INFORMATION FOR FEDERAL PRISONERS IN BRITISH COLUMBIA

Methadone/ Suboxone Treatment

in federal prison

This booklet will explain how to qualify for Opioid Substitution Therapy (OST) in prison, how it is administered, and what to do if your treatment is cut off.

Contents

Opioid Substitution Therapy (OST)

If you are dependent on opioid drugs, such as heroin, codeine or OxyContin, you might benefit from Opioid Substitution Therapy (OST). Suboxone is the most common OST medication. Methadone is another OST medication.

Methadone and Suboxone do not make you feel "high" like opioids do. Instead, they:

- help with opioid withdrawal symptoms (anxiety, restlessness, runny nose, tearing, nausea and vomiting);
- help to stop cravings for opioids; and
- reduce the high from taking opioids which reduces the chances of using illegal drugs in prison.[1]

OST is not a cure for drug addiction. It is a medical treatment used to reduce opioid dependence and is safer to take long term than opioids. It is used to reduce the harmful effects of drug use and improve overall health. People are usually on methadone or Suboxone for life.

The benefits of OST include:

- Reducing misuse of other drugs and alcohol;
- Reducing overdoses;

1 British Columbia Centre on Substance Abuse, "A Guideline for the Clinical Management of Opioid Use Disorder" (2017) at 39, 46 ("BC Practice Guidelines") (*This is the provincial clinical practice guideline, referenced as the guiding document by the College of Physicians and Surgeons of British Columbia).*

- Reducing high-risk behaviours;
- Helping you stay out of prison;
- Reducing drug-related prison violence;
- Reducing the number of intravenous injections;
- Reducing health risks associated with injection drug use, such as HIV and Hepatitis C;
- Improving physical and mental health;
- Helping you to function normally in your family and community;
- Improving pregnancy outcomes;
- Improving quality of life; and
- Saving lives.

Both methadone and Suboxone can cause side effects and can lead to overdose deaths. But Suboxone has a lower risk of overdose and milder side effects.[2]

The medical guidelines say that most people with opioid addiction should be given Suboxone unless there is a medical reason that it would not work for you. If you are not being offered the treatment you feel is best for you, talk to your doctor. If that doesn't work, you can contact Prisoners' Legal Services.

2 BC Practice Guidelines at 26, 33.

Getting OST in prison

To qualify for OST in federal prison, a doctor must diagnose you with an opioid use disorder. You also have to agree to the terms and conditions of the OST program.[3]

If you were already on OST when you came into CSC custody

If you were on methadone or Suboxone right before you came into CSC custody (whether in the community or in BC Corrections custody), CSC should keep you on it when you arrive. Tell the nurse that you were on OST when you have your first nursing assessment. This assessment happens within 24 hours of arriving at the institution.[4] Tell the nurse that you *consent* to continue on treatment.

CSC might need to confirm that you had a prescription for methadone or Suboxone in the community or in BC Corrections. You will be asked to sign a *Disclosure of Medical Information Agreement.* This form allows CSC to get your treatment history from your previous provider.[5] If you are waiting for CSC to confirm you were on OST before you came into CSC custody, it can be a good idea to follow up with Health Services and make sure they are requesting your records.

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3 CSC, "Specific Guidelines for the Treatment of Opiate Dependence (Methadone /Suboxone)" (September 2016), s 2.1 ("CSC OST Guidelines"); BC Practice Guidelines at 37.

4 CSC, "CD 705: Intake Assessment Process and Correctional Plan Framework" (2014-03-24), para 3.

5 CSC OST Guidelines, ss 2.2, 3.1.

Once CSC confirms that you were on this treatment in the community, you will still need to go through the assessment process.[6]

If you were not on OST *immediately* before coming into CSC custody, CSC might try to make you start the process over again. This might happen if you were taking OST in the community but didn't take your medication for several days before you were arrested. This might also happen if you got cut off your medication in provincial custody. It would be a good idea to follow up with Health Services to make sure they are asking your previous provider for your records, and ask them to continue you on OST so that there is not a further delay or interruption in your medication.

If you were on methadone or Suboxone and CSC decides that you should not be after assessing you, the doctor must taper you off **in a humane and safe way**. This means that you should be told in advance what the schedule for decreasing your doses will be and when the end date will be. In the case of methadone, your dose should normally be reduced by 10% *at the most* every 5-10 days.[7] For Suboxone, your dose should also be reduced gradually.

If you were not on OST when you came to prison

If you want to get on OST, submit an *Inmate's Request Form* to Health Services. Be ready to explain your reasons for applying, your goals, and your level of commitment. The goal of the program is to help you stop using drugs and develop a healthier lifestyle.

