



[Report]

# Preventing Overdose in Criminal Justice Settings

July 2025

## At-A-Glance: Preventing Overdose in Criminal Justice Settings

The rate of overdose death is alarmingly high among criminal justice-involved persons. As many as 1 in 5 people who die from overdose were incarcerated less than 24 months prior to their death.<sup>1</sup> This risk doesn't only affect people who have been released; overdose death is a regular occurrence inside jails and prisons.<sup>2,3</sup> Overdose risk is especially high among currently and recently incarcerated women.<sup>4-6</sup>

This document summarizes the best available evidence for preventing overdose by improving the treatment of substance use disorders (SUDs) and implementing overdose prevention strategies for people who are detained, incarcerated, or reentering the community after incarceration. It highlights critical considerations for actions to take during intake, incarceration or detention, release, and community supervision. Links to additional resources, which offer more detailed guidance on the topics described below, are listed at the end of this document.

The ability of state and local institutions to implement best practices for overdose prevention will vary based on resources, onsite healthcare capacity, population turnover, and other factors. Despite these very real challenges, providing proper medical management of SUDs and preventing accidental overdose are essential functions that criminal justice systems must serve.<sup>7</sup> Agencies may need additional funds, collaborative partnerships with state and local public health departments, and/or partnerships with community-based service providers (i.e. harm reduction organizations, opioid treatment programs, etc.) to ensure delivery of these life-saving services.



## ■ Rapid Assessment and Treatment Planning at Intake

### Why It Matters

- Interruptions in medications for opioid use disorder (MOUD) increase the risk of opioid overdose; that risk increases the longer medication is delayed.<sup>8,9</sup>
- Unmanaged withdrawal from illicit drugs or prescription medications increases suicide risk.<sup>10</sup>
- People can—and do—die from opioid withdrawal in jails and prisons. Withdrawal accounts for as many as 1 in 15 deaths among incarcerated people.<sup>11</sup>

### Implementing Rapid Assessment and Treatment Planning at Intake

- Begin re-entry planning the same day a person enters jail or prison.<sup>12</sup>
  - » Assess for withdrawal symptoms, recent SUD diagnoses, and treatment preferences immediately upon intake. Use standardized, validated tools for these assessments.<sup>13</sup>
  - » The National Commission on Correctional Health Care (NCCHC) recommends the [TCU Drug Screen 5](#) and the [Tobacco, Alcohol, Prescription medication, and other Substance use \(TAPS\) Tool](#) for screening at intake.<sup>14</sup>
- Provide same-day access (within 24 hours of entry) to MOUD (buprenorphine or methadone). These medications help manage withdrawal and are the only effective, long-term treatments for opioid use disorder (OUD) at reducing overdose risk.<sup>13,15,16</sup>

## ■ Medically Managed Withdrawal at Intake

### Why It Matters

- Withdrawal can be dangerous, even deadly, if left untreated.<sup>17</sup> Withdrawal can increase the risk of suicide,<sup>10</sup> and deaths from opioid withdrawal have occurred in jails and prison facilities.<sup>11</sup>
- Forcing someone to experience withdrawal—including withdrawal from medications for OUD—greatly reduces the likelihood that they will continue treatment for OUD after release.<sup>18</sup>
- Effective withdrawal management includes the careful monitoring and proper pharmacological treatment of physical and psychological symptoms.<sup>13</sup>
- Patients do not need withdrawal management if they start medication treatment with methadone or buprenorphine right away. Long-term care with these medications effectively treats OUD and lowers the risk of overdose.<sup>13</sup>

### Implementing Effective Medical Management of Withdrawal at Intake

- Create protocols to identify withdrawal quickly and start medication treatment as soon as possible, ideally within 4 hours of admission.<sup>13,14</sup>
- Provide regular and active observation by both custodial and health care staff, as this is absolutely necessary for proper withdrawal identification and management.<sup>14</sup>
- Provide medication treatment for withdrawal to any patient with a Clinical Opioid Withdrawal Scale (COWS) score of 3 or higher or who appears unwell to any non-medical custodian.<sup>13</sup>
- Screen for signs of alcohol withdrawal and benzodiazepine withdrawal as well, as many people who use opioids are also exposed to these classes of drugs, and their withdrawal symptoms can be dangerous if left untreated.<sup>14,19–21</sup>

