

# Addressing Substance Use Disorders in America's Jails: Clinical Guidelines for Withdrawal Management

## Request for Applications

### Background

The opioid epidemic has thrust jails into a new role, that of serving as the largest substance use treatment provider in many communities. Withdrawal from opiates, alcohol, benzodiazepines, and other substances brings increased risks, and these risks are multiplied for a person using more than one substance. Nonmedical withdrawal from substances can be life-threatening. Since 2015, jails have reported multiple deaths from severe heroin withdrawal symptoms.<sup>1</sup> Drug and alcohol intoxication deaths grew 8 percent between 2013 and 2014; the 13 percent increase in suicides during that same period was the largest jail suicide rate increase since 2000.<sup>2</sup> The most recent data available indicate that 63 percent of sentenced jail inmates met the criteria for drug dependence or abuse.<sup>3</sup>

The American Society of Addiction Medicine and other medical groups are increasingly advocating that persons with opioid use disorders (OUDs) not be withdrawn from heroin or other opioids but be transitioned to an agonist medication, either methadone or buprenorphine. However, few of the nation's county and municipal jails currently provide access to these medications.<sup>4</sup> Medication-assisted treatment (MAT) programs in most jails use naltrexone, which requires complete withdrawal from opioids before it can be safely administered. As a result, the vast majority of jails must oversee complete withdrawal from opioids and other substances. Furthermore, jails are more frequently taking in people who are using methamphetamines and other non-opioid drugs for which there are no U.S. Food and Drug Administration-approved medications to which they can transition.

Safely managing withdrawal from substances in jails is not the same as doing so in community hospitals and clinics. For example, universally recommended withdrawal management on gradual tapering using agonist medications for persons with OUDs is generally not possible given detainees' relatively short time in county and municipal jails, which averages 11 days in jails with fewer than 50 beds.<sup>5</sup> Preliminary findings of the ideal duration of tapering from buprenorphine indicate at least four weeks. The time needed to clear the recipient's system of drugs before first administration of buprenorphine must also be considered, further eroding the feasibility of MAT during short jail stays.<sup>6</sup>

Another difference between withdrawal management in the jail and in the community is the personnel who must make decisions on implementing withdrawal protocols. In many jails, initial withdrawal identification and screening processes occur before trained physicians and related medical personnel are involved. Having no medical staff members on-site, which can be the case for small jails in particular,<sup>7</sup> means that correctional staff members must be alert to signs and symptoms of withdrawal and determine the need for initiating various protocols. Yet correctional staff members may not have been trained to recognize these signs and symptoms, and busy contracted medical providers must stay current with the most up-to-date detoxification protocols and medications for withdrawal.

Jails lacking adequate withdrawal management protocols risk liability under the Americans with Disabilities Act<sup>8</sup> and state tort law, including wrongful death statutes. From 2010 to 2015, families in at least six states were awarded millions of dollars in compensation for loved ones who died while being denied routine withdrawal management care in jails.<sup>9</sup>

Between 2014 and 2016, at least 20 lawsuits were filed alleging that individuals in jail died from opiate withdrawal complications.<sup>10</sup>

## Overview of Funding Opportunity

The U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA), in partnership with the National Institute of Corrections (NIC), seeks support in the development of evidence-based clinical guidelines and protocols that will help jail administrators, correctional officers, and jail-based clinicians identify and safely manage substance withdrawal in jail-based settings. The guidelines and protocols will address:

- ◀ Rapid withdrawal from opioids, benzodiazepines, alcohol, methamphetamine, and cocaine individually or in combination, including specification of persons who exhibit withdrawal symptoms or report histories or information from other sources that indicate the necessity of immediate referral to medical facilities outside of the jail.
- ◀ Screening for risk of suicide, specifically opioid withdrawal-potentiated suicides.
- ◀ Medication maintenance for entering detainees with prescriptions for opioid or antipsychotic medications.
- ◀ Transition to buprenorphine maintenance, or detoxification if the detainee prefers, especially for facilities that do not have access to an opioid treatment program for methadone maintenance.
- ◀ Standards for dosage and administration of agonist medication within the facility to patients who desire it after appropriate withdrawal management.
- ◀ Prescriptions upon release from custody, transition to care providers in the community, and record-sharing with those community treatment providers.

