

A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons



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Funding Source: The National Institute on Drug Abuse provided funding for this work under *Preventing Overdose Mortality among People Exiting Incarceration* (Alex Kral, Principal Investigator; Grant number 5R34DA039101-03) and *Optimizing Overdose Education and Naloxone Distribution Delivery in the United States* (Barrot H. Lambdin, Principal Investigator, Grant number 1R21DA046703).



August 31, 2019

Contents

Section	Page
Section 1. Introduction	1
The Opioid Overdose Crisis	1
Opioid-related Overdose Deaths Are Preventable	1
Overdose Education and Naloxone Distribution (OEND) Programs in Jails and Prisons	2
Purpose and Organization of this Primer	3
Section 2. Program Development	4
Understanding the Implementation Climate	4
Talk to the Right People	4
Observe Admission and Discharge	5
Review the Data	5
Identifying Stakeholders	6
Multiple Stakeholders	6
Engaging Stakeholders	7
Know Your Audience	7
Identify a Local Champion	9
Establishing External Partnerships	9
Finding a Steady Source of Naloxone	10
Naloxone Type and Source	10
Resource List	12
Section 3. Program Logistics	13
Training Facility and Program Staff	13
Identifying and Engaging Potential Program Participants	14
Identifying Potential Participants	14
Engaging Potential Participants	15
Training Logistics and Curriculum	16
Distributing, Sourcing, and Storing Naloxone	17
Resource List	18

Section 4. Evaluating a Jail-Based or Prison-Based OEND Program..... 19

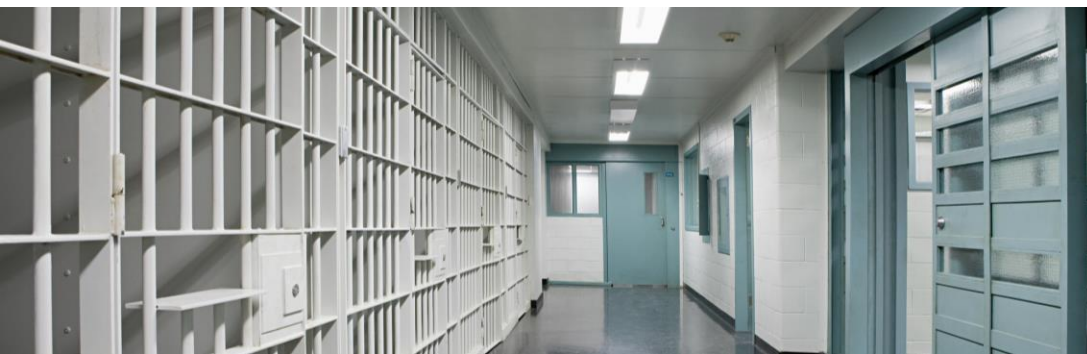
Evaluation Planning	19
Describe the Program.....	20
Develop Quantitative Evaluation Measures.....	20
Qualitative Evaluation.....	21
Evaluation Implementation	22
Data Analysis and Interpreting the Findings	22
Documenting and Communicating the Evaluation Findings.....	23
Resource List.....	24

Appendix

A Methods: Preventing Overdose Mortality among People Exiting Incarceration	28
B Fact Sheet: Overdose Education & Naloxone Distribution Programs.....	31
C: Program Models.....	32
D: Protocols	39
E: Data Collection Forms	46

List of Exhibits

Number	Page
Exhibit 1. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017 ¹	1
Exhibit 2. Pros and Cons of Different Types of Naloxone.....	11
Exhibit 3. Outputs and Process Measures Associated with Training Quality and Satisfaction.....	21
Exhibit 4. Example of Using Process Data to Identify Problems and Propose Solutions	22



Section 1. Introduction

The Opioid Overdose Crisis

Over the past 20 years, drug overdose deaths have increased dramatically in the United States.¹ Most of these deaths involved opioids, including prescription pain medications, heroin, and synthetic opioids such as fentanyl.² These are called opioid-related overdoses and often occur as a result of respiratory depression caused by opioids, even when other medications and drugs are involved.

Opioid-related overdoses increased by 30% from 2016 to 2017 alone, as shown in **Exhibit 1**.³

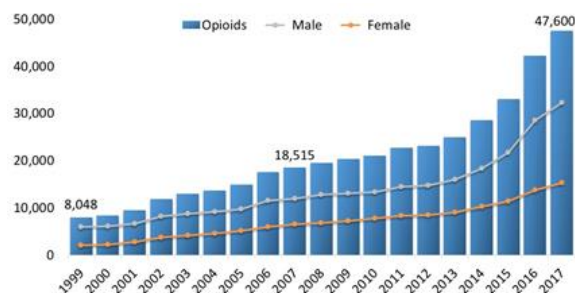
Currently, synthetic opioids – such as fentanyl and carfentanil, which are much stronger than heroin or morphine – cause more opioid-related overdose deaths than any other type of opioid.⁴

People at highest risk for opioid overdose are individuals who use opioids. Because of reduced opioid tolerance, overdose risk is especially high after a period of nonuse, such as voluntary or forced abstinence in jail, prison, or an inpatient substance use treatment program.

Facts about Drug Overdose Deaths

- Drug overdoses are now the leading cause of death of people under age 50 in the US.⁵
- Two out of three of all drug overdose deaths in the US in 2016 involved opioids.⁶
- Nationwide, about 130 people die each day from an opioid-related drug overdose.⁷

Exhibit 1. National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017¹



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Opioid-related Overdose Deaths Are Preventable

In 2017, the US Department of Health and Human Services announced a 5-point strategy to address the opioid-related overdose crisis. One strategy is to expand access to and promote the use of the opioid overdose-reversing medication, naloxone (also known by the brand names Narcan® and Evzio®).

Naloxone is a medication that can reverse an opioid-related overdose by blocking the brain's opioid receptors.

The US Food and Drug Administration (FDA) approved naloxone by prescription to treat opioid overdoses in 1971, leading to hospitals and paramedics carrying and administering naloxone in suspected opioid-related overdoses. Recently, more US jurisdictions are equipping law enforcement officers, firefighters, and emergency medical technicians with naloxone because they are often the first responders to people who have overdosed.

In 1996, the nonprofit Chicago Recovery Alliance syringe services program (SSP) expanded naloxone access by putting it in the hands of laypeople who are most likely to be present when an opioid overdose occurs, such as people who use drugs and their family members and friends. As of 2019, nearly all states have passed laws to expand naloxone access through a standing order. This means that laypeople can get naloxone from community-based organizations (CBOs) or purchase it at a pharmacy without a prescription. To make it easier to purchase naloxone, the FDA developed the labeling required for over-the-counter (OTC) naloxone to help encourage drug companies to enter this market.⁸

For many years, laypeople have gotten naloxone kits for free from community-based programs such as SSPs and other harm reduction organizations. These organizations also provide education on overdose risk factors and the signs and symptoms of opioid-related overdose; how to administer naloxone; and legal protections for people who call for emergency assistance or administer naloxone to reverse an overdose, such as Good Samaritan Laws.

These are now called Overdose Education and Naloxone Distribution (OEND) programs. The key components of these programs are that they are client-centered, non-stigmatizing programs that provide overdose education and naloxone

to people who may need them, as well as others in their communities.

Community-based OEND Programs Have Prevented Thousands of Opioid Overdose Deaths

Community-based OEND programs distributed more than 150,000 naloxone kits to laypeople from 1996 to 2014. This resulted in approximately 26,000 opioid overdose reversals.⁹ In 2018, a group of 100 community-based programs in 34 states, primarily SSPs, distributed 900,000 doses of naloxone directly to people who use drugs and their friends, family members and people in their social networks.¹⁰

Overdose Education and Naloxone Distribution (OEND) Programs in Jails and Prisons

People exiting jail or prison are at very high risk for opioid-related overdose. Opioid-related overdose is the most frequent cause of death among people recently released from prison.¹¹⁻¹³ This risk may be especially high among women.¹²

The risk of overdose is high for people exiting jail or prison for a number of reasons, including:^{11,13-15}

- Many people are opioid-dependent when they enter jail or prison.
- Opioid tolerance decreases while incarcerated because people may not have access to opioids – whether illicit or prescribed – in jail or prison.
- People exiting jail or prison who start using opioids again may use the same dose that their body tolerated before they were incarcerated. Post incarceration, this dose can be toxic because of loss of opioid tolerance while in jail or prison.

The immediate post-release period is a high-risk time for opioid-related overdose. A study in

Washington State found that people newly released from prison were 129 times more likely to die from a drug overdose compared with the general population.¹³ A study in North Carolina showed that people who were formerly incarcerated were 40 times more at risk of dying from an opioid-related overdose in the 2 weeks after release as compared with the state's general population.¹⁶

OEND programs have been implemented in jails and prisons in several states, including California, Illinois, Maryland, Michigan, and New York. These programs prioritize the risks faced by people exiting jail or prison¹⁷⁻²⁰ and address the needs of their family and friends.

OEND evaluations suggest that these programs increase participants' knowledge about the signs of overdose, how to respond to an opioid-related overdose, and their confidence and willingness to respond to an overdose.²¹

Additionally, one study showed that the positive effects of jail-based OEND programs extend beyond short-term changes in knowledge, attitudes, and beliefs. Between 2013 and 2017, about two-thirds of participants in the San Francisco County Jail system's OEND program opted to receive naloxone in their property at release. Of these participants, nearly half obtained a naloxone refill in the community. When asked why they needed a refill, about a third said it was because they used their naloxone to reverse an overdose in the community.²⁰ Prison and jail-based OEND programs also have been found to have life-saving potential. One study showed OEND led to a 36% decrease in opioid overdoses in the first 4 weeks following release from prison.^{22,23} Another program that provided OEND to jail visitors found that 10% of participants had administered naloxone in the 6 months following training. Also, of 70 witnessed

overdose events, 12 had occurred among people who were formerly in jail or prison.²⁴

It is clear that people exiting incarceration are at the highest risk of opioid-related overdose and that OEND programs, including those located in jails and prisons, save lives.

Purpose and Organization of this Primer

This primer was designed to promote and support implementation of OEND programs in the unique features of jails and prisons to help prevent opioid-related overdose deaths among people who have contact with jails and prisons. It outlines strategies for developing (Section 2), coordinating (Section 3), and monitoring and evaluating (Section 4) jail and prison-based programs and builds on lessons learned from two National Institute on Drug Abuse funded studies, *Preventing Overdose Mortality among People Exiting Incarceration*, (Alex Kral, Principal Investigator; Grant number 5R34DA039101-03) and *Optimizing Overdose Education and Naloxone Distribution Delivery in the United States* (Barrot H. Lambdin Principal Investigator, Grant number 1R21DA046703). For more detail about our methods, see **Appendix A**.

