

# Life After Prison: Challenges and Goals of Formerly Incarcerated Persons on Opioid Agonist Treatment

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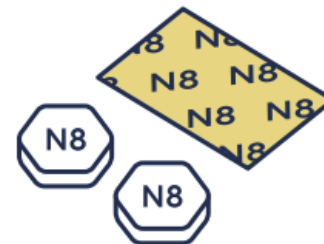
# Context and objectives

## What is opioid agonist treatment (OAT)?

### Methadone



### Suboxone



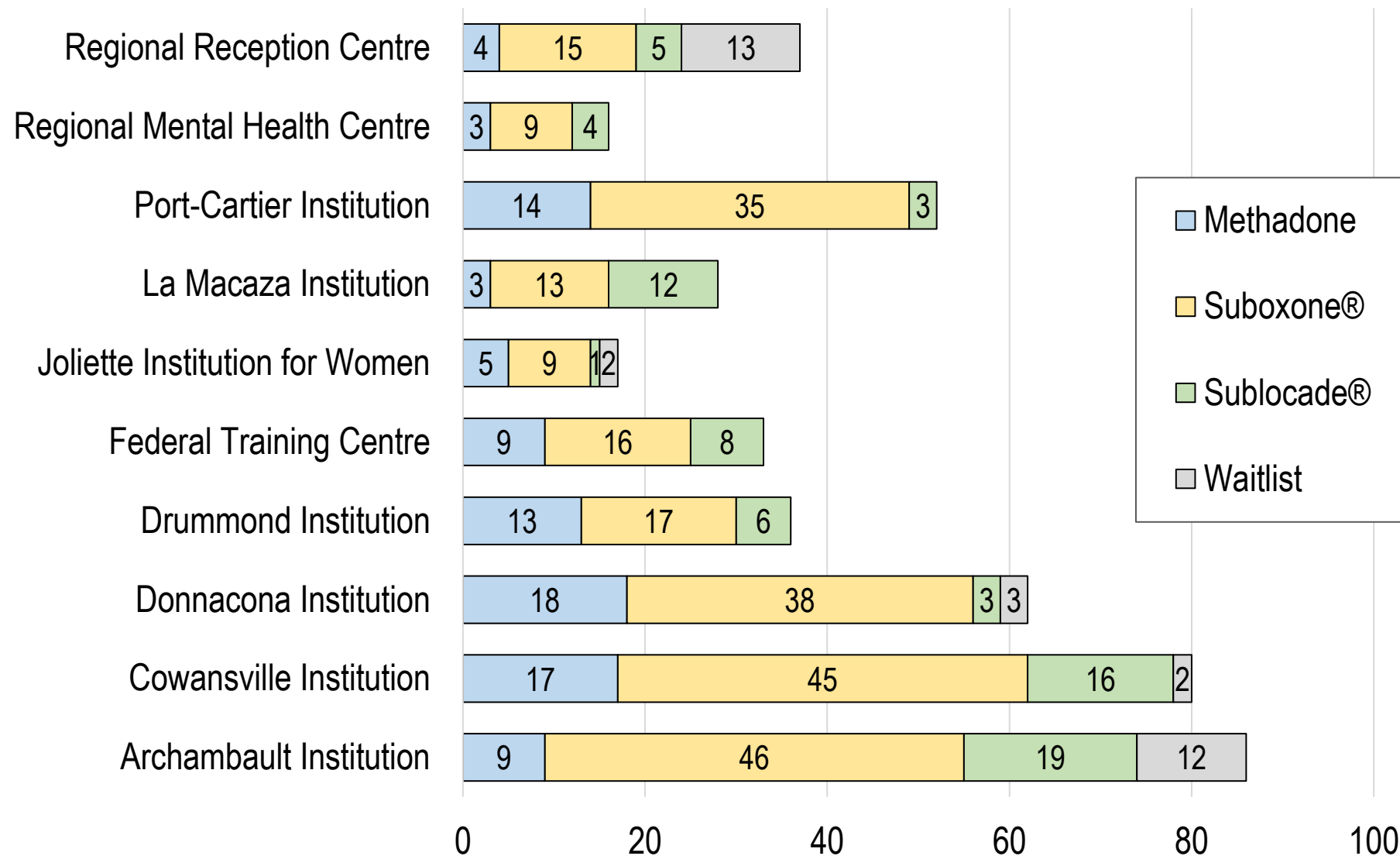
### Sublocade



Medication form	Liquid mixed with juice	Tablet or film taken orally	Injection into the abdomen
Frequency	Daily	Daily	Monthly
Opioid use during treatment	Allows to continue	Aims to cease	Aims to cease
Intensity of side effects	+++	+	+

