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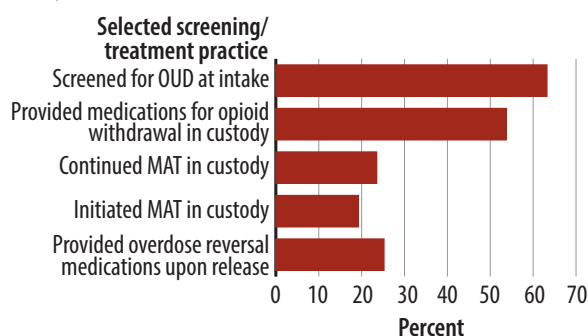
Opioid Use Disorder Screening and Treatment in Local Jails, 2019

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At midyear 2019, fewer than two-thirds (63%) of local jail jurisdictions conducted opioid use disorder (OUD) screenings at intake and more than half (54%) of jail jurisdictions provided inmates medications to treat opioid withdrawal (**figure 1**). Nearly a quarter (24%) of jail jurisdictions continued medication-assisted treatment (MAT) for OUD for persons admitted with a current prescription or for those who were getting services from a methadone clinic prior to admission. Nearly a fifth (19%) of jail jurisdictions initiated MAT. A quarter (25%) of jail jurisdictions provided overdose reversal medications upon release to persons with OUD.

Findings in this report are based on the 2019 Census of Jails (COJ). The Bureau of Justice Statistics (BJS) periodically conducts the COJ, a complete enumeration of local jail jurisdictions and facilities and of the Federal Bureau of

FIGURE 1
Percent of local jail jurisdictions that screened or treated inmates for opioid use disorder, midyear 2019



Note: OUD denotes opioid use disorder. MAT denotes medication-assisted treatment. See *Terms and definitions* for details on screening and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See tables 2, 5, and 8 for percentages.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

HIGHLIGHTS

- Between June 1 and June 30, 2019, about 80% of persons admitted to local jails in the Northeast, 68% in the West, 62% in the South, and 61% in the Midwest were screened for opioid use disorder (OUD).
- The District of Columbia conducted OUD screenings on all persons admitted to jail between June 1 and June 30, 2019, and New Jersey (99%) and West Virginia (97%) screened nearly all admissions.
- Urban jails (69%) screened a larger percentage of admissions for OUD than rural jails (53%) between June 1 and June 30, 2019; however, a greater percentage of screenings in rural jails (19%) than in urban jails (13%) were positive.
- Among June 2019 admissions, 22% of OUD screenings were positive in states with the highest rates of opioid overdose deaths (24.0 or more per 100,000 U.S. residents ages 15-74), compared to 6% in states with the lowest rates (fewer than 10.0 per 100,000).
- Between June 1 and June 30, 2019, 16% of persons admitted to jails in the Northeast were treated for opioid withdrawal, compared to 4% of those admitted to jails in the Midwest, South, and West.
- In states with the highest rates of opioid overdose deaths, 33% of jail jurisdictions provided overdose reversal medications upon release to persons with OUD, compared to 16% in states with the lowest rates.

Prisons’ (BOP) 12 detention facilities that function as jails. The COJ covers all local jails in 45 states and the District of Columbia. It excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont, but includes 15 independently operated jails in Alaska. Data from the 12 BOP detention facilities that function as jails are not presented in this report. In 2019, BJS included an addendum to the COJ to measure local jail jurisdictions’ OUD screening and treatment practices and the prevalence of screenings and treatment for OUD among persons confined in jail.¹

The COJ obtained data from 2,667 of the 2,850 local jail jurisdictions (94% response rate). Among responding jail jurisdictions, between 107 and 115 jails did not provide data on specific OUD screening and treatment practices. Percentage values for local jail jurisdictions’ OUD practices presented in this report exclude jail jurisdictions that did not respond to the 2019 COJ or were missing data for the given practice. The rate at which data were missing on the number of OUD screenings, positive screenings, admitted persons treated for opioid withdrawal, and confined persons receiving MAT for OUD ranged from 3.5% to 9.0%. Percentage values for these items were estimated based on nonresponse weighting adjustments. (See *Methodology*.)

¹For more information, see *Census of Jails, 2005–2019 – Statistical Tables* (NCJ 255406, BJS, October 2021) at <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cj0519st.pdf> and the *Programs on Opioid Testing, Screening, and Treatment* section in the 2019 COJ questionnaire at <https://bjs.ojp.gov/data-collection/census-jails-coj#surveys-0>.

More than 6 in 10 local jail admissions between June 1 and June 30, 2019 were screened for OUD

Of the estimated 894,030 persons admitted to local jails between June 1 and June 30, 2019, almost two-thirds (64%) were screened for OUD (table 1). Among OUD screenings conducted at intake, about 15% were positive. Of those admitted during the same 1-month period, an estimated 5% were treated for opioid withdrawal. Of the estimated 734,470 persons confined in local jails at midyear 2019, about 1% were receiving MAT for OUD.

TABLE 1
Percent of local jail inmates screened or treated for opioid use disorder, 2019

	Percent
Admissions to local jails in June 2019^a	
Screened for OUD ^b	64.2%
Positive screenings	14.5
Treated for opioid withdrawal ^c	4.8
Confined inmates in local jails at midyear 2019	
Receiving MAT ^{d,e}	0.9%

Note: OUD denotes opioid use disorder. MAT denotes medication-assisted treatment. See *Terms and definitions* for details on screening and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates.

^aData are based on an estimated 894,030 admissions from June 1 to June 30, 2019. Persons admitted more than once may be counted multiple times. When June 2019 admissions were not provided, BJS calculated them by dividing annual admissions by 365 and multiplying by 30.

^bPersons admitted more than once may account for multiple screenings.

^cPersons admitted more than once may be counted multiple times among those treated.

^dData are based on an estimated 734,470 confined inmates at midyear 2019.

^eIncludes inmates for whom jail jurisdictions continued or initiated MAT.

Source: Bureau of Justice Statistics, *Census of Jails, 2019*.

2019 Census of Jails: Programs on Opioid Testing, Screening, and Treatment

Public officials have increasingly recognized jails as an important vehicle for providing treatment for opioid use disorder (OUD). Prior to the Bureau of Justice Statistics (BJS) fielding the 2019 Census of Jails (COJ), the Commission on Combating Drug Addiction and the Opioid Crisis recommended the use of medication-assisted treatment (MAT) with pretrial detainees and continuing treatment upon release from incarceration.²

A growing but unknown number of jails have implemented pilot programs that provide MAT, educate inmates with OUD, and link them to treatment in the community upon release.

To better understand local jail jurisdictions' response to the opioid crisis, BJS added a series of questions to the 2019 COJ to measure OUD screening and treatment practices and the prevalence of screening and treatment for OUD. The survey included questions on practices related to the detection of opioid use and use disorder at intake, treatment for opioid withdrawal and OUD while in custody, and care upon release for persons with OUD.

²See the commission's 2017 recommendations at https://trumpwhitehouse.archives.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf. In 2021, the White House outlined drug policy priorities that include urging the extension of the declaration of an Opioid Public Health Emergency and identifying public health actions that can be taken to expand access to care. (See <https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf>.)

Specifically, jail administrators were asked whether they conducted or provided on- or off-facility grounds—

- screenings for OUD with a questionnaire or interview at intake
- routine urinalysis tests for the detection of opioids at intake
- overdose education to those with OUD
- behavioral or psychological treatment to those with OUD
- medications for treatment of opioid withdrawal symptoms
- MAT for OUD
- overdose reversal medications upon release to those with OUD
- a link to MAT in the community upon release to those with OUD.

Jail administrators were also asked to report the number of—

- persons admitted from June 1 to June 30, 2019
- OUD screenings conducted among June 2019 admissions
- positive OUD screenings
- June 2019 admissions treated for opioid use withdrawal
- persons confined on the last weekday in June (June 28, 2019) receiving MAT for OUD.

Terms and definitions

Admissions—All persons booked into and housed in jail facilities by a formal legal document and the authority of the courts or some other official agency, including repeat offenders booked on new charges and persons sentenced to weekend programs or entering the facility for the first time. This excludes inmates reentering the facility after an escape, work release, medical appointment, a stay in a treatment facility, and bail or court appearance.

Average daily population (ADP)—The total number of inmates in jail each day for a year, divided by the number of days in the year.

Jail—A confinement facility generally operated under the authority of a sheriff, police chief, or county or city administrator. A small number of jails are privately operated. Regional jails include two or more jail jurisdictions with a formal agreement to operate a jail facility. Facilities include jails, detention centers, county or city correctional centers, special jail facilities (such as medical or treatment centers and prerelease centers), and temporary holding or lockup facilities that are part of a facility's combined function. Jails are intended for adults but can hold juveniles before or after their cases are adjudicated.

Jails—

- hold inmates sentenced to jail facilities who usually have a sentence of 1 year or less
- receive individuals pending arraignment and hold them as they await trial, conviction, or sentencing
- readmit probation, parole, and bail bond violators and absconders
- detain juveniles pending their transfer to juvenile authorities
- hold mentally ill persons pending their movement to appropriate mental health facilities
- hold individuals for the military, for protective custody, as witnesses for courts, and for contempt of court
- release convicted individuals to the community on completion of sentence
- transfer inmates to federal, state, or other authorities
- house inmates for federal, state, tribal or other authorities
- operate community-based programs as alternatives to incarceration.

