Youth Substance Abuse Issues: Research and Legislation
About Texans Standing Tall

Texans Standing Tall is the statewide coalition dedicated to creating healthier and safer communities by making alcohol, tobacco, and other drugs irrelevant in the lives of youth. Beginning in 1997, Texans Standing Tall was initially one of twelve statewide coalitions funded by the Robert Wood Johnson Foundation to address underage and risky alcohol use. Since then, Texans Standing Tall has expanded its prevention efforts to include alcohol, tobacco, and other drugs. Texans Standing Tall maintains strong partnerships with local coalitions, institutions of higher education, state agencies, individuals, statewide non-profits, and other health and prevention agencies across the state and is a leader in promoting evidence-based, environmental prevention strategies in Texas.

About the Report Card

This year, 2014, marks the ninth year for Texans Standing Tall (TST) to create an annual Report Card. Since the first in 2006, Texans Standing Tall Report Cards have been a reliable source of data and information on youth substance use and prevention in Texas for coalitions, legislators, advocates, campuses, and prevention organizations. All TST Report Cards can be found at www.TexansStandingTall.org.

This Report Card includes statewide data on youth substance use from the most recent 2014 Texas School Survey of Substance Use Among Students; a description of key alcohol and tobacco issues in 2014 and prevention strategies to address these issues; regulation changes that impact prevention; an overview of the 2014 Texas Legislative Interim Session; and a guide to understanding the Texas Legislature.*

* In order to reflect the most up-to-date information for 2014, some data contained in the 2014 Report Card comes from reports published in 2015. Therefore, not all cited sources are from 2014; information contained in this document is current up to May 2015.
Youth Substance Use Rates and Trends

In 2014, youth substance use rates in Texas continued to decline, though alcohol remains the most commonly used substance by youth. However, use rates are the lowest they have been since the Texas School Survey of Substance Use Among Students (TSS) began in 1988. In 2014, tobacco and marijuana are the second most commonly used substances by youth (Department of State Health Services [DSHS], 2014). Youth tobacco use rates continue to steadily decline, similar to alcohol use rates, and are also at the lowest point in over two decades. However, marijuana use among youth has seen a slower decline in recent years, and marijuana use rates are now nearly the same as tobacco. (See Figure 1.)

FIGURE 1: Trends in Past Month Use of Selected Substances Among Texas Secondary Students: 1988-2010

Texas trends are similar to national trends. According to the 2014 Monitoring the Future study, alcohol, tobacco, and illicit drug use among youth have all declined; alcohol and cigarette use are at their lowest point since 1975.

These steady declines in youth substance use suggest that prevention efforts over the last decade have made – and continue to make – a significant positive impact on youth alcohol use. However, to maintain the decline we must continue to implement evidence-based prevention strategies.

Texans Standing Tall compiles statewide data on youth substance use primarily from the Texas School Survey of Substance Use Among Students (TSS), which has been conducted by the Department of State Health Services (DSHS) among middle and high school students in Texas.
Youth Substance Use Rates and Trends

every two years since 1988. This year, the Report Card also includes statewide data from the Texas Youth Tobacco Survey, which asks students in Grades 6-12 about tobacco use. National data are compiled from the Monitoring the Future study, the National Survey on Drug Use and Health, and the Youth Risk Behavior Survey, among others.

Alcohol Use

According to the 2014 Texas School Survey (TSS), **50.5% of Texas middle and high school students have used alcohol at least once in their lifetime and 21.2% drank alcohol in the past month.** Both of these percentages are lower than previous years, and the rate is trending downwards. Nonetheless, these rates are still high and linked with many negative consequences, some of which are highlighted in the “Consequences of Underage and Risky Alcohol Use in Texas” section on page 10 of this Report Card.

Use rates among Texas youth are similar to national youth rates, with about 37% of high school seniors nationally reporting they had alcohol in the past month compared to 32% of high school seniors in Texas (Monitoring the Future, 2014).

Looking at long-term trends over the last 10 years, past 30-day alcohol use among Texas students has decreased by 35.0%, and lifetime alcohol use has decreased by 25.6% (Table 1).

| TABLE 1: Alcohol Use Trends Among Texas Students (Grades 7–12) |
|-----------------------------|-----------------------------|-----------------------------|
|                             | 2004 | 2014 | % Change                     |
| Lifetime Alcohol Use        | 67.9%| 50.5%| -25.6%                      |
| Past 30-Day Alcohol Use     | 32.6%| 21.2%| -35.0%                      |

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.

Nationally, youth alcohol use rates have decreased significantly as well and, according to the Monitoring the Future survey, are at historic lows. However, despite these positive trends, youth use of alcohol is still higher than use of any other substance and causes significant problems for young people and the communities where they live.

Prevention efforts that reduce youth access to alcohol are especially important because **49.3% of youth in Texas say alcohol is “somewhat easy” or “very easy” to obtain.** As students get older, ease of access increases: among high school seniors, 65.4% report alcohol is “somewhat easy” or “very easy” to obtain (Table 2). Strategies that reduce youth access to alcohol include
Youth Substance Use Rates and Trends

increasing the price of alcohol through alcohol excise tax increases, prohibiting drink specials, enforcing minimum purchase age laws, and holding social hosts accountable for providing alcohol or allowing underage drinking to occur on their property, among others.

**TABLE 2: Youth Perceptions of Ease of Accessing Alcohol by Grade**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Somewhat Easy</th>
<th>Very Easy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 7</td>
<td>11.3%</td>
<td>13.2%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Grade 8</td>
<td>17.3%</td>
<td>21.3%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Grade 9</td>
<td>19.2%</td>
<td>29.7%</td>
<td>48.9%</td>
</tr>
<tr>
<td>Grade 10</td>
<td>22.8%</td>
<td>36.9%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Grade 11</td>
<td>22.6%</td>
<td>41.8%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>24.0%</td>
<td>41.4%</td>
<td>65.4%</td>
</tr>
</tbody>
</table>

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.

**Gender Differences in Alcohol Use**

**Teen girls are now more likely than teen boys to drink alcohol.** In 2014, 22.2% of female students said they drank in the past 30 days compared to 20.2% of male students (Table 3). Similarly, a larger proportion of female students (53%) reported ever drinking alcohol in their lifetime compared to male students (48%). Long-term data show that drinking rates have been declining for both boys and girls, but girls have had slightly higher rates of drinking than boys since 2002.

**TABLE 3: Alcohol Use Trends by Gender**

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime Alcohol Use</strong></td>
<td>48.1%</td>
<td>53.0%</td>
</tr>
<tr>
<td><strong>Past Month Alcohol Use</strong></td>
<td>20.2%</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.

This gender gap seen among Texas youth holds true nationally as well. In the U.S., 35.5% of high school girls report drinking in the past month compared to 34.4% of high school boys. (Centers for Disease Control and Prevention [CDC], 2013).
Youth Substance Use Rates and Trends

This gender difference is likely related to differences in exposure to alcohol marketing. According to the Center on Alcohol Marketing and Youth (CAMY), girls see more ads for alcohol in magazines than do boys (2012). Underage girls even see more alcohol advertising in magazines than adult women who are of legal drinking age (CAMY, 2012). More details about alcohol marketing and young women are presented in CAMY’s infographic “Girls, Women, and Alcohol,” available at www.camy.org.

