

# Vera Institute of Justice

## Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/new-white-house-report-outlines-recommendations-to-stem-the-tide-of-drug-overdose-deaths>

### Public Facing Advocacy Writing

Last week, the presidents Commission on Combating Drug Addiction and the Opioid Crisis released an [interim report](#) outlining a series of preliminary recommendations that are intended to stem the tide of the growing public health crisis around drug overdose deaths.

The reports recommendations range from expanding treatment capacity, increasing the use of state-based prescription drug monitoring programs, and better educating medical professionals on the risks of patients developing substance use disorders and treatment options for them. The report also emphasizes the importance of [harm reduction strategies](#), such as medication-assisted treatment (MAT) and naloxone distribution, which have been shown to reduce the negative consequences of drug use, including social isolation, incarceration, overdose, and death.

The report is also noteworthy for its explicit mention of the need to ensure that outreach strategies to tackle the opioid epidemic target people involved in the criminal justice system, a recommendation at the heart of Veras recent report, [A New Normal: Addressing Opioid Use through the Criminal Justice System](#). This population is disproportionately likely to have [substance use disorders](#) and to be at increased risk for drug overdose death (following a period of incarceration), making the justice system a key intervention point in any public health approach to combating this epidemic. Two recommendations are key in this regard: reducing barriers to MAT for people with criminal justice involvement and dispensing naloxone via [standing orders](#) (a physicians order that can be carried out by someone other than a physician when predetermined conditions are met).

[MAT](#) is a method of treatment that uses FDA-approved medication to reduce cravings, relieve symptoms of withdrawal, or block the effects of opioids altogether. It is the [most effective treatment for opioid use disorders](#), and is known to reduce illicit opioid use. The American Society of Addiction Medicine includes explicit language in the [National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#) on the importance of access to MAT for individuals who are incarcerated or are otherwise justice-involved. Even so, justice systems traditionally [underutilize this treatment option](#).

The commissions interim report acknowledges this barrier to treatment, saying Particularly for populations with opioid use disorders involved in the criminal justice system, there is often inadequate access to FDA-approved medications that are proven to improve outcomes as part of a full continuum of care. As states and localities continue to tackle rising opioid overdose deaths, a focus on access to MAT at this crucial intervention point from drug courts, jail facilities, parole and probation offices, and state prisons is essential.

The commission also focuses on law enforcements ability to prevent overdoses and save lives by urging the president to provide legislation for states to allow dispensing naloxone via standing orders. Naloxone is a life-saving drug that reverses the effects of an opioid overdose, is non-addictive, and has no effect if a person does not have opioids in their system. Because naloxone requires a doctors prescription, some states and localities have employed the use of standing orders to ensure other designated people can receive naloxone; this practice has helped increase distribution of the drug and has saved numerous lives.

While the commissions recommendation emphasizes increasing access to law enforcement, the report also states, The Federal Government should ensure that naloxone is made available when there is the greatest risk for an overdose. This means that outreach to formerly incarcerated people is crucial: one study demonstrated that the relative risk of death from a drug overdose [is over 12 times higher for people released from prison](#) (in the first two weeks after release) as compared with other residents.

In 2016, Vera partnered with the New York State Department of Corrections and Community Supervision (DOCCS), the New York State Department of Health, and the Harm Reduction Coalition to conduct a process evaluation of an innovative program in which DOCCS has committed to training all soon-to-be-released individuals on opioid overdose prevention, and makes naloxone available to these individuals upon release from custody. In addition to training people who are incarcerated, the program offers trainings to DOCCS staff as well as family members of incarcerated individuals. At the time of Veras evaluation, over 12,000 individuals had been trained through this program. Veras evaluation focused on understanding the development and implementation of the program in New York State, describing early program results, and providing feedback for program improvement and to inform similar efforts in other jurisdictions. An upcoming publication will highlight outcomes of the New York State program and outline important considerations for other jurisdictions implementing similar corrections-based strategies.

As leaders in the criminal justice field begin to incorporate harm reduction strategies into their practices, it is equally important to recognize remaining gaps in access to these essential treatment options for people who come into contact with our justice system. The commissions inclusion of these harm reduction principles is a promising sign that attitudes may be shifting; as the work of the commission continues, commission members should continue to keep these vulnerable populations in the forefront of their mind.

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