## The Correctional Service of Canada (CSC) provides OAT

December 2024 (province of Québec)

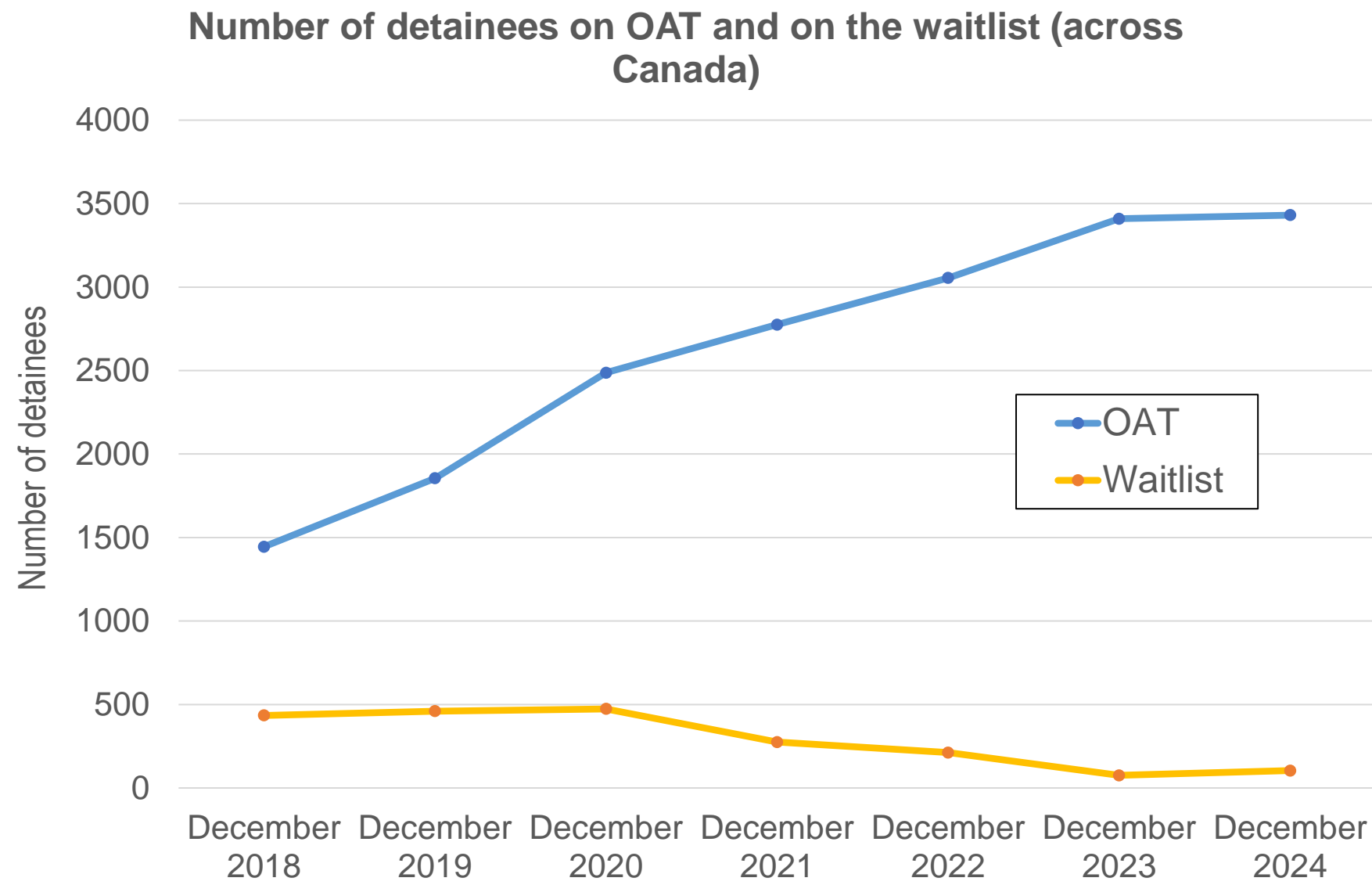


Source: <https://www.canada.ca/en/correctional-service/programs/offenders/health-services/opioid-agonist-treatment/2024-12.html#3>

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# OAT over the years



Source: <https://www.canada.ca/en/correctional-service/programs/offenders/health-services/opioid-agonist-treatment/2024-12.html>