Binge-Drinking

Binge-drinking, defined here as five or more drinks at one time, is especially concerning because this high level of consumption is associated with greater risk of alcohol related harms. Binge-drinking raises blood alcohol levels above the legal limit within two hours, if not sooner (National Institute on Alcohol Abuse and Alcoholism [NIAAA], n.d.). Teens and young adults that binge drink are more likely to drive while drunk and engage in other risky behaviors (DSHS, 2013).

According to the 2014 TSS, 13.8% of middle and high school students report binge-drinking in the past 30 days. Among high school seniors, this percentage is higher at 23.4% (Table 4).

<table>
<thead>
<tr>
<th>TABLE 4: Past 30 Day Binge-Drinking by Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>All</td>
</tr>
<tr>
<td>Grade 7</td>
</tr>
<tr>
<td>Grade 8</td>
</tr>
<tr>
<td>Grade 9</td>
</tr>
<tr>
<td>Grade 10</td>
</tr>
<tr>
<td>Grade 11</td>
</tr>
<tr>
<td>Grade 12</td>
</tr>
</tbody>
</table>

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.
Youth Substance Use Rates and Trends

Tobacco Use

Tobacco use among youth continues to decline. In 2014, **8.4% of middle and high school students used tobacco in the past 30 days, a 50.6% decrease over the past 10 years.** Lifetime tobacco use among students has decreased as well by 43.1% in the past 10 years (Table 5).

**TABLE 5: Tobacco Use Trends Among Texas Students (Grades 7 – 12)**

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2014</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Tobacco Use</td>
<td>39.4%</td>
<td>22.4%</td>
<td>-43.1%</td>
</tr>
<tr>
<td>Past 30-Day Tobacco Use</td>
<td>17.0%</td>
<td>8.4%</td>
<td>-50.6%</td>
</tr>
</tbody>
</table>

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.

Electronic cigarettes (or e-cigarettes) are a relatively new product, so long-term data on use rates are not yet available. However, based on recent survey data, e-cigarettes are now more commonly used by youth than traditional cigarettes. **In Texas, 33.4% of high school students have ever used an e-cigarette in their lifetime and 19.1% have used one in the past month, according to the 2014 Texas Youth Tobacco Survey (YTS). In comparison, this same survey shows lifetime use of cigarettes at 33.0% and past month use at 16.4% (Table 6).**

**TABLE 6: E-Cigarette Use Compared to Traditional Cigarette Use Among Texas High School Students**

<table>
<thead>
<tr>
<th></th>
<th>E-Cigarettes</th>
<th>Traditional Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Month Use</td>
<td>19.1%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Lifetime Use</td>
<td>33.4%</td>
<td>33.0%</td>
</tr>
</tbody>
</table>


In fact, e-cigarettes are now the most commonly used type of tobacco when compared to cigarettes, hookah, smokeless tobacco, and snus (a flavored smokeless tobacco that does not require spitting). (See Figure 2.)
Youth Substance Use Rates and Trends

FIGURE 2: Use Rates by Types of Tobacco Among Texas High School Students

This high use of e-cigarettes by youth is likely due to a combination of factors. For one, **e-cigarettes are not nationally regulated, which means that there are no federal laws to prohibit sales to minors**. Some states have passed laws making 18 years the minimum age to buy e-cigarettes, but as of 2014, Texas does not have any minimum age laws. Also, e-cigarette companies use marketing tactics that appeal to youth, such as cartoons, celebrity endorsements, and promotion of fruit and candy flavors. Although e-cigarettes do not contain tobacco, they do contain nicotine and are addicting. Youth who start by using e-cigarettes may later shift to using traditional cigarettes or other tobacco products. For more information about e-cigarettes and their use and regulations, see the discussion about e-cigarettes in the “Regulations That Affect Prevention” section on page 22 of this Report Card, or TST’s E-cigarette Issue Brief.

Marijuana Use

According to the 2014 TSS, **9.1% of middle and high school students in Texas have used marijuana in the past 30 days**, representing a 27.8% decrease over the past 10 years. Lifetime marijuana use is now reported by 23.2% of students, a decrease of 22.1% in the past 10 years (Table 7).

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1 Though Texas did not have a minimum age law in effect in 2014, the legislature subsequently passed a minimum age law for purchasing e-cigarettes in the state of Texas during the 84th Legislative Session in 2015. This policy change will be covered more in-depth in Texans Standing Tall’s 2015 Report Card.
Youth Substance Use Rates and Trends

### TABLE 7: Marijuana Use Trends Among Texas Students (Grades 7 – 12)

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2014</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Marijuana Use</td>
<td>29.8%</td>
<td>23.2%</td>
<td>-22.1%</td>
</tr>
<tr>
<td>Past 30-Day Marijuana Use</td>
<td>12.6%</td>
<td>9.1%</td>
<td>-27.8%</td>
</tr>
</tbody>
</table>

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.

Short-term trends show that the percentage of Texas students who have used marijuana in the past month has decreased slightly since 2010, from 11% in 2010 to 9% in 2014.

Nationally, rates of marijuana use among high school students have remained relatively constant over the past 10 years but did decrease slightly in 2014. However, attitudes about marijuana have shifted to be more favorable. Specifically, across the U.S., fewer youth perceive marijuana to be risky, and disapproval of others who use marijuana has also decreased (Monitoring the Future, 2014).

In Texas, 70.8% of students think marijuana is “somewhat dangerous” or “very dangerous,” which represents a slight decrease from 72.4% in 2012. More students report alcohol and tobacco as being dangerous than report marijuana as being dangerous.

Thankfully, marijuana use rates in Texas have not increased. However, rates are not decreasing in the same way as alcohol and tobacco use rates. With the shifting norms and laws around marijuana use in the U.S., youth use rates and perceptions need to be continually monitored in order to effectively target marijuana prevention efforts.

### Prescription Drug Abuse

Prescription drug abuse refers to the non-prescribed use of medications, including narcotics, tranquilizers, sedatives, and/or amphetamines, for the feelings or experience they cause rather than their intended medical purposes. Prescription drug abuse has gained more attention in recent years because abuse rates, prescriptions for controlled substances, and overdoses showed a significant increase in the 1990s and early 2000s. However, short-term trends suggest that prescription drug abuse among youth may have plateaued or started to decline. In fact, prescription drug abuse rates among youth have been declining since 2005 and, between 2013 and 2014, prescription drug abuse rates among high school seniors in the U.S. decreased from 16% to 14% (Monitoring the Future, 2014).
Youth Substance Use Rates and Trends

Similar declines have occurred with prescription drug abuse among youth in Texas. In 2014, 10.8% of students reported non-medical lifetime use of codeine cough syrup, 5.2% of hydrocodone, 2.5% of oxycodone, 3.1% of Xanax, and 1.0% of Valium. These numbers represent a decrease from 2012 and from 2008, the first year these data were collected. (See Figure 3.)

