

# RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

## Overdose Risk Reduction and Relapse Prevention

*This project was supported by grant No. 2016-MU-BX-K021 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.*

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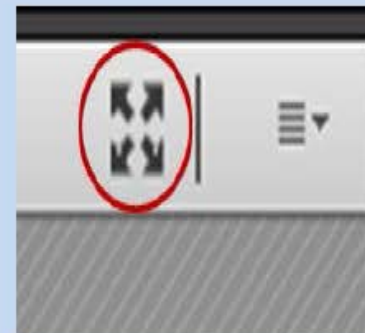
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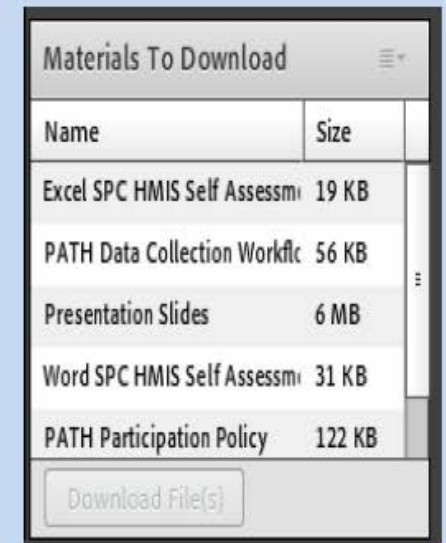
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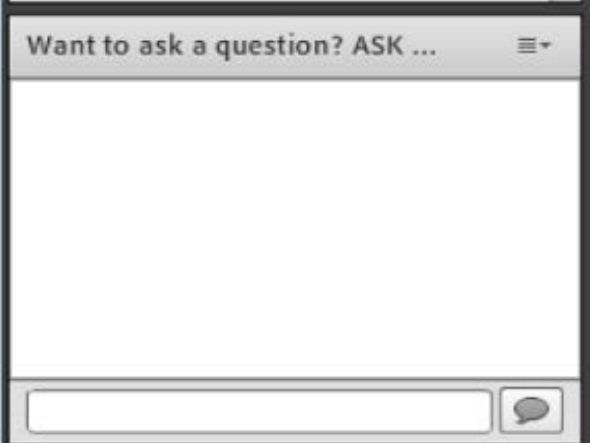
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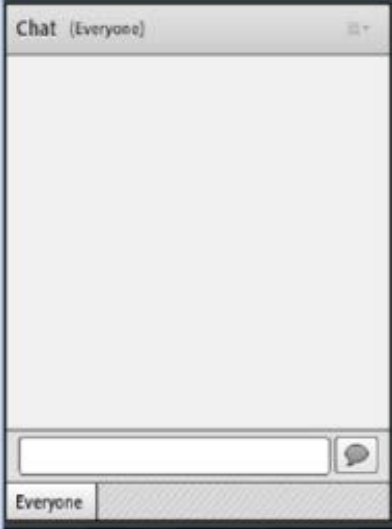
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*Integrating*

# Overdose Risk Reduction & Relapse Prevention

*into RSAT Programs & Pre-release Planning*

Niki Miller, MS, CSP

Senior Research Associate  
Advocates for Human Potential

## Threat assessment levels

- *National*
- *Local*
- *Individual*

# Learning Objectives: Drugs most commonly involved

## Opioids (illicit & pharmaceutical)

- Death due to respiratory depression
- Response: naloxone + rescue breathing

## Stimulants (cocaine & meth)

- Death due to cardiovascular causes
- No medication – try to treat symptoms

## Benzodiazepines (Xanax & Valium)

- Death due to respiratory depression (always combined w/ other drugs)
- Flumazenil: GABA receptor antagonist can reverse an overdose **BUT...**

# Overdose Prevention Efforts in Your Program/ Facility

**POLL: What level of overdose prevention programming is available in your facility or program?**

- a.** None
- b.** Not a lot of information included
- c.** Topic covered, but not comprehensive information
- d.** Comprehensive information, includes community resources
- e.** Comprehensive, includes access to naloxone

# Drug OD Deaths in Custody

Are increasing  
Are more common in jails  
More staff preparation  
Spice or synthetic cannabinoids  
Opioids, primarily fentanyl

**Arkansas:** Five inmates died from overdoses in a maximum security Arkansas Department of Correction facility. Officials indicate the "vast majority" of drug-related incidents in Arkansas facilities involve Spice.

**Louisiana:** Two inmates at Angola State Penitentiary died of apparent drug overdoses, Department of Corrections concerned about synthetic marijuana or "mojo." Both living on maximum security unit .Small amounts of mojo and other drugs found in the area..

**Ohio:** At least three deaths due to drug overdose in the Cuyahoga County jail (presumably fentanyl). Four inmates in an Ohio State Prison and 7 female inmates at a county jail overdosed but were revived with naloxone.

