



WRITTEN TESTIMONY

**SUBMITTED BY TRAVIS LEETE, J.D.
TEXAS CRIMINAL JUSTICE COALITION**

REGARDING INTERIM CHARGE 6:

Assess the current trends in prescription drug abuse including crimes and arrests, abuse of prescription and over-the-counter medication in the prison population, impact on probation violations and recidivism, and incidences of law enforcement as the first responders to prescription drug overdose emergencies. Identify strategies for law enforcement and criminal justice systems to work with education and health care professionals to use all means, including technology, to identify abuses, and increase education and prevention. Make recommendations to enhance drug abuse prevention and intervention programs.

SENATE CRIMINAL JUSTICE COMMITTEE

30 OCTOBER 2012

TEXAS CRIMINAL JUSTICE COALITION

The Texas Criminal Justice Coalition (TCJC) works with peers, policy-makers, practitioners, and community members to identify and promote smart justice policies that safely reduce the State's costly over-reliance on incarceration – creating stronger families, less taxpayer waste, and safer communities.

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Members of the Committee,

My name is Travis Leete and I am a policy attorney at the Texas Criminal Justice Coalition (TCJC). I appreciate this opportunity to provide testimony today regarding the Committee's interim charge to *“Assess the current trends in prescription drug abuse including crimes and arrests, abuse of prescription and over the-counter medication in the prison population, impact on probation violations and recidivism, and incidences of law enforcement as the first responders to prescription drug overdose emergencies. Identify strategies for law enforcement and criminal justice systems to work with education and health care professionals to use all means, including technology, to identify abuses, and increase education and prevention. Make recommendations to enhance drug abuse prevention and intervention programs.”* My testimony today is focused exclusively on the role of treatment and the importance of alternatives to criminalization and incarceration. Substance abuse, in its multifaceted forms, is an ailment that cannot be cured simply through incarceration. Mindful of public safety issues, it is widely accepted that treatment and support for addiction yields better outcomes than incarceration alone, both for the individual and the community. Rather than punish individuals already in the grips of a crippling and debilitating ailment, we need to seek relief for those suffering from substance abuse through treatment, programming, and support. This approach is more effective for individual improvement and is more cost effective overall. We are counting on the commitment and ongoing leadership of this Committee to ensure that Texas takes the lead in approaching prescription drug misuse in a smart and effective way.

INTRODUCTION

Prescription drug abuse is the intentional use of commonly prescribed medication without a prescription in a way other than that for which it was prescribed. The more commonly abused prescription drugs are: (1) opioids—typically used to treat pain—including hydrocodone (Vicodin), oxycodone, morphine, and related drugs; (2) Central Nervous System (CNS) Depressants—used to treat anxiety or sleep disorders—including Valium and Xanax; and (3) stimulants—used often for attention deficit hyperactivity disorder—such as Adderall and Ritalin.¹ While some people recreationally misuse prescription drugs for the feeling it provides, prescription drug dependency and addiction can often begin as part of a legitimate regimen to treat a diagnosed physical or psychological condition. At the outset, it is important to recognize that chemical dependency is a normal adaptation to chronic exposure to a drug, which is distinguishable from addiction. Addiction, including physical dependence, is characterized by compulsive drug seeking and use despite occasional and potentially devastating consequences.²

In 2009, an estimated 16 million people age 12 and older used a prescription pain reliever, tranquilizer, stimulant, or sedative for a non-medical purpose at least once in the year prior to being surveyed.³ In 2010, approximately 7 million people (roughly 2.7% of the nation's population) were identified as “current users of psychotherapeutic drugs taken nonmedically.”⁴ These drugs are broadly categorized as drugs targeting the central nervous system, including those used to treat psychiatric disorders. According to the National Institute on Drug Abuse (NIDA), the most commonly misused medications in 2010 were as follows:

- Pain relievers = 5 million
- Tranquilizers = 2.2 million
- Stimulants = 1.1 million
- Sedatives = 0.4 million⁵

According to a 2010 National Survey on Drug Use and Health (NSDUH), an estimated 2.4 million Americans used prescription drugs non-medically for the first time in the year prior to being surveyed. More than half were females and about a third were ages 12-17. While prescription drug abuse affects all demographics, youth, older adults, and women are thought to be at particular risk.⁶ Additionally, current research suggests that veterans returning from Iraq and Afghanistan are significantly vulnerable to risks related to prescription drug dependency, addiction, and abuse.⁷

