



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.

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- 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

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