Wisconsin Society *of* Addiction Medicine

A Chapter of American Society of Addiction Medicine

January 21, 2022

Attn: Wisconsin Sheriffs

As advocates for the well-being, health and survival of our patients, the **Wisconsin Society of Addiction Medicine urges County Jails, the DOC and DHS to take concrete and expedited steps to ensure that individuals incarcerated in our state's jails and prisons have access to the standard of medical care for opioid use disorder (OUD). This means identifying both individuals currently receiving medications for opioid use disorder (MOUD) including buprenorphine, methadone, and extended release naltrexone,and individuals who would benefit from MOUD. Steps are needed to ensure that these individuals continue to receive MOUD while incarcerated.** Buprenorphine and methadone, in particular, have been associated with reductions in mortality.

Current Opioid Overdose Trends

More than 100,000 people died from a drug-related overdose in the US between April 2020 and April 2021, according to the CDC, representing a 28.5% increase from the year prior. In our state, nearly 1,600 Wisconsinites died between May 2020 and May 2021—with illicitly manufactured fentanyl responsible for more than 1,100 of those deaths. The situation is even worse for those in jail or prison. Based on the Wisconsin DOC's own analysis, there was a 263% increase in overdose deaths for individuals released from prison between 2014 and 2020. This is compared to a 46% increase in the general population over that period of time.(2) If persons in jail or prison with an OUD were provided medication such as buprenorphine or methadone, lives would be saved. Jails and prisons are a critical part of the public health response to the drug overdose crisis.

Overdose Risk After Incarceration

Research has shown that the risk for overdose after release from incarceration is exceptionally high, with one study showing overdose risk to be 129 times higher in the first two weeks after release compared to individuals who had not experienced incarceration.(3) In Massachusetts in 2017, 60% of individuals who died from overdose were incarcerated in the year prior to their overdose.(4) Opioid-related overdose is the most frequent cause of death among people recently released from prison.(5) With such high mortality risks directly associated with incarceration, and given the fact that illicit fentanyl is killing so many, the legal and ethical responsibilities of jails and prisons to provide evidence-based medical care for opioid use disorder are all the more urgent, especially since buprenorphine and methadone are known to reduce the risk of opioid-related overdose and increase linkage to ongoing care.

Benefits of MOUD in Carceral Settings

In 2016, Rhode Island was the first state to systematically offer access to all three forms of MOUD to all individuals incarcerated in jail or prison. In the 6 months after roll-out of this program, there was a 61% reduction in death among formerly incarcerated individuals. For every 11 people who received MOUD, one person's life was saved.(6) The benefits of providing

MOUD for individuals who are incarcerated extend beyond overdose prevention. Continuing or starting methadone or buprenorphine during incarceration improves treatment entry and retention after release as well as post-release mortality.(7,8) One study found that continuing methadone during incarceration in jail reduced disciplinary tickets.(9) If an individual does not want to be treated with methadone or buprenorphine, extended-release injectable naltrexone is an option that can help prevent return to use after release.(10) We understand that each state must carve its own path, but evidence-based medical care that is saving lives in Rhode Island can save lives here in Wisconsin.

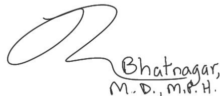
Implementation in Jails and Prisons

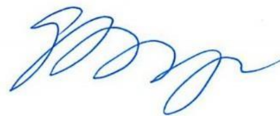
We acknowledge there are barriers as it relates to implementation of evidence-based care for OUD among detainees and inmates. Costs associated with service provision, coordination with community-based care post-release, and concerns about diversion in carceral settings are commonly cited barriers. Because something is challenging, however, should not deter us from pursuing policies and practices that are proven to save lives. WISAM would be pleased to provide many examples how more and more jails and prisons nationally are implementing these services, and there are now countless examples showing that it is feasible, and why more wardens, sheriffs and public officials strongly support MOUD programs. Additionally, the National Commission on Correctional Health Care recommends that jails and prisons establish MOUD programs that involve universal screening, medication treatment and community care coordination.(11) Moreover, federal courts have repeatedly found that inflexible policies that deny access to medically necessary treatment, including methadone and buprenorphine, to persons with OUD during incarceration violate the Americans with Disabilities Act (ADA) and the Eighth Amendment's prohibition of cruel and unusual punishment.(12, 13)

In conclusion, the **Wisconsin Society of Addiction Medicine (WISAM) urges County Jails, the DOC, and DHS to take concrete and expedited steps to ensure that incarcerated individuals with opioid use disorder have access to buprenorphine, methadone, and extended release naltrexone in Wisconsin jails and prisons.** The addiction medicine specialists in our organization would be happy to discuss the information presented here or to answer any questions you may have.

Kind regards,

Wisconsin Society of Addiction Medicine (WISAM)





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