PREVAIL:
Framework for Supporting People Leaving Corrections at Risk of Overdose

THE UNIVERSITY OF BRITISH COLUMBIA

CCPHE

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Introduction

People who have been incarcerated experience vast health inequities compared to the general population and are often negatively affected by the social determinants of health. Most people admitted to prison have complex, multifaceted health problems that began before incarceration, which, left unaddressed, present reintegration challenges and health risks upon release.

An estimated 70% of people in British Columbia (BC) correctional centres have a mental health or substance use disorder.[1] Illicit drug overdose is the leading cause of death among people leaving correctional centres in BC. The first month post-release is the highest risk period for people to die from an overdose.[2] Almost six people die per day of drug overdose in BC, and it is the leading cause of death for all British Columbians aged 19-39.[3]

In BC, depending where you live, there are a variety of community-based interventions aimed at reducing the risk of overdose or death from an overdose of illicit substances. Given the significant impact of the toxic drug crisis on people engaged in the criminal legal system and the growing health inequities faced by people who have been incarcerated, a framework was developed to guide future policy and programming. The framework is informed by people released from provincial correctional centres in BC and describes their experiences with and perception of eight existing harm reduction interventions. The framework also highlights facilitators and barriers to engaging with these interventions, additional factors that influence individual engagement with these interventions, and provides suggestions for improving access and engagement.

PREVAIL Project

The data used for this project was drawn from “Preventing overdose among formerly incarcerated persons during a public health emergency” (PREVAIL), a two-year funded initiative by the Health Canada Substance Use and Addictions Program (SUAP). The objectives of the project were to describe the experiences of people being released from incarceration in seeking overdose prevention interventions, and identify pathways, opportunities, and barriers to accessing those interventions in the first three months post-release.

The project was co-led by people with lived experience of substance use and incarceration from Unlocking the Gates Services Society (UTG) and researchers from the BC Centre for Disease Control, Canadian Institute for Substance Use Research, Simon Fraser University, and the Centre for Advancing Health Outcomes.

People leaving provincial correctional centres (serving sentences of less than two years) were eligible to participate if they had used illicit substances in six months before their current incarceration.

Between Feb-Oct 2023, 120 participants joined the project. At the time of their release, each participant received peer support from UTG; a cell phone with a talk, text, and data plan that was preloaded with harm reduction apps; a naloxone kit; and, a care bundle. Indigenous participants also received an Indigenous medicine bundle. Participants had access to peer support and the cell phone plan for three months after their release. UTG staff collected survey and interview data at the time of release, one month post-release, and two months post-release. As expected, there was a decline in participation during the project, with 58 participants at one month post-release and 35 participants at two months post-release.

Participant Profile

70% of participants had experienced an overdose in their lifetime. Among them, **77%** experienced three or more overdose events. At one-month post-release **9%** of participants reported experiencing an overdose within the first 30 days and **22%** considered themselves to be at risk of overdose.

Framework Overview

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- Toxic Drug Alerts
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SECTION 1

Interventions to Reduce Overdose Risk

Many existing harm reduction interventions are designed to reduce the risk of overdose from substance use. These interventions have a range of objectives, including reducing the risk of:

- Overdose while actively using substances
- Overdose by reducing the use of substances
- Death in the event of an overdose.

The eight interventions covered in this framework are:

Prescribed Safer Supply	**Opioid Agonist Treatment**	**Substance Use Treatment**	**Naloxone**
Overdose Prevention Sites	**Drug Checking Services**	**Toxic Drug Alerts**	**Cell Phone Apps**

PREVAIL participants shared their perceptions of reducing overdose risk and reported on how often they engaged with these interventions.

Prescribed Safer Supply (PSS)

Prescribed pharmaceutical alternatives to the toxic drug supply, also known as prescribed safer supply (PSS), allow people to receive a prescription for a range of pharmaceutical-grade alternatives to illicit drugs. The intent of PSS is to reduce the risk of overdose by eliminating exposure to contaminated drugs.[4]

Participant Perspectives

- Participants who were interested in PSS highlighted that it offers a regulated supply of known quality and concentration
- PSS can be a means to reach treatment-related goals (e.g., as a way to transition away from using drugs or a complement to methadone to manage withdrawal symptoms)
- Those focusing on abstinence did not view PSS as compatible with their goals
- Those residing in treatment facilities were not able to access PSS due to substances being prohibited
- PSS did not always meet the needs of participants, including:
    - insufficient dosages to manage cravings
    - chosen substances not included in PSS protocol
    - prescribing protocols not allowing benzos and opioids together
    - inhalation options not available

At time of release:

18% had previously received PSS
43% were interested in receiving a prescription for PSS
63% of the those who were interested in receiving a prescription for PSS stated they did not know how to access it.

