COMMITTING TO CARE:

Improving the Treatment of Opioid Use Disorder in the Provincial Correctional System

OmbudsPEI
Approachable | Fair | Impartial

Public Report #1
April 2023

From the Ombudsperson

Sandy Hermiston – Ombudsperson for Prince Edward Island

OmbudsPEI began operations on February 14, 2022 with one staff person – me. It took a few months to find office space, create job descriptions and hire staff. Our Deputy Ombudsperson, Matthew Chapman and our Office Manager Lauren McKearney began work on June 13, 2022 with Investigator Alexandra Dalton joining us on July 4th. While our newest investigator, Cody McEachern, was not part of the investigation, he has played a significant role in the production of this report. I tell you this to give context for understanding how grateful I was for the support of an excellent team when we began receiving calls (on the new Deputy's first day of work) from the Provincial Correctional Centre (PCC or the Centre) about opioid replacement therapy in the Centre. You will see in this report that we received calls from three inmates - which prompted us to open an investigation. As time went on, seven more inmates contacted us to express their concerns, bringing the total number of complaints to 10.

While I was not surprised that some of our first complaints involved the PCC (since corrections are typically in the top five public authorities that provincial Ombuds offices deal with), I did not anticipate this first interaction would result in a 10-month investigation leading to our first public report. I commend the Department of Justice and Public Safety on their response to our Notice of Investigation. I also recognize that the resolution achieved was due in large part to the work of Shannon Ellis, Director of Correctional Programs and Brandi Martin, Nurse Practitioner. While 10 months sounds like a long time, in the world of Ombuds investigations, it is a remarkably short period of time. Similar issues took years to resolve in other provinces in Canada and fortunately PEI benefitted from that work.

We began our investigation with an introductory meeting where we explained our investigation process, outlined the complaint and answered questions from staff at PCC. We put together background research about opioid replacement therapy (ORT) in correctional facilities and medical treatment in custody and shared it with PCC, together with our concerns about the handling of ORT at the Centre. We were very pleased with their response. They committed to make changes and proceeded to figure out how they would implement those changes. This open-minded, collaborative approach was more than we could hope for. The resulting new policy addressed our concerns about the fairness of the ORT program, and we were able to conclude our investigation.

The details of our investigation and information about ORT are outlined in this report which, in my opinion, is a major accomplishment for this brand-new office. I would like to thank my team for their excellent work and for taking on such an important challenge in their first few weeks of employment! We look forward to making a difference in the lives of more Islanders as we continue to work towards our Vision - "*A public service that is fair, transparent and accountable in the design and delivery of its programs and services.*"

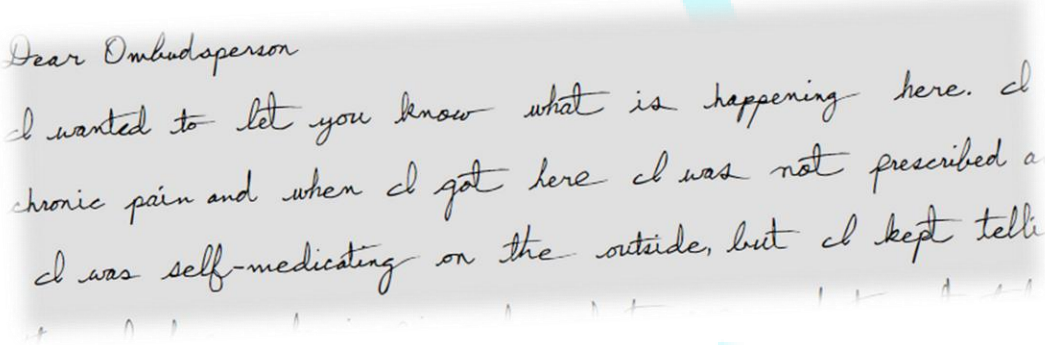
Summary

Over the course of 10 months, OmbudsPEI investigated a series of complaints made by inmates at the Provincial Correctional Centre (PCC) in Charlottetown about access to opioid replacement therapy (ORT), a treatment for opioid use disorder (OUD). The complainants knew that ORT was widely available to Islanders who were not in jail and that it was provided without delay to inmates at federal and other provincial correctional institutions across Canada. They did not understand why they were required to wait until shortly before their release to be placed on ORT. By delaying the delivery of ORT, the complainants explained that they experienced opioid withdrawal and cravings which led to behaviours that caused their OUD to worsen.

