

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.

Follow-up study of inmates under opioid agonist treatment before and after release

*Improving OAT service access, supply, and maintenance supports successful community reintegration.***Why we are doing this study**

Opioid agonist treatment (OAT) is an effective intervention for the care of persons with opioid use disorder (OUD). Previous studies show that maintaining OAT not only contributes to reducing the number of overdoses but also addresses the health needs of the general and mainstream population. The scientific literature reveals secondary benefits such as a lower rate of re-incarceration in individuals who have received this treatment. However, the impact of the transition from custody to the community, and vice versa, on OAT continuity is poorly documented. Knowing that treatment interruption can lead to serious negative consequences (including premature death), the purpose of this study is to examine health services (support and care received, needs, experiences), issues related to release, and the social and health impacts on federal inmates with OUD who received OAT in an institutional setting.¹

What we are doing

Semi-structured interviews were conducted at two time periods (6 months prior to release and 2 to 6 months after release) with seven inmates recruited from five Quebec institutions in February 2020². A thematic content analysis of all the available data was performed to identify convergent, divergent and emergent elements.

What we have found so far

Three major themes were identified from the participants' interviews: (1) opioid addiction; (2) access to OAT services; and (3) OAT compliance. Here is a brief overview of those sections.

With regard to the first theme, initiation to opioids had occurred in a variety of contexts, including experimenting, seeking to alleviate suffering following a traumatic experience or following a prescription for a medical condition. According to participants, two factors in particular appear to contribute to continued use despite the negative impacts: the substance's high addiction factor and the fear of experiencing a painful withdrawal.

The second theme covers the OAT application process. Although most participants reported that access to services in the correctional setting was simple and quick, others experienced obstacles in this area. In contrast, awareness of the existence of services and how to access them in the community seemed to remain an active challenge at the time of the study. Most participants also found the waiting time for OAT in a correctional setting to be reasonable, but some noted that there was room for

improvement given the withdrawal and relapse issues that could arise in the process.

The third theme was maintenance of and compliance to OAT. According to participants, an OAT that is properly administered and tailored to the individual helps to achieve long-term opioid abstinence. In terms of obstacles to maintenance, some participants perceived that they had been given too low a dose, which led to withdrawal symptoms, and some participants on methadone treatment had reported unpleasant side effects (loss of libido, drowsiness, etc.) With respect to the elements that favour OAT compliance, two aspects were identified: training of workers on the goals of treatment and service delivery tailored to and centred on the person. In addition, program maintenance and continuation are a challenge during the transition period. Some factors that appear to facilitate this transition are: the free flow of communication between Correctional Service of Canada staff and community health services staff, employer and work schedule flexibility, and pharmacy proximity to the various living environments.

What it means

Preliminary findings suggest that OAT fosters the achievement of pro-social goals during community reintegration. The initial interviews indicated the importance of maintaining timely OAT access, raising awareness among the various corrections and health services stakeholders regarding the harm reduction approach to prevent relapse and maintain treatment compliance, ensuring service consistency and continuity in the institutional and community environments, and taking a holistic view of reintegration that places the person's interests front and centre.

Continuing this work will make it possible to obtain more information about the transition process and make recommendations to boost treatment compliance.

For more information

For more information, please e-mail the [Research Branch](#). You can also visit the [Research Publications](#) page for a full list of reports and one-page summaries.

Prepared by: Christophe Huÿnh³, Jean-Philippe Galipeau, Dena Derksen, Shanna Farrell MacDonald, Valérie Aubut, Ervane Kamngang and Serge Brochu

¹ This study replicates research conducted by the Centre for Addiction and Mental Health (CAMH) in the Ontario region.

² Other planned participant interviews had to be suspended owing to the COVID-19 pandemic.

³ Huÿnh, Galipeau, Aubut, Kamngang and Brochu are researchers with the Institut universitaire sur les dépendances (IUD) at Université de Montréal. This study was conducted as part of an ongoing collaborative research agreement between CSC and the IUD. The views expressed in this *Research in Brief* are those of the authors and do not necessarily represent those of the Correctional Service of Canada.

