



BARBALUNGA FOR SHERIFF

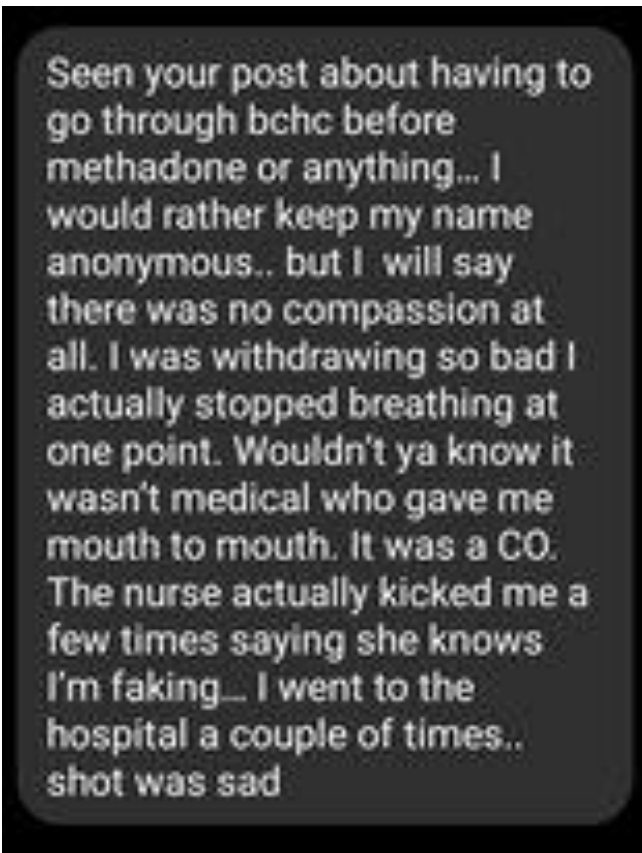
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“Time For Change – Justice That Works”

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BARBALUNGA SAYS A 12 YEAR RETROSPECTIVE JOB PERFORMANCE REVIEW IS OVERDUE – PRAISES CO FOR SAVING A LIFE

Berkshire County—Alf Barbalunga, a Democratic candidate for Berkshire County Sheriff, would like to respond to the current sheriff’s statements about his history of medication-assisted treatment. While technically accurate, prior employees feel he left out important points that should be reviewed as the public decides whether to re-elect the current sheriff and retain his employment for another term.



One of those important points comes from a former inmate who shared her story but wanted to remain anonymous. It highlights the life-saving, quick thinking of a correctional officer who saved the life of a woman suffering during opiate withdrawal in the Berkshire House of Correction.

We don’t know if this CO was ever commended publicly or privately or what his/her name was, or if the sheriff ever knew about this event. But we would like to honor this person as a hero for saving this woman’s life. He or she exemplifies the value of having staff that recognizes when someone is in a life-threatening situation, takes a woman’s symptoms seriously, and takes quick action before death or injury ensues. **Thank you, CO, for your service.**

We have also received a number of messages from former employees who were unhappy with the abstinence program the current sheriff administered until 2020, detailing the suffering of inmates and, reportedly, overdose deaths following release.

Barbalunga states, "Please be clear, this election is somewhat of a 12-year job-review, and normally in a job review there's a 'retrospective' look at past performance in order to evaluate future career retention and advancement. Therefore, we are listening to feedback and will share it for others to include it their evaluation."

While Alf has been a proponent of MAT since 2007, when he introduced a successful two-year pilot program to help probation clients receive MAT for their substance abuse challenges, the sheriff openly criticized this program, writing "Barbalunga touts his role in helping to create the Berkshire Partnership in Care Pilot Program (BPICPP) in 2007 to 'combat and react' to opioid abuse. What he doesn't tell you is that this program ceased to exist in 2009. It exists nowhere except on Barbalunga's campaign page."

Alf feels this attack is unwarranted. Alf obviously wanted this program to continue beyond 2 years, but like many of the sheriff's own well-intentioned programs, funding sometimes lapses. The sheriff shouldn't criticize Alf for helping people for 2 years because this pilot program may have saved lives. "Would he criticize me for being a lifeguard for 2 years?" says Barbalunga. "I believe we saved lives."

