MEDICATION FOR ADDICTION TREATMENT IN CORRECTIONAL SETTINGS: UPDATE

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INTRODUCTION

Individuals with substance use disorder (SUD) are disproportionately represented in the criminal justice system. Because of this, correctional settings are the perfect points of access to provide evidence-based treatment, specifically medication for addiction treatment (MAT), for those who are incarcerated. This factsheet uses the term "medication for addiction treatment" but other commonly used terms include "medication-assisted treatment" and "medication-based treatment." Additionally, individuals and entities sometimes use the more specific terms of "medication for opioid use disorder" or "medication for alcohol use disorder." Currently, MAT exists only for opioid use disorder (OUD) and alcohol use disorder. However, medications for SUD for other drugs (*e.g.*, stimulants) are currently in development. Much of this factsheet addresses U.S. Food and Drug Administration (FDA)-approved MAT for OUD, which includes methadone,[1] buprenorphine,[2] and naltrexone.[3]

According to the Bureau of Justice Statistics, U.S. Department of Justice, jail deaths involving drug or alcohol intoxication quadrupled between 2000 and 2019.[4] About 40 percent of deaths in jails occur within the first seven days, with a median time served of just one day for deaths in custody related to drug or alcohol intoxication.[5] Additionally, during the first two weeks after release from a correctional setting, individuals with untreated SUD who are reentering society have an elevated risk of fatally overdosing.[6] A study of individuals released from Minnesota jails and prisons between March 1, 2020 and December 31, 2021 found that the rate of fatal overdose of individuals released from jail and prison were 15.5 times and 23.3 times, respectively, that of the Minnesota general population.[7] Similarly a study in North Carolina showed that the risk of death by heroin overdose at two weeks post-release from incarceration was 74 times higher than that of the general population.[8]

Providing MAT in correctional settings is critical to reducing the risk of complications associated with withdrawal and overdose both during incarceration and upon reentry. When the Rhode Island Department of Corrections expanded access to MAT statewide in 2018, it reduced post-correctional overdose death rates by 60.5 percent in the first year.[9] In addition to minimizing the risk of overdose and other adverse complications and placing individuals on the path toward recovery, the National Sheriffs' Association and the National Commission on Correctional Health Care cite other benefits of providing

[1] Methadone is an FDA-approved long-acting full opioid agonist and a Schedule II controlled substance. Methadone can only be dispensed through an opioid treatment program. *See Methadone*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (last updated Mar. 29, 2024), https://www.samhsa.gov/substance-use/treatment/options/methadone.

[2] Buprenorphine is an FDA-approved partial opioid agonist and a Schedule III controlled substance. This medication can be prescribed or dispensed in physicians' offices. Buprenorphine may be prescribed as a buprenorphine/naloxone combination medication. *See Buprenorphine*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (last updated Mar. 28, 2024), https://www.samhsa.gov/substance-use/treatment/options/buprenorphine.

[3] Naltrexone is an FDA-approved opioid antagonist that can be prescribed and administered by any healthcare practitioner licensed to prescribe medications. *See Naltrexone*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (last updated Mar. 29, 2024), https://www.samhsa.gov/substance-use/treatment/options/naltrexone.

[4] E. ANN CARSON, MORTALITY IN LOCAL JAILS, 2000–2019 – STATISTICAL TABLES 2 (2021), https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf.

[5] *Id.* at 3-4.

[6] See Daniel M. Hartung, et al., *Fatal and Non-Fatal Opioid Overdose Risk Following Release from Prison: A Retrospective Cohort Study Using Linked Administrative Data*, 147 J. OF SUBSTANCE USE & TREATMENT 208971 (Apr. 2023), https://doi.org/10.1016/j.josat.2023.208971.

[7] Katherine Hill, et al., *Postrelease Risk of Overdose and All-cause Death Among Persons Released from Jail or Prison: Minnesota, March 2020-December 2021*, 114 AM. J. OF PUBLIC HEALTH (2024), https://doi.org/10.2105/AJPH.2024.307723.

[8] Shabbar I. Ranapurwala, et al., *Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015*, 108 AM. J. PUBLIC HEALTH 1207, 1210 (Sept. 2018), https://doi.org/10.2105/AJPH.2018.304514.

[9] Traci C. Green, et al., *Post-incarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System*, 75 JAMA PSYCHIATRY 405 (Apr. 2018), https://doi.org/10.1001/jamapsychiatry.2017.4614.

