

Intranasal Naloxone for Probation and Parole Officers

Perceptions of officer safety

Agency: Idaho Department of Correction (IDOC), Probation and Parole District 4

Trial Duration:
05/02/17–08/12/17

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Context

The opioid crisis presents challenges for probation and parole officers given their contact with substance-using clients. Training on, and distribution of, naloxone kits for reversing opioid overdose was tested to determine whether officer confidence in dealing with potential opioid overdose situations and perceptions of personal safety increased.

Key Finding

Those given training and naloxone kits reported less desire for additional training compared to the control group.

*BetaGov trains agency personnel to become research-savvy "Pracademics" who lead trials.

Background

The national opioid-overdose crisis has presented increased challenges for probation and parole officers, given the high numbers of substance-using clients and the increased likelihood of opioid-related problems in their caseloads. Naloxone can be an effective response to opioid overdose, and the Idaho Department of Correction (IDOC) tested whether providing naloxone training and kits improved perceptions of safety and wellbeing.

Trial Design

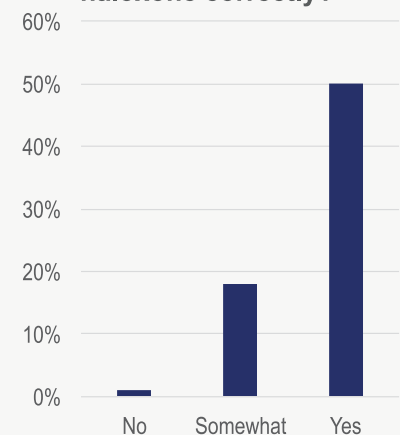
Districts were matched on population and geographical characteristics and randomly assigned to condition (Intervention districts= 4, 7; Control districts=3, 6). A total of 154 officers (intervention=90, comparison=64) participated. Officers in the intervention group were given naloxone kits and trained on their proper use. Officers in the control group maintained practice-as-usual. All other practices and procedures remained identical between the groups. Pre- and post-trial surveys were distributed to both groups to collect perceptions about opioid use and overdose, personal safety, and well-being. Additional items in the post-trial survey collected opinions about training from the intervention group.

Results

Only one item differed between the groups at the post-intervention time-point. Less desire for additional training was documented for the intervention group as

compared to the control group ($p < 0.01$), indicating that the training provided to the intervention group was sufficient. Additionally, the figure below shows that a majority of those in the intervention group feel that they have been trained to use naloxone correctly. When combining the survey results from both groups, as the number of years of employment increased, belief in an opioid epidemic also increased ($p < 0.05$). Older aged officers were more likely to feel that current methods for dealing with opioid issues are insufficient ($p < 0.05$), and were also more likely to endorse the need for consistent protocols to address the opioid epidemic ($p < 0.05$).

"Do you feel confident that you have been trained to use naloxone correctly?"



Note: responses not provided by 21 participants

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