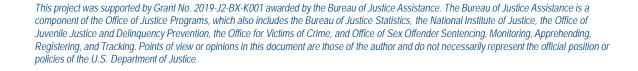
The Impact of Substance Use Disorder in Jail and Prison Suicide Prevention

Andrew Klein, PhD – Advocates for Human Potential, Inc. Bruce W. Herdman, PhD, MBA – Philadelphia Department of Prisons

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

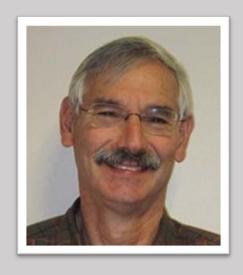
Training and Technical Assistance Resource







Today's Speakers



Andrew Klein, PhD

Senior Scientist

Advocates for Human Potential, Inc.



Bruce W. Herdman, PhD, MBA

Chief of Medical Operations

Philadelphia Department of Prisons



Learning Objectives

Upon completion of this presentation, participants will be able to:

- Understand the two major differences between SUD and suicide in the general population versus jails and prisons.
- Identify two differences between suicides in jails versus prisons.
- Identify three suicide prevention measures for use in jails and prisons.



Suicides in Local Jails and State and Federal Prisons

Jails

 Suicide was the leading cause of deaths in jail between 2000 and 2019, constituting 24-35% percent of all jail deaths.

Prisons

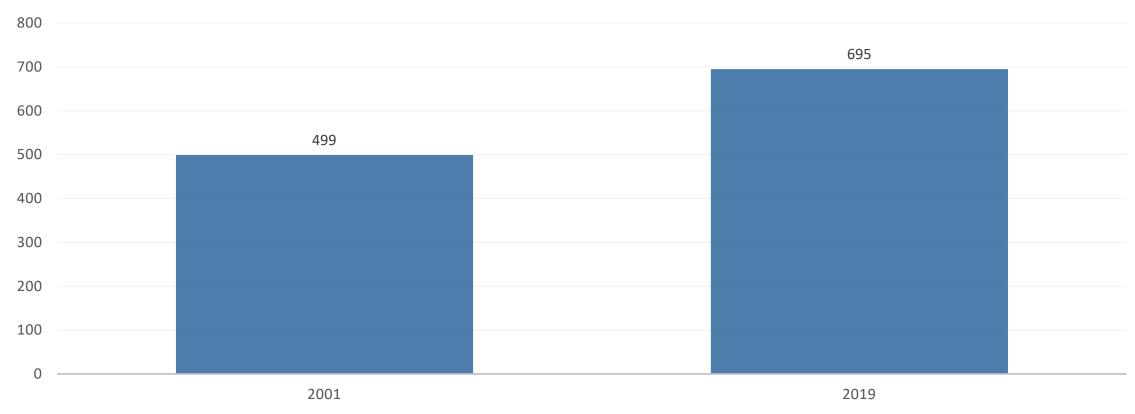
 During the same period, 2000-2019, death by suicide accounted for between five and eight percent of state and federal prison deaths.

Carson, A. Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables, Bureau of Justice Statistics, NCJ 300731, October 2021.



