United We Stand
Responding to America’s Opioid Crisis

Implementing Policies to Improve Outcomes for Incarcerated Individuals With Opioid Use Disorder From Intake to Reentry

2020 COAP National Forum
March 10–12, 2020 | Arlington, Virginia
From Intake to Reentry: Improving Outcomes for People Who Are Incarcerated

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Participants will learn:

- Current Information on Overdose Deaths and At Risk Populations

- Identify legal issues and policies to address substance use disorder for people involved in the criminal justice system
  - Substance Withdrawal
  - Treatment for Opioid Use Disorder

- Recommendations
Trends in Opioid Overdose Deaths
Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: June 2018 to June 2019

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

-18.1

18.1

NOTES: Reported provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. Predicted provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see Technical notes). Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD–10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.
• 2017: 3,163 jails in the US house 745,200 people

• Nearly two-thirds (63%) of sentenced jail inmates met the criteria for drug dependence or “abuse”

• 22% of people serving sentences in jails who met diagnostic criteria for “substance abuse or dependence” received any type of drug treatment while incarcerated

• 2% of them received withdrawal management services


Id.
Since 2011, jails, prisons, and correctional health providers have paid out over $70 million in wrongful death lawsuit settlements for people who died while undergoing withdrawal in custody. As of July 2019, over 51 lawsuits were pending.

Legal Claims for Lack of Withdrawal Protocol and Lack of OUD Treatment Medication Access

- Eighth Amendment
- Civil Rights of Institutionalized Persons Act (CRIPA)
- Federal Civil Rights Act
- Americans with Disabilities Act (ADA)
- State Torts
## Who is at Risk for Legal Liability?

<table>
<thead>
<tr>
<th>Governments</th>
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<tbody>
<tr>
<td>Public Officials</td>
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<tr>
<td>Correctional staff</td>
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<tr>
<td>Medical staff</td>
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<td>Third parties providing services</td>
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</tbody>
</table>
Lebanon County pays nearly $5M over heroin withdrawal death in jail (2019)
Summit County agrees to $3.5 million settlement over inmate's jail death (2017)
$3M Ruling Upheld In Vista Jail Death Case
County settles jail meth death for $2.3 million (2016)

The San Diego Union-Tribune
RECOMMENDATIONS FOR RISK MANAGEMENT

• Establish that withdrawal management is a priority for leadership.
• Commit to training and education for correctional and medical staff.
• Develop and implement comprehensive withdrawal management protocols.
• Provide timely access to the full range of medications for opioid use disorder.
• Conduct evidence-based assessments for SUD of all persons entering the jail.
• Prioritize jail medical services in county and jail budgets.
• Develop a mechanism for collaboration between correctional and medical staff.
• Conduct ongoing evaluation of practices and quality control.
• Develop a re-entry plan for each individual prior to release.
• Proactively implement a systems approach to risk mitigation and reform.
Incarcerated persons who are released to the community are between 10 and 40 times more likely to die of an opioid involved overdose than the general American population—especially within a few weeks after release.
Medications & Reentry Overdose Risk

Upon release from incarceration, people who received medications for opioid use disorder while incarcerated:

- **75%** less likely to die of any cause.
- **85%** less likely to die of drug poisoning in the first month upon release.
- **97%** continued treatment after release.

Sources:
- Shabbar I. Ranapurwala et al., Opioid Overdose Mortality Among Former North Carolina Inmates.
- Nickolas Zaller, Initiation of Buprenorphine During Incarceration and Retention in Treatment Upon Release; Verner S. Westerberg, et al., Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism.
Principles of Evidence-Based Treatment In Corrections And Reentry

• Medications to treat OUD
• Withdrawal management protocols for substance use disorder
• Educational programming and technical assistance in correctional settings
• Budget support
• Assessments, individual treatment plans, and access to M-OUD or withdrawal management services without charge or delay for qualified persons
• Reentry strategies
• Annual reporting
Litigation,

Legislation,

Leadership
ACLU Sues Bureau of Prisons for Denying a Federal Prisoner Buprenorphine

ACLU Sues Bureau of Prisons for Denying a Federal Prisoner Buprenorphine ... the federal government already recognizes medication-assisted treatments like ... an ACLU lawsuit against county jails in Sep 11, 2019

Whatcom jail policy changes ‘will save lives,’ ACLU says after proposed lawsuit settlement

The ACLU and Whatcom County have asked the court to approve the ... Federal judges in Massachusetts and Maine have recently ordered jails to provide ... The first phase of the jail's medication-assisted treatment Apr 30, 2019

Methadone Helped Her Quit Heroin. Now She’s Suing U.S. Prisons to Allow the Treatment.

Now She’s Suing U.S. Prisons to Allow the Treatment. ... a staff lawyer at the American Civil Liberties Union of Massachusetts, which is ... is that the standard of care to treat opioid use disorder is medication-assisted Mar 15, 2019
Legislation

- **Vermont**: “Medication Assisted Treatment” (MAT) must be offered at or facilitated by correctional facilities as a medically necessary component of treatment for incarcerated individuals diagnosed with OUD
- **Maryland** requires a phased-in approach to requiring county jails to offer M-OUD
- **Colorado** requires jails that receive funding from state behavioral health services to develop a plan for access to medications by January 1, 2020
- **Massachusetts** requires the Department of Correction to offer buprenorphine and methadone at seven state prisons as part of a pilot program
Executive Leadership

“Time for our state to recover”
Mills signs order to combat opioid crisis
The governor orders the purchase of 35,000 doses of overdose-reversing naloxone; integration of medication-assisted treatment into the criminal justice system; and creation of a statewide network of 250 recovery coaches.
Funding

Middletown Press
Funding to help CT prisons improve opioid addiction treatment program
With an additional $8 million for the next two years, officials from the Department ... in 2021 to expand the MAT program to allow more inmates to participate. ... Advocacy for the Connecticut Community for Addiction
Jul 3, 2019

NJ Spotlight
State Expands Addiction Treatment Programs in County Jails
New Jersey is investing $8 million to improve access to ... pills New Jersey will invest $8 million to expand quality treatment for prisoners in its county jails with ... Some jails in New Jersey are already providing MAT, but it is not
Sep 23, 2019
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