



SUBSTANCE USE
DISORDER COALITION

Recommendations for

HOUSE SELECT COMMITTEE ON OPIOIDS & SUBSTANCE USE DISORDER



Substance Use Disorders: An Introduction

Substance use disorder is a **chronic illness affecting nearly one in ten Texans**.¹ While many people may use alcohol and drugs at some point in their lives, some will get addicted due to a variety of complex biological, behavioral, and environmental factors. With adequate treatment and support, substance use disorder is manageable, and recovery is possible, with relapse rates comparable to other chronic diseases such as diabetes, asthma, and hypertension.²

Substance use disorders, when not addressed, have devastating impacts on families and communities and are responsible for enormous costs in the state budget related to health care, public safety, criminal justice, homelessness, domestic violence, foster care, and social welfare programs. Unfortunately, very little funding is spent on substance use services and prevention. **In Texas, less than \$1 out of every \$1,000 of general revenue spending goes to substance use agencies (the national average is over \$4 per \$1,000).**³

Historically, systems addressing substance use disorder have treated it based on an acute care model, with active but short-term treatment. But, as we have gained understanding of the features of substance use disorders, there has been greater realization that such disorders should be **insured, treated, and evaluated like other chronic illnesses**.⁷ It is imperative that the Texas Legislature act to address the severe shortage of treatment and recovery services available in communities throughout the state.

Opioid use disorder especially is a public health crisis affecting our social and economic welfare. Opioid overdoses kill 115 Americans every day and cost the U.S. economy over \$504 billion a year.⁸ There are indicators that the opioid epidemic is accelerating here in Texas. Drug overdose deaths rose by over 7% in 2016, many due to opioids,⁹ and four rural Texas cities (Texarkana, Amarillo, Odessa, and Longview) are among the top 25 in the country for prescription opioid abuse rates.¹⁰ Health care costs related to opioids reached almost \$2 billion in Texas in 2014.¹¹

Substance use disorder: Long-term substance misuse has been shown to cause structural and functional changes in the brain.⁴ A substance use disorder is diagnosed when the recurrent use of alcohol and/or other drugs, including opioids, causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet responsibilities at work, school, or home.⁵

Opioid use disorder: A subset of substance use disorder. Includes misuse of prescription pain relievers as well as illicit use of heroin or synthetic opioids like Fentanyl.

Recovery from substance use disorders and/or mental disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.⁶

Given the widespread challenges related to drug abuse, **there is no single solution** to address the opioid epidemic or substance use disorders as a whole; any state strategy must be multi-dimensional. Experts recommend a public health approach focused on both preventing and treating substance use disorders, as well as supporting efforts to reduce the supply chain. Increasing prevention measures, improving access to treatment, and ensuring appropriate recovery supports will benefit all Texans.

Recommendations

Increase Access to Alcohol and Drug Prevention Programs & Related Strategies

One of the most effective, economical ways to reduce the burden of substance use disorder is to prevent it from occurring in the first place. More than 90% of adults with substance use disorders started using before the age of 18 – and half of them began before age 15.¹² ***Forty-seven percent of those who begin drinking before the age of 14 later develop alcohol dependence***, compared with only 9% of those who wait until they are 21 or older to start.¹³

The Texas Health and Human Services Commission (HHSC) contracts with about 200 school- and community-based programs to prevent the use and consequences of alcohol and other drugs among Texas youth and families.¹⁴ These programs save money¹⁵ but only reach about half of the school districts in Texas.¹⁶ To bolster substance use prevention, the Legislature should:

- Establish additional evidence-based prevention programs so they can be available to every Texas youth, school district, community, and county. Effective prevention programs help youth build skills to process their emotions, cope with stress in healthy ways, and make healthy decisions. These programs also offer tiers of prevention based on the degree of identified risk. Additionally, these programs improve academic performance and reduce other issues like bullying, depression, and violence.¹⁷
- Further develop community services aimed at addressing identified local needs, including Community Coalitions and Prevention Resource Centers.

