRC serves the 15 counties of Deep and Southeast Texas.

A needs assessment is the process of determining and addressing the "gaps" between the current conditions and desired conditions in a set environment of 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 and misuse, consumption patterns, and public health consequences. In addition, this report will offer insight into gaps in behavioral health and substance use and misuse prevention services and data in Texas.

Who Created 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, which are:[2]

- Youth and young adults
- Parents
- Business communities
- Media
- Schools
- Organizations serving youth and young adults
- Religious or fraternal organizations
- Law enforcement agencies
- 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 misuse such as recovery communities, Education Service Centers, and Local Mental Health Authorities

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.

Key Findings

Comparing the diversity of racial identity and ethnicity demographic make-up of Region 5 to Texas, Region 5 is not keeping pace with the changes as the rest of Texas. For Texas those that identify their race as "Asian" and those that identify their ethnicity as "Hispanic or Latino" are the fastest growing segments of the population. As a percentage of the population, for those that identify as "Hispanic or Latino" is 54.4% fewer than Texas. For those that identify as "Asian" in Region 5, is 90.4% lower than Texas. For more information see the sections on Race and Ethnicity on pages 4 through 7.

According to the Texas School Survey, substance use among students within Region 5 has declined. From 2018 to 2022 the percentage of students consuming alcohol, tobacco, marijuana, and electronic vape products in the "Past Month" has decreased. Electronic vaping decreased by 14%, alcohol use decreased 17%, marijuana use decreased 17%, and alcohol use decreased 34%. For more information on the decreases see page 71.

Data from the Texas Department of State Health Services reports that Region 5 has the highest rates of overdose deaths per 100,000 in population than any other region. In 2022, the overdose death rate for Texas was 18.4 and Region 5 was 22.7. Since 2018 the overdose death rate in Texas has been increasing and Region 5's increase has consistently remained above that of Texas. For more information on the overdose death rates see the section "Overdose Deaths" on pages 80 and 81.

The rate of overdose deaths reflects the use of fentanyl within Texas and Region5. Fentanyl-related overdose death rate (8.2) is above the state's rate of 7.3. This is due in part to the increase of fentanyl-contaminated drugs that are being consumed. There is a reported increase in the number of individuals testing positive for fentanyl while they were seeking treatment for other substances. Additionally, the use of xylazine (an animal tranquilizer) with fentanyl is problematic because xylazine is not an opioid and its effects cannot be reversed with naloxone in cases of overdose. For more information on fentanyl and xylazine see the section on emerging trends on pages 87 through 89.

The southern three counties of Region 5, Hardin, Jefferson, and Orange contain over 51% of the region's population, yet there are no HHSC funded substance use prevention programs or CCPs operating within these three counties. ADAC's substance use prevention programs are contracted for the northern twelve counties. Previous substance use prevention programs in the southern three counties ended or were withdrawn.

Introduction

The information presented in this report 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 misuse 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.

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

1. exploration of related risk and protective factors as defined by the Center for Substance Abuse Prevention (CSAP);
2. 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
3. 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, training, 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
- 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 the 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.
- Conduct media awareness activities related to substance use prevention and behavioral health promotion.
- Conduct voluntary compliance checks on tobacco and e-cigarette retailers and provide education on state tobacco laws to these retailers.

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

Region 1	Panhandle and South Plains
Region 2	Northwest Texas
Region 3	Dallas/Fort Worth Metroplex
Region 4	Upper East Texas
Region 5	Deep East and 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

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 on the four fundamental objectives: data, training, media, and tobacco. All core areas work together to position the PRC as a regional hub of information and resources related to prevention, substance use and misuse, and behavioral health in general. PRCs work to educate the community on substance use and misuse 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 a Regional Epidemiological Workgroup (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, which aid in securing access to information.

- Develop and maintain the REW.
- Conduct key informant interviews.
- Develop and facilitate at least one region-wide event based on RNA 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 and misuse, behavioral health, and Social Determinants of Health (SDoH) information.
- Direct stakeholders to resources regarding data collection strategies and evaluation activities.
- Disseminate findings to the community.

Training

The Public Relations Coordinators are tasked with building the prevention workforce capacity through technical support and coordination of prevention training.

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

Media

The Public Relations Coordinators use social media and traditional media to increase the community's understanding of substance use prevention and behavioral health promotion.

- 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.
- Promote prevention messages through media outlets including radio or television PSAs, media interviews, billboards, bus boards, editorials, and 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 and other nicotine products. Tobacco Coordinators conduct retailer checks to verify

retailers are complying with state and federal regulations regarding proper signage and placement of tobacco products. In addition, Tobacco Coordinators provide education on state and federal guidelines for tobacco sales.

- Conduct on-site, voluntary checks with tobacco retailers in the region.
- Provide education to tobacco retailers in the region that require additional information on most current tobacco laws as they pertain to minor access.
- Conduct follow-up voluntary compliance visits with all tobacco retailers that have been cited for tobacco-related violations.

Regional Epidemiological Workgroups

Each Data Coordinator develops and maintains a Regional Epidemiological Workgroup (REW) to identify substance use and misuse patterns focused on the state's four prevention priorities at the regional, county, and local levels. Members of the REW are stakeholders that represent all twelve of the community sectors and different geographical locations within the region. The REW also works to identify regional data sources, data partners, and relevant risk and protective factors. Information related to the 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.

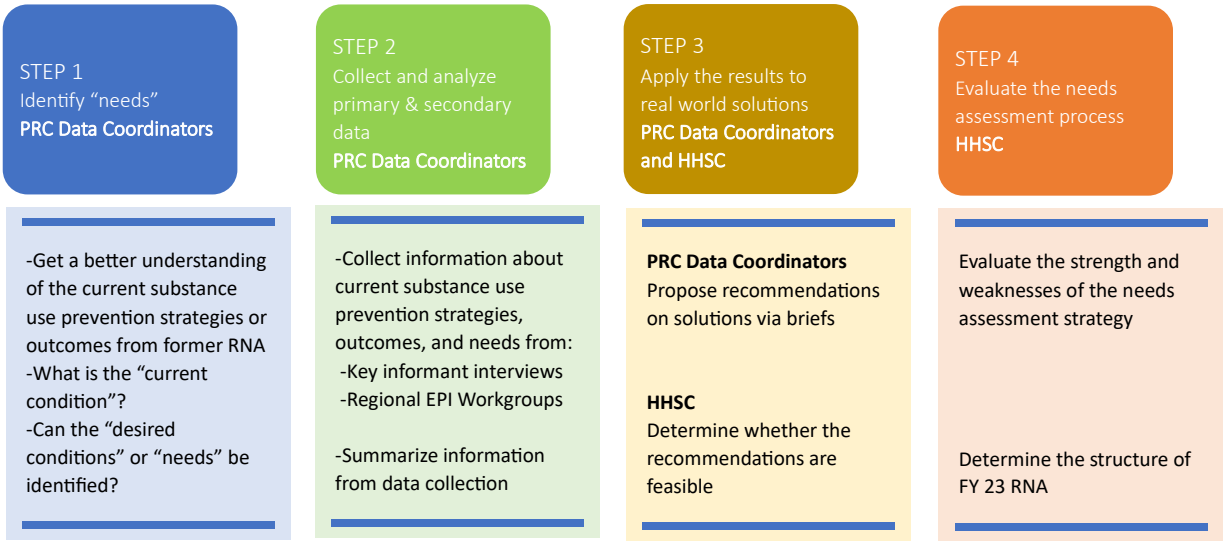
The Regional Needs Assessment (RNA)

Purpose/Relevance of the RNA

A needs assessment is a systematic process for determining and addressing "gaps" between current conditions and desired conditions.[3] The 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 and misuse 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 assist policymakers in program planning and policy decisions regarding substance use and misuse prevention, intervention, and treatment. The RNA can 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, process, and stakeholders involved in RNA creation.



Stakeholder/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 at the end of this needs assessment. The core of the report focuses on risk 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. The purpose of utilizing the twelve sectors is that each sector has unique knowledge of substance use along with risk and protective factors in their communities.

Regionwide Event

The Region 5 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 and misuse-related issues.

In Spring 2023, the Region 5 PRC hosted a regionwide town hall meeting targeting the dangers and increased exposure to fentanyl. The town hall meeting was hosted by the Dream Center in Beaumont and presented in person and via Zoom. Presenters included the Region 5 Data Coordinator (Kim Bartel), the First Assistant to the U.S. District Attorney Southeast District (Matt Quinn), the Drug Enforcement Administration (Jason Wheeler), and the Woodlands Recovery Centers (Kim Arrington). Data from the 2022 RNA revealed a growing concern and lack of knowledge of fentanyl. The presence of fentanyl has been increasing as reported by law enforcement. Treatment centers, when drug testing their clients, discover that many clients were unaware that fentanyl had been mixed with their substance of use, putting them at an increased risk of overdose. The meeting was also covered by area media to assist in getting the message out to the community.

Methodology

This needs assessment reviews behavioral health data on substance use and misuse, 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 levels.

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 challenges. The indicators are organized by the domains (or levels) of the Social Ecological Model (SEM). For 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, 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, and the Texas 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 and 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 conclusion about the consequences of substance use and misuse from the data reported here. The secondary data we have drawn from does not necessarily show a causal relationship between substance use and consequences for the community.

Longitudinal Data

To capture a richer depiction of 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 consists 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 is not 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 period. While this report will include data from the time of COVID-19, primarily the years 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. Therefore, no firm conclusions should be drawn from data collected during those years and we

caution against making direct comparisons of these years with 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 (TCS). 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 the 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 and 4-year colleges and 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. It is important to note that the drop in participation along with the fact that those that did complete the survey did so before March may have impacted the data. Tables 1 and 2 provide more details on the context of recruitment and the number of usable surveys from 2018 through 2022, explaining 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 Campuses Participated	TOTAL Non-Blank Surveys	Usable Surveys	Number Rejected	Percent Rejected
2022	711	232	164	43,199	42,199	811	1.89%
2020	700	224	107	27,965	27,965	936	3.2%
2018	710	228	191	62,620	60,776	1,884	2.9%

Source. Methodology Reports for 2018, 2020, and 2022 Texas School Survey.

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	Number of Usable Surveys	Percent	Number of Usable Surveys	Percent	Number 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

Source. Methodology Reports for 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 attitudes and is gathered through observation and interviews and is 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 with stakeholders that represent the twelve community sectors across each region. Most interviews occurred between September 2021 and August 2022 and a few others up through August 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 fill 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 well-being 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 interview was complete, the Data Coordinator transcribed the audio from the interviews and then used coding techniques to analyze the data.[5] (University of Illinois, 2023) This involved categorizing the information by topics, themes, and patterns.

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.[6] This definition provides the theoretical framework that this assessment uses to discuss the overall impact of substance use and misuse. Epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA), the main federal authority on substance use and misuse, 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/misuse 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.[7]

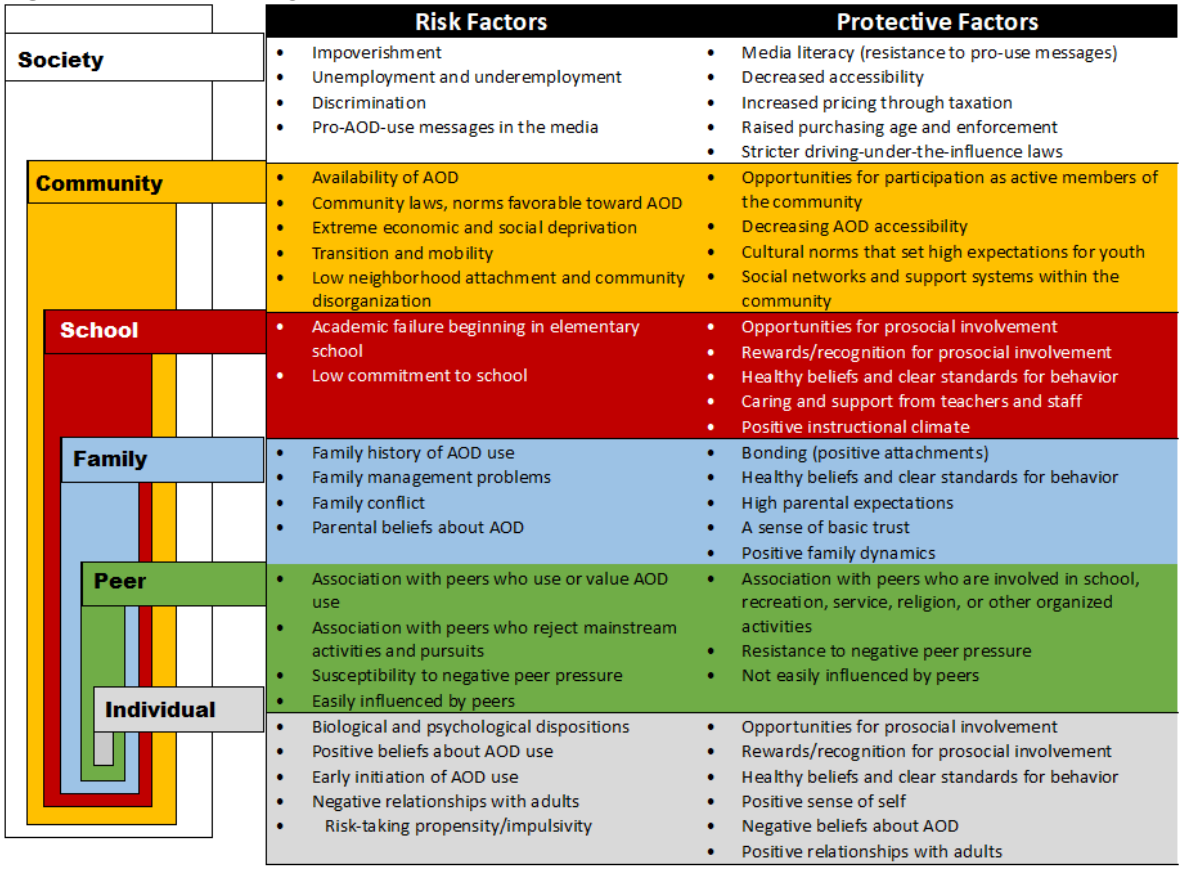
Social-Ecological Model

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.[8] This RNA is organized using the four domains of the SEM (see Figure 3)[9] as described below:

- **Societal Domain**: social and cultural norms and socio-demographics such as the economic status of the community.
- **Community Domain**: social and physical factors that indirectly influence youth including educational attainment of the community, community conditions like the physical built environment, experiences of poverty, the health care/services system, and retail access to substances.
- **Interpersonal Domain**: social and physical factors that indirectly impact youth including academic achievement and the school environment, family conditions and perceptions of parental attitudes, and youth perceptions of peer consumption and social access.
- **Individual Domain**: intrapersonal characteristics of youth such as knowledge, skills, attitudes, beliefs, and behaviors.

The SEM proposes that behavior is impacted by all 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.

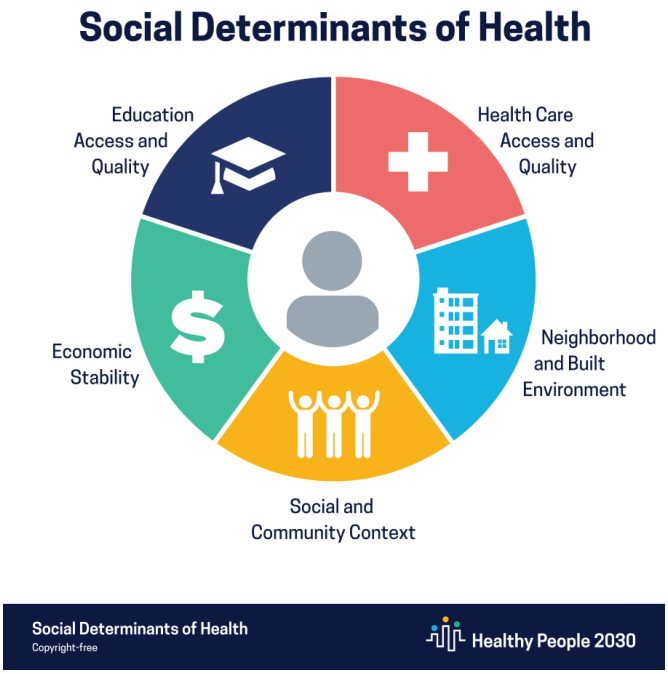
Figure 3. Social-Ecological Model for substance use with examples.



Social Determinants of Health (SDoH)

The U.S. Department of Health and Human Services, Healthy 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.[10] The SDoH are grouped into five 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.



Strategic Prevention Framework

The Strategic Prevention Framework (SPF), provided by SAMHSA's Center for Substance Prevention (CSAP), guides the development and implementation of many prevention initiatives and activities in Texas. Although these steps are intended primarily to go in a clockwise fashion starting at the "Needs Assessment" step, they are meant to be a guide and not rigid rules. It is possible to restart the circle upon reaching the fifth step, "Evaluation", or to even be in multiple stages at once throughout the process. In addition to these five steps, there are two central concepts that should guide the use of the SPF, seen in the center of the figure: cultural competence and sustainability.

- **Cultural competence**: the ability of an individual or organization to understand and interact effectively with individuals having different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- **Sustainability**: the process of building an adaptive and effective system that achieves and maintains desired long-term results.

The SPF provides a continuum of services targeted to the three classifications of prevention activities under the National Academy of Medicine (NAM). These classifications are universal, selective, and indicated. The five steps and two guiding principles of the SPF offer a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing our communities.

Figure 5. Strategic Prevention Framework.

Source. SAMHSA.

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-concepts, and self-esteem. Mental characteristics are also developing during this time. These include abstract thinking, reasoning, impulse control, and decision-making skills.[11] The World Health Organization (WHO) adds that this period of growth poses a critical point of vulnerability where the non-medical use of substances, or other risky behaviors can have long-lasting negative effects on future health and well-being.[12]

A similar but slightly different term 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."[13] Delinquent conduct is 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 define the population of interest more precisely.

Adverse Childhood Experiences (ACEs)

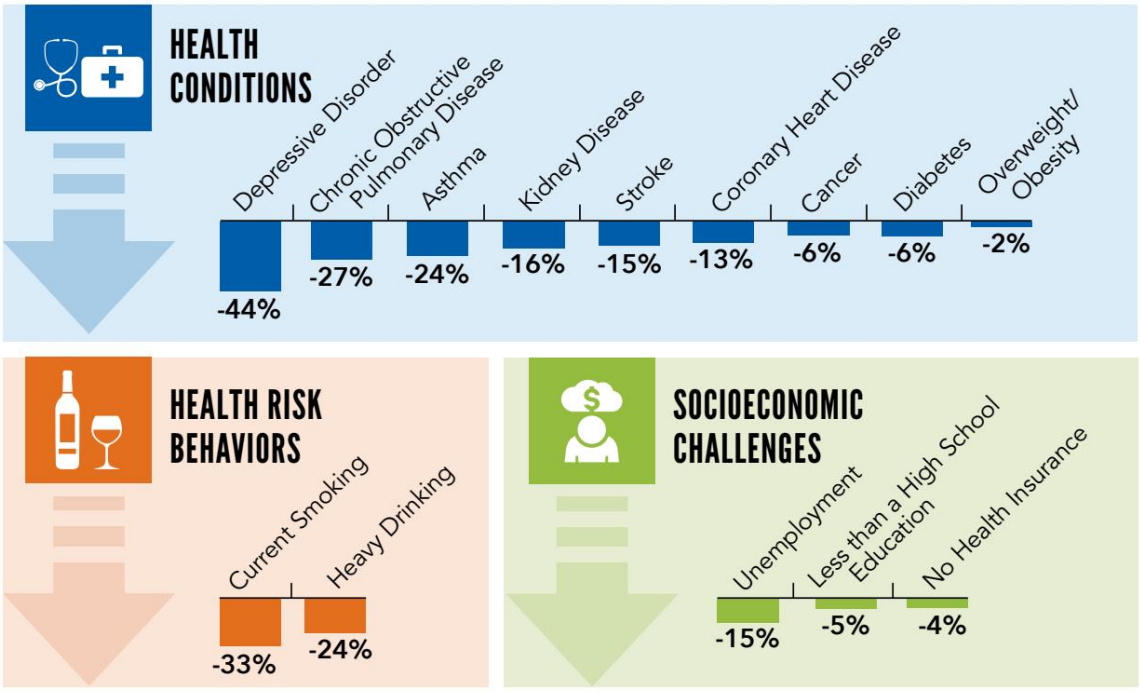
The CDC-Kaiser Permanente Adverse Childhood Experience (ACE) Study from 1998 is one of the largest investigations of childhood abuse, neglect, and household challenges, and the effects on health and well-being later in life.[14] ACEs are events that occur in children 0-17 years of age. The ACE questionnaire asks about experiences such as childhood abuse, neglect, and household dysfunction across seven 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 Substance Use Disorders (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 of broken bones
- Multiple types of cancer

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

ACEs are common with 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.[15] Figure 6 below describes the potential health and socioeconomic benefits in adulthood that could come from preventing ACEs in childhood.

Figure 6. Potential reduction of negative outcomes in adulthood.



Source. Accessed from https:/www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf. Original source: BRFDD 2015-1017, states, CDC Vital Signs, November 2019.

Positive Childhood Experiences (PCEs)

Unlike ACEs, which have been researched for decades, Positive Childhood Experiences are still a new and explored aspect of prevention. Dr. Christina Bethell from John 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 times."[16] 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:[17]

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

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 were associated with better outcomes. This included a lower chance of depression and poor mental health and increased odds of reporting considerable amounts of social and emotional support in adulthood. The promotion of PCEs may have a positive lifelong impact despite co-occurring adversities such as ACEs.[18]

Consumption Patterns

This needs assessment follows the example of the Texas School Survey (TSS), the Texas Youth Risk Behavioral 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 none-medical use of prescription drugs. The TSS, therefore, serves as the primary outcome measure of Texas youth substance use in this needs assessment.

The Story of Data

The RNA and the data within are so much more than mere numbers, statistics, and graphs. Each number represents someone's life and the continual journey each of us take in life. Looking beyond the numbers into the faces of people is what renders this document into something far more than just a report of data collected and analyzed.

Deep within the population data is José and his family who have migrated to the region from the coastal village of Corinto, Nicaragua, who works full-time as a truck driver and his eldest daughter is attending college; the first in their family to ever do so.

In the median household income is Willie who had been misusing marijuana since he was a teenager. Today he holds a job, contributing to the economy, and has remained drug-free for over five years.

Sarah and her husband participate in prevention services across the state at schools and community events to provide the public with information about the deadly opioid, fentanyl, which killed their teenage son.

As you enter the world of data, consider the story of Brenda, who was 25 when she was involved in a car crash. After the incident she needed to see several doctors and neurologists, and one of them gave her a prescription for opioid pain medication. Brenda does not recall being warned about the risks of taking prescription opioids or the dangers of misuse.

As her pain continued – and seemed to get worse – Brenda doubled her dose one day after getting her prescription filled. That one action put her on a downward spiral.

Brenda began seeking out pills from multiple doctors, who gave her the prescriptions without hesitation. Eventually, she began buying and selling them in her community. But she still felt lonely and isolated, and her pain extended beyond the physical. Everything else took a back seat in her life, including her friends and family.

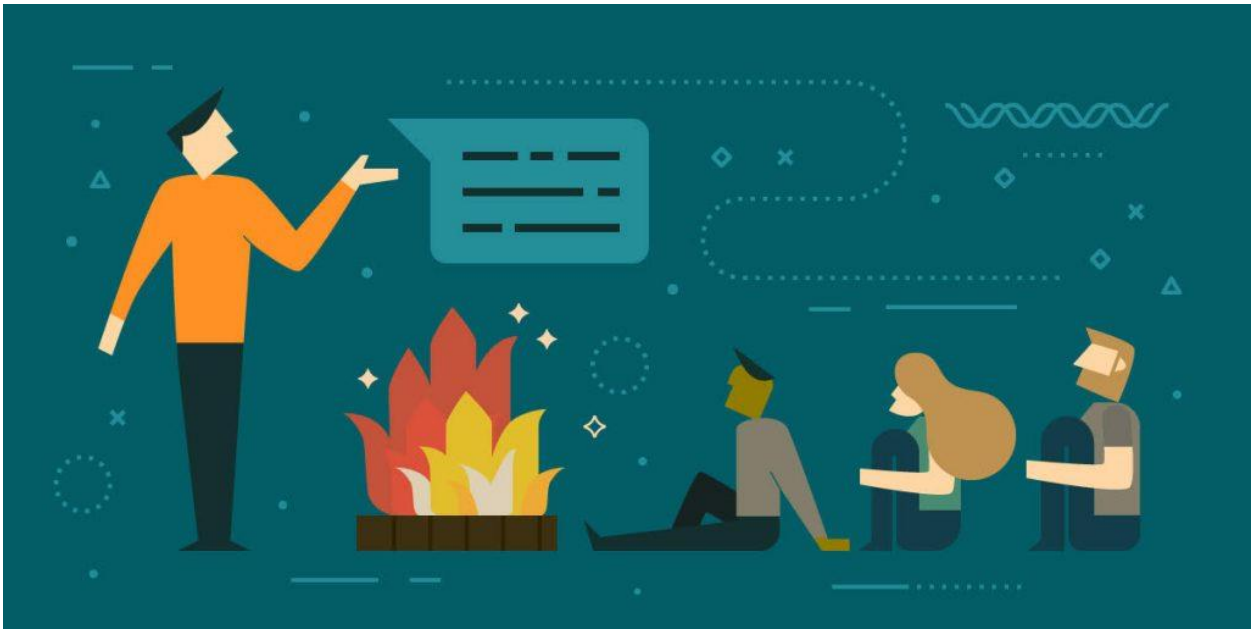
Brenda eventually moved to and became dependent on heroin; something she would never have imagined herself doing. And then the unthinkable, to Brenda, happened. She found out she was four weeks pregnant.

"Part of me wanted to keep using," she said. "But more of me wanted to stop."

She did not know where to turn, who to call, or where to go for help. It was her stepfather, who through a chance encounter was handed a brochure that offered treatment for pregnant women.

Brenda read the brochure, entered the program and delivered a healthy baby. She has now been in recovery for three years.

As you search through the data, charts, statistics, and graphs in this RNA, it is our hope that it will give you better understanding of the people that make up the fabric of the quilt that is Region 5. From those in city government, business leaders, school employees, the overall work force, to even those who are homeless and living on the streets; each person is important and adds value to the community. It is our goal to reflect this through the data reported.



Disclaimer: all personal stories within this document were derived from qualitative data collection interviews. Permission has been given by the individuals to reproduce their story.

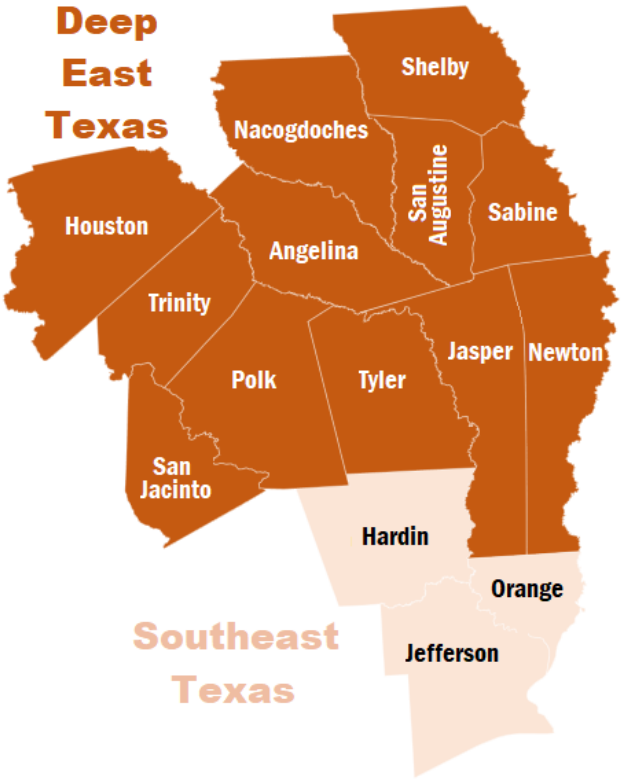
Regional Demographics

The demographics of a community provide insight into the makeup and attributes of the population. This then becomes the foundation on which additional indicators create a better understanding of attitudes and behaviors, which this assessment will seek to highlight. Basic demographic indicators include where and how many, age, race, ethnicity, education, employment, and income. The following is a basic overview of Region 5 and those who reside within its boundaries.

Overview of Region 5

Region 5 is made up of fifteen counties and divided into two major areas as seen in Figure 7. The twelve northern counties are referred to as "Deep East Texas" and in large part characterized as rural. The three southern counties are known as "Southeast Texas" and contain fifty-one percent of the region's population.

Figure 7. The fifteen counties of Region 5.



The region encompasses 12,010.5 square miles and is known as "the pineywoods" due to the abundance of forest land used by the local lumber mill industry, producing over a billion board feet of lumber yearly. The three national forests within the borders of the region include the Angelina, Sabine, and Davy Crockett National Forests. There are five lakes within the region. Lake Livingston Reservoir is an 83,000-acre lake located just west of Livingston. Lake Rayburn Reservoir is a 114,500-acre lake located 15 miles north of Jasper. Toledo Bend Reservoir is a 181,600-acre lake 25 miles east of Jasper. The Steinhafen Reservoir is a 10,680-acre shallow-water lake 14 miles west of Jasper. Lake Sabine is a 45,320-acre saltwater lake south of Port Arthur. There are 5 major rivers running through the region: Sabine, Neches, Trinity, San Jacinto, and the Angelina.

Three institutions of higher education are within Region 5. Lamar University in Beaumont, Stephen F. Austin State University in Nacogdoches, and Angelina College in Lufkin. Each institution operates satellite campuses throughout the region to make higher education more accessible to a larger portion of the population within the region.

Population

In 2020, the U.S. Census Bureau conducted its decennial survey, also known as the Population and Housing Census. It is designed to count every resident in the United States as mandated by Article I, Section 2 of the Constitution.[19] To date, the decennial census data has not been fully released. This has been the longest delay in census history for the release of data. The bureau cites COVID-19, the ensuing pandemic, and data security issues for the delay.[20]

For the reporting of population data in this year's RNA, two sources of data from the U.S. Census Bureau were used: the portion of the decennial report that has been released and the American Community Survey 5-Year Estimates. As seen in Table 3 below, the distinction will be noted as to which data source is utilized. The advantage of the decennial survey is consistency in comparing indicators over time. The American Community Survey offers an estimate of current conditions.

From the decennial survey, the population of Texas in 2020 was 29,145,505, and Region 5 had a population of 768,635. The American Community Survey estimates that as of July 1, 2022, Texas had a population of 30,029,572, and Region 5 was at 770,190.

Table 3. Region 5 population of decennial survey (2020) and the American Community Survey 5-Year Estimates 2017-2021 per county (with county seats).

County (County Seat)	Population 2020 Decennial Survey	Population 2021 American Community Survey
Angelina (Lufkin)	86,395	87,101
Hardin (Kountze)	56,231	57,811
Houston (Crockett)	22,066	21,950
Jasper (Jasper)	32,980	32,484
Jefferson (Beaumont)	256,526	250,830
Nacogdoches (Nacogdoches)	64,653	64,862
Newton (Newton)	12,217	12,052
Orange (Orange)	84,808	84,934
Polk (Livingston)	50,123	53,255
Sabine (Hemphill)	9,894	10,048
San Augustine (San Augustine)	7,918	7,857
San Jacinto (Coldspring)	27,402	28,348
Shelby (Center)	24,022	24,008
Trinity (Groveton)	13,602	13,996
Tyler (Woodville)	19,798	20,030

Source. U.S. Census Bureau: Decennial Survey and American Community Survey 5-Year Estimates 2017-2021.

From the table above it is estimated that nine counties have experienced an increase in population, while six are undergoing a decrease. Of the counties that are decreasing in population, Jefferson County has the largest percentage of decrease at 2.22%. The other counties that are decreasing in population include Jasper (1.50%), Newton (1.35%), San Augustine (0.77%), Houston (0.52%),

and Shelby (0.06%). Of the counties increasing in population, Polk County has the largest increase at 6. 25%. The other counties increasing in population include San Jacinto (3.34%), Trinity (2.90%), Hardin (2.81%), Sabine (1.56%), Tyler (1.17%), Angelina (0.82%), Nacogdoches (0.32%), and Orange (0.15%).

As previously noted, more than 51% of the population resides in the region's southern three counties (Hardin, Jefferson, & Orange). These counties are classified as urban and contain three of the largest five population areas within the region: Beaumont, Port Arthur, and Orange. The table below lists the top twenty population areas within the region.

Table 4. Population centers within Region 5.

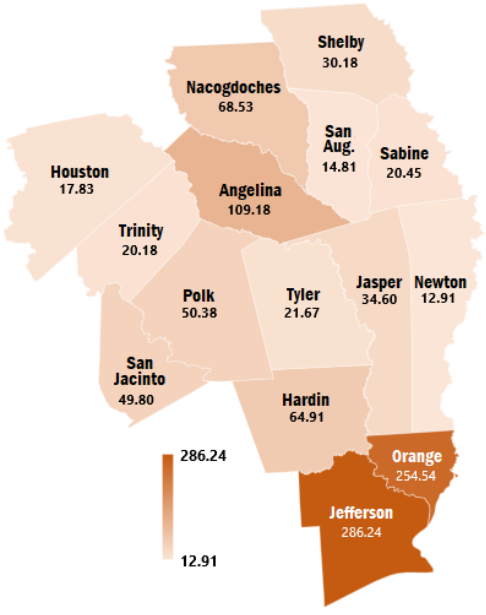
City (County)	2022 POPULATION	**City** (County)	2022 POPULATION
Beaumont (Jefferson)	112,089	**Bridge City** (Orange)	9,574
Port Arthur (Jefferson)	55,579	**Jasper** (Jasper)	7,423
Lufkin (Angelina)	34,152	**Silsbee** (Hardin)	6,864
Nacogdoches (Nac.)	31,990	**Crockett** (Houston)	6,307
Orange (Orange)	19,081	**Livingston** (Polk)	5,784
Nederland (Jefferson)	18,189	**Center** (Shelby)	5,147
Groves (Jefferson)	16,798	**Diboll** (Angelina)	4,483
Lumberton (Hardin)	14,045	**Woodville** (Tyler)	2,503
Port Neches (Jefferson)	13,614	**Trinity** (Trinity)	2,503
Vidor (Orange)	9,678	**Corrigan** (Polk)	1,494

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Population Density

In the area of population density, most of the population lives in the southern three counties (Hardin, Jefferson, Orange). Region 5's two largest population areas are within Jefferson County (Beaumont and Port Arthur), which is the most densely populated county in the region (293 persons per sq. mile). Orange County is the second most densely populated county in the region (254.9 persons per sq. mile). Angelina County of the northern twelve counties is the third most densely populated county in the region (108.5 persons per sq. mile). The three least densely populated counties are Newton (13.4 persons per sq. mile), San Augustine (15 persons per sq. mile), and Houston (18.1 persons per sq. mile). For more on population density see Figure 8 on the right, Graph 1 on page 4, and in the Appendix, Table 39.

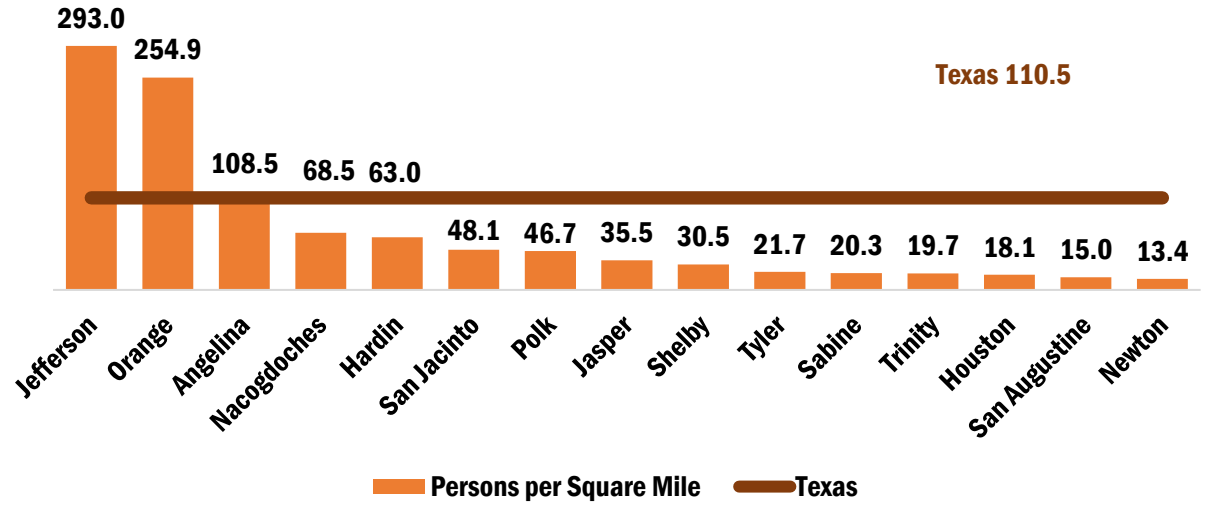
Figure 8. Population per sq. mile.



Regarding the population of Region 5 in the future, the Texas Demographic Center projects that Deep East Texas

will experience a decline in population. This projection is based on the current race/ethnicity makeup of the region. Of the 254 counties in Texas, 155 are projected to increase over the next 30 years. The remaining 99 counties are expected to experience a decrease in population. The bulk of these counties are in Far West Texas and Deep East Texas. The driving force behind the population growth will be the Asian population and those that ethically identify as Hispanic. For Region 5, the race/ethnicity population of Asian and Hispanic make up only a little over 18% of the overall population compared to Texas, which is 45%. With such a low percentage of these two racial/ethnic populations, growth for the region has stalled for many counties.[21]

Graph 1. Population density per square mile per county.



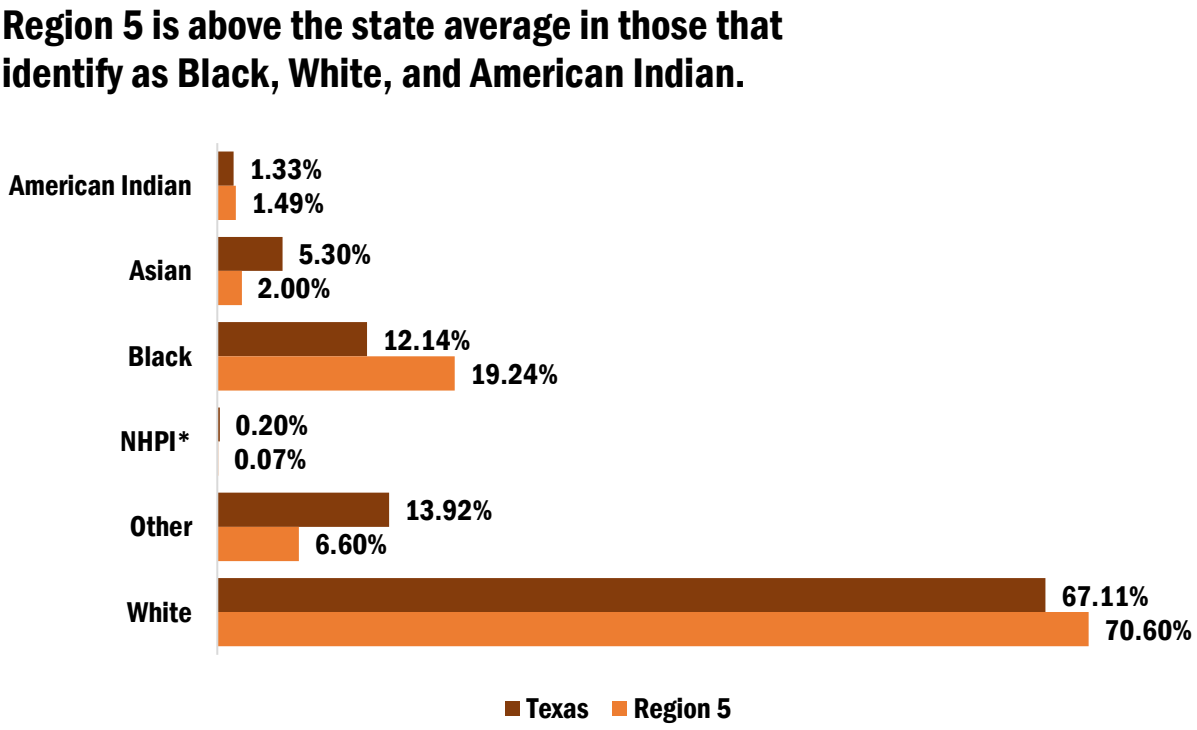
Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Race

Racial diversity in the United States has been increasing steadily with more people identifying as more than one race. To help account for this, the Census makes a distinction between the number of people of a given racial group "alone" or "in combination." People counted within the "alone" category are those who identified themselves as being a part of only one group. People counted within the "in combination" category refers to anyone who identified themselves as part of a given racial group even if they also identified with more than one race. This means that Black or African American "in combination" would include both those who identified as Black or African American "alone" as well as those who identified with multiple groups. To respect individuals' self-identification of their race(s) and to accurately capture the total number of each group, the RNA reports the number and rates of people of each race "in combination" rather than just the number of those "alone." As a result, adding the numbers of each racial group together will be greater than the total county population since "in combination" counts individuals towards all groups with which they identified.

In the graph below (Graph 2) a comparison of race is made between Region 5 and Texas. The indicators were those of each race alone and in combination. Region 5 is above the state average in those who identified as "American Indian" (1.49% compared to Texas 1.33%), as "Black" (19.24% compared to Texas 12.14%), and as "White" (70.60% compared to Texas 67.11%). Region 5 falls significantly below the state average in those who identified as "Asian" (2.00% compared to Texas 5.30%) and those who selected "Other" (6.60% compared to Texas 13.92%). For those who identified as "American Indian," this will rest largely on those who are members of the Alabama-Coushatta Tribe of Texas, which is located within the region.

Graph 2. Percentage of identified races for Texas and Region 5.



Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.
*NHPI – Native Hawaiian and Pacific Islander.

For Region 5, Jefferson County is the most racially diverse county. It has the largest percentage of those who identify as "Asian" (3.91% compared to Region 5's 2.00%), as "Black" (31.93% compared to Region 5's 19.24% and Texas' 12.14%), and as "Other" (9.00% compared to Region 5's 6.60%). For those who identify as "American Indian," nine counties are above the state's average of 1.33%. Polk County, which contains a portion of the Alabama-Coushatta tribal land, is the highest at 2.90% followed by Angelina County at 2.61% and Shelby County at 2.36%. Jefferson County is the only county that has a percentage of those who identify as "White" that is lower than the state average of 67.11%. The fourteen remaining counties are above the state average with Hardin County being the highest at 89.04%. See Table 5 below and Table 40 in the Appendix.

Table 5. Percentage of identified races for state, region, and county.

Area	American Indian	Asian	Black	NHPI*	Other	White
Texas	1.33%	5.30%	12.14%	0.20%	13.92%	67.11%
Region 5	1.49%	2.00%	19.24%	0.07%	6.60%	70.60%
Angelina	2.61%	1.12%	13.29%	0.01%	7.75%	75.22%
Hardin	1.07%	1.09%	6.17%	--	2.63%	89.04%
Houston	1.08%	0.88%	24.81%	0.13%	4.32%	68.77%
Jasper	1.05%	1.04%	16.09%	0.11%	5.23%	76.76%
Jefferson	0.97%	3.91%	31.93%	0.06%	9.00%	54.12%
Nac.	1.66%	1.58%	17.94%	0.09%	7.34%	71.39%
Newton	0.54%	0.83%	20.98%	--	2.59%	75.06%
Orange	1.25%	1.33%	8.90%	0.11%	4.23%	84.18%
Polk	2.90%	0.99%	9.71%	0.05%	5.77%	80.59%
Sabine	1.80%	1.48%	6.52%	0.76%	1.09%	88.36%
San Aug.	1.62%	0.05%	22.14%	--	4.80%	71.38%
San Jacinto	1.75%	0.17%	9.93%	0.20%	7.94%	80.01%
Shelby	2.36%	0.50%	18.55%	0.00%	4.89%	73.69%
Trinity	1.49%	0.18%	9.61%	--	4.24%	84.48%
Tyler	1.35%	0.63%	11.00%	--	3.05%	83.97%

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.
*NHPI – Native Hawaiian and Pacific Islander.

Ethnicity

To achieve a clearer picture of the population of Texas and Region 5, ethnicity is added to race to recognize the population's connection with a group's cultural identity or expression. Race is in reference to outward physical characteristics whereas ethnicity is an identity based on where one's family is from and the group's shared cultural, traditional, and familial bonds and experiences.[22]

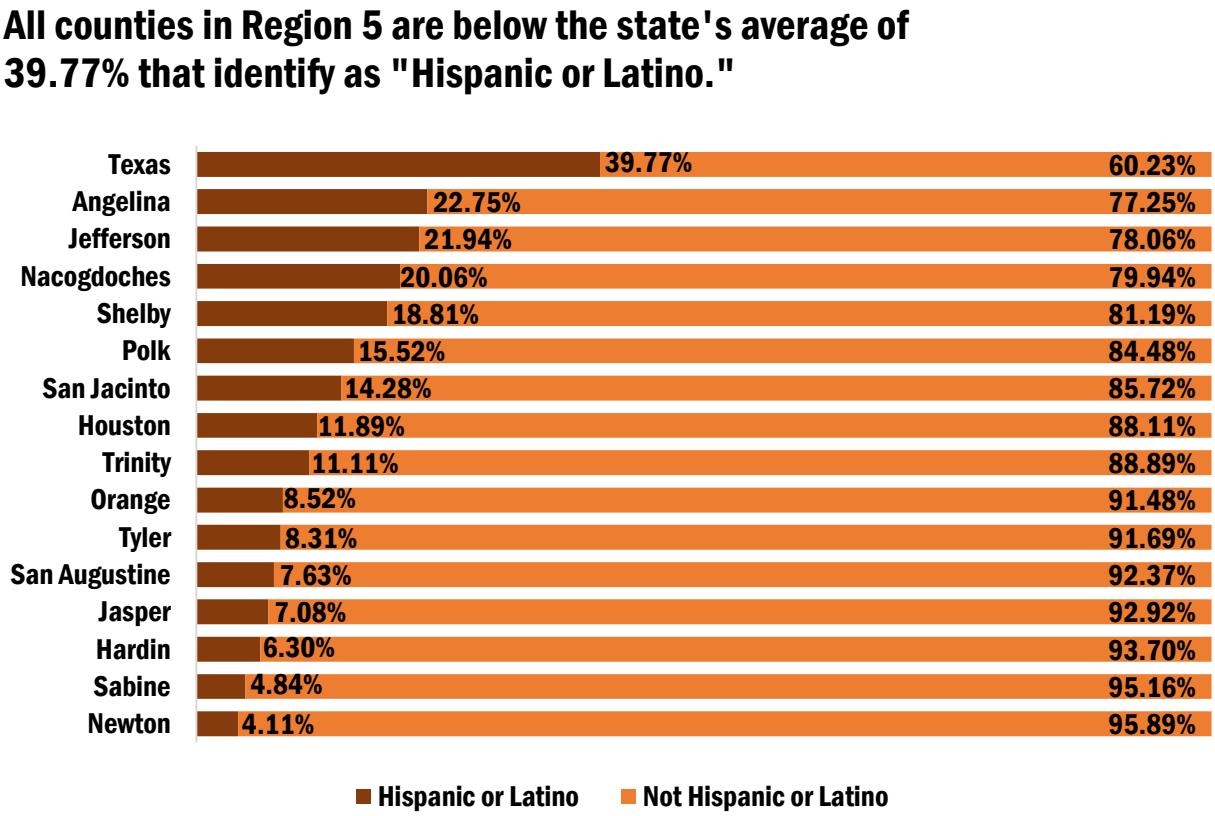
For this report, ethnicity will be divided into "Not Hispanic or Latino" and Hispanic or Latino." Within the ethnicity, race is identified as either:

- White alone
- Black or African American alone
- American Indian and Alaska Native alone
- Asian alone
- Native Hawaiian and Other Pacific Islander alone
- Some other race alone
- Two or more races

For Texas, 39.77% identify as "Hispanic or Latino" and 60.23% as "Not Hispanic or Latino." For Region 5 the percentages are 16.33% identify as "Hispanic or Latino" and 83.67% as "Not Hispanic or Latino." The graph below is an illustration of ethnicity per county compared to Texas for all races. Those who identify as "Hispanic or Latino" identify with greater frequency their race as

"Some Other Race" or "Two or more Race" more than "Not Hispanic or Latino" as seen in Tables 41, 42, and 43 in the Appendix concerning the percentages of ethnicity identification by race for each county. The largest percentage of "Hispanic or Latino" identify their race as "White" at 54.92%.

