

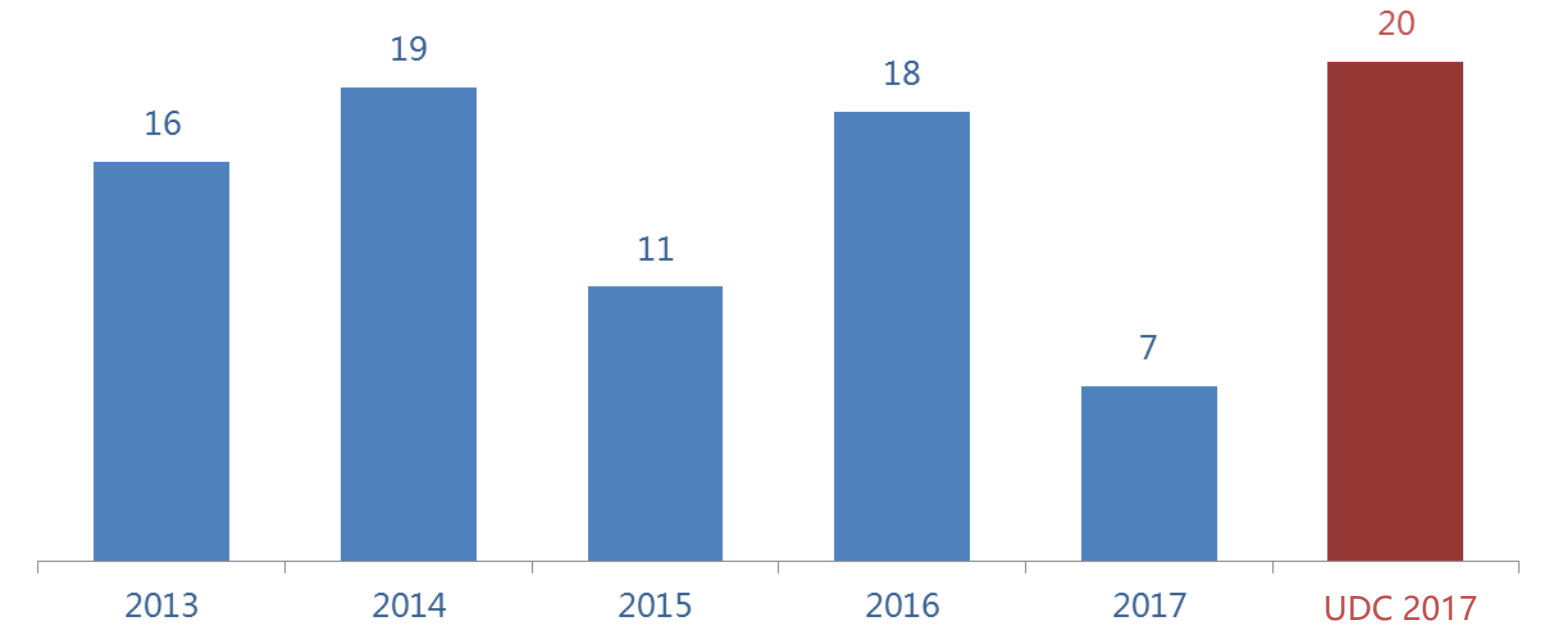


S.B. 205

Mortality In Utah County Jails and Prisons

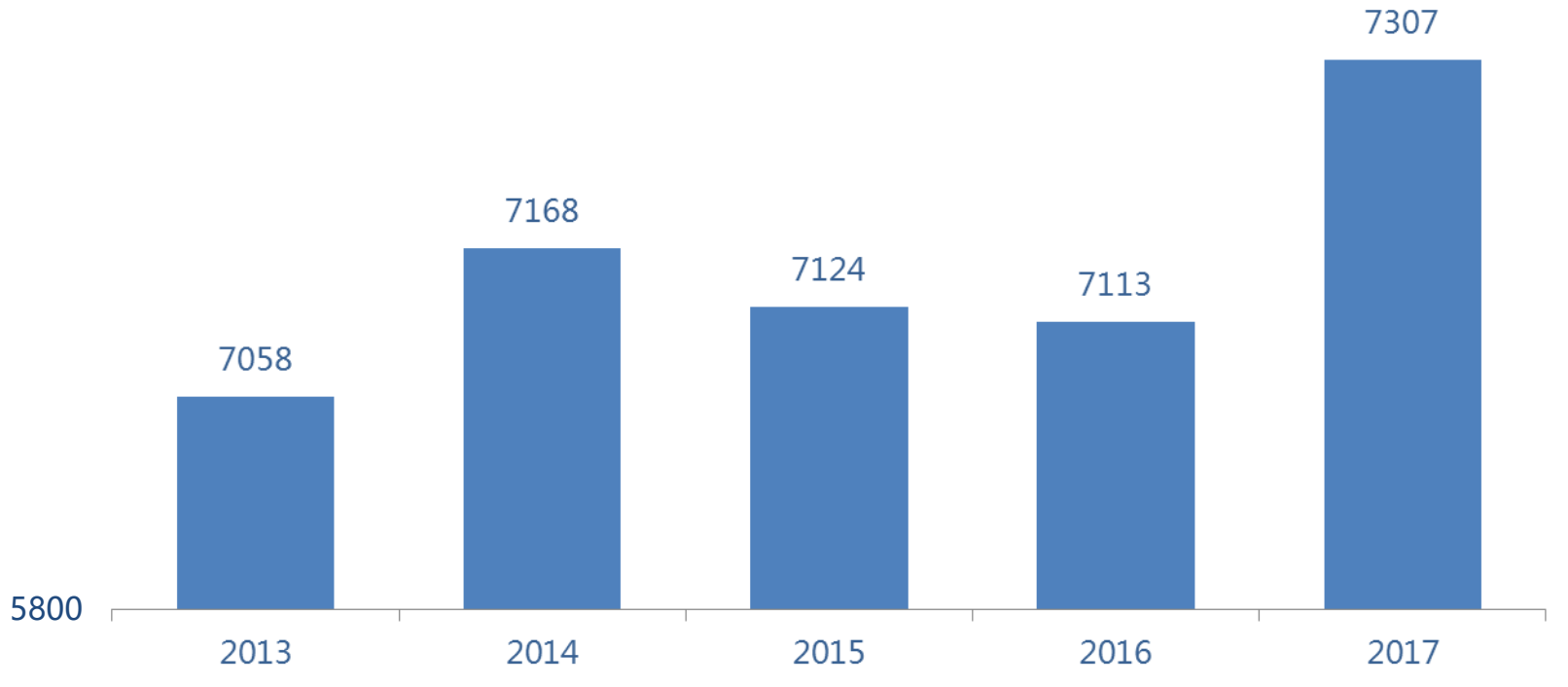
2013 - 2017

Figure 1
Number of Jail Deaths 2013 - 2017



