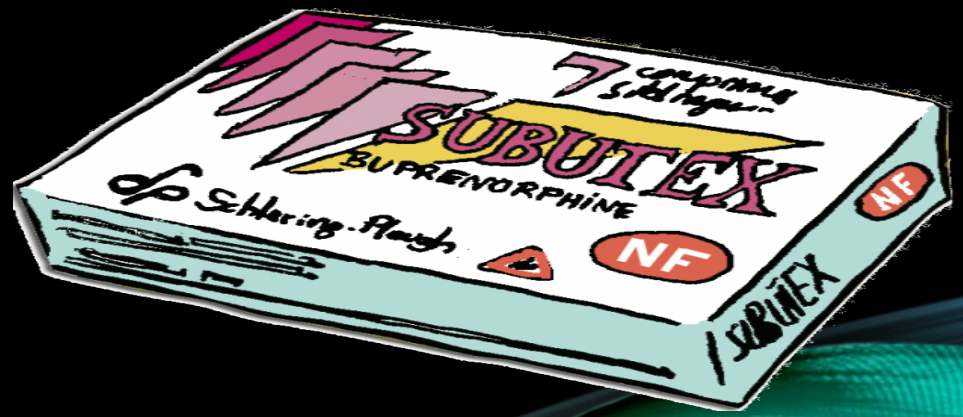
REDUCING MEDICATION DIVERSION IN JAILS



MEDICATION ADMINISTRATION

Prior to leaving unit

- Shirt turned around and inside out if shirt has a pocket and v- neck
- No under shirts or sweats/long johns under uniform
- Nothing is to be brought over with them

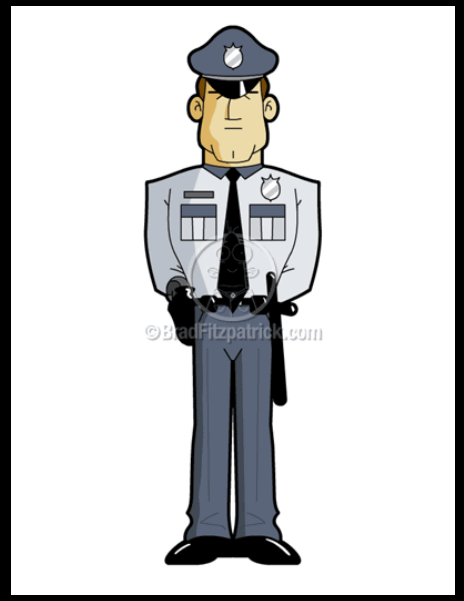
Administration area

- Pat down
- Chairs are in straight line spaced apart
- Sit in same order every day
  - This allows staff to sit inmates acting suspicious closer to nurse or officer

Administration

- Show mouth
- Swish water in mouth then swallow
- Medication crushed
- Medication cup placed in labeled clear trash cup
- Sit on hands
- Swish water at end and inspect mouth with flashlight
- Pat down

