Evaluating Take Home Naloxone in Prison: Learning from one year of experience in BC Corrections

BC Centre for Disease Control
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ABSTRACT

Naloxone is a life saving medication that reverses opioid overdose. The BC Take Home Naloxone (THN) Program provides training and naloxone kits to people who are at risk of overdose. The BC THN program is a key strategy to mitigate the current public health emergency that is a result of a rapid increase in the rate of overdose deaths in the province.

Overdose is the leading cause of death among recently released inmates due to a loss of drug tolerance during prison[1]. Approximately 30% of BC Corrections inmates are diagnosed with a substance use disorder[2]. The rate is highest among female inmates[2].

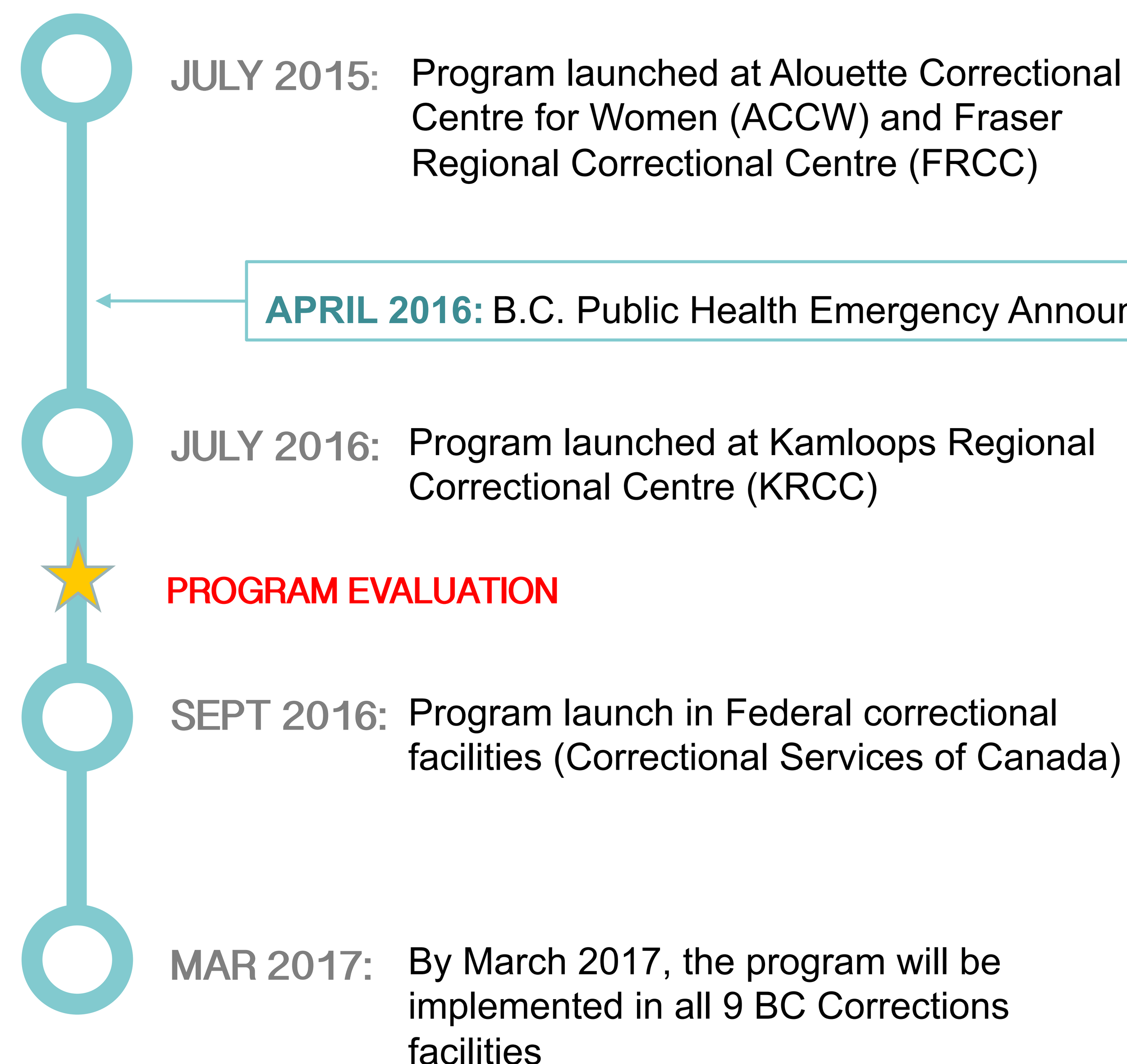
The BC THN program in correctional facilities trains inmates to administer naloxone and provides a THN kit to inmates upon release. The expansion of the BC THN program in Provincial and Federal correctional facilities was identified as a key recommendation for action to mitigate the number of overdose deaths among this vulnerable population[3]. A program evaluation was conducted to improve the program at existing sites and facilitate the implementation of the program at new facilities. Recommendations were be made in the form of a brief report for key stakeholders.

