BUREAU OF JUSTICE ASSISTANCE (BJA)
NATIONAL INSTITUTE OF CORRECTIONS (NIC)

GUIDELINES FOR MANAGING SUBSTANCE WITHDRAWAL IN JAILS:
A TOOL FOR JAIL ADMINISTRATORS, CORRECTIONAL OFFICERS, AND JAIL-BASED CLINICIANS

July 12, 2022 • 4:00 - 5:00 p.m. ET

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SCOPE OF THE CHALLENGE

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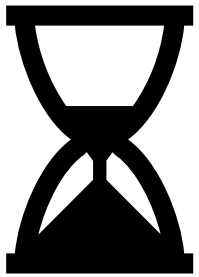
Substance Use Disorder in Jails

Two-thirds of individuals sentenced to jail meet the criteria for substance use disorder (SUD).



Within the first few hours and days of detainment, individuals who have suddenly stopped using substances often experience withdrawal symptoms, particularly when they have used the substances heavily or long-term.

Substance Withdrawal

Failing to recognize and manage withdrawal symptoms can lead to serious health complications and death.

Anxiety	**Vomiting**	**Heart problems**
Depression	**Dehydration**	**Hallucinations**
Seizures	**Elevated blood sodium level**	**Tremors**

Liability

Litigation stemming from inadequate medical care increases costs to local governments, jails, and health care providers:

- Large financial settlements or judgements
- Attorney's fees
- Court-enforced remediation
- Time
- Resource use

Incalculable Costs

The loss of life and the associated trauma experienced by both the loved ones of those who die unnecessarily in jail custody and correctional staff

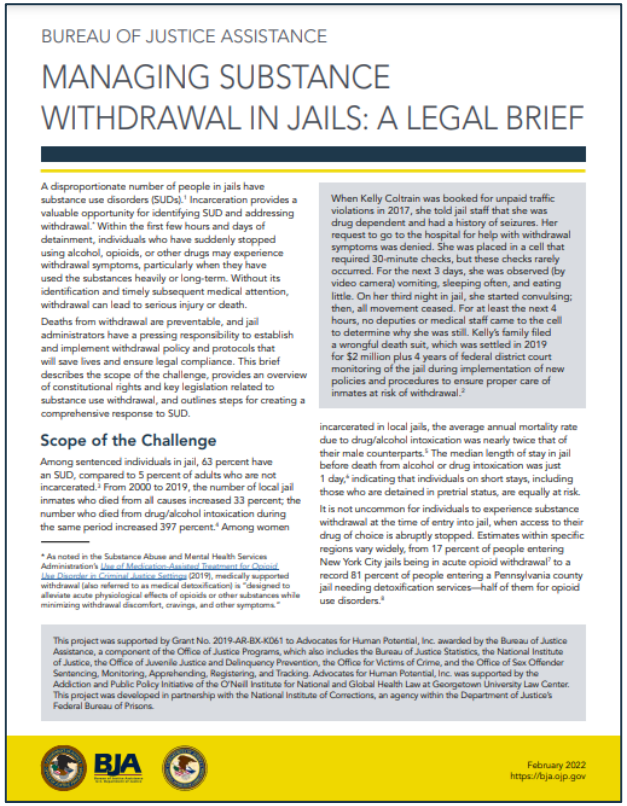
Understanding the Challenge

BJA and NIC collaboratively developed a legal brief that:

- Describes the scope of the challenge facing jails.
- Provides an overview of key legislation and significant court cases related to substance withdrawal.
- Outlines steps for jails seeking to create a comprehensive response to SUD.

The brief is available at:

- https://bja.ojp.gov/doc/managing-substance-withdrawal-in-jails.pdf (BJA)
- https://nicic.gov/managing-substance-withdrawal-jails-legal-brief-0 (NIC)



BUREAU OF JUSTICE ASSISTANCE

MANAGING SUBSTANCE WITHDRAWAL IN JAILS: A LEGAL BRIEF

A disproportionate number of people in jails have substance use disorders (SUDs).[1] Incarceration provides a valuable opportunity for identifying SUD and addressing withdrawal.[1] Within the first few hours and days of detainment, individuals who have suddenly stopped using alcohol, opioids, or other drugs may experience withdrawal symptoms, particularly when they have used the substances heavily or long-term. Without its identification and timely subsequent medical attention, withdrawal can lead to serious injury or death.

Deaths from withdrawal are preventable, and jail administrators have a pressing responsibility to establish and implement withdrawal policy and protocols that will save lives and ensure legal compliance. This brief describes the scope of the challenge, provides an overview of constitutional rights and key legislation related to substance use withdrawal, and outlines steps for creating a comprehensive response to SUD.

