

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/the-role-of-jails-in-combatting-the-opioid-crisis>

Public Facing Advocacy Writing

A [report released today from the Pew Charitable Trusts](#) sheds new light on what has long been true but is often overlooked:

local jails play a vital role in our nations health care safety net, working often as the default response to people with mental health and substance use disorders. Individuals passing through jails have high rates of chronic and infectious diseases as well as disproportionately high rates of mental health and substance use disorders compared to the general population. Even so, jails are often ill-equipped to respond to the health care needs of people in their custody.

According to the report, jails face challenges in providing adequate care due to factors such as short lengths of stay and unpredictable release dates. However, there is also wide variation in the health care delivery models used by jails across counties from how they pay for health care to the services they offer and few mechanisms to ensure that investments result in high quality care for people in their custody.

The gap between the health needs of people in jail and the services jails provide is glaringly evident when thinking about how jails are responding to the current opioid crisis. According to surveys conducted by the Bureau of Justice Statistics, nearly two-thirds (63 percent) of people in jail meet criteria for drug dependence or abuse. Many of these individuals have opioid use disorders and could benefit from access to Medication Assisted Treatment (MAT) a combination of behavioral interventions and medication (methadone, buprenorphine, and naltrexone) that have been shown to decrease opioid use, increase treatment retention, and reduce criminal activity.

Despite a proven evidence base and increasing calls from the Presidents Commission on Combatting Drug Addiction and the Opioid Crisis to incorporate MAT into criminal justice settings, there remains reticence on the part of many jails to adopt MAT. National survey data suggest that utilization of these medications is very low in criminal justice settings. And the Pew analysis found that very few jails requested MAT from their health vendors. Of those that did, the majority restricted use to pregnant women. Although these data are from only a sample of the more than 3,000 jails across the country, they point to striking gaps in the ability for jails to treat people who use opioids while in jail or help them prepare to manage their health when they return to the community. This is especially troubling for people who are already using MAT prior to being detained but are not able to continue their MAT while in jail.

There are examples of jails that are already utilizing MAT. The New York City jail system has run an opioid treatment program with MAT since 1987 and, more recently, some jails have piloted programs with injectable naltrexone, a non-habit forming, long-lasting medication which blocks the effects of opioids. The MATADOR program in Middlesex County, Massachusetts, for example, combines the use of naltrexone with substance abuse counseling and continuity of care for participants upon return to the community. And, encouragingly, there are signs that other criminal justice stakeholders are beginning to embrace their role in combatting the opioid crisis.

Jails can never substitute for well-funded community-based healthcare services. To improve population health in poor communities, it is important to downsize the role of jails in the health care safety net. Veras recent report, [Minimizing Harm](#), explains in detail the evidence against using incarceration as a response to drug use. And as the Pew analysis rightly notes, reducing the number of people with substance use and mental health disorders in local jails depends on further developing community capacity to treat these conditions. Until that capacity is developed, however, jails will remain a vital intercept for treating people with opioid use disorders. Further recognition of the fact that correctional healthcare is community healthcare is essential for reducing the burden of the opioid crisis both for the people coming through jail and for the communities to which they ultimately return.

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