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U.S. SENATE CLIMATE CHANGE CLEARING HOUSE

October 14, 2014

The Honorable Eric Holder Attorney General United States Department of Justice Washington, D.C. 20530

I write to urge you to review a report I released today that outlines a comprehensive list of strategies that can be utilized by the federal government to address the prescription drug and heroin abuse epidemic, and adopt the recommendations contained therein that will help reduce drug related recidivism.

Accidental drug overdose has become the leading cause of preventable injury death for individuals under the age of 65 in the United States. According to data recently from the Centers for Disease Control and Prevention (CDC), deaths from overdoses have nearly quadrupled between 1999 and 2011 and deaths from heroin, typically fueled by prescription opioids, doubled in the last two years. Nationwide, more than 100 people die every day from an overdose. With an astonishing 85 percent of prisoners in the United States who either have a prior or present substance use disorder or committed a crime that was related to their substance use, law enforcement plays a critical role not only in detecting and deterring diversion of prescription drugs and the supply of heroin in our communities, but also in caring for inmates with substance use disorders and helping reduce drug related recidivism. As our country's top law enforcement official, you have eloquently acknowledged the need to combine prevention, treatment and enforcement to address the current opioid abuse epidemic.

In August 2013, you released the Smart on Crime Initiative, a series of innovative and intelligent reforms to modernize the criminal justice system. Smart on Crime emphasizes preventing crime and reducing recidivism. As the Department recognized at the time, recidivism rates are too high, and reduction in the recidivism rate of even one or two percentage points could create long-lasting benefits for formerly incarcerated individuals and their communities. One of the surest ways to reduce recidivism is to help affected inmates effectively manage their substance use disorders. Several of the measures I recommend in the report I released today are fully consistent with, and complement, the Smart on Crime Initiative and, if implemented, could significantly reduce recidivism rates:

- The Bureau of Prisons should make medication-assisted therapy available to inmates with opioid-related substance use disorder. At a minimum, the Bureau should conduct pilot studies on medication-assisted therapy in select facilities.
- The Bureau of Prisons should allow inmates who were enrolled in methadone programs in their community to continue to receive methadone while in custody.

- The Bureau of Prisons should ensure that inmates with substance use disorders
  who are discharged to the community are referred to programs that offer the full
  range of treatment options, including medication-assisted therapy.
- In order to ensure that drug courts are as effective as they can possibly be and that offenders have access to all evidence-based treatments that are appropriate for their individual recovery, the Department of Justice (DOJ) should condition funding under the Drug Court Discretionary Grant Program or any other program that provides drug court funding on the provision of all evidence-based treatment options, including medication-assisted treatment programs (MAT). DOJ should monitor implementation to insure drug court participants have meaningful access to medication-assisted treatment once program changes are implemented.
- DOJ should require all drug courts that receive federal funding to have all
  defendants who are addicted to opioids, including heroin or prescription drugs,
  evaluated by a medical professional (physician, nurse practitioner or physician
  assistant) to determine whether MAT is an appropriate treatment option, and if so,
  to offer it to the defendant.
- DOJ should study the effectiveness of pilot projects in Massachusetts, New York, Maryland, Pennsylvania, and California that provide injectable naltrexone to inmates prior to release from custody or in drug court. If warranted based on the results of the effectiveness of these pilots, additional funds should be provided to expand the use of injectable naltrexone and other medication assisted therapies.

I thank you for your attention and leadership on this important issue and for your review of these recommendations. I respectfully request that you respond with your plan on administratively adopting these enclosed measures and any legal or other barriers that may exist preventing their implementation, as well as any other actions you intend on taking to address the ongoing opioid abuse crisis by October 31, 2014.

Sincerely,

Edward J. Markey