

Many D.C. drug users not receiving consistent treatment after arrests, audit shows

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Heroin and a syringe and a cooker are laid out with other personal items before a D.C. couple get high in the momin2, (Andre Oiong/for The Washington Post)

By [Peter Jamison](#)

The D.C. government failed to provide consistent treatment and counseling for drug abuse to the vast majority of people who passed through its jail system over a nearly four-year period, according to a [newly released audit](#).

The report -prepared by the Council for Comt Excellence, a criminal justice reform nonprofit organization, on behalf of the Office of the D.C. Auditor -found that continuous care was provided in just over 1 percent of cases where a jail inmate probably had a substance use disorder. When inmates were released, a time when drug users are especially vulnerable to [fatal overdose](#), it took an average of 33 days to connect them to treatment options.

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The audit also identified problems in the city's outreach effort to dn1g users beyond the walls of the jail. Nearly 8 out of 10 victims of lethal drug overdoses during the audit period had no contact with the D.C. Department of Behavioral Health, the lead agency on the District's response to the opioid crisis.

The report is the latest troubling assessment of D.C. officials' effo1ts to combat a wave of fatal drng overdoses that has swept over the nation's capital in recent years.

[[Falling Out: Inside America's other opioid epidemic](#)]

Most of those deaths have been among older African Americans, many

of them longtime heroin users felled by the powerful synthetic opioid fentanyl. The District was slow to recognize that threat and has repeatedly stumbled in its efforts to address it.

The audit covered the period from the beginning of 2015 through the end of September 2018, and covered all substance use disorders — not just opioid addiction.

Since then, Mayor Muriel E. Bowser (D) has released a new strategy to reduce opioid deaths and began taking steps long urged by public health officials, such as increasing distribution of the overdose antidote [naloxone](#). She also replaced former DBH director Tanya Royster — who was at the helm of the agency during the audit period — with [Barbara Bazron](#), who has received higher marks from providers and advocates.

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D.C. Auditor Kathleen Patterson said that after meeting with Bazron and others to review the audit findings, she believed the city was on track in addressing some of the problems the audit uncovered, though much work remains.

“Difficult though this population is, and difficult though the issues are, I think there’s a serious effort to improve,” Patterson said. The audit credited city officials with creating effective addiction treatment programs for jail inmates, even if those programs remain underused.

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Former D.C. deputy mayor for public safety Kevin Donahue said in a statement that the Department of Corrections has contracted with a mental health and addiction treatment provider that is caring for people at the jail. Donahue, who is now serving as interim city administrator, also said that Department of Behavioral Health workers are approaching inmates before their release to apprise them of community treatment options.

In a letter responding to the audit, the Bowser administration accepted many of the broad findings but criticized what it said were “significant methodological flaws” in how auditors analyzed some federal data. The letter also emphasized the voluntary nature of substance abuse services, suggesting that some of the shortcomings flagged by auditors might simply stem from drug users’ unwillingness to accept help that is offered.

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The administration acknowledged shortcomings in the screening of incoming jail inmates for substance use disorders but said the intake process had been improved since the period covered by the audit.

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The audit represented a first-of-its-kind attempt to gain a more

complete picture of drug users' experiences by compiling and cross-referencing information from various D.C. agencies, including the jail and the police and behavioral health departments. Community advocates and providers have frequently cited disorganization and lack of information sharing as one cause of the city's faltering response to overdoses.

The Council for Court Excellence team created a data set of more than 4,600 "incarceration episodes" that begin with an arrest and end with a person's release from jail. Misty Thomas, the nonprofit group's executive director, said that database was an example of what the D.C. government should be doing on a larger, ongoing scale.

Against the backdrop of nationwide protests against racism and police brutality, she also noted the profound racial inequities on display in the problems examined by auditors: Majorities of the city's overdose victims and arrested people are Black.

Thomas said the audit demonstrated both the importance of uninterrupted care for drug users who get arrested and the wisdom of expanding the use of diversion programs that allow those people to avoid jail altogether.

D.C. "needs to be poised to support folks who are struggling at every juncture where we might meet them," she said.