



February 12, 2026

Marie Doyle
Assistant Commissioner, Health Services Sector
Correctional Services Canada

Sent via email: marie.doyle@csc-scc.gc.ca

cc: Guy Hebert, Chief Medical Officer of Health
cc: Bassem Guirguis, National Pharmacist
cc: Louis Dumulon, Director General, Corporate Health
cc: Carson Gaudet, Director General (Acting), Health Policy and Program

Sent via email: guy.hebert@csc-scc.gc.ca

Sent via email: bassem.guirguis@csc-scc.gc.ca

Sent via email: louis.dumulon@csc-scc.gc.ca

Sent via email: carson.gaudet@csc-scc.gc.ca

RE: October 1, 2025 CSC Health Services OAT Policy Changes

Dear Assistant Commissioner Doyle and CSC Health Services Leadership:

We write as organizations that work directly with or advocate for the rights-respecting treatment of people in federal custody. We have serious concerns about the impacts of the October 1, 2025 changes to CSC's Opioid Agonist Treatment (OAT) policy, including the delisting of Suboxone and the addition of Sublocaze as the first line treatment for Opioid Use Disorder (OUD) in the National Formulary. Over the last few months, we have heard from numerous concerned and distressed patients across multiple institutions and regions. Their reports, outlined in greater detail below, consistently indicate that the forced switch has been upsetting and stressful, is inconsistent with patient-centered care, and has had a significant negative impact on their well-being.

Below is a summary of the reports we've received from federal institutions across Canada. To protect patients' privacy and safeguard them from potential negative consequences, some details have been omitted. Please let us know if you would like further information about anything below and, provided the person consents, we would be glad to share additional details.

PACIFIC REGION

Kent Institution

- Being switched abruptly from Suboxone to Sublocade without warning or any opportunity to discuss the change with their physician;
- Being refused methadone as an alternative unless exceptional circumstances (e.g. allergy or pregnancy) are met;
- Not receiving any OAT medication as a consequence of declining Sublocade;
- Experiencing boils all over upper body as an allergic reaction to Sublocade injection;
- Experiencing pain at site of injection, soreness of stomach, and nausea;
- Developing lumps at site of injection that last for weeks and impact the ability to sleep, exercise or engage in sports;
- Not receiving any written information about the changes to medication prior to implementation except for being verbally advised in August 2025 that there would be an imminent switch to Sublocade; and
- Experiencing trauma from injections/needles after a history of substance use and witnessing deaths from injection during overdoses.

Mountain Institution

- Being switched abruptly from Suboxone to Sublocade without warning or any opportunity to discuss change with physician after many years of being on Suboxone;
- Being refused methadone as an alternative unless there is a risk of 'potentially fatal allergy' to Sublocade; and
- Not receiving any OAT medication as a consequence of declining Sublocade.

Mission Institution

- Being told to switch abruptly from Suboxone to Sublocade without warning or any opportunity to discuss the change with physician after several years of stability;
- Understanding they would not receive any OAT medication as a consequence of declining Sublocade.

Kwìkwèxwelhp Healing Village

- Being switched abruptly from Suboxone to Sublocade without warning or any opportunity to discuss the change with their physician;
- Not receiving any OAT medication as a consequence of declining Sublocade;
- Experiencing side effects from Sublocade including nausea, cravings, bumps and chills;
- Not receiving any assistance to reduce pain of injection (e.g. ice, numbing agent); and
- Not receiving any explanation of how the dosing was determined to transition from Suboxone to Sublocade, and being advised that in order to obtain anything other than the Sublocade injection, a patient must make an appointment with physician.

Fraser Valley Institution

- Medication being altered without consent or meaningful consultation by the physician or healthcare staff;
- Feeling nervous about the transition due to the different impacts and effects of Sublocade; and
- Feeling scared and like they have limited agency over their bodies and healthcare.

PRAIRIE REGION

Stony Mountain Institution

- Being switched from Suboxone to Sublocade without warning;
- Being switched from Suboxone to Sublocade without an opportunity to discuss the change with their physician;
- Being switched from Suboxone to Sublocade without clear information as to why the switch is occurring (whether it is physician-directed or a result of new policy); and
- Being switched from Suboxone to Sublocade without information on the dosage of Sublocade, or how that dose was determined.

Edmonton Institution for Women

- Being switched to Sublocade earlier and more quickly than necessary;
- Experiencing a lack of agency with respect to healthcare decisions;
- Lack of adequate training for nurses, resulting in highly painful injections and bruising;
- Infections at the injection site and an allergic reaction that was not taken seriously;
- Negative psychological impacts for people in recovery who find injections distressing;

- Improper titration, leading patients to become violently ill, and withdrawal symptoms that were not taken seriously by healthcare staff;
- Side effects that prevented people from attending their correctional programs;
- Termination of OAT for patients who choose to stop taking Sublocade;
- No access to substance use treatment programs in maximum security.

