Assessing, Prescribing, and Examining the Evidence through a Forensic Lens

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Disclosure

- Work as a Medical Science Liaison for Teva Pharmaceuticals in Teva Select Brands division
Should inmates get mental health medications in jail?

Forensics and Mental Health

- End of year 2011 American prisons and jails held almost 2.25 million inmates — about 1 out of every 107 adults in the United States
- Recent research suggests that 64% of local jail inmates, 56% of State prisoners and 45% of Federal prisoners demonstrated a recent history or current symptoms of a mental health (MH) problem
- Offenders with mental disabilities are more likely to recidivate, especially for violent crimes, and receive longer sentences than offenders who do not have mental disabilities


- Female state and federal prisoners and jail inmates evidenced a greater prevalence of MH symptoms (73.1%, 61.2%, and 75.4%, respectively) compared to male prisoners and jail inmates (55.0%, 43.6%, and 62.8%)
- White prisoners were more likely to demonstrate a MH problem than Black or Hispanic prisoners

Challenging legal, ethical, clinical, and practical issues

Consent vs. Forcible Administration of Medication

Circumstances for FA
- Competency to stand trial
- Amelioration of symptoms related to threat to self or others or property

Discussion Questions
1. What information must be provided to an inmate about his or her proposed treatment before his or her consent to care is valid?
2. What has to be shown to permit the state to take away the right of the inmate to decide about care?
3. Do the standard and the type of procedures required differ according to whether the inmate has been convicted of a crime, or is merely awaiting trial?
4. Who – judge, administrative law judge, clinician, correctional administrator – gets to decide that the standard for supplanting the inmate’s decision has been met?

Consent vs. Forcible Administration of Medication

Circumstances for FA

• Competency to stand trial
• Amelioration of symptoms related to threat to self or others or property

How did you do?
1. Providers must consult with patients and make disclosures sufficient for the patient to make an intelligent decision about his or her care
2. Prison medical personnel may thus prescribe (and seek to forcibly administer) antipsychotic medications for the purpose of restoring and maintaining order in the prison
3. Internal administrative hearings in cases involving convicted prisoners (Harper v Washington), while requiring judicial decision-making in cases involving non-convicted, pre trial detainees (Riggins v. Nevada, Sell v. United States)*
4. Still an issue of debate. Trend is reliance on medical and institutional expertise and judgment rather than court involvement

*Dangerousness clause however can override

Case Study - Washington v. Harper

- Inmate serving a sentence for robbery
- Voluntarily took Trilafon, Prolixin, Taractan, Loxitane, Mellaril, and Navane
- Paroled on the condition that he participate in psychiatric treatment
- Shortly after was civilly committed after assaulting two nurses at the state hospital; parole revoked; returned to prison
- Initially agreed to take medication; then refused

# Case Study

- Court cited inmate had “significant liberty interest in avoiding the unwanted administration of antipsychotic drugs under the Due Process Clause of the Fourteenth Amendment.”
- It refused to allow that interest to trump the state's interest as a blanket.
- The court found in favor of the prison citing “[T]he Due Process Clause permits the State to treat a prison inmate who has a serious mental illness with antipsychotic drugs against his will, if the inmate is dangerous to himself or others and the treatment is in the inmate's medical interest.”


# Current Regulation

- Inmate refuses recommended medication → Right to administrative hearing.
- Hearing to be conducted by a psychiatrist other than the attending psychiatrist (must have no current involvement in treatment).
- Determine by psychiatrist conducting hearing as to whether involuntary administration of psychiatric medication is necessary based on:
  - Inmate is dangerous to self or others
  - Poses a serious threat of damage to property affecting the security or orderly running of the institution
  - Is gravely disabled (manifested by extreme deterioration in personal functioning)

# To ponder…….

What do you think is one of (if not the largest) issues surrounding giving inmates care that meets “best practice” standards?
Research Access Issues

Because of both legal and ethics-based views that a prisoner, inherently (due to his/her incarceration) may not be able to give truly free informed consent, it has been extremely difficult in most states to conduct studies among prison inmates.

