

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

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

---

**SAVING TEXAS FAMILIES -  
HELPING TEXAS GROW**

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

**TEXAS DRUG DEMAND REDUCTION ADVISORY COMMITTEE  
REPORT TO STATE LEADERSHIP**

**January 2007**

---

# Table of Contents

<b>Executive Summary .....</b>	<b>1</b>
<b>Substance Abuse In Texas .....</b>	<b>7</b>
<b>Texas Drug Demand Reduction Comprehensive Strategy .....</b>	<b>11</b>
<b>DDRAC Legislative Recommendations .....</b>	<b>17</b>
1. Invest in Results by Implementing Evidence Based Services .....	17
2. Intervene Early by Addressing Issues Associated with Underage Drinking .....	22
3. Breaking the Cycle of Addiction and Crime .....	24
<b>Future Initiatives in Drug Demand Reduction .....</b>	<b>29</b>
1. Develop a Strong Workforce .....	29
2. Match People to Appropriate and Effective Services .....	30
3. Invest in Results Through Data Sharing .....	31

## Appendices

<b>Appendix 1. DDRAC Membership .....</b>	<b>33</b>
<b>Appendix 2. DDRAC Agency Programs and Expenditures .....</b>	<b>35</b>

# 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 (78<sup>th</sup> 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 non-violent 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.





# SUBSTANCE ABUSE IN TEXAS

**T**exas is the second largest state in the nation both by size and population, with over 23 million people in a geographical area of 261,797 square miles. As a result, the state presents two important demographic factors relevant to substance abuse. First, the population is increasing rapidly; from 1990 to 2006, it increased by 38 percent. Second, Texas population consists of a larger proportion of youth (28 percent) than the national average (25 percent). While Texas shares some similarities with other states regarding consumption and consequences of alcohol, drugs and tobacco, its large size, geographical position, and ethnic diversity create unique challenges that need to be considered.

## Alcohol

Texas' Strategic Prevention Framework Epidemiology Workgroup (TEW) completed an analysis of substance use and related consequences in Texas that showed alcohol as the substance with the highest rates of consumption. Unlike other drugs, the prevalence of alcohol continues during the life cycle, and it is of particular concern for youth. According to the 2003-2004 National Survey of Drug Use and Health (NSDUH), approximately 47 percent of the Texas youth, 12 and older, consumed alcohol during the past month, and according to the 2006 Texas School Survey, approximately 66 percent of secondary school students reported having ever consumed alcohol in their lifetime.

Furthermore, alcohol prevalence rates increase with age. For example, the 18 to 25 year age group has the highest alcohol prevalence rates of any age category, and 55 percent were current drinkers. In addition, the rates of heavy drinking are very high among college students. The national *Monitoring the Future Survey* (Johnston et. al, 2006) reported that of the 1,400 full-time two and four-year college students surveyed in 2005, 40 percent reported consuming five or more drinks on a single occasion at least once in the previous two weeks as opposed to the same age non-college peers (34 percent) and high school seniors (28 percent).

### Tobacco

Tobacco is the second most widely used substance. Approximately 15 percent of Texas secondary school students reported smoking tobacco during the past month. Similar to the trend identified for alcohol, the percent of tobacco users peaks among young adults, and then decreases as the population grows older. According to Texas Behavioral Risk Factor Surveillance System, the adult population who smokes tobacco has remained fairly stable at approximately 20 to 22 percent.

### Illicit Drugs

Marijuana is the most commonly used illicit substance. Approximately 26 percent of Texas secondary school students reported having ever smoked marijuana in their lifetime. Similar to the pattern identified for alcohol, the percent of drug consumers increases during early adulthood (18 to 25 years old). According to the NSDUH, 13 percent of the 18 to 25 year age group were current users of marijuana. Among the 26 and older age group, the prevalence rate of current use drops to 3 percent.

Texas has higher prevalence rates of powder and crack cocaine than other states. According to the 2006 Texas School Survey, 2.9 percent of secondary students in Texas reported using cocaine during the previous month. In a national comparison, Texas was classified among the states with the highest prevalence rate. The use of cocaine among young adults (18 to 25 years old) is also high. About 6 percent of this population reported using the substance during the past year. The Texas School Survey detected a significant difference in consumption patterns between Hispanic youth near the Texas-Mexico border vs. non-border Hispanic youth. Border youth had higher rates of consumption of cocaine. The difference in cocaine use between border and non-border students was greater in the upper grades.

“A substance that is emerging as a problem in both rural and urban communities is methamphetamine. The proportion of admitted clients to treatment programs that state methamphetamine is their primary drug of choice has increased from 5 percent of all admissions in 2000 to 14 percent in 2005. (The primary drug reported at admission serves as an indicator of the changes in consumption among the population of the state.) Unlike the other drug categories, more than

one-half (54 percent) of these clients entering treatment were women (Maxwell, Drug Trends in Texas Report, June 2006).”

## **Consequences of Alcohol, Tobacco and Drugs**

### Motor Vehicle Fatalities

The statistics presented in the 2004 National Highway Traffic Safety Administration’s (NHTSA) State Alcohol Related Fatality Rates revealed that Texas was the state with the largest number of alcohol-related fatalities in the nation. Of the 42,836 motor vehicle fatalities in the United States, 3,699 occurred in Texas. Of these 3,699 motor vehicle fatalities, 46 percent (1,704) were alcohol-related, which is higher than the national average of 39 percent.

### Crime

Another adverse consequence associated with alcohol consumption is violent crime. Drinking alcohol on the part of the victim or a perpetrator can increase the risk of assaults and assault-related injuries. The state’s statistics related to violent offenses show that the violence rate in Texas per 100,000 is higher than the national rate. Violence rate includes aggravated assault, rape, and robbery (Uniformed Crime Report, 2003). Although rates of violence are declining both nationally and in this state, the Texas violence rates are higher than the national average. The counties with the highest number of reported violent offenses in 2003 were: Harris, Dallas, Bexar, Tarrant, El Paso, Travis, Hidalgo, Nueces, and Lubbock.

Property crimes including burglary, larceny and motor vehicle theft are frequently committed to obtain money to purchase drugs. The Texas property crime rate has decreased very little in the past five years. The counties with the highest number of property crime reports were: Harris, Dallas, Bexar, Tarrant, Travis, Hidalgo, and El Paso.

Source: State Epidemiological Profile, Texas Epidemiology Work Group, 2005

### Child Welfare

Furthermore, substance abuse has a huge impact on the child welfare system. “The majority of parents who come into contact with child welfare agencies have problems with substance abuse and nationally, approximately 28.6 million children live in households with at least one parent who is substance dependent” (NCSL, 2006). In Texas, the Department of Family and Protective Services reports

that of those children removed from their home, parental substance abuse was a contributing factor in over 58.6 percent of the cases.

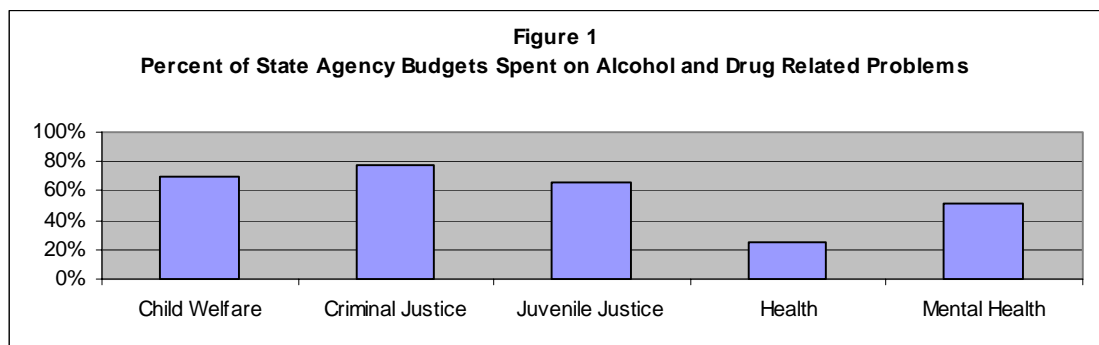
Health

Alcohol misuse is the third leading preventable cause of death in the United States and it has been linked to suicides, chronic liver diseases, and other illnesses. Chronic liver diseases such as cirrhosis are mainly caused by ingesting large quantities of alcohol over many years. The chronic liver disease death rate in Texas is increasing and is more prevalent among the older males. In 2003, 2,300 Texans died from chronic liver disease, and the state’s death rate (10.5 per 100,000) is higher than the national rate of 9.5.

Alcohol misuse is also linked to increased risk for unintentional injuries, diseases of the central nervous system such as stroke and dementia, hypertension, and various cancers. In addition, it is associated with a variety of adverse reproductive health outcomes including unintended pregnancy, sexually transmitted infections, fetal alcohol spectrum disorders including fetal alcohol syndrome, low birth weight, and sudden infant death syndrome.

In 2000, it is estimated that medical care related to alcohol and drug use disorders costs Texans \$791 million. It costs an additional \$593 million to care for infants, children, or surviving adults with fetal alcohol syndrome (FAS), perinatal drug exposure, and intravenous drug use related AIDS, hepatitis, and tuberculosis.

“The public health, criminal justice and child welfare systems budgets are inflated by individuals with substance dependence and the problems they cause” (NCSL, 2006). Figure 1 provides a national average on the financial impact of substance abuse on state system’s budgets.



Source: “Blueprint for the States” (Join Together, 2006)

# TEXAS DRUG DEMAND REDUCTION COMPREHENSIVE STRATEGY

To effectively address substance abuse issues in Texas, the state must use its existing resources in an effective comprehensive strategy.

