Negative: Opioid Treatment

By “Coach Vance” Trefethen

***The United States Federal Government should significantly reform its policies regarding convicted prisoners under federal jurisdiction***

Case Summary: The AFF plan increases treatment of federal prisoners to aid recovery from opioid addiction. The case is about “Medication-Assisted Treatment” (MAT) for opioid addiction. There are 3 major drugs that are given to people addicted to opioids that block the addiction and allow them to stop using dangerous drugs without the serious (and sometimes fatal) withdrawal symptoms. AFF will tell you the BOP isn’t doing anything today about the large number of federal prisoners with opioid addiction because they’re not doing enough MAT programs. But in Dec 2019, the BOP began rolling out an MAT policy of offering naltrexone (one of the 3 drugs) to all prisoners that want it. Boom, problem solved.   
 But AFF may come back and argue that the other 2 drugs (methadone and buprenorphine, a.k.a. suboxone) are better. Naltrexone works just fine and the other two, even if they are “better,” require special certifications from the Drug Enforcement Agency because they’re more dangerous. Today, it is ILLEGAL for the BOP to give anyone methadone or buprenorphine. BOP is trying to get its facilities and personnel DEA-approved, but it’s a long process. And expanding the existing MAT program is basically impossible anyway because they can’t increase the staffing levels to do it. Where do you find hundreds of people overnight who are qualified to administer methadone drug treatment programs? If they try to use existing staff, it will just divert them away from the naltrexone program, which will cause the very harms AFF was trying to solve (prisoners won’t get treated).

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Negative: Opioid Treatment

TOPICALITY

1. Not significant reform of policy

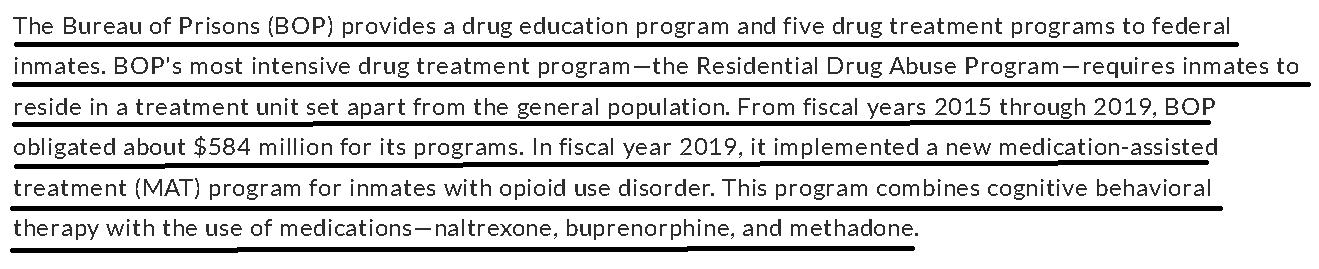
Definition of “policy”

Merriam-Webster Online Dictionary copyright 2021. “policy” <https://www.merriam-webster.com/dictionary/policy> (accessed 19 Dec 2021)

” a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental body”

Violation: Status Quo high level overall plan (policy) is the same as the Affirmative plan since 2019

Government Accountability Office 2020 (non-partisan agency of federal government) “Bureau of Prisons: Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs” 26 May 2020 <https://www.gao.gov/products/gao-20-423> (accessed 19 Dec 2021)



Impact: No Affirmative team in the round means Negative ballot

If both sides are endorsing the Status Quo, then there is no one affirming the resolution in this debate. No matter who wins, you should write Negative on the ballot.

MINOR REPAIR

1. Better documentation and planning of existing policy

Drug treatment program exists and expansion is already underway. Just needs better documentation and planning

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BOP is taking steps to expand its MAT [medication assisted treatment] program nationwide to ensure all eligible inmates have access to the program and estimates needing $76.2 million across fiscal years 2020 and 2021 to do so. However, it lacks key planning elements to ensure its significant expansion efforts are timely and effective. For example, BOP lacks documentation on its methods for determining the number of additional agency personnel it reports needing to support MAT program expansion; how it plans to recruit and onboard these personnel; and time frames and target goals for key milestones, such as when the expansion will be completed. Developing these planning elements would better position BOP to identify and complete the tasks and objectives necessary to successfully implement its MAT program.

