



***At the Epicenter of the Crisis:
The Role of Jails in Tackling the Opioid Epidemic***

Announcer:

Welcome, and thank you for listening to this recording, part of the Comprehensive Opioid Abuse Program (or COAP) podcast series. COAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COAP sites across the nation.

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Andrew Klein, AHP:

Hi. Today, we're talking to Sheriff Kevin Coppinger of Essex County, Massachusetts. We're going to discuss with him the role of what jails can do—or what role jails can play—to respond to the opioid epidemic. So without further ado, Sheriff Coppinger.

Sheriff Kevin Coppinger:

Thank you, Andy. It's a pleasure to be here. Just to provide a little background for the audience: I was a police officer for 34 years in the city of Lynn, Massachusetts. I came up through the ranks, the last seven as chief. And then, a couple of years ago, I decided to get into the political business—but staying within the criminal justice system—and I ran for county sheriff. And I succeeded in that role.

And I have been glad to have this new position because—as we talk about the opioid epidemic, from the police background now transitioning to the correctional background—there most certainly is a commonality there that I think we can work upon. I'd like to use the word “exploit” for success. But there is a lot to it.

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Having worked as a police officer, I saw the beginning of the opioid epidemic several years ago, and how it's really gone out and affected so many people in so many walks of life. I can honestly say it does not discriminate for any reason on any particular group. And it's just devastating society today.

So to really try to address your question when you say, "How can the jails combat the epidemic, or how can we work to improvement?" I think you would have to take a step back and look at what the jails are today. Because of the epidemic and the explosion of people who have been thrust into the criminal justice system, a lot of our correctional institutions—including jails that I work at—have now become the epicenter of, "What do we do with these people? Should they be in a jail? Should they be in a treatment facility? Should they be in a medical facility? And it's a tough call because, obviously, there have been laws that have been broken. The criminal justice system has done its job and has sentenced these people to our jails. So when we have them in there in today's jails, and houses of correction have to focus on our goal. The traditional goal of jails is care, custody, and control of inmates. I would add one more goal: We want to return them to society, back to the communities they came from, in a better shape than they showed up at our door whenever they came in.

So, first and foremost, when an inmate comes to the jail, they go through what we call intake. It's a full physical assessment as well as a needs assessment done. And if they have an opioid or a drug—let me rephrase that—a substance abuse problem, we need to know what that is. Is it alcohol? Is it drugs? Is it heroin? Is it fentanyl? Is it cocaine? Is it marijuana? What could it be? We need to focus on it.

And then, a lot of what we do in jails today focuses on programming. We have a variety of programs inside the institution to address just that. One that I am very much—we've had some successes with—is our detox program. We run two detox programs: one for men, one for women. They are 28-day programs each, 42 beds in each. And they are located within the jail, but they are separate, stand-alone entities. The inmates or—we'll just call them clients for the sake of argument—the clients of both the detoxes do not mingle with general population. Although they can see the inmates out inside the jail out through the windows, but everything is done in the buildings that they are. They sleep there.

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They eat there. They have recreation privileges there. They have classrooms there so we can do programming.

The beauty about the detox program is it goes through the criminal justice system. We work with the drug courts in our county, along with the district attorney, defense counsel, probation, police officers, and community resources. So if we have an individual who is eligible for the detox, they go to court, they work out with those individuals I just mentioned—they come up with a plan. If the judge approves the plan, the plan is referred up to the sheriff's office. We have the final say whether or not they go, but generally speaking, we always go with the court—the court's recommendation. Then we will bring the individual into the program.

Andrew:

And these are generally pretrial at this point?

Sheriff Coppinger:

Good point. Yeah. They are all pretrial. Sometimes, people come back and do it again. And they are mostly low-level crimes. We're not talking about murderers or rapists or armed robbers. We're talking about folks with—what we call low risk. Maybe somebody with a—it could be a driving under the influence charge. It could be a shoplifting charge, disorderly conduct, petty theft, these types of things. Folks who are addicted and really committing crime to maintain their addiction, generally speaking.

We get them in there, put them through the 28-day program. There is a lot of individual counseling sessions with experts. And I would just stop for a minute and just say that although we do have correctional officers there for security purposes, the individuals that run the program are health-care and mental health professionals who are there to do the programming to the best level possible.

