

Exploring Texas Policy Toward Narcotics

by

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Abstract

Purpose:

The general purpose of this research project is to explore state narcotics policy, with more in-depth research into the political and bureaucratic factors that influence Texas narcotic policies. This is accomplished through a case study of House Bill 1287, which requires Texas counties with a population exceeding 550,000 to establish drug court programs.

Method:

After a review of relevant literature, a conceptual framework was developed, which allowed working hypotheses to be created and studied. Two working hypotheses were formed that examine narcotic policies at the state level. Working hypothesis one examines the political factors that influence drug policy and has two sub-hypotheses that further study the impact of political party and party competition on policy. Working hypothesis two considers the bureaucratic factors that influence drug policy and has three sub-hypotheses that give attention to the influences of state agency resources, federal agency involvement and the quantity and type of state agencies involved with drug policy. All hypotheses were tested using focused interviews and document analysis.

Findings:

Based on the information obtained through both interviews and document analysis, mixed support was found for both working hypotheses, as well as all sub-hypotheses. While the documents showed strong support for political party affiliation,

political party competition and federal agency involvement, the interviewees gave only mixed support for these points. Those interviewed agreed that agency resources, particularly an agency's budget, have a strong influence on substance abuse programs. According to this study, the influence least likely to impact narcotic policy is the number and types of state agencies. Although competition between agencies had been predicted, this proved to be totally unsupported by the interviews and only partially supported by the document analysis.

Chapter I

Introduction

The focus of this paper begins with a study of morality politics and policies. By studying morality policies, the importance of studying narcotics¹ policy becomes clearer. According to Mooney (2001a, vi),

Morality policies can raise some of the most profound questions of right and wrong and the role of the state in society, yet it has been, until very recently, rarely studied as a class by political scientists. Morality policies are intensely worried about and debated by citizens, groups and politicians, yet they are rarely resolved. In short, morality policy and its unique politics raise many important questions about the democratic policymaking process, and its study may reveal much about how policy decisions are made; how government functions; and the relationship between a government, its citizens and the values that the latter hold.

Policies with a morality component have been shied away from by social scientists because of the emotional aspect involved. These policies move out of the realm of facts and reason and into the realm of values and feelings, making them harder to explain (Mooney 2001; Meier 1994 & 2001). The study of drug morality policy allows the public administrator to examine changing perceptions of the public towards narcotics and the resulting changes to morality policies. The issues of abortion and gay marriage are relatively new in comparison to drug use. The long history of punishment for drug use allows a more thorough study of morality politics.

Because it has been framed as such, narcotics policy is considered a morality policy. Arguments over the use of narcotics have often boiled down to a debate over principles. Opinions differ on whether drug use is simply an act of breaking the law or a physical addiction like alcoholism (Bray and Marsden 1999, 4). Should offenders be

¹ For the purpose of this study, the term “drug(s)” is in reference to illegal, mind-altering drugs. “Drug” and “narcotic” may be used interchangeably.

sentenced to jail or a rehabilitation center? Should drug offenders be handled by the penal system or the healthcare system? Would drug legalization solve the problems associated with drug abuse? Strong opinions lie on both sides of these questions, with either side rarely yielding to the beliefs of the other.

Illegal drug use is a highly salient and important issue being dealt with by elected officials and bureaucrats. Because drug policy has a morality component, many factors come into play when creating policy to control illegal drugs and how those control policies are carried out. Drug courts are a direct reply to the many factors that influence drug policy. Through coerced rehabilitation, criminal addicts are offered an opportunity to clean up their lives and escape the penal system.

Research Purpose

The general purpose of this research project is to explore state narcotics policy, with more in-depth research into the political and bureaucratic factors that influence Texas drug policies. This is accomplished through a case study of House Bill 1287, which requires Texas counties with a population exceeding 550,000 to establish drug court programs.

State drug policy is the focus because state legislators formulate most drug policy that is eventually implemented by bureaucracies. It is simpler to examine the consequences of state drug legislation, as states oversee their own cases of those convicted of drug use. The federal government attempts to influence state policy through funding and program recommendations. These attempts to influence point to the power states hold over drug policy. Local governments look to state policy when implementing their own programs.

Chapter Summaries

Chapter two describes the historical and legal settings for U.S. and Texas drug laws, including the formation of drug courts. Chapter three reviews literature pertaining to the political and bureaucratic influences on state drug policy and describes and defends two working hypotheses using a narrative. Chapter four introduces the case study of HB 1287 and discusses and defends the selected methodology. A table is provided that operationalizes the conceptual framework, linking it to the mode of data collection. Chapter five presents the results of the study, and analyzes and evaluates the findings for level of support for each working hypothesis. Chapter six provides conclusions to the research and offers recommendations for future studies.

Chapter II

Legal Setting

The purpose of this chapter is to provide background information on federal narcotics laws and the formation and entrenchment of drug laws in the U.S. and Texas. More specifically, this chapter examines the laws enacted concerning narcotic use in America and the social climate surrounding those laws. The years between 1965 and 2005 will be given more in-depth coverage because these years form the background for today's drug policies and more clearly demonstrate the cyclical nature of public drug tolerance and intolerance. Examining the shifts in perception towards drug users and the resulting laws seeking to control drug use presents the context of the political problems surrounding drug legislation. According to Beckett and Sasson (2004), over the past twenty years the number of people incarcerated grew by more than 300 percent. Consequently, politicians have been searching for ways to decrease crime and alleviate the amount of money spent on the prison population. David Musto (1999, 294) asserts that "American concern with narcotics is more than a medical or legal problem-it is in the fullest sense a political problem."

Drug laws in the United States seem to flow in a cyclical manner, alternating complete intolerance with renewed acceptance toward drug use. One generation seeks to exert tight control or even eliminate all forms of mind-altering substances, while the next generation views substance abuse as something to be examined and embraced. It is these cyclical viewpoints that allow the morality component of narcotic laws to waiver, depending on public opinion at the time. (A further discussion of changes to morality policies will be discussed in chapter three.) While illegal drug use was considered a

major threat by politicians in the late 1980s and drug users were subjected to strict legal penalization, drug use in today's society is viewed more through the lens of addiction rather than personal choice, and is more likely to be dealt with through rehabilitation services.

The formation of drug courts in America as a result in shifting perceptions of drug abuse is also studied. The emergence of drug courts in the U.S. led to a gradual embrace of drug courts in Texas. In 2001, the Texas Legislature passed House Bill 1287, mandating that all Texas counties with populations exceeding 550,000 must establish a drug court within their county. There are many types of drug courts including adult, juvenile and family courts. For the purpose of this paper, only adult drug courts are studied, as they are the most prominent in Texas.

Drugs and drug laws: Historic and cultural contexts

Throughout history, humans have used mind-altering substances for “stimulation, sedation, pain relief and altered perception” (KCBA 2005; Saper 1974; Carnwath and Smith 2002). Drug use occurs throughout society and is not contained by historical era, social class or economic status. But while drug use cuts across time and social standing, prohibitionist sentiments have arisen more from culture clashes than a genuine fear of the drug itself. Throughout history, drug use has been associated with unpopular members of society, such as Asian opium smokers or the “cocaine-crazed Negro.” Carnwath and Smith (2002, 50) believe that “cultures are relatively happy with their own drugs but are suspicious of those used by aliens.” This is illustrated by the fact that colonizing Europeans viewed such mind-altering substances as coffee, tea, tobacco and cocoa with

“fear and distain” because they were introduced by “savage cultures.” As a result, use of coffee and tobacco was punishable by death in parts of Europe and the Middle East until the 17th century. These actions mirror the reactions Americans had in the 1930s toward “dope fiends” and in the 1980s toward “crack heads” (Musto 1999; Goode 2004).

In America in the 19th century, narcotics were widely available and readily prescribed by physicians.² Drug abuse rose steadily due to the increased use of narcotics for medicinal purposes, the influx of opium crossing the Pacific Ocean with Asian immigrants and the introduction of the hypodermic syringe. Opium was “heavily relied upon as the most effective analgesic agent,” the popularity of heroin rose as Bayer began giving away free samples in 1898, and cocaine was heavily promoted as a stimulant and was an original ingredient in Coca-Cola. Even the U.S. Surgeon General endorsed cocaine’s use for medicinal purposes. “These drugs were used with much public indifference and very little government interference” (KCBA 2005). According to Saper (1974, 184), researchers believe that during this era, between one and a half and three million Americans were addicted to narcotics.

The fun came to an end in the late 19th century when the idea of drug prohibition evolved due to several factors, including “cultural changes that brought about the temperance movement, on the one hand, and the progressive movement on the other.” Coupled with the increased awareness of the addictive properties of heroine and cocaine, the growing concern over alcohol abuse and fear of Asian opium smokers, the “cocaine-crazed Negro and other unpopular societal sub-groups,” the movement for social control over drug and alcohol use took off (Saper 1974, Page 1999). Between 1907 and 1919,

² See Musto 1999; Goode 2004; Saper 1974; Carnwath and Smith 2002; Musto and Korsmeyer 2002; KCBA 2005

thirty nine states enacted prohibition laws. Sixty-four percent of Americans lived in “dry” territory. In **1912**, the **Hague Opium Convention** called for international regulation of opium, establishing an international legal foundation for drug laws. This negative shift in cultural perception toward drug and alcohol use coupled with public officials’ willingness to address the issue laid the groundwork for the first major U.S. drug legislation.

The **Harrison Narcotic Act of 1914** was only an act of taxation but would encourage passage of other legislation, and change drug use from a “personal eccentricity to a reprehensible and condemnable habit” by prohibiting the use and sale of particular psychoactive drugs (Saper 1974, 187). The Harrison Act created a physician registration system by which drugs obtained by addicts were to be secured through registered physicians, and allowed the federal government to tax narcotics. Because of its taxing capabilities, oversight of the Harrison Act was assumed by the Treasury Department in the 1920s, and “aggressively enforced.” The Hague Opium Convention and the Harrison Act laid the ground work for the **Drugs Import and Export Act of 1922**, which “set strict quotas on the quantity of drugs that could be imported into the United States,” and allowed “possession of narcotics without a prescription to become presumptive evidence of having imported drugs in violation of federal law” (KCBA 2005). The **Porter Act of 1930** established the Federal Bureau of Narcotics and placed Harry Anslinger in charge. Over the next thirty years, Anslinger would entrench federal drug prohibition into the bureaucracy.

During the 1930s, the public focus shifted from concern over alcohol use toward marijuana use. In 1933, the **21st Amendment** overturned the 18th Amendment and

repealed alcohol prohibition, leaving the American public to look for another villain. By 1936, all 48 states had laws regulating the use, sale or possession of marijuana. By 1937, marijuana was “touted as the foremost menace to life, health and morals in America.” Precedence from state laws led to the **Marijuana Tax Act of 1937**, which failed to make marijuana illegal but did tax the grower, distributor, seller and buyer, thus making it virtually impossible to get. The King County Bar Association (2005) details the cultural context under which the Marijuana Tax Act was passed: “reefer madness was sweeping the nation, jazz musicians were vilified and marijuana was thought to produce insanity.”

“The fascinating intrigue behind the prohibition of marijuana involved William Randolph Hearst and Lammont DuPont, as economic factors were more relevant than fear over the drug itself. Having teamed up to produce paper from Hearst’s own vast timber holdings using DuPont’s new chemical formula, they sought to eliminate hemp from the market, as the technology for producing high-quality paper from hemp had been perfected in the 1920s. Hearst used his newspapers to publish comic strips showing Mexicans smoking marijuana and raping white women, etc., and also his influence in Congress, which held only one hearing on the Marijuana Tax Act, effectively to ‘eliminate the competition’” (KCBA 2005, n.p.).

The harsh penalties prescribed for drug and alcohol users in the mid-20th century stemmed from the experiences of those who came of age between the end of the 19th century and the 1920s. These generations had first hand knowledge of the dangerous effects of drug and alcohol use and wanted to ensure that these substances would not impact future generations. Musto (1999, 245) states that the intolerance toward the use of drugs was well established by the mid to late 1920s. Members of these generations grew up with the direct knowledge of the effects drug use had on society. “Because they had lived through the drawn-out, intense experience with drugs that marked the nation’s first wave of narcotics use, peaking around the turn of the century.” Because of this direct or near-direct knowledge, the conviction toward eradicating drug and alcohol abuse from

society became ingrained. The lack of direct knowledge of the effects of drug use on society would help fuel the return of widespread drug use in the 1960s.

