Whereas, The opioid epidemic has become a critical threat to public health in the U.S., with
drug overdoses now the leading cause of accidental death and opioids being responsible for 61
percent of those deaths¹; and

Whereas, Approximately one-third of heroin users pass through correctional facilities
annually² and up to 60 percent of the incarcerated population has a substance use disorder³; and

Whereas, Individuals recently released from prison have a high risk of overdose death,
particularly during the first two weeks after release when their risk is 130 times greater than that
of the non-incarcerated population⁴; and

Whereas, Correctional facilities rarely treat opioid withdrawal with opioid agonist therapy, which
is the most effective, evidence-based treatment for this condition, and rarely provide opioid
agonist therapy even to inmate-patients who have been stabilized on it prior to entry⁵,⁶, resulting
in unnecessary suffering and sometimes death; and

Whereas, Effective treatment for opioid use disorder, including pharmacotherapy, improves
medical and mental health outcomes⁷ and reduces spread of infectious diseases⁸ and, in the
incarcerated population, reduces deaths during incarceration⁹, reduces deaths immediately
following release¹⁰, and reduces recidivism¹¹; and

1382.
⁶ Friedmann PD, Hoskinson R et al., Medication-Assisted Treatment in Criminal Justice Agencies Affiliated with the Criminal Justice-
⁷ Amato L, Davoli M et al. An overview of systematic reviews of the effectiveness of opiate maintenance therapies: available
⁸ Kamarutzaman A, Reid SE et al. Prevention of transmission of HIV, hepatitis B virus, hepatitis C virus, and tuberculosis in
⁹ Larney S, Gisev N et al. Opioid substitution therapy as a strategy to reduce deaths in prison: retrospective cohort study. BMJ Open
2014;4:e004666.
¹⁰ Marsden J, Stillwell G et al., Does exposure to opioid substitution treatment in prison
reduce the risk of death after release? A national prospective observational study in England. Addiction. 2017 Feb 4. doi:
10.1111/add.13779. [Epub ahead of print]
¹¹ Gisev, N., Larney, S. et al. Determining the impact of opioid substitution therapy upon mortality and recidivism among prisoners: A
Whereas, The National Commission on Correctional Health Care in a 2016 position paper\textsuperscript{12} established that evidence-based treatment of substance use disorders, including use of opioid-agonist therapy for opioid use disorder, should be provided in correctional facilities; therefore be it

RESOLVED, That our American Medical Association advocate for legislation, standards, policies and funding that encourage correctional facilities to increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of opioid replacement therapy, in correctional facilities within the United States (New HOD Policy); and be it further

RESOLVED, That our AMA support legislation, standards, policies and funding that encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment providers, case managers, social workers, and pharmacies in the communities where patients are released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment, and medication for preventing overdose deaths. (New HOD Policy)

Fiscal Note: Not yet determined

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