Through our investigation we learned that if an inmate was receiving ORT at the time of admission, continued ORT was offered. However, if an inmate was not receiving ORT at the time they were admitted, they had to wait until a few weeks before their release to be offered it. This policy meant that inmates not receiving ORT on admission were offered opioid withdrawal management only.

OmbudsPEI consulted with treatment providers, correctional staff, inmates, local stakeholders and correctional institutions across Canada to determine whether PEI's Community and Correctional Services' (CCS) OUD treatment protocols were consistent with current standards of medical care. We learned that ORT is the current standard of medical care for treating OUD and that opioid withdrawal management is not medically recommended, nor is it a suitable alternative to ORT. The results of the consultations were conveyed to CCS together with OmbudsPEI's concerns that the current practices could be seen to be unfair to inmates.

In response to OmbudsPEI's concerns, CCS committed to ensuring that all inmates eligible for ORT will be offered it without delay. By doing so, CCS is providing inmates with OUD the best chance for long-term, stabilizing treatment to the same level of care provided to other Islanders. By improving the treatment of OUD in the correctional system CCS is not only assisting inmates with improving their lives, but also helping to mitigate the risks of criminal recidivism and its impact on the communities across Prince Edward Island.


Dear Ombudsperson
I wanted to let you know what is happening here. I
chronic pain and when I got here I was not prescribed a
I was self-medicating on the outside, but I kept telli

Complaints & Investigation

Complaints to OmbudsPEI

In June of 2022, OmbudsPEI was contacted by three inmates at PCC complaining about inconsistent prescribing practices for ORT within the centre. One complainant was told they would not be provided the treatment until four to six weeks before their release date. They believed it was unfair for PCC to require them to experience withdrawal and cravings until the very end of their sentence. They did not want to seek illicit opioids, which they alleged were available within the centre, to prevent withdrawal and cravings.

Another inmate complained that they were not eligible to receive ORT despite having abused opioids in the past and relapsing while in custody. Throughout our investigation, this individual also alleged that they obtained various forms of opioids illicitly within the centre to deal with cravings and stave off withdrawal. They explained that they would much rather receive ORT than obtain opioids illicitly and were worried about what drugs they may resort to using if released from PCC without being stabilized on ORT beforehand.

The third complainant saw distress experienced by another inmate due to the withholding of ORT and expressed concerns for that inmate's physical well-being.

Based on these three complaints, OmbudsPEI investigated whether PCC was following a fair and reasonable process in providing medical care to inmates. The focus of our investigation was on how OUD was treated at PCC and how ORT was being administered.

OmbudsPEI received an additional seven complaints about the ORT policy at PCC during our investigation. The issues raised by these complaints were factored into the existing investigation.

Our Investigation

We began by reviewing the complainants' medical records and PCC policies. This confirmed that PCC's practice was to provide ORT to inmates who were actively receiving the treatment at the time they were admitted to PCC. Other inmates screened on admission as suffering from OUD but who were not receiving ORT at the time of their admission, would only be offered ORT four to six weeks before their expected release date. By limiting the provision of ORT in this manner, any inmate who had been abusing opioids at the time of their admission and who was not already receiving ORT, was placed on withdrawal management protocols. These protocols included medical assistance and supervision through the process of opioid detoxification using non-ORT medications.

When we met with staff at PCC to discuss our initial review of policy and medical records, they acknowledged that the centre's ORT policies needed updating and formalized adoption. They explained that over the course of the past three years the attention of PCC staff and administrators had been focused on managing the complex healthcare and safety needs of inmates and staff relating to the COVID-19 pandemic. PCC acknowledged that they were now able to dedicate their efforts to addressing matters that had been at the forefront of their consideration before the events of early 2020.

