



# POLICY AND PROCEDURES

NUMBER: 1323

SUBJECT: Medication-Assisted Treatment–  
Buprenorphine/ Methadone Dosing

ACA STANDARDS:

ACTING DIRECTOR: Lt. Col. Troy Doyle

EFFECTIVE DATE: 7/19

REVISION DATE: 8/19, 11/19

## I. POLICY

The Saint Louis County Department of Justice Services and the Saint Louis County Department of Public Health (Corrections Medicine) provide for the maintenance of medications for opioid use disorder for those inmates who enter the jail already on a medication regimen.

This policy provides a procedure that both corrections medicine and justice services staff will adhere to for the orderly and secure issuance of buprenorphine (e.g. suboxone) or methadone products, the controlled medications used for the treatment of opioid use disorder.

## II. DEFINITIONS

**Opioid use disorder**, sometimes referred to as opioid addiction, is a chronic, relapsing brain disease characterized by a pattern of using opioids (prescription pain medications, heroin, and/or fentanyl) leading to clinically significant impairment or distress.

**Medication-assisted treatment (MAT)** is the use of FDA-approved medications (methadone, buprenorphine, or naltrexone) often paired with counseling/behavioral therapy to treat opioid use disorder. Medication-assisted treatment is the most effective type of treatment available.

**Buprenorphine**, one of the three FDA-approved medications for opioid use disorder, is a partial opioid agonist that suppresses symptoms of opioid withdrawal, reduces cravings, and helps stabilize the brain's neurochemistry. It is safe and has been shown to reduce mortality in those with opioid use disorder.

**Methadone**, one of the three FDA-approved medications for opioid use disorder, is a full agonist used to help people reduce or quit their use of heroin or other opioids. Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opioid withdrawal and blocks the euphoric effects of opioids such as heroin, morphine, codeine, oxycodone, and hydrocodone. When taken as prescribed, it is safe and effective. It allows people to recover from their addiction and to reclaim active and meaningful lives.

## III. PROCEDURES

1. A nurse will enter a caution code to identify those inmates to be administered buprenorphine or methadone. The midnight shift captain will run a cautions report the previous night.

2. [Issuance will be done in two steps. Dosing of the medication to *general population* inmates will occur in the clinic waiting area at *about 5:40 am* with the aim of completing dosing before breakfast. Preparation should begin at *5:30 am* to ensure the procedure is completed in a timely manner.]
3. [If any inmates housed on the eighth floor (*not including 8A*) under lockdown, *secure move*, or in protective custody are on the list, they will be administered the medication *after the completion of the general population inmates*. *These special classification inmates will be brought individually to the clinic for dosing in the proper required restraints and dosed one at a time*. *Lockdown and secure move inmates should remain in handcuffs during the dosing procedure*. *Secure move inmates also require leg irons during transport*.]
4. Selected officers (1 supervisor and 2 COs) on the morning shift will be given the list of names and begin the dosing process on the eighth floor when they arrive for their shift. This will take place before count clears. While these procedures are being carried out on the eighth floor, movement officers will begin bringing the rest of the inmates on the list to the clinic waiting area. Because this will occur before count clears, the officers will keep an “out” count to ensure the location of all inmates is noted.
5. Before escorting any inmate to receive medication, the escorting officer(s) should instruct the inmate to remove any removable dental prostheses.
6. Inmates in lock down will be brought one at a time to the unit control area outside of the interview room for dosing. They will be moved with belly chains and ankle restraints and be told to sit on a folding chair with their hands on a table.
7. For each inmate, the nurse will check to confirm his/her identity and document dosing in the health record.
8. A corrections officer will perform a mouth check. The inmates must open their mouths, lift their tongues, and roll each lip to confirm no foreign objects are present in the oral cavity.
9. The nurse will require the inmate to drink a small cup of water prior to be given the medication.
10. The nurse will hand the indicated medication to the inmate. In the case of buprenorphine, the nurse will direct him/her to place the medication under the tongue and leave it there for the duration of the six-minute dissolving period. The nurse will observe that the inmate places the medication under his or her tongue correctly. In the case of methadone, the nurse will direct him/her to drink the dose.
11. The officers present will direct the inmates to sit with their hands on the table without moving while the medication dissolves.
12. Officers will closely monitor the inmates for six minutes, ensuring that no movements are made that indicate attempts at medication diversion (e.g. moving a hand towards the mouth, making excessive movements of the mouth, adjusting clothing, etc.).
13. At the end of the six-minute waiting period, an officer and a nurse will jointly inspect the mouth of each inmate. The inmates must open their mouths, lift their tongues, and roll each lip for the officer and nurse to inspect. For successful completion of the mouth check, both the officer and the nurse shall agree that the medication has dissolved completely.

14. The nurse will again require the inmates to drink a small cup of water after mouth checks are complete.
15. When all mouth checks have been completed and all inmates have had a cup of water, the corrections officers will escort inmates back to their living areas. This marks the end of the eighth-floor portion of the dosing procedure.
16. In the clinic, movement officers will finish bringing down all remaining inmates on the medication list. This procedure accommodates up to 16 inmates; up to eight should be seated on folding chairs around a table and up to eight should be kept in the clinic holding area. Steps 7-16 should be taken with those inmates sitting at the table.
17. Once those eight inmates have had a cup of water, two corrections officers will escort them back to their living spaces.
18. The inmates remaining in the holding area should be seated on the folding chairs around the table. Steps 7-16 should be repeated with this final group of inmates.
19. If at any time a corrections officer observes an inmate making movements indicative of diversion, a mouth check will immediately be performed. A strip search may be performed if the corrections officer has cause to believe that an inmate has not complied with the specified procedures.
20. If an inmate is found to have attempted to divert medication, the Officer will generate an incident report in IJMS using major violation code 250 (Diverting a MAT medication) and disciplinary action will be taken.