> "…**I know that I'm going to one day go back to using drugs.** It's just – that's just how I am. Whether it's recreationally or not, I think it would be nice to have a safe supply. So that way, you know, I won't overdose."
>
> —Participant 63, Baseline

> "I think it's just the recovery places, **you just can't have any of that kind of stuff** in there."
>
> —Participant 18, Follow-up

> "I am [interested in PSS] because of my history. **I don't want to die. And I've had too many relapses to not give this an honest look** at. Because if I was to use again, why not make sure I'm at least using something that's not going to kill me? Now, don't get me wrong. I don't want to make it an excuse to go and use. But it's definitely better than going and buying something off the streets."
>
> —Participant 14, Baseline

> **"Why access it** when I'm trying to stay clean, right?"
>
> —Participant 107, Baseline

Opioid Agonist Treatment (OAT)

Opioid agonist treatment (OAT) is a medication-based treatment for people who are dependent on opioids such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl, and Percocet. OAT supports patients living with opioid use disorder to manage withdrawal symptoms, improve their day-to-day functioning, and find stability.[5]

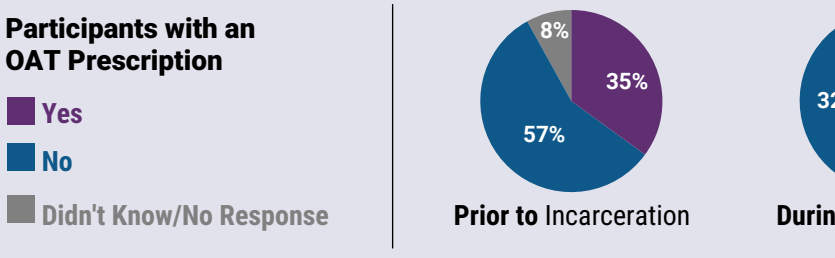
Participant Perspectives

- OAT helped some participants manage cravings, reducing reliance on illicit substances. However, some felt the dosages did not always align with their needs to avoid cravings or withdrawals.
- OAT was a reliable and consistent source of opioids. In particular, Sublocade® reduced the need to go to the pharmacy every day.
- OAT was seen as a way to maintain opioid tolerance, which participants perceived as a means to reduce the risk of overdose from continued use of unregulated street drugs
- Some were dissatisfied with the lack of high from OAT medications compared to street supply
- Some people experienced challenges with OAT prescription during the transition from corrections to the community, including:
    - not being released from prison with a refill prescription
    - not being able to get a prescription filled in community pharmacies
    - transportation challenges getting to pharmacies

> "I haven't been able to get any [OAT] appointments because there just isn't anything here for people that are looking for that. **I could not get a prescription refilled.** I went everywhere and everybody just said, 'wrong place, get out of here.' And they **treated me like I was a junkie."**
>
> —Participant 38, Follow-up

> "If I'm trying to keep using, I find [OAT medication] and all the other stuff that I was on **helps just to keep you alive.** Because you never know, you got to have a bit of a tolerance built up if you're going to do that stuff [use drugs sourced from the unregulated supply]."
>
> —Participant 19, Baseline

35% had an active OAT prescription at the time of incarceration
59% received a prescription while in custody.
46% of participants who did not have a prescription prior to entering custody received one during incarceration



Substance Use Treatment

Substance use treatment encompasses a range of pharmacological and non-pharmacological services that support people to reduce or abstain from substance use. Non-pharmacological substance use treatment includes withdrawal management ("detox"), outpatient treatment (including one-on-one counselling and group therapy), and residential treatment (typically 60-90 days of live-in intensive treatment).[6] [7]

Participant Perspectives

- Some participants felt treatment was effective for reducing reliance on substance use. Factors contributing to positive responses included:
    - feeling connected and supported by others in the treatment facility (both staff and other residents)
    - feeling like it was their own choice to enter treatment (instead of mandated by the court)
- Many felt the structured environment of treatment facilities was too restrictive. However, some noted the structure that comes with residential treatment was effective for them
- Some found challenges with the interpersonal dynamics of residential living and/or group counselling
- The abstinence-based approach of most facilities was not a good fit for participants who were more interested in a spectrum of harm reduction practices
- Some felt they did not need treatment and that they could abstain or reduce substance use on their own
- Some were interested in accessing treatment centres, but long wait times/wait lists created barriers

At time of release:

20% were staying in a residential treatment facility
28% were on a waitlist for housing or residential treatment
54% of those who responded that they were staying at a residential treatment centre also stated they would rather be staying with loved ones or in their own home

"This is my first time on the age of 43 years old that I've actually went. **Because I wanted to go, not because the courts was telling me to go."**

—Participant 69, Baseline

"[The treatment centre] had a perfect balance of structure and freedom… **I managed to stay clean there because I felt comfortable in that place** and I also felt – how do I explain it. Like there was a couple of guys there that did use and when they came back, they didn't get – stigmatized and they didn't get like, "Oh, you know you've got to start back at zero because you used and this and that."

