

**Texas Drug Demand Reduction Advisory Committee**

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*Report to State Leadership*

*January 2009*

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# Texas Drug Demand Advisory Committee's Report to State Leadership

*January 2009*

## Introduction

The 77th Texas Legislature (2001) passed Senate Bill 558 establishing the Drug Demand Reduction Advisory Committee (DDRAC) with a mandate to develop a comprehensive statewide strategy and legislative recommendations to reduce drug demand in Texas. The statute (available in Appendix 1) mandates that 16 state agencies participate in this effort, as well as five at-large members from different geographical areas within the state.

This report fulfills that mandate by including an update on substance abuse in Texas and the associated harms, information on the comprehensive strategy that forms the basis of the DDRAC, an update on progress in the area of drug demand reduction since the 2007 Report, and the 2009 Legislative Recommendations from the Committee. The primary recommendations from the DDRAC in this year's report include:

- Remove the exclusion clause for medical expenses from the Uniform Individual Accident and Sickness Policy Provision Law (UPPL).
- Expand the Texas Prescription Program to allow proactive prevention of prescription drug abuse and inform parents of the problems of adolescent misuse of prescription drugs through a public awareness campaign.
- Passage of a statewide public smoking ban to eliminate smoking in all workplaces and public spaces.
- Mandate comprehensive alcohol and other drug reduction strategies targeting college students.
- Support the recruitment and retention of quality service providers in the field of substance abuse prevention and treatment by increasing funds to support wage adjustments.

A briefing paper on each of these recommendations follows this introduction and detailed information is contained in the body of this report.

## Repeal of UPPL

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

### Rationale:

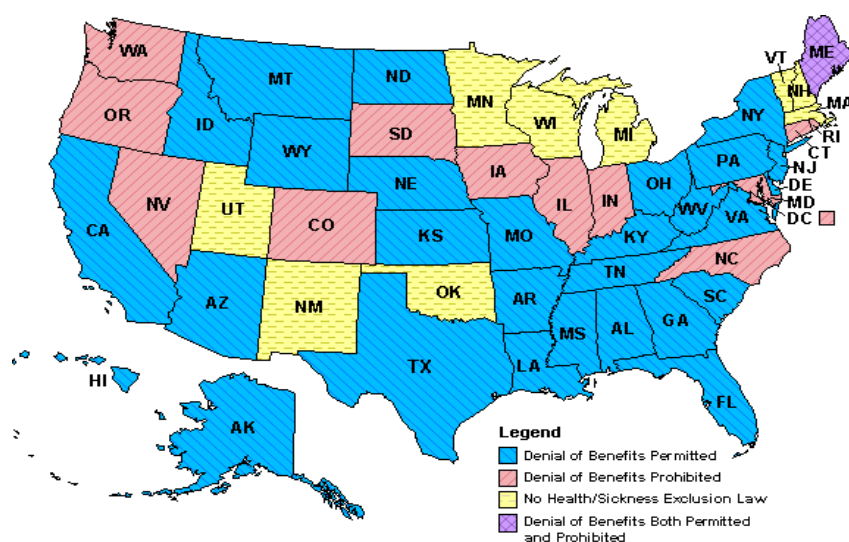
- UPPL allows insurance companies to exclude medical coverage for injuries if patients are under the influence of alcohol or unprescribed drugs.
- The Texas UPPL exclusion has an adverse financial impact on patients, hospitals, and healthcare providers in Texas.
- Financial concerns cause healthcare providers to avoid screening for alcohol and drug abuse, jeopardizing trauma center certification and hindering the identification and treatment of substance abusers.
- Failure to conduct these screenings interferes with the prosecution of injured drunk drivers.

### Texas update:

- HB 634 (Eiland), prohibiting the exclusion of coverage described above, was filed on 1/17/07 and left pending by House Committee on Insurance on 4/17/07.
- Screening and brief intervention for emergency room patients through the Texas InSight Project in the Harris County Hospital District reduced costs to the Hospital District by more than \$4 million.

### Other information:

- In December, Ohio became the most recent state to repeal the UPPL by a vote of 32-0 in their Senate and 93-1 in their House of Representatives.
- California addressed concerns that the repeal would constitute an insurance mandate by clarifying the statutory nature of the UPPL. By only removing the statutory permission, CA insurance companies must now negotiate the exclusion upfront if they choose to do so.
- The map below shows the status of UPPL provisions as of January 1, 2008. (It does not reflect the recent changes in California and Ohio.) *Source: National Institute on Alcohol Abuse and Alcoholism*



## Texas Prescription Program

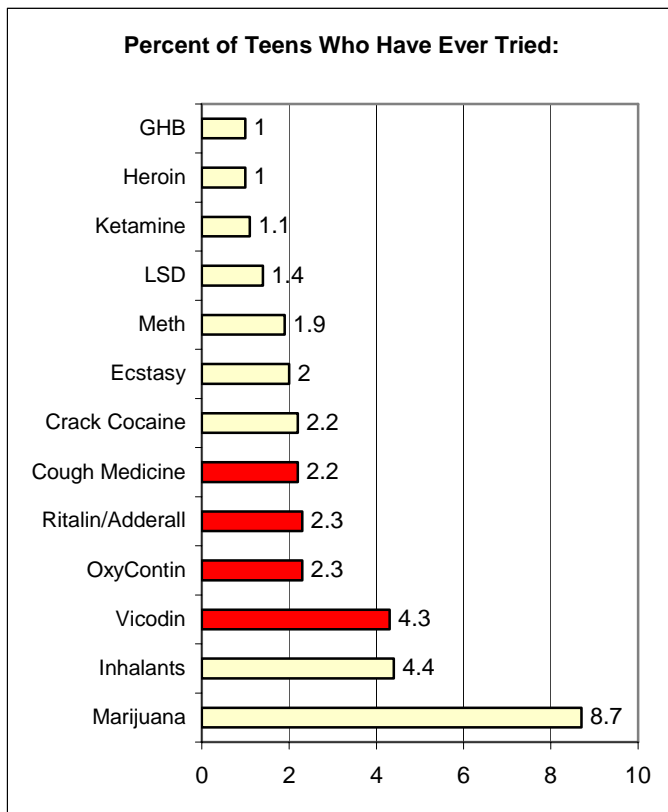
**Recommendation:** Expand the Texas Prescription Program to allow proactive prevention of prescription drug abuse through web-based real-time access to data and automatic email alerts of potential fraud for physicians, pharmacists, and law enforcement. Inform parents of the problems of adolescent misuse of legal drugs through a statewide public awareness campaign.

**Rationale:**

- While illegal drug use among teens is falling, abuse of prescription and over-the-counter drugs is rising with 2.5 million new teen users in 2007.
- “Doctor shopping,” visiting multiple doctors and pharmacies, is the most common drug diversion method used to acquire the drugs.
- The AMA recommends real-time access to prescription monitoring programs as a tool for addressing patient misuse.
- States with proactive Prescription Medication Programs curb per capita supply of prescription pain relievers and stimulants.

**Texas Update:**

- The Texas Prescription Program (TPP), administered by DPS, tracks drugs in Schedules 2-5.



Source: Partnership for a Drug-free America

- TPP collects 3.3 million prescriptions annually.
- Currently, physicians and pharmacists access this information with a written request, which is processed manually.

**Other Information:**

- Several states, including California, Connecticut, and South Carolina have recently launched programs to put their Prescription Monitoring Program online.
- National Conference of State Legislators recommends programs that immediately broadcast alerts of potential fraud to prescribers, pharmacists, and law enforcement.
- The Department of Justice’s (DOJ) Hal Rodgers Prescription Drug Monitoring Program (PDMP) grants funds and assists states as they plan, implement, or enhance a PDMP.

## Public Smoking Ban

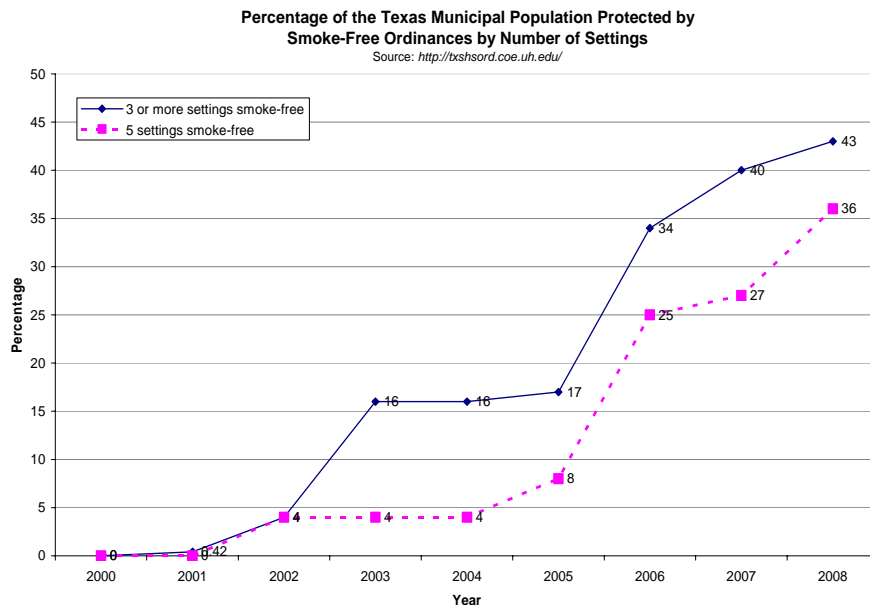
**Recommendation:** Passage of a statewide public smoking ban to eliminate smoking in all workplaces and public places statewide.

### Rationale:

- The Surgeon General's Report in June 2006 made it clear that secondhand smoke is a serious health hazard.
- The Surgeon General's report recommended placing restrictions on smoking in public places as an effective strategy to limit the public's exposure to secondhand smoke.
- 100% smoke free is achieved when no smoking is allowed in five settings -municipal worksites, private sector worksites, restaurants, bars in restaurants, and bars not in restaurants.

### Texas Update:

- By the end of FY 2007, 40% of Texas' municipal population was covered by moderate and 27% of Texas' municipal population was covered by strong smoke-free policies.
- In 2008, 23 ordinances were added to the list.



### Other Information:

- Currently, 24 states have enacted and 14 other states are considering comprehensive smoke-free laws.
- A recent study by the Center for Disease Control shows that since the city of Pueblo, CO instituted a public smoking ban; hospital admissions for heart attacks have decreased from 399 to 237 in the 18 months following the ban enforcement.

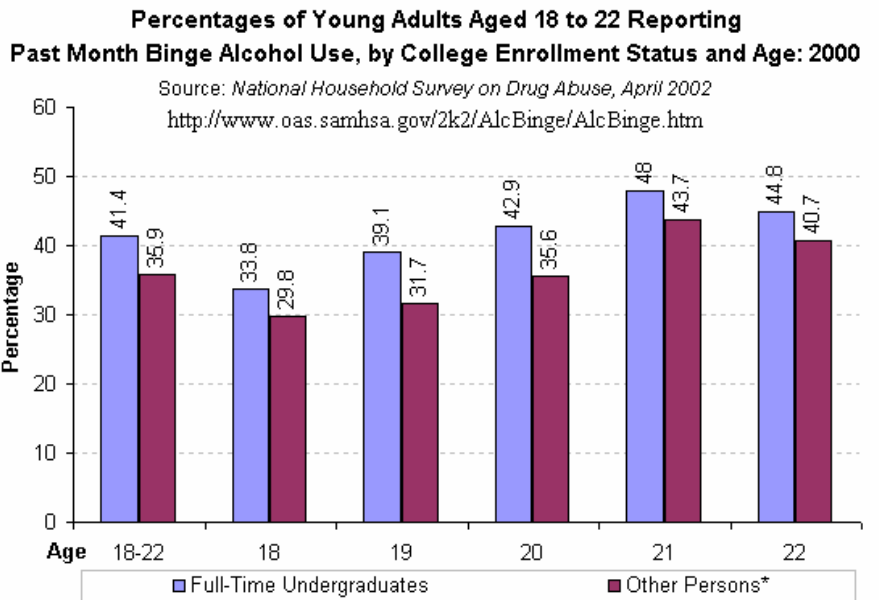
## Higher Education Alcohol and Other Drug Enforcement

**Recommendation:** Mandate comprehensive alcohol and other drug reduction strategies targeting college students that include:

- Enforcing the campus alcohol and other drug (AOD) policy violations through:
  - alcohol screening and brief motivational enhancement interviews,
  - notifying parents of students violators under age 21;
- Appointing campus wide task forces that to address the campus drug problems and solutions for their campus.

