



# Safe Withdrawal in Jail Settings

## Preventing Deaths, Reducing Risk to Counties and States

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*This brief is for jail administrators and other public safety leaders, as well as county and state policymakers who work on issues related to public safety, public health, and behavioral health. Jail administrators and policymakers are responsible for managing health issues of those incarcerated in their facilities. As the opioid crisis continues, jails may face a growing need to save detainee lives and reduce their own exposure to litigation risk by ensuring safe withdrawal from illicit drugs and alcohol. This document addresses the need for withdrawal management procedures and services in jail settings.*

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### Overview

As the opioid crisis continues, jails across the country are encountering people with opioid use disorders who are actively using heroin, fentanyl, illicit prescription medications, and other opioids. These individuals often experience withdrawal syndrome upon abrupt substance discontinuation, and they may need withdrawal management services while detained.<sup>1,2,3,4</sup> Withdrawal syndrome can occur with discontinuation of non-opioid substances as well, including alcohol and benzodiazepines. Contrary to commonly held notions, withdrawal is often not only uncomfortable or painful, but also may be harmful to health and even fatal.<sup>5,6,7</sup>

Jails without adequate services and protocols for withdrawal management face risk liability under state statutes and tort law, the Americans with Disabilities Act (“ADA”), Rehabilitation Act of 1973 (“Rehabilitation Act”), and/or Fourteenth Amendment Due Process Clause (applicable to jails). Several advisory organizations provide guidelines or standards for care of people experiencing withdrawal in jail settings. (Prisons also face risk liability under the United States Constitution’s Eighth Amendment prohibition on cruel and unusual punishment.) Jurisdictions can save lives and reduce their possible exposure to costly and time-consuming litigation by creating and enacting policies that ensure adequate care for detained individuals, as well as allocating funds and resources to support these initiatives.

### Substance Use Disorders and the Criminal Justice System

Managing substance use disorders (SUDs) continues to pose significant challenges to communities and criminal justice systems across the country.

- Drug overdose has become the leading cause of death for Americans under 50 years old.<sup>8</sup> Drug overdoses killed approximately 64,000 people in 2016, a 21 percent increase over 2015.<sup>9</sup> Annual deaths from fentanyl and other synthetic opioids, in particular, have skyrocketed, to more than 20,000 from approximately 3,000 in just three years.<sup>10</sup>
- More than half (58 percent) of individuals incarcerated in state prisons and nearly two thirds (63 percent) serving sentences in jail from 2007 to 2009 met diagnostic criteria for drug dependence or abuse, compared to just 5 percent of the general population age 18 years or older. One in five individuals (19 percent) serving sentences in jail reported regularly using heroin or opioids.<sup>11</sup>
- In 2016, approximately 20.1 million people aged 12 or older had an SUD related to alcohol or illicit drugs in the past year, including 15.1 million people who had an alcohol use disorder, 2.1 million people who had an opioid use disorder, and 618,000 people who had an SUD related to tranquilizers,<sup>12</sup> including benzodiazepines.<sup>13</sup>

- Illinois Department of Public Health data show 2,278 drug-related overdose deaths in the state during 2016—a 44 percent increase over the number reported in 2013.<sup>14</sup>
- In 2016, 1,900 people in Illinois died from opioid-related overdoses—almost twice the number killed in car accidents.<sup>15</sup>
- According to the CDC, rates of overdose deaths in rural areas are higher than rates in urban areas. In 2015, there were 17 overdose deaths per 100,000 people in rural areas.<sup>16</sup>

### What Is Withdrawal Syndrome? What Is Withdrawal Management?

Withdrawal syndrome is the onset of a predictable constellation of signs and symptoms following the abrupt discontinuation of or rapid decrease in dosage of a psychoactive substance.<sup>17</sup> Many substances are associated with withdrawal syndrome, including opioids (heroin, fentanyl, prescription painkillers), benzodiazepines (Valium, Xanax), and alcohol.

