

Prison Programs in the State of Indiana for Prevention of Drug Misuse and Deaths

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Abstract

One of the most important public health topics in the United States is the misuse of opioids. It has become an epidemic in the 2000s and it has had devastating effects on people's health and well-being. Comorbidities from opioid misuse are observable disproportionately in vulnerable populations like the youth, women, health workers and healthcare workers, and racial and ethnic minorities. Multi-level impacts of drug misuse on public health are of public health relevance because there is no easy solution.

Drug offenders in prisons and jails are particularly susceptible to drug overdose and adverse health outcomes of drug misuse like the Human Immunodeficiency Virus, Hepatitis C infection and substance use disorders. This paper looks at the substance abuse programs and addiction recovery services within correctional facilities in the State of Indiana. It analyzes interviews conducted with correctional facility and addiction recovery staff. Following information gathered about drug misuse and deaths, it recommends that programs approach to health and well-being around substance use holistically and advocates for a renewed focus on considerations around gender, as well as for naloxone distribution kits.

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1.0 Introduction

Addiction is an important public health issue, and while addiction can be ascribed to a range of behaviors and activities, this paper will use the term “addiction” only as it refers to opioids and other drugs. A medical approach views addiction as a disease, disorder, or condition requiring medical treatment. Opioid misuse has been a public health problem for over thirty years. In 2019, opioids were involved in nearly 50,000 overdose deaths.¹

The United States Department of Health and Human Services (HHS) has made it a priority to address the risks and harms of opioids. Agencies within HHS join the effort to address and cope with the opioid crisis. They are White House, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration (FDA), National Institute on Drug Abuse (NIDA), Substance Abuse and Mental Health Services Administration (SAMHSA), HHS Office of the Inspector General and the HHS Office of the Surgeon General.²

In 2017, which is within the period when the opioid epidemic became a national crisis, 9.7% (3,690) of the 38,226 new Human Immunodeficiency Virus (HIV) diagnoses were attributed to injection drug use (IDU).³ Among males, 8.6% (2,655) of new cases were transmitted via IDU or male-to-male sexual contact and IDU. Among females, 14.2% (1,035) of new diagnoses were a result of IDU. In 2017, there were an estimated 44,700 new cases of acute Hepatitis C (HCV). Among case reports that contained information about IDU, 86.6% indicated IDU prior to onset of acute, symptomatic HCV.³

Drug misuse and deaths have reached an epidemic level and the resultant opioid crisis is observable in the State of Indiana, as well. This paper looks at the tools that correctional facility

staff and addiction recovery service directors and other addiction recovery staff in the State of Indiana prisons need in order to improve their addiction recovery services and programs. In doing so, the main objective of this paper is to analyze the interviews that present us with important information about drug misuse and deaths.

The background chapter includes information and data on current state of the opioid crisis at both the national level and state level. It includes an overview of the opioid epidemic history in the United States. This chapter provides an account of the opioid use within prisons and jails and looks at the nation-wide substance abuse programs and interventions, as well as substance abuse programs and interventions in Indiana. A description of the problem-solving courts and correctional facilities system precedes the larger study description, the larger study procedures, its data collection and analysis plan in the Methods chapter. Findings from the surveys and interviews are presented in the Results chapter. Interview data are largely presented qualitatively under three general themes: 1) tools that can aid prisons in addressing drug misuse and deaths; 2) key stakeholders who can offer tools for the prevention of drug misuse and deaths; and 3) information about drug misuse and deaths, and the criminal justice system that can aid in addressing this public health problem. Finally, interpretations of findings and results are organized and presented in the Discussion chapter. This paper concludes by describing barriers in prevention of drug misuse and deaths and describes the key stakeholders that need to be actively involved in reducing drug overdoses and deaths.

2.0 Background

2.1 Opioid Use in the United States:

Factors that shape mental health are multi-level and complex, and they are deeply rooted in a combination of factors at different levels, such as family, environment, community, and society.⁴ This is true for the growing opioid problem. Evidence shows that adult and youth mental health across has been declining for some time.⁵ Suicide has been the second leading cause of death for Americans, ages 10 to 34; it is among the top ten leading causes of death across all ages, and the 10th leading cause of overall deaths in the United States in 2019.⁶ Mental health and substance use have only worsened during the SARS-CoV2 pandemic; anxiety and depression seem to be associated with substance misuse and SARS-CoV2 effects among various populations in the United States.⁷ Early intervention and successful programs need to focus on mental health in relation to self-harm, now more than ever.

If not prevented, substance (mis)use can influence an individual's future and increases mortality and morbidity in the long run. Impacts on physical health are detrimental and irreversible, if not intervened on in time. From a syndemic perspective, there is a national sense of urgency as lockdowns during the SARS-CoV2 pandemic have degenerated health, and the synergistic effect has led to many public health disadvantages.⁸ Lockdowns and isolation due to SARS-CoV2 may continue to be seen in the future. Therefore, already validated programs may need to be revalidated for use during these conditions. As this public health problem quickly becomes an emergent societal problem, program approaches may need to be updated.

Mental health impacts of the pandemic are increased rates and levels of anxiety, depression, traumatic stress, serious psychological distress, and increased substance use.⁹ Research has found that some segments of the United States population are struggling more with mental health and substance use issues during the pandemic, including youth, women, health workers and healthcare workers, and racial and ethnic minorities.⁹

Opioid use is discussed in the literature, and it is a public health problem that has developed over decades.¹⁰ It has become an epidemic after decades of change and increase in use of large numbers of harmful substances. Dayer et al. note that in the 1980s safety concerns pertaining to the use of opioids were minimal; some physicians were legally challenged over their strict prescribing practices, and morbidity and mortality related to opioids were growing to epidemic proportions by the turn of the century.¹⁰ In the mid 1990s many physicians feared that legitimate opioid prescribing could develop into illegal drug use in their patients; strategies to challenge the stigma of using and prescribing opioids were implemented. There were contradictory voices among physicians on the dangers of opioid addiction as result of clinical practices and treatments. According to Dayer et. al., changes in opioid practices and prescribing between 1996-2006 led to a major shift in the assessment and management of pain.¹⁰ The adoption of “pain as the fifth vital sign” coincided with the 1995 approval of Purdue Pharmaceutical’s long-acting OxyContin, and its aggressive promotion for use. The result was that the number of prescriptions written for non-cancer pain increased nearly tenfold from about 670,000 in 1997 to about 6.2 million in 2002, whereas prescriptions written for cancer pain increased about fourfold within five years. Due to a surge in overdose deaths associated with opioids by 2016, drug misuse became an epidemic between 2007-2017.¹⁰

SAMHSA published epidemiological data for substance use and mental health for various ages across the 50 states of the United States and Washington, District of Columbia.¹¹ The 2020 data present a striking overview. Prevalence estimates in average percentages, of illicit drug use across the United States, for people aged 12 or older, ranged from 9% to 23%.; average percentages of perceptions for great risk from using cocaine once a month ranged from 61% to 75%, while average percentages of perceptions for great risk from smoking marijuana once a month ranged from 14% to 27%.¹¹ Average percentages for perceptions of great risk from trying heroin once or twice, among people aged 12 or older ranged from 78% to 86%.¹¹ As seen, average percentages of perceptions for great risk from smoking marijuana were significantly lower than average percentages of great risk perception for other illicit drugs.

