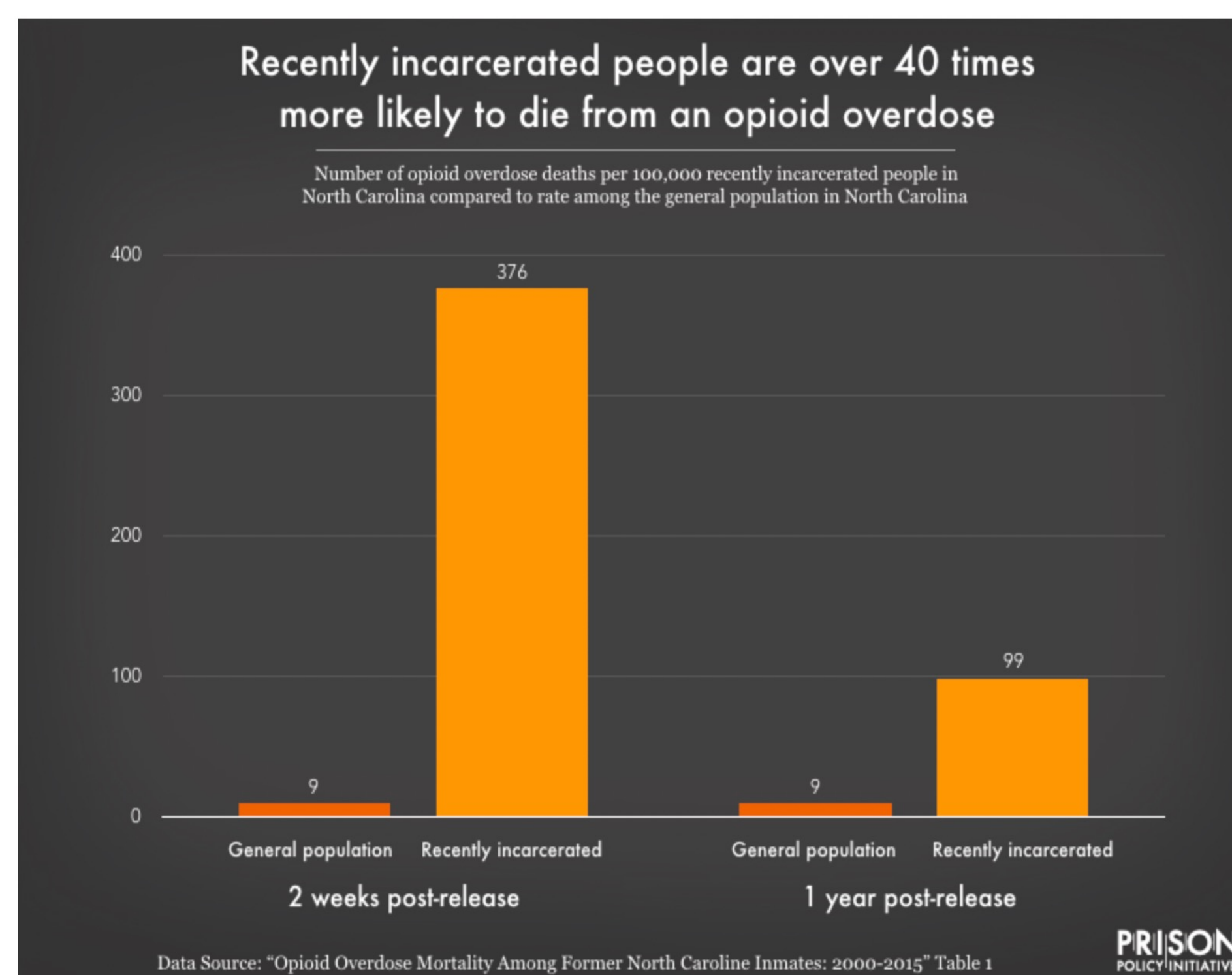


Naloxone Education and Distribution in Correctional Facilities to Reduce Opioid Related Deaths in Adults Reentering the Community

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Background

- Formerly incarcerated adults reentering the community are at a 40x increase of overdosing within 2 weeks of release and a 10x greater risk of overdosing within a year of release (Troilo, 2018).
- Reasons for increased risk of overdose are related to decrease in opioid tolerance, limited access to medication assisted treatment (MAT) in an out of correctional facilities, and combination of synthetic opioids lacing other substances (Troilo, 2018 & U.S Department of Health and Human Services, 2023).
- MAT is the gold standard for treating opioid use disorder, yet only 5% of people incarcerated with opioid use disorders are receiving treatment (National Institutes of Health, 2020).



