



DRUG DEMAND REDUCTION ADVISORY COMMITTEE

REPORT TO STATE LEADERSHIP
JANUARY 2005



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EXECUTIVE SUMMARY

Drug-related problems have a devastating impact on the public health, welfare and safety of all Texans. In 2000, the total economic cost associated with alcohol and drug abuse in Texas was estimated at \$25.9 billion. Substance abuse impacts all aspects of personal and family life and contributes to some of our most devastating social problems. Alcohol and drugs are key factors in violence and criminal activity, with an estimated six out of ten prisoners having substance abuse problems. Substance abuse contributes to many serious medical disorders and is associated with high rates of child maltreatment, suicide, divorce, unwanted pregnancy, domestic violence, disability, unemployment, poverty, and homelessness.

As mandated by Senate Bill 558, 77th Legislature, in January 2003 the Drug Demand Reduction Advisory Committee (DDRAC) developed and presented to the legislature a statewide strategy to reduce drug demand in Texas. The strategy identified opportunities for collaboration among prevention, treatment and enforcement activities to promote a balanced approach to drug demand reduction and provide maximum results through cost effective, evidenced-based programs. This DDRAC 2005 report to state leadership provides an update on the work of member agencies and public representatives over the past biennium. Program and funding information contained in the report was provided by member agencies. Member agencies were allowed an opportunity for review and comment on a draft of this report. All comments received by January 19, 2005 were incorporated.

This report identifies the enabling statute, membership, the charge of the DDRAC, and a discussion of the substance abuse problem and resulting economic and human impact on Texas. The DDRAC Demand Reduction Strategy is summarized, including the nine strategic objectives identified as necessary to accomplish the four goals below, which serve as themes of the report.

- ◆ Prevention: stop use before it starts.
- ◆ Treatment: heal Texans who are dependent on alcohol and other drugs.
- ◆ Enforcement: disrupt the market.
- ◆ Integration: create a unified response.

This report provides an update on progress towards implementation of the nine strategic objectives, with several programs and promising initiatives advancing the goals and objectives of the Texas Drug Demand Reduction Strategy, which include:

- ◆ Workforce Development Initiative includes a national effort to examine the status of the prevention workforce and evaluate the feasibility of a statewide professional organization for Certified Prevention Specialists.
- ◆ Texas State Incentive Program is a three-year, \$6.9 million federal grant funding local coalitions to implement prevention services for youth ages 12-17. In 2004, four local programs were formally recognized as “Exemplary Community Coalitions.”
- ◆ Resources for Recovery is a project sponsored by the Robert Wood Johnson Foundation intended to improve access to treatment by helping states identify, support, and implement strategies to maximize available federal and state funding streams. The state substance abuse division has been identified to work with other state agencies in this effort.
- ◆ Redesign of the state funded substance abuse service delivery system in which designated “Outreach, Screening, Assessment and Referral” agencies serve as a broker for local treatment service networks. This new access system strives to appropriately match clients with the appropriate service, ensuring efficient use of limited resources.

- ◆ The Co-occurring State Incentive Grant is a new program that expands current services and continues the partnership of the state's substance abuse and mental health systems to provide services for Texans with co-occurring psychiatric and substance abuse disorders. This initiative will increase service capacity, provide workforce development in the area of co-occurring disorders, and evaluate the state's infrastructure for serving this unique population.
- ◆ The InSight project provides screening, brief intervention, referral and treatment in the Houston Hospital District. InSight partners the state, county health services, and medical teaching universities to provide an opportunity to demonstrate the benefits of early identification as well as the effectiveness and efficiency of interagency collaboration.
- ◆ The Access to Recovery project builds upon the already proven effectiveness of drug courts, and adds service delivery options through inclusion of community and faith-based organizations to provide recovery support services. An electronic voucher will be used as the method of payment, allowing participants to attain all indicated services that will help support recovery.
- ◆ The State Tobacco Initiative includes enforcement activities designed to prevent and reduce underage access and use of tobacco products.
- ◆ Expansion of drug courts designed to reduce the impact on crime by using the power of the court to engage drug offenders in appropriate treatment.
- ◆ Integration progress through the consolidation of twelve health and human service agencies into five. Membership of the DDRAC has changed as a result of agency restructuring and will strengthen opportunities for integration and blending of client focused programs.

The reported activities involve vertical and horizontal collaboration and service integration among agencies and are proving to be effective and efficient ways to reduce drug demand. Early intervention, public private partnerships involving community organizations, results-oriented services, and coordination with the legal system are demonstrating the effectiveness of a statewide strategy.

The successful work of the DDRAC demonstrates the potential for reducing the social and economic consequences of substance abuse through state agency collaboration. Member agencies have readily reached consensus on mission, principles, philosophy, goals, and strategic objectives of reducing drug demand. The challenge lies in fully implementing the vision. Efforts associated with consolidation of state agencies, competing demands for funding, diminished staff resources, and the diverse missions of each agency have proven to be frequent barriers to full-scale realization of planned activities.

This report also provides a review of current services, programs and funding in prevention, treatment, and enforcement. Taken individually, these services and programs are valuable and effective approaches, but it is the array and continuum of these services that strengthen Texas' system to reduce drug demand. Budget reductions in the last legislative session resulted in reduced funding for substance abuse treatment; however, successful federal grant applications by member agencies made additional funding available for client services.

As directed by SB 558, this report includes legislative recommendations and progress on previous legislative recommendations. Current legislative recommendations include a suggestion to update membership of the DDRAC; increase services to children and families; and to support the expansion of drug courts.



INTRODUCTION

Senate Bill 558

The 77th Texas Legislature passed Senate Bill 558, establishing the Drug Demand Reduction Advisory Committee (DDRAC) with a mandate to develop and coordinate a statewide strategy to reduce drug demand in Texas. This is the 2005 DDRAC report to the Governor, Lt. Governor and Speaker of the House on its progress in coordinating the strategy, the status and funding of state programs relating to drug demand reduction, and its recommendations for legislation to address issues involved in reducing drug demand.

Membership of the Committee

SB 558 established the DDRAC and mandated certain agencies to participate in the effort. Subsequently, the 78th Texas Legislature passed HB 2292, which consolidated health and human service agencies from twelve agencies to four departments operating under the Health and Human Service Commission. The original agencies designated to participate in DDRAC are listed below, along with public members at large. The six agencies that have been consolidated are denoted in italics and then are identified within their new departments in the section immediately following. As the work of the DDRAC was conducted before consolidation, legacy agency names are used throughout this report with new department identification in parentheses. An item is included in the legislative recommendations section of this report to update the statute to reflect this new structure.

Participating State Agencies as listed in SB 558:

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

Members-at-Large:

Judge Brent Carr, Fort Worth
Gloria Hart-Jackson, Mesquite
Trish Merrill, Austin
Marisa Quintanilla, El Paso
Becky Vance, Houston

HB 2292 mandated health and human service agency consolidation, consolidating 12 agencies into five, creating four new departments under the Health and Human Service Commission. The new departments and the legacy agencies that comprise the new departments, include:

The new Department of State Health Services (DSHS) includes the legacy agencies:

- ◆ Texas Department of Health
- ◆ Texas Commission on Alcohol and Drug Abuse
- ◆ Mental health (hospital and community) services of the Texas Department of Mental Health and Mental Retardation
- ◆ Texas Health Care Information Council

The new Department of Assistive and Rehabilitative Services (DARS) includes the legacy agencies:

- ◆ Texas Rehabilitation Commission
- ◆ Commission for the Blind
- ◆ Commission for the Deaf and Hard of Hearing
- ◆ Interagency Council on Early Childhood Intervention.

The new Department of Family and Protective Services (DFPS) renames the legacy agency:

- ◆ Texas Department of Protective and Regulatory Services

The new Department of Aging and Disability Services (DADS) includes the legacy agencies:

- ◆ Mental retardation and state schools of the Texas Department of Mental Health and Mental Retardation
- ◆ Community care and nursing home programs of the Texas Department of Human Services
- ◆ Services from the Texas Department on Aging

The DDRAC Charge

The DDRAC, with input from the public and private sectors, is to:

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



SUBSTANCE ABUSE IN TEXAS

The Scope of the Problem

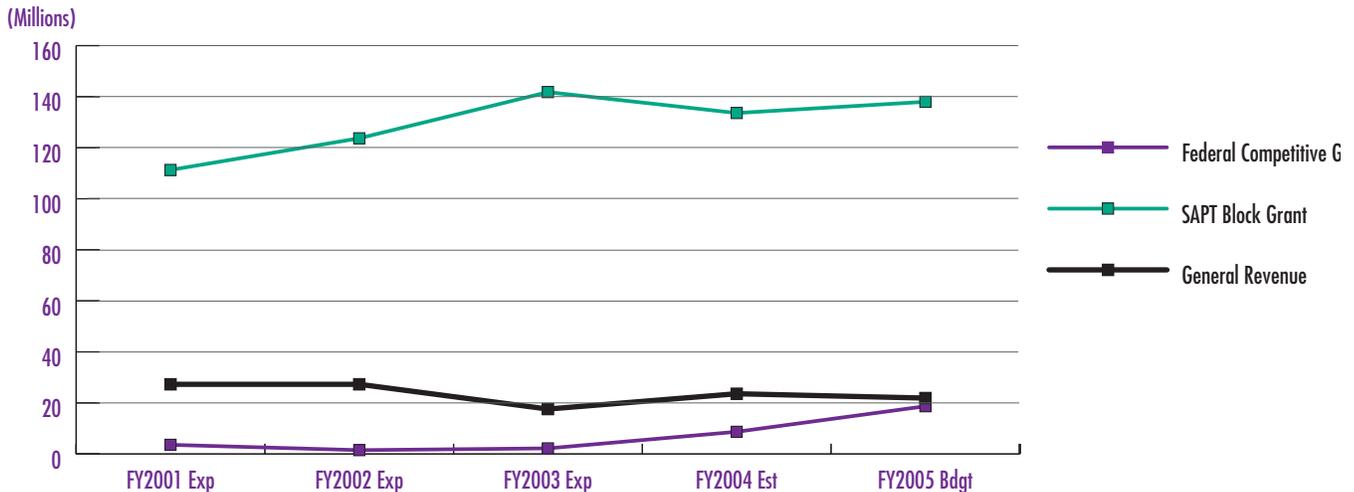
Over the past century, the use of tobacco, alcohol and illegal drugs has fluctuated in response to changes in public attitudes and the political, economic, and social environment. While current patterns of drug use are generally lower than the peaks seen in past decades, they remain at unacceptable levels. Alcohol remains the state's number one drug problem; it is the drug of choice for young people and the most widely abused drug among adults.

Some people use substances inappropriately, such as drinking to intoxication. When people continue to use despite negative consequences, such as legal problems or family conflicts, they have developed a disorder known as abuse. While “substance abuse” is frequently used as a global term to talk about all types of drug use problems, it has this narrower clinical definition. Continued abuse often leads to changes in the brain that cause people to lose control of their drug use. This is the condition known as dependence or addiction.

Substance abuse places an enormous burden on Texans—as individuals, as families, as communities, and as taxpayers. Total economic costs of alcohol and drug abuse were estimated at close to \$26 billion in 2000—\$1,244 for every man, woman, and child in the state. Medical care alone cost \$791 million for adults, including increased hospital, outpatient medical, nursing home, prescription drug and non-durable medical supply costs. This amount was in addition to the \$593 million spent to care for infants, children, or surviving adults with fetal alcohol syndrome, perinatal drug exposure, and intravenous drug use-related AIDS, Hepatitis and Tuberculosis.

Despite the economic impact on society, state funding for substance abuse programs has not kept pace with need. Budget reductions in the last legislative session resulted in reduced funding for substance abuse, however, successful federal grant applications by member agencies made additional funding available for client services. The following chart depicts the historical state and federal funding, compared to successful grant application, of one member agency, TCADA.

Method of Finance Summary Comparison FY2001–FY2005



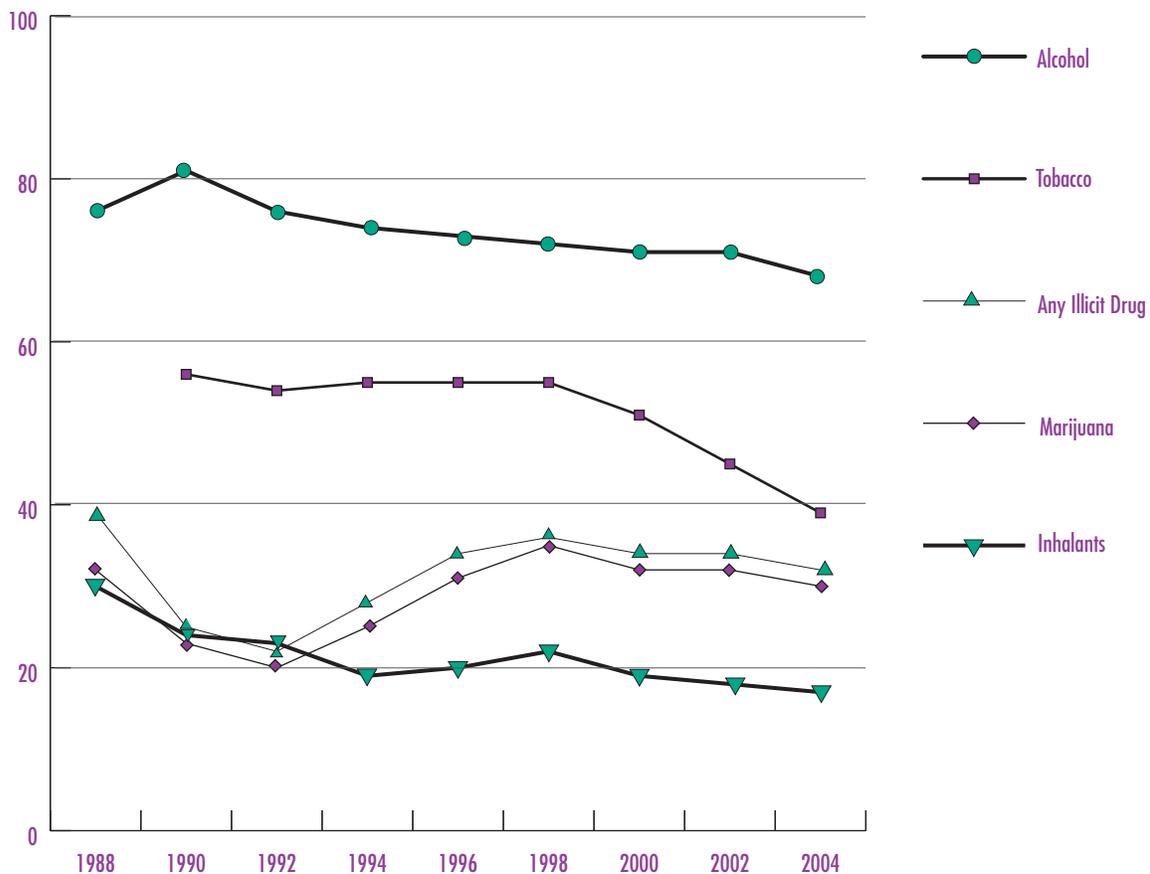
Substance abuse impacts all aspects of personal and family life and contributes to some of our most devastating social problems. Alcohol and drugs are key factors in violence and criminal activity, contribute to many serious medical disorders, and are associated with high rates of child maltreatment,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

Impact on Youth and Families

- ◆ About 13,518 Texans died in 2000 from alcohol and drug disorders, 46 percent were younger than 25 years old.
- ◆ Three out of four victims of domestic violence reported alcohol or drugs as a factor.
- ◆ Parental substance abuse causes or contributes to seven out of ten cases of child abuse and neglect and three-quarters of all foster care placements.
- ◆ In 2002, 38 percent of adults receiving treatment in state-funded community programs were custodial parents for close to 24,000 children. These children are more likely to have problems with delinquency, poor school performance, sexual promiscuity, and emotional difficulties. One in four will experience substance abuse problems.
- ◆ Adolescents who are frequent smokers are 85% more likely to drop out of high school, and those who use marijuana are 68% more likely to drop out.
- ◆ High school dropouts have higher rates of unemployment, use more social services such as unemployment assistance and medical care, and are more likely to become involved with the criminal justice system.
- ◆ Adolescents who smoke, drink, or use marijuana are more likely to have behavioral problems in school and engage in illegal activities, including use of other drugs.
- ◆ In 2000, 68% of youths entering Texas Youth Commission facilities abused or were dependent on alcohol or drugs.

