

**ECHO IDAHO**

**Counseling Techniques for  
Substance Use Disorders**

# **Hot Topic: Criminal Justice & SUDs**

**June 5, 2025**

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# **A peek inside the black box: Drugs in prisons (and afterward)**

# Disclosures

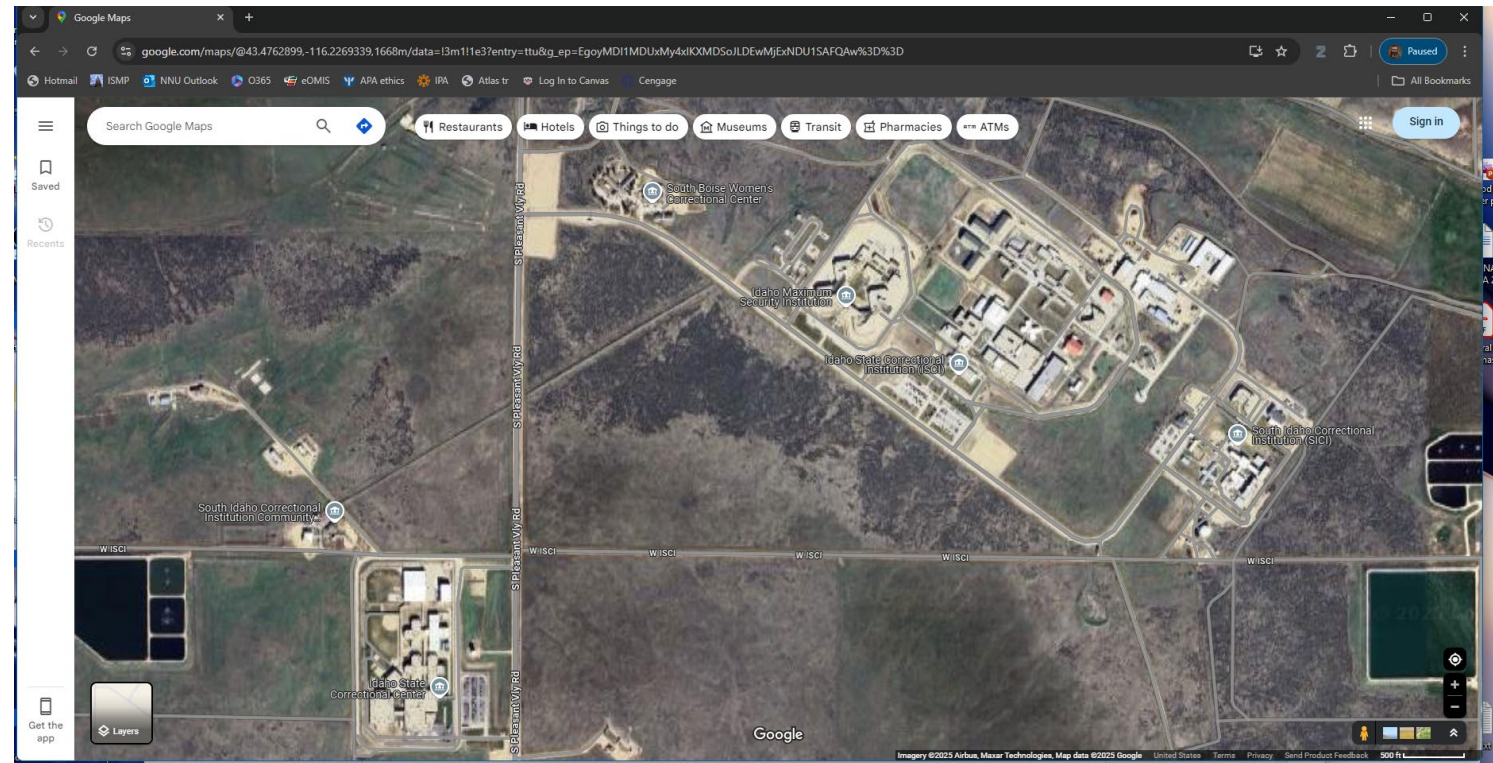
- I don't have any financial disclosures

# Learning Objectives

- Drawing from both published research and agency-specific anecdotes, describe the experience of illicit or misused drugs in prison
- Understand what drugs exist in prisons and how they get there
- Reflections on what community providers working with released IDOC residents need to know

# Prison as a ‘black box’

- *“Prisons are the black boxes of our society. With their vast complexes and razor wire barriers, everyone knows where they are, but few know what goes on inside. Prisoner communication is sharply curtailed — it is monitored, censored and costly. Visitation rules are strict.”*
  - <https://www.nytimes.com/2019/03/30/us/inside-americas-black-box>