In Texas, the Drug Demand Reduction Advisory Committee (DDRAC), a statutorily established committee mandated to “develop comprehensive statewide strategy and legislative recommendations that will reduce drug demand in Texas,” recently published its biennial report identifying growing issues related to substance abuse.⁸ According to findings published in 2009, non-medical use of prescription drugs has increased by 80% since 2000. DDRAC also asserts that “abuse of prescription drugs is problematic in all age groups with overdose deaths from prescription medication now the leading cause of accidental death among adults ages 45 to 54.”⁹ Evidence also indicates that emergency room visits, poison control center calls and responses, and deaths attributable to prescription drug abuse have increased over the years.¹⁰ The Drug Abuse Warning Network (DAWN), an entity that monitors emergency department visits in select areas across the nation, reports approximately 1 million visits to emergency departments in 2009 were directly connected to prescription drug abuse.¹¹

Additionally, in 2012, the Texas Department of State Health Services (DSHS) and the Public Policy Research Institute at Texas A&M University conducted its Thirteenth Biennial *Texas School Survey of Substance Use*, surveying over 47,000 students in grades 4-6 and about 87,000 students in grades 7-12. The survey identified the following:

- About 10.8% of secondary school students reported using codeine cough syrup non-medically, and 4% did so in the month prior to being surveyed. Both rates showed a decrease between 2010 and 2012.
- About 3.6% of the students reported using oxycodone (OxyContin, Percodan, or Percocet) products non-medically in their life, and 7.5% reported using hydrocodone products (Vicodin, Lortab, Lorcet) non-medically. Both rates were higher than those in 2008 or 2010.
- 2% reported non-medical use of Valium and 3.9% reported non-medical use of Xanax. Both rates have shown a continuous decrease since 2008.¹²

Another disconcerting trend related to prescription drugs was recently revealed in a special six-month investigative report produced by *The Austin American-Statesman*. In its special report released late this year, *The Statesman* purports that an “alarmingly high percentage [of veterans returning from Iraq and Afghanistan] died from prescription drug overdoses, toxic drug combinations, suicide and single-vehicle crashes—a largely unseen pattern of early deaths that federal authorities are failing to adequately track and have been slow to respond to.”¹³ According to the newspaper report, use of prescription drugs among veterans is rising, and many of the deaths are correlated to prescription drug use. This report also elucidates that, while doctors are writing more prescriptions, research suggests that these prescription drugs are far more addictive than originally thought. Furthermore:

The investigation highlights the problem of prescription drug overdose among veterans, which has received scant attention compared to suicides: Nearly as many Texas veterans died after taking prescription medicine as committed suicide. VA prescriptions for powerful narcotics have skyrocketed over the past decade even as evidence mounted that such painkillers and PTSD make a dangerous combination. In effect, experts say, the military and VA exposed an especially vulnerable population to a flood of powerful drugs.¹⁴

While obtaining specific data on veterans is difficult and more thorough inquiries should be made to determine the scope of issues facing the men and women returning from military service, this investigative report underscores the significant impact prescription drug abuse has on a particularly vulnerable population of Texans. Furthermore, Texas is currently faced with overcrowded prisons and jails, and an increasing number of those incarcerated are veterans. Convicting and incarcerating veterans who have developed dependency or addiction to prescription drugs only escalates the problem. Veterans face many obstacles when returning to civilian life, including psychological and physical issues stemming from their overseas experiences, which are often compounded by civilian stresses that all Texans face. Advancements in medicine make medication a viable option to treat individuals, including veterans, dealing with physical or psychological challenges. When dependency or addiction develops, we cannot worsen the problem by intensifying criminalization and increasing incarceration. Instead, we must invest in community-based treatment and alternative programs.

