

Sample Jail Letter

Re: Forced disruption of methadone maintenance treatment (MMT) by refusal to allow continued medical treatment during incarceration.

On numerous occasions in the past I have had patients who were receiving methadone maintenance treatment for chronic opioid addiction who became incarcerated. In some cases continued treatment is ensured by cooperative arrangements with the appropriate jail officials including medical staff. Experienced jail officials recognize the benefits of continued treatment and well as the legal, medical, and ethical issues involved. The maintained prisoner is far less likely to be a problem for jail staff. The overall benefits and advantages of MMT are well known

In many cases the detention officials are not familiar with the extensive body of knowledge, scientific and clinical research that establish MMT as an extremely safe and highly effective treatment for chronic opioid addiction. Addiction has been clearly demonstrated to be a chronic, progressive, incurable, relapsing, and often (if untreated) fatal *disease*. MMT is a *medical* treatment using an effective pharmacological agent (medication) to correct, stabilize, and normalize the disease process — but not to “cure” the disease. MMT has been shown to be safe and effective in terms of dramatic reduction in death rates, stopping illicit drug use, elimination of criminal activity, and reduction in spread of hepatitis B and C as well as HIV disease. Social function, mental and physical health, and employment are enhanced.

The involuntary discontinuation or *forced withdrawal* from MMT is associated with a greater than 90% relapse rate to illicit opioid drug use. Relapse carries added risks including overdose, HIV infection, hepatitis, return to criminal activities, as well as the violation of specific terms of probation or parole leading to re-incarceration.

The choice of MMT as a treatment modality is a *medical decision* made by an addiction specialist in consultation with the patient. Any decision to withdraw from methadone is also a medical decision made with considerable caution based on the patient’s strong wishes to withdraw as well as progress in treatment and the degree of stability in such domains as employment, social stability, etc.

I view these actions with considerable alarm in the absence of any clear authority or training to make medical decisions that have a potential for severe adverse consequences.

Under what authority can an inmate with an addictive disease be denied the right to continue the most effective, safe and legitimate treatment available? Such actions may be seen as the practice of medicine without a license. The disruption of treatment while causing pain and suffering, carries very real risks and potential harm and very significant losses, far beyond the relapse to illicit drug use with impact on the individual, his family, and the community at large.

According to Federal law, methadone maintained patients have the right to Medically Supervised Withdrawal (MSW) on request. This procedure is done when withdrawal is strongly desired by the patient who is fully informed as to the risks associated with the procedure.

A preliminary consultation with legal counsel concerning this matter reveals that the actual or proposed denial of treatment imposed on an incarcerated MMT patient violates his/her constitutional rights under U.S. Section 1983 and the Americans with Disabilities Act, among others. If it becomes necessary it is our intention to pursue the patient's rights regarding these violations to the full extent of the law. The patient will have financial assistance and other guidance in filing a lawsuit seeking relief in the form of actual and punitive damages.

MMT patients can be successfully withdrawn while in custody with tolerable levels of discomfort and limited risks. The duration of the "taper" in *Medically Supervised Withdrawal* varies with the dose of methadone. 30 days would be adequate for low doses such as 20 mg but more typical doses in range of 80-100 mg would require a minimum of 90 days. Cases facing long-term incarceration should be considered for the withdrawal procedure. In cases of short-term incarceration (up to 90 days) continuous MMT should be considered. If the patient is allowed to continue appropriate treatment during incarceration our program will cooperate fully with officials and medical staff at the jail. This may include delivery and administration of individual doses at the facility.

Sincerely,

J. Thomas Payte, M.D.

[This sample letter is in the public domain and can be adapted or altered in any manner desired — I hope you find it useful.

Tom Payte]