

**A SURVEY OF MEDICINES PRESCRIBED WITHIN THE
PRISON SYSTEM**

**By
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A survey of all medicines dispensed within the prison service was carried out on November 29th, 1984. Medicines are dispensed in 13 separate establishments i.e. Mountjoy Male, Mountjoy Separation Unit, Mountjoy Female, St. Patrick's, Glengarriff House, Arbour Hill, Loughan House, Shanganagh Castle, Shelton Abbey, Cork, Portlaoise, Limerick Male and Limerick Female. In this analysis of the results particular attention is focused on sleeping tablets (hypnotics) and mood-changing drugs (anti-depressants and tranquilizers) which will be referred to collectively as psychotropic drugs.

Total Statistics

On the 29th November there were 1,599 people in custody; 37 female, 261 juvenile males and 1,301 adult mates. Out of the 1,599 inmates 337 or 21%, received one or more prescribed medicines. These 337 individuals received 493 separate prescribed medicines. Out of the 337, 206 or 61% received a psychotropic drug. In other words 13% of the total number of prisoners received a psychotropic medicine. Between them this 206 inmates received 291 separate psychotropic medicines so that 59% of all medicines prescribed in the prison system on this day were psychotropic. Table 1 breaks down this information for males, females and juveniles (male).

Table 1

Category (No. of Inmates)	No. Receiving Prescribed Medicine	% of Total	No. of Prescribed Medicines	No. Receiving Psychotropic Medicine	% of Total	No of Psychotropic Medicines
Adult Male (1,301)	298	23%	446	184	14%	262
Juvenile Male (261)	20	8%	20	10	4%	10
Female (37)	19	51%	27	12	32%	13

It can be seen from this Table that it would be misleading to generalize from the figures for the total population. The situation is different for females, juveniles and adult males. As regards psychotropic drugs, proportionately, these are prescribed 3 1/2 times more frequently for adult males and 8 times more frequently for females than for juveniles. One half of juveniles receiving medicine received a psychotropic drug compared with 62% of adult males and 63% of females.

Table 2

Category (No. of Inmates)	No. Receiving Prescribed Medicine	% of Total Inmates	No. of Prescribed Inmates	No. Receiving Psychotropic Medicines	% of Total Inmates	No of Psychotropic Medicines
Arbour Hill (118)	31	26%	46	19	16%	23
Portlaoise (204)	17	8%	25	2	1%	3
Glengarriff House (94)	19	20%	23	16	17%	19
Shelton Abbey (46)	6	13%	10	2	4%	2
Loughan House (95)	18	19%	25	2	2%	3
Limerick (88)	31	35%	61	21	24%	34
Limerick Females (12)	7	58%	8	5	42%	6
Cork (178)	46	26%	65	38	21%	50
Mount joy (453)	122	27%	170	77	17%	114
Separation Unit (25)	8	32%	21	7	28%	15
Mount joy Females (25)	12	48%	19	7	28%	7
St. Patrick's (215)	20	9%	20	10	5%	10
Shanganagh Castle (46)	0	0%	0	0	0%	0

Statistics for the Centres

Table 2 presents the statistics broken down by the 13 Establishments. Concentrating in the first place on prescribed medicine in general, it can be seen that there is a large variation between centres in medication rates, ranging from zero in Shanganagh Castle to 58% in Mountjoy Female. The 2 female prisons have by far the highest medication rates (48% and 50%) followed by Limerick Male (31%) and the Separation Unit (32%). On the other hand the 2 juvenile centres have very low rates (0% and 9%) as does Portlaoise Prison (8%). Shelton Abbey has a moderately low rate (13%). All the other centres cluster around the average medication rate for the total population of 21%. It seems to be a reasonable assumption that the major determinant of these differential medication rates is the type of prisoner i.e. female vs ordinary adult males vs juveniles and subversives, rather than type of prison or prevalence of disease, although the latter may well have an important bearing in the case of juveniles.

