

# MEDICATION FOR ADDICTION TREATMENT IN CORRECTIONAL SETTINGS

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## INTRODUCTION

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For individuals who live with an untreated opioid use disorder (OUD), a chronic brain disease that is triggered by the recurrent use of opioids, including prescription drugs like oxycodone and illegal drugs such as heroin, the consequences can be deadly. In the United States, death from drug use is at an all-time high. In 2021 alone, over 108,000 people died as a result of a drug overdose.<sup>1</sup> For individuals with an untreated OUD, leaving a correctional setting like jail or prison can be a death sentence.<sup>2</sup> A former inmate's risk of death within the first two weeks of release is more than 12 times that of other individuals, with the leading cause of death being a fatal overdose. Addressing an inmate's OUD while in a correctional setting can prevent this tragedy. Through the use of medications for addiction treatment (MAT), an individual's substance use, withdrawal symptoms, and the physiological and psychological cravings can be controlled, enabling the person to begin treatment while in a correctional facility and be released as a person in, or on his or her way to, recovery.<sup>3</sup> Research shows that the use of MAT for OUD in correctional settings is a cost-effective and life-saving intervention.

## OPIOID USE DISORDER AMONG JUSTICE-INVOLVED INDIVIDUALS

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Eighty-five percent of the U.S. prison population has an active substance use disorder (SUD) or were incarcerated for a crime involving drugs or drug use.<sup>4</sup> Specifically, an estimated 15 percent of the 1.8 million individuals that are incarcerated in the U.S. have an OUD.<sup>5</sup> Individuals who seek to treat or recover from an OUD may utilize a variety of methods, from behavioral therapy to MAT, or a combination of both. Generally, MAT works by controlling withdrawal symptoms and both the physiological and psychological cravings that lead to drug use. These medications work by stabilizing brain chemistry, restoring disrupted metabolic functions, and relieving physiological cravings while blocking the euphoric effects of opioid use.

## TYPES OF MEDICATIONS

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As of September 2022, the U.S. Food and Drug Administration (FDA) has approved the following three medications: (1) methadone; (2) buprenorphine; and (3) naltrexone for the treatment of OUD symptoms and to reduce opioid use. There are two ways that these medications may be offered to an individual involved in the criminal justice system. First, the individual may receive outpatient MAT treatment if he or she takes part in a program supervised by a drug court in which court supervision is combined with treatment.<sup>6</sup> Alternatively, if an individual is incarcerated and MAT is offered, he or she may receive MAT treatment while housed in the correctional facility.

### Methadone

Methadone is a highly regulated, long-acting opioid agonist, a type of drug that activates specific receptors in an individual's brain. In 1947, the FDA approved methadone for use as an analgesic and, subsequently, approved the use of methadone for the treatment of symptoms related to OUD. Methadone is a long-acting opioid agonist that works by relieving withdrawal symptoms and preventing cravings for opioids. The FDA categorizes methadone as a Schedule II medication. An individual usually receives methadone through an opioid treatment program (OTP) which is accredited and certified by federal law to treat OUD. These programs are community-based and must comply with state and federal law. All three federally approved medications can be distributed at an OTP; however, OTPs are currently the only entities that have federal approval to distribute daily methadone to patients. Pursuant to federal law, some patients may take home doses of methadone from an OTP if they have demonstrated treatment progress and are at low risk for diversion. Correctional settings may accept delivery of methadone doses for inmates who are in an outpatient narcotic treatment program.<sup>7</sup> Jails and prisons may also provide methadone maintenance therapy if they are registered with the U.S. Drug Enforcement Agency as an OTP.

