

DRUG ABUSE IN TEXAS— The Problem and the State's Response

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ACQUISITIONS

Introduction

In response to a growing recognition of a drug problem in Texas, the State Program on Drug Abuse was created in January of 1970. In 1971, the state program became part of the Texas Department of Community Affairs and is now known as the Drug Abuse Prevention Division (TDCA/DAPD). Programmatically, the initial thrust of the Drug Abuse Prevention Division was limited to coordinating the activities of other state agencies involved in drug abuse prevention programming and providing technical assistance to those local communities interested in initiating actions towards curbing drug abuse.¹ However, as federal funds became available through the passage of Public Law 92-255, the "Drug Abuse Office and Treatment Act of 1972," the Texas Department of Community Affairs and its Drug Abuse Prevention Division were charged with a number of responsibilities by the governor as well as the State Legislature.

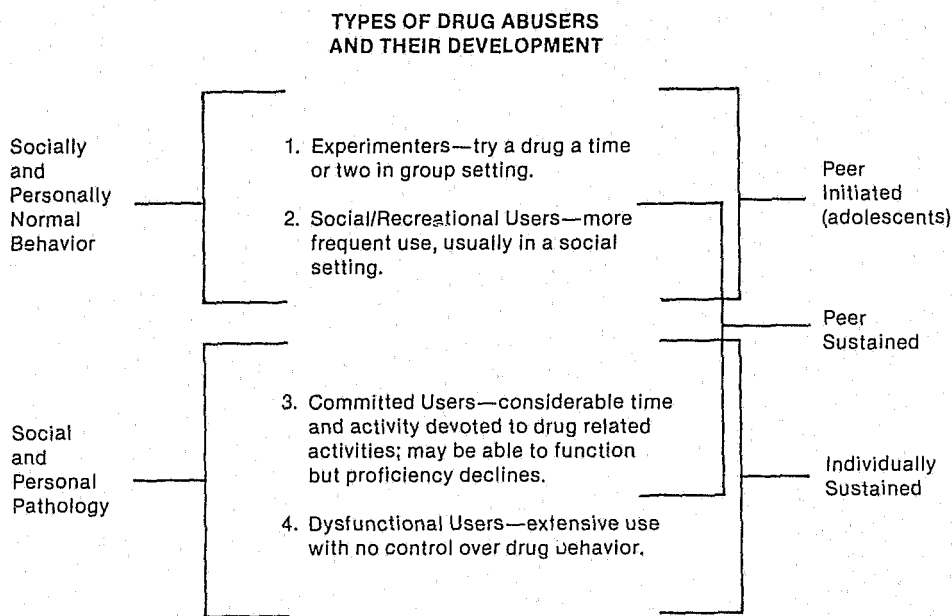
- ★ In 1973, TDCA/DAPD was designated as the single state agency for the preparation and administration of the "State Plan for Drug Abuse Prevention" as well as the procurement of federal funds.
- ★ Additionally, TDCA/DAPD was assigned the duty of carrying out educational programs designed to prevent or deter misuse or abuse of controlled substances and to encourage research on these substances.
- ★ In 1977, the legislature gave TDCA/DAPD the authority to establish accreditation and certification standards for drug abuse treatment programs and treatment personnel.
- ★ In 1979, legislation was passed which expanded the duties of TDCA/DAPD, defined treatment and prevention services and encouraged the diversion of drug abusers from the criminal justice system into treatment.

To assist TDCA/DAPD in discharging these responsibilities, the governor established a state advisory council, which counsels the division on matters related to drug abuse prevention. Currently, TDCA/DAPD is involved in administering a number of subcontracts for the delivery of treatment and prevention services. Maintaining a variety of support services such as training, planning, data management and community assistance is also a major responsibility of TDCA/DAPD.

¹Although alcohol and nicotine are widely used drugs, the primary focus of TDCA/DAPD is on drugs other than these since other state agencies have primary responsibilities for preventing the abuse of these substances.

The Problem

The taking of drugs is fairly common in American society. We take drugs to feel better or to escape from pain, whether physical or psychological. Some of this drug-taking is beneficial, as in the case of medicines for a health-related condition, while some of it may be unnecessary and even harmful. The use of drugs becomes a problem when the ingestion of the drug(s) impairs the ability of a person to function or to carry out normal daily living activities, e.g., driving a car, holding a job, etc. Drug abuse may therefore be defined as the non-medical use of any drug in such a way that it adversely affects some aspect of the user's life. Thus, the use of drugs "per se" is not necessarily a problem; rather, it becomes a problem to the individual only when it results in harm to the individual or to society. Furthermore, the level at which drug use becomes destructive may vary from person to person. Following is a typology of the various types of drug abusers and their development.



Adapted from C. D. Chambers, *Sociological Aspects of Drug Dependence*.

The typology suggests that there are distinct levels or degrees of drug abuse. Initially, one may begin to use drugs only on an experimental basis. This pattern often occurs among youths due to such things as curiosity and peer pressure. Experimentation may occur individually or within a group of a few close friends. In addition to experimentation with drugs, there may also develop a pattern of recreational use. For example, marijuana is widely used as a recreational drug second only to the use of alcohol and tobacco. Beyond experimental and recreational drug use, there becomes established a much more serious pattern of abuse. Drugs are used on a regular basis and begin to interfere with the carrying out of daily living activities.

It is important to stress that not every individual who begins to experiment with or use drugs recreationally will progress to a state of dysfunctional use. Currently, there is little empirical data to indicate how many experimenters with drugs will turn towards more habitual use of drugs. Nevertheless, the potential among experimental or recreational users for the development of more dangerous patterns of drug usage merits attention. The very young are of particular concern because the younger a person is when beginning to experiment with drugs, the more probability there is that the individual will reach a dysfunctional level. Thus, the strategy of TDCA/DAPD is to, first, dissuade the non-user from experimenting with drugs; second, deter the occasional user or experimenter from progressing to the abuse of drugs; third, make treatment available for abusers of drugs; and fourth, help the former abuser regain his place as a productive member of society.