—Participant 84, Baseline

"Oh the treatment stuff [has been difficult] because **it's like jail**, sort of institutionalized"

—Participant 19, Follow-up

Naloxone

Naloxone is a medication that quickly reverses the effects of an opioid overdose. If administered appropriately and in a timely fashion, it can reduce the risk of death and other complications arising from opioid overdose events. PREVAIL participants were provided injectable naloxone kits (containing two 0.4mg/ml ampoules of naloxone and paraphernalia) Participants were also given pamphlets with information on how to access the provincial BC Take Home Naloxone program and each cell phone was pre-installed with a naloxone training application.[8] [9]

Participant Perspectives

- Participants expressed that they liked having naloxone kits on hand so that they can help others when needed
- Many participants were experienced with administering and/or receiving naloxone treatment
- Some reported barriers to accessing or using naloxone such as:
    - lack of naloxone access points in their region
    - not knowing where to receive naloxone kits
    - stigma associated with substance use if seen carrying naloxone kits
- Participants noted naloxone cannot be used when using substances alone in a private space

"A naloxone kit, it's good. Not only will it possibly protect myself but it could help another individual. Who knows? I could walk down the street later today and see someone overdosing and **I could save their life**. Or something could happen to me and if someone comes across me and sees that I'm in distress and sees that I have a kit **and they can save my life."**

—Participant 75, Baseline

At time of release:

70% had previously been administered naloxone
68% had previously administered naloxone to another person
66% typically carry a naloxone kit
80% had not encountered barriers to accessing naloxone.

"I'm fully trained in advanced naloxone administration, and I know the ins and outs. **I have no concerns** whatsoever, calling 911or reversing an overdose."

—Participant 100, Baseline

"Using alone, that's my main concern, because there's nobody that can use naloxone, there's nobody there to help me. So I was really scared."

—Participant 23, Baseline

Overdose Prevention Sites

Overdose prevention sites (OPS) are designated safe spaces for people using substances that are staffed by professionals trained to respond quickly to drug overdose. These sites are managed by health authorities, drug user groups, and community partners and may also provide harm reduction supplies and other services, such as Take Home Naloxone training, overdose education, drug checking, and referrals to mental health and substance use services.[10]

Participant Perspectives

- OPS were seen as a preferable alternative to using alone, which increases the risk of death from overdose
- OPS did not meet the needs of those who use inhalants instead of injection
- Proximity of a site to a participant's vicinity impacted how likely they were to access an OPS

52% reported using OPS prior to incarceration
15% reported using an OPS within the first 30 days post-release

"If I chose to use it would be extremely dangerous. **And if I were going to, I would go to a safe injection site** or a safe inhalation site… Or at least be in a spot where somebody's going to see me. I'm not going to go find a little stairwell in a parkade that nobody goes to and start getting high. Because that's really rolling the dice."

—Participant 34, Baseline

Drug Checking Services

Drug checking allows people who use drugs to have their drugs tested to determine what substances are present before they use them. Examples include test strips that can be used to identify the presence of fentanyl and spectrometers that can detect a broader range of substances, such as heroin, stimulants, MDMA, etc. These drug checking methods provide results within minutes. Drug checking services allow people who use substances to make informed choices about the substances they use.[11] [12]

Participant Perspectives

- Overall, participants did not report using drug checking services post-release

30% reported using drug checking services prior to their most recent incarceration

Toxic Drug Alerts

Toxic Drug Alerts are text messages that people can sign up for to receive information on toxic drugs in their community. In addition, other information, such as where they can get naloxone or where they can get drugs tested, can also be obtained through this text messaging service.[13]

Participant Perspectives

- Majority of participants reported they had not received toxic drug alerts on their cell phones

At one-month post-release:

17% had received toxic drug alerts to the cell phones provided through the project
10% had heard about toxic drug alerts through other means (e.g. websites)
12% would recommend subscribing to Toxic Drug and Health Alerts