**FIGURE 3: Trends in Lifetime Abuse of Prescription Drugs Among Texas Students (Grades 7 - 12)**

![Graph showing trends in lifetime abuse of prescription drugs among Texas students (Grades 7 - 12).](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>Codeine</th>
<th>Oxycodone</th>
<th>Hydrocodone</th>
<th>Valium or Diazepam</th>
<th>Xanax or Alprazolam</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>14.0%</td>
<td>7.0%</td>
<td>10.5%</td>
<td>3.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2010</td>
<td>9.5%</td>
<td>6.0%</td>
<td>8.0%</td>
<td>3.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2012</td>
<td>4.0%</td>
<td>4.0%</td>
<td>5.0%</td>
<td>2.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>2014</td>
<td>3.0%</td>
<td>3.0%</td>
<td>4.0%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: DSHS, Texas School Survey of Substance Use Among Students Grades 7 – 12, 2014.

This turnaround, both nationally and in Texas, is an indicator of a swift and large prevention response to reduce prescription drug abuse that has included educating youth, prescribers, doctors, and families, as well as conducting media campaigns, implementing policy changes, and increasing enforcement.

Although prescription drug abuse rates are no longer increasing, abuse of prescription drugs remains a concern, particularly among groups with high rates of binge and risky drinking (e.g., youth and college students), due to the heightened risk of overdose when combined with alcohol. Additionally, abuse of opioid medicines, such as hydrocodone and oxycodone, may lead to heroin use. Currently, nationwide and Texas data do not show increasing rates of heroin use, but heroin use among youth will need to be monitored as prescription drug abuse continues to decrease.
Youth Substance Use Rates and Trends

Consequences of Underage and Risky Alcohol Use in Texas

Alcohol continues to be the drug most used by Texas youth, and the drug that causes the most harm. Some of the many consequences related to underage and risky drinking are highlighted here.

Alcohol-Related Arrests

As seen in Figure 4, alcohol-related arrests for Texans under 21 years of age continue to decrease. In 2013, a total of 23,044 youth in Texas under the legal drinking age of 21 were arrested for alcohol-related violations, including driving under the influence (DUI), liquor law violations, and drunkenness. This represents a decrease of approximately 30% from 2012. However, youth males are still more likely to be arrested than youth females, with 17,442 arrests among males compared to 5,602 arrests among females (Table 8).

![FIGURE 4: Alcohol-related Arrests Among Texas Youth Under Age 21](image)

Source: Texas Department of Public Safety, 2014.

<table>
<thead>
<tr>
<th>Arrest Type</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUI</td>
<td>1,148</td>
<td>4,321</td>
</tr>
<tr>
<td>Liquor Law Violation</td>
<td>2,787</td>
<td>6,248</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>1,667</td>
<td>6,873</td>
</tr>
<tr>
<td>Total</td>
<td>5,602</td>
<td>17,442</td>
</tr>
</tbody>
</table>

Source: Texas Department of Public Safety, 2014.
Youth Substance Use Rates and Trends

Drunk Driving and Fatal Car Crashes

On Texas roads in 2014, 3,534 people were killed in traffic crashes, marking a 3.7% increase from the number of Texas traffic fatalities in 2013. Of those killed in traffic crashes, 1,041 people were killed in alcohol-related crashes, which is 29% of the total number of people killed in motor vehicle traffic crashes. This is lower than the nationwide percentage of 31% (NHTSA, 2013). Though still a serious issue, this is an improvement as compared to 2013, when 44% of traffic crash fatalities in Texas were alcohol-related.

A total of 952 drunk drivers were killed in fatal car crashes in Texas in 2014. Approximately half (50.3%) were age 30 years and younger, though 21-25 year olds account for the largest percentage of drunk driver fatalities (23.5%). Additionally, 8.4% of drunk drivers killed in fatal crashes were under 21 years old (Figure 5). It is likely that prevention strategies to reduce risky drinking among young people would help reduce the number of drunk driving and fatal car crashes in our state.

FIGURE 5: DUI Drivers in Fatal Crashes in Texas (By Age)

Drinking and driving rates continue to be a concern for high school students in Texas; 11.2% report driving after they had been drinking in the past 30 days. The rate of drinking and driving is higher among older students, with 17.5% of high school seniors reporting past-month drinking and driving. Additionally, there is a gender difference in drinking and driving, with more male high school students (13.4%) reporting drinking and driving than female high school students (8.6%). While not all high school students may drink alcohol and drive, they may still put themselves at risk by riding with a drunk driver; about 30% of high school students said they rode with someone in the past 30 days who had been drinking alcohol (Center for Health Statistics [CHS], 2013).
Youth Substance Use Rates and Trends

Young people who binge drink are more likely to drive while impaired. According to a 2012 report from the Centers for Disease Control and Prevention, 85% of teens in high school who reported drinking and driving in the past month also reported binge-drinking. In the 2014 DSHS Texas School Survey (TSS), 23.4% of 12th graders reported binge-drinking in the last month, which is higher than the nationwide average of 20.8% (CHS, 2013). It is likely that strategies to reduce binge-drinking, particularly among individuals under age 30, would help make Texas roads safer and reduce fatal DUI crashes.

“It is likely that strategies to reduce binge-drinking, particularly among individuals under age 30, would help make Texas roads safer and reduce fatal DUI crashes.”
Key Issues and Prevention Strategies

Youth and Alcohol Marketing

Years of research demonstrate that alcohol advertising and marketing have an impact on youth decisions to drink alcohol. According to the Center on Alcohol Marketing and Youth (CAMY), alcohol advertising and marketing influence youth and adult expectations and attitudes, thus creating social norms that appear to promote underage alcohol use. Several studies also demonstrate that frequent exposure to alcohol advertising and marketing is connected to increased likelihood of drinking. Further, underage drinkers that say their brand selection is a result of marketing influences and media modeling tend to drink more and experience negative outcomes more often as a result of their drinking (Ross et al., 2015).

Beyond the impact advertising has on youth attitudes about and decisions to start drinking, research shows that the alcohol industry may be targeting underage drinkers with its messages and message placement (Jernigan, 2010). Flavored alcoholic beverages, also known as alcopops, are of particular concern, as they are especially popular among underage drinkers (Jones & Reis, 2011). Additionally, a new report from researchers at CAMY reveals that youth consumption of alcopops is associated with an increase in risky behaviors and negative outcomes. Specifically, youth who reported consuming a combination of two or more flavored alcoholic beverages in the past month also reported heavy episodic drinking, fighting, and alcohol related injuries (Albers et al., 2014).

Without internal documents, it is difficult to conclusively state that the alcohol industry is intentionally targeting youth with alcopop advertising (Jernigan 2010). However, it is worth mentioning that several studies suggest that youth are, in fact, targeted by the industry when it comes to these types of alcoholic beverages. In particular, one study on the placement of alcohol ads on cable television noted a 22% increase in the number of alcopop ads per viewer hour for every one point increase in the percentage of adolescent viewership (Garfield, Chung, & Rathouz, 2009). Additionally, placement of these ads was strongly associated with adolescent female viewership (Garfield et al., 2009). While the alcohol industry voluntarily agreed to not advertise on television programs where underage viewership exceeds 30%, studies like these suggest that this practice has not been effectively practiced or enforced.

