

A direct supervision women's bunkroom, which holds 58 inmates. Ten of the 44 women held here on Dec. 8, 2017, were actively detoxing from opioids, and the majority were on suicide watch.

America's Jails Swamped by Opioid Crisis

More addicts and a higher rate of mental health issues, combined with budget cuts, leave jails trying to cobble together health care and corrections

By **Charlotte Cuthbertson**
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DAYTON, Ohio— On any given day, there are about 750,000 people in jails across America.

Most of them are connected to the opioid crisis in some way, says Jonathan Thompson, executive director and CEO of the National Sheriffs' Association.

"It's hard to put it into terms that words can even express the magnitude," he said. "It's consuming the jail population, it's consuming the communities, it's consuming the bandwidths of sheriffs and law enforcement across this country."

He said the jail population is clearly dominated by two coex-

isting problems—one, opioid-related overdoses or distribution, selling, trafficking, and/

“**We don't have nearly the money, the facilities, the people, anything that we need for this epidemic.**

Maj. Matt Haines, jail administrator, Montgomery County Sheriff's Office

or two, mental health-related issues.

“So when you have coexisting or co-occurring challenges like that, it's oftentimes very difficult to say which one is driving which,” he said.

“People who are sick end up behind bars when they needed to be in hospitals. I think it's inhumane, we need to really as a nation take a step back and say we are locking up people merely because they are ill. We are locking up people with addiction problems when we should be treating the source of the problems.”

Ground Zero
Montgomery County Jail in Dayton, Ohio, is at the forefront of the struggle, and the list of challenges it faces is staggering.

The vast majority of inmates are in for opioid-related crimes;

one-third of the inmates are on mental health medication; state mental health beds have plummeted; inmate numbers have skyrocketed; budgets have been cut; and there is no sign of the problem abating, said Maj. Matt Haines, division commander for jail and court security for the sheriff's office.

“One side of this is the opioid addiction problem, the other side is mental health. State hospitals have closed up, these people have ended up out on the street. From time to time you'll have somebody that just has a mental health problem that doesn't use drugs, but most of the time, the two go hand in hand,” Haines said during an interview in December.

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"So now you have this population that was in state hospitals. There's no funding left for those hospitals. They've closed doors. Those people are literally out on the street, sometimes homeless. So then they get in trouble, they get arrested, and then our population have to have the training on how to deal with these people."

The jail books an average of 67 people a day. It has 914 beds and a total capacity of 941 inmates. On Dec. 8 last year, there were 719 inmates, according to Haines. He said numbers were slightly down as Christmas was looming, and judges tend to be "pretty nice around the holidays."

Overstuffed Upon Arrest

Haines said deputies frequently arrest people—potentially on serious charges—who are so intoxicated the jail refuses them before a doctor at a local hospital checks them out.

"We're scared that they're going to overdose here," he said. Often, he said, arrestees see the flashing lights of a deputy's car and quickly ingest all the drugs in their possession.

"So they may not overdose right-away, but once they're here it may hit," Haines said.

The jail also has a problem with people concealing drugs when they are brought in and then taking them. "So we've had overdoses in our housing unit, but more frequently we have a problem here at intake," he said. Inmates go to the bathroom and use all the drugs they have on them.

The intake area in the jail has changed drastically over the last few weeks, completely because of the opioid issue," Haines said. "We had to take a call out of service and spend some significant dollars to make a room here that's big enough for us to put a body scanner in."

The body scanner, which was due to arrive in a few weeks, is to help corrections officers find any contraband at the intake stage.

Officers will continue to do body searches on incoming inmates—where, they traditionally find a significant amount of drugs (and knives are pretty common)—but they hope the scanner will find the small items.

"You've got to find gel caps, you got to find Suboxone strips that are clear, it's like a piece of Scotch tape. And we're looking in people's hair, body cavities, etc.," he said.

Teresa Russell was hired as the jail's treatment coordinator at the end of June, primarily in response to the opioid crisis.

She said addicts are so petrified of the detox process that they risk adding a felony 3 conviction charge to their rap sheet by bringing drugs into jail when they are scheduled to be incarcerated during a court process. She said they go so far as to sew drugs into their socks or hide strips of Suboxone in hair beads.

Russell said she acts as the "air traffic controller" for all the health service contracts with the jail, but most of her time is spent finding drug treatment places for inmates.

"The opioid problem here has been just so bad that we need somebody finding alternate places and trying to get them set up with medication-assisted treatment, things like that," Haines said.

Detoxing in Jail

On any given day, anywhere between 40 and 50 inmates are going through the messy five-day opioid withdrawal process.