**Rationale:**

- Underage binge drinking is greater among college students than non-college students, and 41 percent of college and university students reported risky drinking behavior in 2007.
- The enforcement mandate is based on the documented success of the sanctions from the U.S. Department of Education exemplary and model programs.
- The Board of Regents mandate of all state-funded colleges and universities follows the recommendations of the National Institute on Alcohol Abuse and Alcoholism, U. S. Surgeon General, and Institute of Medicine.
- With the emerging legal climate in our colleges and universities with litigation by the parents, the parental notification of the minor violating the alcohol and other drug policy would document that the parents were notified and limit pending litigation.



**Texas Update:**

- Texas A&M University - College Station developed and implemented the public health parent-notification model program for students under the age of 21 resulting in a significant decline in alcohol violations.

**Other Information:**

- In 1998, Congress amended the Family Education Rights and Privacy Act to allow colleges and universities to inform parents of students under the age of 21 of any violation of its Drug and Alcohol Policy.

*\*Other persons include respondents aged 18 to 22 not enrolled in school, enrolled in college part time, enrolled in other grades either full or part time, or enrolled with no other information available.*

## Recruitment and Retention of Service Professionals

**Recommendation:** Support the recruitment and retention of quality service professionals in the field of substance abuse prevention and treatment by increasing funds to support wage adjustments.

**Rationale:**

- Texas has an urgent need for qualified and well-supported behavioral health professionals across disciplines.
- The reported annual staff turnover for Texas substance abuse programs was 42% and program directors report ongoing difficulty filling their open positions.
- Quality service providers in the field of substance abuse prevention and treatment specializing in criminal justice populations are also decreasing and difficult to recruit.

**Texas update:**

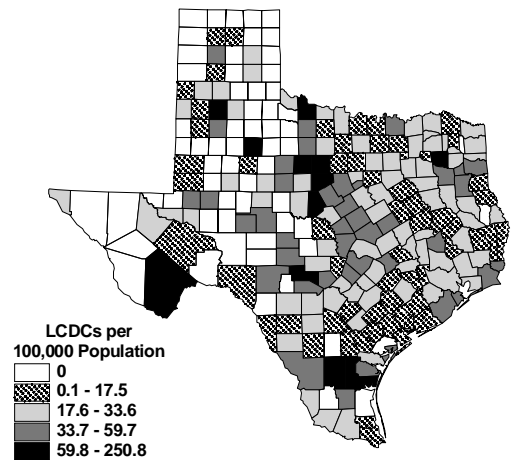
**2008 Licensed Chemical Dependency Counselor (LCDC) Supply Ratios\*, Texas**

Year	Number of LCDs In Texas	Supply Ratios*
2002	4,699	22.3
2003	4,358	20
2004	4,354	19.3
2005	4,186	18.2
2008	6,980	28.9

\* Note: The supply ratios are the number of LCDCs per 100,000 population. Starting in 2008, Licensed Chemical Dependency Counselor Interns were included in the tables. This explains the large increase in the numbers

in 2008. Of the 6,980 Texas total, 4,116 were Licensed Chemical Dependency Counselors and 2,864 were Licensed Chemical Dependency Counselor Interns.

**Licensed Chemical Dependency Counselors (LCDC) per 100,000 Population Texas 2008**



*Source: Health Professions Resource Center, DSHS, January 23, 2009*

**Other information:**

- The average LCDC salary in Texas of \$15.55/hour is lower than the national median.

Percentile	10%	25%	50% (Median)	75%	90%
<b>Hourly</b>	\$11.43	\$13.69	\$17.10	\$21.64	\$26.75
<b>Annual</b>	\$23,780	\$28,480	\$35,580	\$45,010	\$55,650

*Source: U.S. Bureau of Labor Statistics*



## Substance Abuse in Texas

Texas is the second largest state in 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 – between 1990 and 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.

### **Alcohol**

While the most recent downward trends in alcohol abuse in Texas are encouraging, alcohol remains the primary drug of abuse in Texas. Alcohol has the distinction of being the one drug that spans all age brackets, significantly impacting both young and old.

The Department of State Health Services *2008 Texas School Survey* showed a decline in each of the alcohol abuse related indicators. Students reporting that they had consumed alcohol during their lifetime declined from 81 percent in 1990 to 63 percent in 2008. Also, the percentage of students that reported having consumed alcohol in the last month dropped from 31.5 percent in 2006 to 30.4 percent in 2008.

While these trends are encouraging and demonstrate that changes in attitudes and practices among teens are possible, alcohol remains a significant threat to health and well-being of Texas youth. More than 20 percent of Texas teens in 2008 reported binge drinking, defined as consuming five or more drinks at one time within the last month. More troubling still, one in twenty reported that they participated in binge drinking on six or more occasions in the previous month, and national studies indicate that college participation in binge drinking is even higher, with the prevalence of heavy drinking peaking among adults in their early twenties.<sup>1</sup>

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<sup>1</sup> Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2008). *Monitoring the future national survey results on drug use, 1975–2007: Volume II, College students and adults ages 19–45* (NIH Publication No. 08-6418B). Bethesda, MD: National Institute on Drug Abuse.

Though peaking in late adolescence, abuse of alcohol continues to be an issue throughout adulthood. Although adults in Texas are slightly less likely to drink alcohol than the national average, Texans are more likely to participate in binge drinking. They are also more likely to seek treatment for substance abuse related to alcohol than other drugs. Studies suggest that given the current economic realities, binge drinking in Texas may be expected to rise. While casual consumption of alcohol often declines during periods of economic recession, studies have shown that binge drinking and other abusive drinking patterns increase when people experience anxiety about economic conditions.<sup>2</sup> Therefore, strategies to address demand for alcohol should prepare for a potential increases in alcohol abuse among working adults related to the ongoing financial crisis.

A demographic that is often overlooked in discussions and studies related to alcohol abuse is the elderly. Alcohol abuse by seniors is sometimes hidden because of the social isolation, loneliness, and depression that can accompany aging. It is also difficult to determine the prevalence of alcohol abuse among older individuals, because surveys administered in different settings (community-based centers, hospital settings, nursing facilities) can yield very different results. However, as the population in America ages, the absolute number of seniors who drink is expected to rise. We also know that the highest proportions of substance abuse treatment admissions reporting alcohol as their primary substance were among those aged 65 to 69 (76 percent) and aged 70 or older (76 percent).<sup>3</sup> This raises challenges unique to this age group. Aging causes changes in metabolism that increase the effect of alcohol. Seniors are also more likely to have other health problems and to take medications that increase the risk of injury or death due to prescription drug and alcohol interactions.

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<sup>2</sup> Dee, Thomas S. "Alcohol Abuse and Economic Conditions: Evidence from Repeated Cross-sections of Individual-level Data." *Health Economics*. (Vol. 10:257-270, 2001).

<sup>3</sup>U.S. Substance Abuse and Mental Health Services Agency (SAMSHA): Office of Applied Studies, *The DASIS Report: Older Adults in Substance Abuse Treatment, 2005*. Online. Available: <http://oas.samhsa.gov/2k7/older/older.htm>. Accessed: January 15, 2009.

## Tobacco

Twenty-four thousand, five hundred Texans die from smoking cigarettes each year.<sup>4</sup> This is more than the deaths caused by heroin, cocaine, alcohol, car accidents, fire and murder combined.<sup>5</sup> Approximately 13 percent of Texas secondary school students reported smoking tobacco during the past month, down from 15 percent in 2006. 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 Survey*, the adult population who smokes tobacco has dropped to 19.4 percent. Despite these declines, one troubling aspect of tobacco use is the disproportional use among individuals with behavioral illness. Studies indicate that people with mental illness smoke 44 percent of all cigarettes produced in the United States.<sup>6</sup> Another disturbing trend in tobacco use is the increase of smoking among girls. Two possible explanations behind this trend are the lack of prevention materials aimed at reaching girls and aggressive tobacco industry marketing targeting females.<sup>7</sup>

## Illicit Drugs

Like alcohol and tobacco, the *2008 Texas School Survey* reports declining use of all illicit drugs among Texas youth. Marijuana remains the most commonly used illicit substance, with about 25 percent of youths reporting having smoked marijuana in their lives (down from 26 percent in 2006). Also, past-month use of marijuana declined from 11 percent in 2006 to 10 percent in 2008. However, the 2008 prevalence rates were still higher than the lowest rates in 1992 and the national *Monitoring the Future Study (MTF)* notes a softening of youth anti-drug attitudes and beliefs (widely believed to be precursors of behavior) related to perceptions of harmfulness of

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<sup>4</sup> U.S. Center for Disease Control, "State-Specific Smoking-Attributable Mortality and Years of Potential Life Lost --- United States, 2000—2004," *Morbidity and Mortality Weekly Report* (January 23, 2009). Online. Available: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5802a2.htm>. Accessed: January 22, 2009

<sup>5</sup> Texas Department of State Health Services, *Texans and Tobacco: Report to the 81<sup>st</sup> Legislature* (January 2009), p. 1.

<sup>6</sup> Lasser, K. et al, "Smoking and Mental Illness: A Population-based Prevalence Study," *Journal of the American Medical Association*, 284(20), p. 2606-2610.

<sup>7</sup> Associated Press, "More Girls Smoking in U.S., Worldwide" (August 14, 2007). Online. Available: <http://www.foxnews.com/story/0,2933,293095,00.html>. Accessed: January 15, 2009.

marijuana and social disapproval of marijuana use.<sup>8</sup> Similar to the pattern identified for alcohol, the percent of drug consumers increases during early adulthood (18 to 25 years old), and decreases in later years. However, national studies indicate that one in eight 45 year olds have reported using marijuana in the last year and one in 37 currently uses marijuana daily.<sup>9</sup>

Texas has higher prevalence rates of powder and crack cocaine than other states. According to the *2008 Texas School Survey*, a little over two percent of secondary students in Texas reported using cocaine during the previous month. The survey also detected a significant difference in consumption patterns between students near the Texas-Mexico border vs. non-border students, with border youth having higher rates of consumption of cocaine. The difference in cocaine use between border and non-border students was greater in the upper grades.

Increases in methamphetamine indicators have not been as great as was previously anticipated and has, in fact, declined since 2005. However, use of heroin inhalants has increased, with Hispanic youth impacted more than other demographics. This began with the “cheese heroin” situation in Dallas, but recent studies indicate that it is more geographically widespread than previously thought.<sup>10</sup>

### **Prescription and Over-the-Counter Drugs**

While reductions in alcohol, tobacco, and illicit drug use are encouraging, a disturbing trend is the increase of indicators related to the abuse of prescription and over-counter medications. According to Jennifer de Vallance, spokeswoman for the Office of National Drug Control Policy (ONDCP), “Prescription drug abuse is the second-largest source of drug abuse in the country.”<sup>11</sup> Nearly seven million Americans abused prescription drugs in 2007 and non-medical use of prescription drugs has increased 80 percent since

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<sup>8</sup> *Monitoring the Future*

<sup>9</sup> *Monitoring the Future*

<sup>10</sup> Maxwell, Jane C., Ph.D. *Substance Abuse Trends in Texas*. June 2008. Online. Available: <http://www.utexas.edu/research/cswr/gcattc/documents/June2008.pdf>. Accessed: January 13, 2009.

<sup>11</sup> “When meds can make you sick,” *The Plain Dealer*, January 13, 2009. Online. Available: <http://www.cleveland.com/health/plaindealer/index.ssf?/base/living-0/1231839102183500.xml&coll=2>. Accessed: January 15, 2009.

2000. Abuse of prescription drugs is problematic in all age groups with overdose deaths from prescription medication now the leading cause of accidental death among adults ages 45 to 54. The *2008 Texas School Survey* began measuring indicators for certain commonly abused narcotic prescriptions and two drugs often prescribed for anxiety. About three percent of students reported using narcotic oxycodone products for nonmedical purposes and a little over six percent reported using hydrocodone products for nonmedical purposes in their lifetime. Students reported an even greater abuse of anxiety drugs, with about three and a half percent using Valium and 12.7 percent using Xanax nonmedically in their lifetime.

The abuse of over-the-counter drugs is also problematic among teens. Almost seven percent of secondary students in 2008 said they had ever taken DXM (dextromethorphan), Triple C's, Skittles, or Coricidin nonmedically in their lifetime, a 35 percent increase from 2006. Past-month use also showed a 34 percent increase during the past two years.

