

# Key Barriers and Facilitators for Medications to Treat Opioid Use Disorders in U.S. Jails



NIH • Helping to End Addiction Long-term

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- The other authors have no conflicts of interest to report.
- The opinions are those of the authors and do not reflect positions of the federal or state governments.

# Presentation Goals

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- Describe framework for understanding the barriers and facilitators to implementing services for opioid use disorder (OUD) within carceral settings
- Describe findings from a study of jails in counties that had been severely impacted by the opioid epidemic to understand how they have responded.
- Examine the implementation of services along the OUD service cascade including:
  - Screening and assessment
  - Opioid withdrawal management
  - Provision of medications for OUD
  - Overdose prevention
  - Re-entry services
- Identify training, technical assistance, and education needs

# Context for Understanding MOUD Implementation

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- Historically, medications to treat opioid use disorder (MOUD) have been implemented with the assumption of restricting their use as much as possible:
  - Policies/funding
  - Institutional practices
  - Programmatic practices
  - Individual beliefs and attitudes
  - Service systems

# Background: A comprehensive literature review identified 4 categories of barriers and facilitators to MOUD implementation

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- (1) Institutional factors refer to characteristics of the institution (i.e., prison, jail, community corrections), such as capacity, workforce, and institutional policies or regulations.
- (2) Programmatic factors are defined as operations, practices, or interventions that are implemented within a program, such as treatment programs.
- (3) Attitudinal factors refer to attitudes, knowledge, beliefs, and other attributes of individuals (e.g., motivation) in jails/prison as well as staff and other stakeholders.
- (4) Systemic factors pertain to relationships or interactions between the criminal-legal system and external service providers or service systems.

# Barriers & Facilitators to MOUD in Prisons & Jails

## Barriers

- Institutional: Restrictive policies that limit access to MOUD, limited space, lack of leadership, lack of funding, operational challenges, security/diversion concerns
- Programmatic: inappropriate clinical protocols (e.g., low dose, limited withdrawal management), lack of trained medical staff
- Attitudinal: negative attitudes/beliefs about MOUD among both individuals and staff, stigma, preference for abstinence-based treatment
- Systemic: Lack of linkage or coordination between correctional and community MOUD treatment providers; conflicting goals and orientations

## Facilitators

- Institutions that provided medications for psychiatric problems and withdrawal were more likely to provide medications for SUD
- Programs that implemented interventions/training to improve knowledge, attitudes, and/or use of medication-based treatment
- Favorable attitudes from prior positive experiences with MOUD treatment, knowledge of its benefits (e.g., HIV prevention and harm reduction)
- Systemic interventions to improve coordination & collaboration between corrections and community service providers; re-entry linkage
- Federal/state/local policies, funding, legal challenges (ADA mandate), Medicaid waiver

# Survey Method

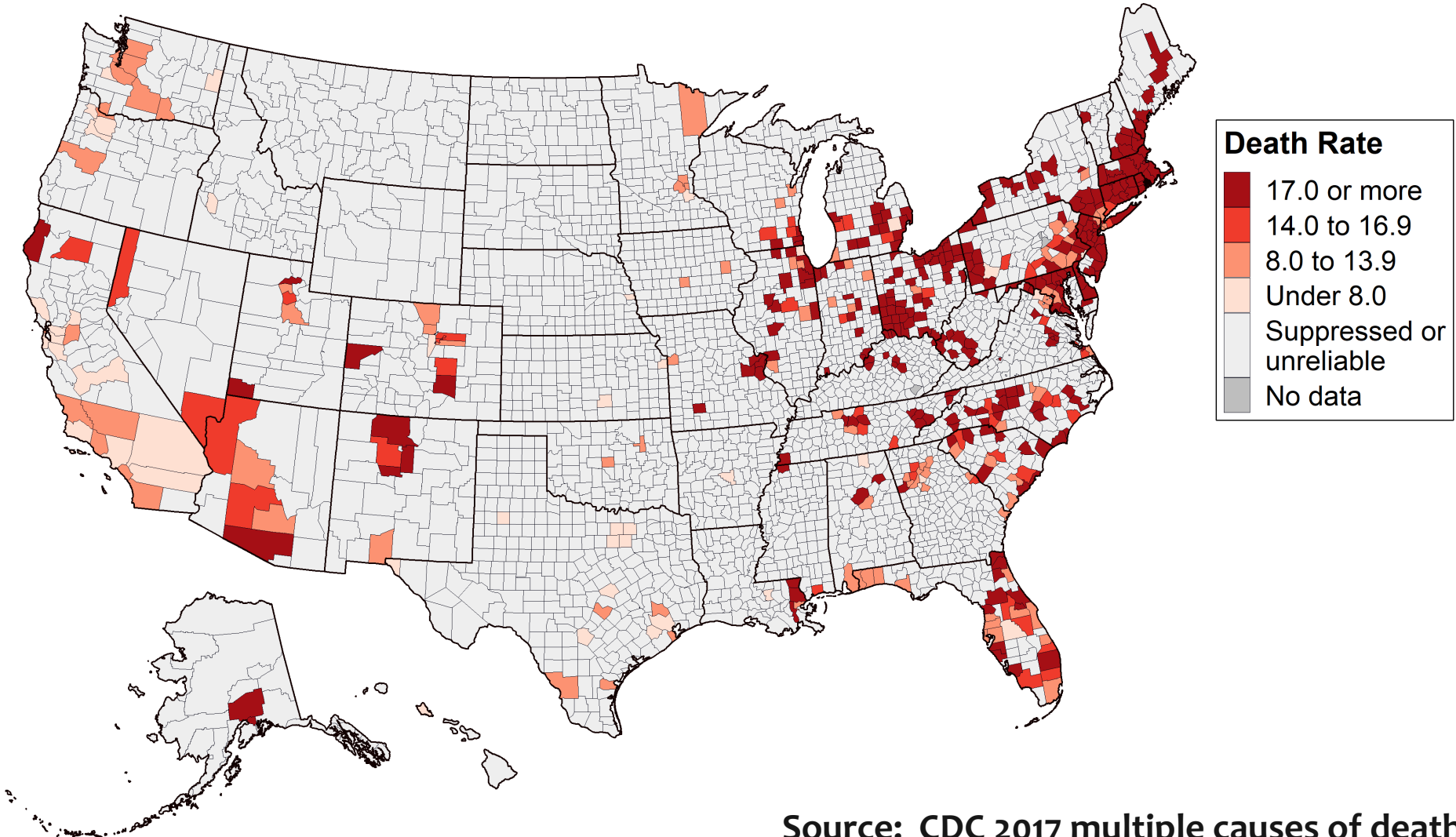
# Sampling Plan

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- Opioid use, OUD and OUD mortality are unevenly distributed geographically.
- The sampling plan considered the geographic and population-based variability of opioid overdose fatalities in the U.S. to sample counties that were most severely impacted.
- 244 of 2,914 counties were sampled based on two strata:
  - Per capita rate of opioid overdose fatalities, thereby including counties with overdose rates significantly higher than the national average (147 counties)
  - Absolute number of opioid overdose fatalities, regardless of the per capita rate (97 counties – 58 overlap with above)

