

Circles of San Antonio Coalition Needs Assessment

June 2011



For information about the Circles of San Antonio Coalition send email to coalition@sacada.org
For information about this Needs Assessment send email to Briggs Reschke breschke@sacada.org

SACADA Mission: We are dedicated to creating a positive future for our children by providing prevention resources to promote communities that are free of addiction and other destructive behaviors.

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Introduction

As a Community Coalition Partnership grantee the San Antonio Council on Alcohol and Drug Abuse and the Circles of San Antonio Community Coalition have been tasked by DSHS with developing a needs assessment as part of an overall strategic plan that will be implemented over the next two years. In keeping with this requirement, this document presents data on a number of indicators that were chosen by DSHS. However, a needs assessment is a fluid document and subject to revision as our understanding of the data develops, further data becomes available or conditions within the community change.

It is evident that the misuse of alcohol and the manufacture, sale and use of illicit drugs have a far reaching and negative impact on most communities. We observe many of the social problems in our neighborhoods, such as economic deprivation and crime, and we intuitively know that drugs and alcohol play some role in creating these problems, sustaining them, or making them worse. From a social point of view, substance abuse hinders the ability of all individuals affected by it to reach their full potential. Economically, almost all individuals and institutions in society are impacted by drug addiction and alcoholism. In the United States, in 2002 the cost of drug abuse to society – health care costs, productivity losses and other costs - was \$180.8 billion (ONDCP, 2006). Furthermore, substance abuse creates a strain on, and limits the effectiveness of those institutions which are designed to help people, such as hospitals and mental health care facilities. Bexar County is not unlike most other large metropolitan areas in that drugs and alcohol are a significant problem.

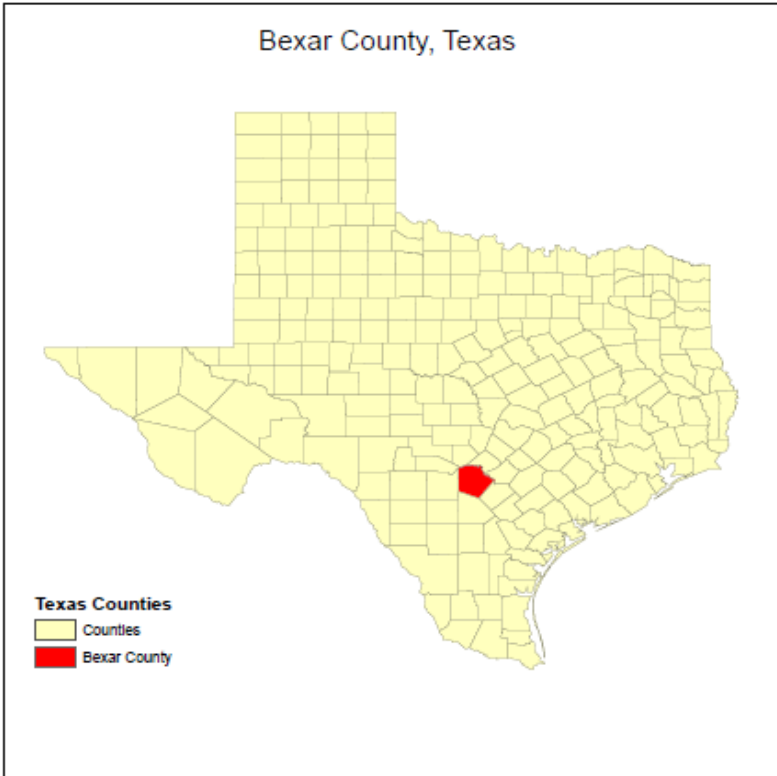
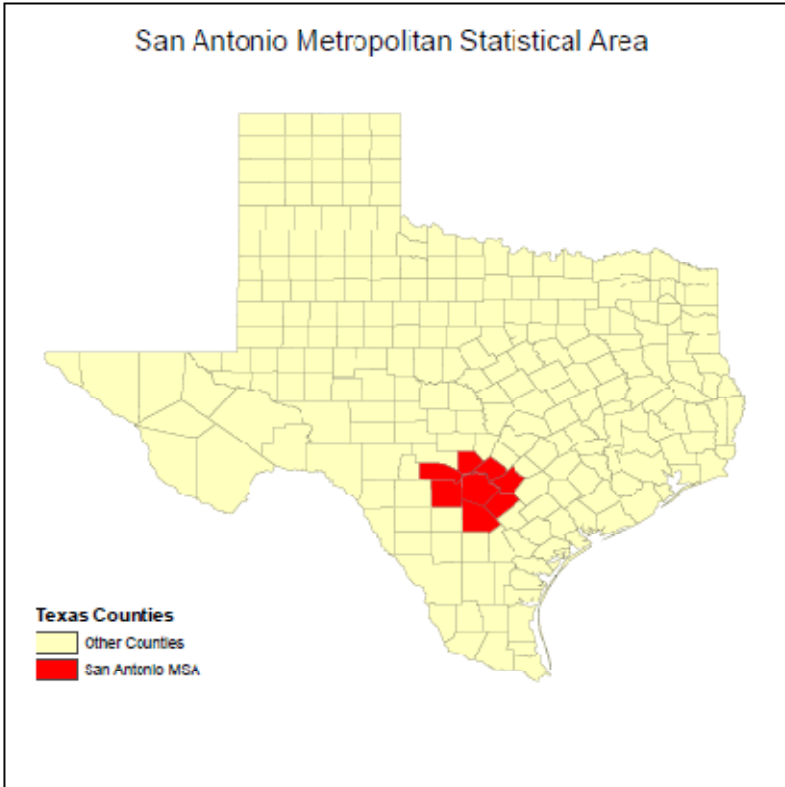
This needs assessment should serve as a comprehensive snapshot of Bexar County and as a tool for substance use prevention. The purpose is to describe demographic characteristics, identify both risk and protective factors, and to discover substance use consumption patterns

and consequences. The coalition needs assessment also aims to document gaps and resources so we can better shape prevention in our community and capitalize on existing efforts. While the information contained within provides us with baseline data which serves to aid COSA in prioritizing problem areas so that we can strategically target prevention efforts, we also encourage community stakeholders in drug and alcohol prevention to use this needs assessment in their own work and to help us to improve it if needed.

Part I – Geographic Area and Target Population

Geographic Area

Bexar County is the 4th largest county in Texas with a population of over 1.5 million. Bexar County consists of 27 cities and municipalities of which San Antonio is the county seat. The population of San Antonio is 1,267,984 and is the largest metropolitan area in Bexar County. As the central region of the San Antonio Metropolitan Statistical Area (MSA), Bexar County serves as an area of social and economic integration for its adjacent counties – Kendall, Bandera, Medina, Atascosa, Wilson, Guadalupe and Comal.



Demographics

Table 1 shows 2005-2007 general demographic figures for Bexar County, from the Census Bureau's 3-Year American Community Survey estimates.

Table 1 - Demographic Characteristics - 2005-2007 American Community Survey

	Texas	Bexar County	San Antonio
Population	23,385,340	1,555,168	1,267,984
Median Age	33.1	32.8	32.5
Percent high school graduate or higher	78.60%	80.40%	78.70%
Percent bachelor's degree or higher	24.70%	24.10%	23.10%
Hispanic or Latino	35.50%	57.00%	61.00%
Not Hispanic or Latino	64.50%	43.00%	39.00%
African American	11.30%	6.80%	6.30%
White Alone	48.30%	32.60%	29.30%
Speaks language other than English at home	33.50%	43.10%	46.40%
Median Household Income	\$46,248	\$44,664	\$42,217

Employment

Of the population 16 and over, 64.4% were in the labor force in 2006. Table 2 illustrates employment by sector for the greater San Antonio Area. Between March 2010 and March 2011, in the San Antonio Metropolitan Statistical Area, there modest increases or no change in employment, than decreases. According to the 2005-2007 American Community Survey, the number of Armed Forces personnel that reside in Bexar County is estimated to be slightly over nineteen thousand. The remainder of San Antonio's Department of Defense workforce are civil servants and subcontractors.

Table 2 2011 Employment by Sector

Industry	Employment	Change From 2010
Government (Federal, State and Local)	165,600	+ 2.48
Education and Health Services	131,800	+ 0.18
Leisure and hospitality Services	102,000	0.00
Retail Trade	97,400	+ 0.04
Financial Activities	65,400	0.00
Manufacturing	44,700	+ 0.03
Construction	44,600	- 0.06
Professional, Scientific, and Technical	39,400	0.00
Wholesale Trade	28,100	0.00
Transportation, Warehousing and Utilities	19,700	0.00
Information	17,700	- 0.05

Source: Texas Labor Market Review

Education

In Bexar County there are 14 school districts. In 2010, the average number of students that were determined by the Texas Education Agency (TEA) to be disadvantaged was eighty-nine percent. Five school districts – Edgewood, Harlandale, San Antonio ISD, South San Antonio ISD and Southwest ISD - had on average, 89% of their students classified as economically disadvantaged. Also according to the TEA, in 2010 these same five school districts were among the top seven with the highest enrollment of Hispanic students (over 92%). In 2000, the most recent year from which graduation data is available, half of all high school graduates in San Antonio were not enrolled in higher education, 18.6% were enrolled in public universities and 30.5% in two year programs. These rates were nearly the same as those for Texas. For the 2009-2010 school year the average number of students dropping out of high school in Bexar County was nearly eleven percent. For both African Americans and Hispanics the dropout rate, students continuing high school, and the mean SAT score, were considerably worse than they were for Whites.

Bexar County is home to 11 universities and colleges with a combined student population of over 100,000.

Part II - Cultural Considerations

Mexican American and Latino Population

The Core of San Antonio's population consists primarily of first, second and third generation Mexican Americans. People of Mexican decent account for 80% of the Latino population in San Antonio and people of Hispanic or Latino origin account for 61% of the entire San Antonio population (US Census Bureau). Compared to the United States, where only 14% of the population is of Hispanic or Latino decent, in San Antonio there is a clear need for a culturally appropriate response to issues surrounding healthcare and substance use prevention.

Regardless of the actual population numbers, Latinos are in many ways at a distinct disadvantage. Compared to their non-white counterparts "Latinos are more likely to experience disparities across a wide spectrum of social indicators such as education, income and health care". (Velez, Chalela, Ramirez, 2008). According to the 2006 National Healthcare Report from the Agency for Healthcare Research and Quality, health disparities in quality of care are becoming larger for Latinos while they are becoming smaller for other ethnic groups.

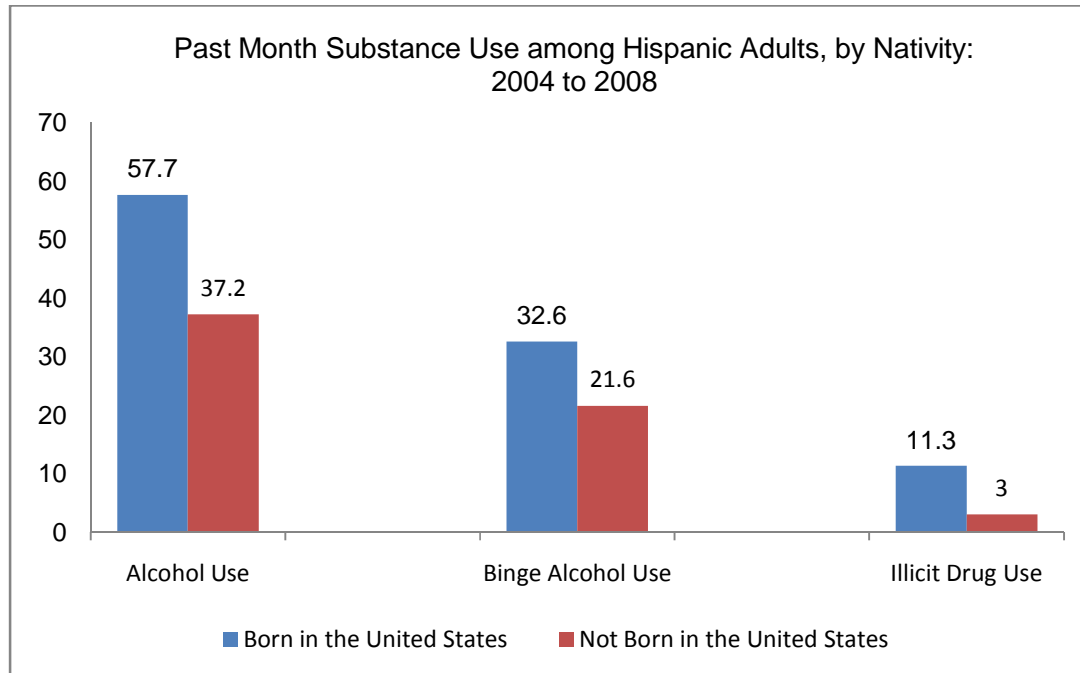
In 2005, 30.6% of the Latino population in Bexar County was uninsured, compared to 13.4% of the Anglo population (Office of the State Demographer). In addition, Latinos living in Bexar County account for 82% of the population that resides within 10 zip codes which the San Antonio Metropolitan Health District has identified as high-risk areas. Due to the high

concentration of poverty in these zip codes and health problems resulting from high numbers of births to both single and school-age mothers, children in these areas are more likely to experience problems which may serve as barriers to success.