Best Practice Tips

KNOWING YOUR CLIENT

Initial Interview

- Thorough assessment/render diagnosis
- Query about prior history of substance abuse
- Explore motivations for mental health treatment
- Assess adherence issues with current medications

Help Seeker vs. Master Manipulator

- Inmates may not always be truthful about their history
  - Check any available documentation from prior inpatient admissions/incarcerations/OP treatment
  - Get collaborative information whenever possible from parole officer, therapist, psychiatric provider, other medical personnel familiar with pt.
- Do they really have these current symptoms or are they vying for an academy award?
  - Hidden agenda to get medications to either use or sell
  - Ask open-ended questions that require inmate to describe symptoms in detail.
  - Be engaged in the story but don’t feed into it
  - Ask yourself if the scenario seems viable – are things congruent?
- Trained Clinician vs. Medium

Jail’s medicine cabinet

- Prison/jail formularies
  - Antipsychotics
  - Antidepressants
  - Anticonvulsants (mood stabilizers)
  - Benzodiazepines

Prison/jail formularies

- Overarching issues
  - Provider/Inmate agendas
  - Medication abuse potential
  - Symptom worsening
  - Availability of medication
- Psychosis
  - Antipsychotics
- Depression
- Agitation/Aggression
  - Antipsychotics
  - Anticonvulsants (mood stabilizers)
  - Benzodiazepines

Prison/jail formularies

- **Access issues**
  - "I can't get the medication I take on the outside"
- **Drugs with abuse potential**
  - The abuse of prescribed medications in prison is well known
  - Prescription drugs not typically not included in screening tests for drugs of abuse
  - Inability to get illicit drugs or "off the street" prescription drugs as on outside; shift to abuse of prescription drugs while inside
  - Removal from formularies/substitutions
    - Ex: Quetiapine has emerged as a drug of abuse—known colloquially as Quell, Suzie Q, Q, Squirrel, or Baby Heroin.
- **New Jersey Department of Corrections (NJDOC) Pharmacy and Therapeutics Committee voted to remove Quetiapine from the formulary**
- **Worsening/exacerbation of symptoms**

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**Table 1. Non-Neuroleptic Psychotropic Medications With Potential for Abuse**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Routes of Administration</th>
<th>Abuse Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betaxolol</td>
<td>Intravenous</td>
<td>tetracyclines, cyclobenzaprine, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Amantadine</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Oral</td>
<td>tetracyclines, cyclobenzaprine, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antiseizure agents</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antiepileptics</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Anticancer drugs</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Pain relievers</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antidiarrheal agents</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antifungal agents</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antiviral agents</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antioxidants</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
<tr>
<td>Antimicrobial agents</td>
<td>Oral</td>
<td>tramadol, codeine, ephedrine, benzylamine, levodopa, decongestants, underarm or oral drug abuse</td>
</tr>
</tbody>
</table>

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**Creative Abuse Methods & Reasons**

**Vehicles**
- Capsules – used to refill or hide other substances
- Cotton balls, toilet paper, cloth – tuck in cheeks to soak up liquid

**Rationale**
- Sell/trade for other tangible items wanted or needed
- Enhance effect of other substances
- Manage withdrawal
- Poison or sedate other inmates
- Make ineligible to work (e.g. anticholinergic)
- Avoid assault from other inmates
- Transfer out to community medical facility/escape

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**Inside those walls….Case study**

B.G – 29 y/o Caucasian male

- History of domestic violence (victim as child; perpetrator as adult)
- Adjudicated case – transfer to state prison from county jail
- Conviction for arson and 1st degree murder (killed girlfriend and their unborn child)
- Case file: fluoxetine, divalproex sodium, Quetiapine
- Personal report: “Seroquel, Xanax, OxyContin, Adderall”

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**Inside those walls….Case study**

B.G – 29 y/o Caucasian male

- Treating psychiatrist – Interviewed patient; deemed antipsychotic unnecessary; D/C Quetiapine, continued fluoxetine and divalproex sodium; refused request for Adderall or any benzodiazapine
- Pt. increased agitation and restlessness over next few days
- Exhibited signs consistent with delusions
- Strangled another inmate in yard; took large bite out of inmate face while strangling

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**Let’s switch gears………….**
Findings from the recent study
Comparison of Suicide and Homicide/Suicide

Sample

- A random **sample** from two counties in California (Los Angeles and Orange)
- Sample of 432 records of suicides
- Total population of 193 records of homicide-suicide

