Strengthening Harm Reduction Services For People Who Use Drugs In Texas

The University of Texas at Austin
Civil Rights Clinic
School of Law

Texas Harm Reduction Alliance
Your Life Matters

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Executive Summary

Opioid use and overdose deaths have reached epidemic proportions in the United States, with 128 people dying every day from opioid overdoses.[1] In Texas, the number of overdose deaths doubled over the past ten years, reaching a historic high in 2017 when almost 3,000 Texans died of drug overdoses.[2] COVID-19 has added stress and isolation, and overdose deaths are increasing across the state. Meanwhile, community-based organizations have expanded their efforts to educate and serve people who use drugs, to save lives and promote health. These organizations are educating people about how to prevent the transmission of HIV and HCV (Hepatitis C) and reverse overdoses, linking people with community health services and other supports, and encouraging safer use practices.

FIGURE 1

Overdose deaths every day

2018 DATA SHOWS

that every day,

128 people

in the United States die after overdosing on opioids.

This report assesses the availability and benefits of these and other harm reduction-based services around the state. In the context of public health and mitigation of harms related to drug use, harm reduction refers to an approach of providing health-related services without judgment, cost, requiring a commitment to abstinence, or other barriers that stigmatize or marginalize people who use drugs. This report explains that while the Texas legislature has increased access to the life-saving medication, naloxone, state lawmakers can and should enact additional policies that have been proven to mitigate harms related to drug use, improve health outcomes, and prevent overdose deaths.

A harm reduction-based approach in serving the needs of people who use drugs is based in recognizing the humanity of people who use drugs. Harm reduction seeks to eliminate the stigma associated with drug use and utilizes evidence-based practices to improve the quality of life of people who use drugs and prevent unnecessary deaths. Harm reduction recognizes that abstinence is not a realistic goal for everyone, and people nevertheless need and deserve health care services to reduce the risk of infection and overdose. Well-established harm reduction-based services have proven effective in reducing stigma, preventing deaths, and promoting health. These services include syringe service programs, HIV and HCV testing and linkage to treatment, overdose reversal medication and training, medication-assisted treatment for opioid use disorders, and overdose Good Samaritan laws.

FIGURE 2

Cost of opioid crisis in Texas

The opioid crisis costs Texas

$20 billion annually

in non-fatal overdose care in emergency departments and intensive care units.

In recent years, Texas lawmakers have expanded access to community access to overdose reversal medication and training, and to medication-assisted treatment for opioid use disorders. Texas, however, still criminalizes the possession of drug paraphernalia and small, personal use amounts of cannabis and controlled substances, and it has not authorized syringe services programs or enacted an overdose Good Samaritan law. In addition, the state imposes barriers to HCV treatment that other states and federal authorities have lifted. Texas also imposes restrictions on providers and authorizes reimbursements at low rates for medication-assisted treatment.

FIGURE 3

Fentanyl and Overdose in the US

Fentanyl is a synthetic (human-made) opioid

50x more potent than heroin

100x more potent than morphine

Synthetic opioid-involved death rates accounted for

67%

of opioid-involved deaths in 2018.

Across the state, community-based organizations are providing critical services and linkages to support and treatment for people who use drugs, through a harm reduction-based approach. Whether based in El Paso, Fort Worth, Abilene or Waco, these volunteer-run organizations promote safer use, provide health care linkage, and prevent infection through their services. These organizations distribute naloxone and provide wound care and first aid, sterile supplies, menstrual supplies and hygiene care kits, and on-site and no-barrier testing/ screening for HIV and HCV. They provide training on overdose prevention as well as linkage to community-based health care services. They assist people to obtain bus passes, access to the internet, housing assistance, linkage to substance use treatment, and other services that promote health and well-being, and reduce marginalization. One provider of medication-assisted treatment, which is part of a nationwide network, ensures that its staff addresses the social determinants of health—housing, employment, transportation, and so on—for its patients.

FIGURE 4

Opioid-Involved Overdose Deaths in the US

In 2017, over two-thirds of all drug overdose deaths involved opioids.

While the state legislature has taken important steps to expand access to naloxone and medication-assisted treatment, it can do more to enable the provision of harm reduction-based services to save lives and improve individual and community health.

We believe the Texas Legislature should:

1 | Repeal Drug Paraphernalia Laws:

The Legislature should decriminalize the possession and delivery of drug paraphernalia, currently a misdemeanor. This will enable syringe services programs to lawfully distribute sterile syringes, needles, and drug preparation equipment to promote safer use and prevent the spread of infectious disease. These laws do not reduce drug use or increase access to treatment.

2 | Repeal Laws Criminalizing Possession of Cannabis and Controlled Substances in Personal-Use Amounts:

The Legislature should decriminalize small personal-use amounts of cannabis or controlled substances. This will encourage people who use drugs to call for emergency medical attention for ongoing overdoses and to access health services for serious ailments or infections. These laws do not reduce drug use or increase access to treatment.

3 | Authorize Syringe Services Programs:

The Legislature should enact a law authorizing syringe services programs and ensuring that such programs can operate without fear of arrest or prosecution under existing drug paraphernalia laws.

4 | Enact an Overdose Good Samaritan Law:

The Legislature should enact a law immunizing from prosecution any persons who report an overdose and seek emergency medical attention.

5 | Expand Access to HCV (Hepatitis C) Treatment:

The Legislature should eliminate restrictions on obtaining HCV treatment, including a threshold of fibrosis of the liver, a 90-day sobriety requirement, and prescriber limitations in the state Medicaid program, and ensure that managed care organizations (MCOs) follow suit.

6 | Expand Access to Medication-Assisted Treatment (MAT):

To reduce the costs of delivery and expand access to care, the Legislature should improve reimbursement rates for MAT providers to ensure the provider network of opioid treatment programs (OTPs) remains operational and accessible. It should also allow properly trained and certified advanced practice clinicians (nurse practitioners and physicians assistants) to participate in more of the treatment process, as allowed by federal regulations.

