



# **SAVING TEXAS FAMILIES - HELPING TEXAS GROW**

## **EXECUTIVE SUMMARY**

**TEXAS DRUG DEMAND REDUCTION ADVISORY COMMITTEE**  
Report to State Leadership  
January 2007

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### **A COMPREHENSIVE STATEWIDE STRATEGY AND LEGISLATIVE RECOMMENDATIONS TO REDUCE DRUG DEMAND IN TEXAS**

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# Executive Summary

**D**rug-related problems have a devastating impact on the public health, welfare and safety of all Texans. According to the National Conference of State Legislators (NCSL, 2006), “the costs of drug abuse to society are estimated as high as \$358 billion dollars, and accounts for over 550,000 deaths”. In 2000, the total economic cost associated with alcohol and drug abuse in Texas was estimated at \$25.9 billion. 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, with an estimated six out of ten prisoners having substance abuse problems. Substance abuse contributes to many serious medical disorders and is associated with high rates of child maltreatment, suicide, divorce, unwanted pregnancy, domestic violence, disability, unemployment, poverty, and homelessness.

According to the *Blueprint for the States*, (Join Together, 2006), “State governments bear the financial burden of the consequences of drugs and alcohol and spend approximately 13 percent of their budgets on problems related to drug and alcohol use. Less than four percent of this is spent on prevention and treatment, while more than 96 percent pays for avoidable social and physical consequences that result from states’ failure to provide a comprehensive strategy to prevent and treat substance use problems.” In Texas, less than one percent of the state’s budget (all funds) is spent on prevention, treatment and enforcement of drug and alcohol use/abuse, while 37 percent of the state’s budget (all funds) is spent on addressing the problems associated with alcohol and drug abuse. A comprehensive strategy with effective legislation and funding concentrating on the source of the problems, alcohol and drug abuse itself, could reduce the economic burden to the state.

The 77th Texas Legislature (2001) passed Senate Bill 558 establishing the Drug Demand Reduction Advisory Committee (DDRAC) with a mandate to develop comprehensive statewide strategy and legislative recommendations that will reduce drug demand in Texas. The Statute mandates that 16 state agencies participate in this effort, as well as five at-large members from different

geographical areas within the state (See Appendix 1). This is the 2007 DDRAC report to the Governor, Lt. Governor and Speaker of the House containing the Committee's legislative recommendations and future initiatives to reduce drug demand in Texas.

## **Overview of DDRAC Legislative Recommendations**

*To achieve optimal outcomes, expand systemic use of evidenced-based practices, as defined by House Bill 2292 (78th Texas Legislature,) to all substance abuse intervention and treatment services purchased with state dollars at the local levels.*

The state must implement strategies that provide the greatest return on investment. With limited funds available, every dollar must achieve the greatest possible impact. If every state agency directed the recipients of these funds to provide evidenced-based substance abuse services, the state could improve the outcomes for those receiving intervention and treatment services.

*Revise the state Medicaid plan to include reimbursement for Screening and Brief Intervention in emergency, primary care, and women's health care settings provided a cost analysis conducted by HHSC and DSHS determines the services to be cost effective.*

Substance use imposes a heavy burden on healthcare expenditures. Receiving screening and brief intervention in emergency room settings can reduce future emergency room visits and hospitalization of patients with substance use problems by almost 50 percent over three years. Cost-benefit analyses in emergency room and primary care settings suggest that every \$1 spent on screening and brief intervention results in \$3.81 to \$4.30 in future healthcare savings. Furthermore, the Centers for Medicare and Medicaid (CMS) recently approved new codes to provide reimbursement for these services, but each state must amend its state Medicaid plan to allow providers to bill using the new codes.

*Remove the exclusion clause for medical expenses from the Uniform Individual Accident and Sickness Policy Provision Law (UPPL).*

Current state statute follows the 1947 Uniform Individual Accident and Sickness Policy Provision Law (UPPL) allowing insurance companies to exclude medical coverage for injuries if patients are under the influence of alcohol or unprescribed drugs, yet the National Association of Insurance Commissioners (2001) revised

the UPPL to prevent this exclusion. Beginning in January 2007, all trauma centers operating in the United States will be required to provide alcohol and drug screening and brief intervention to patients in order to retain their certification. As a result, the Texas UPPL exclusion will have an adverse financial impact on patients, hospitals, and healthcare providers in Texas.

***Require state funded colleges and universities to implement parent notification programs for minor students who receive alcohol and drug disciplinary violations.***

Research findings indicate that college students drink more than their non-college peers. Texas A&M University implemented a parent-notification program resulting in a significant decline in alcohol violations. The DDRAC estimates that approximately 3,645 students may not be completing their education due to alcohol and other drugs, representing a state investment loss of approximately \$19.1 million dollars per year. Therefore, the DDRAC recommends that all colleges and universities implement a parent-notification program.