The clinical guidelines and protocols will be informed by best and evidence-based medical practice, while accounting for the practical realities of medication-managed withdrawal in a correctional facility, including the need to prevent diversion. It will be further informed by legal analysis presented in a pending publication from Georgetown University that describes standards and implementation strategies for minimizing liability and negative outcomes in developing a comprehensive withdrawal management protocol.

## Important Dates

**RFA Release Date:**  
September 30, 2020

**Informational Webinar:**  
October 5, 2020, 2:00 p.m., ET  
Register at <http://s.iir.com/WZy3zB5H>.

**Question Submittal Deadline:**  
October 6, 2020

**Application Deadline:**  
October 28, 2020, 5:00 p.m., ET

**Anticipated Selection Date:**  
November 9, 2020

**Anticipated Start Date:**  
November 23, 2020

The award recipient will complete the following major activities:

1. Convene an expert committee to inform the development of the clinical guidelines.
2. Conduct an environmental scan of existing guidelines for withdrawal management of opioids, benzodiazepines, alcohol, methamphetamine, and cocaine individually or in combination for adults (18 years and older), including special populations.
3. Incorporate findings from the above two efforts to create a detailed content outline for the product.
4. Produce draft- and final-version guidelines and protocols, which includes facilitating expert reviews.

Pursuant to the scope and nature of this project, applicants should demonstrate a deep understanding of correctional health care, addiction medicine, and jail administration, as well as extensive experience with medical standards and protocol development.

## Objective

Under this solicitation, one applicant will be selected for a ten-month award to create a document (presented as a printable, 508-compliant PDF file) setting forth evidence-based clinical guidelines and protocols for medically managed withdrawal from opioids and other substances in jail-based settings for adults (individuals at least 18 years of age).

## Period of Performance

The performance period is for ten months, from November 23, 2020, to September 30, 2021.

## Allowable Activities

Each project will include a planning and implementation phase. A description of expected deliverables during each phase follows.

## Eligibility

Organizations, including, but not limited to, nonprofits and universities, that are committed to improving the standard of care in correctional facilities and can demonstrate a history of setting clinical standards around MAT and developing operational protocols within a correctional facility (or are willing to partner) are eligible to apply for this award. The applicant organization must have the organizational capacity and project management capabilities to achieve the goals of the project. This must include the ability to convene an interdisciplinary expert advisory committee that represents key stakeholders, such as correctional health care, addiction medicine, and jail administration. The recipient and any subrecipient must forgo any profit or management fee.

Only one entity may serve as the award recipient. Any partnering entities must be proposed as subrecipients (subgrantees). The award recipient must be the entity that would have primary responsibility for carrying out the award, including administering the funding and managing the entire program.

Current Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grantees, their contractors, and consultants are ineligible to apply for this award.

## BJA/NIC Point of Contact

Advocates for Human Potential, Inc. (AHP), one of BJA's COSSAP training and technical assistance providers, is releasing this solicitation on behalf of BJA/NIC. AHP will serve as the point of contact (POC) for the award recipient and will monitor all technical aspects of the contract, including contract administration.

## Post-Award Requirements

### Task 1. Manage Project

The award recipient agrees to manage the project in an efficient and effective manner that includes regular communication with AHP, BJA, and NIC staff members. A single project director (PD) must manage and oversee the work and the budget.

#### Subtask 1.1. Post-award meeting and project schedule

Within ten business days after the award, the PD and key staff members will attend a kickoff meeting with AHP, BJA, and NIC staff members. This meeting is an opportunity to review overall project goals and tasks and to discuss areas of interest related to the proposed project workplan, timeline, staffing plans, and other management requirements.

Within five business days after the kickoff meeting, the award recipient will submit formal meeting notes to the POC.

#### Subtask 1.2. Workplan

Within 20 business days after the kickoff meeting, the PD will submit an updated workplan, a project timeline, and full resumés for proposed members of the expert committee to the POC for review and comment. This workplan should include a proposed methodology for consensus building (see Application Requirements on page 6). After the PD and the POC have agreed to the revised workplan and timeline, all work is expected to be completed as scheduled, unless the POC is consulted and approves any changes in writing.

### Subtask 1.3. Project calls and meetings

The PD and key staff members will schedule monthly calls with AHP, BJA, and NIC staff members. The PD and the POC will work collaboratively to develop the agendas for these calls.

