Opioid use has grown faster than that of any other drug in the United States: between 1999 and 2015, the number of overdose deaths involving opioids quadrupled and, in 2016, approximately 33,000 overdose deaths related to opioids occurred. A disproportionate number of people who come into contact with the U.S. criminal justice system suffer from opioid use disorder: up to one-quarter of incarcerated individuals with a substance use disorder have a problem with opioids; and people recently released from incarceration are vulnerable to both overdose and death, especially in the immediate post-release period.

Abundant research shows that medication-assisted treatment (MAT) is one of the most promising approaches for effectively treating opioid use disorder. Unfortunately, MAT is underutilized, particularly in the criminal justice system.

West Virginia leads the nation in opioid use or dependence. In this report, the Vera Institute of Justice (Vera) examines how West Virginia is providing MAT to eligible people in its criminal justice system and how its efforts under the federal Justice Reinvestment Initiative (JRI) may improve availability of this treatment. Vera’s report summarizes West Virginia’s efforts and draws out lessons for other states interested in using MAT to serve and treat those involved in their criminal justice system who engage in harmful opioid use.

Over the past several years, West Virginia has built an infrastructure through which MAT is becoming more widely available. Although these efforts have resulted in some successes by offering MAT to a growing number of system-involved individuals, they have also underscored a number of challenges common to the rollout of MAT in other contexts—challenges that the state’s justice reinvestment work is poised to address. Among them are:

> persistent stigma and misperception attached to opioid addiction generally and MAT specifically;

> preferences for abstinence-based drug treatment approaches rather than pharmacological treatment of opiate addiction; and

> regulatory and administrative policies or practices that impede the wider adoption of MAT, such as weak or nonexistent referral policies.

Despite these challenges, there are a number of strategies states can employ to overcome barriers to effectively implementing MAT programs. JRI provides a framework for such solutions, which include:

> using community engagement specialists and peer recovery coaches to serve as guides and mentors to deliver MAT services and encourage individuals to continue treatment after their release from jail or prison;

> educating people involved in the justice system about MAT, in order to provide people information to help them understand their options and make knowledgeable treatment decisions;

> employing a “warm handoff” to ensure continuity of care from custodial settings to release, by connecting individuals with treatment providers, community engagement specialists, or peer recovery coaches in the community;

> prioritizing the use of evidence-based supervision practices aimed at behavioral change by, for example, assessing all persons for criminogenic risk and need factors, and using techniques such as motivational interviewing and cognitive behavioral interventions; and

> using state funding to leverage federal funding through Medicaid expansion and other means to make MAT more widely available to those without health insurance.

The infrastructure that JRI provides can help make sure that all interested parties have the information and tools to receive, provide, or expand effective evidence-based care. Given that the nation’s opioid epidemic shows no signs of abating, the need for such progress is all the more urgent.
Figure 1
MAT locations in West Virginia’s corrections system