Table 1 Included Articles Grouped by Study/Trial in Chronological Order

Citations	Sample size	Setting	Post-release follow-up	Medications & comparisons	Findings
Dole et al., (1969)	28	New York, NY Jail	Weekly for 7–10 months	Methadone vs. no medication	Compared a control group, those in the methadone group used opioids less on average and were less likely to have additional convictions during the post-release follow-up period.
Magura et al., (1993)	446	New York, NY Jail	1 month 5 months	Methadone vs. no medication	Participants who received methadone while incarcerated were more likely to enter and remain in community treatment than control participants at 1-month and 5-months post-release.
Tomasino et al., (2001)	16,349	New York, NY Jail	11 years	Methadone (no comparison)	Those receiving methadone while incarcerated reported to community based treatment 74–80% of the time over a 5 year period. Those who did not have a history of SUD treatment prior to their incarceration were less likely to continue treatment in the community after release. Recidivism among participants was low during an 11-year monitoring period.
Kinlock et al., (2005)	64	Baltimore, MD Prison	6 months 9 months	LAAM vs. referral only	Those who received LAAM while incarcerated were more likely to enter community treatment and remain in treatment at follow-up than those who did not receive LAAM. LAAM participants also reported less crime-related income at follow-up.

Table 1 (continued)

Citations	Sample size	Setting	Post-release follow-up	Medications & comparisons	Findings
Kinlock et al., (2007)*; Gordon et l., (2008)*; Kinlock et al., (2009)*	204	Baltimore, MD Prison	1 month 6 months 12 months	Methadone + counseling vs. counseling + transfer vs. counseling + referral	The methadone plus counseling group was more likely to enter community treatment compared to the other groups. The methadone plus counseling group was more likely to remain in treatment and have opioid-negative urine specimens at 1-, 6-, and 12-months post-release compared to the other groups. Those in the methadone condition spent more days in treatment post-release compared to the other groups. The methadone plus counseling group was less likely to report criminal activity at 6-months post-release but arrest records at 12-months showed no differences between groups.
Magura et al., (2009)	116	New York, NY Jail	3 months	Methadone vs. buprenorphine	Those receiving buprenorphine while incarcerated were less likely to withdraw voluntarily from medication while incarcerated than those who received methadone. Those who received buprenorphine while incarcerated were more likely to continue treatment in the community and report intentions to remain in treatment than those who received methadone while incarcerated.
McKenzie et al., (2012)*	62	Rhode Island Department of Corrections Jail & Prison	12 months	Methadone vs. referral with financial assistance vs. referral only	Those who received methadone prior to release were more likely to enter community treatment after release and to do so in a shorter time compared to the other groups. Among those who did enter community treatment, those who received methadone pre-release reported less opioid use and injection drug use at 6-months post-release than the other groups

Table 1 (continued)

Citations	Sample size	Setting	Post-release follow-up	Medications & comparisons	Findings
Zaller et al., (2013)	44	Rhode Island Department of Corrections Jail & Prison	9 months	Buprenorphine/naloxone pre-release vs. post-release	Those who initiated buprenorphine/naloxone prior to release reported less heroin use and were more likely to remain in treatment 6-months post-release compared to those who initiated post-release.
Gordon et al., (2014)*; Gordon et al., (2017)*; Gordon et al., (2018)*	211	Baltimore, MD Prison	12 months	Buprenorphine + counseling vs. counseling only	Receiving buprenorphine + counseling while incarcerated led to a higher likelihood of entering community treatment compared to counseling only. Those who received buprenorphine prior to release engaged in community treatment more days during follow-up compared to those who received counseling only. There was not a significant effect on arrests or crime severity post-release.
Gordon et al., (2015)	27	Baltimore, MD Prison	6 months	At least 6 injections of XR-NTX vs. fewer	Those who completed at least 6 injections were less likely to use opioids or cocaine than those who had fewer injections. There were no significant differences for re-arrests or re-incarceration.
Lee et al., (2015)*	34	New York, NY Jail	1 month	XR-NTX vs. no medication	Those who received XR-NTX prior to release were less likely to relapse to opioid use at 1-month post-release compared to those who did not receive medication prior to release.

