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**NATIONAL SHERIFFS' ASSOCIATION SUPPORTS THE USE OF FDA APPROVED AND EVIDENCE-BASED MEDICATION FOR OPIOID USE DISORDER (MOUD) IN OUR NATION'S JAILS**

**Background**

In response to the opioid epidemic gripping this country, significant resources to treat Opioid Use Disorder (OUD) have been allocated by federal, state, local, and tribal governments across the country. In December 2016, as part of the 21st Century Cures Act, Congress appropriated \$500 million in grants to the states to treat OUD, which can then be passed down to providers as well as local and tribal governments. This and other funding can be utilized to provide treatment, including Medication-Assisted Treatment (MAT), to incarcerated individuals.

**WHEREAS**, our nation's Sheriffs oversee the vast majority of local jails and, as such, have the responsibility to maintain the safety and security of the facility for all who live and work within; and,

**WHEREAS**, more than 10 million individuals pass through our nation's jails annually; and,

**WHEREAS**, it has been estimated that more than 50% of incarcerated individuals meet the medical criteria for drug dependence or abuse<sup>i</sup>, with adults on parole or supervised release from jail being nearly 3 times more likely to be dependent on or to abuse a substance than their peers<sup>ii</sup>; and,

**WHEREAS**, it is estimated that more than 50% of all citizens with OUD pass through the doors of a jail in a given year<sup>iii</sup>; and,

**WHEREAS**, the criminal justice system is the largest source of referral to addiction treatment<sup>iv</sup>; and,

**WHEREAS**, criminal justice-related costs due to prescription opioid overdose, abuse, and dependence reached approximately \$7.7 billion annually<sup>v</sup>; and,

**WHEREAS**, OUDs are often associated with a revolving door of arrest, incarceration, and release to the streets untreated or undertreated, followed by rearrests and return to incarceration or death; and,

**WHEREAS**, according to a report by the National Association of Counties and National League of Cities, individuals with opioid dependence who receive little or no treatment while incarcerated are likely to relapse to opioid dependence and criminal behavior, overdose and too often die; comprehensive drug-treatment programs in jails are associated with reduced system costs<sup>vi</sup>; and,

**WHEREAS**, evidence strongly supports that the use of MAT increases the likelihood of successful treatment for individuals with OUDs<sup>vii</sup>; and,

**WHEREAS**, A combination of medications and behavioral interventions have been shown to decrease opioid use, increase treatment retention, reduce overdose, and reduce criminal activity<sup>viii</sup>; and,

**WHEREAS**, MAT, utilizing the U.S. Food and Drug Administration (FDA)-approved medications methadone, buprenorphine, or naltrexone, is considered a central component of the contemporary standard of care for the treatment of individuals with (OUDs)<sup>ix</sup>; and,

**WHEREAS**, pregnant individuals with OUD have distinct needs, including: avoiding opioid withdrawal due to the maternal and fetal harms; access to continue and initiate MOUD in custody during pregnancy and postpartum with methadone and buprenorphine (naltrexone is not used in pregnancy); and care that is specialized to their needs, are all necessary to optimize outcomes for pregnant individuals and their babies<sup>x</sup>; and,

**WHEREAS**, a disproportionate number of people in jails have substance use disorders (SUDs), incarceration provides a valuable opportunity for identifying SUD, providing treatment, and addressing withdrawal<sup>xi</sup>; and,

**WHEREAS**, failing to manage withdrawal symptoms can lead to serious health complications and death<sup>xii</sup>; and;

**WHEREAS**, following the medical guidelines and protocols for managing SUD withdrawal can minimize the risk of SUD related illness or death<sup>xiii</sup>; and,

**WHEREAS**, jails can minimize the risk of post release overdose by facilitating continued access to MAT for individuals who are on prescribed FDA-approved MAT and by facilitating initiation of MAT for individuals with OUDs who were not receiving MAT prior to arrest - taking into account individual preferences, clinician judgment<sup>xiv</sup> and medication diversion potential; and,