Another recent study, conducted by Borzekowski et al. (2015), shows that different types of media may play a role in underage consumption of specific alcohol brands. The study surveyed 1,032 youths between the ages of 13 and 20 years old that reported consuming at least one alcoholic
Key Issues and Prevention Strategies

beverage in the past 30 days. After determining the participants’ level of media exposure, researchers found that underage youth typically fall into one of four media clusters: 1) general audience, 2) celebrity watchers (includes a significantly higher number of individuals who read magazines like *Cosmopolitan*, *People Magazine*, and *US Weekly*), 3) heavy mainstream media users, and 4) late night cable viewers.

In addition to finding that alcohol brand consumption varied significantly across these four clusters, researchers found that some of the clusters are associated with high-risk drinking behaviors. **Specifically, those in the late night cable viewers and heavy mainstream media groups appeared to be the heaviest drinkers.**

Top brands consumed by the study’s participants include Bud Light, Smirnoff malt beverages, Budweiser, Smirnoff vodka, Coors Light, Jack Daniel’s, Mike’s beverages, and Absolut Vodka. **Results show that a greater percentage of those in the late night cable viewers group drank beer in the last 30 days (83.5%), whereas vodka consumption in the last 30 days was highest among those in the celebrity watchers group (60.5%).** Consumption of alcopops was highest among those in the heavy mainstream media users group (65.1%). For a comparison of alcohol types consumed across the different groups in the last 30 days, see Table 9.

**TABLE 9: Types of Alcohol Consumed Across Media Clusters in the Last 30 Days**

<table>
<thead>
<tr>
<th>Beverage Type</th>
<th>General Audience</th>
<th>Celebrity Watchers</th>
<th>Heavy Mainstream Media Users</th>
<th>Late Night Cable Viewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>64.8%</td>
<td>77.7%</td>
<td>77.4%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Alcopops</td>
<td>45.4%</td>
<td>61.6%</td>
<td>65.1%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Vodka</td>
<td>36.9%</td>
<td>60.5%</td>
<td>32.2%</td>
<td>54.8%</td>
</tr>
</tbody>
</table>

Source: Borzekowski et al., 2015.

It should be noted that the limitations of the study make it difficult to determine if brand consumption influences media use patterns, or vice versa. **However, the study clearly demonstrates that media use among youth varies, and that there is a connection between the different patterns of media use and the consumption of specific brands of alcohol.** Based on the understanding gained from this study, future research can help illuminate the effects of alcohol messaging on drinking behaviors and the best way to counter alcohol messages in online, television, and print media platforms. **The research certainly indicates it would be prudent to limit youth exposure to alcohol marketing.**
Key Issues and Prevention Strategies

Screening and Brief Intervention for Alcohol Use

Screening and Brief Intervention (SBI) for alcohol use is an evidence-based intervention to reduce risky drinking and related behaviors; it is a recommended strategy by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Highway Traffic Safety Administration (NHTSA). Typical SBIs for alcohol involve a short screening to determine the severity of an individual’s alcohol use and any associated harms. The screening is followed by an intervention in which the individual is provided with information about the dangers of alcohol and motivational interviewing to recognize the potential consequences of drinking behaviors and options for changing his or her behavior.

These interventions often occur in a hospital or college judicial setting. Gentilello and colleagues (1998) report that screening and brief interventions delivered in a hospital after an alcohol-related injury are associated with fewer return alcohol-related emergency room visits and injuries as well as fewer alcohol-related traffic violations and arrests. Studies of brief interventions with motivational interviewing delivered on college campuses have shown that these interventions are effective in reducing alcohol use among college students as well (Babor et al., 2010).

In 2013, Texans Standing Tall (TST) received funding from the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention’s Service to Science Evaluation Enhancement Program to evaluate our Screening and Brief Intervention (SBI) project. In partnership with Dr. Craig Field and Texas A&M University-Corpus Christi, TST began translating research on SBI for risky alcohol use into practice as a primary prevention tool on college campuses. The innovative project employs SBI as a primary prevention tool prior to an alcohol-related injury or violation.

Results from the first year of the project showed that 85% of the participants explored options for change during the intervention, 79% of whom committed to making these changes. Additionally, fewer students screened positive for risky or underage drinking when they completed the post-test six weeks after the initial screening. These results suggest that participating in SBI may help to prevent risky drinking, even if students decide to initiate or continue alcohol use.

Funded by a grant through the Texas Department of Transportation, TST continues to implement and evaluate the project in 2014. Partnering with colleges and universities, TST works to carry out the project on 2- and 4-year public and private campuses. Schools select and invite higher-risk populations, typically first-year students, Greek students, or athletes, to participate. Students
complete an alcohol use screening tool (the World Health Organization’s AUDIT), receive a score sheet with information about alcohol use, and have the option to meet with an interviewer trained in brief motivational interviewing. The interviewer and the student discuss contributing factors and consequences of the student’s alcohol use. The student identifies any problems that occur because of his/her drinking and considers options for change.

In 2014, TST wanted to examine the impact that SBI had on participants’ knowledge, attitudes, and behaviors related to alcohol use and abuse. Overall, results show that participants reported fewer negative consequences related to their drinking, which is a key goal of the SBI Project.

On one campus, 79 students participated in SBI, and the results show a documented decrease in the frequency and quantity of alcohol consumption by participants when they completed the post-test six weeks later. Additionally, results from the post-test showed a decrease in the number of students who reported negative consequences related to their drinking.

On another campus, 86 students participated in the SBI project. Though the percentage of participants engaging in risky drinking behaviors increased, results show that the number of students who reported experiencing one or more negative consequence associated with their drinking decreased by 14.3%.

Texans Standing Tall will continue working with college campuses throughout the state to implement the program in 2015.
Key Issues and Prevention Strategies

Surgeon General’s Report on Smoking and Health

January of 2014 marked the 50th anniversary of the first Surgeon General’s Report on Smoking and Health. Released in 1964, this landmark scientific report was the federal government’s first report linking smoking to health consequences, such as heart disease and lung cancer, and was a major step in tobacco prevention efforts.

Compared to 50 years ago, smoking rates have dropped significantly. According to the 2014 Report of the Surgeon General, *The Health Consequences of Smoking – 50 Years of Progress*, **42% of adults in the U.S. smoked in 1965, whereas 18% of adults smoked in 2012.** However, smoking remains the leading preventable cause of premature death in the United States, causing more than 480,000 deaths per year (CDC, 2014). In 2013, approximately 66.9 million Americans ages 12 and over were current users of tobacco (SAMHSA, 2014). **Among adults who had ever smoked daily, most first used cigarettes as youth: 87% by age 18 and 98% by age 26** (U.S. Department of Health and Human Services [HHS], 2014). Nationally, the cost in health care and lost productivity related to smoking is $19.16 per pack of cigarettes sold (Campaign for Tobacco Free Kids, 2015).

**Over the past 50 years, scientists have determined that smoking harms nearly every organ of the body.**

Source: Centers for Disease Control and Prevention, 2014.

![Diagram of organ systems affected by smoking]
Key Issues and Prevention Strategies

The decline in tobacco use over the past 50 years is due to actions at the local, state, and federal levels:

- In 1990, the federal government passed legislation to create “smoke-free skies,” banning smoking on airplanes. Other industries followed suit, citing the need to protect nonsmokers from secondhand smoke.