Method

- Development of initial measurement tool
- Retrospective chart analysis of records from the respective offices of the medical examiner in each county
- Unredacted
- Suicide – random sample
- Homicide/suicide – entire sample
### Violent Death Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Suicide (18%)</th>
<th>Homicide-suicide (9.2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report of alcohol</td>
<td>81</td>
<td>19/40 (9.8%)</td>
</tr>
<tr>
<td>Alcohol &amp; drugs</td>
<td>47 (10.9%)</td>
<td>9/40 (22.5%)</td>
</tr>
<tr>
<td>One drug</td>
<td>39 (9%)</td>
<td>2/40 (5%)</td>
</tr>
<tr>
<td>Multiple drugs</td>
<td>64 (14.8%)</td>
<td>10/40 (25%)</td>
</tr>
<tr>
<td>Toxicology report negative</td>
<td>61 (14.2%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>No toxicology report available</td>
<td>153 (35.3%)</td>
<td>147 (76.2%)</td>
</tr>
<tr>
<td>Total cases</td>
<td>432</td>
<td>193</td>
</tr>
</tbody>
</table>

### Comparison of Suicide & Homicide-Suicide

<table>
<thead>
<tr>
<th></th>
<th>Suicide</th>
<th>H-S (Perpetrator)</th>
<th>H-S (Victim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>335 (77.7%)</td>
<td>177 (91.7%)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>97 (22.3%)</td>
<td>17 (8.3%)</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>0</td>
<td>32 (13.4%)</td>
<td></td>
</tr>
<tr>
<td>Teenagers</td>
<td>20 (4.6%)</td>
<td>1 (1%)</td>
<td>8 (3.3%)</td>
</tr>
<tr>
<td>Age 20-49</td>
<td>203 (46.9%)</td>
<td>102 (56.7%)</td>
<td>123 (51.8%)</td>
</tr>
<tr>
<td>Age 50-75+</td>
<td>206 (48.4%)</td>
<td>82 (45.5%)</td>
<td>75 (31.5%)</td>
</tr>
<tr>
<td>Single status</td>
<td>154 (43.8%)</td>
<td>49 (22%)</td>
<td></td>
</tr>
<tr>
<td>Partnered</td>
<td>136 (31.5%)</td>
<td>99 (55%)</td>
<td></td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>102 (24.2%)</td>
<td>33 (18.3%)</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>236 (63.1%)</td>
<td>111 (61.3%)</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>138 (36.9%)</td>
<td>84 (38.8%)</td>
<td></td>
</tr>
</tbody>
</table>

### Type of Death by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Suicide</th>
<th>Homicide-Suicide (perp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>272 (62.9%)</td>
<td>76 (39.4%)</td>
</tr>
<tr>
<td>African-American</td>
<td>28 (6.5%)</td>
<td>21 (10.9%)</td>
</tr>
<tr>
<td>Asian</td>
<td>43 (10%)</td>
<td>20 (10.4%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>79 (18.3%)</td>
<td>66 (34.2%)</td>
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</tbody>
</table>
Age Groups of Suicide and Homicide-Suicide

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-19</td>
<td>120</td>
</tr>
<tr>
<td>20-29</td>
<td>100</td>
</tr>
<tr>
<td>30-39</td>
<td>60</td>
</tr>
<tr>
<td>40-49</td>
<td>40</td>
</tr>
<tr>
<td>50-59</td>
<td>20</td>
</tr>
<tr>
<td>60-69</td>
<td>10</td>
</tr>
<tr>
<td>70 and older</td>
<td>0</td>
</tr>
</tbody>
</table>

Type of death: Suicide

Type of death: Homicide-Suicide

Perpetrator Cause of Death by Type of Death

<table>
<thead>
<tr>
<th>Perpetrator Cause of Death</th>
<th>Suicide</th>
<th>Homicide-Suicide (Perp)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gun shot</td>
<td>142</td>
<td>170</td>
<td>312</td>
</tr>
<tr>
<td>Cutting instrument</td>
<td>22</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Blunt force</td>
<td>41</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td>Hanging</td>
<td>132</td>
<td>7</td>
<td>139</td>
</tr>
<tr>
<td>Other</td>
<td>94</td>
<td>5</td>
<td>99</td>
</tr>
<tr>
<td>Total</td>
<td>432</td>
<td>193</td>
<td>625</td>
</tr>
</tbody>
</table>

