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April 15, 2019

Jeffrey Anderson
Director, Bureau of Justice Statistics
Office of the Attorney General
Department of Justice
819 Seventh Street NW, Room 2413
Washington, DC 20531

Re: Adding questions relating to opioid use disorder to the 2019 Census of Jails.

Dear Director Anderson:

I am writing in response to 84 FR 4539 regarding the 2019 Census of Jails.

The Pew Charitable Trusts is a non-profit research and policy organization. The Substance Use Prevention and Treatment Initiative (SUPTI) works to advance state and federal policies that address the toll of substance misuse, including expanded access to evidence-based treatment. This letter addresses the addition of questions relating to opioid use disorder to the 2019 Census of Jails.

Pew's substance use work recognizes the disproportionate burden of substance use disorders (SUDs) among incarcerated individuals. Nationally, from 2007-2009 (the latest nationwide data available), 63 percent of people serving sentences in jails met the medical criteria for a SUD pertaining to opioids or other depressants (excluding alcohol), marijuana, cocaine, methamphetamine or other stimulants, hallucinogens, or inhalants, while only 5 percent of the total general population age 18 or older met such criteria.[i] Upon release to the community, people who were incarcerated face a high risk of overdose. For example, a New York City study found that individuals discharged from jails were more than twice as likely to die from drug-related causes as other city residents within the two-week period after release.[ii]

Providing treatment during incarceration directs resources to a population in need of services and can prevent fatal overdose upon release. For example, after introducing all three forms of medications approved by the Food and Drug Administration for opioid use disorder (OUD) treatment into its Department of Corrections, post-incarceration overdose deaths decreased by 61 percent in Rhode Island compared with deaths in the period prior. This was the main factor contributing to a 12 percent reduction in overdose fatalities statewide.[iii]

Despite the need for treatment in correctional settings, and the ability for this treatment to save lives, little is known about the extent to which jails offer this treatment or even routinely screen for OUD. Accordingly, Pew encourages the Bureau of Justice Statistics (BJS) to add questions regarding OUD to the 2019 Census of Jails Forms CJ-3 and CJ3-A. This comment letter offers

suggestions for refining the proposed data collection instrument so that this important information can be collected.

The addition of the opioid questions acknowledges the need to better understand how the opioid overdose epidemic affects some of the most vulnerable people in the United States – people with criminal justice system involvement. The goal of the new opioid questions in the 2019 Census of Jails should be to collect data on prevalence of substance use and SUD for people in jails, to understand how people are screened and treated for SUD within the facility (including withdrawal management), and how people reentering the community from incarceration are connected to medical and behavioral health services post-release. The responses to the opioid questions will provide a high-level understanding of how jails address OUD. However, the questions require additional detail to determine the type of screening and OUD treatment provided.

Suggested improvements to proposed data collection instrument

Overall Comments on Single Facility Jail Form Section IV and Jurisdiction Form Section III
The questions in Single-Facility Jail Form Section IV and Jurisdiction Form Section III are limited to screening and treatment for OUD. While OUD rates have risen, so have rates for other SUDs. For example, after declining in the mid-2000s, between 2008 and 2015, amphetamine-related hospitalizations (which includes methamphetamine) increased from 55,000 to 206,000.[iv] The prevalence of alcohol-use disorder and high-risk drinking also increased between 2001-2002 and 2012-2013.[v] For these reasons, Pew recommends adding questions relating to the screening and treatment of other substance-use disorders, including alcohol, stimulants, and polysubstance use.

Questions 24 (Single Facility Jail Form) and 13 (Jurisdiction Form)

- 24a and b (Single Facility Jail Form); 13a and b (Jurisdiction Form)
    - Responses 24a, 24b, 13a, and 13b ask only about activities conducted during intake. Because some facilities conduct health screenings and assessments after intake, the questionnaire as currently worded will not capture these activities. Consider asking first if routine urinalysis and screening for OUD are conducted, and then add a follow up question to learn when these activities occur.

      BJS should also consider asking about the screening and assessment tools used by jails. This would help researchers understand the use of validated, evidence-based screening and assessment tools in jail settings.

- 24e (Single Facility Jail Form) and 13e (Jurisdiction Form)
    - The instructions to this question should make clear that medication-assisted withdrawal is not the same as medication-assisted treatment. As written, a respondent could interpret the instructions to mean that they should respond yes even if opioid-agonist medications are made available *only* for the management of withdrawal symptoms.

- This question should elicit separate responses for each of the three medications for OUD treatment: buprenorphine, methadone, and naltrexone. The three medications are governed by varying sets of federal regulations. Asking about the medications separately will help researchers to understand the extent to which each medication is available.