Cell Apps - Lifeguard/BRAVE

Through the Lifeguard app, an individual can set a timer while using substances alone. The app will automatically call 911 and provide the smartphone's GPS location if the timer is not manually turned off. Through the BRAVE app, an individual can develop a "rescue plan" while using alone, including setting up an emergency contact person who can send help if the individual becomes unresponsive. The cell phones provided to PREVAIL participants had both apps pre-installed. [14] [15]

Participant Perspectives

- The majority of participants did not report using these apps

At one-month post-release:

7% reported using either the Lifeguard or BRAVE apps (despite 71% of participants using their phones daily)

SECTION 2

Factors that Influence Intervention Engagement

Several factors impact how people being released from incarceration may engage with harm reduction interventions, including:

- **Overdose Risk Perception**
- **Impact of the Criminal Legal System**
  - Court-Ordered Release Conditions
  - Disrupted Continuity of Care
  - Rapid Environment Changes
  - Misinformation About Decriminalization
- **Social Determinants, Mental Health and Related Factors**
  - Housing
  - Employment and Income
  - Mental Health Support
  - Social Networks
- **Stigma**

Overdose Risk Perception

An individual's perception of their own risk of overdose is a key factor that may influence engagement with interventions to reduce the risk of overdose. Those who viewed themselves as at risk for overdose expressed greater interest in engaging with interventions like PSS, OAT, and overdose prevention sites. Those who did not view themselves as at risk often expressed ambivalence towards these interventions. These participants were primarily either 1) focused on maintaining the abstinence they experienced while incarcerated, or 2) planning on engaging in informal strategies that they perceived to reduce their risk.

Individuals who view their risk as low may still be at risk for overdose. Risk perception is crucial in motivating health behaviour change[16]; therefore, an inaccurate overdose risk perception can lead to increased exposure to risks.

HIGH PERCEPTION OF OD RISK

Some who were actively using or planning to use illicit substances did view themselves as at risk for overdose.

They identified some key risk factors that strengthened their interest in engaging with harm reduction interventions, including:

- reduced tolerance due to period of abstinence while incarcerated
- prior history of overdose
- exposure to contaminated drugs (e.g., opioids mixed with their stimulants, drugs laced with toxic substances, etc.)
- using alone

LOW PERCEPTION OF OD RISK

Some who were actively using or planning to use illicit substances did not view themselves at risk of overdose.

They identified some informal strategies that they believed reduce overdose risk, including:

- buying only from trusted suppliers and other perceived methods of avoiding contaminated supplies
- knowing their limit and tolerance level
- knowing what types of substances and modes of use work best for them
- building up tolerance with prolonged use
- exclusively using stimulants with the belief that the overdose crisis is limited to people who use opioids
- not using alone

These participants were less likely to access interventions because of the perceived protective impact of these informal strategies.

Many did not consider themselves at risk because they were not planning to use illicit substances.

They were often in abstinence-oriented substance use treatment or recovery programs.

They overall felt confident in achieving their goal of sobriety.

They were less likely to access interventions (e.g., prescribed safer supply) that did not align with their abstinence goals.

HIGH INTEREST IN ENGAGEMENT

LOW INTEREST IN ENGAGEMENT

I think I'm high risk of overdose hey, because I haven't used in over a month. **So if I were to go use, my tolerance is way down.** So of course I'm at an extremely high risk of overdose if I were to choose to go and use."

—Participant 100, Baseline

"I've overdosed a lot but it was a long time ago, like when I first started doing it. It was over 20 times, but I haven't overdosed in a long time. So **I'm not really that worried about [overdosing] because I have a higher tolerance than I used to."**

—Participant 7, Baseline

"Because it only takes one hit to die. Right?... **But I'm not a huge risk of overdose. I do know my limit."**

—Participant 25, Baseline

"No, I don't see myself at risk [of overdose] today. **I don't plan on using."**

—Participant 105, Baseline

Impact of the Criminal Legal System

Involvement with the criminal legal system, including the experience of incarceration and probation conditions after release, has a substantial impact on risk for overdose and engagement with interventions. As people move from the community to incarceration and back to the community again, they experience disruptions, restrictions, and drastic changes to their environments that all affect their risk for overdose.

Three key ways involvement with the criminal legal system affected PREVAIL participants' engagement with interventions to reduce their risk of overdose were:

- Court-ordered release conditions
- Disrupted continuity of care
- Rapid environmental changes

Court-Ordered Release Conditions

Release conditions can create barriers to engagement with different overdose prevention interventions. Restrictions on drug use, 'red-zoning' (i.e., limiting where someone is allowed to go), and curfews can all affect an individual's ability to access certain interventions.

Individuals with court-ordered abstinence from drug use who access overdose prevention sites, or informal strategies such as using with others, risk breaching their conditions and potential reincarceration. This may also reduce willingness to call emergency services on behalf of someone else experiencing an overdose.

