

Substance Use Treatment in Carceral Settings

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**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**
Provincial Health Services Authority

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Disclosures

Advisory and speaker fees:

Indivior

Master Clinician Alliance

Medical Advisory Board:

The Newly Clinic

Learning Objectives

Manage

Confidently manage complicated withdrawal syndromes resulting from the tainted drug supply and polysubstance use.

Identify

Identify new practices and therapeutic options to treat OUD in the carceral setting.

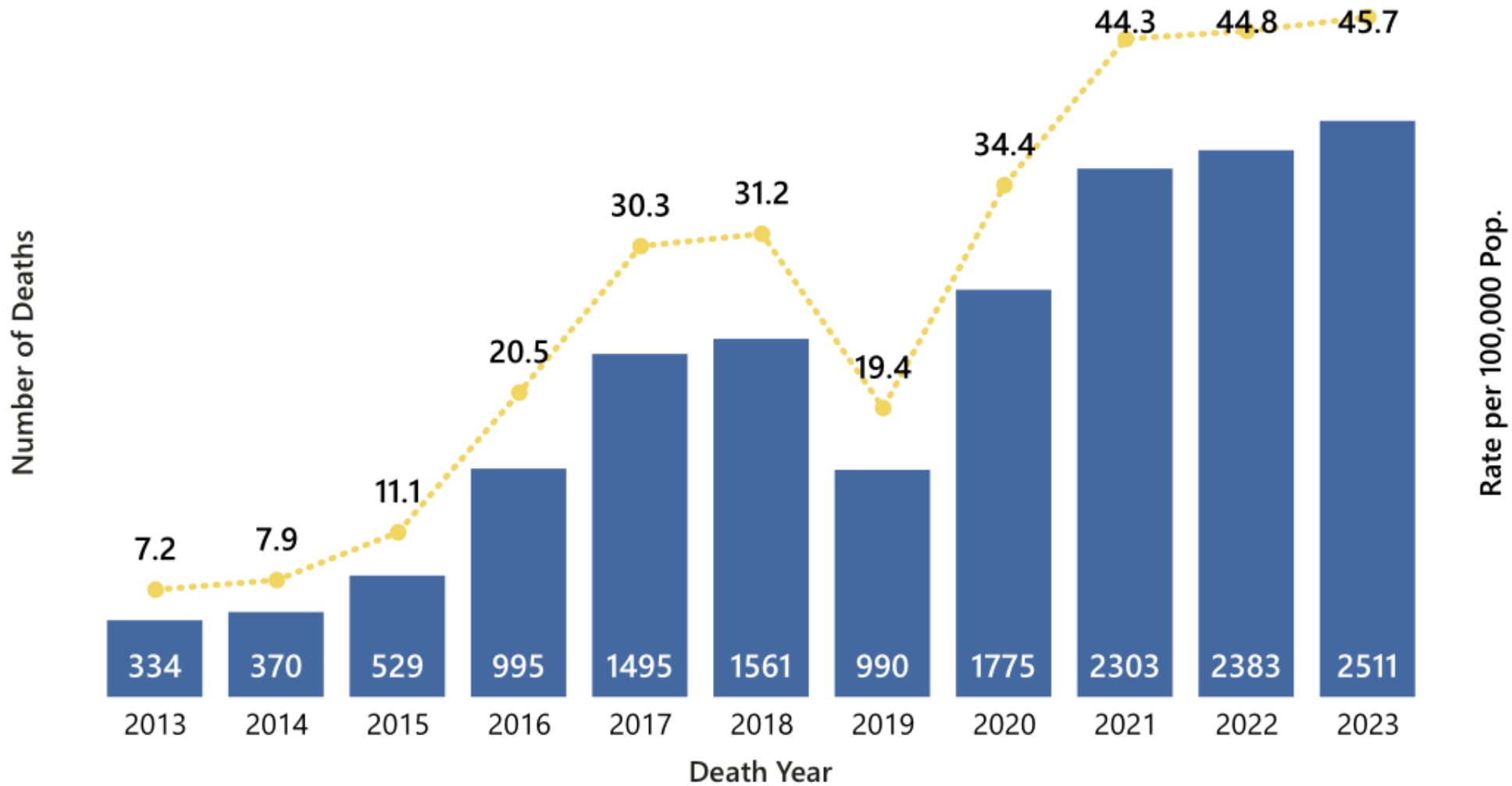
Learn about

Learn about Community Transition Teams within provincial BC prisons aimed at improving the transition from custody to community and reducing overdose rates.

