

Throughout the Pennsylvania D.O.C. (Department of Corrections) there currently is and has been an ever-growing drug crisis, virtually going unnoticed by any and everyone outside of the prison system. "K2" and Suboxone make up over 90% of the problem with Suboxone heavily outweighing "K2". Since 2011 opioid addiction has lead me to 2 county jails, 5 State prisons, 2 halfway houses and 2 parole-violation centers. At each facility I've witnessed the same disturbing routines and practices take place, addicts being left untreated and putting themselves in unimaginable situations in order to get a medication they rightfully need, a medication that such facilities funded by the state and federal government should be providing for those in need within its care.

Suboxone is a medication used to treat opioid withdrawal and as of today more commonly used for maintenance in order for many with O.U.D. (Opioid-use disorder) to stay free from opioids and live productive lives. In 2016 2 million people struggled with opioid addiction in America, 42,000 died. In the years following the numbers have declined, largely due to M.A.T. (medication-assisted treatment) becoming more accepted and accessible. In 2016 only 1 in 10 Americans received care for substance abuse and the few who did often received sub-standard care not based on research, many of the so-called "experts" were still treating opioid addiction as a moral failing rather than a chronic condition. Today the stigmas surrounding M.A.T. are finally starting to become removed as misconceptions are replaced by facts supported by statistics acknowledging M.A.T. is the gold standard for opioid addiction. Unfortunately for the thousands incarcerated in PA SCL(s) (State Correctional Institution) who may be seeking treatment. Up until 2019 the PA D.O.C. refused to acknowledge almost all of the facts and statistics surrounding successful and unsuccessful methods of treatment for O.U.D.. Although they have since began to acknowledge some of the facts, they have yet to truly adjust and make the real changes that are needed. For many who suffer from O.U.D. they often follow a similar pattern, prescription pain medication - heroin - prison, that's for the majority of those who survive while using. Prison has the capability and seal

potential to make a difference in the lives of addicts and their families, another grand zero for recovery being the perfect opportunity for many to begin treatment and receive the help they desperately need. Sadly the truth is that as of today many addicts become even worse off while in prison, many eventually being released to suffer fatal overdoses or to return again, all the while with their disease constantly progressing due to lack of treatment and inadequate drug programs, programs that are for the most part broken, outdated and ineffective.

When I was sentenced to 3 to 10 years in prison I served more than 3 years before I was eventually placed in the T.C. (Therapeutic Community) program prescribed, 1 of the 2 programs most offered and/or faced on inmates in the PA DOC. In 2015 I completed the 4 month program and was released from prison shortly after, and after spending 17 days less than 4 years in prison there was nothing I wanted more than to go home and live "an ordinary/normal life", a feat nearly impossible considering I spent 4 years left untreated. Within 1 month of my release I was back on heroin, within 2 months I was sent back to prison for a "10 day detox", not even at that point was I given the opportunity to be put on what could have been a life changing medication, not to help with the physical withdrawal and not to help me remain free from opioids upon my release. Instead I was just left alone for 10 days to sweat out the ~~heroin~~ opioids, no helpful medication, no counseling, no therapies, no anything... From the prison I was sent to a halfway house to do a 90 day inpatient T.C. program, it's no wonder why I absconded and was back on heroin in less than 48 hours. In 2017 I was re-committed to prison for new criminal charges stemming from my addiction, there were many other inmates who were also re-commits whom I knew from my time I spent in prison, most of whom I participated in T.C. with. In 2018 I was given another drug evaluation and was told I scored "Te high" meaning I should be placed in T.C. The institution I was housed at did not have the T.C. program and instead of transferring me I was placed in a "cognitive behavioral program"

In the PA DOC, every inmate is given an A.O.D. (Alcohol & Drugs) evaluation to determine programming, many inmates seeking help may find themselves waiting years to be placed in programs, programs that often prove unhelpful. Addiction that is not addressed can have a dramatic negative impact on the brain structure. Imaging studies of brains in people with addiction compared to those without show changes in the regions critical to decision making, learning and memory, because addiction hijacks the brain's ability to appropriately respond to pleasure or pain, the classic symptom of addiction is impaired self control. A big reason why inmates who are addicts keep repeating the same behaviors and patterns in prison that brought them there. After abstinence from opioids for a short period of time 1 pill or bag of heroin could be fatal but Suboxone will give users a sensation similar to their desired effect. O.D. is a chronic disorder that changes the biology of the brain which causes users to compulsively seek and use. Many PA inmates in the DOC quickly form habits with Suboxone, eventually "needing" it daily in order to function "normal", physically and mentally. Some say its substituting 1 drug for another, in a sense it is. An opioid is an extremely dangerous and addictive drug that is 1 of the leading causes of death in the country. Methadone and Suboxone are safe, legal, F.D.A. approved medications that should be used along with counseling and behavioral therapies to help those in need remain free from opioids. This "substitution" helps a great number of people live productive lives who wouldn't be able to do so otherwise, all with the goal of tapering off to live completely drug free when 1 is ready and can successfully do so. In 2017 1,217 people died due to opioid overdoses in Philadelphia PA, 1,116 in 2018. I have no doubt that M.A.T. becoming available to inmates in the Philadelphia County jails played a part in the decline. Philadelphia County began giving inmates entering their facilities the option to receive M.A.T. if they had opioids in their system when committed. This initiative is a huge step in the right direction. Past U.S. Surgeon General Jerome Adams stated "for opioid use disorder the standard of care is medication-assisted treatment". Due to Philadelphia providing the appropriate care they will see positive results

