POSITION PAPER
No. 5/214th Legislature
(2010-11)

ISSUE:
Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration.

BILL NO.
A-2270 (Barnes III)

NCADD-NJ POSITION:
NCADD-New Jersey supports A-2270 because it is imperative that individuals in recovery and engaged in medication assisted treatment be able to continue such treatment while incarcerated. Medications including, but not limited to, methadone, buprenorphine, or suboxone, if missed result in extremely harmful effects.

The harm caused by interrupting an inmate's medication assisted treatment is twofold. First, suboxone, buprenorphine, or methadone withdrawal is a very painful process. Symptoms are typically experienced within 36 hours of stopping the use and can last up to several weeks after, depending on the intensity of use. Symptoms of withdrawal can include severe anxiety, sweating, malaise, anxiety, depression, cramp-like pains in the muscles, leg kicking (kicking the habit), severe and long lasting sleep difficulties (insomnia), diarrhea, goose bump skin (cold turkey), cramps, abdominal pain, dehydration, convulsions, thoughts of suicide and fever. These symptoms may last from two to five weeks. Second, interrupting treatment in itself or a "cold turkey" withdrawal will likely cause the patient to revert back to their original drug use and crime. Many patients have said the medication withdrawal is worse than it would be for their original opiate.

Alcohol and drug addiction is one of the most serious health problems facing our society. Left untreated, addiction affects thousands of people in New Jersey, devastates families, individuals and overwhelms our criminal justice system. While there are social and criminal consequences that arise from addiction, it is a medical problem that effects over 81 % of inmates, and the justice system should treat it as such.

Scientific research conducted over the past ten years by the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and Substance Abuse and Mental Health Service Administration has concluded that a substance use disorder is a chronic disease with similarities to asthma, hypertension and diabetes and requires ongoing disease management. Addiction can cause permanent changes in brain structure and chemistry. It is a brain disorder meeting the diagnostic characteristics for a medical illness. There has been a revolution in the way we view addiction," said Dr. Charles A. Dackis, chief of psychiatry at the University of Pennsylvania Medical Center-Presbyterian. "It's being seen now as a disease of the reward centers of the brain, much like pneumonia is seen as a disease of the lungs."

For example, opiate abuse can bring about significant and long-lasting chemical changes in the brain. These changes cause a person to experience intense cravings and negative emotions when they try to stop. Because of this altered chemical state of the brain, the majority of opiate-addicted people who recover require medication in order to correct these changes, much as a diabetic requires insulin to maintain a more normal blood sugar level.[1] Recovering from opiate abuse is not a matter of will-power or moral re-examination. It is a physical illness most effectively treated by using medications such as methadone and buprenorphine to assist the person in regaining physical stability and then helping the person address other psychological and spiritual needs.

There are effective medical approaches to address

the disease of addiction. Multiple medications have been approved as safe and effective to treat addictions according to the particular substance of abuse (alcoholism, opiate addiction). Medications are effective in preventing, treating and sustaining recovery in a variety of ways. They can be used to block or antagonize the effects of a substance, or to treat and reduce withdrawal symptoms or drug cravings. Some medications function to normalize brain chemistry, while others interfere with relapse triggers to help clients sustain recovery.

For more than 30 years, methadone has been used to treat opioid addiction. Heroin releases an excess of dopamine in the body and causes users to need an opiate continuously occupying the opioid receptor in the brain. Methadone occupies this receptor and is the stabilizing factor that permits addicts on methadone to change their behavior and to discontinue heroin use. In the brain, buprenorphine pries heroin from opiate receptors, binds tightly for two or three days, and then produces just enough stimulation to relieve withdrawal symptoms.

Research has shown the effectiveness of medication assisted treatment. A study published by the Center for Substance Abuse Treatment reported that 60% of people taking buprenorphine were abstinent from all drugs after 30 days of treatment, while 59% were abstinent from all drugs after 6 months. There were similar findings for those prescribed methadone maintenance. 60% of people who are given maintenance treatment with buprenorphine or methadone stay on the treatment and don't use illicit drugs while they're on it.[2] In another study, only 12% of patients had relapsed after their first 6 months on buprenorphine, an 88% success rate.[3] Overall, research has found that up to 80 percent of patients who quit methadone relapse to opioid abuse within 3 years[4]

Inmates whose medicated assisted treatment is interrupted will likely reoffend due to both drug-induced behavior and the commission of economically motivated crimes linked to their drug use. The revolving prison/jail door of untreated addictions is extremely expensive not only in repeated court and prison costs but also in terms of poor health, damaged family relationships and lost productivity. Enabling these individuals to continue with their medicated assisted treatment will reduce crime and recidivism upon release

More than 80% of incarcerated individuals have a history of an addiction. Thousands of individuals with a heroin addiction pass through New Jerseys correctional facilities annually. Opiate replacement therapy (ORT) with methadone or buprenorphine is an effective treatment for opiate dependence and can reduce drug-related disease and recidivism for inmates. Provision of ORT is nevertheless a frequently neglected intervention in the correctional setting.

Endnotes

1) Treating Opiate Addiction with Replacement Therapy, Scott Farnum MS MPA LADC LCDC NCC

2) Model, Suboxone: Safe, Comfortable Withdrawal from Opiates, quoting Dr. Sack, July 2009 http://www.drugaddictiontreatment.com/addiction-treatments/detox/suboxone-safe-comfortable-withdrawal-from-opiates/

3) O'Connor, Anahad, New York Times, August 3, 2004

4) Ball and Ross, 1991; Joseph, Stancliff, and Langrod, 2000.

CONTACT
Candice Singer, J.D.
Research Analyst
609.477.7013
csinger@ncaddnj.org

360 Corporate Blvd.
Robbinsville, NJ 08691
609.689.0121 (PH) | 609.689.3244 (FX)
POLICY@NCADDNJ.ORG