



# TOWARD A DRUG-FREE TEXAS: A COORDINATED DEMAND REDUCTION STRATEGY

DRUG DEMAND REDUCTION ADVISORY COMMITTEE  
JANUARY 2003



# TOWARD A DRUG-FREE TEXAS: A COORDINATED DEMAND REDUCTION STRATEGY

## TABLE OF CONTENTS

Executive Summary .....	1
Introduction .....	3
The Texas Plan for Drug Demand Reduction .....	5
Substance Abuse in Texas .....	9
Status of Prevention Funding and Programs .....	17
Status of Treatment Funding and Programs .....	23
Status of Enforcement Funding and Programs .....	33
Texas Drug Demand Reduction Strategy .....	41
Build Partnerships .....	43
Invest for Results .....	48
Strengthen the Legal Framework and Social Environment ..	52
Expand and Strengthen Community Coalitions .....	54
Intervene Early to Prevent and Treat Substance Abuse ....	57
Match People to Appropriate and Effective Services .....	60
Break the Cycle of Addiction and Crime .....	62
Develop a Strong Workforce .....	67
Confront Discrimination .....	70
Legislative Recommendations .....	73
Appendix .....	(Bound separately)



## EXECUTIVE SUMMARY

As mandated by SB 558, 77th Legislature, the Drug Demand Reduction Advisory Committee (the Committee) has developed a statewide strategy to reduce drug demand in Texas. The strategy provides a viable plan for integrating prevention, treatment and enforcement activities to provide maximum results through a cost-effective approach.

The Committee herein presents its first report to state leadership based on the work of member agencies and representatives of the public. The report sets 10-year targets, which reflect goals established by the federal Office of National Drug Control Policy: a 25 percent reduction in the illegal use of drugs by both adolescents and adults. Short-term objectives are set out in a two-year plan developed for the years 2003-2004.

The report begins with a series of agreed-upon principles through which the Committee emphasizes the importance of a coordinated approach to drug demand reduction. Broad goals—themes of the report—are stated.

◆ **Prevention: stop use before it starts.**

A proactive approach that fosters healthy individuals and communities is the foundation and overall goal of the entire strategy. Prevention is the most effective and cost-efficient approach to reducing the demand for drugs.

◆ **Treatment: heal Texans who are dependent on alcohol and other drugs.**

Alcoholism and drug dependence are chronic illnesses for which effective treatment is available but limited by budget and other constraints.

◆ **Enforcement: disrupt the market.**

Enforcement must be supported at all levels to hold individuals accountable for their actions and to protect public health and safety.

◆ **Integration: create a unified response.**

An effective strategy must be comprehensive, long-term, and integrated across systems at the federal, state, and local levels.

Available data demonstrating the impact of substance abuse on public health, welfare, and safety are followed by a summary of the status of current activities and funding for prevention, treatment, and enforcement in Texas. Based on this information and a comprehensive review of best practices, the Committee developed a strategy organized around nine major areas. A narrative section lays out the rationale for each area, followed by a two-year plan outlining how the Committee and its member agencies will implement the nine-point strategy over the next two years.

**1. Build partnerships.**

Effective and meaningful collaboration is essential to reduce fragmentation and duplication of efforts, increase efficiencies, and improve outcomes. State, local, and multi-level partnerships involving the public and private sectors are described and advocated.

**2. Invest for results.**

Research-based information can help agencies determine what services to purchase and lay the foundation for performance-based contracting. Focus will shift from how many people receive services to how many benefit from services.

**3. Strengthen the legal framework and social environment.**

The Committee is addressing inconsistencies and overlap in laws, regulations, and policies at the state level, creating a foundation of guidelines for use at the local level. A comprehensive communication strategy will send a strong, clear, and consistent message that champions demand reduction in unambiguous terms.

**4. Expand and strengthen community coalitions.**

Collaboration at the local level is best achieved through dynamic grassroots organizations that bring together stakeholders across communities. Texas' strategy lays out plans to increase the number and capacity of community coalitions in all regions of the state.

### **5. Intervene early to prevent and treat substance abuse.**

Prevention, early intervention with adolescents and families, and early treatment are key to long-term demand reduction. The Committee will begin the process of integrating screening, referral, and follow-up throughout the health, human services, and criminal justice systems.

### **6. Match people to appropriate and effective services.**

A full spectrum of services encompasses multiple levels of prevention, treatment, and recovery support which must be applied appropriately to be effective. Member agencies will move toward funding more evidence-based prevention programs and developing common standards for individualized, research-based treatment.

### **7. Break the cycle of addiction and crime.**

The authority of the criminal justice system can leverage treatment to reduce addiction and crime. The Committee identified drug courts, including family courts and youth courts, as a priority and developed strategies to make treatment options available to the courts. They also are working to promote best practices through drug courts and to make treatment available throughout the criminal justice system. Community coalitions will be enlisted in support of enforcement and drug courts at the local level.

### **8. Develop a strong workforce.**

Identifying the people of Texas as the drug demand reduction workforce, the Committee sees a need to equip both professionals and private citizens with the knowledge and tools to participate in drug demand reduction. Initial efforts focus on maximizing current training resources and prioritizing additional needs within the state system.

### **9. Confront discrimination.**

The Committee has laid out plans to shift public focus from the problem of addiction to the solution of recovery. The strategy will bring together the work of the recovery community with the work of state agencies to make recovery more visible and counter discriminatory attitudes and practices which impede progress in reaching the stated goals.

Finally, as directed by SB 558, the Committee has made legislative recommendations that involve further support of the drug demand reduction initiative as well as a modification of the statutory restrictions to providing school-based substance abuse treatment. An appendix, bound in a separate volume, provides additional details of information gathered and developed by the Committee in the course of its work.

## INTRODUCTION



### Members-at-large

Beverly Barron, Odessa  
 Cathey Brown, Dallas  
 Stephanie Haynes, Alpine  
 Bankole A. Johnson, M.D., San Antonio  
 Captain Gilbert Piñon, El Paso  
 Rev. Leslie Smith, Houston

### Senate Bill 558

The 77th Texas Legislature passed SB 558, establishing the Drug Demand Reduction Advisory Committee (DDRAC) with a mandate to develop and coordinate a statewide strategy to reduce drug demand in Texas. This is the Committee's inaugural report to the Governor, Lt. Governor and Speaker of the House on its progress in developing and coordinating the strategy; the status and funding of state programs relating to drug demand reduction, including available prevention programs and services; and its recommendations for legislation to address issues involved in reducing drug demand.

### Membership of the Committee

#### State Agencies

Office of the Governor, Criminal Justice Division (CJD)  
 Criminal Justice Policy Council (CJPC)  
 Department of Public Safety (DPS)  
 Health and Human Services Commission (HHSC)  
 Texas Alcoholic Beverage Commission (TABC)  
 Texas Commission on Alcohol and Drug Abuse (TCADA)  
 Texas Council on Offenders with Mental Impairments (TCOMI)  
 Texas Department of Criminal Justice (TDCJ)  
 Texas Department of Health (TDH)  
 Texas Department of Human Services (DHS)  
 Texas Department of Mental Health and Mental Retardation (MHMR)  
 Texas Department of Protective and Regulatory Services (PRS)  
 Texas Education Agency (TEA)  
 Texas Juvenile Probation Commission (TJPC)  
 Texas Youth Commission (TYC)

## The Committee's Charge

The Committee is comprised of representatives of state agencies and representatives of the public from different geographic regions of the state. Together the representatives, with input from the public and private sectors, are to:

- ◆ Serve as a single source of information for the governor, the legislature and the public about issues relating to reducing drug demand, including available prevention programs and services
- ◆ Develop a statewide strategy to reduce drug demand
- ◆ Identify lead or contributing agencies or offices to implement the strategy
- ◆ Coordinate the implementation of the strategy by those agencies or offices.

## Definitions

### Substance abuse

As used in this document, substance abuse refers to the problematic use of alcohol, tobacco, and illicit drugs. The term is used to describe a wide range of chronic conditions and social behavior—legal and illegal—associated with the use of mind- or mood-altering substances. These include:

**Underage drug use:** Any use of alcohol, tobacco, inhalants, or illegal drugs by a minor

**Abuse:** Repeated, non-compulsive use of alcohol and other drugs that significantly and negatively impacts one or more major areas of life functioning. Substance abuse is often associated with sporadically heavy and intensive use, such as binge drinking, where the effects are unpredictable and sometimes severe.

**Dependence:** A chronic medical illness involving chemical changes in the brain marked by the compulsive and persistent use of alcohol and drugs. Chemical dependency is often associated with tolerance (the need to use increasing quantities of the drug to achieve the same effects) and withdrawal.

### Drug-free

Not involved with any form of substance abuse as defined above. As applied to youth, therefore, the term means *no use* of alcohol, tobacco, or other illegal drugs, as well as the use of medicines only for the purposes intended.

### Community coalition

A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

### Prevention

A proactive process that uses multiple strategies to preclude the onset of illegal use of alcohol, tobacco and other drugs and to foster safe, healthy, drug-free environments.

### Treatment

A planned, structured and organized group of services to initiate, promote, and sustain recovery from addiction.

### Enforcement

Detection, interdiction and seizure of illegal controlled substances and the investigation, prosecution and detention of offenders.



# THE TEXAS PLAN FOR DRUG DEMAND REDUCTION



## A DRUG-FREE GENERATION OF TEXANS

### **Mission**

Develop and coordinate a statewide strategy to reduce drug demand in Texas.

### **Need**

Drug-related problems have a devastating impact on public health, welfare, and safety. In 2000, the total economic cost associated with alcohol and drug abuse in Texas was estimated at \$25.9 billion. Seventy-one percent of students in Grades 7-12 reported using alcohol, with 26 percent considered binge drinkers.\* More than 13,500 Texans died from alcohol and drug disorders, 46% of them younger than 25. Substance abuse puts young people at risk in other ways, too. National data indicate parental substance abuse causes or contributes to seven out of 10 cases of child abuse and neglect and three-quarters of all foster care placements. People with substance abuse problems crowd our jails and prisons. Six out of 10 Texas prisoners have substance abuse problems. Crime related to substance abuse cost Texas nearly \$4 billion in 2000 and accounted for about 48% of total expenditures in the state's criminal justice system.

\* Student data are based on *Texas School Survey of Substance Use Among Students: 2002*, Texas Commission on Alcohol and Drug Abuse.

## 10-year targets

- ◆ Reduce use of alcohol, tobacco, and other illegal drugs among adolescents age 12-17 by 25 percent.
- ◆ Reduce illegal drug use among adults by 25 percent.
- ◆ Increase by 25 percent the number of adolescents who access state-funded treatment prior to juvenile justice system involvement.

## Principles

Substance use disorders are intertwined with virtually every other public health, social, and economic problem and cannot be addressed in isolation. The Committee has developed a strategy that is comprehensive, long-term, and integrated across systems. Its effectiveness depends on strong, sustained leadership that adheres to these principles:

- ◆ Drug demand reduction must be shaped by a shared vision and implemented with common methods and unambiguous, consistent drug-free messages.
- ◆ Substance abuse, underage use, and other illegal substance use are preventable behaviors.
- ◆ Prevention—a proactive process of building healthy individuals, families, and communities—is the key to reducing drug demand.
- ◆ The environment, laws, government policies, and social norms have a direct impact on the level of drug demand in a community, especially among its most vulnerable members—children and adolescents.
- ◆ Alcoholism and drug dependence are chronic illnesses, and the path to recovery often includes temporary episodes of relapse.
- ◆ Treatment is effective, with results that are equal to and often better than those for other chronic illnesses such as diabetes, asthma, and hypertension.
- ◆ Success requires the active involvement of recovering individuals, families and friends, and concerned citizens of all ages.
- ◆ The illegal drug trade and the misuse of legal and illegal substances result in serious harm to individuals, communities, and the public. Enforcement must be supported in the effort to protect the state's residents and administer appropriate sanctions.
- ◆ Activities to improve public health and actions to enhance public safety are complementary.
- ◆ While the strategy promotes system change at the state level, efforts must be driven by local communities and tailored to their unique needs.
- ◆ Community-based actions and coalitions are critical. Coalitions are effective when they operate within a statewide infrastructure and include prevention, treatment and juvenile/criminal justice.
- ◆ The strategy must use approaches with proven effectiveness and include measurable outcomes. Selection of programs and activities must be based on objective data and research.
- ◆ The capacity to share common data elements across entities and integrate the collection, analysis and reporting of data is essential.
- ◆ Performance must be continually monitored and improved to ensure the best possible results at the least possible cost.
- ◆ The state's strategy must be supported by adequate fiscal, human, and information technology resources.

## Goals

### 1. Prevention: stop use before it starts

- a. Establish laws and policies that foster healthy individuals and communities.
- b. Educate the public about substance abuse and promote social norms that discourage illegal and inappropriate use of alcohol, tobacco, and other drugs.
- c. Target youth with clear messages that no use of alcohol, tobacco or other drugs is acceptable.
- d. Support the development of community coalitions to promote, plan, and coordinate prevention activities that address specific community needs.
- e. Involve families, schools and community support in prevention efforts.
- f. Motivate and prepare teachers, health professionals, clergy, community leaders, business leaders and workers, and other citizens to serve as positive role models and mentors.
- g. Use media and other technology to promote prevention through clear, consistent drug-free messages.
- h. Provide research-based prevention programs to foster positive, healthy lifestyles among youth, equipping them to reject the use of alcohol, tobacco, and other drugs.

### 2. Treatment: heal Texans who are dependent on alcohol and other drugs

- a. Educate policy-makers and the public about the nature of addiction as a disease and the effectiveness of treatment.
- b. Through education and training, promote early identification and intervention to slow/halt disease progressions, improve prognosis/outcomes and reduce related problems.
- c. Incorporate substance abuse screening and referral throughout the health and human services system to facilitate early access to treatment.
- d. Ensure prompt access to individualized, evidence-based intervention and treatment services to individuals and their families, treating the family as a unit.
- e. Facilitate access to supportive health and social services, especially screening and treatment for communicable diseases.
- f. Establish long-term monitoring and support systems.
- g. Integrate evidence-based substance abuse services throughout the criminal justice system to break the cycle of addiction and crime.

### 3. Enforcement: disrupt the market

- a. Disrupt and deter the flow of illegal drugs into and through Texas.
- b. Identify and sanction individuals involved in drug trafficking and distribution.
- c. Hold individuals accountable for criminal violations and incarcerate offenders who threaten public safety.
- d. Use drug courts to reduce drug use and criminal behavior.
- e. Use High Intensity Drug Trafficking Areas to concentrate resources in regions most impacted by drug trafficking.
- f. Develop better methods to share information across enforcement agencies.

### 4. Integration: create a unified response

- a. Establish formal and effective relationships among state agencies to ensure collaborative planning, financing, and evaluation of drug demand reduction activities.
- b. Promote effective community coalitions as partners with state agencies and integrate prevention, treatment and enforcement efforts at the local level.
- c. Support education and training for professionals involved in prevention, treatment, and law enforcement efforts, including health and human service workers who interact with substance users.
- d. Maximize limited resources by investing in activities with the greatest impact.

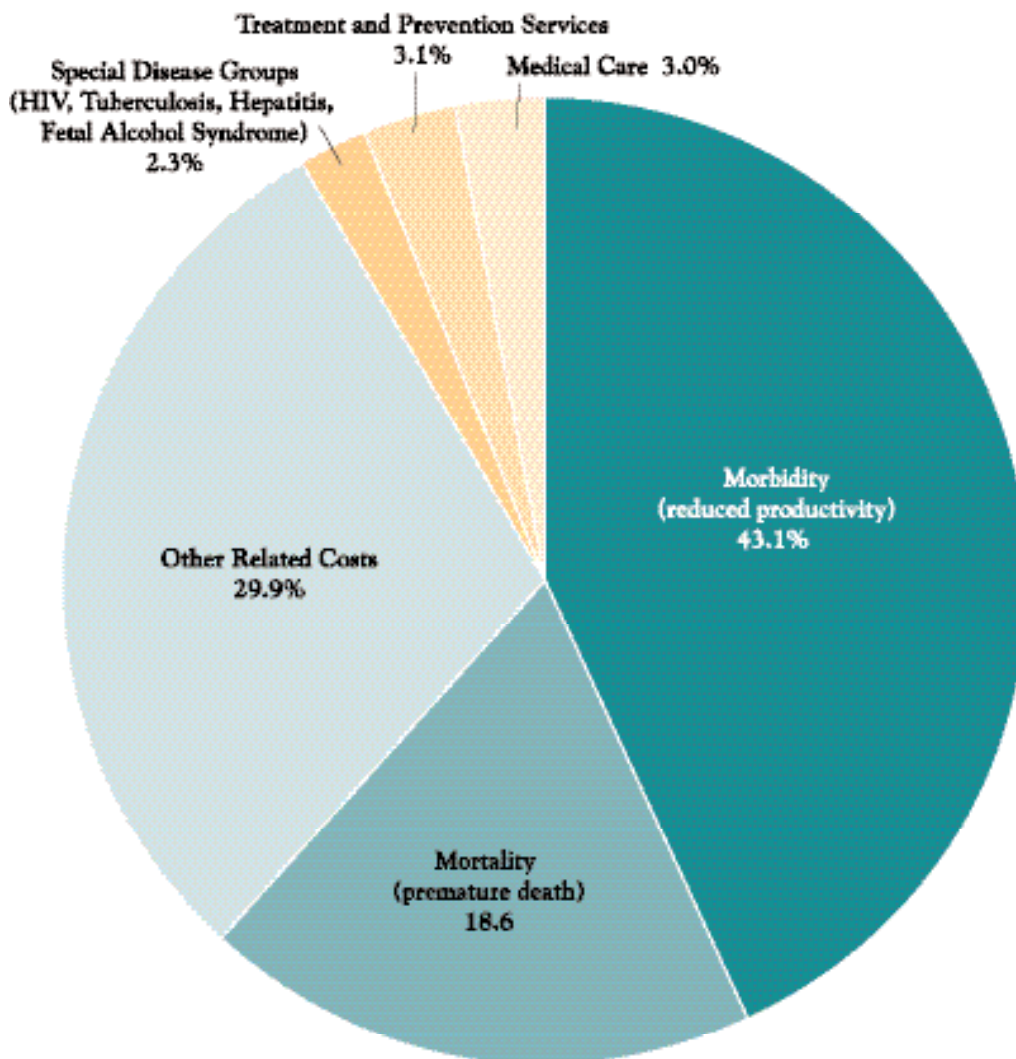


## SUBSTANCE ABUSE IN TEXAS

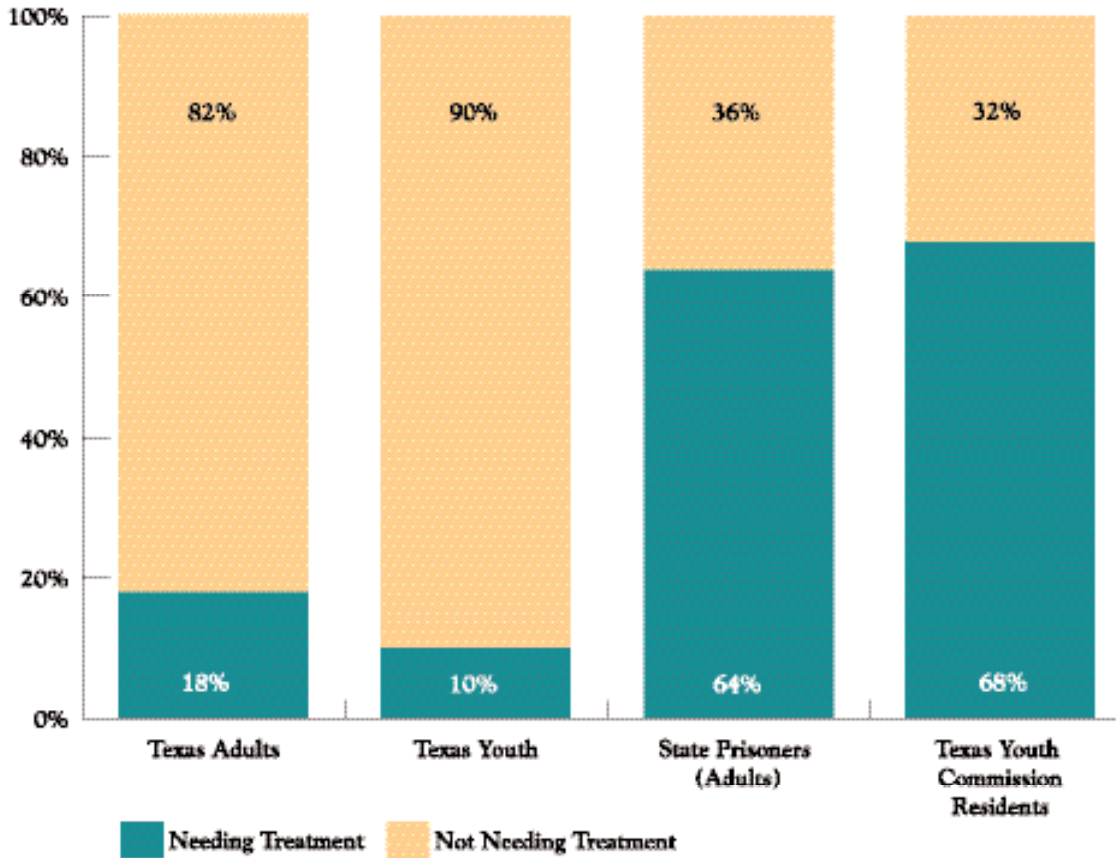
Substance abuse places an enormous burden on Texans—as individuals, as families, as communities, and as taxpayers. The economic toll alone is staggering. Total economic costs of alcohol and drug abuse were estimated at close to \$26 billion in 2000 (\$16.4 billion for alcohol and \$9.5 billion for illegal drugs)—\$1,244 for every man, woman, and child in the state. The loss and suffering associated with substance abuse, however, is immeasurable. The simple fact is that everyone knows someone whose life has been impacted by substance abuse.

Substance abuse impacts all aspects of personal and family life and contributes to some of our most devastating social problems. Alcohol and drugs are key factors in violence and criminal activity and contribute to many serious medical disorders, including life-long conditions such as fetal alcohol syndrome and AIDS. Substance abuse also is associated with high rates of child maltreatment, suicide, divorce, unwanted pregnancy, domestic violence, disability, unemployment, lowered productivity, poverty, and homelessness. While there is no way to truly quantify the damage, the pervasiveness of the problem cannot be overstated.

### ALCOHOL AND DRUG ABUSE COSTS BY COST CATEGORY



## TEXANS NEEDING TREATMENT



Source: Texas Commission on Alcohol and Drug Abuse—Series of studies of substance abuse among inmates in Texas correctional facilities, 1998-2001; Texas Student Survey, 2002; Texas Adult Survey, 2000

### Health

- ◆ In 2000, drugs and alcohol caused 38% of the deaths among young people aged 15 to 24 and 9% of all deaths in Texas.
- ◆ About 13,518 Texans died in 2000 from alcohol and drug disorders—46% of them younger than 25 years old.
- ◆ 42% of automobile crashes involved alcohol or drugs. They resulted in 1,161 deaths and 27,298 injuries in 1999.
- ◆ About 20% (1,457) of the new HIV and AIDS cases reported in 2000 are linked with intravenous drug use.
- ◆ In 2000, approximately 727 babies were born with fetal alcohol syndrome, bringing the total number of Texans living with fetal alcohol syndrome to 23,260.
- ◆ On average, untreated alcoholics incur general health care costs that are at least 100% higher than those of non-alcoholics. After addiction treatment, days lost to illness, sickness claims, and hospitalization rates dropped by about 50%.
- ◆ Texas spent more than \$2 billion in healthcare costs associated with drug and alcohol abuse in 2000.