"You'll see somebody at some point here that's probably curled up in a little ball in the corner and feeling the effects of withdrawal," Haines said as we



Part of the jail intake area. The blue mats on the wall are for inmates to place their heads while undergoing a detox body search. They can also be taken off the wall if an inmate becomes violent.

ons stay about 20 days.

"You'd think once they get through that, they want to go get help, but most of these people we've found they're going through treatment seven, eight times before they're able to break that cycle of addiction.

And that's once they've decided they want to get better—which not everybody that's here locked up has any interest in."

Haines points to two individual cells near the intake area that have glass frontages.

"We created those cells for people that needed extra observation. The problem is, there are times we'll have three or four people in that cell that's only designed to have one person," he said.

"It's designed for temporary habitation, there's no bed in there or anything like that. If our mental health team says that this person can have a mat and a blanket, we give that to them. We've also purchased suicide-safety mats and blankets."

"We've had people that have had to stay in cells like that for a lengthy amount of time."

During opioid withdrawal—which is often described as being like the worst flu you've ever had in your life for five days—what they call "comfort meds."

That includes Pepto-Bismol and Advil for diarrhea and nausea, and plenty of Gatorade for dehydration.

"Nothing that really helps with the detox process at this point," Haines said. "There's not a whole lot that our medical staff is able to do, because [of] the limitations in the law."

"We don't have a medical unit or anything like that, that you would typically see in a facility that's holding the number of inmates that we have, plus the medical and mental health and addiction problems."

Haines considers himself lucky that the jail's medical unit now has 24-hour coverage. He has a full-time chronic care nurse practitioner and a full-time psychiatric nurse practitioner. However, a doctor is only at the jail for 14 hours a week, and a psychiatrist for nine hours a week.

The jail has a denial exam room, two medical exam rooms, and four cells for the inmates "with the worst medical issues," said Haines. One cell has positive-pressure ventilation in case someone is suspected of having tuberculosis or similar infectious diseases.

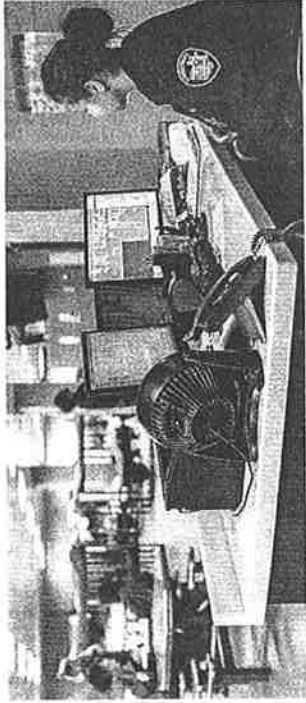
"But again, given the fact that any given time a third of our population's on mental health medications, probably half the people in here are on some sort of medication, everybody that has mental issue, even if they weren't taking care of it when they were out on the street, they're going to take advantage of getting it fixed while they're here," he said.

"We couldn't run this like a hospital with all the needs that are here," he said. "We keep taking on all these additional emergencies, trying to do our part."

More Inmates, Fewer Dollars

Most people are not in a jail for long.

In Montgomery County jail, for a misdemeanor, the stay is an average of six days, while fel-



symptoms, but Ohio pharmacy regulations currently prohibit the use of such MATs as Suboxone in the jail, said Haines.

The only MAT in use is Subutex for pregnant female inmates, he said.

Suboxone is a combination of buprenorphine (an opioid) and naloxone (which blocks the effects of opioids) and has been used in opioid addiction treatment since 2002.

Methadone, the other main MAT, has been around for decades, while naloxone (commonly known as Vivitrol) is fairly new.

Russell said the jail is working on protocols and policies to be able to use Vivitrol or other MATs. She has also carved out a space for inmates to meet with Samaritan Behavioral Health case managers and discuss their needs.

"Everybody kind of looks at the jail—and there are times I do too—that you have this captive audience, so this is a good place to grab people that are in crisis and try to get them treated," Haines said. "Well, that's a good idea—except, the stay is not long enough to do anything."

The six-day average stay for misdeemeanors is too short to even schedule treatment in most cases, he said, let alone administer it and create a plan for long-term treatment.

Haines said the dearth of residential treatment facilities in the county means it's difficult for anyone to get immediate help.

"They're doing some things now, where 24/7 you can call somebody, get set up for your crisis care, and they may start helping you through the detox process, but nothing inpatient, you're still waiting a significant amount of time to get into one of those beds," he said.

"And that's a problem because those beds need to be available. Because when somebody detoxes today's day, you don't want to give them the chance for them to change their mind. Or the opportunity to go overdose. Because the strength and potency of the drugs that we're seeing here is unheard of. We're dealing with people that have taken elephant tranquilizers."

He said the Greater Dayton Area Hospital Association is working on a crisis stabilization unit. It was hoped to be up and running by now, but they're still trying to decide on a location.