Incarcerating individuals who use prescription medicine for non-medical purposes is counterproductive and costly. While addressing serious concerns regarding prescription drug abuse, Texas must be vigilant against wasteful expenditures toward incarcerating (and re-incarcerating) low level, nonviolent drug users. In addition to a strained budget, Texas is at risk of overcrowding its prisons and jails. In fact, continuing on its current trajectory, it is projected that Texas will exceed prison and jail capacity by Fiscal Year (FY) 2014.¹⁵ Overreliance on incarceration to treat both substance abuse and mental health is a major contributor to the overburdened prison system. Arrest rates for drug possession have consistently climbed in the past decade, increasing from over 30% since 1999.¹⁶ Recent research also indicates that about 90% of all drug arrests in Texas are not for delivery or distribution, but for possession of a controlled substance.¹⁷ In 2010, over 125,000 individuals in Texas were arrested for possession, accounting for over 10% of the total arrests made for any crime.¹⁸ In FY 2011, more than 22,000 individuals (nearly 30% of incoming inmates) were received by the Texas Department of Criminal Justice (TDCJ) for a drug offense,¹⁹ and nearly 75% of those individuals were charged with drug possession, as opposed to delivery or other offenses.²⁰ According to TDCJ's 2011 Fiscal Year Statistical Report, there were over 27,000 individuals on hand in a TDCJ facility for a drug offense at the end of FY 2011, nearly 20% of the total population. Of those, nearly 16,000 were for drug possession.²¹ This is significant because the Legislative Budget Board (LBB) estimates the average cost to house one person in a state prison is \$50.79 per day, whereas the average cost for outpatient services is under \$10.²² Essentially, treatment programs combined with community supervision cost about five times less than incarceration. For just one inmate, Texas spends roughly \$18,500 per year, while community supervision along with drug treatment programs cost about \$3,500 per client.²³

Over criminalizing drug offenses for those suffering with chemical dependency is both costly and ineffective at combating the root causes of substance abuse. The myriad of collateral consequences associated with criminal convictions and incarceration do little to improve the situation for those suffering with addiction or to better the community. Many people prosecuted for low level drug

crimes face correlative obstacles such as mental illness, addiction, homelessness, joblessness, and poverty.²⁴ Incarceration fails to effectively address these underlying issues and often exacerbates the very challenges that led to drug use and crime—such as joblessness or mental health issues.²⁵ Instead, Texas should take steps to aggressively and proactively address drug dependence, and thereby decrease associated crime, by promoting medical and public health responses to this issue. Specifically, policy-makers must support the efforts of practitioners, including probation departments and judges, to effectively treat those suffering from substance abuse by improving and making more widely available community-based rehabilitation and treatment diversion programs. This Committee should consider all available options outside criminal enhancements and incarceration to treat prescription drug abuse. Through drug courts, veteran’s courts, specialized community-based programs, and with the help of probation departments statewide, Texas can more effectively address substance abuse.

POLICY RECOMMENDATIONS

(1) Decrease reliance on incarceration to treat substance abuse and avoid creating significant obstacles for individuals suffering with substance abuse by increasing diversion programs and treatment options and investing in community-based treatment programs proved to be effective.

Individuals convicted or accused of nonviolent drug offenses should be diverted from prison to community supervision and, when appropriate, to a drug treatment facility or program. In addition to the individual benefits of community-based programming, investing in programming as opposed to incarceration is a smart-on-crime solution for Texas that can produce great community and public safety benefits. Incarceration results in greater levels of re-offending than treatment and other risk-reduction alternatives that are proved to be more cost-efficient and programmatically effective. For those who suffer from addiction or dependency, drug treatment is a more effective strategy to treat the individual, reduce recidivism, and lower state costs. Treatment in lieu of incarceration creates long term cost savings in overall health care, accidents, absenteeism from work, and other areas.²⁶ Drug treatment can also improve employment opportunities and reduce dependence on welfare. The National Treatment Improvement Evaluation Study found that 19% more people received income from employment within 12 months of completing treatment, and 11% fewer people received welfare benefits.²⁷ According to NIDA, “total savings associated with treating addiction can exceed the costs of that treatment by up to 12 to 1.”²⁸

