PCSS Medications for Opioid Use Disorders

Providers Clinical Support System

Medications for Opioid Use Disorder in Jails, Prisons, and Reentry: Evidence and Practical Approaches

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Housekeeping

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD), a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.

- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

Educational Objectives

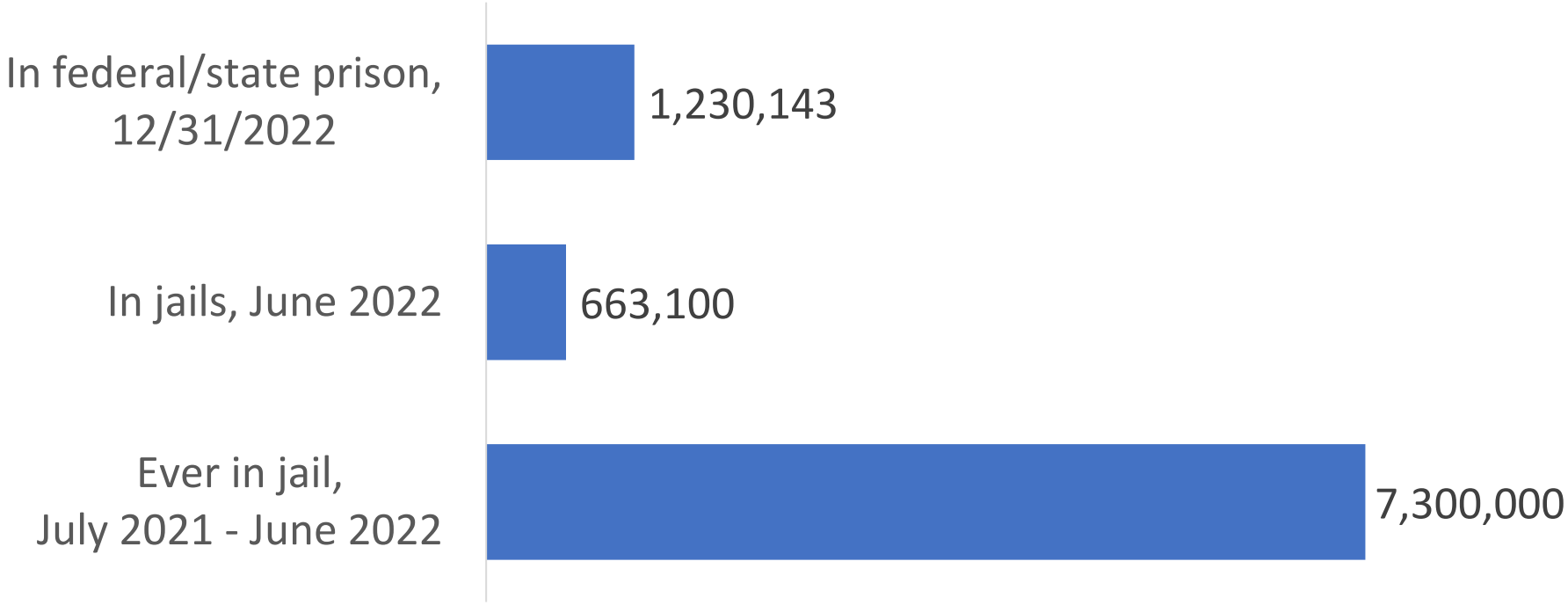
- At the conclusion of this activity participants should be able to:
  - **Describe** prevalence of opioid use disorder and overdose risk in justice-involved populations;
  - **Summarize** evidence on outcomes of Medications for Opioid Use Disorder provided in jails and prisons;
  - **Compare** and contrast methadone, buprenorphine, and extended-release naltrexone in correctional settings;
  - **Outline** key legal and policy frameworks that impact Medications for Opioid Use Disorder access and implementation;
  - **Identify** implementation strategies for providing Medications for Opioid Use Disorder in correctional settings and linking patients to treatment post-release.

Terminology

The following acronyms will be used throughout this presentation. Familiarity with these terms will support understanding of key concepts.

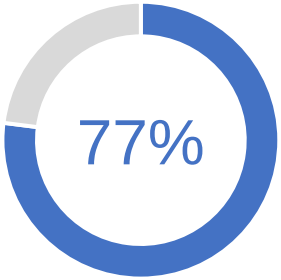
Acronym	Stands For
CLS	Criminal Legal System
CMS	Centers for Medicare & Medicaid Services
MOUD	Medications for Opioid Use Disorder
OAT	Opioid Agonist Therapy
OUD	Opioid Use Disorder
OTP	Opioid Treatment Program
RCT	Randomized Controlled Trial
SL	Sublingual (under the tongue)
XR	Extended-release formulation (e.g., long-acting injection or implant used in MOUD treatment)

Jail (short term) and Prison (1+ year) Populations

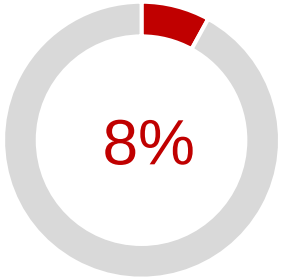


Carson 2023: Carson EA. 2023. Prisoners in 2022 – Statistical Tables (NCJ 307149). Bureau of Justice Statistics. https://bjs.ojp.gov/document/p22st.pdf
Zeng 2023: Zeng Z. 2023. Jail Inmates in 2022 – Statistical Tables (NCJ 307086). Bureau of Justice Statistics. https://bjs.ojp.gov/document/ji22st.pdf