- Smoke-free laws that cover non-hospitality workplaces, restaurants, or bars protect 81.8% of the U.S. population. However, laws that require all of these establishments to be smoke-free protect only 49.5% of the U.S. population (Americans for Nonsmokers’ Rights, 2015).

- The FDA regulates tobacco industry marketing practices and has banned much tobacco advertising.

- Tobacco excise tax rates have been increased at the federal and state levels multiple times, increasing the cost of a pack of cigarettes and thereby reducing the number of packs purchased. The federal excise tax on a pack of cigarettes is $1.01. The average state excise tax on a pack is $1.60. Texas’ tax on cigarettes is $1.47 (Campaign for Tobacco Free Kids, 2015). (See figures 6 and 7.)

**FIGURE 6: U.S. Cigarette Prices vs. Consumption 1970-2007**

Key Issues and Prevention Strategies


On September 3, 2014, nationwide pharmacy chain CVS stopped selling tobacco at all 7,700 of its stores, explaining that tobacco has no place in a business providing healthcare.


While there has been a great overall decline in smoking rates over the past 50 years, it has slowed in recent years. The most recent Surgeon General’s Report recommends these policies and practices to help decrease rates of use:

- Raising the retail price of cigarettes and other tobacco products.
- Implementing smoke-free indoor air policies.
- Utilizing high-impact media campaigns.
- Providing full access to cessation treatments.
- Funding comprehensive statewide tobacco control programs at the levels recommended by the Centers for Disease Control and Prevention.
Key Issues and Prevention Strategies

Under terms agreed to in the Master Class Settlement approved in 1998, all 50 states receive funding from the big four tobacco companies. These funds are estimated to be $246 billion over the first 25 years. However, states are not required to use these funds for tobacco prevention and control. According to the Campaign for Tobacco Free Kids (2015), the CDC has issued recommendations for each state regarding how much revenue it should spend on tobacco prevention, but only two states fund tobacco control programs at the CDC-recommended levels (Figure 8). In FY2014, Texas budgeted just 4.2% of the amount recommended by the CDC on tobacco prevention (Campaign for Tobacco Free Kids, 2015).

FIGURE 8: State Funding for Tobacco Prevention Based on CDC Recommendations

![Map of the United States showing state funding for tobacco prevention based on CDC recommendations.](image)

- States that are spending 50% or more of CDC recommendation on tobacco prevention programs.
- States that are spending 25%-49% of CDC recommendation on tobacco prevention programs.
- States that are spending 10%-24% of CDC recommendation on tobacco prevention programs.
- States that are spending less than 10% of CDC recommendation on tobacco prevention programs.

Source: Campaign for Tobacco Free Kids, 2014.

Moving forward, focus must also be placed on the rising popularity of electronic cigarettes, also known as e-cigarettes, which are manufactured by the big tobacco companies. Today, more youth are using e-cigarettes than traditional cigarettes, as the FDA does not regulate them as a tobacco product. Therefore, they can be marketed to and purchased by youth in most of the U.S. There is concern that e-cigarettes may be a “gateway” to other tobacco use because many of them contain nicotine, which makes them addictive. Additionally, e-cigarettes themselves...
Key Issues and Prevention Strategies

contain many chemical ingredients that are harmful to the body. For more information about e-cigarettes, see the discussion about e-cigarettes in the “Regulations That Affect Prevention” section on page 22 of this Report Card.

The 2014 Surgeon General’s Report also outlines some disparities in rates of use, which must be addressed:

• **Young adults ages 18-25 have the highest rate of current smoking (31.8%).**
  Among young adults, whites had the highest rate of current smoking (36.6%), followed by Blacks (26.2%) and Hispanics (25%).

• While 31.5% of those with less than a high school education currently smoke, only 10.4% of those with at least a college degree smoke.

• Smoking prevalence is also different based on income level: 32.5% of those living below the poverty line currently smoke, compared to 20% of those living at or above the poverty line.
E-cigarettes

E-cigarettes are smoking devices that vaporize a liquid, typically containing nicotine, and produce an aerosol. E-cigarettes are used similarly to traditional cigarettes in that the user draws on the device to inhale the aerosol, then exhales secondhand aerosol.

What Are Electronic Cigarettes?

Electronic cigarettes are battery operated smoking devices that deliver nicotine, flavor, and other chemicals. They change nicotine and other chemicals into an aerosol the user inhales.

Most e-cigarettes are made to resemble conventional cigarettes, cigars, or pipes. Others look like everyday items, such as pens or flash drives.

Other Names for e-cigarettes:

Electronic Nicotine Delivery Devices (ENDS), Electronic Smoking Devices, Vape Pens, Vaporizers, e-Hookahs, Vapor Cigarette, Hookah Pen

Source: U.S. Food and Drug Administration, 2015

E-cigarettes are currently unregulated. As such, the content of each product varies in terms of nicotine and other chemicals. In April 2014, the U.S. Food and Drug Administration proposed a rule that would define e-cigarettes as a tobacco product under the Federal Food, Drug, and Cosmetic Act. If the rule goes into effect, e-cigarettes would be regulated similarly to tobacco products, including banning sales to minors. More regulations would also mean increased consistency among products and allow for a better understanding of the health impacts.

Due to the lack of federal regulations, states and cities have implemented local regulations to prohibit e-cigarette use.

In 2014, Texas did not have any statewide laws regarding e-cigarettes. However, as of January 1, 2015, 10 Texas cities include e-cigarettes in their smoke-free ordinances: Frisco, Harlingen, Joshua, Lufkin, San Angelo, San Marcos, Socorro, Waxahachie, and Weatherford.

Texas Cities With Smoke-Free Ordinances That Include E-cigarettes

Frisco
Harlingen
Joshua
Lufkin
San Angelo
San Marcos
Socorro
Waxahachie
Weatherford

2 As noted previously, the state of Texas passed a minimum age law for purchasing e-cigarettes during the 84th Legislative Session in 2015. This policy change will be covered more in-depth in Texan Standing Tall’s 2015 Report Card.
Youth use of e-cigarettes is increasing. In fact, youth now use e-cigarettes more commonly than any other tobacco product, including traditional cigarettes, as shown in Figure 9 below (Monitoring the Future, 2014).

The increasing use of e-cigarettes by youth is especially concerning because most e-cigarettes contain nicotine, and adolescents are more susceptible to nicotine addiction than adults. Moreover, adolescent brains are particularly vulnerable to the effects of nicotine; prolonged exposure to nicotine could have lasting consequences for brain development (HHS, 2014).

Because e-cigarettes are relatively new and remain unregulated, little research has been conducted on the direct health effects. However, studies have shown that e-cigarettes deliver low levels of toxins to the user and pollute the air. **E-cigarettes do not produce harmless water vapor as many e-cigarette companies claim, but rather an aerosol containing nicotine and other chemicals** (Grana & Glantz, 2013).

E-cigarettes are frequently marketed as a quitting tool, but this has not been proven. In fact, many adults who use e-cigarettes continue to smoke traditional cigarettes as well (Grana & Glantz, 2013). Among youth, those who report that they have used an e-cigarette are more likely to also report using traditional cigarettes, suggesting that **use of e-cigarettes may encourage traditional cigarette use among youth rather than encourage quitting or prevent initiation** (Detra & Glantz, 2014).