When Kelly Coltrain was booked for unpaid traffic violations in 2017, she told jail staff that she was drug dependent and had a history of seizures. Her request to go to the hospital for help with withdrawal symptoms was denied. She was placed in a cell that required 30-minute checks, but these checks rarely occurred. For the next 3 days, she was observed (by video camera) vomiting, sleeping often, and eating little. On her third night in jail, she started convulsing; then, all movement ceased. For at least the next 4 hours, no deputies or medical staff came to the cell to determine why she was still. Kelly's family filed a wrongful death suit, which was settled in 2019 for $2 million plus 4 years of federal district court monitoring of the jail during implementation of new policies and procedures to ensure proper care of inmates at risk of withdrawal.[2]

Scope of the Challenge

Among sentenced individuals in jail, 63 percent have an SUD, compared to 5 percent of adults who are not incarcerated.[3] From 2000 to 2019, the number of local jail inmates who died from all causes increased 33 percent; the number who died from drug/alcohol intoxication during the same period increased 397 percent.[4] Among women incarcerated in local jails, the average annual mortality rate due to drug/alcohol intoxication was nearly twice that of their male counterparts.[5] The median length of stay in jail before death from alcohol or drug intoxication was just 1 day,[6] indicating that individuals on short stays, including those who are detained in pretrial status, are equally at risk.

It is not uncommon for individuals to experience substance withdrawal at the time of entry into jail, when access to their drug of choice is abruptly stopped. Estimates within specific regions vary widely, from 17 percent of people entering New York City jails being in acute opioid withdrawal[7] to a record 81 percent of people entering a Pennsylvania county jail needing detoxification services—half of them for opioid use disorders.[8]

* As noted in the Substance Abuse and Mental Health Services Administration's *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings* (2019), medically supported withdrawal (also referred to as medical detoxification) is "designed to alleviate acute physiological effects of opioids or other substances while minimizing withdrawal discomfort, cravings, and other symptoms."

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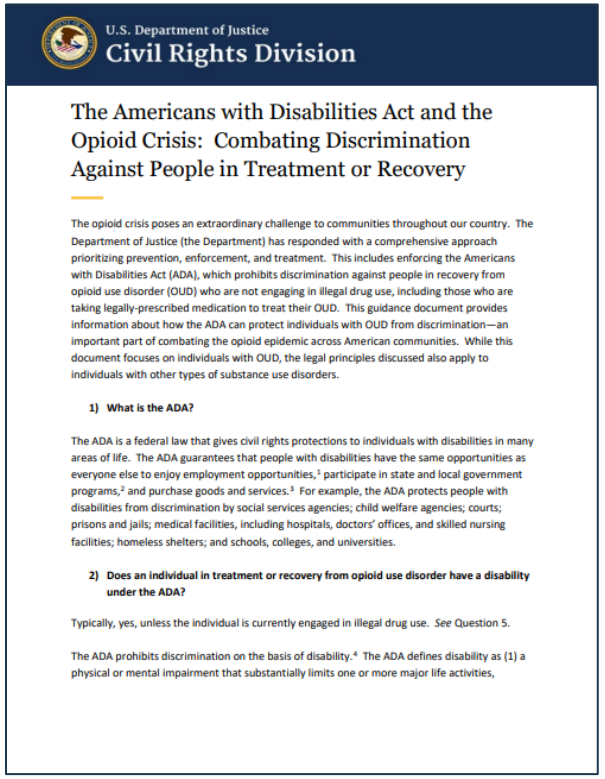
Americans with Disabilities Act

In April of this year, the Department of Justice, Civil Rights Division released *The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery*.



U.S. Department of Justice
Civil Rights Division

The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery

The opioid crisis poses an extraordinary challenge to communities throughout our country. The Department of Justice (the Department) has responded with a comprehensive approach prioritizing prevention, enforcement, and treatment. This includes enforcing the Americans with Disabilities Act (ADA), which prohibits discrimination against people in recovery from opioid use disorder (OUD) who are not engaging in illegal drug use, including those who are taking legally-prescribed medication to treat their OUD. This guidance document provides information about how the ADA can protect individuals with OUD from discrimination—an important part of combating the opioid epidemic across American communities. While this document focuses on individuals with OUD, the legal principles discussed also apply to individuals with other types of substance use disorders.

1) **What is the ADA?**

The ADA is a federal law that gives civil rights protections to individuals with disabilities in many areas of life. The ADA guarantees that people with disabilities have the same opportunities as everyone else to enjoy employment opportunities,[1] participate in state and local government programs,[2] and purchase goods and services.[3] For example, the ADA protects people with disabilities from discrimination by social services agencies; child welfare agencies; courts; prisons and jails; medical facilities, including hospitals, doctors' offices, and skilled nursing facilities; homeless shelters; and schools, colleges, and universities.