At the end of each section is a Resource List of planning resources. The Appendix contains information about existing jail-based and prison-based OEND programs and examples of documents and forms that can be adapted to address program needs.



Section 2. Program Development

Developing a jail or prison-based OEND program takes careful planning. Program success rests on three key elements: a thorough understanding of the setting in which the program will be implemented; strong support from a variety of stakeholders; and a steady supply of naloxone.

Understanding the Implementation Climate

Developing a successful OEND program requires an in-depth understanding of the setting in which the program will be implemented and the population to be reached. Asking questions, observing, and reviewing data and other information will help build knowledge and uncover potential barriers to implementation or participation so that they can be addressed upfront.

Talk to the Right People

Talking to the right people and asking the right questions is a good place to start. Here are some suggestions for people to approach and questions to ask:

- **Correctional Administrators**
 - Tell us what you know about opioid-related overdose in your community and for people exiting jail or prison?
 - In what ways could an OEND program like this have an impact on reducing opioid-related overdose and deaths?
 - What do you think it would take for an OEND program to be implemented in the jail or prison?
 - What concerns do you have about naloxone and OEND?
 - Is naloxone already stocked in the facility's pharmacy?
 - Is medical staff already treating opioid use problems or providing naloxone?
 - What policies and procedures need to be considered?
 - What resources are available and what additional resources might be needed?
 - Who would be a good champion of OEND or partner in this effort?
- **Correctional Staff**
 - What kind of impact could a program like this have on your workplace?
 - In what ways would you be willing to be involved?
 - What concerns do you have about the program or involvement of correctional staff?

- **Program participants (i.e., people in jail or prison and/or their visitors)**
 - What do you know about opioid-related overdose and naloxone?
 - Have you heard of people overdosing after leaving custody?
 - What information do people currently receive about overdose and naloxone while in custody?
 - Would you participate in the program if it were offered? Why or why not?
 - How do you learn best; for example, in a group format or a one-on-one discussion, or by watching a video or reading materials?

Observe Admission and Discharge

Observing admission and discharge procedures and how people move from place to place in the facility will help determine the program's scope. It will also shed light on whether and how existing systems, processes, and infrastructure can support implementation activities.

Here are some things to consider:

- **Program Scope**
 - Will the program focus only on people who are incarcerated, or will it include people engaged in community corrections settings?
 - Are there opportunities to engage visitors?
 - If the program will include visitors, where and when can they be reached — such as in visitation areas before or after visiting hours?
- **Identifying program participants**
 - Are people asked about their drug use? If so, where and when are they asked about their drug use?
 - Who collects this information? Where is it recorded?
 - Are there areas where program information can be displayed, such as exam rooms or common areas?

- **Training and Education**
 - Are there classrooms or other spaces available in which to conduct the training?
 - How many people do these spaces accommodate?
 - How do people move from place to place in the facility?
 - Is there equipment available that can be used to show a video?
- **Naloxone Distribution**
 - When are people discharged and by whom?
 - Where does discharge take place?
 - How is personal property stored and returned upon discharge?
 - Can the facility pharmacy provide naloxone to individuals before or at discharge?
 - If there is opposition to putting naloxone in a person's property, is there another distribution option, such as handing the person a note when discharged that prompts them to pick up naloxone in the medical wing or at a nearby pharmacy or community-based program?
 - Naloxone vending machines are being considered for people leaving jails and prisons; this may be an option in a facility where putting naloxone in property is not feasible.

Review the Data

Compiling information about local needs and in-house and community-based services can help determine how to integrate OEND services with ongoing programs and activities.

Here are some things to consider:

- **Local Surveillance Data**
 - How prevalent are opioid use, opioid overdose, and opioid-related overdose deaths in the community?
- **Facility-Level Data**

- What percentage of the population self-reports opioid use at intake?
- To what extent do those who identify as using substances attend treatment or support groups during incarceration?
- **In-house Health Services**
 - What services exist within the facility, such as substance use treatment or support groups or HIV and viral hepatitis counseling and testing?
 - How often are these services provided?
 - Who provides these services?
 - Are health services provided by a contractor?
- **Community-based Harm Reduction and Social Support Services**
 - What services are available in the local community for people exiting incarceration – such as SSPs, reentry programs, substance use treatment programs and safety net clinics?
 - Do these organizations provide services in the jail or prison?
 - How has the jail or prison worked with these organizations in the past?
- **Correctional administrators** control access to the facility and the type of educational programming provided to people housed there. The first step is to figure out who are the decision makers. These individuals may vary by facility. Larger jail or prison systems may have specific staff who plan educational programs. In smaller facilities, the jail commander may do the planning. In either case, correctional administrators make final decisions about whether OEND programs are implemented.
- **Correctional healthcare services** are usually provided by private corporations or public health entities. Healthcare staff may or may not be open to integrating OEND programs into the services they already provide. In either case, healthcare staff need to be involved with planning because OEND includes medication distribution, which is usually their responsibility. Although approval from these entities is important, final decisions rest with jail or prison administrators.

Identifying Stakeholders

Multiple Stakeholders

Implementing an OEND program will involve collaborating with multiple stakeholders representing a variety of agencies. Here are some of the important stakeholders to involve in the planning process:

- **Formerly or currently incarcerated people** should be included in helping to design any education programs that are for them. Conducting focus groups or interviews with formerly incarcerated people about their overdose experience and gathering information on how they would see this program functioning is a core component to creating a successful program.
- **External service providers** work in jails or prisons to deliver services such as HIV testing, substance use or mental health treatment, or job training. These providers are usually funded through contracts with state and local government agencies. Working with these providers can be helpful because they have existing

relationships with jail and prison staff and populations, which means they are a trusted and known partner. And external providers have already been cleared to enter the facility in which they work, which eliminates the need for additional clearance.

- **Local and national harm reduction organizations** can provide training, technical assistance, and affordable naloxone. For example, SSPs that provide OEND can offer implementation guidance, and they may be able to help provide services in jails or prisons. Similarly, national harm reduction organizations can assist with developing evidence-based protocols for implementing OEND services (see Section 3 for more information about protocols and the Resource List at the end of this section for information about these organizations). These organizations also can advise on legal and policy issues that may affect implementation in some jurisdictions.
- **Coalitions** have been formed in many communities to address opioid-related overdose. The membership and activities of the coalitions may vary from place to place. Jail-based or prison-based OEND may align with the priorities of some coalitions and can be driving forces for implementation. Attending coalition meetings can also be a good way to identify individuals and organizations who can offer financial or human resources to help strengthen the program.

Engaging Stakeholders

Know Your Audience

OEND stakeholders represent a variety of backgrounds and have a range of knowledge,

attitudes, and beliefs about opioid use, people who use opioids, and the delivery of OEND programs.

Benefits of Stakeholder Engagement

Engaging a diverse stakeholder group increases the program's chances for success by:

- Enriching understanding of the community context and uncovering potential barriers and facilitators to implementation
- Building buy-in and support for the program from people who can assist with planning, implementation, and evaluation
- Helping overcome political or administrative barriers to implementation
- Establishing and increasing the credibility of the program
- Ensuring that the program is tailored to the needs and experiences of its participants

Stakeholders familiar with these topics may be easy to engage. However, some people know little about these topics and their attitudes and beliefs may present obstacles to implementing an OEND program. For example, potential stakeholders may have negative opinions about people who use drugs or people with a history of incarceration, or they may think that harm reduction enables drug use. Also, stakeholders who work in jails or prisons are often accustomed to working within a culture of punishment and they may think that that providing OEND services in jails or prisons could clash with the overall culture.

Understanding stakeholders' baseline knowledge and perspectives can guide engagement strategies.

Engaging stakeholders who are less informed or reluctant can take more time based on their preexisting knowledge, attitudes, and beliefs.

Strategies for engaging them can range from a brief one-to-one conversation to multiple conversations over time to explain OEND and its benefits. For example, it may take repeated conversations to address concerns about the program's burden on facility staff, discomfort around incorporating harm reduction services into existing work, or resistance to modifying existing protocols. Including jail or prison administrators and staff in the planning process will help ensure that implementation strategies are feasible and will be accepted and followed. If presenting to a group, it can be advantageous to include a few different people to present different information, including an harm reduction professional, an administrator, a health professional, and/or an evaluation expert. It may be useful to develop a power-point presentation for certain audiences.

Stakeholders may have valid concerns about the burden of implementing an OEND program. One strategy that can be used to reduce potential program burden is to integrate OEND services into existing facility programs, such as HIV/HCV counseling and testing, substance use treatment, or discharge planning.

Potential topics to cover with stakeholders when engaging them include:

- **Local overdose rates** (for more details, see Resource List)
- **Relevant literature and a one-page fact sheet on overdose risk and post-release rates** (see sample fact sheet in **Appendix B** and Resource List)
- **Harm reduction principles** (see the [Harm Reduction Coalition's Principles](#); full link in Resource List)
- **Background on naloxone**, such as how it works, types of naloxone, and the efficacy of community-based OEND programs (see [Harm Reduction](#)

[Coalition's Naloxone Manual](#); full link in Resource List)

- **Nuts and bolts of OEND programs**, such as distribution through standing order and training protocols (see [Harm Reduction Coalition's Naloxone Manual](#); full link in Resource List)
- **Post-release overdose prevention** by viewing the *Staying Alive on the Outside* video, which is geared toward people approaching release from jail or prison ([watch the video](#); full link in Resource List)
- **Jail and prison-specific OEND models** (see **Appendix C**)
- **Naloxone kits** (both intranasal and injectable) to pass around for viewing
- **Misperceptions** about naloxone and OEND programs
- **Relevant laws and protections** covering prescribing and distributing naloxone, liability, and Good Samaritan laws (see [Good Samaritan Laws](#), full link in Resource List)

Common Misperceptions about Naloxone and People Who Use Drugs

- Naloxone is addictive.
- Naloxone encourages or increases drug use.
- OEND programs encourage drug use.
- Naloxone prevents people who use drugs from seeking treatment.
- Naloxone has psychoactive effects.
- Naloxone cannot be delivered by a layperson.
- Naloxone must be prescribed by a doctor.
- Naloxone only comes in a formulation that requires a syringe and needle.
- People who use drugs will not remember how to use naloxone.

Identify a Local Champion

A local champion is a key stakeholder who can help build support for the OEND program. This person may be motivated by personal or family experience with substance use overdose or incarceration. They may be passionate about harm reduction or interested in community or public health and social justice or innovative and collaborative programming.

Although what makes an “ideal” local champion can vary, the most helpful champions share certain characteristics²⁵:

- Known and respected among their colleagues/community and experienced with local policy efforts
- Understands that OEND programs are important for preventing overdose.
- Interested in and committed to implementing the OEND program
- Enthusiastic, dynamic, energetic, personable, and persistent
- Able to prioritize making time to engage in the process.