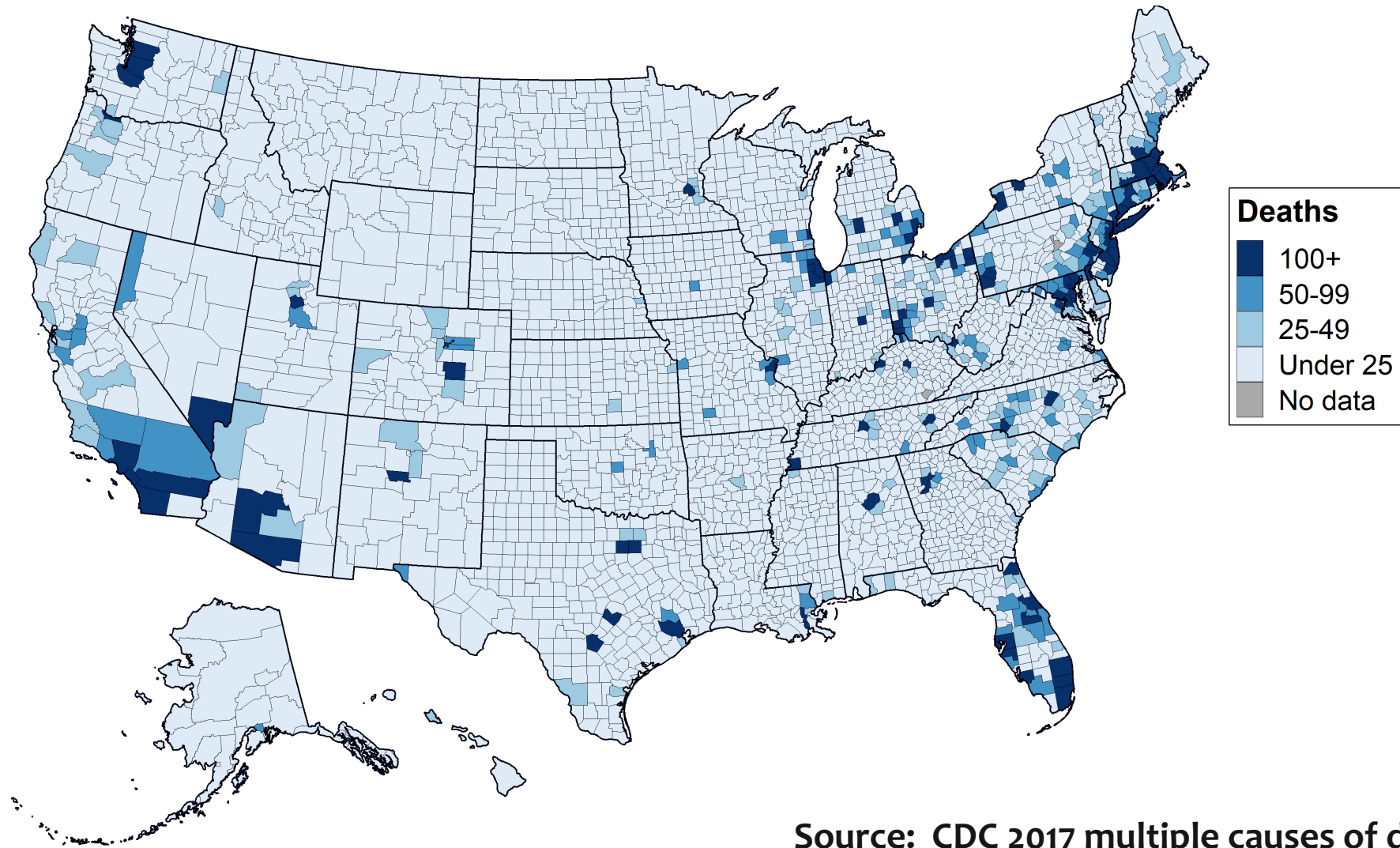


# Opioid-Related Death Rates by County: 2017



Source: CDC 2017 multiple causes of death data

# Number of Opioid-Related Deaths by County: 2017



Source: CDC 2017 multiple causes of death data

# Extent to which these Sampled Counties were Highly Impacted by the Opioid Epidemic

- Opioid Overdose Mortality Rate

- Selected 147 counties that were significantly above the national crude rate
- The 244 sampled counties had significantly higher crude rates of opioid-related deaths per 100,000 than the U.S. overall (**20.3 vs. 14.7**)

- Number of Opioid Overdose Deaths

- Selected 97 counties that together reported 50% of all opioid-overdose deaths nationally
- The 244 sampled counties reported 66% of all the opioid-overdose deaths nationally