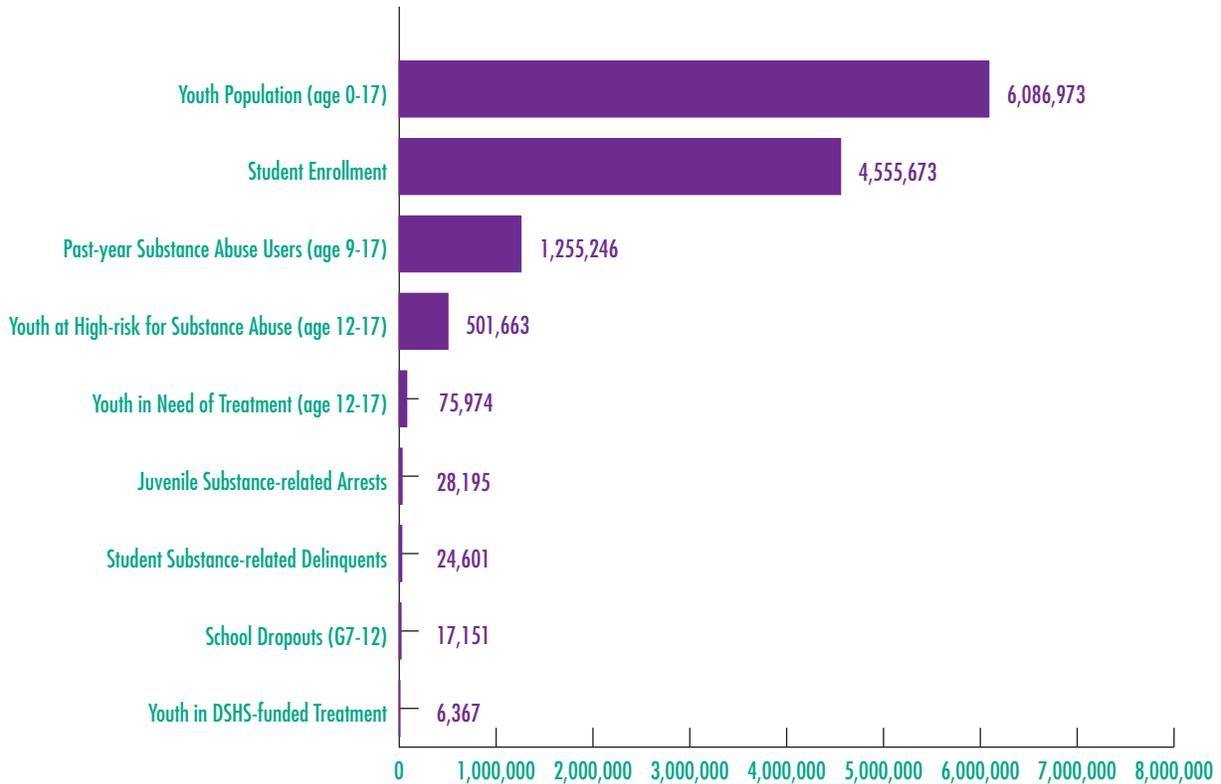
The Texas School Survey on Substance Use among Youth, begun in 1988 and conducted biennially, provides a picture of the prevalence of use among Texas youth. Survey results verify the changing “popularity” of particular illegal drugs and provide some evidence of the success of prevention and intervention programs in the state. In 2004, 215,116 students completed the survey. Results demonstrate drops in use of most drugs, continued declines in tobacco use, but also show that alcohol use continues to be a problem with our youth, with 68% of 7 – 12th graders reporting use in their lifetime.

Percentage of Texas Secondary Students Who Used Selected Substances: 1988–2004



The next chart provides another perspective on the scope of the substance abuse problem among youth in Texas. Of over 6 million youth in Texas, about 4.5 million were enrolled in school in 2004. Of students aged 9–17, about 1.3 million used substances in the past year. A little more than 500,000 youth are at high risk of substance abuse. About 28,195 juveniles had substance related arrests in 2004, and another 24,601 students were substance-related delinquent and there are an estimated 17,151 school drop outs. An estimated 75,974 youth in Texas need substance abuse treatment, and in 2004, 6,367 youth received treatment in state funded treatment facilities.

2004 Youth Population with Substance Use Involvement



These data clearly indicate that prevention and early intervention for the youngest members of our society should be a top priority. Patterns of illegal drug use vary over time and according to age group. “The age when young people first start using alcohol, tobacco and illicit drugs is a powerful indicator of later alcohol and drug problems, especially if use begins before age 15. People who begin smoking or using alcohol when they are very young are more likely to be heavy users of these substances later on. In fact, more than 40% of those show started drinking at age 14 or younger developed alcohol dependence compared to 10 percent of those who began drinking at age 20 or older.” (Robert Wood Johnson Foundation, Substance Abuse: The Nation’s Number One Health Problem. Key Indicators for Policy/update February 2001). On average, Texas students begin using tobacco, beer, and inhalants when they are 12 years old and illegal drugs when they are 13 years old. Schools are a natural place to reach youth, preferably as early as possible, before there are problems with delinquency, drop outs, or involvement with the criminal justice system.

Impact on Society

- ◆ One fourth of the people on welfare assistance have a substance abuse problem that creates a substantial barrier to finding and keeping a job.
- ◆ Of all substance abusers, 3/4 are employed, but are more than twice as likely to be absent and health care costs for employees with alcohol problems are double those of other employees.
- ◆ Lost productivity due to alcohol and drugs cost Texas \$11.2 billion in 2000.

- ◆ Overall, about three-quarters of all prisoners are involved with alcohol or drugs.
- ◆ Four out of every 10 inmates said they were high or drunk when they committed the offense.
- ◆ Crimes most closely related to alcohol use at the time of offense were violent ones—assault, murder, manslaughter, and sexual assault.
- ◆ One out of every six inmates committed a crime to support a drug habit.
- ◆ Crime related to substance abuse cost Texas close to \$4 billion dollars in 2000 and accounted for about 48% of total expenditures in the state’s criminal justice system.

Incarcerated Populations Needing Substance Abuse Treatment



*Substance Abuse Felony Punishment Facilities

Sources: Texas Commission on Alcohol and Drug Abuse –series of studies of substance abuse among inmates in Texas correctional facilities, 1998-2001



TEXAS DRUG DEMAND REDUCTION STRATEGY

Substance use disorders are intertwined with virtually every public health, social, and economic problem and cannot be addressed in isolation. The environment, laws, government policies, and social norms have a direct impact on the level of drug demand in a community. Substance abuse, underage use, and other illegal substance use are preventable behaviors. Prevention is a process of building healthy individuals, families, and communities. Treatment is effective; however, alcoholism and drug dependence are chronic illnesses and the path to recovery often includes temporary episodes of relapse. Enforcement must be supported in the effort to protect the state's residents and administer appropriate sanctions. While individuals who engage in illegal behavior must be held accountable, the illness itself is a medical condition that must be addressed through both treatment and rehabilitation. Activities to improve public health and actions to enhance public safety should be complementary.

Goals:

The Texas Demand Reduction Strategy identifies four goals. These goals, which also serve as themes of this report, guided the committee in setting strategic objectives.

1. **Prevention:** Stop use before it starts.
2. **Treatment:** Heal Texans who are dependent on alcohol and other drugs.
3. **Enforcement:** Disrupt the market.
4. **Integration:** Create a unified response.

Strategic objectives:

The Strategy is organized around nine strategic objectives. Individually, the objectives can guide practice at state and local levels. As a group, they serve as guiding principles for developing statewide policy and for accomplishing a balanced approach to drug demand reduction. These nine objectives are as follows:

1. Build Partnerships

Drug demand reduction involves a multitude of government agencies, private organizations, and individuals. Effective and meaningful collaboration is essential in order to reduce fragmentation and duplication of efforts, increase efficiencies, and improve outcomes. Many agencies address drug abuse, but each has a unique mission and distinct priorities. Their combined activities relating to the impact of drug abuse are often fragmented, diluting the overall impact.

Collaboration at the state level must be mirrored at the local level. While state agencies can create a framework, communities must do the real work of integration. The heart of local collaboration is an organized coalition that brings together diverse agencies, organizations, and individuals from all sectors of the community. Substance abuse coalitions must expand to encompass a broad view of demand reduction to include prevention, treatment and enforcement. Demand reduction requires effective teamwork among federal, state, and local stakeholders—public and private—to address problems at the community level.

2. Invest for results

Agencies have an obligation to ensure they are using funds effectively and efficiently. With limited funds available, every dollar must achieve the greatest possible impact. The state must implement strategies that provide the greatest return on investment. Decision makers need information about how well programs are performing and their relative value in relation to achieving the state's demand reduction goals. The federal Center for Substance Abuse Prevention has established a National Registry of Effective Programs which reviews individual programs for evidence of effectiveness as demonstrated by science-based evaluation methods and published reports on specific programs. Research has revealed a great deal about what makes treatment effective, and while the findings cannot be reduced to a standard program that is uniformly applied to all clients, the Center for Substance Abuse Treatment provides valuable information on best practices.

Investing for results represents a dramatic shift in the fundamental philosophy of public funding. While government has traditionally been concerned with how many people receive services, it must now focus on how many individuals benefit from services. The bottom line is not service delivery, but its impact on drug demand reduction and the health and safety of the people of Texas.

3. Strengthen the legal framework and social environment

Among the most powerful resources that government can provide is a framework of effective, coordinated state laws, regulations, and policies that support drug demand reduction and serve as models for local jurisdictions. Individual state agencies have rules and policies that impact clients of other agencies and jurisdictions. Substance abuse related mandates proliferate at the local level in the same way. Agencies must work together to communicate and coordinate their various requirements. Once the framework is established, the social environment must be influenced by communicating a strong, clear, consistent message that supports drug demand reduction. Resources must be invested to promote healthy attitudes and behaviors through the media, schools, and other public and private institutions.

4. Expand and strengthen community coalitions

The power of a coalition is its ability to unite diverse stakeholders, address a problem from multiple perspectives, and draw upon resources from all sectors of the community to create an integrated strategy for change. Planning must result in a well-defined set of objectives and concrete strategies for achieving them. Effective coalitions rely on strategies that use research-based principles and practice to effect change and have systems in place to evaluate their progress and make necessary adjustments.

To achieve a more comprehensive approach to drug demand reduction, coalitions must expand their focus to address related problems such as youth violence, crime, teenage pregnancy, delinquency and truancy, and child abuse. While these issues may have separate constituencies, they reflect the same underlying needs. One community may have several different coalitions working in isolation to address specific issues, often competing for attention and contributions. By coordinating and leveraging efforts, coalitions can create a far more powerful force for change and move closer to the goal of healthy children, families, and communities.

5. Intervene early

Research has identified risk factors that make children more vulnerable to substance abuse, as well as protective factors that foster resiliency and help them grow up healthy and drug-free. These findings allow a community to identify which children are at greater risk of developing drug problems and target resources to lower their level of risk. Because the effects of a parent's drug problems can have a lasting impact on children, it is critical to connect children with services to break the generational cycle of addiction. Early intervention is the next line of defense against substance abuse. Addiction is a disease that becomes more serious over time; the sooner someone receives help, the better their chances of recovery.

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

6. Match people to appropriate and effective services

The state must ensure that a range of options are available so that resources are spent on appropriate services. A full spectrum of services encompasses multiple levels of prevention, treatment, and recovery support. A comprehensive array of services must be combined with effective screening and placement systems to ensure people receive the services most appropriate to meet their needs.

Proper placement not only improves outcomes, but also ensures that limited resources are used efficiently. While it is possible to describe typical phases of the recovery process, everyone experiences it differently. The treatment system must be flexible enough to meet the individual needs of clients and respond to their changing needs and circumstances. Research-based guidelines can help providers match clients with the programs most appropriate for them and move them into different services as their needs change, enhancing the likelihood of success and promoting efficiency. The American Society of Addiction Medicine has developed patient placement criteria that are generally accepted as a best practice model for matching clients with the appropriate service. DSHS has developed and implemented placement guidelines designed to inform placement decisions in more resource constrained environments.

7. Break the cycle of addiction and crime

Drug and alcohol abuse and addiction are a factor in the crimes of a majority in the juvenile and criminal justice systems, especially repeat offenders. The traditional response to crime committed by those with alcohol and drug problems relies on deterrence through increased arrests, tougher sanctions, and mandatory sentencing laws.

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

8. Develop a strong workforce

Professionals and private citizens alike must be equipped to reject illegal and underage use of alcohol and drugs, build healthy families and communities, and implement recovery-based solutions to the problems that result from substance abuse. The professional workforce plays a critical role in reducing drug demand and includes professionals throughout the state's service system, particularly those in education, health and human services, and law enforcement. These workers must be trained in the principles of prevention, treatment, and enforcement so they can foster the development of healthy children and families. Workers who interact with people who have drug use problems, or are at risk for developing them, need a clear understanding of substance abuse, how it impacts the populations they serve, the available resources and how to access them, as well as the skills to implement appropriate interventions.

A long-term goal is incorporating substance abuse education in higher education courses and certification processes for educators, human service professionals, law enforcement officers and court officials. These professionals are key community resources and must be appropriately trained.

9. Confront Discrimination

Investments in treatment will be fully realized when society understands that addiction is a treatable medical condition, affords addicted and recovering individuals the same dignity as other citizens, and offers them equal access to services and opportunities for lifetime success. People in treatment and recovery face obstacles in securing healthcare, insurance, education, employment, housing, and human services—the very services research shows are critical to long-term stability. Individuals struggling to overcome substance abuse or addiction face many challenges, but none are greater than the attitudes of other people. This pervasive stigma is rooted in lack of knowledge and understanding. Society generally views chemical dependency as a moral weakness instead of a medical condition. Changing attitudes begins with education so people understand that addiction is an illness and that treatment is effective. Laws, policies, and practices must be adopted to encourage acceptance, tolerance and equal opportunity for recovering individuals.



ADVANCING THE STRATEGY

NEW INITIATIVES IN DRUG DEMAND REDUCTION

Goal 1 Prevention: Stop use before it starts.

Over the past decade, community coalitions have emerged as a core component of prevention. Substance abuse coalitions are now being encouraged to partner with other community coalitions organized to address related issues such as crime, public health, and education. While these issues have separate constituencies, they reflect the same underlying needs. Prevention research has identified a common set of factors that increase a child's risk of developing problems and a corresponding set of factors that protect the child from adverse conditions and promote healthy growth. All prevention efforts are aimed at developing healthy resilient children, and they generally employ similar strategies. The heart of prevention, regardless of the issue, is decreasing risk factors and increasing protective factors.

Workforce Development Initiative

The professional workforce plays a critical role in the infrastructure to reduce drug demand. In September 2003, the Southwest Center for the Application of Prevention Technologies convened nine states to examine the status of the prevention workforce in each state. The Texas Workforce Development team began mapping prevention services and professionals in the state, determining that there are about 210 Certified Prevention Specialists and more than 1000 Texans who have taken the Substance Abuse Prevention Specialist Training (SAPST) training that prepares the workforce for certification. Surveys conducted at the TCADA (DSHS) Prevention Conference in November 2003, at the Safe and Drug Free Schools Conference in February 2004, and at various SAPST trainings to assess the level of interest in a professional statewide organization indicated that over 150 prevention specialists were interested in such an organization. The Texas team convened in November 2003 to develop goals for the formation of a professional statewide organization, certification, and degree programs on campuses. In November 2004, the Texas team compared prevention workforce competencies and requirements. In the coming year, the DDRAC will identify next steps to improve the quality of the prevention workforce in Texas.

Ecstasy Program

TCADA (DSHS Community Mental Health and Substance Abuse Services Section), in collaboration with four community-based prevention organizations located in Fort Worth, San Antonio, Houston, and El Paso, received a CSAP grant in October 2004, to fight the spread of Ecstasy and other club drugs. The five-year, \$5.8 million Ecstasy grant are divided equally among the four communities to implement projects that have strong evidence of effectiveness in reducing and preventing the use of ecstasy.

Texas State Incentive Program

Much has been done to develop community coalitions, but many communities still lack this resource or require assistance to firmly establish their coalitions. Texas is increasing the number and capacity of community coalitions through the Texas State Incentive Program (TSIP). The TSIP began in 2002 and is a three-year, \$12 million grant from the Center for Substance Abuse Prevention designed to strengthen the prevention infrastructure in Texas. Awarded to the Office of the Governor, the SIG has been managed by the Texas Commission on Alcohol and Drug Abuse (now DSHS) with guidance from an advisory committee comprised of prevention experts from across the state and the DDRAC prevention subcommittee.