Establishing External Partnerships

External partners — like community-based organizations (CBOs) — can extend an OEND program’s reach beyond jails and prisons upon discharge; assist with program implementation; and contribute to program sustainability. Program staff may have existing knowledge or relationships with CBOs that may be willing to become an implementation partners. Other potential partnerships may be identified through the stakeholder engagement process.

Partners can extend program reach beyond jails and prisons upon discharge, and contribute to program sustainability.

The types of partnerships needed will depend on the nature of the program, but may include SSPs, health departments, or CBOs that conduct HIV or HCV testing or provide substance use treatment, and other local harm reduction organizations that can provide naloxone or in-facility overdose education. For example, SSP staff may be able to conduct overdose education or the SSP may be able to provide naloxone for the discharge kits and provide refills to people after they are released from jail or prison.

Establishing Effective Partnerships

The keys to establishing effective external partnerships are to:

- Communicate early and often to ensure a shared understanding of the OEND program's importance, goals, and objectives.
- Define partners' roles and responsibilities and specify financial commitments.
- Follow through on stated commitments and communicate about their status.
- Assess progress throughout the implementation period.
- Work together to identify solutions to implementation challenges.

Roles, responsibilities, and financing can be established in a formal contract or a memorandum of understanding or agreement (which are unfunded and nonbinding).

Finding a Steady Source of Naloxone

Naloxone Type and Source

There are two formulations of naloxone that are commonly distributed by OEND programs in the US:




- **Injectable naloxone**, which comes in a single-dose vial (0.4mg/1ml). Injectable naloxone "kits" must be assembled and contain a minimum of 2 vials, and two intramuscular syringes.
- **Intranasal naloxone** (manufactured by Adapt Pharma under the brand name NARCAN®) comes in a single-dose nasal spray and is as easy to use as other nasal sprays. Each box contains two units.

The pros and cons of each type of naloxone are shown in **Exhibit 2**. More detail about the different types of naloxone can be found on the [Prescribe to Prevent website](#) (full link in Resource List)

Options for obtaining naloxone will vary by location, but may include the following:

- **Direct purchase from the manufacturer**
 - ADAPT Pharma provides community pricing for intranasal naloxone, giving a 40% discount to government entities and nonprofit organizations who register with [NARCAN Direct](#) (full link in Resource List)
- **Discount programs**
 - SSPs can join the Opioid Safety and Naloxone Network (OSNN) purchasing group to purchase injectable naloxone at a discounted rate. Programs interested in joining the OSNN purchasing group must contact the Harm Reduction Coalition to be connected with the OSNN team. (full link in Resource List) Other government agencies and non-profit organizations can obtain free injectable naloxone from [Direct Relief](#) (full link in Resource List)
- Community partners that already purchase and distribute naloxone
- State or federal funding for criminal justice reform programs to reduce recidivism and substance use treatment (e.g., state opioid response or targeted response grants from the Substance Abuse and Mental Health Services Administration)
- City or county funding for opioid overdose prevention

Exhibit 2. Pros and Cons of Different Types of Naloxone

Naloxone Type	Pros	Cons
Injectable 	<p>Lowest cost</p> <p>High acceptability among people who inject drugs who are highly likely to witness an opioid-related overdose.^{10,26,27}</p>	<p>Difficult to overcome concerns about safety, such as needle stick injuries; security; and the potential for needle use to trigger relapse.</p>
Intranasal 	<p>High acceptability among people who are not comfortable with needles and people who inject drugs.</p> <p>Easy to use because it is like other common nasal sprays</p>	<p>More expensive than injectable form</p>
Auto injector 	<p>Easiest to administer</p>	<p>Cost prohibitive, unless donated or sponsored</p> <p>Concerns about inadequate dose for people who are opioid dependent (2mg/2ml per each injection).</p>

*Although there is no evidence that choosing injectable naloxone will cause problems, many jurisdictions choose the intranasal option for these reasons. Stakeholder engagement and training activities may help dispel myths and misperceptions about the injectable form.

Resource List

Statistics on Overdose and Overdose Deaths

1. Drug overdose deaths
<http://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-drug-use/drug-overdose-deaths>
2. Opioid data analysis and resources
<https://www.cdc.gov/drugoverdose/data/analysis.html>

Note: Local data may be available through state and/or county health departments. Try searching for “opioid overdose data” in a specific geographic area or visit the Department of Health website.

Laws

3. Naloxone Access laws <http://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139>
4. **Harm Reduction Coalition Resources** Harm Reduction Principles
<https://harmreduction.org/about-us/principles-of-harm-reduction/>
5. Full Resource Manual
<https://harmreduction.org/wp-content/uploads/2012/11/od-manual-final-links.pdf>

About Naloxone

6. Prescribe to Prevent
https://prescribetoprevent.org/wp2015/wp-content/uploads/Naloxone-product-chart.17_04_14.pdf
7. Expansion of naloxone in the prevention of opioid overdose FAQs
https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted_expansion-of-naloxone-faq.pdf
8. Staying Alive on the Outside
https://youtu.be/_QwgxWO4q38

Naloxone Sources

9. Narcan Direct
<https://www.narcandirect.com/>
10. Opioid Safety and Naloxone Network (OSNN)
11. Direct Relief
<https://www.directrelief.org/apply/>
12. SAMHSA’s Substance Abuse Prevention and Treatment Block Grant
<https://www.samhsa.gov/grants/block-grants>



Section 3. Program Logistics

The factors to consider when planning how to implement an OEND program include

- The training facility and program staff;
- Identifying and engaging potential program participants;
- Training logistics and curriculum; and
- Distributing, sourcing, and storing naloxone.

These factors should be considered early in the planning process. The details can be completed with the program's stakeholders later.

Existing policies and procedures, which may vary based on local institutional arrangements and needs, will also affect program logistics. This is why it is important to have a good understanding of what these policies and procedures entail.

Training Facility and Program Staff

Staff who work in the facility should be involved with various aspects of the program.

How Staff Can Contribute to the Program

- Guards can escort participants to and from the training
- Administrative staff who inventory or store supplies can distribute naloxone kits
- Medical or intake staff can ask people if they want to participate
- External service providers can deliver training

At a minimum, all staff should know that the program exists and what it entails.

Staff directly involved with program implementation will need additional information to ensure they have the knowledge, skills, and materials to carry out their roles. Although roles may differ, the end goal of training jail and prison program staff is to ensure they know how to implement the program *efficiently and effectively*.

Train the Trainers

Staff may be responsible for training “trainers” in their own organizations. They need to be well versed in the topic and the training curriculum to feel confident in their ability to train their peers.

The topics covered during training will depend on the audience. All staff may benefit from training on topics covered during the stakeholder engagement process, including

- information about the opioid overdose crisis, such as national and local overdose and mortality rates;
- risk factors for overdose, particularly in the post-release period;
- harm reduction principles and strategies, including background on naloxone;
- recognizing and responding to overdose;
- OEND history and examples of programs implemented in jails or prisons; and
- OEND misperceptions.

Consider developing a program protocol to facilitate training. Protocols typically cover all steps involved with program implementation, detail roles and responsibilities, and provide supplementary materials needed for program operation, such as data collection forms, frequently asked questions, and policies and procedures. Reviewing the protocol with staff prior to implementation and as new staff are hired will help ensure that all staff implement the program’s activities in the same way, which is important for the overall functioning of the program and its evaluation (see Section 4 for information about program evaluation).

Staff who provide overdose education also will need to be trained on the curriculum. [The Harm Reduction Coalition](#) provides information about training materials, including general tips,

essential training topics, and a sample “train the trainer” manual (full link in Resource List).

Because of different schedules, job roles and other factors, it may be difficult to train all implementation staff at the same time.

Consequently, a flexible approach is needed to ensure that everyone receives the necessary information.

Identifying and Engaging Potential Program Participants

Identifying Potential Participants

Determining who qualifies as a participant depends on the program’s model, but OEND programs typically involved the following groups, which are not mutually exclusive:

- people who are currently incarcerated,
- people who are newly released from jail or prison, and
- family and friends of people who are incarcerated.

Participation criteria should be tailored to each setting, the size of the facility, and the availability of financial, staffing, and space resources. Training everyone who is exiting jail or prison is ideal because it puts naloxone in the hands of people who are at risk of overdosing or witnessing an overdose. It also reduces the stigma of participating in a program that is only for people who use opioids. However, limited resources may make it difficult for programs to train everyone.

People who are incarcerated: Programs that work with *people while they are incarcerated* (including those who are preparing for release) can hold sessions in classrooms, libraries, medical exam rooms, or counseling rooms. Classrooms and libraries are familiar to people living in the facility, are already set up for training or educational activities, and are large

enough to fit multiple people. If a classroom is not available, a medical exam room or counseling room could be used to train 1 to 3 people at a time depending on the size of the room.

The timing of the training for people who are incarcerated will depend on the usual length of stay in the facility. In facilities with a high turnover rate, the best time to conduct the training might be within the first few days after entering the facility or on a monthly or weekly basis. In prisons, training can occur less frequently because the turnover rate is lower. In facilities where there is access to a person's release date, prioritizing training people who will soon be released is essential. The idea is to engage with people who will be released soon, especially if naloxone is being placed in their property. While overdose education is important for everyone, it is not a wise use of limited resources to put naloxone in the property of someone being released several years or months from the training.

People who are Newly Released: Programs that focus on *people who are newly released* ideally begin the engagement process while they are still incarcerated. Sometimes, people who are nearing release are referred directly to a re-entry program. In some settings, behavioral health or social services staff from re-entry programs meet with people, particularly those with chronic illnesses, prior to their release to develop relationships and make post-release health care appointments. Reentry staff provide OEND services when people come to their post-release appointments. In some cases, anyone who utilizes services at the re-entry program can request training. With this model, people are given their naloxone kit as soon they complete the training.

Family members and friends: Programs that include family members and friends typically deliver training in the visitor center prior to their visit. Visitation areas may not have spaces big enough to hold group sessions, but there may be private areas or rooms in which to conduct one-on-one or small group sessions. These individuals receive a naloxone kit after their visit as they exit the facility.

Engaging Potential Participants

Potential participants need to know that OEND services are available, how the program works, and how they can receive services.

