Written Testimony to The Illinois Supreme Court Commission on Pretrial Practices

The Chicago Recovery Alliance (CRA) writes today to voice our emphatic support for bail reform in Illinois. There are numerous public health risks associated with policing and incarceration such as an increase in HIV risk, unemployment, loss of housing, injury and violence, and lower rates of recovery among people with a substance use disorder (SUD).

However, this testimony focuses specifically on the life-and-death high stakes of bail reform. The Chicago Recovery Alliance is the world’s longest running overdose prevention program. Our organization’s mission is to support people actively using drugs in reducing drug-related harm and we do this by supporting any positive change as a person defines it for themselves. In 2018 alone we distributed 80,000 doses of naloxone (the opioid overdose antidote) to people who needed it most and have worked for decades to provide overdose prevention training and technical assistance across this city, and across the country. People with a SUD experience high rates of policing and arrest. Approximately half of incarcerated people have substance use-related conditions. People with a SUD and people in recovery are also often profiled and arrested despite being innocent. The risk of unnatural death and overdose is exacerbated by arrest and incarceration, but bail reform can help mitigate this risk of premature and preventable death. Our 10,000+ program participants are exactly the people who are most vulnerable to dying related to policing, arrest, and detention.

The exact mechanisms of risks for death among our participants as a result of pretrial detention are twofold: 1) untreated withdrawal symptoms and 2) loss of tolerance resulting in extremely heightened fatal overdose potential. We will examine them separately.

Untreated withdrawal symptoms— Sudden and untapered cessation of consuming substances—as occurs with arrest and incarceration—induces withdrawal symptoms.
Withdrawal from alcohol and benzodiazepines are considered dangerous enough that the process should be medically monitored so that the acute and dangerous physiological symptoms can be closely monitored and managed. Death from unmonitored alcohol and/or benzodiazepine withdrawal is not uncommon, including prominent Illinoisans. Opioid withdrawal is often mistakenly dismissed as “uncomfortable, but not life threatening”. However, opioid withdrawal can cause dehydration and metabolite imbalance that can lead to death. This happens most frequently in an incarceration setting where people are restricted from acquiring or consuming household ingredients that can correct these imbalances. This is the cause of death of 21-year-old Sebastiano Ceraulo, who died on the 4th day of his detention in the DuPage County Jail as well as Toya Frazier, a 45-year-old woman who died on her 2nd day of incarceration in Champaign. While rates of substance use disorder are high among detainees (often over 50%), only about ¼ of jail administrators report ever having the infrastructure to safely manage withdrawal.

Loss of tolerance and overdose death— The #1 cause of death for people leaving incarceration is drug overdose because of reduced opioid tolerance. Further, people with reduced or no tolerance to opioids are particularly vulnerable to the wide fluctuations in the strength of the illicit opioid market in the era of fentanyl-contaminated illicit opioid supply. It is important to note that, while overdose death during detention definitely does happen, far more deaths happen upon being released. We have heard this fact cited as a rationale against bail reform claiming that it’s the releasing that puts people at risk, not the pretrial detention itself. This is absolutely an incorrect, uninformed rationale. Loss of tolerance is a process, so the longer a person is detained, the bigger the tolerance loss. In the context of shorter periods of detention—as should be the case with pretrial detention—every single additional hour that a person is detained increases their tolerance loss and fatal overdose potential. It is important to note that tolerance loss is dangerous and potentially deadly for 1) illicit opioid use, 2) people using opioids for pain, and 3) people taking methadone or buprenorphine for treatment of opioid addiction.

Pretrial detention undermines our democracy by incarcerating people who are presumed innocent. Pretrial incarceration has negative public health and social quality of life effects. At CRA, we are most urgently concerned that pretrial incarceration is literally killing Illinoisans. Bail reform that reduces the rate of pretrial detention is thus a lifesaving ethical imperative.
9 https://data.huffingtonpost.com/2016/jail-deaths