



National Institute
on Drug Abuse

Treating Opioid Addiction in Criminal Justice Settings

SCIENCE DRIVEN SOLUTIONS

COST SAVINGS WHEN TREATING ADDICTION IN CRIMINAL JUSTICE

Analysis of crime costs in California estimated that treating criminal justice-involved persons with methadone or buprenorphine resulted in a cost savings of nearly \$18,000 per person over 6 months compared to detoxification alone.¹² A California law allowing qualified drug offenders to enter treatment instead of jail or prison saved the state close to \$100 million in its first year.

MEDICATIONS SAVE LIVES

A study in Washington State found that the risk of death from drug overdose was **129** times higher in the first 2 weeks after release from prison compared to the general population.¹⁴ Methadone or buprenorphine treatment during this transitional time decreases risk of death by 75 percent.¹⁵

INCARCERATION IS AN IMPORTANT OPPORTUNITY TO TREAT OPIOID ADDICTION

- Sixty-five percent of all incarcerated individuals meet the criteria for a substance use disorder.¹
- Use of opioids—which include prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is linked with a higher rate of recidivism.²

PROVIDING MEDICATION FOR OPIOID ADDICTION IMPROVES OUTCOMES

Medications including buprenorphine, methadone, and extended release naltrexone, are first-line treatments for opioid addiction.

- These medications *DECREASE* opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission^{3,4}, while *INCREASING* social functioning and retention in treatment.^{3,4}
- Medications should be combined with behavioral counseling for a “whole patient” approach, known as Medication Assisted Treatment (MAT).
- Use of medication for detoxification alone is not effective for promoting long-term abstinence.⁵

Providing medication improves post-release outcomes

- Inmates treated with methadone or buprenorphine prior to release are more likely to engage in post-release treatment, and to stay in treatment longer.⁶⁻⁸
- A recent NIDA-funded study found treatment with extended-release naltrexone reduced relapse rates among criminal justice-involved adults with a history of opioid dependence.⁹
- Forced discontinuation of methadone treatment during incarceration can lead to a reluctance to engage in future treatment, due to the severe and extended withdrawal symptoms that occur when these medications are abruptly discontinued.¹⁰
- Opioid dependent patients allowed to continue methadone treatment during incarceration are less likely to be re-arrested than those who are detoxified in jail. Over 97 percent of those receiving methadone continued treatment after release.¹¹



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INMATES IN THE U.S. DO NOT RECEIVE ADEQUATE TREATMENT FOR ADDICTION

- Only 11 percent of inmates who need substance use disorder treatment in the U.S. receive any form of it.¹
- **The World Health Organization** recommends that all prisons make methadone and buprenorphine available for treatment and naltrexone available for relapse prevention.¹⁶ However, medications remain underutilized:
 - As of 2009, while 55 percent of U.S. prison systems offered methadone treatment, more than 50 percent did so only for pregnant women; only 14 percent offered buprenorphine treatment for any inmates.^{17,18}
- Medications are underused by drug courts.^{18,19} However, as of 2015, state drug courts receiving federal grants must allow people being treated with medications for opioid addiction to continue their use.

ADDRESSING MYTHS ABOUT MEDICATIONS

Methadone and buprenorphine DO NOT substitute one addiction for another.

When someone is treated for an opioid addiction the dosage of medication used does not get them high, it helps to reduce opioid cravings and withdrawal symptoms. These medications restore balance to the brain circuits affected by addiction, allowing the patient's brain to heal while they work towards recovery.

Diversion of methadone or buprenorphine is rare in jail and prison settings.

Attempts to divert these medications occur at a rate of 1 percent and 10 percent respectively,²⁰ but strict dosing supervision can successfully prevent diversion.²¹

ADDITIONAL INFORMATION

For more information about treating substance use disorders in criminal justice settings please see: [NIDA'S Principles of Drug Abuse Treatment for Criminal Justice Populations](#).

To learn more about medications to treat opioid addiction see: [NIDA's Treatment Approaches](#).

References

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SOLUTIONS DRIVEN SCIENCE

LONGER LASTING MEDICATIONS FOR JAIL-INITIATED TREATMENT

NIDA-supported research is testing whether treating inmates with long-lasting depot formulations of buprenorphine or naltrexone will reduce drug use and criminal activity.

ADDRESSING HIV IN THE CRIMINAL JUSTICE SYSTEM

NIDA-supported research is developing strategies to improve HIV testing and treatment of HIV positive individuals involved in the criminal justice system, with an aim of continued treatment and effective disease management after community re-entry.

REACHING JUSTICE-INVOLVED YOUTH AND YOUNG ADULTS

NIDA-supported research is developing and testing strategies for improving the delivery of evidence-based prevention and treatment services for youth through our *Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS)* initiative



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