Jail jurisdiction—A county (parish in Louisiana) or municipal government that administers one or more local jails and represents the entity responsible for managing jail facilities under its authority. Most jail jurisdictions consist of a single facility, but some have multiple facilities

or multiple facility operators (e.g., a jail jurisdiction consisting of a county jail and a private jail operated under county authority).

Jail regions—Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska.

Northeast: Maine, Massachusetts, New Hampshire, New Jersey, New York, and Pennsylvania.

Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

South: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

West: Alaska, Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Medication-assisted treatment (MAT)—Refers to the use of U.S. Food and Drug Administration-approved medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders.

Continued MAT—Refers to MAT provided for inmates who were admitted with a current prescription for buprenorphine (e.g., Suboxone) or naltrexone (e.g., Vivitrol) or were getting services from a methadone clinic prior to admission.

Initiated MAT—Refers to inmates who were identified as having an opioid use disorder (OUD) and were started on MAT.

Medications for opioid withdrawal—Includes clonidine, lofexidine, methadone, or buprenorphine (e.g., Suboxone). Excludes nonprescription or over-the-counter medications.

Midyear population—The number of inmates held in custody on the last weekday in June.

Opioids—A class of drug that includes heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine.

Overdose reversal medications—Includes reversal medications such as naloxone (Narcan).

Screening for OUD—Self-reported data obtained through a questionnaire or interview used to identify persons with OUD.

Opioid overdose death rates in the U.S. resident population of persons ages 15 to 74

Opioid overdose death rates are an indicator of the severity of the opioid epidemic. In each state, the severity of the epidemic could be a driving factor in opioid use disorder (OUD) response practices within local jails. Based on data from the Centers for Disease Control and Prevention's (CDC) online databases known as WONDER (Wide-ranging ONLINE Data for Epidemiologic Research), death rates varied across states.³

Among the 12 states with the highest rates of opioid overdose deaths in 2019 (24.0 or more per 100,000 U.S. residents ages 15 to 74), most were located in the Northeast (New Jersey, Massachusetts, New Hampshire, Maine, and Pennsylvania) and the South (West Virginia, Maryland, Kentucky, and Tennessee) (**map 1**). The remaining three states with the highest rates were in the Midwest (Ohio and Indiana) and the West (New Mexico). The District of Columbia (located in the South) was also among those reporting the highest opioid overdose death rates.

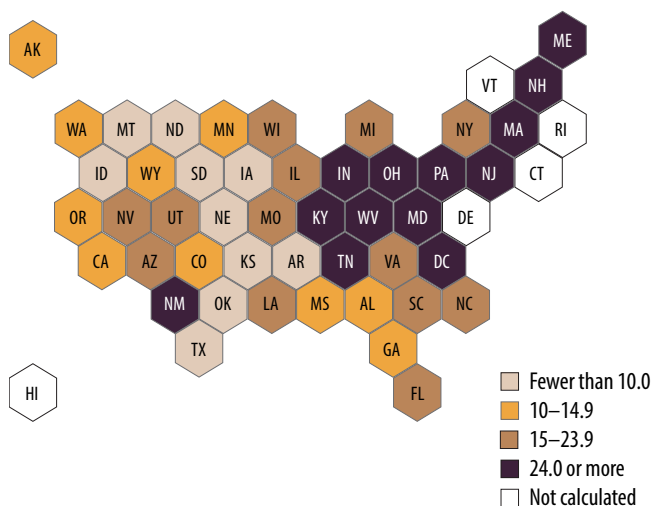
Among states with the lowest rates of opioid overdose deaths in 2019 (fewer than 10.0 per 100,000 U.S. residents ages 15 to 74), five were located in the Midwest (Kansas, North Dakota, Iowa, South Dakota, and Nebraska), three were in the South (Oklahoma, Arkansas, and Texas), and two were in the West (Idaho and Montana).

In this report, OUD screening and treatment practices and prevalence of screenings and treatment for OUD are examined along with opioid overdose death rates among U.S. residents ages 15 to 74. The resident population was limited to persons ages 15 to 74 because this age range accounts for nearly all persons held in local jails. States

were grouped into four rate categories: fewer than 10.0 opioid overdose deaths per 100,000 U.S. residents ages 15 to 74; 10 to 14.9 per 100,000; 15 to 23.9 per 100,000; and 24.0 or more per 100,000. States that have jails only as part of a combined jail and prison system (Connecticut, Delaware, Hawaii, Rhode Island, and Vermont) were excluded from the groupings.

MAP 1

Rates of opioid overdose deaths per 100,000 U.S. residents ages 15 to 74, by state, 2019



Note: Opioid overdose death rates were not calculated for states that have jails only as part of a combined jail and prison system because they are excluded from the Census of Jails. See appendix table 2 for opioid overdose death rates.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONLINE Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

³See National Center for Health Statistics. (2021). *Multiple Cause of Death by Single Race 2018–2020* [Dataset]. CDC WONDER. <https://wonder.cdc.gov/mcd.html>

A larger percentage of jail jurisdictions in the Northeast than in other regions screened for OUD at intake

At midyear 2019, more than 6 in 10 (63%) local jail jurisdictions across the nation conducted OUD screenings at intake (**table 2**). Eighty-six percent of jail jurisdictions in the Northeast screened for OUD at intake, compared to 69% in the West, 61% in the South, and 59% in the Midwest. All jail jurisdictions in New Hampshire, New Jersey, West Virginia, and the District of Columbia screened for OUD (**map 2**). Fewer than 50% of local jail jurisdictions in seven states (Nevada, Arkansas, Alaska, South Dakota, Montana, Mississippi, and Iowa) screened for OUD at intake.

TABLE 2
Percent of local jail jurisdictions that screened for
opioid use disorder at intake, by screening practice and
jurisdiction characteristics, midyear 2019

Jurisdiction characteristic	Number of jail jurisdictions	Practice at intake	
		Screened for OUD	Conducted routine urinalysis test for opioids
U.S. total	2,850	63.2%	17.6%
Region			
Northeast	175	86.3%	33.5%
Midwest	950	59.5	13.9
South	1,319	61.1	18.6
West	406	68.8	16.2
Size of jail jurisdiction (ADP)			
Fewer than 50 inmates	991	49.7%	11.3%
50–99	504	63.2	18.4
100–249	642	67.0	18.7
250–499	348	74.4	23.1
500–999	215	78.8	28.8
1,000–2,499	123	89.0	23.8
2,500 or more	27	91.0	18.4
Locality			
Urban	787	73.3%	17.5%
Rural	2,063	59.4	17.6
State's rate of opioid overdose deaths per 100,000 U.S. residents ages 15–74			
Fewer than 10.0	776	49.8%	5.0%
10–14.9	676	60.3	22.5
15–23.9	820	72.2	17.5
24.0 or more	578	71.9	28.5

Note: ADP denotes average daily population. See *Terms and definitions* for details on jurisdiction characteristics and screening practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 2 for opioid overdose death rates. See appendix table 3 for region- and state-level percentages of admissions occurring in jurisdictions that screened for opioid use disorder (OUD) at intake.

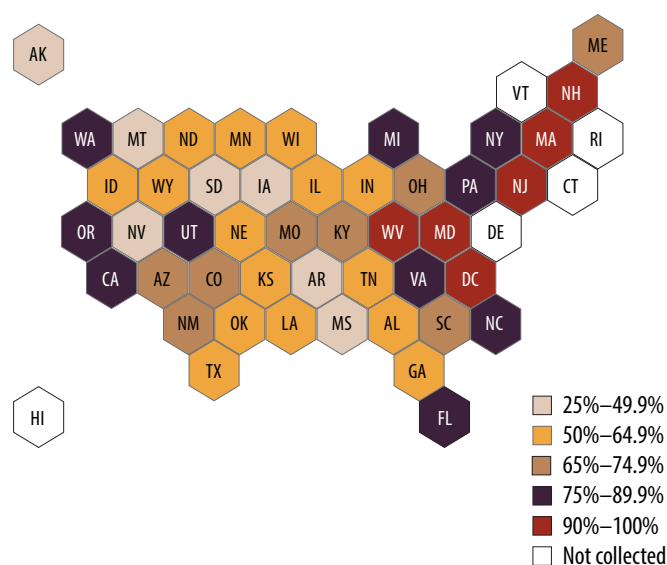
Source: Bureau of Justice Statistics, Census of Jails, 2019; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

Eighty-nine percent of jail jurisdictions holding 1,000 or more inmates conducted OUD screenings at intake, compared to 76% of those holding 250 to 999 inmates. Among smaller jail jurisdictions holding fewer than 250 inmates, 58% conducted OUD screenings. A smaller percentage of rural jail jurisdictions (59%) conducted OUD screenings than urban jail jurisdictions (73%).

More than 7 in 10 (72%) jail jurisdictions in states with opioid overdose death rates of 15 or more per 100,000 U.S. residents ages 15 to 74 screened for OUD at intake. Half (50%) of jail jurisdictions in states with fewer than 10.0 opioid overdose deaths per 100,000 screened for OUD at intake.

Eighteen percent of all local jail jurisdictions conducted routine urinalysis tests for the detection of opioids at intake. Thirty-three percent of jail jurisdictions in the Northeast, 19% in the South, 16% in the West, and 14% in the Midwest conducted urinalysis tests for opioids at intake. Nearly 3 in 10 (29%) jail jurisdictions holding 500 to 999 inmates conducted urinalysis testing for opioids at intake, compared to fewer than 2 in 10 (18%) holding 2,500 or more inmates and 1 in 10 (11%) holding fewer than 50. Fewer than 2 in 10 rural (18%) and urban (17%) jail jurisdictions conducted routine urinalysis tests.

