

# HSJCC Presentation

Access to Methadone

# South Etobicoke Harm Reduction Coalition

- Collaborative committee of local justice providers, service agencies, and community partners in South Etobicoke.
- The purpose of the SEHRC is to connect and problem solve using a harm reduction lens around community trends related to safety, drug trends, sex work, and gaps in service for vulnerable populations.

# Concerns Raised by Community Members

- Individuals who use opioids become ill very quickly when incarcerated
- Many drug users are not offered methadone maintenance treatment when incarcerated if they do not have a prescription upon arrest (this is particularly true for heroin users)
- There is some fear of police “coercion” (dope sickness used as leverage) to gather information
- Delays in accessing methadone when incarcerated for those with a prescription

# Current Practices

- Toronto East Detention Centre: Methadone is available if the inmate reports their usage to a nurse.
- Vanier Centre for Women: Methadone is available if the inmate reports their usage to a nurse. Access to methadone within 24 hours is suggested, however, women report waiting several weeks or longer.
- Toronto South Detention Centre: Methadone is only available if inmates enter with a prescription.

# Current Practices

- Central North Correctional Centre: Methadone is available if the inmate has a pre-existing prescription. Inmates experiencing withdrawal from street drugs will be given a cocktail to manage withdrawal symptoms. (Gravol, Imodium, Clonidine)
- Maplehurst Correctional Complex: Cocktail management of withdrawal symptoms is common practice. Access to methadone is unlikely. It is sometimes possible to access methadone if an inmate is already on the program, but this can take several weeks to verify and implement.

# Current Practices

- St. Lawrence Valley Correction & Treatment Centre: Acknowledged that most correctional centres used to be abstinence based but that is changing. Could not comment specifically on this centre.
- Ontario Correctional Institute: Methadone is rarely administered. Methadone is more likely to be administered if the inmate has a prescription upon entry. Withdrawal symptoms are managed without an opioid substitute in most cases.

# Considerations

- Withdrawal symptoms negatively impacts an individuals preparedness for court including their ability to pay attention and understand legal proceedings
- Withdrawal symptoms negatively impacts an individuals ability to advocate for their best interest, represent themselves, and communicate with counsel
- Individuals experiencing withdrawal symptoms are known to misrepresent themselves to expedite the legal process
- Opioid users express feelings of stigmatization from justice/correctional staff & medical staff attributed to their substance dependence

# Considerations

- Opioid users needing “a break” from drug using behaviours are known to commit crimes to enter the jail system as de facto detox centres
- Opioid users experiencing withdrawal in jail are at a greater risk of overdose experiences when released due to the change in drug tolerance
- Inmates without access to methadone/suboxone are more likely to engage in risky drug using behaviours while incarcerated, which puts individuals at greater risk of transmitting/contracting communicable diseases (needle sharing, make shift drug using materials, etc)



# Our Ask

For all inmates; including inmates on remand:

- Access to an addictions doctor/specialist within 24 hours of intake
- Access to methadone/suboxone within 24 hours of intake (even for opioid users who only use street drugs)
- A referral to harm reduction services & methadone prescribing services in the community upon release (so there is little to no interruption in methadone maintenance treatment, which in turn decreases the likelihood of participating in risky drug using behaviours, overdose, and crimes to fund addictions)