# Drugs as part of daily life in prison

- “Prisons disproportionately confine people who have extensive histories of illicit drug use and tend to hold groups of people who continue using drugs, albeit in different forms and amounts. Prisoners’ desire or physical compulsion to use illicit drugs fundamentally structures almost all aspects of everyday prison life. This extends to individuals who do not use illicit drugs and is felt even in prisons in which drugs are not readily available.”
  - Bucerius et al., 2023





My own experience – 2013, Plainfield Correctional, Indiana




# Wellbutrin (in 2013)

Research Article

## Wellbutrin®: Misuse and Abuse by Incarcerated Individuals

DeAnne Phillips , MSN PMHNP-BC


Pages 65-69 | Published online: 29 Feb 2012

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### Abstract

Misuse and abuse of prescription medications is increasing across both socioeconomic and age parameters. This article includes a review of the uses of Wellbutrin®, and its current misuse/abuse within the correctional setting. It includes a discussion regarding the pharmacodynamics involved in substance abuse. A review of current literature includes both academic research and public forums regarding this topic. It also discusses the role of dopamine in both Wellbutrin® and substance use. The author identifies the lack of current research regarding this topic and poses ethical questions for the provider.

Keywords :

Substance abuse

Wellbutrin abuse

incarceration

corrections

prescription drug abuse

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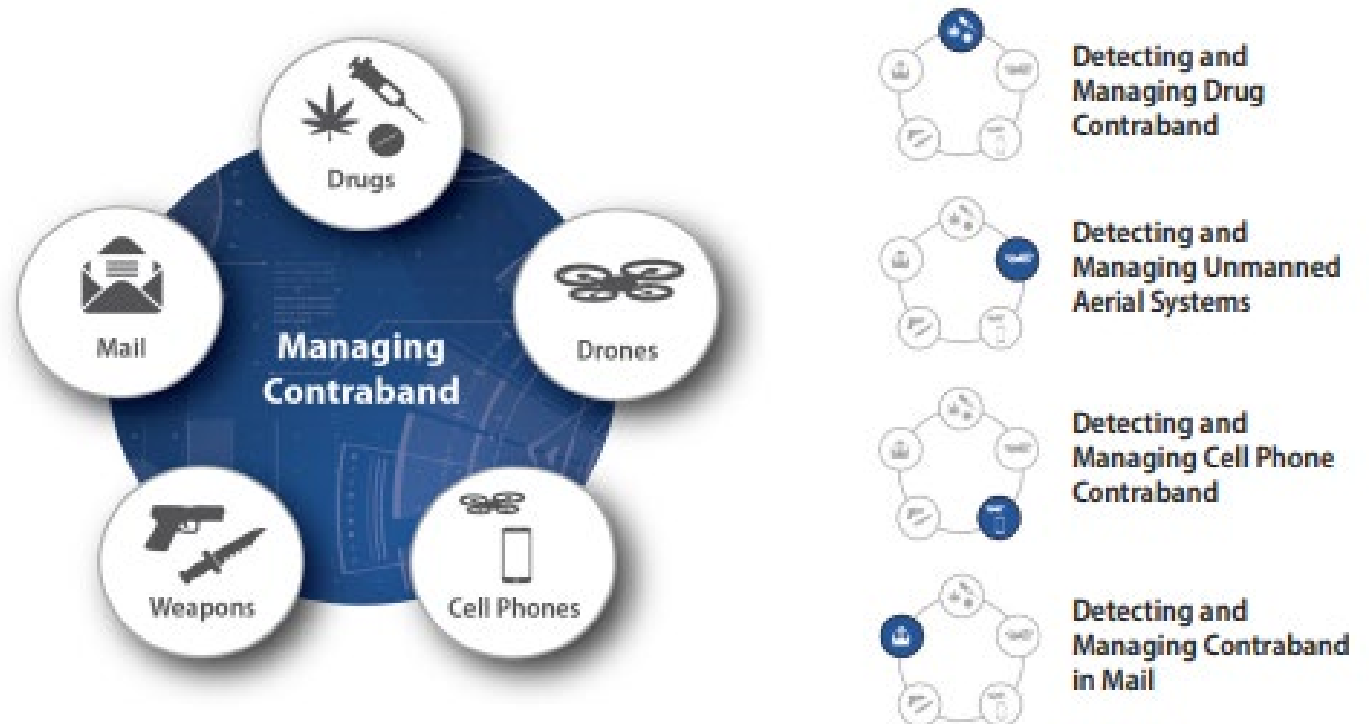




# Drugs as contraband

- Contraband refers to items that inmates are prohibited from having in their possession, including weapons, explosives or combustibles, drugs, money, electronics, tattoo instruments, and food, alcohol, or tobacco products.

