EVALUATION REPORT

BC Take Home Naloxone (THN) Program Evaluation in Pilot BC Corrections Facilities

BC Centre for Disease Control Harm Reduction Program in partnership with BC Corrections

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BC Centre for Disease Control
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towardtheheart.com
A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM

Report Content

Background

Incarceration and Overdose Risk

Drug overdose is the leading cause of death for individuals recently released from prison.[1] Annually, more than 17,000 inmates are released from BC Corrections.[2] Approximately 30% of BC Corrections inmates are diagnosed with a substance use disorder. [3] The rate of diagnosis of substance use disorders is significantly higher in female inmates (41%) compared to male inmates (28%).[3]

Imprisonment increases the risk of overdose death as a result of forced abstinence or significantly reduced opioid use, which lowers drug tolerance. Initiation of substance use following a period of abstinence or reduced use is a significant risk factor for death or harm due to illicit drug overdose.

Multiple studies have shown increased mortality due to illicit drug overdose among individuals recently released from prison, especially within the first 2 weeks following release.[4-8] A meta-analysis of six studies from the USA, UK and Australia found that drug overdose accounted for 59% of deaths within 3 months and 76% of deaths within 2 weeks following prison release.[4] A recent report from Ontario found that 20% of drug toxicity deaths occurred within one week of release from prison, suggesting that preventative measures would be most effective if they are initiated prior to release.[9]

Overdoses among this population may contribute to the dramatic increase in the number and rate of overdose deaths occurring in the province this year, which triggered the announcement of a public health emergency in April 2016. Increasing prevalence of fentanyl, an opioid that is 50 to 80 times more potent than morphine, increases this risk.[10] Fentanyl is now detected in 62% of overdose deaths, up from 5% in 2012.[11]

BC Take Home Naloxone Program

Naloxone is a life-saving medication that reverses the effects of an overdose from opioid drugs, such as heroin, morphine, methadone, fentanyl and oxycodone. When administered during an overdose, naloxone can work within 2-5 minutes to reverse respiratory depression and temporarily reverse the overdose. The effectiveness of the medication depends on the dose of opioid; multiple doses of naloxone may be needed for high doses of opioid.

The BC Take Home Naloxone (THN) program provides training for individuals who use opioids on overdose prevention, recognition, first aid response, and naloxone administration. Training in naloxone administration increases awareness about drug safety and empowers individuals by providing valuable knowledge and tools to save a life.[12] Educating inmates about lowered drug tolerance once released, and providing take home naloxone training and a naloxone kit, has been shown to be a life-saving intervention that reduces the risk of overdose deaths.[1, 13, 14]

Program Description

In July 2015, the BC Centre for Disease Control (BCCDC) partnered with BC Corrections to implement the BC Take Home Naloxone program in two pilot facilities, Alouette Correctional Centre for Women (ACCW) and Fraser Regional Correctional Centre (FRCC).

The BC THN program trains inmates to administer naloxone and provides a THN kit to inmates upon release. The BCCDC provides BC THN resources via the Toward the Heart website (www.towardtheheart.com) and is responsible for oversight and materials distributed. BC Corrections facilities are responsible for conducting day-to-day program activities including participant recruitment, training, kit distribution, and reporting to the BCCDC. Inmate training sessions may be conducted within a group or one-on-one with health care staff and generally include an overview of overdose signs and symptoms (recognition), an introduction to the THN kit and naloxone administration (response), and a general discussion about prevention and harm reduction. THN kits are distributed to the inmate's personal belongings prior to release from the facility. Participation is voluntary for all inmates.

The BC Drug Overdose Alert Partnership (DOAP) identified the expansion of BC THN programs within federal and provincial correctional facilities as a key immediate recommendation for action to mitigate the recent public health emergency.[15] By March 2017, the BC THN program is planned to be implemented in the remaining 6 BC Corrections facilities[1]. In September 2016, Correctional Services of Canada began implementing the program.