## Buprenorphine

The FDA approved buprenorphine in 2002 for treatment of OUD symptoms and to reduce opioid use. Buprenorphine is a long-acting partial opioid agonist that suppresses opioid withdrawal, blocks the effects of opioids, and reduces an individual's cravings for opioids. Buprenorphine is the first medication for the treatment of OUD that can be prescribed in an office setting. The FDA categorizes buprenorphine as a Schedule III medication that can only be prescribed by certified doctors, nurse practitioners, and physician's assistants. Certification is required by the Drug Addiction Treatment Act (DATA) of 2000.<sup>8</sup> The extended-release formulation of buprenorphine cannot be self-administered but must be administered by a certified healthcare practitioner with a waiver as required by the DATA Act.<sup>9</sup> Although use is still relatively low, buprenorphine use has increased substantially in correctional settings over the past five years.<sup>10</sup> Buprenorphine use in jails and prisons increased from a daily mean of 44 individuals in June 2016 to 9,841 individuals in May 2021.<sup>11</sup>

## Naltrexone

Naltrexone is a long-acting opioid antagonist that prevents relapse to opioid use in patients that have gone through detoxification (*i.e.*, who are no longer physically dependent) by blocking the euphoric and/or sedative effects from opioids and reducing opioid cravings. An opioid antagonist is a drug that blocks opioids by attaching to the opioid receptors without activating them. The FDA approved the oral version of naltrexone in 1984. Subsequently, in 2010, the FDA approved the injectable version of the drug. Naltrexone is used for the treatment of OUD and alcohol use disorder. Naltrexone is not categorized as a scheduled medication and can be prescribed by any healthcare provider who is licensed to prescribe medications. However, the extended-release version must be administered by a medical professional. Extended-release injectable naltrexone continuously delivers medication over a period of four weeks. Correctional settings that administer naltrexone may choose to provide an extended-release dosage immediately before, or a few weeks prior to, an individual's release.

Naltrexone is administered to individuals to prevent relapse after they have detoxed from opioids. Methadone and buprenorphine are maintenance medications for the long-term treatment of the symptoms of OUD and to reduce opioid use. Maintenance medications are drugs that are taken on a regular basis and treat a long-term condition. All three medications can be part of a comprehensive treatment plan which can include counseling or other behavioral therapies. Comprehensive drug treatment programs that include MAT as a part of treatment protocols are associated with reduced recidivism rates among patients, lower post-release mortality rates, and a higher likelihood of gainful employment.

## ISSUES FACED BY INCARCERATED INDIVIDUALS WHO USE MEDICATION FOR ADDICTION TREATMENT

Access to MAT in correctional settings is not uniformly available throughout the United States. As of July 2021, only 28 states had executive orders or agency policies that govern MAT for incarcerated individuals.<sup>12</sup> Much of the resistance to increasing access to MAT in correctional settings is based on stigma and concerns about the cost of providing treatment to individuals with an SUD. Methadone and buprenorphine are opioids, and some people believe that treatment involving these drugs is switching one drug for another. This stigma persists among personnel in the criminal justice system and often prevents individuals from seeking MAT. Nonetheless, a growing number of stakeholders and policymakers in the field of criminal justice have started to recognize the benefits of providing individuals in correctional settings with appropriate access to FDA-approved MAT. The leading professional society on addiction medicine, the American Society of Addiction Medicine, recommends that correctional settings provide MAT to incarcerated individuals with OUD.<sup>13</sup> The federal government has also encouraged access to MAT in correctional settings. *The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One* identifies access to evidence-based treatment for incarcerated individuals as a priority for the administration.<sup>14</sup>

Research on this topic is promising. For example, in a comparison of two jails in Massachusetts with similar populations, researchers found that implementation of buprenorphine treatment to incarcerated individuals with OUD decreased rates of recidivism.<sup>15</sup> The researchers compared rates of recidivism between a jail in Franklin County and another jail located in Hampshire County.<sup>16</sup> During the research period, over 90 percent of individuals incarcerated at the Franklin jail received MAT, most often buprenorphine.<sup>17</sup> Subsequently, researchers followed all of the incarcerated individuals from both the Hamilton and Franklin jails for at least one year after the individuals left jail.<sup>18</sup> Researchers found that individuals who left the Hamilton County Jail and had not received MAT treatment had a rearrest or reincarceration rate of 62 percent.<sup>19</sup> In contrast, individuals who left the Franklin County Jail and who had received MAT had a lower rearrest or