MAP 2
Percent of local jail jurisdictions that screened for opioid use disorder at intake, by state, midyear 2019



Note: See *Terms and definitions* for details on screening practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 4 for percentages.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

Jails in the Northeast reported the highest percentage of OUD screenings among admissions and the highest percentage of positive screenings

Between June 1 and June 30, 2019, an estimated 894,030 persons were admitted to local jails (**table 3**). During that period, jails in the Northeast admitted 53,340 persons and screened 80% of those admissions for OUD. More than a quarter (26%) of OUD screenings in the Northeast were positive. Jails in the West (197,570 admissions) and Midwest (208,880) had about four times as many admissions as those in the Northeast and screened a smaller percentage for OUD (68% of admissions in the West and 61% in the Midwest). Jails in the South (434,230 admissions), with more than eight times as many admissions as jails in the Northeast, screened 62% of admissions for OUD. Fifteen percent of OUD screenings in the South, 13% in the Midwest, and 11% in the West were positive.

Larger jail jurisdictions (those holding 1,000 or more inmates) reported that 79% of persons admitted in June 2019 were screened for OUD. Forty-eight percent of persons admitted in smaller jail jurisdictions (those holding fewer than 250 inmates) were screened for OUD. While the percentage of admissions screened generally increased with jail jurisdiction size, the percentage of screenings that were positive fluctuated. The percent of positive OUD screenings (22%) was highest in jail jurisdictions holding 100 to 249 inmates.

Urban jails (69%) screened a larger percentage of admissions for OUD than rural jails (53%). However, a greater percentage of screenings in rural jails (19%) than in urban jails (13%) were positive.

In states with the highest opioid overdose death rates (24.0 or more per 100,000 U.S. residents ages 15 to 74), local jails conducted OUD screenings on 68% of June 2019 admissions. For states with the lowest opioid overdose death rates (fewer than 10.0 per 100,000), 58% of admissions were screened. Twenty-two percent of OUD screenings in states with the highest opioid overdose death rates were positive, compared to 6% in states with the lowest rates.

TABLE 3

Percent of local jail admissions in June 2019 screened for opioid use disorder and positive screenings, by jurisdiction characteristics

Jurisdiction characteristic	Admissions in June 2019 ^a		
	Number	Percent screened for OUD ^b	Percent of positive screenings
U.S. total	894,030	64.2%	14.5%
Region			
Northeast	53,340	79.9%	26.5%
Midwest	208,880	60.8	13.1
South	434,230	62.4	14.8
West	197,570	67.8	11.4
Size of jail jurisdiction (ADP)			
Fewer than 50 inmates	60,620	36.0%	14.9%
50–99	61,690	51.1	18.9
100–249	146,720	51.5	21.6
250–499	157,750	63.6	19.7
500–999	167,040	67.6	12.4
1,000–2,499	189,070	81.3	11.0
2,500 or more	111,150	74.2	7.9
Locality			
Urban	626,050	69.3%	12.7%
Rural	267,970	52.6	19.5
State's rate of opioid overdose deaths per 100,000 U.S. residents ages 15–74			
Fewer than 10.0	190,590	58.0%	6.5%
10–14.9	239,350	60.5	13.7
15–23.9	289,370	69.2	14.7
24.0 or more	174,720	67.5	21.6

Note: OUD denotes opioid use disorder. ADP denotes average daily population. See *Terms and definitions* for details on jurisdiction characteristics and screening practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. Counts are rounded to the nearest 10. Details may not sum to total due to rounding. See appendix table 1 for item response rates. See appendix table 2 for opioid overdose death rates.

^aPersons admitted more than once may be counted multiple times. When June 2019 admissions were not provided, BJS calculated them by dividing annual admissions by 365 and multiplying by 30.

^bPersons admitted more than once may account for multiple screenings.

Source: Bureau of Justice Statistics, *Census of Jails, 2019*; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

More than three-quarters of June 2019 jail admissions in 12 states and the District of Columbia were screened for OUD

All persons admitted to jails between June 1 and June 30, 2019 in the District of Columbia (100%) were screened for OUD (table 4). New Jersey (99%) and West Virginia (97%) reported that nearly all admissions during the same 1-month period were screened for OUD. In

comparison, local jails in four states (South Dakota, Iowa, Idaho, and Wyoming) screened fewer than 30% of their admissions. These same four states reported rates of positive OUD screenings ranging from about 1% to 6%. More than 25% of OUD screenings were positive in local jails in six states, including New Hampshire (58%), North Dakota (32%), New York (29%), Massachusetts, (28%), Pennsylvania (26%), and Tennessee (26%).

TABLE 4

Percent of local jail admissions in June 2019 screened for opioid use disorder and positive screenings, by region and state

Region/state	Percent of admissions in June 2019 screened for OUD*	Percent of positive screenings	Region/state	Percent of admissions in June 2019 screened for OUD*	Percent of positive screenings
U.S. total	64.2%	14.5%	Georgia	55.5	18.5
Northeast	79.9%	26.5%	Kentucky	54.4	19.6
Maine	60.5	15.2	Louisiana	54.9	10.1
Massachusetts	69.0	27.5	Maryland	86.8	23.1
New Hampshire	78.9	57.7	Mississippi	36.2	10.9
New Jersey	98.7	19.5	North Carolina	64.3	22.8
New York	72.3	29.4	Oklahoma	62.6	5.9
Pennsylvania	77.2	26.5	South Carolina	49.0	13.6
Midwest	60.8%	13.1%	Tennessee	52.2	25.6
Illinois	57.4	10.5	Texas	68.7	5.5
Indiana	58.7	16.0	Virginia	78.2	16.6
Iowa	26.1	5.6	West Virginia	97.0	/
Kansas	72.1	1.5	West	67.8%	11.4%
Michigan	73.8	16.2	Alaska	31.3	25.0
Minnesota	58.3	12.9	Arizona	85.4	9.7
Missouri	63.8	14.1	California	65.7	7.4
Nebraska	30.3	4.2	Colorado	85.1	8.2
North Dakota	57.5	32.3	Idaho	22.9	3.2
Ohio	72.1	18.7	Montana	35.0	12.8
South Dakota	26.4	1.9	Nevada	63.8	5.1
Wisconsin	61.8	12.4	New Mexico	75.3	15.1
South	62.4%	14.8%	Oregon	51.9	19.8
Alabama	41.2	15.8	Utah	79.1	11.7
Arkansas	42.2	12.8	Washington	86.4	24.3
District of Columbia	100	5.9	Wyoming	22.2	0.8
Florida	84.6	15.5			

Note: OUD denotes opioid use disorder. See *Terms and definitions* for details on jail regions and screening practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates.

*Persons admitted more than once may be counted multiple times. When June 2019 admissions were not provided, BJS calculated them by dividing annual admissions by 365 and multiplying by 30. Persons admitted more than once may account for multiple screenings.

/Not reported due to insufficient data. Ten of 11 jurisdictions did not specify the number of positive OUD screenings.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

A majority of jails in the Northeast, West, and Midwest provided medications for opioid withdrawal

At midyear 2019, more than half (54%) of local jail jurisdictions provided medications for opioid withdrawal to confined persons (table 5). This included most jail jurisdictions in the Northeast (82%), more than half in the West (59%) and Midwest (55%), and fewer than half of jurisdictions in the South (47%). When grouped by size, more than half of jail jurisdictions within each group provided opioid withdrawal medications, except for those in jail jurisdictions holding fewer than 50 inmates (36%).

In states with opioid death rates of 15 or more per 100,000 U.S. residents ages 15 to 74, about 62% of

jail jurisdictions provided medications for opioid withdrawal. In comparison, 46% of jail jurisdictions offered medications in states with rates of fewer than 15 per 100,000.

Nearly 7 in 10 (69%) jail jurisdictions in the Northeast provided overdose education to confined persons with OUD, compared to nearly 3 in 10 (29%) jail jurisdictions overall. More than two times the percentage of urban jail jurisdictions (48%) as rural jail jurisdictions (22%) provided overdose education. In states with 24.0 or more opioid overdose deaths per 100,000 U.S. residents ages of 15 to 74, about 45% of jail jurisdictions provided overdose education, compared to 11% of jail jurisdictions in states with fewer than 10.0 per 100,000.