### Families

- ◆ In three out of four cases of domestic violence, the victim reported that alcohol or drugs had been a factor.
- ◆ Parental substance abuse causes or contributes to seven out of ten cases of child abuse and neglect and three-quarters of all foster care placements.

- ◆ In 2002, thirty-eight percent of adults receiving treatment in state-funded community programs were custodial parents; together they were responsible for nearly 24,000 children. Substance abuse severely impairs or compromises a parent's ability to provide a safe and nurturing home. As a result, children of substance abusers are more likely to have problems with delinquency, poor school performance, sexual promiscuity, and emotional difficulty than their peers; and one in four will experience substance abuse problems.

## Schools

- ◆ Early smoking and marijuana use is associated with dropping out of high school, even among youth who have nonconforming attitudes and behaviors. Adolescents who are frequent smokers are 85% more likely to drop out of high school, and those who use marijuana are 68% more likely to drop out.
- ◆ High school dropouts have higher rates of unemployment and earn less than graduates without college degrees. They also use more social services such as welfare, medical, and unemployment assistance, and are more likely to become involved with the criminal justice system.
- ◆ Adolescents who smoke, drink, or use marijuana are more likely to have behavioral problems in school and engage in illegal activities, including use of other drugs.

## Workplaces

- ◆ One fourth of the people on welfare assistance have a substance abuse problem that creates a substantial barrier to finding and keeping a job.
- ◆ Three fourths of all substance abusers are employed, but they are less productive than their peers. They are more than twice as likely to skip work, for example, or to work for more than three employers in a single year. Health care costs for employees with alcohol problems are double those of other employees.
- ◆ Lost productivity due to alcohol and drugs cost Texas \$11.2 billion in 2000.

## Criminal Justice System

- ◆ Overall, about three-quarters of all prisoners are involved with alcohol or drugs. They are abusing or dependent on alcohol or drugs, are arrested for drug or alcohol offenses, and/or are under the influence when the crime is committed.
- ◆ In 1998, six out of every 10 prisoners in Texas had substance abuse problems.
- ◆ Four out of every 10 inmates said they were high or drunk when they committed the offense. Crimes most closely related to alcohol use at the time of offense were violent ones—assault, murder, manslaughter, and sexual assault.
- ◆ One out of every six inmates committed a crime to support a drug habit.
- ◆ One out of every four inmates in state jails and prisons are incarcerated for a drug or alcohol-related offense.
- ◆ In 2000, 68% of youths entering Texas Youth Commission facilities abused or were dependent on alcohol or drugs in the year before their incarceration. About one-third of them report using alcohol or drugs when they began getting into legal trouble.
- ◆ Crime related to substance abuse cost Texas close to \$4 billion dollars in 2000 and accounted for about 48% of total expenditures in the state's criminal justice system.

Over the past century, the use of tobacco, alcohol and illegal drugs has fluctuated in response to changes in public attitudes and the political, economic, and social environment. The most dramatic change has been the drop in smoking, which began in the mid 1960s. Use of illegal drugs and alcohol peaked in the late 1970s and early 1980s, respectively, and then began a period of steady decline. Led by a state and national emphasis, this era was marked by increased awareness of health risks, significant new laws and policies, government support of prevention and treatment services, and the development of grassroots initiatives and community coalitions aimed at decreasing substance abuse.

In 1990, however, tobacco and illegal drug use among young people began to climb again. These increases have been attributed to a number of factors, including a lowered perception of the risks associated with using drugs; fewer anti-drug messages from parents, schools, and the media; positive images of drug use portrayed by the entertainment industry; and aggressive marketing by tobacco companies. The upward trend stabilized in 1998, and since then use has fallen slowly but steadily. Among adults, past-year use of illegal drugs rose slightly between 1993 and 2000.

While current patterns of drug use are generally much lower than the peaks seen in past decades, they remain at unacceptable levels. Moreover, patterns of use for specific substances vary, and gains in one area are sometimes offset by an escalating or emerging problem in another. Despite significant gains, substance abuse continues to pose a significant threat to the state's public health and safety.

Alcohol is the state's number one drug problem. Although use has been declining gradually since 1990, alcohol remains the drug of choice for young people and the most widely abused drug among adults.

- ◆ According to the TCADA student survey, about 18% of seventh graders and 51% of twelfth graders report drinking in the past month.
- ◆ Twenty-three percent of high school seniors drove a car after having “a good bit to drink” at least once during the past school year. This figure represents 74,000 impaired teen drivers on Texas roads each year.
- ◆ Binge drinking—consuming five or more drinks at one time—was reported by 26% of students in Grades 7-12. Moreover, 29% of college students in Texas are binge drinkers, and 16% become drunk often (three or more times a month).
- ◆ About 16% of adults in Texas have a problem of alcohol abuse or dependence.

## Binge drinking on college campuses

**B**inge drinking poses a growing threat to the health and well-being of college students and the communities where they live. Nationally, drinking by college students contributes to an estimated 1,400 student deaths, 500,000 injuries, and 70,000 cases of sexual assault or date rape each year. In response, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) convened a blue-ribbon panel of more than three dozen college presidents, scientists, and students to conduct a comprehensive review of research on college drinking and the effectiveness of methods to prevent it. The NIAAA Task Force on College Drinking recently published a report calling for urgent action and sent it to every college in the United States. The report recommends a 3-in-1 framework targeting three populations: the individual at-risk or alcohol-dependent drinker, the student body, and the college and its surrounding environment. It also underscores the need for more research to learn more about factors contributing to binge drinking and effective approaches for combating it. The Bush administration has requested an additional \$4 million to pursue these goals in its FY 2003 budget request.



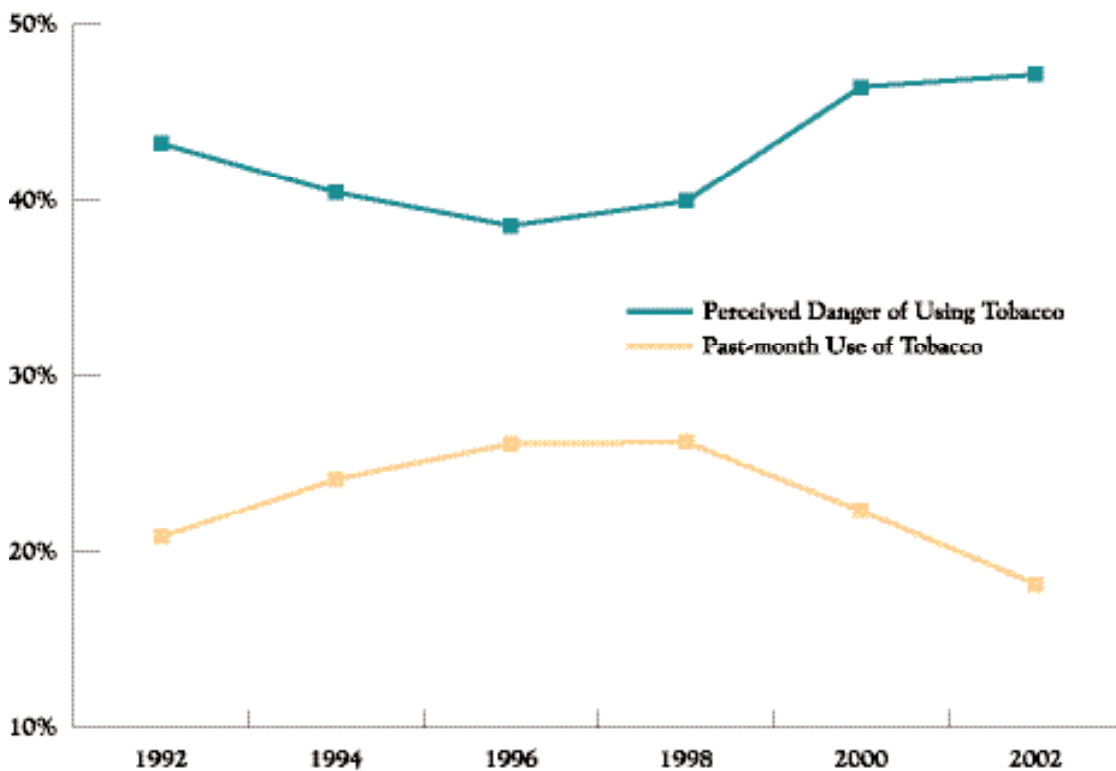
Tobacco is also a serious problem, even though adult smoking is at its lowest point since the early sixties. Decreases have been uneven among the population, and women are closing the historical gap between rates of smoking for men and women. While tobacco use among teenagers has dropped significantly over the past four years, it remains dangerously high with nearly one in five secondary students reporting past month use. This number is particularly troublesome because tobacco use is linked with increased use and abuse of other drugs.

Patterns of illegal drug use vary over time and according to age group. Marijuana is the most popular drug, accounting for three out of four adolescent treatment admissions. Levels of cocaine and crack have stabilized, but the use of Ecstasy has increased sharply at all grade levels in recent years. Use of illegal drugs among adults increased slightly in recent years, particularly among those under age 25. The drugs that cause adults to seek treatment most frequently are crack, heroin, and cocaine.

- ◆ 16% of youth report current use of illegal drugs, and 7% are heavy users who use illegal drugs on a daily or weekly basis.
- ◆ 9.4% of adults used illegal drugs in 2000, and 5.2% had problems with illegal drug abuse or dependence.

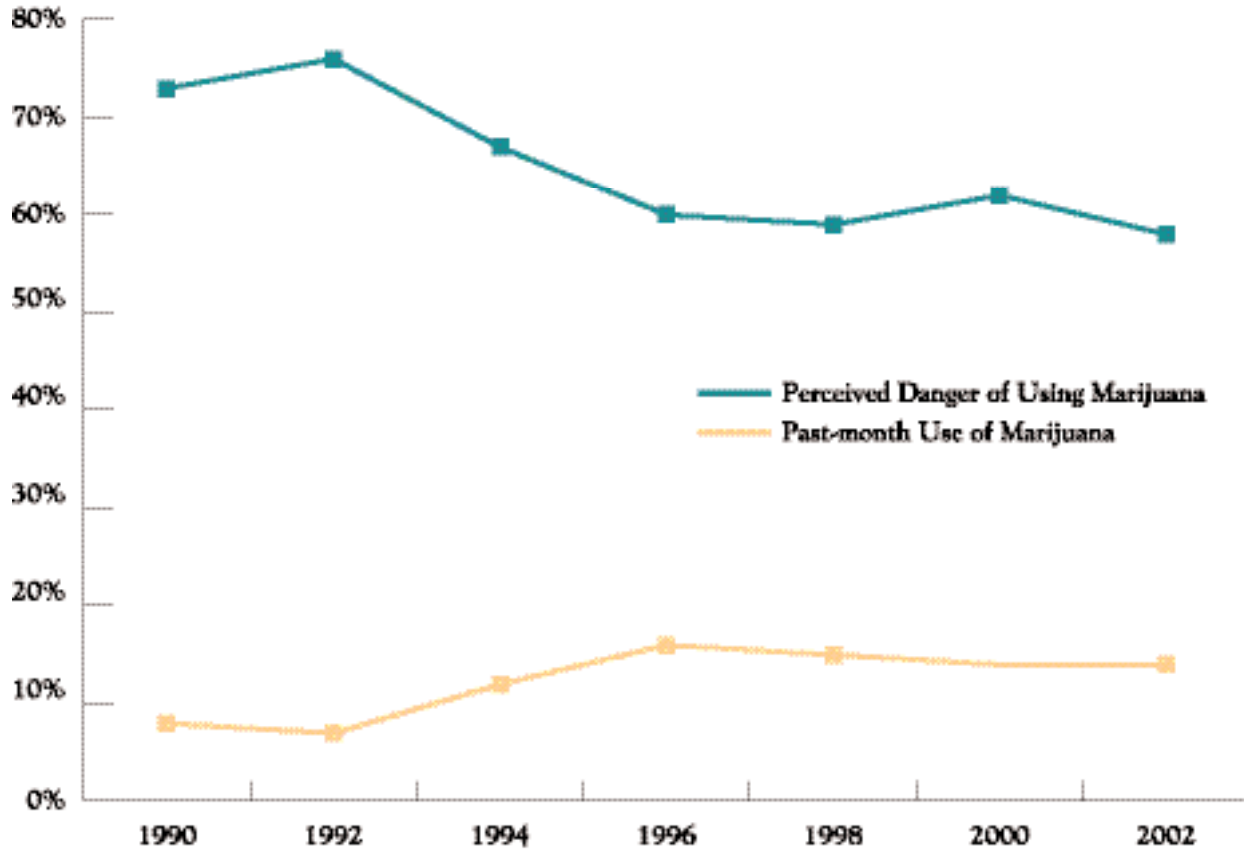
Most people with substance abuse problems began using drugs at an early age. The earlier people start using drugs, the more likely they are to develop a substance use disorder. While the average age of first use for tobacco has held steady, average age of first use for alcohol and illegal drugs is lower now than it was in 1994. On average, Texas students begin using tobacco, beer, and inhalants when they are 12 years old and illegal drugs when they are 13 years old. One factor that determines whether students use drugs is their perception of the risks involved. Young people who believe substances are dangerous to use are less likely to actually use them.

## TEXAS SECONDARY STUDENTS SAYING TOBACCO IS VERY DANGEROUS TO USE VS. PAST-MONTH USE OF TOBACCO



Source: Texas Survey of Substance Abuse Among Students: Grades 7-12, Texas Commission on Alcohol and Drug Abuse

## TEXAS SECONDARY STUDENTS SAYING MARIJUANA IS VERY DANGEROUS TO USE VS. PAST-MONTH USE OF MARIJUANA



Source: *Texas Survey of Substance Abuse Among Students: Grades 7-12*, Texas Commission on Alcohol and Drug Abuse

## FY 2002 FUNDING FOR DRUG DEMAND REDUCTION IN TEXAS

The following figures reflect state general revenue and federal funds administered by state agencies to provide substance abuse services as reported in a survey conducted in March 2002.

	Administrative	Direct Services
<b>Prevention</b>		
Texas Commission on Alcohol and Drug Abuse	2,973,550	58,044,646
Texas Education Agency	1,119,907	26,877,775
Governor's Office, Criminal Justice Division	629,410	18,038,971
Texas Department of Health	713,588	9,063,979
Texas Department of Protective and Regulatory Services		2,611,754
Texas Juvenile Probation Commission		2,090,000
Texas Alcoholic Beverage Commission		1,466,663
Texas Department of Transportation		394,000
Texas Department of Criminal Justice	180,000	
<b>SubTotal</b>	<b>5,616,455</b>	<b>118,587,788</b>
<b>Treatment</b>		
Texas Commission on Alcohol and Drug Abuse	1,949,821	74,871,327
Texas Department of Criminal Justice	3,115,059	65,610,303
Governor's Office, Criminal Justice Division	57,672	15,184,980
Health and Human Services Commission		13,473,460
Texas Youth Commission		1,471,443
Texas Commission on Offenders with Mental Illness		602,554
Texas Department of Health		775,400
Texas Department of Mental Health and Mental Retardation		500,000
Texas Juvenile Probation Commission		500,000
Texas Department of Transportation		69,000
<b>SubTotal</b>	<b>5,122,552</b>	<b>173,058,467</b>
<b>Enforcement</b>		
Governor's Office, Criminal Justice Division	601,093	33,349,987
Texas Department of Health	187,620	1,983,377
Texas Department of Public Safety		24,196,811
Texas Alcoholic Beverage Commission		13,199,699
<b>SubTotal</b>	<b>788,713</b>	<b>72,729,874</b>
<b>Drug Demand Reduction Total</b>	<b>\$11,527,720</b>	<b>\$364,376,129</b>



## STATUS OF PREVENTION FUNDING AND PROGRAMS

Prevention is the key to long-term demand reduction. Clearly, preventing early use of alcohol, tobacco, and other drugs is preferable to waiting to address the problem later with law enforcement and treatment. Through prevention, Texas can raise healthy, drug-free children and avert the tremendous human and economic costs associated with a lifetime of addiction and its consequences to society.



Three levels of prevention are necessary to address needs found in every community: **universal**, **selective**, and **indicated**. **Universal** messages and programs are designed to prevent or delay the use and abuse of tobacco, alcohol, and other drugs and are delivered to entire populations without regard to risk level. These include media campaigns; providing information through websites, literature, presentations, and other channels; and programs that help children develop healthy values and basic life skills such as decision making and conflict resolution. In addition to targeting individuals with prevention messages, communities must undertake activities that target the environment, where policies and norms may be favorable to underage alcohol and other drug use.

**Selective** programs target segments of a general population that are at higher risk for substance abuse—for example, children of alcoholics or youth living in a high drug use, low-income neighborhoods. **Selective** programs generally include a mix of education and skills training and often include activities to help children develop social skills through healthy recreational activities.

Finally, individuals who are showing early warning signs of substance abuse and associated behaviors need access to **indicated** programs where they can receive more intensive services. In addition to focused education and skills training, these programs provide counseling, resources to address the young person's individual needs and problems, and referral services.

Numerous studies have determined that a variety of risk factors in the home, community, school and individual increase the risk for substance use and abuse. At the same time, protective factors that mitigate risk and build resiliency have been identified in the same domains (See Appendix). This research on risk and protective factors, along with their corresponding indicators, has become the foundation of successful prevention programs. Research also shows that comprehensive prevention efforts that involve numerous stakeholders and implement community, school, and parent strategies are the most successful. Comprehensive prevention requires the integration of policy and resources across systems; collaborative partnerships at the state, regional and local levels; and a network of strong community coalitions with access to evidence-based approaches and programs.

Prevention in Texas is going through a period of transition as these research findings are used to reshape prevention efforts. Prevention coalitions have been established in many communities across the state; and effective, research-based models are rapidly replacing untested programs. These trends will be strengthened as Texas implements the new State Incentive Grant (SIG), a three-year grant of \$12 million awarded to the Office of the Governor by the Center for Substance Abuse Prevention in March 2002. The purpose of this grant is to strengthen prevention in Texas by creating a statewide network of community coalitions to provide evidence-based prevention programs.

## Funding

Texas and other states have received a steady infusion of federal funds for the purpose of implementing and enhancing prevention programs at the state and local levels. These funds are supplemented by state appropriations. Other statewide efforts, such as Texans Standing Tall, which targets underage drinking, are supported by private foundations. In addition, community-based providers raise funds through a variety of sources, including local government, foundations, faith-based organizations, schools, and businesses.

### Substance Abuse Prevention and Treatment (SAPT) Block Grant

The Substance Abuse and Mental Health Services Administration (SAMHSA) specifies that at least 20% of the SAPT Block Grant must be spent on prevention. The Texas Commission on Alcohol and Drug Abuse (TCADA) administers these funds. In 2002, Texas dedicated 39 percent of the block grant expenditures for prevention. As required by SAMHSA, Texas uses the prevention block grant funds for activities in six categories:

- ◆ Information dissemination
- ◆ Prevention education
- ◆ Activities that provide alternatives to drug use
- ◆ Problem identification and referral
- ◆ Community-based efforts to create a healthy community climate
- ◆ Environmental strategies to create healthy norms and expectations

### Safe and Drug Free Schools and Communities Act

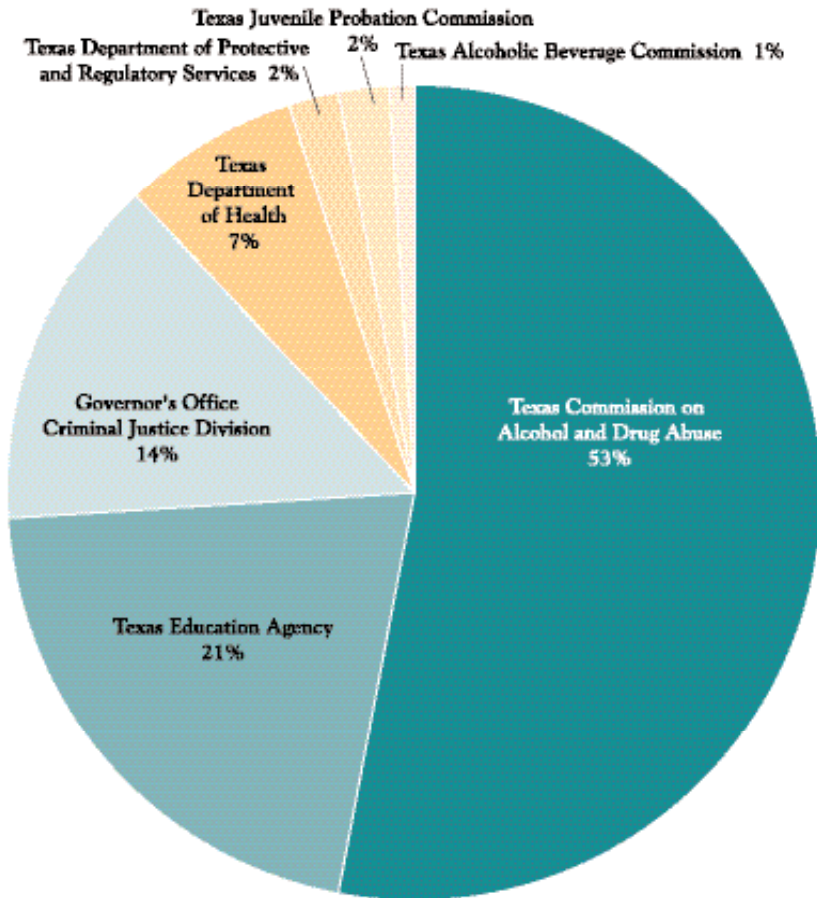
Through the new No Child Left Behind legislation, the United States Department of Education provides support to public schools for the implementation of prevention educational programs for all students. Eighty percent of these funds, administered by the Texas Education Agency, support local school districts in their drug and violence prevention efforts. Twenty percent, administered by the Criminal Justice Division of the Governor's Office, support school and community programs identified through a community planning process under the direction of regional Councils of Government. The total allocation for Texas for the 2001-2002 school year was \$36.6 million.

### Other Governmental Funding Sources

- ◆ Drug-Free Communities Support Program
- ◆ Federal Special Forfeiture Fund
- ◆ Enforcing the Underage Drinking Laws Program
- ◆ Title V Incentive Grants for Local Delinquency Prevention Programs
- ◆ Juvenile Accountability Incentive Block Grant
- ◆ Juvenile Justice and Delinquency Prevention Formula Block Grant
- ◆ Centers for Disease Prevention and Control
- ◆ Tobacco Education and Enforcement Fund
- ◆ State General Revenue

In response to a DDRAC survey for FY 2002, nine state agencies reported expenditures related to substance abuse prevention (See page 15 and Appendix). The majority of statewide prevention services were provided by TCADA, TEA, Governor's Office/CJD and the Texas Department of Health, which funds programs for tobacco education and health promotion. Their budgets amounted to 95% of the funds available for prevention through state agencies.