Levels of acculturation and assimilation among Mexican Americans are contrasted by a generational divide. While first and many second generation Latinos linguistically adhere to their native tongue and traditional value systems, more and more young people from this group are adopting many of the values and culture of mainstream America. For example, older generations tend to hold traditional views on gender roles and have been forced, based upon poor economic upbringing, to choose work before education. In contrast, younger generations, both male and female, tend to value a more progressive cultural identity where the opportunity for success and education supersede more traditional role distinctions. It should be highlighted, however, that regardless of generational differences there are still strong cultural ties to traditional Mexican mores and customs. For instance, values placed on strong family bonds and deep-seated religious ties, traditions and practices are vitally important to understand when developing social programs and prevention messages.

A downside to reaching higher levels of acculturation among Hispanics, and other immigrant groups for that matter, is that as these groups become more acculturated the more likely it is that they will adopt substance abuse and binge drinking behavior in addition to experiencing other public health concerns. This phenomenon is known as the Latino paradox and data from a wide range of sources including academic literature, and The National Survey on Drug Use and Health (NSDSU) support this conclusion. The data shown on graph 1, is statistically significant and the .05 level.

Graph 1



Source: The National Survey on Drug Use and Health (NSDSU)

Part III – Consumption Patterns and Consequences

Consumption Patterns

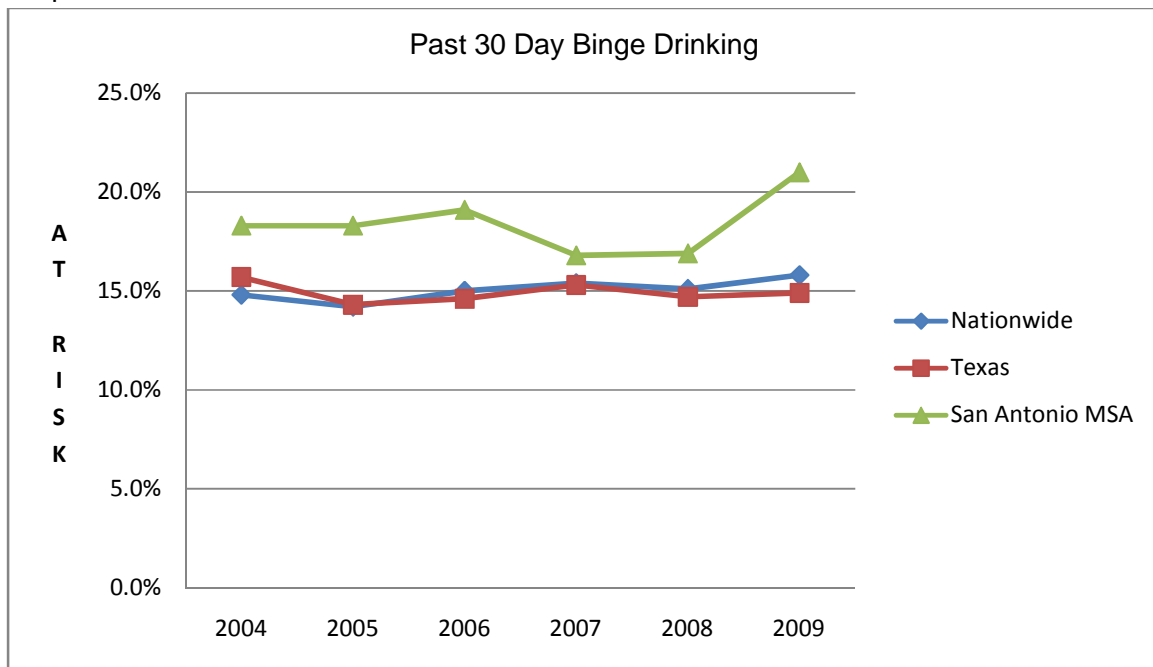
Binge Drinking and Heavy Drinking

The Behavioral Risk Factor Surveillance System (BRFSS) data for the San Antonio MSA (Metropolitan Statistical Area – See demographics section) shows that from 2004 to 2009 the binge drinking rates for adults 18 and over were higher than both the state and national rates. While the state and national binge drinking rates follow each other almost exactly and have remained relatively constant since 2004 (between 14% and 15%), the local rate started to show a decline from 19% in 2006 to 16.9% in 2008, but then sharply increased in 2009 to 21% (a 4% increase). As with binge drinking, state and national heavy drinking rates since 2004 have

remained more or less constant at about five percent. Like binge drinking, heavy drinking remains higher, but not remarkably so, than the state and national rates. In 2009 the San Antonio heavy drinking rate was 5.8% while the state and national rates were 4.9% and 5.2%, respectively. In 2009, 61.5% of adults twenty-one and over in Bexar and surrounding counties reported having consumed alcohol within the past thirty days.

Graph 2, shows Behavioral Risk Factor Surveillance system (BRFSS) results for respondents 18 years and older who reported having 5 or more drinks on one occasion in the past 30 days.

Graph 2



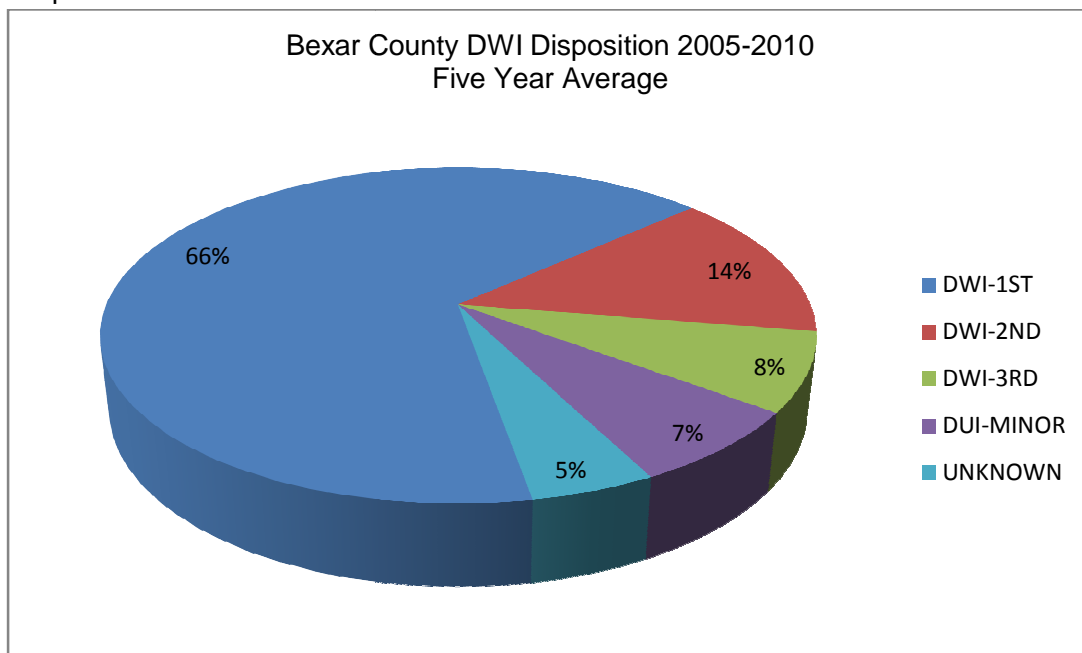
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Drinking and Driving

The graphs that follow on the next several pages highlight pertinent data points taken from the San Antonio Police Department and the Bexar County Sherriff's Office. These graphs show DWI trends and patterns in San Antonio and Bexar County. DWI arrests have increased in recent years and there has also been a increase in enforcement by SAPD. Still, a priority intervening variable to be considered for prevention interventions in Bexar County should be *low enforcement*.

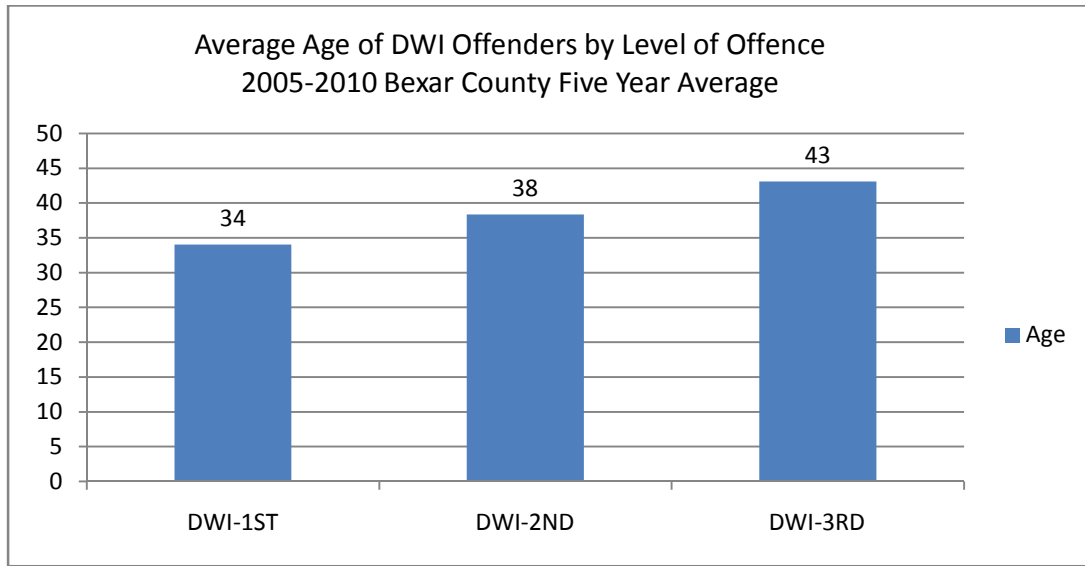
Thirty-eight is the mean age for persons arrested for DWI in Bexar County and that the average BAC (Blood Alcohol Concentration) of those arrested is .151, nearly twice the legal limit (Bexar County Sherriff's Office). Most arrestees are by far, first time offenders (Graph 5).