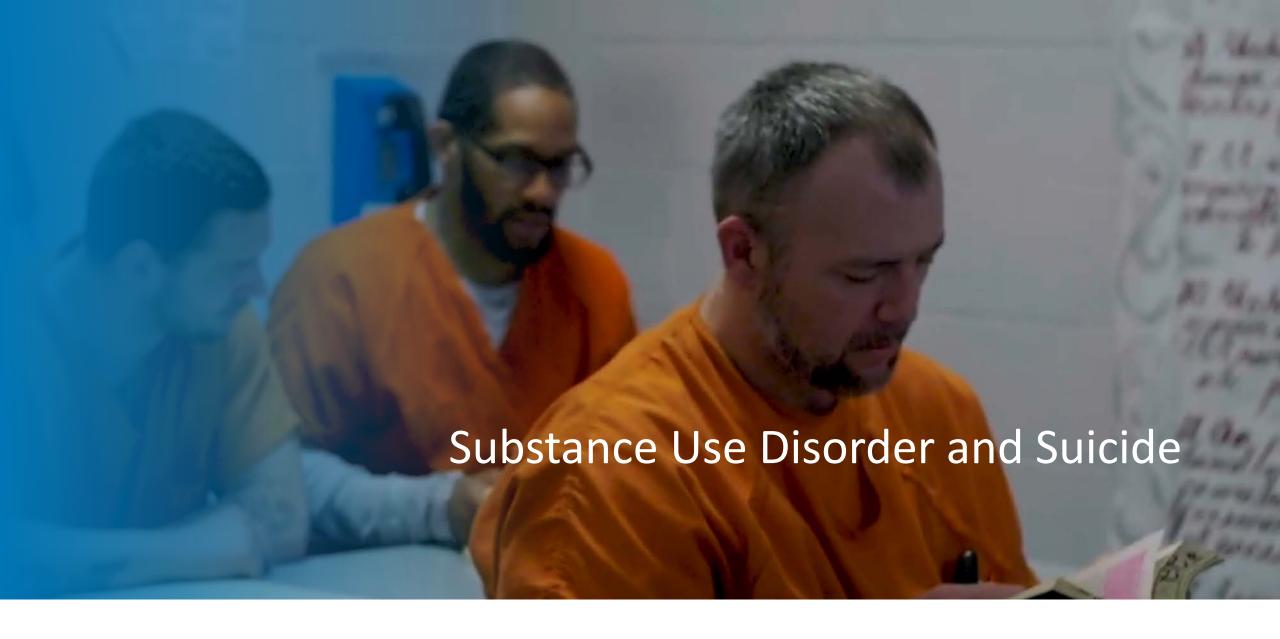
Increase in Correctional Suicides

Number of Suicides in Local Jails and State & Federal Prisons



Carson, A. Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables, Bureau of Justice Statistics, NCJ 300731, October 2021.







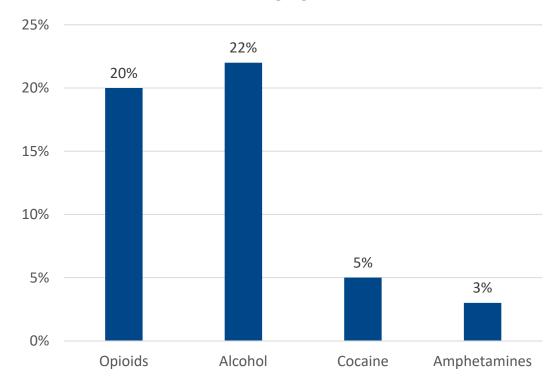
Outside of Corrections

Substance Use Disorder and Suicide

Case control study of more than 2,500 suicide electronic health records:

 "Substance use disorders are associated with significant risk of suicide mortality, especially for women, even after controlling for other important risk factors. Experiencing multiple substance use disorders is particularly risky. These findings suggest increased suicide risk screening and prevention efforts for individuals with substance use disorders are needed."





Lynch, F.L., Peterson, E.L., Lu, C.Y. et al. Substance use disorders and risk of suicide in a general US population: a case control study. Addict Sci Clin Pract 15, 14 (2020).