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6 CSC OST Guidelines, s 2.2.

7 CSC OST Guidelines, ss 2.2, 10.4; BC Practice Guidelines at 12; College of Physicians and Surgeons of British Columbia, "Practice Standard: Safe Prescribing of Opioids and Sedatives" (2018) at 3.

Most prisons have waiting lists for OST. Prisoners' Legal Services (PLS) is trying to get rid of waiting lists so everyone who needs treatment can get it. If you are put on a waiting list, you can call PLS for help.

You might need to get your IPO's support to join the program.[8] Be aware that depending on what you say to your IPO, you could be charged with an institutional offence for using drugs in prison.[9]

Normally, CSC will not start you on OST while you are at a CSC Reception Centre. You might need to wait until you are at your parent institution. Once you get to your parent institution, the medical staff will assess you. After that, you might have to be on a waiting list to start treatment.

You can get **Priority Admission** for OST if you:

- are pregnant and are at a high risk for relapse;
- are HIV positive and are at a high risk for relapse;
- have Hepatitis B or C and are at a high risk for relapse;
- had a life-threatening opioid overdose, endocarditis, septicemia, septic arthritis, or suicidal behavior directly related to your opioid use disorder in the last 3 months; or
- will be released within the next 6 months and you have a well established release plan with an available OST provider in the community.[10]

8 CSC OST Guidelines, s 3.1.

9 *Corrections and Conditional Release Act*, SC 1992, c 20, ss 40 (i), (k), (l).

10 CSC OST Guidelines, s 2.1.

If any of these apply to you, you should be assessed to start OST sooner. Even people who meet these criteria are sometimes put on waiting lists, but CSC's Guidelines say that in these cases, there should not be a delay. Even if you are still at the Reception Centre, you *should* be assessed right away.[11]

How the assessment process works

You need to give your consent for Health Services to assess you. You will also need to agree for Health Services to share your medical information with your Intervention Team. This includes your IPO.[12]

You will be asked to read the *Methadone/Suboxone Maintenance Treatment Agreement*. This explains the conditions of the program. If you do not understand any of the conditions or rules, ask the nurse.[13] Sign Section B if you agree to be assessed.

You will need to have two random urine tests. Your tests do not need to be positive for opioids to qualify for OST. You can still get treatment if you have documents showing you were diagnosed with opioid use disorder in the past. You must also have a high risk of relapse.[14]

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11 CSC OST Guidelines, s 2.2.

12 CSC OST Guidelines, s 3; *Methadone Suboxone Maintenance Treatment Agreement*, Section A.

13 CSC OST Guidelines, s 3.1.

14 BC Practice Guidelines at 37, 41; CSC 1260-02e (R-2015-05): *Medical Assessment for Methadone/Suboxone Initiation*, Physician's Assessment/Plan.

CSC cannot use these test results for disciplinary charges or other purposes.[15]

You will also be asked to sign the *Disclosure of Medical Information Agreement.* By signing this, you agree that your medical information related to your OST plan can be shared with your Intervention Team in the prison and your future community team.

Normally your results cannot be shared with anybody outside your Intervention Team unless you agree. But your results can be shared to protect your or somebody else's health or safety. This means that your results can be shared with the Parole Board in some cases. Or it can be shared if the law allows or requires it. If your test results or other medical information is shared with anybody outside your Intervention Team, you must be told that it was shared.[16]

If you qualify for OST, your name is normally put on a waitlist until a place in the program opens.

Program requirements

Once you have been accepted to the OST program, you will need to sign the rest of the *Methadone/Suboxone Maintenance* ***Treatment Agreement***. Your signature shows that you understand and agree to the requirements and rules of the program.

15 CSC OST Guidelines, s 5.2.2.

16 CSC OST Guidelines, s 5.2.2; *Methadone Suboxone Maintenance Treatment Agreement*, Section D; *Disclosure of Medical Information Agreement*.

You will also get a *Methadone/Suboxone Maintenance* ***Treatment Plan***.[17]

The institutional doctor makes all final medical decisions related to OST, including admission, dose changes, termination and urine drug screens.[18]

You must follow your *Treatment Plan* and follow the rules in the *Agreement*. You also must attend meetings with your Intervention Team and be in substance abuse programs. Your programs will be monitored. You might be monitored more closely in certain cases, such as if you are new to the program, had a positive or refused drug test recently, had a recent dose increase, or are suspected to have diverted your medication.[19] This might mean that you have random drug tests more often.[20]

Routine Urine Testing

You will be asked to provide urine samples for drug testing on random dates without notice while on OST. Negative drug tests show that you are not taking illegal drugs. Drug testing also shows if you are diverting your methadone or Suboxone.