Evaluation of the program at pilot BC Corrections sites is a timely action to learn from a year of experience at the pilot facilities, with the goal of improving the program at pilot sites and facilitating the implementation of the program at new program sites.

Facility Description

BC Corrections provides correctional services to individuals 18 years and older who are serving sentences of less than two years or are awaiting trial. Approximately 2,700 inmates are held in custody within 9 BC Corrections facilities across the province in a mix of open, medium and secure settings.

Alouette Correctional Centre for Women (ACCW)

ACCW is the only facility for women within BC Corrections. It is located in Maple Ridge, B.C. There are approximately 166 inmates at this facility.

Fraser Regional Correctional Centre (FRCC)

FRCC is a facility for men located in Maple Ridge, B.C. There are approximately 448 inmates at this facility.

[1] A third site, Kamloops Regional Correctional Centre (KRCC), launched the program in July 2016.

Evaluation Purpose

The purpose of evaluating the BC Take Home Naloxone program in the two existing pilot BC Corrections facilities is to help improve the program at ACCW and FRCC and support the successful expansion of the BC THN program to the remaining provincial and federal correctional facilities.

This evaluation provided an opportunity to identify strengths and barriers to the BC THN program in the correctional setting. The evaluation sought to understand:

- Program logistics – how does the program work in these settings?
- Staff perceptions, opinions, and knowledge of the BC THN program

Evaluation provides an opportunity for program improvement by providing the knowledge to:

- Adapt existing BC THN program resources to better suit the correctional setting
- Share lessons learned with key stakeholders for collaborative action on any necessary modifications for program improvement

Methods

The evaluation consisted of on-site focus groups and interviews with health care and correctional staff. Focus groups were facilitated by two members of the BCCDC Harm Reduction team and consisted of open-ended questions for discussion. A question guide was developed following a literature review (see Appendix 2). Focus groups were recorded and data was transcribed verbatim; the transcripts were reviewed and any identifying information removed. NVivo software was used to organize the qualitative data. The first transcript was read before the second focus group to identify issues that may have emerged and need further exploration or if changes in script were necessary to improve clarity of the questions. Data was organized into categories of emergent themes. This coding enabled the data to be organized in relation to the research questions and sections of text were assigned with codes that represented particular themes. Using an iterative process, divergent and convergent views between the facilities were explored. Key themes and lessons learned were identified.

Table 1: Evaluation Participants

Participant Group	Role in BC THN Program	What we wanted to know
Health Care Staff	• Involved in nearly all aspects of program implementation, including: participant recruitment, scheduling and conducting inmate training sessions, kit distribution and follow-up	• Program logistics • Perceptions of program impact and uptake among participants • Perceptions of support for the program within the facility
Correctional Officers	• Have close contact with inmates that could be leveraged to (a) promote the program and facilitate harm reduction conversations, and (b) assist in an emergency overdose on site	• Perceptions, attitudes and level of knowledge/awareness of the program in the facility • In what ways can their role or knowledge be enhanced to support the program?

Findings:
Lessons Learned and Opportunities for Improvement

Two focus groups were conducted with health care staff during the evaluation (n=8). One interview (n=1) was conducted with health care staff who was not able to attend the focus group at the facility. Key recommendations were developed from the data for program improvement at the pilot facilities and to facilitate the implementation of the program at future sites.

Two focus groups were conducted with correctional officers during the evaluation (n=13). Data collected from focus groups with correctional officers are *not included* in this report. The correctional officer data was analysed and summarized in the addendum report "Correctional Officer Findings in the BCN Take Home Naloxone (THN) Program Evaluation in Pilot BC Corrections Facilities."

1. Nurse Training

Before health care staff are able to provide BC THN training sessions to inmates, they must undergo training themselves. This process is referred to as *training-the-trainer*. It is essential that nurses undergo initial training so that they are comfortable with overdose recognition, the take home naloxone kit, naloxone administration and other BC THN resources that can be used during inmate training.

