

## Drug and Alcohol Services

**Policy Number** 1.040

**Policy Function** Continuum of Care

**Issue Date** 09 April 2021

**Summary** Drug and Alcohol health concerns are common amongst people who come into contact with the criminal justice system. This policy describes the key elements of health services provided to address these concerns.

**Responsible Officer** Executive Director Clinical Operations

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.040 (July 2017; July 2014; May 2011)

**Change Summary**

- Updated Drug and Alcohol procedures
- Reconfiguration to align with current policy template

**HPRM Reference** POLJH/1040

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

The Justice Health and Forensic Mental Health Network (the Network) Drug and Alcohol (D&A) Service has responsibility for the delivery of specialised clinical services across NSW in designated police cells, reception centres, correctional centres, specialist D&A programs, Long Bay Hospital and in the early weeks following release from custody. Within the Forensic Hospital the Clinical Director, Forensic Hospital is responsible for the provision of D&A care and the standards of the care provided.

For young people in custody, the Clinical Director Adolescent Mental health (AMH) and Manager Adolescent Mental Health and Drug and Alcohol Programs are responsible for the provision of D&A care provided.

The majority of people entering custody have high levels of D&A use and dependence. Treatment significantly reduces the morbidity, mortality and social harms associated with D&A use and patients who continue treatment post release have lower levels of recidivism.

The 2015 Network Prisoner Health Survey found that 67 per cent reported they had consumed alcohol in the 12 months before they were incarcerated and of those patients 67 per cent reported drinking alcohol at hazardous/harmful levels. Only 14 per cent of participants indicated they had not used any of the common illicit or non-prescribed medications over the 12 months before being incarcerated.

The patients entering the correctional system generally tend to be more complex and at the extreme end of the treatment spectrum compared to patients that access the broader public D&A programs within NSW. Poly drug use is common in the population along with multiple co-morbidities leading to complex presentations at the health centre requiring multispecialty/multidisciplinary care.

Most D&A Services within the Network are based on a medical model of intervention within a multi-disciplinary approach. The majority of these services are provided in an ambulatory setting and do not require hospitalisation. D&A Services provides the assessment and management of:

- Intoxication/overdose states
- Withdrawal/detoxification (alcohol, benzodiazepines, amphetamines/methamphetamine, opioids etc.)
- Patients currently on, or requesting to go onto Opioid Agonist Treatment (OAT) programs (Methadone/Buprenorphine)
- Post Release Care is arranged for all patients on OAT programs to ensure they are linked into community based D&A services on release from custody
- Post release overdose risk and provision of intranasal naloxone
- Specialist support service for pregnant women in custody who use alcohol or other drugs; and

- Specialist D&A programs which include the Drug Court Program; the Compulsory Drug Treatment Program and the Connections Program.

In addition, D&A Services provides education and brief intervention to both staff and patients, in relation to drug and alcohol use/dependence, and management of these conditions.

Corrective Services NSW (CSNSW) and Youth Justice NSW (YJNSW) provide non-medical interventions which include counselling, relapse prevention, and harm minimisation education. All services cross refer to optimise patient outcomes.

## 2. Policy Content

### 2.1. Mandatory Requirements

The Network [Drug & Alcohol Procedures](#) underpin clinical processes for managing the D&A needs of patients. These procedures are based on National and State Clinical Guidelines and the relevant NSW Ministry of Health (the Ministry) policies.

There are specific D&A Procedure/Operations Manuals for the following specialist areas: the Forensic Hospital, the Connections Program, the Drug Court Program, the Compulsory Drug Treatment Program, D&A Data Management and the D&A Administrative Office. All staff must use the relevant D&A Operations Manual/Procedure Manual.

This is the overarching policy that underpins the D&A service provision within the Network. The critical requirements should be summarised within this section and the readers of the policy should be able to understand what must be undertaken to implement a policy.

### 2.2. Implementation - Roles and Responsibilities

**D&A Service Director:** Is responsible for the strategic development of the D&A clinical stream within the Network in keeping with agreed outcomes and operational processes of the organization as well as the broader directions and requirements of the D&A stream within the Ministry.

**D&A Clinical Director/ D&A Deputy Clinical Director:** These positions are responsible for clinical governance and leading the development and management of effective and integrated multidisciplinary clinical assessment and treatment systems as they pertain to the D&A stream, within the correctional health environment. The key principles involved in the development of these systems are that they are streamlined, sustainable, evidence based and that they reflect current community based standards.