7 | Expand Medicaid via the Affordable Care Act:

The Legislature should expand access to Medicaid coverage for low-income adult Texans pursuant to the federal Affordable Care Act. In 2019, the American Medical Association concluded that Medicaid expansion is a key step in addressing the opioid epidemic because it vastly increases access to high-quality, evidence-based, sustainable treatment for persons with a substance use disorder (SUD), and for persons who need comprehensive, multimodal pain care.[3]

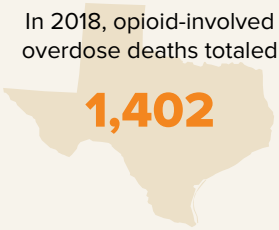
Harm Reduction and PWUD: Origins, Goals, Principles, and Strategies

Origins and Goals of Harm Reduction

FIGURE 5

Opioid-involved overdose deaths in Texas

In 2018, opioid-involved overdose deaths totaled



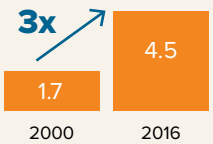
The harm reduction approach originated several decades ago as a health-based response to the increased criminalization of drug use and marginalization of people who use drugs.[4] As has been well-documented, the so-called War on Drugs began in the 1970s with the expansion of penal laws relating to drug use and imposition of stricter penalties.[5] Intensified criminalization of drug use resulted in drastic increases in arrest, incarceration, and criminal supervision using parole and probation, without any improvements in rates of drug use or improved public health outcomes. In addition, criminalization served to stigmatize and marginalize people who use drugs (PWUD), excluding them from critical health and other support services. Criminalization of drug use was also implemented in a way that exacerbated racial disproportionalities in the criminal legal system.[6]

Harm reduction ideas and strategies evolved to promote healthier outcomes for people who use drugs and mitigate harms associated with drug use, as well as to advocate for broader social and legal change of laws and policies that stigmatize and criminalize drug use.[7] In recent years, with alarming increases in opioid use and overdose, advocates and public health practitioners alike have called for the expansion of laws and policies based in harm reduction.[8] Public support for harm reduction strategies has expanded, and more states have expanded services that promote safer use and linkage to health services.

In addition to reducing the harms associated with drug use, harm reduction recognizes that people who use drugs deserve to be treated with dignity and respect, and that social determinants of health impact drug use. It is part of a broader social justice movement that advocates for the rights of PWUD.[9] The harm reduction approach challenges the unrealistic expectation that only individuals who commit to abstinence or treatment are worthy of health and support services. Today, harm reduction-based strategies are evidence-based and have been proven effective through numerous studies.[10]

FIGURE 6

Increases in Opioid-involved Overdose Deaths in Texas



The rate of opioid overdose deaths per 100,000 persons increased almost threefold.

Principles of Harm Reduction

The principles of harm reduction are founded on recognizing the humanity of people who use drugs and aim to improve public health.[11] Harm reduction leads with the idea that people do not forfeit their human rights when they use drugs; everyone is entitled to a humane standard of health, social services, and freedom from degrading and cruel treatment.[12] In addition, the harm reduction approach seeks to remove the social stigmas associated with drug use and promotes person-first language and terminology to combat harmful stereotypes that jeopardize access to health and social services.[13]

FIGURE 7

Increases in Opioid-Related Hospital Costs in Texas

The number of inpatient emergency department visits related to opioids increased more than two-fold, from **1,324** in 2004 to **2,700** in 2014.

Additional key insights of harm reduction practitioners include: 1) acceptance that lawful and illicit drug use will continue, and that minimizing the harmful effects of drug use is a valuable endeavor; 2) quality of individual and community life and well-being, and not cessation of all drug use, should be the measures of success for interventions and policies; 3) services and resources should be provided to people who use drugs in a "non-judgmental, non-coercive" way in order to assist them in reducing harms from drug use; and 4) "the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm."[14]

Harm Reduction-Based Strategies

Well-established and proven harm reduction-based services exist, and in recent years, federal public health authorities and state governments have expanded access to these programs to help mitigate the harms attendant to opioid useand prevent overdose fatalities.[15] The services detailed below are among the most well-established and evidence-based practices. Syringe service programs (SSPs) are often the hub of these harm reduction services; either the SSPs provide the service directly or they work closely with partner organizations to ensure SSP participants have access to them.

1 | Syringe Service Programs

People who inject drugs commonly lack access to sterile syringes, oftentimes because possession of syringes is criminalized in state drug paraphernalia laws.[16] Some drugs rely on hypodermic needles, and the lack of easily accessible needles encourages people who inject drugs to share syringes and use them multiple times.[17] This shared use of used syringes containing contaminated blood results in the transmission of blood-borne

infectious diseases such as HCV (Hepatitis C) and HIV, as well as soft tissue infections and wounds.[18]

Syringe services programs (SSPs) are community-based initiatives that provide sterile syringes and needles, safely discard used syringes, and introduce vital programs and services dedicated to educating and treating people with substance abuse disorders.[19] SSPs prevent the spread of bloodborne diseases and other illnesses by eliminating nonsterile injections.[20] Studies have found that access to sterile syringes reduces HCV and HIV transmission rates by 50 percent.[21] SSPs also play a key role in preventing overdose deaths, and they are cost effective.[22] SSPs also assist with the safe disposal of used syringes, including their removal from public spaces. A research study in Connecticut showed that SSPs reduce the likelihood needle sticks to law enforcement by 66%.[23]

FIGURE 8

Syringe Services programs

Nationally, an additional $10 million for syringe services programs would result in:

194

HIV infections averted in one year

A lifetime treatment cost savings of

$75.8 million

A return on investment of

$7.58 for every $1 spent

People who participate in SSPs are also more likely to enter treatment and stop injecting. In fact, participants who regularly use SSPs are three times as likely to reduce injecting than those who do not, and new SSPs participants are five times more likely to enter drug treatment than those who don't use SSPs.[24]

States have the authority to legalize SSPs, and most states have passed SSP authorization laws because of their effectiveness and life-saving potential.[25] The Federal Consolidated Appropriations Act of 2016 allows states to use federal funds through the U.S. Department of Health and Human Services to support specific aspects of SSPs while prohibiting using the funds for providing syringes, needles, or other equipment solely for illicit drug use.[26]

2 | HIV and HCV Testing and Linkage to Treatment

While all people who use drugs are at higher risk of acquiring HIV and HCV due to riskier environments, people who inject drugs are disproportionately affected by HIV and HCV due to syringe or drug use equipment sharing. [27]To make matters worse, testing and linkage to care falls short for people who inject drugs. One in seven people living with HIV[28] and three out of four people living with HCV [29]do not know they have the disease and are not getting adequate care.

FIGURE 9

People Living with HIV in Texas

IN 2017,
there were
4,358
new HIV diagnoses in Texas.

IN 2017,
88,099
persons were living with a diagnosed HIV infection in Texas.

FIGURE 10

HIV and Injection drug use in Texas

IN 2017,
among Texan women living with HIV,
18.3%
of new diagnoses were attributed to injection drug use.

The Centers for Disease Control and Prevention (CDC) recommends HIV and HCV testing in syringe service program settings in order to reduce HIV and HCV infections.[30] Testing in these settings provides an opportunity to educate and inform people who inject drugs about HIV and HCV and link them to HIV and HCV treatment.

SSPs reduce HIV and HCV incidence by supplying people who inject drugs with sterile syringes and increasing access to HIV and HCV testing. Mobile testing provided through outreach can also help test people who may be temporarily unhoused, living in encampments, or staying at homeless shelters.[31] In addition, SSPs are proven to be cost-effective compared to HIV and HCV treatment, which has become infamous for their exceedingly high cost. Every $1 invested in SSPs has a return of $3-7 in HIV and HCV healthcare savings.[32]

3 | Naloxone and Overdose Prevention Training

While the number of deaths from opioids has risen dramatically over the past decade,[33] the medication naloxone is an evidence-based strategy for reversing opioid overdose. Naloxone, also known by the brand name Narcan, allows overdose victims to breathe naturally by displacing the opioid molecules that depress the central nervous and respiratory systems. Naloxone is non-addictive, and it has no effect unless a person already has opioids in their system, so there is no potential for misuse.[34]

In the past, naloxone was typically administered in hospital settings or by emergency personnel responding to an overdose, making it available only when a person who is overdosing can access emergency medical services.

FIGURE 11

HCV and Injection drug use

Eight in Ten
new HCV infections in the U.S. are transmitted through injection drug use.

However, naloxone is relatively simple to administer—it can be inhaled through the nose—allowing for non-professionals to provide the drug with only a modicum of training.[35] For these reasons, harm reduction advocates have successfully fought for expanded community access to the life-saving medication.

Jurisdictions that allow for take-home naloxone programs and increased access to training on administering naloxone have reduced the number of opioid overdose deaths significantly.[36] A survey of 48 take-home naloxone programs – spread over 15 states and the District of Columbia – reported more than 10,000 reversals of opioid overdoses in the United States.[37] Widespread community distribution of naloxone to people who use drugs or people likely to witness overdose is now a best practice known to reduce opioid overdose rates.[38] In conjunction with distribution, community health providers provide training for naloxone administration, rescue breathing, and body positioning during overdose, all of which are critical to reversing overdose and maximizing the chances of survival.

FIGURE 12

HCV in Texas

In Texas, there are an estimated

205,500

persons living with HCV.

In 2017,

1,888 deaths

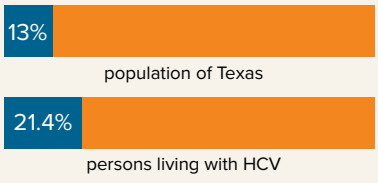
were related to HCV.

4 | Medication-Assisted Treatment (MAT)

Medication-assisted treatment (MAT) utilizes medications to treat substance use disorders. MAT has been particularly effective in treating opioid use disorder, including addiction to heroin and prescription opioids.[39] The Food and Drug Administration (FDA) has approved three drugs for the treatment of opioid use disorder: buprenorphine, methadone, and naltrexone. These medications can help counteract the euphoric effects of opioids, normalizing body and brain chemistry, and relieving cravings without the harmful effects of opioid use. While critics of MAT argue that it substitutes one substance for another, the U.S. Surgeon General has found that those views "are not scientifically supported."[40]

FIGURE 13

Black Texans and HCV



Black Texans make up **13%** of the state population but **21.4%** of persons living with HCV.

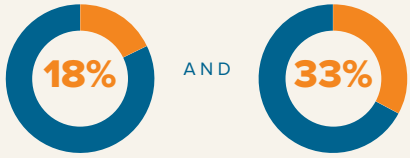
In addition, many state agencies that oversee substance use disorder treatment have promoted MAT through education, training, and financial incentives.[41] MAT may

also substantially increase opioid abstinence and decrease cravings in those recovering from opioid use disorder,[42] while reducing related transmission of infectious diseases and even lowering crime.[43] In addition to improving health outcomes for patients with opioid disorder, MAT has been shown to reduce lifetime health care costs. The annual cost for MAT is roughly only $6,500 per person.[44]