- Some withdrawal symptoms may not appear for several days. Symptoms should be treated medically and quickly, regardless of when they first appear.<sup>13</sup>
- Offer appropriate treatment for co-occurring physical and mental health issues, as these can complicate withdrawal management and cause greater risks for the patient.<sup>10</sup> Effectively managing co-occurring health concerns may require specialized care.<sup>13</sup>
- Xylazine, a non-opioid anesthetic, is a common adulterant in illicit opioid products. For patients with known or suspected xylazine exposure, consider clonidine as a primary treatment for xylazine withdrawal. Additional treatments that have shown success in managing xylazine withdrawal include: dexmedetomidine, phenobarbital, tizanidine, gabapentin, lorazepam, and olanzapine.<sup>22,23</sup>



## ■ Effective Addiction Treatment During Incarceration

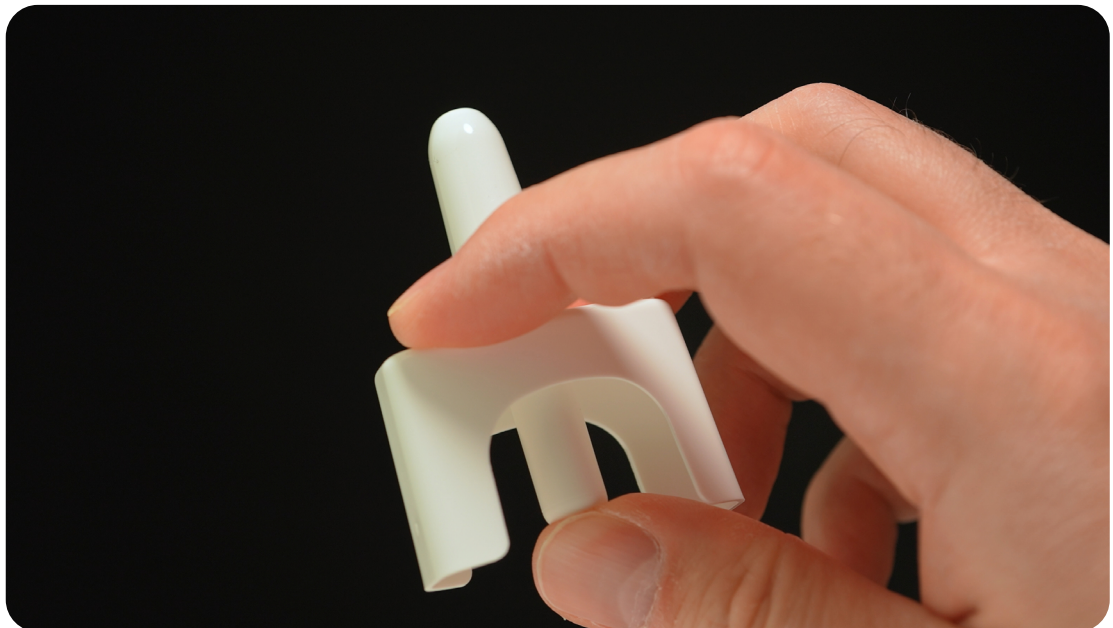
### Why It Matters

- MOUD addresses more than withdrawal symptoms; they treat the underlying SUD.<sup>13</sup>
- Opioid agonist medication for OUD (methadone or buprenorphine) are the only treatments proven to reduce the risk of overdose.<sup>13,24</sup> Emerging evidence suggests that any treatment without one of these two medications increases risk of overdose.<sup>15</sup>

### Implementing Effective Addiction Treatment During Incarceration

- Establish open lines of communication (including memoranda of understanding where applicable) with community-based providers of MOUD to ensure swift continuation of care for those who were receiving these medications prior to arrest.<sup>14</sup>

