Law enforcement and criminal justice professionals' knowledge and attitudes towards medication assisted treatment for opioid use disorder in rural communities

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CONTEXT

- Drug overdose death rate in individuals released from jail is up to seven times higher than in the general population.
- There is a lack of access to medication assisted treatment (MAT) for opioid use disorder (OUD) in prisons and jails, despite leading health organizations recommendations.
- There is very little known about criminal justice system professionals' knowledge and attitudes towards OUD and MAT

OBJECTIVE

- Describe law enforcement and criminal justice system professionals' knowledge and beliefs related to OUD and MAT in rural communities.
- Explore awareness of MAT-related policies and perceived barriers to MAT in jail and prison settings.

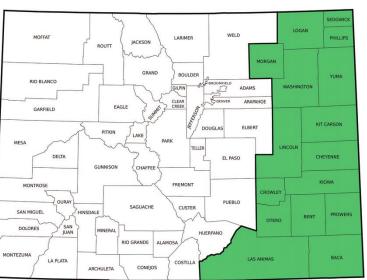
METHODS

- Cross-sectional quantitative survey and qualitative key informant interviews
- Surveys mailed to probation officers, sheriffs, police chiefs, police officers, county court judges, district court judges, and staff
- Key informant interviews conducted with a sample of those surveyed
- Conducted in rural and frontier counties in eastern Colorado in the **High Plains Research Network**
- Analyses were descriptive





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High Plains Research Network Region

Absence of data from other members of the CJ-LE community with potentially valuable insights, such as local police officers and other court personnel.

Knowledge and awareness of medication assisted treatment (MAT) and related policies varied greatly among law enforcement professionals. Opportunities to train law enforcement professionals about MAT and efforts to create partnerships between the legal system and medical community could improve the public health response to OUD in this underserved region.

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Limitation

Conclusion

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TTTRs[™] Colorado

RESULTS: 45/63 = 71% response rate

 Table 1 Respondent Demographics
(N - 45)

(N=45)		Figu	lie i Awaren	ess of availar	лшу			
Characteristic	N =(%)	of medication assisted treatment in						
Gender								
Male	38	community for people coming into						
	(84.4)	contact with justice system						
Female	6 (13.3)							
Prefer Not to Answer/Missing	1 (2.2)							
Race								
American Indian/Alaskan Native	3 (6.7)							
Asian	0 (0)							
Black or African American	0 (0)		2404					
Native Hawaiian/Pacific Islander	0 (0)		34%					
White	37							
	(82.2)			52%				
Other	0 (0)							
Prefer not to answer	5 (11.1)							
Ethnicity (n=44)								
Hispanic or Latina/o	4 (8.9)	14%						
Not Hispanic or Latina/o	36							
	(80.0)							
Prefer not to answer	4 (8.9)	Don't know Disagree Agree						
Role								
Probation officer	6 (13.3)							
Sheriff	13	Figure 2 Perceived barriers to						
	(28.9)	using buprenorphine to treat OUD						
Sheriff office personnel	5 (11.1)							
Police force	5 (11.1)	in jail/prison settings						
County court judge	8 (17.8)	Potential Barrier	Yes	No	Don't Know			
District court judge	8 (17.8)		n (%)	n (%)	n (%)			
Length in profession								
<1 year-2 years	6 (13.3)	Cost/insufficient	14 (33%)	9 (21%)	19 (45%)			
3-5 years	6 (13.3)	funding Bick of diversion	0 (100/)	0 (100/)	26 (620/)			
6-10 years	7 (15.6)	Risk of diversion	8 (19%)	8 (19%)	26 (62%)			
11-15 years	7 (15.6)	Court policy against its use	0	22 (52%)	20 (48%)			
>15 years	19	Lack of local	19 (45%)	9 (21%)	14 (33%)			
	(42.2)	providers		- (/ 0)				



Figure 3 Awareness of jail/prison policy to screen for opioid use disorder

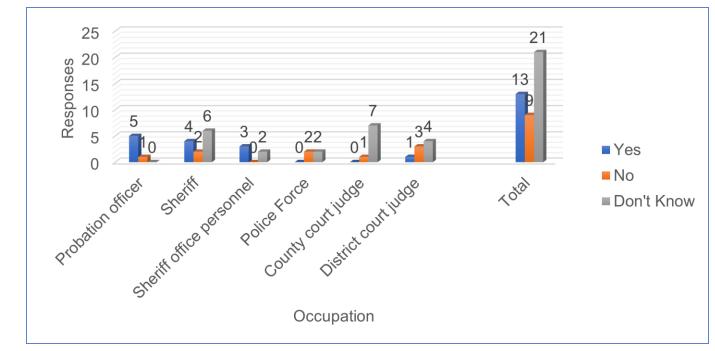
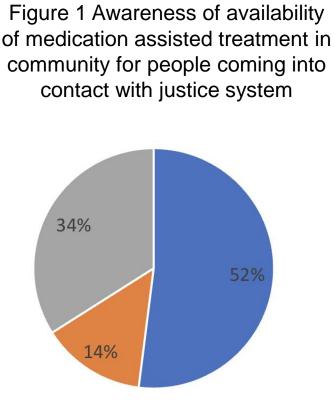


Table 2 Knowledge of opioid use disorder and medication assisted treatment

assisted treatment									
Question	N	Do not know	Correct	Incorrect					
		responses	responses	responses					
		n (%)	n (%)	n (%)	0				
Opioid addictions is a chronic disease.	45	2 (4.4)	34 (75.6)	9 (20.0)					
Heroin and prescription pain					1				
medications target the same area of	45	16 (35.6)	29 (64.4)	0 (0)					
the brain.									
Many people who become addicted					L				
to prescription pain medicine	45	8 (17.8)	32 (71.1)	5 (11.1)					
transition to using heroin.					0				
Medication assisted treatment is an					L				
effective method to treat opioid use	45	15 (33.3)	27 (60.0)	3 (6.7)					
disorder.					0				
With repeated opioid use, euphoria					L				
diminishes and eventually	45	10 (22.2)	35 (77.8)	0 (0)					
continued use is needed to "just feel normal".									
					1				
Medication assisted treatment with	43	25 (58.1)	14 (32.6)	4 (9.3)					
buprenorphine reduces relapse.			(02.0)		0				
MAT with buprenorphine helps		00 (50 0)	40 (00 4)	5 (44.4)	1				
reduce crime and re-incarceration.	44	23 (52.3)	16 (36.4)	5 (11.4)					
MAT with buprenorphine reduces or					1				
blocks the effects of heroin.	44	25 (56.8)	13 (29.5)	6 (13.6)					



Key Informant Interview Themes 13 total interviews

Frequency of reported contact with people with OUD varied by region, with participants in SE counties reporting higher frequency compared to those in the NE region Most expressed overall positive opinions regarding MAT Judges interviewed would consider using a deferred judgment if a person were to complete a MAT program Expressed a need to address methamphetamine and other drugs, along with treatment for OUD