

United States Senate

WASHINGTON, DC 20510

May 30, 2018

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street, N.W., Room 7100
Washington, D.C. 20548

Dear Mr. Dodaro,

Deaths from drug overdoses have risen significantly over the past two decades, driven primarily by opioid overdoses, and are now the leading cause of death due to injury in the United States. In addition to being a public health issue, substance use disorder is also a law enforcement concern and can put a significant strain on our criminal justice system. Therefore, we are seeking additional information on how the Federal Bureau of Prisons (BOP) addresses substance use disorder, and particularly opioid use disorder, in their facilities.

As of April 2018, almost half of the federal prison population was incarcerated on a drug-related offense.¹ Further, the BOP estimates that about 40 percent of inmates enter the federal prison system with a substance use disorder. BOP reported that it obligated about \$3.3 billion in fiscal year 2017 to treatment and corrections for drug control, or about 45 percent of its fiscal year 2017 budget request, due to the high proportion of inmates in the federal prison who have drug-related convictions or addictions. Of that amount, about \$117 million was obligated to treatment, or about 3.5 percent of drug control obligations.

Similarly, state correctional systems have larger proportions of inmates incarcerated for drug offenses relative to other offenses. Federal data released in 2018 on sentenced offenders at the state level showed that 15 percent of offenders incarcerated under state custody in 2016 were serving terms for drug offenses. This is a larger proportion than those in state custody for murder, rape, robbery, assault, and burglary, respectively.² Moreover, the federal government has declared a national public health emergency on the opioid crisis and according to information that the Association of State and Territorial Health Officials has collected, eight states have done the same.

Inmates who meet BOP's eligibility criteria may access the Residential Drug Abuse Program (RDAP), a nine-month treatment program that incorporates Cognitive-Behavioral Therapy in a

¹This includes those who may never have used drugs themselves, but whose drug offense, such as drug trafficking, resulted in a federal conviction.

²See Bureau of Justice Statistics "Prisoners in 2016" report, available at: <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=6187>

therapeutic, community setting,³ which receives the majority of funding set aside for BOP's drug treatment programs. A previous GAO report in 2012 indicated that BOP sometimes lacked the program capacity for all inmates that were eligible and interested in RDAP, particularly in high security institutions.⁴ In 2013, BOP began adding RDAPs to increase access, and reported in fiscal year 2017 to offer RDAP in 76 BOP institutions (about 62 percent of all institutions) and in one contract facility. The BOP also began a one-region Medication-Assisted Treatment (MAT)⁵ pilot in fiscal year 2014. This pilot provides only one of the three federally approved MAT medications for opioid use disorders during the last two months of incarceration and for four to six weeks after release. Outside of the pilot, federal facilities do not routinely administer any of the FDA-approved medication-assisted, evidence-based treatments – methadone, buprenorphine, or naltrexone.

Data on the use of MAT in non-correctional settings have shown that it is both effective *and* underutilized. However, information available on the effectiveness of drug-related programs in prison is severely limited. Although BOP updated its evaluation plan to prioritize assessments of its inmate programs in July 2017, it is not expected to initiate an assessment on its drug related programs until fiscal year 2020 and has no intention to assess its overall residential drug treatment program at all.

Given the share of the prison population whose lives have been affected by drugs, the importance of effective treatment to help ensure a drug-free transition back to the community upon sentence completion, and the scope of resources BOP already dedicates to related programing, it is important to understand what treatment is offered in correctional facilities, who can access it, what is being measured, and what can be learned from selected states who are also grappling with the effects of addiction on their streets and in their correctional facilities. Therefore, we request that GAO conduct a study to address the following key questions:

1. What are the scope, nature, and requirements for inmate eligibility across all of BOP's drug treatment programs and services—including those available to inmates in residential reentry centers and home confinement?
2. To what extent can inmates qualifying for these services access them? What, if any, barriers exist to enrolling all who seek support?
3. How much funding has BOP obligated to drug treatment programs over the last five years, and how does BOP break down its costs, including any related health care costs of treating drug addicted inmates?
4. What has BOP found in earlier assessments of its drug treatment programs in terms of outcomes and cost-effectiveness, what assessments of its programs are ongoing or planned—

³ An explanation of the various treatment programs available through the Federal Bureau of Prisons is available at: https://www.bop.gov/inmates/custody_and_care/substance_abuse_treatment.jsp

⁴GAO, *Bureau of Prisons: Eligibility and Capacity Impact Use of Flexibilities to Reduce Inmates' Time in Prison*, GAO-12-320 (Washington, D.C.: Feb 7, 2012).

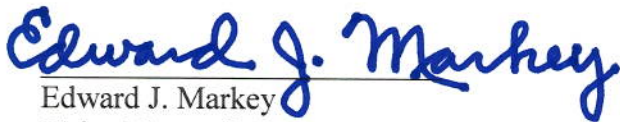
⁵MAT is an approach that combines behavioral therapy and the use of certain medications to treat opioid use disorders.

including those covering inmates in residential reentry centers and on home confinement—
and what information does BOP have to make decisions about expanding or contracting
programs while studies are pending?

5. In what ways are selected states measuring the outcomes of their drug treatment programs
and what are some features from their evidence-based drug treatment approaches and
community partnerships for reentry planning that BOP could consider for applicability at the
federal level?

Thank you for your help in addressing these issues. If you have any questions concerning this
request, please contact Nikki Hurt at nikki_hurt@markey.senate.gov or 202-224-2742.

Sincerely,



Edward J. Markey
United States Senator



Sheldon Whitehouse
United States Senator



Elizabeth Warren
United States Senator



Lisa Murkowski
United States Senator



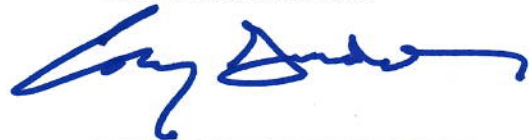
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