

FOR EMBARGOED RELEASE

Tuesday, 18 January, 2022

Time 9:00 am ET

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Offering buprenorphine medication to people with opioid use disorder in jail may reduce rearrest and reconviction

A study conducted in two rural Massachusetts jails found that people with opioid use disorder who were incarcerated and received a medication approved to treat opioid use disorder, known as buprenorphine, were less likely to face rearrest and reconviction after release than those who did not receive the medication. After adjusting the data to account for baseline characteristics such as prior history with the criminal justice system, the study revealed a 32% reduction in rates of probation violations, reincarcerations, or court charges when the facility offered buprenorphine to people in jail compared to when it did not. The findings were published in *Drug and Alcohol Dependence*.

The study was conducted by the [Justice Community Opioid Innovation Network \(JCOIN\)](#), a program to increase high-quality care for people with opioid misuse and opioid use disorder in justice settings and funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, through the Helping to End Addiction Long-term Initiative, or NIH HEAL Initiative.

“Studies like this provide much-needed evidence and momentum for jails and prisons to better enable the treatment, education, and support systems that individuals with an opioid use disorder need to help them recover and prevent reincarceration,” said Nora D. Volkow, M.D., NIDA Director. “Not offering treatment to people with opioid use disorder in jails and prisons can have devastating consequences, including a return to use and heightened risk of overdose and death after release.”

A growing body of evidence suggests that [medications used to treat opioid use disorder](#), including buprenorphine, methadone, and naltrexone, hold great potential to improve outcomes among individuals after they’re released. However, offering these evidence-based treatments to people with opioid use disorder who pass through the justice system is not currently standard-of-care in U.S. jails and prisons, and most jails that do offer them are in large urban centers.

While previous studies have investigated the impact of buprenorphine provision on overdose rates, risk for infectious disease, and other health effects related to opioid use among people who are incarcerated, this study is one of the first to evaluate the impact specifically on recidivism, defined as additional probation violations, reincarcerations, or court charges. The researchers recognized an opportunity to assess this research gap when the Franklin County Sheriff’s Office and the Hampshire County House of Corrections, jails in two neighboring rural counties in Massachusetts, both began to offer buprenorphine to adults in jail, but at different times. Franklin County was one of the first rural jails in the nation to offer buprenorphine, in addition to naltrexone, beginning in February 2016. Hampshire County began providing buprenorphine in May 2019.

“There was sort of a ‘natural experiment’ where two rural county jails located within 23 miles of each other had very similar populations and different approaches to the same problem,” said study author Elizabeth Evans, Ph.D., of the University of Massachusetts-Amherst. “Most people convicted of crimes

carry out short-term sentences in jail, not prisons, so it was important for us to study our research question in jails.”

The researchers observed the outcomes of 469 adults, 197 individuals in Franklin County and 272 in Hampshire County, who were incarcerated and had opioid use disorder, and who exited one of the two participating jails between Jan. 1, 2015 and April 30, 2019. During this time, Franklin County jail began offering buprenorphine while the Hampshire County facility did not. Most observed individuals were male, white, and around 34 to 35 years old.

Using statistical models to analyze data from each jail’s electronic booking system, the researchers found that 48% of individuals from the Franklin County jail recidivated, compared to 63% of individuals in Hampshire County. As well, 36% of the people who were incarcerated in Franklin County faced new criminal charges in court, compared to 47% of people in Hampshire County. The rate of re-incarceration in the Franklin County group was 21%, compared to 39% in the Hampshire County group.

Additional analysis showed that decreases in charges related to property crimes appeared to have fueled the 32% reduction in overall recidivism.

The Massachusetts JCOIN project, led by Dr. Evans and senior author Peter Friedmann, M.D., of Baystate Health, is performing further research on medications for opioid use disorder in both urban and rural jails across more diverse populations, including women and people of color. The investigators are examining the comparative effectiveness of the U.S. Food and Drug Administration-approved medications for opioid use disorder in jail populations, and the challenges jails face in implementing them.

“A lot of data already show that offering medications for opioid use disorder to people in jail can prevent overdoses, withdrawal, and other adverse health outcomes after the individual is released,” said Dr. Friedmann. “Though this study was done with a small sample, the results show convincingly that on top of these positive health effects, providing these medications in jail can break the repressive cycle of arrest, reconviction, and reincarceration that occurs in the absence of adequate help and resources. That’s huge.”

The Helping to End Addiction Long-term Initiative and NIH HEAL Initiative, are registered service marks of the U.S. Department of Health and Human Services.

Reference: E.A. Evans, *et al.* [Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder](#). *Drug and Alcohol Dependence*. DOI: 10.1016/j.drugalcdep.2021.109254 (2022).

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About the NIH HEAL Initiative: The Helping to End Addiction Long-term Initiative, or NIH HEAL Initiative, is an aggressive, trans-NIH effort to speed scientific solutions to stem the national opioid public health

crisis. Launched in April 2018, the initiative is focused on improving prevention and treatment strategies for opioid misuse and addiction and enhancing pain management. For more information, visit: <https://heal.nih.gov>.

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