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Community Correctional Agents' Views of Medication-Assisted Treatment: Examining their Influence on Treatment Referrals and Community Supervision Practices

Shannon Gwin Mitchell, PhD¹, Jennifer Willet, PhD², Laura B. Monico, MA¹, Amy James, PhD², Danielle S. Rudes, PhD³, Jill Viglioni, PhD⁴, Robert P. Schwartz, MD¹, Michael S. Gordon, DPA¹, and Peter D. Friedmann, MD, MPH^{5,6,7}

¹Friends Research Institute, Baltimore, MD, USA

²School of Social Work, University of Connecticut, West Hartford, CT, USA

³Center for Advancing Correctional Excellence, George Mason University, Fairfax, VA, USA

⁴University of Texas at San Antonio, San Antonio, TX, USA

⁵Veteran Affairs Medical Center, Providence, RI, USA

⁶Rhode Island Hospital, Providence, RI, USA

⁷Alpert Medical School of Brown University, Providence, RI, USA

Abstract

Background—Alcohol and opioid use disorders are common among adults under community supervision. While several medications (medication assisted treatment or MAT) are FDA-approved to treat such disorders, they are underutilized with this population despite established effectiveness at decreasing substance use. This paper examines how community correctional agents' understanding of addiction and views of MAT influence their professional actions regarding addiction medications.

Methods—A total of 118 semi-structured qualitative interviews were conducted with community correctional agents taking part in the CJ-DATS MATICCE implementation study across 20 parole/probation offices in nine US states. Using grounded theory methodology and an iterative analytic approach, issues of role perception, views of MAT, current treatment referral and community supervisions practices were explored.

Results—Agents often had limited autonomy to make direct treatment referrals, regardless of their views of MAT, as they were required to follow court orders and their organization's policies and procedures. Within some organizations community correctional agents held sufficient

Corresponding Author: Shannon Gwin Mitchell, PhD, Friends Research Institute, Inc.; 1040 Park Avenue, Suite 103, Baltimore, MD 21201-5633, USA. smitchell@friendsresearch.org.

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Mitchell, Willet, Monico and James contributed to all phases of data collection, analysis, and manuscript preparation. Rudes and Viglioni contributed to data analysis. Schwartz, Gordon, and Friedmann contributed to protocol study design. All authors assisted with manuscript revisions.

autonomy to make direct treatment referrals, with agents struggling to reconcile their desire to support their clients who needed MAT with concerns about the abuse potential of opioid agonist medications. Viewing MAT as a “treatment of last resort” was counterbalanced by the view that it was an effective evidence-based practice. Agents described how MAT impacted their ability to supervise clients and how their knowledge and understanding of MAT was directly influenced by watching their clients who were successful or unsuccessful on MAT. Even those agents who were more accepting of MAT were largely unsupportive of its long-term use.

Conclusions—Community correctional agents’ views of MAT were influenced by their understanding of addiction as well as their experiences supervising clients receiving treatment with medications, but whether or not MAT referrals were made was not always within their control.

Keywords

medication assisted treatment; methadone; buprenorphine; probation; parole; implementation

INTRODUCTION

Since the late 1990’s the rate of opioid use and its associated health problems, including overdose, have increased steadily in the US.¹ Persons who use drugs, including opioids, also comprise a significant proportion of the criminal justice population, despite recent movement towards the decriminalization of some drugs and the growing consensus that long prison sentences for minor drug offenses represent a misguided policy.² In fact, by the end of 2013, approximately 1 in 51 adults in the United States were under community supervision with 3,910,600 on probation and 853,200 on parole.³ Of those individuals on probation and parole, drug charges were the most serious offense for 25% of probationers and 32% of parolees. According to SAMHSA⁴ approximately 40% of male probationers and 38% of male parolees in 2012 were identified as having had an alcohol or drug use disorder in the past year, indicating a significant need for treatment among this population.