Another finding is that average percentages for Illicit Drug Use Disorder in the past year among people aged 12 or older ranged from 5% to 9%, while prevalence estimates in percentages of people aged 12 or older; those needing but not receiving treatment at a specialty facility for illicit drug use in the past year also ranged from 5% to 9%.¹¹ Data indicate prevalence estimates in percentages for Substance Use Disorder among people aged 12 or older in 2020 ranged from 10.5% to 20%, while prevalence estimates in percentages of people aged 12 or older, needing but not receiving treatment for substance use also ranged from 10.5% to 20%, approximately.

The number of people aged 12 or older with Illicit Drug Use Disorder across all states and the District of Columbia and the number of people in the same age group who needed but was not receiving treatment for illicit drug use in 2020 were very similar. Data for 2020 indicate that the situation is similar for Substance Use Disorder. The changes in prevalence estimates for the years 2021 and 2022 remain to be seen; this is crucial for tracking health data and underlying dynamics and pandemic effects.

2.2 Opioid Use in Indiana

Manifestations of the opioid crisis in the State of Indiana can be observed. In 2020, average estimated number (in thousands) of any mental illness among people aged 18 or older in Indiana was 1,109. This is a high number compared to other states.¹² In 2020, average number (in thousands) of prescription pain reliever misuse among people aged 18 or older was 170, which is also high compared to other states. According to the National Survey on Drug Use and Health (NSDUH), in 2020, estimated numbers (in thousands) of illicit drug use disorder among people aged 18 or older was 343, which is lower compared to some states; however, still high compared to many states.¹²

Prescription opioid misuse was reported in 18.4% of substance use treatment admissions in Indiana; prescription opioid misusers in treatment were primarily female, white, non-Hispanic, and between the ages of 25 and 44.¹³ Overdose deaths involving an opioid increased from 347 in 2011 to 1,246 in 2019; Indiana's opioid overdose mortality rate was 18.5 overdoses per 100,000 population in 2019.¹⁴ Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018, which accounted for nearly 70% of all overdose deaths in Indiana.¹⁵ A data report points at birth defects, such as neonatal syndromes in babies of women who use opioids during pregnancy.

Indiana University–Purdue University Indianapolis (IUPUI) Center for Health Policy published the Treatment Episode Data Set (TEDS) maintained by SAMHSA, which shows annual admissions to substance use treatment facilities. Data from 2017 indicate that misuse of opioids increased from 18.6% to 37.1%, and methamphetamine misuse increased from 9.7% to 24.9%.¹⁶ According to statewide data, the top three substances patients reported using were marijuana, alcohol, and opioids.¹⁶ The research brief notes the many regional differences when addressing substance use disorders and highlights that different age groups have differing substance misuse

prevalence rates. Addressing substance misuse requires consideration of community needs. When creating interventions, differences in prevalence and type of substance across rural and urban communities need to be considered.¹⁶

The Center for Health Policy reports on 2005-2015 substance abuse trend data for Indiana over the past 10 years.¹⁷ The report highlights significant societal implications, such as overdose deaths, children exposed to meth labs, drug arrests, and alcohol-related motor vehicle accidents, in addition to the economic burden of substance use.¹⁷ The same report points out co-occurring mental health and substance use disorders and notes that Indiana ranks as one of the worst states in terms of high need for and low capacity of medication-assisted therapy (MAT). It concludes by describing action steps to take in order to reduce societal implications of substance abuse: school-based interventions, peer-recovery approach, supportive services such as job training, childcare, and case management, family-inclusive services, services for vulnerable and underserved populations, elimination of punitive policies that do not support people who relapse. It also recommended action steps to prevent HIV and Hepatitis C infection, including promotion of syringe exchange programs and naloxone use.

2.3 Opioid Use in Prisons

U.S. Department of Justice statistics show that jail inmates were twice as likely to commit suicide in 2018 (45 per 100,000 jail inmates) than adults in the adjusted U.S. resident population (22 per 100,000 adult U.S. residents).¹⁸ Between 2010-2018, drug or alcohol intoxication was among the top three causes of death in local jails. Males accounted for the majority of local jail deaths in 2018, while females had a higher mortality rate (162 per 100,000 female inmates) than

males (152 per 100,000 male inmates). The number of deaths of local jail inmates due to drug or alcohol intoxication between 2008-2018 period has been on the rise since 2012; percentages of these deaths increased to 16% from 6%. The number of deaths due to drug or alcohol intoxication in 2018 increased more than thirtyfold since 2010. Adjusted mortality rate per 100,000 U.S. residents, for alcohol and drug intoxication was higher than the adjusted mortality rate for jail inmates whose cause of death was alcohol or drug intoxication in 2018. According to U.S. Department of Justice statistics, number of state prisoner deaths due to drug or alcohol intoxication between 2010 and 2018 was also among top three; however, majority of state prisoner deaths occurred due to illness.¹⁹ State and federal prisoner deaths due to drug or alcohol intoxication accounted for 2%. Same report shows that drug or alcohol intoxication deaths increased 611% between 2001 and 2018.¹⁹

Bernstein et. al. note that for lifetime drug users (versus never-users), there was a relation between impulsivity and drug involvement with prison inmates, and impulsivity was higher among lifetime users.²⁰ Mital et. al. point at a relationship between history of incarceration and overdose risk; upon release from incarceration, individuals are at heightened risk of drug overdose.²¹ Authors note that data from several studies indicate non-Hispanic white race/ethnicity was associated with increased risk of overdose among formerly incarcerated individuals compared to Hispanic, American Indian, and other race/ethnicities, and findings were mixed in comparison to African American race. Findings related to age were also mixed.²¹

2.4 Substance Abuse Programs in the United States

It is vital for interventions across the United States to provide effective screening and treatment for substance misuse. Strategies exist to reduce substance misuse and mortality and morbidities, such as MATs, emergency department screening and treatments, and programs that utilize the harm reduction approach and its principles in order to reduce societal burdens and individuals' physical burdens of substance abuse. Community-based programs, such as school-based interventions and drug prevention programs also exist.