The current sheriff was elected in 2010 without the experience to understand opiate addiction, and he didn't always listen to expert advice. He admits that now, but at the time he viewed opiate addiction like alcohol addiction and treated it with abstinence; inmates suffered seizures needlessly, and it wasn't until 2017 that he allowed staff to give inmates a 28-day shot of Vivitrol upon release without follow-up, hoping it was enough to keep them from relapse or OD's. It wasn't always successful, and the only reason he had this program was that the manufacturer was giving it to the BCJHOC for free--they used this as a nationwide strategy to try to get their drug into the market.

The efficacy of the Vivitrol program was studied soon after it was started, and most patients only got a single shot before leaving the jail. It was the only medication the sheriff allowed staff to use to help addicts. This is referred to in a 2018 video interview with the current sheriff on [YouTube](#) in which he discusses the effects of inmates going "cold turkey" and having seizures. Following the Vivitrol shot and an inmate's release, the current sheriff did not follow up on whether or not they relapsed or OD'd.

It was widely known and accepted that the life-saving MAT is and continues to be buprenorphine followed by methadone. Vivitrol does not even rank a distant third. The sheriff was repeatedly told to use BUP by his medical staff, as well as local physician experts, such as Dr. Jen Michaels, Dr. Ardis Fish, and possibly Dr. William Demarco as Head of Hospital Services and Detox at BMC, but he refused.

Even though his own medical professionals were telling him (and community physicians) that he was contributing to the increased risk of accidental OD and death, the current sheriff made the conscious choice to ignore the experts and continue on his abstinence-only method based on AA. This likely resulted in the accidental overdose and death of patients who otherwise would have lived; it's too late to prove they would not have OD'd on MAT, though studies in Massachusetts report that an inmate released from an abstinence program is [120x more likely to OD than the general public](#).

Therefore, one can conclude, at a minimum, that the very people the current sheriff was charged with protecting were at an increased risk of accidental OD and death by greater than 100 times--120 to be exact. If he were a medical doctor, we believe the current sheriff would have lost his license to practice medicine, which is, in essence, what he was doing. Would he have cut off high blood pressure or diabetes medication? We do not think so. He's a decent man, but MAT went against his personal belief system. Any failure was ignored, and any success he had with "abstinence" reinforced his beliefs.

Then, according to the current sheriff's press release, after a 2019 Federal court ruling and after 8 of the 14 county sheriffs embraced medication-assisted treatment, he claims to be one of the first of the final 6 to comply with Federal law. He began use of Buprenorphine in 2020, due to the Federal Court ruling. Without the court ruling, it appears he would have waited for data from 7 sheriffs who chose to participate in a MAT pilot program in 2018, which was based on data [from Rhode Island](#), et al., that found MAT reduced the risk of overdose among the recently incarcerated.

He began methadone use in September of 2021, and [he passed Federal compliance in January of 2022](#). Today, the support staff under this sheriff, to our knowledge, do an adequate job administering MAT, though some former staff say training and expertise in prescribing MAT is still lacking under the sheriff's leadership.

In conclusion, part of "care, custody and control" of inmates is the goal of "[Harm Reduction](#)". Harm reduction 'does not demand more than an individual can realistically do at any given time.'" Instead of practicing Harm Reduction, the current sheriff actually increased the risk of harm, OD and death by going against medical advice.

Postscript: Here is a former MAT nurse from the Sheriff's jail describing her experience, as well as sharing a pamphlet she created to educate staff, and a story about why she left. She was attacked on Facebook for posting this publicly, and the sheriff's supporters ridiculed her—an unlikely hero, but a hero nonetheless.

12:19 67%

Tom Bowler for Sheriff

Heather Marie
BOWLER WAS ABSOLUTELY AGAINST MAT! ITS IN PLACE DUE TO THE LAW AND NANCY P MAKING IT HAPPEN!! as a ex nurse at spectrum (methadone clinic) and then mat nurse at the jail recently I can speak on behalf of the clients by saying sooo many went through horrible withdrawals at the jail prior to MAT being started there! The comfort medications are no match for somebody taking 100 mg of methadone daily to 0! That's just cruel!

One thing I agree with is that some prefer abstinence and once on the mat program the provider refuses to take them off leaving them no choice but to stay on or just stop abruptly. That again is cruel.

The provider there has no prior experience and would ask us mat nurses what we thought she should start people on for a dose. They need somebody with experience!

Then there are a huge amount of guards who are totally jerks not only to the nurses giving MAT medications, but the inmates receiving it. I had to bite my tongue so many times as I spent 4 hours with a guard with me who tells me this is a privilege and asking why they're allowed to take drugs in the jail!!! I was appalled.