Graph 3



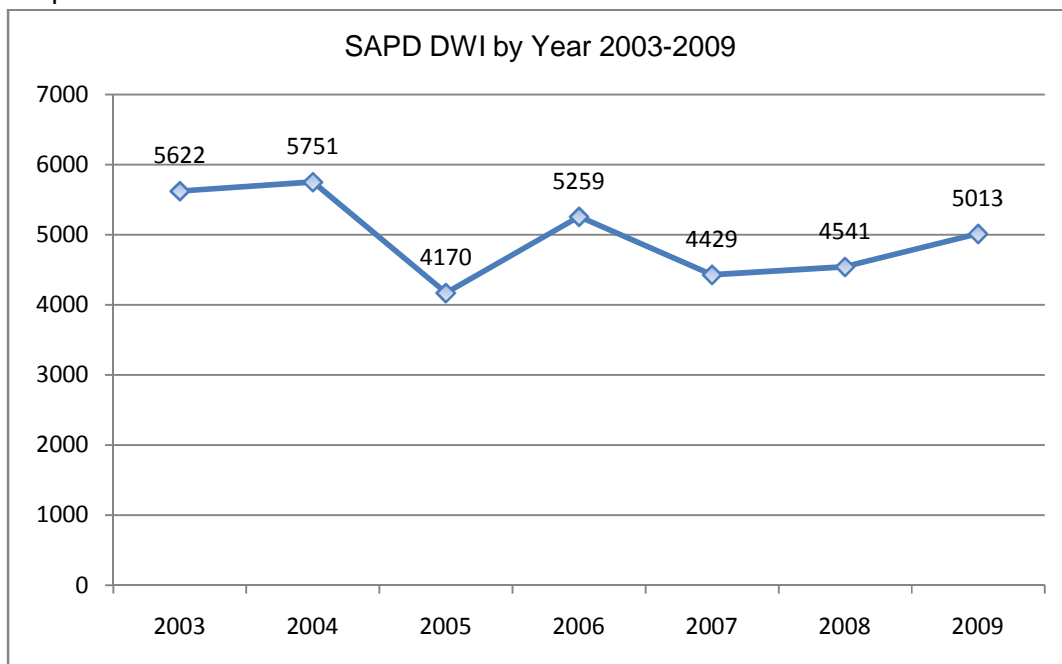
Source: Bexar County Sherriff's Office

Graph 4



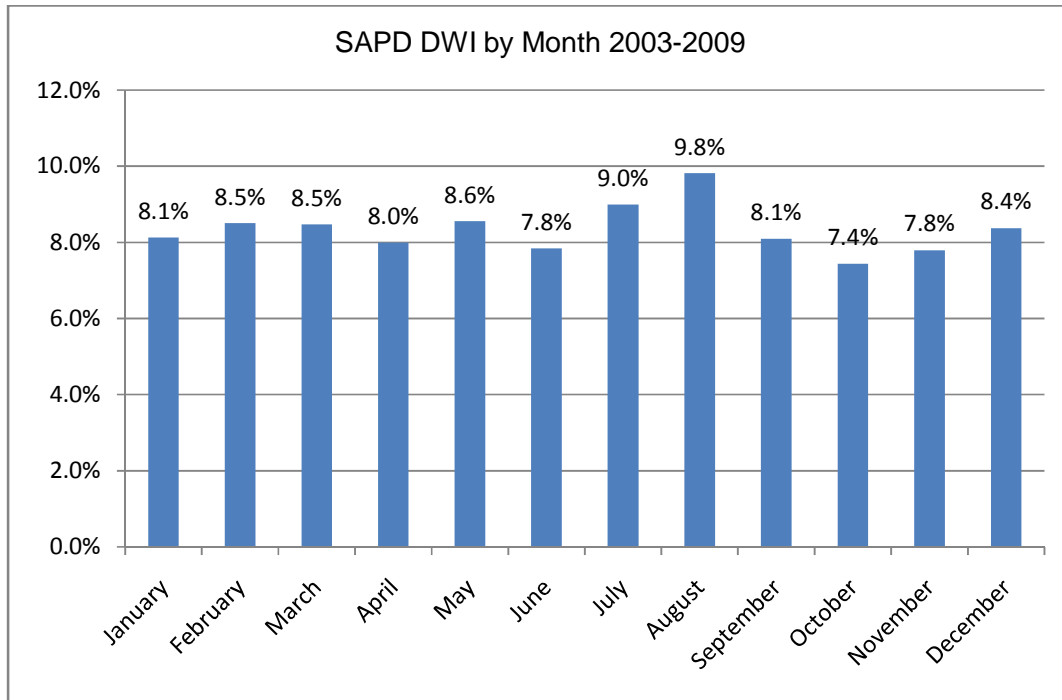
Source: Bexar County Sherrif's Office

Graph 5



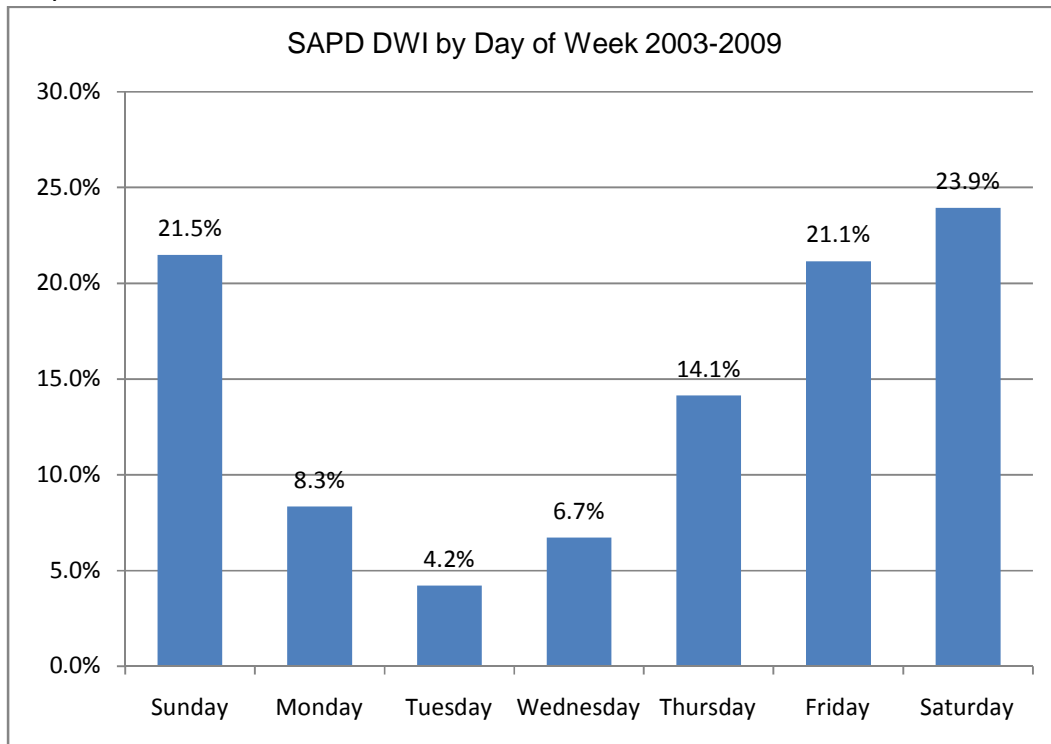
Source: San Antonio Police Department

Graph 6



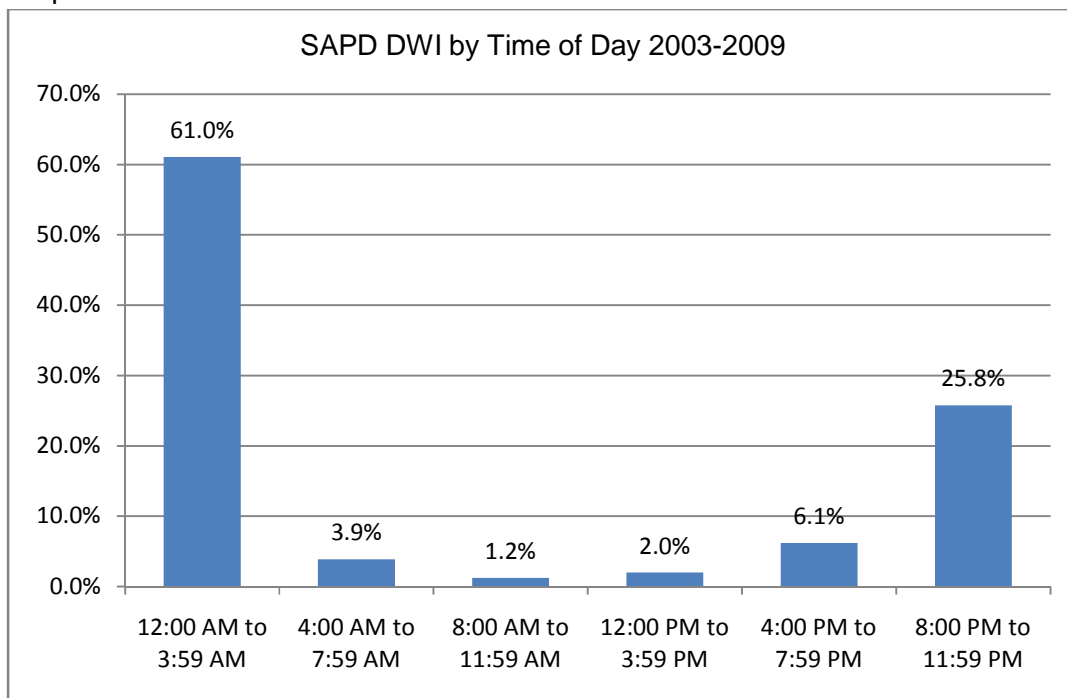
Source: San Antonio Police Department

Graph 7



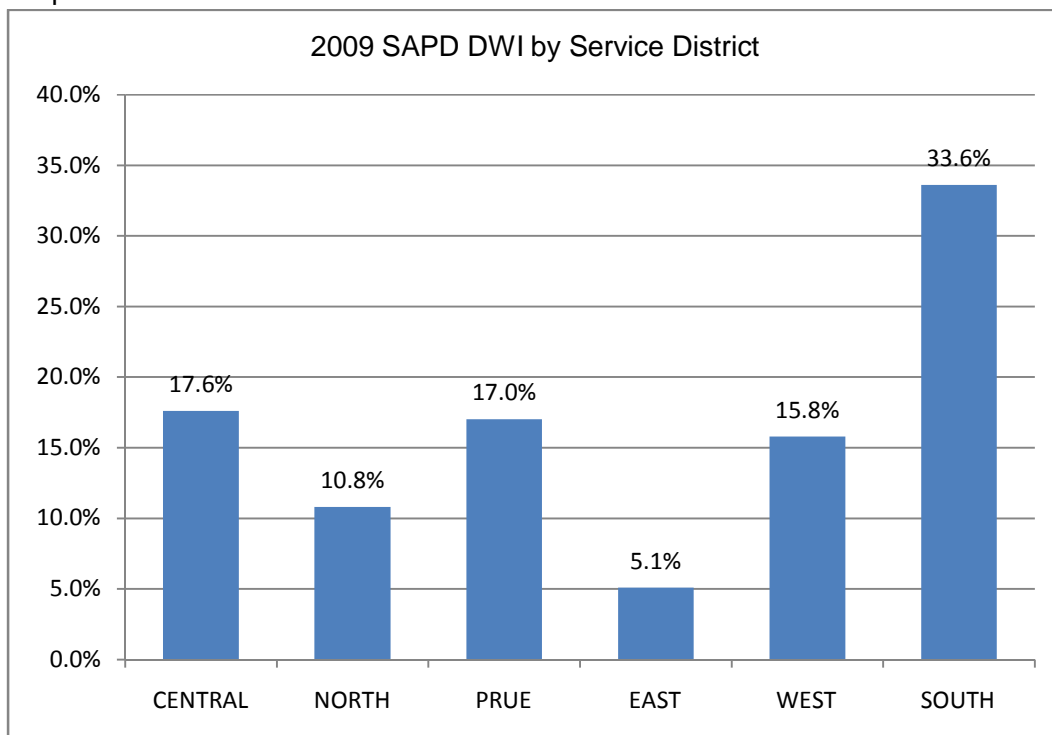
Source: San Antonio Police Department

Graph 8

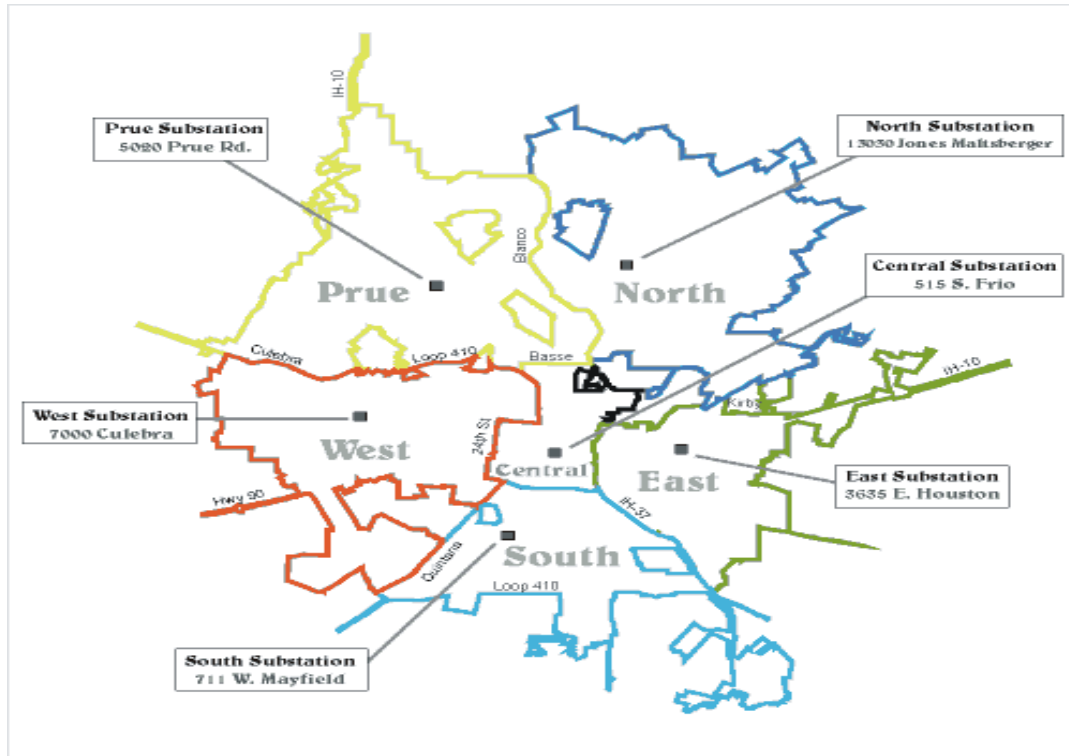


Source: San Antonio Police Department

Graph 9



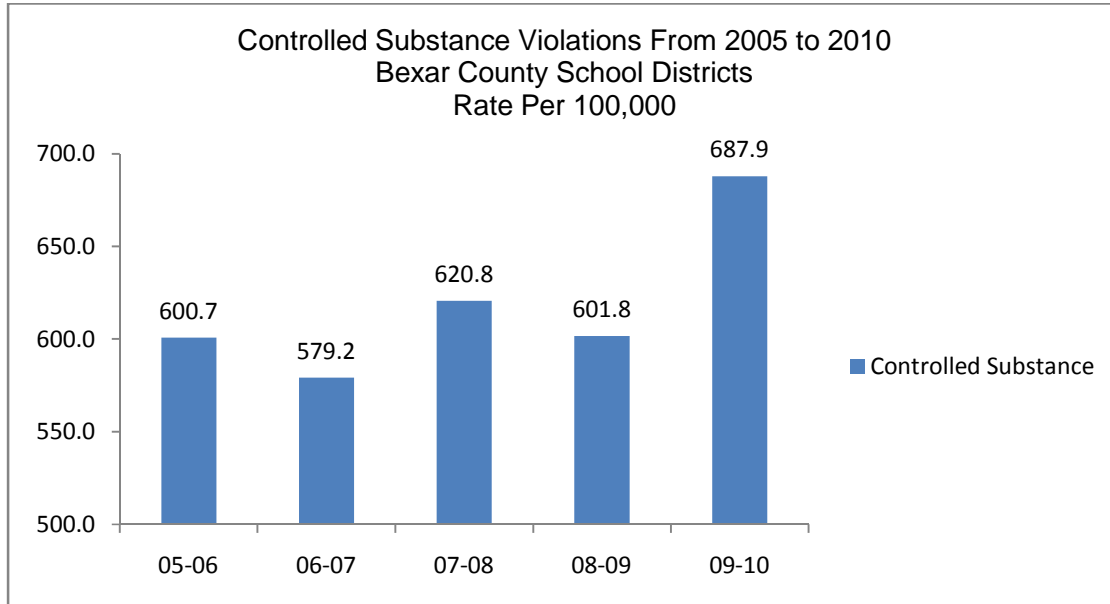
Source: San Antonio Police Department



Under Age Drinking and Drug Use

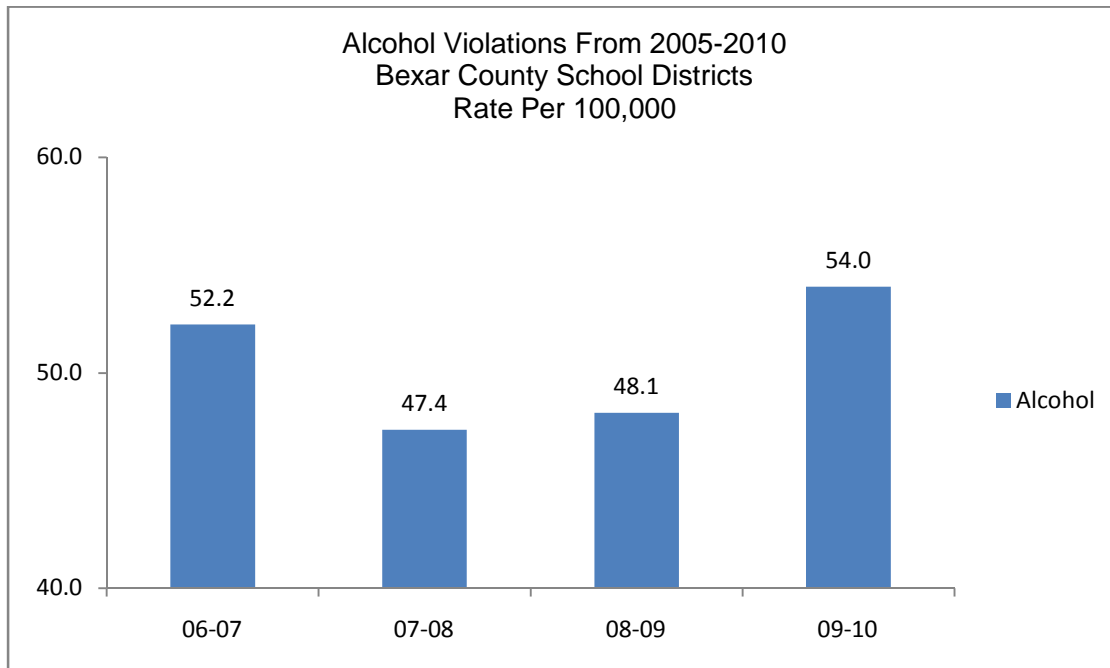
Combined school district data taken from the Texas Education Agencies (TEA) Public Education Information Management System (PEIMS) data shows that there was a significant and sharp increase in controlled substance violations during the 2009-2010 school year (See Graph 10). Additionally controlled substance violations are markedly more common an offence than either alcohol or tobacco. Alcohol violations, also from PEIMS, showed a 6% increase from 08-09 to 09-10, at