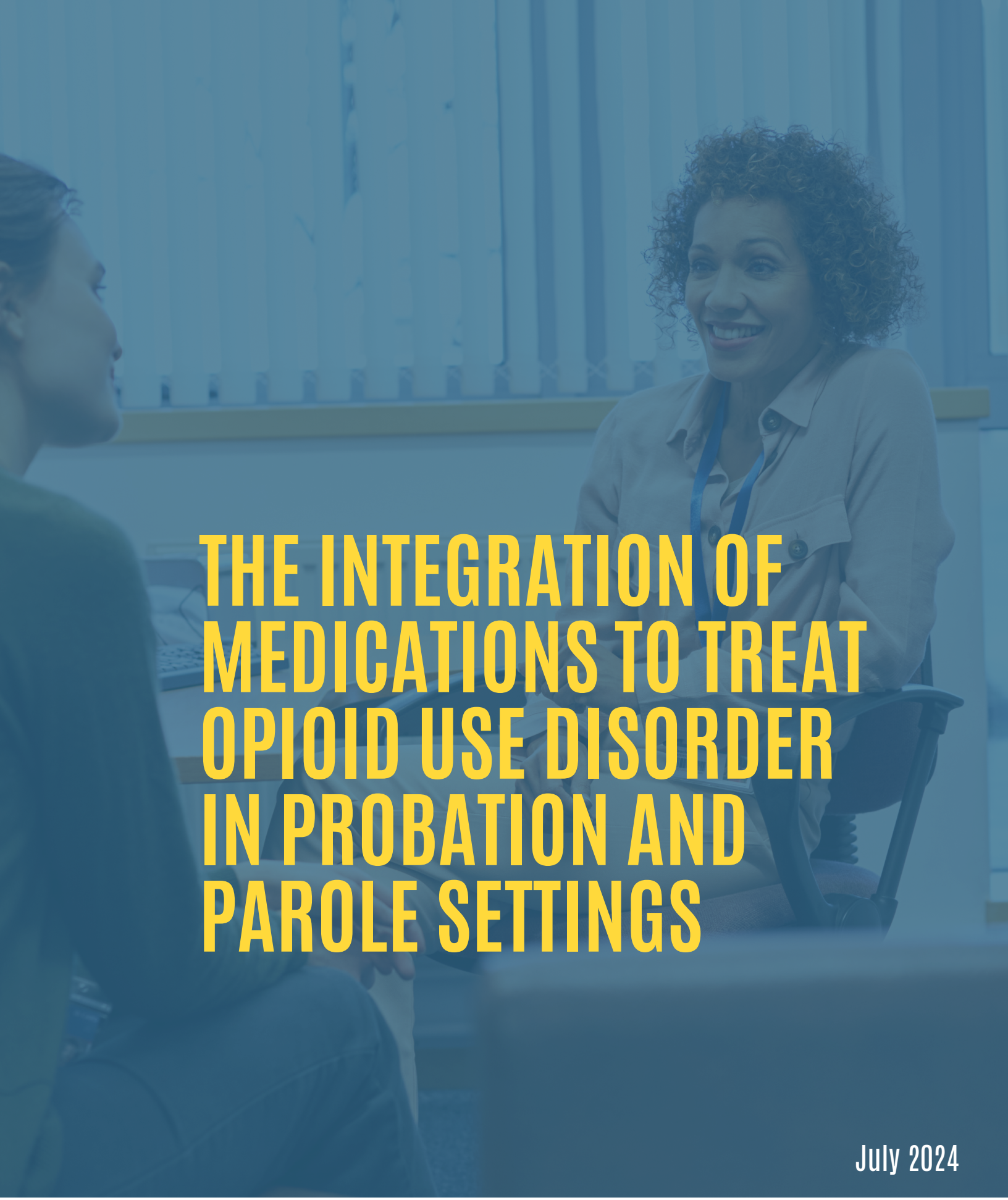

THE INTEGRATION OF MEDICATIONS TO TREAT OPIOID USE DISORDER IN PROBATION AND PAROLE SETTINGS

July 2024

Opioid Response Network
NIH HEAL INITIATIVE
JUSTICE COMMUNITY OPIOID INNOVATION NETWORK (JCOIN)
BROWN School of Public Health

Overview of ORN

The Opioid Response Network (ORN) was formed in 2018 in response to the national opioid epidemic and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through grants awarded to the American Academy of Addiction Psychiatry (AAAP). ORN is led by AAAP in collaboration with the Addiction Technology Transfer Centers (ATTC), the Columbia University Division on Substance Use Disorders, and over 40 national professional organizations representing at least two million constituents. The network provides education, training, consultation, and other forms of evidence-based technical assistance (TA) to all U.S. states and territories at no cost.