Keep Families Together

About 43% of child abuse/neglect investigations and 66% of child removals in Texas stem from concerns about caregiver substance use, including alcohol.¹⁸ In fiscal year 2017, 52% of child fatalities caused by abuse or neglect included a caregiver actively using and/or under the influence of a substance that affected his or her ability to care for the child.¹⁹

Also tragically, Texas still faces a high rate of maternal mortality, with drug overdose as the top cause of maternal death during pregnancy and up to one year postpartum.²⁰ Since the vast majority of overdoses and suicides occur more than 60 days postpartum,²¹ prevention and health interventions throughout the year following the birth of a baby are critical for reducing maternal deaths. Punitive measures that criminalize or stigmatize women with substance use disorders are counterproductive and deter them from prenatal and other health care vital for both themselves and their babies. Instead, the Legislature should:

- Increase investment in family-specialized substance use treatment programs that allow parents and children to stay together.
- Leverage opportunities in the Family First Prevention Services Act to engage parents in treatment and prevent children from entering foster care.

-
- Improve training for primary care providers, pediatric providers, caseworkers, judges, and attorneys to increase their knowledge around substance use disorders, maternal mortality, and referrals to Outreach, Screening, Assessment, and Referral Centers as an entry point to treatment and recovery.

Expand Access to Appropriate Treatment Services and Community Recovery Supports

The foundation of an effective public health approach is ready access to appropriate treatment and recovery supports. In Texas, substance use treatment services are funded through a variety of sources, including health insurance, self-pay, the federal Substance Abuse Prevention and Treatment Block Grant, state general revenue, Medicaid (if applicable), and federal funds through 1115 waiver projects designed to increase access to substance use treatment. Federal block grant funding accounts for 76% of total HHSC funding for substance use prevention, intervention, and treatment – while only 24% comes from state general revenue.²²

New efforts help provide additional funds to address substance use. Texas received \$27 million in federal funds for 2018 for the Texas Targeted Opioid Response project, which is used for prevention, training, treatment, and recovery support services. Even with this infusion of funding, resources and provider capacity for substance use services lag behind the reported need.

Only 5.8% of low-income Texas adults with a substance use disorder (and only 8% of low-income Texas youth aged 12-17)²³ receive services through a community-based treatment provider.²⁴ According to HHSC data, low-income youth and adults with a substance use disorder must wait more than two weeks for intensive residential treatment, four weeks for outpatient treatment, and almost five weeks for Medication-Assisted Treatment (MAT).²⁵ The high number of uninsured individuals in Texas (4.5 million, or 16.6% of Texans) further contributes to a system that is stretched too thin.²⁶

The full service array needed to combat substance use disorders – including outpatient, detox, residential, MAT, and recovery supports – is simply not available in all regions of Texas. Additionally, recovery support services are not widely accessible or integrated into the safety-net service delivery system. The Legislature should:

- Strengthen provider capacity and provide ongoing resources and support to implement best practices like MAT, along with recovery support to promote Medication-Assisted Recovery.
- Increase access to substance use disorder screening, referral, and treatment – including by primary care physicians – as well as recovery services by expanding safety net service capacity and regional availability.
- Expand the availability of community recovery supports, including recovery housing and recovery community centers, and improve coordination of recovery support and clinical approaches within a recovery-oriented system of care. This can be accomplished through education, training, technical assistance, and appropriate clinical and non-clinical supervision.
- Increase the availability of Recovery Community Organizations, especially in small metropolitan and rural communities where there are fewer resources.

Expand Access to Treatment for Co-Occurring Conditions

At least 33% of adults and 25% of youth with a substance use disorder in Texas also have a mental health condition(s).²⁷ Although effective treatment requires an integrated approach, research shows that only 18% of substance use treatment providers and 9% of mental health treatment providers nationwide have the capacity to treat both concurrently.²⁸ Many Texas providers have cooperative arrangements to meet the needs of certain target populations, but geography and program restrictions limit the range of co-occurring treatment provided. In order to better meet the needs of those with co-occurring mental health and substance use conditions, the Legislature should:

- Increase the capacity of mental health systems to identify, treat, or provide referrals for people with a substance use disorder.
- Increase the capacity of substance use systems to identify, treat, or refer individuals for mental health services.
- Promote and support improved integration of mental health and substance use services (e.g., increase capacity within Co-Occurring Psychiatric and Substance Use Disorder services).

