

# 'Innovative solutions' in medical treatment for incarcerated individuals with opioid use disorder

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In two new papers, a team of Massachusetts researchers have examined the implementation of a groundbreaking opioid use disorder medication

treatment program in seven jails across the state—part of a \$155 million national effort to address the opioid crisis in criminal justice settings. The research was published in *Drug and Alcohol Dependence* and the *Journal of Substance Abuse Treatment*.

"Our findings speak to the positive impact that legislative mandates and correctional intent have on changing practices around the provision of gold-standard treatments for individuals who are incarcerated and struggling with [opioid](#) use disorder," says lead author Ekaterina Pivovarova, assistant professor in the Department of Family Medicine and Community Health at UMass Chan Medical School in Worcester.

"These papers distill what we learned about barriers and facilitators of implementing a program like this," says Elizabeth Evans, associate professor in the University of Massachusetts Amherst School of Public Health and Health Sciences.

Evans is co-principal investigator, along with Dr. Peter Friedmann, associate dean of research at UMass Chan Medical School-Baystate and chief research officer at Baystate Health, of a \$10 million grant from the National Institutes of Health (NIH), which formed the Justice Community Opioid Innovation Network (JCOIN) in 2019.

The Massachusetts JCOIN research represents a significant and ongoing collaboration across the Commonwealth. Authors of the two papers are based at Tufts University School of Medicine and Northeastern University, in addition to UMass Amherst, UMass Chan Medical School and Baystate Health.

In 2018, Massachusetts became the first state in the U.S. to pass legislation mandating a treatment program, including FDA-approved medication, for incarcerated people with opioid use disorder. The treatment program includes community-based care after detainees with

opioid use disorder are released from jail—a period when they typically face a high risk of fatal overdose.

"This research was all about talking to jail staff and others who implement the treatment program to learn from their experiences. We can use that knowledge to identify promising practices that jails elsewhere could use. Massachusetts is on the cutting edge of offering this type of treatment program to incarcerated populations," Evans says. "We saw the range of options for implementation. That helps us better understand how to create programs that are adapted to different types of populations and places."

Researchers interviewed 61 clinical, corrections and senior jail administrators involved in the rollout of the opioid use disorder treatment program, which provides incarcerated individuals with an FDA-approved medication, such as [buprenorphine](#) or [methadone](#). The researchers found that the state mandate drove staff acceptance.

"Jails are highly structured organizations and quasi-military in their hierarchies," Friedmann says. "The legislative mandate and court orders were key to overcoming any resistance to medication for opioid use disorder."

The mandate signaled support for the program from the top, resulting in an atypical flexibility to seek "innovative solutions" and create new routines, practices and policies to deliver the medications to incarcerated people who wanted to participate.

The JCOIN grant funded on-site research staff at each jail to monitor the evolution of the program and help with data collection. It was more difficult for older [jail](#) staffers who previously had confiscated the drugs they were now going to offer incarcerated people.

"The staff had to shift their mindset to see this as a treatment medication and not as an illicit substance," Evans says.

The research team was somewhat surprised to discover that one of the big concerns about the program—that the medication could end up in the wrong hands due to bullying, coercion or other reasons—did not appear to be a significant problem.

"The staff reported, in the early days at least, that medication diversion is pretty uncommon, and that's not what we expected to hear," Evans says, adding that protocols concerning where and when the medication is provided help ensure that it's correctly taken by the person for whom it is intended.

The next step will involve speaking to people who received the medication when they were incarcerated, assessing the follow-up care in the community and measuring the health outcomes of the program.

**More information:** Ekaterina Pivovarova et al, Legislatively mandated implementation of medications for opioid use disorders in jails: A qualitative study of clinical, correctional, and jail administrator perspectives, *Drug and Alcohol Dependence* (2022). [DOI: 10.1016/j.drugalcdep.2022.109394](https://doi.org/10.1016/j.drugalcdep.2022.109394)

Elizabeth A. Evans et al, Uncommon and preventable: Perceptions of diversion of medication for opioid use disorder in jail, *Journal of Substance Abuse Treatment* (2022). [DOI: 10.1016/j.jsat.2022.108746](https://doi.org/10.1016/j.jsat.2022.108746)

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