

Study finds treatment with medication reduces arrests and incarceration among people with opioid use disorder

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Evans specializes in studying opioid use disorder. Credit: UMass Amherst

When it comes to addressing the national opioid crisis, most of the research has focused on the physical health risks faced by people with

opioid use disorder, such as overdose and infectious disease. For the first time, a University of Massachusetts Amherst public health scientist studied the impact of treating opioid use disorder on the risk for arrest and incarceration, comparing the effects of two different medications approved for the condition.

Published in the journal *Addiction*, the new research found that, over a period of five years, people with [opioid use disorder](#) taking either prescribed [medication](#) were less likely to be arrested and incarcerated than those with the disorder who were not taking the medication.

"There has been very little examination of the impact on social outcomes of treating [opioid](#) use disorder," says Elizabeth Evans, assistant professor in the School of Public Health and Health Sciences and lead author of the paper. "We shifted the research focus to look at criminal justice outcomes and whether providing medication was related to the likelihood of arrest or incarceration over time."

The study suggests that ongoing treatment with medications for people with opioid use disorder has social benefits—fewer arrests, convictions and incarcerations, among other advantages. The findings warrant further study, Evans says, and imply that an emerging practice to provide these medications in jails and upon release would likely reduce recidivism and save lives.

"Historically, few criminal justice institutions have provided these medications during incarceration or in preparation for a return to the community, in part because there was a belief that these medications don't reduce the risk of recidivism and might even increase it in some way," Evans says. "It turns out this is a myth; now, there's evidence that continued treatment with either buprenorphine or methadone is associated with a reduction in arrests relative to no treatment."

In other research that will build on the new findings, Evans is involved in a groundbreaking, three-year project to study the effects of providing medication to 500 opioid-dependent detainees at two county jails in Western Massachusetts and to connect them to follow-up care after their release.

In the newly published research, Evans and co-authors at UCLA used data from a large multisite randomized clinical trial, called START (Starting Treatment with Agonist Replacement Therapy), which was funded by the National Institute on Drug Abuse. When the research began, Evans was a project director at UCLA's Semel Institute for Neuroscience and Human Behavior.

Conducted from 2006 to 2009, the parent study compared the effects of buprenorphine, approved by the FDA in 2002 to treat opioid use disorder, and methadone, a longstanding treatment, on liver health in 1,269 opioid-dependent people in five states. In a follow-up study conducted between 2011 and 2014, participants were interviewed between two and eight years later.

Evans and colleagues analyzed data from the study's 303 California-based participants and mined years of public criminal justice records from the California Department of Justice.

Using four mathematical models, the study found no significant difference in the proportion of participants arrested or incarcerated, based on whether they received buprenorphine or methadone. Those who stayed on buprenorphine or methadone, or switched from one to the other, also were less likely to be arrested or incarcerated than study participants who were no longer on either medication.

Certain characteristics made arrest and incarceration more likely, including younger age, cocaine use, injection drug use and Hispanic

ethnicity. "Findings underscore the need for public health efforts to prevent or mitigate criminal justice consequences that may disproportionately impact certain groups with opioid use disorder over others," the study comments.

Less than 10 percent of people with opioid use disorder ever receive the evidence-based medications that are considered the "gold standard of care" for the disorder, Evans says. The medications often need to be taken long-term to be most beneficial. "The medications are effective only as long as people are taking them," Evans says. "We need to be prepared to provide ongoing treatment, like we would with any other chronic health condition."

More information: Elizabeth A. Evans et al, Criminal justice outcomes over 5 years after randomization to buprenorphine-naloxone or methadone treatment for opioid use disorder, *Addiction* (2019). [DOI: 10.1111/add.14620](https://doi.org/10.1111/add.14620)

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