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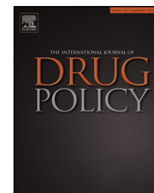

Review

A mapping review of take-home naloxone for people released from correctional settings

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ABSTRACT

Background: People released from correctional settings are at an elevated risk of opioid overdose death in the weeks immediately following release. However, it is not well understood how this population, as a particularly high-risk group, is included in, and benefits from take-home naloxone (THN) programs. The objective of this review is to map research into THN for people released from correctional settings in order to identify further research needs.
Method: We searched electronic databases, grey literature, and conference abstracts for reports on THN for people in or released from correctional settings. Studies were categorised into themes defined by the study's aims and focus. Results from each study were summarised by theme.
Results: We identified 19 studies reporting on THN programs for people released from correctional settings. Studies have examined attitudes towards naloxone among people in custody or recently released from custody (theme 1), and among non-prisoner stakeholders such as prison staff (theme 2). Evaluations and interventional studies (theme 3) have examined process indicators and approaches to naloxone training, including for contacts of prisoners, but there are challenges in assessing health outcomes of THN in the correctional context. Case reports suggest that training in correctional settings translates to action post-release (theme 4).
Conclusion: The feasibility of THN in the context of release from a correctional setting has been established, but there is a need for rigorous research into health outcomes and program implementation. This is an emerging field of study and ongoing assessment of the state of the literature and research needs is recommended.

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Introduction

Overdose is a common event, both to experience and witness, for those who use opioids, and is the leading cause of death in this population (Degenhardt et al., 2011). In recent years, rates of opioid overdose have been on the rise worldwide, including in the U.S., Australia, Canada, and the United Kingdom (HRI, 2016). The World Health Organization estimates that 70,000 people die of opioid overdose annually (WHO, 2014).

Opioid overdose death is a result of respiratory depression that occurs over a period of time that varies with the types of opioids consumed, concurrent use of other substances, presence of systemic disease such as HIV, and genetic variations in metabolizing enzymes (Darke, Kaye, & Duflou, 2006; Gasche et al., 2004; Gossop, Stewart, Treacy, & Marsden, 2002; Green, McGowan, Yokell, Pouget, & Rich, 2012). The majority of overdoses occur in the company of others (Best et al., 2002; Strang et al., 2008, 1999); the presence of bystanders means there is opportunity for effective intervention to prevent death in the event of an opioid overdose.

Naloxone is a short-acting opioid antagonist that reverses respiratory depression in an opioid overdose. Three independent systematic reviews support the effectiveness of community-based naloxone training and distribution programs in reducing overdose deaths (Clark, Wilder, & Winstanley, 2014; European Monitoring Centre for Drugs and Drug Addiction, 2015; McDonald & Strang, 2016). Take-home naloxone (THN) programs have become

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increasingly common in recent years, but the research is in its fledgling stages; there are still many questions regarding the most effective way to reach the populations who are at the greatest risk of overdose death.

One particularly high-risk group of opioid users comprises people recently released from correctional settings. Risk of overdose death increases by three to eightfold in the two weeks following release from custody compared to other times at liberty (Merrall et al., 2010). Research has consistently shown strong links between opioid use and dependence, and mortality within the immediate time period following release from correctional settings, thus highlighting the importance of expanding THN programs to target this high-risk group (Binswanger et al., 2007; Clark et al., 2014; Farrell & Marsden, 2008; Merrall et al., 2010).

Prison-based take-home naloxone distribution has been introduced to varying degrees in Estonia, Norway, Spain, and parts of the United Kingdom, Canada and the United States (Clear, 2015; HRI, 2016; Information Services Division, 2015; Public Health Wales, 2015). The relative paucity of existing prison-focused THN programs combined with the corresponding lack of research into such programs presents an obstacle in the expansion effort.

We aimed to review the current state of research into THN for people released from correctional settings and map themes emerging from the literature in order to assess available evidence and identify gaps in the knowledge that might benefit from further research.

Methods

We elected to use an evidence map review methodology—an emerging review technique with an emphasis on "identify[ing] gaps in knowledge and/or future research needs" (Miake-Lye, Hempel, Shanman, & Shekelle, 2016). Mapping reviews differ from standard narrative reviews in that they employ systematic search methods and specifically seek to identify knowledge gaps and research needs, whereas narrative reviews may vary in comprehensiveness and be undertaken for other purposes (e.g. historical analyses of an intervention) (Grant & Booth, 2009).

