CoLab Network

Summary Report

Buprenorphine-Based Formulations for the Treatment of Opioid Use Disorder in Correctional Settings

Report Author
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This Environmental Scan was conducted by Sirjana Pant through the Post-Market Drug Evaluation Program.

Objective

The objective of the survey-based Environmental Scan was to collect real-world data on the provision of buprenorphine-based formulations for opioid use disorder (OUD) in Canadian correctional facilities. This Environmental Scan focuses on availability, eligibility criteria, treatment protocols, experience with specific formulation usage, and implementation considerations such as risk of misuse, drug administration, and monitoring.

Findings

Availability

Respondents from Correctional Service Canada, Alberta, British Columbia, Newfoundland and Labrador, and Ontario noted that their correctional facility provides all 3 buprenorphine-based formulations at 1 or more correctional facility or the health authority supporting a correctional facility in the jurisdiction. Of the 5 respondents from New Brunswick, 3 noted their correctional facility only provides the depot injection and transmucosal tablet, while the other 2 respondents noted their correctional facility provides all 3 buprenorphine-based formulations. A respondent from Nova Scotia noted that their correctional facility only provides the depot injection and transmucosal film. Respondents from Quebec and Saskatchewan noted that their correctional facility only provides the depot injection and transmucosal tablet.

Eligibility

Eligibility criteria for buprenorphine-based formulations vary but generally include a diagnosis of OUD as per the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)* criteria and confirmation of use through urine drug tests. However, at some facilities a positive urine drug screen is a suggested but not mandatory requirement for opioid agonist therapy (OAT). Other eligibility criteria include a Clinical Opioid Withdrawal Scale (COWS) score ranging from 8 or higher to 13 or

higher, documented history of OUD, a standing OAT prescription in the community, or upon request from the patient. Patients are eligible for the depot injection following stabilization on transmucosal tablet or film. Although the product monograph recommends a 7-day stabilization period, some correctional facilities allow the switch to the depot injection in 2 to 3 days at the discretion of the physician.

Treatment Protocol

Treatment protocols for OAT in Canadian correctional facilities reflect a comprehensive approach to addressing OUD. Buprenorphine-based formulations are typically favoured as first-line treatment due to their efficacy and safety profile. Methadone, although effective, is often reserved as a second-line option. Upon admission, clients presenting with opioid withdrawal symptoms or who are at high risk of relapse are promptly assessed for OAT initiation by an intake nurse or social worker and then referred to a physician, ensuring timely intervention to mitigate withdrawal discomfort and reduce the risk of opioid-related complications. Protocols emphasize the importance of thorough assessment, including urine drug screening and clinical evaluation, to confirm OUD diagnosis and tailor treatment plans to individual needs. Dosing regimens for buprenorphine-naloxone formulations vary across jurisdictions but generally follow established guidelines, with gradual dose escalation based on withdrawal severity and patient response. Transition from transmucosal tablet or film to depot injection is typically guided by stabilization on lower-dose transmucosal therapy, although induction periods may vary based on clinical judgment and patient tolerance. Continuity of care is emphasized to facilitate seamless transitions between correctional health care and community settings, ensuring ongoing support and treatment adherence.

Administration and Monitoring

Administration and monitoring requirements for the transmucosal film and tablet formulations were provided by respondents from all jurisdictions. Typically, a nurse administers the medication, and a correctional officer observes the patients in a sequestered area to prevent diversion. The reported observation period ranges from 5 to 30 minutes. Respondents also reported that nurses or correctional officers conduct a “mouth check” after administration. However, 1 respondent from Alberta highlighted that transmucosal films or tablets are dispensed during medication lines without direct

patient supervision. Correctional officers conduct routine searches, and health care personnel are notified if any substances resembling medication are found.

Transition to Community

A respondent from Ontario noted that prescriptions for OAT are provided upon release from correctional facilities to bridge the gap until patients can see their community prescribers, with patients using the transmucosal film formulation receiving prescription for the transmucosal tablet instead. Respondents from Alberta, British Columbia, New Brunswick, Newfoundland and Labrador, and Quebec noted that medications for OAT are funded by provincial drug plans, and inmates are connected with community pharmacies and prescribers (unless they already have a community provider where they can seek care after release) or related gap coverage programs (e.g., the Virtual Opioid Dependency Program in Alberta) upon release. A respondent from Nova Scotia noted that only patients with standing community prescriptions receive OAT in facilities; therefore, there is the assumption that patients will follow up with their community prescribers after release. Correctional Service Canada noted a comprehensive transition plan that includes provincial and territorial coverage, continuity of care, access to medication, harm reduction education, housing, and psychosocial supports.

A respondent from Ontario noted that the depot injection is deemed advantageous for individuals who are unexpectedly released by the court because it allows flexibility in discharge planning and reduces the urgency for community-based OAT arrangements. Respondents from New Brunswick and Ontario noted that transmucosal film formulations are avoided if not covered in the community. Similarly, a facility in Alberta gave preference to the depot injection over transmucosal tablet or film to promote stability upon release.

Rationale and Experience

In correctional facilities across various Canadian jurisdictions, the choice of buprenorphine-based formulations for treating OUD is informed by considerations such as risk of diversion, ease of administration, and patient acceptance. The depot injection is favoured for its reduced risk of diversion and lower administrative burden related to medication preparation, pill counting, administration, postadministration monitoring, and logistical challenges and confusion associated with dispensing

different formulations to a large population. The extended-release formulation was also noted to offer potential for better patient stability upon release. However, there were challenges with patient acceptance due to injection discomfort and resistance from those with diversion intentions. Transmucosal formulations, including tablets and films, offer alternatives, with some facilities preferring films for their reduced diversion risk, albeit with challenges in administration and cost. However, despite initial expectations, respondents noted that the transmucosal film formulation did not yield the anticipated reduction in diversion, underscoring the complexities involved in addressing diversion risks within correctional settings.

Implementation and Consideration

In implementing buprenorphine-based formulations for treating OUD in correctional facilities across Canadian jurisdictions, various factors such as risk of misuse and diversion, drug administration, patient preference and participation, and monitoring were noted to be crucial considerations. Recommendation for reducing drug diversion with transmucosal film and tablet formulation include postadministration observation for 10 to 15 minutes, restricting transmucosal film doses to a maximum of 2 per administration, use of diversion registries, practice of patients signing contracts committing to not divert the transmucosal tablet, and switching patients from transmucosal tablets to depot injection if there is evidence of diversion (or intent to divert). One respondent from Alberta also proposed that programs should opt for either transmucosal tablets or film exclusively rather than offering both; dual availability can cause confusion and product selection errors as well as potentially destabilize patients due to differences in bioequivalence with unintended switches between formulations. Although depot injection was favoured by most respondents as their first choice due to concerns about diversion with the transmucosal tablet and film formulations, some also advocated that treatment should be client driven and based on their preferences rather than forcing a specific treatment option.

Some respondents also suggested the following for patients upon release: ensuring patients have registered for coverage through a public drug plan upon release, providing necessary education to patient on OAT, and providing them with a list of clinics, pharmacies, community centres, and rehabilitation centres that have agreed to administer the depot injection, which can be provided to inmates upon their release.

Conclusion

The risk of diversion and administrative burden are significant concerns in selecting formulations for treatment of OUDin correctional facilities. Despite limited patient acceptance, the depot injection remains the preferred treatment option due to its elimination of diversion risk and reduction of administrative burden. Of note, the anticipated reduction in diversion with the transmucosal film formulation did not materialize in real-world settings, highlighting the complexities and challenges associated with treating individuals with OUDs in correctional facilities.

For more information on CoLab and its work, visit the **CoLab website**.

For the full scientific report, visit **Buprenorphine Formulations in Correctional Settings**.

Canada's Drug and Health Technology Agency

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About CADTH: CADTH is a not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

About CoLab: CoLab is a pan-Canadian network of experts in applied research, scientific methods, and data analysis. CoLab members work with CADTH's Post-Market Drug Evaluation Program to produce credible and timely evidence on post-market drug safety and effectiveness.