reincarceration rate of 48 percent.<sup>20</sup> Researchers also found that incarcerated individuals that receive MAT in jail or prison have lower rates of death post-release. In 2016, the Rhode Island Department of Corrections (RIDOC) introduced OUD screening and treatment with MAT for individuals who were incarcerated in the state.<sup>21</sup> After implementation of this system, a subsequent research study found “. . . a large and clinically meaningful reduction in post incarceration deaths from overdose among inmates released from incarceration after implementation of a comprehensive MAT program in a statewide correctional facility—a reduction contributing to overall population-level declines in overdose deaths.”<sup>22</sup> Specifically, there was a 60.5 percent reduction in mortality among individuals who died of an overdose post-release after the RIDOC implemented its statewide MAT protocol,<sup>23</sup> and research indicates that incarcerated individuals with an SUD who participate in a treatment program while in correctional settings have lower rates of recidivism than individuals who did not take part in treatment.<sup>24</sup>

## CONCLUSION

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Individuals who are provided evidence-based access to MAT while incarcerated are better able to stabilize themselves, treat the symptoms related to OUD, and reduce opioid use. Moreover, while saving lives, the state saves dollars and increases public safety. For more information on MAT in correctional settings, please see the Legislative Analysis and Public Policy Association’s [Model Access to Medication for Addiction Treatment in Correctional Settings Act](#) which provides a comprehensive framework for ensuring that incarcerated individuals with SUD/OUD have access to FDA-approved medication for addiction treatment in state and local correctional settings.

## RESOURCES

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*Buprenorphine*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., (accessed September 1, 2022), <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>

*Criminal Justice Drug Facts*, NAT’L INST. ON DRUG ABUSE, (accessed September 16, 2022), <https://nida.nih.gov/publications/drugfacts/criminal-justice>.

*MAT Medications, Counseling, and Related Conditions*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN. (accessed August 12, 2022), <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

*Methadone*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN. (accessed August 28, 2022), <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/methadone>.

*Naltrexone*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., (accessed August 2, 2022), <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine>

SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., *Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence*, Vol. 8, Issue 1, Pg. 1, 2014.

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<sup>1</sup> F.B. Ahmad, et al., *Provisional Drug Overdose Death Counts*, NAT’L CTR. HEALTH STATISTICS (March 16, 2022), <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

<sup>2</sup> *How is Opioid Use Disorder Treated in the Criminal Justice System?*, NAT’L INST. ON DRUG ABUSE, (accessed September 16, 2022), <https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/how-opioid-use-disorder-treated-in-criminal-justice-system>; Calcaterra, S., Blatchford, P., Friedmann, P. & Binswanger, I. *Psychostimulant-Related Deaths Among Former Inmates*. J. OF ADDICTION MED, November 2, 2011, Binswanger et al. *Return to Drug Use and Overdose After Release From Prison: A Qualitative Study of Risk and Protective Factors*, ADDICTION SCI. & CLINICAL PRAC., 7:3 <http://www.ascjournal.org/content/7/1/3>.

<sup>3</sup> Best-practices surrounding and concerning treating substance use are fluid and ever-evolving, as is the language used to describe it. Thus, while this fact sheet uses the term “medication for addiction treatment” or “MAT,” there are other common terms for this type of treatment including, “medication-assisted treatment,” “medication-based treatment,” or “medications for opioid use disorder.”

<sup>4</sup> *Criminal Justice Drug Facts*, NAT’L INST. ON DRUG ABUSE, (accessed September 16, 2022), <https://nida.nih.gov/publications/drugfacts/criminal-justice>.

