



BUILDING OUR FUTURE

**An evidenced-based study from the Greater Houston
2017 Drug Summit and 2018 Community Drug Awareness Day**

**A report by the Houston-Harris County Office of Drug Policy
Recommendations for the Community**

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Planning Committee

Sincere appreciation and gratitude for all of those who made the 2017 & 2018 conferences a success!

The Honorable Sylvester Turner, Mayor City of Houston

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Executive Summary

Houston is a fast-growing metropolis, comprised of 6.77 million people and covering 8,929 square miles. The city is located in three urban, and suburban Texas counties: Harris, Fort Bend, and Montgomery. Houston has become internationally recognized for its large businesses, petroleum industry, professional athletic venues, aerospace, institutions of higher education, and health care industries.

Like most major cities in the United States, Houston needs a plan in place to reduce the prevalence and detrimental effects of harmful alcohol and illicit substance use. Among Houstonians, alcohol and marijuana continue to be the most misused substances. Use of methamphetamine and synthetic cannabinoids present a serious health threat to citizens. Cocaine, heroin, fentanyl, prescription opioids, and synthetic opioids account for a large percentage of toxic drug related deaths throughout the greater Houston area.

The Houston-Harris County Office of Drug Policy hosted the Regional Drug Summit in July 2017 and Community Drug Awareness Day in August 2018. These assemblies brought together elected and appointed officials, community leaders, persons working in the field of substance use, and concerned citizens. One of the goals of these assemblies was to create an inspirational evidence-based multi-year strategy that prioritizes regional prevention, treatment, and recovery initiatives.

The 330 attendees at the July 2017 summit and the 224 attendees at the August 2018 conference completed quantitative surveys used to identify substance use-related issues of greatest concerns and to assess support for certain policies and legislative priorities. For youth, attendees were most concerned about suicide and synthetic substance use. For adults, attendees were most concerned about homelessness and synthetic substance use.

The majority of attendees believe that the community would support policies that empowered police to better identify venues selling alcoholic beverages to underage

individuals, the prevention and interruption of underage drinking parties, and social host ordinances. Attendees also supported prescribing guidelines for those seeking to become health care professionals.

In addition to completing quantitative surveys, summit and conference attendees provided qualitative comments that informed the recommendations at the end of this report. Members of the Houston-Harris County Office of Drug Policy (HHCODP) coalition organized comments into 6 categories: decriminalization of marijuana, school-based prevention, community-based prevention, continuum of care, treatment and recovery, and law enforcement and criminal justice. The primary recommendations for each category are summarized below.

Decriminalization of marijuana

While the majority of participants did not support legalization, some attendees were receptive to the idea of decriminalizing possession of a small amount of marijuana to conserve criminal justice resources. There was also a recognition that legislative changes in Colorado and neighboring states increases the likelihood that similar legislative changes will occur in Texas.

Primary recommendation: Conduct a needs assessment to identify and plan for potential modifications to prevention, treatment, recovery, and law enforcement services resulting from decriminalization.

School-based prevention

There was strong support to ensure all substance use education in K-12 schools aligns with the Texas Essential Knowledge and Skills (TEKS) and is implemented using evidence-based curricula sanctioned by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Primary recommendation: Ensure K-12 health education funds are allocated towards the implementation of grade-appropriate substance-use evidence-based interventions.

Community-based prevention

There were a number of community-based concerns and supported actions, including increasing support for after-school programs that provide drug free spaces for youth to engage in activities and programs to reduce stigma associated with substance use and mental illness, more site visits to facilitate dialogue between service providers and community members, and better service integration across the care continuum. The issue receiving the most support from the attendees was to increase substance use screening and linkage to care by healthcare providers.

Primary recommendation: Improve continuity of Screening, Brief Intervention, and Referral to Treatment (SBIRT) delivery to persons with a substance use disorder during a clinical visit through collaboration with emergency departments and Federally Qualified Health Centers (FQHC).

Continuum of care

The professionals of the panels and the attendees advocated for a substance use continuum of care that allows for improved coordination of services. They expressed frustration toward the current system resulting in wasted resources and the exclusion of some of the most vulnerable citizens. Attendees advocated for the use of data and metrics to improve service integration.

Primary recommendation: Create a database for providers of substance use and ancillary services to enable increased awareness, integration, and utilization of services.

Treatment and recovery

Attendees expressed concern with the lack of capacity at treatment facilities, specifically treatment beds. They called for more integration of substance use and mental health services as well as parity in funding. They also expressed concern about the definition of homelessness and the burden on citizens who need supportive services but do not qualify due to their unstable housing circumstances.

Primary recommendation: Increase the number of publicly-funded evidence-based treatment and recovery beds and integrate with recovery support services.

Law enforcement and criminal justice

There was strong support for diversion programs, especially drug courts to reserve criminal resources for crimes perceived to be more serious, and to provide persons with substance use disorders the resources they need to obtain treatment. To strengthen current diversion programs, attendees called for integration of recovery coaching and diversion programs.

Primary recommendation: Increase funding for drug courts and other criminal justice diversion programs.

Introduction

Houston is the nation's fourth largest city in the US and is predicted to become the third largest within the next decade. It has a land area of 669 square miles and a population of approximately 2.3 million.¹ Houston is located in three counties in Texas: Harris, Fort Bend, and Montgomery. Collectively, the communities in these three counties form the Houston, The Woodlands, and Sugar Land metropolitan statistical area (MSA). Due to the interconnectedness of the region, the MSA—referred to in the rest of this report as “Greater Houston” covers a land area of 8,929 square miles and is home to 6.77 million people, of whom 36.9% are White Non-Hispanic, 36.8% are Hispanic, 16.9% are Black Non-Hispanic, and 7.6% are Asian.² The region has become internationally recognized for its large businesses, professional athletic venues, petroleum, aerospace, health care industries, and institutions of higher education.

Although the region is large, there is a continued sense of interdependence and a spirit of connectedness among the citizens. Some say though the city is very large, it still has a small-town ambiance. This became evident by efforts and actions of the citizens working together to recover from the devastation of Hurricane Harvey in 2017.



Houston, Texas is the fourth largest city in the U.S.

While Houston is an attractive place to live, like any other major metropolis that covers a large geographical area, service providers in this region struggle to meet the health needs of all citizens. This report focuses on the identification of gaps in the delivery of substance use services and puts forth recommendations to strengthen the provision of substance use prevention, treatment, and recovery services.

The Houston-Harris County Office of Drug Policy

The Houston-Harris County Office of Drug Policy (HHCODP) is a division of the Mayor's Office of Public Safety and Homeland Security (see <https://www.houstontx.gov/hhcodp/>). While HHCODP does include a small full-time staff, it is most useful to conceptualize HHCODP as a coalition of concerned citizens who coordinate and support community volunteer projects to reduce alcohol and illicit substance use through prevention, education, treatment, and rehabilitation efforts. The goals of HHCODP is to serve as:

- a catalyst for community mobilization, neighborhood enrichment, and collaborative strategic planning.
- a public policy organization monitoring alcohol and other drug-related legislation and regulations, as well as advising the Mayor and HHCODP members on the potential effect of these issues at the local level.
- providing access to treatment and recovery resources; specific drug information for parents and youth; information on how to report illegal activity; and how to get involved in neighborhood prevention activities.
- a volunteer coalition of individuals and organizations dedicated to reducing substance abuse in the Greater Houston area.

- a community awareness campaign about the negative effects of substance abuse and ways to deal with it, both individually and collectively.
- an information and referral network for substance abuse programs and events.

