

**2018**

**THE LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**GOVERNMENT RESPONSE TO THE  
HEALTH SERVICES COMMISSIONERS  
REVIEW OF THE OPIOID REPLACEMENT TREATMENT (ORT) PROGRAM AT THE  
ALEXANDER MACONOCHIE CENTRE (AMC)**

**Presented by  
Shane Rattenbury MLA  
Minister for Mental Health  
23 August 2018**



## BACKGROUND

In February 2017, the Health Services Commissioner advised the ACT Government that she would conduct a commission-initiated consideration of matters relating to delivery of health services within the Alexander Maconochie Centre (AMC), including matters associated with methadone prescription in response to Recommendation 7 of the Moss Review.

On 9 March 2018, the Health Services Commissioner, Ms Karen Toohey, publically released the report on the Review Opioid Replacement Treatment Program at the AMC.

As part of the review process, the Commission visited the AMC on 28 March 2017 and again on 4 April 2017. These visits were supported by both ACT Health and Justice and Community Safety (JACS) Directorates.

During these visits the Commission observed medication administration by nurses, including the new electronic Methadone administration system, idose™. The Commission also had the opportunity of interviewing detainees and staff and also reviewed health records.

The Commission requested and was provided with various documents from ACT Health and JACS relating to opioid replacement therapy/methadone, primary health care services and mental health services.

The report focuses on a number of aspects of the ORT program, including:

- The role of ORT in the prison context.
- Assessment and prescription practice in the ORT program.
- Induction onto methadone.
- Dosing practice.
- Managing the risk of diversion of methadone; and
- Through care and transition to ORT in the community.

The report contains 16 recommendations

- 10 relate specifically to ACT Health,
- 2 relate specifically to ACT Correctives Services, and
- 4 are joint recommendations for ACT Health and ACT Corrective Services.

## GOVERNMENT RESPONSE TO RECOMMENDATIONS IN THE HEALTH SERVICES COMMISSIONERS REPORT

The Government welcomes the Report and Recommendations from the Health Services Commissioner, which satisfies Recommendation 7 of the Moss Review which stated:

*“That the Health Services Commissioner (of the ACT Human Rights Commission) conduct an own-motion investigation into the prescription of methadone to detainees at the AMC”*

The ACT Government responded to the Moss Review on 16 February 2016, agreeing to eight of the nine recommendations. These recommendations relate to how the management, care and supervision arrangements for detainees might be improved. They include processes that can be further developed to ensure the care of detainees is enhanced. The ninth Recommendation was noted as it relates to the Health Service Commissioner, who is an independent statutory office holder.

A Ministerial Statement and Annual Report detailing the progress of implementation of the Moss Review was provided to the Legislative Assembly on 20 February 2018.

The Government also acknowledges the recent findings of the Coroner with respect to the Inquest into the death in custody of Steven Freeman at the AMC.

The death of Steven Freeman was a tragedy. No one ever intends for something like this to happen – Health and Corrections staff are dedicated to providing health care and strive to deliver the best care possible which can occur at the most vulnerable time of a person’s life.

Any loss of life within the custody of ACT Corrective Services is a serious matter that warrants appropriate scrutiny and review. ACT Health and ACT Corrective Services are always seeking to improve the care that is provided within the AMC, so welcome this report and its recommendations.

The ACT Government also acknowledges the remarkable resilience and strong advocacy for change by Mrs Narelle King following the death of her son. I have met with Mr Freeman’s family on a number of occasions and recognise the loss and grief suffered by her and her family. The advocacy of Mrs King and Ms Julie Tongs, OAM, has in part helped contribute to this report and its recommendations.

## **Recommendation 1**

That Justice Health Services improve its process for assessment of eligibility for the ORT program at the AMC by:

- a) Requiring relevant collateral information to be obtained to assist to verify information provided by detainees, where there is not clear objective evidence of opioid dependence.
- b) Encouraging prescribing doctors to make use of confidential urine screening where appropriate to provide additional support for decision making.
- c) Requiring prescribing doctors to refer matters to the ORT Clinical Meeting for review where there is a lack of objective evidence to corroborate information provided by the detainee regarding opioid use and dependency.
- d) Ensuring that the ORT Clinical Meeting is conducted as envisaged by the Methadone Management Review Report and that all parties are invited to attend each meeting, including an addiction medicine specialist from the Wruwallin Clinic, and a representative from Justice Health Forensic Mental Health Services.
- e) Capturing accurate data of outcomes of all applications in relation to ORT to allow appropriate benchmarking against practice in the community and in other jurisdictions.