**D&A Medical Staff/D&A Nurse Practitioners:** Are responsible for providing specialist assessment and ongoing care of patients with drug and alcohol problems in correctional health centres administered by the Network in accordance with evidence based best practice and organizational policies.

**D&A Clinical Nurse Consultants (CNC):** Are responsible for providing structured clinical supervision/mentoring for clinicians working in designated D&A roles to support the improvement of clinical practices and are required to support and maintain strong working

partnerships between the D&A Central Office team and the front line clinicians. The CNC role entails working closely with the statewide network of D&A clinicians to ensure they are supported and mentored appropriately so that the D&A nurses are able to manage system change relating to D&A Service delivery as required. The D&A CNCs are also responsible for coordination of D&A related research activities and projects, as well as investigating best practice options related to D&A services.

**D&A Nursing Unit Managers/Nurse Manager:** Are responsible for ensuring that the nursing staff follow the clinical standards of care provided by the relevant D&A Procedure Manual. And ensure that clinical operations are safe and efficient, and that sound clinical governance structures are in place.

**D&A Nurses:** All D&A nursing staff must use the relevant [D&A Procedure Manual](#) when managing the D&A health concerns of the patient. Where there are complex presentations or if clinicians are unsure how to manage a clinical situation there are specialist D&A Consultation and Liaison services available on a 24 hour basis, including; D&A Clinical Nurse Consultants, D&A Nurse Practitioners, Addiction Medicine Specialists and other D&A Medical Staff.

**Clinical Director Adolescent Mental Health (CDAMH):** is responsible for clinical governance and leading the development and management of effective and integrated multidisciplinary clinical assessment and treatment systems for young people with drug and alcohol issues in contact with the criminal justice system.

**Manager Adolescent Mental Health Drug and Alcohol Programs (MAMHDAP):** Is responsible for the strategic development of the adolescent mental health, inclusive of drug and alcohol, clinical stream within the Network in keeping with agreed outcomes and operational processes of the organization as well as the broader directions and requirements of the Ministry.

**AMH Medical Staff:** are responsible for providing specialist assessment and ongoing care of young people with drug and alcohol problems in Youth Justice Centre health clinics administered by the Network in accordance with evidence based best practice and organisational policies.

**AMH Dual Diagnosis Clinical Nurse Consultants (DDCNC):** Are responsible for providing direct clinical care and mentoring for other clinicians working with young people with mental health and/or drug and alcohol problems. They support the improvement of clinical practices and maintain strong working partnerships between D&A Central Office team and front line clinicians. If clinicians are unsure how to manage a clinical situation there are specialist medical advice services available on a 24 hour basis, including a dedicated adolescent psychiatry on-call which provides advice for drug and alcohol issues involving young people in detention.

## 3. Procedure Content

### 3.1. The Opioid Agonist Treatment (OAT) Program

All patients who enter the correctional system or youth justice system on an OAT program, are usually maintained on an OAT program unless clinically indicated otherwise.

Depot Buprenorphine is the preferred treatment option for patients commencing on an OAT program, except where there are clear and well documented medical reasons why this treatment is contraindicated.

Any patient requesting to commence on OAT in custody will undergo a comprehensive assessment process to confirm suitability as per the Network D&A Procedure Manual. Patients who meet the criteria can be commenced on OAT at any point during their custodial episode.

All patients on an OAT program will have post release care arranged by the D&A Central Office to ensure continuity of care. It is important to note that there are separate agreed arrangements for privately operated correctional centres. Patients unable to commence OAT prior to release and pregnant patients with D&A health issues are prioritised for additional support post release via the Connections Program.

All patients who have a history of injecting drug use should be referred to Population Health for a blood borne virus screen if they have not had one in the previous three months and be waitlisted for follow up of results by Population Health for any treatment or management as required. The OAT program aims to ensure that formal clinical reviews occur at the following intervals:

- Where a patient comes into custody on an OAT program they are generally reviewed at three months after entry to the correctional system and then annually thereafter.
- Where a patient is commenced on treatment in custody they are generally reviewed at three months after commencing treatment and then annually thereafter.
- Additional reviews will be conducted as clinically required.

For further information regarding OAT Program processes refer to the Network [D&A Procedure Manual](#).

### 3.2. Withdrawal Management

All patients are assessed on entering custody for the risk of intoxication or withdrawal states as well as for other key co-morbid features.

