

# Substance Use & Incarceration

Presentation to NYC Board of Correction  
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# Goals

1. Review prevalence of drug use and addiction among incarcerated patients.
2. Review CHS “Core Services” (pre-2017) insofar as they relate to people with a substance use disorder.
3. Describe recent expansion efforts (2017-).



# Substance Use Disorder Highly Prevalent in NYC Jail-System

	Jail-System
Substance Use Disorder	45%
Cocaine	20%
Heroin	17%
Alcohol	21%

Data queried from NYC H+H CHS electronic health record. March 2018



# Substance Use Disorder Highly Prevalent in NYC Jail-System

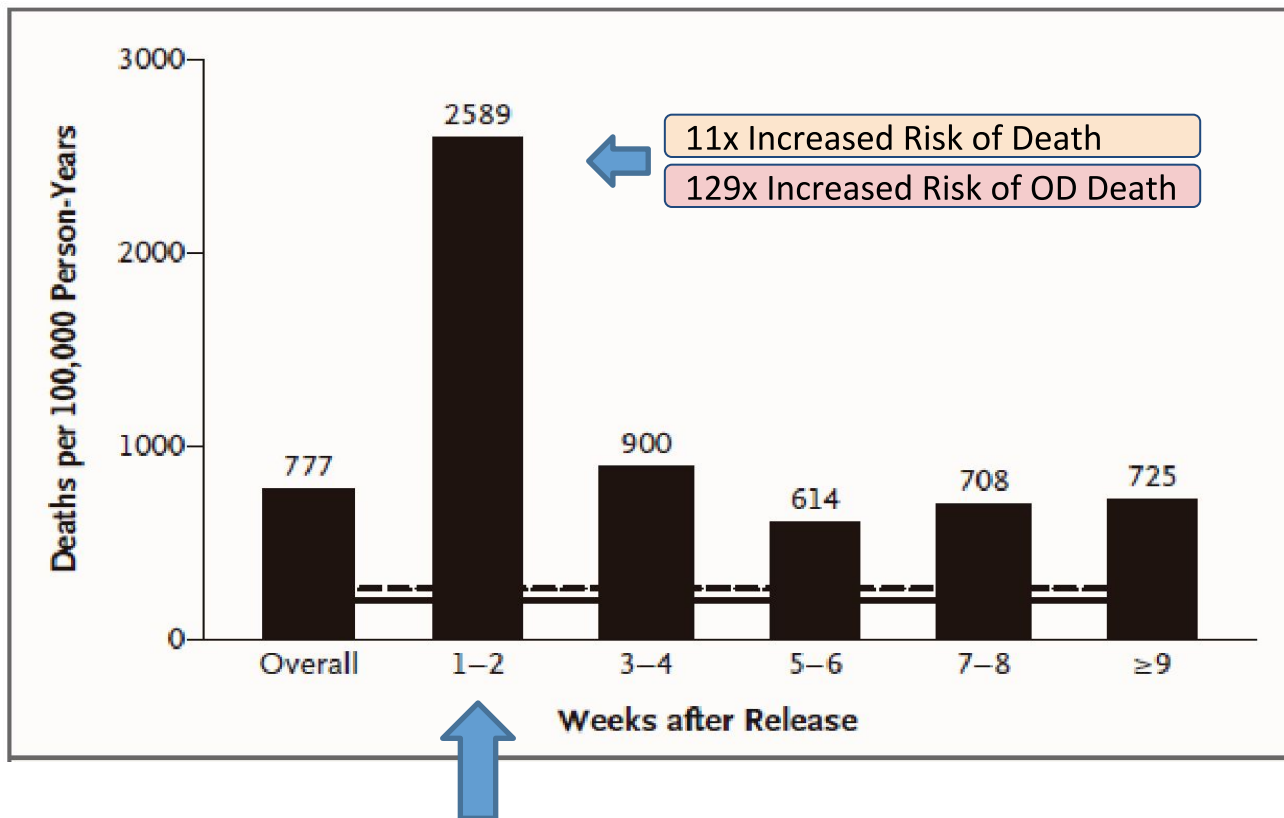
	Jail-System	AMKC
Substance Use Disorder	45%	70%
Cocaine	20%	36%
Heroin	17%	47%
Alcohol	21%	32%