TABLE 5

Percent of local jail jurisdictions that treated for opioid use disorder in custody, by treatment practice and jurisdiction characteristics, midyear 2019

Jurisdiction characteristic	Number of jail jurisdictions	Practice in custody				
		Provided medications for opioid withdrawal	Provided overdose education	Initiated behavioral/psychological treatment	Continued MAT	Initiated MAT
U.S. total	2,850	53.7%	29.3%	40.8%	23.5%	19.2%
Region						
Northeast	175	82.3%	69.2%	82.1%	51.4%	43.6%
Midwest	950	55.3	25.4	37.4	24.4	20.8
South	1,319	47.0	24.5	36.4	16.0	12.8
West	406	58.9	36.9	45.3	33.4	25.5
Size of jail jurisdiction (ADP)						
Fewer than 50 inmates	991	35.5%	13.4%	23.0%	15.5%	11.5%
50–99	504	57.0	27.5	41.0	21.5	16.6
100–249	642	61.3	33.7	48.6	24.4	22.2
250–499	348	67.8	42.2	56.0	28.7	21.5
500–999	215	65.5	45.8	55.4	36.0	32.3
1,000–2,499	123	80.3	67.0	68.0	47.8	40.5
2,500 or more	27	86.5	86.3	85.9	66.0	56.3
Locality						
Urban	787	65.3%	47.7%	55.6%	36.4%	30.2%
Rural	2,063	49.2	22.3	35.2	18.6	15.0
State's rate of opioid overdose deaths per 100,000 U.S. residents ages 15–74						
Fewer than 10.0	776	43.4%	11.3%	26.0%	19.1%	13.2%
10–14.9	676	48.9	28.8	39.5	22.0	18.1
15–23.9	820	62.2	35.8	48.1	25.6	21.7
24.0 or more	578	60.8	44.7	51.7	28.2	24.8

Note: MAT denotes medication-assisted treatment. ADP denotes average daily population. See *Terms and definitions* for details on jurisdiction characteristics and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 2 for opioid overdose death rates. See appendix table 3 for region- and state-level percentages of confined persons being held in jurisdictions that treated for opioid use disorder (OUD) in custody.

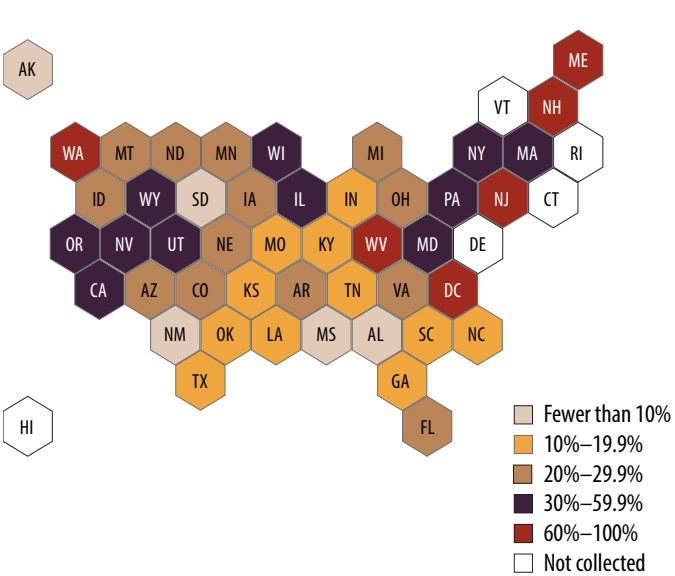
Source: Bureau of Justice Statistics, Census of Jails, 2019; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

Jail jurisdictions more commonly provided behavioral or psychological treatment for OUD than continued or initiated MAT for OUD

Forty-one percent of local jail jurisdictions initiated behavioral or psychological treatment for OUD, 24% continued MAT for persons admitted with a current prescription or getting services from a methadone clinic prior to admission, and 19% initiated MAT for inmates with OUD at midyear 2019. Regardless of region, jail jurisdiction size, locality, or opioid overdose death rate, larger percentages of jail jurisdictions initiated behavioral or psychological treatment for OUD than initiated or continued MAT.

In states with 24.0 or more opioid overdose deaths per 100,000 U.S. residents ages 15 to 74, 28% of jail jurisdictions continued MAT, while 25% initiated MAT. In states with fewer than 10.0 opioid overdose deaths per 100,000, 19% of jail jurisdictions continued MAT and 13% initiated MAT for OUD.

MAP 3
Percent of local jail jurisdictions that continued medication-assisted treatment for opioid use disorder in custody, by state, midyear 2019

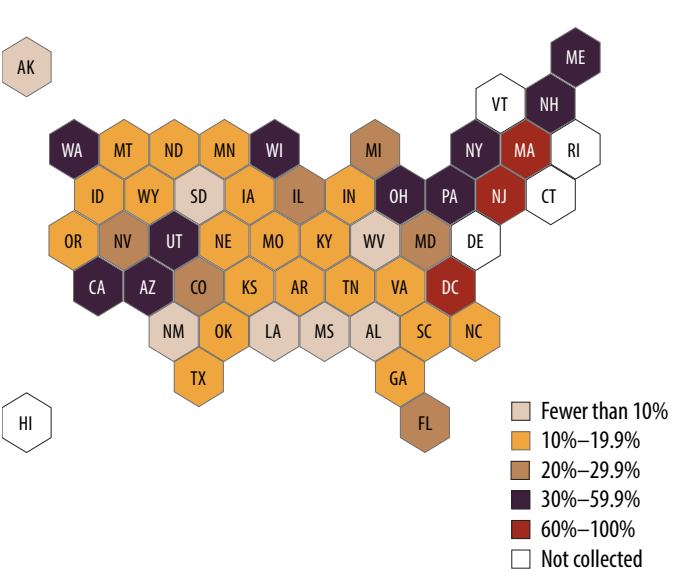


Note: See *Terms and definitions* for details on screening and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 4 for percentages.
Source: Bureau of Justice Statistics, Census of Jails, 2019.

Four Northeast states were among the six states with the highest percentages of local jail jurisdictions initiating and continuing MAT for OUD

At midyear 2019, the percentage of jail jurisdictions in the Northeast continuing (51%) MAT for admitted persons or initiating (44%) MAT for confined persons with OUD was more than three times as high as the percentage for jail jurisdictions in the South (16% continuing or 13% initiating MAT) (maps 3 and 4). The District of Columbia's single jail jurisdiction reported both continuing and initiating MAT. More than 60% of jail jurisdictions in five states (New Jersey, West Virginia, Maine, Washington, and New Hampshire) continued MAT, while in two states (New Jersey and Massachusetts) more than 60% of jail jurisdictions initiated MAT. Both continuing MAT and initiating MAT were reported in fewer than 10% of jail jurisdictions in five states (South Dakota, Alaska, Alabama, New Mexico, and Mississippi).

MAP 4
Percent of local jail jurisdictions that initiated medication-assisted treatment for opioid use disorder in custody, by state, midyear 2019



Note: See *Terms and definitions* for details on treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 4 for percentages.
Source: Bureau of Justice Statistics, Census of Jails, 2019.

The percentage of jail admissions treated for opioid withdrawal was four times as high in the Northeast as in the West, Midwest, or South

Among admissions to local jails between June 1 and June 30, 2019 (894,030), about 5% were treated for opioid withdrawal while confined in jail (table 6). The percentage of jail admissions treated for opioid withdrawal was four times as high in the Northeast (16%) as in the West, Midwest, or South (4% each). While jails in the Northeast accounted for 6% of all persons admitted between June 1 and June 30, 2019, those jails accounted for 20% of all admissions treated for opioid withdrawal (not shown in tables). The South accounted for 49% of all persons admitted to local jails during the 1-month period and 40% of all jail admissions treated for opioid withdrawal (not shown in tables).

During June 2019, about 7% of persons admitted to local jail jurisdictions holding 250 to 499 inmates were treated for opioid withdrawal, compared to 4% of those admitted in jail jurisdictions holding 2,500 or more inmates and 1% of those admitted in jail jurisdictions holding fewer than 50 inmates. Four percent of persons admitted to rural jails during June 2019 were treated for opioid withdrawal, compared to 5% of urban jail admissions.

Jails located in states with the highest rates of opioid overdose deaths (24.0 or more per 100,000 U.S. residents ages 15 to 74) reported the highest percentage of June 2019 admissions treated for opioid withdrawal (9%). Similarly, jails located in states with the lowest rates of opioid overdose deaths (fewer than 10.0 per 100,000) also reported the lowest percentage of admissions treated for opioid withdrawal (2%).

TABLE 6

Percent of local jail admissions in June 2019 treated for opioid withdrawal, by jurisdiction characteristics

Jurisdiction characteristic	Admissions in June 2019 ^a	
	Number	Percent treated for opioid withdrawal ^b
U.S. total	894,030	4.8%
Region		
Northeast	53,340	16.2%
Midwest	208,880	4.1
South	434,230	3.9
West	197,570	4.3
Size of jail jurisdiction (ADP)		
Fewer than 50 inmates	60,620	1.2%
50–99	61,690	4.4
100–249	146,720	4.1
250–499	157,750	6.6
500–999	167,040	4.9
1,000–2,499	189,070	5.8
2,500 or more	111,150	3.7
Locality		
Urban	626,050	5.1%
Rural	267,970	4.0
State's rate of opioid overdose deaths per 100,000 U.S. residents ages 15–74		
Fewer than 10.0	190,590	1.5%
10–14.9	239,350	4.1
15–23.9	289,370	4.7
24.0 or more	174,720	9.2

Note: ADP denotes average daily population. See *Terms and definitions* for details on jurisdiction characteristics and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. Counts are rounded to the nearest 10. Details may not sum to total due to rounding. See appendix table 1 for item response rates. See appendix table 2 for opioid overdose death rates.

^aPersons admitted more than once may be counted multiple times. When June 2019 admissions were not provided, BJS calculated them by dividing annual admissions by 365 and multiplying by 30.

^bPersons admitted more than once may be counted multiple times among those treated.