Twenty years after its formulation, the HHCODP presented its first Regional Drug Summit in October 2008. HHCODP, City of Houston, and the Rice University's Baker Institute of Public Policy brought together people who were influential in supporting change from a variety of sectors all centering on drug use/abuse and related issues. The purpose of the summit was to galvanize devoted residents, investors, and stakeholders to develop a five year regionally based strategic plan to comprehensively address drug abuse and related issues in the Houston, Harris County, and neighboring jurisdictions. In addition, the summit sought to demonstrate how through a concerted effort, community leaders and elected governmental officials can create opportunities that build a strong positive relationship and encourage the constituents of Houston, Harris County, and neighboring jurisdictions to make mindful life choices. The attendees developed a quality community action plan that was essential for social, emotional, and healthy growth for the citizens and the communities in which they live, work, develop, and thrive. The community action plan was entitled, *The Urgency of Now: A Five Year Strategic Plan*.³

In June of 2016, members of the HHCODP's steering committee met with the Mayor of Houston, Sylvester Turner. The purpose of the meeting was to collaborate on the mayor's initiatives regarding illicit substance use and related issues as well as lend the support of HHCODP to address and resolve illicit substance concerns in the city. At the time of the meeting, the committee was given a charge to provide evidenced-based recommendations that may be used to support policy regarding substance misuse in the Houston area. Following the meeting with the Mayor of Houston, HHCODP began planning the 2017 regional drug summit.

In July 2017, HHCODP hosted a drug summit to develop a new multi-year strategic plan. Attendees were invited to submit questions to panelists that included elected officials and community leaders from prevention, treatment, recovery, and law enforcement. Additional qualitative data were collected at the end of the summit via round table discussions. In August 2018, HHCODP hosted a community drug awareness conference, which attracted many of the same attendees that attended the 2017 summit. Attendees at the 2018 conference were provided a list of recommendations from qualitative data collected at the 2017 summit and were asked to prioritize these recommendations. While attendees received no compensation for participating, they were offered continuing education units for attending the conference. After providing background information on the prevalence of substance use in Greater Houston and summarizing national recommendations to address substance use, this report details the data gathering process, results, and prioritized recommendations resulting from the July 2017 summit and August 2018 conference.



Government and community leaders presenting at the 2018 Community Drug Awareness Day.

The Prevalence of Substance Use and Illicit Substance-Related Morbidities and Mortalities in Greater Houston

The 2016 National Drug Threat Assessment Summary,⁴ published by the U.S. Department of Justice Drug Enforcement Administration, identified opioids (including prescription medications), methamphetamine, cocaine, synthetic cannabinoids, and synthetic cathinone as the illicit substances resulting in the most substance-related morbidities and mortalities in the U.S. Concurrent substance use increases the risk of overdose⁵⁻⁸ and is often associated with co-occurring mental health, HIV, and Hepatitis C diagnoses.⁹⁻¹¹

In Texas, and the Greater Houston area, alcohol and marijuana are the most misused substances.¹² The Texas Department of Motor Vehicles reported 1,560 accidents and 72 deaths in Houston in 2017 were the result of driving under the influence.¹³

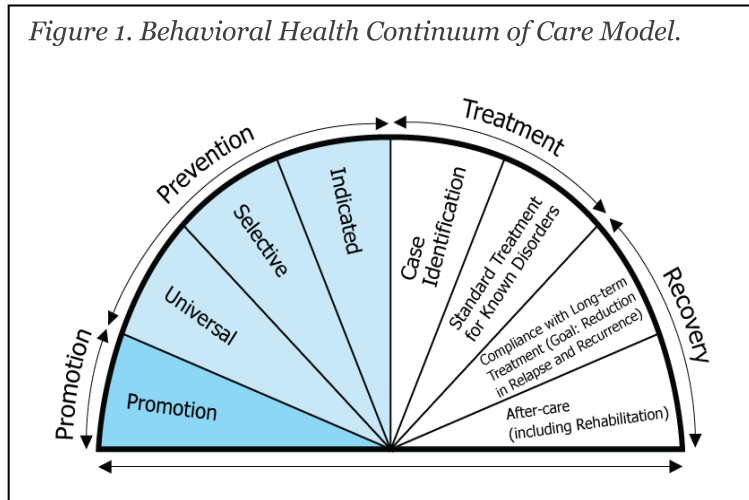
Beyond concerns about alcohol and marijuana, the primary substances of concern in the region include synthetic cannabinoids (Kush, K-2, Spice), cocaine, opioids, and methamphetamine. In Houston, synthetic cannabinoids are disproportionately used by adolescents and persons experiencing homelessness. While synthetic cannabinoids accounted for less than 1% of toxic substance-related deaths in 2017,¹⁴ persons needing medical attention after consuming synthetic cannabinoids burdened first responders and emergency departments.

In 2017, cocaine was responsible for 38.3% of the toxic substance-related deaths throughout Greater Houston.¹⁴ During the same year, opioid overdoses accounted for 51.5% of toxic substance-related deaths in Greater Houston.

Methamphetamine is of great concern to our region. Rates are as high as or higher than before the pseudoephedrine ban. In 2017, the substance contributed to 18.8% of toxicity-related deaths in Harris County.¹⁴

The Substance Abuse and Mental Health Services Administration Continuum of Care

To aid in the exploration of the delivery of substance use services, it is helpful to refer to the Behavioral Health Continuum of Care Model (Figure 1).¹⁵ The model recognizes that in order to better conceptualize substance use health outcomes, there has to be an integration between health promotion, health prevention, treatment, and long-term recovery.



In the model, promotion refers to strategies that create an environment that encourages individuals to make healthy choices, including resisting the initiation of substance use. Prevention refers to the delivery of programs designed to either reduce the initiation of substance use or reduce the harm associated with substance use among persons within a community currently misusing substances. Treatment refers to those programs designed to aid persons seeking detoxification and in-patient or outpatient services. Recovery refers to programs that aid persons with a history of substance misuse to lead normal lives. This model is helpful when reviewing recommendations from federal and local agencies as well as understanding the organization of the recommendations in this report.

The 2016 U.S. Surgeon General's Report

In 2016 then U.S. Surgeon General, Dr. Vivek H. Murthy, published *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*.¹⁶ The report summarized what was known about the neurobiology of substance use, best practices, prevention programs and policies, treatment, and recovery. In addition, the report provided recommendations throughout the continuum of care for addressing the current substance use crisis. Persons interested in understanding federal guidance for the prevention and treatment of substance misuse are encouraged to read the full report. Selected recommendations from the U.S. Surgeon General's report deemed salient to understand the recommendations in this report by the HHCODP Coalition are included in Figure 2.

