2021

Medication Assisted Treatment Programs to Reduce Recidivism in Montana

Asia Chhon
University of Montana, Missoula, asia.chhon@umontana.edu

Taylor Hill
University of Montana, Missoula, taylor.hill@umontana.edu

Mason Hutchinson
University of Montana, Missoula, mason.hutchinson@umontana.edu

Kian Speck
University of Montana, Missoula, kian.speck@umontana.edu

Alex Whaples
University of Montana, Missoula, aw126025@umconnect.umt.edu

MEDICATION ASSISTED TREATMENT PROGRAMS TO REDUCE RECIDIVISM IN MONTANA

Asia Chhon, Taylor Hill, Mason Hutchinson, Kian Speck, and Alex Whaples

Abstract

Despite spending more than any other county on incarceration and reentry programs, the United States continues to have some of the highest rates of reincarceration. Programs designed to teach inmates job skills, GED programs, and new Medicaid measures have proved moderately successful for reducing recidivism among certain offenders, but one class continues to suffer high recidivism rates. People imprisoned for opioid drug use are more likely to reoffend than any other group, but very few governments in different countries around the world have allotted the resources to establish effective treatment facilities, creating an unbreakable. This project aims to secure funding from the Montana state government to implement Medication-Assisted Treatment (MAT) for opioid drug use in Montana prisons.

MAT is a treatment plan that would reduce recidivism rates in Montana in an effective way. With this treatment plan, opioid users will be able to effectively help reduce recidivism and drug rates by using medical assisted treatment. During the 2021 legislative session, this GLI group lobbied members of the Montana state government through phone calls, emails, and social media to secure funding for MAT treatment in prisons. This is a student group from the University of Montana that is a part of the Global Initiative program on campus. They lobbied the Montana State government for more funding to implement medication assisted treatment programs in prisons which will ultimately reduce recidivism rates.

Fall 2020 Draft Proposal

Statement of the Problem

The American prison system is deeply flawed in many aspects. High incarceration rates, overcrowding of privately funded prisons, and racial disparity are prevalent in the United States system. The one issue, however, that this project will focus on is the recidivism rate. Recidivism, by definition, is when an ex-convict commits a post-release crime. The American prison system boasts the highest recidivism rate in the world – roughly 60% within two years as of 2019 – compared to other nations such as Norway, which has a recidivism rate around 20%.[1] The United States' recidivism problem is not new; yet it is time to take action to lower these high recidivism rates and strive toward reintroducing these ex-convicts as functioning members of our society. We must strive toward reintroducing ex-convicts as functional members of our society.

To tackle the problem of recidivism, one must ask which crimes contribute the most to United States recidivism rates. According to the Bureau of Justice Statistics, public order offenses – which include illegal weapon possession, DUIs, probation and parole violations, etc. – contributed 58% to the unusually high recidivism rate of 76.9% within a five-year period in 2005. While that may be the highest recidivism category, 38.8% of all rearrests involved drug violations.[2] Although there has been legislation in states across the country to combat recidivism, most of its attention is focused on holistic defense rather than rehabilitation of nonviolent drug offenders. And thus, this project's focus revolves around the rehabilitation of nonviolent drug offenders within the state of Montana.

---

[1] See Yukhnenko, D., Sridhar, S., & Fazel, S. (2019). A systematic review of criminal recidivism rates worldwide.
[2] See Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). Recidivism of prisoners released in 30 states.

Montana, unfortunately, has an incarceration rate of 726 per 100,000 people, which is higher than the United States average of 698 per 100,000.[3] In addition, a 2017 report by PEW Research reports that 86 out of 100,000 Montanan citizens were arrested on some form of substance abuse charge.[4] Drug-related crimes have also increased 30% from 2014 to 2018, with opioids increasing 34%. The system fails to mitigate drug addictions, and after serving their sentences in prison and return to society, former convicts often relapse, which leads to reincarceration or worse, death.

Montana's plan to combat recidivism is more geared toward reentry via employment and education rather than rehabilitation. The Montana Department of Corrections 2017 Biennial Report boasts success in lowering recidivism rates among inmates who went through certain programs; however, the report does not mention rehabilitation for drug-addicted individuals. It is no secret Montana has a drug problem, and, if Montana wants to thoroughly address its recidivism rates, it must provide necessary resources for convicted non-violent drug addicts to be effectively reintroduced into society. This troubling reality calls for policy action to help those who otherwise lack the resources to overcome their crippling drug addictions, and in result, lower the state recidivism rate. In a domino effect, this rehabilitation program could also serve as a template for other states hoping to reduce their recidivism rates, lowering the national rate along with it.

[3] See Prison Policy Initiative. *Montana profile.*

[4] See Gelb, A. (2017). Pew analysis finds no relationship between drug imprisonment and drug problems.

Context of the Problem

Recidivism is a complex and broad issue. It pertains to all communities across the world. However, some places have better practices in place to combat reincarceration than others. As stated earlier, the United States' recidivism rates leave much to be desired, whereas Scandinavian countries produce some of the lowest rates in the world. Their lower rates are mostly attributed to the structure of their prison systems. In Norway, prison is meant to be a rehabilitation center to prepare ex-offenders to reenter society. There are more freedoms and amenities for its inmates in prison, whereas the opposite is true in American facilities.

Now, aside from disparity of the quality-of-life standards between the two prison systems, one potential reason why Norway's recidivism is substantially lower than the United States' is this country's response to drug rehabilitation. As of 2016, Norwegian courts have the ability to sentence offenders to drug rehabilitation programs rather than prison terms. In comparison, in the United States, almost half of prisoners in the nation were convicted on some form of drug charge, where in some states one could be sent to two to ten years in prison just for possession of an illegal substance.[5]

The issue that faces people addicted to drugs within the United States is the severity of penalty that they will endure. Overtime, addicted people are reluctant to seek help in fear of being labeled a felon and sentenced to prison. On the other hand, Norwegian addicted people have no fear of losing healthcare benefits or other punishments and are instead placed in rehabilitation. As

[5] See Carson, E. A., & Sabol, W. J. (2012). Prisoners in 2011.

a result, Norway's drug rehabilitation policy has seen a decrease in drug-related deaths in its country.[6]

Even though the United States does not share similar policies with Norway in its rehabilitation programs, that does not mean effective legislation remains impossible. Yet, while prison drug rehabilitation has been shown to work, its success does rely on these factors: competent and committed staff, support of correctional authorities, sufficient resources, an effective course on changing the lifestyle of its participants, continued care and supervision of the rehabilitated on parole, and overall motivation of the participants themselves.[7]

The next issue also stems from nonviolent drug offenders being placed in penitentiaries that house violent felons. Policies such as mandatory minimums in the US have a negative effect on rehabilitation because they have shown to be unsuccessful in reducing drug-related crime rates throughout the US.[8] In fact, the introduction of new opioids has made the heroin epidemic even more challenging to stop. Both the Nixon and Reagan administrations popularized the infamous "War on Drugs," a set of initiatives intended to be stricter on drug prohibition while lowering the national drug incarceration rates in the process. However, the "War on Drugs" campaign has been ineffective due to the adverse effect of increased drug usage, human rights violations, disparity of incarceration among African Americans, overcrowded prisons, and its unnecessarily expensive procedures.[9] Rather than focus on incarcerating people addicted to drugs, the criminal justice

---

[6] See Mohdin, A. (2016, February 16). *Norway tries a novel tactic for drug addicts—Rehab instead of jail.*
[7] See Gerstein, D. R., & Harwood, J. H. (1990) Treating drug problems.
[8] See Gelb, A. (2017). Pew analysis finds no relationship between drug imprisonment and drug problems.
[9] See Gray, J. (2012). Why our drug laws have failed: a judicial indictment of war on drugs.

system should focus on rehabilitation efforts, which in effect could alleviate the problem of overcrowding and assist in reforming the vastly flawed system.[10]

In short, policies attempting to reduce drug-related crime and recidivism have backfired in the United States criminal justice system. European countries have had more successful policies in place to address drug-related recidivism through rehabilitation. This project seeks to look into a policy reform for opioid rehabilitation within the Montana prison system, which should result in lowered recidivism rates.