Source: Bureau of Justice Statistics, Census of Jails, 2019; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

More than 10% of June 2019 jail admissions in seven states were treated for opioid withdrawal

Nearly a quarter (24%) of persons admitted to jails in New Hampshire between June 1 and June 30, 2019 were treated for opioid withdrawal (map 5; appendix table 5). Eighteen percent of admissions in Washington, Pennsylvania, and New Jersey and 12% in Massachusetts, New York, and Maryland were treated for opioid withdrawal. In nine states and the District of Columbia, between 5% and 10% of jail admissions were treated for opioid withdrawal. Jails in 15 states reported that fewer than 2% of their admissions were treated for opioid withdrawal.

Fewer than 1% of the confined local jail population at midyear 2019 were receiving MAT for OUD

At midyear 2019, the highest percentage of confined persons receiving MAT was reported in jails in the Northeast (3%), followed by jails in the Midwest and West (1% each) and jails in the South (0.4%) (table 7). Jails in the South accounted for more than half (53%) of the confined jail population at midyear 2019 but nearly a quarter (24%) of jail inmates receiving MAT (not

shown in tables). In comparison, jails in the Northeast accounted for 10% of confined persons but 32% of those receiving MAT (not shown in tables).

Jail jurisdictions holding fewer than 50 inmates reported the highest percentage of confined persons at midyear 2019 receiving MAT (2%), while jail jurisdictions in each group holding 50 or more inmates reported fewer than 1%. Fewer than 1% of persons confined in urban and rural jails were receiving MAT at midyear 2019.

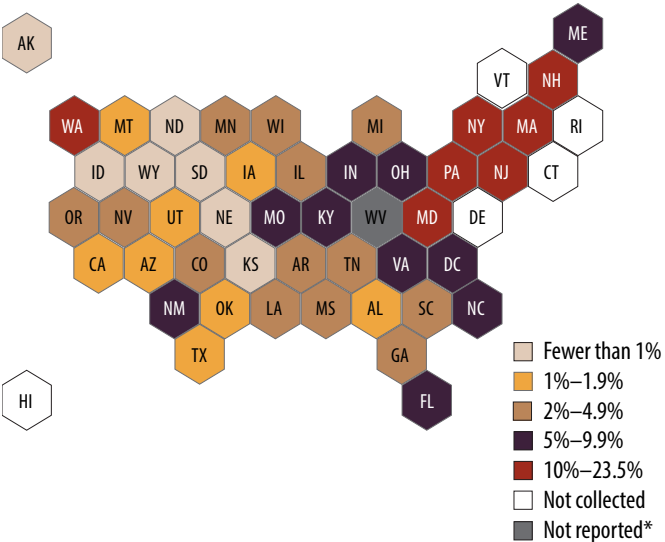
Jails located in states with the highest rates of opioid overdose deaths (24.0 or more per 100,000 U.S. residents ages 15 to 74) reported the highest percentage of confined persons receiving MAT (1.4%). In comparison,

TABLE 7
Percent of confined inmates at midyear 2019 receiving medication-assisted treatment for opioid use disorder, by jurisdiction characteristics

Jurisdiction characteristic	Confined inmates at midyear 2019	
	Number	Percent receiving MAT ^a
U.S. total	734,470	0.9%
Region		
Northeast	73,570	2.9%
Midwest	125,330	1.0
South	386,770	0.4
West	148,800	1.1
Size of jail jurisdiction (ADP)		
Fewer than 50 inmates	19,300	1.6%
50–99	35,450	0.8
100–249	100,100	0.9
250–499	118,700	0.7
500–999	150,380	0.9
1,000–2,499	178,390	0.9
2,500 or more	132,150	0.8
Locality		
Urban	522,050	0.9%
Rural	212,420	0.7
State's rate of opioid overdose deaths per 100,000 U.S. residents ages 15–74		
Fewer than 10.0	116,330	0.3%
10–14.9	189,860	0.8
15–23.9	254,630	0.8
24.0 or more	173,640	1.4

Note: MAT denotes medication-assisted treatment. ADP denotes average daily population. See *Terms and definitions* for details on jurisdiction characteristics and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. Counts are rounded to the nearest 10. Details may not sum to total due to rounding. See appendix table 1 for item response rates. See appendix table 2 for opioid overdose death rates.
^aIncludes inmates for whom jail jurisdictions continued or initiated MAT.
Source: Bureau of Justice Statistics, Census of Jails, 2019; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

MAP 5
Percent of local jail admissions in June 2019 treated for opioid withdrawal, by state



Note: See *Terms and definitions* for details on treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 5 for percentages.
*Not reported due to insufficient data. Ten of 11 jurisdictions did not specify the number of admissions treated for opioid withdrawal.
Source: Bureau of Justice Statistics, Census of Jails, 2019.

jails located in states with the lowest rates of opioid overdose deaths (fewer than 10.0 per 100,000) reported the lowest percentage of confined persons receiving MAT (0.3%).

About 5% of persons confined in jails in New Mexico, 4% in New Jersey and Washington, and 3% in New York were receiving MAT for OUD (map 6; appendix table 5). A total of 31 states reported that fewer than 1% of their midyear 2019 confined jail population were receiving MAT, of which 20 states reported fewer than 0.5%.

Jails in states with the highest opioid overdose death rates were most likely to provide OUD services upon release

At midyear 2019, about 28% of local jail jurisdictions linked persons with OUD to MAT in the community and 25% provided overdose reversal medications to persons with OUD upon release (table 8). The percentage of jail jurisdictions that upon release linked inmates with OUD to MAT in the community was almost five times as high in states with the highest opioid overdose death rates of 24.0 or more per 100,000 U.S. residents ages 15 to 74 (44% of jail jurisdictions) as in states with the lowest rates of fewer than 10.0 per 100,000 (9% of jail

jurisdictions). In states with the highest opioid overdose death rates, 33% of jail jurisdictions provided overdose reversal medications upon release, more than twice the jail jurisdictions (16%) in states with the lowest opioid overdose death rates.

The percentage of jail jurisdictions that, upon release, provided overdose reversal medications to persons with OUD and linked persons with OUD to MAT in the community generally increased with the size of the jail jurisdiction. More than 2 in 10 jail jurisdictions holding fewer than 250 inmates provided overdose reversal medications upon release to persons with OUD (21%)

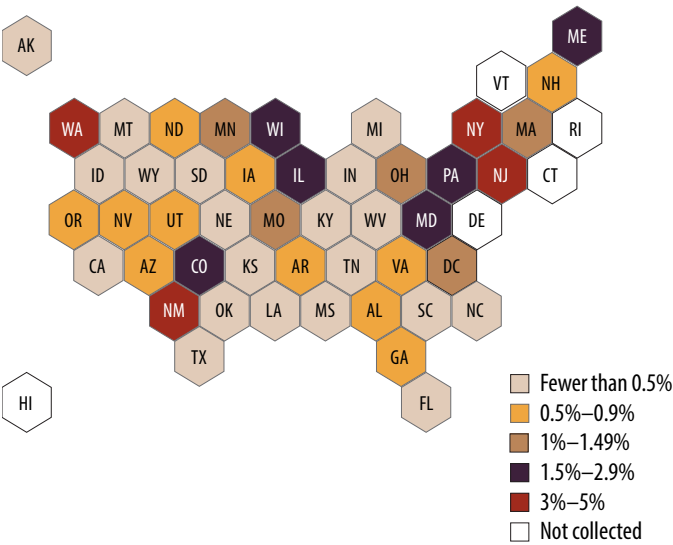
TABLE 8
Percent of local jail jurisdictions that treated for opioid use disorder upon release, by treatment practice and jurisdiction characteristics, midyear 2019

Jurisdiction characteristic	Number of jail jurisdictions	Practice upon release	
		Provided overdose reversal medications	Provided community link to MAT
U.S. total	2,850	25.2%	27.9%
Region			
Northeast	175	45.0%	70.6%
Midwest	950	25.7	28.3
South	1,319	20.1	18.8
West	406	31.5	37.5
Size of jail jurisdiction (ADP)			
Fewer than 50 inmates	991	13.4%	12.1%
50–99	504	25.8	23.9
100–249	642	29.9	32.3
250–499	348	35.2	41.7
500–999	215	31.0	48.8
1,000–2,499	123	47.7	64.4
2,500 or more	27	63.8	76.1
Locality			
Urban	787	35.0%	48.6%
Rural	2,063	21.4	20.0
State's rate of opioid overdose deaths per 100,000 U.S. residents ages 15–74			
Fewer than 10.0	776	16.3%	9.5%
10–14.9	676	23.6	26.1
15–23.9	820	29.3	34.8
24.0 or more	578	32.8	44.4

Note: MAT denotes medication-assisted treatment. ADP denotes average daily population. See Terms and definitions for details on jurisdiction characteristics and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 2 for opioid overdose death rates. See appendix table 3 for region- and state-level percentages of releases occurring in jurisdictions that treated for opioid use disorder (OUD) upon release.

