

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Apr 17, 2020
To: "Christopher Ahlback" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-586

RE: Manuscript Number ONG-20-586

Care for Incarcerated Pregnant People with Opioid Use Disorder: Equity and Ethics Implications

Dear Dr. Ahlback:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Due to the COVID-19 pandemic, your paper will be maintained in active status for 30 days from the date of this letter. If we have not heard from you by May 17, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: Thank you for the opportunity to review this important work.

While I understand the importance of drawing equity out into the title, abstract, and discussion separately - as an ethicist, I found it a bit jarring to demarcate from ethics so entirely. Equity IS an ethical issue. Perhaps, the title and phrasing throughout could be reworked to not draw this false dichotomy? E.g. Inequitable care for incarcerated pregnant people with OUD - Ethical Implications. Or something similar? Additionally, the line 84 also has additional preview points which are important and worth mentioning in the abstract (justice and equity, legal and ethical obligations of 85 healthcare provision, and the medical and legal rights of incarcerated people)

Throughout, I would recommend the authors reduce the number of clauses and run-on sentences. The authors have obviously taken great care at their connotation and denotation and are beautiful writers - it would be easier for the reader to absorb this nuance if the writing was less complex. For example, the last sentence in the Abstract - " Contextualized in the sociopolitical history of incarceration the United States, we present a case, highlighting equity and ethical concerns with the current paradigm of medical care for pregnant people with OUD who are incarcerated, and offer recommendations for improving care for this often-ignored group." Could be revised to read "Contextualized in the sociopolitical history of incarceration IN the United States, we first present a case to highlight the ethical concerns of the current inequitable paradigm of medical care for pregnant people with OUD who are incarcerated. We then offer recommendations for improving care for this often-ignored group." This is more common in the abstract than the remainder of the Commentary.

Associate Editor: Please, in your revision, as you did in your cover letter, make it clear that the case is not actually a single person.

Line 114 is missing a word: which has involved the exponential rise and racially disproportionate incarceration women in the U.S. over the last four decades.

Line 119 - should it be especially Black women rather than including?

I would love another sentence or two discussing the tendency for some law enforcement to test pregnant women for fetal health. The ACOG Committee Opinion on Maternal Decision-Making, Ethics, and the Law would be a good reference. While you touch on it a bit, I think further elaborating on the fact that we are privileging fetal health but in fact actually risking both maternal and child health is important. Furthermore, this is a dangerous precedent for maternal autonomy that I think bears outright mentioning.

Manuscript Editor: Would you describe who provided you with the disclaimer on your title page that reads, "The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the American College of Obstetricians and Gynecologists"?

Reviewer #3: This is a commentary on the care for incarcerated pregnant people with opioid disorders. Authors explored equity and ethics of current practices in jail and prison populations across the United States.

Overall, very well written and informative commentary.

Suggestions and comments;

1. Title; Consider exploring ethical principles in a structured manner, otherwise will suggest removing "ethical" implications from the title.
2. Lines 66-73 is very helpful, but will require appropriate citations.
3. Lines 114-117; comparison of the US incarceration practices against other nations, for example OECD countries or even Canada may further illustrate or contextualize the unique US practices.
4. Line 195-6 requires citation.
5. Lines 218-224; in particular here and throughout the manuscript, authors mixed answering relevant hypothetical questions with recommendations leading to repetitious statements. Suggest consolidating best practices and a summary of recommendations. Lines 266-277 can therefore be expanded as such; overall, this may help in reducing manuscript length and focus readers' attention.
6. Lines 237-244; In discussing recommendations, how might we leverage the transformed Telehealth capabilities in the aftermath of COVID 19 crises? Hitherto barriers to practice across state lines including opioids prescriptions have been relaxed and are likely to remain so for the foreseeable future.
7. How reliable and consistent are the intake processes in identifying at risk pregnant patients beyond the obvious cases of incarceration for substance abuse or known worst offenders? Might this be another barrier to achieving consistent best practices and how might inconsistencies be remedied?

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

8. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for Current Commentary articles is 250 words. Please provide a word count.

9. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

10. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

11. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

* A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and

* A point-by-point response to each of the received comments in this letter.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 30 days from the date of this letter. If we have not heard from you by May 17, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

To the editors of Obstetrics and Gynecology,

We are submitting for your consideration our revised, original research manuscript, initially titled, “Care for Incarcerated Pregnant People with Opioid Use Disorder: Equity and Ethics Implications.” We have modified title from the original submission based on reviewer feedback: **Care for Incarcerated Pregnant People with Opioid Use Disorder: Equity and Justice Implications.**

We thank the editors and reviewers for their helpful comments and suggestions, and believe our revised submission is improved due to those comments. This revision has been developed in consultation with all co-authors and they have given approval to the final form of the revision. In our included manuscript revision, we have recorded any changes made with the Track Changes features. Below we responded to each comment and have included a revised manuscript in our submission.