Technical Assistance

ORN assists states, tribes, urban Native organizations, cities, communities, and individuals by providing culturally and locally responsive education, training, and consultation to address the opioid and stimulant crises. The ORN's goal is to enhance prevention, treatment, recovery, and harm reduction efforts and to help fill gaps as defined by the requester. All are welcome to visit www.opioidresponsenetwork.org to submit a TA request and receive personalized assistance and educational resources at no cost.

Acknowledgements

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Introduction

At yearend 2022, 1 in every 48 U.S. residents, or 5.4 million people, were under the supervision of the corrections system in the United States.[1] Of this number, approximately 3.7 million people were supervised in the community by probation, parole, or pretrial agencies.[2]

Researchers estimate that 60 to 80% of individuals on community supervision have a substance use disorder.[3] Despite efforts to increase access to treatment, there is still a substantial gap in connecting individuals to treatment. Approximately 80% of individuals with an opioid use disorder (OUD) do not receive the necessary treatment.[4] Untreated opioid use disorders contribute to a return to criminal activity, reincarceration, and risky behavior.[5] Individuals on supervision who have recently left carceral settings are between 10 and 40 times more likely to die of an opioid overdose than the general population—making them one of the highest at-risk groups for opioid overdose.[6] In contrast, individuals on supervision who receive and complete substance use disorder treatment are less likely to recidivate and more likely to achieve recovery and better outcomes.[7]

The Role of the Community Supervision Officer in Supporting Treatment Engagement

Community supervision officer's primary role is to protect public safety and support the individual on supervision to address their identified treatment needs. More recently, this role has been expanded to support continuity of care as individuals transition from carceral settings to community-based supervision. This includes linking individuals to treatment, including medications. In many circumstances, the community supervision office will have trained individuals to complete an evidence-based screening or assessment tool to identify an individual's needs and make an appropriate referral. Once an individual's needs and best treatment options are assessed and discussed with the individual, the community supervision officer can

work with the treatment provider to address any barriers to treatment initiation, such as transportation, identification, and housing.

Providing individuals with OUD access to medication to treat their opioid use disorder (MOUD) is the gold standard of care. MOUD includes methadone, naltrexone, and buprenorphine. These medications are approved by the Food and Drug Administration (FDA) and are safe to use over short and extended periods.[8] All three medications are more effective in reducing opioid use than treatment approaches without medication.[9] Providing MOUD to individuals on community supervision with an OUD can decrease the risk of overdose death and improve the individual's ability to fulfill the conditions of their supervision, including participation in treatment.[10] In addition, research has found that individuals on community supervision who receive MOUD have decreased reoccurrences of opioid-related drug use and self-reported criminal behavior.[11]

Unfortunately, there are several barriers to treatment that an individual on supervision can face when engaging in treatment. These barriers can be things like stigma individuals feel internally and experience from those around them, lack of knowledge and understanding about medications to treat opioid use disorders, challenges with logistics such as treatment location and insurance coverage, and prior treatment experiences such as medication side effects that make them feel uncertain about medications to treat opioid use disorders. A recent study found that only 5% of OUD treatment referrals from probation and parole result in methadone or buprenorphine treatment.[12] [13] The goal of this needs assessment is to better understand the factors contributing to the underutilization of MOUD in probation and parole in the United States.

Stigma can be defined as a label or associated stereotype that elicits a negative response. It is discrimination. Research shows that stigma is pervasive, lasting, and grounded in antiquated beliefs. Stigma-based beliefs about individuals with SUD include perceiving addiction as a personal choice resulting from a lack of willpower and/or moral failing. People with SUD may be wrongly perceived as dangerous, manipulative, and incapable of treatment. Stigma can and often does result in an individual not engaging in treatment and denying treatment and recovery opportunities.

Gap Analysis

The project team, which consisted of researchers and community corrections professionals, began with a literature review of the utilization of MOUD to treat OUD in community supervision settings. The review revealed a dramatic underutilization of MOUD in probation and parole to treat opioid use disorder. We conducted in-depth conversations with addiction and criminal justice professionals to deepen our understanding of the situation. Their insight aligned with what was identified from the literature review. Quotes from the interviews are included throughout this document.