# OAT in correctional settings is linked to improved outcomes post-release

- **HIV and HCV**
  - ↓ infection risk
  - ↓ viral charge
- **Substance use**
  - ↓ risky use behaviours
  - ↓ use levels
  - ↓ poisoning (overdose)
- **Criminal behaviours**
  - ↓ implication in criminal activities
  - ↓ reincarceration
- **Sentencing**
  - ↓ reduced length



## Reasons behind OAT discontinuation post-release

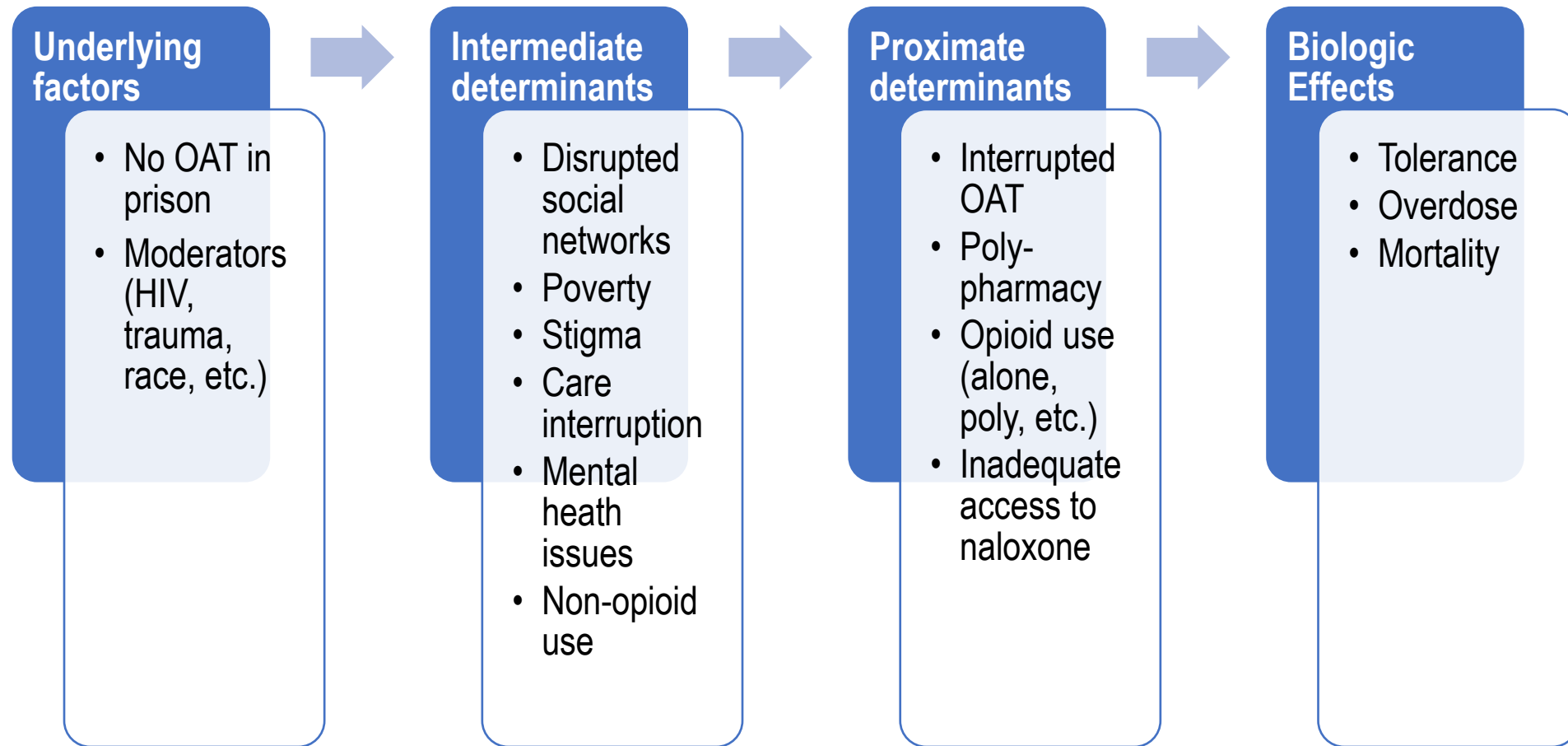


Figure adapted from:  
Joudrey et al. (2019). A conceptual  
model for understanding post-release  
opioid-related overdose risk. *Addiction  
Science & Clinical Practice*, 14, 1-14.