Other TSIP dollars are used to strengthen coalitions by linking them to create a comprehensive network. The state has also established a process to recognize exemplary coalitions and three coalitions were awarded as community champions: Rio Grande SAFE Communities coalition in El Paso, the Circles of San Antonio Community Coalition and the Safe and Drug Free Communities Coalition at Clear Creek Independent School District near Houston. The Rio Grande SAFE Communities Coalition, a bi-national, tri-state coalition, was given an exemplary program award by CSAP in 2004 and another TSIP coalition in Richmond, Community Action Prevention Partnership (CAPP) recently received recognition by the Community Anti-Drug Coalitions of America (CADCA).

TSIP provides a vehicle for measuring the effectiveness of the prevention efforts and progress in reducing substance use in local communities. Over 12,000 12-17 year old youth received services in the first year of implementation. TSIP programs had a positive effect on risk and protective factors statewide. At an age when young people are displaying increased onset of drug use, children in TSIP programs did not. TSIP youth did not increase their drug use; in fact they showed decreased drug use. A similar pattern can be seen in attitudes and behaviors associated with risk of drug use, with TSIP youth showing a lower future intent to use alcohol, tobacco and other drugs from baseline to post-test, and an increase in perceptions that peer abstention is desirable.

Texas State Incentive Program Strategic Prevention Framework

In October, 2004, DSHS Community Mental Health and Substance Abuse Services, through the Governor's Office, entered a cooperative agreement with CSAP to oversee the TSIP SPF, a five-year \$11.5 million grant. TSIP SPF (Strategic Prevention Framework) will provide local community coalitions with the expertise to carry out planning and implementation of community prevention activities. DSHS will oversee funding coalitions to meet the following goals: 1) Prevent the onset and reduce the progression of substance abuse, including underage drinking; 2) Reduce substance abuse-related problems in communities; 3) Build prevention capacity and infrastructure at the state and community levels.

The Texas Epidemiological Workgroup (TEW) has been developed through the TSIP SPF to provide a comprehensive picture of substance abuse, mental health and related prevention needs and resources in the state. The TEW consists of a group of social science researchers from state agencies and universities. Their expertise in epidemiology and needs assessment related to substance use will be used to identify information gaps, resources, and problems to be addressed.

Goal 2 Treatment: Heal Texans who are dependent on alcohol and other drugs.

TCADA (DSHS, Community Mental Health and Substance Abuse Services Section) initiated a number of initiatives in the past two years that illustrate the DDRAC goals to collaborate at all levels, facilitate access to treatment, and build multi-level partnerships.

Resources for Recovery

Resources for Recovery: State Practices That Expand Treatment Opportunities, is a competitive program sponsored by the Robert Wood Johnson Foundation in collaboration with SAMHSA. The purpose is to improve access to treatment by helping states identify, support and implement strategies to maximize available federal and state funding streams. Texas was one of fifteen states selected to participate in a two year policy forum for alcohol and other drug treatment and financing. Assistance provided through the program includes periodic meetings, workshops, and seminars; on-site consultation; technical assistance; and access to resource materials and experts. Each state uses these resources to develop a treatment access improvement plan.

Texas has chosen to focus on making better use of existing dollars by building on current strengths such as the Behavioral Health Integrated Provider System (BHIPS) clinical information system, strong relationships with key stakeholders, and a robust support system for transferring research to practice. Treatment dollars can be efficiently used by matching individuals with appropriate and sufficient services, ensuring systematic care coordination, and using brief and alternative treatment modalities. Texas has already implemented a significant portion of its plan by:

- ◆ Using research based guidelines to match clients with appropriate treatment;
- ◆ Redesigning the service delivery system to conduct systematic outreach, control the "front door," and coordinate care;
- ◆ Redistributing the mix of services and adding outpatient detoxification; and
- ◆ Promoting brief intervention as an alternative for low-severity and relapsing clients.
- ◆ Doubling the number of intervention programs for pregnant and post-partum women.

Redesigned Service Delivery System

In the 2005 procurement for DSHS Substance Abuse services, movement was made toward the development of a research-based set of services. One of the major changes was the creation of a "front door" to substance abuse treatment services through contracted providers. The Outreach, Screening, Assessment and Referral (OSAR)

programs determine both clinical and financial eligibility to ensure appropriate placement. The OSAR performs clinical utilization management and service coordination to high-severity clients. Other services include: engagement counseling, crisis intervention, and interim services for people on a centralized waitlist for residential care.

Data Reporting for Licensed Treatment Providers

DSHS has begun data collection that will advance our efforts to invest for results. Effective September 1, 2004, aggregate client data on specific measures will be collected for all licensed substance abuse treatment facilities. Measures include:

- ◆ Total number of clients served for fiscal year
- ◆ Total number of clients served, by diagnosis
- ◆ Gender of clients served
- ◆ Ethnicity of clients served
- ◆ Age of clients served
- ◆ Primary and secondary drug at admission
- ◆ Discharge reason
- ◆ Average percent of occupancy for each residential program, by service type

This data will provide DSHS with a more accurate picture of clients and types of treatment services available throughout the state, allowing for better placement of services to meet client needs.

Treatment of Persons with Co-Occurring Substance and Mental Health Disorders (COSIG)

The Dual Diagnosis Project (now COPSD) was initially funded in 1996, partnering the Texas Department of Mental Health and Mental Retardation and the Texas Commission on Alcohol and Drug Abuse (now DSHS Community Mental Health and Substance Abuse Services Section) to serve individuals with co-occurring psychiatric and substance abuse disorders. In 1999, these efforts were awarded the National Council Award of Excellence by the National Council for Community Behavioral Health, and in 2001, the project was selected as “exemplary” by the Center for Mental Health Services. In 2004, 4,713 co-occurring clients were served by 26 funded programs. The majority of clients received appropriate referrals and demonstrated improved living situations and abstinence at follow-up.

The Co-occurring State Incentive Grant (COSIG) is a \$3.9 million 4-year grant awarded to TCADA (DSHS Community Mental Health and Substance Abuse Services) by CSAT in 2003. COSIG supports the expansion of this service delivery in the state with a new focus on system competency vs. individual counselor competency to provide services for the special needs of co-occurring clients. COSIG intends to: 1) increase capacity of existing services to clients with co-occurring disorders; 2) ensure co-occurring competency of providers through training; and, 3) evaluate COSIG client outcomes in the new system. Evaluating outcomes in the COSIG will enhance the state’s ability to sustain long term change in the service delivery system to meet the needs of more Texans with co-occurring disorders.

Project InSight (SBIRT)

DSHS was awarded a \$15 million competitive federal grant to implement an enhanced system of screening, brief intervention, referral and treatment. Project InSight is funded for 5 years, beginning in 2003. Project InSight is a collaborative effort involving DSHS Community Mental Health and Substances Section, the Harris County Hospital District (HCHD), the Council on Alcohol and Drugs Houston, the University of Texas at

Health Sciences Center, Baylor College of Medicine, the University of Texas at Austin, and the UT Harris County Psychiatric Center. InSight is a model program with the main focus of restructuring the general and specialty service delivery systems in typical physical health settings to integrate services and intervene with patients who are high risk or exhibit problem use of alcohol and other drugs.

This initiative incorporates substance use screening and brief interventions as routine healthcare procedures within the Harris County Hospital District's service delivery system and creates a bridge between the general medical and the substance abuse service delivery systems. Special emphasis is given to early identification and intervention with individuals who are abusing substances but have not yet become dependent. The project also will build support systems in primary care settings to monitor high-risk and recovering individuals and ensure early intervention if symptoms escalate. Individuals who need more extensive treatment are referred to specialty substance abuse treatment programs.

InSight includes comprehensive training programs to educate healthcare staff about the medical consequences of problem alcohol and drug use. More extensive training prepares an interdisciplinary team of specialists to conduct in-depth assessments and brief counseling within the general and specialty healthcare systems. The training programs are supported by process improvements and development of a support system to promote continued learning. These efforts will be supported by a patient outreach initiative and a healthcare professional awareness and education initiative to promote screening outside the district. The project will include a formal evaluation of the clinical aspects and the cost effectiveness of the project to support replication.

Access to Recovery through Drug Courts (ATR)

DSHS will support the developing drug court system in Texas with a \$23 million competitively procured federal award. The previous DDRAC report identified drug courts as an efficient and cost-effective strategy to break the cycle of addiction and crime. In 2001, the 77th Legislature passed HB 1287, which defined drug courts by codifying the U.S. Department of Justice's Ten Key Components of Drug Courts and required counties with populations over 550,000 to establish drug courts. The Legislature appropriated \$750,000 annually for drug court grants. In 2003, the 78th Legislature passed House Bill 2668, which requires treatment for first time, low-level nonviolent drug offenders, essentially paving the way for statewide implementation of the drug court model. Budgetary constraints have forced the state appropriation to remain static while the number of drug courts has increased dramatically. Additional funds are needed to increase the treatment capacity for these drug courts. The ATR will supplement current drug court programs by allowing additional offenders to participate in Bexar, Dallas, El Paso, Harris, Tarrant and Travis counties.

Through this three-year federal grant from CSAT, Texas will increase treatment and recovery support services for eligible drug court offenders with the ATR Program. The ATR will provide services for substance abusing and dependent Texans in the criminal justice system through a voucher system. Services available through this system will include assessment, clinical treatment, and recovery support provided through a network of multiple drug courts, licensed treatment providers and recovery support providers (including faith and community-based) each of whom will sign an Memorandum of Agreement with DSHS. Assessment, treatment, and recovery support programs will bill the participant's voucher through the state's web-based clinical record, BHIPS, that includes the capability of gathering data for monitoring and evaluation purposes. Each drug court will be directly linked to an independent assessment entity and numerous community organizations to ensure adequate choice of providers and services for drug court participants.

Goal 3 Enforcement: Disrupt the market.

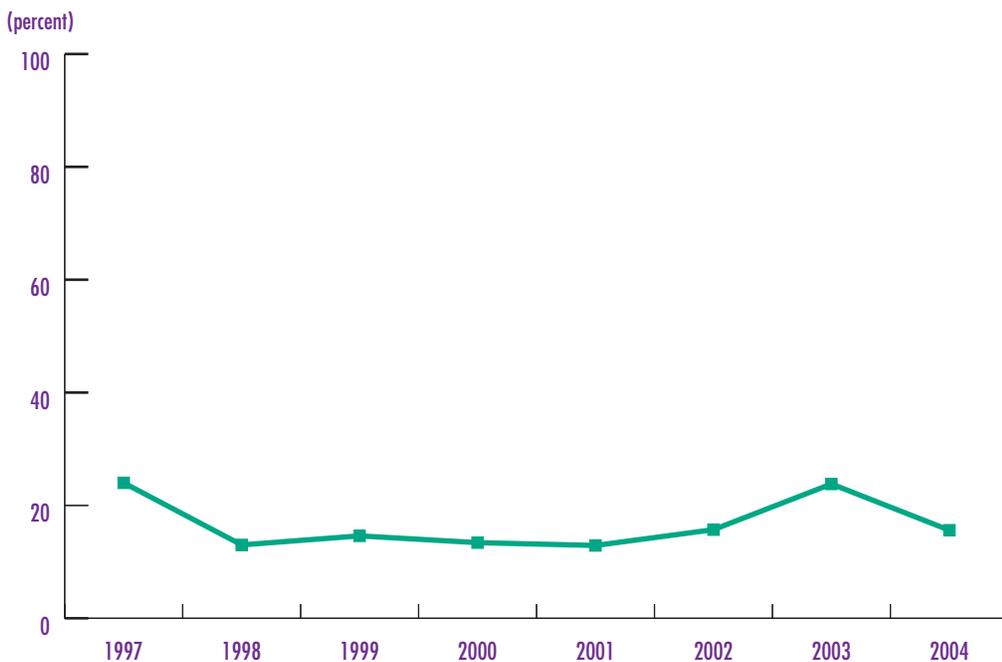
Texas has many statutes aimed at preventing drug use and abuse. A key goal is to elevate the priority given to compliance with laws that limit minors' access to tobacco and alcohol to the level of priority given to other illegal drugs. These drugs are gateway drugs—the experimental doors through which young people usually pass on their way to use of other drugs. Research shows that adolescents who smoke and drink are much more likely to develop drug use problems. More than 90 percent of adults with substance use disorders start using before age 18, and half begin using before age 15.

State Tobacco Initiative

The Comptroller of Public Accounts is responsible for enforcing the minors and tobacco laws in Texas. Working alongside the Comptroller, TCADA (now the Department of State Health Services, Community Mental Health and Substance Abuse Services Section), the DSHS Chronic Disease and Tobacco Prevention Division, local law enforcement and communities are committed to reducing underage access and use of tobacco products in the state. The state's collaborative efforts to enforce the State law, to conduct inspections, and to participate in comprehensive strategies to reduce minor access to tobacco products continued during the last year to maintain a low rate of illegal tobacco sales to minors. In 2004, the collaborative state agencies conducted 9 regional workshops to enhance collaboration between local law enforcement and Prevention Resource Centers at the community level, to educate community retailers, and enforce the Texas tobacco laws.

The State has also developed a new comprehensive retailer education packet, "I Can't Sell, You Can't Buy: Under 18 No Tobacco" that was mailed in May 2004 to over 29,000 retailers licensed to sell tobacco. With the theme of "Together We Can Stop Kids from Buying Tobacco," tobacco retailers were urged to join the efforts of the state to protect Texas youth from the harmful use of tobacco products. The Comptroller's office also licenses "seller training programs" that provide classes to merchants and their employees. There are 19 tobacco seller education programs located in communities across the state.

Tobacco Retailer Violation Rates in Texas



Meth Watch

Under a grant from the Office of the Governor, the East Texas Council of Governments in cooperation with Deep East Texas Council of Governments will model the Meth Watch program sponsored by the Consumer Healthcare Products Association (CHPA). This project is designed to help curtail the theft and suspicious sales of pseudoephedrine products, as well as other common household products used in the illicit manufacturing of methamphetamine in small, toxic labs. The goal of this program is to promote cooperation between retailers, law enforcement, agricultural community, and other community and school leadership to prevent the production of illegal drugs from legitimate commercial products and raise public awareness regarding the issue.

Stopping Sales to Intoxicated Persons (SSIP)

Recent research indicates that almost half of the state's drunk drivers had their last drink before driving from an establishment licensed to sell alcoholic beverages for on-premise consumption. Texas law prohibits sales of alcoholic beverages to those who are already intoxicated. The goal of SSIP is to significantly reduce the number of intoxicated drivers by using enforcement actions to motivate retailers, who might be inclined to do otherwise, to comply with the law.

In the course of SSIP operations, retailers who have sold to intoxicated persons in the past or who have been the subject of complaints concerning such violations are visited by enforcement agents posing as customers in the late evening hours of peak business nights. While in these establishments, the agents watch specifically for any sales made to intoxicated persons. If violations are observed, agents document the violations and then take action as warranted.

SSIP operations are usually preceded and followed by publicity blitzes. These publicity blitzes are intended to raise public awareness of the relationship between illegal sales and drunk driving and to building public support for efforts to curb illegal sales. A third, perhaps even more important goal, is to encourage voluntary compliance among retailers.

Full statewide implementation of the SSIP program began in fiscal year 2003. In that year, SSIP operations targeted 1628 establishments and generated 477 criminal charges and 138 administrative cases.

Drug Courts

Federal Grant Writing Technical Assistance for Drug Courts

In February of 2004, the Office of the Governor hosted a workshop on grant writing for Texas applicants to the federal Drug Court Grant Program administered by the U.S. Department of Justice, Bureau of Justice Assistance (BJA). The Governor's Office provided trainers from the National Drug Court Institute to facilitate the workshop. The Texas Commission on Alcohol and Drug Abuse (now DSHS, Community Mental Health and Substance Abuse Services Section) provided the facilities and logistical support for the training. In 2004, two Texas drug courts received implementation or enhancement grants from BJA totaling \$510,082.

DWI Court Initiative

The U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA), recently launched a DWI Court Initiative to support and promote treatment for DWI offenders through a drug court model. NHTSA has partnered with the Texas Department of Transportation, Mothers Against Drunk Driving, and the National Drug Court Institute to spread awareness and formalize support of DWI courts through judicial seminars and a training series for interested jurisdictions.

Rural Drug Court Initiative

In an effort to establish drug courts in rural jurisdictions which have limited access to treatment providers, training, and other resources, the Criminal Justice Division (CJD) of the Governor's Office launched a Rural Drug Court Initiative under the federal Local Law Enforcement Block Grant (LLEBG) program. Beginning in January 2005, CJD will award grants to assist eligible rural jurisdictions in commencing drug court operations, with a focus on staff training, developing policies and procedures, and observing other drug courts in the state.

