

# National Prison Addiction Medicine Network

Dr Thileepan Naren<sup>1</sup>, Dr Jocelyn Chan<sup>1,2</sup>, Dr Michael Curtis<sup>2</sup>, Dr Rebecca Winter<sup>2</sup>, Dr Jon Cook<sup>1</sup>,  
Prof Mark Stoove<sup>2</sup>

<sup>1</sup>Western Health

<sup>2</sup>Burnet Institute

# Conflict of interest

Dr Thileepan Naren has received speaking honaraia from Camurus

ALWAYS WAS



ALWAYS WILL BE

# Drug use in prisons

- Half of all incarcerated people use drugs in prison and a quarter inject drugs in prison (Butken et al., 2020; Kinner et al., 2012)
- Prisons and police cells/watch houses run by states and territory jurisdictions – no national coordination in withdrawal management or management of substance use disorders
- No clear national consensus guidelines in the management of withdrawal and substance use disorders in custodial settings with management site-specific

# National Prison Addiction Medicine Network

The National Prison Addiction Medicine Network (NPAMN) was created in August 2023, to bring together stakeholders across the sector to develop consensus guidelines for managing addiction in custodial settings and promote evidence-based best-practice healthcare for people in prison through a coordinated national approach.



The NPAMN aims to create consensus guidelines around the following domains:

1. Withdrawal management, particularly in locations without a subacute ward;
- 2. Opioid agonist treatment provision, including continuation and initiation;**
3. Provision of psychosocial interventions within custodial settings dealing with substance use and relapse prevention;
4. Management of co-occurring trauma/mental illness and dual diagnosis concerns
5. Management and screening of blood-borne viruses;
6. Harm reduction interventions including NSPs, take-home naloxone and peer-based mentoring; and
7. Discharge planning and transitioning patients from prison-based to community-based care.

# Background

- Initiation and maintenance of OAT in prison is associated with continuation of OAT in the community (Marshall et al., 2023).
- The risk of fatal overdose is significantly elevated for people with a history of opioid use and dependence in the first 2-4 weeks following release from prison (Moradmand et al., 2021).
- The risk of opioid overdose in the first two weeks following release was more than twice as high as the risk in other periods of time and overdose rates were more than 50% higher for females versus males (Hartung et al., 2023)
- The risk of opioid overdose post release from prison is particularly high and the risks in women are higher than those of male prisoners (Binswanger et al. 2013).
- Amongst a cohort of male prisoners 83% of patients who were injecting drugs prior to their imprisonment resumed injecting drug use post release from prison (Curtis et al., 2022).
- OAT in prison is associated with a 75% reduction in all-cause post-release mortality in the 4 weeks after release (Degenhardt et al., 2014)

# Methods

- Expert panel
- Literature review
- Modified delphi methods

# Consensus OAT guidelines in custodial settings timelines

<b>Milestone</b>	<b>Date</b>
Conduct literature review	27 Nov 2023
Draft recommendations including GRADE assessments	29 Jan 2024
Expert panel provided input on draft recommendations	8 Feb -12 Mar 2024
Revise recommendations	16 May 2024
Finalise consensus statement	16 Jul 2024
Submit for publication	16 Aug 2024