Drug legislation in the 1940s was virtually nonexistent due to the continuing decline in narcotic usage. “The nadir was reached during World War II; not only had usage gone down prior to those hostilities, but it declined even further as the disruption of international transportation cut down on supplies” (Musto 1999, 245; Saper 1974). But despite decreased use, anti-drug laws increased in severity from the 1930s well into the 1950s. The **Boggs Act of 1951** was the first bill to establish mandatory minimum sentences for violating federal drug laws. Further entrenching the idea of mandatory minimum sentencing and harsh punishment for violation of drug laws, the **Daniel Act of 1956** eliminated suspended sentences, probation and parole and imposed the death penalty on anyone over the age of eighteen who provided heroin to anyone under the age of eighteen. The **Drug Abuse Control Act of 1965** proved that imposing strong restrictions and limiting the supply of drugs, in this case stimulants and depressants, only served to create a black market. The limit on the number of methamphetamine tablets that could be produced led to a black market on “speed,” which has grown into the current “meth” problem in the U.S.

The Return of Drug Toleration, 1965-1985

“The 1960s broke through that brittle shell of defense, behind which lay an ignorance of drugs, perceptions so extreme as to be laughable to the new drug users, and a prison system that would be overwhelmed by a small fraction of those breaking drug laws. The renewed popularity of drugs, about a lifetime after the previous surge of interest and consumption, arrived in an atmosphere that indeed was unfamiliar to the generation that grew up in the 1920s” (Musto 1999, 246).

Narcotic use in America increased significantly in the 1960s.³ Americans saw a rise in the usage of drugs like marijuana and heroin, drugs many believed had been left in the past. Musto (1999) gives many reasons for the rise in drug use during this period. The 1960s was a decade of “enormous growth in wealth,” leading to more expendable cash for consumer goods, including drugs. The baby boomers were coming of age and entering a period in their lives where they were more susceptible to drug use and were faced with the harsh realities of the Vietnam War. Baby boomers were “encouraged to attack traditional culture” by non-traditional leaders such as Dr. Timothy Leary. They demonstrated their frustration and desire to form their own culture by participating in events like Woodstock. Older generations viewed these events and the corresponding drug use as “a symbol of rejection of traditional values and patriotism” (Musto 1999, 248).

The rapid rise in drug use during this period is illustrated by the increase in arrests at the state level for marijuana possession, which rose from 18,000 in 1965 to 188,000 in 1970, and the estimated number of heroin users, which jumped from about 50,000 in 1960 to approximately half a million in 1970 (Musto 1999, 248). “This wave of drug use alarmed most of the public and their representatives in Congress.” In response to negative public sentiment about the direction the country was moving, Richard Nixon was elected President in 1968 on a platform of restoring law and order, and moved aggressively toward stopping drug abuse by “organizing the federal and state governments to fight the onslaught of substance abuse.” This began the modern “War on Drugs.”

³ See Musto 1999; Musto and Korsmeyer 2002; Page 1999 and Saper 1974.

Nixon's strategy was two-pronged: increase the emphasis on law enforcement to curb demand and availability, and generously fund treatment centers so addicts could receive professional rehabilitation.⁴ Support for methadone treatment was also expanded. In **1970**, Congress passed the **Comprehensive Drug Abuse Prevention and Control Act** (Controlled Substances Act) that combined all earlier drug laws and ranked drugs "by a common standard of dangerousness." Bellenir (2001, chapter 7) explains how the Act established a system of five "schedules," ranking each drug depending on the addictive nature and accepted medical use, with Schedule One being "reserved for drugs with no acceptable medical use" and a high potential for abuse, such as heroin and LSD, and Schedule Five being reserved for "mixtures of low levels of narcotics such as codeine in a cough syrup." Musto (1999, 255) asserts that "this law represents a transition between reliance on law enforcement with severe penalties and a therapeutic approach-even a tolerance for at least some previously forbidden drug use."

Further proof of softening opinions occurred in **1972** when the **Commission on Marijuana and Drug Abuse** (NCMDA) released a report stating that possession of small amounts of marijuana should be decriminalized, but that possessing or dealing large amounts would still be punishable as a felony. The Commission also suggested that a single federal agency be created to deal with all drug efforts (enforcement, research and treatment), and that "possession laws should be interpreted as providing an opportunity not to punish but rather to direct users to treatment" (Musto 1999, 256). They also recommended a "moratorium on drug education efforts" such as movies and posters with drug warnings and philosophies because they were "a waste of federal money." Despite

⁴ See Musto 1999; Labrousse and Laniel 2001; Musto and Korsmeyer 2002

these recommendations, President Nixon balked at the report and stated that marijuana would never be legalized while he was president.

Americans with a tolerant view of drug use won a major ally when Gerald Ford became President in 1974. He “simply did not share Nixon’s intense anger at drug users,” and was “much more relaxed about recreational drug use.” This relaxed attitude, called “New Realism,” led to the creation of policy that acknowledged that drug abuse “was here to stay and that hopes of elimination were illusory” (Musto 1999, 256-7; Musto and Korsmeyer 2002). In 1975, the Ford administration saw the publishing of the **White Paper on Drug Abuse** by the Domestic Council Drug Abuse Task Force and agreed with the seventy-seven recommendations covering federal drug activities. The White Paper stated that “total elimination of drug use is unlikely,” but government should take action to limit the problems and “adverse effects.” The Paper also recommended that the federal government rank drug priorities and put more effort into the decreased use of the most dangerous and “destructive” drugs. The Paper failed to mention the words “marijuana” or “cocaine.”

Musto (1999, 258) believes these were significant omissions, as five years earlier, “Congress had insisted that the Commission on Marijuana and Drug Abuse give highest priority to a report on marijuana.” The omission of the word “marijuana” represented decreasing public opinion that smoking marijuana was dangerous and that the momentum of opinion was “toward the acceptance” of the drug. Cocaine, on the other hand, was only coming into wide use, and had advocates in the medical field. “A prominent drug expert, Dr. Peter G. Bourne, wrote in August 1974: ‘Cocaine is probably the most benign of illicit drugs currently in widespread use. At least as strong a case could be made for

legalizing it as for legalizing marijuana” (Musto 1999, 259). This sort of praise mirrors the praise doctors had for cocaine in the late 19th century. There was a strong push from all areas of society to legalize both drugs.

The election of Jimmy Carter in 1976 “would carry this tolerant attitude to its peak” (Musto 1999, 259; Musto and Korsmeyer 2002). President Carter’s legacy toward the War on Drugs was that he was tolerant of drug use, “particularly marijuana,” and believed that small amounts should be decriminalized. In speaking before Congress, Carter stated that “penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself. “Nowhere is this clearer than in the laws against possession of marijuana in private for personal use” (Musto 1999, 261). When Carter was accused of being soft on drugs, he pointed to the improvements made with heroin addiction.

The Revival of Abstinence and Renewed Efforts at Control

Musto (1999, 264) believes that while a change in public views toward drug use is difficult to pinpoint to any one year, “approval of drug use has declined gradually since 1978.” These attitudes are most easily seen in opinions toward marijuana, “the drug that led the demand for toleration.” “Decline in the use of drugs again appears to be associated, as it was in the 1920s and 1930s, not with indifference but with a positive antagonism to drugs, their effects, and (to some degree) those who use them.”

Parents’ groups facilitated the change in opinion toward drug use in the 1970s and 80s. Musto and Korsmeyer (2002, xxi) call this movement a “grass roots counter rebellion.” In previous generations, parents’ groups did not have the organization to effectively put their agenda before a national audience or federal lawmakers. By the

1980s, they were fed up with a drug culture that “had invaded deeply their world,” and held “stern determination to fight this menace.” Parents’ groups began to organize their political power and demanded severe punishment for drug users and dealers, particularly those who sold drugs to children. The cyclical thinking toward drug use is illustrated by the parallels between the outrage expressed over lengthy prison sentences for casual marijuana users in the 1960s with the outrage parents felt toward the blasé attitude and lenient punishment for drug users in the 1980s (Musto and Korsmeyer 2002; Page 1999).

When Ronald Reagan was elected President in 1980, parents’ groups knew they had an ideological partner in the White House (Musto 1999, Musto and Korsmeyer 2002; Page 1999). President Reagan had come of age during the last cycle of drug intolerance and his attitude toward drug use was “uncompromising.” His wife, Nancy Reagan was particularly interested in “creating an atmosphere of intolerance for drug use in this country.” Her pet project, the “**Just Say No**” campaign intensified the War on Drugs.

President Reagan pumped more funds into law enforcement and decreased funding to drug research and treatment. By 1985, 78% of the funds allocated to the drug problem went to law enforcement; only 22% went to drug treatment and prevention” (Beckett and Sasson 2004, 61). In 1986, the administration stated they would focus more energy on demand reduction, which indicated their further intent to reduce drug availability via law enforcement “rather than treatment and education about the dangers of drugs” (Musto 1999, 267).

The **Anti-Drug Abuse Act of 1986** focused on increased penalties and the **Anti-Drug Abuse Act of 1988** added more mandatory sentences, including a five-year minimum for first time offenders convicted of possession of five or more grams of crack

cocaine. The 1988 Act also added the death penalty for murders connected with drug-related felonies (Beckett and Sasson 2005, 63-5). Mandatory sentencing consequently “caused a rapid rise in the incarceration of drug offenders in jails and prisons” and have increased the average amount of time criminals spend in jail (Musto 1999, 279).

According to Bellenir (2001, 55-7), the 1988 Act included a “user accountability provision,” intended to make the public aware of the strong stance being taken by the federal government and to hold drug abusers “personally responsible for their illegal actions.”

The election of George Bush in 1988 continued intolerance toward drug use, with the President “calling on society to unite and ‘express our intolerance against drugs’” (Musto 1999, 280). The **Office of National Drug Control Policy** (ONDCP) and the position of “Drug Czar” were established as part of the 1988 Anti-Drug Abuse Act. The National Strategy outlined by ONDCP was one of zero-tolerance and expressed the view that “drug users should face the consequences of their actions,” indicating the opinion that users are fully aware and accountable for their actions. The rhetoric worked.

According to a 1989 poll taken by The Gallop Report and compiled in the Sourcebook of Criminal Justice Statistics, 27 percent of Americans felt that “drugs and drug abuse were the most important problem facing this country today.”⁵ The same poll taken in 2004 found only one percent of Americans feel that drugs and drug abuse is the most important issue facing the country.

⁵ The answer of “drugs, drug abuse” as the most important problem facing the country peaked in the 1989 poll. The next most important problem facing Americans in 1989 was “excessive government spending; federal budget deficit,” which received 7% of the vote. In 2004, “fear of war/nuclear war; international tensions” received the highest percentage of the vote, with 27%.

The legacy of the Clinton administration is mixed. Clinton grew up in the 1960s, a time when toleration of drugs was at a peak. During his election campaign, he admitted to having tried marijuana (but did not inhale). Clinton's decision to cut the ONDCP budget by 83 percent, as part of a campaign promise to cut overall White House personnel by 25 percent, seemed to signal agreement with some drug experts' recommendations "that the government treat the drug problem with 'benign neglect,' or reduce the spotlight on drugs" (Musto 1999, 282). During the first Clinton administration, the ONDCP kept a low profile due to the mild nature of Clinton's first drug czar, Lee Brown and the overpowering nature of the Surgeon General, Dr. Joycelyn Elders. Dr. Elders loudly proclaimed her belief that "we would markedly reduce our crime if drugs were legalized," which basically knocked the legs out from under Brown. During this period, marijuana use by 12 to 17 year olds nearly doubled from 11.9 percent in 1992 to 21.2 percent in 1995. Use of other substances, including tobacco, also rose. The Republicans would use this information as a key attack point on President Clinton in his 1996 reelection campaign.

"As the 1996 election year began, the Clinton Administration prepared to launch a high-profile attack on illicit drugs" (Musto 1999, 283). Not surprisingly, the only notable drug legislation passed during the Clinton Administration was the **1996 Comprehensive Methamphetamine Control Act**, which restricts access to chemicals and equipment used in the manufacture of "meth" and increases the penalties for possession of these plus the manufacture and sale of the drug. Clinton also appointed Barry McCaffrey, a retired four star general, to the drug czar position. McCaffrey let Congress know up front that he was not interested in taking an "aggressively punitive style" toward drug use.

“McCaffrey stressed during his Senate confirmation hearings that to portray the fight against drugs as a ‘war’ was to use the wrong metaphor. The confrontation would be a gradual process of changing minds, with the stress on the need for more treatment” (Musto 1999, 284).

Almost immediately, McCaffrey was faced with “an unusual form of attack on federal drug policy” (Musto 1999, 284) and another shift in attitude toward drug use. States such as California and Arizona used ballot initiatives to signal their desire for the legal use of medical marijuana. Although federal law takes precedence over state law, “these initiatives were primarily symbolic and intended to dramatize a change in public attitudes on drug control.” Because the studies conducted on medical marijuana usually involved anecdotal evidence and little scientific basis, McCaffrey granted \$1 million to the National Academy of Science’s Institute of Medicine to evaluate the medicinal claims. If the Institute could uphold the claim that marijuana had medical value, McCaffrey would favor legalization (285). During this period, voices also began to raise the issue of penalization versus treatment, and to cite current drug policy as needlessly harsh and ineffective (285-9).