5 | Overdose Good Samaritan Laws

FIGURE 14

Drug offense cases in Texas



of all new misdemeanor cases

of all new felony cases

For a person experiencing an overdose, survival depends on prompt medical assistance. People who witness overdoses often hesitate to call 911 for medical attention because of their own fear of arrest or prosecution, typically for possession of controlled substances or drug paraphernalia.[45] To encourage people to seek emergency medical attention for a person experiencing overdose or after a person has been administered naloxone, states have enacted Overdose Good Samaritan laws, which provide protection from arrest, charge or prosecution for certain drug and drug paraphernalia offenses and other crimes, for the person who calls for emergency help.[46] Some states also provide protection from violations of pretrial, probation or parole conditions and violations of protection or restraining orders.[47] Protections range from immunity to defense to prosecution.[48]

Overdose Good Samaritan laws may require a caller to have a reasonable belief that a person is experience an overdose and make a good faith report of that emergency.[49] Some state laws require the caller to remain on the scene until help arrives, or cooperate with emergency response personnel, whereas others do not.[50]

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has noted that community members may be unaware of existing overdose Good Samaritan laws or lack trust in law enforcement to honor the laws.[51] Therefore, harm reduction practitioners may need to educate law enforcement, emergency responders, and the general public about the existence of such laws.[52]

To increase the effectiveness of syringe services programs and overdose Good Samaritan laws, decriminalizing the possession of drug paraphernalia and small personal use amounts of cannabis or controlled substances is important.[53] Those possession offenses, and the fear of arrest and incarceration they engender, are barriers that prevent people who use drugs from taking advantage of these critical programs.

The Legal Landscape for Harm Reduction Services in Texas

Texas law allows for a range of harm reduction-based services, including widespread access to naloxone, medication-assisted treatment, and HIV/HCV testing. But some harm reduction strategies remain unavailable in Texas, despite evidence of their efficacy. In addition, dedication of resources to criminal drug enforcement has reduced the availability of public health dollars to manage the opioid epidemic.

1 | Criminalization of Drug Possession: Harmful, Costly, and Ineffective

In Texas, as in other states, the criminalization of drug possession has contributed to dramatic increases in incarceration, borne disproportionately by low-income people and people of color.[54] In 2019, Texas prosecutors initiated over 75,000 new misdemeanor drug cases and 62,000 felony drug possession cases.[55] Drug offenses accounted for 18% of all new misdemeanor cases filed in Texas, and 33% of all felony cases.[56] Drug possession, as opposed to drug sale and manufacturing, accounts for 86.7% of all drug arrests nationwide.[57] In Texas, the yearly taxpayer cost of incarcerating people for possessing small quantities of drugs is more than $42 million.[58] As of August 2020, approximately 2,200 people were serving time in state jail for possessing less than one gram of a controlled substance.[59]

Drug possession arrest and conviction can lead to a loss of liberty, exclusion from employment and housing opportunities because of a felony conviction, and life-long harms, including health harms, to individuals and families.[60] Criminalization also increases the stigma and marginalization of people who use drugs. At the same time, aggressive prosecution of drug possession for forty years has failed to reduce rates of problematic drug use or overdose deaths or increased access to substance use disorder treatment.[61] In fact, greater investment in police and jail resources has been accompanied by reduced investment in public health strategies, like harm reduction services and community-based treatment. Texas currently ranks 49th among states in capacity for behavioral health (mental health and substance use disorder treatment) providers.[62]

The War on Drugs has drained state and local government funds while failing to produce measurable public health gains.[63] As a result, states and localities are turning away from criminal enforcement and toward public health strategies. Decriminalization, or the removal of criminal penalties, for possession of small amounts of drugs and drug paraphernalia, is an important step to curtailing costly and ineffective drug enforcement.[64] Twenty-six states and the District of Columbia have removed the threat of jail time for possession of small amounts of cannabis; five states have reclassified drug possession offenses from felonies to misdemeanors; and Oregon has made possession of small amounts of all drugs a fine-only violation.[65]

In Texas, the annual costs of drug enforcement exceed $1.7 billion dollars.[66] By contrast, the Texas Health and Human Service Commission (HHSC)'s budget for substance use disorder prevention, intervention, and treatment services is roughly one-eighth of that, $222 million for fiscal year 2021.[67] Decriminalization of possession of small amounts of all drugs would create a path to substantial savings, reduce harms from criminal legal involvement, and allow the state and localities to dedicate more resources to harm reduction and other health services.

2 | Syringe Service Programs (SSPs)

Texas is one of only a few states that bans SSPs and deprives people who inject drugs of these much-needed resources.[68] People in Texas caught with drug paraphernalia, including sterile syringes, are subject to arrest and prosecution for a misdemeanor.[69] Criminalizing sterile syringes is dangerous because people who inject drugs, their sexual partners, and their children are at high-risk for HIV and HCV infections, and SSPs would help reduce that risk considerably. [70]

Texas Harm Reduction Alliance outreach, Austin TX

Federal health authorities including the CDC, HHS, and the Surgeon General have agreed that SSPs provide critical services to prevent the spread of infectious disease and promote health, without adverse effects on rates of drug use or crime.[71] Most states have authorized SSPs through law or executive order, including comprehensive SSPs linking participants to treatment opportunities, because of their effectiveness at preventing disease.[72] Overwhelming evidence shows that SSPs are cost-effective and improve public health by reducing infection and disease spread.[73]

In 2007, Texas authorized a pilot SSP in Bexar County, but due to local prosecutorial opposition, the program did not launch until September 2019, when Bexar County officials invested $80,000 into a one-year pilot.[74]

3 | HIV and HCV Testing and Linkage to Treatment

According to the CDC, HIV and HCV are among the most common blood-borne infections in the U.S., and injection drug use is the primary risk factor for HCV.[75] Accordingly, the CDC recommends "routine periodic testing for people who inject drugs, and share needles, syringes, or other drug preparation equipment."[76]

Harm reduction programs have increased access to HIV testing and treatment through support from federal resources including the Ryan White HIV/AIDS Program. However,

FIGURE 15

Costs of HIV Treatment

Over 80,000

Texans are living with HIV. The average lifetime cost of HIV treatment for one person is more than

$400,000.

