

## Drug and Alcohol Services

**Policy Number** 1.040

**Policy Function** Continuum of Care

**Issue Date** 12 July 2017

**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 (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

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

**Change Summary**

- Minor changes to reflect the Model of Care changes in Opioid Substitution Treatment Program & updated data from 2015 National prisoner Health Survey.
- Updated legislation and related documents.

**TRIM Reference** POLJH/1040

**Authorized by** Chief Executive, Justice Health & Forensic Mental Health Network

## 1. Preface

The Justice Health & Forensic Mental Health Network (JH&FMHN) Drug and Alcohol (D&A) Service has responsibility for the delivery of specialized clinical services across NSW in designated police cells, reception centres, correctional centres, specialist D&A programs, Juvenile Justice NSW centres, Long Bay Hospital and in the early weeks following release from custody. Within the Forensic Hospital the Clinical Director of this service is responsible for the provision of D&A care and the standards of the 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 National Prisoner Health Survey found that 67% of patients were drinking at hazardous/harmful levels. Sixty five percent (65%) of patients reported daily illicit drug use in the year prior to incarceration.

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.

Drug and Alcohol Services (D&A Services) within JH&FMHN are based on a medical model of intervention. The majority of these services are provided in an ambulatory setting and do not require hospitalization.

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 Substitution Treatment (OST) programs (Methadone / Buprenorphine / Suboxone);
- Post Release Care is arranged for all patients on OST programs to ensure they are linked into community based Drug and Alcohol services on release from custody;
- 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 Juvenile Justice NSW (JJNSW) provide non-medical interventions which include counselling relapse, prevention, and harm minimization education. All services cross refer to optimize patient outcomes.

## 2. Policy Content

### 2.1 Mandatory requirements

JH&FMHN [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 Drug & Alcohol 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 utilize the relevant D&A Operations Manual / Procedure Manual.

This is the overarching policy that underpins the D&A service provision within JH&FMHN.

### 2.2 Implementation - Roles & Responsibilities

**D&A Service Director:** Is responsible for the strategic development of the D&A clinical stream within JH&FMHN 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 / Clinical Director, Adolescent Health:** 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 and Juvenile Justice NSW centres administered by JH&FMHN 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.

**Nursing Unit Managers / Nurse Managers:** Are responsible for ensuring that the nursing staff follow the clinical standards of care provided by the relevant D&A Procedure Manual.

**Nurses:** All 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.

## 3. Procedure Content

### 3.1 The Opioid Substitution Treatment (OST) Program

All patients who enter the correctional system or juvenile justice system on an OST program, are usually maintained on this treatment unless clinically indicated otherwise.

Generally Methadone is the preferred treatment when a patient is being started on an OST program except where there are clear and well documented medical reasons why this treatment is contraindicated.

Patients should not remain on sub-therapeutic doses of Methadone or Suboxone for more than 2 months to ensure equity of access to commence on an OST program.

Any patient requesting to commence on this treatment in custody will undergo a comprehensive assessment process to confirm suitability as per the JH&FMHN [D&A Procedure Manual](#). Patients who meet the criteria for priority or fast track will be commenced on OST at any point during their custodial episode. Other patients can apply for the Pre-Release Suboxone Program, three months prior to their confirmed release date.

All patients on an OST program (including those in privately operated correctional centres) will have post release care arranged by the D&A Central Office to ensure continuity of care.

Patients unable to commence OST prior to release and pregnant patients with D&A health issues are prioritized for additional support post release via the Connections Program.

The OST program aims to ensure that formal clinical reviews occur at the following intervals:

- Where a patient comes into custody on an OST program they are 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 reviewed at three months after commencing treatment and then annually thereafter.
- Additional reviews will be conducted as clinically required.

For further information regarding OST Program processes refer to the JH&FMHN D&A Procedure Manual.

### 3.2 Withdrawal Management

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

Any pregnant adult or adolescent female 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 service.

Any centres that is staffed by JH&FMHN has access to specialist clinical advice on a 24 hour basis.

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

### 3.3 Clinical Support Services

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

The Drug & Alcohol Remote/Offsite/Afterhours Medical Service (ROAMS) is available during and outside business hours. It is staffed by Nurse Practitioners and Medical Officers for state wide clinical advice within JH&FMHN. The service can be contacted on 13000 76267. This service operates 365 days of the year. For further information refer to the [Remote/Offsite/Afterhours Medical Services \(ROAMS\) Protocol](#) on the JH&FMHN 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.

### **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 & evaluation of D&A programs. The service actively supports original research endeavors via the establishment of the D&A Research Planning Committee.

### **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 JH&FMHN Policy [1.335 Referrals to the Community Integration Team](#).

## **4. Definition**

### **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

[Poisons and Therapeutic Goods Act 1966](#)

[Poisons and Therapeutic Goods Regulation 2008](#)

JH&FMHN Policies and Manuals

[1.335 Referrals of Young People to the Community Integration Team Compulsory Drug Treatment Program Operations Manual \(2014\)](#)

[Connections Program Operations Manual \(2016\)](#)

[D&A Central Planning Office – Administrative Procedure Manual \(2016\)](#)

[Drug and Alcohol Procedure Manual \(2017\)](#)

[Drug Court Program Operations Manual \( 2017\) Forensic Hospital D&A Manual \(2016\)](#)

NSW MoH Policy Directives and Guidelines

[PD2005 313 Dosing Places - Availability for Released Inmates on Substitution Pharmacotherapies](#)

[GL2006 019 Opioid Treatment Program: Clinical Guidelines for methadone and buprenorphine treatment](#)

[GL2008 001 Nursing & Midwifery Clinical Guidelines - Identifying & Responding to Drug & Alcohol Issues](#)

[GL2008 011 Drug and Alcohol Withdrawal Clinical Practice Guidelines - NSW](#)

[GL2013 008 Neonatal Abstinence Syndrome Guidelines](#)

External Sources

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

[National Health And Medical Research Council \(NH&MRC\) Australian Guidelines To Reduce Health Risks From Drinking Alcohol \(2009\)](#)

[Drug and Alcohol Withdrawal Clinical Practice Guidelines – NSW \(2008\)](#)

[Guidelines for the Management of Substance Use During Pregnancy Birth and the Postnatal Period 2014.](#)

[Draft NSW Clinical Guidelines for Treatment of Opioid Dependence 2016.](#)