BACKGROUND

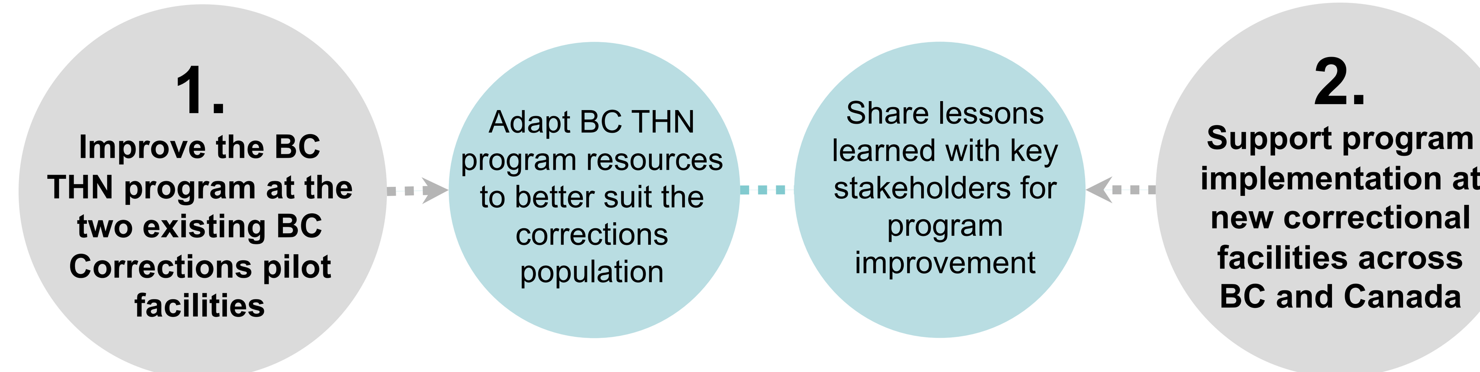
The Facts:

- Drug overdose is the leading cause of death for individuals recently released from prison due to a loss of tolerance to the effects of opioids.[1]
- Imprisonment increases the risk of overdose death as a result of forced abstinence or significantly reduced opioid use, which lowers drug tolerance.[1]
- Approximately 30% of BC Corrections inmates are diagnosed with a known substance use disorder. The rate of diagnosis of substance use disorders is higher in female inmates (41%) compared to male inmates (28%).[2]
- Expansion of the BC THN program within federal and provincial correctional facilities was identified by the BC Drug Overdose Alert Partnership (DOAP) as a key recommendation for action to reduce overdose deaths in BC.[3]
- England and Scotland have implemented and evaluated the Take Home Naloxone program in Correctional facilities.[4,5]

Program Timeline:



OBJECTIVES



METHODS

Evaluation Questions:

Evaluation Participants:

1. Health Care Staff

Role:

- Independently involved in nearly all aspects of program implementation:
- Participant recruitment, scheduling and conducting inmate training sessions, distributing kits, follow-up

What we wanted to know:

- Program logistics
- Perceptions of program impact and uptake among the inmate population
- Do health care staff feel supported to conduct the program activities?

2. Correctional Officers

Role:

- Have close contact with inmates that could be leveraged to (a) promote the program and (b) assist in an emergency overdose on site

What we wanted to know:

- Officer perceptions, attitudes, and level of knowledge and awareness of the BC THN program in the facility
- In what ways can their roles or knowledge be enhanced to support the program?

Data Collection:

Data Analysis and Dissemination:

Recordings were transcribed and analyzed for key themes and lessons learned using NVivo software. Findings were validated by evaluation participants. A report was developed and distributed to key stakeholders outlining key recommendations for action.

WHAT WE HEARD*

1 Initial training of health care staff is essential for program success. Not all nurses feel comfortable providing inmate training sessions.
Recommendation 1: Strengthen the nurse training process by repeating group-based, hands-on training sessions conducted by a member of the regional harm reduction team.

2 Inmates may not be interested in the program at intake due to withdrawal symptoms and/ or feelings of agitation or aggression. Some inmates are assessed at different facilities and therefore not all inmates are aware of the program following intake.
Recommendation 2: Enhance inmate awareness of the program by ensuring that there is secondary advertisement of the program on the living unit, such as posters or enhanced word-of-mouth advertisement from officers or health care staff.

3 The BC THN program is expected to launch in all BC Corrections facilities by March 2017, providing an opportunity to systematically advertise the program to all incoming inmates and improve program coverage and impact.
Recommendation 3: Collaborate with BC Corrections pre-trial centres to streamline program advertisement and recruitment of interested inmates once the BC THN program is implemented in all BC Corrections Facilities.

4 Some inmates have cognitive difficulties and a low comprehension level. Program resources are sometimes too complex for training sessions. Existing training videos were not found to be relevant for this population.
Recommendation 4: Develop step-by-step training materials for inmate training sessions and a shorter video that is more appropriate for the correctional setting.

5 Inmates are enthusiastic to receive training and feel empowered to leave prison with a THN kit. Ensuring that inmates know where to access harm reduction services and naloxone in the community is a challenge.
Recommendation 5: Ensure that inmates know where to access harm reduction resources and refill their BC THN kit in the community following release.

6 Correctional officers have a unique relationship with inmates and could play an important role in facilitating harm reduction conversations and promoting the BC THN program. Not all facilities have 24 hour nursing staff. Therefore, nursing staff may be unavailable in the event of an emergency overdose on the unit.
Recommendation 6: Provide basic education and/or training to correctional officers.

* Recommendations are taken from health care staff focus groups and interviews only (n=9)

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A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM