

Treating Opioid Addiction in Jails Improves Treatment Engagement, Reduces Overdose Deaths and Reincarceration

NIH-funded study demonstrates life-saving potential of providing medications for opioid use disorder in carceral settings.

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A study supported by the National Institutes of Health (NIH) finds that individuals who received medication for opioid use disorder (MOUD) while incarcerated were significantly more likely to continue treatment six months after release than those who did not receive MOUD. The study also found that receiving MOUD in jail was associated with a 52% lower risk of fatal opioid overdose, a 24% lower risk of non-fatal opioid overdose, a 56% lower risk of death from any cause, and a 12% lower risk of reincarceration after release. These outcomes underscore the importance of providing MOUD treatment during incarceration.

Published in [The New England Journal of Medicine](#), the study analyzed data from 6,400 people with probable opioid use disorder who were incarcerated in seven Massachusetts county jails between September 2019 and December 2020. Of these, 42% received MOUD while in jail, while 58% did not. Researchers monitored treatment engagement, opioid overdose, reincarceration, and mortality for all participants for up to six months after release.

“These findings demonstrate the importance of providing medications to treat opioid use disorder in correctional settings,” said Nora D. Volkow, MD, Director of NIDA. “Offering effective opioid treatment to people in jail is a critical step toward addressing the opioid crisis, promoting recovery, saving lives and reducing reincarceration. It’s a win-win for public health.”

The opioid epidemic remains a devastating public health challenge in the United States, [contributing to more than 80,000 deaths in 2024 alone](#). People with opioid use disorder are [overrepresented in jails](#) compared to the general population. Despite their effectiveness, MOUD is available in only about 13% of U.S. jails and is often restricted to specific groups, such as pregnant women. This limited access contributes to forced withdrawal, increasing the risk of relapse and overdose post-release.

Massachusetts has been especially impacted by the overdose epidemic, with fatal opioid-related overdoses quadrupling over the past two decades. In response, a [2018 state law](#) mandated a four-year pilot program to provide all U.S. Food and Drug Administration-approved MOUD—buprenorphine, methadone, and naltrexone—in five county jails, with two additional jails voluntarily joining the program. The law requires that individuals already receiving treatment for opioid use disorder continue it during detention, begin treatment before release when appropriate, and be connected to community care after release.

To evaluate the impact of the pilot program, the Massachusetts Department of Public Health partnered with the [Massachusetts Justice Community Opioid Innovation Network \(MassJCOIN\)](#) and participating jails to conduct a comprehensive study tracking post-release outcomes. Researchers collected data directly from incarcerated individuals and extracted information from jail administrative and clinical records. These data were integrated with the [Massachusetts Public Health Data Warehouse](#) which links over 35 state databases to track treatment for substance use disorders, incarceration, mortality, and other public health indicators. This linkage enabled a robust analysis of the program's impact on key post-release outcomes.

Treatment in jail was strongly associated with better outcomes after release. Within the first 30 days, 60.2% of those who received MOUD in jail, initiated treatment in the community, compared to only 17.6% of individuals who weren't treated. Half of the group treated in jail stayed on medication for at least 75% of the first 90 days after release, while only 12.3% of the untreated group did the same. Six months after release, 57.5% of those who received treatment in jail continued receiving MOUD, compared to just 22.8% of those who did not. Most people treated in jail received buprenorphine (67.9%) followed by methadone (25.7%) and naltrexone (6.5%).

"The Massachusetts initiative represents a model for how jails can play a vital role in addressing the opioid epidemic in the community," said Peter D. Friedmann, MD, MPH, lead author and addiction medicine physician at the University of Massachusetts Chan Medical School. Senior author Elizabeth A. Evans, PhD, a public health professor from University of Massachusetts-Amherst added, "establishing these types of programs in local jails is a powerful and effective strategy for engaging and retaining people in treatment and reducing overdose deaths after release."

Future research should explore the generalizability of these findings to other correctional systems, as well as how outcomes differ across population subgroups and by the type of medication received. Research to examine which strategies for implementing MOUD in jails are most effective in supporting recovery after release are also needed.

This research was supported by the Justice Community Opioid Innovation Network (JCOIN), a nationwide research program that tests strategies to expand effective treatment, recovery, and related services for individuals with opioid use disorder involved in the criminal justice system. JCOIN is funded by the NIH's National Institute on Drug Abuse as part of the NIH Helping to End Addiction Long-term (NIH HEAL Initiative).

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