Supporting Information

Supplementary material

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: FitzGerald G, Chan J, Cook J, et al. The Management of Withdrawal From Alcohol and Other Drugs in Australian Custodial Settings: A Consensus Statement. *Med J Aust* 2026; doi: 10.5694/mja2.70225.

Consensus statement expert panel

The expert panel each provided consent to having their full name published as a member of the expert panel via the Qualtrix survey platform. Details of the expert panel are described below.

Name	Affiliation	State
Aleksandar Misev	General Practitioner - Justice Health Services, Canberra Health Services	ACT
Michael Doyle	Professor and Lead, First Nations Research at Edith Collins Centre, The University of Sydney	NSW
Adrian Dunlop	Director and Senior Staff Specialist, Drug and Alcohol Clinical Services, Hunter New England Local Health District, Conjoint Professor, School of Medicine and Public Health, College of Health, Medicine and Wellbeing, University of Newcastle	NSW
Katerina Lagios	Co-Clinical Director Drug and Alcohol, Justice Health & Forensic Mental Health Network Clinical Director Population Health, Justice Health & Forensic Mental Health Network	NSW
Peter Thompson	Co-Clinical Director Drug & Alcohol, Justice Health and Forensic Mental Health Network, New South Wales	NSW
Hester Wilson	Clinical Director Alcohol and Other Drugs, Murrumbidgee Local Health District Chief Addiction Medicine Specialist, New South Wales Chair Special Interest Group Addiction Medicine, Royal Australian College of General Practitioners Senior Lecturer University of New South Wales	NSW
Bernard Hickey	Addiction Psychiatrist, Alice Springs Hospital Member, Faculty of Addiction Psychiatry, The Royal Australian and New Zealand College of Psychiatrists	NT
Mark Daglish	Clinical Director, Metro North Mental Health – Alcohol & Drug Service, Metro North Health, Brisbane Associate Professor, Faculty of Health, Medicine and Behavioural Sciences, University of Queensland	QLD
Emma Gilberg	Staff Specialist in Addiction Medicine, Wide Bay Hospital and Health Service Associate Lecturer, University of Queensland	QLD
Bianca Davidde	Addiction Medicine Physician, Drug and Alcohol Services South Australia	SA
Thomas Turnbull	Medical Director, Prison Health Service, South Australia	SA
Andrew Wiley	Director, South Australian Prison Health Service	SA
Samuel Maloney	General Practitioner, Correctional Health Services, Tasmanian Health Organisation - South	TAS
Jocelyn Chan	Addiction Medicine Specialist, Western Health Drug Health Services Public Health Physician and postdoctoral research officer, Burnet Institute	VIC

Grace FitzGerald	Addiction Medicine Specialist, Western Health Drug Health Services	VIC
Anthony Hew	Addiction Psychiatrist, Victorian Institute of Forensic Mental Health Monash Addiction Research Centre, Monash University, Centre for Forensic Behavioural Science, Swinburne University of Technology	VIC
Paul MacCartney	General Practitioner and Addiction Medicine Specialist, cohealth Chief Addiction Medicine Advisor, Victoria	VIC
Ele Morrison	Deputy Chief Executive Officer, Australian Injecting & Illicit Drug Users League	VIC
Thileepan Naren	Addiction Medicine Specialist, Western Health Drug Health Services General Practitioner and Addiction Medicine Specialist, cohealth Adjunct Clinical Associate Professor, Monash Addiction Research Centre, Monash University	VIC
Mark Stoové	Head of Public Health, Burnet Institute	VIC
Rebecca Winter	Disease Elimination Program, Burnet Institute School of Public Health and Preventive Medicine, Monash University Department of Gastroenterology, St Vincent's Hospital, Melbourne	VIC
Suzanne Neilsen	Deputy Director of the Monash Addiction Research Centre, Monash University President-Elect Australasian Professional Society on Alcohol and Other Drugs	VIC
Kevin Fontana	Prison Medical Officer, Corrective Services, Department of Justice, Western Australia	WA
Stuart Kinner	Head, Justice Health Group, Faculty of Health Sciences, Curtin University Professor of Health Equity, School of Population Health, Curtin University Head, Justice Health Group, Centre for Adolescent Health, Murdoch Children's Research Institute Honorary Professor, Melbourne School of Population and Global Health, University of Melbourne	WA
Gina Sherry	Addiction Medicine Specialist & General Practitioner, Justice Health and Wellbeing Service, Department of Justice, Western Australia	WA

