

MEDICATIONS

A. Things to Consider

1. There are three federal statutes that have implications for how domestic violence shelters/organizations screen and admit survivors and how they store and handle medications; the Americans with Disabilities Act (ADA), the Fair Housing Act (FHA), and Section 504 of the Rehabilitation Act. According to the Americans with Disabilities Act, the medical condition of any individual cannot be a condition of service. Therefore, inquiring about an individual's medications or medical condition is not only unnecessary but also illegal.
 - a. There could be a possible liability issue when a shelter resident or client in emergency shelter is dependent upon the staff of a shelter or crisis organization to dispense medication from a staff-controlled storage location.
 - i. If a staff member, who is not a medical professional, is dispensing (and documenting) medications given to a resident or client, there is a possibility that the staff could be perceived as *acting as a practicing pharmacy*, which is illegal in some states.

B. Suggested Practice

1. **Enable each individual to have autonomy over their own medications:** Provide an individual locked storage unit for each resident to keep all prescribed and over-the counter medications.
 - a. **Ensure resident access to medication storage area:** Keep the storage units in an accessible location, free from observation, with limited temperature fluctuations. (Example: used mid-sized storage lockers can be purchased for a fairly insignificant cost that can be secured by use of a simple keyed lock and installed in a hallway.)
 - b. **Ensure that each individual has private and secure access to their own storage unit:** Provide each resident access to their storage unit with an appropriate entry mechanism that is checked out only to the resident and kept solely in the possession of the resident. (Back-up access to the entry mechanism can/should be kept by the staff in the event that the entry mechanism is lost or not returned).
 - c. **Facilitate proper storage to ensure the integrity of medication:** If a resident has a medication which must be refrigerated, a small refrigerator can be purchased to hold ONLY medications. Provide each individual with a small lock box that can be kept in the refrigerator. To ensure safety, only medications which are in a lock box can be allowed in the refrigerator.

C. Medical Marijuana

1. Although Colorado Law has legalized the sale, purchase, and use of medical marijuana in Colorado, federal law has not. Shelters and/or crisis organizations that receive federal funding must be in compliance with the funding award requirements and federal laws.
2. Best practices discourage shelter or crisis staff from asking any individual what their health conditions are, or what medications they take. Therefore, staff may not know whether or not any resident is prescribed, or taking, medical marijuana.

- a. If each resident has their own, non-monitored, medical storage unit it is conceivable that a resident *may have* prescription medical marijuana stored in their medication storage unit. All medication storage and use is the responsibility of the resident.

- b. Medical marijuana comes in many forms with several methods of application, including smoking, eating, drinking or ingesting through capsules. It is important to note that marijuana can be made in many configurations that make recognition difficult. It can be made into products such as hard candy, food items, tinctures, and topicals like lotion or sprays. Edible marijuana is much stronger than marijuana that is smoked and very dangerous to individuals, especially children, who may unknowingly consume a product or multiple products containing marijuana.

3. Suggested Practice

- a. **To help ensure compliance with federal law**, grant award requirements, and safety issues it is good practice to post visible signs stating the following:

"{Organization} maintains a drug-free environment and does not allow alcohol, marijuana products in any form, or any other illegal drug in the building or on the grounds."

- b. **Anticipate and prepare for an infraction of this policy:** at some point there will be a resident who is observed administering medical marijuana in the shelter or on the grounds i.e., smoking, eating, etc. It is important to prepare your staff and your policy in advance of an infraction to encourage a trauma-informed response to the behavior.

- i. The focus of the marijuana use policy is based on managing safety issues, for the individual substance user and for the larger shelter community as well as to ensure compliance with [federal drug-free workplace](#) requirements for recipients of federal grants.

Recreational Marijuana is not considered a medication and should be included in Substance Use policies. Although Colorado law has legalized the possession and use of recreational marijuana in limited amounts, federal law has not. To help ensure compliance with federal law and federal grant requirements, it is *strongly suggested* that the shelter or crisis organization prohibit the possession, administration, and/or use of any recreational marijuana in the shelter or on the grounds.

- ii. To maintain safety in a communal setting, staff and volunteer advocates need to know the importance of diffusing situations rather than controlling them.
 - 1) Each person who uses your services should be asked about their known behavioral or emotional tendencies when in crisis. Ask for the person's own advice about what works to alleviate her response to crisis. Create an accommodation plan for de-escalation of symptoms when in crisis and also take any preventative measures that are learned. Allow flexibility in any activities, like support groups, where the person may want a particular chair and location, or like chores, that may take longer to complete when symptoms are escalated.
 - 2) Staff and volunteers can learn to recognize signs of relapse, such as changes in sleeping or eating habits, withdrawal, etc. by asking during check-in sessions with survivors. A person with a mental health condition may be able to identify early signals of relapse and may also be able to tell you what method she has used successfully in the past to gain control of symptoms and to relieve stress.

Advocates should explain to residents that they want everyone to feel as safe as possible while they are staying at the shelter. Therefore, they ask that residents do not use while in shelter.

- If a resident is **in possession** of alcohol, marijuana or an illegal substance on site, an advocate could ask her to dispose of it, relinquish it to the advocate for disposal, *or remove it from the premises.*
- If a resident is **under the influence of alcohol or an illegal substance**, an advocate should ensure the resident's safety and provide access to medical care if necessary.
- If a resident is under the influence of alcohol or an illegal substance but **is not aggressive or disruptive**, an advocate could ask the resident to stay in her room or space and "sleep it off."
 - As soon as possible, once the resident is no longer under the influence, the advocate could have a confidential, non-judgmental conversation about substance abuse issues and how the resident's use of substances affects the safety of everyone in the shelter and collaborate with the survivor to help the survivor identify behavioral change strategies to facilitate the safety of both the community and the individual.
- If a resident is intoxicated or under the influence of illegal substances and her **behavior is unsafe** for the rest of the shelter community, then the advocate could address that behavior through voluntary admission to detox, which is preferred, or law enforcement intervention, as a last resort. Emergency medical intervention would be used when needed.

Adapted from "How the Earth Didn't Fly Into the Sun, Missouri's Project to Reduce Rules in Domestic Violence Shelters"
By the Missouri Coalition Against Domestic and Sexual Violence

Prepare your staff to address substance use in a trauma-informed manner by familiarizing yourself with the guidance provided in these resources:

- [“Real Tools: Responding to Multi-Abuse Trauma – A Tool Kit to Help Advocates and Community Partners Better Serve People With Multiple Issues,”](#) by Debi S. Edmund, M.A., LPC and Patricia J. Bland, M.A., CDP;
- [“How the Earth Didn’t Fly Into the Sun, Missouri’s Project to Reduce Rules in Domestic Violence Shelters”](#) By the Missouri Coalition Against Domestic and Sexual Violence;
- Accessing Safety Initiative website at www.accessingsafety.org
- [National Center on Domestic Violence and Trauma,](#) which has a medications policy template.