Source: Bureau of Justice Statistics, Census of Jails, 2019; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

MAP 6
Percent of confined inmates at midyear 2019 receiving medication-assisted treatment for opioid use disorder, by state



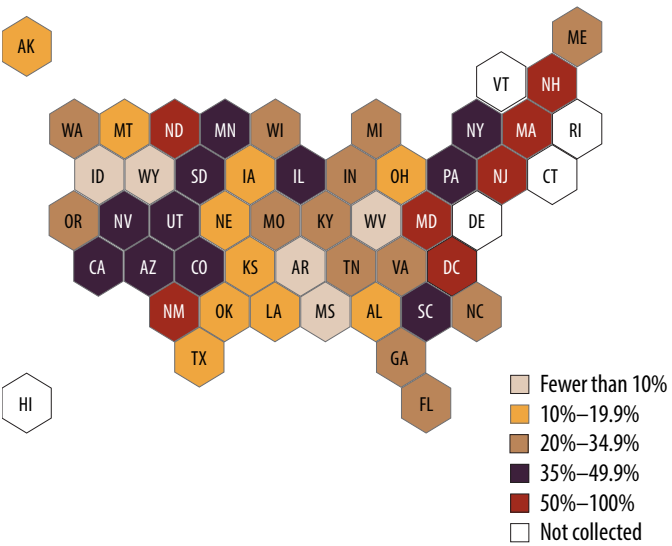
Note: See Terms and definitions for details on treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 5 for percentages.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

and linked persons with OUD to MAT in the community (21%). In comparison, 51% of jail jurisdictions holding 1,000 or more inmates provided overdose reversal medications to persons with OUD, while 67% linked persons with OUD to MAT in the community.

Jail jurisdictions in the Northeast (71%) were almost two times as likely as jails in the West (37%), about two and a half times as likely as those in the Midwest (28%), and almost four times as likely as those in the South (19%) to link persons with OUD to MAT in the community. Similarly, the Northeast (45%) had the highest percentage of jail jurisdictions providing upon release opioid overdose reversal medications, followed by the West (32%), Midwest (26%), and South (20%). Fifty percent or more of jail jurisdictions in six states, three of which were in the Northeast (Massachusetts, New Jersey, and New Hampshire), provided opioid overdose reversal medications upon release to persons with OUD (map 7). The District of Columbia's single jail jurisdiction also provided opioid overdose reversal medications upon release.

MAP 7
Percent of local jail jurisdictions that provided overdose reversal medications upon release, by state, midyear 2019



Note: See *Terms and definitions* for details on treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 4 for percentages.
Source: Bureau of Justice Statistics, Census of Jails, 2019.

Methodology

Findings in this report are based on the 2019 Census of Jails (COJ). Through the COJ, the Bureau of Justice Statistics (BJS) periodically conducts a complete enumeration of local jail jurisdictions and facilities and the Federal Bureau of Prisons' (BOP) detention facilities that function as jails to collect data on inmate populations and jail programs. The 2019 COJ was the eleventh collection in this series since 1970. A one-time addendum was added to the 2019 COJ to better understand local jail jurisdictions' response to the opioid crisis and to estimate the number of jail admissions screened for opioid use disorder (OUD), screenings that were positive, admissions treated for opioid withdrawal, and confined jail inmates receiving medication-assisted treatment (MAT) for OUD. Data were collected from jail administrators through a web-based instrument.

Universe of the Census of Jails

The COJ gathers data from jails that hold inmates beyond arraignment, usually for a period exceeding 72 hours. Jail facilities are intended to hold adults, but some also hold juveniles (persons younger than age 18). The universe of the COJ consists of all local jail jurisdictions (including county, city, regional, and privately operated jail facilities) and BOP detention facilities that function as jails.⁴

The universe of the COJ excludes separate temporary holding facilities (such as drunk tanks and police lockups) that do not hold persons after they have been formally charged in court, unless the temporary holding facilities are operated as part of a local jail. The combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont are excluded because these combined systems are operated by state departments of corrections and are included in BJS's National Prisoner Statistics program. However, 15 independently operated jails in Alaska are included in the universe of the COJ.

Jail jurisdictions and facilities

A jail jurisdiction is a legal entity that has responsibility for managing jail facilities. Jail jurisdictions typically operate at the county level, with a sheriff's office or jail administrator managing the local facilities. Most jail jurisdictions consist of a single facility, but some have multiple facilities under a central authority. Based on the 2019 COJ, 6.7% of jail jurisdictions had more

than one facility, while 15% of all jail facilities were part of a multifacility jurisdiction. At midyear 2019, there were 2,850 active jail jurisdictions in the country operating a total of 3,116 county (2,706), city (298), regional (78), and private (34) jail facilities. See *Census of Jails, 2005–2019 – Statistical Tables* (NCJ 255406, BJS, October 2021).

Response rate and nonresponse adjustment

The results of the 2019 COJ are not subject to sampling error because the census represents a complete enumeration of local jails in the United States. However, the results were affected by unit and item nonresponse, and adjustments were made to account for such nonresponse.

The census had a response rate of 94%, with 183 jail jurisdictions not responding to the census. To reduce nonresponse bias, nonresponse weighting was implemented. To calculate the nonresponse weight, missing data were first imputed for two variables (confined inmate population and number of juveniles) using a last observation carried forward procedure. The missing data were replaced with the most recent prior-year data that the same jail jurisdictions reported to BJS's 2016, 2017, or 2018 Annual Survey of Jails or Mortality in Correctional Institutions jail collection. For cases with no prior-year data, a weighted sequential hot deck procedure was implemented using the statistical analysis software SAS to impute missing data, where the donor for each missing item was randomly selected from a set of similar jails (by state, regional jail indicator, and jail size category), sorted by related auxiliary population values (e.g., average daily population, rated capacity, or confined population). Next, all jail jurisdictions were classified into 10 strata based on their reported or imputed values of confined population, the presence of juveniles, and whether the jail jurisdictions were operated as regional jails in the 2019 COJ.

The nonresponse weight was calculated as the total confined population of all active jail jurisdictions in each state and stratum, divided by the sum of the confined population of all jail jurisdictions in each state and stratum that responded to the 2019 COJ:

$$w_{sh} = \frac{\sum_{i=1}^{n_{sh}} p_{shi} \times A_{shi}}{\sum_{i=1}^{n_h} p_{shi} \times R_{shi}}$$

⁴Regional jail jurisdictions are created by two or more local governing bodies through cooperative agreements.

where—

n_{sh} = number of jail jurisdictions in state s and stratum h ,

p_{shi} = confined population for jail jurisdiction i in state s and stratum h ,

A_{shi} = active status indicator for jail jurisdiction i in state s and stratum h (1 = active, 0 = out of scope), and

R_{shi} = response indicator of jail jurisdiction i in state s and stratum h (1 = respondent, 0 = nonrespondent).

Item nonresponse

Among the 2,667 jail jurisdictions across 45 states and the District of Columbia that responded to the 2019 COJ, 122 (4.6%) did not provide a response for all 12 questions on OUD screening and treatment practices. Item missingness on the number of OUD screenings, positive screenings, admissions treated for opioid withdrawal, and persons confined to local jails receiving MAT for OUD ranged from 3.5% to 9.0%. Percentage values were estimated based on jails that provided valid data on those items, weighted for survey nonresponse. For example, the percentage of jail jurisdictions that conducted OUD screenings was the number of jail jurisdictions that conducted screenings, divided by the number of jail jurisdictions that answered the question on OUD screenings, weighted for survey nonresponse. The number of jails that responded to the 2019 COJ but did not provide an answer to the question (i.e., item nonresponse) was excluded from the denominator.

Opioid overdose death rates in the U.S. resident population

Rates at which persons ages 15 to 74 died of opioid overdose in the United States were based on the 2018–2020 Multiple Cause of Death Data from the WONDER (Wide-ranging ONline Data for Epidemiologic Research) online databases maintained by the Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS). (See <https://wonder.cdc.gov/mcd.html>.) Fifty-seven vital statistics jurisdictions provided these data through the NCHS’s Vital Statistics Cooperative Program. Opioid overdose deaths included deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision (ICD-10), as well as any opioid subcategory as determined by the following ICD-10 multiple cause-of-death codes: heroin (T40.1), natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or other and unspecified narcotics (T40.6). Deaths of persons with an unspecified age were not included in the data by age groups and therefore were excluded from age-specific rates.

APPENDIX TABLE 1**Rate of response to survey items on screening and treatment for opioid use disorder, midyear 2019**

	Percent
Responding jail jurisdictions that reported whether jail jurisdiction—	
Screened for OUD at intake	96.0%
Conducted routine urinalysis test for opioids at intake	96.0
Provided medications for opioid withdrawal in custody	95.9
Provided overdose education in custody	95.9
Initiated behavioral/psychological treatment in custody	95.9
Continued MAT in custody	95.8
Initiated MAT in custody	95.7
Provided overdose reversal medications upon release	95.7
Provided community link to MAT upon release	95.7
Responding jails that reported numbers of—	
Admissions screened for OUD ^a	96.5%
Positive screenings ^a	91.0
Admissions treated for opioid withdrawal ^b	91.4
Confined inmates receiving MAT ^c	95.1

Note: OUD denotes opioid use disorder. MAT denotes medication-assisted treatment. See *Terms and definitions* for details on screening and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska.

^aPercentage is based on the number of jails that screened for OUD.

^bPercentage is based on the number of jails that provided medications for opioid withdrawal.