Symbiotic relationships between prevention, treatment and enforcement are essential to success. To achieve this, the Texas Drug Demand Reduction Strategy is organized around nine strategic objectives. Taken individually, these objectives can guide practice at the state and local levels. As a group, they serve as guiding principles for developing statewide policy and legislative recommendations for accomplishing a comprehensive approach to reducing drug demand. The nine objectives are as follows:

1. Build partnerships - Effective and meaningful collaboration is essential to reduce fragmentation and duplication of efforts, increase efficiencies, and improve outcomes.
2. Invest for results - Current research-based information can help agencies determine which services to purchase and lay the foundation for performance-based contracting, i.e., shift the focus from how many people receive services to how many benefit from services.
3. Strengthen the legal framework and social environment - Apply research findings to practice and address inconsistencies and overlap in laws, regulations, and policies at the state level and create a foundation of guidelines for use at the local level.
4. Expand and strengthen community coalitions - Collaboration at the local level is best achieved through dynamic grassroots organizations that bring together stakeholders across communities.
5. Intervene early - Prevention, early intervention with adolescents and families, and early treatment are key to long-term demand reduction with

particular attention to those at-risk due to poverty, abuse, and criminal activity.

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. Over reliance on particular services such as residential treatment reduces capacity.
7. Break the cycle of addiction and crime - The authority of the justice system can leverage treatment to reduce addiction and crime.
8. Develop a strong workforce - Identify workforce strategies to equip professionals with the knowledge and tools to participate in drug demand reduction.
9. Confront discrimination - This strategy brings together the work of the recovery community with the work of state agencies to make recovery more visible to counter discriminatory attitudes and practices, which impede progress in reaching goals such as housing and employment.

## **Drug Demand Reduction Progress for the 2006-07 Biennium**

### House Bill 164

In the 2006-07 biennium, Texas made significant progress in the area of enforcement. For example, the 79<sup>th</sup> Session of the Texas Legislature passed HB 164, which restricted the availability of raw materials found in over-the-counter medications such as cold remedies and diet pills required to complete the manufacturing process for methamphetamine (commonly referred to as “meth”). Prior to this legislation, “meth” cooks purchased large quantities of these medications and crushed the tablets to extract the ephedrine used in the manufacturing process. This process reduced cooking time periods to about one eighth of the older Phenyl-2-Propanol (P2P) process, which significantly reduced the odors associated with the cooking process and also allowed the use of more compact equipment that was easier to hide and transport. This meant that the risk of law enforcement detection associated with this illegal enterprise was greatly reduced. The number of “meth” labs and, consequently, the amount of

meth available for abuse increased rapidly in the late 1990s and early 2000s because of this faster, easier, and more mobile method.

Therefore, HB 164 was passed to disrupt this new manufacturing process. HB 164 required business establishments and pharmacies to take reasonable measures to limit access to and restrict the sale of the over-the-counter products containing ephedrine, pseudoephedrine and norpseudoephedrine. This bill requires products to be placed behind counters or in locked cases. No more than 2 packages or 6 grams of ephedrine, pseudoephedrine and nor pseudoephedrine can be sold per transaction. Additionally, purchasers are required to be at least 16 years of age, produce proper identification, and sign for the purchase.

The Texas Department of Public Safety (DPS) statistical analysis of methamphetamine lab seizure information over a 26-month period, found a significant reduction (50 to 73 percent) in the number of methamphetamine labs being seized in the year after the Bill went into effect as opposed to the year before its effective date (See Figure 2). Therefore, HB 164 appears to have been successful in achieving its goal of reducing the number of “meth” labs within the state. Of the few labs still being seized in Texas, the DPS Narcotic Field Captains assert that the “meth” cooks are circumventing the restrictions in purchasing these products by using multiple purchasers.

<b>Figure 2: Methamphetamine Lab Seizure Data</b>			
<b>Pre-HB 164 Effective Date:</b>		<b>Post HB 164 Effective Date:</b>	
Data Source	Number of Seizures	Data Source	Number of Seizures
DPS	326	DPS	117
Task Force	252	Task Force	122
El Paso Intelligence Center	279	El Paso Intelligence Center	76

Source: Department of Public Safety



### Senate Bill 55

Another DDRAC success has been achieved through coordinated efforts between prevention and law enforcement. The tobacco initiative is a comprehensive, multi-layered approach that provides training, technical assistance, and enforcement at state, regional, and local levels. The Department of State Health Services (DSHS) and the Comptroller of Public Accounts collaborate in supporting tobacco prevention and control efforts through multiple programs and strategies. For example, DSHS funds a tobacco prevention specialist in each of the 11 health and human services regions. These prevention resource centers provide merchant education, community education, and local media campaigns to prevent the sale of tobacco to minors. The Comptroller's office provides grants and training to local law enforcement agencies to enforce the youth access tobacco statute and also provides funding to DSHS to administer the Minor in Possession Tobacco classes for youth who violate the tobacco access statute.

The DSHS, the Comptroller's office, and other stakeholders have developed strong partnerships to build capacity and mobilize communities to prevent youth tobacco access. As a result, Texas has made great strides in reducing a minor's access to tobacco products as indicated by the state's lowest ever tobacco retailer violation rate. The state began to monitor tobacco retailer sales violation rates in 1997 when the Texas Legislature passed Senate Bill 55. At that time, the violation rate was approximately 25 percent, and in 2006, it decreased to 7.2 percent, which is well under the 20 percent target required by the federal government.

### Senate Bill 6

Senate Bill 6, passed during the 79th legislative session, instructed the department to develop a Drug Endangered Child (DEC) Initiative. Child Protective Services (CPS) has worked collaboratively with law enforcement, prosecutors, doctors and mental health professionals through the Texas Alliance for Drug Endangered Children to develop a Memorandum of Understanding, protocols/guidelines for investigations, and provide multi-disciplinary trainings. In fiscal year 2006, over 4,800 people were trained on the dangers to children living in a drug-endangered environment. The trainings provided information on how to form drug endangered child teams which would allow for better joint investigations, better

meet the needs of children living in these situations and develop more effective prosecution.

CPS has been working collaboratively with DSHS, Office of Court Administration, the Court Improvement Project and Texas CASA to develop more effective ways to serve families involved with CPS who have substance abuse issues. This work has been coordinated by a technical assistance grant from the National Center on Substance Abuse and Child Welfare. CPS is working to better integrate and coordinate child welfare, substance abuse and the judiciary by developing protocols, guidelines, training and communication strategies for clients involved in the child welfare system. It is anticipated that this program will help increase the number of family drug treatment courts, reduce the number of children who enter the foster care system, reduce the time children of addicted parents are in out-of-home placement, increase positive permanency plans for children in the child welfare system and reduce the likelihood that mothers will give birth to any other children exposed or addicted to drugs.

Child Protective Services is in the process of hiring Substance Abuse Specialists, one for each region across the state. The Substance Abuse Specialists will provide training to CPS staff and substance abuse treatment providers, serve as a liaison between CPS and the substance abuse treatment community in their area and serve as consultants for CPS staff working with substance abusing parents.



# DDRAC LEGISLATIVE RECOMMENDATIONS

## Invest in Results by Implementing Evidenced- Based Services

Effective legislation can have dramatic results that will reduce both drug demand and cost for the state. For example, California enacted drug treatment legislation, the Substance Abuse and Crime Prevention Act (commonly referred to as Prop 36), that resulted in a greater decrease in the number of individuals incarcerated for drug possession and drug charges than any other large state prison system. According to the evaluation prepared by the University of California at Los Angeles (UCLA), the Substance Abuse and Crime Prevention Act diverted more than 140,000 non-violent drug possession offenders from incarceration to treatment in its first four years. California dedicated \$120 million annually for five years to fund treatment services and as a result, experienced a savings of approximately \$1.5 billion including \$173 million above the treatment appropriation within the first year (Justice Policy Institute, 2006).

The key for California's success was the statewide deployment of evidence-based treatment strategies such as drug courts and the use of client placement criteria. For that reason, the DDRAC believes that Texas must use proven, evidence-based approaches in as many settings and locations as possible to generate a significant impact on drug demand in Texas. However, such a systemic and substantive change will require legislative attention and action. Therefore, the following legislative recommendations are proposed based on their proven effectiveness.

**Recommendation 1:** To achieve optimal outcomes, expand systemic use of evidence-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 will provide the greatest return on investment. With limited funds available, every dollar must achieve the greatest possible impact. Unfortunately, many community organizations have yet to implement evidence-based approaches for intervention and treatment. According

to the Substance Abuse and Mental Health Services Administration, promoting the use of these practices is critical in order to provide clients with the best treatments available and to improve treatment outcomes. Therefore, the state should direct local service providers funded with state dollars to provide evidence-based services including client placement criteria and create incentives for county funded systems to do the same.

Precedent for such a recommendation was established when the 78th Texas Legislature passed House Bill 2292 that directed state funding to be allocated for evidence-based services at the local levels. Consistent with the DDRAC strategic objectives, House Bill 2292 defined evidence-based services as:

1. matching to the needs of the individual in type, duration, and intensity;
2. focusing on a process of recovery designed to allow the individual to progress through levels of service;
3. guiding by evidence-based protocols and a strength-based paradigm of service; and

**Recommendation 2:** 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.

Misuse of alcohol and drugs places a substantial burden on the Texas healthcare system. A 2001 study found that states spent 25 percent of their healthcare budgets on the consequences of alcohol and drug use. Alcohol and drugs are linked to increased risk for unintentional injuries, cardiovascular disease, stroke, cancer, HIV/AIDS and other sexually transmitted infections, and a variety of adverse pregnancy outcomes. They also mask symptoms, confound diagnosis, complicate medical treatment, and cause dangerous drug interactions.

In comparison to moderate and non-drinkers, individuals with a history of heavy drinking have higher healthcare costs, and research suggests that a disproportionate number of people with substance use problems present for medical care. In primary care settings, 10 to 25 percent of patients screen positive for alcohol misuse, and data suggests that 25 to 40 percent of all patients in general hospital beds are being treated for complications of alcohol-related problems.

Problem drinkers have twice as many injury events per year and four times as many hospitalizations for injury per year than moderate drinkers and non-drinkers. Alcohol and drug use is directly or indirectly responsible for one-third of all emergency room visits. Half of all trauma cases screen positive for one or more intoxicants, as do 70 percent of patients with severe injuries requiring inpatient trauma care. Emergency room patients with alcohol or drug problems are 81 percent more likely to be hospitalized during an emergency room visit, and almost half return to the emergency room within 12 months (Gentilello, 1999).

