

Frequently Asked Questions and Answers (FAQ)

1. Why do I need to address substance withdrawal?

More than 60 percent of individuals sentenced to jail have a substance use disorder (SUD).ⁱ 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.ⁱⁱ

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 mandated?

The *Guidelines for Managing Substance Withdrawal in Jails* 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 timeframe 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 (NIC) 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 [Comprehensive Opioid, Stimulant, and Substance Use Program's \(COSSUP's\) Jail Resources](#) to request TTA.

4. Where do I start?

The first step is to review the guidelines and share them with key leadership, staff, and relevant stakeholders. Next, visit [COSSUP's Jail Resources](#) for more information, resources, ask a question, or when ready, [request TTA](#). One of the first steps is to assess the readiness of your facility to implement the guidelines. A checklist and readiness assessment tool will soon be posted and available for implementation teams to use, which will help assist with this process. The checklist and readiness assessment tool will include questions, for example, that will help jail administrators, health care professionals, and sheriffs think through what policies and procedures need to be developed or enhanced to effectively respond to individuals at risk for or experiencing withdrawal. Other questions tackle considerations related to the training of custody and health care staff, as well as the roles and responsibilities of all staff responsible for withdrawal management. This is also an opportunity to brainstorm with staff and others on how to leverage jail resources and foster community partnerships that will support withdrawal management.

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, have 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 their policies and procedures regarding the confidentiality and sharing of health information.

It is helpful for jail confidentiality policies to limit sharing of self-reported health information for non-health-care 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 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. 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 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.ⁱⁱⁱ 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 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 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. Where can I find help?

BJA’s [COSSUP's Jail Resources](#) feature 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.
- Curated resources from experts in the field.



Revisit the [Jail Resources](#) for new TTA implementation resources coming soon, such as:

- Implementation support tools, including checklists and a readiness assessment tool.
- Sample policies, memoranda of understanding, and requests for proposals.

In addition to these new resources, look for upcoming announcements about communities of practice and other peer-to-peer learning opportunities.

To submit a question, please email Guidelines@ahpnet.com.

To request customized TTA, visit [COSSUP's Jail Resources](#) and please complete the [TTA form](#).

ⁱ Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, 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: 3, retrieved May 12, 2023 from <https://bjs.ojp.gov/content/pub/pdf/dudaspmj0709.pdf>.

ⁱⁱ Office for Civil Rights. October 25, 2018, [*Drug Addiction and Federal Disability Rights Laws*](#), Washington, D.C.: 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-laws-fact-sheet.pdf>.

ⁱⁱⁱ E. Ann Carson, 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>.