The American Opioid Epidemic in Special Populations: Five Examples

The United States is in the midst of an unprecedented crisis of prescription and illicit opioid misuse, use disorder, and overdose. Although the crisis has affected large swaths of the U.S. population, it has impacted certain segments of the population with an extra level of intensity—justice-involved populations, rural populations, veterans, adolescents and young adults, and people who inject drugs. Research has clearly shown that solutions for the opioid overdose epidemic are not one size fits all, and special attention should be paid to these populations that may be suffering unduly.

The discussion paper “The American Opioid Epidemic in Special Populations: Five Examples” focuses on these five identified populations and, for each, reviews why the population is an important area of focus, current barriers encountered in accessing care, promising approaches in supporting this population, and high-impact research and action priorities.

The Importance of Justice-Involved Populations

For justice-involved populations, several factors pose barriers to the continuity of their care and treatment. In particular, most jail stays are relatively short compared to the many years individuals typically spend in prison. The short duration of jail stays creates challenges for screening and initiating treatment, as well as potentially disrupting ongoing treatment. For longer stays in both jails and prisons, concerns about costs of treatment, logistics of providing care, and negative and stigmatizing attitudes toward addiction and opioid agonist treatments present critical challenges to providing treatment for opioid use disorder (OUD). Further, continuity of care is essential as people exit the jail and return to their community, and this transition is a critical period of vulnerability for people with OUD.

There is a 130-fold increased risk of overdose-related mortality during the first weeks of re-entry, as individuals exit jails and return home.
Promising Approaches for Justice-Involved Populations

- Ensuring that justice-involved populations have access to evidence-based treatment for OUD, including all three FDA-approved medications for opioid use disorder (MOUD)
- Increasing treatment access and retention by re-directing people away from the justice system, including by reducing incarceration for drug-related offenses
- Expanding innovative and promising approaches to reduce mortality and costs. Examples include the Opioid Intervention Court Model, which focuses on developing best practices for people with OUD by embracing MOUD, as well as enhancing overdose education and distributing naloxone in justice settings

Research and Action Priorities for Justice-Involved Populations

- Initiating and continuing MOUD while individuals are incarcerated, including through the use of telemedicine, and ensuring that MOUD is not interrupted upon return to the community
- Supporting the prescription of buprenorphine and methadone over naltrexone, absent trials that provide evidence of equivalent or better outcomes, and improving education to reduce MOUD stigma
- Pursuing regulatory adjustments that would allow for suspension, rather than termination, of Medicaid when an individual enters a jail or prison, and supporting pilot projects to facilitate treatment continuity
- Addressing logistical barriers to providing care by, for example, ensuring appropriate numbers of staff with buprenorphine waivers to care for the entire incarcerated population
- Expanding drug court models to require both provision of MOUD and additional social services, and focusing research on establishing standards for consistency and quality between drug courts
- Partnering with community organizations to provide employment opportunities for those who are on MOUD and transitioning out of incarceration
- Providing naloxone and education upon release to prevent accidental death due to overdose.
- Pursuing changes that would reduce total incarceration duration for people with OUD who have not been charged with violent or other serious offenses
- Ensuring that individuals who receive addiction treatment also receive behavioral health care


DISCLAIMER: The views expressed in this document are those of the authors and not necessarily of the authors’ organizations, the National Academy of Medicine (NAM), or the National Academies of Sciences, Engineering, and Medicine (the National Academies). The paper is intended to help inform and stimulate discussion. It is not a report of the NAM or the National Academies.

Download the full publication at nam.edu/OpioidCollaborative