



# Implementation of Overdose Education and Naloxone Distribution in Criminal Justice Settings: The NEXT Study

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11<sup>th</sup> Academic & Health Policy Conference on Correctional Health  
March 22<sup>nd</sup> – 23<sup>rd</sup> , 2018 Houston, TX

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NIDA Grant #5R34DA039101-03

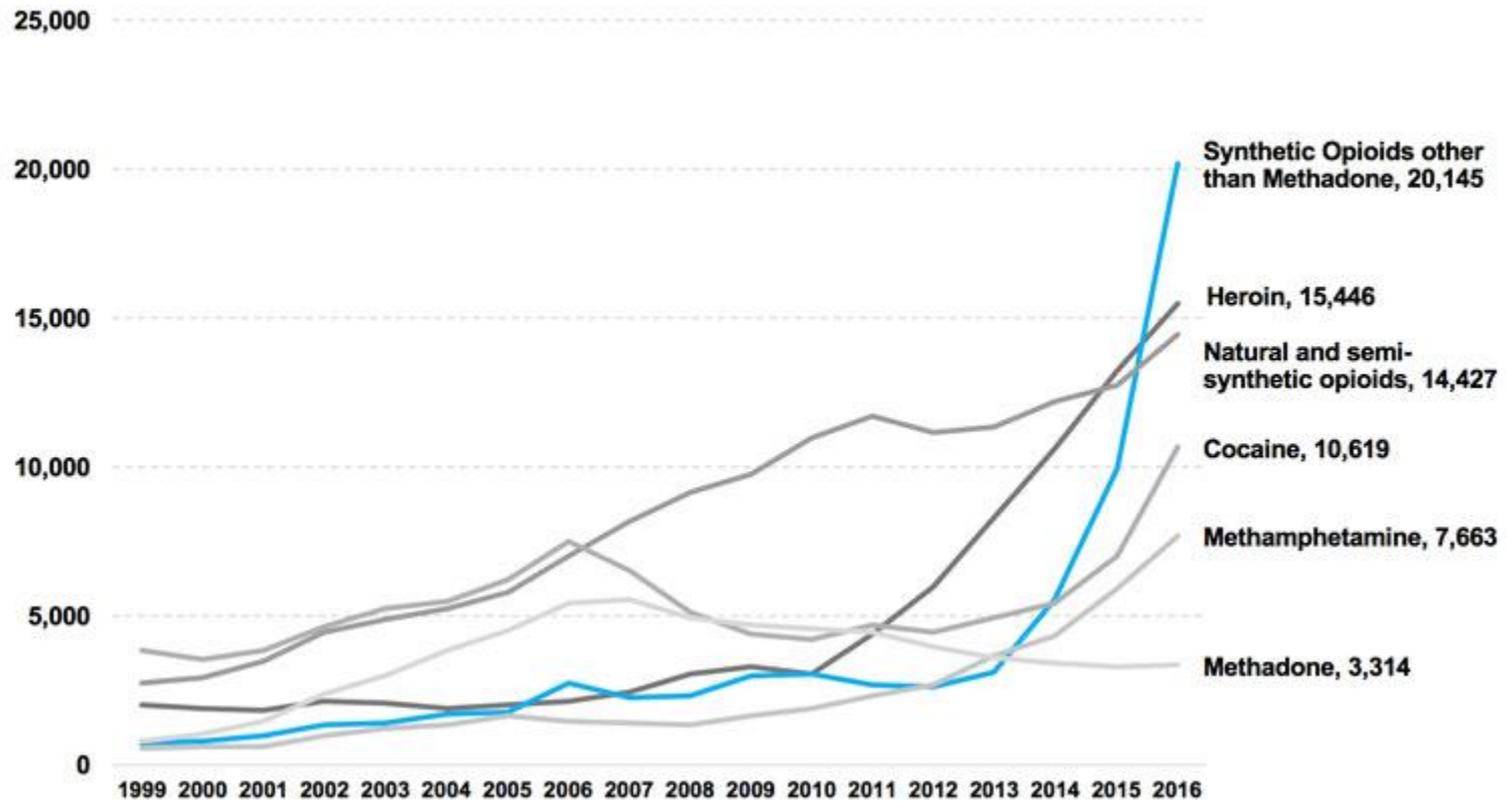
# Overview

- The opioid overdose epidemic
- Describe Overdose Education and Naloxone Distribution (OEND) in the community as well as in CJ Settings.
- Present preliminary findings from our NIDA funded, Implementation Science study of OEND in Criminal Justice Settings (P.I. Alex H Kral)