Systematic searches were conducted in the electronic databases Medline, Embase, Google Scholar and Scopus using relevant search terms during the last week of June 2016, and updated in October 2016. In order to develop a comprehensive inventory of the current state of research, we used a sensitive search strategy with low specificity that imposed no restrictions on study design, date of publication or language of publication. The formal search strategy can be found in Appendix A. Initial search results were imported into Endnote X7, and titles and abstracts were screened by two reviewers (MH and SL) for relevance. Full texts of papers potentially within the scope of the review were obtained and judged against pre-determined inclusion and exclusion criteria by the same two reviewers to determine the final pool of studies. Studies were included if they met one of the following inclusion criteria:

- Studies of knowledge, attitudes and willingness to be trained in naloxone use among people detained in, soon to be released from, or recently released from a correctional setting.
- Studies of naloxone training or distribution to people in or leaving correctional settings.
- Studies regarding naloxone training or distribution to people released from correctional settings from the perspectives of:
  - Correctional staff,
  - Health workers,
  - Other stakeholders.

Internet searches were also performed to obtain reports from the Scottish Information Services Division (ISD) and from the Harm Reduction Database (HRD) of Public Health Wales, on the basis of prior knowledge that these countries were operating THN programs for prisoners. The list of included studies was circulated via email to all authors of this mapping review to check for completeness and request data that may not have been identified in our search. The email was redistributed to further contacts of the authors as they saw appropriate. Select conference databases were additionally hand-searched for relevant abstracts. During searching, we identified reports that focused on training visitors of people in custody, which we elected to include, even though these did not fall within our original inclusion criteria. This led to inclusion of two additional studies. We did not search for or include studies of community-based THN programs that incidentally serve people recently released from custody.

Data extraction was performed by MH and SL based on the features of each study, including participants, aim, design, and main findings. Studies were categorized into the following themes that emerged during data extraction: 1) *Attitudes toward naloxone among people in custody or recently released from custody*; 2) *Attitudes of non-prisoner stakeholders*; 3) *Evaluations and interventional studies*; 4) *Documenting THN use after release from a correctional setting.* The major findings from each study are described under these themes.

Results

The initial searches identified 257 references (Fig. 1). After deleting 57 duplicates, 181 studies were excluded; these included papers that focused on naloxone programs outside of a correctional setting, opioid substitution therapy, other substance use disorders in prisons, or commentaries and program descriptions lacking quantitative or qualitative data.

Of the 19 included studies, 10 were conducted in the United States, and nine in the United Kingdom. Though there was no restriction on date of publication, all studies were published between 2009 and October 2016, with five of the 19 studies published in 2016 alone. Table 1 provides a summary of all included studies.

Attitudes toward naloxone among people in custody or recently released from custody

Five studies employed cross-sectional surveying methods, either written surveys or qualitative interviews, to gather information from current or recently released prisoners. Four of these studies were quantitative and conducted in the following U.S. cities—Providence, Rhode Island; Madison, Wisconsin; Birmingham, Alabama; Denver, Colorado (Barocas, Baker, Hull, Stokes, & Westergaard, 2015; Binswanger, Beaty, Mueller, Corsi, & Min, 2013; Cropsey et al., 2013; Wakeman, Bowman, McKenzie, Jeronimo, & Rich, 2009). The other study contained both quantitative and qualitative analysis and was conducted in the UK (Sondhi, 2016). All studies in this category had similar participants and aims; each evaluated the overdose experiences and willingness to use naloxone among people recently released from custody to assess feasibility of correctional setting-based THN programs. Participants were commonly recruited out of convenience from community programs that support or monitor recently released inmates, including syringe exchange programs, re-entry agencies, methadone maintenance programs and community corrections supervision offices. Findings across the five studies were remarkably uniform, with at least one-third of respondents reporting a personal history of overdose, and approximately 70–80% having witnessed at least one overdose. Response to overdose was surveyed in four of the studies, with respondents indicating that emergency services were called in 50% of cases or fewer

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