Medications for Opioid Use Disorder (MOUD) in Prisons and Jails: A Legal & Scientific Toolkit from the NeuroLaw Library

Overview:

Medications for opioid use disorder (MOUD)—methadone, buprenorphine, and naltrexone—are the gold standard for treating opioid use disorder. Opioid use disorder is a chronic, brain-based condition that impairs brain function, decision-making, and self-control and is disproportionately prevalent among justice-involved populations. MOUD stabilizes brain chemistry to reduce cravings and withdrawal symptoms, and helps restore parts of the brain altered by prolonged drug use. Research shows that providing MOUD to individuals with opioid use disorders during incarceration prevents overdose deaths, increases post-release treatment engagement, and lowers recidivism.

Despite overwhelming medical consensus declaring MOUD the standard of care for opioid use disorder, most jails and prisons continue to deny or restrict access. In fact, fewer than half of U.S. jails offer any form of MOUD, and only about 13% make it available to all who need it. Failing to provide these medications runs counter to the scientific consensus on effective treatment for opioid use disorder. It promotes illicit drug use in custody, fuels the return to use after incarceration, and increases the risk of overdose.

Since 2018, landmark litigation has expanded access to MOUD in some jails and prisons. These rulings established that restricting treatment could violate both the Americans with Disabilities Act and the Eighth Amendment's prohibition on cruel and unusual punishment. Still, access remains inconsistent and legally contested. This leaves many jail and prison policies misaligned with current medical and scientific understandings of substance use.

This guide draws on the CLBB NeuroLaw Library—an open access resource of legal and scientific resources—to equip attorneys, policymakers, judges, and pro se litigants with the resources necessary to be well-informed about both the science and law concerning medications for opioid use disorder access in prisons and jails. In this guide, there is foundational legal precedent, examples of both successful and unsuccessful MOUD litigation, and relevant scientific literature to facilitate science-informed legal decision-making about MOUD. Clicking on a case or article name links directly to the full resource in the CLBB NeuroLaw Library, where you can access summaries available at five different reading levels.

By providing an accessible, integrated view of the scientific and legal dimensions of MOUD, this guide aims to promote effective laws and policies aligned with the science of substance use.

In This Guide:

I. Foundational Legal Precedent

This section highlights court decisions that have been central to litigation involving access to medication for opioid use disorder (MOUD). Click on any case name to open its entry in the CLBB NeuroLaw Library, including the full case ruling, summaries at multiple reading levels, and a bluebook citation.

Constitutional Protections for Medical Care in Custody

The Eighth Amendment's prohibition on cruel and unusual punishment applies to deliberate indifference to an incarcerated person's serious medical needs. Denials of MOUD have been found to meet this threshold of deliberate indifference when officials knew of and disregarded an excessive risk to health or safety. For pretrial detainees, similar protections arise under the Fourteenth Amendment's Due Process Clause, though courts often apply the same "deliberate indifference" standard. The cases below, among others, are essential for understanding how courts have interpreted this legal standard.

Estelle v. Gamble 429 U.S. 97 (1976)

Established a constitutional right to healthcare in correctional facilities, ruling that failure to provide adequate medical care to people who are incarcerated as a result of "deliberate indifference to serious medical needs" violates the Eighth Amendment's protection against cruel and unusual punishment.

Farmer v. Brennan, 511 U.S. 825 (1994)

Clarified "deliberate indifference" standard created in *Estelle*, ruling that prison officials must know of and disregard excessive risk to inmate health or safety to be in violation of the Eighth Amendment. This case established the current two-prong test for deliberate indifference, requiring litigants to satisfy both 1) the objective test (is the medical need sufficiently serious?) and 2) the subjective test (did the official knowingly disregard the excessive risk of harm?).

Helling v. McKinney, 509 U.S. 25 (1993)

In this 1993 Supreme Court case, the Court held that prison conditions creating unreasonable future health risks, like exposure to secondhand smoke, can violate the Eighth Amendment if officials are deliberately indifferent.

Bell v. Wolfish, 441 U.S. 520 (1979)

This 1979 Supreme Court case established that under the Due Process Clause, pretrial detainees cannot be punished before conviction, but restrictions reasonably related to legitimate governmental objectives—like safety or security—do not constitute punishment.

Americans with Disabilities Act and the Rehabilitation Act of 1973

Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act prohibit public entities—including prisons and jails—from discriminating against qualified individuals with disabilities. Opioid use disorder is recognized as a disability under these laws. Denying access to MOUD can violate these statutes by excluding individuals from a correctional program or service, or by otherwise discriminating against them because of their disability.

Pennsylvania Department of Corrections v. Yeskey, 524 U.S. 206 (1998)

In this 1998 Supreme Court case, the Court held that Title II of the ADA applies to state prisons, affirming that incarcerated people with disabilities cannot be excluded from prison programs solely due to disability. This is relevant to substance use disorders because opioid use disorder is a recognized disability and a person receiving treatment (e.g., methadone or buprenorphine) qualifies as a protected individual.