Responding to this problem is difficult because of society's laissez-faire attitudes about the dangers associated with pain medications and other prescription drugs. Many people feel that these drugs are not harmful because they came from a credible source. The *MTF* study has shown that the increase in nonmedical use of amphetamines in 1993 was preceded by a sharp decrease in the perception of harm the preceding year.<sup>12</sup>

## Consequences of Alcohol, Tobacco and Drugs

### **Motor Vehicle Fatalities**

One Texan will die every day in an alcohol or drug-caused accident, and the Texas Department of Transportation (TxDOT) states that one Texan is injured due to substance-related traffic accidents every 19 minutes. The National Highway Traffic Safety Administration (NHTSA) reports that between January and October of 2008, over 31,000 Americans died in alcohol-caused accidents<sup>13</sup> and Texas has

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<sup>12</sup> *Monitoring the Future*

<sup>13</sup> U.S. National Highway Traffic Safety Administration, "Early Estimate of Motor Vehicle Traffic Fatalities from January to October 2008," Traffic Safety Facts (December 2008). Online. Available:

(Footnote continued)

the distinction of ranking number one for the number of alcohol related traffic fatalities in the nation.<sup>14</sup>

## Crime

Alcohol and drug abuse are clearly related to crime. Drinking alcohol increases the risk of assaults and assault-related injuries. According to the FBI's *Uniform Crime Report 2007*, the violence rate in Texas per 100,000 is higher than the national rate, and the number of violent crimes in Texas increased by 2,000 crimes from 2006 to 2007. The violence rate includes aggravated assault, rape, and robbery. This is despite the fact that the national violence rate has decreased during the same period. Furthermore, the Texas property crime rate, which is closely associated with drug use, also increased between 2006 and 2007.<sup>15</sup>

## Child Welfare

Substance abuse has a huge impact on the child welfare system. According to the National Conference of State Legislatures, most parents who are exposed to child welfare agencies have problems with substance abuse, and across the nation, approximately 28.6 million children live in households with at least one parent who is an alcoholic.<sup>16</sup> The needs of children in this situation often go unmet, and abuse is more likely to occur when a caregiver abuses drugs or alcohol. In Texas, it is estimated that between 50 and 80 percent of families involved with the Department of Family and Protective Services are dealing with a substance abuse problem.<sup>17</sup>

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<http://nhtsa.gov/staticfiles/DOT/NHTSA/NCSA/Content/RNotes/2008/811054.pdf>. Accessed: January 15, 2009.

<sup>14</sup> Texas Department of Transportation, "Drunk Driving on the Rise" (August 18, 2008). Online. Available: <http://www.dot.state.tx.us/news/031-2008.htm>. Accessed: January 15, 2009.

<sup>15</sup> U.S. Federal Bureau of Investigation, *Uniform Crime Report: 2007* (September 2008). Online. Available: [http://www.fbi.gov/ucr/cius2007/data/table\\_04.html](http://www.fbi.gov/ucr/cius2007/data/table_04.html). Accessed: January 15, 2009.

<sup>16</sup> Gever, Matthew, "Substance Abuse as a Cross-Cutting Issue," *National Conference of State Legislatures* (November 30, 2006). Online. Available: <http://www.ncsl.org/programs/health/forum/crosscuttingissue.htm>. Accessed: January 15, 2009.

<sup>17</sup> Zarate, Marie, "Child Protection in Texas: Caseworkers Attitudes and Perceptions towards CPS Services," (Public Administration Program Applied Research Projects, Texas State University, 2007), p. 16. Online. Available: <http://ecommons.txstate.edu/cgi/viewcontent.cgi?article=1212&context=arp>. Accessed: January 15, 2009.

## Health

According to the Texas Department of State Health Services, one in five Texans smoke tobacco.<sup>18</sup> Smoking is the leading cause of preventable death in the United States. It has been linked with heart disease and various types of cancer. In fact, 87 to 90 percent of lung cancer cases in the U.S. are caused by smoking. Smoking has also been linked to infertility in men, rheumatoid arthritis, hearing loss and vision problems such as cataracts. Furthermore, smoking not only puts the smoker at serious risk, it also puts everyone around them at risk. When pregnant women are exposed to second-hand smoke, they are at higher risk for spontaneous abortion, stillbirth, and birth defects. Children exposed to second-hand smoke at an early age are at much greater risk for high blood pressure, cleft palate, childhood leukemia, attention deficit disorder, childhood wheezing, and respiratory disorders.<sup>19</sup>

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.<sup>20</sup> 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.

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, and fetal alcohol spectrum disorders including fetal alcohol syndrome, low birth weight, and sudden infant death syndrome.

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<sup>18</sup> *Texans and Tobacco*

<sup>19</sup> Campaign for Tobacco Free Kids, *Health Harms from Smoking and Other Tobacco Use* (January 12, 2009). Online. Available: <http://www.tobaccofreekids.org/research/factsheets/pdf/0194.pdf>. Accessed: January 15, 2009.

<sup>20</sup> U.S. Centers for Disease Control and Prevention, *Alcohol-Related Disease Impact (ARDI) software* (August 6, 2008). Online. Available: <http://www.cdc.gov/alcohol/ardi.htm>. Accessed: January 15, 2009.

## **Fiscal Impact**

A study conducted by the National Center on Addiction and Substance Abuse at Columbia University concluded that the heaviest burden of public spending related to substance abuse falls on state governments. Of the \$453.5 billion states spent in the sixteen budget categories of public programs, \$81.3 billion, or 17.9 percent, was linked to substance abuse and addiction. Furthermore, the study concluded that the tax costs related to fixing problems related to drug demand amounted to \$277 per American per year.

## **Texas Drug Demand Reduction Comprehensive Strategy**

Reducing the demand for drugs in Texas is vital to the health and welfare of our state and its citizens, and accomplishing this task requires a strategic approach that reaches beyond the experience and interest of any one agency. The active and ongoing input and participation of each of the representative agencies is essential to fulfilling the intent and purpose in support of this legislative mandate. This report represents the combined knowledge and experience of sixteen state agencies and five at-large members. By enabling the unique perspectives of these members to influence the recommendations put forth to the legislature and the implementation of policies at the agency level, the DDRAC is able to fulfill the intent of Senate Bill 558 from the 77<sup>th</sup> Legislature, which mandated its existence.

In addition to effectively addressing 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 essential 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 without increasing effectiveness.
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** - Bring together the work of the recovery community and state agencies to make recovery more visible to the public, countering discriminatory attitudes and practices that impede progress in reaching goals such as housing and employment.

## Drug Demand Reduction Progress for the 2008-09 Biennium

### Relevant Legislation

The 80<sup>th</sup> Legislature enacted several pieces of legislation that addressed the goals of drug demand reduction in the areas of enforcement, prevention, and treatment.

Bill Number	Description
SB 1138 (Duncan)	Responded to concern over the number of injuries and fatalities occurring because of hazing, drinking, or other activities associated with fraternities by requiring institutions of higher education to provide a risk management program for members and advisors of registered student organizations.
HB 530 (Madden)	Provided for the funding and expansion of drug courts in Texas. See Appendix 2 of this report for additional information.
HB 2115 (Frost)	Included driving while intoxicated with a child passenger and assembling or operating an amusement ride while intoxicated among the offences for which a judge may not grant deferred adjudication.
SB 8 (Janek)	Required anyone who participates in high school athletics sanctioned by the University Interscholastic League (UIL) to agree not to use illegal steroids and submit to random testing if selected.
SB 143 (West)	Section 2 of the bill amended Section 161.084(b), Health and Safety Code, to require new text relating to the use of tobacco products by pregnant women to be included in a warning sign relating to tobacco products at the point-of-sale.
HB 1610 (Madden)	Expanded community supervision to eligible state jail felony drug offenders with a prior state jail felony conviction that was punished as a misdemeanor.
HB 2524 (McClendon)	Enabled the launching of a pilot project in Bexar County to provide medical and mental health care through intervention and detoxification units.
SB 91 (Van de Putte)	Required point-of-sale tobacco signage to include certain text regarding the risk of smoking during pregnancy.

## **DDRAC Activities**

In Spring 2008, the chairperson of the Committee met individually with each DDRAC agency to learn more about the challenges to drug demand reduction from the varying perspectives of the agencies involved. Based on those meetings, three subcommittees were established to examine strategies for meeting DDRAC objectives: Workforce Development and Training; Continuity of Substance Abuse Services and Data Sharing; and Communications and Media Strategies. Members of these subcommittees met and presented their findings and recommendations to the larger committee. Recommendations that required legislative action were discussed and five were chosen as having particularly significant strategic importance. Many of the items brought forward were considered to be agency-level initiatives and will form the basis of the work of the DDRAC for the coming two years.

### **Workforce Development and Training**

The goal of the Workforce Subcommittee is to develop a strong workforce to reduce drug demand in Texas. The professional workforce plays a critical role in recognizing and reducing drug use and must include well-trained frontline workers throughout the service delivery system. The state must ensure that a full range of options is available so that resources are spent on appropriate services at the state level to reduce drug demand.

#### **Strategies to develop a strong workforce and provide a holistic approach to substance abuse and mental health service delivery:**

- Shift the focus from the number of people receiving services to the specific services urgently needed to reduce drug demand in Texas.
- Recruit and train a professional workforce to fully meet the service needs and provide appropriate training and tools.

#### **The subcommittee presented the following recommendations to reduce drug demand in Texas:**

- A. Educate and train substance abuse specialists for appropriate and effective service delivery
  - Establish an effective and evidence-based delivery system with outcomes and documented evidence of success for each education and prevention program.

- Increase the number of substance abuse programs in higher education institutions. Mandate all related state certifications and future teachers to include recognition of substance use and abuse disorders.
  - Create a web site devoted to professional development that includes a listing of agencies and universities that offer training programs such as Prevention Specialist Training and Motivational Interviewing.
- B. Recruit and retain quality service providers to meet the drug reduction needs of Texas
- Ensure retention of quality service providers by increasing salary ranges to make them more competitive with the salaries of other health care providers. Support the DSHS substance abuse exceptional item in the FY 2010-2011 Legislative Appropriations Request for a \$33 million increase in prevention and treatment funding.
  - Develop a web page and/or video to market substance abuse prevention and treatment careers to high school, college counselors, and career placement centers. Display career opportunities at college career fairs.
  - Establish an internship program with local institutions of higher education.

### **Continuity of Substance Abuse Services and Data Sharing**

Effective and meaningful collaboration of the service delivery system is mandatory to reduce duplication of effort and increase efficiencies. To achieve this, the DDRAC should recommend policies that cross agencies, community coalitions, higher education, and faith-based institutions to prevent duplication and provide quality services. Plans for quality services should include documented evidence-based program models that foster continuous quality services in all state operations by providing a coordinated system of prevention, treatment, and recovery services. The goal of the data subcommittee is to facilitate this interagency cooperation to reach these goals.

**Strategies to develop a coordinated, evidence-based system across agencies:**

- Build partnerships and data sharing initiatives with agencies, community coalitions, education, and faith-based institutions.
- Use research-based criteria to match people with cost-effective services to meet the needs in the area of substance abuse prevention and intervention.

**The subcommittee presented the following recommendations to reduce drug demand in Texas:**

- A. Prepare a short state agency survey to determine each agency's data information needs; the type of data/information that each agency currently maintains; the entity that is the current administrator of information for each agency; and, any applicable restrictions on obtaining or sharing this information.
- B. Create an Interagency Data Sharing/Match Request Form that contains a succinct description of the information requested; point of contact information for follow-up; and any issues pertaining to information release issues

**Communications and Media Strategies**

Beyond sharing data related to clients and agency services, facilitating interagency communications about the programs and initiatives of individual agencies will foster collaboration and reduce redundancies. This would also create an environment for more effective outreach to the public and media strategies that coordinate the best use of pre-existing resources. For example, the work done through Texas Education Agency's Safe and Drug Free Schools and Communities Program and that of the Partnership for a Drug Free Texas (PDFT) coordinated by DSHS would both benefit from increased collaboration, as would greater collaboration on alcohol and tobacco prevention and enforcement efforts. The benefits of close collaboration are evidenced through the work of The National Guard Drug Demand Reduction/Counterdrug Program and DSHS over the past five years.

**Strategies to improve interagency and media communications:**

1. Establish protocols that enable DDRAC members to work effectively within their agencies on behalf of the mandate of the Committee.

2. Build on the comprehensive scope of the DDRAC mandate, which requires agencies to collaborate on alcohol, tobacco, and other drugs, to eliminate administrative barriers between agencies.

**This subcommittee presented the following recommendations to reduce drug demand in Texas:**

A. Improve internet communications:

- Create a substance abuse Wikipedia-style, open source pilot site available to both state workers and the public to exchange information on all matters pertaining to drug demand reduction in the state.
- Expand the scope of the current DDRAC website (<http://www.dshs.state.tx.us/sa/ddrac/>) to create a comprehensive site for information from each agency on DDRAC and related issues.