Counseling is commonly used for the treatment of drug use disorders, particularly for substances such as cocaine and cannabis, for which there are no medications currently approved. Treatment for opioid and alcohol use disorders, however, can also be treated with US Food and Drug Administration (FDA)-approved medications that are safe and effective, including disulfiram (Antabuse), acamprosate, and naltrexone (both oral and extended release injectable formulations) for alcohol use disorders, and methadone, buprenorphine, and both formulations of naltrexone for opioid use disorders. Collectively, when used for the treatment of substance use disorders, these medications are often referred to as either pharmacotherapy or medication assisted treatment (MAT).

Despite FDA-approval of these medications for the treatment of opioid dependence, strong evidence from randomized clinical trials demonstrating the effectiveness of both opioid agonist medications, (i.e., methadone⁵ and buprenorphine⁶) and the endorsement of their use in the US by the National Institute on Drug Abuse as well as international health organizations,^{1,7,8,9} these medications are still greatly underutilized in community correctional populations.^{10–12} This underuse is perplexing because pharmacotherapy for

opioid use disorders reduces opioid use and has been shown in past¹³ and more recent^{14,15} longitudinal studies to reduce crime.

While individuals who are being supervised in the community may have access to community treatment systems, whether community corrections systems make MAT available (i.e., via referrals to community-based treatment providers) to people on probation or parole is influenced by factors other than its general availability or affordability. Recent research has identified individual level barriers among community correctional agents that can prevent treatment referrals from occurring, including limited knowledge of, and stigmatizing beliefs toward, MAT and its effectiveness.^{16–18} Insufficient linkages between community corrections agencies and community-based MAT providers have also been identified as an organizational-level barrier to treatment referrals.¹⁶ The degree to which these barriers, if both present, may interact, influence, or override one another has not previously been explored.

CJDATS MATICCE study

The Medication Assisted Treatment Implementation in Community Correctional Environments (MATICCE) study¹⁶ was a multi-site cluster randomized study comparing two implementation strategies that addressed separate barriers to increasing access and referrals to MAT already available in the community.¹⁶ An organizational linkage intervention was used to target inter- and intra-organizational barriers that were specific to localized sites, and a training designed to improve knowledge, attitudes, and information about MAT was used to target community correctional agents, the individuals believed to be directly responsible for MAT referrals.

All MATICCE intervention sites received a standardized “Knowledge, Perceptions, and Information (KPI)” training that provided community correctional agents with: information regarding pharmacotherapy for alcohol and opioid dependence and the effects of medications on the brain, dispelling pharmacotherapy myths, and presenting the potential benefits and risks of providing such medications for people under community supervision.¹⁶ In addition, sites were randomized to implement an organizational linkage intervention designed to facilitate communication, understanding, and coordination among community corrections agencies and pharmacotherapy treatment providers in the community. This intervention was modeled on Project ACCESS which used organizational linkage to promote systems integration for homeless mentally ill adults.¹⁹ While the focus of the intervention was on the external organizational environment (i.e., the relationships across organizations), it also recognized that the organizational culture and its acceptance of pharmacotherapy, as well as the knowledge and views of pharmacotherapy among the individual agents, were important. For this reason the linkage intervention included components designed to build trust across public safety and drug treatment organizations.

The purpose of the present study was to examine the knowledge and attitudes of community correctional agents towards MAT, and to examine the barriers and facilitators associated with providing access to medications for adults under community supervision. IRB approval was obtained for each participating research site and its partnering criminal justice organization.

METHODS

Participants

A total of 118 community correctional agents across 20 parole and probation offices in nine different states completed a semi-structured qualitative interview for the CJ-DATS MATICCE project. Each office had at least 2 but no more than 4 agents and/or supervisors take part in the baseline interviews, depending on the size of the organization. The baseline sample included participants from both intervention and control sites, however only agents from intervention sites were interviewed again at follow-up, provided they were still employed with the agency. Purposive sampling was used to recruit from among those participants already consented for participation in the larger study, with a focus on obtaining a broad range of qualitative participants in terms of demographic characteristics (e.g., age, gender, and race) and supervisory-level. In order to decrease barriers to interview participation and ensure participants of the confidentiality of their responses, interviews were conducted in a private location at the participants' place of work, and they were assured that their responses would not be shared with their organization, that their names and other identifying information would be removed from the transcripts, and the recordings would be destroyed at the conclusion of the study.