Outside of Corrections

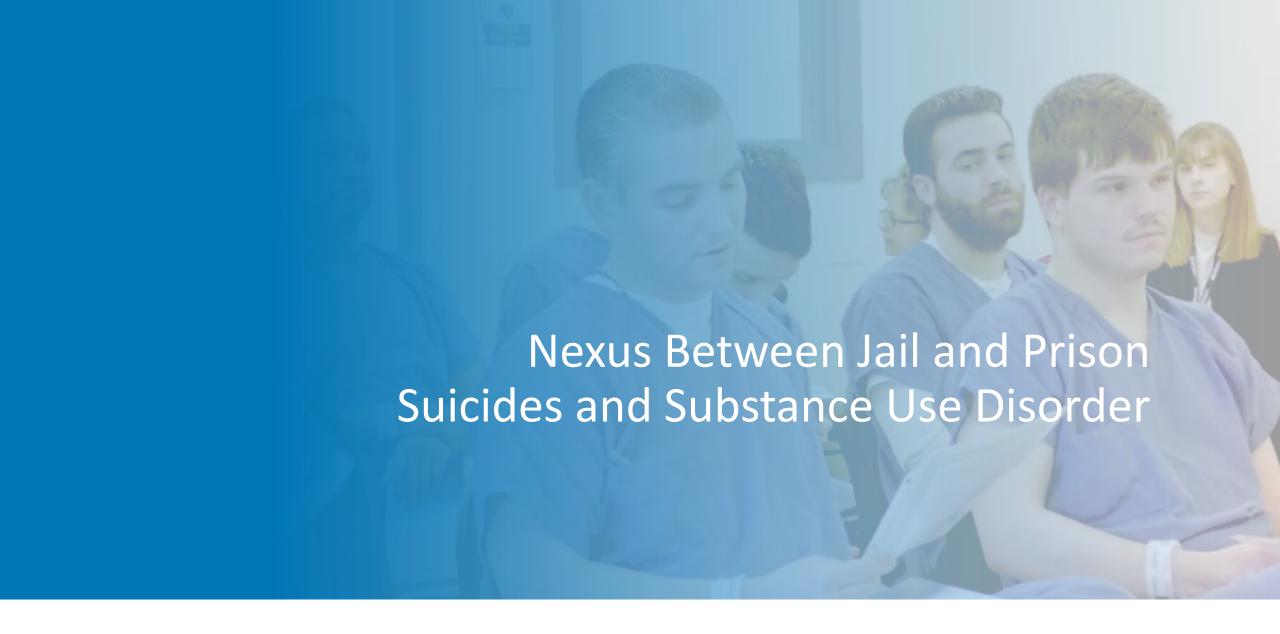
Substance Use Disorder and Suicide

Alcohol and **substance use** is second only to depression and other mood disorders as the **most frequent risk factors** for suicidal behavior.

A third of suicide deaths were caused by poisoning. Of these poisoning deaths, **drugs** and/or alcohol were responsible for **75 percent** of the suicide deaths.

National Center for Injury Prevention and Control: National Violent Death Reporting System. 2005-2007, N=26,902 suicides





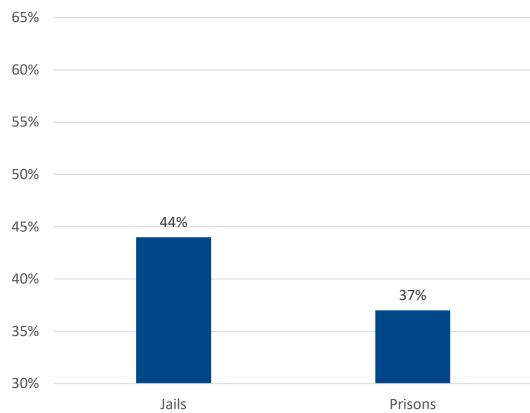


Jail and Prison Populations

Substance Use Disorder Prevalence 65% 63% 60% 58% 55% 50% 45% 40% 35% 30% Jails Prisons

Fabian, K. et. al. Co-occurring disorders in the incarcerated populations: treatment needs, Jan-Feb 2021, Corrections Today.

Pecentage of People Experiencing Symptoms of Mental Health Disorders



Bronson, J. & Berzofsky, M., Indicators of mental health problems reported by prisoners and jail inmates, 2011-12, Bureau of Justice Statistics, NCJ 250612, June 2017.



Jail/Prison Suicide & Substance Use Disorder

Major Midwest Jail Analysis of Suicide and Attempted Suicides

• N=736

Finding:

 Males and females with substance use disorders twice as likely to attempt suicide or die by suicide.