Literature Review: Recidivism

Recidivism can be defined as the tendency of a convicted criminal to reoffend. Recidivism has only recently been a policy concern in America due to the high number of over 600,000 released inmates a year while an estimated additional 7 million are released from jail annually.[11] A key feature of the reentry movement is its focus on developing programs to facilitate the successful return of prisoners to the community. The rehabilitative ideal was able to create programs to better help released inmates integrate back into society and avoid reentry. Recidivism rates continue to increase because of the mass imprisonment issue in America we face. In the United States, more than 1.5 million offenders are incarcerated in state and federal prisons, with the count exceeding 2.2 million when jail inmates are included.[12] High proportions of released

[10] See Chua, J. et al.'s (2017) article on mandatory minimums.
[11] See Pinard, M. (2007). A reentry-centered vision of criminal justice.
[12] See Jonson, C. L., & Cullen, F. T. (2015). Prisoner reentry programs.

offenders have contact with the law, often soon after reentry, and about half are reincarcerated.[13] Recidivism programs will better rehabilitate former inmates, help avoid reentry, and help fix this issue of mass reentry to understand how to solve this issue.

Much research has been done on recidivism because it is a major issue in America. So, getting resources on this issue was easily accessible. With a more rehabilitative approach to the issue of recidivism in America, many programs have been created to change the inmate population and lessen the cycle of reoffending. Even though there are many programs to help the recidivism issue in America, the needs of individuals in these programs are not met.[14] Reentry programs seem too narrow and research shows they do not meet the needs of these individuals enough that they often still continue to reoffend. Current practices reflect a stratified approach to reentry in two ways: first, some criminal justice agencies work on reentry-related issues, whereas others maintain their traditional roles. As a result, the agencies engaged in reentry work shoulder the burden of working on these issues alone. Second, those same agencies are generally doing reentry work in isolation, rather than coordinating efforts with other organizations to provide holistic services. As a result, reentry practices, on the whole, are fragmented and reactive, rather than interlinked and proactive.[15] Productive and meaningful reentry programs are critical to the well-being of individuals with criminal records, their families, and their communities. When equipped to offer proper care and understanding, reentry programs that meet all the needs of these individuals will help combat recidivism and mass imprisonment.

---

[13] Ibid.

[14] See Pinard, M. (2007). A reentry-centered vision of criminal justice.

[15] Ibid.

There are also other sets of studies about the negative impacts of reentry programs and how they influence criminal activity by promoting a program that helps ex-offenders only if they continue to reoffend. Reentry discourse often lists the barriers facing formerly imprisoned people, but it glosses over a robust analysis of the structural nature of those barriers, from unemployment to addiction to housing insecurity.[16] Since reentry programs are not doing a sufficient enough job, they may lead to encouraging continuing recidivism because they do not do enough to help these individuals fully break away from the imprisonment cycle. Another issue to reentry programs is that prisoner reentry represents a further step in expansion of the prison industrial complex. People with criminal records are more likely to have higher rates of revocation for smaller crimes due to the fact that they already have a criminal record. Although reentry programs sometimes have positive effects on new arrests, they carry an added risk of "supervision effects," or increased parole revocations on technical violations.[17] An abolitionist reentry approach is needed to develop community accountability methods to better rehabilitate these individuals.

Research has also been done on recidivism with substance abuse users and on the ways in which the pattern of recidivism impacts individuals with substance abuse issues. There is evidence to suggest that opioid maintenance treatment is effective in reducing the risk of drug use after release from prison for opioid users. Care after release from prison appears to enhance treatment effects for both types of interventions. Results provide evidence that policymakers can use to make informed decisions on best-practice approaches when addressing prisoner substance dependence

[16] Byrd, R. M. (2016). Punishment's twin: Theorizing prisoner reentry for a politics of abolition.

[17] Ibid.

and improving long-term outcomes.[18] Reentry programs seem to be working to prevent recidivism and also help with substance abuse as well. Additional research using larger sample sizes, unbiased sampling, and sophisticated evaluation designs to overcome the challenges of conducting research with substance users in prison settings is urgently required. Although there is a large body of literature on prison-based drug and alcohol treatments, there remains a compelling need for more innovative evaluations of prison-based alcohol and/or drug programs to directly inform evidence-based treatment for this vulnerable population.[19]

When comparing men and women who were substance abusers and involved in criminal recidivism, female offenders reported heavier substance use patterns, more psychiatric symptoms, and more often a partner with substance abuse but had lower mortality and criminal recidivism than men. Having a substance-abusing partner was associated with criminal recidivism among females. Having a partner who influences one's involvement in crime causes individuals to reoffend more often, especially when substance use is involved. Female offenders with substance abuse differ from their male counterparts, and they both have different risk factors for criminal recidivism.[20] Findings suggest the importance of further comparative research, conducted on study populations with equal numbers of men and women, and also research investigating whether targeting the partners with substance abuse of the female offenders might be a successful gender-specific treatment strategy.

---

[18] Andrade, D. D., Ritchie, J., Rowlands, M., Mann, E., & Hides, L. (2018). Substance use and recidivism outcomes for prison-based drug and alcohol interventions

[19] Ibid.

[20] See Mannerfelt, C., & Håkansson, A. (2018). Substance use, criminal recidivism, and mortality in criminal justice clients.

Literature Review: Opioids

In the last two decades, opioid addiction and overdose have led to the death of almost half a million Americans.[21] Resulting from these high mortality rates has been an equivalent rise in the prosecution of opioid drug dealers as well as new initiatives aimed at cracking down on opioid abuse.[22] One technique that has shown promise in reducing drug deaths and reentry into the criminal justice system has been the use of medication-assisted treatment (MAT).[23] Although MAT has proven effective in treating opioid addiction, there exists a persistent problem in providing access to these services, especially in rural areas.[24] Opioid abuse is a public health issue not likely to be resolved in the near future, but broader access to treatment services, such as MAT, have the potential to begin the process of healing in impacted communities.