**TERMINOLOGY.** *In accordance with American Society of Addiction Medicine (ASAM) standards, this brief uses the terms “withdrawal syndrome” and “withdrawal management” instead of “detoxification” or “detox” to refer to the process of going through withdrawal from substance use and the services provided to monitor and treat symptoms.*

Withdrawal syndrome can range from mild to acute. Symptoms associated with opioid withdrawal syndrome may include anxiety, agitation, yawning, sweating, piloerection (goosebumps), excessive tear formation, runny nose, insomnia, nausea or vomiting, diarrhea, cramps, muscle aches, and fever. Symptoms associated with other illicit drugs can also include seizures, hallucinations, and delirium. Severe complications can include aspiration of vomit, dehydration, and electrolyte disturbances due to diarrhea and/or vomiting.<sup>18,19</sup>

People who were using illicit drugs or alcohol prior to being detained may experience the onset of withdrawal syndrome in jail. Withdrawal management services assess, monitor, and address acute physical symptoms, and can reduce not only pain and discomfort associated with withdrawal syndrome but also the risk of serious injury or death associated with untreated symptoms.

### Withdrawal Management in Jail

Several advisory organizations provide guidelines or standards on the provision of care for individuals who are going through withdrawal syndrome while in correctional custody, including the Federal Bureau of Prisons, the World Health Organization, and the National Commission on Correctional Healthcare.<sup>20,21,22</sup> These organizations call on jails that do not already have sufficient withdrawal management protocols to develop them, and to hire and train staff to respond to withdrawal and the associated symptoms. There is consensus that medically supervised withdrawal from alcohol or illicit substances is ideal whenever possible. Partnerships with local medical providers can help jails safely manage withdrawal syndrome.

**ACCESS TO MEDICATION.** *While this brief addresses management of withdrawal syndrome associated with alcohol and illicit drug use in jail settings, it should not be interpreted as suggesting that individuals using prescribed medications—including psychiatric and addiction treatment medications—can safely be denied access to these medications while in jail. Additionally, abrupt discontinued use of certain medications and/or illicit drugs (including opioids) while pregnant can increase the risk of miscarriage and premature labor.<sup>39,40</sup>*

For some people, a period of discontinued use and withdrawal management can be a first step in treatment and toward recovery. However, withdrawal management alone is not sufficient.<sup>23,24</sup> Linkage to treatment following withdrawal management is necessary. Advisory organizations recommend that jail discharge protocols for people with substance use disorders, including individuals who have gone through withdrawal in jail, include referrals and immediate connections to substance use treatment, including access to medication-assisted treatment when indicated, along with other needed mental health and medical treatment. Partnerships between jails and local treatment providers can help expedite these linkages to care upon release. After securing proper consent, health information collected in the jail should be shared with anyone involved in caring for or supervising individuals being released.

Individuals being discharged from jail should be cautioned that using the same amount of drugs they used before a period of discontinued use is more likely to result in overdose and death.<sup>25,26,27</sup> For those with opioid use disorders, the risk of overdose and death is extremely elevated following periods of abstinence, including after release from jail. Therefore, discharge interventions that are important for all individuals who have substance use disorders are *especially important* for those with opioid use disorders.<sup>28,29,30</sup> Several studies show that providing naloxone upon discharge can reduce the risk of death from opioid overdose.<sup>31,32,33</sup> Jails are beginning to incorporate this life-saving practice into their discharge procedures.

## Implications

Jail administrators and personnel play an instrumental role in addressing community behavioral health disorder issues. They are legally responsible to care for the health and safety of people detained in their facilities. Often they are involved in identifying and addressing acute and chronic medical and behavioral health issues, and sometimes in connecting individuals to health insurance and care following release. The opioid crisis shows no signs of abating, and jails may face a growing need to save detainee lives and reduce their own exposure to litigation risk by ensuring safe withdrawal from illicit opioids and other substances.

- A recent national survey found that only 22 percent of individuals serving sentences in jails who met diagnostic criteria for substance abuse or dependence received any type of drug treatment while incarcerated, and only 2 percent of them were provided withdrawal management services.<sup>34</sup>
- From 2010 to 2015, families in at least six states were awarded nearly \$11 million in compensation for loved ones who died while being denied routine withdrawal management care in jails.<sup>35</sup>
- Between 2014 and 2016, at least 20 lawsuits were filed alleging that individuals in jail died from opiate withdrawal complications.<sup>36</sup>
- Previous court rulings have indicated that failure to provide incarcerated individuals medical treatment for withdrawal symptoms or forcing them to go through withdrawal without proper medical supervision may be a violation of constitutional rights.<sup>37,38</sup>
- Lawsuits and settlements related to withdrawal and deaths in jail settings have received considerable media attention (see “In the Media” section, next page).