Turning to psychotropic medicines one sees a somewhat different picture. Here the juvenile centres, Portlaoise and in addition both adult male Open Centres have very low psychotropic medication rates i.e. 0%, 5%, 1%, 2% and 4%. Limerick Female has an outstandingly high rate at 42%, while the rates for the other establishments range between 16% and 28%. These results suggest that both the type of prisoner and the type of prison (i.e. closed vs open) have a strong influence on the psychotropic medication rate. Interesting questions are also raised about the attitudes of inmates and medical staff to psychotropic drugs in the various centres, about the possibly high prevalence of psychological disturbance in certain centres e.g. the female prisons and the separation unit, and about the relationship between psychotropic medication rates and whether or not a prison is regularly attended by a psychiatrist.

In Table 3 the centres are rank ordered in respect of the percentage of inmates who receive psychotropic medication and in respect of the percentage of the overall number of prescribed medicines which are psychotropic.

Table 3

<u>Rank</u>	<u>Centre</u>	<u>% of Prescribed Drugs Psychotropic</u>	<u>Centre</u>	<u>% of inmates on Psychotropic Drugs</u>
1.	Shanganagh Castle	0	Shanganagh Castle	0
2.	Portlaise	12	Portlaise	1
3.	Loughan House	20	Loughan House	2
4.	Shelton Abbey	37	Shelton Abbey	4
5.	Mountjoy Female	50	St. Patrick's	5
6.	St. Patrick's	56	Arbour Hill	16
7.	Limerick	61	Mountjoy	17
8.	Arbour Hill	67	Glengarriff House	21
9.	Mountjoy	71	Cork	24
10.	Separation Unit	75	Limerick	28
11.	Limerick Female	77	Mountjoy Female	42
12.	Cork	83	Separation Unit	
13.	Glengarriff House		Limerick Female	

It is important to note at this point that these statistics refer to a single day and that psychotropic medicine is in almost all cases prescribed for far longer periods of time than non-psychotropic medicine. Therefore a survey taken over for example a month would show a smaller percentage of the total receiving drugs as receiving psychotropic drugs. However this proviso does not apply to the number of doses so that in this regard the present results are representative regardless of the time perspective. Table 3 does point to a very high rate of prescribing of psychotropic drugs in certain

establishments, in Mountjoy, the Separation Unit, Limerick Female, Cork and Glengarriff House more than two thirds of drugs prescribed are psychotropic. Two centres have substantially different positions in the 2 rank orders, Mountjoy Female and Glengarriff House. In the case of Mountjoy Female the percentage of drugs that are psychotropic is moderately low but the percentage of inmates receiving psychotropic drugs is high because of the very large overall medication rate. In the case of Glengarriff House the proportion of inmates receiving psychotropic drugs is low because the overall medication rate is low and despite an exceedingly high proportion of prescribed drugs being psychotropic.

Types of medication

Table 4 presents the types of psychotropic medicines broken down by the various centres. The numbers of non-prescribed medicines dispensed on 29th November are also presented. This number is generally low and largely consists of painkilling drugs, but it is interesting to note that 2 centres with a very low prescribed medication rate i.e. St. Patrick's and Portlaoise have the highest rates of non-prescribed medication.

Hypnotics were the most frequently prescribed psychotropic drugs. Of the 124 individuals receiving hypnotics 57 were in addition receiving at least one other psychotropic drug. All psychotropic drugs tended to be prescribed for relatively long periods - from one month upwards - with many cases receiving the same medication for 6 months or more. Several inmates were receiving a tranquilizer, hypnotic or anti-depressant for periods in excess of one year.

In addition to the psychotropic medicines mentioned in Table 4, 8 inmates in Mountjoy Prison were receiving physeptone on the 29th of November. This is a man made narcotic analgesic used as a substitute for heroin during the period

of weaning an addict from physical dependence. One of the 37 females inmates was receiving an oral contraceptive. The vast majority of tranquilizers prescribed were minor tranquilizers (e.g. valium), but 7 people (4 in Limerick Prison) were receiving largactil, a major, anti-psychotic tranquilizer.