Government Response: **Agreed**

Justice Health Services acknowledges the benefits of improving its process for assessment of eligibility for the ORT program at the AMC. In response, a number of significant improvements have been made to the ORT at AMC since the death of Mr Freeman.

New policies and procedures are now in place that require, amongst other things:

- collateral information to be sought from ACTCS and other health services involved with the detainees care;
- urine screening to be considered by the medical officers when inducting a detainee into the ORT program;
- challenging cases to be discussed at the multidisciplinary Clinical Meeting before a detainee is inducted onto the ORT program;
- input is sought from the specialist Addiction Medicine Physicians and mental health clinicians within ACT Health; and
- auditing and benchmarking of ORT services provided at the AMC has commenced.

Timeframe: **Completed**

## **Recommendation 2**

That Justice Health ensures that an individual care plan is prepared for all vulnerable detainees being inducted onto the ORT program, as required by the ACT Guidelines, including Aboriginal and Torres Strait Islander detainees.

Government Response: **Agreed**

Justice Health Services acknowledges the benefits of ensuring individual care plans are prepared for all vulnerable detainees being inducted onto the ORT program. The process of documenting individual care plans for all detainees on ORT at the AMC is now usual practice.

ACT Health will audit compliance against this recommendation over the next 6 months to ensure that care plans continue to be developed for all detainees on the ORT.

Timeframe: **December 2018**

## **Recommendation 3**

That all Aboriginal and Torres Strait Islander detainees be offered annual Aboriginal Health Assessments, and that ACT Health continue to seek an exemption to allow a Medicare rebate for these assessments occurring at the AMC. In the meantime, funding for these assessments should be considered in arrangements made between ACT Health and Winnunga Nimmityjah Aboriginal Health Service to implement recommendation 5 of the Moss Report.

Government Response: **Agreed-in-principle**

The Aboriginal Health Assessment is a specific federal Government initiative that is available and funded for Aboriginal and Torres Strait Islander people in the community. Unfortunately to date, Aboriginal and Torres Strait Islander people in custody are not eligible under Medicare.

However this fact has not stopped health assessments being undertaken and or appropriate care being provided to Aboriginal and Torres Strait Islander detainees at AMC.

Furthermore, ACT Health is working with the federal Health Minister regarding the exemption to allow for Medicare rebate for annual Aboriginal Health Assessments for Aboriginal and Torres Strait Islander people in detention.

The Moss Review also recognised the significant proportion of Aboriginal and Torres Strait Islander detainees at the AMC and concluded there is a need to better integrate Winnunga Nimmityjah Aboriginal Health and Community Service to provide a holistic approach to health care at the AMC in a culturally safe way. In support of Recommendation 5 of the Moss Review, ACT Health and ACT Corrective Services have been working collaboratively with Winnunga to develop and agree to a best practice model of Aboriginal and Torres Strait Islander Health Service Delivery at the AMC.

Timeframe: **No set timeframe. Linked to the implementation of Recommendation 5 of the Moss Review.**

#### **Recommendation 4**

That ACT Health establish a process for a periodic file review (at least once each year) of Hume Health Centre ORT assessment decisions, to be conducted by addiction medicine specialists from the Wruwallin clinic, to assist in maintaining consistency, appropriate record keeping and equivalence with assessment practice in the community.

Government Response: **Agreed**

ACT Health acknowledges the benefits of conducting periodic file review of ORT assessment decisions at the AMC. A process for periodic reviews is currently being developed, with the first file audit to be undertaken within the next 6 months.

The implementation of Mental Health, Alcohol and Drug Services Justice Health, Integrated Care eRecord (MAJICeR) across the Mental Health, Justice Health and Alcohol and Drug Services will enable this to occur. Medical staff working at AMC attend the Treatment of Opioid Dependence Training and Refresher Course for GP's, Pharmacists and Health Professionals. This is organised by the Alcohol and Drug Services Clinical Director and Canberra Hospital Pharmacy and completion of the course comes with certification.

Timeframe: **December 2018**

#### **Recommendation 5**

That Justice Health staff provide training to Corrective Services staff to observe signs of intoxication and overdose.

Government Response: **Agreed**

Justice Health and ACTCS both acknowledge the importance of ensuring corrections officers working at the AMC are appropriately trained to support the health care outcomes of detainees, and provide timely advice to health care professionals.

A Health Notification form is completed by Justice Health Services and provided to ACTCS to notify of a detainee's commencement on ORT, and includes signs and symptoms to observe for signs of intoxication and overdose.