The increase in youth e-cigarette use is likely due to ease of access and powerful marketing techniques. **E-cigarettes can be sold anywhere**, including specialty e-cigarette shops called “vape shops,” and are often displayed prominently at convenience stores near candy or at the...
point of sale. Additionally, e-cigarette companies use marketing techniques that were previously used and subsequently prohibited for cigarettes. These techniques include television and radio ads, celebrity endorsements, cartoon characters, and flavors that appeal to children, such as bubble gum and gummy bear (Grana & Glantz, 2013).

**Strategies that may help protect against the potential harms of e-cigarettes include:**

- Adding e-cigarettes to cities’ smoke-free ordinances.
- Prohibiting e-cigarette use anywhere smoking is prohibited.
- Enacting a statewide minimum age law to prevent minors from buying e-cigarettes.

### Prescription Drug Take Backs

Due to concern about the increased rates of prescription drug abuse, many communities started hosting prescription drug take back events to encourage safe disposal of unused or unneeded medications. Starting in 2010, the Drug Enforcement Administration (DEA) assisted local communities by hosting National Take Back Days twice a year. The DEA partnered with local law enforcement and community coalitions to collect and dispose of medications. In Texas, about 400 take back events were held twice a year across the state, and on one National Take Back Day in April 2013, nearly 50,000 pounds of medications were collected.

**In October 2014, the Drug Enforcement Administration released a rule change regarding disposal of controlled substances.** This rule announced two importance changes:

1. DEA will no longer host National Drug Take Back Days after Sept. 27, 2014.
2. Beginning on Oct. 9, 2014, drug drop boxes will be permitted in pharmacies and long-term care facilities in addition to law enforcement agencies.

**Implications: The new DEA rule expands the options for drug take backs, but places the responsibility and cost onto local pharmacies, long-term care facilities, and law enforcement agencies.** Law enforcement agencies can continue to host take back events but are now responsible for medication disposal. Also, permanent medication drop boxes can be placed in pharmacies and long-term care facilities, which was not previously allowed.
Fact sheets from the DEA and the text of the final rule are available at http://www.deadiversion.usdoj.gov/drug_disposal/index.html.

**Texas communities are determining how to offer medication disposal through take back events and permanent drop boxes without the assistance from the DEA take back days.** Communities with an existing method for medication disposal, specifically an approved incinerator at their law enforcement agency, can more easily continue to host take back events. Other communities are struggling to find affordable, reliable, and safe disposal options.

Texans Standing Tall’s statewide prescription drug workgroup is collaborating to determine the best ways to continue drug take back efforts following any changes to the DEA regulations, particularly with respect to National Drug Take Back Days. In collaboration with workgroup members, TST produced the “Prescription Drug Take Back Toolkit,” which offers guidance to communities on how to host a take back event.

The Texas Legislature responded to community concerns about prescription drug abuse in the 2014 Interim Session. Both the House and the Senate held public hearings and produced interim reports on how to reduce prescription drug abuse in Texas. The Texas House Committee on Public Health, when issuing recommendations in its Interim Report on prescription drug abuse, recommended that the state facilitate increasing the number of take back programs held statewide. Texans Standing Tall provided informational testimony during the public hearings regarding take back events. For information about these interim studies, see the “2014 Texas Legislative Interim Session” section on page 26 of the Report Card.
Texas Legislature and Prevention

Because the Texas Legislature holds a regular session for only 140 days in odd-numbered years, an important aspect of the legislative process takes place during the even-numbered years that is not as well-known to the general public.

During the period between legislative sessions, House and Senate Committees research pressing issues. These issues are called **interim charges**. The Speaker of the House and the Lieutenant Governor identify these interim charges and assign them to legislative committees. The committees then produce **interim reports** based on the research and information gathered from public hearings.

Of all the Texas Legislature’s interim charges in 2014, two relate directly to youth substance abuse. **Both the Senate and the House were tasked with researching prescription drug abuse in Texas.**

**2014 Interim Study Reports**

**House Committee on Public Health Interim Charge #1**

Assess the prevalence of nonmedical prescription drug use in the state (including opioid analgesics, stimulants, tranquilizers, and sedatives). Identify adverse health impacts. Recommend strategies to curb emerging substance abuse trends among children, pregnant women, and adults, as well as to reduce health care costs and mortality.

**House Committee on Public Health**

**Interim Committee**

Chair: Rep. Lois Kolkhorst (R-Brenham)

Vice-Chair: Rep. Elliott Naishtat (D-Austin)

Members:

- Rep. Garnet Coleman (D-Houston)
- Rep. Nicole Collier (D-Fort Worth)
- Rep. Philip Cortez (D-San Antonio)
- Rep. Sarah Davis (R-West University Place)
- Rep. R.D. ‘Bobby’ Guerra (D-McAllen)
- Rep. Susan Lewis King (R-Abilene)
- Rep. Jodie Laubenberg (R-Parker)
- Rep. J.D. Sheffield (R-Gatesville)
- Rep. William ‘Bill’ Zedler (R-Arlington)
2014 Texas Legislative Interim Session

Texans Standing Tall submitted public testimony to the committee regarding this interim charge. TST educated the committee about current trends in prescription drug abuse and issued three recommendations to the committee: (1) increase data collection on prescription drug abuse by expanding the number of school districts that participate in the annual DSHS Texas School Survey of Substance Use Among Students; (2) support take back efforts and the installation of permanent medication dropboxes located in the state; and (3) support reducing the over-prescribing of certain medications and the ability of patients to “doctor shop” and obtain multiple prescriptions for the same controlled substances.

Based on their interim charge findings, the House Committee on Public Health developed seven recommendations to the 84th Legislature to reduce prescription drug abuse:

1. Make improvements to the state’s prescription drug monitoring program (PDMP).
2. Provide education to pregnant mothers on Medicaid benefits who are prescribed opioid painkillers.
3. Educate the public on the safe storage, use, and disposal of prescription drugs and how to report a pill mill.
4. Facilitate take-back programs like those used by the federal Drug Enforcement Agency, increasing state and local take back programs.
5. Expansion of medication-assisted treatment of opioid-addicted individuals, such as Opioid Substitution Therapy (OST), with particular emphasis on appropriate treatment for pregnant women and young users.
6. Expand the use of the drug naloxone to prevent people from overdosing on opiates and save lives by providing naloxone to first responders or friends and family of addicts.
7. Extend the two-year renewal period currently applied to physicians registered with the Controlled Substance Registration to all prescribers.

These recommendations from the House illustrate a multi-pronged approach to reducing prescription drug abuse; they range from education for patients and providers to treatment options and structural changes in healthcare and medication disposal. To read the full interim report, including background information on prescription drug abuse in Texas, download the House Committee on Public Health Interim Report to the 84th Legislature here: http://www.house.state.tx.us/_media/pdf/committees/reports/83interim/House-Committee-on-Public-Health-Interim-Report-2014.pdf
Senate Health and Human Services Committee Interim Charge #6

Evaluate the current state of prescription drug abuse and strategies for reducing prescription drug abuse in Texas. Make recommendations on how these policies can be improved or modified to enhance the State of Texas’ handling of services, treatments, and education related to prescription drug abuse and to reduce the overall prevalence of prescription drug abuse.