- Dix et al., 2021



**Figure 1:** Contraband detection must consider methods of entry, types of contraband, and other associated factors. Briefs in this series highlight technologies used and their associated trade-offs related to performance, price, and operational issues.

# Research on drugs in prison (international)

- “The main smuggling routes identified in the literature are through visitors; mail; prisoners on reception, remand, or work release; staff; and perimeter throwovers, but they differ between prisons depending on various contextual factors and security measures in place.”
  - Norman, 2022
- “...due to a number of ethical challenges, first of all the need for safeguarding the free participation of people, the research in the custodial setting is still limited.”
  - Pirani, et al., 2023



sonpolicy.org/blog/2024/01/30/punishing-drug-use/

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## Addicted to punishment: Jails and prisons punish drug use far more than they treat it

*Despite the common refrain that jails and prisons are "de facto treatment facilities," most prioritize punitive mail scanning policies and strict visitation rules that fail to prevent drugs from entering facilities while providing little to no access to treatment and healthcare.*

by Emily Widra, January 30, 2024

Jails and prisons are often described as **de facto mental health and substance abuse treatment providers**, and corrections officials increasingly frame their missions around offering healthcare. But the reality is quite the opposite: people with serious health needs are warehoused with **severely inadequate healthcare** and limited treatment options. Instead, jails and prisons rely heavily on punishment, while the most effective and evidence-based forms of healthcare are often the *least* available.

# “Threads” of correctional treatment

## 1. Mental Health Treatment

- Part of the “medical services” umbrella – INFORMED CONSENT
- Part of constitutionally adequate care (8<sup>th</sup> amendment)
- Provided by licensed MHPs, targets symptoms of mental illness

## 2. Sex offender/substance abuse treatment

- Often required for parole or successful completion of sentence
- Not “informed consent” model
- sometimes provided by MHPs, sometimes by non-clinical staff

## 3. Criminal Rehabilitation/Programming

- Usually part of correctional 'programming', generally not part of MH treatment
- Often provided by case managers or similar non-clinical position

# In the news....staff contraband



Persons Arrested Are Presumed Innocent Until Proven Guilty in a Court of Law

###

## INDIANA NEWS

### Prison CNA charged after meth brought into facility

by: Izzy Karpinski  
Posted: Mar 20, 2023 / 04:43 PM EDT  
Updated: Mar 20, 2023 / 04:43 PM EDT



## LOCAL

### Plainfield corrections officer arrested for trafficking

Plainfield Correctional Facility Officer Joshua M. Kirk was arrested Monday night for attempted trafficking with an inmate.



## INDIANAPOLIS AREA CRIME

### Contract employee at Plainfield Correctional Facility faces drug trafficking charges

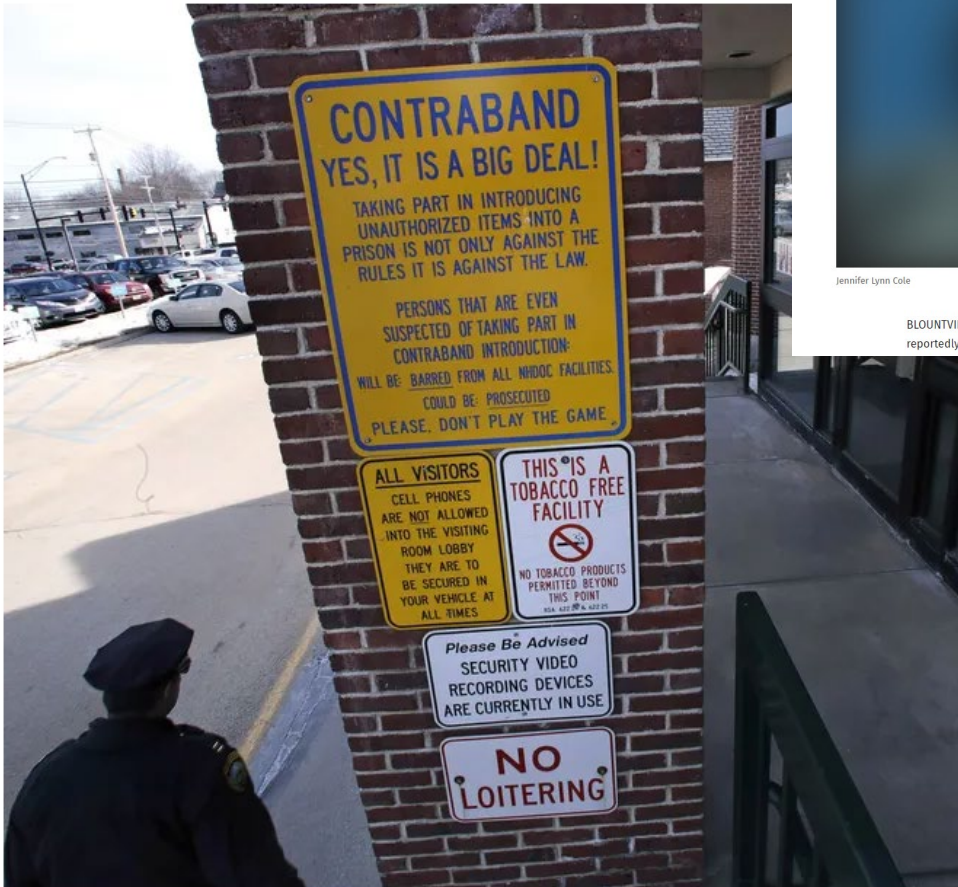
by: CBS4 Web  
Posted: Jun 29, 2020 / 04:25 PM EDT  
Updated: Jun 29, 2020 / 04:25 PM EDT



