



PENNSYLVANIA INSTITUTIONAL LAW PROJECT
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February 2, 2022

Via E-mail and First-Class Mail

Warden David Wapinsky
Schuylkill County Prison
230 Sanderson Street
Pottsville, PA 17901
dwapinsky@co.schuylkill.pa.us

RE: Alisa Steffie #26517, Medication-Assisted Treatment for Opioid Use Disorder

Dear Warden Wapinsky:

We are writing on behalf of Alisa Steffie, who was abruptly removed from her medication for opioid use disorder upon her incarceration at Schuylkill County Prison on January 14, 2022, forcing her to undergo painful and dangerous withdrawal symptoms. We urge to you take immediate action to prevent further harm and long-term injury by providing Ms. Steffie with her prescribed medication immediately.

The Pennsylvania Institutional Law Project (PILP) is a legal aid organization dedicated to representing incarcerated and institutionalized persons regarding their civil rights and other civil claims through litigation and advocacy. We seek to ensure the health, safety, and humane treatment of incarcerated individuals throughout Pennsylvania.

Ms. Steffie has had opioid use disorder (“OUD”) since she was a teenager, and it has wreaked havoc on her life for many years. Around five years ago, she began a new treatment program at New Directions in Wyomissing where she was prescribed methadone and her life finally changed for the better. While she was taking methadone, Ms. Steffie was able to lead a more stable and successful life. She drove around 30 miles every day in order to get her medication and ensure that she could maintain this success.

On January 14, 2022, Ms. Steffie was arrested and brought to Schuylkill County Prison. During intake, she informed medical staff that she has OUD and had been taking methadone. At first, prison staff told Ms. Steffie that if she signed a release, the prison would coordinate with New Directions to provide her with methadone during her incarceration. However, days later, she was told this would not happen.

Ms. Steffie suffered through days of severe nausea, vomiting, diarrhea, chills, sweating, body aches, stomach cramps, and dehydration. She continues to experience symptoms of withdrawal including sweating, restlessness, dehydration, and stomach cramping. Ms. Steffie’s

ODU has been successfully managed by medication for opioid use disorder (“MOUD”), also known as medication-assisted treatment (“MAT”), and her “withdrawal is a counterproductive, painful experience”¹ which, in addition to causing excruciating physical consequences, leads to an increased risk of relapse, overdose and death.² Within the first two weeks after release, the risk of death from overdose is 12.7 times higher than for the general population.³ Further, once Ms. Steffie is released, she will not be able to immediately restart at the dose of methadone which was properly controlling her OUD, and while her dose is being tapered up, she will remain at a heightened risk of overdose and death.

In order to ameliorate these serious consequences, we request that you immediately provide Ms. Steffie her prescribed medication, as you have with the other medications she requires.

ODU has been proven to be especially unresponsive to non-medication-based, abstinence-only treatment, because of the alterations in the brain’s biological pathways caused by opioids. Therefore, broad consensus in the medical and scientific communities, as well as the National Commission on Correctional Health Care and the National Sheriffs’ Association,⁴ is that MOUD/MAT is necessary to effectively treat OUD. Scientific evidence shows that MOUD/MAT reduces illicit drug use, overdose deaths, and crime. The U.S. Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services, has concluded that “just as it is inadvisable to deny people with diabetes the medication they need to help manage their illness, it is also not sound medical practice to deny people with OUD access to FDA-approved medications for their illness.”⁵ As with any medical condition, the choice of medication is a clinical decision. For some patients, only one of these medications may prove effective.

¹ See *Smith v. Aroostock Cty.*, 376 F. Supp. 3d 146, 163 n.21 (D. Me. 2019).

² Nat’l Institute of Drug Abuse, Principles of drug addiction treatment: A research-based guide (3d ed. 2018), <https://nida.nih.gov/download/675/principles-drug-addiction-treatment-research-based-guide-third-edition.pdf?v=74dad603627bab89b93193918330c223> (last visited Feb. 2, 2022).

³ Elizabeth Needham Waddell, et al, *Reducing overdose after release from incarceration*, Health & Justice (July 2020), <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-020-00113-7> (last visited Dec. 15, 2021).

⁴ Both the National Commission on Correctional Health Care and the National Sheriffs’ Association have emphasized that access to MOUD/MAT while incarcerated can “[c]ontribut[e] to the maintenance of a safe and secure facility for inmates and staff” and reduce recidivism, withdrawal symptoms, the risk of post-release overdose and death, and disciplinary problems. National Commission on Correctional Health Care & the National Sheriffs’ Association, *Jail-Based Medication-Assisted Treatment* (Oct. 2018), <https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf> (last visited Feb. 2, 2022).