PubMed search strategy

((("prisoners"[MeSH Terms] OR "correctional facilities"[MeSH Terms]) AND (substance withdrawal syndrome)) AND ((((((opioid) OR (alcohol)) OR (nicotine)) OR (methamphetamine)) OR (gamma-hydroxybutyrate)) OR (cannabis))) AND (english[filter]))

List of endorsing organisations

This statement has been endorsed by the Royal Australasian College of Physicians, the Australasian Professional Society on Alcohol and Other Drugs, the National Prisons Hepatitis Network, the Pharmaceutical Society of Australia, and the Australian Injecting & Illicit Drug Users League. The statement is also approved as an Accepted Clinical Resource by the Royal Australian College of General Practitioners.

Accurate Consensus Reporting Document

Item No.	Section	Checklist Item (*help text*)	Page No.
T1	**Title**	Identify the article as reporting a consensus exercise and state the consensus methods used in the title. *For example, Delphi or nominal group technique.*	1
I1	**Introduction**	Explain why a consensus exercise was chosen over other approaches.	5
I2		State the aim of the consensus exercise, including its intended audience and geographical scope (national, regional, global).	3
I3		If the consensus exercise is an update of an existing document, state why an update is needed, and provide the citation for the original document.	NA
M1	**Methods** Registration	If the study or study protocol was prospectively registered, state the registration platform and provide a link. If the exercise was not registered, this should be stated. *Recommended to include the date of registration.*	5
M2	Selection of SC and/or panellists	Describe the role(s) and areas of expertise or experience of those directing the consensus exercise. *For example, whether the project was led by a chair, co-chairs or a steering committee, and, if so, how they were chosen. List their names if appropriate, and whether there were any subgroups for individual steps in the process.*	4
M3		Explain the criteria for panellist inclusion and the rationale for panellist numbers. State who was responsible for panellist selection.	4
M4		Describe the recruitment process (how panellists were invited to participate). *Include communication/advertisement method(s) and locations, numbers of invitations sent, and whether there was centralised oversight of invitations or if panellists were asked/allowed to suggest other members of the panel.*	4
M5		Describe the role of any members of the public, patients or carers in the different steps of the study.	NA
M6	Preparatory research	Describe how information was obtained prior to generating items or other materials used during the consensus exercise. *This might include a literature review, interviews, surveys, or another process.*	4

M7		Describe any systematic literature search in detail, including the search strategy and dates of search or the citation if published already. *Provide the details suggested by the reporting guideline PRISMA and the related PRISMA-Search extension.*	4
M8		Describe how any existing scientific evidence was summarised and if this evidence was provided to the panellists.	5
M9	Assessing consensus	Describe the methods used and steps taken to gather panellist input and reach consensus (for example, Delphi, RAND-UCLA, nominal group technique). *If modifications were made to the method in its original form, provide a detailed explanation of how the method was adjusted and why this was necessary for the purpose of your consensus-based study.*	5
M10		Describe how each question or statement was presented and the response options. State whether panellists were able to or required to explain their responses, and whether they could propose new items. *Where possible, present the questionnaire or list of statements as supplementary material.*	5
M11		State the objective of each consensus step. *A step could be a consensus meeting, a discussion or interview session, or a Delphi round.*	5
M12		State the definition of consensus (for example, number, percentage, or categorical rating, such as 'agree' or 'strongly agree') and explain the rationale for that definition.	5
M13		State whether items that met the prespecified definition of consensus were included in any subsequent voting rounds.	5
M14		For each step, describe how responses were collected, and whether responses were collected in a group setting or individually.	5
M15		Describe how responses were processed and/or synthesised. *Include qualitative analyses of free-text responses (for example, thematic, content or cluster analysis) and/or quantitative analytical methods, if used.*	5
M16		Describe any piloting of the study materials and/or survey instruments. *Include how many individuals piloted the study materials, the rationale for the selection of those individuals, any changes made as a result and whether their responses were used in the calculation of the final consensus. If no pilot was conducted, this should be stated.*	5
M17		If applicable, describe how feedback was provided to panellists at the end of each consensus step or meeting.	5