With this contextual understanding, OmbudsPEI shifted to reviewing how OUD was being treated in other correctional institutions across Canada. This review identified PEI as an outlier, particularly when compared to the federal correctional system and provincial institutions where the opioid crisis was being hardest felt. Those institutions did not delay the provision of ORT to inmates. Having identified this, OmbudsPEI undertook independent research into national and international guidelines for the treatment of OUD and how that treatment is recommended to occur.

A guiding principle for providing medical care in correctional institutions across Canada and around the world, is that inmates cannot be denied medical care that would otherwise be reasonably available to them in the community. The basis for this is that a state should never withhold medical care to inmates because of their legal status. Inmates have their freedoms and liberties restricted by their removal from society. Medical care should not be withheld as a condition of an individual's sentencing. To do so would be unfair.

United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)

Rule 24 1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status. 2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

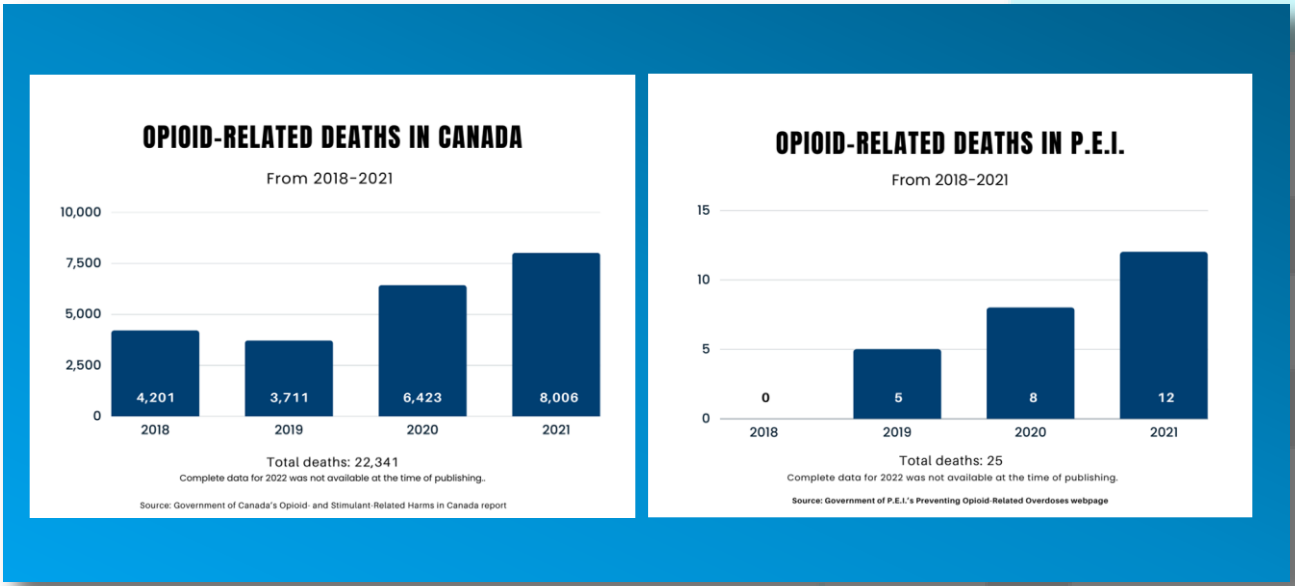
OmbudsPEI recognized that there is a difference between knowingly withholding or delaying medical care and choosing not to offer discretionary treatment where alternate options and delivery protocols exist. Because of this, OmbudsPEI wanted to ensure that it understood whether ORT was in fact the standard of care for OUD. If so, it was also important to consider when patients should be offered ORT and whether there are comparably effective treatment options and delivery protocols. If there was no comparable alternative to ORT in the treatment of OUD, and if delaying its delivery could be interpreted as delaying a standard of medical care to inmates, fairness would dictate that ORT delivery should not be delayed.

