

RESOLUTION 30-07A

Title: End Forced Opioid Withdrawal in Michigan Jails

Introduced by: Domenic R. Federico, MD, for the Kent County Delegation
Supported by the Michigan Society of Addiction Medicine

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Referred to: Reference Committee E

House Action: Adopted as Amended

Whereas, “There is a fire raging in America, heroin, methadone and oxycontin dependence are consuming the lives of young people in ways we refuse to fathom,” according to Loxterkamp D. Helping in his article “them: our role in recovery from opioid dependence,” *Annals of Family Medicine*, 2006: 4 (2): 168-171, and

Whereas, opioid addicts are at high risk of being incarcerated in Michigan jails, and

Whereas, county sheriffs typically refuse to provide methadone because of its street value as an illicit substance, and

Whereas, withdrawal is often conducted without medical supervision in jails, and

Whereas, this practice is both inhumane and dangerous, and

Whereas, Suboxone unlike methadone, has no street value as a drug of abuse, and

Whereas, buprenorphine (Suboxone) a new treatment approved by the U.S. Federal Drug Administration (FDA), which can end the unethical practice of forced drug withdrawal in jails, according to Sporer KA in *Buprenorphine a primer for emergency physicians*,” *Annals of Emergency Medicine*, 2004: 43 (5) 580-584; therefore be it

RESOLVED: That MSMS advise the Michigan Department of Community Health to communicate to each county sheriff the standard of care for the management of opioid withdrawal of incarcerated addicts to end forced opioid withdrawal; and be it further

RESOLVED: That jail physicians should become qualified in the management of opioid withdrawal.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