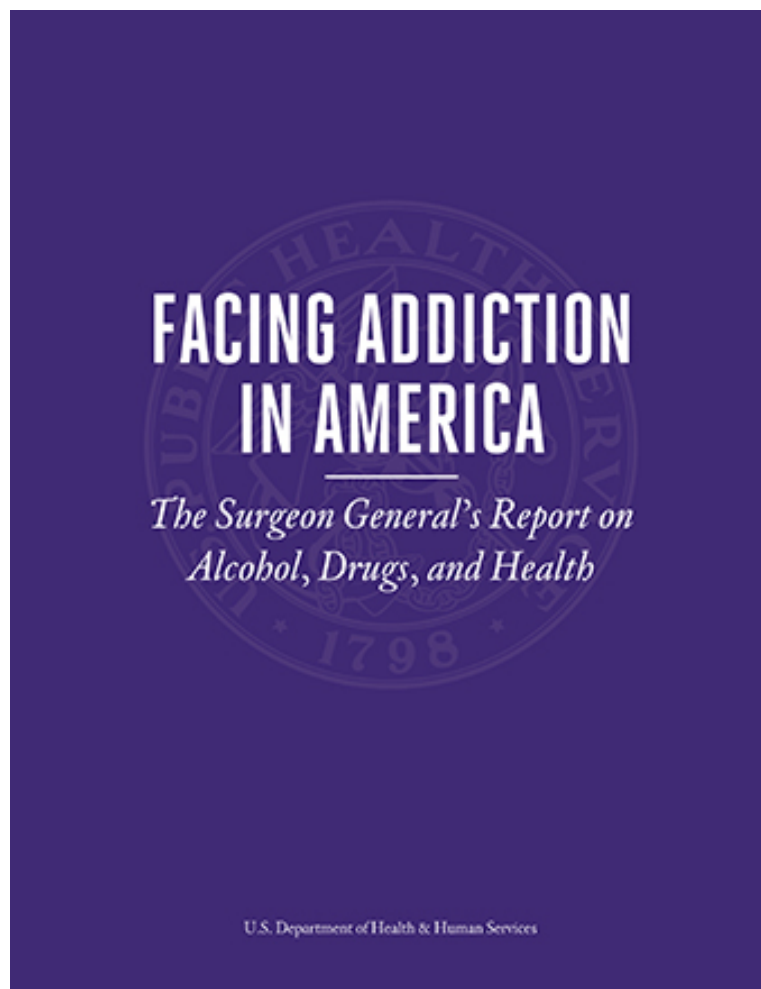


Figure 2. Selected recommendations from the 2016 U.S. Surgeon General's Report¹⁶

Prevention programs and policies

- Consistently implement a mix of evidence-based universal, selective, and indicated interventions and policies for adolescents and adults across their lifespans
- Implement SBI/SBIRT to identify people with mild disorders to prevent progression to more severe disorders
- Increase access to naloxone

Treatment and recovery

- Increase access to and retention in detox, treatment, and recovery support services
- Increase access to and retention of medication assisted treatment (MAT)
- Link to and retain long-term recovery support services after treatment
- Utilize technology, including telehealth, to increase access and retention
- Tailor services for underserved populations

Healthcare systems

- Increase coordination between and integration of substance use and other healthcare providers
- Increase communication between electronic health records and other data management systems
- Cross-train healthcare workforce to improve care coordination and integration
- Recruit a diverse workforce that includes representation from underserved populations
- Reduce financial barriers to accessing substance use and other healthcare services

2017 Drug Summit Data

The 2017 Regional Drug Summit was held on July 27. The Prairie View A & M University College of Nursing, located in the Texas Medical Center, provided the venue to host 330 registered attendees. The summit program is reprinted in Figure 3.

Figure 3. Program from the HHCODP 2017 Drug Summit

<u>PROGRAM</u>	
<u>8:30 AM – 9:00 AM</u>	<u>Registration</u> Conference attendees and volunteers
<u>9:00 AM – 9:05 AM</u>	<u>Master of Ceremonies</u> Johnny Bravo
<u>9:05 AM – 9:20 AM</u>	<u>Welcome</u> <ul style="list-style-type: none"> • Mayor Sylvester Turner Video Message • Mr. Frank D. Jackson, Assistant Vice Chancellor for State Relations Texas A&M University System • Dr. Corey S. Bradford, Senior Vice President for Business Affairs Prairie View A&M University • Dr. Pamela P. Martin, Associate Dean, Interim Psychology Department Head Prairie View A&M University • Dr. Betty N. Adams, Professor and Dean Prairie View A&M University • Dr. Gerald Busch, Houston Harris County Office of Drug Policy • Special Presentation
<u>9:20 AM – 10:45 AM</u>	<u>Super Panel Discussion</u> <ul style="list-style-type: none"> • Kim Ogg, Harris County District Attorney • Art Acevedo, Houston Police Chief • Ed Gonzalez, Harris County Sheriff • Mike McDaniel, HIDTA Director • Joseph Arabit, Special Agent in Charge Drug Enforcement Administration
	<ul style="list-style-type: none"> • Abe Martinez Acting United States Attorney
<u>10:45 AM – 11:00 AM</u>	<u>B-R-E-A-K</u>
<u>11:00 AM – 11:30 AM</u>	<u>Texas Legislative Report</u> <ul style="list-style-type: none"> • Bill Kelly, Director of Government Relations, Office of The Mayor
<u>11:30 AM – 1:00 PM</u>	<u>LUNCH – Guest Speaker</u> <ul style="list-style-type: none"> • Dr. Joy Alonzo, University of Houston
<u>1:00 PM – 2:30 PM</u>	<u>Solutions Panel</u> <ul style="list-style-type: none"> • Matt Feehery, PaRC Memorial Hermann • Leonard Kincaid, Houston Sobering Center • Eva Thibaudau-Graczyk, Coalition for the Homeless • Lauren Ihekwe, Fort Bend Community Prevention Coalition • Nadine Scamp, Santa Maria Hostel • Mary Covington, Star Drug Court • Juan Carlos Rangel, Phoenix House
<u>2:30 PM – 2:45 PM</u>	<u>B-R-E-A-K</u>
<u>2:45PM–3:45 PM</u>	<u>Table Exercises</u>
<u>3:45 PM – 4:00 PM</u>	<u>Overview of Drug Summit</u> <ul style="list-style-type: none"> • Dr. Dashiell Geyen, Prairie View A&M University
<u>4:00 PM</u>	<u>CLOSING ~ Thank You!</u>

The 2017 Regional Drug Summit was designed to bring together community leaders, including elected and appointed governmental officials, nonprofit and corporate

executives, health and educational professionals, and concerned citizens in leading the effort to reduce the demand of illicit substances. The summit allowed participants to exchange, share, and gather information on the use of illicit substances.

Data Collection Procedures

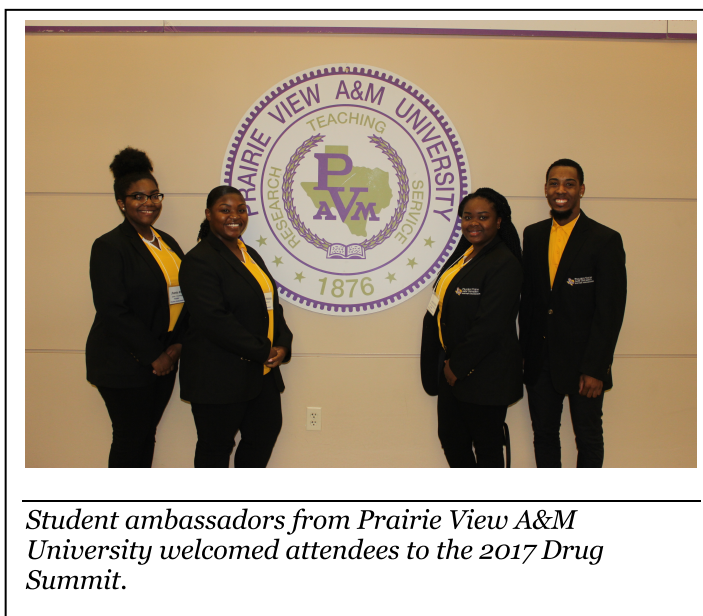
Attendees were invited at the time of their online registration, to complete a brief survey that obtained their demographic characteristics and assessed their attitudes toward substance related concerns in the community.

Attendees were also invited to submit written questions after governmental and service community panel presentations. The questions were

sorted and grouped based upon their similarities to avoid redundancy. Responses to the questions by the panelists were categorized by members of the research team.