Drug test results are used to adjust your dose and your level of monitoring.[21]

17 CSC OST Guidelines, s 3.1.
18 CSC OST Guidelines, ss 3.1, 4.4, 7, 10.
19 CSC OST Guidelines, s 2.3.
20 CSC OST Guidelines, s 2.4.
21 CSC OST Guidelines, s 5.

If you cannot provide a urine sample when asked, the nurse is not supposed to withhold your methadone or Suboxone. They should talk to you about the importance of providing a sample, make a note in your file and tell the doctor. If this issue continues, they might schedule a meeting with the doctor.[22]

Release of your medical information

Drug test results for OST are private medical information and they should not be shared outside your Intervention Team without your consent. A positive test should not be used to search your cell, charge you with a disciplinary offence or segregate you.[23]

But positive drug test results **can** be shared without your consent if there is a serious or immediate threat to your safety or the safety of others. Results can be shared if needed to assess risk in making decisions about transfers and conditional release. This information should be shared only if your drug use is serious enough to show that your risk is not manageable.[24]

Urinalysis results **might** be shared with the Parole Board if it requests the information.

If information about you is shared without your consent, it must be documented on your file and you must be told that it was shared.

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22 CSC OST Guidelines, s 5.1.

23 CSC OST Guidelines, s 5.2.2.

24 CSC OST Guidelines, s 5.2.2; *Methadone Suboxone Maintenance Treatment Agreement*, Section D; *Disclosure of Medical Information Agreement*.

Positive urine drug screening results

If you have one positive urine test, the doctor is not supposed to take you off methadone or Suboxone treatment. The nurse should talk to you about the positive test. Positive drug tests might show that you are not committed to your treatment plan or that you are not motivated to stop using drugs. The doctor might decide that OST is not working for you and you could be tapered off.

If you disagree with your positive test result, tell the nurse and ask for your urine sample to be sent to the lab for a more accurate test. (The first test might have been done on-site and is less accurate.) It is best to request the lab test in writing and keep a copy.[25]

Methadone/Suboxone Administration

Normally, methadone is given once per day. If you are experiencing withdrawal symptoms within 12 hours of your dose, you can ask the doctor to consider splitting your dose into two daily doses. They will do tests to see if you have a rapid metabolism before agreeing to this.[26]

Suboxone can be given either every day or every other day.[27] Speak to your doctor if you want to spread out your treatments.

When you receive your methadone or Suboxone, you must follow these rules and procedures:

- You need to show your photo ID;

25 CSC OST Guidelines, s 5.3.
26 CSC OST Guidelines, s 7.4.
27 CSC OST Guidelines, s 8.7.

- You are not allowed to bring any type of container (cups or plastic bags) to the medication administration area or observation area;
- You are not allowed to wear bulky clothing (such as a coat or hoodie);
- You are not allowed to have anything in your mouth (such as candy, food or gum);
- You cannot appear to be intoxicated; and
- Only one patient is allowed in the medication administration area at a time.[28]

If you arrive late for your treatment, the nurse must tell you what time you can come back for your dose that day, and will document what happened. The nurse is not allowed to withhold your dose for that day. If you continue to be late for your treatment, you might be tapered off.[29]

If you miss one day of treatment, the nurse will notify the doctor. The nurse should not withhold your dose the next day unless the doctor told them to. If you miss more than one day, the nurse might withhold your next dose and you might need to be assessed by the doctor. The doctor might start you again at a lower dose and then increase your doses with time.[30]

28 CSC OST Guidelines, s 4.3.

29 CSC OST Guidelines, s 4.4.2.

30 CSC OST Guidelines s 4.4.3; BC Practice Guidelines at 39; *Methadone Suboxone Maintenance Treatment Agreement*, Section D.

If you vomit your dose, the nurse will tell the doctor and ask them what to do.[31]

For methadone, the nurse must watch you swallow the entire dose, drink several ounces of water and then ask you to speak to them. You will be observed by a CSC staff member for at least 20 minutes after you take your methadone. You must stay sitting and you are not allowed to walk around the observation area.[32]

For Suboxone, the nurse must watch you put the tablets or film under your tongue and continue to watch you until the tablets are dissolved. The nurse will look inside your mouth every 5 minutes until the tablets are fully dissolved.[33]

If you do not obey any of these rules, the nurse can talk to you about it, note it on your record, and tell the doctor.[34] If the nurse thinks you are breaking the rules, you might be taken off your treatment.

