MAT in Jails & Detention Facilities

Problem: Justice-involved individuals are at comparatively **high risk for overdose** (especially in the two weeks following release), and substance use disorder is correlated with a **higher risk of recidivism** and therefore **higher costs** (re-arrest, re-incarceration, etc.).

- Jails and detention facilities house a population disproportionately affected by substance use disorder and mental health struggles. The Bureau of Justice Statistics has found that nearly two-thirds (63%) of people in local jails in the U.S. meet criteria for substance use disorder.[1]
- Substance misuse is a predictor of criminal recidivism.[2]
- Incarcerated populations are among the most at risk for the most adverse consequences of substance use disorder, namely non-fatal overdose and overdose death. As persons with substance use disorder become physiologically dependent on a drug, they experience increased tolerance for that substance. Individuals often lose this tolerance while incarcerated and abstinent from the substance and when released are therefore at increased risk of overdose.[3]
- Studies have found individuals to be at most acute risk of overdose immediately within two weeks immediately following release—a risk that is potentially hundreds of times that of the general population.[4]

Intervention: Offering **Medication-Assisted Treatment** (MAT) to inmates with substance use disorder in jails and detention facilities.

- Medications for Opioid Use Disorder (MOUD), also known as Medication-assisted Treatment (MAT) are the standard of care for Opioid Use Disorder (OUD). Currently, there are 3 FDA-approved medications to treat OUD- Methadone, Buprenorphine and Naltrexone.
- Buprenorphine and Naltrexone are most commonly used in jail-based programs in the US.

Expected outcomes: Medication-assisted treatment is highly effective in **reducing illicit substance** use and **reduces risk of opioid overdose and death**. MAT programs in jails and detention facilities are associated with **lower rates of recidivism.**

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[1] Jennifer Karberg et al., "Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002," Bureau of Justice Statistics (2005): https://bjs.ojp.gov/library/publications/substance-dependence-abuse-and-treatment-jail-inmates-2002

[2] S.M.M. Lammers et al., "Substance use and criminality: a review," Tijdschr Psychiatrie (2014): https://pubmed.ncbi.nlm.nih.gov/24446225/

[3] National Institute on Drug Abuse, "Is There a Difference Between Physical Dependence and Addiction?," accessed Sept. 23, 2019, https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/there-difference-between-physical-dependence.

[4] I.A. Binswanger et al., "Release From Prison—a High Risk of Death for Former Inmates," New England Journal of Medicine 356, no. 2 (2007): 157-65, https://www.ncbi.nlm.nih.gov/pubmed/17215533.

Shabbar I. Ranapurwala, Meghan E. Shanahan, Apostolos A. Alexandridis, et al., "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015," American Journal of Public Health 108, no. 9 (2018), 1207–13, 1207.

Bronson et al. Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009 (Washington, DC: Bureau of Justice Statistics, 2017)

- In a robust review of 31 medical trials, Methadone and Buprenorphine were found to be highly and equally effective in reducing illicit substance use, reducing risk of opioid overdose and death and reducing risky behaviors.[5]
- A study of 469 incarcerated adults in Massachusetts found significantly lower rates of recidivism among those who had access to buprenorphine in jail.[6]

Program model

- Screen all inmates for Opioid Use Disorder (OUD) using a standardized screening tool.
- Inmates who screen positive will be referred to a Corrections Navigator for a full assessment.
- Inmates who are eligible and interested in the program will be referred to a treatment physician and a treatment plan will be developed.
- Trained correctional healthcare staff will administer medication according to the prescribed treatment plan. Trained correctional officers will assist with security protocols during administration.
- Regular psycho-social therapy sessions will be held onsite for participating inmates by a qualified behavioral health provider.
- The Corrections Navigator will develop discharge plans with participating inmates including placement with a community-based treatment provider, ensuring continuity of care.

Annual costs

- Staffing: Corrections Navigator (salary, benefits and overhead = ca. $99,000 per year)
- Could potentially be shared across several smaller sites

	Per patient inmate cost per year
Medical oversight (initial eval, follow-up, nurse)	$215
Testing (1 per participant per week)	$269
Therapy (group sessions 2x/week, max 10 participants each)	$320
MAT medications (buprenorphine)	$1,168
TOTAL	**$1,972**

Information and resources

National Sheriffs Association, "Jail-based MAT: Promising Practices, Guidelines and Resources," https://www.sheriffs.org/jail-based-mat

[5] R P Mattick et al., "Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence," Cochrane Database System Review (2004): DOI: 10.1002/14651858.CD002207.pub2

[6] Elizabeth Evans et al., "Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder," Drug and Alcohol Dependence (2022): DOI: 10.1016/j.drugalcdep.2021.109254