
Title registration for a systematic review: Effects of opioid-specific medication assisted therapies on criminal justice and overdose outcomes

Catherine Strange, Sarah M. Manchak, Cory Haberman,
Jordan M. Hyatt, Alisha Desai

Submitted to the Coordinating Group of:

Crime and Justice

Education

Disability

International Development

Nutrition

Food Security

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Methods

Knowledge Translation and
Implementation

Business and Management

Other:

Plans to co-register:

No

Yes Cochrane Other

Maybe

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Title of the review

Effect of opioid-specific medication assisted treatment on criminal justice and overdose outcomes

Background

Opioids have become increasingly available worldwide and pose some of the most serious health consequences, as compared to other types of drugs (United Nations Office on Drugs & Crime, 2015). Approximately 15 million people around the world have an opioid dependence, and almost 70,000 people die each year from an opioid overdose (World Health Organization [WHO], 2014). Because so many people with opioid addiction often also come in contact with the criminal justice system, (European Monitoring Centre on Drugs and Drug Addiction [EMCDDA], 2012; Winkelman, Chang, & Binswanger, 2018), criminal justice agencies are increasingly faced with a responsibility to treat and manage this public health concern. To this end, policy recommendations (WHO, 2009) place emphasis on the use of medication-assisted treatments (MAT) as a front-line defense among correctional populations, because its efficacy and effectiveness has been well-established in other contexts (Belenko, Hiller, & Hamilton, 2013; Koehler, Humphreys, Akoensi, Sánchez de Ribera, & Lösel, 2014). Although correctional agencies are chiefly concerned with criminal justice outcomes, they also shoulder the burden of preventing future overdose. As such, it is necessary to examine MAT is effective at reducing both types of outcomes among criminal justice populations.

Policy relevance

Although criminal justice agencies have always shouldered some of the burden for managing offender safety, physical and mental health, and addiction, they have been particularly overwhelmed by the recent opioid epidemic. Despite policy recommendations to implement the use of evidence-based MAT for opioid users in criminal justice settings (WHO, 2009) agencies have been reluctant or slow to do so (Friedman et al., 2012; Matusow et al., 2013; Parrino et al., 2015). Many factors may contribute to the poor uptake of this particular approach for managing and treating opioid addiction. It is possible that practitioners may question the utility for MAT to impact public safety outcomes—the chief policy concern of the criminal justice system. Moreover, there may be confusion and/or hesitation among correctional practitioners about their responsibility to administer an intervention that traditionally falls under the purview of health care providers. A rigorous and systematic synthesis of the evidence-base on the effectiveness of MAT for improving public safety will allow criminal justice agencies to make informed decisions about policy, practice, and the allocation of resources. In light of the range of MAT options currently available, the pressing

need for methodologically robust results and changes to the underlying legal and public health landscape, an updated and complete review is particularly policy relevant today.

Objectives

1. Do opioid-specific medication-assisted therapies reduce the frequency or likelihood of criminal justice outcomes, as defined by official indices or self-reported criminal conviction or re-arrest, revocation of community supervision, mandated treatment failure, and specialized court docket failure?
 2. Do opioid-specific medication-assisted therapies reduce the frequency of opioid overdose among individuals with current or prior criminal justice system involvement?
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Existing reviews

This systematic review is an update and modification of a 2009 Campbell Systematic Review entitled “Effects of Drug Substitution Programs on Offending among Drug-Addicts” (Egli, Pina, Christensen, Aebi, & Killias). Although the authors of this review reported the intent to publish an update every five years, no update has yet been published. To the current authors’ knowledge, an update is also not currently in progress or planned. As nearly ten years of research has amassed on this topic, particularly during the height of the “opioid epidemic”, it is necessary to update this review. Further, this review is far more comprehensive in focus than any reviews on the topic performed to date, because it includes multiple outcomes observed among criminal justice samples and incorporates studies on a variety of pharmacological interventions for opioid use—some of which are quite new.

Intervention

The intervention being examined in this systematic review is Medication Assisted Treatment (MAT) specific to opioid addiction. This includes partial and full opioid agonists and opioid antagonists; specifically, the medications examined are methadone, buprenorphine, and naltrexone. Comparison groups may either receive Treatment as Usual (TAU), no MAT treatment but other clinical services, or some alternative pharmacological or social-psychological intervention other than an opioid agonist, partial agonist or antagonist. Because these medications, their dosage, delivery, and side effect management are all medical concerns, the administration of MAT services is typically delivered by a licensed medical doctor, nurse, or nurse practitioner.

Population

Criminal justice outcomes will be observed among individuals who use opioids. Additionally, overdose outcomes will be examined for individuals who have current or past criminal justice

system involvement. Participants across all age ranges (juvenile through adult), races, genders, and ethnicities are included.

Outcomes

Like the original review, the present review focuses criminal re-offending, operationalized as official indices or self-reported criminal reconviction or re-arrest. The present review extends previous work to also include official indices and self-reported other criminal justice outcomes including revocation of community supervision, mandated treatment failure, and specialized court docket failure—after a period of MAT services. Finally, this review also includes the addition of overdose, re-overdose, and measures of drug usage, including positive urinalysis results of self-reported relapse, as an outcome.