ACTCS and ACT Health are currently developing a sustainable training and education program for corrections officers to attend so that they have the necessary skills to help identify if a detainee is intoxicated or overdosing.

Timeframe: **December 2018**

### **Recommendation 6**

That ACT Health and Corrective Services make arrangements for Naloxone to be available at the AMC and ensure that it is able to be administered in an emergency situation, including an emergency occurring after-hours.

Government Response: **Agreed in principle**

ACT Health and Corrective Services both acknowledge the benefits of naloxone in response to emergency situations to prevent the loss of life and agree with the intention of this recommendation.

Naloxone is currently available at the AMC and is administered by medical staff only. When an emergency situation such as a suspected overdose is detected at the AMC, ACTCS contact medical staff to attend as soon as possible. All Corrections Officers have a duty of care to provide first aid until medical staff arrive. The Code Pink policy is followed for all emergency situations, and if an emergency occurs after hours, ACT Ambulance Service is called to transport the detainee to Canberra Hospital.

In order for naloxone to be available over a 24 hour period at the AMC, processes, logistics and budget will need to be evaluated prior to any implementation. This recommendation will need to be implemented collaboratively between ACT Health and ACTCS.

Timeframe: **July 2019**

### **Recommendation 7**

That Justice Health provide readily available, accessible information to detainees about signs of intoxication and overdose to enable detainees to identify and assist other detainees in emergency situations.

Government Response: **Agreed**

Justice Health acknowledges the benefits of providing readily available, accessible information to all detainees about signs of intoxication and overdose to enable detainees to identify and assist other detainees in emergency situations. Detainees are advised to contact a Corrections Officer or medical staff immediately in an emergency.

On induction onto the ORT program information is provided to detainees as part of the assessment which includes normal side effects and adverse side effects and how to notify ACTCS or ACT Health staff immediately when experiencing any adverse side effects.

The same process occurs when a detainee is commenced on other medications.

When a detainee is inducted onto the methadone program, ACT Health provides a Health Notification Form to Corrective Services, which outlines signs and symptoms to look for.

Upon release from the AMC, sentenced clients are provided with information on the Alcohol and Drug Services dosing location on the Canberra Hospital Campus including the opening hours, and a map of where ADS is located.

Timeframe: **Completed**

## **Recommendation 8**

That Corrective Services routinely share information with Justice Health Services regarding the detection of illicit drug use or relevant contraband held by a detainee on the ORT program, to allow Justice Health to monitor and review dosing, and to educate detainees about risks of combining illicit drugs and prescribed methadone.

Government Response: **Agreed**

An Information Sharing Schedule between ACT Health and ACTCS was signed by the Executive Directors of ACT Corrective Services and Mental Health, Justice Health and Alcohol and Drug Services on 20 November 2017. This is the first schedule of a high-level 'Arrangement for the provision of health services for detainees' that was signed by Directors-General of JACS and Health on 14 August 2017.

In support of the Arrangement, Justice Health are now embedded into the leadership team at the AMC. Justice Health are also represented on the weekly AMC management team meeting and the monthly Senior Management Team and Security Committee meetings. Information around illicit drug use is communicated to all parties in these forums.

The Alcohol and Drug Nurse is able to access the ACTCS Urine Drug Screening information when undertaking a comprehensive drug and alcohol assessment

Timeframe: **Completed**

## Recommendation 9

ACT Health ensure that:

- a) As far as possible, idose™ is used for all methadone dosing at the AMC to address risks of identification errors, and that ACT Health and Corrective Services work together to upgrade dosing areas to allow idose™ machines to be installed or used in each area where methadone dosing occurs.
- b) Additional procedural safeguards are immediately developed and implemented within Justice Health to ensure safety and accuracy of dosing in situations where the idose™ machine is not operable and methadone is required to be dispensed manually.
- c) The Clinical Procedure for Opioid Replacement Treatment is amended to include a requirement to inform Corrective Services immediately of any detainee overdose, to ensure that the detainee can be adequately monitored and supported.

Government Response: **Agreed**

Justice Health, with the support of ACTCS, are working to ensure that the full potential of the idose™ system can be realised within AMC.

In August 2017, the new technological system for methadone dispensing (idose™) went live in the AMC. idose™ uses iris scanning, a form of biometric technology, to accurately identify people. idose™ is monitored, recorded and controlled according to ACT Government regulations.

The idose™ system used at the AMC is networked with idose™ at ADS in Building 7 at the Canberra Hospital, which enables continuity of care for those clients who are released from the AMC onto a methadone maintenance program at ADS.

Additional idose™ stations to those implemented in 2017 will be purchased and installed into the AMC over a 12 month timeframe.

