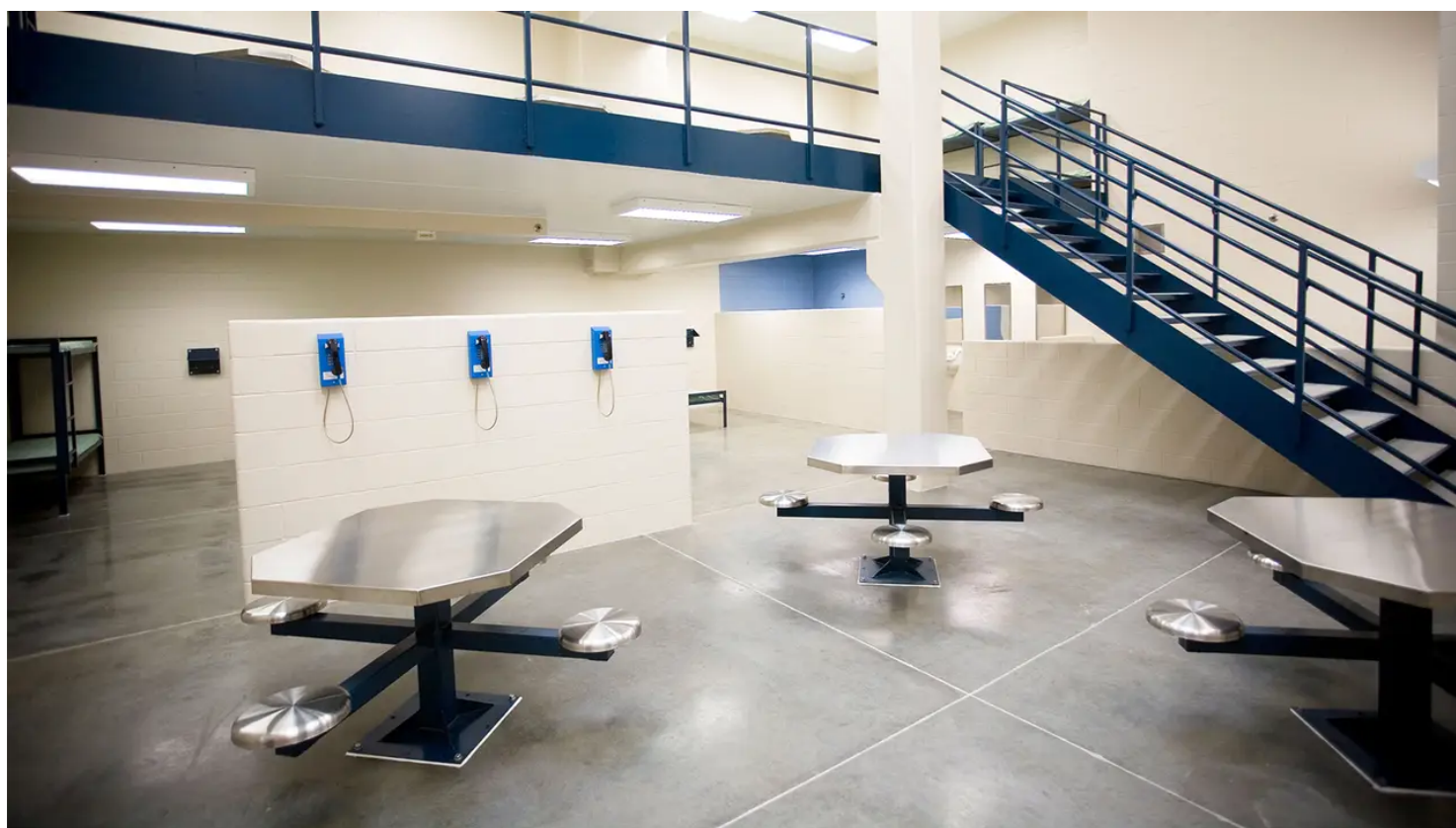


# Treating Opioid Addiction in Jails May Cut Overdose Deaths Later On

— People who opted to take medication were more likely to stay on treatment post-release

by [Shannon Firth](#), Washington Correspondent, MedPage Today

September 12, 2025 • 3 min read



## Key Takeaways

- People who leave jail and prison are at extremely high risk of a drug overdose, research shows.
- In this study of people with probable opioid use disorder in Massachusetts county jails, those who received medication had a 52% lower risk of fatal overdose after their release.
- As buprenorphine and methadone drove the benefits, a study author suggested that jails should make these medications available.

