CHAIRMAN'S MEMORANDUM
NO. 1-2013 January 16, 2013

TO: SHERIFFS, CHIEF ADMINISTRATIVE OFFICERS, COMMISSIONERS OF CORRECTION, NEW YORK CITY WARDENS, FACILITY MEDICAL DIRECTORS, HEALTH SERVICE ADMINISTRATORS, AND NURSE ADMINISTRATORS

RE: Benzodiazepines withdrawal and treatment in the local correctional facilities

Section 7010.1(a) of the *Minimum Standards and Regulations for County Jails and* Penitentiaries requires the chief administrative officer of each local correctional facility to develop and implement written policies and procedures for the provision of adequate medical care for incarcerated persons. The Medical Review Board has recently reviewed several cases of benzodiazepine withdrawal in the incarcerated population. Benzodiazepines can produce a dangerous withdrawal syndrome which can be fatal if not treated appropriately. Upon admission to the correctional facility the early identification of prisoners who are using benzodiazepines illegally/illicitly or as prescribed through a legal prescription is essential to prevent serious complications and/or death. Benzodiazepine is a classification of medications which include, but is not limited to trade names such as:

- Xanax
- Ativan
- Valium
- Klonopin
- Serex
- Ambien
- Restoril
- Halcion
- Tranxene
- Dalmane
- Librium

These medications can be seen in the jail population as drugs of abuse and not legally prescribed by a physician, physician assistant, or nurse practitioner. But more importantly these medications are often prescribed for treating legitimate psychiatric conditions. One example of this is in the management of post traumatic stress disorder (PTSD) in our veterans returning from combat duty. Every effort shall be made

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by the facility medical staff to verify a legal prescription use by obtaining a release of information from the prisoner then contacting the community pharmacy which dispenses the benzodiazepine or by contacting the prisoner's primary medical provider, which may include the community mental health provider. As with any substance with the potential for withdrawal, the information on when the last date and time the medication was last taken will have to be collected. Also, the amount of medication ingested should be noted.

Benzodiazepines have various half-lives. Additionally such factors as liver disease and age can affect the metabolism of these medications. Benzodiazepine withdrawal can begin within a few hours of the last use and, because of the high risk of delirium, seizures, and death, it should always be treated. It is of the upmost importance that when a prisoner is identified as using these medications, either prescription use or abuse of them illicitly, the nursing staff contacts the facility physician as soon as possible for medication/ treatment orders, directions for monitoring vital signs, and the assessment of symptoms/signs of benzodiazepine withdrawal. These will be documented as physician orders. The nurse should also initially assess the prisoner for symptoms of withdrawal and report such to the physician. Once the physician orders are received and carried out, the nurse should contact the physician on a daily basis to update him/her on the progress or deterioration of the patient. Also, the nurse will obtain and document a physician's order to discontinue the benzodiazepine withdrawal medical treatment, the monitoring of withdrawal symptoms and vital signs of the patient. This will be done at the physician's direction during contact with the provider. This is essential in the safe management of these patients in the jail setting.

Blanket policies in any correctional facility to the effect that controlled substances cannot be administered or given to the prisoners when ordered by a physician or other mid-level provider (nurse practitioner and physician assistant) represent denial of medical care and/or inadequate medical care in violation of 9 NYCRR §7010.1(a) and §7010.2(e).

If the prisoner is taking benzodiazepine therapy as a legitimate therapeutic regimen for a mental health condition, the facility mental health provider should be contacted immediately and involved in the treatment with the medical provider.

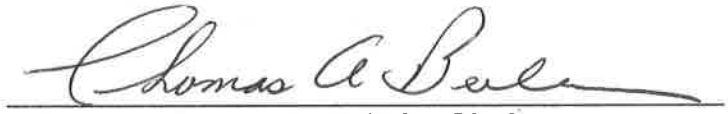
Benzodiazepine medication should never be abruptly discontinued but can be tapered safely with proper monitoring as ordered by the physician. Clonazapam (Klonopin), a high potency, long acting benzodiazepine, is recommended for use in tapering. It is also advised that if there is no infirmary for these patients, they should be placed on constant supervision until medically cleared by a physician.

Every nurse employed in county correctional facilities should be able to recognize the signs and symptoms of benzodiazepine withdrawal. There is no objective measure or tool as the COWS or CIWA for assessing benzodiazepine withdrawal. Signs of early withdrawal are increased pulse and blood pressure, anxiety, panic attacks, restlessness, and gastrointestinal distress, such as nausea and vomiting. Moderate withdrawal can include the symptoms of early withdrawal and additional symptoms of tremor, fever, diaphoresis, insomnia, anorexia, and diarrhea.

The symptoms of late withdrawal are life-threatening and may result in death. Patients with late benzodiazepine withdrawal develop a delirium similar to alcoholic delirium tremens. Hallucinations, changes in consciousness, extreme agitation, bizarre behavior, and seizures can occur. Any prisoner with these symptoms must be placed on constant supervision for their own protection as defined in *Minimum* Standards §7003.2 (d) 2, which states:

> the ability to immediately and directly intervene in response to situations or behavior observed which threaten the health or safety of prisoners or the good order of the facility.

Constant supervision shall be maintained with the prisoner until he/she can be transported to the hospital for intensive medical care. Prisoners with late benzodiazepine withdrawal cannot be treated in a correctional facility. Any decision not to send an inmate to the hospital for treatment of benzodiazepine withdrawal should be made by a physician after an examination. All correctional facilities shall have a benzodiazepine withdrawal policy and procedure in place developed by the facility medical director. Any questions can be directed to the Commission's Forensic Medical Unit at 518-457-9122.



Thomas A. Beilein, Chairman