Conversations with health care staff revealed that not all staff are initially comfortable with their level of knowledge to confidently conduct inmate training sessions, and this is the most significant barrier to program success. Barriers to training-the-trainer include high workloads among health care staff, competing health care priorities, shift schedules, and staff structure.

> *…it comes down to just a little bit of lack of training and not feeling confident in providing that information to somebody else when you don't really understand it yourself.*

Opportunities for Improvement

A number of suggestions were made for improving the nurse training process. These included:

- Providing more one-on-one and hands-on training sessions
- Providing opportunities for health care staff to watch an experienced nurse conduct a live inmate training session
- Tailoring nurse training resources to the correctional setting by providing a step-by-step guide for conducting training with inmates
- Including other health care staff in training to support the program

> *I think if there was somebody who was showing us, showing me a training session, I can watch you and then I can sort of copy that, I think that would help, and I don't know that we actually got that.*

In July 2015, a group training session was conducted by the Regional Harm Reduction Coordinator at FRCC. Nurses who attended this training session expressed that they felt comfortable and confident providing inmate training sessions following the training session. More sessions like these were suggested, and in particular they were found to be useful due to:

- Presentation of relevant statistics on overdose deaths across the region
- Hands-on experience administering naloxone and observing a situational video
- Expert facilitator was able to answer any questions and discuss confusing points
- Provided time to focus on training without having to juggle other work duties

Recommendations

Recommendation #1: Strengthen the nurse training process by repeating group-based, hands-on training sessions conducted by a member of the regional harm reduction team.

2. Inmate Recruitment

The process for recruiting inmates varies across each pilot site. At ACCW, inmates are introduced to the program and interest for training is determined during intake[2]. Therefore, inmates are introduced to the BC THN program at the same time that they undergo the intake process. The program is offered to all inmates and interested inmates are flagged for training. At FRCC, inmates undergo the intake process at the pre trial centre before arriving at the facility. The THN program is advertised to eligible inmates during their medical examination upon arrival at FRCC from the pre trial centre. This process can add up to a few weeks between intake at the pre trial centre and introduction to the BC THN program at FRCC. The program is advertised and provided to all inmates who are on Suboxone or Methadone (approximately 12% of the inmate population). At FRCC, there is currently no systematic way to recruit other inmates who may benefit from the program; however, all inmates are able to place a health care request for THN training.

While both facilities have chosen the best method of recruitment for their circumstances, there was a shared concern that not all inmates who would benefit from the program or who would be interested are receiving THN training. Health care staff at both facilities expressed a desire to enhance program advertisement and recruitment to reach a greater number of inmates in the facility.

Opportunities for Improvement

At both facilities, health care staff advocated for enhanced advertisement of the program on the living unit. Additional advertisement would help increase awareness or interest among inmates who may not have been receptive at intake or are otherwise unaware of the program.

> *"…when they're coming in a lot of them are in active withdrawal or the following day they're in active withdrawal. It may have really had nothing to do with us. They just want to sleep and they just want to feel better… And so sometimes they don't really care but at least if we tell them [about the THN program] at intake it definitely gets the ball rolling for some sort of initiation and then it kind of goes from there."*
>
> *- Health Care Staff at ACCW*

Suggestions for improving inmate recruitment beyond arrival at the facility included:

- Ensuring that posters advertising the program are displayed on the unit and that posters are appropriate for the cognitive level of inmates
- Implementing monthly or bi-weekly sign-up sheets
- Leveraging the close contact and relationships that correctional officers have with inmates to help promote the program and identify inmates who may benefit from training

[2] The intake process for female inmates occurs on-site when they arrive at ACCW.

The BC THN program is expected to launch in all BC Corrections facilities by March 2017. Health care staff were hopeful about the opportunity this provides to leverage the intake process at the pre-trial centres and systematically advertise the program to all incoming inmates. Inmates who are flagged for interest or eligibility during the intake process at the pre trial centre can be set up with an appointment that would follow them electronically to their facility. Health care staff thought this could greatly improve program coverage and impact within the BC Corrections population.