Opioids are analgesics, which are compounds that primarily target the nervous system to relieve pain. In fact, morphine is one of the strongest known analgesics available for human use.[25] The production and use of opioids has roots as far back as Ancient Greece, and the evolution of opioid substance use throughout human civilization can be characterized by a constant battle to balance opioid's medical utility with its addictive side effects.[26] American use of opioids has evolved considerably since the early 20th century, when many opioids such as heroine and morphine were available over the counter in cough syrup and headache medicine.[27] The current

[21] See Wilson, N., Kariisa, M., Seth, P., Smith, 4., Herschel, & Davis, N. L. (2020). Drug and opioid involved overdose deaths.
[22] See Rothberg, R. L., & Stith, K. (2018). The opioid crisis and federal criminal prosecution.
[23] See Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder.
[24] See Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment.
[25] See Veilleux, J. C., Colvin, P. J., Anderson, J., York, C., & Heinz, A. J. (2010). A review of opioid dependence treatment.
[26] See Krug, S. A., & Scott, K. S. (2020). A toxicological exploration of the opioid crisis.
[27] See Kosten, T. R., & Baxter, L. E. (2019). Effective management of opioid withdrawal symptoms.

US opioid epidemic began in the 1990s, and there have been three "waves"- the first from 1990-1999, then 1999-2010, and finally 2016-present with the introduction of illicitly manufactured fentanyl.[28] The rise in opioid use and the increased pressure from the media to end the practice catalyzed the 2017 declaration of opioid addiction as a public health crisis.

The use of opioids is especially habit-forming due to the biochemistry that also makes it particularly effective at managing pain. Naturally occurring opioids, such as endorphins, are responsible for rewarding certain behaviors and creating habits.[29] Because opioids attach to specific receptors in the brain, extensive use over time can lead to physical adaptations in the brain that lead to tolerance and dependence.[30] Tolerance is characterized by, among other things, an increased need for greater quantities of opioid in order to achieve the same, desired effects.[31] The alterations in brain chemistry and behavior cause the majority of personal harm. The person addicted often spends more time seeking out drugs, and the increase focus on achieving a "high" comes at the cost of reduced performance in school, work, and other activities.[32] After opioid dependence has already been established, attempting to stop use often causes dangerous withdrawal symptoms. This being said, it is not as if addicts are not trying to actively stop drug abuse; the majority are. However, the physiological effects created through habitual opioid use create interacting barriers on physical, emotional, and societal scales.

Withdrawal varies depending on the specific opioid used, length of use, and the patient themselves. The most common symptoms are abdominal cramps, muscle spasms, insomnia,

---

[28] See Sade, R. M. (2020). Introduction: Opioid controversies: The Crisis — Causes and Solutions.
[29] See Veilleux, J. C., Colvin, P. J., Anderson, J., York, C., & Heinz, A. J. (2010). A review of opioid dependence treatment.
[30] Ibid.
[31] Collett, B. J. (1998). Opioid tolerance: The Clinical Perspective. British Journal of Anaesthesia, 81(1), 58-68.
[32] See Kosten, T. R., & Baxter, L. E. (2019). Effective management

irritability, and anxiety.[33] It is not hard to imagine why these symptoms would drive addicts to relapse. In fact, Kosten and Baxter also state that the avoidance of withdrawal symptoms is one of the leading reasons why addicts do not stop taking opioids. Many want to stop but cannot do so without assistance due to withdrawal, which can last up to two weeks.

The most common treatments for opioid addiction are behavioral therapy and medication-assisted treatment (MAT), although the majority of focus in the medical field is on treating the physiological effects of addiction with medication. The objective of MAT is to reduce opioid withdrawal symptoms by using medication that either mimics the effect of opioids or blocks other substances from activating opioid receptors.[34] The two most common medications are methadone and buprenorphine.[35] Behavioral therapy and mental health services are also a viable options for addiction treatment, as many addicts have pre-existing conditions such as PTSD or depression that led to opioid abuse in the first place.[36] Behavioral therapy has also proved to be effective in dealing with the physical symptoms of pain as well. Typically, therapists will work with patients on helping them understand the pain, such as how it manifests physically and emotionally.[37] In relation to the criminal justice system, behavioral therapy is also useful in changing dangerous habits that led to incarceration in the first place. However, the most effective treatments have been those that combine behavioral therapy with MAT.[38]

---

[33] Ibid.

[34] See Hyatt, J. M., & Lobmaier, P. P. (2020). Medication assisted treatment (MAT) in criminal justice settings as a double-edged sword.

[35] See Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and state treatment need.

[36] See Kosten, T. R., & Baxter, L. E. (2019). Effective management.

[37] See Majeed, M. H., & Sudak, D. M. (2017). Cognitive behavioral therapy for chronic pain

[38] See Veilleux, J. C., Colvin, P. J., Anderson, J., York, C., & Heinz, A. J. (2010). A review of opioid dependence treatment.

Opioid addiction is a major contributor to first-time incarceration and recidivism rates. As with most drug addictions, opioid abuse is disproportionally correlated with poverty, low education levels, and mental health disorders.[39] However, opioid abuse is unique due to the medicinal use of the drug and the fact that addicts may "get hooked" on the drug after being prescribed it by their doctor. As stated before, the nature of opioids creates a significant societal tension. On one hand, these drugs are necessary for pain management and are helpful to a significant number of American with chronic pain. Medicinally, opioids can be favorably viewed as a necessary treatment for suffering patients. On the other hand, drug addicts are often stigmatized as "deserving" incarceration and are generally seen as a nuisance to society. Under harmful societal stigmatizations, drug addicts then shift away from being suffering patients into deserving degenerates.

Whatever the prevalent societal view may be, there is a significant correlation between addiction and recidivism, and the use of treatment services pre-release has been effective in reducing reincarceration.[40] One of the greatest hurdles facing the criminal justice system is not whether addiction treatments work; rather, it is the implementation and availability of resources to provide addiction services. Addiction treatment also goes beyond reducing recidivism rates: it is a matter of saving lives. Inmates often die of drug overdose soon after release.[41] This is a nationwide problem, but the impacts can be felt specifically in our own communities in Montana. For instance, 44% of all drug related deaths in Montana were related to opioid abuse.[42] Furthermore, data

[39] Ibid.; Hyatt, J. M., & Lobmaier, P. P. (2020). Medication assisted treatment (MAT) in criminal justice settings as a double-edged sword

[40] See Broome, K. M., Knight, K., Hiller, M. L., & Simpson, D. D. (1996). Drug treatment process indicators; Hyatt, J. M., & Lobmaier, P. P. (2020). Medication assisted treatment

[41] See Department of Corrections, & Montana Reentry Task Force. (2018). Report to the Law and Justice Interim Committee. Montana Department of Corrections.

[42] See Montana Department of Public Health and Human Services. (2017). Addressing substance use disorder in Montana.

regarding the use of MAT in Montana is lacking because there are so few programs. It is difficult to tell the impact that MAT would have on recidivism rates in the local community, but data from other US states shows promising results. Future research should focus on the outcome of increased MAT program availability on local scales, especially in Montana.

The volume of literature on opioid addiction and use is staggering, and it can therefore be difficult to discern what key messages should be taken from the scientific community. There are three key messages that we have found in our review:

1. Opioid addiction is a difficult to manage health crisis due to interacting financial, societal, and medical barriers;
2. Medication-assisted treatment combined with behavioral therapy is an effective method to treat addiction, and it is strongly endorsed by various public health organizations;
3. Treating addiction will likely lead to a reduction in recidivism and post-release death rates.