Some OEND programs have taken a proactive approach by recruiting everyone who is eligible for participation and requiring individuals to *opt-out* of participating instead of having an *opt-in* approach:

- Intake or discharge planning data can be used by programs to determine who is eligible to participate, such as people residing in drug-detoxification housing, people disclosing a history of drug use at intake, or people who are soon to be released regardless of their drug use.
- Healthcare providers in clinical settings refer people to the program if they disclose opioid use.
- OEND program providers hand a list of eligible participants to correctional officers who call them out of their cells and escort them to the training area

Other programs have used more passive recruitment strategies that require potential participants to self-identify after learning about the program from written materials—many of which are available through [Prescribe to Prevent](#) (full link in Resource List) or through other sources. Some examples are:

- hanging posters in hallways and other common areas,
- displaying palm cards on tables or shelves in common areas and medical exam rooms
- playing videos on a monitor or TV screen in common areas, or
- word of mouth among staff and residents

If feasible, proactive strategies are preferred because they prevent potential participants from having to take extra steps or identify themselves as someone who uses drugs to learn about or enroll in the program. In proactive programs, more people who are at risk for overdose and those who live in neighborhoods where they might witness an overdose will leave the facility trained and with naloxone.

Training Logistics and Curriculum

Three key elements are involved in trainings: training content; the trainers; and training location, timing, and access to the training sessions.

Training Content

Programs can develop their own overdose education materials or choose from an array of existing materials. At a minimum, the training should cover

- risk factors for overdose,
- overdose signs and symptoms,
- responding to an overdose with naloxone through role-play,
- applicable Good Samaritan laws, and
- how to obtain naloxone refills.

Showing videos, especially [*Staying Alive on the Outside*](#) (full link in Resource List), can be a

good way to reinforce what is discussed. The content should be feasible to cover in the amount of time available for training. Most trainings take 45 to 60 minutes. Be sure to include time for jail or prison staff to escort participants to and from the training room.

Trainers

Staff who work in the jail or prison or external service providers can provide training, including in-house pharmacists; in-house or contracted service providers, such as those who provide substance use treatment or other harm reduction services, HIV and HCV counseling and testing, medical staff, and reentry service providers; and correctional officers or discharge planners. These individuals will also need to be trained so they understand and are comfortable with the training materials.

Trainers need to be viewed as credible and must be trusted by participants, so correctional officers and other authority figures may not be good choices.

If there are multiple trainers, it will be important to observe different sessions to ensure that everyone is delivering the training in the way that it was designed to be delivered. Retraining may be necessary to address inconsistencies in implementation or other issues that may affect participants' learning or satisfaction with the program.

Training Location, Timing, and Access

Training logistics will depend on multiple factors, such as the program's priority audience, the availability of space within the facility, and the facility's turnover rate.

Distributing, Sourcing, and Storing Naloxone

OEND programs have adopted direct and indirect strategies for distributing naloxone in jail and prison settings. Some programs are able to distribute naloxone directly through clinics and pharmacies within the facility. In other cases, public health departments or other outside agencies purchase naloxone and provide it to correctional staff to be placed in the participant's property at discharge.

Logistical barriers or other factors may make it difficult to distribute naloxone directly:

- Some facilities release individuals late at night when staffing is limited or do not consistently share release dates with partner agencies.
- Correctional staff and administrators may be reluctant to take on the responsibility of dispensing naloxone to individuals at the time of release.
- Individuals may be released right after court proceedings rather than from the facility where their property is held, making their property more difficult to retrieve.

Programs have developed indirect approaches to address barriers like these including:

- Providing naloxone vouchers for participants to pick up naloxone off-site,
- Implementing programs in re-entry facilities.
- Providing programming in visitor centers to train family and friends of people who are incarcerated.

Options for Naloxone Distribution

- Placed with inmates' property post training
- Handed directly to inmates upon release
- Handed to visitors post training
- Staff provide naloxone vouchers for pick up at an offsite location when they are released (e.g., local pharmacy or SSP)

Each facility will need to tailor protocols to their specific conditions, such as its size, security procedures, and existing service programming. The sample protocols in **Appendix D**, from existing OEND programs in jails and prisons, present different methods for distributing naloxone in facilities of varying sizes which can be modified to fit local needs.

Storing naloxone will not take up a large amount of space, but staff must have access to the storage area. Also, naloxone should not be exposed to extreme temperatures, so the storage area should be dry and cool.

Resource List

Patient Education

1. Prescribe to Prevent
<http://prescribetoprevent.org/patient-education/materials/>
2. Staying Alive on the Outside
https://youtu.be/_QwgxWO4q38

Staff Training Resources

3. Harm Reduction Coalition Training
<http://harmreduction.org/issues/overdose-prevention/tools-best-practices/training-materials/>
 - a. Essential Topics Summary <https://harmreduction.org/wp-content/uploads/2016/07/Overdose-Prevention-Training-Essential-Topics-Summary.pdf>
 - b. Essential Topics Details <https://harmreduction.org/wp-content/uploads/2016/07/Overdose-Training-Essential-Topics.pdf>
 - c. General Overdose Prevention & Response Training <https://harmreduction.org/wp-content/uploads/2016/07/General-Overdose-Prevention-Response-Training.pdf>



Section 4. Evaluating a Jail-Based or Prison-Based OEND Program

It is important to know if a jail or prison-based OEND program works, how well it works, and why aspects of the program work or do not work. These questions can be answered through evaluation.

Evaluation can be used to help improve programs and to satisfy reporting requirements of funding agencies, the jail or prison, and other organizational leadership.

Some funding agencies require evaluation. Providing proof that the program works also can be an effective way to convince funding agencies, administrators, and stakeholders that the service is beneficial.

Here, two types of evaluation are discussed:

- **Process evaluation**, which determines if a program was implemented as intended.
- **Outcome evaluation**, which determines if the program was effective in producing the desired outcomes.

A process evaluation can be done with limited resources, whereas an outcome evaluation typically requires more intensive resources and expertise.

This section presents ideas for OEND program evaluation. There are many resources available online that cover evaluation in more detail (See the “Resource” section at the end of this chapter for a list.). It may be helpful to work with a local evaluator who can help with evaluation planning, implementation, and data analysis.

Evaluation Planning

All good evaluations start with careful planning to improve the likelihood that the results are useful and actionable. Ideally, evaluation planning occurs in tandem with program planning and stakeholder engagement activities. It is important to involve stakeholders in evaluation planning activities. Their buy-in and support is critical; they are invested in what will

be learned from the evaluation, and they may also be asked to participate in aspects of the evaluation or have the authority to act on evaluation findings. This section covers key steps in the planning process.

Describe the Program

Evaluating an OEND program requires a good understanding of its activities and what is expected to happen as a result of those activities. Although all OEND programs have distinct features, they share three common activities:

- recruiting potential participants,
- providing overdose education, and
- distributing naloxone kits.

The resources needed to support these activities, the activities themselves, and the direct results of these activities – called outputs – comprise the process evaluation.

Outcomes are changes that are expected to occur over time if the program's activities are implemented as intended and produce the intended outputs.

Potential OEND program outcomes include the following:

- **Short-term outcomes** that take place prior to discharge, such as improvements in knowledge, attitudes, and beliefs about opioid overdose and how to use naloxone.
- **Intermediate-term outcomes** that take place in the days, weeks or months following discharge, such as increased frequency of carrying naloxone, using naloxone when encountering someone

who is overdosing, or getting naloxone refills.

- **Long-term outcomes** that take place in the months or years following discharge, such as decreased opioid-related overdose events and deaths.

It may be challenging for programs to evaluate intermediate-term or long-term outcomes because it requires following program participants after they have been discharged for several months to several years. Additionally, for long-term outcomes, it is difficult to tease out the program's effects from the effects of other policies or changes in drug use practices or the drug market.

Why is getting feedback from participants important?

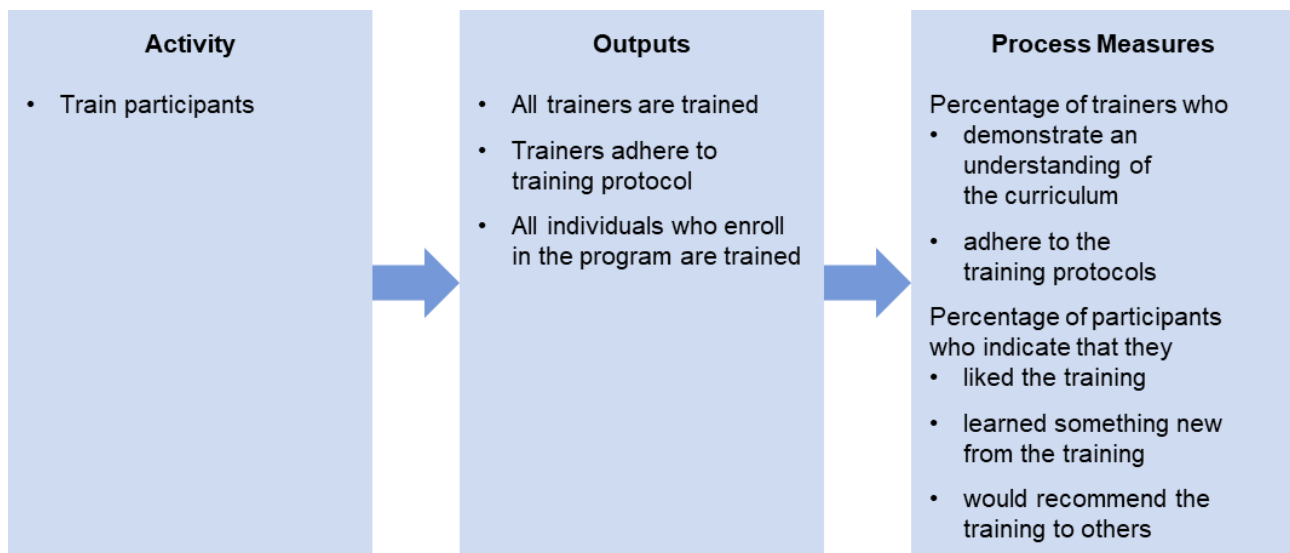
If past program participants tell others that the training is boring, uninformative, and/or delivered in a condescending way, people may decline to participate.

Develop Quantitative Evaluation Measures

Quantitative measures are numerical expressions – such as counts or numbers, percentages, or proportions – of a program's outputs and outcomes.

For example, programs may choose to evaluate implementation-related factors that can enhance or limit success. These factors include the quality of and participants' satisfaction with the training, as shown in **Exhibit 3**.

Exhibit 3. Outputs and Process Measures Associated with Training Quality and Satisfaction



Qualitative Evaluation

Another important aspect of evaluation is observing implementation activities and gathering routine feedback from program participants and staff involved with the program. This is important for all programs to do because it helps identify issues that may limit the program's success.

For example, knowing that participation rates are lower than expected is important, but programs cannot act on this information without knowing why this is the case. Is it because guards who are responsible for escorting individuals to and from the trainings know do not know when the sessions take place or who is scheduled to participate? Or because they feel burdened by their role in the program? Or is it because participants do not understand why they are being asked to attend? The only way to know for sure is by asking them.

Gathering direct feedback can be a formal or informal process. Formal methods might include interviews or focus group discussions with former program participants or with facility

personnel. It may be challenging to gather feedback in these ways because of space limitations, security concerns, facility turnover rates, or other logistical reasons. If that is the case, feedback can still be gathered through informal conversations with staff at shift changes or during breaks or with program participants at discharge.

