Correct Care Australasia
POLICY & PROCEDURE HANDBOOK

Policy Name	**Opioid Substitution Program**
Section	Section 9: Addiction and Dependency (OSTP)
Subject	Opioid Substitution Treatment
Policy Number	9.3
Issue Number	7
Issue Date	February 2015
External References: ▪ Drugs, Poisons and Controlled Substances Act (1981) and Regulations (2001) ▪ Victorian Prison Opioid Substitution Therapy Program, 2003 Clinical and Operational Policy and Procedures ▪ National Clinical Guidelines for the Use of Buprenorphine in the treatment of Opioid Dependence ▪ Justice Health Quality Framework 2011 ▪ National Pharmacotherapy Policy for people dependent on opioids (2007) ▪ ACHS EQuIP Standards 1.1, 1.1.1, 1.1.3, 1.1.5, 1.1.6, 1.3, 1.5.1, 1.5.2	
Internal references: ▪ DHS Approved Poisons Control Plan for each site. ▪ Consent and Agreement Contract (All sites) ▪ Methadone/Buprenorphine/ Suboxone Prescription [Melbourne Assessment Prison (MAP)] ▪ Health Information Transfer Form (MAP)	
Related Polices: ▪ Controlled Substances ▪ Management of Pregnancies within Prisons	
Implementation Date Revision Date Review Date	Initial Implementation Date:01/07/04 Revision Dates: 01/07/06, 01/09/07, 30/07/09, July 2012, Sept 2012, September 2014 Review Due: June 2016
Policy Endorsed & Adopted by: Date	Medicines Advisory and Safety Meeting Date: 17/02/2015 Health Services Managers Meeting Date: 26/11/2014
Approved By **John Hoogeveen** **General Manager** **Correct Care Australasia**	

BACKGROUND

The use of opioid substitution therapy (OST or pharmacotherapy) is well-established in Australia, as in many parts of the world, as an effective treatment for opioid dependence. Many long-term heroin users and those experiencing problematic use of prescription opioids and OTC codeine containing analgesics can be successfully treated with detoxification and abstinence-based treatments. However, studies have shown that many will relapse to illicit opioid use. Maintenance pharmacotherapies can prove valuable in assisting these people to manage physical dependence, drug craving and compulsive drug use successfully.

Methadone and buprenorphine have been used to treat opioid dependence, both in detoxification from opioids and maintenance treatment. These drugs are useful for these purposes because they:

- exhibit cross-tolerance with other opioids, enabling them to be substituted for abused opioids such as heroin and pharmaceutical opioids;
- are long acting, enabling less frequent dosing than heroin or short-acting pharmaceutical opioids.

Methadone and buprenorphine have been proven effective in reducing dependence on heroin and pharmaceutical opioids. Supervised daily supply of an adequate dose of methadone or buprenorphine in a structured system has been demonstrated to have benefits for both the individual and society.

The *National Pharmacotherapy Policy for people dependent on opioids (2007) and Methadone Guidelines: Prescribers and Pharmacists (2000)* recommended improved access to methadone and buprenorphine treatment for prisoners in recognition that prisoners are a specialist client group, who require special consideration, to provide reduced risk to community safety and health upon release to the community, as well as to improve their wellbeing and social functioning.

Pharmacotherapy treatment with methadone or buprenorphine is appropriate for prisoners who:

- are receiving pharmacotherapy treatment at the time of imprisonment;
- are opioid dependent at the time of imprisonment and not receiving treatment; or
- continue unsanctioned use of opioids in prison in a manner which constitutes a significant risk of harm.

However, there could be a range of other constraints that may impact on the implementation of pharmacotherapy treatment for people in prison and in the criminal justice system. Release from prison is a time of high overdose risk for opioid users due to their reduced tolerance to illicit opioids developed during imprisonment. The provision of treatment during imprisonment and pre-release, and, the provision of advice in relation to the higher risk of overdose, is important to reduce this risk.

Prisoners who have been through opioid detoxification should be considered for naltrexone treatment.