Additional qualitative data were collected during the final session of the summit during round table discussions. Each table was given a list of questions to discuss and asked to provide a written summation of their responses to each question.

While the attendees received no compensation for participating, they received continuing education units for attending the summit. Study procedures were approved by the institutional review boards at The University of Texas Health Science Center at Houston and Prairie View A&M University.



Student ambassadors from Prairie View A&M University welcomed attendees to the 2017 Drug Summit.

Participant Demographics

The majority of the attendees were females (75.2%), and most attendees were from Harris County (71.0%). Attendees varied in age (18-35 [25.7%], 36-50 [37.9%], and 51+ [36.4%]) and were racially and ethnically diverse, identifying as Black/African-American non-Hispanic (39.8%), White non-Hispanic (31.6%), or Hispanic (20.7%); few (7.9%) identified with another racial or ethnic category.

Quantitative Data Collection

As part of the registration process, attendees completed a brief quantitative survey that included the following measures:

Attitudes towards substance use policies. A modified version of the Substance Abuse Attitude Survey (SAAS)¹⁷ was administered to all of those who registered for the summit. The committee adapted 14 of the original 32 items to better assess attitudes towards local policy concerns regarding four sub-scales: substance use permissiveness, stereotypes, morality, and treatment optimism. The five-point Likert-scale response options ranged from strongly disagree to strongly agree. Selected items were reverse coded to enable easier interpretation of the sub-scales.

Community concerns. Attendees were asked to indicate their concern for substance-use related issues affecting youth and adults by responding to a five-point Likert-scale; response options ranged from not concerned to very concerned. Topics included the use of various substances, alcohol consumption, tobacco use, homelessness, and suicide.

Policing and policy. Minimal questions were asked to capture the extent to which participants believe the community will support policy changes of policing, underage alcohol consumption, and opioid prescribing. Response options were on a five-point Likert-scale ranging from not supportive to very supportive.

Qualitative Data Collection

Qualitative data were collected from two sources:

Panel discussions. During the summit, there were two panel discussions, each lasting approximately 1.5 hours. One panel—the governmental panel—included local elected officials whose job includes developing, implementing, or enforcing local substance-use related policies. A second panel—the service community panel—included directors of local community-based organizations that provide preventive, treatment, or recovery



Attendees participated in round table discussions at the 2017 Drug Summit.

services to members of the local community. Both panels were structured as moderated question and answer sessions. Attendees were invited to write questions on notecards, which were immediately picked up by members of the planning committee. The notecards were quickly sorted by topic and duplicate questions were removed. Sorted cards were given to a

moderator who read the questions on the notecards verbatim and invited panelists to respond. In total, there were 15 questions submitted to the governmental panel and 11 questions submitted to the service community panel (Figures 4 and 5).

Figure 4. Questions posted to members of the governmental panel by attendees.

1. In your respective fields of work for the law enforcement panel, what do you see as the biggest threat to Houston, Harris County region in respects to substance use?
2. I understand Houston has a number of drug courts, "I would like the panel's opinion on diversion courts, are these courts effective?"
3. Are law enforcement officers going to be trained in mental health first aid?
4. Due to weed being legalized in a lot of states, how will you all prevent the state side of it here when most minority men are getting arrested for it?
5. I heard we have no coordinated strategy to address the drug epidemic, so why not convene the stakeholders here today to develop a local strategy? Would that be of interest of the law enforcement panel, to meet with the stakeholders here today to convene and develop a local strategy?
6. What lengths are Houston law enforcement agencies taking to educate employees of the disease concept of addiction, and effective rehabilitation-based solutions?
7. What do you think about providing first responders with naloxone?
8. What is being done in the schools, what is being done in the elementary schools and high schools to bolster prevention programs, and to engage perinatal guardians to engage in participating in prevention programs?
9. How do you address drug use intervention for your offenders as part of their sentencing?
10. What are your thoughts on strategies to reduce the very strict guidelines for those on parole with a GPS monitoring system for parolees to reintegrate successfully when they have been institutionalized?
11. As a mother of a heroin addict who is currently incarcerated in the Texas State System, I see a total lack of rehabilitation, treatment and prevention. How can this effectively be addressed and corrected, and are there any current plans to implement strategies for a greater awareness and access programs for substance abuse within the inmate population?
12. How do you propose to partner with local public health departments?
13. What role can the community play in assisting law enforcement in combatting the drug/substance abuse problem? How can we help you?
14. I've noticed there is not a program or agency that assists those individuals that are primarily Spanish speaking or undocumented. What is being done to address this issue?
15. What is being done to increase treatment options for women?

Figure 5. Questions posted to members of the service community panel by attendees.

1. What are the biggest gaps in services and what might be done to begin addressing these gaps?
2. Where are we with recovery high schools and colleges?
3. Has there been coordination with school systems to aid in prevention education strategies for the youth?
4. Evidence-based research shows that D.A.R.E. is ineffective; it has no impact. Are there other programs that you advocate and support for students?
5. What are the qualifications for candidates screened for reintegration court?
6. What can we do to get finances to get more residential substance abuse centers for those with drug charges?
7. Are more efforts being made to create housing opportunities for people with felony convictions?
8. What role do you see for mobile technology in substance use disorder case management and as a tool to bridge gaps within the continuum of care?
9. What is the panel's opinion of the creation of a web-based database of resources in Harris County for substance abuse disorders, behavioral health, homelessness, behavioral health, teens, etc.?
10. What systems do we have in place serving youth for using the Adverse Childhood Experiences (ACEs) assessment tool? What system do we have in place for serving youth?
11. How do we get people on probation into a housing facility if they have not been homeless in over a year and do not have any mental issues, particularly men, what's the bridge, what else can we do?

Round table discussions. Attendees were invited to participate in round table discussions about community priorities. To capture the highlights of these discussions, each table (n = 26) was invited to respond in writing to a list of questions (Figure 6).

Figure 6. Questions posted to participants at the HHCODP 2017 Drug Summit.

1. When thinking about prevention, how should funding priorities be changed (or not) to affect solutions?
2. When thinking about homeless services, how should funding priorities be changed (or not) to affect solutions?
3. When thinking about behavioral health for substance use and mental health disorders, how should funding priorities be changed (or not) to affect solutions?
4. When thinking about incarceration and drug courts, how should funding priorities be changed (or not) to affect solutions?
5. Based on what you heard today, what do we need to include in the report to elected officials about policies that need to be implemented in our region?
6. Based on what you heard today, what do we need to include in the report to elected officials about how to increase collaboration between local agencies, organizations, and coalitions?
7. If you are looking back on this report in 5 years (the year 2022), how would you define success?
8. What is the one thing not discussed today that needs to be included in this report?

Quantitative Data Analysis

Survey data were entered into STATA version 13 for descriptive and bivariate analysis of responses to the attitudinal scale by demographic characteristics. The bivariate analysis produced no meaningful differences. Thus, only descriptive data are reported.

Qualitative Data Analysis

Questions submitted by attendees and panelists responses were recorded and transcribed; written responses to round table questions were typed into a word processing file. Transcripts and round table responses were entered into ATLAS.ti version 7.5.18 for thematic analysis. Independently, the second and third authors coded all transcripts for distinct themes based on the meaning of words or phrases and then came together to compare codes for frequency, strength, and relationship. During a peer debriefing, members of the HHCODP coalition provided feedback on themes and conclusions.