It is still too early to tell what George W. Bush’s drug policy legacy will be. According to the 2000 Republican Party platform, America should return to a law and order society, with “zero tolerance” for criminals. The platform also criticized President Clinton for “slashing” drug funding and “the near collapse of drug policy.” The difference between the 1930s and the 1980s waves of intolerance toward drug use, and any shift in today’s beliefs is the overwhelming scientific evidence that addiction is a disease and should be treated as such. Simply putting someone in prison as a punishment

for breaking the law is not enough to solve America's drug problems. According to Beckett and Sasson (2004, 115), in a 2001 poll, 52 percent of respondents felt that drug use should be treated like a disease; only 35 percent favored continuing to treat drug use primarily as a crime. As will be discussed in chapter 3, drug policy is often considered morality policy, and in morality policy, science is typically ignored. The way someone *feels* takes precedence over scientific evidence. The morality component of drug policy may swing public opinion back toward total intolerance.

To summarize the cyclical nature of public opinion toward drug use and the emerging science of addiction as a disease, Musto (1999) states:

“As times change, and as drug fads decline and are replaced by health or moral crusades, one camp gains adherents, new laws are demanded and passed, old ones are abolished, and sometimes still older ones are retrieved, brushed off, and re-implemented as innovations. Meanwhile, the opposition had not entirely disappeared, but continues to fight rear-guard actions and wait for the next opportunity to prevail” (273).

As has been true throughout the twentieth century, society's concept of the nature of addiction tends to determine the thrust and content of government policy. If the addict is seen as a 'sick person,' policy will tend to emphasize treatment and perhaps even maintenance. If the addict is seen as a 'delinquent' or as one engaged in a 'vicious habit,' policy will emphasize law enforcement. Each view has been predominant at various times, and developments in medical research have been important in providing support for one view or the other” (291).

The Effects of Drug Abuse and the Disease Concept of Addiction

According to Bray and Marsden (1999), drug abuse is the number one health problem in the United States. The costs to society for drug abuse is approximately \$67 billion per year, and are largely crime related. High percentages of inmates are either currently addicted or have used drugs at some point in their lifetime. Drug abusers are considered “multiple problem populations,” meaning they simultaneously deal with health problems, legal problems, employment problems and family problems. Health problems include HIV, tuberculosis, and cardiac conditions that are exacerbated by

limited health care access and life long drug use. Not only are drug users breaking drug laws, they are typically involved in illegal activity beyond their drug use. They are often unable to hold jobs and their addiction causes stress on their families. Because of co-occurring problems stemming from drug abuse, addicts require assistance on multiple levels. “People who abuse drugs need not only drug rehab but medical care to address drug related health issues (physical as well as mental), and human service assistance for job training and placement, housing issues, etc” (Bray and Marsden 1999, 310). Drug courts were designed to address these multiple problem populations by bringing together health, legal and social professionals to help addicts address their many needs.

As Musto (1999) stated above, the concept of addiction has received great scrutiny from the medical community. As more medical reports affirm addiction as a disease, the way to deal with addiction is being reexamined (Giancola and Tarter 1999; Bellenir 2000). Where a zero-tolerance attitude once persisted in the U.S., more people are now willing to understand the complicated needs of an addict and have moved away from the belief that strict incarceration laws will solve drug problems in communities. “The disease concept of drug addiction has evolved considerably over the past two centuries in the context of medicine, public health and clinical diagnosis” (Goode 2004, 27).

As shifting attitudes toward drug use directly affect drug laws, they also affect the idea of drug abuse as a disease. In the 19th century, medical literature first introduced the idea of addiction as a disease when the country was dealing with opiate addiction. As professional opinions began to permeate, the media picked up on the ideas of addiction, which were passed into mainstream thinking. According to Goode (2004, 28), “the

disease concept gained wide acceptance as the 19th century wore on. Professionals began to specialize in the treatment of alcohol, opium, morphine, and cocaine ‘inebriety.’”

Support for a tolerant attitude toward drug use and the idea of addiction began to wane in the early 20th century when “the recognition of fraudulent patent medicine cures and pessimism regarding long term recovery contributed to a dramatic shift in the cultural perception of addiction” (Goode 2004, 29). As a result, treatment options decreased and restrictive laws increased. When the Harrison Act of 1914 went into effect, the act essentially criminalized drugs, “redefining the addict from an individual who needs treatment for a disease to a degenerate who deserves punishment for his or her intolerable vice.”

However, the cyclical nature of opinions toward drug use began to swing back around in the mid-twentieth century when renewed attention was focused on addiction. Goode (2004, 29) states that “a growing professional advocacy for medical research and a public health approach toward addiction treatment and evaluation has since taken root, and professionals in the field today widely agree that addiction is a primary, chronic disease.”

Drug addiction is now medically viewed as a relapsing disease and when compared to other chronic illnesses with the same “etiological agents, genetic influences, personal choice issues and environmental factors,” such as diabetes, hypertension and asthma, the success and relapse rates were very similar across all four diseases (Goode 2004, 35). For addicts, the use of drugs becomes a “compulsively important priority,” despite serious repercussions. “These phenomena, along with the compulsivity of use even in the face of grave consequences, are essential to understanding the nature of

addiction.” Addicts comply with a basic human need despite the fact that what they do is illegal and dangerous (27). It is this new understanding of addiction, coupled with expansion of the penal system that produced the idea that a new way to deal with addicts should be found.

Expansion of the Penal System

Between 1980 and 2001, the number of people incarcerated grew by more than 300 percent, from half a million to just over two million (Beckett and Sasson 2004, 2-4). Apprehending, processing and warehousing this many people is quite expensive. Annual expenditures on law enforcement, for example, have increased from \$15 billion to \$65 billion over the past two decades. Between 1980 and 2000, the cost of the nation’s prisons increased from just under \$7 billion to nearly \$50 billion. In 2004, it cost approximately \$30,000 to house a prisoner for a year. The U.S. now spends nearly \$150 billion annually fighting crime and drugs.

Much of the growth of prison and jail populations is a result of policies and practices that target nonviolent offenders (Beckett and Sasson 2004, 4; Labrousee and Laniel 2001, part 4). “Indeed, the U.S. now arrests and incarcerates a much larger proportion of those accused of property, public order or drug offenses than do other industrialized countries, and it does so for significantly longer periods of time.” As a result of these types of arrests, the population of non-violent offenders in state prisons has jumped from 9 percent in 1985 to 21 percent in 2001. Beckett and Sasson (2004, 161) suggest the reason for the rise in spending and incarceration rates is that “over the past three decades, politicians have kept the issues of crime and drug abuse at the top of the national agenda and framed them in ways that suggest a need for a harsher and more

expansive system of justice.” Because of the growth in the prisoner population and the increased amount of funding needed to run state jails and prisons, those in the criminal justice and legislative fields have begun to look for alternatives.

Several factors led to the drug court movement in the U.S. The recognition that addiction is a disease, coupled with the sense that current drug policy is failing caused individuals in law enforcement to search for other ways of dealing with addicts. Crowded prisons and the increasing cost of incarceration also contributed to the formation of drug courts.

U.S. Drug Courts

According to the Texas Association of Drug Court Professionals (2005, 5), “the term ‘drug court’ refers to a specialized docket that has been specifically designated and staffed to handle cases involving non-violent drug-abusing offenders through an intensive, judicially monitored program of drug treatment and rehabilitation services.” Drug courts seek to modify behavior, not just punish or dispose of drug cases. There are several types of drug courts including pre- and post-adjudication adult courts, juvenile, family, reentry, DWI and tribal courts. Each jurisdiction decides which type of court best suits the needs of the community.

History of drug treatment efforts and the drug court movement

The drug court movement stemmed from several factors.⁶ According to Sechrest (2003, 318), the public’s perception of the expanding crack cocaine epidemic in the 1980s and 1990s “appeared to drive the drug court movement.” Also contributing to the movement were the increased usage of mandatory minimum sentencing laws that reduced

⁶ Cited in Sechrest 2003; TADCP 2005; NDCI 2002; U.S. DOJ-DCPO 2000; CJPC 2002

judicial discretion, court dockets overloaded with drug offenders, overcrowded jails and prisons and the belief that “incarceration alone did not stop substance abuse and that something else had to be done” (Sechrest 2003, 319). The viewpoint that rehabilitation must be a part of any successful drug solution also came into play. “Drug courts were seen as a panacea that not only would rehabilitate drug addicts but also would reduce costs for the criminal justice system.”

The late 1960s saw an increase in alarm and disapproval toward growing drug usage in the U.S. In the early 1970s, the federal government and the National Institute of Drug Abuse (NIDA) began developing programs that linked treatment and judicial penalties “for the specific purpose of interrupting the relationship between addictive behavior and criminal activity.” The result was a program called Treatment Alternatives to Street Crime (TASC). Guidelines were developed and the first program began in Wilmington, Delaware in 1972 (Sechrest 2003, 319). The TASC approach, with its emphasis on diversion and strict accountability laid the groundwork for future drug courts.

The first “drug court” was founded in Miami, Florida in 1989. The experimental program allowed judges in Dade County to devise a plan that combined rehabilitation services with criminal sanctions for drug offenders. The judges based the program on a system used by “differentiated case management courts,” which focuses primarily on punishment for offenders. The program then added a treatment component to round out the experience. As an alternative to jail, drug offenders were identified early in the adjudication process and offered enrollment in a program that promised access to treatment under “the direct and close supervision of the judge, with assistance from drug

treatment specialists” (Sechrest 2003, 320). The program brought together judges, prosecutors, substance abuse treatment professionals, probation officers, community-based service organizations and law enforcement officials in a new team-based approach to “integrate substance abuse treatment, sanctions and incentives with case processing to place nonviolent drug-involved defendants in judicially supervised rehabilitation programs” (U.S. DOJ-DCPO 2000, n.p.). This type of program was able to meet the specific needs of addicts, many who had been using multiple kinds of drugs over many years and typically needed lengthy rehabilitation periods, often one or two years involving close supervision and drug testing.

The primary components of the drug court model include:

1. “Early identification and referral of drug-involved defendants to community based treatment” (Sechrest 2003, 321). The Texas Association of Drug Court Professionals (TADCP 2005, 5) states that immediate, up-front intervention is crucial because “addicts are most vulnerable to successful intervention during the crisis of initial arrest.”
2. “Close integration of judicial supervision and treatment” (Sechrest 2003, 321).
3. “Frequent drug testing” (321).

“The drug court model is behaviorally oriented, based on clear rules and expectations, with specific punishments imposed by the judge, using graduated sanctions for repeated noncompliance.”

Between 1989 and 2005, the drug court movement has flourished based on “cumulative experience and initial positive outcomes.” Studies have shown drug court participants have a lower recidivism rate than drug offenders who receive no

rehabilitation and the costs for participation are much lower than detention and prosecution costs.^{7, 8} The National Association of Drug Court Professionals (NADCP) was founded in 1994 to guide implementation and offer support for new drug courts. In 1997, NADCP paired with the Department of Justice to publish a manual entitled *Defining Drug Courts: The Key Components*. The manual established ten key components that all drug courts should have and would later become requirements for federal and state drug court funding⁹. Texas would codify these ten components into the Texas Health and Safety Code when drug courts were mandated for certain counties in 2001.

According to the National Drug Court Institute website, as of September 2003, there were 693 adult drug courts in operation in the U.S., with 238 in the planning stage. Over 300,000 adults have been enrolled in drug courts; 73,000 participants graduated. Table 2.1 illustrates the rise in the number of drug courts throughout the U.S., starting with only one in 1989 and growing to over 1,000 in 2003.

⁷ Cited in Sechrest 2003, 321; Goldkamp, White and Robinson 2001; Fomby and Rangaprasad 2002; Martinez and Eisenberg 2003

⁸ In August 2002, Fomby and Rangaprasad completed a cost-benefit analysis of the Dallas County DIVERT adult drug court program and found that for every dollar spent on an offender's drug treatment through DIVERT, the community can expect \$9.43 in cost avoidance over a 40-month post-treatment period. According to a study of three Texas adult drug courts issued in January 2003 by the Criminal Justice Policy Council (written by Martinez and Eisenberg), the two-year re-arrest rate was significantly lower for drug court completers versus the comparison group. (Dallas: 10.2% vs. 51%; Jefferson: 26.2% vs. 43.7%; Travis: 24.5% vs. 45.5%.) For further studies, see the National Drug Court Institute website: www.nadcp.org.

⁹ The ten key components are integration of alcohol and drug treatment services with justice system case processing; use of a non-adversarial approach; early identification and prompt placement of participants; access to a continue of treatment and rehabilitation services; frequent drug testing; govern participants' compliance; ongoing judicial interaction; monitoring and evaluating the program to gauge effectiveness; promotion of effective planning, implementation and operations; and forging partnerships with other drug courts, public agencies and community organizations (TADCP 2005, 7).

