Prison Service Order

ORDER
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3550

Clinical Services for Substance Misusers

INTRODUCTION FROM THE HEAD OF PRISON HEALTH POLICY UNIT AND DIRECTOR OF REGIMES

CLINICAL SERVICES FOR SUBSTANCE MISUSERS

Introduction

1. This PSO introduces a new standard for *Clinical Services for Substance Misusers*. It replaces Health Care Standard 8. It is about the effective clinical practice and management of the substance misuse treatment service provided by staff working in prisons.

Performance Standards

2. This PSO and the new clinical standard it sets for Clinical Services for Substance Misusers supports delivery of the Prison Service Performance Standards on Health Services for Prisoners and the Drug Strategy.

Output

3. This PSO requires all Governing Governors and Directors and Controllers of contracted out prisons to ensure that effective treatment of substance misusers is delivered by evidence-based services which :

   - identify, assess and treat substance misusers in line with Department of Health guidelines (1999);
   - contribute to throughcare plans;
   - provide information on high risk behaviour, harm-minimisation and secondary prevention to prisoners.

Implementation

4. The target date for full implementation is 1 April 2001. Where that is not possible, Governors must agree a date no later than 1 October 2001 by which full implementation will be achieved with their Area Manager.

Key Audit Baselines

5. *Governing Governors and directors and controllers of contracted out prisons must ensure that there is a written and observed policy statement on the establishment's substance misuse service covering:*

   a) *clinical services provided by health care;**
   b) *guidelines for opiate, alcohol and benzodiazepines detoxification;**
   c) *information on assessment, treatment setting, essential observations and treatment of overdosage, in line with Department of Health guidelines (1999);**
   d) *evidence of health care involvement with CARATs drug care plans;*
   e) *evidence of NHS specialist involvement in preparation of guidelines;*
   f) *evidence of regular contact with NHS substance misuse specialist services;*
   g) *urine sample taken for testing for opiates, stimulants and benzodiazepines prior to starting a detoxification programme and result placed in Inmate Medical Record;*
   h) *guidelines for the management of pregnant women prepared jointly with NHS obstetrician and substance misuse specialist.*

Note : *are key audit baselines in the Prison Service Standard *Health Services for Prisoners*, the other baselines will be added to the *Health Services for Prisoners* Standard when it is next revised.

The checklist at Annex A of the PSO summarises the mandatory action that must be taken at establishment level to deliver the key audit baselines.

Audit and monitoring

6. The contents of the PSO *Clinical Services for Substance Misusers* are the subject of compliance by Prison Service Standards Audit Unit.

Contact

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(signed)

(signed)

Ken Sutton
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Introduction

1. This PSO introduces a new standard for *Clinical Services for Substance Misusers* and replaces Health Care Standard 8. The new clinical standard concerns the effective clinical practice and management of the substance misuse treatment service provided by staff working in prisons. It is in line with the current Department of Health guidelines for such a service, forms part of the overall Prison Service drug strategy and underpins delivery of the Prison Service Standards on Health Services for Prisoners and Drugs.

2. In addition, the new clinical standard and PSO reflect the introduction of 'CARATs' - the **C**ounselling, **A**ssessment, **R**eferral, **A**dvice and **T**hroughcare services - which are now an integral part of the national Prison Service Drug Strategy and available in every prison. Prison healthcare staff will contribute to the effective throughcare of prisoners and will work closely with CARATs drug workers and local NHS specialist drug misuse services to ensure a coordinated service is delivered across the different care sectors.

3. Governing Governors are ultimately responsible for ensuring that proper processes and systems are in place to implement this new standard for Clinical Services for Substance Misusers although on a day to day basis these responsibilities are likely to be discharged on the Governor's behalf by a senior member of the health care team.

Summary

4. The recently published Prison Service Standard Health Services for Prisoners sets out the framework for delivery of healthcare in prisons. It is underpinned by extant guidance, in particular Health Care Standards 1-9 will continue to serve as a source of advice and guidance although these are gradually being updated. This PSO introduces a new clinical standard to replace Health Care Standard 8 on Clinical Services for Substance Misusers.

5. The new standard Clinical Services for Substance Misusers has been developed by a working group of prison staff and specialists from the NHS. It is based on the Department of Health's clinical guidelines for treatment of substance misusers (April 1999) which represent a consensus view on good clinical practice and are evidence-based.