With these key messages in mind, it is our recommendation that federal funding available to the state of Montana be utilized to broaden MAT programs to reach more correctional facilities in Montana. Assistance for addiction treatment in Montana correctional facilities is attainable, but it is a matter or garnering public support and maximizing the use of federal funding.

Proposed Method

America has one of the highest rates of recidivism despite spending the most on prisons. Countries like Norway and Finland spend less on incarceration and reentry programs and have some of the lowest rates of recidivism in the world. As was outlined previously, the problem of recidivism is complex and multifaceted. Unfortunately, no one program can solve recidivism, but clearly there is room for improvement. The abundance of different reentry programs is a direct result of the many reasons that lead to recidivism. Newly released inmates are 12 times more likely to be victims of homelessness, five times more likely to be unemployed than the general population, and 25% of that population are unable to access education.[46] Programs designed to teach inmates job skills, GED programs, and new Medicaid measures have proved moderately successful for reducing recidivism among certain offenders, but one group continues to suffer the highest recidivism rates.

Due to the nature of addiction, individuals arrested for opioid drug use are more likely than any other group to reoffend. Countless studies have shown that treating opioid addiction as a health issue instead of a moral failing reduces addiction and actually saves governments money long-term. Despite the evidence that decriminalization of addiction yields lower addiction rates, there are very few resources available for people suffering from addiction, especially within the prison system. Inmates receive treatment for a number of other health conditions but receive much less support for addiction. The medical community at large agrees that addiction is a disease that should be treated like any other. Incarcerating people for drug use but denying them treatment is like arresting a person for cancer and not giving them chemo. Prison provides an environment where incarcerated people can receive treatment for their addiction without access to supply and constant supervision. Opioid addiction is particularly dangerous because the body develops a very strong

physical dependence on the substance, and one cannot simply quit "cold turkey."[43] Because opioid addiction is both tragically prevalent and treatment chronically underfunded, individuals addicted to these substances have little chance of escaping the system.

Despite the number of reintroduction programs, recidivism rates in America remain some of the highest in the world. The problem of opioid addiction in prisons is a systemic problem that cannot be solved without changes to the legislature. To reduce recidivism for those affected by opioid addiction, this GLI group proposes a change to policy that allows funding for treatment within prisons. During the 2021 legislative session, we will lobby legislators through emails, calls, and letters seeking support for the bill. Our group will contact committees and special interest groups to amass further support. We will also work with the drafter and attend public sessions to support our bill. Although we believe the bill would find strong support in the Montana state government, we recognize the political environment is constantly changing and may not be passed despite the potential benefits. Because the legislative process is largely out of our hands, we will also develop an educational program for the bill and the background research on the issue. The goal of this program is to inform Montanans of the issue and gather support, but also functions as a resource so if the bill fails to be passed, similar bills in the future may have a better chance. Even though changing public policy is difficult and risky, we believe that it will have the greatest impact on the recidivism rates in Montana and most importantly, help inmates receive treatment for their disease.

[43] See Couloute, L. (2018). The prison penalty: Unemployment, homelessness, and educational exclusion among formerly incarcerated people

Timeline and Task Assignment

Prep: December 1-January 11

Alex and Mason will draft a message for each legislature asking for support of a bill that would provide funding for opioid treatment in prisons. Taylor and Alex will build a website for the bill using a platform like Squarespace. The website will have sections for data and statistics, progress on the bill, supporters in the Montana state government and special interest groups, and short essays on why the bill is necessary. The website will go live January 11th. Asia will create a social media platform for the bill. The social media platform will go live January 11th. Kian will write and submit a budget proposal for project materials, specifically for website hosting costs, a business account on a social media platform, and materials for letter writing, like stamps and stationery. Asia, Kian, and Taylor will each contact 50 legislators over the 1-month period via email and letter and keep the group updated on interest. Alex and Mason will each contact three local or state committees or action groups and keep the group updated on interest.

Week 1: January 11-16

Alex and Asia will call the offices of representatives who show interest in supporting the bill. Taylor and Kian will call the representatives from the committees and actions groups that show interest. Mason will write a post for support of the bill on the website.

Week 2 and 3: January 16-26

All group members will assist in preparing the bill to be requested as the drafters and sponsoring legislatures see fit.

Week 4: January 26- January 30

Alex will write a post in support of the bill on the website. Taylor, Kian, Mason, and Asia will contact supporting parties for further steps. Taylor will update the website on the status of the bill. If the bill failed to get support and was not introduced, the project will shift focus to an educational program. Kian and Alex will each contact supporting action groups and collaborate on ways to promote and develop the educational program. All group members will prepare a plan for the educational program to be debated at the next meeting.

Week 5: January 30-February 6

Taylor will write a post for support on the website. Mason, Alex, Asia, and Kian will contact and coordinate with supporting parties for further steps and assist as needed. If the bill failed to get support and was not introduced, the group will debate which educational plan best suits the project objective and would receive the most support from action groups.

Week 6 and 7: February 6-13

Kian will write a post for support of the bill on the website. Taylor, Mason, Asia, and Alex will contact and coordinate with supporting parties for further steps and assist as needed. If the bill failed to get support and was not introduced, the group will decide on an educational plan. Taylor and Asia will begin to update the website with the most current information. Alex will begin to update the website design to reflect the new project direction. Kian and Mason will draft educational resources that will be posted on the site.

Week 8: February 13-20

All group members will assist in preparing the bill to be requested as the drafters and sponsoring legislatures see fit. Alex and Mason will begin to prepare an argument for the public comment session. Asia will write a post in support of the bill on the website. If the bill failed to get support

and was not introduced, Taylor and Asia will finish updating the website with the most current information. Alex will finish his updates of the website design to reflect the new project direction. Kian and Mason will propose final drafts of their educational resources.

Week 9: February 20-27

All group members will assist in preparing the bill to be as the drafters and sponsoring legislatures see fit. Taylor, Asia, and Kian will review the argument ahead of the public comment session. If the bill failed to get support and was not introduced, all group members will make final edits to their respective parts of the educational program. Kian and Alex will reach out to supporting groups and provide an update on the website's progress and gather final suggestions.

Week 10 and 11: February 27- March 13

All group members will assist in supporting the bill to be as the drafters and sponsoring legislatures see fit. All members will write a post in support of the bill on the website. If the bill failed to get support and was not introduced, Taylor, Alex, and Asia will assist Kian and Mason in developing the educational materials for the website.

Week 12: March 13-20

All group members will assist in supporting the bill as the drafters and sponsoring legislatures see fit. Kian and Asia will prepare an argument for public comment. If the bill failed to get support and was not introduced, the group will review the final edits to the educational materials and post them to the website. The website will officially go live with the new educational focus on March 20th.

Week 13: March 20-27

All group members will assist in supporting the bill as the drafters and sponsoring legislatures see fit. Mason, Alex, and Taylor will review the argument ahead of the public comment session.

