



Senate Bill 1827

Relating to the creation of the opioid abatement account

ISSUE

Our state and country have been gravely impacted by opioid manufacturers profiting off of individuals' pain. In order to save as many of those lives affected by opioid and other substance abuse, we should strategically plan for the allocation of the settlement funding that will be coming to Texas. One strategy is to ensure dollars allocated to the state as a result of the lawsuits are used toward a full continuum of care supporting individuals and communities devastated by opioids and other substances. SB 1827 creates an opioid abatement account that ensures dollars awarded to Texas as a result of lawsuits against opioid manufacturers are directed to state agencies that address substance use. This is critical in guaranteeing that money awarded to the state directly provides support and services to those in need of care.

RECOMMENDATION

While this legislation highlights the need to address opioids from multiple fronts, there is an opportunity to build off these strategies with the inclusion of recovery support services. These are evidence-based practices that support services to increase long-term recovery and recovery quality. Services are provided by peer specialists, who help initiate services like counseling, recovery housing, transportation, and medications.¹

According to the Centers for Medicare and Medicaid Services (CMS), peer support services are an evidence-based mental health model of care.² Peer services are provided by qualified peer support specialists with lived experience of mental illness and/or substance use who, as a result of their recovery, training, and certification, are uniquely able to assist other individuals with their own recovery. Peer support services for those in recovery from substance use is an incredibly valuable asset to an individual's recovery, as well as to their communities. In Texas, one long-term study focusing on substance use disorder peer specialists (also called recovery coaches) demonstrated exciting results. In total, recovery coaching saved \$3,422,632 in healthcare costs, representing a 72 percent reduction in costs over 12 months. The study further showed:³

- Housing status improved, with 54 percent of long-term coaching participants owning or renting their own living quarters after 12 months, compared to 32 percent at enrollment;
- Overall employment increased to 58 percent after 12 months, from 24 percent at enrollment;
- Average wages increased to \$879 per month after 12 months, from \$252 at enrollment; and
- Healthcare utilization dropped after 12 months of recovery coaching, specifically:
 - Outpatient visits dropped to 815 visits from 4,118 at enrollment;
 - Inpatient care days dropped to 1,117 days from 9,082 at enrollment; and
 - Emergency room visits dropped to 146 from 426 at enrollment.

BACKGROUND

Nationally, sales of opioid medications have quadrupled since 1999, with a total of 15.9 million prescriptions written in Texas alone in 2015.⁴ Further, prescription and illegal opioids have accounted for more than 60 percent of overdose deaths in the United States, a number that has quadrupled over the past two decades.⁵ Though the problem is multi-faceted, deceptive practices from opioid manufacturers have contributed to the opioid epidemic. As part of a 41-state coalition, Texas served subpoenas and information requests to eight major opioid manufacturers in order to gather information about their marketing and distribution practices, including Purdue Pharma. Following the investigation, there were a number of lawsuits across the country filed alleging deceptive trade practices, including the misrepresentation of the risk of addiction to painkillers to patients and doctors.

In a lawsuit filed by the state of Massachusetts, emails written by Richard Sackler, a member of the founding family and company executive of Purdue Pharma, were discovered. The emails uncovered a strategy to divert negative attention away from the company and onto those individuals who may have developed a dependence to their medication. Mr. Sackler included in an email, “We have to hammer on the abusers in every way possible. They are the culprits and the problem. They are reckless criminals.”⁶ Further, court documents in the state of Connecticut’s lawsuit revealed that in relation to their deceptive marketing practices: “Purdue claimed that ‘dose was not a risk factor for opioid overdose,’ even while their internal documents showed that it was ‘very likely’ that patients face “dose-related overdose risk.”⁷

Substance use and overdose death trends in Texas have continued since the lawsuits and have steadily increased in recent years. Now, there is mounting evidence pointing to an exacerbated substance use and overdose epidemic as a result of COVID-19. Overdoses have not only increased since the pandemic began, but are accelerating as it persists. The United States has the most lives lost due to overdose ever recorded in a 12-month period through May 2020.⁸ On December 17, 2020 the CDC released a Health Advisory Network warning of the dramatic increase. Texas has seen a 21.8 percent increase in overdose deaths, and is one of 13 states that saw an over 50 percent increase in overdose deaths involving synthetic opioids.⁹

CONCLUSION

Substance use conditions—like diabetes, cancer, heart disease, and asthma—are chronic diseases caused by behavioral, environmental, and biological/genetic factors.¹⁰ It is important to understand that substance use prevention, treatment, and recovery are not part of a linear process, and different levels of care are often needed non-sequentially. Now more than ever, Texas needs to sustain a continuum of care, inclusive of recovery support services, for substance use throughout the state that is affordable and accessible to those who need it. This in part can be achieved through ensuring the dollars that are awarded to the state are only used to provide substance-use related supports and services.

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¹ Texas Health and Human Services. (n.d.). *Recovery support services*. Retrieved from <https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use/recovery-support-services>

² Department of Health and Human Services Centers for Medicare and Medicaid Services (August 15, 2007). State Medicaid Director Letter #07-011.

³ Mangrum, L., Spence, Richard, et al. (August 2018). *Recovery support services project, Fiscal Year 2018 interim process evaluation report*. Retrieved from <https://socialwork.utexas.edu/dl/ari/recovery-supportservices-report-2018.pdf>

⁴ Texas House of Representatives. (2017). *Proclamation: Appointment of Select Committee on Opioids and*

Substance Abuse. Retrieved from <https://house.texas.gov/media/pdf/PROCLAMATION-Select-CommitteeOpioids-and-Substance-Abuse.pdf>

⁵ U.S. Department of Health & Human Services, Centers for Disease Control and Prevention. (2021). *Opioid overdose, Understanding the epidemic*. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

⁶ Joseph, A. (2019, January 15). ‘A blizzard of prescriptions’: Documents reveal new details about Purdue’s marketing of OxyContin. *STAT*. Retrieved from <https://www.statnews.com/2019/01/15/massachusetts-purdue-lawsuit-new-details/>

⁷ State of Connecticut v. Purdue Pharma L.P., NO. X07 HHD-CV-19-6105325-S (Superior Court, 2019). https://portal.ct.gov/-/media/AG/Press_Releases/2019/partially-redacted-amended-complaint-filed-5-6-19.pdf

⁸ Center for Disease Control and Prevention. (2020, December 17). *CDC health advisory: Increase in fatal drug overdoses across the united states driven by synthetic opioids before and during the covid-19 pandemic*. Retrieved from <https://emergency.cdc.gov/han/2020/han00438.asp>

⁹Ibid.

¹⁰ U.S. Department of Health and Human Services, Office of the Surgeon General. (November 2016). *Facing addiction in America: The surgeon general’s report on alcohol, drugs, and health*. Retrieved from <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>