New standard for Clinical Services for Substance Misusers

6. The new clinical standard requires :

Effective clinical management of substance misusers to be delivered by evidence-based services which :

- **identify, assess and treat substance misusers in line with Department of Health guidelines (1999);**
- **contribute to throughcare plans; and**
- **provide information on high risk behaviour, harm -minimisation and secondary prevention to prisoners.**

Key Audit Baselines

7. This clinical standard will be delivered through compliance with the following key audit baselines:

Governing Governors and Directors and Controllers of contracted out prisons must ensure that there is a written and observed policy statement on the establishment's substance misuse service covering:

a) *clinical services provided by health care;**
b) *guidelines for opiate, alcohol and benzodiazepines detoxification;**
c) *information on assessment, treatment setting, essential observations and treatment of overdosage, in line with Department of Health guidelines (1999);**
d) *evidence of health care involvement with CARATs drug care plans;*
e) *evidence of NHS specialist involvement in preparation of guidelines;*
f) *evidence of regular contact with NHS substance misuse specialist services;*
g) *urine sample taken for testing for opiates, stimulants and benzodiazepines prior to starting a detoxification programme and result placed in Inmate Medical Record (IMR);*
h) *guidelines for the management of pregnant women prepared jointly with NHS obstetrician and substance misuse specialist.*

***Note** : * are key audit baselines in the Prison Service Standard Health Services for Prisoners. The other baselines will be added to the Health Services for Prisoners Standard when it is next revised.*

The checklist at Annex A lists in detail the mandatory action that must be taken to deliver the key audit baselines.

Audit and Monitoring

8. Governing Governors and Directors and Controllers of contracted out prisons must ensure that the mandatory action set out in this PSO has been taken by 1 April 2001. Where that is not possible, Governors must agree a date no later than 1 October 2001 with their Area Manager by which full implementation will be achieved.

The contents of the PSO *Clinical Services for Substance Misusers* are the subject of compliance auditing by the Prison Service Standards Audit Unit.

Improved outcomes that will be delivered by the new clinical standard

9. Following the checklist at Annex A will ensure that the mandatory action has been put in place. Overall, this package of measures will deliver a more effective clinical practice and management of the substance misuse treatment service provided in prisons. Improved outcomes will include:

- more effective identification of substance misusers on reception;
- clinical interventions, including the management of withdrawal symptoms, to occur in a setting which is appropriate, safe and maximises treatment compliance;
- regular contact to be established by prison health care staff with local NHS specialist substance misuse team (establishing contact through the Local Health Authority Director of Public Health, if necessary);

- effective relationships with CARATs drug workers and community drug workers, including the NHS, to promote arrangements for continuing care and to identify barriers to successful throughcare for prisoners who misuse substances;

- maximisation of health gain for inmates identified as substance misusers by health care staff working with other disciplines including CARATs drug workers.

Central action to support implementation of the new clinical standard

10. A comprehensive analysis of the training needs of prison health care staff to implement the new clinical standard is now complete. In the light of its findings, the Prison Health Policy Unit has been working closely with Drug Scope to adapt a training package in substance misuse designed for NHS Primary Care Teams for the Prison Service. The training will be delivered by experienced prison health care workers. The training will be modular and include information on drugs and drug use in prisons, and cover clinical issues including the assessment and management of substance misusers.

11. Doctors prescribing for drug detoxification will need to have undergone a training update in evidence based management of substance misusers by October 2001. This training will most likely be undertaken with an NHS substance misuse specialist. The Department of Health is presently developing a Diploma in Primary Care Substance Abuse (Drug and Alcohol) which would later meet this requirement.

Regimes that could accompany detoxification

12. Treatment for substance misusers with complex needs in the community is not limited to the prescription of a substitute drug or treatment of withdrawal symptoms alone. Good practice management ideally forms part of a broader regime similar to that provided in a residential setting in the community. It should be based on individual care plans and support the critical six week period following chemical detoxification

13. The aim of such a 'post-detox' regime would be to complement the clinical standard and optimise the number of prisoners who remain drug free both in prison and the community. Even where prisoners fail to remain drug free, a positive outcome would be that their drug use was less harmful.