It is also good practice to solicit feedback from other stakeholders, especially the program's gatekeepers—such as jail or prison system or facility administrators—and partners who assist with implementation, such as external service providers. Engaging them regularly demonstrates to stakeholders that their feedback is important and valid, which goes a long way toward keeping them engaged.

A good way to start the conversation is by asking them what is and is not working well in the program from their perspective and soliciting ideas for improving the program.

Evaluation Implementation

Measuring processes and outcomes relies on the program's ability to access existing data and to collect new data. Using existing data is easier because it is already being collected and staff who need these data for programming purposes may be familiar with the forms or electronic systems that are in place.

For example, if the OEND program is targeting people who have a history of opioid use, the jail staff may already be asking people about opioid use at intake, in which case a program can use existing information to determine who is eligible for the program. In other cases, it might be necessary to add a question about opioid use to the intake form, which may require getting permission from the facility administrator who may or may not allow this.

Set Expectations for Data Collection, Sharing, and Dissemination

Clarify expectations during the stakeholder engagement phase to ensure the data plan is appropriate and realistic. Working with a local evaluator can help you think through these issues and plan accordingly for data collection activities.

In most cases, programs will need to develop some new processes to collect the data needed for the evaluation. Here are some examples (also, see **Appendix E** for sample data collection forms):

- Logs that track the number of trainings conducted, the number of individuals who are invited to attend, and the number who complete each training and receive naloxone.
- Observation forms to assess trainers' adherence to the program curriculum.
- Surveys to assess trainer's knowledge of the curriculum.
- Brief feedback forms to document participants' knowledge, attitudes, and beliefs and their satisfaction with the training.

Data Analysis and Interpreting the Findings

Once evaluation data are in hand, the next step is to analyze them. Techniques for analysis depend on the types of data collected. Process evaluation does not necessarily involve complex analysis methods. Counts and percentages are typical. Analyzing qualitative feedback involves looking for patterns while keeping an eye out for issues that may signal problems down the road. If concerns are detected, additional conversations will probably be needed to find out why certain patterns are occurring and to solicit recommendations for improvements from those who are affected.

One of the benefits of collecting quantitative and qualitative process data is that they can be used together to better understand what is occurring. Revisiting the example of low training completion may help clarify this point (see **Exhibit 4**).

Exhibit 4. Example of Using Process Data to Identify Problems and Propose Solutions

Problem	Barrier	Suggested Solution
Training completion rates are lower than expected	Many guards say they do not know when the trainings occur or who is scheduled to participate	Post the training schedule in break rooms Provide guards with participant rosters on training days

Analysis of outcome data is more complicated than analysis of process data. For example, analyzing whether people who participated in the program ended up using naloxone in the community is much harder to do. It would require good follow-up rates and accounting for other potential interventions in the community.

An outside evaluator may be able to assist with analyzing outcome data, and it is possible that this expertise exists within the stakeholder group. One benefit of working with an outside evaluator is that they may be viewed by participants as being independent of the service, thereby increasing the likelihood that participants will feel comfortable providing honest and candid feedback.

If an outside evaluator is engaged, it is important that clear guidelines for the collaboration be established prior to starting the work. For example, it will be important to agree on data collection logistics and protocols, scope of work, and who has input and control over the final products including publications.

Documenting and Communicating the Evaluation Findings

Sharing information broadly can help ensure that policymakers, the public health community, jails and prisons, funding agencies, and practitioners know that jail and prison-based

OEND programs exist and the essential role they play in reducing opioid-related overdose.

Facility staff, external partners, and other stakeholders will expect and look forward to updates about the program and its successes. In addition to keeping stakeholders up to date, funding agencies may require this information for accountability purposes and base future funding decisions on what is learned through evaluation.

Additionally, new funders may be drawn to programs that can provide evidence of success. It is also important to disseminate the evaluation findings so others who wish to implement a similar program can build on lessons learned.

Here are two key ways to disseminate the evaluation findings:

- **In-person:** Staff meetings within jail or prison facilities, stakeholder meetings, opioid-specific and/or substance abuse task force or coalition meetings, and professional conferences.
- **Written materials:** Fact sheets, brochures, and scientific journal articles.

Programs that do not have resources for or experience with presentations or publications can still communicate evaluation findings. An evaluation specialist, stakeholder, and other community members may be able to assist with developing these kinds of activities. Decisions about how these are conducted should be agreed on at the start of the project collaboration.

Resource List

Evaluation Guides

1. The Step-By-Step Guide to Evaluation
<https://www.wkkf.org/resource-directory/resource/2017/11/wk-kellogg-foundation-step-by-step-guide-to-evaluation>
2. CDC's Framework for Program Evaluation
<https://www.cdc.gov/eval/framework/index.htm>

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Appendix



Appendix A

Methods: *Preventing Overdose Mortality among People Exiting Incarceration*

Overview

This primer is based on our team's experience conducting implementation science projects called *Preventing Overdose Mortality among People Exiting Incarceration*, (Principal Investigator, Alex H. Kral; grant number 5R34DA039101-03) and *Optimizing Overdose Education and Naloxone Distribution Delivery in the United States* (Principal Investigator, Barrot H. Lambdin; grant number 1R21DA046703-01). Both studies were funded by the National Institutes on Drug Abuse. The cross-disciplinary research teams included epidemiologists, sociologists, social workers, and physicians with expertise in opioid-overdose research, qualitative research methods, and evaluation. The team also included community-based service providers with expertise in overdose education and naloxone distribution (OEND) program development, implementation, and evaluation. In addition to the in-depth research we conducted over a 3-year period in three San Francisco Bay Area counties (see below), we also interviewed stakeholders in settings around the country where naloxone programs had been implemented in jails or prisons.

Settings

The team conducted in-depth research in three San Francisco Bay Area counties with diverse geographic characteristics, such as urban, suburban, and rural; opioid-related overdose death rates; jail capacity; and number of reentry-focused programs. By conducting research in counties with different characteristics, we gained information and insights that help us develop strategies that can be applied in a variety of settings.


After selecting the counties, we developed profiles for each county to describe characteristics relevant to OEND programming:

- **Physical environment**—Locations of and public transportation access to jails, probation and parole offices, and reentry programs
- **Political climate**—Existing support for overdose prevention, harm-reduction services, and the existence of opioid overdose coalitions
- **Local public health infrastructure**—Public, behavioral, and custody health services
- **Criminal legal system**—Local sheriffs, jails, prisons, courts, community corrections, and reentry services (staffing, policies, and programming).

Stakeholder Identification

To identify stakeholders for interviews, we engaged in the following series of activities:

- Reviewed organizational charts within public health, behavioral health, and correctional systems
- Conducted an environmental scan to determine organizations and individuals working with people who use drugs and people exiting incarceration

- 
- Made cold phone calls or emails
 - Identified referrals from other interviewees, such as introductions and warm handoffs
 - Met people when we participated in meetings

Data Collection

We conducted 33 in-depth qualitative interviews with stakeholders across the three counties. Each lasted 30 to 45 minutes

Stakeholders included people working in county public health departments, behavioral health services, drug courts, pharmacy services, addiction services, custody health, probation, overdose prevention, the coroner's office, community based-organizations that provide services in the criminal legal system, jail discharge planners, correctional officers, jail administrators, and reentry service providers.

The interviews covered multiple topics:

- The ways in which changes in programming typically happen within their agency/county, with an emphasis on barriers and facilitators to change,
- Descriptions of services provided by their organization to meet the needs of people who are incarcerated and/or exiting incarceration,
- Knowledge about local overdose rates and risk of post-release overdose,
- Knowledge of and perspective on community-based OEND,
- Attitudes and opinions about providing or supporting OEND in their local jail or reentry program,
- Challenges to and benefits of implementing OEND in their local jail or reentry program.

If, during the interview, the participant needed more information on a topic we were discussing, we took the opportunity to educate them. For example, a few participants did not realize that people exiting incarceration were at elevated risk of overdose. In such cases, we talked with them about post-release overdose risk during the interview and sent them more information on this topic if they expressed interest. Additionally, a few participants had not heard about OEND before the interview. Before proceeding with the discussion, we explained OEND so they could get a basic understanding of what it entails before proceeding with the discussion. At the end of the interview, we provided them with our Fact Sheet (Appendix B Fact Sheet) and any other information in which they were interested.

In addition to interviews with the previously mentioned stakeholders, we conducted 10 qualitative interviews with people who had been involved with implementing successful OEND programs in their counties' jails in cities and counties around the country. During these interviews, we discussed implementation models and processes, barriers and facilitators, and lessons learned. We also visited the local OEND program in San Francisco, which gave us an opportunity to observe implementation practices and provided additional context to better understand the logistics involved with program implementation.



Data Analysis

We took detailed notes during the interviews and audio-recorded the discussions, which were later transcribed, reviewed, and discussed among the study team. Through this process, we learned about the political and social context of each county. We also were able to identify the need for additional education and information and who might be in the best position to champion the program in each location. Then we encouraged these individuals and supported them in the role as local champions.

Stakeholder Engagement

After synthesizing the in-depth interview data and identifying a local champion, we convened stakeholder meetings in each county. During these meetings, we provided information on local overdose rates, post-release overdose risk, the essential aspects of OEND implementation, legal issues, and naloxone sourcing. We also answered any questions stakeholders raised related to OEND implementation.

After each meeting, we conducted follow-up phone calls with local champions, during which we learned about progress and obstacles to implementation and provided technical support, included determining the type of naloxone and where to purchase it, information about public funding for naloxone, clarification of laws related to naloxone distribution, information about how to obtain a standing order for naloxone, and provision of protocols from other programs that could be adapted to their locale.

Implementation Successes

At the time of this writing, two of the study counties had implemented OEND within the criminal legal system in their counties. One county provides OEND training in their jail to people who attend substance use treatment groups. The other county is providing OEND in its reentry program to anyone who shows an interest in participating, and to all clinic patients who use opioids. Recently, we learned that the second county is preparing to implement an OEND program in their jail.

Appendix B

FACT SHEET: Overdose Education & Naloxone Distribution Programs

Overdose is a critical public health issue.

- **Opioid overdoses have quadrupled since 2000**, and now kill more people each year than car crashes.¹
- **Opioids were involved in 28,647 deaths in the United States in 2014**, including 4,521 deaths in California.¹
- **Overdose risk is highest among people leaving jail and prison.** During the 2 weeks immediately following release from incarceration, overdose risk is 129 times greater than for other state residents. More than 8% of overdose deaths occur among former prisoners.^{2,3}

How can we intervene?

- Providing naloxone rescue kits to people who use opioids and their social networks effectively prevents fatal opioid overdose.
- Naloxone kits can be provided by doctors, pharmacists, or community-based programs.