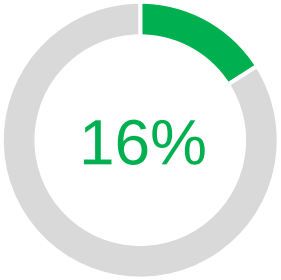
OUD Prevalence Among Justice-Involved



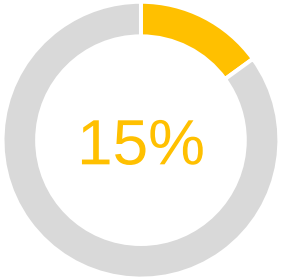
Past-year CLS involvement among heroin users



Heroin use in 30 days before arrest



Rx drug use in 30 days before arrest



OUD diagnosis among incarcerated

Maruschak et al. 2021; SAMHSA 2019; Thakhar et al. 2021; Tamburello & Martin 2024; Winkelman et al. 2018

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Post-Release Overdose Risk

- 30x risk of fatal overdose in first 2 weeks vs. general population
- Risk remains high over time: ~16x higher in year after release
- Heightened risk due to fentanyl
- As many as half of overdose deaths among CLS-involved

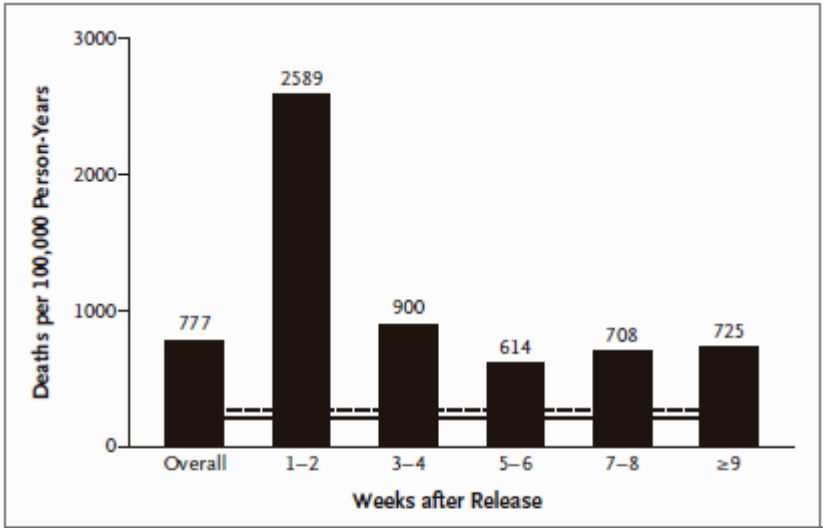


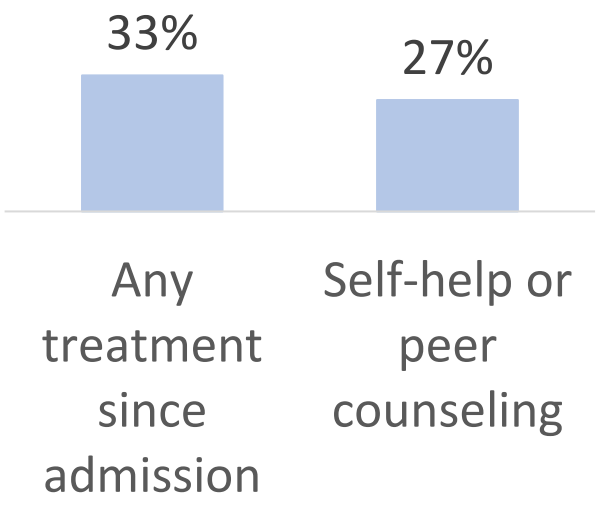
Figure 1. Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.