Table 4 Types of Psychotropic Medicine Prescribed

	Tranquilizers	Hypnotics	Anti-Depressants	Non-prescribed medication
Portlaoise	2	0	1	11
Mountjoy Female	1	4	2	2
Cork	21(18)*	20	9	4
Separation Unit	4 (2)*	7	4	7
Arbour Hill	8	13	7	8
Shanganagh Castle	0	0	0	5
Glengarriff House	6	5	8	4
St. Patrick's	2	4	4	14
Shelton Abbey	0	1	1	2
Loughan House	1	2	0	4
Limerick Female	2	2	2	0
Limerick	14(12)*	13	7	4
Mountjoy	<u>37(36)*</u>	<u>55(53)*</u>	<u>14</u>	<u>5</u>
Totals	98(90)*	126(124)*	59 (59)*	70(51)**

* No. of different people receiving medication.

** No. of non-prescribed medications which are painkillers e.g. disprin, panadol.

Reporting Medication

Documentation of medication is relatively complex with up to 6 different documents involved i.e. Medical Journal, Waiting to see Medical Officer Book, Psychiatrists' Book, Dentist's Book, Medical Orderly's Book and Review Book.

The most important documents are the Waiting to see and Medical Orderly's Book. In the former all prescriptions by the Medical Officer are noted while in the latter dispensing is noted on a daily basis and refusals and non-receipt through absence are usually recorded. Procedures, however, are not uniform throughout the system with most anomalies centring on the prescriptions by psychiatrists and dentists. It would seem that most prescriptions, though not all, by psychiatrists and dentists are entered in the Medical Orderly's Book but not in the Waiting to see Book. In some cases the only record held of a prescription by a psychiatrist or dentist would be within the typed report sent in by the psychiatrist or dentist. In some prisons prescriptions are taken over the phone, entered in the Waiting to see Book by the medical orderly and later initialled by the doctor.

Some issues

At least one prison, Cork, has a stated policy of not informing inmates of the names of the drugs they are receiving. The rationale behind this move is that in the past they found that inmates were comparing the efficacy of various drugs (usually psychotropic) amongst themselves and sometimes reporting to the Medical Officer and requesting a change of medication on the basis of these comparisons.

At least one medical officer is "in minor dispute with the system of dispensing drugs in his prison i.e. always in water. For example a gastro-intestinal medicine will be taken in water and will therefore be, the doctor argues, unnecessarily foul-tasting. Certain prisons retain this method of dispensing for security reasons.

Another contentious point of concern to some doctors is the dispensing of hypnotics at around 7.30 p.m. The usefulness of this procedure would appear

to be doubtful since inmates would tend to sleep well for a number of hours till 1 or 2 a.m. and then spend a sleepless night. They feel the dispensing of hypnotics should be left as late as possible.

Comparison with the GMS

The population of mainly young male prisoners is not comparable with the population who benefit from the medical card scheme, nonetheless it may be of interest to look, in an approximate way, at the relative use of psychotropic drugs by the two groups. The GMS board have reported that in 1983 17.9% of all prescriptions within the scheme were for hypnotics (including anti-convulsants), tranquilizers and anti-depressants. A comparable figure has been arrived at for Mountjoy Prison by making certain adjustments in order to take account of the fact that psychotropic drugs are, on the whole, prescribed for relatively long periods. Each individual psychotropic prescription has been counted as 1 prescription with an assigned time value of 1 month. Non-psychotropic drug prescriptions are counted by dividing 1 month by the length of time of their actual prescription. For example an antibiotic prescribed for 5 days is for this purpose counted as 6 prescriptions while a medicine prescribed for 2 weeks is counted as 2 prescriptions. In this way a more realistic idea of the proportion of prescriptions (as opposed to medicine taken) that is psychotropic is obtained. The result of this correction shows that in Mountjoy approximately 34.7% of prescriptions are for psychotropic medicine or roughly twice as large a proportion as is found within the medical card scheme. Most of this difference is caused by the greater use of hypnotics within the prison, although prescriptions for tranquilizers (11.6% vs 9.2% for the GMS) and for anti-depressants (4.5% vs 2.5%) are also more frequent.

A recent article (British Medical Journal October 1984) by E. Martin, Medical Officer at Bedford Prison, England is of interest here. Dr. Martin compared

prisoners' health care and use of prescribed medicine with that of patients in his outside general practice. He found, contrary to the present results, that prisoners used less psychotropic drugs. He states "despite the high level of stress in prison, fewer psychoactive drugs and specifically, many fewer benzodiazepine drugs were supplied in prison. There was little pressure from prisoner's for prescriptions for tranquilizers".