Recommendations

Recommendation #2: Enhance inmate awareness of the program by ensuring that there is secondary advertisement of the program on the living unit. This would include posters or enhanced word-of-mouth promotion via officers or health care staff.

Recommendation #3: Collaborate with BC Corrections pre trial centres to streamline program advertisement and recruitment of interested inmates once the BC THN program is implemented in all BC Corrections Facilities.

3. Inmate Training

At both facilities inmate training sessions were generally conducted on a one-on-one basis[3]. Training sessions take approximately 5-10 minutes.

There are some key differences in inmate training across the two pilot facilities. At ACCW, training is provided as soon as possible following intake due to concerns regarding changing release and court dates as well as high nurse work loads. At FRCC, training is provided as close as possible to release. There were minimal concerns at FRCC regarding changing release dates, court dates, or inmates moving to other facilities.

Challenges to conducting BC THN training sessions with inmates included:

- Health care staff have limited time (5-10 minutes) to conduct the training session and therefore are challenged to address all points of the BC THN training and ensure that the inmate has understood and retained the content
- Difficulty accessing technology inhibited the ability show a video during training, although nurses thought a short video would be very useful
- In most instances, the ability to conduct training sessions in groups is limited due to inmate relationships, safety and security
- Some BC THN training resources were not optimal for the correctional setting and the cognitive level of inmates
- Safety and security was reported to be a concern for health care staff in one-on-one and group training situations, primarily at ACCW
- Concern of triggering personal issues related to substance use history limited the ability to show the Vantage Point needle and demonstrate naloxone administration to some inmates, primarily at ACCW

> *"I think the level of education for our clients and also the fact that some present with cognitive challenges and brain injuries and so forth [are challenges]… so maybe the language [of the training materials], some of the language is not really conducive."*

[3] ACCW administered group training for all inmates at the facility during the program implementation in July 2015, but have proceeded with one-on-one training sessions for new inmates.

Opportunities for Improvement

Health care staff made several suggestions to improve the inmate training process, including:

- Developing a short (2-3 minute) training video that is more relevant to the correctional setting and to the cognitive level of inmates. Health care staff felt that this would help facilitate understanding of the material and inmate engagement. The video should be available via internet.
- Adapting BC THN program resources for the correction context. Suggestions to guide inmate training included a more extensive list of points to cover in training and a lesson plan to ensure consistency in training sessions.
- Ensuring that inmates know where to access harm reduction resources in the community following release, either by a printed list provided with the inmate's effects or via the Toward the Heart website (displayed on the THN certificate with the inmate's effects)
- The BCCDC share program statistics for each facility in monthly or weekly email

Recommendations

Recommendation #4: Develop step-by-step training materials for inmate training sessions and a shorter video that is more appropriate for the corrections setting.

Recommendation #5: Ensure that inmates know where to access harm reduction resources and refill their BC THN kit in the community following release.

4. Opinions and Perceptions

The role of health care staff is central to the BC THN program in BC Corrections. Health care staff have important insight when it comes to correctional staff and inmate perceptions and opinions of the program. It is imperative that health care staff feel supported to conduct program activities. Health care staff were asked how they felt about correctional staff perceptions and opinions and how it related to feeling supported to conduct the program. Due to the close contact that nurses have with inmates in regards to the BC THN program, they were able to provide insight into the perceptions and opinions of inmates based on their personal experiences in training and day-to-day interactions.

A. Nurse Perceptions of Correctional Officers

In both facilities health care staff felt supported by correctional officers to conduct THN program activities. Health care staff were confident that the BC THN program was understood and positively accepted by correctional officers as an initiative that reduces the harms of drug use, rather than encouraging it.