Any pregnant adult or adolescent patients must be discussed immediately with the D&A Medical Officer because of the potential risks a withdrawal syndrome can have for the unborn child. For pregnant women in privately operated correctional centres, contact is to be made with the Medical Officer employed by the private provider.

Any centre that is staffed by the Network has access to specialist clinical advice on a 24 hour basis.

Any D&A health concerns are managed according to the Network Drug and Alcohol Procedure Manual.

### 3.3. Clinical Support Services

The D&A Nurse Manager, CNC's, Nurse Practitioners, Deputy Clinical Director and the Clinical Director provide clinical advice to the Network nursing and medical staff who are managing the care of patients with D&A related health issues.

The D&A Remote Offsite Afterhours Medical Service (ROAMS) is available during and outside business hours. It is staffed by D&A Nurse Practitioners and Medical Officers for state wide clinical advice within the Network. The service can be contacted on 1300 076 267. This service operates all year round. For further information refer to the [Remote/Offsite/Afterhours Medical Services \(ROAMS\) Protocol](#) on the Network intranet.

Clinical Support Services assist other specialist services such as Mental Health, in managing patients with comorbid D&A/mental health concerns, and Primary Care in managing patients with pain and dependence issues.

For young people with D&A issues, clinicians can contact the on call psychiatrist during business hours and after hours contact ROAMS psychiatry whereby the child and adolescent psychiatrist on call would be contacted regarding the treatment and management of young people with D&A issues.

### 3.4. Research and Evaluation

D&A Services collect data and incorporate pre and post outcome measures into assessments and review processes to support research and evaluation of D&A programs. The service actively supports original research endeavours via the establishment of the D&A Research Planning Committee. D&A Services are members of DACRIN (the NSW Drug & Alcohol Clinical Research and Improvement Network).

### 3.5. Specialist Drug and Alcohol Programs

D&A Services has the following specialist programs operating within the correctional health system:

- Drug Court Program (DCP)
- Compulsory Drug Treatment Program (CDTP)
- Connections Program
- Substance Use and Pregnancy (SUP) Service.

In addition, D&A Services employs psychiatrists in both the Compulsory Drug Treatment Program and the Drug Court Program in recognition of the high rates of comorbid mental health concerns among the participants of these D&A programs.

Adolescent Health has the Community Integration Team (CIT) for young people who exit custody, to assist in coordinating ongoing care in the community for young people with mental health and/or drug and alcohol concerns. Further information can be found in the Network [Policy 1.335 Referrals to the Community Integration Team](#).

## 4. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Legislation	<p><a href="#"><u>Poisons and Therapeutic Goods Act 1966</u></a></p> <p><a href="#"><u>Poisons and Therapeutic Goods Regulation 2008</u></a></p>
The Network Policies and Procedures	<p><a href="#"><u>1.335 Referrals of Young People to the Community Integration Team</u></a></p> <p>Compulsory Drug Treatment Program Operations Manual (2018)</p> <p>Connections Program Operations Manual (2016)</p> <p>D&amp;A Central Planning Office – Administrative Procedure Manual (2016)</p> <p>Drug Court Program Operations Manual (2018)</p>
The Network Forms	
NSW Health Policy Directives, and Guidelines	<p><a href="#"><u>PD2005_313 Dosing Places - Availability for Released Inmates on Substitution Pharmacotherapies</u></a></p> <p><a href="#"><u>Nursing &amp; Midwifery Clinical Guidelines - Identifying &amp; Responding to Drug &amp; Alcohol Issues</u></a></p> <p><a href="#"><u>GL2008_011 Drug and Alcohol Withdrawal Clinical Practice Guidelines - NSW</u></a></p> <p><a href="#"><u>GL2013_008 Neonatal Abstinence Syndrome Guideline</u></a></p> <p><a href="#"><u>PD2020_027 Take Home Naloxone</u></a></p> <p><a href="#"><u>Guidelines for the Management of Substance Use During Pregnancy Birth and the Postnatal Period 2014</u></a></p> <p><a href="#"><u>Clinical Guidelines for Treatment of Opioid Dependence 2018</u></a></p> <p><a href="#"><u>Clinical guidelines for use of depot buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependence</u></a></p>



External Sources

[National Guidelines for Medication Assisted Treatment of Opioid Dependence 2014](#)

[Australian guidelines to reduce health risks from drinking alcohol 2020  
National Health and Medical Research Council](#)

[CSNSW Custodial Operations Policy and Procedures \(COPP\) 6.4  
Opioid substitution treatment](#)