its highest since 05-06 (See Graph 11). Tobacco violations showed an 11% increase from 08-09 to 09-10 (See Graph 12). Submission of PEIMS data to the TEA is required by all school districts in the state of Texas and the reporting requirements are uniform. Furthermore, for the graphs below, yearly rates were adjusted for school enrollment growth which has increased by 10% since the 05-06 school year.

Graph 10



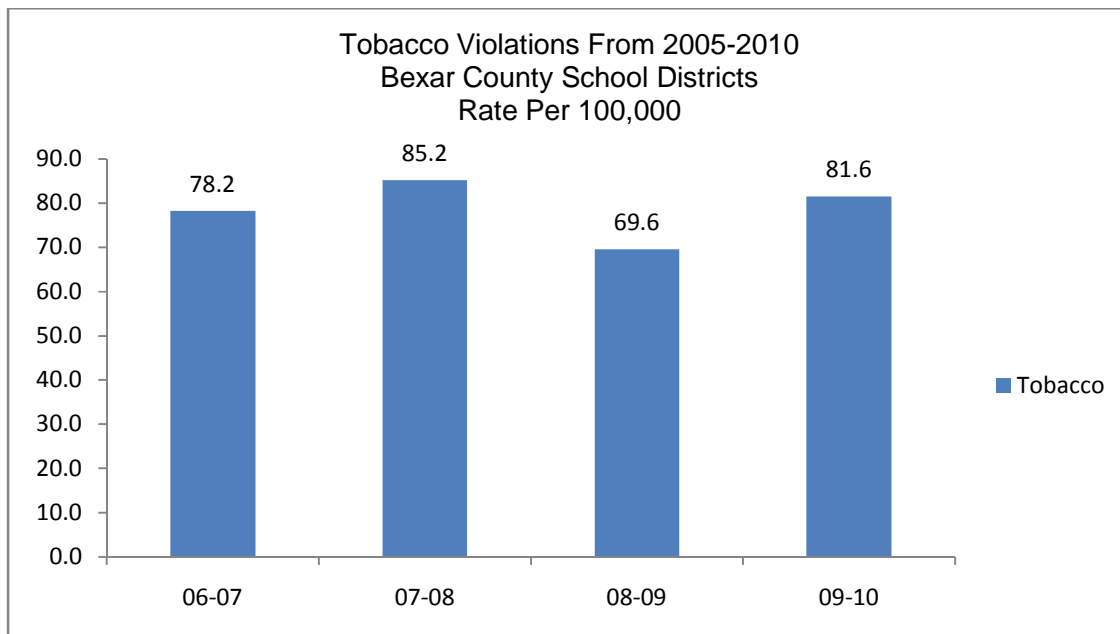
Source: Texas Education Agency PEIMS data

Graph 11



Source: Texas Education Agency PEIMS data

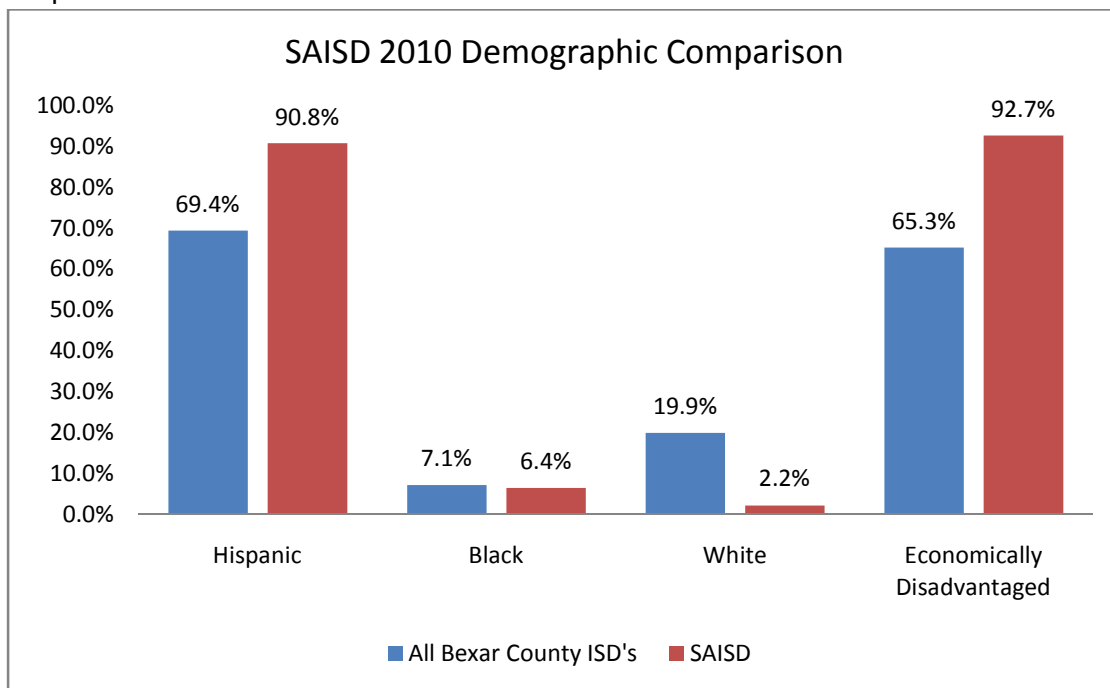
Graph 12



Source: Texas Education Agency PEIMS data

2010 was the most recent year in which the Texas School Survey (TSS) of Drug and Alcohol Use was conducted in Bexar County. Only two school districts were surveyed in 2010 and of those two, SACADA has survey results from San Antonio ISD. In 2010, enrollment for SAISD was 87.8% Hispanic, 8.8% African American and 3.0% White. Ninety-two percent of students at SAISD were classified as economically disadvantaged in 2010 (TEA, 2010). Graph 13 compares the demographics for all of the ISD's in Bexar County to those of SAISD.

