

ALLIANCE NEWS



Alliance for Better Communities

SPECIAL EDITION, MARCH 2019

THE HIDDEN CRISIS— LACK OF TREATMENT IN PRISONS FOR WITHDRAWAL AND DETOX

By: Martin J. Rothschild, J.D.

The typical plight of an incarcerated substance abuser going through withdrawal and in need of detox is a nightmare. Most are initially placed in a general booking cell ganged together with several other inmates, including violent ones. All that is provided are bunk beds and a communal toilet. Generally, no medications are administered, no medical intervention is provided, and the person is left to suffer through the terrors of withdrawal with no help and is never offered detox treatment.



The body goes through shock during withdrawal. The symptoms can cause a variety of serious physical health problems, ranging from flu-like illness to severe seizure activity.¹ Withdrawal periods vary with different substances and range from about 5 days for marijuana and up to 4 or 5 weeks for benzodiazepines.²



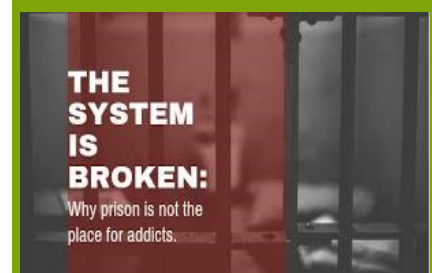
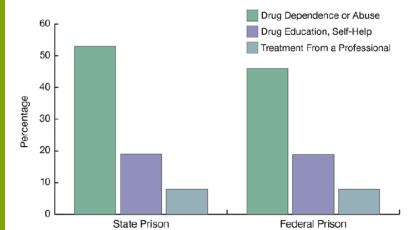
The most dangerous withdrawal symptoms include tremors, elevated blood pressure, heart attack and stroke with alcohol; seizures, shortness of breath and disorientation with benzos; lack of movement, hypersomnia, with stimulants; fever, excessive vomiting with opioids; loss of appetite, and anxiety with cannabis.³ Death can result from alcohol, benzo, stimulant or opioid withdrawal if not medically monitored, yet inmates are typically left to withdraw in their cells without any medical oversight or intervention whatsoever.⁴ A study found that 55% of jail security personnel agreed with the statement that “people who overdose on heroin get what they deserve.”⁵

Vision: To have a community that is fully committed to the health and safety of its residents.

Mission: To reduce underage drinking and substance abuse and expeditiously address any emerging threats.



Many Prison Inmates Have a Drug Use Disorder... But Few Receive Treatment



LITIGATION TO COMPEL TREATMENT

Opioid Use Disorder, referred to as OUD, has been recognized as a disability under the Americans with Disabilities Act. (ADA). Medicated Assisted Treatment (MAT) with drugs such as methadone and suboxone is widely regarded as the most effective way to treat withdrawal, but prison systems have failed to offer it. The ACLU has commenced a class action lawsuit alleging that prisoners suffering from OUD are discriminated against based on a legal disability when they are refused access to MAT. The suit alleges that such prisoners are exposed to the grave danger of relapsing and overdosing when they get out. The case, filed as **Kortlever et al. v. Whatcom County** on June 18, 2018, is currently pending in the United States District Court For The Western District of Washington and will likely have significant implications for prisons across the country with respect to treatment of inmates suffering from drug withdrawal.⁶



Several other lawsuits have been filed at the state level concerning deaths from the failure of prisons to treat inmate withdrawal symptoms. In a jail outside of Phoenix, a heroin addict died after three days of suffering intense symptoms without treatment. A lawsuit was filed against the county and the jail's health provider.^{6a} *Mother Jones* magazine found 20 lawsuits filed between 2014 and 2016 alleging that an inmate died from opiate withdrawal complications, but the magazine emphasized that there are likely several more such cases.^{6b} Outside

of prisons, death from opiate withdrawal is not common, because the most dangerous symptom, dehydration, is easily treated. The failure of prisons to administer IV fluids has been the primary cause of death for inmates experiencing opiate withdrawal.^{6c}

PRISON REHAB PROGRAMS

While withdrawal is generally not treated in prisons, there are rehab programs offered in some facilities. Overall, rehab in state prisons has had a discouragingly low success rate. Substance abusers have among the highest recidivism rates of all prisoners. Part of the problem stems from the fact that county prisons, where long term inmates start out, do not offer treatment or programs. It can take years before access to programs in state facilities is provided.⁷ The most extensive programs are offered in the Federal system. Nonetheless, many addicted inmates do not meet the strict criteria to be admitted and are never treated.⁸ If adequate withdrawal and detox treatment is not mandated for inmates experiencing the symptoms of overdose and addiction, relapse rates and overdose deaths will continue to increase in State and Federal prisons.