Substance use during pregnancy is associated with many complications of pregnancy and delivery such as preterm labor and delivery, pregnancy induced hypertension, placental abruption, intrauterine growth restriction and stillbirth delivery. It also contributes to adverse infant outcomes such as low birth weight, neonatal withdrawal, congenital anomalies, fetal alcohol syndrome, increased incidence of Sudden Infant Death Syndrome, and perinatal mortality. A cost study from Washington State found that the average Medicaid costs for an infant's medical care during the first two years of life was 1.4 times greater for mothers with an untreated substance use disorder.

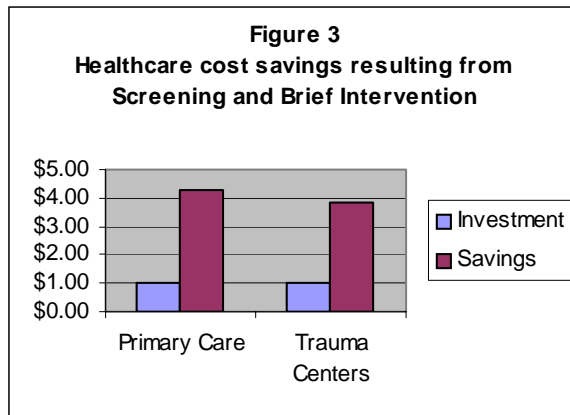
The Substance Abuse Mental Health Services Administration estimates that Fetal Alcohol Spectrum Disorder (FASD) occurs in 10 of every 1,000 births. Surveillance data from the Center for Disease Control indicates that in Texas this translates to 3,350 of 335,669 live births in 2002. Nationally, the 1998 estimated lifetime cost for the care of a child born with FASD ranged from \$860,000 to 4.2 million. Using these figures, children born with FASD in 2002 could cost the state between \$2.8 and \$14 billion dollars.

Screening and brief intervention (SBI) for substance use problems is a widely recommended best practice that leads to reductions in alcohol and drug related health outcomes, including mortality. Leading medical groups that recommend SBI include the American Medical Association, the American College of Emergency Physicians, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the Veterans Health Administration, and the United States Preventive Services Task Force. SBI is also endorsed by federal agencies responsible for public health and safety. In addition, the American College of Surgeons announced that beginning in 2007 all

Level I and II Trauma Centers will be required to perform alcohol screening and brief intervention to maintain certification. Level III Trauma Centers will be required to provide screening and referral services.

Research shows that SBI leads to significant reductions in healthcare utilization and costs (See Figure 3).

- Every \$1 spent on screening and brief intervention in primary care settings results in \$4.30 in healthcare savings and \$39 in reduced motor vehicle accidents over four years.
- Every \$1 spent on screening and brief intervention in trauma settings results in \$3.81 in healthcare savings.
- A cost analysis of 853 Texas SBIRT patients revealed a significant reduction in the utilization of emergency and inpatient services, resulting in a cost offset of more than \$4 million for the Harris County Hospital District in the year following intervention, excluding physicians services.
- The implementation of SBI could have potentially helped Medicaid realize savings in ER charges of over \$346 million over a five-year period (FY 2000-2004).



Despite decades of research demonstrating that SBI decreases alcohol and drug use and associated healthcare costs, few health care practitioners actually incorporate these services in their practice. Reasons cited for this often include lack of reimbursement. In 2006, U.S. Centers for Medicare and Medicaid Services announced the addition of two HCPCS codes, one for alcohol and drug screening and the other for brief intervention.

The State of Texas should evaluate the financial impact of providing reimbursement under the new health care service procedures coding system (HCPCS) codes in emergency, primary care, and women's health settings in which the long-term cost offset is likely to be substantial.

**Recommendation 3:** Revise the State's Uniform Individual Accident and Sickness Policy Provision Law (UPPL) to remove the exclusion clause for medical expense policies.

The Uniform Individual Accident and Sickness Policy Provision Law (UPPL) allows insurance companies to exclude medical coverage for injuries if patients are under the influence of alcohol or unprescribed drugs, creating a major barrier to screening and intervention. In 2001, the National Association of Insurance Commissioners unanimously revised the UPPL to prevent this exclusion clause in medical expense policies; however, Texas law has not been updated to reflect these new standards.

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. The Texas UPPL exclusion will undermine these new standards because positive screens have a substantial financial impact on hospitals, healthcare providers, and patients, including individuals who safely and legally use alcohol.

Alcohol and drugs place a substantial burden on hospital emergency departments. Approximately one in three emergency room patients screen positive for one or more intoxicants, as do 70 percent of patients with severe injuries requiring admission to trauma care. Emergency room patients with alcohol or drug problems are 81 percent more likely to be hospitalized during an emergency room visit, and almost half return to the emergency room within 12 months.

Research has consistently found that screening and brief intervention reduce alcohol use and related consequences, including injuries, DWIs, and motor vehicle accidents. In the emergency room, these services decreased future emergency room visits and hospitalization of alcohol abusing patients by nearly 50 percent over three years with every dollar invested in screening and brief intervention returning almost \$4 in lowered healthcare expenditures. Brief



intervention lowers health care costs in over 90% of all patients offered the service, representing a significant savings for healthcare providers, insurers, and employers.

Despite the clear benefits, most physicians do not currently provide screening and brief intervention, and they cite potential insurance denial as the primary factor. While the current UPPL exclusion has long been a strong disincentive for emergency centers to screen for alcohol and other drugs, it now jeopardizes the certification for trauma centers implementing new mandates to provide screening and brief intervention. Between 35 and 60 percent of trauma center charges are already written off as bad debt. A single injury claim can easily cost more than \$100,000, and even a small number of denials can have a significant impact on a provider's financial condition.

Therefore, the DDRAC recommends that the legislature revise the Uniform Individual Accident and Sickness Policy Provision Law to remove the exclusion clause for medical expense policies. Repeal of the exclusion provision would bring state law in line with current national model legislation, eliminate conflict with current standards for trauma centers, promote effective screening and intervention for alcohol-related problems, and save lives and dollars.

## **Intervene Early by Addressing Issues Associated with Underage Drinking**

In Texas, 28 percent of the population is under 18 years of age compared to 25 percent in the United States. Furthermore, approximately 53 percent of Texas' youth initiate the use of alcohol by the age 13 with the highest prevalence rate among those ages 18 to 25, typically the age of college students.

### **Findings**

- According to research at the University of Maryland, 17.5 percent of the \$128.6 billion spent on alcohol is attributable to underage drinking.
- According to the National Institute on Alcohol Abuse and Alcoholism and the Institute of Medicine Report (2004), consequences for youth associated with alcohol include 1,700 student deaths and 500,000 unintentional injuries.
- Research findings indicate that college students drink more than their non-college peers (Journal of American College Health).

- Twenty-five percent of college students report academic consequences related to alcohol, 2.1 million drive under the influence, and 31 percent meet the criteria for alcohol abuse.
- Qualitative research of over 3,000 college and high school athletes reported that campus policies and state laws in Texas were not being enforced or adjudicated on campus or in the community. (Hill, Texas Sport Coalition Evaluation –2002).
- The Texas Core Alcohol and Drug Survey (2003) indicates that underage and high-risk alcohol use continues to contribute to academic, social, and health-related problems on Texas campuses and in their surrounding communities.

**Recommendation 4:** Require state funded colleges and universities to implement Parent Notification Programs for minor students who receive alcohol and drug disciplinary violations.

In 1999, the U.S. Congress amended the federal Family Educational Rights and Privacy Act to allow colleges and universities to notify parents of a disciplinary violation that included alcohol and/or drugs for those students under the age of 21. Accordingly, Texas A&M University (1999) implemented one of the first “Parental Notification Programs” (PNP), which resulted in a significant decline in alcohol violations. The program was predicated on the belief that college students are not autonomous from their parents and parental involvement is paramount to a student’s successful college experience. A survey of the program revealed that approximately one-third of the students did not notify their parents of their alcohol violation and that parents were generally very supportive of the parental notification practices. Furthermore, Texas A&M reports “since instituting the parental notification program, the University has seen only nine repeat offenders out of 45,000.” Texas A&M attributes the low recidivism to this program.

Building on the successes of the Texas A&M PNP, the DDRAC recommends that the state expand the use of parental notification programs for students under the age of 21 and mandate institutions of higher education to implement a PNP. Since underage college drinkers in Texas are at the greatest risk for negative consequences, the DDRAC believes that it is imperative that parents be

informed of such violations so they may take the necessary action to help their children reach their potential.

**Recommendation 5:** Require students who receive alcohol/drug violations on the college campus be screened and to participate in brief intervention as part of its disciplinary action.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2002) and 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 a school counselor or a community provider as part of its disciplinary action.

Recommendations four and five will help improve student outcomes. A study conducted by George Mason University (2006) found that approximately 27 percent of college freshmen that did not return to school after their first year due to problems with alcohol or other drugs. In Texas, approximately 52,000 freshmen students enroll in 4-year public institutions of higher education and approximately 26 percent (13,500) do not return after their first year. Based on this study, 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 each year.

\*Figures based on average tuition funding formula in January 2005 Legislative Budget Board Staff Performance Report.

## **Breaking the Cycle of Addiction and Crime**

Texas leads the nation in the number of alcohol-related traffic fatalities each year necessitating a proactive stance to prevent DWI behaviors and other drug-related crimes. The Drug Demand Reduction Advisory Committee (DDRAC) reviewed the latest research related to alcohol and drug use and alcohol-related traffic fatalities, and it is recommending several proven and effective strategies to address DWI and other drug demand behaviors.

## Findings

- Research conducted by the Texas Epidemiology Workgroup (TEW) revealed that alcohol has the highest prevalence rates of any substance used across all major ethnic/racial groups.
- According to the NHTSA, in 2004 there were 1,704 people killed in alcohol-related crashes in Texas. Of those killed, 289 were under age 21.
- Texas exceeds the national average in alcohol-related fatalities, and underage intoxicated drivers are over-represented in the state's average for alcohol-related traffic fatalities.
- 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 Texas \$1.6 billion.
- Each year, over 3,000 DWI offenders and over 15,000 non-violent low level drug offenders are newly incarcerated in Texas prisons with an annual cost of approximately \$119 million. This figure does not include those incarcerated in a Substance Abuse Felony Punishment facility.

