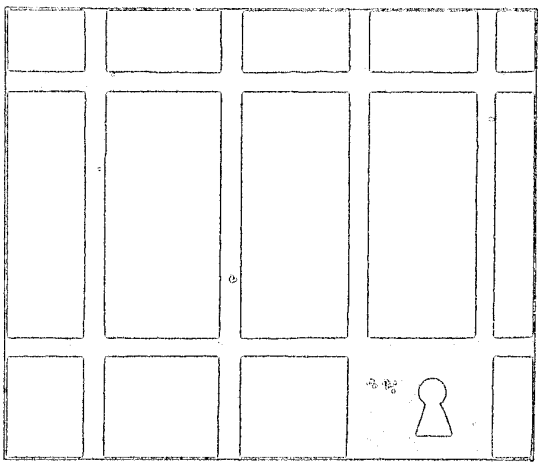
PROCEEDINGS

2nd National Conference on Medical Care and Health Services in Correctional Institutions



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MIND-ALTERING DRUGS*

Drugs which alter mental states are by no means new to medicine. In fact, opiates were among the first of the effective medications available to the physicians of ancient times. Nevertheless, in the past 20 years we have seen the development of a cornucopia of psychotropic or mind-altering drugs. During the past five years in particular, there has been increasing recognition both within the medical profession and without that excessive use of such drugs has become a problem affecting all strata of our society. Certain of these mind-altering drugs, those which are called the minor tranquilizer or anti-anxiety drugs (e.g., Valium or Miltown) have become the most frequently prescribed drugs in the United States. Those of you who read the medical journals, especially those of a few years ago, will recall that tranquilizers were being sold as specifics for every sort of problem or stress from sexual inadequacy to mothers-in-law. This problem of inappropriate use of medically prescribed drugs has reached into the prisons and jails as do most community problems.

Another side of this same story of mind-altering drugs, is that of the development of the major tranquilizers or anti-psychotic medications. By their efficacy in controlling many of the symptoms of severe mental illness, they have been a major factor in bringing about a revolution in the care and treatment of the mentally ill. As you know, throughout the country the number of mental patients in hospitals has been declining steadily since the late 1950's, when these drugs came into general use. It is generally accepted that psychotropic drugs have been a major factor in enabling the mentally ill to be treated in the community rather than in hospitals.

Jails and prisons have participated in the same trends in usage of such medications as have existed outside. In fact, some of the conditions of imprisonment create special problems. If you have not had occasion to encounter problems with mind-altering drugs in a prison setting, you are fortunate. It has been my observation that the majority of physicians moving into prison practice from a private or clinic practice have to learn to handle these drugs in a different fashion. The frequent experience is that they over-prescribe the minor tranquilizers to the anxiety-ridden or pleasure-seeking people with personality disorders whom one finds in a prison population. At one time several years ago, it came to my attention that almost every one of the prisoners in one of our segregation units was on such medication. Generally, we have become aware in prison of the potential for abuse of new drugs before this potential is recognized in the general population. A fairly

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recent example of this is the drug Quaalude. This drug was introduced as a superior sedative, and we began to use it in place of Phenobarbital and older drugs. Very rapidly, however, it became evident that this drug had a potential for abuse, since all of the drug users in the population were shortly complaining of insomnia.

In this regard, I am reminded of one of my earlier experiences in prescribing the drug Miltown, which for a time was a highly regarded anti-anxiety agent. I had been prescribing it for a particular prisoner/patient, who appeared to be extremely nervous and anxious whenever I saw him on morning rounds or sick call. He emphasized to me that the Miltown was the only thing that kept him going without severe emotional problems. As time went on, and I became more and more concerned about his developing dependence, I eventually stopped the medication. After having done so, I discovered that in fact he had never taken any of the medication, but had been delivering it to a strong-arm cell mate. He did indeed have real anxiety when he came to see me to request medication. The anxiety consisted of his fear that the strong-arm cell mate would carry out his threat to beat the devil out of him if he did not come back with the drug. This kind of trafficking in desirable anti-anxiety drugs is one of the problems one encounters more in prison than on the outside.

At times it may seem to doctors and administrators, that such drugs would be useful in dealing with the anxiety and depression which many prisoners experience as a result of their incarceration and reducing disruptive behavior. One quickly learns as a psychiatrist in prison, however, that this is not a good treatment for these reactions to imprisonment, and the attempt carries with it the very real danger of promoting dependency. Furthermore, the prisoner who is intoxicated on minor tranquilizers is in fact not a well-controlled individual. It has been shown experimentally that these drugs tend to release aggression as does alcohol. I have myself observed that there is an increase in both self-directed aggression in a form such as wrist-slashing, and of attacks on other inmates and staff in units where these drugs have been used inappropriately.

