In-Person Testimony at the 3/11/15 Meeting of the Colson Task Force (Updated & Resubmitted 3/4/15)

My name is Diana Goodwin. My son Gordon Goodwin is a 25 year old federal inmate who is being denied Medication-Assisted Treatment (MAT) for his severe and chronic opiate addiction. I speak today on the Bureau of Prisons' failure and outright refusal to provide this evidence based treatment to my son and the thousands of other inmates suffering from Opiate Dependence, in spite of the science and the urgings and recommendations of ONDCP and others. For the last year and a half I have worked to compel the BOP to provide my son with evidence based treatment of his opiate addiction, including the option of MAT, to no avail. MAT has been recognized for decades now as an evidence based treatment of opiate addiction that yields far superior results than the use of behavioral therapy alone with this population. Indeed, in a March 2014 BOP Executive Staff memo (attached), Assistant Director of BOP Health Services Division RADM Newton Kendig finally acknowledged that *"...abstinence-based programs similar to ours only offer a 1 in 10 chance of success for opiate-dependent participants. Studies have demonstrated that...(MAT), combined with substance abuse counseling, is an evidence-based practice which provides more successful treatment outcomes for individuals with a history of opioid (heroin) dependence.*"

SAMHSA, NIDA and other organizations make clear that a *combination* of behavioral therapy and MAT offers far superior outcomes over behavioral therapy alone in the treatment of opiate addiction. In spite of the evidence, and in spite of the BOP's long overdue acknowledgement of the science, the BOP has changed nothing about its treatment programs and continues to deny MAT to its inmates, including my son. The BOP continues to waste tax payer money, derail successful reentry efforts, and endanger inmate and public health by continuing to shove opiate

dependent inmates through a type of drug program that does not work with this population. The BOP continues to severely sanction rather than treat inmates who relapse to their addictions.

Since the time Gordon entered the BOP two years ago in March 2013, events related to his addiction have included: a relapse, incurrence of heavy drug debt, solitary confinement, transfer to another prison, another relapse, a failed drug test, self-entry into solitary to try and avoid drugs, disciplinary sanctions resulting from the failed drug test including 45 additional days of solitary, loss of 41 days of Good Time credit, and one year's loss of visits; transfer to a high security US Penitentiary due to *"... the guilty finding for the prohibited act "use of drugs*"" (attached 2/4/15 RADM Kendig letter), more drug debt, being stabbed by his cellmate with a weapon improvised from a toothbrush and razor blades, more solitary confinement, and as of this writing, a pending transfer to yet another US Penitentiary. Sadly, Gordon and I want for him to be *allowed to stay in solitary at his current USP* until he leaves in September for halfway house, because we both know that for him to be transferred and placed back into a general prison population while still going untreated for his addiction puts him at risk of another relapse, further sanctions, prosecution, overdose, or death.

The BOP's reasons for not providing MAT to my son have varied from the initial and ongoing "*The BOP has not approved Suboxone* [a form of buprenorphine/MAT] *for routine use in our institutions…[it] is not approved for pain or maintenance therapy*", and *"…he had stopped taking it when he was taken into federal custody*", to the more recent "*The Bureau of Prisons does not have the required licensure to dispense this product"* (11/19/14 Response to Administrative Remedy filed by Gordon Goodwin) and allegations of past Suboxone abuse.

The BOP continues to insist that my son should participate in the BOP's behavioral therapy programs; he already has. In a February 2014 letter to me (attached) RADM Kendig cited the BOP's "robust treatment programs" in his denial of Suboxone to Gordon; it was only a month later that he authored the memo acknowledging that BOP-type programs are not effective for people like my son. In his appeal of the disciplinary sanctions meted out to him after testing positive for opiates this past August, Gordon wrote, "*I have had a long struggle with drug addiction...I am trying to get better and had a relapse*."

RADM Kendig's March 2014 memo also states the BOP's intent to proceed with a very limited pilot program of MAT, specifically Vivitrol (a form of naltrexone), for inmates at two Texas institutions who are about to enter halfway house; however, 1) the choice of which medication to use is a doctor/patient choice to make and 2) a pilot study is unnecessary and will serve only to delay the provision of these medications to inmates for whom they are medically necessary. The efficacy of MAT medications has been extensively researched, their use has been the standard of care in non-incarcerated populations for decades (methadone since the 1940s and buprenorphine since the 1990s), multiple studies of the use of MAT in corrections already exist, BOP institutions already have protocols in place for the administration of controlled medications, and SAMHSA already exercises strict control over MAT programs. The withholding of these medications from the inmate population pending the completion of a pilot study is unethical, as well. The BOP must not be allowed to confuse reentry initiatives with medically necessary treatment. Pilot programs and reentry initiatives are necessary components of planning for inmate programming and reentry but have no place in determining who gets access to medical treatment.

The BOP has been stalling on Medication-Assisted Treatment for years now, in spite of ONDCP and Congress making clear their expectations that the BOP begin implementation. At a Congressional Hearing in March 2009 then-Representative Alan Mollohan, questioned then-BOP Director Lappin about whether or not the BOP was exploring the use of addiction medications; Mr. Lappin indicated that it was being looked into. Title 18 U.S. Code § 3621, amended in 2008 as part of the Second Chance Act of 2007, specifically mentions the use of "pharmacotherapy" in treatment. In a memo (undated) (attached; handwritten notes mine) to then-AD Correctional Programs Division Blake Davis, BOP Psychology Services Administrator Patti Butterfield stated that ONDCP was eager "…*for the BOP to move forward in actually providing MAT for our inmates, both inside the institution, and in the RRC.*" RADM Kendig authored his memo regarding the poor outcomes of behavioral treatment in March 2014. In a presentation at the 2014 NCCHC Leadership Institutes, RADM Kendig spoke of clinical care strategies that could lead to better, more cost-effective patient care, including the use of medication-assisted treatment for chronic addiction. In 2014 Congressional coalitions from the states of Illinois, Ohio, and Massachusetts, and a group of 16 US Senators, each sent letters asking that the DOJ work to implement the use of MAT in corrections. Just recently ONDCP mandated that drug courts receiving federal funds must allow participants to continue or initiate treatment with MAT or lose funds. Yet BOP inmates still do not have access to MAT.

While in prison my son has suffered devastating physical, mental, and punitive sequelae of his untreated addiction. Given the chronic relapsing nature of opiate addiction, the BOP's incomprehensible ongoing refusal to appropriately treat, and the sheer number of inmates in the BOP, the cycle of relapse and punishment is most certainly played out manifold throughout Bureau institutions on a daily basis. The BOP cannot be allowed to continue to ignore the

medical needs of inmates and the research, recommendations, and policy statements emanating from multiple government agencies and Congress that make clear the medical and ethical obligations to its inmates suffering from opiate addiction. I ask the Colson Task Force to recommend that the BOP immediately begin providing evidence based treatment of addiction, including the option of Medication-Assisted Treatment, to all inmates beginning upon incarceration, utilizing outside treatment providers if needed.

Please feel free to contact me if you need further information.

Submitted by

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