### **Recommendation 6:** Authorize the use of sobriety checkpoints as an optional tool for law enforcement.

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. Sobriety checkpoints help to remove impaired drivers from roads and highways and have been recognized by NHTSA as a key component of an effective impaired driving enforcement program. Sobriety checkpoints not only detect drivers impaired by alcohol and/or other drugs but also create general deterrence by raising the public's perception of the chances of being arrested for DWI. According to NHTSA, highly publicized checkpoints increase public and media visibility, establishing a greater perception of risk associated with DWI activity.

According to NHTSA, on average an impaired driver will drive over the legal limit 88 times before being caught and arrested. The Center for Disease Control studied sobriety checkpoints and found it reduces alcohol-related crashes and fatalities by 20 percent. Since alcohol-related traffic fatalities cost the state approximately \$1.6 billion, sobriety checkpoints could result in tremendous future cost savings.

In addition, forty states and the District of Columbia have initiated use of checkpoints since the Supreme Court (1990 Michigan Department of State Police v. Sitz) upheld the use of checkpoints on the grounds that preventing alcohol-related crashes and deaths outweighs the intrusion on drivers who are stopped. Concerns associated with sobriety checkpoints and individual civil liberties can be alleviated through the use of approved protocols and proper training.

**Recommendation 7:** 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 non-violent drug offenders. This requirement is contingent upon receipt of state or federal funds for this purpose.

Drug courts use the power of the court to engage nonviolent drug offenders in appropriate treatment as an alternative to traditional criminal justice processing. Drug courts follow strategies known as the "Ten Key Components," which were originally published by the U.S. Department of Justice and are now codified in the Texas Health and Safety Code, Chapter 469 (HB1287, 77<sup>th</sup> Legislature). Drug court participants receive a coordinated program of treatment and rehabilitation supervised by the judge and managed by a team of criminal justice and treatment professionals.

Research, both nationally and in Texas, supports the drug court model as an effective strategy to reduce drug demand in its target population. Researchers have found that "drug courts outperform virtually all other strategies that have

been attempted for drug-involved offenders” (Marlowe, DeMatteo, & Festinger, 2003). As a result, the drug court model has expanded to other types of substance-abusing criminal justice populations, including misdemeanor and felony DWI offenders. Similar to drug offenders in a drug court, DWI court participants must submit to a coordinated program involving substance abuse treatment, court supervision, drug testing, as well as license suspension, ignition interlock system, and other accountability measures. However, DWI courts are not used for intoxication assault or intoxication manslaughter cases.

In 2001, the Texas Legislature passed legislation requiring counties with a population of 550,000 and above (Harris, Dallas, Tarrant, Travis, El Paso, Hidalgo) to start a drug court program and appropriated \$750,000 per year to support drug courts. All mandated counties have complied, and many additional counties have started programs. As of January 2007, there are 63 active drug courts serving 42 Texas counties. To continue support for this effective strategy and to continue expanding the number of courts and services, a more substantial, permanent funding stream must be established. Therefore, the DDRAC recommends that the state create a permanent funding stream for drug courts and DWI courts by requiring a \$50 court fee to be charged to DWI and drug offense convictions. The state could generate approximately \$4,454,000 annually in General Revenue for this purpose.

Expanding drug/DWI courts would produce a significant cost saving for Texas. The State of New York, based on Center for Court Innovation study, estimates that the state saved approximately \$254 million in incarceration costs by diverting 18,000 non-violent drug offenders into treatment. Nationally, drug courts report retention rates between 67 and 71 percent (American University). “This represents a six-fold increase in treatment retention over most previous efforts” (Marlowe, DeMatteo, & Festinger, 2003). Studies of the Dallas DIVERT Drug Court have also shown a 47 percent reduction in recidivism rates for that particular court.

In addition to judicial and case management resources, to be successful, the drug court model requires that sufficient community based treatment and recovery support services are made available. Since Texas received the *Access to Recovery* (ATR) grant (\$7.6 million per year for 3 years) from the federal

Center for Substance Abuse Treatment, the state has funded treatment and recovery support services for drug court participants, individuals on probation and parents involved with Child Protective Services in the following counties: Bexar, Brooks, Collin, Dallas, El Paso, Ft. Bend, Grayson, Harris, Jim Wells, Lubbock, Tarrant and Travis. The types of recovery support services provided by the grant have included childcare, transportation, recovery coaching, life skills groups, support groups, and transitional housing. Through October 2006, 5,825 clients have received ATR services. The combination of treatment and recovery support has provided an effective continuum of care for ATR clients. Early indicators for clients participating in the ATR program are encouraging:

- Approximately 95 percent have remained abstinent
- Approximately 55 percent are employed
- Approximately 93 percent have NOT been rearrested
- Approximately 99 percent are NOT homeless

In Texas, DDRAC estimates that approximately 3,000 DWI offenders and 15,000 low-level, non-violent drug offenders are newly incarcerated each year, and 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** (\$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.

# FUTURE INITIATIVES IN DRUG DEMAND REDUCTION

**D**rug demand reduction involves a multitude of government agencies, private organizations, and individuals. Effective and meaningful collaboration is essential to reduce fragmentation and duplication of efforts, increase efficiencies, and improve outcomes. The successful work of the DDRAC demonstrates a potential for reducing the consequences of substance abuse through state agency collaboration. Member agencies have reached a consensus on mission, philosophy, goals, and strategic objectives for reducing drug demand. The challenge lies in fully implementing the vision. DDRAC member agencies must remain committed to exploring innovative approaches to collaborate on joint projects, integrate services where appropriate to maximize resources, and create a seamless statewide strategy for reducing drug demand. Therefore, during the 2008-09 biennium, the DDRAC will task several subcommittees to implement specific tasks targeted toward interagency collaboration within several strategic objectives. The DDRAC member agencies will report its progress to the legislature during the 81<sup>st</sup> Legislative Session.

## **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. These workers must be trained in proven techniques such as Motivational Interviewing to successfully engage persons in need of substance abuse intervention and treatment. Such training is paramount to successful statewide deployment of evidence-based practices across various state and local agencies.

Incorporating motivational interviewing in substance abuse counselor training in higher education courses and developing a certification program for human service professionals, criminal justice personnel and others will lead to a strong, appropriately trained workforce. Fortunately, Texas has an in-depth training infrastructure and many avenues in which it can make this possible. For example, the state partners with many stakeholders such as the Center for the Application of Prevention Technology and the Addiction Technology Transfer



Center. These centers of learning, along with the DSHS Substance Abuse Information Center, provide valuable information to members of the public, agency staff, treatment providers and interested stakeholders.

In addition, an important resource is the DSHS sponsored statewide training and technical assistance initiative, which provides in-depth training to professionals and the provision of curricula and implementation materials. These trainings are dispersed throughout the state, which reduces travel costs and increases accessibility to a broad range of human service and criminal justice professionals.

For the 2008-09 biennium, DDRAC agencies will collaborate in the development and implementation of certificate program for Motivational Interviewing (MI) 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. The DDRAC will convene a panel of experts in MI competencies to gain consensus on how to promulgate working with universities in establishing a training curriculum. The training will then be dispersed through many of the resources listed previously as well as others. In addition, DDRAC agencies will also develop incentives for its workforce to seek training by offering continuing education credits and contracting.

### **Match People to Appropriate and Effective Services**

The state must ensure that a range of service options is available so that resources are spent on appropriate services. A comprehensive array of services must be combined with effective screening and placement systems 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.

Placement matching protocols have undergone much development over the past decade and the literature demonstrates that treatment programs taking into consideration demographic factors, addiction severity, treatment history, and intra- and interpersonal factors tend to demonstrate treatment success (Gastfriend, Lu, & Sharon, 2000). The rationale is that placement criteria will lead to effective placement of clients into appropriate care, leading to improved treatment and cost efficiencies (CSAT TIP 13, 1995).

In 2004, DSHS developed Client Placement Guidelines (CPGs) to indicate client low, moderate, or high severity based on the clinical assessment used by all state-funded treatment providers. The CPGs were then retrospectively applied to 29,299 client assessments conducted in 2003 and results indicated 42 percent low, 47 percent moderate and 11 percent high client severity. Actual placement of these clients into residential or outpatient treatment settings suggested that 20 percent were placed in a higher level and 4 percent in a lower level of care than needed. Initial analyses of the implementation of the Client Placement Guidelines and an assessment entity into the state's treatment delivery system has improved the placement of clients into more appropriate treatment service levels, with more high severity clients placed in residential services and more low severity clients placed in outpatient services. More importantly, the placement criteria have not appeared to affect individual client outcomes such as abstinence and employment at follow up, with outcomes remaining the same or showing improvement after the changes.

As funding levels are unlikely to meet the actual need for substance abuse treatment services, resources will have to be used more efficiently and effectively by placing clients into the most appropriate level of care. Since all systems experience resource constraints, DDRAC will develop a menu of standardized screening tools and placement protocols to ensure an efficient use of resources and to increase treatment capacity and retention.

## **Invest in Results Through Data Sharing**

As mentioned previously, effective and meaningful collaboration is essential in order to reduce duplication of efforts and increase efficiencies. To achieve this, Texas needs a more comprehensive picture of drug-related problems and drug demand reduction activities. In other words, DDRAC agencies must develop an efficient mechanism to share data across agencies. The state has begun this effort for mental health services with the assistance of a \$15 million federal grant, referred to as the Texas Mental Health Transformation Workgroup. This project is intended to transform the state's mental health system by building a solid foundation for delivering evidence-based mental health and related services by fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span. The Governor has designated an interagency Transformation Working Group (TWG) that includes many of the DDRAC member agencies.

Studies of the current system indicate that there is no clear baseline against which to measure the impact of the Texas drug demand reduction efforts. Since each agency may have unique systems for collecting, storing, and reporting data, measures, and definitions, these data and measures are often times not comparable. Since the inception of DDRAC, member agencies have initiated discussions on ways to establish a systematic process to share existing information on an ongoing basis. The next step is to address barriers and deficiencies to data sharing by which DDRAC agencies can formulate a more complete picture for decision-making and performance measurement.

