

Development of a specialized orientation module for Opioid Agonist Treatment



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Existing Structure and Gaps

Existing structure:

- One physician on call for 10 provincial correctional facilities across BC after 1700.
- Care provided through virtual care.
- Physicians are trained by each other and consult one another as there is no training received for OAT prescription specific to the correctional environment.
- Provincial Opioid Addiction Treatment Support Program e-learning module, designed to support nurses and nurse practitioners in prescribing OAT.
- BC Centre on Substance Use (2024) OAT Workbook.

Gaps:

- No formal OAT training specific to the correctional environment.
- Misalignment with client preferences decreases engagement in OAT services (Ferguson et al., 2022).
- Suboxone safer for overdose reduction, but methadone has higher retention among First Nations clients (Holton et al., 2025).
- Review of the Physicians and Nurse Practitioners' Education and Training Pathway (BCCNM, 2023) found no content addressing Indigenous populations or correctional healthcare environments.
- BC Centre on Substance Use (2024) OAT Workbook lacks information on OAT prescribing practices within correctional settings and Indigenous-specific care.
- Provincial Opioid Addiction Treatment Support Program e-learning module lacks both correctional context and Indigenous-specific content.



Module for Care

Solution:

- **Develop a comprehensive orientation module that highlights available institutional supports and services.**
 - **such as mental health programs, harm reduction, and peer-led initiatives**
 - **while incorporating incarcerated population demographics and emphasizing culturally safe, trauma-informed care that reflects the realities of the correctional setting.**

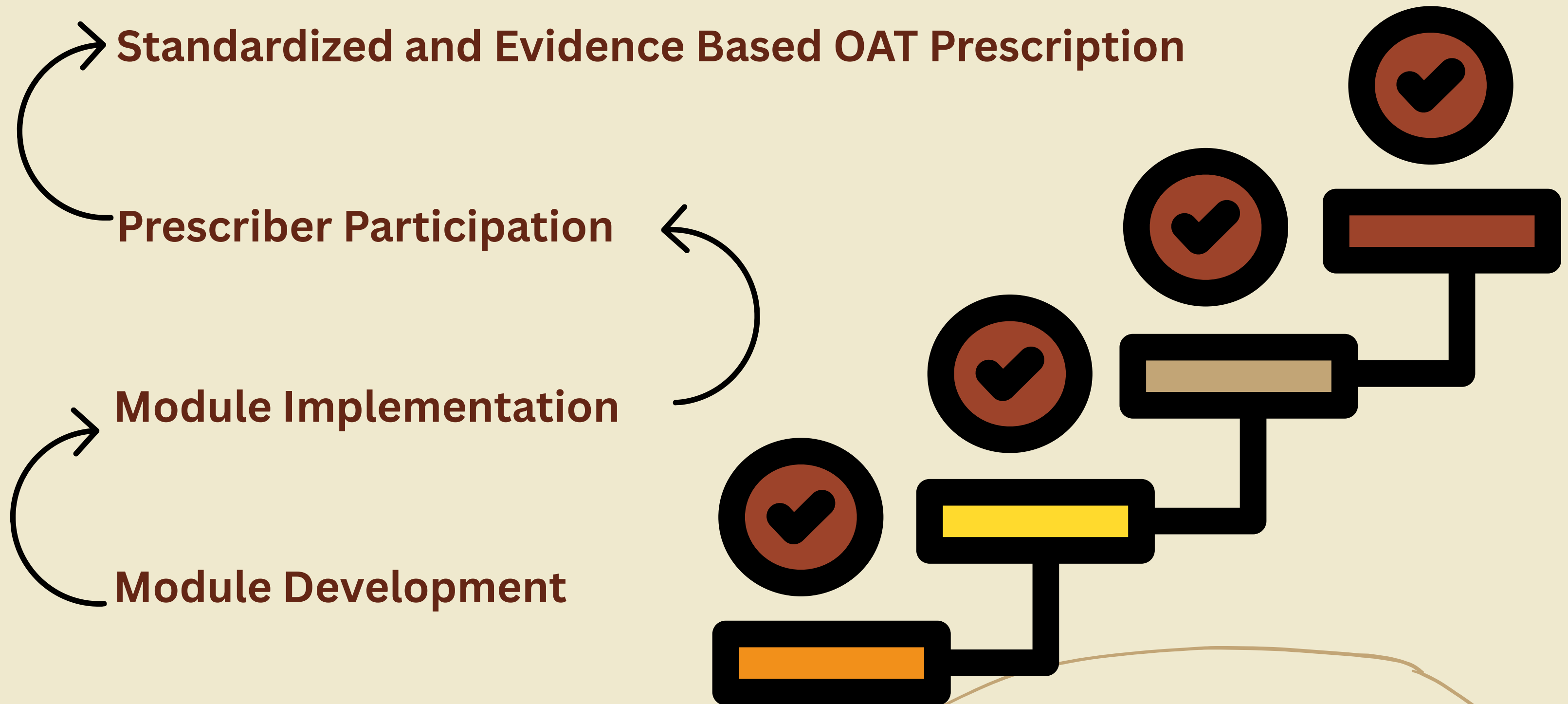
Rationale

- Addresses the lack of formal training for OAT delivery in correctional settings.
- E-learning modules can be seamlessly incorporated into existing curricula to enhance learning outcomes (Logan et al., 2020) .
- Address implicit bias to improve care and reduce inequities (Veilleux et al., 2022).
- Prescribe using current evidence to match evolving opioid potency and patient needs (Guerra-Alejos et al., 2024).
- OAT prescribing varied across prisons, influenced by institutional and regional factors. (Bodkin et al., 2021)

Strengths

- Starting OAT in custody improves post-release retention and reduces overdose risk (Russell et al., 2022).
- eLearning enhancing knowledge, skills, clinical performance, and overall professional competence (Aryee et al., 2024)
- Standardized learning can help mitigate inconsistency of prescribing

Implementation



Feasibility



Challenges	Solutions
Engagement or motivation from learners	Incorporate interactive elements (El-Sabagh & El-Sabagh, 2021)
Ensuring module remains up-to-date	Scheduled regular reviews
Limited culturally safe content	Collaborate with Indigenous health experts, Elders, and community members (Webb et al., 2023)
Funding for development	Low implementation cost (Savage et al., 2022)
Time constraints for prescribers (Chênevert et al., 2021)	Self paced eLearning environment