- Work with medical professionals who specialize in addiction medicine to create personalized treatment plans that meet individual needs and preferences.<sup>14</sup>
- Treatment plans determined by healthcare professionals should not be delayed, stopped, or changed in any way due to institutional policies or by any criminal justice professional, including sworn officers, parole officers, or judges.<sup>14,25</sup>
- Provide voluntary access to all FDA-approved medications for OUD. Choice of agonist medications should be available to the patient whether they are continuing treatment or initiating treatment in the jail in order to reduce the risk of overdose post release.<sup>13,25-27</sup>
- Offer appropriate, individually tailored psychosocial services, but do not deny or delay medications for OUD if a patient declines psychosocial services. The medication is the treatment.<sup>13</sup>
- Remain flexible and open to creative solutions that address each person's unique challenges and circumstances.<sup>28</sup>



## ■ Preventing Overdose During Incarceration

### Why It Matters

- Incarceration does not protect against overdose. Fatal overdoses can and do occur in incarceration settings.<sup>2,3</sup>
- In 2022, 249 people died from drug or alcohol overdose while incarcerated in state or federal prisons, an increase of more than 700% since 2001.<sup>29</sup>

### Implementing Overdose Prevention During Incarceration

- Provide access to both agonist medications, methadone or buprenorphine, to all persons with OUD as this significantly reduces the risk of fatal and non-fatal overdose.<sup>13,24</sup>
- Train jail and prison staff to identify and respond to overdoses, include training in rescue breathing and naloxone administration.<sup>13</sup>
- Connect those with a history of substance use with certified peer navigators during incarceration. Peer navigators can build supportive relationships and help address recovery and wellness needs.<sup>30,31</sup>

- Offer opt-in overdose education and naloxone training to all people who are incarcerated, regardless of substance use history.
- In facilities with high turnover rates, conduct overdose and naloxone training within the first few days of intake or on an ongoing (monthly or weekly) basis. Prioritize training for people who will soon be released.<sup>31,32</sup>
- Use opportunities like peer navigator interactions or opt-in naloxone trainings to raise awareness about evidence-based overdose prevention services in the community, such as syringe service programs, community-based drug checking services, and naloxone distribution efforts.<sup>33</sup>

## ■ Access to Treatment, Services, and Support Upon Release

### Why It Matters

- People leaving controlled environments (such as residential treatment, inpatient hospitalization, jails, or prisons) are at higher risk of overdose if they have been abstinent from, or had limited access to, opioid medications.<sup>13,25,34</sup>
- Effective release planning can help reduce overdose risk by addressing challenges related to disrupted social and support networks, interruptions in treatment, untreated mental health issues, and limited access to naloxone.<sup>35</sup>
- The risk of opioid overdose is significantly lower when patients remain on MOUD with methadone and buprenorphine after release.<sup>13,36</sup>
- Interruptions in MOUD increase the risk of overdose, and the risk continues to grow the longer treatment is interrupted.<sup>8,9</sup>

### Providing Access to Treatment, Services, and Support Upon Release

- Whenever possible, process release on pre-scheduled dates to allow enough time to implement the patient's individualized release plan.<sup>34,37,38</sup>
- Provide naloxone (along with training on how to use it, if not already provided) to all who are leaving incarceration.<sup>12,32</sup>
- Ensure that everyone leaving jail or prison with a SUD diagnosis meets with an advanced practice provider specializing in addiction medicine before release.<sup>25</sup>
- Never transfer anyone receiving MOUD to another facility that does not offer or allow these medications.<sup>8</sup>
- With patient consent, share treatment information with agencies providing care in the community to ensure a smooth medication transition.<sup>37-39</sup>
- Provide at least a four-week supply of all essential medications (including methadone and buprenorphine) as a bridge prescription upon release. This ensures the patient has medication until they can attend their first appointment with a healthcare provider in the community.<sup>12,14,37,38</sup>
- Write and, if possible, fill bridge prescriptions as soon as the patient is stabilized on their medication dose during incarceration. This ensures they have reliable access even if released unexpectedly.
- Expect that patients will face barriers to care during incarceration and after release, including challenges related to polysubstance use, complex withdrawal, previous trauma, discrimination, and past negative experiences with healthcare systems. Develop individualized plans to help manage those challenges.<sup>24,39-41</sup>