*Prevalence higher at AMKC due to enhanced MH and drug treatment services in this facility.*

Data queried from NYC H+H CHS electronic health record. March 2018



# High Post-Release Mortality Risk for Patients with Opioid Use Disorder



# Substance Use Disorder Highly Prevalent in NYC Jail-System

	Jail-System	AMKC	Frequently Incarcerated
Substance Use Disorder	45%	70%	97%
Cocaine	20%	36%	84%
Heroin	17%	47%	37%
Alcohol	21%	32%	22%

Data queried from NYC H+H CHS electronic health record. March 2018

# Major Harms of Substance Use

Overdose Death

Withdrawal Symptoms

Infections (HIV, Hepatitis C)

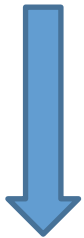
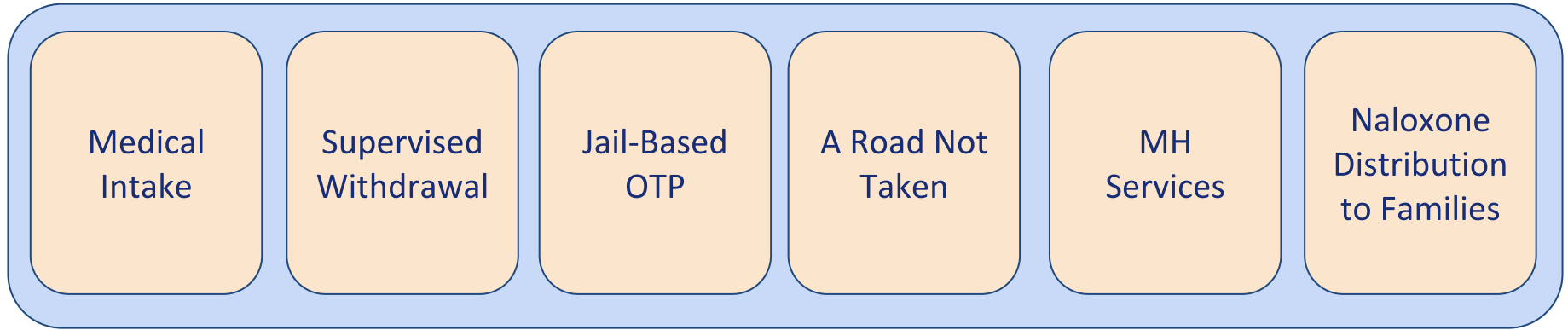
Social Isolation

Acquisitive Crime

Incarceration

*Goal of health service to work to reduce these harms.*

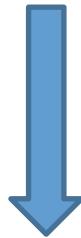
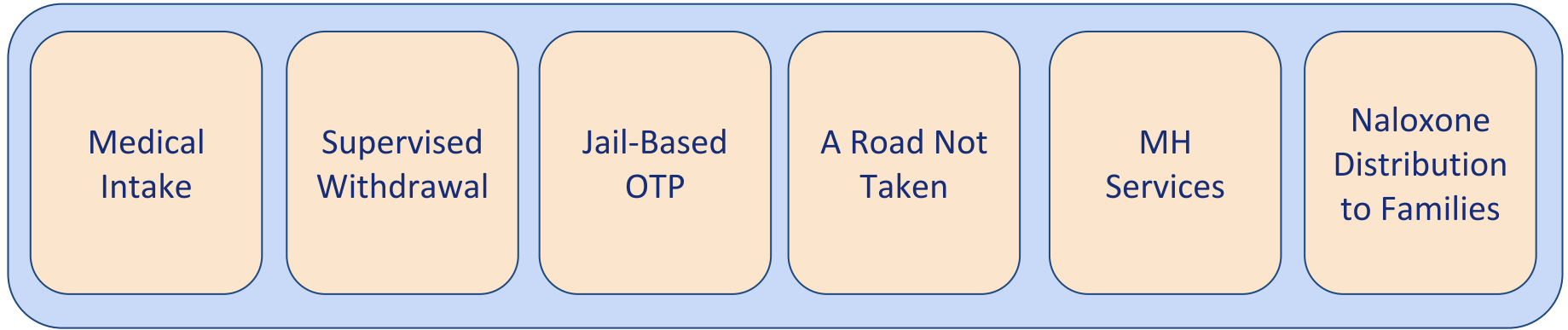
# CHS Core Services



CHS performs a **comprehensive medical intake** for all new patients entering the jail-system that screens for a variety of substance use disorders and provides timely medical interventions and referrals.