Quantitative Results

Responses to subscale items are summarized in Table 1. In the permissiveness subscale, the items that attendees had the highest level of agreement/support were the legalization of marijuana (28.2% agreed) and that it can be normal for adolescents to experiment with drugs or alcohol (57.3%). The item with the lowest agreement/support was that the personal use of illicit substances in one's home should be legal (9.7%). The stereotyping subscale had the highest agreement/support for the item reflecting that drug dealers are not the initial source of substances (75.0%), with the least agreement/support for the item that alcohol and drugs can destroy our country if not controlled by the law (19.8%). The highest level of support within the morality subscale was that people who use marijuana respect authority (61.2%), with the least agreement/support for items that recreational substance use will not lead to habitual substance misuse (25.8%) and repeated marijuana use does not lead to 'hard drug' use (23.9%). The attendees had the highest levels of support for the treatment optimism subscale, agreeing that alcohol and drug use disorders are treatable (93.3%) and family involvement is important during alcohol and drug treatment (95.2%).

Attendees were also asked about their concern for various issues in our community for youth and adults (Table 2). Among concerns for youth, suicide (86.0%) and synthetic substance use (84.7%) had the highest level of agreement among the topics. Topics of highest concerns for adults in the community were homelessness (85.3%) and synthetic substance use (84.4%).

Table 1. Proportion and mean of participants who endorsed attitudinal questions toward substance use and treatment (N = 330).

Attitudes	Agreement n (%)	Mean	Standard Deviation
Permissiveness			
Marijuana should be legalized	93 (28.2%)	2.58	1.34
Personal use of illicit drugs should be legal in the confines of one's own home	32 (9.7%)	1.90	1.08
Daily use of one marijuana cigarette is not harmful to the body*	65 (19.9%)	2.35	1.23
It can be normal for an adolescent to experiment with drugs and alcohol	189 (57.3%)	3.13	1.27
Parents should teach their children how to use alcohol and marijuana	63 (19.3%)	2.08	1.30
Stereotyping			
Drug dealers are not the initial source of drugs for people*	246 (75.0%)	3.81	1.12
Alcohol and drug use is so dangerous that it could destroy people of our country if it's not controlled by law*	65 (19.8%)	2.40	1.18
Most homeless panhandlers do not use money they collected to buy illicit drugs*	117 (35.5%)	3.01	1.03
Most people with mental illness do not also have a drug misuse problem*	101 (30.7%)	2.76	1.13
Morality			
People who use marijuana usually respect authority*	202 (61.2%)	3.53	1.08
Repeated use of marijuana does not lead to the use of "hard drugs" *	79 (23.9%)	2.53	1.16
Recreational weekend drug use will not lead to habitual drug misuse*	85 (25.8%)	2.69	1.07
Treatment Optimism			
Alcoholism and drug addiction is a treatable illness	308 (93.3%)	4.39	0.80
Family involvement is a very important part of the treatment of alcohol and drug addiction	314 (95.2%)	4.68	0.81

Response options ranged 1 = strongly disagree to 5 = strongly agree; responses were collapsed into two categories: 1-3 were categorized as disagreeing and 4-5 were categorized as agreeing with each statement.

* Wording after reverse coding.

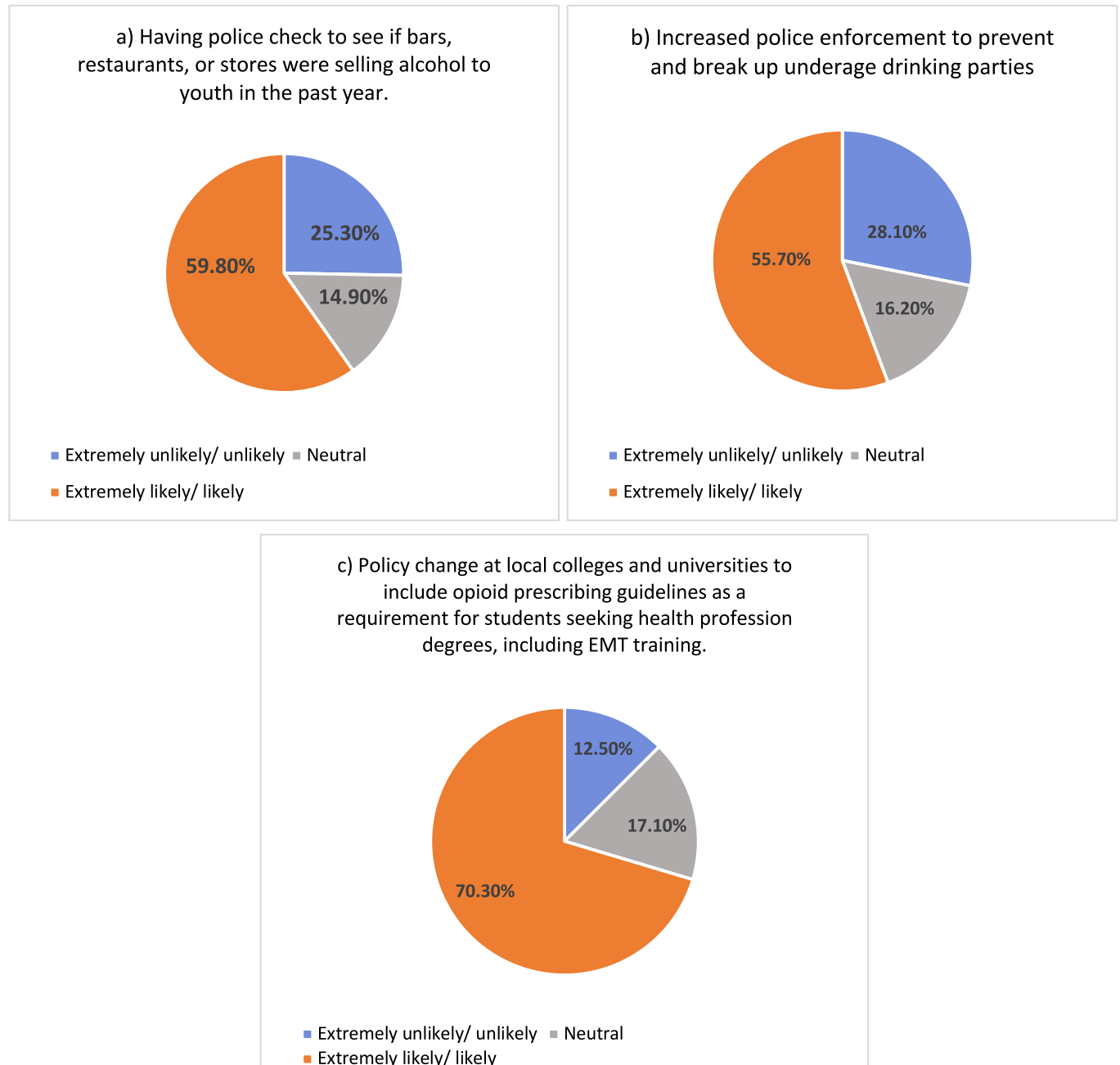
Table 2. Proportion and mean of participants who endorsed being concerned about an issue in their community (N = 330).