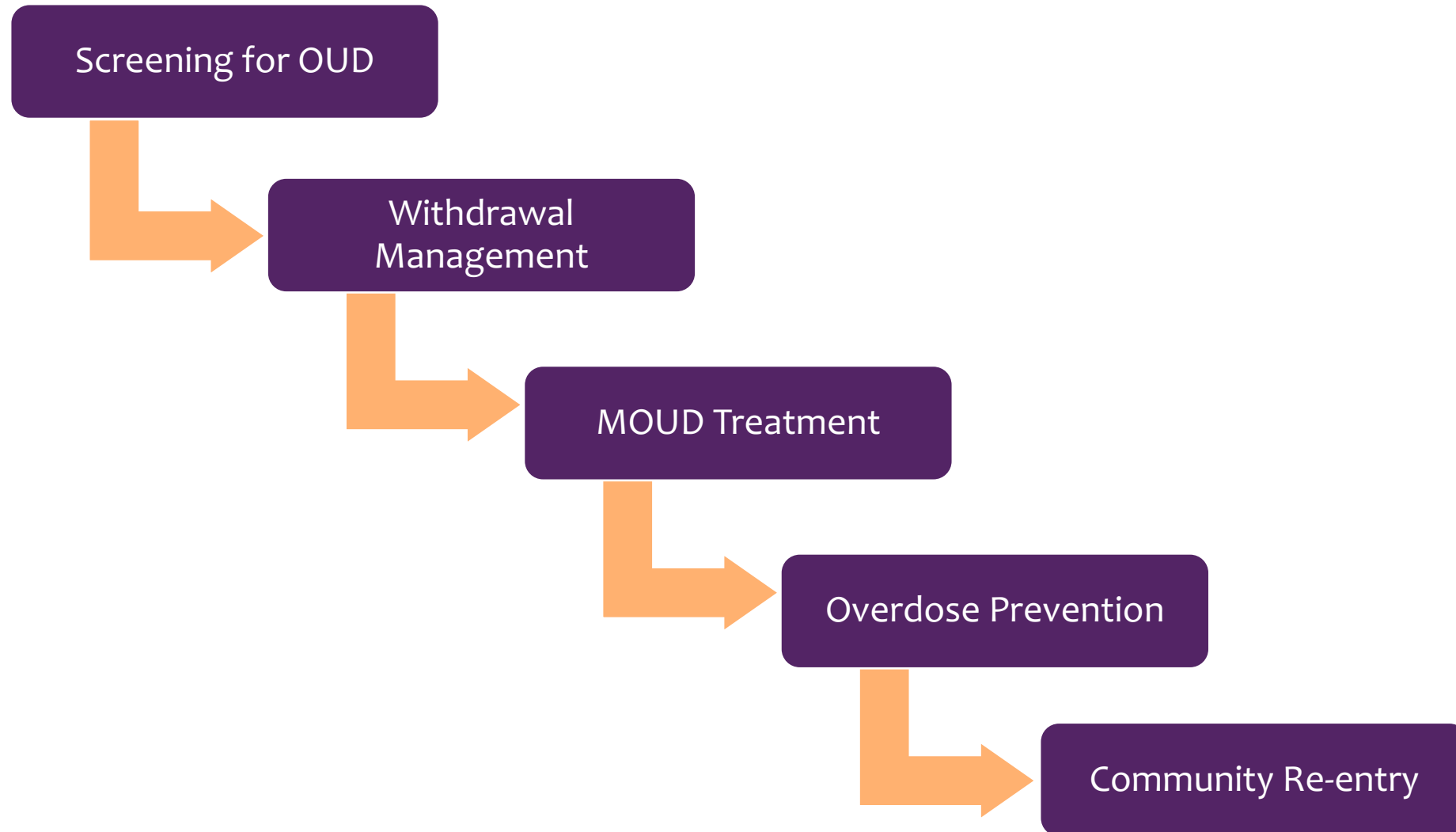
Source: <http://wonder.cdc.gov/wonder/help/mcd.html>

# Interview Administration

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- The study team worked with key stakeholders in the targeted counties to identify appropriate contacts to respond to the structured interview.
- An interview coach was assigned to each jail contact to answer questions and facilitate the interview process.
- The structured interviews were completed by filling out and returning the document and/or by phone interview.
- All interviews were conducted between Dec 2019 and Feb 2021.
- The overall interview response rate was **76% (185/244)**.

# OUD Service Cascade Framework



# Survey Results

# Respondent Characteristics (N = 185)

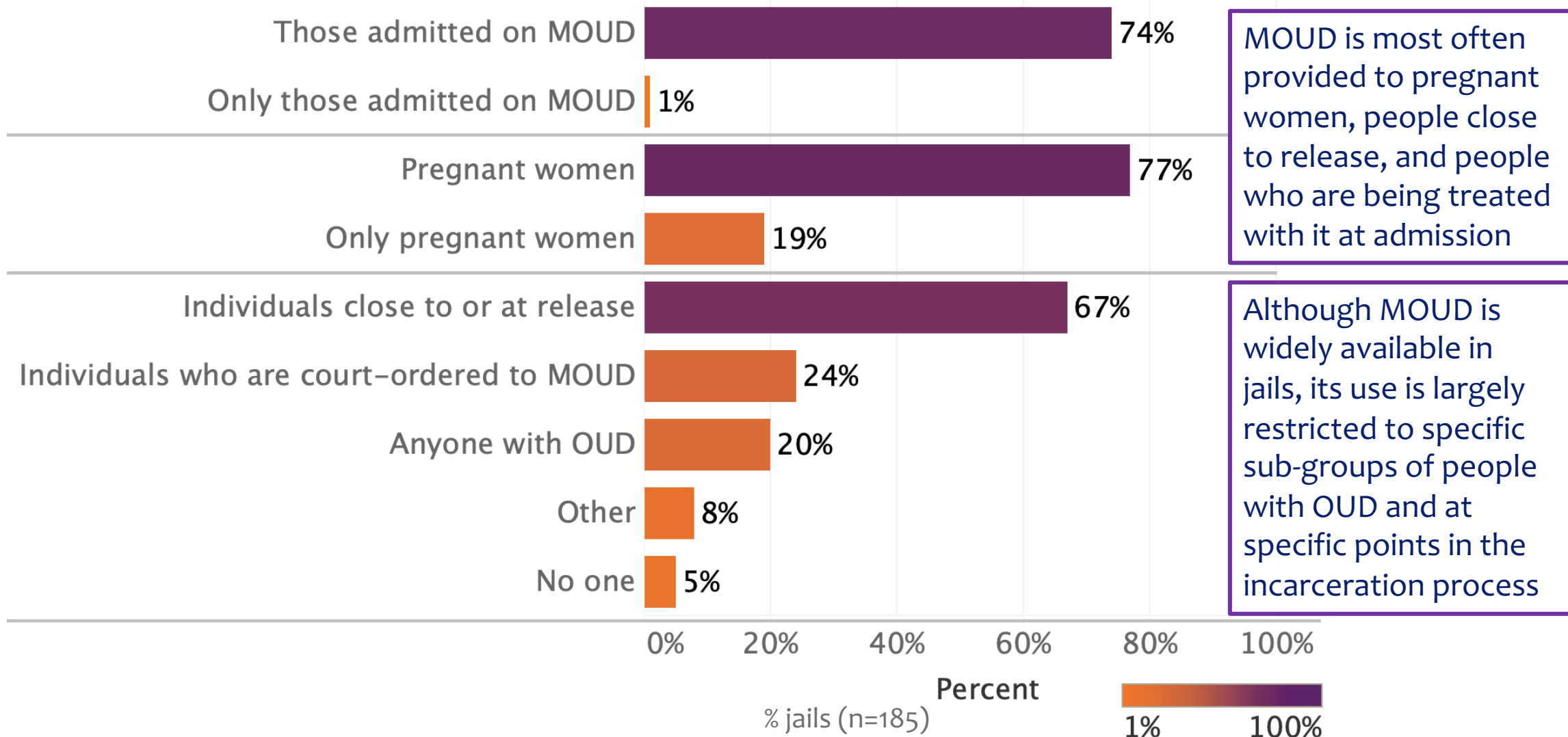
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- Interview respondents were:
  - Jail administrators (44%)
  - Medical/Behavioral health directors (17%) or providers (6%)
  - Health services administrators (14%)
  - Program/service directors (8%)
- Respondents averaged 5.0 years in their position and 15.2 years in the corrections field.

