$17.9M in Grants to Address Addiction, HIV Prevention and Treatment in Jails

A UMass public health researcher will continue tackling overdose and HIV prevention and treatment in incarcerated individuals.

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A public health researcher at the University of Massachusetts Amherst received $17.9 million in grants to continue lifesaving research focused on medical treatment programs for incarcerated people with opioid use disorder and HIV, according to a UMass news release.

The National Institutes of Health (NIH) awarded four grants to Elizabeth Evans, PhD, a professor of community health education and associate chair of health promotion and policy in the UMass Amherst School of Public Health and Health Sciences.

A $4.7 million grant will fund an HIV testing, prevention and treatment program being developed by Evans and colleague Alysse Wurcel, MD, a physician-scientist at Boston Medical Center, for incarcerated individuals in a Boston-area jail that experienced an HIV outbreak in recent years.

Other funding totaling about $9.6 million will support the next phase of a research project of Evans's that was originally initiated by the NIH in 2019 and has been dubbed JCOIN (Justice Community Overdose Innovation Network).

In phase one of the Massachusetts JCOIN research, Evans and her team worked with rural and urban jails to assess the outcomes, implementation and costs of a pilot program designed to provide medications for opioid use disorder (MOUD) during incarceration as well as facilitate continuation of MOUD treatment after release.

Published in The New England Journal of Medicine, the first phase of research showed that receiving opioid use treatment in jail was associated with a 52% lower risk of fatal overdose, a 24% lower risk of nonfatal overdose, a 56% lower risk of death from any cause and a 12% lower risk of reincarceration after release.

“We found that the people in jail getting (MOUD) treatment for opioid use disorder have better outcomes later than people who don’t get that treatment,” Evans said in the release. “But we also found that when they leave jail and go back to the community, quite a few people are not continuing with the treatment they were receiving in jail.”

With renewed NIH funding, Evans and her team plan to develop and implement an intervention for incarcerated people at four Massachusetts jails to address the challenge of continuing MOUD treatment after release. First, researchers will address barriers to health care.

“Historically, when people get incarcerated, their access to Medicaid can get paused or suspended,” Evans said. “And Massachusetts recognized that as a real challenge, especially for incarcerated people with addiction.”

Researchers will also evaluate the impact of a Section 1115 waiver approved in 2024 that promises Medicaid benefits to incarcerated individuals in Massachusetts up to 90 days before their release. The waiver aims to improve access to health care, particularly for substance use disorders, and support services for individuals transitioning back into the community.

“In the first year of our study, we are going to look at that—does this waiver expand access to health care for incarcerated people and lead to better outcomes?” Evans said. “At the same time, we’ll be developing an intervention that we want to test in the jails to support the continuation of MOUD once people transition back to the community—with the idea that if it is promising it also could be sustained with supports from Medicaid.”
