LARGE JAIL NETWORK BULLETIN

Volume 3, No. 2 — January 1992

Contents

The *Large Jail Network Bulletin* is prepared by staff of LIS, Inc., for the U.S. Department of Justice, National Institutute of Corrections. To submit questions, comments, or materials, please write to the NIC Information Center, 1790 30th Street, Suite 130, Boulder, Colorado, 80301, or call (303) 939-8877.

Breaking Out of Tradition: Inmate Self-Medication

by John H. Clark, M.D., M.P.H., C.C.H.P. and Bertha Mackey, R.N., Medical Services Unit, Los Angeles County Sheriff's Department, Los Angeles, California

Every day in the Los Angeles County Jail System we administer in excess of 28,000 individual doses of prescribed medications. This task is very labor-intensive for the nursing staff in that Title 15, Section 1216(d) and (f) of the California Administrative Code, which governs correctional facilities, requires that the administration of every dose of medication must be observed and documented in the medical record. The basis for this regulation is a concern that an inmate may hoard his/her medication to attempt suicide, to get a buzz, or to sell to another inmate.

Although this is a valid concern in the traditional context of a correctional setting, in the reality of the "new world urban jail," this philosophy's time has come and passed. The contraband problems in today's jail have little to do with medications prescribed and given by medical staff.

What is more important is that we ensure that the jail inmate—who is virtually a moving target as he/she goes to court, sees visitors, goes to the law library and so forth—receives prescribed medications. Our methodology must ensure that:

- The inmate receives medications in such a way that optimal blood levels are maintained and that the therapeutic objective is met.
- There is appropriate documentation in the medical record to ensure that both a clinical and legal audit trail are maintained.
- Nursing staff are appropriately utilized: the skills of nurses should be used rather than reducing the nursing function to bookkeeping.

Over the twelve months between October 1990 and September 1991, the Los Angeles County Sheriff's Department Medical Services Unit has clearly demonstrated that a well-structured inmate self medication program can be an effective means to manage patients in a high-volume, high-turnover urban jail.

When inmates discover that a particular medication has been approved for the self-medication program, that medication is no longer desirable in the contraband market.

Program Components

Following are the essential components of a successful inmate self medication program.

1. First and foremost, the medical and nursing leadership must accept and adopt the position that essentially the medical problems we treat in jails are no different from those in the free community, and that the patients are the same patients one would treat in a private office or a public health clinic. Some patients in the free community are compliant and some are not. Therefore, there is no reason to assume that the patient/inmates we see in jail will not be compliant.
2. We must gain the support and approval of custody command staff in designing such a program. In view of the fact that we control prescription medications in the jail environment, problems with contraband in our facilities do not involve prescribed drugs. In fact, when inmates discover that a particular medication has been approved for the self-medication program, that medication is no longer desirable in the contraband market. The drug problems in

urban jails involve drugs that are illegal regardless of whether the setting is corrections or the free community.

3. Another facet of a successful program is a clearly stated policy that is signed and approved by the responsible physician, the nursing director, the health services administrator, and the facility commander/custody chief.

4. It is important to develop a set of criteria for participation in the program. The criteria should define the following as contraindications for participation:

   - Prescription of psychotropic or injectable medications.
   - Debilitating mental illness.
   - Debilitating developmental problems.
   - Significant OBS.
   - Physical handicaps preventing self-administration.

5. An approved list of drug categories should be established. These may include antibiotics, antimicrobials, anticonvulsants (Dilantin only), and any other drug approved in writing by the responsible physician.

6. A standardized system for packaging and labelling using unit dose blister packs or "bingo-cards" is vital. This will facilitate easy identification by custody staff, as well as enable staff to determine if the medication has been tampered with.

7. The nursing staff must instruct and educate the patient on how to take the medication and must document this education in the record. Moreover, the nursing staff should monitor compliance on a weekly basis.

8. Staff should prepare a monthly report that summarizes program activity, including:

   - Number of inmates started in the program
   - Number of inmates who maintained compliance
   - Number who were non-compliant
   - Number who lost medications
   - Number of medications discarded by custody staff.

9. Ongoing briefing of custody personnel is vital to ensure that they are familiar with the program and can recognize approved medications by the way they are packaged. A five- to six-minute videotape can be used to accomplish this task quite adequately.

Program Acceptance

On November 7, 1991, the California Board of Corrections approved our self-medication program as an alternative means of complying with Title 15, Section 1216(d) and (f). This approval is subject to review by the California Medical Association's Jail and Detention Facility Committee within eight months and to final review in twenty-four months. I anticipate that this section of Title 15 will eventually be revised to include alternate means of administering prescription drugs.

In the current climate of urban jails, it is critical that we break out of the traditional practices that were established twenty or thirty years ago. A carefully developed self medication program can help us meet our goal of providing medical care meeting community standards. Failure to move, change, and use innovative health delivery methods will leave our jails imprisoned in antiquity.

For further information, contact John H. Clark or Bertha Mackey at the Medical Services Unit, Los Angeles County Sheriff's Department, 441 Bauchet Street, Los Angeles, California, 90012; (213) 974-0149. ■