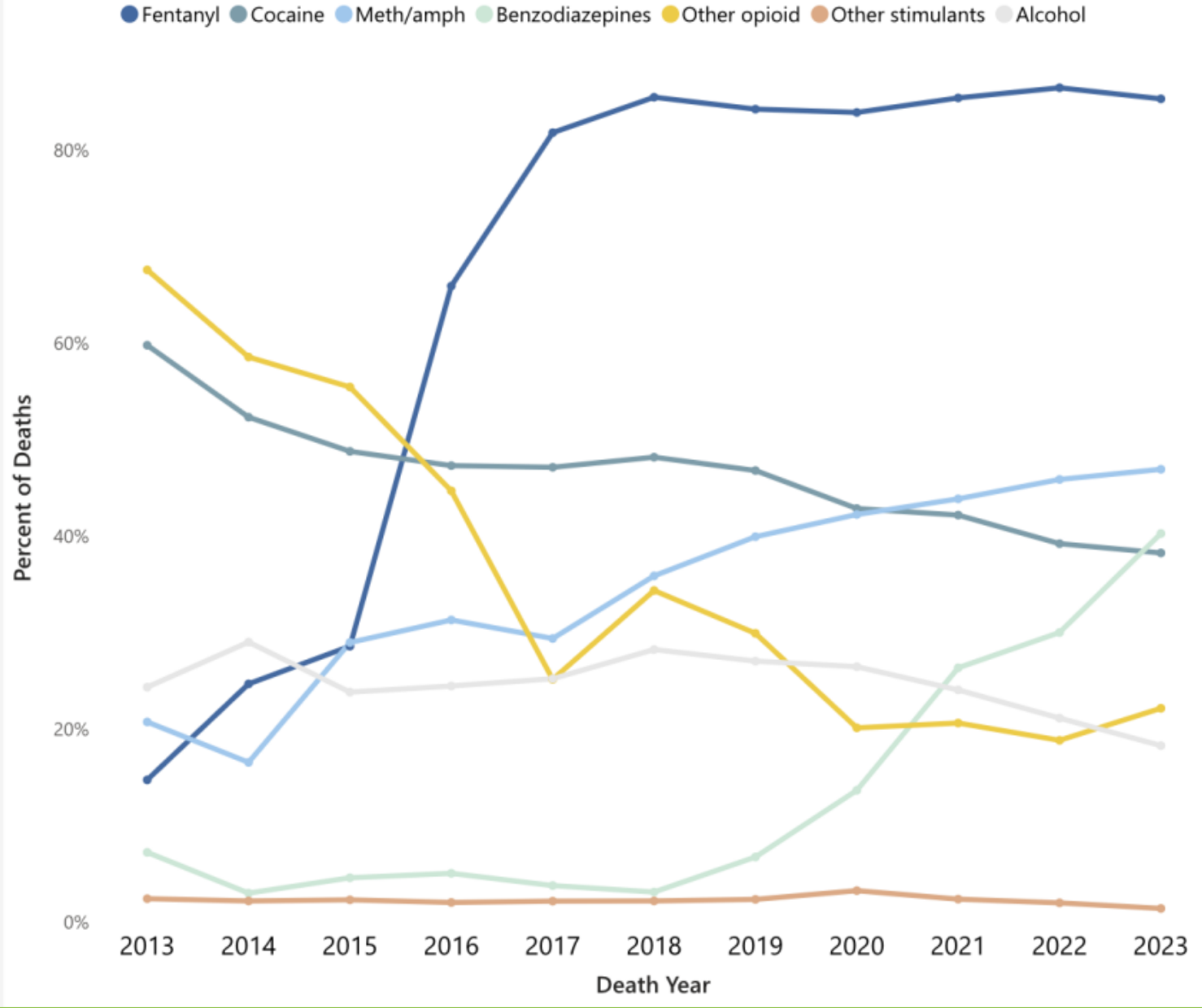


Unregulated Drug Deaths - BC

Unregulated Drug Deaths and Death Rate per 100,000 Population, 2013-2023

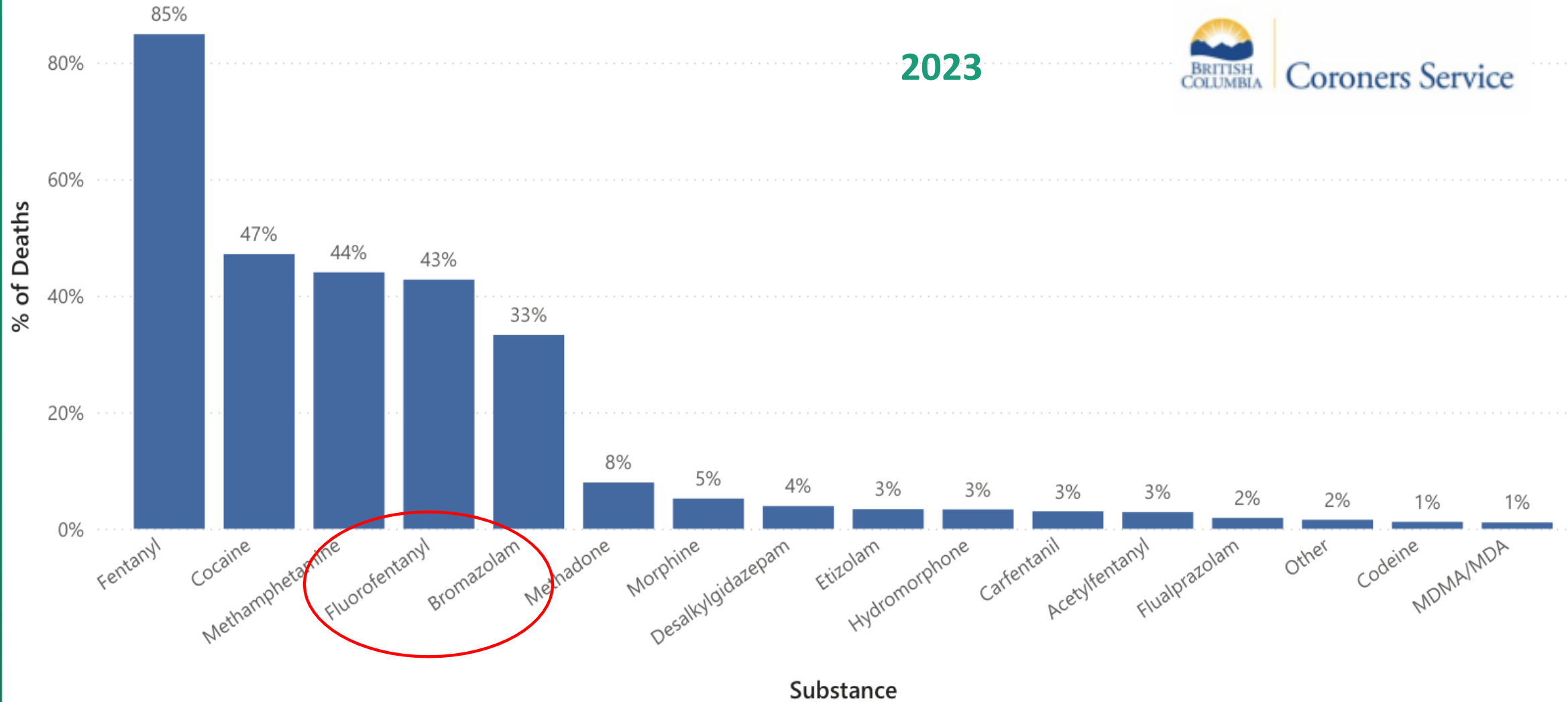


Unregulated Drug Deaths by Drug Types Relevant to Death, 2013-2023



Substances Detected in Expedited Toxicology Among Unregulated Drug Deaths

2023



What is the risk of OD post-incarceration?