Week 14, 15, 16,17: March 27-April 28

All group members will assist in supporting the bill as the drafters and sponsoring legislatures see fit. Taylor and Alex will maintain contact with the sponsoring Legislators and update the group weekly. If the bill fails to pass the house, Asia and Mason will update the website with the bill's progress.

Description of the Proposed Work Product

The members of this capstone group agree that this is a crucial project, specifically for its real-world implications. We agreed that our focus will remain on rectifying some sort of social inequality. There are many disenfranchised populations that deserve funding and governmental support, but this project chooses to investigate what work needs to be done within the criminal justice system. We feel that the current system places too much emphasis on punishing drug users, rather than creating an accessible and robust bridge to community support and treatment.

According to a 2018 Montana Re-entry Task Force report, the Montana Department of Public Health & Human Services was given a Strategic Targeted Response grant which will allow them to provide "comprehensive, evidence-based services for opioid use disorder treatment" for at risk populations.[44] These services include the Medication Assisted Treatment Pilot at the Montana State Prison. In an attempt to meet Internal Task Force goals, the Montana legislature

[44] See Department of Corrections, & Montana Reentry Task Force. (2018). Report to the Law and Justice Interim Committee.

has been prompted to "authorize federal dollars for use on a medication-assisted treatment pilot for offenders transitioning from secure care into communities..."[45] Our project is to take this recommendation to the legislature as a drafted bill with sponsorship from a senator. We are attempting to collaborate with the Missoula Partners for Reintegration Coalition in an effort to gain public support. We will also provide education as to why this is initiative matters. Should this bill pass, thousands of Montanans will be guaranteed treatment for what is medically recognized as "a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."[46] This illness of the brain should be treated with as much recognition and scientific rigor as other illnesses of the body. Detrimental manifestations include behavioral, emotional, and cognitive changes. It is imperative that the public understands how little of this illness is under the individual's control.

After doing extensive research we learned of the problematic nature of the opioid crisis in the U.S. Not only did the government allow corporations to facilitate a market wherein doctors could prescribe one of the most addictive and deadly substances to reach the American public, but they also currently fail to provide addicts with the treatment that they desperately need. According to the Centers for Disease Control and Prevention, 54% of people in Montana have been prescribed an opioid and half of drug related overdoses are related to opioids. Moreover, two of Missoula's

---

[45] Ibid.

[46] See American Society of Addiction Medicine. (2017). Public policy statement: Definition of addiction.

neighboring counties (Powell and Mineral) have the highest drug overdose death rates in the state.[47] This unfortunate statistic gives our project even more local importance.

Although we believe the individual suffering endured by those with substance use disorders should be reason enough to care about this project, there are also extensive detriments to both families and society as a whole that continue to wreak havoc as long as treatment is withheld for those who are incapable of financially supporting such an endeavor. The average cost of office-based buprenorphine (a popular opioid disorder treatment) is $336/month per patient.[48] Without healthcare, many who need this treatment simply cannot pay for it. Needless to say, without treatment for this brain-based disorder, these individuals are much more likely to relapse and reoffend. The cost of reoffence to families and taxpayers is significantly higher than initial treatment.

Naturally, our attempt to make a difference in this area may be criticized. Some critiques include our qualification to be doing this work, or why we should want to help drug addicts when there are others suffering from illnesses that have no component of choice. Others may inquire about the impact and feasibility of proposing such legislation. While these are valid considerations, we believe that we are well equipped to use our months of research, networking, and brainstorming to craft a comprehensive solution. We have each spent the last three years taking classes and attending workshops that have strengthened our leadership skills and collaborative abilities. Furthermore, we spent weeks meeting to decide on this project specifically, and months afterwards working on the fine details, so there is no doubt that we are a passionate and resourceful group

[47] See Centers for Disease Control and Prevention. (2019, October 3). U.S. opioid prescribing rate maps.

[48] See Jones, E.S., Moore, B.A., Sindelar, J.L., O'Connor, P.G., Schottenfeld, R.S., Fiellin, D.A. (2009). Cost analysis of clinic and office-based treatment of opioid dependence

who are capable of achieving the goal we have set. We believe that few illnesses are as widely disregarded by the justice system and general public as substance disorders. Likewise, few illnesses alter a person's perceptions, behavior, and cognition as drastically as opioid addiction. Finally, few illnesses are killing as many people as substance use disorders across our state, and opioids make up nearly 70% of drug related deaths in Montana.[49] As young aspiring professionals, we believe there is no better place to begin working than where there are unaddressed problems.

There are problems we may face as a group over our year of working on this project. The one we have discussed most as a group is the possibility for the legislature to vote the bill down. While this could happen, we decided early on in the process of choosing a project that our focus would remain on the systemic function and structure of systems over which average citizens have no influence. We believe that this gamble is worth taking as the most disenfranchised members of society will not be helped if not for substantive policy change from the inside. If the project were to fail in this specific way, we hope that our research and public education will be a solid foundation from which future groups with similar concerns will be able to expand upon. We hope that regardless of the outcome of the vote on this bill, we will start conversations within the public as well as within the legislative branch of our government. Another problem that we may encounter is struggling to find a state senator to sponsor our bill and bring it to the Montana Congress floor. Missoula's three senators generally approve of policies that expand federal funding for programs that help disenfranchised members of society. To ensure sponsorship proactively, we will be reaching out to each of these legislators far enough in advance that we can tend to any questions, concerns, or proposed revisions they may have for sponsoring our bill. In an effort to further our

[49] See National Institute on Drug Abuse. (2020, April 3). *Montana: Opioid-involved deaths and related harms*.

influence among the state legislature, we are planning on forming collaborations with several coalitions who work on expanding rights of incarcerated or justice involved individuals throughout Montana.

If our project is successful, we will help many individuals across our state to receive treatment. This will grant them social mobility, increased employment, and will remove the enormous cost of housing as many prisoners. This will be a small step in shifting our state's criminal justice system in the direction of reinforcing those who are willing to receive help, rather than focusing on punishment. As the perspective on this matter shifts in our government, it will hopefully sway the public in a similar direction that emphasizes empathy for our fellow human beings. We hope the Montana legislature is receptive to the research we are presenting. Although we will invest significant energy into this project, it is ultimately in the hands of our public servants to make the policy change we and the Montana Department of Public Health & Human Services have recommended.

Ultimately, we believe this project is a timely response to an overlooked crisis in our state and nation. Being as the Montana legislature is meeting this winter, we believe that this is a chance to enact policy change in which we would otherwise have little say in. We understand the negative effects of what this could mean for those struggling with addictions as well as the families who are often roped into tumultuous cycles of instability and grief following the relapses and death of many individuals with this medically recognized illness. We believe that the real-world implications of authorizing federal dollars for use on a medication-assisted treatment pilot for offenders transitioning from secure care into communities is worth the effort that it will take to organize and present a bill addressing it. We also hope that, by grounding our presentations on this

issue in research and evidence-based practices, we will convince those in charge that this crisis deserves care and immediate response.