ONTARIO REGION (including Beaver Creek, Joyceville and Bath)

- An overwhelming distrust for healthcare staff, and a general disbelief this change is in the best interest of prisoners;
- Lack of clarity about how the switch would be rolled out across institutions;
- Lack of information about what would happen for patients for whom Sublocade was not effective; and
- Questions about whether CSC would be expanding harm reduction-focused support services, such as counselling, groups, and general healthcare management from a harm reduction lens.

Beaver Creek Institution

- Being cut off methadone and being told they could start Sublocade but no other form of OAT.

QUEBEC REGION

- Being forced to switch to Sublocade or methadone and having their Suboxone reduced rapidly after many years of stability and improved health on Suboxone, leading to withdrawal symptoms, the return of cravings, and deteriorating mental health;
- Reprisals and threats of reprisals for complaining about the sudden change in medication;
- No possibility to discuss alternatives and no information provided for the patient to provide an informed consent;
- Having no choice but to stop all treatment for lack of options offered and fear of needles; and
- Refusal from medical staff to engage in an open conversation about the changes and answer patients' concerns and questions.

ATLANTIC REGION

- Being forced to take Sublocade when they were on Suboxone in the community and it was working effectively for them;

- Having their Suboxone dose reduced without proper tapering or consultation;
- Being removed from OAT as a punishment;
- Being switched abruptly from Suboxone to Sublocaide without warning or any opportunity to discuss the change with their physician;
- Not receiving any OAT medication as a consequence of declining Sublocaide; and
- Being forced to switch to Sublocaide or methadone and having their Suboxone reduced rapidly after many years of stability and improved health on Suboxone, leading to withdrawal symptoms, the return of cravings, and deteriorating mental health.

Nova Institution

- Injection causing visible mass in abdomen, contributing to experiences of body dysmorphia;
- Concerns about possible complications and side effects, including infertility;
- One report of drug poisoning requiring treatment at outside hospital due to Sublocaide, after which the individual discontinued their OAT “cold turkey”.

It is clear from these reports that the “*6-month transition period to support patients in safely transitioning to other treatments*,” as stated on CSC’s webpage on OAT,¹ Health Services, is not being met in practice. Instead, patients describe their autonomy being undermined and being prevented from making informed decisions about what goes into their body — eroding their trust with their healthcare providers. Forcing a medication, particularly one that is only available through injection, is not in line with CSC Health Services’ commitment to trauma-informed care, community practice, or the best evidence.²

These patient experiences also stand in stark contrast to the guidelines set out in the *HSO Correctional Health Services Standards, 2024* (the “Standards”). The Standards are unequivocal in their assertion that people in custody have the right to:

- Make decisions about what happens to their body (*HSO 1.1.13*)
- Make informed decisions about their care and provide consent (*HSO 1.1.1*)
- Be engaged to participate in their care—throughout their care (*HSO 1.1.3*)

¹ See <https://www.canada.ca/en/correctional-service/programs/offenders/health-services/opioid-agonist-treatment.html>; accessed February 3, 2026.

² See “Urgent Concerns Regarding CSC’s Recent Opioid Agonist Treatment (OAT) Policy Changes”, letter from clinicians, addiction-medicine specialists, and health researchers to CSC, 15 December 2025.

- Have their decisions about their care respected including obtaining a second opinion (HSO 1.1.4)

There is a strong focus throughout the Standards on establishing policies and procedures that facilitate informed and voluntary decision-making and encourage patient-centred care. The implementation of this specific policy shift is contrary to the guidance.

Moreover, the specific policy shift does not comply with section 86(2) of the *Corrections and Conditional Release Act* (CCRA), which obligates CSC to provide essential health care that conforms with “professionally accepted standards.” While Sublocade is an effective and preferred option for some patients, no national or international guideline recommends it as the preferred first-line treatment. Rather, CSC’s OAT policy is inconsistent with every major OUD treatment clinical guideline.³

In light of the harms reported by patients, the potentially irreparable risks arising from those harms, and the clear misalignment of this OAT policy shift with the HSO Standards and the CCRA, **we urge CSC to immediately pause this OAT policy shift in order to allow for further consultation and reconsideration, including broad engagement with incarcerated people living with OUD.**

In addition, we urge CSC Health Services to ensure all OAT patients:

- If they have not yet transitioned from Suboxone to Sublocade, are provided substantial time to receive information, meet with their prescriber, have their questions answered, and make an informed decision about whether they will switch;
- Can make independent and non-coercive decisions about their healthcare, based on their needs and preferences;
- Have meaningful access to medical professionals with whom they can discuss their concerns, well in advance of any future planned changes to their healthcare;
- Are not forcibly taken off or forced to abandon OAT because they decline Sublocade; and
- Receive proper treatment of pain and adverse reactions if they choose Sublocade.

Please do not hesitate to reach out if we can provide any additional detail about the above.

Yours truly,

Canadian Association of Elizabeth Fry Societies

Canadian Civil Liberties Association

³ *Ibid*

Canadian Prison Law Association

HIV Legal Network

PATH

Amy Matychuk, Prison and Police Law

Prisoner's with HIV/AIDS Support Action Network

Prisoners' Legal Services

Queen's Prison Law Clinic

University of Manitoba Community Law Centre - Prison Law Clinic