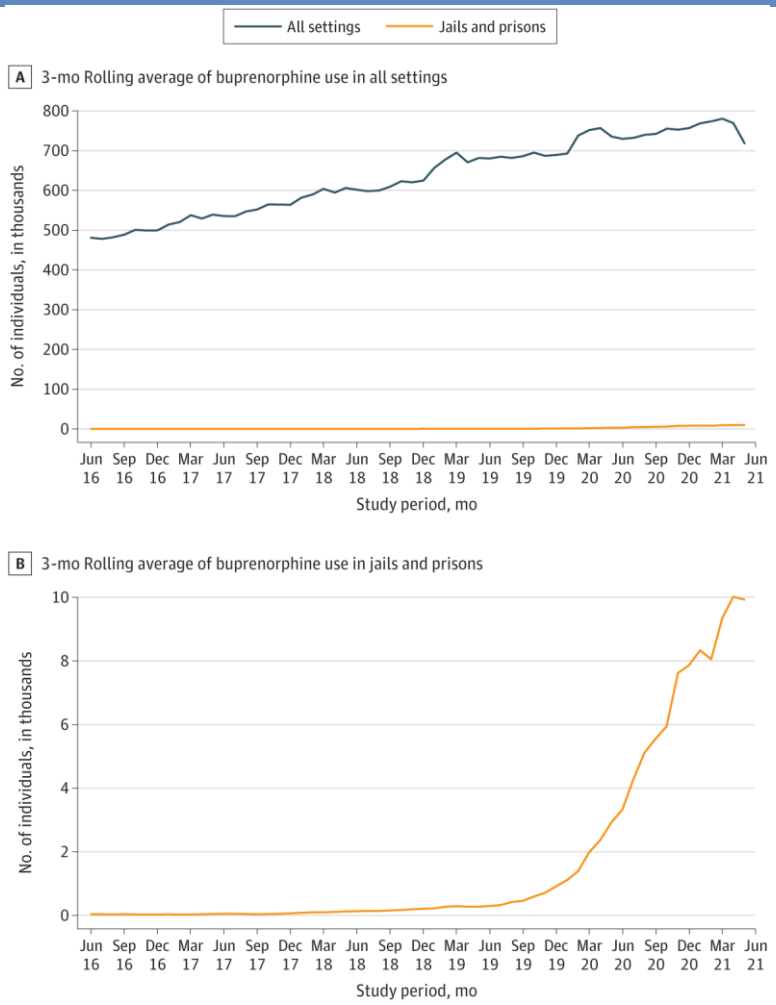
The dashed line represents the adjusted mortality rate for residents of the State of Washington (223 deaths per 100,000 person-years), and the solid line represents the crude mortality rate among inmates of the state prison system during incarceration (201 deaths per 100,000 inmate person-years).

Binswanger et al. 2007; Cooper et al. 2023

OUD Treatment in CLS

SUD treatment among **state prisoners** with SUD





Maruschak et al. 2021; Thakhar et al. 2021

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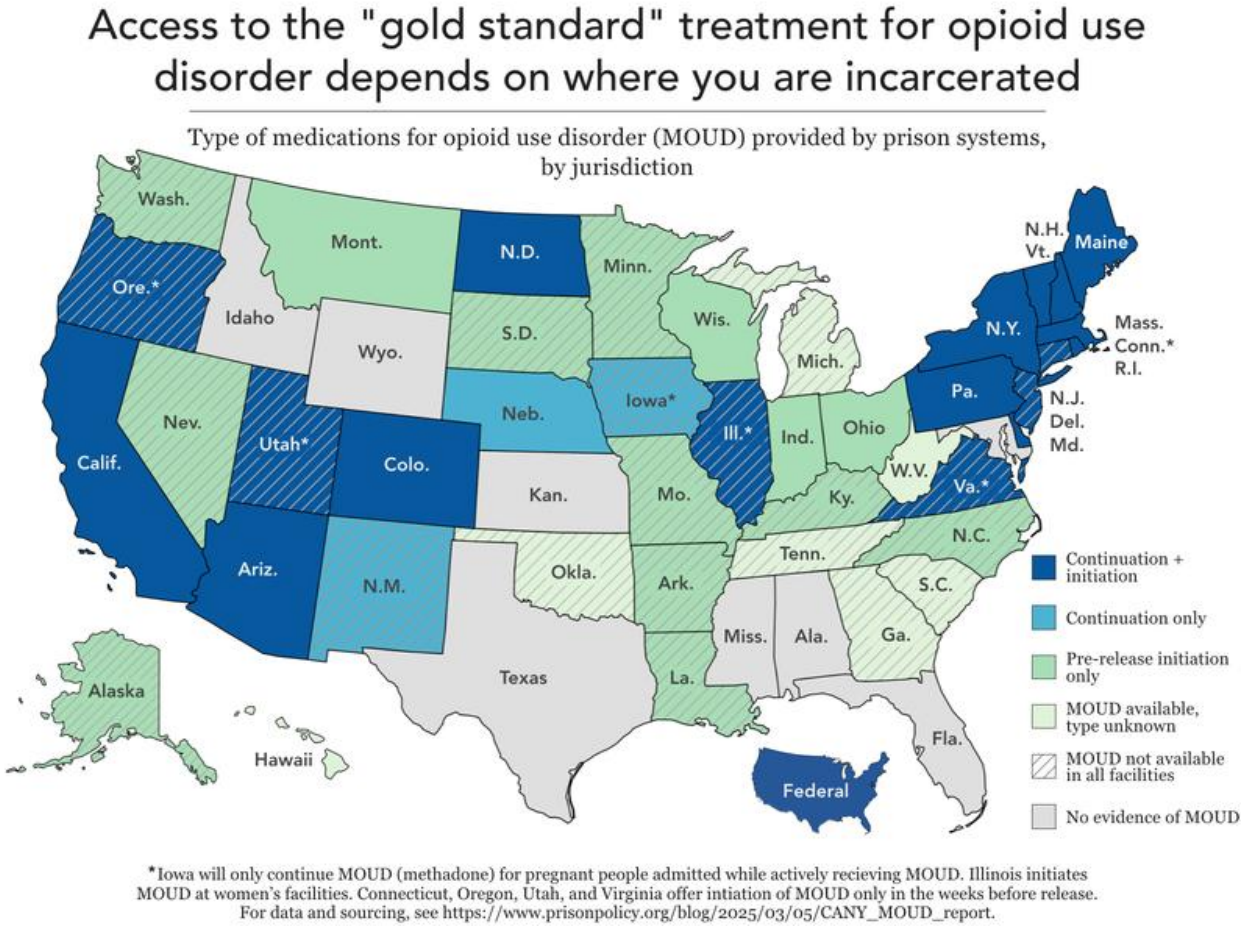
MOUD Availability in Prisons

