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Gaps in Drug Treatment Data and Availability: Lessons from Harris County, Texas

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Gaps in Drug Treatment Data and Availability: Lessons from Harris County, Texas[1]

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[1] The findings discussed in this working paper stem from a collaboration between the Texas Criminal Justice Coalition and the Baker Institute's Drug Policy Program to survey drug treatment providers that serve criminal justice populations in Harris County. That study is ongoing and the findings will be published in a future report.

Since 1999, more than 350,000 people have died from an overdose involving an opioid, resulting in what has been called an epidemic and a crisis, and igniting demands for a comprehensive and well-funded government response. There continues to be significant disagreement about how to deal with the opioid epidemic, but the need for increased drug treatment is one point on which policy experts, public health officials, law enforcement groups, and politicians agree.

Calls for expanding drug treatment are based on data which suggest there are significant gaps in accessibility and affordability, especially for certain populations, such as people who are low income or live in rural areas. The National Survey on Drug Use and Health (NSDUH) finds that only about 10 percent of people who need treatment for a substance use disorder (SUD) actually receive it. This discouraging statistic indicates a general lack of access to drug treatment, but what is less clear is how availability varies depending on a person's specific treatment needs, insurance coverage, income, or location. Gaps in care may be most visible in areas where treatment is least prevalent; in rural communities that have only a handful of providers it can be fairly simple to identify the very limited options available to residents. Large cities typically have more resources to meet a greater demand, but it can be difficult to identify the full extent of available services, and to connect people with the services best suited to treat their individual needs.

The ability to get people the treatment that will be most effective for them is further complicated by the fact that the drug treatment industry largely operates in a silo, separated from other medical care, and remains highly unregulated, making it difficult to track what options are available to different populations in different communities, and to identify providers that offer high quality care. Limitations on care imposed by insurance coverage or lack thereof add to the complexities of navigating the system.

Harris County, Texas, is home to Houston, the fourth largest city in the country and one of the most diverse. The drug overdose rate in Harris County was 11.4 per 100,000 people in 2016, above the statewide rate of 10.2, but significantly below the national average of 19.7, although it is likely that deaths from overdose are undercounted. Opioid use is a concern for the area, and law enforcement predict that overdose deaths from opioids may increase due to the increasing frequency with which counterfeit prescription pills containing the powerful synthetic opioid fentanyl are found on the streets. But law enforcement officials also report that cocaine and methamphetamine use are more problematic for Harris County, with meth rated as the greatest drug threat for the area. Forty-nine percent of all drugs identified and tested by the Houston Forensics Science Laboratory in fiscal year 2017 were cocaine or methamphetamine, compared to ten percent that were heroin or pharmaceuticals. While heroin and prescription opioids are implicated in more overdoses than methamphetamine or cocaine, deaths involving these drugs are also increasing, as is the tendency to find overdose deaths caused from the use of multiple drugs.

These data suggest that there are several drug trends in Harris County that require a response. At this time, the County does not appear to have the capacity to meet the drug treatment needs of its citizens. Notably, Harris County lacks reliable data on the quantity of drug treatment services currently available in the community. Data on the quality of existing services is also lacking, but the data that are available suggest there are several gaps in care, including availability of medication-assisted treatment,

integration of drug treatment services with other critical service areas, and drug treatment services for people on Medicaid or without insurance.

Part I.

The capacity of Harris County to provide drug treatment services to residents is not fully understood. Federal, state, and local government agencies all keep separate inventories of available drug treatment services in the county, with relatively little overlap. At the federal level, the Substance Abuse and Mental Health Services Administration (SAMHSA) collects some of the most comprehensive information on treatment providers through the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual inventory of alcohol and drug treatment services available at facilities around the country. In 2016 the N-SSATS survey included 64 treatment facilities for Houston and the surrounding areas, and provided information on everything from the type of care provided to facility smoking policies.