# Appendix 1

## DDRAC Membership

Statute mandates that 16 agencies participate in this effort, as well as five at-large members from different geographical areas within the state. The Commissioner of the Department of State Health Services (DSHS) appoints the at-large members. Participating state agencies include:

- Office of the Governor, Criminal Justice Division
- Texas Health and Human Services Commission (HHSC)
- Department of State Health Services (DSHS)
- Department of Family and Protective Services (DFPS)
- Department of Assistive and Rehabilitative Services (DARS)
- Department of Aging and Disability Services (DADS)
- Texas Department of Public Safety (DPS)
- Texas Alcoholic Beverage Commission (TABC)
- Texas Department of Criminal Justice (TDCJ)
- Texas Education Agency (TEA)
- Texas Juvenile Probation Commission (TJPC)
- Texas Youth Commission (TYC)
- Texas Workforce Commission (TWC)
- Texas Department of Transportation (TxDOT)
- Texas Comptroller of Public Accounts
- Adjutant General's Department

### Members At-Large:

Ms. Gloria Hart-Jackson, Mesquite  
Ms. Mary Hill, Canyon Lake  
Honorable Camille DeBose, Uvalde  
Dr. Marianne Marcus, Houston  
Dr. Gustova Martinez, El Paso



# Appendix 2

## DDRAC Agency Programs and Expenditures

The tobacco and alcohol industries dedicate billions of dollars annually to promote their products. In 2003, the tobacco industry spent \$966.5 million in Texas, while the alcohol industry spent \$1.42 billion nationally on advertising in 2000. The following appendix provides summaries of DDRAC member agency programs that provide services in prevention, treatment, and enforcement as well as information on funds dedicated to these programs. The programs and expenditures are divided into three categories: prevention, treatment, and enforcement. Each program provides valuable services to community members, but it is the continuum of services provided across different agencies that strengthens our capacity to reduce drug demand in Texas.

### Prevention Program Expenditures

Prevention	FY 2005 Expenditures			FY 2006 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
TJPC		550,760			775,000	
DSHS	11,387,827	51,682,346		12,051,051	55,768,217	
DFPS	2,400			2,900		
TABC	750,000	250,000	22,500	878,584	250,000	22,500
TEA		27,997,681			27,894,433	
Governor's Office Criminal Justice Div.	1,307,382	12,122,132		2,630,482	12,377,373	
DADS	75,095	112,642		64,519	96,779	
TxDOT	155,039	450,642		170,000	935,441	
TX Adjutant General		636,972			955,047	
<b>Totals</b>	<b>13,677,743</b>	<b>93,803,175</b>	<b>22,500</b>	<b>15,797,536</b>	<b>99,052,290</b>	<b>22,500</b>

### Prevention Program Summaries

**Adult Drinker Public Information and Education (PI&E) Campaign.** TxDOT used funds to implement an Adult Drinker PI&E campaign. The grant funded the design and production of printed media, on-premises materials and billboard vinyls promoting the “Drink. Drive. Go to Jail” holiday campaign. The campaign was aimed to reduce driving while intoxicated during the holiday season between Thanksgiving and New Years. The Impaired Driving Mobilization Campaign included TV and radio PSAs, billboards, pump toppers, press conferences conducted statewide, and public information and education in support of the campaign. Texas coordinated with and participated in the National Impaired Driving Mobilization.

**Alcohol Seller Training.** TABC's seller training section has established initiatives throughout the state to encourage retailers to require their employees attend TABC-approved seller training classes. The training is intended to reduce the possibility that employees will sell alcohol to underage or intoxicated persons. The seller training division has also implemented a standardized test for all seller-training schools to improve the quality of the content of the classes and ensure consistency across the state.

**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. One hundred and five community coalitions are specifically funded to prevent substance abuse. There are countless others that address risk and protective factors related to substance abuse.

**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. Budget constraints, however, are reducing the amount of prevention education available in schools. The 2004 Texas School Survey results show a drop in the number of students in Grades 7-12 reporting that they receive prevention information from 87% in 1990 to 61% in 2002 to 59.5% in 2004.

**Delinquency Prevention Programs.** In addition to these drug-specific prevention programs, other state agencies fund programs that target problems such as delinquency, child abuse or school dropout. Although substance abuse is not the primary focus, these programs address many of the same risk and protective factors. Examples include:

- The Office of the Governor, Criminal Justice Division (CJD) funds hundreds of local delinquency prevention programs through a partnership with regional Councils of Governments. An example of a statewide delinquency prevention program is Amachi Texas, a one-to-one mentoring program administered by Big Brothers Big Sisters that matches children of incarcerated parents with caring volunteers in partnership with faith-based and community organizations throughout Texas.
- Programs funded by the Texas Department of Family and Protective Services' Division of Prevention and Early Intervention, such as their community youth development services in zip code areas with a high incidence of juvenile crime.
- The Communities in Schools program, located at the Texas Education Agency, focuses primarily on dropout prevention, and offers services, which integrate nicely with the goals and strategies of substance abuse prevention programs.
- 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.

**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.

**Education Service Centers.** The Texas Department of State Health Services (DSHS), as part of its school health program, partially funds a position located at each of the 20 regional Texas Education Agency's (TEA) Education Service Centers (ESC) to provide training and technical assistance on an array of health issues to include mental health. The regional ESCs provide an opportunity for DSHS to achieve the state's strategies developed at the Second National Policy Academy on Co-occurring Substance Abuse and Mental Disorders by providing a venue to offer education and training to school personnel.

**El Protector.** Several local communities are funded to implement the El Protector program through their local police department. The officers selected to be the "El Protector" work with Hispanic youth to educate them on traffic safety issues, establish role models for young people, and establish improved communications through presentations, special events, media events and dissemination of education materials. The projects concentrate on eliminating the use of alcohol by Hispanic youth and underage drinking and driving.

**Meth Watch.** In September of 2006, the Office of the Governor awarded \$180,000 to the Texas Department of State Health Service (DSHS) to support *Meth Watch*, a cooperative effort between retailers, law enforcement, the agricultural community, and other community and school leaders to prevent the production of illegal drugs from legitimate commercial products. The project, which was launched nationally by the Consumer Healthcare Products Association, was initiated in Texas in 2004 through a grant from the Office of the Governor to the East Texas Council of Governments. DSHS will continue to support *Meth Watch* in East Texas, and will expand it into the northern, northeastern, and panhandle regions of Texas. This project will implement a train-the-trainer program to educate community leaders on effective meth public awareness and prevention strategies that include educational information distributed at schools, neighborhood watch meetings, and public service announcements.

**Operation Weed and Seed.** Funded by the U.S Department of Justice, 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 a 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.

**Partnership for a Drug-Free Texas.** This DSHS 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.



**Prevention Resource Centers.** Each of the state's eleven Health and Human Services regions has a Prevention Resource Center (PRC) funded by DSHS Community Mental Health and Substance Abuse Services to connect local communities with prevention resources. The influence of the PRCs has been strengthened through the enhancement of services to assess regional needs, coordinate training services for prevention providers, provision of services to limit minors' access to tobacco and 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.

**Project Celebration Mini-Grants.** TxDOT provided grants to approximately 600 high schools annually to assist in sponsoring alcohol free events around prom and graduation time.

**Project ASPECT Community-Based Treatment Program.** Project ASPECT is a community-based treatment program providing training and technical assistance to departments in the implementation of Cognitive Problem-Solving Skills Training to juvenile offenders who are at-risk of abusing drugs or are in need of substance abuse treatment. The project will offer prevention and treatment options that enhance services currently being provided by local juvenile probation departments.

**Project SAVE.** Project SAVE, "Stop Alcohol Violations Early," serves as one of the cornerstones of TABC education programs. This program provides alcohol prevention education with four separate, multi-lesson curriculums for grades four through nine, and includes programs for parents, civic groups, alcoholic beverage retailers and local law enforcement. In 2005, TABC enforcement agents made educational presentations to 203,959 school children, 13,957 college students, 11,784 police officers, 19,530 members of civic and parent groups, and 21,274 Texas retailers and their employees.

**Red Ribbon Campaign.** DSHS Community Mental Health and Substance Abuse Services 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 participate with their own local activities.

**Regional Partnership Program.** DSHS, Chronic Disease Prevention provides ten local tobacco control coordinators throughout the state. The Chronic Disease Prevention Unit 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. The Chronic Disease Prevention Unit also provides technical assistance to community organizations, schools, worksites, health professions and law enforcement agencies on tobacco use prevention.

**Safe Prom/Safe Graduation.** In this program, TABC agents and local law enforcement officers visit high schools to promote the concept of alcohol-free proms and graduation parties to students and their parents. The agents provide alternative activities to drunken bashes, explain the consequences of underage drinking and warn students of the increased enforcement efforts planned for the party season. TABC agents and local police officers coordinate with managers of local hotels/motels where events are scheduled to prevent or respond to violations.

**Shattered Dreams.** Shattered Dreams is a two-day educational event for high school students that feature a dramatic re-creation of a fatal alcohol-related crash involving an underage drunk driver—from the moment of impact to the victim’s “funeral.” This docudrama graphically illustrates the dangers of underage drinking and driving. In 2005-2006, the TABC received federal funding from the Texas Department of Transportation for a grant to support Shattered Dreams (\$30,287). TABC awarded mini-grants to approximately 45 participating high schools that completed the program.

**Southwest Center for the Application of Prevention Technologies (CAPT).** Southwest CAPT funded resource supports the development and expansion of the prevention infrastructure in Texas. The SWCAPT provides a Texas liaison that delivers training and support for application of science-based prevention programs, practices, policies, and principles at regional, state and local levels. The SWCAPT provides the Substance Abuse Prevention Specialist Training (SAPST) that prepares the prevention workforce for professional prevention certification.