Conditions can also be closely tied to an individual's access to or engagement with substance use treatment. Breaching conditions may result in an individual being forced to leave a treatment centre. Or, if staying at a treatment centre is part of someone's conditions and they choose to stop using that intervention (or get kicked out of it), then they may return to incarceration.

Although following release conditions is critical to remaining in the community, people being released are not always aware of what their conditions are. At time of release:

- **25%** of those released under community supervision (serving part of their sentence in the community) did not know the main release conditions of their probation.
- **38%** did not know how often they were required to report to their probation officer.

"I feel the probation and stuff is a lot of times some of the conditions they give and **things they impose upon people is a lot of times a setup to fail.** You know? The people that, you know, have substance abuse issues […] they give them conditions not to use drugs. You're telling a drug addict not to use drugs. And so then, you get into those situations where you have a condition not to use. **And you relapse. So then you got to hide it.** You can't reach out and ask for help to your PO because if you do they're going to breach you. […] Because you're not supposed to be using drugs**. Or you're with someone and they overdose and [you're scared to call emergency services]** […] because then the police come and they run your name and know you're not supposed to be using drugs. It's a breach. You're under arrest, right?"

—Participant 75, Baseline

Disrupted Continuity of Care

Both entering and being released from incarceration can disrupt an individual's ability to engage with interventions.

PSS is not available inside correctional facilities, which disrupts access during incarceration. This disruption can also carry on once an individual is released, as they may no longer have their prescription or access to a prescribing doctor.

Individuals who previously had not accessed OAT in the community may have it prescribed once incarcerated. However, individuals may face challenges maintaining that prescription after release. 59% received a prescription while in custody; however, 24% of this group did not have a prescription at the time of release.

Additionally, 73% reported experiencing withdrawal while incarcerated, indicating a gap in continuity of care. This gap may be due to delays in OAT initiation at the time of incarceration and/or a lack of benzodiazepine withdrawal treatment (e.g., prescribed benzodiazepine tapers).

> **"I used to get prescribed safer supply but I got it taken away** because I went to jail and I don't know how to get it back."
>
> —Participant 20, Baseline

Rapid Environment Changes

Both moving from the community into incarceration and then from incarceration back into the community involves drastic changes in environment, including changes to the availability of substances, interventions, and choices that can be made regarding care.

During incarceration, individuals lose access to unregulated street drugs. This lack of availability can facilitate (however involuntarily) detox, abstinence, and other interventions such as OAT.

Returning to community after incarceration involves another stark change of environment. Experience of detox and abstinence while incarcerated lowers tolerance to substances. This can put people at extreme risk for overdose at the time of release.

> "Suboxone® [buprenorphine/naloxone] worked, but **it worked for me when I was in custody because there was no access to drugs.** When I was out on the street, I didn't want to do that because I – basically I wasn't ready for it and I was afraid to get sent into withdrawals. **It does work because I'm currently on it. But I had to go to jail to get on it**, because I was afraid to get sick. Because if you use [buprenorphine/naloxone] and you're still using dope, it'll put you into withdrawal, right."
>
> —Participant 44, Baseline

Misinformation about Decriminalization

Although most of participants were aware of BC's 2023 decision to decriminalize simple possession of illicit substances for personal use, the majority were also either misinformed or did not know if this applied to people who have court-ordered conditions of release related to drugs. This suggests that participants may be at risk of breaching their release conditions due to a misunderstanding of decriminalization.

- **82%** reported awareness of decriminalization of possession of small amounts of illicit substances in BC
- Only **27%** of participants correctly reported that decriminalization would not apply to those with court-ordered release conditions related to drugs

Social Determinants, Mental Health, and Related Factors

People being released from incarceration have basic needs that must be met to support reintegration, lower stress, and ultimately reduce the risk of overdose. Housing, mental health support, employment, and finding community were all identified as priorities by PREVAIL participants. These may influence engagement with harm reduction interventions, as people's energy may be focused on these priorities rather than addressing risk for overdose. However, achieving these priorities can improve an individual's overall health and wellbeing, which may promote engagement with interventions and/or reduce reliance on substance use.

Housing

Housing is top priority post-release.

- Some wanted to set up a housing situation similar to their pre-incarceration situation
- Many viewed "having a home" as a goal to work towards
- Peopled associate securing housing with regaining control of their life

Challenges with housing are a significant source of stress that can affect interest in, and/or ability to access interventions to reduce overdose risk.