The depth of information provided by this survey is valuable, but it only captures a small portion of the services available in the community. The Texas Health and Human Services Commission (HHSC) maintains a list of all state-licensed drug treatment facilities on its website.[2] This list includes 92 substance use treatment providers in Harris County that are not included in the federal survey. Harris County court and probation services maintains its own list of providers that it uses to refer clients who are mandated to undergo drug treatment; this list includes 51 drug treatment providers in Harris County that are not included in either the aforementioned state or federal lists.[3]

Taken together, these federal, state, and local sources suggest there are at least 207 drug treatment facilities or providers in Harris County. We do not know the total number of people that these providers are collectively able to treat, but according to HHSC there were 12,779 treatment slots available at the 92 places on its list of state-licensed facilities in Harris County in 2018.[4] In a county of roughly 4.5 million, that means that there are enough treatment slots for less than .3 percent of the population. County-level data on treatment need is difficult to estimate, but according to the NSDUH, nearly eight percent of the population aged 12 or older in Harris and surrounding counties has a substance use disorder, over six percent needed but did not receive treatment for alcohol use in the past year, and two percent needed but did not receive treatment for illicit drug use in the past year. [5]

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[2] This list does not appear on the Texas HHSC's mental health and substance use webpage. Instead it is on the department webpage for licensed regulatory services. It is probably safe to assume that the majority of people looking for drug treatment services in their area would not think to look here.

[3] Some of these providers deal only with criminal justice populations, but the vast majority also treats individuals without any legal issues.

[4] "Treatment slots" refers to the total number of available spots or beds for treatment at inpatient, outpatient, and residential facilities.

[5] These estimates were published by SAMHSA in 2016 and are based on yearly averages of drug use for 2012, 2013, and 2014. While estimates for current years may differ, based on the relative stability of drug use trends in general, there is reason to believe that these figures are still a close approximation of current trends.

The actual gap between supply and demand is not as severe as suggested by these numbers because information on treatment capacity is available for less than half of known providers. Our estimate of over 200 drug treatment facilities or providers in Harris County also is certainly not exhaustive, and it does not capture the numerous Alcoholics Anonymous, Narcotics Anonymous, and similar groups that hold meetings daily around the county. The vast majority of licensed individuals who treat addiction in private practice or through a physician's office are also not included in this count of providers. Still, even if there were ten times as many treatment slots available as what the HHSC data suggest, that still would not be enough to address the apparent need in Harris County.

The finding that there are more than 200 drug treatment providers in Harris County stands in stark contrast to the federal N-SSATS inventory of 64 drug treatment facilities for the Houston area. SAMHSA acknowledges that the N-SSATS survey does not capture all treatment providers. But the discrepancy between the federal data and local observations is concerning because the N-SSATS data are those most frequently cited in conversations and studies of drug treatment availability. For the Houston area, the survey only captures (at most) about 31 percent of facilities, significantly underestimating the availability of drug treatment in the community. If this is the case for the Houston area, one must wonder if this is the case for other parts of the country as well.

Amidst calls for expanding access to drug treatment, the lack of a reliable and comprehensive inventory of what is currently available obscures the nature of the problem. Without a more detailed understanding of what services and needs exist at the local level, it will be difficult to make intelligent decisions about how to invest in building and expanding an effective drug treatment infrastructure.

Part II.

A comprehensive inventory of places that offer drug treatment services is necessary in order to increase awareness among people seeking treatment of the options available to them, and to make informed policy decisions about how to address gaps in care. For these same reasons, it is also important to know what types of care are provided at existing facilities. Drug treatment services can vary significantly from one place to another. The type of care setting, the therapeutic approaches used, the qualifications of staff on premises, the forms of payment accepted, and the emphasis placed on abstinence as a treatment goal, are all features on which providers may differ. Likewise, individuals seeking treatment differ in their drug use histories, severities of addiction, social circumstances, financial resources, and attitudes towards recovery, making each person's ideal treatment environment somewhat different.

