WHEREAS, opioid use disorder is markedly overrepresented in the criminal justice population, with seventeen to nineteen percent of justice-involved individuals have regularly used heroin or opiates prior to incarceration; and

WHEREAS, the American Society of Addiction Medicine (ASAM) recently published a document entitled The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (ASAM, 2015) includes recommendations that encourages the use of pharmacotherapy and psychosocial treatment for individuals with opioid use disorders and should be considered when implementing treatment for justice-involved individuals with opioid use disorders; and

WHEREAS, screening all incoming persons at jails and prisons using evidence based screening tools provides useful clinical data to guide the long-term treatment of those with opioid use disorder; and

WHEREAS, screening all incoming persons upon entry to identify individuals who are participating in a medication assisted treatment program (MAT), and who should be considered for continuation of treatment on that medication, or a medication with similar properties; and

WHEREAS, all incoming persons with active opioid use disorders who enter with or develop signs and symptoms of withdrawal should be monitored appropriately and should be provided evidence-based medically-managed withdrawal (“detox”) during the period of withdrawal; and

WHEREAS, all individuals returning to the community who have an active or latent opioid use disorder should receive education and training to prevent unintentional overdose and death; and

WHEREAS, an opioid antagonist and overdose training should include the individual’s support system in order to provide knowledge about how to respond to an overdose to those who may be in the individual’s presence if an overdose does occur; and

WHEREAS, immediate appointment to an appropriate clinic or other facility for ongoing
treatment for individuals returning to the community with opioid use disorder is critical in the treatment process; and

**WHEREAS**, reentry planning and community supervision should be included in a collaborative relationship between clinical, reentry, community, parole and probation staff; and now

**THEREFORE BE IT RESOLVED**, all justice-involved individuals who arrive into the correctional system with ongoing opioid use disorder treatment should be evaluated for consideration of continuing medication-assisted treatment (MAT) within correctional systems; and

**BE IT FURTHER RESOLVED**, sentenced individuals who enter the system and are currently being treated with an opioid agonist, opioid partial agonist or opioid antagonist as part of a MAT program and who have relatively short sentences should be considered for maintenance on that treatment protocol for a reasonable period (such as 12 to 24 months) to continue their ongoing treatment in order to facilitate reentry and return to treatment in the community; and

**BE IT FURTHER RESOLVED**, all individuals with latent or active opioid use disorder should be assessed for behavioral health disorders, especially trauma-related disorders, and offered evidence-based treatment for both disorders if appropriate; and

**BE IT FURTHER RESOLVED**, four to six weeks prior to reentry or release, all individuals with a history of latent or active opioid use disorder should be re-assessed by a licensed, trained clinician to determine whether MAT is medically appropriate and evidence-based information and options should be offered to the individual; and

**BE IT FURTHER RESOLVED**, the decision to initiate MAT and the type of treatment to utilize should be a deliberate, voluntary choice made by the individual who has been well informed by the trained, licensed clinician as to appropriateness of the therapy; and

**BE IT FURTHER RESOLVED**, MAT should not be mandated as a condition of release.

This resolution was adopted by the American Correctional Association Delegate Assembly on August 22, 2017 at the 147th Congress of Correction in St. Louis, Missouri.