## Study relevance and objective

Documenting qualitative experiences is needed to contextualize better barriers and facilitators related to OAT maintenance.

This study explores the experiences of Quebec former inmates with opioid use disorder (OUD) receiving OAT.

- life situation post-release
- substance use
- treatment and other services received





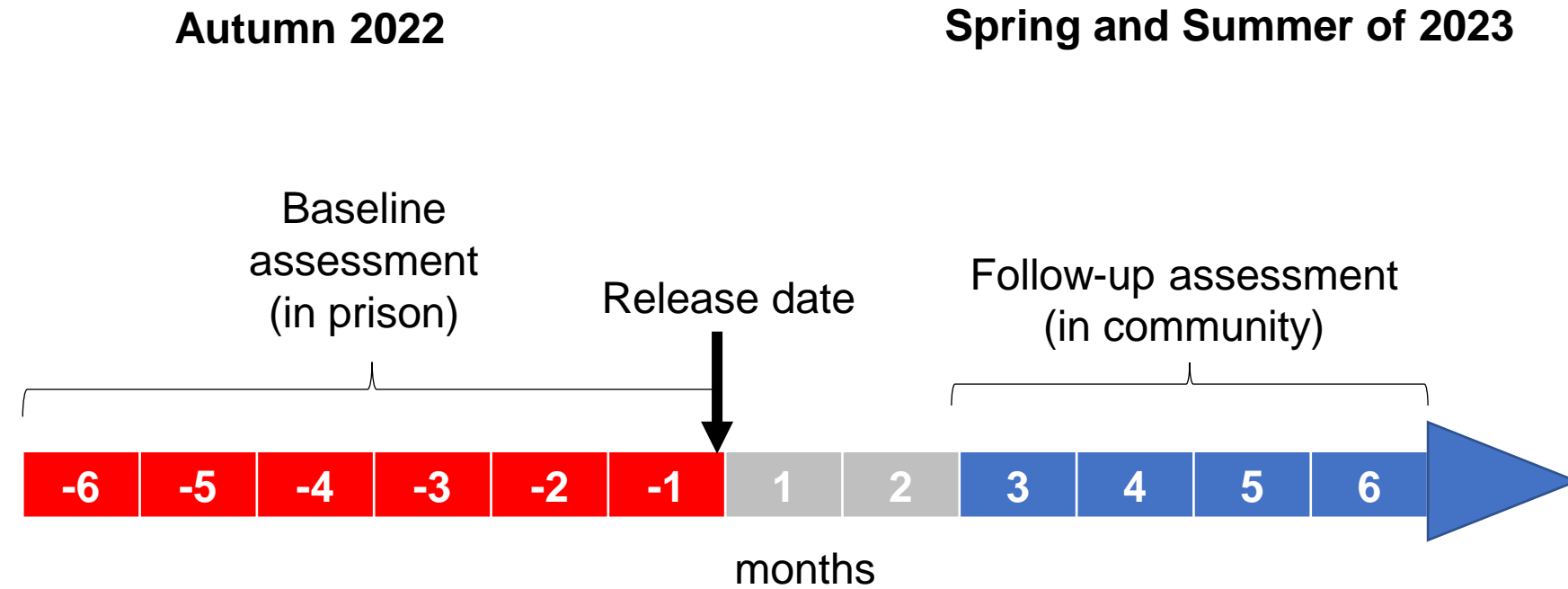
# Methods

- Follow-up of 10 participants (n=22 at baseline)
  - 6 reincarceration
  - 3 no-show
  - 2 refusal
  - 1 unreachable
- Inclusion criteria

## Participants

- Under responsibility of Correctional Service of Canada
- At follow-up: released in the last 2-6 months
  - At baseline: potential release in the upcoming 6 months
- DSM-5 criteria of OUD at baseline
- Stable and continuous participation on OAT while incarcerated (at least 3 months)

## Timeline



## Qualitative analyses

All interviews were audio recorded  
Human transcription

Thematic content analysis

- Identify principal themes and elements
- Codebook developed from previous study
- Inductive and deductive interpretation
- Ongoing discussions among CH and LPB