MAT in correctional settings, including reducing recidivism among individuals with SUD, increasing the safety and security of a correctional facility, and reducing costs, including costs associated with health care spending.[10] The American Correctional Association,[11] the American Society for Addiction Medicine,[12] and the National Governors Association[13] have issued policy briefs and official statements supporting the adoption of MAT programs in correctional settings.

LACK OF MAT AVAILABILTIY IN CORRECTIONAL SETTINGS

Despite the growing body of evidence supporting the use of MAT programs in correctional settings, very few jails and prisons in the U.S. offer MAT. A 2024 study by the Justice Community Opioid Innovation Network (JCOIN) found that only 44 percent of U.S. jails offer MAT services.[14] Among those jails, 70 percent offered buprenorphine. In comparison, only 47 percent of the jails offered methadone and only 55 percent offered naltrexone.[15] Among the jails offering MAT, only 28 percent provide all three FDA-approved forms of MAT for OUD.[16] While most of the data available about MAT in correctional settings concerns jails, there is evidence that prisons also exhibit similar issues. In 2021, 53 percent of Residential Substance Abuse Treatment (RSAT)[17] funded state prisons provided MAT.[18]

Even when MAT is available in correctional settings, it is often not universally available to just anyone with an OUD. Some correctional facilities that offer MAT will only provide it to pregnant women or individuals who had a prescription for MAT prior to entering the facility. The JCOIN study found that of the jails offering buprenorphine, 72 percent provided the medication to individuals who were already prescribed buprenorphine at the time of booking, but only 28 percent offered the medication to any individual with OUD who requested it.[19] With respect to prisons, the Prison Policy Initiative reports that 33 state prison systems will initiate MAT for individuals who were not prescribed MAT prior to being admitted to the facility. However, 14 of those 33 state prison systems will only initiate MAT during the weeks prior to the individual's release.[20] Correctional facilities often cite staff shortages, space limitations, costs, and the risk of diversion as barriers to making all three FDA-approved forms of MAT universally available to anyone for whom it is clinically indicated.[21]

Ideally, a correctional facility would offer every individual for whom MAT is clinically indicated with all FDA-approved forms of MAT which empowers the individual to work with a healthcare practitioner within the correctional facility to choose a medication that will work best for his or her specific needs. Additionally, individuals who are already on MAT prior to entering a correctional facility will experience a smoother transition if they are able to continue using the same form

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[10] NAT'L SHERIFFS' ASS'N AND NAT'L COMM'N ON CORR. HEALTH CARE, JAIL-BASED MEDICATION-ASSISTED TREATMENT: PROMISING PRACTICES, GUIDELINES, AND RESOURCES FOR THE FIELD 5 (2018), https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf.
[11] AMERICAN CORRECTIONAL ASSOCIATION AND AMERICAN SOCIETY OF ADDICTION MEDICINE, JOINT PUBLIC CORRECTIONAL POLICY ON THE TREATMENT OF OPIOID USE DISORDERS FOR JUSTICE INVOLVED INDIVIDUALS (Jan. 2018). https://www.asam.org/docs/default-source/public-policy-statements/2018-joint-public-correctional-policy-on-the-treatment-of-opioid-use-disorders-for-justice-involved-individuals.pdf.
[12] AMERICAN SOCIETY OF ADDICTION MEDICINE, PUBLIC POLICY STATEMENT ON TREATMENT OF OPIOID USE DISORDER IN CORRECTIONAL SETTINGS (July 2020). https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/public-policy-statements/2025-final-pps-on-treatment-of-oud-in-correctional-settings.pdf?sfvrsn=74bc3ae0_1.
[13] KELLY MURPHY, ET AL., NAT'L GOVERNORS ASS'N, FINDING SOLUTIONS TO THE PRESCRIPTION OPIOID AND HEROIN CRISIS: A ROAD MAP FOR STATES 24 (July 2016). https://www.nga.org/wpcontent/uploads/2019/08/1607NGAOpioidRoadMap.pdf.
[14] Elizabeth Flanagan Balawajder, et al., *Factors Associated with the Availability of Medications for Opioid Use Disorder in U.S. Jails*, 7 JAMA NETWORK OPEN (2024), https://doi.org/doi:10.1001/jamanetworkopen.2024.34704.
[15] *Id.*
[16] Elizabeth Flanagan Balawajder, et al., *Barriers to Universal Availability of Medications for Opioid Use Disorder in U.S. Jails*, 8 JAMA NETWORK OPEN (2025), https://doi.org/doi:10.1001/jamanetworkopen.2025.5340.
[17] "The Residential Substance Abuse Treatment (RSAT) Program is a formula grant program that enhances the capabilities of state, local, and tribal governments to provide residential substance use disorder (SUD) treatment to adult and juvenile populations during detention or incarceration, initiate or continue evidence-based SUD treatment in jails, prepare individuals for reintegration into the community, and assist them and their communities throughout the reentry process by delivering community-based treatment and other recovery aftercare services." *Residential Substance Abuse Treatment for State Prisoners (RSAT) Program*, BUREAU OF JUSTICE ASSISTANCE, last modified Nov. 21, 2023, https://bja.ojp.gov/program/rsat/overview.
[18] OFFICE OF NATIONAL DRUG CONTROL POLICY, EXECUTIVE OFFICE OF THE PRESIDENT, NATIONAL DRUG CONTROL STRATEGY PERFORMANCE REVIEW SYSTEM REPORT 37 (Mar. 2023), https://bidenwhitehouse.archives.gov/wp-content/uploads/2023/04/2023-Performance-Review-System-report-FINAL.pdf.
[19] Flanagan Balawajder, et al., *supra* note 14.
[20] Emily Widra, *New Report Reveals Successes and Limitations of Medications for Opioid Use Disorder in New York State Prisons*, PRISON POLICY INITIATIVE (Mar. 5, 2025), https://www.prisonpolicy.org/blog/2025/03/05/cany_moud_report/#appendix.
[21] Flanagan Balawajder, et al., *supra* note 16.

