

# A National Priority: Guidelines for Managing Substance Withdrawal in Jails



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- This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.
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# Educational Objectives

- Explain key legislation related to substance withdrawal and wrongful death.
- Describe three components of substance withdrawal management.
- Identify specific recommendations from *Guidelines for Managing Substance Withdrawal in Jails*.



# Scope of the Challenge

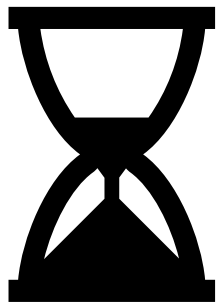


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# Substance Use Disorder in Jails



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.



# 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



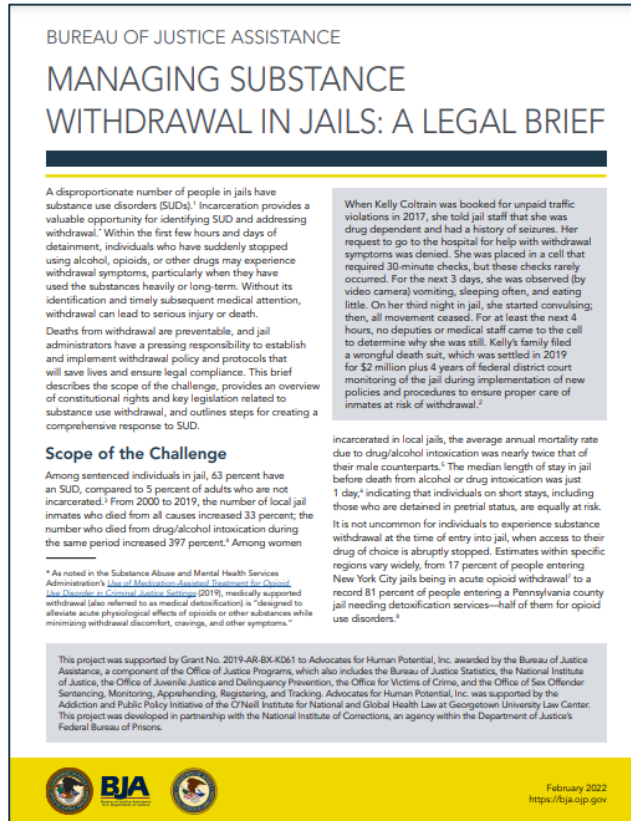
# Understanding the Challenge

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 and lays out the need for guidelines for managing withdrawal in jails.

The brief is available at:

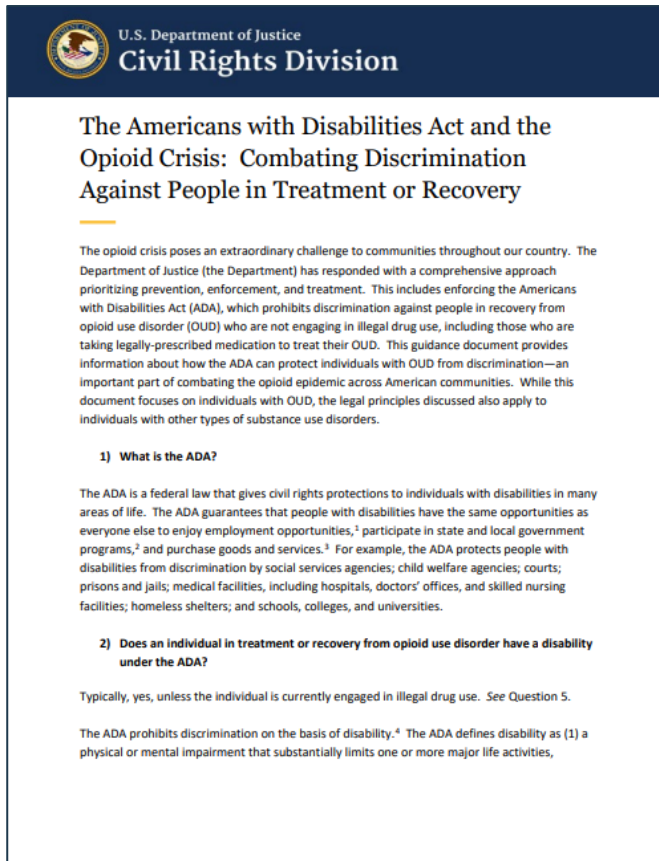
- <https://bj.a.ojp.gov/doc/managing-substance-withdrawal-in-jails.pdf> (BJA)
- <https://nicic.gov/managing-substance-withdrawal-jails-legal-brief-2022> (NIC)



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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.*



# Responding to the Call for Action

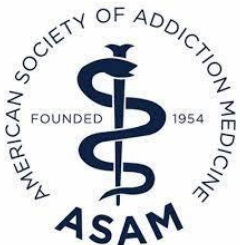


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# Working Together



Advocates for  
Human Potential, Inc.



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



## EC: Integral to the Process

EC members contributed extensively to the development of the guidelines.

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



# Development of Recommendation Statements

- Followed a modified RAND/UCLA Appropriateness Method (RAM).
- Reviewed existing clinical guidelines for withdrawal management and recent literature on withdrawal management in corrections settings.
- Compiled more than 700 draft recommendations for EC consideration.
- Rated and achieved consensus on appropriateness and feasibility of recommendation statements.

# Multi-phase Review

The EC provided feedback on the draft *Guidelines*.

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

External reviewers provided feedback on the revised draft *Guidelines*.

- ASAM is again moderating discussion among the EC of outstanding issues.
- The collective development team will revise the document to produce the final guidelines.

# *Guidelines for Managing Substance Withdrawal in Jails*

A tool for state, local, and tribal government officials; jail administrators; correctional officers; and jail-based clinicians



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## Purpose of the *Guidelines*

To provide guidance to state, local, and tribal government officials; jail administrators; correctional officers; and jail-based clinicians on how to:



**Assess and build capacity for managing acute withdrawal.**



**Identify signs and symptoms of, and assess risk for, 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 research-supported standards of care 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 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

Staff  
competency  
and  
training

# Sample Recommendation

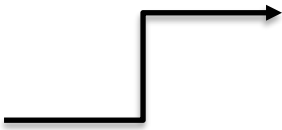
## **Clinical Assessment and Diagnosis**

- All individuals who are referred for a clinical assessment 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.

# 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

For patients with co-occurring alcohol withdrawal and opioid use disorder (OUD), stabilize the OUD (e.g., with methadone or buprenorphine) concomitantly with alcohol withdrawal management.

# Next Steps



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## Operationalize the *Guidelines*

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

- Webinar series introducing the *Guidelines* and addressing their implementation
- Communities of practice and learning sites
- Peer mentors
- Access to a pool of subject matter experts
- Jail Resource Center

# Jail Resource Center



- Tools for small and under-resourced jails
- Information on screening instruments
- Curricula and training resources
- Model policies, sample MOUs, contract templates
- Tools for assessing capacity for and readiness to provide withdrawal management
- Reference sheets

# TA Needs & Questions

## **We want to hear from you!**

- What questions do you have about the *Guidelines*?
- What do you need to be ready to implement the *Guidelines*?



Please send your questions and ideas to  
[WithdrawalManagementTA@ahpnet.com](mailto:WithdrawalManagementTA@ahpnet.com).

# Contacts



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