**California:** Deaths in state prisons due to drug OD has averaged about 22 per year. Recent years it increased, with 40 deaths in 2017. The most common drugs involved were: heroin/morphine (22), methamphetamine (13), and fentanyl (9).

Advocate, Baton Rouge, La. 7/21/2018;  
US News and World Report, 8/29/2018 and 12/23/2018;  
Associated Press, 4/24/2017

[Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System](#)



# Staff Training & Preparation

## Medical, security & program staff, plus others

- Every second counts: prepare naloxone & other critical supplies
- Overdose signs and symptoms
- Response protocols & training: naloxone administration
- Safety protocols to secure scene
- Emergency contact protocols/ agreements with hospitals
- Post-incident protocols: ensure safety of staff and inmates & discharge planning for survivors returning from the hospital

# Integrating essentials into RSAT Programs

## Client Education

### Priority topics

- *Tolerance*
- *Potentiation*
- *Potency*

*Regional / local*

*New & emerging*

# RSAT Program Key Elements

## Examples and models

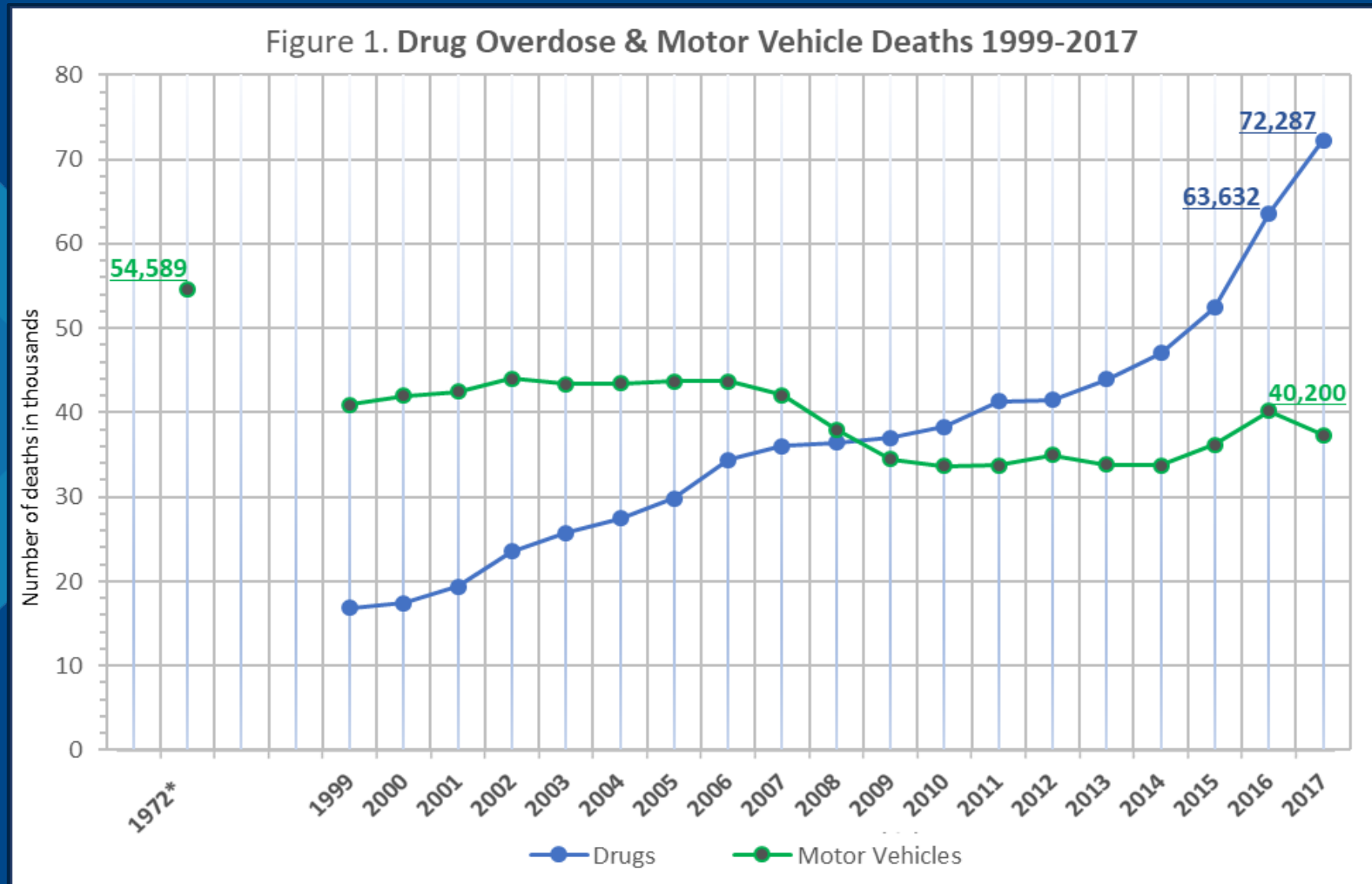
- **Overdose Education & Naloxone Distribution (OEND)**
  - *Pre-release (prisons/jails)*
  - *In-reach*
  - *Community-based*
- **Opioids (MATx)**
  - *Induction & continuity*
  - *Referral*
  - *Response*