II. MOUD-Specific Litigation

This section compiles cases directly addressing access to medications for opioid use disorder (MOUD)—methadone, buprenorphine, and naltrexone—in correctional settings. Landmark victories demonstrate successful legal strategies for securing access, while unsuccessful cases highlight common pitfalls and evidentiary hurdles. Click on any case name to open its full entry in the CLBB NeuroLaw Library, including complete rulings, summaries at multiple reading levels, and bluebook citations.

Landmark Wins Securing MOUD Access

Pesce v. Coppinger, 355 F. Supp. 3d 35 (D. Mass. 2018)

In this 2018 federal case, the court granted Pesce a preliminary injunction requiring access to methadone in jail, finding likely ADA and Eighth Amendment violations where officials refused his prescribed treatment for opioid use disorder. The court emphasized that the jail's blanket ban on methadone ignored his doctor's recommendation, would force painful withdrawal, and created a heightened risk of relapse and fatal overdose, amounting to likely disability discrimination and deliberate indifference to serious medical needs.

Smith v. Aroostook County, 376 F. Supp. 3d 146 (D. Me. 2019), aff'd, 922 F.3d 41 (1st Cir. 2019)

In this 2019 case, the District of Maine granted a preliminary injunction requiring Aroostook County Jail to continue Brenda Smith's prescribed buprenorphine during her 40-day sentence. The court found she was likely to succeed on her ADA claim because the jail's blanket ban on MAT discriminated against her disability and posed a serious risk of withdrawal, relapse, overdose, and death. The court ordered the jail to provide her medication by whatever secure means it deemed appropriate. This decision was later upheld by the First Circuit Court of Appeals in 2019.

P.G. v. Jefferson County, No. 5:21-CV-388-DNH-ML (N.D.N.Y. Sept. 7, 2021)

In this 2021 preliminary injunction, the court ordered Jefferson County Jail to provide P.G. with his daily prescribed methadone during detention, finding he faced imminent, severe, and life-threatening harm if treatment were stopped. Based on unrebutted medical evidence, the court held P.G. was likely to succeed on his ADA and Fourteenth Amendment claims because methadone was medically necessary and the jail's refusal amounted to discrimination and deliberate indifference. The court emphasized that the jail already provided methadone to pregnant individuals, showing it could safely accommodate him.

Unsuccessful MOUD Access Cases

Meirs v. Ottawa County, 821 F. App'x 445 (6th Cir. 2020)

The Sixth Circuit upheld a ruling in favor of Ottawa County and its jail medical contractor after Scott Meirs—a man with opioid use disorder who was taken off his prescribed methadone when he was jailed—died by suicide. Even though Meirs was going through withdrawal, in pain, and asking for medication, the court said the jail staff's actions did not meet the legal bar for "deliberate indifference," and there was no evidence that a broader county or contractor policy caused his death.

Chamberlain v. Virginia Department of Corrections, No. 7:20-CV-00045, 2020 WL 5778793 (W.D. Va. Sept. 28, 2020)

In this federal case, an incarcerated man with opioid use disorder sought a preliminary injunction to access methadone or buprenorphine. The court denied relief, finding he failed to show irreparable harm or medical necessity for MOUD.

Jones v. Armbrister, No. 20-2520-SAC, 2020 WL 7042603 (D. Kan. Dec. 1, 2020)
This federal case dismissed claims under the ADA and state law after Jones alleged denial of opioid-based treatment. The court found no deliberate indifference, disability-based discrimination, or equal protection violation.
Knackstedt v. Bunting, No. 20-3264-SAC, 2021 WL 259398 (D. Kan. Jan. 26, 2021)
In this federal case, the plaintiff's denial-of-MOUD claim failed to show deliberate indifference or equal protection violations. The court found that detox occurred pre-incarceration, withdrawal had ended, and care delays did not cause substantial harm.
Huffman v. Robey, No. 3:25-CV-P93-CRS (W.D. Ky. Mar. 28, 2025).
In this 2025 district court case, an incarcerated person alleged ADA and 8th Amendment violations for denial of MOUD. The court denied a preliminary injunction but allowed ADA injunctive relief and deliberate indifference claims to proceed.

III. Relevant Scientific Literature

Below is a curated set of peer-reviewed articles featured within the NeuroLaw Library. As seen in the MOUD access cases above, incorporating relevant scientific literature into litigation strategies can play a critical role in informing judges that opioid use disorder is a serious medical condition requiring timely, evidence-based care to prevent imminent and future harm. Click on the title of an article and you will be redirected to the full article within the CLBB NeuroLaw Library where you can access a full PDF, read the article at multiple comprehension levels, and access the proper citation.