Within five business days after each meeting, the PD will provide formal meeting notes to the POC.

### Subtask 1.4. Monthly reports

The award recipient will submit monthly progress reports to the POC that include:

1. All activities performed during the month.
2. Status updates of the work plan and timeline.
3. Any challenges encountered and proposed or enacted solutions.
4. A brief detail of the expenditure of funds, which includes a statement indicating the percentage of funds expended and a breakdown of total hours worked and expenses for all team personnel.

## Task 2. Identify Members of and Convene an Expert Advisory Committee

The award recipient will identify, convene, and manage members of an expert advisory committee that will guide development of the publication. The awardee will provide honorariums to eligible expert advisory committee members (See Project Budget on page 7).

### Subtask 2.1. Expert committee member selection

Within five business days of BJA approval of the final workplan, the award recipient will send an invitation to the approximately ten individuals formally approved by BJA for the expert advisory committee that will guide the development of the publication. The committee must include individuals with clinical and other expertise in correctional health care, addiction medicine, and jail administration. These experts will help the award recipient identify gaps and needs to address in the guidelines, as well as provide feedback on the content outline and up to two draft versions of the document. Biosketches for each potential committee member (along with the PD's full resumé, biosketches of key personnel, and an organizational chart) must be included as one attachment and submitted along with the completed application and proposed budget.

Within ten business days of BJA approval of the final workplan, the award recipient will submit a list of confirmed committee members to the POC.

### Subtask 2.2. Expert committee meetings

The award recipient will convene the approved expert committee members no later than 60 days after approval of the final workplan and on a monthly basis thereafter. This expert committee is expected to provide guidance on the development of the project deliverables.

Within five business days of each monthly meeting, the PD will provide meeting notes to the POC.

## Task 3. Conduct an Environmental Scan

The award recipient will conduct a scan of existing guidelines of relevance to withdrawal management for opioids, benzodiazepines, alcohol, methamphetamine, and cocaine to include special populations (for example, but not limited to, pregnant women, individuals with mental illness, and individuals with comorbid physical health disorders). AHP will provide a list of previously collected guidelines and relevant materials as a resource from which to launch a comprehensive and up-to-date scan. Collected withdrawal guidelines are not expected to be tailored to jail-based settings.

### Subtask 3.1. Summary document

No later than 75 days after the kickoff meeting, the award recipient will submit a summary document of the environmental scan to the POC for review, which should include, but is not limited to, a discussion of the collection and research methodology, a listing of resources collected, findings, and recommendations. The approved document will be shared with the expert committee at its initial convening and serve as foundational work of the content outline and resulting document.

## Task 4. Develop Content Outline

### Subtask 4.1. Draft outline

Within 105 days after the kickoff meeting, the award recipient will develop a draft outline of the content based on environmental scan findings, expert committee input, and project meeting discussions with AHP, BJA, and NIC staff members.

## Subtask 4.2. Revised outline

Within 120 days after the kickoff meeting, the award recipient will secure feedback on the draft outline from expert committee members and submit a revised version for POC approval. Consensus on the outline content will be based on the approved consensus methodology outlined in the award recipient's workplan.

## Task 5. Produce Guidelines

### Subtask 5.1. Draft guidelines

The award recipient will draft the guidelines for the identified target audiences and share the draft with the expert committee no later than its third convening. This draft and all other versions should follow BJA style guidance for written publications.

#### Subtask 5.1.a. Beta version

As dictated by the nature and extent of comments from the expert committee, the award recipient will submit a revised (beta) version to the committee for consensus.

### Subtask 5.2. Final document

Based on feedback from the expert committee and AHP, BJA, and NIC staff members, the award recipient will produce and submit a final, copy-edited draft of guidelines for medically managed withdrawal in jail-based settings to AHP, BJA, and NIC for approval no later than September 10, 2021. Upon content approval, the award recipient will apply graphic design elements to the document and submit a printable, 508-compliant PDF file of the document to AHP, BJA, and NIC for final approval.