# Release Planning

## Community resources

- **Harm reduction**
  - *Naloxone kits*
  - *OD emergency services*
  - *Syringe access/HIV-HCV*
- **Response**
  - *Treatment*
  - *Additional support*
  - *Medication*

# As the Opioid Crisis Continues...



# Data on vulnerability to post-release drug overdose

## Opioids, Drug Overdose Fatality & Criminal Justice Involvement

Data from NSDUH, 2015-2016 suggests a history of criminal justice involvement is associated with:

- 22% of those who report use of prescription opioids;
- 33% of those who report misuse of prescription opioids;
- 52% of those who report a prescription opioid use disorder; and
- 77% of those who report heroin use.

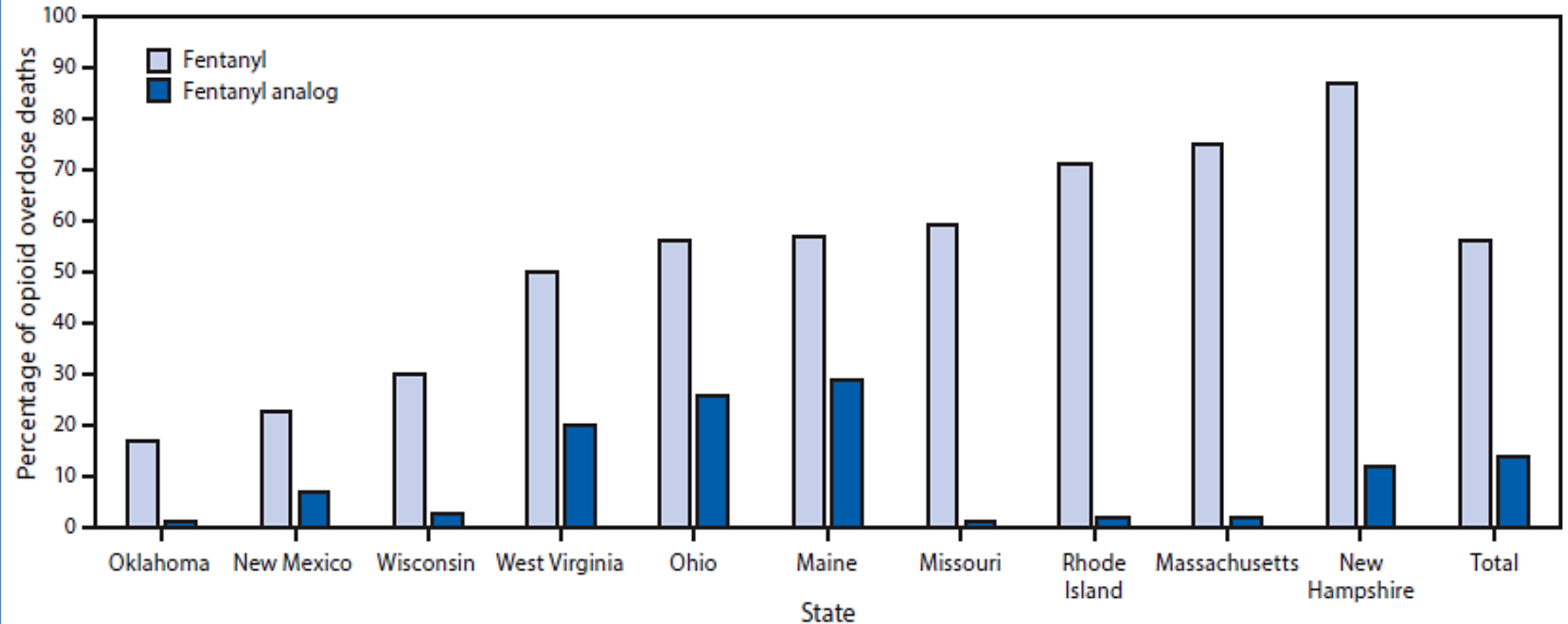
Drug OD: leading cause of post-release death -rates higher than ever

Drug OD 85% of fatalities in the immediate post-release period

Almost 15% of all former prisoner deaths 1999-2009 related to opioids.