# Expert panel

Name	Role	State
<b>Adrian Dunlop</b>	Director and Senior Staff Specialist, Drug and Alcohol Clinical Services, Hunter New England LHD	NSW
<b>Andrew Wiley</b>	Director SA Prison Health Service, Nurse	SA
<b>Bianca Davidde</b>	Addiction Medicine Physician, Drug and Alcohol Services, DASSA	SA
<b>Christine Watson</b>	Director of the Addiction Medical Services, Northern Territory	NT
<b>David Onu</b>	Forensic Medical Specialist & GP, Statewide Specialty Director, Correctional Health Services	TAS
<b>Ele Morrison</b>	Director of Advocacy, Australian Injecting & Illicit Drug Users League	VIC
<b>Jeremy Hayllar</b>	Clinical Director of the Alcohol and Drug Service of Metro North Mental Health	QLD
<b>Jocelyn Chan</b>	Public Health Physician and Addiction Medicine Registrar, Western Health	VIC
<b>Jon Cook</b>	Head of Unit, Western Health Drug Health Services	VIC
<b>Katerina Lagios</b>	Sexual Health Physician and Clinical Director Population Health, Justice Health & Forensic Mental Health Network	NSW
<b>Kevin Fontana</b>	Medical Services Director, Corrective Services, Department of Justice, Western Australia	WA
<b>Mark Stoove</b>	Head of Public Health, Burnet Institute, Victoria	VIC
<b>Michael Curtis</b>	Research Officer, Burnet Institute & NDRI	VIC
<b>Peter Thompson</b>	Co-Clinical Director Drug & Alcohol, Justice Health and Forensic Mental Health Network	NSW
<b>Rebecca Winter</b>	Deputy Head Justice Health Group, Burnet Institute	VIC
<b>Rebecca Li</b>	Director of Clinical Services, Justice Health Service	ACT
<b>Shalini Arunogiri</b>	Clinical Director, Statewide Centre for Addiction and Mental Health, Turning Point	VIC
<b>Suzanne Nielsen</b>	Deputy Director of the Monash Addiction Research Centre, Pharmacist	VIC
<b>Thileepan Naren</b>	Addiction Medicine Physician, Western Health	VIC
<b>Tom Turnbull</b>	Medical Director, Prison Health Service, South Australia	SA

# Methods – consensus statement

1. Research team review literature and draft recommendations
  - a) Grading of evidence quality – very low, low, moderate, or high
  - b) Grading of recommendation – weak or strong
2. Send to expert panel for comment (email)
3. Research team revise recommendations
4. Online meeting of the expert panel to discuss and endorse
  - a) Consensus = 80% agreement by the expert panel
  - b) Voting via anonymous online polling

# Methods – literature review

- Database - PubMed
- Search terms (combination of MeSH and free text)
  - methadone OR buprenorphine OR opioid substitution treatment AND
  - prisoners OR correctional facilities
- Limits
  - From January 2002 – November 2023
  - English language
  - Original research - systematic reviews, RCTs, observational studies and qualitative studies
- Supplemented by input from expert panel members – relevant published and grey literature.

# Modified delphi method

Characteristic		Count (%), N=18
<b>Gender</b>	Male	9 (50)
	Female	9 (50)
<b>Primary field of employment</b>	Advocacy	1 (6)
	Healthcare administration	2 (11)
	Healthcare provider	10 (56)
	Research	3 (17)
	Missing	2 (11)
<b>Geographical representation</b>	States of origin (n)	8
<b>Delphi process engagement</b>	Online meeting 1	14 (78)
	Online meeting 2	11 (61)
	Survey	14 (78)
	Survey	11 (61)
	Participation in one or more components	18 (100)
	Participation in one or more survey(s)	16 (89)

# Dissemination

- Accepted for publication in Medical Journal of Australia.
- Abstract presentations at conferences – ISBRA, APSAD
- We have formal endorsement from:
  - Australian Illicit and Injecting Drug Users League
  - Pharmaceutical Society of Australia
  - Royal Australasian College of Physicians
  - National Prison Hepatitis Network
- We will also seek to gain formal endorsement from other relevant organisations including:
  - *Australian Professional Society on Alcohol and other Drugs*
  - Royal Australian and New Zealand College of Psychiatrists
  - *Royal Australasian College of General Practitioners*

# Dissemination

**QR Code for 10.1101/2024.08.15.24312029**

National consensus statement on opioid agonist treatment in custodial settings



# Future work and challenges

- Currently working on consensus statements on withdrawal management and psychosocial interventions within custodial settings dealing with substance use and relapse prevention
- Liaising with Harm Reduction in Prisons Working group about future collaborative projects
- Sourcing funding to continue the work of the network

# Conclusions

- NPAMN a sector-led response to disparity of care in custodial settings
- Current consensus OAT guidelines in custodial settings a minimum standard for care for incarcerated people with opioid use disorders
- Further work required in standardisation of care within custodial settings in Australia including development of national minimal standards of care



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