Source: State of Utah County Jails, Utah Department of Corrections.

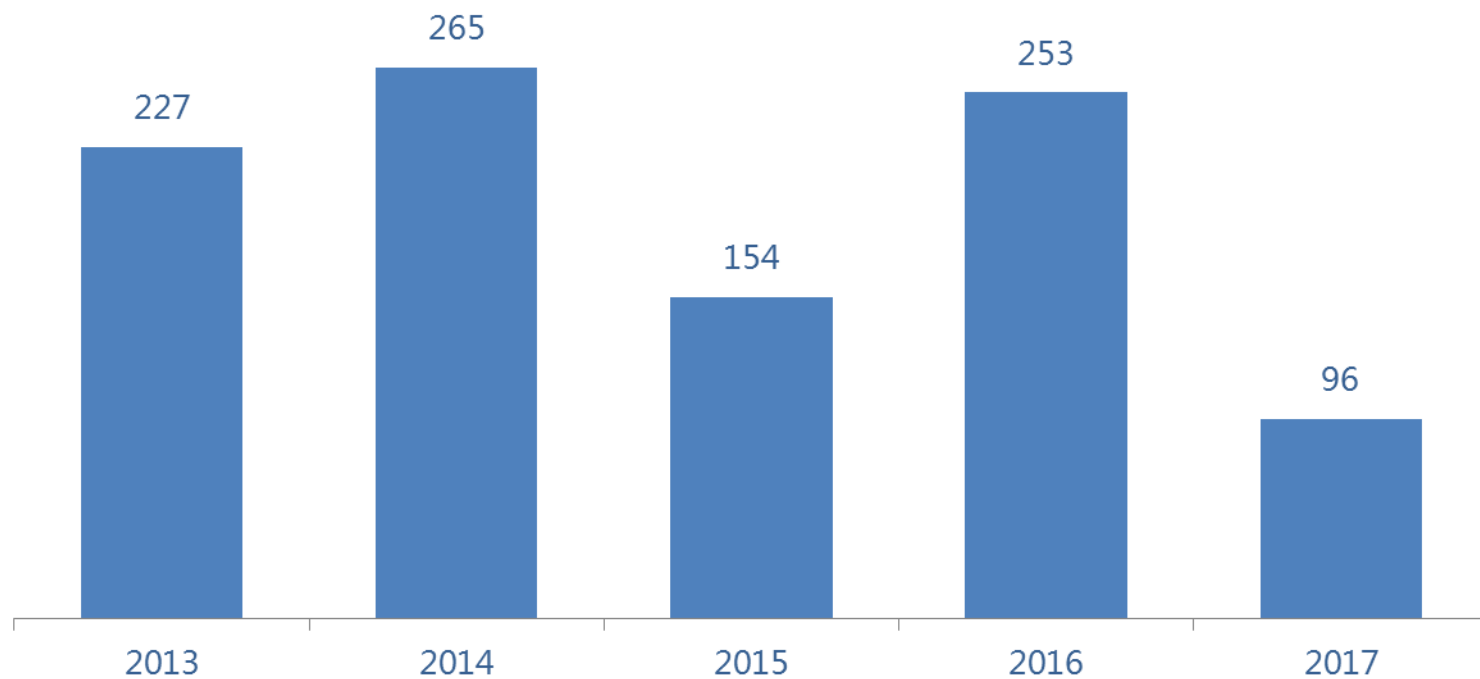
Figure 2
Number of Jail Inmates on an Average Day 2013 - 2017



Note: For data not provided an estimated figure was used.

Source: State of Utah County Jails.

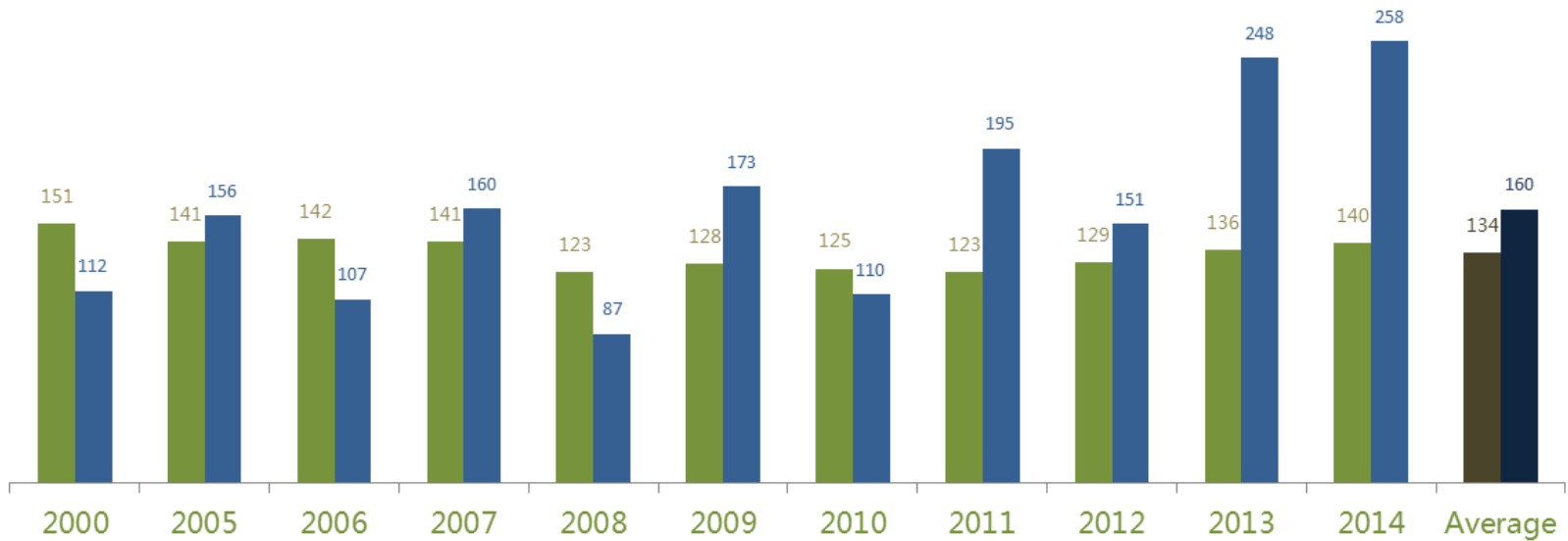
Figure 3
Mortality Rate per 100,000 2013 - 2017



Mortality rates are based on the average daily population.

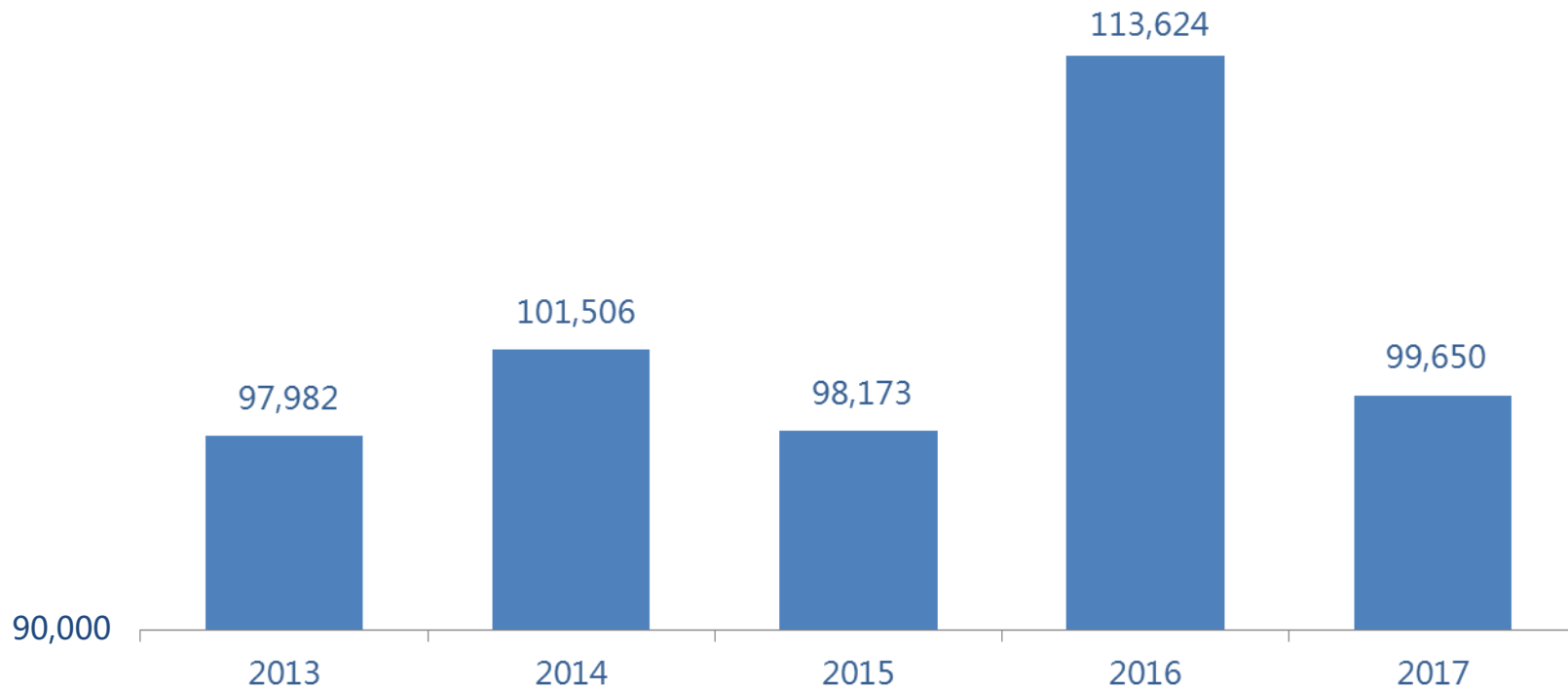
Source: State of Utah County Jails.

Figure 3a
Mortality Rate per 100,000 2000, 2005 – 2014
Total U.S. vs. **Utah**



Source: U.S. Department of Justice, Bureau of Justice Statistics.

Figure 4
Number of Inmates Admitted to Jails 2013 - 2017



Note: For data not provided an estimated figure was used.

Source: State of Utah County Jails.

Figure 5
Number of Jail Deaths by Cause of Death 2013 - 2017

Cause of Death	Number	Percent
All Deaths	71	100%
Illness	16	23%
Suicide	38	54%
Alcohol/drug intoxication	4	6%
Accident	1	1%
Other/unknown	12	17%

Source: State of Utah County Jails.

Number of Jail Deaths by Age and Time Served 2013 - 2017

Figure 6

Age	Number	Percent
All Deaths	71	100%
18 - 24	7	10%
25- 34	15	21%
35 - 44	14	20%
45 - 54	10	14%
55 or Older	5	7%
Undisclosed	20	28%

Figure 7

Time Served	Number	Percent
All Deaths	71	100%
Same Day	6	8%
1 to 7	25	35%
8 to 14	3	4%
More Than 14	17	24%
Undisclosed	20	28%

Note: Time served categories revised from previous Figure 7.

Source: State of Utah County Jails.

Number of Jail Deaths by Selected Attributes 2013 - 2017

Figure 8

Gender	Number	Percent
All Deaths	71	100%
Male	41	58%
Female	10	14%
Undisclosed	20	28%

Figure 9

Race	Number	Percent
All Deaths	71	100%
White	43	61%
Minority	5	7%
Undisclosed/unknown	23	32%

Figure 10

Legal Status	Number	Percent
All Deaths	71	100%
Convicted	18	25%
Unconvicted	30	42%
Undisclosed/Other	23	32%

Number of Counties Responding to S.B. 205

Figure 11
Summary Report

	2013	2014	2015	2016	2017	TOTAL
Counties Requested to Report	26	26	26	26	26*	
Number of Submissions	16	16	17	18	23**	
Number of Deaths Reported	9	12	7	16	7	51

* One county jail was closed on Feb 17, 2017.

** The three missing counties reported via e-mail and confirmed no deaths.

Figure 12
Detailed Report

	2013	2014	2015	2016	2017	TOTAL
Number of Submissions (Deaths)	16	19	11	18	7	71
Number of Undocumented Deaths			2	1		3*

* Some counties just submitted the detailed report and not the summary report.

* The three unsubstantiated reported deaths were not included in the total tally of deaths.

Breakdown of Jail Deaths by County Population Size

Population estimate as of 7/1/2017 based on census data of 2010

Figure 13

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less	2	1	1	2	2	8	11%
40,001 - 140,000	1	1	1	3		6	9%
Greater than 140,000	13	17	9	13	5	57	80%
	16	19	11	18	7	71	100%

Source: <https://www.census.gov/>, State of Utah County Jails.

Breakdown of Jail Deaths by County Population Size

Segregated by Cause of Death

Suicide Figure 14

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less	2	1	1	1	1	6	16%
40,001 - 140,000	1	1	1	1		4	11%
Greater than 140,000	4	11	4	6	3	28	74%
Total	7	13	6	8	4	38	100%

Illness Figure 15

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less				1		1	6%
40,001 - 140,000				1		1	6%
Greater than 140,000	4	4	2	3	1	14	88%
Total	4	4	2	5	1	16	100%

Alcohol/Drug Intoxication Figure 16

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less						0	0%
40,001 - 140,000				1		1	25%
Greater than 140,000	2	1				3	75%
Total	2	1	0	1	0	4	100%

Other/Unknown Figure 17

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less						0	0%
40,001 - 140,000				1		1	8%
Greater than 140,000	3	1	3	4	1	12	92%
Total	3	1	3	5	1	13	100%

Breakdown of Jail Deaths by County Population Size Segregated by Age Groups

18 -24 Figure 18

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less				1		1	14%
40,001 - 140,000		1				1	14%
Greater than 140,000	2		1	2		5	71%
Total	2	1	1	3	0	7	100%

25 -34 Figure 19

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less	1			1		2	13%
40,001 - 140,000						0	0%
Greater than 140,000	2	3	2	3	3	13	87%
Total	3	3	2	4	3	15	100%

35 -44 Figure 20

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less		1			1	2	14%
40,001 - 140,000	1		1	2		4	29%
Greater than 140,000		5	1	1	1	8	57%
Total	1	6	2	3	2	14	100%

45 -54 Figure 21

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less					1	1	10%
40,001 - 140,000				1		1	10%
Greater than 140,000	2	1		4	1	8	80%
Total	2	1	0	5	2	10	100%

55 or Older Figure 22

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less	1		1			2	40%
40,001 - 140,000						0	0%
Greater than 140,000		2	1			3	60%
Total	1	2	2	0	0	5	100%

Undisclosed Figure 23

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less						0	0%
40,001 - 140,000						0	0%
Greater than 140,000	7	6	4	3	0	20	100%
Total	7	6	4	3	0	20	100%

Source: <https://www.census.gov/>, State of Utah County Jails.

Breakdown of Jail Deaths by County Population Size Segregated by Time Served

Same Day Figure 24

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less	1					1	17%
40,001 - 140,000				2		2	33%
Greater than 140,000	1	2				3	50%
Total	2	2	0	2	0	6	100%

1 to 7 Days Figure 25

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less	1	1		2		4	16%
40,001 - 140,000	1	1	1	1		4	16%
Greater than 140,000	2	5	2	4	4	17	68%
Total	4	7	3	7	4	25	100%

8 to 14 Days Figure 26

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less					1	1	33%
40,001 - 140,000						0	0%
Greater than 140,000		2				2	67%
Total	0	2	0	0	1	3	100%

More than 14 Days Figure 27

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less			1		1	2	12%
40,001 - 140,000						0	0%
Greater than 140,000	3	2	3	6	1	15	88%
Total	3	2	4	6	2	17	100%

Undisclosed Figure 28

County Population	2013	2014	2015	2016	2017	Total	%
40,000 or less						0	0%
40,001 - 140,000						0	0%
Greater than 140,000	7	6	4	3		20	100%
Total	7	6	4	3	0	20	100%

Breakdown of Jail Deaths by Average Jail Population

Figure 29

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less	1				1	2	3%
101 - 400	2	2	2	5	1	12	17%
Greater than 400	13	17	9	13	5	57	80%
Total	16	19	11	18	7	71	100%

Source: State of Utah County Jails.

Breakdown of Jail Deaths by Average Jail Population Segregated by Cause of Death

Suicide Figure 30

Average Population Size	2013	2014	2015	2016	2017	Total	%
100 or less	1				1	2	5%
101 - 400	2	2	2	2		8	21%
Greater than 400	4	11	4	6	3	28	74%
Total	7	13	6	8	4	38	100%

Illness Figure 31

Average Jail Population	2013	2014	2015	2016	2017	Total	%
101 - 400				2		2	13%
Greater than 400	4	4	2	3	1	14	88%
Total	4	4	2	5	1	16	100%

Alcohol/Drug Intoxication Figure 32

Average Population Size	2013	2014	2015	2016	2017	Total	%
101 - 400				1		1	25%
Greater than 400	2	1				3	75%
Total	2	1	0	1	0	4	100%

Other/Unknown Figure 33

Average Population Size	2013	2014	2015	2016	2017	Total	%
101 - 400					1	1	8%
Greater than 400	3	1	3	4	1	12	92%
Total	3	1	3	4	2	13	100%

Source: State of Utah County Jails.

Breakdown of Jail Deaths by Average Jail Population Segregated by Age Groups

18 -24 Figure 34

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400		1		1		2	29%
Greater than 400	2		1	2		5	71%
Total	2	1	1	3	0	7	100%

25 -34 Figure 35

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less	1					1	7%
101 - 400				1		1	7%
Greater than 400	2	3	2	3	3	13	87%
Total	3	3	2	4	3	15	100%

35 -44 Figure 36

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less					1	1	7%
101 - 400	1	1	1	2		5	36%
Greater than 400		5	1	1	1	8	57%
Total	1	6	2	3	2	14	100%

45 -54 Figure 37

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400				1	1	2	20%
Greater than 400	2	1		4	1	8	80%
Total	2	1	0	5	2	10	100%

55 or Older Figure 38

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400	1		1			2	40%
Greater than 400		2	1			3	60%
Total	1	2	2	0	0	5	100%

Undisclosed Figure 39

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400						0	0%
Greater than 400	7	6	4	3		20	100%
Total	7	6	4	3	0	20	100%

Source: State of Utah County Jails.

