SUBSTANCE AND OPIOID USE DISORDER AMONG FORMERLY INCARCERATED INDIVIDUALS

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A POLICY ANALYSIS

Table of Contents

EXECUTIVE SUMMARY

Overdoses among individuals with a Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) impact many individuals and their families. The post-incarcerated population is at a 12.7 times greater risk of death in the two weeks following release. A majority of the prison population has a past with substance use or a charge relating to possession. Our country has had a history of treating drug use as a crime that deserves punishment versus a health issue that deserves treatment.

As we progress through the 21st century, the outdated mentality and stigma around drugs are beginning to shift. More treatment options are becoming available to the general population, but the formerly incarcerated population is still excluded.

This brief researched the extent of the problem, the best alternatives for the issue, and an analysis of the alternatives to offer a cohesive policy recommendation. It was concluded that the most effective solution to this problem needed to be multi-pronged.

There was not one sole alternative that would effectively promote harm reduction and offer long-term support. Hence, of the three suggested alternatives, providing two doses of naloxone, immediate service connection, and expanding medically assisted treatment (MAT), the combination of the required provision of naloxone and immediate service connection was determined the most effective.

"I've seen addiction cases where if you let them free they are going to die. It is that bad."

John McCormick- Coos County Attorney

Scope of the Problem

Substance use disorder (SUD) and Opioid use disorder (OUD) is impacting individuals at dangerous rates causing it to be the leading cause of death after release from correctional facilities (Waddell, 2020). The problem is nationwide and growing every day. Without increased support, post-incarcerated individuals with OUD and SUD face risks of relapse of substance use, fatal and non-fatal drug overdose, and recidivism.

A large percentage of the incarcerated population has a SUD/OUD left untreated. After release, those not receiving treatment are 68% more likely to be re-incarcerated within three years (Steven, 2013). The time immediately following release is a critical window that is directly correlated to health outcomes and recidivism (Ingrid, 2013).

Studies nationwide have found incarcerated individuals were at 12.7 times greater risk of death in the two weeks following release than a comparable resident with similar demographics. Formerly incarcerated individuals are also estimated to be 8 times more likely to die of drug-related causes during the first two weeks after release than non-incarcerated residents in the same two-week period (Sungwoo, 2012; Ingrid, 2007).

All formerly incarcerated individuals face challenges upon release, and those challenges, coupled with a SUD/OUD, place people at a higher risk of a poor outcome. These individuals are battling with their SUD/OUD and face reentry barriers. The National Institution of Justice lays out "employment, addiction, mental illness, housing, transportation, family reunification, childcare, parenting, and poor physical health" as the main barriers faced upon reentry (Miller, 2021). The stresses of reentry, in general, heighten the risk of relapse, overdose, and recidivism.