In addition to revisions in response to reviewers, we have made several other minor edits to the manuscript to remain under the 3,000 word limit. These are also reflected as tracked changes.

Thank you for your consideration.

Sincerely,
Chris Ahlback on behalf of all co-authors

[REDACTED]

[REDACTED]

[REDACTED]

REVIEWER COMMENTS

Reviewer #1: Thank you for the opportunity to review this important work. While I understand the importance of drawing equity out into the title, abstract, and discussion separately - as an ethicist, I found it a bit jarring to demarcate from ethics so entirely. Equity IS an ethical issue. Perhaps, the title and phrasing throughout could be reworked to not draw this false dichotomy? E.g. Inequitable care for incarcerated pregnant people with OUD - Ethical Implications. Or something similar? Additionally, the line 84 also has additional preview points which are important and worth mentioning in the abstract (justice and equity, legal and ethical obligations of healthcare provision, and the medical and legal rights of incarcerated people)

*Thank you for this feedback. We have altered the title to remove “ethics (see also, Reviewer 3) as we do not discuss formal ethical principles in a structured manner. We agree that equity is an ethical issue, however we focus on social justice and structural violence issues in the commentary. These frameworks offer historical and political understandings of medical care for incarcerated pregnant people with OUD, which have been less emphasized in conventional bioethics. We have also removed the following sentence from the main text and included it in the abstract (p. 2, line 30) to address this feedback: “**This inadequate care raises multiple concerns, including issues of justice and equity, considerations regarding the legal and ethical obligations of the provision of healthcare, and violations of the medical and legal rights of incarcerated people.**”*

Throughout, I would recommend the authors reduce the number of clauses and run-on sentences. The authors have obviously taken great care at their connotation and denotation and are beautiful writers - it would be easier for the reader to absorb this nuance if the writing was less complex. For example, the last sentence in the Abstract - "Contextualized in the sociopolitical history of incarceration the United States, we present a case, highlighting equity and ethical concerns with the current paradigm of medical care for pregnant people with OUD who are incarcerated, and offer recommendations for improving care for this often-ignored group." Could be revised to read "Contextualized in the sociopolitical history of incarceration IN the United States, we first present a case to highlight the ethical concerns of the current inequitable paradigm of medical care for pregnant people with OUD who are incarcerated. We then offer recommendations for improving care for this often-ignored group." This is more common in the abstract than the remainder of the Commentary.

Thank you for this comment. We have edited the final sentences in the abstract in a very similar manner to this suggestion and have taken care to reduce the number of run-on sentences throughout the manuscript. The end of the abstract now reads, on page 2 line 33:
“Contextualized in the sociopolitical history of incarceration **in** the United States, we **first** present a case **to highlight** equity and justice concerns with the current paradigm of medical care for pregnant people with OUD who are incarcerated. **We then** offer recommendations for improving care for this often-ignored group.”

Associate Editor: Please, in your revision, as you did in your cover letter, make it clear that the case is not actually a single person.

*We have specified that this case is a conglomerate of multiple real cases as a footnote on page 3: “**The above case is based on a conglomeration of real patient cases experienced by***

the authors.”

Line 114 is missing a word: which has involved the exponential rise and racially disproportionate incarceration women in the U.S. over the last four decades.

*We have included the missing word and it now reads, on page 6 line 115, “**This includes the exponential rise and disproportionate incarceration of women of color in the U.S. over the last four decades.**”*

Line 119 - should it be especially Black women rather than including?

*We have changed the sentence to read “**especially Black women**” now on page 6 line 123.*

I would love another sentence or two discussing the tendency for some law enforcement to test pregnant women for fetal health. The ACOG Committee Opinion on Maternal Decision-Making, Ethics, and the Law would be a good reference. While you touch on it a bit, I think further elaborating on the fact that we are privileging fetal health but in fact actually risking both maternal and child health is important. Furthermore, this is a dangerous precedent for maternal autonomy that I think bears outright mentioning.