**MOUD Availability ≠  
MOUD Accessibility**



# To Which of the Following Populations do Jails Provide MOUD



# Type of MOUD Available in Jails: MOUD Availability ≠ MOUD Accessibility

Some kind of MOUD available

92%

Buprenorphine

68%

Methadone

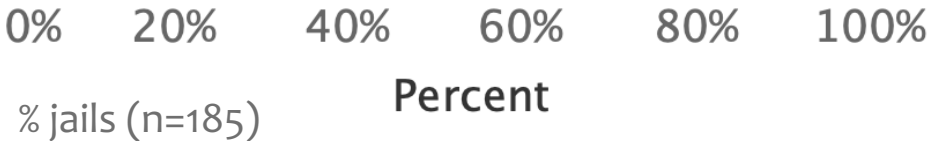
70%

Naltrexone

73%

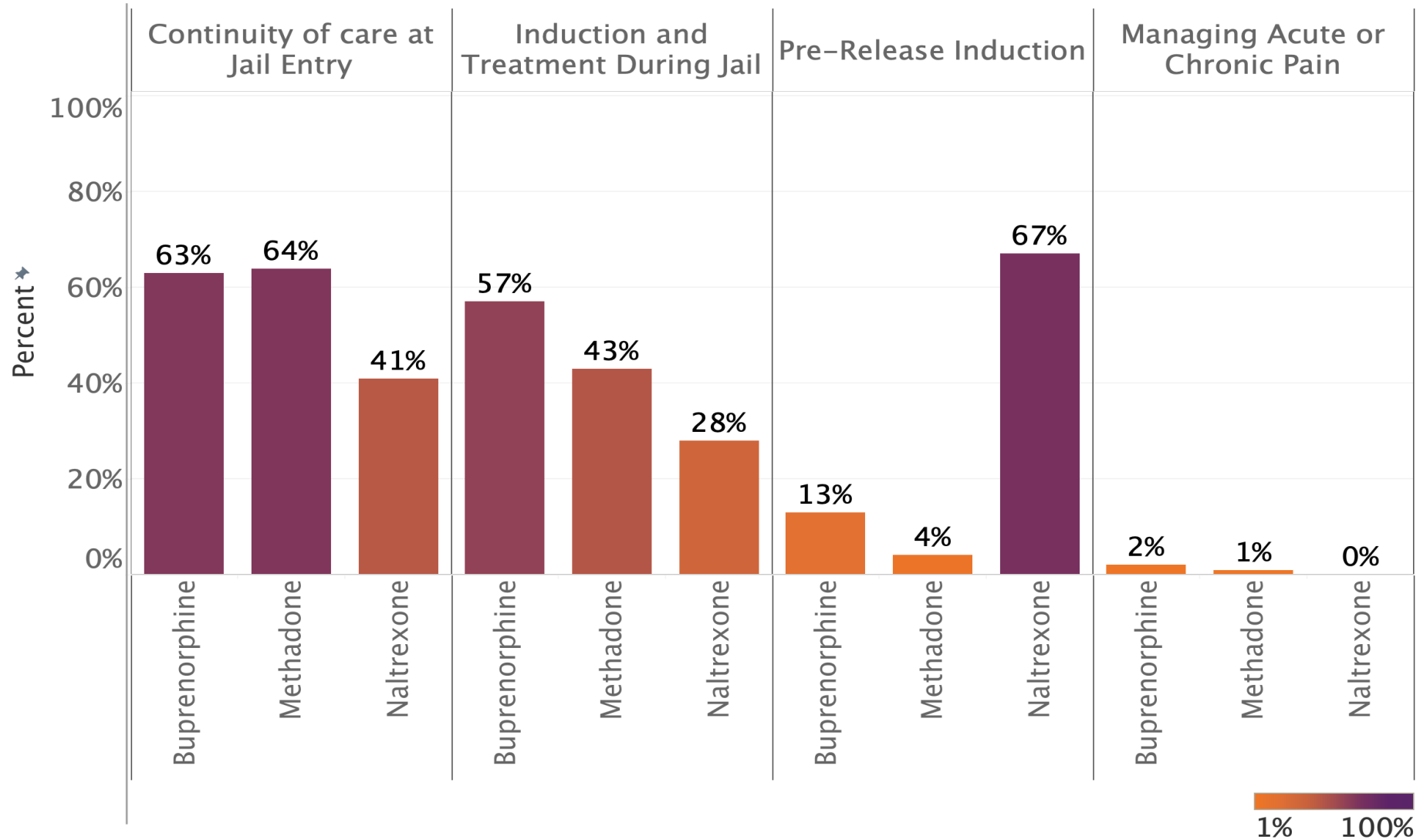
All three

43%



Less than half of jails provide all three medications to some subset of people

# How/When MOUD is Provided in Jails by Type of Medication



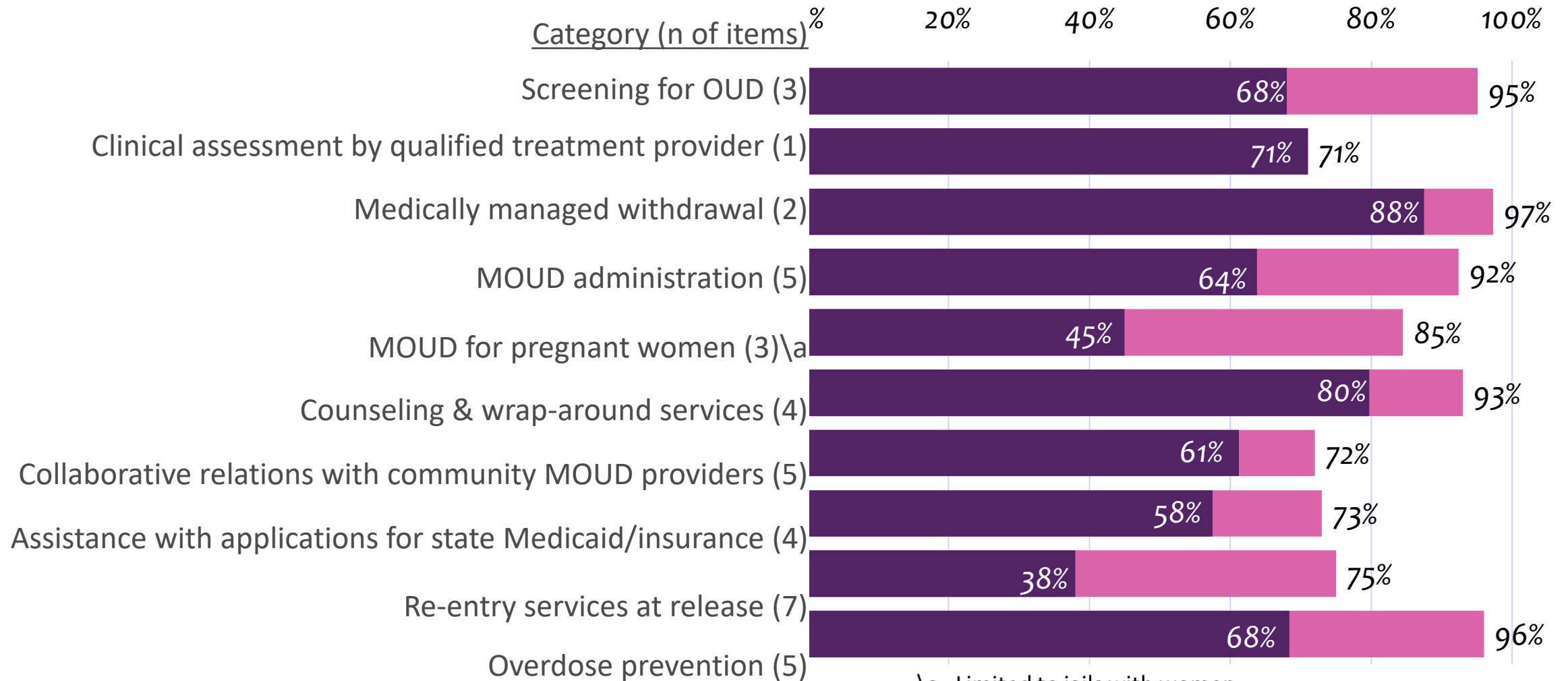
\* % jails (n=185)

# OUD Best Practices in Jails

# OUD Best Practices in Jails (N=185)

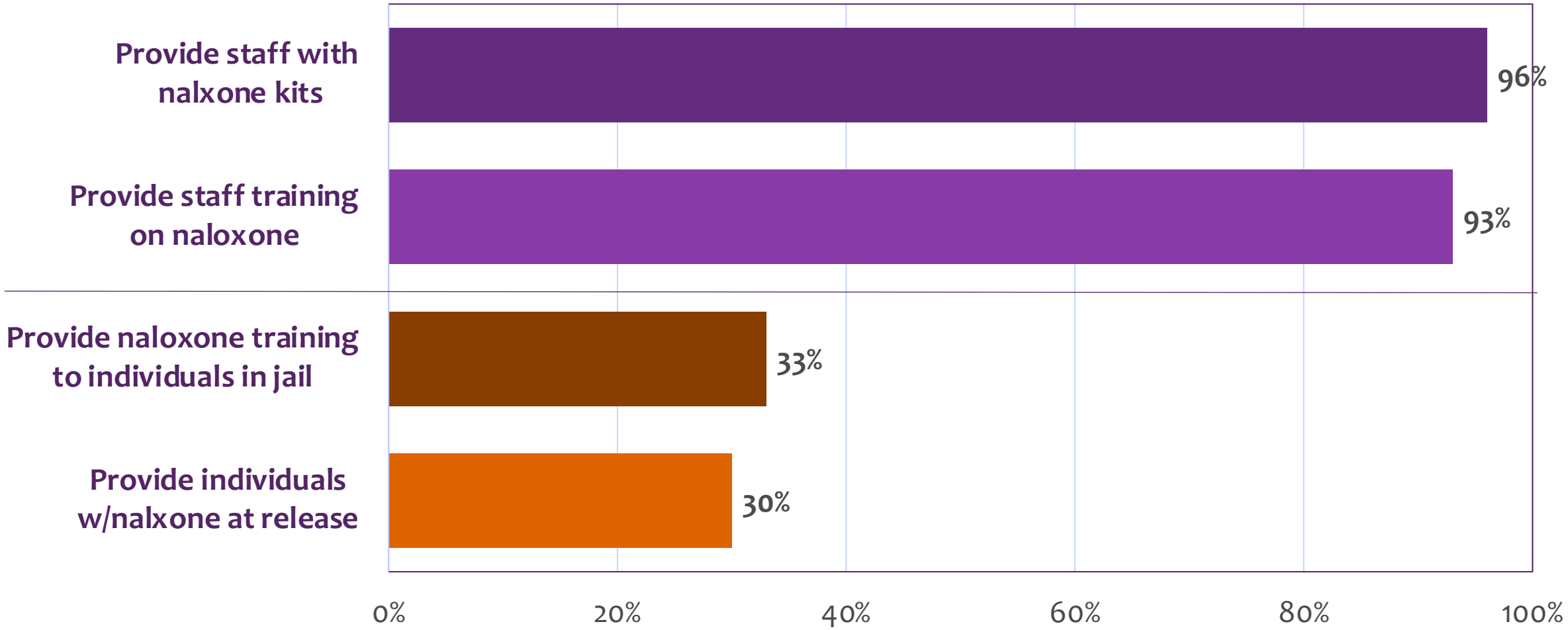
- 10 Best Practice categories were identified from:
  - National Sheriff's Association and the National Commission Correctional Health Care (2018). *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field*.
  - Substance Abuse and Mental Health Services Administration (2019). *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*.
  - National Governor's Association & American Correctional Association (2021). *Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings: A Roadmap for States to Reduce Opioid Use Disorder for People in the Justice System*.
- Mapped items from jail interview that corresponded to the 10 Best Practice categories (range 1 – 7 items) and evaluated their implementation across study sample