Candice McGraw (Photo By Hendricks County Jail)



# Visitor contraband



In this Tuesday, Feb. 21 photo, corrections officer passes a contraband warning sign outside the visitor's entrance at the New Hampshire State Prison in Concord. [AP Photo/Charles Krupa] *Fosters Daily Democrat*



Jennifer Lynn Cole

BLOUNTVILLE — A woman who was already under investigation for alleged narcotics distribution has been arrested for reportedly visiting an inmate with drugs in her vehicle.



# Other common sources



Drones

**Drug-filled football is thrown over prison fence — but it's intercepted, NC cops say**

By Simone Jasper

September 27, 2021 1:20 PM



A drug-filled football was found outside a North Carolina prison, officials said. *N.C. Department of Public Safety*

Throwovers

**County jail goes digital after inmates receive drug-soaked paper in mail**



Mail



# What drugs are popular, currently

- *According to IDOC investigation team members:*
- Meth – multiple forms, powdered, crystals
- Suboxone
  - Radios sent out to be repaired have been found full of Suboxone strips on return



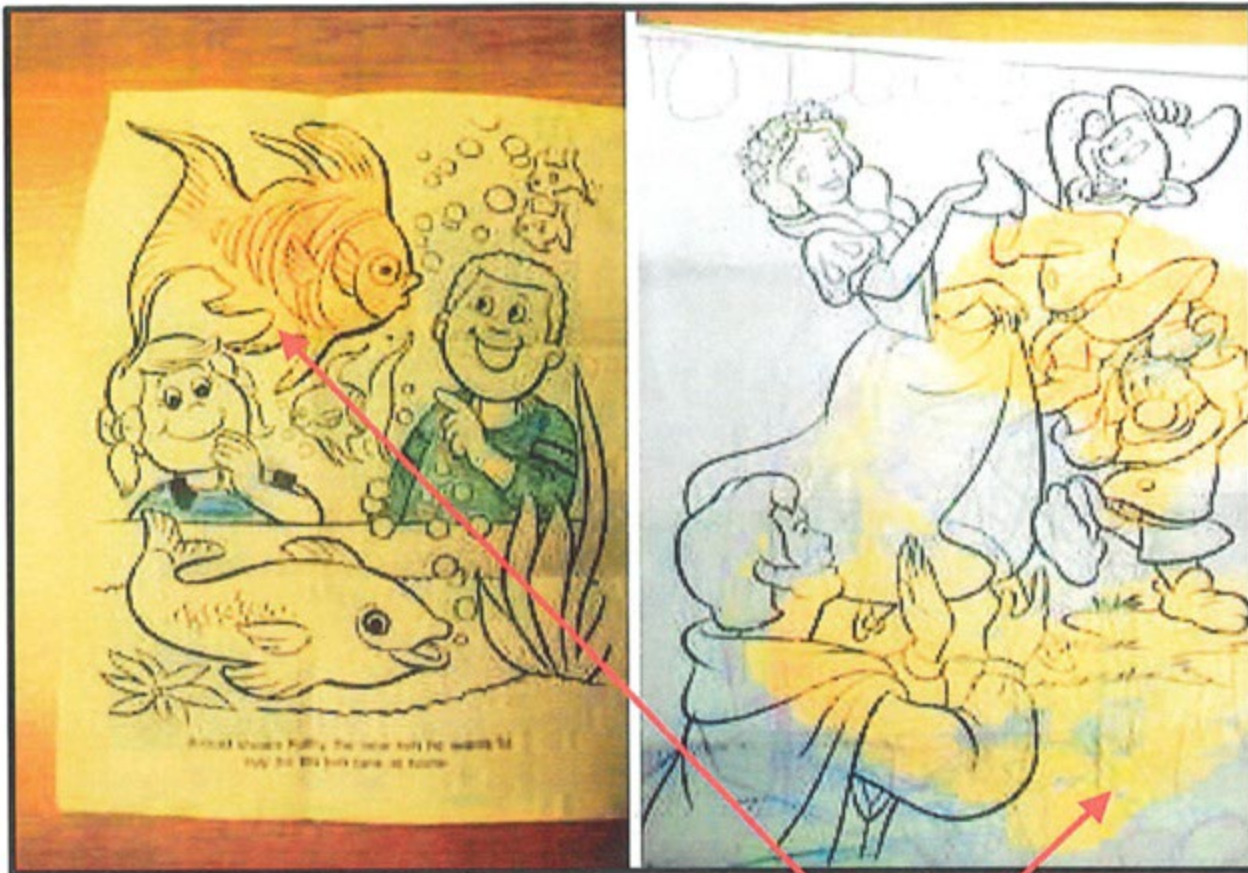
# Popular drugs in Idaho prisons

- Spice – sprayed on paper and sent in mail
  - Can be difficult to visually identify with brief visual scan
  - \$10K for one page, cut into 1x1 squares.
  - Smoked or chewed
- Heroin
  - Often sent in spine of books through mail
- Fentanyl – less common now, with resident fears of lethal overdose and more severe legal consequences

# Detection

- Providing electronic tablets to all residents to increase electronic mail and virtual visitation
- IDOC Mail room inspection of all mail, in addition to further inspection at site level by Investigation teams
- Increased security at entry for all staff and visitors
- Increased legal sanctions, including new charges for residents AND community members found to be trafficking