The demographic make-up of this sample was mostly female (55.4%). The agents were 70.8% white, 18% African American, and 3% other race/ethnicity; and 19.8% of the agents were Hispanic. The mean age was 45.9 years, and participants had an average of 13.4 years of professional community corrections experience. The group had a high level of educational attainment with approximately a third reporting that they had completed a graduate degree. Prior to participating in the MATICCE study a quarter (25.3%) indicated that they had received no previous training in MAT.¹⁷

Semi-structured Interviews

Trained qualitative interviewers at each of the nine participating research centers conducted semi-structured interviews at baseline (in temporal proximity to the KPI training) and again at the conclusion of the one year implementation phase. Interview guides were developed by a cross-site team to compliment and supplement the quantitative data being collected for the study's aims, but also allow for more exploratory analysis of barriers and facilitators to the implementation of effective MAT referrals through community corrections settings. The interview guide focused on the respondents' personal and professional background, views and knowledge of MAT, perceptions of their organization and institutional acceptance of MAT, and current personal and organizational linkages with/referrals to MAT providers.

Data Analysis

Interviews were digitally recorded, transcribed, and checked for accuracy prior to loading into Atlas.ti.²⁰ Initial coding was conducted by each of the nine research centers on their own data set using a universal coding scheme created through an iterative consensus-building process. Each research center's data was then merged into a comprehensive cross-site database upon which secondary analyses were conducted by two of this paper's authors (SGM and JW), both of whom possess qualitative data analysis expertise. Grounded theory

methodology, a qualitative research approach that systematically analyzes data and inductively builds theory, was used in our secondary analyses.²¹ During the open coding phase, the investigators approached the data looking for themes associated with role perception (defined as whether they viewed their role from a largely custodial/enforcement or therapeutic framework), their views of MAT, and current referral practices. Sub-codes associated with these main themes were then compared to examine relationships. Views of the benefits of drug treatment, in general, were distinguished from views of MAT and examined using a systems perspective (i.e., individual, site, community corrections organization, and judicial levels) to better understand factors impacting MAT referrals and the relationship between views of MAT and community supervision practices.

RESULTS

Community correctional agents were generally familiar with methadone and buprenorphine as treatments for opioid use disorder and the views expressed throughout the interviews largely reflected their knowledge and perceptions regarding these two medications. Despite the fact that many agents had participated in the KPI training prior to completing their baseline interview, and all participants had completed the KPI training by the time their follow-up interview was conducted, few participants specifically mentioned things they had learned in the training. Very few agents knew about extended release naltrexone (Vivitrol), which was still a relatively new FDA-approved medication for the prevention of relapse for opioid use disorder at the time of the study. Although the MATICCE implementation study and the KPI trainings also focused on the utilization of medications for the treatment of alcohol use disorder, agents were largely unfamiliar with these medications and indicated that they were not commonly used at community treatment programs or with the general supervision population.

Agents' views of medications and providers

Views of role, recovery, and MAT—To understand how demographic characteristics might have aligned with community correctional agents' stated views and knowledge of MAT, we conducted a matrix analysis²² comparing those agents who espoused positive views of MAT or discussed making direct MAT referrals with those that did not. This comparative analysis revealed no discernable relationship between agents': work background (previous work as a police officer, background in the substance abuse treatment field, or length of time working as a community corrections agent), educational background (degrees in addictions, criminal justice, or counseling/social work), or personal background (having a personal or family history of substance abuse).