^cPercentage is based on the number of jails that continued or initiated MAT.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

APPENDIX TABLE 2

Rates for map 1: Rates of opioid overdose deaths per 100,000 U.S. residents ages 15 to 74, by state, 2019

Region/state	Rate per 100,000	Region/state	Rate per 100,000
Northeast		Georgia	10.7
Maine	31.5	Kentucky	30.9
Massachusetts	37.1	Louisiana	16.1
New Hampshire	34.7	Maryland	46.1
New Jersey	37.5	Mississippi	11.1
New York	19.9	North Carolina	23.0
Pennsylvania	31.5	Oklahoma	9.3
Midwest		South Carolina	22.2
Illinois	23.3	Tennessee	29.9
Indiana	25.0	Texas	6.9
Iowa	7.0	Virginia	19.5
Kansas	8.5	West Virginia	49.9
Michigan	23.7	West	
Minnesota	10.1	Alaska	14.9
Missouri	23.8	Arizona	23.7
Nebraska	4.8	California	10.7
North Dakota	7.6	Colorado	14.1
Ohio	39.4	Idaho	9.8
South Dakota	6.1	Montana	8.5
Wisconsin	21.1	Nevada	15.9
South		New Mexico	25.1
Alabama	11.3	Oregon	10.2
Arkansas	8.7	Utah	17.3
District of Columbia	43.5	Washington	14.1
Florida	23.4	Wyoming	10.3

Note: See *Terms and definitions* for details on jail regions. Excludes Connecticut, Delaware, Hawaii, Rhode Island, and Vermont as all jails in these states are part of a combined jail and prison system and are excluded from the Census of Jails.

Source: Bureau of Justice Statistics, Census of Jails, 2019; and Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER (Wide-ranging ONline Data for Epidemiologic Research), Multiple Cause of Death by Single Race, 2018–2020.

APPENDIX TABLE 3

Percent of admissions, confined inmates, and releases in local jail jurisdictions that screened or treated for opioid use disorder, by screening or treatment practice, region, and state, 2019

Region/state	Percent of annual admissions in jail jurisdictions that—		Percent of confined inmates at midyear 2019 in jail jurisdictions that—				Percent of annual releases in jail jurisdictions that—		
	Screened for OUD	Conducted routine urinalysis test for opioids	Provided medications for opioid withdrawal	Provided overdose education	Initiated behavioral/psychological treatment	Continued MAT	Initiated MAT	Provided overdose reversal medications	Provided community link to MAT
U.S. total	76.7%	19.6%	71.1%	53.4%	60.9%	40.2%	34.6%	40.0%	49.8%
Northeast	92.4%	35.6%	85.5%	71.5%	79.6%	62.8%	55.1%	56.2%	74.3%
Maine	84.2	17.9	100	84.4	100	92.4	69.9	55.4	78.3
Massachusetts	86.8	36.9	69.8	67.5	63.4	48.9	64.5	51.6	67.8
New Hampshire	100	55.9	93.3	68.2	83.7	73.0	57.5	31.0	74.4
New Jersey	100	31.1	100	83.4	87.6	72.6	67.7	66.8	67.2
New York	89.8	43.7	72.9	74.6	78.6	63.8	42.4	58.7	90.7
Pennsylvania	90.9	34.0	88.2	67.4	80.4	61.1	52.4	52.9	71.0
Midwest	71.5%	12.1%	74.4%	48.6%	58.1%	41.2%	41.6%	38.8%	53.6%
Illinois	69.6	3.2	78.8	53.6	68.5	57.6	56.7	49.5	61.8
Indiana	59.1	8.5	64.6	35.4	55.9	28.4	27.0	36.7	50.0
Iowa	42.8	3.2	72.5	3.8	54.3	34.9	14.7	33.3	29.0
Kansas	76.1	11.4	65.9	18.5	51.4	20.8	26.3	12.0	23.2
Michigan	80.8	7.5	73.8	55.7	61.8	38.2	38.6	45.5	65.0
Minnesota	61.2	34.8	73.9	64.3	39.9	38.2	29.1	32.6	63.6
Missouri	80.2	8.4	85.3	56.3	50.2	33.1	32.5	40.5	38.0
Nebraska	59.9	5.8	59.4	40.4	52.5	18.4	14.5	41.9	37.1
North Dakota	61.4	6.2	44.1	0.1	1.7	48.9	28.9	65.0	44.3
Ohio	83.8	21.8	79.1	70.7	65.4	46.3	60.0	32.3	70.7
South Dakota	64.1	3.4	77.8	32.3	42.2	40.7	32.0	43.1	20.3
Wisconsin	78.0	11.2	83.3	56.0	67.1	67.5	69.7	50.9	72.0
South	74.2%	19.1%	66.5%	46.2%	56.7%	29.4%	22.6%	31.8%	35.7%
Alabama	68.8	33.0	52.0	38.6	57.4	13.8	26.9	21.6	14.4
Arkansas	62.5	4.2	62.9	23.7	38.2	19.2	12.3	22.8	20.1
District of Columbia	100	0	100	100	100	100	100	100	100
Florida	94.5	26.2	78.0	73.1	90.5	44.6	32.3	45.6	68.2
Georgia	66.4	23.2	71.2	39.8	59.0	23.1	13.7	28.3	28.6
Kentucky	72.7	31.1	61.7	37.4	42.3	26.7	24.8	25.8	37.5
Louisiana	64.9	51.0	48.9	25.3	51.3	18.0	20.8	24.3	26.1
Maryland	92.9	39.9	80.6	98.6	78.4	55.7	27.2	72.1	97.3
Mississippi	42.3	30.5	22.8	43.3	26.3	1.8	3.6	8.1	7.7
North Carolina	81.7	5.3	63.6	44.4	57.2	12.7	11.6	32.3	27.4
Oklahoma	70.4	4.0	51.2	22.8	30.5	10.3	24.4	31.6	28.9
South Carolina	71.5	13.0	71.8	26.5	36.8	19.9	7.9	55.4	31.4
Tennessee	69.8	25.7	67.2	56.6	55.9	36.3	34.3	21.2	44.6
Texas	69.7	0.2	68.9	45.7	57.0	37.1	24.2	31.3	27.1
Virginia	90.6	13.7	78.9	48.6	52.1	23.9	22.8	41.2	38.6
West Virginia	100	97.2	100	0	0	100	0	0	97.0

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APPENDIX TABLE 3 (continued)

Percent of admissions, confined inmates, and releases in local jail jurisdictions that screened or treated for opioid use disorder, by screening or treatment practice, region, and state, 2019

Region/state	Percent of annual admissions in jail jurisdictions that—		Percent of confined inmates at midyear 2019 in jail jurisdictions that—				Percent of annual releases in jail jurisdictions that—		
	Screened for OUD	Conducted routine urinalysis test for opioids	Provided medications for opioid withdrawal	Provided overdose education	Initiated behavioral/psychological treatment	Continued MAT	Initiated MAT	Provided overdose reversal medications	Provided community link to MAT
West	83.3%	24.5%	74.5%	69.3%	66.8%	59.5%	52.6%	54.8%	70.6%
Alaska	26.2	17.6	10.5	7.9	10.5	10.5	0	6.7	0
Arizona	95.7	0	96.0	88.6	90.7	79.2	70.8	68.5	94.9
California	86.5	24.1	66.9	75.2	67.8	48.0	50.5	47.4	64.4
Colorado	91.8	30.8	79.8	92.3	86.5	66.0	72.9	75.4	85.0
Idaho	39.2	0.2	81.7	29.4	40.8	63.4	40.3	15.7	42.2
Montana	36.5	0.3	77.1	30.9	31.4	29.7	13.2	17.2	9.6
Nevada	83.8	36.0	96.0	68.9	92.8	93.3	68.3	90.6	84.7
New Mexico	73.3	33.8	65.1	72.1	46.0	27.0	28.7	61.2	67.4
Oregon	79.8	19.3	77.1	44.4	28.2	51.8	29.5	59.9	54.7
Utah	89.2	16.5	33.3	53.6	73.2	57.1	26.8	75.2	57.9
Washington	92.9	48.0	96.6	44.3	46.9	94.8	66.6	38.4	93.1
Wyoming	38.2	5.5	70.8	1.7	25.6	28.1	22.8	7.8	17.7

Note: OUD denotes opioid use disorder. MAT denotes medication-assisted treatment. See *Terms and definitions* for details on jail regions and screening and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

APPENDIX TABLE 4

Percent of local jail jurisdictions that screened or treated for opioid use disorder, by screening or treatment practice, region, and state, midyear 2019

