



**Practice
Plus
Group**

Health in Justice – Substance misuse policy

Controlled document

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1. Introduction

- 1.1. Substance misuse is highly prevalent in prisoners and in many cases contributes to offending behaviours. Chaotic drug use is particularly seen in prisoners entering prison on remand and this represents a significant period of risk to the individual.
- 1.2. Practice Plus Group provides substance misuse services in multiple prisons across the country encompassing all types of establishment. Practice Plus Group also works with subcontracted partners in many sites who provide psychosocial services to support prisoners to recover from substance misuse and addiction.
- 1.3. Whilst there are national guidelines supporting the management of substance misuse these need to be adapted in order to meet local need and resources. The purpose of this document is to define the culture and values that underpin our substance misuse services and provide a minimum standard. Local protocols will need to be developed that sit alongside this National Policy document.

2. Aims

- 2.1. The integrated substance misuse service (ISMS) aims to provide comprehensive and safe assessment, stabilisation, detoxification, recovery orientated psychosocial treatment, aftercare and through the gate service
- 2.2. The ISMS aims to contribute to the wider prison community by engagement with the drug strategy, safer custody and other prison led meetings as appropriate as well as contribute to ACCT reviews and case management meetings as required
- 2.3. The ISMS aims to be a core part of the healthcare Multi-Professional Complex Case Clinics (MPCCC) contributing to the wider management of complex patients
- 2.4. The ISMS aims to support prisoners, healthcare teams and prison partners in the management of all forms of substance misuse, including prescription drug misuse and psychoactive substances as well as more traditional street drugs and alcohol

3. Underpinning values

- 3.1. Practice Plus Group's wellbeing approach aims to promote patient centred care which works with individuals to identify their needs and goals across 5 domains including substance misuse, mental health, physical health, relationships and resettlement/reducing reoffending.

- 3.2. Substance misuse needs should be considered alongside other needs in the initial wellbeing wheel assessment and form part of the wellbeing care plan which is developed in partnership with the individual, whether prescribing is required or not.
- 3.3. Individual needs should be considered in each consultation, leading to the development of bespoke care plans rather than following rigid and inflexible management plans
- 3.4. Partnership working is essential in ensuring that care is effectively coordinated around the needs of the individual and to avoid splitting of teams, particularly when managing complex patients. Partnerships include:
- Integration between Clinical and Psychosocial teams
 - Integration between ISMS and Mental Health teams
 - Working with primary care to ensure good physical healthcare of those with substance misuse issues (health checks, BBV screening and management, long term condition care)
 - Actively participating in the MPCCC
 - Working with offender managers and programmes to support rehabilitation
 - Working with CRCs, through the gate services and community providers to ensure safe transition from prison to community
- 3.5. Substance misuse is not only the responsibility of the ISMS team and all staff should have an enhanced awareness of the presentation of substance misuse and knowledge of initial management and referral pathways. It is expected that all clinical staff working with prisoners will be trained to RCGP level 1 or equivalent, as a minimum.

4. Polypharmacy

- 4.1. Substance misuse in prisons is often complex with patients using multiple medications including prescribed medication and new psychoactive substances (see Psychoactive Substances Strategy). The ISMS team will need to work with individual patients to determine their priorities and agree SMART goals for reducing drug use.
- 4.2. The ISMS will work with all other teams providing healthcare to ensure that patient's needs are met regardless of the drug(s) they are currently using, and support prescribers in making decisions regarding the use of psychoactive medications in patients with a history of substance misuse. This includes engagement with the MPCCC
- 4.3. The ISMS will support prisoners in detoxing from multiple medications and determine appropriate sequencing of prescribing and reductions. Normally it would be expected that patients detox from one substance at a time.

5. Governance and Quality Assurance

- 5.1. ISMS services will report outcomes via the NDTMS dataset as required by commissioners
- 5.2. Internal Practice Plus Group Quality measures to ensure safety and effectiveness of ISMS services will develop over time and services will be benchmarked against similar establishments to support reflection on clinical practice and sharing of best practice
- 5.3. All ISMS services are expected to engage service users in the development of services via appropriate methodologies for their site. These may include surveys, patient forums, patient reps or peer mentors.
- 5.4. All ISMS staff, regardless of whether employed or subcontracted staff, are expected to use the Datix incident reporting system to alert management of incidents and issues. All staff are expected to contribute to and cooperate with any investigations into incidents
- 5.5. ISMS teams are expected to attend and participate in local integrated Quality Assurance meeting to examine outcomes, ensure lessons are learned and promote continuous quality improvement
- 5.6. Regional substance misuse quality assurance meetings may be arranged to support cluster learning and sharing of good practice
- 5.7. ISMS services may be subject to internal Practice Plus Group quality assurance visits periodically
- 5.8. ISMS services are expected to contribute to and cooperate with all inspections including CQC and NHSE Quality Visits

6. Responsibility

- 6.1. The Head of Healthcare/Service Manager (CQC registered manager) is responsible for ensuring this policy is disseminated, understood, signed off and used appropriately.
- 6.2. The Head of Healthcare/Service Manager will be responsible ensuring appropriate data is collected from the service. Analysis from this data will be presented at the local, regional and national Quality Assurance meetings along with any relevant action plans for monitoring.
- 6.3. The head of healthcare should ensure that there is appropriate ISMS attendance at all MPCCC meetings and that information is shared appropriately.
- 6.4. The head of healthcare should ensure that the ISMS is working in an integrated manner with other healthcare teams and prison structures
- 6.5. The head of healthcare should ensure that local operating policies are completed on the template provided and are in line with the overarching principles and values

7. Implementation

- 7.1. The Head of Healthcare/Service Manager will ensure that documentation relating to any previous policy is removed and replaced with the current version.
- 7.2. All healthcare staff should be facilitated to attend RCGP 1 training. All prescribers within the ISMS service should have, or be working towards RCGP 2 or equivalent.
- 7.3. The policy should be discussed in relevant local meetings and be available to all Healthcare Staff.

8. References and Further Reading

- 8.1. Practice Plus Group In Possession Policy 2016
- 8.2. Practice Plus Group NPS Strategy 2017
- 8.3. Practice Plus Group Safer Prescribing Strategy 2017
- 8.4. Practice Plus Group Local Operating Policies 2017
- 8.5. Drug misuse and dependence: UK guidelines on clinical management (updated) 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
- 8.6. NICE Guidelines for the Management of Substance Misuse (Various)
<https://www.nice.org.uk/guidance/health-protection/drug-misuse>
- 8.7. NICE Guidelines for Alcohol Use Disorders
<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/alcohol-use-disorders>
- 8.8. Clinical Management of Drug Dependence in the Adult Prison Setting including Psychosocial Treatment as a Core Part (2006)
<http://www.dldocs.stir.ac.uk/documents/adultprisons.pdf>
- 8.9. Prison Drugs Strategy 2019
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792125/prison-drugs-strategy.pdf

- 8.10. Professional Standards for Optimising Medicines for people in Secure Environments (2017)
<https://www.rpharms.com/resources/professional-standards/optimising-medicines-in-secure-environments>
- 8.11. New psychoactive substances or 'legal highs': toolkit for prison staff 2017
<https://www.gov.uk/government/publications/new-psychoactive-substances-toolkit-prison-staff>
- 8.12. Guidance on Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances. NEPTUNE 2015 <http://neptune-clinical-guidance.co.uk/wp-content/uploads/2015/03/NEPTUNE-Guidance-March-2015.pdf>