## STATE AGENCY PREVENTION FUNDING\*



\*Includes only state agencies that account for at least 1% of prevention spending Source: DDRAC survey of state agencies, March 2002

### Prevention Programs

Because prevention is a proactive, comprehensive process that involves all segments of a community, prevention includes a vast array of programs and services provided in a variety of settings. Below are examples of Texas programs that are specific to drug use prevention.

#### Regional and Statewide Services

- ◆ **Partnership for a Drug-Free Texas.** This media campaign uses paid and donated television, radio, and print advertising to shape attitudes about the use of alcohol, tobacco and other drugs; to stimulate support for and development of community coalitions, and to communicate the value and role of substance abuse prevention and treatment. The Texas Partnership, an arm of the Partnership for a Drug-Free America, has generated millions of dollars in media exposure to encourage Texas youths to make wise choices about alcohol and other drugs.
- ◆ **Red Ribbon Campaign.** TCADA works with demand reduction units of the Texas National Guard and the Drug Enforcement Administration and other groups to sponsor a month-long series of events each October to educate and increase awareness about drug abuse and prevention. Many communities and schools participate with their own local activities.



◆ **Regional Partnership Program.** The Texas Department of Health, Office of Tobacco Prevention and Control (OTPC) provides ten local tobacco control coordinators throughout the state. OTPC educates the public on dangers of tobacco use and Texas tobacco laws through media campaigns and operates a clearinghouse and toll-free number for information dissemination. OTPC also provides technical assistance to community organizations, schools, worksites, health professions and law enforcement agencies on tobacco use prevention. In conjunction with that effort, the Office of the Comptroller of Public Accounts provided \$464,339 in grants to 110 community law enforcement agencies in 2002 and \$375,138 to 82 school districts for community education and enforcement of laws dealing with the sale of tobacco to minors.

◆ **Prevention Resource Centers.** Each of the state's eleven Health and Human Services regions has a Prevention Resource Center (PRC) funded by TCADA to connect local communities with prevention resources. Through the provision of library and clearinghouse services, links to research, technical assistance and training resources, PRCs provide critical support to prevention systems in local communities.

◆ **Education Service Centers.** Each of the 20 Education Service Centers in Texas provides support for local schools' Safe and Drug-free Schools and Communities activities through material dissemination, training, technical assistance, and links to resources.

◆ **Texans Standing Tall.** This statewide coalition assists individuals and community groups in bringing about environmental policy changes to reduce underage drinking.

- ◆ **Statewide Prevention Training Initiative.** This TCADA-funded initiative disseminates evidence-based programs and enhances the outcomes of prevention services. Through regional training events, prevention professionals learn to implement model curricula and approaches that research has proven to be effective.

### Programs in Communities and Schools

- ◆ **Community Coalitions.** Coalitions mobilize organizations and individuals from all parts of the community to reduce substance abuse and its harmful effects. They develop strategies to address local problems and to provide a way for all citizens to become involved in prevention.



- ◆ **Comprehensive School Strategies.** All schools that receive Safe and Drug-free Schools and Communities funding are required to implement comprehensive drug prevention programs in Grades K-12. These programs may include student instruction, awareness and education for parents, school staff training, support groups for children in at-risk situations, and other age-appropriate services. The 2002 TCADA Student Survey results, however, show a drop in the number of students in Grades 7-12 reporting that they receive prevention information from 98% in 1988 to 61% in 2002.
- ◆ **Model and Effective Programs.** Programs that employ the six prevention strategies required by the SAPT Block Grant (listed above) are provided by community based organizations in school and community settings. Many of these programs use curricula that are part of model programs as designated by the Center for Substance Abuse Prevention—programs using science-based techniques with demonstrated effectiveness.
- ◆ **Texas National Guard Drug Demand Reduction Program.** In addition to providing training and technical assistance to community groups, the Guard sponsors local Adopt-A-School programs; operates a residential program to remove high-risk teens from the availability of illegal substances and detrimental influences; and supports local drug prevention organizations with materials, equipment and personnel.
- ◆ **Drug Abuse Resistance Education.** DARE programs, which use specially trained local police officers to deliver a series of education and skill-building sessions in public and private schools, remain popular in Texas.

In addition to these drug-specific prevention programs, other state agencies fund programs that target other problems, such as delinquency or violence, but address the same risk and protective factors. Examples include programs funded by the Texas Department of Protective and Regulatory Services' (PRS) Division of Prevention and Early Intervention. PRS funds mentoring programs for youth in at-risk situations; the Communities In Schools program, designed to prevent dropping out of school; youth development services in communities with a high incidence of juvenile crime; and a variety of services to strengthen families and foster life skills in young people. The Texas Juvenile Probation Commission provides prevention and intervention services, including drug education, life skills training, and intensive counseling, to juvenile probationers and their families. The Texas Alcoholic Beverage Commission offers school-based educational initiatives and helps sponsor youth leadership development camps.

Prevention includes many programs such as those listed above. It also includes everyday activities that foster healthy, responsible young people—activities led not by prevention professionals but by family members, neighbors, and friends of young people. In many communities support for prevention activities is generated through local government, faith-based organizations, and the private sector. The challenge in each community is to do the best job possible of mobilizing all the forces available for creating a healthy, drug-free environment. Because community coalitions represent the best method of achieving this goal, the DDRAC is concentrating on strategies to strengthen the network of local coalitions that can recognize the resources available to their communities and maximize the effectiveness of each resource.



## STATUS OF TREATMENT FUNDING AND PROGRAMS

Healing the addicted is another key component of demand reduction. Approximately 2.8 million Texans have substance abuse or dependency problems—13 percent of the state’s population. These individuals have the potential to lead full, productive lives, but their opportunities for doing so often rely on access to treatment. Three decades of scientific research and clinical practice have led to greater understanding of how drugs affect the brain and resulted in many effective approaches to addiction treatment.

Research clearly shows that treatment for addiction is as effective as treatment for other chronic diseases such as diabetes, hypertension, and asthma. Several large-scale, national studies have shown that treatment reduces drug use by 40 to 60 percent and leads to significant improvement in other aspects of patients’ lives. An evaluation of outcome studies in 24 states concluded that substance abuse treatment is a cost-effective means of reducing criminal activity, increasing employment and worker retention, improving physical and mental health, and strengthening familial and social functioning.



To meet the treatment needs of Texans, the state must have a range of services available so individuals and families can access the care most appropriate to their specific needs when and where required. A full treatment continuum also allows clients to move through various levels of care as their needs change.

Some people enter the system through medically supervised detoxification programs where they are physically stabilized and prepared for continuing treatment. Others may not need detoxification and may directly enter residential or outpatient services where they can examine the impact substance abuse has on their lives and develop skills necessary to achieve and maintain recovery.

Recovery maintenance helps people integrate the cognitive and behavioral skills learned during treatment to achieve a long-term change in lifestyle. In recovery maintenance, people who are completing an episode of treatment receive continuing care, such as low intensity outpatient counseling and case management services, which keeps them connected with the treatment system while they learn to rely on individual

and community-based support systems to sustain recovery. Medication is an important element of recovery maintenance for many individuals, particularly those who are dependent on heroin and other opiates.

A critical element of recovery maintenance is relapse reduction, which helps clients anticipate problems they are likely to confront, identify patterns of behavior that signal relapse, and develop effective coping strategies. These services can be provided through continuing care, but they are also appropriate for people who previously have completed treatment and need brief intervention to maintain a course of recovery. Other brief interventions are also used to help people manage stressful life situations and maintain recovery.

Addiction has a devastating impact on all aspects of a person’s life, and clients need a wide range of rehabilitation and support services to help them to achieve long term recovery and become productive citizens. Mental health serv-

ices, medical care, financial and legal assistance, family services, education and job skills training, and employment assistance are among the many services critical to success. One of the key functions of treatment is to connect clients with the additional services they need.

Substance abuse affects the entire family, and family dynamics have a significant impact on an individual's response to treatment and potential recovery. Effective programs involve family members and significant others in the treatment process and provide services to help them support the client's recovery.

The treatment continuum includes specialized services for women. Women have special needs that are not addressed in traditional treatment programs, and childcare responsibilities are often an additional barrier to services. Programs with enhanced support services help women address complex issues and develop effective parenting skills. Without these services, many women with substance abuse problems are unable to achieve a stable recovery.



People with co-occurring psychiatric and substance use disorders have complicated needs that require a blend of mental and substance abuse services. Because Texas has separate systems to address these issues, close collaboration is necessary to provide integrated treatment to help clients achieve remission or stabilization for their disorders. TCADA and TDMHMR have implemented a unique program using specialists to bridge the gap between the two systems by providing specialized interventions, facilitating collaboration, and enhancing providers' ability to effectively address the unique needs of people with co-occurring disorders.

In recent years, the state has focused on improving access in underserved areas, linking different types of services to create an integrated service array, and increasing family involvement. The drug demand reduction strategy includes activities to enhance these efforts and addresses other important priorities for strengthening the state's treatment system.

## Funding

Treatment services in Texas are paid for by a complex web of public and private funding. National studies indicate the portion of treatment paid for by private sources has declined in recent years and federal, state, and local governments now provide the majority of treatment funding. The major sources for treatment funding in Texas are described below.

### Federal Funds

The SAPT Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is the largest source of funding for substance abuse services in Texas. As the state substance abuse authority, TCADA receives these funds and uses them to purchase community-based services through contracts with non-profit organizations. Texas received \$132,649,225 million through the SAPT Block Grant in FY 2002, and 55 percent of the funds expended were used for treatment. Other sources of federal funding include:

- ◆ Targeted Capacity Expansion Program
- ◆ Residential Substance Abuse Treatment Program
- ◆ Drug Court Program

### Medicaid

The Texas Medicaid Program is administered by the Health and Human Services Commission (HHSC). The federal government matches every four dollars in state expenditures with six dollars in federal funds. In FY 2001, the Medicaid program spent \$13,341,058 for chemical dependency treatment in Texas. The traditional Medicaid program offers reimbursement only for in-hospital detoxification for adults and adolescents and outpatient treatment for adolescents diagnosed with chemical dependency. Under a federal waiver program, Medicaid services are now delivered through a system of managed care in many regions of the state. Benefit packages offered by the managed care organizations in these regions include residential and outpatient chemical dependency treatment for adults and adolescents. In the Dallas area, Medicaid dollars are blended with SAPT and Mental Health Block Grant funds in a behavioral health managed care pilot that provides a comprehensive array of treatment services. This program, NorthSTAR, is a collaborative project involving the HHSC, TCADA, and TDMHMR.

### CHIP

The HHSC also administers the Texas Children's Health Insurance Program (CHIP), which provides coverage for children in low-income children who are not eligible for Medicaid. Like Medicaid, the CHIP program is a partnership between the state and federal government, with the federal government providing seven dollars for every three dollars in state expenditures. The CHIP benefit package includes a comprehensive array of residential and outpatient treatment. CHIP expenditures for chemical dependency treatment, however, were estimated at only \$132,402 in FY 2002.

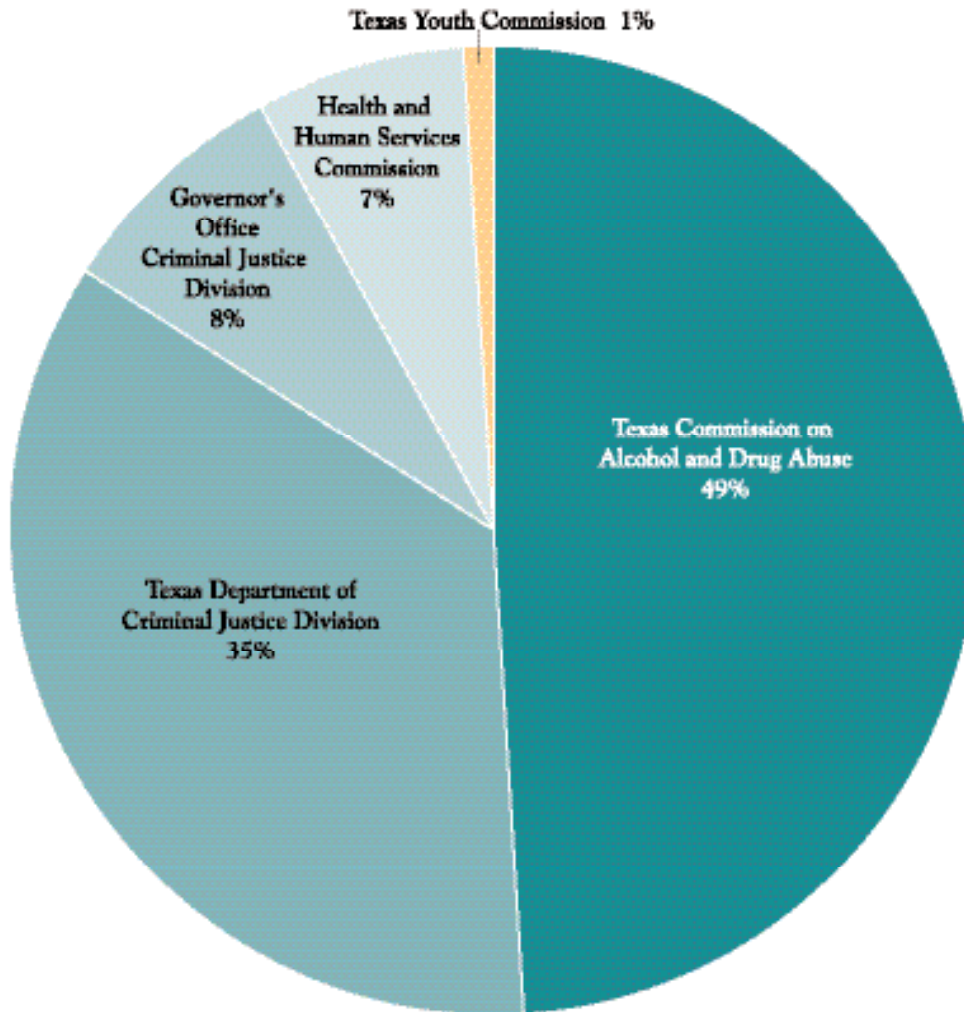
### State General Revenue

State agencies use funds appropriated by the Texas Legislature to provide treatment services to their target populations in state facilities and through community-based organizations. The majority of treatment within the state's criminal justice system is funded with general revenue.

### Private Insurance

Major health insurance carriers in Texas are required by statute to provide a minimum chemical dependency benefit package for group insurance plans that includes detoxification, residential, and outpatient treatment. Many insurance plans, as well as individual insurance policies, are not subject to this statute and provide varying levels of coverage for chemical dependency treatment.

## STATE AGENCY TREATMENT SPENDING\*



\*Includes only state agencies that account for at least 1% of treatment spending  
Source: DDRAC Survey of state agencies, March 2002

### Treatment Programs

Substance abuse treatment services are provided by a wide variety of agencies and organizations. As the state's substance abuse authority, TCADA has primary responsibility for regulating and supporting treatment services across the state. The Texas Department of Criminal Justice and the Criminal Justice Division of the Governor's Office provide an extensive system of treatment for offenders involved with the criminal justice system, and the Texas Youth Commission provides treatment for juvenile offenders. A number of additional agencies are also involved with maintaining the state's treatment services.

### Community-based Treatment

Organizations that provide treatment in the community include private and public hospitals, private for-profit entities, non-profit organizations, community MHMR centers, faith-based organizations, and private practitioners.

State law requires most treatment providers to be licensed. The state currently has 335 public and private chemical dependency treatment facilities that provide services at 800 sites, and 68 clinics that provide methadone maintenance services. Although many hospitals opened chemical dependency treatment units in the 1980s and early 1990s, most of these units have closed. At the present time, only 36 of the state's 557 hospitals have special units to treat chemical dependency, a total of 538 beds. Faith-based organizations with a registered exemption can provide treatment without a license, and 136 organizations hold such an exemption. The balance of treatment is provided by private practitioners. Information about community-based treatment in 2000 and the associated costs is found on page 29.

For-profit providers derive most of their income from insurance and client fees. Non-profit entities obtain support from a variety of sources, including public grants and contracts, third party payers, client fees, the United Way, faith-based organizations, private donors and foundations, businesses, and fund-raising events.

TCADA is the primary source of public funding for community-based treatment for indigent Texans. Information about TCADA-funded services is found on pages 30–31. Although most federal dollars flow through state agencies, the federal government funds community-based providers directly through a number of separate grant programs. Many local governments also provide funds for chemical dependency services.

### Treatment in the Criminal Justice System

Texas has one of the largest and most comprehensive criminal justice treatment systems in the nation. Services are provided to offenders incarcerated in state prisons and jails, as well as for offenders who are living in the community. The criminal justice treatment model is based on the therapeutic community approach, which has been proven to be particularly effective with the criminal population. Information about capacity, numbers served, and costs are located on page 32.

#### Prison System

TDCJ's Institutional Division operates several treatment programs within the prison system. In-Prison Therapeutic Communities target inmates with serious substance abuse problems who are within 12 to 14 months of release. Offenders complete a nine-month in-prison intensive treatment program followed by a three-month residential treatment program in the community and three to nine months of outpatient counseling. The Pre-Release Substance Abuse Program provides treatment for offenders who are within six months of release from prison. It is a three-phase program lasting four to six months.

#### Probation System

The Community Justice Assistance Division of TDCJ oversees adult community supervision in Texas and provides state funds to 121 Local Community Supervision and Corrections Departments across the state.

Substance Abuse Felony Punishment facilities serve offenders under community supervision with substance abuse problems who have been required to participate in the program as a condition of probation. They provide nine months of intensive treatment in a secure facility followed by three months of residential treatment and up to nine months of outpatient services in the community.

Substance Abuse Treatment Facilities and Court Residential Treatment Centers offer up to four to seven months of residential treatment in specialized facilities.

The Treatment Alternative to Incarceration Program provides substance abuse screening, assessment, referral, and treatment for nonviolent offenders through special grants awarded to approximately 30 probation departments.

The probation system also has 64 outpatient substance abuse treatment programs and 35 officers with specialized caseloads for probationers with substance abuse problems. Many of the clients on these specialized caseloads receive treatment in community-based programs funded by TCADA.

### **Parole System**

The Parole Division operates the Therapeutic Community Program for offenders with substance abuse problems. The program's three-phase aftercare component serves offenders who have participated in an In-Prison Therapeutic Community or Substance Abuse Felony Punishment Facility program. The Field Referral Program targets substance abusers who have not participated in an institution-based treatment program. The Parole Division also has a Drug and Alcohol Testing Program to identify substance abusers, refer them to appropriate treatment programs, and monitor their progress.

### **State Jail System**

State jails provide up to one year of incarceration and rehabilitation for offenders who commit low-level, non-violent property and drug offenses through the Modified Therapeutic Community Substance Abuse Treatment Program.

### **Drug Courts**

Drug courts are designed to reduce the impact of crime on individuals, families, communities, and the criminal justice system by using the power of the court to engage drug offenders in long-term treatment. Participants receive a coordinated program of treatment and rehabilitation supervised by the judge and managed by a team of criminal justice and treatment professionals. Drug courts were first established in Jefferson and Travis counties in 1993, followed by Dallas, El Paso, Montgomery, and Tarrant counties. These six drug courts represent less than one percent of the nation's drug court roster. The 77th Legislature addressed this issue by mandating drug courts in counties with populations of more than 550,000. Under this legislation, three more counties—Bexar, Harris, and Hidalgo—will establish drug courts. The legislature also appropriated \$750,000 annually for this effort.

### **Treatment in the Juvenile Justice System**

The youth sent to the Texas Youth Commission are the state's most serious or chronically delinquent offenders. Sixty-eight percent of these young people need treatment, and the agency assigns those with the most severe need to residential chemical dependency treatment. Program components include chemical dependency education, group and individual counseling, and living and social skills training. Information about capacity, numbers served, and costs are located on page 32.

The Texas Juvenile Probation Commission works in partnership with local juvenile boards and juvenile probation departments to serve youth convicted of less serious offenses. Services include prevention, early intervention, residential and non-residential rehabilitation, and case management. The juvenile probation system does not offer specialized chemical dependency services, but youth with more serious needs are placed on intensive supervision caseloads or in secure detention facilities to reduce commitments to the Texas Youth Commission.

### **Offender Education Programs**

State law requires individuals convicted of a first offense DWI to complete a certified DWI education program or face license revocation. Individuals convicted of subsequent offenses are mandated to a 32-hour intervention program designed to prevent further substance abuse related problems and encourage entry into treatment where indicated. Again, attendance is enforced through license revocation. Drivers convicted of a drug offense receive an automatic six-month license suspension, and reinstatement is dependent on completing a course on the dangers of drug abuse. Minors convicted of first or subsequent offenses for the purchase, possession or consumption of alcoholic beverages are required to attend an alcohol awareness course or face a six-month license suspension. Texas has over 700 offender education programs located throughout the state. In 2002, over 100,000 individuals completed one of these programs.



