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Guest Columnist

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Koutoujian: Care for some only available behind bars

About 10 years ago I found myself staring at an arrival board inside a Logan Airport terminal waiting for a friend to return from Florida.

Instead of feeling the excited anticipation many of us experience on the verge of an airport reunion, I waited with a previously unknown level of angst. This time, the friend I was waiting for was badly in need of drug treatment assistance and I was powerless to help him.

Here was my friend, finally ready to get himself help and there was no help to be had. His road to addiction had begun with an injury and a doctor's prescription for a powerful pain medication, but it progressed, as it has for so many, to heroin. To this day, he has not fully recovered.

At the time I was chairman of the Joint Committee on Public Health and the former chair of the OxyContin Commission, yet despite my experience with this issue and the network I had development in the field, I couldn't help one my oldest friends find a bed in a drug treatment program.

At times during his worst years he had brushes with the law, but never substantial enough to land him behind bars. Knowing what I know today, I often wonder if his life would have been changed for the better had one of those brushes landed him in a house of correction like the one I now oversee as Middlesex Sheriff.

As policy makers and those in public health and safety search for answers on how to address an exploding opioid problem, I am no different. I have seen the terrible toll of addiction as a friend, public health advocate and as Sheriff.

At the Middlesex House of Correction, more than 80 percent of the men incarcerated self-identify with an addiction problem and almost half of those in our Residential Substance Abuse Treatment (RSAT) program are addicted to opioids. While in our custody, we have a unique opportunity in these men's lives to address their addiction. Every day, our corrections officers, case workers and addiction specialists craft programs to help those addicted to drugs turn an important corner in their lives.

To be clear, I would never argue incarceration is the singular way to solve the commonwealth's addiction problem - it's not. But for some, because of financial roadblocks and lack of health care resources, time spent in a house of correction can be a lifesaver because it can be the only addiction programming they are able to access.

Here in Middlesex, we take a holistic approach to addressing drug addiction that includes a rigorous programming regimen as well as a new innovative pilot program involving Vivitrol, a non-narcotic medication used in the treatment of opiate and alcohol addictions. Vivitrol, a long lasting injectable form of naltrexone, is a non-habit forming medication that blocks both the craving and the pleasurable effects of opioids. While our pilot is in its infant stages, it is the type of innovative approach to treating addiction that is critical to addressing this epidemic.

Virtually all of the individuals in the custody of the Middlesex Sheriff's Office will return to our community. Inside our facility, we are extremely aggressive about how we treat addiction, but there must be continuity of care once these men are released. Reintegrating themselves after life in prison is hard enough without encountering the challenges of a complicated health care system.

I often wish my friend had access to the types of services we provide at the Middlesex Sheriff's Office today. And for those currently in our custody, my hope is they encounter a health care system on the outside that provides the same level of care and services as we provide for them behind our walls.

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