Breakdown of Jail Deaths by Average Jail Population Segregated by Time Served

Same Day Figure 40

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less	1					1	17%
101 - 400				2		2	33%
Greater than 400	1	2					0%
Total	2	2	0	2	0	6	100%

1 to 7 Days Figure 41

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400		2	1	3		8	32%
Greater than 400	2	5	2	4	4	17	68%
Total	4	7	3	7	4	25	100%

8 to 14 Days Figure 42

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400					1	1	33%
Greater than 400		2			0	2	67%
Total	0	2	0	0	1	3	100%

More than 14 Days Figure 43

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less					1	1	6%
101 - 400			1			1	6%
Greater than 400	3	2	3	6	1	15	88%
Total	3	2	4	6	2	17	100%

Undisclosed Figure 44

Average Jail Population	2013	2014	2015	2016	2017	Total	%
100 or less						0	0%
101 - 400						0	0%
Greater than 400	7	6	4	3	0	20	100%
Total	7	6	4	3	0	20	100%

Source: State of Utah County Jails.

Figure 45
Number of Prison Deaths by Cause of Death 2017

Cause of Death	Number	Percent
All Deaths	20	100%
Illness	15	75%
Suicide	2	10%
Alcohol/drug intoxication	2	10%
Other/unknown	1	5%

Source: Utah Department of Corrections.

Number of Prison Deaths by Age and Time Served 2017

Figure 46

Age	Number	Percent
All Deaths	20	100%
18 - 24	1	5%
25- 34	0	0%
35 - 44	1	5%
45 - 54	4	20%
55 or Older	14	70%

Figure 47

Time Served	Number	Percent
All Deaths	20	100%
1 year or less	0	0%
1 to 3 years	6	30%
4 to 7 years	6	30%
8 to 11 years	2	10%
12 to 15 years	3	15%
More than 15 years	3	15%

Number of Prison Deaths by Selected Attributes 2017

Figure 48

Gender	Number	Percent
All Deaths	20	100%
Male	20	100%
Female	0	0%

Figure 49

Race	Number	Percent
All Deaths	20	100%
White	14	70%
Minority	6	30%

Figure 50

Legal Status	Number	Percent
All Deaths	20	100%
Convicted	20	100%

Jail and Prison Policy Information Required by S.B. 205

TREATMENT AND OTHER RESOURCES AVAILABLE TO AN OFFENDER SUFFERING FROM ALCOHOL OR SUBSTANCE USE WITHDRAWAL IN A COUNTY JAIL IN THE STATE				
COUNTY	Does the County Jail Have Policies, Procedures, and/or Protocols <i>Specifically</i> Regarding:			
	Treatment of an inmate experiencing withdrawal from alcohol or other substance use, including use of opiates?			The provision, or lack of provision, of medications ¹ used to treat, mitigate, or address an inmate's symptoms of withdrawal including Methadone (M) ² and all forms of Buprenorphine (B) ² and Naltrexone (N) ² ?
	Yes	No	Description	
BEAVER		✓	Policy addresses "serious medical need" and inmates in need of "immediate medical attention."	Not included in information submitted.
BOX ELDER		✓	Inmates "monitored by medical department," who "will assess need for treatment or intervention."	Not included in information submitted.
CACHE	✓		Withdrawal protocols utilizing medications ¹ for Alcohol, Opiates, and Benzodiazepines	Yes, but no M, B, or N
CARBON	✓		"Tapering program of medications ¹ [to attenuate] the associated symptoms of withdrawal"	Yes, but no M, B, or N
DAGGETT	JAIL CLOSED			
DAVIS	✓		"When indicated, all inmates will be provided with access to medical services for evaluation and treatment of withdrawal." Withdrawal protocols utilizing medications ¹ for Alcohol, Opiates, Benzodiazepines.	Yes, but no M, B, or N
DUCHESNE	✓		Withdrawal protocols utilizing medications ¹ for Alcohol, Benzodiazepines, and Methamphetamine. If alcohol, inmates placed where they can be closely monitored.	Yes, but no M, B, or N
EMERY	✓		"Tapering program of medications ¹ [to attenuate] the associated symptoms of withdrawal"	Yes, but no M, B, or N
GARFIELD	✓		"Any inmate that is showing severe signs of withdrawal shall immediately be taken to the [Garfield Memorial Hospital] ER for treatment."	Not included in information submitted.
GRAND	✓		Screened and observed for "medical conditions" at booking, including withdrawal. If inmate is experiencing withdrawal, jail physician will be notified for purposes of evaluating and prescribing medication to address the inmate's symptoms of withdrawal.	Not included in information submitted.
IRON	✓		Withdrawal protocols utilizing medications ¹ for Alcohol, Opiates, Benzodiazepines, and Stimulants (e.g., cocaine, methamphetamine)	Yes, but no M, B, or N
JUAB		✓	No Policy Submitted	Not included in information submitted.
KANE		✓	Policy addresses "serious health care issues," for which inmates "will be referred to the jail's medical services system immediately," and emergency medical care.	Not included in information submitted.
MILLARD		✓	No Policy Submitted	Not included in information submitted.
MORGAN	NO JAIL			
PIUTE	NO JAIL			
RICH		✓	No Policy Submitted	Not included in information submitted.
SALT LAKE	✓		Detailed policy providing for: screening for alcohol/drug use history, intoxication, and detoxification/withdrawal (including risk factors) from alcohol, opiates, stimulants, sedative hypnotics, and hallucinogenic drugs; regular assessments of inmates detoxing and placement in a special cell or transfer to an outside medical facility if necessary; a comprehensive health assessment; an emergency services plan; and "limited medication assisted treatment (MAT) for inmates withdrawing from alcohol or drugs or otherwise suffering from addiction."	Subutex (Buprenorphine) and Suboxone (Buprenorphine and Naloxone) on case-by-case basis; Step-down protocol for inmates on Methadone; Vivitrol® (Naltrexone for extended-release injectable suspension) at release
SAN JUAN		✓	Policy addresses "serious health care issues," for which inmates "will be referred to the jail's medical services system immediately," and emergency medical care.	Not included in information submitted.
SANPETE		✓	Provides for "health care services to meet the 'serious health care needs' of inmates," and emergency medical care. "Jail has no policy on addressing inmates' symptoms [of] withdrawal; protocol is monitor 'cold turkey' withdrawals."	Jail has no policy for Medication Assisted Treatment (MAT).