		State whether feedback was quantitative (for example, approval rates per topic/item) and/or qualitative (for example, comments, or lists of approved items), and whether it was anonymised.	
M18		State whether anonymity was planned in the study design. Explain where and to whom it was applied and what methods were used to guarantee anonymity.	NA
M19		State if the steering committee was involved in the decisions made by the consensus panel. *For example, whether the steering committee or those managing consensus also had voting rights.*	5
M20	Participation	Describe any incentives used to encourage responses or participation in the consensus process. *For example, were invitations to participate reiterated, or were participants reimbursed for their time.*	NA
M21		Describe any adaptations to make the surveys/meetings more accessible. *For example, the languages in which the surveys/meetings were conducted and whether translations or plain language summaries were available*.	NA
R1	Results	State when the consensus exercise was conducted. List the date of initiation and the time taken to complete each consensus step, analysis, and any extensions or delays in the analysis.	5
R2		Explain any deviations from the study protocol, and why these were necessary. *For example, addition of panel members during the exercise, number of consensus steps, stopping criteria; report the step(s) in which this occurred.*	NA
R3		For each step, report quantitative (number of panellists, response rate) and qualitative (relevant socio-demographics) data to describe the participating panellists.	Table 1
R4		Report the final outcome of the consensus process as qualitative (for example, aggregated themes from comments) and/or quantitative (for example, summary statistics, score means, medians and/or ranges) data.	Table 2
R5		List any items or topics that were modified or removed during the consensus process. Include why and when in the process they were modified or removed.	5
D1	Discussion	Discuss the methodological strengths and limitations of the consensus exercise. *Include factors that may have impacted the decisions (for example, response rates, representativeness of the panel, potential for feedback during consensus to bias responses, potential impact of any non-anonymised interactions).*	13

D2		Discuss whether the recommendations are consistent with any pre-existing literature and, if not, propose reasons why this process may have arrived at alternative conclusions.	13
O1	Other information	List any endorsing organisations involved and their role.	See appendix 4 in supporting information
O2		State any potential conflicts of interests, including among those directing the consensus study and panellists. Describe how conflicts of interest were managed.	5
O3		State any funding received and the role of the funder. *Specify, for example, any funder involvement in the study concept/design, participation in the steering committee, conducting the consensus process, funding of any medical writing support. This could be disclosed in the methods or in the relevant transparency section of the manuscript. Where a funder did not play a role in the process or influence the decisions reached, this should be specified.*	5

R1 Results

Table S1: Survey R1 participants

Characteristic	Count
Total number of participants	19
Gender	
Female	7
Male	12
Geographical representation with regards state/territory of origin	
Australian Capital Territory	1
New South Wales	4
Northern Territory	1
Queensland	1
South Australia	3
Victoria	7
Western Australia	2
Primary field of employment	
Advocacy	1
Healthcare Administration	1
Healthcare Provider	14
Research	2
Other	1

Table S2: Level of agreement for each recommendation in round 1

Domain	Level of agreement (number of participants who agree)
1. Screening for risk of withdrawal from alcohol or other drugs at reception to custodial settings	
1.1	19 (100%)
1.2	17 (89%)
1.3	19 (100%)
2. Assessment of risks associated with withdrawal from alcohol or other drugs at reception to custodial settings	
2.1	19 (100%)
2.2	18 (95%)
2.3	19 (100%)
2.4	19 (100%)
2.5	19 (100%)
2.6	18 (95%)
3. Management of withdrawal from alcohol or other drugs in custodial settings	
3.1	19 (100%)
3.2	19 (100%)
3.3	19 (100%)
3.4	18 (95%)
3.5	18 (95%)
3.6	19 (100%)
3.7	19 (100%)
3.8	18 (95%)
4. Care of First Nations people at risk of withdrawal from alcohol and other drugs	
4.1	17 (89%)
5. Organisational support	
5.1	19 (100%)
5.2	19 (100%)

5.3	19 (100%)
5.4	18 (95%)