

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

Building Support for Addressing Substance Use Disorder in Jails

September 2024

Substance use disorder (SUD) is overrepresented among jail populations,¹ significantly affecting individuals in custody, facility operations, and entire communities. Jails are [obligated by law](#) to provide adequate care and treatment for medical, mental health, and substance-related conditions; this care and treatment includes withdrawal management and the provision of medication-assisted treatment (MAT).

The following talking points are intended to help jail administrators accurately and effectively speak about SUD and its treatment when building support among community members, organizations, and leaders for withdrawal management and MAT implementation. The [final section](#) offers tips for using appropriate language to help dispel the stigma often associated with SUD and MAT.

Talking Points

SUD as a Chronic Disease

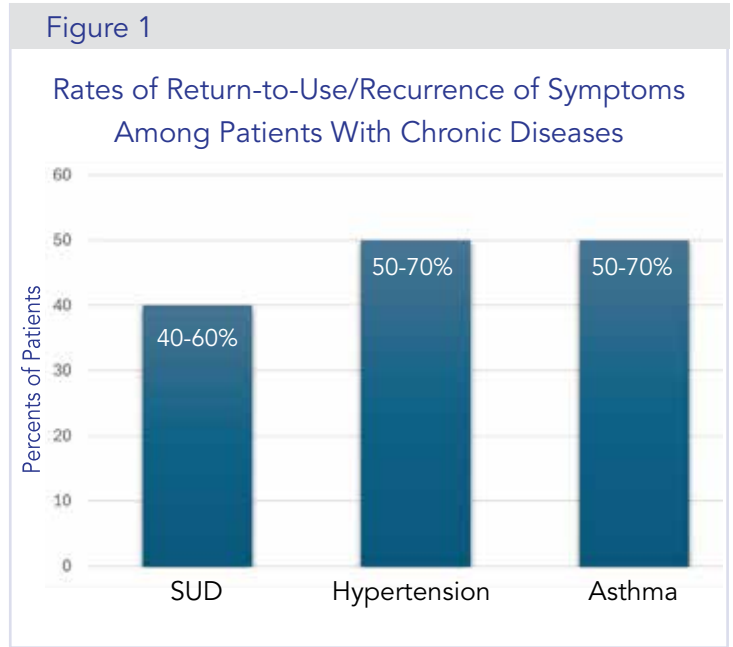
- ◀ SUD is a treatable, chronic disease² involving the misuse of one or more substances, such as alcohol, hallucinogens, inhalants, sedatives, stimulants, and opioids.

- Opioids include both prescribed pain relievers (such as oxycodone and hydrocodone) and illicit opioids (heroin).
- Fentanyl is a synthetic opioid used to treat pain, but it is also illegally made and mixed with other drugs to make them more powerful and less expensive.³
- ◀ Substance misuse changes how the brain functions, flooding it with dopamine, which is a reward chemical in the brain. This surge is pleasurable, so individuals continue using the substance.⁴
 - Over time, the brain produces less dopamine in response to the substance. Thus, more of the substance is needed to produce the same effect.
- ◀ Continuing substance use also affects the part of the brain that regulates:
 - Decision making, making individuals less able to control the impulses that drive them to engage in recurrent substance use.
 - Stress (anxiety, irritability), making individuals less able to cope with the discomforts of substance withdrawal.⁵

- ◀ SUD occurs when alcohol or drug use causes health problems and significantly interferes with one’s ability to properly function at work, school, or home.⁶
 - SUD develops because of a variety of biological, environmental, and developmental factors.⁷