B. Educate the public about issues related to drug demand reduction by:

- Creating a comprehensive parental education program making use of preexisting resources.
- Increasing competencies and coverage through training/staffing/data exchange at Texas 211.

# DDRAC Legislative Recommendations

## Recommendation 1

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

The Uniform Individual Accident and Sickness Policy Provision Law (UPPL), which allows insurance companies to exclude medical coverage for injuries if patients are under the influence of alcohol or unprescribed drugs, creates 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. Texas law has not been updated to reflect these new standards.

With one of the highest drunk driving fatality rates in the country, Texas has one of the lowest Blood Alcohol Content (BAC) testing rates. When a driver complains of injury requiring transportation to an emergency room, police are unable to begin their investigation and administer the BAC. Because of the UPPL provisions, hospitals are hesitant to conduct BAC tests. Of the 5,138 drivers involved in fatal crashes in Texas in 2001, 2,263 (44 percent) were taken to the hospital. Of these only 459 (20 percent) reported alcohol test results to the Accident Records Bureau of the Texas Department of Public Safety.<sup>21</sup> Thus, Texas hospitals inadvertently serve as “safe havens” for drunk drivers, because without BAC results, drunk drivers are often not charged by law enforcement. Consequently, they may not receive intervention and may continue to drink and drive.

Further, beginning in January 2007, all trauma centers operating in the United States were required to provide alcohol and drug screening and brief intervention to patients in order to retain their certification. The Texas UPPL exclusion undermines these new

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<sup>21</sup> Gentilello, Larry M., MD. “Effectiveness and Influence of Insurance Statutes and Policies on Reimbursement for Emergency Care.” Presented to Crossing Barriers in Emergency Care of Alcohol-Impaired Patients Conference, sponsored by American College of Emergency Physicians, May 2003. Online. Available: [http://www.nhtsa.dot.gov/People/injury/alcohol/Crossing\\_Barrier\\_Web/pages/AppendixEffandInfl.htm](http://www.nhtsa.dot.gov/People/injury/alcohol/Crossing_Barrier_Web/pages/AppendixEffandInfl.htm). Accessed: January 7, 2009.

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 seventy percent of patients with severe injuries requiring admission to trauma care. Emergency room patients with alcohol or drug problems are eighty-one percent more likely to be hospitalized during an emergency room visit, and almost half return to the emergency room within twelve 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 have decreased future emergency room visits and hospitalization of alcohol abusing patients by nearly fifty percent over three years with every dollar invested in screening and brief intervention returning almost four dollars in lowered healthcare expenditures.

The Texas InSight Project in the Harris County Hospital District has screened over 50,000 patients for alcohol and drug use in participating hospitals and clinics. Of these, more than 8,500 (17 percent) screened positive and received an intervention. Results have been significant, with patients reducing alcohol and drug use and emergency room visits related to alcohol and drugs. A longitudinal analysis of 853 InSight patients revealed a total cost reduction of more than \$4 million for Harris County Hospital District in the year following receipt of InSight services (not including costs of related physician services).<sup>22</sup>

This recommendation was included in the 2007 DDRAC Report. During the 80<sup>th</sup> Legislature, Representative Eiland filed HB 634, which called for prohibiting the exclusion of coverage as described above. This bill was left pending by the House Committee on Insurance.

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<sup>22</sup> Addiction Research Institute, the University of Texas at Austin. *Results of the InSight Project*. Online. Available: <http://www.insightforhealth.com/results.html>. Accessed: January 21, 2008.



Other states have addressed this issue by either prohibiting the exclusion of coverage, or by repealing the section of the UPPL that gives statutory permission to exclude coverage. California recently addressed concerns that the repeal would constitute an insurance mandate by choosing the second option. The statutory nature of the UPPL creates a right that relieves insurance companies of the responsibility to negotiate this clause with customers. Rather than creating a mandate, removing the statutory right would simply require insurance companies to negotiate the exclusion upfront if they choose to do so. While prohibiting the exclusion of coverage provides the best protection for patients and health care providers, requiring insurers to negotiate the exclusion would be an improvement over the status quo.

The map below shows the status of UPPL provisions in other states. In December, Ohio became the 15<sup>th</sup> state to repeal the UPPL by a vote of 32-0 in their Senate chamber and 93-1 in their House of Representatives. (Because the map was created before the repeals in California and Ohio, it does not reflect these two changes.)

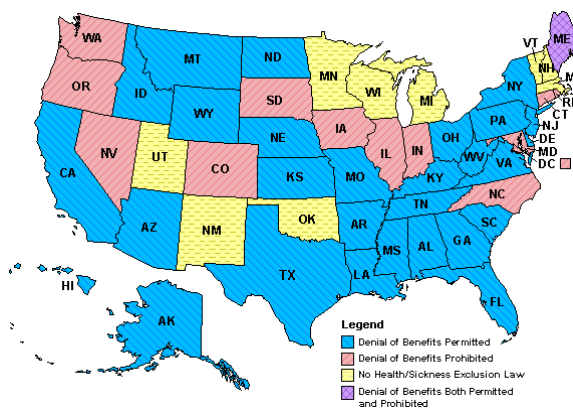


Figure 1. Insurers' Liability for Health/Sickness Losses Due to Intoxication ("UPPL") as of January 1, 2008. Source: National Institute on Alcohol Abuse and Alcoholism, Alcohol Policy Information System. Available: <http://www.alcoholpolicy.niaaa.nih.gov/>. Accessed: December 9, 2008.

## Recommendation 2

**Expand the Texas Prescription Program to allow the proactive prevention of prescription drug abuse through web-based, real-time access to data and automatic email alerts of potential fraud for physicians, pharmacists, and law enforcement. Inform parents of the problems of adolescent misuse of legal drugs through a statewide public awareness campaign.**

Between 1998 and 2007, calls received by Texas poison control centers involving abuse or misuse of the prescription drugs

methadone, hydrocodone, and oxycodone increased from 221 to 861, and deaths associated with these drugs increased during the same period from 37 to 683. Further, while illegal drug use among teens is falling, abuse of prescription drugs is rising with 2.5 million new teen users in 2007.<sup>23</sup> In the DSHS *2008 Texas School Survey of Substance Use among Students in Grades 7-12*, about 3.5 percent of secondary students in Texas reported using Valium nonmedically in their lifetime, and 12.7 percent reported using Xanax nonmedically in their lifetime.

According to the US Drug Enforcement Administration, indiscriminate prescribing and “doctor shopping” are the most common drug diversion methods used to acquire prescription drugs. A typical “doctor shopper” sees five to ten prescribers and generates \$10,000 to \$15,000 a year in drug and medical costs with some generating costs of \$100,000 or more.<sup>24</sup> Information in the hands of the prescribing physicians is essential in identifying individuals who are misusing these important drugs and to assure that legitimate users are not deprived of pharmaceuticals necessary for their treatment.

In order to provide this information, the Texas Prescription Program, administered by the Texas Department of Public Safety, began tracking Schedule 2 drugs in 1981 and, in September 2008, began tracking Schedules 3-5 drugs. Before the addition of Schedules 3-5, 3.3 million prescriptions were collected annually, but data reflecting the current situation is not yet available.<sup>25</sup> While the tracking of commonly abused prescriptions is an important step, it is also important that Texas take the next step, which is making that information available to physicians in real-time.

Currently, physicians and pharmacists can complete a written request to receive a report of prescriptions submitted for their patients. There are approximately 100 of these requests per month, with forty

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<sup>23</sup> Cindy George, “Prescription drugs a gateway for teen drug abuse” *Houston Chronicle* (September 4, 2008). Online. Available: <http://www.chron.com/disp/story.mpl/metropolitan/5984643.html>. Accessed: December 12, 2008.

<sup>24</sup> Blue Cross Blue Shield, “State Prescription and Monitoring Programs,” (October 2008). Online. Available: [http://www.bcbstx.com/provider/state\\_presc\\_programs.htm](http://www.bcbstx.com/provider/state_presc_programs.htm). Accessed: December 12, 2008.

<sup>25</sup> National Alliance for Model State Drug Laws, *Prescription Drug Monitoring Program Summary: Texas*, (September 18, 2006). Online. Available: <http://www.namsdl.org/resources/Texas1.pdf>. Accessed: December 12, 2008.

percent of these from physicians, twenty percent from law enforcement, and forty percent from licensing boards. The low number of requests from physicians may be due to the lack of information about the availability of this program. Furthermore, while DPS program administrators attempt to respond to all requests within twenty-four hours, physicians may be hesitant to withhold medications while verifying that the patient is not doctor shopping.

The need to balance drug enforcement policy with legitimate needs to treat illness and manage pain is a significant issue for physicians and should be taken seriously by policymakers. In 2007, the Pain and Policy Studies Group at the University of Wisconsin gave Texas a “C” in its evaluation of Texas policies affecting pain management by physicians. As the study pointed out, many attempts to reduce the abuse of legal drugs interfere with their legitimate use for medical and scientific purposes. The *Achieving Balance in State Pain Policy Report Card*, supported by the American Cancer Society, Susan G. Komen for the Cure, and the Lance Armstrong Foundation, calls for balanced policies that recognize “a dual obligation of governments to establish a system of controls to prevent abuse, trafficking, and diversion of narcotic drugs while, at the same time, ensuring their medical availability.”<sup>26</sup> One way to achieve this balance is through the use of prescription drug monitoring programs that reduce abuse “while avoiding hampering medication availability and patient care.”<sup>27</sup>

When physicians have real-time, online access to a patient’s prescription records they are free to prescribe medications responsibly without fear that they are participating in diversion schemes. This facilitates both the legitimate medical and scientific use of pharmaceuticals and reduction of their misuse and it is supported by the American Medical Association. In 2008, California and Connecticut became the latest two states to implement online prescription monitoring programs (PMP).

Beyond enabling easy access to prescription information for physicians, the most effective PMPs take a proactive approach that

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<sup>26</sup> University of Wisconsin School of Medicine and Public Health. *Achieving Balance in State Pain Policy: A Report Card*. July 2008. Online. Available: [http://www.painpolicy.wisc.edu/Achieving\\_Balance/PRC2008.pdf](http://www.painpolicy.wisc.edu/Achieving_Balance/PRC2008.pdf). Accessed: January 8, 2009.

<sup>27</sup> Ibid.

includes programmatically generated alerts to physicians, pharmacists, and law enforcement when data tracking reveals possible diversion of pharmaceuticals.<sup>28</sup> Such a system would address problems related to illegal and indiscriminate prescribing and is recommended by the National Conference of State Legislators.<sup>29</sup>

The challenges to expanding this program are technological and financial. However, on December 15, the Department of Justice (DOJ) released its FY 2009 grant solicitation for the Hal Rodgers Prescription Drug Monitoring Program (PDMP). The program is designed to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data through a centralized database administered by an authorized state agency. The Prescription Drug Monitoring Program (PDMP) assists states as they plan, implement, or enhance a PDMP. Funds from the grant may be available to assist the expansion of the Texas Prescription Program.

In 2008, teens acknowledged that it is easier to obtain prescription drugs than beer and that the source of those drugs is typically their family medicine cabinet. Over-the-counter medications are also a significant problem for this population. Based on the DSHS 2008 *Texas School Survey*, about 6.8 percent of secondary students said they had taken dextromethorphan, found in products such as Robitussin-DM and Coricidin HBP, nonmedically in their lifetime, a fifty-seven percent increase from 2004 (4.3 percent). Thus, stemming the rise in teen abuse of prescription and over the counter drugs must also include providing better information to parents. A public awareness campaign could empower parents with knowledge of and tools for preventing abuse of legal drugs by their children.

### **Recommendation 3**

**Passage of a statewide public smoking ban eliminating smoking in all workplaces and public places statewide.**

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<sup>28</sup> Ronald Simeone and Lynn Holland, *An Evaluation of Prescription Drug Monitoring Programs*, (Simeon Associates, Inc., September 1, 2006.) Online. Available: <http://www.simeoneassociates.com/simeone3.pdf>. Accessed: December 12, 2008

<sup>29</sup> Ron Hatfield, *Implementing a Statewide Prescription Monitoring Program and Rx Drug Diversion Investigation Solution*, (Presentation to National Conference of State Legislators, December 6, 2006). Online. Available: <http://www.ncsl.org/print/cj/hatfieldppt.pdf>. Accessed: December 12, 2008.