Table 2.1: Operational Drug Court Programs in the United States	
Year	Number of Established Drug Courts
1989	1
1990	1
1991	5
1992	10
1993	19
1994	40
1995	75
1996	139
1997	230
1998	347
1999	472
2000	555
2001	847
2002	1,048
2003	1,183*

Source: National Drug Court Institute
<http://www.ndci.org/courtfacts.htm>
 *Totals include adult, juvenile, family, combination and tribal drug courts

Texas Drug Courts and HB 1287

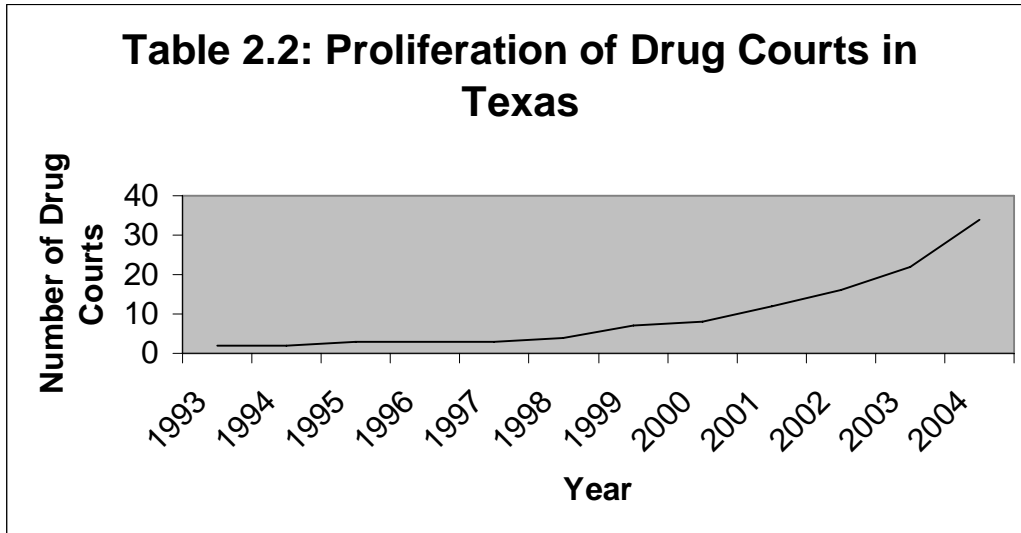
Due to the positive attention that drug courts were receiving, Texas established its first two drug courts in 1993.¹⁰ Five additional drug courts were started within the next five years. In response to widespread recognition as an effective treatment strategy, in 2001 the 77th Texas Legislature passed House Bill 1287 (HB 1287), which mandated counties with a population exceeding 550,000 establish a drug court program by September 1, 2002. All other counties could establish drug courts on a voluntary basis.

¹⁰ The first two Texas drug courts were established in Jefferson and Travis counties.

HB 1287 codified the ten key components outlined by the Department of Justice into the Texas Health and Safety Code, chapter 469. The bill states that drug court programs are to be established for “persons arrested for, charged with, or convicted of” an offense in the use, possession or sale of alcohol, a controlled substance, or marijuana; or an offense in which the drug or alcohol “contributed significantly to the commission of the offense.” If the offender was “carrying, possessing, or using a firearm or other dangerous weapon,” used force against another person or caused the death or serious injury to another person, the offender is not eligible for participation in a drug court. The Legislature also granted funds of \$750,000 for annual appropriations to Texas drug courts. The Criminal Justice Division of the Office of the Governor was given oversight for state and federal drug court funding. Other funding sources include local funding and fees collected from participants (CJPC 2002, 11).

In 2003, the 78th Texas Legislature enacted HB 2668, which mandated treatment for first-time, low-level, non-violent drug offenders. According to the Texas Association of Drug Court Professionals (2005, 4), HB 2668 “in effect paved the way for statewide implementation of the drug court model.” TADCP reports that as of December 2004, Texas had 34 active drug courts serving 20 out of 254 counties. Thirteen courts are in the planning stages (4-5).¹¹ Table 2.2 illustrates the growth of drug courts in Texas. However, Texas still lags behind other states of comparable size and population in the number of operating drug courts.

¹¹ See Appendix A for listing of Texas drug courts.



Source: Texas Association of Drug Court Professionals
Planning and Implementing Drug Courts in Texas: A Resource Guide, pg. 5

Conclusion

The historic and cultural settings of American drug laws provide a background for understanding current narcotic legislation and offer a perspective on the trends of future legislation. This history illustrates that political party stance toward drug use is influenced by popular opinion. Although both Ford and Reagan were Republican presidents, they had radically different ideas on how to handle drug abuse. These ideas were shaped both by personal ideology and public opinion at the time they were in office.

The history of narcotic laws also demonstrates how influential agencies can be in shaping public policy. Henry Anslinger, the first head of the Federal Bureau of Narcotics, is credited with having as much control over drug policy as any politician within the period between 1930 and 1960. Anslinger used his dominance to influence narcotic legislation at both the federal and state levels. He also used the Bureau to swing

and solidify public opinion. Saper (1974, 189) states that “the Bureau of Narcotics ground out immense amounts of propaganda which was quickly picked up by popular magazines of the period. The crazed, vicious sex fiend image [of drug users] took hold in the public’s imagination.” Although the relationship has changed, state and federal agencies dealing with narcotic use still work closely together.

Chapter three further examines how politics and bureaucracy influence narcotic policy.

Chapter III

Conceptual Framework

The purpose of this chapter is to review the relevant literature on illegal drug policies at the state level, and using this literature, develop a conceptual framework. The conceptual framework allows working hypotheses to be created and studied. Two working hypotheses were formed that examine narcotic policies at the state level. Working hypothesis one examines the political factors that influence drug policy and has two sub-hypotheses that further study the impact of political party and party competition on policy. Working hypothesis two considers the bureaucratic factors that influence drug policy and has three sub-hypotheses that give attention to the influences of state agency resources, federal agency influence and the quantity and types of state agencies involved with drug policy. Two tables are presented that link the working hypotheses and sub-hypotheses to the literature.

Morality Policies

Mooney (2001b, 8) defines morality policy as a public policy that “involves clashes of first principle on technically simple and salient public policy with high citizen participation.” Morality policy is characterized by debate over principles, in which one advocacy group frames an issue in a moral light and uses moral arguments to achieve a desired outcome.¹² Because these issues are defined by inherent “right or wrong” arguments, morality policies cannot be resolved by debate, as neither side will be willing to concede their most fundamental values. These deeply rooted beliefs are how a person

¹² See Mooney 2001b; Meier 2001; Studlar 2001; Meier 1994; Licari and Meier 1997; Mooney and Lee 1995; Tatlovich and Daynes 1998.

defines him or herself and his or her place in society, and are tied to the “primary identity” of race, gender, sexuality and especially religion.

Some commonly agreed upon morality policy characteristics include:

1. A high degree of public salience.
2. A higher degree of citizen participation. Citizens have more incentive to become involved in the debate because their values are being threatened.
3. No information barriers. Morality policies are technically simpler than non-morality policies because information barriers do not limit who can be informed.¹³ You do not have to be an expert to hold an “informed” opinion.

Mooney (2001b, 4) goes on to explain the urgency behind morality policies.

“In a homogeneous society, in which most people share basic values, rarely are these first principles the subject of political controversy. Only when values are threatened do they need to be codified. And when threats to basic values do occur, they cut so deeply into the core of a society that their codification appears imperative, literally to save the world as it has been known. These values define not only who each individual is and his or her place in society but in society itself. If these values change, then society changes. Nothing is certain anymore. It is as if Newton’s third law of motion was suddenly repealed.”

In today’s society, the most highly visible morality policies include abortion, capital punishment, gay marriage, and sex education. However, morality policies vary over time, both in topic and degree. Policies can change from morality to non-morality and vice versa due to a shift in public perception, redefining or impact on basic values. As religious groups have redefined stem cell research as a procedure jeopardizing human life, this issue has moved from a non-morality to a morality policy. Alcohol prohibition

¹³ See Mooney 2001b; Meier 2001; Studlar 2001; Meier 1994; Licari and Meier 1997; Mooney and Lee 1995; Tatlovich and Daynes 1998.

was once a prime moral controversy but has shifted into the non-morality category (Studlar 2001, 41). Drug abuse is also an issue that has gradually begun to fall away from the morality category. This can be seen in the decreased amount of literature devoted to the morality aspect of drug laws.

When it comes to morality policies “the key issue is framing and whether or not one group is successful in framing the issue as one of sin” (Meier 2001, 25). Issue framing makes shifts in morality policy possible, as viewed in changing drug policies. Today, the issue of drug use and abuse isn’t as contentious as other hot-button morality policies. This wasn’t always the case. In America’s history, drug use has been viewed in both lax and stringent lights. The threat from “dope fiends” and “crack heads” has changed over the years because of changing perceptions about drug use. In today’s society, drug abusers are more often looked upon as addicts who need professional medical assistance to overcome a disease. Lawmakers have caught on to the wave of changing perceptions toward drug use and have begun to slightly alter their political stances, acknowledging the need for rehabilitation programs while still clinging to the “tough on crime” stance.

Meier (2001, 25) believes that “alternative frames of issues clearly have policy implications. Viewing alcoholism as a disease suggests that treatment is the preferred policy option. Viewing alcoholism as a moral failing implies that law enforcement should be used to discipline the individual drinker.” It is hard to imagine a total political shift in drug policy, as no politician wants to be considered “soft on crime.” And the fact that drug use affects all segments of the population, not just the homeless, inner city residents or youth, makes the problem of illegal drug use an important issue to be dealt

with by elected officials (Bray and Marsden 1999, 304). Using all of the converging ideas on drug use, politicians must create public policy.

Bureaucracies set policy in motion and deliver a tangible product using the laws and guidelines set out by the legislature. Thus, bureaucracies are also forced to deal with morality issues because they are the organizations that are tasked with carrying out policy. Agencies can be just as influential in the policy process as elected officials.¹⁴ Elling (1999, 290) states “the difficulty of crafting complex policy in the modern era, combined with the fact that nonadministrators control resources crucial to administrative success, causes many administrators to believe that policy making cannot remain the sole preserve of elected officials.”

This chapter presents working hypotheses that investigate the political and bureaucratic influences on state drug policy, as well as examines some organizations, ideologies and actions that influence this policy. State drug policy is emphasized because state legislators formulate the bulk of drug policy that is put into place by bureaucracies. It is simpler to examine the consequences of state drug legislation, as states oversee their own cases of those convicted of drug use. The federal government attempts to influence state policy, which points to the influence the state holds over drug policy. Local governments look to state policy when implementing their own programs.

¹⁴ For the purpose of this paper, the term bureaucrat will refer only to those people who are non-elected government officials working in a bureau or agency. The term bureaucracy will refer to the operations within those bureaus or agencies. “Bureaucrat” and “bureaucracy” do not encompass any elected officials or any administrative or legislative processes undertaken by those officials. The terms bureau and agency may be used interchangeably.

Conceptual Framework

Because the research purposes are exploratory, the conceptual framework uses working hypotheses. Shields (1998, 211) states that working hypotheses are “extremely compatible with research in public administration” and that working hypotheses can guide the research process. The working hypotheses are not ends in themselves but means to greater understanding.

In consideration of Texas drug policy, this study develops two working hypotheses, with two and three sub-hypotheses, respectively. Conceptual framework tables illustrate the working hypotheses and the link the hypotheses to the relevant literature. A narrative of these tables develops and justifies the working hypotheses.

Political Factors Influence Drug Policy

The first purpose of this study is to explore the political factors that influence drug policies at the state government level. The factors include political party affiliation and level of political party competition, and are summarized in working hypothesis one and its two sub-hypotheses. This section develops a set of working hypotheses to explore how politics influence drug policy.

The two political groups studied are state legislatures and state governors. Both legislators and the governor hold political power, which makes their viewpoints and actions worth studying. American governors have gained more power in the twentieth century and are usually seen “as the most powerful political personality in most states; the state’s legislature, bureaucracy, press, politics and policies are affected by or bear the imprint of the governor” (Beyle 1999, 191). Governors have budget authority over their

own office and may make budget recommendations for the state (Beyle 1999, 211; Cope 1991, 115). The Texas governor offsets his limited budget authority with substantial veto power, giving him further influence in state policy formation (Beyle 1999, 211).¹⁵ Beyle notes that governors have begun to put together “aggressive” policy teams, which can steer departments and agencies in the direction of policy implementation. This adds another dimension of power to his office (220).

The legislature is equally important in forming policy.¹⁶ “They are at the center of the [policy making] process” (Hamm and Moncrief 1999, 178). The legislature has the power of administrative oversight, which allows them to look into the affairs of state agencies to ensure policies mirror the original intent (179). Further increasing legislative power is the fact that most fiscal decisions are made by this body (Cope 1991, 115). Budgeting in Texas is dominated by the legislature.