Graph 3. Percentage of those that identify as "Hispanic or Latino" related to those who identify as "Not Hispanic or Latino" for the state compared to each county.



Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Age and Gender

The indicators of age and gender are important quantifiers of a region's population demographic in that it provides a predictive picture for several factors. These factors include available workforce, future education needs, and healthcare expectations. Utilizing this data, businesses and governments are better equipped to determine future assets, expenditures, and investments.

For the indicator of age, Region 5 is below the state average in population of those from birth to age 44. The largest difference, as seen in Table 6 below, is in the category of those aged 25-44. Region 5 is at 24.7% while the state average is 28.3%. For those 45 and older, Region 5 is above the state average, especially for those 65 and older in which Texas is at 12.5% and Region 5 is 16.8%. Sabine County has the largest percentage of the population 65 and older at 30.2% followed by San Augustine at 27.7%. Nacogdoches County, which is home to Stephen F. Austin University,

is double the state and region's average of those Ages 18-24 at 18.6%. See Table 44 in the Appendix for actual numbers of the population's age and Table 45 for population by gender.

Table 6. Percentage of population by age for state, region, and county.

Area	Ages 0-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65+
Texas	25.8%	9.7%	28.3%	23.7%	12.5%
Region 5	24.0%	9.2%	24.7%	25.4%	16.8%
Angelina	25.6%	8.9%	24.4%	24.9%	16.2%
Hardin	24.8%	7.5%	25.3%	25.5%	16.9%
Houston	19.7%	7.0%	24.3%	27.4%	21.6%
Jasper	23.9%	7.0%	21.8%	27.2%	20.1%
Jefferson	24.3%	9.3%	27.6%	24.5%	14.3%
Nacogdoches	23.4%	18.6%	22.0%	21.2%	14.8%
Newton	21.3%	8.5%	20.8%	28.6%	20.8%
Orange	25.2%	7.9%	26.0%	25.4%	15.6%
Polk	20.3%	7.4%	23.8%	30.0%	18.5%
Sabine	18.5%	5.4%	18.0%	27.8%	30.2%
San Aug.	20.0%	7.2%	17.1%	28.2%	27.5%
San Jacinto	21.6%	8.0%	19.7%	29.0%	21.7%
Shelby	26.5%	8.4%	22.5%	25.4%	17.3%
Trinity	20.2%	7.1%	18.7%	28.1%	25.9%
Tyler	35.0%	6.1%	15.7%	22.5%	20.8%

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Table 7. Percentage of population by gender per county.

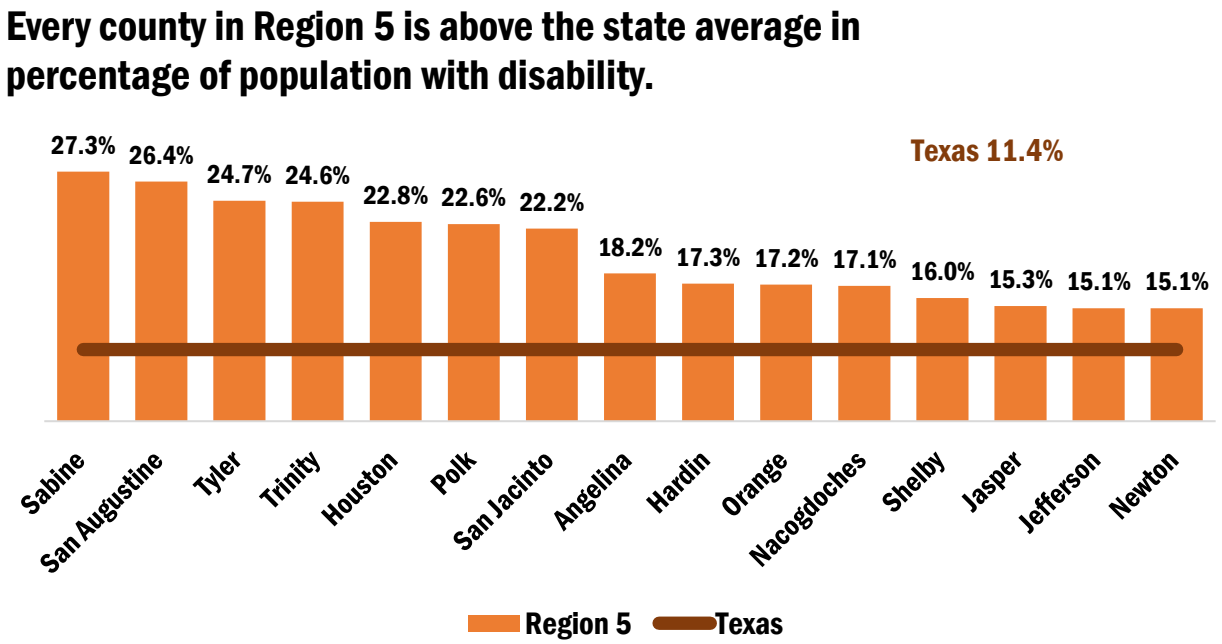
	Male	Female		Male	Female
Region 5	50.6%	49.4%	Orange	49.8%	50.2%
Angelina	49.1%	50.9%	Polk	54.1%	45.9%
Hardin	49.1%	50.9%	Sabine	48.7%	51.3%
Houston	54.4%	45.6%	San Aug.	49.2%	50.8%
Jasper	49.4%	50.6%	San Jacinto	49.7%	50.3%
Jefferson	51.4%	48.6%	Shelby	49.8%	50.2%
Nacogdoches	48.2%	51.8%	Trinity	48.8%	51.2%
Newton	52.1%	47.9%	Tyler	53.4%	46.6%

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Disability Status

Disability status is granted to those with long-term or short-term disabilities, which prevents someone from working or those who have been certified disabled by a physician. This indicator does not include county-level data for the institutionalized population such as incarcerated individuals, nursing home residents, etc. In 2021, according to the "Disability Status of Institutionalized Group Quarters Population," 43.4% of the institutionalized population was classified as disabled. For Region 5, of those non-institutionalized, all counties are above the state average of 11.4% as seen in the graph below. The complete report can be found in Table 46 in the Appendix.

Graph 4. Percentage of population with disability compared to Texas.



Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

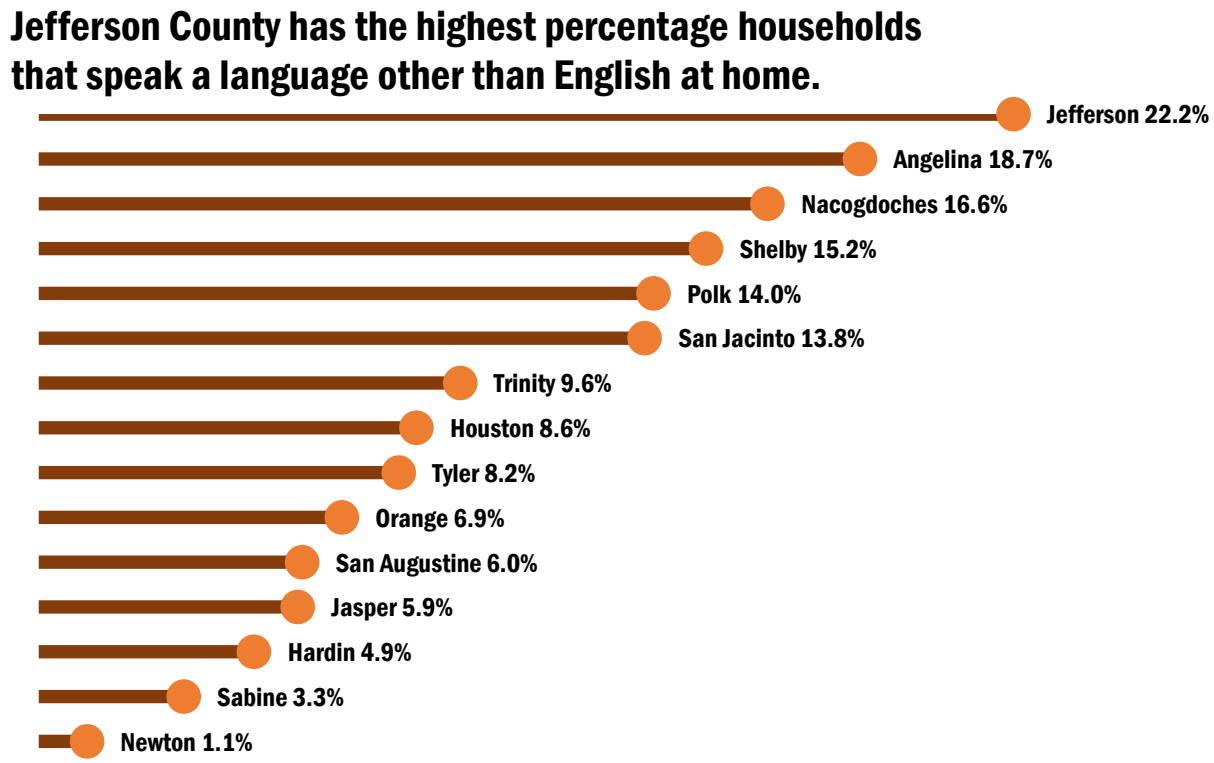
Limited English Language Proficiency

Nearly 36% of the population of Texas speaks a language other than English at home. Language barriers create gaps in prevention's ability to communicate prevention messages. Of those that speak a language other than English, 82% speak Spanish. Efforts are being made to remove the language barrier by utilizing prevention staff that speak dual languages and printing material in English and Spanish.

English and Spanish are not the only two languages spoken within the region. Other languages spoken in Region 5 include Vietnamese, Urdu, Chinese, Swahili, Tagalog, Hindi, German, Arabic, and Korean. One language unique to Region 5 is Alabama which is a Muskogean language of the American Indian spoken by the Alabama-Coushatta tribe.[23]

For Texas, 35.1% of the households have limited proficiency of the English language. For Region 5 the number is 10.3%. Jefferson County has the highest percentage of limited English at 22.2% followed by Angelina County at 18.7% as seen in the graph below,

Graph 5. Language other than English spoken at home, percent per household.



Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Alabama-Coushatta Tribe of Texas

The Alabama-Coushatta Tribe of Texas resides within Tyler and Polk counties. The tribal land is 17 miles east of Livingston and covers 10,200 acres of land. The Alabama-Coushatta Tribe is the oldest tribal reservation in Texas. Originally the Alabama and Coushatta tribes were two separate tribes. Through a treaty negotiated with Sam Houston in 1836, reservation land was granted to both tribes if they would side with the "Texans" during the Texas War for Independence from Mexico. The tribes joined together to serve as guides for Sam Houston's army and aided refugees fleeing Santa Anna's army.[24]

The following information represents demographic data collected specifically for the Alabama-Coushatta Tribe from the U.S. Department of Commerce, Economics, and Statistics and U.S. Census Bureau American Community Survey. The tables include population demographics, household income, and poverty.[25]

Table 8. Alabama-Coushatta population and race/ethnicity.

Race/Ethnicity		Population	Percent of Population
TOTAL POPULATION		750	
ONE RACE		639	85.2%
	American Indian	561	74.8%
	Asian	40	5.3%
	White	35	4.7%
	Some Other Race	3	0.4%
TWO OR MORE RACES		111	14.8%
HISPANIC OR LATINO		100	13.3%
NON-HISPANIC OR LATINO		650	86.7%

Source. U.S. Census Bureau. My Tribal Area.

Table 9. Alabama-Coushatta population by age.

	0-19	20-24	25-44	45-64	65+
Number	325	69	183	124	49
Percent	43.3%	9.2%	24.4%	16.5%	6.5%

Source. U.S. Census Bureau. My Tribal Area.

Median (middle) Household Income	**Mean (average) Household Income**
$49,583	$59,792

Risk and Protective Factors

Assessing the risk and protective factors that are present within a community provides epidemiologist with crucial information for determining the potential for protection from or the increased likelihood of substance use. Each community possesses multiple environmental influences such as neighborhoods, schools, friends, and families that determine the level of risk and protective factors.

Critical factors that lead to the probability of substance use and misuse:

- Parental use
- Family conflict
- Emotional stress
- Economic stress
- Poor coping skills
- Poor social skills
- Sexual orientation
- Poor academic performance

Factors such as exposure to violence or an absence of parental guidance contribute to the likelihood of behavior that leads to taking risks with substances. Low-income and lower achievement in education indicates a risk factor that can tip the scale toward substance use and misuse.

Whatever the risk factors may be that lead an individual toward dependence on a substance, it is most often more than just one factor. The risk factors combine to reinforce the choices and behaviors of an individual. For prevention specialists, identifying the various risk factors provides opportunities to redirect toward protective factors.

While this RNA gives attention to alcohol, tobacco, and other drugs (ATODs), dependence and the subsequent harm stretch far beyond ATODs. The fact that something is legal, such as alcohol and tobacco, does not mean it is always safe. Food, gambling, shopping, and even social media can become problematic if it begins to cause problems for the individual or their family. The goal is to draw attention to behaviors that are detrimental to an individual's life and disclose available resources to increase protective factors.

Societal Domain

Social norms play a part in protecting or adding risk to an individual's behavior depending on how an individual is acclimating to those norms. Failing to measure up to certain norms creates a stigma in which an individual will likely personify through risky behavior. Living in poverty impacts one's overall health, including an increased risk of mortality, poor health, and increase in preventable diseases due to a lack of food and other resources. Additionally, fiscal disparities heighten differences in social status and serve as a social stressor.[26]

Social determinants of health are the aspects of life that are typically beyond the individual's control, such as the family in which an individual was born or the neighborhood in which one grew up. The determinants include access to and quality of healthcare and education, social and community context, economic stability, and environment of the neighborhood. There has been an increase in awareness surrounding society's impact on these determinants, especially around racism. This is an important topic that is moving out of academic discussion and into the "streets" as an issue that demands attention.[27]

Economic Conditions

Economic conditions play a crucial role in establishing social determinants of health. Those experiencing economic disparities subsequently struggle with food security, transportation, healthcare, and social class attitudes that advance a negative self-identity. The following indicators reveal positive or negative economic factors withing a community.

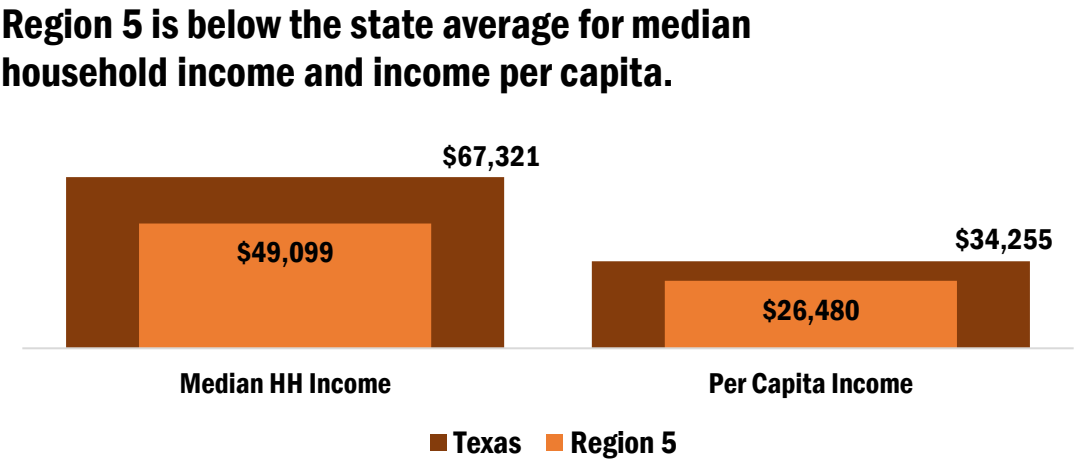
Income

The median (middle) household income is an effective evaluator of the economic well-being of a specific population. The upper half of this indicator is a measurement of the potential buying power of those who would seek to acquire goods and services. The lower half provides an estimate of the number of households that would possibly qualify for various government programs.[28]

The median household income for Texas is $67,321 compared to Region 5, which is $49,099 as seen in Graph 6 below. This is a difference of 31.3%. From 2016 to 2021 the median household income rate of increase for Texas is 20.6%. In those same years, the rate of increase in median household income for Region 5 was 18.3%.

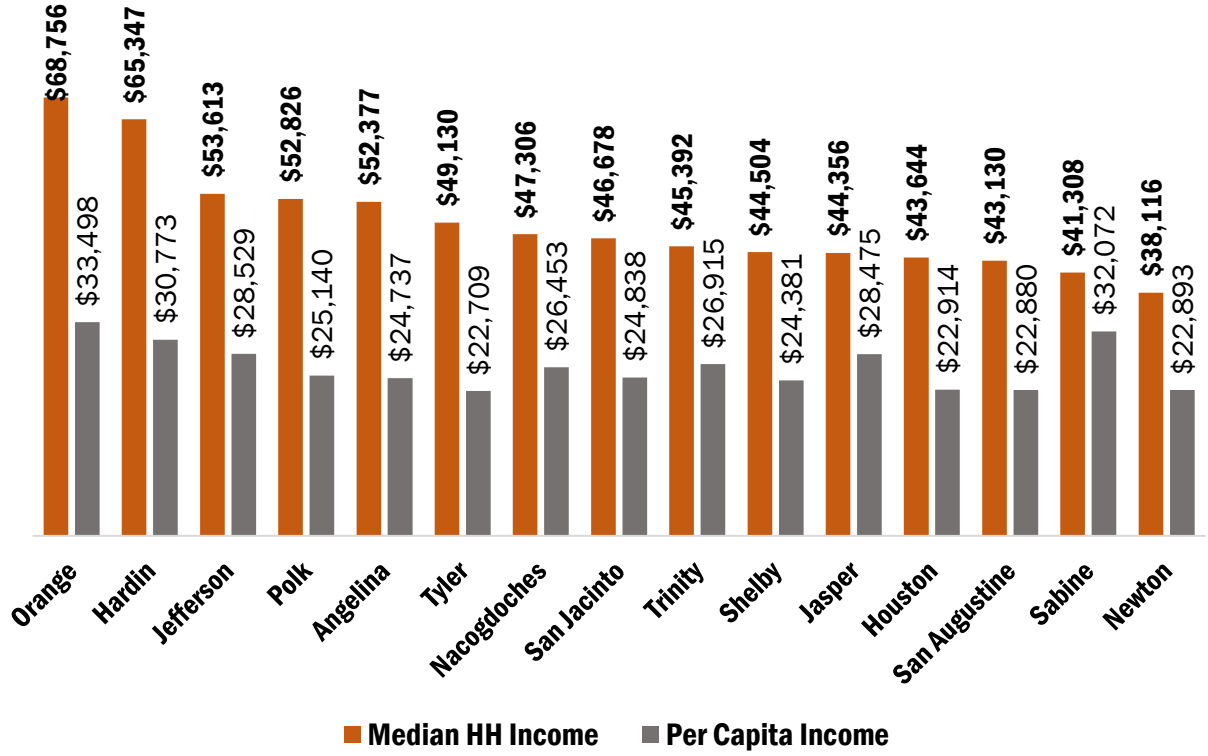
As seen in Graph 7 below, Orange County has the highest median household income at $68,756, followed by Hardin County ($65,347) and Jefferson County ($53,613). The counties with the lowest median household income are San Augustine County ($43,130), Sabine County ($42,308), and Newton County ($38,116). While Sabine County has the second lowest median household income, it does have the second highest income per capita.

Graph 6. Median household income and income per capita compared to Texas.



Source. Median Household Income. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Graph 7. Median household income and income per capita, per county.



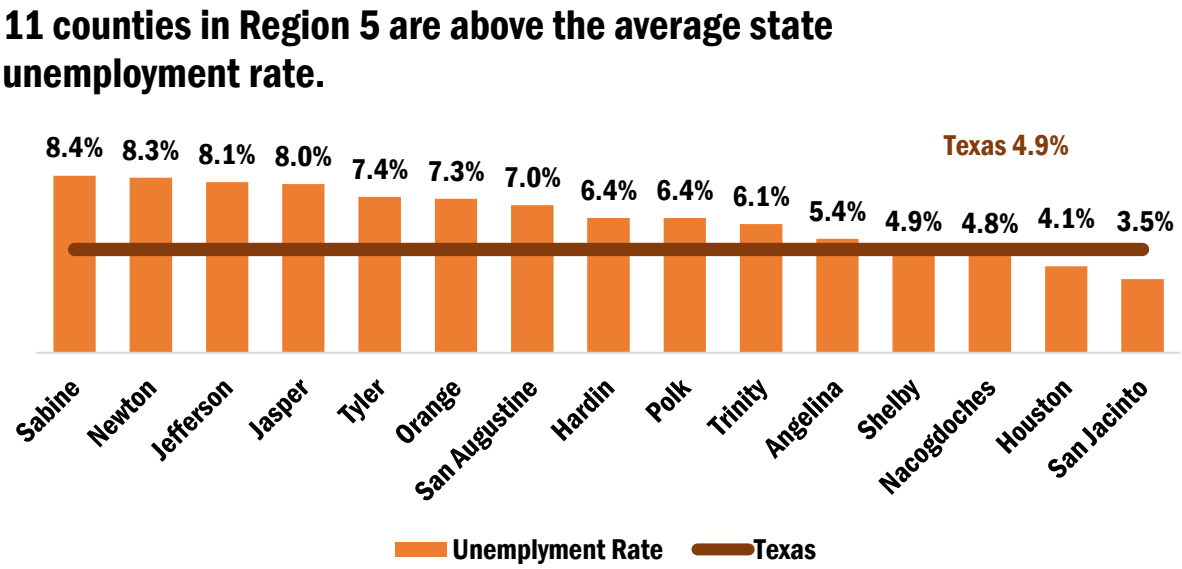
Source. Median Household Income. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Unemployment

Unemployment rates reflect a community's economic stability. Employment not only provides financial security and an increase in the purchasing of goods and services, but it is also a source of community connection and fulfillment. Furthermore, the workplace can be a place that provides additional resources if needed.

As seen in Graph 8, eleven counties within the region are above the state's 5-year average unemployment rate of 4.9%.[29] Those counties include Sabine (8.4%), Newton (8.3%), Jefferson (8.1%), Jasper (8.0%), Tyler (7.4%), Orange (7.3%), San Augustine (7.0%), Hardin (6.4%), Polk (6.4%), Trinity (6.1%), and Angelina (5.4%). Additional data in Table 47 in the Appendix.

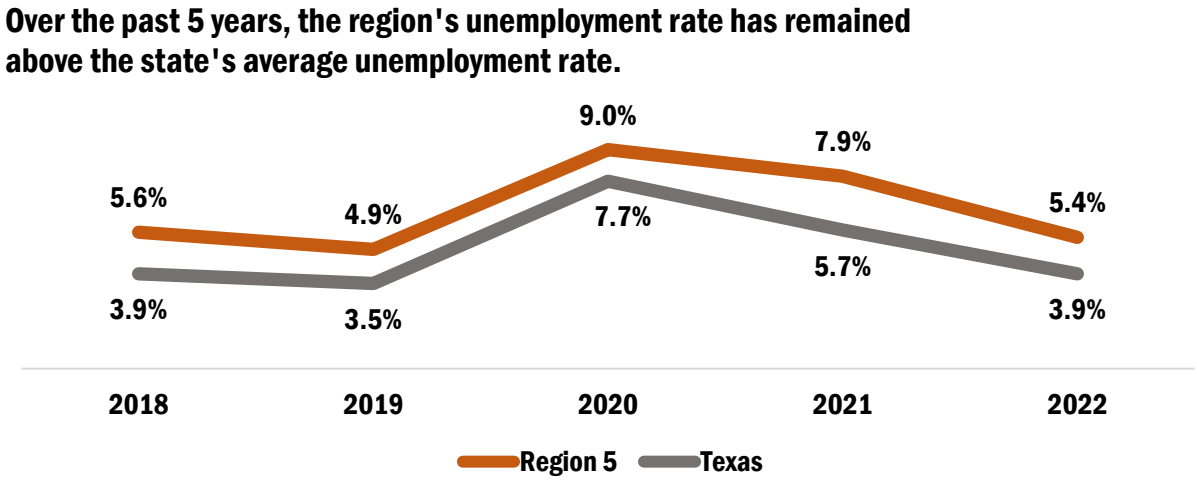
Graph 8. Unemployment rate, 5-year average, 2018-2022.



Source. Unemployment Rate. U.S. Bureau of Labor Statistics.

In the Spring of 2020, a nationwide shutdown led to a spike in unemployment throughout the region and across the state. Added to that, Southeast Texas suffered severe damage and flooding from Tropical Storm Imelda, Hurricane Laura, and Tropical Storm Beta. As a result, major industries endured mass lay-offs. This impacted the region's unemployment rate as seen in Graph 9.

Graph 9. Unemployment rate region-wide compared to Texas, 2018 to 2022.

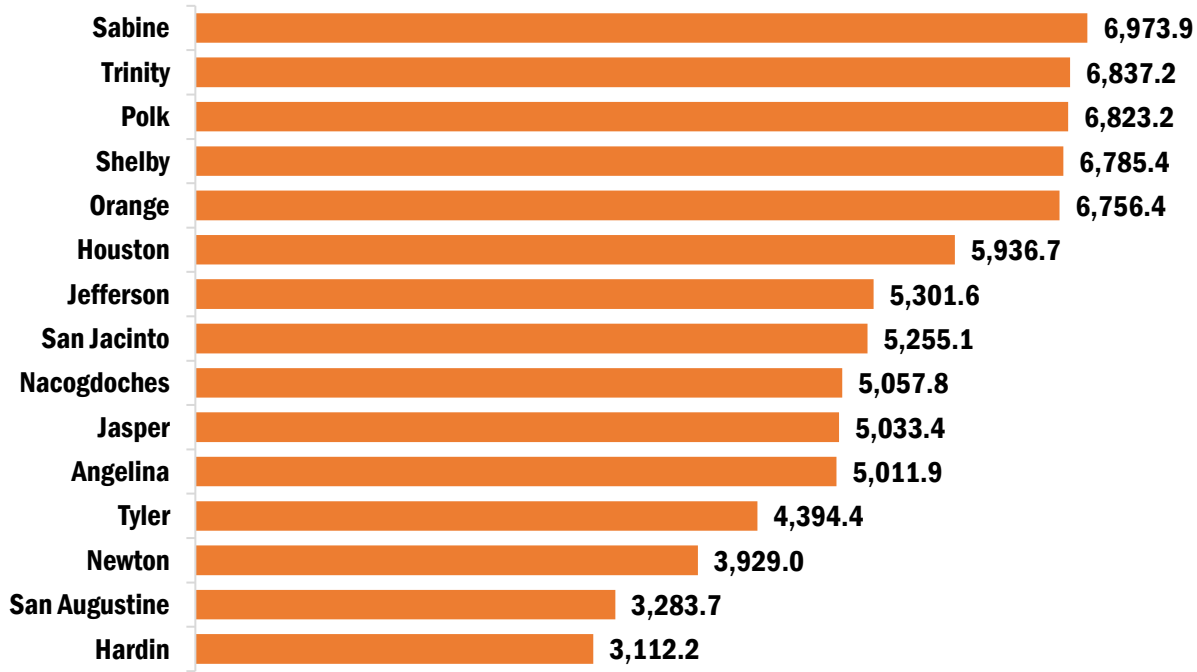


Source. Unemployment Rate. U.S. Bureau of Labor Statistics.

TANF Recipients

Temporary Assistance for Needy Families (TANF) is a federally funded government program designed to provide limited assistance to help families afford basic needs such as food, clothing, housing, and other essential items.[30] For Region 5, the overall amount of money distributed to families from 2020 to 2022 totaled $1,659,973. The average payment per household for the same period was $144. A full report can be found in tables 48 and 49 in the Appendix.

Graph 10. Number of TANF cases per 100,000 in population per county, 2020-2022.



Source. Temporary Assistance for Needy Families (TANF). Texas Health and Human Services.

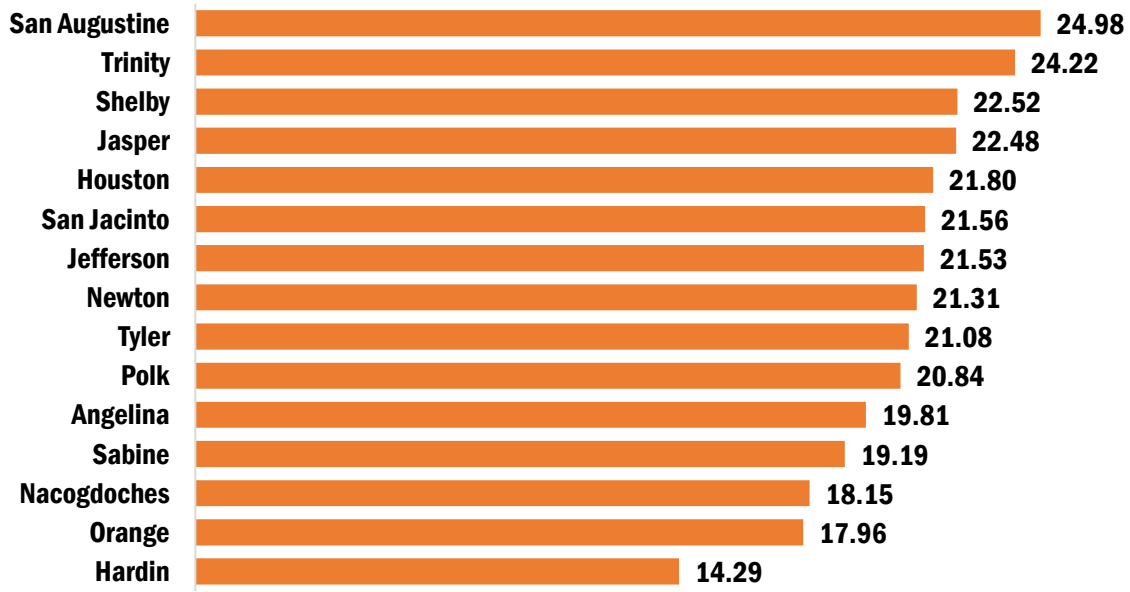
SNAP Recipients

The Supplemental Nutrition Assistance Program (SNAP) is sponsored by the U.S. Department of Agriculture to provide nutrition benefits to supplement the food budget of families that need help in providing food for their family. Without these resources, these families would be lacking in the basics needed to survive.[31] Lacking food, clothing, and housing is a risk factor for substance misuse.

According to 2023 data from County Health Rankings and Roadmaps, all counties within Region 5 are above the state average in percentage of population that does not have a reliable source of food. The state average is 13%. For Region 5, the county experiencing the highest food insecurity is San Augustine County at 23%; followed by Newton and Sabine counties at 21%, Jasper and Tyler counties at 20%, and the remaining counties ranging from 16% to 19%.[32]

For Region 5, the average yearly disbursement of SNAP for the years 2020 to 2022 was $195,124,747, with an average monthly payment per case of $272. San Augustine County had the highest average median monthly number of SNAP cases per 100 households per month with a rate of 24.98 followed by Trinity County with a rate of 24.22 per 100 households. Hardin County had the lowest rate at 14.29. In comparison, the average median monthly number of SNAP cases for Texas over the same period was 15.17, which places all counties, except Hardin County above the state average. A full report can be found in tables 50 and 51 in the Appendix.

Graph 11. Average median monthly number of SNAP cases per 100 households per county, 2020-2022.



Source. Supplemental Nutritional Assistance Program. Texas Health and Human Services.

Free/Reduced Lunch

To combat food insecurity, the Food and Nutrition Service of the U.S. Department of Agriculture (USDA) has established income eligibility guidelines that apply to all schools, institutions, and facilities that participate in the National School Lunch Program, School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program, and Summer Food Service Program. The intention is to direct benefits toward children most in need of food security.[33]

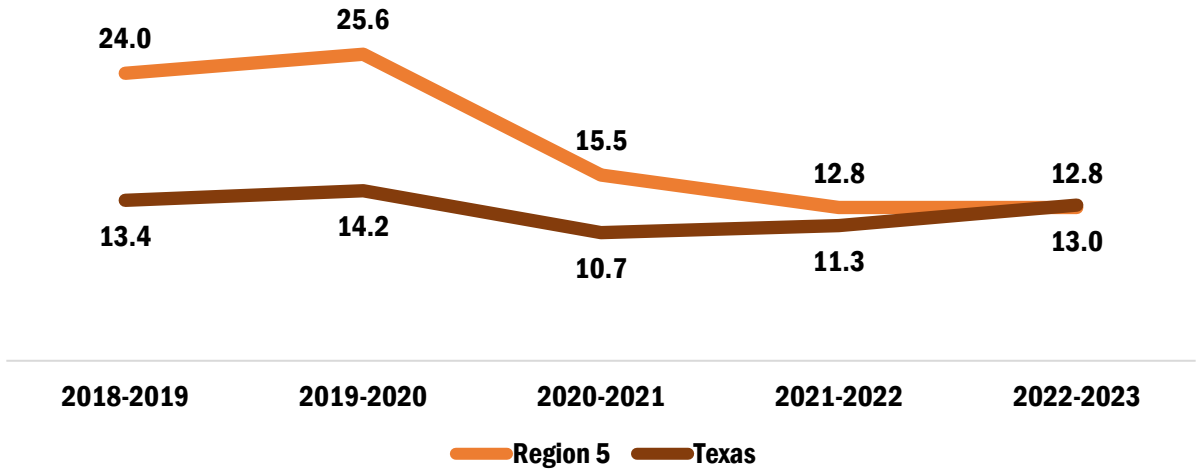
For Texas, 78% of the public-school students are eligible for free or reduced priced lunches. For the region, 67.3% of the students are eligible. San Augustine and Trinity counties have the highest percentages at 79% and 74% respectively. The lowest is Hardin County at 47%. See Table 52 in the Appendix for a full report on free and reduced priced lunches.

Students Experiencing Homelessness

Homelessness has a strong impact on a child's social, physical, and academic development. Homeless children are at a greater risk of physical, psychological, and emotional exploitation by society, family, and even themselves. The stress of being homeless is often too traumatic for the child to comprehend and tends to lead to greater emotional stress and the need to find some form of respite, which makes the child more vulnerable to substance use and misuse.[34]

The student homeless rate for Region 5 has remained above the state average for several years as seen in Graph 12 below. The higher rate began in August of 2017 after Hurricane Harvey impacted the Gulf Coast, specifically Beaumont, Orange, and Port Arthur. The devastation left many families homeless and was reflected in higher rates of homelessness. For the school year 2017/2018, the student homeless rate per 1,000 students for the region was 80.5 compared to the rate of 12.8 for the school year of 2022/2023. The higher rate was supported by counties with significantly higher rates of homeless students: Orange (207.3), Newton (130.1), Jefferson (124.4), and Hardin (82.5).[35]

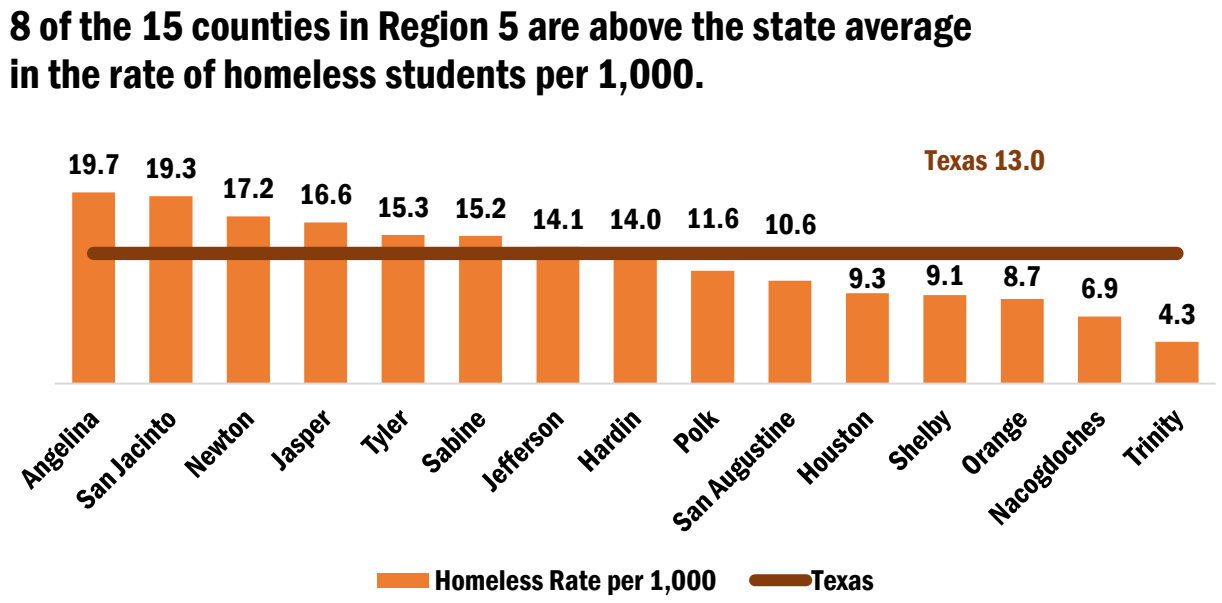
Graph 12. Student homeless rates per 1,000 students, Texas compared to Region 5 for the school years 2018/2019 to 2022/2023.



Source. Texas Education Agency. Student Program and Special Population Report.

The homeless student population for the region has improved to the point at which it is currently below the state's rate of 13.0 per 1,000 students while Region 5 is at 12.8. However, eight of the fifteen counties within the region remain above the state average. Angelina County has the highest rate at 19.7 followed by San Jacinto (19.3), Newton (17.2), Jasper (16.6), Tyler (15.3), Sabine (15.2), Jefferson (14.1), and Hardin County (14.0). (see Graph 13 below) See Table 53 in the Appendix for a full report of the homeless student rate and the percentage of students which that economically disadvantaged.

Graph 13. Student homeless rate per 1,000 students per county compared to Texas.



Source. Texas Education Agency. Student Program and Special Population Report.

Community Domain

As addressed in the Forward of this RNA, researchers have developed various models to better understand the relationship between substance use and the environment in which people live, learn, work, play, and worship. Research behind the Social Determinants of Health (SDoH) model has shown that as the various SDoH indicators deteriorate, the risk for substance use and misuse increases; therefore, demonstrating the influences the SDoH indicators have within a community. The SDoH indicators are:[36]

- **Economic Stability** – the ability to afford health-supporting purchases, such as food and housing.
- **Education Access and Quality** – the ability to obtain a high-quality education.
- **Health Care Access and Quality** – the ability to obtain high-quality health care services.
- **Neighborhood and Built Environment** – the ability to live safely and avoid danger.
- **Social and Community Context** – the ability to have positive relationships with people around us.

Select SDoH indicators are linked to an increased risk of substance use and misuse, such as economic stability, social and community context, and health care access and quality, while others are more associated with increased stress and anxiety. This in turn increases the risk of substance use and misuse.[37] Therefore, having a better understanding of the SDoH of each community offers community leaders and prevention specialist the opportunity to pursue specific opportunities for impacting the communities they serve.

Indicators of the community domain in which this RNA will provide data are educational attainment, community conditions (arrest and crime rates), healthcare, access to substances, school conditions, and protective factors. While reading this section of the RNA, keep in mind (or even take notes) of policies and actions that can be taken to confront local deficiencies in the SDoH.

Educational Attainment

Aristotle once said, "The more you know, the more you don't know." This could also be interpreted as, "the more you learn, the more you realize how little you know." Acquiring higher levels of education can be advantageous, especially as a protective factor around substance use and misuse.

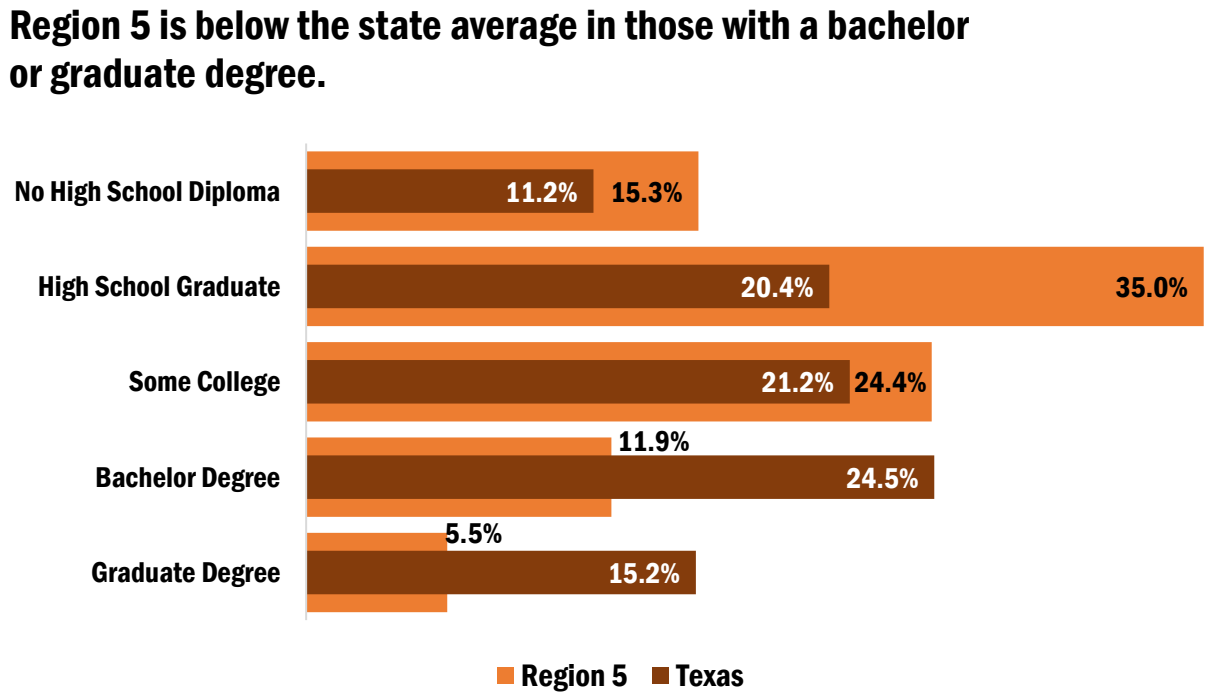
As a protective factor, educational attainment supports the individual helping them:[38]

- Realize their true potential
- Sharpening their critical thinking skills
- Providing more opportunities
- Discover avenues for financial stability
- Support and develop their community
- Use education as a tool for empowerment

In the area of educational attainment, overall, Region 5 is below the performance of the state. For those with "No High School Diploma," Region 5 is at 15.3%, while the state is at 11.2%. Those who are "High School Graduates," Region 5 is at 35% and the state is at 20.4%. Where the region falls well behind the state is the number of those who have obtained a bachelor and graduate degree. (See Graph 14 below) While the state is at 24.5% for those with a bachelor's degree and 15.2% for those with a graduate degree, Region 5 is at 11.9% for those with a bachelor's degree and 5.5% for those with a graduate degree.[39]

More information is available in the Appendix. Table 54 is a report on educational attainment for those 25 years and older per county by gender. Table 55 is a report on educational attainment for those 25 years and older who obtained a high school diploma to those who received a bachelor's degree for the years 2018 to 2021.

Graph 14. Percentage of educational attainment for Texas compared to Region 5.



Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Community Conditions

A community is made up of individuals who are linked to one another through various shared and common interests great and small. For example, simply residing within the city limits makes one a citizen of that city and a member of the overall community. Community membership also includes classifications that are less tangible such as an "academic community" or a "faith community." Whatever the community may be in which an individual lives, works, or plays, each member's behavior impacts the community as a whole and affects the quality of life for everyone.

In this section of the RNA, an assessment of specific indicators that tend to influence a community's overall condition will be examined. Those indicators are:

- Overall crime
- Alcohol related arrests
- Drug related arrests
- Drug seizures and trafficking
- Violent and property crime rates
- Juvenile probation

Concerning crime reporting data, the Crime in Texas (CIT) Online Portal provides a platform for the public to access online and on demand statistical and analytical information about crime reported in the state. The portal allows users to create unique queries utilizing specific data points associated with selected contributing entities, resulting in a more intuitive way to gather statistical data that is tailored to the needs of the requestor, without the need to make a manual request to the Uniform Crime Reporting (UCR) program.

The data available via the portal is reported in either a Summary Reporting System (SRS) or National Incident Based Reporting System (NIBRS) format. Users may search the portal for either SRS data from 1981 to current year or detailed NIBRS data which is the only submission method accepted since July 1, 2021. While data from NIBRS agencies is converted and includes SRS search results, NIBRS specific queries return data sets derived only from NIBRS contributors.