## ■ Access to Treatment, Services, and Support During Community Supervision (Parole/Probation)

### Why It Matters

- Previously incarcerated people are at 50-times higher risk of overdose death from synthetic opioids, like fentanyl, during the first two weeks after release. That risk remains elevated to about 20 times higher during the first year after release.<sup>42</sup>
- Offering both medication and peer support services before and after release helps improve retention in long-term treatment for OUD.<sup>12</sup>

### Providing Access to Treatment, Services, and Support During Community Supervision

- Make all treatment and support services available to those with a history of opioid use during the pre-sentencing phase, as they are at highest risk of overdose.<sup>13,25,34</sup>
- Connect individuals who are continuing treatment or at elevated risk of overdose for any reason with certified peer navigators in the community after release.<sup>30,31</sup>
- Only connect formerly incarcerated people to service providers that support evidence-based treatment and can provide the clinically appropriate services that each individual needs.<sup>25,34</sup>
- Ensure that parole and probation requirements never conflict with addiction treatment and recovery support services or with individual treatment plans.<sup>12,14</sup>

## ■ Other Resources

### General Resources for Correctional Settings

- Addiction Policy Forum, Chestnut Health, and Justice Community Opioid Innovation Network (JCOIN) Network Coordination and Translation Center - [Opioid Use Disorder Best Practices for Corrections](#)
- Legal Action Center - [MAT/MOUD Advocacy Toolkit](#)
- National Commission on Correctional Health Care - [Jail Guidelines for the Medical Treatment of Substance Use Disorders](#)
- National Commission on Correctional Health Care - [Opioid Use Disorder in Correctional Settings](#)
- American Society for Addiction Medicine - [Treatment in Correctional Settings Toolkit](#)

### Intake

- Substance Abuse and Mental Health Services Administration - [Screening and Assessment of Co-occurring Disorders in the Justice System](#)
- Comprehensive Opioid, Stimulant, and Substance Use Program - [Screening for Substance Use Disorders in Jails](#)

### Withdrawal Management

- Legislative Analysis and Public Policy Association - [Medical Withdrawal Management Protocol in Correctional Settings Act](#)
- Comprehensive Opioid, Stimulant, and Substance Use Program - [Guidelines for Withdrawal Management in Jails](#)
- Penn Medicine's Center for Addiction Medicine and Policy – [Best Practices for Management of Xylazine Withdrawal and Xylazine-related Overdose](#)

### Treatment in Incarceration Settings

- Substance Abuse and Mental Health Services Administration - [Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide](#)
- Substance Abuse and Mental Health Services Administration - [Use of Medication Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#)
- Legislative Analysis and Public Policy Association - [Peer Support Services in Justice and Public Safety Settings: A Planning and Implementation Toolkit](#)
- National Council for Mental Wellbeing - [Medication Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)
- National Association of Counties - [Effective Treatment for Opioid Use Disorder for Incarcerated Populations: A NACo Opioid Solutions Strategy Brief](#)
- National Council for Behavioral Health - [Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons](#)
- Legislative Analysis and Public Policy Association - [Model Access to Medication for Addiction Treatment in Correctional Settings Act](#)

## Release and Reentry

- Substance Abuse and Mental Health Services Administration - [Best Practices for Successful Reentry from Criminal Justice Settings for People living with Mental Health Conditions and/or Substance Use Disorders](#)
- National Association of Counties - [Warm Handoffs: A NACo Opioid Solutions Strategy Brief](#)

## Continuation of Treatment in the Community

- Substance Abuse and Mental Health Services Administration - [Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide](#)
- National Association of Counties - [Linkage to Care Across County Systems: A NACo Opioid Solutions Strategy Brief](#)
- Centers for Disease Control and Prevention - [Linking people with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices](#)

## Overdose Prevention

- RTI International - [A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons](#)
- National Commission on Correctional Health Care - [Naloxone In Correctional Facilities for the Prevention of Opioid Overdose Deaths](#)
- North Carolina Harm Reduction Coalition - [Jail-Based Overdose Prevention Education and Naloxone Distribution Toolkit](#)