Opportunities for Improvement

Health care staff reported that correctional officers have a unique relationship with inmates that could be leveraged to support the program. In particular, it was suggested that providing correctional officers with opportunities for basic education and training would support the THN program by:

- Correctional staff encouraging inmate participation in the BC THN program
- Staff facilitating harm reduction conversations with inmates
- Providing the ability for correctional officers to respond during code blue emergency overdoses when health care staff are not available, primarily at FRCC where health care staff are not available 24 hours a day

> *"If they [correctional officers] have the training and understanding they can probably promote it on the units especially if they [say], "Hey by the way, you're getting released in a week, did you get Narcan training?"*

Recommendations

Recommendation #6: Provide basic education and/or training to correctional officers.

B. Nurse Perceptions of Inmates

Health care staff have a unique relationship with inmates. Health care staff felt that providing THN training to inmates helps to build a caring, trusting relationship. Training sessions provided an opportunity for health care staff to take the time to discuss wellness after release and demonstrate that they care about inmates after they leave the facility.

> *I think it just builds a sense of trust… I think it also demonstrates, like, a caring approach rather than just you know we're there to just be the nurse and I don't know, I think it's showing a long term caring, that we care about them when they leave too.*

In both facilities health care staff felt that the BC THN program is positively accepted and understood by inmates as an initiative that reduces the harms of drug use. From their experiences training and interacting with inmates, nurses felt that inmates are:

- Enthusiastic about receiving training and a THN kit so that they are able to help their friends and family after release
- Proud to receive the BC THN training and have a kit when they are released
- Well-versed and knowledgeable due to their lived experience; therefore, the training process is a shared learning experience for both inmates and nurses
- Inmates who have received the training often encourage others to be trained

Common misconceptions or knowledge gaps that that health care staff need to clarify to some inmates during training include:

- That naloxone does work on Fentanyl
- That naloxone should not be injected into the heart

> *And they get the certificate and I've seen like how excited they are with their certificates, like "Awesome, completed something!"*

> *You know here, listening to them in the hallway and all that, it's like "oh yeah, you know I had my take home naloxone training" and the other guy's like "oh, what's that?"… You know some of them who aren't into that scene and they're just like "oh, what's that?"*

Summary of Recommendations

Recommendation 1:

Strengthen the nurse training process by repeating group-based, hands-on training sessions conducted by a member of the regional harm reduction team.

Recommendation 2:

Enhance inmate awareness of the program by ensuring that there is secondary advertisement of the program on the living unit. This would include posters or enhanced word-of-mouth promotion via officers or health care staff.

Recommendation 3:

Collaborate with BC Corrections pre trial centres to streamline program advertisement and recruitment of interested inmates once the BC THN program is implemented in all BC Corrections Facilities.

Recommendation 4:

Develop step-by-step training materials for inmate training sessions and a shorter video that is more appropriate for the correction setting.

Recommendation 5:

Ensure that inmates know where to access harm reduction resources and refill their BC THN kit in the community following release.

Recommendation 6:

Provide basic education and/or training to correctional officers.

Acknowledgements

Health Care Staff Participants at ACCW and FRCC

Correctional Officer Participants at ACCW and FRCC

Dr. Diane Rothon, Medical Director, BC Corrections

Tony Porter, Contract Manager, BC Corrections

Carmen Zabarauckas, BC Corrections

Lisa Martin, Warden, ACCW

Don Tosh, Warden, FRCC

Deanna Romm, Health Care Manager, ACCW

Tiffany Mah, Health Care Manager, FRCC

Bev Mahoney, Deputy Warden, ACCW

Nedj Macesic, Deputy Warden, FRCC

Angela Hendry, A/ADW Programs, ACCW

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Heather Burgess, MPH Candidate, UBC

Wrency Tang, Surveillance Data Analyst, BC Centre for Disease Control

Emily Ogborne-Hill, Harm Reduction Operations Coordinator, BC Centre for Disease Control