Improve Treatment Approaches to Prevent or Reduce Justice System Involvement

Most people incarcerated for drug possession in Texas will be re-arrested within three years.²⁹ Also problematic, county jails are simply not equipped to provide detox services, leading to an alarming number of in-custody deaths in county jails related to unsupervised withdrawal from drugs or alcohol.³⁰

Diverting people charged with drug possession from jail and prison and into community services is essential to addressing substance use disorders and lowers recidivism rates by 30 to 50%.³¹ Yet most people are not diverted and instead serve time in jail, state jail, and prison.³² Expanding diversion options will save county and state dollars but require improved treatment capacity. To alleviate pressure on our jails and improve outcomes, the Legislature should:

- Improve local capacity to serve Texans with substance use disorder in the community, rather than in jail, by allocating commitment reduction funding, which can provide counties with resources to augment treatment capacity to support jail/prison diversion initiatives.³³
- Support developmentally appropriate interventions for young adults with a substance use disorder by diverting them from jail into a community-based program structured to address their unique needs, and reduce recidivism and the likelihood of long-term substance use. Institutional confinement has little effect on – and may even increase – recidivism among young adults. Instead, changes in a young person’s social environment and access to services are both strongly correlated with improved health and drops in recidivism.³⁴
- Create a graduated sentencing structure for possession-related offenses. Decreasing the offense level on a person’s first “possession of a controlled substance” charge will save the state money that can instead provide for incentive funding to counties, and it will improve opportunities for expunction and non-disclosure for justice system-involved individuals with a substance use disorder.

Improve Public Health and Safety Through Targeted Treatment Investments

Real public safety in the community is achieved by addressing the health and welfare of its members. How a community responds to illicit drug use is a remarkable indicator of its commitment to safety. Communities that respond with harsh criminal consequences are doomed to experience the worst ravages of drug use, whereas those that respond by ensuring access to treatment and community recovery supports will see declines in drug use and related crime. A public health approach to drug use requires local leaders and treatment providers to do the following:

- Invest in the treatment infrastructure to ensure that people in need of detox services have immediate access, and increase overall treatment bed availability for people with substance use disorder and co-occurring substance use disorder and mental illness.
- Improve access to MAT and needle exchange, create an outreach network to inform treatment providers and people in need of substance use services about the availability of services, and train medical personnel, social service providers, and first responders on service availability and motivational interviewing.
- Improve recovery-oriented community supports to increase the availability of peer recovery coaches; identify gaps in recovery housing; and increase access to aftercare strategies.
- Reorient law enforcement, judges, prosecutors, and probation officers towards community-based diversion, in which people are referred to services instead of going to jail.

Texas Substance Use Disorder Coalition Members



Contact Information for Specific Topics Related to Substance Use Disorders

Alcohol and Drug Prevention – Youth and adults

- Cynthia Humphrey, Executive Director, Association of Substance Abuse Programs, chumphrey@asaptexas.org

Keeping Families Together – Child wellbeing, maternal health, and parental substance use

- Adriana Kohler, Senior Health Policy Associate, Texans Care for Children, akohler@txchildren.org
- Will Francis, Government Relations Director, National Association of Social Workers/Texas Chapter, wfrancis.naswtx@socialworkers.org

