Effective Treatment For Opioid Use Disorder For Incarcerated Populations

A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

What is effective treatment for opioid use disorder for people who are incarcerated?

"Individuals who are incarcerated are a vulnerable population and withholding evidence-based opioid use disorder treatment increases risk of death during detainment and upon release."

—American Society for Addiction Medicine[1]

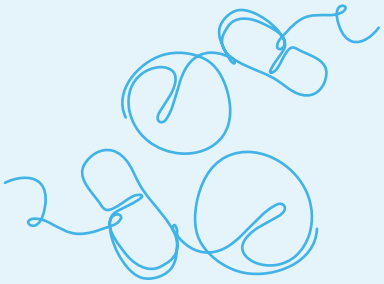
Medication-assisted treatment (MAT) is considered the "gold standard" of care for opioid use disorder (OUD).[1-3] The FDA has approved three medications for treating OUD (MOUD): **methadone**, **buprenorphine** and **naltrexone**.

The American Society for Addiction Medicine (ASAM) and the National Commission on Correctional Health Care (NCCHC) fully endorse treatment with MOUD in all criminal justice settings.[1,4]

Evidence-based OUD treatment for persons who are incarcerated consists of:

- Offering MOUD treatment initiation for those with OUD who were not receiving it prior to incarceration;
- Continuing treatment with MOUD for those who were receiving it prior to incarceration;
- Continuing MOUD treatment for the duration of incarceration (unless the patient requests to stop); and
- Working to prevent interruptions to MOUD treatment during intake, transfer or release.[5]

Treatment with MOUD can be combined with cognitive or behavioral therapy, psychiatric care or other forms of psychosocial support. Still, treatment with MOUD should be provided even in settings where these services are not available.[6]



"No justification exists for denying access to [MOUD] because psychosocial services are unavailable or individuals are unwilling to avail themselves of those services."

-U.S. Substance Abuse and Mental Health Services Administration[6]

What evidence supports treatment with MOUD for people who are incarcerated?

Long-term treatment with MOUD in correctional settings is safe, feasible and effective at reducing overdose deaths.[7,8] Short-term use of these medications for tapers or withdrawal management is not recommended and can increase a person's risk of overdose upon release.[9,10]

Disruptions in treatment are harmful

Individuals who are forced to discontinue MOUD upon entering the justice system are significantly less likely to engage with effective treatment in the future.[5]

Choice matters

Some jails provide naltrexone, but not methadone or buprenorphine, upon release. This goes against ASAM and NCCHC recommendations[1,4] and is associated with increased risk of overdose[11,12] and treatment drop-out.[13]

Incarceration is a primary risk factor for overdose[14]

In the first two weeks after release, the risk of opioid overdose is **40 times higher** for those who were incarcerated compared to the general population.[15]

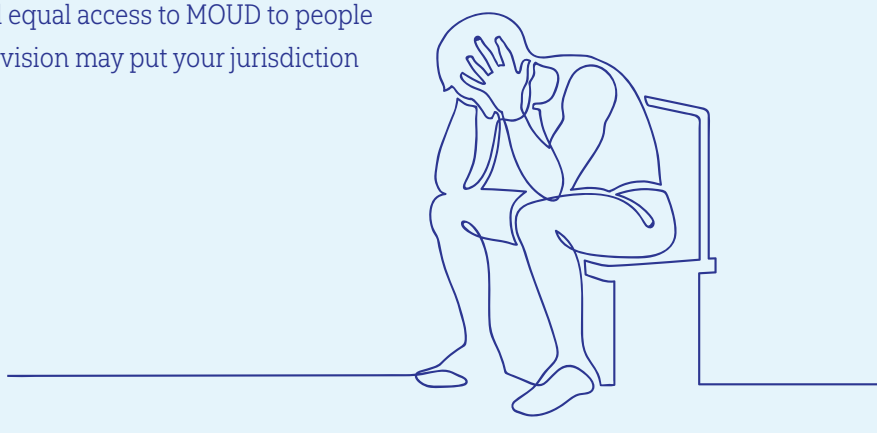
The FDA acknowledges that cessation of naltrexone treatment increases someone's risk of overdose.[16]

Are there risks to my community or institution if we don't support treatment with MOUD for people who are incarcerated?