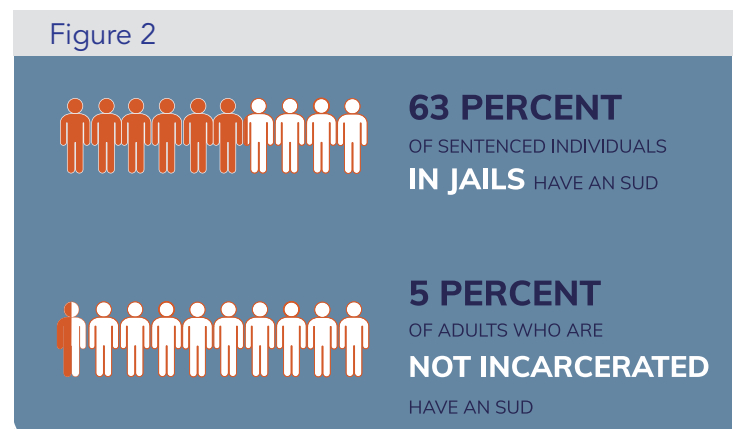
MAT

- ◀ As with other chronic diseases, such as hypertension and asthma, medication is available to treat SUD.
- ◀ MAT is an evidence-based protocol for treating SUD, combining U.S. Food and Drug Administration (FDA)-approved medications with counseling and behavioral therapies. The FDA has approved the following medications to treat SUD:
 - Disulfiram, naltrexone, and acamprosate to treat alcohol use disorder
 - Buprenorphine, methadone, and naltrexone to treat opioid use disorder (OUD)
- ◀ Taking medication for SUD is **not** swapping one drug for another. In fact, the brain responds differently to these medications than to the substance of misuse.
 - Stabilizing brain chemistry with medication helps individuals participate in psychosocial treatment, thereby facilitating whole-person care.
- ◀ Chronic diseases are often marked by the recurrence of symptoms or, in the case of SUD, return to use (figure 1). For example:
 - Recurrence of symptoms occurs in 50–70 percent of patients with hypertension and asthma.⁸
 - Return to substance use occurs among 40–60 percent of people who received treatment for SUD.⁹



SUD and MAT Among Individuals in Jail Custody

- ◀ Among sentenced individuals in jail, 63 percent have an SUD, compared to 5 percent of adults in the general population (figure 2).¹⁰
 - Incarceration may be the first time an individual is diagnosed with SUD or has access to treatment.
 - Fewer than 20 percent of individuals with SUD sentenced to jail participate in any form of drug treatment.¹¹



- ◀ Individuals with SUD are at risk for serious medical issues and death upon entry to and release from jail.
 - Suicide is the leading single cause of death in jails,¹² with 44 percent of suicides in jails occurring within the first week of incarceration.¹³
 - The risk for suicidal ideation and attempts is higher among individuals in substance withdrawal and those with an SUD than those who do not experience withdrawal or have an SUD.¹⁴
 - The number of people in jail who died from drug or alcohol intoxication increased 397 percent from 2000 to 2019. Deaths from all causes during the same time increased by 33 percent (figure 3).¹⁵
 - Individuals may experience substance withdrawal, which can be deadly, at the time of entry into jail when use of a substance is abruptly stopped.
 - The risk of overdose death is significant during the first 2 weeks after individuals reenter the community. One study found that individuals released from custody were 129 times more likely to die from overdose than the general population.¹⁶
- ◀ SUD is considered a disability under the Americans with Disabilities Act (ADA). The ADA protects people with disabilities from discrimination, thereby entitling individuals in treatment for

SUD to equal access to appropriate health care services.¹⁷

- Failing to provide adequate medical care (which includes continuing or offering medications for SUD) may result in lawsuits or increasing costs for local governments, jails, and health care providers.
- [*Managing Substance Withdrawal in Jails: A Legal Brief*](#) provides an overview of constitutional rights and key legislation, in addition to the ADA, related to substance use withdrawal.
- ◀ In addition to complying with the law, providing MAT to individuals in jail custody provides multiple benefits.
 - For example, ongoing treatment of OUD with buprenorphine or methadone prevents severe opioid withdrawal and alleviates cravings that can result in return to use, overdose, and overdose death when patients regain access to opioids after abstaining for long periods, such as upon release from incarceration.
 - Overdose deaths in the first month after release dropped by 80 percent among individuals who were treated for OUD with methadone or buprenorphine in New York City jails.¹⁸
 - MAT improves treatment engagement during and after custody, which is associated with lower rates of criminal activity.¹⁹
- ◀ Better health outcomes are associated with continuity of care.
 - To maximize treatment benefits, medications prescribed for SUD prior to incarceration should be continued during and after incarceration (unless there is a documented clinical reason for discontinuing the prescription).
 - As discussed in [*Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local*](#)

Figure 3

DEATHS FROM
DRUG/ALCOHOL
INTOXICATION

397 PERCENT INCREASE

in the number of individuals incarcerated in jails who died from drug or alcohol intoxication from 2000 to 2019¹



Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals, patients released from jail prior to completing withdrawal management can be at risk for serious health consequences and death.

