Naloxone in Detention Centers

INTERGRATIVE OVERDOSE PREVENTION STRATEGIES AND PRACTICES CONFERENCE

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Charles County
After abstinence people are more likely to overdose

This is true of those in recovery, hospital and in detention centers/prisons
Naloxone in detention/prison settings is not new

- New York- Rikers
- Rhode Island
- San Francisco
- Scotland
Beginning of Maryland Program

Detainees at increased risk of opioid OD death in first few weeks after release

Gov/Lt Gov Herion & Opioid Task Force recommended

Pilot was in Southern Maryland region began in FY16

Funding, technical assistance, and funding through DHMH Overdose Prevention Office
Developing the Programs—strengths

- Guidance from DHMH
  - Reference materials
  - Individual discussions
  - Group calls – learning collaborative

- Experience with community based programs

- Staff familiar with Detention Center

- County recognition of the problem
Developing the Programs - challenges

- Buy in from Sheriff and staff
  - Worry about mixed messages
  - Disruption of detention center routine
- Concern about enabling
- Is this counterproductive to recovery
- Community perception
- Buy in from the detainees
- Sustainability of the program
- Logistics—staffing, kits available, referrals
- Improved methods of storing and dispensing medication
- Providing training for family and friends before release
- Removing stigma
- Does not have onsite training yet-starting soon
- Video training
  - Only those with Hx of opioid SUD
  - No certification given
- Barriers to care
  - Medication supply
  - Presumed stigma of accepting medication
- Re work
  - Beginning on site training
  - Offered to all
  - Kits given on release
Calvert County

- Onsite training by staff
- Early identification of people who have risk factors
- Training given after 30 day review
- Certificate and Kit given at release
- Medication being stored by medical vendor
Performance measures

Establish protocol to be incorporated into the current intake process for the identification of those eligible for overdose education and naloxone distribution in the detention center.

Train 150 high-risk inmates in overdose education and naloxone distribution.

150 trained inmates with naloxone upon their release.

50 referrals to substance use disorder treatment services when appropriate.
Charles County Challenges

- Time it took to come to agreement on the program
- Small number of people in our SUS program in the detention center at the time
- Change in staff (retirement, job change)
- Problems with implementing program for all detainees
Expansion to other counties

Detained at increased risk of opioid OD death in first few weeks after release

Gov/Lt Gov Herion & Opioid Task Force recommended

Pilot was in Southern Maryland region began in FY16.

Funding, technical assistance, and funding through DHMH Overdose Prevention Office.

Five additional sites ##
Future of the programs

- Expand the reach to detention center staff
- Offer training on site to visitors (space and visitation type will dictate this)
- Expand SUS and MH services in detention centers
- Improve mechanisms of getting more trained detainees trained
- Strengthen the referral process
Future of the programs

- Stress the potential to save lives of people recently released
- Increase use of case management
- Increase use of peer counselors/recovery coaches
Questions