

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.14 (E)	Page 1 of 4
	Original Effective Date: 11/01/17	New Effective Date: 11/01/17
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Jim Schwochert, Administrator	
	Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Methadone/Buprenorphine Treatment (EMR)		

POLICY

Division of Adult Institutions Advanced Care Providers shall not initiate treatment for the purpose of drug and alcohol treatment or for short term detoxification.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care 2014 P-G-06 – Patients with Alcohol and Other Drug Problems
DAI Policy 500.30.66 – Intoxication and Withdrawal
DAI Policy 500.80.10 – Accountability for DEA Controlled Medications

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DEA – Drug Enforcement Agency

DCC – Division of Community Corrections

DOC – Department of Corrections

EMR – Electronic Medical Record

FDA – Food and Drug Administration

Short term detoxification – The use of methadone administered under close observation daily to an individual in reducing dosages over a period of time not to exceed 30 days.

PROCEDURE**I. General Guidelines**

- A. Methadone for analgesic purposes can be prescribed and administered at any facility under the same guidelines for any Schedule II drug. This methadone is supplied in tablet form based on an ACP order.
- B. Administration of methadone for alcohol and drug treatment purposes requires a special license from the FDA, DEA and the State Methadone Authority.
 1. DOC does not qualify for this license.

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2. Buprenorphine requires a separate and distinct DEA number which shall be obtained by any DOC provider prescribing buprenorphine for the circumstances described below.
- C. Inmate patients who have been in a methadone/buprenorphine program in the community and are now admitted to the DOC to complete a sentence shall not be able to continue on the methadone/buprenorphine unless the inmate patient is a short term admission into the DOC from DCC or is pregnant.
- D. Discontinuation of methadone/buprenorphine may not be appropriate for short term admissions to a facility if the inmate patient needs to continue the program when released back into the community.
 1. This would be determined by the inmate patient's agent.
 2. The inmate patient shall participate in the community program while incarcerated.
- E. Pregnant inmate patients shall be considered for conversion to buprenorphine by a licensed and qualified DOC buprenorphine prescriber. If a licensed and qualified DOC buprenorphine prescriber is not available, or does not consider the pregnant inmate patient a suitable candidate for conversion from methadone to buprenorphine, inmate patients remaining in the Community Methadone program shall adhere to the following:
 1. Must participate in the community methadone program while incarcerated.
 2. Participation in a community program involves transporting the inmate patient to the community program on a daily basis, unless an exception is obtained.
- F. Exceptions to daily transportation may be made if there is no community program in the area by contacting the State Methadone Authority at (608) 266-9218.
 1. The exception request shall be made by the Health Service Manager/designee.
 2. An exception would allow pick up of up to four weeks of methadone at a time.
- G. Exceptions include the following restrictions:
 1. Licensed nurses shall log each dose of methadone in and out.
 2. Logs for administration shall be scanned into the EMR.
 3. Only licensed nurses are allowed to administer each dose of methadone.
 4. If buprenorphine conversion is not done, pregnant inmate patients shall return to the Methadone Community Program at intervals recommended by the community program for refills.
 5. A copy of the logs and empty bottles shall accompany the inmate patient to the appointment.
 6. Methadone from the community program shall be stored separately from all other medications.

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- 7. Storage areas shall be double locked, secured and key accountable.
 - 8. Documentation for methadone accountability shall be consistent with DAI Policy 500.80.10.
 - 9. Self-medication is not allowed.
- H. Appropriate treatment and medical support for withdrawal of the methadone/buprenorphine or similar substance shall be followed according to DAI Policy 500.30.66 when an inmate patient does not continue in the Methadone Community Program.

Bureau of Health Services: _____ **Date Signed:** _____

James Greer, Director

_____ **Date Signed:** _____

Medical Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____

Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility:		
Original Effective Date:	DAI Policy Number:	Page 4 of 4
New Effective Date:	Supersedes Number: N/A	Dated: N/A
Chapter: 500 Health Services		
Subject: Methadone/Buprenorphine Treatment		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

I.

- A.
 - 1.
 - a.
- B.
- C.

II.

- A.
- B.
- C.