



## TOPIC

# Providing Medication-Assisted Treatment for Opioid Addiction in Correctional Facilities

## PROBLEM

In many countries, correctional facilities provide methadone, buprenorphine, or naltrexone medication to help treat incarcerated individuals who have opioid use disorders. However, these medications are rarely provided in U.S. correctional facilities, typically due to diversion concerns, lack of dedicated funding, or philosophical objections.

In the absence of treatment, release from incarceration is an extremely high risk period for opioid overdose because most inmates lose tolerance to the drug, making overdose more likely with smaller doses.

## SOLUTIONS



Methadone, buprenorphine, and extended-release naltrexone are FDA-approved for treatment of opioid addiction due to their strong scientific record of safety and effectiveness.



Methadone is a synthetic opioid agonist that relieves withdrawal symptoms and drug cravings by acting on opioid receptors in the brain. Buprenorphine is a partial opioid agonist, meaning that it binds to opioid receptors but activates them less strongly.



In addition to reducing opioid use, these medications increase the likelihood that individuals will remain in treatment. This lowers the risk of overdose mortality, HIV and HCV transmission, and criminal behavior associated with drug use.



Medications can be combined with other medical and psycho-social services in correctional facilities to address other needs addicted inmates may have.

## CONCLUSION

If more U.S. states provided medication-assisted treatment within correctional facilities, they would likely reduce overdose deaths among a high-risk population. Alongside counseling and other services, medication increases the likelihood that individuals will continue treatment and maintain abstinence from life-threatening drugs.





## KEY POLICY EVIDENCE

When Rhode Island began providing medication-assisted treatment during incarceration coupled with transition and community treatment support upon release, the number of fatal overdoses among recently incarcerated people dropped 60%.

According to a 2003 study, inmates released without treatment from the Washington State Department of Corrections faced a risk of death that was 12.7 times higher than other state residents, with a markedly elevated risk of death from drug overdose.

In a 2009 study, patients on methadone had 33 percent fewer opioid-positive drug tests and were 4.44 times more likely to stay in treatment compared to controls.

### LEARN MORE

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[Prisoners are] “a population of the most severely impacted, the most advanced stages of opioid use disorder — the people who have taken the greatest risks and gotten caught up in the system. Then you get released into a very stressful situation with a lot of triggers, and you typically relapse. And if you relapse back to the same level you were using, you’re set up for overdose and death.”

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