HCV testing and treatment remain inaccessible mainly due to the cost of treatment and barriers to coverage.

In 2017, the National Viral Hepatitis Roundtable and the Center for Health Law and Policy Innovation of Harvard Law School published the "Hepatitis C: The State of Medicaid Access" report card for each state. Texas was rated poorly, receiving a D+. The report identified severely restricted access to HCV medications due to requirements such as severe liver damage (fibrosis, F3 or higher), a prescription written by or in consultation with a specialist, and 90 days of sobriety prior to engaging in treatment.[77] The sobriety restrictions remain in place despite evidence that injection drug use is now the leading cause of HCV infections and there are no significant differences in outcomes for people who do not maintain sobriety while engaging in treatment. The report concludes that "postponing access to care for people who use substances or otherwise do not maintain sobriety not only allows the health of these individuals to deteriorate, but also undermines public health efforts to end the HCV epidemic."[78]

4 | Naloxone and Overdose Prevention Training

Texas law allows for the distribution of naloxone to those with substance use disorders and others who may need to care for them in the event of an overdose. In 2015, Texas lawmakers approved legislation that allows for naloxone to be prescribed to a person at risk of experiencing an overdose, and anyone who might be in a position to help them.[79] The law, which was supported by a broad coalition including the Texas Medical Association, Texas Pharmacy Association, and Texas Association of Business, also allows laypeople to administer naloxone, either by injection or through nasal spray.[80]

Texas Harm Reduction Alliance outreach staff, Austin, TX

Narcan nasal spray

Following passage of that law, both Walgreens and CVS Health utilized a physician's standing order that allow them to dispense naloxone to customers without a prescription, and both pharmacies now stock the drug in all of their pharmacies.[81] Harm reduction organizations, including the Texas Overdose Naloxone Initiative (TONI), have also obtained standing orders, allowing them to obtain the drug for use in responding overdoses.[82]

In May of 2019, Texas became the first state to offer naloxone for purchase online, making the state a leader in attempting to reduce overdose deaths.[83]

5 | Medication-Assisted Treatment (MAT)

Although medication assisted treatment has been proven to be effective for opioid use disorder (OUD), research indicates that fewer than half of people with OUD have access to MAT.[84] The lack of access can be attributed to both the lack of insurance coverage and shortage of providers, oftentimes caused by federal and state regulations.

In 2016, the U.S. Comprehensive Addiction and Recovery Act (CARA) temporarily expanded eligibility to prescribe buprenorphine for medication-assisted treatment (MAT) to qualifying nurse practitioners and physician assistants, but Texas, unlike most other states, continues to restrict certain opioid treatment program (OTP) functions to a physician. In addition, reimbursement for OTPs in Texas is one of the lowest in the nation and does not adequately cover the costs.

Taken together, these barriers to providing MAT have prevented adequate clinics from operating; Texas has only 95 licensed opioid treatment clinics across its 254 counties.[85] Methadone can only be dispensed by licensed OTPs, which substantially limits access to the evidence-based medication. The limited number of clinics is especially concerning for methadone patients because in most cases, methadone treatment programs require the individual to visit the clinic on a daily basis to receive treatment.

Texas Harm Reduction Alliance staff make kits, Austin, TX

6 | Overdose Good Samaritan Laws

In 2017 and 2018, overdoses reached a historic high in Texas, claiming 3,000 lives each year,[86] yet the state has not enacted an Overdose Good Samaritan law. Such a law provides legal protections for people who call for emergency assistance due to an overdose.[87] The laws may include protection from arrest and prosecution for drug and drug paraphernalia possession and other related crimes.[88]

Currently, a bystander or person experiencing an overdose in Texas is in danger of facing legal consequences if they call 911.[89] Police involvement is consistently cited as the number one deterrent from calling 911 during an overdose.[90] And it's a strong deterrent; less than 50% of overdoses result in a call for help.[91] Good Samaritan Laws encourage people to seek emergency assistance when witnessing or experiencing a drug overdose.[92] Most states and the District of Columbia have enacted Good Samaritan Laws, and these laws have not resulted in an increase in drug use.[93] As a result of these Good Samaritan Laws, opioid-related overdose deaths decreased by as much as 15 percent.[94]

In 2015, a Good Samaritan bill, HB 225, passed the Texas House and Senate, but was vetoed by Governor Abbott because he contended it did "not include adequate protections to prevent its misuse by habitual drug abusers and drug dealers."[95]

O.D. Aid volunteers, Fort Worth, TX

Harm Reduction Programs Around Texas

Federal health care and disease prevention authorities have noted the wide variety of measures needed to effectively battle the opioid epidemic and produce sustainable health gains for people who use drugs. A network of community-based organizations using a harm reduction approach are delivering evidence-based services to mitigate the harms related to drug use while fighting the stigma and marginalization experienced by people who use drugs.

Texas Harm Reduction Alliance

THRA was founded in 2019 as a mobile and street-based outreach team serving people at risk of opioid overdose in the Austin/Travis County area through a backpack exchange. The outreach team provides overdose prevention education and medication, direct linkage to medication-based treatment for opioid use disorders, connection to harm reduction recovery coaching, and transportation upon request. In 2020, THRA opened a drop-in center, offering a space for people to meet with staff, get supplies and snacks, and connect to services. Over the course of 2020, THRA distributed approximately 140,000 syringes, 7,000 doses of naloxone, directly linked 38 people to MAT and recovery coaching, and made a total of 3,550 connections during outreach.

In addition to their Austin-based services, THRA is building a statewide harm reduction alliance to fight for policy changes at the state and local level. With members from 12 Texas cities, the alliance meets virtually every month to discuss topics including organizing for social change, COVID-19 response and fighting the War on Drugs locally.