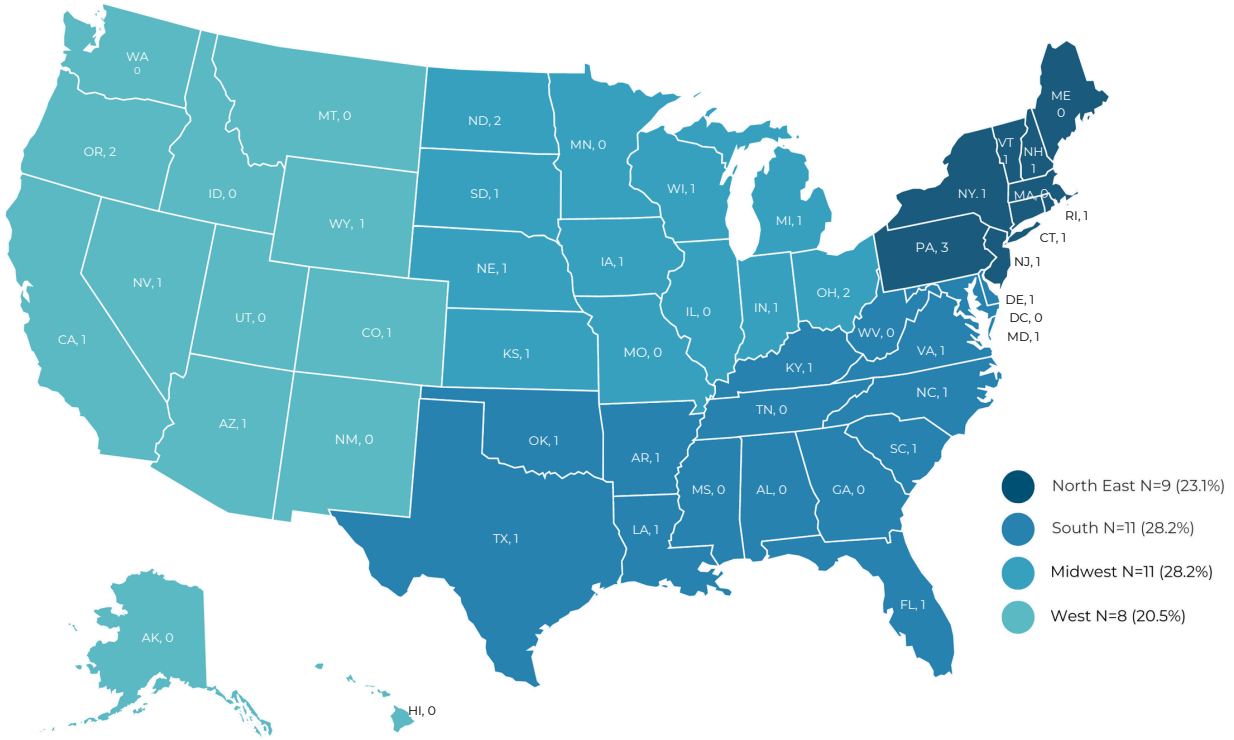
A survey was developed to collect additional information from local and state probation and parole agencies. The survey was deployed in Qualtrics and consisted primarily of multiple-choice questions with only two short-answer questions. The team met multiple times to review and edit the survey before distributing the final instrument.

Of the 42 responses received, 39 responses representing 33 states were included in the final analysis. One repeat response was excluded, and two agencies that responded indicated that they do not supervise individuals on probation or parole.

Most respondents (79.5%) were state agencies, with the remaining being local community corrections agencies. Responses were organized by U.S. Census Bureau region. Eleven of the responses came from agencies in the Midwest region (28.2%), eleven from agencies in the Southern region (28.2%), nine from agencies in the Northeast region (23.1%), and eight from the Western region (20.5%).

> *"MOUD gives successful people an opportunity to battle addiction. They can become more productive in their personal life and be more productive in society - be a better parent, be a better friend, be a better employee."*
>
> *- Community Supervision Officer*

Survey Respondents by U.S. Bureau Region (N=39)



79.5%
(31 respondents)

of respondents worked for state agencies. The remaining 20.5% of respondents worked for local community supervision agencies.