of MAT during their time in the facility. Moreover, individuals will have an easier time reentering their communities upon release if the same forms of MAT available in a correctional facility are also available in the community.

LEGAL CONSEQUENCES OF FAILING TO PROVIDE MAT

The failure of a correctional institution to provide MAT may result in legal liability. In 2022, the Civil Rights Division of the U.S. Department of Justice issued a guidance document outlining the protections for individuals in SUD treatment or recovery under the Americans with Disabilities Act (ADA).[22] Title II of the ADA prohibits correctional settings from discriminating against a qualified individual with a disability on the basis of that disability.[23] The guidance document explicitly states that a blanket policy prohibiting the use of MAT in a correctional setting would violate the ADA.[24] Moreover, courts have consistently ruled that the denial of MAT in correctional settings violates the constitutional right to adequate medical care.[25] The failure to provide MAT to individuals in correctional settings can violate the Eighth and Fourteenth Amendments of the U.S. Constitution, as the Eighth Amendment guarantees the right to medical care for individuals in prison and the Fourteenth Amendment guarantees that right for pretrial detainees.

Recent litigation brought forth by individuals in correctional settings who have been denied MAT has resulted in multiple settlements and rulings that have expanded access to MAT.[26] In November 2023, Allegheny County, Pennsylvania, reached an agreement with the U.S. Attorney's Office for the Western District of Pennsylvania to offer all forms of FDA-approved MAT to any individuals booked into the county jail for whom such treatment is medically appropriate.[27] As part of the agreement, Allegheny County agreed to pay $10,000 to an individual allegedly denied access to methadone while incarcerated at the county jail. In December 2023, the Big Sandy Regional Jail Authority (Big Sandy) in Kentucky reached an agreement with the U.S. Attorney's Office for the Eastern District of Kentucky to provide all forms of FDA-approved MAT to those who need it, including individuals who did not have a prescription for such treatment prior to incarceration.[28] The agreement stemmed from a complaint brought forth by a medical provider who claimed that his patient had been denied buprenorphine while incarcerated at Big Sandy.

Although many correctional institutions have implemented MAT in correctional settings due to litigation and settlements, some states have enacted legislation or taken executive action to encourage or mandate correctional facilities to provide access to MAT. As of September 2023, 16 states require that MAT be implemented in all, or nearly all, state or local correctional settings.[29] Seven of the 16 states with MAT requirements (Colorado, Maine, Maryland, Nevada, New Mexico, New York, and Vermont)[30] have statutory provisions, while nine (California, Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, Ohio, Pennsylvania, and Rhode Island) adopted state policy and/or allocated funding to support the implementation of MAT in correctional settings.[31]

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[22] C.R. DIVISION, U.S. DEP'T OF JUST., THE AMERICANS WITH DISABILITIES ACT AND THE OPIOID CRISIS: COMBATING DISCRIMINATION AGAINST PEOPLE IN TREATMENT OR RECOVERY (Apr. 2022), https://archive.ada.gov/opioid_guidance.pdf.