14. Through purposeful activity the 'post-detox' regime would support prisoners and:

- increase their knowledge of harm associated with substances of misuse, especially the risk of infection with blood borne viruses and the risk of fatal overdose when using again after an interval;
- improve physical and mental well-being;
- increase motivation to resist using drugs in the future;
- increase educational skills;
- improve self esteem.

All of these are known factors both in reducing the risk of reconviction and assisting successful reintegration into the community.

15. Regimes that accompany detoxification programmes should be broad based and address the patients needs. Such regimes could include:

    - primary and secondary health education on the harm drugs can do to prisoners and to their friends and family;
    - education about reducing the risk of taking drugs, particularly injecting and sharing equipment;
    - physical activity such as PE, contact sports;
    - diversional activity: creative work , wood work, art therapy, music therapy, creative writing, drama;
    - education including basic skills, core curriculum, IT skills, Social and Life skills;
    - accredited programmes such as enhanced thinking skills;
    - social skills to include motivational work to resist high risk situations, such as being offered drugs, refraining from further use while in prison and following release to the community.

16. For the first 10-14 days of a detoxification regime the prisoner may be tired, physically unwell, mentally frail or exhausted. During this period a suitable programme of reduced intensity could be offered. Prisoners could be in the same residential unit. If this is not possible, they could be brought together daily as a group to undertake these activities. The likelihood of prisoners forming their own peer support group will be increased if a regime is developed in this manner. Regimes accompanying detoxification should be delivered in as peaceful normalising and supportive environment as is possible.

17. For most establishments the majority of activities mentioned are part of existing contracts, particularly education and CARATs. What is new would be applying them in ways more likely to prove effective for those that have recently undergone a clinical detoxification programme.

    Annex A Clinical services for substance misusers

References *Drug Misuse and Dependence – Guidelines on Clinical Management*

Department of Health 1999

PSO 4801: The Management of Mother and Baby Units and the Application Process

Annex A

CLINICAL SERVICES FOR SUBSTANCE MISUSERS

STANDARD

Effective clinical management of substance misusers will be delivered by evidence based services which:

- **identify, assess and treat substance misusers in line with the Department of Health guidelines (1999);**
- **contribute to throughcare plans;**
- **provide information on high risk behaviour, harm minimisation and secondary prevention to patients and refer to CARATs drug workers as appropriate.**

KEY AUDIT BASELINES

To be audited by Prison Service Standards Audit Unit.

Governing Governors must ensure that there is a written and observed policy statement on the establishment's substance misuse service which includes:

- *the clinical services provided by health care;**
- *guidelines for opiate, alcohol and benzodiazepines detoxification;**
- *information on assessment, treatment setting, essential observations and treatment of overdosage, in line with Department of Health guidelines (1999);**
- *evidence of health care involvement with CARATs care plans;*
- *evidence of NHS specialist involvement in preparation of guidelines;*
- *evidence of regular contact with NHS substance misuse specialist services;*
- *urine sample taken for testing for opiates, stimulants and benzodiazepines prior to starting detoxification programme and result placed in Inmate Medical Record (IMR);*
- *guidelines for the management of pregnant women prepared jointly with NHS obstetrician and substance misuse specialist.*

Note : *are key audit baselines in the Prison Service Standard *Health Services for Prisoners,* the other baselines will be added to the *Health Services for Prisoners* Standard when it is next revised.

CHECKLIST

THE FOLLOWING CHECKLIST SETS OUT IN DETAIL THE STEPS THAT MUST BE FOLLOWED TO DELIVER THE MANDATORY ACTION

1. THE CLINICAL SERVICE

MANDATORY ACTIONS	MANDATORY TASK LIST
Identification To identify substance misusers effectively on reception who have immediate health needs.	The initial screening of all newly received prisoners will be undertaken by a health care worker trained to identify those with immediate health needs due to substance misuse.

Staff
 	
All staff involved in the care of inmates who are substance misusers should be competent in dealing with this specific group of inmates
	· Training needs analysis undertaken annually
	· In Local or YOI, at least one member of nursing/health care staff to have an appropriate professional qualification in treatment of substance misusers.
	· training to include:
	  · signs, symptoms of substance misuse and withdrawal;
	  · DH evidence based guidelines;
	  · Information on rehabilitation and therapeutic communities, including those patients who may benefit during custody, including alcohol misusers.
	By October 2001 at least one doctor providing drug misuse detoxification at local or YOI to undergo training to maintain a level of competence to provide assessment and management of inmates with complex needs - a specialist generalist.