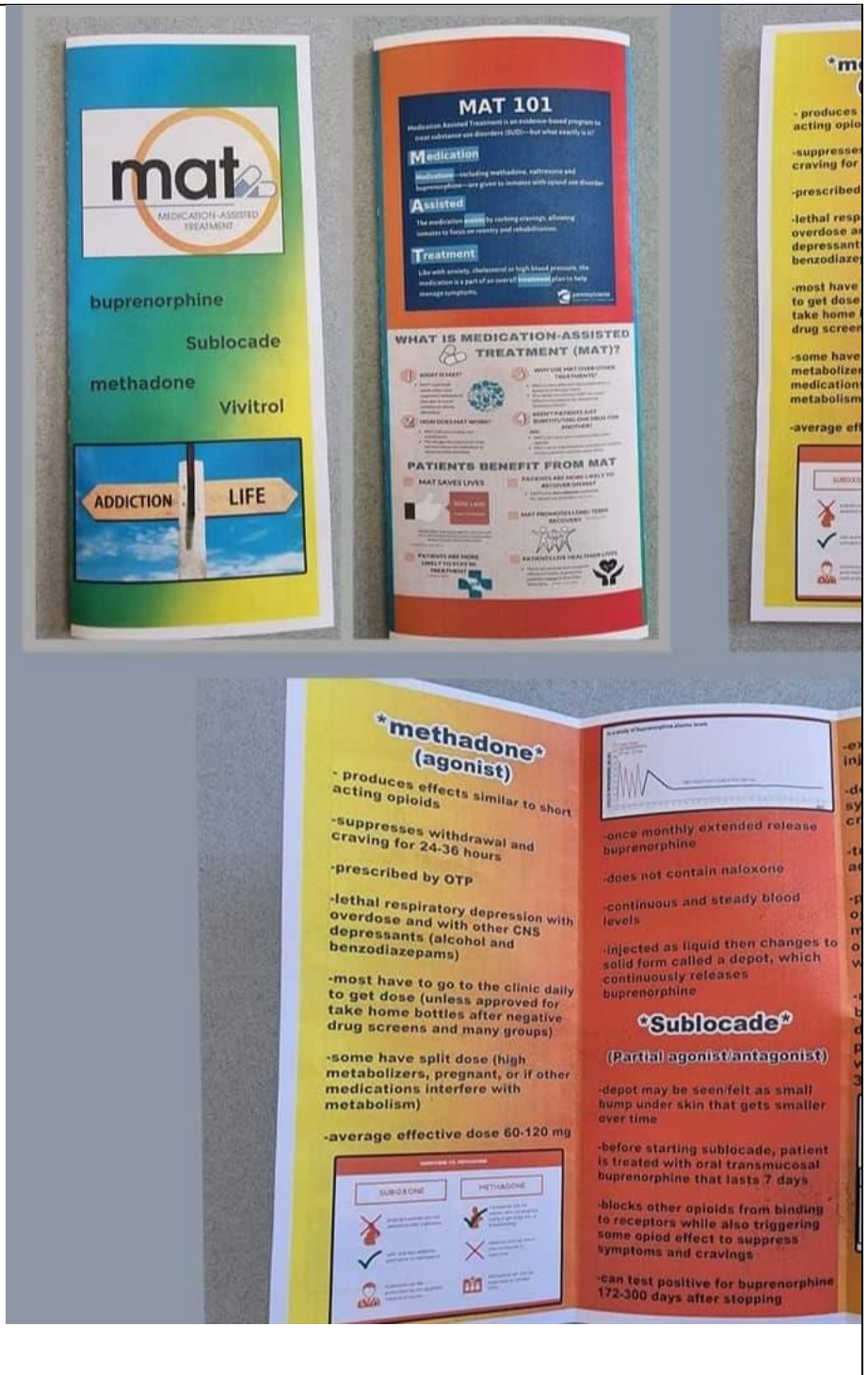
I offered to educate the inmates (and all staff) about the chemistry of addiction and MAT. I even made a pamphlet... nothing ever happened.

Addiction nursing is my passion, and I would have loved to stay in that position but it broke my heart to watch and I couldn't make a difference. I hope alf gets in! We need change. I'm sure I can find tons of people with horrible withdrawal stories at the jail under bowler!

I was told personally by the deputy superintendent (who got this program going and is amazing) that bowler does not agree with mat... it's just the law

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