INHERENCY

1. All inmates get treatment today

All opioid addicted prisoners under BOP jurisdiction who want treatment get naltrexone since Dec 2019

Government Accountability Office 2020 (non-partisan agency of federal government) “Bureau of Prisons:Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs” 26 May 2020 <https://www.gao.gov/assets/gao-20-423.pdf> (accessed 19 Dec 2021)

Medication-assisted treatment program. In fiscal year 2019, BOP began implementing its MAT program—a voluntary drug treatment program for inmates with opioid use disorder. This program combines cognitive behavioral therapy with the provision of certain medications to help prevent inmates from relapsing into using opioids, especially upon reintegration into the community. As of December 2019, BOP officials told us the agency was able to administer naltrexone to all eligible inmates residing in BOP institutions. Officials said they chose to use naltrexone because it has shown to be effective for treating opioid use disorder and does not carry any known risk of misuse or addiction. Through the program, inmates receive a monthly injection while residing in a BOP institution or a RRC for as long as a health care provider determines an inmate needs this medication.

2. Treatment expansion already funded and underway

Link: BOP estimated needing $76 million to expand Medication-Assisted Treatment (MAT)

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To help ensure financial resources for the MAT program expansion, BOP estimates needing $76.2 million across fiscal years 2020 and 2021, according to BOP officials.

And they got it: BOP got $75 million from the First Step Act to expand opioid treatment programs

Government Accountability Office 2020 (non-partisan agency of federal government) “Bureau of Prisons:Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs” 26 May 2020 <https://www.gao.gov/assets/gao-20-423.pdf> (accessed 19 Dec 2021)

Among other things, section 607 of the First Step Act included a provision for the Director of BOP to develop a report that included a description of plans to expand access to evidence-based treatment for heroin and opioid abuse for prisoners, including access to medication-assisted treatment in appropriate cases and, thereafter, the Director was to take steps to implement these plans. According to a January 2020 Department of Justice report, the First Step Act did not come with appropriated funds in fiscal year 2019. However, BOP directed $75 million of its existing funding to implement it. As part of BOP’s appropriation for fiscal year 2020, BOP was appropriated $75 million in funding to implement the First Step Act.

3. Trying to hire more MAT [medication assisted treatment] workers

BOP is expanding efforts to recruit more medical personnel for MAT programs

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In June 2020, BOP stated that its recruiters for medical personnel positions needed to implement the MAT program were being trained to focus on promising candidates within a larger pool. Additionally, BOP stated that market factors had been established to incentivize new applicants and existing BOP personnel to engage in the MAT program. Further, in December 2020, BOP stated it had identified the requirements for implementing the MAT program and services that dictates specific requirements of medical providers working to provide MAT services.

4. A/T “Halfway houses (RRC’s – Residential Re-entry Centers) aren’t getting it”

They will soon. BOP is overcoming obstacles to RRC’s and rolling out treatment

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Third, BOP is taking steps to expand access to medications. In January 2020, BOP officials told us that eligible inmates incarcerated in all of BOP’s institutions have access to naltrexone and that the agency is taking steps to ensure that all inmates residing in RRCs have access to this medication. As of February 2020, these officials stated that only 19 of the 210 community treatment providers that BOP contracts with nationwide have both the required personnel to provide an injectable medication—naltrexone—and statements of work or contracts with BOP that authorize them to do so. BOP officials told us they are in the process of modifying statements of work and contracts to include authorizations for administering medication, including naltrexone, for an additional 15 community treatment providers. The remaining 176 community treatment providers BOP contracted with as of February 2020 are not able to provide injectable naltrexone. Moving forward with all future contracts, BOP officials also told us they are working to update their statement of work to include a requirement that community treatment providers have the necessary certifications to provide all three MAT medications, which will help BOP to streamline its provision of MAT medications to inmates residing in RRCs.

SOLVENCY

1. Probation blocks solvency

Even if BOP did everything right, it won’t solve for post-release drug addiction without the Probation service

[Beth Schwartzapfel](https://www.themarshallproject.org/staff/beth-schwartzapfel) *2021 (staff writer at The Marshall Project, a nonprofit news organization covering the U.S. criminal justice system) 10 Aug 2021 “*Drugs that treat opioid addiction and overdoses not widely available in federal prisons” *https://www.usatoday.com/story/news/investigations/2021/08/10/meds-opioid-addiction-overdose-not-widely-available-prisons/5483891001/*

More than 100,000 people are also under supervision after release from prison, watched by probation officers all over the country. “We can do everything right, and it would still be pointless and counterproductive if U.S. Probation doesn't do what they need to do,” says William Bickart, who retired in 2020 after 30 years as a psychologist at the Bureau of Prisons. “We could get the drugs on board with these guys right up until the last day of confinement, but when they go over to U.S. Probation, and if Probation doesn't carry it forward, it doesn’t work.”

Failure: Extra-topical. AFF Plan can’t change Probation

When they leave prison and go on probation, they’re no longer “prisoners,” so the AFF can’t touch them with their plan and stay within the resolution.

