

April 7, 2020

Governor J.B. Pritzker
Office of the Governor
207 State House
Springfield, IL 62706

Mayor Lori Lightfoot
City Hall
121 N. LaSalle Street
Chicago, IL 60602

Re: Immediate Action to Prevent COVID-19/Opioid Comorbid Deaths

Dear Governor Pritzker and Mayor Lightfoot,

Your leadership has been exemplary. We know that both of your administrations are committed to health equity and combatting this devastating pandemic. We applaud you for all that the State of Illinois and the City of Chicago have accomplished in this time of crisis.

As a network of treatment providers, frontline service workers, public health advocates and criminal justice experts, we are writing to shed light on the unique needs of a population at [heightened risk of death](#) due to COVID-19. As the COVID-19 pandemic surges, people with substance use disorders (SUD) have garnered little attention in the national conversation despite their increased risk of morbidity and mortality.

Opioids, suppress respiratory function on their own. Opioid or stimulant use combined with any other comorbid condition increases the likelihood of death. Many opioid and stimulant users also use tobacco, which, according to the international literature, [increases mortality from Covid-19](#). Opioid and stimulant users also face incarceration and homelessness, which exponentially increases their likelihood of contracting and dying from COVID-19.

The opioid overdose crisis has caused significant and unprecedented mortality rates, far exceeding deaths from vehicle accidents, HIV/AIDS and gun violence, making drug overdose the [number one cause of accidental death](#) among adults under 50 in the United States. In 2018, Illinois lost [2,167 individuals](#) to fatal drug overdoses with African Americans dying at nearly double the rate of Whites. The addition of a viral pandemic on top of an overdose crisis will exponentially increase the number of deaths.

For these reasons, we are calling for a comprehensive strategy to fully address prevention and support services for people with SUD. Given this extraordinary time, we ask that the following services and policy recommendations be implemented with the utmost urgency to prevent the spread of COVID-19 among individuals with SUD and the broader community. The following comprise our recommendations:

- 1. Increase Access to Opioid Agonist Treatment in the Community and in the Criminal Justice System.** Opioid agonist therapy (OAT) such as methadone and buprenorphine are the “gold standard,” [evidence-based treatment](#) for opioid use disorders. These medicines reduce cravings, stabilize people struggling with chaotic use, and are the only drug therapeutics that protect

against overdose. The World Health Organization (WHO) considers methadone an [essential medication](#).

Prior to COVID-19, there were already [numerous barriers for](#) people living with OUD to access OAT. COVID-19 is likely to *increase* barriers to treatment – as social distancing makes accessing care more difficult. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) [COVID-19 guidelines](#) for opioid treatment programs (OTP) indicates that OTPs should provide a 14-28 day supply of take-home medications for program patients. We ask that all OTPs throughout the state receive a directive from the Substance Use Prevention and Recovery (SUPR) division of the Illinois Department of Human Services (IDHS) to adopt SAMHSA guidelines immediately. Additionally, OTP’s should:

- Deliver medications to those who are under quarantine or who are sick and/or make accommodations for curbside pick-up by caretakers.
- Ensure patients who lack housing receive take home medications during the pandemic.
- Follow guidelines on [proper dosage](#) to retain patients in treatment and prevent illicit use of substances.
- Stop involuntary detoxification for non-payment of services.
- End the practice of removing individuals from care for using substances, or for relapse.
- Support telehealth per [SAMHSA guidelines](#).
 - Allow all pre-existing methadone and buprenorphine patients to continue treatment via telehealth.
 - Initiate buprenorphine treatment via telehealth for new patients and conduct follow up appointments via telemedicine.

2. The State of Illinois should encourage the federal removal of the buprenorphine waiver as well as methadone-dispensing restrictions for the duration of the pandemic. Provide state support in advocating for amendments to federal regulations barring [office-based methadone treatment](#).

- Removal of the buprenorphine waiver requirement and methadone-dispensing restrictions will increase access to these evidence-based medications while also reducing the risk of overdose death among recipients.
- Increasing access through office-based treatment can reduce the treatment gap by making methadone more available to people who may not be able to attend daily appointments. Minimizing daily travel to and from dispensing clinics also reduces the risk of COVID-19 transmission.

3. Increase Access to Low-Barrier Housing for Individuals with SUD

Individuals with SUD who are unhoused experience an [increased risk of overdose](#).

- Promote a [housing first model](#) that prioritizes keeping people housed regardless of substance use. Low-barrier shelter also upholds the safety and security of persons experiencing [intimate partner violence](#) (IPV).
- Widely distribute hygiene supplies, makeshift shelter provisions such as tents, and increase access to sanitation resources such as running water, soap and portable toilets for those that will inevitably remain unhoused. People experiencing homelessness are at [heightened risk](#) of contracting and transmitting various illnesses including COVID-19.