Benoit (2003, 270) asserts that “like other social policies, drug policy is the product of the legislative process, and its variations are shaped by the ways in which political institutions mediate the fortunes of policy agendas.” Thus, one would expect:

WH1: Various political factors influence state drug policy. (See Table 3.1 for complete framework.)

Political Parties

Political parties play an important role in democracy (Harrigan and Nice, 2004; Schraufnagel and Mondak 2002). “The great contribution that political parties make to democracy is that they nominate candidates for public elective office, help those candidates win, educate the public about the candidates and issues of the day, and

¹⁵ Beyle also points out that another advantage of being Texas governor is unlimited reelection opportunities.

¹⁶ Cited in Hamm and Moncrief 1999; Cope 1991; Benoit 2003

organize the government once the election is over, or at least they try to” (Harrigan and Nice 2004, 102). According to Bidy and Holbrook (1999, 67) “political parties permeate every aspect of state government.” Erikson et al (1993, 96) further note “it is difficult to envision representative democracy in complex societies without competitive political parties.”

When running for election, it is important for politicians to align themselves with a political party. Harrigan and Nice (2004, 106) point out that the party label is extremely valuable and “for all practical purposes, one usually cannot get elected to the governorship or the state legislature unless one has been nominated by the Republican or Democratic party.”¹⁷ Bidy and Holbrook (1999, 67) concur that Republicans and Democrats make the major political decisions.

The party a candidate aligns himself or herself with generally depends on which party represents more of his or her own personal values. Democratic beliefs tend to lie more on the liberal or left side of issues, whereas Republican beliefs tend to lie more on the conservative or right side of issues. Thus, the Democratic party tends to hold more liberal beliefs while the Republican party tends to hold more conservative beliefs. A majority of politicians would consider themselves to hold centrist beliefs when it comes to most issues. However, issues with morality components, such as drug policies, tend to drive these same people to one definitive side. Both national and state political party platforms illustrate the differences parties take toward morality issues.

When asking if it matters which party controls the state government, Harrigan and Nice (2004, 111) say that it does. They assert that in many states “the parties differ sharply in ideology,” and the party in power can have significant control over the

¹⁷ Exceptions to this rule include Nebraska and Louisiana

direction of policy formation. Schraufnagel and Mondak (2002, 489) noted in their study that on any given issue, there is an 80 percent likelihood that a representative will “take a position more consistent with the consensus view of his or her own party.” A Republican-controlled state may be more likely to pass laws mandating strict punishment and long prison sentences for drug offenders (Meier 1994). Consequentially, if the state policy goal is to eliminate drug use through criminalization or prohibition policies, “state funded measures to address the health consequences of drug use are minimal” (Benoit 2003). The Republican “tough on crime” stance would not necessarily incorporate a program, such as drug courts, that offer rehabilitation services. Thus one would expect:

Working Hypothesis 1a:

Political party affiliations affect drug policy.

Level of Party Competition

Schraufnagle and Mondak (2002, 479) believe that “effective representation requires both that representatives from competing parties offer distinct positions and that those differences be sufficiently transparent for voters to hold a party’s elected officials accountable for their actions.” Within the scholarly literature on the subject of party politics, many studies find competition between political parties affects policy.¹⁸ The most notable and often cited scholar on this subject is V.O. Key.¹⁹

Party competition comes in many forms (Harrigan and Nice 2004; Bidy 1999). The most obvious example is competition between parties. But competition can also occur between separate arms of the government, such as the legislature and the governor.

¹⁸ Cited in Bidy and Holbrook 1999; Meier 1994; Harrigan and Nice 2004; Erikson et al 1993; Beyle 1999

¹⁹ For a sample of V.O. Key’s study on political parties, see *Southern Politics: In State and Nation*. New York: Knopf, 1949.

Typically this happens when a majority of one party rules the legislature, and the governor represents the opposing party. Competition can also come from within the same party. When a single party holds all the power in the state, sub factions of opinion often emerge from within the party. Beyle (1999, 221) states “ideological factions can splinter a majority party’s control of the legislature and be just as debilitating to the Governor [as competition from another party].”

Strong two-party competition favors voters.²⁰ When two parties hold equal power, citizens can solicit both sides, thus creating more responsiveness. The “electoral incentive for ideological moderation” overrides the “political ideologues’ purity” (Erikson et al 1993, 97). Elected officials become more responsive because of reelection competition (Meier 1994 and Benoit 2003). Welfare and educational benefits also go up when strong party competition exists.²¹ Hannigan and Nice (2004, 108) maintain that for many years, the South was dominated by the Democratic party, but has seen “powerful growth” from the Republican party. They now report that it has become an area of competitive, two-party systems.

Dozens of policies compete for political agendas and no politician can address every concern or viewpoint (Meier 1994). When a politician’s party has political control of the group in which they work (e.g. House or Senate), the politician is less likely to put forth legislation with a morality component. Single party governments have no incentive to be responsive to citizen groups because their officials either do not care about being reelected or do not fear reelection defeat. When there is no competition, personal

²⁰ Harrigan and Nice 2004, 110; Meier 1994, 17; Bidy and Holbrook 1999, 91

²¹ Harrigan and Nice 2004, 110; Key as cited in Harrigan and Nice 2004, 110

agendas emerge, switching the focus from constituent wants to politician wants.²²

“Elected officials in uncompetitive regimes will pursue their own agenda items rather than those advocated by others” (Meier 1994, 13).

Drug control priorities are rare in uncompetitive political times, however they become increasingly visible in highly competitive times. When party competition increases, “policies will be adopted that stress law enforcement strategies to drug control” (Meier 1994, 13). No politician wants to appear soft on crime in an election year.

Thus, one would expect:

Working Hypothesis 1b:

Political party competition affects drug policy.

Table 3.1 summarizes the working hypotheses designed to focus inquiry into drug policy formation and lists the corresponding literature that ties to the hypotheses.

²² Meier 1994, 13; Erikson et al 1993, 97; Harrigan and Nice 2004, 75

Table 3.1: Links to the Literature for Purpose 1: Exploring political factors that influence state drug policy.

Working Hypotheses	Corresponding Literature
<p>WH1: Various political factors influence Texas drug policy.</p>	<p>Meier (1994) Benoit (2003) Bidby and Holbrook (1999) Beyle (1999) Hamm and Moncrief (1999) Erikson et al (1993) Cope (1991) Koven (1999) AED (2000) Hannigan and Nice (2004) Schraufnagel and Mondak (2002)</p>
<p>WH1a: Political party affiliation affects drug policy.</p>	<p>Harrigan and Nice (2004) Schraufnagel and Mondak (2002) Bidby and Holbrook (1999) Erikson et al (1993) Meier (1994) Benoit (2003)</p>
<p>WH1b: Political party competition affects drug policy.</p>	<p>Schraufnagle and Mondak (2002) Harrigan and Nice (2004) Bidby (1999) Beyle (1999) Erikson et al (1993) Meier (1994) Benoit (2003)</p>

Bureaucratic Factors Influence Drug Policy

The second purpose of this study is to examine the bureaucratic factors that influence state drug policy. The factors this paper examines are the influence of state agency resources, level of federal involvement in state affairs and how the quantity and types of state agencies affect drug policy. The factors are summarized in working

hypothesis two and its three sub-hypotheses. All hypotheses are taken from relevant literature on the subject and link directly to this research purpose.

Bureaucracy, Agencies and Programs

Bureaucracy is “government characterized by specialization of functions, adherence to fixed rules, and a hierarchy of authority.”²³ As defined by Browne (1980, 10-11), bureaucracy is an abstract term and refers only to the “general position that an administrative organization occupies as a part of a government. Like the term ‘government,’ the term ‘bureaucracy’ has a collective meaning, not a singular one.”

The actual units that are involved in policy formulation are called bureaus or agencies²⁴. These bureaus form individual groups dedicated to broad policy areas, such as law enforcement or health care and are tasked with overseeing general responsibilities within this area (Browne 1980; Elling 1999). Operating within bureaus are programs. A program’s focus is narrower and concentrates on a particular area within the bureau. “Programs are the specific assignments that allow the bureau to undertake tasks within its area of expertise after problems have been identified (Browne 1980, 12).

In terms of policy implementation, agencies and their employees play a very important role.²⁵ Policy is a term that describes only the “general guidelines, or goals, that give direction to specific programs” (Browne 1980, 15). Agencies are the groups that mold policy into these specific, useable programs. As a program is utilized, only then can the real implications of a policy be seen (Browne 1980; Elling 1999, Kaufman

²³ As defined in Merriam-Webster’s 11th edition collegiate dictionary

²⁴ The terms agency and bureau will be used interchangeably in this paper. Other names include divisions, authorities, task forces, services, offices, foundations, corporations, commissions, institutes and departments (Browne 1980, 12).

²⁵ Sources touting the importance of agencies include Kaufman 2001; Elling 1999; Browne 1980; and Meier 1994).

2001). Browne (1980, 15) asserts that “although bureaus are not direct policy makers, policy would be impossible without them.”

The legislature rarely defines policy programs in narrow terms.²⁶ Elected officials realize their knowledge on specific program areas can be limited and “often grant agencies broad authority to develop the procedures and regulations necessary to implement programs” (Benoit 2003, 291). After a policy has been formulated, administrative questions still remain on how to fund, staff and administer policy, and how to receive compliance when policies are enacted. “Decisions on these matters are largely in the hands of state bureaucrats” (Elling 1999, 268).

State agencies are tasked with policy implementation for the following reasons:

1. “*Career bureaucrats often know best how to deal with problems*” (Elling 1999, 291).

Browne (1980, 6) concurs that bureaucrats are “influential participants” in decision making because “others rely on their expert advice and warnings on matters about which they lack first hand knowledge.” Bureaucrats have more training, expertise and focused knowledge in the field in which they work, versus politicians who generally have broad knowledge on various topics (Kaufman 2001).

2. “*State agencies possess discretionary authority*” (Elling 1999, 291).

As stated previously, no law is so narrowly defined that some interpretation isn’t needed. Agencies must follow the law as written. If a law is narrowly defined, administrators are forced to implement programs exactly as dictated by the legislature. If laws are broadly defined, administrators have the freedom to respond

²⁶ Cited in Benoit 2003; Browne 1980; Elling 1999; Meier 1994; and Kaufman 2001.

to the needs of clientele and employee feedback, and tweak programs if necessary (Elling, 1999; Meier, 1994; Kaufman, 2001).

3. “*Agencies sometimes develop constituencies that contribute to administrative influence in policy making*” (Elling 1999, 291).

Agencies are able to receive feedback from constituents and respond to requests or complaints by modifying policy if need be. Constituents can also lobby their elected officials on behalf of agencies (Koven 1999; Kaufman 2001). Thus, one would expect:

Working Hypothesis 2:

Various bureaucratic factors influence Texas drug policy implementation. (See Table 3.2 for complete framework.)

Agency Resources

Agencies come in all shapes and sizes. Some state agencies are quite small and focus on one specific area of regulation or have very few members to regulate. Others are quite large with budgets in the millions of dollars, dozens of programs and thousands of constituents. An agency can become powerful through both the size of its budget and its influence over the budgeting process. Koven (1999, 13) believes that “budgeting is influenced by the ability of groups to mandate that a budget document will reflect their personal interests.” He calls these groups the “power wielders.” Other resources available to an agency, such as enough employees to staff all programs, employees dedicated solely to indirect lobbying and a supportive constituency, can influence policy

formation and implementation.²⁷ Agencies with these types of advantages have more control over the quality of the programs they oversee and more leverage to acquire any future resources.

When an agency has a large budget, they can afford to hire more personnel to implement and oversee numerous programs (Koven 1999; Lee 1992). In the case of agencies dealing with law enforcement, high numbers of personnel are required (Meier 1994). Because criminal justice employees are needed for undercover drug buys, arrests and paperwork, manpower is often more important than new technology. Thus, a large budget could translate into needed manpower.

Large budget agencies also have the resources to hire legislative aides and policy planners, granting higher visibility among elected officials (Koven 1999; Lee 1992; Kaufman 2001). They form a type of interest group. Browne (1980, 65) believes that through these specialized employees “the bureau gains political support from bureaucratic allies for use in its dealings with the chief executive, legislators and interest group representatives.” Employees in these roles concentrate exclusively on obtaining needed tools, such as budget increases, from politicians so that programs can be implemented as the agency envisions them (Lee 1992, 20). Agencies with large scale organized interests and staff dedicated solely to pursuing legislative support are able to “augment their leverage in the formation of policy” (Kaufman 2001, 23). Large agencies are also able to staff a public relations office that allows the agency to “project a favorable image to clients and allies” (24).