Final Report and Prompts

Findings & Analysis

While working on this project, we discovered that our state government is trending in the direction of providing medication-assisted treatment. There was a task-force dedicated to this issue in 2018, and the current Governor's administration seems keen on dedicating revenue from cannabis taxation to drug treatment programs in Montana, per our conversations with members of Governor Gianforte's staff, and his own campaign promises. During our first semester, we had planned to lobby for support of a bill that would allocate federal funds towards medication assisted treatment; at the start of the subsequent semester, we learned that this process was largely underway, and that our role may need to shift towards a more supportive position. We still were active in our outreach, reaching fifteen members of the legislature as well as 439 people in the general public. This outreach was in an effort to garner support for when the state government is ready to implement these treatment programs in Montana prisons.

We had several discussions about feasibility in the beginning stages of our project. We recognized that by focusing on a policy oriented project, we would be sacrificing control of the final results of our work. We simply do not have stakes in the government's decision making process but wanted to spend a considerable amount of time ensuring that they were aware of the support from their constituency. We will not find out whether or not there will be medication assisted treatment programs in Montana prisons until after our work as a group is complete. With

that in mind, we have made a difference in the opinions of the legislators we have spoken with, as many of whom were not aware of the severity of the opioid crisis in Montana, or its role in maintaining high recidivism rates.

Another challenge we faced in our project was deciding exactly how we could play a role in slowing the opioid crisis. We knew from early in our first semester of working together that this was an issue about which we were all passionate. However, as five young undergraduate students, we were unsure that the people in power who could make necessary changes in policy would believe in our credibility. Although we were all somewhat familiar with the political process, only one of us had ever worked in the political sphere. We overcame this roadblock by extensively researching the primary contributing factors to recidivism, especially opioid relapse. We also researched welfare insurance programs to see if justice involved individuals were currently able to afford treatment programs with Medicaid and to what extent benefits were still accessible while incarcerated. We made an important discovery through this process: if we wanted to be taken seriously, we needed to develop the specialized knowledge necessary.

The final challenge that we faced in this project was the timing of current events. With the whole world still devastated from losses associated with the COVID pandemic, we often wondered if the government would have the time or resources to care about people addicted to opioids. While it seemed obvious that a higher standard of care based on the medical model was a necessary change, there seemed to be many more pressing problems for our government to repair. Thankfully, the people we spoke with about our project were receptive, as drug use and mental illness has been on the rise since the start of the pandemic. Likewise, doing this project during an election year may have been helpful in this respect due to the public being made more aware of the problems facing our country.

If a group in the future wanted to continue where we left off on this project – in the potential situation that a policy allocating federal/state funds in the current legislative session failed to pass – we would highly recommend remaining focused during the winter break. Since school was not in session during this time and most of us went home to see family, we missed an important window of opportunity to draft a bill for the opening of the legislative session. We would also recommend having more group meetings with important legislators, as we found the discussions we had were well received by both parties. Next, we would recommend staying open to adaptation in the process. Several of our goals and methods went in different directions than we had initially planned, but by remaining flexible we were able to accomplish more than we imagined possible in the beginning. We originally planned on making the website and social media pages the core of our project but soon realized that conversations with people in power were more effective and focused on developing strong relationships with them instead. We knew our project would have some impact from the beginning, but the amount of positive feedback and progress we made was surprising considering our setbacks. Lastly, this project would not have been possible without the supportive and focused efforts of each group member. There were times when there was a lot to be done in a short amount of time, and each group member stepped up to the plate without having to be asked.

The opioid problem in Montana will likely continue for the foreseeable future, but we were a part of the changing tide seen across the country. More public policy makers are recognizing the value of treating addiction as a medical and mental illness that requires rehabilitation/treatment, rather than punishment. This change may be slow and arduous, but it is important work. Thousands of families across our state have lost loved ones, and the burden this crisis leaves on society runs deep and wide. Overall, we are proud of all that we accomplished together over the

last year together and wish that we had more time to keep working towards a more widespread implementation of medication assisted treatment in Montana.

Prompt #1

Our project, much like our team, was very much a multidisciplinary effort. Seeking to have a positive impact on the opioid epidemic required understanding it on multiple levels. First, we had to understand the political aspects of the opioid epidemic. How is it viewed by the public? What is the history of the epidemic and what legislative actions have been taken? How do local considerations alter the consequences of opioid addiction? All of these question needed an answer before our team could even begin to attempt change. The second thing we needed to understand was the biology and chemistry associated with opioid addiction. We researched the physiological effects of addiction on the human body and brain in order to understand people with substance abuse disorder better. We also had to research why it was *opioids* that were reaching epidemic levels. What about the drug's chemistry led it to be such a difficult and widespread addiction to beat? Lastly, our team had to combine the political and biological aspects and look at them under the lens of sociology. We wanted to understand how and why drug addiction contributed significantly to recidivism rates, and how public and political perception contributed to the problem. Opioid addiction is tricky in that regard. On one hand, opioids are often prescribed as medicine to help people who are in pain. On the other hand, it is associated with addicted individuals and criminals. How does society reconcile medicine being used for healing and for destruction? The more important question for our group was how this reconciliation may hinder or help our political efforts. We also wanted to understand Montana, and how the culture and communities of Montana have been impacted by opioid addiction. How

do local perspectives on substance abuse influence the politics surrounding opioid addiction? Overall, our team had to utilize all of our respective expertise in political science, psychology, biology, and sociology in order to really understand and implement our capstone project.

The challenge to working in such an interdisciplinary team was sharing and communicating knowledge. For instance, only one team member was truly informed about the legislative process to being with, so the rest of the team had to quickly catch up. It was certainly challenging for someone who spends all of their time studying biology to understand the complex and bureaucratic world of politics, but the challenge was beneficial in garnering better respect across disciplines. A similar challenge was tactfully placing team members in roles that allowed their strengths to flourish and at the same time to allow room for challenge and growth. Many of our team members were assigned tasks that were directly related to their area of study. For instance, members with a biology background researched the physiological effects of opioid abuse and members with political science or sociological background researched addiction programs, societal consequences, and the politics surrounding the opioid epidemic. However, we also had to make sure that everyone was involved in the actual political process, which for many lay a bit outside their comfort zone.

Despite the challenges associated with working in an interdisciplinary setting, the majority of the experience was positive and actively contributed to our growth as individuals and as a team. Many of us are coming out of this experience with a greater appreciation for disciplines different than ours. We also have come to appreciate the unique solutions and ideas that came out of working with such a diverse group. Without the interdisciplinary aspect of our team, we doubt that we would have been able to come up with many of the solutions that we needed. By bringing in different experiences and knowledge, we were able to tackle such a

complex issues as the opioid epidemic, and we think that Montana will hopefully be better off because of it.

Prompt #2

Our endeavor in bringing awareness of the lack of effective opioid treatment in Montana was not without a few obstacles and challenges. In response to these challenges, our team adapted the project.

Originally, the plan was to get a bill present on the legislative floor. Unfortunately, in January we realized that our specific piece of legislation would have to be prompted through the appropriations committee rather than a full-on bill. Bills are typically used for creating new laws, principles, or precedents as well as new programs to remedy an issue. Proposals that ask for additional funding – as is the case for MAT – require negotiations within a specific appropriations subcommittee. In this case, we had to discuss the matter with the appropriations subcommittee section D, the one tasked with determining the Department of Corrections budget. The challenge now was the ability to reach representatives within this subcommittee. We eventually got in contact with a couple of lobbyists specializing in DOC budget-related policy, and they were able to steer us in the right direction.