Criteria used to assess prisoners for pharmacotherapy treatment may differ from those used in the community. Confidentiality of medical records of prisoners on pharmacotherapy treatment should receive special consideration so that these records are used for the clinical management of the individual while in custody, and not for custodial purposes. No prisoner should be forced to accept pharmacotherapy treatment or have treatment discontinued for disciplinary reasons.

Appropriate liaison between correctional centres and health services needs to be undertaken to ensure continuity of treatment for those released from prison.

The expansion of the Victorian Prison Opioid Substitution Therapy Program (OSTP) was implemented in June 2003. Amendments to permit and notification provisions of the Drugs, Poisons and Controlled Substances Act (1981) and Regulations (2006) came into effect on 1 March 2009. A comprehensive set of clinical policies and procedures have been developed to set the service delivery standards for prison providers and correctional health services in the management of prisoners prescribed methadone, buprenorphine and suboxone maintenance treatment in prisons, and for those prisoners commencing methadone treatment while in prison.

1 POLICY STATEMENT

1.1 Prisoners who are prescribed opioid substitution treatment prior to entry into prison will be maintained on a stable dose for the duration of their sentence.

1.2 Prisoners who are at high risk of opioid-related harm, either in prison or on release, will have the opportunity to begin opioid substitution treatment while in prison as places in the program become available or if the numbers of prisoners supported by Corrections Victoria (CV) or Justice Health (JH) to access the program increases.

1.3 Prisoners will be encouraged to participate in self-management of their program, in line with community norms.

1.4 Medical practitioners prescribing opioid substitution treatments and reviewing prisoners on the Program must have completed an accredited opioid substitution prescriber training program and must be registered with the Victorian Department of Health Drugs and Poisons Regulation.

2 DEFINITIONS

Not applicable

3 SCOPE

This policy is applicable to all employees and contractors working in the Correct Care Australasia healthcare system.

3.1 Outcome

3.1.1 Opioid substitution treatment is provided for prisoners to:

- reduce opioid-related harm for prisoners;
- reduce withdrawal effects during transition from addictive drugs prior to imprisonment.

3.1.2 Processes are in place to ensure on-going methadone administration during court appearances and prison transfers.

3.1.3 A formal agreement is signed to ensure a prisoner is aware and has consented to ongoing participation in the opioid substitution treatment and is responsible for their participation and the implications of not adhering to agreed conditions.

4 PROCEDURE

4.1 Identification of prisoners prescribed opioid substitution therapies

4.1.1 All newly received prisoners undergo a health assessment to identify any health or psychiatric issues. This assessment includes the use of prescribed medications such as methadone, buprenorphine and suboxone.

4.1.2 Prisoners identified as being prescribed methadone, buprenorphine or suboxone must collect their dose within 3 days of reception into a prison for maintenance treatment and have their treatment verified by the doctor or nurse performing the assessment (see 4.3 below)

4.1.3 The verifying doctor/nurse must inform the Correct Care Australasia staff managing prisoners on opioid substitution treatment and the prisoner's contact officer via prison operational management (excluding MAP)

4.1.4 This process also applies to prisoners transferring between prisons.

4.2 Verification of opioid substitution therapy treatment

Once a prisoner is identified as being prescribed an opioid substitution therapy, Correct Care Australasia staff must verify the prescription by:

4.2.1 ensuring newly-received prisoners sign an Authority for Release of Information Form (Form 4.4B), to enable verification with their prescribing medical practitioner , community pharmacist and the Department of Health Drugs and Poisons Regulation of the prisoner's current permit, current dose, and date and time of last dose;

4.2.2 provide the Department of Health with a Notification to Treat a Prisoner with an S8 medication. This Notification will be applicable for the duration of his/her incarceration;

4.2.3 arranging relevant documentation, prescription, medication charts, signature card and photograph;

4.2.4 obtaining the prisoner's consent and ensuring that they sign the Program Consent and Agreement Form, 9.3 A;