Yes. Treatment with MOUD—specifically, with methadone or buprenorphine—is the most effective way to prevent opioid overdose among people living with OUD.[17,18] Because incarceration is a known driver of opioid overdose,[11] failure to provide this gold standard of care to criminal justice-involved persons may exacerbate health risks in your community.

Federal Courts have ruled that jails and prisons are bound by Title II of the Americans with Disabilities Act (ADA) and the Eighth Amendment to provide access to all three FDA-approved medications for the initiation or continuation of MOUD during incarceration.[19] Failure to provide immediate and equal access to MOUD to people who are incarcerated or under community supervision may put your jurisdiction at risk of significant financial or legal liability.

Being denied MOUD while incarcerated can be painful, frightening and traumatic.



Are there best practices for providing treatment with MOUD for people who are incarcerated?

- **Ensure equal access to all three** FDA-approved medications so healthcare providers can reliably access the right tools for the right patients.[6]

- **Prevent interruptions in treatment** for those who were receiving MOUD prior to incarceration.[5] In 2021, NACo members passed a resolution urging congress to end Medicaid's Inmate Exclusion Policy in the Federal Social Security Act; ending this exclusion would reduce treatment interruptions in correctional settings.[20]

- **Coordinate with local Opioid Treatment Programs (OTPs)** that provide methadone. The U.S. Drug Enforcement Administration's new "mobile methadone" rule allows community-based OTPs to dispense methadone to incarcerated persons via mobile units.[21,22]

- **Partner with local healthcare providers** to seamlessly link persons who are incarcerated or re-entering the community with long-term MOUD treatment.[23,24]

- **Help secure funding so that county agencies and community-based service providers can cover the cost of medications** for those who are un- or underinsured, as out-of-pocket cost is a common barrier to treatment with MOUD.[25,26]

- **Fight stigma and misinformation** by voicing strong support for evidence-based treatment with MOUD throughout the criminal justice systemx. Stigma and misinformation pose significant and persistent barriers to providing adequate treatment within the criminal justice system.[27,28]

What are some examples of effective treatment programs for people who are incarcerated?

These and many other model programs are described online at the Brandeis Opioid Resource Connector.

Rikers Island Correctional Facility, New York City's jail, has successfully operated a methadone and buprenorphine program since 1987. Today, the facility provides access to all three FDA-approved MOUD.[29]

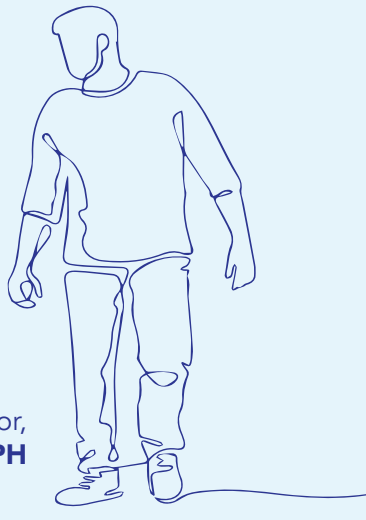
Atlantic County Justice Facility, the local jail in Atlantic County, N.J., was among the first in the nation to utilize a mobile OTP. The facility partnered with John Brooks Recovery Center, a community-based treatment facility and OTP, to provide persons incarcerated in the jail with daily methadone treatment through the Center's mobile methadone van.[30]

In 2022, the Chesterfield County Jail in Chesterfield County, Va. added a MAT program to its substance use service offerings, which include a previously established abstinence-based recovery program. By creating a designated pod for persons receiving MOUD, the Supported Medically Assisted Rehabilitative Treatment (SMART) program provides continued treatment with methadone or buprenorphine for persons entering the jail as well as long-term recovery supports.[31]

Since 2008, the Philadelphia Department of Prisons has screened all persons entering the Curran-Fromhold Correctional Facility for OUD. Those in need of MOUD are immediately referred to the jail's in-house MAT program, which offers all three FDA-approved MOUD. Upon release, those receiving MOUD inside the jail receive assistance obtaining health insurance, a warm hand-off to an MOUD prescriber in the community and a short-term supply of medication to "bridge" the gap between release and the first appointment with a new health care provider.[32] Scan the QR code to watch a short video about the medication-assisted treatment program in Philadelphia's Curran-Fromhold Correctional Facility, which begins with immediate clinical intake and ends with continued care in the community.[32]

ADDITIONAL RESOURCES:

Please visit the Opioid Solutions Center for a curated list of resources, technical assistance opportunities and the sources referenced in this brief.



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