Concerns for youth	Agreement n (%)	Mean	Standard Deviation
Underage drinking	268 (81.7%)	4.00	1.23
Tobacco use	262 (80.1%)	3.94	1.25
Marijuana use	264 (80.5%)	4.02	1.25
Prescription drug use	270 (82.8%)	4.14	1.27
Methamphetamine use	262 (80.1%)	4.08	1.32
Synthetic drug use	277 (84.7%)	4.22	1.31
Illicit drug use	275 (83.8%)	4.20	1.29
Suicide	282 (86.0%)	4.28	1.25
Homelessness	268 (81.7%)	4.14	1.25
Concerns for adults	Agreement n (%)	Mean	Standard Deviation
Drinking	276 (84.2%)	4.06	1.16
Tobacco use	232 (71.0%)	3.74	1.17
Marijuana use	227 (69.4%)	3.68	1.28
Prescription drug use	275 (83.8%)	4.13	1.23
Methamphetamine use	270 (82.3%)	4.11	1.26
Synthetic drug use	276 (84.4%)	4.16	1.26
Illicit drug use	274 (84.1%)	4.17	1.25
Suicide	270 (83.1%)	4.14	1.26
Homelessness	278 (85.3%)	4.18	1.22

Response options ranged 1 = strongly disagree to 5 = strongly agree; responses were collapsed into two categories: 1-3 were categorized as disagreeing and 4-5 were categorized as agreeing with each statement.

The majority of attendees believe that the community would support policing and policy enforcement and changes will prevent or decrease alcohol or substance issues (Figures 7a-7c). These policies include police checking to ensure underage individuals are not being sold alcoholic beverages (59.8%), increases in prevention and interruption of underage drinking parties (55.7%), social host ordinances (63.9%), and increase in prescribing guidelines for those seeking to become health care professionals (70.3%).

Figure 7. The extent to which participants believe there is community support for substance use policies affecting law enforcement and first responders.



Qualitative Results

Qualitative data were organized into six themes that can inform policy: decriminalization of marijuana, school-based prevention, community-based prevention, continuum of care, treatment and recovery, and law enforcement and criminal justice. Each of these themes is discussed below with select illustrative quotes.

Decriminalization of marijuana. While the authors of the U.S. Surgeon General’s report did not explicitly focus on the legalization or decriminalization of marijuana, they did discuss the need for additional research to aid in understanding the potential impact of legalization. At the 2017 summit in Houston, there was much discussion about the national movement to legalize marijuana. Questions about legalization were directed at the governmental panel. Members of the panel did not support legalization; however, there were some panelists receptive to decriminalizing possession of a small amount of marijuana to conserve criminal justice resources for the prosecution of other crimes. Echoing the U.S. Surgeon General’s report, there was also support for research to better understand effects of medical and recreational marijuana.



Governmental Panel, 2017 Drug Summit.

In 2008... I adapted [the] site and release program for 4 oz. or less of marijuana... Because we [wanted to] focus on what matters most, like violent crime and other drugs. We actually reduced violent crime by 40%... I'm not sure that legalization is the way to go, maybe making it a civil offense?

Governmental panel participant

Based on the dialogue, the coalition recommends collaborating with foundations and other grant-making bodies to fund research that explores the unintended consequences of decriminalization and a community-wide needs assessment to plan for possible modifications to the service delivery model of prevention, treatment, recovery, and law enforcement agencies.

School-based prevention. The U.S. Surgeon General's report called for the implementation of evidence-based interventions in K-12 schools (see the SAMHSA evidence-based practices resource center for a list of approved interventions, available at <https://www.samhsa.gov/ebp-resource-center>). At the Houston summit, there was strong support for increasing funding for elementary and middle school evidence-based programs. Members of both recognized that the school and environments in which youth

find themselves could facilitate substance use. In addition, panelists believed youth who find themselves in less supportive environments or enter into the juvenile justice system are more likely to begin using substances and develop substance use disorders. Further, those who participate in a substance use treatment program find it difficult to maintain sobriety



Service Community Panel, 2017 Drug Summit.

because schools and families too often lack the knowledge and resources to support youth's long-term sobriety efforts. Both panelists and summit attendees expressed a desire for evidence-based interventions that address the environmental constraints youth face. There was a desire for integrated K-12 prevention curricula for students, school staff, and family members that overcome current resistance to the content and delivery methods. Including the delivery of substance use related curricula is dependent on the willingness of the principal and teachers to allow for either community organizations to come into a school and teach the information or for teachers knowledgeable of substance use to teach content. There was also a desire for more recovery high schools. Attendees acknowledge that what they desire is politically unpopular, especially among some persons working in schools. Attendees were looking to policymakers to create opportunities for further collaboration between youth-serving organizations and schools.

How many of you try to go to schools to do prevention services? And how many of you have had the door slammed on your face because 'we don't have that problem', 'that doesn't happen here', 'we have good kids'... You're going to be rejected by the principal... you're going to be rejected by the teacher, and then when you [are] talking to the kids, half of them are falling asleep and the other half of them are cursing you under the breath... So, get [a] thick skin and try to get schools to listen to you... so that their kids won't be punished by the time they're 14, 15, and 16.

Service community panel participant

Community-based prevention. Most of the recommendations for community-based interventions were similar to those found in the U.S. Surgeon General's report. There was support for after-school programs that provide drug-free spaces for youth to engage in activities and for programs that reduce stigma associated with substance use and mental

illness. In addition to support for these initiatives, participants urged policymakers to conduct more site visits and to facilitate dialogue with service providers and community members. Participants were also looking to community leaders to organize networking opportunities so persons working throughout the care continuum could better familiarize themselves with the work of other agencies, form inter-agency relationships, repurpose resources, and create a centralized database so agencies can look up a client's inter-agency treatment history.

Why can't we plan on educating kids, having rich after school programs, good summer programs, and good tutorial programs? [Spend] the 18 years of kids' lives, from K to 12, getting them through [school to reduce entry into the criminal justice system].

Governmental panel participant

Do more community education programs to reduce the stigma attached to mental illness and substance use, and get the community stakeholders more involved, invested, and aware of how community programs will be beneficial to the community and population they serve.

Written response from a Drug Summit round table discussion

Fund a [regional] database so organizations can know where and what a person has done.

Written response from a Drug Summit round table discussion

When discussing community-based prevention, there was one noticeable deviation from the U.S. Surgeon General's report—the need for evidence-based interventions targeting immigrant communities that address intergenerational trauma. Participants were concerned about a cycle of intergenerational violence and its association with substance use. There is a need for family-based services to end the cycle, particularly for immigrant families who are undocumented or who came to the U.S. to escape violence.

People do not make the connection between childhood trauma and drug use... We serve [an] immigrant population, and many of them are children. And just the fact that they came [into the U.S.] in an illegal way—with fear—coming through the desert, walking for days, has an impact. They have a fear of authority. They're afraid of the police. They're afraid that their parents aren't going to get back from work this afternoon. And that doesn't manifest until 10 years later, 15 years later, when they're actively using drugs or being part of a gang... [School counsellors] need to identify those kids so we can give them the proper help... because the other option is what? Punishment. It's wait until the kid is 16, 17, and goes to jail. The police are not counselors. The police and juvenile systems are not the most appropriate counseling methods to help these kids.

Service community panel participant

Continuum of Care. Participants in both government and service community panels and written comments from the round tables advocated for a substance use continuum that allows for coordinated services. They expressed frustration that the current system resulted in wasted resources and the exclusion of some of our most vulnerable citizens, such as those experiencing homelessness or being released from our jails and prisons. Some participants advocated for the use of metrics for the continuum. Participants also advocated for non-competitive funding for evidence-based interventions with a research

component that requires grant recipients to demonstrate the meeting of prescribed benchmarks that align with metrics of the continuum.

We talk a lot about beds in treatment, and I just want to say it's not [the] be all and end all. It's got to be a continuum. We can put people in a bed, but if we don't follow up with outpatient [services], recovery coaches, education, and job skills, we've failed... So, let's stop talking about the beds and talk about ALL that is needed to make somebody successful in their recovery.

