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# CHAIRMAN'S MEMORANDUM

## NO. 9-2006 November 10, 2006

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TO: SHERIFFS, CHIEF ADMINISTRATIVE OFFICERS, COMMISSIONERS OF CORRECTION, NEW YORK CITY WARDENS, MEDICAL DIRECTORS

RE: ADVISORY: MANAGEMENT OF OPIATE WITHDRAWAL IN JAILS

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The Commission continues to note problems presented by addiction to and withdrawal from opioids among jail inmates. Opioid addiction includes heroin and the less commonly recognized prescription opioid pain medications such as hydrocodone, oxycodone, and meperidine. Rates of addiction to heroin and prescription opioids have been increasing in the United States, with heroin addiction currently believed to be the highest it has been since 1970. Safe and effective medical treatment in jail for the often dangerous complications of opioid withdrawal is part of the generally recognized community standard of adequate medical care in New York and elsewhere.

The Drug Addiction Treatment Act of 2000 (DATA2000), a federal statute, established a new standard for the medication-assisted treatment of opioid withdrawal in the United States. Under the provisions of this Act, qualified physicians may prescribe and/or dispense Schedule III, IV and V opioid medications for the treatment of opioid withdrawal if such medications have been specifically approved by the Federal Drug Administration (FDA) for that indication.

The Medical Review Board continues to explore safe and effective withdrawal treatment regimes for those admitted to jail with impending opioid withdrawal. While inmates with opioid withdrawal admitted to the custody of the New York City Department of Correction have for many years been detoxified with methadone, those in most upstate jails have been treated with clonidine with poor results, or, oftentimes, have received no treatment.

In October 2002, the FDA approved two sublingual formulations of the Schedule II opioid partial agonist medication **buprenorphine** for the treatment of opioid withdrawal, marketed as Subutex (buprenorphine) and Suboxone (buprenorphine/naloxone).

Buprenorphine can be used to provide a safe, effective and inexpensive withdrawal regimen in the jail setting. A five-day buprenorphine regimen with once daily dosing has been found effective in several randomized, controlled studies and is in wide use in this country as well as Europe and Australia. The preparation used is a sub-lingual Suboxone tablet. These come in two strengths: 8 mg. buprenorphine with 2 mg. naloxone and 2 mg. buprenorphine with 0.5 mg. naloxone. The naloxone is poorly absorbed from the GI tract; its function is to deter the street addict from grinding the tablet for IV injection where it will precipitate

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Daniel L. Stewart, Chairman

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Frances T. Sullivan, Commissioner

acute withdrawal symptoms. The dosing, to begin when clear signs of withdrawal appear, is one 8 mg. tab for three days, then 4 mg, on the fourth day and finally on the fifth day, 2 mg.

The prescribing physician must take an 8 hour course to obtain the required 'X' DEA number. This course is available online at a cost of \$150.00 and can be accessed at [BuprenorphineCME.com](http://BuprenorphineCME.com). This Schedule III drug may be appropriately stored at the facility under your current certificate(s) or the jail may arrange with a local pharmacy to keep a supply of the drug on hand.

If you have any questions regarding this information, please contact our Forensic/Medical Unit at (518) 485-2482.

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**Daniel L. Stewart, Chairman**

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