

# Study finds improved prison reentry programs could help flatten rate of opioid overdose deaths

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With opioid overdose deaths [surging in the United States](#), many communities are in desperate need of solutions to bring down the body

count. Among the most promising is strengthening prison reentry programs for highest-risk users, a Rutgers-led study has found.

"For people who use drugs and have been in prison for several years, the reentry period can be chaotic and disorienting," said Grant Victor, an assistant professor in the Rutgers School of Social Work and lead author of the study published in the *Journal of Offender Rehabilitation*.

"Closing the health care services gap after release, especially for those with psychiatric and behavioral health issues, may improve people's willingness to engage with opioid use treatment," Victor said.

Incarceration is a significant risk factor for [opioid-related deaths](#). A [2013 study](#) found the likelihood of a fatal overdose is approximately 129 times greater for someone recently released from prison compared with the [general population](#). Another study, led by Victor, found 20 percent of all opioid-related overdose deaths in one community involved people released from prison within three years.

To investigate [risk factors](#) and potential solutions, Victor and colleagues at Northern Arizona University and Wayne State University applied machine learning to data from a Midwestern reentry program for incarcerated individuals with co-occurring opioid use and a mental health disorder.

"There were two things that we wanted to understand," Victor said.

"First, what factors increase the likelihood someone will take medication for opioid use disorder in the month following their release from prison? And second, within this already vulnerable group, is there a subgroup that is at the highest risk of opioid death after release?"

The researchers found that people who were prescribed [psychiatric medication](#) in the months before to release were most likely to begin

opioid use disorder treatment. A participant's history with [injection drug use](#) was another causal factor: Those who reported using injection drugs were more likely to report seeking treatment post-release than people who didn't inject drugs.

Among other things, the findings suggest safe syringe services within prisons should be expanded, Victor said. These services not only improve opioid use treatment engagement but are effective in mitigating the transmission of infectious diseases, such as HIV and hepatitis.

"Getting the most vulnerable people into a health care ecosystem following release seems to benefit those who are susceptible to opioid overdose," Victor said. "We found that those who were engaged in [psychiatric treatment](#) had a higher likelihood of engaging opioid treatment programs."

Few studies have described the [positive relationship](#) between psychiatric pharmacology treatment and opioid use treatment among a reentry population, Victor said. One reason: Opioid use reentry programs are rare in the U.S.

"These types of reentry programs don't happen in most prison systems," he said. "But our findings support previous research that shows if you engage with this population during incarceration, it's associated with improved outcomes post-release."

Given these findings, Victor said state and federal prison systems should consider improving their "cascade of care" for [opioid use](#), such as implementing standardized screening tools to identify at risk individuals in prison and supporting robust and accessible services when they are released.

**More information:** Grant Victor et al, Applied machine learning

analysis: Factors correlated with injection drug use and post-prison medication for opioid use disorder treatment engagement, *Journal of Offender Rehabilitation* (2023). [DOI: 10.1080/10509674.2023.2213693](https://doi.org/10.1080/10509674.2023.2213693)

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