# The Opioid Overdose Epidemic

# Opioid overdose deaths in the US 2000-2016

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



# **Community based Overdose Education and Naloxone Distribution (OEND)**

# Naloxone prevents fatal overdose

- Naloxone, is an opioid antagonist
- Naloxone attaches to the opioid receptors in the brain, kicking opioids off of the receptors, reversing slow heart rate and respiratory depression
- There are no physical side effects associated with naloxone administration except those associated with withdrawal
- Laypeople, including PWIDs and other community members, have been trained and administering Naloxone more than 20 years.
- Laws in almost every state across the US allow naloxone to be distributed under a physicians standing order
- With those laws in place, providers and laypeople have immunity from criminal and civil liability when prescribing, possessing or administering naloxone

# Types of Naloxone



Injectable



Nasal Spray

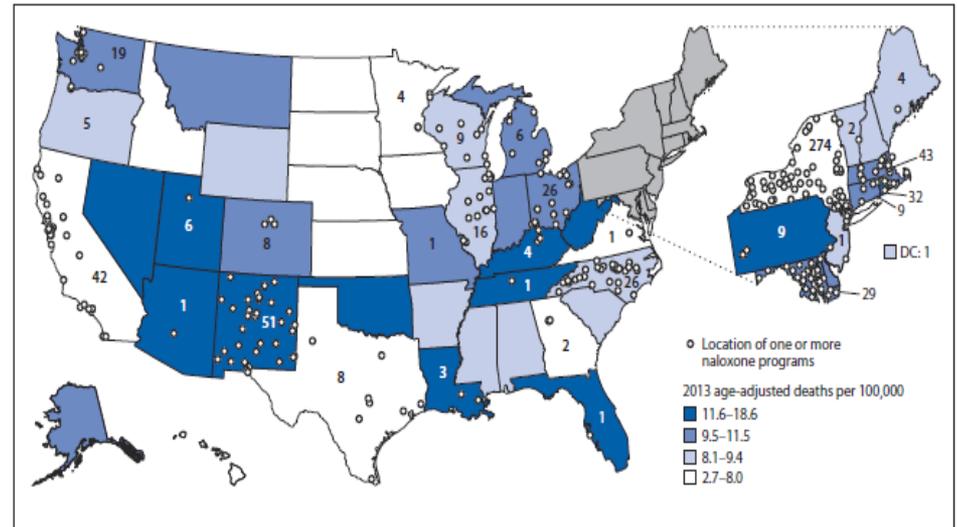


Auto-injector

# Community based OEND programs

- From 1996- 2015, 644 programs in the U.S. trained 152,283 laypersons<sup>1</sup>
- The programs that collect reversal data documented 26,463 overdose reversals<sup>1</sup>
- Studies show that communities with OEND programs have lower fatal overdose rates than communities without OEND programs<sup>2</sup>

FIGURE 2. Number\* and location of local drug overdose prevention programs providing naloxone to laypersons, as of June 2014, and age-adjusted rates<sup>†</sup> of drug overdose deaths<sup>‡</sup> in 2013 — United States



\* Total N = 644; numbers on map indicate the total number of programs within each state.

† Per 100,000 population.

‡ CDC, National Center for Health Statistics; Compressed Mortality File 1999–2013 on CDC WONDER Online Database, released January 2015.

<sup>1</sup> Wheeler, E. et al. (2015). Opioid overdose prevention programs providing naloxone to laypersons -United States, 2014. *MMWR* 64(23), 631-635.

<sup>2</sup> Walley, A.Y. et al. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ* 346, f174

# OEND in Criminal Justice settings

# Overdose risk at re-entry

- Formerly incarcerated people had 129 times the risk of overdose death during the 2 weeks immediately following release from prison than the general population.<sup>3</sup>
- And the risk remains elevated up to at least the 4<sup>th</sup> week post release.<sup>4</sup>
- Individuals released from jail, also have significantly higher rates of drug related deaths within the 2 weeks after release.<sup>5</sup>



<sup>3</sup>Binswanger I.A., et al. (2007). Release from prison—a high risk of death for former inmates. *NEJM*356(2), 157-165;

<sup>4</sup>Merrall, E.L.C, et. al. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction* 105 pp.1545-1554/

<sup>5</sup>Lim, S., et.al. (2012). Risks of drug-related death, suicide, and homicide during the immediate post-release period among people released from New York City jails, 2001-2005 *Am J. Epidemiology* 175(6):519-5260

# Why train people in OEND pre-release?

- Abstinence and infrequent use during incarceration lowers opioid tolerance, increasing risk of overdose in the event of relapse
- Inadequate services to support integration into the community
- Limited access to drug treatment, homelessness and lack of social support following release
- Thus, opioid relapse is common and risk for overdose is high after release from prison or jail
- People exiting incarceration are released to communities heavily impacted by drug use and may witness an opioid-related overdose. Possessing the knowledge about overdose prevention and a naloxone kit could save lives.