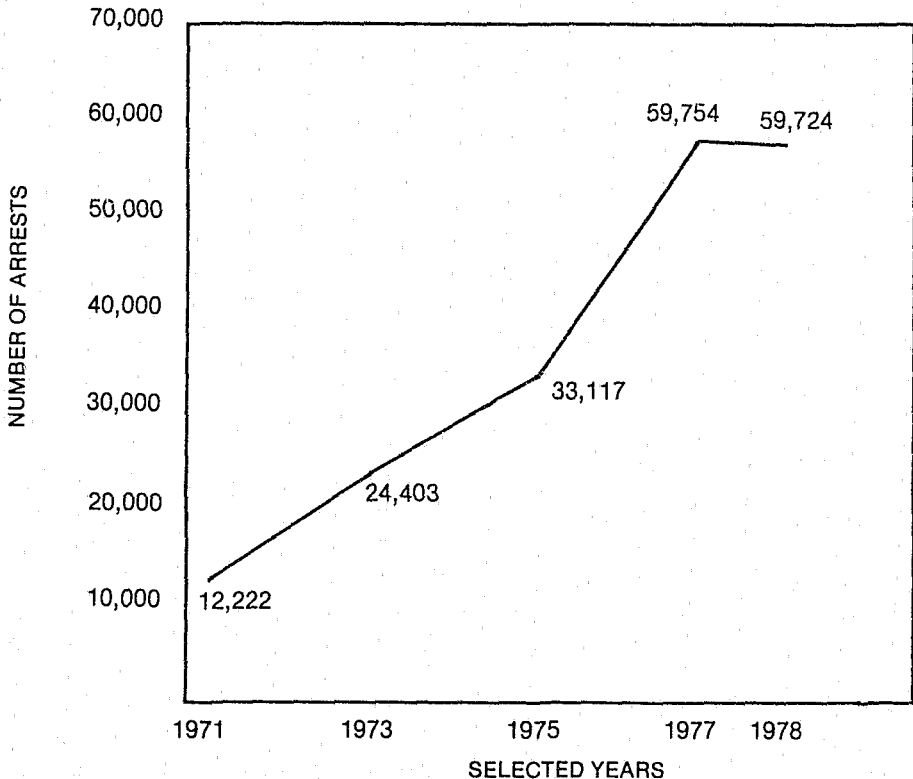
Indicators of Drug Abuse

Direct measures of the occurrence of drug abuse are not feasible because drug abuse is generally a hidden activity. Consequently, it is necessary to rely on a variety of measures which are generally believed to be related to drug abuse in such a way that changes in these measures or indicators correspond to changes in drug abuse patterns. No one of these indicators, taken by itself, will provide an accurate picture of the drug abuse problem. However, when analyzed together, such indicators present reliable profiles of the different types of drug abuse and their prevalence within the state. The utility of the indicators is increased as their numbers rise and as patterns observed in one are found to be consistent with patterns among others.

Drug Arrests

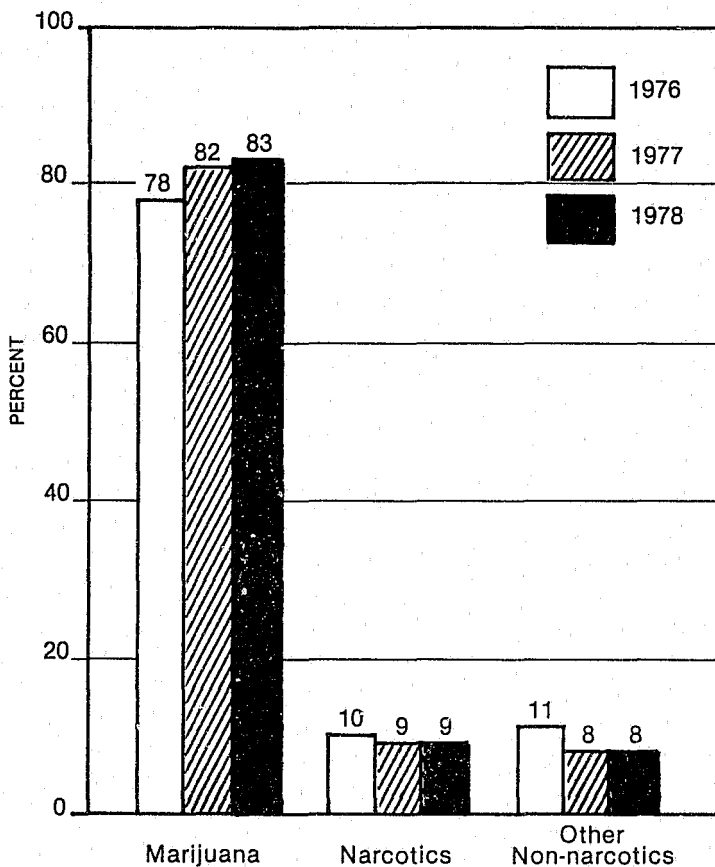
In 1978, the Texas Department of Public Safety recorded 59,724 drug arrests. This was a slight decrease from 59,754 drug arrests in 1977 and represents a leveling off in the rise of drug arrests.

DRUG ARRESTS FOR SELECTED YEARS
1971 — 1978



As in the past, marijuana arrests constituted the majority of all drug arrests, accounting for 83 percent in 1978. However, arrests for narcotics as well as for other non-narcotics have gradually decreased to 9 and 8 percent, respectively.

DRUG ARRESTS BY TYPE
1976 — 1978



Drug Thefts

In 1978, the Drug Enforcement Administration reported 70 thefts that resulted in a total of 2,075,373 dosage units stolen from wholesale and retail firms as well as from medical practitioners. This represents a slight decrease from 1977, when there were 2,185,389 dosage units stolen.