### Subtask 5.3. Briefing

No later than the project end date (September 30, 2021), the award recipient will brief BJA and NIC staff members, COSSAP training and technical assistance providers, and other invited guests in Washington, DC. The proposed budget must include costs associated with an in-person briefing, such as committee members' travel and per diem expenses (see below). The award recipient must be willing and able to host this briefing as a virtual event and to orchestrate all virtual meeting logistics in lieu of an in-person meeting upon request and as the need arises. Presentation materials, including an agenda and PowerPoint

presentation slides, are due in draft form no later than ten business days in advance of the briefing for review.

## Task 6. Submit Project Materials

At the end of the project, the award recipient will provide the POC with all relevant and requested files to be maintained as property by DOJ. All materials generated by this project belong to DOJ, and DOJ retains all rights to the deliverable.

## Funding Information

Up to \$298,500 will be awarded to one entity. Awarded funds are to support activities to create a publication presenting evidence-based clinical guidelines for medically managed withdrawal in jail-based settings for adults (18 years and older). Funding can be used for staff members working directly on the project, supplies, and other start-up and specified costs. The contract agreement is subject to AHP, as authorized by BJA.

Applicants are required to adhere to the budget guidelines included in this RFA and must submit a budget detail worksheet as part of their application. Download and use the budget detail template provided. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars to fully carry out each task and subtask. Following a technical review and score of the application, completed budgets will be reviewed to ensure that costs are allowable, reasonable, and linked to the described tasks. Submitted budgets will be reviewed for cost reasonableness of the final fixed price amount awarded.

## Use of Funds

- ◀ Personnel (staff salaries, payroll taxes, and benefits)
- ◀ Subcontracts
- ◀ Consultant honorariums
- ◀ Other direct expenses
  - Graphic design (layout and formatting)
  - Teleconferencing/videoconferencing
- ◀ Indirect expenses

## Contract Billing and Payment

The contract will be awarded on a fixed amount based on the award recipient's approved budget by AHP as the BJA contractor. Identification of the award recipient is expected on or near November 9, 2020, pending BJA authorization.

## Application Requirements and Instructions

This RFA, the application, and the Budget Detail Worksheet are available at: <http://s.iir.com/QwQrrHVY>.

Please save this form and complete it. Then, email a copy of the completed form, along with any required documents or attachments, to [WithdrawalManagement\\_RFA@ahpnet.com](mailto:WithdrawalManagement_RFA@ahpnet.com) by **5:00 p.m., ET, on October 28, 2020**.

## Application Components

The entire application includes the application, the Budget Detail Worksheet, and the PDF attachment (see Application Checklist). Responses to these application components will be weighed in the project application scoring and selection process. The scoring criteria are described on page 8 of this RFA.

**Note:** You are encouraged to write your answers in a separate document and then copy and paste them into the fillable application form. **Note that each section is bound by word limits, as indicated below.** Bulleted lists are permitted.

- 1. Organizational Overview** (10 points; up to 1,000 words)  
Provide a general description of your organization and a detailed explanation of the organization's experience and expertise in jail administration, correctional health care, addiction medicine, medical standards, and protocol development. Explain why your organization is best suited to lead this effort. Include specific examples of relevant experience. Applicants should agree to work directly with AHP, BJA, and NIC.
- 2. Statement of Work** (40 points; up to 2,500 words)  
Provide a proposed statement of work and timeline (workplan) that respond to this RFA.  
  
Describe your planned deliverables for each quarter. Expected deliverables are as follows:
  - Meeting notes
  - Progress reports (monthly)

## Application Checklist

- Completed application
- Budget Detail Worksheet
- Attachment A
  - PD's full resumé
  - Biosketches for key staff
  - Biosketches for proposed advisory committee
  - Organizational chart

- Final list of expert committee members (within ten business days of BJA approval of the final workplan)
- Summary of environmental scan (no later than 75 days after the kickoff meeting)
- Content outline
- Draft guidelines
- Printable, 508-compliant PDF file of final guidelines
- PowerPoint slides for concluding briefing and other presentation materials as needed

Propose a methodology for developing an expert committee and obtaining consensus on the final guidelines. Your methodology should be a recognized formal group consensus method that organizes subjective judgments and synthesizes them with available evidence to form consensus guidelines and protocols.