4.2.5 completing the Prescription Form, 9.3 D;

4.2.6 arranging a medical review of the prisoner and completing all documentation required for methadone, buprenorphine or suboxone treatment;

4.2.7 forwarding relevant forms to the Department of Health Drugs and Poisons Regulation;

4.2.8 checking the prisoner's medical records for the most recent date and time of dosing before administering further doses. If health staff are concerned about the most recent dosing date and time of a newly-received or transferred prisoner, health staff should contact the previous prescriber and request a verbal or faxed confirmation of the current dosing program**. Methadone, buprenorphine or suboxone doses should not be dispensed or administered until the time and date of the previous dose has been verified.**

4.2.9 All verbal confirmations should be witnessed by a second party where practicable.

4.2.10 All documentation must be filed appropriately in the Program recording system and prisoner medical record.

4.2.11 Information must be collected and stored for monitoring and evaluation purposes.

4.2.12 The Authorised Medical Practitioner must complete the Notification of Drug dependency and fax this to the Victorian Department of Health Drugs and Poisons Regulation.

4.3 These procedures **must be** completed by Correct Care Australasia staff within 24 hours of receiving a prisoner or before the prisoner is administered their next prescribed dose.
Informed consent for treatment

4.3.1 Prisoners must provide voluntary informed consent by completing the Consent and Agreement (Contract 9.3 A), before methadone, buprenorphine or suboxone can be prescribed.

4.3.2 Information and assistance must be provided to each prisoner to assist them to understand opioid substitution treatment.

4.3.3 Prisoners must be given the opportunity to discuss issues concerning treatment, and in particular:

- what methadone/buprenorphine/suboxone is, the advantages and disadvantages of opioid substitution treatment and alternative treatment options;
- that methadone, buprenorphine or suboxone maintenance treatment can increase an individual's physical dependence to opioids;

- that the withdrawal syndrome from methadone, buprenorphine or suboxone may be more severe than that experienced with heroin;
- the side effects and potential risks associated with methadone, buprenorphine or suboxone treatment;
- the procedure involved in treatment, including daily dosing procedures and the impact of treatment on prison life;
- the dangers of additional drug use, risk of overdose and potential impact on occupational activities in prison;
- pregnancy and contraception issues;
- program rules, rights and responsibilities, and conditions of involuntary discharge; and
- the cost of community opioid substitution treatment (after release from prison).

4.3.4 Prisoners continuing or commencing opioid substitution treatment in prison must be provided with information regarding the program, including an explanation of the Opioid Substitution Therapy Consent and Agreement Contract.

4.4 Illiterate and non-English speaking prisoners

4.4.1 Correct Care Australasia staff must take all reasonable steps to ensure that prisoners, who cannot read or speak English, understand all information provided on methadone or buprenorphine treatment, including the responsibilities of being treated in prison and after release to the community.

4.4.2 Correct Care Australasia staff must use the interpreter services and receive confirmation via the interpreter that the prisoner appears to have understood the information provided and/or read and explain the information to an illiterate prisoner. The prisoner must verbally confirm that the information presented has been understood.

4.4.3 Prisoners must sign the Consent and Agreement Contact (9.3A) in the presence of the authorised prison medical practitioner or health staff before continuing their treatment in prison. Treatment may be discontinued if the Contract is not signed.

4.5 Maintenance and Induction

There are two components to the Program

4.5.1 **Maintenance** – prisoners who enter prison while currently enrolled on a community opioid substitution treatment program have the option to continue their treatment for their custodial period, provided that it can be substantiated with the previous provider that they have collected their prescribed dose in the last three (3) days and

4.5.2 **Induction – e**ligible sentenced prisoners at high risk to opioid-related harm, either in prison or on release, have an opportunity to begin methadone treatment while in prison at some of the prison locations.