*Thank you for suggesting that we refer to ACOG CO 321. However, we were unable to access this CO as it is no longer available. We have instead referenced CO 473 Substance abuse reporting and pregnancy and the role of the obstetrician gynecologist as reference 22. We have [also](#) added a sentence including this analysis on page 6 line 130, “**This dangerous approach to prioritizing fetal health over that of the pregnant person in fact endangers the health of both, and directly violates the bodily autonomy of the pregnant person.**”*

Manuscript Editor: Would you describe who provided you with the disclaimer on your title page that reads, "The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the American College of Obstetricians and Gynecologists"?

We apologize for including this disclaimer language. We have removed this statement from the Acknowledgements (p. 1).

Reviewer #3: This is a commentary on the care for incarcerated pregnant people with opioid disorders. Authors explored equity and ethics of current practices in jail and prison populations across the United States. Overall, very well written and informative commentary. Suggestions and comments;

1. Title; Consider exploring ethical principles in a structured manner, otherwise will suggest removing "ethical" implications from the title.

We have replaced “ethical” in the title with “justice.” See also Reviewer 1, Comment 1.

2. Lines 66-73 is very helpful, but will require appropriate citations.

We included a citation at the end of the paragraph for the points raised, now on page 4, lines 72-79.

3. Lines 114-117; comparison of the US incarceration practices against other nations, for

example OECD countries or even Canada may further illustrate or contextualize the unique US practices.

We have included a sentence on page 6 line 117 that compares US rates with that of other industrialized nations: “Comparatively, the U.S. incarcerates more than five times the number of people per capita than the United Kingdom, which has the second highest rate of incarceration among industrialized nations.”

4. Line 195-6 requires citation.

We added citations for this, now on page 9 lines 195-197, “Furthermore, forcing someone to go through opioid withdrawal while incarcerated has been called “cruel and unusual punishment,” thus violating the eighth amendment.”^{37,42,43}

5. Lines 218-224; in particular here and throughout the manuscript, authors mixed answering relevant hypothetical questions with recommendations leading to repetitious statements. Suggest consolidating best practices and a summary of recommendations. Lines 266-277 can therefore be expanded as such; overall, this may help in reducing manuscript length and focus readers' attention.

Thank you for this comment. We have moved all recommendations and best practices to the recommendations section at the end of the manuscript, page 12-13, lines 249-276:

1. *“Pregnant people with OUD should be offered alternatives to incarceration in order to best support their health and that of their pregnancy. In cases where incarceration is deemed necessary, institutions of incarceration should follow the well-established, evidence-based recommendations regarding the treatment of OUD for pregnant and postpartum people, including offering initiation of MOUD and continuing MOUD if they were prescribed it pre-incarceration.*
2. ***Provide** careful counseling of treatment options in order to avoid coercion into MOUD. Research has demonstrated that some patients feel coerced into MOUD, particularly during pregnancy or incarceration.¹ Incarcerated pregnant people with OUD are particularly susceptible to coercion due to the overlapping vulnerabilities of being incarcerated, pregnant, and having a substance use disorder. All patients have a right to decline MOUD, after accurate counseling, and coercion into MOUD is a violation of their bodily autonomy and agency.*
3. ***Increase the number of providers trained in MOUD. In 2020, the National Council for Behavioral Health and Vital Statistics released a comprehensive toolkit to guide jails and prisons of all sizes, geographies, and community resources to be able to implement MOUD.² Telehealth capabilities have rapidly expanded with the COVID-19 pandemic, offering new and expanded avenues for the successful delivery of MOUD.^{3,4} Efforts to expand MOUD access in jails and prisons must be accompanied by similar investments in community-based treatment. An increasing pool of federal and state funds is now available for this.⁵***
4. *Community providers should establish **collaborations** with jails to facilitate continuity of care when a pregnant patient goes into jail and when they return to the community--including **working** with jails to provide evidence-based care to incarcerated pregnant people, by consultation or direct care, or specialized services. Finally, expressing empathy is paramount to avoid further stigmatizing people who experience the dual stigmas of OUD in pregnancy and incarceration.”*

6. Lines 237-244; In discussing recommendations, how might we leverage the transformed Telehealth capabilities in the aftermath of COVID 19 crises? Hitherto barriers to practice across state lines including opioids prescriptions have been relaxed and are likely to remain so for the foreseeable future.

*We included a sentence and two references addressing the capability of using telehealth to increase access to MOUD in recommendation 3 on page 12, line 266: “**Telehealth capabilities have rapidly expanded with the COVID-19 pandemic, offering new and expanded avenues for the successful delivery of MOUD**”.*

7. How reliable and consistent are the intake processes in identifying at risk pregnant patients beyond the obvious cases of incarceration for substance abuse or known worst offenders? Might this be another barrier to achieving consistent best practices and how might inconsistencies be remedied?