64.1%
(25 agencies)

of community corrections respondents indicated that FDA-approved medications for opioid use disorder programs are available as a component of their probation and parole supervision. Of the 14 agencies not providing MOUD, 13 were not considering making MOUD available. One agency was considering making MOUD available in the future.

Among agencies that made MOUD available...

50.0%
offer all three forms of FDA-approved medications to treat OUD

29.2%
offer two forms of FDA-approved medications to treat OUD

16.7%
offer Vivitrol only

4.1%
offer Methadone only

Regional Highlights

Northeast

- 7 of 9 agencies (77.8%) have MOUD available
- 83.3% have at least two forms or all three forms of FDA-approved medications available to treat OUD

Midwest

- 6 of 11 agencies (54.5%) have MOUD available
- 66.7% have at least two forms or all three forms of FDA-approved medications available to treat OUD

South

- 7 of 11 agencies (63.6%) have MOUD available
- 83.3% have at least two forms or all three forms of FDA-approved medications available to treat OUD

West

- 5 of 8 agencies (62.5%) have MOUD available
- 100% have at least two forms or all three forms of FDA-approved medications available to treat OUD

Funding for MOUD

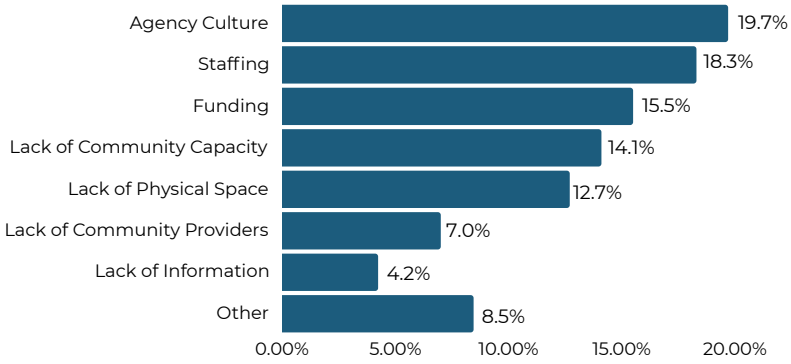
Among agencies that have MOUD available to individuals on supervision, respondents indicated that the funding for the MOUD program typically comes from grants held by other agencies (32.5%), grants by the community supervision agency (25.0%), and funding that is part of a line item with other agencies (17.5%).

"I think probationers need support from all levels, from the treatment agency, your family, your PO, whatever counselor you're seeing, even if you're in a Batterers' Intervention Program. I think you need support from every agency you deal with."

-Community Supervision Officer

Barriers to Engaging Individuals in an MOUD Program

Twenty-three respondents provided information on the barriers to engaging individuals in MOUD treatment. The top three barriers include agency culture (19.7%), staffing (18.3%), and funding (15.5%).



Northeast

Top barriers: Staffing levels (25%), agency culture (18.8%), lack of space (18.8%), and funding (12.5%). Avg. number of barriers = 3.0.

Midwest

Top barriers: Agency culture (27.2%), lack of community capacity (18.2%), and other (18.2%). Avg. number of barriers = 2.2.

South

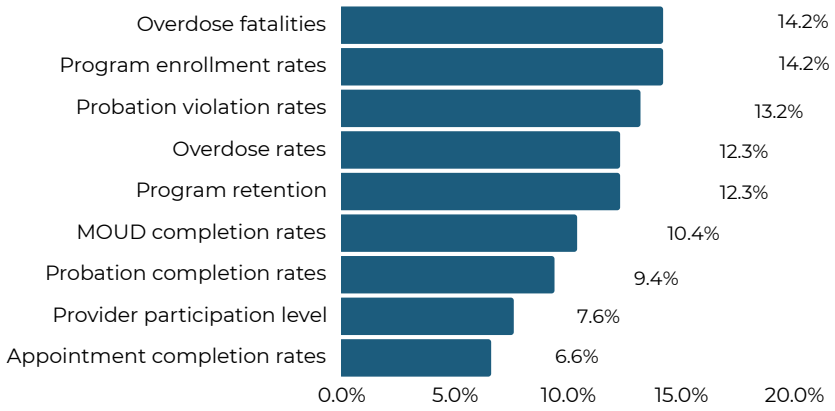
Top barriers: Funding (24%), agency culture (16.0%), lack of community capacity (16.0%), and staffing levels (12.0%). Avg. number of barriers = 3.6.