- Inability to secure safe, stable, comfortable, and affordable housing affects the motivation and ability to set and maintain goals, including those related to substance use
- Loss of housing is interrelated with relapse for those trying to maintain abstinence or undergoing substance use treatment
- Some wanted to find housing far away from places or environments that expose them to high risk

At the time of release, 42% of participants did not have (or didn't know if they had) a fixed address to receive mail.

At the time of release, 40% had unstable housing (including staying at a shelter, living roughly, or did not know where they were going to stay).

"I had a lot of plans to get myself housing and blah-blah-blah, and I don't know, I've just been attracting my addiction, I guess, through the last three weeks… **I don't want to be in a shelter, so I don't know if I can get housing.** I don't know, but then that just – I don't know, it creates a whole bunch of other problems just for me, because I don't know, I don't have money to furnish my place, it won't be comfortable."

—Participant 24, Follow-up

"I haven't tried to get into [substance use] treatment at all, because I've been working on just my housing and basically just getting myself set up. That's enough in one day to try and get all that shit done and try to deal with the treatment side of it. But I mean, I will eventually go to treatment, once I get myself set up a little bit more sturdy."

—Participant 8, Follow-up

Mental Health Support

People who have been incarcerated often experience mental health issues, caused by the effects of previous overdose, poverty, childhood trauma, interactions with police, and/or incarceration itself. Substance use is a coping mechanism frequently used to manage these issues, putting people further at risk for overdose.

Counselling can be a valuable support. However, people leaving incarceration often experience challenges accessing counselling, including:

- making the first step to reach out for support (i.e., the "one thousand-pound phone")
- a lack of mental health services available while incarcerated
- long waitlists for affordable counselling in the community

PREVAIL participants highlighted emotional regulation and relationship-building as important for their mental health and reducing their reliance on substance use. In addition to a desire for counselling and treatment, participants identified several strategies to support their well-being, including:

- self-health resources
- talking to people
- physical activity
- colouring/artistic pursuits
- spirituality

"Oh, actually, the thing that I'm not, is **I need trauma counselling, but there's a two year wait list for free trauma counselling.** And that's something my PO Officer wants."

—Participant 62, Follow-up

"I feel like I need some emotional and some substance abuse support. Yes….I mean, right now, **I know I could go and get some, but I just have to, like, pick up the phone and go.** [Interviewer: Sometimes that's the hardest part, is just the initial call.] Yes, the thousand-pound phone, right?"

—Participant 24, Follow-up

Employment and Income

Finding employment is another major priority for people being released from incarceration. In addition to securing a source of income, employment can provide motivation for reintegration and offer meaning in people's lives. For some, accessing disability assistance was a way to provide the income required to reintegrate into society.

Participants identified a number of challenges with obtaining employment or income assistance:

- disclosing a history of incarceration for record checks
- release conditions (e.g., curfews and house arrest) interfered with their ability to be at their place of employment during their scheduled work time, attend the necessary appointment to acquire disability assistance

"I'm on probation for a year. And I'm on 6:00 to 6:00 curfew, which I'm going to have changed – try to be out till 9:00. Because a lot of times I work I need to work past 6:00, so. I mean **a couple times I could have breached because I was asked to work late** and I worked till 8:30 at night."

—Participant 53, Follow-up

Social Networks

Reconnecting with social networks, including friends, family, and other social supports, was identified as a priority by participants. Social networks can be an important source of support and influence as people navigate reintegration and work towards their substance use goals.

Building new community connections was another important process highlighted by participants. Some wished to stay away from people who may have contributed to their previous substance use and/or incarceration as a strategy to avoid returning to substance use and/or incarceration. The enjoyment of giving back to the community through volunteer and peer support work was also highlighted.

> "My employment hasn't changed but I am volunteering every day at the food bank in the morning, Monday to Friday. So, I really enjoy that, **giving back to the community** and yeah, so just loving life."
>
> —Participant 52, Follow-up

Stigma

People being released from incarceration who are at risk for overdose experience stigma related to both their involvement with the criminal legal system and their history of substance use. Stigma can be isolating and may prevent people from accessing support, further increasing their risk for overdose.

Participants described experiences of stigma related to the criminal legal system, including:

- judgement from others and exclusion from social support systems
- exclusion from supportive housing or drug treatment centres
- barriers to accessing health care, such as physicians not being willing to prescribe medications due to previous charges (e.g., double doctoring and selling prescription drugs)
- fear or distrust of law enforcement, including experiencing extra scrutiny or assumptions of guilt from police and a lack of support and feeling judged by probation officers

Participants also described experiences of stigma related to substance use, including:

- barriers to accessing housing
- difficulty securing prescription refills
- internalized shame about substance use
- judgement from loved ones regarding substance use or being in substance use treatment

> **"[The police] always look at me a different way** because of my tattoos and the way that I carry myself and the way that I dress and talk."
>
> —Participant 63, Baseline

> "I've never been to treatment...and the reason why **I got denied for a couple treatments, because I was incarcerated,** they didn't want to take anyone directly from jail."
>
> —Participant 44, Baseline

SECTION 3

Facilitators of Access

The PREVAIL project explored three key supports to facilitate increased access to interventions: peer support, cell phones, and transportation. These supports improved access to harm reduction interventions and other services, overall well-being, and connection to community.