## COMMUNITY-BASED SERVICES OVERVIEW

### 2000 Admissions for Treatment in Specialty Institutions

	Total	Private Non-Profit	Private For-Profit	State and Local Gvt.	Federal and Tribal Gvt.
Detoxification	20,829	10,764	9,652	413	0
Hospital Inpatient (Youth)	801	403	233	165	0
Hospital Inpatient (Adult)	618	310	307	1	0
Non-Hospital Residential (Youth)	4,383	2,257	1,749	211	166
Non-Hospital Residential (Adult)	73,371	49,313	14,878	9,180	0
Outpatient	122,404	57,793	54,247	10,155	210
<b>Total</b>	<b>222,406</b>	<b>120,840</b>	<b>81,066</b>	<b>20,124</b>	<b>376</b>

Sources: Analysis by Texas Commission on Alcohol and Drug Abuse, using the 2000 National Survey of Substance Abuse Treatment Services (N-SSATS) for Texas

### 2000 Treatment Costs in Specialty Institutions

	Total (in Millions)
Private Non-Profit	\$165.4
Private For-Profit	\$363.5
State and Local Government	\$60.2
Federal and Tribal Government	\$29.0
Hospitals, Non-Federal	\$61.0
<b>Total</b>	<b>\$679.1</b>

Source: Economic Costs of Alcohol and Drug Abuse in Texas—2000, Texas Commission on Alcohol and Drug Abuse

## 2002 TREATMENT SERVICES FUNDED BY TCADA<sup>1</sup>

Treatment Service	Capacity	Total Served	Funding
<b>State Totals<sup>2</sup></b>			
Detoxification	354	8,435	4,336,535
Residential	1,355	15,473	26,865,478
Outpatient	7,713	16,543	13,587,489
<b>Total</b>	<b>9,422</b>	<b>40,451</b>	<b>44,789,501</b>
<b>HHSC Region 1</b>			
Detoxification	11	673	394,449
Residential	61	924	1,479,868
Outpatient	536	1,202	809,486
<b>Total</b>	<b>608</b>	<b>2,799</b>	<b>2,683,803</b>
<b>HHSC Region 2</b>			
Detoxification	13	707	348,202
Residential	72	907	1,338,367
Outpatient	51	879	310,382
<b>Total</b>	<b>136</b>	<b>2,493</b>	<b>1,996,951</b>
<b>HHSC Region 3<sup>3</sup></b>			
Detoxification	24	572	384,546
Residential	149	1,335	2,785,929
Outpatient	584	1,587	1,930,084
<b>Total</b>	<b>757</b>	<b>3,494</b>	<b>5,100,559</b>
<b>HHSC Region 4</b>			
Detoxification	0	696	0
Residential	0	873	0
Outpatient	56	1,006	85,945
<b>Total</b>	<b>56</b>	<b>2,575</b>	<b>85,945</b>
<b>HHSC Region 5</b>			
Detoxification	4	116	126,690
Residential	12	1,000	2,965,134
Outpatient	266	703	631,772
<b>Total</b>	<b>390</b>	<b>1,819</b>	<b>3,723,626</b>

Treatment Service	Capacity	Total Served	Funding
<b>HHSC Region 6</b>			
Detoxification	25	1,651	766,632
Residential	282	5,003	6,375,279
Outpatient	989	3,851	1,754,538
<b>Total</b>	<b>1,296</b>	<b>10,505</b>	<b>8,896,449</b>
<b>HHSC Region 7</b>			
Detoxification	229	1,031	945,043
Residential	205	1,165	4,133,673
Outpatient	1,806	1,963	2,640,750
<b>Total</b>	<b>2,240</b>	<b>4,159</b>	<b>7,719,466</b>
<b>HHSC Region 8</b>			
Detoxification	13	838	41,9793
Residential	152	1,636	3,992,830
Outpatient	945	1,989	2,315,133
<b>Total</b>	<b>1,110</b>	<b>4,463</b>	<b>6,727,756</b>
<b>HHSC Region 9</b>			
Detoxification	3	263	23,179
Residential	14	537	499,271
Outpatient	156	77	135,459
<b>Total</b>	<b>173</b>	<b>877</b>	<b>657,909</b>
<b>HHSC Region 10</b>			
Detoxification	20	909	545,000
Residential	0	553	0
Outpatient	110	1,038	299,000
<b>Total</b>	<b>130</b>	<b>2,500</b>	<b>844,000</b>
<b>HHSC Region 11</b>			
Detoxification	12	877	383,000
Residential	49	902	1,108,406
Outpatient	2,214	2,248	2,674,940
<b>Total</b>	<b>2,275</b>	<b>4,027</b>	<b>4,166,346</b>

1. Does not include COPSD (Co-Occurring Psychiatric and Substance Use Disorder) services
2. Includes statewide beds and slots not reflected in regional totals
3. Does not include NorthSTAR

## TREATMENT IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS (2002)

Treatment Service	Capacity	Admissions	Funding
<b>Probation System</b>			
Treatment Alternative to Incarceration Residential and Outpatient	48 beds plus contract services	2,323 residential 13,381 outpatient	\$10.5 million
Residential Substance Abuse Treatment (RSAT) Residential	315	664	\$1.4 million state \$4.1 million federal
Substance Abuse Treatment Facilities <sup>1</sup>	797	2,683	\$16.8 million
Substance Abuse Treatment Outpatient Programs	N/A	15,207	\$5.5 million
Court Residential Treatment Centers	511	1,352	\$10.4 million
Substance Abuse Felony Punishment Residential (SAFP)	4,500	5,849	\$12.1 million
Substance Abuse Felony Punishment Caseloads	N/A	660	\$413,231
Contract Residential Services	N/A	391	\$1.3 million
Specialized Caseloads and Outpatient Programs (local probation programs)	N/A	7,507	\$7.4 million
<b>Prison System</b>			
In-Prison Therapeutic Community (ITC)	800 beds	1,075	\$2.1 million
Pre-Release Substance Abuse Program	1,000	1,352	\$1.5 million
Pre-Release Therapeutic Community	600	814	\$1 million
<b>Parole System</b>			
Continuum of Care Residential and Outpatient (for SAFP and ITC)	contract services	6,370 residential 7,637 outpatient	\$23.8 million
Field Referral Residential and Outpatient	contract services	1,902 residential 1,320 outpatient	\$6 million
<b>State Jail System</b>			
Modified Therapeutic Community Substance Abuse Treatment Program	1,206	3,368	\$2.7 million
<b>Texas Youth Commission</b>			
Substance Abuse Treatment Program Aftercare	352 beds N/A	450 160	\$17 million \$846,000

<sup>1</sup> Two facilities are part of combination facilities (SATF/RCP and SATF/ISF). Numbers reflect all components.

## STATUS OF ENFORCEMENT FUNDING AND PROGRAMS



Enforcement is the third leg of a comprehensive drug demand reduction strategy. Most people think of law enforcement as the police response to legal violations, and this is certainly a vital enforcement function. When offenders are held accountable for their actions, individuals, families, and communities enjoy safer and healthier lives. But enforcement has a broader scope and purpose. It is, in essence, a universal prevention strategy with several distinct goals.

One goal is deterrence. With robust enforcement, individuals recognize that legal violations bring penalties and may believe the likelihood of being caught makes it unwise to engage in illegal activity.

Enforcement also includes activities designed to promote social norms that respect the laws and encourage compliance. While fear of negative consequences can restrain people from breaking the law, an individual's own value system and the desire to be part of a community provide much stronger motivation. When a community demonstrates its belief that drug-related laws are important and beneficial, individual and families are more likely to adopt those same norms or at least

behave in accordance with them. Public support is also key to motivating law enforcement officers and providing them with the information and resources they need to focus on drug-related activity.

Another important enforcement objective is reducing the supply and increasing the cost of illegal drugs. Supply reduction focuses on seizing drugs and assets and arresting and incarcerating dealers and their agents. These activities increase the cost of doing business for drug traffickers, resulting in higher prices on the street. They also force added security measures, thus making it harder to buy drugs. When drugs are more difficult and expensive to obtain, fewer people use them.

Major enforcement functions related to drug demand reduction include interdiction, law enforcement, prosecution and sentencing, sanctions, and prevention. All of these activities involve a multitude of federal, state, and local agencies, programs, and personnel.

Interdiction is the first line of defense against illegal drugs. Texas shares a 1,248-mile border with Mexico and has an extensive coastline, making it a prime target for drug traffickers. Drug smuggling is not the only problem Texas faces. Methamphetamine is a potent stimulant that can be easily manufactured anywhere in Texas using commercially available products, and new methods of domestic manufacture have contributed to the proliferation of clandestine methamphetamine laboratories across Texas. Marijuana is another case in which imports are supplemented with supplies produced inside the state's borders. In addition, legal prescription drugs are sometimes diverted into the black market.

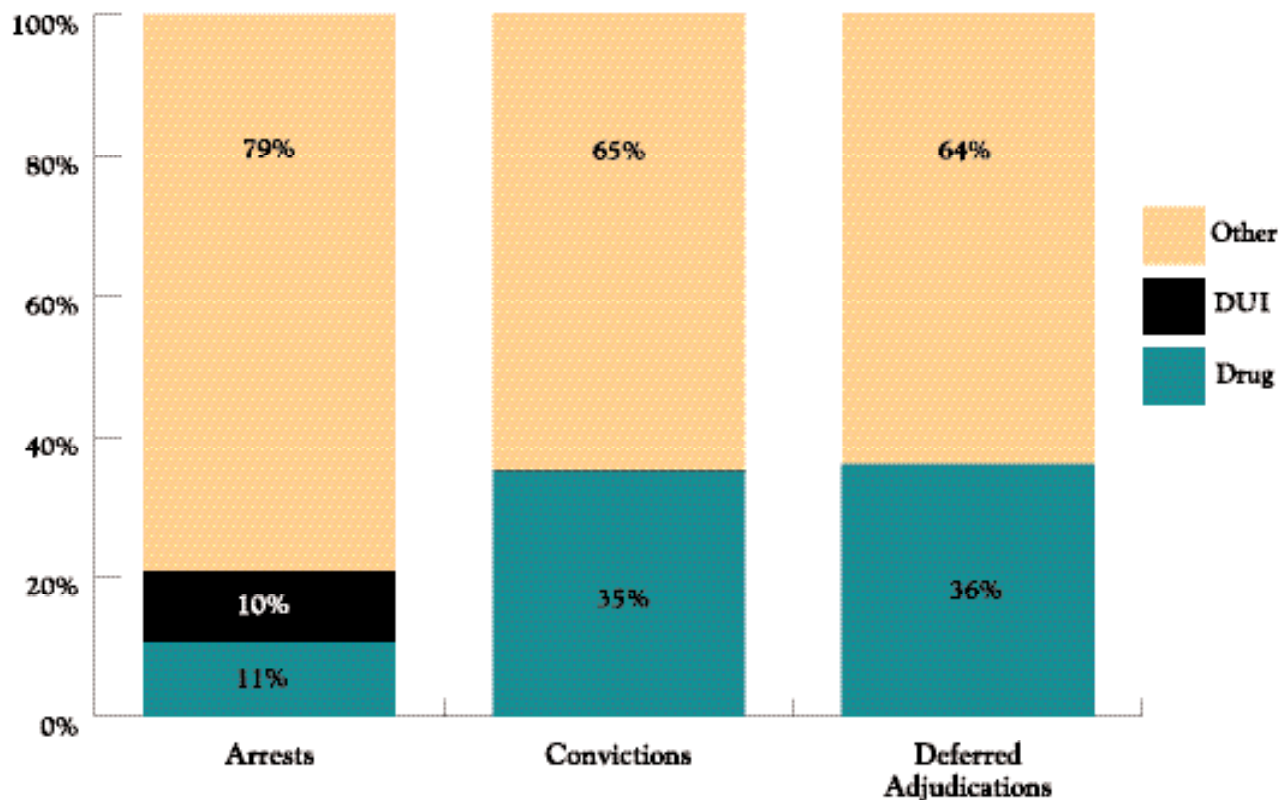
Federal, state, and local law enforcement agencies attack these drug trafficking operations through aggressive interdiction efforts. Interdiction addresses the many points and modes of entry: the official ports of entry on the Texas-Mexico border, highways, commercial and general airports, passenger bus and rail systems, commercial package delivery parcels, and the Gulf of Mexico and its seaports. The Department of Public Safety Narcotics Service also targets methamphetamine labs and marijuana crops within the state. These efforts result in the seizure of drugs and assets, and also provide criminal intelligence to support narcotic investigations and identify drug traffickers and their agents.

In Fiscal Year 2002, the Department of Public Safety Narcotics Service made 2,825 narcotics-related arrests with drug seizures valued at \$221,477,206. These seizures, an important component of the state's total drug seizure activity, are as follows:

Marijuana	60,938 Kilograms
Cocaine	2,407 Kilograms
Methamphetamine	65 Kilograms
Heroin	5.5 Kilograms
Designer Drugs	50 Kilograms
Hallucinogens	181,877 Dosage Units
Stimulants	314,951 Dosage Units
Depressants	264,752 Dosage Units
Other Narcotics	113,810 Dosage Units

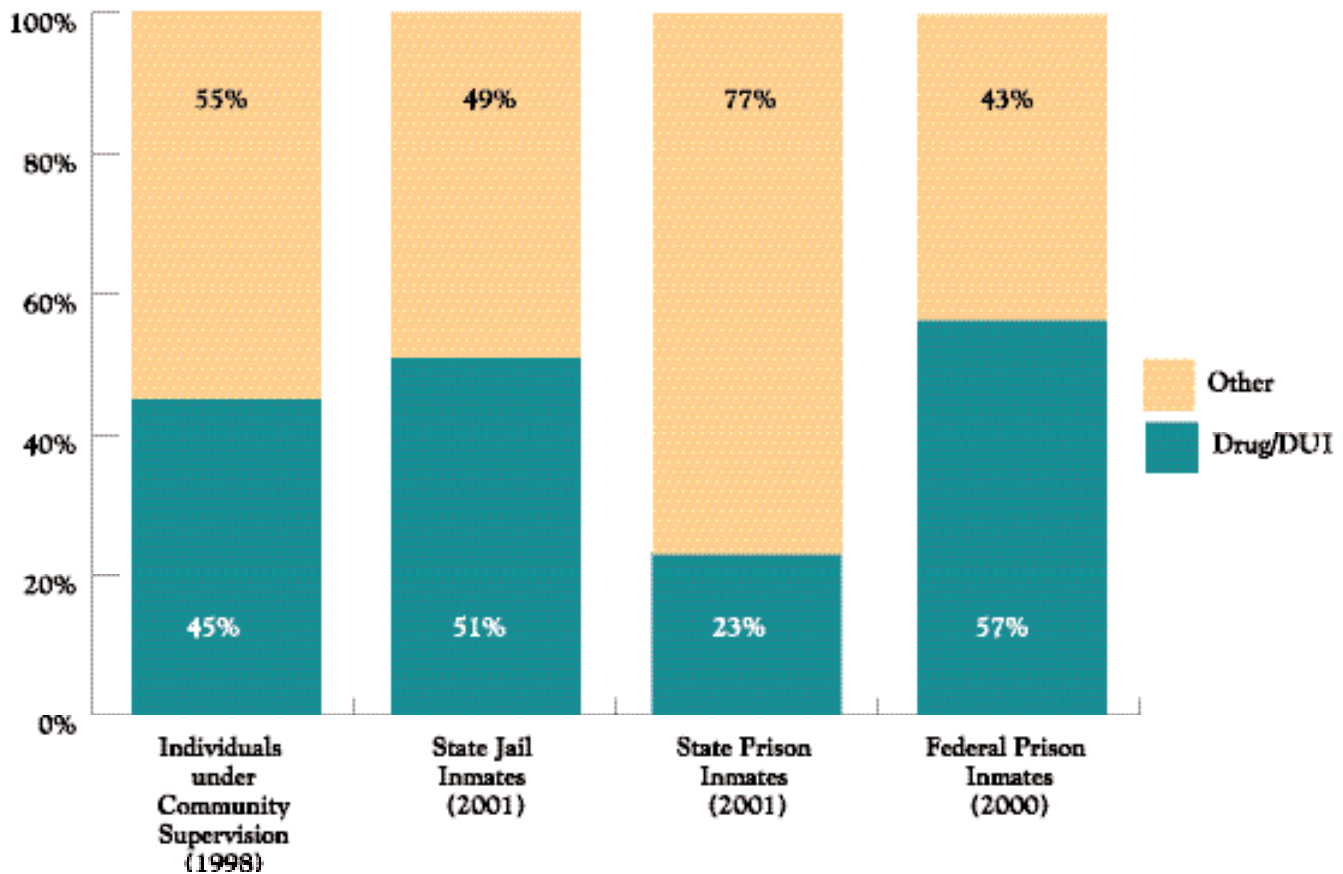
Individuals who violate drug-related laws may be tried in federal, state, or local courts, depending on the crime and the jurisdiction involved in the arrest. Most federal cases involve drug trafficking charges, while local courts are more likely to handle drug possession, public disorder, and drug-related traffic violations. Offenders are usually tried in standard courts, but Texas does have a small number of drug courts that use the court's authority and sanctions to promote treatment and rehabilitation.

## 2001 CRIMINAL JUSTICE ACTIONS BY OFFENSE TYPE



Source: CJPC analysis of Crime in Texas 1988-2001, Texas Department of Public Safety; Texas Judicial System Annual Report, 1988-2001, Office of Court Administration

## CRIMINAL JUSTICE POPULATIONS SENTENCED FOR DRUG OR ALCOHOL OFFENSES\*

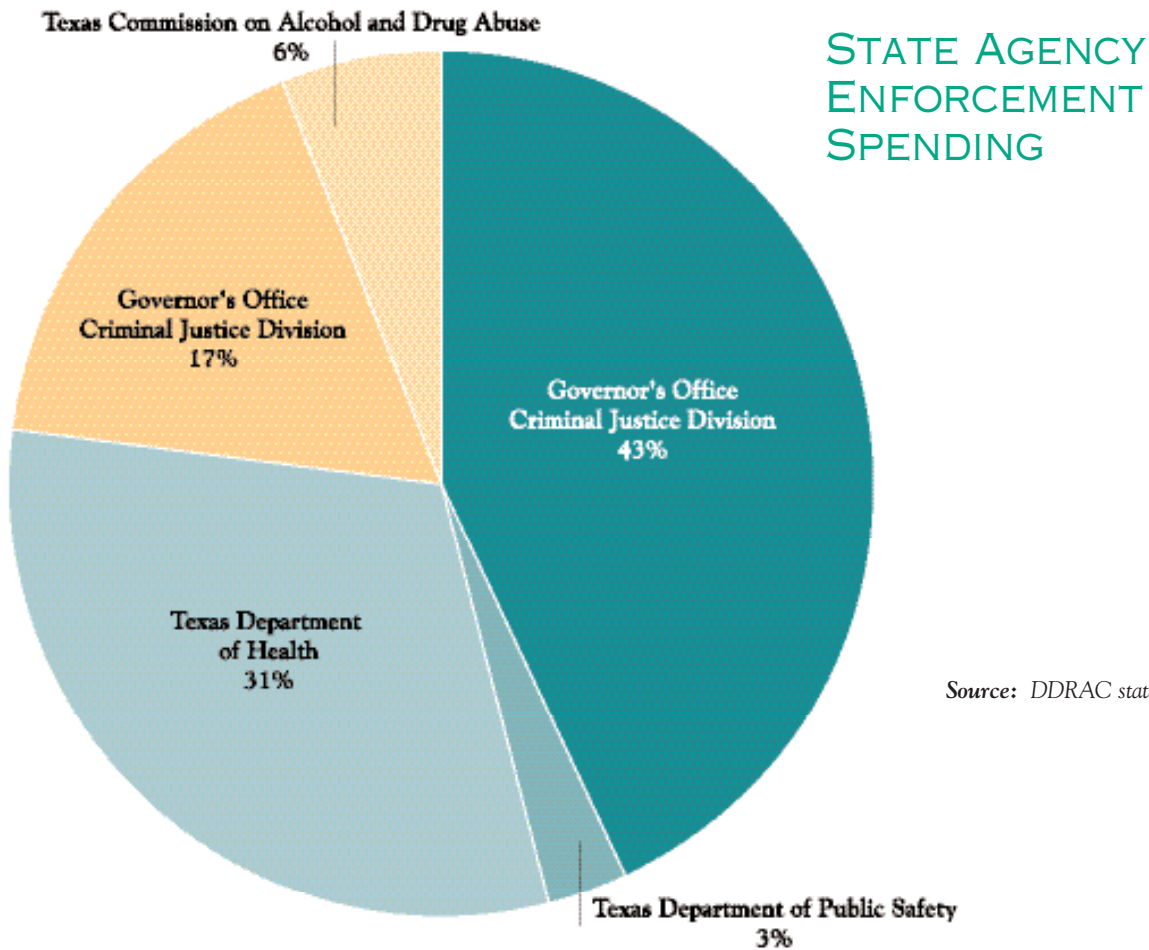


\*Excludes offenders diverted from state jail and prison into Substance Abuse Treatment Facilities  
 Sources: CJPC analysis of 2001 Statistical Reports and Data Services, Texas Department of Criminal Justice; Prisoners in 2001, Bureau of Justice Statistics

Drug-related convictions may result in probation, fines and other penalties, and/or incarceration. Federal prisons, state prisons, state jails, and local jails incarcerate individuals with drug-related convictions.

Enforcement also encompasses a number of regulatory functions with a clear goal of deterrence, such as issuing permits for precursor chemicals. Enforcement personnel are often involved in educating members of the community about drug-related laws. In addition, federal, state, and local enforcement agencies and personnel participate in a wide range of prevention activities. Many local units are active in community coalitions, and federal and state agencies frequently partner with community stakeholders in prevention projects and initiatives.

Enforcing drug laws is an integral part of all enforcement activities, and virtually all enforcement programs and funding sources support drug demand reduction. Some activities relate more closely to demand reduction than others. For example, the Office of National Drug Control Policy estimates that more than 54 percent of federal prison expenses are attributed to drugs, and 40 percent of Community Oriented Policing Services are drug-related functions. This status report, however, focuses on aspects of enforcement specific to drug demand reduction.



Source: DDRAC state agency survey, 2002

## Funding

Federal, state, and local governments share the cost of law enforcement. Information about state agency allocations of state and federal funding is found on page 15. Significant federal funding sources are listed below.

### Drug Enforcement Administration (DEA) Domestic Enforcement Program

The Domestic Enforcement Program employs the majority of the Special Agent work force and is responsible for conducting investigations of drug production and trafficking activities within the United States. The FY 2002 budget totaled \$435.2 million. In Texas the annual operating expenses for three field divisions of DEA is \$4.3 million, with additional funds allocated for specific investigative expenses and salaries.

### Edward Byrne Memorial Formula Grants Program

Texas received \$30 million in 2002, with \$27.6 million of that amount directed toward support of multi-jurisdictional narcotics task forces to integrate federal, state, and local drug law enforcement agencies and prosecutors to enhance coordination. An additional \$1.6 million in Byrne grant funds have been earmarked for support of prevention and treatment projects.



### **High Intensity Drug Trafficking Areas (HIDTA) Program**

As part of the Southwest Border HIDTA, the El Paso and San Antonio regions receive \$15.85 million in federal funds to help reduce drug trafficking and its harmful consequences. For the same purposes the Houston region receives \$9.827 million and the North Texas HIDTA receives \$3.022 million.

### **Southwest Border Prosecutor Initiative**

In 2001, this initiative provided \$3.6 million to Texas counties to pay for the costs of detaining and prosecuting drug cases referred to them by U.S. Attorneys.

### **Assets Forfeiture Fund**

Forfeited assets are used to pay for expenses incurred in connection with their seizure, processing, and disposition, as well as investigative expenses. Proceeds are distributed to state and local agencies in proportion to their participation in the operation. Across the nation, Byrne-funded task force forfeitures yielded \$27,373,869 in 2002.

### **Other Federal Funding**

Additional sources of federal funding for drug enforcement include:

- ◆ Local Law Enforcement Block Grant
- ◆ Bureau of Alcohol, Tobacco, and Firearms
- ◆ Alcohol Traffic Safety and Drunk Driving Prevention Incentive Grant
- ◆ Enforcing Underage Drinking Laws Program
- ◆ Operation Weed and Seed
- ◆ Interagency Crime and Drug Enforcement Program
- ◆ Organized Crime Drug Enforcement Task Force

## **Programs and Operations**

The Criminal Justice Division of the Governor's Office (CJD) is responsible for preparing the Multi-Year Strategy for Drug and Violent Crime Control. CJD administers federal grants under the Local Law Enforcement Block Grant and the Edward Byrne Memorial fund. Funded projects support state priorities of coordinating efforts and leveraging resources within the justice system, disrupting mid to high-level drug trafficking organizations, and reducing the demand for drugs through a network of prevention and treatment programs.

### **Department of Public Safety Narcotics Service**

The Department of Public Safety (DPS) is the state's primary operational arm for drug demand reduction enforcement efforts. The Narcotics Service, comprised of 300 commissioned officers and 140 support personnel, heads the state's intelligence and information program and coordinates interdiction programs. The Narcotics Service has primary responsibility for interdiction efforts involving commercial package delivery services, passenger bus and rail systems, and airports and partners with the U.S. Border Patrol and the U.S. Customs Service to control the flow of drugs through ports of entry. The Narcotics Service also targets domestic drug production and illegal diversion of prescription drugs. Key support programs include case support and analysis for narcotic investigations to all local, state, and federal law enforcement agencies, maintenance of the Texas Narcotics Information System, and training for local and state officers in narcotics enforcement. In addition the work of the Narcotics Service, over 2,000 state troopers in the DPS Traffic Law Enforcement Division participate in highway interdiction efforts.