To increase the likelihood that drug treatment is effective, it is critical to match a person with a program best suited to his or her needs, which in turn requires detailed information about available treatment options. In Harris County, aggregated data on various aspects of treatment, such as the therapeutic approaches used, whether medication-assisted treatment is available, and what payments are accepted, does not exist for the majority of facilities. The federal N-SSATS survey is the most comprehensive dataset available, but should be interpreted with two caveats in mind.

The first is that the survey includes at most 31 percent of treatment facilities in the area, so it is likely that for many aspects of care, there are more providers than what the survey data indicate. The second is that this survey sample may not be representative of all treatment facilities in Harris County. The majority of facilities surveyed (about 80 percent) are those that are "licensed, certified, or otherwise approved" by state substance abuse agencies, as well as facilities operated through federal agencies. Facilities that receive public funding, or that offer services that require special state or federal approval, such as providing medically-assisted treatment for opioid addiction, are more likely to be captured by the survey and therefore overrepresented in the sample dataset.

Keeping these caveats in mind—that the survey captures a small portion of existing treatment facilities and that the facilities it does capture are not necessarily representative of drug treatment services in the area as a whole—a review of the data nevertheless indicates that Harris County lacks comprehensive drug treatment services. Three gaps in care particularly stand out: the use of FDA-approved medications for treating opioid and alcohol use disorders, the availability of mental health treatment and housing and employment assistance that many people with SUDs need in conjunction with drug treatment, and the availability of treatment for low-income people without insurance or who are on Medicaid.

Medications to Treat Drug and Alcohol Use are not Readily Available

Medication-assisted treatment (MAT) involves using medications to treat individuals with opioid or alcohol dependence. MAT for opioid use disorders (OUDs) has received greater attention and support recently due to the current epidemic, although stigma associated with their use remains. There are three drugs approved by the Food and Drug Administration (FDA) to treat OUD: methadone, buprenorphine (brand name Suboxone), and naltrexone (brand name Vivitrol). Methadone and buprenorphine are opioid agonists that satisfy a person's physical cravings for opioids, without providing the same euphoric effects. Naltrexone is an opioid antagonist that works by blocking the euphoric effects a person would ordinarily get from consuming opioids. Unlike methadone and buprenorphine, naltrexone requires a person to withdraw from opioid use before treatment can begin, with the goal of remaining abstinent from opioid use while undergoing treatment. All three medications have been shown to be effective in helping people manage their addictions and resume normal daily activities.

Despite the wealth of evidence that MAT is one of the most effective treatments for OUDs, few facilities in Harris County offer these medications. Only 14 facilities in the area, or less than 22 percent of those surveyed, treat patients with buprenorphine. Methadone is also only offered at 14 facilities. Only four facilities offer access to both buprenorphine and methadone. Naltrexone is even less available; only eight facilities (12.5 percent) in the N-SSATS dataset offer this medication. No facility provides access to all three medications, despite best practices that advise making all three available to patients with OUD. While the N-SSATS survey only captures a small portion of treatment facilities in Harris County, it is likely that MAT-capable facilities are overrepresented in the dataset because facilities can only provide MAT if they are SAMHSA-certified opioid treatment programs. Thus while this survey does not necessarily

capture all facilities that offer MAT for opioid use, it is likely that it overestimates the percentage of facilities at which this treatment is offered.

The use of medication to treat alcohol use is even less common than it is for opioid use. Only four facilities (six percent) report providing acamprosate (brand name Campral), a drug that can reduce cravings for alcohol, and only three (less than five percent) report providing disulfiram (Antabuse), a drug that discourages alcohol use due to the sickness it causes if a person consumes alcohol while on the medication.[6] Naltrexone, one of the MATs used to treat OUDs, is also a treatment for alcohol addiction that reduces feelings of euphoria and intoxication associated with drinking and thus can help people to significantly reduce the amount they consume. It is not clear from the survey data how many facilities are using naltrexone to treat alcohol addiction, but only eight facilities in total offer naltrexone, indicating that if it is used for alcohol addiction, its use for this purpose is relatively infrequent.

