

Jails Could Be a Turning Point in the Opioid Crisis

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Fifteen counties have been selected to participate in a national initiative to expand access to lifesaving opioid medication in county jails.

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BELOW: Newly-released George Ballentine holds his prescription medicine Suboxone outside a pharmacy in Greenfield, Mass., in this 2018 photo. While serving his sentence at the Franklin County Jail, Ballentine received a daily dose of buprenorphine (Suboxone) to control his heroin and opioid cravings. (Elise Amendola/Associated Press)



Participating counties

Camden County, NJ

Chesterfield County, VA

Clackamas County, OR

Cook County, IL

Cumberland County, ME

Durham County, NC

Eaton County, MI

Hudson County, NJ

Ingham County, MI

Jefferson County, KY
Lewis and Clark County, MT
Marion County, IN
Orleans, St. Bernard, and Plaquemines Parishes, LA
Shelby County, TN
St. Louis County, MN

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More than a dozen communities will soon be fighting the country's opioid abuse epidemic on a critical front – county jails – thanks to a major grant initiative from Arnold Ventures.

The philanthropy, in partnership with the U.S. Department of Justice, will spend \$720,000 to help 15 communities implement medication-assisted treatment programs in their jails. The selected sites span the country from Lewis and Clark County Detention Center in Helena, Montana, which has 80 beds, to Cook County Jail in Chicago, the largest single-site jail in the United States.

The grants will pair corrections officials with health-management experts to ensure that people have access to medication while incarcerated. And officials will seek to ensure that their communities will support treatment when people are released – a time when they are highly susceptible to overdoses that often prove fatal.

“We're hoping to create examples of how setting up this kind of treatment program, both in the jail and with linkage to community treatment, is possible,” said [Julie Williams](#), who helps oversee opioid policy initiatives at Arnold Ventures. “There are so few established high-functioning examples now. What the field really needs is more places to do it so that we can establish better best practices.”

Opioid use disorder, experts say, is particularly dangerous for those involved with the corrections system. Most jails let people go cold turkey. But if they

leave jail and return to their previous levels of drug use, their tolerance is greatly reduced. They are at great risk of fatal overdose – as much as 129 times the risk that the general population faces, according to one Washington state study.

Addiction experts agree that medications such as methadone are overwhelmingly the most effective treatment for opioid use disorder, but corrections officials have long ignored the evidence. They've feared that the medication could be diverted from its intended recipients or that they don't have the ability to reliably deliver the highly regulated medications, believing the outdated stigma that medication-assisted treatment is simply replacing one addiction with another.

“The Europeans look at us and think we're absolutely crazy. ‘Don't you know that incarceration and punishment doesn't work for this disease?’ ” said Dr. Josiah Rich, a professor at Brown University's medical school and director of the Center for Prisoner Health and Human Rights. “But nevertheless, that's where we are.”

Opinions are starting to change, however. In March, the National Academies of Sciences issued a report concluding that withholding medication for opioid use disorder in jails and prisons [is unethical](#). And in April, [top prosecutors and sheriffs released a letter](#) calling for medication to be provided in the corrections system to prevent relapse, reduce recidivism, and curb the criminal activity associated with opioid use.

Williams hopes this new initiative will add to the growing momentum. The Europeans look at us and think we're absolutely crazy. ‘Don't you know that incarceration and punishment doesn't work for this disease?’

The Arnold Ventures grants will pay for a team of health care experts who have experience with substance use disorders and corrections to help design and implement plans for offering treatment medications. They'll also allow for corrections and health officials to share ideas through webinars and intensive

in-person conferences, with grants covering travel costs, to compare notes with other grantees and hear from experts.

Among the obstacles to be overcome, for instance, is how jail officials can become certified to deliver the three drug options, which vary from a daily oral dose to a monthly shot. And most important, experts say, is coordinating with local health officials to ensure that people can continue to access treatment after they're released.

Williams said that was a key factor in selecting the communities to receive the grants.

“They need to provide some sort of evidence that when people are released from the jail, they're going to have somewhere really solid to land – doctors that are really willing to work with them and communities that have all the wraparound services they need,” she said. “Because ultimately, treating people in jail is only as good as the treatment they can get once they're released.”

A comprehensive program to offer medication in Rhode Island jails has shown tremendous promise. The \$2 million initiative, started in 2016, includes screening for all people who pass through jails, offers all three FDA-approved medications to those who need it, and connects people to treatment in the community. Overdose deaths among those released from prison have dropped 61 percent, said Rich, who has helped craft and oversee the program.

People who are incarcerated have been hungry for treatment, and they often know which medication will work best for them, he said. The medication frees patients up to work on recovery by participating in group therapy and addressing problems in their lives, such as damaged relationships.

And while advocates of 12-step programs and others say people need to hit their lowest point to recover, with opioid use disorder, “bottoming out is dead from an overdose,” Rich said.

Williams said she hopes that officials at the jails chosen for the Arnold Ventures grant will see success and spread the word to other jails. That could help lead to policy changes to support medication-based treatment, such as federal officials declaring that opioid use disorder should be treated in jails as a disease.

And ultimately, policymakers have to recognize that fighting the opioid epidemic means doing more in prisons and jails.

“When people are talking about reducing overdose rates, if they're not doing something in corrections, then they're missing a huge part of the problem and the potential solution,” Williams said.

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Risk of overdose increases 129 times over the general population for those who go cold turkey, leave jail, and return to their previous levels of drug use.