Service community panel

Prevention funds are needed to balance out the continuum of care. Develop a visual representation of the continuum of care so stakeholders can easily see their role and where deficiencies are found.

Written response from a Drug Summit round table discussion

There must be planned research to monitor and assess outcomes. (outcomes need to be tied to funding)

Written response from a Drug Summit round table discussion

Treatment and recovery. Treatment and recovery comments focused on the integration of services and equitable access to care. Attendees desired more integration of substance use and mental health services and parity in funding.

We recommend that funding should be one-stop. All co-occurring disorders should be treated at one treatment center. For example, the LCDC, LPC, and medical personnel should all be located in the treatment center.

Written response from a Drug Summit round table discussion

Attendees also expressed concern about the definition of homelessness and the burden created on citizens who need services but do not qualify because their unstable housing situation is not included in the current definition. Participants would like to see the definition changed so that persons who access substance-use treatment services would not be penalized for the time spent in a recovery facility when applying for homeless services.

Though not a commonly identified concern, one member of the governmental panel suggested funds be allocated to provide transportation for persons being released from incarceration. By facilitating a return to their home communities, there might be an opportunity to reduce the likelihood they would join the local homeless population.

Re-evaluate the qualifications of homelessness to avoid loss of services rendered as such due to receiving assistance for addiction.

Written response from a Drug Summit round table discussion

Rethink the “Housing First” policy to ensure that individuals active in addiction are not placed back into unsafe conditions/environments, and revise the policy prohibiting homeless [persons] with felonies from obtaining housing vouchers and employment.

Written response from a Drug Summit round table discussion

Create supportive wraparound services for the homeless (mental health, substance use, domestic violence, transportation, food access, furniture, employment).

Written response from a Drug Summit round table discussion



Conference attendees discuss prevention ideas for the community.

In addition to changing policies for homeless services, attendees expressed a desire for additional substance use treatment beds allocated for persons with limited or no ability to pay due to a lack of insurance or income, especially indigent persons with a dual diagnosis. Participants would also like to see additional treatment beds for persons waiting in jail for an available treatment bed as part of their probation requirements.

Law enforcement and criminal justice. Members of both panels are supportive of diversion programs, especially drug courts, to reallocate criminal resources for crimes perceived to be more serious and to provide persons with substance use disorders with the resources they need to obtain treatment. Participants suggested recovery coaches should be integrated into diversion programs and drug courts.



Art Acevedo, Chief of the Houston Police Department, talking with attendees of the 2017 Drug Summit.

[People] often wait in jail a long time for a bed, and that's a problem because we don't have enough beds. We know [jail] is the worst place to treat them, whether it's for mental illness, drug addiction, or any other problem that's driving the crime.

Governmental panel participant

[We] need alternative mental health treatment facilities in lieu of incarceration.

Written response from a Drug Summit round table discussion

Stop building more prisons and start funding drug court, drug treatment, and a continuum of care for long term recovery, [so people can] assimilate into life/work/family. Using Recovery Coaches seem to be part of the solution.

Written response from a Drug Summit round table discussion

Recommendations

Based on study results, members of the HHCODP coalition identified recommendations for each of the areas discussed above. These recommendations were shared with attendees of the 2018 Community Drug Awareness Day, held at Houston Baptist University on August 9. Within each of the areas, attendees were provided a list of recommendations developed by coalition members. Attendees were asked to identify their top three priorities and to rank them as first, second, and third priority; 112 attendees provided prioritization data. After the conference, data were aggregated and integrated into this report. Each area is discussed below. Included in the discussions are lists of all recommendations identified by the HHCODP coalition members, prioritized by attendees of the 2018 Community Drug Awareness Day.

Decriminalization of marijuana. Consistent with national trends, there is growing support for changes to marijuana laws, with more attendees favoring decriminalization than legalization. Before making changes, it is important to first reflect upon intentional and unintentional consequences, including potential changes in attitudes towards the decriminalization and legalization of other substances. Changes will likely impact the lives of current substance users, the regions' substance-use and law enforcement infrastructure, and the economy.

Prioritized recommendations for Decriminalization of Marijuana:

1. Conduct a needs assessment to identify and plan for potential modifications to prevention, treatment, recovery, and law enforcement services resulting from decriminalization.
2. Fund research to understand and plan for the unintended consequences on attitudes towards the decriminalization or legalization of other substances, attitudes towards substance users, and infrastructure and economic impact.
3. Foster the understanding that decriminalization and legalization of marijuana is connected to personal responsibility and obligations of the user.

School-based prevention. There was wide support for ensuring students are receiving evidence-based education. Achieving this goal will likely require increased engagement with school boards, administration, and faculty employed by the numerous school districts in Greater Houston. Together, grade-appropriate strategies can be identified and implemented to support the Texas Education Association's (TEA) Texas Essential Knowledge and Skills (TEKS) for health education.¹⁸

Prioritized Recommendations for School-Based Prevention:

1. Ensure K-12 health education funds are allocated towards the implementation of grade-appropriate substance-use evidence-based interventions.
2. Identify and implement evidence-based interventions that align with health education knowledge in skills (such as TEKS). Where gaps exist, fund intervention research to develop, evaluate, and disseminate evidence-based interventions that allow school districts to fully meet knowledge and skill competencies within political, time, and credit-hour constraints experienced by school personnel.

3. Utilize social media as a venue to market the legal and health related impact of underage drinking and illicit substance use for school aged children.
4. Work with national and federally sponsored programs such as the National Prevention Week, National Drug Facts Week and Red Ribbon Campaign to continue to bring awareness of the harmful impact of illicit substance use on school-aged children.
5. Conduct/Support media campaigns to raise awareness of consequences around high-incident events such as prom, spring break, and graduation.

Community-based prevention. Within the community, there are opportunities for afterschool programs, increasing screening and linkage to services across the continuum of care, harm reduction programs (including increasing access to safer injection supplies and the distribution of naloxone), and support for commonly co-occurring conditions. The attention brought to intergenerational trauma among Houston's immigrant communities and the association between trauma and substance misuse is noteworthy. Houston has a large immigrant community that might benefit from these services.

Prioritized Recommendations for Community-Based Prevention:

1. Improve continuity of Screening, Brief Intervention and Referral to Treatment (SBIRT) delivery to persons with a substance use disorder during a clinical visit through collaboration with emergency departments and Federally Qualified Health Centers (FQHC) to implement SBIRT for persons with a substance use disorder.
2. Support routine checks of the Texas Prescription Drug Monitoring Program for existing or historical opioid prescriptions when prescribing opioids.
3. Identify and implement evidence-based interventions that screen, identify, and treat members of immigrant communities struggling with PTSD and other mental health diagnoses associated with traumatic experiences, and integrate

these mental health services with substance use and ancillary services. Where gaps exist, fund intervention research to develop, evaluate, and disseminate evidence-based interventions for immigrant communities.

4. After the intervention, offer a direct referral to facilitate linkage to detox, treatment, or other recovery support services.
5. Screen active substance users for opioid use during visits to the emergency departments and FQHC.
6. Implement and evaluate the effect of an evidence-based naloxone curricula for all first responders and law enforcement personnel to standardize service delivery and the assessment of outcomes.
7. Advocate for legal syringe access programs and other harm reduction programs for persons not interested in abstaining from substance use; require programs to also provide linkage services for when a person is ready to change their behavior.
8. Implement an opt-out screening protocol in emergency departments and FQHC to screen persons for opioid use. If found to be using, provide education and access to naloxone as well as the opportunity to link to detox, treatment, or other recovery support services.
9. Subsidize the cost of naloxone for community-based organizations who commit to implementing evidence-based curricula for training lay persons (including active substance users) who encounter opioid users.
10. Conduct a needs assessment to understand the association between trauma, substance use, and violence in immigrant communities.
11. Increase the availability of fentanyl detection strips for law enforcement and lay personnel who encounter opioid users; include training for how to integrate the use of the strips and personal protective equipment.
12. Develop, implement, and evaluate a social marketing campaign that increases intention to obtain and use a naloxone kit if encountering a person potentially overdosing on opioids.