<sup>5</sup> Thakrar AP et al., *Trends in Buprenorphine Use in US Jails and Prisons From 2016 to 2021*. JAMA NETW OPEN. 2021 Dec 1;4(12):e2138807. doi: 10.1001/jamanetworkopen.2021.38807. PMID: 34905010; citing to Mancher M, et.al., Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; *Committee on Medication-Assisted Treatment for Opioid Use Disorder. Medications for Opioid Use Disorder Save Lives*. National Academies Press; 2019.

<sup>6</sup> The goal of drug courts is to decrease recidivism among substance-involved offenders by overseeing substance use disorder treatment from those accepted into the program. Under current federal law, a drug court cannot refuse to allow MAT treatment in court. If a court decrees a blanket refusal of MAT, this is considered discrimination because having a substance use disorder is a recognized disability under the Americans with Disabilities Act (ADA) and the Rehabilitation Act. If an individual has a disability, then courts are required to make reasonable modifications to the program, service, or activity to accommodate the individual. MAT is considered a service under the ADA. The ADA and the Rehabilitation Act prohibit most employers from firing, refusing to hire, or discriminating in the terms and conditions of employment against any qualified job applicant or employee on the basis of a disability. *Americans with Disabilities Act of 1990* (ADA), 42 U.S.C. §§ 12101-12213 (2018); Sections 501 and 505 of *the Rehabilitation Act of 1973* (Pub. L. 93-112) (Rehab. Act); SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., *Know Your Rights: Rights for Individuals on Medication-Assisted Treatment*, 2009, Pg. 6. See also NAT'L CENT. STATE CTS., *Medication Assisted Treatment*, 2016.

<sup>7</sup> The United States Drug Enforcement Administration monitors storage and diversion of narcotics and uses "NTP" as a registration-oriented term. The Substance Abuse and Mental Health Services Administration certifies OTPS to prescribe and administer medication and is considered a medically oriented term. BUREAU OF JUST. ASSISTANCE'S COMPREHENSIVE OPIOID, STIMULANT, AND SUBSTANCE ABUSE PROGRAM RESOURCE CTR., *Jails and Methadone Provision*, Catching Up with COSSAP, April 2020 Ed., 2.

<sup>8</sup> *Statutes, Regulations, and Guidelines*, SUBSTANCE ABUSE AND MENTAL HEALTH SERV. ADMIN., (accessed August 1, 2022), <https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines#DATA-2000>.

<sup>9</sup> *Id.*

<sup>10</sup> Thakrar, *supra* note 4 at 2.

<sup>11</sup> *Id.*

<sup>12</sup> O'NEILL INST. FOR NAT'L AND GLOBAL HEALTH L., *Access to Medications for Opioid Use Disorder in U.S. Jails and Prisons: Litigation, Legislation, and Policies*, Pg. 3 (July 2021).

<sup>13</sup> *American Society of Addiction Medicine, The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*, AMERICAN SOC'Y ADDICTION MED. (June 2015), <https://pubmed.ncbi.nlm.nih.gov/26406300/>.

<sup>14</sup> *The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One*, OFF. OF NAT'L DRUG CONTROL POL'Y, Pg. 3, (April 1, 2021), <https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf>.

<sup>15</sup> *Treatment for Opioid Use Disorder in Jail Reduces Risk of Return*, NAT'L INST. OF HEALTH, (Feb. 8, 2022), <https://www.nih.gov/news-events/nih-research-matters/treatment-opioid-use-disorder-jail-reduces-risk-return>.

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> T.C. Green et al., "Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System," *JAMA PSYCHIATRY* 75, no. 4 (2018): 406, 405-07, <https://www.ncbi.nlm.nih.gov/pubmed/29450443>.

<sup>22</sup> *Id.*

<sup>23</sup> *Id.* at 405.

<sup>24</sup> Valerie A. Clark, *Less Is More: The Effect of a Short-term Substance Use Disorder Treatment Program on Recidivism*, CORRECTIONS, (2022) DOI: 10.1080/23774657.2021.2021116.

## ABOUT LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include law enforcement/community engagement, naloxone laws, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

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