

Women in criminal justice system less likely to receive treatment for opioid use

19 May 2020, by Jake Lowary



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Pregnant women involved in the criminal justice system are disproportionately not receiving medications for opioid use disorder, as compared to their peers, according to a Vanderbilt-led study published today in *PLOS Medicine*.

Researchers from Monroe Carell Jr. Children's Hospital at Vanderbilt and the Hennepin Healthcare Research Institute in Minneapolis analyzed data from the nation's treatment facilities and found that [women](#) referred for treatment by a criminal justice agency were half as likely to get evidence-based treatment.

"Medications for [opioid use disorder](#) save lives and improve pregnancy outcomes, but many [pregnant women](#) are not getting them," said senior author Stephen Patrick, MD, a neonatologist at Monroe Carell Jr. Children's Hospital at Vanderbilt and director of the Center for Child Health Policy.

"While policymakers have paid substantial attention to the [opioid](#) crisis, there has been little focus on pregnant women and even less toward pregnant women involved in the [criminal justice system](#). There is an urgent need for well-funded,

cross-sector approaches to improve outcomes for mothers and infants affected by the opioid crisis," he said.

Opioid use disorder (OUD) has increased in pregnant women by 400% over the last 25 years, according to the study. Between 1999 and 2017, overdose deaths increased 260%. Medication for opioid use disorder has become a standard of care, but just 50% of pregnant women receive such treatment, the study said.

Nearly 1 in 5 pregnant women with OUD are referred for treatment through a criminal justice agency, such as a court, probation or parole program.

"Pregnant women referred to opioid treatment from criminal justice agencies are less likely to receive first-line treatment with [medication](#)," said lead author Tyler Winkelman, MD, a primary care physician and co-director of the Health, Homelessness, and Criminal Justice Lab at Hennepin Healthcare Research Institute in Minneapolis.

The study also compared treatment rates in states that expanded Medicaid programs under the Affordable Care Act (ACA) and those that did not.

The rate of medications like buprenorphine and methadone were consistent between 2011 and 2013 in expansion states, and then increased by 68% between 2015 and 2017.

Medication rates in non-expansion states did not increase substantially after the ACA was implemented.

"Medicaid expansion was associated with substantial improvements in rates of medications for opioid use disorder and is an important tool to improve access to treatment for this vulnerable population," Winkelman said.

Based on these findings, the researchers recommend closer collaboration between criminal [justice](#) and public health agencies to improve access to medications for opioid use disorder. Expanding Medicaid programs could also help connect pregnant women to effective treatment, they said.

More information: Tyler N. A. Winkelman et al, Medications for opioid use disorder among pregnant women referred by criminal justice agencies before and after Medicaid expansion: A retrospective study of admissions to treatment centers in the United States, *PLOS Medicine* (2020). [DOI: 10.1371/journal.pmed.1003119](https://doi.org/10.1371/journal.pmed.1003119)

Provided by Vanderbilt University Medical Center

APA citation: Women in criminal justice system less likely to receive treatment for opioid use (2020, May 19) retrieved 6 July 2022 from <https://medicalxpress.com/news/2020-05-women-criminal-justice-treatment-opioid.html>

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