It is widely accepted that treatment is a more effective solution than incarceration for individuals who suffer from substance abuse in terms of criminality, recidivism, and cost.²⁹ Extensive research and studies have proved that addiction to any drug, illegal or prescribed, is a brain disease that can be treated effectively.³⁰ In order to be effective, treatment must be specifically tailored to the type of drug used and the needs of the affected individual. Successful approaches to treatment may include detoxification, counseling, and the use of addiction medications. Sometimes, successful treatment requires multiple courses. Two main approaches to drug addiction treatment include behavioral treatments and pharmacological treatments.³¹ Studies show that increased admissions to substance abuse treatment is associated with a reduction in crime.³² One study showed that individuals participating in community-based drug treatment programming have a 78% reduction in drug selling, 82% decline in shoplifting, 64% reduction in arrest, and 48% reduction in engaging in illegal activities.³³ Jail diversion programs that offer

community-based supervision and programming are effective in reducing both substance use and recidivism.³⁴ According to an in-depth study of the Delaware criminal justice system, intensive supervision with treatment-oriented programs produced a 16.7% reduction in recidivism, whereas in-jail drug treatment programs saw only a 4.5% drop in recidivism.³⁵

In Texas, Community Supervision and Corrections Departments (CSCDs) demonstrate that placing individuals on probation—where they can serve their sentence while maintaining family relationships, taking part in rehabilitative programs, and remaining a participant in the community—is critical to reducing the flow to prison without jeopardizing public safety. While costs differ according to the program, one recent study conducted by TDCJ’s Community Justice Assistance Division (CJAD) affirms that proper programming made available by probation departments can produce better results to increase public safety and ensure successful rehabilitation. Research on the outcomes of probationers in Community Corrections Facilities³⁶ underscores how necessary it is to equip local departments with the tools to implement these programs.³⁷ Specifically, probationers completing residential programs showed a significantly lower two-year arrest and re-incarceration rate than those who did not complete their program. Furthermore, probationers who received more than 15 hours per week of cognitive programming also had lower arrest rates than those who did not. Finally, facilities with more than six counselors per 100 beds, and those that provide an aftercare component, also result in lower arrest and re-incarceration rates than facilities that are not equally equipped.³⁸

Despite this evidence, Texas has one of the lowest drug treatment admission rates, and one of the highest incarceration rates in the country.³⁹ Texas should increase resources for substance abuse treatment to prevent criminal behavior associated with addiction. With respect to drug abuse of any type, it cannot be overstated that investing in rehabilitation programs and departments is critical to producing positive results for the both the public and individuals suffering from substance abuse. Supporting Texas’ probation departments, drug courts, and treatment alternatives to incarceration will increase the likelihood that Texas will continue to achieve desired outcomes regarding statewide cost savings, lowered recidivism, decreased crime, increased probationer success, greater victim restitution, and increased public safety.

To continue along the path that is gaining Texas positive national recognition, policy-makers must work in conjunction with probation leadership, frontline practitioners, and programming/treatment providers to develop strategies that promote success for probationers and their families.

- **Invest in programs that promote more robust case-management:** An essential component of community-based substance abuse treatment is case management.⁴⁰ Studies show that case management has a positive impact on the process of recovery from alcohol and substance abuse, producing an increase in employment and a decrease in criminality among individuals with case managers.⁴¹ In terms of the financial benefits of treatment, one analysis found that court supervised treatment for individuals with co-occurring disorders would save the state \$1.73 for every \$1 spent.⁴²
- **Texas must expand community partnerships, identify community-based service providers, and encourage practitioners to implement evidence-based practices:** Probation departments should contract with a broad spectrum of community-based

providers and local services to provide treatment and support for individuals suffering from substance abuse. This will improve efforts to mitigate probationers' potential to engage in criminal behavior by addressing specific needs while keeping probationers united with their families and support networks. A greater and much needed array of options for dealing with probationers will in turn improve judges' confidence that individuals can be safely supervised in the community.

Policy-makers should also encourage practitioners to identify evidence-based practices such as twelve-step facilitation, motivational therapy, cognitive-behavioral therapy, and strategic family therapy to support diverted individuals in remaining sober.⁴³ Below are two programs that may provide direction for policy-makers willing to safely implement substance abuse diversionary treatment.

- The **Alternative Incarceration Center** in **Smith County** is a day reporting center that emphasizes assessment, risk management, intervention and close supervision. The Center allows individuals to plead guilty to their charge and accept probation terms including: participation in substance abuse and/or mental health treatment, searching for or continuing employment, and reporting to the Center for a specified amount of time each day. The program has an 88% success rate, and produces a net savings of over \$3 million annually.⁴⁴
- The **Drug Offender Sentencing Alternative**⁴⁵ is a statewide diversion program in **Washington** for individuals with a felony charge who committed drug offenses or drug-involved property offenses. A study of the program showed that every dollar spent providing treatment to individuals who committed drug offenses reaped \$7.25-9.94 in benefits to the community.

