

ACCESS TO MEDICATIONS FOR ADDICTION TREATMENT IN CORRECTIONAL SETTINGS STATE BRIEF NOVEMBER 2020



BACKGROUND

The Social Security Act (Sec. 1905(a)(A)) largely prohibits states from using federal funds to provide Medicaid benefits to individuals who are incarcerated. While efforts continue at the federal level to repeal this “[Medicaid Inmate Exclusion](#),” states have increasingly turned to alternative strategies to provide [medications for addiction treatment](#) (MAT) to individuals who are incarcerated. However, issues of funding are not the only limiting factor preventing individuals who are incarcerated from accessing evidence-based addiction treatment. Continuing stigma against those suffering from opioid use disorder (OUD) and MAT fuels opposition to increased access to MAT. Fortunately, the criminal justice system is steadily pivoting to leveraging MAT as a vital element of jail and prison-based health programs. Furthermore, as society’s understanding of OUD and MAT has evolved, it has become [increasingly clear](#) that refusal to provide MAT to individuals who are incarcerated may violate the 8th Amendment, as well as the Americans with Disabilities Act and Rehabilitation Act. Federal courts are already ruling in favor of individuals who are incarcerated and denied treatment for their OUD, such as in [Brenda Smith v. Aroostook County](#).

ASAM POSITION

- Access to evidence-based OUD treatment including all FDA-approved medications, either on-site or through transport, is the standard of care for all persons who are detained or incarcerated.
- All detainees at jails and prisons should be screened for OUD and other substance use disorders upon entry using a validated assessment tool.
- All correctional facilities should have naloxone readily available throughout the facility to reverse opioid overdoses.
- Counseling services, case management and peer support services should be offered to persons with OUD who are detained and incarcerated as part of a comprehensive treatment plan.
- Telemedicine/telehealth should be expanded as a means of increasing access to medication management and non-pharmacological, behavioral health services in correctional facilities that cannot offer such treatments on-site.
- Community-correctional partnerships, including low-threshold transitional clinics that emphasize engagement and harm reduction to bridge the gap between incarceration and community treatment, should be supported and financed to coordinate care upon entry and release to avoid dangerous interruptions in treatment.



FACTS

- Nearly [two-thirds](#) of persons who are incarcerated have a history of substance use disorder (SUD), and an additional 20% who do not meet criteria for SUD have substance involvement at the time of their crime or were arrested for a drug-related offense.
- Currently, only [4.6%](#) of individuals referred to treatment for OUD from the criminal justice system receive treatment with MAT.
- Incarcerated individuals are [129 times](#) more likely to die from overdose within the first two weeks after release when compared to the general U.S. population – particularly from opioids.
- Promising models such as Rhode Island’s treatment program have led to a 61% [reduction](#) in post-incarceration overdose deaths.
- Every dollar [invested](#) in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.
- [Drug treatment studies](#) cited by the Federal Bureau of Prisons find that when addiction treatment programs for individuals who are incarcerated are well-designed, carefully implemented, and utilize effective practices, they result in a broad range of benefits including reduced criminality, recidivism, and inmate conflict.

RESOURCES

- [ASAM’s Treatment of Opioid Use Disorder in Correctional Settings Statement](#)
- [Legal Action Center’s MAT Advocacy Toolkit](#)
- [National Commission on Correctional Healthcare’s Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#)
- [NIDA’s Criminal Justice DrugFacts](#)
- [SAMHSA’s Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings Guide](#)
- [LAPPA’s Model Legislation on Access to Medications for Addiction Treatment in Correctional Settings](#)
- [National Council for Behavioral Health’s Medication-Assisted Treatment \(MAT\) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)