6.4 Opioid Substitution Treatment

Policy summary

The Opioid Substitution Treatment (OST) program is an important treatment option for inmates, and is made available in selected correctional centres.

An inmate's eligibility to commence an OST program while in custody is determined by the level of clinical risk and the current capacity of the program for inmates to commence treatment.

Inmates assessed by the Justice Health & Forensic Mental Health Network (JH&FMHN) as suitable to participate in OST must continue to collect their OST medication daily under supervision and in compliance with health centre procedures.

DRAFT

Management of Public Correctional Centres Service Specifications

Outcome	Rehabilitation and Reintegration Health Services

Scope

This section applies to all correctional centres and other facilities administered by or on behalf of Corrective Services NSW (CSNSW) where an OST program is available.

It also applies to all CSNSW employees, and where relevant to other personnel such as Justice Health and Forensic Mental Health Network, contractors, subcontractors, and visitors.

Related Documents

Crimes (Administration of Sentences) Act 1999

Crimes (Administration of Sentences) Regulation 2014

Management of Public Correctional Centre Outcome Specifications

D&A Procedure Manual, No. 17 Management of Non-Compliance with/Diversion of OST Medication.

Related Custodial Operations Policy and Procedures

6.8 Medications

16 Security

Definitions

Buprenorphine	A long acting partial opioid agonist (a substance that acts like another) with actions similar to Methadone but with ceiling effects, so that increases in dose have progressively less increase in effect, until further doses or consumption of other opioids have no further effect. This means that Buprenorphine is safer in overdose than Methadone. Buprenorphine as a treatment is only suitable for people who are clinically assessed as being opioid dependent. It is used for both maintenance and detoxification. Buprenorphine is in the form of tablets that are taken sublingually (placed under the tongue until absorbed). Buprenorphine is prescribed for pregnant women only when they come into custody already on Buprenorphine treatment. Any pregnant women commenced on an OST Program in custody are routinely commenced on Methadone.
COPP	Custodial Operations Policy and Procedures
Fast Track	Inmate applicants categorised as 'fast track' are assessed as a priority due to increased clinical risk factors e.g. chronic and complex health concerns. These inmates will either be commenced on treatment immediately or placed at the top of the routine applications waiting list, depending on their clinical

	situation.
JH&FMHN	Justice Health & Forensic Mental Health Network
IDATP	Intensive Drug Assessment and Treatment Program
Methadone	A synthetic opioid agonist (morphine-like action) which has a long duration of action (a single dose is effective for at least 24 hours). Methadone is taken orally on a daily basis in the form of a syrup or liquid (Biodone). Methadone as a treatment is only suitable for inmates who are clinically assessed as being opioid dependent. Methadone prevents withdrawal symptoms from opioids and helps reduce drug cravings in opioid dependent inmates. Methadone may also be prescribed for the long term management of chronic pain in some instances.
OST	Opioid Substitution Treatment (OST) refers to both Buprenorphine/Suboxone and Methadone treatment programs.
Priority Applications	Priority applications are those who meet NSW Health Guidelines for priority access to an OST program.
SPA	State Parole Authority
Suboxone	A medication which is a combination of Buprenorphine and Naloxone. Naloxone is a synthetic drug which blocks opiate receptors in the nervous system and is usually used to reverse the effects of an opioid drug overdose. Its combination with Buprenorphine is with the intention to prevent/reduce the likelihood of people injecting the medication. Suboxone is in the form of a film which is administered by placing under the tongue or on the inside of the cheek. Inmates are only commenced on Suboxone treatment when there is a demonstrated clinical reason why that person is unable to tolerate methadone medication, or as part of the Pre-Release Suboxone Program.

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1 Opioid Substitution Treatment Programs

1.1 Policy

Corrective Services NSW (CSNSW) recognises the value of Opioid Substitution Treatment (OST) program, which includes Methadone and Buprenorphine/Suboxone, as an important treatment option for inmates.

There is a high demand for participation in OST programs within the correctional system and in the broader community. Accordingly, JH&FMHN has a triage process to ensure inmates who would benefit most from the program, due to their assessed level of clinical risk, are prioritised to participate. OST programs are only clinically beneficial for inmates who are opioid dependent.

The triage process results in the inmate being classified in one of three categories:

- **Priority** (those who meet NSW Health Guidelines for priority access to an OST program)
- **Fast Track** (those assessed as a priority due to increased clinical risk factors, such as chronic or complex health concerns)
- **Routine** (these inmates will be included on a waiting list and may be advised that they can apply for the Pre-Release Suboxone Program three to four months prior to release).