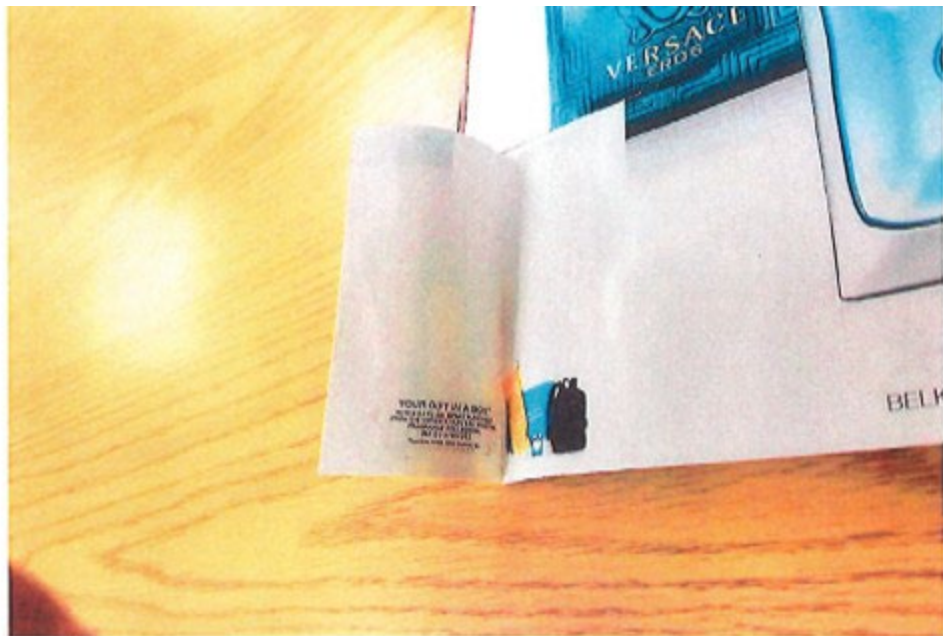




# IDOC mailroom training manual illustrations



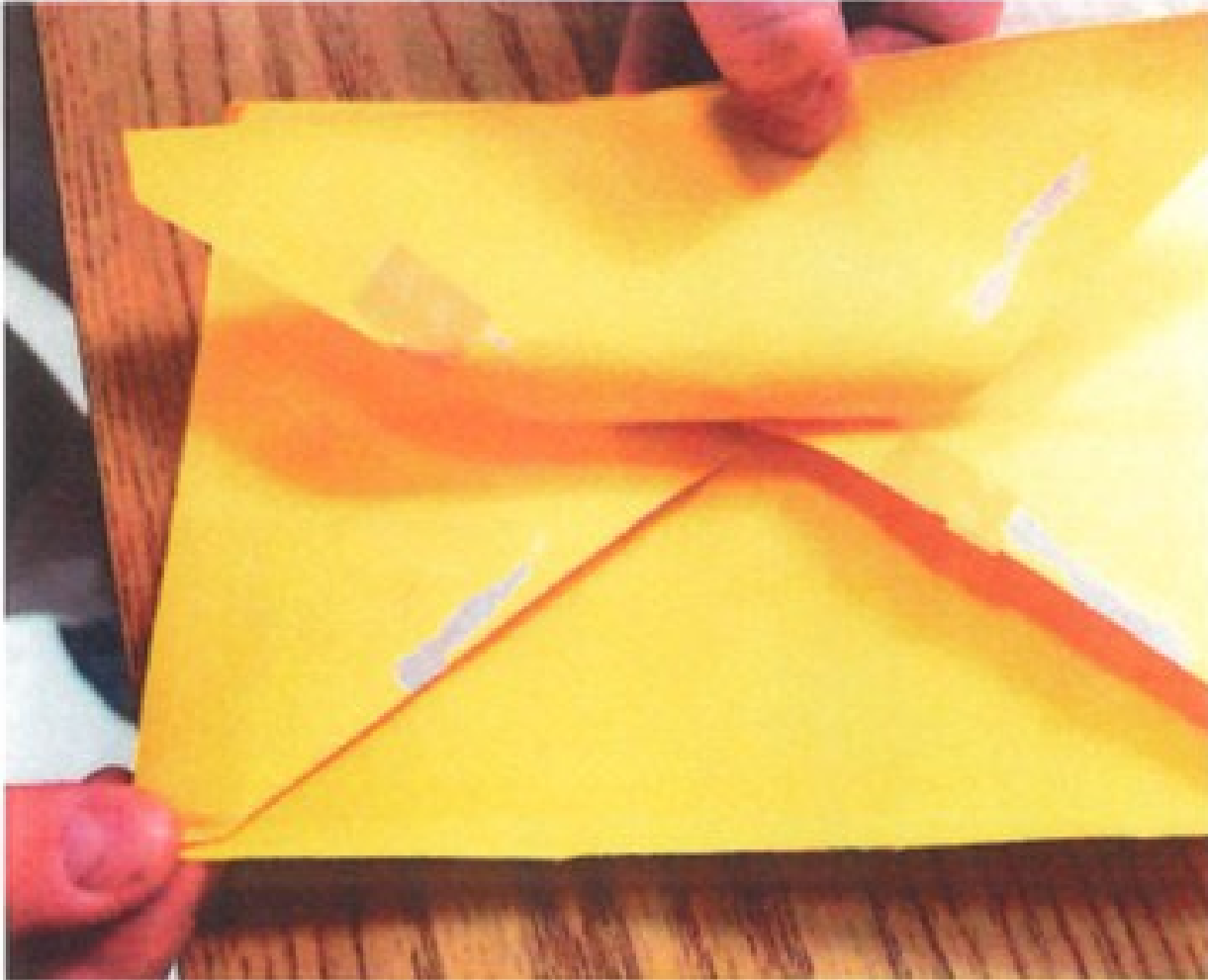
Suboxone is put  
into liquid form and  
then dried onto  
kids coloring pages