Senate Health and Human Services Committee
Interim Committee
Chair Senator Charles Schwertner (R-Georgetown)
Vice-Chair Senator Bob Deuell (R-Greenville)
Members Senator Joan Huffman (R-Houston)
Senator Jane Nelson (R-Flower Mound)
Senator Robert Nichols (R-Jacksonville)
Senator Larry Taylor (R-Friendswood)
Senator Carlos Uresti (D-San Antonio)
Senator Royce West (D-Dallas)
Senator Judith Zaffirini (D-Laredo)

Texans Standing Tall submitted public testimony regarding this interim charge. As with the House Committee, TST educated the Senate Committee on youth prescription drug abuse and offered recommendations: (1) increase data collection on prescription drug abuse by expanding the number of school districts that participate in the annual DSHS Texas School Survey of Substance Use Among Students; and (2) support take back efforts and the installation of permanent medication dropboxes located in the state.

The Senate Health and Human Services Committee made six recommendations described below:

1. Transfer Texas’ prescription drug monitoring program (Prescription Access in Texas) from DPS to the Texas State Board of Pharmacy (TSBP).
2. Give TSBP authority to join the national Prescription Monitoring Program (PMP) InterConnect.
4. Automatically register providers in PAT upon receipt or renewal of their Controlled Substance Registration permit to encourage use.
5. Align the Controlled Substance Registration permit for advanced practice registered nurses and physicians’ assistants with license renewal similar to the existing process for physicians.

6. Enhance services, education, and outreach to communities and providers in order to reduce the prevalence of and treat the symptoms of Neonatal Abstinence Syndrome.

These recommendations from the Senate focus primarily on Texas’ prescription drug monitoring program, Prescription Access in Texas (PAT). This system allows prescribers to view a patient’s prescriptions for controlled medications across the state. One of the goals of PAT is to reduce prescription drug abuse by reducing “doctor shopping,” which is a term used to describe individuals going to many different doctors and prescribers to get multiple prescriptions for the same controlled substances. To read the Senate Health and Human Services Committee’s full interim report, visit http://www.senate.state.tx.us/75r/senate/commit/c610/downloads/c610.InterimReport84th.pdf
Understanding the Texas Legislative Process

2015 Legislative Session

The 84th Legislative Session is January 13, 2015 – June 1, 2015. Interim Reports are used as a reference for legislators during the session as they propose new bills and pass laws.

Texas Legislature – The Basics

The chief executive of the state is the governor, who is elected for a four-year term and may be reelected an unlimited number of times. The lieutenant governor holds the office of the President of the Senate; he/she is also voted into a four-year term.

Texas has a total of 181 state legislators, with 150 members of the House and 31 members of the Senate. The 150 members of the House are elected for two-year terms by constituents in the districts where they reside. House elections are held in even-numbered years. The 31 Senate members serve four-year terms, with half of the members up for re-election every two years. Senate members must have resided in their districts for at least a year before election.

The Texas Legislature’s major powers include the power to tax and power to set the budget. The state constitution places detailed limits on taxation, requires a balanced budget, and imposes spending limits.

The Texas Constitution specifically designed a legislature that would be populated by “citizen legislators,” meaning individuals can have another occupation aside from being a legislator.

The legislature convenes in regular session for only 140 days every two years. The session begins in January of odd numbered years – two months after the November elections. The legislature convenes on the second Tuesday in January and ends at the end of May or early June.

All legislation that has not been approved by both houses by the last day of the session is dead. After the regular session the governor can call as many special legislative sessions as deemed needed to complete the legislature’s business.

There are three types of bills that can be introduced: general, special, and local. General bills are the most important to our discussion since they apply to all individuals and property throughout the state.

The 83rd Texas Legislature completed its Regular Session on May 27, 2013. During this Session, 5,868 bills were filed in the House and Senate and 1,437 of those bills passed into law. Of those passed by both houses, Governor Perry vetoed 28 of them, according to the Legislative Reference
Library of Texas. Governor Perry called a special session that was completed on June 29, 2013, where several bills were passed to balance the state’s budget.

In effect, for every day of the regular session, approximately 10 bills eventually passed. The crush of legislation in such a short period of time makes it extremely difficult, if not impossible, for individual legislators to be experts, or even well-informed, on every piece of legislation. **Legislators must rely on others for information on pending legislation, including their staff, other legislators, representatives of organized interests, lobbyists, and concerned voters.**

### How a Bill Becomes a Law in Texas

A bill can be introduced in either chamber, or in both chambers simultaneously. One exception is that bills concerning the budget must be introduced in the House of Representatives. Only a legislator can introduce a bill, but ideas for a bill can come from citizens, legislators, interest groups, private corporations, lobbying organizations, law firms, etc. The legislator who introduces a bill is considered that bill’s sponsor.

Because the actual legislative session is so short, legislators are allowed to pre-file bills before the session begins. In fact, bills may be filed the first business week after the November elections in even-numbered years by current members, as well as those just elected but not yet seated. After the November 2012 elections, 534 bills and joint resolutions were pre-filed before the 2013 legislative session.

**The Texas Constitution requires that a bill receive three readings before it can become law, the first reading occurring when it is introduced.**

After a bill is introduced, the speaker or lieutenant governor will refer the bill for consideration to a committee. In both sides of the legislature, the first step in committee is an analysis of the provisions in the bill. In some cases, the committee chair requests a fiscal note or impact statement from the Legislative Budget Board. This note or statement describes the projected financial impact of the proposed law.

The bill may then receive a hearing, which gives the experts on the subject, as well as any interested members of the public, a chance to testify about the bill. A committee can put a bill at the bottom of its agenda, which essentially kills the bill. After the committee gives a bill a hearing, changes can be made by adding or eliminating provisions in the bill. Once all the changes have been made, the committee can choose either to take no action (which effectively kills the bill) or to issue a report on the bill to the full house or senate.
At this point, the House and Senate differ in their processes. In the House, a bill can be sent to the Calendars Committee, which has thirty days after receiving a bill to vote on placing the bill on one of the three legislative calendars for floor consideration. **Since bills are considered in the order in which they are placed on the calendar, poor calendar placement (meaning a bill is listed closer to the end of the calendar) effectively kills a bill.** If a bill reaches the floor, it gets its second reading. During the second reading, representatives can debate the bill and offer amendments. Then the house takes a vote for tentative approval. At this point, the bill gets its third reading. Two-thirds of the house must approve any amendment to the bill. A simple majority is needed to pass the bill.

In the Senate, the Intent Calendar lists the bills in the order in which they are reported favorably out of committee. **It is worth noting that the Lieutenant Governor, who presides over the Texas Senate, is often considered the most powerful legislator in Texas.** In addition to making committee assignments and assigning bills to specific committees, he or she has the power to decide when a bill comes up for a vote, and whether or not to recognize a senator’s motion to take up a bill. **This means that bills often live or die at the discretion of the Lieutenant Governor.** When the Lieutenant Governor recognizes a senator’s motion to take up a bill, two-thirds of the senate must approve. If the bill is taken up, it then goes to its second reading and is open for debate and amendment. As in the house, a bill approved at the second reading goes on to the third reading. At this point, a two-thirds majority must approve any amendment to the bill. A simple majority is needed to pass the bill.

