

	<b>DEPARTMENT OF PUBLIC SAFETY</b>  <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> October 20, 2015	<b>POLICY NO.:</b> COR.10.1G.07
		<b>SUPERSEDES (Policy No. &amp; Date):</b> (COR.10.1G.06 1/07/09 & COR.10.1G.08 1/7/09)	
<b>SUBJECT:</b> <b>INTOXICATION AND WITHDRAWAL</b>		Page 1 of 4	

## 1.0 PURPOSE

To establish protocols for managing inmates under the influence of alcohol or other drugs and those undergoing withdrawal from alcohol, sedatives, or opioids.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014)

### .2 Definitions

- a. Delirium tremens: A medical emergency that is a severe form of alcohol withdrawal involving sudden and severe mental or nervous system changes such as confusion, agitation, delirium, stupor, seizures. Symptoms most often occur within 48-96 hours after the last drink. However, they may occur up to 7 - 10 days after the last drink. Seizures (may occur without other symptoms of DTs) most commonly in first 12 - 48 hours after last drink, most commonly in people with past complications from alcohol withdrawal.
- b. Dependency: A state in which an organism functions normally only in the presence of a drug. Dependence develops when the neurons adapt to the repeated drug exposure and only function normally in the presence of the drug. When the drug is withdrawn, several physiologic reactions occur.
- c. Detoxification: is a physician supervised process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug on which the person is physiologically dependent, of one that is cross-tolerant to it, or of one that medical research has demonstrated to be effective.
- d. Opiates: Any preparation or derivative of opium, as well as opioid, a synthetic narcotic that resembles an opiate in action but is not derived from opium.

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- e. Withdrawal: Refers to the wide range of symptoms that occur after stopping or dramatically reducing drugs after heavy and/or prolonged use.

### 3.0 POLICY

- .1 The Medical Director shall establish protocols based on nationally accepted guidelines for the assessment, monitoring, and management of individuals manifesting symptoms of alcohol and drug intoxication or withdrawal.
- .2 The protocols for intoxications and detoxification shall be current and consistent with nationally accepted guidelines.
- .3 Detoxification shall only be performed under physician supervision.
- .4 Patients experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal shall be immediately transported to the hospital.
- .5 Individuals being monitored are housed in a safe location that allows for effective monitoring.
- .6 Pregnant inmates admitted with opioid dependence or have participated in an opioid management program (methadone or buprenorphine), shall have a qualified provider contacted so that the opioid dependence can be assessed and appropriately treated.
- .7 Patients at risk for progression to more severe levels of intoxication or withdrawal are monitored by the nursing staff or when that is not possible, are transported to the hospital.
- .8 The physician will be contacted immediately to determine the management of patients, including pregnant patients, on methadone, buprenorphine or similar substances. Patients entering the facility on such substances shall have their therapy continued, or a plan for appropriate treatment of the withdrawal syndrome is initiated.

### 4.0 PROCEDURES

- .1 Nursing staff shall perform the initial evaluation of an inmate referred to the Health Care Section for possible drug withdrawal and if necessary, refer to a physician for further evaluation. Nurses shall initiate the nursing Drug Detoxification/Withdrawal protocol.

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- .2 All patients with symptoms or potential for the development of withdrawal symptoms from chronic alcohol and/or drugs use shall be referred to a physician.
- .3 Drug withdrawal treatment shall focus on complications prevention and symptomatic relief.
- .4 Patients going through withdrawal who cannot be safely managed at a facility which does not have 24-hour nursing support, shall be transferred to a facility where 24/7 nursing supervision and medical observation is available.
- .5 Patients experiencing severe, life-threatening intoxication withdrawal or overdose (e.g., delirium tremens, seizures) shall be transported to the hospital.
- .6 Patients who were participating in an opiate maintenance program immediately prior to their incarceration shall have their maintenance program continued under the following conditions:
  - a. Inmates on a methadone maintenance program, who will be incarcerated 60 days or less, shall be sustained on their programs.
  - b. Inmates incarcerated greater than 60 days on methadone maintenance shall be evaluated for possible switch over to buprenorphine maintenance or opiate withdrawal.
  - c. Pregnant inmates shall be continued on their maintenance program with the agreement of their obstetrician.
  - d. Inmates sentenced to intermittent incarcerations, such as weekends, may be sustained on their opiate maintenance programs, rather than withdrawn.
- .7 The physician shall be contacted upon admission of a pregnant inmate who has used opiates or is on an opiate management program.

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**5.0 SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

Gary David Saldaña, MD      OCT 19 2015

Acting Medical Director      Date

[Signature]      OCT 19 2015

Health Care Division Administrator      Date

[Signature]      10-20-15

Deputy Director for Corrections      Date

APPROVED:

[Signature]  
Director

OCT 20 2015

Date