Suboxone  
In perfume  
strips in  
magazines



Suboxone in  
seams of  
card



Suboxone in  
seams of  
card

# IDOC mailroom training info



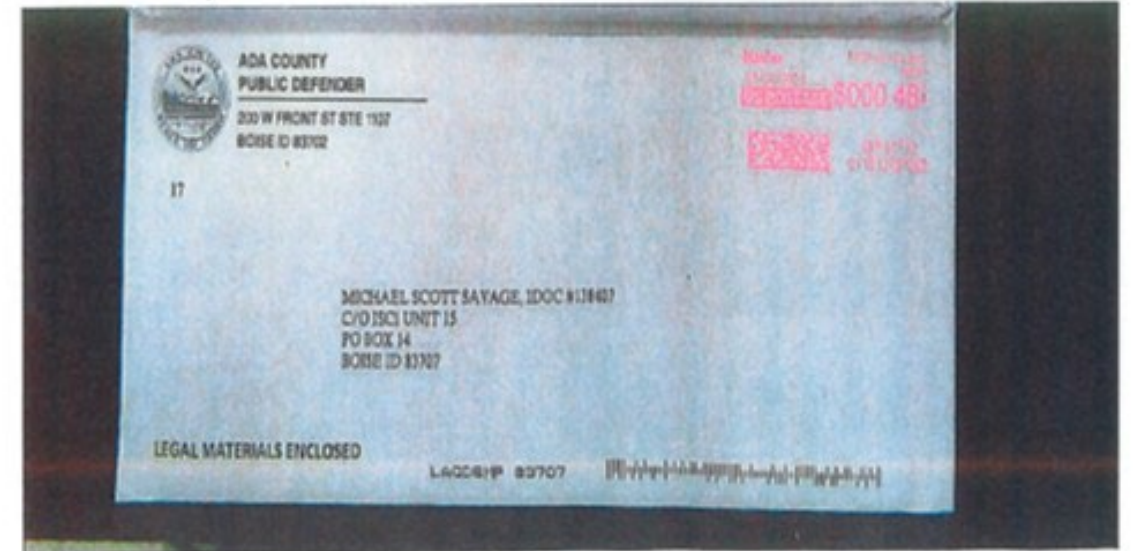
# Legal mail (cannot be searched)