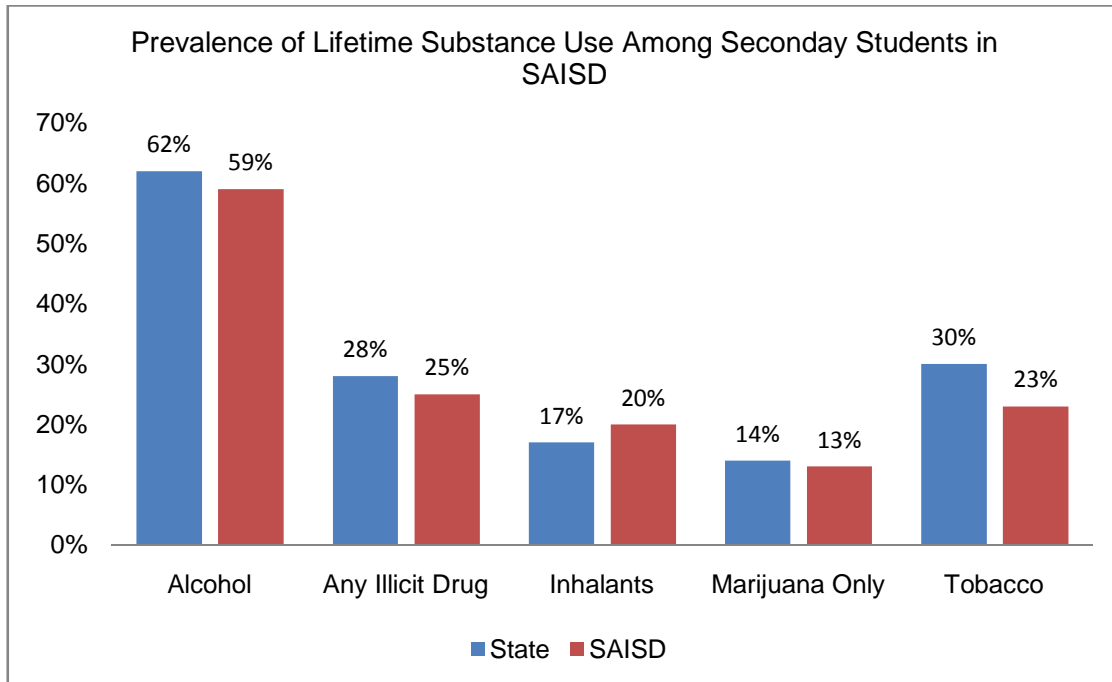
Graph 13



Source: Texas Education Agency, 2010

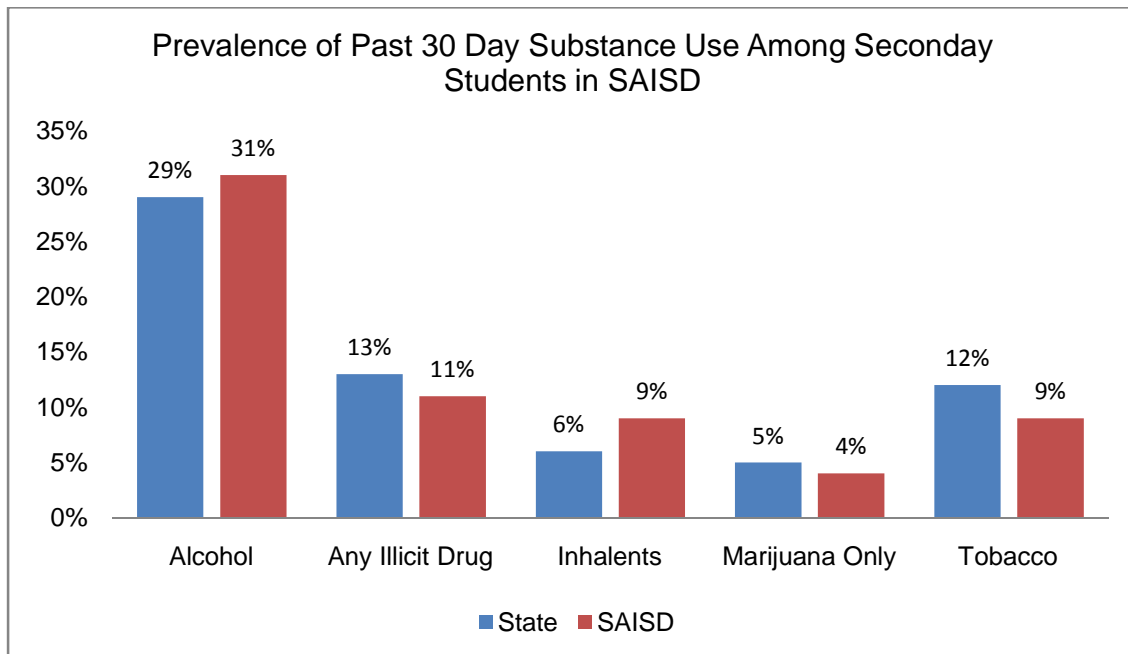
Among those surveyed, alcohol was the substance of choice for secondary students in SAISD, followed by marijuana and inhalants for both lifetime use and past thirty day use. In 2010, SAISD generally had lower prevalence rates than those for the state.

Graph 14



Source: DSHSTexas School Survey Among Secondary Students

Graph 15



Source: DSHSTexas School Survey Among Secondary Students

As defined by the TSS, binge drinking is “the consumption of five or more beers, wine coolers, servings of wine, or drinks with liquor at one time”. 6% percent of SAISD secondary students reported drinking five or more beers at one time, and 7% said they usually drink five or more wine coolers at one time when they drink. Of secondary students who drink, most reported that they obtain alcohol from friends or at parties; 5.2% reported that they get alcohol from stores. Eighty-eight percent of respondents reported that in the past twelve months they had not driven a car after they “had a good bit to drink”. 8.8% responded that they had driven drunk one to three times (Texas School Survey, 2010).

27.3% percent of students who were surveyed reported that it would be “very easy” to obtain marijuana. 10.5% responded that “most” of their close friends use marijuana and only 52% said “none.” (Texas School Survey, 2010)

Colleges and Universities

San Antonio is home to 11 colleges and universities with a combined student population of over one hundred thousand. Two of the four-year universities are public and four are private. Alcohol is permitted on campus at all four of the private universities and is sold on-campus at two of these schools. In 2007, according to data obtained from each school through the Clery Act, there were a combined 732 alcohol-related incidences on all campuses.

Having a detailed picture of alcohol, drug use and related issues on college campuses is important so that prevention efforts can be strategically targeted. The most comprehensive instrument for gathering data that allows comparison to national level data is the Core Survey, which was developed by the Core Institute and is considered to be the standard survey

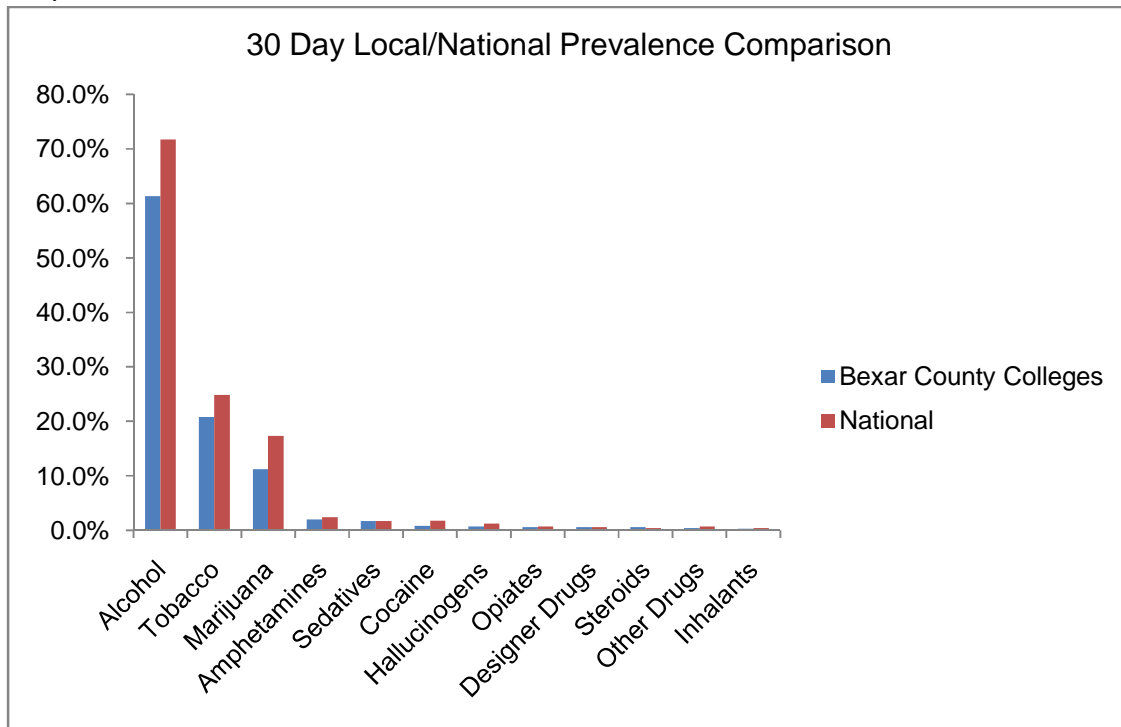
instrument for higher education. As of 2011 we have Core Survey data for two of our most prominent universities. The following are key demographics of survey respondents:

Table 3

24.4%	Freshmen	64.6%	Typical college age range of 18-22
17.0%	Sophomores	64.1%	Female
23.7%	Juniors	78.6%	Live off campus
19.3%	Seniors	55.4%	Work full time or part time
3.8%	Graduates	90.7%	Full-time students
1.9%	Other	28.2%	5 hours per month in volunteer work

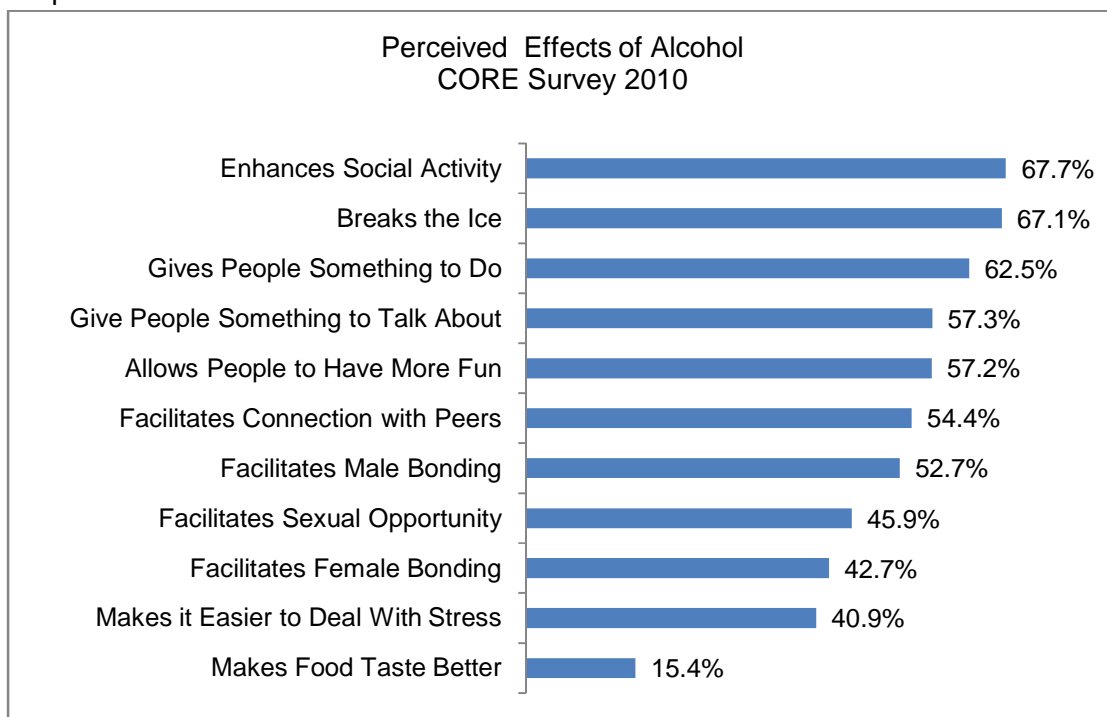
For comparison purposes data collected nationally from 74481 students at 169 institutions was aggregated from 2008 findings and then compared to local data. A side by side comparison shows that the two surveyed schools in San Antonio reported lower rates of past 30 day use for every category of licit and illicit substances than what was reported at the national level. The following graph describes 30 day prevalence rates.

Graph 16



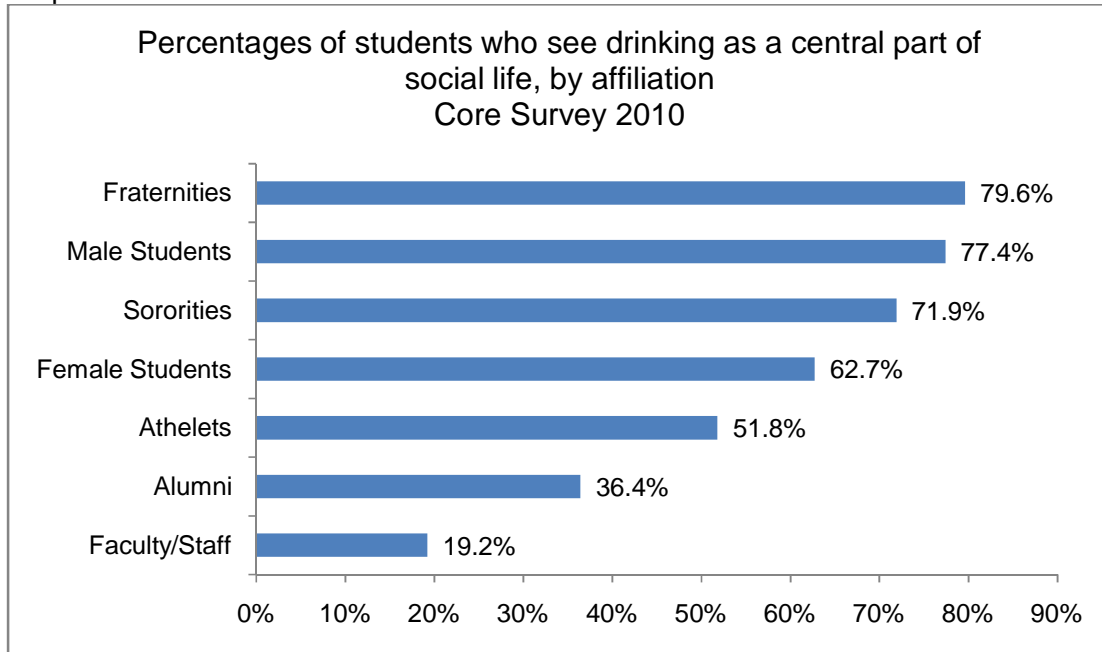
The annual prevalence rate for use of alcohol among survey respondents is 78.4% and past month use was reported to be 61.3%. Lending credence to Social Norms Theory that most college students overestimate their peers attitudes of levels of alcohol consumption, only 18.1% of students participating in the Core reported that they use alcohol once a week, compared to the perception that 28.6% of other students use alcohol once a week. Graph 16 shows data from the Core Survey on the perceived effects of alcohol on college social life.

