

Medications for Opioid Use Disorder

An Effective Treatment for Justice-Involved Persons Reentering the Community

About the Issue

The Centers for Disease Control and Prevention estimates that over 110,000 individuals died of a drug overdose in 2022, largely driven by synthetic opioids such as fentanyl.¹ Notably, drug overdose is one of the leading causes of death for people returning to the community after incarceration, with risks estimated to be almost 13 times higher within the first two weeks after release. Much of this risk is associated with the high percentage of individuals in jails and prisons that have an untreated opioid use disorder (OUD) when released.^{2,3,4} Few jails and prisons continue to provide access to medications for opioid use disorder (MOUD) for individuals who were receiving these medications prior to their incarceration, and few initiate MOUD for people who did not receive them prior to incarceration but would benefit from them. Lastly, few correctional facilities offer MOUD and transition planning prior to release into the community.

Yet, studies show that people with OUD who receive MOUD treatment (methadone, buprenorphine, naltrexone) while incarcerated are more likely to engage and participate in long-term community-based treatment, have reduced recidivism rates, and experience reduced mortality risks.^{5,6} New federal and state investments in OUD treatment for justice-involved individuals will begin to address this service gap and help to lower the overdose risk for people reentering the community.

Things to Consider

In considering how to address OUD for people who are being released from a criminal justice setting, correctional and substance use disorder (SUD) treatment agencies should be aware of common barriers and key strategies to increase access to treatment.

Barriers to Treatment for Incarcerated Individuals Reentering the Community

Stigma toward people with OUD taking MOUD, and policies that promote the restriction or discontinuance of MOUD in correctional settings.

Limited or no access to SUD treatment that includes MOUD within correctional settings.

Insufficient or nonexistent reentry planning, and lack of established connections to community SUD treatment and recovery providers.

Limited or no health insurance coverage at the time of release to the community.





Strategies, Policies, and Funding to Reduce Correctional Barriers

Barriers to OUD treatment can be reduced in correctional settings by providing education and training to correctional staff about the benefits of MOUD; creating policies that protect people with OUD who are incarcerated from discrimination; allocating resources to support reentry planning and case management personnel; and implementing funding initiatives such as the Centers for Medicare & Medicaid Services Medicaid Reentry Section 1115 Demonstration, which allows incarcerated individuals to qualify for Medicaid coverages and pre-release services up to 90 days prior to their expected release date.

Denial of health care where decisions are based on prejudiced views about an individual's current treatment for OUD, rather than on legitimate medical grounds, likely violates anti-discrimination laws. The Americans with Disabilities Act (ADA) provides legal protections for people with an OUD who are in treatment or recovery, including those who take medication to treat their OUD in jails and prisons.⁷ Likewise, Section 504 of the Rehabilitation Act of 1973 provides protections for people with disabilities, including individuals in treatment and recovery with OUD who are incarcerated in facilities that receive federal financial assistance.⁸

The State Opioid Response (SOR) grant is one flexible funding mechanism that provides support for individuals with OUD transitioning back into their communities from criminal justice settings or other rehabilitative environments by offering treatment, coverage, and assistance.⁹

Key Reentry Services

Reentry services are vital to promote the successful reintegration of people returning to the community from incarceration. The inclusion of MOUD should be considered across these service components as an evidence-based practice for treating OUD in justice-involved populations.

- **Assessment:** The assessment utilizes protocols to determine a person's SUD/OUD severity, identify medical and psychosocial needs, and provide treatment recommendations to develop a treatment plan. For example, based on the assessment, a treatment plan may recommend placement in an opioid treatment program (OTP) where the person can receive methadone treatment combined with behavioral therapies and recovery supports.



- **MOUD:** Jails and prisons that provide MOUD treatment during incarceration and throughout the reentry process minimize overdose risk and maximize successful treatment outcomes. Methadone treatment must be coordinated with a community OTP while the person is incarcerated if the correctional setting is not a certified OTP. Buprenorphine and naltrexone are also available at OTPs, as well as office-based opioid treatment (OBOT) programs and other community-based health care settings.



- **Transitional programs:** These programs facilitate pre-release transitions to community-based MOUD, SUD treatment, and recovery support services. Programs provide education on OUD, relapse prevention, harm reduction strategies, and supportive life skills necessary for successful reintegration into the community.



With SAMHSA's State Opioid Response (SOR) funding, the Kenton County Detention Center in Kentucky offers MOUD in addition to trauma-informed residential treatment for inmates with OUD. After release, the jail provides reentry and continuing care services for an additional six months.

- **Case management:** Case management assesses need, creates a plan, establishes service connections, and monitors services to ensure a person's issues are being addressed. Reentry case management for people with an OUD involves development of a clinical and criminogenic risk and needs assessments, reentry plan, linkage to services identified in the plan (e.g., SUD treatment, medical and mental health services, transportation, and safe and stable recovery housing), planning and collaboration with community-based services, and management of the case until services are no longer required.



For individuals with OUD, reentry programs that start MOUD while the person is incarcerated and establish firm linkages to SUD treatment programs are critical to preventing overdose and ensuring the person's successful return to the community.¹⁰



The most significant hallmark in successful community reintegration and treatment continuity is established partnerships between correctional institutions and local SUD treatment providers.

Helpful Resources

[Considerations for Implementing Medication-Assisted Treatment in Jail-Based Settings \(PDF\)](#)

[Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings \(PDF\)](#)

[Medication for Opioid Use Disorder \(MOUD\): Correctional Health Implementation Toolkit \(PDF\)](#)

[Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings: A Roadmap for States to Reduce Opioid Use Disorder for People in the Justice System \(PDF\)](#)

[Reentry Research: Mitigating the Risk during Reentry for People with Substance Use Disorders \(Webinar\)](#)

[Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide \(PDF\)](#)

[National Reentry Resource Center \(Website\)](#)

[Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders \(PDF\)](#)



Endnotes

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- 7 U.S. Department of Justice. (2022, November 29). *Justice Department issues guidance on protections for people with opioid use disorder under the Americans with Disabilities Act* [Press release]. <https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>
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