*Thank you for this important point. We are unaware of any published studies documenting prevalence of substance use disorder screening. However, for other recommended screenings, such as for pregnancy, there is enormous variability in implementation, as documented by research from 2019.⁶ There are no mandatory set of standards for healthcare for incarcerated people, which means screening for OUD is likely similarly variable. We have included in our recommendations that all pregnant patients should be screened for OUD upon being incarcerated on page 12, line 255, “In cases where incarceration is deemed necessary, institutions of incarceration should **screen incarcerated pregnant people for OUD with a validated screening tool. Additionally, they should follow the well-established, evidence-based recommendations regarding the treatment of OUD for pregnant and postpartum people, including offering initiation of MOUD and continuing MOUD if they were prescribed it pre-incarceration.**”*

EDITOR COMMENTS:

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Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

Done.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://urldefense.proofpoint.com/v2/url?u=https-3A__www.acog.org_About-2DACOG_ACOG-2DDepartments_Patient-2DSafety-2Dand-2DQuality-2DImprovement_reVITALize&d=DwIGaQ&c=iORugZls2LIYyCAZRB3XLg&r=IVXjvzmLgP3bc_jbVjkrQNvX46mqmHRet9qLIPUZ2A&m=8_wa_Rcd_v8Z36OqmozFTqJgeVDCrH3J7jl8ktVbPEM&s=o0NFEbxR8HFN8xjZMOIJALOB5fLViRitVETnNwFjey8&e=. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Done.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

The word count for our manuscript is 2,966.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

Done.

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

We suggest the short title of “Care of Incarcerated Pregnant People with OUD”

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

Done.

8. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for Current Commentary articles is 250 words. Please provide a word count.

We checked the abstract carefully. It is 155 words.

9. Only standard abbreviations and acronyms are allowed. A selected list is available online at https://urldefense.proofpoint.com/v2/url?u=http-3A__edmgr.ovid.com_ong_accounts_abbreviations.pdf&d=DwIGaQ&c=iORugZls2LIYyCAZR B3XLg&r=IVXjvzmkLgP3bc_jbVjkrQNvX46mqmHRet9qLIPUZ2A&m=8_wa_Rcd_v8Z36OqmozFTqJgeVDCrH3J7jl8ktVbPEM&s=Nh0GD2MPWZtBIYqV6SIXnYyxaCNAIfEPXunuGyhwaY&e=. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Done. We use the term “Medication for the treatment of opioid use disorder (MOUD)” in accordance with a publication from the National Academies of Sciences, Engineering, and Medicine.⁷

10. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

Done.

11. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at https://urldefense.proofpoint.com/v2/url?u=http-3A__links.lww.com_LWW-2DES_A48&d=DwIGaQ&c=iORugZls2LIYyCAZRB3XLg&r=IVXjvzmkLgP3bc_jbVjkrQNvX46mqmHRet9qLIPUZ2A&m=8_wa_Rcd_v8Z36OqmozFTqJgeVDCrH3J7jl8ktVbPEM&s=9XegCj35vyiHMawl592XDzYzCQ8eLCsD4V_Nf_IKBrQ&e=. The cost for publishing an article as open access can be found at https://urldefense.proofpoint.com/v2/url?u=http-3A__edmgr.ovid.com_acd_accounts_ifauth.htm&d=DwIGaQ&c=iORugZls2LIYyCAZRB3XLg&r=IVXjvzmkLgP3bc_jbVjkrQNvX46mqmHRet9qLIPUZ2A&m=8_wa_Rcd_v8Z36OqmozFT

[qJgeVDCrH3J7jl8ktVbPEM&s=A55Xaiaossuxu3fwT1vt9j3QuEHxkb2pkUguXTDRNaQ&e=.](https://doi.org/10.1111/dar.12411)

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

1. Damon W, Small W, Anderson S, Maher L, Wood E, Mcneil R. 'Crisis' and 'Everyday' Initiators: A Qualitative Study of Coercion and Agency in the Context of Methadone Maintenance Treatment Initiation Will. 2018;36(2):253-260. doi:10.1111/dar.12411.
2. Mace S, Siegler A, Wu K, Latimore A, Flynn H. *Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.*; 2020.
3. Rohrich Z. Amid COVID-19, a new push for telehealth to treat opioid use disorder. *PBS News Hour*. 2020.
4. Huskamp HA, Busch AB, Souza J, et al. How is telemedicine being used in opioid and other substance use disorder treatment? *Health Aff*. 2018;37(12):1940-1947. doi:10.1377/hlthaff.2018.05134
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