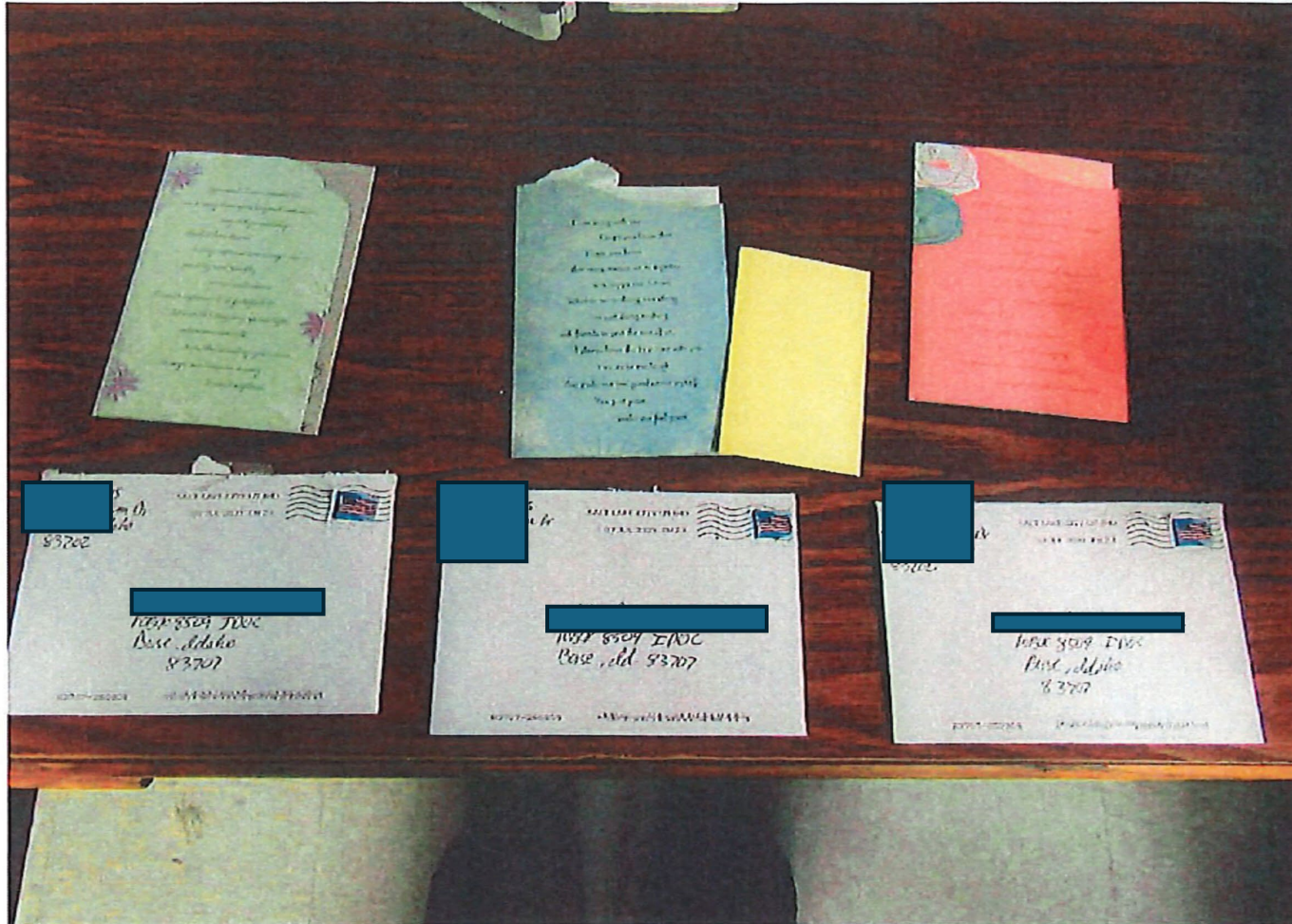


Fake legal mail



What legal mail should look like from  
Ada County





Meth soaked cards



# Prescription medications

- Still present, but less staff trafficking of prescription meds with more rigorous technology and auditing processes at point of med distribution
- However, many prescription medications are thought to be misused to enhance strength of 'high' from illicit drugs (e.g., gabapentin)
- INMATE.COM