- 3. Project Staffing and Capabilities** (40 points; up to 1,000 words)  
Discuss who will be funded by your proposed project and describe the proposed PD's relevant capabilities and experience to lead this project. Identify staff members who will implement your proposal and the percentage of their time that will be allocated to this project. If contractors or consultants will be used, identify what functions/roles they will fulfill to help achieve your project objectives. Include (1) a full resumé for the proposed PD, (2) brief bios for other key staff members and proposed expert committee members, and (3) an organizational chart as one PDF attachment.

#### 4. Project Budget (10 points; Budget Detail Worksheet)

Present a budget that is complete, cost-effective, and allowable (e.g., reasonable, allocable, and necessary for project activities) on the provided Budget Detail Worksheet at [https://www.cossapresources.org/Content/Documents/TTA/Budget\\_Detail\\_Worksheet\\_AHP.xlsx](https://www.cossapresources.org/Content/Documents/TTA/Budget_Detail_Worksheet_AHP.xlsx).

The budget submitted with the application is not expected to be a final budget. Applicants should follow the guidance below in completing the Budget Detail Worksheet.

- Include expenses for completing all the required tasks and deliverables. This includes issuing honorariums to eligible expert committee members up to \$650 per day.
- Include support for the PD and up to two staff members to attend the kickoff meeting and the concluding, in-person briefing meeting. (The applicant should make clear its capacity for providing virtual alternatives to live meetings, as necessary.) The duration of the in-person briefing is expected to be three days, including travel to and from Washington, DC. Include all required travel expenses (e.g., airfare, taxi, hotel expenses, and meals based on the allowable federal per diem rates for Washington, DC).
- Submit your proposed budget using the Budget Detail Worksheet at [https://www.cossapresources.org/Content/Documents/TTA/Budget\\_Detail\\_Worksheet\\_AHP.xlsx](https://www.cossapresources.org/Content/Documents/TTA/Budget_Detail_Worksheet_AHP.xlsx). You may add rows to the template as needed. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars.

## Application Resources

### For all RFA materials, background information, and more:

Visit the COSSAP website at <http://s.iir.com/QwQrrHVY> for all RFA materials, background information, answers to frequently asked questions, and a recording of the informational webinar.

### Download the application at:

[https://www.cossapresources.org/Content/Documents/Funding/TTA/Addressing\\_SUD\\_in\\_Jails\\_Application.pdf](https://www.cossapresources.org/Content/Documents/Funding/TTA/Addressing_SUD_in_Jails_Application.pdf)

### Download the budget detail worksheet at:

[https://www.cossapresources.org/Content/Documents/TTA/Budget\\_Detail\\_Worksheet\\_AHP.pdf](https://www.cossapresources.org/Content/Documents/TTA/Budget_Detail_Worksheet_AHP.pdf)

**Submit the completed application and required attachments by 5:00 p.m., ET, on October 28, 2020 to [WithdrawalManagement\\_RFA@ahpnet.com](mailto:WithdrawalManagement_RFA@ahpnet.com).**

### Informational webinar:

Join us on **October 5, 2020, at 2:00 p.m., ET**, to learn more about the RFA and to ask questions. Register at <http://s.iir.com/WZy3zB5H>.

For additional questions, email Deann Jepson at [djepson@ahpnet.com](mailto:djepson@ahpnet.com).

## Selection Criteria

AHP is committed to ensuring a fair and open process for making this award. Applying does not guarantee project funding. Applications will be reviewed and scored by peer reviewers, with final review and approval by AHP in consultation with BJA and NIC.

## Evaluation Criteria/Scoring Rating Factors

### 1. Organizational Overview (10 points)

- How well does the applicant describe its understanding of the current need for these guidelines and target audience needs within the context of the project?
- How well is the applicant organization and its expertise described in relation to the objective of this RFA?
- How well does the applicant describe its organizational capabilities and their alignment with the RFA requirements?
- How well does the applicant describe the organization's experience in similar projects?

### 2. Statement of Work (40 points)

- To what extent does the applicant clearly describe its proposed project plan and timeline to accomplish the tasks?
- To what extent does the project plan align with the goals and objectives of the project?
- To what extent does the applicant clearly describe the plan to achieve consensus among expert advisory committee members and other key stakeholders?
- To what extent does the applicant describe monthly activities and related deliverables?
- To what extent does the applicant use SMART (Specific, Measurable, Achievable, Relevant, and Time-Oriented) objectives to describe the project process?
- To what extent does the applicant provide a clear, logical, and achievable project plan overall? Do the activities described achieve the overall project goal?