Improvements have already been made to Justice Health operating procedures for times when manual dosing is required if the system is not operable due to ICT failure, system malfunction or where idose™ is not installed. An internal project post implementation evaluation is currently underway to fine tune both the idose™ hardware and software to further reduce the risk of dosing errors.

The Information Sharing Schedule to the Arrangement for the delivery of health services at the AMC, is a further mechanism for ACT Health and ACTCS to share information such as medication errors, including overdoses.

Timeframe: **Completed**

## **Recommendation 10**

That Corrective Services immediately implement the procedures for prevention of diversion of methadone stipulated in the *Corrections Management (Management of Medication) Procedure 2011*.

Government Response: **Agreed**

ACTCS have notified a new publicly available *Corrections Management (Management of Medication) Procedure* on 29 January 2018 to stipulate the duties of custodial staff to ensure methadone is not being diverted.

The procedure outlines the steps taken by custodial staff in order to support medication rounds, including observing detainees being dosed with methadone and specific steps to prevent diversion, including searches, mouth checks and temporary quarantine as required.

The ACT Government has allocated funding of \$8.8 million over the next three and a half years for security-related matters at the AMC, including ongoing work to combat the introduction of contraband and the use of illicit drugs within the AMC. The funding will enable the creation of a dedicated intelligence unit to proactively manage threats to security including contraband, organised crime and violent extremism.

Additional senior staff at the AMC will be employed to manage security, accommodation and detainee services, including dedicated resources to support female and indigenous detainees.

Timeframe: **Completed**

## **Recommendation 11**

That Corrective Services provide staff with refresher training regarding policy and procedures for searching and observation of detainees who are dosed with methadone.

Government Response: **Agreed**

In line with recommendation 10, all ACTCS staff have been briefed appropriately with regard to the policy and procedure related to the searching and observation of detainees who are dosed with methadone. In addition, line managers continue to oversee this process and ensure staff comply with the requirements of the policy and procedures.

Timeframe: **Completed**

## **Recommendation 12**

That Justice Health revise its Clinical Procedure for ORT to provide further guidance to clinicians about considerations for involuntary withdrawal, consistent with practices in the community, including detainee rights to procedural fairness and humane treatment.

Government Response: **Agreed**

The 2017 Justice Health Services ORT Clinical Procedures include detail on involuntary withdrawal from the ORT program. Additionally staff can access further guidance provided in the National Guidelines.

The practice of involuntary withdrawal from the ORT program in the AMC is consistent with the practice in the community.

Timeframe: **Completed**

## **Recommendation 13**

That ACT Health establish systems to accurately track and monitor the percentage of detainees inducted onto methadone at the AMC who continue methadone treatment in the ACT community after their release, both in the short term and longer term.

Government Response: **Agreed**

ACT Health acknowledges the benefits of being able to accurately track and monitor the percentage of detainees inducted onto methadone at the AMC who continue methadone treatment in the ACT community after their release, both in the short term and longer term.

The idose™ systems at both the AMC and ADS, are linked and capture data that enables the tracking and monitoring of detainees who continue to dose at Building 7 upon release.

Further improvements in tracking a person's continuation on the ORT program over the post release period will be enabled through the implementation of the Drugs and Poisons Information System (DAPIS) and DAPIS Online Remote Access (DORA).

The DAPIS currently contains approval information for detainees on ORT within AMC. DAPIS also contains approval information for detainee only if they seek ORT from a prescriber on release. DAPIS does not currently collect ORT dosing information.

The DORA is currently under development and is due for release in early 2019. The *Poisons and Therapeutic Goods Amendment Bill 2018* which was passed on 7 June 2018, amends the previous 2008 Act and the *Medicines, Poisons and Therapeutic Goods Regulation 2008* to allow a monitored medicines database to be established in the ACT.

Timeframe: **Completed**

## **Recommendation 14**

That ACT Health increase support and aftercare for detainees to continue to access methadone in the community to address the apparently high level of detainees who discontinue ORT on release.

Government Response: **Agreed**

When a sentenced detainee (planned release) goes to Building 7 to dose upon release, they can be assigned a key worker who will work with the detainee regarding continuation on the ORT, including linkage with the Aboriginal Liaison Officer where appropriate and monthly medical reviews.

Newly released detainees are recognised as high priority and are dosed on AMC scripts for up to 1 month to ensure timely continuity of care. New released detainees have priority access due to the high risk of relapse post release.