Inmates approved for participation in the Pre-Release Suboxone Program will commence treatment seven to ten days prior to release.

All inmates with opioid dependence are offered symptomatic withdrawal management, and where appropriate may be referred to the alternative treatment options provided by CSNSW programs such as the Intensive Drug Assessment and Treatment Program (IDATP).

Referrals for commencing an OST program may be made by the inmate, an Offender Services and Programs Officer or a Correctional Officer, to the JH&MHN Health Centre. An officer may contact the JH&FMHN Nurse at the Health Centre on behalf of an inmate for an update regarding the inmate's application or progress.

A list of correctional centres that offer the OST program may be obtained from the JH&FMHN Drug and Alcohol Central Office by contacting (02) 9700 2101.

Governors of correctional centres that do not provide OST may make a submission for inclusion through their respective Director, Custodial Operations to the Assistant Commissioner, Custodial Corrections if they believe that special consideration should be given for OST to be provided to inmates at their correctional centre.

If an inmate is suspected of diversion of OST medication or non-compliant with OST dosing procedures, the Nursing Unit Manager (NUM) must be advised. The NUM will manage the inmate according to D&A Procedure Manual, No. 17 Management of Non-Compliance with/Diversion of OST Medication.

1.2 Inmate Eligibility and Participation

Any inmate who comes into custody on Methadone/Suboxone or Buprenorphine is maintained on that treatment unless clinically indicated otherwise. An inmate's eligibility to commence an OST program while in custody is determined by the level of clinical risk and the capacity of the program to treatment inmates.

Inmates seeking to participate in OST must speak with JH&FMHN staff in their correctional centre to book an initial assessment. To be eligible for an assessment the inmate must:

- be capable of informed consent
- have an established history of heroin or other opioid dependence
- have a proof of identity (correctional centre identification card)
- be willing to change their drug use
- be willing to sign the JH&FMHN *OST Program Treatment Agreement* which highlights the conditions of the OST program
- be willing to continue treatment in the community upon release from custody.

Participation is subject to inmates satisfying national and state clinical guidelines and JH&FMHN clinical eligibility requirements.

Inmates assessed by JH&FMHN as suitable to participate in OST must collect their OST medication daily under supervision and in compliance with Health Centre procedures, and are required to provide random urine specimens as requested by correctional staff.

Inmates receiving OST should be monitored to ensure that they have no means of diverting it to other inmates **(refer to COPP section *6.8 Medications*)**. For example, if it is suspected that an inmate has been hoarding or diverting medication (prior knowledge, or intelligence received) the inmate must be held in the yard for 15 minutes to confirm that it has been digested. An inmate assessed as unsuitable for participation in OST will be advised by the JH&FMHN Nurse of the reason(s) they were not suitable to commence treatment.

Inmates who have commenced on an OST Program must inform JH&FMHN staff four weeks before their earliest date of release from custody so that post-release care arrangements can be made.

1.3 Procedures for Administration

	Procedure	Responsibility
1.	Escort approved inmates to health clinic for authorised administration of Methadone/Suboxone or Buprenorphine by JH&FMHN staff	Authorised officer
2.	Check inmates mouth for diversion objects	Authorised officer
3.	Provide inmate with authorised dose of Methadone/Suboxone or Buprenorphine	JH&FMHN staff
4.	Check inmates mouth to confirm: • that the dose has dissolved and digested if they	Authorised officer

	Procedure	Responsibility
	have been administered Buprenorphine • that the film has dissolved if they have been administered Suboxone • that the dose has been digested if they have been administered Methadone. Note that an inmate must be held for 15 minutes to confirm digestion of methadone if it is suspected that an inmate has been hoarding or diverting it	
5.	Escort inmate back to accommodation unit.	Authorised officer

1.4 State Parole Authority

In any assessment of inmates receiving OST as suitable for parole, the State Parole Authority (SPA):

- is looking for an inmate's personal commitment toward rehabilitation, accepting that participation in OST is not necessarily evidence of personal commitment
- may recommend an inmate be assessed for the OST program but cannot recommend that an inmate be accepted/commenced on OST
- recognises that OST may benefit only some inmates
- recognises that OST may benefit inmates dependent on opioids
- recognises that some inmates may be assessed as unsuitable for participation in the OST program
- recognises that some inmates may not wish to apply for participation in OST
- does not consider an inmate's decision not to apply, nor the assessment of an inmate as unsuitable for OST, to be a reason not to grant parole.

2 Document Information

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1.0		Initial publication *(Replaces section 7.4 of the superseded Operations Procedures Manual)*