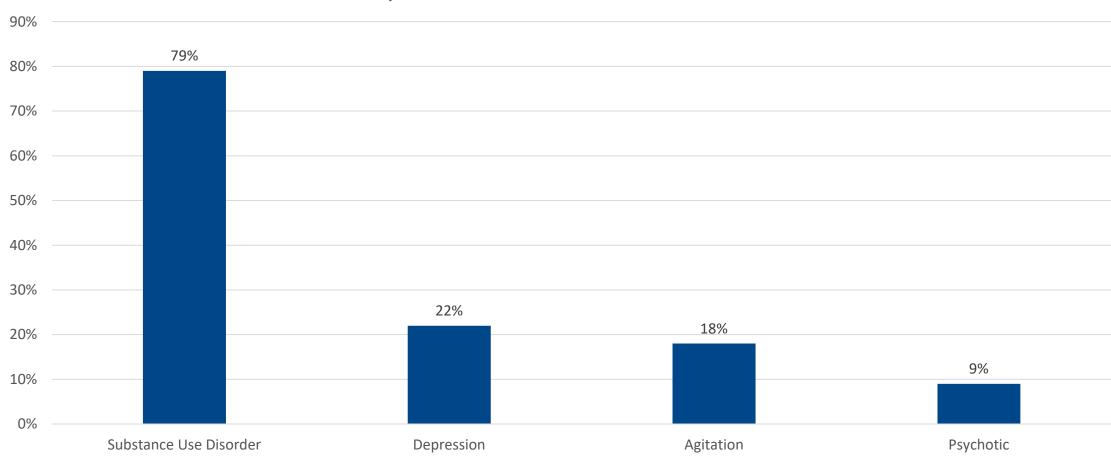


Calli M Cain & Jared M. Ellison (2022) Identifying Individuals at Risk of Suicide and Self-Harm in Jail, Corrections, DOI: 10.1080/23774657.2022.2031350



Jail/Prison Suicides & Substance Use Disorder





Malishchak, L., 22 Years of Data on Enola: Exploring this paradoxical prison suicide risk factor,
Pennsylvania Department of Corrections, 2022. Criminal Justice Advisory Board Conference presentation



Jail/Prison Suicides & Substance Use Disorder

"Half of all individuals who complete suicide in lockups and detention facilities have a history of substance abuse.... This number is likely an underestimate because of the limitations of screening procedures."

- American Psychiatric Association

Am. Psychiatric Assoc., Psychiatric Services in Correctional Facilities, 38 (3d ed. 2016).



Differences Between Jail and Prison Suicides

When suicides are most likely to occur:

1

Jails

44 percent within the first week

Prisons

75 percent after first year of incarceration

Drug involvement in suicide deaths:

2

Jails

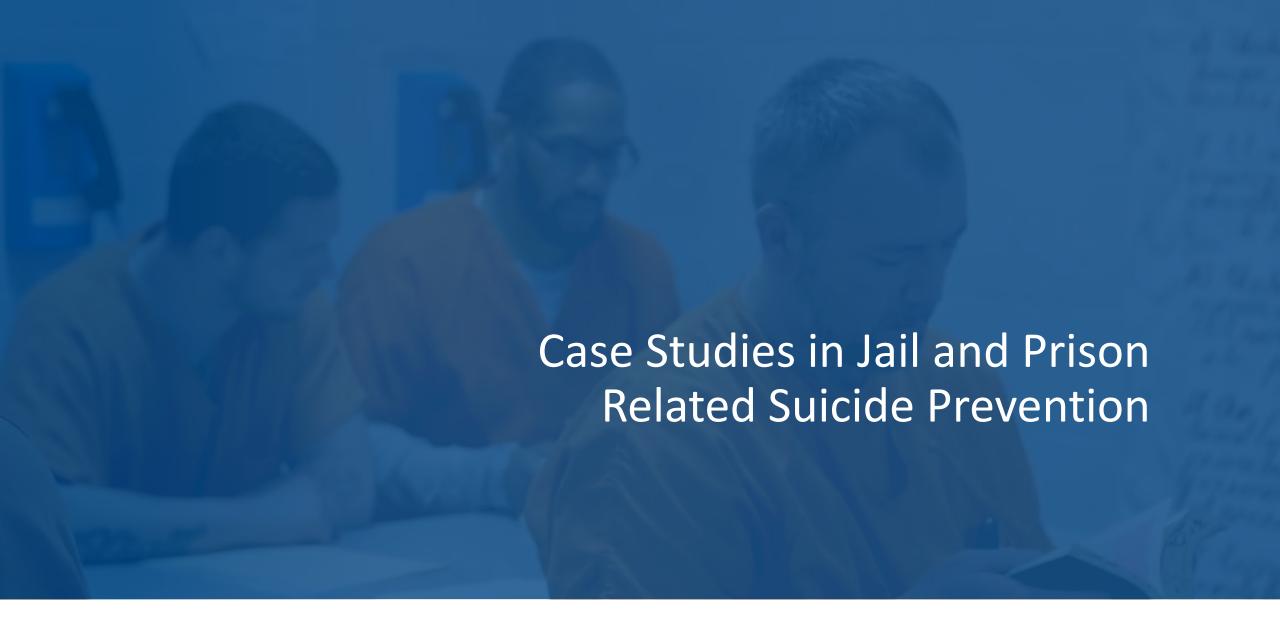
 Alcohol and drug withdrawal and related medical complications