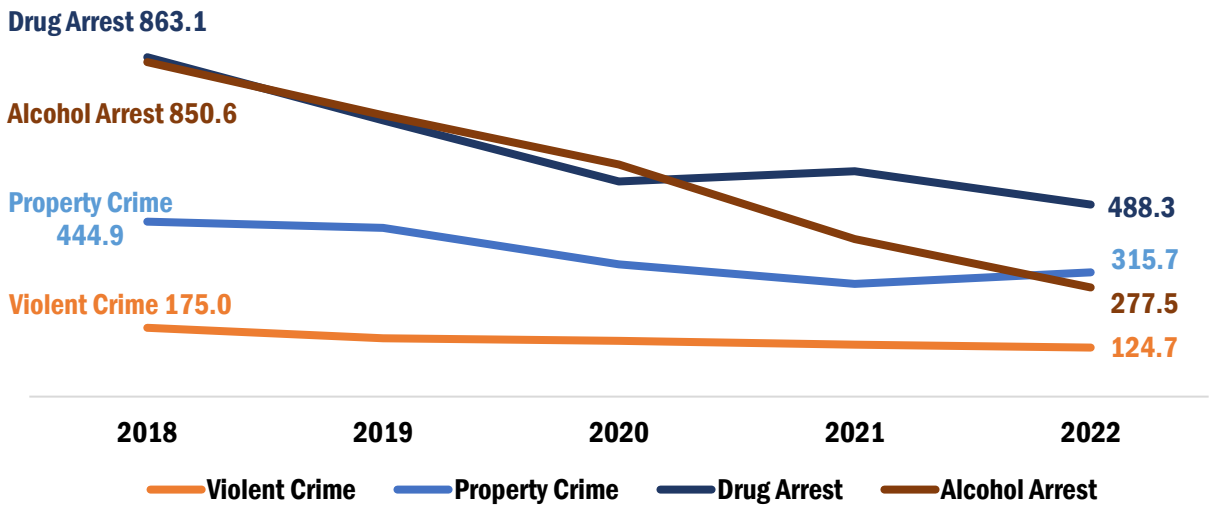
It is important to note that CIT publication is an historical "point in time" document that reflects crime statistics reported to the program up to the time of publication. Crime data available through the CIT Online Portal is dynamic and reflects data that may have been reported to the program after the publication date for the CIT publication. Because of the possibility for

continuous updates to the data available in the portal, users must be aware that statistics from the portal may not align with statistics published in the CIT publication for the same given time.[40]

Overall Crime

For the region, the overall crime rate has been declining from 2018 to 2022 as seen in Graph 15 below. According to the Texas Department of Public Safety the largest decline was in the number of alcohol arrests followed by drug arrests.[41] A full report on crime rates per county for adults and juveniles can be found in the Appendix in tables 56 through 58.

Graph 15. Regional crime rate from 2018 to 2022.



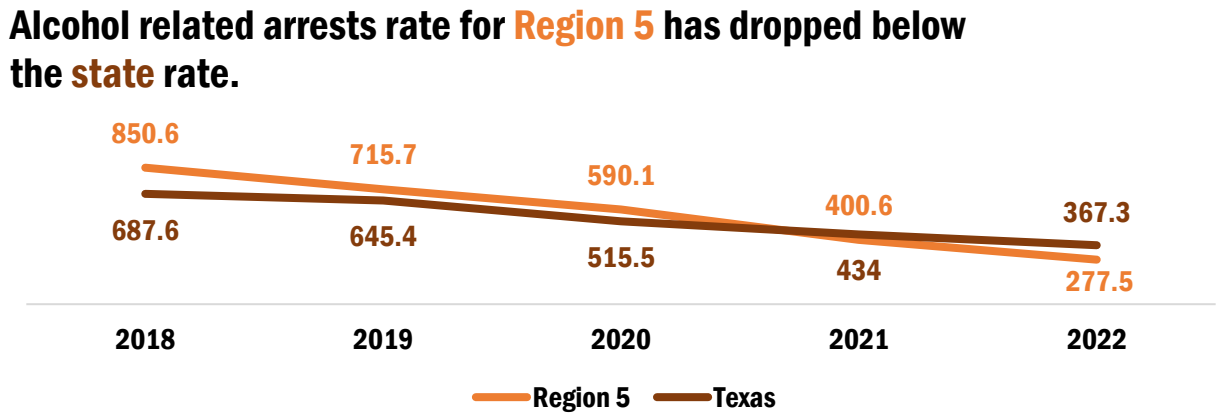
Source. Uniform Crime Reporting System. Texas Department of Public Safety.

Alcohol Related Arrests

Problems related to the use and misuse of alcohol tend to lead to various negative consequences. Driving under the influence of alcohol (DWI) increases the risk of a motor vehicle crash. Alcohol can impair coordination, which can result in an increase of accidents such as falls or drowning. In addition, cognitive impairment leads to poor decision making such as risky sexual behavior, sexual assault, and violence. Finally, there are the negative health effects of alcohol. Numerous studies by agencies and organizations from around the world have shown that not only do those who consume alcohol live shorter lives than smokers, but alcohol is the one commodity sold around the world that has the most negative health effects, even more than tobacco.[42]

For Region 5, alcohol related arrests have declined by 67% from 2018 to 2022 to below the state rate of 367.3. All the counties within the region experienced a decline in alcohol related arrests over the same period. Sabine County had the greatest decrease at 93.3%.[43] See tables 59 and 60 in the Appendix for a full report on each county.

Graph 16. Alcohol related arrests rates per 100,000 for Texas and Region 5, 2018 to 2022.



Source. Texas Department of Public Safety Unifor Crime Reporting.

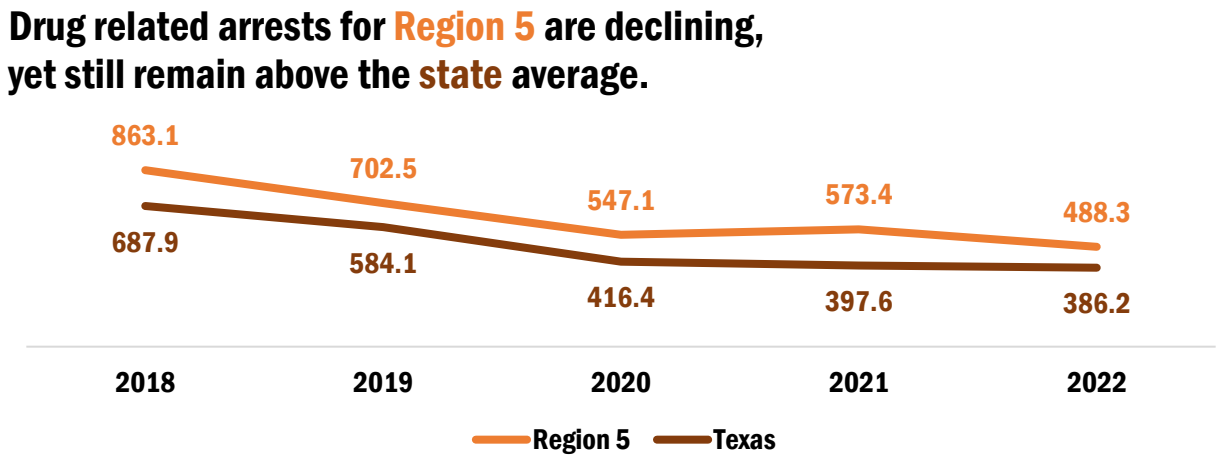
Drug-Related Arrests

Drug-related arrests encompass drug law violations that include the illegal manufacturing of a substance, transporting/trafficking and distribution of an illegal substances, and the possession and/or consumption of illegal substances.

Both Texas and Region 5 experienced a decrease of 43% in the rate of drug-related arrests. All the counties experienced a decrease except for San Augustine County, which saw an increase of 321% from 2018 to 2022. The percentage appears drastically large, but this is due to the smaller population size. The actual number increased was 61. For a county the size of Jefferson County, 61 is would seem minor, but to a county the size of San Augustine, 61 is substantial.[44]

The largest decrease in drug related arrests was in Jasper County in which the rate decreased by 85%. Newton County also saw a sizable decrease of 81% in the rate of drug related arrests. In the Appendix, tables 61 and 62 report adult drug-related arrests and Table 63 is a report on juvenile drug-related arrests per county.

Graph 17. Drug related arrest rates per 100,000 for Texas and Region 5, 2018 to 2020.



Source. Texas Department of Public Safety Unifor Crime Reporting.

The figures below represent the density of alcohol and drug related arrests rates per county.

Figure 9. Density alcohol related arrests, 2022.

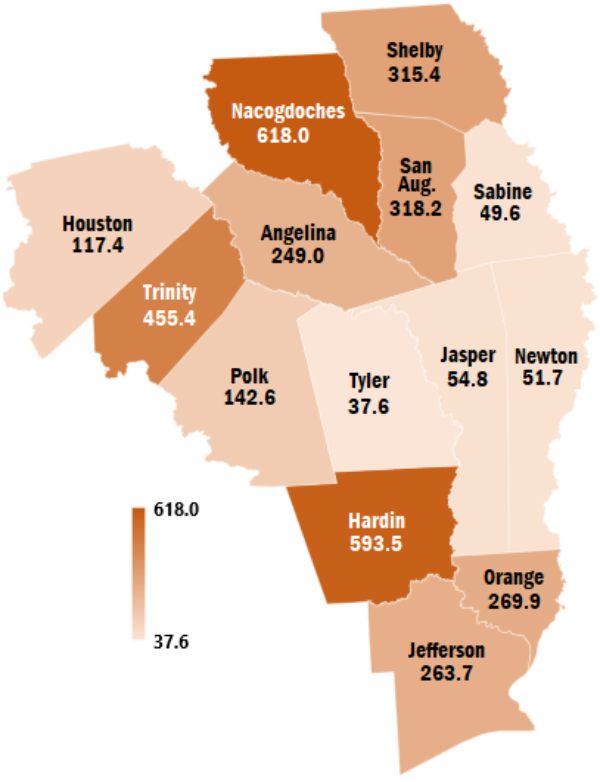
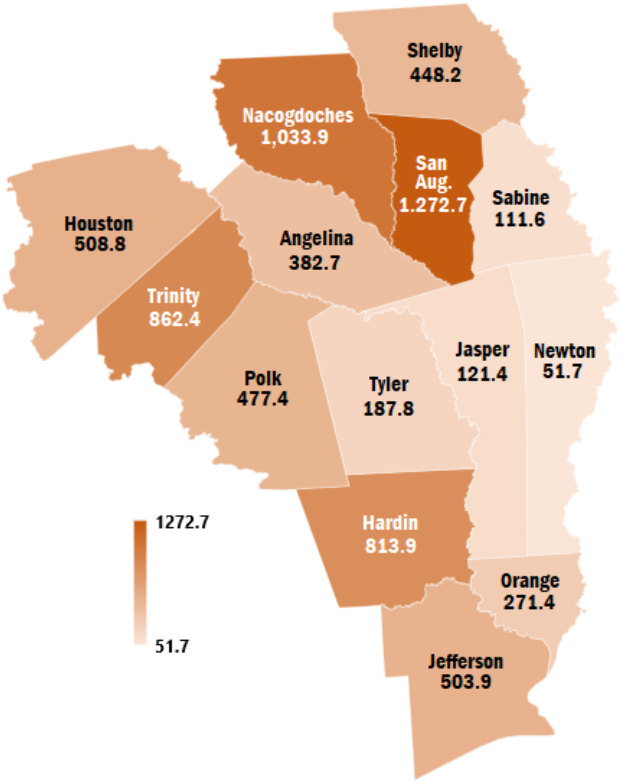


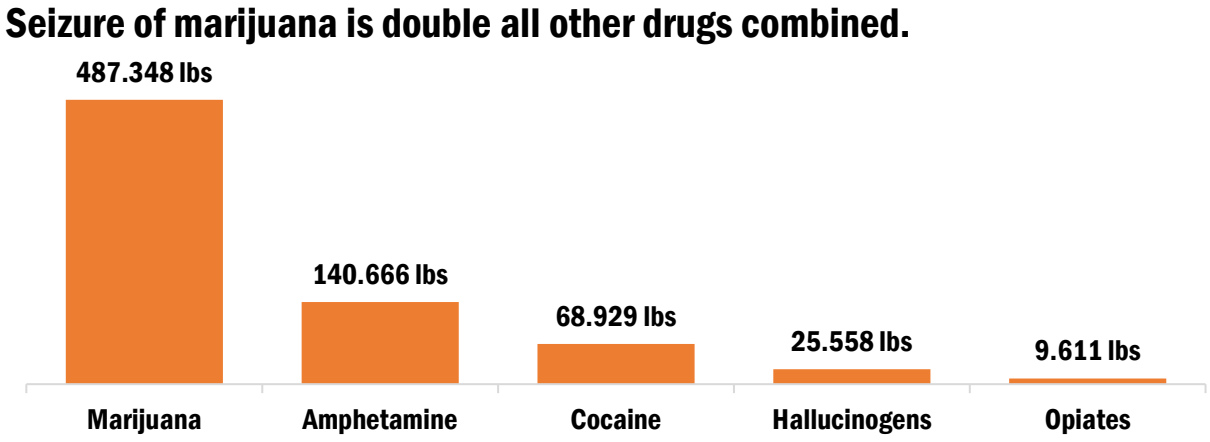
Figure 10. Density drug related arrests, 2022.



Drug Seizure/Trafficking

While there are times that drugs are seized from traffickers moving their product from Mexico to the Northeast United States, according to local law enforcement, most of the drugs seized within the region are those that were manufactured locally or brought to the area to be distributed locally. A full report on the drugs seized per county in pounds can be found in Table 64 in the Appendix.

Graph 18. Drugs seizures for Region 5 in pounds seized.



Source. Texas Department of Public Safety Unifor Crime Reporting.

Violent and Property Crime Rates

Violent and property crime within a community negatively impacts the overall health of that community. A surge in crime rates creates stress for the community which only amplifies the impact of the crimes and adversely damages the functionality of the community by:[45]

- Reducing safety
- Disrupting in order and creating chaos
- Impeding community collaboration and trust
- Unsettling economic stability

For the region, overall property and violent crimes rates have been decreasing except for "Rape" which has risen from 67 in 2020 to 82 in 2022. A full report on violence and property crime for the region and each county can be found in tables 65 and 66 in the Appendix.

Juvenile Probation

The Texas Juvenile Justice Department (TJJD) is the state's system tasked with overseeing juveniles (ages 10 to 16) who have committed acts defined as "delinquent conduct" in need of supervision." Delinquent conduct is any conduct that if committed by an adult, would lead to imprisonment. Conduct in need of supervision is any conduct, that if committed by an adult, would result in only a fine or behavior that is defined as a violation of law.[46]

For a juvenile to be referred to juvenile detention, all three of the following conditions must exist:[47]

- The juvenile has allegedly committed delinquent conduct, conduct indicating a need for supervision, or a violation of probation.
- The juvenile court served by the juvenile probation department has jurisdiction.
- The office or official designated by the juvenile board has made face-to-face contact with the juvenile and the alleged offense has been presented as the reason for this contact or the office or official has given written or verbal authorization to detain the juvenile.

For the state of Texas, as seen in Figure 19 below, the juvenile population has increased from 2,842,884 in 2017 to 2,888,601 in 2021. Despite the increase in the juvenile population in Texas, the number of referrals to juvenile probation departments decreased in 2020 as seen in Figure 20. This is due in large part to the impact of the COVID-19 response on the juvenile justice system.[48]

Figure 11. Juvenile population, 2017-2021.

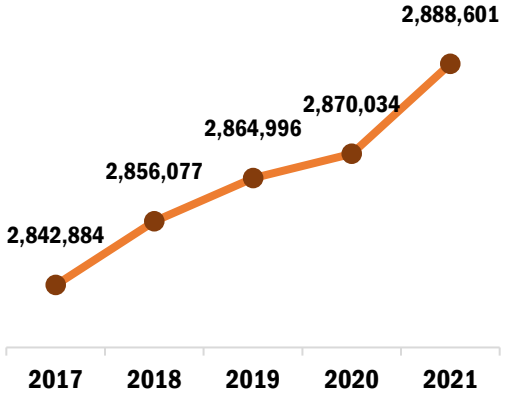
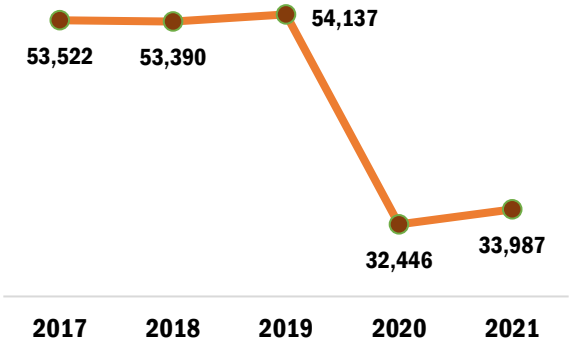


Figure 12. Juvenile referrals, 2017-2021.



Source. The State of Juvenile Probation Activity in Texas, 2021.

Healthcare

Historically, services for substance use and misuse have been administered apart from general health care and mental health services. However, the benefit of including substance use and misuse treatment to the overall healthcare approach appears to be more effective in the overall treatment of the individual.[49] Substance Use Disorders are most often interwoven with other health issues that involve an ever-wider range of healthcare services. This has then created the need for more integration between service providers.

The understanding of the general healthcare needs of a population is also a reflection of the substance use needs as well. For Region 5, the condition of the overall health of its population has been an issue of concern over the past several years. According to the County Health Rankings, most of the counties within the region, when compared to other counties in Texas, are consistently ranked among the bottom 50 counties.

The County Health Rankings report explores the extent and landscape of various health related indicators of each county in Texas and ranks them from the highest to the lowest in regards health outcomes and health factors. The maps of Texas below (Figures 21 & 22) represent each county's Health Outcome and Health Factors. County Health Outcomes represent the overall health of each county within the state of Texas. The ranking consists of two measures: (1) how long people live, and (2) how healthy people feel.

County Health Factors represent the influence on a county's overall health. It is based on four measures: (1) health behaviors, (2) clinical care, (3) social and economic, and (4) physical

environmental factors. The healthier a county, the lighter the color.[50] See Table 67 in the Appendix for a report on Region 5's Health Outcome and Health Factor rankings.

Figure 13. Texas Health Outcome map, 2023.

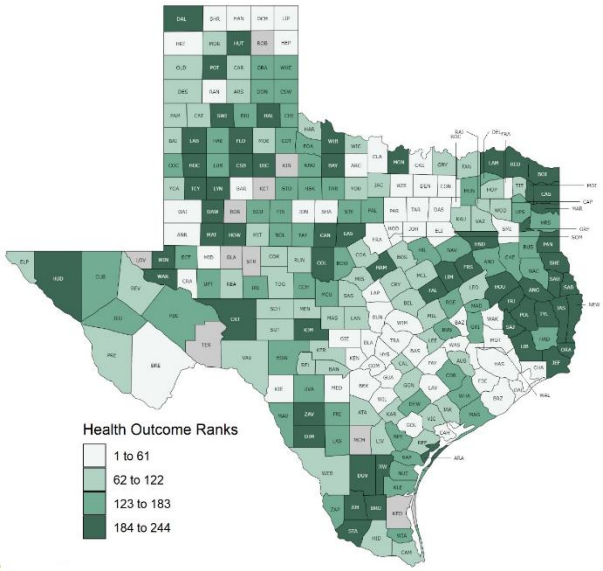
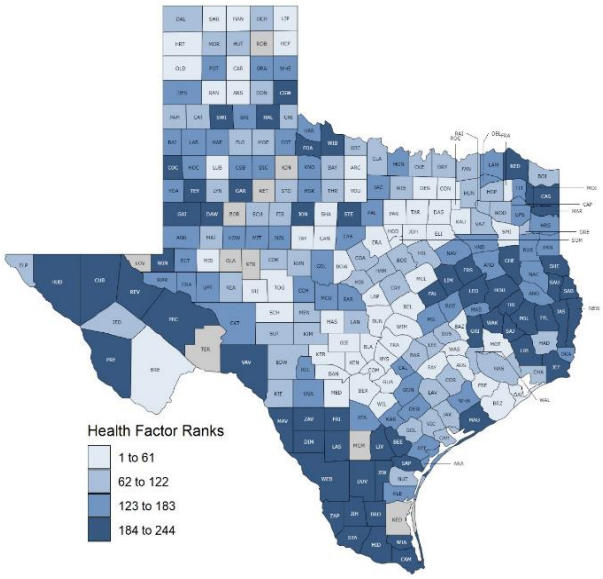


Figure 14. Texas Health Factor map, 2023



Source. County Health Rankings.

Uninsured Adults

In 2019, the federal government removed the mandatory tax penalty for not having insurance coverage. Added to this, the Texas legislature has not expanded Medicaid coverage for those that are uninsured. When medical needs arise, Texans can use low-cost services from community health centers that provide services to individuals regardless of insurance.[51]

For Region 5, the total number and percentage of those who were uninsured grew from 23.9% in 2018 to 30.4% in 2020. For the region from 2018 to 2020, 25,283 additional individuals were uninsured. That is a 25% increase for those years. See Table 69 in the Appendix for a report on the percentage of uninsured adults.[52]

Uninsured Children

In 2020, 5.6% of all children nation-wide were without health insurance. For Texas, the percentage was 11.6% and for Region 5 it was 12.3%. More significantly, it is the children who were living below the poverty line that were affected the most.

Children without health insurance can receive insurance coverage from other sources such as Medicaid or the Children's Health Insurance Program. However, the data revealed the number of uninsured children that are 100% below the poverty line increased at a much higher rate from 2018 to 2020 than those who were between 100% and 399% of poverty. Those 100% below

poverty had an 18% increase of uninsured children compared to a 4% increase for those at 100% to 399% of poverty from 2018 to 2020.[53]

Children in poverty are already a risk factor. Adding a lack of health insurance only increases the risk. For the region in 2020, Shelby County had the highest percentage of uninsured children at 16% (*n*=1,032). Orange County had the lowest percentage at 9.8% (*n*=317). See Table 70 in the Appendix for more information on uninsured children.

Retail Access

According to the World Health Organization (WHO), tobacco and alcohol are leading contributors to non-communicable diseases. Consumption and related health decisions and behaviors are affected by the promotion, placement, and price of these products.[54]

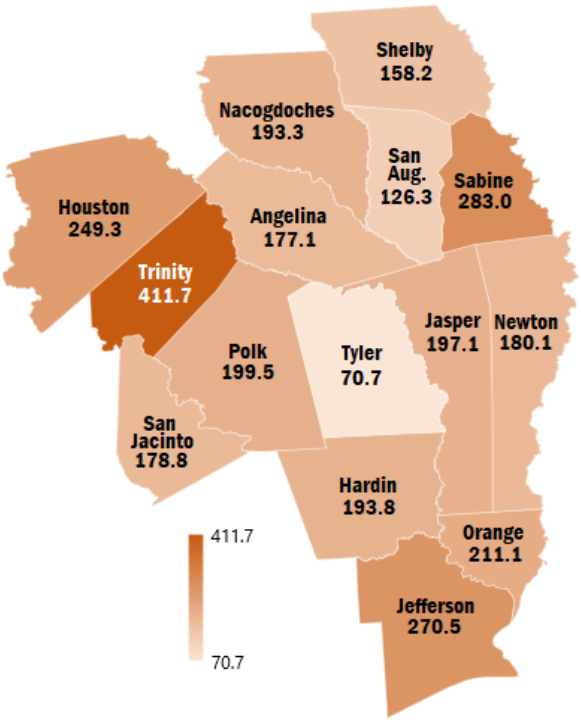
Areas with a high density of alcohol or tobacco retailers have shown to have negative effects on health behaviors. A higher density of tobacco retailers is linked to higher rates of youth tobacco use initiation, increased consumption by current smokers, and is a hinderance to those seeking to quit. A greater density of alcohol retailers has been linked to excessive alcohol consumption, and an increase in injury, crime, and violence. There are also higher rates of impaired driving and motor vehicle accidents and underage drinking. Studies also indicate that retailer density is significantly higher in low-income minority neighborhoods.[55]

The following indicators will examine retailer density for alcohol, tobacco, and electronic cigarettes within the region.

Alcohol Retail Density

For the region, Trinity County has the highest density of alcohol retailers with a rate of 411.7 retailers per 100,000 in population. This is significantly higher than the next highest, Sabine County with a rate of 283.0 retailers per 100,000 in population. Tyler County has the lowest retailer density with a rate of 70.7 retailers per 100,000 in population.

Figure 15. Alcohol retailer density for Region 5.



Retail density per 100,000 in population:

- Trinity County 411.7
- Sabine County 283.0
- Jefferson County 270.5
- Houston County 249.3
- Orange County 211.1
- Polk County 199.5
- Jasper County 197.1
- Hardin County 193.8
- Nacogdoches County 193.3
- Newton County 180.1
- San Jacinto County 178.8
- Angelina County 177.1
- Shelby County 158.2
- San Augustine County 126.3
- Tyler County 70.7

Source. Texas Open Data Portal.

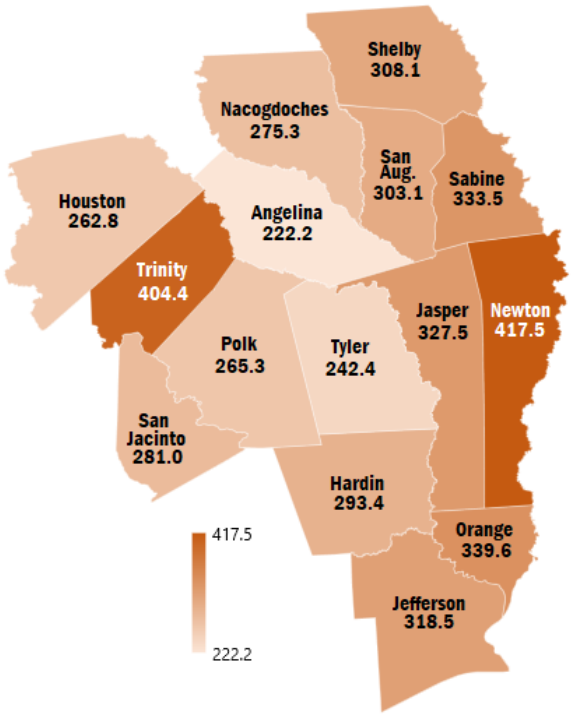
Tobacco Retail Density

Newton County and Trinity County have the highest density of tobacco retailers per 100,000 in population with rates of 417.5 and 404.4, respectively. For the region, the average rate is 306.3. Angelina County has the lowest density rate at 222.2.[56] Table 71 in the Appendix is a report on the number of tobacco and e-cigarette permits and the rate of tobacco retailers per 100,000 in population.

Figure 16. Tobacco retailer density for Region 5.

Retail density per 100,000 per county:

- Newton County 417.5
- Trinity County 404.4
- Orange County 339.6
- Sabine County 333.5
- Jasper County 327.5
- Jefferson County 318.5
- Shelby County 308.1
- San Augustine County 303.1
- Hardin County 293.4
- San Jacinto County 281.0
- Nacogdoches County 275.3
- Polk County 265.3
- Houston County 262.8
- Tyler County 242.4
- Angelina County 222.2



Source. Texas Comptroller of Public Accounts.

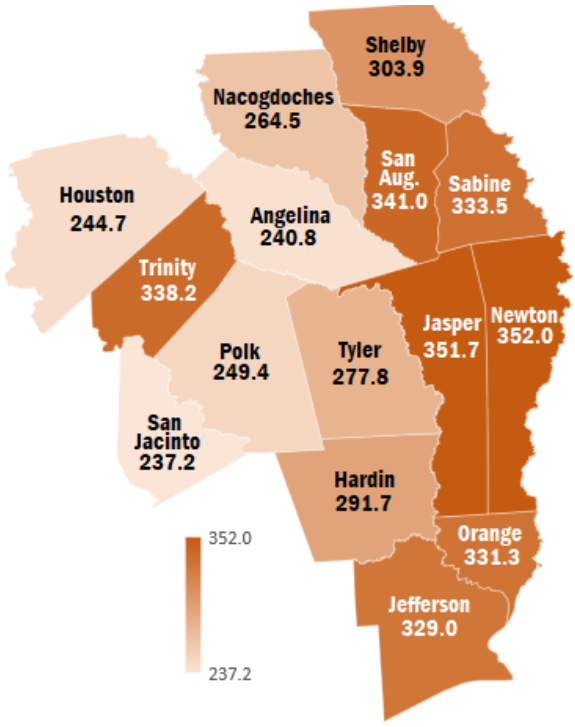
E-Cigarette Retail Density

Regarding E-cigarette retailer density, Newton County has the highest retailer density at a rate of 352.0, followed by Jasper County at 351.7, and San Augustine County at 341.0 per 100,000 in population. San Jacinto County has the lowest rate at 237.2[57]

Figure 17. E-Cigarette retailer density for Region 5.

Retail density per 100,000 per county:

- Newton County 352.0
- Jasper County 351.7
- San Augustine County 341.0
- Trinity County 338.2
- Sabine County 333.5
- Orange County 331.3
- Jefferson County 329.0
- Shelby County 303.9
- Hardin County 291.7
- Tyler County 277.8
- Nacogdoches County 264.5
- Polk County 249.4
- Houston County 244.7
- Angelina County 240.8
- San Jacinto County 237.2



Source. Texas Comptroller of Public Accounts.

School Conditions

Research has established that the human brain is in the development stage until their early to mid-twenties. While in development, interjecting substances such as tobacco, alcohol, or other drugs which alter the natural release of dopamine, serotonin, cortisol, and oxytocin permanently alters the brain's normal function and reactions to everyday life. This unique modification of brain functioning acutely impacts the adolescent brain linking substance use to make poor decisions, diminished motivation, and neglect mental and physical health. The detectable result is seen in lower grades, increase absenteeism, and higher rates of school dropout. In addition, because the adolescent brain is still in the development stage, the substance use behavior becomes "programed" into the brain making it more susceptible to addiction.[58]

The school setting can serve as an effective protective factor on the adolescent regarding providing a safe environment for children and adolescents to grow and learn. Consequently, a poor school environment can serve as a risk factor, giving students the occasion to engage in risky behavior that can lead to experimentation and incorrect conclusions concerning substance use.

Students Offered Drugs

To measure conditions at school, data has been collected from surveys inquiring of students how often drugs are offered, sold, or given out on school property.

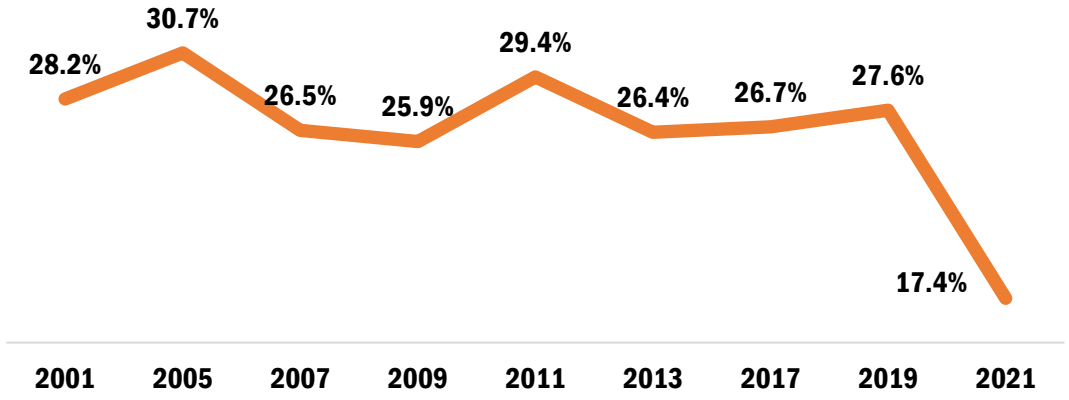
Table 10. Percentage of students who were offered, sold, or given drugs on school property for Texas for the years 2017, 2019, and 2021.

		2021	2019	2017
Texas	Total	17.4%	27.6%	26.7%
Age	<=15	17.2%	27.6%	28.0%
	16-17	17.6%	28.3%	27.2%
	18+	16.5%	25.4%	22.8%
Grade	Grade 9	16.8%	27.4%	27.6%
	Grade 10	18.7%	28.3%	27.7%
	Grade 11	16.4%	28.6%	24.2%
	Grade 12	17.4%	25.8%	26.5%
Race/Ethnicity	Black	9.9%	21.4%	25.3%
	Hispanic	18.9%	30.1%	29.0%
	Other	12.9%	28.1%	26.4%
	White	19.4%	25.6%	24.5%
Sex	Female	18.0%	26.5%	26.0%
	Male	16.9%	28.5%	27.5%

Source. Youth Risk Behavior Survey. Texas Department of State Health Services.

The Texas Youth Risk Behavior Surveillance System (YRBSS), initiated in 1991, is a federally funded, classroom-based, paper survey conducted every two years on odd numbered years to monitor priority health risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the United States.[59]

Graph 19. Percentage of illicit drugs sold on school property in Texas, 2001 to 2021.



Source. Center for Disease Control and Prevention. High School YRBSS.

Protective Factors

Protective factors surround the lives of individuals to provide the opportunity for positive outcomes in someone's life and reduce the likelihood of negative consequences. Protective factors appear in numerous forms and serve to actively support the individual regarding being a positive influence.

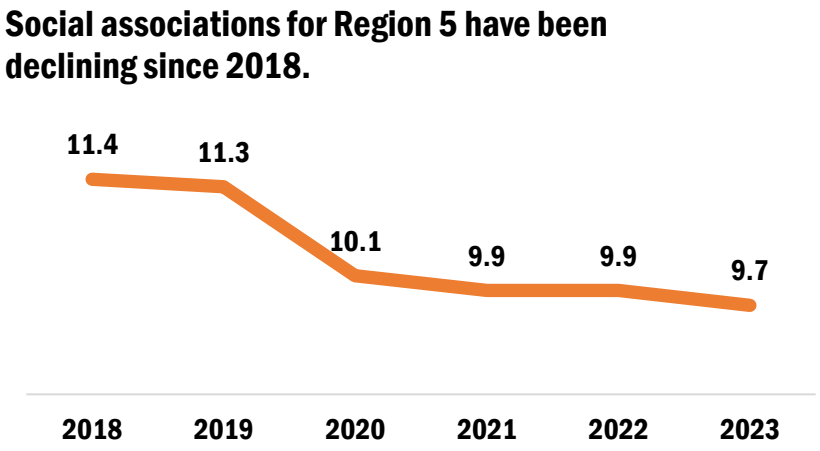
Even though Rita's father is dependent upon alcohol, and lives in a low-income neighborhood, there are protective factors in her life that increase her capacity to overcome the risk factors that surround her. She is a member of the student council at school. She is actively involved in the youth ministry at her church. She has a teacher that has mentored her and assisted her in earning a scholarship to college to earn a degree in Human Development and Family Studies. These protective factors have provided Rita with hope and a plan for her future. They serve to motivate her in a positive direction in her life.

To measure protective factors, a study of social associations will be made. Additionally, indicators such as the prescription drug monitoring program and the number of mental health providers serve as protective factors for the region.

Social Associations

Having a sense of belonging to various social groups meets a basic psychological need: a need to feel needed. A decline in social associations can lead individuals to feel more isolated and less important. Social associations positively impact the association, its members, and the community. Membership in civic, sports, and religious organizations have been shown to have the greatest positive influence on minority and low social and economic individuals.[60]

Figure 18. Rate of social associations for Region 5.



Source. County Health Rankings and Roadmaps. County Business Patterns.

In measuring social associations, the numerator is the total number of membership associations in a county. The associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.

In Texas there were 7.4 membership organizations per 10,000 people. For Region 5, these associations have been declining since 2018 as seen in Figure 26. The largest decline occurred from 2019 to 2020. This is due to the government-mandated "lockdowns" in response to the pandemic.[61] For more data on social associations see Table 72 in the Appendix.

Prescription Drug Monitoring Program

The Texas Prescription Monitoring Program (PMP) collects and monitors prescription data for all Schedule II, III, IV, and V Controlled Substances (CS) dispensed by pharmacies in Texas or to a Texas resident from a pharmacy located in another state. It provides a database for monitoring patient prescription history for practitioners and the ordering of Texas Schedule II Official Prescription Forms. All pharmacies licensed in Texas are required to report all dispensed controlled substances records to the PMP.[62]

The purpose of the PMP is to assist pharmacists in monitoring and eliminating duplicating and/or overprescribing of controlled substances. By knowing the history of a patient's-controlled substance prescriptions, the pharmacist can identify possible abuse of controlled substances by their patients.

The Drug Enforcement Administration (DEA) has classified drugs, substances, and certain chemicals into five distinct categories or schedules. The schedules are based on the drug's acceptable medical use and its potential for abuse or dependency. Schedule I drugs have a high potential for abuse, which includes psychological and/or physical dependency, and no current FDA approved medical use. As the schedule increases in number the abuse potential decreases. The DEA drug scheduling includes:[63]

- **Schedule I** – heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxyphenol (ecstasy), methaqualone, and peyote.
- **Schedule II** - combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.
- **Schedule III** – Products containing less than 90 milligrams of codeine per dosage unit (Tylenol and codeine), ketamine, anabolic steroids, testosterone.
- **Schedule IV** – Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol.
- **Schedule V** – cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.

In the Appendix, tables 73 and 74 include a report on prescription drug distribution for the region by schedule per 1,000 in population for the years 2020 to 2022.

Mental Health Providers

A mental health disorder affects all aspects of an individual's life, disrupting a person's ability to study, work, care for themselves, or maintain healthy relationships with friends and family. The Mayo Clinic has reported that mental health disorders are the leading cause of disability in the United States and Canada.[64]

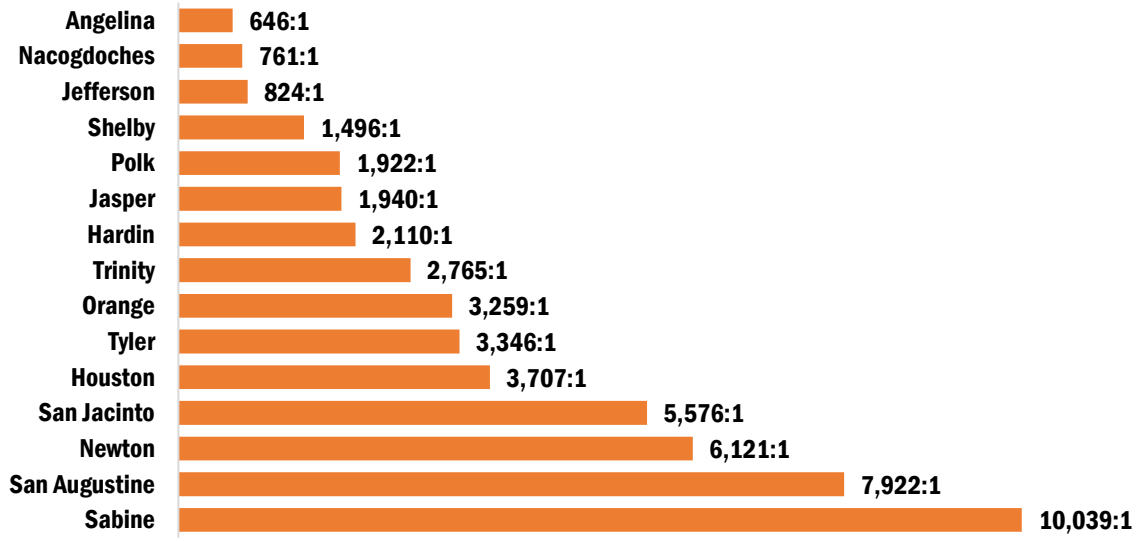
Mental health providers serve as a vital protective factor for the overall health of a community. Services provided by the region's Local Mental Health Authorities (LMHA) include counseling, crisis hotlines, treatment and intervention, Mental Health Emergency Clinic (MHEC), services for individuals with intellectual and developmental disabilities, early childhood intervention, and mental health first aid.

Region 5 is serviced by two LMHAs; Burke, located in Lufkin and Spindletop, located in Beaumont. Burke serves the northern 11 counties that include: Angelina, Houston, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties. Spindletop serves the southern 4 counties that include: Hardin, Jasper, Jefferson, and Orange counties.

Mental health providers are psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.

The ratio of mental health providers represents the number of individuals served by one mental health provider per county, if the population was equally distributed across all providers. For example, if a county has a population of 50,000 and has 20 mental health providers, the ratio would be 2,500:1. As seen in the graph below, Angelina County has a ratio of 646:1 of mental health providers compared to Sabine County which has a ratio of 10,039:1.

Graph 20. Ratio of persons per mental health provider per county, 2023.



Source. County Health Rankings.

Interpersonal Domain

The realm of the interpersonal domain is focused on the interactions people have with each other. Healthy relationships serve as a strong protective factor that provide the needed physical, mental, and emotional support throughout the various stages of human development. The reverse is also true. Unhealthy relationships or the lack of critical associations become risk factors, which often result in poor decisions and unhealthy behaviors.

Christopher, his two older brothers and his mother recently moved to East Texas from out of state to start a new life following a contentious divorce. Christopher and his brothers were physically and emotionally abused by their father resulting in his arrest and imprisonment. Due to the family dynamics, Chris took on the survivor role of the "Lost Child" in which he became passive, choosing to remain isolated and withdrawn from others. At school, he only developed a friendship with

another boy with similar personality traits. Reflecting on his life Christopher stated that "All I wanted was to be with my brothers, hoping they would help me feel secure, but they had their own issues, which left me feeling even more alone and like an outcast."

Over the next few years, the pain of his isolation, depression, and the fear of abandonment led him to experiment with various substances. His drug of choice was marijuana, which he would buy from other students at school. He called it his "medicine." At 17 he dropped out of school, ran away from home, and began living in the streets of Beaumont. It was here that he was introduced to heroin and quickly developed a dependence. He is now in treatment for the fourth time, "Will it work? Will I stay clean? I hope so, but who knows? If I can just make it through today, I'd say that I'm doing good."

Like Christopher, the risk factors were just too overwhelming. Living with a single-parent, violence in the home, a father in prison, low self-esteem, drugs sold at school, and a school dropout proved to be too much. These are risk factors that prevention specialists work to mitigate in the lives of individuals.

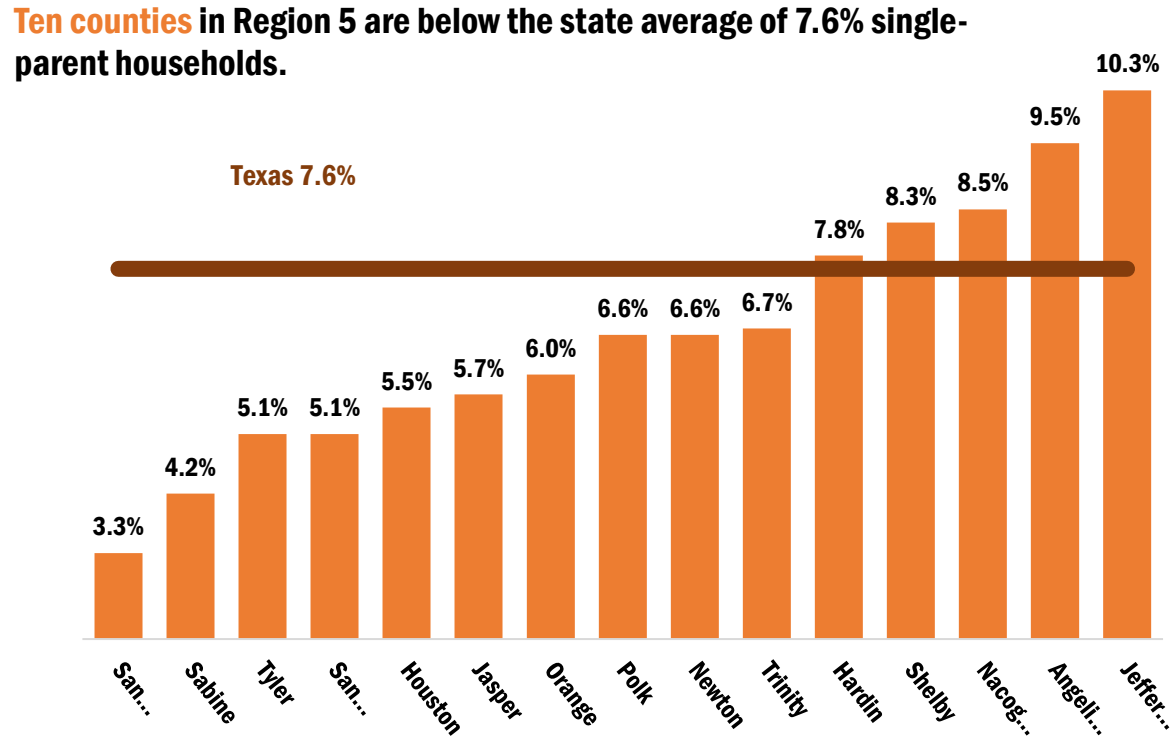
Family Environment

Primarily, an individual's interpersonal development is most impacted by their family. Either positive or negative, a person's family established world views, coping mechanisms, and an estimation of self-worth are based on their home environment. For prevention specialists, it is vital to not underestimate the influence of one's family on an individual's future development and decision-making ability.[65] Indicators that will be examined here are single-parent households, family violence, children abused or neglected, children in foster care, and adult depression.

Single-Parent Households

For the state of Texas 7.6% of households are single-parent households. For Region 5 the percentage is 6.6%. San Jacinto County has the lowest percentage of single-parent households at 3.3% and Jefferson County has the highest at 10.3%. More information on single-parent households can be found in Table 75 in the Appendix and Graph 21 below compares Texas to Region 5.

Graph 21. Percentage of single-parent households per county compared to Texas, 2021.



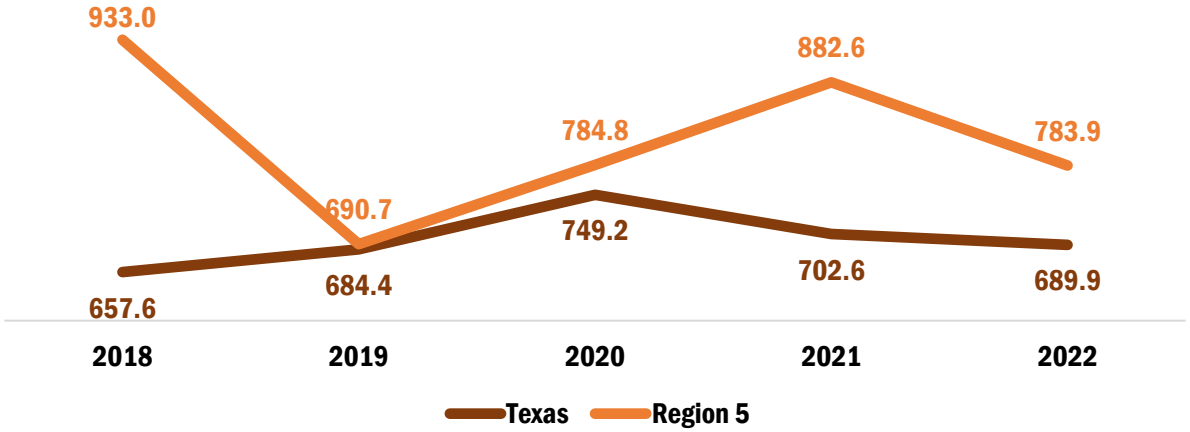
Source. U.S. Census Bureau. American Community Survey 5-year Estimates.

Family Violence

The impact of violence within a family and its lingering effects that disintegrate the family members' physical and emotional wellbeing cannot be overstated. The devasting consequences often lead to emotional and psychological trauma that is expressed through anger, shame, depression, and suicide. Additionally, it significantly increases the risk of substance use and misuse as a means of dealing with the pain.[66]

The rate of family violence for Region 5 has remained above the state rate for the past five years. Trinity County has the lowest average rate of 161.7 from 2018 to 2022. Jefferson County has the highest rate of 1,315.9 over the same period. [67] Table 76 in the Appendix has complete report of rates per county.

Graph 22. Rate of family violence per 100,000 in population for Texas and Region 5, 2018 to 2022.



Source. Texas Department of Public Safety. Texas Family Violence Report.