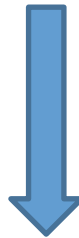
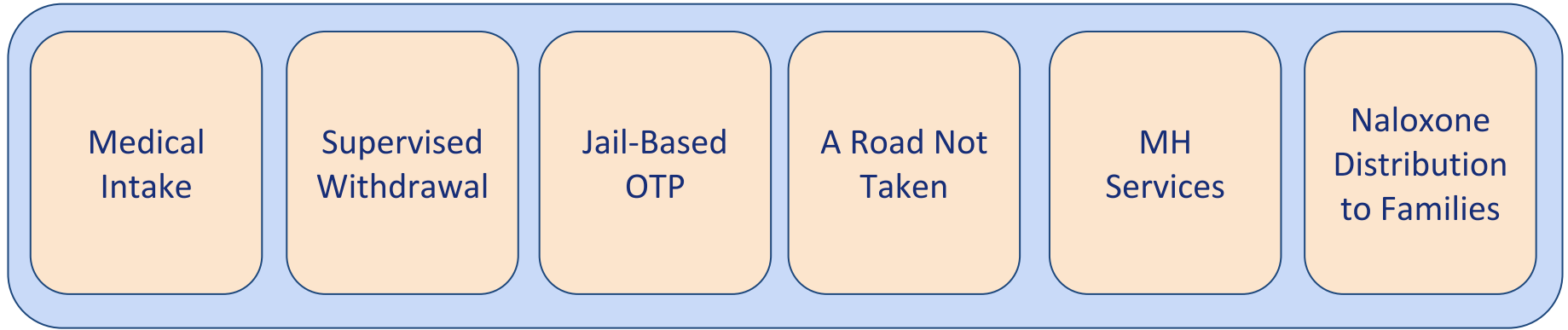
# CHS Core Services



Patients admitted in opioid, alcohol or benzo withdrawal are provided with evidence-based supervised withdrawal with methadone, chlordiazepoxide (librium) or other benzos as needed.



# CHS Core Services



CHS operates the *Key Extended Entry Program (KEEP)*, the nation's oldest & largest jail-based opioid treatment program. Methadone and buprenorphine maintenance are provided to eligible patients with an opioid use disorder.