The Neuroscience of Substance Use Disorders and Treatment	
Mestre-Bach & Potenza, "Neural Mechanisms Linked to Treatment Outcomes and Recovery in Substance-Related and Addictive Disorders," *Dialogues in Clinical Neuroscience* (2023)	
Summary:	Neuroimaging shows recovery from substance use, gambling, and internet gaming disorders involves changes to brain regions linked to craving, reward, and control. Treatments may promote recovery by enhancing circuits and cue reactivity.
Blackwood & Cadet, "The Molecular Neurobiology and Neuropathology of Opioid Use Disorder," *Current Research in Neurobiology* (2021)	
Summary:	This review examines how opioids like oxycodone, heroin, and fentanyl lead to cognitive deficits and structural changes in the brain. The article explores neuroimaging and other scientific findings and explores emerging treatment strategies.
Paulus, "Neural Substrates of Substance Use Disorders," *Current Opinions in Neurology* (2022)	
Summary:	Neuroimaging studies show that substance use disorders involve an imbalance between overactive subcortical reward/salience circuits and weakened prefrontal control systems. Across substances, people with SUD tend to show reduced volumes or altered function in regions like the striatum, anterior cingulate cortex, and prefrontal cortex—patterns linked to heightened reactivity to drug cues and poorer self-control.
Efficacy of Medications for Opioid Use Disorder (MOUD)	
Cates & Brown, "Medications for Opioid Use Disorder During Incarceration and Post-Release Outcomes," *Health & Justice* (2023)	
Summary:	Providing MOUD during incarceration improves post-release outcomes by reducing overdose risk and increasing treatment engagement. Evidence supports continuing or initiating starting MOUD in jail or prison to prevent harm and support recovery. For example, after Rhode

	Island implemented a statewide jail and prison MOUD program, overdose deaths among people recently released from incarceration fell by about 60%.
Spayde-Baker & Patek, "A Comparison of Medication-Assisted Treatment Options for Opioid Addiction: A Review of the Literature," *Journal of Addictions Nursing* (2023)	
Summary:	This review compares buprenorphine, methadone, and naltrexone for opioid addiction treatment. Methadone is most effective; buprenorphine is safer and easier to access; extended-release naltrexone shows promise but requires detox.
Sprunger et al., "Jail-based Interventions to Reduce Risk for Opioid-Related Overdose Deaths: Examples of Implementation within Ohio Counties Participating in the HEALing Communities Study," *Health & Justice* (2021)	
Summary:	This case report highlights how three Ohio jails implemented evidence-based practices like MOUD, naloxone, and peer support to reduce post-release overdose deaths, overcoming barriers with collaboration, flexibility, and persistence. This study shows that even jails with limited resources can successfully offer treatment and overdose-prevention services by partnering with community providers, using peer support, and starting small with naloxone and education efforts.
Macmadu et al., "Estimating the Impact of Wide Scale Uptake of Screening and Medications for Opioid Use Disorder in US prisons and jails," *Drug & Alcohol Dependence* (2020)	
Summary:	This study estimates that providing MOUD in all prisons and jails could have prevented roughly 1,840 overdose deaths in 2016, and more than 4,400 deaths if people were retained in treatment after release. The authors conclude that post-release retention is the key driver of overdose prevention.
Overdose Risks	
Sprunger, J., Brown, J., Rubi, S., Papp, J., Lyons, M., & Winhusen, T. J. (2024). Jail-based interventions to reduce risk for opioid-related overdose deaths: Examples of implementation within Ohio counties participating in the HEALing Communities Study. *Health & Justice*, 12(1), 1-10.	
Summary:	This case report highlights how three Ohio jails implemented evidence-based practices like MOUD, naloxone, and peer support to reduce post-release overdose deaths, overcoming barriers with collaboration, flexibility, and persistence.
Kaplowitz et al., "'It's Probably Going to Save My Life;' Attitudes Towards Treatment Among People Incarcerated in the Era of Fentanyl," *Drug & Alcohol Dependence* (2022)	
Summary:	Through interviews with 40 adults incarcerated in the Rhode Island Department of Corrections and enrolled in its MOUD program, the authors found that most participants were aware of fentanyl's dangers, tried to avoid it, and used harm reduction strategies and MOUD to lower overdose risk. The study concludes that broad access to MOUD in correctional settings is increasingly essential in the fentanyl era to reduce overdose morbidity and mortality.
Kaplowitz, E., Truong, A. Q., Macmadu, A., Peterson, M., Brinkley-Rubinstein, L., Potter, N., Green, T. C., Clarke, J. G., & Rich, J. D. (2021). Fentanyl-related overdose during incarceration: A comprehensive review. Health & Justice, 9(1), 13.	
Summary:	Fentanyl overdoses are rising in jails and prisons, yet underreported in medical literature. Improving detection, staff training, naloxone access, and MOUD availability in correctional settings is urgently needed to prevent deaths.
Ciccarone D. (2021). The rise of illicit fentanyls, stimulants and the fourth wave of the opioid overdose crisis. Current opinion in psychiatry, 34(4), 344–350.	
Summary:	A "fourth wave" of the U.S. overdose crisis is marked by rising stimulant-related deaths, often involving fentanyl. Synthetic opioids remain the main driver. COVID-19 has worsened overdose risks and racial health disparities.