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RECOGNIZE THE SIGNS BEFORE THEY DIE

Addressing Opiate and Alcohol Withdrawal in Corrections

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The death tolls continue to rise due to substance abuse and withdrawal. The environment hit the hardest: corrections. Because of this epidemic, you need to know the signs and symptoms of withdrawal to protect yourself and your inmate patients. Death due to substance withdrawal is the most common cause of successful lawsuits within detention centers in the United States.

The Facts:

- 75% of all inmates have a history of substance abuse prior to incarceration
- 35% of inmates are under the influence of some drug at the time of committing crime
- Inmates have a clear right to medical, mental health and substance abuse screening upon arrival to the detention center

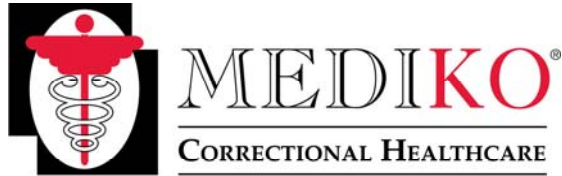


Your responsibility, as administration, is to ensure an inmate's health does not deteriorate while they are in your custody. This means from a legal and financial standpoint the most important interaction between an inmate and medical or correctional staff is in the booking area upon their arrival. To prevent unnecessary off-site visits, deterioration of health or even death, a medical and mental health screening should be done as soon as possible, ideally within the first 4 hours of arrival, since many inmates who are already intoxicated may go through dangerous substance withdrawal. You need to know the common signs and symptoms. The three most common, serious, and life-threatening withdrawals are due to the following:

1. Alcohol
2. Opiates
3. Benzodiazepines

Alcohol withdrawal may be fatal.

Substance	Onset	Symptoms may include
Alcohol	Typically, 6-8 hours after the last drink.	<ul style="list-style-type: none"> • Tremors (shaky hands and limbs) • Elevated blood pressure • Elevated pulse rate • Nausea • Vomiting • Headache • Light and sound sensitivity • Anxiety • Restlessness
Initial symptoms peak usually 24-36 hours after last drink Later signs and symptoms may begin typically 48-72 hours after the last drink		
Alcohol	48-72 hours after the last drink	<ul style="list-style-type: none"> • Visual Hallucinations (seeing things that do not exist) • Seizures • Delirium tremors (DT's, in which the inmate does not know who they are, where they are or what year it is)



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The most practical tool and questions to use by healthcare staff in your facility is called CIWA-AR (clinical institute of withdrawal from alcohol- revised).

Treatment: The gold standard treatment for the inmates who go through alcohol withdrawal is a medication called Ativan, which is short acting benzodiazepine that comes in the form of pills, IM shots, IV shots, or even sublingual.



Opiate withdrawal generally does not cause death, but can be very painful. This means the inmate patient’s health will deteriorate if not treated and monitored properly. Never cut a pregnant female off of opiates cold turkey. Your staff needs to be trained on the following information:

Substance	Onset	Symptoms may include
Opiates Natural forms: heroin, methadone, codeine, morphine, oxycontin, Dilaudid	Typically, 8-12 hours after the last use of drug	<ul style="list-style-type: none"> • Anxiety • Diarrhea • Muscle Spasms • Bone Pain • Back Pain • Yawning • Running Nose • Seizures • Death
Opiate withdrawal symptoms generally peak in 2-3 days		

It is crucial that both officers and healthcare staff are trained on COWS (clinical opiate withdrawal scale).

Treatment: COWS is the protocol that is the national standard to assess and manage opiate withdrawal. Once assessment is complete, the most commonly used medication to manage the withdrawal from opiate is Clonidine in addition there are other medications that can be administered to manage the vomiting, nausea and diarrhea.

Benzodiazepine withdrawal signs and symptoms are very similar to those of opiate withdrawal.

Substance	Onset	Symptoms may include
Benzodiazepine Ex: Xanax, Valium, Ativan	Depends on the benzodiazepine that was taken.	<ul style="list-style-type: none"> • Anxiety • Diarrhea • Muscle Spasms • Bone Pain • Back Pain • Yawning • Running Nose • Seizures • Death

Treatment: Withdrawal from benzodiazepines can be managed if used the right type, frequency and dosage of a short acting benzodiazepine, such as Ativan (also used for alcohol withdrawal) to prevent seizure and death.



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If your facility does not have 24/7 medical staff on-site, correctional staff needs to be familiar with and trained on the questions to ask and the signs and symptoms that they should be aware of, that new intakes may present with. They must be trained to notify the responsible healthcare personnel as soon as possible so that disasters could be prevented. The reason that an inmate goes into potentially fatal DTs are:

1. Late detection of withdrawal
2. Late start of treatment protocols
3. Existence of other medical conditions (such as history of liver failure, kidney problems and cardiac disease)
4. Not knowing or ignoring history of previous DT's.

The good news is that most inmates who are alcohol, opiate or benzodiazepine dependent can be safely detoxified in the jail within the first 3-5 days of arrival. Provided presence of a comprehensive assessment along with early pharmaceutical (medication) intervention and availability of a healthcare provider, at least by telephone.

Lack of comprehensive protocols and guidelines in any detention center will cause an unnecessary pain, both for officers and the inmate patient that can disrupt medical and security staff functions. Training along with having policies revised and reviewed by a competent, experienced medical provider will both decrease liability and unnecessary expense for your facility.

For more information on a competent healthcare partner please visit:

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