Providing withdrawal management services can address discomfort and pain associated with withdrawal syndrome, save lives, and help jurisdictions avoid costly lawsuits.



*See “In the Media” section (next two pages) for recent news and summaries relating to withdrawal and deaths in jails.*

### About the Center for Health and Justice at TASC

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrest and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC’s Center for Health and Justice offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

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## In the Media

*A collection of recent news articles and summaries relating to withdrawal and death in jails.*

### **Jail inmate convulsed on cell floor for days before death, lawsuit claims**

***MLive, 19 September 2017***

Genesee County Jail deputies ignored a woman moaning, jerking and convulsing on the cement floor of her jail cell for five days, neglecting to provide her with medical care or treatment while she died of alcohol withdrawal, a new lawsuit alleges. Filed against Genesee County, Sheriff Robert J. Pickell and eight unnamed corrections officers on Friday, Sept. 15, in Detroit U.S. District Court, the lawsuit requests in excess of \$75,000 for the family of Kerrie Milkiewicz, a 48-year-old woman who died after five days in the jail in March.

[http://www.mlive.com/news/flint/index.ssf/2017/09/jail\\_ignored\\_woman\\_convulsing.html](http://www.mlive.com/news/flint/index.ssf/2017/09/jail_ignored_woman_convulsing.html)

### **Family says Weber County showed ‘deliberate indifference’ when inmate going through withdrawal from drugs died of dehydration**

***The Salt Lake Tribune, 18 September 2017***

The husband of a Utah woman who died of dehydration at the Weber County jail is now suing the county over her death. Marion Dena Herrera, 40, died two days after she was booked into the jail on suspicion of forgery and theft on May 18, 2016. A day after her arrest, Herrera was moved to the medical unit for a “heroin detox treatment,” according to the lawsuit filed Friday in federal court. The lawsuit alleges the county and Sheriff Terry Thompson “exhibited a shocking degree of deliberate indifference and reckless disregard” for the woman’s “evident” medical needs.

<http://www.sltrib.com/news/2017/09/18/family-says-weber-county-showed-deliberate-indifference-when-inmate-going-through-withdrawals-from-drugs-died-of-dehydration/>

### **Bucks County settles ADA, wrongful death lawsuits**

***The Intelligencer, 27 December 2016***

The Bucks County commissioners approved the settlement of two civil lawsuits filed against the county, one by an employee in the District Attorney’s Office and another by the mother of a woman who died at the county jail in 2013. The commissioners unanimously approved last week an undisclosed settlement with Loretta Lopez, the mother of a 29-year-old woman who died in 2013 from heroin withdrawal while incarcerated at the Bucks County Correctional Facility. The wrongful death suit filed September 2015 in U.S. District Court in Philadelphia claimed the county and PrimeCare Medical Inc., the third-party provider of...medical services at the correctional facility, did not have proper drug detoxification treatments at the prison. Vallia Valene Karaharisis, of Philadelphia, was admitted to the county prison on a probation violation Sept. 26, 2013, and died three days later, her mother’s complaint says.

[http://www.theintell.com/news/local/bucks-county-settles-ada-wrongful-death-lawsuits/article\\_989855e8-cb8c-11e6-a84a-635380c7782d.html](http://www.theintell.com/news/local/bucks-county-settles-ada-wrongful-death-lawsuits/article_989855e8-cb8c-11e6-a84a-635380c7782d.html)

### **Parents sue for \$20 million over daughter’s death in Oregon jail**

***The Seattle Times | Associated Press, 30 November 2016***

The parents of a [woman with heroin addiction] who died in a county jail after reportedly writing notes asking for medical help filed a \$20 million lawsuit Wednesday against the county and the health contractor that had been providing medical services at the jail. Twenty-six-year-old Madaline Pitkin died in April 2014 at the jail, where she was detoxing after her arrest for heroin possession. Pitkin’s parents on Wednesday announced a wrongful-death lawsuit against Corizon Health, Inc. and Washington County, alleging staff failed to act quickly enough as her health declined.