Texas Harm Reduction Alliance staff, Austin, TX

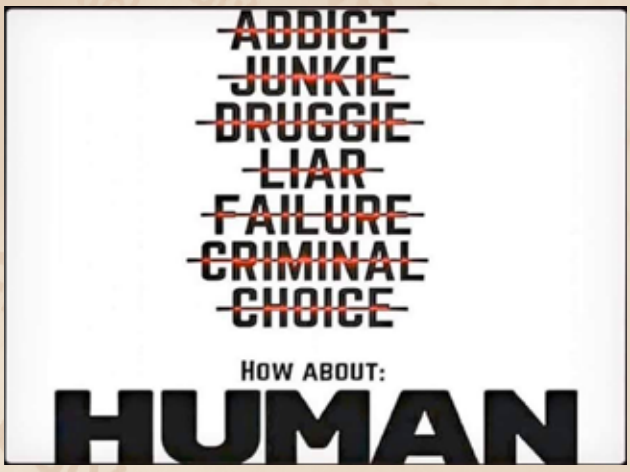
Central Texas Harm Reduction

Center Texas Harm Reduction (CTHR) is a volunteer-run program helping to improve the quality of life for people who use drugs in and around Waco and McLennan County. The organization started in September 2019 with trainings on how to administer naloxone, also known as Narcan. Since then, CTHR has distributed over 3,500 doses of Narcan to people who use drugs and their family members. It has also helped local treatment centers and police departments connect to programs that provide free Narcan.

CTHR has expanded to provide other services to people who use drugs. Volunteers conduct rapid testing for HIV and Hepatitis C. They also provide fentanyl-testing strips to help identify drugs that may be laced with fentanyl, which greatly increases overdose risk. According to Richard Bradshaw, CTHR founder and volunteer, these are critical disease prevention services that, but for the stigma associated with drug use, would be more widely available. Bradshaw says, “These interventions are supportive of health.”

Many CTHR volunteers are in recovery themselves, and the organization draws heavily from peer-support strategies. CTHR volunteers use motivational interviewing to understand an individual’s goals and intentions and then link them with supportive services. This includes helping people make appointments at community health clinics or with primary care physicians, where they can get a referral for medication-assisted treatment and other health services. CTHR also connects individuals with housing programs and the state-funded in-patient treatment facility in Waco. Bradshaw says, “It’s about self-determination—giving an individual a seat at the table for health care, giving them information, and giving them choices.”

CTHR picks up and disposes of used syringes to prevent their re-use and reduce spread of HIV and Hepatitis C. CTHR would like to provide sterile syringes if allowed by state law. The costs of a lifetime of treatment for HIV or Hepatitis C far exceed the costs of clean syringes. Bradshaw says, “The punitive war on drugs paradigm is old and outdated. We need a modern, evidence-based approach to substance use disorder. We need to focus on promoting health, preventing disease, and treating people with dignity.”



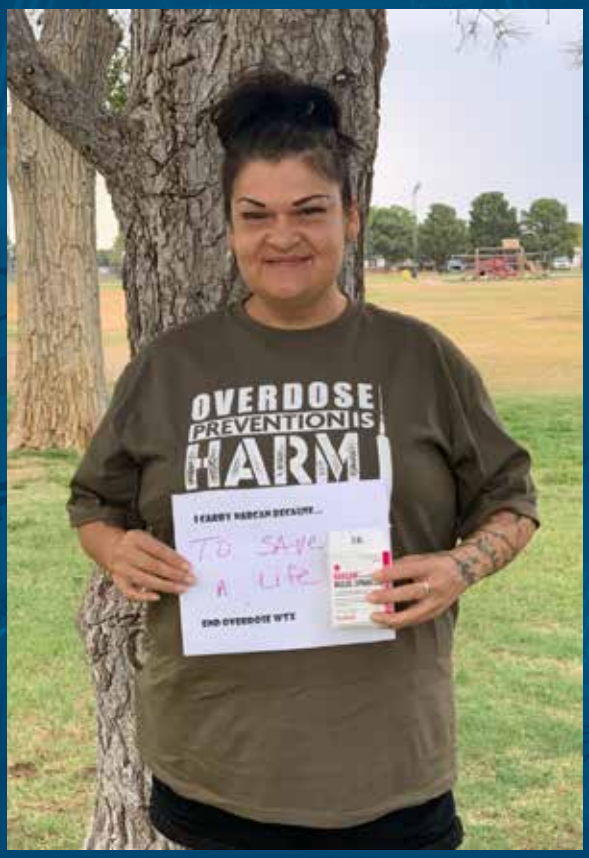
West Texas Harm Reduction

Michael Prado founded the West Texas Harm Reduction (WTHR) organization in 2017 as a free, community-based naloxone distribution program serving people who use drugs. WTHR seeks to reduce the adverse effects drugs have on the community and eliminate the stigma associated with drug use.

In addition to distributing naloxone, WTHR volunteers also provide overdose prevention and awareness training, including how to recognize an overdose and administer naloxone and rescue breathing. WTHR also provides fentanyl testing strips and educates people on how to prevent the transmission of HIV and Hepatitis C. In addition, they distribute blankets, condoms, hygiene kits, safe use supplies, and containers for safe disposal of used syringes. Recognizing that people lack access to resources, WTHR provides information on free HIV and Hepatitis C testing, free counseling services, and low-barrier medication-assisted treatment. In 2020, WTHR volunteers also gave out masks and educated people on preventing COVID transmission. Prado says, “Our mission is to smash the stigma that goes along with drug use and to educate people.”

WTHR conducts daily outreach and serves about 25 people a day in Abilene, Texas. In addition, WTHR volunteers provide services in nearly cities along the I-20 corridor, from Odessa in the west to Ranger in the east. WTHR’s services are entirely free, run by volunteers, and supported by donations. Prado says, “We meet people where they are. I was once in their shoes, and I can relate to them. My goal is to love these people, educate them, and save their lives.”