# OUD Best Practices in Jails: Any item Endorsed (Rose) and Average % of Items Endorsed (Purple) (N=185)

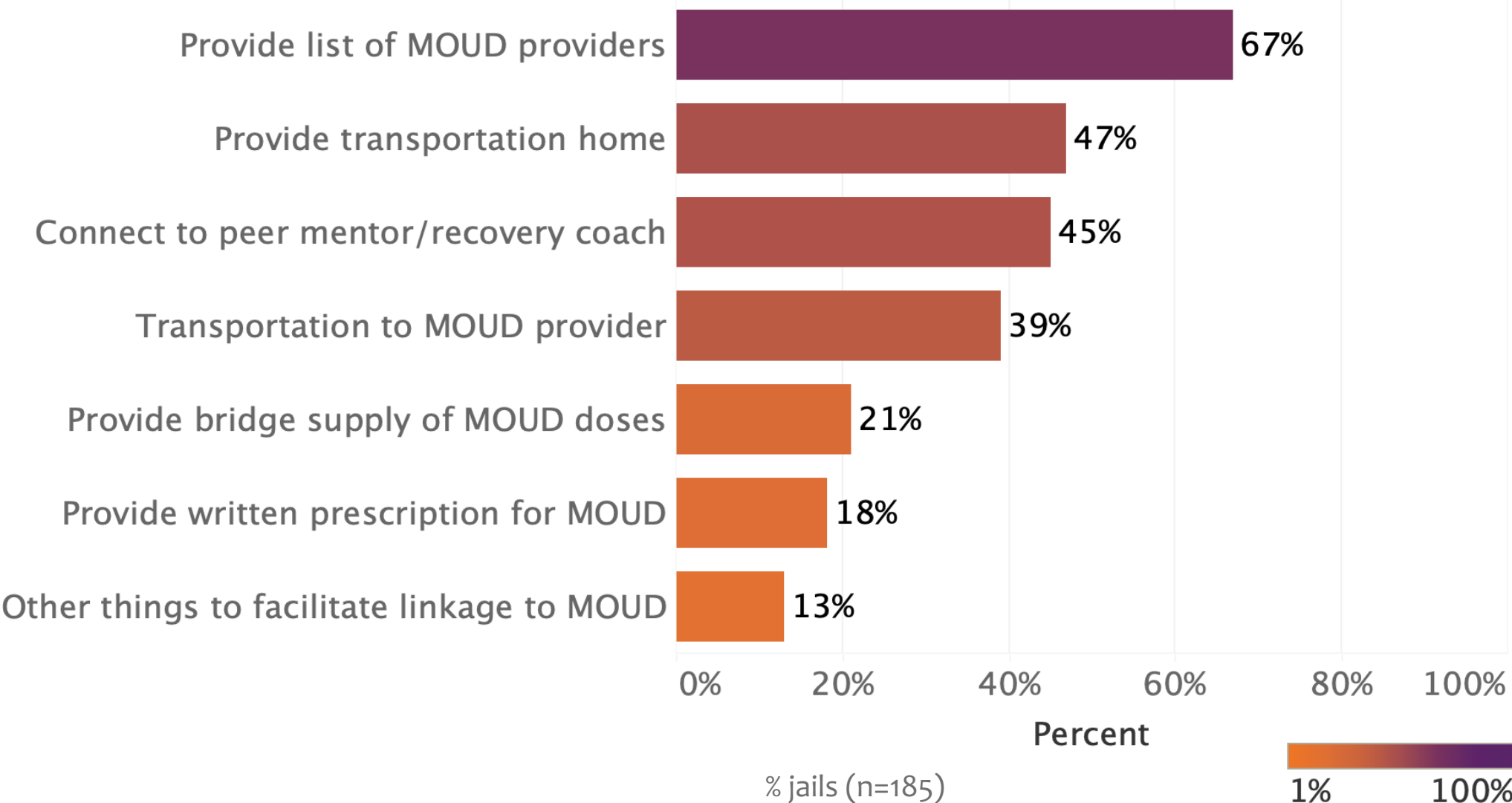


\a Limited to jails with women

# Most (96%) jails provide overdose prevention, yet few provide overdose education or naloxone to individuals at discharge

