PROJECT INFORMATION

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Helping People with Opioid Use Disorders Avoid Relapses after Leaving Jail

Principal investigator

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Organization

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What was the research about?

Opioid use disorder, or OUD, is a pattern of using opioids, such as prescription medicines or heroin, that can lead to addiction or overdose. In 2018, about 128 Americans died every day from an opioid overdose. OUD is common among people entering jail.

In this study, the research team wanted to learn whether starting treatment with naltrexone before leaving jail or receiving referrals for treatment after leaving jail helped reduce rates of OUD relapse. Naltrexone is a medicine that blocks the effects of opioids, reduces opioid cravings, and prevents relapse and overdose deaths. A full course is four shots with four weeks between each shot.

What were the results?

Only 21 of the 86 people in the study remained on naltrexone after three months. As a result, the research team can't be sure whether starting treatment before or after leaving jail was more effective in reducing relapse rates.

Overall, relapse rates didn't differ between people who started treatment before leaving jail and those who received referrals for treatment. People who started treatment before their release were more likely to go back to jail within three months than those who got referrals.

Who was in the study?

The study started with 146 people in the Philadelphia County jail. Of these, 53 percent were white, 25 percent were Hispanic, and 20 percent were black. The average age was 37, and 73 percent were men.

Because of uncertainty about release dates, 60 people dropped out of the study before receiving treatment or referrals.

What did the research team do?

The research team assigned people in the study by chance to one of two groups. One group got their first naltrexone shot before leaving jail. The other group received referrals to get their first shot at the study's partner clinic after leaving jail. The team offered both groups monthly follow-up shots and weekly group therapy and one-on-one counseling sessions. These sessions included education about addiction, ways to prevent relapse, and ways to deal with negative emotions.

At follow-up appointments, people in the study took urine drug tests and completed surveys on whether they had relapsed. Because many people didn't attend their appointments, the research team created a phone survey to collect more relapse data. The team used these data to confirm whether 63 people had relapsed.

People who had been in jail, clinicians, and government officials helped design the study and advised the research team.

What were the limits of the study?

Fewer people enrolled in the study than planned and the dropout rate was high. These factors limited the research team's ability to see differences between the groups.

Future research could look into ways to help people with OUDs continue treatment after leaving jail.

To learn more about this project, visit www.pcori.org/Woody330.

How can people use the results?

Criminal justice systems could look at these results when considering ways to treat OUD among people who are leaving jail.