Dosing Places - Availability for Released Inmates on Substitution Pharmacotherapies

Summary
Covers the availability of dosing places for inmates released from correctional centres on substitution pharmacotherapies and the existence of criteria for placing inmates of correctional centres on substitution pharmacotherapies.

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Public Health System, NSW Ambulance Service, Ministry of Health

Audience

Secretary, NSW Health
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Director-General

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Policy on the availability of dosing places for released inmates on substitution pharmacotherapies, and Criteria for placing inmates of correctional centres on substitution pharmacotherapies

This circular is to advise Area Health Service Chief Executive Officers of the existence of policy covering the availability of dosing places for inmates released from correctional centres on substitution pharmacotherapies, and the existence of criteria for placing inmates of correctional centres on substitution pharmacotherapies.

Policy on the availability of dosing places for released inmates on substitution pharmacotherapies

Right to Access

Released inmates (clients) should have access to public dosing and case management in the Area Health Service within which they are released:

- regardless of where the client started on a pharmacotherapy program (in a correctional centre or in the wider community)
- regardless of whether the client had a public or private point of entry (if the client started on a pharmacotherapy program in the wider community)
- The released client should be maintained in public dosing until clinically stable and assessed as suitable for private sector dosing. The client should be advised of this process.
- where no convenient public dosing points exist, or where it is not in the best interests of the client to be publicly dosed, then the Area Health Service should:
  - take responsibility for identifying and arranging alternative treatment for the client
  - Discuss the client’s requirements with Corrections Health
- clients released to the community should be continued on the pharmacotherapy they were engaged on. Subject to review, Area Health Services have the responsibility of arranging the provision of that pharmacotherapy where possible.
Prescribing

Initially prescription is usually provided by Corrections Health as public prescribers and therefore the Area Health Service to which the client is released should provide case management.
- Area Health Services should assist clients to find a non-Corrections Health Service prescriber
- Where a non-Corrections Health Service prescriber has not been found within one month then the Area Health service generally has responsibility for prescribing for that client
- Every Area Health Service should have the capacity to prescribe (and provide) buprenorphine.

Criteria for placing inmates of correctional centres on substitution pharmacotherapies

There are a number of potential reasons for placing inmates of correctional centres on substitution pharmacotherapies, including the reduction of the risks associated with illicit drug use in jail (specifically injected drugs) and the risk of relapse to drug use on release, with the possibility of death by overdose or return to criminal behaviour as consequences. However, any decision to engage inmates in substitution pharmacotherapies must consider the community context from which they came and to which they will return. Clinicians considering placing inmates on substitution pharmacotherapies should therefore consider a range of issues, including the community availability of dosing places, as outlined in the criteria below.

Consistent with NSW Methadone Maintenance Treatment guidelines and the NSW Policy for the Use of Buprenorphine, methadone and buprenorphine treatment is indicated in people who meet the diagnostic criteria for opioid dependence.

In a corrections setting, evidence of opioid dependence may be that the inmate went through withdrawal on entry to the correctional centre. Alternatively, the inmate may have a long history of opioid use, with episodes of treatment or other verifiable risk of harms associated with opioid use.

Guidelines also stipulate that the informed consent of the patient to commence substitution pharmacotherapy treatment is required. The inmate must therefore be informed of the nature of the treatment and its consequences.

Once clinical assessment has been performed, verifying that these preconditions are met, the following criteria should then be used to assess the suitability of inmates for pharmacotherapies:

1) Inmates who have been on pharmacotherapies previously are suitable to be put back on pharmacotherapies following a favourable clinical assessment
2) People without a history of treatment:
   o Are generally assessed post withdrawal
   o Are put on pharmacotherapies according to priority (HIV+, pregnant or Hepatitis B carrier). These priorities are the same as those that apply in community settings.
   o If they do not fit one of the priorities above then the community situation must be considered as part of the assessment (i.e. the capacity of the likely community based dosing clinic to which the inmate will be released, the availability of buprenorphine dosing places). The clinician should communicate and negotiate with the Area to determine these issues, where possible.
Inmates who are not on pharmacotherapies are at greater risk of relapse/overdose on release. Discharge planning for these inmates on release should be considered at the time of assessment.

Further information may be obtained by contacting Mr Simon Johnston, Drug Programs Bureau by telephone 02 9391 9286 or by e-mail sijoh@doh.health.nsw.gov.au.

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