West

Top barriers: Agency Culture (21.0%), staffing levels (21.0%), lack of space (15.8%), and lack of community capacity (15.8%). Avg. number of barriers = 3.8.

Measures of Success

Twenty-three respondents provided information on how they measure success in their MOUD programs. The top measures of success include reductions in fatal overdose deaths (14.2%), program enrollment rates (14.2%), and reductions in probation violations (13.2%).



Northeast

Top measures of success: Program enrollment (19%), provider participation level (14.3%), overdose fatalities (14.3%), and probation violation rates (14.3%).

Midwest

Top measures of success: Overdose fatalities (20%), overdose rates (20%), and probation violation rates (16%).

South

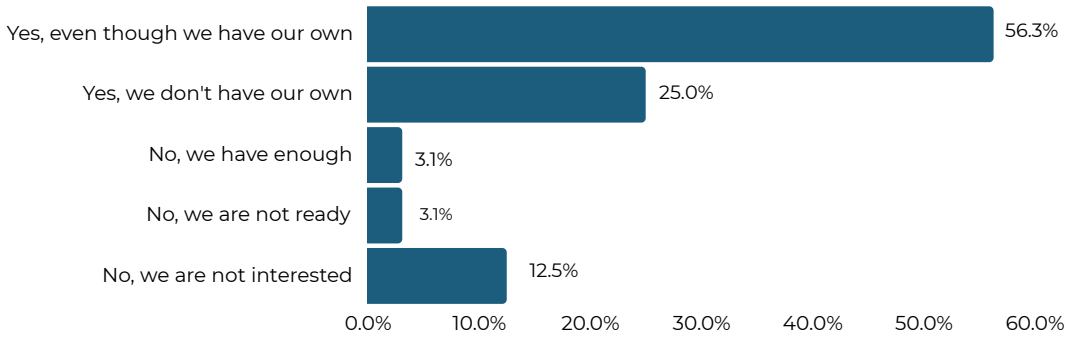
Top measures of success: MOUD completion rates (14.3%), probation violation rates (14.3%), overdose fatalities (11.4%, and program enrollment rates (14.3%).

West

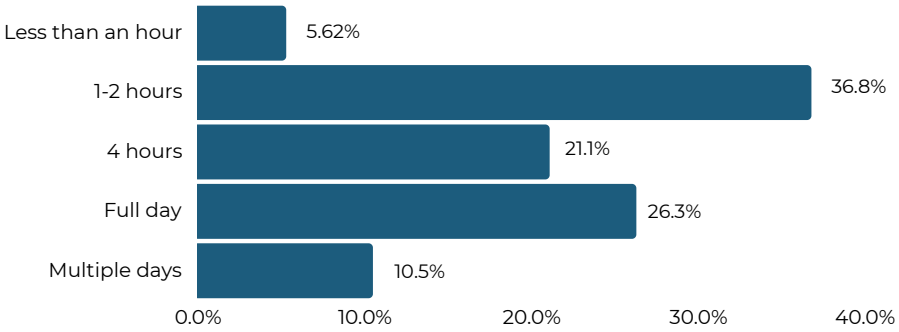
Top measures of success: Program enrollment rates (16%), appointment completion rates (12%), overdose fatalities (12%), overdose rates (12%), program retention (12%), and probation and parole completion rates (12%).

Technical Assistance and Training

Thirty-two respondents provided information on whether they would be open to technical assistance (e.g., training, education about evidence-based practices) provided at no cost to their agency. Eighty-one (81.3%) indicated they would be willing to receive technical assistance.



The time agencies are willing to devote to future training on MOUD varied with the top three answers being 1-2 hours (36.8%), full-day (26.3%), and 4 hours (21.1%).



Most respondents reported having received one to four hours of training (53.3%) or less than one hour of training (33.3%) about MOUD. The majority of the training was provided by agency staff (45.9%), an outside training or TA provider (27.0%), or a community provider (21.6%). Over half of the respondents indicated that this training was provided in an unstructured format (57.1%).

> *"There's a barrier of not knowing about MOUD, not having the knowledge, not understanding it, not knowing where to get it, not knowing the side effects of it, not knowing people have been successful, not having somebody reach out and say, "Look at me, I went through this program, I'm on it now. This is how it's benefited me. This is how it's helped my life. This is my success story. Let me share that with you."*
>
> *-Community Supervision Officer*

Recommendations

Recommendation 1: Provide all three forms of FDA-approved medication.