Study designs

Studies meeting level 4 or higher on the scale developed by Sherman et al. (1997) are included in the current review. In line with the most recent review update (Egli et al., 2009), pre-post studies have been included as well. According to Egli et al. (2009), “Such studies are useful in the present context because changes in offending are often substantial compared to pre-treatment levels, while comparisons of treatment with several substances often show modest differences” (p.11).

Thus, the following types of studies are included in the current review: Single-group pre/post studies, multi-group comparison studies (including true experimental or quasi-experimental), and macro-level studies that measure the impact of a MAT program on macro-level crime outcomes (using police, court or survey data).

Qualitative studies are not included in the original or current review.

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Review authors

Lead review author:

Name: Catherine Strange

Title: Doctoral Candidate

Affiliation: University of Cincinnati

Address: 660 Dyer Hall, PO Box 210389
School of Criminal Justice
University of Cincinnati

City, State, Province or County: Cincinnati, OH

Post code: 45221

Country: USA

Email: strangcc@mail.uc.edu

Co-authors:

Name: Sarah M Manchak

Title: Associate Professor

Affiliation: University of Cincinnati

Address: 660-MA Dyer Hall, PO Box 210389
School of Criminal Justice
University of Cincinnati

City, State, Province or County: Cincinnati, OH

Post code: 45221

Country: USA

Phone: 513-556-1782

Email: manchash@uc.edu

Name: Cory Haberman

Title: Assistant Professor

Affiliation: University of Cincinnati

Address: 660-H Dyer Hall, PO Box 210389
School of Criminal Justice
University of Cincinnati

City, State, Province or County:
Cincinnati, OH

Post code: 45221

Country: USA

Phone: (513) 556-5831

Email: habermcy@uc.edu

Name: Jordan M. Hyatt

Title: Assistant Professor

Affiliation: Drexel University

Address: 3141 Chestnut Street

City, State, Province or County:
Philadelphia, PA

Post code: 19104

Country: USA

Phone: (215) 895-0490

Email: jhyatt@drexel.edu

Name: Alisha Desai

Title: Doctoral Candidate

Affiliation: Drexel University

Address: 3141 Chestnut Street

City, State, Province or County:
Philadelphia, PA

Post code: 19104

Country: USA

Email: ad3375@drexel.edu

Roles and responsibilities

Give a brief description of content and methodological expertise within the review team. It is recommended to have at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise.

Please note that this is the *recommended optimal* review team composition.

- Content: Clare Strange has experience with program evaluation on interventions geared toward criminal justice populations. Dr. Sarah Manchak has been conducting research on populations with addiction for nearly two decades and has served as an external evaluator for several SAMHSA and BJA-funded service delivery grants that

include the provision of MAT to people with opioid addiction. Dr. Haberman has conducted a number of studies examining overdose and crime as outcomes. Alisha Desai has served as a research assistant on NIDA-funded clinical trials investigating MAT for opioid addiction and continues to conduct independent research on substance abuse and criminal justice populations. Dr. Hyatt has completed several MAT-related projects, with a focus on correctional population. Generally, Drs. Manchak, Haberman and Hyatt have experience working with criminal justice and overdose outcomes in their roles as PIs on investigator-initiated studies and as external/independent evaluators for programs and interventions for offending and substance-abusing populations.

- **Systematic review methods:** Dr. Hyatt has been involved three previous systematic reviews, two focused on community supervision and another on research design. Ms. Desai has conducted prior systematic reviews of MAT-related substance abuse outcomes. Although the other authors are new to conducting a systematic review, all members of the team have taken steps to familiarize themselves with current best practices in the methods
- **Statistical analysis:** The authors have significant experience with a variety of methodological techniques and research designs, conducting numerous experimental, quasi-experimental, and pre-post studies across a number of applied settings. Through these experiences, the authors have accumulated a wealth of statistical expertise and knowledge and facility with a variety of analytic techniques and statistical software packages, including SPSS, STATA, and R.
- **Information retrieval:** Dr. Haberman and Ms. Strange have both completed a university-sponsored training on systematic reviews with a specific focus on search strategies and information retrieval across a variety of publication databases. The authors also have access to free consultation and assistance with literature database querying and management via the University of Cincinnati's Medical School Library which specializes in assisting with the design and execution of systematic reviews.

Funding

There is currently no funding for this project.

Potential conflicts of interest

Please refer to the COI form for Dr. Hyatt. He has conducted one study that could potentially be included in this review. The team has taken steps to ensure that he is not involved in the decision-making concerning its inclusion or exclusion.

Preliminary timeframe

Note, if the protocol or review is not submitted within six months and 18 months of title registration, respectively, the review area is opened up for other authors.

- Date you plan to submit a draft protocol: 15 October 2018
- Date you plan to submit a draft review: 30 April 2019