

BARRIERS & FACILITATORS FOR MEDICATIONS TO TREAT OPIOID USE DISORDERS IN U.S. JAILS

Individuals with opioid use disorders (OUD) are subject to frequent encounters with the justice system. Because of this, jails have been hit particularly hard by the ongoing opioid epidemic. Extensive evidence supports the effectiveness of treating individuals with OUD with medications for opioid use disorder (MOUD) during confinement in improving their post-release relapse, overdose, and recidivism outcomes. A 2019 study examined the use of MOUD (buprenorphine, methadone, naltrexone) in jails through interviews with representatives of 185 jails in counties that have been most impacted by the opioid crisis in the U.S.¹ This brief highlights select findings from this research regarding barriers and facilitators of the use of MOUD in U.S. jails.

MOUD IN JAILS

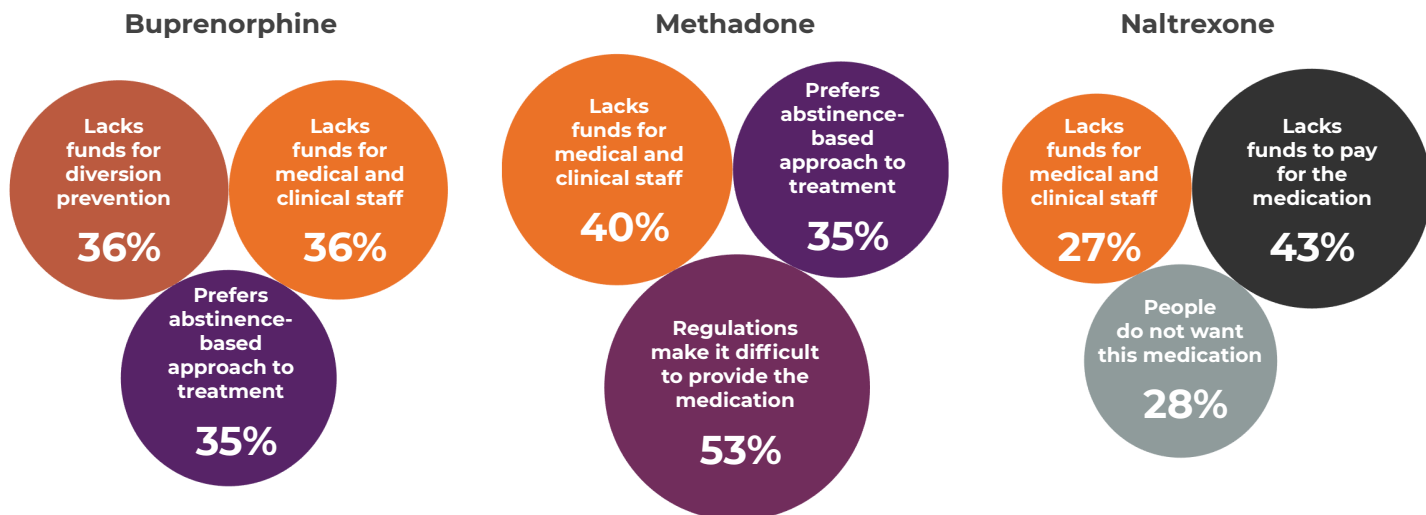
At least one form of MOUD was found to be available in nearly all jails in the study (92%); however, fewer than half (43%) provide all three forms of MOUD. Although MOUD was widely available across jail facilities, its accessibility in practical terms is often limited to specific populations or specific points in the incarceration process. Buprenorphine and methadone are often provided to individuals who were receiving these medications upon jail entry (i.e., continuing care), while naltrexone is frequently used with individuals who are close to release.

BARRIERS TO MOUD PROVISION

Jails face numerous challenges implementing MOUD in the form of structural, regulatory, and logistical

barriers; funding and staffing needs; concerns regarding diversion; and issues related to stigma surrounding OUD and MOUD. The different types of MOUD come with unique implementation challenges. For instance, jails were concerned with having sufficient resources to prevent diversion of buprenorphine, whereas regulatory barriers were most frequently cited regarding methadone (i.e., need for a licensed provider to dispense this medication). Naltrexone presents a challenge because many individuals in jails are unfamiliar with its benefits or mistakenly believe that it will induce withdrawal. However, needing additional funds for medical and clinical staff was cited as a barrier to making all three forms of MOUD available to everyone who needs it.

