Prescription Drugs of Abuse and Misuse in Jails and Prisons

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Prescription Drugs of Abuse and Misuse

An introduction for the correctional environment

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Objectives

At the conclusion of this activity, participants will be able to:

- Identify atypical drugs abused within the correctional setting
- Predict medication abuse potential based on prescription drug class, side effect profile, availability, and dosage form
- Describe how medications can be used as tools or weapons by incarcerated individuals
- Recommend drug abuse and misuse mitigation strategies for correctional environments

Opinions expressed in this presentation are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the Department of Justice.
Introduction

- Patient health
- Institution safety and security
- Formulary implications
- Disciplinary and legal implications
BOP Prescription Abuse Feedback Loop

- **Institution Level**
  - Custody issues
  - Hoarding
  - Intercepted Intelligence
  - Overdose reports
  - Malingering
  - Prescribing patterns
  - Local Formulary Changes

- **Regional Level**
  - Local P&T Minutes
  - Non-formulary Requests
  - After action reports

- **National Level**
  - National Formulary Changes
  - National Policy Changes
  - Drug Information Advisory Group
  - Guidance Documents
Abuse and Misuse Trends

- High-Risk Medication Classes
  - Opioids
  - Anxiolytics
  - Anticholinergics
  - Psychotropics
  - Antiepileptics
  - Inhalers

- Desirable side effect profiles
  - Euphoria
  - Dizziness
  - Hallucinations
  - Vivid dreams
  - Excitation or sedation
  - Mimic illicit drug “high”
  - Weight loss or muscle gain
  - Alleviate withdrawal symptoms
Reported Abuse or Misuse

- Anticholinergics
- Antihistamines
- Albuterol
- Alcohol (consumable alcohol containing products)
- Benzodiazepines
- Benzoyl Peroxide Lotion
- Buspirone
- Bupropion
- Camphor/Menthol Rub
- Carbamazepine
- Clonidine
- Dicyclomine
- Dextromethorphan
- Efavirenz
- Fluticasone/Salmeterol
- Gabapentin
- Hydrochlorothiazide
- Levetiracetam
- Meclizine
- Muscle relaxants
- Olanzapine
- Opioids
- Oxcarbazepine
- Oxybutynin
- Phenothiazines
- Phenytoin
- Primidone
- Pseudoephedrine
- Quetiapine
- Selegiline
- Sugar containing products (fermentation)
- Topiramate
- Tricyclic Antidepressants
Gabapentin

- Street names: “Gabbies”, “Morontin”
- Side Effects:
  - Dizziness, somnolence, drowsiness, asthenia, ataxia, nystagmus, slurred speech
  - Abusers report euphoria, marijuana-like “high”, relaxation, calm and feeling “zombie-like” and may present as giddy or drunken
- Withdrawal Symptoms:
  - Anxiety, insomnia, nausea, pain, sweating; increased seizure frequency from sudden discontinuation – tapering off of medication is recommended
Gabapentin

- **BOP National Formulary Status**
  - 2002 - Removed
  - 2008 - Do not add
  - 2009 - Add with restrictions
  - 2010 - Reviewed
  - 2011 – Retain with restrictions
  - 2015 – Delete; add non-formulary use criteria

# of gabapentin prescriptions per 1000 inmates 2010-2014

Retrospective chart review and review of institutional charges 2003-2013 within the New Jersey DOC found the medication most frequently cited as misused:

1. **Gabapentin (14%)**
2. Diphenhydramine (8%)
3. Clonidine (6%)
4. Ibuprofen (6%)

The instance of gabapentin abuse has also risen in the community.

- In Kentucky, gabapentin was involved in more than a third of overdose deaths in 2017 and was reclassified as a controlled substance.
Topiramate

- Street names: “Dopamax”, “Stupidmax”, “Stupamax”
- Effects:
  - Weight loss/loss of appetite, dizziness, somnolence, fatigue, vision problems, nervousness, psychomotor slowing, difficulty with memory, concentration and attention, confusion, mood problems
- BOP National Formulary Status
  - 2003 – Add with restriction
  - 2004 – Edit formulary
  - 2007 – Edit formulary
  - 2008 – Retain – edit restriction; directly observed therapy for all indications
  - 2009 – Delete
Buspirone

- BOP National Formulary Status
  - 1998 - Retain
  - 2000 - Reviewed
  - 2002 - Reviewed

- Street names: “Booze Bar”

- Effects:
  - dizziness, drowsiness, nausea, headache, lightheadedness, excitement, miosis
Quetiapine