Historical Context/ Root Causes

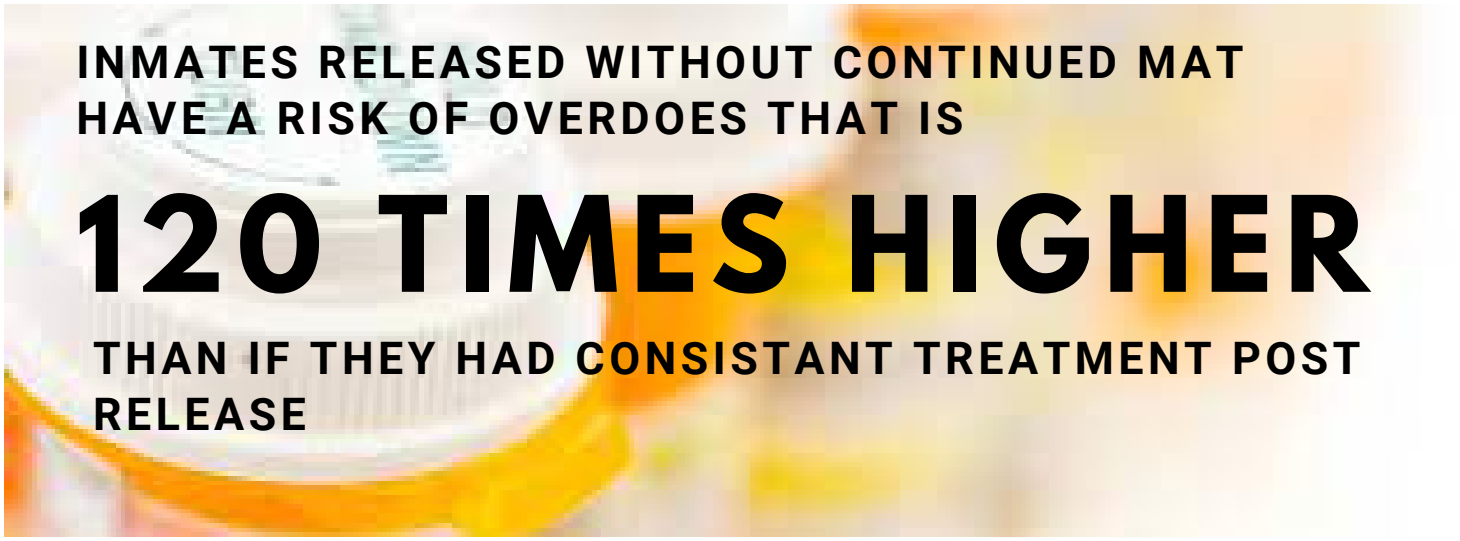
The cause for the increased risks for individuals with SUD/OUD after release from prison roots back in the framework of the criminal justice system as a whole. Historically, the uprise of incarceration began in the late 70s when the campaign of the War on Drugs started. The war on drugs has increased the size and presence of federal drug control agencies, mandatory sentencing, no-knock warrants, and zero-tolerance policies (Drug Policy Alliance, 2021). These elements have led our criminal justice system to prioritize the criminalization and punishment of individuals instead of treating drug usage as a public health problem. The minimal help to those presenting SUD/OUD during their time outside and inside the justice system is a direct consequence of the campaign.

Scientifically, punishment and time spent incarcerated will not alter their addiction and change any behavior; instead, it can worsen their health, placing them in danger. When individuals already experiencing SUD/OUD are placed behind bars, they may be abstinent, but they do not have the treatment to help them stay sober and manage their addiction. Once they are released, it is a matter of time before they relapse and take the same dosage pre-incarceration and overdose due to tolerance loss, resulting in death or ending up back in the system again for drug use.

The stigma around drug use constructed from former policies stemming from the War on Drugs has contributed to the continual increase in overdoses among formerly incarcerated. This population is vulnerable as their reentry process already has significant barriers, and there is limited government and systematic support.

> **“The need for an equitable and structural response to the overdose crisis is more urgent and critical than ever.”**

-Open Society Foundations and Doris Duke Charitable Foundation



Current Policies:

Policymakers are beginning to recognize SUD/OUD as a problem that needs a systemic solution. The Federal SUPPORT Act was passed to address the nation's opioid overdose epidemic. This Act provides funds to improve flexibility for states to increase first responder training and the expansion of fentanyl education, increase Comprehensive Opioid Recovery Centers providing OUD holistic care, including all FDA-approved MAT, counseling, recovery housing, and job training, and requires Health and Human Services to issue best practices for recovery housing (Substance Abuse and Mental Health Services Administration, 2021). The act succeeds in helping individuals with OUD/ SUD, but the population supported under SUPPORT are not incarcerated or formerly incarcerated.

However, Colorado recently passed SB21-137, the Behavioral Health Recovery Act, which requires state and private prisons to provide at least two doses of an opioid reversal medication upon release to individuals who have been treated for opioid use disorder. Additionally, the act requires a correctional facility or private contract prison to offer a person in custody, upon release from the facility, at least 2 doses of opioid reversal medication and education about the appropriate use of the medication. Additionally, the act requires research into substance use disorder prevention, criminal justice response, treatment, and recovery. This is a step in the right direction as there are components of the act acknowledging individuals in the criminal justice system, but there are still more treatment interventions aimed at the general population and not the incarcerated population.

