



Foundation *for* Opioid Response Efforts

'COVID-19 National Emergency Response' Webinar Series

Correctional Facilities and MOUD During the COVID-19 Pandemic

April 2, 2020

Webinar Questions and Answers

Disclaimer: We have asked our webinar panelists to address questions from the webinar and are providing responses below, to the best of our current knowledge, given the rapidly evolving circumstances. These answers are informational in nature and are not intended as legal or medical advice.

1. Can you highlight some of the work in this field by red states? Especially in Arkansas, Tennessee, Georgia, or North Carolina.

In North Carolina, many jails have started to release people who are awaiting trial and have been reviewing people for release who have low level offenses. There are efforts in places to coordinate with state labs to get more rapid results from COVID tests. The prison system is quarantining all people who come from jails for 14 days.

Numerous states, including in the South, are releasing jail detainees who are awaiting trial and reducing bond amounts to allow expedited release. Also, law enforcement in many municipalities are not arresting individuals for minor misdemeanor offences and/or are increasing the number and types of offences which can be cited (rather than result in an arrest and detention). Prisons are also releasing individuals who have certain underlying medical conditions and/or who are nearing their expected release dates (GA, OK, LA, and others in the South have been and/or are doing this). Overall, we have seen across the US substantial advocacy around releasing individuals from both prisons and jails. And many states have responded by releasing at least some proportion of incarcerated individuals (albeit not enough to alleviate some of the more serious concerns about COVID-19 outbreaks within correctional facilities).

2. Have you seen more national buy in into pre-arrest diversion programs such as Law Enforcement Assisted Diversion during these times?

This is a good question and, theoretically, it is an ideal time for people to invest in alternatives to incarceration like Law Enforcement Assisted Diversion. However, most law enforcement and correctional agencies are so overwhelmed trying to address the potential spread of COVID-19 in their facilities that they aren't prioritizing new initiatives.

And, compounding this, police departments across the country are seeing officers become infected and quarantined. New initiatives, which still require significant law enforcement

involvement may be very difficult to implement at the moment given that many police departments lack protective equipment and are themselves concerned re spread of COVID-19.

One thing that is also important to note is that diversion programs, as well as expanded use of expedited release of people who are incarcerated, require multiple key stakeholders and agencies, including law enforcement, prosecutors, public defenders and the judiciary. These entities have challenges collaborating during normal times let alone extraordinary times such as these.

- 3. Could you comment on the need for access to XR and sublingual buprenorphine as an option at release as opposed to accepting the idea that XR naltrexone is the "standard" and often only option offered? Vivitrol is heavily marketed to states as "not substituting one drug for another," but there is no evidence of superiority to buprenorphine and many concerns about limitations of naltrexone and adherence to Vivitrol versus buprenorphine.**

Switching existing sublingual or oral buprenorphine patients to injectable buprenorphine can be a helpful strategy to minimize patient interaction and keep patients safe during this time. Individuals who are incarcerated, however, are not likely to be provided buprenorphine in the absence of an MOUD program that is providing it internally. Injectable buprenorphine is not clinically indicated for patients who are currently abstinent, so in order to release an individual with a buprenorphine injection, jails and/or prisons would need to quickly develop protocols to provide buprenorphine throughout the entire period of incarceration. This is not impossible, but it is an administrative and financial challenge.

- 4. How can we compel jails to continue MOUD services as these same jails deny access and service providers under the COVID-19 environment?**

A recent Circuit Court [ruling](#) upheld a lower court ruling that not allowing continuation of MOUD (specifically buprenorphine) is a violation of the Americans with Disabilities Act.

- 5. Is this pre-release Medicaid enrollment mentioned available for jails or just prisons?**

Ohio's program is a partnership with prisons, however, these principles could be applied to jail populations as well. A similar approach has been taken in some larger jail systems, namely the Cook County jail project to enroll individuals.

- 6. Continuity of care is extremely important. How has social distancing affected methadone clinics?**

Data has not yet emerged on how OTPs (or other healthcare settings) are being affected by social distancing, but several states have released guidance to OTPs recommending staggering appointment days and providing take homes per SAMHSA in order to minimize clinic traffic. Also, recent [guidance](#) from SAMHSA recommends expanded use of take-home medication for methadone clients and telehealth for psychosocial counseling.

FORE recently held a webinar on "[Federal and State Policy Lever to Maintain Access to MOUD During the COVID-19 Pandemic](#)," which provides some more information on this subject.

- 7. How many systems are stratifying their COVID cases by race, ethnicity, sexual orientation, and/or other subgroups? As the justice system is rife with disparities, especially around drug use, it is likely important to know this. As we seek to mitigate bad outcomes, are we looking at culturally relevant responses/solutions? Are we looking to make sure all people have equitable access to telehealth improvements? Longer term prescriptions, etc.? Not to mention the need to look at gaps to create more equitable justice reforms overall.**

Very few and this is quite important, as noted in the question. A few states, including IL and NC, are providing data on race. Additionally, some states, including AR, mention race stratified data during regular press briefings (though these data are often not included in state run dashboards tracking new cases, hospitalizations, and fatalities). ProPublica just published a [story](#) citing data from Milwaukee and MI indicating stark racial disparities in infections and mortality from COVID-19.

- 8. How long will it be before the inmate knows if he will be release, a non- violent offender?**

This is a system-by-system and likely case-by-case scenario.