Jessica Bridgeman, Harm Reduction Coordinator, Interior Health Authority

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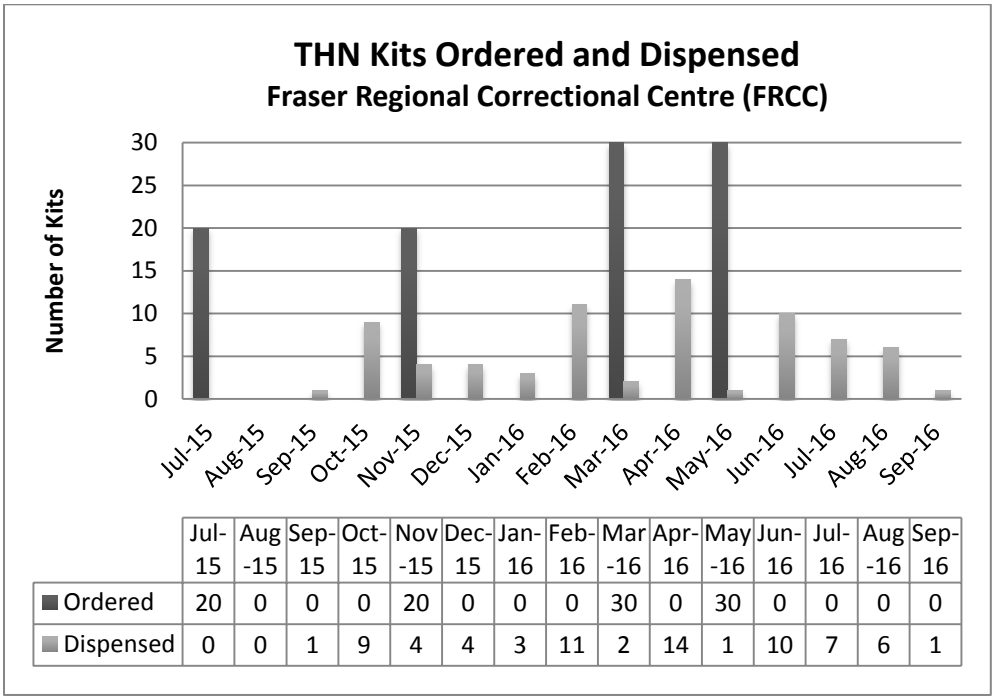
Appendices

Appendix 1: BC Take Home Naloxone Kit Distribution Numbers, September 2016



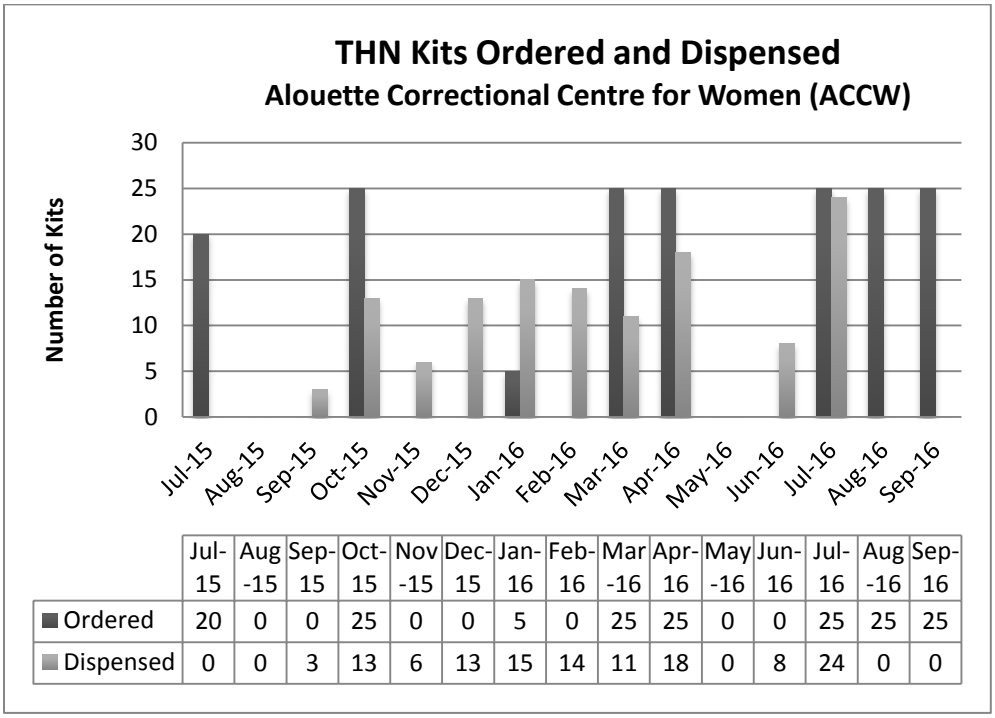
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Ordered	20	0	0	0	20	0	0	0	30	0	30	0	0	0	0
Dispensed	0	0	1	9	4	4	3	11	2	14	1	10	7	6	1