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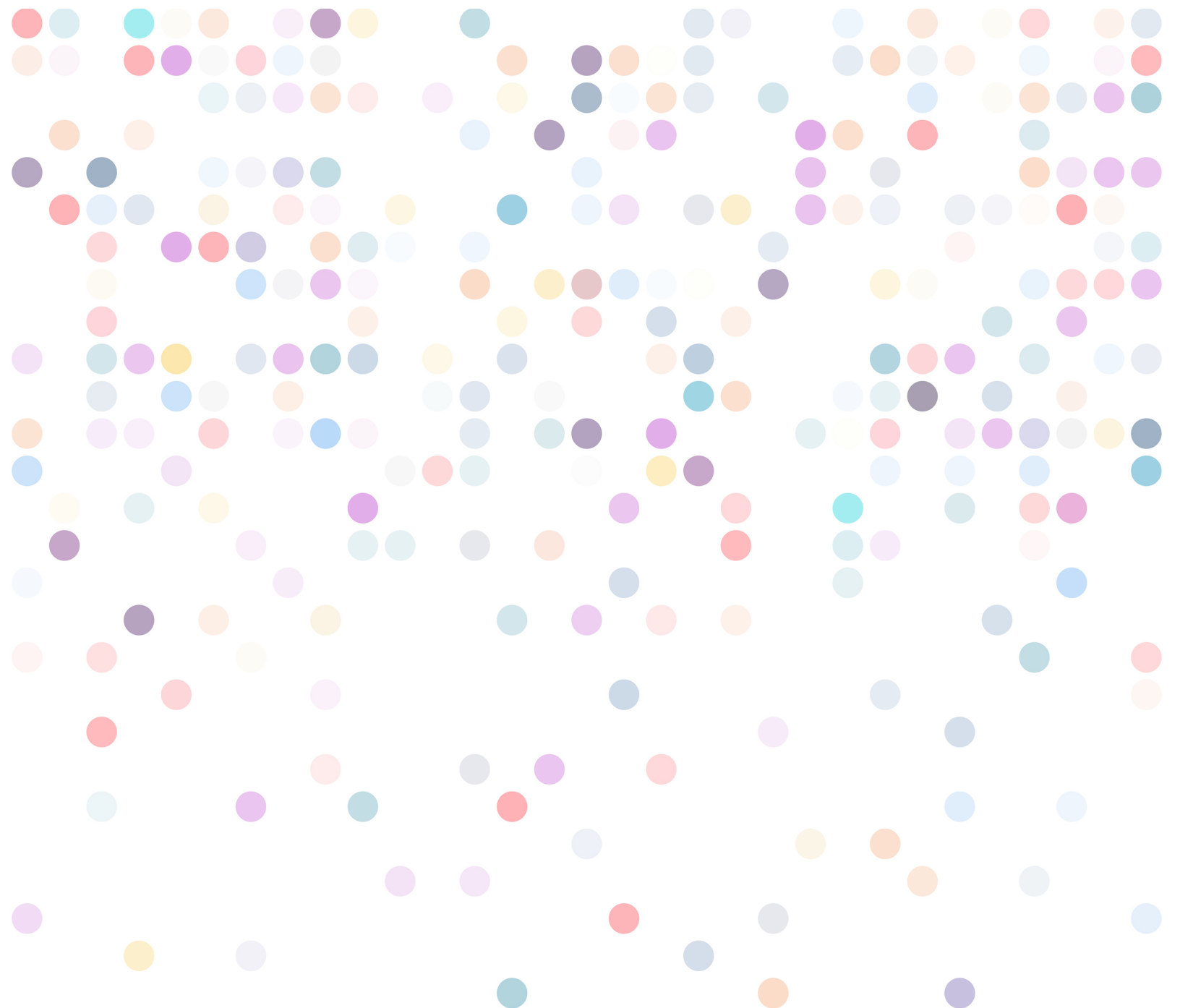
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**Report Author:** Jennifer J. Carroll

**Layout and Design:** Anupama Varma

**FOR MORE INFORMATION, PLEASE CONTACT:**

[ivp@naccho.org](mailto:ivp@naccho.org)



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1201 Eye Street, NW, Fourth Floor • Washington, DC 20005

Phone: 202-783-5550 • Fax: 202-783-1583

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