(Troilo, 2018)

Purpose

The purpose of this review is to examine the impact of naloxone education and distribution programs on opioid related deaths in adults who have recently been released from correctional facilities.

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References



Naloxone Administration Routes



(Mass.gov, 2023)

Search Methods

Database	Search words	Inclusion criteria	Study selection
PubMed	-Take home naloxone Correctional facilities	2015-2023 Randomized controlled trials, reviews, systematic reviews	One study excluded for not being English and another for being the review of a new design. One study selected and two additional studies were selected using its reference section.
PubMed	- Naloxone distribution - Correctional facilities	2015-2023 Randomized controlled trials, reviews, systematic reviews	One study excluded for not pertaining to the topic. The other study was excluded, but references were used to select one study.
Google Scholar	- Naloxone distribution - Correctional facilities	2015-2023 Review articles	One study selected for use on the first page of results
One Search	- Naloxone - Jail	2020-2023 Peer reviewed articles	One study selected for relevance to topic. All other studies were excluded or duplicates.

Literature Review and Results

Author(s)	Level of Evidence/Quality	Type of Study	Results
Kobayashi et al. (2017)	Level VI Quality B	Single descriptive	During overdose simulation, 51.8% of participants correctly administered naloxone, 70.6% administered some naloxone, and 94.1% performed actions that were potentially life-saving. This study is feasible to implement in a correctional setting.
Parmar et al. (2017)	Level II Quality C	Pilot randomized controlled trial	RCTs are feasible to implement in a correctional setting. Trial ended early but estimate that 63-79% of participants carried naloxone within 4 weeks of release.
Wenger et al. (2019)	Level VI Quality B	Single descriptive	Of participants given naloxone, 44% obtained refills. Of those receiving a refill, 32% used it to reverse an overdose and 12% gave it away to someone who needed it.
Horton et al. (2017)	Level V Quality B	Mapping review	Found that implementing naloxone distribution programs is well accepted among incarcerated adults, feasible to implement, found training can lead to action, and identified barriers to measuring.
Bird et al. (2016)	Level III Quality B	Quasi-experimental study	ORD between 2006-2010 and 2011-2013, reduced by 36% in adults recently released from prison (P<0.001) after a nationwide naloxone distribution program in correctional facilities.
Leung et al. (2021)	Level VI Quality C	Single descriptive	Adults who participated in a naloxone distribution program and were reincarcerated, 38.3% used their naloxone when released and 97.5% who used naloxone reported a positive outcome. Naloxone was used the most between 4-6 months post release and 93.3% felt confident using naloxone.

Nursing Implications and the CNL Role

- Currently, there is not enough evidence to change current practice. Higher quality research is needed to fully understand the impact of naloxone distribution programs on ORDs in formerly incarcerated adults.
- Research Safety:** Future evidence-based research will be essential for influencing future practice. Research that safeguards the consent process, preserves dignity, and adheres to ethics is essential for protecting the physical and mental safety of research participants in prisons. The CNL plays an essential role in advocating for patient autonomy during the research process. Incarcerated adults are a vulnerable group in research and efforts to ensure informed consent, willingness to participate, transparency, and autonomy are preserved is an essential role of the CNL.
- Patient Safety:** While naloxone distribution research is limited in the correctional setting, research has shown its positive impact in other high-risk populations (Razaghizad et al., 2021). Given the safety and effectiveness of naloxone on reversing ORDs, not providing naloxone jeopardizes the safety of adults reentering the community and contributes to the inequities in care provided to incarcerated adults. The CNL should advocate for integration of naloxone distribution to address these inequities and improve the safety of care provided.
- Quality of Care:** Outside of correctional settings, naloxone distribution is common practice in other facilities that see people who are at high-risk of an ORD (Weiner et al., 2019). Given this inequity of care, the CNL role of lateral integration and advocacy is essential to make naloxone distribution a standard of care in correctional facilities to ensure there is equal access to all populations.

Summary and Conclusion

Results from the review did not find conclusive evidence to support naloxone distribution programs in correctional facilities. However, given the conclusive research in other populations and the known effectiveness of naloxone for reversing an opioid overdose, nurses can continue to advocate for naloxone programs in correctional facilities. These programs may help address the disproportionate burden of ORDs inflicted on incarcerated adults due to a lack in standard of care, by improving the safety and quality of care provided.