Peer Support	Cell Phones	Transportation
Disrupting Stigma	Connection to Interventions	Immediate Intervention Access
Improving Access to Interventions	Connection to Community	Community Navigation
Reducing Post-Release Anxiety	Connection to Services	
Building Community		

Peer Support

Peer support refers to services provided by people with lived experience of incarceration and substance use. Unlocking the Gates Services Society (UTG) provided peer support to PREVAIL participants for up to three months. Support included transportation, connection to health and social services, and other reintegration supports.

Disrupting Stigma

Seeing other people with lived experience of substance use and incarceration now living successfully in the community can offer an optimistic outlook on the reintegration process.

Participants suggested that the support and positive interactions with UTG staff provided them with a sense of hope moving forward. UTG staff modelled success and future possibilities for other people with incarceration experience.

> "I mean, meeting you, it was awesome; **seeing you doing good, I want that too**, you know what I mean? Just looking at you, you know what I mean?"
>
> —Participant 23, follow-up

Improving Access to Interventions

At the time of release, immediate access to interventions such as substance use treatment and OAT is crucial for reducing the risk for overdose and peer support can be an important bridge to accessing those interventions.

The initial contact participants made with UTG staff at the time of release was pivotal to reducing the risk of returning to previous patterns of behaviour.

41% reported UTG staff helped them navigate their release conditions and ensure they connected with their probation officers.

"I wasn't given my last dose [of Kadian] because I was rushed out of jail. It was all bullshit how corrections did it. They didn't release me right, they didn't do anything right. **And Unlocking the Gates, you guys helped me out** to get a [Kadian] prescription for tomorrow. So at least I'm not going to be super sick."

—Participant 20, baseline

Reducing Post-Release Anxiety

The time of release is a period of high stress for people leaving correctional facilities and peer support can reduce post-release anxiety.

PREVAIL participants had a sense of relief and safety knowing that someone was waiting for them at the gates. Relieving post-release anxiety reduced the urge to use substances to manage stress and allowed participants to focus on accessing interventions.

"I haven't felt uneasy. **A lot of times I'm uneasy when I get out.** I have a stomach-ache. And a lot of times what I know about myself is I need to use drugs to make that stomach-ache go away. And this is probably the first release I've had that I don't have that. And that is pretty unique for me."

—Participant 34, baseline

Building Community

Building or reconnecting to community is an important part of the reintegration process but can be challenging for people experiencing stigma-related exclusion. As people with lived experience of incarceration and substance use, peer support can offer meaningful connections to people being released.

PREVAIL participants appreciated that UTG staff understood where they were coming from and genuinely cared. Beyond just providing services, UTG staff provided important social and emotional connections.

"I just, it's good to have good people in your corner. For future events, if anything should happen, also, it's just good to have somebody to rely on."

—Participant 102, baseline

Cell Phones

Cell phones are a vital part of the reintegration process for people leaving incarceration. Cell phones provide an essential means of communication, access to information, and connection to community. PREVAIL participants received a cell phone with three months of talk, text, and data. The cell phones both facilitated engagement with interventions to reduce overdose risk as well as access to social services that could improve participants' overall well-being.

Connection to Interventions

Having a cell phones can directly improve access to interventions to reduce overdose. Participants had the ability to both make and receive phone calls, which was critical for setting up appointments for OAT and navigating waitlists for treatment facilities.

Participants also had the ability to contact other supports, including AA/NA resources, drug treatment teams, and emergency services (either for themselves or for others in the event of an overdose).

"I got no problem accessing [OAT]. **The doctor calls me. I do my appointment over the phone** and my prescription is at the pharmacy when I get there."

—Participant 99, Follow-up

Connection to Community

Having a phone at the time of release provided participants a 'lifeline' to connect family and loved ones and overall feel connected to the community.

Communicating with family, friends, and other social supports was the primary use for their phones.

"I mean, like, **I feel like I'm actually part of society** instead of walking around with nothing."

—Participant 110, Baseline

Connection to Services

Cell phones are an important resource for connecting with services in the community and increasingly necessary as access to public use phones is limited.