Graph 17



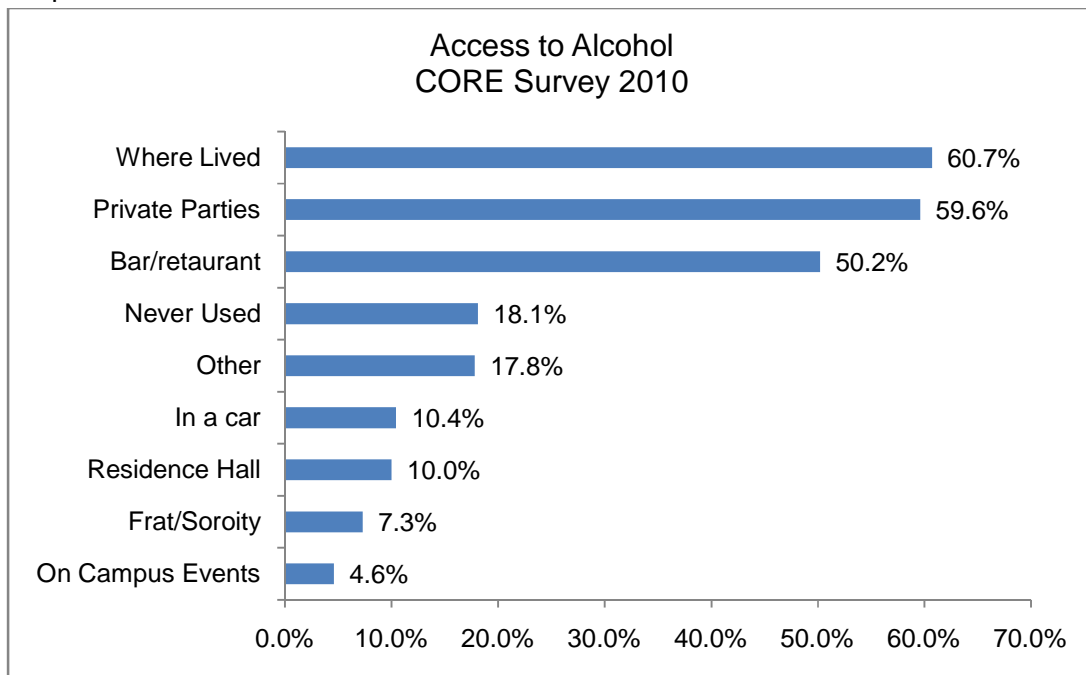
Source: Core Survey of College Students: San Antonio, 2010

Graph 18



Knowing where students obtain or use alcohol most frequently is important for prevention. The graph below indicates “social access” categories and associated percentages.

Graph 19



Most students reported “Where Lived” as the place where they get and consume alcohol and of those surveyed 78% live off campus.

Students who responded to the Core were asked to rank the following variables by degree of perceived risk. These percentages indicate the distribution of students who feel that there is “great risk” associated with the following behaviors:

- 15.7% Try marijuana once or twice
- 22.0% Smoke marijuana occasionally
- 48.5% Smoke marijuana regularly
- 52.6% Try amphetamines once or twice
- 47.6% Try cocaine once or twice
- 56.8% Try LSD once or twice
- 62.4% Have five or more drinks in one setting
- 50.0% Consume alcohol prior to being sexually active
- 49.1% Regularly engage in sexual activity with a single partner
- 87.9% Regularly engage in unprotected sex with multiple partners

Students are considerably more permissive about marijuana use than binge drinking or use of other drugs. Only 49.1% of students felt that there is great risk in “regularly engaging in unprotected sex with a single partner”. Driving under the influence, another high risk behavior, was reported to be similar for both males (29.4%) and females (24.2%).

As for consequences of engaging in risky behavior (for example, “been in trouble with police...”, “performed poorly on a test or project”, or “done something later regretted”), our universities ranked lower than the national averages in nearly every category. The comparative table below describes a whole array negative experiences that can result from substance use.

Table 4

	Bexar County	National
Been Arrested for DWI/DUI	0.8	1.2
Been in trouble with police, residence hall, college authorities	6.4	13.3
Damaged property	2.8	5.6
Driven a car while under the influence	26.1	22.3
Got into an argument or fight	20.8	31.2
Tried to commit suicide	1.1	1.1
Seriously thought about suicide	3.8	4.2
Been hurt or injured	9.6	16.3
Been taken advantaged of sexually	6.5	9.5
Taken advantage of another sexually	2.4	2.5
Tried unsuccessfully to stop using	4.2	4.9
Thought I might have a drinking or drug problem	6.8	10.8
Performed poorly on a test or important project	15.3	20.8
Done something I later regretted	22.7	36.0
Missed class	18.2	28.1
Been criticized by someone I know	22.6	29.7
Had memory loss	22.3	34.7
Got nauseated or vomited	43.2	54.0
Had a hang over	51.3	62.0

Source: Core Survey of College Students: San Antonio, 2010

Following are some key findings on opinions about the campus environment:

- 81.5% of students said the campus has alcohol or drug policies
- 17.8% said they “don’t know”
- 0.8% said there wasn’t a policy
- 51.3% said the campus has an alcohol and drug prevention program
- 27.6% said they “don’t know”
- 1.2% said there wasn’t a program
- 78.7% of students said the campus is concerned about the prevention of drug and alcohol use
- 16.0% said they “don’t know”
- 5.2% said the campus is not concerned

Military

Because there has been a lack of research in recent years on the negative consequences of drinking within the Armed Forces, a study that was published in 2009 – “Binge Drinking Among U.S. Active-Duty Military Personnel” - is currently our only source of information on ADMP for episodes of binge drinking, characteristics of ADMP who binge drink, and the relationship between binge drinking and related harms.

According to the study, half of all ADMP reported at least one episode of past-month binge drinking and two-thirds of binge-drinking episodes involved personnel aged seventeen to twenty-five. Furthermore, age specific rates are higher for ADMP than for the civilian population (44% for ADMP aged 17-70 versus 26.1% for comparably aged civilians). The prevalence of binge drinking is higher among males who are in the Army, followed, in order, by the Marines, Navy and Air Force. However, the per-capita rate of binge drinking for women in the military is higher than that of women in the civilian population. More than half of all ADMP who binge drink reported alcohol related problems such as drinking and driving, job performance and criminal activity. A notable consequence for women is that half of all pregnancies in the military are unintended and there is usually a delay in recognition of pregnancy, so unborn children are at a higher risk for fetal alcohol syndrome.

Traditionally, the military has focused less on prevention than on individual identification of problem drinkers. However, this approach is unlikely to be as successful as environmental strategies because only a small minority of ADMP meets the diagnostic criteria for alcohol dependence. The military has been successful in reducing smoking rates using a

comprehensive public health approach and there has been an increase in small, base-specific environmental strategy programs targeted at binge drinking that are showing positive results.

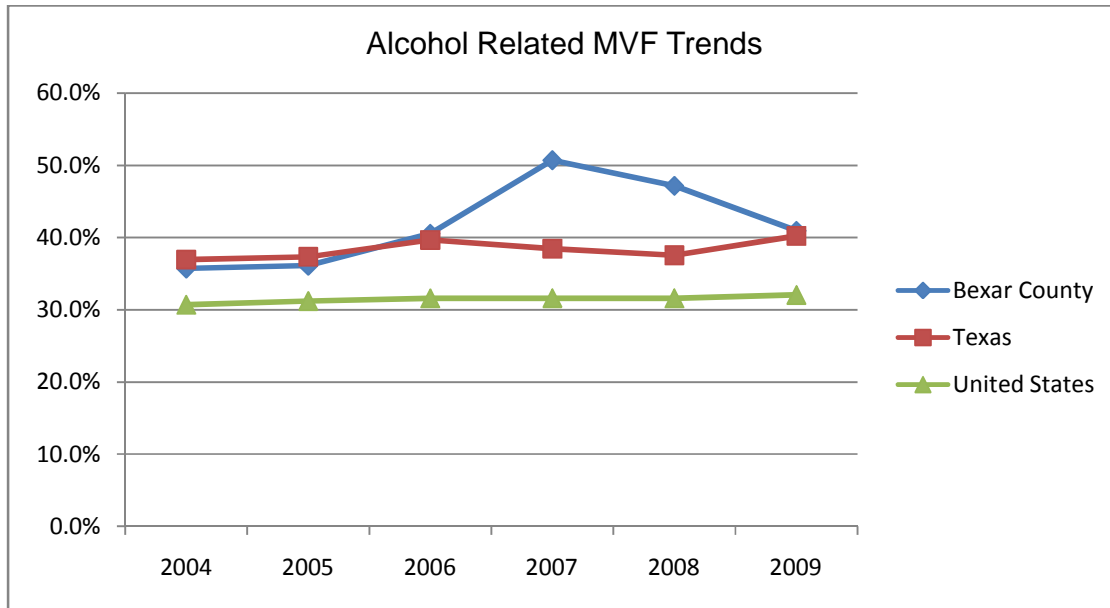
Because 13.3% of U.S. adults report having served in the military, binge drinking by ADMP has an impact that reaches beyond active service and into the civilian population. Working toward developing and implementing sound prevention practices is therefore crucial not only for ADMP, but can have an impact on reducing drinking behavior in the general population.

Consequences

Motor Vehicle Fatalities

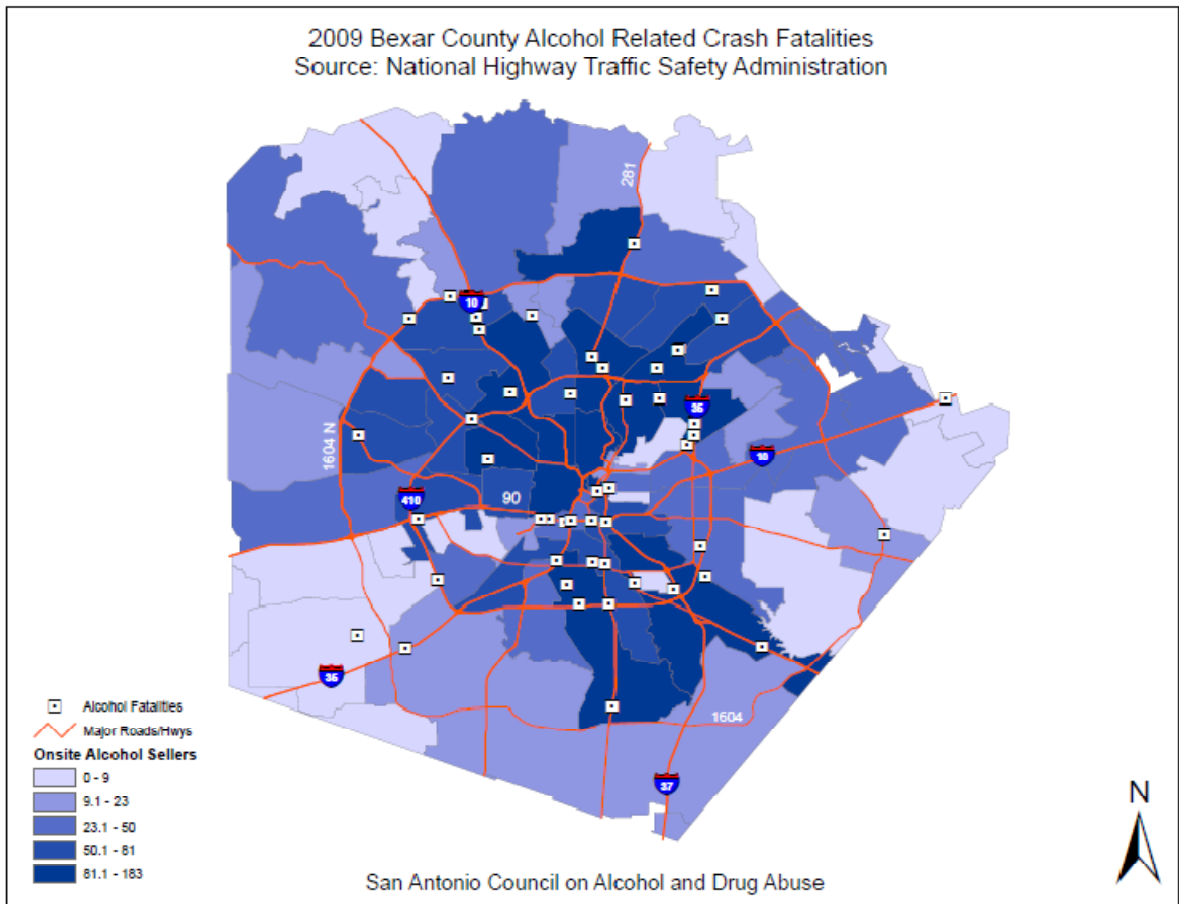
In 2009, Bexar County was in the lower third of counties within the state for number of alcohol-related crash fatalities, with a rate of 3.69 fatalities per 100,000 residents. The following graphs illustrate Bexar County's alcohol-related crash fatality trend compared to that of Texas and the United States. The data was collected from the National Highway Traffic Safety Administration and "alcohol-related crash fatality" is defined as a fatality that resulted from a crash that involved at least one driver or motorcycle rider with a BAC (Blood Alcohol Concentration) of .08 or above. Bexar County has shown a 10% decrease in fatalities since 2007 which is now on par with the Texas but is still higher than that of the US.