People with substance abuse problems can be treated through both in-patient programs and in non-hospital settings. They can be treated through individualized drug counseling, group counseling, and outpatient treatment programs. A therapeutic community is the best-known model for treating people in non-hospital settings for a duration of six to 12 months.²² Therapeutic communities provide comprehensive supportive services in order to replace harmful behavior with socially constructive and harmonious ways to interact with others. Treatment in this kind of setting focuses on developing personal accountability and responsibility as well as socially productive lives; and supportive services may include employment training, in addition to activities and other onsite services that aim to reintegrate people to the society.²²

Evidence-based approaches to substance abuse include programs such as Cognitive Behavioral Therapy (CBT), which is based on the theory that in the development of maladaptive behavioral patterns like substance abuse, learning processes play a critical role.²³ In treatment, people learn to identify and correct maladaptive behaviors by applying a range of different skills and addressing other problems that often co-occur. They are able to do so through problem solving strategies that they are taught. People receiving CBT apply those strategies to the barriers they identify as part of the therapy and then reflect on the process and results.

FDA approved several different medications to treat alcohol and opioid use disorders in order to relieve withdrawal symptoms and psychological cravings that cause chemical imbalances in the body.²⁴ MAT, an evidence-based treatment, refers to the use of medication in combination with counseling and behavioral therapies that aim to provide a “whole patient” approach, and it is used to prevent or reduce opioid overdose. It may also contribute to lowering a person’s risk of contracting HIV or Hepatitis C infection by reducing the potential for relapse.

A national grant that focuses on reduction of multi-level implications of substance abuse is the 2018 Offender Reentry Program (ORP) grant program. The purpose of this program is to expand substance use disorder (SUD) treatment and related recovery and reentry services, using evidence-based practices with sentenced adult offenders/ex-offenders with SUD and co-occurring disorders, including mental disorders, who are returning after incarceration in state and local facilities to their families and communities.²⁵ Other anticipated outcomes are to reduce substance use-related crime and violence, increase employment rates and housing stability, decrease recidivism rates, increase social connectedness, and decrease risky behaviors. Federal block grants also aim to address substance use and prevention.

2.5 Substance Abuse Programs in Indiana

The State of Indiana has a large pool of resources for people who experience mental health and addiction-related issues and who intentionally seek help to cope with these life challenges. The Indiana State Government offers resources such as Indiana Addiction Hotline, Mental Health and Substance Use Helpline, and SAMHSA’s Treatment Referral Routing Service.²⁶ Under the Division of Mental Health and Addiction, Family and Social Services Administration supports a

number of opioid treatment centers certified by the Indiana Department of Mental Health and Addiction with additional locations opening up later in 2022. Center staff work with clients to determine the most appropriate dosage of any medication prescribed and any additional therapeutic interventions that will further the recovery process. Individual and group therapy is provided at all Indiana opioid treatment programs in order to enhance the effectiveness of the MATs that are offered. A number of substance abuse prevention funded initiatives generally target high-school and college students. A federal block grant for primary prevention services targets pregnant women, and women with dependent children, intravenous drug users, and it includes tuberculosis services, early interventions services for HIV/AIDS.²⁶

The Recovery Works Program provides support services to those without insurance coverage who are involved with the criminal justice system, and it is dedicated to increasing the availability of specialized mental health treatment and recovery services in the community for those who may otherwise face incarceration.²⁷

. The Indiana Pregnancy Promise Program is a free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past.²⁸ The Pregnancy Promise Program provides support during the prenatal period and for 12 months after pregnancy, connecting mothers to prenatal and postpartum care, including mental and physical health care, as well as treatment for opioid use disorder.²⁸ The Indiana Division of Mental Health and Addiction, partnered with the Indiana National Guard to develop two public service announcements to educate communities of Indiana about the importance of medicine storage and proper prescription drug disposal. These Prevention Works public service announcements aim to divert the (mis)use of prescription drugs.²⁹

The NextLevel Recovery Indiana program team works to expand resources for individuals and families struggling with opioid addiction, increase treatment availability and programs, and help people stay in recovery and prevent relapse.³⁰ The program, under the Indiana Department of Health with support of the governor of Indiana, published a progress report in November 2020.³¹ Targeted efforts aim to curb the opioid epidemic since 2019, and the state has been highlighting the need for strong local coalitions in order to promote recovery and prevent drug overdose. Peer support networks and recovery housing have been expanded. There is recent emphasis on access to outreach programs, transportation assistance, education, workforce development, and access to MAT.³¹

The Indiana Department of Correction (IDOC) provides access to a wide selection of programs, courses, and activities based on both facility and offender need, as well as available resources, which vary by county.³² After arrival at an IDOC facility, an offender meets with Case Management staff to begin building their Case Plan, which is developed from the results of the Indiana Risk Assessment System (IRAS), which is based on criminogenic risk domains such as criminal history, school and employment, family and social support, substance abuse and mental health, and criminal lifestyle. This is an approved earned credit time/time cut program of study, which includes Standardized Curriculum, Validated Evidence-Based Practices (EBP), Established Performance Measures.

The programs are education and employment based; they may include apprenticeship programs with the United States Department of Labor, reformative program, such as the Thinking for a Change Program, and Addiction Recovery Services.³³ The IDOC Addiction Recovery Services Division has been implementing a strategic program in partnership with medical services providers, who are external contractors such as Wexford: Recovery While Incarcerated (RWI) is

a multi-faceted approach aiming to improve the quality of addiction recovery services, increase offender access to care, implement evidence-based care, and provide increased opportunities for community-based services to released drug offenders. RWI focuses on screening and assessment, timely access to treatment, and individualized evidence-based care, and it has replaced previous Addiction Recovery Services known as “Therapeutic Communities,” “CLIFF,” “GRIP,” or “Outpatient Treatment Services”.³³ Other courses, programs and activities range from life-skills and self-help programs such as Alcoholics Anonymous and Narcotics Anonymous to behavioral therapy programs, anger management courses, stress management courses, wellness/nutrition courses, and more.

2.6 Problem Solving Courts and Correctional Facilities System

Growing research evidence on substance abuse related problems and health outcomes hints at policy effectiveness and/or ways to improve policy and procedures of drug courts. The drug court model may be successful in addressing drug misuse and at reducing incarceration, as well as in addressing related problems that impact the individuals who misuse drugs.