WTHR would like to see Texas enact a Good Samaritan law, immunizing from criminal prosecution any person who calls 911 to report an overdose. Prado says people who fear arrest will not call 911. If Texas had a Good Samaritan law, more people would call for emergency medical services, and lives would be saved. Prado also dreams of having a drop-in center where people can pick up hygiene and health supplies, take showers, get hot meals, and access the internet. He says, “Harm reduction is about providing a path to recovery for whoever wants it.”



West Texas Harm Reduction volunteer, Abilene, TX

El Paso Harm Reduction Alliance

Gilberto Perez founded the El Paso Harm Reduction Alliance (EPHRA) in 2016 as a free, community-based naloxone dispensary. EPHRA began as an initiative of the Alliance of Border Collaboratives to promote public health by preventing overdoses and the spread of infectious diseases for people who use drugs (PWUD).

EPHRA uses a harm reduction approach to provide services—without cost, judgment, or other barriers. EPHRA provides HIV and syphilis testing and syringes along with naloxone. EPHRA staff also provides on-site wound care treatment, antibiotics, and drug testing for fentanyl. They take walk-ins at their clinic and conduct outreach weekly. During the COVID pandemic, they distributed masks and set up portable hand-washing stations around the community.

EPHRA works with "gatekeepers," who are community leaders relied upon by people who use drugs. Gatekeepers may help PWUD with shelter, supplies, conflict resolution, or a safe place for drug consumption. Working with gatekeepers, EPHRA staff distribute food, health information, and harm reduction supplies. EPHRA staff also monitor the incidence of overdoses and additional community needs through voluntary and compensated community surveys. Finally, EPHRA organizes and participates in health fairs to raise awareness of public health issues.

EPHRA serves roughly ten thousand people each year in greater El Paso.

EPHRA's services benefit the community by preventing overdoses through the distribution of naloxone and related training; preventing the spread of blood-borne diseases through HIV testing; preventing soft tissue skin infections through wound care and antibiotics; and contributing to the overall improvement of people's quality of life. Because of their services, Perez contends, people who use drugs are safer, happier, and more willing to engage in other harm-reduction educational activities.

EPHRA has a small paid staff as well as a pool of volunteers, including program participants. EPHRA also works with local public officials to educate them about the program's health benefits. Perez says, "People have opened their hearts and minds to our outreach team. The number one thing we need to be successful is the community's trust, and we have that."

El Paso Harm Reduction Alliance volunteers, El Paso, TX

Community Medical Services

Community Medical Services (CMS) operates four clinics in Central Texas, providing outpatient medication-assisted treatment (MAT) via medication, counseling and community-based services to people with opioid use disorder.

Community Medical Services volunteers, Austin, TX

CMS is part of a national network that seeks to utilize harm-reduction strategies when caring for patients with opioid use disorder. Each CMS Texas clinic is licensed to provide methadone services, along with other FDA-approved medications like buprenorphine and naltrexone. Providers prescribe appropriate medication and supervision tailored to an individual's health needs, and in accordance with medical standards.

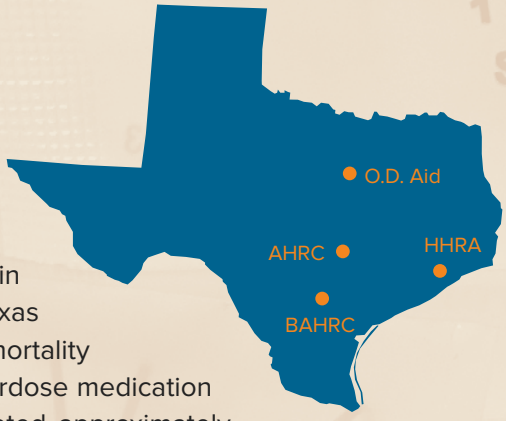
At intake, CMS staff obtain a comprehensive biological, psychological and social history from each patient, which provides counselors with a roadmap of the patient's individualized needs. Based on this needs-assessment, counselors work to connect patients with other social services to improve their quality of life, such as access to transportation, a driver license, or employment. "We pride ourselves in addressing the social determinants [of opioid use disorder]," says Aaron Ferguson, who serves as Regional Impact Manager for the company's Texas operations.

Ferguson describes CMS as a "low-threshold and low-barrier provider," which has helped to reduce wait times for those seeking methadone in Central Texas. CMS eliminated months-long wait times by opening two Austin clinics. CMS's largest clinic in Austin services about 300 patients. In addition, Ferguson meets with community organizations, law enforcement, and politicians to increase understanding of, and reduce the stigma around, opioid use disorders.

CMS explicitly aligns medication-assisted treatment with harm reduction principles—no stigma, no judgment, and no pre-payment required. Ferguson says, "We treat people who use drugs with dignity and respect, and without judgment or a patronizing attitude. We know that some people are not ready to stop using. We don't kick the person out for that. Every day that they are engaged in our services is a reduction in their mortality, a reduction in exposure to contaminants that could kill them."

The company faces challenges. Unlike other states, in Texas, methadone can only be prescribed by a licensed physician—not nurses or physician assistants—which limits the scope of CMS's methadone services. The company's Texas clinics also see a higher rate of self-pay than in other states where lawmakers have expanded access to Medicaid. In Texas, only about 15 percent of CMS's patient population utilizes Medicaid to pay for treatment. Low reimbursement rates also discourage providers from expanding their services. "I think you would see services double or triple in size if there was better reimbursement and expansion of Medicaid," Ferguson says.