2) **Does an individual in treatment or recovery from opioid use disorder have a disability under the ADA?**

Typically, yes, unless the individual is currently engaged in illegal drug use. *See* Question 5.

The ADA prohibits discrimination on the basis of disability.[4] The ADA defines disability as (1) a physical or mental impairment that substantially limits one or more major life activities,

RESPONDING TO THE CALL FOR ACTION

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Working Together

BJA in partnership with **NIC** and in conjunction with the **National Commission on Correctional Health Care (NCCHC)**, the **American Society of Addiction Medicine (ASAM)**, and **Advocates for Human Potential, Inc. (AHP)** are developing guidelines with an expert advisory committee (EAC) to assist jail administrators, correctional officers, and jail-based clinicians in the detection and proper management of acute withdrawal from substances among individuals in custody.

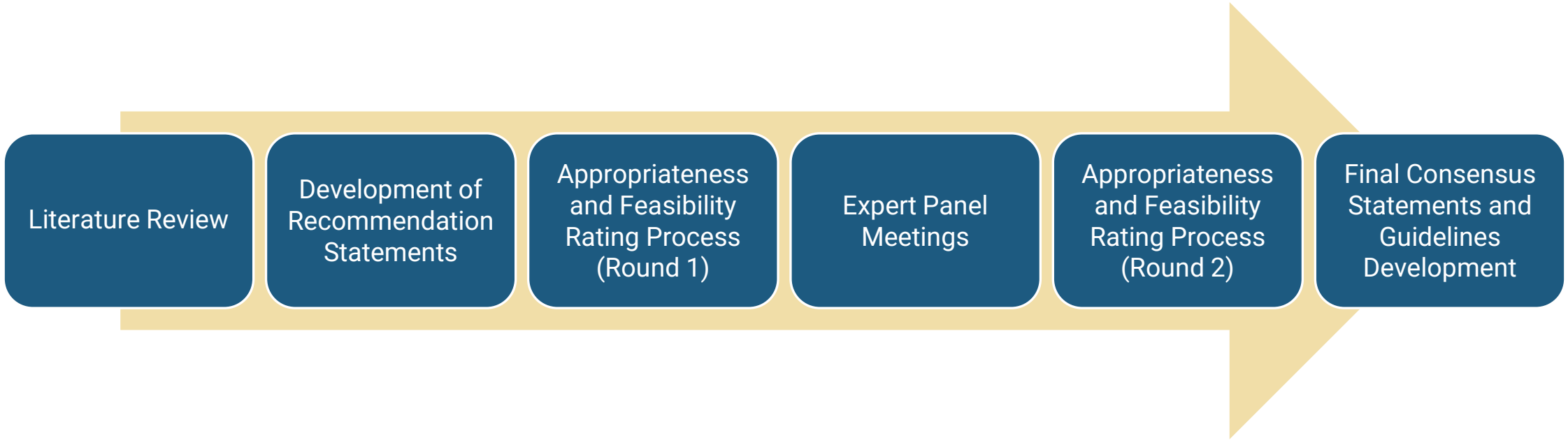
EAC: Integral to the Process

EAC members are contributing extensively to the development of the guidelines.

- Jail administrators
- Clinical experts
    - Correctional health care specialists
    - Psychiatrists
    - Addiction medicine professionals

The Rigorous Process

The work of the EAC is guided by the RAND/UCLA Appropriateness Method, which involves the following steps:



Multi-phase Review

The EAC provided feedback on the draft *Guidelines*.

- ASAM moderated discussion of responses to EAC feedback.
- The collective development team revised the draft per the EAC's discussion.

External reviewers are reviewing the revised draft *Guidelines*.

- The collective development team will gather and address feedback from external reviewers.
- ASAM will moderate discussion among the EAC of outstanding issues from external reviewers.
- The collective development team will revise the *Guidelines* per the EAC's discussion.

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Purpose of the *Guidelines*

To provide guidance to jail administrators, correctional officers, and clinicians working with jails on how to:

- **Assess and build capacity for managing acute withdrawal.**
- **Identify signs and symptoms of acute withdrawal.**
- **Ensure alignment with ADA legislation.**

Framework

Provide clear direction and practical information on managing SUD-related care of people in jail custody, drawing on evidence-based practices and immediate resources.

Identify and manage acute withdrawal from substances as the first step in the continuum of care for individuals with SUD.

Preview of the *Guidelines*

- General Guidance
- Alcohol Withdrawal
- Sedative-Hypnotic Withdrawal
- Opioid Withdrawal
- Stimulant Withdrawal

General Guidance

This first section covers the full scope of what jail administrators need to know about managing withdrawal. Among the topics covered are:

- **Screening**
- **Monitoring for withdrawal signs and symptoms**
- **Clinical assessment and diagnosis**
- **Staffing and staff training**

Sample Recommendations:

Clinical Assessment and Diagnosis

All individuals who are referred for a medical evaluation for substance withdrawal should be assessed by a qualified health care professional.