4.6 Maintenance program

4.6.1 To be eligible to receive methadone, buprenorphine or suboxone maintenance treatment, prisoners must have:

- been enrolled in a community maintenance program upon entering prison;
- been given voluntary, informed consent to maintain their treatment in prison;
- agreed to comply with the rules of the Program and have signed the Program Consent and Agreement Contract; and
- commenced methadone treatment in prison and been stabilised on a dose of methadone.

4.6.2 Prisoners usually are receiving a stable dose prior to their reception into the prison system. However, if the dose prescribed is not effectively controlling the prisoner's use of illicit opioids, the prisoner must be reviewed by the authorised medical practitioner. The medical practitioner may alter the dose according to the clinical presentation of the prisoner.

4.7 Induction program

4.7.1 The Induction Program is only available to sentenced prisoners because prisoners require at least four weeks to complete the recommended methadone induction period. For this reason, remand prisoners are excluded from the Induction Program, unless exceptional circumstances prevail.

4.7.2 Prisoners eligible to commence opioid substitution treatment during their sentence must have:

- been assessed by health staff and the authorised medical practitioner as opioid dependent according to the American Psychiatric Association's Diagnostic Statistical Manual, Fourth Edition (DSM-IV);
- given voluntary informed consent to begin treatment in prison;
- at least eight weeks of their sentence remaining to ensure there is sufficient time to complete the assessment and stabilisation period;
- no outstanding court matters that could lead to an unplanned release from prison during the stabilisation period;
- no unstable medical or psychiatric conditions; and
- agreed to comply with the rules of the program and have signed the Consent and Agreement Contract.

4.7.3 Prisoners assessed as eligible for opioid substitution treatment must be inducted and stabilised on a four-week methadone induction treatment program. For the first two weeks of this four-week period, they must be monitored twice daily for the first five days and then once daily.

4.7.4 Prisoners must also be reviewed weekly by the medical practitioner prescribing methadone to monitor the prisoner's progress and to address any clinical issues.

4.7.5 Upon completion of the induction and stabilisation period, Correct Care Australasia staff must transfer the prisoner to the opioid substitution therapy maintenance Program. The prisoner must continue to be case-managed and their progress reviewed monthly to three monthly until they return to the community or withdraw from the Program.

4.8 Withdrawal from the Program

4.8.1 Prisoners participating in the Program must be provided with a prescribed dose of methadone, buprenorphine or suboxone, however, some prisoners may choose to withdraw from the Program and others may not comply with the Program's rules.

4.8.2 All eligible prisoners wishing to participate in the Program must provide their voluntary, informed consent to continue or commence treatment, and must comply with the Program's rules. Failure to comply with these rules may lead to a prisoner being removed from the Program.

4.8.3 A prisoner may be removed from the Program if they:

- attempt to trade, sell or divert methadone, buprenorphine or suboxone;
- use heroin or other drugs not prescribed by the medical practitioner;
- fail to abide by dosing protocols;
- miss three consecutive doses;
- fail to collect their dose at the specified time;

- fail to treat the health staff with courtesy and respect, e.g. by using abusive language; or
- neglect to provide a urine drug test sample as required.

4.8.4 The authorised medical practitioner, after consultation with the Correct Care Australasia staff and Prison Operational Management decides whether a prisoner will be removed from the Program.

4.8.5 Medical regimens for the voluntary and involuntary removal of prisoners from methadone and buprenorphine must be in accordance with *Opioid Substitution Therapy Program Clinical and Operational Policies and Procedures (2003)* and any subsequent revisions.

4.9 Clinical monitoring and review

4.9.1 All prisoners prescribed opioid substitution treatment must be reviewed by the authorised medical practitioner on reception into the prison system. This is followed by monthly to three-monthly reviews.

4.9.2 Areas for review include prisoner treatment goals, drug use (self-reporting and urine drug screening), general health and social status, and any difficulties arising from treatment, including side effects.

4.9.3 Prisoners inducted in prison must be reviewed by the authorised medical practitioner at least once in the first five days of induction and then weekly during the one-month period of stabilisation.