2. Lack of personnel

Medication assisted treatment (MAT) is very labor intensive – that’s what is slowing the rollout

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From fiscal years 2014 through 2016, BOP conducted a limited MAT field trial at three BOP institutions and did not pursue the program in fiscal years 2017 or 2018 because of a hiring freeze, according to BOP officials. Agency officials told us that they did not conduct an evaluation of the field trial because it was intended to determine the feasibility of administering MAT and to identify lessons learned. For example, BOP learned that purchasing and supplying naltrexone to inmates in the community was labor intensive and, as of February 2020, BOP contracted out the administration of this medication for inmates living in RRCs.

SOLVENCY: Can’t do MAT without more personnel INHERENCY: BOP is already trying to hire them

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The Director of BOP should develop and document the agency's methods for determining the number of additional agency personnel it reports needing to support its MAT program expansion. (Recommendation 1)  
OPEN  
BOP concurred with this recommendation and is taking steps to implement it. In June 2020, BOP stated it was working to identify the number of additional agency personnel needed to support its MAT program expansion, including evaluating existing program requirements and consulting with external subject matter experts. Further, in December 2020, BOP stated that given its existing structure of providing primary care services to inmates, BOP had identified its needs for additional agency personnel.

Very difficult to expand MAT because BOP has trouble recruiting personnel for it

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We asked BOP officials at the branch level how BOP planned to continue the MAT program expansion if the agency was not able to successfully recruit and hire individuals for necessary MAT program positions. These officials stated they would need to hire contractors—at a cost they had not estimated—to fill these roles and ensure inmates had access to MAT medications and treatment. Further, BOP officials were not able to explain how the agency would ensure it was able to hire a sufficient number of contractors to fill the agency’s need.

3. Can’t legally use methadone or buprenorphine yet (but they’re trying)

**These are 2 drugs in addition to naltrexone that are commonly given to break opioid addiction. AFF will probably argue that they are better than naltrexone (that’s debatable). Even if they are, they are much more tightly controlled under federal drug laws than naltrexone. The Drug Enforcement Administration has to certify medical professionals to use them – any doctor can’t just start administering them.**

SOLVENCY: Bureau of Prisons cannot legally begin using methadone or buprenorphine. They have to get certifications from the DEA. INHERENCY: They’re already working on it

Government Accountability Office 2020 (non-partisan agency of federal government) “Bureau of Prisons:Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs” 26 May 2020 <https://www.gao.gov/assets/gao-20-423.pdf> (accessed 19 Dec 2021)

BOP is pursuing a certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) to become an opioid treatment program to provide methadone to individuals diagnosed with opioid use disorder. As of March 2020, SAMHSA had certified or provisionally certified 1,745 opioid treatment programs. To become certified as an opioid treatment program, facilities must submit documentation, such as organizational charts, funding sources, and operational capacity. Facilities also must be accredited by an independent organization approved by SAMHSA. Medical professionals employed by the opioid treatment programs must also register with the Drug Enforcement Administration to provide this medication. Under the Controlled Substances Act, the Drug Enforcement Administration has the authority to regulate the use of methadone and buprenorphine as part of its oversight of controlled substances. Facilities may request provisional certification from SAMHSA which is valid for one year. BOP is also pursuing waivers from the Drug Enforcement Administration to provide buprenorphine to inmates.

AFF can’t speed up opioid program expansion: They can’t just fiat that personnel get experience in obtaining DEA certification.

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Third, while BOP has a document outlining some time frames for completing near-term action items related to the MAT program expansion, BOP does not have documented time frames or target goals for key milestones or for when the expansion will be completed. For example, the document outlines several target dates in the summer of 2020 for providing MAT-related training to all BOP personnel working in an institution and agency officials told us in January 2020 they are actively working to organize these trainings. However, BOP officials told us they did not have a target time frame for when they expected to acquire the necessary certifications and waivers that would authorize BOP to provide buprenorphine and methadone to inmates—a key component of the MAT program expansion. BOP officials stated that this task had proven challenging because the agency did not have experience in acquiring the necessary certifications. Therefore, they stated predicting accurate time frames for completing this effort was not possible.

4. Already maxed out

Treatment already offered to all prisoners. Nobody knows how many more want it

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After first implementing its MAT program, on a limited basis, in fiscal year 2019, BOP is expanding the program nationwide to ensure all eligible federal inmates have access to the treatment. While 41 inmates participated in the agency’s MAT program in fiscal year 2019, officials told us this number will increase as BOP continues to ramp up the program. Specifically, BOP officials told us in December 2019 they estimate about 10 percent of inmates in BOP custody—or approximately 17,500 inmates as of March 2020—would be eligible to participate in the MAT program. Given that the program is voluntary, these officials stated that the extent to which inmates will opt to participate is unknown.