# Threat: Fentanyl & Analogues

FIGURE. Percentage of opioid overdose deaths testing positive for fentanyl and fentanyl analogs, by state — 10 states, July–December 2016



# Drug Threat Assessment: **Staff Safety Tips**

## Reducing Risk of Staff Exposure

### Safety Resources

[Drug Enforcement Administration Warnings: Fentanyl Exposure, 6/2016](#)

[CDC Guidelines: Fentanyl-Preventing Occupational Exposure to Emergency Responders, 4/2018](#)

[Alberta Health Services: Interim Guidance for First Responders, 1/2017](#)

**Ross Correctional Facility - Chillicothe, Ohio:**  
In August 2018, a number of people were treated or taken to a hospital for evaluation (23 corrections officers, 4 nurses and 2 inmates) for possible exposure to a substance presumed to be fentanyl. One inmate was admitted to the hospital, administered naloxone, and then released. Some staff were taken to a nearby hospital where doctors administered naloxone to that were unconscious and/or unable to control their breathing, but all were treated and released. Officials at the facility also administered naloxone to staff displaying signs of overdose. Fortunately, there were no deaths.

**Pennsylvania State Prison System:**  
A two-week lockdown extended through mid-September 2018 due to an outbreak of mysterious illnesses among prison staff. At least 30 staff members had become ill over the preceding weeks due to "unknown substances." Early in the investigation, corrections officials indicated only synthetic cannabinoid — known as K2 or spice — could be connected to the string of illnesses. After it was suggested that the cause may have been opioid-related, the state Opioid Command Center was dispatched to assist.

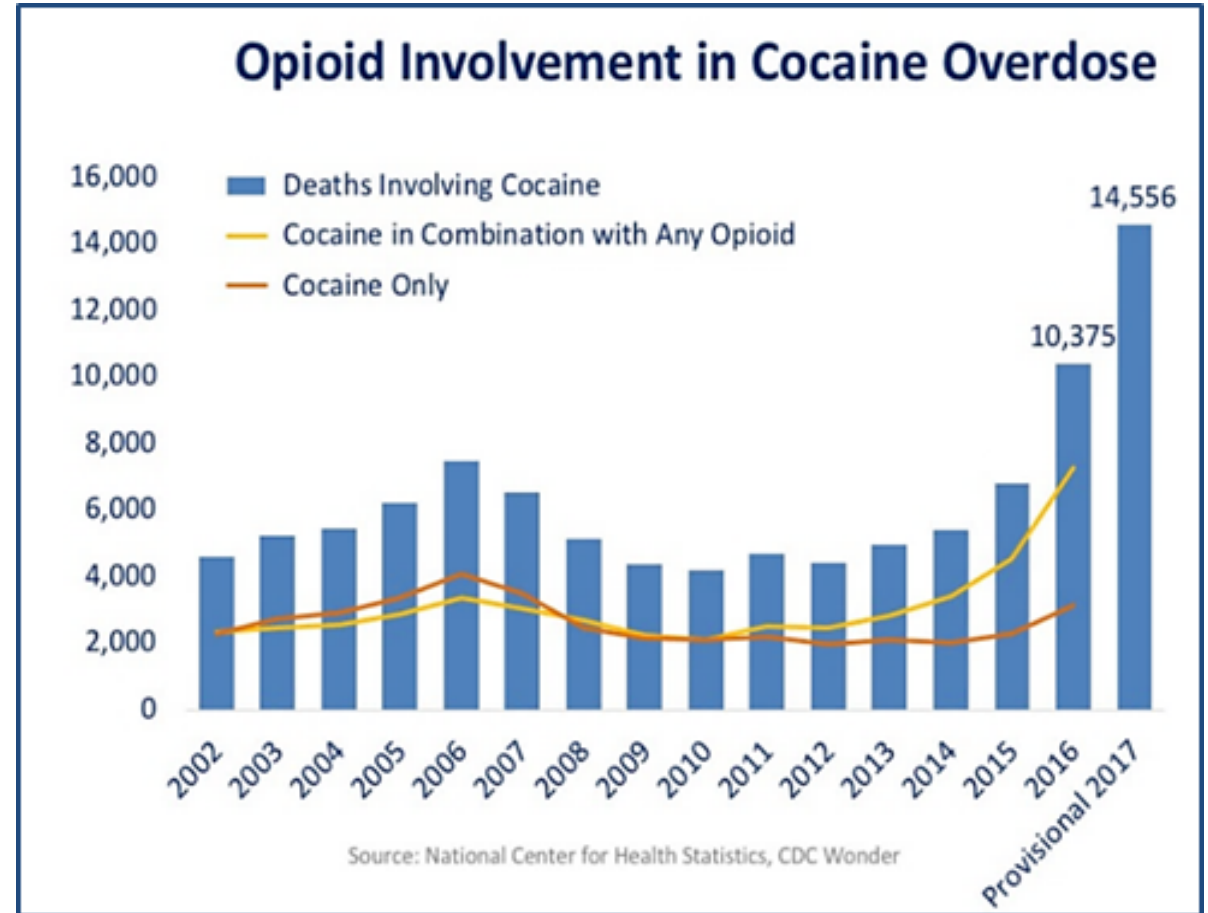
Sources: NPR News, 8/30/18 <http://www.npr.org/>; Pittsburgh Post-Gazette, 9/19/18 <http://www.post-gazette.com/news/state/2018/10/19/Staff-drug-exposure-problem-prisons-screen-books-pennsylvania/stories/201810190092>