Finally, Texas has a number of resources that can assist in connecting individuals in need with proper services and treatment. For example, the Association of Substance Abuse Programs (ASAP) is a statewide organization providing coordination between community leaders and service providers to ensure that Texans have access to prevention and treatment substance abuse services. ASAP represents over 60 community-based service providers and organizations, and works as an advocate and conduit between community-based programs and the Texas DSHS.⁴⁶ Policy-makers and practitioners should work with organizations like ASAP to ensure that individuals suffering from substance abuse have access to the appropriate treatment programs and facilities that can assist them maintain sober, productive lives in the community.

(2) Encourage implementation of uniform screening and assessment tools and instruments that will identify individuals who suffer from prescription drug dependency or addiction before they are sentenced or incarcerated.

Individuals suffering from prescription drug addiction and dependency should be identified early, preferably during the pretrial stages, and steps should be taken to screen out individuals eligible for alternative treatment programs. The efficacy of any treatment program depends largely on identifying those individuals who are in need and will benefit from participation. Currently TDCJ is evaluating the Ohio Risk Assessment System (ORAS) to determine a plan for system-wide implementation in its CSCDs and potential applicability in various departments

within TDCJ. Additionally, there are various screening instruments already in use in pretrial services offices, as well as in different departments within TDCJ. While a history of drug use is often incorporated in these instruments, many omit a specific question geared toward prescription drugs. Often illegal and prescription drug use is treated in conjunction with one another. Interview and screening questions should state with particular specificity whether they are asking about necessary prescription drugs, abuse of prescription drugs, or abuse of illegal drugs. Texas must encourage its criminal justice practitioners to adopt comprehensive assessment mechanisms that include screening components that can readily identify prescription drug dependency, addiction, and abuse. These should be implemented early, preferably during the pretrial phase, in order to screen out individuals who are better suited for participation in drug court, veteran's court, or a specialty probation department program that targets drug abuse.

CONCLUSION

Again, thank you for this opportunity to present testimony on such an important issue. With your continued commitment and dedication, this Committee will play a crucial role in improving the system for individuals who suffer from substance abuse as a result of prescription drug dependency and addiction.