When you can be taken off OST

To switch between methadone and Suboxone

If you are taking methadone or Suboxone but you keep craving opioids or having withdrawal symptoms, you can talk to the doctor about switching to the other.[35] Suboxone is the most commonly

31 CSC OST Guidelines, s 4.4.4.
32 CSC OST Guidelines, s 4.3.5
33 CSC OST Guidelines, s 4.3.5.
34 CSC OST Guidelines, s 4.4.1.
35 CSC OST Guidelines, s 9.

prescribed OST medication because it generally has a lower risk of overdose and milder side effects once you are stabilized on your dose.

Voluntary termination

You can ask the doctor to take you off methadone or Suboxone at any time. The doctor should inform you of the risk of relapse, and should safely and gradually taper you off.[36]

At any point during the voluntary taper process, you can ask the doctor to raise your dose or to re-admit you to the program. The doctor will make the final decision.

Involuntary termination reasons

There are many reasons a doctor can consider taking you off your treatment. The reasons include:

- Not following the rules and conditions of the program repeatedly;
- Not providing urine for a drug test repeatedly;
- Testing positive for drugs repeatedly;
- Missing your doctor's appointments repeatedly;
- Threatening the safety of a staff member or another patient involved with OST (even once);
- Behaving disruptively in an OST area (like yelling, smashing property or encouraging violence) (even once);

36 CSC OST Guidelines, s 7.9.

- Violence towards a staff member, another OST patient, or another person related to OST (even once); or
- Diverting your methadone or Suboxone.[37]

You can be cut off methadone or Suboxone for diverting because it can put you and other people's lives at risk. Diverting your treatment puts you at risk of overdosing if you take methadone or Suboxone after missing doses. It also puts the people who are taking your diverted medication at risk because it can conflict with other medications and might be too high a dose for them.

However, there are many reports of prisoners who are taken off the program abruptly where a nurse simply suspects that they might have diverted their dose. If this happens to you, you can call PLS.

Involuntary termination process

There are a series of steps CSC is supposed to follow before they take you off OST. We've heard reports they are not always followed, but the information here is ***what the Guidelines say****.*

The doctor is supposed to interview you before taking you off methadone or Suboxone so that you can explain your version of what happened and they can make the appropriate *medical* decision for you.[38]

The doctor should not take you off your treatment to punish bad behaviour. Only the doctor can decide to take you off your treatment, and a decision to discontinue methadone or Suboxone should be for medical reasons. Stopping treatment is only supposed

37 CSC OST Guidelines, s 10.1.
38 CSC OST Guidelines, s 10.2.

to be used as a **last resort** where you have been warned many times and continue to break the rules.[39]

Before the doctor decides whether to take you off, CSC is supposed to provide to the doctor all the information and evidence related to your behaviour, including any video footage, observation reports and other relevant documents.[40]

You are also supposed to have a meeting with your Intervention Team before being taken off OST. During this meeting, all reasonable measures to improve the situation and possible alternatives to involuntary tapering are supposed to be considered. You are allowed to bring a support person to this meeting.[41]

If you are being muscled for your methadone or Suboxone by another prisoner, CSC should try to find ways to protect you.[42] This could include more security when you take your medication. Or it could include moving you to another unit or transferring you to another prison.

If the doctor decides to take you off methadone or Suboxone, your dose should be tapered in a humane, safe, and gradual way that prevents withdrawal symptoms. You should not be cut off "cold turkey". You should be told the taper schedule and the last date you will receive treatment. You must also be told of the risk of relapse and offered support services such as meeting with a psychologist or going to relapse prevention counselling. If you are not offered these things, you can ask for them. It is best to do this in writing and keep a copy.

39 BC Practice Guidelines, s 10.
40 CSC OST Guidelines, s 10.2.
41 CSC OST Guidelines, s 10.2.
42 CSC OST Guidelines, s 10.1.

Health Services should give you medication to help with withdrawal symptoms.[43]

If you are cut off "cold turkey," call PLS immediately.

What you can do

If you are taken off methadone or Suboxone against your wishes, here are some things you can try:

1. Ask for a meeting with your Intervention Team to discuss alternatives to stopping your medication. Do this in writing. List the names of any people you want at the meeting, such as an Elder, your IPO or a psychologist.
2. If you are being accused of diversion, tell healthcare you are willing to have extra security measures. Do this in writing.
3. If you are being accused of diversion, ask to see the evidence against you.
4. If you were on Suboxone and would be willing to take methadone, tell healthcare in writing.
5. Ask healthcare to check you every day for signs of withdrawal. Withdrawal is evidence that you were taking your medication.
6. If healthcare does not check you for withdrawal, tell them about any withdrawal symptoms in writing.