The next task was to get in contact with the representatives in charge of the DOC budget. While most politicians have their contact information publicly available, some of the members on the subcommittee either had outdated emails or numbers; there were also instances where contact information was not provided. We originally opted for email as the main point of contact for those we were able to reach. However, this proved to not be as effective as hoped in terms of responsiveness, given that none of the representatives responded at first. We then transitioned to

calls and texts, which saw more immediate responses from representatives and senators working on the budget. From this transition, we were able to get in contact with a few members, including senator Ryan Lynch, who got us in contact with other prominent politicians outside subcommittee Section D. To add on, all of those whom we got in contact with supported our proposal.

We also had a rough start at the beginning of the semester with the immediacy of the legislation dates and deadlines. We were aware of the duration of the Montana legislature, but when our path of action changed, we suddenly felt press to meet certain deadlines. We started a bit later than we should have, beginning to contact legislators in early February. The section D subcommittee mostly did their work in January and February, so we caught the tail end of their talks. Fortunately – or unfortunately, based on how you view politics – the government budget bill, called the HB 2, takes a few months to gain necessary approvals. So even if the subcommittee wrapped up most of their talks, that did not mean we could not make an impact. In response to this challenge, we made a push to get in contact with more influential politicians. The most notable politician we met with was Charlie Brereton, the healthcare policy advisor to Governor Greg Gianforte himself. The governor's office has been a vocal advocate toward substance abuse treatment funding, and MAT was a perfect treatment option to remedy the state's opioid crisis. During our meeting, we informed him about the situation with the high state recidivism rates, MAT treatment in other states, and more. He praised our efforts and in a concluding remark he stated that we have "played a part in getting MAT implemented in Montana prisons."

Of course, there are a few things that could have been executed differently to make the process a bit smoother. We should have been more vigilante on which path to take our project through the legislature during the planning stage last semester. We could have been more active over winter break, which could have provided us more opportunity to talk with more politicians.

While our communication has drastically improved, it was a daunting task to get everyone up-to-date since were unable to meet in person in the early portion of the semester. However, even with these setbacks, we persevered, and we feel we have contributed to the potential implementation of MAT in Montana prisons.

Prompt #3

It has already been established that the United States has some of the highest recidivism rates in the world, despite spending more on incarceration than any other country. Knowing this, we focused on what countries like Norway, Finland, and Sweden – which have the lowest recidivism rates – were doing differently. It became evident almost immediately that these countries treat recidivism as a failing of the social system instead of a moral falling in the individual. They also treated problems, like addiction and mental health, as public health issues and focused on treatment rather than punishment. It would be easy to just look at these facts and recommend that the United States simply do the same. Ideally, that would work, but it ignores the vastly different political and social ideologies and attitudes that exist between Scandinavian countries and the United States. Instead, we tried to find ways to implement our project within the existing system so we would not alienate either side of the political divide and give our project the best chance of success. Also, we could not pursue any type of prison reform without discussing the evident racism in the United States current system. Scandinavian countries have been more or less homogenous for the last few decades, and the recent increase in refugees may affect their system. While we initially tried to create a project that would help BIPOC offenders directly, it became more and more clear that a project that focused on addiction would help not just the BIPOC community, but also every community that is disproportionately affected by opioid addiction.

Social justice at its core is about equality. Although the United States has many virtues, recent events, like the Black Lives Matter movements, numerous mass shootings, attacks on the LGBTQIA+ community, deportation camps, and countless other tragedies have shown that we have a long way to go in ensuring all people are truly equal. When deciding on projects, it was initially difficult to narrow in on just one injustice. We spent the first few weeks of our project exploring and comparing different issues with other countries and debating on which issues seemed to be impacting Montana the most. Through this evaluation, we discovered that recidivism rates for the United States were significantly higher than any other country in the world. We also had to tackle the challenge of creating a manageable project with sufficient depth. We wanted to create something that would leave a lasting impact on the community and decided early on to pursue policy change because it would have the most wide reaching and lasting impact. Our group evaluated the different factors that could affect recidivism, like health care, education, and housing, and noticed extraordinarily little support for people suffering from opioid addiction. We initially decided to pursue a change to health care that would reduce lapses in coverage when people were incarcerated but realized the policy we wanted to implement already existed in Montana. We had to quickly change focus and instead decided to get funding for MAT programs in prisons. Although we were very committed to the project and wanted it to succeed, we suffered significant fatigue after returning from winter break. Because the success of our project rested heavily on the connections we made with politicians and community groups, this fatigue set us back significantly. Instead of giving up, we pushed through and made important connections that helped push our idea onto the floor. However, because of the nature of politics and policy making, our plan will not be implemented until the next legislative session.

Although we are happy with the results of our project, we recognize areas for improvement. For one, we were initially disorganized and our communication suffered, leaving some members of the group to pick up the slack. Also, we were not at first as consistent as we needed to be to ensure that our project was implemented this session. Overall, however, we view our work as a success. We accomplished what we wanted to, despite the delayed timeline, and believe that we made a positive impact on the community.

Conclusion

Through this project we were able to learn about two important issues in the United States: recidivism and the opioid crisis. These are two recurring issues in the United States that continue to rise in issue. We all understood these two issues but we got to understand how it specifically affects the state of Montana. After realizing the opioid-plagued state of Montana lacked effective treatment, we determined that something needed to be done to combat the crisis. We then decided to focus on advocating for medication-assisted treatment in the state. Luckily, we had the support of our university and the Montana government.

This project was able to give our group many great lessons because it was so difficult. The first lesson in this project was that we were all able to learn more about lobbying and government outreach. None of us have done much work in lobbying so with this project we were able to gain lobbying skills and improve our professional communication. This meant consistent contact with representatives through emails and calls. We did not realize how difficult lobbying would be, especially when there are so many people to contact for support. Fortunately, we had enough members to get through this smoothly. We learned that upfront communication is better,

especially when working with the government. For instance, we found it easier to get a hold of representatives if we directly called them and stayed persistent on our advocacy. Once we started to hear back from representatives, we found out that medication-assisted treatment is in the process of being implemented in Montana, but we continued to lobby and advocate to let Montanans understand how this may fully benefit them and their community. We learned that advocacy was the most important part to this. Pushing for support through social media, calls, emails, and even word of mouth.

Our group will continue to advocate for the benefits of medication-assisted treatment in Montana and throughout the United States. Medication-assisted treatment and a rehabilitative ideal should be more accepted in society to better help the community. This project allowed us to do enough research to understand the extent of this issue and why it is so important to advocate for the help of people in need of medication-assisted treatment. As a result of this project, we now have knowledge of lobbying and can take these skills into our future careers to be able to persuade and advocate. If the future permits it, we will be more comfortable in lobbying efforts with high ranking government officials.

Works Cited

Andrade, D. D., Ritchie, J., Rowlands, M., Mann, E., & Hides, L. (2018). Substance use and recidivism outcomes for prison-based drug and alcohol interventions. *Epidemiologic Reviews*, 40(1), 121-133. doi:10.1093/epirev/mxy004

American Society of Addiction Medicine. (2017). Public policy statement: Definition of addiction.