### 3. Project Staffing and Capabilities (40 points)

- How well does the applicant describe who will be responsible for implementing the project?
- Are the roles and functions of the personnel specified and tied to the completion of the project's plan and timeline?
- To what extent do the proposed project staff members possess the skills, knowledge, and expertise necessary to complete the tasks listed under the scope of work?
- Was a resumé for the PD included in the application?
- Were key staff members' and proposed expert members' bios included as one PDF attachment to the application?
- Was an organizational chart included in the PDF attachment referred to in the previous bullet?
- If subcontractors are proposed, is there a reasonable justification for their inclusion in the project and a clear structure to ensure effective coordination?

### 4. Project Budget (10 points)

- To what extent does the applicant (1) describe expected expenses, including personnel, subcontractors, indirect fees, travel expenses, etc., and (2) pair these with related deliverables for each quarter?
- To what extent is the proposed budget complete and cost-effective?
- To what extent does the proposed budget include allowable expenditures?
- To what extent are the expected expenses reasonable?

## Resources

<sup>1</sup>Jeremy Galloway, 2017, "U.S. Jails Are Killing People Going Through Opioid Withdrawals," *Huffpost*, retrieved July 17, 2020, from [https://www.huffpost.com/entry/us-jails-are-killing-people-opioid-withdrawals\\_b\\_9563940](https://www.huffpost.com/entry/us-jails-are-killing-people-opioid-withdrawals_b_9563940).

<sup>2</sup>Margaret Noonan, December 2016, *Mortality in Local Jails, 2000–2014—Statistical Tables*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 250169, retrieved July 17, 2020, from <https://www.bjs.gov/content/pub/pdf/mlj0014st.pdf>.

<sup>3</sup>Jennifer Bronson, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, June 2017, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007–2009*, Special Report, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 250546, retrieved July 17, 2020, from <https://www.bjs.gov/content/pub/pdf/dudaspji0709.pdf>.

<sup>4</sup>Beth Schwartzapfel, 2019, "When Going to Jail Means Giving Up the Meds that Saved Your Life." *The Marshall Project*, retrieved July 17, 2020, from <https://www.themarshallproject.org/2019/01/29/when-going-to-jail-means-giving-up-the-meds-that-saved-your-life>; Wakeman, Sarah, and Josiah Rich, 2015, "Addiction Treatment Within U.S. Correctional Facilities: Bridging the Gap Between Current Practice and Evidence-Based Care," *J Addict Dis.* 34(2–3): 220–225. doi: 10.1080/10550887.2015.1059217.

<sup>5</sup>Zhen Zeng, March 2020, *Jail Inmates in 2018*, Bulletin, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. NCJ 253044, retrieved July 17, 2020, from <https://www.bjs.gov/content/pub/pdf/ji18.pdf>.

<sup>6</sup>Providers Clinical Support System, 2017, *Methadone and Buprenorphine: Opioid Agonist Substitution Tapers*, retrieved July 17, 2020, from <https://pcssnow.org/resource/methadone-buprenorphine-opioid-agonist-substitution-tapers>.

<sup>7</sup>Jeffrey Keller, n.d., "MAT in jails. Response to Reader Questions," *Jail Medicine*, retrieved July 17, 2020, from <https://www.jailmedicine.com/mat-in-jails-response-to-reader-questions>.

<sup>8</sup>Hereinafter "§ 1983."

<sup>9</sup>Christopher Moraff, 2015, "Death by detox," *Aljazeera America*, retrieved July 17, 2020, from <http://america.aljazeera.com/opinions/2015/10/death-by-detox.html>.

<sup>10</sup>Julia Lurie, 2017, "Go to Jail. Die from Drug Withdrawal. Welcome to the Criminal Justice System," *Mother Jones*, retrieved July 17, 2020, from <https://www.motherjones.com/politics/2017/02/opioid-withdrawal-jails-deaths>.

Visit the COSSAP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).

## About BJA

The Bureau of Justice Assistance (BJA) helps to make American communities safer by strengthening the nation's criminal justice system: Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting-edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization. To learn more about BJA, visit [www.bja.gov](http://www.bja.gov), or follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

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