ENDNOTES

- ¹ National Institute of Health: National Institute on Drug Abuse (NIDA), “Prescription Drugs: Abuse and Addiction,” Research Report Series, U.S. Department of Health and Human Service, <http://www.drugabuse.gov/publications/research-reports/prescription-drugs>; *see also*, National Institutes of Health: National Institute on Drug Abuse (NIDA), *The Science of Drug Abuse & Addiction: Prescription Drugs*, website accessed 26 October 2012, <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>.
- ² NIDA, “Prescription Drugs: Abuse and Addiction,” Research Report Series, U.S. Department of Health and Human Service, p. 3, <http://www.drugabuse.gov/publications/research-reports/prescription-drugs>.
- ³ NIDA, *The Science of Drug Abuse & Addiction: Prescription Drugs*, website accessed 26 October 2012, <http://www.drugabuse.gov/drugs-abuse/prescription-drugs> (Source: National Survey on Drug Use and Health (Substance Abuse and Mental Health Administration Web Site)).
- ⁴ NIDA, *The Science of Drug Abuse & Addiction: Prescription Drugs*, website accessed 26 October 2012, <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse> (Source: NSDUH, 2010).
- ⁵ *Id.*
- ⁶ NIDA, *Prescription Drugs: Abuse and Addiction*, *supra* note 2 at pp. 7-8.
- ⁷ American-Statesman Investigative Team, “Uncounted Casualties: Home, But not Safe,” Austin American-Statesman: statesman.com, 29 September 2012, <http://www.statesman.com/news/news/local-military/texas-war-veteran-deaths-studied/nSPJs/>.
- ⁸ Texas Department of State Health Services, Drug Demand Reduction Advisory Committee (DDRAC), Report to the 81st Legislature, available at <http://www.dshs.state.tx.us/sa/ddrac/default.shtm>. Its last published report was released in 2009 and submitted to the 81st Legislature.
- ⁹ The Texas Drug Demand Reduction Advisory Committee (DDRAC), *Report to State Leadership*, January 2009, pp. 12-13, <http://www.dshs.state.tx.us/sa/ddrac/default.shtm>.
- ¹⁰ *Id.* at 25-26.
- ¹¹ NIDA, *Prescription Drugs: Abuse and Addiction*, *supra* note 2 at 9.
- ¹² Texas Department of State Health Service, Texas Drug Facts Among Youth, 2012, p. 2, <http://www.dshs.state.tx.us/mhsa-decision-support.aspx>.
- ¹³ American-Statesman Investigative Team, *Uncounted Casualties: Home, But not Safe*, *supra* note 7.
- ¹⁴ *Id.*
- ¹⁵ Texas Legislative Budget Board Staff (LBB), “Adult and Juvenile Correctional Population Projections: Fiscal Years (FY) 2012-2017, p. 3, http://www.lbb.state.tx.us/PubSafety_CrimJustice/3_Reports/Projections_Reports_2012.pdf.
- ¹⁶ Texas Department of Public Safety, *Crime in Texas: Texas Arrest Data, 1999 – 2011* (as cited in Caitlin Dunklee Policy Brief, “Rethinking Responses to Drug Crime in Texas: Strategies to Save Money, Treat Addiction, and Reduce Crime,” Spring 2012, p. 1).
- ¹⁷ Texas Department of Public Safety, *Crime in Texas: Texas Arrest Data, 1999 – 2011* (as cited in Caitlin Dunklee Policy Brief, “Rethinking Responses to Drug Crime in Texas: Strategies to Save Money, treat Addiction, and Reduce Crime,” Spring 2012, p. 1).
- ¹⁸ *Id.*
- ¹⁹ Texas Department of Criminal Justice (TDCJ), “Statistical Report Fiscal Year 2011,” p. 2.
- ²⁰ *Id.* at 21.
- ²¹ *Id.* at 9-12. Drug possession offenses account for over 11,000 inmates in Texas’ prison and 3,584 in state jails.
- ²² LBB, “Criminal Justice Uniform Cost Report: Fiscal Years 2008-2010,” January 2011, pp. 6, 11, 12.
- ²³ *Id.* at 6, 11, 12; using FY 2011 prison inmate costs-per-day of \$50.79; state costs-per-day for community supervision of \$1.30; and state costs-per-day for substance abuse outpatient treatment of \$7.54.
- ²⁴ University of California, San Francisco: Department of Psychiatry, *Incarceration associated with homelessness, mental disorder, and co-occurring substance abuse*, July 2005 (as cited in Caitlin Dunklee Policy Brief, “Rethinking Responses to Drug Crime in Texas: Strategies to Save Money, treat Addiction, and Reduce Crime,” Spring 2012, p. 1).
- ²⁵ Mauer, Marc et. al, *Invisible Punishment: Collateral Consequences of Mass Imprisonment*, 2002.
- ²⁶ Open Society Institute (OSI), “Investing in Treatment: Addiction – A Cost the U.S. Cannot Afford to Ignore,” 26 January 2009, p.1.
- ²⁷ The National Opinion Research Center at the University of Chicago, “The National Treatment Improvement Evaluation Study: Final Report,” submitted to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, March 1997, p. 246 (Table 6.15).
- ²⁸ National Institute on Drug Abuse, “Principles of Drug Addiction Treatment: A Research Based Guide,” 2nd Ed., U.S. Department of Health and Human Services – National Institute of Health, revised April 2009, p. 13.