**Special Events.** TABC often assists local law enforcement in crowd control and alcohol enforcement at special events, such as rodeos, Mardi Gras, and Spring Break. In 2005, agents spent approximately 22,000 hours during these events conducting random inspections, minor stings and other operations to prevent the possession and consumption of alcoholic beverages by minors. Last year, the TABC received \$129,065 from the Office of the Governor’s Criminal Justice Division for costs associated with enforcement and educational efforts related to Spring Break.

**Special Needs Diversionary Program for Mentally Ill Offenders.** The Special Needs Diversionary Program is designed to prevent the removal of juveniles with mental health needs from home and further involvement with the juvenile justice system. The basic programmatic structure includes a specialized juvenile probation officer teamed with a licensed mental health practitioner carrying a caseload of 12 to 15 youth who are identified as meeting the DSHS standard for mental health Priority Population diagnosis, involved with the juvenile justice system and at risk of removal from the home environment. Many of these youth have dual diagnoses involving substance abuse.

**State Schools.** DADS provides substance abuse prevention, treatment, and enforcement services for consumers. These consumers are residents of our State Schools. The majority of these services are provided through the Corpus Christi, Mexia, and San Angelo State Schools. In Fiscal Years 2005-06, the State Schools provided assessment, training, and education services. DADS has increased community partnerships by assisting consumers that reside in state schools to attend and participate in community support groups, and receive education and training from other agencies. Corpus Christi State School provides new Cadet training for the Corpus Christi Police Department on mental illness, substance abuse, and mental retardation.

**Statewide Prevention Training Initiative.** This DSHS Community Mental Health and Substance Abuse Services-funded initiative disseminates evidence-based programs that enhance 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.

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

**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 influence of illegal substances and detrimental influences; and supports local drug prevention organizations with materials, equipment and personnel. The Guard also co-houses personnel with the Community Mental Health and Substance Division of DSHS to facilitate collaboration and integration of services.

**Texas State Incentive Program.** This federally supported program provides prevention services through two state incentive grants. Currently, 26 community coalitions have brought together important sectors of the community to identify prevention gaps in targeted communities and are providing evidence-based programs to meet the local need. Upcoming strategies will implement the strategic prevention framework to continue the collaborative partnership between the state and local community coalitions to sustain effective local efforts to prevent substance abuse with a special emphasis on underage drinking. The program provides training and technical assistance for these community coalitions and is providing a linkage for all Texas coalitions through a website, [www.coalitionstexas.org](http://www.coalitionstexas.org), that links local coalitions and provides resources for planning and implementation.

**The Texas Transportation Institute (TTI) Statewide Impaired Driving Working Group.** This group was created through a TXDOT grant as the next step to the Texas Alcohol Self Assessment. The working group consists of representatives from appropriate state agencies as well as statewide organization with direct ties to the DWI issue. Using the Texas Alcohol Self Assessment, the Working Group identified and prioritized the specific challenges related to decreasing alcohol related crashes, fatalities and injuries. Subgroups worked to develop solutions for these challenges.

**The Travis County Comprehensive Underage Drinking Prevention Project.** This TxDOT grant funded project offered education and peer-to-peer interaction to reduce underage alcohol consumption in the Austin-Travis County area. Presentations on zero tolerance and other state alcohol laws, legal consequences for minors in possession of alcohol, and the dangers of driving while intoxicated were conducted in schools in Travis, Hays, and Williamson Counties.

**“Worth It?”** This campaign is a public education campaign aimed at educating teens about the Texas Tobacco Law and its consequences. The “Worth It?” campaign at [www.worthit.org](http://www.worthit.org) is one of three tobacco prevention efforts in Texas, which include the “Tobacco is Foul” youth prevention campaign at [www.ducktexas.com](http://www.ducktexas.com) and the “Quit Tobacco” cessation campaign for adults.

**The Youth Alcohol Project.** This project was the TxDOT public information and education project to develop radio public service announcements, zero tolerance posters and print ads. Public information and educational materials were also developed and distributed.

**Youth Leadership Power Camp.** The Youth Leadership Power Camp teaches students in the 7<sup>th</sup> to 12<sup>th</sup> grades how to develop effective skills and strategies essential to building sustainable broad-based coalitions in their communities to fight underage drinking. Topics have included binge drinking, crisis

intervention, media relations and community action, consequences of underage drinking, and the zero-tolerance law. TABC agents and staff provide information on agency education and prevention programs. In July 2005, more than 600 student leaders and adults attended.

**Youth Power Camps.** Through a partnership between TABC and MADD (Mothers Against Drunk Driving), Power Camps are held at various sites across the state each summer and provide leadership and team building skills training to high school students who are interested in underage drinking and DWI prevention issues. The objective of these camps is to prepare young people for leadership roles in community prevention efforts and to give them the skills needed to help build sustainable broad-based coalitions in their communities. TABC and MADD sponsored 2 camps in 2003 and 2 camps in 2004.

### Treatment Program Expenditures

Treatment	FY 2005 Expenditures			FY 2006 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
TJPC		551,023				
TDCJ	41,600,000		7,250,000	46,700,000		4,050,000
TYC	1,203,744	513,887	522,303	1,283,983	554,877	541,400
DSHS	11,659,486	77,257,392		11,244,136	91,921,404	
HHSC	1,203,744	1,064,910			6,870,673	
DFPS	1,886,704	659,666		3,866,306	731,116	
Governor's Office Criminal Justice Div.	788,029	4,219,353		960,652	7,734,399	
DARS		874,227				
DADS	4,859	7,288		6,724	10,086	
<b>Totals</b>	<b>58,346,566</b>	<b>85,147,746</b>	<b>7,772,303</b>	<b>64,061,801</b>	<b>107,822,555</b>	<b>4,591,400</b>

### Treatment Program Descriptions

**The Children's Health Insurance Program (CHIP).** CHIP is designed for families who earn too much money to qualify for Medicaid, yet cannot afford to buy private insurance for their children. CHIP coverage provides eligible children with coverage for a full range of health services including regular checkups, immunizations, prescription drugs, lab tests, X-rays, hospital visits and substance abuse.

**Colonias.** This is an interagency partnership of HHS agencies, the Texas A&M University Colonias Program, Texas Workforce Commission, local workforce development boards, the Texas Education Agency, and educational service centers. The HHSC Office of Border Affairs continues to facilitate this coordinated outreach effort to enhance the conditions that support good health and self-sufficiency in the Colonias along the Texas-Mexico border, as well as better access to state-funded programs. Colonias Initiative Regional Interagency Workgroups actively guide and direct the development of Coordinated

**Interagency Service Plans.** These workgroups are coordinated by Border Affairs staff in El Paso, Del Rio\Eagle Pass, Laredo, and the Rio Grande Valley. Additionally, each region includes HHS promotoras, community health workers that are contracted through the Texas A&M Colonias Program.

**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 treatment providers to be licensed in order to receive state funding. The state currently has 830 public and private chemical dependency treatment facilities, and 74 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. In 2004, only 34 of the state's 547 hospitals have special units to treat chemical dependency, a total of 520 beds, down from 538 in 2003. Faith-based organizations with a registered exemption can provide treatment without a license, and 175 organizations hold such an exemption. The balance of treatment is provided by private practitioners.

**Community Resource Coordination Groups (CRCG).** CRCG is a county-level collaborative interagency service planning team that serves individuals who require interagency coordination. Utilizing primarily local service dollars, CRCGs have been in place for children and youth statewide since 1996 and are available for adults in approximately 60% of the state. The data indicates that the majority of the persons served through the local CRCG are in need of behavioral health services.

**Drug Courts. Proliferation and New Research.** In 2005 and 2006, Texas drug courts continued their growth trend, both in quantity and diversity. As of January 2007, there are 63 drug courts serving 42 Texas counties. Of that number, 43 courts serve adults; 17 courts serve juveniles; and 5 courts serve families who are involved with Child Protective Services or court-ordered child support cases. The state appropriation for drug court grants (\$750,000) has remained static since its inception in 2002; however, the Office of the Governor, Criminal Justice Division has supplemented these grants with discretionary federal funding for the past four fiscal years.

In 2006, Dr. Teresa May-Williams of Southern Methodist University completed an outcome study of Dallas County's two re-entry drug courts. Judge John Creuzot's court admits special needs and regular Substance Abuse Felony Punishment Facilities (SAFPF) clients who are ordered to SAFPF by the judge. Judge Robert Francis' court admits regular SAFPF clients who are randomly selected from a pool of participants ordered to SAFPF by all of the Dallas County felony courts. These populations are considered high risk; over 20% have 15 or more prior offenses. The study tracked participants for 3 years and found that Judge Creuzot's Re-Entry Drug Court reduced recidivism by 27% and Judge Francis' Re-Entry Drug Court reduced recidivism by 41%.

**The Family Violence Program.** This program contracts with community and faith-based organizations to provide crisis intervention, including shelter, and other support services to adult victims of family violence and their dependents. The program contracts with 72 shelters, 8 nonresidential centers, and 19 special nonresidential projects and has administrative oversight for the 99 family violence providers throughout the state.



**Medicaid.** This program is the State and Federal cooperative venture that provides medical coverage to eligible needy persons. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children. HHSC is responsible for statewide oversight of the Texas Medicaid Program. Medicaid serves primarily low-income families, children, related caretakers of dependent children, pregnant women, elderly and people with disabilities. Women and children account for the largest percentage of the Medicaid population. Medicaid coverage includes substance abuse detoxification services for adults and substance abuse outpatient services for youth. Title XIX of the Social Security Act is the legal basis for the Medicaid program.

**NorthSTAR.** The NorthSTAR Program is a publicly funded managed care approach to the delivery of mental health and chemical dependency services to the eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall and Kaufman counties. NorthSTAR was initially implemented by the legacy agencies of the Texas Department of Mental Health and Mental Retardation and the Texas Commission on Alcohol and Drug Abuse in 1999, and is now under the direction of the Texas Department of State Health Services. The pooled purchasing approach of NorthSTAR transformed separately funded and disparate systems of care with different eligibility requirements into one system of care. It provides a comprehensive mental health/substance abuse benefit package for all eligible individuals, and access to benefits is determined by clinical need, not funding source.