### **Multi-jurisdictional Narcotics Task Forces**

The backbone of the state's integrated enforcement strategy for drug demand reduction is a network of task forces supported by a federal grant from the Edward Byrne Memorial Fund. Through this program, the state has established 46 multi-jurisdictional, multi-county narcotics task forces to strengthen coordination among federal, state, and local law enforcement agencies and prosecutors (see map on page 40). In January 2002, operational administration of the task forces was transferred to the DPS to improve coordination of the state's efforts to combat illegal drugs and violent crime.

The task forces meet regularly to coordinate activities within their geographic areas. Close working relationships between law enforcement agencies and local jurisdictions result in a shared understanding of needs and priorities, coordinated plans to address them, and integrated operations that maximize limited resources. A key focus of the task forces is disrupting the activities of mid to high-level drug trafficking organizations. One has a group of specialized agents that can deploy quickly to support targeted activities across the state. Task forces along the border are integral to the work of attacking major drug cartels and cross-border smuggling operations. While the primary function of the task forces is to reduce the supply of drugs, they also participate in community programs to increase awareness of drug problems and promote prevention efforts.

### **Post-Seizure Analysis Team**

Funded through the Houston High-Intensity Drug Trafficking Area appropriations, the Post Seizure Analysis Team is comprised of state and federal investigators, analysts, and support personnel. The unit develops intelligence on drug trafficking organizations from information supplied by local, state, and federal agencies regarding seizures of contraband and intelligence and disseminates it throughout the nation.

### **Texas Prescription Program**

The Texas Prescription Program reduces pharmaceutical drug diversion by controlling prescription of Schedule II drugs, which have a high potential for abuse. The system has a deterrent effect on drug abuse and diversion without impacting legitimate use of these drugs. The current triplicate prescription forms are being replaced with a system of electronic data transfer.

### **Controlled Substances Registration Program**

This program registers all people or institutions that manufacture, distribute, analyze, or dispense controlled substances in Texas. The purpose is to control the diversion of controlled substances and illegal drug trafficking.

### **Precursor Chemical Program**

State law requires anyone who sells, transfers, furnishes, or purchases certain precursor chemicals or laboratory apparatus to be issued permits by DPS. This process helps control the diversion of chemicals used in the illegal manufacture of drugs, primarily methamphetamine and amphetamine.

### **Texas National Guard Counterdrug Program**

Since 1988, the Guard's Counterdrug Program has contributed full-time military personnel to support law enforcement. The Guard's activities are shaped by six support missions approved by the Secretary of Defense: program management, technical support, general support, counterdrug-related training, reconnaissance/observation, and drug demand reduction support. In 2002, approximately 300 guardsmen worked with drug law enforcement agencies and supported three High Intensity Drug Trafficking areas, 13 federal agencies, more than 30 Texas multi-jurisdictional narcotics task forces, and several large sheriff and police departments.

### **Alcohol Enforcement**

The Texas Alcoholic Beverage Commission (TABC) oversees the state's alcoholic beverage industry. TABC agents routinely inspect licensed premises and inspect or patrol other locations, investigate complaints, review marketing practices, and conduct undercover sting operations to identify retail establishments that sell alcohol to minors. Operation Face-Out and Cops in Shops are cooperative programs that place TABC agents on the premises of participating retailers to control fake identifications and underage drinking. TABC also operates the 24-hour Texas Underage Drinking Hotline and conducts a number of educational programs for students, parents, and businesses.

### **Tobacco Enforcement**

An important aspect of enforcement is decreasing access to alcohol and tobacco products among youth under age 18. Enforcement activities are conducted across the state to determine the rate of compliance of businesses that sell tobacco products. Through the Office of the Texas Comptroller of Public Accounts and the Texas Department of Health's Tobacco Prevention Initiative, local law enforcement officers receive training and resources to conduct these inspections and to educate members of the community about tobacco laws and the dangers of tobacco. In many cases, these efforts have fostered partnerships to implement additional strategies to limit minors' access to tobacco products. As a result of these efforts, Texas ranked seventh in the nation for compliance in 1999 with tobacco sales to minors occurring in only 13 percent of attempted cases.

### **Key Federal Programs**

#### **High Intensity Drug Trafficking Area (HIDTA) Program**

The mission of the HIDTA Program is to enhance and coordinate drug-control efforts among local, state and federal law enforcement agencies to eliminate or reduce drug trafficking and its harmful consequences in critical regions of the United States. It provides federal assistance to areas designated by the director of the Office of National Drug Control Policy where major drug production, manufacturing, importation, or distribution flourish. HIDTAs bring local, regional, state, and federal law enforcement agencies together to assess regional drug threats, design strategies to combat the threats, and develop initiatives to implement the strategies. Four areas in Texas are part of the HIDTA program. Houston and North Texas (including Dallas) are designated HIDTAs, and the regions surrounding El Paso and San Antonio are two of the partnerships that comprise the Southwest Border HIDTA. The map on page 40 shows the location of the HIDTAs in Texas.

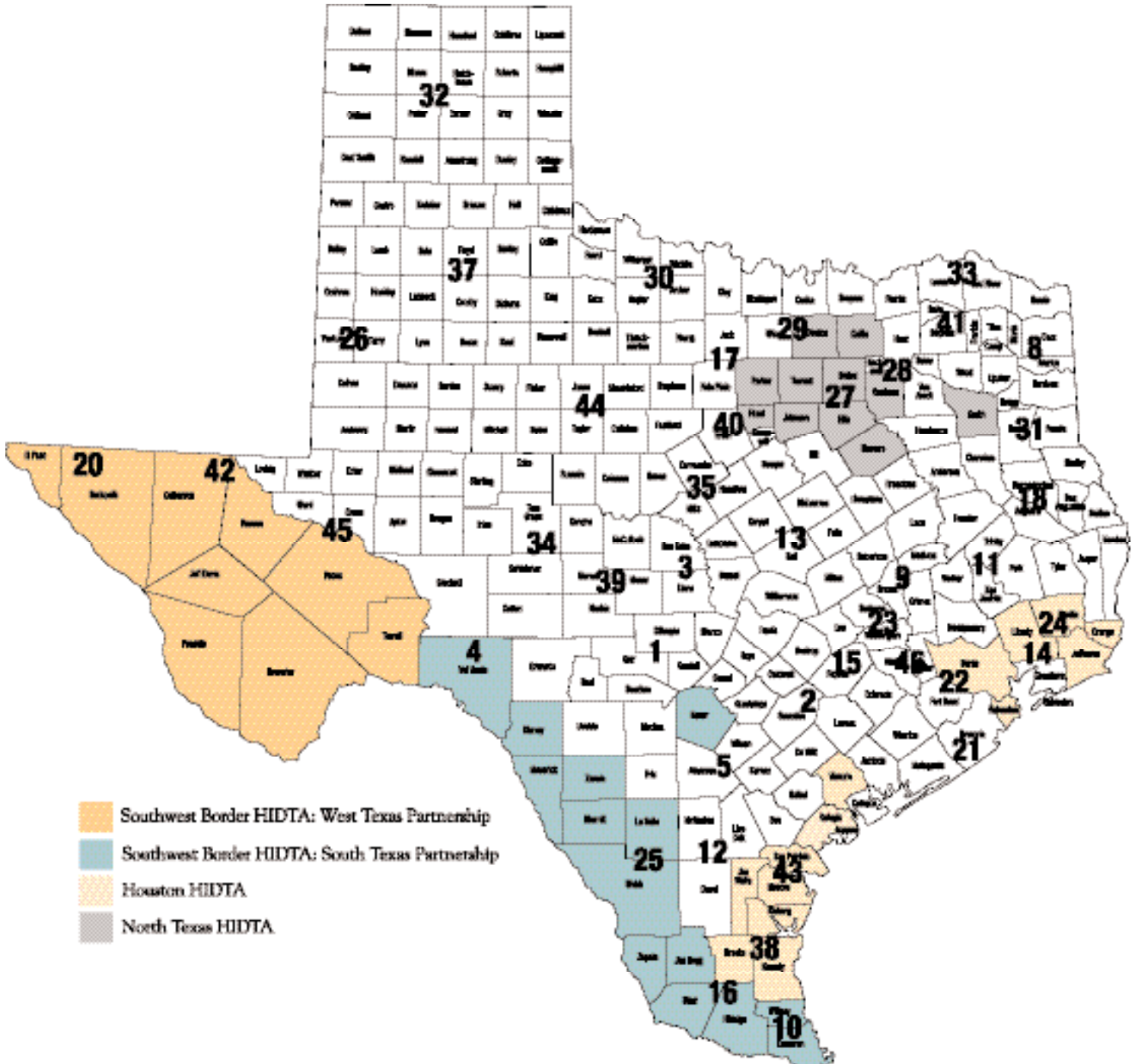
#### **Integrated Drug Enforcement Assistance**

The Drug Enforcement Administration (DEA) has launched a strategy called Integrated Drug Enforcement Assistance (IDEA). IDEA combines law enforcement action with strong community efforts to find solutions to the problems that often cause drug abuse and create a welcoming environment for drug traffickers. Typically, the IDEA program brings local and state law enforcement together with DEA agents, who disrupt the supply of drugs while working side-by-side with community coalitions to address the demand for drugs. Now operating in several pilot U.S. cities, IDEA is available to Texas communities on request.

#### **Operation Weed and Seed**

Operation Weed and Seed is designed to combat violent crime, drug use, and gang activity in high crime neighborhoods. The goal is to "weed out" violence and drug activity in high crime neighborhoods and then to "seed" the sites with crime and drug prevention programs, human service resources, and neighborhood restoration activities to prevent crime from reoccurring. The strategy brings together federal, state and local government, the community, and the private sector to form a partnership to create a safe, drug-free environment. Texas has 16 Weed and Seed communities.

# HIGH INTENSITY DRUG TRAFFICING AREAS (HDDTAS) AND BYRNE GRANT FUNDED MULTI-JURISDICTIONAL TASK FORCES IN TEXAS



## TEXAS DRUG DEMAND REDUCTION STRATEGY

The Texas strategy for demand reduction is organized around nine major areas, presented in this section. Several of the themes are specifically linked to prevention, treatment, or enforcement; but most are universal issues that cut across all aspects of drug demand reduction.

In addition to the inauguration of the integrated state strategy, this report includes the initial two-year plan with specific actions in each of the nine areas to be completed in 2003 and 2004. During that period, the DDRAC will develop and implement the first plan and build on these efforts by including performance-based measurement and accountability standards. The plan also will include quantifiable outcomes with numerical targets based on analysis of available data.



Developing numerical targets requires a solid base of accurate information. While the state does have reliable data about overall drug demand, information about specific aspects of the state's drug problems and demand reduction activities is fragmented. Each agency has defined measures and its own system for collecting, storing, and reporting data. Similar measures and definitions often are not comparable due to disparate terminology, data sources, and methods of analysis. Because drug demand reduction is not the primary focus of most agencies, significant gaps exist in the current data. Texas needs a more comprehensive picture of drug-related problems and demand reduction activities and expenditures. Many of the items in the action plan are designed to aid development of this comprehensive picture so that a baseline is established from which to measure the impact of the Texas strategy.

The state strategy described in this report is designed to advance the National Drug Control Strategy within the state of Texas. The DDRAC has adopted ten-year targets based on the national goals and implemented strategies that complement those established by the Office of National Drug Control Policy (ONDCP). State plans for improving treatment also reflect the priorities and strategies described in the National Treatment Plan, developed by the federal Center for Substance Abuse Treatment to achieve the goals for effective treatment set forth in the National Drug Control Strategy and Healthy People 2010. Texas also supports national prevention, treatment, and enforcement initiatives that provide a framework for drug demand reduction. For example, the state partners with the federal government in sponsoring the regional Center for the Application of Prevention Technology, Addiction Technology Transfer Centers, and Organized Crime Drug Enforcement Task Forces. The DDRAC will continue to monitor federal activities and initiatives to identify additional opportunities to align national and state efforts related to drug demand reduction.

Coordination also occurs on the state level. In developing this plan, the DDRAC has drawn upon the work of previous committees and task forces, many of them appointed by the legislature, to address related issues. Examples include a report on the delivery of substance abuse and mental health services through state agencies (HB 2641, 76th Legislature) and a collaborative report on best practices and strategies in prevention for children initiated by the Health and Human Services Commission. These reports are valuable sources of information; incorporating their recommendations ensures a unified and consistent approach to drug demand reduction in the state and prevents duplication of effort. The DDRAC will continue to use this approach in its future work.

Most notably, however, the Texas Drug Demand Reduction Strategy is complemented by the Texas Drug Law Enforcement Strategy, designed to reduce the supply of drugs in Texas. The Texas Department of Public Safety (DPS) developed the enforcement strategy in collaboration with the Criminal Justice Division of the Office of the Governor, Criminal Justice Policy Council, Texas National Guard Counterdrug Program, multi-jurisdictional drug task forces, and other state and local agencies. The plan, attached in the Appendix, is organized around six primary goals:

1. Reduce the availability of drugs in Texas
2. Protect the state's borders by reducing the transportation of drugs into and through Texas
3. Strengthen intelligence and information sharing
4. Enhance coordination and cooperation among law enforcement agencies
5. Strengthen the management infrastructure for state drug law enforcement
6. Establish an effective partnership with the state legislature, other state agencies and local communities

The demand reduction strategy and the enforcement strategy have several shared objectives and include parallel action plans to provide a seamless approach to address the state's drug problems.

The committee also is tracking the work of the Governor's Anti-Crime Commission, which is charged with advising the governor on the most effective ways to protect Texans from the effects of drug trafficking, the threat of sexual predators, and the economic impact of crime. The Anti-Crime Commission report includes recommendations consistent with those found in this report and the Texas Drug Law Enforcement Strategy.



## BUILD PARTNERSHIPS

**D**rug demand reduction involves a multitude of government agencies, private organizations, and individuals. Effective and meaningful collaboration is essential in order to reduce fragmentation and duplication of efforts, increase efficiencies, and improve outcomes.

### State Partnerships

Many state agencies address drug abuse, but each has a unique mission and distinct priorities. Activities relating to the impact of drug abuse are often fragmented, diluting the overall impact of the state's drug demand reduction efforts. To achieve the DDRAC's mission, these agencies must develop a robust system to coordinate planning, funding, and service delivery. As an initial step, member agencies focused on developing a shared vision and creating a framework for collaboration. By clearly defining roles, describing system resources, and agreeing on goals and priorities, the agencies are laying the groundwork for more specific agreements about resources, programs, and operations. Through this process, members are developing the shared philosophy and values that sustain successful partnerships.

A prerequisite to integration is developing a common set of expectations and methods of measuring success. Considerable work has been done in the area both nationally and within the state, providing a solid foundation for the DDRAC's work. The U. S. Congress provided the primary stimulus for this work when it passed legislation in 1995 to replace traditional block grant funding for health and human services with Performance Partnership Grants. The proposal called for the Department of Health and Human Services and the states to agree on a set of performance measures. Since then, the Substance Abuse and Mental Health Services Administration has worked with the National Association of State Alcohol and Drug Abuse Directors to develop research-based measures for treatment and prevention. The Texas Legislature also has contributed to this movement. In 1999, it directed four agencies involved with drug abuse prevention to establish a uniform set of criteria for evaluating the effectiveness of state-funded programs (HB 3126). The criteria developed in response to this mandate provide a framework for defining specific performance measures.

During the initial year of its work, DDRAC agencies shared information about how they collect program and performance data. Over the next two years, member agencies will use the information gathered and the resources outlined above to define performance and outcome measures for demand reduction strategies supported by multiple agencies. DDRAC also will address barriers to putting those measures into practice. Significant barriers include performance measures and reporting requirements mandated by primary funding sources and oversight bodies, long-term contracts, and insufficient data collection systems.

Texas needs a more comprehensive picture of drug-related problems and demand reduction activities and expenditures in order to effectively implement this strategy. Studies of the current system during the initial year indicated no clear baseline against which to measure the impact of the Texas drug demand reduction efforts. The priority for member agencies is to establish a systematic process to share existing information on a regular basis and develop an adequate baseline for basic performance indicators. The next step will be to address identified deficiencies to obtain a more complete source of information for decision making and performance measurement.

One of the most important goals that can be achieved through building partnerships among state agencies is a comprehensive and coordinated approach to funding. Many state agencies fund programs and services related to substance abuse, each with its own priorities and requirements. Without coordinated planning, services are fragmented, duplicative, and unevenly distributed across the state. Although each agency operates under some external constraints, it is possible to develop a more systematic approach that maximizes limited resources and simplifies administrative requirements for contracted providers. Through the DDRAC, member agencies also can identify opportunities for jointly funded projects that blend diverse resources in a collaborative approach to address multi-faceted problems.

Another aspect of building partnerships at the state level is expanding participation by businesses and other elements of the private sector. Although a number of DDRAC members are appointed from the private sector, most are state agency representatives. While governmental agencies can provide resources and support, private citizens and organizations are the backbone of an effective demand reduction strategy. Their input and involvement are critical. To increase private sector involvement, the DDRAC established subcommittees with expanded membership and held a public hearing to solicit input on the plan. Over the next two years, it will build on these efforts by establishing relationships with statewide associations and reaching out directly to individuals and organizations through community coalitions, media outlets, and the Internet.

## Rio Grande Safe Communities Coalition

The Rio Grande Safe Communities Coalition is a bi-national and tri-state coalition that includes community based organizations, law enforcement, and governmental agencies from El Paso, Texas, Ciudad Juarez, Mexico and Las Cruces, New Mexico. It received the Director's Award for Outstanding Service from ONDCP and has been a model in collecting and using objective data to identify problems, develop strategies, and measure outcomes. Organized in 1999 through a grant from the Texas Department of Transportation, the coalition's first project identified alcohol/substance abuse as the number one contributing factor in traffic crash-related injuries and fatalities and developed regional plans to reduce traffic crashes and prevent substance abuse. With funding from the Office of Juvenile Justice and Delinquency Prevention, the coalition implemented an initiative based on the idea that the best way to reach, influence, and educate the young people is through peers. Its most recent project focuses on the development of a bi-national, regional alcohol and drug data collection/surveillance system.

### Local Partnerships

Collaboration at the state level must be mirrored at the local level. While state agencies can create a framework, communities must do the real work of integration. Effective prevention relies on a comprehensive community approach that uses multiple strategies to address global, population-based, and individual needs. This approach requires all stakeholders to work together to ensure individual services and activities complement one another and address the full scope of prevention needs. Likewise, treatment providers must link their programs to create a seamless service system with a range of treatment options while building relationships with other community organizations to provide the support services clients need. Enforcement agencies must share information and coordinate efforts across multiple departments and jurisdictions.

Partnerships must be forged across traditional systems as well. Prevention and treatment systems must be linked to provide for the needs of the entire family. Treatment and enforcement must work together to break the cycle of crime and addiction. Enforcement and prevention must join forces to help high-risk individuals avoid the path that leads to addiction and crime. To stimulate local partnership building, member agencies will require local offices and funded providers to demonstrate collaboration with relevant organizations, and existing mandates will be strengthened through performance-based standards.

The heart of local collaboration, however, is an organized coalition that brings together diverse agencies, organizations, and individuals from all sectors of the community. Because of their importance, coalitions are discussed separately in this report.

### Multi-level Partnerships

Vertical collaboration integrates federal, state, and local efforts. A majority of the federal funds coming to Texas flow through state agencies, but federal agencies also contract directly with local organizations and fund cooperative projects in communities across the state. In addition, the federal government sponsors projects that support drug demand reduction through research, knowledge dissemination, and infrastructure development, such as the Centers for the Application of Prevention Technologies and the National Drug Abuse Treatment Clinical Trials Network. Improved communication and better coordination between federal and state agencies will facilitate application of new research and technology and contribute to a more effective and efficient system of prevention, treatment, and enforcement.

Communities do not rely exclusively on federal and state support for drug demand reduction. Significant portions of funding come from local governments and private sources, and these must be considered in the development of comprehensive funding strategies. Particular attention must be given to using state and local resources to attract federal investment and matching funds.

A key focus over the next two years will be leveraging federal enforcement resources. As a first step, the DDRAC will receive assistance from the Drug Enforcement Agency (DEA). Through a new initiative, Integrated Drug Enforcement Assistance, the DEA links enforcement efforts with existing community coalitions to implement long-



term solutions that address drug trafficking and the underlying conditions that allow drug trafficking and drug use to flourish. With DEA's leadership, other federal agencies and sources of expertise and funding work together to broaden the resources available to the community. After an initial enforcement deployment against drug trafficking targets, the DEA provides a long-term assistance package to address drug prevention and community mobilization, including an on-site DEA Special Agent to work with experts in crime prevention, alternative judicial systems such as drug courts, restorative justice initiatives, drug testing and law enforcement training.

### Targeting Ecstasy

Linking enforcement efforts with strong prevention messages is a winning strategy that will play a critical role in an integrated campaign to reverse an alarming rise in Ecstasy use among young people.

Since 2000, Ecstasy use has increased by 63 percent in Texas. Once confined to the rave culture, Ecstasy has migrated into schools and neighborhoods and attracted users of younger ages. The drug's growing popularity is fueled by dangerous misconceptions that it is harmless, despite research demonstrating serious short and long term health consequences and even death.

At the national level, ONDCP is educating the public through satellite broadcasts, targeted Web sites, new public service announcements, and informational briefings with entertainment writers, directors, and producers. New federal sentencing guidelines have been enacted to strengthen the penalties for Ecstasy sales, and legislation is pending in Congress to close loopholes in the crack-house law that have made it difficult for prosecutors to use it to close down raves.

In Texas, the DPS Drug Law Enforcement Strategy includes a three-pronged statewide club drug initiative: education programs for officers, youth and parents; proactive investigation and regulation of rave parties and promoters; and action against suppliers and distributors. These efforts will be complemented by TCADA's media campaign, planned for the spring of 2003.

Similar strategies can be implemented at the local level. Community coalitions can use grassroots channels to educate students, teachers, and parents while police crack down on rave parties. By linking national, state, and local education and enforcement efforts, Texas can stem the growing tide of Ecstasy use among its youth.

The DDRAC will investigate how other states have used the resources available to High Intensity Drug Trafficking Areas to bolster prevention and intervention efforts. Texas has three such areas—Houston, North Texas, and the southwest border HIDTA encompassing El Paso and San Antonio. Under the Anti-Drug Abuse Act of 1988, the Office of National Drug Control Policy provides federal assistance to reduce drug trafficking and its harmful consequences. Similarly, the committee will explore options for leveraging federal resources through the federal Organized Crime Drug Enforcement Task Force program. An inventory of other federal programs and resources will be compiled and disseminated to community coalitions and state level coordination will be strengthened.

Perhaps the most critical aspect of vertical integration, however, is changing the nature of the relationship between communities and state and federal agencies. Demand reduction happens not at the national or state level, but in communities. It is the collective activity of individual citizens and local organizations working in their own communities that will result in reduced demand for drugs across Texas.