TREATMENT AND OTHER RESOURCES AVAILABLE TO AN OFFENDER SUFFERING FROM ALCOHOL OR SUBSTANCE USE WITHDRAWAL IN A COUNTY JAIL IN THE STATE

COUNTY	Does the County Jail Have Policies, Procedures, and/or Protocols <i>Specifically</i> Regarding:		Description	The provision, or lack of provision, of medications ¹ used to treat, mitigate, or address an inmate's symptoms of withdrawal including Methadone (M) ² and all forms of Buprenorphine (B) ² and Naltrexone (N) ² ?
	Treatment of an inmate experiencing withdrawal from alcohol or other substance use, including use of opiates?			
	Yes	No		
SEVIER	✓		Newly booked inmates will be screened to identify recent chemical use and chemical dependency, including signs and symptoms of withdrawal. Depending upon severity of detoxification and medical needs, inmate may require housing and monitoring in a special unit under medical observation and care. Controlled substances will be tapered off under the supervision of the health care provider. "Withdrawal Worksheets" for alcohol and opiates (vital signs, symptoms) provided.	Not included in information submitted.
SUMMIT	✓		Policy is to "provide proper medical care to inmates who suffer from drug or alcohol overdose and withdrawal. The contracted physician shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken [e.g., housed in an area where inmate can be kept under constant observation]. Inmates who are observed experiencing symptoms of severe intoxication, overdose or withdrawal will be promptly seen by on-site medical staff or referred to an off-site emergency facility for treatment" [Park City Hospital].	Not included in information submitted.
TOOELE	✓		Detoxification and withdrawal policy "intended to ensure that the staff is able to recognize the symptoms of intoxication and withdrawal from alcohol or drugs, and that those inmates who are intoxicated or experiencing withdrawal are provided appropriate medical treatment." Staff should "remain alert to" and shall "respond promptly" to medical symptoms and signs of drug and alcohol overdose and withdrawal. "The responsible physician shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken." If it is determined an inmate "is at risk for progression to a more severe level of withdrawal, the inmate will be appropriately housed in an area where he/she can be kept under constant observation by qualified health professionals or trained correctional staff."	Not included in information submitted.
UINTAH		✓	Medical screening at booking, with follow up on identified issues. "The prescribing or administering of habit-forming drugs for the purpose of satisfying the cravings of addiction is not considered to be bonafide medical treatment, and the use of narcotic drugs for that purpose is prohibited by law, and specifically forbidden. Inmates confined in the jail shall be given narcotic prescription drugs only when absolutely necessary in the course of legitimate medical treatment, and then only as authorized by a licensed physician. Such medications shall be withdrawn as soon as possible to do so safely."	Not included in information submitted.
UTAH	✓		"Inmates who are at risk for withdrawal are closely monitored by nursing staff. Those inmates experiencing symptoms of withdrawal are assessed by a Registered Nurse and treated per physician-approval protocols, which include monitoring of vital signs and administration of medications [medication ¹ protocols provided for alcohol and opiate withdrawals] to alleviate symptoms. In addition, the physician is contacted as needed, for additional treatment measures." "The medical staff shall adhere to the Nursing Protocol, along with specific instruction from the facility physician, in the treatment of alcohol and narcotic withdrawal."	Yes, but no M, B, or N
WASATCH	✓		Medication ¹ protocols provided for withdrawals from Alcohol, Opiates, and Benzodiazepines.	Subutex (Buprenorphine), Suboxone (Buprenorphine and Naloxone), and Methadone if necessary

TREATMENT AND OTHER RESOURCES AVAILABLE TO AN OFFENDER SUFFERING FROM ALCOHOL OR SUBSTANCE USE WITHDRAWAL IN A COUNTY JAIL IN THE STATE