DRUG THEFTS BY TYPE OF DRUG
1976 — 1978

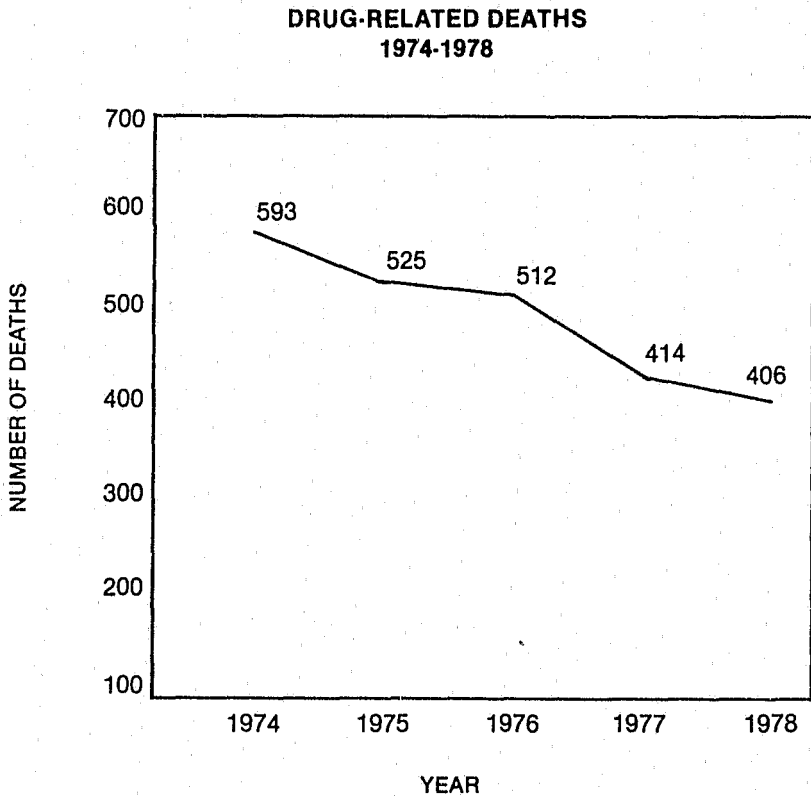
Drug Type	1976		1977		1978	
	No. Dosage Units	Percent of Total	No. Dosage Units	Percent of Total	No. Dosage Units	Percent of Total
Amphetamines	212,461	(13)	222,413	(10)	253,378	(12)
Barbiturates	277,472	(17)	349,276	(16)	254,182	(12)
Cocaine	22,456	(1)	28,654	(1)	55,277	(3)
Depressants (Tranquillizers/ Sedatives)	587,896	(36)	959,446	(44)	833,937	(40)
Narcotics	331,101	(21)	393,636	(18)	431,144	(21)
Stimulants	181,397	(11)	231,964	(11)	217,455	(10)
Total	1,612,783	(100)	2,185,389	(100)	2,075,373	(100)

Depressants (tranquillizers and sedatives) continue to be the leading category of drugs stolen; however, there was a slight decrease in the number of dosage units stolen during 1978. Narcotics constituted the second leading drug type stolen, with a greater number of dosage units stolen in 1978. Although amphetamine dosage units stolen increased 2 percent from 1977, other stimulants dropped 1 percent, with the exception of cocaine, which increased by 2 percent. A significant decrease is also evident for the barbiturate category.

One possible explanation for the rise in the number of narcotics stolen is the scarcity of heroin as reflected in price and purity data. U.S. Drug Enforcement Administration officials have noted that heroin purity declined from 6.6 percent in the first quarter of 1976 to 3.5 percent in the last quarter of 1978. At the same time, the price per milligram of pure heroin rose from \$1.26 to \$2.19. The decrease in purity and rise in price signify lowered availability of heroin, which is believed to be due to the continuing control efforts on the part of law enforcement officials. Thus, persons may be turning toward the theft of prescription narcotics, e.g., Dilaudid, as an alternative to heroin, which is now more difficult to obtain.

Drug-related Deaths

Information from the Texas Department of Health indicates that deaths due to drug-related causes have steadily decreased in the last several years and reached a low of 406 in 1978.



The largest proportion of drug-related deaths was caused by the mixing of drugs, followed by drugs and alcohol in combination. Anti-depressants and barbiturates were respectively the third and fourth leading causes of drug-related deaths.

Emergency Room Visits

As in the past few years, the tranquilizer Valium continues to be the leading drug of abuse reported by selected emergency room facilities in Dallas and San Antonio. This pattern was consistent with nationwide reports. The following chart lists the 10 specific drugs most frequently mentioned in emergency room visits across the nation and compares their rank to the rank in both the Dallas and San Antonio areas.

DAWN EMERGENCY ROOM ADMISSIONS
RANK OF LEADING DRUGS
May 1977 — April 1978

Drug	Rank		
	Nationwide	Dallas	San Antonio
Diazepam (Valium)	1	1	1
Alcohol-in-Combination	2	2	2
Heroin/Morphine	3	13	10
Aspirin	4	3	3
Flurazepam (Dalmane)	5	6	4
d-Propoxyphene (Darvon)	6	4	5
Marijuana	7	<u>a/</u>	<u>a/</u>
PCP/PCP Combination	8	<u>a/</u>	<u>b/</u>
Amitriptylene (Elavil)	9	5	6
Chlordiazepoxide (Librium)	10	11	9

a/ Ranked below top twenty drugs.

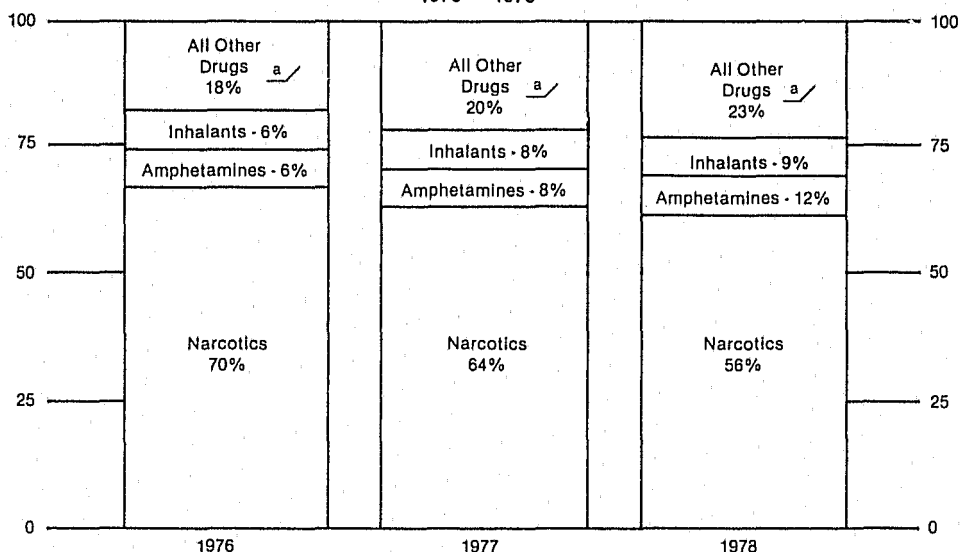
b/ Denotes zero (0) mentions.

Treatment Data

In 1978, 9,031 persons were admitted to treatment for problems associated with drug abuse.² This represents a slight decrease from the 9,492 clients admitted in 1977; however, the 1978 admissions still exceed the 8,962 admissions reported in 1976.