for the people they are treating along with the security of their facilities. Until late 2019 inmates on the Suboxone program entering the State D.O.C. weren't so lucky, they were forced to detox from Suboxone or Methadone without being tapered off to help them with the physical withdrawal symptoms which last for weeks, and the physical aspect is only half of the battle, mentally they are also in agony. All one can think about is getting something to take away their sickness, up until they do get it which will more than likely be Suboxone, beginning the cycle of illegally obtaining and using a medication the state should be providing them with. As of today the PA D.O.C. continues treatment for those on Suboxone Maintenance at their time of commitment but refuses to treat ~~and~~ many others who've been diagnosed with and suffer from the very same disease. Inside PA prisons many find themselves loosing all control and their lives unmanagable, but now it's due to a medication the majority of them should be on and rightfully need. Now spending all their time and energy in constant search of the medication, ways to financially provide it for themselves while trying to manage and monitor their own intake, they now have very little time if any for the things that most want to be doing, should be doing and need to be doing. The medication will eventually consume all of their time, money, energy and spirit. Many inmates find themselves breaking institution rules in order to provide the medication for themselves, others will be a constant burden to their families and friends often creating conflicts with the very loved ones they're trying to re-establish healthy relationships with. Some inmates have absolutely no way of paying for the medication but due to the severity of their disease they go in debt with other inmates willingly putting themselves in harms way due to violence. Regardless of how an inmate goes about getting the medication, every inmate self medicating will at some point go without commissary or other things they could have, more often than not for the majority. All risk being released from custody later rather than sooner, solitary confinement and new criminal charges.

It's no secret that the majority of Suboxone is smuggled into facilities

by correctional officers and other staff, all whom are getting financially rich off the suffering of prisoners and their diseases. A disease causing them to spend unimaginable amounts of money on a medication that they should be treated and provided with by healthcare workers while in the states care. ~~Access to M.A.T. inside~~ Access to M.A.T. inside SC is for everyone who is in need of help would eliminate so much suffering and profiting from it. Who would be willing to pay anywhere from \$50 to \$500 for something that is administered daily to those who actually need it. Not only would it strengthen the security of prisons but more importantly it would mean the beginning of recovery for many struggling inmates who are in desperate need of help. Scientific findings show that addiction is a chronic relapsing brain disease, care should be personalized just as diabetes care is, using the right combinations of medications and therapies that will reduce drug use and improve functions. M.A.T. uses effective medications in combination with counseling and behavioral therapies to help regain control of life and counteract the powerful disruptive effects addiction has on the brain and behavior. With M.A.T. many prisoners would now have the time and motivation they need in order to focus on fixing themselves, they could be productive within the institution, go to school, learn trades, have and hold an institutional job, participate in activities they enjoy in their free time, focus on relationships with family and friends, they can start setting and tackling goals, preparing for their release (for most), all while working on bettering themselves with treatment. I am in no way suggesting to just give Suboxone and methadone to any and every inmate, this is about the many currently in the custody of the PA D.O.C. who are unable to function normal because they are either not offered or denied the treatment that their condition requires. This is about all inmates in need having access to a method of treatment proven more successful than the "drug rehabilitation Therapeutic Community program" forced on inmates today. This is about the unjust suffering of prisoners due to the treatment they are denied access to. In society PA parole officers

encourage those they supervise who are or were dependent on opioids to get on the M.A.T. program. Why not address the problem before one is released from prison, transfer the treatment in order for those with O.U.D. to be released, remain clean and have much better odds at becoming a productive member of society, a better mother or father, daughter or son, overall being a better person and having a better chance at not returning to prison or dying due to an overdose. Many inmates with O.U.D. in PA SOL's are in a sense blessed as of today, blessed because heroin and fentanyl are easily smuggled in, but if those drugs do start finding their way in before access to M.A.T. becomes available to all in need, sadly it will then be too late for some to get the help they need. Addiction is a disease that must be treated with skill, urgency and compassion, Methadone and Suboxone are drugs approved by the F.D.A. "but they're only effective if it can get to those in need" says the F.D.A. commissioner, he also adds, "unfortunately, many people suffering from addiction aren't offered an adequate opportunity for treatment.", a statement that couldn't ring truer for many in the PA D.O.C. Although many who need the medication find ways to obtain it, they're becoming even worse because their lives are revolving around getting and using, they need the appropriate treatment that their condition requires.

In 2019 the PA D.O.C. began implementing a not so well thought out M.A.T. program. Out of the 20 plus SOL's in PA there are only 2 where they do the Suboxone induction, if one lands at one of the other 20 plus prisons and they're not a parole violator who was on the Suboxone Maintenance when re-committed then they are shit out of luck. Regardless of whether one is suffering due to their current condition they will be denied access to treatment and told they do not qualify/meet the criteria for treatment if they're not a parole violator or go through one of the 2 prisons that do the inductions. The PA D.O.C. has issued a directive that it "will no longer do business with service providers who do not, at all levels, support the use of medication-assisted treatment" but as of today this directive is still not being

applied & followed. Studies show that ~~the~~ Buprenorphine is both effective for jail populations and subject to diversion, yet facilities that do not offer opioid agonist treatments or places like the PA DOC that run half ass not well thought out programs may unwittingly, and paradoxically, be promoting diversion among inmates with OUDs who would benefit from such treatment.

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