

Take Home Naloxone for Goshen County Inmates With Opiate Use Disorder



Mat Rorke | RUOP III | 2022 | UW School of Medicine

Hypothesis

- Providing the option of leaving incarceration with Naloxone kits and training can reduce opiate overdoses in newly released inmates in Goshen County



Naloxone kit Background

- Goshen County has the highest ratio of inmates per permanent resident in the state
- The CDC lists expanding access to Naloxone as a "Promising Strategy" to combat the opioid epidemic
- Outreach to patients with opiate use disorders can be challenging but, inmates are receptive to "take-home" naloxone programs

Community Profile Assets

- Volunteers of America is a national organization with 54 community support programs. They work to provide addiction treatment programs for persons who are currently incarcerated and newly released
- They are uniquely positioned to work with inmates to discuss benefits of naloxone and provide training if requested

Increased Risk of Overdose Following Incarceration

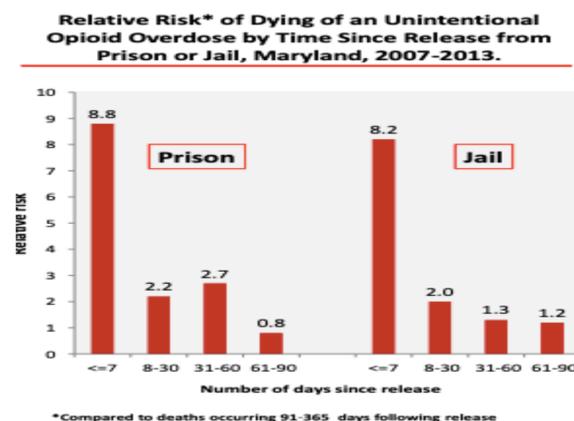


Figure 1. >8 relative risk of overdosing in the 7 days following release from incarceration

Sharfstein, J. (2014, November). *Risk of Overdose Death Following Release from Prison or Jail*. Maryland.gov Enterprise Agency Template. Retrieved September 23, 2022, from <https://health.maryland.gov/vsa/Pages/Home.aspx>

Literature Review

- A 2014 study found a relative risk greater than 8 of unintentional overdoses within the first 7 days of release from Maryland correctional facilities. (Fig. 1)
- A take-home naloxone study done in a New Mexico opioid treatment program reported 114 overdose reversals between 2016-2017 when 395 participants were trained and provided with naloxone

Willingness of Inmates to Participate in Take-Home Naloxone Programs

Acceptability of take-home naloxone among incarcerated men who reported regular (at least monthly) injecting drug use immediately prior to incarceration (n = 377)

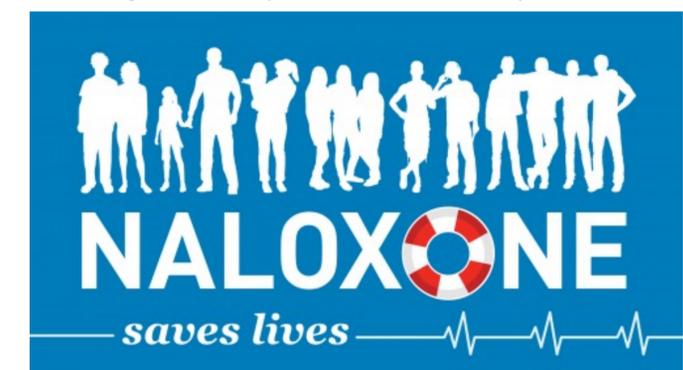
Naloxone question	No (%)	Yes (%)
Would you be willing to be trained on how to use naloxone in prison and receive some to take with you when you are released from prison?	73 (19)	304 (81)
Would you be willing to be trained on how to use naloxone soon after you are released from prison and receive some to take with you?	81 (21)	296 (79)
If a friend had naloxone and was trained to use it, and you overdosed on heroin, would you want them to use it on you?	35 (9)	342 (91)
If you had naloxone and were trained to use it and a friend overdosed on heroin, would you use it on them?	23 (6)	354 (94)

Figure 2. 81% of inmates surveyed were willing to participate in training and take-home program

Curtis, M., Dietze, P., Aitken, C., Kirwan, A., Kinner, S. A., Butler, T., & Stoové, M. (2018, September 21). *Acceptability of prison-based take-home naloxone programmes among a cohort of incarcerated men with a history of regular injecting drug use*. Harm reduction journal. Retrieved August 21, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6497216/>

Conclusions

- The high ratio of inmates in Goshen County offers a unique outreach opportunity to a population that is otherwise difficult to reach
- Offering this underserved and at-risk population a crucial and proven harm reduction tool could save many lives and help to curb the national opioid epidemic
- The financial burden of harm reduction programs is often prohibitive. Many do not feel that this is a cost that should be put upon the county taxpayers and grant funding should be explored
- Adoption of these programs would also require a change in the public perception of naloxone. Many in the community currently see this as a "ticket to use" when perceptions should be focused on saving a life capable of recovery



FDA program advocating for increased naloxone availability