

EVENTS

RAAM Monthly Videoconferences:

Nurses	June 1	12 pm
Prescribers	June 14	8 am
Counsellors	June 10	9 am
Addictions NP	June 29	12 pm

META:PHI Webinar: June 8 7 pm

Tali Cahill

Same but Different: Naloxone in Bystander Response vs Supervised Consumption Site Overdose Protocols

PERSPECTIVES

Supporting access to buprenorphine/naloxone for people in correctional facilities

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On any given day in Canada, about 32,000 adults are in custody in correctional facilities. In Ontario alone, about 40,000 adults experience incarceration in provincial facilities over the course of a year.

Opioid use, as well as use of other substances, is common in this population, with substantial associated harms including death from opioid toxicity. Although we know that opioid agonist treatment (OAT) has increased over time in provincial correctional facilities in Ontario, we lack data on the prevalence of opioid use disorder (OUD) in people who are incarcerated, to be able to understand unmet need for treatment. We also lack data on treatment quality. We know that there remain challenges to timely access to appropriate treatment for OUD for people while in custody and in the community, in particular at the time of release.

Through our clinical work, we specifically identified the challenge of a lack of guidance on treatment initiation for people who have lost their opioid tolerance, which is a fairly common clinical scenario in correctional facilities. People may not be assessed for or offered OAT while they are in withdrawal on admission, or they may decline treatment and then not be offered it again. People in custody may also have a change of mind, for example due to cravings and often in the face of illicitly obtained, high-risk potent opioids in correctional facilities.

To support treatment access, including for people who have lost their opioid tolerance, we developed a knowledge translation tool to support buprenorphine/naloxone treatment initiation for people in custody*, with funding provided by the Canadian Institutes of Health Research through the Canadian Research Initiative in Substance Misuse (SMN-139150). We reviewed relevant literature and guidance, consulted with stakeholders, and then developed the tool for correctional prescribers, along with supporting materials.

The tool is available at <https://prisonbupstart.ca/> and is available as an interactive version and a PDF version, which can be printed and placed in an accessible location. We developed an [animated video](#) to help spread the word about this tool and we recorded a [tutorial](#) to support clinicians using the tool.

Ongoing work is needed to support timely access to treatment for people with opioid use disorder who are incarcerated. Moving forward, we aim to more clearly define and advance opportunities to prevent harms associated with opioids in correctional settings and upon release.

*For more information on the tool development, see: Regenstreif L, Sadik M, Beaulieu E, Bodkin C, Kiefer L, Guenter D, Lee PWP, & Kouyoumdjian FG. [Buprenorphine/naloxone access for people with opioid use disorder in correctional facilities: Taking steps to support knowledge translation](#). Health Justice. 2022;10(1):11.

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