

Expanding Opioid Use Disorder Treatment During and After Detention or Incarceration



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

In 2022, over 150,000 people were in the custody of jails and prisons in the Central East Region (DE, MD, PA, VA, WV, and DC).¹ Among those detained or incarcerated, over 15% had an opioid use disorder (OUD), compared to 1.9% to 3.6% of each jurisdictions' general population.^{2,3} Despite a clear need, there are significant barriers to receiving treatment services in correctional settings – especially for medications for OUD (MOUD). Expanding access to MOUD can reduce illicit opioid use, prevent overdose, and help people stay in treatment after returning to the community.⁴

THE UNMET NEED FOR TREATMENT

Many Jails and Most Prisons Do Not Screen for OUD

37% of jails do not screen for OUD⁵

53% of state prisons do not screen for OUD⁶

Most Jails and Prisons Do Not Offer MOUD

57% of jails do not offer any MOUD⁷

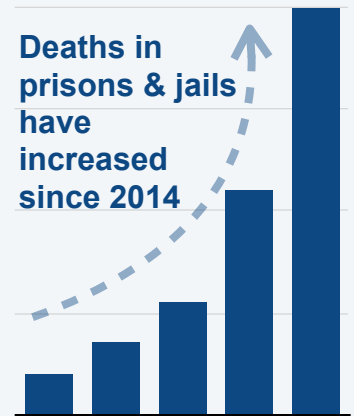
61% of state prisons do not offer any MOUD⁸

Most Re-Entering Individuals with OUD Are Not Connected with MOUD

67% of individuals re-entering the community with OUD are not connected to MOUD providers⁹

LACK OF MOUD TREATMENT HAS DIRE CONSEQUENCES Jails and Prisons (2019)

- **253** adults died in prison from an overdose, up **406%** from 2014¹⁰
- **84** adults died in jail from substance-induced causes, up **94%** from 2014¹¹



After Returning to the Community (compared with the general population)

40x greater chance of a fatal overdose in the first two weeks after re-entry¹²

2x greater chance of a fatal overdose ever¹³

Estimated Benefits of Comprehensive MOUD During Detention & Incarceration

1,800
lives saved per year¹⁵

86%
of people in need continue receiving MOUD one year after release¹⁶

32%
reduction in recidivism one year after release¹⁷

Widespread evidence from over 50 years of research shows that MOUD—such as methadone, buprenorphine, and naltrexone—is the safest, most effective form of treatment for OUD. Overall, MOUD is associated with reduced rates of OUD, overdose, death, communicable disease transmission, and criminality.¹⁴

BARRIERS TO MOUD ACCESS IN JAILS & PRISONS

Lack of funding is the largest barrier to expanding MOUD. In one survey, 91% of state prison officials cited “additional funding” as the key resource needed to expand MOUD.¹⁸

Additional barriers identified by research can be grouped into four (4) key categories:¹⁹

1 Institutional Barriers:
Correctional center characteristics, such as insufficient qualified staff to provide screenings or treatment.

2 Programmatic Barriers:
Clinical operations and practices, such as requiring detoxification upon entry to jail or prison.

3 Attitudinal Barriers:
Correctional leadership and staff attitudes, such as negative beliefs about the effectiveness of MOUD.

4 Systemic Barriers: Cross-system collaboration obstacles, such as a lack of relationships between correctional centers and external service providers.

FEDERAL REGULATIONS CAN IMPROVE MOUD ACCESS

Federal agencies have updated several regulations to facilitate MOUD access in jails and prisons. To fully leverage these opportunities, correctional staff must be aware of the changes and of their implications.

- **42 CFR Part 8** expands the definition of “long-term care facility” to include jails and prisons registered as a hospital/clinic, waiving them from Opioid Treatment Provider (OTP) certification requirements for providing methadone.
- **42 USC § 1315** guidance encourages state **Medicaid waivers** for enrolling people up to 90 days prior to re-entry and funding pre-release health care services, such as MOUD.
- **21 CFR Parts 1300, 1301, and 1304** allow treatment providers to more easily obtain DEA registration for mobile MOUD provision, including within correctional facilities.

NOTES

1. Kluckow, R., & Zeng, Z. (2022). *Correctional populations in the United States, 2020*. BJS. <https://bjs.ojp.gov/content/pub/pdf/cpus20st.pdf>
2. Thakrar, A. et al. (2021). Trends in buprenorphine use in US jails and prisons from 2016 to 2021. *JAMA Netw Open*, 4(12), e2138807. <https://doi.org/10.1001/jamanetworkopen.2021.38807>
3. SAMHSA. (2022). 2021-2022 National Survey on Drug Use and Health: Model-Based Prevalence Estimates.
4. SAMHSA. (2021). *TIP 63: Medications for opioid use disorder*. <https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>
5. Maruschak, L. et al. (2023). Opioid use disorder screening and treatment in local jails, 2019. BJS. <https://bjs.ojp.gov/document/oudstij19.pdf>
6. JCOIN. (2022). Strategies to enhance U.S. prison systems’ response to the opioid epidemic.
7. NORC at the University of Chicago. (2023). JCOIN’s national survey of substance use services in jails. https://www.jcoinctc.org/wp-content/uploads/JCOIN-2022-Jail-Survey-MAT-Results_08.09.2023v2.pdf
8. JCOIN. (2022). Strategies to enhance U.S. prison systems’ response to the opioid epidemic.
9. Widra, E., & Jones, A. (2023). *Mortality, health, and poverty: The unmet needs of people on probation and parole*. Prison Policy Initiative. https://www.prisonpolicy.org/blog/2023/04/03/nsduh_probation_parole/
10. Carson, E. (2021). *Mortality in state and federal prisons, 2001-2019*. BJS. <https://bjs.ojp.gov/content/pub/pdf/msfp0119st.pdf>
11. Carson, E. (2021). *Mortality in local jails, 2000-2019*. BJS. <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>
12. JCOIN. (n.d.). Justice-involved individuals returning to the community are at high risk for overdose fatality within first two weeks after release from incarceration. <https://www.jcoinctc.org/justice-involved-individuals-returning-to-the-community-are-at-high-risk-for-overdose/>
13. Binswanger, I. et al. (2020). The association of criminal justice supervision setting with overdose mortality: A longitudinal cohort study. *Addiction*, 115, 2329-2339. <https://doi.org/10.1111/add.15077>
14. Leshner, A., & Mancher, M. (2019). *Medications for opioid use disorder save lives*. NASEM. <https://www.ncbi.nlm.nih.gov/books/NBK541393/>
15. Macmadu, A. et al. (2020). Estimating the impact of wide scale uptake of screening and medications for opioid use disorder in US prisons and jails. *Drug Alcohol Depend*, 208, 107858. <https://doi.org/10.1016/j.drugalcdep.2020.107858>
16. Martin, R. et al. (2023). Post-incarceration outcomes of a comprehensive statewide correctional MOUD program: A retrospective cohort study. *The Lancet Regional Health Americas*, 18, 100419. <https://doi.org/10.1016/j.lana.2022.100419>
17. Evans, E. et al. (2022). Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug Alcohol Depend*, 232, 109254. <https://doi.org/10.1016/j.drugalcdep.2021.109254>
18. JCOIN. (2022). Strategies to enhance U.S. prison systems’ response to the opioid epidemic.
19. Grella, C. et al (2020). A scoping review of barriers and facilitators to implementation of medications for treatment of opioid use disorder within the criminal justice system. *Int J Drug Policy*, 81, 102768. <https://doi.org/10.1016/j.drugpo.2020.102768>