[23] 42 U.S.C.A. § 12132 (Westlaw through Pub. L. No. 119-18).

[24] C.R. DIVISION, U.S. DEP'T OF JUST., *supra* note 22, at 2.

[25] *See* Pesce v. Coppinger, 355 F. Supp. 3d 35 (D. Mass. 2018) (holding that failure to provide MAT likely violates the ADA and Eighth Amendment); P.G. v. Jefferson Cnty., No. 5:21-CV-388, 2021 WL 4059409 (N.D.N.Y. Sept. 7, 2021) (holding that failure to provide MAT likely violates the ADA and Eighth Amendment); and M.C. v. Jefferson Cnty., No. 6:22-CV-190, 2022 WL 1541462 (N.D.N.Y. May 16, 2022) (notably the first class action against a jail to find denial of MAT likely to amount to ADA and constitutional violations).

[26] *See* SHELLY WEIZMAN, ET AL., O'NEILL INSTITUTION FOR NATIONAL AND GLOBAL HEALTH LAW AT GEORGETOWN LAW CENTER, NATIONAL SNAPSHOT: ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER IN U.S. JAILS AND PRISONS (2023), https://oneill.law.georgetown.edu/publications/a-national-snapshot-update-access-to-medications-for-opioid-use-disorder-in-u-s-jails-and-prisons/; *See also* AMERICAN CIVIL LIBERTIES UNION, OVER-JAILED AND UN-TREATED: HOW THE FAILURE TO PROVIDE TREATMENT FOR SUBSTANCE USE IN PRISONS AND JAILS FUELS THE OVERDOSE EPIDEMIC 14 (2021), https://www.aclu.org/publications/report-over-jailed-and-un-treated.

[27] Allegheny County Jail, C.R. DIVISION, U.S. DEP'T OF JUST., (last updated Jan. 16, 2024), https://www.justice.gov/crt/case/allegheny-county-jail.

[28] *U.S. Attorney's Office Announces Agreement to Ensure Access to Medications for Opioid Use Disorder at Big Sandy Regional Detention Center*, U.S. ATT'Y OFF. E. DIST. KY., (last updated Feb. 14, 2024), https://www.justice.gov/usao-edky/pr/us-attorneys-office-announces-agreement-ensure-access-medications-opioid-use-disorder.

[29] 2023 STATE OF THE STATES, LEGIS. ANALYSIS & PUB. POL'Y ASS'N, 16 (Nov. 2023), https://legislativeanalysis.org/wp-content/uploads/2023/12/2023-State-of-the-States.pdf.

[30] COLO. REV. STAT. ANN. § 17-26-104.9 (West 2025); ME. REV. STAT. ANN. tit. 34-A, § 1208-B (West 2025); MD. CODE ANN., CORR. SERVS. § 9-603 (West 2025); NEV. REV. STAT. ANN. § 209.4247 (West 2025); N.M. STAT. ANN. § 24-1-5.11 (West 2025); N.Y. CORRECT. LAW § 626 (McKinney 2025); N.Y. MENTAL HYG. LAW § 19.18-c (McKinney 2025); and VT. STAT. ANN. tit. 28, § 801b (West 2025).

[31] *See* Weizman, et al., *supra* note 25.

SPECIAL CONSIDERATIONS FOR METHADONE

Section 1262 of the Consolidated Appropriations Act of 2023 removed the federal requirement for healthcare practitioners to apply for a special waiver, known as the Drug Addiction and Treatment Act (DATA)-2000 Waiver or the X-Waiver, prior to prescribing buprenorphine for the treatment of OUD.[32] Now any healthcare practitioner with a U.S. Drug Enforcement Administration (DEA) registration number that includes Schedule III authority can prescribe buprenorphine. The law also removed the limit on the number of patients to whom a healthcare practitioner could prescribe buprenorphine. While buprenorphine has become easier for correctional facilities to offer due to the elimination of the X-Waiver, offering methadone requires specific logistical planning due to the federal regulations governing the medication.