# Drug threat assessment: Changes in Cocaine deaths & supply



2-3 years bumper Columbian crops  
Cessation of aerial spraying  
DEA warns: threat likely to continue



# Drug Threat Assessment: Cocaine vs Heroin Deaths

12-month period from July 2018 - June 2019

*Deaths involving heroin:*

**15,200**

*Deaths involving cocaine:*

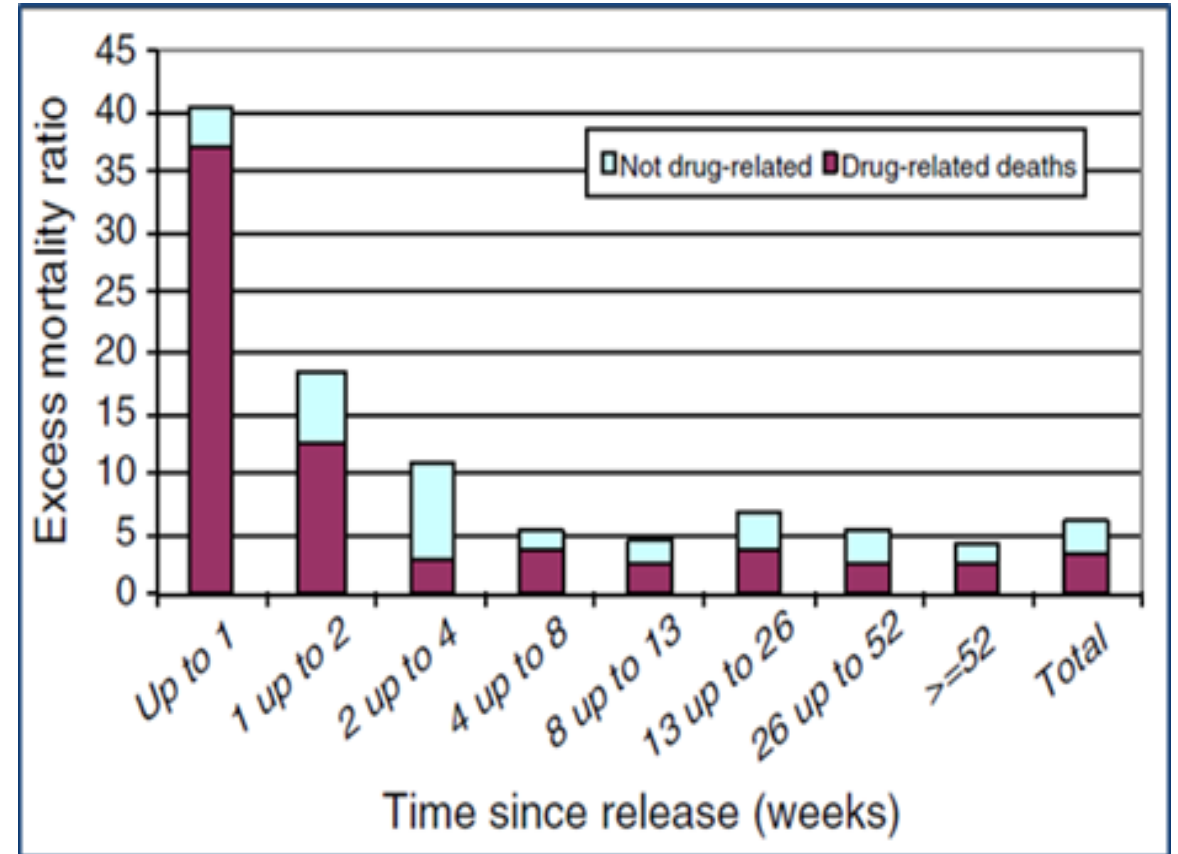
**15,000**

# Background: Scottish researchers in the 1990s

Data informed the N-ALIVE trial of prison naloxone programs

Scottish prisons provide naloxone kits prior to release to all inmates

2 years after implementation, post-release overdose deaths-cut in half.



Singleton, N., Pendry, E., Taylor, C., Farrell & M., Marsden, J. (2003). Drug-related Mortality Among Newly Released Prisoners. Report no 187. London: Home Office Research, Development and Statistics Directorate.