Narcotics (heroin, non-prescription methadone and other opiates and synthetics) continue to be the leading drug type reported by persons entering treatment. However, the proportion of narcotic admissions has decreased steadily over the past three years. In 1976, 70 percent of all persons admitted were narcotic addicts compared to 64 percent in 1977 and 56 percent (5,020 persons) in 1978.

CODAP TREATMENT ADMISSIONS
FOR SELECTED PRIMARY DRUG
1976 — 1978



^{a/} Includes the categories of: barbiturates, cocaine, hallucinogens, marijuana/hashish, tranquilizers, other sedatives and hypnotics, over-the-counter, and other drugs. No one of these categories increased by more than two percentage points.

²This figure and other treatment admissions statistics in this report represent admissions to public or private non-profit organizations receiving federal drug abuse treatment funds through the Texas Department of Community Affairs or directly from the National Institute on Drug Abuse, Veterans Administration or Department of Justice. These figures do not reflect admissions to other non-federally funded drug treatment facilities in Texas.

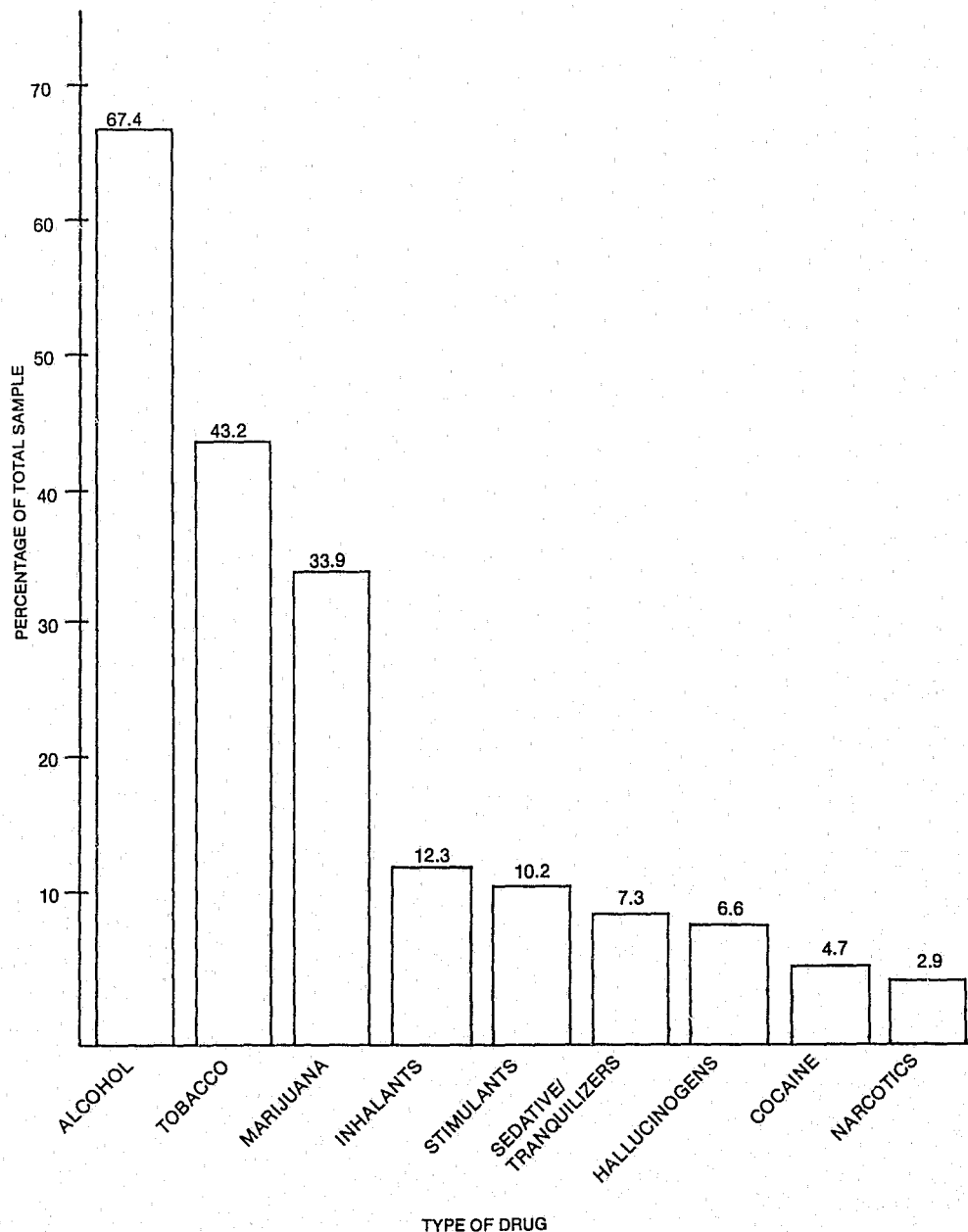
Accompanying the decrease in narcotic admissions over the past three years is a corresponding increase in the proportion of admissions for all other drug types. Amphetamines were the drug type with the largest increase in admissions to treatment. This drug type was reported as the primary drug of abuse by 12 percent of 1978 admissions, which is double the 6 percent reported in 1976. The proportion of admissions for inhalant abuse also continued to rise, although the increase was not as great between 1978 and 1977 as between 1977 and 1976. Admissions for the drug types barbiturates, marijuana, tranquilizers and other sedatives and hypnotics increased slightly, although each of these drug types makes up less than 10 percent of total admissions.

Other Data

A survey of drug usage among middle and high school students in a major city in Texas was conducted by the Institute of Behavioral Research, Texas Christian University, in the spring of 1978. Specifically, the survey sought information concerning sex, grade level and the frequency of use during the past 12 months of nine drugs: tobacco, hallucinogens, stimulants, cocaine, alcohol, inhalants, narcotics, marijuana and sedative/tranquilizers.

The percentage of all respondents reporting any use of the nine drugs during the past year is noted below.

DRUG USE BY TYPE OF DRUG
TEXAS STUDY, GRADES 7-12
1978



Following alcohol and tobacco, marijuana was by far the most extensively used drug, with 34 percent reporting at least some use during the past year. Inhalants were the next leading drug of abuse, with 12 percent of the respondents reporting that they had used them during the past year.