In 2016, approximately 15 million people aged 12 or older had an alcohol use disorder. That dwarfs the number of OUDs, of which there were 2.1 million (including both prescription opioids and heroin) in 2016. Yet the use of medications for treating alcohol use disorder is even less common than it is for opioid use. While clinical evidence for the efficacy of these medications in helping reduce alcohol use and cravings is not as strong as the evidence supporting the use of medically-assisted treatment for opioid addiction, there is evidence that they help at least some patients, suggesting that the medications should be an option in a person's treatment regimen.

Drug Treatment Services Typically Don't Address Other Patient Needs

Many individuals who need drug treatment face additional challenges that are related to their drug use, such as mental illness, history of trauma, poverty, unemployment or inconsistent employment, homelessness or housing insecurity, and untreated medical problems. While offering assistance in these areas may seem beyond the purview of substance use treatment, it is often difficult to separate these problems from a person's drug use, and recovery is harder to achieve and maintain if an individual has other untreated issues.

According to the N-SSATS survey, 27 facilities (approximately 42 percent) report offering something in the broad category of "mental health services"; 24 (37.5 percent) report that they specifically treat people with co-occurring mental health and substance use disorders. Given the frequency with which mental illness and substance misuse occur together, it is likely that there are not enough providers in Harris County to address population needs. In 2016, 56 percent of the adult population (aged 18 or older) with an illicit drug disorder and nearly 40 percent of people with an alcohol use disorder also suffered from mental illness. The rate of past-year substance use disorders among adults with no mental illness was 5.4 percent. The rate of substance use disorders for adults with any past-year mental illness was more than three times that, at 18.5 percent. The regularity with which these problems co-occur

[6] The unpleasant side effects associated with drinking while taking Antabuse can create challenges for patient retention, and the drug has fallen out of favor more recently.

indicates the need to treat them together, but the majority of drug treatment providers do not treat mental illness, and it is even less common for people specializing in mental illness to simultaneously treat substance use disorders.

Most treatment providers also do not offer patients assistance with employment and housing despite evidence suggesting that a sizable portion of people with SUDs also need help in these areas. Just 21 (32.8 percent) drug treatment facilities surveyed in the Houston area offer employment counseling or training, and 22 (34.4 percent) offer assistance with housing. In 2016, 13.9 percent of the unemployed adult population had a SUD, compared to 8.6 percent of the adult population employed full-time. Over ten percent of adults that fell below the poverty line had a SUD in 2016, compared to seven percent of adults at 200 percent or more of the poverty level.

Collecting accurate data on substance use among homeless populations is more difficult, but the Department of Housing and Urban Development (2017) estimates that about 16 percent of homeless individuals also suffer from chronic substance use. A report put together by the Coalition for the Homeless and The Way Home (2017) found that for Harris, Fort Bend, and Montgomery Counties, 39 percent of the adult population experiencing homelessness reported a SUD involving alcohol or other drugs. Unemployment and housing insecurity are not issues that affect all people with SUDs, but they affect a large enough portion of the SUD population that policy decisions regarding how to deliver effective drug treatment services should consider ways to also address these related needs which, if neglected, can impede an individual's chances at successful recovery.

Low-income and Medicaid Populations Have Less Options for Care

A critical part of the response to the opioid epidemic on which most policy experts agree is the need for expanded access to affordable health care generally and affordable drug treatment specifically. Among people surveyed who needed SUD treatment in 2016 but did not receive it, 26.4 percent said the main reason for not receiving treatment was that they did not have health insurance and could not afford the cost. Another 11.5 percent said they did have insurance but that treatment either was not covered or the out-of-pocket costs were still not affordable.