If you are cut off methadone or Suboxone, call PLS for help.

43 CSC OST Guidelines, s 10.4.

You can also make a complaint with the *College of Physicians and Surgeons of BC* if you think the doctor acted unethically. Some examples of things that might be unethical are:

- Taking you off methadone or Suboxone without warning or without a chance to explain your side of the story; or
- Cutting you off of methadone or Suboxone "cold turkey" or reducing your dose very quickly, causing you withdrawal symptoms.

If any of these things happen, the doctor might not be following their own professional guidelines. Taking you off your treatment, even gradually, puts you at a greater risk of relapse, HIV or Hepatitis C infection and overdose death.[44] Cutting you off quickly is even more dangerous for you.

You can also file a complaint against a nurse who breaks ethical rules to the *BC College of Nursing Professionals*.

For more information about how to file a complaint with a medical college, see PLS' booklet: "Complaints to medical colleges" or call PLS.

You can also make a complaint to the Canadian Human Rights Commission. Addiction is a disability under human rights law. If you are denied treatment that you need or you have been waiting for a long time, this might be discrimination on the basis of your disability. For more information, see PLS' booklet: "Human Rights for Federal Prisoners" or call PLS.

44 BC Practice Guidelines at 12, 19.

If you are cut off OST, you can re-apply after 4 months. You should be re-admitted if you can show that you are committed to change and that you have insight into why you were cut off before.[45]

Transfers and temporary absences

If you are being transferred to another prison, the nurse must plan for your treatment to be continued in your new prison. They should send your prescription to the prison you are going to, and might even need to send some medication to your new prison so that you do not miss a dose.[46]

During a temporary absence or work release, you will need to go to a pharmacy or clinic for your dose. Health Services must arrange this in advance. Tell Health Services if you are planning a temporary absence.

If there is not a pharmacy or clinic in the area that can give you your dose, CSC will do a risk assessment. If it is decided that your risk would be unmanageable without methadone or Suboxone, your temporary absence will be cancelled. Otherwise, if your risk is manageable without OST, CSC will let you choose if you still want to go. You would not get methadone or Suboxone while you are gone.[47]

If you are going to be transferred to a provincial correctional centre to attend court, Health Services should give you your dose before

45 CSC OST Guidelines, s 10.4.
46 CSC OST Guidelines, s 6.1.
47 CSC OST Guidelines, s 6.1.

you are transferred. They should also send a dose with the Bailiffs if needed.[48]

During private family visits, an officer should escort you to Health Services every day for your dose.[49]

Release from prison

You should not be cut off your treatment when you are released from prison. CSC must make sure that your OST is not interrupted when you are released on parole, statutory release or warrant expiry. [50]

There should be a planning meeting with your Intervention Team 6 months before your release. Before you are released, Health Services should arrange for you to get your methadone or Suboxone from a community provider so that you can continue your treatment in the community right away.[51]

If you want to be released to an area where there is not a pharmacy or clinic that can give you methadone or Suboxone, you will be tapered off before you are released. This should be done gradually. Or if you are on Suboxone and the pharmacy or clinic in the area you plan to go can only provide methadone, you should be given the option to switch to methadone before release (or from methadone to Suboxone).

48 CSC OST Guidelines, s 6.1.

49 CSC OST Guidelines, s 6.1.

50 College of Physicians and Surgeons of British Columbia, "Practice Standard: Prescribing Methadone" (2018) at 2.

51 CSC OST Guidelines, s 3.1.

If your conditional release is suspended and you are returned to prison, be sure to tell staff right away that you are on methadone or Suboxone. Your treatment should continue.

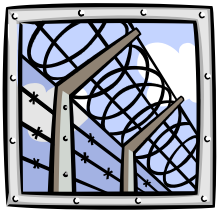
Prisoners' Legal Services

If you are in prison in British Columbia, you can contact Prisoners' Legal Services for advice or assistance with issues that affect your liberty (such as segregation, disciplinary charges or parole hearings) or about health care or human rights issues.

For assistance from Prisoners' Legal Services, you must have a referral from the Legal Services Society. Contact their call centre at 1-888-839-8889. Once you have a referral, you can call Prisoners' Legal Services directly at 1-866-577-5245.

Prisoners' Legal Services phones are open Monday to Friday from 9:00 a.m. to 11:00 a.m. and from 1:00 p.m. to 3:00 p.m.

This publication contains general information only. Each situation is unique. Law and policy can also change. If you have a legal problem, contact Prisoners' Legal Services or a lawyer.



Produced by Prisoners' Legal Services with funding from the Law Foundation of British Columbia.

A project of the West Coast Prison Justice Society

December 2018