**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 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 6-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. The state has over 700 offender education programs located throughout the state. In 2004, over 350,000 individuals completed one of these programs, up from 100,000 in 2002.

**Parole System.** TDCJ 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 that 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.

**Prison System.** TDCJ operates several treatment programs within the prison system. In-Prison Therapeutic Communities target inmates with serious substance abuse problems who are within 6 to 9 months of release. Offenders complete a six-month in-prison intensive treatment program followed by a three-month residential treatment program in the community and nine to twelve 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 seven months.

**Probation System.** 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 (SAFP) serve offenders under community supervision with substance abuse problems who have been required to participate in the program as a condition of probation or parole. They provide six months of intensive treatment in a secure facility followed by three months of residential treatment and up to twelve months of outpatient services in the community and nine months for offenders with special needs.
- Substance Abuse Treatment Facilities and Court Residential Treatment Centers offer up 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 DSHS.
- The Governor's Criminal Justice Division (CJD) administers federal Residential Substance Abuse Treatment (RSAT) grants to Community Supervision and Corrections Departments (adult probation departments) and to the Texas Youth Commission to fund inpatient treatment programs for adult and juvenile offenders.

**Project ASPECT Community-Based Treatment Program.** Project ASPECT is a community-based treatment program providing training and technical assistance to departments in the implementation of Cognitive Problem-Solving Skills Training to juvenile offenders who are at-risk of abusing drugs or are in need of substance abuse treatment. The project will offer prevention and treatment options that enhance services currently being provided by local juvenile probation departments.

**Project ASPECT Residential Treatment Program.** This program provides residential substance abuse treatment, on a reimbursement basis, for juvenile probation departments who apply for reimbursement of residential substance abuse treatment costs for youth who are unable to effectively participate in the Project ASPECT Community-Based Program. To be eligible for payment for the placement of a juvenile under this grant, the placement shall be in a DSHS licensed substance abuse treatment facility; the youth shall be on probation and placed in the treatment facility under order of the juvenile court.

**State Schools.** The DADS provides substance abuse prevention, treatment, and enforcement services for the consumers we directly serve. The majority of these services are provided through the Corpus Christi, Mexia, and San Angelo State Schools that provide treatment services.

**TYC Chemical Dependency (CD).** CD Specialists are located in parole district offices in metropolitan areas of the state, including Houston, Dallas, and San Antonio where the majority of youth transition. CD Specialists serve as a liaison, working together with Case Managers in TYC institutions to locate non-pay or sliding scale services as well as CD aftercare providers. For youth who successfully complete Chemical Dependency Programs, six months of TYC-funded aftercare services are available to further reduce youth's risk for chemical relapse and criminal re-offending. For youth who have been released from institutions, chemical dependency specialists provide CD education. Finally, TYC also works with community-based agencies to assist in providing prevention services to family members of youth who are being released to the community.

**Youth Prison.** TYC provides for the care, custody, rehabilitation, and reestablishment in society of Texas' most chronically delinquent and serious juvenile offenders. Texas judges commit these youth to TYC for mostly felony-level offenses committed when they were at least age 10 and less than age 17. TYC can maintain jurisdiction over these offenders until their 21st birthdays. TYC operates a system of 13 secure institutions and nine residential halfway house programs. For certain chemically dependent youth, TYC offers specialized chemical dependency treatment. This program admits those youth with a diagnosis of chemical dependency who are also determined to be at high risk for a violent re-offense. Program components include chemical dependency education, group and individual counseling, and a comprehensive program of rehabilitation. Voluntary AA meetings are also conducted at many facilities.

### Enforcement Program Expenditures

Enforcement	FY 2005 Expenditures			FY 2006 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
Comptroller Governor's Office	2,069,304			2,241,083		
Criminal Justice Div.		26,364,453		129,065	14,692,922	
DPS	26,465,591	4,206,024		30,323,023	1,543,363	
DSHS	67,042	1,418,202		67,042	1,371,355	
TxDOT		8,555,023			10,921,559	
TABC	7,900,000			10,100,000		
DADS	1,312	1,968		1,310	1,957	
<b>Totals</b>	<b>36,503,249</b>	<b>40,545,670</b>	<b>0</b>	<b>42,861,523</b>	<b>28,531,156</b>	<b>0</b>



## Enforcement Program Summaries

**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.

### **Border Security Initiative to Combat Violent Crime and Drug Trafficking.**

During fiscal years 2005 and 2006, the Office of the Governor, Criminal Justice Division (CJD) awarded over \$20 million to counties along the Texas-Mexico border, the Texas Border Sheriff's Coalition, and the Texas Department of Public Safety to support Operation Linebacker. Through this funding, extra local law enforcement patrols were placed within the 16 border-area counties. Local, state, and federal officials coordinate activities to maximize enforcement and reduce violent crime and drug trafficking. Funding has paid for new law enforcement personnel, overtime for existing personnel, surveillance equipment, specialized vehicles for use in the rugged terrain, and operational costs like fuel and vehicle maintenance.

**Comptroller's Tobacco Compliance Grant Program.** This program makes grant dollars available to local law enforcement agencies, including Police Departments, Sheriff's, Constables, and School-based Police Departments to enforce the states tobacco laws concerning minors access to tobacco. For each year of the 2006/2007 biennium, the program was appropriated \$2,000,000 of general revenue. The program promotes education and enforcement of the laws concerning youth access to tobacco with tobacco retailers and minors.

**Controlled Substances Registration Program.** This program registers all people or institutions that manufacture, distribute, analyze, or dispense controlled substances in Texas to limit the diversion of controlled substances and illegal drug trafficking.

**Cops In Shops/COPS.** TABC enforcement agents, with the cooperation of licensees and their employees, pose as customers or employees of an establishment and apprehend underage buyers as they attempt to purchase alcoholic beverages. Cops In Shops targets establishments where alcoholic beverages are sold for off-premise consumption only. COPS targets establishments where alcoholic beverages are sold for on-premise consumption. Both programs were originally funded by grants through the Texas Department of Transportation but are now fully funded by the TABC. Drug Demand Reduction Advisory Committee 63

**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, in the Criminal Law Enforcement Division participates in the state's intelligence and information gathering program and provides investigative follow-up for the interdiction programs. The Narcotics Service participates in interdiction efforts involving commercial package delivery services, passenger bus, rail systems, and airports and partners with the U.S. Border Patrol and the U.S. Customs Service to interdict the flow of drugs through ports of entry. The Narcotics Service primarily targets drug trafficking

organizations and drug traffickers, as well as the illegal diversion of prescription drugs. Key support programs include case support and analysis for narcotic investigations to local, state, and federal law enforcement agencies, maintenance of the Texas Narcotics Information System (TNIS) and the Criminal Law Enforcement Reporting and Information System (CLERIS) as well as training for local and state officers in narcotics enforcement. In addition, the Troopers in the DPS Highway Patrol Division participate in highway interdiction efforts. In fiscal year 2004, the Department of Public Safety made 2,738 narcotics-related arrests with drug seizures valued at \$355,235,035.84. These seizures, an important component of the state's drug seizure activity, are as follows:

Marijuana in Bulk	46,994	Kilograms
Marijuana Plants	313,576	Plants
Cocaine	585	Kilograms
Methamphetamine	72	Kilograms
Heroin	16	Kilograms
Hallucinogens	717,364	Dosage Units
Stimulants	1,746	Dosage Units
Depressants	123,765	Dosage Units
Other Narcotics	465,116	Dosage Units

**Enforcing Underage Drinking Laws Grant Program.** The EUDL block grant provides funding for underage drinking enforcement and prevention efforts. The TABC serves as the designated state administrator for EUDL grant funds. Grants are awarded on a competitive basis to Texas nonprofits, colleges, law enforcement and community coalitions that have submitted proposals for well-planned and potentially successful underage drinking enforcement and prevention initiatives. The TABC grants coordinator monitors program output and outcome measures that allow the grantee and the TABC to determine the effectiveness of funded efforts.

**Incentives for tobacco retailers.** The state designed a Certificate of Recognition for tobacco merchants who do not sell to minors during a controlled buy. They are on heavy card stock, are red, white and blue and require the merchants name and the issuing law enforcement agencies name to be written in. Some merchants choose to display them upon receipt.

**Manager's Awareness Program.** Developed by the Education and Prevention Division, the Manager's Awareness Program provides further skills to retail managers who sell alcoholic beverages. TABC personnel teach the program.

**Mardi Gras and Spring Break Enforcement.** The TABC has always assisted local law enforcement in crowd control and alcohol enforcement at special events such as rodeos, festivals, and other mass gatherings. In recent years, the agency has sought and received grant funding from the Texas Department of Transportation and the Office of the Governor's Criminal Justice Division to increase its presence at events such as Mardi Gras on Galveston Island and at South Padre Island and Port Aransas during Spring Break. In fiscal year 2003, the TABC devoted over 26,231 agent work hours to special events, a fifth of which was spent on the beaches of Galveston, South Padre Island, and Port Aransas.

**Minor Stings.** Under the close supervision of TABC enforcement agents, young people who are obviously underage go into licensed establishments and attempt to buy alcoholic beverages. Clerks and servers who violate the law by completing the transactions are filed on criminally. The licensed entity faces administrative charges that could result in suspension, fine in lieu of suspension or cancellation. Enforcement agents conducted approximately 3,063 minor stings in fiscal year 2003 and found an overall compliance rate of 78 percent, a vast improvement from the 60 percent rate that existed at the time this program began in the early 1990s.

**Municipal Traffic Safety Initiatives.** The Texas Municipal Courts Education Center's (TMCEC) Municipal Traffic Safety Initiatives project, funded by TXDOT, brings traffic safety to the forefront of awareness and implementation of the municipal courts, assists them in embracing the concept of transforming traffic safety into a local priority, and provides training and support materials for municipal judges via presentations, newsletter articles and TMCEC website. The program focused on the magistration of offenses, particularly impaired driving and the new Texas Driver's Responsibility Program. Traffic safety courses were developed and presented at TMCEC regional conferences. An awareness campaign was developed and initiated for city officials so that efforts by municipal courts and state and local traffic safety programs receive adequate local support and recognition.