COUNTY	Does the County Jail Have Policies, Procedures, and/or Protocols <i>Specifically</i> Regarding:		
	Treatment of an inmate experiencing withdrawal from alcohol or other substance use, including use of opiates?		Description
	Yes	No	
WASHINGTON		✓	<p>Policy provides that “timely health care shall be provided to inmates for serious health care needs” and for emergency care; health care screening at admission; and “if the jail is not able to properly and safely provide for [inmate’s] health care needs, the inmate may be refused admittance to the jail” and referred to the Medical Branch supervisor. “Intoxicated inmates with a .30 BAC or higher shall be required to have a medical clearance.” “All inmates suspected of overdose of drugs or any prescription medication need to have a medical clearance.”</p>
WAYNE	NO JAIL		
WEBER	✓		<p>Policy provides that “Custody staff shall remain alert to signs of drug and alcohol overdose and withdrawal . . . Any staff member who suspects that an inmate may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the supervisor, who shall ensure that the appropriate medical staff is notified.” Policy further provides for: medical screening for newly booked inmates, including drug use history and history or current symptoms of withdrawal; “Sobering Cells,” which are holding cells “designed to minimize the risk of injury by falling or dangerous behavior” for “arrestees or inmates who are a threat to their own safety or the safety of others as a result of being intoxicated from any substance,” with checks at least every 30 minutes; emergency health care and procedures (including having opioid overdose medication readily available); training for jail staff in recognition of chemical dependence and withdrawal; and specific protocols for detoxification and withdrawal from Alcohol, Barbiturates, Opioids, Stimulants (e.g., Cocaine and Amphetamine), and Benzodiazepines. “The responsible physician shall develop written medical protocols on detoxification symptoms necessitating immediate transfer of the inmate to a hospital or other medical facility, and procedures to follow if care within the facility should be undertaken.”</p>
DEPARTMENT OF CORRECTIONS	✓		<p>Policy provides protocols for intoxicated, chemically dependent, and/or withdrawing offenders. “Established protocols are followed for the treatment and observation of individuals manifesting symptoms of intoxication or withdrawal. When medically needed or when recommended by a provider, offender will be housed in the infirmary. Offenders experiencing severe, life-threatening intoxication (overdose) or withdrawal shall be immediately transferred to the referral health facility. Most non-life threatening withdrawals shall be treated on an outpatient basis as determined by Utah Department of Corrections (UDC) health providers. Pregnant offender withdrawal will be managed in consultation with specialty care provider.”</p>

The provision, or lack of provision, of medications¹ used to treat, mitigate, or address an inmate’s symptoms of withdrawal including Methadone (M)² and all forms of Buprenorphine (B)² and Naltrexone (N)²?

Not included in information submitted.

Jail participates in a Naltrexone (Vivitrol®) program with Midtown Health.

UDC “offers a wide range of medications and treatments for withdrawal.” Methadone “is primarily used for women who are pregnant, have symptoms of withdrawal, and present a higher risk. There is nothing preventing the use of Methadone, but for prison purposes, other treatments are preferable. Buprenorphine requires specialized training and certification. [UDC] has one provider certified in its use; however, any patients requiring its use would be sent to the University Medical Center for the initiation of Buprenorphine. Once prescribed, [UDC] can continue its use at the prison until treatment is complete.”

¹Other Medications/Treatments listed by jails to address withdrawal include: Valium, Librium, Thiamine, Gabapentin (Neurontin), Electrolyte Replacement (e.g., Gatorade, PowerAde), Clonidine, Ondansetron (Zofran), Bentyl (Dicyclomine), Loperamide, Tramadol, Tylenol 3 (Codeine), Prenatal Vitamins, Imodium, Benadryl, Folic Acid, Tylenol, Promethazine, Folic Acid, Phenergan, Lorazepam (Ativan), Multi-Vitamin with Iron

²Methadone, Buprenorphine and Naltrexone (Source: SAMHSA website):
Methadone, Buprenorphine, and Naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in Medication Assisted Treatment (MAT) for months, years, several years, or even a lifetime.

TREATMENT AND OTHER RESOURCES AVAILABLE TO AN OFFENDER SUFFERING FROM ALCOHOL OR SUBSTANCE USE WITHDRAWAL IN A COUNTY JAIL IN THE STATE

COUNTY	Does the County Jail Have Policies, Procedures, and/or Protocols <i>Specifically</i> Regarding:		Description	The provision, or lack of provision, of medications ¹ used to treat, mitigate, or address an inmate's symptoms of withdrawal including Methadone (M) ² and all forms of Buprenorphine (B) ² and Naltrexone (N) ² ?
	Treatment of an inmate experiencing withdrawal from alcohol or other substance use, including use of opiates?			
	Yes	No		
			<p>Methadone (M): Clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics. Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur.</p> <p>Buprenorphine (B): Office-based opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film, or 6-month implant under the skin. Like Methadone, Buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue.</p> <p>Naltrexone (N): Office-based non-addictive opioid antagonist that blocks the effects of other narcotics; daily pill or monthly injection. Naltrexone works differently than Methadone and Buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, Naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria</p>	
Some Counties reported the use of the following withdrawal Instruments: Clinical Opiate Withdrawal Scale (COWS), Clinical Institute Withdrawal Assessment for Alcohol (CIWA or CIWA-Ar)				