



Mental health experts protest new Canadian prison policies

Changes to the formulary for 14 000 prisoners have been criticised as inconsistent with best practice. Paul Webster reports.

For the latest open letter see <https://prisonjustice.org/wp-content/uploads/2026/09/2026-09-17-LT-CSC-re-Formulary-Changes.pdf>

Unconventional changes to the availability of medications for opioid addiction, depression, and attention deficit hyperactivity disorder (ADHD) for 14 000 prisoners in facilities administered by the Correctional Service of Canada (CSC) are attracting strong criticism from scores of Canadian clinician-scientists and public health groups.

On Sept 17, 2026, in an open letter to CSC executives, 22 public health, civil rights, and Indigenous rights groups warned that CSC's changes to the formulary for CSC facilities violate CSC's own health guidelines, as well as national treatment guidelines published by the Canadian Research Initiative in Substance Matters (CRISM), a federally funded research consortium of more than 1400 Canadian addiction researchers. About half of all CSC inmates have substance use issues. Despite making up just 5% of Canadian adults, Indigenous people constitute 32% of CSC inmates, which means CSC acts as a centre point for Indigenous mental health care in Canada.

The objections follow an earlier open letter to CSC management dated Dec 15, 2025, in which 157 Canadian opioid use disorder clinicians and researchers expressed alarm at CSC's

recent policy change designating extended-release buprenorphine (Sublocade) as the first-line opioid agonist treatment (OAT) option available in federal institutions, while removing buprenorphine-naloxone (Suboxone) from the open formulary. "While Sublocade is an effective and preferred option for some patients", the letter from the clinicians and researchers stated, "no national or international guideline recommends it as the sole or preferred first-line treatment."

In an interview with *The Lancet*, Darcy Stoneedge, CSC's Director of Health Services, explained that the CSC's drug formulary overhaul is largely driven by concerns that prison inmates are "diverting" daily-use pills, including Wellbutrin for depression, Ritalin for ADHD, and Suboxone for opioid addiction treatment. The CSC has stopped routinely providing all three of these pills to inmates in order to try to address security staff concerns about their misuse by inmates, Stoneedge said. Canada's national guidelines for depression and ADHD care emphasise that Wellbutrin and Ritalin are first-line therapies.

The switch from daily Suboxone pills to monthly Sublocade injections has been accompanied by a 27% decrease in prisoners receiving opioid addiction treatment in recent months, says Stoneedge. This happened for a variety of different reasons, he thinks. "We do suspect that some degree of that was individuals diverting Suboxone", Stoneedge said. But the drop in treatment could also be due to patients rejecting Sublocade injections for a variety of personal reasons, Stoneedge acknowledged. "We've been monitoring the impact of the formulary change really closely", he said.

Sublocade is marketed by Indivior, a pharmaceutical company based in North Chesterfield, VA, USA. Research funded and largely conducted by Indivior suggests the use of Sublocade in prisons could reduce total staffing time to treat 100 incarcerated people by as much as 747 hours per month. Indivior's media director, Erin Buckley, declined an interview request regarding CSC's adoption of Sublocade despite opposition from numerous Canadian public health organisations and clinician-researchers.

David Marsh, a veteran opioid use disorder treatment researcher and addictions doctor who signed the letter to CSC, is research director at the Northern Ontario School of Medicine in Sudbury, ON, Canada, which focuses on health equity for Indigenous people. He notes that the once-a-month injection of buprenorphine (Sublocade) is prescribed to only around 15% of patients with opioid use disorder in Ontario communities and "is clearly not, in the community, the overwhelming default treatment option. That's because, for some patients, it isn't the best option."

Marsh, whose own published research indicates that more patients respond well to methadone than buprenorphine, says that although the CSC decisions "might be driven by prison staff security concerns, and budgetary concerns, the decisions ought to be driven by what's the highest quality of care for patients. If CSC adequately funds evidence-based mental health and addiction treatment, they will save money on reduced incidences of violence and overdose, and they'll have to attend fewer coroner's inquests into deaths within their facilities."



Andrew Atchison/In Pictures Ltd./Corbis via Getty Images

In the wake of a series of five overdoses at a single CSC facility in Ontario in recent years, a coroner's inquest report recommended in February, 2026, that instead of diverging from public health norms for opioid use disorder treatment, CSC should "increase the availability of safe prescribed medications to treat opioid use disorder consistent with options that may be available in a health-care setting outside of a federal penitentiary". The Canadian Government says opioid overdoses are a persistent national public health emergency, causing an estimated 57 000 deaths since 2016.