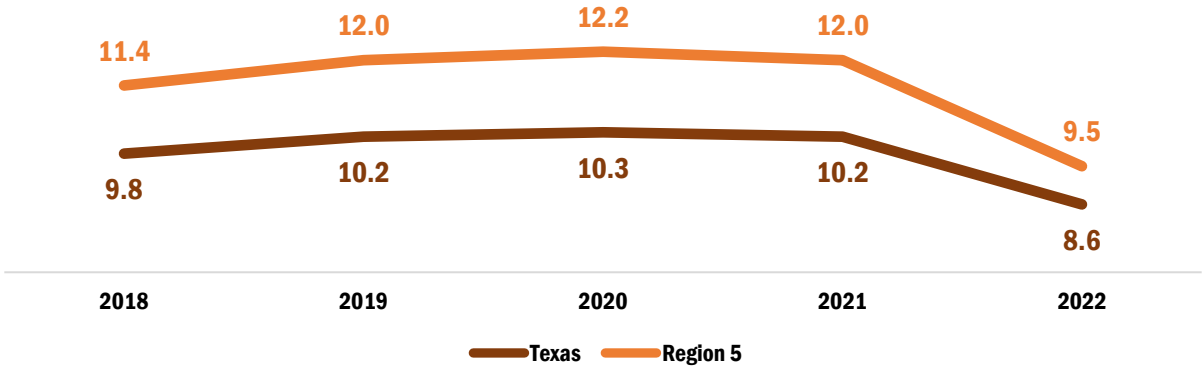
Children Abused or Neglected

Childhood is intended to be a time of growth and security. These early years of life are critical for an individual's emotional maturation as well as their overall health and development. Having a safe and nurturing environment builds the foundation for the rest of life.[68] When these basic needs are not met, it increases the likelihood of future risky behavior. As the severity of childhood trauma increases, so do the risk factors.

National data on child abuse and neglect gathered from the National Children's Alliance report that in 2021 two-thirds of all abuse cases involved sexual abuse (65%). This is followed by physical abuse at 20%, neglect, witness to violence, and other at 8%, and drug endangerment at 3%.[69]

Region 5 and Texas have been paralleling a similar trend in the rates of child abuse and neglect as seen in the figure below. However, Region 5 rates have remained above the state rates.[70] For more rates on family violence and children abused or neglected per county, see tables 76 and 77 in the Appendix.

Graph 23. Rate of child victims of abuse/neglect per 1,000 children for Texas and Region 5..



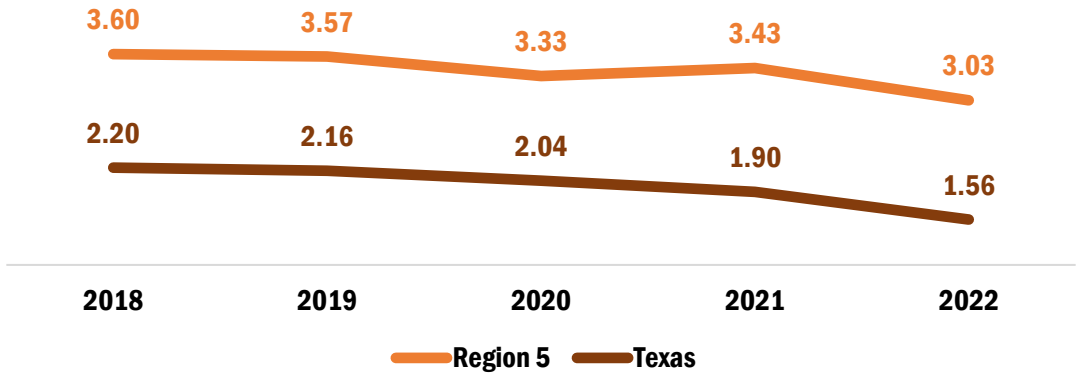
Source. Texas Department of Family and Protective Services.

Children in Foster Care

Children that are in foster care are at risk for substance use and misuse due to distressing experiences early in their lives that lead them to be under the care of the state. Research shows that stressors early in life create neurobiological changes that lead to children internalizing their problems resulting in improper coping behavior.[71]

For Region 5, the rate of children younger than 18 placed in foster care has remained above the state rate from 2018 to 2022. Newton County has the lowest average rate at 2.3 per 1,000 children under the age of 18 from 2018 to 2022. Sabine County has the highest average rate at 5.2 for the same period. Table 78 in the Appendix is a report on the rate of children in foster care per county.

Graph 24. Rate of children younger than 18 in placement with non-relative per 1,000 for Texas and Region 5, 2018 to 2022.



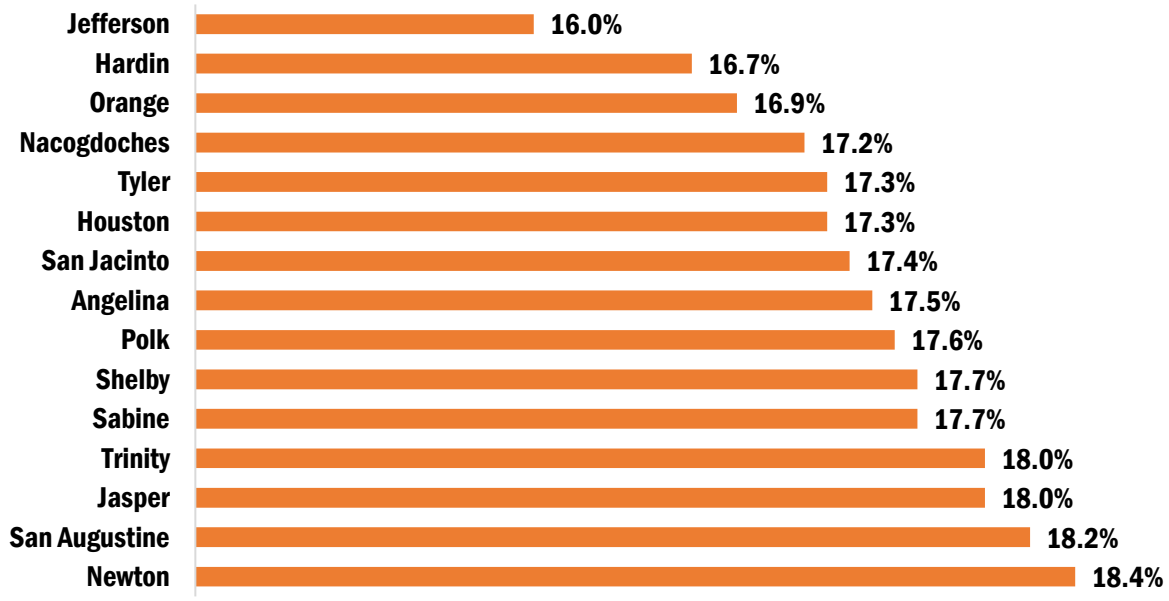
Source. Texas Department of Family and Protective Services.
*"Placed with Non-Relative" can include basic childcare, CPA non-relative foster home, DFPS non-relative foster home, emergency shelter, residential treatment, other foster care, and other substitute centers.

Adult Depression

Nation-wide, adult depressions rates have been increasing since 2011 according to the CDC. In 2011 the national rate of adult depression was 17.5% and had risen to 19.6% in 2020. This data is collected through the Behavioral Risk Factor Surveillance System (BRFSS). The measure of adult depression is indicated as a percentage of the number of respondents that report having poor mental health for 14 or more days in the past month. This data is collected every other year.[72]

In 2020, the adult depression rate for Texas was 13.3% and Region 5 was 17.5%. All counties within the region saw a rate increase from 2018 to 2020. Newton County had the highest rate at 18.4% and Jefferson County had the lowest rate at 16.0%.

Graph 25. Percentage of adult depression per county, 2020.



Source. Centers for Disease Control and Prevention. PLACES Data.

Perception of Parental Attitudes

Parents often mistakenly assume that their child's greatest influence to engage in risky behavior is due to the pressure of their peers. That is simply not true. Research has shown that an adolescent's greatest influence concerning behavior, no matter the age of the child, is primarily sought by their parents. However, "if the parents abdicate their responsibility to have that dialogue, their children will default to their peer group."[73]

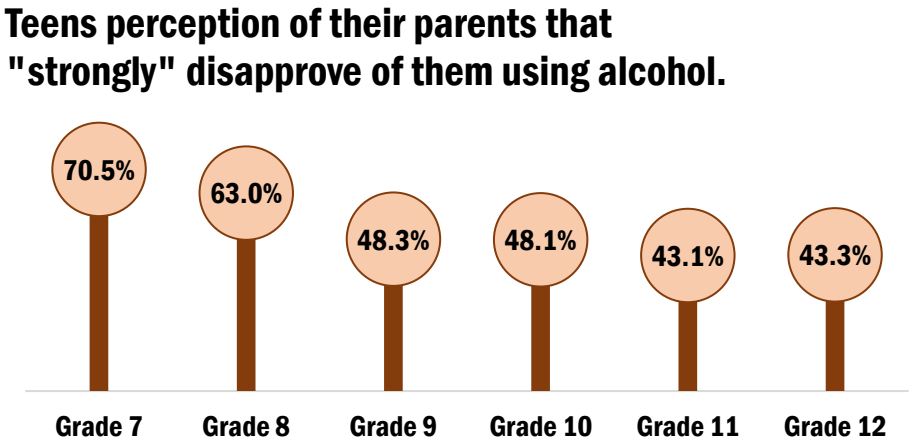
The influence parents maintain on the lives of their children cannot be overstated. Eight out of ten teenagers believe that their parents have substantial influence in their response to peer pressure. Seven out of ten teenagers wish their parents had better prepared them for the pressures in life. Four out of ten teenager feel that everyone else is handling the pressures of life better than them.[74]

The Texas School Survey asked the respondents concerning their perception of their parent's attitude toward substance use and their responses can be found in graphs 26 through 28. Teens are less likely to consume alcohol, smoke, or use drugs if they feel their parents have shown or expressed the importance of not consuming these various substances. This reinforces the need for parental interaction with their children concerning substance use as a key to prevention.

Parents can be the most important protective factor in a child's life. This protective factor can also be credited to grandparents, aunts and uncles, older siblings, mentors, teachers, and coaches. When any adult in the realm of an adolescent's life has conversations, clearly stating the harmful effects of substance use, teens are less likely to use it.

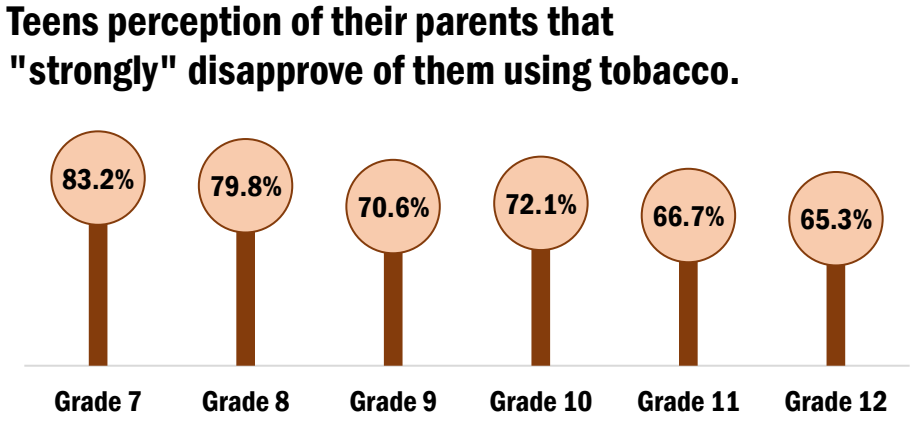
As seen in the graphs below, the student's perception of their parent's disapproval of using a particular substance decline as the grade level increases. Concerning the change in their parent's perception from the 2018 TSS compared to the 2022 TSS shows that the perception of disapproval is increasing. For marijuana, the increase for all grade levels was from 73.3% in 2018 to 74.3% in 2022. For alcohol, the increase was from 52.4% in 2018 to 53.3% in 2022. The greatest increase was concerning tobacco use. In 2018, 63.5% of the respondents felt their parents strongly disapproved of them using tobacco and in 2022 the percentage rose to 73.4%.[75] See tables 79 through 81 in the Appendix for more on perception of parental approval.

Graph 26. TSS response to "How do your parents feel about kids your age using alcohol?".



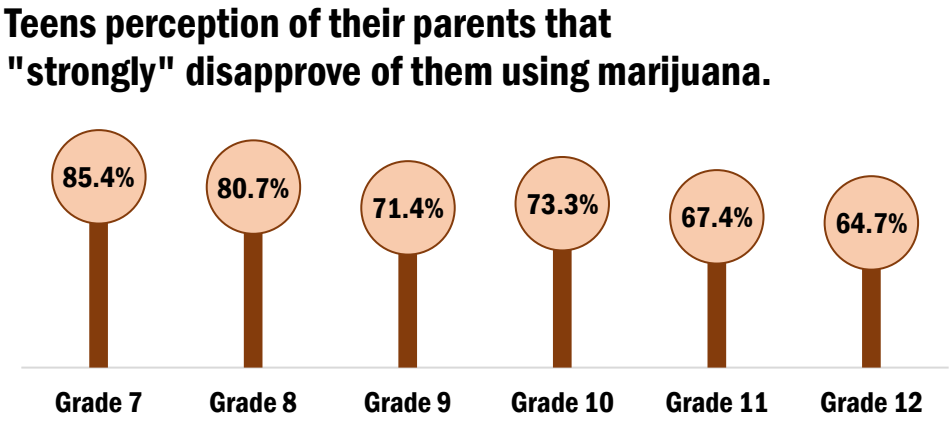
Source. 2022 Texas School Survey.

Graph 27. TSS response to "How do your parents feel about kids your age using tobacco?".



Source. 2022 Texas School Survey.

Graph 28. TSS response to "How do your parents feel about kids your age using marijuana?".



Source. 2022 Texas School Survey.

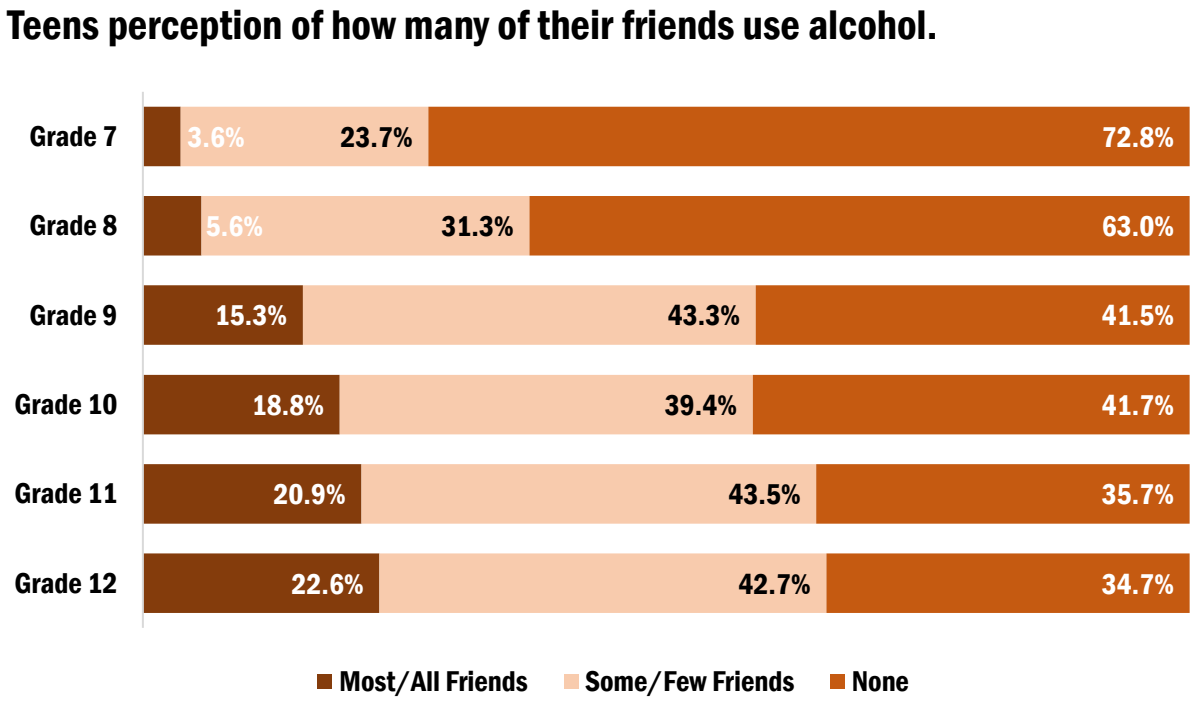
Perception of Peer Use

As discussed in the previous section, a teenager's foundational influence concerning substance use is derived from their parents. Moving from there, teens then lean on what their peers not only say but do concerning substance use.

One of the most difficult aspects of researching peer influence upon the behaviors of teenagers is that it is based on the respondent's "perception" of their peers' attitudes and beliefs. These perceptions are often skewed by the adolescents' own beliefs and influence from other sources such as their parents. Other risk factors include environmental and psychological influences. In the end, an adolescent's peer group does exact a measure of influence and teenagers tend to change their substance use behavior in the same direction as their peers.[76]

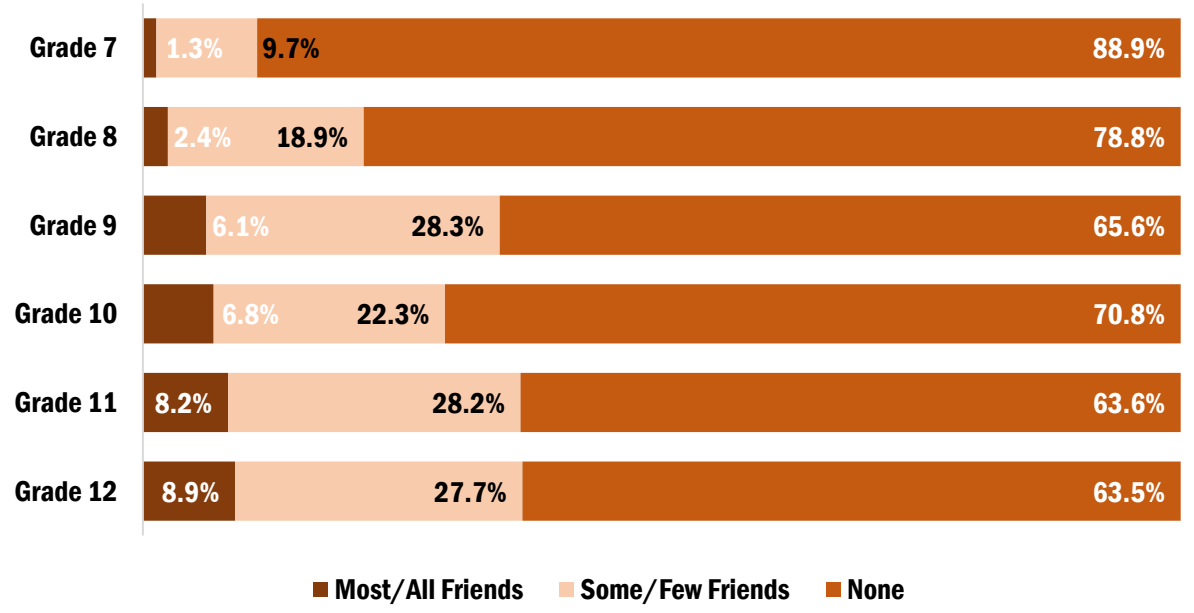
The data on teenagers' perception of peer use in Region 5 is in the graphs below. From the 2018 TSS compared to the 2022 TSS, there was an increase in the percentage of respondents who perceived that "none" of their peers used a particular substance. For alcohol, the percentage increased from 39.6% in 2018 to 48.9% in 2022. For marijuana, the percentage increased from 57.0% in 2018 to 65.7% in 2022. The most significant increase in the percentage of respondents who felt "none" of their peers used was in tobacco. The percentage increased from 54.9% in 2018 to 72.2% in 2022. See tables 82 through 84 in the Appendix for more on the student's perception of peer use.

Graph 29. TSS response to "About how many of your close friends use alcohol?".



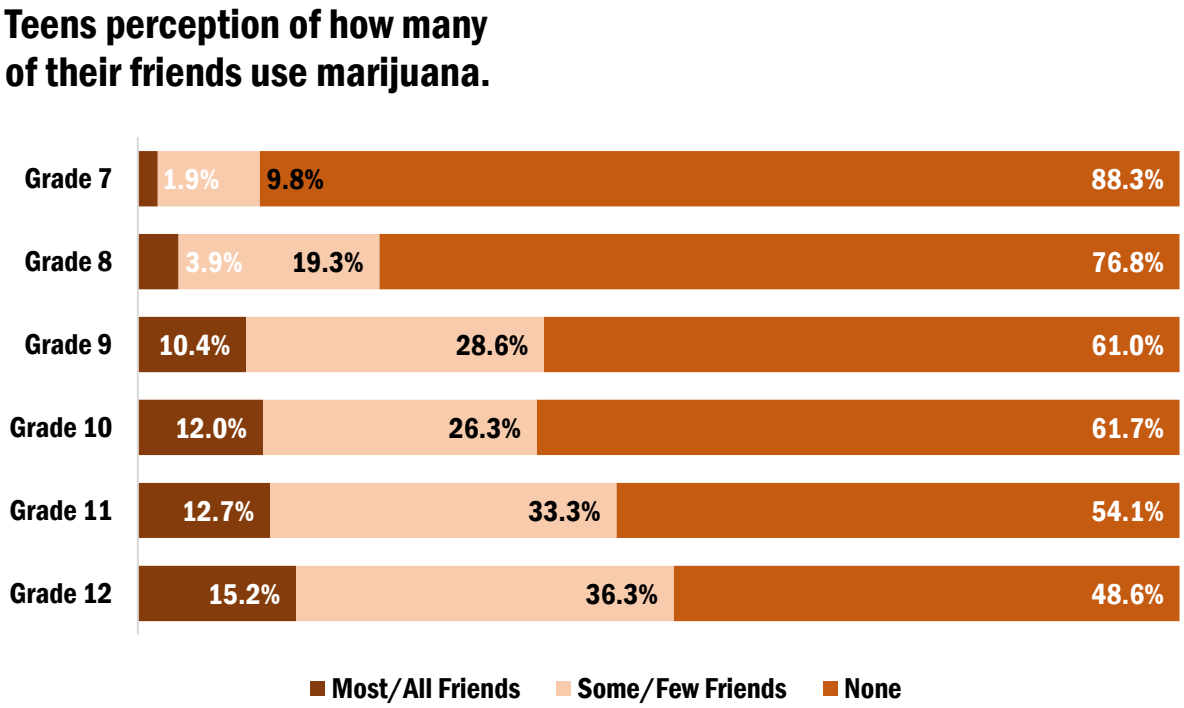
Source. 2022 Texas School Survey.

Graph 30. TSS response to "About how many of your close friends use tobacco?".



Source. 2022 Texas School Survey.

Graph 31. TSS response to "About how many of your close friends use marijuana?".



Source. 2022 Texas School Survey.

Perceived Substance Availability

The risk of substance use in relation to the availability of substances had been made all too clear from the opioid epidemic that has enveloped the nation. As U.S. pharmacies more than triple the number of opioids being prescribed, overdose deaths more than quadrupled from 1991 to 2012. Since then, the Mexican Cartels supply of heroin into the U.S. has continued to increase.[77] As the supply of prescription opioids decreased, many of those dependent on them began using heroin. The accessibility of heroin has been identified as a major factor for their decision to use heroin.[78]

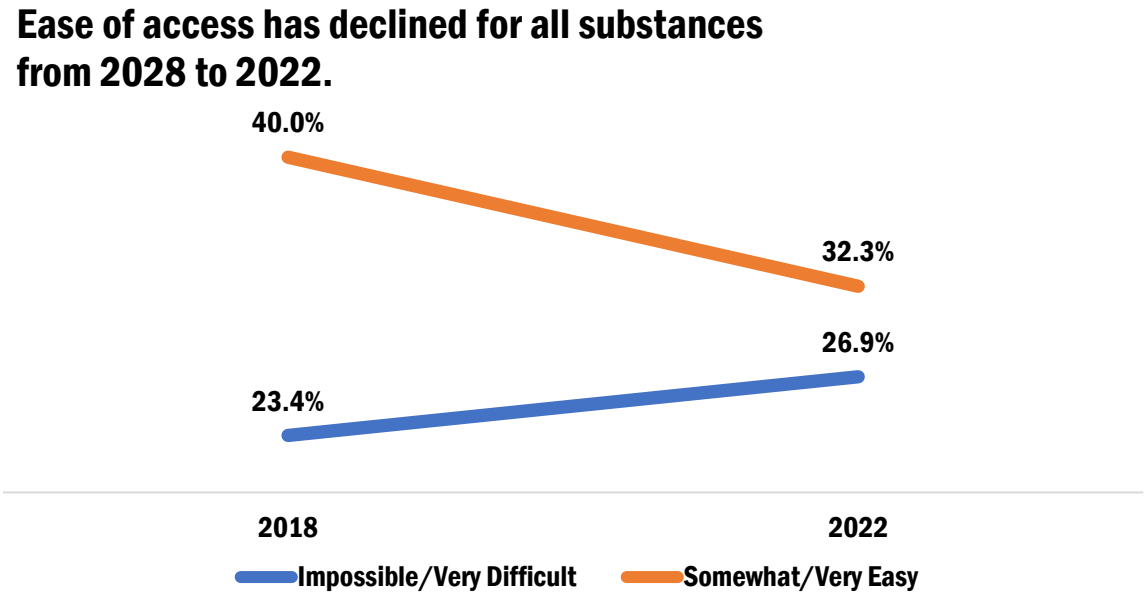
Further research has shown that teens will seek out friends whose substance use beliefs and behavior resembles their own beliefs concerning substance use. This is especially true during early adolescents as they transition from childhood and seek to strengthen their bonds with their peers. Additionally, the influence of each peer's substance use will, over time, begin to shape each other's substance use, so that they become more alike in use.[79]

Social Access

Concerning access to various substances, the following graphs below from the TSS reflect the respondent's perception of how easy or difficult it is to gain access to substances. Overall, the "somewhat easy to very easy" access for all substances declined from 2018 to 2022 from 40.0% to 32.3%. At the same time the "impossible to very difficult" access rose from 23.4% to 26.9% for the same period. Accessing substances by grade levels shows an increase in the ease of access as the

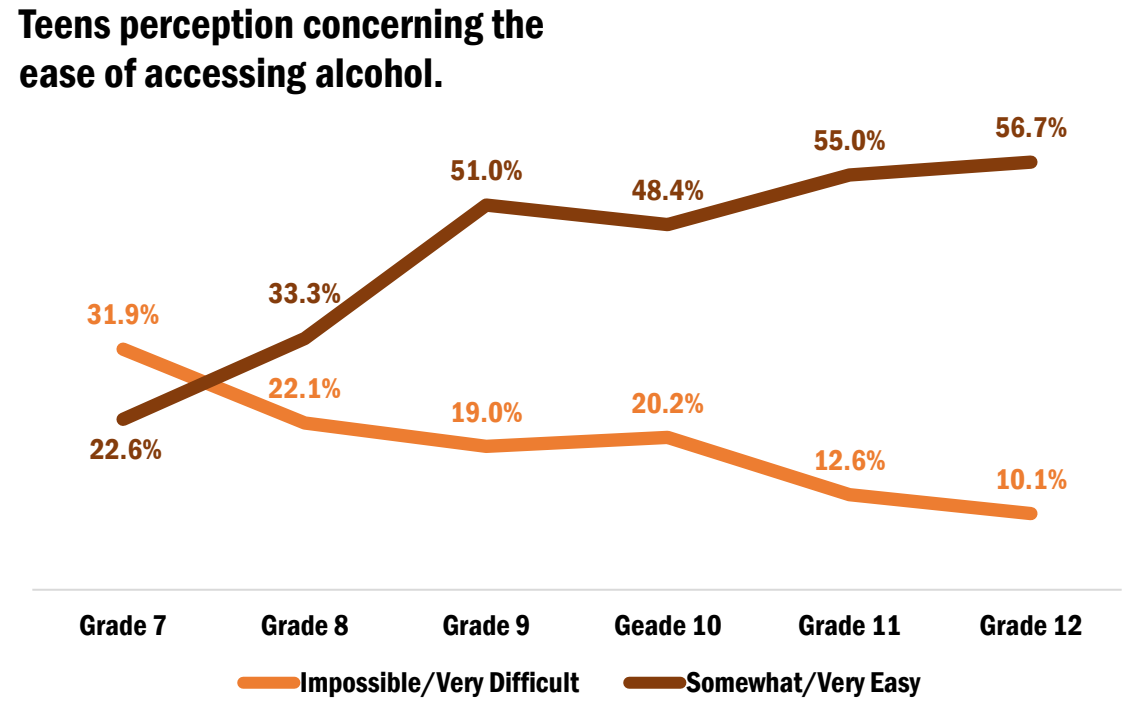
grade level increases. Accessing alcohol increased the soonest and the highest while accessing marijuana had its greatest increase from grade 10 to 11. See tables 85 through 87 in the Appendix for more on access to substances by students.

Graph 32. TSS perception of ease of access for alcohol, tobacco, and marijuana, 2018 to 2022.



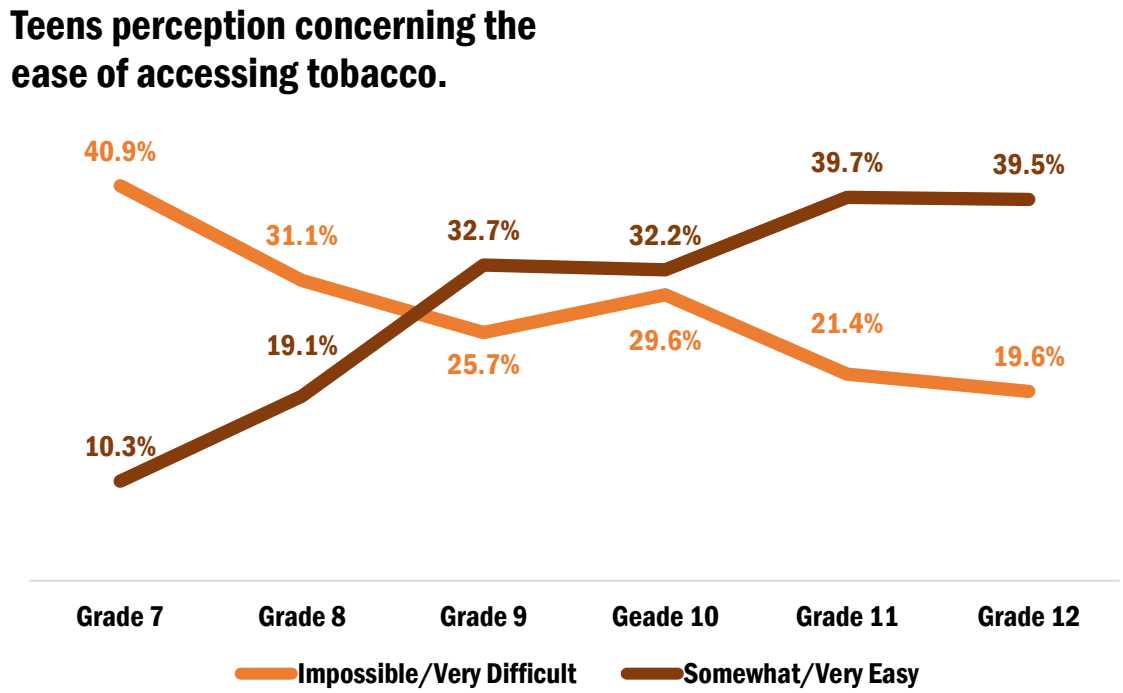
Source. Texas School Survey.

Graph 33. TSS response to "If you wanted some, how difficult would it be to get alcohol?".



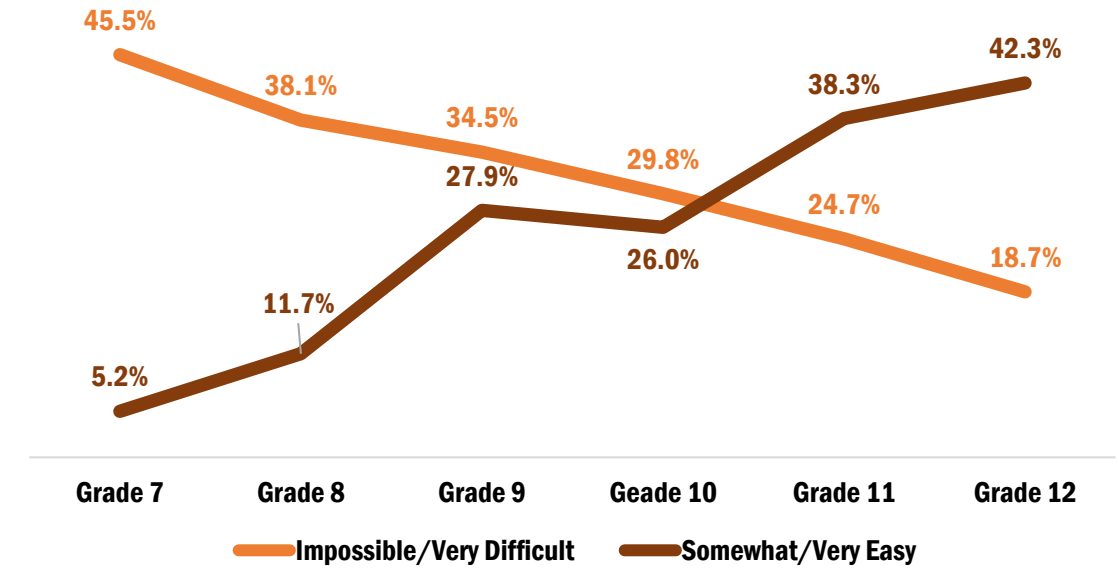
Source. 2022 Texas School Survey.

Graph 34. TSS response to "If you wanted some, how difficult would it be to get tobacco?".



Source. 2022 Texas School Survey.

Graph 35. TSS response to "If you wanted some, how difficult would it be to get marijuana?".



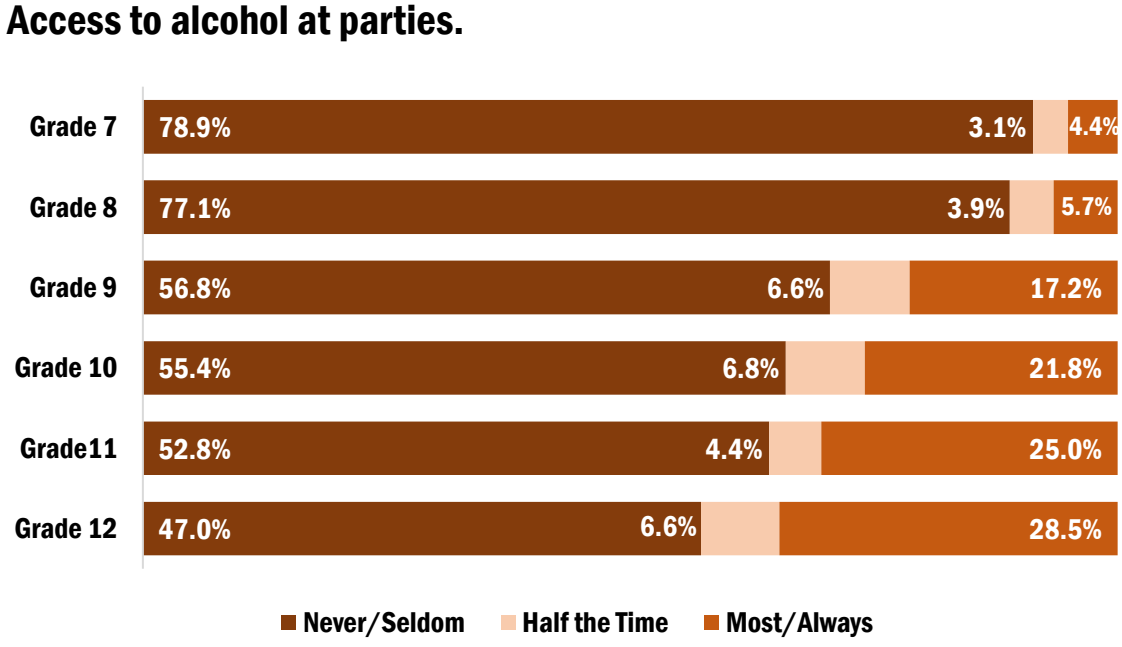
Source. 2022 Texas School Survey.

Presence of a Substance at Parties

Parties provide the opportunity for access to various substances that might not be available in other settings. This is especially true if the party is unsupervised by adults or by adults who are indifferent to the consumption of substances by adolescents.

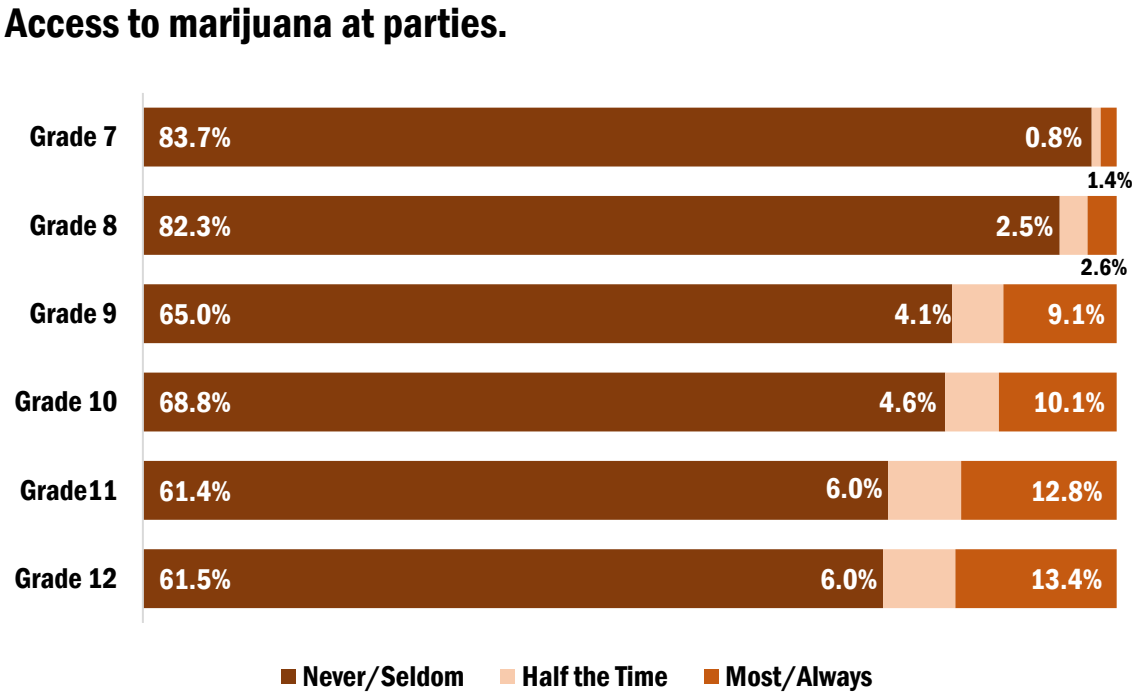
The following graphs from the TSS show that the availability of alcohol and marijuana increases as the grade levels increase. Additionally, alcohol is the most prevalent of the two at parties. See tables 88 and 89 in the Appendix for more on student access to substances at parties.

Graph 36. TSS response to "Thinking of parties you attended this school year, how often was alcohol used?".

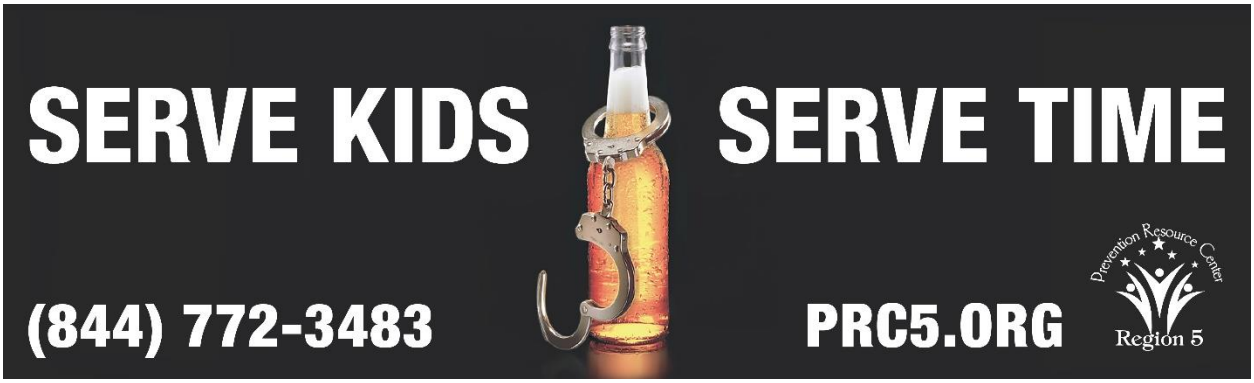


Source. 2022 Texas School Survey.

Graph 37. TSS response to "Thinking of parties you attended this school year, how often was marijuana used?".



Source. 2022 Texas School Survey.



Individual Domain

Understanding basic human development is beneficial in interpreting the individual domain. Over time there have been varying theories concerning human development. From Jean Piaget's Cognitive-Development theory to Abraham Maslow's Hierarchy of Needs theory, to Erik Erikson's Psychosocial Development theory they all have something in common; stages. Additionally, each stage is built upon the other. While the completion of each stage widely varies from child to child, the disruption of the missing out of a stage can be a cause for concern and increase various risk factors.[80]

When Alberto was three, he and his family immigrated to East Texas from Columbia. When it was time to enter school, he still knew little English and struggled to learn because it was not spoken at home. He had very few friends but a very close family. Even though his father drank alcohol daily, he did not consider him to be an alcoholic. From Alberto's point of view, "that's just the way he was, and as I got older, Papa would give me a beer or two when we had cookouts or a party."

"Drinking was no big deal" Alberto recalled, "I was probably 10 or 11 when I had my first drink." Alberto's drinking increased over the years, and he began vaping and smoking marijuana as well. School did not interest him, so he dropped out at the age of 15 and began working with his father. On the night of his 25th birthday Alberto received his second DWI charge. He recalls his probation officer informing him that if he were to receive another DWI, it would result in mandatory prison time, "I didn't care what he had to say, I wasn't about to let him tell me what to do." Disregarding his probation officer's advice to seek treatment, Alberto continued to drink and smoke marijuana. Interestingly, he commented, "I couldn't read or write, and I saw myself as an idiot, and I hid from my thinking the only way I knew how."

His third DWI resulted in an auto accident with injuries. After being released from prison and still on parole, Alberto is working on his recovery. He recalls that his self-loathing was vital to his substance misuse. Alberto ended his interview with "I hated myself and my life, and I still struggle with that. I'm depressed most days and that makes this even harder."

Critical risk factors in Alberto's life included an early introduction to alcohol, tobacco, marijuana and dropping out of school. Even after he sought treatment, a higher level of intervention is required to overcome the substance use dependency and the mental health issues in his life.

In the individual domain an analysis of five areas will be made. Those areas include academic achievement, youth mental health, youth perception of risk and harm, early initiation of use, and protective factors.

Academic Achievement

Academic achievement signifies personal accomplishments of specific goals that implies beneficial decisions and efforts regarding one's personal life. This benefits not only the individual but also expands to the community and society as well.[81]

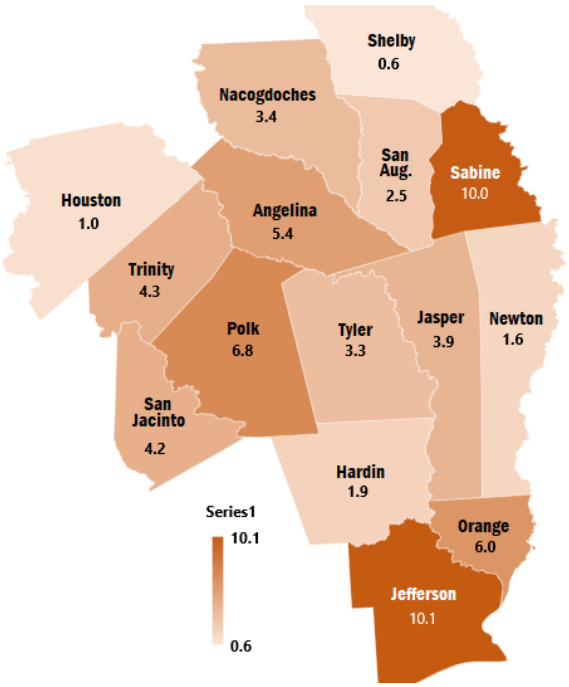
For academic achievement, the indicators are the high school dropout rate and absenteeism.

High School Dropout

In 2021, the national high school dropout rate was 5.3. For Region 5, the rate was 4.3. A study known as *Substance Use Among 12th Grade Aged Youth by Dropout Status* found that 12th grade aged youth who dropped out of school were more than twice as likely than similarly aged youth to use tobacco.[82] They were also more likely to use and/or misuse alcohol, binge alcohol, any illicit drug, marijuana, and non-medical use of prescription drugs. The statistics point to a correlation between dropout rates and substance use and misuse. This only increases the impact on public health due to poverty, lack of healthcare coverage, and an increased number of health-related problems and illnesses.[83]

Graduation rates are calculated as a four-year longitudinal graduation rate as a percentage of students beginning in ninth grade of those who graduated on their anticipated graduation date, or within four years of beginning ninth grade. See Table 90 in the Appendix for more on dropout rates per county.

Figure 19. Rate of high school dropouts per county, 2021.



Source. Texas Education Agency.