Traditionally, government agencies and private sources such as foundations have influenced planning and decision making from the top down. The Drug Demand Reduction Strategy envisions a new, community-driven approach in which federal and state entities partner with communities to reduce the demand for drugs. Communities must take responsibility for identifying their specific needs and priorities, creating their own solutions, and mobilizing local resources. The role of organizations at the federal and state level is to maintain a coordinated infrastructure, remove systemic barriers, and provide appropriate information, resources, and assistance to support community efforts. Demand reduction requires effective teamwork among federal, state, and local stakeholders—public and private—to address problems at the community level.

## TWO-YEAR PLAN TO BUILD PARTNERSHIPS

<p>1. Link state and federal planning and coordination efforts related to drug demand reduction</p>	<ul style="list-style-type: none"> <li>◆ The DDRAC and its member agencies will coordinate the state’s drug demand reduction strategy with federal plans and monitor federal activity to identify further opportunities to integrate federal and state efforts and utilize the best thinking on drug demand reduction</li> <li>◆ The DDRAC will review studies, plans, and reports produced by other appointed committees and task forces and incorporate appropriate findings and recommendations into the statewide drug demand reduction strategy</li> </ul>
<p>2. Develop self-sustaining partnerships among state agencies to ensure coordinated planning, funding, and service delivery</p>	<ul style="list-style-type: none"> <li>◆ Member agencies will continue to clarify system responsibilities, requirements, goals, capacities, and priorities to provide the basis for written agreements and standardized tools and practices among those engaged in demand reduction activities</li> </ul>
<p>3. Establish a system for sharing data and information among participating agencies</p>	<p>Member agencies will:</p> <ul style="list-style-type: none"> <li>◆ Identify existing data that is relevant to demand reduction</li> <li>◆ Develop a protocol for sharing data among agencies</li> <li>◆ Identify unmet data needs</li> <li>◆ Develop and implement a plan to remedy unmet data needs</li> </ul>
<p>4. Establish uniform definitions, performance and outcome measures, and reporting requirements across systems</p>	<p>State agencies that purchase or provide substance abuse services will:</p> <ul style="list-style-type: none"> <li>◆ Identify common definitions, performance and outcome measures, and reporting requirements</li> <li>◆ Determine modifications needed for specific populations and settings</li> <li>◆ Identify barriers to implementation and develop a plan to address the barriers</li> </ul>
<p>5. Expand utilization of joint funding strategies</p>	<p>State agencies that purchase or provide substance abuse services will, as applicable:</p> <ul style="list-style-type: none"> <li>◆ Adopt basic funding criteria and cost data for use by all member agencies</li> <li>◆ Determine possible coordinated or streamlined funding opportunities and develop implementation plans</li> </ul>
<p>6. Establish partnerships with the private sector</p>	<ul style="list-style-type: none"> <li>◆ The DDRAC will identify key private organizations at the state level, develop and implement a plan for educating them about drug demand issues, and provide opportunities for input and involvement</li> </ul>

<p>7. Make public and private “partnership building” a priority objective in all appropriate programmatic and funding activities and the state and local level</p>	<ul style="list-style-type: none"> <li>◆ Agencies that fund substance abuse services will require providers to demonstrate effective collaboration and ensure that contracts support these efforts</li> </ul>
<p>8. Coordinate planning at the state and local level</p>	<ul style="list-style-type: none"> <li>◆ The DDRAC will identify strategies to support integrated community planning and funding</li> <li>◆ Member agencies will require sub-state units such as district and circuit offices to participate in existing substance abuse planning efforts, including specific requirements for outreach to Councils of Governments and others</li> <li>◆ State agencies that provide planning guides for use at the local level will develop a uniform set of core planning guidelines</li> </ul>
<p>9. Leverage enforcement resources to enhance local prevention and intervention efforts</p>	<ul style="list-style-type: none"> <li>◆ The DDRAC will study how other states have leveraged federal enforcement resources and develop strategies for similar efforts in Texas</li> <li>◆ The DDRAC will support DEA and National Guard partnerships with high-risk communities in Texas</li> <li>◆ The DDRAC will coordinate planning and implementation of the Drug Demand Reduction Strategy with the Texas Dept. of Public Safety’s Drug Law Enforcement Strategy.</li> <li>◆ Agencies that fund or support community coalitions will disseminate information about federal enforcement resources and programs</li> </ul>
<p>10. Strengthen and support the DDRAC</p>	<ul style="list-style-type: none"> <li>◆ Implement legislative directives to strengthen and support the DDRAC</li> </ul>

## INVEST FOR RESULTS

The Texas Drug Demand Reduction Strategy is designed to achieve specific goals, with a ten-year target of reducing illegal drug use by 25 percent. Achieving these goals will require the state to marshal and deploy every available resource. Chief among those resources is funding. Even in a time of economic challenge, adequate resources must be invested in drug demand reduction to support the state strategy. This investment will save lives, preserve families, protect children, improve the health and safety of Texans, and avoid far greater expenditures of public funds in the future. Substance abuse extracts an enormous human and economic toll from the people of Texas. If the state does not pay for drug demand reduction now, it will pay far more in the future.

Alternative	Components	Cost
Incarceration (avg. time served for drug offense)	3.1 years Prison + 2 years Parole	\$52,135
Comprehensive treatment for severely impaired adult	30 days Intensive Residential + 6 weeks Intensive Outpatient + 4 months Supportive Outpatient	\$3,720
Comprehensive treatment for moderately impaired adult	2 months Intensive Outpatient + 3 months Supportive Outpatient	\$1,902

### The costs add up as the cycle continues...

Take the case of Bill, who becomes involved in criminal activity to support his dependence on drugs. Bill was first picked up for possession of cocaine and given a probated sentence. After failing a drug test, his probation was revoked and he served 1-1/2 years in state jail. Two years later, he was convicted of selling marijuana and returned to state jail for two years. Bill's third offense, four years later, was burglary of a home. He received a 20-year sentence and was released on parole after 12 years. **Total bill to taxpayers: \$232,114.**

Currently, the state's treatment system can only serve a small fraction of the people who need treatment. Outside of metropolitan areas, most people have access only to limited treatment, and in many parts of the state treatment is nonexistent. Additional prevention services also are needed, including strategies to ensure that every child receives strong and consistent prevention messages. To reduce drug demand, each community in Texas must have access to effective programs and services that address the problems and needs it has identified. Much has been accomplished in this area, but all communities across Texas are in need of additional resources to fill gaps in their services continuum.

- ◆ TCADA can serve only 4% of the indigent population who need treatment.
- ◆ Only 2% of offenders under community supervision have access to a treatment bed.
- ◆ At the end of 2001, of those offenders who needed substance abuse treatment:
  - 3% had access to a treatment bed in the state prison system
  - 44% had access to a treatment bed in the state jail system (including Substance Abuse Felony Punishment facilities)
  - 9% had access to a treatment bed in Texas Youth Commission facilities

State agencies entrusted with taxpayer dollars have an obligation to ensure they are used effectively and efficiently. With limited funds available, every dollar must achieve the greatest possible impact. The state must leverage resources from other sources, public and private, and implement strategies that provide the greatest return on investment. It is not enough to demonstrate activity—programs and services must demonstrate results. Decision makers need information about how well programs are performing and their relative value in relation to achieving the state’s demand reduction goals.

The substance abuse field has made great strides in measuring the effectiveness of prevention and treatment programs. Research shows that prevention and treatment are effective, and much has been learned about the types of programs and strategies that achieve positive outcomes and under what circumstances they are most effective.

In prevention, a variety of program models have been tested using research-based standards. The federal government has compiled a roster of those programs proven to be effective. Additional programs that embody research-based principles have been identified as promising. Yet many entities do not avail themselves of these proven approaches to prevention.

Research also has revealed a great deal about what makes treatment effective, but the findings cannot be reduced to a standard program that is uniformly applied to all clients. Effective treatment is individualized, culturally appropriate and flexible, responding to each client’s unique and changing circumstances. Services must be continuously reviewed and adjusted as the client moves through different stages of recovery, accomplishes goals, and faces new challenges. While research does not point to a single model for effective treatment, it has identified principles and components that lead to positive outcomes.

Purchasing effective, evidence-based services is only the first step in the stewardship of state dollars. Steps must also be taken to ensure funds are invested in those activities that achieve the greatest impact at the lowest cost. Although less research has been devoted to cost issues than to quality issues, studies conducted at the national and state level have provided information to help quantify the return on investment achieved through a variety of prevention and treatment service delivery models.

## **Evaluation**

Services must be continuously evaluated to ensure they are achieving the desired results. At the national level, the transition from traditional substance abuse block grant funding to “performance partnerships” will result in uniform outcome measures for all state substance abuse authorities. A parallel effort must take place across state agencies. State agencies will work to find opportunities for implementing common performance standards and outcome measures for purchased services so that the state can gain a clearer understanding of the effectiveness of services throughout the system. While this process will occur within the framework established by the federal government, it also will address the specific missions and goals of participating agencies, the constraints of their respective funding sources, and the special populations they serve.

Measuring the effectiveness of prevention presents unique challenges. Prevention is a multi-faceted process with inter-dependent strategies occurring at multiple levels, making measurement of isolated activities particularly difficult. This difficulty is compounded when evaluating universal prevention activities designed to have a diffuse impact across entire populations. Significant strides have been made in prevention evaluation, however, and the DDRAC will oversee application of proven evaluation methods. The federal Center for Substance Abuse Prevention, through the National Registry of Effective Programs (NREP), reviews individual programs for evidence of effectiveness as demonstrated by science-based evaluation methods and publishes reports on specific programs. Other federal agencies have similar program evaluation systems in place. The DDRAC member agencies are cooperating to ensure that state agencies purchase programs with demonstrated effectiveness and require providers to implement the programs with fidelity to the models.

The challenge is different for treatment. Here the question is how to identify the most cost-effective package of treatment for each client. Treatment must be individualized and responsive to changing needs and circumstances, but criteria are being developed to guide treatment decisions and deliver the most cost-effective mix and duration of serv-

ices that will achieve positive results. Building on the explosion of evidence about what works, the American Society of Addiction Medicine (ASAM) has published the most widely reviewed, recognized, and implemented guidelines in the country. These guidelines, developed through a collaborative effort involving the federal government, providers, business leaders, managed care professionals and policy makers, are cited in the National Treatment Plan as a best practice model for patient placement. The ASAM criteria provide a solid platform for the state's efforts. It will be necessary, however, to align them with the state's service array and determine whether they are appropriate for specific systems and populations.

One of the primary barriers in evaluating enforcement efforts in the area of demand reduction is the lack of timely and comparable information. Enforcement is universally recognized as a valuable tool in drug demand reduction, but performance measures have been designed to evaluate the broader goal of public safety, which encompasses more than drug demand reduction. Moreover, the tools of enforcement have been employed in many different ways. Every state and local jurisdiction has a different configuration of laws and practices to address drug-related problems, each shaped by distinct historical precedent, belief systems, and social norms. Decision makers have been handicapped by the scarcity of objective data about the relative value of various policies and practices. In recent years, however, more efforts have been made to evaluate and compare the results of these varied approaches, leading to a growing body of research. In line with this trend, the Texas Department of Public Safety is moving toward expanding the way it measures success by looking at long-term outcomes in addition to isolated statistics such as numbers of arrests and amounts of drug seizures.

Research also has been conducted at the national level and in other states on the impact and cost-effectiveness of various demand reduction strategies across systems. All of these efforts are providing valuable information to help the DDRAC identify the most cost-effective strategies for drug demand reduction. The DDRAC has begun this long-term process to develop a better understanding of the effectiveness of the state's current methods and identify potential improvements in efficiency. They have begun to identify innovative approaches as well as controversial ideas that warrant further evaluation.

## Resources

Quality comes with a price. Good prevention and treatment require sufficient numbers of competent professionals with the training and skills to deliver services using research-based principles. Service recipients also need a large enough "dose" to achieve results. Funding agencies must pay programs at rates that are high enough to support quality services. When reimbursement levels are too low, quality providers that can obtain more attractive contracts choose not to pursue state funding. Those providers who accept low rates cannot give attention to training and best practices and are often forced to make cutbacks in staffing and other areas that have a significant impact on the effectiveness of services.

It is important for funding levels and practices to be consistent across agencies. People receiving state-funded treatment should receive the same quality of services regardless of where they receive services or which agency provides the funds. Consistent funding approaches also simplify budgeting and service delivery for community-based providers who contract with multiple state agencies and ensure that agencies are receiving the quality of service they are paying for. When providers are paid different rates for clients in the same program, agencies share the costs unequally and it is difficult to determine the actual cost of treatment across agencies.

To address this critical issue, the DDRAC's member agencies will examine reimbursement methods and rate structures, define a common framework for determining reasonable costs, and adopt a plan for achieving consistent and sufficient payment levels to support quality services. Investing for results represents a dramatic shift in the fundamental philosophy of public funding. While government has traditionally been concerned with how many people receive services, it must now focus on how many individuals benefit from services. The bottom line is not service delivery, but its impact on drug demand reduction and the health and safety of the people of Texas.

## TWO-YEAR PLAN TO INVEST FOR RESULTS

1. Ensure the state’s drug demand reduction strategies maximize limited resources

The DDRAC will:

- ◆ Research relative return on investment of various drug demand strategies
- ◆ Coordinate with the State Auditor’s Office initiative to evaluate return on investment
- ◆ Identify opportunities for cost savings and improved efficiencies

2. Enhance evaluation of state-funded prevention programs

- ◆ State purchasers of prevention services will, within existing regulations, apply the state’s uniform criteria for evaluating state-funded drug abuse prevention programs
- ◆ The DDRAC will develop a strategic longitudinal evaluation plan for prevention programs in Texas

3. Purchase treatment services that demonstrate positive outcomes

- ◆ State purchasers of treatment services will use common performance standards and outcome measures to evaluate programs and guide treatment funding decisions

4. Employ research-based guidelines to determine the most cost-effective mix and duration of treatment services that will achieve positive results based on individual needs

- ◆ State purchasers of treatment services will, in collaboration with the Texas Department of Insurance, identify or develop research based guidelines appropriate to specific populations and treatment settings for the public and private sectors

5. Establish payment levels for treatment that are consistent across agencies and sufficient to cover reasonable costs of providing effective research-based treatment with trained, competent professionals

State purchasers of treatment services will:

- ◆ Compare reimbursement methods and rate structures
- ◆ Define a common framework for determining reasonable costs
- ◆ Adopt a plan for achieving consistent and sufficient payment levels

## STRENGTHEN THE LEGAL FRAMEWORK AND SOCIAL ENVIRONMENT

One of the most powerful resources that government can provide is a framework of effective, coordinated state laws, regulations, and policies that support drug demand reduction and serve as models for local jurisdictions.

Over the years, the Texas Legislature has passed a variety of substance abuse related laws impacting multiple populations, state agencies and jurisdictions. In addition, individual state agencies have adopted regulations and policies that impact other agencies' populations and jurisdictions, sometimes without adequate communication and coordination. Substance abuse related mandates proliferate at the local level in the same way, creating inconsistencies and overlap throughout the system.

A major step in reducing demand in Texas will be the strengthening of the state's legal framework by maximizing the effectiveness of existing and future substance abuse related mandates. The first task will be reviewing and identifying model statutes, regulations, and policies. Public and private entities have conducted extensive research to determine the impact of various laws and policies. While it is not possible to precisely measure the effect of policy in isolation of other influences, these studies offer valuable insights for decision makers. The state also can look to the federal government, which has provided guidance through laws, executive orders, and recommendations. For example, the federal Center for Substance Abuse Prevention has identified state statutes and policies that are effective in preventing substance abuse.

This foundation will be used to frame guidelines for developing recommendations for possible revisions to state statutes, regulations, and policies. DDRAC member agencies will publish the guidelines and encourage local jurisdictions to use them as models to ensure consistency across jurisdictions throughout the state.

The legal framework does not, however, remain static. Each legislative session, lawmakers are faced with dozens of new substance abuse related bills, often with insufficient time to study how passage will affect current laws or if the intended outcome could be achieved by other means. The DDRAC will serve as a resource to the legislature by analyzing proposed substance abuse-related legislation and making recommendations for revisions and/or identifying ways to achieve intended outcomes without new legislation.

The DDRAC has taken the position that drug demand reduction includes taking action to prevent legalization of illicit drugs and to counter all efforts to make illicit drugs available or to condone their use. The DDRAC will promote clear, unambiguous messages that support this position through state leadership and community engagement.

The DDRAC has been designated as the single source of information for the governor, the legislature, and the public about issues relating to demand reduction. To carry out this function, the committee will implement a systematic process to review data, identify significant trends and issues, and communicate relevant information to state leadership and the public. Data will be compiled and distributed, and the committee will identify critical information that needs to be disseminated. In addition to the biennial report, interim bulletins will be sent to state leadership with routine data and information about emerging trends and special issues. Member agencies, partner organizations, and other interested parties will receive this same information. The DDRAC also will establish a website and disseminate information to the public through the Texas Drug-Free Radio News Network and press releases.

The most critical aspect of communication, however, is sending a strong, clear, and consistent message that supports drug demand reduction. Prevention research shows that community and social norms play a vital role in raising healthy, drug free youth; that perception of risk is closely tied with the likelihood of using drugs; and that public information and communication are key factors in shaping social norms and perceptions. Therefore, the state's demand reduction strategy must be built around a comprehensive communication strategy that uses every available channel to send a consistent message. Leaders at every level of society must champion demand reduction



and carry the message through their words and actions. Resources must be invested to promote healthy attitudes and behaviors through the media, schools, workplaces, and other public and private institutions.

A powerful message prepares the soil for other demand reduction activities, enabling them to take root and flourish. The message to youth must be clear—drugs are harmful. The message to communities must be compelling—the future is in your hands. Substance abuse is a clear and present danger, but a united community can make a difference.

## TWO-YEAR PLAN TO STRENGTHEN THE LEGAL FRAMEWORK AND SOCIAL ENVIRONMENT

1. As required by SB 558, provide recommendations for strengthening the state’s legislative framework for drug demand reduction

The DDRAC will:

- ◆ Research model statutes and expert analysis of how drug-related statutes impact drug demand
- ◆ Review existing statutes related to tobacco, alcohol, and other drugs and make recommendations
- ◆ Review proposed legislation each session and make recommendations
- ◆ Publish guidelines and models for developing or revising statutes

2. Strengthen the state’s regulatory framework for drug demand reduction

- ◆ The DDRAC will research model regulations and policies and publish resources for developing or revising regulations and policies, which may also serve as models for local jurisdictions
- ◆ Member agencies will review existing regulations and policies related to tobacco, alcohol, and other drugs and make appropriate revisions

3. As directed by SB 558, keep state leadership and the public informed about drug demand issues

- ◆ The DDRAC will implement a systematic process for identifying key drug demand issues and communicating them to state leadership and the public on an ongoing basis

4. Promote the use of consistent prevention messages at the state and local level

- ◆ The DDRAC will oppose all efforts to legalize illicit drugs, to make illegal drugs available, or to condone their use
- ◆ The DDRAC will continue to identify unifying prevention messages
- ◆ Members agencies will incorporate these messages into communications as appropriate

## EXPAND AND STRENGTHEN COMMUNITY COALITIONS



In recent years, community coalitions have emerged as the critical element in successful substance abuse prevention. Effective coalitions are dynamic grassroots organizations that bring together stakeholders to prevent and reduce substance use and abuse, strengthen collaboration and support the existing substance abuse service infrastructure, and increase citizen participation and commitment to prevention among all sectors of the community. Through coalitions, communities define their own problems and develop their own solutions.

The power of a coalition is its ability to unite diverse stakeholders, address a problem from multiple perspectives, and draw upon resources from all sectors of the community to create an integrated strategy for change. While substance abuse coalitions may be comprised differently in different communities, most include members from the fields of substance abuse prevention and treatment, mental health, public health and disease prevention, child protective and domestic violence services, education, government, law enforcement, juvenile and criminal justice, the judiciary, business, civic

organizations, faith-based organizations, and the media, as well as parents, college students, youth, and other concerned citizens. Historically, these coalitions have concentrated on preventing drug use among youth. To achieve a more comprehensive approach to drug demand reduction, coalitions must expand their focus to address the treatment and enforcement aspects of long-term prevention. State agencies that support coalitions will incorporate this broader focus into their funding requirements.

Coalitions also exist that address a variety of other problems such as youth violence, crime, teenage pregnancy, delinquency and truancy, and child abuse. While these issues have separate constituencies, they reflect the same underlying needs. Prevention research has identified a common set of factors that increase a child's risk of developing problems and a corresponding set of factors that protect the child from adverse conditions while promoting healthy growth. The heart of prevention, regardless of the issue, is decreasing the risk factors and increasing the protective factors. All prevention efforts are aimed at developing healthy resilient children, and they generally employ similar strategies. Yet one community may have several different coalitions working in isolation to address specific issues, often competing for attention and contributions. This duplication wastes resources and dilutes the reach and effectiveness of each coalition. By coordinating their efforts, coalitions can create a far more powerful force for change and move closer to the goal of healthy children, families, and communities. The DDRAC will facilitate coordination by conducting an inventory of existing coalitions and their involvement with drug demand reduction and identifying opportunities for joint activities.