The use of specialized court programs (SCPs) in the United States, also known as problem-solving courts, has grown substantially since drug courts’ first appearance in Florida in 1989. According to the online report of National Association of Drug Court Professionals, the drug court was founded as a result of the war on drugs, which placed the justice system on the front lines of the cocaine epidemic. Both justice and treatment professionals alike began to recognize that not treating substance use and mental health disorders simply perpetuated a vicious cycle of relapse and recidivism.³⁴

SCPs evolved to include drug courts, family courts, domestic violence and mental health courts.³⁵ They aim to address multiple needs beyond drug addiction to include juveniles, homeless offenders and veterans. Problem-solving courts are important because research on drug courts demonstrates that program participants tend to have better outcomes and less recidivism than those participants in the traditional criminal court system.³⁵ Problem-solving courts aim to reduce incarceration for drug offenses using therapeutic jurisprudence techniques to provide long-term, court-supervised treatment to address the underlying causes of drug addiction. According to the online report of the Drug Policy Alliance, the judge, rather than lawyers, drives court processes and serves as the leader of a ‘treatment team’ that generally consists of the judge as arbiter of treatment and punishment decisions, the prosecutor, the defense attorney, the probation officer and the drug treatment personnel.³⁶

Correctional facilities are institutions that house convicted felons and criminals, and inmates under the care and custody of a local, state, or federal correctional authority; they are generally housed in a local jail or a state or federal prison.³⁷ According to Bureau of Justice Statistics, jails are locally operated short-term facilities that hold inmates awaiting trial, sentencing or both, and they house inmates sentenced to a term of incarceration of one year or less. Prisons are longer-term facilities run by the state or the federal government that typically hold persons sentenced to incarceration for more than one year. Prison facilities also generally house a larger population of inmates than local jails.

The State of Indiana has eighteen adult correctional facilities within the Department of Corrections. IDOC operates all state prisons, assigning offenders to a particular facility based on the nature of the offense, the offender’s criminal record, safety, and the medical, educational and

personal needs of the offender. Correctional facilities within IDOC operate at three security levels- minimum, medium and maximum security.

3.0 Methods

3.1 Study Description

Rising opioid prescription rates in Indiana, which are well above the national rate, and an increase in opioid misuse have been alarming. This paper is based on a larger study that aims to understand how interventions given to individuals arrested for drug misuse in Indiana impact morbidity and mortality. The study focuses on Problem Solving Courts (PSC) that offer interventions to adults with substance use disorder. Drug misuse offenders can be sentenced to traditional correctional facilities, or they can participate in problem-solving courts, which are specialized dockets that seek to treat the underlying problems contributing to criminal behavior.³⁸ In 2019, the then Graduate School of Public Health (now School of Public Health) at the University of Pittsburgh received a grant from the CDC to evaluate and model interventions offered by PSCs to analyze data within the January 1, 2018 to June 30, 2021, period. IRB approvals were received from the University of Pittsburgh Human Research Protection Office. Personally identifiable information, such as correctional facility name in connection to staff role/position of the interviewees is not included in this paper.

The project ultimately aims to analyze the impact of individual PSC and correctional facility policies and procedures on morbidity and mortality through a multidisciplinary approach, developing evidence-based recommendations and tools in order to disseminate information to key stakeholders. This project involves a team of researchers with expertise in biostatistics, modeling, legal epidemiology and evaluation. The project's formal partners are the Indiana State Department of Health and the Management Performance Hub (MPH); collaborative partners are IDOC and

Indiana Offices of Court Services. Research staff involved in the project stress that for the first time, an innovative combination of quantitative and qualitative methods integrating legal epidemiologic, biostatistical, and modeling methodologies will assess the effectiveness of PSCs as a public health strategy to curb the opioid epidemic, both in terms of morbidity and mortality. The Biostatistics and Modeling teams are gathering and organizing data from specialized institutions before they collect interview and survey data, in order to start making meaningful recommendations and deliverables.

3.2 Study Procedures

The research team consulted with individuals from the Indiana Office Of Court Services and IDOC when developing the interview questions and guides. Two insiders from correctional facilities in the State of Indiana recruited participants for the Evaluation Team. After initial recruitment, introductory scripts that explained the larger study and its objectives were sent to recruited participants to receive oral informed consents. Surveys were conducted over Qualtrics and interviews were conducted remotely over Microsoft Teams. Audio-recorded interviews were transcribed using the software TranscribeMe that provided the research team with audio transcriptions of interviews for internal analyses and coding. Participants will be given \$50.00 as an incentive through a debit card payment system.

The Evaluation Team will analyze the qualitative data by using direct content analysis to assess themes around the words and phrases used by participants to describe 1) the inclusion and exclusion criteria for inmates to participate in substance abuse treatment programming; 2) the types of staff-initiated substance abuse treatment programming that exist in IDOC; and 3) the barriers to

offering substance abuse treatment programming to inmates. We will use multiple data coding and interpretation strategies, including computer-assisted coding with NVivo, hand coding, and data tables to compare and connect themes across interviews.

3.3 Data Collection and Analysis

Interviews with correctional facility staff and Addiction Recovery Services (ARS) directors were conducted by research assistants from the Legal Epidemiology and Evaluation teams, and the Co-Principal Investigator of the Evaluation Team. The sample included prison staff from different counties in Indiana. Participants were staff in Branchville Correctional Facility, Correctional Industrial Facility, Chain O'Lakes, South Bend, Heritage Trail, Putnamville, Pendleton, Edinburgh, Rockville, Westville, Wabash Valley, and Plainfield Correctional Facilities, Indiana Department of Corrections (IDOC) Central Office, Indiana Women's Prison, Indiana State Prison, and Starke County Jail Program. Survey questions and the interview guide were determined and organized by the Evaluation Team. Survey respondents utilized Qualtrics to fill out the answers to the questions, and the Interview Scheduler on Qualtrics to schedule their interviews. Research assistants followed the interview guides during the interviews.

The interview guide included questions about the development, implementation, and impact of participants' assigned correctional facility's substance abuse programming and its impact on drug misuse and deaths. Following the interview guide, the Evaluation Team aimed to learn more about how the correctional facility's programming addresses opioids, methamphetamines, and cocaine abuse. Participants answered questions on their prison's mission, prison structure together with development and implementation of policies and procedures, prison process, which included

questions on offender eligibility requirements and criteria, criteria for termination and disqualification of offenders from substance abuse treatment programs, and MAT.

Participants were asked about different programs and interventions, whether they were offered as part of the prison process, and about offender graduation criteria, penalties and incentives relating to program completion or disqualification/termination, and continued eligibility requirements. Participants were asked how their assigned correctional facility addressed relapse/recidivism, and finally they responded to questions on research impact and future directions.

Interviewees were asked what suggestions they had for tools that would aid their correctional facility in addressing drug misuse and deaths, with the research aim of developing tools to address those issues. They were asked about key stakeholders that the research team must think of when developing tools to help address this public health problem. Finally, participants were asked what other information about drug misuse and the criminal justice system they would like to share with the Evaluation Team.