Absenteeism

Current research has revealed certain correlations between school absenteeism and substance use and misuse. It is not that absenteeism leads to substance use, but absenteeism is often the result of substance use and misuse. Specifically, the use of alcohol and marijuana have been shown to be significant aspects of chronic absenteeism.[84]

For the school year 2021/2022 the rate of absenteeism in Texas was 10.9 absences per student. For the same period, the rate of absenteeism for Region 5 was 11.3 per student. The rate of absenteeism per county in Region 5:[85]

- Angelina County 12.3
- Hardin County 11.0
- Houston County 11.1
- Jasper County 11.6
- Jefferson County 15.6
- Nacogdoches County 11.2
- Newton County 11.0
- Orange County 11.8
- Polk County 8.4
- Sabine County 12.6
- San Augustine County 10.4
- San Jacinto County 11.3
- Shelby County 10.5
- Trinity County 10.1
- Tyler County 10.3

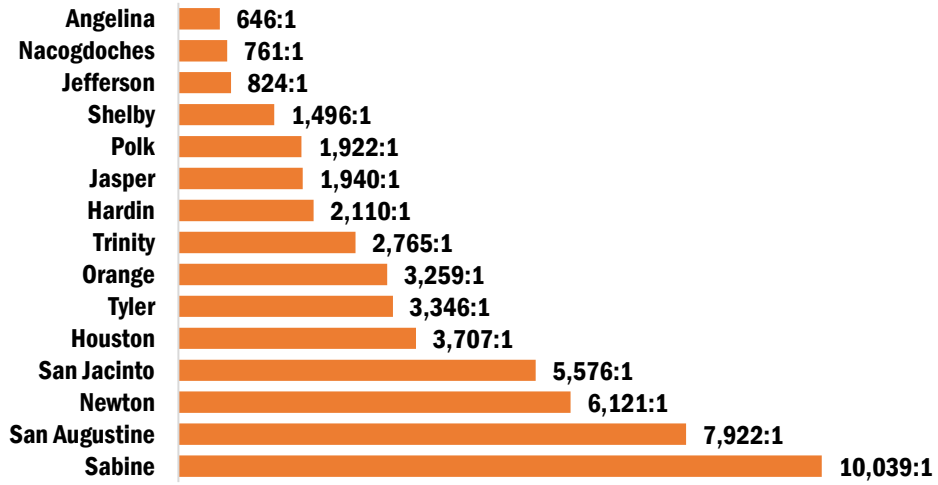
Youth Mental Health

For children and youth, it is normal to encounter a variety of developmental and emotional tension as they mature. The complexities of human development often feel overwhelming until certain stages of development are mastered or at least brought under control. Some of those difficulties unique to adolescents include:[86]

- Developing meaningful relationships
- Adapting to changes (both physically and emotionally)
- Developing appropriate coping mechanisms
- Recognize their possibilities
- Having their needs met
- Acquiring the needed skills to occupy various environments

In times when these developmental stages become too much to cope with, guidance from a Local Mental Health Authority (LMHA) may be needed. The graph below provides a ratio of the number of youths per mental health provider per county. For Texas the ratio is 690:1. For Region 5 the ratio climbs to 3,496:1.[87]

Graph 38. Ratio of individuals aged 18 or younger per mental health provider per county.



Source. CMS National Provider Information.

Adolescent Depression

The measure of adolescent depression was taken from the Youth Risk Behavior Study. It measures the percentage of respondents who reported that they had stopped doing usual activities for two weeks or more because they felt sad or hopeless. The study revealed that for teenagers in Texas in 2017, 34.2% met the standard for depression within a 12-month period. The percentage increased in 2019 to 38.3%, and post pandemic in 2021, the percentage increased to 44.6%.[88]

In the table below is a report on adolescent depression by age, grade, race/ethnicity, and gender. Of interest in the table is the reported differences between male and female adolescents. A much higher percentage of female consistently reported feeling sad and hopeless than males.

Table 11. Percentage of adolescent depression for Texas for the years 2017, 2019, and 2021.

		2021	2019	2017
Texas	Total	44.6%	38.3%	34.2%
Age	<=15	40.7%	34.7%	34.3%
	16-17	47.4%	38.3%	35.6%
	18+	47.8%	39.0%	29.5%
Grade	Grade 9	38.0%	29.1%	33.7%
	Grade 10	48.3%	38.8%	37.6%
	Grade 11	46.4%	40.7%	33.0%
	Grade 12	45.9%	43.2%	32.2%
Race/Ethnicity	Black	41.3%	33.8%	30.5%
	Hispanic	45.9%	37.9%	34.8%
	Other	48.8%	38.8%	35.8%
	White	42.0%	40.8%	34.7%
Sex	Female	57.2%	48.6%	43.7%
	Male	32.1%	28.3%	24.7%

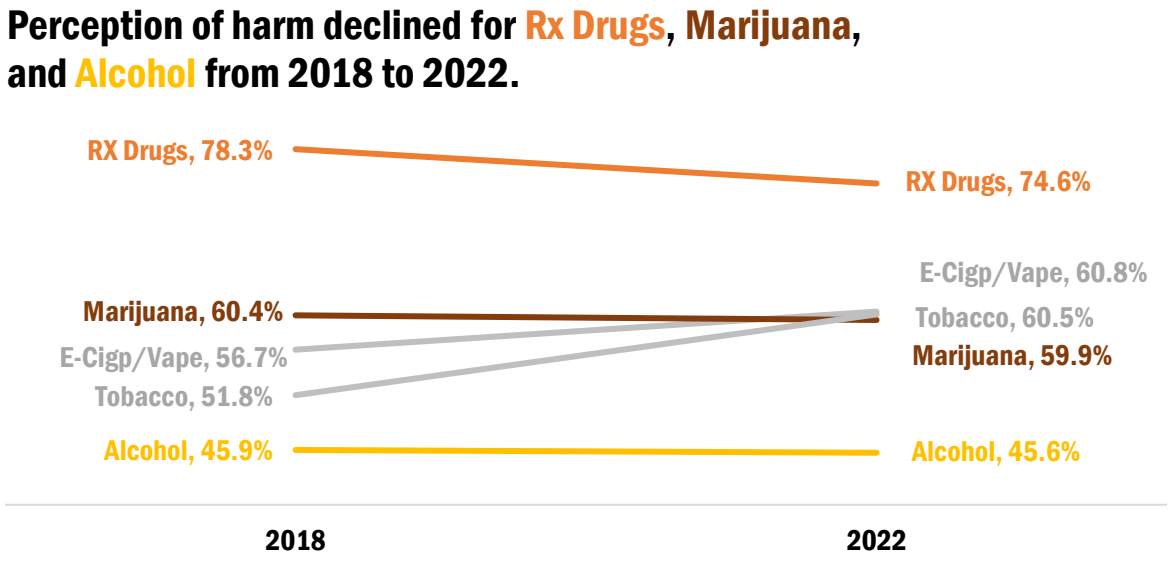
Source. Youth Risk Behavior Survey. Texas Department of State Health Services.

Youth Perception of Risk/Harm

The more something is perceived as harmful, the more likely it is that an individual will take steps to avoid the harmful consequences. The graph below shows that the perception of harm among school age youth declined for prescription drugs, marijuana, and alcohol from 2018 to 2022. Tables 12 through 16 are a report on how dangerous the TSS respondents felt about alcohol, tobacco, electronic vape products, marijuana, and prescription drugs.

It is interesting to note that the "Not at All Dangerous" responses tended to increase by grade level but remained within 2 to 4 percentage points of each other. This was not true for marijuana. It went from a range of 1.3% of 7th graders feeling it was not dangerous to 16.8% of 12th graders. The loss of the perception of harm increases the risk of experimentation of marijuana.

Graph 39. TSS response to "How dangerous do you think it is for kids your age to use…?"



Source. 2022 Texas School Survey.

Table 12. TSS response to "How dangerous do you think it is for kids your age to use alcohol?"

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Don't Know
All Grades	45.6%	30.7%	16.1%	3.2%	4.4%
Grade 7	54.0%	28.5%	12.6%	2.4%	2.5%
Grade 8	53.2%	25.7%	14.2%	2.8%	4.0%
Grade 9	36.9%	32.5%	22.2%	3.0%	5.5%
Grade 10	44.3%	32.1%	16.7%	2.8%	4.0%
Grade 11	42.6%	30.4%	16.4%	4.6%	6.0%
Grade 12	41.8%	35.8%	13.6%	4.1%	4.7%

Source. 2022 Texas School Survey.

Table 13. TSS response to "How dangerous do you think it is for kids your age to use tobacco?"

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Don't Know
All Grades	60.5%	23.9%	7.8%	2.2%	5.7%
Grade 7	75.0%	16.1%	4.4%	0.8%	3.7%
Grade 8	66.5%	20.0%	7.5%	1.6%	4.4%
Grade 9	52.0%	29.8%	8.8%	2.5%	6.9%
Grade 10	60.5%	23.5%	8.5%	1.6%	5.9%
Grade 11	52.0%	26.8%	9.9%	3.4%	7.8%
Grade 12	55.5%	28.0%	7.7%	3.4%	5.4%

Source. 2022 Texas School Survey.

Table 14. TSS response to "How dangerous do you think it is for kids your age to use electronic vape products?"

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Don't Know
All Grades	60.8%	18.3%	10.0%	5.2%	5.6%
Grade 7	71.8%	17.3%	4.5%	2.8%	3.6%
Grade 8	68.2%	14.4%	9.4%	3.5%	4.5%
Grade 9	52.9%	22.7%	11.7%	6.4%	6.3%
Grade 10	63.1%	16.9%	10.1%	5.0%	4.9%
Grade 11	54.4%	17.6%	12.0%	8.4%	7.6%
Grade 12	52.8%	21.4%	12.7%	5.8%	7.2%

Source. 2022 Texas School Survey.

Table 15. TSS response to "How dangerous do you think it is for kids your age to use marijuana?"

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Don't Know
All Grades	59.9%	14.2%	10.5%	9.3%	6.1%
Grade 7	81.5%	9.0%	3.2%	1.3%	4.9%
Grade 8	72.0%	11.6%	6.0%	5.1%	5.2%
Grade 9	52.8%	17.0%	13.5%	9.3%	7.4%
Grade 10	57.8%	13.2%	12.3%	11.2%	5.5%
Grade 11	50.2%	16.0%	13.1%	14.0%	6.7%
Grade 12	40.5%	19.1%	16.7%	16.8%	6.9%

Source. 2022 Texas School Survey.

Table 16. TSS response to "How dangerous do you think it is for kids your age to use Rx drugs?"

Grade	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Don't Know
All Grades	74.6%	12.9%	3.3%	1.4%	7.8%
Grade 7	80.8%	11.6%	2.5%	0.4%	4.8%
Grade 8	76.8%	11.6%	3.7%	1.7%	6.3%
Grade 9	68.9%	15.7%	4.9%	2.2%	8.2%
Grade 10	76.7%	10.9%	3.1%	0.6%	8.7%
Grade 11	72.5%	13.1%	2.4%	2.5%	9.5%
Grade 12	71.4%	14.8%	3.2%	0.7%	9.9%

Source. 2022 Texas School Survey.

Early Initiation of Use

From childhood to adulthood, many changes are taking place. Not only is the body physically changing, but the brain continues development until the mid-twenties. During adolescence it is the prefrontal cortex that is experiencing the greatest amount of growth. This area of the brain is linked to critical thinking and decision making. It is during this time of human development that the brain is most susceptible to outside influences such as alcohol, tobacco, and other drugs.

By introducing substances into the developing brain of an adolescent, the brain "reprograms" to accommodate the substance. Simply put, the brain begins to make permanent changes, as if the substance will always be present. This then can lead to dependency. Once dependency develops, the individual will be directed by their brain to make that substance a top priority in their life. They will then compulsively seek to use substances even though its use brings devasting consequences to their life.[89]

Knowing that adolescence is the worst possible time to consume ATODs due to brain development, the measure of "first use" provides a glimpse into possible future levels of substance use dependency. For Region 5, the average age of first use of alcohol is 12.7 years old. For tobacco it is 12.6 years of age, marijuana is 13.8 years, and prescription drug misuse is 13.6. The tables below are a comparison of the age of first use by grade of 2018 to 2022.

Age of First Use Alcohol

Age of First Use – Alcohol

12.7

Table 17. Age of first use of alcohol per grade.

Grade	2018	2022
Grade 7	10.6	10.3
Grade 8	11.2	11.1
Grade 9	12.0	12.1
Grade 10	13.1	12.9
Grade 11	13.4	13.9
Grade 12	14.5	14.1

Source. 2022 Texas School Survey.

Age of First Use Tobacco

Age of First Use – Tobacco

12.6

Table 18. Age of first use of tobacco per grade.

Grade	2018	2022
Grade 7	10.8	10.4
Grade 8	11.1	11.2
Grade 9	12.0	12.1
Grade 10	12.9	12.4
Grade 11	13.3	13.5
Grade 12	14.5	13.5

Source. 2022 Texas School Survey.

Age of First Use Marijuana

Age of First Use – Marijuana

13.8

Table 19. Age of first use of marijuana per grade.

Grade	2018	2022
Grade 7	11.5	11.3
Grade 8	12.3	12.4
Grade 9	13.2	12.9
Grade 10	13.9	13.5
Grade 11	14.2	14.6
Grade 12	14.8	15.0

Source. 2022 Texas School Survey.

Age of First Use Illicit Drugs

Age of First Use – Illicit Drugs

13.6

Table 20. Age of first use of illicit drug per grade.

Grade	2018	2022
Grade 7	11.1	10.8
Grade 8	12.0	12.2
Grade 9	13.0	12.8
Grade 10	13.8	13.4
Grade 11	14.2	14.7
Grade 12	14.8	14.8

Source. 2022 Texas School Survey.

Protective Factors

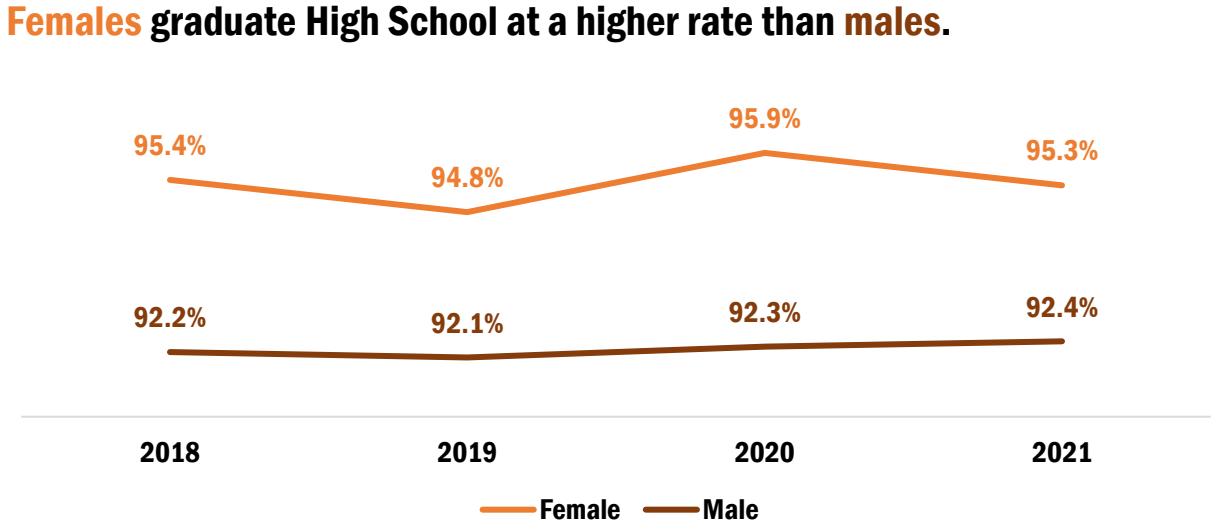
The importance of education and the role schools have in developing protective factors in children cannot be understated. From elementary school through high school and into college, children through young adults, relationships are critical for the student's development. Protection factors schools provide include:

- Positive youth and parental involvement
- Accommodations matched to need
- Positive and care school climate
- Realistic and achievable expectations
- Clear rules and consequences
- Positive relationships with adults

High School Graduation

The more education an individual obtains, the greater the protection factors. This is critical in choices made in the present that can either negatively or positively impact future behaviors, attitudes, and overall wellbeing. The graph below shows that females within the region tend to graduate high school at a higher rate than males. Table 91 in the Appendix is a report on high school graduation percentage per county from 2018 to 2021.[90]

Graph 40. Percentage of male and female students that graduate high school, 2018 to 2021.



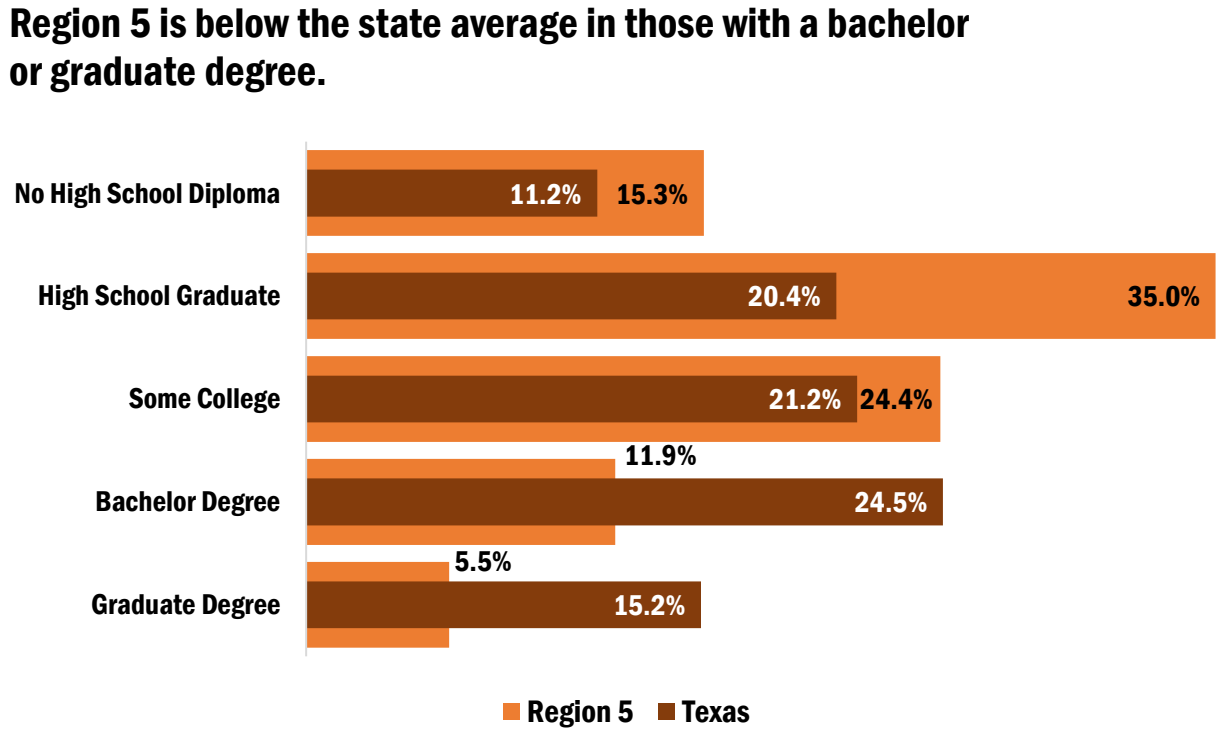
Source. Texas Education Agency. Division of Research and Analysis Program.

As a protective factor a college degree offers several opportunities to the individual to offset risk factors. Some of the benefits of a college degree include:

- Long-term financial gain
- Job stability
- Career satisfaction
- Intellectual and social preparation for career and life
- Higher-paying career options

Region 5 exceeds the state average in the percentage of high school graduates, those with some college experience, and those with no high school diploma as seen in the graph below. Concerning those with a bachelor's or graduate degree, the region is well below the state's average percentage.

Graph 41. Percentage of the educational attainment for Texas and Region 5, 2021.



Source. U.S. Census Bureau. 2018-2021 American Community Survey, 5-Year Estimates.

Spirituality

Studies have observed that participation in religious activities by youth serves as a protective factor to prevent substance use. It is the positive impact of the peer group built in religious organizations that tends to inhibit youth from experimenting with ATODs. Additionally, the positive teachings from spiritual organizations assist in creating a positive self-image that gives adolescents the resolution to choose healthier options in life.[91]

The data collected for this indicator comes from the U.S. Census Bureau Religion Census. It collects data on the number of congregations, members, adherents, and attendees. These data are aggregated to the county level for each group participating. Participating groups are welcome to use their own definitions to determine what and/or who is counted. Each group is asked to explain its definitions concerning the items for which they submit data, and to comment on U.S. Religion Census procedures for estimating adherents if the group is not providing adherent figures. Not all groups collect or report all items.

Congregations may be churches, mosques, temples, or other meeting places. A congregation may be defined as a group of people who meet regularly (typically weekly or monthly) at a pre-announced time and location.[92]

Table 21. Percent and per 100,000 in population of those who are adherent to religious organizations.

Area	Congregations	Adherents	Adherents Per 100,000 in population	Adherents as percentage of population
Texas	29,746	16,045,251	275.5	63.3%
Region 5	1,658	455,030	284.4	52.6%
Angelina	206	60,776	238.4	70.4%
Hardin	99	26,611	176.1	47.3%
Houston	91	12,764	412.4	57.8%
Jasper	102	22,141	309.3	67.1%
Jefferson	408	179,404	159.0	70.0%
Nacogdoches	158	36,093	244.4	55.8%
Newton	41	4,268	335.6	35.0%
Orange	141	49,587	166.3	58.5%
Polk	98	17,092	195.5	34.1%
Sabine	37	6,721	374.0	68.0%
San Augustine	38	3,909	479.9	49.4%
San Jacinto	45	5,841	164.2	21.3%
Shelby	89	12,853	370.5	53.5%
Trinity	48	6,547	352.9	48.1%
Tyler	57	10,423	287.9	52.6%

Source. Religious Congregations & Adherents Study. 2020 U.S. Religion Census.

Consumption Patterns

This section of the RNA is focused on the patterns of consumption of legal and illegal substances. The National Center for Drug Abuse Statistics (NCDAS) compiled the following statistics concerning substance use in the United States:[93]

- 22% of American males used drugs in 2022
- 17% of American females used drugs in 2022
- 5% of individuals in rural areas compared to more than 20% of individuals in metropolitan areas have used illegal drugs
- 47% of youth have tried an illicit drug before they graduate high school
- 60% of adults increased their alcohol use during the COVID-19 lockdown
- 18.1% of people who die from alcohol use are younger than 25 years of age

The sample audience for this portion is separated by youth, college students, and adults. The substances that will be observed are alcohol, tobacco, electronic vape, marijuana, prescription drug, and illicit drug use. The consumption patterns are divided into three categories:

1. Lifetime use (has tried a substance, even if only once)
2. School year use (past year use when surveying adults or youth outside of a school setting)
3. Current use (use within the past 30 days)

Youth Substance Use

Adolescents who consume alcohol, tobacco, and other drugs during such a sensitive time in their development are putting their future health at risk. The danger of developing substance use dependency increases each time they consume ATODs.

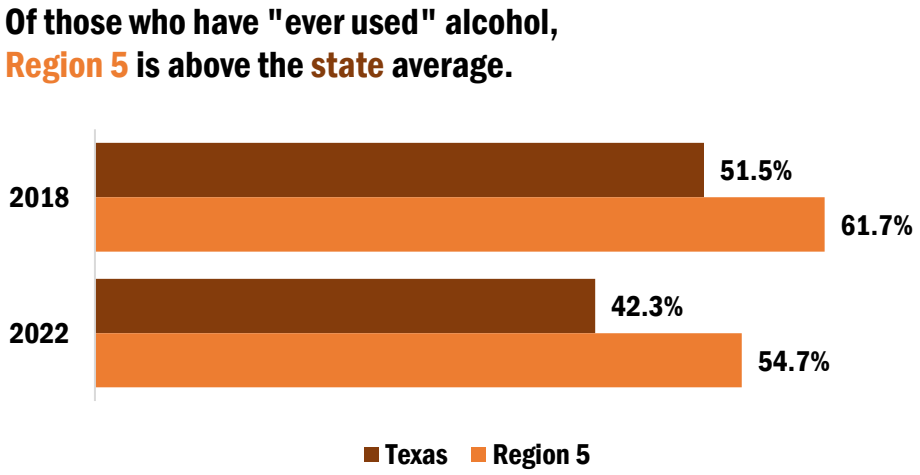
Becky, who is a junior in high school, finds herself at a crossroad in life and is uncertain which path to take. She and her friends have been drinking and going to parties for less than a year where alcohol is served. Becky wants to apply for college in pursuit of her dream of becoming a fashion designer. However, the college she wants to attend is out of state, far away from her friends. Her friends, however, continue to put pressure on her to attend the local college so they can continue to drink and party together.

The more time she spends with her friends drinking and going to parties, the stronger the bond will become with her friends and lifestyle and the harder it will be to leave it behind. Continuance in her current lifestyle only increases the probability of developing a substance use dependency at which time she will no longer be able to logically make a choice that would benefit her but choose that which will reinforce her loyalty to the substance.

Alcohol

According to the TSS, alcohol consumption by the region's youth declined by 11% from 2018 to 2022. However, the percentage of students who have consumed alcohol is still above the state's average. Of all substances measured in the survey, alcohol is the most used substance. Table 24 is a report of the percentage of alcohol consumed by grade and type of alcohol. Table 23 is a report of the percentages pertaining to drinking and driving and other difficulties.

Graph 42. Percentage of students who have "ever used" alcohol in Texas and Region 5.



Source. 2022 Texas School Survey.

Table 22: TSS response to "During the past twelve months, how many times (if any) have you…".

	None	1-3 Times	4-9 Times	10+ Times
Driven a car when you have had a good bit to drink?				
High School	96.2%	2.7%	0.6%	0.5%
Grade 9	97.0%	1.7%	0.9%	0.4%
Grade 10	96.6%	2.8%	0.6%	0.1%
Grade 11	96.7%	2.7%	0.1%	0.5%
Grade 12	94.0%	4.1%	0.7%	1.2%
Had difficulties of any kind with your friends because of your drinking?				
All	96.2%	3.2%	0.4%	0.3%
Grade 7	96.8%	2.0%	0.5%	0.7%
Grade 8	96.1%	3.4%	0.2%	0.3%
Grade 9	95.3%	4.5%	0.1%	0.0%
Grade 10	95.1%	4.4%	0.4%	0.1%
Grade 11	96.4%	2.8%	0.5%	0.2%
Grade 12	97.6%	1.8%	0.3%	0.2%

Source. 2022 Texas School Survey.

Table 23. TSS response to "How recently, if ever, have you used…", 2022.

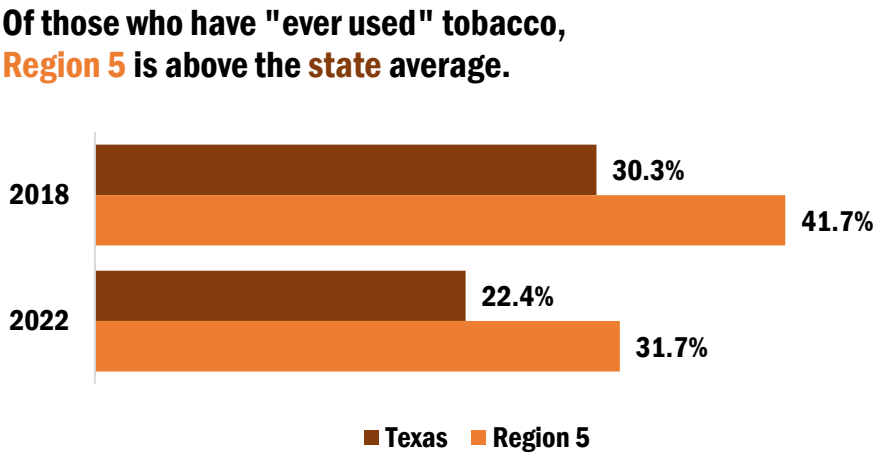
		Past Month	School Year	Ever Used	Never Used
Any Alcohol?	All Grades	30.4%	35.8%	54.7%	45.3%
	Grade 7	19.5%	21.9%	39.7%	60.3%
	Grade 8	20.2%	23.7%	41.5%	58.5%
	Grade 9	35.6%	41.4%	63.4%	36.6%
	Grade 10	34.1%	41.2%	62.0%	38.0%
	Grade 11	34.2%	40.9%	58.7%	41.3%
	Grade 12	41.3%	49.0%	65.3%	34.7%
Beer?	All Grades	10.4%	15.8%	41.0%	59.0%
	Grade 7	4.5%	6.6%	26.9%	73.1%
	Grade 8	6.6%	11.2%	31.9%	68.1%
	Grade 9	10.7%	17.3%	47.6%	52.4%
	Grade 10	13.7%	18.9%	45.5%	54.5%
	Grade 11	13.6%	20.1%	43.9%	56.1%
	Grade 12	14.8%	22.2%	52.1%	47.9%
Wine Coolers?	All Grades	9.3%	14.7%	35.5%	64.5%
	Grade 7	3.7%	5.7%	17.3%	82.7%
	Grade 8	5.4%	8.2%	23.0%	77.0%
	Grade 9	9.6%	16.0%	41.7%	58.3%
	Grade 10	11.6%	17.9%	42.8%	57.2%
	Grade 11	12.7%	21.1%	42.9%	57.1%
	Grade 12	13.9%	21.6%	48.9%	51.1%
Liquor?	All Grades	10.6%	17.5%	39.4%	60.6%
	Grade 7	3.3%	6.2%	18.1%	81.9%
	Grade 8	5.1%	9.1%	25.3%	74.7%
	Grade 9	11.4%	17.6%	45.1%	54.9%
	Grade 10	14.6%	23.7%	47.6%	52.4%
	Grade 11	14.0%	23.2%	48.0%	52.0%
	Grade 12	16.7%	28.3%	56.0%	44.0%

Source. 2022 Texas School Survey.

Tobacco

Tobacco use by TSS respondents from the region has declined by 24% from 2018 to 2022. However, the percentage of students who use any tobacco product is still above the state's average. Table 24 is a report of the percentage of tobacco use by grade and type of tobacco product.

Graph 43. Percentage of students who have "ever used" tobacco in Texas and Region 5.



Source. 2022 Texas School Survey.

Table 24. TSS response to "How recently, if ever, have you used…", 2022.

		Past Month	School Year	Ever Used	Never Used
Any Tobacco?	All Grades	15.3%	18.6%	31.7%	68.3%
	Grade 7	6.3%	7.1%	16.7%	83.3%
	Grade 8	9.0%	11.8%	22.8%	77.2%
	Grade 9	18.1%	21.7%	37.2%	62.8%
	Grade 10	18.1%	24.3%	37.2%	62.8%
	Grade 11	19.9%	22.7%	37.5%	62.5%
	Grade 12	22.4%	26.1%	41.2%	58.8%
Cigarettes?	All Grades	2.3%	3.8%	11.6%	88.4%
	Grade 7	0.7%	1.1%	5.2%	94.8%
	Grade 8	1.8%	3.0%	8.5%	91.5%
	Grade 9	2.0%	3.9%	13.2%	86.8%
	Grade 10	2.4%	3.5%	12.4%	87.6%
	Grade 11	3.6%	5.8%	15.8%	84.2%
	Grade 12	3.7%	6.0%	15.3%	84.7%
Smokeless	All Grades	2.4%	3.3%	7.3%	92.7%
Tobacco?	Grade 7	0.7%	0.9%	2.8%	97.2%
	Grade 8	1.3%	1.8%	4.7%	95.3%
	Grade 9	3.3%	4.4%	9.5%	90.5%
	Grade 10	2.7%	3.7%	7.8%	92.2%
	Grade 11	3.1%	4.3%	8.7%	91.3%
	Grade 12	3.8%	4.9%	10.8%	89.2%

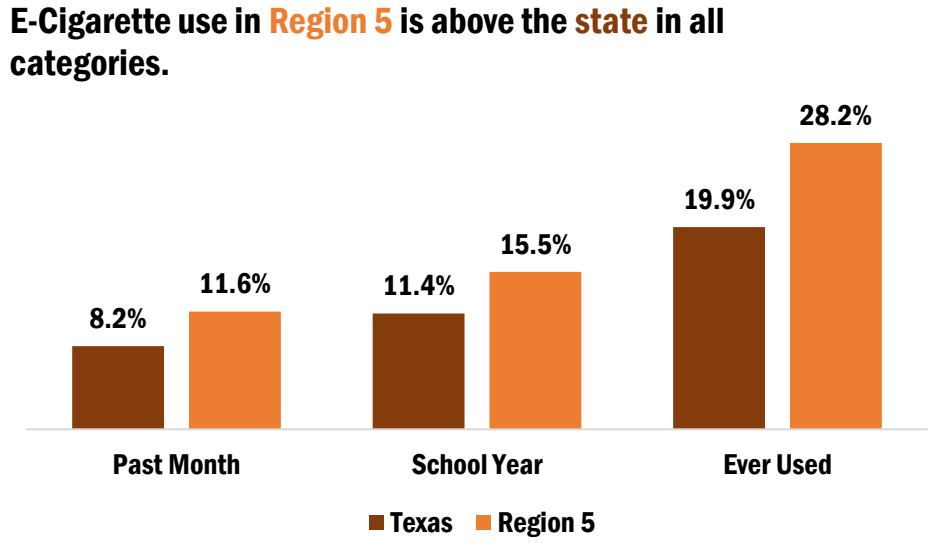
Source. 2022 Texas School Survey.

Electronic Vape Products

The popularity and use of electronic vape products has significantly increased over the past few years across Texas and the nation. For Region 5, however, according to TSS, electronic vape product use has declined from 2018 to 2022. In 2018, "past month" use was 13.6%, "school year" use was 18.6%, and "ever used" was 31.6%. In 2022, "past month" use was 11.6% (a decline of 14.7%), "school year" use was 15.5% (a decline of 16.7%), and "ever used" was 28.2% (a decline of 10.8%).

Even with an overall decline in electronic vape product use, Region 5 is above the state average in all categories. Table 25 is a report of the percentage of electronic vape product use by grade.

Graph 44. Percentage of students using electronic vapor products in Texas and Region 5.



Source. 2022 Texas School Survey.

Table 25. TSS response to "How recently, if ever, have you used electronic vapor products?", 2022

Grade	Past Month	School Year	Ever Used	Never Used
All Grades	11.6%	15.5%	28.2%	71.8%
Grade 7	4.3%	5.6%	13.8%	86.2%
Grade 8	7.3%	10.1%	18.9%	81.1%
Grade 9	13.0%	16.7%	33.8%	66.2%
Grade 10	15.1%	22.3%	34.6%	65.4%
Grade 11	14.9%	18.3%	32.8%	67.2%
Grade 12	16.7%	21.8%	37.6%	62.4%

Source. 2022 Texas School Survey.

Marijuana

The topic of marijuana has been reduced to rumors and hearsay, disregarding scientific research especially among adolescents. Phrases such as "marijuana is medicine" and "marijuana cures cancer" have been heard by Prevention Specialist in schools.

Research has shown that marijuana use affects adolescent brain development. Marijuana use by teenagers and young adults brain impairment includes:[94]

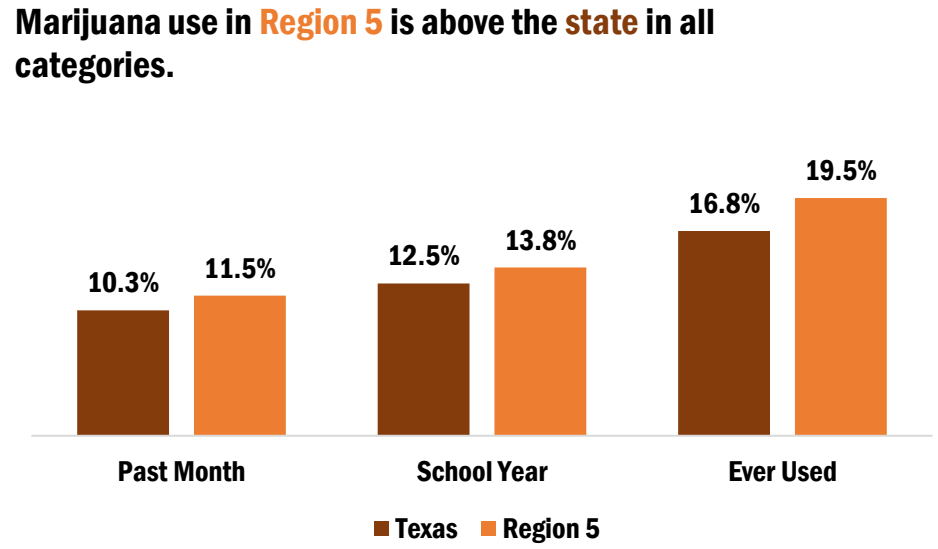
- Difficulty in thinking and problem solving
- Problems with memory and learning
- Reduced coordination
- Difficulty maintaining attention
- Problems with school and social life

The main psychoactive (mind altering) chemical in marijuana is delta-9-tetrahydrocannabinol (THC). The chemical is found in resin produced by the leaves and buds primarily of the female cannabis plant. The plant also contains more than 500 other chemicals, including more than 100 compounds that are chemically related to THC, called cannabinoids.[95]

Contrary to what many believe, dependency to marijuana can develop and it is known as "Marijuana Use Dissporder." Research shows that:[96]

- 1-in-10 adults who use marijuana will become dependent
- 1-in-6 who start using before the age of 18 will become dependent

Graph 45. Percentage of students using marijuana in Texas and Region 5.



Source. 2022 Texas School Survey.

While marijuana use in Region 5 has declined from 2018, the percentage of those who report using marijuana is still slightly above the state's percentage. According to the TSS, 'past month" use has declined by 17%, "school year" use declined by 18%, and "ever used" declined by 17%.

Table 26. TSS response to "How recently, if ever, have you used…", 2022.

		Past Month	School Year	Ever Used	Never Used
Marijuana?	All Grades	11.5%	13.8%	19.5%	80.5%
	Grade 7	3.3%	3.8%	4.8%	95.2%
	Grade 8	6.5%	7.4%	11.2%	88.8%
	Grade 9	13.8%	16.4%	20.1%	79.9%
	Grade 10	13.4%	15.6%	22.2%	77.8%
	Grade 11	13.8%	17.6%	28.0%	72.0%
	Grade 12	19.7%	24.0%	34.5%	65.5%
Synthetic	All Grades	1.0%	1.5%	2.9%	97.1%
Marijuana?	Grade 7	0.0%	0.0%	0.9%	99.1%
	Grade 8	1.3%	1.6%	3.1%	96.9%
	Grade 9	1.9%	2.9%	4.5%	95.5%
	Grade 10	0.7%	2.0%	3.7%	96.3%
	Grade 11	0.9%	1.1%	2.4%	97.6%
	Grade 12	0.8%	1.1%	2.6%	97.4%
Delta 8?	All Grades	4.4%	6.0%	8.9%	91.1%
	Grade 7	0.4%	0.8%	2.7%	97.3%
	Grade 8	2.6%	4.1%	6.2%	93.8%
	Grade 9	4.4%	6.7%	8.5%	91.5%
	Grade 10	6.2%	7.8%	11.8%	88.2%
	Grade 11	6.4%	7.7%	11.8%	88.2%
	Grade 12	6.9%	9.5%	14.0%	86.0%

Source. 2022 Texas School Survey.

Prescription Drugs

Prescription drug use refers to the use of medication in a manner or dose other than what has been prescribed. This includes taking higher dosages of medication than the recommended amount or using medication that is prescribed to someone else.

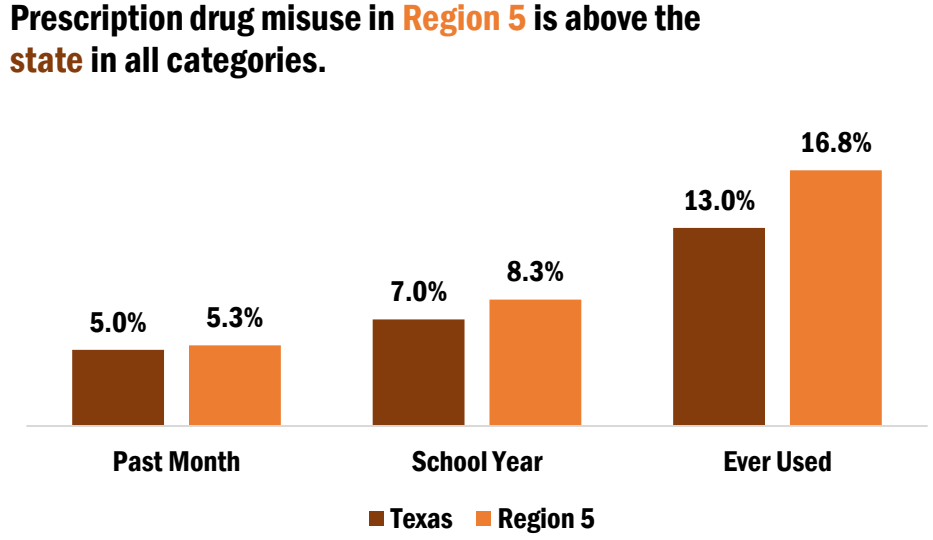
The "non-medical" use of prescription drugs; misusing prescription medication to relieve pain or to feel euphoria, is a contributing factor to the rise in overdose deaths across the nation.[97] The three classes of medication most misused are:[98]

- Opioids are typically prescribed for the treatment of pain
- Central Nervous System (CNS) depressants to treat anxiety and sleep disorders
- Stimulants are often prescribed to treat attention-deficit hyperactivity disorder (ADHD)

The non-medical use of prescription drugs in Region 5 is above the state level according to the 2022 TSS. However, the percentage of use has declined since 2018. In 2018, "past month" use was

10.1%, "school year" use was 14.6%, and "ever used" was 24.6%. In 2022, "past month" use was 5.3% (a decline of 47.5%), "school year" use was 8.3% (a decline of 43.2%), and "ever used" was 16.8% (a decline of 31.7%). Table 92 in the Appendix separates the non-medical use of prescription medication from the TSS into the percentage of use by class.

Graph 46. Percentage of students using prescription drugs not prescribed to the individual in Texas and Region 5.



Source. 2022 Texas School Survey.

Table 27. TSS response to "How recently, if ever, have you used prescription drugs not prescribed to you?", 2022

Grade	Past Month	School Year	Ever Used	Never Used
All Grades	5.3%	8.3%	16.8%	83.2%
Grade 7	4.0%	6.8%	13.6%	86.4%
Grade 8	6.3%	8.4%	16.3%	83.7%
Grade 9	6.0%	9.2%	18.3%	81.7%
Grade 10	6.8%	9.9%	17.7%	82.3%
Grade 11	4.3%	7.8%	16.3%	83.7%
Grade 12	4.0%	7.6%	18.9%	81.1%

Source. 2022 Texas School Survey.

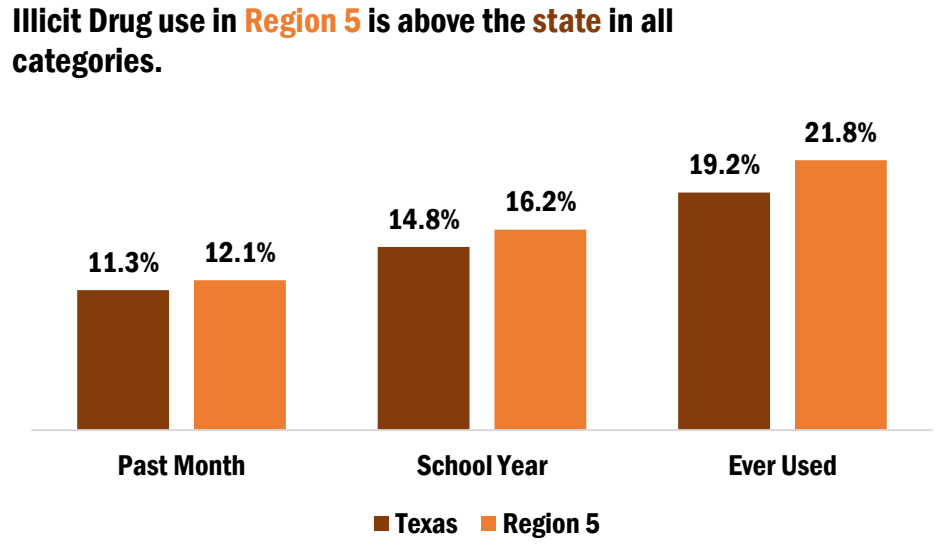
Illicit Drugs

Illicit drugs are divided into two categories. The first category is those mentioned above; the non-medical use and misuse of prescription medication. The second category, which will be addressed here, is comprised of drugs that are illegal to possess, sell, and consume. These drugs include marijuana, cocaine, crack, steroids (non-medical use of), ecstasy, heroin, methamphetamine, and synthetic marijuana.[99]

A new danger has arisen for today's youth that use illicit drugs. Fentanyl has entered the illicit drug market resulting in individuals unknowingly consuming a substance that drastically increases the risk of overdose and death. Fentanyl is showing up not only in illicit drugs to increase the potency, but also in counterfeit medication.

Like other substances examined here, the percentage of use in Region 5 is above the state level according to the 2022 TSS. Like other substances, the percentage of use in Region 5 has declined since 2018. In 2018, "past month" use of any illicit drug was 14.4%, "school year" use was 18.8%, and "ever used" was 24.9%. In 2022, "past month" use was 12.1% (a decline of 16.0%), "school year" use was 16.2% (a decline of 13.8%), and "ever used" was 21.8% (a decline of 12.4%). Table 93 in the Appendix provides a breakdown of percentages used per drug.

Graph 47. Percentage of students using illicit drugs in Texas and Region 5.



Source. 2022 Texas School Survey.

Table 28. TSS response to "How recently, if ever, have you used illicit drugs?", 2022

Grade	Past Month	School Year	Ever Used	Never Used
All Grades	12.1%	16.2%	21.8%	78.2%
Grade 7	4.0%	6.1%	8.4%	91.6%
Grade 8	7.2%	10.2%	13.7%	86.3%
Grade 9	14.0%	18.4%	22.1%	77.9%
Grade 10	14.1%	18.9%	24.8%	75.2%
Grade 11	14.8%	20.2%	30.4%	69.6%
Grade 12	20.2%	25.5%	34.7%	65.3%

Source. 2022 Texas School Survey.

Reviewing the TSS consumption data, Region 5's percentage of consumption is consistently above the state's average percentage. This has been true since the 2014 TSS. While the percentage of consumption may be higher than the state's average, from 2018 to 2022 the percentage of consumption within Region 5 has declined in the categories of alcohol, tobacco, marijuana, and electronic vape products.

The significance of this report is that the survey's for 2018 and 2022 were of Region 5 distinctly and not combined with other regions. This reflects a more accurate picture of the students within the region and their substance use patterns.

Graph 48. Percentage of student consumption in Region 5 from 2018 to 2022.

Source. 2018 & 2022 Texas School Survey.

College Student Consumption

The consumption of mood-altering substances by college students is often excused as a "rite of passage" or simply a "stage" in life, but it also creates long-term negative consequences. Substance use by college students is associated with lower academic performance, a higher probability of unemployment after graduation, and an increased risk of committing or experiencing sexual assault.[100]

Upon entering her first year of college, Jennifer was beginning a four-year degree plan in communications. Leaving a high school with less than a hundred in her graduating class to a campus of more than two thousand was exactly the challenge she was eager to face.

She had experienced drinking alcohol on occasions while attending parties in her hometown but had never suffered any negative consequences. However, it was at her first party at college that she fell victim to an assault that set her on a path of self-destruction. She remembers drinking alcohol, but not too much to feel intoxicated. She has no other memories of the evening. What she does remember was the discovery the next day that she had been sexually assaulted.

It was determined by the campus police that she was "drugged" and then taken to a different location. After an investigation by the police, her assailants were arrested and convicted. She did attend counseling, but as Jennifer recalls "it was too little too late for me. The embarrassment, the shame, the disappointment I saw in everyone's eyes just overwhelmed me." Jennifer took the rest of the semester off to "get her life reorganized." Unfortunately, her semester break has been ongoing for the past three years.

In this portion of the RNA, an examination of the percentage of substance consumption is derived from the Texas College Survey. The areas of focus are alcohol, tobacco, marijuana, and illicit drug use.

The challenge of addressing substance use on college campuses is in its normative tradition and fabric of college life. Data has shown that "past month" and "past year" use among full-time college students is higher than age-matched cohorts who do not attend college.[101] While some students enter college with more experience drinking alcohol than others, aspects unique to college life

such as unstructured time, widespread availability, inconsistent enforcement of underage drinking laws, and limited interaction with parents and other adults can be problematic.

