Incarcerated Individuals Preferences for MAT

Background: In 2016, RI Department of Corrections implemented a comprehensive statewide program providing incarcerated individuals with access to all three medications for opioid use disorder. This natural experiment lent itself to a range of research opportunities.

Research interests: MOUD type preference, community-based MOUD experience, MOUD service preferences, MOUD provision preferences, medication attitudes and MOUD stigma.

Method: 40 semi-structured interviews. Inductive coding and thematic analysis.	**Stratified sample:** 50% (n = 20) methadone, 48% (n = 19) sublingual buprenorphine, 3% (n=1) = depot naltrexone. Half started treatment in community. Half started while incarcerated. Mostly male (70%; n = 28) and white (83%; n = 33).
Nearly all expressed a preference.	*"You have to have the right mindset and it has to be the right substance replacement for you."*
Structure of MOUD programs in the community was one of the most predominant factors in medication preference.	**Buprenorphine preference:** *"I don't like methadone because I don't like showing up every day. I just don't."* **Methadone preference**: *"I was on [buprenorphine]…my mind frame wasn't strong enough to just take the one every day like I needed.…I was getting the suboxone, and I was selling it to get fentanyl to get high. Now I'm going to do methadone, when I leave, I have never been on methadone in the community. But now I'm going to try it. I've got to go every day to get it. I can't take it home. I can't do nothing with it."*
How a medicine was administered also mattered.	**Disliked the taste of buprenorphine or aversions to injections? Methadone was preferred.** *"I don't like the taste, and I was done with needles, so unfortunately, I got stuck with methadone."*
How people felt on the medications and their symptoms also mattered.	**Certain medications occasionally made participants sick, particularly nauseous** (*"I like methadone better because suboxone makes me nauseous. Methadone don't."*) **or tired** (*"[methadone] had me down, sleepy. For two days I was really down."*) **Some medications are more effective than others** (*"I tried Suboxone like multiple times throughout my addiction, but it was really just—it didn't seem to work with the cravings as well as methadone."*)
Stigma against medications mattered too.	*"I never wanted to be on methadone. I don't really like the way it makes you look; I don't like the stigma of it, people that—you know backgrounds that are [set in stone]. At the NA meetings you weren't considered clean if you were on suboxone [buprenorphine] or methadone; they don't recognize your clean time."*

Sources: Kaplowitz, E., Truong, A. Q., Berk, J., Martin, R. A., Clarke, J. G., Wieck, M., ... & Brinkley-Rubinstein, L. (2022). Treatment preference for opioid use disorder among people who are incarcerated. *Journal of Substance Abuse Treatment*, *137*, 108690.