One of the core activities of a community coalition is planning. The process of defining community needs, mapping resources, and developing a coordinated strategy is a complex undertaking; and many coalitions lack the expertise to carry out these activities effectively and efficiently. To address this need, a number of state agencies have developed planning guidelines and tools to help local communities with their planning efforts. In communities with multiple

### Logic Model

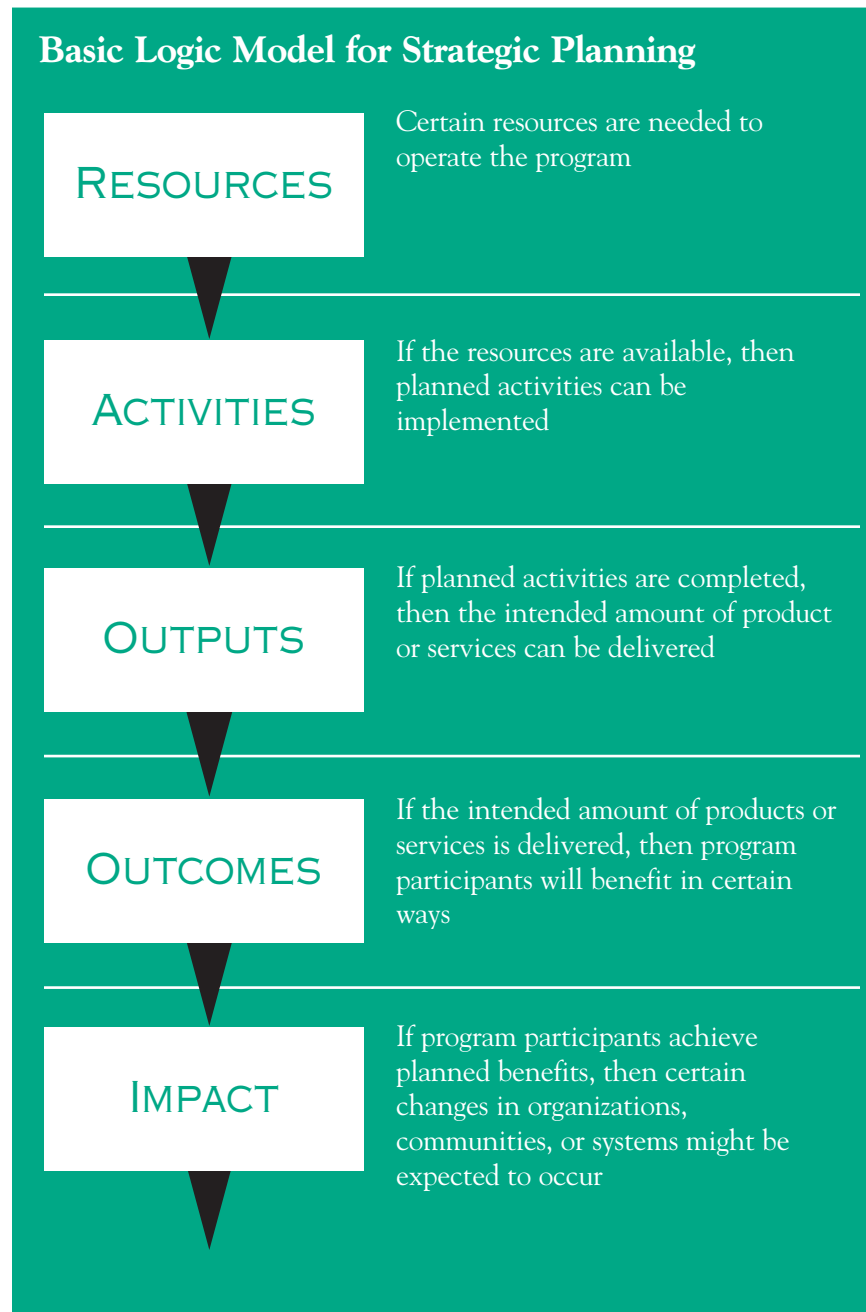
Successful community coalitions use a logic model for strategic planning. A logic model is a systematic way to map the relationships between needed resources, planned activities, and desired results. It shows the theory and assumptions that support a program and links them with activities and long and short term goals. By starting with the desired outcomes, a logic model forces coalitions to plan for results rather than planning for activities and hoping for results.

coalitions, each coalition may be using a different approach, sometimes to satisfy the requirements of the sponsoring state agency. To promote unified community planning, member agencies will agree on a core set of community planning guidelines and tools.

Planning must result in a well-defined set of objectives and concrete strategies for achieving them. Effective coalitions rely on strategies that use research-based principles and practices to effect change. They also have systems in place to evaluate their progress and make necessary adjustments. While many coalitions have demonstrated significant results, others are in earlier stages of development. State agencies will support their transition to evidence-based programs and performance measurement by strengthening funding requirements and providing training and technical assistance.

#### State Incentive Grant

Much has been done to develop community coalitions, but many communities still lack this vital resource or need additional assistance to firmly establish their coalitions. The DDRAC will work to increase the number and capacity of community coalitions through the Texas State Incentive Program. The State Incentive Grant (SIG) is a three-year, \$12 million grant from the Center for Substance Abuse Prevention designed to strengthen the prevention infrastructure in Texas. Awarded to the Office of the Governor,



the SIG is managed by the Texas Commission on Alcohol and Drug Abuse with guidance from an advisory committee comprised of prevention experts from across the state. To prevent duplication and ensure consistency, the DDRAC prevention subcommittee (which includes DDRAC members and additional representatives) has been designated to serve in this capacity.

The SIG, which began in March 2002, will provide \$4 million per year for additional prevention efforts, with 85 percent of the funds going to local coalitions to implement evidence-based prevention programs and services targeting 12 to 17-year-old youth and their families. The remaining dollars will be used to provide resources for strengthening the coalitions and linking them to create a comprehensive network.

## TWO-YEAR PLAN TO EXPAND AND STRENGTHEN COMMUNITY COALITIONS

1. Coordinate state efforts to create a network of community coalitions to support drug demand reduction efforts

The DDRAC will partner with the Texas State Incentive Program (TSIP) Advisory Committee to:

- ◆ Inventory existing coalitions and their involvement with drug demand reduction
- ◆ Develop a registry of community coalitions
- ◆ Identify opportunities for coordination and joint activities

2. Expand and strengthen community coalitions to prevent substance abuse

The DDRAC will partner with the TSIP Advisory Committee to:

- ◆ Award competitive grants to qualified coalitions to provide evidence-based programs within their communities
- ◆ Develop and implement a coalition mentoring program
- ◆ Establish a process to formally recognize exemplary community coalitions

3. Promote a comprehensive coalition approach to drug demand reduction

- ◆ Agencies that support coalitions will expand the focus of funded coalitions to address the role of treatment and recovery in prevention

## INTERVENE EARLY TO PREVENT AND TREAT SUBSTANCE ABUSE



Early intervention is the key to maximizing limited resources. Alcohol, tobacco, and other drug problems can be prevented; and prevention should be the first and primary goal of any drug demand reduction strategy. Research has identified risk factors that make children more vulnerable to substance abuse, as well as protective factors that foster resiliency and help them grow up healthy and drug-free. These findings allow a community to identify which children are at greater risk of developing drug problems and target resources to lower their level of risk.

One form of prevention that needs increased emphasis is targeting treatment to break the generational cycle of addiction. Substance abuse is a problem that affects the entire family, sometimes with devastating results. One of the most tragic consequences of parental substance abuse is that the children often become substance abusers themselves, victims of a generational cycle of addiction. Children of alcoholics, for example, are four to six times more likely to develop alcohol use disorders. Fortunately, successfully treating parents significantly reduces the risk for these children. For this reason, treatment programs have been created

to address the special needs of pregnant women and mothers. Pregnant women and women with children in foster care also receive priority when they apply for treatment in other adult programs. Many children, however, live with substance-abusing fathers, and these adults must also be considered a priority when decisions are made about limited treatment resources. DRACC member agencies will ensure that, when applicable and appropriate, priority populations for substance abuse services include all parents.

Instead of focusing only on the client, treatment must involve and address the needs of the entire family. Participation and support from family members can be a key factor in the client's recovery. Programs also must address the needs of family members, linking them with appropriate services to strengthen the whole family. Because the effects of a parent's drug problems can have a lasting impact on children, it is critical to connect children with prevention services to help them grow up healthy and drug-free. To break the cycle of addiction, treatment and prevention programs must become partners working to heal the entire family.

Early intervention is the next line of defense against substance abuse. Addiction is a disease that becomes more serious over time; and the sooner someone receives help, the better their chances of recovery. Some people use substances inappropriately, such as drinking to intoxication. When people continue to use despite negative consequences (such as legal problems or family conflicts), they have developed a disorder known as abuse. While "substance abuse" is frequently used as a global term to talk about all types of drug use problems, it also has this narrower clinical definition. Continued abuse often leads to changes in the brain that cause people to lose control of their drug use. This is the condition known as dependence or addiction. Addiction impacts every aspect of a person's life, and the longer the condition goes unchecked, the more serious the problems become and the less able the person is to function normally. Over time, drugs take over the individual's entire existence.

The goal is to stop this downward spiral as soon as possible, and the most critical time to act is during adolescence. Youth who smoke, drink, or use illegal drugs are far more likely to develop drug problems than individuals who begin use as adults, and the earlier use begins, the more likely it is that dependence will occur. For example, 40 percent of the drinkers who start drinking before the age of 15 become dependent, compared with only 10 percent of those who begin drinking at age 21 or 22.

**51% of 12th graders report current drinking, and over half of them began drinking before the age of 15.**

Research shows that early alcohol use may also have significant and irreversible effects on a person's brain functioning. The brain damage that can result from many years of heavy drinking has been known for years. But recent research has revealed that young people are also at risk.

Because the human brain continues to grow and develop well into the twenties, it is much more vulnerable to the effect of alcohol during that time period. Even a few years of heavy drinking can result in significant damage to those parts of the brain responsible for learning, memory, reasoning, and decision-making.

Any use of tobacco, alcohol, or other drugs by an adolescent is a serious red flag that should result in immediate intervention. When adolescents move beyond experimentation and develop drug use problems, early treatment that involves the family is essential to maximize the chances of success. Because helping an adolescent overcome drug abuse can prevent a lifetime of suffering and the associated cost to society, young people must be our top priority in an environment of scarce treatment resources.

**26% of Texas students in grades 7-12 report binge drinking**

Early intervention is also a goal for adults. If problems are detected during the stage of abuse, a brief period of education and counseling may be sufficient, while a diagnosis of dependence calls for more extensive treatment. The problems that accompany addiction become worse over time, and people who have been addicted for many years require more extensive treatment and support. Sadly, most people do not ask for help and those that do are generally in desperate situations. But before they reach that point, they exhibit other problems and often come into contact with the criminal justice system and/or health and human serv-

### Early Intervention in Schools

Schools are the key to early intervention with youth. Research clearly shows that early truancy prefigures later substance use. Youth with problems in school often have problems outside of school, including drug use and other illegal behavior. By identifying students with difficulties in school, teachers can facilitate early intervention to prevent or halt drug use. The fact that greater use of tobacco and marijuana is linked to higher rates of dropping out, running away, and engaging in criminal activity also suggests that curtailing use of these gateway drugs may have a positive impact on other deviant behavior. Prevention programs that address the common risk and protective factors help children avoid trouble and grow up healthy, and treatment can help those who are already involved in drugs overcome multiple problems and become successful and productive individuals.

The earlier intervention occurs, the better. While treatment in alternative schools is critical, the goals must be to intervene while students are still in mainstream classrooms and their problems are less serious. Students in alternative schools have much greater involvement with alcohol and other drugs. They binge drink at 1 1/2 times the rate of students in general and are twice as likely to drink and drive.

ice agencies. It is therefore important to have methods to identify them wherever and whenever they encounter law enforcement or appear in the service system. For example, processing offenders through drug courts and screening women at maternal health clinics can provide opportunities for early intervention.

Educational personnel, social workers, counselors, healthcare personnel, employers, and professionals involved in law enforcement or criminal justice must be equipped to identify potential substance abusers. The first step is education and training, including strategies to address biases and misconceptions about the medical nature of addiction. In addition, systems must be in place (within legal constraints) to screen people and refer them to appropriate services. It does little good to identify a problem unless resources are available to address it. Screening must be supported by adequate assessment, intervention, and treatment services.

The final challenge is ensuring people connect with the services they are referred to. A significant percentage of people referred to services are not able to participate because service locations and times are inaccessible or inconvenient. Barriers to access take many forms, but lack of transportation or childcare and inflexible work schedules are among the most common. Even with readily accessible services, many people fail to follow through on referrals. Failure to recognize or acknowledge a problem is part of the disease of addiction, and external pressure is often an important factor in getting people into treatment. Referring entities often have the ability to influence people through mandates or incentives, and these must be used more effectively.

## TWO-YEAR PLAN TO INTERVENE EARLY TO PREVENT AND TREAT SUBSTANCE ABUSE

- |   |  |
|---|--|
| <p>1. Give priority for state-supported services to adolescents and parents</p>   | <ul style="list-style-type: none"> <li>◆ Member agencies (where applicable) will ensure priority population definitions include parents and other adults living in a household with children and parents of children in institutions or foster care</li> </ul>   |
| <p>2. Provide early identification and intervention for adolescents and families</p>  | <ul style="list-style-type: none"> <li>◆ Member agencies will identify and prioritize strategies for early identification and intervention for adolescents and families</li> <li>◆ Member agencies will, to the extent possible and appropriate, require treatment programs to link clients' children with prevention and mental health services</li> </ul>  |
| <p>3. Integrate appropriate screening and referral for substance use problems throughout the criminal justice and health and human service system, connecting them with assessment, intervention, and treatment</p> | <ul style="list-style-type: none"> <li>◆ Member state agencies will identify two priority areas for implementing or enhancing substance abuse screening and referral based on impact and feasibility</li> <li>◆ The state agencies involved in the two priority areas will adopt a plan to develop screening and referral capacity supported by assessment, intervention, and treatment</li> </ul> |
| <p>4. Make state-supported substance abuse services readily accessible to the community with convenient schedules and locations</p>   | <ul style="list-style-type: none"> <li>◆ State purchasers of substance abuse services will use accessibility as a criterion in funding decisions or provide other incentives to enhance accessibility</li> </ul>   |

## MATCH PEOPLE TO APPROPRIATE AND EFFECTIVE SERVICES



The state must not only provide access to services, but ensure that a range of options are available so that resources are not wasted on inappropriate services. A full spectrum of services encompasses multiple levels of prevention, treatment, and recovery support.

A range of services are needed to meet client needs in a cost-effective way and achieve positive outcomes. Clients have diverse problems, needs, and circumstances that require different types of programs. The process of overcoming addiction and achieving long-term recovery also has a number of stages, each requiring a different level of treatment and support. The treatment system must be flexible enough to meet the individual needs of clients and respond to their changing needs and circumstances. Too often, however, a one-size-fits-all approach is used. In its National Treatment Plan, the Center for Substance Abuse Treatment recommends a research-based array of services that includes screening, intervention, assessment, engagement, individual and group therapies, continuing care and relapse prevention. The American Society of Addiction Medicine also has developed a research-based set of services, organizing the basic components into programs of varied intensity delivered

in a range of settings. These models can be used as a framework to define an integrated set of services for Texas.

In defining a treatment service array, the focus must be on developing a service system that addresses the chronic nature of addiction. Chemical dependency is a lifelong condition that involves changes in the way the brain functions. As with other chronic disorders, overcoming addiction involves fundamental life changes; and the path to recovery is often marked by temporary episodes of relapse. While many clients achieve recovery with minimal services, others require multiple episodes of treatment, extended support services, and long-term monitoring. People with other chronic illnesses such as asthma and hypertension routinely receive these services, and periods during which symptoms re-emerge are considered normal. In contrast, chemical dependency treatment has traditionally been viewed as a brief, one-time intervention and relapse as an indicator of failure.

This perspective is directly opposed to what science has revealed about the disease and effective treatment. The treatment system must be refocused to reflect current research, with priority given to broadening the service spectrum to address the long-term needs of clients. With appropriate continuing care and monitoring, more people will be able to overcome their addictions and become contributing members of society. This approach is not only an appropriate and humane course of action, but also a cost-effective one. A modest investment in extended services can avoid the far greater costs associated with a lifetime of addiction.

Having a comprehensive array of services is not sufficient—effective screening and placement systems are needed to ensure people receive the services most appropriate to meet their needs. Proper placement not only improves outcomes, but also ensures that limited resources are used efficiently. Providing a less intensive service than is needed leads to unsuccessful outcomes, while providing more extensive services than necessary reduces the number of people who can receive services.

The key to effective placement is the use of research-based instruments. Tools for screening and assessment are readily available, but steps must be taken to ensure more consistent implementation across the state.



Developing tools for placement is more challenging. While it is possible to describe typical phases of the recovery process, everyone experiences it differently. Research-based guidelines can help providers match clients with the programs most appropriate for them and move them into different services as their needs change, enhancing the likelihood of success and promoting efficiency. Work on the national level has resulted in a consensus-based model published by the American Society of Addiction Medicine, which can be used to develop guidelines based on the state's defined array of services. Modifications may be needed for specific populations and settings, such as criminal justice.

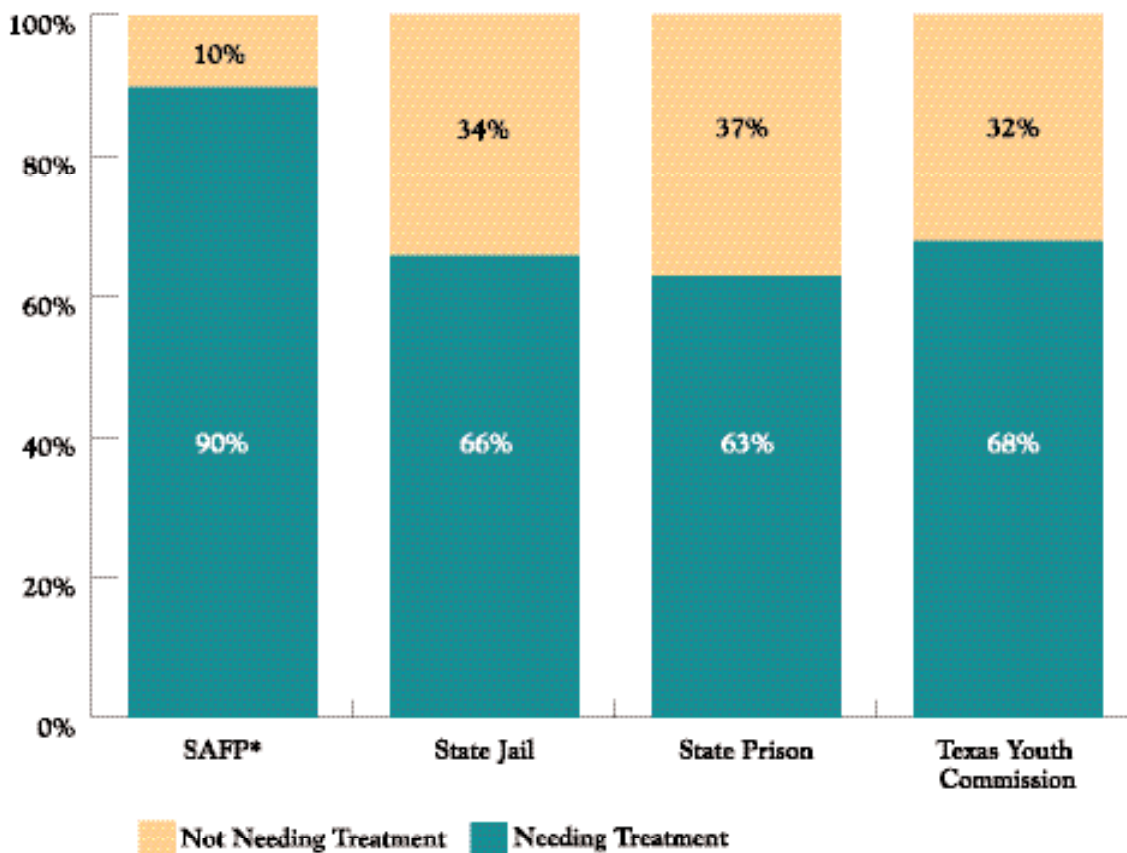
## TWO-YEAR PLAN TO MATCH PEOPLE TO APPROPRIATE AND EFFECTIVE SERVICES

- |   |  |
|---|--|
| <p>1. Establish a research-based array of services to address acute and chronic substance use problems across health, human services, and justice systems</p>       | <ul style="list-style-type: none"> <li>◆ Member agencies will define a research-based array of services to address acute and chronic substance use problems</li> </ul>   |
| <p>2. Provide individualized, research-based treatment in all state-funded programs</p>   | <p>State purchasers of treatment services will:</p> <ul style="list-style-type: none"> <li>◆ Agree on a common definition of individualized, research-based treatment</li> <li>◆ Establish a plan with reasonable deadlines for including these expectations in contracts</li> </ul>   |
| <p>3. Use research-based criteria to match people with cost-effective treatment services to meet their needs</p>  | <ul style="list-style-type: none"> <li>◆ Member agencies, in collaboration with the Texas Department of Insurance, will identify or develop research-based placement criteria for application in the public and private treatment facilities</li> </ul>  |
| <p>4. Match offenders with appropriate treatment services based on an integrated assessment of criminal behavior, treatment needs, and potential risk to others</p> | <ul style="list-style-type: none"> <li>◆ The Texas Department of Criminal Justice, the Criminal Justice Policy Council, and the Texas Commission on Alcohol and Drug Abuse will refine assessment and placement criteria used within the criminal justice system to match offenders with treatment services</li> <li>◆ The DDRAC will partner with the Texas Association of Drug Court Professionals to develop a plan to maximize the effectiveness of drug courts through appropriate client selection and implementation of best practices</li> </ul> |

## BREAK THE CYCLE OF ADDICTION AND CRIME

Drug and alcohol abuse and addiction are implicated in the crimes of many of the people in the juvenile and criminal justice systems, especially repeat offenders. The traditional response to crime committed by people with alcohol and drug problems relies on deterrence through increasing arrests, tougher sanctions, and more prisons. While incarceration does temporarily disrupt the activities of offenders, research shows that punitive measures alone do not lead to a change in behavior. Despite an unprecedented increase in drug-related arrests and incarceration, drug use and related crime have not diminished.

### INCARCERATED POPULATIONS NEEDING SUBSTANCE ABUSE TREATMENT



\*Substance Abuse Felony Punishment Facilities

Source: Texas Commission on Alcohol and Drug Abuse—Series of studies of substance abuse among inmates in Texas correctional facilities, 1998-2001

To break the cycle of addiction and crime, the state's response must recognize that addiction is a medical condition and address the multiple factors that affect behavior. An effective, integrated strategy holds offenders accountable and provides them with the programs and supports needed to overcome their drug problems and become productive citizens. Through a therapeutic justice approach, key justice officials become part of a problem-solving team while maintaining their traditional roles as judges, enforcers, and protectors. Integrated strategies must be used to maximize treatment success and minimize future risk to others without compromising offender accountability or community safety.



### El Paso Family Court

The El Paso Family Court is the only drug court program in Texas that focuses on parents who have temporarily lost custody of their children as a result of their involvement with alcohol and other drugs. Established in 1999, the one-year voluntary program is designed to successfully reunite parents with their children. To achieve that goal, it helps participants achieve and maintain sobriety, obtain addiction-related counseling, receive educational or vocational training, obtain gainful employment, and establish a household appropriate for raising children. Like other drug courts, its approach is based on using the authority of the court to motivate behavior change and relies on active judicial involvement, frequent drug testing, and a system of graduated rewards and sanctions. The El Paso Family Court recently received additional federal funds to expand its capacity to 23 families and enhance program services.

### Drug Courts

The DDRAC has identified drug courts, including family courts and youth courts, as a priority strategy for breaking the cycle of addiction and crime. The original and most prevalent type of drug court targets a variety of adult offenders. In recent years, specialized drug courts have emerged to address juvenile offenders and parents alleged to have abused or neglected their children as a result of substance abuse.

A growing body of research shows that using the authority of the court to enhance motivation for treatment is a cost-effective way to reduce drug use and criminal behavior. One of the keys to successful treatment is retention, and drug court participants are much more likely to stay in treatment than offenders treated in other community-based programs. Their outcomes are also better. Evaluations show a substantial drop in drug use, especially when compared with other defendants. Rearrest rates are also lower, generally ranging from 5-28 percent for drug court participants compared to about 50 percent for those who receive standard processing. Moreover, drug courts cost less than routine processing. In one study, the total bill for each drug court participant (including treatment) was \$4,352, while the cost for traditional adjudication was \$8,358 per case.

While drug court evaluations show positive results, the outcomes vary widely due to significant variations in practices and services. Selection of participants is also a critical factor. For low-risk offenders, rearrest rates are slightly lower than comparison samples (16% vs. 22% in one study), but drug court participation has a significant impact on high-risk clients (19% vs. 38%). Evidence indicates that providing low-risk individuals treatment through diversion programs can achieve outcomes similar to those obtained by drug courts at one quarter the cost.

