

# Fentanyl now greatest risk to correctional officers' safety in prisons

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Fentanyl and other new opioids are drastically altering the lives of inmates and correctional officers in Western Canada's prisons, according to a study by two U of A sociologists.

Despite efforts by correctional officers to control the drug trade, Kevin Haggerty and Sandra Bucerius found that [fentanyl](#) and other deadly opioids are widely available in provincial prisons, permeating almost every aspect of [prison](#) life.

"The presence of fentanyl in prisons has significantly influenced how prisoners experience prison and relate to each other, and how correctional officers (COs) perceive their job," they said. "COs now identify fentanyl as the greatest risk to their safety in prisons."

The study, published in the *International Journal of Drug Policy*, is the first in Canada to investigate the impact of new opioids in prisons, which the authors call "dramatically different from previous drug crises, and of such recent origin that no on-the-ground empirical research exists on how these opioids are altering the health and risk profile of prisons."

Bucerius and Haggerty conducted interviews with 587 inmates and 131 correctional officers in four prisons, two of them remand centres. While the focus of the research—the largest study of its kind ever done in Canada—was on prison life in general and the threat posed by gangs and other radical groups, "drugs made up a significant part of the discussions," they said.

"When asked about the risk radical groups pose in prison, COs would immediately suggest that fentanyl poses a much greater risk to their safety," they noted.

## Game changer

Fentanyl and its far deadlier cousin carfentanyl, which is 100 times more potent, have resulted in a rising number of overdoses and fears that the drugs can be easily weaponized, said the study's authors.

Referring to fentanyl as "scary as f---," or "Mr. Murder," inmates told interviewers they regularly feared for their lives and distrusted other inmates.

While provincial correctional ministries do not release statistics on overdoses, correctional officers estimated the monthly number of overdoses ranged between zero and nine in any unit typically housing between 50 and 80 inmates. In the great majority of cases, these overdoses did not lead to death because inmates were resuscitated.

"When asked about how many of their fellow prisoners have substance abuse issues, the answers ranged between 85 and 90 percent among our male participants, and 90 to 100 for our female participants," said Bucerius and Haggerty. "Over 75 percent of the inmates we spoke with knew someone who overdosed in prison."

Fear of personal exposure to the drug, as well as widespread institutional [opioid](#) contamination, is also resulting in declining career commitment among correctional officers, they said.

"About a third of the officers in our sample stated that they are considering leaving corrections because of the perceived risks related to fentanyl," they said, adding that one officer called it "a game

changer—similar to when HIV came around."

Officers are frequently forced to respond to overdose emergencies, resuscitating prisoners with naloxone, a medication used to block the effects of opioids and prevent overdosing.

"In two weeks I've probably seen three or four blue bodies come back to life because of Narcan," said one officer, referring to the brand name for the antidote.

Compounding the overdose risk is the perception among inmates that prison is a relatively safe place to consume fentanyl, since correctional officers are equipped with naloxone and monitor prisoners for overdose symptoms.

"You take turns," said one inmate. "Your buddy uses and you watch, and then you use and your buddy watches. Kind of like spotting at the gym."

"Given inconsistent mixing practices, it can be impossible for users to tell how much fentanyl is contained in the drug they are consuming," said Bucerius and Haggerty.

They also found that opioids are often mixed with other drugs, so users are unaware of fentanyl's presence. One inmate claimed it was "everywhere"—in cocaine and even sprinkled on cannabis: "You smoke a joint or something, and now you're all fentied out."

Inmates were even wary of sharing food for fear it might be laced with the [drug](#), which can be deadly in miniscule amounts.

"While the fear of food being laced with opioids was more common among prisoners involved in organized crime, who likely had more reason to fear for their lives, it also speaks to the prospect that new

opioids can be weaponized," said Haggerty and Bucerius.

As one inmate put it, "they put a f—ing straw in your nose and blow fentanyl up your brain. Perfect overdose. No one can prove anything. It's happened here. You can't trust anyone on these units."

The fear of weaponized opioids represents "the most dramatic change fentanyl is producing in prison," said Bucerius and Haggerty, and is causing unprecedented anxiety among correctional officers.

"All parties housed and working in the prison know it would not take much ingenuity or initiative to deliberately poison officers with these drugs.... The fear fentanyl might be inadvertently absorbed through the skin, or that officers might be exposed to airborne carfentanyl, is pervasive."

Officers also refer to the prospect of "disruption or pandemonium" caused by opioid-induced panic. One unit where Bucerius and Haggerty conducted interviews had recently been quarantined when an [inmate](#) and two officers were rushed to the hospital after becoming ill. Since fentanyl exposure was suspected, it was treated as a biohazard with associated emergency protocol.

"Prisoners were locked in their cells, officers were evacuated from the unit and the emergency response team was eventually sent in wearing full biohazard respiratory suits," said Bucerius and Haggerty. "Officers who had potentially been exposed underwent a full decontamination procedure."

In light of their findings, the sociologists said one recommendation to mitigate the crisis would be to provide correctional officers and other law-enforcement personnel with adequate training about fentanyl.

"At a minimum, what is now required is public discussion about introducing measures to confront these prison-based risks," said Haggerty, adding the opioid crisis in Canada's prisons just might be urgent enough for politicians and policy-makers to put aside ideological differences to act.

"This might be an interesting moment—in terms of bringing in measures that historically were not possible—because people are dying, and if they're not dying, they're overdosing regularly," he said.

"This is a public health crisis."

**More information:** Sandra M. Bucerius et al. Fentanyl behind bars: The implications of synthetic opiates for prisoners and correctional officers, *International Journal of Drug Policy* (2019). [DOI: 10.1016/j.drugpo.2019.05.018](https://doi.org/10.1016/j.drugpo.2019.05.018)

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