**Both the House and Senate must approve identical forms of a bill.** Companion bills, which are bills filed in one chamber that have an identical or very similar counterpart in the opposite chamber, are often used to expedite the process of passing a bill. They help speed up passage by allowing both chambers to consider a measure simultaneously; companion bills that pass in one chamber can then be substituted for companion bills in the other chamber (Texas Legislative Council, 2010). If the two versions of the same bill differ, a conference committee—made up of five house members appointed by the speaker and five senators appointed by the lieutenant governor—works to adjust the differences between the two bills. If these committee members cannot reach a compromise, the bill is dead.

**Once approved by both chambers of the legislature, the bill is sent to the governor, who has 10 days to take action – 20 days if the legislature has already adjourned.** Should the governor veto the bill the legislature can override the veto with a two-thirds majority vote from each house. If the veto occurs after the legislature has adjourned, there is no opportunity to override a veto on these bills, and the legislature cannot take up the bill again in later sessions without sending it through the entire process again.
Texas Legislature Online – A Valuable Resource

Although the state legislature can appear intimidating, concerned citizens can have a strong impact on policy decisions once they understand how to navigate the process.

The state provides a website that is a valuable information resource for anyone wishing to engage in the legislative process. Texas Legislature Online (http://www.capitol.state.tx.us/) provides a user-friendly system to follow legislation as it makes its way through both the House and Senate.

A great place to start on the website is on the Frequently Asked Questions page: http://www.legis.state.tx.us/resources/FAQ.aspx. Citizens can identify the persons elected to represent them and what district they live in by simply using their ZIP code, city, or street address. The more details entered, the more accurate the results. The site makes it easy to find representatives’ home pages, email addresses, and main office addresses.

The Texas Legislature Online offers free online accounts that allow people to track specific bills of interest. The site then sends alerts when the bill will be discussed in committee or on the floor. A mobile version of the website is also available for mobile device browsers at www.txlegis.com.

Citizen Participation

Individuals and/or organizations that wish to help create prevention policy strategies through legislation or policy have several opportunities to have their voices heard. First and foremost is their vote. Contacting their legislator or city council member – either through written contact or personal meetings – is another important tool. Generally, elected officials look forward to the opportunity to speak with and meet their constituents about their concerns, especially constituents that vote.

There are well-organized and well-funded interest groups that work year-round to have their opinions heard by elected officials. Grassroots organizations can reach out by relying on the time and resources of individual members who are dedicated to their cause. Building relationships with elected officials and their staff members on the local level allows citizens to become an information resource for them when they are faced with relevant legislation or policy changes.

Educating city council members, county officials, state legislators, members of congress and their staff, as well as sharing information, is an essential component to having well informed decision makers. Because elected officials cannot be subject matter experts on every subject, they rely on the information constituents offer them, including details about the impact laws and...
regulations have on local community members. Consequently, individual civic engagement and participation is of utmost importance.

Members of the public can also provide input to state and federal agencies by submitting public comments during the rulemaking process. Federal and State law require government agencies to notify the public when they intend to amend or create a new rule. Additionally, agencies must provide the public with an opportunity to comment on those decisions or changes. If a comment raises significant issues with the rule, or challenges a premise on which the agency relies, the agency must respond to your comment by changing the rule or giving a response explaining how they addressed the issue raised. Since new and amended rules can either improve current regulations or prevent programs and services from having their intended effect, it is critical the public participate in this process. In order to have an impact in Texas when the Legislature is not in session, citizens can take an active role in the enforcement and regulation of alcohol, tobacco, and other drugs by communicating concerns or support to agencies during the rulemaking process. This includes, but is not limited to, the Texas Alcoholic Beverage Commission and the Texas Department of State Health Services.

For example, the Department of State Health Services (DSHS) may invite public comments and testimony to help them determine funding priorities in advance of their legislative budget request. Providing information to decision makers at DSHS regarding local needs, or the funding level required to implement effective prevention strategies statewide, can impact the budget request they make to the Texas Legislature. At the federal level, the Food and Drug Administration (FDA) recently issued notice of a proposed rule to regulate e-cigarettes in the same way as other tobacco products, then invited public comments to be submitted online or in writing. Providing information regarding a rule change is a crucial way to make your voice heard and influence policy outcomes.

Organizations and community members have another opportunity for input through stakeholder meetings and advisory committees/taskforces. In some cases, federal or state law requires stakeholder meetings with organizations that may have a stake in the outcome. In addition, federal or state law may require the creation, selection, and appointment of an advisory committee or task force to provide subject matter expertise, which may include individual and community input.
Lobbying vs. Advocacy: How to Tell the Difference

A key factor in creating change is helping decision makers understand the nature of a problem and the potential solutions. To do so, citizens regularly communicate with decision makers through lobbying or advocating.

Lobbying and advocacy are often confused. By definition, lobbying usually involves attempting to influence specific legislation, whereas advocacy involves providing information and typically covers a broader range of activities (that may or may not include lobbying).

There are legal restrictions for some individuals, usually related to employment, when it comes to lobbying. However, everyone has the First Amendment right of free speech. Additionally, everyone has the right to vote and to participate in the legislative process.

**Advocacy vs. Lobbying**

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<thead>
<tr>
<th>ADVOCACY</th>
<th>VS.</th>
<th>LOBBYING</th>
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<tr>
<td>Educating and creating awareness among legislators and the general public about issues facing the community.</td>
<td></td>
<td>Communication with a government entity that both refers to specific legislation and issues a view on the legislation.</td>
</tr>
<tr>
<td>Advocacy is education and covers a broad range of activities.</td>
<td></td>
<td>Lobbying attempts to influence specific legislation.</td>
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**Lobbying**

Texas State Law defines lobbying as direct communications about a specific piece of legislation with a legislator or a governmental agent participating in the formation of that legislation. The State of Texas requires persons to register as a lobbyist if they 1) receive more than $1,000 in a calendar quarter as compensation or reimbursement for lobbying, or 2) have expenditures benefitting a state officer, a state officer’s employee, or a state officer’s immediate family that total more than $500 a calendar quarter (Texas Ethics Commission, 2015).

Concerned citizens that are state employees or work with non-profit organizations may face some restrictions in terms of lobbying and advocating. However, these individuals can fully participate in the political process during their free time when using their own resources or when they are “off the clock” from work.
Advocacy

Advocacy covers a wider spectrum of activities than lobbying and can include appealing to individuals to change behavior, seeking to get rules changed at the workplace, educating decision makers about the data behind a problem, or trying to influence the government to change laws. A key component of advocacy is serving as an information resource for decision makers, as well as the public at large. Through educating people about the critical issues facing their communities, citizens can have a tremendous impact on policies that governments and other organizations enact, fund, implement, and sustain. Social change begins with concerned citizens making their voices heard; the more people speak up about and gain support for the important issues they wish to address, the more likely policymakers are to respond.
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