

# Policies to Address Substance Abuse Must Include School-Based Prevention Programs

## Testimony to Senate Health and Human Services Committee

An important component of combating substance abuse, addiction, and their effects across the lifespan is preventing and treating substance misuse among youth. All students in Texas should have access to effective school-based substance use prevention services and strategies, which reduce and delay youth substance use and also support other public health, educational, and crime reduction efforts.

Thank you for this opportunity to provide testimony on the Committee's interim charge regarding substance abuse and opioids. **An important component of combating substance abuse, addiction, and their effects across the lifespan is preventing and treating substance misuse in youth.**

### Substance misuse typically begins in adolescence.

- People typically begin to use substances during adolescence, with the likelihood of using increasing dramatically as they get older, peaking in a person's twenties.<sup>1</sup>
- Misusing substances during childhood leads to a greater likelihood of developing a substance use disorder later in life.<sup>2</sup>
- The younger the age at which experimentation occurs, the greater the risk of serious health problems.<sup>3</sup>
- Alcohol is the most widely used substance among students in Texas. Marijuana is the most commonly used illicit drug among students.<sup>4</sup>
- Early alcohol use is associated with higher rates of using other substances in later adolescence, engaging in risky behavior, and delinquency, as well as future substance abuse, employment problems, and criminal and violent behavior in adulthood.<sup>5</sup>

## **Substance abuse prevention and early intervention programs work.**

- Studies show effective substance abuse prevention programs reduce rates of substance use, delay the age of first use, and reduce the high financial costs associated with substance use and abuse.<sup>6</sup>
- Even after a youth has started using substances, evidence-based interventions can stop the progression from use to problematic use or to a substance use disorder.<sup>7</sup>
- Substance use prevention programs also prevent a range of other issues like poor academic performance, bullying, depression, violence, and unsafe sexual practices.<sup>8</sup>

## **School-based substance abuse prevention saves money.**

- The cost of implementing evidence-based substance abuse programs in schools are repaid through cost-savings in the education, health, and criminal justice systems.
- In 2008, the Substance Abuse and Mental Health Services Administration determined that if effective school-based substance abuse prevention programs were implemented nationwide, for every \$1 invested in substance abuse prevention, society would save \$18 in health, education, criminal justice, and other costs.<sup>9</sup>

## **School-based substance abuse prevention programs only reach about half of the school districts in Texas.**

- SAMHSA requires states to use at least 20 percent of federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds for prevention strategies.
- The Health and Human Services Commission (HHSC) contracts with community-based youth prevention providers to implement strategies targeting risk and protective factors associated with substance use, including school-based programs that have demonstrated their effectiveness in reducing and delaying substance use in youth.
- The heavy reliance on federal funding (76%)<sup>10</sup> for these effective substance abuse prevention programs means the majority of students in Texas do not benefit from the broad range of positive outcomes the programs offer.

## **Coordinating substance abuse prevention services with other youth prevention programs can support and enhance cross-system goals.**

- A strong interconnectedness exists among youth substance use, dropout, delinquency, and other social problems influenced by common root causes, such as poor coping and decision making skills, feeling disconnected from peers and school, and difficulties managing emotions and behavior.
- The Legislature already directs the Texas Department of Family and Protective Services (DFPS), the Texas Juvenile Justice Department (TJJD), the Texas Education Agency (TEA), and the Texas Military Department to coordinate and report on juvenile delinquency prevention and dropout prevention and intervention services.<sup>11</sup> Including HHSC and substance abuse prevention into this existing coordination

and reporting requirement set forth in Article IX budget rider 17.05 would make it easier for policymakers to evaluate the outcomes of substance abuse prevention programming and for state agencies and community-based providers to identify opportunities to collaborate and coordinate with each other.