Research has shown that the strongest protective factor for college students is the continual influence of their parents. Students who choose not to drink often do so because their parents have talked with them concerning alcohol use and the negative consequences.[102]

The tables below show that there has been a decline in use of alcohol, tobacco, and marijuana from 2019 to 2021 among Texas college students. For alcohol, the decline was 4.6%, for tobacco the decline was 10.5%, and for marijuana the decline was 2.1%.

Alcohol

Table 29. Percentage of alcohol use by Texas College students, 2019 and 2021.

		2021	2019
Ever Used	Total	73.2%	76.8%
	Male	71.7%	75.1%
	Female	74.5%	78.0%
Current Use	Total	50.8%	54.8%
	Male	49.6%	53.7%
	Female	51.9%	55.6%

Source. 2019 & 2021 Texas College Survey.

Tobacco

Table 30. Percentage of tobacco use by Texas College students, 2019 and 2021.

		2021	2019
Ever Used	Total	39.9%	44.6%
	Male	42.8%	50.0%
	Female	37.6%	40.7%
Current Use	Total	17.4%	22.2%
	Male	20.9%	27.6%
	Female	14.5%	18.2%

Source. 2019 & 2021 Texas College Survey.

Marijuana

Table 31. Percentage of marijuana use by Texas College students, 2019 and 2021.

		2021	2019
Ever Used	Total	37.7%	38.5%
	Male	36.6%	40.3%
	Female	38.3%	37.2%
Current Use	Total	15.3%	15.7%
	Male	15.0%	16.9%
	Female	15.2%	14.8%

Source. 2019 & 2021 Texas College Survey.

Illicit Drugs

Table 32. Percentage of illicit drug use by Texas College students, 2021.

		Cocaine	Hallucinogen	Sedatives	Simulants
Ever Used	Total	5.1%	10.7%	7.4%	3.2%
	Male	6.0%	13.8%	7.4%	4.3%
	Female	4.3%	8.2%	7.2%	2.2%
Current Use	Total	0.8%	1.8%	1.5%	0.9%
	Male	0.8%	2.2%	1.3%	1.3%
	Female	0.8%	1.4%	1.7%	0.5%

Source. 2019 & 2021 Texas College Survey.

Adult Substance Use

There are common effects that substance use produces on the physical and mental wellbeing of individuals. While the average age of first use is during adolescents, the effects of substance use tend to become more pronounced in early and middle-aged adulthood.[103]

When adolescents begin using mood-altering substances, they characteristically experience short-term effects such as changes in mood, cognition, and behavior. But it is the long-term effects such as organ damage, cognitive decline, mental health problems, heart disease, stroke, and cancer that are most prominent in adulthood.[104]

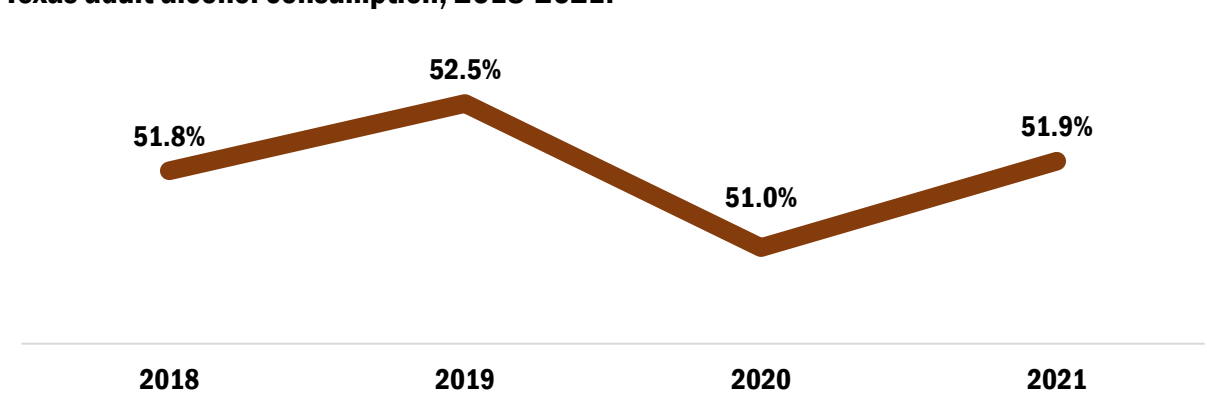
The stories of the effects of substance use on adults are numerous. For example, Jamar is currently receiving treatment for HIV that he contracted from an infected needle while he was living in the streets of Beaumont using heroin. Rick who is stage four liver failure after more than forty years of heavy alcohol use. And Becky, who is suffering from severe memory loss after years of marijuana and kratom use.

It is these stories and the countless others who are suffering physical and mental health problems due to their substance use that not only change the wellbeing of their own lives, but it also impacts the community. It is this very issue that will be examined here and in the next section of the RNA; adult substance use and its impact on public health and safety.

Current Use alcohol

According to the CDC, the average percentage of adults who consumed alcohol in Texas was 51.8% from 2018 to 2021. Interestingly, the highest percentage of consumption occurred in 2019 (52.5%), just prior to the lockdowns for COVID-19. The lowest percentage occurred in 2020 (51.0%), which was the first year of the lockdowns. Table 94 in the Appendix reports the percentage of alcohol consumption by gender, age, and race/ethnicity.[105]

Graph 49. Percentage of adults who have had at least one drink of alcohol within the past 30 days in Texas, 2018 to 2021.

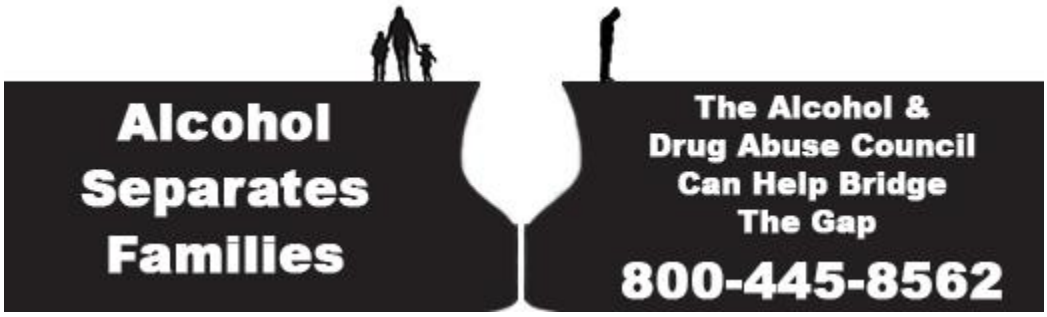


Source. Centers for Disease Control and Prevention. BRFSS Prevalence and Trend Data.

Adult Binge Drinking

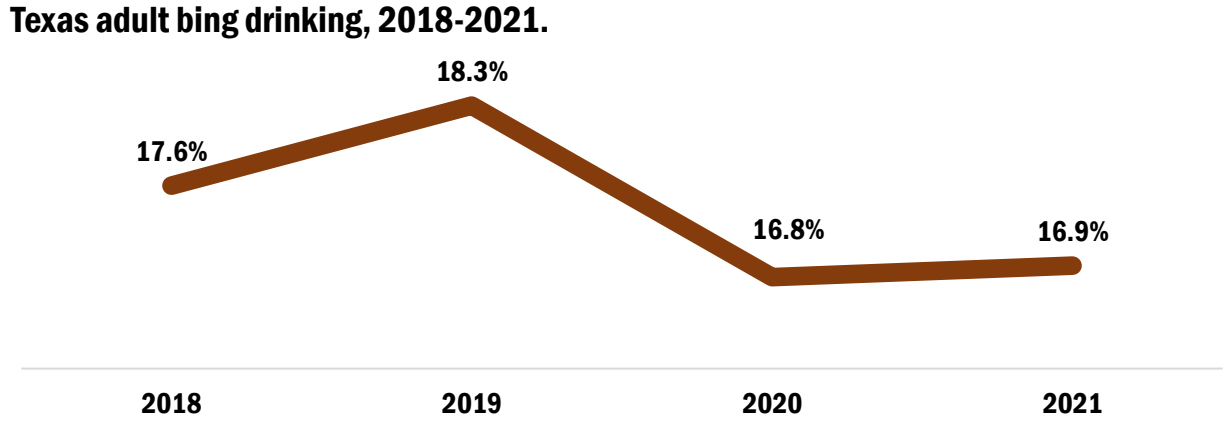
The National Institute on Alcohol Abuse and Alcoholism identifies binge drinking as the consumption of alcohol that raises one's blood alcohol concentration (BAC) to .08 (.08 grams of alcohol per deciliter) or higher. Typically, this equates to five or more drinks for males or four or more drinks for females in about two hours.[106]

The justification for addressing the topic of binge drinking is that an estimated one in six adults in the U.S. binge drink and 25% of those do so weekly. Although binge drinking is just one pattern of excessive drinking, it accounts for nearly all excessive drinking. Of those who expressed that they consume an excessive amount of alcohol, 90% reported binge drinking.[107]



According to the CDC, the average percentage of adults' binge drinking in Texas was 17.4% from 2018 to 2021. Like alcohol consumption, the highest percentage of consumption occurred in 2019 (18.3%), just prior to the lockdowns for COVID-19. The lowest percentage occurred in 2020 (16.8%), which was the first year of the lockdowns. Table 95 in the Appendix reports the percentage of binge drinking by gender, age, and race/ethnicity.[108]

Graph 50. Percentage of adults' binge drinking in Texas, 2018 to 2021.



Source. Centers for Disease Control and Prevention. BRFSS Prevalence and Trend Data.

Adult Smoking

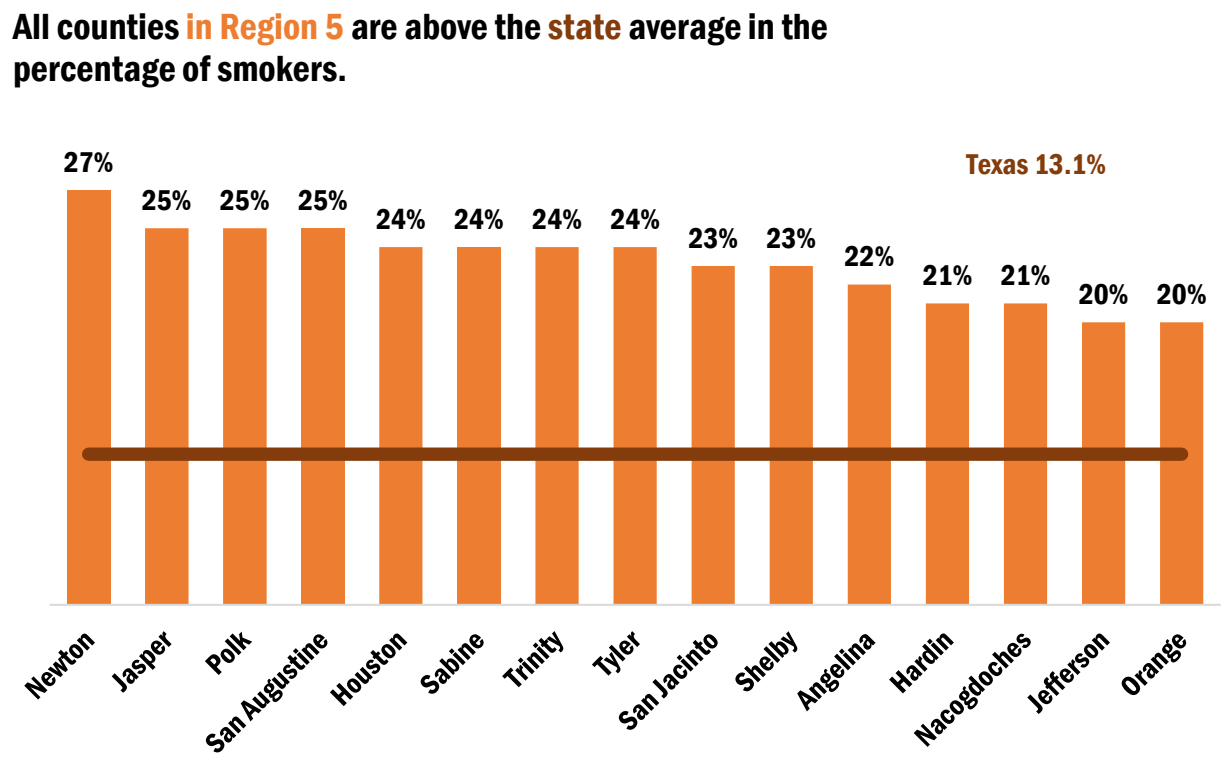
Tobacco use and its subsequent negative health effects are well known because of public education campaigns over the past thirty years. However, nicotine dependence persists as well as the impact on health. An estimated sixteen million Americans are living with a disease that was caused by smoking.[109]

While the percentage of adults who smoke is less than the percentage of adults that drink alcohol, smoking is the number one cause of preventable disease and death worldwide. The numbers are staggering considering that diseases related to smoking claim more than 480,000 lives in the U.S. each year. Key facts about smoking:[110]

- Cigarette smoke contains more than 7,000 chemicals, at least 69 of which are known to cause cancer. Smoking is directly responsible for approximately 90% of lung cancer deaths and approximately 80% of deaths caused by chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.
- Among adults who smoke daily, 78% had smoked their first cigarette by the time they were 18 years of age, and 94% had by age 21.
- Among current smokers, 73% of their diagnosed smoking-related conditions are chronic lung diseases. Even among smokers who have quit, chronic lung disease still accounts for 50% of smoking-related conditions.
- Smoking harms nearly every organ in the body and is a main cause of lung cancer and COPD. It also is a cause of coronary heart disease, stroke and a host of other cancers and diseases.

The overall percentage of adult smokers in Texas in 2021 was 13.1%. The average percentage of smokers for Region 5 was 23.2%. Graph 50 below is the percentage of smokers per county in Region 5. See Table 96 in the Appendix for more on adult smoking.

Graph 51. Percentage of adult smokers compared to Texas.



Source. County Health Rankings and Roadmaps.

Alcohol
&
Drug Abuse
Council

Public Health and Public Safety

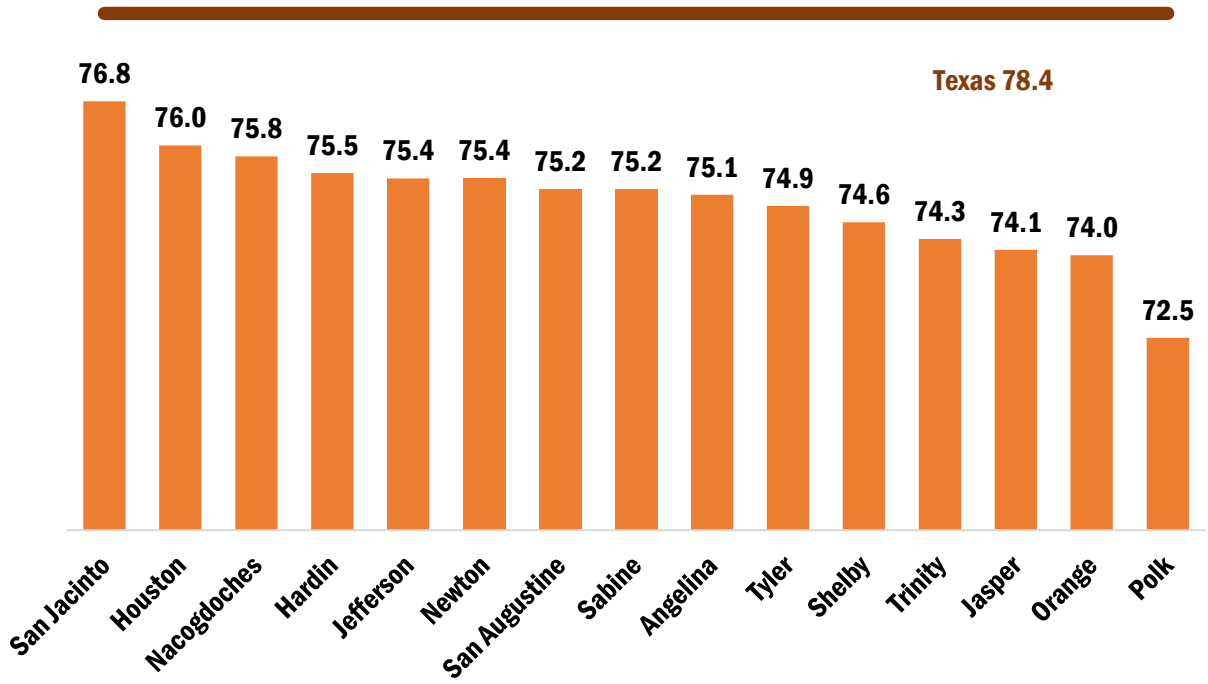
The use and misuse of substances remains a challenge for public health and safety. The concern is not only illicit substance use but legal substances as well. Just because something is legal does not necessarily make it safe.

Thousands of people die each year from overdosing on prescription medication, alcohol-related injuries, and tobacco use. States that have legalized marijuana are now having to confront the increasing number of negative health effects related to marijuana use and misuse.

Multiple factors have a bearing on public health and safety and substance use and misuse is a major influence. As noted earlier concerning alcohol, no other commodity sold for ingestion, not even tobacco, has such a wide-range adverse effect on the body. When tobacco and illicit drug use is combined with alcohol consumption, a population's overall health is greatly impacted.

County Health Rankings provides an indicator on life expectancy in years. Substance use along with other poor health indicators such as diabetes, obesity, and a lack of exercise contribute to a population's lower life expectancy since these conditions can lead to premature death. As seen in Graph 52 below, the average life expectancy for Texas is 78.4 years while the life expectancy for Region 5 is 75.0 years. All the counties within Region 5 are below the state level. San Jacinto County has the highest rate at 76.8 and Polk County has the lowest rate at 72.5.

Graph 52. Rate of life expectancy in years compared to Texas.



Source. County Health Rankings and Road Maps.

Consequences of Substance Use/Misuse

Ron, a member of Narcotics Anonymous (NA), tells anyone who will listen of his journey and the consequences of substance use and misuse. His wife filed for a divorce due to his manipulating, abusive and "drunken" behavior. Within three months of their divorce, Ron had received three DWI's and a short time in jail. Jail-time did not get his attention.

A few weeks out of jail, Ron was introduced to the mix of meth and extasy (MDMA). After he started abusing these substances, he was in and out of jail and the hospital, suffering three near-death overdoses. He did whatever he needed to do to stay "high", which included lying, manipulating, and stealing.

During one of Ron's drug binges, he was driving to a friend's house to acquire more drugs when he failed to stop at an intersection. The result was a three-vehicle accident with one fatality: a mother of two children. Sentenced to twenty years in prison and the guilt of taking someone's life, Ron attempted suicide on several occasions. "It was the longest and most difficult part of my life" Ron recalled "that took me down a path to the very bottom of my life."

While in prison Ron began working on his recovery. After his release he has continued with NA, eager to share his story in hopes of preventing a repeat of his by anyone else "unfortunate enough

to trip the trap of drugs and alcohol." Unfortunately, his story is not unique. Others find themselves on similar journeys and continue to negatively impact public health and safety.

Mortality

The misuse of psychoactive substances puts an individual at a higher risk of death and other harms. Due to the interaction of the substance and the brain, individuals are more likely to engage in risky behavior, make poor decisions, and react slower than normally to potential harmful situations.

For this indicator, data for alcohol-related vehicular fatalities, overdose deaths, and suicide deaths will be examined.

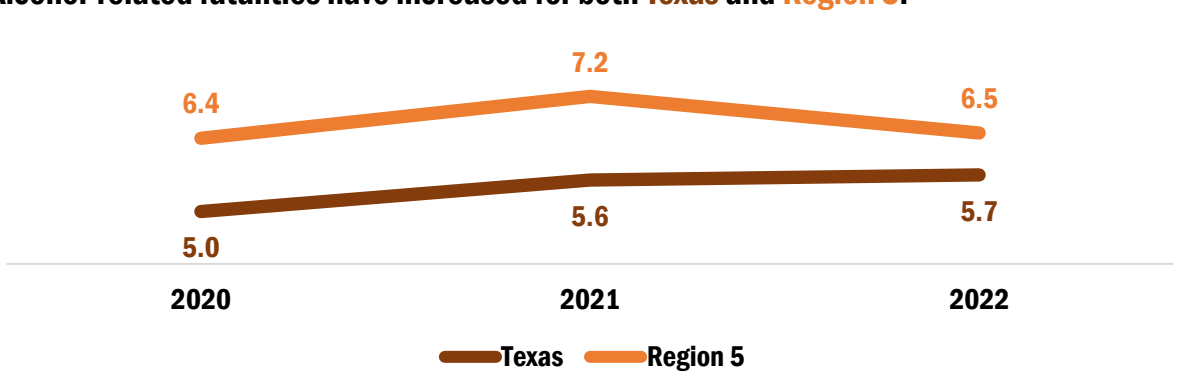
Alcohol-Related Vehicular Fatalities

Driving while intoxicated or under the influence of a psychoactive substance impairs the driver's ability to operate the vehicle safely. Not only is the driver and other occupants in the vehicle at risk of injury, but everyone else that is in their vicinity at risk as well.

Alcohol-impaired driving is defined as the number of fatalities from vehicle crashes involving a person with a blood alcohol concentration of at least 0.08 g/dl. by the National Traffic Safety Administration (NHTSA). Fatalities can be either the driver, an occupant of a vehicle, or a non-occupant.[111]

Data for Texas and Region 5 show that the rate of alcohol-related vehicular fatalities increased from 2020 to 2022. The rate for Texas increased from 5.0 to 5.7 per 100,000. For Region 5, the rate went from 6.4 to 6.5 per 100,000 and peaked in 2021 at 7.2.

Graph 53. Rate of alcohol-related fatalities per 100,000 compared to Texas, 2020 to 2021.



Source. Texas Department of Transportation. Annual Texas Motor Vehicle Crash Statistics.

Table 33. Number of alcohol-related fatalities per county for Region 5, 2020 to 2022.

County	2022	2021	2020
Angelina	5	6	3
Hardin	1	1	1
Houston	0	1	5
Jasper	0	7	3
Jefferson	17	14	8
Nacogdoches	3	7	6
Newton	6	0	1
Orange	6	2	4
Polk	5	5	3
Sabine	0	3	1
San Augustine	0	3	2
San Jacinto	3	2	4
Shelby	2	1	4
Trinity	1	1	2
Tyler	1	2	2

Source. Texas Department of Transportation. Annual Texas Motor Vehicle Crash Statistics.

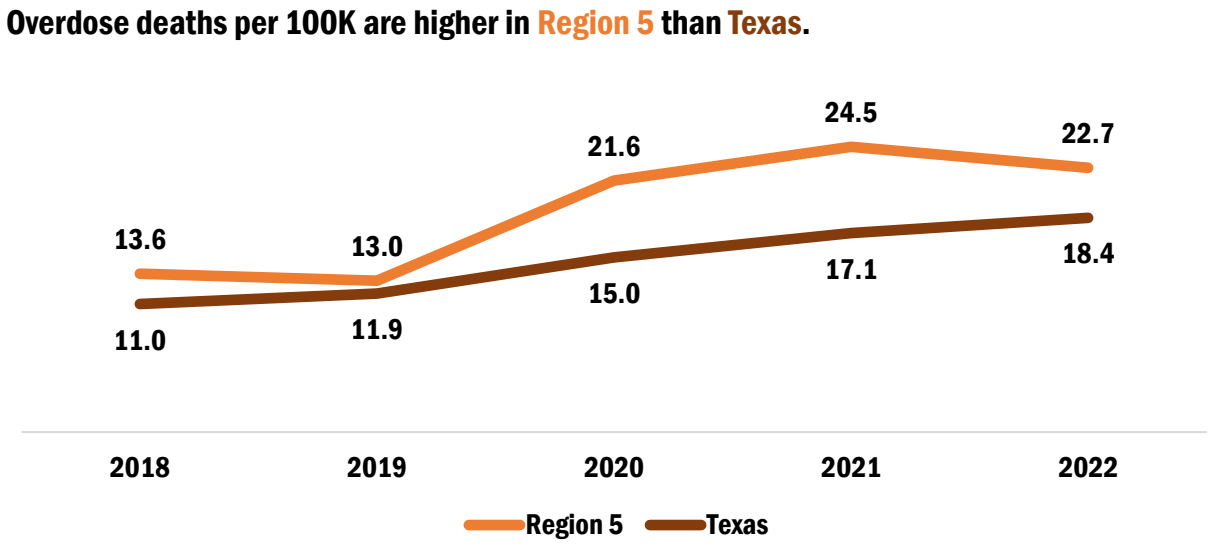
Overdose Deaths

Concerning overdose deaths, opioids are currently the main cause of overdose deaths with nearly 88% of all opioid-involved overdose deaths are from the use of synthetic opioids such as fentanyl, hydrocodone, oxycodone, and hydromorphone. According to the CDC, fentanyl is the number one cause of death for adults aged 18 to 45 years old.[112]

In 2022 the rate of Fentanyl overdose related deaths in Texas per 100,000 was 7.3 and for Region 5 the rate was 8.2. Tracking fentanyl-related overdose deaths has limitations because fentanyl-related poisonings are a subset of synthetic opioid drug deaths. Currently, records where the cause of death is suspected to be fentanyl, the word "fentanyl" must be written in addition to the CDC code.

For overall overdose deaths in 2022, Region 5 had the highest rate of overdose deaths, 22.7 per 100,000, compared to the other ten regions in Texas. Region 10, El Paso area, had the next highest overdose death rate at 20.8 per 100,000.

Graph 54. Rate of overdose deaths per 100,000 compared to Texas.



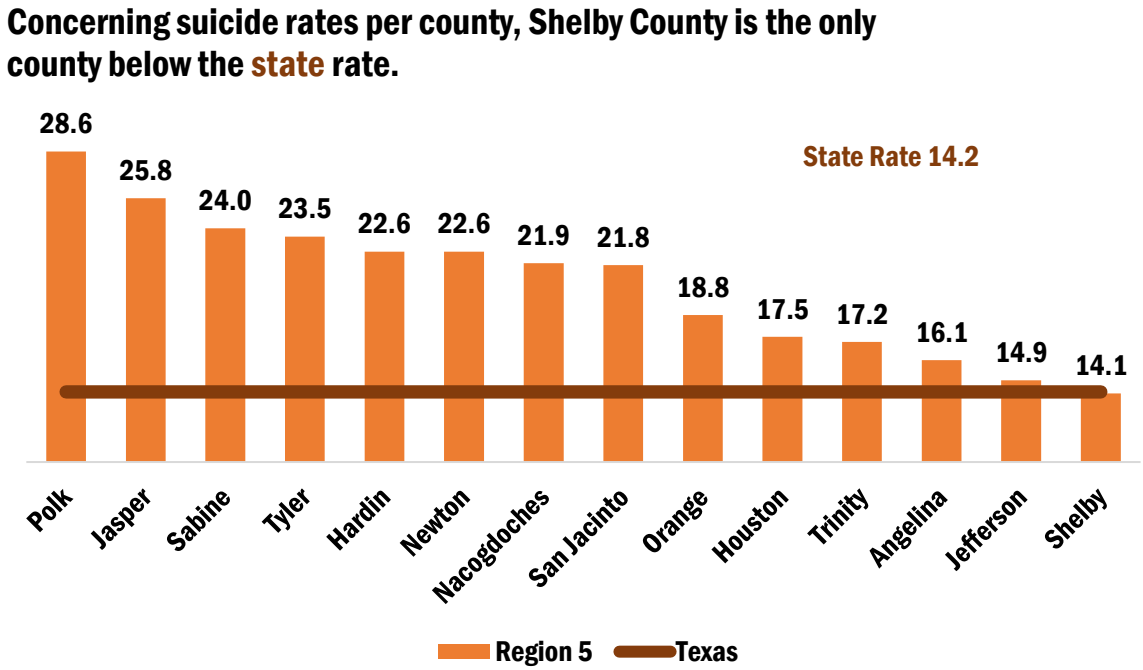
Source. Drug-Related Poisonings. Texas Department of State Health Services.

Suicide Deaths

Research has shown a link between substance abuse and suicide. Intentional self-harm is the leading cause of death among people with a Substance Abuse Disorder (SUD). Alcohol is a depressant and adding its mood-altering effects while in an emotionally depressed state will only increase the risk for adverse behavior, such as suicide. When compared to the general population, people treated for alcohol abuse or dependence are at a ten times greater risk for suicide.[113]

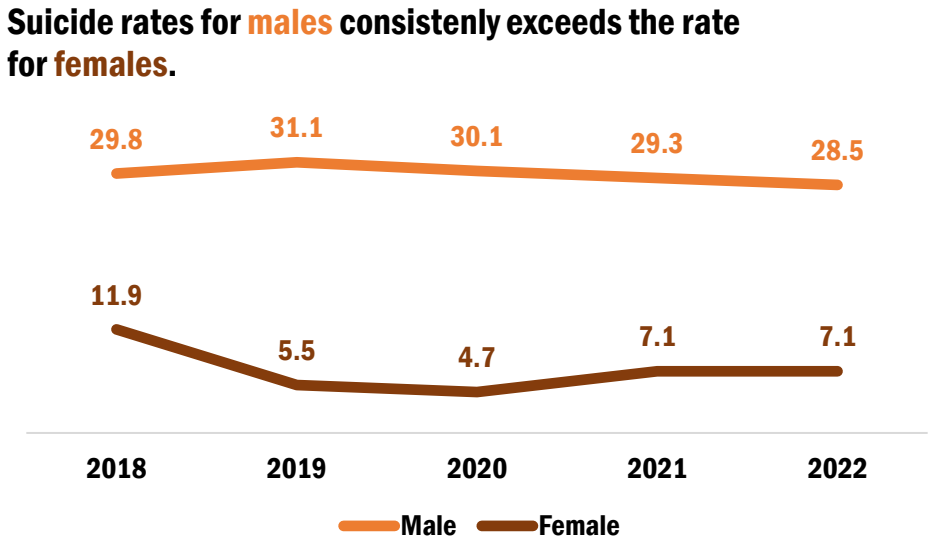
In 2022, the suicide rate per 100,000 for Texas was 14.2 and the rate for Region 5 was 19.3. Polk County had the highest rate at 28.6 and Shelby County had the lowest rate at 14.1 per 100,000. The following graphs highlight suicide rates per county, per gender, and a comparison to the state rate. Table 97 in the Appendix is a full report on suicide rate.

Chart 55. Rate of suicide deaths per 100,000 per county compared to Texas, 2018-2021.



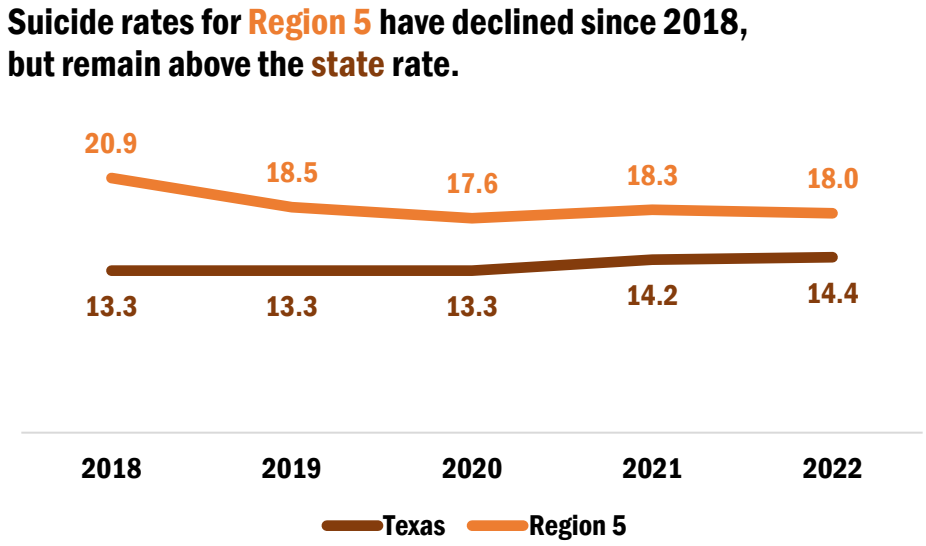
Source. Centers for Disease Control and Prevention. Underlying Cause of Death 2018-2021.
*No data was supplied for San Augustine County.

Graph 56. Rate of suicide deaths per 100,000 by gender, Region 5, 2018 to 2022.



Source. Texas Department of State Health Services. Center for Health Statistics.

Graph 57. Rate of suicide deaths per 100,000 compared to Texas, 2018 to 2022.



Source. Texas Department of State Health Services. Center for Health Statistics.

Healthcare

Substance use and misuse can not only impact the health of an individual, but it puts a strain on the healthcare system. Substance use disorders are strongly associated with other medical conditions and these conditions are increasingly more dependent on the substance use issue being confronted and treated alongside efforts to treat medical conditions.[114] Medical conditions resulting from substance use and abuse include:[115]

- Lung disease, such as chronic bronchitis, emphysema, or cancer
- Decreased brain capacity, such as impaired memory, attention, judgment, or coordination
- Infections, such as HIV, hepatitis, or tuberculosis
- Liver damage, such as cirrhosis, fibrosis, or cancer
- Heart disease, such as high blood pressure, arrhythmia, or stroke
- Digestive system issues, such as ulcers, inflammation, or bleeding
- Unbalanced hormones, such as reduced fertility, sexual dysfunction, or mood disorders

Since SUD treatment is vital to an overall health care plan, the flowing indicators will assess substance use screenings, assessments, and referrals, and the number of individuals that are in treatment.

OSAR

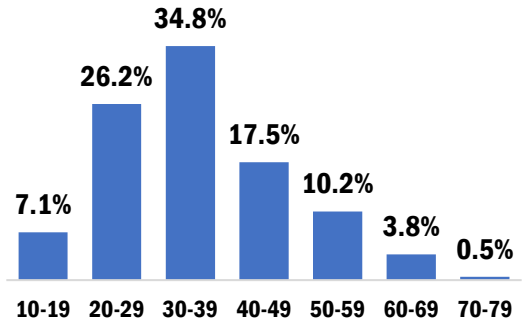
Outreach, Screening, Assessment, and Referral (OSAR) is a service available for all Texans seeking information or help concerning substance use. It is the first step for anyone who wants help concerning substance use and misuse. Each of the eleven Texas Health and Human Services regions provide OSAR. The only requirement for services is to be a Texas resident. Within Region

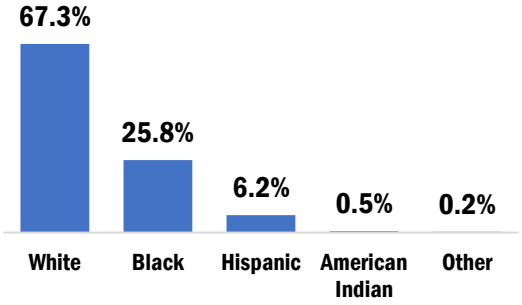
5, OSAR services are offered through the Alcohol & Drug Abuse Council (ADAC) out of their offices in Lufkin (Angelina County), Nacogdoches (Nacogdoches County), Beaumont (Jefferson County), Livingston (Polk County), and Crockett (Houston County).

In the fiscal year 2021/2022, Region 5 provided 2,636 OSAR screenings. The largest percentage of the screenings (36.5%) were for stimulant use. Stimulants include methamphetamine, crystal meth, dextroamphetamine (Adderall®, Dexedrine®), and methylphenidate (Ritalin®, Concerta®). See Table 34 below for the percentage of substance type used by ADAC clients from 2019 to 2022.

Those seeking treatment for various substance use disorders presented to OSAR to determine their level of dependency and treatment options. The figures below are a division by percentages for those seeking treatment by age and race/ethnicity.

Figure 20. OSAR age distribution, 2021-2022. **Figure 21**. OSAR race/ethnicity, 2021-2022.





Source. ADAC. Prevention Resource Center.

Table 34. Percentage of substance types used by OSAR clients for Region 5, 2019-2022.

Substance	2021-2022	2020-2021	2019-2020
Alcohol	20.3%	17.3%	18.1%
Opioids	4.7%	4.9%	6.1%
Cannabis	23.9%	22.5%	19.9%
Sedative	1.4%	2.1%	2.0%
Cocaine	8.3%	9.3%	8.4%
Stimulant	36.5%	37.4%	39.3%
Hallucinogens	4.8%	6.3%	6.3%

Source. ADAC. Prevention Resource Center.

Substance Use Treatment

Substance use treatment includes detoxification, outpatient, and inpatient treatment. Treatment can take place in or out of the region or even out of state depending on availability.

Residential treatment, also known as outpatient, involves taking up temporary residence at a supervised facility. Stays at the facility range from thirty to ninety days depending on the level or severity of dependence. Some residential treatment facilities have detoxification available in-

house. Near the end of treatment some facilities allow residents to leave during the day for work and return in the evening.

Detoxification (or detox) provides medical supervision during the period of withdrawal from the substance used. This is designed to all for a slow return to normal physiological function for the client. Ambulatory detox utilizes medication without being confined to a bed during the time of withdrawal. This too is dependent upon the level and severity of the dependency.

Outpatient treatment is for those who don't need to detox or supervised care. It typically takes place in the evenings and/or the weekends. This allows the patient to continue to work and live at home. However, it is important that the patient's social system and home environment is supportive of their sobriety. The main element of outpatient treatment involves groups sessions with the individual and support for family members.

Figure 22. Number in SUD treatment.

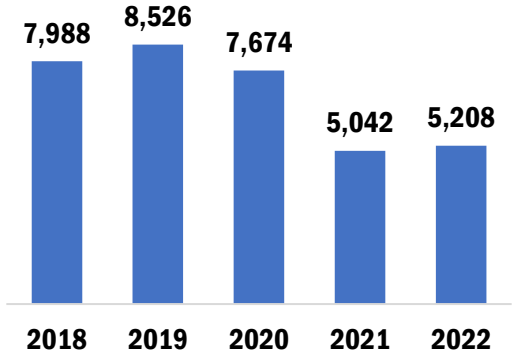
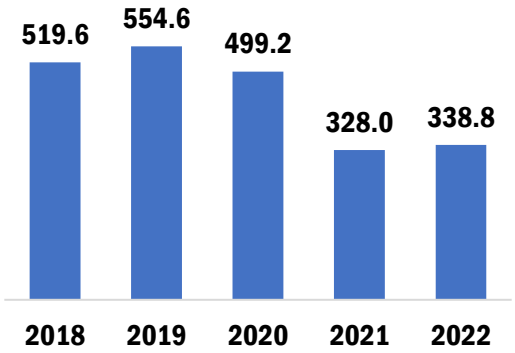


Figure 23. Rate per 100K in SUD treatment.



Source. Number Served with Substance Use Treatment. HHSC.

Table 35. Rate per 100K of those in substance use treatment per county, 2018 to 2022.

County	2022	2021	2020	2019	2018
Angelina	1,093.8	892.4	1,304.5	1,152.8	1,025.5
Jasper	379.0	309.3	394.2	539.7	585.2
Jefferson	386.7	423.3	666.2	895.0	870.9
Nacogdoches	256.8	346.5	541.4	448.5	411.4
Orange	--	--	130.9	161.5	185.1
Polk	750.2	674.3	598.5	534.7	472.8
Shelby	--	--	457.9	408.0	87.4

Source. Number Served with Substance Use Treatment. HHSC.
"—" suppressed data.

The list below highlights substance abuse treatment programs available within Region 5 and their numbers for fiscal year 2022/2023:

- OSAR (Outreach, Screening, Assessment, Referral)
  - Number screened 2,866
  - Referred to treatment 2,411
- SAFP-AC (Substance Abuse Felony Punishment Aftercare Program)
  - Placed in aftercare 141
- SAFP-IOP (Substance Abuse Felony Punishment Intensive Outpatient Treatment Program)
  - Number in program 21
- SACP (substance Abuse Counseling Program)
  - Number in program 102
- TAIP (Treatment Alternative to Incarceration Program)
  - Number in program 50
- AOP (Adult Outpatient Treatment Program)
  - Number in program 200
- TRY (Youth Outpatient Treatment Program)
  - Number in program 103
- RSS (Recovery Support Services)
  - Long-term recovery 73
  - Received services 270
- YRC (Youth Recovery Community)
  - Active participation 132
- DOEP (Drug Offender Education Program)
  - Students enrolled 75
- DWI Education Program
  - Students enrolled 186
- DWI Intervention Program
  - Students enrolled 54
- Drug Court Phases I, II, III
  - Number in treatment 59

Economic

The economic cost of substance use and misuse can be staggering. Nation-wide it is estimated that substance misuse cost society more than $820 billion each year and is expected to continue to rise. That is equivalent to 6% of the nation's income. The cost of alcohol, tobacco, and prescription medication misuse which results in disease, premature death, loss of productivity, theft, violence, and rape as well as the cost of interdiction, law enforcement, prosecution, incarceration, parole, and probation are, however, greater than the value of the sales and tax revenue of these addictive substances.[116]

For Texas, the estimated cost of substance use disorders is nearly $350 million per year. Entering the hospital through the emergency room due to an opioid overdose cost $35,908 per overnight hospital admission.[117]

Substance use prevention has proven to be cost effective. For every dollar spent on substance use disorder treatment saves $7 in criminal justice cost. Texas funded recovery coaching saved an estimated $3,260,464 in healthcare costs. The benefits associated with prevention programs range from $1.61 to more than $64 for every dollar invested. Substance use prevention programs positively impact social, emotional, and behavioral outcomes.[118]

Emerging Trends

The Drug Enforcement Administration (DEA) has established eight classes of drugs. Those classes are narcotics, stimulants, depressants, hallucinogens, steroids, marijuana/cannabis, inhalants, and designer drugs. In this section a closer examination will be made of the drug classes that are impacting Texas in general, and Region 5 specifically, and the trends that the data is showing.

Narcotic refers to opium, opium derivatives, and their semi-synthetic and synthetic substitutes. Narcotics affect the body by dulling the senses and relieving pain. Narcotics include:

- Fentanyl
- Heroin
- Hydromorphone
- Methadone
- Morphine
- Opium
- Oxycodone

The most important trend currently is in the increase in opioid overdoses. In 1996, OxyContin was released and from 1999 to 2010 it was aggressively marketed for pain relief. While it did offer pain relief, it was also highly addictive due to its chemical similarity to heroin. This resulted in thousands of individuals becoming addicted to the medication and an increase in opioid-related overdose deaths. In 2010, tighter regulations were introduced making it more difficult to obtain pain medication. In 2013, the DEA began to see a rise in the seizure of fentanyl and fentanyl contaminated substances and overdoses due to synthetic opioids drastically rose.

Most opioid-related overdoses were east of the Mississippi River and Texas remained relatively unaffected. In 2020, this trend changed for Texas and for Region 5. In Texas the number of Emergency Department (ED) visits for opioid-related overdoses had been trending downward until 2020 when the rate per 100,000 for opioid-related ED visits rose from 26.9 to 30.8.

The fact that Region 5's rate of fentanyl-related overdose deaths per 100,000 (8.2) is above the state rate of 7.3, and overall drug-related overdose deaths for the region (22.7) is the highest across all eleven regions is a cause for pause. A continuing rise in these rates could have a devasting effect on the region.

The main concern is the proliferation of fentanyl being "cut" into such a large variety of substances. From Methamphetamine to Adderall, fentanyl-contaminated drugs are becoming more common. Treatment centers within the region are reporting that when they drug test incoming clients, they are testing positive for fentanyl and the clients are unaware that their drugs have been contaminated. At a recent Townhall host by the Region 5 PRC, the DEA reported that 8 out of 10 drugs obtained over the Internet are counterfeit and that 6 out of 10 of the counterfeit drugs contain a lethal dose of fentanyl.

An additional alarming trend related to opioid misuse is the inclusion of xylazine ("Tranq"), an extremely strong sedative intended as an animal tranquilizer and not intended for human consumption. Xylazine can not only increase the risk of an overdose, but because it is not an opioid naloxone (Narcan) cannot reverse the effects of an overdose because Narcan only works with opioid overdoses. The DEA reported that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized contained xylazine. Local medical personnel in Texas have noted an increase of xylazine in overdose cases.[119]

Stimulants increase the heart rate, blood pressure, and body temperature. Stimulants include:

- Amphetamine
- Methamphetamine
- Khat
- Cocaine
- Adderall
- Ritalin
- Nicotine

Methamphetamine and nicotine are the most used stimulants within the region. Methamphetamine is the number one drug threat in Texas according to three DEA Field Divisions in Texas. Mexican drug organizations continue to supply substantial quantities of the methamphetamine into and through Texas and Region 5. The availability is high, and the price is low. The increased availability is due to the movement of methamphetamine in a solution that looks like an icy sludge ("liquid meth") and then local conversion laboratories ("dry houses") in Texas are used to reconstitute the drug from liquid to crystalline form.[120]

The alarming trend is the number of overdose deaths resulting from methamphetamine use in Texas. In 2001, there were under a hundred methamphetamine-related overdose deaths. In 2020,

there were over one thousand methamphetamine-related overdose deaths. The risk of death is only increasing as fentanyl-contaminated drugs continue to increase.[121]

An additional trend in methamphetamine use is the gender of the users. In 1994, 40% of the methamphetamine users were female. In 2020, the percentage of female users rose to 55%. Research is showing that females are using methamphetamine for energy, for weight loss, and to counter depression.[122]

Alcohol, Tobacco, marijuana, and electronic vape use have all declined in use by students within the region from 2018 to 2022 according to the Texas School Survey. For "Past Month" use, electronic vape use decreased 14.7%, alcohol used decreased 17.4%, marijuana use decreased 17.3%, and tobacco use decreased 34.1%. While the percentage of use of these four substances in Region 5 is above the state average, it is a positive trend to see a decline in use.

An increasing trend throughout the nation and in Texas is that of harm reduction. Aspects of harm reduction are controversial due to the perceived underlying message of approval and support for an individual's substance use. Harm reduction involves providing syringes and other drug use supplies, "safe use" sites, and education on how to properly use and dispose drug paraphernalia. Other portions of harm reduction are beneficial for the user and integrate soundly with prevention efforts such as providing naloxone to assist in case of an overdose, referrals for substance use counseling, and medical assistance. The goal of substance use treatment is to move an individual from misuse to no use. Using harm reduction comes down to each community's desire and acceptance of methods used to confront substance misuse.

Region 5 in Focus

Prevention Specialist within the region work to provide children and adults with the tools and knowledge for making choices that will positively impact their mental and physical health. Regardless of circumstances in life, there is always a choice.

Charlotte has been a Prevention Specialist for four years and provides prevention curriculum to first through third graders. She focuses her work on building a strong foundation for the children. "I always want them to know their own worth. Knowing that they will be stronger and better equipped to resist peer pressure and other negative influences in their lives. Secondly, I want them to know that kindness is a choice and always matters. Be kind to each other."

Working with the children in a school setting is not the only job of a Prevention Specialist. They also participate in other settings that involve adults and parents. When speaking with parents, Charlotte states that her primary message is "that their children are watching them closely and they don't miss a thing; that habits are learned behaviors and their children will repeat it."

