

RESOLUTION

Subject: Substance Use Disorder Treatment in Correctional Facilities
Submitted by: Greater Louisville Medical Society
Referred to: Reference Committee

WHEREAS substance use disorders (SUD) represent a chronic medical condition associated with significant morbidity and mortality, as well as substantial public health, economic, and social impacts; and

WHEREAS, although SUDs and criminal behavior are frequently linked, offenders are often not provided adequate treatment for their SUDs, leading to significant medical and psychiatric morbidity, increased risk of non-fatal and fatal overdose, and chronic enmeshment in a costly cycle of criminal justice system engagement¹; and

WHEREAS, SUD treatment for criminal justice-involved individuals is efficacious, promotes recovery, decreases risk of transmission of communicable infectious diseases, and fosters productive reintegration back into society after release²; and

WHEREAS, in 2016, the Rhode Island Department of Corrections initiated medication-assisted treatment (MAT) for justice-involved individuals with opioid use disorder (OUD), ultimately leading to a 60.5% decrease in mortality in this population³; and

WHEREAS, the American Academy of Addiction Psychiatry (AAAP) asserts that diversion to SUD treatment programs is preferable to incarceration for non-violent offenders, as it improves outcomes and is less costly to society than incarceration⁴; and

WHEREAS, the AAAP, American Correctional Association, and the American Society of Addiction Medicine assert that inmates of jails and prisons who are mandated to confinement should be screened for SUDs and co-morbid psychiatric conditions, receive the full range evidence-based multimodal treatment for SUDs (including MAT for OUD), and supplied with provisions for easily accessible treatment after release^{4,5}; now, therefore, be it

RESOLVED, that the Kentucky Medical Association advocate that Kentucky correctional facilities provide all inmates screening for substance use disorders and co-morbid psychiatric conditions to identify inmates who would be candidates for treatment; and be it further

RESOLVED, that the Kentucky Medical Association advocate that Kentucky correctional facilities provide inmates evidence-based treatment for substance use disorders and co-morbid psychiatric conditions, including evidence-based pharmacotherapy for opioid use disorder; and be it further

RESOLVED, that the KMA support and include all three FDA approved pharmacotherapies.

References

- ¹ Substance Abuse and Mental Health Services Administration. Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide. (2017). Retrieved July 21, 2019 from <https://store.samhsa.gov/system/files/sma16-4998.pdf>
- ² NIH Fact Sheets - Addiction and the Criminal Justice System. (n.d.). Retrieved July 21, 2019 from <https://report.nih.gov/NIHfactsheets/ViewFactsheet.aspx?csid=22>
- ³ Green TC, Clarke J, Brinkley-Rubinstein L, et al. Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. (2018). *JAMA Psychiatry*. 75(4):405–407. Retrieved August 4, 2019 from <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2671411>
- ⁴ Criminal Justice System and Substance Use Disorder Treatment Policy. (2015, May). Retrieved July 21, 2019, from <https://www.aaap.org/wp-content/uploads/2015/06/AAAP-FINAL-Criminal-Justice-System-and-SUD-Treatment-Policy-for-merge.pdf>
- ⁵ Joint Public Correctional Policy on the Treatment of Opioid Use Disorders For Justice Involved Individuals. (2018, February). Retrieved July 21, 2019 from https://www.asam.org/docs/default-source/public-policy-statements/2018-joint-public-correctional-policy-on-the-treatment-of-opioid-use-disorders-for-justice-involved-individuals.pdf?sfvrsn=26de41c2_2