FRCC

Total Ordered = 100

Total Dispensed = 73

% Dispensed = 73



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Ordered	20	0	0	25	0	0	5	0	25	25	0	0	25	25	25
Dispensed	0	0	3	13	6	13	15	14	11	18	0	8	24	0	0

ACCW

Total Ordered = 175

Total Dispensed = 125

% Dispensed = 71

BC Take Home Naloxone (THN) Program Evaluation in Pilot BC Corrections Facilities

Focus Group Question Guide: Health Care Staff

How are nursing staff trained to conduct inmate training sessions?

- Who were you trained by? How? Where?
- Was the training process adequate? After receiving the initial training, did you feel comfortable and prepared to conduct inmate training sessions?
- How could the training process you underwent be improved?
- Who is the best person to train nurses? (ex. Nursing staff at the centre, HR coordinators, etc.)
- What are the challenges or barriers to training incoming nurses? (ex. Time, high turnover, comfort/knowledge level of nursing staff available)

How are inmates identified and recruited for training?

- Do inmates come forward for training or are they identified by staff?
- Who administers the Jail Screening Assessment Tool (JSAT)?
- How is the program communicated/advertised to inmates? (For example, during existing programming, posters, word of mouth) Is the program advertised to all inmates?
- What kinds of issues have you experienced in terms of identifying inmates?
- Are there any other challenges to identifying and recruiting participants in this setting?

Could you walk us through a typical training session for inmates?

- Who trains the inmates? Could anyone else do it? (ex. Other health care staff, peers, officers)
- Is there any preference between individual or group training? What are the strengths and weaknesses to each approach?
- What is the ideal number of inmates to train per training session? How many are typically trained per session?
- Where is the training session held? (ex. On the ward, nursing unit, etc.)
- When are training sessions held? (Ex. Integrated into existing programming at the facility)
- How long does the training session take?
- What training materials do you use? How could the training materials be improved to increase participant engagement and interest?
- Do the inmates watch a video during the session? Which one?

- How do the inmates practice administration of Naloxone during the session? (ex. Vanish Point syringe, no syringe - other)
- Are there any unmentioned challenges to conducting the training in this setting? (ex. Safety concerns, security, timing)
- Is knowledge assessed during the training session? How?
- How does the training session impact your relationships with inmates?

When is the training provided in terms of the inmate's sentence?

- How is the timing of the training session (relative to the inmate's sentence) determined for each inmate?
- What are the challenges associated with training inmates at the optimal time during their sentence? (ex. Do you usually know the release date or court date?)
- Have you noticed any ways in which the timing of the training session impact the inmate's uptake and retention of the material?
- Is inmate knowledge post-training (or pre-release) assessed in any way? Are "booster sessions" needed or offered at all?

What is the process for distributing/dispensing THN kits on release?