Participants highlighted the importance of having a phone to set up and confirm appointments.

Phones also provided participants with internet access, which is a huge support for navigating the community.

Consistent access to a phone also allowed participants to easily connect with peer support, maintain contact with probation officers, and keep track of any court-ordered release conditions.

"So, **my cell phone helped me get my prescriptions filled, helps me get doctors appointment, bloodwork's done,** I talk to my kids, my family, my mom. I talk to her every day. My brother, so reconnected with everybody. So, it helped me like look for a vehicle and pay off, getting my insurance straightened out and all, it's been super helpful."

—Participant 87, Follow-up

Transportation

Transportation, or the ability to physically move through the community, is another vital support to improve the reintegration process. People leaving incarceration are often responsible for their own transportation and for many, public transportation is the only option. For those who are unfamiliar with the transit system or the community they are being released to, this can heighten post-release anxiety. A safe and reliable form of transportation can have a big impact on an individual's reintegration trajectory.

Immediate Intervention Access

Access to a free, safe ride immediately post-release can ensure people reach their intended destination and avoid potential high-risk environments.

The ride provided by UTG at the time of release was incredibly valuable. The ride, provided by a peer, promoted a sense of safety and relief. Many participants indicated the ride from UTG was what facilitated their access to treatment centres, or otherwise helped them avoid an immediate return to substance use and high-risk environments.

> "I did have access to a few good treatment places. But I had access to something like this, which I know this isn't treatment, but just having access to a safe ride, some resources to help me get going. **And somebody that's not like an old friend in the drug trade, somebody safe that's picking me up.** That's amazing, man. That's pretty cool."
>
> —Participant 14, Baseline

Community Navigation

Transportation is key for navigating services in the community, including ongoing access to interventions to reduce overdose risk as well as healthcare, social services, employment, and housing.

PREVAIL participants faced transportation challenges navigating the community. Participants noted that proximity to and ability to physically access interventions affected their willingness to engage with those interventions. Some regions in BC were experiencing a transit strike, severely limiting many participants' ability to access services. This further highlighted the importance of having safe, reliable transportation as well as the need for accessible interventions.

> "No, I couldn't get my suboxone renewed. I mean, I had it for two weeks, but it was a pain in the ass, because **I had to go pick it up**, right. So, **with no buses, how the fuck can you do that?"**
>
> —Participant 38, follow-up

Considerations

This framework highlights the complexities of reducing risk for overdose among people who have been incarcerated. Although there are many existing interventions designed to reduce risk for overdose, there are a number of factors that need to be considered when implementing these interventions for people with a history of incarceration.

Develop effective communication about interventions

- Abstinence is often the major focus of people who have been incarcerated. This can be due to a personal desire to maintain sobriety after the period of abstinence during incarceration or it may be mandated as part of release conditions. This does not mean that people are not at a risk for relapse and potentially overdose. Messaging related to interventions designed to reduce risk of overdose while actively using substances should be adapted to engage people who are focused on abstinence.
- Many PREVAIL participants described reliance on informal strategies to reduce overdose risk (e.g., obtaining drugs from a trusted supplier) but these strategies are not shown to be effective in preventing risk. Continue safe-use messaging to increase awareness of risks and strategies that are effective for preventing overdose.
- Drug checking services, toxic drug alerts, and harm reduction-oriented smartphone applications were underutilized by PREVAIL participants. Further exploration is needed to understand why these interventions were not being accessed.

Ensure continuity of care

Incarceration is a disruptive event that impacts continuity of care, including access harm reduction interventions. Ideally, all community-based interventions should be available to people while incarcerated, reducing disruptions to care.

- The process of releasing people with prescriptions for interventions (e.g. OAT or PSS) should consider the challenges related to access while in the community. For example, people released from corrections without a fixed address likely will not have a known pharmacy to have prescriptions sent to, resulting in a lapse in OAT continuation or initiation.
- Receiving OAT initiation in a timely manner is crucial to avoiding withdrawal symptoms and reducing the risk of return to illicit substance use to avoid withdrawal symptoms.
- Timely access to substance use treatment, including detox and residential treatment impacts people's willingness to engage. Many PREVAIL participants expressed frustration with the long waitlists for residential treatment at the time of their release. They also suggested that when a person decides to enter detox, the window for engagement is small. If a space is not available immediately, there is a greater chance they will change their mind about using the intervention.

Provide a sense of personal choice

Incarceration as well as subsequent court-mandated abstinence and/or treatment inherently limits personal choice related to substance use. Where possible, interventions should foster a sense of choice and collaboration in order to promote engagement among people who have been incarcerated.

Endnotes

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