Fatal overdose

- Risk is greatest in the **first 2 weeks** following release¹
- **70%** of observed deaths were due to overdose¹
- Previous incarceration is a major risk factor for overdose-related death²

Non-fatal overdose³

- Increased on day of entering prison
- 4 weeks after release

PROVINCIAL OVERDOSE COHORT

The Provincial Overdose Cohort (ODC) is a collection of information on people who had an overdose between January 1st, 2015 and December 31st, 2019 in BC. It was created to ensure people responding to the overdose crisis have up-to-date information on people at risk of experiencing an overdose.

What is the Provincial Overdose Cohort?

In response to BC's Provincial Health Officer declaring a Public Health Emergency in 2016 due to the increase in drug overdoses and deaths, data sources were linked using a shared data governance model to monitor and respond to the overdose crisis.

The ODC is based on collaboration between data users and data stewards in the ongoing development and use of these data, and focused on using data for action to prevent overdose-related harms and deaths

Data in the ODC



Data Refresh & Priority Setting

Every year data are refreshed to update health care and other population-level information.

Why?
To select annual project/analysis themes based on data needed to support overdose response efforts across the province

How?
Priorities identified by people with lived and living experience in drug use, and input from health authorities and partnering organizations

Important Findings/ Action

Substance use disorder was associated with risk of cardiovascular disease. People with opioid or stimulant use disorder had highest CVD risk.

People have an increased risk of non-fatal overdose: 2 weeks after hospital discharge, day of entering prison, 4 weeks after release from prison, day of starting opioids for pain, ongoing use of benzodiazepines, and discontinuation of anti-psychotics.

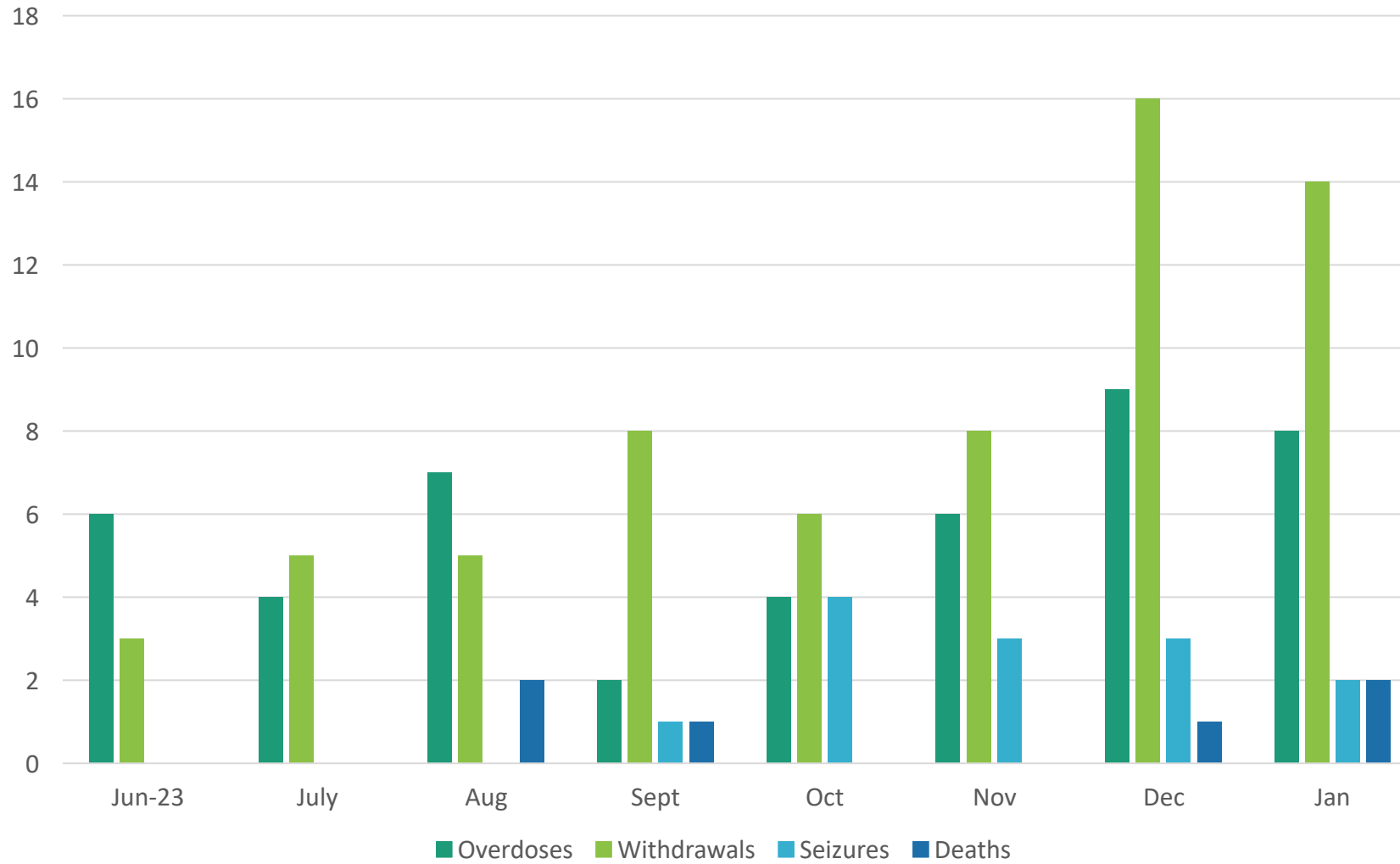
People who had an overdose are more likely to have chronic health conditions associated with severe illness from COVID-19.

