Abstract

Opiate overdose is an increasingly common cause of death, yet could be easily treated with available opioid antagonists. Opiate use is very common in criminal justice populations, and individuals recently released from prisons or jails are an especially vulnerable group for both overdose and death, particularly in the immediate postrelease period. Participants (N = 478) were individuals under community corrections supervision who were surveyed about their opioid use, overdose history, medical history, and demographics. Most participants were male (67.4 percent) and either African American (52.4 percent) or Caucasian (44.2 percent) with an average age of 35 years (SD = 11.1). Two hundred twenty participants (46 percent) reported lifetime use of opioids, whereas 88 (40 percent) reported experiencing an opioid-related overdose. Relative to those with no history of opioid overdose or lifetime opioid use, participants with a history of opioid overdose were more likely to be Caucasian, female, and report higher educational attainment; more likely to be willing to receive additional training about overdose; and reported double to triple the rates of witnessing an overdose or knowing someone who had died from overdose -78 percent and 69 percent, respectively. The rates of actions taken when witnessing overdose were relatively low: 59 percent had called 911, 33 percent had taken
someone to a hospital with 23 percent providing no intervention, and only 4 percent having used an opioid antagonist, naloxone. These findings suggest that while opioid overdose is a significant problem in the criminal justice population, affected individuals are open to instruction in effective strategies, such as naloxone training, to prevent fatal opioid overdose.

DOI 10.5055/jom.2013.0181
Alternate Journal J Opioid Manag
PubMed ID 24481927
Grant List R01CA141663 / CA / NCI NIH HHS / United States
R34DA031936 / DA / NIDA NIH HHS / United States