The interviews lasted approximately one hour and covered a variety of topics related to the content, structure, and processes of correctional facility's substance abuse programming. Participants were asked for protocols they would consent to sharing with the research team, such as a policy and procedures manual, on the pre-interview surveys, together with questions on available interventions, drug screening, and MAT. Interview questions at times overlapped with the ones that the participants answered on the pre-interview survey. This allowed more in-depth information to be gathered on some of the topics related to this research study.

Larger study data analytics for only the qualitative analysis were performed using NVivo. Coding information instructions and details were organized by the Evaluation Team. For inter-

coder agreement a moderate Kappa score was achieved among research assistants from Legal Epidemiology and Evaluation Teams, for each coding of interviews. Coding and memoing were performed for research question that focused on eligibility and ineligibility criteria for individuals to participate in addiction recovery services.

4. Results

Surveys:

Interviewees were twelve IDOC staff, who were Assistant Wardens, Deputy Wardens of Reentry, Executive Director of Transitional Healthcare, and Administrative Assistant, Warden, and Unit Team Manager; other interviewees were eight ARS directors from various Indiana counties. For purposes of this paper, data analysis focused on substance use programs and interventions, MAT, key stakeholders, drug screenings, and future research directions and tools in order to tackle drug misuse and deaths. Twenty-two surveys were completed as well.

Survey results indicated that on average, the number of years within IDOC was five years, while on average, it was six years for external contractors, such as Wexford. On average survey respondents reported that ARS has been referring inmates to MAT for three and a half years. Seventeen people moderately or strongly agreed that their correctional facility is effective at reducing drug misuse was seventeen. Twenty people moderately or strongly agreed that their correctional facility is effective at reducing drug deaths. All survey respondents indicated that they refer inmates to MAT except for two research participants from different prisons. Staff who are primarily in charge of referring inmates to MAT are ARS directors.

Interviews:

The IDOC participant from a prison noted that inmates are offered naloxone when they are released from the facility in order to temporarily reverse opioid overdose. ARS director of the same prison confirmed that he was referring inmates to naltrexone, which is mainly to treat alcohol use disorder and opioid use disorder, as part of an optional program that is intended only for those who need MAT, as a tool to help inmates in their recovery. IDOC staff from the prison indicated that they were not referring inmates to MAT because of an absence of medically trained staff,

pointing out that a transitional healthcare position was added to the prison, and that person is the only medically trained staff who could refer some inmates to MAT in the future.

When asked for suggestions for tools that would aid prisons in addressing drug misuse and deaths, such as a data dashboard, use of an agent-based model, a white paper, or an effective intervention that is likely to produce positive outcomes, interviewees' responses varied. A few participants pointed out to the fact that free naloxone kits were distributed to offenders upon their release. In doing so, the aim is to raise awareness of MAT and its availability, educate people on naloxone and what it does, and to mitigate severe/negative health outcomes.

In general, the kits are given to the most susceptible to overdose on opioids, so that they are tracked for days to weeks from being released. These participants pointed out the urgent need to expand MAT access and awareness, in particular the free naloxone kits, and that related data need to be shared across different programs and states about what works and what does not. One ARS Director noted:

But amongst the parolees being released, we were seeing a real spike in overdose deaths, overdoses related to opioids, and that it typically was happening within days to a few weeks of them being released from prison. And one of the things that we're hopeful can help if we can identify these guys and ladies who are most likely or could potentially overdose on an opioid, in particular, is giving them a Naloxone kit when they leave so that they've got it in their hands. They watch a video on how to use it, on how to administer it. So, for us, it's about putting a life-saving medication in the hands of these offenders who are most likely to use and risk overdose very soon after they're released.

Three participants noted a strong emphasis on clinical treatment for drug misuse and deaths. Programs and interventions are mission-driven; however, they focus on things “as needing to be get done” whereas clinical treatment puts a greater emphasis on the individual’s well-being and long-term recovery. Staff need to have better clinical training and knowledge; and having a history of substance abuse is not sufficient to be an effective addictions counselor. Another participant stressed that there need to be stricter requirements to become a substance abuse counselor, and it takes a strong organizational culture around delivery of quality care to succeed in clinically treating offenders with substance abuse problems. An ARS Director explained:

Counselors can come in-- some of our counselors, some of our directors don't even have a bachelor's degree. So, we've got people coming in with very little clinical knowledge. Some people maybe have some kind of background in social services, but, man, training, that is one of the biggest things that I think is needed. If we're going to-- if we're going to get serious to help save lives like you're talking about, we need to do such a better job at-- and I get it, people don't want to work in corrections. But it really is a life-or-death thing. And I don't believe everybody has to have had a substance abuse past in order to be an effective counselor. I really don't. But, man, we need to-- ideally, there needs to be better training. I almost think a higher level of requirements to be able to be a substance abuse counselor in the state would help.

Overall, there was strong emphasis on concerns over what happens to offenders post-release and about completion of program and treatment. A participant pointed to the previously mentioned Recovery Works Program for offenders who were released early or completed their programs and treatments. Recovery Works focuses on pre-incarceration diversion services and

post-incarceration re-entry services in order to divert low-level offenders from incarceration to community services. In doing so, it aims to reduce recidivism by 20%. The program aims to promote recovery through community support and treatment/intervention and to reduce the number of persons with mental health and addiction disorders that enter the criminal justice system.

Another participant referred to the Family Re-entry Program when asked about tools that could aid prisons in addressing drug misuse and deaths. Generally, family reentry programs assess the impact of incarceration on the individual and their family, reunify parents with their children, and achieve or maintain family safety, stability, independence, and unity. Reentry helps offenders effectively transition into the society after incarceration, thereby reducing recidivism, improving public safety, and saving dollars. People need ongoing support after being released, and effective relationships and partnerships with families together with community support may help pave the way for successful community transition. An ARS director noted:

So there has to be some partnerships not only with the families, but extend some of that information out to the community so that communities are willing to partner to help people not go back to prison. It's got to be a situation where we are all willing to come around and be a support for that individual. Otherwise, they've got a lot of things working against them when they get out when you have felonies because society looks at you a certain way, people don't want to hire you, so you're already kind of trying to dig yourself out of a hole.

The social stigma of incarceration, which places barriers on the post-incarceration and community transition, is a reality pointed out by more than one interviewee. Advocacy needs to focus on raising awareness and increasing community education regarding various manifestations

of deteriorating mental and physical health when people have addictions. Interventions at earlier timepoints need to be made available for people who misuse drugs and harmful substances.