Drug Court Standard Performance Measures Pilot Project

The Criminal Justice Division (CJD) of the Governor's Office is implementing a pilot project to collect standard performance measures on Texas drug courts that are funded by CJD through both state and federal funds. In previous years, performance measures have varied by funding source. In FY 2005, all CJD drug court grantees must report on specific outputs and outcomes, including the number of assessments, enrollments, participants, successful graduations, failures, demographics of participants, drug-free babies born to participants, family reunifications, participants who earned a high school diploma or GED, participants employed at graduation, the number and percent of positive drug tests during each phase of the program, and participants arrested for a new and separate offense while in the program. Grantees are encouraged to track and report the number of graduates re-arrested up to 18 months post-graduation.

Drug Court Planning Guide

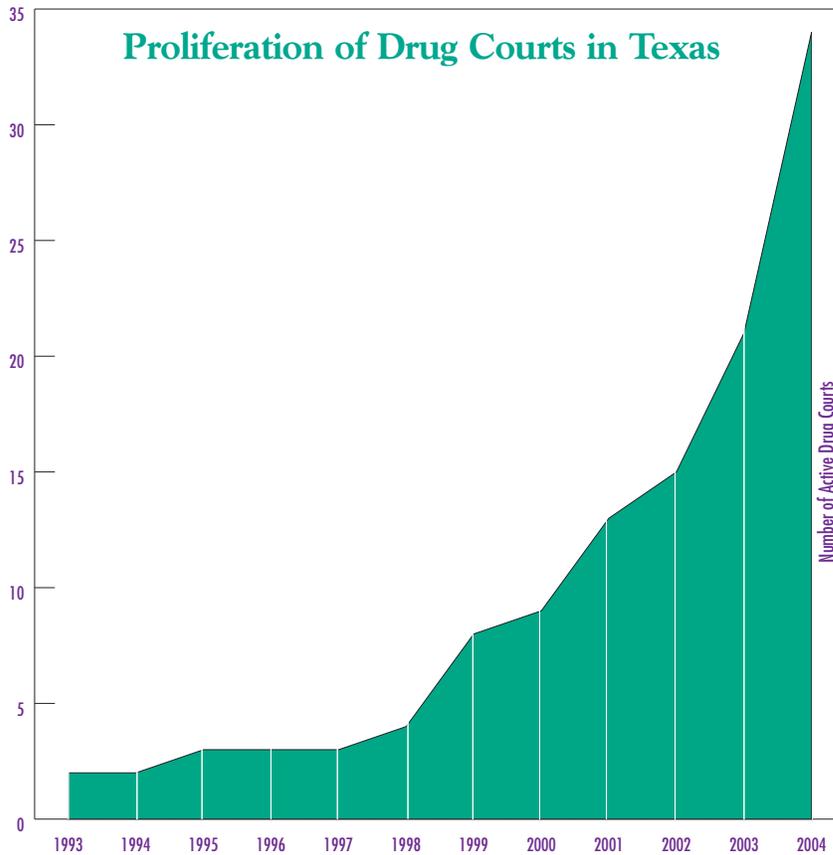
In 2004, the Criminal Justice Division of the Governor's Office partnered with the Texas Association of Drug Court Professionals (TADCP) to create a drug court planning guide. This document, entitled *Planning and Implementing Drug Courts in Texas: A Resource Guide*, represents the insights of many seasoned drug court professionals and will be a useful tool for jurisdictions that are interested in pursuing a drug court program. The guide will be available through the TADCP in January 2005.

New Research on Cost-Benefit of Drug Courts

A 2004 cost-benefit analysis conducted by the Institute of Applied Research, of the St. Louis City Adult Felony Drug Court compared drug court graduates with a control group of drug offenders who successfully completed probation. Although the study found that it costs about \$1,500 more for a drug offender to complete drug court than probation, the study concluded that the difference is recovered and surpassed by savings to the community within two years of discharge. By collecting state and local data related to wages, welfare, Medicaid, drug and alcohol treatment, mental health treatment, criminal arrests and convictions, time in jail, prison sentences, court hearings and other court activities, administration and supervision in drug court and probation programs, and births of drug-exposed infants, the study found a savings of \$2,615 per drug court graduate during the first 24 months after discharge compared to probation completers. That figure increases to \$7,707 in projected net savings over a four-year period, representing the "expenses that would have been incurred by the taxpayer had these drug court clients attended regular probation."

Proliferation & Funding of Drug Courts in Texas

In the 9 years since the first Texas drug court started (1993), to the deadline cited in HB 1287 (2002), 15 drug courts became operational in 8 counties. However, in less than two years following implementation of HB 1287, the drug court movement in Texas demonstrated tremendous momentum. Local success stories, support from state government, and grassroots efforts have increased awareness of the program. As of December 2004, there are 34 active drug courts in 20 Texas counties; 6 of these programs began operations in 2003 and 13 more in 2004. The



state appropriation for drug court grants (\$750,000) has remained static since its inception in fiscal year 2002, while the demand for these funds has increased substantially. The following chart depicts the recent growth trend.

Goal 4 Integration: Create a unified response.

Agency Consolidation

Texans who seek the services and protections of the state's health and human services enterprise today face a bewildering array of organizations, office locations, and overlapping (sometimes conflicting) programs and services. From the state's point of view, there is a lack of coherence and a lack of integration in the services being provided to individual clients, groups of clients, or geographic areas. This fragmentation can compromise the dignity and independence of some of society's most vulnerable members.

With the passage of House Bill 2292 in May 2003, the 78th Texas Legislature set the stage for significant improvement in the delivery of services to all Texans who qualify for needed assistance by mandating a fundamental transformation of health and human services. Through this enactment, state leaders envision a consolidated and coordinated system of health and human services that is rationally organized, effectively managed, centered on client needs, and accountable for results. Health and human services officials are responsible for implementing systems and approaches which will achieve this vision. HB 2292 strengthens and clarifies accountability for results and sets expectations for significant improvement in the cost effectiveness of health and human

services agency operations in order to generate substantial, measurable, and sustainable savings.

Consolidations will also provide an opportunity for more cost effective operations. As 12 agencies are merged into five, their central office and regional/field operations and facilities can be integrated and streamlined. This will mark the beginning of continuous quality management across the entire health and human services enterprise, not just in its component parts, and will allow for the discovery and optimization of major cross-program (non-administrative) business processes such as integrated case management, clinical evaluation, and outcome-oriented cross-program contract management.

Collaborating and Integrating

DDRAC member agencies are committed to exploring innovative approaches to collaborate on joint projects, integrate services where appropriate to maximize resources, and create a seamless statewide strategy for reducing drug demand. Systemic and substantive change, however, will require legislative attention.

Texas supports national prevention, treatment and enforcement initiatives that provide a framework for drug demand reduction and encourage intragency, interagency, and state-national collaboration. For example, the state partners with the federal government in sponsoring the Access to Recovery program, Project InSight, treatment for co-occurring psychiatric and substance abuse disorders, and Resources for Recovery mentioned earlier in this report. The DDRAC will continue to monitor federal activities and initiatives to identify additional opportunities to align national and state efforts related to drug demand reduction and to bring additional resources to Texas.

At the individual agency level, TCADA (now DSHS, Community Mental Health and Substance Abuse Services Section) and the Department of Protective and Regulatory Services (now the Department of Family and Protective Services) entered into a Memorandum of Understanding (MOU) to facilitate inter-agency coordination of substance abuse services. In that MOU, youth in PRS state conservatorship receive TCADA funded substance abuse treatment services. PRS and TCADA staff conducted cross-trainings on the MOU and services for youth and other priority populations such as adult and adolescent women. The agencies jointly provide on-going technical assistance, problem resolution and service access coordination.

During FY03, there was an increased focus on designing the framework for a statewide service delivery system for women and youth. A revised MOU identified all Child Protective Services (CPS) clients as a priority population. TCADA revised agency rules and program requirements to include outreach and service coordination between women's programs and CPS offices. Coordinated interagency referral procedures for substance abuse/dependency screening and assessment were developed. During FY 04 PRS and TCADA staff trained regional staff and providers on the coordinated procedures. TCADA utilized a training contract to provide Motivational Interviewing to PRS regional directors and the Family Group Conferencing case managers. Motivational Interviewing is a "Best Practice" engagement approach for persons in need of substance abuse treatment.

Under the consolidated enterprise structure, DFPS (legacy PRS) and DSHS (legacy TCADA) will continue to work closely together to facilitate and enhance existing inter-agency service access and coordination while also researching best practice models to strengthen existing and future inter-agency efforts.

Training

Texas also partners with the federal government by collaborating with a regional Center for the Application of Prevention Technology and an Addiction Technology Transfer Center. These centers of learning, along with the DSHS Substance Abuse Information Center provide valuable information to members of the public, agency staff, treatment providers and interested stakeholders. Federal grants for prevention, for co-occurring psychiatric and substance abuse disorders, and physical health care providers include funding specifically designated for training efforts to increase workforce competencies in the arena of substance abuse. One of the most important resources in the state's prevention infrastructure is the statewide training and technical assistance initiative, which is funded by TCADA. Cited by the Center for Substance Abuse Prevention as a model for replication by other states, the initiative provides in-depth training to profes-

sionals and volunteers in the implementation of effective prevention programs and services, which includes curricula and implementation materials for a nominal fee. Trainings are dispersed throughout the state, reducing travel costs and increasing accessibility to a broad range of human service professionals and volunteers. In addition, DSHS sponsors a number of highly successful integrated training initiatives, including the annual Drug and Alcohol Institute, Best Practices Conference, and Prevention Conference.

Communities share the responsibility for training the professional and volunteer workforce. Texas is fortunate to have many prevention resources already in place, including 24 Regional Planning Commissions or Councils of Government, 20 Education Service Centers, and 11 Prevention Resource Centers. There is untapped potential for these systems to be linked, providing a network of resources providing information, training, and technical assistance for community organizations, coalitions, professionals, and concerned citizens.

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

Data

Texas needs a more comprehensive picture of drug-related problems, demand reduction activities and expenditures in order to effectively implement this strategy. Developing numerical targets requires a solid base of accurate information. While the state has reliable data about overall drug demand, information about specific aspects of the state's drug problems and demand reduction activities is fragmented. During the initial phase of its work, DDRAC member agencies shared information about how they collect program and performance data. Studies of the current system indicated no clear baseline against which to measure the impact of the Texas drug demand reduction efforts. Each agency has unique measures and its own system for collecting, storing, and reporting data. Measures, definitions and data are not comparable due to disparate terminology, data sources, and methods of analysis. Member agencies have initiated discussions on ways to establish a systematic process to share existing information on an ongoing basis and develop an adequate baseline for basic performance indicators. The next step is to address identified barriers and deficiencies to obtain a more complete source of information for decision-making and performance measurement. Significant barriers identified to date include performance measures and reporting requirements mandated by primary funding sources and oversight bodies, long-term contracts, and insufficient data collection systems. Over the coming years, member agencies will use the information already gathered and the approach outlined above to define performance and outcome measures for demand reduction strategies supported by multiple agencies. Ultimately, progress in this area will require the capacity to match data across agency databases and the resources and legislative directive to accomplish this effort.

Progress on Demand Reduction Strategy

The Texas Drug Demand Reduction Strategy is organized around nine strategic objectives. Taken individually, these objectives can guide practice at state and local levels. As a group, they serve as guiding principles for developing statewide policy and for accomplishing a balanced approach to drug demand reduction. Vertical and horizontal integration of services and objectives are proving to be effective and efficient ways to reduce drug demand. Member agencies have successfully undertaken numerous initiatives built upon the statewide strategy. Early intervention, public private partnerships involving community organizations, results oriented services and coordination with the legal system are demonstrating the effectiveness of a multi-faceted statewide strategy. The following series of charts demonstrate how member agencies, new programs, and existing programs and services are implementing these strategic objectives.

**Agency
Integration of
Strategic
Objectives**

	<i>Build Partnerships</i>	<i>Invest for Results</i>	<i>Strengthen Legal Framework & Social Environment</i>	<i>Expand & Strengthen Community Coalitions</i>	<i>Intervene Early to Prevent & Treat Substance Abuse</i>	<i>Match People to Appropriate & Effective Services</i>	<i>Develop A Strong Workforce</i>	<i>Confront Discrimination</i>
Office of Governor - Criminal Justice Division	✓	✓	✓	✓	✓	✓	✓	✓
Department Family & Protective Services		✓		✓	✓	✓		
Department Public Safety	✓			✓				
Department State Health Services	✓	✓	✓	✓	✓	✓	✓	✓
Health & Human Services Commission	✓	✓		✓	✓	✓		
Texas Alcoholic Beverage Commission	✓					✓		
Texas Education Agency	✓	✓	✓	✓	✓			
Texas Department of Criminal Justice	✓	✓	✓	✓	✓	✓	✓	✓
Texas Juvenile Probation Commission	✓		✓	✓	✓	✓		
Texas Youth Commission	✓	✓	✓	✓	✓	✓		
Texas Workforce Commission	✓							
Texas National Guard	✓	✓	✓	✓	✓		✓	
Texas Department of Transportation	✓	✓	✓	✓	✓		✓	
Department of Assistive & Rehabilitative Services			✓					

Strategic Objectives for New Programs

	<i>Build Partnerships</i>	<i>Invest for Results</i>	<i>Strengthen Legal Framework & Social Environment</i>	<i>Expand & Strengthen Community Coalitions</i>	<i>Intervene Early to Prevent & Treat Substance Abuse</i>	<i>Match People to Appropriate & Effective Services</i>	<i>Develop A Strong Workforce</i>	<i>Confront Discrimination</i>
Workforce Development Issue	✓		✓	✓			✓	
Ecstasy Grants	✓	✓		✓	✓			
Texas State Incentive Program (TSIP)	✓			✓	✓		✓	
Resources for Recovery		✓				✓		
“Redesigned Service Delivery System (outreach, screening assessment & referral)”	✓	✓		✓	✓	✓		
Data Reporting for Licensed Treatment Providers		✓				✓	✓	
Co-occurring Mental and Substance Abuse Disorders State Incentive Grant (COSIG)	✓					✓	✓	✓
“Project InSight (screening, brief intervention, referral & treatment SBIRT)”		✓			✓	✓	✓	✓
Access to Recovery (ATR)	✓	✓	✓	✓	✓	✓	✓	
State Tobacco Initiative	✓		✓	✓	✓		✓	
Drug Courts	✓	✓	✓				✓	✓

Prevention Programs Strategic Objectives

	<i>Build Partnerships</i>	<i>Invest for Results</i>	<i>Strengthen Legal Framework & Social Environment</i>	<i>Expand & Strengthen Community Coalitions</i>	<i>Intervene Early to Prevent & Treat Substance Abuse</i>	<i>Match People to Appropriate & Effective Services</i>	<i>Develop A Strong Workforce</i>	<i>Confront Discrimination</i>
Partnership for Drug Free Texas	✓		✓	✓	✓			
Red Ribbon Campaign	✓			✓	✓			
Regional Partnership Program	✓	✓	✓	✓	✓		✓	✓
Prevention Resource Centers	✓			✓	✓			
Education Service Centers	✓	✓			✓			
Texans Standing Tall	✓		✓	✓			✓	
Statewide Training Initiative		✓						✓
South West Center for the Application of Prevention Technologies	✓							✓
Western Center for the Application of Prevention Technologies	✓							✓
Texas State Incentive Program				✓	✓			✓
Community Coalitions	✓	✓	✓	✓	✓			✓
Comprehensive School Strategies	✓	✓			✓			✓
Model & Effective Programs	✓	✓		✓	✓			
Texas National Guard Program	✓	✓	✓	✓	✓	✓	✓	✓
Drug Abuse Resistance Education(DARE)	✓			✓	✓			✓
Project SAVE	✓		✓	✓	✓			
Safe Prom/Safe Graduation	✓			✓	✓			
Shattered Dreams	✓			✓	✓			
Youth Power Camps	✓			✓				✓
Operation Weed & Seed	✓			✓	✓		✓	
Worth It	✓				✓			

Treatment Programs Strategic Objectives

	<i>Build Partnerships</i>	<i>Invest for Results</i>	<i>Strengthen Legal Framework & Social Environment</i>	<i>Expand & Strengthen Community Coalitions</i>	<i>Intervene Early to Prevent & Treat Substance Abuse</i>	<i>Match People to Appropriate & Effective Services</i>	<i>Develop A Strong Workforce</i>	<i>Confront Discrimination</i>
Community Based Treatment Programs	✓		✓	✓		✓		
Offender Education Programs (DWI)	✓	✓	✓	✓		✓		
Prison System- TDCJ Institutions		✓				✓		
Adult Probation- TDCJ Community Justice		✓				✓		
Adult Parole - TDCJ Parole Division		✓				✓		
Drug Courts	✓	✓				✓		
Texas Youth Commission		✓				✓		
Texas Juvenile Probation Commission	✓	✓	✓	✓		✓		



The work of the DDRAC during the last four years has demonstrated the potential for statewide, interagency cooperation. Member agencies have readily reached consensus on mission, principles, philosophy, goals, and strategic objectives of reducing drug demand. The challenge lies in implementing the vision. Competing demands for funding, staff resources, and the diverse missions of each agency have proven to be frequent barriers to full scale realization of planned activities. Almost half of the strategic objectives in the two year plan described in the 2003 DDRAC Report have been initiated, are ongoing, or are completed.

