

**OPEN LETTER FROM CURRENT AND FORMER ELECTED SHERIFFS, ELECTED  
PROSECUTORS, AND OTHER LAW ENFORCEMENT PROFESSIONALS**  
**April 2019**

As current and former elected local sheriffs and current elected prosecutors, as well as other law enforcement professionals, we are committed to protecting public safety and the safety of individuals in our custody. We believe that providing medication-assisted treatment (MAT) like methadone and buprenorphine in jails and prisons, as well as ensuring that individuals released from custody have naloxone and a continuing care plan, is part of that duty.

Medical research shows that many people who are unable to stop illegally using opioids through abstinence-based treatment are able to stop when using methadone or buprenorphine as a part of medication-assisted treatment (MAT).<sup>i</sup> While abstinence-based heroin treatment has a 5 to 15 percent long-term success rate,<sup>ii</sup> MAT program success rates exceed 50 percent.<sup>iii</sup> In addition, most people relapse at least once before they successfully enter recovery.<sup>iv</sup> People on MAT are much less likely to die of an overdose if they relapse.<sup>v</sup>

Decades of studies show that MAT use decreases illicit drug use, crime, and health costs to communities.<sup>vi</sup> Continuing MAT care in county jails and prisons is essential to ensuring that formerly incarcerated people do not relapse and reoffend upon release.

Forcing people in jail to detox is difficult and dangerous. Withdrawal brings vomiting, diarrhea, and low blood pressure. People can die from dehydration while detoxing in jail—and a number have.<sup>vii</sup>

Those forced to detox in jail or prison are also more likely to die from overdose upon release.<sup>viii</sup> According to a report last August by CDC researchers on overdose deaths, “Approximately one in 10 decedents had evidence of having been released from an institutional setting in the month preceding the fatal overdose . . . [T]he most common settings being jail, prison, or detention facilities when only illicit opioids were involved (4.9%). . . These data suggest a need . . . to expand treatment in detention facilities and upon release.”<sup>ix</sup> Fortunately, research shows that providing MAT in correctional facilities reduces the risk of overdose death post-release by 85 percent.<sup>x</sup>

In order to reduce overdose and improve recovery success, we also believe in ensuring that individuals struggling with addiction should be provided with naloxone and a continuing care plan upon release.

We recognize that this epidemic of drug overdose requires a new approach. Over 70,000 Americans died from drug overdose in 2017, more than have ever died in a single year from the epidemics of crack cocaine, H.I.V., car crashes, or gun violence.<sup>xi</sup>

We will work within our own jurisdictions to respond effectively to the new realities of the opioid crisis. By doing so, we will avoid needless fatalities, reduce the use of illicit opioids, and improve safety in our communities.

Respectfully,

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- <sup>i</sup> Cartwright, W.S. (2000), *Cost–benefit analysis of drug treatment services: review of the literature*, J. Ment. Health Policy Econ., 3(1), 11–26.
- <sup>ii</sup> Cherkis, J (2015), *Dying To Be Free: There’s A Treatment For Heroin Addiction That Actually Works. Why Aren’t We Using It?*, Huffington Post, <http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment>.
- <sup>iii</sup> Sarlin, E. (2015), *Long-Term Follow-Up of Medication-Assisted Treatment for Addiction to Pain Relievers Yields ‘Cause for Optimism’*, <https://www.drugabuse.gov/news-events/nida-notes/2015/11/long-term-follow-up-medications-assisted-treatment-addiction-to-pain-relievers-yields-cause-optimism>.
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- <sup>viii</sup> Binswanger, I.A., et al. (2007), *Release from prison--a high risk of death for former inmates*, New England Journal of Medicine, 356(2), 157-65, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836121/>.
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