- How are kits released? (Ex. With valuables, personals)
- When are kits placed in inmate belongings? (ex. Immediately after training?)
- Who places the kit in the inmate's belongings? What is the process? Were there any challenges to determining a process at the beginning?
- What happens if the participant is released from court? Do they come back for their belongings?
- Do all inmates who have completed the training session want a kit?
- Are inmates made aware of community resources at the time of release (ex. HR sites to refill kit and pick up other harm reduction supplies)? What do you think is the best way to do this?
- Does the kit seem suitable for this population?
- Are there any other challenges to distributing/dispensing THN kits in this setting?

Generally, what are your opinions, attitudes, and concerns surrounding the BC THN program?

- What are your thoughts surrounding the program as a whole?
- Do you think the program is beneficial to the population of BC Corrections inmates who use drugs?
- In what ways do you feel (or not feel) supported by your supervisors and management team to conduct the BC THN program activities?
- In what ways do you feel (or not feel) supported by correctional officers to conduct the BC THN program activities?
- Do you get a sense that the BC THN program is understood and positively accepted by inmates as an initiative that reduces the harms of drug use? Could you provide an example?
- Do you get a sense that the BC THN program is understood and positively accepted by correctional officers an initiative that reduces the harms of drug use? Could you provide an example?
- In what capacity are officers involved in the program? Do you think their roles could be different or enhanced?
- If intra-nasal Naloxone were available, do you think it should be readily available for officers to use on the ward? What about nurses?

Do you have any suggestions for improvement at any stage in the program?

Is there anything that you know now that you wish you knew before?

Logic Model: BC Take Home Naloxone (THN) Program in BC Corrections Facilities

Situation: Naloxone is a life-saving medication that reverses opioid overdose and saves lives. The BC THN program provides training for individuals who use opioids, as well as their family and friends, on opioid overdose prevention, recognition and Naloxone administration. Individuals recently released from prison are at high risk of opioid overdose. Therefore, in July 2015, the BC THN program was implemented in two pilot BC Corrections facilities.

INPUTS

BC Corrections intake form for participant identification (JSTAT)

Training of Correctional Staff: BC THN Training Manual (BCCDC)

Correctional Staff: Nurses & Correctional Officers

Communication and Promotional Resources (Posters, pamphlets, staff word of mouth)

Training Materials: PowerPoint presentation, video, demonstrations, syringes, practice ampules

THN Kits

Space (BC Corrections)

Funding (BCCDC)

OUTPUTS

Activities

Participant Recruitment: Corrections intake questionnaire, inmate self-identification

Training Sessions: 1:1 and/or groups

Ordering & storage of THN kits

Dispensing THN Kits prior to release

Recording and reporting of participation and kit dispensation to BCCDC

Communication between BCCDC and BC Corrections sites

Secondary/refresher training of previously trained participants (if needed)

Participation

Number of **BC Corrections facilities** participating

Number of BC Corrections **staff trained**

Number of **training sessions** (1:1 or group) conducted

Number of **eligible participants identified**

Number of **eligible participants trained**

Number of **THN kits dispensed**: into belongings, released with kit, released without kit (but trained)

Number of **Corrections sites registered** for THN

Number of **THN kits ordered**

OUTCOMES

Short Term

Participant and staff satisfaction with training process

Increased knowledge of overdose prevention, recognition and response

Increased awareness of the BC THN program

Improvement in harm reduction attitudes among participants and staff

Medium Term

Retention of skills and knowledge gained in training session

Increased awareness of and access to Naloxone in the community (post release)

Increased Naloxone administration and overdose reversal among released inmates and their social networks

Long Term

The **BC THN program in BC Corrections is strengthened and expanded** through evaluation and knowledge dissemination

The BC THN program in BC Corrections facilities helps to **mitigate a Public Health Emergency**

Program Goal: Reduce risk of death due to illicit drug overdose among individuals recently released from BC Corrections facilities

Public Health Goal: Reduce the number of deaths due to illicit drug overdose in British Columbia and Canada