**WHEREAS**, jails can minimize the risk of overdose in-custody and post-release by making naloxone kits and training available to custody staff and releasing incarcerated individuals, respectively; and,

**WHEREAS**, by partnering with community MAT providers including opioid treatment programs and substance abuse and counseling programs, jails can facilitate treatment continuity on jail entry and release with these providers; and,

**WHEREAS**, including MAT, when appropriate, as a tool in the range of jail-based treatment options, may stem the cycle of arrest, contribute to the maintenance of a safe and secure facility

for incarcerated individuals and staff, and comprehensive drug treatment programs in jails are associated with reduced system costs<sup>xv</sup>; and,

**THEREFORE, BE IT RESOLVED**, that the National Sheriffs' Association (NSA) supports the use of FDA-approved and evidence-based Medications for Opioid Use Disorder within the confines of a jail or other secure facility and, when deemed appropriate by a court of competent jurisdiction, as an alternative to incarceration for drug-related offenses.

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<sup>i</sup> U.S. Dept. of Education, Policy and Program Studies Service. (July 2016). *State and Local Expenditures on Corrections and Education*. Available at: <https://www2.ed.gov/rschstat/eval/other/expenditures-corrections-education/brief.pdf>.

<sup>ii</sup> U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume 1. Summary of National Findings*. Rockville, MD; HHS Publication 10-4586.

<sup>iii</sup> Washington State Department of Social and Health Services. (2018). *Providing Medication to Treat Opioid Use Disorder in Washington State Jails*. Available at <http://faculty.washington.edu/mfstern/WAJailOpiateResponse.pdf>

<sup>iv</sup> U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Service Administration, Office of Applied Studies. (2011) *Treatment Episode Data Set (TEDS): 1999-2009*. National Admissions to Substance Abuse Treatment Services, DASIS Series: S-56, HHS Publication No. (SMA) 11-4646, Rockville, MD.

<sup>v</sup> See Wolters Kluwer. (Sept. 14, 2016). *Costs of US Prescription Opioid Epidemic Estimated at \$78.5 Billion* (citing: Florence, C., Zhou, C. et al. (Oct. 2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*, 54 (10), 901-906.) Available at: <http://wolterskluwer.com/company/newsroom/news/2016/09/costs-of-us-prescription-opioid-epidemic-estimated-at-usd78.5-billion.html>.

<sup>vi</sup> National League of Cities and National Association of Counties. (2016). *A Prescription for Action: Local Leadership in Ending the Opioid Epidemic*. Available at: <http://opioidaction.org/report/>.

<sup>vii</sup> Jail Based Medication Assisted Treatment Promising Practices, Guidelines and Resources for the Field (2018). P. 5 Available at <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>

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<sup>ix</sup> Jail Based Medication Assisted Treatment Promising Practices, Guidelines and Resources for the Field (2018). P. 5 Available at <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>.

<sup>x</sup> American College of Obstetricians and Gynecologists. Opioid Use and Opioid Use Disorder in Pregnancy. Committee Opinion 711. Aug 2017. Available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

<sup>xi</sup> Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC) *Managing Substance Withdrawal in Jails: A Legal Brief (February 2022)*. Available at <https://bja.ojp.gov/library/publications/managing-substance-withdrawal-jails-legal-brief>

<sup>xii</sup> Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC) *Managing Substance Withdrawal in Jails: A Legal Brief (February 2022)*. Available at <https://bja.ojp.gov/library/publications/managing-substance-withdrawal-jails-legal-brief>

<sup>xiii</sup> Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC) *Managing Substance Withdrawal in Jails: A Legal Brief (February 2022)*. Available at <https://bja.ojp.gov/library/publications/managing-substance-withdrawal-jails-legal-brief>

<sup>xiv</sup> Jail Based Medication Assisted Treatment Promising Practices, Guidelines and Resources for the Field (2018). P. 6. Available at <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>.

<sup>xv</sup> Jail Based Medication Assisted Treatment Promising Practices, Guidelines and Resources for the Field (2018). P. 5 Available at <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>.