In general, agents who were more knowledgeable regarding MAT (describing the medications in terms of information consistent with evidence-based best practices and current literature) also held more favorable views regarding the use of methadone or buprenorphine for treating opioid use disorders. In addition, agents who understood their role to be one of assisting with clients' re-integration into the community, and who acknowledged the centrality of substance abuse treatment in achieving these aims, described MAT in more favorable terms. This did not mean that agents who endorsed more custodial

views regarding their role were not in favor of MAT. In fact, agents most often took a practical view of MAT by stating that they were in favor of anything that made their jobs “easier” - such as having clients that were more compliant with the conditions of their probation, less likely to test positive for drugs, and less likely to recidivate. However, agents that espoused a less therapeutic or supportive role orientation also tended to describe MAT in more derogatory terms, such as “substituting one drug for another,” a “crutch,” a “cheap high,” and a “cheap fix.” Even a cautious supporter of MAT who believed “*even unsuccessful people in the [drug treatment] programs leave with tools that can help them prevent their next relapse,*” viewed MAT with suspicion. He feared that MAT treatment programs were not “strict enough,” potentially leading to abuse of the medications.

Agents’ views of MAT also reflected personal beliefs about recovery and their level of understanding addiction as a disease. In fact, limited understanding of addiction or the benefits of MAT were prominent themes throughout many of the interviews. For example, some agents reported that their clients became “addicted to MAT,” that MAT was a drug substitution in which illicit drugs were replaced by medication, or that recovery was simply an individual choice to stop using substances. Even if MATs were an appropriate treatment option available in the community, these views could make it more difficult for MAT clients to remain compliant with their medications, or make MAT more difficult to access if agents were to dissuade their clients from using pharmacotherapy while on probation or parole. Furthermore, even those agents who were more accepting of methadone or buprenorphine for treating opioid use disorder were often not supportive of MAT as a maintenance medication and described it as ideally being used for detoxification or short-term stabilization. A community corrections agent who identified his own need for more education regarding drug treatment explained his opinions regarding MAT in his baseline interview:

I think that we should really focus on the fact that this [pharmacotherapy] should not be a lifestyle choice. This should be a temporary fix. This should be a crutch until they are completely drug free. I don’t support methadone as a lifetime-for lifetime usage, or Suboxone, or any of the other medications. I think that we should really work on these people being part of society without the drug rather than having to take it on a daily basis.

Appropriate MAT programs: which ones, when, and for whom—Community correctional agents often struggled with wanting to support their clients who needed methadone or buprenorphine and a mistrust of these medications, particularly methadone, due to their belief that the medication has abuse potential. Agents’ knowledge of the medications and local treatment providers often developed from discussions with, and observations of, their clients who were on community-based methadone or buprenorphine programs, rather than from formalized trainings. Because direct communication with treatment providers was often limited to client-specific compliance issues, agents would form impressions of the programs (e.g., “good” clinical care vs. “gas and go”) based on levels of client success and descriptions of the clinical oversight in the programs by clients and colleagues.

Among some agents there was a struggle to reconcile a belief that MAT was a “treatment of last resort” and that it was an evidence-based practice that was a suitable and effective treatment for opiate dependent clients. Indeed, even agents who reported positive views of MAT often believed methadone or buprenorphine were only suitable for people who had failed counseling-based treatment programs multiple times. Other agents supported MAT as an evidence-based practice that should be utilized whenever necessary for the client. One female agent described the histories of abandonment, abuse, and trauma among the people she supervised and stated that more training was needed to highlight the connection between MAT and working through her clients’ complex needs.

Drug treatment referrals and community supervision

External and internal factors impacting drug treatment referrals—A thorough analysis of MAT referral processes across study sites revealed factors largely outside of agents’ control, including mandates set forth by judges, agents’ departmental guidelines, and agreements with assessment agencies or specialized units. Agents had to ensure that clients adhered to treatment mandates set forth by judges, sometimes with specific instructions with regards to modality. Agents reported that these judges also likely lacked an understanding of addiction, in general, and MAT, specifically. For example, when discussing the possibility of increasing MAT agency-wide, a community corrections agent who supported MAT, largely due to successes by his clients who were on MAT, said in his baseline interview:

It has to be kind of a concept taken from the top to the bottom and, whereas, I’m next to the bottom. So, the judges should communicate or, I guess, the agencies should communicate with the judges to let them know what there is and what’s available.