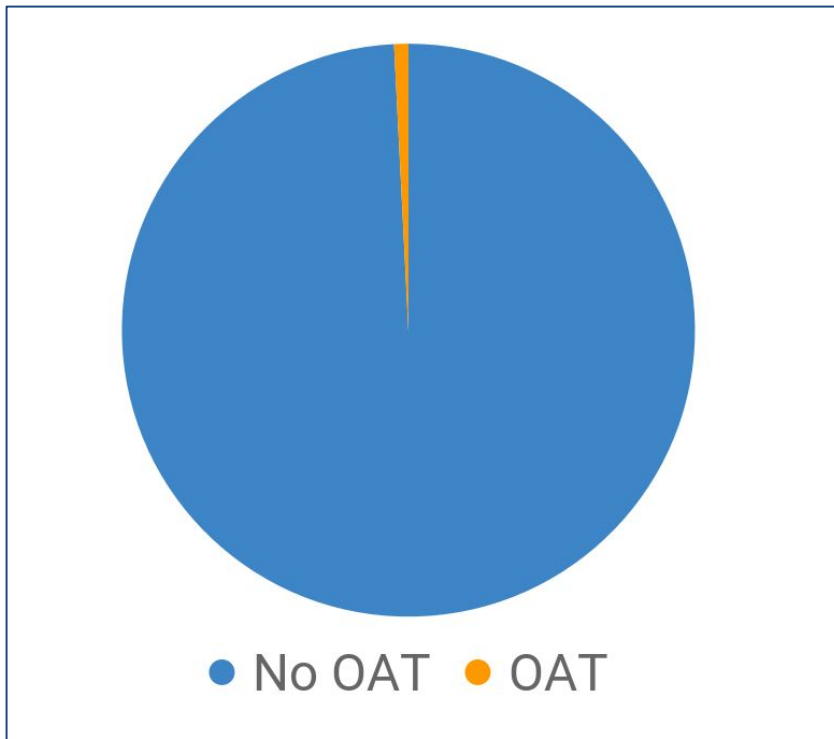


# Methadone and Buprenorphine Reduce Post-Release Mortality

75% ↓ Risk of death in  
first 4 weeks of reentry

85% ↓ Risk of OD death  
in first 4 weeks of reentry

# Methadone and Buprenorphine Rarely Offered in Correctional Facilities



Of the 5,000 correctional facilities in the USA, fewer than 40 offer methadone or bupe to patients with an opioid use disorder.

*OAT = opioid agonist therapy*

# Methadone & Buprenorphine Fully Integrated in NYC Jail-System

## Methadone, buprenorphine fully integrated in New York City's jail system

Agonist therapies have become the gold standard in treatment for opioid addiction, but that generally has not been the case in the correctional systems where many individuals with opioid use disorders land. The presence of agonist treatments in only a few dozen of the nation's 5,000 corrections agencies makes all the more noteworthy a New York City jail system opioid treatment program (OTP) with a 30-year history.

The Key Extended Entry Program (KEEP) has had a strong meth-

### *Bottom Line...*

*The opioid treatment program operating in New York City's jail system is fulfilling goals pertaining both to the jail environment and to individuals' outcomes post-discharge.*

adone maintenance component for a long time, and officially began piloting buprenorphine maintenance as well in 2015. In a city jail system with a total census of just over 9,000,

[See GIFTOS page 6](#)

2018 Fiscal Year (patients treated)

Methadone

3,261

Buprenorphine

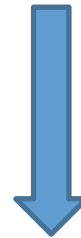
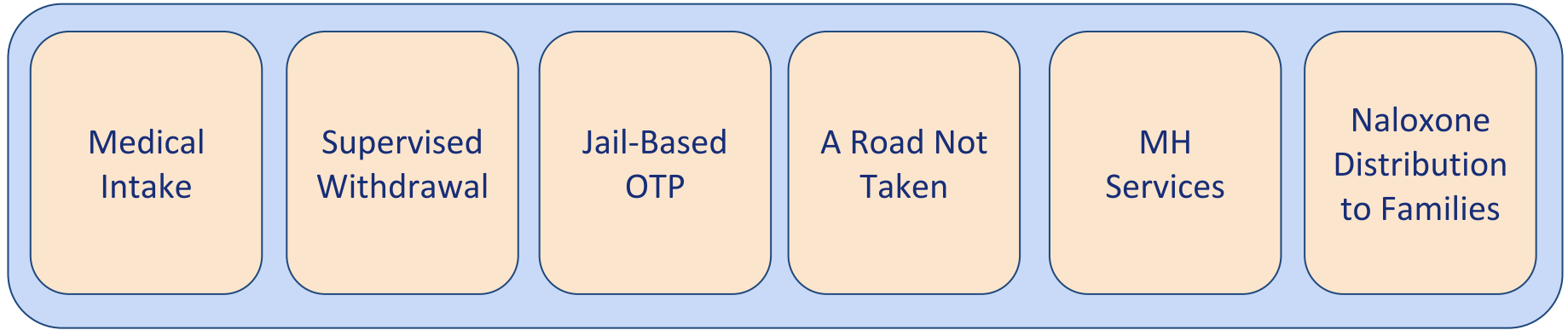
548