*“The health effects of Secondhand Smoke exposure are more pervasive than we previously thought. The scientific evidence is now indisputable: Secondhand Smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults.”*

*Richard Carmona, MD, MPH, FACS, Surgeon General<sup>30</sup>*

Studies continue to demonstrate that exposure to secondhand smoke is linked to cancer and other serious health consequences. The Surgeon General’s Report<sup>31</sup> in June 2006 made it clear that secondhand smoke is a serious health hazard, stating, “Secondhand smoke causes premature death and disease in children and in adults who do not smoke.” Researchers from Massachusetts General Hospital<sup>32</sup> found in a study published in the January 2009 edition of *Pediatrics* that smoke particles remain on clothing, hair and furniture after the smoker has completed their smoke, thus exposing people to tobacco toxins well into the future.

Furthermore, a recent study by the Center for Disease Control shows that since the city of Pueblo, CO instituted a public smoking ban; hospital admissions for heart attacks have decreased from 399 to 237 in the 18 months following the ban enforcement. This study supports the Surgeon General’s recommendation to place restrictions on smoking in public places as an effective strategy to fully protect the public from exposure to secondhand smoke.

Currently, 24 states have enacted and 14 other states are considering comprehensive smoke-free laws. In addition, several countries throughout Europe and Asia have passed nationwide smoke-free laws in keeping with the international *Framework on Tobacco Control*.

The Department of State Health Services (DSHS) maintains a website that contains information about all known Texas municipal

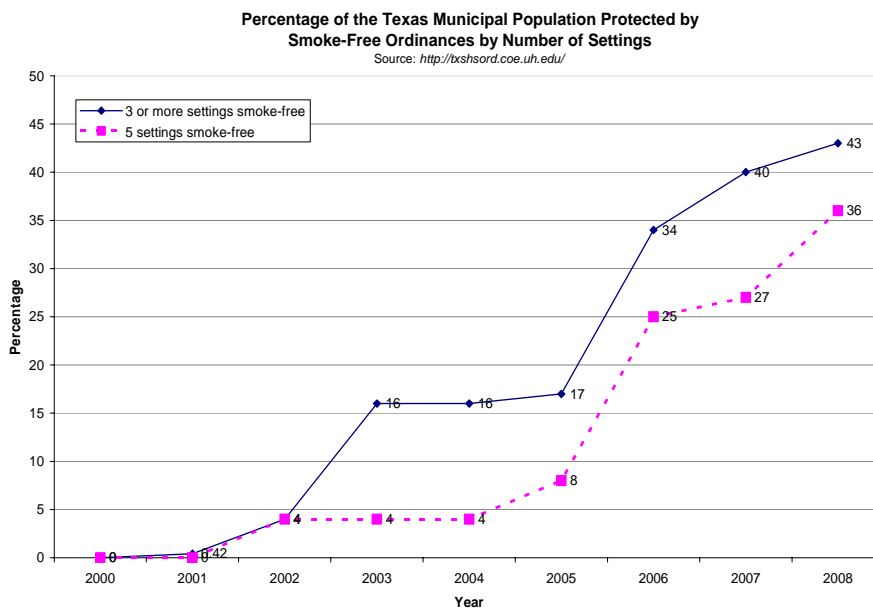
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<sup>30</sup> Carmona, Richard, MD, MPH, FACS. *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, A Report of the Surgeon General, June 2006

<sup>31</sup> Ibid.

<sup>32</sup> Winickoff, J.P., Friebely, J., Tanskit, S.E., Sherrod, C., Matt, G.E., Hovell, M.F., and McMillen, R.C., “Beliefs about the health effects of “thirdhand” smoke and home smoking bans,” *Pediatrics*, 2009, 123(1), pp. 74-78.

ordinances designed to restrict exposure to secondhand smoke (<http://www.dshs.state.tx.us/tobacco/smokefree.shtm>). The site also lists cities with the best clean indoor air protection in Texas and gives short summaries for ordinances in cities all over Texas.<sup>33</sup> By the end of 2008, 36% of Texas' municipal population was covered by strong smoke-free policies, up from 27% in 2007 and no smoke-free ordinances before 2000. In 2008, 60% of the municipal population had smoke-free worksite ordinance protections; about 50% had smoke-free protections in private worksites, restaurants, and bars in restaurants; and over 44 % were protected in bars not in restaurants.



The Committee supports passage of a statewide smoking ban to eliminate smoking in all workplaces and public places statewide. One hundred percent smoke free is achieved when no smoking is allowed in five settings: municipal worksites; private sector worksites; restaurants; bars in restaurants; and bars not in restaurants. By eliminating exposure to second hand smoke in these places, the harmful health effects of secondhand smoke can be substantially reduced and significantly impact a serious public health concern.

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<sup>33</sup> Texas Department of State Health Services. *Texas Smoke Free Ordinance Database*. July 2007. Online. Available: <http://txshsord.coe.uh.edu/>. Accessed: January 8, 2009.

#### Recommendation 4

**Mandate comprehensive alcohol and other drug reduction strategies targeting college students that include:**

- *Requiring that the Board of Regents of all state funded colleges and universities in Texas enforce the campus alcohol and other drug (AOD) policy through alcohol screening and brief motivational enhancement interviews of violators and by notifying parents of students under 21 who have violated the alcohol and other drug policy;*
- *Directing the presidents of all public institutions of Higher Education to appoint a campus wide task force that will include administration, faculty, staff, students, and community representatives to address the campus drug problems and solutions for their campus. The task force should develop the biennial review to comply with the Drug –Free Schools and Campuses Regulations (DFSCA - (EDGAR Part 86) to address the campus policy effectiveness and to ensure that campuses enforce and adjudicate the disciplinary sanctions for violating standards of conduct consistently. Review should be disseminated to the Texas Higher Education Coordinating Board on even years.*

Reports of Texas university students dying of alcohol poisoning following an evening of binge drinking have become common in local newspapers. The tragedy of drunk driving is also well known to Texans, and this common knowledge is confirmed by statistics. Forty-one percent of college and university students report risky drinking behavior in the 2007 *Monitoring the Future* study funded by the National Institute on Drug Abuse. Further, the report demonstrates that underage binge drinking is greater among college students than non-college students.<sup>34</sup> In Texas, drinking within this age group is responsible for more traffic fatalities than in other states according to a study conducted in 2004 by the National Highway Traffic Safety Administration Fatality Analysis Reporting System.<sup>35</sup> The legislative mandate recommended by DDRAC will help confirm

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<sup>34</sup> *Monitoring the Future*.

<sup>35</sup> Novy, Danielle. Underage drinking still a problem on college campuses, particularly in Texas. *The Daily Toreador*. September 28, 2005. Online. Available: <http://media.www.dailytoreador.com/media/storage/paper870/news/2005/09/28/CampusNews/Underage.Drinking.Still.A.Problem.On.College.Campuses.Particularly.In.Texas-1281504.shtml>. Accessed: January 8, 2009.

the seriousness with which all institutions of higher education in Texas should view underage alcohol and drug use by its students.

The U.S. Department of Education mandates the AOD policy on all campuses receiving federal funding, but any corresponding sanctions are left to the individual university. This represents a weak link in achieving the strategy of developing, enforcing and adjudicating appropriate laws and policies on Texas college campuses. In 1998, Congress amended the Family Education Rights and Privacy Act to allow colleges and universities to inform parents of students under the age of 21 of any violation of its AOD policy. The following year Texas A&M University (TAMU) Alcohol Task Force decided to implement a parent-notification model program for students under the age of 21. The result was a decline in alcohol violations from over 400 cases of campus AOD policy violations in 1998 to less than 250 since implementation. Parental notification could also reduce the state's liability in cases where parents had been notified of their child's previous substance abuse.

Equally important is the fact that screening and motivational interviewing of violators provides the opportunity for students to receive assistance and treatment to address substance abuse problems. The University of Massachusetts-Amherst AOD, with its strong theoretical base and using a research design to measure effectiveness, was declared an exemplary program in 2008 by the U. S. Department of Education. It includes screening and motivational interviewing of all policy violations. UMA cited a reduction of 26 percent in binge drinking and 14 percent drop in underage binge drinking after the implementation of the program. This strategy identifies high-risk users on college campuses and provides needed intervention and treatment, and offers a model that Texas schools should follow.<sup>36</sup>

The severity of this problem requires that university officials provide leadership from the highest levels of administration. Making the task force appointment a mandate for the university presidents will ensure the necessary leadership in reducing drugs on Texas campuses and throughout the communities that host them. The input of

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<sup>36</sup> University of Massachusetts Amherst. *National Meeting Honors Program, Features Campus Experts*. November 7, 2008. Online. Available: <http://www.umass.edu/uhs/uploads/basicContentWidget/14813/BASICSdoenatlmgt1108.pdf>. Accessed: January 8, 2009.



stakeholders will result in greater effectiveness of AOD policies, and mandating reports to the Texas Higher Education Coordinating Board will make valuable information available to ensure ongoing progress in efforts to reduce the harms of underage drinking and other substance abuse by college and university students.

## **Recommendation 5**

### **Support the recruitment and retention of quality service professionals in the field of substance abuse prevention and treatment by increasing funds to support wage adjustments.**

Texas has an urgent need for qualified and well-supported behavioral health professionals. These workers serve on the frontlines of the battle to reduce drug demand. Yet their pay scales in Texas have fallen well below national averages and forced many to leave the profession. As one poster on a blog for drug abuse counselors wrote, “In Texas, it's 2 years (an associates degree) and 2 years or 4,000 hours internship. All that to make minimum wage! ...I can't live on 7.50 an hour and pay back my student loans.”<sup>37</sup> While data suggests that the average wage paid to Texas licensed chemical dependency counselors (LCDC) in 2007 was higher than minimum wage, a survey by DSHS supports the blogger’s complaint and reveals that low wages were a top reason why treatment staff left their positions in 2007 and why open positions are difficult to fill.<sup>38</sup>

The workforce problem for substance abuse programs is widespread and affects the entire state. As of 2007, 72 percent of Texas counties were designated Health Professionals Shortage Areas (HPSA) for mental health workers.<sup>39</sup> (HPSAs refer to geographic areas, population groups, and facilities recognized by the United States Department of Health and Human Services as having an acute shortage of health care personnel.) While this shortage is widespread, it is particularly acute in rural areas and in the border region. Urban Texas regions have 65.5 licensed profession

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<sup>37</sup> Online. Available: <http://www.indeed.com/forum/job/substance-abuse-counselor/Show-me-money/t2399>. Accessed: January 9, 2009.

<sup>38</sup> Gulf Coast Addiction Technology Transfer Center, *Status of the Workforce: Addiction Treatment in Texas* (June 2007), p. 8.

<sup>39</sup> Texas Department of State Health Services, Center for Health Statistics. (2007). *Mental Health HPSA Designations*. Online. Available: <http://www.dshs.state.tx.us/CHS/hprc/hpsa.shtm>. Available: Accessed: February 23, 2007.

counselors (LPC) per 100,000 people, while rural regions have only 40.7 per 100,000. Urban regions within the border area have 29.4 LPCs and rural border areas have a mere 24.3 LPCs per 100,000.<sup>40</sup>

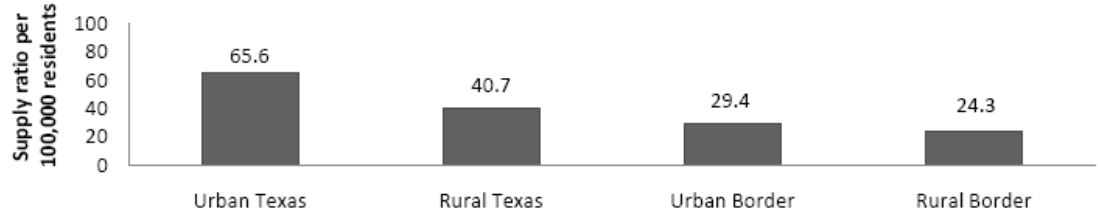


Figure 2. Border Region: Licensed Professional Counselors Supply Ratio (2007). Source: Hogg Foundation for Mental Health. *Health Care in Texas: Critical Workforce Shortages in Mental Health*. May 23, 2008. Online. Available: <http://www.hogg.utexas.edu>. Accessed: January 9, 2009.

The current situation is very likely to get worse unless action is taken. In 2007, the annual staff turnover for Texas substance abuse programs was 42 percent. When population growth and current staff demographics are taken into account, the shortage can be expected to become even more significant. In 2006 there were 3,000 substance abuse professionals employed in our state. By 2016, population projections suggest that Texas will need 4,050 counselors. The projected supply gap becomes even wider when the aging of the mental health workforce is taken into consideration. The average age of mental health professionals in Texas is shown below.