FOR MORE INFORMATION VISIT <<http://www.bccdc.ca/provincial-overdose-cohort>>
Last Updated: APRIL 4, 2022



BC, British Columbia; BCCDC, The British Columbia Centre for Disease Control; OD, overdose; US, United States.
 1. Kinner SA, et al. *CMAJ*. 2021;28;9(3):E907-E914. doi: 10.9778/cmajo.20200243; 2. Gan WQ, et al. *Addiction* 2020;116:1460-71; 3. BCCDC Provincial Overdose Cohort (Last updated April 4, 2022). Available at: http://www.bccdc.ca/Our-Services-Site/Documents/ODC_Infographic_2019.pdf. Accessed May 2023.

CHS Hospital Transfers 2023



Treatment of OUD:

Pharmacological and non-pharmacological options

OAT initiated during incarceration **decreases mortality** during and after release

Early engagement:

- Prompt treatment of OWS and rapid induction onto OAT
- Same day access to prescribers (physician on call, nurse prescribers)

Maximize retention on treatment:

- LAI may reduce stigma and medication diversion
- BUP-XR reduces risk of non-fatal overdose

Psychosocial treatments:

- Dedicated living units (pods) to recovery/Therapeutic Communities
- Structured group and 1:1 counselling
- Contingency management [Bup-XR QI project]

> [JAMA Psychiatry](#). 2021 Sep 1;78(9):979-993. doi: 10.1001/jamapsychiatry.2021.0976.

Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis

COMMENTARY AND DEBATE

Injecting Opioid Use Disorder Treatment in Jails and Prisons: The Potential of Extended-Release Buprenorphine in the Carceral Setting

Justin Berk, MD, MPH, MBA, Brandon del Pozo, PhD, Josiah D. Rich, MD, MPH, and Joshua D. Lee, MD, MSc

Managing complicated withdrawal (1)

1. Risk assessment

- Substance use history
- Baseline Urinary drug screening: fentanyl, benzodiazepines, stimulants
- Comprehensive clinical exam: COWS and CIWA

2. Treat opioid withdrawal aggressively:

- Macro-dose buprenorphine (16 – 32 mg SL)
- Buprenorphine XR depot injection
- 2nd line: Methadone



Managing complicated withdrawal (2)

3. Assess for benzodiazepine withdrawal

- High index of suspicion
- Urinary drug screening: benzodiazepines
- Ongoing monitoring (72 hours +) : CIWA, mental status

