

Strengthening Harm Reduction Services For People Who Use Drugs In Texas

Executive Summary

Opioid use and overdose deaths have reached epidemic proportions in the United States, with 128 people dying every day from opioid overdoses. 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. 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.

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

FIGURE 1

Overdose deaths every day

2018 DATA SHOWS

that every day,

128 people

in the United States die after overdosing on opioids.

FIGURE 2



Cost of opioid crisis in Texas

The opioid crisis costs Texas

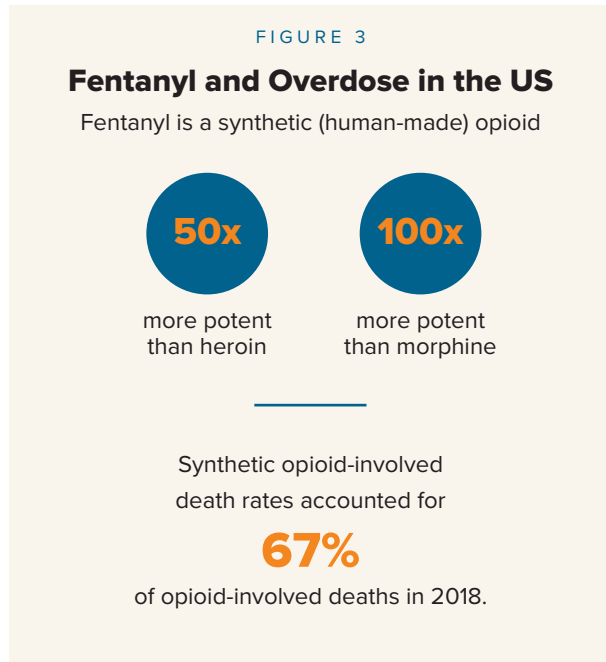
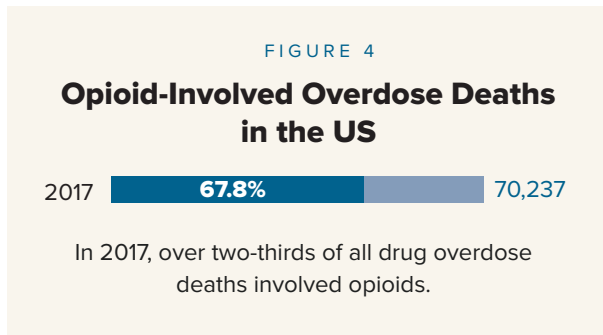
\$20 billion annually

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

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.

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.

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.



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.