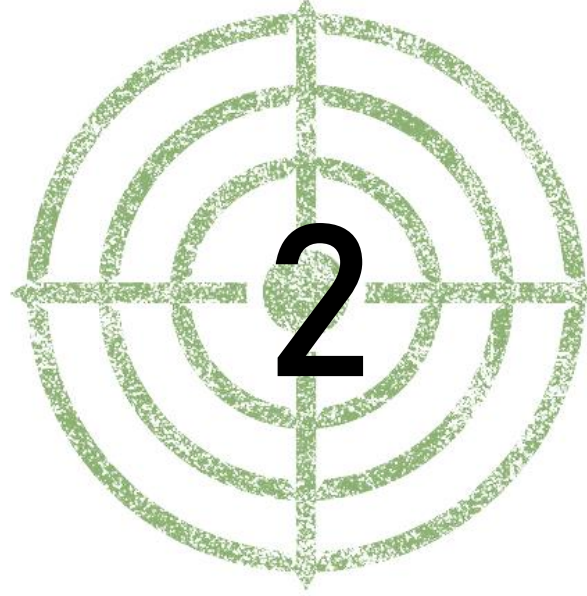


# Results

## Three main themes centered around life goals



Reintegrating into a stable and so-called "normal" life



Moving away from substance use

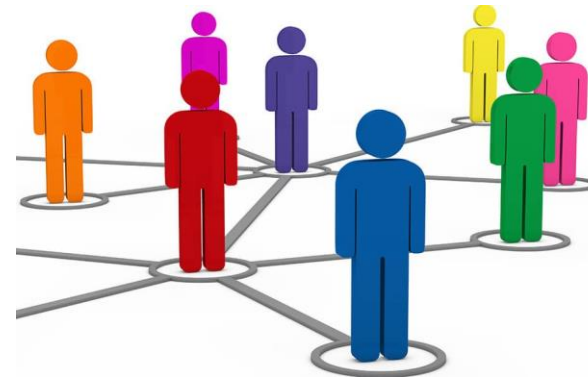


Accessing OAT and other medical or psychosocial services

## Theme 1

# Reintegration into a stable and so- called "normal" life

	Facilitators	Barriers
Individual	<ul style="list-style-type: none"><li>• 'Good' psychological state</li><li>• Putting in efforts</li><li>• Planning release goals</li></ul>	<ul style="list-style-type: none"><li>• 'Bad' psychological state</li><li>• Impulsiveness</li><li>• Precariousness</li></ul>
Community	<ul style="list-style-type: none"><li>• Emotional and pragmatic support</li><li>• Steering away from criminal and substance use contexts</li></ul>	<ul style="list-style-type: none"><li>• Lived or felt stigma</li></ul>
Institutions	<ul style="list-style-type: none"><li>• External and personalised support</li><li>• Positive relationship with personnel involved</li></ul>	<ul style="list-style-type: none"><li>• Being left on their own</li><li>• Release conditions</li></ul>



## Theme 1

### Reintegration into a stable and so-called "normal" life

« You know, that's the story of my life.

...

When I'm too high, when things are going too well, it can be dangerous too.

...

It's not when things were going badly that it was dangerous; it was when things were going too well. »

« I stole from people. And, you know, people talk. I'm afraid of being labeled.

...

Then, when I got out, well, I was afraid it would come back to haunt me. »

« I got out, then I was taken care of here. They explained the rules to me in full.

...

He explained to me what he expected of me in the community. Then I told him what I expected to do too. After that, well, I relaxed, I took my time, I wasn't stressed. »



## Theme 2

### Moving away from substance use

	Absence or reduction	Maintenance or increase
Individual	<p>No motivation or intention to use</p> <p>Conscious efforts not to use</p> <p>State of mind</p>	<ul style="list-style-type: none"> <li>• Belief in ability to manage use</li> <li>• Fatalism regarding use <ul style="list-style-type: none"> <li>• Innate impulsivity</li> <li>• Previous experiences</li> </ul> </li> <li>• State of mind</li> <li>• Self-identification as an « addicted » person</li> </ul>
Substance	<ul style="list-style-type: none"> <li>• Being on OAT</li> <li>• Fear of transfer <ul style="list-style-type: none"> <li>• one drug can lead to another</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Not all drugs are the same</li> <li>• Cravings</li> <li>• Pleasurable effects of drugs</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Support from loved ones</li> <li>• Disapproval or inappropriateness of use in surroundings</li> <li>• Seeing negative consequences in others</li> <li>• Little or no opportunity to use</li> </ul>	<ul style="list-style-type: none"> <li>• Omnipresence of use in environment</li> <li>• Triggering events</li> <li>• Lack of support (loneliness)</li> </ul>
Institutions	<ul style="list-style-type: none"> <li>• Release conditions</li> <li>• Access to psychosocial services</li> </ul>	N/A

## Theme 2

### Moving away from substance use



« I was tired of being tired. When you're in the business, things happen all the time, bad luck happens all the time!