Prisons

Cause and means

Carlson, A. (2021). Suicides in local jails and state and federal prisons, 2000-2019- statistical tables, Bureau of Justice Statistics.







Cumberland County Jail (CCJ), New Jersey (~325)

 Between July 2014 and May 2017 six individuals died by suicide while withdrawing from opioids.

U.S. Justice Department investigated and concluded:

- "We have reasonable cause to conclude that the CCJ failed to protect inmates from harm by not providing MAT to individuals at significant risk of harm from opioid withdrawal."
- The failure to provide FDA-approved medications for opioid use disorder placed jail incarcerated persons "at heightened risk for severe symptoms of withdrawal, including increased anxiety and depression that was a contributing factor in each of the six suicides from 2014 through 2017."



Justice Dept. Recommendations for Suicide Prevention in Cumberland County Jail

Minimal Remedial Measures called for and implemented:

- Initial screenings to be performed by staff trained to identify medical and mental health needs and appropriate care taken to accurately record a prisoner's current medications, any history of treatment or hospitalization, and any previous or current substance use.
- 2) Medication-assisted treatment to be immediately provided to those identified as having or potentially having Opiate Use Disorder at time of admission.
- 3) Timely access to medical and mental health professionals when the prisoner exhibits symptoms of withdrawal.

United States Department of Justice, Civil Rights Division. Investigation of the Cumberland County Jail (Bridgerton, New Jersey). January 14, 2021. https://www.justice.gov/usao-nj/press-release/file/1354736/download



Justice Dept. Recommendations for Suicide Prevention in Cumberland County Jail

- 4) Clinically appropriate medication administration practices; timely and correct administration of medications, including to prisoners on lockdown status; and regular auditing of medication administration records for completeness and accuracy.
- 5) Suicidal prisoners receive the **level of care** and **housing classification** appropriate to their acuity, as determined by a mental health professional. Staff member conducting "constant watch" observation has no other duties to complete during the time they are conducting the watch.
- 6) Quality, private suicide risk assessments on a daily basis.
- 7) Quality assurance program includes **complete morbidity/mortality reviews** of all inmate deaths, attempted suicides, or other sentinel events, and are acted upon.

United States Department of Justice, Civil Rights Division. Investigation of the Cumberland County Jail (Bridgerton, New Jersey). January 14, 2021. https://www.justice.gov/usao-nj/press-release/file/1354736/download



Note on Other Suicide Risk Factors

- While the Cumberland County Jail example focused on opioid withdrawal related suicides, withdrawing from stimulants, for example, is associated with increased depression, another risk factor for suicide.
- Depression is one of the symptoms of Post Acute Withdrawal Syndrome. Neurotransmitters within the brain essentially learn to depend on the drugs a person is taking when they're living with addiction, and once those drugs are removed, the neurotransmitters may not know how to behave properly. This can cause or worsen symptoms of depression for patients during detox.
- Also persons may be taking drugs as a form of self-medication, withdrawal may uncheck mental illness symptoms.