13. Increase harm reduction knowledge among persons who inject drugs to reduce sharing of equipment and transmission of infectious diseases.
14. Partner with faith-based communities to raise awareness of the harmful impact of illicit substance use.

Continuum of care. Due in part to the large geographical area, population, and decentralization of substance use services, service integration remains a challenge. Recommendations for responding to this challenge included the creation of a database accessible to agencies providing services across the continuum of care, and coordinating with governmental institutions, foundations, and other funders of substance use and related services to establish and require measurable benchmarks and more culturally competent care.

Prioritized Recommendations for Continuum of Care:

1. Create a database for providers of substance use and ancillary services to enable increased awareness, integration, and utilization of services.
2. Identify and implement evidence-based interventions that are tailored to serve marginalized communities. Where no culturally competent evidence-based interventions exist, provide funding for intervention research to develop, evaluate, and disseminate culturally competent evidence-based interventions.
3. Encourage grant funders to require agencies to provide cultural competency and stigma reduction training for marginalized communities served by their agencies.
4. Encourage memorandums of understanding (MOU) between agencies providing substance use and ancillary services.
5. Create measurable benchmarks for services provided throughout the prevention-recovery continuum of care; encourage grant funders to include the benchmarks when issuing a call for proposals.

6. Advocate for payment models that encourage collaboration between substance use and ancillary services.

Treatment and recovery. An ongoing challenge in Greater Houston has been the provision of enough treatment and recovery beds. Complicating access are housing policies that penalize homeless persons entering a treatment facility while on the waiting list for stable housing. To increase equity to treatment, recovery, and supportive services, it is critical to achieve greater coordination between housing and substance use policies that guide—and frequently bind—the provision of services. Equally critical is increasing access to medication-assisted treatment (MAT) and the provision of ancillary services given concerns about the proportion of opioid-related toxicity deaths and the misuse of fentanyl.

Prioritized Recommendations for Treatment and Recovery:

1. Increase the number of publicly-funded evidence-based treatment and recovery beds and integrate with recovery support services.
2. Increase funding for vertical integration of mental health and substance use services.
3. Increase funding for recovery support services.
4. Encourage insurance companies and grant funders to cover case management and wrap around services for people with a disability who are in recovery for a substance use disorder.
5. Advocate for changes to housing access policies, so persons who access treatment and recovery services are not penalized and placed in a lower position on housing waitlists.
6. Increase access to all MATs and the provision of ancillary services for persons using MAT as part of their pathway to recovery.
7. Increase the number of sober housing options.

Law enforcement and criminal justice. Attendees were supportive of drug courts and other diversion programs. Attendees wanted to see additional resources directed to the expansion of these programs. There is also support for additional training of law enforcement, better enforcement of existing laws and ordinances, and a reduction in parole officer caseloads.

Prioritized Recommendations for Law Enforcement and Criminal Justice:

1. Increase funding for drug courts and other criminal justice diversion programs.
2. Require de-escalation training for law enforcement and crisis management teams responding to persons under the influence of alcohol or illicit substances.
3. Reduce caseloads for parole and probation officers.
4. Increase support and training for enforcement of underage drinking laws, particularly social host laws.
5. Support social host ordinances to minimize access to alcohol to underage children and prevent underage drinking.

Concluding Remarks

The recommendations in this report cross the continuum of care, prevention through recovery,¹⁵ and many of these recommendations align with the recommendations in the U.S. Surgeon General's report.¹⁶ Implementing the recommendations in this report will require a coordinated effort between government agencies, community-based organizations, universities, and the business community. As a catalyst for community mobilization, HHCODP is well positioned to serve as the lead agency to coordinate this effort. While many of the recommendations in this report will require the acquisition of

extra financial resources, some of these recommendations can be achieved through political will, community mobilization, and additional research.

This report provides insights into the priorities of persons attending the 2017 Drug Summit and 2018 Community Drug Awareness Day. Most of the persons who responded livelihood is affiliated with the substance use field, limiting generalizability of recommendations. Further limiting the generalizability of recommendations is the cross-sectional nature of data. While data were collected in 2017 and 2018, no attempt was made to link participant responses. Future research should include a longitudinal study to examine changing attitudes over time towards substance use policy.

There are recommendations in this report for the delivery of prevention, treatment, recovery, law enforcement, and criminal justice services. The members of the HHCODP coalition are hopeful that this report will serve as a guide for policy makers, service providers, and researchers to reduce the harmful effects of hazardous alcohol consumption and illicit substance use in Greater Houston. We live in a vibrant community full of opportunity. Together, we can implement the recommendations in this report and improve the health of our community.

We wish to thank the sponsors, the Community Drug Awareness Day committee and the students from Fukushima University and Toyo Gakuen University for their support in this project.

Appendix: Media Release for 2017 Drug Summit



Media Release Office of the Mayor

FOR IMMEDIATE RELEASE

DATE: July 21, 2017 / Ray Andrews 832.493.7379 / ray.andrews@houstontx.gov

8th Annual Community Drug Awareness Day & Regional Drug Summit focuses on Opioid addiction, homelessness, prevention, treatment, and community attitudes toward substance use

Today, our country's most pervasive drug threat is the opioid overdose epidemic, which has been spurred on by the nonmedical abuse of prescription pain medications and heroin. This widespread outbreak is devastating and destroying communities throughout our country. It cuts across all demographics and socio-economic classes. In cities and towns across the United States, millions of people now have a substance abuse disorder involving prescription pain relievers or heroin.

Elected and appointed officials, along with community leaders are leading the effort to reduce the demand for such drugs, as well as develop a multi-year strategy to educate and provide treatment for various populations impacted in the public on the devastating effects it has caused citizens of Houston and Harris County.

WHO: Prevention, treatment, law enforcement and criminal justice personnel, persons in recovery, faith communities and others who want to learn more about drug supply and demand challenges, as well as our regional efforts to address substance abuse and how to become part of the solution.

WHAT: An educational audience interactive conference to provide the latest information on substance abuse and drug challenges within our community and collectively what we are going to do about them. The objective is to develop a regional multi-year drug strategy, topics include:

- Opening with a Super Panel discussion on opioids, including a special message from the Houston Mayor. Panelists include HPD Chief, Harris County Sheriff, Harris County D.A., Houston – HIDTA Regional Director
- The Prescription Opioid Epidemic
- Drug trafficking trends in the Houston region
- 85th Texas legislative session results
- Houston Solutions Panel discussion and audience interaction

WHERE: Prairie View A&M University – School of Nursing Texas Medical Center

6430 Fannin St, Houston, Texas 77030

WHEN: Friday, July 21, 2017, 8:30am to 4:00pm.

WHY: To exchange, share and gather the latest information on substance use disorders in order to gain a better understanding of attitudes, behaviors and beliefs about drugs in our city and community. To design and implement an all-inclusive and comprehensive action strategy targeted on multiple fronts to enhance and improve the quality of life for Houston and Harris County residents.

No cost to attend. Free CEUs for LCDs, and TCOLE credits will also be provided.

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