Trends by Drug Type

Depressants

- ★ Most of the psychoactive drugs prescribed in the United States are depressants and include such drugs as barbiturates, tranquilizers and sedatives.
- ★ Depressants are responsible for the greatest number of deaths and are also the most frequently mentioned drug of abuse in drug-related visits to emergency rooms.
- ★ In 1978, 48 persons died due to an overdose of barbiturates, representing approximately 12 percent of all drug-related deaths in Texas.
- ★ Another 23 persons died due to the abuse of tranquilizers/sedatives, accounting for 6 percent of all drug-related deaths in Texas.
- ★ As in the past, the tranquilizer Valium continued to be the most frequently mentioned drug of abuse as reported by selected emergency room facilities both in Texas and nationwide.

Inhalants

- ★ Recent surveys of high school students indicate that inhalants may be more of a problem in Texas than in the nation as a whole. Twelve percent of the Texas students surveyed last year reported having used inhalants during the 12 months preceding the survey, compared to 4 percent of the students surveyed in a nationwide study.
- ★ During 1978, eight persons died due to inhalants.
- ★ Inhalants were the fourth leading drug of abuse reported by persons entering drug treatment programs in 1978.
- ★ Information obtained from the Texas Judicial Council indicates that 1,180 juveniles were placed on probation for involvement with inhalants during 1978.

Marijuana

- ★ A survey of high school students in a major city in Texas during 1978 revealed that 34 percent of the students had used marijuana during the 12 months preceding the survey and that 10 percent reported weekly use.
- ★ Marijuana continues to be the leading drug involved in all arrests for drug violations. In 1978, 83 percent of all drug arrests were for possession, use or distribution of marijuana.
- ★ Although marijuana appears to be a widely used drug as evidenced by results of surveys and drug-related arrest data, the number of persons admitted to treatment for dysfunctional use of marijuana remains relatively low. In 1978, 758 persons were admitted to a treatment facility for a problem of

marijuana abuse, representing approximately 9 percent of all admissions to treatment.

Narcotics

- ★ Although the drug abuse indicator data continue to show that narcotic abuse is a significant problem in Texas, it appears to be declining. For example, in 1976 narcotics accounted for 29 percent of all drug-related deaths, while in 1978, narcotics accounted for 8 percent of drug-related deaths. The proportion of persons arrested for narcotics decreased slightly from 10 percent in 1976 to 9 percent in 1978.
- ★ Narcotics continue to be the leading drug of abuse for persons entering treatment facilities; however, the proportion of admissions for this drug type has dropped from 70 percent in 1976 to 56 percent in 1978.

Other Drugs

- ★ During 1978, at least nine persons died from overdoses of phencyclidine (PCP) or PCP in combination with other drugs.
- ★ The abuse of cocaine appears to be increasing. For example, in 1976 90 persons were admitted to a treatment facility in Texas for cocaine, while in 1978, the number of admissions had risen to 148 persons.
- ★ Amphetamine abuse is a growing problem in Texas. In 1976, admissions for amphetamine abuse constituted 6 percent of all treatment admissions, while in 1978, the figure had reached 12 percent or 1,058 individuals.

Population Groups at Risk

Drug abuse is not confined to any one segment of the population; however, certain persons or groups are at greater risk than others of being affected by drug abuse due to social conditions unique to that group. Particular attention, therefore, is directed towards such groups as women, ethnic minorities, youth, older adults and migrants. Although little empirical evidence is available regarding the incidence and prevalence of drug abuse among these population groups, certain facts are known about some of these groups—particularly women, ethnic minorities and youth.

Women

Indicator data suggest two populations of female drug abusers: a younger group with a greater percentage of minorities who enter treatment for narcotic abuse but increasingly for other drugs, and an older, more predominately white group seen in emergency room visits and among drug-related deaths as a result of abusing therapeutically intended drugs.

- ★ Women have consistently comprised approximately one-fourth of all clients entering facilities for the treatment of drug abuse.

- ★ According to emergency room data for the last half of 1978, females comprised over 60 percent of the drug-related emergency room admissions in both the San Antonio and Dallas areas.
- ★ Women comprised approximately one half of all the drug-related deaths in Texas during 1978. Women died most frequently from a mixture of drugs (20 percent), antidepressants (15 percent) and drugs and alcohol (12 percent).

Ethnic Minorities

Blacks continue to be disproportionately represented in the available drug abuse indicator data as compared to their proportion (12 percent) of the general population.

- ★ In 1978, blacks constituted 21 percent of all drug-related arrests. A majority of these arrests were for marijuana violations.
- ★ Blacks made up 18 percent of all clients admitted to treatment in 1978. Blacks were most frequently admitted to treatment for the abuse of narcotics (68 percent) followed by amphetamines (9 percent).

Hispanics, who comprise 17 percent of the state's population, also continue to be disproportionately represented in the drug abuse indicator data.

- ★ Hispanics accounted for 26 percent of all drug-related incarcerations to Texas Department of Correction facilities in 1978.
- ★ Hispanics made up 34 percent of all clients admitted to treatment in 1978 and were most frequently admitted to treatment for the abuse of narcotics (55 percent) followed by inhalants (21 percent).

Youth

Although there are no comprehensive data to indicate how many young persons in Texas are actually involved in drug abuse, several indicators demonstrate that there is a substantial drug abuse problem among youth.

- ★ A survey conducted among high school students in a major metropolitan area in Texas indicates that significant percentages of high school seniors are using drugs other than alcohol and tobacco. For example, of those persons surveyed, 45 percent reported that they had used marijuana in the past year; 16 percent had used a stimulant; 12 percent had used an inhalant; 10 percent had used sedatives/tranquilizers; 9 percent had used hallucinogens; 8 percent had used cocaine; and 4 percent had used narcotics.
- ★ Persons 19 years old and younger represented 22 percent of all admissions to treatment in 1978. Youths were most frequently admitted for a problem with inhalants (33 percent) followed by marijuana (22 percent).
- ★ Youths aged 19 and under were involved in 38 percent of the drug arrests made in 1978. The majority of these arrests, 90 percent, were for marijuana violations.

The State's Response

In order to provide direction in the administration of a system of services dealing with the problem of drug abuse, TDCA/DAPD has established goals and objectives for an improved future status of the population in regard to drug abuse. Although TDCA/DAPD has primary responsibility for administering drug abuse prevention services in Texas, a number of other public and private agencies are also involved in delivering drug abuse prevention services. By working in conjunction with these agencies, TDCA/DAPD seeks to impact the problem of drug abuse and achieve the goals and objectives set forth in the following pages.

