



The Opioid Crisis Among 5-Key Model Study Participants

RESEARCH REPORT



WEI's work originated at major academic institutions, including Washington University in St Louis and Florida State University. We continue to build on these academic and data-driven approaches, with a strengthened emphasis on the translation and delivery of scientific findings to the people doing the day-to-day hard work – including practitioners, advocates, policymakers, businesses, government and nongovernment institutions.

We want our historical work to be as accessible as our work going forward. These compendiums are a resource to the work our team has done in the past and have maintained their origin affiliations as reference with appropriate crediting of where the work began.

THE OPIOID CRISIS

Among Individuals Who Have Experienced Incarceration In FL, KY, PA & TX

TRENDS & POLICY RECOMMENDATIONS FOR POLICY STAKEHOLDERS

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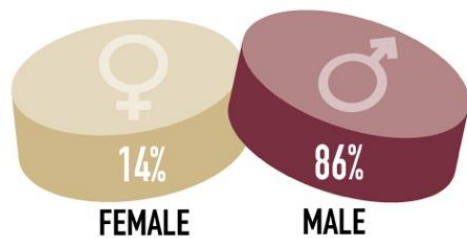
Despite incarceration history, [opioid overdose deaths have increased dramatically since 2015](#); in Florida, Kentucky, Pennsylvania and Texas, nearly 70% of drug overdose deaths involved opioids in 2018.



This brief provides early findings on opioid use among individuals with incarceration histories in Florida, Kentucky, Texas and Pennsylvania.¹

Opioid use prior to incarceration

IDENTIFIED GENDER OF OPIOID USERS

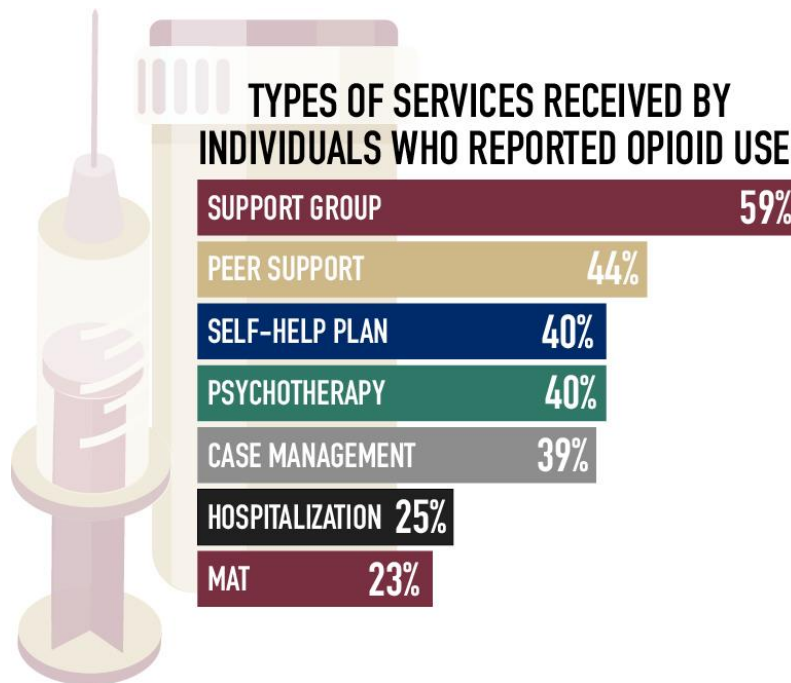
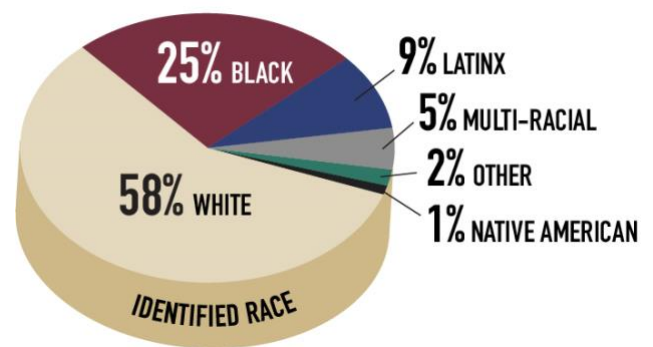


37% of study participants had used opioids 3 or more times prior to their incarceration.

They were, on average,

20 years old when they first used opioids – although the age of first use ranged from 6-55 years old.

PERCENT OF OPIOID USERS BY RACE



70% reported that they needed help for substance use in their lifetime.

69% reported that they had received help for substance use in their lifetime.

Despite medication-assisted therapy (MAT) being identified as the gold standard for treating opioid disorders, few study participants reported receiving MAT.



¹ **How data were collected for the current analysis:** We recruited 1,543 participants into the 5-Key Model for Reentry study from prisons in FL, KY, TX and PA. We conduct multiple interviews with participants, the first of which occurs during incarceration. Then we interview participants soon after they release from prison (48 hours to 3 weeks) and again at 4 months and 8 months post-release. You can learn more the overall 5-Key Model study methodology [here](#), how the 5-Key Model was developed [here](#), and access additional research reports [here](#).

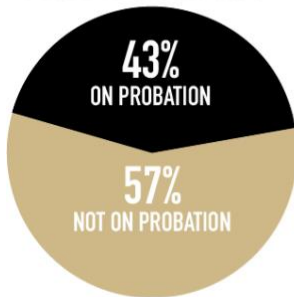
Opioid use after release from incarceration

Within a few weeks of returning home from incarceration, only 1.7% reported using opioids. However, that trend does not hold.

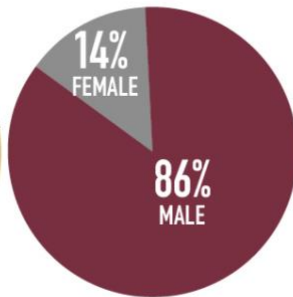
By 8 months post-release there is a **424% increase in reports of opioid use** indicating that reentry is a high-risk period for individuals who use opioids.

THOSE WHO REPORTED USE AT 8 MONTHS BY

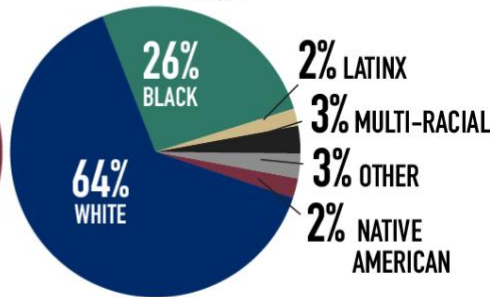
PROBATION STATUS



GENDER



RACE



The majority of people who reentered communities and used opioids were no longer under correctional supervision.

Policy Recommendations based on Evidence-Based Practices

Following the [Opioid Use Disorder Cascades of Care Model](#)

SCREENING

- Screen for opioid use at entry into incarceration
- Screen for opioid use at exit from incarceration

LINKAGE FOR PREVENTION OR TREATMENT

- Refer individuals who are using opioids to prevention resources
- Ensure treatment providers in correctional facilities can provide medication assisted treatment (MAT) to individuals who use opioids
- Ensure community providers have the capacity to provide MAT to individuals who use opioids with incarceration histories (regardless of probation status)

INITIATION

- Provide prevention resources or MAT to individuals during incarceration
- Provide prevention resources or MAT to individuals after incarceration (regardless of probation status)

RETENTION

- Train probation officers in motivation and retention strategies for those requiring prevention resources or who are in treatment for opioid use disorders
- Train prevention services and treatment providers on motivation and retention strategies for those with histories of incarceration despite probation status