

COPING WITH COVID IN CORRECTIONS:

A QUALITATIVE STUDY AMONG THE RECENTLY INCARCERATED ON PURSUING SUBSTANCE USE DISORDER TREATMENT DURING THE PANDEMIC

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BACKGROUND

- Two-thirds of people involved with the criminal legal system have substance use disorders (SUD).¹
- Carceral facilities can stabilize residents on various forms of SUD treatment including pharmaco- and behavioral therapy.
- Little is known about how pandemic-related service disruptions impacted motivation for and access to SUD treatment.

OBJECTIVE

- To examine how facility guidelines affected access to SUD treatment during the pandemic for individuals reporting receiving SUD treatment in the last five years

METHODS

- We conducted a parent study to determine facility enforcement of the Centers for Disease Control and Prevention COVID-19 guidelines, and elicit perspectives on acceptability of wastewater-based surveillance (WBS) accompanying individual testing for COVID-19
- From June 2021 to September 2021, we conducted open-ended interviews with 20 community-dwelling adults who were in a U.S. correctional facility from March 2020 to May 2021
- In this secondary analysis, we examined how facility guidelines affected access to SUD treatment among those reporting SUD treatment in the last five years, referred to as “recent SUD” (N=10)
- We analyzed qualitative data thematically via an iterative process



Figure 1: Residents in line, Georgia (US) correctional facility.

RESULTS

- Half of all participants (n=20) reported receiving some form of SUD treatment in last five years – such as a treatment agency or attending alcoholics anonymous
- Participants with a recent history of SUD treatment (n=10) reported discordant perceptions on whether COVID-19 positively or negatively impacted access to SUD services
- Participants reflected on the following:
 1. Decline in facility SUD services
 2. Resiliency to pursue treatment despite facility limitations
 3. Peer support filling gaps in services

Decline in facility SUD services

For some the adverse impact of diminished services was exacerbated by the lack of alternative options. For one participant, this was felt for almost a year after the onset of the pandemic:

- “Well, what happened was I wanted to [start treatment]. But when COVID came, everything shut down. There was no halfway houses open, they had no AA meetings, NA meetings, there was nothing for almost a year... So, I was facing stuff all year without no treatment. I just started receiving treatment three months ago. – Participant A, a 59-year-old man

Resiliency to pursue treatment despite facility limitations

Other participants reported resiliency, with facility limitations serving as a motivator for pursuing SUD treatment, such as individual:

- “I’m trying to really work on my sobriety. Because if not, I may end up dying ... I focused more on it. So, during the pandemic, it was really hard because they stopped meetings, they stopped a lot of stuff until they came up with Zoom meetings and stuff like that.” – Participant B, a 37-year-old woman

Peer support filling gaps in services

In some instances, relying on peer support was more effective than waiting for the facility to resume services. For some, this required participants and their peers to be the own bearers of change and host their own SUD counseling:

- “While we was inside, we had our own little meetings and stuff like that amongst ourselves because there was no counselor staff didn’t come in, nothing. ... So, it was amongst us. So, it was left upon ourselves to continue with it. ... Amongst ourselves, we’d bring the books in and yeah. So, we conducted our own meetings.” – Participant A, a 59-year-old man

Table 1. Demographics (n=10)

Age*	51 [30-63]
Male	9 (90%)
Race	
Non-Hispanic White	5 (50%)
Non-Hispanic Black	0 (0%)
Hispanic	4 (40%)
Multiple Races	1 (10%)
Education	
Graduated from high school	4 (40%)
GED	3 (30%)
Finished some college	3 (30%)
Clinical	
In last 5 years ever go to AA/NA/etc for drug/alcohol	10 (100%)
Ever received a mental health diagnosis	8 (80%)
Enrolled in chronic care clinic	2 (20%)
Justice involvement during pandemic	
Median number of incarcerations since March 2020*	1 [1-2]
Median number of facilities since March 2020*	1 [1-3]
At least one drug/alcohol-related charge since March 2020	4 (40%)

*Indicates median and range

CONCLUSION

- Participants described declines in SUD services, to pursue treatment despite facility limitations and the role peers played in filling in service gaps..
- Given the high rate of SUD among justice-involved individuals, it is imperative that correctional facilities have contingency plans to provide SUD treatment amidst a pandemic.
- This is important as the lack of control over one’s environment may adversely impacted one’s desire to start or continue.

REFERENCES

1. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. (2017). Retrieved from <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>

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