Other Texas Harm Reduction Programs



The Texas Overdose and Naloxone Initiative (TONI) was founded in 2013 with a mission to decrease the adverse impact of opioids on Texas residents, with an immediate emphasis on reducing overdose mortality through best practices and providing greater access to opioid overdose medication such as Naloxone/Narcan. Over the next six years, TONI completed approximately 230 trainings throughout Texas, training approximately 6,000 individuals in over 20 community-based organizations and agencies. In addition, TONI distributed over $28 million worth of medication and 10,000 overdose kits, developed trainings in English and Spanish, and documented over 1700 overdose rescues.

The Houston Harm Reduction Alliance (HHRA) has served the Houston community since 2017, providing naloxone and related training, as well as hygiene and other supplies to people who use drugs. In 2019, this volunteer-run group served over one hundred individuals. HHRA also provides resources to safely dispose of used syringes and refers individuals to health care providers for HIV and Hepatitis C testing as well as for treatment for substance use disorder.

The Bexar Area Harm Reduction Coalition (BAHRC) began in 2003 and engages with people who use drugs in efforts to reduce the negative consequences of extreme stigma, discrimination and trauma experienced by people who inject drugs, including the transmission of HIV and Hepatitis C, sexually transmitted diseases, and overdose mortality. BAHRC volunteers provide information, materials, referrals and support to enhance safety and increase linkages to health and social services. In 2019, BAHRC began operating a one-year pilot syringe services program (SSP), to distribute sterile syringes to people who inject drugs and to provide for the safe disposal of used and potentially contaminated syringes.

O.D. Aid is a volunteer-run harm reduction organization serving people who use drugs in Fort Worth since 2018. In addition to providing naloxone to prevent overdoses, ODA also provides safer use supplies, access to food, and programming based on the participants' desires. ODA believes that health care is a human right, and that harm reduction is health care. Recognizing that people will continue using drugs even if they do not have sterile supplies, with potentially deadly results, ODA provides sterile, medical-grade equipment to promote health. Through resources, relationships, and advocacy, ODA also mobilizes for systemic changes to improve the lives of people who use drugs, people engaging in sex work, and people experiencing homelessness.

The Austin Harm Reduction Coalition (AHRC) began in 1994 with syringe exchange and has evolved into the provision of harm reduction supplies in a mobile setting to allow for trust-building encounters while being adaptable to changing community needs/locations. In 26 years of operation, AHRC's commitment to reducing the spread of HIV/HCV in the communities affected by injection drug use has never wavered. AHRC provides syringe access and safe disposal, overdose reversal supplies and education, community referrals, safe sex supplies, safer injection training, linkage to recovery services, and basic first aid. AHRC focuses on high need sites in south Austin, consistently meeting participants close to where they live and congregate.

Recommendations for Legislative Reform in Texas

While the state legislature has taken important steps to expand access to naloxone and medication-assisted treatment, it can do more to enable the provision of harm reduction-based services to save lives and improve individual and community health.

We believe the Texas Legislature should:

1 | Repeal Drug Paraphernalia Laws:

The Legislature should decriminalize the possession and delivery of drug paraphernalia, currently a misdemeanor. This will enable syringe services programs to lawfully distribute sterile syringes, needles, and drug preparation equipment to promote safer use and prevent the spread of infectious disease. These laws do not reduce drug use or increase access to treatment.

2 | Repeal Laws Criminalizing Possession of Cannabis and Controlled Substances in Personal-Use Amounts:

The Legislature should decriminalize personal-use amounts of cannabis and controlled substances. This will encourage people who use drugs to call for emergency medical attention for ongoing overdoses and to access health services for serious ailments or infections. These laws do not reduce drug use or increase access to treatment.

3 | Authorize Syringe Services Programs:

The Legislature should enact a law authorizing syringe services programs and ensuring that such programs can operate without fear of arrest or prosecution under existing drug paraphernalia laws.

4 | Enact an Overdose Good Samaritan Law:

The Legislature should enact a law immunizing from prosecution any persons who report an overdose and seek emergency medical attention.

5 | Expand Access to HCV (Hepatitis C) Treatment:

The Legislature should eliminate restrictions on obtaining HCV treatment, including a threshold of fibrosis of the liver, a 90-day sobriety requirement, and prescriber limitations in the state Medicaid program, and ensure that managed care organizations (MCOs) follow suit.

6 | Expand Access to Medication-Assisted Treatment (MAT):

To reduce the costs of delivery and expand access to care, the Legislature should improve reimbursement rates for MAT providers to ensure the provider network of opioid treatment programs (OTPs) remains operational and accessible. It should also allow properly trained and certified advanced practice clinicians (nurse practitioners and physicians assistants) to participate in more of the treatment process, as allowed by federal regulations.

7 | Expand Medicaid via the Affordable Care Act:

The Legislature should expand access to Medicaid coverage for low-income adult Texans pursuant to the federal Affordable Care Act. In 2019, the American Medical Association concluded that Medicaid expansion is a key step in addressing the opioid epidemic because it vastly increases access to high-quality, evidence-based, sustainable treatment for persons with a substance use disorder (SUD), and for persons who need comprehensive, multimodal pain care.

Conclusion

This list of policy changes that would promote harm reduction is not exhaustive. Other examples include: widespread drug and fentanyl testing kits;[96] pre-arrest diversion or deflection programs allied with the development of sobering centers and respite centers;[97] and an expansion of programs providing permanent supportive housing, which is linked to improved health and housing outcomes and greater success in recovery for people who use drugs.[98] Studies have shown measures like these to be effective in promoting safer use, reducing harms attendant to drug use and increasing utilization of treatment services, all without increasing rates of drug use or related crime.

Indeed, a wide variety of measures are needed to effectively battle the opioid epidemic and produce sustainable health gains for people who use drugs. Harm reduction strategies are evidence-based, proven tools in the fight against the opioid epidemic and in mitigating the harms related to drug use. In Texas, the 2021 legislative session will provide an opportunity for enacting some of these critical policy changes.

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