Regardless of the agent’s pro-MAT viewpoint, the actions he could take were limited to what judges mandated. This representative quote also identifies the impact of community corrections organizations’ policies on both the types of recommendations made by judges, as well as the agents’ treatment recommendations for alcohol or drug-dependent clients. These organization-wide recommendations could go either way, taking either a positive or negative stance towards MAT. For example, a community corrections agent at one site said that reintegration was stipulated as part of the job, with departmental and political attitudes favoring supportive re-entry, managers supporting therapeutic options, and that agents were trained in these options. In his baseline interview he stated:

It is my job to make sure that is being done. Providing them with different resources in the community.....employment services, counseling, whatever is necessary to reintegrate them into the community so that they are successful to stay out. So giving them some skills with the best that we can and with what we have.

This agent, a former police officer, was pro-MAT and regarded referring to MAT, supervising someone on MAT, and holding a more therapeutic and supportive orientation as a normal part of his job. In contrast, another community corrections site was described as not being open to treatment organizationally, and with individual agents also not open to referring to, and supervising clients on, MAT. A community correctional agent from this site explained that he was opposed to MAT because “*our facility is zero tolerance,*” indicating

that the agency conflated MAT with illicit alcohol and drug use and did not support MAT as a treatment, nor did it view relapse as an expected, tolerable aspect of recovery.

Adding to the complexity of MAT referrals for people on probation or parole, some organizations referred clients to a specialized substance abuse assessment department (either an external organization or a separate unit) rather than having the agents make direct treatment referrals. In these systems, direct treatment referral was effectively removed from agents' responsibility. In other systems, community correctional agents *did* possess sufficient autonomy to make direct treatment referrals for clients, including referrals to MAT programs. In such cases, individual views regarding MAT, or perceptions regarding the quality of specific treatment programs could impact referral practices. Still, agents in some sites mentioned having clients that had self-referred to a community MAT provider and had bypassed the screening and assessment process all together. In these cases, how agents supervised these recent treatment entry cases became more important than the referral process or path.

Community supervision and MAT—Regardless of whether agents ascribed to implementing evidence-based practice or had any control over which type of drug treatment program their clients attended, the main focus of their job was to supervise clients on probation or parole, and their knowledge of MAT often impacted how they fulfilled that role. In a rather circular manner, views regarding supervising clients on MAT also seemed to be impacted by the agents' previous experiences with clients on MAT (e.g., having clients who were successful on MAT meant the agent also tended to describe MAT as being an effective or helpful form of treatment). These community supervision experiences encompassed both positive and negative examples in our data. For example, a community corrections agent explained in her baseline interview the process by which she began to support MAT over the course of her career.

My personal view and professional view is pretty much the same on it and it has changed from a fairly negative one to a pretty positive one... Hearing from clients that they not only like a medication but then that it helps them stay abstinent from the illegal drug is pretty convincing.

In contrast, the negative views of MAT held by an agent from a different site apparently stemmed from, or were reinforced by, negative experiences supervising clients on MAT. He explained in his baseline interview:

I find that my clients use it as a crutch, and they end up snorting it or injecting it, just the way they would with the other medication... and it doesn't seem like it's very much help, although I have not done enough research to know for sure. I'm just saying that because of what I've seen with my clients, but I don't agree with it.

Perhaps agents holding positive or negative views of MAT may have also succumbed to a confirmation bias, focusing on those clients' MAT experiences that reinforced their pre-existing views. However, as MAT grows in availability in the community, and as departments and judges increase the utilization of such treatments for people on probation or parole with opioid use disorders, agents will need to better understand MAT and recognize

the difference between treatment non-compliance and “bad programs” in order for them to successfully perform their duties.

DISCUSSION

Over forty years after the first reports of using disulfiram to treat alcohol dependence and methadone to treat opioid dependence,²³ FDA-approved medications remain infrequently used to treat people with opioid use disorders in the US¹, particularly those involved with the criminal justice system.^{16,24,25} This treatment gap persists despite evidence showing the benefits of MAT during and after incarceration²⁶ and the expanded availability of such medication through Medicaid.²⁷ The present study, a qualitative examination of community correctional agents' views of the use of medications (mostly opioid agonists) for addiction treatment, and current referral and community supervision practices, sheds some light on the disconnect between clinical drug treatment best practices and research findings on one hand and the referral practices on the other.