What is naloxone?

- **Naloxone** (or “Narcan”) is an opioid antagonist that **reverses respiratory depression and restores consciousness and breathing during an overdose.**
- California Section 1714.22 of the Civil Code provides civil, criminal, and professional liability protection for programs, prescribers, and individuals administering naloxone.

What is OEND?

- **Overdose education with naloxone distribution (OEND) programs target people at risk of opioid overdose and people likely to witness overdose.**⁴
- Programs educate how to reduce overdose risk and prevent death from overdose by calling for emergency medical assistance, performing rescue breathing, and administering naloxone.
- Between 1996 and 2014, over 152,000 potential bystanders were trained by OEND programs in the United States.
- **These bystanders reversed over 26,000 opioid overdoses** with naloxone.
- As of 2014, there were 644 OEND sites in 30 states and Washington DC.⁵

What do we know about OEND?

- **Overdose deaths declined in communities that implemented OEND**, as compared with communities that did not.⁶
- Providing naloxone to laypeople can help reduce opioid mortality.⁷

Who supports naloxone distribution through OEND programs?

- OEND has been endorsed by the United Nations Office on Drugs and Crime, the World Health Organization, US President’s Emergency Plan For AIDS Relief, the American Public Health Association, the Substance Abuse and Mental Health Services Administration (SAMHSA), and state legislatures and public health departments.
- SAMHSA supports integrating OEND into treatment settings and allows Substance Abuse Prevention and Treatment Block Grant funds to be used to purchase naloxone.

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Appendix C: Program Models

Cook County Jail, Chicago, IL

Setting

Cook County Jail is the largest single-site jail in the United States, averaging 8,000 people in the facility at a given time, including hundreds of people housed in a substance use detox unit. The Cook County Health and Hospital System provides healthcare services in the jail. The Chicago Recovery Alliance is a harm reduction program that has been providing community-based Opioid Overdose Education and Naloxone Distribution (OEND) programs since 1996 and was interested in expanding their services to the Cook County Jail to help prevent overdoses after release.

Planning

Chicago Recovery Alliance representatives, jail-based healthcare providers, and the sheriff began discussing the feasibility and logistics of implementing an OEND program in the Cook County Jail. Having the sheriff involved in the early stages of program planning and development was key to implementation. Decisions made during the planning process included who would be recruited into the program, who would train the program participants, which type of naloxone would be distributed, and how would they ensure that program participants received their naloxone when they were released. Cook County Jail began providing OEND programming in August 2017.

Program Model

Everyone who enters the Cook County Jail is screened for substance use and those who are identified as being in withdrawal or having a history of substance use are housed in the jail's detox unit. The jail pharmacists go to the detox unit daily to dispense medication and while they are there they conduct one-on-one OEND training with as many people as possible.

Once an individual is trained, the pharmacist records OEND participation in the jail medical records system. The system is set up so the people working in the discharge area receive an alert when they are working with a person who should receive a naloxone kit when they are released, regardless of when they leave the facility.

Resources

Development and implementation of the OEND program in the Cook County Jail was made possible because of long-standing relationships with multiple strong community partners. The Chicago Recovery Alliance had been operating an OEND program in Chicago for many years and had expertise in naloxone distribution and a commitment to the community. A lawyer who was concerned about issues of recidivism and post-release risk and was a member of the Cook County Health and Hospital System Board of Directors became a local champion working from inside of the system. Support and expert advice from a toxicologist who had previously been responsible for implementing naloxone distribution in an emergency department. The involvement of an addiction specialist physician who supported the program with evaluation expertise and coordination of post-release substance use



treatment and naloxone refills. The Cook County Sheriff was involved and committed to OEND programming from early discussions of programming through implementation.

Barriers

One of the challenges to providing OEND programming is the high cost of intranasal naloxone (\$75 for two doses as compared with \$2.00 for two doses injectable naloxone). The jail staff only distributes intranasal naloxone because they believe that most of the people in the detox unit snort or smoke drugs rather than inject them. Because of the facility's size, the program needs a large supply of intranasal naloxone. Consequently, it is expensive to dispense \$75 intranasal naloxone for such a large number of people, which means a significant amount of money needs to be raised to cover these costs.

Another challenge is the limited number of pharmacists who are trainers. Only two out of five of the jail pharmacists know how to conduct OEND training, limiting the number of people who can be trained.

Finally, when the program was first implemented, participants were asked to “accept” or “decline” naloxone in writing. This opt-in model of programming led many people to decline naloxone upon release.


Lessons Learned

The program implemented three strategies to increase the number of people who left the jail with naloxone. They are actively working to train additional pharmacists to conduct OEND trainings to increase the total number of people who can be trained on any given day. They switched to an opt-out model whereby people are given the kit unless they actively refuse it. This has increased the number of people exiting the jail with naloxone. To increase the acceptability of participating in the OEND program, the jail staff changed the program's messaging about overdose risk. In the past, they had primarily recruited people based on their own risk for overdose. They later began encouraging people to be trained and keep naloxone because they might save the life of a friend or family member.

Durham County Jail, Durham, North Carolina

Setting

Project Lazarus, a community-based organization (CBO) formed to address overdose mortality in Wilkes County, NC, and the North Carolina Harm Reduction Coalition (NCHRC) have been working to prevent opioid overdoses across North Carolina since 2009 by offering OEND training to people who use drugs and a range of other stakeholders, including law enforcement. Project Lazarus and NCHRC had already been working with first responders and law enforcement at the state and local levels for several years to change attitudes toward harm reduction and OEND. Durham County was among the jurisdictions with which they had developed a relationship. The Durham County Jail, a medium-sized facility with 736 beds, has a longstanding substance use treatment program called Project STARR (Substance Abuse Treatment and Recidivism Reduction) that was open to harm reduction programming. Durham County Jail's substance use treatment program first began allowing



community-based harm reduction service providers, including former program participants, to offer harm reduction education in their meetings several years before allowing OEND.

Planning

After four years of interagency collaboration and witnessing the impact of the overdose crisis, law enforcement officials became more open to allowing naloxone distribution in the jail. Local service providers collaborated with national harm reduction leaders to develop a curriculum for OEND trainings in the jail and trained all jail staff to increase their knowledge and build support.

Program Model

In 2015, Project Lazarus staff began offering regular OEND trainings during substance use treatment sessions in the jail. The curriculum incorporates two video trainings, including “Staying Alive on the Outside,” and discussions on preventing transmission of HIV and viral hepatitis, safer sex, and safer drug use. NCHRC provides naloxone to the jail treatment program. On the day of their release from jail, program participants are told to call the substance use treatment program before they depart the jail, and a program staff person brings a naloxone kit to them upon release.

Resources


The jail OEND program grew out of long-standing relationships between community advocates and law enforcement agencies and was supported by a jail treatment program manager who was supportive of harm reduction programming. Support for OEND from the local county health department and the liability protections of North Carolina’s Good Samaritan law also helped persuade law enforcement to support naloxone distribution in the jail.

Barriers

Barriers to integrating OEND programming into the jail substance use program included the sheriff’s office concerns about liability for naloxone distribution and use; perceptions that OEND could encourage drug use; and burdening jail staff with additional responsibilities. They believed that prohibition, abstinence, and punishment were the only ways to manage people who use drugs. Over time, the sheriff’s office and others in the local law enforcement community began to understand that they could help reduce overdose deaths in other ways, including by carrying and using naloxone. This shift was facilitated in large part by law enforcement trainings provided by Project Lazarus and the NCHRC. The implementation tipping point for OEND in the Durham County Jail was when the Durham County Department of Public Health started dispensing naloxone, legitimizing OEND programming in the county.

Lessons Learned

Long-term collaboration between law enforcement, substance use treatment providers, and community-based harm reduction advocates around shared goals of public safety and the survival of people released from jail creates mutual trust and commitment that can persuade officials to support OEND. Community-based harm reduction agencies can provide critical resources to jail-based



programs—including trainers, curriculum, and naloxone—to reduce the burden of implementation on jail staff.

Denver County Jail, Denver, Colorado

Setting

In response to the opioid overdose crisis and in recognition of the high risk of opioid overdose post-release, the Colorado State Office of Behavioral Health allocated surplus revenue from cannabis taxes to provide Overdose Education and Naloxone Distribution (OEND) services in the county jails where they already are contracted to provide substance use treatment services. The Harm Reduction Action Center had been providing services to people who inject drugs (PWID) in Denver since 2002 and providing community-based OEND services since 2015. The Harm Reduction Action Center also partnered with the Colorado Consortium for Prescription Drug Abuse Prevention, whose mission is to reduce prescription opioid use, on this initiative.


Planning

To develop and promote jail-based OEND programming in Colorado, the Harm Reduction Action Center's executive director worked with a primary care physician and addiction specialist who provides jail-based HIV care. Enrolling this physician in this effort was key to implementation. In addition to his medical training and responsibilities, he was sufficiently respected in the jail to engage all the critical stakeholders in the process, including the county sheriff, the jail health services administrator, and the jail's head nurse.

The first jail in Colorado targeted for implementation of OEND programming was the Denver County Jail, a medium-sized facility that houses, on average, 2,000 people. Program planning began in December 2015. Around that time, Denver had appointed a new sheriff who was relatively progressive in his approach to substance use policies. The new sheriff supported offering OEND in the jail as part of its efforts to protect the overall and post-release well-being of people who are incarcerated. OEND was implemented in the Denver County Jail in February 2016, and at the time of this writing a total of five county jails in Colorado have implemented OEND.

Program Model

A very simple OEND protocol was developed and approved by the chief physician, the sheriff, and key members of the jail nursing staff. Because of financial and staffing concerns, they decided to limit OEND participation to people with a history of heroin use. Everyone who enters the jail is screened at intake for history of opioid use and this information is entered into the jail database. Prior to OEND implementation, a single question about the person's opioid of choice was added to the intake questions. A social worker regularly queries the database to identify people who have a history of heroin use. Eligible participants receive one-on-one OEND training conducted by jail medical staff. The social worker collects information on who has completed the training and immediately places naloxone in those people's personal property, which they receive when they are released from jail.



Barriers

Despite successful implementation in Denver and other county jails, several barriers have limited the spread of jail-based OEND programming across Colorado. Tax revenues pay for naloxone but not for staff time, creating unfunded burdens for jail staff. Medical staff have been resistant to implementation in some places because it entails additional responsibilities. Some jails have been resistant because they fear having injectable naloxone kits in the clinic or remain concerned that OEND services send the “wrong message” about substance use. Even with state support, limited funding for naloxone has forced jail OEND providers to prioritize people who use heroin, excluding other people who use drugs who are at risk for opioid overdose and people who may be likely to witness opioid overdoses after they are released.