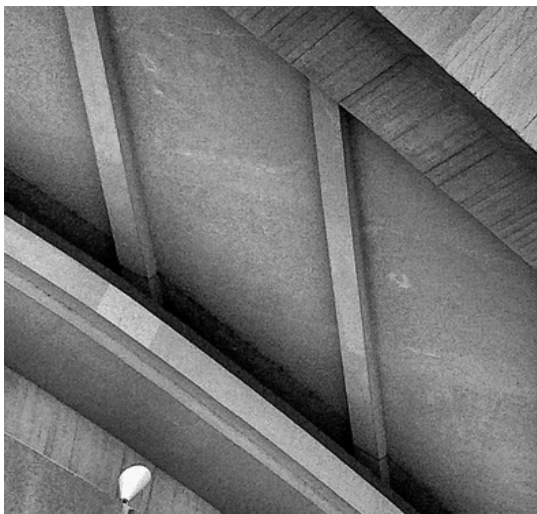
Problem Overview

Stakeholders/ Problem Type/ Reasoning to Intervene

The problem of untreated SUD/OUD among post-incarcerated individuals represents a government failure. The historical policies stated above, such as the War on Drugs, have led to a mass incarceration problem and created a long-term stigma around drugs. People who enter the system with SUD/ OUDs have little to no support and are deemed criminals and unworthy of help. Upon release without intervention during incarceration, they re-enter society with continued little or no support worsening their misuse. Furthermore, the Mandatory Minimum Sentencing laws created a stigma around drugs and penalized those with health issues. Treating drugs as a crime, not as a public health problem, has worsened this issue.

The urgency for change comes from the stakeholders. The stakeholders in this issue are the patients, family members, physicians, clinicians, and policymakers in the legislature and corrections agencies. As this is a problem resulting from a government failure, the government must intervene in this issue on the basis of ethical and moral reasons. Interventions are necessary to reduce recidivism rates and the risk of death after release from prison. In order to find the most effective policy, it is essential to look at the root cause of the problem. It is up to the government to alter the priorities of penalization over treating this as a public health issue. The cost components of opioid use disorder and fatal opioid overdose include the costs of health care, substance use treatment, criminal justice, lost productivity, reduced quality of life, and the value of statistical life lost (Centers for Disease Control and Prevention,2021). By not providing individuals who need help treatment options is causing increased recidivism, which costs states more money than it would to provide treatment (Black's Law Dictionary, 2021; Manning, 2021).

It is in the government's best interest to alter priorities and provide treatment for those in the system with SUD/ OUDs, as they are still people who deserve rights. The solutions are not singular; rather, the policies need to be multipronged to comprehensively address this issue.



Policy Alternatives

Service Connection - Required Doses of Naloxone - Expanded MAT

There are several possible policy alternatives, which are most appropriate to the post-incarcerated population. In this brief, the alternatives suggested are service connection, providing naloxone, and expanding MAT.

Provision of Two Doses of Naloxone

Some states and evidence-based research have recognized an alternative that provides previously incarcerated individuals with a SUD/OUD two doses of naloxone upon release. Naloxone is a medication that reverses a narcotic overdose in emergent circumstances. If an individual were to relapse and start presenting symptoms of overdose, the naloxone would be able to prevent them from dying. By providing two doses of naloxone, there would be a reduction in overdose fatalities. Studies have found that the administration of naloxone at the individual or the peer level results in a community-wide overdose reduction. The drug will save at least two lives from an overdose by providing two doses. With the current transition period without naloxone, individuals are likely to experience stigma, discrimination, suffer from housing instability, and unemployment (Joudrey, 2019). With the provision of naloxone, there will be a reduction in drug harm and provide protection in the case of relapse.