  Further, the medications vary in contraindications, interactions with drugs used to treat other conditions, and potential side effects. Patients also differ in which medication is most likely to lead to treatment success. Because of these factors, the decision regarding the right medication to take for OUD should be made jointly by the prescriber and the patient[vi] and jails should offer all three medications. Asking about the medications separately will allow researchers to track the degree to which jails are implementing this best practice.

- These questions should also distinguish between initiating and continuing Medication Assisted Treatment (MAT), FDA-approved medications for OUD used in combination with behavioral health therapy. Anecdotal evidence suggests that jails are likelier to continue medication for persons entering the facility already on MAT than to initiate treatment to medication-naive patients. While continuing MAT is important for increasing access to care, jails also represent a setting in which people with OUD can be identified and begin treatment.[vii] Asking about initiation and continuation separately will help researchers understand the extent to which jails are serving as a site where people enter treatment.

- These questions should also ask about the populations that are eligible to receive MAT. For example, a jail may offer MAT only to pregnant patients or exclude people who are state responsibility, serving a sentence, or detained for immigration services. As written, a jail could respond that they provide MAT to incarcerated persons even if it is restricted to their pregnant patient population only.

- 24i (Single Facility Jail Form) and 13i (Jurisdiction Form)
  - Linkages to care can encompass many activities, including giving patients a list of providers in the community, jail-based staff making appointments pre-release, and community providers coming into the jail to develop care plans. Consider asking about these activities separately. As written, both a jail that supplies a list of nearby treatment options and a jail that offers robust care management could respond as linking persons soon to be released from incarceration to care in the community.

    BJS should also consider asking about whether the jail provides a supply of buprenorphine or oral naltrexone prior to release for the patient to take until he or she receives ongoing care from a community provider. Providing these bridge medications for OUD could help reduce the post-incarceration risk of overdose by ensuring there is no lapse in OUD treatment medications before the individual is able to receive treatment in the community.

Questions 25c (Single Facility Jail Form) and 14c (Jurisdiction Form)
These questions should define treatment for opioid withdrawal. The American Society of Addiction Medicine recommends the use of opioid agonists or alpha-2 adrenergic agonists (e.g., clonidine or lofexidine) for managing withdrawal.[viii] Providing fluids alone is not sufficient. The question should define clinically appropriate withdrawal management so that researchers can understand the extent to which jails are following clinical guidelines in this area.

Questions 26 (Single Facility Jail Form) and 15 (Jurisdiction Form)
As recommended with questions 24 (Single Facility Jail Form) and 13 (Jurisdiction Form), these questions should ask separately about the number of persons receiving buprenorphine, methadone, and naltrexone.

Thank you for the opportunity to provide comments on the proposed revisions to the Census of Jails. The new data on the identification and treatment of opioid use disorders will be invaluable to researchers seeking to understand the extent to which people in jails can access treatment and the adoption of best practices relating to MAT by jails. If you have any questions or need additional information, please contact me at econnolly@pewtrusts.org or 202-540-6735.

Sincerely,

Elizabeth Connolly
Project Director, Substance Use Prevention and Treatment Initiative

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[i] Jennifer Bronson et al, "Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009," Bureau of Justice Statistics (June 2017), https://www.bjs.gov/content/pub/pdf/dudaspji0709.pdf.
[ii] Sungwoo Lim et al, "Risks of Drug-Related Death, Suicide, and Homicide During the Immediate Post-Release Period Among People Released from New York City Jails, 2001–2005," *American Journal of Epidemiology* 175, no. 6 (2012): 519-526, https://doi.org/10.1093/aje/kwr327.
[iii] Ibid.
[iv] Tyler N.A. Winkelman, Lindsay K. Admon, and Latasha Jennings, "Evaluation of Amphetamine-Related Hospitalizations and Associated Clinical Outcomes and Costs in the United States," *JAMA Network Open* 1, no. 6 (2018):e183758, https://doi.org/10.1001/jamanetworkopen.2018.3758.
[v] Bridget F. Grant, et al, "Prevalence of 12-Month Alcohol Use, High-Risk Drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001-2002 to 2012-2013: Results From the National Epidemiologic Survey on Alcohol and Related Conditions, *JAMA Psychiatry* 74, no. 9 (2017):911-923, https://doi.org/10.1001/jamapsychiatry.2017.2161.
[vi] American Society of Addiction Medicine, "The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use," (2015), https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf.
[vii] National Sheriffs Association, "Jail Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field (October 2018), https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf.
[viii] American Society of Addiction Medicine, "The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use."