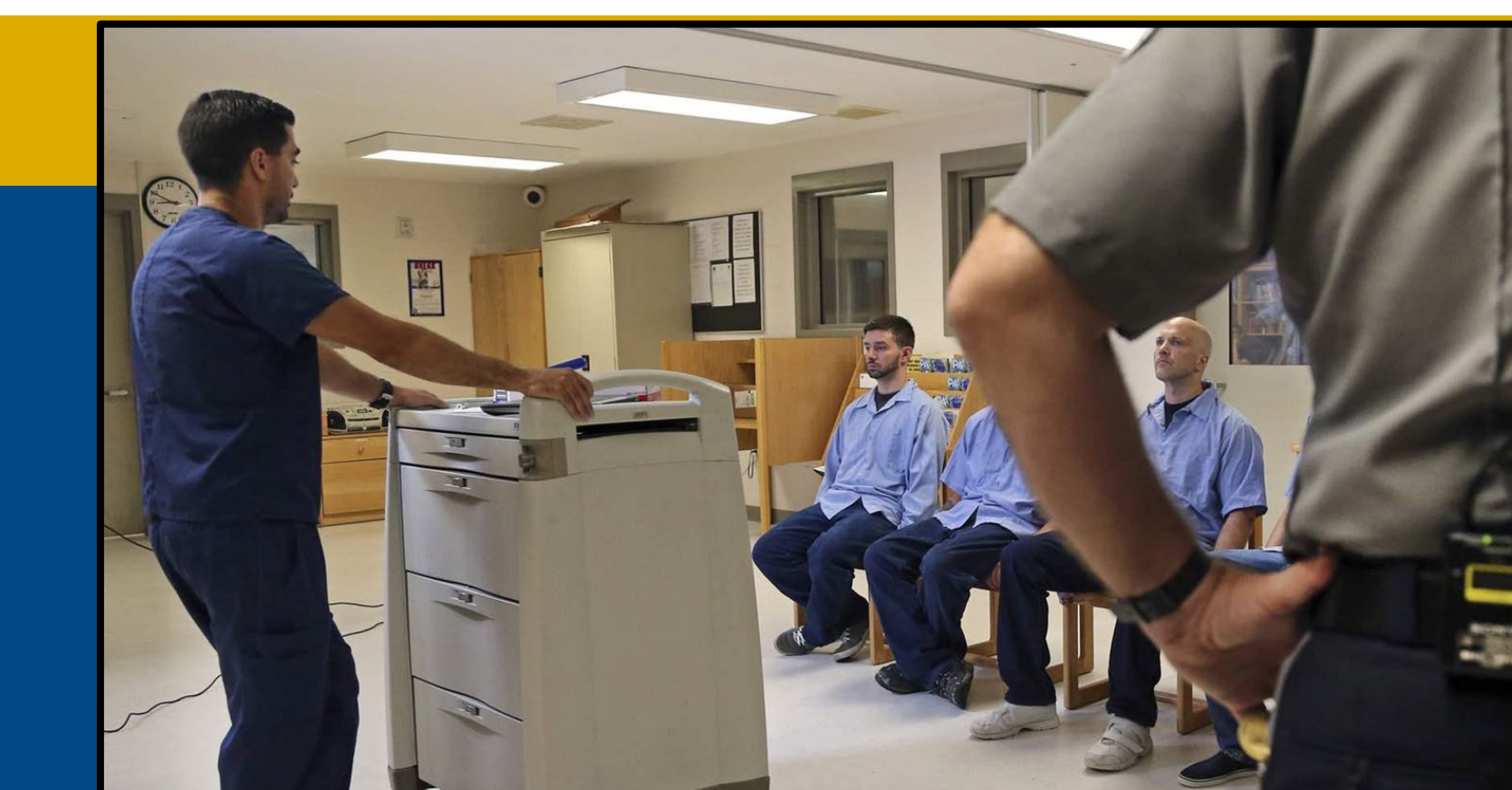




Medication-Assisted Treatment for Opioid Addiction in the Incarcerated Community



PICO Question

In adult males with opioid use disorder (OUD) who have been incarcerated, did those who received pharmacologic treatment in prison have a lower rate of drug-related death within one year of release than adult males who did not receive pharmacological treatment in prison for OUD?

