

Barriers to Medication-Assisted Treatment (MAT) and Sustained Recovery for Opioid Use Disorder in Incarcerated Individuals and Community Recovery Centers

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Background and Hypothesis

Opioid use disorder (OUD) affects millions of Americans and is responsible for thousands of deaths annually in the United States. Although medication-assisted treatment (MAT) is considered first-line treatment for OUD by many, only about 1 in 5 individuals with OUD in the US receive it. Nationwide, approximately 3.7% of people carry an OUD diagnosis, while a disproportionate number of incarcerated individuals, up to 15-20%, carry an OUD diagnosis. The purpose of the present research is to explore the barriers individuals with OUD encounter when accessing MAT and to examine how those barriers differ between incarcerated individuals and those in community-based recovery.

Experimental Design or Project Methods

Participants enrolled in Indiana's IRACS program based on peer recovery coaches regularly meeting with inmates in the jail with a handoff to an outside peer recovery team on release were given a cross-sectional survey. They rated six barriers – financial, housing, geographic, stigma, continued care, access, and social support – on a 4-point Likert scale based on how much each barrier made accessing MAT difficult.

Results

Social support (mean = 2.29 ± 1.07) and stigma (mean = 2.23 ± 1.00) emerged as the most significant barriers, while geographic (mean = 1.67 ± 0.87) and financial (mean = 1.68 ± 0.88) barriers were rated lowest. Age was significantly associated with housing instability, with the 30–49 age group reporting the greatest difficulty (mean = 2.37 ± 1.11 , $p = 0.006$).

Conclusions and Future Directions

Findings highlight social support and stigma as key barriers to MAT access among incarcerated populations, which varies compared to other studies. The role of the IRACS team is an unknown variable. Future work will involve extending the study to individuals in community recovery centers to compare the relative impact of these barriers across populations and inform targeted intervention strategies.