Progress on strategic objectives Two-Year Plan

The successful work of the DDRAC demonstrates the potential for reducing the social and economic consequences of substance abuse through state agency collaboration. Member agencies have readily reached consensus on mission, principles, philosophy, goals, and strategic objectives of reducing drug demand. The challenge lies in fully implementing the vision. Efforts associated with consolidation of state agencies, competing demands for funding, diminished staff resources, and the diverse missions of each agency have proven to be frequent barriers to full-scale realization of planned activities.

1. Build partnerships

Drug demand reduction occurs at the community level. Communities must be empowered to solve their own problems with the state providing resources and removing barriers. Collaborative efforts involve a multitude of governmental agencies and private entities. The Drug Demand Reduction Advisory Committee (DDRAC) has developed strategies for building federal, state, and local partnerships to reduce fragmentation of services and maximize resources to create safe, healthy Texas communities.

Strategies	Actions for 2003-04	Status
1 Link state and federal planning and coordination efforts related to drug demand reduction	◆ The DDRAC and its members agencies will coordinate the state's drug demand reduction strategy with federal plans and monitor federal activity to identify further opportunities to integrate federal and state efforts and utilize the best thinking on drug demand reduction	◆ Ongoing
	◆ The DDRAC will review studies, plans, and reports produced by other appointed committees and task forces and incorporate appropriate findings and recommendations into the statewide drug demand reduction strategy	◆ Ongoing
2 Develop self-sustaining partnerships among state agencies to ensure coordinated planning, funding, and service delivery	◆ Member agencies will continue to clarify system responsibilities, requirements, goals, capacities, and priorities to provide the basis for written agreements and standardized tools and practices among those engaged in demand reduction activities	◆ Ongoing
3 Establish a system for sharing data and information among participating agencies	Member agencies will: ◆ Identify existing data that is relevant to demand reduction	◆ Initiated

Strategies	Actions for 2003-04	Status
	<ul style="list-style-type: none"> ◆ Develop a protocol for sharing data among agencies ◆ Identify unmet data needs ◆ Develop and implement a plan to remedy unmet data needs 	<ul style="list-style-type: none"> ◆ Delayed ◆ Delayed ◆ Delayed
<p>4 Establish uniform definitions, performance and outcome measures, and reporting requirements across systems</p>	<p>State agencies that purchase or provide substance abuse services will:</p> <ul style="list-style-type: none"> ◆ Identify common definitions, performance and outcome measures, and reporting requirements ◆ Determine modifications needed for specific populations and settings ◆ Identify barriers to implementation and develop a plan to address the barriers 	<ul style="list-style-type: none"> ◆ Delayed ◆ Delayed ◆ Delayed
<p>5 Expand utilization of joint funding strategies</p>	<p>State agencies that purchase or provide substance abuse services will, as applicable:</p> <ul style="list-style-type: none"> ◆ Adopt basic funding criteria and cost data for use by all member agencies ◆ Determine possible coordinated or streamlined funding opportunities and develop implementation plans 	<ul style="list-style-type: none"> ◆ Delayed ◆ Delayed
<p>6 Establish partnerships with the private sector</p>	<ul style="list-style-type: none"> ◆ The DDRAC will identify key private organizations at the state level, develop and implement a plan for educating them about drug demand issues, and provide opportunities for input and involvement 	<ul style="list-style-type: none"> ◆ Initiated
<p>7 Make public and private “partnership building” a priority objective in all appropriate programmatic and funding activities at the state and local level</p>	<ul style="list-style-type: none"> ◆ Agencies that fund substance abuse services will require providers to demonstrate effective collaboration and ensure that contracts support these efforts 	<ul style="list-style-type: none"> ◆ Initiated at TCADA

Strategies	Actions for 2003-04	Status
8 Coordinate planning at the state and local level	<ul style="list-style-type: none"> ◆ The DDRAC will identify strategies to support integrated community planning and funding ◆ Member agencies will require sub-state units such as district and circuit offices to participate in existing substance abuse planning efforts, including specific requirements for outreach to Councils of Governments and others ◆ State agencies that provide planning guides for use at the local level will develop a uniform set of core planning guidelines 	<ul style="list-style-type: none"> ◆ Initiated ◆ Initiated at CJD ◆ Delayed
9 Leverage enforcement resources to enhance local prevention and intervention efforts	<ul style="list-style-type: none"> ◆ The DDRAC will study how other states have leveraged federal enforcement resources and develop strategies for similar efforts in Texas ◆ The DDRAC will support DEA and National Guard partnerships with high-risk communities in Texas ◆ The DDRAC will coordinate planning and implementation of the Drug Demand Reduction Strategy with the Texas Dept. of Public Safety's Drug Law Enforcement Strategy. ◆ Agencies that fund or support community coalitions will disseminate information about federal enforcement resources and programs 	<ul style="list-style-type: none"> ◆ Delayed ◆ Ongoing ◆ Initiated ◆ Initiated at TCADA & CJD
10 Strengthen and support the DDRAC	<ul style="list-style-type: none"> ◆ Implement legislative directives to strengthen and support the DDRAC 	<ul style="list-style-type: none"> ◆ Delayed

2. Strengthen the legal framework and social norms

Governmental mandates can advance or undermine drug demand reduction efforts. State statutes, regulations, and policies must foster healthy individuals and communities and serve as models for local jurisdictions. Clear, current, and consistent information supports the legal framework. Media and other communications efforts can also shape community norms related to alcohol and other drugs.

Strategies	Actions for 2003-04	Status
1 As required by SB 558, provide recommendations for strengthening the state’s legislative framework for drug demand reduction	The DDRAC will: <ul style="list-style-type: none"> ◆ Research model statutes and expert analysis of how drug-related statutes impact drug demand ◆ Review existing statutes related to tobacco, alcohol, and other drugs and make recommendations ◆ Review proposed legislation each session and make recommendations ◆ Publish guidelines and models for developing or revising statutes 	<ul style="list-style-type: none"> ◆ Ongoing at CJD ◆ Ongoing ◆ Ongoing ◆ Ongoing
2 Strengthen the state’s regulatory framework for drug demand reduction	<ul style="list-style-type: none"> ◆ The DDRAC will research model regulations and policies and publish resources for developing or revising regulations and policies, which may also serve as models for local jurisdictions ◆ Member agencies will review existing regulations and policies related to tobacco, alcohol, and other drugs and make appropriate revisions 	<ul style="list-style-type: none"> ◆ Delayed ◆ Initiated for Tobacco
3 As directed by SB 558, keep state leadership and the public informed about drug demand issues	<ul style="list-style-type: none"> ◆ The DDRAC will implement a systematic process for identifying key drug demand issues and communicating them to state leadership and the public on an ongoing basis 	<ul style="list-style-type: none"> ◆ Ongoing
4 Promote the use of consistent prevention messages at the state and local level	<ul style="list-style-type: none"> ◆ The DDRAC will continue to identify unifying prevention messages ◆ Members agencies will incorporate these messages into communications as appropriate 	<ul style="list-style-type: none"> ◆ Ongoing ◆ Initiated at TCADA & CJD

3. Invest for results

Investing in quality services produced long-term savings. Resources are limited, and it is necessary to improve the way they are used to achieve the greatest possible impact.

Strategies	Actions for 2003-04	Status
1 Ensure the state's drug demand reduction strategies maximize limited resources	The DDRAC will: <ul style="list-style-type: none"> ◆ Research relative return on investment of various drug demand strategies ◆ Coordinate with the State Auditor's Office initiative to evaluate return on investment ◆ Identify opportunities for cost savings and improved efficiencies 	<ul style="list-style-type: none"> ◆ Delayed ◆ Delayed ◆ Initiated at TCADA & CJD
2 Enhance evaluation of state-funded prevention programs	<ul style="list-style-type: none"> ◆ State purchasers of prevention services will, within existing regulations, apply the state's uniform criteria for evaluating state-funded drug abuse prevention programs ◆ The DDRAC will develop a strategic longitudinal evaluation plan for prevention programs in Texas 	<ul style="list-style-type: none"> ◆ Initiated at TCADA ◆ Initiated
3 Purchase treatment services that demonstrate positive outcomes	<ul style="list-style-type: none"> ◆ State purchasers of treatment services will use common performance standards and outcome measures to evaluate programs and guide treatment funding decisions 	<ul style="list-style-type: none"> ◆ Delayed
4 Employ research-based guidelines to determine the most cost-effective mix and duration of treatment services that will achieve positive results based on individual needs	<ul style="list-style-type: none"> ◆ State purchasers of treatment services will, in collaboration with the Texas Department of Insurance, identify or develop research based guidelines appropriate to specific populations and treatment settings for the public and private sectors 	<ul style="list-style-type: none"> ◆ Delayed

Strategies	Actions for 2003-04	Status
5 Establish payment levels for treatment that are consistent across agencies and sufficient to cover reasonable costs of providing effective research-based treatment with trained, competent professionals	State purchasers of treatment services will: <ul style="list-style-type: none"> ◆ Compare reimbursement methods and rate structures ◆ Define a common framework for determining reasonable costs ◆ Adopt a plan for achieving consistent and sufficient payment levels 	<ul style="list-style-type: none"> ◆ Initiated between CJD & TCADA ◆ Delayed ◆ Delayed

4. Expand and strengthen community coalitions

Strong, dynamic coalitions are essential to mobilize communities and unify drug demand reduction efforts that respond to local needs and priorities. Access to resources and support for providing evidence-based services is essential to building and maintaining strong, healthy communities.

Strategies	Actions for 2003-04	Status
1 Coordinate state efforts to create a network of community coalitions to support drug demand reduction efforts	The DDRAC will partner with the Texas State Incentive Program (TSIP) Advisory Committee to: <ul style="list-style-type: none"> ◆ Inventory existing coalitions and their involvement with drug demand reduction ◆ Develop a registry of community coalitions ◆ Identify opportunities for coordination and joint activities 	<ul style="list-style-type: none"> ◆ Initiated ◆ Complete ◆ Initiated
2 Expand and strengthen community coalitions to prevent substance abuse	The DDRAC will partner with the TSIP Advisory Committee to: <ul style="list-style-type: none"> ◆ Award competitive grants to qualified coalitions to provide evidence-based programs within their communities ◆ Develop and implement a coalition mentoring program ◆ Establish a process to formally recognize exemplary community coalitions 	<ul style="list-style-type: none"> ◆ Complete ◆ Initiated ◆ Complete
3 Promote a comprehensive coalition approach to drug demand reduction	<ul style="list-style-type: none"> ◆ Agencies that support coalitions will expand the focus of funded coalitions to address the role of treatment and recovery in prevention 	<ul style="list-style-type: none"> ◆ Delayed

5. Intervene Early

The earlier a problem is identified and addressed, the greater the chance for a positive outcome. Early intervention is also less expensive and produces substantial cost savings.

Strategies	Actions for 2003-04	Status
1 Give priority for state-supported services to adolescents and parents	◆ Member agencies (where applicable) will ensure priority population definitions include parents and other adults living in a household with children and parents of children in institutions or foster care	◆ Initiated at TCADA & CJD
2 Provide early identification and intervention for adolescents and families	◆ Member agencies will identify and prioritize strategies for early identification and intervention for adolescents and families ◆ Member agencies will, to the extent possible and appropriate, require treatment programs to link clients' children with prevention and mental health services	◆ Delayed ◆ Initiated at TCADA
3 Integrate appropriate screening and referral for substance use problems throughout the criminal justice and health and human service system, connecting them with assessment, intervention, and treatment	◆ Member state agencies will identify two priority areas for implementing or enhancing substance abuse screening and referral based on impact and feasibility ◆ The state agencies involved in the two priority areas will adopt a plan to develop screening and referral capacity supported by assessment, intervention, and treatment	◆ Delayed ◆ Delayed
4 Make state-supported substance abuse services readily accessible to the community with convenient schedules and locations	◆ State purchasers of substance abuse services will use accessibility as a criterion in funding decisions or provide other incentives to enhance accessibility	◆ Initiated by TCADA

6. Match people to appropriate and effective services

Limited resources can be used more effectively by matching people with the services most appropriate to meet their needs. Systems must not only provide access to treatment, but ensure that multiple forms of treatment and support are available so that resources are used for appropriate services.

Strategies	Actions for 2003-04	Status
<p>1 Establish a research-based array of services to address acute and chronic substance use problems across health, human services, and justice systems</p>	<p>◆ Member agencies will define a research-based array of services to address acute and chronic substance use problems</p>	<p>◆ Initiated at TCADA</p>
<p>2 Provide individualized, research-based treatment in all state-funded programs</p>	<p>State purchasers of treatment services will:</p> <ul style="list-style-type: none"> ◆ Agree on a common definition of individualized, research-based treatment ◆ Establish a plan with reasonable deadlines for including these expectations in contracts 	<ul style="list-style-type: none"> ◆ Delayed ◆ Delayed
<p>3 Use research-based criteria to match people with cost-effective treatment services to meet their needs</p>	<p>◆ Member agencies, in collaboration with the Texas Department of Insurance, will identify or develop research-based placement criteria for application in the public and private treatment facilities</p>	<p>◆ Delayed</p>
<p>4 Match offenders with appropriate treatment services based on an integrated assessment of criminal behavior, treatment needs, and potential risk to others</p>	<ul style="list-style-type: none"> ◆ The Texas Department of Criminal Justice, the Criminal Justice Policy Council, and the Texas Commission on Alcohol and Drug Abuse will refine assessment and placement criteria used within the criminal justice system to match offenders with treatment services ◆ The DDRAC will partner with the Texas Association of Drug Court Professionals to develop a plan to maximize the effectiveness of drug courts through appropriate client selection and implementation of best practices 	<ul style="list-style-type: none"> ◆ Delayed ◆ Ongoing by CJD & TDCJ

7. Break the cycle of addiction and crime

Drug and alcohol abuse and addiction drive the growing rate of incarceration and are implicated in the crimes of 80 percent of the adults in prison, especially repeat offenders. Seven out of ten youths remanded to Texas Youth Commission have substance abuse problems. To reverse this trend and reduce drug-related crime, enforcement must address the substance abuse and addiction.

Strategies	Actions for 2003-04	Status
1 Expand utilization of drug courts to link offenders with appropriate services, enforce compliance, and support success	◆ The DDRAC will identify high-need jurisdictions and work with community coalitions to stimulate formation of new drug courts and secure local funding and support	◆ Ongoing by CJD & TDCJ
	◆ The DDRAC will work with the Texas Association of Drug Court Professionals to create a Drug Court Toolkit to help communities develop and secure funding for drug courts	◆ Completed by CJD & TDCJ
	◆ Appropriate agencies will require funded programs to establish agreements with drug courts to facilitate referrals and coordinated case management	◆ Initiated by TCADA
2 Provide appropriate assessment, intervention, and treatment for offenders with substance use problems	The Texas Department of Criminal Justice, in collaboration with the Texas Commission on Alcohol and Drug Abuse and the Texas Criminal Justice Policy Council, will continue its review of treatment in the criminal justice system and identify strategies to:	
	◆ Improve the offender selection process and allocation of program resources to match offender needs	◆ Delayed
	◆ Strengthen post-release treatment, including retention and continuity of care	◆ Delayed
	◆ Create a statewide system of graduated sanctions, enhanced relapse prevention efforts, and programming to address technical violations	◆ Delayed
	◆ Improve program outcomes	◆ Delayed

Strategies	Actions for 2003-04	Status
<p>3 Identify how the state’s drug-related criminal penalties, sentencing guidelines, and implementation practices can be used most effectively</p>	<p>The DDRAC will:</p> <ul style="list-style-type: none"> ◆ Review research and expert analysis of the impact of drug-related criminal penalties, sentencing guidelines, and implementation practices on communities and drug demand ◆ Inventory the state’s criminal penalties, sentencing guidelines, and implementation practices ◆ Identify disparities in how sentencing and enforcement practices impact Texas communities ◆ Recommend changes to more effectively and efficiently reduce drug demand and eliminate disparities and other unintended consequences 	<ul style="list-style-type: none"> ◆ Ongoing at CJD & TDCJ ◆ Delayed ◆ Delayed ◆ Delayed
<p>4 Promote and support prevention-related enforcement efforts</p>	<ul style="list-style-type: none"> ◆ The DDRAC will study the extent of monitoring and enforcement of laws designed to prevent substance abuse and identify strategies to promote and support local enforcement efforts, especially those related to alcohol and tobacco 	<ul style="list-style-type: none"> ◆ Delayed
<p>5 Require assessment and referral in conjunction with adolescent and adult offender education programs</p>	<ul style="list-style-type: none"> ◆ The DDRAC will assess the steps necessary to mandate assessments and referrals for all offender education programs and will make appropriate recommendations. 	<ul style="list-style-type: none"> ◆ Delayed

8. Developing a strong workforce

Effective services require a competent workforce equipped with training and technical assistance.