Service Connection

Another alternative to the current status quo is to provide connections to appropriate medical, behavioral, and social resources, including peer support upon release to every individual. Service connections will provide individuals support in order to have a successful transition back into their communities. The importance of connection to individualized and goal-oriented treatment is high among all individuals with SUD/OUD; however, the incarcerated population is at a shortfall concerning support received and the ability to seek services to help them individually. This immediate connection to services will lower the chances of overdose and set an individual on a path of recovery even during the other strains of re-entry. Often formerly incarcerated individuals are turned away from services due to their records. Providing service connections will allow them to get the assistance they need at appropriate places under Medicaid. The Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized immediate service connection under their Sequential Intercept Model (SIM). SIM identifies gaps in services individuals with substance misuse and mental health disorders face at various contact points in the criminal justice system. Upon release, people who are immediately provided transportation directly to services often see more ideal outcomes than those simply released to their community (Substance Abuse and Mental Health Services Administration, 2021). The last component of this alternative is peer support, which allows people to work together to achieve success and give individuals a purpose. This, in theory, works because individuals who have already gone through the re-entry transition can provide valuable peer support and advice to those who are facing the period alone ((Binswanger, 2012).

Policy Alternatives

Service Connection - Required Doses of Naloxone - Expanded MAT

Expanded MAT

Another alternative to the status quo is to expand medication-assisted treatment (MAT) into the jails/prisons with continued connection post-release. SAMSHA defines MAT as "the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (SAMHSA, 2021)." Individuals ideally need to be placed on treatment while in correctional facilities and continue treatment post-incarceration to reduce relapses, lower overdoses, and increase recovery success rates (SAMHSA, 2021). By giving individuals medication that suppresses their addiction accompanied with proper behavioral therapy, their addictions can be managed; however, once an individual stops receiving that treatment, they are susceptible to relapse. Providing MAT while in a correctional facility will assure program retention and prevent the potential for tolerance loss leading to an overdose (Joudrey, 2019). The expansion of MAT across all jails and prisons, with the included partnerships for continued treatment post-release, will address the growing rates of overdose and relapse leading to recidivism.

Policy Goals

1. Cost-Effectiveness
This goal measures the cost and benefits of the proposed alternative in comparison to the status quo.

2. Political Feasibility
For a policy to be effective it needs to be feasible in the implementation process and in line with stakeholder priorities. This goal will measure the likelihood of the public supporting the policy and its practicality.

3. Decrease Recidivism
This goal is critical in evaluating the policies as the problem can increase recidivism. Evaluating the policies by assessing which one most effectively reduces the number of individuals returning to the system will demonstrate how successful the alternative is in helping with the re-entry process.

4. Prevent Overdose
This is the primary goal for any of the alternatives. The problem is overdose from relapse among post-incarceration. All the policies must create an avenue to omit or reduce overdose rates.

5. Decrease Drug Use
This goal will assess if the alternative is aiding in reducing drug use and the addiction attached to the use.

6. Increase in Peer/ Medical Support
Resource connection is vital immediately upon release. Navigating the re-entry process is difficult, and our system needs to better support individuals. This goal will evaluate if an alternative is providing lasting connections.

Analysis - Matrix

Policy Alternatives

Policy Goals	Provision of 2 Doses of Naloxone	Service Connection	Expanded MAT
Cost Effectiveness (Low-High)	Medium	High	Low
Political Feasibility (Low-High)	High	Medium	Low
Decrease Recidivism (Low- High)	Low	High	High
Prevent Overdose (Low- High)	High	High	High
Decrease Drug Use (Low- High)	Low	High	High
Increase Peer/ Medical Support (Low- High)	Medium	High	High

Analysis of Alternatives

Provision of two doses of Naloxone

Providing two doses of naloxone is a great harm-reduction alternative; however, it offers few long-term benefits, ranking lower on the evaluation goals. It is very effective in preventing overdose as the drug will reverse the effects of an overdose, but it offers no support in reducing drug use or decreasing recidivism. The alternative will save an individual's life but does not aid with controlling the addiction, which will decrease drug use and keep them out of the justice system. The alternative is still better than the status quo as it will reduce the number of deaths post-release. The cost component ranks a medium on the matrix as there is an additional cost compared to the status quo, but in comparison to the price to incarcerate an individual, it is dramatically more cost-effective. Roughly 85% of the prison population has a substance abuse disorder or were incarcerated due to a crime that involved drugs. The prison population is about 2.19 million individuals, and it costs anywhere between $20,000 and $40,000 annually to incarcerate one person. The cost to provide naloxone to roughly 1.86 million individuals with active SUD/OUD or exposure to drug use would be around $279 million compared to the $55 ion due to recidivism, considering no overdose fatalities (World Population Review, 2021; National Institute on Drug Abuse, 2022; Law Dictionary, 2020). This is a cost-effective solution compared to the outcomes of not enacting this policy. While the cost factor drives the political feasibility down, it otherwise is a minimal change that will save the lives of many individuals while acting to increase positive health outcomes.