Background & Importance

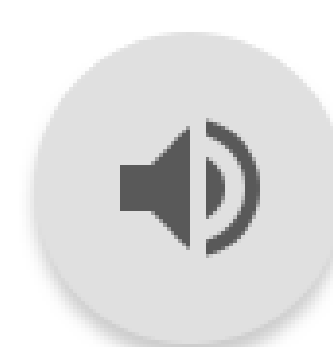
- The use of opioids has evolved into a major public health crisis in the US
- In 2016, over 2.1 million Americans suffered from opioid use disorder as defined by the DSM-5 (CDC)
- Vulnerable populations such as those who are or have been incarcerated are especially impacted, with up to 65% of the prison population having an active OUD (National Institute on Drug Abuse, 2020)
- According to a Massachusetts Department of Health study, those who are released from prison are more likely to suffer a fatal overdose from opioids than the general population (Center for U.S. Policy, 2019)
- According to the CDC, medication-assisted therapy (MAT) with FDA-approved medications for OUD, such as buprenorphine, methadone, and naltrexone is considered the best treatment method for OUD (CDC)
- Despite the wealth of evidence that supports utilizing medications for the treatment of OUD, a 2017 Bureau of Justice Statistics report showed that less than 1% of US prisons and jails allow access to MAT (Center for U.S. Policy, 2019)

Research Evidence Summary

Green et al (2016)	After the implementation of state-wide MAT program in Rhode Island, there was a decrease in 12.3% of deaths by overdose.
Dolan et al (2014)	Methadone maintenance treatment decreased mortality but duration of treatment did not effect mortality 4 years after incarceration
Schwartz et al (2021)	There was no significant difference between the three groups in the reduction of illicit opioid use, hospitalizations, rearrests, overdose, and drug-related deaths during the 24 months participants were followed.
Brinkley-Rubinstein et al (2018)	Those who received methadone on the day before release were more likely than those who did not to be incarcerated for a shorter duration of time. After a 12 month period upon release, those who received methadone while incarcerated were less likely to report heroin and injection drug use in the past 30 days and experienced fewer non-fatal overdoses and more likely to engage in MMT in the community
Kinlock et al (2007)	The 3 treatment groups consisted of counseling, counseling with access to treatment after release, and counseling with methadone treatment. There were a total of 10 serious adverse events with 9 hospitalizations and 1 narcotic overdose resulting in death. The overdose death was in treatment group 1, counseling only.

Analysis of Potential Outcomes

Clinical Practice Outcomes from Evaluation of Evidence:
Implementation of substance abuse treatment within the prison system for those who test positive for opioid use at prison admission significantly reduces the chances of death over the course of 1 year after discharge. Implementing opioid abuse screening prior to prison entry will improve prison outcomes upon release only if prisoners are properly identified and continue opioid substitution treatment.
Clinical outcomes include expected statistically significant decrease in opioid overdose death following pharmacological treatment in prison.



Barriers to Implementation

- Financial costs related to the provision of MAT in prisons
- Consistent and generalizable approaches to screen individuals for OUD upon intake
- Establishing community partnerships that can provide MAT upon release
- Recruitment and training of medical and support staff that can provide MAT
- Varying degrees of regulation and policy enforcement among private, county, state, and federal prisons



Recommendations for Next Steps

- Significant reform in identifying and treating substance use disorder in prisons nationwide is required to decrease drug-related overdoses that occur immediately following release from prison.
- **Research suggests that utilizing medications for addiction treatment in prisons can reduce overdoses after incarceration.**
- We recommend MAT be implemented universally in the jailing, prison, and re-entry phases of the criminal justice system.
- Furthermore, **we propose that MAT be required at all federally and state-funded prisons.**
- This will require the prioritization of prison reform in government agendas at the state and federal levels.