Detoxification All patients to have immediate access to detoxification programmes for opiates, alcohol and benzodiazepines in line with Department of Health guidelines 1999.	Guidelines for opiate, alcohol, benzodiazepine, amphetamine, cocaine/crack withdrawal must reflect DH guidelines and include information on assessment, treatment setting, treatment guidelines, essential observations and treatment of overdosage.

1. THE CLINICAL SERVICE

MANDATORY ACTIONS	MANDATORY TASK LIST
Health promotion and harm minimization Information available for staff and patients on substance misuse treatment services, health promotion and harm minimization.	CARATs and health education information to include: · Services available in the establishment and throughout the Prison Service; · Primary, secondary prevention and harm minimization; · the effects of drugs including alcohol and how to control its misuse especially for YOIs; · Overdose risk and First aid management; · Relapse prevention.
Care plan CARATs guidelines and care plans to include the involvement of health care, where appropriate.	
NHS involvement NHS Consultant in substance misuse to have regular contact with prison health care staff.	Involvement of NHS consultant in substance misuse, where available, in preparation of guidelines and management of individual cases. Guidelines for the management of pregnant women substance misusers must be prepared in conjunction with NHS substance misuse specialist and local NHS obstetrician.

2. CLINICAL SERVICES FOR SUBSTANCE MISUSERS: GENERAL PRINCIPLES

Objective

To offer a treatment plan for each patient identified as requiring a clinical substance misuse treatment service in an appropriate setting with appropriate observation.

MANDATORY ACTIONS	MANDATORY TASK LIST
Guidelines Clinical management of substance misusers will be in line with Department of Health's guidelines *Drug Misuse and Dependence – Guidelines on Clinical Management* (1999)	Preparation of written guidelines, in line with DH guidelines, by health care staff in conjunction with NHS staff.
Setting To ensure the setting in which detoxification and other related clinical interventions occur is appropriate, safe and maximises compliance.	Services will be provided in suitably equipped, clean accommodation permitting unrestricted observation at all times for patients with complex needs e.g. those at risk of fits or self harm.
Health promotion and Harm minimisation To provide information and education on substance misuse and harm minimisation	Information and education will include: · The risks of drug use and injecting, particularly in custody · The dangers of using following a period of abstinence · Basic first aid and safety measures, particularly in the event of an overdose · The effects of drugs including alcohol and how to control misuse, especially for YOs
Urine tests As part of good practice medically confidential urine tests for prescribed and non-prescribed medication will be part of assessment and treatment plans.	Results of urine tests will be recorded in IMR · first test to be taken result in IMR prior to starting a detoxification regime and recorded

2. CLINICAL SERVICES FOR SUBSTANCE MISUSERS: GENERAL PRINCIPLES

Continuing care and Throughcare	
Health care staff will be involved in forging effective relationships with CARATs drug workers and community drug workers, including NHS to promote arrangements for continuing care and to identify barriers to successful throughcare.	Health care staff will prepare written guidelines, where relevant, on arrangements for effective continuity of care and exchange of information, in light of professional guidelines will include: · in-patient care plan · discharge plans from health care centre, wings, other prisons, NHS hospitals and the community · for patients who wish, information/ assistance made for registration with a GP on release

3. CLINICAL MANAGEMENT OF OPIATE MISUSERS

Objective
To provide effective evidence based management in line with DH guidelines (1999) for all patients who misuse opiates.

