

Opioid use disorder in Michigan jails

November 2021



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Jails are a critical prevention touchpoint to slow the overdose epidemic¹. **Center for Behavioral Health and Justice** (CBHJ) research shows that over a 3-year period, nearly 20% of all community overdose deaths were people who had been incarcerated². Recent legal decisions argue that denying **medications for opioid use disorder** (MOUD) care violates the 8th Amendment of the U.S. Constitution and the Americans with Disabilities Act³. The CBHJ has responded to this call to action by assisting six Michigan jails in the implementation of a comprehensive Opioid Treatment Ecosystem (OTE), which includes the **MOUD In-Jail model**.

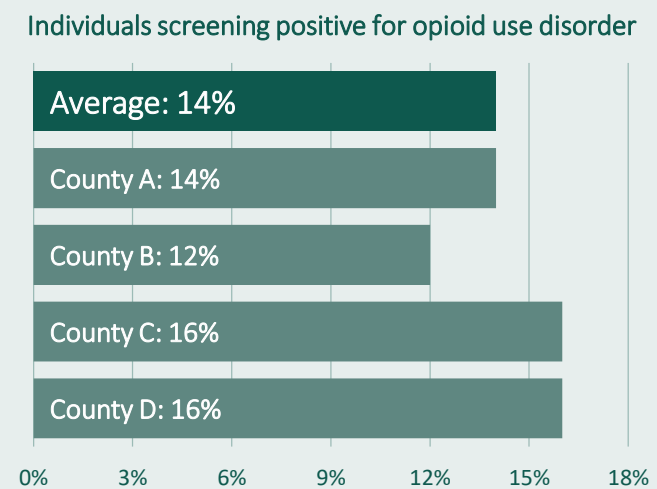
The CBHJ's **MOUD In-Jail Model**:

1. Opioid use disorder (OUD) screen at booking, either the Rapid Opioid Dependence Scale or Texas Christian University Drug Screen.
2. Access to all 3 forms of MOUD for continuation and new inductions.
3. Psychosocial Services: therapy, psychosocial education, etc.
4. Continuity of Care for successful reintegration back to the community.

Jail screening and treatment for opioid use disorder

Between July and September of 2020, four Michigan jails implemented OUD Screening and MOUD treatment programs.

- 48% of individuals booking into jail **were screened for OUD**.
- **14% screened positive for an OUD**.
- Of those identified with OUD, **nearly one-third (31.3%) were dispensed an MOUD**.
- **Black individuals were screened for OUD at significantly lower rates (40.4%)** than Whites (51.0%).
- Significantly **fewer Black individuals screened positive for OUD (3.0%)** compared to Whites (10.2%).



What can Michigan do to improve opioid use disorder practices in jails?

State and local jurisdictions **can require MOUD access in jails** and **expand access to naloxone upon release**.

All individuals can be **briefly screened for OUD** during jail booking, intake, or classification⁴.

Jail records management systems can be improved to include automated OUD screens.

Services can be made available for individuals with shorter lengths of stay through **rapid induction of MOUD treatment and naloxone**.

Jail-based clinicians can help individuals navigate medications, transportation, housing, and employment needs upon release.

¹ National Institute of Drug Abuse (2017). *Treating Opioid Addiction in Criminal Justice Settings*.

² Victor et al., (2021). *Jail and overdose: Assessing the community impact of incarceration on overdose*. *Addiction*. Epub ahead of print. PMID: 34251065

³ Legal Action Center (2021). *Cases Involving Discrimination Based on Treatment with MOUD*.

⁴ Zaller, N. et al, (2019). *Screening for opioid use disorder in the largest jail in Arkansas: a brief report*. *Journal of Correctional Health Care*, 25(3), 214-218.

The Center for Behavioral Health and Justice envisions communities in which **Research, Data, and Best Practices** are used by multiple stakeholders to enhance the optimal well-being of individuals with mental illness and/or substance use disorders who come in contact with the criminal/legal system.