



CIC INFO SHEET

CORRECTIONS INFORMATION COUNCIL

Corrections Agencies Responses to Opioid Abuse in Facilities

Lauren Montgomery, Summer 2017 CIC Intern, July 26, 2017

On June 26, 2017, a roundtable meeting with the Drug Policy Alliance and the DC Corrections Information Council was held to discuss and assess drug policies and programs that are being implemented by different corrections agencies in the United States. This meeting came about after the recent [opioid overdose deaths of two inmates](#) while in custody of the District of Columbia Department of Corrections (DOC) this past May. In 2015, the [Centers for Disease Control and Prevention](#) (CDC) addressed the growing opioid epidemic within the United States, in an [article](#), in 2016, stating, “The majority of drug overdose deaths (more than six out of ten) involve an opioid.” Several corrections agencies have been utilizing new practices to battle this widespread epidemic.

In its discussion with the Drug Policy Alliance, the CIC learned about three tiers of responses to the opioid crisis in corrections: interdiction of opioids, detection and prevention of overdoses, and demand reduction through medically assisted treatment. The CIC gives examples of these three tiers through the initiatives implemented by state and local corrections agencies in the United States.

Interdiction: Virginia Department of Corrections

Like most facilities, the Virginia Department of Corrections (DOC) is focused on the interdiction and diversion of opioids coming into prisons. A news article published by [Virginia Public Radio](#) explained the new mail and visitation policies implemented by some facilities within the Virginia DOC in an effort to keep drugs out of the correctional facilities. When inmates are receiving mail, correctional officers are instructed to open every piece of mail that comes through the facility mailroom, make a black-and-white copy that will be given to an incarcerated individual, then shred the original. This action is an attempt to interdict drugs being smuggled in the facility via colored ink in mail. In 2016, out of the 250,000 prison visitations, 31 visitors were found trying to smuggle drugs into the correctional facility. These events led to stricter visitation screenings for both the incarcerated individuals and visitors. In one Virginia prison, it is reported that incarcerated individuals are required to change their clothes, and then they are subjected to a strip search after the visit and must change clothes again. Visitors have to go through metal detectors, pat searches, and some facilities require them to go through drug detection machines.

Overdose Detection and Prevention: California’s Use of Naloxone in Prisons

In the March 10, 2017 article released by [US News](#), a federal judge in San Francisco overrode California state law, allowing licensed vocational nurses to administer Naloxone, without permission from a doctor, to individuals overdosing within correctional institutions. Vocational nurses are typically the first responders to medical emergencies in the prison system, and with drug overdoses killing an average of 17 inmates per year and are attributed to being the leading cause of death in California state prisons, it has become necessary to allow these types of nurses to be allowed to administer this life-saving antidote.

Demand Reduction: Riker's Island Medication Assisted Treatment

In a research analysis conducted by [PEW Charitable Trusts](#), since 1987, the Riker's Island Correctional Facility has run a opioid treatment program that has helped to assist tens of thousands of inmates in maintaining their drug treatment programs through incarceration and release into their communities. [Methadone](#) is the most common drug used in this program, which helps to block the effects of opiate pain medications and ease withdrawal symptoms. As a result, this program has increased the average rates of recovery from opioid addiction, reduced recidivism rates, decreased the transmission of HIV and hepatitis C, and saved in health care costs. Corrections officials are cautious of using methadone and buprenorphine in their facilities because of the risk of being given to other inmates who are not a part of the program, the possibility of the drugs being leaked out of the prisons into the illicit drug market, and a common belief that these addicts are substituting one drug for another.

Unlike the Virginia Department of Corrections' efforts directly solely at reducing supply of drugs, Riker's is trying to reduce the demand for opioids, which reduces the threat of overdoses as well. Reducing the supply of opioids alone does not alleviate the demand of drugs. Abstinence with out treatment causes inmates to go through withdrawal, lowering their tolerance to opioids when they are released. Once [released](#), returning residents are ten times more vulnerable to overdosing because they are not aware of their lowered tolerance. Unlike California, whose main goal is to respond and prevent overdoses with naloxone, Riker's is also implementing long-term treatment as an overdose prevention measure.

District of Columbia

On April 12, 2015, the [National Commission on Correctional Health Care Board of Directors](#) adopted a position that "supports the increased access to and use of naloxone in correctional facilities." Also included in this position statement, is the recommendation that correctional and medical staff are trained on the signs and symptoms of opioid overdose and the effective use of naloxone whether intramuscular or by nasal inhalation. At the time this statement was released, 21 states, including DC, enacted laws authorizing first responders to administer naloxone. Also, the District of Columbia [Good Samaritan Overdose Prevention Amendment Act of 2012](#) provides immunity from certain legal offenses to the victim and bystander offering medical help in situations where a person is potentially overdosing. The District already has progressive laws and policies in place that will support DOC's effort to further address this growing crisis.

Per CIC's recommendation, the DOC has reached out to Drug Policy Alliance, and they are expected to meet for Drug Policy Alliance to share its expertise and recommendations to DOC directly. Increased knowledge and information can only help to better combat this widespread opioid crisis that has recently affected the DC incarcerated population.