The long-range goal for Texas in regard to drug abuse is to reduce the incidence and prevalence of drug abuse and its negative consequences such as illness, disability and death. TDCA/DAPD believes that in order to achieve this long-range goal the following objectives should be attained:

- ★ By 1983, curtail the rise in the incidence of drug-related deaths, especially those due to mixtures of drugs, drugs and alcohol, antidepressants and barbiturates.
- ★ By 1983, reduce the incidence of emergency room visits resulting from abuse of drugs, particularly tranquilizers, drugs and alcohol, sedatives, pain-killers and antidepressants.
- ★ By 1983, reduce the percentage of marijuana abuse.
- ★ By 1983, reduce the percentage of youths abusing inhalants.

In addition to the long-range status goal and objectives, TDCA/DAPD has also established goals and objectives specifically related to the functions and responsibilities of the department. These responsibilities can be organized into eight categories known as program functional areas: general administration; planning and coordination; treatment and rehabilitation; information systems; prevention; research, evaluation and monitoring; training; and criminal justice interface.

General Administration

TDCA/DAPD staff functions are divided into three branches. The Program Development Branch is responsible for data collection and analysis, state planning, grant writing, community assistance, state agency coordination, education and information, the State Prevention Coordination Program and the Criminal Justice Support Program. The Program Management Branch is responsible for managing all programs under contract to TDCA/DAPD. This management function includes monitoring, evaluation, technical assistance, staff development and training for local program staff. The Financial Management Branch is responsible for processing billings and budget changes and monitoring and technical assistance of sub-contractor financial systems.

The responsibilities of TDCA/DAPD in maintaining a system of drug abuse prevention services were expanded with the passage of the R.B. McAllister Drug Treatment Act. The act establishes mechanisms for diverting drug offenders from the criminal justice system into treatment and directs TDCA/DAPD to coordinate public and private facilities so as to provide a comprehensive range of treatment services across the state.

As a result of the unique drug abuse problems existing due to Texas' common border with Mexico, TDCA/DAPD has developed a strong working relationship with the organization of Mexican drug abuse programs, Centros de Integracion Juvenil, A.C. (CIJ). In acknowledgement of mutually shared problems and a common concern, a formal agreement of cooperation was effected between TDCA/DAPD and CIJ and a number of activities have been implemented as a result. These activities are primarily of an information and technical exchange nature, such as the annual Border Conferences on Drug Abuse.

In order to attain the 1979-80 goal of improving the effectiveness of the drug abuse service delivery system through the proper administration of TDCA/DAPD, the following objectives will be pursued during the year:

- ★ Enhance the internal management of TDCA/DAPD by periodically reviewing policies and procedures and revising them as appropriate.
- ★ Promote funding of drug abuse programs by assisting in the procurement of state, local and private funds for matching federal dollars and for developing new programs.
- ★ Continue and strengthen cooperation efforts with Mexican drug abuse programs toward the prevention of drug abuse along the U.S./Mexico border, the enhancement of services and the collection of data.
- ★ Maintain coordination among state agencies and local units of government to ensure that drug abuse services are an integral component of the total human service delivery system.

Additional goals of general administration relate to administering drug abuse treatment, planning and prevention activities in such a manner as to serve the particular needs of special population groups; accrediting drug treatment facilities; and emphasizing the interdependence of supply and demand in drug abuse prevention.

Planning and Coordination

Each year, TDCA/DAPD produces a "State Plan for Drug Abuse Prevention" which provides an overview of the drug abuse problem as reflected by incidence and prevalence data and establishes priorities for drug abuse programming. Based on its belief that local input is an essential element of this planning process, TDCA/DAPD in the past contracted with regional planning agencies for the development of regional drug abuse plans which were then amalgamated into the state plan.

The National Health Planning and Resource Development Act of 1974 (Public Law 93-641) provided for the establishment of health systems agencies (HSAs) to perform comprehensive health planning, including drug abuse prevention planning. Since enactment of the law, TDCA/DAPD has worked to coordinate drug abuse planning and project development with the 12 HSAs in Texas. The drug abuse plans prepared by the HSAs are now recognized as the substate plans used by TDCA/DAPD in the development of the state plan. Since the membership of the governing body of each HSA includes consumers as well as providers of health services, public officials and other representatives of governmental authorities, the planning needs and priorities of local units of government will continue to be reflected in the total drug abuse planning process.

Coordination of drug abuse plans and programs is facilitated in several other ways. The "State Plan for Drug Abuse Prevention" includes contributions and priorities of various related state agencies such as the Texas Department of Mental Health and Mental Retardation, Texas Rehabilitation Commission, Texas Education Agency, Criminal Justice Division of the Governor's Office, Texas Commission on Alcoholism and the Texas Department of Human Resources. Respectively, TDCA/DAPD contributes to the plans of these state agencies and participates in various other coordination activities such as regular meetings, exchange of computerized information, combined training sessions, etc. The TDCA/DAPD planning staff provides review and comment on various documents such as the State Health Plan and the Health Systems Plans and Annual Implementation Plans of the HSAs, all of which have an impact on drug abuse prevention planning and service delivery.

In working toward the goal of conducting comprehensive planning that will provide adequate direction for future programming efforts in the areas of drug abuse prevention and treatment, TDCA/DAPD will be guided by the following objectives during 1979-80:

- ★ Develop a state plan in accordance with requirements of the National Institute on Drug Abuse (NIDA).
- ★ Distribute the state plan and supplemental information in formats appropriate to various audiences.
- ★ Continue to establish coordinative linkages with other state and regional agencies impacting drug abuse.

Treatment and Rehabilitation

TDCA/DAPD is authorized by law to administer funds provided through the Drug Abuse Office and Treatment Act (Public Law 92-255). Through this act, TDCA/DAPD receives \$5,083,055.00 from the National Institute on Drug Abuse to pay for the treatment of drug abusers in Texas. TDCA/DAPD contracts with a number of private, non-profit agencies and community mental health centers to deliver these drug abuse treatment services.

Additional treatment resources in Texas consist of 29 community mental health centers funded by the Texas Department of Mental Health and Mental Retardation, four privately funded methadone programs, two Veterans Administration drug treatment programs and 20 community-based aftercare treatment facilities for federal probationers and parolees.