4.9.4 Prisoners with complex treatment issues may require more frequent comprehensive reviews.

4.10 Alterations to maintenance dosing

4.10.1 The medical practitioner may alter the methadone or buprenorphine maintenance dose according to the clinical presentation of the prisoner.

4.10.2 Increased doses must only be prescribed where there are no changes in alertness. For example:

- Methadone maintenance doses must not be increased by more than 5mg per day and by no more than 30mg in a week. Doses must not be increased over 80mg without consulting a medical specialist.
  Buprenorphine maintenance doses must not be increased by more than 4mg per day and must not exceed 32mg daily. Doses must not be increased above 16mg per day without consulting a medical specialist.

4.10.3 The medical practitioner must review the prisoner within the first week of the dose alteration to assess its effectiveness according to the prisoner's clinical presentation.

5 DOSE ADMINISTRATION PROCEDURES

5.1 Correct Care Australasia staff authorised to administer Schedule 8 drugs can administer methadone and buprenorphine in prisons, following procedures that are in line with community norms.

5.2 Checks prior to administering doses

The following actions must occur before doses are administered:

5.2.1 Prisoners must bring their identification card to the dosing area. A dose will not be administered without this card.

5.2.2 If the prisoner is a new reception with no ID card, the prisoner must be identified by asking the prisoner to state his/her full name, date of birth and the methadone dose that they are prescribed.

5.2.3 Health staff must confirm that the prisoner is not intoxicated.

5.2.4 Health staff must check the prisoner's name, CRN and DOB with the current prescription.

5.3 Administering methadone

Note: All methadone doses administered by Correct Care Australasia are supplied as individual pre-measured and prescribed doses.
When administering methadone, Correct Care Australasia staff must:

5.3.1 check the dose against the prisoner's prescription;

5.3.2 have the prisoner confirm that it is their prescribed dose;

5.3.3 ensure that the prisoner signs that they have received the dose;

5.3.4 record the amount of the dose in the ORT recording system;

5.3.5 Corrections Victoria staff are responsible for ensuring that the prisoner is supervised for at least 20 minutes after receiving the dose.

5.4 Administering buprenorphine/suboxone

When administering buprenorphine/suboxone, Correct Care Australasia staff must:

5.4.1 count and check the buprenorphine/suboxone and confirm the number and strength with another authorised person if practicable;

5.4.2 check that the current day is included on the prisoner's regimen;

5.4.3 confirm the dose for the current day if it is an alternate-day or three-times-a-week program;

5.4.4 ask the prisoner to place the dose under their tongue and tell the prisoner not to swallow as this will significantly reduce the effect of the medication;

5.4.5 ensure that the prisoner signs that they have received the dose;

5.4.6 offer water to remove the taste only after they have fully absorbed the buprenorphine/suboxone;

5.4.7 record the dose in the OSTP recording system.

5.4.8 Corrections Victoria staff are responsible for ensuring the supervision of prisoners for at least 20 minutes after the prisoner has received the dose.

6 TRANSFER OF PRISONERS ON THE PROGRAM

6.1 Inter-prison transfers

6.1.1 Prior to the prisoner's transfer, health staff must inform the receiving prison health staff of the transfer and ensure that the prisoner's medical record contains the following:

- a completed Inter-Prison Transfer Form;
- if relevant, the prisoner's opioid substitution therapy induction program assessment;
- documentation of any relevant issues, including review meetings;
- dosing history;
- prisoner signature card/drug treatment charts;
- copy of current prescriber permit;

- current prescribed dose and specified dosing regimen;
- date and time of last dose administered.

6.1.2 Health staff must ensure that the prisoner has received their prescribed dose prior to the prisoner being transferred to another prison. Health staff must ensure that the permit is written by the authorised medical practitioner and authority to prescribe granted by the Department of Health Drugs and Poisons Regulation prior to the commencement of dosing.

6.1.3 Health staff must ensure that all relevant documentation is completed prior to administering methadone, buprenorphine or suboxone and that the prisoner's medical record contains all relevant information.