Strategies	Actions for 2003-04	Status
<p>1 Equip professionals in educational institutions and health and human service agencies to deal effectively with substance use problems</p>	<p>◆ Member agencies will inventory existing training programs to identify and prioritize needs</p>	◆ Delayed
	<p>◆ Member agencies will develop a system to share information about training events and increase multi-disciplinary and cross-agency participation interventions and referrals</p>	◆ Delayed
	<p>◆ Member agencies will develop plans to train appropriate staff who work with children and parents in substance abuse prevention</p>	◆ Delayed
	<p>◆ Member agencies will develop plans to train appropriate staff to identify potential substance abuse problems and provide appropriate referrals</p>	◆ Delayed
<p>2 Equip judges and law enforcement professionals to deal effectively with substance use problems</p>	<p>◆ The DDRAC will identify existing training initiatives for judges, law enforcement officers, and professionals within the state's criminal justice system and identify opportunities for member agencies to provide assistance and resources</p>	◆ Initiated by CJD & TDCJ
	<p>◆ Agencies that fund or support community coalitions will identify strategies to promote greater involvement with judges and local law enforcement professionals</p>	◆ Initiated by TCADA
<p>3 Equip professionals in related fields to participate in prevention activities</p>	<p>◆ The DDRAC will identify steps needed to engage colleges and universities in developing requirements for basic substance abuse education for teacher, school counselor, and administrator certification and education for human service professionals</p>	◆ Delayed

Strategies	Actions for 2003-04	Status
4 Increase the number of Certified Prevention Specialists in Texas	◆ The DDRAC will identify ways to increase the number of certified prevention professionals in high risk communities through recruitment and training	◆ Initiated
5 Provide and increase access to prevention education and training at the local level in the public and private sector	◆ The Texas Commission on Alcohol and Drug Abuse will continue funding its statewide prevention training and technical assistance initiative ◆ The DDRAC will identify ways to increase utilization of Prevention Resource Centers Education Service Centers, and other existing programs as resources for communities to call on for prevention related information, training, and support	◆ Ongoing ◆ Initiated
6 Equip key elements of the private sector to address substance use issues in a knowledgeable and effective way	The DDRAC will: ◆ Identify elements of the private sector with the greatest potential for contributing to drug demand reduction and develop strategies to educate them about substance abuse issues and opportunities for involvement in drug demand reduction efforts ◆ Study the feasibility of worksite training for a wide variety of private organizations	◆ Initiated by TCADA ◆ Delayed

9. Confront discrimination

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

Strategies	Actions for 2003-04	Status
1 Eliminate stigma and discrimination against addicted and recovering individuals	◆ The DDRAC will identify and prioritize strategies to change public attitudes, promote the dignity of addicted and recovering individuals, and encourage their participation in public dialogue	◆ Delayed
	◆ The Texas Commission on Alcohol and Drug Abuse will educate Texans about the nature of addiction and highlight the achievements and contributions of recovering individuals	◆ Initiated
	◆ Member agencies will support the Faces and Voices of Recovery project, which seeks to shift public focus from the problem of addiction to the solution of recovery	◆ Delayed
	◆ Member agencies will, within the constraints of current law, identify policies and practices that may disadvantage addicted and recovering individuals, revise those that do so inappropriately, and report their results to the DDRAC	◆ Delayed
2 Engage consumers and the recovery community in service planning and evaluation	◆ State agencies that support community coalitions involved with substance use issues will require outreach to and participation by recovering individuals and their families	◆ Initiated by TCADA
	◆ State agencies that fund treatment and related services will require providers to implement formal systems to obtain and use consumer input for program evaluation and improvement (e.g., satisfaction surveys)	◆ Delayed
	◆ The Texas Commission on Alcohol and Drug Abuse will implement strategies to increase recovery community participation in its planning and evaluation processes	◆ Delayed



CURRENT FUNDING, SERVICES, AND PROGRAMS

Prevention: stop use before it starts.

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

Several recent studies provide detailed evidence that the multimillion-dollar drain annually on the federal entitlement budget to pay for the health consequences of drug abuse in our society can be significantly reduced through the implementation of evidence-based prevention programs. The emerging science of drug abuse prevention, which has until recent years lagged behind that of drug abuse treatment, can now point to numerous studies that show evidence of the cost-effectiveness of prevention services and programs. These include studies focused on high risk youth, school based and community based programs, and family focused methadone treatment in conjunction with prevention programs. Evidence of the impact of two approaches — social influence and competence enhancement - abounds in the literature and testifies to a 30 to 50 percent reduction in drug use after the initial intervention (Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention:

Implications for Programming and Policy, and Research Monograph Series No.176. National Institute on Drug Abuse, June 1998).

Cost-benefit estimates available in the literature indicate that prevention is consistently cost-beneficial, with estimates ranging from \$1:2 to \$1:19.64. Substance abuse prevention is also a key factor in reducing health care costs in many areas, including spinal cord and head injuries from alcohol and drug impaired driving, health, education and rehabilitation costs associated with Fetal Alcohol Syndrome and ATOD-emergency room visits (SAMSHA, 1995).

The benefits of school-based drug prevention programs in the U.S. far exceed the costs. The lifetime social benefits from one average student's participation in drug prevention are estimated at \$840, while the cost of one student's participation in drug prevention is approximately \$150. Thus every \$1 spent on school-based drug prevention results in a cost-savings of \$5.60. (Rand: MR-1459-RWJ, 2002)

Three levels of prevention described by the Institute of Medicine (Gordon, R. (1987). An operational classification of disease prevention. In J.A. Steinberg & M.M. Silverman (Eds.), *Preventing Mental Disorders*. Rockville, MD: US Department of Health and Human Services.) address needs found in every community: universal, selective, and indicated prevention. Universal prevention messages and programs are designed to prevent or delay the use and abuse of tobacco, alcohol, and other drugs and are delivered to entire populations without regard to risk level. These include media campaigns; providing information through websites, literature, presentations and programs that help children develop healthy values and basic life skills such as decision making and conflict resolution. In addition to targeting individuals, communities undertake activities that target the environment, where policies and norms may encourage underage alcohol and drug use. Selective programs target segments of a general population that are at higher risk for substance abuse—for example, children of alcoholics or youth living in a high drug use, low-income neighborhoods. Selective programs generally include a mix of education and skills training and often include activities to help children develop social skills through healthy recreational activities. Finally, “indicated” individuals show early warning signs of substance abuse and associated behaviors. They need access to indicated programs where they can receive more intensive counseling and referral services.

Numerous studies have determined that a variety of risk factors in the home, community, school and individual increase the risk for substance use and abuse. At the same time, protective factors that mitigate risk and build resiliency have been identified in the same domains. This research on indicators of risk and protective factors initiated by David Hawkins, Ph.D. and Richard Catalano, Ph.D. at the University of Washington in Seattle has become the foundation of successful prevention programs. Comprehensive prevention efforts that involve numerous stakeholders and implement community, school, and parent strategies are the most successful. This requires the integration of policy and resources across systems; collaborative partnerships at the state, regional and local levels; and a network of strong community coalitions with access to evidence-based approaches and programs.

Prevention in Texas is transitioning to use of these research findings to shape prevention efforts. Prevention coalitions have been established in over 200 communities across the state; and effective, research-based models are replacing untested programs. To further this effort, DSHS is collecting outcome data on all funded providers.

Funding

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

Substance Abuse Prevention Related funding	FY 2002	FY 2004
Texas Commission on Alcohol and Drug Abuse	61,018,196	63,108,653
Texas Education Agency	27,997,682	27,997,681
Governor's Office, Criminal Justice Division	18,668,381	16,393,713
Texas Department of Health	9,777,567	6,817,186
Texas Department of Family and Protective Services	2,611,754	0
Texas Juvenile Probation Commission	2,090,000	1,200,000
Texas Alcoholic Beverage Commission	1,466,663	1,769,916
Texas Department of Transportation	394,000	1,105,022
Texas Department of Criminal Justice	180,000	0
Totals	\$124,204,243	\$118,392,171

Substance Abuse Prevention and Treatment (SAPT) Block Grant

The Substance Abuse and Mental Health Services Administration (SAMHSA) specifies that at least 20% of the SAPT Block Grant must be spent on prevention. The Department of State Health Services, Community Mental Health and Substance Abuse Division, administers these funds. In 2004, Texas dedicated 39% of the block grant expenditures for prevention. As required by SAMHSA, Texas uses the prevention block grant funds for activities in six categories:

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

Safe and Drug Free Schools and Communities Act

Through this legislation, the U.S. Department of Education provides support to public schools for the implementation of educational programs for all students. Eighty percent of these funds, administered by the Texas Education Agency, support local school districts in their drug and violence prevention efforts. Twenty percent, administered by the Criminal Justice Division of the Governor's Office, support school and community programs identified through a community planning process under the direction of regional Councils of Government. The total allocation for Texas for the 2004 - 2005 school year was \$27.9 million.

Other governmental funding sources

- ◆ Drug-Free Communities Support Program
- ◆ Federal Special Forfeiture Fund
- ◆ Enforcing the Underage Drinking Laws Program
- ◆ Title V Incentive Grants for Local Delinquency Prevention Programs
- ◆ Juvenile Accountability Incentive Block Grant
- ◆ Juvenile Justice and Delinquency Prevention Formula Block Grant

- ◆ Centers for Disease Prevention and Control
- ◆ Tobacco Education and Enforcement Fund
- ◆ State General Revenue
- ◆ Center for Substance Abuse Prevention Grants

Programs

Partnership for a Drug-Free Texas. This media campaign uses paid and donated television, radio, and print advertising to shape attitudes about the use of alcohol, tobacco and other drugs; to stimulate support for and development of community coalitions, and to communicate the value and role of substance abuse prevention and treatment. The Texas Partnership, an arm of the Partnership for a Drug-Free America, has generated millions of dollars in media exposure to encourage Texas youths to make wise choices about alcohol and other drugs.

Red Ribbon Campaign. DSHS Community Mental Health and Substance Abuse Services works with demand reduction units of the Texas National Guard and the Drug Enforcement Administration and other groups to sponsor a month-long series of events each October to educate and increase awareness about drug abuse and prevention. Many communities participate with their own local activities.

Regional Partnership Program. DSHS, Chronic Disease Prevention provides ten local tobacco control coordinators throughout the state. The Chronic Disease Prevention Unit educates the public on dangers of tobacco use and Texas tobacco laws through media campaigns and operates a clearinghouse and toll-free number for information dissemination. The Chronic Disease Prevention Unit also provides technical assistance to community organizations, schools, worksites, health professions and law enforcement agencies on tobacco use prevention.

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.

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

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

Statewide Prevention Training Initiative. This 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.

Southwest Center for the Application of Prevention Technologies.(Southwest CAPT) This CSAP-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.

Western Center for the Application of Prevention Technologies (Western CAPT) This CSAP-funded resource supports the development and expansion of the prevention infrastructure along the Texas Mexico border.

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

Community Coalitions. Coalitions mobilize organizations and individuals from all parts of the community to reduce substance abuse and its harmful effects. They develop strategies to address local problems and to provide a way for all citizens to become involved in prevention. One hundred and five community coalitions are specifically funded to prevent substance abuse. There are countless others that address risk and protective factors related to substance abuse.

Comprehensive School Strategies. All schools that receive Safe and Drug-free Schools and Communities funding are required to implement comprehensive drug prevention programs in Grades K-12. These programs may include student instruction, awareness and education for parents, school staff training, support groups for children in at-risk situations, and other age-appropriate services. Budget constraints, however, are reducing the amount of prevention education available in schools. The 2004 Texas School Survey results show a drop in the number of students in Grades 7-12 reporting that they receive prevention information from 87% in 1990 to 61% in 2002 to 59.5% in 2004.

Model and Effective Programs. Programs that employ the six prevention strategies required by the SAPT Block Grant (listed above) are provided by community based organizations in school and community settings. All of these programs use curricula that are part of model programs as designated by the Center for Substance Abuse Prevention National Registry of Effective Programs and Practices (NREPP) — programs using science-based strategies with demonstrated effectiveness.

Texas National Guard Drug Demand Reduction Program. In addition to providing training and technical assistance to community groups, the Guard sponsors local Adopt-A-School programs; operates a residential program to remove high-risk teens from the influence of illegal substances and detrimental influences; and supports local drug prevention organizations with materials, equipment and personnel. The Guard also co-houses personnel with the Community Mental Health and Substance Division of DSHS to facilitate collaboration and integration of services.

Drug Abuse Resistance Education. DARE programs, which use specially trained local police officers to deliver a series of education and skill-building sessions in public and private schools, remain popular in Texas.

Multi-Jurisdictional Narcotics Task Forces Prevention Presentations. Multi-jurisdictional task forces are funded by the Byrne Formula Grant Program administered by the Governor's Criminal Justice Division (CJD). Although their primary responsibility is drug enforcement, another major activity of the task forces is drug prevention through participation in community activities and making presentations to community groups. These educational presentations not only offered an opportunity to provide information, but to enter into two-way dialogue with local citizens. This dialogue was critical to the successful operation of the task forces and at the same time built trust and enhanced communication among all parties. In the 2003-2004 grant year, task forces made 566 presentations covering more than 300 topics to 39,158 individuals. The combined number of hours officers spent in this activity totaled 2,596. Additionally, task force officers and commanders conducted 1,206 training sessions attended by 7,210 individuals for a total of 46,746 contact hours. Combined, officers spent 3,671 hours in delivering training.

Project SAVE (Stop Alcohol Violations Early)

The Texas Alcoholic Beverage Commission (TABC) conducts a public education initiative directed to several groups throughout the state. The TABC provides alcohol prevention education with four separate, multi-lesson curriculums for grades four through nine and for those in the later years of high school, the TABC offers “Shattered Dreams”; a two-day special event that dramatizes community and peer response to alcohol-related tragedies. Because they too have a role to play in combating underage drinking, Project SAVE also includes programs for parents, civic groups, alcoholic beverage retailers and local law enforcement. In FY 03, TABC enforcement agents made educational presentations to 410,017 Texans, including 305,236 school children; 33,236 college students; 12,761 police officers; 45,589 members of civic and parent groups; and 13,195 Texas retailers and their employees.

Shattered Dreams

Shattered Dreams is a hard-hitting program that targets high school students and involves the dramatization of an alcohol-related crash on or near a high school campus, complete with police and EMS response, ER treatment, family notification and the arrest and booking 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 the classroom, made-up in white face and dressed in a black tee-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 the 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.

TABC enforcement agents assisted in the planning and staging of more than 45 Shattered Dreams productions in fiscal year 2003, with roughly the same number of productions in fiscal year 2004 and future years. Federal funding through the Office of Juvenile Justice and Delinquency Prevention permitted the TABC to provide \$500 mini-grants to participating high schools in FY 2003 to help them offset the cost of Shattered Dreams productions. Federal highway traffic safety funds made available by a grant from TxDOT, provided continued funding for the mini-grant program in FY 2004.

Safe Prom/Safe Graduation

Prom and graduation parties are common in Texas during April and May. The TABC, along with local law enforcement authorities, make a special effort to keep these parties safe and alcohol-free. Agents and local officers visit the area high schools to discuss options and consequences with the youngsters and their parents. They heavily promote the concept of alcohol-free parties and do everything they can to publicize enforcement efforts planned for the party season. The objective is to give young people alternatives to underage drinking and to ensure that bad choices will have immediate consequences. The Texas Department of Transportation provides approximately 600 Project Celebration mini-grants to high schools to assist them in sponsoring alcohol free events around the prom and graduation time frame.