# Potential Venues for Naloxone Implementation for people exiting incarceration

- Training of inmates conducted in jail, naloxone in property
- In visitors center
- Within probation departments or re-entry programs
- In housing or substance abuse treatment programs specifically for people exiting incarceration

# Existing OEND programs in CJ settings

- New York State, Baltimore, Chicago, Denver, Boulder and Arapahoe, CO, Seattle WA, Durham, NC; Pittsburgh & Philadelphia, PA , Cuyahoga County OH, and San Francisco have all implemented OEND programs in criminal justice settings
- All programs use similar curriculum, procedures and distribute similar naloxone kits.
- What differs is the population that is targeted to receive the intervention



In this 3/21/2016, photograph, inmate Eric Burton examines a naloxone dose while conferring with a doctor at the Denver County Jail in downtown Denver. (AP Photo/David Zalubowski)

# The NEXT Study

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- The goal of this research is to identify barriers and facilitators and develop solutions for the implementation of overdose prevention programs in Criminal Justice settings
  - Three San Francisco Bay Area counties.
  - Interviews with key stakeholders in health care services, corrections, and re-entry programs.
  - Implementation of OEND in two pilot venues – existing programs targeting people exiting incarceration
  - Development of a manual to address the key factors and lessons learned

- **Lack of Information and need for education**

- Insufficient overdose death data
- Lack of basic knowledge about OEND programs
- Myths about naloxone
- Lack of information regarding legal issues related to distribution of Naloxone

- **Service provision barriers**

- Competing priorities for providing services to people exiting jail
- Belief that drug users couldn't possibly intervene and save lives
- Lack of local harm reduction services

- **Institutional barriers**

- Budgetary constraints and staffing
- Institutional fragmentation (larger counties)
- Insular nature of CJ settings, not easily influenced by other programs
- Conservative settings where there is resistance to change
- Jail security procedures
- Jail health services provided by private company – not part of public health department

# Facilitators

- **Individuals and groups who are who are committed to OEND**

- Local champions who can cut through red tape
- Doctors who are willing to write a standing order
- County level coalitions working towards overdose prevention
- Support from local politicians

- **Information and Education**

- Media coverage of the overdose epidemic
- Providing data related to risks of overdose and successes of OEND programming
- Bringing people together to discuss the risk of overdose for those exiting incarceration
- Access to experts

- **Available resources**

- Local, state and federal funds for overdose prevention, re-entry services and substance use treatment are available & can be used to fund these programs
- Existing county-wide initiatives addressing opioid overdose prevention
- Existing partnerships within the county systems of care with procedures in place for collaboration
- CBOs committed to the population and interested in building OEND services
- Local programs with access to jails – with jail clearance and experience working in CJ settings (e.g., programs providing HIV/HCV testing in jail)

**NEXT study successes**

# Implementation of OEND in Bay Area Counties

- To date OEND has been implemented in two of the three counties we were working in – both continue to struggle with on-going barriers to service provision
  - A small jail has incorporated OEND into their substance use treatment programming. They are providing training, but are still struggling with the jail for approval to place naloxone in the participants' property.
  - A re-entry clinic has trained their behavioral health employees to provide the training and has begun training a limited number of patients. They received a limited supply of naloxone from the state of California and cannot expand the program without additional funding.

# Discussion

- In light of the severity of the opioid overdose epidemic; bystanders, including people exiting incarceration, must be trained to administer naloxone
- Implementation of OEND in CJ settings and training of inmates pre-release is an essential tool to reduce fatal overdose
- Barriers to implementation include, lack of information as well as service provision and institutional barriers
- However, utilizing staff as OEND trainers, who already provide testing in jail, who already have jail clearance and are familiar with the population can facilitate implementation.
- Increased information and education, acquisition of resources and having players at the table who are committed to harm reduction and improving the health of drug users facilitates implementation.

**Thank you!**