Community correctional agents expressed diverse levels of knowledge regarding methadone and buprenorphine, however these views did not necessarily align with their professional, educational, or personal backgrounds. While agents with a more therapeutic and supportive view of their role in conducting community supervision tended to have more favorable views of drug treatment, such views did not always extend to the use of MAT, or to the use of opioid agonist medications beyond detoxification or short-term stabilization. These findings support those of Csete and Catania,²⁸ who also found personnel preferences related to premature tapering and treatment discontinuation of methadone for individuals under drug court supervision. Probably unbeknownst to the agents, these practices increase the risk of relapse and overdose death among those who leave treatment prematurely relative to those who remain in treatment,²⁹ as well as in the period following detoxification.^{30,31} While the KPI training completed by all study participants included information regarding the use of FDA-approved medications for treating opioid and alcohol use disorders, the benefits of long term treatment and the risks of premature tapering off the medications may have been insufficient to dispel the participants' personal beliefs.

Agents often drew their own conclusions regarding the effectiveness of medications or specific treatment programs from their impressions of the relative successes of current and former clients. While methadone and buprenorphine are effective in decreasing or eliminating opioid use, these medications do not treat non-opioid use (e.g., cocaine or cannabis), which clients may continue to use despite opioid agonist treatment.^{32,33} Providing community correctional agents with a better understanding of MAT and the treatment process may help them better distinguish between unsuccessful clients and unsuccessful programs.

In many cases, the agent's knowledge or views regarding MAT were not likely to influence whether or not a treatment referral to MAT was made for clients with an opioid use disorder. This may not be surprising given the growing caseloads and workloads faced by community correctional agents, the limited resources available to many community corrections agencies, at the fact that the conditions of parole or probation are instituted by people outside of

community corrections (e.g., judges, legislators) and they may not be realistic or based on research.^{34,35} Community correctional agents reported a complex intra- and inter-organizational referral structure, often including the courts, their organization's preferences, and the inclusion of an external assessment and referral unit or organization, that influenced whether or not clients with opioid use disorder would be referred to MAT. Such findings point to the appropriateness of organizational-level implementation efforts, such as the ones examined in the CJ-DATS MATICCE study, as simply providing information regarding the utility of MAT to agents would likely have limited impact on existing referral practices. Providing further guidance regarding the appropriate use and availability of MAT to the courts and to community corrections organizations could do more to enhance referral practices than would an individual level intervention. Such efforts have been underway by the National Judicial College (<http://www.judges.org/>) and TASC (Treatment Alternatives for Safer Communities; <http://www2.tasc.org/>).

There was, however, some indication that in the absence of a structure and clear messages regarding the acceptability and appropriateness of MAT, personal beliefs and biases drove the community correctional agents' behaviors. This insight helps to broaden the understanding of why, even when the knowledge and perceptions of community corrections professionals has changed to support evidenced-based practices such as MAT¹⁷ their subsequent behaviors do not always reflect these changes. Agencies considering the adoption of MAT as a method of supporting those with histories of addiction may be advised to put structures in place that will help to ensure that appropriate clients receive MAT through standardized assessment and referral processes. Clear decision making rubrics and trees, or the utilization of online screenings (e.g., <http://www.methadone.us/methadone-assessment>), are needed to counter the other factors that influence individuals under community supervision receiving treatment, including MAT.

Regardless of the agents' role in providing direct treatment referrals, all agents discussed ways in which they understood addiction and treatment and how it impacted their community supervision work. Having a knowledgeable foundation regarding the disease of addiction and how MAT is most effectively provided may enable agents to better help their clients with opioid and alcohol use disorders and ensure that their supervisory behaviors do not impede or interfere with the process. Findings point to two areas of emphasis with community correctional agents: 1) that client outcomes are likely to improve with the proper use of MAT, and 2) that effective treatment for their clients can make their jobs easier. Ultimately, individuals under criminal justice supervision should have equal access to medications available in the community through local providers, compared to those not under supervision, in order to bring these evidence-based treatments to scale.

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