***Require that students who receive alcohol/drug violations on state-funded college campuses to be screened and participate in a brief intervention as part of its disciplinary action.***

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2002) and the Institute of Medicine (IOM, 2003) assert that alcohol/drug screening and brief motivational enhancement counseling for alcohol and drug violators is the most effective prevention strategy for college students. Therefore, the DDRAC recommends that colleges ensure that all students with alcohol/drug violations receive a screening and brief motivational enhancement session with an appropriately trained school counselor or a community provider as part of its disciplinary action.

***Authorize the use of sobriety checkpoints as an optional tool for law enforcement.***

Texas leads the nation in the number of alcohol-related traffic fatalities each year. The National Transportation Safety Board (NTSB) currently estimates the cost of each alcohol-related traffic fatality to be approximately \$977,000, thus the 2004 fatalities cost the state \$1.6 billion. Sobriety checkpoints are a law

enforcement tool involving the stopping of a specific sequence of vehicles at a predetermined, strategic, fixed location to detect drivers who are impaired by alcohol and/or other drugs. The Center for Disease Control studied sobriety checkpoints and found they have reduced alcohol-related crashes and fatalities by 20 percent and may significantly reduce future cost associated with alcohol-related traffic fatalities.

***Create a funding stream for Drug Courts and DWI Courts by requiring a \$50 court fee to be charged to DWI and drug offense convictions. Through rider, appropriate the revenue generated by these court fees to the Drug Court Grant Program administered by the Governor's Office.***

***Amend the existing drug court statute in the Texas Health and Safety Code, Chapter 469, to require counties with a minimum population of 200,000 to establish DWI/Drug Court for both misdemeanor and felony DWI and nonviolent drug offenders. The requirement is contingent upon receipt of state or federal funds for this purpose.***

Researchers have found that “drug courts outperform virtually all other strategies that have been attempted for drug-involved offenders.” As a result, the drug court model has expanded to other types of substance-abusing criminal justice populations, including DWI offenders, but excluding intoxication assault or intoxication manslaughter cases. In 2001, the Texas Legislature required counties with a population of 550,000 and above to start a drug court program and appropriated \$750,000 per year to support this initiative. All mandated counties have complied, and many others have commenced drug courts; however, the original funding stream has remained static. To continue to support existing courts and to expand services to additional courts, a more substantial, permanent funding stream must be established.

In Texas, DDRAC estimates that approximately 3,000 DWI offenders and 15,000 low-level, non-violent drug offenders are newly incarcerated each year. The Texas Department of Criminal Justice projects that the state will need to expend approximately \$174 million to contract for additional offender capacity during the 2008-09 biennium. If these offenders had access to drug courts along with adequate treatment resources in the community, the DDRAC estimates

(subtracting the state’s cost for probation supervision) that the state could potentially avoid spending \$160 million and **defer the cost** (over \$520 million) associated with new prison construction. However, there are not sufficient funds allocated to community-based organizations for treatment and recovery support services of drug court participants. Since the state cannot fully rely on Federal Funds to fund these services, the DDRAC suggests the state redirect a portion of the \$160 million needed for additional capacity to evidence-based treatment and recovery support services in the community to serve drug court participants and other offenders.

**Overview of  
Future  
Initiatives in  
Drug  
Demand  
Reduction**

*Develop a Strong Workforce*

The professional workforce plays a critical role in reducing drug demand and it includes frontline workers throughout the state’s service delivery system, particularly those in education, criminal justice, and health and human services. Research shows that Motivational Interviewing (MI) is one of the most effective interventions for a range of substance use problems. For the 2008-09 biennium, DDRAC agencies will develop and implement a certificate program for Motivational Interviewing in order to enhance the skills of counselors, criminal justice personnel, and other healthcare workers to better engage the substance abusing client into treatment and recovery systems.

*Match People to Appropriate and Effective Services*

The state must ensure that a range of options are available so that resources are spent on appropriate services. Effective screening and placement systems ensure people receive the services most appropriate to meet their needs. Proper placement improves outcomes and efficiently utilizes limited resources; therefore, for the 2008-09 biennium, DDRAC agencies will develop standardized protocols for screening and placement.

*Invest in Results Through Data Sharing*

Effective and meaningful collaboration is essential in order to reduce duplication of efforts and increase efficiencies. To achieve this, DDRAC agencies must develop an easy mechanism to share data across agencies. For the 2008-09 biennium, DDRAC agencies will identify data sharing needs and protocols to assist each agency in achieving its specific mission and to coordinate state resources more effectively.