Graph 20



Source: National Highway Traffic Safety Administration

2009 Bexar County Alcohol Related Crash Fatalities
Source: National Highway Traffic Safety Administration



Crime

Adult Crime

Alcohol and illicit substances can be said to be more often than not, directly or indirectly linked to property crime or violent crime. In 2010 there were 135.5 violent crimes per 100,000 residents in Bexar County. The rate for property crimes was 631.8 per 100,000 residents (Uniform Crime Reports).

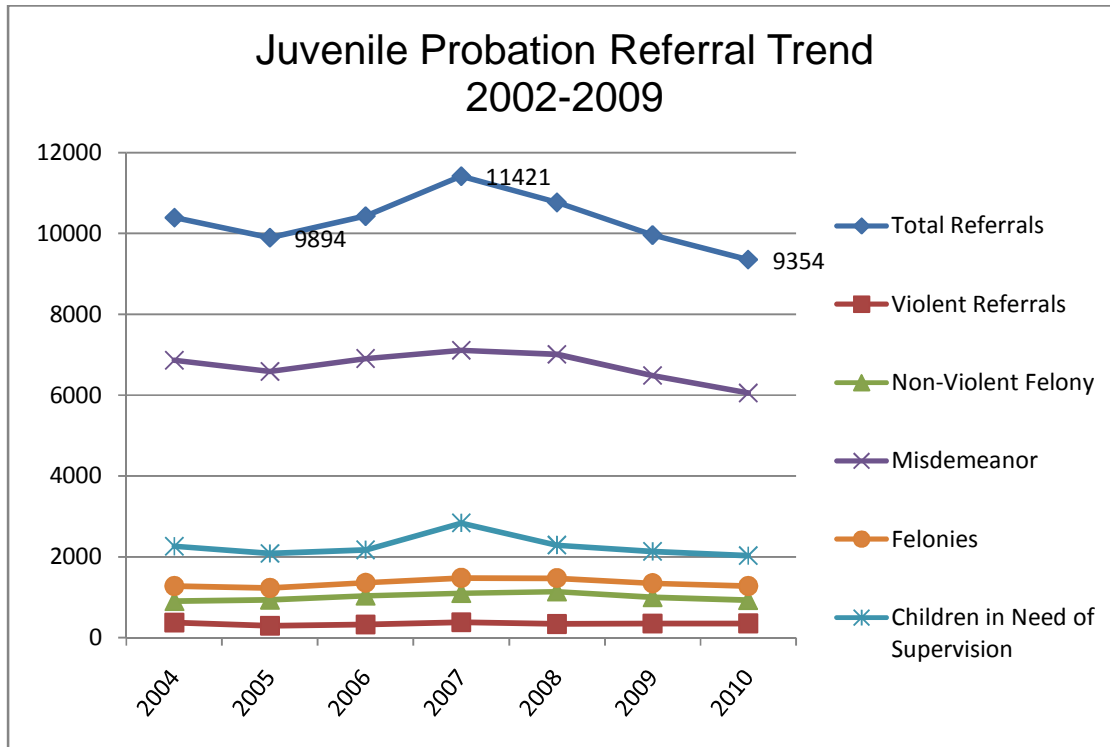
In 2010, there were a total of 6,037 arrests for Sale and Manufacture of drugs and 8,406 for possession (Uniform Crime Reports, 2010). By far, most possession arrests were for marijuana.

Juvenile Crime

According to the UCR most violent crime perpetrated by juveniles 17 and under, in 2010, was for robbery and aggravated assault. Property crime was mostly for larceny and vandalism. Additionally, there were a total of 1072 drug abuse violations; of these 150 were for sale and manufacture and 922 for possession. As with adults, most possession arrests were for marijuana.

There were 919 referrals to juvenile probation for marijuana in 2010 and 186 for other drugs. Notably, there were zero referrals for liquor law violations in 2010. There were only 21 liquor law violation referrals in 2009, less than half of what was reported in 2008 and less than a quarter of what was reported in 2003. Overall, total referrals have been on the decline since 2007 for a decrease of 18 percent.

Graph 21



Source: Bexar County Juvenile Probation, 2002-2009

Public Health

Juvenile Treatment

Juvenile admissions data for DSHS funded drug and alcohol treatment facilities is more or less consistent with juvenile probation drug and alcohol probation referrals and UCR data for offences in that most admissions are for marijuana. From 2003 to 2010, marijuana, alcohol, heroin, sedative and cocaine accounted for the highest number of youth admissions to DSHS funded treatment programs. The most number of admissions by far were for marijuana; 414 in 2010 compared to the next highest which was 28 admissions for heroin. Marijuana admissions declined by 38% since 2008. However, this could be because of a shortage of beds in treatment centers. On the other hand juvenile probation also showed a decline in referrals.

Juvenile Treatment Facts (DSHS, 2010):

- Admits for **cannabis** (85.37%) and **opioid** (76.19%) were largely male whereas females were more likely to be admitted for **alcohol** (52%) and **sedative** (58.33%)
- IV drug use was mostly in the **opioid** category (76.19%). All IV drug users for **opioids** were male (this is a turnaround from last year where most were female).
- Criminal Justice referrals were more evenly distributed: **Sedative** (83.33%), **Alcohol** (80%), **Cannabis** (78.90%), **Opioid** (76.19%)
- The average level of education for all categories was roughly 9th grade: High (9.89) and Low (9.33%)

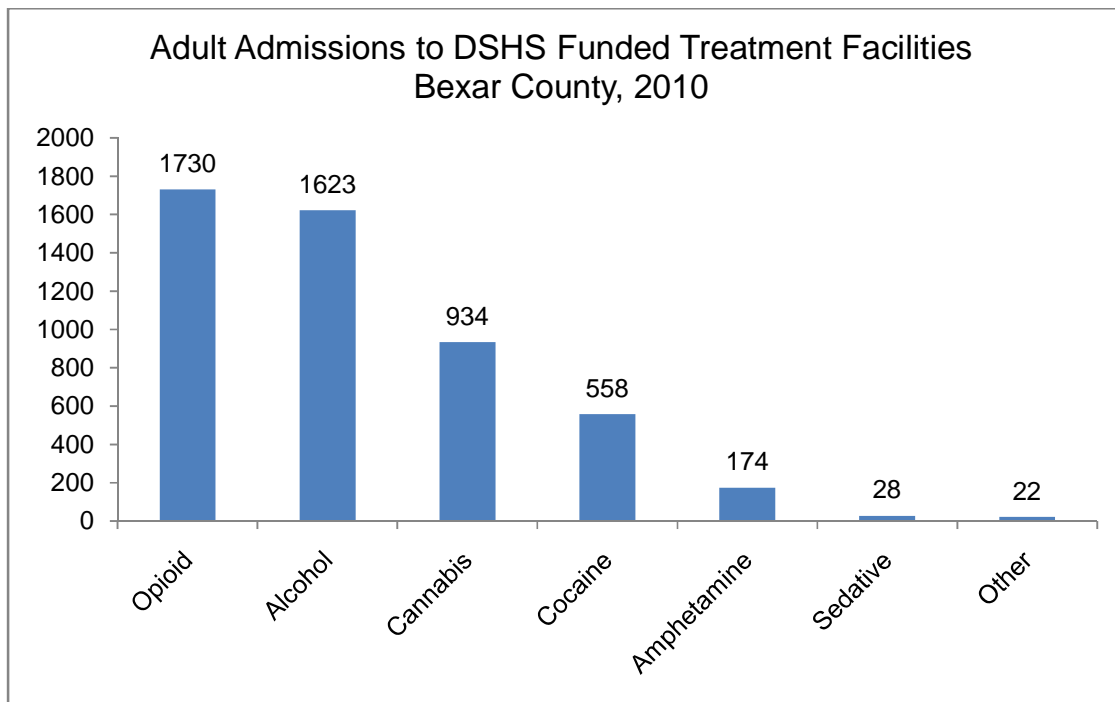
Adult Treatment

For adults, heroin, alcohol, marijuana, cocaine and amphetamines accounted for the most number of DSHS funded treatment center admissions between 2003 and 2010. Not surprisingly, alcohol and marijuana had the lowest age of first use (under the age of 17) compared to all other drugs (21 or over). Between 2003 and 2010, heroin and alcohol, followed by marijuana accounted for the most treatment admissions for adults 18 and over.

Adult Treatment Facts (DSHS, 2010):

- Only 35.47% of admits for **amphetamines** were male
- 69.26% of admits for **alcohol** were men
- Users of **opioids** had the lowest rate of employment (6.47%)
- Users of **alcohol** were most likely to be homeless (23.93%), followed by **opioids** (8.03%)
- Users of **opioids** were more likely to use needles (58.64%) followed by **amphetamines** (26.74%).
- Only 12.19% of **opioid** users were criminal justice referred compared to **amphetamine** (37.79%), **cannabis** (39.31%) and **sedative** (31.03%).
- Users of **sedative** and **amphetamine** had the most education (13 years)

Graph 22



Source: Department of State Health Services (DSHS) Treatment Episode Data (TEDS)

Only seven of the thirty drug and alcohol treatment facilities in Bexar County are DSHS funded. If a large number of the people in Bexar County needing or seeking substance abuse treatment are either uninsured or indigent, then a comparative lack of subsidized treatment centers means that a significant portion of the population is underserved. Of adults treated at DSHS funded treatment centers between 2003 and 2008 the highest annual income of patients being treated was less than \$10,000, and less than half were employed. According to the Center for Health Care Services, lack of detoxification resources for the indigent, uninsured or underinsured has created a community wide crisis in Bexar County, and at the root of the problem is lack of state and federal funding for treatment services.

Mental Health

DSHS reports that there is an estimated 47,824 youth in Bexar County who have been diagnosed with mental illness, and an additional 81,058 have been identified as being at-risk of being significantly impaired due to a mental disorder. In its Community Plan, the Alamo Area Council of Governments cited a national study which concluded that 70.4% of children in the juvenile justice system meet the criteria for at least one mental disorder, and 27% had a mental disorder severe enough to require immediate treatment. Only five of Bexar County's 28 residential psychiatric facilities provide inpatient psychiatric services to adolescents, and of these five, only two offer hospitalizations for indigent youth.

Because mental illness is more often than not co-occurring with substance abuse, Bexar County has recognized the need for integrated treatment and a continuum of care through the coordination of existing mental health and substance abuse treatment services. Bexar County has a drug court that aims to divert non-violent offenders into treatment; and programs such as the Mental Health Advocacy Initiative aim to reduce the recidivism of mentally ill inmates by providing access to support and treatment services.

