

Initiating buprenorphine/naloxone (bup/nal) in correctional facilities

1. Screen for opioid use disorder (OUD) according to DSM-V criteria*

2. Assess most recent use of substances including but not limited to opioids

3. Assess Clinical Opiate Withdrawal Scale (COWS)*

4. Assess for contraindications

- Allergy to buprenorphine/naloxone
- Severe respiratory distress

5. Initiate bup/nal based on guidance below

*OUD and COWS screening tools on reverse

Dip urine

- Urine dip is recommended but not required for treatment initiation.

Order lab investigations

- Not required to start treatment.
- Consider which labs to order based on risk factors, recent testing, patient preference, and anticipated length of time in custody.
- CBC, electrolytes, Cr, AST/ALT, Hepatitis A, B, C, HIV.
- Copy clinician(s) in the community in case patient is released before results come back.

- Obtain informed consent for treatment, including possible treatment side effects (e.g., nausea, sedation, euphoria)
- All patients require a plan to support access to treatment post-release
- Counsel regarding harm reduction in custody and post-release

Patients in withdrawal (OUD and opioid use within 72 hours)

Indication to start bup/nal

- Opioid use disorder

AND

- No short-acting opioids for >12 hours
- No methadone for >48hours
- No fentanyl for >24hours

AND

- COWS score $\geq 12^{\dagger}$
- No contraindications

[†]If COWS <12, reassess within 12-24 hours

Initiation

- Provide bup/nal 4 mg
- Reassess in 2-12 hours
- If ongoing withdrawal based on COWS score, administer an additional 2-4 mg
- Calculate and administer daily dose as per standard bup/nal treatment guidance

Reassess dose

- Reassess dose every 3-7 days and increase by 2-4 mg if indicated based on ongoing withdrawal symptoms, cravings, or non-prescribed opioid use

Patients with lost opioid tolerance (OUD and no opioid use within 72 hours)

Indication to start bup/nal

- Opioid use disorder

AND

- No opioids used for >72 hours

AND

- No contraindications

Initiation

- Provide bup/nal 2 mg
- Calculate and administer daily dose as per standard bup/nal treatment guidance

Reassess dose

- Reassess dose every 3-7 days and increase by 2 mg if indicated based on ongoing withdrawal symptoms, cravings, or non-prescribed opioid use

Precipitated withdrawal (PPWD)

- PPWD can occur with recent opioid use – usually when short-acting opioid consumed within past 12 hours, long-acting opioid (e.g. methadone, slow release oral morphine) within 24 hours. For fentanyl and methadone, at least 24 to 48 hours should elapse before starting bup/nal and start bup/nal at 1-2 mg on first day
- Presents like opioid withdrawal but occurs suddenly within 1-2 hours after dose
- Severity is dose related so start low if any concerns about most recent opioid intake



For an online interactive version of the tool visit PrisonBupStart.ca or scan the QR code with your mobile device.

Funding support was provided by the Canadian Institutes of Health Research through the Canadian Research Initiative in Substance Misuse (SMN-139150).

Family Medicine

David Braley Primary Care Research Collaborative

McMaster University

DSM-V criteria for opioid use disorder (OUD)

At least two of the following should be observed within a 12-month period:

- Opioids are often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving, or a strong desire or urge to use opioids.
- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Exhibits tolerance.
- Exhibits withdrawal.

Source: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

Clinical Opiate Withdrawal Scale (COWS)

Resting Pulse Rate: ____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	GI Upset: over last 1/2 hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	Tremor Observation of outstretched hands 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness Observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	Yawning Observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches if patient was having pain previously, only the additional component attributed to opiates withdrawal is scored 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing Not accounted for by cold symptoms or allergies 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score: _____ The total score is the sum of all 11 items Score: 5- 12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). J Psychoactive Drugs, 35(2), 253-9.



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