Use of medication for opioid use disorder (OUD) in jail was strongly associated with lower risks for overdose, death, and re-incarceration after release into the community, an observational study of county correctional facilities in Massachusetts found.

Among 6,400 individuals with probable OUD, those who opted to take medication for it had a 52% lower risk of fatal overdose after release (adjusted hazard ratio [aHR] 0.48, 95% CI 0.36-0.64) and a 56% lower risk for death from any cause (aHR 0.44, 95% CI 0.35-0.56) compared with those who went untreated, reported Peter Friedmann, MD, MPH, of the University of Massachusetts Chan Medical School-Baystate in Springfield, and colleagues.

Receiving medication while in jail was also associated with a 24% lower risk of nonfatal overdose (aHR 0.76, 95% CI 0.68-0.85) and a 12% lower risk of re-incarceration (aHR 0.88, 95% CI 0.81-0.94), the authors wrote in the *New England Journal of Medicine*.

"Establishing these types of programs in local jails is a powerful and effective strategy for engaging and retaining people with OUD in medication treatment and reducing overdose deaths after release," said Friedmann.

Within 30 days of release, medication recipients were more likely to receive treatment for OUD compared to individuals who did not receive treatment (60.2% vs 17.6%; adjusted RR 1.44, 95% CI 1.38-1.50). At 6 months after release, 58% of those who started in jail were still receiving treatment.

More than 80,000 people died from opioid overdoses in 2023, the researchers noted. And people who leave jail and prison have "[very, very high rates of overdose](#)," Friedmann told *MedPage Today*.

Historically, jails and prisons put inmates through withdrawal before releasing them into the community.

"When you do that, they lose tolerance to the opiate. So, if they go back to using [opioids] like they did before, they tend to overdose," Friedmann said. Agonist medications such as buprenorphine or methadone, however, maintain a person's tolerance, making them less likely to overdose, he noted.

In this study, 94% of the medication recipients were given buprenorphine or methadone, which drove the benefits.

Jails often [hesitate to initiate agonist treatments](#) because of their abuse potential and because of stigma, Friedmann noted, adding that, "People still say, 'It's replacing one drug with another,' which is not a true statement."

He worries jails will see the finding that medication drives community benefit and say, "'We do naltrexone, so we're good.' And that's not the message. The message is, you really need [to make] buprenorphine and methadone available," Friedmann said.

This study leveraged a 4-year pilot program mandated by Massachusetts law that required five of the state's 13 county correctional facilities to test the impact of providing all three FDA-approved drugs for OUD. Two more jails voluntarily joined the program. The jails collaborated with the state public health department and the Massachusetts Justice Community Opioid Innovation Network research hub to assess the results of the pilot.

Eligible participants had probable OUD and were incarcerated during the study period from September 2019 to December 2020.

Among 6,400 such individuals, 42.4% received medication for their OUD in jail, of whom 67.9% received buprenorphine, 25.7% received methadone, and 6.5% received naltrexone. Medication recipients were more likely than those who did not receive treatment to be white (75.4% vs 58.1%), to be sentenced (31.6% vs 13.2%), and to be receiving medication for OUD at jail entry (73.7% vs 17.1%).

The [racial disparities in treatment](#) were "concerning," Friedmann said, given that Black and Hispanic persons are overrepresented in carceral settings. However, disparities in the jails are likely to reflect the disparities in the community, as previous treatment was an overwhelming factor in receiving OUD treatment.

Hospitalization rates, however, did not differ substantially between those who received treatment and those who did not.

The study wasn't a randomized trial, and patients had a choice in whether to receive medication or not, Friedmann noted as a study limitation.

He said that ongoing research will assess the comparative effectiveness of the three medication types. The authors will also explore the causes and impacts of the racial disparities they observed.

"We believe that a strategy of getting everyone with opioid use disorder started on an agonist as soon as they come in will ultimately be the best approach," Friedmann said.



[Shannon Firth](#) has been reporting on health policy as MedPage Today's Washington correspondent since 2014. She is also a member of the site's Enterprise & Investigative Reporting team. [Follow](#) 

---

#### Disclosures

The study was funded by the National Institutes of Health and others.

Friedmann disclosed grants from Indivior and serving on the board of directors of CODAC Behavioral Healthcare.

#### Primary Source

New England Journal of Medicine

Source Reference: [Friedmann PD, et al "Medications for opioid use disorder in county jails -- outcomes after release" N Engl J Med 2025; DOI: 10.1056/NEJMsa2415987.](#)

#### Secondary Source

Source Reference:

#### Additional Source

Source Reference:

**Comment**