Background

Opioid Use Disorder

OUD is a chronic condition causing serious physical, mental and behavioral problems which can result in disability and death. OUD prevalence in society has significant impacts on economies, healthcare, crime rates, policing and corrections. Tragically, OUD is a root cause of the overdose crisis gripping Canada in 2023.

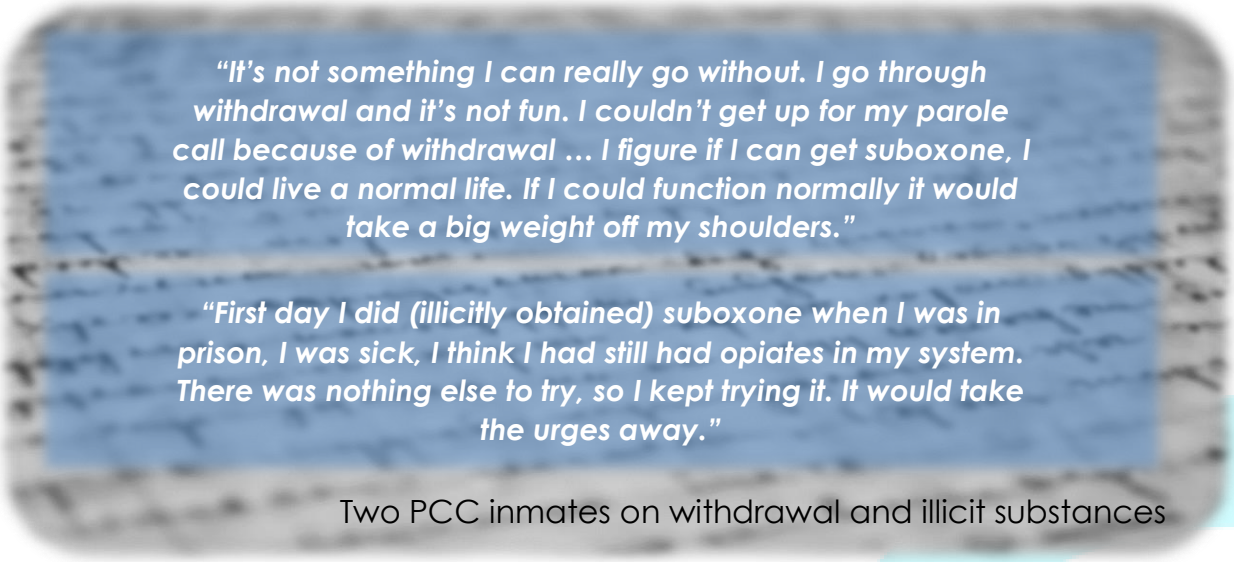
As is the case for correctional centres across Canada, a significant proportion of inmates at the PCC in Charlottetown suffer from OUD, many of whom are there because of behaviors linked with substance abuse. While inmates do not have the same access to illicit substances otherwise available in the community, provincial and federal correctional centres across Canada have been unable to prevent the trade of illicit substances within their facilities, including opioids. Such drugs can be obtained by inmates through the diversion of legitimate prescriptions or be smuggled into centres as contraband.



Because of the availability of illicit drugs within correctional centres across Canada, some inmates detoxing from opioids may be able to obtain drugs to stop their withdrawal symptoms or otherwise satisfy their cravings. In addition to the health risks associated with the use of illicit drugs within correctional centres, the trade of these substances threatens the safe operation of facilities and is associated with increased levels of violence, assault and criminal activity.

Opioid Withdrawal

An often-repeated description of what opioid withdrawal feels like is the sensation of dying. Sufferers can experience elevated heart rate and blood pressure, excessive sweating, abdominal pain with vomiting and diarrhea accompanied by dehydration, tremors, a sensation of bone pain, skin agitation, a general inability to stay still, insomnia and heightened anxiety.



In the throes of detox, the desire to stop these symptoms is overwhelming. Were the sufferer to restart opioids during their detoxification these symptoms would quickly disappear. Once detoxification ends, the timing of which can vary greatly depending on the opioid used and severity of the user's OUD, the individual is likely to experience continuing opioid cravings. These cravings are often described as a need to feel normal rather than a desire to experience a high.