Region/state	Practice at intake		Practice in custody					Practice upon release	
	Screened for OUD	Conducted routine urinalysis test for opioids	Provided medications for opioid withdrawal	Provided overdose education	Initiated behavioral/ psychological treatment	Continued MAT	Initiated MAT	Provided overdose reversal medications	Provided community link to MAT
U.S. total	63.2%	17.6%	53.7%	29.3%	40.8%	23.5%	19.2%	25.2%	27.9%
Northeast	86.3%	33.5%	82.3%	69.2%	82.1%	51.4%	43.6%	45.0%	70.6%
Maine	72.6	22.6	100	80.2	100	80.2	52.8	34.9	77.4
Massachusetts	90.9	45.5	81.8	81.8	72.7	54.5	63.6	63.6	81.8
New Hampshire	100	80.0	90.0	70.0	90.0	70.0	50.0	50.0	80.0
New Jersey	100	40.0	100	80.0	85.7	92.9	85.7	54.3	67.1
New York	84.6	22.4	80.3	69.9	78.5	43.1	33.5	43.3	80.6
Pennsylvania	83.9	33.9	74.2	60.7	80.6	37.1	33.9	41.9	58.1
Midwest	59.5%	13.9%	55.3%	25.4%	37.4%	24.4%	20.8%	25.7%	28.3%
Illinois	61.0	5.8	64.3	32.1	37.7	33.3	28.6	36.7	37.7
Indiana	61.1	8.5	54.3	27.4	48.2	15.3	14.1	27.8	29.6
Iowa	29.6	2.3	40.8	7.6	31.9	20.8	13.1	18.7	17.6
Kansas	52.0	4.7	46.0	12.7	24.9	16.3	12.6	13.9	6.8
Michigan	85.3	17.8	69.7	35.8	50.9	29.0	24.7	22.7	39.8
Minnesota	53.3	49.3	56.0	34.0	42.4	28.8	19.3	36.7	31.5
Missouri	67.4	14.9	58.0	22.8	30.7	17.9	15.9	21.9	19.8
Nebraska	57.2	10.8	46.2	12.4	30.2	24.7	19.4	19.5	8.7
North Dakota	63.2	15.8	26.3	5.3	15.8	21.1	15.8	57.9	21.1
Ohio	69.1	8.0	53.0	40.0	42.9	27.9	30.1	19.1	48.0
South Dakota	45.0	16.1	50.3	8.0	16.1	8.0	4.0	38.2	4.0
Wisconsin	62.3	27.0	78.3	35.7	47.9	41.7	38.7	34.2	47.7
South	61.1%	18.6%	47.0%	24.5%	36.4%	16.0%	12.8%	20.1%	18.8%
Alabama	52.1	20.0	31.1	16.9	25.4	7.5	7.4	14.4	7.7
Arkansas	49.5	9.3	38.9	8.8	24.2	21.5	13.4	9.9	7.3
District of Columbia	100	0	100	100	100	100	100	100	100
Florida	80.4	18.0	55.7	57.4	70.5	26.2	21.3	27.8	44.4
Georgia	60.8	16.6	51.8	23.9	42.8	14.7	14.4	20.3	16.8
Kentucky	70.0	42.3	58.0	34.8	38.5	11.9	13.4	33.2	22.8
Louisiana	57.0	44.3	34.4	21.6	33.1	10.8	9.7	11.2	9.8
Maryland	95.8	52.1	68.8	95.8	91.6	41.8	25.1	56.3	91.6
Mississippi	34.4	24.4	23.4	18.5	21.2	4.9	6.4	6.4	10.1
North Carolina	78.2	1.1	57.9	27.0	44.2	10.6	10.8	24.2	24.0
Oklahoma	57.2	6.9	35.2	10.4	17.0	10.1	10.3	15.1	4.5
South Carolina	65.5	14.0	67.4	30.3	46.2	18.6	15.9	44.6	30.6
Tennessee	60.5	39.9	54.1	31.9	37.4	17.2	16.2	27.3	29.2
Texas	52.5	0.5	44.3	11.3	29.6	19.4	13.2	13.5	8.9
Virginia	89.9	13.0	69.8	48.2	61.2	20.1	14.5	31.7	31.7
West Virginia	100	90.9	90.9	0	0	90.9	0	0	90.9

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APPENDIX TABLE 4 (continued)

Percent of local jail jurisdictions that screened or treated for opioid use disorder, by screening or treatment practice, region, and state, midyear 2019

Region/state	Practice at intake		Practice in custody				Practice upon release		
	Screened for OUD	Conducted routine urinalysis test for opioids	Provided medications for opioid withdrawal	Provided overdose education	Initiated behavioral/ psychological treatment	Continued MAT	Initiated MAT	Provided overdose reversal medications	Provided community link to MAT
West	68.8%	16.2%	58.9%	36.9%	45.3%	33.4%	25.5%	31.5%	37.5%
Alaska	46.2	23.1	7.7	7.7	7.7	7.7	0	15.4	0
Arizona	72.5	0	60.0	50.0	70.0	22.5	30.0	47.5	70.0
California	79.1	21.5	66.5	58.3	61.3	32.3	33.9	41.1	49.8
Colorado	74.5	16.4	52.7	52.7	69.1	23.6	25.5	38.2	47.3
Idaho	56.0	3.5	70.2	18.4	30.5	29.1	14.2	8.5	11.4
Montana	39.0	3.1	42.0	22.3	19.2	26.5	16.1	13.6	13.0
Nevada	49.5	10.8	62.2	27.9	44.1	51.4	27.9	37.8	39.7
New Mexico	67.6	22.7	38.2	61.0	41.4	6.0	9.6	57.9	37.8
Oregon	75.0	8.3	61.1	19.4	30.6	30.6	11.1	33.3	33.3
Utah	87.5	37.5	62.5	29.2	54.2	45.8	37.5	41.7	25.0
Washington	80.4	25.1	78.2	39.2	51.1	70.3	52.3	25.1	68.1
Wyoming	64.1	9.9	68.0	4.4	22.6	31.4	17.7	9.4	8.8

Note: OUD denotes opioid use disorder. MAT denotes medication-assisted treatment. See *Terms and definitions* for details on jail regions and screening and treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates.

Source: Bureau of Justice Statistics, Census of Jails, 2019.

APPENDIX TABLE 5

Percentages for maps 5 and 6: Percent of local jail admissions in June 2019 treated for opioid withdrawal and confined inmates at midyear 2019 receiving medication-assisted treatment for opioid use disorder, by state

Region/state	Admissions in June 2019 ^a		Confined inmates at midyear 2019	
	Number	Percent treated for opioid withdrawal ^b	Number	Percent receiving MAT ^c
U.S. total	894,030	4.8%	734,470	0.86%
Northeast	53,340	16.2%	73,570	2.85%
Maine	2,580	7.1	1,620	2.17
Massachusetts	4,780	12.1	9,260	1.05
New Hampshire	2,630	23.5	1,400	0.50
New Jersey	10,460	17.7	9,550	4.08
New York	13,830	12.0	20,450	3.00
Pennsylvania	19,060	17.8	31,300	2.97
Midwest	208,880	4.1%	125,330	0.97%
Illinois	21,560	3.6	16,490	1.55
Indiana	23,350	6.0	20,430	0.22
Iowa	11,270	1.2	5,020	0.87
Kansas	20,630	0.5	8,080	0.07
Michigan	24,110	3.5	15,880	0.46
Minnesota	17,010	3.0	6,840	1.40
Missouri	20,310	5.8	11,580	1.20
Nebraska	5,920	0.5	4,200	0.14
North Dakota	6,420	0.9	1,470	0.99
Ohio	33,040	8.4	20,580	1.14
South Dakota	5,750	0.1	2,010	0.20
Wisconsin	19,520	4.3	12,750	2.59
South	434,230	3.9%	386,770	0.42%
Alabama	23,910	1.7	16,450	0.64
Arkansas	15,170	3.0	9,400	0.55
District of Columbia	970	5.9	1,820	1.43
Florida	54,560	6.1	56,660	0.30
Georgia	50,740	3.6	44,810	0.54
Kentucky	22,810	7.0	26,190	0.48
Louisiana	20,540	3.4	32,560	0.44
Maryland	6,400	12.0	8,590	2.29
Mississippi	13,300	2.8	14,340	0.04
North Carolina	35,760	5.6	20,360	0.46
Oklahoma	17,660	1.8	10,630	0.23
South Carolina	15,850	2.5	11,470	0.15
Tennessee	34,650	3.9	31,240	0.19
Texas	94,850	1.9	68,770	0.28
Virginia	22,950	6.4	28,380	0.51
West Virginia	4,110	/	5,110	0

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APPENDIX TABLE 5 (continued)

Percentages for maps 5 and 6: Percent of local jail admissions in June 2019 treated for opioid withdrawal and confined inmates at midyear 2019 receiving medication-assisted treatment for opioid use disorder, by state

Region/state	Admissions in June 2019 ^a		Confined inmates at midyear 2019	
	Number	Percent treated for opioid withdrawal ^b	Number	Percent receiving MAT ^c
West	197,570	4.3%	148,800	1.12%
Alaska	420	0	50	0
Arizona	15,710	1.9	13,540	0.99
California	76,320	1.9	75,060	0.18
Colorado	19,150	2.9	13,000	2.64
Idaho	9,430	0.2	4,250	0.11
Montana	3,490	1.7	2,510	0.24
Nevada	16,080	3.3	7,220	0.84
New Mexico	9,900	9.2	6,550	4.93
Oregon	14,480	4.6	6,040	0.54
Utah	8,560	1.0	7,300	0.54
Washington	21,370	18.0	11,710	3.65
Wyoming	2,660	0.2	1,570	0.32

Note: MAT denotes medication-assisted treatment. See *Terms and definitions* for details on jail regions and treatment practices. Counts are rounded to the nearest 10. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates.

/Not reported due to insufficient data. Ten of 11 jurisdictions did not specify the number of admissions treated for opioid withdrawal.

^aData are based on admissions from June 1 to June 30, 2019. Persons admitted more than once may be counted multiple times. When June 2019 admissions were not provided, BJS calculated them by dividing annual admissions by 365 and multiplying by 30.

^bPersons admitted more than once may be counted multiple times among those treated.

^cIncludes inmates for whom jail jurisdictions continued or initiated MAT.

Source: Bureau of Justice Statistics, Census of Jails, 2019.



The Bureau of Justice Statistics of the U.S. Department of Justice is the principal federal agency responsible for measuring crime, criminal victimization, criminal offenders, victims of crime, correlates of crime, and the operation of criminal and civil justice systems at the federal, state, tribal, and local levels. BJS collects, analyzes, and disseminates reliable statistics on crime and justice systems in the United States, supports improvements to state and local criminal justice information systems, and participates with national and international organizations to develop and recommend national standards for justice statistics. Alexis R. Piquero, PhD, is the director.

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