So after the 28 days, if the client succeeds, they go back in front of the judge in the court—and now the judge has options. Depending on the individual's case or their previous status, they could be released. They go back to their home. Maybe go back to their job. Hopefully, go back to their family, go back to their regular life. Maybe they got to go home with an electronic bracelet—electronic monitoring bracelet—which we can handle for them. Maybe they got to go on probation. Maybe they got to do so many hours of community service. Maybe they have to—they might be released to a sober house, a private-owned sober house for additional programming and living in a better situation than maybe they

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couldn't if they went home. Or Track Two, as we call it, they come back to us at the jail.

Andrew:

Let me interrupt you for a minute. Does the jail and the treatment provide an after-care plan if the judge goes along with it? So they are set up into treatment in the community at that point?

Sheriff Coppinger:

Yes, absolutely. From Day One, when they are at intake, we start to build that plan. And so as they go through, they go through the intake classification mentioned. Once they hit the detox, they meet with the counselors. They come up with the treatment plan while they are incarcerated for the 28 days. As we get towards the end, we expand that treatment plan to when they are released to where they are going.

One of the things that we are really pushing is that we started a new program in January of this year, about six weeks ago. We are really trying to strengthen our reentry initiative, where we're reaching out to a lot of partners across all spectrums—both and private and public sectors—to try to help us with this treatment plan. So the goal being to give the clients, upon release, they have resources in the community where they can go. Those resources could go from official state agencies—again, the courts, police, whatever, department of public health, department of mental health—to faith-based organizations to health-care organizations to any social service agency or just any group that might want to help. The goal is to give the client a chance to succeed. Give them that—we call it a virtual toolbox. We're going to say, okay, here's some resources you need when you get back into the community. Here's some phone numbers to call. If they are on medically assisted treatment, then we do vivitrol shots upon release. They know how to get the vivitrol shot, where to go, when to go, and how to get it—how to pay for it.

Andrew:

They get their first injection in jail before they are released?

Sheriff Coppinger:

Yes, 48 hours before released.

Andrew:

And then you tell them where to go for the second one when they get out.

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Sheriff Coppinger: Yeah, We'll help them get back on health-care insurance. And we'll already have it set up with a health-care organization in the community so they can go. We give them the date. And the other piece of this we just put recently, added to the puzzle here, is we have recovery coaches. So the recovery coaches will know when that date is, and they will follow up. They will follow up with the client during the several weeks or as soon as they get out, but specifically, they will—

Andrew: Do the recovery coaches meet the clients when they are still—before they are released?

Sheriff Coppinger: Yes. They will come in.

Andrew: So they know who it is they are going to meet on the outside.

Sheriff Coppinger: Exactly. The recovery coaches are actually helping with the programming during the time of the detox. They will come in and teach classes, and they do one-on-ones with them. So they establish a rapport—so you are right. Once they leave, they know that person. It's not just a new face. They've already developed a relationship. Hopefully, a trusting relationship and that's just another resource to help them.

Andrew: How many recovery coaches do you have?

Sheriff Coppinger: We have two. This is fairly new. We got a grant through the PAARI organization. PAARI stands for Police Assisted Addiction Recovery Initiative. It was based out of Gloucester, Massachusetts. It's become a national trend across a lot of law enforcement agencies. We were lucky enough to get a grant through Americore, who had partnered with PAARI, so these recovery coaches are funded for them. But they are huge initiatives. These folks know the business. A lot of the recovery coaches either have been there or know someone who has been there. So they know what these individuals, or clients, are going through—so it's a big help.

One statistic to throw out there is the average stay at our institution is nine months.

Andrew: For the sentenced inmates.

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- Sheriff Coppinger:** For the overall average. Yeah.
- Andrew:** Pre-trial and post-trial.
- Sheriff Coppinger:** Yeah. Pre-trial and post-trial. So if they get released, and they are going to go back to using opioids or really any drug, they are at a 120 times greater chance to overdose than the average person who is out on the street on a normal basis. Because while you are inside, obviously, you are not using drugs. So when they go out, if they don't have the proper treatment and plan in place, they might go right back to the needle. They might use the same amount of heroin or the fentanyl they used before. Their body has gotten weaned off of it, and they shoot up and they die. So we've got to be really, really careful on that, and that's where these recovery coaches play such a huge role.
- Andrew:** How many have graduated from the program in the first four months?
- Sheriff Coppinger:** Well, the first year, a little over a year, we've had, I believe out of 1,100 in the men, we've had about—we've got an 87 percent success rate with the men, 80 percent with the women.
- Andrew:** Completing the 28 days.
- Sheriff Coppinger:** Completing the 28 days. Yeah. As far as success rates, we still are tracking them over time. We talk about the vivitrol shots. We've issued—we've given about 120 vivitrol shots. Preliminary research on that looks like that is going to be promising, because those numbers—as far as terms of recidivism—seem to be very strong and they are looking good. We're trying to get some more time between the time of release so we can get some accurate numbers on that.
- Andrew:** Overall, have you seen many of these clients come back again?
- Sheriff Coppinger:** It's not perfect. You know, based on my old career and my current career, I've got to know a lot of people in the treatment business. I always ask the question, "What is an average success rate of a drug treatment program?" And no one can give you a straight answer. For some folks, there could be multiple times. It could take ten times to go through a drug treatment program. Very few people hit it correctly off the first bat.