Broome, K. M., Knight, K., Hiller, M. L., & Simpson, D. D. (1996). Drug treatment process indicators for probationers and prediction of recidivism. *Journal of Substance Abuse Treatment*, 13(6), 487-491. doi:10.1016/S0740-5472(96)00097-9

Byrd, R. M. (2016). Punishment's twin: Theorizing prisoner reentry for a politics of abolition. *Social Justice*, 43(1), 1-22. Retrieved from http://www.jstor.org.weblib.lib.umt.edu:8080/stable/24871298

Carson, E. A., & Sabol, W. J. (2012). Prisoners in 2011. *Bureau of Justice Statistics*, NCJ 239808(11).

Centers for Disease Control and Prevention. (2019, October 3). U.S. opioid prescribing rate maps. Retrieved November 8, 2020, from https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html

Collett, B. J. (1998). Opioid tolerance: The clinical perspective. *British Journal of Anaesthesia*, 81(1), 58-68.

Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions. *Harvard Review of Psychiatry,* 23(2), 63-75. doi:10.1097/HRP.0000000000000075

Couloute, L. (2018). The Prison penalty: Unemployment, homelessness, and educational exclusion among formerly incarcerated people. *Prison Policy Initiative*. Retrieved November 8, 2020, from https://www.prisonpolicy.org/factsheets/prisonpenalty_factsheet.pdf

Department of Corrections, & Montana Reentry Task Force. (2018). Report to the Law and Justice Interim Committee. *Montana Department of Corrections*. Retrieved from https://leg.mt.gov/content/Committees/Interim/2017-2018/Law-and-Justice/Committee-Topics/2018-reentry-task-force-report-may-ljic.pdf

Department of Public Health and Human Services. (2016). Opioid use in Montana. Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/EMSTS/opioids/TheProblemOpioidUseInMontana.pdf

Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014). Recidivism of prisoners released in 30 states in 2005: Patterns from 2005 to 2010. *Bureau of Justice Statistics*. Retrieved from https://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf

Gelb, A. (2017). Pew analysis finds no relationship between drug imprisonment and drug problems. *The Pew Charitable Trusts*. https://www.pewtrusts.org/en/research-and-analysis/speeches-and-testimony/2017/06/pew-analysis-finds-no-relationship-between-drug-imprisonment-and-drug-problems

Gerstein, D. R., & Harwood, J. H. (1990) Treating drug problems. *The New England Journal of Medicine,* 323, 844-848. doi:10.1056/NEJM199009203231230

Gideon, L. (2010). Drug offenders' perceptions of motivation: The role of motivation in rehabilitation and reintegration. *International Journal of Offender Therapy and Comparative Criminology*, 54(4), 597-610. doi:10.1177/0306624X09333377

Gray, J. (2012). *Why our drug laws have failed: a judicial indictment of war on drugs*. Temple University Press. Retrieved from https://www.jstor.org/stable/j.ctt14bt7cr

Hyatt, J. M., & Lobmaier, P. P. (2020). Medication assisted treatment (MAT) in criminal justice settings as a double-edged sword: Balancing novel addiction treatments and voluntary participation. *Health & Justice*, 8(1), 7. doi:10.1186/s40352-020-0106-9

Jonson, C. L., & Cullen, F. T. (2015). Prisoner reentry programs. *Crime and Justice*, 44(1), 517-575. https://doi.org/10.1086/681554

Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment. *American Journal of Public Health*, 105(8), e55-e63. doi:10.2105/ajph.2015.302664

Jones, E.S., Moore, B.A., Sindelar, J.L., O'Connor, P.G., Schottenfeld, R.S., Fiellin, D.A. (2009). Cost analysis of clinic and office-based treatment of opioid dependence: Results with methadone and buprenorphine in clinically stable patients. doi:10.1016/j.drugalcdep.2008.07.013

Kosten, T. R., & Baxter, L. E. (2019). Effective management of opioid withdrawal symptoms: A gateway to opioid dependence treatment. *The American Journal on Addictions*, 28(2), 55-62.

Krug, S. A., & Scott, K. S. (2020). A toxicological exploration of the opioid crisis. *Wiley Interdisciplinary Reviews: Forensic Science*, 2(6), 1-23. doi:10.1002/wfs2.1386

Majeed, M. H., & Sudak, D. M. (2017). Cognitive behavioral therapy for chronic pain—One therapeutic approach for the opioid epidemic. *Journal of Psychiatric Practice*, 23(6), 409-414.

Mannerfelt, C., & Håkansson, A. (2018). Substance use, criminal recidivism, and mortality in criminal justice clients: A comparison between men and women. *Journal of Addiction*. https://doi.org/https://doi.org/10.1155/2018/1689637

Mohdin, A. (2016, February 16). *Norway tries a novel tactic for drug addicts—Rehab instead of jail*. Retrieved November 8, 2020, from https://qz.com/617212/norway-tries-a-novel-tactic-for-drug-addicts-rehab-instead-of-jail/

Montana Department of Public Health and Human Services. (2017). Addressing substance use disorder in Montana; strategic plan: Interim draft report. Retrieved from https://dphhs.mt.gov/Portals/85/Documents/SUDStrategicPlan.pdf

National Institute on Drug Abuse. (2020, April 3). *Montana: Opioid-involved deaths and related harms*. Retrieved November 8, 2020, from https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/montana-opioid-involved-deaths-related-harms

Pinard, M. (2007). A reentry-centered vision of criminal justice. *Federal Sentencing Reporter*, 20(2), 103-109. https://doi.org/10.1525/fsr.2007.20.2.103

Pitarro, M. (2017, June 29). Why Sessions's mandatory minimums directive is a step backwards. *In Public Safety*. Retrieved November 8, 2020, from https://inpublicsafety.com/2017/06/why-sessions-mandatory-minimums-directive-is-a-step-backwards/

Prison Policy Initiative. *Montana profile*. Retrieved November 8, 2020, from www.prisonpolicy.org/profiles/MT.html.

Rothberg, R. L., & Stith, K. (2018). The opioid crisis and federal criminal prosecution. *The Journal of Law, Medicine & Ethics*, 46(2), 292-313. doi:10.1177/1073110518782936

Sade, R. M. (2020). Introduction: Opioid controversies: The crisis — Causes and solutions. *Journal of Law, Medicine & Ethics*, 48(2), 238-240. doi:10.1177/1073110520935334

Veilleux, J. C., Colvin, P. J., Anderson, J., York, C., & Heinz, A. J. (2010). A review of opioid dependence treatment: Pharmacological and psychosocial interventions to treat opioid addiction. *Clinical Psychology Review*, 30(2), 155-166.

Wilson, N., Kariisa, M., Seth, P., Smith, 4., Herschel, & Davis, N. L. (2020). Drug and opioid involved overdose deaths - United States, 2017-2018. *Morbidity and Mortality Weekly Report*, 69(11), 290-297. doi:10.15585/mmwr.mm6911a4

Yukhnenko, D., Sridhar, S., & Fazel, S. (2019). A systematic review of criminal recidivism rates worldwide: 3-year update. *Wellcome Open Research, 4*(28). https://doi.org/10.12688/wellcomeopenres.14970.2