Advertisers that are promoting the effectiveness of a product often include the phrase "results may vary." This is also true in prevention work. Numerous factors influence the lives of individuals and the messages they respond to. An example of this was conveyed by an adult who recalled a time when he was in elementary school and ADAC's prevention services changed his family's future. Prevention specialist brought to his school what is known as "Mr. Gross-Mouth" to demonstrate the effects of smokeless tobacco within the mouth. After seeing and learning of the negative consequences of smokeless tobacco, he then went home to share what he had learned with his father, who in turn stopped using smokeless tobacco. It is stories such as this that make prevention so vital to the health and welfare of communities throughout the region and across the state.

Prevention Resources and Capacities

Regardless of how much or how hard a Prevention Specialist may work, prevention is not a job that can be accomplished alone. The community is an essential aspect of all prevention efforts. From emotional to financial support and even hands-on participation, without community backing prevention efforts would be wasted.

Consider the work of the CCPs. Not only are they working to make environmental changes to positively impact the community, but they are also seeking to alter social norms away from the acceptance of substance use toward no use. The following is a presentation of the various groups, agencies and organizations that are important to the field of prevention.

Community Programs and Services

Organizations and agencies working with youth assist the community through mentoring, life-skills training, and physical activities with adolescents which serve as protective factors for youth. Within Region 5, these organizations and agencies include:

- 4-H
- FFA
- YMCA
- Trail Life
- Junior League
- Boys and Girls Clubs
- Boy Scouts of America
- Girl Scouts of the U.S.
- Little League Baseball
- Parks and Recreation

Regional Services

Social services are public services provided by government, private, and non-profit organizations that seek to assist in building stronger communities, family stability, and promote equality and opportunity. Social services within Region 5 include:

- Alzheimer's Association
- American Cancer Society
- Buckner Children & Family Services
- Burke
- Community Resource Coordination Groups (CRCG)
- Deep Eat Texas Council of Government and Economic Development District (DETCOG)
- Goodwill
- Head Start
- Texas A&M AgriLife Extensions
- Texas Department of Assistive & Rehabilitative Services
- Texas Department of Family & Protective Services
- Texas Education Agencies
- Texas Health & Human Services Commission
- Texas Health Steps
- Texas Workforce Commission
- The Salvation Army
- United Way
- Veterans Assistance (VA)
- Workforce Solutions

Local social services and the counties they serve include:

- Brown Family Health Center (*Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler*)
- Childrenz Haven (*Polk*)
- Community Rx Help (*Angelina, Nacogdoches, San Augustine, Shelby*)
- Family Crisis Center of East Texas (*Angelina, Houston, Nacogdoches*)
- Family Services of Southeast Texas (*Hardin, Jasper, Jefferson, Newton, Orange, Tyler*)
- GRACE Pregnancy Outreach (*Polk*)
- Harold's House (*Angelina, Nacogdoches, Sabine*)
- Human Trafficking Resource Center (*Hardin, Jasper, Jefferson, Newton, Orange, Tyler*)
- Julie Rogers "Gift of Life" Program (*Hardin, Jefferson, Orange*)
- LGBTQ+ Equality Caucus – SFA (*Nacogdoches*)
- LGBTQ+ Students of Lamar University (*Jefferson*)
- Legacy Community Health (*Hardin, Jefferson, Orange*)
- Pineywoods Pride Coalition (*Nacogdoches*)
- Pregnancy Help Center of Lufkin (*Angelina*)
- Sexual Assault & Abuse Free Environment (SAAFE House) (*Polk, San Jacinto, Trinity*)
- Solid Foundation (*Nacogdoches*)
- Solomon's House of Hope (*Trinity*)
- Southeast Texas Regional Planning Commission (*Hardin, Jefferson, Orange*)
- The Coalition
- The Men's Field House (*Angelina*)
- The Mosaic Center (*Angelina*)
- The Rose (*Jefferson*)
- Triangle Area Network (TAN) (*Hardin, Jefferson, Orange*)
- Village Nacogdoches (*Nacogdoches*)

Faith Community

A major influence within East Texas is the faith community. Not only churches, but spiritual leaders are invested and personally involved in the prevention of substance use and misuse as well as the recovery of those with SUD. Local churches provide people, facilities, prayer, and even financial support to aid in the development of community protective factors.

Treatment Facilities

Mental health and substance abuse facilities within the region provide a place for individuals to go to get the help they need. Not every county has a designated facility. However, mental health and substance use services are available in all fifteen counties.

Table 36. Region 5 mental health and substance abuse facilities.

County	Treatment Type	Facility	City
Angelina	SA	MedMark Treatment Centers	Lufkin
Angelina	MH	Burke	Lufkin
Angelina	MH	Oceans Behavioral Hospital	Lufkin
Angelina	SA	Alcohol & Drug Abuse Council	Lufkin
Houston	MH	Burke	Crockett
Jasper	MH	Spindletop	Jasper
Jasper	SA	Alcohol & Drug Abuse Council	Jasper
Jefferson	SA	Alcohol & Drug Abuse Council	Beaumont
Jefferson	SA	Woodlands Recovery Centers	Beaumont
Jefferson	SA	Texas Treatment Services	Beaumont
Jefferson	SA	Land Manor	Beaumont
Jefferson	SA	Recovery Council of Southeast Texas	Beaumont
Jefferson	SA	Jefferson County COADA	Beaumont
Jefferson	SA	Unity Treatment Center	Beaumont
Jefferson	MH	Baptist Hospitals of Southeast Texas	Beaumont
Jefferson	MH	Spindletop	Beaumont
Jefferson	SA	Franklin House South	Beaumont
Jefferson	SA	ADAPT Programs	Beaumont
Jefferson	MH	Medical Center of Southeast Texas	Port Arthur
Jefferson	SA	Spindletop South County Alcohol & Drugs	Port Arthur
Jefferson	SA	Best Recovery Healthcare	Port Arthur
Nacogdoches	MH	Burke	Nacogdoches
Nacogdoches	SA	Alcohol & Drug Abuse Council	Nacogdoches
Orange	MH	Spindletop	Orange
Orange	SA	Spindletop	Orange
Orange	SA	Right Choice	Orange
Polk	MH	Burke	Livingston
Polk	SA	Alcohol & Drug Abuse Council	Livingston
San Augustine	MH	Burke	San Augustine
Shelby	SA	MedMark Treatment Centers	Center
Tyler	SA	Cypress Lakes Lodge	Woodville

Source. SAMHSA.

Note. SA=Substance Abuse/MH=Mental Health.

Community Coalition Partnership

Community Coalition Partnerships (CCP) are designed as community programs that seek to encourage community mobilization to implement evidence-based environmental strategies by changing public policies and social norms. The CCPs within Region 5 are listed below with the number served in 2021/2022.

There are two HHSC-funded CCPs within the region; NAC-CAN in Nacogdoches and Polk County CIA in Livingston.

NAC-CAN & Polk County CIA

ADAC's CCP programs in Nacogdoches (NAC-CAN) and the Polk County CIA (Community In Action) work with each community to implement evidence-based environmental strategies related to substance use and misuse prevention and behavioral health promotion.

- Community activities and number served for Nacogdoches and Polk counties
  - Community based presentations and events: 196
  - Number of youth served: 2,273
  - Number of adults served: 3,578
  - Number of media awareness: 198
  - Number of social media postings: 237
- Number of Environmental Strategies: 2 Posters with warning messages to alcohol retailers that are placed on doors and walls in the store to remind adults not to provide alcohol to minors and outline the consequences for breaking the law.
- Marijuana prevention efforts in Nacogdoches and Polk counties
  - Prevention of marijuana and other cannabinoids – total served: 1,123
  - Number of media awareness: 43
  - Number of social media postings: 30
- Prescription drug misuse prevention efforts in Nacogdoches and Polk counties
  - Prevention of prescription drug misuse – total served: 2,172
  - Number of media awareness: 55
  - Number of social media postings: 71
  - Rx drugs collected from permanent drop-box (Sept.-Aug.): 275
  - Deterra pouches distributed: 482
- Tobacco prevention efforts in Nacogdoches and Polk counties
  - Prevention of tobacco and nicotine products – total served: 1,177
  - Number of media awareness: 50
  - Number of social media postings: 37
- Alcohol prevention efforts in Nacogdoches and Polk counties
  - Prevention of alcohol/underage drinking – total served: 1,186
  - Number of media awareness: 49
  - Number of social media postings: 62

Youth Prevention Programs

Youth Prevention (YP) programs are community-based programs funded by HHSC that utilizes evidence-based curriculum, provide AOD presentations, and offer positive alternative activities for community members and organizations. Prevention Specialist are trained by the state of Texas in age specific material. ADAC provides YP programming to the northern twelve counties of the region.

Youth Prevention Universal (YPU)

The Youth Prevention Universal program targets students in an elementary setting (first through third grade). The curriculum used by YPU is Too Good that builds on the student's resiliency by teaching them how to be socially competent and autonomous problem solvers. The curriculum is presented in a classroom setting to both male and female students in the twelve northern counties. Those counties are Angelina, Houston, Jasper, Nacogdoches, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler. During fiscal year 2022/2023, YPU presented curriculum to 2,353 students and provided "alternative activities" to 6,619 youth.

Youth Prevention Selective (YPS)

The Youth Prevention Selective program targets students in grades four through six. The curriculum used by the YPS staff is known as Curriculum Based Support Group (CBSG). Its goal is to teach a set of essential life-skills to help the students learn how to cope with difficult family situations, resist negative peer pressure, respect themselves and others, set and achieve goals, make healthy choices, and refuse ATODs. The counties in which YPS presents curriculum include Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler. During the fiscal year of 2022/2023, YPS presented curriculum to 899 students and provided "positive activities" to 6,532 youth.

Youth Prevention Indicated (YPI)

The Youth Prevention Indicated program targets students in sixth through twelfth grade. The curriculum used by YPI is known as Positive Action. It is designed to help students develop life-skills such as self-esteem, self-control, communication, decision making/improved decision-making skills, acquire resources that help them resist drug use, and develop the motivation not to us drugs. (National Registry of Evidence-Based Programs and Practices). The counties in which YPI presents curriculum include Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler. During fiscal year 2022/2023, YPI presented curriculum to 403 students and provided "positive activities" to 3,162 youth.

PARTY

PARTY (Preventing Abuse by Reaching Today's Youth) is a program of ADAC that provides education services to children and adolescents on alcohol, tobacco, and other drugs. Through puppet shows, presentations, and appearances by Leo, the Drug Free Lion, PARTY promotes a healthy, drug free lifestyle to the children, youth, and adults.

Leo, the Drug Free Lion has been a part of ADAC for many years. His message is: "Drug free is the way to be." Leo and the PARTY department provide services in the northern twelve counties within the region. Services are provided to schools, community health fairs, retirement centers, day care centers, head start programs, faith-based communities, the Boys & Girls Clubs, civic groups, housing authorities, and college campuses.

PADREs

The Parenting Awareness and Drug Risk Education Program (PADREs) offers two types of courses for parents who are expecting and parents with children under the age of six. One is specifically for fathers, utilizing Nurturing Fathers curriculum. The other curriculum, Nurturing Skills for Families, is for mothers and couples. Both curriculum cover topics that include understanding discipline, fathering without violence or fear, substance use, managing stress and anger, and teamwork between parents.

Table 37. Number of youth and adults served by regional prevention programs, 2022/2023.

County		YPU	YPS	YPI	PARTY	PADREs
Region 5	Adult	3,303	3,689	1,748	21,473	565
	Youth	17,538	11,760	6,736	73,335	781
Angelina	Adult	1,974	2,012	1,001	14,636	271
	Youth	9,785	4,829	2,184	30,958	338
Houston	Adult	27	77	84	303	
	Youth	181	269	825	2,353	
Jasper	Adult	45	201	60	352	
	Youth	697	1,441	694	2,037	
Nacogdoches	Adult	574	190	68	2,246	202
	Youth	2,079	602	976	7,378	308
Newton	Adult	63	6		100	
	Youth	633	82		1,696	
Polk	Adult	212	258	184	783	92
	Youth	1,828	950	507	6,740	135
Sabine	Adult	113	164	109	250	
	Youth	591	477	393	2,962	
San Augustine	Adult	20	186	29	486	
	Youth	302	869	667	3,445	
San Jacinto	Adult	60	61	101	263	
	Youth	79	23	220	2,421	
Shelby	Adult	204	175	26	1,228	
	Youth	1,185	1,046	106	6,477	
Trinity	Adult	5	313	9	440	
	Youth	152	834	91	3,145	
Tyler	Adult	6	46	77	782	
	Youth	26	338	73	3,723	

Source. ADAC. PRC.

Gaps in Services

Transportation to and from social services and treatment remains the number one issue among clients within the region. The rural setting of East Texas also makes possible solutions such as Telehelp challenging due to limitations in internet availability and cell phone service.

The southern three counties of Region 5, Hardin, Jefferson, and Orange contain over 51% of the region's population, yet there is currently no HHSC funded substance use prevention programs such as Youth Prevention or CCPs operating within these three counties. ADAC's substance use prevention programs are contracted for the northern twelve counties. Previous substance use prevention programs in the southern three counties ended or were withdrawn.

Gaps in Data

Collecting and reporting overdose data has been problematic over the years. Statistically it can be challenging to determine substance use behavior in real-time. The quantitative data is limited to availability and reliability of information. Accurate data can take years before it is available for publication. Add to this the amount of data that is suppressed due to privacy concerns. Qualitative data, on the other hand, reflects what individuals are seeing and experiencing in real-time.

Qualitatively and quantitatively ADAC is not experiencing any noticeable level of increase in clients seeking treatment for opioid misuse. However, the data on overdose death rates for the region are the highest in the state. Are overdoses unrelated to opioids? Is fentanyl and/or xylazine involved in overdoses and not being reported? These and other questions have yet to be answered.

The Texas School Survey has been collecting data from schools since 2006. Only in 2018 and 2022 has Region 5 received a survey report on Region 5 alone. All the other years the regional reports have been combined with other regions. When results from the TSS are combined with other regions the results will be skewed due to regional differences. For example, Region 5 is typically combined with Region 6 (Houston) and Region 4 (Tyler/Longview).

Should legislation be offered making school participation mandatory? Should there be greater incentives offered to make participation more likely? Regional school participation is crucial to obtain a truthful reflection of students within each region concerning ATOD use.

Key Findings

Comparing the diversity of racial identity and ethnicity demographic make-up of Region 5 to Texas, Region 5 is not keeping pace with the changes as the rest of Texas. For Texas those that identify their race as "Asian" and those that identify their ethnicity as "Hispanic or Latino" are the fastest growing segments of the population. As a percentage of the population, for those that identify as "Hispanic or Latino" is 54.4% fewer than Texas. For those that identify as "Asian" in Region 5, is 90.4% lower than Texas.

According to the Texas School Survey, substance use among students within Region 5 has declined. From 2018 to 2022 the percentage of students consuming alcohol, tobacco, marijuana, and electronic vape products in the "Past Month" has decreased. Electronic vaping decreased by 14%, alcohol use decreased 17%, marijuana use decreased 17%, and alcohol use decreased 34%.

Data from the Texas Department of State Health Services reports that Region 5 has the highest rates of overdose deaths per 100,000 in population than any other region. In 2022, the overdose death rate for Texas was 18.4 and Region 5 was 22.7. Since 2018 the overdose death rate in Texas has been increasing and Region 5's increase has consistently remained above that of Texas.

The rate of overdose deaths reflects the use of fentanyl within Texas and Region5. Fentanyl-related overdose death rate (8.2) is above the state's rate of 7.3. This is due in part to the increase of fentanyl-contaminated drugs that are being consumed. There is a reported increase in the number of individuals testing positive for fentanyl while they were seeking treatment for other substances. Additionally, the use of xylazine (an animal tranquilizer) with fentanyl is problematic because xylazine is not an opioid and its effects cannot be reversed with naloxone in cases of overdose.

The southern three counties of Region 5, Hardin, Jefferson, and Orange contain over 51% of the region's population, yet there is currently no HHSC funded substance use prevention programs or CCPs operating within these three counties. ADAC's substance use prevention programs are contracted for the northern twelve counties. Previous substance use prevention programs in the southern three counties ended or were withdrawn.

Appendix

Data Source Tables

Table 38. Zip codes for Region 5 by county.

Angelina	Hardin	Houston	Jasper	Jefferson		Nacogdoches	Newton
75901	77374	75833	75931	77538	77659	75760	75928
75904	77376	75835	75951	77613	77665	75937	75932
75941	77519	75844	75956	77619	77701	75943	75933
75949	77564	75847	75980	77622	77702	75944	75956
75969	77585	75851	77612	77627	77703	75946	75966
75980	77625	75856	77662	77629	77705	75961	75977
	77656			77640	77706	75964	77612
	77657			77642	77707	75965	
	77659			77651	77708		
	77663			77655	77713		
	77664						

Orange	Polk	Sabine	San Augustine	San Jacinto	Shelby	Trinity	Tyler
77611	75934	75930	75929	77320	75643	75834	75936
77630	75936	75931	75930	77328	75935	75845	75938
77632	75939	75948	75935	77331	75954	75847	75979
77662	75960	75959	75972	77340	75973	75856	77616
	77335	75968		77359	75974	75862	77624
	77351	75972		77364	75975	75926	77660
	77360			77371			77664
	77371			77378			
	77652						

Source. Texas Zip Code Boundary Map.

Table 39. Population density per square mile per county.

Area	Land Area Square Miles	2022 Population	Pop. per Square Mile
Texas	261,231.77	30,029,572	115.0
Region 5	12,009.77	769,566	64.1
Angelina	797.78	87,101	109.2
Hardin	890.57	57,811	64.9
Houston	1,230.91	21,950	17.8
Jasper	938.85	32,484	34.6
Jefferson	876.30	250,830	286.2
Nacogdoches	946.54	64,862	68.5
Newton	933.68	12,052	12.9
Orange	333.67	84,934	254.5
Polk	1,057.09	53,255	50.4
Sabine	491.39	10,048	20.4
San Augustine	530.66	7,857	14.8
San Jacinto	569.24	28.348	49.8
Shelby	795.58	24,088	30.2
Trinity	693.61	13,996	20.2
Tyler	924.50	20,030	21.7

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Table 40. Population identified by race (combination & alone) for state, region, and county.

Area	American Indian	Asian	Black	NHPI*	Other	White
Texas	428,337	1,705,370	3,902,797	63,037	4,475,828	21,574,802
Region 5	12,197	16,382	157,999	584	54,215	579,708
Angelina	2,451	1,048	12,492	13	7,282	70,690
Hardin	623	630	3,581	0	1,526	51,661
Houston	253	207	5,808	31	1,012	16,098
Jasper	368	264	5,627	39	1,831	26,852
Jefferson	2,694	10,822	88,377	177	24,909	149,783
Nac.	1,157	1,100	12,521	60	5,124	49,816
Newton	70	108	2,723	0	336	9,740
Orange	1,124	1,196	8,005	100	3,808	75,715
Polk	1,529	519	5,111	24	3,038	42,438
Sabine	185	152	672	78	112	9,101
San Aug.	131	--	1,785	0	387	5,755
San Jacinto	525	51	2,976	61	2,381	23,984
Shelby	591	125	4,650	--	1,226	18,469
Trinity	213	25	1,370	0	604	12,040
Tyler	283	131	2,301	0	639	17,565

Source: U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

*NHPI – Native Hawaiian and Pacific Islander.

Table 41. Number of the population identified by race for state, region, and county.

Area	American Indian	Asian	Black	NHPI*	Other	White
Texas	428,337	1,705,370	3,902,797	63,037	4,475,828	21,574,802
Region 5	12,197	16,382	157,999	584	54,215	579,708
Angelina	2,451	1,048	12,492	13	7,282	70,690
Hardin	623	630	3,581	--	1,526	51,661
Houston	253	207	5,808	31	1,012	16,098
Jasper	368	264	5,627	39	1,831	26,852
Jefferson	2,694	10,822	88,377	177	24,909	149,783
Nac.	1,157	1,100	12,521	60	5,124	49,816
Newton	70	108	2,723	--	336	9,740
Orange	1,124	1,196	8,005	100	3,808	75,716
Polk	1,529	519	5,111	24	3,038	42,438
Sabine	185	152	672	78	112	9,101
San Aug.	131	--	1,785	--	387	5,755
San Jacinto	525	51	2,976	61	2,381	23,984
Shelby	591	125	4,650	--	1,226	18,469
Trinity	213	25	1,370	--	604	12,040
Tyler	283	131	2,301	--	639	17,565

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.
*NHPI – Native Hawaiian and Pacific Islander.

Table 42. Percentage of population Not Hispanic or Latino identified races for state, region, and county.

	Not Hispanic or Latino						
Area	American Indian	Asian	Black	NHPI*	Some Other Race	Two or more Races	White
Texas	0.32%	8.25%	19.57%	0.13%	0.42%	3.75%	67.57%
Region 5	0.31%	2.05%	23.16%	0.04%	0.16%	2.45%	71.82%
Angelina	0.61%	1.26%	17.79%	--	0.12%	2.90%	77.32%
Hardin	0.16%	0.52%	6.06%	--	0.17%	2.23%	90.85%
Houston	0.15%	0.37%	27.53%	--	0.07%	2.86%	69.01%
Jasper	0.10%	0.45%	16.67%	0.03%	0.16%	3.07%	79.53%
Jefferson	0.23%	4.81%	42.53%	0.07%	0.16%	2.13%	50.07%
Nac.	0.28%	1.19%	22.10%	0.03%	0.12%	2.57%	73.40%
Newton	0.50%	0.67%	21.39%	--	0.21%	1.11%	76.08%
Orange	0.16%	0.91%	9.44%	0.05%	0.11%	2.64%	86.69%
Polk	1.34%	1.00%	10.52%	0.06%	--	3.09%	83.99%
Sabine	0.14%	1.20%	5.79%	0.26%	0.89%	3.14%	88.58%
San Aug.	0.38%	--	24.27%	--	--	0.57%	74.78%
San Jac.	0.07%	0.19%	10.89%	0.04%	--	2.97%	85.85%
Shelby	0.10%	0.59%	22.82%	--	0.10%	1.30%	75.10%
Trinity	0.03%	0.10%	9.61%	--	--	3.25%	87.01%
Tyler	0.07%	0.70%	11.25%	--	0.26%	2.23%	85.49%

Source: U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.
Numbers are available upon request at kbartel@adacdet.org.
*NHPI – Native Hawaiian and Pacific Islander.

Table 43. Percentage of Hispanic or Latino population identified by race for state, region, and county.

	Hispanic or Latino						
Area	American Indian	Asian	Black	NHPI*	Some Other Race	Two or more Races	White
Texas	0.80%	0.17%	0.85%	0.03%	16.96%	21.77%	59.42%
Region 5	1.66%	0.16%	1.19%	--	15.76%	26.32%	54.92%
Angelina	1.84%	0.13%	0.08%	--	11.26%	24.94%	61.76%
Hardin	2.15%	--	6.31%	--	13.64%	19.97%	57.93%
Houston	1.17%	--	5.77%	--	16.56%	19.05%	57.45%
Jasper	2.08%	--	--	--	44.47%	25.92%	27.53%
Jefferson	0.90%	0.16%	0.86%	--	17.16%	26.80%	54.12%
Nac.	3.14%	0.48%	3.59%	--	12.21%	25.80%	54.78%
Newton	--	--	--	--	8.16%	60.58%	31.26%
Orange	0.26%	--	0.47%	--	11.76%	35.50%	52.01%
Polk	1.60%	0.05%	0.67%	--	14.98%	25.18%	57.52%
Sabine	6.63%	2.07%	--	--	5.18%	5.80%	80.33%
San Aug.	1.64%	0.66%	--	--	54.44%	9.21%	34.05%
San Jac.	3.22%	--	1.33%	--	14.37%	48.50%	32.57%
Shelby	7.17%	--	0.28%	--	16.64%	11.71%	64.20%
Trinity	1.31%	--	--	--	29.32%	10.59%	19.77%
Tyler	--	--	--	--	12.18%	25.09%	62.42%

Source: U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.
Numbers are available upon request at kbartel@adacdet.org.
*NHPI – Native Hawaiian and Pacific Islander.

Table 44. Population by age for state, region, and county.

Area	Ages 0-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages 65+
Texas	7,446,176	2,796,936	8,159,336	6,839,335	3,620,798
Region 5	182,623	70,110	187,784	193,181	127,553
Angelina	22,188	7,734	21,139	21,526	13,997
Hardin	13,935	4,219	14,187	14,320	9,463
Houston	4,387	1,564	5,410	6,102	4,825
Jasper	7,973	2,346	7,281	9,077	6,692
Jefferson	62,468	23,803	70,755	62,895	36,834
Nacogdoches	15,154	12,036	14,266	13,759	9,607
Newton	2,672	1,059	2,611	3,584	2,606
Orange	21,402	6,695	22,084	21,635	13,229
Polk	10,035	3,657	11,734	14,819	9,127
Sabine	1,849	543	1,800	2,774	3,008
San Aug.	1,591	571	1,365	2,249	2,188
San Jacinto	5,904	2,197	5,407	7,942	5,930
Shelby	6,421	2,039	5,446	6,155	4,193
Trinity	2,764	974	2,560	3,849	3,548
Tyler	3,880	673	1,739	2,495	2,306

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Table 45. Population by gender per county.

	Male	Female		Male	Female
Region 5	389,739	380,451	Orange	42,388	42,657
Angelina	42,550	44,034	Polk	26,732	22,640
Hardin	27,551	28,573	Sabine	4,856	5,118
Houston	12,134	10,154	San Aug.	3,921	4,043
Jasper	16,470	16,899	San Jacinto	13,599	13,781
Jefferson	132,064	124,691	Shelby	12,069	12,185
Nacogdoches	31,232	33,590	Trinity	6,683	7,012
Newton	6,523	6,009	Tyler	10,967	9,065

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Table 46. Population with a disability for region and county.

	Disability Population	Disability Percent		Disability Population	Disability Percent
Region 5	131,367	20.1%	Orange	14,499	17.2%
Angelina	15,450	18.2%	Polk	10,383	22.6%
Hardin	9,652	17.3%	Sabine	2,702	27.3%
Houston	4,368	22.8%	San Aug.	2,056	26.4%
Jasper	4,959	15.3%	San Jacinto	6,062	22.2%
Jefferson	36,803	15.1%	Shelby	3,857	16.0%
Nacogdoches	10,970	17.1%	Trinity	3,338	24.6%
Newton	1,869	15.1%	Tyler	4,399	24.7%

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Table 47. Employed/unemployed and unemployment rates, 5-year average, 2018-2022.

Area	Labor Force	Employed	Unemployed	Unemployment Rate
Texas	14,067,974	13,374,870	693,105	4.9%
Region 5	316,144	294,664	21,480	6.6%
Angelina	35,507	33,584	1,924	5.4%
Hardin	25,041	23,450	1,591	6.4%
Houston	10,283	9,861	422	4.1%
Jasper	12,809	11,784	1,025	8.0%
Jefferson	103,602	95,228	8,375	8.1%
Nacogdoches	28,035	26,693	1,342	4.8%
Newton	4,992	4,579	413	8.3%
Orange	35,294	32,922	2,572	7.3%
Polk	18,207	17,029	1,178	6.4%
Sabine	3,805	3,485	285	8.4%
San Augustine	3,078	2,865	213	7.0%
San Jacinto	11,697	10,997	700	3.5%
Shelby	11,122	10,571	551	4.9%
Trinity	5,298	4,973	325	6.1%
Tyler	7,174	6,645	530	7.4%

Source. Unemployment Rate. U.S. Bureau of Labor Statistics.

Table 48. Number of cases and average payment per case receiving TANF benefits, 2020-2022.

	2022		2021		2020	
Area	Cases	Avg. Payment per Case	Cases	Avg. Payment per Case	Cases	Avg. Payment per Case
Texas	85,156	$198	139,807	$208	202,987	$201
Region 5	2,805	$195	3,948	$205	5,652	$257
Angelina	274	$180	424	$197	600	$185
Hardin	132	$182	150	$176	243	$204
Houston	96	$193	108	$222	189	$213
Jasper	168	$205	143	$213	188	$198
Jefferson	939	$210	1,295	$213	1,845	$195
Nacogdoches	200	$185	307	$217	473	$192
Newton	57	$248	35	$206	53	$158
Orange	376	$199	566	$210	776	$209
Polk	228	$171	323	$212	474	$199
Sabine	34	$206	69	$201	105	$185
San Aug.	--	$218	33	$172	40	$154
San Jacinto	69	$157	130	$194	232	$188
Shelby	92	$178	159	$232	239	$222
Trinity	66	$168	120	$199	94	$159
Tyler	74	$218	86	$216	101	$188

Source. Temporary Assistance for Needy Families (TANF). Texas Health and Human Services.
"Cases" can include multiple individuals.
-- data suppressed.

Table 49. Number of cases receiving TANF benefits per 100 households, 2020-2022

	Households (2020	2022		2021		2020	
Area	Decennial)	Cases	Per 100 Households	Cases	Per 100 Households	Cases	Per 100 Households
Texas	10,491,147	85,156	0.81	139,678	1.33	202,987	1.93
Region 5	292,770	2,804	0.96	3,948	1.35	5,652	1.93
Angelina	32,134	274	0.85	424	1.32	600	1.87
Hardin	21,616	132	0.61	150	0.69	243	1.12
Houston	8,132	96	1.18	108	1.33	189	2.32
Jasper	13,050	168	1.29	143	1.09	188	1.44
Jefferson	95,658	939	0.98	1,295	1.35	1,845	1.93
Nac.	24,713	200	0.81	307	1.24	473	1.91
Newton	4,979	57	1.14	35	0.71	53	1.07
Orange	32,811	376	1.15	566	1.73	776	2.37
Polk	18,969	228	1.20	323	1.71	474	2.50
Sabine	4,387	34	0.77	69	1.57	105	2.40
San Aug.	3,257	--	0.13	33	1.02	40	1.24
San Jac.	10,546	69	0.65	130	1.24	232	2.20
Shelby	9,309	92	0.98	159	1.70	239	2.57
Trinity	5,847	66	1.13	120	2.06	94	1.61
Tyler	7,362	74	1.01	86	1.17	101	1.38

Source. Temporary Assistance for Needy Families (TANF). Texas Health and Human Services.
"Cases" can include multiple individuals.

Table 50. Number of cases and average payment per case receiving SNAP benefits, 2020-2022.

	2022		2021		2020	
Area	Cases	Avg. Payment per Case	Cases	Avg. Payment per Case	Cases	Avg. Payment per Case
Texas	18,594,243	$343	18,090,341	$306	19,646,834	$262
Region 5	700,159	$316	673,838	$273	721,994	$237
Angelina	75,698	$320	72,015	$287	77,882	$245
Hardin	35,639	$324	34,993	$290	38,551	$251
Houston	21,734	$284	20,478	$258	20,826	$219
Jasper	35,592	$303	33,479	$269	35,397	$235
Jefferson	242,148	$324	235,004	$285	251,805	$246
Nacogdoches	53,101	$311	50,751	$276	55,436	$238
Newton	13,044	$296	11,888	$262	12,990	$222
Orange	67,690	$331	66,626	$295	72,807	$262
Polk	47,327	$303	45,623	$268	47,434	$231
Sabine	10,509	$288	9,449	$262	10,107	$222
San Aug.	9,816	$284	9,232	$258	9,923	$226
San Jacinto	27,078	$320	25,847	$283	27,933	$246
Shelby	24,810	$306	24,201	$274	25,407	$240
Trinity	17,320	$291	16,399	$259	16,780	$225
Tyler	18,653	$307	17,853	$271	18,716	$240

Source. Supplemental Nutritional Assistance Program (SNAP). Texas Health and Human Services.
"Cases" can include multiple individuals.

Table 51. Median number of cases receiving SNAP benefits per 100 households, 2020-2022

	2022		2021		2020	
Area	Cases	Per 100 Households	Cases	Per 100 Households	Cases	Per 100 Households
Texas	18,594,243	14.8	18,090,341	14.6	19,646,834	16.1
Region 5	700,159	20.7	673,838	20.0	721,994	21.7
Angelina	75,698	19.5	72,015	19.2	77,882	20.7
Hardin	35,639	13.8	34,993	13.7	38,551	15.4
Houston	21,734	22.0	20,478	21.1	20,826	22.3
Jasper	35,592	22.4	33,479	21.7	35,397	23.4
Jefferson	242,148	21.0	235,004	20.9	251,805	22.8
Nac.	53,101	17.9	50,751	17.5	55,436	19.1
Newton	13,044	21.4	11,888	20.1	12,990	22.5
Orange	67,690	17.5	66,626	17.3	72,807	19.1
Polk	47,327	21.0	45,623	20.2	47,434	21.6
Sabine	10,509	19.7	9,449	18.2	10,107	19.7
San Aug.	9,816	24.9	9,232	24.1	9,923	26.0
San Jac.	27,078	21.3	25,847	20.8	27,933	22.7
Shelby	24,810	22.4	24,201	21.9	25,407	23.3
Trinity	17,320	24.7	16,399	23.3	16,780	24.7
Tyler	18,653	20.7	17,853	20.5	18,716	21.9

Source. Supplemental Nutritional Assistance Program (SNAP). Texas Health and Human Services.
"Cases" can include multiple individuals.

Table 52. Percentage of students available to receive free and/or reduced-priced lunches for state, region, and county, 2018/2019 to 2021/2022.

Area	2021/2022 % Eligible Free & Reduced Lunch	2020/2021 % Eligible Free & Reduced Lunch	*2019/2020 % Eligible Free & Reduced Lunch	2018/2019 % Eligible Free & Reduced Lunch
Texas	61%	60%	60%	61%
Region 5	66%	66%	67%	66%
Angelina	70%	74%	73%	68%
Hardin	47%	47%	47%	47%
Houston	71%	71%	70%	68%
Jasper	65%	65%	63%	64%
Jefferson	70%	69%	66%	71%
Nacogdoches	69%	70%	67%	67%
Newton	71%	71%	71%	68%
Orange	55%	54%	59%	51%
Polk	65%	66%	62%	73%
Sabine	62%	59%	68%	69%
San Augustine	79%	85%	84%	86%
San Jacinto	73%	65%	67%	68%
Shelby	69%	72%	75%	75%
Trinity	74%	75%	74%	70%
Tyler	61%	65%	62%	61%

Source. U.S. Department of Education, National Center for Education Statistics: Common Core Data. Elementary and Secondary Information System (ELSI).

* Near the end of the 2019/2020 school year schools shut down due to the COVID-19 pandemic. Numerous school districts offered free lunches to individuals within each community. As a result, the percentage of those eligible and receiving free lunches often exceeded the number of those enrolled in public school.

Table 53. Homeless student rate per 1,000 students and percentage of students that are categorized as "Economically Disadvantaged" for state, region, and county, 2020-2023.

	2022-2023 School Year		2021-2022 School Year		2020-2021 School Year	
Area	Homeless Student Rate per 1,000	Percentage Economically Disadvantage	Homeless Student Rate per 1,000	Percentage Economically Disadvantage	Homeless Student Rate per 1,000	Percentage Economically Disadvantage
Texas	13.0	61.8%	11.3	60.7%	10.7	60.2%
Region 5	12.8	67.9%	12.8	65.9%	15.5	66.1%
Angelina	19.7	72.5%	13.9	70.5%	17.4	74.3%
Hardin	14.0	50.1%	14.4	46.9%	19.4	46.7%
Houston	9.3	69.9%	6.5	70.6%	16.9	70.3%
Jasper	16.6	66.0%	24.1	64.1%	23.1	65.0%
Jefferson	14.1	72.8%	12.6	70.5%	9.6	69.7%
Nacogdoches	6.9	70.1%	8.2	69.0%	7.8	70.2%
Newton	17.2	72.9%	26.1	71.3%	22.6	71.3%
Orange	8.7	57.0%	10.4	55.0%	17.5	54.1%
Polk	11.6	66.8%	17.9	65.4%	15.5	66.0%
Sabine	15.2	67.3%	20.5	64.9%	28.3	58.4%
San Aug.	10.6	83.7%	--	79.5%	--	85.2%
San Jacinto	19.3	72.9%	17.4	73.1%	32.1	64.8%
Shelby	9.1	71.8%	9.1	69.3%	16.5	72.4%
Trinity	4.3	76.8%	--	73.8%	--	74.6%
Tyler	15.3	67.1%	11.5	66.9%	6.6	65.1%

Source. Texas Education Agency. Student Program and Special Population Report.
-- data suppressed.

Table 54. Percentage of population 25 years and older educational attainment by gender.

	% No High School Diploma		% High School Graduate		% Bachelor's degree		% Graduate's Degree	
Area	Male	Female	Male	Female	Male	Female	Male	Female
Texas	15.9%	14.5%	25.3%	23.8%	19.7%	21.0%	11.1%	11.2%
Region 5	17.5%	15.0%	38.4%	36.6%	9.8%	11.3%	4.9%	5.1%
Angelina	16.0%	16.4%	36.5%	27.0%	11.2%	12.8%	5.6%	6.4%
Hardin	11.2%	11.9%	41.5%	37.5%	13.1%	15.4%	3.6%	5.3%
Houston	22.4%	17.9%	38.1%	34.7%	7.8%	13.0%	4.8%	3.6%
Jasper	16.1%	14.9%	46.1%	41.6%	6.8%	9.0%	5.6%	4.8%
Jefferson	16.0%	14.2%	34.5%	29.4%	11.4%	14.7%	5.0%	7.4%
Nacogdoches	14.5%	14.9%	32.9%	28.3%	13.1%	17.7%	8.6%	9.8%
Newton	19.4%	16.5%	43.2%	43.0%	6.5%	6.4%	0.9%	2.8%
Orange	10.4%	11.6%	40.1%	32.2%	12.0%	12.8%	3.4%	5.3%
Polk	21.3%	17.6%	37.6%	37.2%	9.4%	8.8%	3.6%	4.2%
Sabine	17.1%	10.3%	29.4%	40.5%	9.9%	11.3%	8.9%	6.9%
San Aug.	19.5%	18.6%	42.6%	43.8%	8.5%	6.3%	5.4%	4.0%
San Jacinto	16.7%	14.4%	38.5%	39.7%	7.3%	10.0%	7.1%	4.2%
Shelby	22.6%	16.2%	38.6%	32.5%	10.1%	11.0%	2.6%	4.7%
Trinity	17.6%	14.7%	38.9%	39.2%	10.2%	9.3%	3.8%	3.4%
Tyler	21.3%	15.3%	37.2%	42.0%	10.2%	11.2%	3.9%	4.3%

Source. U.S. Census Bureau. American Community Survey, 5-Year Estimates 2017-2021.

Table 55. Percentage of population 25 years and older of those who obtained a high school diploma compared to those who received a bachelor's degree by year.

	2021		2020		2019		2018	
County	HS Diploma	Bachelor's degree	HS Diploma	Bachelor's degree	HS Diploma	Bachelor's degree	HS Diploma	Bachelor's degree
Angelina	31.6%	12.0%	30.8%	12.5%	31.6%	11.2%	31.9%	11.3%
Hardin	39.4%	14.3%	39.6%	13.9%	38.2%	12.1%	39.4%	10.8%
Houston	36.6%	10.1%	36.4%	11.0%	36.2%	11.5%	36.9%	10.7%
Jasper	43.8%	7.9%	44.9%	7.9%	44.7%	8.2%	44.6%	7.5%
Jefferson	32.0%	13.0%	32.1%	12.9%	31.9%	13.4%	32.6%	13.3%
Nac.	30.5%	15.5%	28.8%	15.2%	28.6%	15.6%	29.2%	15.4%
Newton	43.1%	6.4%	43.0%	7.10%	42.9%	7.7%	41.7%	7.1%
Orange	36.1%	12.4%	36.8%	12.4%	37.2%	12.5%	38.8%	11.8%
Polk	37.4%	9.2%	37.4%	10.5%	39.5%	9.4%	36.7%	10.3%
Sabine	35.1%	10.6%	35.2%	10.3%	35.6%	9.2%	39.0%	9.8%
San Aug.	43.2%	7.4%	41.8%	9.1%	40.1%	8.7%	39.0%	8.0%
San Jac.	39.1%	8.7%	42.5%	10.0%	48.0%	7.5%	49.5%	7.2%
Shelby	35.4%	10.5%	34.5%	10.3%	35.0%	10.0%	33.4%	10.9%
Trinity	39.0%	9.8%	35.7%	9.7%	35.9%	9.4%	37.5%	9.4%
Tyler	39.4%	10.7%	41.7%	10.5%	43.0%	9.8%	44.2%	9.3%

Source. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021.

Table 56. Rate of adult violent crimes per 100,000 for state, region, and county, 2018 to 2022.*

Area	2022	2021	2020	2019	2018
Texas	138.2	140.7	147.7	157.8	158.0
Region 5	124.7	131.8	141.6	148.0	175.0
Angelina	96.8	161.4	221.3	201.4	269.0
Hardin	131.4	91.5	100.9	131.4	110.3
Houston	117.4	100.6	72.7	145.4	156.6
Jasper	39.2	54.8	148.8	227.1	211.4
Jefferson	189.6	226.4	181.9	142.1	140.5
Nacogdoches	86.0	94.0	144.0	132.0	122.0
Newton	51.7	31.0	62.0	51.7	31.0
Orange	52.7	32.6	48.1	77.6	100.8
Polk	189.4	118.0	162.3	91.0	152.5
Sabine	49.6	24.8	111.6	49.6	582.9
San Augustine	143.2	159.1	95.5	47.7	190.9
San Jacinto	--	--	74.6	275.1	433.6
Shelby	132.8	77.5	71.9	149.4	77.5
Trinity	118.4	72.9	127.5	455.3	528.1
Tyler	56.3	56.3	75.1	169.0	569.2

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 57. Rate of adult property crime per 100.00 for state, region, and county, 2018 to 2022.*

Area	2022	2021	2020	2019	2018
Texas	259.3	232.8	253.0	322.3	339.4
Region 5	315.5	286.6	336.9	429.4	444.9
Angelina	456.5	415.0	671.9	656.3	608.7
Hardin	351.2	431.6	368.3	370.6	445.7
Houston	145.4	67.1	223.6	285.1	329.9
Jasper	281.9	297.6	360.2	798.8	908.4
Jefferson	306.1	263.7	266.8	324.0	287.2
Nacogdoches	628.0	576.0	754.0	712.0	931.9
Newton	41.4	31.0	72.4	248.1	165.4
Orange	102.4	62.0	45.0	107.0	252.8
Polk	624.6	509.1	536.1	742.7	577.9
Sabine	37.1	62.0	24.8	99.2	409.3
San Augustine	31.8	31.8	63.6	47.7	143.3
San Jacinto	--	--	209.8	219.1	139.9
Shelby	199.2	254.6	243.5	376.3	398.4
Trinity	182.1	236.8	100.2	1,639.1	1,320.3
Tyler	137.7	144.0	68.9	81.4	175.3

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 58. Rate of juvenile crime rate per 100,000 for state, region, and county, 2018 to 2022.*

Area	2022	2021	2020	2019	2018
Texas	1,658.5	1,283.1	1,322.4	2,133.2	2,300.8
Region 5	1,624.4	1,316.6	1,445.0	2,496.6	2,368.2
Angelina	1,048.2	936.7	936.7	914.4	1,103.9
Hardin	1,584.0	1,274.4	1,360.2	2,427.7	2,909.8
Houston	375.9	375.9	966.7	1,557.5	2,685.3
Jasper	344.2	200.8	229.5	1,376.9	1,893.3
Jefferson	2,843.0	2,326.9	2,447.3	4,580.7	3,849.5
Nacogdoches	2,467.7	1,480.6	2,212.4	3,216.5	3,488.8
Newton	191.9	287.9	191.9	191.9	479.9
Orange	133.9	97.4	146.1	267.9	267.9
Polk	2,834.8	2,604.3	2,443.0	3,364.8	2,350.8
Sabine	380.2	253.5	126.7	126.7	1,267.4
San Augustine	--	310.1	620.2	930.2	155.0
San Jacinto	--	--	--	---	--
Shelby	306.2	267.9	191.4	344.4	267.9
Trinity	1,174.5	1,090.6	1,761.7	4,949.7	5,872.5
Tyler	584.6	341.5	455.3	569.2	853.7

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 59. Rate of adult alcohol related arrests per 100,000 for state, region, and county, 2018 to 2022.*

Area	2022	2021	2020	2019	2018
Texas	367.3	434.0	515.5	645.4	687.6
Region 5	277.5	400.6	590.1	715.7	850.6
Angelina	249.0	176.8	625.6	684.0	811.6
Hardin	593.5	600.5	628.6	703.7	846.8
Houston	117.4	173.3	290.7	363.4	413.7
Jasper	54.8	31.3	117.5	242.8	587.3
Jefferson	263.7	464.5	848.3	914.8	904.0
Nacogdoches	618.0	1,151.9	973.9	1,185.9	1,543.9
Newton	--	51.7	124.1	217.1	330.9
Orange	269.9	299.3	96.2	426.5	587.8
Polk	142.6	270.5	418.1	332.0	491.8
Sabine	49.6	--	111.6	173.6	744.1
San Augustine	318.2	397.7	254.5	397.7	684.1
San Jacinto	--	--	256.5	326.4	340.4
Shelby	315.4	531.2	531.2	514.6	902.0
Trinity	455.4	346.0	1,393.2	3,068.7	3,505.7
Tyler	37.6	68.9	118.9	93.9	313.0

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 60. Number of adult alcohol-related arrests per county, 2018 to 2022.

