Guidelines for Managing Substance Withdrawal in Jails

Frequently Asked Questions and Answers

1. Why do I need to address substance withdrawal?

More than 60 percent of individuals sentenced to jail have a substance use disorder (SUD).[1] Individuals who suddenly stop using substances may experience withdrawal symptoms, particularly when there has been heavy or long-term use. Failing to recognize and manage substance withdrawal can lead to serious health complications and even death.

As discussed in *Managing Substance Withdrawal in Jails: A Legal Brief*, jail administrators are required by law to ensure the well-being of individuals in custody. The Americans with Disabilities Act (ADA) prohibits discrimination against people in recovery from opioid use disorder (OUD), including those who are taking legally prescribed medication to treat OUD. This protection is specifically extended to individuals with disabilities in jails, detention and correctional facilities, and community correctional facilities. Drug addiction, including to opioids, is considered a disability under the ADA.[2]

Beyond complying with the law, effectively managing withdrawal and SUD has significant potential benefits, such as reduced recidivism and relapse rates among individuals upon release.

2. Is implementation of the *Guidelines for Managing Substance Withdrawal in Jails* mandated?

The *Guidelines for Managing Substance Withdrawal in Jails (Guidelines)* are not standards or legal guidance but rather a set of clinical recommendations to support engagement of key stakeholders at the local level in addressing or revising existing policies and procedures for managing substance withdrawal in jail settings. It is each jurisdiction's responsibility to determine how best to implement and apply the *Guidelines* (e.g., whether additional staff or contracts are needed, updating policies and procedures). Recommendations in the document do not supersede any federal, state, local, or tribal regulations. Recognizing that jails have a wide range of resources and medical capabilities, each facility is encouraged to explore options for identifying and addressing substance withdrawal and using the *Guidelines* within their systems and communities.

3. What is the expected time frame for implementation of the *Guidelines*?

Jails and communities are at different points in their progress toward providing effective withdrawal management. Achieving this goal requires collaboration and planning. The Bureau of Justice Assistance (BJA) and the National Institute of Corrections are providing training and technical assistance (TTA) opportunities to help jails and their partners implement withdrawal management, as well as develop or enhance their policies and procedures to successfully manage substance withdrawal in jails and/or in coordination with community-based organizations, hospitals, and treatment programs. Visit the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center to request TTA.

4. Where do I start?

The first step is to visit the COSSUP Resource Center, where you can access information about the *Guidelines,* including implementation tools such as the Readiness for Implementation Toolkit. This toolkit is intended to help jail administrators, in collaboration with correctional staff, health care professionals, and community partners, build on their jails' current efforts to manage substance withdrawal as outlined in the *Guidelines*, recognizing that each jail will start at a different place because of its unique circumstances. For example, some jails may be exploring ways to establish screening policies and procedures as their first step toward implementation; others have some essentials of effective withdrawal management in place and are seeking to address identified gaps; still others have established withdrawal management practices, policies, and procedures and are aiming to enhance them.

After familiarizing yourself with the *Guidelines*, spearhead your team's completion of the Implementation Readiness Assessment within the toolkit. Results of the assessment will indicate your stage of readiness for implementing what is outlined within the *Guidelines* and identify areas in need of attention. Additional tools in the toolkit will allow you to drill down further to help you prioritize key areas for establishing, expanding, or refining substance withdrawal management within your facility.

5. Is withdrawal management different from "detox"?

"Withdrawal management" describes services to assist a patient's withdrawal from substances, a process involving far more than removing substances from the body (commonly referred to as "detoxification" or "detox"). Withdrawal management includes:

- Regular and active observation by custody and health care staff, beginning upon an individual's arrival to the jail.
- Immediate clinical assessment for individuals who appear unwell.
- Screening of all individuals for risk of substance withdrawal.
- Ongoing monitoring and care of the patient during withdrawal management at the jail or transfer to a higher level of care when necessary.

6. Do I need 24/7 clinical coverage?

It is recommended that jails, at minimum, provide 24-hour, on-call clinical support (at minimum, a registered nurse). This can be accomplished through any combination of onsite health care staff, remote coverage, telehealth services, and/or transfer to facilities that can provide a higher level of care.