Access to Treatment Services and Community Recovery Supports

- Cynthia Humphrey, Executive Director, Association of Substance Abuse Programs, chumphrey@asaptexas.org
- Adriana Kohler, Senior Health Policy Associate, Texans Care for Children, akohler@txchildren.org
- Community Recovery Supports
 - Reggie Smith, Policy Analyst, Texas Criminal Justice Coalition, rsmith@texascjc.org
 - Ben Bass, Executive Director, Recovery Alliance of El Paso, bbass@recoveryalliance.net
 - Jason Howell, Recovery People, jason.howell@recoverypeople.org
 - Carl Hunter, Peer Policy Fellow, Recovery People, carl.hunter@recoverypeople.org
 - Kimber Falkinburg, Founder and Executive Director, Spread Hope Like Fire, kimber@spreadhopelikefire.com
 - Robin Peyson, Executive Director, Communities for Recovery, rpeyson@cforr.org

Treatment for Co-Occurring Conditions

- Greg Hansch, Public Policy Director, National Alliance on Mental Illness Texas, publicpolicy.director@namitexas.org
- Cynthia Humphrey, Executive Director, Association of Substance Abuse Programs, chumphrey@asaptexas.org

Treatment Approaches to Prevent or Reduce Justice System Involvement

- Doug Smith, Senior Policy Analyst, Texas Criminal Justice Coalition, dsmith@texascjc.org
- Reggie Smith, Policy Analyst, Texas Criminal Justice Coalition, rsmith@texascjc.org
- Alycia Welch, Director of Policy and Planning, Lone Star Justice Alliance, awelch@lsja.org

Public Health and Safety

- Mark Kinzly, Streetologist and HEP C Patient Navigator, Austin Harm Reduction Coalition, Texas Overdose Naloxone Initiative, markkinzly022@gmail.com
- Charles Thibodeaux, Texas Overdose Naloxone Initiative, cmego46@sbcglobal.net

Citations

- ¹ Substance Abuse and Mental Health Services Administration, “2015 – 2016 NSDUH State Estimates of Substance Use and Mental Disorders,” Dec. 2017. <https://www.samhsa.gov/data/population-data-nsduh/reports>.
- ² National Institute on Drug Abuse, “Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition),” Jan. 2018, Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>.
- ³ The Council of State Governments, “Substance Abuse in the States: Treatment,” Oct. 2017, <http://knowledgecenter.csg.org/kc/content/drug-abuse-states-treatment>.
- ⁴ National Institute on Drug Abuse (NIDA), “Drugs, Brains, and Behavior: The Science of Addiction,” <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>.
- ⁵ Substance Abuse and Mental Health Services Administration, “Substance Abuse Disorders,” <https://www.samhsa.gov/disorders/substance-use>.
- ⁶ Substance Abuse and Mental Health Services Administration, “SAMHSA’s Working Definition of Recovery Updated,” Mar. 2012, <https://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/#.Wvx7u4gvzcs>.
- ⁷ McLellen, et al., “Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation,” JAMA. Oct. 2000.
- ⁸ The Council of Economic Advisors, “The Underestimated Cost of the Opioid Crisis,” November 2017.
- ⁹ Centers for Disease Control and Prevention, “Drug Overdose Death Data (2015 to 2016),” <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.
- ¹⁰ Castlight Health Report, “The Opioid Crisis in America’s Workforce,” 2016, <http://archive.castlighthealth.com/typ/the-opioid-crisis/>.
- ¹¹ Matrix Global Advisors, “Health Care Costs from Opioid Abuse,” 2015, https://drugfree.org/wp-content/uploads/2015/04/Matrix_OpioidAbuse_040415.pdf.
- ¹² Substance Abuse and Mental Health Services Administration, “Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings,” p. 6 (2013). See Centers for Medicare and Medicaid Services and SAMHSA, Coverage of Behavioral Health Services for Youth with Substance Use Disorders, January 26, 2015, <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf>.
- ¹³ US Department of Health and Human Services, “Earlier Drinking Linked to Higher Lifetime Alcohol Risk,” NIH News, July 2006. Hingson, Ralph W., et al, “Age at Drinking Onset and Alcohol Dependence,” July 2006, <https://jamanetwork.com/journals/jamapediatrics/fullarticle/205204>.
- ¹⁴ Of more than 1,200 school districts and open enrollment charters in the state during 2016 – 2017, about 500 school districts accessed school-based prevention programs in 2017. See HHSC, “Featured Prevention Resources,” <https://www.dshs.texas.gov/sa/Prevention/default.shtm>. Texas Education Agency, “Enrollment in Texas Public Schools 2016-2017, https://tea.texas.gov/acctres/enroll_2016-17.pdf.
- ¹⁵ Miller, T. and Hendrie, D., “Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis,” Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008 (finding that if effective school-based prevention programs were implemented nationwide, for every \$1 invested in substance use prevention, society would save \$13 in health, education, criminal justice, and other costs).
- ¹⁶ See HHSC, “Featured Prevention Resources,” Retrieved from <https://www.dshs.texas.gov/sa/Prevention/default.shtm>.
- ¹⁷ Trust for America’s Health. (2017). Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy. <http://healthyamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf>.
- ¹⁸ Texas Department of Family Protective Services. (2015). CPS Families with Substance Abuse Issues.
- ¹⁹ Texas Department of Family and Protective Services. “Fiscal Year 2017 Child Maltreatment Fatalities and Near Fatalities Annual Report,” Figure 11, Table 5, 2017.
- ²⁰ Texas Health and Human Services Commission. (2017). Legislative Brief: Investigating Maternal Mortality in Texas. Texas Department of State Health Services. Legislative Brief: Investigating Maternal Mortality in Texas (Sept. 2017). Available at https://hhs.texas.gov/sites/default/files/documents/about_hhs/communications-events/meetings-events/maternal-mortality-morbidity/m3tf-agenda7-170929.pdf.
- ²¹ Ibid.
- ²² Texas Health and Human Services Commission, “Presentation to Senate Health and Human Services Committee: Substance Use Disorder in Texas,” (Mar. 22, 2018).