County	2022	2021	2020	2019	2018
Region 5	1,644	2,373	3,496	4,240	5,039
Angelina	162	115	407	445	528
Hardin	253	256	268	300	361
Houston	21	31	52	65	74
Jasper	14	--	30	62	150
Jefferson	516	909	1,660	1,790	1,769
Nacogdoches	309	576	487	593	772
Newton	0	--	12	21	32
Orange	174	193	62	275	379
Polk	58	110	170	135	200
Sabine	--	0	--	14	60
San Augustine	20	25	16	25	43
San Jacinto	0	0	55	70	73
Shelby	57	96	96	93	163
Trinity	60	38	153	337	385
Tyler	--	--	19	15	50

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 61. Rate of adult drug-related arrests per 100,000 arrests for state, region, and per county, 2018 to 2022.*

Area	2022	2021	2020	2019	2018
Texas	386.2	397.6	416.4	584.1	687.9
Region 5	488.3	573.4	547.1	702.5	863.1
Angelina	382.7	387.4	619.5	890.0	1,289.6
Hardin	813.9	837.4	935.9	877.3	1,064.9
Houston	508.8	492.0	520.0	313.1	564.7
Jasper	121.4	270.2	227.1	485.5	814.4
Jefferson	503.9	499.8	394.5	621.4	660.8
Nacogdoches	1,033.9	1,355.9	1,131.9	1,409.9	1,549.9
Newton	51.7	--	41.4	134.4	279.2
Orange	271.4	375.3	240.4	190.8	601.8
Polk	477.4	900.1	1,023.0	831.2	740.2
Sabine	111.6	558.1	434.1	508.5	409.3
San Augustine	1,272.7	1,574.9	700.0	222.7	302.3
San Jacinto	--	--	680.8	722.7	830.0
Shelby	448.2	387.4	271.2	730.5	619.8
Trinity	892.4	1,211.1	746.7	2,212.7	2,813.7
Tyler	187.8	125.2	118.9	306.7	475.7

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 62. Number of adult drug-related arrests per county, 2018 to 2022.*

County	2022	2021	2020	2019	2018
Region 5	2,893	3,397	3,241	4,162	5,113
Angelina	249	252	403	579	839
Hardin	347	357	399	374	454
Houston	91	88	93	56	101
Jasper	31	69	58	124	208
Jefferson	986	978	772	1,216	1,293
Nacogdoches	517	678	566	705	775
Newton	--	0	--	13	27
Orange	175	242	155	123	388
Polk	194	366	416	338	301
Sabine	--	45	35	41	33
San Augustine	80	99	44	14	19
San Jacinto	0	0	146	155	178
Shelby	81	70	49	132	112
Trinity	98	133	82	243	309
Tyler	30	20	19	49	76

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 63. Rate of juvenile drug and alcohol related arrests per 100,000 for state, region, and county, 2018 to 2022.*

Area	2022	2021	2020	2019	2018
Texas	325.0	225.0	229.8	425.1	472.3
Region 5	202.9	149.1	158.7	251.2	273.3
Angelina	44.6	55.8	78.1	55.8	111.5
Hardin	86.1	292.7	413.2	637.1	671.5
Houston	268.5	107.4	214.8	268.5	483.4
Jasper	28.7	28.7	--	86.1	86.1
Jefferson	86.0	68.8	68.8	197.9	193.6
Nacogdoches	1,310.4	612.7	680.7	867.9	885.0
Newton	--	--	--	--	--
Orange	12.2	12.2	--	97.4	97.4
Polk	645.3	599.2	276.6	391.8	437.9
Sabine	--	--	--	--	--
San Augustine	--	155.0	155.0	--	--
San Jacinto	--	--	--	--	--
Shelby	--	38.3	--	38.3	38.3
Trinity	335.6	83.9	838.9	755.0	1,006.7
Tyler	113.8	56.9	56.9	--	--

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

-- Data suppressed.

*The UCR is a voluntary program as a result the numbers may not accurately reflect the true number of arrests that occur in each county each year.

Table 64. Drugs seized per county in pounds.

County	Marijuana	Amphetamine	Cocaine	Hallucinogens	Opiates
Region 5	487.348 lbs.	140.666 lbs.	68.929 lbs.	25.558 lbs.	9.611 lbs.
Angelina	15.360 lbs.	8.027 lbs.	1.562 lbs.	2.144 lbs.	0.071 lbs.
Hardin	7.861 lbs.	14.905 lbs.	0.988 lbs.		0.136 lbs.
Houston	1.500 lbs.	2.339 lbs.	0.600 lbs.		
Jasper	0.063 lbs.	7.706 lbs.	0.455 lbs.	0.113 lbs.	0.212 lbs.
Jefferson	288.443 lbs.	35.991 lbs.	33.333 lbs.	12.068 lbs.	6.644 lbs.
Nacogdoches	30.663 lbs.	16.285 lbs.	28.681 lbs.	5.099 lbs.	0.097 lbs.
Orange	118.560 lbs.	14.345 lbs.	0.404 lbs.	1.020 lbs.	0.510 lbs.
Polk	4.138 lbs.	8.248 lbs.	0.964 lbs.	0.159 lbs.	0.071 lbs.
San Augustine	0.750 lbs.	9.981 lbs.	0.459 lbs.	0.459 lbs.	0.874 lbs.
San Jacinto	0.063 lbs.	1.007 lbs.			
Shelby	2.125 lbs.	3.594 lbs.	0.282 lbs.		
Trinity	5.467 lbs.	2.153 lbs.	0.882 lbs.		0.847 lbs.
Tyler	12.563 lbs.	6.844 lbs.	0.388 lbs.	0.592 lbs.	

Source. Drugs Seized Summary Data. Uniform Crime Reporting System. Texas Department of Public Safety.

Agencies reporting to the Uniform Crime Reporting System include any regional law enforcement agency such as sheriff's offices, and local college/ISD police departments.

Counties with quantities less than one pound of any substance are not included due to confidentiality.

Table 65. Rate per 100,000 in population of violent crimes per county, 2018 to 2022.

Area	2022	2021	2020	2019	2018
Region 5	96.1	101.6	109.2	114.1	134.9
Angelina	72.9	121.5	166.7	151.6	202.6
Hardin	99.6	69.4	76.5	99.6	83.6
Houston	95.2	81.6	58.9	117.8	126.9
Jasper	30.3	42.4	115.2	175.9	163.7
Jefferson	144.6	172.7	138.8	108.4	107.2
Nacogdoches	66.5	72.7	111.4	102.1	94.3
Newton	40.9	24.6	49.1	40.9	24.6
Orange	40.1	24.8	36.6	59.0	76.6
Polk	153.6	95.8	131.7	73.8	123.7
Sabine	40.4	20.2	91.0	40.4	475.0
San Augustine	113.7	123.3	75.8	37.9	151.6
San Jacinto	--	--	58.4	215.3	339.4
Shelby	99.9	58.3	54.1	112.4	58.3
Trinity	95.6	58.8	102.9	367.6	426.4
Tyler	45.5	45.5	60.6	136.4	217.2

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

Table 66. Rate per 100,000 in population of property crimes per county, 2018 to 2022.

Area	2022	2021	2020	2019	2018
Region 5	243.2	220.9	259.7	331.0	342.9
Angelina	343.8	312.5	505.8	494.2	458.4
Hardin	273.9	327.2	279.2	281.0	337.9
Houston	117.8	54.4	181.3	231.1	267.4
Jasper	218.3	230.4	279.0	628.6	703.5
Jefferson	233.5	201.1	203.5	247.1	219.1
Nacogdoches	485.7	445.5	583.1	550.6	720.8
Newton	32.7	24.6	57.3	196.4	131.0
Orange	77.8	47.2	34.2	81.4	192.2
Polk	506.8	413.0	434.9	602.5	468.8
Sabine	30.3	50.5	20.2	80.9	333.5
San Augustine	25.3	25.3	50.5	37.9	113.7
San Jacinto	--	--	164.2	171.5	109.5
Shelby	149.9	191.5	183.2	283.1	299.7
Trinity	147.0	191.1	80.9	1,323.3	1,066.0
Tyler	111.1	116.2	55.6	331.0	141.4

Source. Uniform Crime Reporting System (UCR). Texas Department of Public Safety.

Table 67. County health rankings for health OUTCOMES and health FACTORS, 2021-2023.

	County Health OUTCOMES			County Health FACTORS		
County	2023	2022	2021	2023	2022	2021
Angelina	185	180	179	157	136	150
Hardin	168	167	159	111	95	148
Houston	213	218	216	199	210	205
Jasper	230	222	227	226	215	229
Jefferson	189	187	178	202	213	213
Nacogdoches	153	148	127	150	162	183
Newton	239	238	222	236	233	225
Orange	191	191	208	139	189	202
Polk	206	196	167	219	212	215
Sabine	233	237	226	212	219	224
San Aug.	221	220	239	234	223	231
San Jacinto	207	211	207	221	217	232
Shelby	211	204	214	222	218	222
Trinity	215	209	230	224	222	206
Tyler	218	213	209	215	228	235

Source. County Health Rankings.

*The rankings are based on comparing the 254 counties in Texas.

Table 68. Percentage of those ages 19 to 64 that are uninsured, 2018 to 2020.

	2020		2019		2018	
Area	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured
Texas	4,055,308	23.6%	4,145,309	24.4%	4,028,437	23.9%
Region 5	126,571	30.4%	125,415	29.8%	101,288	23.9%
Angelina	12,396	26.5%	12,325	26.1%	12,349	26.0%
Hardin	6,608	19.9%	6,129	18.5%	6,042	18.4%
Houston	2,352	22.6%	2,680	25.4%	2,727	25.4%
Jasper	4,042	21.7%	3,839	20.3%	3,832	20.0%
Jefferson	37,809	28.3%	35,578	26.0%	35,094	25.2%
Nacogdoches	9,268	26.8%	8,801	25.1%	8,869	25.0%
Newton	1,639	23.3%	1,779	24.6%	1,660	22.6%
Orange	9,176	19.3%	9,137	19.1%	9,349	19.4%
Polk	6,246	22.5%	7,057	26.1%	6,686	25.6%
Sabine	1,156	22.0%	1,161	22.1%	1,152	21.9%
San Aug.	968	22.9%	1,018	24.0%	989	23.0%
San Jacinto	4,110	25.8%	4,056	25.6%	4,164	26.2%
Shelby	4,076	30.2%	4,235	30.7%	4,251	30.2%
Trinity	1,705	22.2%	1,892	24.7%	1,898	24.7%
Tyler	2,492	23.7%	2,457	23.2%	2.226	20.9%

Source. Small Area Health Insurance Estimates. U.S. Census Bureau.

Table 69. Percentage and number of uninsured children (under the age of 19) for state, region, and county, 2018 to 2020.

	2020		2019		2018	
Area	# Uninsured	% Uninsured	# Uninsured	% Uninsured	# Uninsured	% Uninsured
Texas	883,727	11.6%	969,572	12.7%	855,304	11.1%
Region 5	22,528	12.3%	23,271	12.5%	20,428	10.8%
Angelina	2,984	13.4%	3,004	13.3%	2,670	11.6%
Hardin	1,706	11.5%	1,643	11.2%	1,302	8.8%
Houston	463	10.4%	603	13.1%	549	11.7%
Jasper	967	11.6%	1,020	11.8%	865	9.7%
Jefferson	7,432	12.3%	7,233	11.7%	6,328	10.1%
Nacogdoches	1,907	12.7%	1,877	12.3%	1,804	11.6%
Newton	317	12.2%	397	14.4%	347	12.0%
Orange	2,094	9.8%	2,490	11.6%	2,050	9.5%
Polk	1,476	13.7%	1,552	14.8%	1,316	12.6%
Sabine	256	13.3%	289	14.8%	261	12.7%
San Aug.	192	11.8%	222	13.5%	186	11.2%
San Jacinto	909	14.4%	962	15.2%	917	14.3%
Shelby	1,032	16.0%	1,062	15.8%	1,001	14.9%
Trinity	335	11.3%	391	13.2%	392	12.9%
Tyler	458	10.9%	526	12.4%	440	10.2%

Source. U.S. Census Bureau. Small Area Health Insurance Estimates.

Table 70. Percentage of uninsured adults (ages 19-65) for state, region, and county, 2018 to 2020.

	2020		2019		2018	
Area	# Uninsured	% Uninsured	# Uninsured	% Uninsured	# Uninsured	% Uninsured
Texas	4,939,035	19.9%	5,114,881	20.7%	4,883,741	19.9%
Region 5	126,571	21.1%	125,415	20.7%	121,716	19.8%
Angelina	15,380	22.3%	15,329	22.0%	15,019	21.3%
Hardin	8,314	17.3%	7,772	16.2%	7,344	15.4%
Houston	2,815	19.0%	3,283	21.7%	3,276	21.2%
Jasper	5,009	18.6%	4,859	17.6%	4,697	16.7%
Jefferson	45,241	23.3%	42,811	21.6%	41,422	20.5%
Nacogdoches	11,175	22.6%	10,678	21.2%	10,673	20.9%
Newton	1,956	20.3%	2,176	21.8%	2,007	19.6%
Orange	11,270	16.4%	11,627	16.8%	11,399	16.3%
Polk	7,722	20.0%	8,627	23.0%	8,002	21.9%
Sabine	1,412	19.7%	1,450	20.1%	1,413	19.3%
San Aug.	1,160	19.8%	1,240	21.1%	1,175	19.7%
San Jacinto	5,019	22.6%	5,018	22.6%	5,081	22.8%
Shelby	5,108	25.6%	5,297	25.8%	5,252	25.3%
Trinity	2,040	19.2%	2,283	21.5%	2,290	21.3%
Tyler	2,950	20.0%	2,983	20.1%	2,666	17.9%

Source. U.S. Census Bureau. Small Area Health Insurance Estimates.

Table 71. Number and rate of tobacco/e-cigarette retailers and permits per 100,000 population per county, 2023.

	Tobacco/E-Cig	Tobacco		E-Cigarette	
County	Retailers per 100K	# Tobacco Permits	Tob. Permits per 100K	# E-Cig Permits	C-Cig Permits per 100K
Region 5	239.3	1,686	219.3	914	118.9
Angelina	182.9	151	174.8	85	98.4
Hardin	211.6	117	208.1	62	110.3
Houston	217.5	49	222.1	21	95.2
Jasper	242.6	75	227.4	48	145.5
Jefferson	236.2	599	233.5	343	133.7
Nacogdoches	219.6	140	216.5	73	112.9
Newton	278.3	36	294.7	18	147.3
Orange	234.6	197	232.3	119	140.3
Polk	209.5	103	205.5	49	97.8
Sabine	323.4	30	303.2	5	50.5
San Aug.	252.6	18	227.3	9	113.7
San Jacinto	189.8	42	153.3	24	87.6
Shelby	270.6	57	237.3	22	91.6
Trinity	323.5	40	294.1	15	110.3
Tyler	197.0	32	161.6	21	106.1

Source. Texas Open Data Portal.

Table 72. Rate of social associations per 10,000 in population per county, 2019 to 2023.

County	2023	2022	2021	2020	2019
Region 5	9.7	9.9	9.9	10.1	11.3
Angelina	10.5	11.2	10.9	11.3	11.2
Hardin	11.3	12.2	11.7	11.9	12.3
Houston	10.9	12.2	10.8	11.3	12.7
Jasper	10.5	10.7	10.3	11.8	14.0
Jefferson	11.0	11.2	11.2	11.6	11.8
Nacogdoches	7.6	7.5	7.3	9.0	9.6
Newton	7.5	8.1	8.0	7.2	7.9
Orange	9.7	9.4	9.2	9.2	10.7
Polk	7.2	8.0	7.6	7.9	9.4
Sabine	12.4	11.4	11.3	11.5	13.6
San Augustine	6.1	6.1	7.3	7.3	10.8
San Jacinto	2.7	3.1	2.8	2.8	4.0
Shelby	11.6	11.5	11.4	12.2	12.5
Trinity	14.8	14.3	16.3	15.0	13.8
Tyler	12.5	12.0	12.4	12.1	14.5

Source. County Health Rankings.

Table 73. Rate of controlled substances (schedule 2 & 3) prescribed per 1,000 in population per county, 2020 to 2022.

	2022		2021		2020	
County	Schedule 2	Schedule 3	Schedule 2	Schedule 3	Schedule 2	Schedule 3
Region 5	530.88	253.57	524.22	230.43	518.06	257.38
Angelina	522.15	234.76	502.40	236.51	484.77	269.49
Hardin	674.98	275.44	685.72	276.36	674.86	299.98
Houston	335.90	102.74	322.94	111.35	284.37	132.92
Jasper	642.33	214.95	543.13	212.13	613.95	241.15
Jefferson	543.40	245.97	543.13	250.59	552.92	282.38
Nac.	563.14	563.14	551.28	241.47	518.15	258.24
Newton	150.28	39.54	167.47	45.51	145.62	50.09
Orange	675.24	269.17	675.12	281.38	680.75	316.21
Polk	638.73	229.46	599.31	222.57	568.74	249.13
Sabine	319.18	165.96	317.57	172.33	292.10	207.50
San Aug.	385.32	284.67	387.22	286.18	383.18	293.89
San Jacinto	164.55	50.95	161.12	50.87	167.14	64.01
Shelby	304.89	215.18	306.14	232.82	299.06	245.77
Trinity	384.36	138.51	381.19	151.82	354.21	165.93
Tyler	313.06	157.19	307.96	152.43	298.97	174.21

Source. Texas Prescription Monitoring Program. Texas State Board of Pharmacy.

Table 74. Rate of controlled substances (schedule 4 & 5) prescribed per 1,000 in population per county, 2020 to 2022.

	2022		2021		2020	
County	Schedule 4	Schedule 5	Schedule 4	Schedule 5	Schedule 4	Schedule 5
Region 5	712.17	76.59	745.51	74.33	798.16	77.51
Angelina	748.49	102.40	763.41	95.50	818.80	98.65
Hardin	849.58	79.55	886.15	77.59	957.12	77.70
Houston	428.58	74.69	440.86	66.62	474.03	62.04
Jasper	769.95	82.53	772.92	77.65	858.00	80.14
Jefferson	781.31	67.38	826.02	65.76	899.21	73.61
Nac.	687.61	86.42	749.51	84.28	771.67	92.20
Newton	190.39	17.52	217.16	20.46	224.77	16.45
Orange	880.02	75.42	933.76	78.41	998.95	80.44
Polk	657.32	108.83	649.70	102.45	664.51	95.74
Sabine	649.18	68.02	668.99	66.10	680.51	72.67
San Aug.	554.18	87.65	577.42	79.19	628.95	85.00
San Jacinto	204.00	25.95	180.35	27.01	201.12	27.44
Shelby	590.42	90.17	630.05	92.50	654.40	87.46
Trinity	422.58	79.97	453.61	79.61	484.71	70.36
Tyler	453.88	48.19	495.96	42.93	469.74	40.81

Source. Texas Prescription Monitoring Program. Texas State Board of Pharmacy.

Table 75. Percentage of single-parent households per county, 2021.

Area	Total Households	Male head Household	Female Head Household	Households w/ Children Under 18	Average Household Size	Total Single-Parent Households
Texas	10,239,341	1.4%	6.3%	36.2%	2.76	7.6%
Region 5	279,407	1.3%	6.8%	32.4%	2.60	6.6%
Angelina	31,151	1.3%	8.2%	36.2%	2.69	9.5%
Hardin	20,568	1.7%	6.1%	34.5%	2.71	7.8%
Houston	7,353	1.5%	3.9%	26.9%	2.60	5.5%
Jasper	12,776	1.7%	4.0%	32.6%	2.55	5.7%
Jefferson	92,751	1.0%	9.3%	32.5%	2.60	10.3%
Nac.	24,179	1.7%	6.7%	32.7%	2.47	8.5%
Newton	4,728	1.5%	5.1%	31.3%	2.62	6.6%
Orange	30,636	1.1%	4.9%	33.5%	2.75	6.0%
Polk	17,028	0.9%	5.8%	30.5%	2.70	6.6%
Sabine	4,317	0.6%	3.6%	21.2%	2.29	4.2%
San Aug.	3,167	1.0%	4.2%	32.0%	2.45	5.1%
San Jacinto	9,451	0.7%	2.6%	30.8%	2.88	3.3%
Shelby	8,898	2.8%	5.5%	36.8%	2.71	8.3%
Trinity	5,897	4.4%	2.4%	21.9%	2.31	6.7%
Tyler	6,525	1.1%	4.0%	26.7%	2.73	5.1%

Source. U.S. Census Bureau. American Community Survey 5-year Estimates.

Table 76. Rate of family violence per 100,000 in population for state, region, and county, 2018-22.

Area	2022	2021	2020	2019	2018
Texas	689.9	702.6	749.2	684.4	657.6
Region 5	783.9	882.6	784.8	690.7	933.0
Angelia	692.2	660.9	648.2	718.8	713.0
Hardin	423.3	416.1	442.8	393.0	444.6
Houston	294.6	380.7	362.6	235.7	154.1
Jasper	521.5	491.2	588.2	639.8	582.2
Jefferson	1,300.1	1,576.1	1,131.7	883.0	1,688.7
Nacogdoches	826.0	804.3	1,023.9	946.6	994.5
Newton	319.2	319.2	180.1	237.4	253.7
Orange	551.8	972.1	5530	496.4	442.2
Polk	694.3	666.4	762.1	893.8	800.0
Sabine	192.0	262.8	414.4	303.2	303.2
San Aug.	404.1	517.8	479.9	391.5	217.7
San Jacinto	--	--	744.5	521.9	507.3
Shelby	445.4	383.0	537.0	549.5	295.6
Trinity	227.9	191.2	125.0	147.0	117.6
Tyler	191.9	212.1	414.2	368.7	121.2

Table 77. Rate of children abused/neglected per 1,000 children per county, 2018 to 2022.

Area	2022	2021	2020	2019	2018
Texas	8.6	10.2	10.3	10.2	9.8
Region 5	9.5	12.0	12.2	12.0	11.4
Angelina	12.5	11.4	13.1	9.4	10.1
Hardin	7.6	7.7	10.4	11.4	10.5
Houston	8.2	12.5	14.4	18.0	15.7
Jasper	8.3	7.8	9.4	10.7	14.3
Jefferson	8.9	12.8	11.7	11.0	9.6
Nacogdoches	9.1	10.6	12.0	11.4	10.0
Newton	6.0	10.9	5.6	6.4	7.1
Orange	8.4	13.8	13.1	13.8	13.1
Polk	10.4	10.4	12.3	13.5	12.1
Sabine	14.1	13.5	7.6	10.8	11.4
San Augustine	7.0	16.8	12.4	7.0	10.3
San Jacinto	20.6	28.7	41.1	43.8	33.0
Shelby	7.0	11.8	9.8	8.6	11.1
Trinity	22.1	15.9	19.9	23.9	17.4
Tyler	11.9	11.6	12.1	19.3	22.2

Source. Texas Department of Family and Protective Services.

Table 78. Rate of children in placement with non-relative per 1,000 children under 18 for state, region, and county, 2018 to 2022.

Area	2022	2021	2020	2019	2018
Texas	1.56	1.90	2.04	2.16	2.20
Region 5	3.03	3.43	3.33	3.57	3.60
Angelina	3.56	3.00	3.09	3.70	3.00
Hardin	1.83	2.35	2.35	2.65	2.50
Houston	2.15	3.11	4.07	4.31	8.13
Jasper	2.82	4.97	3.36	3.63	7.66
Jefferson	2.79	2.84	2.51	2.83	2.30
Nacogdoches	3.82	4.78	6.28	4.71	4.64
Newton	1.18	2.75	0.79	2.75	3.93
Orange	3.49	4.52	5.02	4.92	5.90
Polk	3.07	3.81	3.49	3.38	2.43
Sabine	6.55	4.37	1.64	4.37	9.28
San Aug.	7.35	4.90	3.68	1.84	1.84
San Jacinto	2.69	3.86	2.69	2.85	3.36
Shelby	2.18	3.02	2.02	2.02	2.69
Trinity	2.29	2.29	1.53	4.20	4.20
Tyler	3.92	4.45	6.02	7.85	4.45

Source. Texas Department of Family and Protective Services.

*"Placed with Non-Relative" can include basic child care, CPA non-relative foster home, DFPS non-relative foster home, emergency shelter, residential treatment, other foster care, and other substitute centers.

Table 79. TSS response to, "How do your parents feel about kids your age using alcohol?".

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All Grades	53.3%	14.4%	16.0%	6.8%	0.9%	8.5%
Grade 7	70.5%	9.1%	6.7%	3.8%	1.2%	8.7%
Grade 8	63.0%	12.6%	11.1%	4.2%	0.5%	8.7%
Grade 9	48.3%	16.0%	19.4%	6.5%	0.7%	9.2%
Grade 10	48.1%	15.8%	17.2%	10.2%	1.0%	7.8%
Grade 11	43.1%	17.8%	19.8%	9.3%	1.0%	9.0%
Grade 12	43.3%	16.0%	23.8%	8.1%	1.2%	7.6%

Source. 2022 Texas School survey.

Table 80. TSS response to, "How do your parents feel about kids your age using tobacco?".

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All Grades	73.4%	8.2%	7.6%	1.7%	0.5%	8.7%
Grade 7	83.2%	4.1%	2.7%	0.6%	0.3%	9.1%
Grade 8	79.8%	5.6%	5.5%	0.8%	0.2%	8.2%
Grade 9	70.6%	8.7%	9.3%	1.7%	0.3%	9.4%
Grade 10	72.1%	8.7%	8.8%	2.3%	0.3%	7.9%
Grade 11	66.7%	9.5%	10.5%	2.8%	1.0%	9.6%
Grade 12	65.3%	13.9%	9.6%	2.1%	1.3%	7.8%

Source. 2022 Texas School Survey.

Table 81. TSS response to, "How do your parents feel about kids your age using marijuana?".

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All Grades	74.3%	6.3%	7.0%	2.6%	1.4%	8.4%
Grade 7	85.4%	1.7%	2.5%	1.5%	0.3%	8.6%
Grade 8	80.7%	3.8%	5.1%	1.1%	1.0%	8.4%
Grade 9	71.4%	6.7%	7.8%	2.7%	1.9%	9.5%
Grade 10	73.3%	7.5%	7.4%	3.0%	1.9%	6.9%
Grade 11	67.4%	9.0%	9.3%	4.0%	1.8%	8.5%
Grade 12	64.7%	10.6%	11.1%	3.6%	1.7%	8.2%

Source. 2022 Texas School Survey.

Table 82. TSS response to, "About how many of your close friends use alcohol?".

	None	A Few	Some	Most	All
All Grades	48.9%	25.2%	11.9%	9.7%	4.3%
Grade 7	72.8%	18.5%	5.2%	2.7%	0.9%
Grade 8	63.0%	22.3%	9.0%	5.1%	0.5%
Grade 9	41.5%	28.5%	14.8%	10.0%	5.3%
Grade 10	41.7%	27.9%	11.5%	12.9%	5.9%
Grade 11	35.7%	27.0%	16.5%	13.6%	7.3%
Grade 12	34.7%	27.7%	15.0%	15.6%	7.0%

Source. 2022 Texas School Survey.

Table 83. TSS response to, "About how many of your close friends use tobacco?".

	None	A Few	Some	Most	All
All Grades	72.2%	17.2%	5.2%	3.6%	1.8%
Grade 7	88.9%	6.8%	2.9%	0.8%	0.5%
Grade 8	78.8%	15.9%	3.0%	1.7%	0.7%
Grade 9	65.6%	20.2%	8.1%	3.3%	2.8%
Grade 10	70.8%	16.5%	5.8%	4.7%	2.1%
Grade 11	63.6%	23.4%	4.8%	5.8%	2.4%
Grade 12	63.5%	21.3%	6.4%	6.3%	2.6%

Source. 2022 Texas School Survey.

Table 84. TSS response to, "About how many of your close friends use marijuana?".

	None	A Few	Some	Most	All
All Grades	65.7%	16.5%	8.7%	6.0%	3.1%
Grade 7	88.3%	7.4%	2.4%	1.5%	0.4%
Grade 8	76.8%	13.1%	6.2%	2.8%	1.1%
Grade 9	61.0%	18.5%	10.1%	7.0%	3.4%
Grade 10	61.7%	16.1%	10.2%	7.3%	4.7%
Grade 11	54.1%	20.6%	12.7%	7.8%	4.9%
Grade 12	48.6%	24.8%	11.5%	11.5%	4.7%

Source. 2022 Texas School Survey.

Table 85. TSS response to, "If you wanted some, how difficult would it be to get alcohol?".

	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All Grades	13.3%	6.4%	10.6%	18.1%	25.9%
Grade 7	23.3%	8.6%	11.9%	10.6%	12.0%
Grade 8	16.1%	6.0%	9.9%	14.1%	19.2%
Grade 9	11.7%	7.3%	12.3%	21.5%	29.5%
Grade 10	13.6%	6.6%	9.4%	17.7%	30.7%
Grade 11	8.4%	4.2%	9.6%	22.2%	32.8%
Grade 12	4.6%	5.5%	9.9%	23.5%	33.2%

Source. 2022 Texas School Survey.

Table 86. TSS response to, "If you wanted some, how difficult would it be to get tobacco?".

	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All Grades	30.8%	7.6%	9.9%	13.0%	15.4%
Grade 7	33.4%	7.5%	9.1%	6.3%	4.0%
Grade 8	23.9%	7.2%	9.1%	9.9%	9.2%
Grade 9	18.7%	7.0%	14.0%	13.7%	19.0%
Grade 10	22.2%	7.4%	7.6%	15.2%	17.0%
Grade 11	14.0%	7.4%	9.1%	17.1%	22.6%
Grade 12	10.5%	9.1%	10.2%	17.2%	22.3%

Source. 2022 Texas School Survey.

Table 87. TSS response to, "If you wanted some, how difficult would it be to get marijuana?".

	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All Grades	23.9%	8.6%	8.9%	10.6%	13.8%
Grade 7	35.7%	9.8%	4.4%	2.7%	2.5%
Grade 8	29.4%	8.7%	7.9%	7.1%	4.6%
Grade 9	24.5%	10.0%	11.6%	13.7	14.2%
Grade 10	23.2%	6.6%	11.4%	9.0%	17.0%
Grade 11	17.0%	7.7%	8.2%	16.5%	21.5%
Grade 12	10.1%	8.6%	10.1%	15.8%	26.5%

Source. 2022 Texas School Survey.

Table 88. TSS response to, "Thinking of parties you attended this school year, how often was alcohol used?".

Grade	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All Grades	54.7%	7.3%	5.2%	7.2%	9.2%	1.6%	14.7%
Grade 7	71.6%	7.3%	3.1%	3.5%	0.9%	1.2%	12.4%
Grade 8	68.8%	8.3%	3.9%	3.3%	2.4%	1.3%	12.1%
Grade 9	48.9%	7.9%	6.6%	7.9%	9.3%	1.6%	17.8%
Grade 10	49.0%	6.4%	6.8%	7.9%	13.9%	2.4%	13.6%
Grade 11	43.6%	9.2%	4.4%	8.7%	16.3%	1.4%	16.5%
Grade 12	42.3%	4.7%	6.6%	13.4%	15.1%	1.6%	16.3%

Source. 2022 Texas School Survey.

Table 89. TSS response to, "Thinking of parties you attended this school year, how often was marijuana used?".

Grade	Never	Seldom	Half the Time	Most of the Time	Always	Do Not Know	Did Not Attend
All Grades	65.4%	5.5%	3.9%	4.1%	3.9%	2.6%	14.7%
Grade 7	80.7%	3.0%	0.8%	0.9%	0.5%	2.3%	11.9%
Grade 8	79.2%	3.1%	2.5%	1.8%	0.8%	0.8%	11.8%
Grade 9	59.1%	5.9%	4.1%	4.4%	4.7%	4.0%	17.9%
Grade 10	62.6%	6.2%	4.6%	5.0%	5.1%	3.0%	13.6%
Grade 11	52.6%	8.8%	6.0%	5.3%	7.5%	3.6%	16.2%
Grade 12	55.1%	6.4%	6.0%	7.7%	5.7%	2.2%	16.9%

Source. 2022 Texas School Survey.

Table 90. Dropout rates per county for race/ethnicity, 2021.

County	African American	American Indian	Asian American	Hispanic	Multiracial	White
Angelina	8.4	28.6	0	5.1	11.4	4.0
Hardin	5.0	0	0	4.3	0	1.4
Houston	0	--	--	2.4	20.0	0
Jasper	3.2	--	--	1.9	10.0	4.2
Jefferson	11.8	12.5	2.4	12.6	18.5	5.4
Nac.	5.6	--	0	4.9	9.1	1.5
Newton	2.6	--	--	0	0	1.4
Orange	5.2	--	0	2.8	10.0	6.4
Polk	7.7	0	0	7.6	9.1	6.7
Sabine	18.2	--	--	12.5	0	9.5
San Aug.	6.3	--	--	0	--	0
San Jacinto	0	--	--	1.8	0	6.3
Shelby	0	--	--	0	0	1.2
Trinity	4.2	--	--	0	0	5.0
Tyler	5.6	--	--	9.1	0	2.8

Source. Four-Year Graduation and Dropout Data, Class of 2019-2021. Texas Education Agency.

Table 91. Percentage of those who graduate high school per county, 2018 to 2021.

Area	2021	2020	2019	2018
Texas	93.3%	93.7%	93.4%	93.4%
Region 5	93.9%	94.1%	93.4%	93.7%
Angelina	93.2%	94.1%	92.6%	93.7%
Hardin	95.9%	93.1%	93.8%	92.6%
Houston	97.5%	97.2%	94.9%	96.9%
Jasper	95.2%	93.5%	95.8%	93.1%
Jefferson	85.5%	87.3%	86.7%	87.0%
Nacogdoches	94.9%	94.9%	93.4%	93.2%
Newton	95.9%	96.9%	92.8%	96.9%
Orange	90.3%	91.8%	90.4%	92.6%
Polk	90.8%	92.5%	93.4%	94.0%
Sabine	90.0%	96.0%	97.8%	96.0%
San Augustine	96.2%	96.7%	96.1%	93.2%
San Jacinto	93.2%	91.8%	93.2%	90.1%
Shelby	98.3%	97.2%	95.4%	94.5%
Trinity	95.7%	94.3%	91.2%	95.3%
Tyler	96.3%	93.9%	94.1%	96.5%

Source. Texas Education Agency.

Table 92. TSS response to "How recently, if ever, have you used the following prescription drugs not prescribed to you…".

	Past Month	School Year	Ever Used	Never Used
Any Prescription Drugs?				
All Grades	5.3%	8.3%	16.8%	83.2%
Grade 7	4.0%	6.8%	13.6%	86.4%
Grade 8	6.3%	8.4%	16.3%	83.7%
Grade 9	6.0%	9.2%	18.3%	81.7%
Grade 10	6.8%	9.9%	17.7%	82.3%
Grade 11	4.3%	7.8%	16.3%	83.7%
Grade 12	4.0%	7.6%	18.9%	81.1%
Codeine Cough Syrup?				
All Grades	2.7%	4.5%	10.6%	89.4%
Grade 7	2.8%	4.9%	9.7%	90.3%
Grade 8	3.0%	3.9%	8.9%	91.1%
Grade 9	3.1%	5.2%	11.2%	88.8%
Grade 10	3.9%	5.5%	12.4%	87.6%
Grade 11	1.2%	3.4%	9.0%	91.0%
Grade 12	2.1%	4.0%	12.7%	87.3%
OxyContin, Percodan, Percocet, Oxycodone, Vicodin, Lortab, Lorcet, or Hydrocodone?				
All Grades	0.4%	0.7%	2.0%	98.0%
Grade 7	0.1%	0.3%	1.3%	98.7%
Grade 8	1.1%	1.4%	2.1%	97.9%
Grade 9	0.2%	0.6%	1.6%	98.4%
Grade 10	0.3%	1.0%	3.2%	96.8%
Grade 11	0.5%	0.7%	2.3%	97.7%
Grade 12	0.0%	0.0%	1.9%	98.1%
Valium, Diazepam, Xanax, or other Benzodiazepines?				
All Grades	0.7%	1.3%	3.2%	96.8%
Grade 7	0.3%	0.5%	1.0%	99.0%
Grade 8	0.3%	0.9%	1.8%	98.2%
Grade 9	1.2%	2.2%	4.1%	95.9%
Grade 10	1.1%	2.3%	4.4%	95.6%
Grade 11	0.7%	1.0%	4.0%	96.0%
Grade 12	0.3%	1.1%	4.1%	95.9%
Adderall, Ritalin, Dexedrine, Concerta, or Focalin?				
All Grades	0.9%	1.9%	4.2%	95.8%
Grade 7	0.2%	1.1%	2.2%	97.8%
Grade 8	1.2%	2.3%	4.4%	95.6%
Grade 9	0.8%	1.5%	3.7%	96.3%
Grade 10	1.5%	2.7%	4.7%	95.3%
Grade 11	1.0%	1.9%	4.7%	95.3%
Grade 12	0.9%	1.8%	5.8%	94.2%

Source. 2022 Texas School Survey.

Table 93. TSS response to "How recently, if ever, have you used…", 2022.

		Past Month	School Year	Ever Used	Never Used
Any Illicit Drug?					
	All Grades	12.1%	16.2%	21.8%	78.2%
	Grade 7	4.0%	6.1%	8.4%	91.6%
	Grade 8	7.2%	10.2%	13.7%	86.3%
	Grade 9	14.0%	18.4%	22.1%	77.9%
	Grade 10	14.1%	18.9%	24.8%	75.2%
	Grade 11	14.8%	20.2%	30.4%	69.6%
	Grade 12	20.2%	25.5%	34.7%	65.3%
Marijuana?					
	All Grades	11.5%	13.8%	19.5%	80.5%
	Grade 7	3.3%	3.8%	4.8%	95.2%
	Grade 8	6.5%	7.4%	11.2%	88.8%
	Grade 9	13.8%	16.4%	20.1%	79.9%
	Grade 10	13.4%	15.6%	22.2%	77.8%
	Grade 11	13.8%	17.6%	28.0%	72.0%
	Grade 12	19.7%	24.0%	34.5%	65.5%
Cocaine?					
	All Grades	0.7%	0.9%	1.4%	98.6%
	Grade 7	0.5%	0.5%	1.0%	99.0%
	Grade 8	0.4%	0.4%	0.7%	99.3%
	Grade 9	1.0%	1.2%	1.3%	98.7%
	Grade 10	0.7%	1.0%	2.1%	97.9%
	Grade 11	0.8%	0.8%	1.2%	98.8%
	Grade 12	1.1%	1.5%	2.4%	97.6%
Crack?					
	All Grades	0.4%	0.5%	0.6%	99.4%
	Grade 7	0.2%	0.2%	0.2%	99.8%
	Grade 8	0.8%	0.8%	0.8%	99.2%
	Grade 9	0.7%	0.7%	0.8%	99.2%
	Grade 10	0.3%	0.7%	1.1%	98.9%
	Grade 11	0.0%	0.0%	0.0%	100.0%
	Grade 12	0.4%	0.9%	0.9%	99.1%
Hallucinogens?					
	All Grades	0.6%	1.1%	2.5%	97.5%
	Grade 7	0.0%	0.0%	0.3%	99.7%
	Grade 8	0.8%	1.0%	2.3%	97.7%
	Grade 9	0.9%	1.2%	2.6%	97.4%
	Grade 10	0.5%	1.1%	3.1%	96.9%
	Grade 11	0.3%	1.2%	3.7%	96.3%
	Grade 12	1.1%	2.1%	3.1%	96.9%

Source. 2022 Texas School Survey.

Table 93 continued.

		Past Month	School Year	Ever Used	Never Used
Synthetic Cathinones?					
	All Grades	0.2%	0.3%	0.6%	99.4%
	Grade 7	0.0%	0.0%	0.4%	99.6%
	Grade 8	0.0%	0.0%	0.5%	99.5%
	Grade 9	0.5%	0.8%	0.8%	99.2%
	Grade 10	0.0%	0.4%	0.6%	99.4%
	Grade 11	0.4%	0.4%	0.8%	99.2%
	Grade 12	0.0%	0.0%	0.2%	99.8%
Steroids?					
	All Grades	0.5%	0.9%	1.9%	98.1%
	Grade 7	0.6%	0.6%	1.2%	98.8%
	Grade 8	0.3%	1.0%	2.6%	97.4%
	Grade 9	0.9%	1.1%	2.4%	97.6%
	Grade 10	0.6%	1.1%	1.7%	98.3%
	Grade 11	0.5%	0.9%	1.6%	98.4%
	Grade 12	0.2%	0.5%	1.7%	98.3%
Ecstasy?					
	All Grades	0.4%	0.8%	1.7%	98.3%
	Grade 7	0.0%	0.0%	0.1%	99.9%
	Grade 8	0.2%	0.2%	0.3%	99.7%
	Grade 9	0.8%	1.4%	2.1%	97.9%
	Grade 10	0.7%	1.6%	3.3%	96.7%
	Grade 11	0.4%	0.7%	2.0%	98.0%
	Grade 12	0.6%	0.9%	2.8%	97.2%
Heroin?					
	All Grades	0.2%	0.2%	0.6%	99.4%
	Grade 7	0.0%	0.0%	1.0%	99.0%
	Grade 8	0.8%	0.8%	0.8%	99.2%
	Grade 9	0.0%	0.2%	0.7%	99.3%
	Grade 10	0.3%	0.3%	0.8%	99.2%
	Grade 11	0.0%	0.0%	0.3%	99.7%
	Grade 12	0.0%	0.0%	0.0%	100.0%
Methamphetamine?					
	All Grades	0.2%	0.4%	0.6%	99.4%
	Grade 7	0.3%	0.3%	0.7%	99.3%
	Grade 8	0.2%	0.2%	0.4%	99.6%
	Grade 9	0.2%	1.3%	1.5%	98.5%
	Grade 10	0.3%	0.4%	0.5%	99.5%
	Grade 11	0.0%	0.0%	0.3%	99.7%
	Grade 12	0.0%	0.0%	0.0%	100.0%

Source. 2022 Texas School Survey.

Table 94. Percentage of adults who have had at least one drink of alcohol within the past 30 days by sex, age, and race/ethnicity in Texas, 2018 to 2021.

		2021	2020	2019	2018
Sex	Male	57.9%	59.2%	59.7%	57.6%
	Female	45.3%	42.3%	44.9%	45.7%
Age	18-24	47.2%	47.8%	48.3%	50.7%
	25-34	61.0%	62.0%	62.6%	58.7%
	35-44	58.1%	56.5%	58.3%	57.9%
	45-54	53.1%	51.5%	57.9%	57.9%
	55-64	51.4%	46.7%	50.0%	45.2%
	65+	38.1%	38.1%	37.3%	37.9%
Race/Ethnicity	White	55.4%	56.0%	59.8%	56.0%
	Black	50.2%	47.3%	51.9%	51.3%
	American Indian	46.4%	49.9%	--	57.7%
	Asian	41.0%	38.0%	41.5%	45.3%
	Other Non-Hispanic	53.3%	40.9%	49.8%	57.0%
	Multicultural Non-Hispanic	43.8%	43.6%	51.9%	58.9%
	Hispanic	48.9%	47.2%	48.4%	46.5%

Source. Centers for Disease Control and Prevention. BRFSS Prevalence and Trend Data.

Table 95. Percentage of adults' binge drinking by sex, age, and race/ethnicity in Texas, 2018 to 2021.

		2021	2020	2019	2018
Sex	Male	21.1%	22.4%	24.2%	22.6%
	Female	12.0%	10.8%	12.0%	12.4%
Age	18-24	20.5%	19.8%	21.7%	21.0%
	25-34	25.5%	25.4%	26.9%	23.3%
	35-44	22.0%	21.5%	22.9%	18.5%
	45-54	13.2%	14.1%	16.9%	22.1%
	55-64	12.8%	11.2%	13.0%	13.2%
	65+	5.1%	6.4%	6.1%	6.4%
Race/Ethnicity	White	16.6%	16.4%	17.3%	16.8%
	Black	10.7%	10.5%	16.5%	15.1%
	American Indian	--	30.2%	--	--
	Asian	--	--	--	10.5%
	Other Non-Hispanic	--	--	22.4%	--
	Multicultural Non-Hispanic	11.6%	14.7%	19.3%	--
	Hispanic	19.1%	19.6%	20.6%	20.0%

Source. Centers for Disease Control and Prevention. BRFSS Prevalence and Trend Data.

Table 96. Percentage of adult smokers by sex, age, and race/ethnicity in Texas, 2018 to 2021.

		2021	2020	2019	2018
Sex	Male	16.3%	17.2%	18.2%	17.5%
	Female	10.0%	9.3%	11.3%	11.4%
Age	18-24	6.0%	8.6%	12.3%	11.5%
	25-34	15.5%	16.1%	16.2%	15.8%
	35-44	16.6%	14.3%	18.1%	12.9%
	45-54	13.9%	13.6%	14.3%	20.7%
	55-64	17.5%	17.9%	15.8%	16.2%
	65+	8.2%	8.2%	10.9%	8.8%
Race/Ethnicity	White	13.5%	13.4%	14.5%	14.9%
	Black	14.3%	15.1%	18.6%	20.7%
	American Indian	--	--	--	35.7%
	Asian	--	--	--	--
	Other Non-Hispanic	--	--	--	--
	Multicultural Non-Hispanic	29.4%	22.7%	27.6%	18.8%
	Hispanic	12.8%	12.4%	14.9%	12.0%

Source. Centers for Disease Control and Prevention. BRFSS Prevalence and Trend Data.

Table 97. Rate of suicide per 100,000 by age for Region 5, 2018 to 2022.

	2018	2019	2020	2021	2022
Ages 15-24	20.5	24.6	25.7	17.4	20.5
Ages 25-34	26.7	25.6	34.1	28.8	27.7
Ages 35-44	28.6	25.4	23.3	32.8	20.1
Ages 45-54	31.8	19.7	--	20.8	24.1
Ages 55-64	18.0	21.0	16.1	20.8	27.4
Ages 65-74	28.7	25.1	13.2	13.2	13.2
Ages 75+	28.8	--	26.4	--	--

Source. Texas Department of State Health Services. Center for Health Statistics.

Graphs, Tables, and Figures

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Glossary of Terms

30 Day Use	The percentage of people who have used a substance in the 30 days before they participated in the survey.
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; having a family member 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 and/or misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household. Adverse community experiences – such as concentrated poverty, segregation from opportunity, and community violence – contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs).
Adolescent	An individual between the ages of 12 and 17 years.
ATOD	Alcohol, tobacco, and other drugs.
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 Drugs	A medication or pharmaceutical item which is fraudulently produced and/or mislabeled and 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.
DSHS	Department of State Health Services. A state agency of Texas that assists Texans who need services or help. 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
Drugs	A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body. Drugs can affect how the brain and the rest of the body and cause changes in mood, awareness, thoughts, feelings, or behavior.
Epidemiology	The study (scientific, systematic, and data-driven) and analysis of the distribution (who, when, and where), patterns, and determinants of health and disease conditions in defined populations.
Evaluation	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and the use of the resulting information to optimize program outcomes. The primary purpose is to gain insight to assist in future change.

HHS	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 effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.
Incidence	The occurrence rate or frequency of a disease, crime, or something else that is undesirable. A measure of the risk for new substance use and misuse cases within a region.
LGBTQIA+	An inclusive term referring to people of marginalized gender identities and sexual orientations, such as lesbian, gay, bisexual, transgender, non-binary, questioning, queer, intersex, asexual, pansexual, and their allies.
MAT/MOUD	Medication-Assisted Treatment. The use of medication, in combination with counseling and behavioral therapies, provides 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.
Person-Centered Language	A 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 so much more than their substance use disorders, mental illness, or disability.
PRC	Prevention Resource Center. Prevention Resource Centers provide information about substance use to the general community and help track substance use problems. They provide training, support community programs and tobacco prevention activities, and connect people with community resources related to drug and alcohol use and misuse.
Prevalence	The proportion of the population within the region found to already have a certain substance abuse problem.
Protective Factor	Conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.
Risk Factor	Conditions, behaviors, or attitudes in individuals, families, communities, or the larger society that contribute to or increase the risk in families and communities.
Self-Directed Violence	Anything a person does intentionally that causes injury to self, including death.
SPF	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This,

	in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
Stigma	The stigma of substance use and misuse – 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. The economic and social conditions that influence individual and group differences in health status.
Substance Abuse	When alcohol or drug use and misuse adversely affects the health of an individual or when the use and misuse of a substance impose social and personal costs.
Substance Dependence	An adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use and misuse.
Substance Misuse	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
Substance Use	The consumption of alcohol and other drugs. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
SUD	Substance Use Disorder. 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 biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas.
TSS	Texas School Survey. Collection of self-reported tobacco, alcohol, and substance use data among students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Health and Human

	Services Commission and administered by the Public Policy Research Institute.
YRBS	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.