



Laws, Lawsuits, and Policy Guidance

WA State Law

“To the extent that funding is provided, city and county jails must...Provide medication for the treatment of opioid use disorder to incarcerated individuals not less than thirty days before release”, *WA SB 5380 section 34*

“...all jail inmates receive appropriate and cost-effective emergency and necessary medical care”, *City and County Jails Act: 70.48.130 RCW - Emergency or Necessary Medical Care*

“Jails may provide for the delivery and administration of medications and medication assistance for inmates in their custody by nonpractitioner jail personnel...”, *City and County Jails Act: 70.48.490 RCW - Delivery and Administration of Medications*

Federal Legal Decision

A federal appeals court upheld the district court ruling which ordered the Aroostook County Jail to provide Smith with access to [medications] for her opioid use disorder during her 40-day jail sentence. *Smith v. Aroostook County, ME*

ACLU of WA Legal Settlement

“Whatcom County Jail shall implement... maintenance of community based [medications for opioid use disorder], and induction of [MOUD] for persons diagnosed with OUD...”
Kortlever et al v. Whatcom County, WA

Frequently Asked Questions

What is opioid use disorder?

Opioid use disorder (OUD) is a long-term medical condition. People with the condition are physically dependent on opioids and have brain changes that affect their thinking, priorities, and relationships.

Why is providing medication for OUD (MOUD) a jail’s problem?

Jails already are dealing with the consequences of OUD, including overseeing the care of people with a life-threatening and chaos-inducing disease. Starting a MOUD program helps jails address negative consequences of OUD before they result in serious medical and legal consequences for the jail.

They haven’t used drugs since they’ve been incarcerated for weeks to months – aren’t I “robbing them of their clean time”?

No. Symptoms of OUD look very different when someone has limited access to opioids. Not using opioids for a period of time does not mean a person is cured of their OUD, which is a chronic, relapsing brain disease.

While no one with OUD plans on relapsing after release from incarceration, 75% relapse within 3 months.

Also, people’s time incarcerated and not using opioids lowers their tolerance – this puts them at greater risk of overdose when they get out.



Opioid use disorder (OUD) is a treatable medical condition that too often results in chaos, high costs, and unnecessary deaths for jails, communities, and individuals.

Isn’t this just bringing drugs into the jail?

No. When prescribed at the appropriate dose, people do not get high from MOUD. Rather, MOUD is like medications for other diseases, like hypertension and diabetes – it stabilizes people’s symptoms, reduces chaos and suffering, and helps keep them alive.

What about diversion?

Yes, diversion of any medication in jail is possible and does happen.

However, local data show that diversion of buprenorphine is rare: approximately 5 cases out of 200 people started on buprenorphine in a mid-size Washington State jail were reported.

Training corrections staff on topics including workflow and inmate medication monitoring are effective strategies to reduce and prevent diversion.

Treating OUD with MOUD for people in jail actually can reduce diversion and contraband by reducing the demand on the inside due to untreated OUD.

Buprenorphine is incredibly safe and risk of related serious medical events and overdose is very low.



Find related resources here:

learnabouttreatment.org
stopoverdose.org

Medications for Opioid Use Disorder in WA State Jails



Perspectives of Jail Facilities & Staff, People with Opioid Use Disorder, and the Community



Created by the Alcohol & Drug Abuse Institute at the University of Washington

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Increasingly, jails are treating opioid use disorder with FDA-approved medications. This brochure provides information on how implementing these programs is beneficial from multiple perspectives.

Potential Benefits of Using Medications to Treat OUD in Jails

Facility Administration

Jail Staff

People with OUD

Community

Treats symptoms of opioid use disorder (OUD)

Is consistent with people's constitutional rights to parity of treatment while incarcerated.

Reduces staff burden related to monitoring and cleaning facilities of individuals in active opioid withdrawal.

Reduces suffering and treats a medical condition.

Helps people post-release: meet their legal requirements, reunite with their families, and function at work or school.

Reduces risk of suicide, illness, and self-injury

Decreases need for additional monitoring and transport to external medical facilities, and decreases media and legal scrutiny.

Decreases time and effort needed for additional monitoring and transport to external medical facilities.

Self-harm is reduced when symptoms of opioid use disorder are treated.

Lowers post-release risk of overdose, infectious disease, and other risks of death among people with OUD.

Mirrors community medications for OUD (MOUD) services

Decreases potential malpractice claims for medical providers working within the jail.

Helps address risk management related to major medical events from opioid withdrawal, illicit opioid use, and overdose.

Helps people get used to MOUD in preparation for continuing their care after release.

Across all care settings, helps prevent people from falling through the cracks and ensures continuum of healthcare.

Reduces conflict among corrections officers and people incarcerated

Improves staff retention and recruitment when work environment is less stressful.

Improves the corrections environment when needs from both perspectives are met.

Improves the corrections environment by creating collaborative versus adversarial interactions and relationships.

Improves perceptions of jail staff and people with OUD.

Reduces stress at work and increases employment satisfaction, decreasing spill-over stress at home.

Reduces chaos

Helps to break the cycle in and out of jail that many people with OUD experience.

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Improves the transition from jail back to the community, which also will reduce the risk of rearrest and reincarceration.

Builds a network of healthcare providers that include the jails and breaks the cycle in and out of jail that many people with OUD experience.

Lowers costs

Lowers jail operations costs associated with staff monitoring and transporting, and overburdened and overcrowded facilities.

Lowers costs related to poor physical and mental health from being in a stressful work environment.

Lowers costs of healthcare utilization post-release when OUD is stabilized during transition back to community.

Lowers cost of healthcare utilization and the criminal legal system, which reduces financial burden on community and taxpayers.

Other benefits

Improves efficiency by focusing jail resources on people at higher risk to community.

Be a part of local and national efforts to address the opioid epidemic.

Helps to reduce the very high risk of overdose people with OUD face upon release from jail.

Creates collaboration among the legal system, public health, health care, social services, and communities to address the opioid epidemic.