The Center for Prisoner Health and Human Rights

The Miriam Hospital
A Lifespan Partner

March 2, 2015

Charles Colson Task Force on Federal Corrections
Washington, DC

Re: Medication-Assisted Therapy in Bureau of Prisons

Dear Members of the Task Force:

We are writing on behalf of the Center for Prisoner Health and Human Rights in response to the comment period on the provision of medication-assisted therapy in corrections. We have first-hand experience in this area as researchers and clinicians serving correctional populations and have thought extensively about these issues. Opioid addiction affects our country in epidemic proportions today, as a result not only of widespread availability of high purity heroin through the unregulated illicit market, but also a rise in the prescription of opioid painkillers, which has been driven by both regulatory forces and incentives for controlling pain, as well as strong, inappropriate encouragement by certain pharmaceutical companies.

This epidemic has unfortunately addicted a new generation of individuals. Opioid dependence is a fairly predictable disease and, because of both tolerance and withdrawal, leads to people using all their resources and often participating in illegal activities to support their addictions, such that opioids are implicated in approximately 30% of drug arrests or violations, and 9-13% of federal and state prisoners reported regular use of opioids.[1,2] Furthermore, reduced tolerance during incarceration combined with the stresses of the re-entry period contribute to an extremely elevated risk of relapse and overdose death post-release, 129 times greater than at periods of liberty.[3]

Highly effective and cost-effective treatments for opioid addiction exist, the most successful of which involve medication-assisted treatments (MAT), namely methadone, buprenorphine, and naltrexone (*). We and others have demonstrated that these reduce criminal activity and improve health outcomes compared to no medication, or other solely behavioral interventions [4-9] Nevertheless, the bulk of the $5.1billion dollars the justice system spends on prescription opioid abuse each year go toward law enforcement and custodial approaches.[10] In fact, although the World Health Organization recommends allowing MAT inside prison facilities, as many nations do, only 28% of correctional facilities in the United States offer any MAT for opioid addiction treatment to individuals other than pregnant

Co-founders and Directors:
Scott Allen,MD
Email: docallen1@gmail.com

Josiah Rich,MD, MPH
Email: jrich@lifespan.org

Executive Director:
Brad Brockmann, JD, MDiv
Email: bbrockmann@lifespan.org

8 Third St., 2nd floor
Providence, RI 02906
Telephone: 401-793-4783
Fax: 401-793-4779
http:/www.prisonerhealth.org

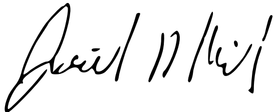
women.[11] However, many people meeting criteria for addiction at arrest report receiving no addiction treatment while under correctional care.[2] Lack of access to treatment during this time, a period of relative abstinence for those incarcerated, misses an opportunity to address this disease as important root cause of criminal behavior and incarceration.

Thus, we have the following recommendations for addressing opioid dependence:
(1) that people be screened for opioid addiction as they enter corrections, when withdrawal is a substantial concern,
(2) that their treatment status be evaluated (i.e. that providers assess whether the patient is currently receiving therapy, what therapies have or have not worked, and other social and psychological factors) and that a treatment plan be devised and carried out in accordance with evidence-based practice, and
(3) perhaps most crucially from a public health and public safety perspective, that prior to release, patients be linked to care in the community, with treatment plans established and communicated with patient and community providers beforehand, and that the transition out of the correctional setting into the community be facilitated.

We should not squander the opportunity to address this disease as a root cause of incarceration. For this reason, we recommend establishing provisions for addressing addiction at these key points of interaction with the justice system.

Thank you very much for your consideration.

Respectfully submitted,



Josiah D. Rich, MD, MPH
Professor of Medicine and Epidemiology
Brown University
jrich@lifespan.org
401-529-1317

Bradley W. Brockmann, JD, MDiv
Executive Director
Center for Prisoner Health and Human Rights
www.prisonerhealth.org
401-793-4783

Manasa Reddy
Office Resource Manager
Center for Prisoner Health and Human Rights
mreddy2@lifespan.org

(*) in full disclosure, Dr Rich owns stock in Alkermes, a company that manufactures a depot-naltrexone product.

References

1. Behind Bars II. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, 2010.
2. Mumola CJ KJ. Drug Use and Dependence, State and Federal Prisoners, 2004: Bureau of Justice Statistics, 2006.
3. Binswanger IA, Stern MF, Deyo RA, et al. Release from prison--a high risk of death for former inmates. *The New England journal of medicine* 2007; **356**(2): 157-65.
4. Hedrich D, Alves P, Farrell M, Stover H, Moller L, Mayet S. The effectiveness of opioid maintenance treatment in prison settings: a systematic review. *Addiction (Abingdon, England)* 2012; **107**(3): 501-17.
5. Perry AE, Neilson M, Martyn-St James M, et al. Pharmacological interventions for drug-using offenders. *The Cochrane database of systematic reviews* 2013; **12**: Cd010862.
6. Perry AE, Neilson M, Martyn-St James M, et al. Interventions for drug-using offenders with co-occurring mental illness. *The Cochrane database of systematic reviews* 2014; **1**: Cd010901.
7. Cornish JW, Metzger, D., Woody, G. E., Wilson, D., McLellan, A. T., Vandergfift, B., et al. Naltrexone pharmacotherapy for opioid dependent federal probationers. *Journal of Substance Abuse Treatment* 1997; **14**(6): 529-34.
8. Tomasino V, Swanson AJ, Nolan J, Shuman HI. The Key Extended Entry Program (KEEP): a methadone treatment program for opiate-dependent inmates. *The Mount Sinai journal of medicine, New York* 2001; **68**(1): 14-20.
9. Gordon MS, Kinlock TW, Schwartz RP, O'Grady KE. A randomized clinical trial of methadone maintenance for prisoners: findings at 6 months post-release. *Addiction (Abingdon, England)* 2008; **103**(8): 1333-42.
10. Birnbaum HG, White, A.G., Schiller, M., Waldman, T, Cleveland, J.M., Roland, C.L. Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Medicine* 2011; **12**: 657-67.
11. Nunn A, Zaller N, Dickman S, Trimbur C, Nijhawan A, Rich JD. Methadone and Buprenorphine Prescribing and Referral Practices in US Prison Systems: Results from a Nationwide Survey. *Drug and alcohol dependence* 2009; **105**(1-2): 83-8.