Although drug courts have proliferated rapidly in other parts of the country, they are rare in Texas—the state's six adult drug courts represent less than one percent of the nation's drug court roster. The 77th Legislature addressed this issue by mandating drug courts in counties with populations of more than 550,000. Under this legislation, three more counties—Bexar, Harris, and Hidalgo—will establish drug courts. The legislature appropriated \$750,000 annually for this effort, but these funds must be supplemented with other sources to support nine drug courts.

Creation of new drug courts, and their continued success, relies on participation of local stakeholders. The DDRAC will partner with community coalitions to foster the expansion of drug courts in high-need areas. This will be a new focus for most coalitions, but one that is consistent with their mission—improving communities by reducing drug use problems. To support their efforts, DDRAC will develop a toolkit of information and resources in collaboration with the Texas Association of Drug Court Professionals (TADCP).

To maximize the effectiveness of Texas drug courts, the DDRAC and TADCP will develop a plan to promote best practices. New standards for drug court treatment programs being published by the Rehabilitation Accreditation Commission will be a valuable resource. The plan also will promote use of Stages of Change theory in drug court programs. This research-based model is recognized as an effective tool for treatment, and has already been implemented in the Dallas drug court. Examining participant selection procedures also may reveal opportunities for improving return on investment. The Criminal Justice Policy Council's Overview of Drug Courts in Texas states that courts generally target non-violent, first-time drug offenders; and research indicates these individuals may do as well in cheaper diversion treatment programs.

A critical factor in the success of drug courts is the availability of treatment. Some courts have limited funds to pay for treatment, while others must rely on community-funded services. In either case, access is essential. Another key is joint case management to ensure close communication and coordination. To support expansion of drug courts in Texas, state agencies will require treatment providers to establish agreements with local drug courts to support referral and joint case management. When consistent with funding restrictions, treatment capacity will be made available at no cost to the courts.

## **Treatment**

In contrast to the fledgling drug court movement, treatment is well established in other parts of the state's criminal justice system. The legislature established a number of substance abuse programs in 1989, followed by a sweeping treatment initiative two years later. Over the past decade, the Criminal Justice Policy Council (CJPC) has evaluated many of these programs. The resulting reports served as a springboard for quality improvement efforts within the Texas Department of Criminal Justice. The "What Works" project, implemented by the Texas Department of Criminal Justice (TDCJ) in 1999, is a four-year program to improve the effectiveness of treatment and reduce recidivism through information, training, technical assistance, and program evaluations. To enhance this initiative, TDCJ, CJPC and TCADA will work together to identify additional strategies for improving outcomes, with particular focus on program entry and transitional components.

## **Offender Education**

Offender education programs are another long-standing component of the state's response to criminal violations resulting from substance use and abuse. Many of the individuals sent to these programs have substance abuse problems requiring treatment and are unlikely to benefit from education. Under the current legislation, however, no assessment process is required to determine whether an individual needs education, intervention, or treatment. The DDRAC has begun to examine this issue to determine the feasibility and steps necessary to mandate assessment in conjunction with these programs. Ideally, an assessment addressing both need and risk should be conducted before an individual appears in court so an appropriate referral can be made at the time of conviction. DDRAC will explore options for funding early assessment.

## **Penalties**

As noted above, strengthening the legal framework is part of the Drug Demand Reduction Strategy. This process will begin with a thorough inventory of current laws and practices in Texas, collection of comparative data from other states, and review of research and expert analysis regarding the effects of different legal policies and practices. An important aspect of this review will be examining how drug-related criminal penalties, sentencing guidelines, and

implementation practices can be used more effectively to reduce drug demand and improve the health and well-being of individuals, families, and communities. This analysis includes identifying unintended consequences and disparities in how sentencing and enforcement practices impact Texas communities. Several DDRAC members, for example, have expressed concerns that there may be disparities in sentencing among racial groups and among users of powder cocaine as compared to users of crack cocaine. Other concerns have to do with whether or not large numbers of people are incarcerated for minor possession offenses as opposed to drug dealing offenses. More precise data analysis will be required to determine the extent and source of the problem and options available to address the problem at the state level.

## Prevention

Texas has many statutes aimed at preventing drug use and abuse, but they are not always aggressively enforced. The DDRAC will develop strategies to promote and support enforcement efforts. For example, educating law enforcement officers about the need for strict enforcement and the positive impact officers can have in their communities can be a powerful incentive to devote more resources to prevention-related laws. Community coalitions play an important role in educating law enforcement personnel on the local level, monitoring compliance with laws, and promoting enforcement efforts. A key goal is to elevate the priority given to compliance with laws that limit minors' access to tobacco and alcohol. Law enforcement tends to place greater emphasis on drugs that are illegal for adults as well as minors, but tobacco and alcohol often have a far more damaging impact on communities. Research shows that adolescents who smoke and drink are much more likely to develop drug use problems than those who remain drug-free. More than 90 percent of adults with substance use disorders start using before age 18, and half begin using before age 15.



## TWO-YEAR PLAN TO BREAK THE CYCLE OF ADDICTION AND CRIME

- |  |   |
|--|---|
| <p>1. Expand utilization of drug courts to link offenders with appropriate services, enforce compliance, and support success</p>                     | <ul style="list-style-type: none"> <li>◆ The DDRAC will identify high-need jurisdictions and work with community coalitions to stimulate formation of new drug courts and secure local funding and support</li> <li>◆ The DDRAC will work with the Texas Association of Drug Court Professionals to create a Drug Court Toolkit to help communities develop and secure funding for drug courts</li> <li>◆ Appropriate agencies will require funded programs to establish agreements with drug courts to facilitate referrals and coordinated case management</li> </ul>   |
| <p>2. Provide appropriate assessment, intervention, and treatment for offenders with substance use problems</p>                                      | <p>The Texas Department of Criminal Justice, in collaboration with the Texas Commission on Alcohol and Drug Abuse and the Texas Criminal Justice Policy Council, will continue its review of treatment in the criminal justice system and identify strategies to:</p> <ul style="list-style-type: none"> <li>◆ Improve the offender selection process and allocation of program resources to match offender needs</li> <li>◆ Strengthen post-release treatment, including retention and continuity of care</li> <li>◆ Create a statewide system of graduated sanctions, enhanced relapse prevention efforts, and programming to address technical violations</li> <li>◆ Improve program outcomes</li> </ul> |
| <p>3. Identify how the state's drug-related criminal penalties, sentencing guidelines, and implementation practices can be used most effectively</p> | <p>The DDRAC will:</p> <ul style="list-style-type: none"> <li>◆ Review research and expert analysis of the impact of drug-related criminal penalties, sentencing guidelines, and implementation practices on communities and drug demand</li> <li>◆ Inventory the state's criminal penalties, sentencing guidelines, and implementation practices</li> <li>◆ Identify disparities in how sentencing and enforcement practices impact Texas communities</li> <li>◆ Recommend changes to more effectively and efficiently reduce drug demand and eliminate disparities and other unintended consequences</li> </ul>   |
| <p>4. Promote and support prevention-related enforcement efforts</p>   | <ul style="list-style-type: none"> <li>◆ The DDRAC will study the extent of monitoring and enforcement of laws designed to prevent substance abuse and identify strategies to promote and support local enforcement efforts, especially those related to alcohol and tobacco</li> </ul>   |
| <p>5. Require assessment and referral in conjunction with adolescent and adult offender education programs</p>                                       | <ul style="list-style-type: none"> <li>◆ The DDRAC will assess the steps necessary to mandate assessments and referrals for all offender education programs and will make appropriate recommendations.</li> </ul>   |

## DEVELOP A STRONG WORKFORCE



A knowledgeable and skilled workforce is the foundation of any effective initiative; in a comprehensive drug demand reduction strategy, the people of Texas are the workforce. Professionals and private citizens alike must be equipped to reject illegal and underage use of alcohol and drugs, build healthy families and communities, and implement recovery-based solutions to the problems that result from substance abuse.

Texans need to know the state's stand on reducing drug demand and what state government is prepared to do; the role of community coalitions in creating safe, healthy communities; the extent of the drug problems within their communities; the factors that place individuals, groups, and neighborhoods at risk; the protective factors that offset risks and promote healthy development; the devastating consequences of the disease of addiction; the reality and power of recovery; and how they can make a difference in reducing drug demand. Volunteers and citizens are key players in a comprehensive drug demand strategy. Even with a trained and competent professional workforce, a community's capacity to reduce drug demand is dependent on the knowledge, resolve, and skills of its citizens. Every part of a community is affected by drugs; therefore, every part of the community must be prepared to effectively address substance abuse.

The professional workforce also plays a critical role in reducing drug demand. As the state implements a more comprehensive approach to drug demand reduction, the identified workforce is multiplied many times over to include professionals throughout the state's service system, including those in education, health and human services, business, and enforcement. These workers must be trained in the principles of prevention so they can foster the development of healthy children and families. Workers who interact with people who have drug use problems or are at risk for developing them need a clear understanding of substance abuse, how it impacts the populations they serve, and available resources and how to access them, as well as the skills to implement appropriate interventions.

Comprehensive training for the state's workforce is a long-term goal. Initial efforts will focus on maximizing current training resources and prioritizing additional needs within the state system. Many agencies currently provide education training related to drug demand reduction—internal staff training, training sessions for contractors, continuing education for professionals, and public conferences and workshops. Most of these events, however, are offered only to a specific segment of the workforce. To expand the reach and utilization of current training events, member agencies will develop a centralized listing of training opportunities and publicize them more widely. Each agency also will encourage its own workforce to participate in available training events. This strategy will not only allow more people to be trained without additional resources, but will also provide valuable cross-disciplinary interaction and promote a shared understanding of these issues.

A longer term goal is incorporating substance abuse education in the higher education courses and certification processes for educators and human service professionals. These professionals are key community resources and must be at the front of prevention efforts. Unfortunately, prevention education is not a standard requirement of Texas teacher

preparation courses, teacher certification, or school counselor or administrator certification. Nor is it required in the vast majority of human service professional preparation courses and certification processes. The result is that prevention education for these valued professionals is often a patchwork of random workshops and in-service trainings, leaving large numbers poorly prepared to meet the prevention needs of the children, families and communities they serve.

The DDRAC will work with the Texas Higher Education Coordinating Board and other appropriate groups to identify steps needed to require basic substance abuse education in the higher education courses and certification processes for educators, law enforcement officers, and health and human service professionals. Included in such education should be proven prevention principles, including strategies for mitigating risk factors and enhancing protective factors in individuals and communities. Properly preparing these key resources will significantly strengthen the prevention infrastructure in Texas.

Another key element in preparing the workforce is state certification of prevention specialists, whose extensive education, training and experience make them valued members in every community. A significant number of high-risk communities have inadequate numbers of Certified Prevention Specialists. The DDRAC will work to identify ways to increase the number of Certified Prevention Specialists throughout the state, especially in high-risk communities.

Perhaps the greatest challenge will be reaching those in the private sector. The DDRAC will identify ways to partner with the private sector and develop strategies to educate their workforces about substance abuse issues and opportunities for involvement in drug demand reduction efforts. This effort will include exploring ways to facilitate on-site training for a wide variety of private organizations, including legislators, the media, businesses, healthcare clinics and offices, civic service groups, and members of the faith-based community. DDRAC will partner with the Texas State Incentive Program to make additional training available to communities.

The DDRAC supports continuation of a number of highly successful training initiatives, including TCADA's annual Drug and Alcohol Institute, Best Practices Conference, and Prevention Conference. One of the most important resources in the state's prevention infrastructure is the statewide training and technical assistance initiative, which is funded by TCADA. Cited by the Center for Substance Abuse Prevention as a model for replication by other states, the initiative provides in-depth training to professionals and volunteers in the implementation of effective prevention programs and services, which includes curricula and implementation materials for a nominal fee. Trainings are dispersed throughout the state, reducing travel costs and increasing accessibility to a broad range of human service professionals and volunteers.

Communities share the responsibility for training the professional and volunteer workforce. Texas is fortunate to have many prevention resources already in place, including 24 Regional Planning Commissions or Councils of Government, 20 Education Service Centers, and 11 Prevention Resource Centers. There is untapped potential for these systems to be linked, providing a network of resources providing information, training, and technical assistance for community organizations, coalitions, professionals, and concerned citizens. Coalitions also will be encouraged to develop plans for educating individuals and organizations within their communities and encouraging them to attend other training events.

Special attention must be given to professionals in criminal justice and law enforcement. Judges, probation and parole officers, and law enforcement officers play a critical role in determining the fate of individuals with substance abuse problems who violate the law. These individuals have considerable discretion in deciding how cases will be handled, and their beliefs about the nature of substance use disorders can determine whether or not an offender has an opportunity to access available services. Training is a first step, but information is usually not sufficient to change attitudes and behaviors. One of the most effective strategies is building personal relationships and providing opportunities to interact with people in recovery, a task that can only be accomplished by individuals working at the local level. By agreeing to work together to promote recovery, DDRAC agencies have taken the first step in developing new strategies to encourage local service providers and coalitions to address this need.



## TWO-YEAR PLAN TO DEVELOP A STRONG WORKFORCE

1. Equip professionals in educational institutions and health and human service agencies to deal effectively with substance use problems

- ◆ Member agencies will inventory existing training programs to identify and prioritize needs
- ◆ Member agencies will develop a system to share information about training events and increase multi-disciplinary and cross-agency participation
- ◆ Member agencies will develop plans to train appropriate staff who work with children and parents in substance abuse prevention
- ◆ Member agencies will develop plans to train appropriate staff to identify potential substance abuse problems and provide appropriate interventions and referrals

2. Equip judges and law enforcement professionals to deal effectively with substance use problems

- ◆ The DDRAC will identify existing training initiatives for judges, law enforcement officers, and professionals within the state’s criminal justice system and identify opportunities for member agencies to provide assistance and resources
- ◆ Agencies that fund or support community coalitions will identify strategies to promote greater involvement with judges and local law enforcement professionals

3. Equip professionals in related fields to participate in prevention activities

- ◆ The DDRAC will work with the Texas Higher Education Coordinating Board and the Teacher Certification Board to identify steps needed to engage colleges and universities in developing requirements for basic substance abuse education for teacher, school counselor, and administrator certification and education for human service professionals

4. Increase the number of Certified Prevention Specialists in Texas

- ◆ The DDRAC will identify ways to increase the number of certified prevention professionals in high risk communities through recruitment and training

5. Provide and increase access to prevention education and training at the local level in the public and private sector

- ◆ The DDRAC will support continued funding of the statewide prevention training and technical assistance initiative
- ◆ The DDRAC will identify ways to increase utilization of Prevention Resource Centers, Education Service Centers, and other existing programs as resources for communities to call on for prevention related information, training, and support

6. Equip key elements of the private sector to address substance use issues in a knowledgeable and effective way

The DDRAC will:

- ◆ Identify elements of the private sector with the greatest potential for contributing to drug demand reduction and develop strategies to educate them about substance abuse issues and opportunities for involvement in drug demand reduction efforts
- ◆ Study the feasibility of worksite training for a wide variety of private organizations and move forward with training plans as indicated from the study

## CONFRONT DISCRIMINATION



### TCADA AND MHMR BREAK DOWN DISCRIMINATORY BARRIERS

Many individuals with substance use disorders also suffer from mental illness, and these individuals are burdened with a double stigma. Even within the substance abuse and mental health treatment systems, individuals with co-occurring disorders often encounter discriminatory attitudes that prevent access to appropriate services. Many substance abuse treatment programs exclude clients with a mental illness, and mental health providers frequently turn away individuals with drug and alcohol problems. To prevent these problems, TCADA and MHMR have adopted language that prevents providers from excluding or discriminating against people with co-occurring disorders.

silenced the recovery community, keeping it hidden and out of the public debate that shapes public perception and policy. Recovering people are invisible—sometimes because of stigma and other times because they are hard working people paying taxes and holding responsible jobs. Actively addicted people are very visible—they are the ones who represent addiction in the public mind. Public perception is distorted by this incomplete image of addiction and recovery. To effect change, recovering people must show that recovery is not only possible but widespread.

Throughout the United States, a grassroots movement is underway to mobilize recovering people and their families and friends. Known as the Faces and Voices Campaign, this effort aims to change public attitudes and promote con-

Investments in treatment will be fully maximized only when society understands that addiction is a treatable medical condition, affords addicted and recovering individuals the same dignity as other citizens, and offers them equal access to services and opportunities for lifetime success.

Individuals struggling to overcome substance abuse or addiction face many challenges, but none are greater than the attitudes of other people. Even in recovery, people with chemical dependency must battle the deep-seated stigma and discrimination that permeates every aspect of society. Laws, policies, and practices inconsistent with the Americans with Disabilities Act are widespread, encouraging discrimination against recovering individuals and depriving them of opportunity.

Prejudice creates barriers to diagnosis and treatment, condemning many to a lifetime of addiction. Those who do receive help face additional hurdles that make the road to recovery even more difficult. People in treatment and recovery are discriminated against in healthcare, insurance, education, employment, housing, and human services—areas that are critical to long-term stability. Throughout their lives, they battle stigma that denies them equal opportunity to achieve their full potential.

This pervasive stigma is rooted in ignorance. Society generally views chemical dependency as a moral weakness instead of a medical condition, despite scientific evidence to the contrary. Research clearly shows that addiction is a chronic illness affecting brain structure and function. Many people also think that treatment does not work, even though results are comparable to those achieved with treatment for other chronic illnesses. Changing attitudes begins with broader understanding of the fact that addiction is an illness and treatment is effective.

But education alone is not enough—society must also see and hear the faces and voices of recovery. The stigma and discrimination attached to addiction have

sumer advocacy. The DDRAC supports the Faces and Voices Campaign and will encourage stakeholders to join the effort to confront the stigma associated with addiction and advocate for recovery solutions. The DDRAC also will identify and prioritize additional strategies to change public attitudes, promote the dignity of addicted and recovering individuals, and encourage their participation in the public dialog.

State agencies can be part of the solution. Discrimination against people with chemical dependency problems is embedded in the way many public programs are administered. While it is sometimes necessary to limit the privileges of substance users who refuse treatment, people in recovery and those actively engaged in treatment deserve the same opportunities as other members of society. State agencies on the DDRAC are committed to identifying and eliminating policies and practices that inappropriately disadvantage addicted and recovering people.

Recovering people and family members must be involved in the solution to discrimination. As consumers, they can provide valuable insights and suggestions for improving public services. The bottom-up work of the recovery community and the top-down work of state agencies find a natural meeting place in dialogue about the system and how it can be changed to better address the needs of addicted and recovering people.

For too long, society has been consumed with the problem of addiction while ignoring the solution of recovery. Recovery from alcohol and drug addiction is a reality—lives are transformed, families are healed, and communities are strengthened. When the people of Texas recognize the untapped potential of people trapped in lives of dependence, they will join together to find new ways to support recovery and reduce the demand for drugs in their communities.

## TWO-YEAR PLAN TO CONFRONT DISCRIMINATION

1. Eliminate stigma and discrimination against addicted and recovering individuals
  - ◆ The DDRAC will identify and prioritize strategies to change public attitudes, promote the dignity of addicted and recovering individuals, and encourage their participation in public dialog
  - ◆ The Texas Commission on Alcohol and Drug Abuse will educate Texans about the nature of addiction and highlight the achievements and contributions of recovering individuals
  - ◆ Member agencies will support the Faces and Voices of Recovery project, which seeks to shift public focus from the problem of addiction to the solution of recovery
  - ◆ Member agencies will, within the constraints of current law, identify policies and practices that may disadvantage addicted and recovering individuals, revise those that do so inappropriately, and report their results to the DDRAC
2. Engage consumers and the recovery community in service planning and evaluation
  - ◆ State agencies that support community coalitions involved with substance use issues will require outreach to and participation by recovering individuals and their families
  - ◆ State agencies that fund treatment and related services will require providers to implement formal systems to obtain and use consumer input for program evaluation and improvement (e.g., satisfaction surveys)
  - ◆ The Texas Commission on Alcohol and Drug Abuse will implement strategies to increase recovery community participation in its planning and evaluation processes



## LEGISLATIVE RECOMMENDATIONS

### 1. Strengthen and support the DDRAC through one or more of the following options:

- ◆ **Establishing a Texas Office of Drug Control Policy (TODCP) to provide staff support and coordinate implementation of the Texas drug demand strategy**
- ◆ **Directing participating agencies to provide funding and/or staff support**
- ◆ **Directing TCADA to develop capacity to support DDRAC efforts.**

The DDRAC, with its broad and diverse membership, is an ideal vehicle for creating a comprehensive statewide strategy, monitoring implementation, and evaluating results. A committee without staff support, however, is not an effective vehicle for directing the *implementation* of a strategy through multiple state agencies working in partnership with the private sector. Its long-term work will be hampered by a lack of dedicated resources. Such necessary functions as collecting, analyzing, and synthesizing data from diverse systems, for example, are resource-intensive. As this report indicates, the scope and depth of drug demand reduction require a multi-faceted strategy involving collaboration at many levels and in many different contexts—all at the same time. Coordinating this complex undertaking demands continuous, focused attention not possible from a committee that meets on a periodic basis.

The DDRAC discussed several options for obtaining the necessary operational support to carry out implementation of the Texas strategy. In the first, a Texas Office of Drug Control Policy (TODCP) would be modeled on the Office of Nation Drug Control Policy (ONDCP) and be housed in the Governor's Office. The TODCP would ensure that the Texas strategy is in concert with and supports the national strategy and that it is coordinated and supported at the highest level of state government. This approach would promote continuing, active involvement of all DDRAC agencies and bring visibility and leadership to the issue of drug demand reduction.

The second option would direct participating agencies to contribute financial or human resources to support the DDRAC, a model that has been used successfully by the state's Community Resource Coordination Groups. This approach would preserve a single locus of coordination and accountability for the drug demand reduction effort and maintain the strength of diversity and consensus-based decision making.

The third option is similar to the second, except that the Texas Commission on Alcohol and Drug Abuse would be directed to develop support for the DDRAC effort. This approach would locate the DDRAC function with the single state authority for substance abuse, thereby simplifying coordination with such functions as administration of the federal Substance Abuse Prevention and Treatment Block Grant.

### 2. Expand the DDRAC membership to include the Texas Rehabilitation Commission (TRC), the Texas Workforce Commission (TWC), the Texas Department of Transportation (TxDOT), and the Office of the Texas Comptroller of Public Accounts.

In the course of its work the DDRAC has noted that the state agencies listed above, in addition to those named in SB 558, provide services that impact drug demand reduction. TRC and TWC both provide services such as case management and job training to assist people recovering from addiction in returning to productivity, for example, while TxDOT is engaged in activities to prevent underage drinking and driving while intoxicated (DWI) offenses. The Comptroller's Office is responsible for implementation of SB 55, the Texas law that prohibits minors' access to tobacco products.

### 3. Modify the prohibition against providing treatment in schools by TCADA funded providers to facilitate adolescent access to treatment while preserving the protections against financial exploitation.

Current law permits school districts to contract with treatment programs to provide treatment services at alternative schools but does not allow districts to do so at regular school locations. School districts are permitted to contract with other entities, such as community MHMR centers or domestic violence shelters, to provide similar services in regular school settings. The DDRAC recommends adding TCADA-funded treatment programs to the list of entities with which school districts may contract for outpatient services. This action would expand the available options for school districts that want to provide such services and would make TCADA resources available to those districts.