- Street names: “Baby Heroin”, “Susie-Q”, “Quell”, “Q-Ball” (quetiapine + heroin or cocaine)
- Known Methods of Abuse:
  - nasal insufflation
  - excessive doses po
  - IV administration
- Effects:
  - somnolence, lethargy, slurred speech, agitation
  - urinary retention, dry mouth, dizziness
  - tachycardia, orthostatic hypotension
Quetiapine

- 1998 – Added to BOP National Formulary with restrictions
- 1999-2004 – 10+ BOP institutions reported misuse
- 2004 – Cases of nasal abuse in LA County Jail reported in Am J Psychiatry
- 2004 – BOP National Formulary recommends local abuse education
- 2005 – IV Abuse noted in Am J Psychiatry
- 2005 – Deleted from BOP National Formulary; use criteria created
- 2008 – Reviewed, but not added to BOP National Formulary
Bupropion

- Street names: “Poor Man’s Cocaine”, “Wellies”, “Dubs”, “Barnies”
- Effects:
  - Euphoria
  - Increased risk of seizure
Bupropion

- 1995 add
- 2008 Isolated abuse reports within the BOP (1995-2008)
- 2009 do not add IR
- 2011 Widespread security concerns discussed
- 2012 Bupropion spending doubled over the previous year
- 2014 add inclusionary diagnosis criteria
- 2015 delete; edit use criteria
Drugs as Tools or Weapons

- Inhalers
- Flammable products
- Fiber Products
- Denture Adhesive
- Product Packaging
Drugs as Tools or Weapons

Drugs as Tools or Weapons


Right: Murrer J, Woodward Z. “Fiber Tablet Shank Test.”
Institutional Mitigation Strategies

- Communication and staff education
- Local Formulary Restrictions
- Over-the-counter restrictions
- Directly observed therapy
- Medication exchange programs
National Mitigation Strategies

- National formulary changes
- Federal Bureau of Prisons Drug Information Advisory Group
  - Track reports
  - Identify abuse trends
  - Develop technical guidance documents
  - Disseminate information to the field
  - Collaborate with outside correctional entities
References

- Murrer J, Woodward Z. “Fiber Tablet Shank Test.”
Prescription Drugs of Abuse and Misuse in Maryland’s DPSCS

MICHAEL RICHARDS, CAC/AD
MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
My Experience/My Perspective

- Last 13 years working as a line staff Substance Use Disorder Counselor in the Maryland Department of Public Safety and Correctional Services.
- Last 11 years working with individuals in active substance use while incarcerated in a medium security prison.
Prescription Misuse while in Treatment

- Relationship between Controlled Dangerous Substance and Prescribed Medication upon entering treatment.
  - Stop CDS use and move to PM.
  - Stop CDS use but still continue use of PM.
- Continued Active Use or Harm Reduction?
- This becomes a major piece of the treatment for these clients.
From Prescribed to Removed

1. Blister Card
2. Dispensed By Nurse
3. Watch Take
4. Limit Prescribing Power
5. Crush and Float
6. Removal from Formulary
Once a Prescription is Removed from the Formulary...

- Movement towards controlled dangerous substance use to meet the needs previously managed by medication.
- Once a medication is removed from the formulary in the following two cycles of the program an average of 25% (3 out of 12) of my clients report the substance use that lead to infraction was connected to self-medicating related to the prescription removal.
Role of Treatment

- Discuss with client the current relationship with medical professional who originally prescribed the medication.
- Identify what the previously prescribed medication was being prescribed to treat and start to work on supportive strategies to manage the symptoms.
Role of Treatment, continued

- Major Two Conditions:
  - Pain Management
  - Anxiety

- Counseling Strategies to Manage Symptoms and Concerns:
  - Mindfulness Mediation
  - Mind/Body Connection Work
  - Symptom Management
  - Cognitive Restructuring
  - Role Playing
Role of Treatment, continued

- Create a Continued Care Plan for after Completion of Treatment:
  - Continue Skills Learned during Program
  - Referral to continue Substance Use Disorder Treatment
    - Institutional Treatment
    - or Community Based Treatment
  - Reintegrate Client with Original Prescribing Medical Professional.
In Closing...

Michael Richards, CAC/AD
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Time For Your Questions!

Chat your questions now!
Who Do I Contact for More Information?

- Anita Grant apollard@bop.gov
- BOP-HSD/DrugInformation@bop.gov
- Michael Richards michael.richards@maryland.gov
Thank you for participating in today’s webinar!

We hope to see you soon in another NIC learning opportunity!