Drug Class by Suicide and Homicide-Suicide

<table>
<thead>
<tr>
<th>Drug class, opiates or prescription</th>
<th>Suicide</th>
<th>Homicide-Suicide (Perp)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription</td>
<td>164</td>
<td>29</td>
<td>193</td>
</tr>
<tr>
<td>Opiates, illegals</td>
<td>12</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>34</td>
<td>219</td>
</tr>
</tbody>
</table>
Drug Types in Suicide and Homicide-Suicide

<table>
<thead>
<tr>
<th>Type</th>
<th>Suicide</th>
<th>Homicide-suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>58</td>
<td>9</td>
</tr>
<tr>
<td>Depression</td>
<td>48</td>
<td>8</td>
</tr>
<tr>
<td>Sleep</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>Pain</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>*</td>
<td>5</td>
</tr>
<tr>
<td>Anti-psychotic</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Stimulants</td>
<td>41</td>
<td>15</td>
</tr>
<tr>
<td>Muscle relaxants</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Illegal</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

*Reported in pain meds for suicide category

Drug count by Victim’s Age Group

Victim’s age group

0% 10% 20% 30% 40% 50% 60% 70%

Drug count Zero
• Drug count One
□ Drug count Two or more
Homicide-suicide cases

- Women offenders living with children were more likely to kill younger people.
- Although a very small sample, over 50% (56%) of female perpetrators had victims under age 14 (n=9 out of 16)
- Male perpetrators killed children under age 14 (17 out of 177 or 9.6%) p = .001

Homicide-Suicide motive

- The leading motive of homicide-suicide was domestic dispute and the perpetrator was more likely male
- Victim gender was important because if the victim was female there was a higher probability the crime was homicide-suicide
Homicide-Suicide motive

- The male offender had a different profile. The victims of a male perpetrator were 17.2% male compared to 82.8% of their victims were female.
- In contrast, female perpetrators of homicide-suicide had 53.6% male victims and 46.49% female victims.

Homicide-Suicide motive

- When the perpetrator was a female living in a home with children, she was more likely to kill the child and then commit suicide rather than just suicide.
- But the male offender in the same type of environment had almost an equal chance of suicide as homicide-suicide.

Cause of Death

- In homicide suicide gunshot was 87.7% of the cause of death by perpetrator whereas suicide it was only 32.9%.
- The second highest way of committing suicide was by hanging but hanging in the homicide suicide after committing murder was only 2.7%.
Drug Usage in Suicide

- In homicide suicide male and females have similar patterns of use of drugs.
- In suicide, 18.2% of the males and 13.5% of the females use illegal drugs.
- In homicide suicide males had 11.1% use of illegal drugs whereas the female perpetrator had zero.

Alcohol Usage

- The more alcohol in their system, the more likely was suicide.
- The male who was legally impaired occurred 24.41% of the time with the female legally impaired 22.7% of the time.
- When it came to homicide 11.7% of the males who committed homicide suicide were legally impaired or approximate half the number legally impaired who commit suicide.
- The female who committed homicide suicide was not legally impaired.

Living with children

- Living with children had additional impact on suicide versus homicide suicide in that 9.4% of female perpetrator living with children committed suicide whereas 57.1% of them committed homicide suicide when the child was present.
- There were 15.9% of males living with children that committed suicide compared to 33.5% living with children who committed homicide suicide.
Location of the homicide

- Played a significant role in determining whether the death was a suicide or homicide suicide
- Suicides occurred 50% of the time in the house whereas homicide suicide occurred 80.5% of the time in the house
- The outside location for suicide was 15.8% but only 9.4% of the homicide suicides
- The reason for inside as location of the crime is due to the motive of domestic conflict

Case #1 - Blunt Trauma Suicide

- Death – 2012
- Caucasian male – age 68
- No military history
- Master degree
- Married
- Employed full time
- COD: suicide by drowning 2’ jump from bridge
- Hx testicular cancer – double orchiectomy; marital discord
- No prior arrests
- Left 3 suicide notes – car & business
- No prior attempts
- Hx prescription drug abuse – Inpatient @ well known clinic 2012
- Drugs found at autopsy: Mirtazapine & Zopiclone