References:

- 1.,2, Lautieri, A., *American Addictions Centers*, Drug Withdrawal Symptoms, Timelines, and Treatment, 2019, retrieved from:<https://americanaddictioncenters.org/withdrawal-timelines-treatments>
3. Jaffe, A., *Psychology Today*, Alcohol, Benzos, and Opiates—Withdrawal That Might Kill You, 2019, retrieved from; <https://www.psychologytoday.com/us/blog/all-about-addiction/201001/alcohol-benzos-and-opiates-withdrawal-might-kill-you>
- 4.Lautieri, A., *American Addictions Centers*, Can Heroin, Benzo or Alcohol Withdrawal Cause Death? 2019, retrieved from: <https://americanaddictioncenters.org/withdrawal-timelines-treatments/risk-of-death>
5. McMillan,G.P., Lapham S.C., *Addict Res Theory*. 13:53–63, Staff perspectives on methadone maintenance therapy (MMT) in a large southwestern jail, 2005, retrieved from: <https://www.tandfonline.com/doi/abs/10.1080/16066350512331328159>
6. Roe, A., *ACLU*, People in Jail Deserve Effective Drug Treatment Not Forced Withdrawal, June 2018, retrieved from: <https://www.aclu.org/blog/prisoners-rights/medical-and-mental-health-care/people-jail-deserve-effective-drug-treatment>
- 6a,b,c. Lurie, J., *Mother Jones*, Go to Jail. Die from Drug Withdrawal. Welcome to the Criminal Justice System., Feb. 2017, retrieved from: <https://www.motherjones.com/politics/2017/02/opioid-withdrawal-jail-deaths/>
7. Blakinger,K., *the fix*, 8 Major Problems with Drug Treatment in Prison, Dec.2015, retrieved from: <https://www.thefix.com/problem-drug-treatment-prison>
8. Smith, S., *ALEC*, Drug Treatment Programs of the Federal Bureau of Prisons Exist, but Need More Availability, June 2017, retrieved from: <https://www.alec.org/article/drug-treatment-programs-of-the-federal-bureau-of-prisons-exist-but-need-more-availability>

Contact Us

Give us a call for more information

Alliance for Better Communities

315-788-4660

**167 Polk Street, Suite 320
Watertown, NY 13601**

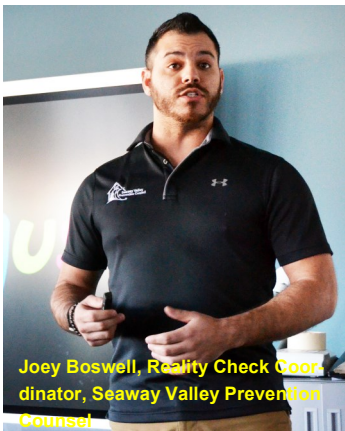
Aseefried-brown@pivot2health.com

Visit us on the web at
www.allianceforbettercommunities.com

Visit us on our Facebook page

[www.facebook.com/
allianceforbettercommunities](http://www.facebook.com/allianceforbettercommunities)

FEBRUARY ALLIANCE MEETING



Joey Boswell, Reality Check Coordinator, Seaway Valley Prevention Counsel

Presentation on Dangers of Youth Vaping



Joel Schuyler, Program Specialist, QNY Reg. Ctr. For Tobacco Health System, St. Joseph's Health

PREVENTING SEX TRAFFICKING FORUM HELD AT SISTERS OF ST JOSEPH



VICTORIA RECOR, MOTHER OF TRAFFICKING SURVIVOR, AND SALKA VALERIO, CHILD SEX TRAFFICKING SURVIVOR



James Scordo, Exec. Dir. Credo, receives Feb. 2019 Friend in the Fight Award



Rev. Smith receives Friend in the Fight Award for Oct. 2018



DIRECTOR ANITA ADDRESSES THE CROWD IN ATTENDANCE

ALLIANCE LEADERS ATTEND CADCA CONFERENCE NEAR D.C.



Meeting with Senator Schumer



Gang of Four invades Capital Hill



Director Anita in D.C.



Senator Schumer



Inspirational speakers



U.S. Surgeon General congratulates youth leaders



A Sea of Selfies



Director Anita with the N.Y. delegation



Another successful conference