Timely Access to Treatment in Correctional Settings

- Adults - opioid treatment (buprenorphine) tool
- Youth withdrawal management and treatment guideline development

Lori Regenstreif MD
Department of Family Medicine
McMaster University

Outline

- Briefly introduce a simple tool for starting buprenorphine in prison settings (Regenstreif et al, 2022)
- Describe trends (2019-2021) in correctional and substance-related data in youth justice settings
- Recent observations of increasing severity that need to be addressed
  - A) Withdrawal presentations – synthetic opioids, synthetic benzos (Xanax bars), alcohol – heavy consumption
  - B) Risk on release – opioids, alcohol, alprazolam analogs("Xanax")

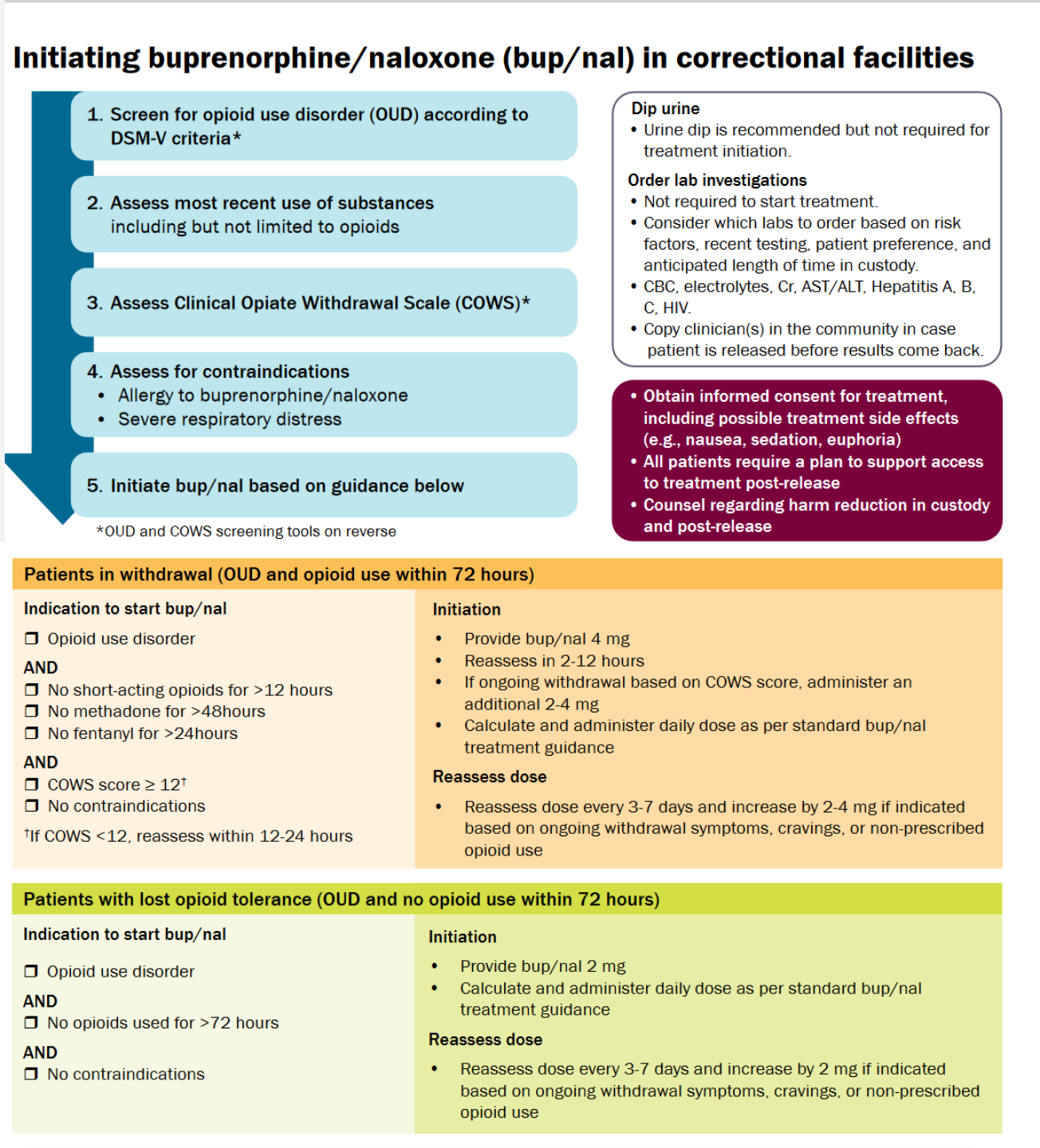
Initiating Buprenorphine/Naloxone (bup/nal) in Correctional Facilities