Case #2 – Overdose Suicide

- Death – 2012
- Caucasian male – age 53
- Married
- Unemployed; noted financial stress
- COD: acute multiple drug toxicity
- Hx polio as a child; spinal degeneration w/chronic pain, emphysema
- Left extensive computer typed suicide note – coffee table in LR
- One prior suicide attempt via OD 2 years prior
- Drugs (prescribed) found at scene: Alprazolam, Amlodipine Besylate, Budeprion SR, Bupropion HCl, Fosinopril Na, Lexapro, Omeprazole, Protonix, Zafirlukast
- Also found: 87 open/emptied Seconal Sodium capsules (obtained by “a friend of a friend” on recent trip to Mexico by request of decedent)
- Drugs found at autopsy: secobarbital, bupropion, citalopram, alprazolam, hydrocodone (free),
Case #3 – CO2 Poisoning Suicide

- Death – 2008
- Caucasian male – age 41
- Married
- Employed F/T – computer technician
- COD: CO2 poisoning – in garage – had lit BBQ on seat of closed car
- Hx: Bipolar disorder (no treatment x 2 years); illegal drug use (meth); gambling addiction
- Left suicide note
- Five prior suicide attempts in past 5 mo.
- No prior arrest history
- Drugs found at autopsy: Methamphetamine, Amphetamine
- Carboxyhemoglobin – 72%

Case #4 – Drowning Related to Overdose

- Death – 2007
- Caucasian male – age 41
- Married
- Employed F/T – car salesman
- COD: drowning related to overdose
- Reported domestic conflict
- Depression/Bipolar (wife reported)
- Location: hotel
- Left suicide note
- No prior attempts
- No prior arrest history
- Drugs found at autopsy: Alprazolam, Diphenhydramine, Quetiapine, Paroxetine

Michael Jackson 1958 - 2009

- King of Pop
- Is the best selling male artist in music history
- Outside of music, best known for bizarre behavior and legal problems of child molestation

This case not included in study data
Drug History

- Addicted to Demerol in the 1990’s after various injuries, including the burning of his scalp during a taping of Pepsi commercial
- Entered drug rehab in the mid-nineties
- Since 2005, after charges of sexual abuse, was taking various medications including 10-20 tablets of Xanax per night to assist with a sleep disorder
- Would send employees to obtain prescriptions of various medications in different states, including pain killers

Timeline

- Timeline of Death:
  - About 1:30 a.m., Murray gave Jackson 10 mg of Valium (diazepam).
  - About 2 a.m., he injected Jackson with 2 mg of the antianxiety drug Ativan (Lorazepam).
  - About 3 a.m., Murray then administered 2 mg of the sedative Versed (midazolam).
  - About 5 a.m., he administered another 2 mg of Ativan.
  - About 7:30 a.m., Murray gave Jackson yet another 2 mg of Versed while monitoring him with a device that measures the oxygen saturation of his blood.
  - About 10:40 a.m., "after repeated demands/requests from Jackson," Murray administered 25 mg of propofol, the document said.
  - After leaving for approximately 2 minutes, Murray returns to find Jackson not breathing, CPR begins

Propofol

- Propofol essentially induces a coma - patients under anesthesia must be monitored constantly by a medical professional skilled in airway management.
- Propofol – not on the government's controlled substances list because it is NEVER used outside of a medical setting (such as a hospital, surgicenter, endoscopy center)
- Anesthesiologists and nurse anesthetists don't turn their backs on patients in the operating room - much less leave to make phone calls
- They are also mandated to monitor breathing with pulse oximetry when using propofol.
Did Jackson cause his own death?

- Defense - argued that Jackson died because of his prolonged use of Propofol as a sleep aid
- Contended Jackson lied about what drugs he was using - and how often - and that this information made it impossible for Murray to know how risky it really was to give Jackson Propofol on the day he died
- Murray convicted of involuntary manslaughter

Psychotropic Medications Found at Scene

- Suffered from insomnia
- Numerous drugs found at scene
  - Propofol
  - Lorazepam
  - Midazolam
  - Lidocaine
  - Diazepam
  - Clonazepam
  - Temazepam
  - Flumazenil
  - Trazadone
  - Tizanidine
  - Ephedrine
  - Plus others

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