- State prison systems vary in:
  - Medications
  - Populations
  - When prescribed
- Few states offer all 3 medications to any individual with clinical need



Flanagan Balawajder et al. 2024; Widra 2025

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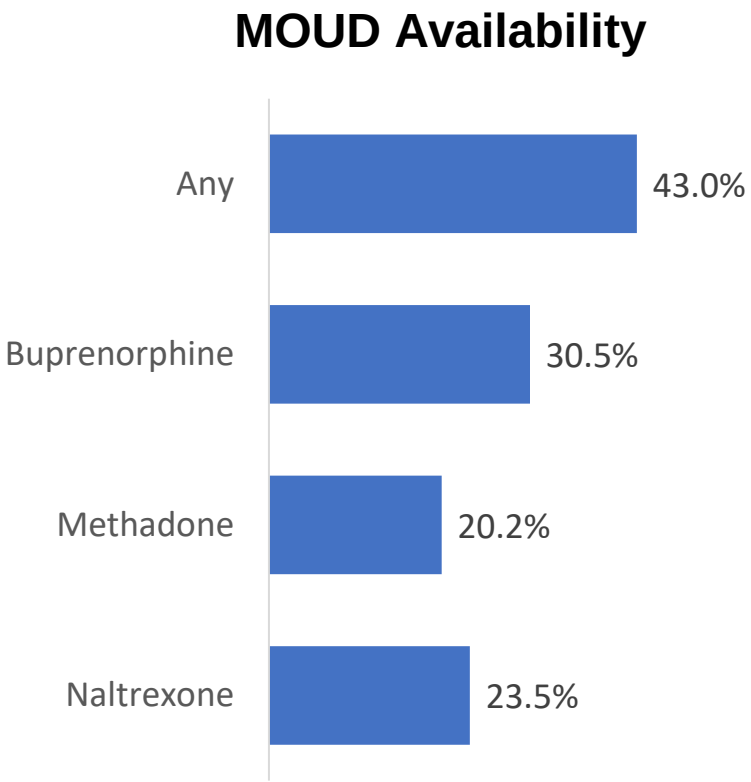
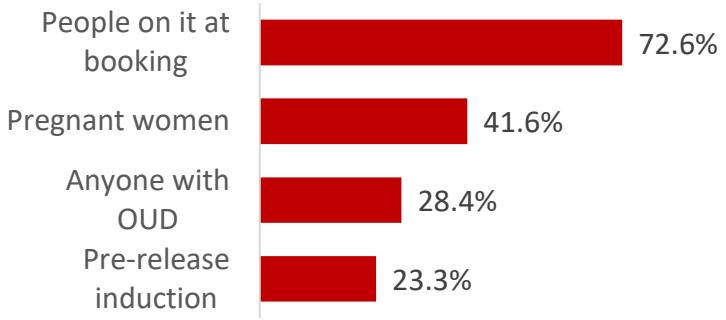
MOUD Availability in Jails

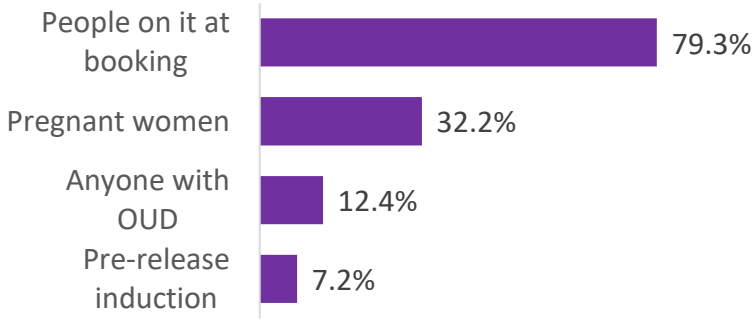
From a 2022-2023 survey of 1,028 U.S. Jails:



Who is **buprenorphine** available to?



Who is **methadone** available to?



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Legal and Policy Context Supporting CLS MOUD expansion

Litigation

- Courts have ruled that blanket denials of MOUD can violate the Americans with Disabilities Act and the 8th Amendment
- Correctional systems changing policy to avoid litigation

Extension of COVID-era treatment flexibilities

- Telehealth (c.f. CMS G-codes for tele-MOUD, in-person exams waived)
- Methadone extended take-homes (e.g., 14 and 28 days)

Ethics

- Carceral policies prohibiting MOUD may violate providers ethical mandate to “do no harm” and principles of autonomy, beneficence, and justice

Broad support among professional associations

- National Commission on Correctional Health Care (NCCHC)
- American Society of Addiction Medicine (ASAM)

Berk et al. 2024

ASAM and NCCHC Position Statements

- **All correctional settings** should provide access to MOUD either on site or through transport.
- Universal OUD and SUD screening and assessment using validated tools.
- Continuation of MOUD for those individuals being treated before incarceration.
- Offer MOUD to incoming detained with untreated OUD or withdrawal symptoms, as clinically indicated, based on patient preferences.
- Establish community-correctional partnerships to facilitate pre-release outpatient provider visits and coordinate care.
- Offer counseling, case management, peer support.

