Opioid Withdrawal

Summary of BJA/NIC Guidelines for Managing Substance Withdrawal in Jails

The Bureau of Justice Assistance (BJA) in conjunction with the National Institute of Corrections (NIC) have published ***Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals***[i] to help correctional facilities establish or enhance processes that appropriately address withdrawal and support custody and health care staff in carrying out their responsibilities.

Who is at risk for opioid withdrawal?

Opioids include illicit drugs (e.g., heroin, illicitly manufactured fentanyl) and prescription pain relievers, such as oxycodone (Percocet® or Oxycontin®) or hydrocodone (Vhealthicodin®). Individuals who are physiologically dependent on opioids, including those who regularly use either illicit or prescription opioids, are at risk for opioid withdrawal.

Why should correctional facilities implement standards for opioid withdrawal?

Opioid withdrawal syndrome can be medically complex and, in the absence of appropriate management, life threatening. Failure to manage opioid withdrawal appropriately places the correctional facility at risk for litigation. Individuals who are not treated for opioid withdrawal and opioid use disorder (OUD) in correctional facilities have a significantly increased risk of overdose death when they return to the community.

Who should be monitored for opioid withdrawal?

Individuals who report regular opioid use (including prescription opioid misuse) or screen positive for current OUD should be monitored for signs and symptoms of opioid withdrawal at least every 4 hours for the first 72 hours of detention/incarceration. Monitoring can be performed by health care or well-trained custody staff. Monitoring should include the Clinical Opiate Withdrawal Score (COWS) completed every four hours for individuals who report taking short-acting opioids and every eight hours for individuals who report taking long-acting opioids.

How quickly does withdrawal start?

	Emergence	Duration
Short-acting opioids (e.g., heroin, oxycodone, fentanyl)	Within 12 hours of last use and peaking within 24-48 hours	3-5 days
Long-acting opioids (e.g., methadone)	Within 30 hours of last use	Up to 10 days

When should a clinical assessment be performed?

A qualified health care professional should complete an initial clinical assessment if the individual **appears unwell** to a layperson or if the **COWS score is greater than three**. During withdrawal, a clinical assessment should be completed at least twice a day and no longer than 16 hours apart.

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How should opioid withdrawal be treated?

Buprenorphine and methadone are first-line treatments for opioid withdrawal and OUD. Initiating ongoing treatment for OUD with buprenorphine or methadone will prevent severe opioid withdrawal, as well as alleviate cravings that can result in return to use, overdose, and overdose death. The **treatment plan**, including choice of medication for OUD management and need for psychosocial treatment, should be **based on individual clinical needs** and informed choice and not policy decisions that disincentivize medications for OUD.

When should treatment with medication be started?

Once the diagnosis of OUD or opioid withdrawal is confirmed, **treatment should be initiated immediately,** without regard for the expected duration of detention/incarceration. Completion of the full clinical or psychosocial assessment is NOT required before initiating medication for opioid withdrawal or OUD.

All correctional facilities should have a plan for providing same-day access (or access within 24 hours of entry) to buprenorphine and methadone.

Important Considerations

- Polysubstance use is NOT a contraindication for treating opioid withdrawal or OUD with medication.
- Urine drug screen results should NOT be used to deny patients access to medications for opioid withdrawal or OUD.
- Correctional facility should consider the use of telehealth if 24/7 health care staff are not available.
- Even if treatment in the community is not available, treatment with buprenorphine or methadone should be initiated.
- Policy decisions disallowing FDA-approved medications are not clinically appropriate.

An individual's decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay treatment with buprenorphine or methadone.

Individuals entering the correctional facility who take prescribed opioid medications for chronic pain treatment or OUD should be permitted to continue these medications. If a provider determines and documents that continuation of opioid analgesic medications is clinically inappropriate, the medication should be tapered slowly according to current clinical guidelines.

How can correctional facilities facilitate access to methadone?

Methadone is an effective treatment for opioid withdrawal syndrome and OUD. Methadone for the treatment of OUD is currently **only available through federally registered opioid treatment programs (OTPs), also known as narcotic treatment programs (NTPs).** A correctional facility can either become

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a certified OTP/NTP or establish an MOU with an external methadone treatment provider. See ***Options to Ensure Access to Methadone for Treatment of Opioid Use Disorder in Correctional Facilities*** [ii] for more information about access to methadone in correctional facilities.

What are the clinical standards for managing opioid withdrawal and OUD?

The ***ASAM National Practice Guidelines for the Treatment of OUD***[iii] provides clinical guidance for evidence-based management of OUD and opioid withdrawal.

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[i] Bureau of Justice Assistance (BJA) and National Institute of Corrections (NIC). (2023). Guidelines for Managing Substance Withdrawal in Jails. https://bja.ojp.gov/news/new-resource-guidelines-managing-substance-withdrawal-jails

[ii] Health Management Associates. (2024). Options to Ensure Access to Methadone for Treatment of Opioid Use Disorder in Correctional Facilities. https://addictionfreeca.org/r/9nq7vrkxesuf

[iii] The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. (2019). https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline

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