Key Findings

- In the gap analysis, 64.1% of the responding agencies indicated that FDA-approved medications for opioid use disorder programs are available as a component of their probation and parole supervision.
- 19 of the 23 responding agencies that offered MOUD offered at least two forms or all three forms of FDA-approved medications to treat OUD. The remaining four agencies offered methadone only or Vivitrol only, and the client had no choice in medication type.

Why it Matters

Treatment is not one-size-fits-all and varies in effectiveness depending on a myriad of factors. Medications benefit individuals differently and must be tailored to the individual and their circumstances.[14] It is important to listen to the client if they have a particular preference based on past experiences with medication. If a patient is not on their preferred medication, they are less likely to engage in and adhere to treatment.[15] [16] [17] Clients should work with their treatment provider to select the best medication for them.[18] Patient preference plays a role in the success of treatment for the individual.[19] Community supervision agencies that restrict individuals to specific medications (e.g., Vivitrol only) are of particular concern/interest. Vivitrol is not an agonist like methadone and buprenorphine and has the least available research.[20] Additionally, reports have suggested that 60-70% of patients in the correctional systems prefer methadone, with buprenorphine being the second most preferred medication.[21,22,23]

Recommendation 2: Provide bi-annual in-service training about MOUD facilitated by medical providers.

Key Findings

- In the gap analysis, most respondents reported that training about MOUD takes place within their agency on an ad hoc basis (57.1%). Only one agency reported training taking place during employee orientation.
- Most respondents indicated that training related to MOUD is being conducted by agency staff (45.9%) versus outside trainers/TA providers (27.0%) or community providers (21.6%).

Why it Matters

When an agency provides multiple options for MOUD, it is important to consider factors that influence the probation officer's referrals to specific providers or restrictions an officer places on specific forms of medication. Often, probation officers' knowledge and attitude toward medications vary. One study showed that, compared to buprenorphine and naltrexone, probation department leaders reported knowing the least about the use and administration of methadone.[24] They also reported being more open to referrals to treatment that include buprenorphine or naltrexone. Despite these differences, they were no more or less likely to know where to refer someone for each medication.[25] However, another study suggests that roughly 30% of probation officers who refer their clients to buprenorphine would not refer their clients to methadone treatment.[26] Of those who would refer their client to methadone, only about 10% reported that they would not refer a client to buprenorphine treatment. Factors that impact referrals include the amount of training received, work setting, perception of the medication type as a substitute addiction, and an officer's education level.[27]

Regular training can effectively bridge the gap between a community supervision officer's knowledge and the information they need to support making referrals to community providers. No-cost training is available through an e-learning course developed by the Opioid Response Network (ORN) and the Justice Community Opioid Innovation Network (JCOIN).

Recommendation 3: Address barriers that limit access to treatment through tailored training and technical assistance.

Key Findings

- The top three barriers agencies reported to implementing MOUD include agency culture (19.7%), staffing (18.3%), and funding (15.5%).
- Barriers differ by region and agency, indicating the importance of tailored training and technical assistance.

Why it Matters

The barriers reported by community supervision agencies are important to recognize and should be used to inform strategies for increasing access to evidence-informed treatment. The data highlight the need for strategies that address agency culture, lack of community capacity, and staffing levels. The current literature supports evidence of these barriers and others.

A study in Appalachia asked community providers to identify barriers to treatment for recently released clients. They reported similar barriers to the probation and parole agencies, including cost, high caseload, few treatment resources, and a lack of community support for treatment.[24] They also reported high-risk drug use and a lack of motivation on the individual level.[25] Similarly, one of the agencies that responded with "other" reported treatment resistance as a barrier. Most leaders reported barriers to lack of medical personnel experience, cost, need for medication guidance, and policies prohibiting client use of MOUD.[26] These findings highlight the need for training and policy changes.

Resources for Community Supervision Officers

Justice Community Opioid Innovation Network (JCOIN) Training and Engagement Center

Training and Technical Assistance

Opioid Response Network

Comprehensive Opioid, Stimulant, and Substance Use Program

Community Supervision and MOUD E-learning Series

Federal Grant Funding for MOUD in Community Supervision Settings

Comprehensive Opioid, Stimulant, and Substance Use Program