6.2 **Court transfers**

6.2.1 Health staff must ensure that prisoners transferred out of prison for court matters have received their dose prior to leaving the prison.

6.2.2 If the prisoner is held in custody overnight or for several days, health staff must forward the prisoner's prescription to the appropriate external metropolitan police station.

6.2.3 To ensure continuity of administration of prescribed medications, nursing staff must complete the 8.2 B Health Information Transfer Form (MAP) for remand prisoners transferring to external metropolitan police cells.

6.2.4 When prisoners participating in an OSTP are being transferred from MAP to another prison the 9.3 D form must be completed.

7 DISCHARGE PLANNING

7.1 Discharge planning must begin as soon as the prisoner is received into the prison system or prior to the commencement of opioid substitution treatment in prison.

7.2 Health staff must:

- find out where the prisoner plans to live upon release from prison;
- refer the prisoner to the previous prescriber and community pharmacy;
- phone Direct Line 1800 888 326 to arrange for a prescriber and pharmacist. (Note: Direct Line will not arrange specialist referrals).

7.3 Prisoners must be referred to the Specialist Pharmacotherapy Services if they are:

- pregnant;
- experiencing unstable psychiatric conditions;
- experiencing behavioural problems which have led to discharge from OSTP or have other significant psychosocial issues.

7.4 At least four weeks (where possible) before the prisoner's release, health staff must arrange all relevant documentation, including:

7.4.1 the prisoner discharge summary letter addressed to the community prescriber, outlining the prisoner's progress on the Program and the current dose they are reciving;

7.4.2 a prescription from the doctor for methadone, buprenorphine or suboxone, to last until the scheduled appointment with the community prescriber;

7.4.3 a methadone, buprenorphine or suboxone prescription faxed to the community prescriber and pharmacist;

7.4.4 complete and fax the form 'Notification of release from prison of a patient treated with methadone or buprenorphine for opioid dependence' form to the Department of Health Drugs and Poisons Regulation that the prisoner's treatment has been transferred to the nominated community prescriber.

7.4.5 notify Pharmacy on release.

7.5 MAP Prisoner for discharge on OSTP

Prior to discharge from MAP, health staff must:

7.5.1 find the contact details of a doctor and community pharmacist using an internet search;

7.5.2 book the prisoner an appointment with their general practitioner;.

7.5.3 contact the prisoner's community pharmacy and check the prisoner is able to recommence the OSTP program at the community pharmacy.

7.5.4 contact "Pharmacy Hotline" 1800 888 236 if the prisoner does not have an OSTP prescriber or pharmacy;

7.5.5 complete OSTP subsidy form for prisoner to receive one month free OSTP.

7.6 MAP OSTP - public holidays/long weekends

7.6.1 organise a prescription from the Correct Care Australasia medical practitioner for the prisoner to take to a community pharmacy on weekends when their community pharmacy is closed.

7.6.2 The prisoner should not be prescribed 'take away' doses of OSTP.

8 ATTACHMENTS

8.1 4.4 B *Consent to Release of Drug Treatment Information*

8.2 9.3 A *OSTP Consent and Agreement Contract*

8.3 9.3 D *Methadone/Buprenorphime in Police Custody- Prescription form*

9 MONITORING

9.1 This procedure must be audited and reviewed according to the organisational risk audit and review schedule.

9.2 Data and statistics are analysed on a monthly basis and plans developed to improve outcomes.

10 KEY PERFORMANCE INDICATORS

The following key performance indicators (KPIs) must be applied to assess compliance with this policy and procedure:

10.1 relevant consent and agreement contract are completed, signed and witnessed in the medical records of all prisoners participating in OSTP.

10.2 evidence of the competed relevant forms for transfer and court appearances are available to ensure administration of methadone in accordance with agreed regimens;

10.3 confirmation is obtained that treating doctors have relevant authorisation to prescribe methadone, buprenorphine or suboxone; and

10.4 confirmation is obtained that Drug Administration Registers and medicines are maintained in accordance with standards and regulations and Poisons Control Plans.