

Methadone Treatment

in federal prison

This booklet will explain how to qualify for Methadone treatment in prison, the requirements of the Correctional Service of Canada program, how Methadone is administered and the reasons why you might be cut off Methadone treatment.



Table of Contents

Methadone Maintenance Treatment.....	3
Qualifying for methadone treatment in prison.....	5
How to gain admission to the program.....	7
Methadone program requirements.....	10
Routine Urinalysis Testing.....	13
Methadone Administration.....	15
When you can be taken off Methadone.....	16
Release from prison.....	19
Prisoners' Legal Services.....	19

Methadone Maintenance Treatment

If you are dependent on opioid drugs, such as heroin, codeine or OxyContin, you may benefit from Methadone Maintenance Treatment (MMT) in prison.

Methadone does not make you feel “high” like opioids do. Methadone:

- helps with opioid withdrawal symptoms (anxiety, restlessness, runny nose, tearing, nausea and vomiting);
- helps to stop cravings for opioids;
- reduces the high from taking opioids which reduces the chances of using illegal drugs in prison; and
- is safer to take long term than opioids.

MMT is not a cure for drug addiction. It is a medical treatment used to reduce opioid dependence. It is a harm reduction approach to reduce the harmful effects of drug use and improve overall health. People are usually on Methadone for life.

MMT has been found to **reduce**:

- other drug and alcohol use;
- criminal recidivism;
- drug-related prison violence;

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- mortality;
 - the number of intravenous injections; and
 - health risks associated with injection drugs use, including the transmission of HIV.

MMT has been found to **improve**:

- physical and mental health;
- social functioning;
- quality of life; and
- pregnancy outcomes.

MMT can also cause side-effects, including constipation, weight gain or loss, calcium deficiencies or mood swings between doses.

Qualifying for methadone treatment in prison

The Correctional Service of Canada Admission Criteria

To qualify for methadone treatment in federal prison, you must:

- be diagnosed with dependence on IV opiates, or have a well documented history of opiate addiction with a high risk of relapse confirmed by a certified institutional physician;
- have a small chance of benefiting from other treatment options with a history of failed attempts at treatment; and
- agree to the terms and conditions of MMT.

You can qualify for **Priority Admission** to the MMT program if you:

- are a female prisoner who is pregnant and opioid dependent or are at a high risk for relapse;
- are HIV positive and opioid dependent or are at a high risk for relapse;
- require treatment for Hepatitis C;

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- are opioid dependent with a history in the past three months of a life-threatening opiate overdose, endocarditic, septicemia, septic arthritis, or suicidal behavior directly related to your opiate dependence; or
 - are opioid dependent, you will be released within the next six months and you have a well established release plan for a community MMT provider.

If you qualify for priority admission to the MMT program, you should get methadone treatment without delay, before being transferred to your parent institution.

How to gain admission to the program

If you were on Methadone when admitted to prison

If you were on Methadone in the community when you entered prison, and you want to continue taking Methadone, tell Health Services right away. Give your consent to the nurse to continue on Methadone. You will be asked to sign a *Release of Information* so that CSC can confirm your participation in a Methadone program and get your treatment history from your community MMT provider.

It is best if you tell the nurse that you were on Methadone in the community when you have your first nursing assessment, which happens within 24 hours of arriving in prison. This assessment must include a screen for conditions that need continuing treatment, including participation in MMT.

If you were on Methadone when you entered prison, you will still need to go through the assessment process, but if you can show you were on Methadone, you should get Methadone while they do your assessment.

If CSC decides that you should not be on Methadone after assessing you, the institutional doctor must taper you off methadone in a humane and safe manner.

If you were not on Methadone when admitted to prison

If you were not on Methadone when you came to prison, and would like to be, tell your Institutional Parole Officer (IPO) that you would like to be on MMT. You and your IPO will discuss the MMT program, your reasons for applying for MMT, as well as your goals, level of commitment and motivation.

If you tell your IPO that you have been using drugs in prison, you could be charged with an institutional offence. Before telling any CSC staff person about drug use in prison, say you are telling them private medical information because you would like to participate in MMT.

To participate in the assessment process, you will be asked to sign an *Agreement to Participate in Assessment Process/ Acknowledgement of Terms and Conditions for MMT*. This says that you understand the MMT Agreement and give consent to participate in the assessment process.

Unless you meet the priority criteria for MMT, you will likely have to wait until you get to your parent institution before you will be assessed and put on Methadone.

You will need to have two randomly timed urinalysis tests as part of your assessment. Your tests do not need to be positive for opiates to qualify for MMT. If you have a documented history showing a pattern of long-term dependence and a high risk of relapse, you can still qualify for Methadone treatment.

The results of your Methadone assessment urinalysis tests are medical information and should not be used for other purposes, including disciplinary charges.

If you qualify for Methadone treatment, your name will be put on a waitlist until a place in the program opens.

The application process should not take more than 45 days.

Methadone program requirements

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

You will work with your Intervention Team to develop your *Methadone Maintenance Treatment Plan*. Members of your intervention team include you, your Institutional Parole Officer, the Institutional Correctional Programs Officer, a nurse, the institutional doctor, the Officer of Principle Interest and other CSC staff as required (such as the psychologist, psychiatrist, Elder or chaplain).

Members of your Institutional Team work in consultation with one another, but the institutional doctor makes all final medical decisions related to MMT, including admission, termination and urine drug screens.

You must follow your *Methadone Maintenance Treatment Plan* and follow the rules in the *Methadone Maintenance Treatment Agreement*.

You also must attend meetings with your Intervention Team and participate in substance abuse treatment programs. Your Methadone program participation will be monitored.

Your program participation will be monitored most closely (at Level 1) if:

- you are in the first three months of MMT in prison;
- you have provided a positive drug test or refused a drug test in the past three months;
- your Methadone dose has been increased by at least 10 mg because of withdrawal symptoms;
- you have reported vomiting your dose in the past month;
- you are not complying with your *Methadone Maintenance Treatment Plan*;
- you did not follow a rule of the *Methadone Maintenance Treatment Agreement* in the last three months;
- your Intervention Team or direct care provider strongly suspects that you diverted doses of Methadone or tampered with urine samples; or
- you are being tapered from MMT.

If you are being monitored at Level 1, and you entered prison on Methadone, or started MMT in prison, within the last three months, you must have a random drug test at least once a week, visit with a doctor every week, an intervention team meeting every month and substance abuse interventions every one to two weeks or as required.

In other cases, your monitoring requirements will depend on the reason you are considered Level 1.

If you do not meet the criteria for Level 1, you will be on **Level 2**. Level 2 requires that you have a random urine test every two weeks, meet with a doctor every three to four weeks, meet with your Intervention Team every three months and participate in other meetings and programs as required.

Routine Urinalysis Testing

You will be urinalysis drug tested while on MMT. Negative drug tests show that you are not taking illegal drugs and that you are not diverting your Methadone.

Drug test results are used to adjust your proper dose of Methadone, to adjust your level of monitoring, or to identify program or counseling needs.

Release of your medical information

Drug test results requested by your Intervention Team 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.

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.

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

Information shared about you without your consent should be on a need-to-know basis. It must be documented on your file and you must be given notice (unless giving you notice would put someone's safety at risk).

Positive urinalysis results

If you have a positive urinalysis test, your Intervention Team is not supposed to automatically take you off Methadone treatment. Your Intervention Team should consider your individual case. Positive drug tests might show that you are not committed to the MMT or that you are not motivated to stop using drugs. It might be decided that MMT is not working for you and you could be tapered off Methadone.

If you disagree with your positive test result, you can tell Healthcare. It is best to request another lab test in writing. If your test was done in the prison, the urine must be sent to a lab to confirm the results. If your test was done in a lab, CSC can ask the lab to re-do the test.

Methadone Administration

When you receive your Methadone treatment, you must follow these rules and procedures:

- You are not allowed to bring any type of container to the Methadone administration area or observation area;
- You are not allowed to wear bulky clothing;
- Other items that are allowed in the area (such as magazines or books) will be searched when you enter and exit;
- Only one patient is allowed in the Methadone administration area at a time;
- Your identity must be verified with photo ID or through OMS if are not required to carry photo ID;
- The nurse must observe you ingest the entire dose of methadone followed by several ounces of water; and
- You will be observed by a CSC staff member for a minimum of 20 minutes after you take your Methadone (you must stay sitting and you are not allowed to walk around the observation area).

If you do not obey these rules, it will be noted on your record. If you continue to break the rules, you might be taken off Methadone treatment.

When you can be taken off Methadone

Voluntary termination

You can ask to be taken off Methadone at any time. Submit a written request to the doctor. The doctor should safely and gradually taper you off Methadone.

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.

Involuntary termination

If you are taken off Methadone treatment against your wishes, you can call Prisoners' Legal Services for legal advice or assistance.

You should not be taken off Methadone to punish bad behavior. Only the doctor can decide to take you off Methadone, and a decision to discontinue Methadone should be for medical reasons.

The doctor must interview you before taking you off Methadone so that you can explain your version of what happened.

Before the doctor takes you off Methadone, CSC must provide to the doctor all the information and evidence related to your behaviour, including:

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- DVR footage;
 - Observation Reports; and
 - other relevant documents.

You must also be allowed to meet with your Intervention Team before being taken off Methadone. During this meeting, all reasonable measures to improve the situation and possible alternatives to involuntary tapering must be considered. You are allowed to bring a support person to this meeting.

If the doctor decides to take you off Methadone, your dose should be tapered in a humane, safe, and gradual way that prevents withdrawal symptoms. In most cases, you should not be cut off Methadone “cold turkey”. You must be offered support services such as meeting with a psychologist and relapse prevention counseling.

The doctor will consider involuntarily tapering you off Methadone if you have been repeatedly warned about:

- refusing to provide urine for drug testing;
- failing to attend doctor appointments; or
- diverting your Methadone when there is evidence or suspicion that you are not taking your Methadone or are giving it to another prisoner.

You can be cut off Methadone for diverting because it can put you and other people’s lives at risk. Diverting

Methadone puts you at risk of overdosing if you ingest Methadone after diverting doses. It also puts the people who are taking your diverted Methadone at risk because it can conflict with other medications and may be too high a dose for them.

If you are being muscled for your Methadone by another prisoner, CSC should increase security measures around Methadone administration and observation to try to prevent diversion. Other ways to prevent muscling can also be considered, such as moving you to another unit or transferring you to another prison.

You will be tapered off Methadone right away if CSC believes you are diverting your Methadone voluntarily, if you threaten staff in the Health Services Centre, if your behavior is disruptive in the MMT area or if you are violent to anyone in the MMT area.

This policy is based on community standards where patients have alternatives to where they can receive Methadone treatment. Doctors have an ethical duty to find another provider before cutting a patient off Methadone (unless the patient is threatening the doctor). In prison, if you are cut off Methadone, you cannot receive it from another legal source.

You can re-apply for MMT by submitting a written request to your parole officer. You should be re-admitted if you can show that you are committed to change and that you have insight into why you were involuntarily tapered off Methadone.

Release from prison

You should not be cut off Methadone treatment when you are released from prison. CSC must make sure that your MMT is not interrupted when you are released on parole, statutory release or warrant expiry. Your Parole Officer should put you in contact with a community MMT provider before you are released so that you can continue your treatment in the community right away.

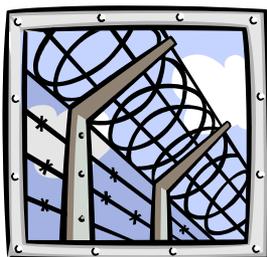
If you want to be released to an area where you cannot access MMT, you will be tapered off Methadone before you are released.

If your conditional release is suspended and you are returned to prison, be sure to tell staff that you are on Methadone. 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, health care or human rights. 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.

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

October 2105

