Clinical Trial Results

JCOIN
Justice Community Overdose Innovation Network

A Pilot Study to Implement Medications for Opioid Use Disorder (MOUD) in Massachusetts Jails

BACKGROUND

The Problem

For many people with opioid use disorder (OUD), detention in jail results in abrupt discontinuation of treatment they were receiving in the community. If they do not receive evidence-based medications to treat OUD (MOUD) while incarcerated, they will undergo withdrawal and be at much higher risk of recurrent use and overdose at reentry. MOUD are available and effective, but jails need resources and support to implement them.

The Study

In 2018, the Massachusetts legislature mandated a pilot program in which 5 county jails, with 2 more joining voluntarily, would make all forms of MOUD available for incarcerated individuals to continue OUD treatment they were receiving prior to incarceration, or to initiate treatment within 30 days prior to release. Jails were also required to facilitate MOUD treatment after release, e.g., by connecting people with community-based treatment upon discharge, and requesting reinstatement of Medicaid benefits at release. The research team collected data from the jails on people who were eligible for and received MOUD, and worked with the state Department of Public Health to assess post-release outcomes using linked datasets from the MA Public Health Data Warehouse.

The Numbers

Data were collected from 7 jails on a total of 6,383 incarcerated people with OUD who were jailed between Sept 2019-Dec 2020 and released before July 2021. Six months of post-release follow-up data were collected. Analyses compared the outcomes of those who did (n=2,723 [43%]) and did not (n=3,660 [57%]) receive MOUD treatment while incarcerated.

RESULTS

Main Findings[1]

People with OUD who received MOUD in one of the participating county jails had better outcomes than people who did not receive MOUD during their incarceration. Those receiving MOUD in jail were:

- More likely to receive MOUD in the community after release at 30, 90, and 180 days
- 50% less likely to experience death from any cause within 180 days
- Less likely to experience an opioid-related overdose within 30 or 180 days
- Less likely to be re-incarcerated within 180 days

Additional Outcomes of Interest[2,3]

- A costing tool was developed to calculate the start-up costs and fixed/variable maintenance costs of providing MOUD based on several jail characteristics and program models. Detailed estimates and the budget tool are available.[2]
- In interviews, people who received buprenorphine described both positive and negative experiences with injectable vs. sublingual formulations that offer important insight into the delivery of jail-based MOUD.[3]

IMPLEMENTATION INSIGHTS

- There is a missed opportunity to offer MOUD induction at jail entry at some facilities. Besides continuing existing MOUD treatment at entry and initiating MOUD prior to release, there is benefit to engaging people in treatment within 24 hours of incarceration.[4,5]
- Despite shorter stays compared to sentenced individuals, offering MOUD to pre-trial individuals can help address OUD and overdose rates, especially with community treatment linkages.[6]
- Robust re-entry programs can help individuals seamlessly continue their MOUD treatment at release. Certainty about the continuity of services may reduce people's hesitancy to initiate MOUD during incarceration.[6,7,8]
- Optimal operation of a jail-based MOUD program requires use of evidence-based steps to proactively prevent MOUD diversion, and plans to address diversion as guided by therapeutic principles when it does occur.[4,9]
- MOUD-related misperceptions and stigma among medical and carceral staff and prospective patients commonly lead to hesitation about offering or receiving MOUD. Adequate training and education are key to addressing these concerns.[10]

[1] Friedmann et al., 2025, *New England J Med, 393:994-1003*. [2] Ryan et al., 2025, *Health Justice, 13:9*. [3] Stopka et al., 2024, *Addiction Sci & Clin Practice, 19:68*. [4] Evans et al., 2023, *Int J Drug Policy, 122:104252*. [5] Santelices et al., 2025, *Health Justice, 13(1):25*. [6] Pivovarova et al., 2022, *Drug Alcohol Depend, 234:109394*. [7] Matsumoto et al., 2022, *Int J Drug Policy, 109:103823*. [8] Stopka et al., 2022, *Int J Drug Policy, 110:103803*. [9] Evans et al., 2022, *JSAT, 138:108746*. [10] Michener et al., 2024, *Harm Reduct J, 21:138*.