Haines said he had just asked his medical staff to get up to speed on a new FDA-approved device called the Bridge Neurostimulation System. The device attaches behind the ear and emits electrical pulses that stimulate nerves in the brain to provide relief from withdrawal symptoms.

"We'll reach out to the manufacturer and say 'They if you want to test it, come on in,' he said. "Just like we reach out all the time."

He said he has connected with some of the local universities with medical programs to let them know they are welcome to come and lend a hand with the medical and mental health needs of the jail population.

And Montgomery County Sheriff Phil Plummer is at the forefront in finding solutions for his department. In 2013, he

set up the Montgomery County Drug-Free Coalition, which brings together health, education, faith-based, and non-government organizations to help combat the epidemic.

Increasing Resources

Thompson said the problem overall is incredibly complex. "It's not just the obsession or the addictive nature of it. It's also the abundance, it's the low cost, and now the danger... its lethality is increased in some cases a thousand, two thousand percent," he said.

"We have to look at those individuals as they come into the jail system—what is their pathway out of the jail, and then on that path, what are the drivers that maintain that velocity of keeping them off or out of the addiction cycle."

Thompson indicated the problem for jails is likely to get worse before it gets better. He said as the government tightens the border, the cost of opioids will increase considerably, and addicts will commit more crime to support their habit, resulting in more arrests into jails.

Despite all its challenges, he said Ohio has become a state to follow in how it's dealing with the opioid crisis. The sheriffs are very independent and influential in their counties, which allows them to be more creative in addressing the budget shortfalls and harness the support of their communities.

"The community, the community care providers in the communities, the hospitals, the doctors, the educators, have all got to step up. And a very, very powerful influence that has to step up too is the private sector," Thompson said.

He said the nationwide public health emergency that President Donald Trump declared at the end of October last year is also a good start.

"I think it's helped in raising, not just awareness, but also put the sense of urgency into the federal government, that's been severely lacking," Thompson said. "Proof will be in the actions that are taken, the resources that are dedicated, the long-term commitment that is needed."

A Department of Justice official told The Epoch Times that the recent announcement of a director of Opioid Enforcement and Prevention Efforts position "makes it clear that there is still work to be done to increase collaboration with state and local entities."

The director will help coordinate efforts with law enforcement around new initiatives, policies, grants, and programs relating to opioids.

The official was unable to verify if the Justice Department will fill any funding gaps for jails that are dealing with high numbers of opioid issues.

Meanwhile, Thompson said law enforcement can't be every solution to every problem.

"We have got to stop trying to call 911 and assume that... a deputy or a police officer is the primary solution provider to that addiction or that mental health crisis," he said. "People say, just remove that mentally ill person, or just remove that drug addict from the community, and all will be fine. That doesn't work, and we know it doesn't work."

64 THOUSAND Americans died of a drug overdose in 2014, according to preliminary data, suspect foul

"I'm concerned that within the next few months, I'll see another spike in people with mental health problems that are getting arrested for criminal trespass, theft, or menacing, or other things that a police officer doesn't have anything else to do with them, other than arrest them and put them in jail to solve the problem... sending them somewhere that does not have the services that are needed for them. It's all a cycle."

He said the jail completes about 24,000 bookings a year and the cost per day, per inmate, is \$61.75. Next year, it's already a couple of dollars higher.

"We are looking just at the sheriff's office, at more than \$2 million budget cut—we've been told it's coming in 2019.

"Absorb that for a minute, we're already doing more with less, the sheriff's absorbed I believe 97 positions cut since 2008," Haines said.

"We are the testbed for drugs coming from Mexico, coming from China, we're at the center of this epidemic, and we just don't have the resources that we need to fight it."

Thompson from the National Sheriffs' Association said he talks to hundreds of sheriffs and jail operators every month, and Haines is not alone.

"I know dozens of counties, if not hundreds, that are trying to cut the budget, but they're faced with the pressure of the reality of that curbing those budgets is not only risky, but it's dangerous to the safety and security of the communities," he said.

About 20 percent of the jail population is now female, consistent with the rising opioid problem.

He said jails are funded differently in different states, but a big part of the budget pressures are driven by the economy—the lack of tax revenue, industrial growth, and jobs—and the rest is from an uptick in crime, particularly violent crime.

"Where you might have had 10 deputies... with five dedicated to violent and narcotic crimes and five dedicated to patrols, you now have eight dedicated to violent crimes and narcotics and only two dedicated to patrol. Yet your demand for patrol hasn't gone down, it's probably gone up."

Addiction Treatment

Some jails around the country are able to provide opioid-addicted inmates with medication-assisted treatment (MAT), which can help reduce opioid cravings and ease withdrawal