They also fund a public information and education project that includes radio and television public service announcements, zero tolerance posters and print ads, and materials to support efforts around Spring break and Prom/Graduation.

Comprehensive Underage Drinking Prevention

This project offers education and peer-to-peer education 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 are made in high schools. The program targeted Travis County in FY04 and will add Hays and Williamson counties in FY05

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.

Youth Power Camps

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

Operation Weed and Seed

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

“Worth It?”

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

Delinquency Prevention Programs

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

- ◆ Programs funded by the Texas Department of Family and Protective Services’ Division of Prevention and Early Intervention, such as their community youth development services in zip code areas with a high incidence of juvenile crime.
- ◆ The Communities in Schools program, located at the Texas Education Agency, focuses primarily on drop-out 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.

- ◆ The Office of the Governor, Criminal Justice Division (CJD) funds hundreds of local delinquency prevention programs through a partnership with the regional Councils of Government, which help identify local needs and gaps in services through a community planning process. An example of a special statewide program is the Governor's Mentoring Initiative, which is a model program for building the capacity for mentoring programs throughout Texas. This initiative provides training and technical assistance through Mentor TEXAS! and develops quality standards that guide all current mentoring efforts in the state. Mentoring is recognized by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention as a valuable prevention tool to help children succeed early in life and avoid delinquent behavior, including substance abuse.





CURRENT FUNDING, SERVICES, AND PROGRAMS

TREATMENT: HEAL TEXANS WHO ARE DEPENDENT ON ALCOHOL AND OTHER DRUGS.

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

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

Recovery maintenance helps people integrate the cognitive and behavioral skills learned during treatment to achieve a long-term change in lifestyle. In recovery maintenance, people who are completing an episode of treatment receive continuing care, such as a low intensity outpatient counseling and case management services, which keeps them connected with the treatment system while they learn to rely on individual and community-based support systems to sustain recovery. Medication is an important element of recovery maintenance for many individuals, particularly those who are dependent on heroin and other opiates.

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

Addiction has a devastating impact on all aspects of a person's life, and clients need a wide range of rehabilitation and support services to help them to achieve long term recovery and become productive citizens. Mental health services, medical care, financial and legal assistance, family services, education and job skills training, and employment assistance are among the many services critical to success. One of the key functions of treatment is to connect clients with the additional services they need. Effective programs involve family members and significant others in the treatment process and provide services to help them support the client's recovery.

Funding

Treatment services in Texas are paid for by a complex web of public and private funding. National studies indicate the portion of treatment paid for by private sources has declined in recent years and federal, state, and local governments now provide the majority of treatment funding. Although Medicaid funds treatment for children, it does not fund adult services, despite evidence that such funding reduces other expenditures for medical services. The major sources for treatment funding in Texas are described below.

Substance Abuse Treatment funding	FY 2002	FY 2004
Texas Commission on Alcohol and Drug Abuse	76,821,148	96,465,399
Texas Department of Criminal Justice	68,725,362	40,857,583
Governor's Office, Criminal Justice Division	15,242,652	10,187,061
Health and Human Services Commission	13,473,460	32,290,000
Texas Youth Commission	1,471,443	2,279,023
Texas Commission on Offenders with Mental Illness	602,554	0
Texas Department of Health	775,400	0
Texas Department of Mental Health and Mental Retardation	500,000	450,000
Texas Juvenile Probation Commission	500,000	0
Totals	\$178,112,019	\$182,529,066

Federal funds

The Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is the largest source of funding for substance abuse services in Texas. As the state substance abuse authority, TCADA (now DSHS) receives these funds and uses them to purchase community-based services.

Medicaid

The Texas Medicaid Program is administered by the Health and Human Services Commission (HHSC). The federal government matches every four dollars in state expenditures with six dollars in federal funds. The traditional Medicaid program in Texas provides outpatient treatment for children and adolescents diagnosed with chemical dependency. Hospital inpatient services are a covered benefit, but clients must have an accompanying medical complication in addition to a diagnosis of chemical dependency. Medicaid does not cover substance abuse treatment services for adults.

Under a federal waiver program, Medicaid services are delivered through a system of managed care in many regions of the state. Benefit packages offered by the managed care organizations in these regions include residential and outpatient chemical dependency treatment for adolescents. In the Dallas area, Medicaid dollars are blended with SAPT and Mental Health Block Grant funds in a behavioral health managed care pilot that provides a comprehensive array of treatment services. This program, NorthSTAR, is a collaborative project involving the HHSC and Department of State Health Services.

CHIP

The HHSC also administers the Texas Children's Health Insurance Program (CHIP), which provides coverage for children in low-income families who are not eligible for Medicaid. Like Medicaid, the CHIP program is a partnership between the state and federal government, with the federal government providing seven dollars for every three dollars in state expenditures. The CHIP benefit package includes a comprehensive array of residential and outpatient treatment, although the benefit was reduced somewhat in 2004.

State general revenue

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

TCADA, now DSHS, is the primary source of public funding for community-based treatment for indigent Texans. Although most federal dollars flow through state agencies, the federal government funds community-based providers directly through a number of separate grant programs. Many local governments also provide funds for chemical dependency services.

Private insurance

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

2000 Treatment Costs in Specialty Institutions

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

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



Treatment Programs

Substance abuse treatment services are provided by a wide variety of agencies and organizations. As the state's substance abuse authority, TCADA has primary responsibility for regulating and supporting treatment services across the state and funds the majority of the state's treatments services. The Texas Department of Criminal Justice and the Criminal Justice Division of the Governor's Office provide treatment for offenders involved with the criminal justice system, and the Texas Juvenile Probation Commission and the Texas Youth Commission provide treatment for juvenile offenders

Community-based treatment

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

State law requires treatment providers to be licensed in order to receive state funding. The state currently has 830 public and private chemical dependency treatment facilities, and 74 clinics that provide methadone maintenance services. Although many hospitals opened chemical dependency treatment units in the 1980s and early 1990s, most of these units have closed. In 2004, only 34 of the state's 547 hospitals have special units to treat chemical dependency, a total of 520 beds, down from 538 in 2003. Faith-based organizations with a registered exemption can provide treatment without a license, and 175 organizations hold such an exemption. The balance of treatment is provided by private practitioners.

Offender Education Programs

State law requires individuals convicted of a first offense DWI to complete a certified DWI education program or face license revocation. Individuals convicted of subsequent offenses are mandated to 32-hour intervention program designed to prevent further substance abuse related problems and encourage entry into treatment where indicated. Again, attendance is enforced through license revocation. Drivers convicted of a drug offense receive an automatic 6-month license suspension, and reinstatement is dependent on completing a course on the dangers of drug abuse. Minors convicted of first or subsequent offenses for the purchase, possession or consumption of alcoholic beverages are required to attend an alcohol awareness course or face a six-month license suspension. The state has over 700 offender education programs located throughout the state. In 2004, over 350,000 individuals completed one of these programs, up from 100,000 in 2002.

FY 2004 Treatment Services Funded by TCADA

HHSC Region	Type of Treatment Service	# Beds/ Slots	# Served	Funded Amount
1	Detoxification	11	673	\$390,994
2	Detoxification	13	591	\$243,940
3	Detoxification	24	808	\$521,225
4	Detoxification	21	1,103	\$790,275
5	Detoxification	4	249	\$188,200
6	Detoxification	25	1,198	\$1,148,355
7	Detoxification	229	1,256	\$1,057,272
8	Detoxification	13	712	\$574,123
9	Detoxification	3	277	\$232,860
10	Detoxification	20	579	\$668,915
11	Detoxification	12	823	\$597,943
Totals:		375	8,269	\$6,414,102
Statewide	Residential	1,355	423	\$726,000
1	Residential	61	1,030	\$2,431,122
2	Residential	72	909	\$1,529,919
3	Residential	149	1,855	\$3,946,833
4	Residential	74	1,003	\$2,612,680
5	Residential	120	1,252	\$3,803,144
6	Residential	282	5,136	\$12,985,080
7	Residential	205	1,573	\$5,333,740
8	Residential	152	1,904	\$5,059,473
9	Residential	14	653	\$1,536,889
10	Residential	0	606	\$2,540,467
11	Residential	184	1,313	\$3,354,792
Totals:		2,668	17,657	\$45,860,139
1	Outpatient	536	2,958	\$1,281,590
2	Outpatient	51	2,011	\$907,683
3	Outpatient	584	5,408	\$2,303,976
4	Outpatient	56	3,181	\$1,491,364
5	Outpatient	266	2,495	\$783,605
6	Outpatient	989	9,622	\$4,945,886
7	Outpatient	1,806	6,915	\$3,037,321
8	Outpatient	945	6,082	\$2,737,302
9	Outpatient	156	575	\$503,585
10	Outpatient	110	2,172	\$1,457,521
11	Outpatient	2,214	5,763	\$3,479,684
Totals:		7,713	47,182	\$22,929,517

Treatment in the Criminal Justice System

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

Prison System

The Correctional Institutions Division of TDCJ operates several treatment programs within the prison system. In-Prison Therapeutic Communities target inmates with serious substance abuse problems who are within 6 to 9 months of release. Offenders complete a six-month in-prison intensive treatment program followed by a three-month residential treatment program in the community and nine to twelve months of outpatient counseling. The Pre-Release Substance Abuse Program provides treatment for offenders who are within six months of release from prison. It is a three-phase program lasting four to seven months.

Probation System

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

- ◆ Substance Abuse Felony Punishment Facilities (SAFP) serve offenders under community supervision with substance abuse problems who have been required to participate in the program as a condition of probation. They provide six months of intensive treatment in a secure facility followed by three months of residential treatment and up to twelve months of outpatient services in the community and nine months for offenders with special needs.
- ◆ Substance Abuse Treatment Facilities and Court Residential Treatment Centers offer up to seven months of residential treatment in specialized facilities.
- ◆ The Treatment Alternative to Incarceration Program provides substance abuse screening, assessment, referral, and treatment for nonviolent offenders through special grants awarded to approximately 30 probation departments. The probation system also has 64 outpatient substance abuse treatment programs and 35 officers with specialized caseloads for probationers with substance abuse problems. Many of the clients on these specialized caseloads receive treatment in community-based programs funded by TCADA.
- ◆ The Governor's Criminal Justice Division (CJD) administers federal Residential Substance Abuse Treatment (RSAT) grants to Community Supervision and Corrections Departments (adult probation departments) and to the Texas Youth Commission to fund inpatient treatment programs for adult and juvenile offenders.

Parole System

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

Drug Courts

Drug courts are designed to reduce the impact of crime on individuals, families, communities, and the criminal justice system by using the power of the court to engage nonviolent drug offenders in appropriate treatment as an alternative to traditional criminal justice processing. Drug Courts follow strategies known as the “Ten Key Components”, which were originally published by the U. S. Department of Justice and are now codified in the Texas Health and Safety Code, Chapter 469 (HB1287, 77th Legislature). Drug Court participants receive a coordinated program of treatment and rehabilitation supervised by the judge and managed by a team of criminal justice and treatment professionals. Drug courts were first established in Jefferson and Travis counties in 1993. As of December 2004, 34 drug courts exist in 20 Texas counties.

Treatment in the Juvenile Justice System

The youth sent to the Texas Youth Commission are the state’s most serious or chronically delinquent offenders. Program components include chemical dependency education, group and individual counseling, and living and social skills training.

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



Treatment in the Criminal and Juvenile Justice Systems (2004)

Treatment Program	Capacity	Admissions	Funding
Probation System			
Treatment Alternative to Incarceration Residential and Outpatient	48 beds plus contract services	2,323 residential 13,381 outpatient	\$10.5 million
Residential Substance Abuse Treatment (RSAT) Residential	315	664	\$1.4 million state \$4.1 million federal
Substance Abuse Treatment Facilities ¹	797	2,683	\$16.8 million
Substance Abuse Treatment Outpatient Programs	N/A	15,207	\$5.5 million
Court Residential Treatment Centers	511	1,352	\$10.4 million
Substance Abuse Felony Punishment Facilities and Aftercare ²	3,250	5,229	\$8.9 million
Substance Abuse Felony Punishment Caseloads	N/A	660	\$413,231
Contract Residential Services	N/A	391	\$1.3 million
Specialized Caseloads	N/A	7,507	\$7.4 million
Prison System			
In-Prison Therapeutic Communities and Aftercare ²	537 beds	1,044	\$1.6 million
Pre-Release Substance Abuse Program	1,000	1792	\$1.4 million
Pre-Release Therapeutic Community	600	826	\$1 million
Parole System			
Field Referral Residential and Outpatient	395 beds	1,580 residential	5,700 outpatient \$6 million
Texas Youth Commission			
Residential Treatment Program	416 beds	729 residential	\$1.7 million
Specialized Aftercare	164	473 aftercare	\$535,282

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

² Aftercare includes contracted residential and outpatient services

CURRENT FUNDING, SERVICES AND PROGRAMS

ENFORCEMENT: DISRUPT THE MARKET.

Most people think of law enforcement as the police response to legal violations, but enforcement has a broader strategic scope and purpose. Enforcement includes activities designed to promote social norms that respect the laws and encourage compliance. Through enforcement, individuals recognize that legal violations bring penalties and may believe the likelihood of being caught makes it unwise to engage in illegal activities. However, while fear of negative consequences can restrain people from breaking the law, an individual's own value system and the desire to be part of a community provide much stronger motivation. Public support is key to motivating law enforcement officers and providing them with the information and resources they need to focus on drug-related activity.

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

Interdiction is the first line of defense against illegal drugs. Texas shares a 1,248-mile border with Mexico and has an extensive coastline, making it a prime target for drug traffickers. Federal, state, and local law enforcement agencies attack these drug trafficking operations through a strategic, cooperative effort. Interdiction addresses the many points and modes of entry: the official ports of entry on the Texas-Mexico border, highways, commercial and general airports, passenger bus and rail systems, commercial package delivery parcels, and the Gulf of Mexico and its seaports. Federal, state, and local law enforcement authorities also target methamphetamine labs and marijuana crops within the state. These efforts result in the seizure of drugs and assets, and also provide criminal intelligence to support narcotic investigations and identify drug traffickers and their agents.

Individuals who violate drug-related laws may be tried in federal, state, or local courts, depending on the crime and the jurisdiction involved in the arrest. Most federal cases involve drug trafficking charges, while local courts are more likely to handle drug possession, public disorder, and drug-related traffic violations. Drug-related convictions may result in probation, fines and other penalties, and/or incarceration. Federal prisons, state prisons, state jails, and local jails incarcerate individuals with drug-related convictions.

Funding

Federal, state, and local governments share the cost of law enforcement. In addition to the funds expended by member agencies, listed below, the Comptroller of Public Accounts expended \$2,284,240 in FY 04 for enforcement activities.

Substance Abuse Enforcement funding	FY 2002	FY 2004
Governor's Office, Criminal Justice Division	33,951,080	27,423,663
Texas Department of Health	2,170,997	587,918
Texas Department of Public Safety	24,196,811	25,571,354
Texas Alcoholic Beverage Commission	13,199,699	15,324,776
Texas Department of Transportation		2,775,991
Totals	\$73,518,587	\$71,683,702

Drug Enforcement Administration (DEA) Domestic Enforcement Program

The Domestic Enforcement Program employs the majority of the DEA Special Agent work force and is responsible for conducting investigations of drug production and trafficking activities within the United States.

Edward Byrne Formula Grant Program

The Byrne Formula Grant Program supports multi-jurisdictional efforts to impact the operations of criminal organization. These federal grant funds promote working partnerships among federal, state and local law enforcement to provide safer communities and to improve the criminal justice system. The Office of the Governor, Criminal Justice Division (CJD) is responsible for administering these federal funds. In the 2005 federal appropriations bill, Congress merged the Byrne Formula Grant Program with the Local Law Enforcement Block Grant Program (LLEBG) and created a new program entitled the Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The JAG program's appropriation is significantly less than previous federal appropriations for Byrne and LLEBG and will result in a decrease of approximately \$10 million in federal enforcement dollars for Texas.

High Intensity Drug Trafficking Areas (HIDTA) Program

El Paso, San Antonio, Houston and the North Texas region receive federal funds to help reduce drug trafficking and its harmful consequences. HIDTA projects regularly coordinate with DEA, Byrne-funded enforcement projects and other federal, state and local enforcement efforts.

