

Reducing Risk of Opioid Overdose Through Implementation of a Re-entry Program for Female Inmates Prior to Release

Jennifer Hunt DNP, RN, CNE
Melissa Lord DNP, RN, CPN

Structured Abstract

LOCAL PROBLEM

Substance Use Disorder (SUD) has become a national epidemic, with a reported 115 opioid related deaths daily on average in the United States (U.S.). Rural Coffee County (CC), located in Southern Middle Tennessee (TN) is experiencing this epidemic as well. Statistics reported by the TN Department of Health (2017) included eight opioid related deaths in 2015 in CC. The Sycamore Institute (2018) reported the CC drug overdose death rate higher than the national average.

Newly released male and female prisoners are a vulnerable population of the opioid epidemic. The post-release period, especially the first week, is a high risk time for opioid overdose due to decreased tolerance levels, lack of support and resources, as well as stress and anxiety. The female population in the criminal justice system continues to rise in a historically male institution, increasing the need to address female-related needs, particularly those related to substance use. Females face unique challenges, especially when transitioning to the community. According to the TN Department of Health, opioid use among women of childbearing age continues to increase in the U.S., with the southeast experiencing the highest growth; particularly among lower socioeconomic status populations. In TN the epidemic has resulted in higher opioid related healthcare costs, more drug-related crimes, decreased work productivity, more children in state custody, and a 10-fold rise in babies born with neonatal abstinence syndrome.

PROJECT PURPOSE

The purpose of this DNP project is to develop a sustainable pre-release education program to reduce the risk of opioid overdose post-release in female inmates in the Coffee County, TN Jail (CCJ). The Healthy Outcomes Post Release Education (HOPE) Program is an evidence-based practice (EBP) approach designed to reduce risk and promote successful adaptation and transition in the female incarcerated population. A secondary purpose was training and collaborating with stakeholders to assure sustainability.

METHODOLOGY

The project was supported and guided using Rosswurm and Larrabee's Model for EBP Change and Sister Callista Roy's Adaptation Model (RAM). Rosswurm and Larrabee's Model for EBP was used to guide the process of implementing the project at the CCJ; as well as to demonstrate the importance and value of utilizing EBP in the criminal justice system. The RAM provided a foundation for interventions in the four adaptive domains: self-concept and group identity, physiologic and physical, role function, and interdependence. To support holistic adaptation in the post-release environment,

strategies that promoted self-empowerment were implemented. Some examples included weekly journaling and reflection and education on the following topics: SUD and mental health, opioid overdose reversal with naloxone, hands only CPR, sexually transmitted diseases and pregnancy prevention, healthy relationships, continuing one's education, and life skills resources. The project was IRB-approved as exempt and supported by 13 key stakeholders, including the TN Department of Mental Health and Substances Abuse Services, CCJ Sheriff, and CCJ Medical Director. Pre-and post-surveys were used to demonstrate knowledge acquired and ability to translate to action strategies.

RESULTS

Content analysis resulted in common themes identified within the pre and post implementation surveys. Pre-survey common themes included: multi substance use, early age of initiation, SUD viewed as a moral failure, limited effective pregnancy prevention methods, supportive resources mainly familial and nonspecific, and minimal skills and resources identified. Post-survey common themes included: SUD identified as a physiological disease, identification of more specific and diverse resources and skills, identification of specific and effective STD and pregnancy prevention methods, new resources to support a new beginning, and a positive and supportive environment. Post implementation survey results for administrators, leaders, staff, and instructors indicate positive feedback regarding the HOPE Program and support for continuing the program in the future.

IMPLICATIONS FOR PRACTICE

Potential positive impacts include improved behavioral, social, and environmental determinants in rural CC, TN; as well as a reduction in opioid overdoses in this population. This quality improvement project has the potential to impact how nursing care is delivered in the criminal justice system, especially as applied to female needs for adaptation across multiple domains. The HOPE Program has the potential to reduce negative health outcomes post-release and thus, improve the overall health outcomes of females and families in this rural county. Promoting adaptation through the HOPE Program can serve as a model for other criminal justice settings statewide. The HOPE Program was determined to be feasible and sustainable with an identified coordinator in place and community stakeholders contributing to the program. Finally, the HOPE Program serves as an example of successful implementation of a quality improvement project in a rural community.

Keywords: opioid, overdose, post-release, incarceration, re-entry program

Team Leader: Dr. Ellen Buckner PhD, RN, CNE, AE-C

Team Member: Dr. April Kapu DNP, RN, ACNP-BC, FAANP, FCCM