Larger agencies also serve more constituents and are able to build strong alliances with the groups they serve. Consequently, elected officials want to partner with the

²⁷ Cited in Elling 1999; Benoit 2003; Koven 1999; Hanson 1999; Meier 1994; Browne 1980; and Lee 1992

agency to make services available and show their constituents that they care about the programs offered. As previously noted, constituents can contribute to administrative influence in policymaking (Elling 1999, 291). With a supportive and vocal constituency, an agency can gain further visibility and political clout (Koven 1999, 13). Thus, one would expect:

Working Hypothesis 2a:

Agency resources influence state drug policy implementation.

Level of Federal Bureaucratic Involvement

“Cooperative federalism” has been growing since the 1930’s, due to the increased interaction between federal, state and local governments dealing with “the nation’s domestic problems” (Harrigan and Nice 2004, 40). State bureaucracy has grown both in numbers and complexity since the 1950’s²⁸ due to federal funding to states through grants-in-aid.²⁹ Harrigan and Nice (2004, 40) believe that “the major device for implementing cooperative federalism is the grant-in-aid. A grant-in-aid is a federal payment to a state or local government for some activity, such as building and maintaining the Interstate Highway System.” Most state agencies, including law enforcement and health agencies, receive grants from the federal government to subsidize programs (Hanson 1999, 39).

Two types of grants-in-aid are available to states: categorical grants and block grants (Harrigan and Nice 2004, 41). Categorical grants are used for a specific activity and cannot be used for any purpose not specified in the program. Block grants can be

²⁸ Harrigan and Nice 2004, 40; Elling 1999, 268

²⁹ Cited in Browne 1980; Harrigan and Nice 2004; Hanson 1999

used for a wide variety of purposes, typically within a specified functional area such as law enforcement, and have less stringent guidelines for use.³⁰ By 2000, the federal government was spending over \$280 billion on grants-in-aid each year (42).

State agencies rely on this type of funding to run some of their programs. Federal agencies use this reliance on funding as leverage to expand influence on state and local policy.³¹ Hanson (1999, 39) refers to these grants as “inducements” and states that “these programs are voluntary, but in virtually all cases the amount of assistance is attractive enough to enlist state and local participation-under the supervision of national agencies, and subject to national guidelines, of course.” Due to more conservative politicians taking control of federal and state governments, the trend has been to shift more power to the state and local governments. This has been termed the “devolution revolution” (32). Although it may seem that the federal government is losing power to the states, the Feds still have ways of maintaining power through monetary support.

Because of the dangling carrot, states look to federal money to support certain programs that could not be implemented without it. To receive these grants, states must follow “extensive federal guidelines stipulating in minute detail how the programs should be administered” (Harrigan and Nice 2001, 41). Thus, the federal government uses the grants to control state policy implementation. Harrigan and Nice (2001, 42) believe that “states are sometimes under considerable pressure to spend money to meet the policy goals established by the national government,” and Elling (1999, 293) concurs by asserting that “agencies that depend on the federal government for much of their funding reported substantially more federal agency or congressional influence.” The Department

³⁰ State officials generally prefer block grants to categorical grants because of their flexibility. (Harrigan and Nice 2004, 41).

³¹ Cited in Browne 1980; Elling 1999; Harrigan and Nice 2004; and Hanson 1999.

of Justice Drug Enforcement Agency (DEA) uses inducements to state police forces for compliance and assistance with international drug trading, and health agencies use inducements to local governments for treatment options. Using grants, federal agencies can directly influence state agency policies by steering programs toward federal goals (Hanson 1999, 39).

The majority of literature on this subject asserts that the federal government uses monetary aid to influence state decisions and can punish agencies for not obeying strict grant guidelines or diverting programs away from federal intentions by withholding funding, essentially ending certain programs.³² While Harrigan and Nice (2004, 42) agree that federal funding can influence state programs, they believe the influence should not be overstated.³³

The federal government may also use leadership clout to influence state bureaucracies. Meier (1994, 15) asserts that local and state governments often look to federal legislation for guidance on drug policies. Although federal and state governments adopt their own separate laws, they are encouraged to work together because of limited resources at both ends. Because state and local governments have more discretion in implementing drug policy, the federal government may try to influence this policy because it is more flexible. They may encourage local law enforcement to dedicate more resources to drug enforcement because they have more volition over policy priorities. Because of this cooperation, local and state governments may be more inclined to change

³² Statements of this nature can be found in Meier 1994; Browne 1980; Hanson 1999, and Elling 1999.

³³ Harrigan and Nice point out that many grants are for relatively small amounts of money, state governments can decline the grant-in-aid if the package is not attractive, national guidelines are not always vigorously enforced and withholding of grant money is not something that is often done. They further state that “state and local officials who dislike a federal policy may drag their feet or put forth only very limited efforts to carry it out” (42).

their policies. Meier (1994, chapter 3) states that federal activities are a major determinant in state drug arrests. “An increase of one case in the federal enforcement rate is associated with an increase of 25.9 in the state arrest rate” (84).

Because of the preponderance of evidence pointing to federal influence through grants-in-aid, and federal guidance of state and local governments concerning drug policy, one would expect:

Working Hypothesis 2b:

Federal agency involvement influences state drug policy.

Number and Type of Agencies

The reason for the numerous bureaus that operate within a state is because of the specialized work that each does. Browne (1980, 13) believes that “the vast number of bureaus is easily understood if one reflects on their assignments and responsibilities. Bureaus have become government’s resident specialists on various societal problems.” Each agency is tasked with oversight of a specific policy area. However, agencies are rarely tasked to implement a policy without some cooperation from other agencies. Agencies more commonly work together to implement and run programs (Elling 1999, 268). “The complexity of the bureaucracy means that each bureau must deal with a variety of other organizations” (Browne 1980, 65).

Cooperation between agencies can be vertical or horizontal (Browne 1980, 74). Horizontal cooperation is important because information passes horizontally from agency to agency, allowing research, discoveries and program advice to be shared by all. Agency constituents may also be dealing with problems that span the jurisdiction of

many agencies, as is the case with drug addicts (Bray and Marsden 1999, 196 & 309). Drug abusers are “multiple problem populations,” and most have come in contact with the criminal justice system and health organizations, sometimes simultaneously. Due to multiple problem populations, agencies must work together to encompass and address the needs of these people.

Vertical cooperation is equally important and can either flow from top to bottom or vice versa. In the case of drug policies, states typically look to the federal government for guidance in establishing policies, as well as funding programs. Local governments in turn look to state law to establish programs. State governments often get feedback from local authorities on policies and programs that need changing.

A major constraint on agency programs is funding.³⁴ Agencies are limited by budget allocations, and in times of budget crises, budget offices typically make huge cuts to agencies, rather than small cuts to selected programs (Lee 1992, 20). In a financial downturn, agencies must compete for a smaller piece of the pie. Agency heads can be expected to act in the best interest of their own agencies and, if needed, will push budget offices for more funding (Benoit 2003; Lee 1992). However, if state dollars are limited, agencies must compete for funding (Benoit 2003; Koven 1999; Kaufman 2001).

In terms of drug policy, two types of agencies (law enforcement and health) are typically tasked with implementing drug programs (Benoit 2003). Legal institutions include police, courts and prisons, and are responsible for enforcing criminal policy provisions and upholding citizens’ rights. The medical sector includes public health institutions, whose main responsibility is addiction treatment. Both groups may sponsor drug prevention programs. Benoit (2003, 270) asserts that “drug policy everywhere must

³⁴ Cited in Browne 1980; Lee 1992; Koven 1999; Meier 1994 and Kaufman 2001

manage the tension between the state's interest in protecting public health and maintaining public order." Despite the cooperation that typically occurs between agencies, those of different ideologies may be pitted against each other for funding (Koven 1999, 24). Kaufman (2001, 31) maintains that "each class of services competes with the others for a share of public revenues, and while the activities of each impinge on others, each also has its distinctive perspectives and emphases and goals." The quantity of enforcement and health agencies can also further cut into budgets, causing even more competition for funding.

Law enforcement agencies must uphold the law and primarily view drug users as criminals (AED 2000, 14-15). Health organizations view drug users as addicts who need medical attention to treat an illness. Because of these divergent ideologies, law enforcement agencies and health organizations will compete, sometimes fiercely, for funding in times of financial downturn (Kaufman 2001, 31). Current funding priorities tend to lie with drug enforcement (AED 2000, 15; Benoit 2003, 272). However, health agencies are making a case that more prevention and treatment programs are needed. As agencies compete for funding, those that recommend medical treatment will attempt to move funding away from law enforcement (Meier 1994, 15). As treatment bureaucracies grow, fewer resources will be allocated to law enforcement agencies, resulting in the decline of criminalization policies. Thus, one would expect:

Working Hypothesis 2c:

The quantity and type of bureaucracies influence state drug policy implementation.

Table 3.2 summarizes the working hypotheses designed to focus inquiry into drug policy implementation and lists the corresponding literature that ties to the hypotheses.

Table 3.2: Links to the Literature for Purpose 2: Exploring bureaucratic factors that influence state drug policy.

Working Hypothesis	Corresponding Literature
<p>WH2: Bureaucracies influence Texas drug policy.</p>	<p>Meier (1994) Elling (1999) Benoit (2003) Browne (1980) AED (2000) Kaufman (2001) Koven (1999) Hanson (1999) Lee (1992) Harrigan and Nice (2004) Bray and Marsden (1999)</p>
<p>WH2a: Agency resources influence state drug policy.</p>	<p>Koven (1999) Lee (1992) Browne (1980) Kaufman (2001) Elling (1999)</p>
<p>WH2b: Federal agency involvement affects state drug policy.</p>	<p>Harrigan and Nice (2004) Hanson (1999) Elling (1999) Meier (1994)</p>
<p>WH2c: The quantity and type of agencies influence state drug policy.</p>	<p>Browne (1980) Bray and Marsden (1999) Lee (1992) Benoit (2003) Koven (1999) Kaufman (2001) AED (2000)</p>

Conclusion

In summary, this chapter outlines in broad terms two major factors shown to influence state narcotics policy: politics and bureaucracy. All hypotheses were formed using the conceptual framework that was developed from the relevant literature. The political factors that influence drug policy include political party affiliation and the level of political party competition. The bureaucratic factors that influence drug policy include state agency resources, federal agency involvement and the quantity and types of bureaucracies.

The next chapter will bring more focus to the working hypotheses by introducing a case study of HB 1287. This narrowing of focus moves the research from one of general concepts to more narrow scope. Through focused interviews and document analysis centered on HB 1287, the conceptual framework becomes operationalized.

Chapter IV

Methodology

Chapter Four is a discussion of the case study methodology used to test the hypotheses in the research, and includes an operationalization table of the conceptual framework. Tables 4.1 and 4.2 show how WH1 and WH2, respectively, are operationalized. WH1 has two sub-hypotheses and WH2 has three sub-hypotheses. All hypotheses were tested using interviews and document analysis. The remainder of the chapter provides a justification for the selected methodology.

The focus of this study is centered on Texas House Bill 1287 (HB 1287), which was enacted into law during the Texas 77th Legislative Session. According to the Office of House Bill Analysis, HB 1287 amends the Health and Safety Code to authorize a county commissioners court to establish a drug court program for offenders convicted of possession of certain types and amounts of controlled substances and marijuana. A case study design was used to determine the level of support for the working hypotheses. A case study uses real life context to uncover certain phenomenon and lends itself to multiple approaches, therefore building a comprehensive research strategy (Yin 1994, 13). Because the research is of an exploratory nature, narrowly defined working hypotheses would restrict the research process; therefore open-ended, generalized working hypotheses were developed to allow for a more preliminary study of the topic. In order to operationalize the conceptual framework, the scope of research was then narrowed to focus on HB 1287. Both focused interviews and document analyses were used because multiple sources of evidence reduce the weakness associated with a single methodology (Shields 1998).

Focused interviews were used as the primary source of information. Open-ended interview questions were derived from the literature review and were designed to provide evidence that would test the working hypotheses. All questions seek to gauge the level at which certain distinct factors within political and bureaucratic boundaries affect policy. For example, questions intended to measure the impact of agency resources on narcotic policies include:

- How many people does your agency employ?
- How many employees are tasked with legislative duties?
- What is the total agency budget?

Tables 4.1 and 4.2 list the working hypotheses and the corresponding interview questions designed to level the measure of support for said hypotheses.

Interviews were conducted over the phone with four state agency employees and drug court personnel who deal with Texas drug policies. The practitioners interviewed were chosen using snowball sampling, starting with one bureaucratic authority, asking that person to recommend further practitioners to interview, then interviewing those individuals. All individuals interviewed work directly with Texas drug policies, either at a political or bureaucratic level, thus lending credibility to the study. Interview subjects include employees from Texas Department of Criminal Justice, Texas Department of State Health Services and Travis County SHORT Program. These subjects were chosen because of their extensive knowledge of current narcotic legislation, including HB 1287, as well as their previous experience in dealing with drug abuse programs. The diverse collection of participants offered both historical and professional perspectives from a

variety of state programs and ensured that no bias was given to a particular group.³⁵

Document analysis was used to supplement and help confirm the findings of the focused interviews. Like the focused interview questions, the documents analyzed were chosen using the knowledge gained from a review of the literature and the conceptual framework. The documents selected for analysis included the Texas Department of Criminal Justice and Texas Department of State Health Services budgets and mission statements. These documents were used to examine how agency resources influence narcotic policy implementation. Federal grant information provided by the Criminal Justice Division within the Office of the Governor helped determine the level of federal bureaucratic involvement with state agencies. Agency document analysis was limited to those agencies that deal specifically with drug policy. Both national and state party platforms and an analysis of HB 1287 were used to evaluate the impact of political factors on narcotic policy.