The number of overdoses in CSC facilities is difficult to quantify, says Lindsay Jennings, a researcher with Tracking (In)Justice, an academic group that investigates deaths in Canadian criminal justice settings. Jennings, who says she has personally experienced incarceration due to homelessness and opioid substance use, warns that the health impacts of the formulary changes at CSC might be severe. "The coercion of having to switch medications after something's been working for you creates risks," she warns. "They're going to be creating a lot of behavioural issues by changing people's medications."

Guy Hébert, CSC's chief medical doctor, told *The Lancet* that although CSC's new approach might diverge from public health norms that prioritise Suboxone and methadone as first-line medicines for opioid addiction, the CSC strategy is nonetheless consistent with Canada's national CRISM guidelines for treatment. "None of these guidelines suggest that one form of buprenorphine is better than the other," he argues. "The guidelines recommend buprenorphine as a class."

Cayley Russell, a research manager with CRISM, says she disagrees with Hébert's interpretation of the CRISM guidelines. "CRISM guidelines explicitly say they are

not commenting on or reviewing evidence for Sublocade," Russell explained to *The Lancet*. The 2024 guideline states that it "does not cover the literature and, therefore, does not include recommendations on specific practices such as... Extended-release agonist (ie, Sublocade®)".

A 2024 review of research into the effectiveness of Sublocade among correctional populations written by Cayley and other researchers was at the top of the list of publications CSC provided to *The Lancet* in support of its decision to prioritise monthly Sublocade injections over the conventional daily methadone and suboxone treatments. However, Russell says neither her work nor the weight of the published literature she reviewed supports CSC's decision to prioritise Sublocade over Suboxone and methadone.

Hébert says CSC's decisions are largely guided by an internal committee of roughly 30 members chaired by CSC's national pharmacy director, Bassem Guirguis. "We have front-line physicians. We have experts, psychiatrists, psychologists. We have forensic psychiatrists. We have university professorships. We have front-line nurses, et cetera. And pharmacists, pharmacologists."

Hébert was unwilling to name any of these experts or provide any documentation concerning the conclusions of the CSC's committee. "It made the recommendation that Sublocade was the safest and best medication," Hébert explained about the internal CSC committee's decision. "It is the least probable to be diverted." Ryan Herriot, an addictions doctor in Victoria, BC, Canada, who worked in British Columbia prisons between 2019 and 2024, says the lack of scientific transparency at CSC about its medicines formulary decisions is worrying. "The closed nature of their decision making on this, and their 'just trust us' attitude, does not give one faith."

Hébert's reliance on an internal, non-transparent process is at odds with CSC's public commitments to medical transparency, says Nicole Kief, executive director of Prisoners Legal Services, a Vancouver-based organisation that works with hundreds of prisoners in British Columbia. Kief notes that CSC's recent formulary changes are inconsistent with several aspects of CSC's OAT guidelines issued on August 16, 2021.

Although insisting that CSC's adoption of Sublocade is science based, Hébert pointed to "emerging science that is soon to come" from "a group of addictions experts out of Alberta" that has "been submitted for publications."

In May, 2025, Alberta passed legislation that allows family members, guardians, health-care professionals, and peace or police officers to request a treatment order for people with substance addiction in the absence of any criminal convictions. Under the legislation, once an apprehension order is issued for people with substance addiction, police locate and transport the patient to a compassionate intervention centre for assessment.

Under Alberta's secure care plan, people with substance addiction who have not been criminally convicted can be detained for up to 3 months of treatment in a secure facility, where treatment is imposed based on guidelines largely shaped by a newly established Alberta government corporation called the Canadian Centre of Recovery Excellence (CoRE), based in Calgary.

In a recent publication in the journal *Addiction*, CoRE's chief scientific officer, Nathaniel Day, an addictions physician, suggested that to better manage overdoses with buprenorphine, "prescribers should prioritise long-acting injectable options."

Paul Webster

For the **CRISM guideline** see <https://crism.ca/wp-content/uploads/2024/11/2024-Update-to-CRISM-Update-to-National-OUd-Guideline-20241111.pdf>

For the **2024 review of Sublocade in correctional populations** see *Am J Drug Alcohol Abuse* 2024; 50: 567–86

For **Day's comments in Addiction** see *Addiction* 2026; published online Aug 24. <https://doi.org/10.1111/add.70577>