ASAM Statement: https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2025/01/24/treatment-of-opioid-use-disorder-in-correctional-settings

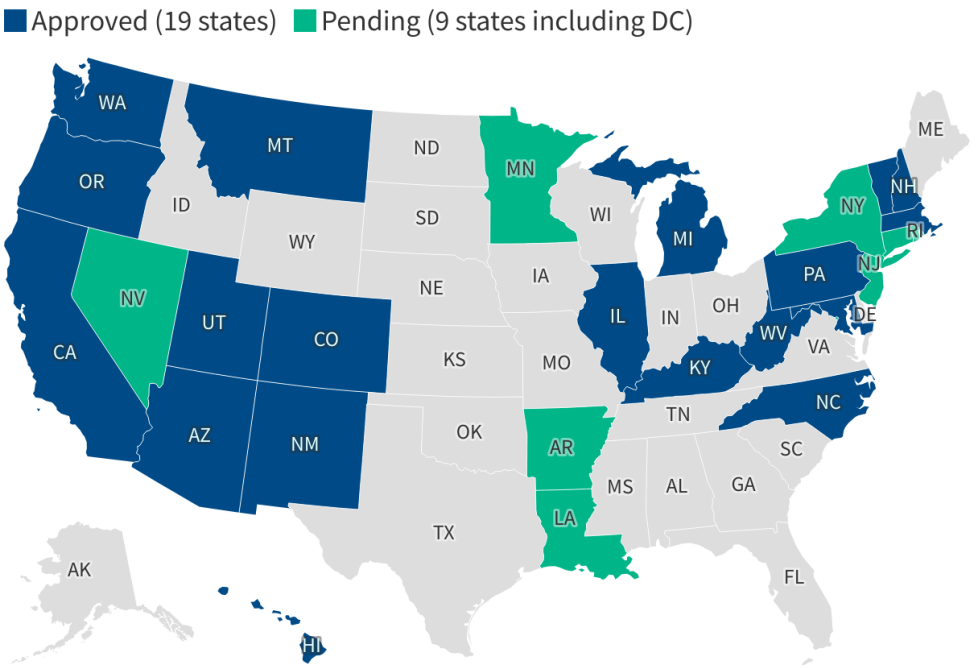
NCCHC Statement: https://www.ncchc.org/position-statements/opioid-use-disorder-treatment-in-correctional-settings-2021/

Medicaid Policies

- The **Medicaid Inmate Exclusion Policy (MIEP)** prohibits Medicaid coverage during incarceration
- Starting in 2026, states must ***suspend*** rather than ***terminate*** Medicaid during incarceration
  - $113 million in grants
- As of 2025, MIEP waived for youth in 30 days before release
- 1115 re-entry waivers
  - 19 states approved
  - 9 states (+DC) pending
  - Min. benefits: re-entry case management, MOUD, 30-day med supply at release
- Medicaid Reentry Act?

Section 1115 Waivers: Medicaid Pre-release Coverage for Individuals Who Are Incarcerated

as of March 14, 2025



Note: For more information, see KFF's Medicaid Waiver Tracker ("Eligibility Changes" table) and related pre-release waiver watch (August 2024).

Source: KFF analysis of state Section 1115 Medicaid waivers posted to Medicaid.gov

KFF

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Pre-Release MOUD and Post-Release Outcomes

Moore et al. (2019) systematic review and meta-analysis:

- **Community MOUD receipt:** 5 RCTs and 2 observational studies found MOUD during incarceration increased odds of post-release treatment engagement.
- **Opioid use:** Pre-release methadone associated with reduced post-release opioid use in 4 RCTs and 4 observational studies. Results were less consistent for buprenorphine and naltrexone.
- **Recidivism:** mixed results, but recidivism has significant limitations as an outcome measure.
- **Injection drug use:** 3 RCTs found a reduction associated with methadone.

***This is a highly active research area given the rapid expansion of MOUD programs in the criminal-legal system**

Moore et al. 2019

Recent Evidence on Overdose Reduction

Overdose is difficult to assess in RCTs due to the small sample sizes and relatively low occurrence. However, recent observational studies have found evidence of a reduction in overdose risk associated with pre-release MOUD:

- **Cherian et al. 2024:** MOUD associated with lower nonfatal overdose risk within 14 days after release (HR = 0.49, 95% CI = 0.33 – 0.74), but no association with later periods up to a year.
- **Lim et al. 2023:** MOUD associated with 80% lower risk of overdose death in month after release (HR=0.20, 95% CI = 0.08 – 0.46).
- **Klemperer et al. 2023** and **Green et al. 2018:** decrease in population-level opioid overdose after implementing MOUD in statewide correctional systems (VT and RI, respectively).

Background Recap

- High prevalence of OUD among incarcerated people (~15-20%)
- Heightened overdose risk after release (>30x higher than gen. pop.)
- OUD undertreated in CLS settings (33% any treatment, ~15% MOUD)
- Few jails and prisons provide comprehensive MOUD comparable to availability in the community
- Court decisions, policy changes, and professional associations support expansion of MOUD in CLS
- Evidence to-date indicates that pre-release MOUD increases post-release treatment engagement and reduces opioid use and overdose.