# IDOC staff (statewide) messages to community folks

From case managers and reentry specialists

- Clients released from prison are usually very nervous and if it's their first time on parole they're unsure of what they need to do and probably how to do it. If the client is on mental health medication they're releasing with a 30-day supply. These clients need to be a priority for the agency's doctor so there isn't a gap in medication. If they don't have their I-9 documents, help obtain them. Most of our clients don't have transportation so it's not as easy to get across town. If you can schedule their one-on-one session around group, it could help limit this burden. Put them in the appropriate treatment (Don't put them in PHP if they don't need it) if you can't or don't offer it, please refer them to an agency that does. Treatment should be focused on what's best for the client, not your bank account.

- Community treatment providers need to understand that people releasing from prison are navigating massive transitions with very limited support. Those releasing are dealing with being institutionalized, stigma around criminal status, different levels of trauma, and a lack of basic resources.
- Community providers are expecting them to engage in treatment as if they're starting on a level playing field and, often, that isn't the case. This is where individualized plans/approaches should really be utilized because “cookie cutter” isn't going to cut it.

- I would say that I wish they knew the stressors that our clients are facing immediately upon release. They have so many things to get done and normally income is at the top of their list. Sometimes treatment is an addition that they can't handle or don't want to and they need people who are going to understand the struggles and how everything is so interconnected.



- I would like for treatment providers to be more understanding and accommodating to transportation barriers. Many of our clients release from incarceration with very little money (which they need to use for rent/food etc.) and often times have limited support as well. It can take clients a year or longer to save up for a vehicle
- I have had many clients discharged from treatment due to inability to find stable transportation, and it is not due to lack of trying. In addition, discharging a client from treatment can jeopardize their sobriety and cause more issues.

- Sometimes it is difficult for our clients to get into substance treatment when they are newly released from facilities or jails because they do not meet the criteria of using within the last 30 - 90 days. It seems like a shame that we have to wait until the relapse before we can get them into treatment (especially if treatment is ordered by the parole board).

- Mental health care for individuals leaving prison is often hailed as a cornerstone of successful reentry, yet its effectiveness is fatally undermined when disconnected from systemic reforms. While therapy, counseling, and medication-assisted treatment are critical tools, they cannot single-handedly counteract the destabilizing forces of homelessness, unemployment, or transportation barriers. To treat mental health in isolation is to ignore a fundamental truth, psychological well-being is inextricably tied to material security.

- Ultimately, the goal is to recognize that mental health cannot thrive in a vacuum. A stable mind requires a stable life. Providers who ignore this interdependence risk perpetuating cycles of crisis, where temporary relief is swiftly erased by systemic neglect. True recovery demands that we treat not only the individual but the ecosystem in which they live. By pairing clinical expertise with unwavering advocacy for housing, economic justice, and transportation equity, mental health care can evolve from a Band-Aid into a catalyst for lasting change. Anything less is a disservice to those fighting to rebuild their lives.

# Final thoughts

- Drugs are commonly found in prisons
- They are not only a security issue, but a treatment issue that prisons don't do well in addressing
- Successful reentry efforts need to understand individual's use patterns while incarcerated



# Evidence-based recommendations

- Treatment recommendations upon release (phase 1)
- “In the first phase of the program, there should be a heavy emphasis on psychoeducation regarding alcohol and drugs, especially on their long-term effects on mental and physical health as well as on relationships. Psychoeducation should also focus on changes in tolerance after long periods of abstinence from the substance”
  - Galletta, 2021

# Evidence-based reentry (phase 2)

- During the second phase of the program, staff should ensure that participants with substance abuse issues are maintaining healthy familial relationships and receiving adequate support in their attempts to abstain from addictive substances.
- ....many participants will likely feel a sense of accountability when they are close to supportive family members and friends who are helping them in their reintegration efforts.
- it may be necessary and conducive to a successful reentry process for staff to help the inmate establish new social support systems through such avenues as therapy groups and addiction support groups and closely monitor contact with the potentially problematic supports.
  - Galletta, 2021

# Evidence-base reentry (phase 3)

- By the final phase, participants should be achieving a firm grasp on their individual needs in terms of treatment and relapse prevention and should be practicing coping skills learned in treatment to deal with urges to return to their addictive substances of choice. Social support should be steady and based on healthy, well-maintained relationships with family and friends.
  - Galletta, 2021

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