Opioid Replacement Therapy

ORT prevents those suffering from OUD from experiencing severe withdrawal symptoms associated with opioid detoxification. ORT substitutes short acting opioids such as heroin or fentanyl for long-acting synthetic opioid agonists, typically methadone or buprenorphine. The professional delivery of ORT prevents opioid withdrawal without causing the patient to experience a high.

An Islander seeking ORT to treat their OUD can access it through provincially run and funded programs. Those needing treatment will be assessed and, if eligible, could start receiving it in as little as a day. In Charlottetown, there are two primary treatment facilities that offer ORT Services, the Provincial Addictions Treatment Facility (PATF) and the Queen Street Recovery Clinic (QSRC).

Professional Medical Guidance

Long-term remission from OUD is possible. The first-line treatment for OUD is ORT. Individuals treated with ORT can experience significantly improved health outcomes and are generally better able to integrate into all aspects of society than those suffering OUD who practice opioid abstinence.

The Canadian Centre for Addictions and Mental Health (CAMH) has published detailed guidelines for medical practitioners treating patients with OUD. These guidelines are endorsed by provincial and national medical colleges, including the College of Physicians and Surgeons of PEI, and are considered a national standard for guiding the treatment of OUD.

The CAMH guidelines state that:

- ORT results in improved treatment retention and decreased substance use compared to all forms of opioid detoxification.
- Detoxification from OUD should be used only when treatment with an ORT medication, such as Suboxone, is not possible due to allergies, pregnancy or when the patient prefers not to be treated with ORT.
- If a patient requests treatment other than ORT, they should be made aware of the evidence showing that ORT is superior to detoxification in reducing illicit drug use, improving retention in treatment, and reducing injecting behavior.

The CAMH guidelines recommend that hospitalization and incarceration be used as opportunities for patients who meet the criteria for ORT to be offered this treatment. They also stress that it be provided with minimal to no wait times. The CAMH's *Standards & Frameworks for Care* state that eligible patients should be given access to ORT within 48 hours. By doing so, the patient is exposed to fewer risks associated with opioid detoxification and persistent opioid cravings.

Without getting ORT 4-6 weeks before release, it's going to be a lot harder for me to become stable enough to do well in the community and stay sober. I want to be sober for my family and 4-year-old daughter.