A participant iterated that community programs to ease the community transition needed to be given priority. Offenders must be given information prior to being released on community resources that they can take advantage of. One of the participants suggested recovery groups that help with transition, and those groups or liaisons with substance abuse treatment centers can develop relationships with offenders before program completion and release, to help offenders as they make the transition out and into to their communities. A prison deputy warden explained:

Outside of the facility, that transition to outside is, I think, where we lose our way a lot of times. And that's putting these guys back into groups with their same family members, around the same peer associates that will not discourage but encourage them to do this type of behavior. So there needs to be more a transitional from prison into the outside world...But we can't just release guys and expect them to go seek out recovery when we aren't transitioning them to it right. So, if we were able to somehow bring recovery teams or substance abuse treatment centers in here, have them start working with the guys, they get to know those guys, develop relationships with them, and as they transition out, that is probably the biggest thing we could do as far as the addiction coverage with the people inside prisons.

One suggestion for tools that would aid prisons in addressing drug misuse and deaths was that programs and interventions focus on males because there are more male offenders. Female offenders have unique social needs and determinants of health related to substance use, and these need to be addressed. A prison deputy warden highlighted:

Then, if she happens to go to the playground to let the kids go play so they don't witness any of this, now she's selling within 1,000 feet of a playground. Or if she goes to drop them off at school, stays in the car, sells, she's 1,000 feet of a school, once again, gets enhancement on her sentence. If she decides to manufacture with this boyfriend in her house, most always they have their children, then add more charges to her... And, as a mom, your children are watching what you're doing. And when we did a last survey, we had 96.7% of them have children that are here and--...But I like to see somebody specifically address women, and it's not a one-size-fits-all. I don't care what anybody says. It's not a one-size-fits-all for male and female. They're different. And a lot of the times, some of the services we receive in the prison, because the male population is so big, they're all geared that way...So the treatment has to be different.

One of the challenges noted by the interviewees concerns offenders' efforts to bring in and consume various drugs or substances that the prison staff are unable to detect and keep up with. Drug misuse offenders are employing other ways to abuse harmful substances. Inmates are finding "new" substances to abuse and because tests tend to be substance specific, it has become harder to verify when misuse is going on. Therefore, tests that can efficiently test for a wide range of harmful substances are important to accurately track misuse and related deaths. As a prison warden pointed out:

...It becomes harder and harder to measure, so. Because now we're getting-- most of our drug use isn't any type of drugs that we've ever been on the test. We have guys smoking bug spray and stuff like that for highs. And so, it makes it really hard to kind of even tell if we're doing it right because we don't have no testing method.

Better assessments for referral to appropriate programs and services can be life-changing for drug offenders. It was pointed out by one of the interviewees that some offenders would not provide truthful responses regarding their circumstances during assessments for referral. They do so, in order to avoid attending the programs and services in which they do not want to participate, making sure they are referred to programs and services that they want to participate in. They do so due to personal expectations, gains and goals that are outside of the scopes of addiction recovery. Such offenders are usually in the programs because their family member, peer or friend is there, which makes it difficult, if not impossible to successfully and effectively complete substance abuse programs.

When participants were asked about key stakeholders that could offer tools for the prevention of drug misuse and deaths, they highlighted the State of Indiana government, external contractors of IDOC, such as ARS directors and staff, Transitional Healthcare Team, civilian interest groups and organizations in communication and networking with prisons, community treatment centers, mental health counselors, male and female offenders themselves, their families and children. Considerations around gender and how interventions need to be gender and culture-informed are really important. A prison deputy warden highlighted:

I'm telling you, we have very few resources and materials at our facility that are for women. I can't think of her name right now because it just left my mind. She's an expert in substance abuse for women, and she wrote several, several books. And when we did the Oprah Winfrey Show here... she came here-- we could've never afforded it, but Oprah paid for it, to come here and do one-on-one with the women, but she got it. I mean, she was really good. And I don't know how many materials like that-- we have very few materials that are for women.

The women were offered classes for seven weeks by a nationally recognized clinician, author, organizational consultant, and lecturer, Stephanie Covington who is a pioneer in the field of women's issues, addiction, and recovery. She has developed an innovative, gender-responsive, and trauma-informed approach to the treatment needs of women and girls and effectively worked with the women drug offenders.

When asked for information about drug misuse and deaths, and the criminal justice system, interviewee responses centered around generational misuse of drugs along with chronic and complex trauma, undetectable drug use within prisons, which is hard to track and control, and social stigma around addiction and incarceration.

Many participants noted that misuse of drugs has been going on within inmates' families for generations due in part to compounded trauma, and this makes it very difficult for them to transition back into the society because the immediate social environment encourages abuse of harmful substances. Main challenges in tackling this public health problem are harmful attitudes and behaviors. Children are one of the most important stakeholders highlighted by interviewees, and early interventions for these health behaviors related to substance misuse are necessary. Incarceration and substance abuse programs are resource-intensive; practicable, less resource-intensive, and effective strategies for drug misuse prevention are likely to succeed. An ARS Director suggested:

The one thing that I would like to see for a variety of reasons is more diversion on the front end. There's a lot of guys that we're paying a lot of money to keep in prison that probably-- it would be cheaper. It would be better for them. It would be better for everybody if they were still outside holding a job, having the support of their family, engaging in community-based treatment for their substance use disorder.

So that's why I would like to see more of those resources grown and an expansion of things like drug courts and community presentencing supervision, all of these kinds of things to basically prevent these guys from having to come into prison to take my program.

Removing social stigma around addiction and incarceration is less likely to succeed without educating communities on MAT. Similarly, raising awareness of MAT means communicating to the communities about its benefits, and why it is distributed and utilized. This alone also will not overcome stigma. It is a challenging issue because it is the very reason that drug offenders are more likely to relapse and are unable to utilize the programs, treatments and resources that they are offered. It is one of the reasons why peer pressure in prisons is so complex and prevalent, and refraining from drug misuse, so burdensome. A prison warden points out:

I do know trying to find ways to deal with just the stigmatism of treatment and facilities has been kind of a craziness... Especially now with MATS. I think we talked a lot about when we were looking at MATS is giving up one drug for another and what that looks like to even the people who support people who are trying to change and keeping them educated and keeping-- really trying to keep the support system supportive, I guess is really the big thing is you got a guy clean and sober for a while and then if he gets into an environment that's not clean and sober or appreciative of that or appreciative of the way he got there, it doesn't do any good because he's going to revert back, so.