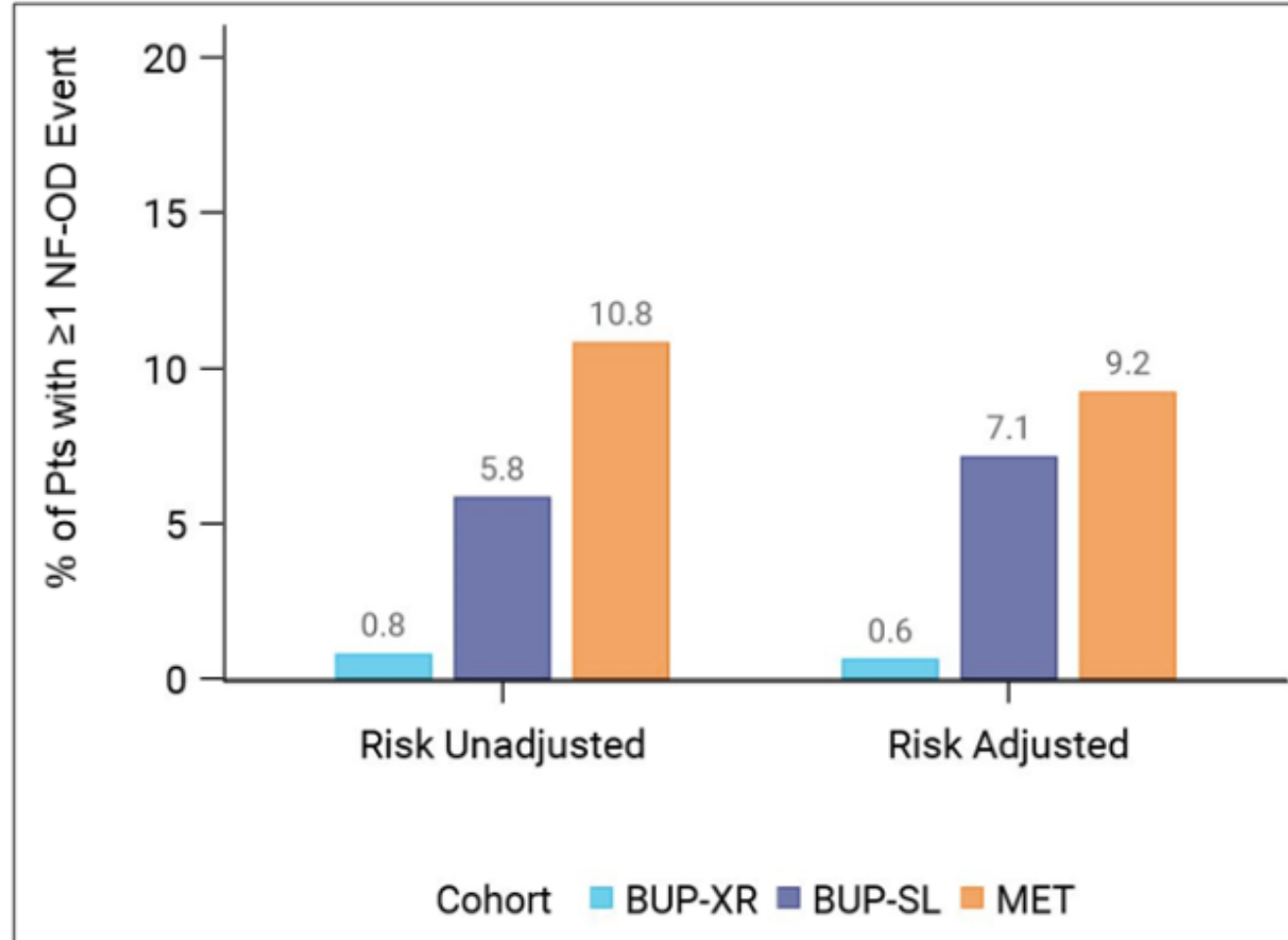
4. Treat benzodiazepine withdrawal:

- Test dose diazepam 10 – 20 mg
- Scheduled taper over 7 – 10 days



Real-world Evidence for Impact of Opioid Agonist Therapy on Nonfatal Overdose in Patients with Opioid Use Disorder during the COVID-19 Pandemic

Kenneth Lee, MD, MCFP(AM), Yue Zhao, MD, PhD, DrPH, Tazmin Merali, B Pharm, MBA, Christopher Fraser, MD, FRCPC, Jan-Marie Kozicky, MHA, PhD, Marie-Christine Mormont, PhD, and Brian Conway, MD, FRCPC



Community Transition Teams “CTT”

Support for high-risk clients on release

- Not connected to healthcare in community
- Risky substance use
- Comorbid mental illness
- Poor supports/housing



Social worker

Access/transition nurse

Peer support worker

Central (virtual) physician

Community Transition Teams “CTT”



Establish relationship with client *prior to release*



Ensure ongoing medications

Connect with community pharmacy/clinic/prescriber

Choice of OAT

Take-home naloxone, orientate to harm reduction services



Facilitate safer housing

Transportation

Clothing



Continued support for up to 90 days

Outreach

Community offices

Client Discharge Brochure

WHO TO CALL FOR SUPPORT

CONFIDENTIAL AND FREE-OF-CHARGE

2-1-1

Information on financial aid, food, housing, mental health, parenting, seniors, and more.