**Narcotics Regulatory Program.** The Narcotics Regulatory Programs at DPS administer a variety of programs used to regulate licit controlled substances activities such as the prescribing of medication for patients or in research, and the purchase of chemicals and laboratory equipment. The Controlled Substances Registration Section, the Precursor Chemical Section, and the Texas Prescription Program are all part of the regulatory processes the DPS is charged with administering.

**Operation Fake Out.** Operation Fake Out targets underage persons who use fake, borrowed or altered IDs to obtain alcoholic beverages. Operation Fake Out holds underage drinkers responsible for their actions and does so in such a public way that other young people might be deterred from acting in a similar fashion. This program is a cooperative venture involving the alcoholic beverage retailers, the TABC, the Texas Department of Public Safety, U.S. Secret Service and whenever possible, local law enforcement.

**Ports of Entry.** The Ports of Entry Division has been making additional efforts to distribute information on laws concerning personal importation of alcoholic beverages and cigarettes into Texas from Mexico. These laws prohibit the importation of alcoholic beverages by minors or intoxicated persons.

**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 and disseminates it throughout the nation.

**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 chemical used in the illegal manufacture of drugs, primarily methamphetamine and amphetamine.

**Public Safety Enforcement Operations.** The TABC uses education and enforcement programs to encourage the responsible sale of alcoholic beverages to patrons, and to encourage adults who drink, to drink responsibly. The Sales to Intoxicated Persons (SIP) Operation is intended to significantly reduce the number of DWI fatalities, injuries, crashes, arrests and other crimes associated with over consumption of alcoholic beverages. This operations targets high-risk areas to stop licensed locations from selling alcoholic beverages to intoxicated patrons by holding bar owners and bartenders accountable for overselling.

**Sam Houston State University's (SHSU) Criminal Justice Center's (CJC) project, Drug Evaluation and Classification Program.** This TXDOT funded program trained law enforcement officers to determine whether a suspect is under the influence of alcohol and/or other drugs, ensuring that drivers are properly evaluated after alcohol has been eliminated as the impairment source. By measuring physiological vital signs, officers are able to assess and effectively classify physical indicators associated with specific drug categories. The project maintains a network of geographically accessible certified DRE officers.

**Selective Traffic Enforcement Program (STEP).** Communities were offered year long STEP - DWI grants from TXDOT to provide increased DWI enforcement to reduce the number of intoxicated drivers on their streets and the associated alcohol-related crashes. Agencies receiving these grants conducted sustained enforcement for DWI during the grant year. DWI enforcement was also conducted under STEP Comprehensive and some STEP Waves grants. Communities were also offered the opportunity to conduct STEP Impaired Driving Mobilizations (IDMs). These projects conducted coordinated enforcement efforts, including the National Labor Day Mobilization.

**Seller/Server Training.** The TABC encourages retailers to require their employees to be certified by TABC-approved schools. Courses provide information on laws applicable to the sale or service of alcoholic beverages to minors, intoxicated persons or nonmembers of a private club. Instructors teach techniques on how to identify signs of intoxication and how to prevent sales to intoxicated persons. Individuals who successfully complete an approved program are issued certificates. Currently, approximately half the state's retailers require such training as a condition of employment.

**Source Investigations.** Whenever a drunken driving accident results in serious injury or death, TABC enforcement agents conduct an investigation to find out if the driver was served alcoholic beverages at a licensed retailer. If it is possible to prove that a retailer served alcohol to an intoxicated person, administrative action is taken against the retailer. It is TABC policy to move for cancellation of a permit if the sale to the minor or intoxicated person results in death.

**Texas DWI Resource Prosecutor.** The Texas District and County Attorneys Association (TDCAA) housed the Texas DWI Resource Prosecutor through a grant from TXDOT. This project provided a dedicated resource for Texas prosecutors and officers on DWI-related issues. Using regional workshops, this project enabled a resource prosecutor to provide technical assistance and training, to prosecutors and police officers on how to handle DWI related arrests and prosecutions. The training provided a DWI Prosecution & Investigation manual to each attendee to assist them in increasing the successful prosecution of DWI offenders.

**Texas Judicial Resource Liaison.** The Texas Center for the Judiciary (TCJ), Texas Judicial Resource Liaison project was developed to provide judges with the latest information on significant changes to laws relating to impaired driving, license suspension, breath interlock devices and other conditions of probation and sentencing and to increase training, technical assistance and support for Texas judges handling DWI issues. This TXDOT funded project will also provide resources to enable Texas judges to deal with repeat DWI defendants by training them on the specifics of implementing specialized DWI courts that combine treatment with incarceration to reduce recidivism.

**The Texas Municipal Police Association (TMPA).** Improving DWI Processing project funded by TXDOT continued to support program goals of reducing time associated with processing DWI arrests. TMPA moved the reporting system out of the pilot stage and released the system statewide. All Texas law enforcement agencies now have the system available to them. Two training curriculums were developed: (1) a 4-hour DWI Reporting training course to train officers on how to use the system and (2) an 8-hour Train-the-Trainer on how to teach the reporting system to other officers.

**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.

**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.

**Texas Tobacco Prevention Hotline.** The state maintains a Hotline (1-800-345-8647) for complaints concerning enforcement of the tobacco laws. This is a vehicle for citizens to report violations of the minors and tobacco laws. Citizens can call toll-free to report a merchant selling tobacco to a minor, outdoor tobacco advertising within 1,000 feet of a church or school, or a cigarette vending machine that is accessible to minors, etc. This service is available 24 hours per day and is bilingual.

**Tobacco Enforcement.** The Texas Comptroller's office, along with local law enforcement agencies, is responsible for enforcing the tobacco laws in Texas. In addition to a grant program that put \$2,000,000 into the enforcement of the laws concerning minors access to tobacco, the Criminal Investigations Division of the Comptroller's office issues civil citations to all retailers who are found guilty of criminal violations of the tobacco laws. The enforcement efforts of the Comptroller's office and local law enforcement agencies resulted in a compliance rate of retailers refusing to sell tobacco to minors 87.6% of the time in 2005.

**“Under 18 No Tobacco – I Can’t Sell You Can’t Buy”.** This education campaign by the Texas Comptroller’s office is designed to inform tobacco retailers of the laws concerning minors access to tobacco products and the consequences of violating those laws. The red, white and blue packet contains 14 pieces of information including a booklet, posters, a letter from the Comptroller, cash register stickers, and the required state warning signs concerning the sale or purchase of tobacco by minors. Tobacco retailers receive this packet every two years, in the even numbered year, when they renew their tobacco permit. It is also available upon request for education events conducted by local law enforcement agency personnel, prevention resource center personnel and the public.

**Underage Drinking Hotline.** Tips from the public about underage drinking and other alcohol violations have always been an important source of information for TABC Enforcement agents. Since 1994, the TABC has provided a toll-free number, called the “Texas Underage Drinking Hotline” (1-888-THE-TABC) for the public to report alcohol violations. Calls received after business hours are answered timely by an answering service that promptly refers calls to appropriate local authorities for immediate response. The hotline is advertised through posters, cards and the agency’s website.

**Underage Drinking Prevention and Enforcement.** Brazos County continued the Brazos County Underage Drinking Prevention and Enforcement project through a grant from TXDOT. The project goal was to reduce the number of alcohol-related crashes of drivers less than 21 years of age. The project conducted stings at stores, restaurants, and bars that serve alcohol to underage customers, filed administrative and criminal cases on licensed establishments that sold or served minors as well as filed criminal cases on those that made alcohol available to minors.

**The University of Houston Mobile Video Instructor Training.** This TXDOT funded program continued to train law enforcement officers as mobile video instructors so that they can train their fellow officers to effectively use mobile video equipment to gather DWI and other court evidence in order to successfully testify to the videotaped evidence in court.



## DDRAC Agency Funding Summary

Prevention	FY 2005 Expenditures			FY 2006 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
TJPC		550,760			775,000	
DSHS	11,387,827	51,682,346		12,051,051	55,768,217	
DFPS	2,400			2,900		
TABC	750,000	250,000	22,500	878,584	250,000	22,500
TEA Governor's Office Criminal Justice Div.	1,307,382	27,997,681		2,630,482	27,894,433	
DADS	75,095	112,642		64,519	96,779	
TxDOT	155,039	450,642		170,000	935,441	
TX Adjutant General		636,972			955,047	
<b>Totals</b>	<b>13,677,743</b>	<b>93,803,175</b>	<b>22,500</b>	<b>15,797,536</b>	<b>99,052,290</b>	<b>22,500</b>
<b>Treatment</b>						
TJPC		551,023				
TDCJ	41,600,000		7,250,000	46,700,000		4,050,000
TYC	1,203,744	513,887	522,303	1,283,983	554,877	541,400
DSHS	11,659,486	77,257,392		11,244,136	91,921,404	
HHSC	1,203,744	1,064,910			6,870,673	
DFPS	1,886,704	659,666		3,866,306	731,116	
Governor's Office Criminal Justice Div.	788,029	4,219,353		960,652	7,734,399	
DARS		874,227				
DADS	4,859	7,288		6,724	10,086	
<b>Totals</b>	<b>58,346,566</b>	<b>85,147,746</b>	<b>7,772,303</b>	<b>64,061,801</b>	<b>107,822,555</b>	<b>4,591,400</b>
<b>Enforcement</b>						
Comptroller Governor's Office Criminal Justice Div.	2,069,304			2,241,083		
		26,364,453		129,065	14,692,922	
DPS	26,465,591	4,206,024		30,323,023	1,543,363	
DSHS	67,042	1,418,202		67,042	1,371,355	
TxDOT		8,555,023			10,921,559	
TABC	7,900,000			10,100,000		
DADS	1,312	1,968		1,310	1,957	
<b>Totals</b>	<b>36,503,249</b>	<b>40,545,670</b>	<b>0</b>	<b>42,861,523</b>	<b>28,531,156</b>	<b>0</b>
<b>Grand Totals</b>	<b>108,527,558</b>	<b>219,496,591</b>	<b>7,794,803</b>	<b>122,720,860</b>	<b>235,406,001</b>	<b>4,613,900</b>