Prevention of drug misuse and deaths in the criminal justice system requires an action plan of a combination of strategies. It requires a holistic approach to individuals with serious life issues, who are much more likely than the rest of the population to resort to the use of harmful substances;

and more than that, drug misuse is not only a legal issue, concern or consequence. It is a highly complex public health problem that needs to be tackled from a combination of perspectives. An Executive Director of Transitional Healthcare highlighted:

For me, overall, it's sticking to the mission. So it's education; it's treatment. It's getting people that quality of care that they need, that access to care that they need and realizing that access to treatment is really reliant on so many other social determinants of health. Economic stability, transportation, all of those things that it's not just-- it doesn't live and exist in a bubble, that there are so many things around it.

Interviewee responses highlighted that an influx of a new type of drug misuse has been occurring in which use of various harmful substances are not only undetectable in drug testing methods, but also their entrance into the prisons is hard to track and control. Immediate interventions include giving offenders MAT to prevent overdose deaths. This is a new and real threat to successful prevention of drug overdoses and deaths. A prison deputy warden pointed out:

So, if there was anything that could be changed or anything that could be helped, it would be in that area in my opinion before they get here. We fight drugs inside of prison all day long. Every one of our facilities fight drugs. The State of Ohio locked down everyone in their prisons last year because they had so many drug overdoses. They just locked down every single prison and just said nobody is coming in. They treated it like it was COVID, I mean, complete lockdown, and we constantly fight with it... I mean, if there was anything that could be changed or anything that could be bolstered, it would be that. But that starts way at the top,

federal government. It would've been nice if they would've declared it a state of emergency.

Participant above notes the importance of prevention of incarceration due to drug misuse, because as indicated earlier, people who are incarcerated are already at higher risk for drug overdose and mortality. Use of harmful substances in prisons and jails is a serious and emergent problem that needs to be addressed urgently by federal constituents and offices.

4.0 Discussion

Opioid use in prisons and jails, which is a complex, serious problem needs to be tackled and requires consideration of the entire process of recovery, including during incarceration to transition to the community and beyond. Effective programs before community transition and key stakeholders who need to be active during, before and after recovery are important. Topics around drug misuse and deaths that make prevention difficult are highlighted.

RWI, an important program component of ARS focuses on screening and assessment, timely access to treatment, and individualized evidence-based care, and it has replaced previous ARS known as “Therapeutic Communities,” or “Outpatient Treatment Services.” RWI is competency-based, not time-based, and completion of the program depends on how well the patient can learn and demonstrate the required knowledge, skills, and growth to meet their individualized recovery goals and treatment objectives. Yet, a few research participants suggested that RWI needs to be updated so its structure is not as limiting.

As indicated before, research evidence shows a relationship between history of incarceration and overdose risk; upon release from incarceration, individuals are at heightened risk of drug overdose. Research evidence pointed at a relation between impulsivity and drug involvement with prison inmates, and impulsivity was higher among lifetime users. Not only that, but also some participants pointed to an influx of a new type of drug misuse that has been occurring in which use of various harmful substances is undetectable in current drug testing methods, and those substances’ entrance into the Indiana prisons is nearly impossible to track and control at this time. Peer pressure among inmates expands opioid misuse among inmates; as highlighted by research participants, substance abuse staff also largely contribute to the surge of opioid use in

prisons by supplying harmful substances to inmates. This is a problem that needs to be addressed effectively and urgently with a top-down approach of management and organization.

Beyond CBT, which has mixed results and health outcomes at times, behavioral health interventions directly target opioid use in prisons and its contributing factors, regardless of being a lifetime user. These interventions with rigorous program objectives and a clearly defined behavioral outcome can be useful for correctional facility inmates. This defined behavioral outcome can target adverse health behavior repercussions of being incarcerated.

Participant inputs and feedback show that many substance abuse programs and ARS available nation-wide are also accessible in Indiana's correctional facilities. Yet, the crux of the problem arises when staff education and training do not align well with the requirements of clinical treatment and a chance for success. As indicated by a few participants, lack of substance abuse staff clinical training and education hinders treatment success; this means more inmates relapsing, and overcrowding in prisons. Overcrowding and long waitlists are already alarming as some research participants highlighted. Policies need to take this into account.

In the last few years, some segments of the United States population have been struggling more with mental health and substance use issues, including youth, women, health workers and healthcare workers, and racial and ethnic minorities. Substance abuse is especially life-threatening for women, and this was pointed at by a few research participants who specifically emphasized women's specific health needs in relation to substance abuse and prevention. Serious birth defects in babies of women who use opioids during pregnancy and their repercussions on the women's and the babies' lives are just symptoms of deeply entrenched unhealthy attitudes, behaviors and lifestyles. Primary prevention services that target pregnant women, and women with dependent children are helpful, but not enough.

Policies and programs need to consider the role of gender, and interventions need to be gender and culture informed. Addiction recovery services and substance abuse programs do not serve to the needs of women in terms of improvement in health outcomes. Resources and materials available are not geared toward women's needs. Many female offenders' sentencing is longer due to the repercussions of their behavior on their children's lives, yet women's needs are not addressed. Children's exposure to such adverse life-events means being traumatized from an early age, and its later repercussions in their future lives. Female offenders' unique social needs and determinants of health related to substance use require an innovative, gender-responsive, and trauma-informed approach that is culture-informed.

A recurrent theme in the interviews was the strong emphasis on concerns over drug offenders' transition to the community, post-release and completion of program and treatment. A program like Recovery Works was highlighted by a research participant due to this program's support services to those without insurance coverage who are involved with the criminal justice system, and because this program aims to expand availability of specialized mental health treatment and recovery services in the community.

Family reentry programs were highlighted because they center family and children well-being when assessing the impact of incarceration on the family members, aim to achieve or maintain family safety, stability, independence, and unity. Reentry works for offenders to effectively transition into the society after incarceration, thereby reducing recidivism, improving public safety, and saving dollars. Burdened with barriers on the post-incarceration and community transition caused by social stigma, people need ongoing support after being released. An interconnected and organized web of structures within communities, through which effective

relationships and partnerships with families occur, can help pave the way for successful community transition.

The community transition process can start prior to getting released by developing relationships with the offenders before program completion. Programs like Family Reentry Program and Recovery Works need to increase in number because they focus on well-being of both the released ex-offenders and their families. This is especially important due to chronic and complex trauma present within families of these individuals, and the generational misuse of opioids. Specifically, support groups like recovery groups, civilian social structures and groups are likely to decrease the burdens of the two-fold social stigma around being reincarcerated and around addiction.

In relation to the importance of effective clinical treatment and successful community transition, research participants highlighted the Transitional Healthcare Team, civilian interest groups and organizations in communication and networking with prisons, community treatment centers, and mental health counselors as the key stakeholders to address this public health problem. External contractors of IDOC such as ARS staff team, the State of Indiana government, male and female offenders themselves, their families and children were also highlighted by the research participants. Male and female offenders need to share their diverse experiences around substance use, talking to at-risk children, youth/students and families with similar life histories. This can be a reinforcement for a positive community transition. Children are important stakeholders because the traumatic life events that they experience need to be expressed by themselves for purposes of transparency and to cope with stigma around addictions. Children living in at-risk communities need to be exposed to the dangers of addictions through age-appropriate materials and resources.