8-1-1

Health information and advice from nurses, pharmacists, and other experts, available 24/7.

9-8-8

Mental health support, available 24/7.

Tsow-Tun Le Lum Society: 1-866-403-3123

Provides confidential services such as counselling and cultural supports.

1-800-SUICIDE (1-800-784-2433)

Here to listen and provide support for people feeling suicidal, available 24/7.

Help 4 Hep BC: 1-888-411-7578

Speak to someone with lived experience of hepatitis C.

VictimLink BC: 1-800-563-0808

For people, especially women, experiencing violence.

The Métis Crisis Line: 1-833-638-4722

Available 24 hours a day, 7 days per week for self-identified Métis people in BC.

Hope for Wellness: 1-855-242-3310.

This help line offers immediate help to all Indigenous peoples across Canada.

HIV/AIDS Hot Line: 1-800-661-4337

BC MENTAL HEALTH
& SUBSTANCE USE SERVICES
Provincial Health Services Authority



WEBSITES

BC 211
BC.211.CA

BC HARM REDUCTION SITE FINDER:
TOWARDTHEHEART.COM/SITE-FINDER

NALOXONE TRAINING:
TOWARDTHEHEART.COM/NALOXONE-LESSON

LU'MA MEDICAL CENTRE
HTTP://LNHS.CA/LUMA-MEDICAL-CENTRE

BC HEPATITIS TREATMENT SITE FINDER:

BCCDC.CA/HEALTH-INFO/PREVENTION-PUBLIC-HEALTH/BC-HEPATITIS-CLINICS

BC STI/HIV/HEP TESTING SITE FINDER:

SMARTSEXRESOURCE.COM/GET-TESTED/CLINIC-FINDER



DISCHARGE
PREPARING
FOR
DISCHARGE

GET HELP FINDING HOUSING, HEALTHCARE, AND MORE AFTER YOU LEAVE

PHSA Community Transition Teams are teams of peers (people with corrections and/or substance use experience), social workers, nurses and Indigenous Patient Navigators who can help you before and after you are released. Support is individualized to your needs.

Ask your healthcare worker for a referral to the Community Transition Teams.

HOW TO CONTACT CTT

1-855-524-7733

Alcohol & Drug Information and Referral Service

Provides assistance to people across B.C. with any substance abuse issues 24 hours a day.

CONTACT US

1 800 663-1441

Lower Mainland: 604 660-9382

CONTACT US

Mon-Fri, 9am-4pm: +1-604-518-3261
Weekends and Evenings: +1-778-938-2584



unlockingthegates@gmail.com

Unlocking the Gates
Depending on the community you live in, Unlocking the Gates, a not-for-profit organization, will match you with a peer (person with corrections experience) who can help you before and after you are released. Support is individualized to your needs.



BEFORE YOU LEAVE: CHECKLIST

- DISCUSS** release plans with a healthcare worker, Indigenous support, family, friend, or safe person in the community*.
- CONNECT** with a healthcare worker for more information about Community Transition Teams and/or Unlocking the Gates.
- RECEIVE** Naloxone training and kit**
- ASK** a nurse for a list of the medications that I am on, and get information on how to pick up my prescriptions in the community
- RECEIVE** a list of clinics in my community offering Opioid Agonist Treatment, (OAT) such as Suboxone, Methadone, Sublocade.

*Correctional health staff may help connect you.
**For additional kits, visit your local pharmacy (First Nations people can receive a Naloxone nasal spray with their status card)

Key Points

Treatment of OUD during incarceration:
OAT reduces mortality

Identify and treat polysubstance withdrawal

Harm-reduction interventions:
THN training and kits for all

Patient Education:
OD risk with reduced tolerance, benefits of OAT

Early discharge planning
Community Transition Teams / referral to community services

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