

Opioid Use Disorder and Criminal Justice

Access to medication saves lives.

People Who Experience Incarceration Are at Risk of Overdose

People leaving incarceration settings in Massachusetts are 120 times more likely to experience a fatal overdose than the general public.¹ Access to medications for opioid use disorder while incarcerated decreases the risk of overdose and increases treatment retention upon release.²

Opioid Use Disorder Treatment

Opioid use disorder is a chronic disease. Currently, there are three FDA-approved medications to treat this disease. These are often called medications for opioid use disorder (MOUD) or medication-assisted treatment (MAT):

Methadone



- Reduces withdrawal symptoms and cravings
- · Can be used to treat pain
- Can reduce effects of other opioids (protects against overdose)
- · Taken as a liquid
- Given at licensed opioid treatment programs

Buprenorphine (Suboxone®)



- Reduces withdrawal symptoms and cravings
- · Can be used to treat pain
- Can reduce effects of other opioids (protects against overdose)
- Taken as film or tablet that melts under the tongue
- Available in a variety of settings by prescription from a healthcare provider

Naltrexone (Vivitrol®)



- Blocks the effects of opioids
- Patient must not use opioids for 7-10 days before starting medication
- Comes as pill or a monthly shot (shot is recommended)
- Administered in a variety of settings
- Any prescriber can write the prescription

Benefits of Medications for Opioid Use Disorder

- · Reduces incidence of fatal overdose
- · Increases retention in treatment
- · Decreases illicit opioid use and criminal activity
- · Increases sustainable recovery and related ability to secure and retain employment
- · Improves birth outcomes among women who have an opioid use disorder³

Methadone and buprenorphine have the largest body of evidence for treating opioid use disorder and reducing the chance of fatal overdose.⁴ It is important to note that naltrexone may put individuals at higher risk of overdose if there is a delay or discontinuation of treatment.⁵

Treatment Resources

Massachusetts Substance Use Helpline: 800-327-5050 | https://helplinema.org/
Statewide, public resource for finding substance use treatment, recovery, and problem gambling services.
Helpline services are free, confidential, and available 24 hours a day, 7 days a week.

Mass HEAL Initiative Primary Care Addiction Treatment Partners

- · Community Health Center of Cape Cod: (508) 477-7090, ext. 3106
- · Signature Healthcare Office Based Addiction Treatment Brockton: (508) 894-0575
- · Gloucester Family Health Center (North Shore Community Health): (978) 282-8899
- · Holyoke Health Center: (413) 420-1730
- · Lowell Community Health Center: (978) 322-8848
- · Harbor Community Health Center Plymouth: (508) 778-5470
- · Salem Family Health Center (North Shore Community Health): (978) 744-8388
- · Community Healthlink Leominster: (978) 401-3876

For additional statewide resources, including methadone treatment, please refer to Massachusetts Substance Use Helpline: 800-327-5050 | https://helplinema.org/.

Access to Medications for Opioid Use Disorder in Sheriff's Departments Is Evolving

Medications for opioid use disorder are not offered in all incarceration settings as of May 2021.

Per Chapter 208 of An Act for Prevention and Access to Appropriate Care and Treatment of Addiction of 2018 (often referred to as the CARE Act), the following seven sheriff's departments began providing broad access* to all FDA-approved forms of MOUD to all individuals housed within their facilities:

- · Essex County
- Franklin County
- · Hampden County
- Hampshire County
- Middlesex County
- Norfolk County
- · Suffolk County

*Per the legislation, a house of correction must maintain any individuals who enter the facility on MOUD. Also, they must offer MOUD induction not less than 30 days prior to release to individuals with OUD who are not already taking MOUD and deemed medically eligible. As of May 2021, several Department of Correction facilities offer MOUD. These facilities are:

- MASAC
- · MCI-Framingham
- · Southern Middlesex
- · Cedar Junction
- Shirley Medium
- · Souza-Baranowski

^{1.} Massachusetts Department of Public Health. An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015). August 2017.

^{2.} Brinkley-Rubinstein L, McKenzie M, Macmadu A, Larney S, Zaller N, Dauria E, Rich J. A randomized, open label trial of methadone continuation versus forced withdrawal in a combined US prison and jail: Findings at 12 months post-release. Drug Alcohol Depend. 2018 Mar 1;184:57-63. doi: 10.1016/j.drugalcdep.2017.11.023. Epub 2018 Jan 31. Erratum in: Drug Alcohol Depend. 2018 Mar 6:186.9. PMID: 29402680.

 $^{3.\} Medication-Assisted\ Treatment\ (MAT).\ (2021, January\ 4).\ SAMHSA.\ Retrieved\ February\ 24, 2021, from\ https://www.samhsa.gov/medication-assisted-treatment.$

^{4.} How effective are medications to treat opioid use disorder?. (2020, June 17). NIDA. Retrieved February 24, 2021, from https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder.

^{5.} Brief Summary of Important Facts About VIVITROL. (2020, May). VIVITROL® (naltrexone for extended-release injectable suspension). Retrieved February 24, 2021, from https://www.vivitrol.com/important-safety-information.