<https://www.seattletimes.com/seattle-news/northwest/parents-sue-for-20-million-over-daughters-death-in-oregon-jail/>

*Continued next page...*

### **Jail Called to Scrutinize Detox Procedure in Wake of Increased Deaths**

***Prison Legal News, 10 August 2016***

The second death in six months of a pre-trial detainee at Pennsylvania's Buck County prison has raised questions about its detox procedures. The scrutiny of such procedures should be a focal point for jail administrators throughout the nation because such deaths are occurring with increasing frequency. In October 2013, Valene Karaharis, 29, was found dead in her Buck County cell. She was going through a heroin detox for the month of her incarceration for credit card fraud charges. The day of her death, she had common withdrawal symptoms of a running fever. Her cause of death was "undetermined". Then, on March 22, 2014, Marlene Yarnall, 49, was found dead in her Bucks County cell. Just three hours before her death, she had been given the scheduled doses of medication to ease her withdrawal symptoms. Yet, no one checked her vital signs. An autopsy concluded she had a cardiac arrest during detox.

<https://www.prisonlegalnews.org/news/2016/aug/10/jail-called-scrutinize-detox-procedure-wake-increased-deaths/>

### **Dying by detox: Heroin-related jail deaths raise alarm with advocates**

***CBS News | Associated Press, 11 July 2016***

"This is a woman who died because she was detoxing," said Moyer's lawyer, Jonathan Feinberg, who filed a federal civil rights lawsuit Monday in Philadelphia. "Had Tori Herr's withdrawal been treated ... she almost certainly would be alive today." Her case is one of at least a half-dozen deaths nationwide involving jail heroin withdrawal during the last two years. Advocates fear the number will grow given the nation's heroin crisis. They find the deaths particularly troubling because opioid withdrawal, while miserable, is rarely life-threatening if medication, monitoring and, in severe cases, intravenous fluids are available.

<http://www.cbsnews.com/news/heroin-withdrawal-jail-deaths-treatment-advocates/>

### **Searching for solutions: Impact on jails**

***CBS Denver, 23 June 2016***

A family says workers at the Adams County Jail did nothing while their son slowly died. Now the family is suing the jail and its health care provider. The family of Tyler Tabor says he was struggling with addiction... Lawyers say Tabor, 25, was put in a cell for [people] going through withdrawals, monitored by medical staff. Doctors say because Tabor was not improving from the opioid withdrawal, the medical staff should have seen it... "They're just letting people die in there," says Ray Tabor. "A \$20 IV would have saved my son's life. Now they're spending millions on lawyers defending what they did wrong."

<http://denver.cbslocal.com/2016/06/23/family-files-lawsuit-after-son-dies-in-adams-county-jail/>

### **Jefferson County agrees to pay Jennifer Lobato's family \$2.5 million to settle jail death suit**

***The Denver Post, 16 February 2016***

The family of Jennifer Lobato, a mother of seven children who died of apparent opioid withdrawal at the Jefferson County jail last year after being arrested on a shoplifting charge, will receive \$2.5 million from the county to settle a civil rights lawsuit. David Lane, who represents Lobato's family, said final court approval of the deal was made Wednesday. The county coroner said Lobato died of cardiac arrest prompted by repeated vomiting.

<http://www.denverpost.com/2016/11/02/jefferson-county-agrees-to-pay-jennifer-lobatos-family-2-5-million-to-settle-jail-death-suit/>

### **Family of David Stojcevski Files Lawsuit Over His Death in Macomb County Jail**

***NBC News, 25 September 2015***

...David Stojcevski went into a Detroit-area jail to serve a 30-day sentence instead of paying a careless-driving fine. After just 16 days he was dead — 50 pounds lighter and lying naked on the cell's stone floor after suffering an "excruciatingly painful and slow" withdrawal from his addiction medication, according to a lawsuit filed by his brother. Family lawyer Robert Ihrie said Thursday that jail officials knew about Stojcevski's addiction and medication, but that his condition was "essentially ignored" while in custody. Stojcevski's family is "heartbroken," the lawyer said. Stojcevski's family is now suing the county, several named officials, and health contractor Correct Care Solutions for what they said was "reckless indifference" with regard to Stojcevski's treatment.

<http://www.nbcnews.com/news/us-news/addict-david-stojcevski-dies-after-16-days-detroits-macomb-county-n433446>

## Endnotes

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