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Andrew: How many have died?

Sheriff Coppinger Of our folks, how many died? It's very few. I want to say it's under five. I don't have the stats with me, and I can surely get back with you with an accurate number, but it's minimal. But you got to—one thing to remember, though: The folks that are in our institution are really and truly at the bottom of their life, and if I put that right. They have already been arrested. They are in jail. Even though it's not regular jail, they are still inside. They really—desperate measures need to be taken. So working with this group we mentioned before—everybody in the court and then the folks we have here—this is almost like a last chance. And I don't mean that from the court's point of view, from the individual's chance. So we do everything in our power to really incentivize them to succeed. And that's where we say, You're not in jail. You're getting that taste of corrections. You can see it. You can feel it. You don't want to be out there in the regular population. So you've got your 28 days. Stick with the program. So when you go back, you won't—when you go back to your community, you will not come back to the jail.

Andrew: What about post-trial? What about those who are not going to be diverted pre-trial? They are sentenced for a crime and in Massachusetts, unlike most states, misdemeanors are 2½ years maximum in the house of correction.

Sheriff Coppinger: Correct.

Andrew: What program do you have for sentenced inmates?

Sheriff Coppinger: We have a lot of different programs. We do have regular drug treatment for the regular inmate population that are not eligible for the detox. Same thing, not as intense, but it is within general population. Outside treatment providers come in, and they go over the hazards and try to give them some life-changing skills. We do a lot of occupational training. When the inmates leave us, we want to at least give them a chance to get a job someplace. Jobs like, you know. We just started a new program up at our Lawrence facility on fiber optic cabling installation. That's kind of the new thing now. We've got a lot of stuff going on. We've got fiber optics—a lot of them are in the food service. They are served-safe certified so they can work in restaurants. We have OSHA training so they can work on construction jobs. We do—educational-wise we do a lot of things. We do the HiSET program, which is the old GED, to get their

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high school equivalency. And we've taken that one step further now: We work with Merrimack College, one of the academic institutions in our area, who now come in and do a sociology course.

Andrew: For credit.

Sheriff Coppinger: For credit, yeah. We had a little graduation last year—we actually had two graduations last year. But it's—the first one I went to, there was this young man that came up. He is probably 21 or 22. You could tell he had been around the system quite a while: skinny, lot of tattoos, looks like he was well-seasoned in the criminal justice system. And he walked up and he got his certificate from Merrimack College. He was crying. And he's like he never, ever thought he would get out of high school let alone get a college—

Andrew: For his success.

Sheriff Coppinger: For his success. And it was like you just gave him the winning lottery ticket.

Andrew: Sheriff, you have an RSAT program—or residential pod for substance abuse treatment—in the facility.

Sheriff Coppinger: Yes.

Andrew: And what kind of reentry program do you have for your inmates leaving—after they are sentenced?

Sheriff Coppinger: That's part of what I just mentioned before.

Andrew: Same program.

Sheriff Coppinger: Same thing.

Andrew: For pre-trial.

Sheriff Coppinger: We merge them both in. A lot of the folks—the detox folks for those pre-trial are not eligible for work release. The rest of the clients, particularly the sentenced inmates, are eligible for work release. We're really pushing that back into the communities. And if folks from the community are listening to this, they have to realize—a lot of times you get the “not in my backyard” attitude.

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But we have inmates from all 34 cities and towns in our jurisdiction inside our institutions, and someday they are going home. As I mentioned before, the average stays only nine months, so they are coming back. So we're looking for resources in those communities now. From employers, it's awesome. A lot of times they can't get staff. We will work with them. If they want to hire some inmates, the benefit to the employers is they get a tax break, so they make out. And a benefit to them too is that we deliver and pick up. So we will take them from our facilities—bring them to work every day, pick them up. So you are guaranteed your—

Andrew: So they have some training before they are—

Sheriff Coppinger: They have training. They have accountability.

Andrew: The employer gets comfortable with that.

Sheriff Coppinger: Exactly.

Andrew: And do these—are they offered the vivitrol, too—the sentenced inmates?