Psychiatrists	52.9
Psychologists	Unavailable
Social Workers	46.3
Licensed Professional Counselors	53.4
Marriage and Family Therapists	56.1
Psychiatric Nurses	51.8

Figure 3. Average age of mental health professionals in Texas. Hogg Foundation for Mental Health. *Health Care in Texas: Critical Workforce Shortages in Mental Health*. May 23, 2008. Online. Available: <http://www.hogg.utexas.edu>. Accessed: January 9, 2009.

Unless Texas is able to attract professionals from other states, or to entice more people to enter the field, this shortage may become a

<sup>40</sup> Hogg Foundation for Mental Health. *Health Care in Texas: Critical Workforce Shortages in Mental Health*. May 23, 2008. Online. Available: <http://www.hogg.utexas.edu/PDF/Workforce%20Interim%20Senate%20052308.pdf>. Accessed: January 9, 2009.

crisis. Attracting professionals from other states is difficult, because the salaries offered in Texas are below national averages. Recruiting within the state is also problematic. Agency directors list four primary recruiting challenges:

- Insufficient number of applicants who meet minimum qualifications,
- Small applicant pool due to geographic area surrounding work setting,
- Lack of interest in position because of salary, and
- Insufficient funding for open positions.

The shortage of LCDCs also undermines legislators' attempts to expand treatment and incarceration alternatives for Texas prisoners and parolees. Quality service providers in the field of substance abuse prevention and treatment specializing in criminal justice populations are also decreasing and difficult to recruit. Any increases to support the recruitment and retention of substance abuse service providers should also be extended to substance abuse contracts with the Texas Department of Criminal Justice and Community Supervision and Corrections Departments. Additionally, existing substance abuse contracts within the criminal justice realm are typically not competitive with other state agency substance abuse contracts. Therefore, discrepancies between these two should be reconciled prior to additional increases for one or both.

## Additional Proposed Recommendations

The following recommendations were also brought forward for consideration and discussed by the DDRAC. While these were not chosen as the primary legislative recommendations, the Committee requested they be included in this report.

### **Sobriety Checkpoints**

***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 and sobriety checkpoints are one way to reduce that number. A sobriety checkpoint is 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 Centers 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. Thirty-eight states, the District of Columbia, the Northern Mariana Islands, and the Virgin Islands conduct sobriety checkpoints. Texas is one of eleven states where sobriety checkpoints are not conducted at all because they are considered illegal by either law or state constitution, or the state has no explicit authority to conduct them. In 1994, the Texas Court of Criminal Appeals ruled that sobriety checkpoints could not be used in Texas without approved statewide procedures.

### **Comprehensive Underage Drinking Prevention**

***Establish a comprehensive underage drinking prevention program in Texas, which includes funding through a tax on alcohol/beer sales and mandatory training for all alcohol sellers/servers.***

Alcohol is the most widely abused substance among adolescents and increases risks of physical and sexual assault, academic failure, alcoholism, alcohol poisoning, drunk driving, and dangerous sexual behavior. 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. Increased funding could allow implementation of a public awareness campaign and other prevention activities. Furthermore, according to a study by the National Bureau of Economic Research, increasing the price of alcohol through taxation curbs teen drinking more effectively than increasing the legal drinking age.<sup>41</sup>

A study released this month from the University of Florida, which includes a review of than 110 studies on the subject, concluded that there is "statistically overwhelming evidence" that raising taxes also reduces the level of drinking. The study's lead author, Dr. Alexander C. Wagenaar, addressed critics of alcohol taxes who say they are unfair to people who drink reasonably. Nondrinkers and light drinkers in effect subsidize heavier drinkers because costs related to alcohol use are reflected in various things, like car insurance and health care.<sup>42</sup>

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<sup>41</sup> Grossman, Michael, et al. "Effects of Alcohol Price Policy on Youth." *National Bureau of Economic Research, Working Paper Number 4385*. June 1993.

<sup>42</sup> Wagenaar, Alexander C. Matthew J. Salois, Kelli A. Komro. "Effects of Beverage Alcohol Price and Tax Levels on Drinking: A Meta-analysis of 1003 Estimates from 112 Studies." *Addiction*, v.104:2. pp. 179-190. 2009.

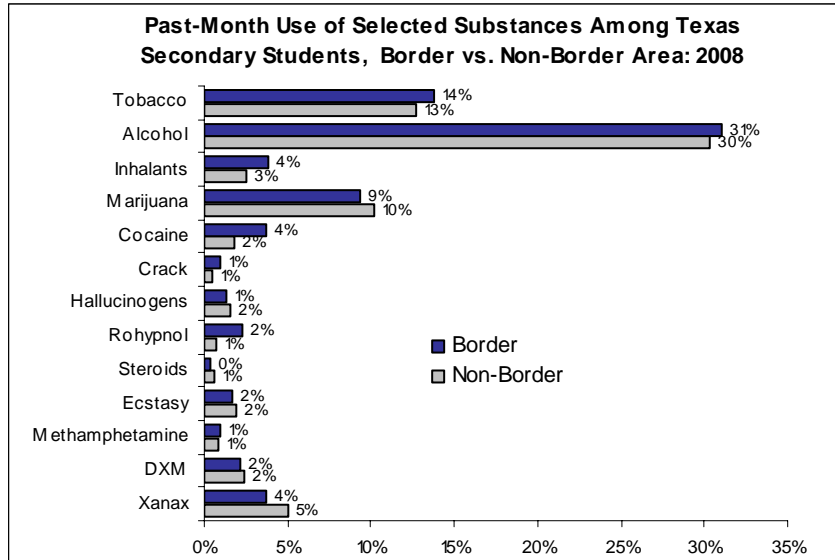
Finally, while the Texas Alcoholic Beverage Commission certifies courses for alcohol seller-servers, these courses are not a requirement for selling or serving alcohol in the state. Ensuring that all seller-servers have this training is another important tool in preventing underage drinking. In 2006, the U.S. Congress passed and the President signed H.R. 864, the Sober Truth on Preventing Underage Drinking Act (STOP Act). The act requires the Department of Health and Human Services to develop standards requiring states to report on efforts to reduce underage drinking. The act specifically requires states to report its requirements for training on the proper selling and serving of alcohol.

### **Border Region Prevention and Treatment**

*Allocate additional resources to increase and enhance substance abuse treatment and prevention services to secure a safe, healthy, and productive Texas/Mexico border.*

The spillover of the Mexican drug wars into Texas and its impact on that region is significant. In many areas, adolescents carry the majority of drugs being trafficked across the border. Adolescent drug use is more prevalent in the border regions as well. In 2008, students from the border schools reported higher lifetime and past-month use of tobacco, inhalants, cocaine, crack, and Rohypnol, and higher current use of alcohol than students living elsewhere in the state (*see Figure 4, below*). The difference in powder cocaine use between border and non-border students was even more pronounced in the upper grades. Also, border students were three times more likely to report Rohypnol use than non-border students were. Furthermore, as mentioned in the recommendation to support recruitment and retention of mental health care workers, the shortage of mental health and substance abuse workers is greatest in border regions. Significant harms combined with workforce shortages suggest the benefit of targeting border areas.

*Figure 4. Source: DSHS Texas School Survey of Substance Use*



**Professional Certification Requirements**

*Mandate all licensed mental health providers and certified educators and those seeking licensure or certification received pre-service training in substance abuse recognition and referral.*

Because mental health providers and certified educators work with a significant population of individuals who abuse substances, it would be valuable for these professionals to have training in the recognition of substance abuse symptoms and in appropriate referrals. Currently, neither group is required to have such training. Additionally, Texas teachers are required to report drug use or physical abuse of children to the proper authorities but their ability to fulfill that mandate is hampered, as a majority of teachers has not had training in recognizing the signs of drug use.

**Reduce the Transmission of Diseases occurring through Drug Use**

*Support efforts to reduce the transmission of diseases that occur through drug use with increased prevention and intervention efforts.*

Reducing the transmission of diseases relating to drug use is an important aspect of public health policy. Several evidence-based prevention and intervention activities have been shown to reduce the transmission of diseases that occur through drug use (for example, Hepatitis C and HIV). Needle exchange programs are legal in forty-nine states, but not in Texas. These programs have demonstrated effectiveness in preventing disease transmission. Several initiatives are underway to modify Texas law to allow for needle exchange programs.

## Appendix 1

*Please note: The text of this statute has not been amended since the formation of the Department of State Health Services in 2004, and therefore includes references to the legacy state agencies.*

### Statute

#### § 461.017. ADVISORY COMMITTEE ON REDUCING DRUG DEMAND.

- a. The Drug Demand Reduction Advisory Committee is composed of the following members:
  1. five representatives of the public from different geographic regions of the state who have knowledge and expertise in issues relating to reducing drug demand and who are appointed by the executive director of the Texas Department of State Health Services; and
  2. one representative of each of the following agencies or offices who is appointed by the executive director or commissioner of the agency or office and who is directly involved in the agency's or office's policies, programs, or funding activities relating to reducing drug demand:
    - A. the criminal justice division of the governor's office;
    - B. the Criminal Justice Policy Council;
    - C. the Department of Protective and Regulatory Services;
    - D. the Department of Public Safety of the State of Texas;
    - E. the Health and Human Services Commission;
    - F. the Texas Alcoholic Beverage Commission;
    - G. the Texas Commission on Alcohol and Drug Abuse;
    - H. the Texas Council on Offenders with Mental Impairments;
    - I. the Texas Department of Criminal Justice;
    - J. the Texas Department of Health;
    - K. the Texas Department of Human Services;
    - L. the Texas Department of Mental Health and Mental Retardation;

- M. the Texas Education Agency;
  - N. the Texas Juvenile Probation Commission;
  - O. the Texas Youth Commission;
  - P. the Texas Rehabilitation Commission;
  - Q. the Texas Workforce Commission;
  - R. the Texas Department of Transportation;
  - S. the comptroller of public accounts; and
  - T. the adjutant general's department.
- b. The representative of the Texas Commission on Alcohol and Drug Abuse shall serve as the presiding officer of the Drug Demand Reduction Advisory Committee. The commission may provide administrative support to the committee.
  - c. The Drug Demand Reduction Advisory Committee shall meet at least once in each quarter of each calendar year on dates determined by the committee.
  - d. The Drug Demand Reduction Advisory Committee shall serve as a single source of information for the governor, the legislature, and the public about issues relating to reducing drug demand, including available prevention programs and services.
  - e. The Drug Demand Reduction Advisory Committee shall develop a statewide strategy to reduce drug demand. The strategy must:
    - 1. incorporate multidisciplinary approaches using current empirical research;
    - 2. include performance-based measurement and accountability standards, short-term objectives, and ten-year targets for reducing drug demand;
    - 3. coordinate, to the extent possible, the efforts of private sector entities and local, state, and federal agencies, including the Office of National Drug Control Policy and the United States Drug Enforcement Administration, to reduce drug demand; and
    - 4. provide opportunities for representatives from the public and private sectors to comment on the committee's activities and make recommendations related to the strategy.



- f. The Drug Demand Reduction Advisory Committee shall identify lead or contributing agencies or offices that shall implement the strategy described in Subsection (e). The committee shall coordinate the implementation of the strategy by those agencies or offices.
- g. The Drug Demand Reduction Advisory Committee may establish additional advisory committees composed of representatives from governmental entities and the private sector to assist the committee in carrying out its duties.
- h. Not later than January 15 of each odd-numbered year, the Drug Demand Reduction Advisory Committee shall present to the governor, the lieutenant governor, and the speaker of the house of representatives a report that states:
  - 1. the committee's progress in developing and coordinating the strategy described in Subsection (e);
  - 2. the status and funding of state programs relating to reducing drug demand; and
  - 3. recommendations for legislation to address issues involved in reducing drug demand.

## Appendix 2 – Program and Fiscal Updates

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 Summaries**

#### **Adult Drinker Public Information and Education (PI&E) Campaign**

TxDOT uses funds to implement an Adult Drinker PI&E campaign. This grant funds the design and production of printed media, on-premises materials, and billboard vinyls promoting the “Drink. Drive. Go to Jail” holiday campaign. The campaign is aimed to reduce driving while intoxicated during the holiday season between Thanksgiving and the New Year. 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**

In addition to providing educational opportunities for retailers through programs taught by its own employees, the TABC also oversees the delivery of training for the employees of retailers through a network of private providers as part of its Seller/Server Certification Program. These programs deal specifically with the recognition and avoidance of illegal sales involving minors and intoxicated persons and, when successfully completed, result in a state certification being issued to the course participant. Current law provides special benefits to retailers who require their employees to attend certification courses. The agency’s seller training section markets the program to retailers, oversees the private training schools, and ensures consistency and quality through standardized testing and periodic inspection. Approximately 200,000 retail employees obtain seller/server certification each year.