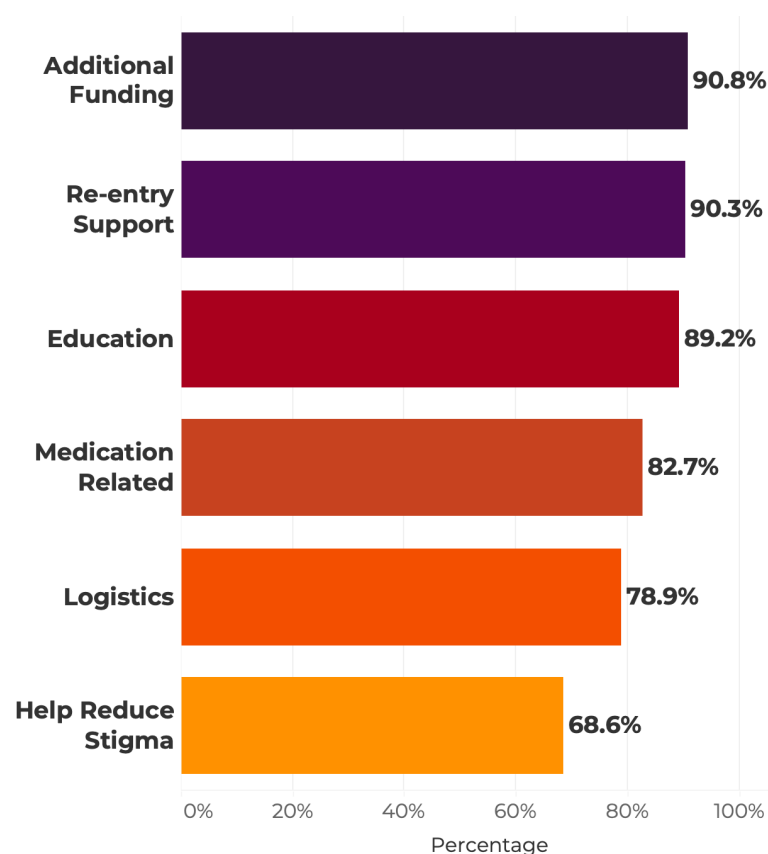
TOP THREE BARRIERS TO MOUD ACCESS BY TYPE OF MEDICATION



RESOURCE CHALLENGES

More than 90% of jail respondents reported needing additional funding to implement or expand MOUD provision. Funding was needed to purchase the medication(s) and to support the clinical staff required to administer the treatment. Jails also commonly cited a need for resources and training on methods to minimize diversion, a primary concern of jail officials.

RESOURCES NEEDED TO EXPAND MOUD AND FACILITATE COMMUNITY LINKAGES



RE-ENTRY PLANNING

Individuals with an OUD released from jails are at a significantly higher risk of a fatal overdose than non-incarcerated individuals, making re-entry planning critically important. Many jails reported they need assistance with ensuring continuity of care for individuals after release in the form of funding for MOUD post-release, facilitating same-day access to MOUD upon release, and navigating regulatory and insurance requirements for continuity of MOUD treatment. Assistance with additional re-entry support services, such as facilitating access to sober housing and employment, is also important in supporting successful re-entry.

ADDRESSING STIGMA

In order to increase accessibility of MOUD, most study respondents noted a need for general education regarding OUD, addiction, the interface of OUD and the criminal justice system, and the benefits of MOUD for a range of criminal justice, judicial, and community stakeholders. More than two-thirds noted a specific need to address stigma surrounding MOUD.

Groups that could benefit from education include:

- state and local politicians
- the general community
- probation and parole staff
- correctional, clinical, & medical staff
- individuals in confinement
- pregnant individuals
- judges and district attorneys

CONCLUSION

The current study highlights the disconnect between the urgent need to provide MOUD to individuals with OUD in jail and the limited accessibility to MOUD for those who need it. The findings underscore a need to address several challenges faced by jails in implementing or expanding the provision of MOUD within their facilities, including a lack of funding and resources, stigma associated with OUD and MOUD, and challenges in ensuring continuity of care for individuals re-entering the community.

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NOTES

1. The study was supported by a National Institute on Drug Abuse (NIDA) Grant (U01DA036221). The opinions expressed here are those of the authors and do represent official positions of the government.

NIDA's JCOIN Initiative provides free technical assistance and educational courses on MOUD services for justice and treatment professionals. To learn more, register for a free user account at www.JCOINctc.org