Sheriff Coppinger: Sure. Again, it's all—

Andrew: The same—the recovery coaches that they dealt with.

Sheriff Coppinger: Yeah.

Andrew: Okay. And most of your inmates, do they end up on parole when they get out or do they mostly max out their sentences—or what is the legal status for most of them?

Sheriff Coppinger: A lot of them just max out their sentence—wrap up as they call it. But a good number of them are going out on probation or parole, depending on how they are sentenced or where they are in the—

Andrew: Have you noticed any difference between the two in terms of motivation?

Sheriff Coppinger: Well, yes. Sometimes the ones that want to wrap up, they don't want any help. They just want to do their time.

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- Andrew:** Get out.
- Sheriff Coppinger:** Chances are they are coming back. That's the scary part: it's the ones that want to succeed, and that's what we try to do every day is just try to give them some incentives, some motivation to—take advantage of the programs that we have in there.
- Andrew:** On the medication-assisted treatment, what's your experience? They have one injection before they leave. It's good for 28 days. Do we know how many follow through for the second injection when they get out?
- Sheriff Coppinger:** Again, we started the research on that. We were looking to get a full year. We started that in January of 2017. So we just finished the year. We're going back—it's a tough thing to track because, number one, we've got to go back and talk to the inmates and recontact them. Sometimes you can't find them. And you know, are they going to tell us the truth or did they miss a couple of months and try to get back? It's a vague thing. So it's guesstimates, but the initial recidivism rates, like I said before, look like they are a lot less if the individuals stay on the vivitrol. I'm hoping by late spring I will have a better grasp of it.
- Andrew:** Do you know in general what the recidivism rate is in Massachusetts for county inmates?
- Sheriff Coppinger:** Um.
- Andrew:** Do we know what that is in the state?
- Sheriff Coppinger:** I know in my place, it's about 43 to 44.
- Andrew:** 43 percent come back.
- Sheriff Coppinger:** Yeah.
- Andrew:** Within what period of time? A year?
- Sheriff Coppinger:** Within a year.
- Andrew:** A year.

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- Sheriff Coppinger:** Yeah. That's a year. And we define recidivism as a new arrest, a probation violation, or a new charge.
- Andrew:** That brings you back into—
- Sheriff Coppinger:** That brings you back into the system. So I know the vivitrol, like I said before, that looks good. I think that really we're looking at about—and again, these are very rough numbers—roughly maybe the mid-30s. Thirty percent recidivism rate for those that are on vivitrol. And the detox itself is—it's a little higher. But, again, we're looking at the criteria or the makeup of those individuals where I said before, they're really at the bottom of their—hopefully, at the bottom of their troubles.
- Andrew:** Just a few more questions. They go through your pre-trial, they're given the chance. They go in the community—they slip. Will they be admitted again? Can they be detoxed again?
- Sheriff Coppinger:** It's possible. They need to go in front of the judge and convince him or her, as well as the DA and, obviously, their own defense counsel and probation. The answer to that question, and we focus that back on the courts: if the courts think that's going to happen, then we will take them back, generally speaking.
- Andrew:** And one last question. When we say “detox,” is this a medically supervised detox or cold turkey, or what is your detox program?
- Sheriff Coppinger:** That's a good question. By the time they get to us, obviously, they have been arrested, so they don't come to us right away. It some time over—if you get arrested today, you may be a couple of weeks down the road. You might be a couple of months down the road. Obviously, the client has to want to go into detox, so it's voluntary. So if they are still detoxing, yeah, they could be detoxed within our facility—so that three, five, seven days, depending on their own personal makeup, we do have medical staff in the unit 24/7. And even little things, like we have snacks available on the unit during the detox time, so they can eat at their leisure. You don't have to worry about the wait for a specific hour when meals are served. I'm no expert, but when they say they're hungry, they need to eat for their health, so we provide that to them. Once they are over the detox, then they focus on the programming for the rest of the 28 days.

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Andrew: For a community that wants to emulate this program, how difficult was it to get it off the ground? What advice do you have for them? Where do they start?

Sheriff Coppinger: First: call us.

Andrew: Okay.

Sheriff Coppinger: Email us, whatever works. Come talk to us. The first thing is you've got to get buy-in. I would start with the local district attorney's office, the local judiciary. Go talk to them. As I said, I'm a former police officer; I would go back to the police officers—you need their buy-in, too, to make this successful—and explain it. I think you need to look at money. You need to see what this is. The average cost of an inmate in my facility is about \$43,000 per year. So if we can put a person in that detox for 28 days and get them out, they don't come back. I'm saving money. So that's how I look at it.