⁵ SAMHSA, Medications for Opioid Use Disorder for Healthcare and Addiction Professionals, Patients, and Families, Treatment Improvement Protocol Tip 63, at ES-2 (2020), https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-003.pdf (last visited Feb. 2, 2022).

While Ms. Steffie is in your custody, it is your duty to provide her with adequate medical care. It is well-settled law that the Fourteenth Amendment to the United States Constitution and the Americans with Disabilities Act imposes a duty on jailers to ensure the safety and well-being of those whom they imprison.⁶ This duty requires you to provide MOUD/MAT to those in custody diagnosed with opioid use disorder. “Where knowledge of the need for medical care is accompanied by the intentional refusal to provide that care,” the Constitution is violated.⁷

Further, the denial of MOUD/MAT to Ms. Steffie implicates Schuylkill County Prison’s obligations under the Americans with Disabilities Act (“ADA”) and Rehabilitation Act (“RA”). County jails are subject to Title II of the ADA and Section 504 of the RA,⁸ which prohibit covered entities from precluding an individual with a disability from participating in a program, service or activity because of their disability and require them to provide “reasonable accommodations” to individuals with disabilities.⁹ Ms. Steffie is unquestionably an individual with a disability for the purposes of ADA and RA and is entitled to their broad protections.¹⁰ Denying Ms. Steffie MOUD/MAT without providing her with reasonable accommodations, thus violates the ADA and RA. Here, reasonable accommodations include the provision of methadone either directly at Schuylkill County Prison or taking other action to ensure she has access to methadone.

Several federal courts have now required facilities to provide this treatment and have found that the failure to do so likely violates the ADA and Constitution.¹¹ Your failure to provide Ms. Steffie with methadone has already caused her to experience symptoms of painful withdrawal and your continued denial exposes her to an unacceptable risk of even greater harm. We therefore urge you to immediately take one or more of the following steps:

1. Provide the medication to Ms. Steffie at Schuylkill County Prison;
2. Transport Ms. Steffie off-site daily to a treatment center to receive her medication;
3. Transfer Ms. Steffie to another facility capable of providing the medication; or
4. Release Ms. Steffie on a medical leave if the jail is otherwise unable to accommodate her needs.

⁶ *Estelle v. Gamble*, 429 U.S. 97, 106 (1976); *West v. Atkins*, 487 U.S. 42, 56-57 (1988); *DeShaney v. Winnebago Cty. Dep’t of Soc. Servs.*, 489 U.S. 189, 199-200 (1989); *see also Morgan-Mapp v. George W. Hill Corr. Facility*, No. 07-2949, 2008 U.S. Dist. LEXIS 69434, at 46-47 (E.D. Pa. Sept. 2008).

⁷ *Spruill v. Gillis*, 372 F.3d 218, 235 (3d Cir. 2004).

⁸ *See Pa. Dep’t of Corr. v. Yeskey*, 524 U.S. 206, 210 (1998); *Geness v. Cox*, 902 F.3d 344, 361 (3d Cir. 2018); 29 U.S.C. § 794(b)(1)(A).

⁹ *See* 42 U.S.C. § 12132; 29 U.S.C. § 794; *Furgess v. Pa. Dep’t of Corr.*, 933 F.3d 285, 287 (3d Cir. 2019).

¹⁰ *See e.g., Taylor v. Phoenixville Sch. Dist.*, 184 F.3d 296, 306 (3d Cir. 1999).

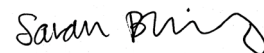
¹¹ *Pesce v. Coppinger*, 355 F. Supp. 3d 35, 47-48 (D. Mass. 2018) (granting motion for preliminary injunction because a blanket policy denying prescribed methadone treatment was likely to violate both the ADA and Eighth Amendment); *Smith*, 376 F. Supp. at 160-62 (granting motion for preliminary injunction under the ADA when jail refused to provide plaintiff with buprenorphine “without regard to her medical needs and without any true justification”).

Given the seriousness of these issues, please respond in writing by Wednesday, February 9, 2022. In your response, please explain in detail how you will address the concerns we have raised here and whether you intend to ensure that Ms. Steffie has access to her medically-necessary methadone prescription.

If you do not agree to take immediate steps to remedy the denial of methadone for Ms. Steffie, or if we do not receive a response by the appointed time, we may seek relief in federal court. If you would like to discuss this further you can reach Sarah Bleiberg at sbleiberg@pailp.org or by phone at 215-925-2966.

Thank you for your attention to this matter.

Sincerely,


Sarah Bleiberg
Attorney


Su Ming Yeh
Executive Director

CC: Alvin Marshal (via e-mail)