There are three program model options that will enable a correctional facility to offer methadone as a form of MAT. First, a correctional facility can contract with a community opioid treatment program (OTP). An OTP is an SUD treatment program that is certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, accredited by an independent SAMHSA-approved accrediting body, and regulated by 42 C.F.R. Part 8. Partnering with a community OTP is an ideal option for small correctional facilities that do not have the clinical staff or physical space to operate an in-house MAT program. Second, a correctional facility itself can become certified and accredited as an OTP. Correctional facilities with large populations of individuals with SUD may find it more economical to provide in-house MAT services. The final program option is for a correctional facility to utilize the DEA's hospital/clinic designation.[33] Under SAMHSA's April 2024 rule changes to 42 C.F.R. Part 8, correctional facilities registered with the DEA as a hospital/clinic are now expressly authorized to provide methadone to treat individuals with OUD.[34] This change allows correctional institutions to initiate methadone treatment for specified program participants without having to be certified as an OTP. For more information about OTPs or the DEA's hospital/clinical designation, please refer to LAPPA's Methadone Treatment factsheet.

DIVERSION OF MAT

Diversion of medications is a common concern among correctional facilities operating a MAT program. In correctional facilities, MAT diversion tends to occur as a means for individuals to self-treat symptoms of withdrawal or help others who are not enrolled in the MAT program.[35] In order to reduce or eliminate diversion, facilities should develop and implement a diversion control plan, which is defined as "a set of documented procedures that reduce the possibility that controlled medications will be transferred or otherwise shared with others to whom the medication was not prescribed or dispensed."[36] It is important to note that federal regulations require that all OTPs have a diversion control plan in place,[37] so if a correctional facility offers methadone onsite, it is required to have one. A correctional institution's diversion control plan may include guidance on medication formulation, dispensing and ingestion practices, medication storage, and the protocol for responding to a diversion incident. Studies show that correctional facilities with MAT programs that offer MAT to all who need it, as opposed to those that offer MAT to only certain populations, experience less medication diversion. By increasing legitimate access to MAT and reducing the number of individuals with unmet SUD treatment needs, a correctional facility lessens the demand for contraband MAT and reduces the illicit market value of these medications within the facility. MAT programs in correctional facilities have also been shown to make facilities safer by reducing the sale and possession of diverted or contraband substances and decreasing the number of conflicts among residents.

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[32] Consolidated Appropriations Act of 2023, Pub. L. No. 117-328, § 1262, 136 Stat. 4459, 5681 (2022).
[33] SAMHSA's regulations do not provide clear guidance on what qualifies for registration with the DEA as a "hospital/clinic" for purposes of 42 CFR § 8.11(h)(3). However, a hospital/clinic is one of the roughly 20 controlled substance registrations available from the DEA. DEA Form 224 defines a hospital/clinic as: "A physical location at which any combination of inpatient, outpatient, or emergency medical services are provided, based upon authority granted by the State in which it is located. This includes any school which provides medical services to human patients in the process of teaching medicine. This definition does not include individual practitioners, incorporated or otherwise, licensed to practice medicine in a State." *See* "Application for Registration Under Controlled Substances Act of 1970," *Department of Justice, Drug Enforcement Agency*, https://apps.deadiversion.usdoj.gov/webforms2/spring/main?execution=e1s1.
[34] Opioid Treatment Program Certification, 42 C.F.R. § 8.11(h)(3) (2024).
[35] Elizabeth A. Evens, et al., *Diversion of Medications to Treat Opioid Use Disorder: Qualitative Findings from Formerly Incarcerated Adults in Massachusetts*, 122 INT'L J. OF DRUG POL'Y 104252, 104255 (2023), https://doi.org/10.1016/j.drugpo.2023.104252.
[36] Definitions, 42 C.F.R. § 8.2 (2025).
[37] 42 C.F.R. § 8.12(c)(2) (2025).

CONCLUSION

Correctional facilities that ensure that all incarcerated individuals with an SUD are provided access to MAT while incarcerated experience less overdose incidents and withdrawal complications and reduce their legal liability. For more information on MAT in correctional settings, please refer to LAPPA's Model Access to Medication for Addiction Treatment in Correctional Settings Act, which provides a framework for states to provide all incarcerated individuals with SUD access to all FDA-approved forms of MAT during the length of their incarceration.

RESOURCES

"MAT Inside Correctional Facilities: Addressing Medication Diversion." *Substance Abuse and Mental Health Services Administration*, Aug. 2019. https://library.samhsa.gov/product/mat-inside-correctional-facilities-addressing-medication-diversion/pep19-mat-corrections.

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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 model laws on critical issues as well as comparative analyses, publications, educational brochures, and other tools that can be used by national, state, and local public health and public safety practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone access, treatment in emergency settings, Medicaid Section 1115 demonstration waivers, medication for addiction treatment in correctional settings, collateral consequences of conviction, syringe services programs, and the health information disclosure provisions of HIPAA and 42 C.F.R. Part 2.

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