- Reentry plans that include continuation of SUD services upon release are critical.
 - Adherence to prescribed use of FDA-approved medications for treating OUD reduces the risk of overdose death among individuals by 75 percent in the weeks following release from incarceration.²⁰

SUD and Stigma: Language Matters

SUD is far more likely than other chronic diseases to be perceived negatively. The stigma attached to SUD often contributes to resistance against jails offering MAT. It may also dissuade individuals with SUD from seeking or accepting treatment. But this does not have to be the case. Using person-first language and the same terminology as other chronic diseases helps:

- ✓ Advance language that is accurate and not prejudicial.
- ✓ Promote an understanding of SUD as a chronic disease.
- ✓ Reduce stigma, negative bias, and the perpetuation of stereotypes.
- ✓ Remove barriers to providing MAT in correctional settings.

Next Steps

- ◀ Educate yourself and others to understand SUD as a chronic disease and to reduce the negative perceptions associated with MAT.
 - Use person-first language, and encourage others to use it (figure 4).
- ◀ Learn about the benefits of MAT for individuals who are incarcerated or reentering the community.

Figure 4

Instead of . . .	Use . . .
<ul style="list-style-type: none"> ◀ Drug habit ◀ Substance abuse ◀ Substance dependence 	<ul style="list-style-type: none"> ◀ Substance use disorder
<ul style="list-style-type: none"> ◀ Abuser/junkie/addict 	<ul style="list-style-type: none"> ◀ Person with a substance [opioid, stimulant, sedative] use disorder
<ul style="list-style-type: none"> ◀ Alcoholic/drunken 	<ul style="list-style-type: none"> ◀ Person with an alcohol use disorder
<ul style="list-style-type: none"> ◀ Clean 	<ul style="list-style-type: none"> ◀ In recovery ◀ Not drinking or taking drugs
<ul style="list-style-type: none"> ◀ Dirty 	<ul style="list-style-type: none"> ◀ Currently drinking or taking drugs
<ul style="list-style-type: none"> ◀ Dirty/clean screen 	<ul style="list-style-type: none"> ◀ Positive/negative screen result
<ul style="list-style-type: none"> ◀ Former addict/user/alcoholic ◀ Person who stayed clean 	<ul style="list-style-type: none"> ◀ Person in recovery or in long-term recovery ◀ Person who has maintained recovery
<ul style="list-style-type: none"> ◀ Detoxification (detox) 	<ul style="list-style-type: none"> ◀ Withdrawal management
<ul style="list-style-type: none"> ◀ Relapsed/slipped ◀ Chronic relapser 	<ul style="list-style-type: none"> ◀ Returned to use ◀ Experienced a recurrence ◀ Person who resumed drinking or using drugs

Compiled from [Advancing the Use of Person-first and Non-stigmatizing Language](#), from the Justice Community Opioid Innovation Network; [Language Matters When Discussing Substance Use](#), from the National Council for Mental Wellbeing; and [Words Matter – Terms to Use and Avoid When Talking About Addiction](#), from the National Institute on Drug Abuse.

- Visit and refer others to the [Comprehensive, Opioid, Stimulant, and Substance Use Program \(COSSUP\) Resource Center](#).
- ◀ Use the information in this document to support MAT to promote the well-being of individuals with SUD, build community wellness, and reduce recidivism rates.

Endnotes

1. Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, June 2017, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007–2009*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 250546, retrieved December 6, 2023, from <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>.
2. Centers for Disease Control and Prevention, April 2024, Treatment of Substance Use Disorders, Atlanta, GA: U.S. Department of Health and Human Services, retrieved from https://www.cdc.gov/overdose-prevention/treatment/?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/featured-topics/recovery-SUD.html.
3. National Institute on Drug Abuse, 2018, *Understanding Drug Use and Addiction DrugFacts*, retrieved December 6, 2023, from <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>.
4. National Institute on Drug Abuse, 2020, *Drugs, Brains, and Behavior: The Science of Addiction: Drugs and the Brain*, Rockville, MD: National Institutes of Health, U.S. Department of Health and Human Services, retrieved December 6, 2023, from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>.
5. Substance Abuse and Mental Health Services Administration, n.d., Mental Health and Substance Use

Disorders, Rockville, MD: U.S. Department of Health and Human Services, retrieved December 6, 2023, from <https://www.samhsa.gov/find-help/disorders>.