#### **College “Who’s Driving Tonight?” Integrated Marketing Campaign**

This TxDOT campaign provides a paid media campaign in markets that include our state’s major colleges and universities. The campaign focuses on 18-24 year olds. The project continues a public education campaign with messaging that targets college students to promote the importance of finding a safe ride home if they have been drinking. New

creative materials will build on the "Who's Driving Tonight?" theme launched in 2007.

### **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. Countless others 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, have reduced the amount of prevention education available in schools. Tobacco prevention education is provided by DSHS for individual youth in grades 4 to 12 through an annual interagency contract with the Texas Education Agency. The tobacco prevention education program is implemented through the twenty regional Education Service Centers that are providing training and curriculum materials for local school districts.

### **Delinquency Prevention Programs**

These programs focus on delinquency, child abuse and school dropout rates. 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 local and statewide delinquency prevention programs with state and federal grant funds. Schools, non-profit agencies, faith-based organizations, and local units of government provide services.
- 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 Texas Education Agency's Communities in Schools Program 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)**

DARE programs, use specially trained local police officers to deliver a series of education and skill-building sessions in public and private schools.

### **Education Service Centers**

The Department of State Health Services (DSHS), as part of its school health program, partially funds a position located at each of the twenty regional Education Service Centers (ESC) to provide training and technical assistance on an array of health issues to include mental health and substance abuse. 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.

### **The Facts about Underage Drinking Campaign**

The TABC believed that the strong community spirit expressed during initial discussions with community leaders in Hidalgo and Cameron Counties created the perfect environment for a campaign that relies heavily on involvement at the local level. Phase two of the campaign started in February 2008. During the second phase, TABC provided education to local law enforcement agencies. The training sessions were hosted by law enforcement personnel and involved Texas Liquor Law training and Preventing and Dispersing Underage Drinking Parties training.

### **Health Alliance on Alcohol**

To support in the educational effort, the TABC has collaborated with Health Alliance on Alcohol in Washington, D.C. The partnership gives TABC enforcement agents an opportunity to receive specialized training from experts in the field of adolescent medicine about talking to teens

during different stages of adolescent development. This partnership has also given the TABC an opportunity to provide parents with educational materials written by doctors at the Morgan Stanley Children's Hospital of New York Presbyterian and the White Plains Hospital Center. These materials include information about starting conversations about underage drinking, peer pressure, college, and teen driving and alcohol.

### **MethWatch**

In September 2006, the Office of the Governor awarded \$180,000 to the Department of State Health Service (DSHS) to support *MethWatch*, 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 continued to support *MethWatch* in East Texas, and expanded the program into the northern, northeastern, and panhandle regions of Texas. The DSHS program implemented a train-the-trainer program to educate community leaders on effective meth public awareness and prevention strategies that included educational information distributed through regional Prevention Resource Centers at schools, neighborhood watch meetings, and through public service announcements.

### **Smokeless Tobacco Prevention**

DSHS launched the *Spit It Out* media and outreach smokeless tobacco prevention campaign in July 2008. The educational prevention component is conducted in rural communities and schools statewide by the 11 regional Prevention Resource Centers to prevent youth use of smokeless tobacco products.

### **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.

### **Partnership for a Drug-Free Texas**

This DSHS media campaign uses 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.

### **Tobacco Prevention and Control Health Communications**

DSHS media and outreach campaigns use television, radio, websites, and other advertising as a powerful tool for preventing smoking initiation, promoting and facilitating cessation, and shaping social norms related to tobacco use. The *WorthIt?* campaign is aimed at educating teens about the Texas Tobacco Law and its consequences. The teen-focused *WorthIt?* campaign ([www.worthit.org](http://www.worthit.org)) is supplemented by the *Enforcing is Easy* campaign ([www.texastobaccolaw.org](http://www.texastobaccolaw.org)), which is directed at parents, retailers, and law enforcement, and intended to educate adults about Texas tobacco laws. *The Spit It Out* campaign is designed to prevent smokeless tobacco use by Texas youth in rural Texas. *DUCK – Tobacco is Foul* targets 9-12 year olds. *Yes You Can!;/Sí Se Puede!* is a statewide campaign to encourage Texas adults to take the first steps to quit tobacco by seeking the support and information they need through family, health care providers, and the American Cancer Society's toll-free Quitline. The *Share Air* media campaign educates the public about dangers of secondhand smoke.

### **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 provides 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) is a TABC public education initiative. The initiative consists of multiple educational programs, each targeting a separate segment of the population. *Shattered Dreams*, for example, targets high school students. The Manager's Awareness Program is geared for retail managers. There are also specific programs for elementary and middle school students, college students, the employees of Texas retailers, wholesale tier employees, parents/civic groups, and local law enforcement. In FY 2007, TABC enforcement agents taught or sponsored educational presentations attended by 289,188 persons as part of the agency's Project SAVE initiative.

### **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 local communities also participate by hosting rallies and other events.

### **Tobacco-Free Kids Day**

DSHS coordinates with the Texas Education Agency, the Comptroller of Public Accounts, and local stakeholders to promote Texas Tobacco-Free Kids Day, which is held annually in Texas in conjunction with the national Kick Butts Day event sponsored by the Campaign for Tobacco-Free Kids. This tobacco awareness day encourages students of all ages to live tobacco-free lifestyles.

### **Regional Partnership Program/Chronic Disease Prevention**

DSHS funds ten local tobacco control coordinators throughout the state to educate the public on dangers of tobacco use. This program includes providing information on 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 and Drug-Free Schools and Communities**

The Title IV, Part A, Safe and Drug-Free Schools and Communities funds provide state and local education agencies with supplemental

funding to develop and enhance education programs targeting violence prevention and drug prevention strategies in elementary and secondary schools for all students and employees. The Texas Education Agency administers the funds to Texas schools, in compliance with the six principles of effectiveness listed in federal statute.

### **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 drinking, 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 hard-hitting program that targets high school students. It involves the dramatization of an alcohol-related crash on or near a high school campus and its aftermath. Included in the dramatization is the crash scene itself, complete with gruesome injuries and deaths, police and EMS response, emergency room treatment, family notification, and the arrest, booking, and trial of the teenage driver. To help students better comprehend the absolute magnitude of DWI-related deaths and injuries, a person dressed as the “Grim Reaper” appears in a different classroom every fifteen minutes to select a new victim, who is then taken out of class, made up in white face, and dressed in a black t-shirt before being returned to the classroom to represent a DWI death for the remainder of the day. The following morning, a wrap-up assembly is held featuring those who played roles during the previous day’s drama, including the crash victims, the drunk driver, their parents, and participating law enforcement and medical personnel. Comment and impact statements from community members whose lives have been affected by teenage alcohol use and teenage DWI bring closure to the program and reinforce its dual message for the teenage audience: “Don’t drink until you are 21” and “Never drink and drive.”

### **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 Needs Diversionary Program for Mentally Ill Offenders**

This 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 Mental Retardation (MR) Facilities**

Each of the thirteen state MR facilities is certified as an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) – a Medicaid-funded federal/state program. The ICF/MR provides comprehensive residential and habilitation services that are funded through a daily rate.

Facility staff provided a variety of substance abuse prevention services such as:

- San Angelo State School and Mexia State School provided prevention services that included education on the effects of abusing alcohol, illegal substances, and addictive legal substances (e.g., cigarettes). Services were provided through the use of group and individual counseling, visual aids, audio aids, intervention; information, etc.; and
- Corpus Christi State School and Mexia State School provided weekly and twice weekly classes on drug/substance abuse prevention services.

### **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.

#### **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 (<http://www.coalitionstexas.org>) that links local coalitions and provides resources for planning and implementation.

#### **Texas Statewide Tobacco Education and Prevention Program, Texas STEP**

Located at Texas State University-San Marcos as a part of the Department of Criminal Justice in the College of Applied Arts, Texas STEP provides public awareness information on the tobacco laws, best practices and protocols to enforce the laws, and ways to increase tobacco awareness at the local level.

#### **The Texas Transportation Institute 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.

#### **Tobacco Prevention and Control Coalitions**

DSHS funds six community coalitions, serving 15 counties, to provide comprehensive evidence-based environmental tobacco prevention and control activities that meet strategic goals for prevention, cessation, elimination of secondhand smoke exposure, and tobacco-related health disparities. To guide their planning and implementation, the coalitions use the Centers for Disease Control and Prevention Best Practices for Tobacco Prevention and Control and the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework.

### **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.

### **Texas Teen Ambassador Program**

The Texas Teen Ambassadors are a network of well-trained, educated, and committed high school-aged youth advocates that provide the youth voice regarding tobacco use and secondhand smoke. Teen Ambassadors provide guidance to DSHS tobacco program on the state's tobacco prevention efforts including youth prevention media campaigns.

### **Texas Teen Tobacco Summit/Comprehensive Tobacco Prevention Conference**

This DSHS conference provides best practice training for effective tobacco use prevention and cessation programming for tobacco-control professionals, researchers, healthcare providers, community coalition members, law enforcement officers, counselors, teachers, and young people dedicated to protecting Texas youth from the dangers of tobacco use and helping those who smoke to quit.

### **Regional Texas Teen Tobacco Summits**

These DSHS tobacco prevention weekend summits train and equip community and school-based organizations to invest in youth and create positive social change at the local level. Summit participants receive prevention training to guide them in addressing local community conditions that contribute to youth tobacco use.

### **Texas Youth Tobacco Awareness Program**

Texas Youth Tobacco Awareness Program, which is administered by the DSHS through an interagency contract with the Comptroller's office, is responsible for ensuring that Texas youth are offered a tobacco awareness course when cited for possession of tobacco products. These classes consist of 8 hours over two weeks and use the Texas Adolescent Tobacco Use and Cessation curriculum.

## **Treatment Program Descriptions**

### **APAA – Association of Persons Affected by Addiction**

The purpose of this project is the development, delivery, and documentation of a recovery community peer driven support system that encourages and supports personal recovery, reduces relapse, and promotes high-level wellness in individuals and their families. This recovery community support project is designed as a continuation of

support services in the recovery community that focuses on delivering a proven and documented system of peer driven recovery support that works.

### **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 Initiative**

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, educational service centers, and local school districts. 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. Border Affairs staff in El Paso, Del Rio\Eagle Pass, Laredo, and the Rio Grande Valley coordinates these workgroups. 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. Faith-based organizations with a registered exemption can provide treatment without a license, and approximately 175 organizations hold such an exemption. Private practitioners provide the balance of community based treatment.

### **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. Data indicates that the majority of the persons served through the local CRCG are in need of behavioral health services.

### **Drug Courts**

Drug courts are judicially led and provide intensive supervision, case management, substance abuse treatment, and frequent interaction between the judge and participants. Courts may operate as a separate special docket of an existing district or county court at law or be under the authority of a district court judge with a special court master or magistrate. Court interventions may be pre-indictment, pre-trial, post-adjudication, re-entry, DWI, mental health, or progressive intervention-sanctions. Drug courts are supported with funding from the Office of the Governor-Criminal Justice Division, Texas Department of Criminal Justice-Community Justice Assistance Division, local funds, participant fees, statutory fees, and federal grant funds. As of September 2008, there were 78 operational drug courts serving 47 counties with an additional nine courts under development. Of that number, 50 courts serve adults; 19 courts serve juveniles; and nine courts serve families who are involved with Child Protective Services or court-ordered child support cases.

### **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 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.

### **American Cancer Society's Quitline Services**

The Quitline provides telephone counseling, tobacco education, and limited nicotine replacement therapy to Texas residents. The American Cancer Society is currently using a five-session intervention that assists callers in assessing their nicotine dependence, setting a quit date, and providing longer-term support if necessary. Nicotine replacement therapy is available in the targeted coalition communities and through a physician fax referral program that is available statewide. The Quitline also has separate contracts for similar services within Texas including agreements with the Paso de Norte Foundation, and the City of San Antonio employee wellness program.

### **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 complete a 32-hour intervention program designed to prevent further substance abuse related problems and encouraged to enter into treatment where indicated. 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. There are over 700 offender education programs located throughout the state.

### **Parole System Treatment Programs**

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 Substance Abuse Counseling 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 Treatment Programs**

TDCJ operates several treatment programs within the prison system. In-Prison Therapeutic Communities target inmates with serious substance abuse problems who are within six to nine 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. This is a three-phase program lasting four to seven months.