5. More study needed

More complicated than AFF claims: Lots of factors involved in post-release drug abuse - we need to understand it better

[Adam Chamberlain](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Adam-Chamberlain),  [Sylviah Nyamu](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Sylviah-Nyamu),  [Jenerius Aminawung](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Jenerius-Aminawung),  [Emily A. Wang](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Emily_A_-Wang), [Shira Shavit](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Shira-Shavit) & [Aaron D. Fox](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Aaron_D_-Fox) 2019 (Chamberlain and Fox – Albert Einstein College of Medicine, New York. Nyamu - Mount Sinai St.Luke’s and Mount Sinai West Hospitals, New York. Aminawung and Wang - Yale University School of Medicine. Shavit - University of California-San Francisco.) ADDICTION SCIENCE & CLINICAL PRACTICE “Illicit substance use after release from prison among formerly incarcerated primary care patients: a cross-sectional study” 19 Feb 2019 <https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6> (accessed 19 Dec 2021)

Formerly incarcerated individuals with SUDs or substance-related criminal charges are more likely to be re-incarcerated than those without substance involvement. Qualitative research suggests that substance use post-release may be due to poor mental health, environmental exposures (e.g., substance-using peer groups), or life stressors related to community re-entry, such as challenges finding work and stable housing. Additional research is needed to better understand substance use among people who have been released from jail or prison.

More study needed because: 1) problem may not be as bad as earlier thought; 2) other factors may be causing it; 3) different programs may be the solution

[Adam Chamberlain](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Adam-Chamberlain),  [Sylviah Nyamu](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Sylviah-Nyamu),  [Jenerius Aminawung](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Jenerius-Aminawung),  [Emily A. Wang](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Emily_A_-Wang), [Shira Shavit](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Shira-Shavit) & [Aaron D. Fox](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6#auth-Aaron_D_-Fox) 2019 (Chamberlain and Fox – Albert Einstein College of Medicine, New York. Nyamu - Mount Sinai St.Luke’s and Mount Sinai West Hospitals, New York. Aminawung and Wang - Yale University School of Medicine. Shavit - University of California-San Francisco.) ADDICTION SCIENCE & CLINICAL PRACTICE “Illicit substance use after release from prison among formerly incarcerated primary care patients: a cross-sectional study” 19 Feb 2019 <https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6> (accessed 19 Dec 2021)

Due to the high volume of prison releases annually, high prevalence of SUD diagnoses in this population, and high recidivism rate, more studies are needed to understand substance use following release from incarceration. Our data suggests that overall substance use may be lower than expected post-release, but highlights some areas—such as less supervised housing—where substance use may be more common. Preventing negative consequences of substance use post-release should be a high priority for clinicians and policy-makers. Substance use education and treatment services should be available post-release and targeted to those with greatest treatment needs.

DISADVANTAGES

1. Reduced naltrexone treatment

Link: Trying to quickly add other treatments would divert BOP personnel away from the higher priority of getting naltrexone to the inmates today

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BOP officials in the Human Resources Management Division told us in December 2019 that they are working with relevant branches to develop descriptions for these new positions. However, branch-level officials told us in January 2020 that these descriptions were on hold until they had more clarity regarding available funding levels for new hires. In addition, branch-level officials stated they had not yet started to plan or consider options for recruiting qualified individuals for all new positions requested. Rather, they stated they were focused on higher-priority aspects of MAT program expansion, such as the development of program policies and the continued administration of naltrexone to inmates.

Impact: Turn the harms in the Affirmative case – they get worse with an AFF ballot

Removing BOP personnel from naltrexone treatment causes the harms of “lack of treatment” the AFF said they were trying to solve.

2. Federal deficits and economic harm

Link: Any money spent on the plan is wasted, since Status Quo is already doing it

Cross apply our inherency evidence above

Link: AFF is spending money that could have reduced the federal deficit and has no offsetting benefits

Impact: Every increase in the deficit hurts the economy

Dr William Gale and Benjamin Harris 2010. (Gale - PhD in economics, Stanford Univ.; senior fellow at the Brookings Institution; former assistant professor of Economics at UCLA, and a senior economist for the Council of Economic Advisers under President George H.W. Bush; Harris - master’s degree in economics from Cornell Univ and master’s degree in quantitative methods from Columbia University; senior research associate with the Economics Studies Program at Brookings Institution) “A VAT for the United States: Part of the Solution” July 2010 https://www.taxpolicycenter.org/sites/default/files/alfresco/publication-pdfs/1001418-A-Value-Added-Tax-for-the-United-States-Part-of-the-Solution.PDF

But even in the absence of a crisis, sustained deficits have deleterious effects, as they translate into lower national savings, higher interest rates, and increased indebtedness to foreign investors, all of which serve to reduce future national income. Gale and Orszag (2004a) estimate that a 1 percent of GDP increase in the deficit will raise interest rates by 25 to 35 basis points and reduce national saving by 0.5 to 0.8 percentage points of GDP.