

## CHAPTER 4: Care for Opioid Use Disorder in the Criminal Justice System

### Key Takeaway(s)

- Most people involved in the criminal justice system have a history of a substance use disorder (SUD) or problematic substance use. A significant portion of justice-involved people with SUD histories have or have had opioid use disorders (OUD).
- Despite clear scientific evidence demonstrating the health, social, and public-safety benefits of OUD treatment, most people in the criminal justice system who need OUD care, including MOUD, do not receive it (National Academies, 2019; SAMHSA, 2019; Surgeon General, 2016; The President's Commission on Combating Drug Addiction and the Opioid Crisis, 2017).
- Most drug courts fail to offer all three forms of MOUD for OUD, despite considerable efforts to improve access to evidence-based OUD care for people participating in drug court (National Academies, 2019), and behind prison walls, most MOUD provided is limited to detoxification or to maintenance treatment for pregnant women (Belenko et al., 2013; Friedmann et al., 2012).
- Lack of resources and coordination between health and criminal justice sectors, and policy failures, combined with racially discriminatory drug policies, have failed to effectively address the health needs of people with SUDs and criminalized a health problem resulting in the arrest and incarceration of many people with SUD for reasons unrelated to drug crimes.
- Improving access to evidence-based OUD care for the criminal justice population presents an enormous opportunity for states and localities to make their communities healthier and safer, and to save significant funds.

### Recommendations

- The final report of the President's Commission on Combating Drug Addiction and the Opioid Crisis (2017) recommended increased access to SUD treatment, particularly medication for opioid use disorder (MOUD), for incarcerated people with OUD, including those detained while awaiting trial.
- Jurisdictions seeking to improve policies and practices that strengthen access to opioid and other SUD care for the criminal justice population should first assess the landscape of resources and challenges in their states, and then identify opportunities and challenges associated with expanding OUD care in each intercept of the criminal justice system.
- At each intercept, states and localities should require and fund the training of law enforcement, court, corrections, and community corrections staff on opioid and other SUD, effective treatment services, and medications, and recovery supports.

### Case studies/models/research findings

- Sixty-five percent of all currently incarcerated individuals meet the criteria for a substance use disorder (The National Center on Addiction and Substance Abuse at Columbia University, 2010).
- Substance-use rates among people on parole and probation are two to three times substance-use rates among the general population (The Pew Charitable Trusts, 2018).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that approximately 17 percent of people incarcerated in state prisons and 19 percent of people incarcerated in jails report regular opioid use.

- Over 30 percent of incarcerated individuals report suffering from serious withdrawal symptoms or an inability to control their opioid use.
- Each year, over 200,000 people with a heroin use disorder are incarcerated, a figure constituting 24 to 36 percent of the incarcerated population (Boutwell et al., 2007; Bronson et al., 2017; Legal Action Center, 2011).
- Treatment using OUD medications is correlated with reduced risk of mortality following release from incarceration. Studies have shown that:
  - People with OUD who were receiving MOUD were 75 percent less likely to die, and 85 percent less likely to die due to drug overdose, in the first month after release (Marsden et al., 2017).
  - People who receive treatment using methadone and buprenorphine have lower rates of re-arrest and reincarceration (Evans et al., 2019; Farrell-Macdonald et al., 2014; Westerberg et al., 2016).
  - Injectable naltrexone is effective in preventing opioid use relapse in justice-involved individuals (Lee et al., 2016; Evans et al., 2019; Farrell-Macdonald et al., 2014; Westerberg et al., 2016).

### Implementation considerations (policy, costs, scaling, etc.)

- Every jurisdiction will find it challenging to estimate the costs of interventions that expand access to improved OUD health services throughout the criminal justice system, but cost-estimating can be done by first, establishing a clear goal(s); second, identifying what inputs are necessary to meet goals; third, identify the immediate outputs and long-term outcomes; fourth, develop an action plan; and lastly, estimate the costs.
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