²³ Includes adults with income under 200% of the federal poverty level (\$24,280/year for an individual).

²⁴ Includes services funded through Texas' substance abuse and prevention block grant, which helps fund treatment services for individuals who do not have insurance and make income of less than 200% FPL. Texas Health and Human Services, Behavioral Health Services, Office of Decision Support, Jan. 2018.

²⁵ Texas Health and Human Services Commission, Behavioral Health Services, Office of Decision Support, Data request and analysis prepared by Texas Criminal Justice Coalition, September, 2017.

²⁶ Barnett, Jessica C. and Edward R. Berchick, Current Population Reports, P60-260, "Health Insurance Coverage in the United States: 2016," U.S. Government Printing Office, 2017.

²⁷ Meadows Public Policy Institute, "Substance Use Disorder Landscape," March 2018.

²⁸ Mark P. McGovern, Ph.D., Dual Diagnosis Capability in Mental Health and Addiction Treatment Services: An Assessment of Programs Across Multiple State Systems, March 2014.

²⁹ Legislative Budget Board, Statewide Criminal and Juvenile Justice Recidivism and Revocation Rates, January, 2017, http://www.lbb.state.tx.us/Documents/Publications/Policy_Report/3138_Stwide_Crim_Just_Recid_Revoc.pdf.

³⁰ Texas Justice Initiative, Jail Custody Deaths.

³¹ Fabelo, Tony, et al, County Uniform Recidivism Measure Project: Third Year Results for Harris County, April 21, 2017, p. 20.

³² Office of Court Administration, Court Activity Database, <https://card.txcourts.gov/>. Methodology: Of the drug possession cases filed in 2017 in Texas, only 20,804 were placed on community supervision, where treatment is available, and another 20,927 were incarcerated. There were 12,000 dismissals, and some of these cases may have been handled through a form of pretrial intervention, but the data reported by Office of Court Administration includes all forms of dismissals, so it is impossible to know the number of pretrial defendants.

³³ Government Code, Section 509.0071. Commitment Reduction Plan.

³⁴ Mark W. Lipsey, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," *Victims & Offenders* 4, no. 2 (April 2009): 124–47. Gary Sweeten et al., "Age & The Explanation of Crime, Revisited," *Journal of Youth And Adolescents* 42(6): 921, 931 (2013).