Maruschak 2021, Moore et al. 2019, Cooper et al. 2023, & SAMHSA 2019

Methadone

Full agonist, typically provided as a liquid with daily dosing

Pros	Cons
Highly effective in reducing withdrawal/cravings	Highly regulated; typically requires licensed OTP
Liquid form less subject to diversion	Daily supervised dosing needed
Long history, robust data	Possible stigma or security concerns

Berk et al. 2024 Rising et al. 2022

Oral (i.e., Sublingual) Buprenorphine

Partial agonist, available as sublingual film or tablet

Pros	Cons
Effective withdrawal/craving suppression	Diversion concerns if unsupervised
Lower overdose risk vs. full methadone	Daily dosing can be logistically complex
Easier prescribing (no OTP)	May carry stigma

XR-Buprenorphine

Partial agonist, available as weekly or monthly injection formulations

Pros	Cons
Eliminates logistical challenges of daily dosing	Much higher medication cost
Negates diversion concerns	Requires initial induction on sublingual buprenorphine*
Potentially higher post-release retention	Injection site reactions
Patient privacy	Longer gaps between visits*

Martin et al., 2022; O'Connor et al. 2024; Russell et al., 2024; Stopka et al., 2024

XR-Naltrexone

Opioid antagonist, available as monthly extended-release injection

Pros	Cons
Blocks effects of opioid agonists	Less effect on cravings
Institutionalized persons often already “detoxed,” may not want OAT and physical dependence	Induction requires detox (~7-10 days opioid-free)
Monthly injection	*Much* lower retention than methadone or buprenorphine
No diversion concerns	Injection site reactions, cost

A Note on Diversion

Diversion is mostly a concern for SL buprenorphine, but the extent is debated

- Qualitative studies suggest diversion is minimal and can largely be prevented (Evans et al. 2022; Evans et al. 2023).
- Non-prescribed buprenorphine use is common in CLS but may be higher in facilities where it is not prescribed (Gryczynski et al. 2021).
- Some qualitative evidence that buprenorphine prescribing in CLS can *reduce* diversion (Evans et al. 2022).

Minimizing diversion risk:

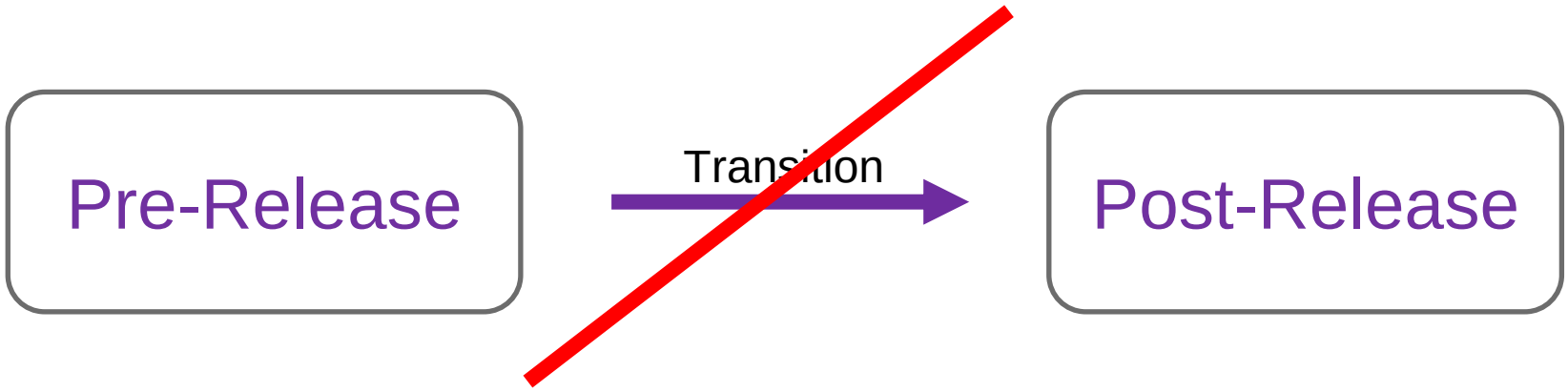
- Direct observation of SL methadone or buprenorphine administration (e.g., patients often instructed to sit on their hands)
- Fewer tables/films at a time
- Crushed tablets or films
- Consider monthly injections
- Staff training

Which Medication?

- Choice of MOUD should be individualized; offering all three medications is considered best practice to meet patient needs
- Provide sufficient information to support patient decision-making
- XR formulations can be especially useful for transitions
- Proximity to OTPs as partners?
- Proximity to MOUD providers for community referrals?
- Formularies available within the facility?
- Reimbursement available (e.g., Medicaid waiver)?
- Health and correctional staff capacity?
- Facility infrastructure/resources?

