

Opioid Agonist Treatment in CSC

*Understanding Correctional Service Canada's (CSC) New Opioid Agonist Treatment (OAT) Policy
Information for Federally Incarcerated Individuals*

CSC recently changed the OAT medications available to people in federal prisons.

**As of October 1, 2025,
Suboxone is no longer part of
CSC's National Formulary.
Suboxone has been replaced
by Sublocade as the first-line
treatment option for opioid
use disorder (OUD).**

Evidence-based OAT options include:

- Methadone
- Suboxone (buprenorphine/naloxone)
- Sublocade (monthly buprenorphine injection)
- Kadian (slow release oral morphine)

*not currently available in CSC facilities

- **If you are on Suboxone, you will be asked to switch to Sublocade.** Sublocade is given as an injection once a month.

There is a six-month transition period for this new policy, which lasts until April 1, 2026. During the transition period, you should not be forced to switch before you are ready.

- **Methadone remains on the National Formulary as a second-line option.** This usually means a doctor can prescribe methadone if Sublocade is not clinically appropriate for medical reasons.

If you are already on methadone, you should be able to stay on it. You should not be forced to switch to Sublocade.

- **If you want to stay on Suboxone, your CSC doctor will have to get an exemption for you.** If your CSC doctor agrees that you should remain on Suboxone, they can apply for an individual exemption for you. There is more information in this booklet about how to ask for this.

What You Should Know About Sublocade

Sublocade is a monthly long-acting buprenorphine injection.

Location of Injection (just under the skin)

- Abdomen/stomach area (most common)
- Thigh
- Buttock
- Back of upper arm

Dose

- 300 mg (1.5 ml) for the first two doses (some people continue at this dose)
- 100 mg (0.5 ml) every four weeks after that

Possible Benefits

- No daily medication lineup
- Steady medication levels
- Reduced withdrawal and cravings for some people

Common Side Effects

Sublocade

- Injection-site lump (around 0.5-1 cm lump, stays under the skin for 1 month or more)
- Injection-site pain (pain during injection may be reduced by applying ice for 10 min prior)
- Injection site swelling, bruise, or ulcer (less common)
- Precipitated withdrawal (rapid and severe withdrawal that usually starts within 30–60 minutes) can occur if Sublocade is started while there are still high levels of full-strength opioids in the body, without first taking Suboxone
- Increased cravings for some people with very high opioid tolerance
- Some people may need additional daily Suboxone because Sublocade alone does not fully control withdrawal or cravings

What You Should Know About Sublocade

Sublocade is a monthly long-acting buprenorphine injection.

Common Side Effects

All Forms of OAT (including Sublocade, Suboxone, Methadone and Kadian)

- Constipation
- Nausea
- Fatigue or low energy, feeling “flat”
- Headache
- Anxiety, sleep issues, or irritability
- Increased sweating

Serious Side Effects (less common)

- Breathing difficulties when used with sedatives or alcohol (side effect of all opioids)
- Liver inflammation (can occur with buprenorphine medications, including Suboxone and Sublocade, and less commonly with methadone; ask for blood tests to check liver function)
- Allergic reactions (can occur with any medication)
- Severe injection-site reactions (side effect unique to Sublocade)

Why OAT Matters

OAT can:

- Reduce withdrawal (it may not eliminate all withdrawal)
- Reduce risk of overdose and death
- Improves stability for most people
- Reduces risk of death after release if continued (some studies show added benefit for Sublocade, since it is long acting)

Stopping or changing OAT medications suddenly can be dangerous. Your life and wellness matter. You have the right to safe, effective, continuous care.

I am not sure about Sublocade. What can I do?

1. Talk to a healthcare provider

Start by asking to speak with a doctor or nurse practitioner about Sublocade and other options. You should not be forced to switch immediately. You should be entitled to get information before making a decision. See tips below on talking to your health provider.

2. Meet with your doctor

Tell them about any concerns you have regarding Sublocade, or about switching from Suboxone or methadone. You can also ask questions about risks, side effects, and how a change might affect your stability.

If you are still not sure, ask for another meeting. You should not be pressured to decide immediately. However, the wait for another appointment may sometimes be very long.

3. Ask about a second opinion

People generally have the right to ask for a second medical opinion. However, it is not clear how this works in federal prisons or whether CSC will pay for it. Ask your health care provider what the process would be and whether it is available at your institution.

4. Know the timelines and options

You should be allowed to decide until the end of the transition period, which is April 1, 2026. **If you know you do not wish to switch to Sublocade, ask your doctor as early as possible to apply for an individual exemption for you.**

It is up to you whether to accept Sublocade. After April 1, 2026, you will not be able to continue receiving Suboxone through CSC without an approved exemption. **Recent communications suggest you will not be able to get Suboxone by paying for it yourself.**

5. File a grievance

If you are being pressured or forced to switch medication before you are ready, you can file a grievance.

How to Talk to Health Care About Your OAT

*The examples below are just suggestions.
You should change them according to your individual situation.*

1. Start the conversation clearly.

For example, you could say:

- “I want to understand all my options before agreeing to any change.”
- “I would like to continue my current OAT medication as currently prescribed.”
- “I do not consent to switching medications unless there is a medical reason explained to me.”
- “I am worried I will destabilize (more cravings, pain, mental health symptoms) and relapse if I am forced to change the OAT medication that has been working for me.”

2. Ask questions

- “Can you explain why a change in medication is being recommended?”
- “What are the risks and side effects of each option?”
- “Is it my choice to stay on methadone or Suboxone?”
- “How will this affect my withdrawal, cravings, mental health, and stability?”