Evidence supporting a specific hypothesis was determined based on analyses of documents. For example, when assessing the strength to which political party affiliation affects drug policy, Texas party platforms were examined to determine if Democrats and Republicans take different stances on narcotic-related issues. **Tables 4.1 and 4.2** list the analyzed documents and the evidence sought to support the working hypotheses. Statistics are not relevant to this study. Weaknesses in document analysis include retrievability, biased selectivity, reporting bias and access (Yin 1994, 80).

The following chapter reviews and analyzes the results of the interviews and document analysis.

³⁵ See Appendix B for more information on interview subjects.

Table 4.1 Operationalization of Working Hypothesis 1

WORKING HYPOTHESIS	INTERVIEW QUESTIONS	DOCUMENTS TO ANALYZE	EVIDENCE SUPPORTING HYPOTHESIS
<p>WH1: Various political factors influence Texas HB 1287 drug policy.</p>	<p>What political factors influence state drug policy?</p> <p>What sort of political environment would produce laws like HB 1287?</p>		<p>Various political factors influence drug policy</p>
<p>WH1a: Political party affiliation affects HB 1287.</p>	<p>How does political affiliation affect how a politician will vote on proposed drug legislation?</p> <p>How has the decline in the number of Democratic legislators affected Texas drug policy?</p>	<p>Political party platforms</p> <p>HB 1287 analysis</p>	<p>Party stance on substance abuse differs between Republicans and Democrats</p> <p>Decreased Democrats results in decreased rehabilitation funding</p>
<p>WH1b: The level of party competition affects HB 1287.</p>	<p>How does party competition affect drug policy?</p>	<p>Texas Legislative Council website</p>	<p>Similar numbers of Democrats and Republicans in the Texas Legislature</p>

Table 4.2 Operationalization of Working Hypothesis 2

WORKING HYPOTHESIS	INTERVIEW QUESTIONS	DOCUMENTS TO ANALYZE	EVIDENCE SUPPORTING HYPOTHESIS
<p>WH2: Various bureaucratic factors influence HB 1287 implementation.</p>	<p>How does your agency influence policy implementation?</p>	<p>Texas Department of Criminal Justice mission statement Texas Department of State Health Services mission statement</p>	<p>Criminal Justice agencies focus on penalization; health agencies focus on rehabilitation</p>
<p>WH2a: Agency resources influence HB 1287 implementation.</p>	<p>How many people does your agency employ? How many employees work within your division? How many employees are tasked with legislative duties? What is the total agency budget?</p>	<p>TDCJ and TDSHS budgets TDCJ and TDSHS websites</p>	<p>Increased budgets for treatment programs Staff dedicated to legislative tasks</p>
<p>WH2b: The level of federal bureaucratic involvement influences HB 1287 implementation.</p>	<p>What federal agencies do you interact with? How much federal grant money does your division receive? What provisions must be met to receive grant money? How much influence do federal agencies have over your programs?</p>	<p>Office of the Governor-Criminal Justice Division grant report</p>	<p>Agencies receive federal grants State agencies are expected to meet certain criteria to receive federal grants</p>
<p>WH2c: The number and types of bureaucracies influence HB 1287 implementation.</p>	<p>Has there been a rise in drug criminalization policies? Has there been an increase in rehabilitation centers or programs? Is competition for substance abuse funding present between agencies?</p>	<p>Texas Administrative Code Drug Demand Reduction Advisory Committee Report</p>	<p>Agencies compete for funding</p>

Chapter V

Results

This chapter presents the results of the research--the various factors influencing the passing and implementation of HB 1287. This chapter summarizes the data collected from the interviews and document analysis and uses said data to evaluate the varying levels of support for the two working hypotheses.

Various political factors influence drug policy

Interviews

The interviews provided strong evidence that various political factors do influence Texas drug policy. A combination of factors including the political party in power at the time of bill passing, and the health of the economy influence the direction and shape of substance abuse policy in Texas.

Political party affiliation influence

Interviews

Three respondents agreed that historically, Democrats have been more in favor of substance abuse rehabilitation programs while Republicans are more focused on penalization and have typically taken a more “tough on crime” approach. Two felt that the rise in Republican power in the state legislature has led to a leveling off of funding. This leveling off has hurt rehabilitation programs such as drug courts because the programs cannot keep up with the growing demand for services and the increasing

numbers of criminals needing rehabilitation. The Republicans have not been consistent in allocating funds for “cost of living” raises. One respondent believes that funding for substance abuse services is based more on economics than party politics, and asserts that “ten years ago the policy was to lock everyone up but now since we can’t afford to build new prisons, legislators have to look to other ways of dealing with offenders.” This respondent also noted that both Republican Representative Haggerty and Democratic Senator Whitmeyer are consistent supporters of treatment alternatives to incarceration. Thus, opinions about the influence of party affiliation on substance abuse programs is mixed.

Document Analysis

The documents used to analyze WH1a were state and national party platforms, and House Bill Analysis of HB 1287. These documents all seek to identify trends in party positions and whether those positions influence state drug policy.

Party Platforms

According to the Texas Republican Party website, party platforms declare to the public the party’s vision, beliefs and values, and its legislative plan and policy positions on important issues. Both the Democratic and Republican federal and state platforms were analyzed for key words like drug use, drug and substance abuse, drug addiction, drug related crime, and drug courts. The tone used to describe these issues is equally important. Because party platforms represent the ideals that are typically held by a politician, they are a good indicator of how an elected official might vote on a particular piece of legislation.

Based on WH1a, more references to strict punishment of drug users and a no tolerance position are expected in the Republican platforms while finding strong wording against drug related crime in coordination with rehabilitation services for substance abusers in the Democratic platforms.

The national party platforms chosen for analysis include the 1976, 1984, 2000 and 2004 platforms. The years 1976 and 1984 were chosen because these years marked the beginning of significant shifts in public opinion toward drug use. The 2000 and 2004 platforms were chosen because they bookend the passage of HB 1287 and may help to explain how party affiliation influences legislative votes. The 2004 Texas party platforms were also examined to help explain the tone and attitude in Texas toward substance abuse.

1976 Platforms

The 1976 federal Democratic platform acknowledges the dangers of drug use and crime while stating that the government should “provide drug users with effective rehabilitation programs.” The concluding statement says that courts and law enforcement should give higher priority to crimes that are serious enough to deserve imprisonment while leaving “victimless crimes” (i.e. recreational drug use) to be dealt with secondarily. In contrast, the Republican platform uses harsh language when addressing the issue of drug related crime and seeks to add automatic and mandatory minimum sentences to the federal criminal code for certain offenses such as “trafficking in hard drugs.” Telling is the wording on drug abuse as a disease: “Drug abuse is not simply a health problem, but also a very real law enforcement concern. We say: treat the addicts but at the same time, remove the pushers from the street and give the mandatory sentences.”

1984 Platforms

As one would expect the language about drug use in the 1984 platforms is much more strongly worded as this year marked a shift toward intolerance of drug use. Words such as “crisis,” “serious problem,” “high priority,” “strictly accountable,” “aggressive,” “slow death,” and “certain and swift punishment” were used much more regularly than any of the other platforms examined. The Democratic platform again addresses the seriousness of drug use and seeks to “make narcotics control a high priority on the national agenda,” while encouraging “experimentation with alternative dispute-resolution mechanisms and diversion programs for first and nonviolent offenders,” the first nod toward drug court type programs. The Republican platform speaks only of how to further punish criminals, specifically drug users and “pushers.” The view on drug related crime can best be summed up with this sentence: “The best way to deter crime is to increase the probability of detection and to make punishment certain and swift.”

2000

The 2000 Democratic platform failed to address any of the issues described above. The Republican platform begins by criticizing the Clinton administration’s efforts at drug control, stating the U.S. saw the “near collapse of drug policy” during his presidency and vows to “advance an agenda to restore the public’s safety.” The platform states that a Republican administration would work to “increase penalties and resources to combat the dramatic rise in production and use of methamphetamine and new drugs such as ecstasy, establish an effective program of rehabilitation, where appropriate, and support community-based diversion programs for first time, non-violent offenders.”

2004

The 2004 Democratic platform stayed true to form by stating that America needs to send out the message that drugs are wrong and that drug demand should be dried up while “opening more drug courts, to speed justice for drug-related crimes.” To dry up drug demand, “we must provide drug treatment upon demand.” The Republican platform states that to continue the progress toward eradication of drug use started by President Bush in his first term, “we must ensure that jail time is used as an effective deterrent to drug use.” The platform also acknowledges that “we should make drug treatment available to people willing to take the courageous step of admitting they have a problem and working hard to overcome it.” Both platforms state their first purpose is to commit law enforcement to the drug problem while offering rehabilitation services to addicts.

Texas party platforms

The Texas Republican party platform makes no mention of substance abuse but does call for “swift and sure justice with stiff penalties” for lawbreakers. The Texas Democratic party platform asserts that Texas must look for alternatives to incarceration because of the rising numbers of prisons while increasing drug court funding and reevaluating sentencing for non-violent offenders.

The various party platforms examined spell out the expectations of members of the party when taking a stance on drug policy. Thus the influence of political party affiliations does affect substance abuse policies like HB 1287.

HB 1287 Analysis

Assuming that politicians vote along party lines for particular legislation, such as substance abuse programs, Democrats only would be the expected authors and sponsors

of HB 1287. According to the House Bill Analysis, HB 1287 had five authors, one co-author and one sponsor in the Senate. Of the six Texas representatives authoring or co-authoring the bill, four are Democrats and two are Republicans. The Senate sponsor is a Democrat.³⁶

Table 5.1 summarizes the results of the document analysis for WH1a: **Political party affiliation** affects HB 1287.

5.1 Influence of Party Affiliation: Document Analysis

Party Affiliation	Documents	Evidence	Level of Support
Affiliation affects how a politician will vote	party platforms	party stances differ for Democrats and Republicans	Strong
Affiliation determines a bill sponsor	HB 1287 analysis	Democrats sponsor HB 1287	Weak

Party Competition Influence

Interviews

According to two respondents, party competition does shed more light on substance abuse issues. Parties compete to appear more responsive to the desires of the public. However, both interviewees stated that other factors influence substance abuse legislation, giving a mixed reaction to the influence of party competition. One respondent reiterated that he believes the overwhelming factor in substance abuse policy is the health of the economy. When talking about the political environment that surrounded the passing of HB 1287, one respondent stated Texas legislators were feeling tremendous pressure from other comparable states that had numerous, successful drug

³⁶ HB 1287 authors include Democrats Thompson, Naishtat, Hinojosa, Hodge and Republicans Allen and Hope. Senate sponsor was Democrat Whitmeyer.

court programs. Texas was “lagging behind” in the drug court movement and legislators were looking for a way to catch up.

Document Analysis

According to WH1b, party competition increases interest in morality policies like drug laws. Politicians seek to appear more responsive to public desires when reelection is not certain. In the political environment surrounding the passage of a bill like HB 1287, an even number of Republicans and Democrats would be found in both the Texas House and Senate.

The Texas Legislative Council website gives a listing of all legislators and their party affiliation by legislative session. In the 77th Legislature, there was nearly an equal number of Democratic and Republican House members, with Democrats totaling 78 to the Republicans 72. The Senate was more closely matched with 15 Democrats and 16 Republicans. Table 5.2 illustrates the breakdown of party affiliation in the 77th Legislature.

Table 5.2: Party affiliation of the Texas 77th Legislature

77 th Legislature	House	Senate	Total
Democrats	78	15	93
Republicans	72	16	88

Table 5.3 summarizes the results of the document analysis for WH1b: **Political party competition** affects HB 1287.

5.3 Influence of Party Competition: Document Analysis

	Documents	Evidence	Level of Support
Party Competition	Texas Legislative Council website	Nearly equal numbers of Democrats and Republicans in the Texas Legislature	Strong

Various bureaucratic factors influence drug policy

Interviews

All interviewees confirmed that various bureaucratic factors such as funding, staffing and coordination with other agencies all influence the implementation of drug policy. One asserted that Texas drug court programs are given significant latitude when implementing programs, signifying how bureaucracies are able to influence policy through implementation.