<table>
<tr><th>MANDATORY ACTIONS</th><th>MANDATORY TASK LIST</th></tr>
<tr><td>Each prison will have a detoxification service for opiate misusers, developed in conjunction with local NHS consultant using evidence-based guidelines in line with those of DH (1999).</td><td>Evidence based clinical guidelines for practice will be developed in conjunction with NHS local specialist, if available, and will include:
· assessment, including signs, symptoms of drug misuse evidence of opiate withdrawal and indications for a mental health assessment
· corroboration of information from GP, local substance misuse service or dispensing pharmacist
· urine testing
· result of urine test to be placed in IMR
· the importance of prisoners understanding the need to provide correct information and the potentially life threatening risk of concurrent illicit drug use during detoxification
· detoxification guidelines for one or all of the following:
Ø Methadone
Ø Lofexidine
Ø Dihydrocodeine
· observation by trained and experienced staff, especially in the first 72 hours of treatment, recorded on documentation kept with prescription chart/IMR to permit the recording of regular observations
· If it is not possible for detoxification to be undertaken exclusively in HCC, a protocol for sharing information, having obtained prisoners informed consent, with wing staff must be in place.
· Staff training
· Availability and guidelines for use of Naloxone in the event of the opiate overdose.
· Requirements for transfer to hospital in the event of overdose.
· Guidelines for the management of those not manifesting withdrawal symptoms

Referral to CARATs</td></tr>
</table>

MANDATORY ACTIONS	MANDATORY TASK LIST
Prisons will have evidence based guidelines on maintenance prescription in line with DH guidelines (1999), including the management of abstinence.	Written guidelines on maintenance prescribing will include: · **Criteria for inclusion**: Ø maintenance for those on remand or with a short sentence, who have been maintained on methadone in the community and evidence if engaged in community treatment programme and who do not have evidence of using other drugs in addition. Ø pregnant women Ø HIV +ve and terminally ill who are on methadone maintenance · **evidence of verification of information** with GP, dispensing pharmacist, local drugs agencies · **the setting of programme** · **length of prescription** · **method of administration of methadone** · **urine testing** · **regularity and nature of review** · **management of coexisting mental & physical problems** · **appropriate recording in IMR** and treatment card · **clinical audit** · **patient information leaflets** · **written guidelines for the use of Naltrexone,** as a relapse prevention management, including induction, managed with NHS specialist · maintenance of naltrexone if admitted on naltrexone · **management and support**
New Evidence As new evidence becomes available on the chemical management of detoxification or abstinence, treatment guidelines should be developed in line with those available in the NHS, in conjunction with an NHS specialist in substance misuse.	
Pregnant substance misusers	Guidelines on the management of pregnant women or those thought to be pregnant and dependent will be developed in conjunction with NHS consultants in obstetrics and substance misuse.

4. MANAGEMENT OF BENZODIAZEPINE MISUSERS

Objective

To provide clinically appropriate service for the withdrawal of benzodiazepine in those who are dependent.

MANDATORY ACTIONS	MANDATORY TASK LIST
Each prison will have a service for management of benzodiazepine withdrawal for those who are dependent.	Guidelines for the management of withdrawal of benzodiazepines to be prepared in conjunction with local NHS Substance Misuse specialist in line with DH guidelines (1999) to include: · identification on reception and clinical assessment including, signs and symptoms of benzodiazepine withdrawal · the need to obtain information from community services · confirmatory urine test · management guidelines, in line with those recommended by NHS

5. MANAGEMENT OF ALCOHOL MISUSERS

Objective

To provide an effective evidence based detoxification regime for the prevention or control of an alcohol withdrawal state prepared in consultation with local NHS Substance Misuse specialist, where available, in line with DH guidelines (1999).

MANDATORY ACTIONS	MANDATORY TASK LIST
Each prison will have a service for management of alcohol misusers using evidence based detoxification regime.	Written evidence based guidelines for the prevention and treatment of alcohol withdrawal to include: · identification during reception screening of those who are alcohol dependent and or at risk of developing alcohol withdrawal symptoms · for those exhibiting signs of alcohol withdrawal in reception an immediate dose of medication be given according to guidelines, · treatment regime to include vitamin supplements · adequate recording in IMR and treatment cards · treatment managed and supervised, where possible in health care centre by trained and experience staff · frequency and nature of physical observations · guidelines for admission to health care centre · guidelines for immediate referral to NHS · Provision of health education information on the effects of alcohol and how to control its misuse, especially for YOs · Referral to AA and other relapse prevention programmes.