6. See note 4 above, National Institute on Drug Abuse, *Understanding Drug Use and Addiction DrugFacts*.
7. McLellan, A. Thomas, David C. Lewis, Charles P. O'Brien, and Herbert D. Kleber, October 2000, "Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation," *Journal of the American Medicine Association* 284(13): 1689–1695, retrieved October 13, 2003, from <https://doi.org/10.1001/jama.284.13.1689>.
8. Ibid., 1689.
9. See note 1 above, Bronson et al., *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007–2009*.
10. Ibid., 13.
11. Carson, E. Ann, December 2021, *Mortality in Local Jails, 2000–2019 – Statistical Tables*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 301368, retrieved June 4, 2024, from <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>.
12. Carson, E. Ann, October 2021, *Suicide in Local Jails and State and Federal Prisons, 2000–2019 – Statistical Tables*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 300731, retrieved June 4, 2024, from <https://www.ojp.gov/ncjrs/virtual-library/abstracts/suicide-local-jails-and-state-and-federal-prisons-2009-2019>.
13. Ali, Mir M., and Joel Dubenitz, November 2021, "Suicidal Behavior, Opioid Use Disorder, and Behavioral Health Treatment: Prevalence and Correlates Among Adults in the United States

2015–2018," *Journal of Substance Use and Addiction Treatment* 130: 108413, retrieved June 4, 2024, from <https://doi.org/10.1016/j.jsat.2021.108413>.

14. See note 12 above, Carson, *Mortality in Local Jails, 2000–2019 – Statistical Tables*, retrieved December 6, 2023.

15. Binswanger, Ingrid A., Marc F. Stern, Richard A. Deyo, Patrick J. Heagerty, Allen Cheadle, Joann G. Elmore, and Thomas D. Koepsell, January 2007, "Release From Prison—A High Risk of Death for Former Inmates," *New England Journal of Medicine* 356: 157–165, retrieved December 6, 2023, from <https://www.nejm.org/doi/full/10.1056/nejmsa064115>.

16. Civil Rights Division, April 2022, *The ADA and Opioid Use Disorder: Combating Discrimination Against People in Treatment or Recovery*, Washington, D.C.: U.S. Department of Justice, retrieved December 5, 2023, from <https://www.ada.gov/resources/opioid-use-disorder/>.

17. Lim, Sungwoo, Teena Cherian, Monica Katyal, Keith S. Goldfeld, Ryan McDonald, Ellen Wiewel, Maria Khan, Noa Krawczyk, Sarah Braunstein, Sean M. Murphy, Ali Jalali, Philip J. Jeng,

Ross MacDonald, and Joshua D. Lee, October 2022, "Association Between Jail-based Methadone or Buprenorphine Treatment for Opioid Use Disorder and Overdose Mortality After Release From New York City Jails 2011–17," *Addiction* 118(3): 459–467, retrieved October 19, 2023, from <https://doi.org/10.1111/add.16071>.

18. Substance Abuse and Mental Health Services Administration, 2019, *Evidence-based Resource Guide Series: Use of Medication-assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*, Rockville, MD: National Mental Health and Substance Use Policy Laboratory, HHS Publication No. PEP19-MATUSECJS, retrieved December 6, 2023, from <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matusecjs.pdf>.

19. See note 13, Carson, *Suicide in Local Jails and State and Federal Prisons, 2009–2019 – Statistical Tables*.

Visit the COSSUP Resource Center at www.cossup.org.

About COSSUP

COSSUP has transitioned from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP). This change in title for the program is indicative of efforts to reduce the stigma related to substance use and to support impacted people in their recovery journey.

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and X (formerly known as Twitter) (<https://x.com/DOJBJA>). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

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