Andrew: Have you seen a decrease in population?

Sheriff Coppinger: Yes, we have. Yeah. And now, to be honest and to be fair, is it all attributable to the detox? I don't know. My gut is telling me that it's a big piece of it, because we are putting people back out, and they are not coming back. You have to weigh it. Because I'm going to have—if the detox wasn't here, I'm going to have these individuals anyway, so I think it's money well-spent. But I think the perception is that people have to understand it. And when we explain it to a lot of judges, especially when we get new judges who have never heard of it before, they might not have handled cases like this. We either meet with them or maybe they will come for a tour. And they are like, "Wow, this is pretty good." And I can honestly say, if I ever shut the detox down today, my phone probably would not stop ringing with complaints from all walks of life. Not only the judiciary, but the law enforcement and criminal justice types, families, social workers. I have not heard anybody that makes any negative comments about the detox. It's a chance. It's an option for the inmates or the clients to succeed.

Andrew: It probably—given waiting lists, you probably have the quickest detox in the county at this point.

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- Sheriff Coppinger:** That's true. And I always say, "The good news is you're not paying for it. The bad news is you've been arrested." So it's a—
- Andrew:** Tradeoff.
- Sheriff Coppinger:** Tradeoff. That's the word I was looking for. Thank you. So it is taxpayers' dollars, but I will argue with anybody that I'm actually saving taxpayers' dollars if we can get them to succeed. That's why it's so critical to have good professional people in there.
- Andrew:** You talked about buy-in from judges and prosecutors to get them to send you the clients, etc. Obviously, the citizens, because you're an elected official. Have you run for election yet?
- Sheriff Coppinger:** No. I have a six-year term, thank God, so I don't have to worry about that for a while.
- Andrew:** So that's still hanging in the balance. What about from your own staff? Correctional officers who have been there for a while, who saw their job as mostly custody and maintenance. How are they adjusting to the role of such intensive pre-trial activity?
- Sheriff Coppinger:** It's a mixed bag. We obviously run a large institution. We average about 1,200 inmates. What a lot of people don't understand about county corrections is that we have a little bit of everything. We have murderers. We have the armed robbers, the real hardcore drug traffickers—and then we have the low-level crimes, the disorderlies, the driving—
- Andrew:** But you have everybody pre-trial?
- Sheriff Coppinger:** Pre-trial.
- Andrew:** They are about to go to prison.
- Sheriff Coppinger:** Yeah. And they get sentenced and off they go. So we've got a little bit of everybody. Correctional officers are used to dealing with everybody across that spectrum. And then we ask, "Okay, fine, we're going to try this little more softer approach." So we look for volunteers and—
- Andrew:** Volunteers among your correctional officers.

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- Sheriff Coppinger:** Yeah. And I do have to work within a collective bargaining agreement with the union, but we don't have a problem with volunteers. They do get it. We allow the correctional officers to wear the soft uniform, as we call it, which is really a golf shirt with the emblem on it and khaki pants, not the traditional correctional officers. But it is something that somebody has to believe in because you're on the floor with them all day long. And you're actually getting to know these—
- Andrew:** So it's direct supervision.
- Sheriff Coppinger:** Oh, yeah. Absolutely.
- Andrew:** And is there any in your detox unit—people going through detox, they are new to the prison. They are only there for 28 days. They don't really know the rules yet. Is that a problem in terms of order and maintenance or behavioral activity?
- Sheriff Coppinger:** On Day One when they come in, they are explained—the inmates, the clients—they are explained what the rules of the institution are. Everybody gets a handbook. In the handbook, it details what it is and what the repercussions are if you violate the rules. Now, the beauty about the detox is if you violate the rules, chances are you are out. There's not a middle ground here. You either follow the rules because you have to be committed, or you're gone. One thing—
- Andrew:** Then when you're gone, you go to the regular general population.
- Sheriff Coppinger:** No, you go right back in front of the judge.
- Andrew:** Oh, I see.
- Sheriff Coppinger:** And you are going to tell the judge—
- Andrew:** You lost your 28-day program.
- Sheriff Coppinger:** Yeah, you are going to tell the judge what you did, and we will leave it up to the judge.
- Andrew:** Which doesn't bode well on how you are going to be sentenced if you're found guilty then.

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- Sheriff Coppinger:** Case in point.
- Andrew:** You've already screwed up.
- Sheriff Coppinger:** Yeah, so that's huge.
- Andrew:** Okay. Well, good. Thank you very much.
- Sheriff Coppinger:** My pleasure. Thank you very much. This was great.
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