

Corrections-Based Responses to the Opioid Epidemic: Lessons from New York State's Overdose Education and Naloxone Distribution Program

March 2018
Fact Sheet

Background

As the nation faces a growing opioid epidemic, efforts have been underway to respond to the dramatic rise in opioid-related overdose deaths. Chief among these has been the increased availability and use of naloxone, an antidote that reverses the effects of an opioid overdose and can be administered by bystanders with minimal training. A small but growing group of corrections professionals across the country has started to implement jail or prison-based overdose education and naloxone distribution (OEND) programs to serve people who are returning to the community following a period of incarceration and who face a dramatically increased risk of death from overdose.

Corrections-Based Responses to the Opioid Epidemic: Lessons from New York State's Overdose Education and Naloxone Distribution Program focuses on the efforts of New York State to implement an OEND program that teaches all soon-to-be-released people in state correctional facilities—as well as their families and corrections staff—about the risks of opioid use, trains them in the use of naloxone, and offers it to them free of charge at release. The report also provides jurisdictions interested in implementing similar programs with guidance and recommendations based on lessons learned in New York.

Process evaluation

In 2016, the Vera Institute of Justice (Vera) partnered with the New York State Department of Corrections and Community Supervision (DOCCS), its Department of Health (DOH), and the Harm Reduction Coalition (HRC) to conduct a process evaluation of the state's corrections-based OEND program.

The researchers used a mixed-methods approach, collecting and analyzing both qualitative and quantitative data from two correctional facilities. Research activities included interviews with leadership from DOH, DOCCS, and HRC; focus groups with incarcerated people; observations of trainings; pre-and post-training tests of incarcerated people; and administrative data analysis on naloxone kit uptake.

Findings

The process evaluation demonstrated that a corrections-based OEND program is acceptable to a wide range of stakeholders and feasible within the correctional environment. Vera's evaluation uncovered five major themes.

- > People in all positions found the program to be relevant and empowering.
- > The training increased peoples' knowledge about overdose and confidence in administering naloxone.
- > Both charge type and release type were significant predictors of whether someone took a naloxone kit at release.
- > Incarcerated people who said they would take the kit when released felt the potential to save a life and contribute to the public good trumped their fears of actual or perceived consequences for having the kit.
- > Trainees who said they would not take the kit cited their distrust of the justice system and concerns about the laws designed to offer legal protections for people reporting an overdose.

For more information

The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely upon for safety and justice, and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core

priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America's increasingly diverse communities. For more information, visit www.vera.org.

To read the full report, visit www.vera.org/corrections-responses-to-opioid-epidemic. For more information about this report, contact Leah Pope, program director, Substance Use and Mental Health Program, lpope@vera.org.

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Recommendations for implementing corrections-based strategies

Program development.

To develop a successful corrections-based OEND program, a number of factors are important to address from the outset to avoid pushback from correctional leadership and staff, as well as the community at large.



Identifying a champion The New York State program required strong leadership from the beginning to ensure successful implementation and expansion. Jurisdictions looking to

pilot similar programs should identify a champion who understands the value of the program, can convincingly communicate its importance to stakeholders, and has the respect of staff at all levels.



Generating staff buy-in In New York, staff were initially trained on overdose prevention and naloxone was distributed to them for personal use. This approach to

generating buy-in brought agency leadership on board by centrally focusing the program on staff wellness; introduced important harm reduction concepts to staff; and limited “us” versus “them” dynamics between corrections officers and incarcerated people.



Partnering with community-based organizations

Building strong partnerships with community-based harm reduction

and public health organizations is an important first step in constructing the training curriculum, solving challenges unique to each agency and community, and developing sustainability mechanisms. In New York, these organizations provided train-the-trainer trainings, conducted family trainings, and developed supplemental training resources.

Programmatic components.

Jurisdictions should consider a number of logistical factors that can contribute significantly to programmatic success and failures.



Training delivery To be effective, trainings should emphasize flexible discussion or question-and-answer formats over more rigid curriculum-delivery methods, and seek to use credible messengers to lead the trainings, such as incarcerated peers or community members with experience in addiction, overdose, and/or naloxone.



Timing and location of trainings Trainings should be conducted during the least chaotic times and in spaces that allow for focus so that participants can best retain the material.



Reinforcing lessons Interviews and focus groups in revealed people appreciate opportunities to reinforce the information provided during OEND trainings. New

York achieved this through hands-on training that included practice assembling the naloxone kits. Trainers also showed a video that featured perspectives on naloxone and overdose prevention from people who could not be present at every training, including a person who had used naloxone while on parole to save a life.



Family involvement Family involvement is an important component of reentry success. In New York, family OEND trainings provided a number of benefits: they offered opportunities for visits, encouraged larger conversations about drug use, and increased the number of kits in the community.



Distribution methods Facilities should consider which method of kit delivery is optimal for their populations: opt-in methods (where people who are released

from incarceration are offered a kit and may choose to take or leave it), or opt-out methods (where a kit is included in a person's belongings at release and the individual must ask to have it removed). The former preserves kits for those who find it most relevant and is useful if resources are scarce, while the latter promotes kit distribution more widely and can be used where kit availability is not a concern.