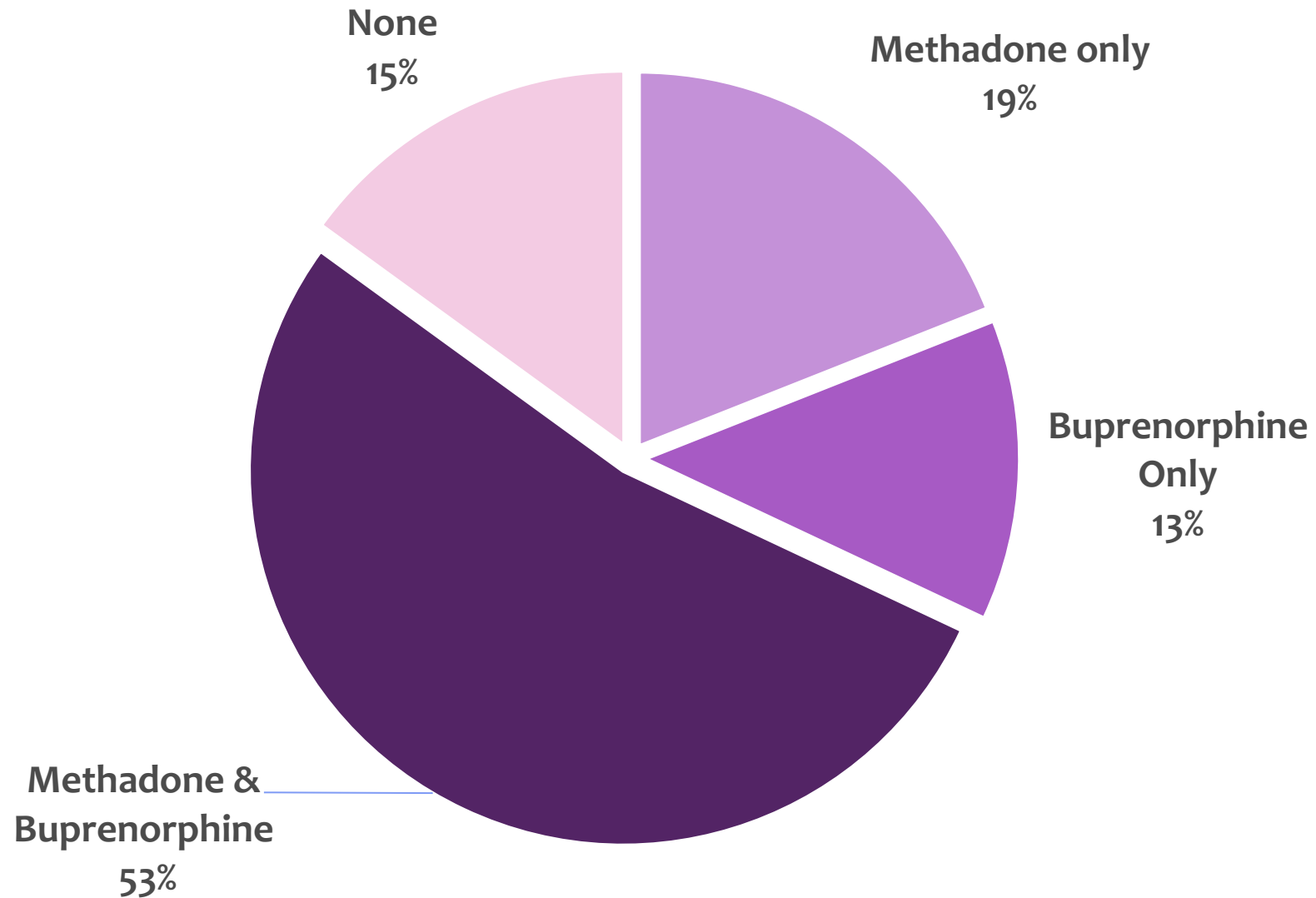


# Although 75% of jails provide any re-entry services, there is considerable variability in types of re-entry services provided





# MOUD Availability for Pregnant People in Jail by Type of Medication (N = 174)

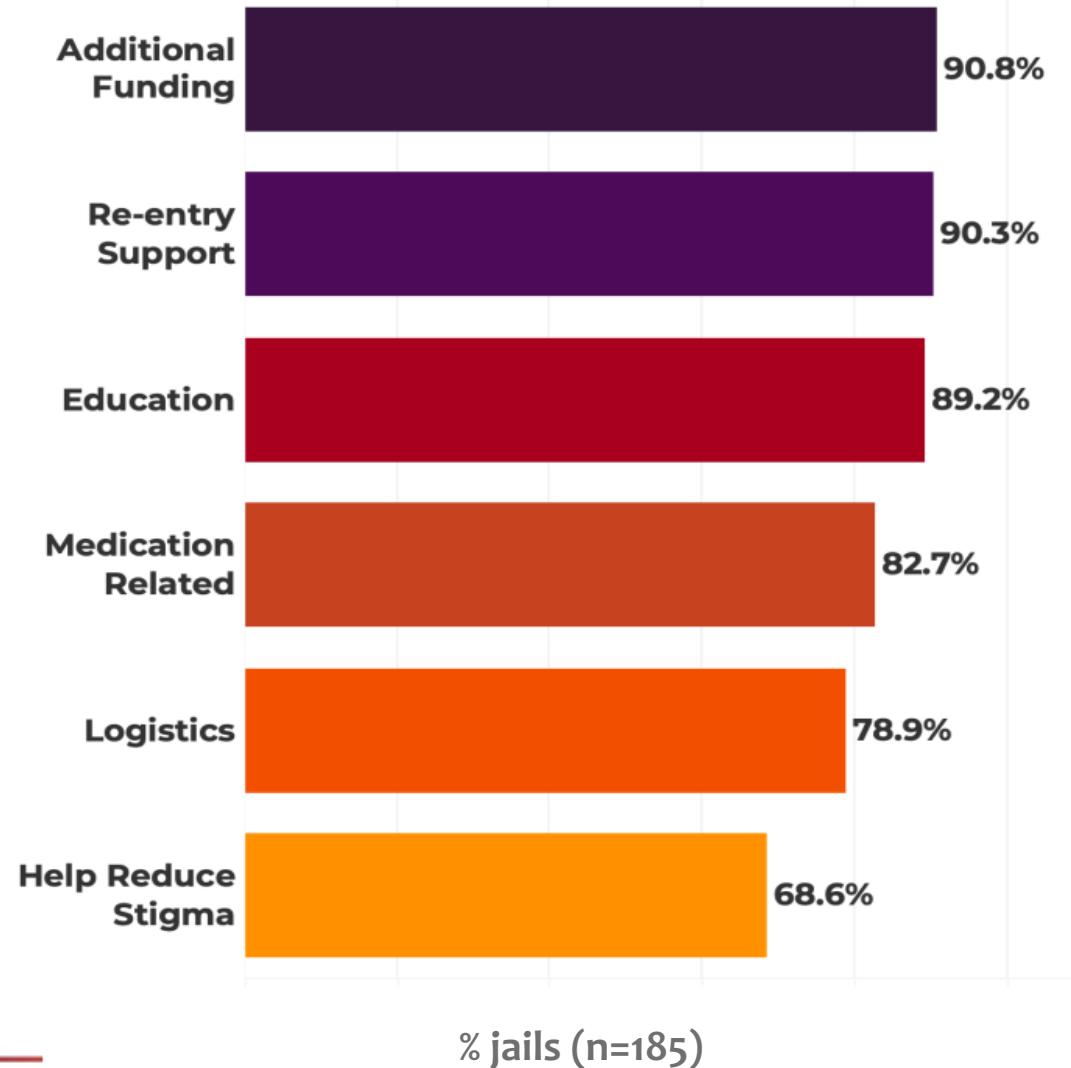


# Community Characteristics Influenced MOUD Availability for Pregnant People in Jail

- A greater proportion of jails in which MOUD is available for pregnant people are in communities that are:
  - In Northeast (28% vs 7%) rather than in Midwest (28% vs. 59%)
  - Urban (79% vs. 49%) or suburban (17% vs. 3%) rather than rural (5% vs. 18%)
  - More populated (Means = 637,267 vs. 213,934)
  - Have a higher % of Black (12% vs. 8%) and Hispanic (12% vs. 5%) residents and lower % of white residents (78% vs. 87%)
  - Have access to a methadone provider within 10-mile range of pop center (54% vs. 30%)