HRAC continues to work to expand OEND programming in Colorado jails and prisons. The executive director has found that using a peer-to-peer approach—having doctors talk to doctors and sheriffs talk to sheriffs—is the best way to remove barriers to implementation.

Lessons Learned

OEND programs should include funding for staffing in addition to funding for naloxone kits. Peer-to-peer discussions about OEND can help key stakeholders overcome doubts and solve implementation challenges.


San Francisco County Jail, San Francisco, California

Setting

San Francisco has been providing harm reduction services to people who inject drugs since the late 1980s. The Drug Overdose Prevention Education (DOPE) Project, a program funded by the San Francisco Department of Public Health (SFDPH), has been providing community-based OEND services since 2003. The DOPE Project is the first government-funded OEND program in the United States. Over the years, they have developed a comprehensive, citywide program to offer OEND services at a variety of harm reduction programs and other locations. San Francisco County Jail Health Services, a program of the SFDPH, provides healthcare, including disease testing, in San Francisco's main jail complex, a medium-sized facility containing three jails that house an average of 1,371 people.

Planning

In recognition of the high risk of fatal overdose following release from jail or prison, representatives from the DOPE project, SFDPH, and the San Francisco County Jail Health services worked collaboratively to implement a pilot OEND project in the San Francisco County Jail in 2013. Several years prior to OEND implementation, the DOPE Project conducted overdose educational groups in the jail during which they referred participants to pick up naloxone from community-based OEND programs when they were released from jail. These groups were not regularly scheduled nor were they the “gold standard” for overdose prevention because participants did not leave jail with naloxone on their person and there was no guarantee they would pick up naloxone off-site.



Discussions between the DOPE Project, Jail Health Services, Jail Psychiatric Services, and representatives from the Sheriff's office began in 2012. The original plan was for the trainings to occur in the jail and program participants would receive a prescription for naloxone in their property upon release. Participants would be instructed to take the prescription to the SFDPH pharmacy, approximately a 15-minute walk from the jail, to fill the prescription at no cost. This also was not an ideal model.

In February 2013, the Sheriff's office in collaboration with Adult Probation opened a re-entry pod, a unique housing unit that provides community connections and resources to people who are about to be released from jail. The re-entry pod was designated as a space for innovative programming and representatives from the DOPE project and Jail Health saw this as an opportunity to launch a pilot OEND program in the new pod.

Program Model

The pilot OEND program was implemented in March 2013 in the re-entry pod, a housing unit for up to 56 men. The OEND program was established as a supplement to Jail Health Services' existing HIV testing and disclosure program. The following year, the program expanded to include a female housing unit. In 2016, the City of San Francisco allocated funding to Jail Health Services for a dedicated overdose prevention staff person to expand the program to additional housing units.

Once a month, Jail Health Services staff visit the participating housing units and determine who will be released in the next 30 days. All individuals scheduled of release are invited to attend a classroom training. Medical staff can also make direct referrals to the training based on past opioid use or risk of return to use after release. After watching the "Staying Alive on the Outside" video and discussing overdose prevention, recognition, and response with staff, trainees indicate whether they would like Jail Health Services staff to place naloxone in their personal property for them to receive upon release. Those who opt to receive naloxone meet individually with JHS staff to review how to administer naloxone and answer any additional questions they may have.

Resources

San Francisco Department of Public Health has funded extensive OEND services since 2003. Because jail health services were also funded by the County, and because jail health staff already held security clearance and were offering related services such as disease testing, OEND was developed and implemented based on existing collaborative programming.

Barriers

One of the major barriers to implementation of OEND in the San Francisco County Jail was that the Sheriff's office did not want their staff to take on any added responsibilities associated with the program. Developing a model that minimized the role of corrections staff in the program was essential. Figuring out how to get the naloxone into the property of someone exiting incarceration while at the same time making sure that the Jail Health Services staff were not overburdened by the additional responsibilities of OEND programming were also barriers that had to be overcome prior to implementation.



Lessons Learned

It was important to ensure the corrections staff that their role in provision of OEND services would be limited and that the program would have a minimal impact on the work they do within the jail. Also, adding a staff member who was specifically tasked with providing OEND programming and taking referrals from medical staff gave the program the opportunity to reduce the burden on Jail Health Services staff and expand services to include individuals who may be at risk of opioid-related overdose upon release that were not previously being targeted for OEND training.

Appendix D: Protocols

Chicago Cook County Jail Naloxone Protocol

Cook County Jail is the largest single-site jail in the United States, with capacity for 10,000 inmates. To address the increased risk of post-release overdose, overdose prevention education and naloxone distribution is provided to inmates housed in the jail's Detox Unit. This program is funded by the Cook County Department of Health and Hospital System.

Naloxone Protocol

1. All inmates are screened at intake for opiate withdrawal and other substance use issues.
2. Inmates with a recent history of substance use are housed in a detox unit – 70 to 100 inmates live in each detox unit, and one-third of the inmates in the detox units are women.
3. All inmates housed in the detox unit are offered training on overdose prevention, rescue breathing, and the use of naloxone. The trainings occur within a week after intake; most trainings occur within the first 2 days after intake. Trainings are conducted either one on one or in small group sessions (3 to 4 inmates per group) by the jail pharmacists. Approximately 250 inmates per month are trained and dispensed naloxone upon discharge.
4. The training consists of inmates being taught how to recognize an overdose, how to do rescue breathing, and how to administer naloxone. Inmates also are given information on where to access substance abuse treatment, naloxone refills, syringe access programs, and other healthcare. Inmates are informed that they will receive their naloxone kit in their property upon discharge.
5. Once inmates have received the training; an electronic alert is added to their file indicating they have participated in overdose prevention training. This alert is sent to the jail discharge officers when the person is ready to be discharged.
6. Upon leaving the jail, every inmate with the alert in their file is given a naloxone kit in their property bag. The kit contains two doses of nasal naloxone, instructions on how to use naloxone, telephone numbers for follow-up, a schedule for the Chicago Recovery Alliance needle exchange sites, an electronic prescription to refill the naloxone, and a list of pharmacies where they can refill their naloxone for free.

Marin County Jail Naloxone Pilot: Draft Protocol

05/27/2017

The Marin County Jail naloxone pilot is a collaboration between the

- Marin County Jail,
- Marin County Health and Human Services, and
- Bay Area Community Resources (BACR)

Background

Individuals with substance use histories that experience a period of incarceration are at elevated risk of overdose upon reentering the community. Providing incarcerated individuals with overdose prevention messages and access to naloxone upon release to the community is an innovative way to impact overdose mortality post-release. A recent study entitled “Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors”¹ discusses this issue in depth:

Studies in the United States and other countries have shown a high risk of drug-related death after release from prison. Overdose rates peak in the first few weeks after release. For instance, in prisoners released in Washington State, overdose mortality rates were 12-fold higher than what would be expected in similar demographic groups in the general population. In the first two weeks after release, the risk of overdose was even greater, with an adjusted relative risk of 129. Accidental overdoses accounted for nearly one quarter of deaths post-release and were related to cocaine, other psychostimulants, opioids, alcohol, tricyclic antidepressants, and multiple drugs in combination. Suicide was the 4th leading cause of death and likely included intentional overdoses. [In conclusion,] the following themes emerged: 1) Relapse to drugs and alcohol occurred in a context of poor social support, medical co-morbidity and inadequate economic resources; 2) former inmates experienced ubiquitous exposure to drugs in their living environments; 3) intentional overdose was considered “a way out” given situational stressors, and accidental overdose was perceived as related to decreased tolerance; and 4) protective factors included structured drug treatment programs, spirituality/religion, community-based resources (including self-help groups), and family. Former inmates return to environments that strongly trigger relapse to drug use and put them at risk for overdose.

The Centers for Disease Control and Prevention recommends that overdose prevention be a standard component of integrated services for substance user.² According to the CDC Guidance, “persons who

¹Binswanger, I.A. et al. (2012). Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science & Clinical Practice* 2012, 7:3. Retrieved from <http://www.ascpjournals.org/content/7/1/3>

²Centers for Disease Control and Prevention. (2012). Integrated prevention services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services. *MMWR*, 61(5), 1-43. Retrieved from <http://www.cdc.gov/mmwr/pdf/rr/rr6105.pdf>.



use drugs illicitly should be provided with or referred to interventions that include some or all of the following prevention components:

- information on prevention and transmission of infectious diseases and on safer sex and injection practices,
- assessment of personal risk,
- training in how to use condoms correctly and the importance of using condoms consistently,
- counseling to address emotional or practical issues in practicing safe sex,
- training in safer sex negotiation,
- HIV testing,
- STD screening and treatment,
- referral to substance abuse treatment and social services (e.g., housing),
- psychosocial support,
- referrals to relevant mental health and family planning services, and
- *training in overdose prevention and provision of naloxone."*

The goals of the Marin County Jail Naloxone Pilot are:

- To educate inmates about to re-enter the community about the high risk of overdose.
- To offer inmates the option of obtaining a naloxone kit in their property when they are released
- To decrease overdose mortality among people leaving prison and re-entering the community

Protocol

The Marin County Jail Naloxone Pilot will initially focus on implementation in one male pod. Expansion to other pods will be considered in the future.

1. BACR staff will schedule at least an every-other-week, 45-minute period of time to be in the pod, during which time up to 30 minutes will be spent presenting a curriculum regarding the risks of opioid overdose and the use of naloxone intranasal spray (Adapt Pharma) in mitigating risks associated with opioid overdose. Jail nursing and other staff will inform inmates of the opportunity to attend this presentation. The presentation will also include instructions on how naloxone intranasal kits may be obtained upon release from prison: (1) in their belongings at release, and/or (2) from community retail pharmacies. Presentation curriculum will be developed in conjunction with Marin County Health and Human Services.
2. BACR staff will have a participant sign-in sheet.
3. At the conclusion of the presentation, BACR staff will distribute sheets to all participants asking about their interest in receiving a naloxone intranasal kit along with a request for additional information about participants' use patterns, risk, and familiarity with this product. These sheets will be collected by BACR staff to determine who is interested in obtaining a kit.
4. BACR staff will complete the top portion of a short "Clinical Registration" form.

5. BACR staff deliver the “Clinical Registration” form to the jail nurse, who will complete the bottom portion:
 - a. Naloxone intranasal kits will be stored by the jail nursing staff in a designated locked naloxone intranasal kit location, at the discretion of jail nursing staff. Jail nursing staff will then coordinate the disbursement of kits to appropriate inmate belongings.
6. BACR staff will maintain the sign-in sheets and participant follow-up forms (on which a participant has indicated interest in obtaining the kit). These forms will be collected by Marin County Department of Health and Human Services staff and copies may also be kept by BACR staff.