7. How do I handle confidentiality issues during screening?

Each jurisdiction may be subject to different laws and regulations governing the confidentiality of health information, which should be considered when the jail develops its policies and procedures regarding the confidentiality and sharing of health information.

It is helpful for jail confidentiality policies to limit the sharing of self-reported health information for non-health-care-related purposes to only what needs to be known to protect the health and safety of the individual and others and to affirm that this information will not be used against the individual. Staff members who conduct screenings for withdrawal risk should be well-trained to inform individuals of confidentiality protections before the screening process begins.

8. Do the *Guidelines* address special populations?

The *Guidelines* are designed to address health care of adults (18 years of age and older) who are sentenced or awaiting sentencing, awaiting court action on a current charge, or being held in custody for other reasons (e.g., violation of terms of probation or parole) and are at risk for or are experiencing substance withdrawal. This would include transitional-age youth between the ages of 18 and 25. Special considerations for patients who are pregnant, older adults, individuals using multiple substances, and individuals at risk for suicide are described.

9. Must I provide access to all three forms of medications approved for OUD?

Effective management of opioid withdrawal involves initiation of long-term buprenorphine or methadone. When administered in a timely manner, these medications prevent withdrawal *and* treat OUD. (Naltrexone, another U.S. Food and Drug Administration-approved medication for OUD, is not approved for withdrawal management purposes, does not relieve withdrawal symptoms, and may precipitate withdrawal.)

Opioid withdrawal management without ongoing pharmacotherapy does not treat the underlying OUD and leaves the patient at risk for overdose and death.

10. Why is it important to screen all individuals, regardless of their length of stay, for withdrawal risk?

The dangers of substance misuse can manifest quickly. For example, the median length of time in jail before death from alcohol or drug intoxication is 1 day.[3] Dangers associated with substance withdrawal often present within the first 72 hours after intake.

Specific to OUD, failing to offer buprenorphine or methadone treatment or not initiating it in a timely manner may subject individuals to opioid withdrawal before treatment is initiated or they are released, putting them at significant medical risk during their stay in jail and increasing the likelihood of overdose if they resume opioid use upon return to the community, due to reduced tolerance.

Moreover, incarceration—regardless of its duration—is often the first opportunity that individuals have to access SUD treatment.

11. Far more people entering our jail are intoxicated from alcohol than from drugs. Do we need a withdrawal management program?

Yes. Alcohol withdrawal left undetected, unmonitored, and untreated can lead to seizures, delirium, and death.

Individuals who appear intoxicated; report using alcohol recently, regularly, and heavily; or report using any alcohol in the past week and report a history of complicated withdrawal should be referred for immediate clinical assessment.

Typically, signs and symptoms of alcohol withdrawal emerge 6–24 hours after the last drink of alcohol, with more severe indicators starting later, such as alcohol withdrawal delirium (formerly known as "delirium tremens"), which may emerge 72–96 hours after the last drink.

12. Is funding available to support implementation of the *Guidelines*?

Current COSSUP and complementary funding opportunities are listed at https://www.cossup.org/Program/Funding.

13. Where can I find help?

BJA's COSSUP Resource Center features multiple resources for jails seeking assistance to implement the *Guidelines*, including:

- Information describing why and how the *Guidelines* were developed, including an explanation of its methodology.
- A fact sheet providing an overview of the guidelines.
- Awareness-building videos featuring jail and clinical leadership.
- Tools to gauge readiness and assist with implementation.
- Curated resources from experts in the field.

To request customized TTA, please complete the TTA form on the COSSUP Resource Center website.

Endnotes

1. Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, June 2017, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Confined Persons, 2007–2009*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 250546, retrieved May 12, 2023, from https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf.
2. Office for Civil Rights, October 2018, *Drug Addiction and Federal Disability Rights Laws*, Washington, DC: U.S. Department of Health and Human Services, retrieved March 15, 2023, from https://www.hhs.gov/sites/default/files/drug-addiction-aand-federal-disability-rights-lawsfact-sheet.pdf.
3. Carson, E. Ann, December 2021, *Mortality in Local Jails, 2000–2019 – Statistical Tables*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 301368, retrieved May 12, 2023, from https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf.