Opioid Agonist Treatment in Corrections/Law Enforcement: Synchronous and Asynchronous Virtual Care

Category: Oral Presentation

Abstract Body

Background: Correctional populations report high rates of problematic opioid use and opioid use disorder (OUD). The primary treatment for OUD in Canada is opioid agonist treatment (OAT), however implementation of in-person OAT programs in correctional environments can be limited due to a variety of factors. Individuals detained in holding cells, remanded, or engaged with law enforcement face unique challenges with respect to accessing treatment for Opioid Use Disorder (OUD). Opioid Agonist Therapy (OAT) options may not be available, leading to unnecessary prolongation of withdrawal symptoms with no relief. Evidence suggests that individuals treated at correctional facilities with OAT have lower rates of illicit opioid use and demonstrate improved adherence to treatment.

Objectives: The purpose of this initiative was to investigate virtual models for the safe delivery of OAT to patients in Alberta who find themselves in corrections settings or engaged with law enforcement, using innovative technologies appropriate to the setting. The care of patients in various corrections and law enforcement settings will be described, with attention to clinical outcomes and continued engagement in OAT after initiation.

Methods: The Virtual Opioid Dependency Program (VODP) facilitates rapid assessment and treatment, using virtual tools, to provide minimal barrier induction to treatment for patients referred from a variety of sources, including police detention units, correctional and other law enforcement settings. In addition, the program is trialing a new protocol where OAT consultations are offered to clients in remand settings through asynchronous telehealth, where video recordings of assessments and/or written advice back to the patient occurs.

Results: Preliminary investigation revealed that in a sample of 612 law enforcement referrals, just under 10% of individuals initiated maintained active OAT prescriptions at 90 days post-initiation. Over 1200 asynchronous videos from a provincial remand setting were reviewed between July 2022 and April 1, 2023.

Conclusions: Virtual models of care present an opportunity to improve access to OAT for individuals who find themselves in corrections settings or engaged with law enforcement. Patients from these spaces often struggle to navigate the requirements of traditional opioid addiction treatment. Flexible approaches to adopting innovative technologies appropriate to the setting can enable care for this vulnerable group.

Key Words

- Opiate Agonist Therapy
- Treatment Models/Programs
- Virtual Care

Learning Objective # 1
Attendees will be able to list the benefits of a completely virtual clinic model for patients in corrections settings and/or incarcerated who need OAT.

Learning Objective # 2
Attendees will be able to outline the steps necessary for integration of virtual care methodologies into OAT for patients in the corrections system or engaged with law enforcement.

Reference # 1
Bozinoff N, DeBeck K, Milloy MJ, Nosova E, Fairburn N, Wood E, & Hayashi K. Utilization of opioid agonist therapy among incarcerated persons with opioid use disorder in Vancouver, Canada. Drug Alcohol Depend. 2018; 193:42-47. https://doi:10.1016/j.drugalcdep.2018.09.003

Reference # 2
Malta M, Varatharajan T, Russell C, Pang M, Bonato S, Fischer B. Opioid-related treatment, interventions, and outcomes among incarcerated persons: A systematic review. PLoS Medicine. 2019; 16:12. e1003002; https://doi.org/10.1371/journal.pmed.1003002

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