Table 1 (continued)

Citations	Sample size	Setting	Post-release follow-up	Medications & comparisons	Findings
Rich et al., (2015)*; Brinkley-Rubenstein et al., (2018)*	223	Rhode Island Department of Corrections Jail & Prison	12 months	Methadone vs. forced taper/withdrawal	Those who continued methadone while incarcerated were more likely to re-engage in community treatment and less likely to report opioid use at 1-month post-release compared to those who were forced to taper and withdraw while incarcerated. Those who were on methadone the entire time they were incarcerated reported fewer non-fatal overdoses and were less likely to report heroin use or injection drug use at 12-months post-release compared to those who were not receiving methadone immediately prior to their release.
Friedman et al., (2018)*	15	Rhode Island Department of Corrections Jail & Prison	18 months	Pre-release vs. post-release initiation of XR-NTX	The pre-release group had more days of confirmed abstinence from opioid use during the first month post-release. Time to relapse was longer for the pre-release group as well. Only 17% of post-release group received more than 1 injection compared to 78% in the pre-release group.
Green et al., (2018)	336	Rhode Island Department of Corrections Jail & Prison	6 months	Buprenorphine, methadone, or XR-NTX vs. no medication	There was a 60.5% reduction in mortality amongst recently incarcerated individuals due to overdose deaths after the implementation of a statewide program which continued MOUDs during incarceration.
Lincoln et al., (2018)	67	Hampden County, MA	6 months	Pre-release vs. post-release initiation of XR-NTX	Treatment retention was higher throughout the follow-up period for the pre-release group. There were 3 overdose deaths, all among the pre-release group after stopping XR-NTX
Moore et al., (2018)	382	Connecticut Department of Corrections Jail	6 months	Methadone vs. forced taper/withdrawal	Continuing methadone during incarceration increased odds of re-engaging in treatment post-release compared to forced taper and withdrawal. Those who received methadone from the same provide prior to, during, and after incarceration were less likely to recidivate.

Table 1 (continued)

Citations	Sample size	Setting	Post-release follow-up	Medications & comparisons	Findings
Velasquez et al., (2019)[a]	33	New York, NY Jail	1 week – 19 months (*M* = 3.5 months)	XR-NTX, methadone, or buprenorphine vs. no medication	Most had never heard of XR-NTX and were skeptical of the effectiveness XR-NTX's blockade effects, however most were satisfied with XR-NTX once they took it. Discontinuation of XR-NTX was attributed to high exposure to drug-using peers. Those who took methadone or buprenorphine were also satisfied with the treatments, although those on methadone reported dissatisfaction with daily observed dosing. Unstable housing and economic insecurity were identified barriers to treatment engagement.
Farabee et al., (2020)*	135	Albuquerque, NM Jail	12 months	XT-NTX + PN vs. XR-NTX vs. ETAU	The XR-NTX + PN group reported less opioid use and sex-related HIV risk at 12-months post-release compared to the ETAU group.
Kelly et al. (2020)*; Schwartz et al., (2020)*; Schwartz et al., (2021)*	225	Baltimore, MD Jail	24 months	Methadone + PN vs. methadone vs. ETAU	Those who received interim methadone (with or without PN) during pre-trial detention were more likely to enter community treatment upon release and to remain in treatment at 1-, 3-, and 6-months post-release than those who did not receive methadone. There were no significant differences between groups in treatment engagement, opioid use, likelihood of arrest, or crime severity at 12-months or 24-months post-release.
Haas et al., (2021)	1564	New Haven and Bridgeport, CT Jail	5 days – 63 months (*M* = 16 months)[b]	Methadone vs. forced taper/withdrawal	Continuation of methadone throughout incarceration was associated with a significant decrease in non-fatal overdoses and a greater likelihood of resuming methadone treatment in the community post-release. Those who resumed methadone in the community had lower odds of overdose death compared to those who did not.

Table 1 (continued)

Citations	Sample size	Setting	Post-release follow-up	Medications & comparisons	Findings
Woody et al., (2021)*	86	Philadelphia, PA Jail	6 months	Pre-release vs. post-release initiation of XR-NTX	Treatment adherence was higher for those who initiated XR-NTX before release. There were no differences in relapse between groups. There were fewer overdoses during follow-up among the pre-release group.
Evans et al., (2022)	469	Franklin and Hampshire Counties, MA Jail	$M = 23$ months*	Buprenorphine vs. no medication	Those receiving buprenorphine while incarcerated were less likely to recidivate compared to those who did not receive buprenorphine.

LAAM levo-alpha-acetylmethadol, *XR-NTX* extended-release naltrexone, *PN* patient navigation, *ETAU* enhanced treatment as usual

* Randomized Controlled Trial

[a] qualitative study

[b] used multiple secondary data sources for outcomes