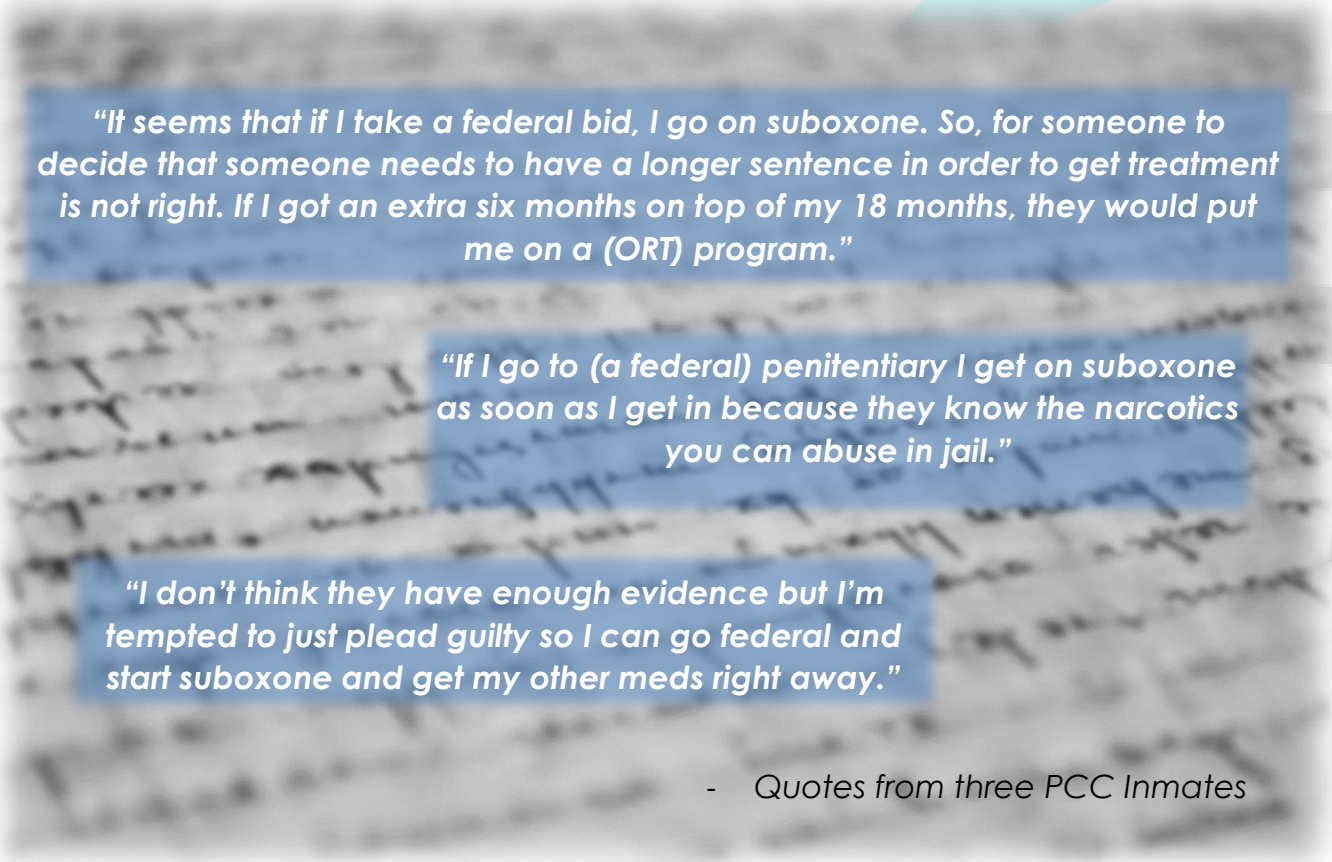
A PCC inmate on their need for ORT

Professional Medical Guidance Cont'd

The province hardest hit by the opioid crisis to-date is British Columbia, having suffered 10,000 opioid related deaths between 2016 and the summer of 2022. As part of that province's response to the opioid crisis, the BC Ministry of Health and the British Columbia Centre on Substance Use (BCCSU) developed a series of guidance documents for public health agencies and individual healthcare providers, including *A Guideline for the Clinical Management of Opioid Use Disorder.*

The first of BCCSU's 11 recommendations states that "*Withdrawal management alone (i.e. detoxification without immediate transition to long term addiction treatment) is not recommended*."

It clarifies in an important safety notice that "*Withdrawal management alone is not an effective treatment for opioid use disorder and offering this as a standalone option to patients is neither sufficient nor appropriate.*" The BCCSU's second recommendation is to "*Initiate opioid treatment with buprenorphine/naloxone* (Suboxone) *whenever feasible to reduce toxicities and facilitate recovery."*



Professional Medical Guidance Cont'd

Alberta Health Services (AHS), The College of Physicians and Surgeons of Saskatchewan (CPSS) and the national College of Family Physicians of Canada (CFPC) all consider opioid agonist therapy (OAT, a term interchangeable with ORT), as the first-line of treatment for OUD, with AHS and CPSS both instructing physicians that withdrawal management alone is not an effective nor safe treatment for OUD.

Withdrawal management is not recommended by CPSS, as the treatment is associated with:

- Increased risky behaviors such as needle sharing leading to increased morbidity and death
- Elevated rates of relapse
- Overdoses
- Both human immunodeficiency virus (HIV) and Hepatitis C virus (HCV) infections

The CPSS also states, "*Necessary medical treatment, including OAT, should be provided to any individual incarcerated in a provincial correctional or remand centre.*"

In its *Position Statement on Access to Opioid Agonist Treatment in Detention,* the CFPC notes that ORT in correctional facilities is an effective intervention to reduce injection drug use and prevent transmission of blood-borne infections and is associated with reduced post-incarceration mortality and opioid use. It further explains that ORT is associated with earlier release from detention and lower rates of re-offending.

To respect the dignity and human rights of people in prison, and as part of an effective public health response to the opioid overdose crisis, the CFPC takes the position that ORT should be widely available to people in detention across Canada.

The position paper's principal recommendation is that "*All people in detention who meet criteria for evidence-based OAT (including methadone, buprenorphine-naloxone, and slow-release oral morphine) and who consent to receiving treatment should have access to opioid therapy without delay*."

Assessment & Resolution

Investigative Assessment

In completing our review of clinical practices and recommendations across Canada and within PEI, OmbudsPEI found that while healthcare in the province's correctional system had made advances in treating OUD, updates to policy were required to ensure that inmates were not being unfairly delayed access to the current standard of medical care. We compiled a preliminary investigative assessment that outlined this and provided it to CCS for consideration.

CCS responded positively to our preliminary assessment. They explained that their goal was to develop the capacity to administer ORT more broadly, but like other correctional institutions across Canada they had resourcing, staffing and training hurdles to overcome before this could occur. CCS explained that they were identifying the extent of the resources required to proceed with this initiative. As a part of this process, CCS and PCC staff engaged in a comprehensive review of its practices. This review included travelling to and engaging with other correctional institutions to learn from their experiences with different approaches to delivering ORT.

Complaint Resolution

Through consultation between CCS leadership, PCC management, medical staff, outside physicians and community care providers, CCS has adopted a new policy to guide the delivery of ORT to inmates on PEI. This policy codifies the prompt delivery of ORT as the standard of care for the treatment of OUD at the PCC. In addition to the continuing use of methadone and Suboxone, the injectable form of buprenorphine: Sublocade, will be offered. This drug is a longer acting alternative to Suboxone and once administered by injection cannot be diverted into the illicit drug trade.

As was the case before this investigation, inmates who were receiving ORT at the time of their admission will be continued on the treatment when admitted to PCC. Unlike before, all other inmates who are assessed as suffering from OUD will be offered ORT on admission.

Before our investigation, inmates caught diverting suboxone or methadone would receive one written warning that they would have their ORT discontinued if they were caught diverting it a second time. If caught a second time, inmates had their ORT stopped completely. The new policy states that inmates caught diverting either methadone or Suboxone may have their treatment plan reassessed and, if medically appropriate, will be offered Sublocade as an alternative to the diverted drug.

CCS reported that its new ORT policy is set to be implemented in May 2023 after supplies are sourced and staff are trained.

Conclusion

By ensuring that eligible inmates receive prompt ORT treatment for their OUD, CCS has addressed OmbudsPEI's concerns regarding the fair treatment of inmates. In OmbudsPEI's opinion, an additional benefit to this new approach is that CCS is mitigating the risks associated with withdrawal management and opioid abstinence therapies while also ensuring that inmates caught diverting ORT medications will be provided an opportunity to continue treatment with the injectable drug Sublocade. OmbudsPEI is optimistic that these changes will have a positive impact on opioid and other drug use, criminal activity, overdose risks and long-term treatment retention among PEI's incarcerated population.

We applaud the steps taken by CCS and staff at PCC to ensure that a critical gap in the availability of OUD treatment was closed in a meaningful and responsible way. The work of all correctional staff on PEI, which is difficult and often thankless, has a tremendous impact on the well-being of inmates and the communities to which they return. Their willingness to adapt and adjust to new treatment methods and protocols is indicative of their professionalism and commitment to patient care and fairness.

OmbudsPEI is grateful for the cooperation of everyone at CCS and PCC during our investigation, for the work they do every day, and for the critical role they play in providing inmates in provincial custody with the opportunity to change their lives for the better. Moving forward, OmbudsPEI is confident that all inmates on PEI will have access to a standard of care that has proven to be the most effective treatment available for a disorder that destroys lives, families, and communities.

> *"It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones."*
>
> ***- Nelson Mandela***