Document Analysis

The documents analyzed include the mission statements of agencies implementing substance abuse policy and the 2005 Texas Drug Demand Reduction Advisory Committee Report. Gunn (2004, 56) states that “goals and missions are the written purposes of government programs and, as such, are the documented influences on the implementation of programs.” Based on WH2, various statements of purpose are expected in the mission statements, based on the type of agency. The Texas Department of State Health Services (TDSHS) cites a vision statement and a mission statement. The vision of TDSHS is that “Texans have access to effectively delivered public health,

medical care, mental health and substance abuse services and all Texans live and work in safe, healthy communities.” The mission statement says “The Department of State Health Services promotes optimal health for individuals and communities while providing effective health, mental health and substance abuse services to Texans.” The Texas Department of Criminal Justice (TDCJ) mission is “to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.”

The Drug Demand Reduction Advisory Committee (2005, 2) report lists “consolidation of state agencies, competing demands for funding, diminished staff resources, and the diverse missions of each agency” as issues faced by substance abuse programs in Texas.

Table 5.4 summarizes the results of the document analysis for WH2: **Various bureaucratic factors** influence Texas HB 1287 drug policy.

5.4 Influence of Various Bureaucratic Factors: Document Analysis

	Documents	Evidence	Level of Support
Various bureaucratic factors	Agency mission statements	Various stances on substance abuse and drug court policy	Strong
	Drug Demand Reduction Advisory Committee report	Various bureaucratic factors mentioned	

Agency Resources Influence

Interviews

All interviewees agreed that, much more than any other factor, an agency's budget is vital in determining which new programs are implemented and which existing programs are expanded or cut. All agreed that the budget allocations they currently receive from the legislature are adequate; however, if funding stays at current levels, some programs will have to be cut. According to one interviewee, "pathetic amounts" of state funding go toward substance abuse programs, and that in the past ten years, appropriations trends have remained level, instead of increasing to meet population increases and the higher demand for services.

The same respondent spoke at length about the importance of having agency staff dedicated solely to legislative work. In 2004, the Texas Legislature reorganized the state's health services agencies. Three separate drug-related agencies were combined into one division under the Department of State Health Services. When that consolidation occurred, the Legislature mandated that a "policy and innovation center" be formed within the new division. This respondent believes legislators mandated this new group because both politicians and bureaucrats understand the importance of having professional policy shapers in direct contact with elected officials. She asserts that "having policy analysts does make a positive difference because they give an advantage to the agency."

Document Analysis

The documents examined were the organizational charts and agency budgets of TDSHS and TDCJ. As previously discussed, TDSHS has a division, consisting of six

personnel, who work solely on policy innovation with the Texas Legislature. According to the TDSHS website, “The Center for Policy and Innovation (CPI) is responsible for fostering innovation in policy and for the coordination and oversight of program policy and rule development.” TDCJ has a similar division, embodied in the Research, Evaluation and Development (RED) Group. The Research and Evaluation section “directs research toward program/policy development,” while evaluating the success of programs based on “recidivism, political interest, and/or the level of monies appropriated for program operations.”

The findings in the Drug Demand Reduction Advisory Committee report (2005) confirm the statements made by the interviewees on the importance of funding. The report lists nine strategic objectives to “serve as guiding principles for developing statewide policy for accomplishing a balanced approach to drug demand reduction” (12). Each objective has multiple plan points that help the overall outcome of the plan. These plan points include objectives like “providing appropriate assessment, intervention and treatment for offenders with substance use problems,” and “identifying how the state’s drug-related criminal penalties, sentencing guidelines, and implantation practices can be used most effectively” (38-9). A majority of these objectives have been delayed because of funding obstacles. The plan specifically addresses drug court programs and calls the courts “an efficient and cost-effective strategy to break the cycle of addiction and crime (19). However, the plan notes that “budgetary constraints” have seen the amount of funding remain “static” while the number of drug courts has increased. “Additional funds are needed to increase the treatment capacity for these drug courts” (19).

Table 5.5 summarizes the results of the document analysis for WH2a: **Agency resources** influence Texas HB 1287 drug policy.

5.5 Influence of Agency Resources: Document Analysis

Agency resources	Documents	Evidence	Level of Support
Substance abuse program budgets	Drug Demand Reduction Advisory Committee report	Adequate funding for treatment programs	Weak
Agency staff	Agency websites	Staff dedicated to legislative tasks	Strong

Federal agency influence

Interviews

Two respondents agreed that the federal government does have an impact on state substance abuse programs. One stated that about 85 percent of substance abuse funding comes from federal grants. These grants fund a wide spectrum of programs, from school based prevention programs to treatment facilities. Another asserted that “the federal government mandates that there be a continuum of care which is what the state strives to do, so the state and federal level are on the same page as far as where funding should be spent.” Both agreed that federal programs are “progressive,” therefore the state is happy to emulate them because they have proven beneficial.

The other two respondents reported that although they receive federal funding, they report directly to the Office of the Governor, Criminal Justice Division. CJD is responsible for collecting funding requests and then funneling federal grants to programs that are eligible. These respondents have no direct contact with any federal agencies.

Document Analysis

According to the Office of the Governor-Criminal Justice Division, state drug

courts are expected to receive approximately \$1.8 million in federal grants in FY2005, with some \$730,000 going to adult drug courts.³⁷ The remaining funds will go to juvenile and family drug courts.

Table 5.6 summarizes the results of the document analysis for WH2b: The level of **federal agency involvement** influences Texas HB 1287 drug policy.

5.6 Influence of Federal Involvement: Document Analysis

	Documents	Evidence	Level of Support
Federal involvement	OOG-CJD drug court grants listing	Agencies receive federal grants	Strong

Influence of numerous and varied state agencies

Interviews

Previous research asserted that in times of fiscal hardships, state agencies with opposing programs (such as law enforcement and health care agencies) will compete for funding. However, the three agency employees all disagreed by stating that cooperation between law enforcement and health agencies, as well as rehabilitation programs, is very important and ongoing in Texas. One agency or another does not strictly regiment substance abuse programs. Because drug addicts have multiple needs, state agencies are expected to work together to address the spectrum of needs. These agencies band together, rather than compete, because funding is limited. One interviewee stated that there is strong cooperation between TDCJ and TDSHS in order to leverage limited funds. These agencies have memos of understanding, joint contracts and joint strategic planning.

³⁷ Federal funding for drug courts comes from two main sources: the Edward Byrne Memorial Fund and the Local Law Enforcement Block Grant.

Another interviewee concurred by saying that she has not seen competition between agencies for funding.

Document Analysis

The documents examined include the Texas Administrative Code and the 2005 Drug Demand Reduction Advisory Committee report. According to Title 6, Subtitle B, Chapter 461 of the Texas Administrative Code,³⁸ “it is the policy of this state that a chemically dependent person shall be offered a continuum of services.”

Although the 2005 Drug Demand Reduction Advisory Committee report lists “competing demands for funding” as one of the “barriers to full-scale realization” of a comprehensive substance abuse plan (2), the report also gives numerous examples of different agencies working together to achieve a common goal. Strategic objective 1 in the plan is to build partnerships. “Effective and meaningful collaboration is essential in order to reduce fragmentation and duplication of efforts, increase efficiencies and improve outcomes” (12).

Table 5.7 summarizes the results of the document analysis for WH2c: The **numbers and types of state agencies** influence Texas HB 1287 drug policy.

5.7 Influence of Number and Types of Agencies: Document Analysis

Number and types of agencies	Documents	Evidence	Evidence Support
	Texas Administrative Code	Various agencies provide services	Mixed
	Drug Demand Reduction Advisory Committee report	Agencies compete for funding	

³⁸ Chapter 461 established the Texas Commission on Alcohol and Drug Abuse. This commission was integrated into the Department of State Health Services in 2004 and therefore no longer exists as a singular entity.

This chapter summarized the findings to the working hypotheses. The next chapter concludes this study.

Chapter VI

Conclusion

This chapter summarizes the applied research project, which explores the implementation of drug policy in state government through a case study on Texas House Bill 1287 and provides conclusions to the following research statements: various political and various bureaucratic factors influence Texas drug policy. Possible future studies are also examined.

In consideration of Texas drug policy, this study develops two working hypotheses: (1) Various political factors influence state drug policy, and (2) Various bureaucratic factors influence state drug policy. Interviews and document analysis were used to gauge the level of support for these working hypotheses. Based on the information obtained through the interviews of professionals who deal directly with substance abuse policy, and supplemented by analysis of various documents, mixed support was found for both working hypotheses as well as all the sub-hypotheses. While the documents showed strong support for political party affiliation, political party competition and federal agency involvement, the practitioners interviewed gave only mixed support for these points. The practitioners agreed that agency resources, particularly an agency's budget, have a strong influence on substance abuse programs, while the document analysis provided only mixed support. According to this study, the influence least likely to impact substance abuse policy is the number and types of state agencies. Although competition between agencies had been predicted, this proved to be totally unsupported by the interviews and only partially supported by the document analysis. Table 6.1 gives an overview of findings.

Some factors that were not predicted were the influence of constituents and interest groups on politicians and bureaucracies. The history of narcotic laws shows that shifts in the severity of laws start at the grass roots level and work upward to legislators. Conventional wisdom says that campaign contributions would also have an affect on substance abuse policy. All of these factors on morality policies could be further researched.

Future research on this subject should address the weaknesses of this project. The number and scope of interview subjects should be expanded to include more interviews with drug court personnel, witnesses who testified at legislative hearings concerning HB 1287 and the politicians directly involved in drafting HB 1287. The difference between political fiscal conservatives versus moral conservatives should also be elaborated. Research may also include document analysis of budget hearings of agencies involved with narcotics policies. These hearings could provide more insight into any competition that may exist between agencies.

After reviewing the literature examining drug courts, it becomes apparent that further study is needed on the effectiveness of drug courts. Additional studies should focus on recidivism rates of program participants and graduates versus criminals who are given no rehabilitation or treatment options. Small scale studies have been conducted on two individual Texas drug courts and a 2003 report by the Texas Criminal Justice Policy Council found some initial successes in drug courts started under the 2001 mandates. However, no study exists that compares all current Texas drug courts. A comprehensive statewide study that shows how effective drug courts are at reducing state prison costs

and reforming addicts may offer leverage to drug court personnel seeking to increase funding.

Texas drug courts receive limited funding and place budget priorities on treating as many offenders as possible. As such, individual courts rely on the academic community to analyze their programs and produce comprehensive reports on the success of the drug court movement. An extremely helpful study would be a practical ideal type case study of Texas drug courts. In 1997, the National Association of Drug Court Professional published a guide entitled *Defining Drug Courts: The Key Components*. This guide outlines ten key characteristics that define drug courts. After conducting a survey of drug court literature, and using these ten key components, a study could examine how closely Texas drug courts conform to the “ideal” drug court.

Table 6.1: Overview of study findings
 Various political and bureaucratic factors influence Texas drug policy.

Working Hypothesis		Sub-Working Hypothesis Support		Working Hypothesis support
		Interview	Documents	
WH1	Various political factors influence Texas HB 1287 drug policy.			Mixed
	WH1a Political party affiliation affects HB 1287.	Mixed	Strong	
	WH1b Political party competition affects HB 1287.	Mixed	Strong	
WH2	Various bureaucratic factors influence implementation of Texas HB 1287 drug policy.			Mixed
	WH2a Agency resources influence HB 1287.	Strong	Mixed	
	WH2b Federal agency involvement influences HB 1287.	Mixed	Strong	
	WH2c Number and types of state agencies influence HB 1287.	Weak	Mixed	

Appendix A: Current Texas Drug Courts (as of December 2004)

County	Number of drug courts†	start date‡
Angelina	1	September 2004
Bexar*	5	March 1999
Brazos	1	December 2004
Burnet	1	September 2004
Dallas*	3	January 1998
El Paso*	5	October 1999
Fannin	1	January 2004
Fort Bend	2	January 2002
Harris*	3	September 2003
Hidalgo*	1	September 2004
Jefferson	1	April 1993
Lubbock	1	October 2004
Montgomery	1	September 1999
Nueces	1	January 2004
Tarrant*	2	October 1995
Tom Green	2	September 2003
Travis*	2	August 1993
Tribal-Ysleta del Sur Pueblo	1	September 2000

*Mandated counties by HB 1287

†Includes number of adult, juvenile, family and DWI courts

‡When multiple courts have been established, the start date indicates the earliest established court

Appendix B: Interview Subjects

Employment Agency	Years involved with narcotics programs	Level within agency	Scope of experience
Texas Department of Criminal Justice	More than 10	Upper level management	Works with TDCJ treatment alternative programs
Texas Department of State Health Services	More than 20	Mid-level management	Works with mental health and substance abuse programs; more than 20 years experience in state substance abuse programs
SHORT Program (Travis County Adult Drug Court)	More than 5	Upper level management	Extensive knowledge of drug court history and protocol
Texas Department of State Health Services	More than 20	Mid-level management	Over 20 years experience dealing with mental health and substance abuse policies at both state and local level

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