



**Corrections and
Community Supervision**



**Department
of Health**

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**DOCCS, DOH, and HRC Announce New Opioid Program
to Address Growing Opioid Crisis**

Pilot Program trains inmates to use naloxone

ALBANY - The New York State Department of Corrections and Community Supervision (DOCCS), along with the New York State Department of Health (DOH) and the Harm Reduction Coalition (HRC) today announced an Opioid Overdose Prevention training pilot program at the all-male medium-security Queensboro Correctional Facility in Queens. The training will provide inmates preparing for release to the community with education about the dangers of opioid use, as well as training in the use of naloxone, a medication that can be administered to an individual who has overdosed on opioids.

On August 28, 2014 DOCCS became the first New York state agency certified with an Opioid Overdose Prevention Program. In addition, DOCCS has established a standing order, in conjunction with the Department of Health, which will enable DOCCS nursing staff to administer the medication naloxone by injection to any inmate suspected of having overdosed without first having to obtain a physician order. Previously, DOCCS staff had to seek individual doctor orders when suspecting an overdose.

Acting DOCCS Commissioner Anthony J. Annucci said, "Arming those leaving our correctional facilities with the knowledge and training they need to deal with a potential opioid overdose situation is a valuable tool for this vulnerable at-risk population. I am pleased DOCCS will offer such an exceptional program that can help save lives in the community."

Dr. Carl Koenigsmann, Deputy Commissioner and Chief Medical Officer at DOCCS said, "DOCCS is committed to maintaining the health and safety of those in our custody and helping those leaving our custody help themselves and others. This project, in conjunction with New York State Department of Health and the Harm Reduction Coalition, will enable us to reach people who desperately need help."

The training course is expected to expand statewide to all 54 correctional facilities. Inmates who complete the training can receive an intranasal Naloxone kit upon their discharge from custody. The kit will be accompanied by documentation that they are authorized to carry and use the medication.

The goal is to have all Queensboro inmates trained prior to their release. Training topics will include signs and symptoms of opioid overdose, effects of the use of naloxone kits, assembly and administration of naloxone kits, reporting guidelines, and the Good Samaritan 911 Law.

(more)

Naloxone is a medication that can be administered by nasal spray to an individual who has overdosed on opioids. Opioids, which include prescription medications such as oxycodone and hydrocodone or an illicit drug such as heroin, cause deaths by causing people to stop breathing. Naloxone works by temporarily reversing the effects of the opioid, allowing the person to regain consciousness and resume normal breathing. If naloxone is administered to an individual whose condition was not caused by an opioid overdose, the medication will have no effect.

Dr. Howard Zucker, Acting New York State Health Commissioner said, “Drug overdoses are one of the greatest threats facing the health and well-being of individuals recently released from prison. Through this groundbreaking training pilot, these individuals will have the knowledge and skills necessary to not only protect themselves, but to save the lives of others when they come home.”

Sharon Stancliff, MD, HRC’s Medical Director, notes: “New York State is not only protecting the lives of a particularly vulnerable population as they return to communities; the state is also empowering formerly incarcerated individuals to save lives as they reenter communities.”

Several studies have found that the leading cause of death among former jail and prison inmates is drug-related overdose.^{1,2,3} Research has consistently shown that inmates with substance use histories are at increased risk for overdose and overdose-related death upon release from prison, especially in the first 2 weeks post-release.^{1,2,4}

- (1) Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. “*Release from prison – a high risk of death for former inmates*” *New England Journal of Medicine*, 2007 356(2): 157-166.
- (2) Binswanger IA, Blatchford PJ, Mueller SR, Stern ME. “*Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009*” *Annals of Internal Medicine*, 2013 159(9): 592-600.
- (3) Farrell M, Marsden J. “*Acute risk of drug-related death among newly released prisoners in England and Wales*” *Addiction*, 2008 103(2): 251-255.
- (4) Merrall EL, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, Hutchinson SJ, Bird SM. “*Meta-analysis of drug-related deaths soon after release from prison*” *Addiction*, 2010 106(9): 1545-1554.

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