Alcohol and Drug Related Deaths

From 2006 to 2009, Mixed Drugs, Heroin and Cocaine were the top three causes of death directly related to drugs and alcohol (Bexar County Medical Examiner's Office). Tables 3 and 4 show figures related to drug and alcohol involvement in Homicides and Suicides. Of suicide and homicide victims that tested positive for alcohol, 74% (for each group) had a BAC of .10 or greater.

Table 5 Suicides - Drugs Alcohol

	2007	2008	2009
Alcohol Only	18	27	34
Drugs Only	64	59	75
Drugs and Alcohol	27	31	32
Total Tests Performed	163	172	204

Table 6 Homicides - Drugs Alcohol

	2007	2008	2009
Alcohol Only	38	33	24
Drugs Only	51	53	50
Drugs and Alcohol	20	32	23
Total Tests Performed	159	175	151

Table 7 Deaths Due to Toxic Substances

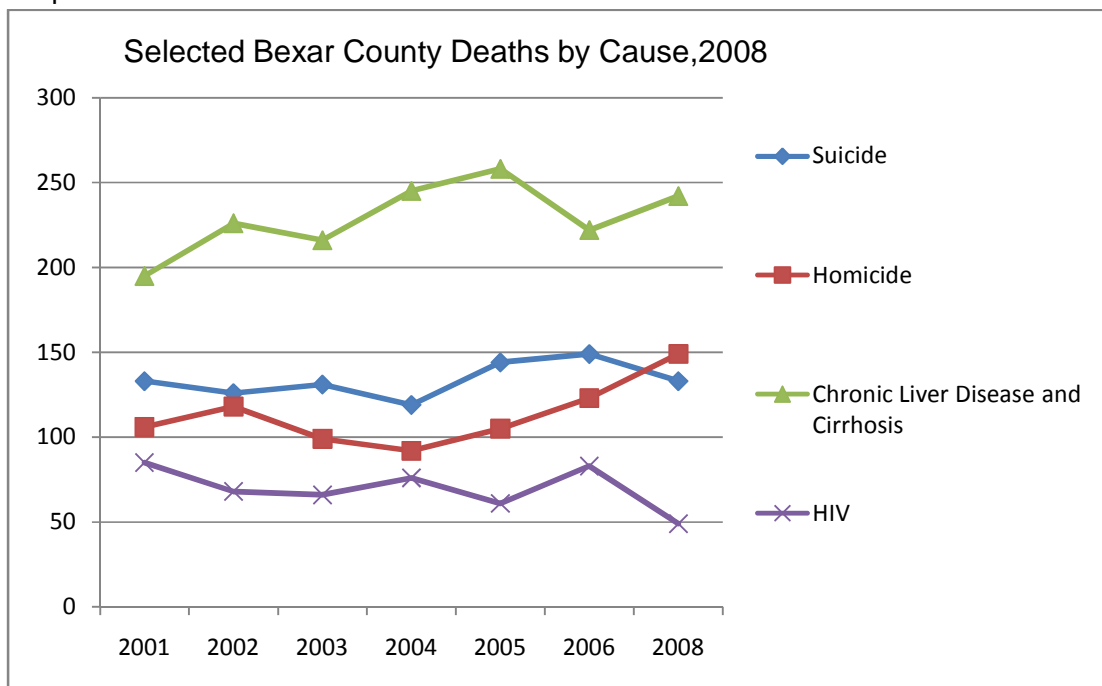
Drug/Toxic Substance	2006	2007	2008	2009
Heroin	32	33	58	47
Cocaine	40	50	36	35
Heroin/Cocaine	28	14	28	21
Methamphetamine	11	11	6	7
Methadone	8	15	12	13
Other Narcotics	32	31	32	25
Anti-Depressants/Anti-Psychotic	6	4	3	8
Mixed Drugs	35	41	43	61
Ethyl Alcohol	3	6	2	3
Carbon Monoxide	2	3	3	7
Other	14	23	20	17
Total	211	231	243	247

For 15 to 24 year olds in Bexar County the top three leading cause of death in 2008 were homicide (20.6 per 100,000), followed by motor vehicle accidents (14.0 per 100,000) and suicide (8.3 per 100,000). Chronic liver disease and cirrhosis was the fourth leading cause of death for 45-64 year olds in 2008. The majority of HIV cases (not AIDS) in Bexar County are in the male population (85.6%). There were a total of 49 reported cases of HIV in 2008 and the

primary transmission route or category of exposure was “men who have sex with men” (53.4%), followed by “injecting drug use” (4.8%). (San Antonio Metropolitan Health, 2008)

The following graph shows causes of death that have a high probability of drug or alcohol involvement.

Graph 23



Source: San Antonio Metropolitan Health

It has been shown that Hispanics and Hispanic veterans have higher prevalence rates of Hep C and were more likely to be co-infected with HIV. The reason is that, while rates of intravenous drug use is similar to that of Caucasians, Hispanics were found to inject more frequently and to share needles without disinfecting them. Furthermore, Hispanics on the Texas/Mexico Border were more likely to be infected from unsanitary tattooing practices and other high risk behavior (Cheung, Ramsey). Although alcohol abuse and Hepatitis C resulting from IV drug use are both contributing factors for chronic liver disease, other risk factors such as diabetes and obesity

(CDC) also figure into the equation and we do not know precisely to what extent drugs and/or alcohol alone contribute to the problem in Bexar County. It is clear however, that our mortality rate for chronic liver disease and cirrhosis is much higher for 45 to 65 year olds, an age range that some research cites as a group with a large number of people with Hepatitis C who also experience complications from it as they get older (CDC).

Another figure that stands out is deaths caused by motor vehicle crashes, which is a leading cause of death for every age group. Since nearly half of all fatal motor vehicle crashes involve a legally impaired driver, drinking and driving is both a serious and preventable public health issue.

Part IV - Prevention Resources, Capacities and Gaps

Prevention Resources

Prevention Resource Center

SACADA has been the DSHS Region 8 PRC grantee since 2004. The PRC and the Circles of San Antonio Community Coalition (COSA) have a collaborative relationship in that both work in tandem to provide services to the community such as prevention presentations to schools and information dissemination at health fairs and other events.

Other Coalitions

A number of community-based coalitions exist within Bexar County and most have a stake in addressing alcohol and other drugs. The San Antonio Metro Tobacco Coalition utilizes the SPF model, and along with COSA, serves as a model coalition for implementing evidence based strategies. Four coalitions exist in Bexar County for reducing alcohol related motor vehicle fatalities: COSA, the Shattered Dreams Coalition, the Bexar County DWI Taskforce and The Texas Department of Transportation Traffic Jam Coalition. Other coalitions that play the role of key stakeholders with regard to alcohol and other drugs are the Peace Initiative Coalition which deals with domestic violence, the Family Alliance Council, Southside United Against Violence (SUAVE), the Bexar County Health Collaborative and three Weed and Seed coalitions, and the San Antonio Addictions Recovery Coalition. Other coalitions which are an important part of prevention in Bexar County are the Healthy Futures Alliance and the Men's Health Coalition. The Healthy Futures Alliance serves to prevent teen pregnancy, and unplanned pregnancy among young adults in San Antonio. The Men's Health Coalition addresses issues surrounding access to medical services. The Circles of San Antonio Community Coalition (COSA) whose primary mission it is to reduce underage drinking, alcohol related motor vehicle fatalities and

other drug and alcohol related problems, strives to bring to the table all of these other coalitions and to use environmental approaches for prevention.

School Programs

Each school district in San Antonio has the Safe and Drug Free Communities grant. Most schools, especially in disadvantaged areas, have a Safe and Drug Free Communities coordinator. Seven agencies deliver youth prevention services to public schools in Bexar County. The Region 8 Prevention Resource Center and SACADA deliver youth prevention and intervention services to many schools in Bexar County by way of health fairs, alternative activities, presentations and in-school evidence based curricula.

Most of the Colleges and Universities in San Antonio have alcohol awareness and prevention resources and programs in place.

Community Services

Good Sam Center, 4-H, Presa Community Center, Eastside Boys and Girls Club, MADD Youth in Action, several faith-based groups and the YMCA, which has 28 community centers, each have a stake in alcohol and drug prevention. COSA has reached out to each these programs in order to bring them to table so that they can connect with each other and with other coalitions. SACADA works with five municipal judges to provide materials and Minor in Possession (MIP) classes to court ordered youth. The City of San Antonio has a Community Initiative that has placement for afterschool programming for over 5,000 kids.

Direct Prevention Service Providers

In Bexar County there are five agencies that are funded by the Department of State Health Services (DSHS) to conduct prevention programming – Family Services Association, Family Violence Prevention Services, JOVEN, Preferred Family Health Care, and SACADA.

Treatment Providers

Treatment providers attend training that is provided by the PRC and a few of them are involved with COSA. The Center for Health Care Services (CSHS), as the local mental health authority, serves approximately 466 children ages 3 to 17 per month on an outpatient basis. At present, Bexar County has 28 inpatient psychiatric facilities, five of which are the primary facilities that provide inpatient psychiatric services to adolescents. Southwest Mental Health Center has 22 beds, San Antonio State Hospital has 40 beds, Nix Specialty Health Care has 19 beds, Methodist Health Care Behavioral Health Services has 20 beds, and Laurel Ridge has 160 Beds. Of these five, only San Antonio State Hospital and Southwest Mental Health Care offer hospitalization to indigent youth (66 beds total).

There are approximately 1,288 Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Psychologists and Licensed Masters Social Workers practicing in Bexar County, of which 79% treat adolescents and 44% accept Medicaid (AACOG, 2008).

Engaging the Community

Under the CCP grant, SACADA can engage each of the areas of prevention enumerated above by striving to bring them to the table as a coalition. When community based agencies and other like minded groups operate outside of silos and interact as a coalition, they can share resources

and information which makes them more effective in their primary focus. It is common place in the prevention community to strive to involve twelve sectors of the community to participate in activities. These sectors have been identified and labeled as faith based, youth, civic, government, education, mental health service providers, recovery, concerned citizens, business, law enforcement, media and parents. Currently, COSA has a membership committee which is actively strategizing ways to bring people to the table who represent all of the sectors. In the past year we have grown considerably and part of this is due to the recruitment of a more active and diverse member base.

Gaps in Service

We feel that a priority for prevention is continuum of care. In order to address risk factors and maximize protective factors, ideally there should be a continuum of care which includes a network of providers. Not only does this prevent duplication of services, but it makes for a more cost effective and efficient use of resources. However, in order to even consider what gaps in service there are, there first must be recognition that a problem exists and risk factors need to be prioritized.

A continuum of prevention across the life span is a gap that prevents co-morbidity, relapse, disability and the consequences of severe mental illness. In addition, it is commonly accepted that individuals are most at risk for substance use and abuse at “transition” points in their life and at key stages across the life span cycle.

We also know that drug use and alcohol abuse exists within the workplace and is costly to employers and the community alike. Having prevention programs for the workplace is a good use of prevention resources that can have a greater economic and social impact.

San Antonio Metropolitan Health Collaborative has identified four areas of priority that currently are not being addressed: 1) Lack of public health resources to study substance-exposed infants. 2) Lack of hospital data on the type of substance abuse and cost. 3) Lack of consistent standards in substance abuse treatment programs that treat pregnant women. 4) Harm reduction programs to help prevent infectious diseases such as needle exchange programs.

We feel that many of the schools in San Antonio are reluctant to implement DSHS funded programs on their campuses because it might attach a stigma that their schools have a drug and alcohol problem. Educating the educators is something that needs to take place in all communities because the objective evidence shows that no community, regardless of socio-economic stature, is immune from the destructive influence of alcohol and drugs.

One of our biggest concerns is lack of data needed to help us understand the entire scope of drug and alcohol use in Bexar County. Having a more comprehensive, data-driven, picture of prevention needs in the community would enable us to better target prevention efforts. It is important to emphasize that Bexar County lacks a local infrastructure for collaborating on data collection and analysis; this includes the sharing of data between agencies.

Bexar County is home to eleven colleges and universities. In order to address risky behavior among college students in Bexar County, we need uniform data across all campuses. The Core Survey is one such tool that would make uniform data available. A short term goal for COSA is to motivate colleges in Bexar County to administer the Core Survey. Additionally, since armed forces personnel are represented in significant numbers in Bexar County, greater collaboration with the military for prevention and data would be equally as beneficial.

Not having reliable Minor in Possession (MIP) or DUI data across all law enforcement agencies in Bexar County is a gap that needs to be addressed if we are to have a clearer picture of levels of youth involvement with alcohol.

From our own experience, SACADA envisions a culture of prevention where agencies are not operating so much in silos, but collaborating and sharing resources. Even though there has been much headway in this direction, there is still a lot of work to do.

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