**Any type or choice of MOUD will be much more effective vs. none*

Re-entry Challenges



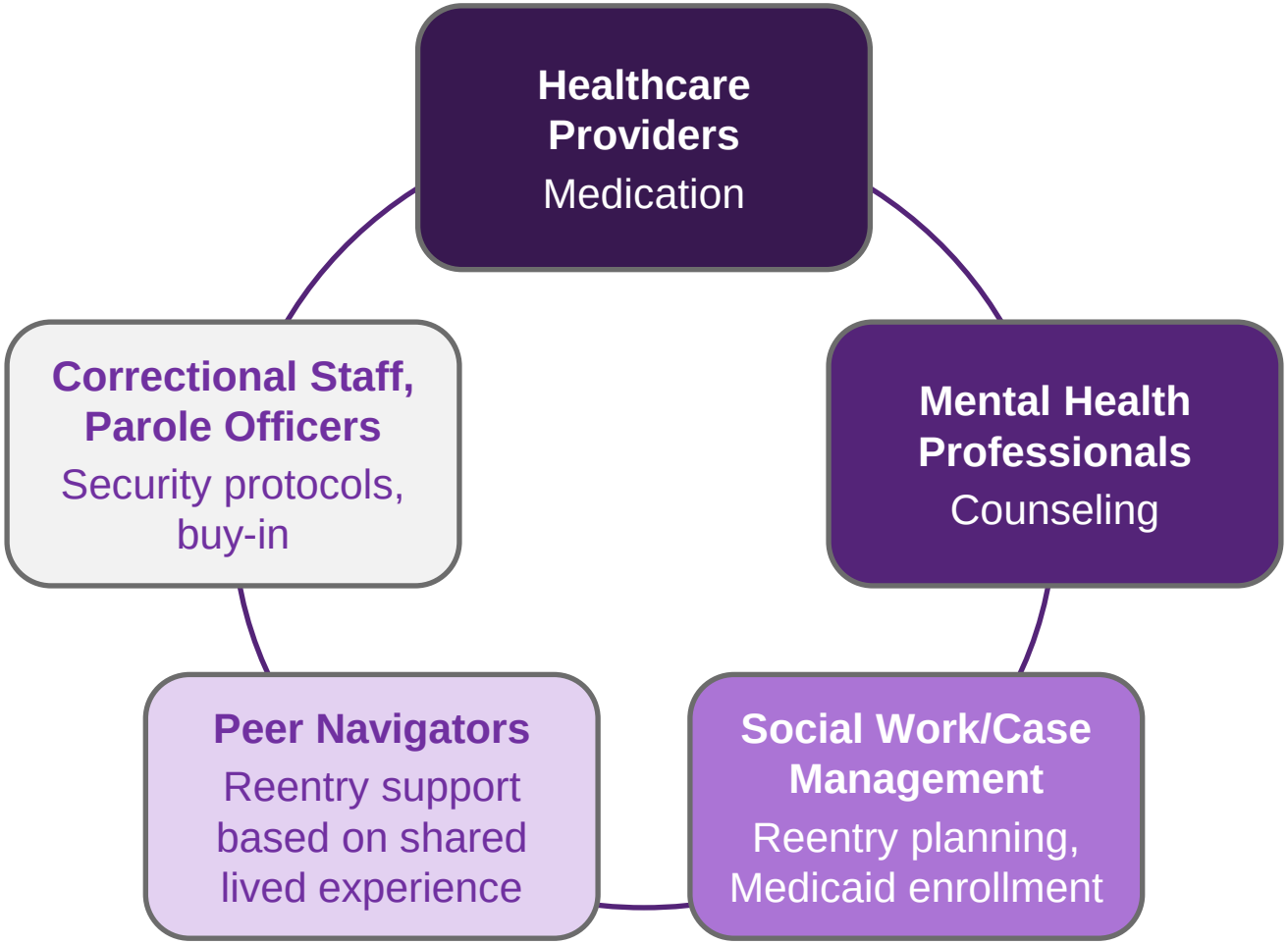
- Actual release date can be announced abruptly with no warning
- Even when care provided in corrections, disruptions are common after release.
- Medicaid Inmate Exclusion Policy -> Medicaid suspended/terminated while incarcerated (waivers in place in some states)
- Poor coordination of health services pre/post release
- Barriers to health care are common (e.g., housing, transportation)

Re-entry Planning

- Medication induction/stabilization
- Medication bridge (7-30-day supply)
- Provide naloxone and OD education
- Medicaid enrollment
- Identify treatment providers, other supports
- Warm hand-off (i.e. telehealth visits “behind the wall”)

- Transitional support from peer, social worker
- Connections to treatment providers, other supports
- Phone?
- Housing?

Team Approaches Work Best



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Implementation Steps Summary

1. **Screen Everyone:** Systematic OUD screening at intake.
2. **Maintain Current MOUD:** No forced tapers for those already on methadone/buprenorphine.
3. **Offer Induction:** For untreated detainees with OUD.
4. **Decide on Medication Type:** Consider patient preference, facility resources, reentry plans.
5. **Prepare for Release:** Warm handoff to community providers, bridging medication, naloxone, ideally with visits with community provider *pre-release*

OUD Cascade of Care

Williams et al. 2019

Summary and Key Takeaways

- Offering MOUD in CLS is a life-saving intervention
  - Increases post-release treatment engagement
  - Reduces substance use and overdose
- All 3 medications/MOUD modalities work
  - Emphasize patient choice
  - Consider institutional and environmental factors
- Continuity of care post-release is critical
  - Plan early
  - Coordinate thoroughly
  - Peers and case managers can help
- Team-based & whole-person approach
  - Involve interdisciplinary teams
  - Address OUD alongside social needs
- Legal and policy landscape supports expansion of MOUD in CLS
  - Great need for implementation strategies