**There are other school-based strategies shown to prevent or delay youth substance use, including:**<sup>12</sup>

- **Prioritizing healthy, positive school climates for all individuals in the school.** Many schools are adopting positive behavior intervention and support (PBIS) models that emphasize strategies to support social and behavioral improvement, such as character education, social skill instruction, bullying prevention, behavior support, and building consultation teams. Research has shown that for every dollar spent on PBIS, there are \$13 in benefits to society.<sup>13</sup>
- **Investing in evidence-based social-emotional learning and life and coping skill programs.** Programs that help youth process their emotions, lower their levels of aggression, and develop problem solving skills have been shown to reduce incidents of bullying and delinquency and raise students' levels of academic success.<sup>14</sup>
- **Expanding availability of school counselors and mental health personnel.** Embedding a mental health provider within schools has great potential to improve student access to services when they need them, especially for Black and Hispanic youth, who are less likely to initiate and receive mental health treatment. Mental health providers, such as school social workers or psychologists, can be employed directly by the district or through a school partnership with a community provider to help address the mental health needs of students through prevention, early intervention, treatment, and referral services.

**Addressing substance use issues in school can help more youth access interventions that prevent their use/misuse from developing into substance abuse or addiction.**

- Only 5 percent of youth with substance use disorder in Texas eligible for state behavioral health services receive treatment from the state system. Of the 103,559 youth aged 12-17 in 2014 who were estimated to need substance use treatment and who were eligible to receive services through the state's public behavioral health system, only 5,423 accessed such services.<sup>15</sup>
- President Trump's Commission on Combating Drug Addiction and the Opioid Crisis recommended in its final report that states deploy an evidence-based practice called Screening, Brief Intervention and Referral to Treatment (SBIRT) in middle school, high school, and college levels to identify and support youth at risk for substance abuse.<sup>16</sup>

## Recommendations

1. Support funding to sustain and expand evidence-based substance abuse prevention programs, practices, and policies to ensure access for every Texas student, county, and community.
2. Improve coordination of school-based prevention programs that target common risk and protective factors. Include HHSC and substance abuse prevention programs in legislative direction to coordinate state agency dropout and delinquency prevention and intervention services (Art. IX Sec. 17.05).
3. Direct HHSC and TEA to promote and assist schools in the use of research-based practices that support a healthy, positive school climate for all individuals in the school, including positive behavior interventions and supports, trauma-informed practices, and programs that help youth process their emotions, cope with stress in healthy ways, and make healthy decisions.
4. Support funding to districts to expand the number of school counselors and other mental health personnel in schools.
5. Expand the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in schools and other settings to identify substance misuse in youth and assess the need for intervention/treatment.
6. Identify and address legislative or administrative barriers that prevent substance abuse providers from offering substance use disorder outpatient treatment and recovery services on school campuses.

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<sup>1</sup> U.S. Department of Health and Human Services, Office of the Surgeon General (2016) *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*.

<sup>2</sup> U.S. Department of Health and Human Services (2016)

<sup>3</sup> American Academy of Pediatrics (2010). Children, Adolescents, Substance Abuse, and the Media.

<sup>4</sup> Texas Health and Human Services Commission (2016) *Texas School Survey of Drug and Alcohol Use*.

<sup>5</sup> Ellickson PL, Tucker JS, Klein DJ. (2003) "Ten-year prospective study of public health problems associated with early drinking." *Pediatrics*.;111:949-955

<sup>6</sup> Miller, T. and Hendrie, D. (2008) *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

<sup>7</sup> U.S. Department of Health and Human Services (HHS).

<sup>8</sup> Trust for America's Health. (2017). *Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy*.

<http://healthyamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf>

<sup>9</sup> Miller, T. and Hendrie, D. (2008)

<sup>10</sup> Health and Human Services Commission. (March 22, 2018). *Presentation to the Senate Health and Human Services Committee: Substance Use Disorder in TX*.

<sup>11</sup> The 2018-2019 General Appropriations Act, Article IX, Section 17.05

<sup>12</sup> Trust for America's Health. (2017)

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<sup>13</sup> Washington State Institute for Public Policy. (2017) Other School Wide Positive Behavior Programs. <http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/540/Other-school-wide-positive-behavior-pro>

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<sup>14</sup> Stone DM et al. (2017). *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>15</sup> Stevens Manser, S., Levins, T., Lopez, M. and Hutton, B. (2017). Texas Financial Mapping: Expenditures and Youth Served in the Child and Adolescent Substance Use and Co Occurring System of Care, Fiscal Year 2016 Supplement. Texas Institute for Excellence in Mental Health, University of Texas at Austin School of Social Work.

<sup>16</sup> Commission on Combating Drug Addiction and the Opioid Crisis. (2017). Final Report.

[https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final\\_Report\\_Draft\\_11-1-2017](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017)