# Data on proportions of OD death in US states

**Massachusetts:** The Massachusetts Department of Public Health people released from the state's prisons: 56 times more likely to die of an opioid overdose than other state residents, based on opioid-related deaths from 2013 to 2014.

**West Virginia:** 56% of drug overdose decedents in 2016 were ever incarcerated in a state-funded correctional facility (including regional jails). Of males who died of an OD with a year of release, 28% died within a month of release.

**Ohio:** In 2016, Cuyahoga County Medical Examiner issued a letter of warning to individuals about to be released after observing the proportion heroin overdose deaths among people who had been in jail or arrested was nearing 40%.

**North Carolina:** 2000 to 2015-prisoners 40 times more likely to die from opioid OD in the 2 weeks after release than general population. 74 times more likely when heroin only was considered. 1 year after release rates still 10-18 x higher.

**New York City Jails:** Adults who spent at least one night in a NYC jail from 2001-2005 had 8 x higher drug-related death during first 2 weeks post-release than in other residents.

**Maryland:** Risk of OD death - first week post-prison or jail release 8 x greater than 3-12 months after release. Heroin was involved in nearly 90% of deaths in the first week after release.

# Overdose Events among RSAT Clients or other Inmates

**POLL:** Do you know of overdose events (fatal or non-fatal) involving former or current RSAT clients or inmates?

Please endorse substance(s)  
involved:  
(select any that apply)



- a.** Opioids
- b.** Synthetic cannabinoids  
(e.g., spice, K-2, mojo)
- c.** Cocaine
- d.** Methamphetamine
- e.** Other/unknown

How many events do you know of?

- a.** Zero
- b.** One
- c.** 2-4
- d.** More than 4
- e.** Not sure

# Drug Overdose Prevention Education (DOPE)

- ◇ First US health dept-funded naloxone program
- ◇ Subcontract - 2003 Harm Reduction Coalition
- ◇ 2013 began OEND in jails, pre-release naloxone
- ◇ Heroin deaths in SF from 120 yearly to under 20

| San Francisco Jails<br>(variable)         |  |  |
|---|---|---|
| # of trainings                            | 11  | 3   |
| # of people trained                       | 91  | 59  |
| % accepted naloxone                       | 67  | 54  |
| % used in month prior<br>to incarceration | 43  | 44  |
| % prior overdose                          | 26  | 45  |
| % witnessed overdose                      | 79  | 56  |
| % ever used naloxone                      | 16  | 6   |

**New York:** Partnership between Department of Health, Department of Corrections and Community Supervision, and the east coast Harm Reduction Coalition (HRC): OEND programs in 54 correctional facilities. Training topics include:

- Risk factors for overdose
- Recognizing an overdose
- Responding to an overdose emergency
- Administering Narcan (nasal naloxone formulation)
- Legal issues and protections (Good Samaritan Laws)
- Videos

Vera Institute for Justice report: *Corrections-Based Responses to the Opioid Epidemic Lessons from New York State's Overdose Education and Naloxone Distribution Program*. Link to [PDF](#) detailing implementation & preliminary assessment.

# Rhode Island Model

## 2016-DOC launched MAT program

All inmates screened for OUDs

Treated with FDA-approved medication best for the individual

Inmates entering the system can continue current medication

Inmates referred to community Centers of Excellence to encourage retention upon release.

**A study compared characteristics of people who died of ODs before & after:**

**Prior to 2016 program:**

**26 of 179 deaths (14.5%) were among those recently incarcerated**

**After implementation:**

**9 of 157 deaths (5.7%) were among those recently incarcerated**

**A 60.5% reduction in mortality**



# If you think there are too many barriers where you work, listen to what North Carolina Harm Reduction Coalition & NC Department of Corrections worked out....

When someone is overdosing...  
Remember to:

## S.C.A.R.E. M.E.

- 1. STIMULATE**  
Try and wake them up by calling their name, shaking them, pinching their fingers or raking their breastbone with you knuckles.  

- 2. CALL 911**  
If they don't respond to noise or pain, call 911. If you must leave them to call, put them in the recovery position.\*  

- 3. AIRWAY**  
Make sure nothing is blocking their airway, then watch their chest and put your cheek over their nose and mouth to feel for breathing.  

- 4. RESCUE BREATHING**  
If they aren't breathing at least 1 breath every 5 seconds, tilt their head, pinch their nose and give them one slow breath every 5 seconds. Watch to see that their chest rises and falls with each breath.  