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PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in **addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

https://pcssNOW.org/mentoring/

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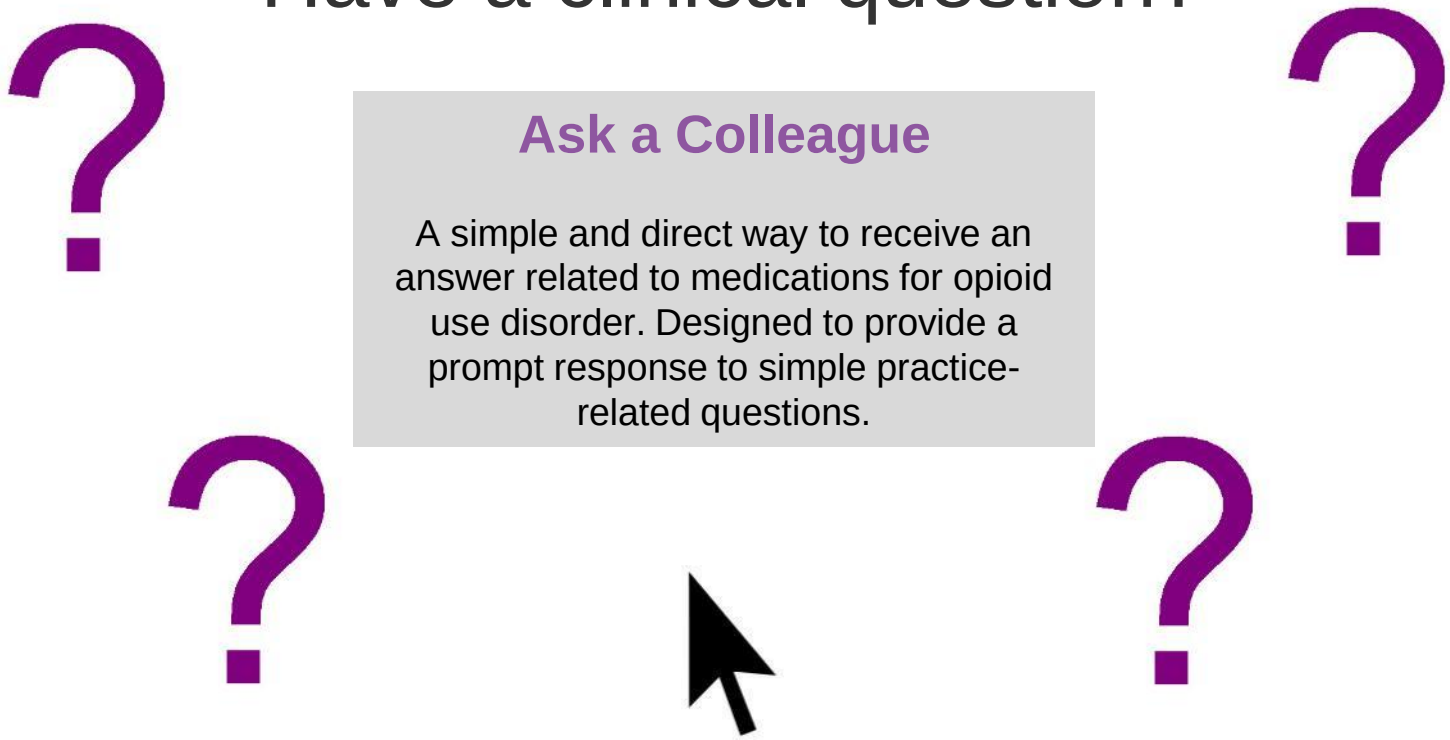
PCSS-MOUD Discussion Forum

Have a clinical question?



Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

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PCSS Medications for Opioid Use Disorders — Providers Clinical Support System

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Providers Clinical Support System

PCSS-MOUD is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Policy Forum	American College of Emergency Physicians*
Addiction Technology Transfer Center*	American College of Medical Toxicology
African American Behavioral Health Center of Excellence	American Dental Association
All Rise	American Medical Association*
American Academy of Child and Adolescent Psychiatry	American Orthopedic Association
American Academy of Family Physicians	American Osteopathic Academy of Addiction Medicine*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Association of Psychiatric Pharmacists	Black Faces Black Voices
American Chronic Pain Association	Coalition of Physician Education

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Columbia University, Department of Psychiatry*	Northwest Portland Area Indian Health Board
Council on Social Work Education*	Partnership to End Addiction
Faces and Voices of Recovery	Physician Assistant Education Association
Mobilize Recovery	Project Lazarus
NAADAC Association for Addiction Professionals*	Public Health Foundation (TRAIN Learning Network)
National Alliance for HIV Education and Workforce Development	Sickle Cell Adult Provider Network
National Association of Community Health Centers	Society for Academic Emergency Medicine*
National Association of Social Workers*	Society of General Internal Medicine
National Council for Mental Wellbeing*	The National Judicial College
National Council of State Boards of Nursing	Veterans Health Administration

PCSS
Medications for Opioid Use Disorders

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PCSS-MOUD: Educate, Train, Mentor

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