Service Connection

Providing an immediate connection to services achieves all of the goals for evaluation. This alternative would bear no additional cost to the current status quo. It would bring more patients and overall awareness to organizations and programs. The alternative will lead to long-term solutions for the problem as it prevents overdoses and reduces extensive drug use. This alternative will allow for long-term positive outcomes for individuals in addition to short-term lowering overdose rates.

Additionally, this goal is satisfactory in lowering recidivism as it addresses dependence, which decreases drug use keeping the individuals out of the system. The main intention of this alternative is to ensure there are appropriate resources provided to every individual facing or at risk of SUD/OUD. The resources people are being connected to will be different on a case-by-case basis to ensure the effectiveness of the program referrals for long-term support post-release. Realistically this alternative is feasible in implementation, but it may not be on the political agenda of constituent priorites, causing it to rank lower.

Analysis of Alternatives

Expanding MAT
MAT overall ranks lowest compared to the other alternatives. The driving factor for the lack of success is feasibility and cost. Expanding MAT would be less cost-effective and demand increased spending compared to the status quo. A pilot study in a New York Prison found that expanding MAT into a prison would cost $30,202 for the first six months for the total program, which was roughly $275 per person served with startup costs of $15,555.57. While it had many benefits, the cost would be an increase on top of the cost to incarcerate the individuals, making it not cost-effective (American Civil Liberties Union, 2021). Additionally, expanding MAT would have less political feasibility as it is a substantial and costly change to the criminal justice system. Considering there are programs with missions to address SUD/OUD, it would be hard to get constituent support to expand MAT funding for the post-incarcerated population. However, the alternative is successful in terms of decreasing recidivism, preventing overdose, reducing drug use, and increasing support.

Recommendation

The information presented in this report section is based on the summarized information provided in the matrix and the evidence rooted in the analysis section. The best solution to the problem is not one singular policy but rather a multipronged approach of two of the presented alternatives. The best solution to the problem of untreated SUD/ OUD among the post-incarcerated population is to provide two doses of naloxone upon release and immediate connection to appropriate medical, behavioral, and social resources, including peer support upon release.

The first step in handling the issue is to lower the fatalities from overdose among the individuals experiencing SUD/OUD. This harm-reduction approach takes on a tertiary response to this issue. Alone, this will not lower recidivism rates, drug use leading to another future overdose, or give the individuals long-term support and assistance. Hence, a secondary approach must be used to provide support and treatment to individuals with diagnosed SUD/ OUD.

These alternatives build off one another in all of the identified goals in the matrix. While providing two doses of naloxone appears as an additional cost compared to the status quo, the benefits offer a long-term and more cost-effective solution to the criminal justice system. The other policy of service connection has zero additional cost but provides the referrals to treatment the naloxone doses cannot offer. The combination is optimal. The political feasibility is sufficient, and it is being recognized as a potential change among stakeholders. Whichever goal one alternative does not cover, the other addresses that goal. For example, the two doses of naloxone cannot reduce drug use, but the service connection has that ability.

The MAT alternative is not the best alternative because, in the literature, it is sufficient for solving the problem; however, many programs outside correctional facilities provide these services to individuals. Expanding MAT into correctional facilities ranks low on political feasibility and cost-effectiveness. However, the connection to services alternative lays the ground for expanding MAT to this population without bearing the cost and low feasibility burden. The multipronged approach of providing naloxone and connection to appropriate individualized services is the most effective political step in addressing this problem.

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