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NATIONAL SHERIFFS' ASSOCIATION SUPPORTS THE USE OF NON-NARCOTIC EVIDENCE-BASED MEDICATION-ASSISTED TREATMENT (MAT) FOR OPIOID DEPENDENCE IN COUNTY JAILS

Background

In response to the opioid epidemic gripping this country, significant resources to treat opioid addiction have been allocated by federal and state government across the country. In December 2016, as part of the 21st Century Cures Act, Congress appropriated \$500 million in grants to the states to treat opioid addiction, which can then be passed down to providers as well as local and tribal governments. This and other funding from the federal Substance Abuse Mental Health Services Administration (SAMHSA) can be utilized to provide treatment, including medication-assisted treatment (MAT), to incarcerated persons before they re-enter the community.

WHEREAS, it has been estimated that more than 50% of inmates meet the medical criteria for drug dependence or abuse,ⁱ with adults on parole or supervised release from jail being nearly 3 times more likely to be dependent on or to abuse a substance than their peers;ⁱⁱ and,

WHEREAS, the criminal justice system is the largest source of referral to addiction treatment;ⁱⁱⁱ and,

WHEREAS, criminal justice-related costs due to prescription opioid overdose, abuse, and dependence reached approximately \$7.7 billion annually;^{iv} and,

WHEREAS, substance use disorders are often associated with a revolving door of arrest, incarceration, and release to the streets untreated or undertreated, followed by rearrests and return to incarceration; and,

WHEREAS, according to a recent report by the National Association of Counties and National League of Cities, individuals with opioid dependence who receive little or no treatment while incarcerated are likely to relapse to opioid dependence and criminal behavior;

comprehensive drug treatment programs in jails are associated with reduced system costs;^v and,

WHEREAS, our nation's Sheriffs manage the vast majority of local jails and, as such, have the responsibility to maintain a safe and secure facility. Smuggling or diversion of controlled substances, whether illicit or prescribed, within the envelope of the secure facility undermines the safety and security of inmates and staff; and,

WHEREAS, certain forms of medication-assisted treatment (i.e. methadone, buprenorphine) are types of opioids, and associated with diversion which presents particular concerns in a secure jail environment;^{vi} and,

WHEREAS, non-narcotic forms of medication-assisted treatment are available and currently utilized in criminal justice programs across the country; and,

WHEREAS, it is the sole jurisdiction and responsibility of the Sheriff in the vast majority of states to manage the county jail and, as such, it is critical that matters of safety and security of inmates and staff within the jail be prioritized as determinations are made of appropriate medications to administer behind the wall.

THEREFORE, BE IT RESOLVED, that the National Sheriffs' Association (NSA) supports the use of non-narcotic, evidence-based medication-assisted treatment for opioid dependence after detoxification within the confines of a jail or other secure facility and, when deemed appropriate, as an alternative to incarceration for drug-related offenses.

ⁱ U.S. Dept. of Education, Policy and Program Studies Service. (July 2016). *State and Local Expenditures on Corrections and Education*. Available at: <https://www2.ed.gov/rschstat/eval/other/expenditures-corrections-education/brief.pdf>.

ⁱⁱ U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. Rockville, MD; HHS Publication 10-4586.

ⁱⁱⁱ U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Service Administration, Office of Applied Studies. (2011) *Treatment Episode Data Set (TEDS): 1999-2009*. National Admissions to Substance Abuse Treatment Services, DASIS Series: S-56, HHS Publication No. (SMA) 11-4646, Rockville, MD.

^{iv} See Wolters Kluwer. (Sept. 14, 2016). *Costs of US Prescription Opioid Epidemic Estimated at \$78.5 Billion* (citing: Florence, C., Zhou, C. et al. (Oct. 2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*, 54 (10), 901-906.) Available at: <http://wolterskluwer.com/company/newsroom/news/2016/09/costs-of-us-prescription-opioid-epidemic-estimated-at-usd78.5-billion.html>.

^v National League of Cities and National Association of Counties. (2016). *A Prescription for Action: Local Leadership in Ending the Opioid Epidemic*. Available at: <http://opioidaction.org/report/>.

^{vi} See Beitsch, R. (May 30, 2017). Prisons Put New Limits on Inmate Visits to Stamp Out Drugs. *The PEW Charitable Trusts*. Available at: <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/05/30/prisons-put-new-limits-on-inmate-visits-to-stamp-out-drugs>.