

TOPIC: IN SUPPORT OF PROMOTING MANDATED SCREENING FOR SUBSTANCE USE DISORDERS (SUD), ALONG WITH CONTINUED ASSESSMENT AND INITIATION OF TREATMENT FOR THOSE INMATES IN NEED AT ALL CORRECTIONAL SETTINGS.

SUBMITTED BY: Student Nurses' Association of Portland: Oregon Health & Sciences University of Portland, Oregon

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WHEREAS, "In May 2004, the World Health Organization members met in the annual World Health Assembly, and for the first time in 20 years, alcohol was on the agenda with a resolution calling for international action to reduce alcohol related harm"; and

WHEREAS, in 2009, the United States found that just over 22 million people (8.9 percent of this population) had a diagnosable substance abuse problem which initiated plans to award of up to \$379 million over the next four years in voucher form for people in need of substance abuse treatment in order to save lives and provide "cost savings from social benefits, such as reduced health costs, crime, and lost productivity"; and

WHEREAS, evidence suggests for stakeholders to pay attention to new approaches in managing the criminal justice population, in order to prevent continued growth of inmate counts which have shown to deplete state funding in providing care for inmates because "more than 1 in 100 Americans are now behind bars"; and

WHEREAS, "State correctional spending has increased by 300% since 1980, to \$50 billion annually" consequently correctional spending is "now the fastest-growing area of government spending after Medicaid"; and

WHEREAS, the 8th amendment under the U.S. constitution protects inmates to having a right to receive adequate medical care, including the care of mental health illnesses; and

WHEREAS, because crime is often a social consequence of substance use disorders scientists from the National Institute on Drug Abuse (NIDA) of the National Institute of Health (NIH) established that, "about half of all prisoners (including some sentenced to non-drug-related offenses) are dependent on drugs, yet less than 20% of inmates suffering from drug abuse or dependence receive formal treatment"; and

WHEREAS, the NIDA of the NIH reported that "In reality, drug addiction is a complex disease, and quitting takes more than good intentions. In fact, because drugs

change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who are ready to do so.”; and

WHEREAS, in 2007, the NIDA of NIH published the research based guide; *Principles of Drug Abuse Treatment in the Criminal Justice Population*. This guide reports how “Findings show unequivocally that providing comprehensive drug abuse treatment to criminal offenders works, reducing both drug abuse and criminal recidivism. Given the swelling prison population, attributable in large part to drug-related offenses accompanied by high rates of recidivism, it is a matter of public health and safety to make drug abuse treatment a key component of the criminal justice system...To be effective, treatment must begin in prison and be sustained after release through participation in community treatment programs; and

WHEREAS in 2010, the National Commission on Correctional Health Care (NCCHC) adopted a position statement titled “Substance Use Disorder Treatment for Adults and Adolescents”. This position statement recommends “...adopting the principles of drug abuse treatment for criminal justice populations promulgated by the National Institute of Drug Abuse of the National Institutes of Health and endorsed by the American Society of Addiction Medicine, which includes support for comprehensive reentry services designed to minimize relapse and recidivism.” which would have a positive impact on this public health issue; therefore be it

RESOLVED, That the Oregon Student Nurses’ Association (OSNA) support promoting mandated substance abuse screening and treatment along with the continued assessment and initiation of treatment for those inmates in need at all correctional settings; and be it further

RESOLVED, That the OSNA and its constituents encourage nursing educational programs to add in curriculum, the health and social benefits for the entire population if mandated screenings and treatment for substance use disorders (SUD) were implemented; if feasible; and be it further

RESOLVED, That the OSNA encourage constituents to raise nurse and nursing student awareness about substance use disorders in the correctional setting through discussion of the topic which can include, but not be limited to, electronic

media sites, published articles such as, *Oregon Vitals* magazine and through informative sessions held during OSNA Annual Convention and other events deemed appropriate by the OSNA Board of Directors, if feasible; and be it further

RESOLVED, That the OSNA encourage community outreach aimed at raising public awareness of this issue, if feasible; and be it further

RESOLVED, that the OSNA send a copy of this resolution to National Institutes of Health, United States Department of Justice, National Commission on Correctional Health Care, Federal Bureau of Prisons, National Council of State Boards of Nursing, Centers for Disease Control & Prevention, President of the United States, Vice President of the United States, President Pro Tempore-United States Senate, United States House of Representatives-Speaker for the House, Office of the Surgeon General, American Organization of Nurse Executives, American Society of Addiction Medicine, The Gordie Foundation, International Nurses Society of Addictions, World Health Organization, Substance Abuse and Mental Health Service Administration, National Institute on Alcohol Abuse & Alcoholism, Student Health Alliance, National Institute on Drug Abuse, National Alliance for the Mentally Ill, American Psychiatric Nurses Association, American Psychological Association, National Organization for Associate Degree Nursing, American Association Colleges of Nursing, Nurses Organization of Veteran Affairs, American Nurses Association, National League of Nursing, American Civil Liberties Union, American Medical Association, Joint Commission, United States Department of Health & Human Services, American Public Health Association, and all others deemed appropriate by the NSNA Board of Directors.