Drug abuse treatment services are of three modalities: Detoxification services consist of planned withdrawal from drug dependency supported by use of a prescribed medication. Maintenance services involve the prescription of substances such as methadone to achieve stabilization of the client and relieve the "drug craving." Drug-free services do not include any chemical agent or medication as the primary part of the drug treatment. The primary treatment method in drug-free services is traditional counseling, either group or individual.

The above treatment modalities may be delivered in any of several environments. In a residential environment, the client resides in a drug abuse treatment unit other than a prison or hospital. A client receiving services in a day care setting

resides outside the clinic but participates in a treatment program according to a minimum attendance schedule as defined by the funding source (usually five or more hours a day, five or more days a week). Services may include counseling, job development, educational and legal services, with the client having regularly assigned and supervised work functions at the clinic. Clients receiving services in an outpatient environment also reside outside the clinic and attend the clinic according to a predetermined schedule for services including counseling and supportive services. Outpatient differs from day care in that the client usually attends the clinic less frequently and does not have regularly assigned and supervised work functions at the clinic. A client served in an inpatient environment is confined to the setting, usually a prison or hospital, where the drug abuse treatment services are being delivered.

The following matrix illustrates the capacity of drug abuse treatment programs in Texas.

	Statewide Treatment Capacity				
	Outpatient	Residential	Day Care	Inpatient	Total
Drug Free	3,319	378	16	169	3,882
Detoxification	47			20	67
Maintenance	2,514			12	2,526
Total	5,880	378	16	201	6,475

Treatment programs funded by TDCA/DAPD are funded on an annual basis. A request for treatment proposals is advertised statewide, and the successful proposals become part of the Statewide Services Proposal submitted by TDCA/DAPD to NIDA. Treatment programs are funded in July of each year. During the contract year, funding reallocations are made on the basis of whether a program is serving a sufficient number of clients as predetermined by TDCA/DAPD. This allows services to be expanded in programs demonstrating the greatest demand for services.

The goal of TDCA/DAPD for the coming year is to continue to fund treatment programs on the basis of need for service and quality of services previously delivered. The objectives necessary to accomplish this are the following:

- ★ Determine priorities for treatment fund allocations.
- ★ Fund treatment programs with NIDA grant.

Additional goals for TDCA/DAPD treatment programs are to provide special services to target groups, particularly women, minorities and youths; to increase coordination between federally funded program and self-help groups such as Narcotics Anonymous and the Palmer Drug Abuse Program; and to utilize available resources to encourage clinical expertise within TDCA/DAPD programs.

Information Systems

TDCA/DAPD maintains a completely automated management information system which has two major components—IDARP and TEXDOPE. IDARP, the Integrated Drug Abuse Reporting Process, has three subsystems:

- ★ CODAP (Client Oriented Data Acquisition Process) collects client information on persons admitted to and discharged from federally funded drug abuse treatment facilities.

- ★ DAPRU (Drug Abuse Prevention Resource Units) is a detailed directory of more than 1,500 drug abuse and alcoholism program resources in the state. Information is available on treatment, prevention, training, research, education, information and referral agencies.
- ★ FMIS (Financial Management Information System) provides information on the expenditures and incomes of local treatment programs.

The TEXDOPE system is an automated retrieval system of drug abuse indicator data from various state and federal agencies. This component includes:

- ★ uniform crime reports on arrests provided by the Department of Public Safety,
- ★ drug overdose deaths and serum hepatitis cases provided by the Texas Department of Health,
- ★ data on drug offenders incarcerated provided by the Texas Department of Corrections and
- ★ drug theft reports and heroin price and purity data provided by the Drug Enforcement Administration.

In an effort to develop a management information system that will collect extensive data on drug abuse planning, research, program management and administrative decision-making, TDCA/DAPD's objectives are to

- ★ continue to refine the IDARP system for maximum utility and
- ★ continue to expand and enhance the TEXDOPE system in order to provide a more comprehensive description of the drug abuse problem.

Research, Evaluation and Monitoring

TDCA/DAPD has a mandate to encourage research which bears directly on misuse and abuse of controlled substances. As a result, TDCA/DAPD has funded three projects which deal with estimating the incidence and prevalence of drug abuse. One project, to be conducted by the Heart of Texas Council of Governments, will interview approximately 1,400 elderly residents of the greater Waco area who participate in the Senior Luncheon Activity Program to learn their health status as well as the extent of their use of prescription and over-the-counter drugs. The second project, to be conducted under the auspices of the Texas Research Institute of Mental Sciences, will survey high school students in the Houston/Galveston area primarily to ascertain their drug usage patterns and attitudes toward drug use. The third project, to be conducted by Equifax Services, will perform a random survey of 3,000 households across Texas in order to establish incidence and prevalence data about drug use.

In addition to gaining a better understanding of the drug abuse problem in the state through research, TDCA/DAPD has begun to evaluate treatment programs in an effort to find out what effects successful treatment outcomes on the part of the clients. Regular analysis of data received from various treatment programs is conducted and results shared with each program.

All programs that contract with TDCA/DAPD to provide drug treatment services are closely monitored for contract compliance. Client charts are reviewed in all programs during regular site visits to assure that clients are receiving proper attention for their problems. Quarterly reports that reflect both the capacity of the program as well as the number of persons served are submitted to NIDA.

During the coming year, TDCA/DAPD will continue to:

- ★ monitor the implementation of research projects and make findings available to the staff,
- ★ increase the scope of the monitoring efforts for treatment and prevention subcontractors and
- ★ utilize and further refine evaluation instruments that seek to capture data regarding the outcome and impact of prevention and treatment programs.

Prevention, Intervention, Education and Public Information

Primary drug abuse prevention seeks to promote the growth of an individual toward full human potential by inhibiting physical, mental, emotional or social impairment caused by the abuse of chemical substances. Whereas drug abuse treatment services are aimed at individuals already heavily involved in the abuse of drugs, prevention addresses the needs of those persons either not involved at all or marginally involved in the use of drugs. Approximately \$1 million in federal funds received from NIDA are subcontracted by TDCA/DAPD for the delivery of prevention services which can be classified into four general categories:

- ★ **Information** includes all functions designed to provide information, such as radio and television spots, newspaper and magazine articles, etc., to the general public. The intent is to provide information on the drug abuse problem and resources available to address the problem.
- ★ **Education** includes functions designed to promote a deeper understanding of drug abuse and its concomitant problems. Education functions are focused on specific target groups and are conducted in formal group settings such as seminars, conferences, etc. The intent is to express the problem clearly and outline possible approaches to it in order to promote the support, participation and cooperation of the organized groups.
- ★ **Intervention** includes services directed at persons who are "at risk," i.e., likely to become involved in the abuse of drugs. These individuals may be marginally involved in drug abuse but are typically not involved deeply enough to require treatment. Specific strategies may include crisis hot lines, school advocacy, peer group counseling, etc.
- ★ **Alternatives** includes those functions which address the development of positive growth and fulfillment activities such as recreation programs, job development programs, cultural awareness programs, etc.

