

Intentional Medication Overdoses Requiring Emergency Department Evaluation in North Carolina's Prison System

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To the Editor—Self-injurious behavior is a common problem in correctional settings and includes a variety of behaviors ranging from superficial cutting to hanging attempts that result in death. On a per capita basis, suicide occurs more commonly in correctional facilities than in the general population and is the third leading cause of death in US prisons, behind heart disease and cancer [1]. Intentional overdose constitutes a minority of all prisoner suicides [2]. However, this method of intentional self-harm is of special interest within corrections because it involves use of medications that are frequently prescribed by correctional health care providers, in addition to being purchased from prison commissaries or obtained illicitly from unauthorized sources (i.e., smuggled).

The authors conducted a retrospective chart review of all people incarcerated in the North Carolina state prison system who were suspected of having an intentional medication overdose requiring transfer to an emergency department (ED) between November 1, 2019, and April 30, 2020. Approval was obtained from the Office of Human Research Ethics at the University of North Carolina at Chapel Hill.

There were 47 intentional medication overdoses reported that required an ED visit. None of these overdoses were fatal. Thirty-seven prisoners (80%) were in restrictive housing (solitary confinement) at the time of their overdose. Twenty-five individuals (54%) overdosed on medications for which they had an active prescription at the time of the overdose. Twelve individuals (26%) reported suicidal intent around the time of the overdose while 35 people (74%) denied suicidal intent. Thirty-six prisoners (78%) were on the mental health caseload at the time of overdose. Thirty overdoses (64%) involved acetaminophen, and the remainder included antihypertensives ($n = 10$), ibuprofen ($n = 5$), and other/unknown substances ($n = 6$). Of the total sample, 16 people (35%) had an active acetaminophen prescription at the time of their overdose. There were 41 males and five

females in the sample (one individual required two ED visits for two overdoses). The mean age of those reporting an overdose was 32.4 years. Twenty-eight individuals (61%) were White, 17 (37%) were Black, and 1 (2%) was Native American.

This study revealed analgesics to be the class of medication most involved in overdoses requiring ED evaluation, with approximately two of three events being due to acetaminophen ingestion. Given that a substantial majority (80%) of medication overdoses occurred in restrictive housing units, targeted interventions aimed at reducing the risk of medication overdose among incarcerated individuals held in solitary confinement are needed. *NCMJ*

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