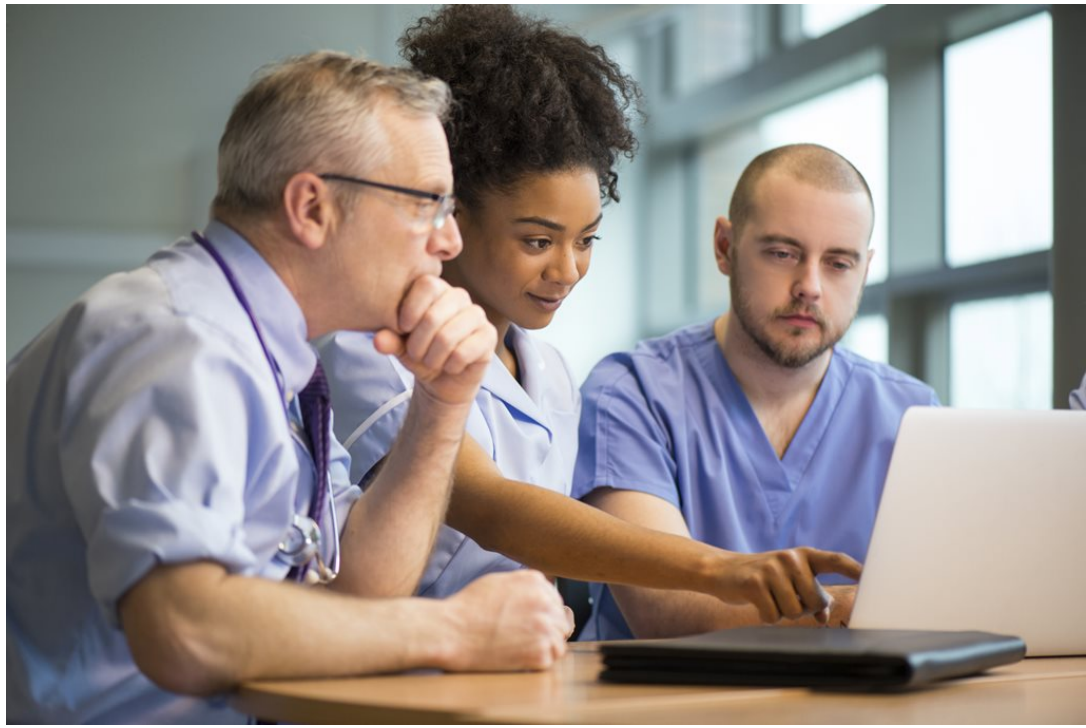
The initial clinical assessment should:

- Identify any emergent medical or psychiatric needs
- Evaluate current withdrawal signs and symptoms
- Evaluate risk for severe or complicated withdrawal
- Assess risk for suicide
- Determine the appropriate level of care

Sample Recommendation:

Staffing and Staff Training

To support management of substance withdrawal, it is recommended that jails, at minimum, have 24/7 on-call clinical support (at minimum nursing). 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.



Substance-specific Sections:
Universal Content

- Screening
- Monitoring for withdrawal signs and symptoms
- Clinical assessment and diagnosis
- Monitoring patients during withdrawal
- Supportive care
- Pregnancy

Sample recommendation from the section on opioid withdrawal:

Opioid withdrawal symptom severity should be monitored with a validated tool such as the Clinical Opiate Withdrawal Scale (COWS).

Substance-specific Sections:
Supplemental Content

- Medication
- Poly-SUD
- Managing co-morbidities
- Level of care
- Withdrawal management
- Risk assessment

Sample recommendation from the section on alcohol withdrawal:

Patients who are taking opioid medication for OUD or pain should be monitored closely when benzodiazepines are prescribed due to the increased risk of respiratory depression.

NEXT STEPS

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Finalize the Guidelines

Clinical and criminal justice organizations, as well as other relevant associations, are reviewing and providing comments on the draft guidelines, ensuring the voice of their constituents is heard.

Raise Awareness

Key stakeholders will be encouraged to:

- Leverage their networks to promote the *Guidelines*.
- Support participation in a webinar series introducing the *Guidelines* and addressing their implementation.
- Promote the online withdrawal management resource center (under development) and availability of technical assistance (TA).

Operationalize the *Guidelines*

BJA, NIC, and their partners will support jurisdictions' implementation of the recommendations through training and TA activities, which may include (but are not limited to):

- Withdrawal Management Resource Center, including an online toolkit
  - Checklists, reference sheets
  - Information on screening instruments, model policies, sample MOUs
  - Introductory webinar recordings
  - Curricula and training resources
- Communities of practice and learning sites

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