JHS is notified in advance of the release date of a sentenced detainee and the JHS Alcohol and Drug Nurse notifies Alcohol and Drug Services of the client's release, and places relevant documentation on the electronic clinical record system MAJICeR.

With the implementation of idose™ at AMC, dosing history can now be tracked by Alcohol and Drug Services at Building 7. When a client agrees to participate in ORT, they agree to be responsible for complying with the requirements of the program including dosing regularly. JHS supports a client to continue on the program by reviewing the client before release (if the release date is known) and providing information on the location and business hours of Alcohol and Drug Services.

ACTCS Extended Throughcare Program covers the period from three months pre-release to 12 months post-release and includes a single point of service coordination, client-centric case management, services responsive to offenders' needs, and established links with providers prior to release.

The program assists clients to overcome barriers surrounding detainee re-entry, through combining reintegration planning with rehabilitation needs. This supports detainees to have access to targeted supports and interventions, including access to health care service providers.

In 2017, the program was afforded a further four years of funding, enabling the program to function as part of routine ACTCS business.

Timeframe: **Completed**

## Recommendation 15

That ACT Health consider a pilot program for detainees who are stable on methadone at the AMC to transition directly to dosing at a community pharmacy rather than Building 7 to address reported barriers of distance and unwanted associations.

Government Response: **Noted**

Opioid maintenance treatment is structured as follows:

- Tier 1: The person's prescriber for pharmacotherapy is an Alcohol and Drug Services (ADS) medical officer; they are required to access pharmacotherapy at the ADS Opioid Treatment Service (OTS) at Building 7 Canberra Hospital (TCH), or AMC;
- Tier 1a: The person is prescribed pharmacotherapy by a GP in the community and dose at the OTS Building 7 TCH;
- Tier 2: The person's prescriber for pharmacotherapy is an ADS medical officer; the person accesses pharmacotherapy through community pharmacies.
- Tier 3: The person is prescribed pharmacotherapy by a GP in the community and dose at a community pharmacy.

ACT Health has considered this recommendation and noted it, however clinically transferring a detainee from one Tier 1 dosing location to another Tier 1 dosing location is safest clinically and provides further supports to a person during this period of high risk for relapse. The Opioid Treatment Service provide ongoing support to transition them to Tier 3, as clinically appropriate.

Clinically transferring a detainee from one Tier 1 dosing location (AMC) to another Tier 1 location (Building 7) provides more support through continued engagement with a key worker, support from the Aboriginal Liaison Officer where appropriate and medical reviews post release, compared with moving directly to a Tier 3 location (community prescriber and pharmacy).

The first 3 months of release from prison are considered a period of high risk for relapse. The additional support of the services that are available through our Opioid Treatment Service (located in Building 7 at Canberra Hospital) can further assist the person to maintain their stability on methadone when back in the community.

The process for transfers from ADS to the community includes the following:

- The client completes an application form and their request is discussed with their treating doctor. This process is facilitated by the OTS nursing staff
- If considered suitable the OTS nursing staff will contact the relevant community pharmacy to ensure they have capacity to take on a new client
- The client will have a 'meet and greet' with this pharmacy

- The client can then be transferred to pharmacy when they are ready. This can be achieved within a day or weeks depending on when the client can afford the subsidised payment. There is a clinical handover process between the OTS nurses and community pharmacies.

Timeframe: **Complete**

### **Recommendation 16**

That the Justice and Community Safety Directorate, Corrective Services and ACT Health undertake further work to progress the implementation of the ACT Government policy of a needle syringe program in the AMC, consistent with services available in the ACT community, to reduce risks of blood borne virus transmission.

Government Response: **Agreed in Principle**

This recommendation is agreed in principle, however it is not achievable at the moment. In September 2016, ACT Corrective Service Officers voted overwhelmingly against the introduction of a Needle and Syringe Program (NSP) at the AMC. The process for considering the NSP was set out in the former Justice and Community Safety Directorate's Enterprise Agreement 2011-2013 and in a subsequent Deed of Agreement between the ACT Government and Community and Public Sector Union. The current Enterprise Agreement expired on 30 June 2017. Negotiations for the agreement are underway and progress on the NSP is subject to the EBA.

ACTCS in consultation with ACT Health have developing a drug strategy to address alcohol and other drug issues and the transmission of blood borne viruses at the AMC. The strategy will focus on harm minimisation in a correctional setting, including activities to support demand reduction, supply reduction and harm reduction. This strategy will align with national and ACT drug policy frameworks and is anticipated to be finalised late 2018.

Upon release, sentenced clients are provided with information regarding community NSP locations.

Timeframe: **No set timeframe as work is on-going**