...

You can get busted at any time, you can fall apart, you can lose your life. »



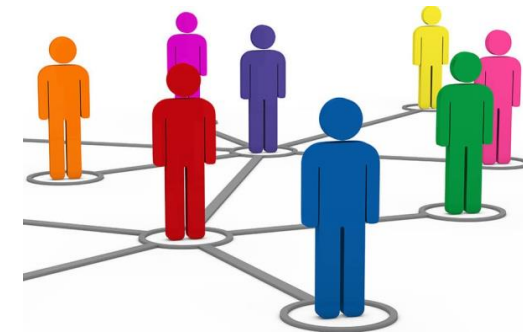
« What's nice is that I don't feel like using that much!

...

If I didn't have suboxone right now, I would have probably taken the speed that was given to me

...

I would have frozen the emotion. So it helps me maintain an emotional stability that means I wouldn't get involved in anything... »



« I meet them, you know. Here, there are a lot of junkies, there's a lot of heroin.

...

I see that and I find them pathetic. Well, me, in any case, I don't want to get involved in that again, I don't want to know anything about it. »

## Theme 3

### Access to OAT and other services

	Facilitators	Barriers
Individual	<ul style="list-style-type: none"> <li>• Helps achieve life goals</li> <li>• Gained skills</li> <li>• Personal motivations</li> <li>• Satisfaction with OAT</li> </ul>	<ul style="list-style-type: none"> <li>• Crutch to function</li> <li>• Additional burden</li> <li>• Loss or lack of motivation</li> <li>• Embarrassment, shame and perceived stigma associated with taking the OAT</li> <li>• Beliefs associated with the OAT</li> </ul>
OAT (pharmacological aspects)	<ul style="list-style-type: none"> <li>• Absence of unpleasant effects</li> <li>• Primary effects sought</li> <li>• Positive side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Unpleasant side effects</li> <li>• Preference for a non-opioid molecule</li> <li>• Pharmacological interactions</li> <li>• No felt positive effects</li> </ul>
Institution	<ul style="list-style-type: none"> <li>• Planning and predictability</li> <li>• External and personalised support</li> <li>• Flexibility and adaptability of services</li> <li>• Communication and coordination between institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to plan beforehand</li> <li>• Little external support</li> <li>• Services not adapted to needs</li> <li>• Rigidity</li> <li>• Authoritarian or paternalistic attitudes</li> <li>• Lack of communication between services</li> </ul>

## Theme 3

### Access to OAT and other services



*[About disclosing his OAT to his employer]*

« But, I told lies, you know, that I'd already had an accident, I'd had surgery, then I had trouble with opiates

...

No, I didn't say that I was into drugs and all that, no. »



« It's only when they give it to you, but you get a fucking burn! Hold on to your hat! It's not something just minor.

...

Well, I'm fed up. I took it anyway the last month, but this month, it's clear I'm not taking it. »



« I went to pharmacies that were always spotting you.

...

The guy, he practically followed you into the pharmacy, you know, because you were on methadone.

...

You were a criminal or you were a drug addict, so automatically, you know, you're going to rob them... »

# Discussion and conclusion

## Discussion

- A holistic vision of return to the community
  - All official documents in hand
  - Basic needs
  - Addressing stigma
  - Support for all aspects of life
- Perceptions of substance use
- The central role of family members and friends/colleague
- OAT on the long run
- Collaboration and integration for a well-planned release
- The role of parole officers



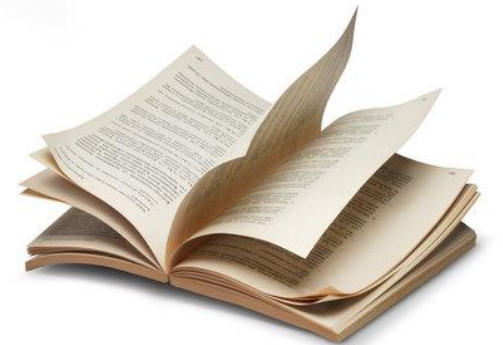
# Limitations

- Convenience sample
- Under-representation of certain groups
  - Women
  - LGBTQIA2S+
  - First Nations, Inuits and Metis
- Generalisation limited to similar sociopolitical contexts



## Conclusion

- Many challenges and opportunities faced after their release.
- Valuable insights to inform policies and interventions
  - improving the reintegration process
  - supporting individuals in achieving their goals





# THANK YOU!



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