Enforcing Underage Drinking Laws Grant Program

The EUDL block grant provides funding for underage drinking enforcement and prevention efforts. On average, two-thirds of the EUDL funds received are used to provide grants to eight to ten universities, 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.

Assets Forfeiture Fund

Forfeited assets are used to pay for expenses incurred in connection with their seizure, processing, and disposition, as well as investigative expenses. Proceeds are distributed to state and local agencies in proportion to their participation in the operation.

Other Federal funding

- ◆ Additional sources of federal funding for drug enforcement include:
- ◆ Local Law Enforcement Block Grant
- ◆ Bureau of Alcohol, Tobacco, and Firearms
- ◆ Alcohol Traffic Safety and Drunk Driving Prevention Incentive Grant
- ◆ Operation Weed and Seed
- ◆ Interagency Crime and Drug Enforcement Program
- ◆ Organized Crime Drug Enforcement Task Force

Programs and Operations

Multi-Year Strategy for Drug and Violent Crime Control

The Office of the Governor, Criminal Justice Division (CJD) administers federal grants under the Local Law Enforcement Block Grant and the Byrne Formula Grant Program and is responsible for preparing the Multi-Year Strategy for Drug and Violent Crime Control required by the U.S. Department of Justice. Under Texas' strategy, funded projects support state priorities of coordinating efforts and leveraging resources within the justice system, disrupting mid to high-level drug trafficking organizations, and reducing the demand for drugs through a network of prevention and treatment programs, including drug courts. CJD utilizes the Multi-Year Strategy to guide funding decisions for local enforcement projects, as well as statewide initiatives.

Department of Public Safety Narcotics Service

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

In Fiscal Year 2004, the Department of Public Safety Narcotics Service made 2738 narcotics-related arrests with drug seizures valued at \$355,235,035.84. These seizures, an important component of the state's drug seizure activity, are as follows:

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

Multi-jurisdictional Narcotics Task Forces

An important component of the state's integrated enforcement strategy for drug demand reduction is a network of task forces supported by the Byrne Formula Grant Program. The task forces were established to strengthen coordination among federal, state, and local law enforcement agencies and prosecutors. DPS has command and control over the 32 current task forces. Task forces primarily provide narcotics related enforcement, but also conduct programs to increase awareness of drug problems and promote prevention efforts within the communities they serve.

The task forces meet regularly to coordinate activities within their geographic areas. Close working relationships between DPS and local jurisdictions result in a shared understanding of needs and priorities, coordinated plans to address them, and integrated operations that maximize limited resources. Under the guidance of DPS, multi-jurisdictional drug task forces are moving toward an outcome based method of operations. Increased reporting and monitoring of activities by DPS has increased the accuracy and volume of data collected. Task forces are monitoring the impact of their activities on crime within specific areas or across the coverage area. Task forces are also focusing on the identification and targeting of major drug trafficking organizations operating within their area. The dismantling of these organizations is expected to reduce crime in multiple areas that were previously controlled by the organization. Task forces along the border are integral to the work of attacking major drug cartels and cross-border smuggling operations.

Post-Seizure Analysis Team

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

Seizure and Disposal of Clandestine Labs

Funded by a grant from the Governor's Criminal Justice Division (CJD), the DPS trains and certifies officers to safely dismantle clandestine laboratories and collect and dispose of hazardous waste associated with the illicit manufacture of drugs in clandestine labs.

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.

Texas Prescription Program

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

Controlled Substances Registration Program

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

Precursor Chemical Program

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

Texas National Guard Counterdrug Program

Since 1988, the Guard's Counterdrug Program has contributed full-time military personnel to support law enforcement. The Guard's activities are shaped by six support missions approved by the Secretary of Defense: program management, technical support, general support, counterdrug-related training, reconnaissance/observation,

and drug demand reduction support. In 2002, approximately 300 guardsmen worked with drug law enforcement agencies and supported three High Intensity Drug Trafficking areas, 13 federal agencies, more than 30 Texas multi-jurisdictional narcotics task forces, and several large sheriff and police departments.

Alcohol Enforcement

The Texas Alcoholic Beverage Commission (TABC) oversees the state's alcoholic beverage industry. TABC agents routinely inspect licensed premises and inspect or patrol other locations, investigate complaints, review marketing practices, and conduct undercover sting operations to identify retail establishments that sell alcohol to minors.

Operation Fake-Out

TABC enforcement agents, working in cooperation with alcoholic beverage licensees, local law enforcement, and other state police 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.

Mardi Gras and Spring Break Enforcement

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

Alcohol Seller Training

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

Minor Stings

Under the close supervision of TABC enforcement agents, young people who are obviously underage go into licensed establishments and attempt to buy alcoholic beverages. Clerks and servers who violate the law by completing the transactions are filed on criminally. The licensed entity faces administrative charges that could result in suspension, fine in lieu of suspension or cancellation.

Enforcement agents conducted approximately 3,063 minor stings in fiscal year 2003 and found an overall compliance rate of 78 percent, a vast improvement from the 60 percent rate that existed at the time this program began in the early 1990s.

Cops In Shops/COPS

TABC enforcement agents, with the cooperation of licensees and their employees, pose as customers or employees of an establishment and apprehend underage buyers as they attempt to purchase alcoholic beverages. Cops In Shops targets establishments where alcoholic beverages are sold for off-premise consumption only. COPS targets establishments where alcoholic beverages are sold for on-premise consumption

Both programs were originally funded by grants through the Texas Department of Transportation but are now fully funded by the TABC.

Ports of Entry

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

Source Investigations

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

Stopping Sales to Intoxicated Persons (SSIP)

Texas law prohibits sales of alcoholic beverages to those who are already intoxicated. The goal of SSIP is to significantly reduce the number of intoxicated drivers by using enforcement actions to motivate retailers, who might be inclined to do otherwise, to comply with the law. When violations are observed, agents document the violations and then take action as warranted. SSIP operations are usually preceded and followed by publicity blitzes. These publicity blitzes are intended to raise public awareness of the relationship between illegal sales and drunk driving and to building public support for efforts to curb illegal sales. A third, perhaps even more important goal, is to encourage voluntary compliance among retailers.

Full statewide implementation of the SSIP program began in fiscal year 2003. In that year, SSIP operations targeted 1628 establishments and generated 477 criminal charges and 138 administrative cases.

Texas Underage Drinking Hotline

The public can call into the 24-hour hotline to report complaints pertaining to licensed premises and minors involved in underage drinking.

Selective Traffic Enforcement Program (STEP)

TxDOT provides funding to the Texas Department of Public Safety and numerous city and county law enforcement agencies to conduct Selective Traffic Enforcement Program (STEP) grants targeting impaired driving. Funding is provided to agencies to enhance existing enforcement efforts. All STEPs have a public information and education component in their grant to increase operational effectiveness through greater public awareness. Specific holidays are also targeted for increased enforcement efforts during the year.

Brazos County Underage Drinking Prevention and Enforcement

The Brazos County project uses stings, administrative cases against commercial stores, restaurants, and bars and their employees, that serve alcohol to underage customers. Public education presentations are made to reduce underage involvement in alcohol-related crashes.

Tobacco Enforcement

The Comptroller of Public Accounts is responsible for enforcing the minors and tobacco laws in Texas. Working alongside the Comptroller, the DSHS Community Mental Health and Substance Abuse Services Section and the Chronic Disease and Tobacco Prevention Section are committed to reducing underage access and use of tobacco products in the state. In 2004, the collaborative state agencies conducted 9 regional workshops to enhance collaboration between local law enforcement and Prevention Resource Centers at the community level, to educate community retailers and enforce the Texas tobacco laws.

“I Can’t Sell, You Can’t Buy “

Through the collaborative efforts described above, the state has developed a comprehensive new retailer education packet entitled “I Can’t Sell, You Can’t Buy: Under 18 No Tobacco” that was mailed to over 29,000 retailers licensed to sell tobacco in May 2004. With the theme of “Together We Can Stop Kids for Buying Tobacco”, tobacco retailers were urged to join the efforts of the state to protect Texas youth from the harmful use of tobacco products. The Comptroller’s office also licenses “seller training programs” that provide classes to merchants and their employees. There are 19 tobacco seller education programs located in communities across the state.

Texas Tobacco Prevention Hotline

The Hotline (1-800-345-8647) is a vehicle for citizens in local communities to report violations of the minors and tobacco law. Citizens can call toll-free to report a merchant selling tobacco products to minors, tobacco advertising within 1,000 feet from a church or school, or a cigarette vending machine that is accessible to minors, etc. Once the service determines the caller’s particular need, the caller is transferred to the proper authority. The service is available 24 hours per day and is bilingual.



2004 FUNDING SUMMARY

DRUG DEMAND REDUCTION IN TEXAS

The following figures reflect state general revenue and federal funds administered by DDRAC member agencies to provide substance abuse services as reported in a survey conducted for FYs 2002 and 2004.

	FY 2002 As reported in FY 03 DDRAC Report	FY 2004 Projected expenditures as reported by agencies
Prevention		
Texas Commission on Alcohol and Drug Abuse	61,018,196	63,108,653
Texas Education Agency	27,997,682	27,997,681
Governor's Office, Criminal Justice Division	18,668,381	16,393,713
Texas Department of Health	9,777,567	6,817,186
Texas Department of Protective and Regulatory Services	2,611,754	0
Texas Juvenile Probation Commission	2,090,000	1,200,000
Texas Alcoholic Beverage Commission	1,466,663	1,769,916
Texas Department of Transportation	394,000	1,105,022
Texas Department of Criminal Justice	180,000	0
Prevention Sub-total	124,204,243	118,392,171
Treatment		
Texas Commission on Alcohol and Drug Abuse	76,821,148	96,465,399
Texas Department of Criminal Justice	68,725,362	40,857,583
Governor's Office, Criminal Justice Division	15,242,652	10,187,061
Health and Human Services Commission	13,473,460	32,290,000
Texas Youth Commission	1,471,443	2,279,023
Texas Commission on Offenders with Mental Illness	602,554	N/A
Texas Department of Health	775,400	0
Texas Department of Mental Health and Mental Retardation	500,000	450,000
Texas Juvenile Probation Commission	500,000	0
Treatment Sub-total	178,112,019	182,529,066
Enforcement		
Governor's Office, Criminal Justice Division	33,951,080	27,423,663
Texas Department of Health	2,170,997	587,918
Texas Department of Public Safety	24,196,811	25,571,354
Texas Alcoholic Beverage Commission	13,199,699	15,324,776
Texas Department of Transportation		2,775,991
Enforcement Sub-total	73,518,587	71,683,702
Drug Demand Reduction Total	\$375,834,849	\$372,604,939

LEGISLATIVE RECOMMENDATIONS

Improve the Approach to Drug Demand Reduction

The work of the DDRAC during this biennium has demonstrated the potential for statewide interagency cooperation. Member agencies have readily reached consensus on mission, principles, philosophy, goals, and strategic objectives of reducing drug demand. The DDRAC recommends that the Legislature:

1. Update statutory language to reflect consolidated HHS agencies and add the Texas Workforce Commission.
2. Encourage member agencies to continue to participate and collaborate with the DDRAC to accomplish the strategic objectives outlined in the 2003 DDRAC report.

Increase services to children and adolescents

Prevention and early intervention are strategies that have been proven effective in combating drug abuse and addiction. The 78th Legislature passed legislation permitting state-funded substance abuse treatment services to be delivered in schools, as recommended by the 2003 DDRAC report. However, there is no mechanism, short of local providers engaging individual school districts, to enhance access to these services. Truancy courts, coupled with prevention, intervention and treatment services result in a return on investment to schools through increased funding based on daily attendance. There continues to be a need to expand these services. Children and adolescents are the most vulnerable for developing unhealthy patterns of drug, tobacco and alcohol use. Schools offer a natural venue for reaching the young people of Texas and have much to gain from early identification and intervention. Prevention and early intervention activities can be woven into routine activities and become part of a drug-free culture, avoiding the stigma and embarrassment of participating in special programs. The DDRAC recommends that the 79th Legislature:

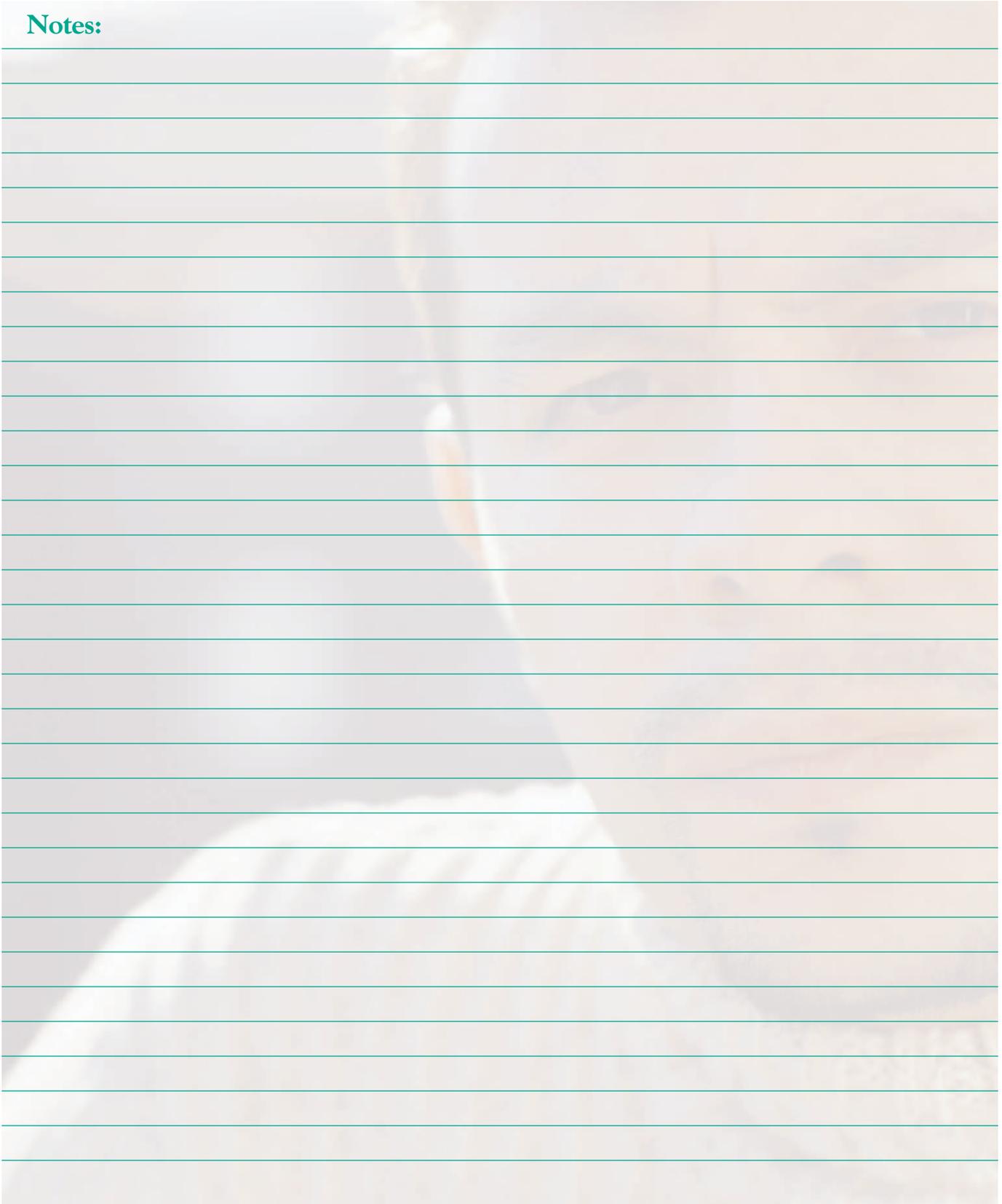
1. Encourage schools to increase substance abuse prevention and treatment partnerships and collaborations.
2. Dedicate additional funds for substance abuse prevention, early intervention and recovery support programs in schools.
3. Formalize processes for schools, truancy courts and substance abuse prevention and treatment providers to collaborate.

Support the expansion of drug courts

Drug courts are designed to reduce the impact of crime on individuals, families, communities, and the criminal justice system by using the power of the court to engage the drug offender in appropriate treatment. The drug court movement has been identified nationally as an effective approach to reducing drug demand. The DDRAC recommends that the 79th Legislature support continued expansion of drug courts as well as an infrastructure that will:

1. Seek greater statewide support for expansion of drug courts.
2. Promote consistent, statewide performance standards for drug court programs to ensure common objectives.
3. Encourage counties to expand drug court services in order to reduce expenditures for incarceration.

Notes:



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