An on-line tool for health providers working in correctional settings

Background

- One of the barriers to health providers offering buprenorphine in correctional settings was that prescribing to people who were not in opioid withdrawal was “off-label” and unfamiliar to many MDs (Kouyoumdjian et al, 2018. *Physician prescribing of opioid agonist treatments in provincial correctional facilities in Ontario, Canada: A survey*. PLOS ONE. 13. e0192431. 10.1371/journal.pone.0192431)
- To address this, we were able to review evidence for the ("off-label") treatment of OUD with buprenorphine in people who had lost their opioid tolerance.
- These patients would not be eligible or safe to start methadone as OAT but would be at high risk of overdose on release

- PrisonBupStart.ca
- Simple PDF – phone, print
- QR code
- Animated video



Initiating buprenorphine/naloxone (bup/nal) in correctional facilities

1. Screen for opioid use disorder (OUD) according to DSM-V criteria*
2. Assess most recent use of substances including but not limited to opioids
3. Assess Clinical Opiate Withdrawal Scale (COWS)*
4. Assess for contraindications
   - Allergy to buprenorphine/naloxone
   - Severe respiratory distress
5. Initiate bup/nal based on guidance below

*OUD and COWS screening tools on reverse

Dip urine
- Urine dip is recommended but not required for treatment initiation.

Order lab investigations
- Not required to start treatment.
- Consider which labs to order based on risk factors, recent testing, patient preference, and anticipated length of time in custody.
- CBC, electrolytes, Cr, AST/ALT, Hepatitis A, B, C, HIV.
- Copy clinician(s) in the community in case patient is released before results come back.

- **Obtain informed consent for treatment, including possible treatment side effects (e.g., nausea, sedation, euphoria)**
- **All patients require a plan to support access to treatment post-release**
- **Counsel regarding harm reduction in custody and post-release**

Patients in withdrawal (OUD and opioid use within 72 hours)

Indication to start bup/nal

❒ Opioid use disorder

AND

❒ No short-acting opioids for >12 hours
❒ No methadone for >48hours
❒ No fentanyl for >24hours

AND

❒ COWS score ≥ 12†
❒ No contraindications

†If COWS <12, reassess within 12-24 hours

Initiation
- Provide bup/nal 4 mg
- Reassess in 2-12 hours
- If ongoing withdrawal based on COWS score, administer an additional 2-4 mg
- Calculate and administer daily dose as per standard bup/nal treatment guidance

Reassess dose
- Reassess dose every 3-7 days and increase by 2-4 mg if indicated based on ongoing withdrawal symptoms, cravings, or non-prescribed opioid use

Patients with lost opioid tolerance (OUD and no opioid use within 72 hours)

Indication to start bup/nal

❒ Opioid use disorder

AND

❒ No opioids used for >72 hours

AND

❒ No contraindications

Initiation
- Provide bup/nal 2 mg
- Calculate and administer daily dose as per standard bup/nal treatment guidance

Reassess dose
- Reassess dose every 3-7 days and increase by 2 mg if indicated based on ongoing withdrawal symptoms, cravings, or non-prescribed opioid use

Why a tool?

While many MDs working in prison settings have addictions experience and are now familiar with buprenorphine, those in smaller communities who provide cross-coverage to custodial settings are not necessarily comfortable with occasional buprenorphine prescribing.

MDs and NPs unsure how to start someone who has lost their opioid tolerance or are concerned about the safety can easily access these resources

Developed for adults but can be given to youth – common side effects – urinary retention, nausea, headache

Timely Access to Withdrawal Management and Treatment of Substance Use in Youth Justice Settings

- Withdrawal management
- Treatment guidelines

○ Adult corrections
◉ Youth corrections

Incarceration rates per 10,000 young persons

Canada: Provincial/territorial system 2.54

Not available 0 10

Canada: Federal system

Admissions

6,465	Total community admissions
5,761	Total custodial admissions

Average daily counts

9,422.3	Total community supervision count
12,826.6	Total actual-in count

Canada: Provincial / territorial system

Youth corrections

Admissions

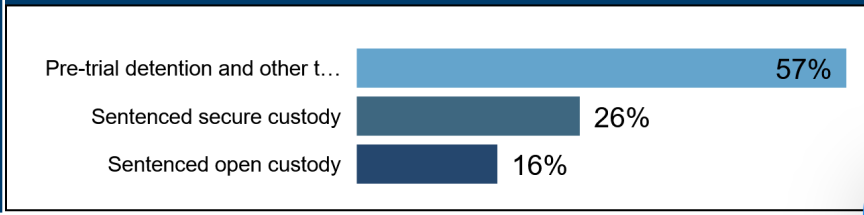
6,615	Total community admissions
3,480	Total custodial admissions

82% ♂
18% ♀

50% of custodial admissions identified as Indigenous

Average daily counts

3,741.2	Total community supervision count
488.5	Total actual-in count by type of supervision



Correctional services	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	2020 / 2021
	Number				
Total correctional services[5, 6]	19,069	17,236	14,578	17,529	10,095
Pre-trial detention[5, 7]	7,055	6,077	4,785	4,741	2,463
Provincial director remand[8]	375	364	288	297	182
Secure custody[6, 9, 10]	713	583	531	748	531
Open custody[6, 9, 11]	714	673	538	566	304
Total community sentences[6]	10,212	9,539	8,436	11,177	6,615
Community Portion of Custody Supervision[9]	1,114	970	769	1,004	560
Intensive support and supervision[12]	108	132	125	111	84
Deferred custody and supervision[13]	594	548	426	532	309
Supervised probation[14]	4,906	4,729	4,173	4,941	3,095
Other community sentences[15]	3,490	3,160	2,943	4,589	2,567

What about substance use in youth in custody?

