

# Resources for Correctional and Detention Facilities Preparing for the Release of People with Substance Use Disorder during COVID-19

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/communication/print-resources/Resources-for-Reentry-SUD-Final-508.pdf>

Linking people with substance use disorder (SUD) to care and treatment as they return to their communities is an important consideration for correctional and detention facilities during the COVID-19 pandemic. Many studies report that the time following release from a correctional facility is an especially common time for fatal drug overdoses, particularly from opioids.<sup>1,2</sup>

Access to care and treatment, including access to medications for opioid use disorder (MOUD) and provision of naloxone, an opioid overdose reversal drug, can help ensure the safety of those released.<sup>3</sup> Research shows that providing people leaving prisons or jails buprenorphine or methadone is associated with decreases in overdose deaths in the immediate weeks after release.<sup>4,5</sup>

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Follow [CDC guidelines for screening people for COVID-19 prior to release](#). Ensure vaccination for COVID-19 is available for people who are incarcerated, and encourage them to be vaccinated.

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Access to care and treatment is more critical than ever as the number of overdose deaths in the United States is increasing. Early data suggest that overdose deaths increased 31% for the 12 months ending in January 2021 compared to the previous year.<sup>6</sup> Access to care and treatment will depend on locally available programs and resources.

## BEFORE RELEASE

**Begin coordinating post-release care. Consider following these 5 steps:**

1. **Vaccinate.** Ensure vaccination for COVID-19 is available for people who are incarcerated, and encourage them to be vaccinated ([Vaccines for COVID-19](#)). Follow CDC guidelines for screening anyone who is not fully vaccinated prior to release.
2. **Screen.** Screen all people in correctional facilities for SUD with an evidence-based screening tool at the earliest possible opportunity, ideally during intake or booking, and start persons with SUD on treatment upon incarceration. [Screening and Assessment of Co-occurring Disorders in the Justice System](#), [Screening and Assessment Tools Chart](#)
3. **Review Criteria.** Review early release criteria for your community, if applicable, and identify people with SUD who may be eligible for early release due to COVID-19.
4. **Plan.** Use SUD screening results to start planning post-release care and treatment even if early release is not indicated. Ideally, correctional and detention facilities should implement the following:
  - Start planning immediately, given that some people have shorter stays.
  - Work with people in prisons and jails to identify appropriate [community-based treatment providers](#), including [those providing MOUD](#), in addition to other needed services and support, such as access to stable housing, food, and other resources vital for health.
  - Help with making initial appointments with community providers in advance.
  - Delegate planning to reentry coordinators, case managers, or other transitional support staff.
  - Ensure that all eligible people are enrolled or reenrolled in [Medicare](#) and/or [Medicaid](#) before release to facilitate connections to community providers if persons with SUD do not have insurance.
5. **Share Information.** Since pre-release planning is not always possible, identify SUD treatment and other service providers in the community (including syringe service, housing, primary care, and nutritional support programs) who are able to accept recently released people and share their contact information when the person is released. Building partnerships with treatment and service providers in advance is important for success.

**Ensure that MOUD are provided continuously at the correctional facility.** It's important to ensure that MOUD are provided continuously at the correctional facility. Some strategies that jails and prisons follow include the following:

- Using telehealth to start or continue patients on medication without an in-person visit, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) regulations, during the COVID-19 pandemic.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

- Shifting to cell-side dosing, where medications are administered to individuals in their cells, as opposed to a shared dosing room.
- Planning for staff shortages that could affect service delivery.
- Reserving the clinical space required for initiating MOUD.
- Sustaining access to MOUD for people in prisons and jails both on-site and after release is critical for reducing their chances of nonfatal or fatal overdose upon release and increasing likelihood of getting treatment in the community.

### Prepare for immediate medication-related treatment needs in the post-release period:

For people receiving MOUD during incarceration:

- In alignment with other COVID-19 guidance for prescribing and dispensing medication, consider steps to ensure that anyone taking MOUD is provided enough medication or a bridge prescription to last until their first appointment with a community-based provider after their release. If their appointment date is unknown, consider providing a 14–28 day supply of medication.
  - » For [buprenorphine](#): To begin treatment for opioid use disorder the patient must abstain from using opioids for at least 12 to 24 hours and be in the early stages of opioid withdrawal.
  - » For [naltrexone](#): To reduce the risk of withdrawal symptoms, patients should wait at least 7 days after their last use of short-acting opioids and 10 to 14 days for long-acting opioids, before starting naltrexone.

For persons NOT receiving MOUD during incarceration:

- If MOUD is not available to individuals who need it during incarceration, consider offering extended-release buprenorphine or naltrexone injections at the time of release, if medically appropriate, along with linkage to continued medication treatment with a community-based provider. Ensure that people being released are also aware that, during the pandemic, SAMHSA allows buprenorphine to be prescribed via telehealth without an in-person examination.

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For additional linkage to care resources, please see [Public Safety-led Linkage to Care Programs in 23 States / SAMHSA Treatment Services Locator](#)

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### Use educational and training videos:

- Facilities can show educational videos on relevant topics—such as MOUD, recovery, harm reduction, and overdose prevention and response—to supplement information typically provided by staff.

## POST RELEASE

Provide additional harm reduction and recovery resources at release:

- **Arrange transportation:** Plan to have a peer recovery specialist or other transition support staff pick up someone who is being released. For other guidance, see [public transportation](#).
- **Provide resources:** Give naloxone kits and information on how to join an online recovery support group), how to develop an overdose prevention plan, and how to enroll in a local syringe services program.

## ADDITIONAL RESOURCES

- [CDC Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#)
- CDC [Print resources](#) for use in correctional facilities
- [Drug Enforcement Administration \(DEA\)/Substance Abuse and Mental Health Services Administration](#)
- SAMHSA [FAQs for the provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency](#)
- SAMHSA [Medication Assisted Treatment](#)
- SAMHSA [Buprenorphine Practitioner Locator](#)

## REFERENCES

1. Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Ann Intern Med.* 2013;159(9):592-600.
2. Ranapurwala SI, Shanahan ME, Alexandridis AA, et al. Opioid overdose mortality among former North Carolina inmates: 2000-2015. *Am J Public Health.* 2018;108(9):1207-1213.
3. Centers for Disease Control and Prevention (CDC). Evidence-based strategies for preventing opioid overdose: What's working in the United States. National Center for Injury Prevention and Control, CDC, U.S. Department of Health and Human Services, 2018. Accessed January 3, 2021 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>.
4. Marsden J, Stillwell G, Jones H, et al. Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. *Addiction.* 2017;112(8):1408-1418.
5. Degenhardt L, Larney S, Kimber J, et al. The impact of opioid substitution therapy on mortality post-release from prison: Retrospective data linkage study. *Addiction.* 2014;109(8):1306-1317.
6. Provisional Drug Overdose Death Counts from the National Center for Health Statistics. Accessed September 15, 2021 from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

### Website addresses for links in this document

- [Vaccines for COVID-19](#)
- SAMHSA [Screening and Assessment of Co-occurring Disorders in the Justice System](#)
- NIH [Screening and Assessment Tools Chart](#)
- SAMHSA [Community-based treatment providers](#)
- SAMHSA [Medications for opioid use disorder \(MOUD\)](#)
- [Medicare](#)
- [Medicaid](#)
- SAMHSA [Buprenorphine](#)
- SAMHSA [Naltrexone](#)
- HIDTA [Public Safety-led Linkage to Care Programs in 23 States](#)
- SAMHSA [Treatment Services Locator](#)
- [Public transportation mask guidance](#)