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- ²⁹ Avinash Singh Bhati, John K. Roman, and Aaron Chalfin, “To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders,” Urban Institute Justice Policy Center, April 2008, p. 5, http://www.urban.org/UploadedPDF/411645_treatment_offenders.pdf (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).
- ³⁰ NIDA, *Prescription Drugs: Abuse and Addiction*, supra note 2 at 11.
- ³¹ *Id.* at 11.
- ³² Justice Policy Institute, “Substance Abuse Treatment and Public Safety,” January 2008, p. 4, http://www.justicepolicy.org/images/upload/08_01_REP_DrugTx_AC-PS.pdf.
- ³³ Justice Policy Institute, “Substance Abuse Treatment and Public Safety,” January 2008, p. 9, http://www.justicepolicy.org/images/upload/08_01_REP_DrugTx_AC-PS.pdf (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).
- ³⁴ Sheryl Pimlott Kubiak, Cynthia L. Arfken, and Erica Shifflet Gibson, “Departments of Corrections as Purchasers of Community-Based Treatment: A National Study,” *Journal of Substance Abuse Treatment* 36, 2009, p. 420 (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).
- ³⁵ Justice Policy Institute, “Substance Abuse Treatment and Public Safety,” January 2008, p. 12, http://www.justicepolicy.org/images/upload/08_01_REP_DrugTx_AC-PS.pdf (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).
- ³⁶ See TEX. GOV. CODE § 509.001(1)(A)-(F); also see Johnson and Perez, *Community Corrections Facility Outcome Study*, p. 4. Defined by statute in TEX. GOV. CODE § 509.001(1), Community Corrections Facilities (CCF) are operated by local Community Supervision and Corrections Departments, funded primarily through diversion grants from CJAD. Each CCF is allowed to customize their program based on local philosophy of treatment and needs of their residents. These CCFs can include: a restitution center; a court residential treatment facility; a substance abuse treatment facility; a custody facility or boot camp; a facility for an offender with a mental impairment; and an intermediate sanction facility.
- ³⁷ For more information see Dustin Johnson, Ph.D., “Community Corrections Facility Outcome Study of FY 2008 Discharges: Texas Department of Criminal Justice – Community Justice Assistance Division: Research and Evaluation,” May 2011, pp. 13, 23; see also Johnson and Perez, *Community Corrections Facility Outcome Study*.
- ³⁸ For more information see Dustin Johnson, Ph.D., “Community Corrections Facility Outcome Study of FY 2008 Discharges: Texas Department of Criminal Justice – Community Justice Assistance Division: Research and Evaluation,” May 2011, p. 23; see also Johnson and Perez, *Community Corrections Facility Outcome Study*.
- ³⁹ Justice Policy Institute, “Substance Abuse Treatment and Public Safety,” January 2008, p. 7, http://www.justicepolicy.org/images/upload/08_01_REP_DrugTx_AC-PS.pdf (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).
- ⁴⁰ Case management is “a service that links and coordinates assistance from institutions and agencies providing [social services] for individuals in need of such services.” Evelyn Roberts Levine, “Glossary” in *Social Worker’s Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 831 (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).
- ⁴¹ W. Patrick Sullivan, “Case Management with Substance-Abusing Clients,” in *Social Worker’s Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 495 (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to*

address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).

⁴² Avinash Singh Bhati, John K. Roman, and Aaron Chalfin, “To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders,” Urban Institute Justice Policy Center, April 2008, p. xvi, http://www.urban.org/UploadedPDF/411645_treatment_offenders.pdf (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).

⁴³ C. Aaron McNeece and Diana M. DiNitto, “Chemical Dependency Treatment,” in *Social Worker’s Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 601. Also see David Grove, “Strategic Family Therapy,” in *Social Worker’s Desk Reference*, ed. Albert R. Roberts and Gilbert J. Green, (New York: Oxford University Press, 2002) p. 269.

⁴⁴ Information on this program taken from Community Justice Assistance Division, “Texas Progressive Interventions,” pp. 42-43. See also, The Texas Criminal Justice Coalition’s (TCJC) “Jail Overcrowding,” pp. 27-28, the report can be accessed online at

<http://www.texasjc.org/sites/default/files/publications/Costly%20Confinement%20Sensible%20Solutions%20Report%20%28Oct%202010%29.pdf>; please contact TCJC for a hard copy of the report (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).

⁴⁵ Information on this program taken from Steve Aos, P. Phipps, and R. Barnoski, “Washington’s Drug Offender Sentencing Alternative: An Evaluation of Benefits and Costs,” Washington State Institute for Public Policy, January 2005, p. 1, <http://www.wsipp.wa.gov/rptfiles/05-01-1901.pdf> (as cited by Sara Carswell, Policy Researcher, TCJC, *Interim Charge: Conduct a general study of issues facing county jails. The study should include innovative ways to address overcrowding, the impact homelessness has on the county jail population, and recommendations for handling inmates undergoing detoxification and withdrawal from drugs and alcohol*, Written Testimony, Submitted to House Committee on County Affairs, 17 July 2012).

⁴⁶ The Association of Substance Abuse Programs, <http://www.asaptexas.org/index.html>.