- 5. EVALUATE**  
Are they better?  
Can you get to Narcan quickly?
- 6. MUSCULAR INJECTION**  
Prepare the Naloxone and inject it straight into a muscle (upper arm, but **not** thigh). Continue breathing for them until it kicks in.
- 7. EVALUATE AND SUPPORT**  
If the first shot does not kick in after 4 minutes, give them another. Comfort the person, he or she will be dope sick from the Naloxone.

**\* Recovery Position**  
  
Put them on their side, with their hands under their head.

# Living long enough to get back on the horse:

## **POLL: Is naloxone effective, necessary and cost effective?**

- A. Absolutely
- B. It's definitely crucial, but just the beginning of what's needed
- C. Yes, but there should be a limit
- D. It is abused; can permit out of control behavior
- E. Not effective, costly - Medicaid/ public funds shouldn't pay


# Client education: Individual & Regional Drug Threats

## 2 main things post-release OD victims say they didn't know...

### Changes in individual tolerance

A prevention must!  
For some it returns quickly  
Videos & peer elements help  
Don't make that first party your last

### Increased potency of street drugs

Tolerance down + potency up=  
Fentanyl & analogues  
Loss of tolerance to other drugs  
Heroin potency

# Drug Threat Assessment: Polysubstance Use:

Potential:  $2 + 2 = 5$  or more and  $2 + 2 + 2$  could = 10 or more

- **Cocaine + opioids**

Increases risks

Both cause respiratory depression

Erroneous beliefs

- **Combining CNS depressants**

Opioid addicts: junior chemists

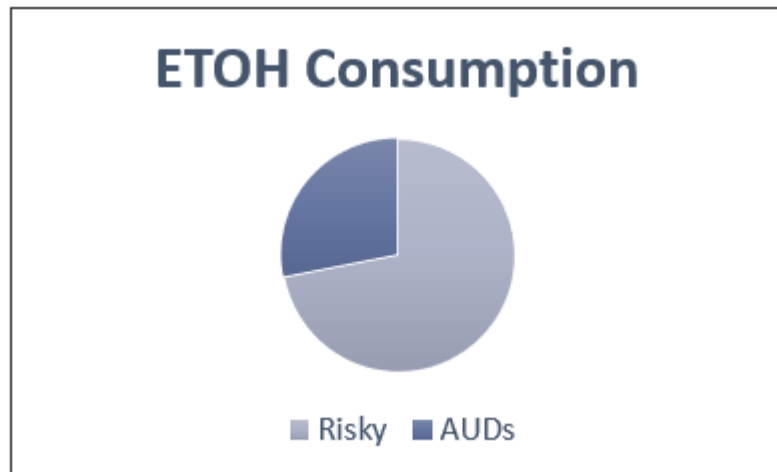
Street drugs may be 'blended'

Pouring ETOH over it all!

# Polysubstance use: role of ETOH

## Screening & education

- Potentiation
- Tolerance
- Impairment/ substitution



### ALCOHOL SCREENING AND BRIEF INTERVENTION FOR PEOPLE WHO CONSUME ALCOHOL AND USE OPIOIDS

**Healthcare providers can use alcohol screening and brief intervention (ASBI) before prescribing opioids to reduce opioid overdose deaths involving alcohol.**

Alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency department visits related to the misuse of prescription opioids in the United States in 2010.<sup>1</sup> Screening and brief intervention for excessive alcohol use (ASBI) is an effective clinical prevention strategy for reducing excessive drinking, but it is underused in clinical settings. The purpose of this document is to familiarize health departments and healthcare providers with ASBI, discuss its usefulness for helping people who drink excessively who may be prescribed an opioid to drink less or stop drinking altogether while using opioid medications, and assist state health departments in supporting health systems and other community partners carrying out ASBI in various settings as a part of routine practice. A reference for routinely implementing ASBI in health systems is also included.

**Why is it important to administer a screening and brief intervention for reducing alcohol use before prescribing opioids?**

People who drink excessively who use prescription opioids are at greater risk of overdose and death due to the depressant effects of alcohol on the respiratory system and central nervous system. The risk of harm increases with the amount of alcohol consumed, but there is no safe level of alcohol use for people using opioids.<sup>2,3</sup>

- The [2015–2020 Dietary Guidelines for Americans](#) recommend that if alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men—and only adults of legal drinking age.<sup>4</sup> In addition, the Dietary Guidelines for Americans indicate that some people should not drink at all, including those who take certain prescription medications that could interact with alcohol.
- The [U.S. Food and Drug Administration](#) indicates that healthcare professionals should avoid prescribing opioids to people using central nervous system depressants, including alcohol.<sup>5</sup>

**What is ASBI?**

ASBI can be delivered in person via a conversation, which is the traditional method, or electronically.<sup>6</sup>

- Traditional ASBI involves several steps:
  - Administering a [standardized set of screening questions](#), to assess the patient's drinking patterns.<sup>7</sup>
  - Providing individuals who drink excessively with face-to-face feedback about the risks of this behavior.
  - Talking with people who are drinking excessively about changing their drinking behavior, and referring those with a severe alcohol use disorder to specialized treatment.