San Francisco County Jail Naloxone Program

The San Francisco County Jail naloxone program is a collaboration between:

- The Drug Overdose Prevention and Education (DOPE) Project, a program of the Harm Reduction Coalition, with funding and support from the San Francisco Department of Public Health
- Jail Health Services (JHS), with funding and support from the San Francisco Department of Public Health (SFPDH)
- San Francisco County Jail, San Francisco Sheriff’s Department

Background

Individuals with substance use histories that experience a period of incarceration are at elevated risk of overdose upon reentering the community. Providing incarcerated individuals with overdose prevention messages and access to naloxone upon release to the community is an innovative way to impact overdose mortality post-release. A study entitled “Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors” discusses this issue in depth²:

Studies in the United States and other countries have shown a high risk of drug-related death after release from prison. Overdose rates peak in the first few weeks after release. For instance, in prisoners released in Washington State, overdose mortality rates were 12-fold higher than what would be expected in similar demographic groups in the general population. In the first two weeks after release, the risk of overdose was even greater, with an adjusted relative risk of 129. Accidental overdoses accounted for nearly one quarter of deaths post-release and were related to cocaine, other psychostimulants, opioids, alcohol, tricyclic

²Binswanger, I.A. et al. (2012). Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science & Clinical Practice* 2012, 7:3. Retrieved from <http://www.ascpjournal.org/content/7/1/3>

²Centers for Disease Control and Prevention. (2012). Integrated prevention services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services. *MMWR*, 61(5), 1-43. Retrieved from <http://www.cdc.gov/mmwr/pdf/rr/rr6105.pdf>.

antidepressants, and multiple drugs in combination. Suicide was the 4th leading cause of death and likely included intentional overdoses. [In conclusion,] the following themes emerged: 1) Relapse to drugs and alcohol occurred in a context of poor social support, medical co-morbidity and inadequate economic resources; 2) former inmates experienced ubiquitous exposure to drugs in their living environments; 3) intentional overdose was considered “a way out” given situational stressors, and accidental overdose was perceived as related to decreased tolerance; and 4) protective factors included structured drug treatment programs, spirituality/religion, community-based resources (including self-help groups), and family. Former inmates return to environments that strongly trigger relapse to drug use and put them at risk for overdose.

The Centers for Disease Control and Prevention recommends that overdose prevention be a standard component of integrated services for substance users.² According to the CDC’s Guidance, “persons who use drugs illicitly should be provided with or referred to interventions that include some or all of the following prevention components:

- information on prevention and transmission of infectious diseases and on safer sex and injection practices,
- assessment of personal risk,
- training in how to use condoms correctly and the importance of using condoms consistently,
- counseling to address emotional or practical issues in practicing safe sex,
- training in safer sex negotiation,
- HIV testing,
- STD screening and treatment,
- referral to substance abuse treatment and social services (e.g., housing),
- psychosocial support,
- referrals to relevant mental health and family planning services, and
- *training in overdose prevention and provision of naloxone.”*

The goals of the San Francisco County Jail naloxone program are:

- To educate inmates about to reenter the community about the high risk of overdose.
- To offer inmates the option of obtaining a naloxone kit in their property when they are discharged.
- To integrate overdose prevention into the wider array of services for adults who use substances, including substance abuse treatment, HIV/HCV/STD testing, and linkage to care.
- To decrease overdose mortality among people leaving prison and reentering the community

Protocol

The San Francisco County Jail naloxone program, which primarily operates in B-Pod (the Women’s housing unit) and A-Pod (the Reentry Pod) is overseen by the Adult Probation Department at County Jail 2, 425 7th Street. Expansion to additional housing units will depend on JHS staff capacity. JHS staff


are trained by the DOPE Project to provide overdose prevention education and dispense naloxone under the DOPE Project's standing order issued by Dr. Phillip Coffin at the SFDPH.

1. JHS staff will schedule at least a 2-hour period to be in a particular housing unit and they will obtain a housing list of inmates ahead of time. They will call any inmate scheduled to be discharged from the County Jail within 30 days to attend the Overdose Prevention group. JHS staff will show the video "Staying Alive on the Outside" in a classroom setting. The video runs approximately 18 minutes. It will include an introduction by JHS staff explaining the video and how to get a naloxone kit afterward.

"Staying Alive on the Outside" was created by the Center for Prisoner Health and Human Rights and teaches viewers how to prevent and recognize opioid overdoses, and how to intervene when they happen. Through interviews, conversation, and model training sessions, harm reduction community members candidly discuss the challenges of reentry from prison, opioid addiction and relapse, and misconceptions about opioid tolerance and overdose. Viewers learn strategies to avoid overdose while using opioids, as well as what to do if they witness an overdose. Viewers are encouraged to think about the possibility of overdose happening to them or to someone around them, and to plan for both situations, including strategies for calling 911, what to do after the overdose reversal, and making an overdose plan with a friend or family member. The video is meant to accompany naloxone distribution, either as part of release planning in a correctional facility, or in the community.

"Staying Alive on the Outside" can be viewed here: http://youtu.be/_QwgxWO4q38

2. After the video is played, staff will distribute flyers to all viewers with follow-up information and a place to indicate if they would like to obtain a naloxone kit in their property when they are discharged. Flyers will be collected by JHS staff to determine who is interested in obtaining a kit. (see sample flyer)
3. JHS staff will allow the viewers to leave the classroom setting and will then call the interested participants one by one for follow-up and conduct a short review of the information from the video and allow the client to ask questions. JHS staff will demonstrate using naloxone and allow the client to practice. JHS staff will complete a short "Clinical Registration" form with the client that documents for the DOPE Project that the client was trained and can be issued a naloxone kit (see the Clinical registration Form). Clients will be given instructions on how to follow up with the DOPE project for naloxone refills after they are discharged. This interaction should take approximately 10 minutes.
4. Upon returning to the JHS offices, JHS staff will prepare naloxone kits for each inmate that opted-in for the one-on-one training, filling out the prescription cards and placing the kits in a paper bag with the inmate's name and number on it. A secure box of naloxone kits for this purpose will be provided by the DOPE Project and housed at the JHS offices. JHS staff then bring the kits to be placed in the client's property at the San Francisco County Jail Property room. JHS staff hand the deputies working the property room the paper bags and the deputies put them in the correct inmate's property.

- 
5. Clinical Registration forms for clients receiving naloxone kits in the San Francisco County Jail will be turned in monthly to the DOPE Project and copies may be kept by JHS staff to document who they have trained.
 6. Inmates receiving naloxone kits also receive information on obtaining refills in the community at any DOPE Project site or via the SFDPH pharmacy at 1380 Howard Street.

Appendix E: Data Collection Forms

OEND Training Recruitment Log

Date: _____

Full Name	Jail ID Number	Housing Unit
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

OEND Training Sign-in log

Date: _____

Location/Housing Unit: _____

Trainers: _____

This information will be kept strictly confidential and will be used to issue your naloxone

Full Name (Please print clearly)	Type of training Group/Individual	Mother's First Name	Date of Birth (month/date/year)	Date kit placed in property
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

OEND Training In Jails

Sample - Fidelity Observation Form

Observers Name: _____

Date: ____/____/____ Start Time ____:____ End Time ____:____

Trainer's Name: _____

Section 1 - Room and Equipment Rating

Rate each of the facility components by circling a number from 0 - 4 or N/A

	Poor	Fair	Good	Very Good	Excellent	Not applicable
1) Space/room set up (room size/configuration)	0	1	2	3	4	N/A
2) Privacy	0	1	2	3	4	N/A
3) Equipment functioning (TV, DVD)	0	1	2	3	4	N/A

Points: ____ (12 Possible Points)

Briefly describe any problems with the room or equipment:

Section 2 - OEND Training Curriculum Activities

Did the OEND Trainer do the following - circle 0, 1 or N/A

	No	Yes	Not Applicable
1) Did the trainer give an overview of the training?	0	1	N/A
2) Did the trainer describe what naloxone does?	0	1	N/A
3) Did the trainer describe how to recognize an opioid related overdose?	0	1	N/A
4) Did the trainer describe what to do in case of an opioid-related overdose	0	1	N/A
5) Did the trainer play the video <i>Staying Alive on the Outside</i> ?	0	1	N/A
6) Did the trainer demonstrate how to use naloxone?	0	1	N/A
7) Did the trainer discuss what to do after administering naloxone?	0	1	N/A
8) Did the trainer discuss legal issues surrounding naloxone?	0	1	N/A
9) Did the trainer tell participants where they can get naloxone refills?	0	1	N/A
10) Did participants fill out a survey at the end of the training?	0	1	N/A

Points: ____ (10 Possible Points)

Section 3 - OEND Trainer Delivery Rating

Rate the trainer on each of the items below by circling a number from 0 – 4 or N/A

	Poor	Fair	Good	Very Good	Excellent	Not applicable
1) Clarity of trainer's explanation of program overview	0	1	2	3	4	N/A
2) Non-judgmental approach of the trainer.	0	1	2	3	4	N/A
3) Ability of the trainer to manage group dynamics and participant behaviors.	0	1	2	3	4	N/A
4) Ability of the trainer to explain and illustrate concepts.	0	1	2	3	4	N/A
5) Level of preparation of the trainer	0	1	2	3	4	N/A
6) Level of comfort of the trainer.	0	1	2	3	4	N/A
7) Overall effectiveness of the trainer's curriculum delivery	0	1	2	3	4	N/A

Points: _____ (28 Possible Points)

Fidelity Rating Summary

Rated Component	Points awarded by the Observer	Possible Points	Percentage
Section 1 - Room and Equipment Rating		12	
Section 2- OEND Training Curriculum Activities		10	
Section 3 - OEND Trainer Delivery Rating		28	
Overall Fidelity Score		50	



OEND Feedback Survey Template

1. Overall, how would you rate the training you attended today?
 - a. Poor
 - b. Fair
 - c. Good
 - d. Very good
 - e. Excellent
2. How helpful was the information you received during the training?
 - a. Not at all helpful
 - b. Of little help
 - c. Of some help
 - d. Very helpful
3. Before taking the training, did you know the signs and symptoms of an overdose?
 - a. Yes
 - b. No
 - c. Don't know
4. **If you answered NO or DON'T KNOW to question 3:** Now that you've taken the training, do you think you could recognize the signs and symptoms of an overdose?
 - a. Yes
 - b. No
 - c. Don't know
5. Before taking the training, did you think you could use naloxone to reverse an overdose?
 - a. Yes
 - b. No
 - c. Don't know
6. **If you answered NO or DON'T KNOW to question 5:** Now that you've taken the training, do you think you could use naloxone to reverse an overdose?
 - a. Yes
 - b. No
 - c. Don't know
7. What would you change about the training? (You can choose more than one answer.)
 - a. Make it shorter
 - b. Make it longer
 - c. Include more people in the group
 - d. Include less people in the group
 - e. Offer one-on-one training
 - f. Make no changes
 - g. Other (specify)_____