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Angelica Courteau

Virginia Commonwealth University, courteauag@alumni.vcu.edu

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Legal Pressure to Attend Substance Abuse Treatment

SOCIAL SCIENCES

By Angelicia Courteau
Virginia Commonwealth University

ABSTRACT

This paper was written to bring awareness of how the legal system does not take into consideration those who suffer from substance use disorder, as well as ACEs. Brian Luke Buriyon's battle with addiction while incarcerated was used as an example of how the legal system's one-size-fits-all approach is flawed. Mr. Buriyon opted for a treatment he did not feel was ideal for him because the alternative was to remain incarcerated for a long period. Mr. Buriyon was unable to tolerate the treatment at the facility and left early, which resulted in his overdose death.

KEYWORDS

Addiction • Overdose • Legal Pressure • Addiction Treatment • Substance Use Disorder • ACEs

Report

Brian Luke Burijon was born on the 21st of February 1992 and died cold and alone on the 15th of October 2022 from an overdose of heroin in a stranger's front yard. On the afternoon of 14th October, I received a call from him checking on my well-being. On that same evening, I pled with a stranger on the other end of a cell phone, begging for him to call 911 because the stranger answered the phone, notifying me that my friend was passed out on the grass after using heroin. The stranger refused, probably fearful of being arrested, and in the early morning hours of the 15th of October, the police notified Brian's mother that her only son had passed away. Brian was my friend, someone I cared for and loved deeply.

Brian was arrested in July 2022 in Hanover County, Virginia. He was trying to sell stolen goods to pay for his addiction. Instead of receiving treatment for his substance use disorder, he was incarcerated. Brian was fighting his substance disorder for years. When he was about 17 years of age, his father caught him smoking marijuana on the property, and he was thrown out of the home, which accelerated the downhill behavior of substance abuse. In court, Brian was given two options: a long prison sentence or rehabilitation in New Life For Youth, an inpatient program tailored to the treatment of addiction by spiritual means. He chose the latter because it was far better than the alternative.

However, Brian did not want to go to that particular treatment facility because it used spirituality as a way to overcome Substance Use Disorders. He was hesitant on "bible thumping" as he put it, and would've preferred a more traditional approach to treatment. Because of the high cost of an inpatient medical facility and the lack of money to pay the cost of the treatment he preferred, his options were limited. He did not want to stay in jail for years, so he took

what he felt was the lesser of two evils and paid out of pocket for treatment at New Life For Youth. He was not acclimating well and needed more than the standard thirty-day inpatient treatment. Because he was forced into a facility that he did not want to go to in the first place, he escaped and took a quick under-the-table job from a stranger, using the funds for heroin. He injected a dose that would have been enough to give him the high required to silence the demons in his life, except for someone undergoing abstinence, it was a lethal dose, sealing his fate and cutting such a vibrant, generous life short.

In the past, before I started studying Addiction Psychology at VCU, I thought the idea of using legal pressure to attend Substance Abuse treatment was flawless. I felt someone who didn't want to be stuck behind bars would happily enter rehabilitation and emerge "cured". After meeting Brian, hearing his story, and then enduring the very painful loss in October, my thoughts on this approach have been altered. Not everyone feels mentally ready to enter a rehabilitation facility, especially one whose values do not match their own. Some incarcerated individuals enter these facilities to "fake it until they make it" to avoid staying behind bars.

When the judges offer alternatives to prison, many factors are not considered. Is the facility's treatment plan ideal for the inmate? Is the inmate mentally prepared to enter treatment? And what is the likelihood that repeated relapse is imminent? Brian did not want that specific facility and that was clear when he escaped treatment and relapsed the first time, and then escaped the second time and died from the overdose. The first escape and relapse should have been a clue that he needed a more intensive program.

The system is designed in a cookie-cutter fashion, with the assumption that one size fits all and all inmates would enter rehab and be "cured". Brian fell through the cracks

of this system. He took rehab as a way out, even though it was not a fit for him. The pressure from the attorneys and judges forced his hand and he walked into a new life and his final days on this earth. The legal system needs to be reexamined for those inmates who are struggling with substance use disorders, particularly those with Adverse Childhood Experiences (ACES) comorbidity. Brian was not only trying to survive his disorder, but he also experienced at least one type of ACEs, increasing the odds of him developing a substance use disorder. The court system tries to be lenient by offering rehabilitation as a way to reenter society, but they fail to screen for ACEs. The screening would ensure proper placement and treatment of not only the disorder but the marrow of the bones of why the disorder had occurred in the first place.

The courts say, “rehab or jail” and the inmate chooses rehab, which might be a better option in their eyes. The incorrect facility would address one issue, unaware that there is a second underlying problem. I feel that the court system needs to reevaluate not so much “why the incarcerated individual committed the crime” but “why the individual developed the disorder in the first place, which led to the arrest”. There is an entire part of this system that is not being addressed due to a lack of knowledge of ACEs or a lack of time because of the number of criminal cases seen daily. In this flawed system, inmates would be directed to a facility that addresses only the substance use disorder, or if they’re lucky enough to have a way to pay for it, another facility that addresses the disorder and the co-morbid mental illness or trauma. If proper direction for each inmate is given, with thoughtful consideration of the person’s history, then the relapse and reincarceration rates would probably decrease. The inmates would enter into a state of recovery and live a lifestyle

post-addiction, rebuilding the life they had inadvertently broken.

The system is full of cracks and many of our community members fall straight through, listed as unfortunate losses. The courts close their cases and move on to the next soul who, with luck, will enter the ideal treatment facility and emerge clean, strong, and ready to be the best person that they can be. Or, horrifyingly enough, have the same fate as my dear friend, Brian; be listed as another statistic in the fight against substance use disorders.