TDCA/DAPD maintains the Texas Clearinghouse for Drug Abuse Information, which distributes over 150,000 pieces of literature a year. In addition to literature distribution, the clearinghouse offers a drug abuse film library as well as periodicals and other resource materials. A drug abuse newsletter is published bimonthly and serves as a mechanism for distributing information from the local, state and federal levels relating to drug abuse treatment, prevention, education, legal developments and research.

Thirteen regional drug abuse education and information programs are funded across the state. In addition to activities or functions particular to the needs of

the respective regions, the education and information programs perform the following standard activities: 1) establish community drug abuse prevention councils, 2) develop inventories of all drug abuse prevention and treatment resources in the region, 3) provide drug abuse prevention education, 4) maintain dissemination centers for drug abuse literature and films, 5) coordinate media campaigns for drug abuse prevention and 6) develop and implement plans for identifying potential sources of funds for drug abuse prevention services in the area.

In addition to the regional education and information programs, TDCA/DAPD currently funds a prescription drug abuse prevention program in Dallas County. The program is designed to concentrate on education for medical and health service providers as well as consumers and the community as a whole.

Nine additional prevention programs funded by TDCA/DAPD offer primarily intervention and alternatives services, although most also deliver information and education services. Five of these programs have a special emphasis on serving youths and perform such functions as counseling and conducting recreation programs and other alternative activities such as art and photography. Three programs focus their efforts on ethnic minority groups in such problem areas as inhalants and diversion from the juvenile justice system.

The 1979-80 goal of TDCA/DAPD is to maintain and expand drug abuse prevention programs to deter drug dependence among Texans. Specific objectives are to:

- ★ establish the State Prevention Coordinator Program in order to assess needs and develop new program activities and
- ★ fund drug abuse intervention and alternative prevention programs with particular emphasis on special needs groups (women, youth, rural populations, ethnic minorities, elderly, etc.).

Additional goals consist of improving the resource capabilities of TDCA/DAPD's Clearinghouse for Drug Abuse Information and continuing to inform the public about drug abuse information. Specific objectives include the following:

- ★ evaluate the publications disseminated through the clearinghouse,
- ★ prepare new and revise existing publications to meet changing demands,
- ★ conduct a statewide information campaign utilizing information provided by NIDA and
- ★ conduct public information campaign targeted to special needs programs.

Training

The State Training Support Program, an organizational unit of TDCA/DAPD, is part of the National Manpower and Training System established by NIDA to support the training of professional and para-professional personnel in prevention and treatment programs. The training effort seeks to improve the quality of services to drug abuse clients through the development of better counseling skills to direct service workers.

Last year, TDCA/DAPD training staff conducted an intensive updated statewide needs assessment and, on the basis of response received, developed priorities for training during the current year. Each of the treatment programs funded by

TDCA/DAPD is also required to develop training goals for its particular program and to designate a staff development specialist, who receives training from TDCA/DAPD and in turn provides in-service training to additional treatment staff.

Legislation has been passed authorizing TDCA/DAPD to establish accreditation standards for drug abuse treatment programs and certification standards for treatment personnel. A task force of clinicians and program administrators was convened by TDCA/DAPD to review the personnel standards drafted by the department and provide feedback. Funding and staff limitations, combined with competing priorities, have constrained the degree of progress in development of certification and accreditation standards; however, this area will be pursued during the coming year.

The training goal for TDCA/DAPD is to operationalize the Texas State Training System in order to ensure training of drug abuse personnel that will enhance their abilities to implement effective programs. Objectives to be accomplished include the following:

- ★ conduct a needs assessment of specific courses or competence areas among program personnel,
- ★ establish priorities for the delivery of training to treatment and prevention personnel,
- ★ develop a system for evaluating outcome and impact of the training delivered and
- ★ educate personnel of other state agencies such as Texas Rehabilitation Commission and Texas Department of Human Resources on causes, effects and treatment of drug dependence.

Criminal Justice Interface

Coordination between TDCA/DAPD and the Criminal Justice Division of the Governor's Office has been effected through a number of different mechanisms and activities. Since 1976, TDCA/DAPD and CJD have co-funded drug abuse prevention programs for juveniles referred from the juvenile justice system. The two state agencies have also worked together to secure funding for programs that would provide drug abuse treatment for adult probationers. Two such programs, referred to as TASC (Treatment Alternatives to Street Crime), have been funded in Austin and Dallas.

TDCA/DAPD also works closely with the Texas Adult Probation Commission (TAPC), which was created in 1977 to upgrade the quality of probation services offered by the state's probation districts. The two agencies initiated a series of workshops entitled "Probation/Substance Abuse Interface" which were held in various areas of the state for the purpose of bringing together line probation officers and substance abuse treatment professionals in order to build effective working relationships and improve services for probationers. Follow-up workshops were subsequently organized and are being continued by local probation and treatment personnel.

The McAllister Act provides for the release and conditional referral of drug abusers by the police into treatment and for dismissal of charges of those who

have participated satisfactorily in the treatment program. A procedure for emergency treatment is also established. This law serves to channel drug abusers into treatment as opposed to incarceration.

For 1979-80, the criminal justice interface goal of TDCA/DAPD is to increase the effectiveness of institutional and community-based correctional programs by developing, expanding and improving criminal justice and juvenile justice drug abuse prevention and treatment programs. Objectives to be accomplished include the following:

- ★ implement the McAllister Act by establishing a Criminal Justice-Drug Abuse Treatment Task Force comprised of representatives of criminal justice and drug abuse treatment agencies to develop a long-range plan for linking the systems,
- ★ establish close working relationships among drug abuse treatment and law enforcement, prosecutorial, judicial, probation and parole services at the local level through meetings, workshops and conferences to initiate criminal justice/drug abuse interface activities and encourage the development of inter-agency working agreements and
- ★ continue cooperative efforts toward the development of a statewide TASC project in communities with populations of 200,000 or less and stimulate the development of innovative referral and treatment programs.