### **Probation System Treatment Programs**

TDCJ oversees adult community supervision in Texas and provides state funds to 122 Local Community Supervision and Corrections Departments (CSCDs) across the state.

### **Substance Abuse Felony Punishment (SAFP) Facilities**

SAFP Facilities 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 participate in six to nine months of intensive treatment in a secure facility. Intensive treatment is followed by up to three months of residential treatment or intensive outpatient treatment. The client will then transition to an additional nine months of outpatient services in the community.

### **Substance Abuse Treatment Facilities and Court Residential Treatment Centers**

Substance Abuse Treatment Facilities (SATFs) and Court Residential Treatment Centers (CRTCs) offer up to seven months of residential treatment in specialized facilities. CRTCs provide offenders with substance abuse treatment, cognitive, educational, vocational, and life skills training. Many CRTCs include employment in the community during the final phase of the program. There are seven CRTCs located in El Paso, Lubbock, Midland, Terry, Tom Green (2) and Uvalde Counties. SATFs are designed specifically to provide substance abuse treatment. SATFs may also include cognitive, educational, life skills and 12-Step or modified therapeutic community treatment programs. There are 17 SATFs located in Bexar (2), Bowie, Cass, Dallas, Gregg, Harris (4), Hidalgo, Montgomery, Nueces, Rusk, San Patricio, Travis, and Williamson Counties. For FY 2009, Federal Residential Substance Abuse Treatment (RSAT) grant funding through the Governor's Office, Criminal Justice Division, provides \$691,957.57 to supplement the funding for SATF beds in the Harris and Dallas County facilities.

### **Treatment Alternative to Incarceration Program**

This program provides substance abuse screening, assessment, referral,

and treatment for nonviolent offenders through special grants awarded to 29 CSCDs serving 133 counties in Texas. The probation system also has 88 outpatient substance abuse treatment programs and 82 specialized caseload programs for probationers with substance abuse problems. Some of the clients on these specialized caseloads receive treatment in community-based programs funded by DSHS.

### **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, be on probation and placed in the treatment facility under order of the juvenile court.

### **Residential Substance Abuse Treatment Program for State Prisoners (RSAT)**

The Governor's Criminal Justice Division (CJD) administers this federal grant program. Community Supervision and Corrections Departments (adult probation departments), Juvenile Services Departments and local jails are eligible to apply for in-house treatment programs for adult and juvenile offenders.

### **State Mental Retardation (MR) Facilities**

Each of the thirteen state MR facilities is certified as an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) which is a Medicaid-funded federal/state program. The ICF/MR provides comprehensive residential and habilitation services which are funded through a daily rate.

Facility staff provided a variety of substance abuse treatment services such as:

- Lubbock State School and Denton State School provided cigarette cessation and reduction programs for people who already smoked. These consisted primarily of training objectives carried out by direct support staff, money management objectives and restrictions to limit access to cigarettes; and



- Corpus Christi State School and Mexia State School provided weekly and twice weekly classes on drug/substance abuse treatment services.

### **Texas Youth Commission (TYC) Chemical Dependency Programs**

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 felony-level offenses committed when they were at least age ten and less than age seventeen.

TYC can maintain jurisdiction over these offenders until their eighteenth birthday. TYC operates a system of twelve secure correctional institutions and nine residential halfway house programs. TYC provides a four-week chemical dependency educational program for all youth identified as having drug/alcohol related risk factors. For certain chemically dependent youth, TYC offers specialized chemical dependency intensive treatment at seven of their facilities. These programs admit those youth with a diagnosis of chemical dependency and who are determined to be at high risk for a violent re-offense.

The corner stone to the Chemical Dependency (CD) treatment program is an evidence-based curriculum, *Pathways to Self Discovery and Change*, targeting this specific population. The treatment day for these youth is demanding. They attend a full day of school followed by specific CD treatment programming. Youth attend 21 hours of specific CD treatment, including Life Skills, Chemical Dependency Education, group, and individual counseling. The program also includes additional hours of recovery activities involving voluntary AA/NA support meetings conducted at many facilities. Upon parole, the TYC youth are transitioned into the community where the CD Regional Specialists are located in parole district offices in metropolitan areas of the state, including Houston, Dallas, and San Antonio assisting these youth with re-integration into their communities. CD Specialists serve as a liaison, working together with facility Case Managers in TYC institutions to locate non-pay or sliding scale services. Youth successfully completing the institutional Chemical Dependency Program continue treatment in the community using TYC-funded aftercare services to further support and reduce the youth's risk for chemical relapse and criminal re-offending. 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.

### **Toll-Free Drug/Crisis Hotline**

DSHS, through its Partnership for a Drug Free Texas contractor, maintains a 24/7 call center of trained operators who provide crisis

intervention and/or assessment and referrals. During FY 2008, the hotline received more than 13,000 calls, 66% of which were transferred for more information or services to a treatment facility.

### **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 ten and less than age seventeen. TYC can maintain jurisdiction over these offenders until their twenty-first birthdays. TYC operates a system of thirteen 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 Summaries**

### **Alcohol Cops in Shops/COPS**

Through this program, 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. In addition to discouraging minors from attempting to purchase alcoholic beverages, the program gives agents the unique opportunity to work closely with retail employees, building rapport and sharing knowledge. Agents teach employees how to identify minors and fake or false identification and other retailer best practices. This one-on-one interaction creates an environment where an agent can educate retail employees on a more informal or personal level than an organized training session.

### **Alcohol Enforcement**

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.

### **Alcohol Operation Fake Out**

TABC enforcement agents, in cooperation with alcoholic beverage permittees, local law enforcement, and other state law enforcement agencies, check the IDs offered by young people as they attempt to gain

access to bars and nightclubs. Youngsters presenting fake, forged, or altered IDs or IDs that clearly belong to other parties are arrested and charged with the appropriate ID-related offense

### **Alcohol 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.

### **Border Security and Organized Criminal Activities**

The Office of the Governor, Criminal Justice Division (CJD) awards state and federal grants to support law enforcement agencies with basic and advanced peace officer training, essential equipment, data sharing systems, and the reduction of violent crime. Eligible projects received almost \$20 million during FY 2008.

### **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 minor's access to tobacco. For each year of the 2008/2009 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, including "sting operations," using minor decoys.

### **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.

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

DPS is the state's primary operational arm for drug demand reduction enforcement efforts. The Narcotics Service participates in the state's intelligence and information gathering program and provides investigative follow-up for a variety of interdiction programs. The Narcotics Service primarily targets drug trafficking organizations and major drug traffickers to include the cross border criminal organizations and criminal gangs. The Drug Diversion Investigative Unit is tasked with an objective to investigate major traffickers or trafficking organizations that illegally divert controlled substances and/or other

prescription drugs obtained through theft or burglaries. Within the Criminal Law Enforcement Division, a newly created Bureau of Information Analysis provides key analytical support functions such as case support, threat assessments, electronic communication analysis, and other strategic information analysis for all criminal investigations conducted within the Department. This support function is also provided to other local, state, and federal law enforcement agencies. The Narcotics Service provides 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.

### **Enforcing Underage Drinking Laws Grant Program (EUDL)**

Funded through the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, the EUDL block grant provides approximately \$360,000 per year to the State of Texas for underage drinking enforcement and prevention efforts. On average, two-thirds of the EUDL funds received are used to provide grants to no more than seven colleges, communities, and non-profits per year to support local programs. The remainder is used to support TABC pilot tests and statewide initiatives, such as an annual symposium on underage drinking for representatives from the state's colleges and college communities.

### **Incentives for compliant tobacco retailers**

The state designed a Certificate of Recognition for tobacco merchants who do not sell to minors during a controlled buy. The certificates are on card stock, are red, white, and blue, and require the merchants name and the name of the issuing law enforcement agency.

### **Manager's Awareness Program**

The Manager's Awareness Program (MAP) was designed by TABC staff for owners and managers of licensed establishments to encourage voluntary compliance through education. Topics presented include responsible management practices, exemption from administrative action (safe harbor), civil liability for the licensed establishment, minors, private clubs, intervention techniques, signs of intoxication, refusing sales, policies and procedures and checking employee certification for seller/server training. The program also includes a fire safety section that was written as a collaborative effort between TABC and the Texas State Fire Marshall's Office.

### **Mardi Gras and Spring Break Enforcement**

The TABC has traditionally 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, the Office of the Governor's Criminal Justice Division, and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention to increase its presence at events such as Galveston's Mardi Gras and spring break at South Padre Island, Port Aransas, and Galveston's Crystal Beach.

### **Minor Alcohol 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. Criminal charges are filed on clerks or servers who violate the law by completing the transactions. The licensed entity faces administrative charges that could result in suspension, fine in lieu of suspension, or cancellation.

### **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.

### **Ports of Entry**

The Ports of Entry Division of TABC 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 at DPS 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 operation 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 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.

### **Source Investigations**

Whenever a drunken driving accident results in serious injury or death, TABC enforcement agents conduct an investigation to determine 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)**

The 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. Six support missions approved by the Secretary of Defense shape the Guard's activities: program management, technical support, general support, counterdrug-related training, reconnaissance/observation, and drug demand reduction support

### **Texas Prescription Program**

The Texas Prescription Program, administered by DPS, 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 influencing 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 this Hotline (800-345-8647) for complaints concerning enforcement of the tobacco laws. It serves as 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 a day and is bilingual.

### **“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 minor's 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” (888-THE-TABC) for the public to report alcohol violations. Calls received after business hours are promptly referred 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 trains 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.

Expenditure and Budget Summaries						
Prevention	FY 2008 Expenditures			FY 2009 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
TJPC	\$1,974,003			\$1,974,003		
DSHS	\$9,166,967	\$56,188,734		\$9,104,984	\$58,429,566	
DFPS	\$19,821,739	\$9,657,952		\$24,069,467	\$6,937,623	
TABC	\$449,019			\$410,219		
TEA		\$21,969,466			\$18,596,211	
Governor's Office - Criminal Justice Division	\$2,119,511	\$8,819,012		\$1,819,604	\$6,443,919	
DADS*						
TxDOT	\$200,000	\$4,859,030	\$2,921,330	\$200,000	\$4,760,882	\$1,903,007
TX Adjutant General		\$987,102	\$285,975		\$1,357,599	
<b>Totals</b>	<b>\$33,731,239</b>	<b>\$102,481,296</b>	<b>\$3,207,305</b>	<b>\$37,578,277</b>	<b>\$96,525,800</b>	<b>\$1,903,007</b>
Treatment	FY 2008 Expenditures			FY 2009 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
TDCJ	\$56,777,447			\$109,321,690		
TYC	\$3,799,434	\$28,198	\$672,944	\$2,053,358		\$691,000
DSHS	\$13,517,426	\$92,566,189	\$400,498	\$13,582,818	\$79,727,386	
HHSC	\$1,709,182	\$2,563,773		\$1,709,182	\$2,563,773	
DFPS	\$509,359	\$767,830		\$509,359	\$708,244	
Governor's Office - Criminal Justice Division	\$2,885,116	\$6,043,791		\$5,877,791	\$3,511,980	
DARS	\$203,599	\$752,265		<i>vocational rehabilitation services are purchased as needed</i>		
DADS*						
<b>Totals</b>	<b>\$79,401,563</b>	<b>\$102,722,046</b>	<b>\$1,073,442</b>	<b>\$133,054,198</b>	<b>\$86,511,383</b>	<b>\$691,000</b>
Enforcement	FY 2008 Expenditures			FY 2009 Budget		
	General Revenue	Federal	Other	General Revenue	Federal	Other
Comptroller	\$2,368,899			\$2,803,740		
Governor's Office - Criminal Justice Division	\$5,837,321	\$9,046,431		\$6,161,239	\$13,137,208	
DPS	\$28,307,170	\$1,955,787		\$26,286,206	\$7,600,000	
DSHS	\$67,042	\$1,534,702		\$67,042	\$1,534,700	
TxDOT		\$8,938,729	\$5,889,800		\$11,101,356	\$5,921,551
TABC	\$916,867			\$917,085		
<b>Totals</b>	<b>\$37,497,299</b>	<b>\$21,475,649</b>	<b>\$5,889,800</b>	<b>\$36,235,312</b>	<b>\$33,373,264</b>	<b>\$5,921,551</b>
<b>Grand Totals</b>	<b>\$150,630,101</b>	<b>\$226,678,991</b>	<b>\$10,170,547</b>	<b>\$206,867,787</b>	<b>\$216,410,447</b>	<b>\$8,515,558</b>

\* Funded as part of the ICF/MR daily rate