Case Studies – Prison Drug Related Suicide

Except for parole revocations, most people entering prison are not withdrawing from alcohol/drugs.

- In prisons, contraband drugs are used to commit suicide.
- In prison, untreated persons with SUD higher risk for suicide





Case Study – Prison Drug Related Suicide

From the Montgomery Advertiser 8/18/2022

Man begged for mental health care, told guards he was suicidal before his death

"If y'all aren't going to f*****g help me," he said, "I can get some fentanyl. I won't feel a f*****g thing."



Mealins, E. (8/18/2022). Man begged for mental health care, told guards he was suicidal before his death. Montgomery Advertiser.



Case Studies – Prison Drug Related Suicide (cont.)

"The man was first arrested for alcohol age 16, then crystal meth provided by sister and brother-in-law, dropped out of school, became hooked on opiates. 2016, imprisoned for three years for burglary, followed by probation. Jailed for crystal meth and then sent to Teen Challenge rehab center for one-year in-patient program. Kicked out for drug robbery.

Revoked May 6, 2021, imprisoned in Fountain Correctional Facility.

He may have amassed debts from his drug use, which, combined with the horrors he witnessed and experienced, took a toll on his mental health, said co-founder of *Unheard Voices O.T.C.J.*, a grassroots organization aimed at reforming the prison system.

"He was ashamed of himself," according to his mother.

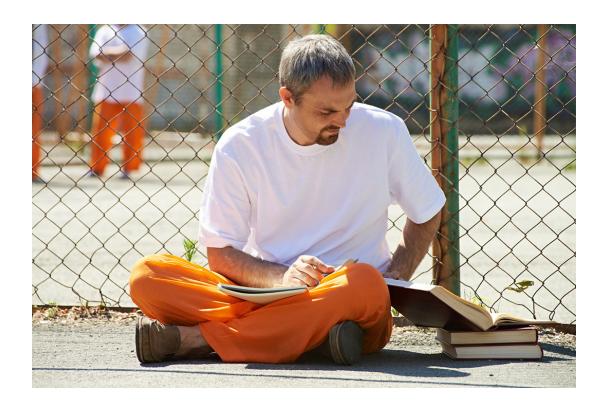
Overdosed several times in prison, then placed in segregation, single cell. A week later he was found unresponsive in his cell. Life-saving measured failed. He was 30."

Mealins, E. (8/18/2022). Man begged for mental health care, told guards he was suicidal before his death. Montgomery Advertiser.



California Department of Corrections & Rehabilitation

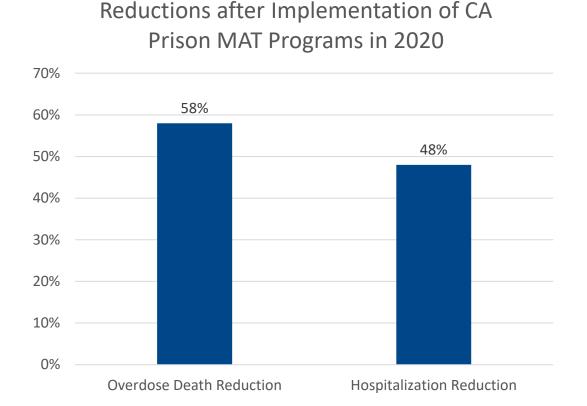
- Instituted MAT Program in 2020 to continue medications for those receiving methadone and buprenorphine and induce eligible with OUD.
- More than 22,600 received medications; more than a quarter of the prison population.
- MAT programs reduced contraband drugs, reduced cravings, provided hope.