- Data is scant and needs to be extrapolated from general youth population – e.g. high school surveys – skewed
- OSDUHS (CAMH, 2019 and 2021) - downward trend during COVID with less consumption but more frequent consumption of some substances – cannabis, alcohol and nicotine (*)
- BUT: youth with mental health comorbidities (ADHD, autism, mood), high ACE scores, youth in foster care, youth in lower SECs and racialized youth are at higher risk and have higher burden of mental health and SU
- So we cannot infer that the general youth population is representative of youth in custody.

What do we know about youth substance use and impact of COVID?

- Caffeine, alcohol, cannabis, non-Rx opioids/cough/cold meds
- But these are kids attending school

(OSDUHS, CAMH, 2021)

OSDUHS Trends

SIGNIFICANT DECREASES BETWEEN 2019 AND 2021

	2019		2021
Feel close to people at school (agree)	85%	↓	74%
Feel like part of school (agree)	82%	↓	74%
E-cigarette use/vaping (past year)	23%	↓	15%
Alcohol use (past year)	42%	↓	32%
Binge drinking (past month)	15%	↓	8%
Hazardous/Harmful Drinking (past month)†	14%	↓	5%
Cough/Cold Medication (nonmedical use, past year)	8%	↓	4%
Concussion (past year)	15%	↓	9%
Always/often go to school or bed hungry	6%	↓	3%

† among grades 9-12 only

OSDUHS Trends

SIGNIFICANT INCREASES BETWEEN 2019 AND 2021

	2019		2021
Low subjective social status as school	23%	↑	30%
Nonmedical use of prescription opioids (past year)	11%	↑	13%
Fair/poor self-rated physical health	11%	↑	20%
8 hours or more of sleep on school nights	37%	↑	49%
3 hours or more a day of recreational screen time	71%	↑	83%
Fair/poor self-rated mental health	27%	↑	38%
Serious psychological distress (past month)	21%	↑	26%
Fair/poor ability to cope with difficult problems	23%	↑	34%
Sought counselling over the phone/internet (past year)	5%	↑	9%
Unmet need for mental health support (past year)	35%	↑	42%
5 hours or more a day on social media	21%	↑	31%
7 hours or more a day on social media	7%	↑	14%
Been cyberbullied in the past year	22%	↑	30%
5 hours or more a day on electronic devices in free time†	35%	↑	52%

Youth detention settings (my experience)

- Youth detention centre – 2 closed and 1 open, total capacity about 50-60 youth (max)
- Over-represented are kids in foster care, group homes, traumatic childhood experiences, racialized, kids with poor access to quality legal support. So, typical of youth justice system.
- Also – during COVID - those who were kept in closed custody and not released on bail or to open settings or parole had serious sentences to serve for significant charges (murder, armed robbery)
- The volume/capacity went down, the seriousness of charges went up and also severity of MH issues seemed to be higher observationally

Substance Use on Intake

- Typically many have a positive history of significant cannabis and/or alcohol use – vaping, smoking, “poppers”, bongs
- Pre-COVID, usually ~1-2 kids out of 50 (2%) at any given time had reported ever having used opioids, “Xanax”, ever having overdosed
- Since early April, we have seen an increase in admissions
- Now ~2-4 kids per 20 (10-15%) report ever used opioids, ever having overdosed. I think this is increasing – frequency and severity
- 1-2 report ever injecting

Management of W/D and SUD

- How are the boys managed when they present in opioid W/D? "Tough it out" – use the ER if seizures or extremely unwell; long-standing, "old-school"
- Lack of policy across facilities, across province and country
- No documents for provincial or federal corrections that direct staff on what to do
- No data available tracking drug use histories, withdrawal presentations, treatment episodes for youth in custodial settings in Ontario or in Canada

THIS IS A PRIME OPPORTUNITY FOR EARLY INTERVENTION

Alcohol withdrawal

Benzo withdrawal

Opioids withdrawal

AND:

- Opioid replacement therapy (buprenorphine)
- Anti-craving medications for severe or long-standing AUD

Plan

Develop a set of algorithms that can be used by non-medical staff

After-hours considerations for facilities

Pilot, Evaluation, Knowledge Translation, Implementation

Summary

- Access to opioid treatment in *adult* correctional settings may be improving in Canada
- While the number of youth in correctional services dropped significantly over the past 2 years, those who remain have more serious charges and may be at higher risk for serious mental health and substance use issues
- Canadian data on substance use in the youth system is lacking
- Protocols and policies for management of substance withdrawal and treatment do not exist on regional or national levels for youth in custodial settings