# Barriers and Strategies to Expand MOUD Access

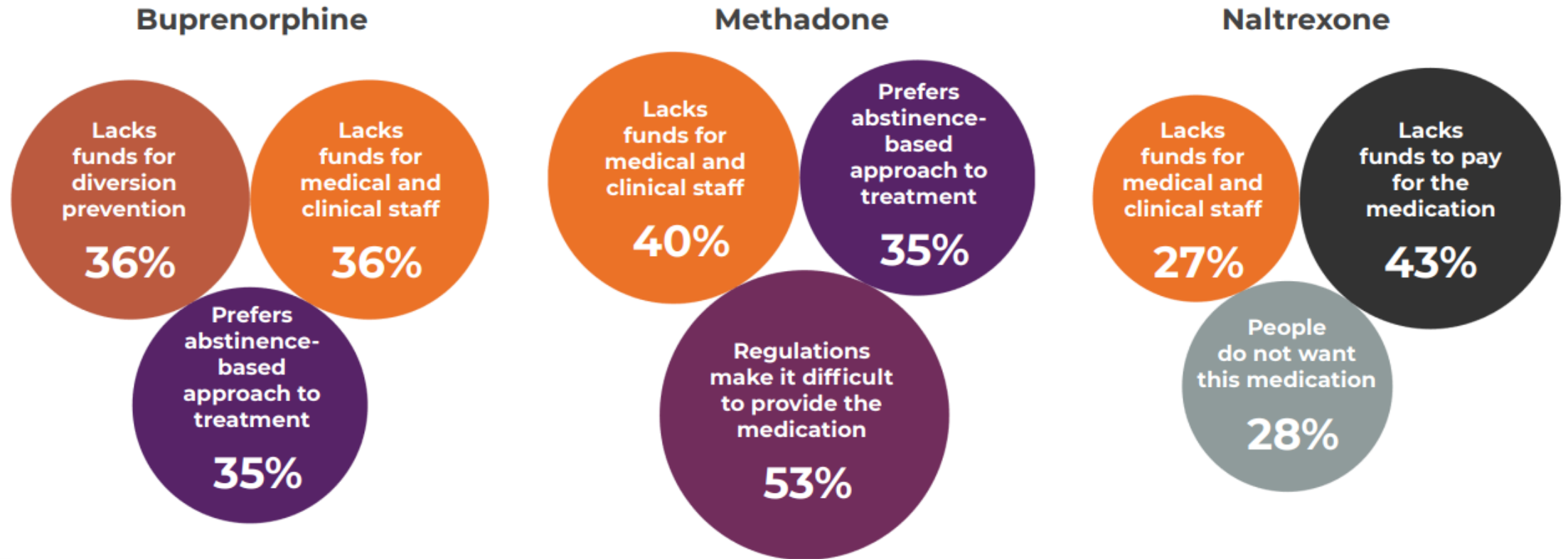
# Resources Needed to Expand MOUD and Facilitate Community Linkages



- Most frequent funding/resource needs were for cost of MOUD, clinical staffing and education, and diversion prevention.
- Fewer than half of jails link individuals to a community MOUD provider and less than one-fifth provide prescription for MOUD or bridge supply at discharge.
- Medication-related needs include medical staffing, determining type of MOUD, supervising MOUD administration, developing program for pregnant women.

# Barriers to MOUD Implementation by Type of Medication

## TOP THREE BARRIERS TO MOUD ACCESS BY TYPE OF MEDICATION



# Education for Key Stakeholders about Stigma, OUD and MOUD is a Top Priority

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- Addressing stigma was rated as a top concern by respondents
- Groups that could benefit from education about MOUD include:
  - State and local politicians
  - General community
  - Probation and parole staff
  - Correctional, clinical, medical staff
  - Individuals who are incarcerated
  - Pregnant individuals
  - Judges and District Attorneys

# Strategies to Address Barriers to MOUD Implementation

- Stigma
  - Education/training, focus on success and benefits of MOUD
- Security & Safety
  - Staff training, secure storage, administration procedures, specialized units
- Logistics
  - Develop partnerships with community OTPs and MDs, “hub & spoke” models
- Knowledge & Skills
  - Staff training (screening/assessment, motivational interviewing), multidisciplinary workgroups, program champions
- Costs
  - Negotiate prices through state block grants, partner with FQHCs
- Re-entry
  - Jail “in-reach” prior to release, initiate Medicaid coverage, peer support for community linkage

# Study Recap



# Key Findings

- Although MOUD is widely available in jails, eligibility is usually restricted to specific sub-groups of people with OUD and at specific points in the incarceration process.
- Less than half of jails provide all three medications to some subset of people and only 20% provide it to anyone with OUD.
- MOUD is most often provided to people who are pregnant, close to release, and being treated with it at admission – with induction during jail or at re-entry less common.
- Community resources make a difference in accessibility of MOUD in jails, with less access in under-resourced communities.
- Most frequent funding/resource needs were for costs of MOUD, clinical staffing and education, and diversion prevention
- Education regarding OUD, MOUD, and associated stigma is needed for a wide range of criminal justice, judicial, and community stakeholders

# Study Limitations

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- The sampling strategy to select counties most impacted by opioid overdose does not allow for simple comparisons with findings from prior studies using different sampling methods.
- Data are self-reported by system representatives and includes items where they did not know or could not access data to answer some questions (eliminated from analysis).
- Data are time-sensitive and may not reflect subsequent changes, including changes in policies/funding or rates of opioid-overdose fatalities.
- More research is needed to validate the effectiveness of the 10 recommended “best practices” in jails to improve services for individuals with OUD

# Conclusion

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- The current study highlights the disconnect between the urgent need to provide MOUD to individuals with OUD in jail and the limited accessibility to MOUD for those who need it – even though most jails have some form of MOUD available.
- Study findings underscore the need to address the barriers faced by jails in implementing or expanding the provision of MOUD within their facilities, including a lack of funding and resources, stigma associated with OUD and MOUD, and lack of continuity of care for individuals re-entering the community – which is a period of high risk for relapse and overdose.

# More Information

## Publications:

- Scott, C.K, Grella, C.E., Dennis, M.L., et al. (2022). Availability of best practices for opioid use disorder in jails and related training needs: Findings from a national interview study of jails in heavily impacted counties in the U.S. *Health & Justice*, 10, 36.
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- Grella, C.E., Ostlie, E., Scott, C.K., et al. (2021). A scoping review of factors that influence opioid overdose prevention for justice-involved populations. *Substance Abuse Treatment, Prevention, and Policy*, 16, 19.
- Grella, C.E. Ostlie, E., Watson, D.P., et al. (2022). Scoping review of interventions to link individuals to substance use services at discharge from jail. *Journal of Substance Abuse Treatment*, 138, 108718.
- Grella, C.E., Scott, C.K., Dennis, M.L., et al. (2023). Access to services for pregnant people with opioid use disorder in jails in the U.S. *Journal of Correctional Health Care*, 29(4).

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