Medications for Opioid Use Disorder in the Criminal Justice System

Protecting Communities, Reducing Recidivism, and Saving Taxpayer Dollars

Why This Matters

Nearly 1/5

of individuals in the criminal justice system (CJS) **meet the criteria for opioid use disorder (OUD)**, making correctional facilities one of the most important touchpoints for intervention.[1]

40x

higher overdose risk for individuals leaving incarceration in the first two weeks post-release — a critical and actionable window.[2]

$52 billion

is the **annual taxpayer cost of the cycle of addiction, re-arrest, and re-incarceration** when treatment is not provided (~$44,000 per inmate).[3]

Less than 10–20%

of eligible incarcerated individuals **receive FDA-approved medications for opioid use disorder (MOUD)**, even where programs exist, representing a significant untapped opportunity to reduce recidivism and save lives.[1]

The Momentum is Building

A growing number of states are expanding MOUD access in correctional settings, driven by **strong evidence of reduced recidivism and lower costs**.

The SUPPORT Act was reauthorized in December 2025 with overwhelming bipartisan support, renewing billions in federal funding for overdose prevention and treatment, including in the CJS.

Federal grant programs like COSSUP continue to fund public health–public safety partnerships and have maintained support across three administrations.

Facilities adopting long-acting injectable (LAI) buprenorphine report simplified operations, reduced contraband risk, and calmer housing environments, **addressing real-world challenges corrections leaders face every day**.

What is Long-Acting Injectable (LAI) Buprenorphine?

LAI buprenorphine is a next-generation formulation that works over an extended period without requiring daily doses — reducing staffing burden and operational complexity for correctional facilities.[1,5,6,7]

NEARLY

50% of U.S. jails cite inadequate staffing as the primary barrier to offering MOUD.[5]

For facilities facing workforce shortages, **LAIs offer a practical, evidence-based solution** that also improves patient outcomes.

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The Promise of LAIs in Practice at CJS Facilities

Simplify administration by replacing daily dosing with weekly or monthly injections, easing logistical processes[6,8,9,10,11]

May lower the risk of diversion, since medication is not stored or handled by patients[7,12]

Improve retention and adherence, by ensuring continuous medication coverage, even during custody transitions or release[12,13]

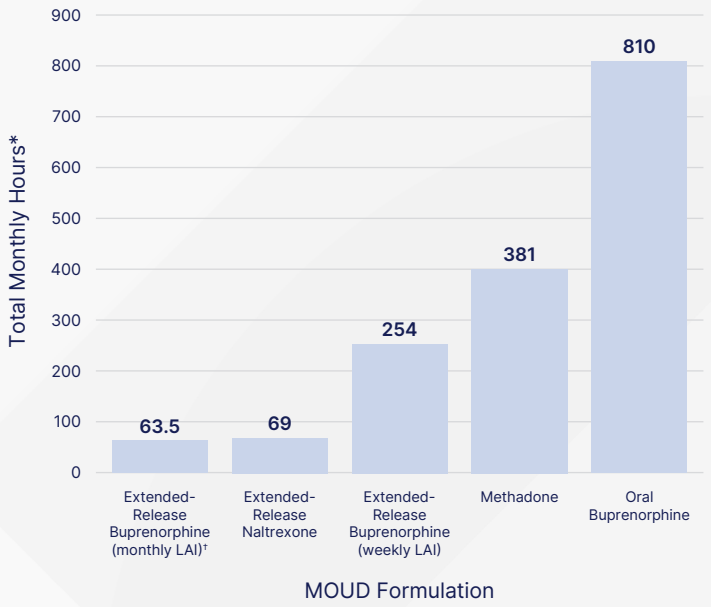
Reduce the risk of overdose by maintaining therapeutic levels during the high-risk community re-entry period[9,11,12]

Blocks the effect of opioids in the brain (including fentanyl), reducing the reward effect, and by extension, helping cravings[12]

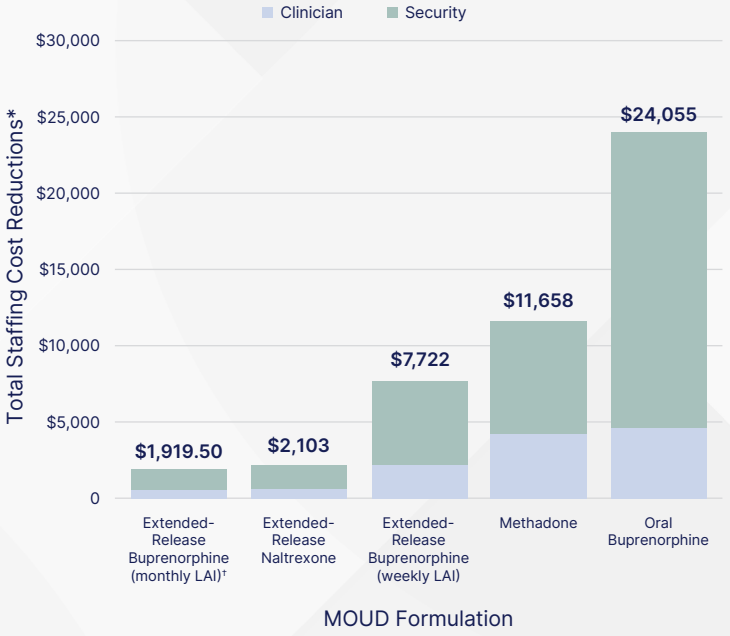
Supports positive re-entry outcomes by helping to stabilize individuals through employment and reduced recidivism[7,12]

Save carceral facilities up to $295,000 per patient by decreasing staffing needs and downstream behavioral therapy, healthcare, and justice system utilization[3]

Carceral Staffing Demand by Treatment Type[5]



Estimated Carceral Staffing Costs by Treatment Type[5]



** Estimates reflect the treatment of 100 patients per month*

† Data represents the average of two LAI formulations from separate manufactures

Cost savings from long-acting treatment can be reinvested into patient care, potentially expanding access to opioid use disorder treatment while reducing system strain over time and lowering recidivism.

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