3. Share relevant information

Relevant information might include things like:

- “I have a history of severe chronic pain. I have been told that Sublocade might not effectively manage my pain.”
- “I want to get pregnant. I have been told Sublocade is not safe in pregnancy.”
- “I am planning to be released to a community where it is difficult to get Sublocade.”
- “I tried Sublocade and had a negative reaction” or “I tried Sublocade and it did not work well for me because ...”

4. Ask for documentation

- Ask for a written explanation of why a change is suggested for you specifically.
- Ask for copy of CSC’s OAT policy.
- Ask the doctor or nurse to write a note in your chart confirming your preference.

I do not want Sublocade. What are my options?

1. Talk to your doctor (as soon as possible)

Ask your doctor to apply for an individual exemption for you. Explain why you want to stay on your current medication. You should also put your request in writing saying you want to stay on your current medication. Explain why.

It is up to you whether to accept Sublocade or not. However, after April 1, 2026, you will not be able to continue getting Suboxone without an individual exemption.

2. File a grievance (as soon as possible)

If you are being pressured or forced to switch medications, you can file a grievance about the new policy and how it is being applied to you. In your grievance, explain:

- That you do not consent to switching medications
- Why your current medication works for you
- How being forced to switch could destabilize you or cause harm
- Any other relevant information

Addiction (such as “Opioid use Disorder” or OUD) is recognized as a disability in human rights law. You can state in your grievance that forcing you to change OAT without proper medical justification is discriminatory.

Discrimination grievances can go directly to a first-level grievance. You should not have to start with a complaint. If your first-level grievance is denied, file a final-level grievance.

I do not want Sublocade. What are my options?

3. File a human rights complaint (as soon as possible)

Complaints to the Canadian Human Rights Commission are about discrimination because of a characteristic protected by the *Canadian Human Rights Act* (such as your race, religion, gender identity, disability, etc.). Since addiction (including OUD) is recognized as a disability in human rights law, you can complain CSC is discriminating against you on the basis of your disability by forcing you to switch OAT medications without a proper medical reason.

Phone the Commission at 1-888-214-1090 to request a complaint form. You can also ask someone to print one off the internet for you.

If you decide to file a human rights complaint, make sure you also file a grievance. Often the Commission expects people to go through the CSC grievance process first. If you file a human rights complaint and a grievance at the same time, you can tell the Commission you have already taken steps to use the grievance process if they ask.

Be aware that the Commission has a large backlog, and it may take a very long time (often more than a year) for your complaint to be processed. This means filing early may be important if you think you will need this option later. Keep a copy of your complaint.

4. Complain to a medical college

If you think your health care provider (doctor, nurse, etc.) is treating you in a way that is unprofessional or unethical, you can make a complaint against them to their professional college (such as the College of Physicians and Surgeons in your province).

All medical professionals have ethical rules and standards of practice they have to follow, and you can complain if you think they are breaching those ethics. This would be a complaint against a specific person, not CSC as a whole.

You can ask healthcare how to do this, or call an advocacy organization.

Who to Contact for Help

1

Prisoners' Legal Services (British Columbia): People in prison in British Columbia can access legal advice and assistance by phone.

- Federal prisons: 1-866-577-5245 (toll-free common access number from all federal prisons in BC)
- Provincial prisons: 604-636-0464
- Hours: Monday to Friday, 9:00-11:00 a.m. and 1:00-3:00 p.m. PT. Closed on Wednesday afternoons.

2

Queen's Prison Law Clinic (Eastern Ontario): If you are a federal prisoner in Eastern Ontario and financially eligible for legal aid, you can contact Queen's Prison Law Clinic for advice or assistance. Legal services are provided by law students under the supervision of a clinic lawyer.

- Phone: 1-866-546-1171 (toll-free common-access number from all federal prisons in Eastern Ontario)
- Mail: Queen's Prison Law Clinic | 303 Bagot Street - Suite 500 | Kingston, Ontario K7K 5W7

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Office of the Correctional Investigator (OCI): You can contact the OCI to complain about how you are being treated by CSC.

- Mail: Office of the Correctional Investigator | P.O. Box 3421, Station "D" | Ottawa ON K1P 6L4
- Telephone: 1-877-885-8848 (Toll Free) | Monday-Friday: 8:30 a.m.-4:30 p.m. EST (outside of regular office hours, leave a message)
- Email: org@oci-bec.gc.ca
- In Person: During scheduled institutional visits by OCI staff, you can request an interview in advance or approach the investigator during their institutional visit.

Who to Contact for Help

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Canadian Association of the Elizabeth Fry Society (CAEFS):
CAEFS is a national organization that advocates for the rights of criminalized and imprisoned women and gender-diverse people. They may be able to provide information, referrals, or advocacy support.

- Phone: 613-232-7706
- Email: info@caefs.ca

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PASAN (Prisoners with HIV/AIDS Support Action Network):
PASAN is a national organization led by and for people with lived experience of incarceration. They provide peer-based support, advocacy, and information related to health care, harm reduction, and prisoners' rights.

- Phone: 416-920-9567
- Email: pasan@pasan.org

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HIV Legal Network: The HIV Legal Network works to advance the human rights of people living with HIV and other marginalized communities, including people in prison. They provide legal information, policy advocacy, and public education on issues related to health care, human rights, and criminalization.

- Phone: 416-595-1666
- Email: info@hivlegalnetwork.ca