

## ANALYSIS

### Item 14: Department of Corrections Medications for Opioid Use Disorder

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**Analyst:** Steve Robbins

**Request:** Appropriate \$21,522,020 General Fund to the Department of Corrections for medications used in treating opioid use disorder.

**Analysis:** In 2019, the Department of Corrections (DOC) began a small pilot program to provide an extended-release subcutaneous injection to some adults in custody (AICs) with opioid use disorder, just prior to their release into the community from the Coffee Creek Correctional Facility. Over the next few years, use of the medication increased to include AICs releasing from all facilities. In July 2024, DOC switched from the injection to utilizing Suboxone in a tablet form, which combined buprenorphine with naloxone, a blocker aimed at eliminating the risk of opioid misuse, at a reduced cost.

The switch to pills, however, resulted in unintended consequences that impacted operational security in the facilities. The tablets take up to 15 minutes to dissolve, allowing an AIC to hide the pills and later utilize them for their physiological characteristics and economic value within the prison population. To counter this, AICs had to be observed by medical and security staff until the pill dissolved, causing significant operational issues during medication distribution.

In July 2025, the use of tablets was abandoned and a newer and more expensive form of buprenorphine injection replaced the use of pills. These injections are less painful than the prior injection derivative, and dissolve better under the skin, avoiding some of the previous issues.

As use of these medications increased, they have become accepted nationally as the community standard of care, making it constitutionally mandated. Dating back to the initial pilot, the medications for opioid use disorder (MOUD) program at DOC was never formally funded, but the Department repurposed unused funding for Hepatitis C while the MOUD program was being established. Spending on these medications in the 2023-25 biennium was \$6.5 million and is anticipated to grow considerably in 2025-27 to over \$20 million as it is used in concert with other substance use disorder treatment programs both while AICs are incarcerated and at the time of release.

**Recommendation:** The Legislative Fiscal Office recommends that the Joint Interim Committee on Ways and Means recommend appropriating \$21,522,020 General Fund to the Department of Corrections in a budget reconciliation bill during the 2026 legislative session to address the cost of medication used in treating opioid use disorder.

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**Request:** Appropriate \$21,522,020 General Fund for costs related to Medications for Opioid Use Disorder.

**Recommendation:** Consider the request during the 2026 Legislative Session.

**Discussion:** In July 2019, the Department of Corrections (DOC) initiated a pilot program to provide Medications for Opioid Use Disorder (MOUD) to a subset of adults in custody (AICs) at Coffee Creek Correctional Facility. The pilot program offered an extended-release subcutaneous injection to AICs just prior to release. DOC saw benefits of the program and soon expanded it to AICs in other facilities.

In July 2024, DOC transitioned from the injectable administration to a pill formulation (tablets) called Suboxone. This switch not only reduced costs but also provided a medication combination of buprenorphine and naloxone, a blocker aimed at opioid receptors to eliminate the risk of treatment misuse. However, this method of medication administration also incurred several unintended consequences with impacts to operational security. Suboxone tablets take up to 15 minutes to dissolve, meaning AICs require longer observation time during medication administration. Otherwise, these tablets ran the risk of being hidden and diverted for other uses within the prison population.

As a result, DOC transitioned back to administration by injection in July 2025. The Department reports this newer medication, named Brixadi, proved to be less painful than Sublocade and also has a slow-release subcutaneous effect. This prolongs treatment within an AICs system through transition and release and minimizes the risk of medication being used for other purposes by other AICs. However, Brixadi is a more expensive medication than either option formerly utilized.

DOC has a constitutional requirement to provide a community standard of care to AICs, which includes MOUD. The number of AICs under active MOUD treatment has increased since the 2019 pilot program to 1,200 individuals; however, this program has never been formally funded within DOC's budget. The total cost of MOUD treatment was \$6.5 million for the 2023-25 biennium and is projected to significantly increase in the 2025-27 biennium. Currently, DOC expects MOUD expenditures will exceed the \$6.5 million previously budgeted for this biennium by the \$21.5 million included in this request, for a biennial total of \$28 million.

**Legal Reference:** Increase the General Fund appropriation made by chapter 583, section 1(1), Oregon Laws 2025, for the Department of Corrections, Operations and health services, by \$21,522,020 for the 2025-27 biennium.



# Oregon

Tina Kotek, Governor

## Oregon Department of Corrections

Headquarters

3723 Fairview Industrial Drive SE 200

Salem, OR 97302



December 8, 2025

The Honorable Senator Kate Lieber, Co-Chair  
The Honorable Representative Tawna Sanchez, Co-Chair  
Interim Joint Committee on Ways and Means  
900 Court Street NE, H-178  
Salem, OR 97301

Dear Senator Lieber and Representative Sanchez:

### **Nature of the Request**

The Oregon Department of Corrections (DOC) has a constitutional requirement to provide a community standard of care to adults in custody (AICs). The current community standard includes Medications for Opioid Use Disorder (MOUD). Due to an increase in the number of AIC's needing MOUD and a change in medication, DOC anticipates a \$21,522,020 expenditure above the amount budgeted for MOUD in the 2025-27 biennium.

### **Agency Action**

MOUD at DOC started with a small pilot project at Coffee Creek Correctional Facility where AICs with opioid use disorder (OUD) who were releasing to the Portland area were offered an extended-release injection of naltrexone (Vivitrol). After that pilot, MOUD at DOC facilities involved a subcutaneous injection of buprenorphine (Sublocade).

Buprenorphine is also available in pill form called Suboxone, which combines buprenorphine with the medication naloxone, an antagonist (or blocker) at opioid receptors to eliminate the risk of misuse. A switch to the tablets was implemented across DOC on July 1, 2024. Unfortunately, the tablets take a significant amount of time to dissolve (often up to 15 minutes), impacting other health service functions, the safety of AIC's due to diversion and facility security due to the need for continual observation until the tablet had dissolved.

In July 2025, DOC began administering a newer form of buprenorphine injection, Brixadi. Brixadi injections are less painful than Sublocade, and they maintain therapeutic levels in the system during transition and release.

DOC behavioral health and medical providers screen AICs for clinical appropriateness of MOUD. Which MOUD is utilized is individualized to each patient based on patient preference and clinical safety. At this time, DOC has approximately 1,200 AICs in active MOUD treatment, with waiting lists at each facility still being processed for induction onto MOUD.

DOC also offers cognitively based substance use disorder (SUD) treatment programs at several facilities. Some AICs will choose to support their recovery through SUD, some will use MOUD alone, and some will engage in both.

As we work to strengthen the Department's fiscal stability, we have prioritized a series of efficiencies that reduce long-term costs while improving operational outcomes. We are in the process of relocating headquarters to a state-owned property, eliminating leased space expenses. Across the agency, we continue to lower the cost of supplies through streamlined procurement and statewide purchasing strategies. Within our clinical services, we are revising position structures, transitioning certain nursing roles to Medical Assistants and Certified Nursing Assistants where appropriate. Institution operations are also being modified to reduce overtime. Additionally, our transition to one-to-one AIC tablet deployment will enhance safety and expand AIC access to healthcare services, including telehealth and self-service tools. Together, these measures reflect our commitment to responsible stewardship of state resources while maintaining the safety, accountability, and care Oregonians expect.

#### **Action Requested**

DOC is requesting \$21,522,020 General Fund to support MOUD for the 2025-27 Biennium.

#### **Legislation Affected**

Chapter 583 (2025) 1(1)	\$21,522,020
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Sincerely,



Michael Reese  
Director