Excessive alcohol use includes

- Binge drinking: consuming 5 or more drinks for men or 4 or more drinks for women, per occasion.
- Heavy drinking: consuming 15 or more drinks per week for men or 8 or more drinks per week for women.
- Any drinking by pregnant women or people younger than the minimum legal drinking age of 21.

Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

LEARN MORE | [www.cdc.gov/drugopioideprescribingguide.html](http://www.cdc.gov/drugopioideprescribingguide.html)

# Changes in Potency: Opioids

The Drug Enforcement Administration (DEA) has been monitoring purity of street-level retail heroin since the 1980s when it was about 10%

| Year           | 2011  | 2012  | 2013  | 2014  | 2015  |
|----------------|-------|-------|-------|-------|-------|
| Mexican        | 16.8% | 17.6% | 20.3% | 21.1% | 29%   |
| South American | 31.1% | 35.3% | 35.1% | 31.1% | 39.1% |

# Pre-release planning

## Community harm reduction & overdose prevention plan

- Who you gonna call?
  - Emergency contacts
  - Syringe exchanges
  - Safer use rules
  - Opioid OD basics
- Laws that apply
  - 2 different sets of laws
  - Naloxone distribution laws
  - 'Good Samaritan' laws
  - Vary from state to state

# Relapse prevention components

## Cognitive / behavioral & recovery elements

- Antecedents
- Prior relapses
- Agreements/ plans
- Additional services
- MAT
- Peer support
- Who will they talk with
- Action plan
- How to get back on track
- Learning and making changes



# Overdose Risk Reduction and Relapse Prevention for RSAT Programs

- Manual to be submitted for BJA review
- Your comments, requests & suggestions welcome
- Email: [nmiller@ahpnet.com](mailto:nmiller@ahpnet.com)

THANK YOU!

...for your attendance & participation and for all you do



# Questions?

**Type your questions in the Q&A box on your screen**

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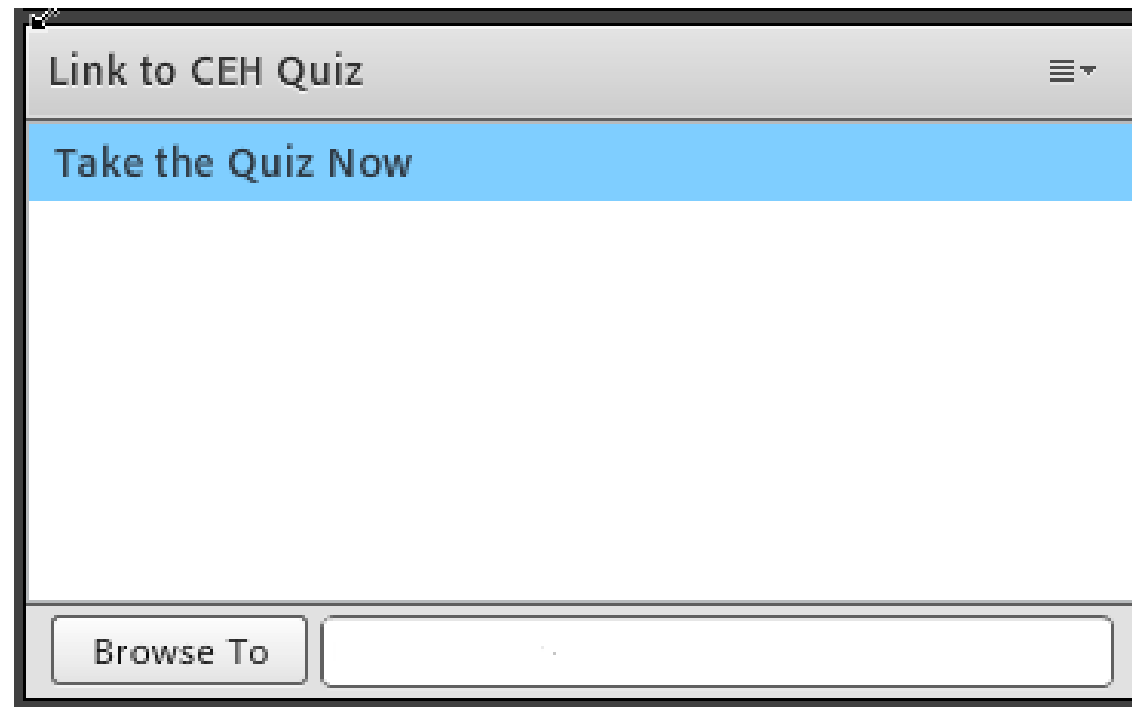
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