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First Step Act of 2018 (Public Law 115-391)

Originating Entity

Senate [7]

Last Action

Signed by President

Date of Last Action

Dec 21 2018

Congressional Session

115th Congress

Date Introduced

Mar 29 2017

Publication Date

Dec 20 2018

SciPol Summary

The First Step Act of 2018 [8] (Pub. Law No. 115-391) establishes reforms targeting many aspects of the criminal justice system, including two sections relevant to neuroscience: evidence-based treatment for opioid and heroin use and juvenile solitary confinement.

As mandated by section 609 of the Act, the Director of the Bureau of Prisons will submit a report assessing and outlining a plan to increase the availability of treatment options for heroin and opioid abuse through evidence-based programs, including medication-assisted treatment (MAT). The act requires that MAT be used in conjunction with, instead of replacing, holistic and drug-free approaches to treatment.

Opioids [9], one type of drug that has the potential for high levels of abuse, include strong prescription pain relievers like oxycodone, hydrocodone, and fentanyl. **Heroin** [10] is an illegal opioid. Although opioids are commonly prescribed for pain management, opioid use can lead to dependence and addiction when abused, ultimately progressing to **opioid use disorder (OUD)** [11] in some individuals. A **2016 national survey** [12] found that an estimated 2.1 million people in the US have an OUD due to prescription opioid use but that only 17.5% of those individuals are receiving treatment for it. **MAT has been shown** [13] to reduce opioid use, opioid-related overdose deaths and criminal activity, and to increase social functioning and retention in treatment.

Section 613 of the First Step Act prohibits the use of solitary room confinement at juvenile facilities for any purpose other than protecting the juvenile from serious and immediate risk of physical harm to themselves

or others. One study found that justice-involved youth have **unusually high rates** [14] of mental disorder, and that these conditions are best addressed through psychosocial interventions. The study reports that while medication and seclusion may also be appropriate in certain cases, disciplinary interventions (i.e. isolation and solitary confinement) are considered generally inappropriate. As such, the act explicitly states that solitary confinement is to be used only as a last measure after less restrictive techniques (i.e. a discussion with a staff member or mental health professional). Confinement should last no more than three hours if the juvenile poses a threat to others and no longer than 30 minutes if the juvenile poses a threat to themselves. If the juvenile continues to pose risk of harm after this time, he or she will be transferred to a facility that can meet his or her needs.

SciPol Summary authored by
Deniz Ariturk, MA Candidate [15]

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Aging And Addicted: The Opioid Epidemic Affects Older Adults, Too [18]

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