Data associated with particularly the distribution of free naloxone kits prior to offender release and information on post-release overdose, relapse and recidivism, together with data on health outcomes of effective interventions or programs need to be shared systematically across different key stakeholders and states. Public service announcements can help reduce the stigma of receiving MAT; educational programs that target raising awareness for MAT can educate the community on when and why this treatment is used, and what it does to the individuals' anatomy to prevent opioid overdose and deaths. People need to be educated through appropriate programs on how MAT can eventually reduce deaths from opioid misuse.

Programs like family reentry programs and Recovery Works programs can be effective because they consider well-being of individuals' and their families' struggling with addiction to opioid and other harmful substances. Comprehensive and supportive programs that target successful community transition need to be in place prior to release. Specific health needs of women need to be prioritized in interventions that target women drug offenders. Naloxone distribution kits are important because they can reduce overdose deaths, yet much community awareness is needed to make them more popular among drug offenders. Key stakeholders described above need to be active agents for prevention of drug misuse and deaths.

5.0 Conclusion

Addiction to opioids and other drugs started to become a public health crisis following the millenium and resulted in comorbidities like HIV, HCV, mental health conditions and substance use disorders. Offender populations have been especially vulnerable to these morbidities and overdose mortality. Drug offenders in the State of Indiana prisons were not any different. This paper looked at the tools that correctional facility staff and ARS directors and other addiction recovery staff in the State of Indiana prisons need in order to improve their addiction recovery services and programs. It analyzed qualitative data from interviews conducted with correctional facility staff and ARS directors to gather important information about drug misuse and deaths.

Qualitative data findings show that there are some recurrent themes around tools, key stakeholders, and suggestions for reducing drug misuse and deaths. Key stakeholders who need to be actively involved in coping with this public health problem are the State of Indiana government, external contractors of IDOC, such as ARS directors and clinical staff, Transitional Healthcare Team, civilian interest groups and organizations in communication and networking with prisons, community treatment centers, mental health counselors, male and female offenders themselves, their families and children.

Barriers to reducing drug overdose and deaths are opioid use in prisons, staff involvement in supplying harmful substances to inmates, lack of of clinical expertise to treat inmates, inadequate support for releasing offenders who are transitioning to the community, programs and interventions that isolate female drug offenders instead of improving health outcomes, and so on.

Limitations:

It is important to anticipate and minimize internal weaknesses and external threats to facilitate more effective data collection strategies with correctional facilities and problem-solving courts. For the larger study, a Decentralized Research Team meant that the research team was spread out geographically, which can make it challenging to coordinate efforts. The project is distributed across institutions, which makes it more complicated to share information. This means that combining information from multiple facilities due to design strategies of multiple research teams is complex.

Data collection occurred during the SARS-CoV-2 pandemic. The emergent global crisis required working remotely, and that has been a challenge. SARS-CoV-2 has also led to a strain on the system, and that has made it difficult for research participants to have time to talk with the research team. It has limited the ability to make observations in the courts and correctional facilities, and of the process. There were procedural delays as we are not guaranteed data in a timely manner. Institutional Review Board (IRB) approval was delayed at times.

There were a few external staffing and program challenges. Data collection was interrupted by external contractor changes when interviewing ARS staff. The project is spread over four years, leading to the potential for changes in how the courts and correctional facilities conduct business. Thus, some information gained that is used in final assessment may be effectively outdated.

A limitation of this paper is that there may be missing groups within IDOC that who were not interviewed, who could have added to this analysis. Other limitation is the restricted opportunity to review prison policy and procedure manuals because only five interviewees supplied protocols.

For decades, the United States has been waging a failed war on drugs. Drug use has not gone down. Drugs are just as available as they used to be. Opioid addiction has become one of the many social problems that have been relegated to the criminal justice system. But as with homelessness and mental illness, incarceration does not make things better and mostly it costs much more. Earlier interventions need to be made available for people who misuse drugs and harmful substances. Renewed focus and approach to interventions or effective policies to tackle this public health problem is needed, but will not be enough. Anti-drug awareness and public campaigns and health promotion efforts are important now more than ever.

Appendix A- Adult Correctional Facilities within IDOC

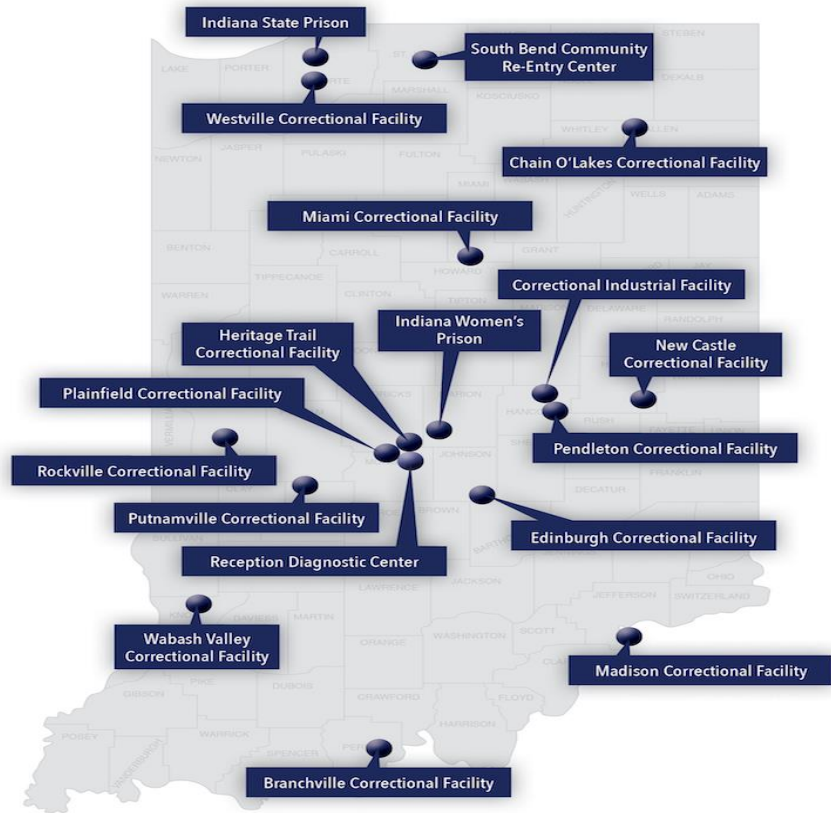


Figure 1

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