

MOUD Diversion

Research question	Sample	Methods	Analysis
What do jail staff believe about buprenorphine diversion and key strategies used to detect and prevent diversion?	61 staff members from seven Massachusetts jails  Purposive sampling to enroll three groups: 1) clinical staff 2) correctional officers 3) senior administrators	Dec. 2019 – Jan. 2020 Semi-structured focus groups or 1:1 in-person interviews. Implementation framework informed interview guides.	Codebook used a priori codes refined using iterative coding and constant comparative methods. Six staff in three dyads coded transcripts independently and discussed discrepancies. Themes identified inductively. Entire research team reviewed results with collaborators from jails.

Implementation changed perceptions of MOUD and its risk for diversion

"If there's access to medication, why would somebody go to the lengths or pay those prices...it's actually a smart idea, 'cause if you cut down on the illicit you can cut down on the violence, you can cut down on all sorts of negative behavior, and I thought it was two birds with one stone."

Diversion prevention strategies are essential

Distinguish between different reasons for diversion:

Strong-arming most common, but good protocols reduced strong-arming. Strong protocols take the burden off patients: "Word got out there's no way to divert."

Use comprehensive and routinized but flexible dosing protocols:

"Residents weren't believing inmates who said they couldn't bring it back. But now you have 6 or 10 guys from one unit coming down here for Suboxone, and every one of them comes back saying, "You can't do it. You can't bring it back."

Communicate with and educate patients:

When patients understood that their attempts at self-dosing were likely making their problems worse, or making them feel sicker, it helped reduce diversion.

Provide sufficient staff to patient ration and train staff:

Using the same staff for various jobs allows them to develop the knowledge and expertise to recognize and understand diversion attempts versus other actions that might be misconstrued as diversion attempts.

Conduct routine surveillance:

"We test people who are currently involved in MAT to make sure that the medicine we give them is in their system..."

Recommendations for successful MOUD treatment in jail

Acknowledge how the MOUD program has changed the narrative: Share with stakeholder impact of MOUD program on diversion. Explain that MOUD diversion is uncommon and preventable.

Use collaborative "work in progress" approaches: Explain importance of education on reducing diversion. Frame MOUD program as opportunity for "plan, do, study, act."

Harness the creativity of staff: Enable staff to refine existing diversion protocols and co-create new ones.

Define terms, challenge assumptions: Distinguish between different types of diversion. Measure diversion and assess how often it happens, why, how, in what contexts, and with what impacts. Conduct research to assess how implementation of MOUD program impacts diversion.

Focus on creating therapeutic treatment environment: Develop written policies on the consequences of diversion. Explore additional ways to implement principles of effective treatment for opioid use disorder in correctional settings.