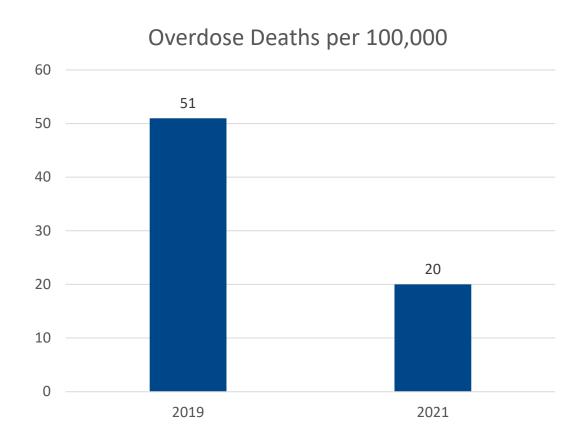


Associated Press (April 2022). California inmate overdoses plummet under drug program, U.S. News, https://www.usnews.com/news/health-news/articles/2022-04-26/california-inmate-overdoses-plummet-under-drug-program



California Department of Corrections & Rehabilitation (cont.)





Associated Press (April 2022). California inmate overdoses plummet under drug program, U.S. News, https://www.usnews.com/news/health-news/articles/2022-04-26/california-inmate-overdoses-plummet-under-drug-program



California Department of Corrections & Rehabilitation (cont.)

"The use of anti-craving drugs is part of an approach that includes what is known as "cognitive behavioral therapy," in which people talk with counselors to identify and change their own self-destructive behavior."

Associated Press (April 2022). California inmate overdoses plummet under drug program, U.S. News, https://www.usnews.com/news/health-news/articles/2022-04-26/california-inmate-overdoses-plummet-under-drug-program



The program at Philadelphia Department of Prisons shows that SUD treatment, beginning within four hours of entering its facilities, has made it a positive outlier in jail suicides.

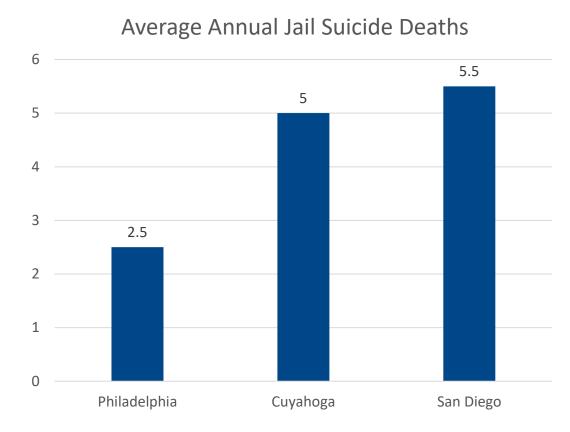




Philadelphia Jail Suicides versus Metro Jails without MAT

- Philadelphia: Averages 2-3 suicides per year (2015-2020, Pop: 8,082 to 4,644)
- Cuyahoga County (Cleveland): 5 suicides (June 2018 thru April 2019, Pop. 1,340)
- San Diego County: Averages 5-6 suicides per year (2014-2016, Pop 5,309 to 6,003)

A. Klein, Death Before Sentencing, Rowman & Littlefield, 2022





Bruce W. Herdman, PhD, MBA

Suicide Prevention in Philadelphia

- The principal advantages of medical screening within 4 hours of admission and of induction of OUD patients on Suboxone.
- The major hurdles to implementation of these programs and how to overcome these hurdles.
- The ancillary efforts needed to assure optimal continuity of care on release.





QUESTIONS



Type your questions in the Q&A box on your screen.



Andrew Klein, PhD - aklein@ahpnet.com

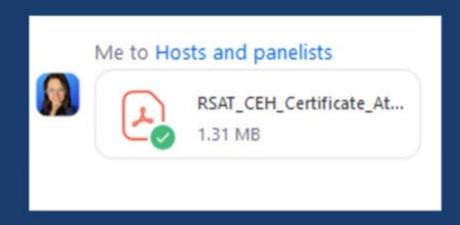
Bruce W. Herdman, PhD, MBA - Bruce.Herdman@prisons.phila.gov





CERTIFICATE OF ATTENDANCE

Download Now from the chat box!







CERTIFICATE OF CONTINUING EDUCATION



1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

October 26, 2022 RSAT webinar CEH quiz link:

https://survey.alchemer.com/s3/7062106/October-26-2022-RSAT-Webinar



CONTACT



http://www.rsat-tta.com



Stephen Keller
RSAT TTA Coordinator | skeller@ahpnet.com