6. MANAGEMENT OF MISUSERS OF STIMULANTS, INCLUDING COCAINE, CRACK, AMPHETAMINES

Objective

To provide treatment for symptoms associated withdrawal for patients who have misused stimulants

MANDATORY ACTIONS	MANDATORY TASK LIST
Management Management guidelines for users of stimulants, to include identification in reception, referral to CARATs, identification of those vulnerable to significant psychological symptoms anxiety, depression, self harming or suicidal symptoms and arrangements for referral back to health care for their management, if appropriate.	Written guidelines will include: · Assessment, including signs, symptoms of stimulant withdrawal · Indications for a mental health assessment · CARATS referral procedure · Referral back to health care of patients who require management of symptoms of withdrawal, including anxiety, depression, self harming or suicidal behaviour or ideation · Maintenance of amphetamine prescription for those prescribed for a medical condition e.g. ADHD, narcolepsy.
New Evidence As new evidence becomes available on the chemical management of detoxification or abstinence, treatment guidelines should be developed in line with those available in the NHS, in conjunction with an NHS specialist in substance misuse	· As new evidence becomes available on the chemical management of detoxification or abstinence relapse guidelines will be developed according to NHS guidelines in conjunction with NHS specialist

7. MANAGEMENT OF MISUSERS OF OTHER SUBSTANCES, E.G. LSD, CANNABIS AND SOLVENTS

Objective

To provide clinical treatment, if required, for those who misuse the substances listed above.

MANDATORY ACTIONS	MANDATORY TASK LIST
Management To identify during reception and refer to CARATs drug workers, those who have significantly misused LSD, cannabis, solvents etc. and health care management of any associated physical or psychological symptoms	Written guidelines will include: · Assessment, including signs, symptoms of usage and drug withdrawal · Indications for mental health assessment · CARATS referral procedure where appropriate · Where appropriate referral back to health care those requiring management of associated symptoms of withdrawal especially depression, self-harming or suicidal behaviour.

8. PRESCRIBING, DISPENSING, ADMINISTERING FOR SUBSTANCE MISUSERS

Objective

The prescribing, depending and administration of controlled drugs will be in line with *The Medicines Act* and *the Misuse of Drugs Act 1971*

MANDATORY ACTIONS	MANDATORY TASK LIST
The responsibility of the prescribing doctor Prescriptions must be written in accordance with the Medicines Act and, where appropriate, the Controlled Drugs Act	The doctor must complete prescription charts clearly with Controlled Drugs written in capitals and dosage in words.
The responsibility of dispensing pharmacist The supply, storage and dispensing of controlled drugs in line with the Misuse of drugs Act and the Medicines Act.	The pharmacist must ensure the following: · the correct storage of ward and treatment stocks in the presence of senior nurse · maintenance of register of signatures of all staff who prescribe or request controlled drugs · a controlled drug register in pharmacy · a secure cupboard
Responsibility of nurses and health care officers Nurses and heath care officers will administer drugs safely in accordance with UKCC policy.	· The senior nurse will be responsible for the maintenance of the controlled drugs registers in the ward or treatment rooms which should be checked by senior nurse and pharmacist jointly. · Contents of the controlled drugs cupboard to be checked at each shift · All treatment cards will have a photograph of the inmate undergoing treatment · Administration and consumption of controlled drug and other drugs subject to misuse within prison must be directly observed.

9. RELATIONSHIP WITH OTHER PARTS OF THE PRISON SUBSTANCE MISUSE SERVICE AND STRATEGY, INCLUDING CARATs DRUG WORKERS

Objective

Health care staff will work with others in the prison, including CARATs workers to maximise health gain for inmates identified as substance misusers.

MANDATORY ACTIONS	MANDATORY TASK LIST
Each health care centre to have direct involvement in the prison's drug strategy and work closely with CARATs staff, referring patients, sharing information between services, as appropriate, whilst ensuring the maintenance of medical confidentiality in line with professional standards.	Written guidelines drawn up by Head of Health Care will outline and ensure health care's involvement in the prison's drug strategy including: · Health care representation on prison drug strategy group · Collaboration with and referral to CARATs staff sharing relevant information where appropriate.
Assessment Establish criteria for other workers, including CARATs workers to refer substance misusers to health care service and vice versa	Guidelines agreed jointly with health care staff, CARATs and local drug specialists, including the need to refer to health care those with: · a risk of self harm and or suicide · significant mental health symptoms: · anxiety, depression, paranoia, suicidal thinking and risk-taking behaviour · any withdrawal symptoms
Care plan CARATs care plan will include, where appropriate, participation by health care.	