Medicaid is one of the largest insurers of substance use treatment, accounting for 21 percent of SUD spending in the US in 2014. Among people aged 18 or older in 2016, 10.5 percent of people on Medicaid and 11.8 percent of people with no insurance had a SUD, compared to seven percent of people with private insurance. These populations are at high risk for developing substance use disorders, and at higher risk for drug overdose, yet they typically have more limited access to the critical kinds of treatment services discussed above, such as medication-assisted treatment and comprehensive care.

While half of the 64 facilities surveyed report accepting Medicaid, only ten (15.6 percent) take Medicaid *and* offer access to at least one of the three MATs for opioid use. Similarly, even though 30 facilities (46.8 percent) report offering either a sliding fee scale or other payment assistance based on income, only seven (11 percent) offer this assistance and have at least one MAT option available. Only three

facilities take Medicaid and offer disulfiram or acamprosate, the medications to treat alcohol use, and only two provide these medications and payment assistance.

Only 15 facilities (23 percent) accept Medicaid and treat co-occurring mental health and substance use disorders, and only 12 (19 percent) concurrently treat these disorders and offer payment assistance. This is concerning given that the rate of co-occurring substance use and mental health disorders among the Medicaid population (5.9 percent in 2016) is more than double the rate among those who are privately insured (2.7 percent).

Similarly, even though people on Medicaid or who are uninsured are most likely to need assistance with obtaining employment or housing, they also have less access to these services: only 11 facilities (17 percent) that accept Medicaid and only 15 (23 percent) that offer payment assistance report providing employment assistance. Housing assistance is offered at 15 facilities (23 percent) that also accept Medicaid, and at 14 facilities that offer payment assistance.

Again, these findings must be taken with the caveat that a small portion of known treatment providers are actually included in this survey, and so it is possible that some of these services are more prevalent than the data suggest. But there is reason to think that places that accept Medicaid may be overrepresented in the sample. Facilities that receive state or federal funding are more likely to take Medicaid, and because they receive government funds, are also more likely to be captured by this survey.

Part III. Conclusions

The limited data that are available on drug treatment providers in Harris County suggest that the area lacks access to medication-assisted treatment for opioid and alcohol use disorders and to comprehensive care options that address problems closely tied with substance use disorders, such as mental illness, unemployment, and housing insecurity. For people on Medicaid or without insurance, treatment options are more limited, especially in these specific areas.

It is possible that the treatment options in Harris County are superior to what is characterized here. But it is impossible to know given the current lack of data. There are over 200 providers that claim to offer substance use treatment in Harris County, but little is known about the services they offer. Until there is a better inventory of what already exists, it is hard to devote resources to fill the gaps in care. The information available suggests that some of the gaps in care that need to be addressed include medication-assisted treatment for opioid and alcohol use disorders, treatment that addresses co-occurring issues with substance use, and expanding access to these services for low income and Medicaid populations.

In May 2017 the Texas Health and Human Services Commission (HHSC) announced the Texas Targeted Opioid Response (TTOR) to address the opioid epidemic. This includes $46 million in planned spending for treatment and recovery for fiscal years 2018 and 2019. As part of these efforts, HHSC says it plans to

increase access to medication-assisted treatment across the state, with particular emphasis on expanding access for people living in metropolitan and outlying areas, pregnant and postpartum women, and people with a history of prescription opioid misuse.

State and local governments should also work together to improve data collection on drug treatment services in communities around Texas, to expand access to low-cost treatment options, and to better integrate drug treatment with other areas of medical care and social service needs, particularly mental health, employment, and housing. And while the opioid epidemic is deserving of the attention it is receiving, opioids are not the most problematic drug for all communities. It is absolutely necessary to expand access to MAT for opioid use, but it is also important that efforts to expand access to treatment account for other trends in drug use, particularly the rise in methamphetamine use that is happening in Harris County and in other communities across Texas and the US.