ADMINISTRATION

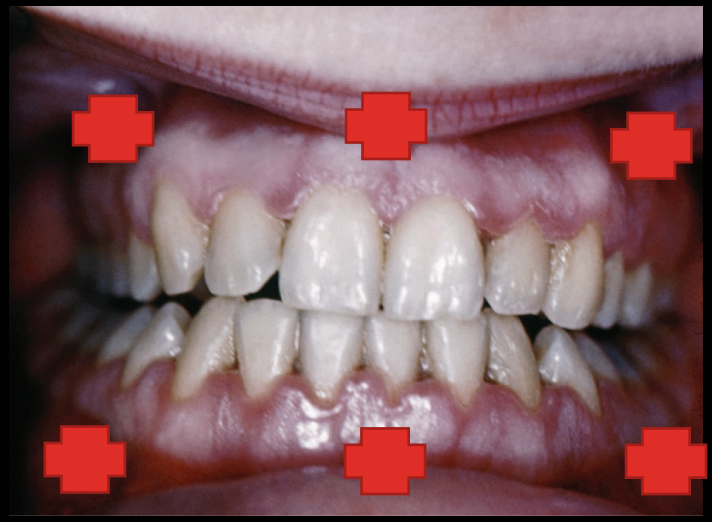


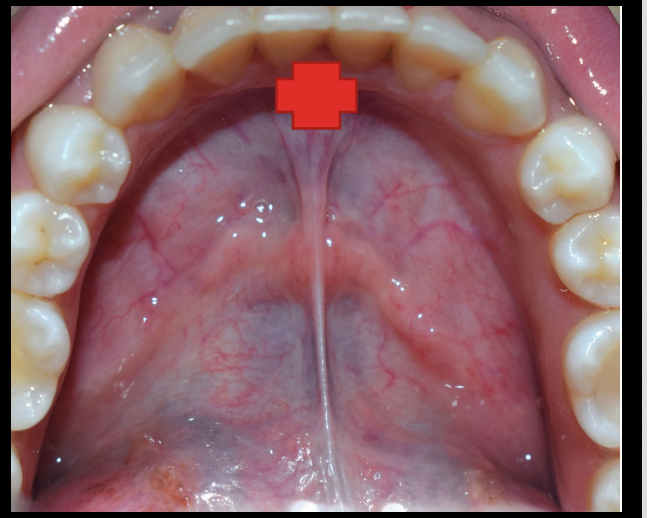
Nurse walks up to each patient to administer medication and continues to walk down line while officer watches patients already dosed. Nurse will end at other end so officer and nurse are on opposite ends watching patients. Standing at opposite ends allows better visualization than standing in front of patients turning head back and forth.

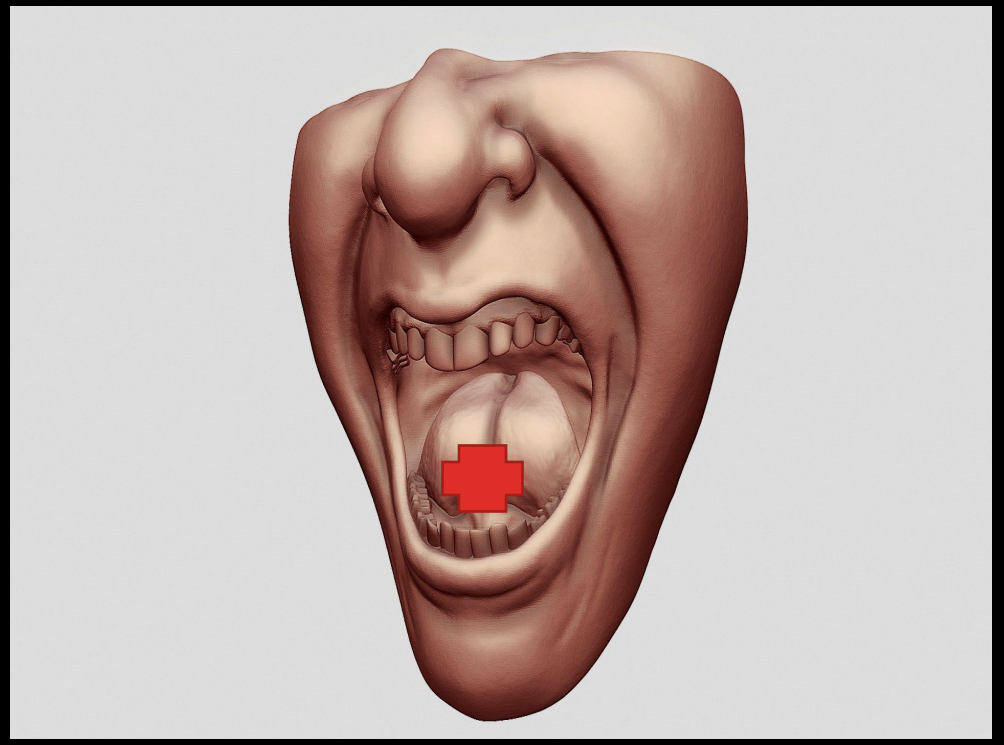
PREVIOUS HOARDING INCIDENCES

- Spitting medicine into shirt
- Leaning over and spitting medicine on floor then wiping with foot
- Pressing medicine into holes in teeth
- Hoarding medicine in mouth around gum lines, under tongue, or pressed against the teeth on the inside that cannot be seen unless nurse has patient lean forward and then lean back so the backs of teeth can be inspected
  - Do not allow patient to close mouth between looking or they move medicine around with tongue.
- "Swallowing medicine" but keeping the medicine trapped in throat unless patient gets to block and can spit it up.
- Swallowing medicine and throwing up once they get to block then sifting through to separate medicine to dry it out and snort.

AREAS OF HOARDING IN MOUTH







Inspect mouth thoroughly with a bright flash light

IF CAUGHT HOARDING

- If patient is caught hoarding medication
  - Custody staff is made aware
  - Patient will be scheduled to see MAT/MOUD provider as soon as reasonably possible to discuss hoarding incident and discuss alternative medication options
  - If a provider is not immediately available, patient will be administered medication with no other patients present and will need to sit for 30 minutes every day until provider is available

MISCONCEPTIONS

- “One patient hoards so they all will”
- “They hoarded their medication so obviously they do not want help”
- “We are creating addicts”
- “Detoxing patients was the same as what we are doing now but we did not have to worry about hoarding”
- “They just want to get high while they are here and still use when they get released”