4. Encourage Local Jurisdictions to De-Prioritize Arrests for Illicit Drug Purchasing.

- As [Cook County State’s Attorney Kim Foxx has advocated](#), we ask that local jurisdictions be encouraged to suspend arrests of individuals purchasing, possessing and/or selling small amounts of drugs. The threat of arrest does [nothing to curb demand](#) from the illicit drug market but does [increase overdose risk](#). Drug seizures by law enforcement destabilize the illicit market leaving individuals with SUD vulnerable to new and even more unpredictable novel fentanyl analogues or other novel substances that are extremely potent.

5. Prioritize Access to Overdose and Infectious Disease Prevention Services (e.g. [harm reduction services](#)), including [Syringe Service Programs \(SSPs\)](#) and [Naloxone Distribution](#).

SSPs originated out of viral infection prevention. Prioritizing and bolstering these critical services during this time helps to curb the spread of COVID-19 by equipping service users, many of whom are already living with chronic viral conditions, with the supplies they need to reduce infection risks thereby limiting travel and promoting social distancing.

- Maintain status of [“essential services”](#) for SSPs while social distancing regulations are in effect.
- Provide [emergency funding](#) in order that SSPs may equip program participants with extra supplies during the quarantine and support all SSPs transitioning to best practice distribution models that support secondary distribution.
- Lift the current purchasing limit of 100 syringes for individuals without a prescription seeking to buy hypodermic needles from a pharmacy. Allowing for need-based purchasing aligns with [best practices of HIV/AIDS](#) and viral hepatitis prevention.
- Provide COVID-19 personal protective equipment (PPE) to all SSPs to ensure the health and safety of staff and participants.
- Provide emergency funding to overdose education and naloxone distribution (OEND) programs and OTPs in order to provide unlimited naloxone refills, shifting programs to an on-demand model with priority for individuals at risk of overdose as well as family members and friends of individuals with SUD.
 - Regular naloxone distribution currently exists via OEND programs throughout the state, however, not all OENDs have the capacity to support a [secondary distribution model](#) whereby naloxone recipients are provided with extra, ideally unlimited, naloxone refills to share with their social networks. Public health research demonstrates secondary distribution models to be the most efficacious in reducing overdose fatalities.
- Instruct all physicians that treat patients with OUD or prescribe any opioids to [co-prescribe naloxone](#). This must include emergency department co-prescribing and distribution as well as co-prescribing in jails and prisons. This measure alone will significantly decrease the burden on emergency service personnel to respond to overdose.
- Revise the standing order for non-pharmaceutical OEND programs scattered throughout the state, to develop new, low barrier distribution models such as kiosks or vending machines.

6. Continue to Release Persons at Risk of Morbidity and Mortality from Jails and Prisons. Many people incarcerated for drug-related crimes or other property-related crimes because of an untreated SUD do not pose a risk to public safety. [We join public health and criminal justice reform experts](#) calling for the immediate release of as many people as safely possible who are currently incarcerated or detained throughout the state of IL including the Cook County Jail, the Juvenile Temporary Detention Center, all immigration detention centers, and the Illinois

Department of Corrections, [to curb the transmission of COVID-19](#). These facilities [provide the foundation for mass transmission](#) - increasing the likelihood of detained or incarcerated individuals with substance use disorders contracting the virus as well as putting staff, and the broader community at increased risk of morbidity and mortality from COVID-19.

It is our hope is that this letter provides a roadmap to protect people with SUD from the ongoing overdose epidemic and COVID-19 pandemic. We believe that these measures will prevent the escalation of fatal overdoses and COVID-19 fatalities.

Please know the organizations that have signed onto this letter are committed to supporting your administration in this time of great need. If you have any questions or concerns, please contact Kathie Kane-Willis, Director of Policy and Advocacy, Chicago Urban League at KKaneWillis@chiul.org.

Sincerely,

Above and Beyond Family Recovery Center
AIDS Foundation of Chicago
Believers Bail Out
Bobby E Wright Comprehensive Behavioral Health Center
Caring Ambassadors
Chicago Appleseed Fund for Justice
Chicago Community Bond Fund
Chicago Drug Users Union
Chicago Recovering Communities Coalition
Chicago Recovery Alliance
Chicago Urban League
Civil Rights and Police Accountability Project of the University of Chicago Law School
Clergy for a New Drug Policy
Community Renewal Society
Drug User Health Collective of Chicago
Esperanza Health Centers
Fathers Who Care
Healthcare Alternative Systems, Inc.
Health & Medicine Policy Research Group
Heartland Alliance
Institute on Public Safety and Social Justice, Adler University
Jolt Foundation
Law Office of the Cook County Public Defender
Legal Council for Health Justice
Live4Lali
Nonprofit Utopia
Pathfinders Prevention Education Fund
Prevention Partnership, Inc.
Renaissance Social Services, Inc.
Rusch and Associates
SAFER Foundation

Shriver Center on Poverty Law
Students for Sensible Drug Policy
The Perfectly Flawed Foundation
Trilogy Behavioral Healthcare
Unitarian Universalist Prison Ministry of Illinois
Westside Community Triage and Wellness Center
West Garfield Park Community Stakeholders