Over the 20 years I have been practicing in prison, I have come to recognize several trends which combine to promote over-use of certain drugs. One of these is the fact that prisoners have often had much experience with such drugs and find ways to get them from physicians in order to make the time pass more rapidly, or with less anxiety and depression. Prisoners can find a variety of ways to pressure physicians, and this is so well recognized among physicians who work in institutions that they generally request that the more sought after drugs not be readily available for them to prescribe. In the institution where I have practiced, for a number of years we have placed certain drugs on a special restricted formulary, which requires that more than one physician

agrees to the need and then only for certain conditions, for limited time periods.

A second problem in prisons which contributes to the drug use is the lack of adequate space and personnel to provide reasonable living conditions. Excessive confinement and inaction create frustrations and mental problems which one is strongly tempted to treat with psychotropic drugs. This problem should be treated by improvements in living conditions, which will have additional benefits beyond controlled behavior rather than the problems which are created by excessive use of psychotropic drugs. The third trend which creates the problem of excessive use is the recurring hope in the minds of the drug companies, if not in the minds of many physicians, that a drug will be found which will be useful in altering disruptive patterns of behavior. Over the years it's been my observation that each new psychotropic drug as it comes out is tested for value in the treatment of sociopathy or antisocial behavior. This was true of Miltown at one time; it has been true of Artane and a variety of other drugs. Typically, these drugs are successful on one or two studies when tried, probably because of the general beneficial effect of any attention and in addition because the desirability of these drugs to some individuals motivates the subjects to cooperate. In the end, however, they prove either to be ineffective or dangerous. The tendency of Americans (physicians included) to look for a magic pill to cure everything is increasingly recognized and criticized.

The other side of the problem of the use of psychotropic drugs is that of getting appropriate drug use to prisoners. There are specific indications and appropriate occasions for use of most of the psychotropic drugs with prisoners. The more dramatic examples of problems coming from inability or unwillingness to provide needed drugs have come to my attention in cases of psychotic patients who require antipsychotic medication. For some time the institution where I work transferred prisoners as they neared their time of release to various prisons and release centers around the state. Some years ago we found that some of these centers had it as a matter of policy that no medications were given. In one case this came about because a prisoner had escaped, and in defending himself against the charge of escape, the prisoner brought up the fact that he was taking medication and alleged that this medication rendered him too incompetent and irresponsible to commit the crime of escaping. As a result of this single incident, the policy had been formulated that no medications would be given. A result of this was that any psychotic patients who were sent to this facility were withdrawn from their medications, and a certain portion of them would rapidly become mentally disturbed once again and have to be returned to the prison hospital.

It should be a well recognized fact that there are significant numbers of people receiving antipsychotic medication who should remain on such medication indefinitely if they are to minimize the likelihood of

future mental breakdowns. There are several factors which may make it difficult to meet these needs for prisoners, however. One of these may be a lack of physician and nursing staff required to make good diagnoses and properly administer drugs. The development of community mental health programs has been of help in this area, since most communities where prisons and jails are located now will have some level of service available to them.

There may be difficulty in getting across to budget and control agencies the fact that a significant portion of jail and prison populations are severely mentally ill and in need of treatment. Inability to get these ideas across will make it difficult to obtain the necessary medical and nursing resources. In fact, the incidence of mental illness in prison populations in our experience is at least four times the incidence in the population at large. Others have placed the incidence much higher than this.

In recent years, objections have come from various consumer groups in the media and in the political arena who resent all use of psychotropic drugs as a means of mind control by the state. Such drugs are of course especially suspect when used within prisons, and there is tendency on the part of some to feel that it is mandatory to prohibit the use of drugs in prisoners in order to prevent their abuse.

A further contributing factor is that the public is not well informed about anti-psychotic and other psychotropic drugs and tends to consider them as all sedative in nature. There is a tendency to believe that they all have a controlling effect when in fact the opposite may be true, and there is quite a broad spectrum of drugs producing different effects and requiring skillful handling by a physician.

Some of the things which must be considered in a program to achieve appropriate use of drugs include the following:

1. Well-trained and currently-trained psychiatrists and psychiatric nursing personnel need to be available to screen and follow prisoners who need their attention.

2. Such drugs should be prescribed initially and administered only in units which are medically administered with medical personnel on duty daily. The jail may be an exception to this, since medical administration of units in the jail may not be practical in terms of the size. In the case of long-term institutions with large populations, however, there is a need for the psychiatrist and medical personnel to have at least convalescent level units in which drug treatment can be started and monitored as necessary.

3. The general maintenance of a hygienic milieu in the prison is important to reduce the incidence of mental illness and the requirement for drug treatment. Programs of activity and exercise are important, especially for those prisoners who are in segregation or isolation. Visiting programs are extremely important as are other opportunities for communication with family and friends outside. One can see the benefit of these facets of living when a prisoner or prisoner/patient is released from the institution. It can be noted that the requirement of medication typically diminishes. Maintenance dose of medication arrived at in the institutional setting will frequently have to be cut in half once a person returns to more normal daily activities and interacting with family and friends.

Finally, a good working relationship between medical staff and the administration of the institution is essential to avoid abuse of drugs and insure their proper use when needed.

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