Total

3,908



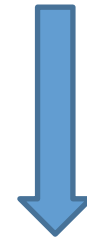
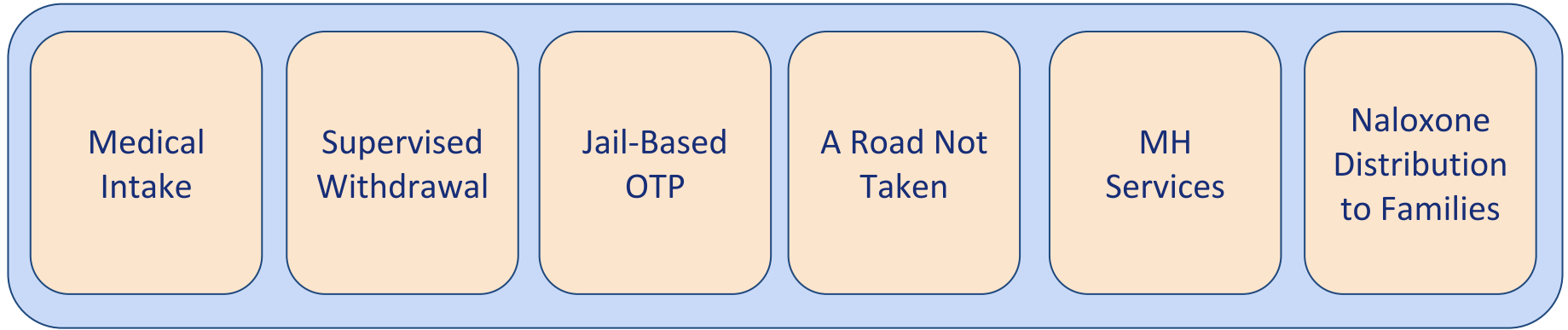
# CHS Core Services



CHS operates A Road Not Taken (ARNT), a jail-based diversion program operating in 7 housing areas (AMKC, RMSC & VCBC). Services include substance use counseling, case-management & daily support groups.



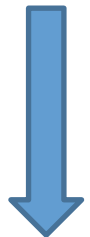
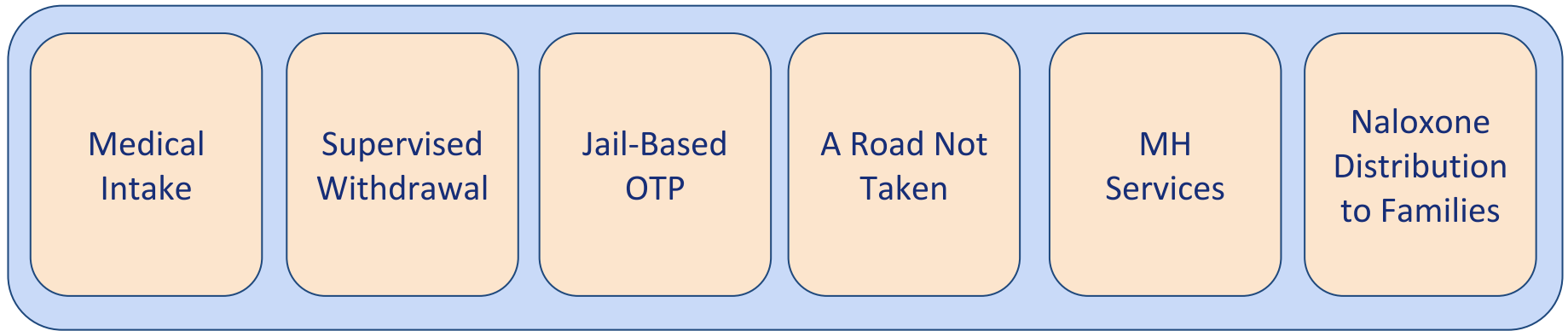
# CHS Core Services



Approximately 40% of patients with SUD are also followed by MH service. In addition to ongoing MH care, some of these patients are assigned a court liaison (MO) & all patients receive comprehensive reentry planning.



# CHS Core Services



1. > 7,000 naloxone kits dispensed at Visitor's Center since 2014.
2. Follow-up study of 300 family members given kits showed that 50 had used naloxone to reverse an overdose, suggesting that kits are getting into the hands of communities at high risk.

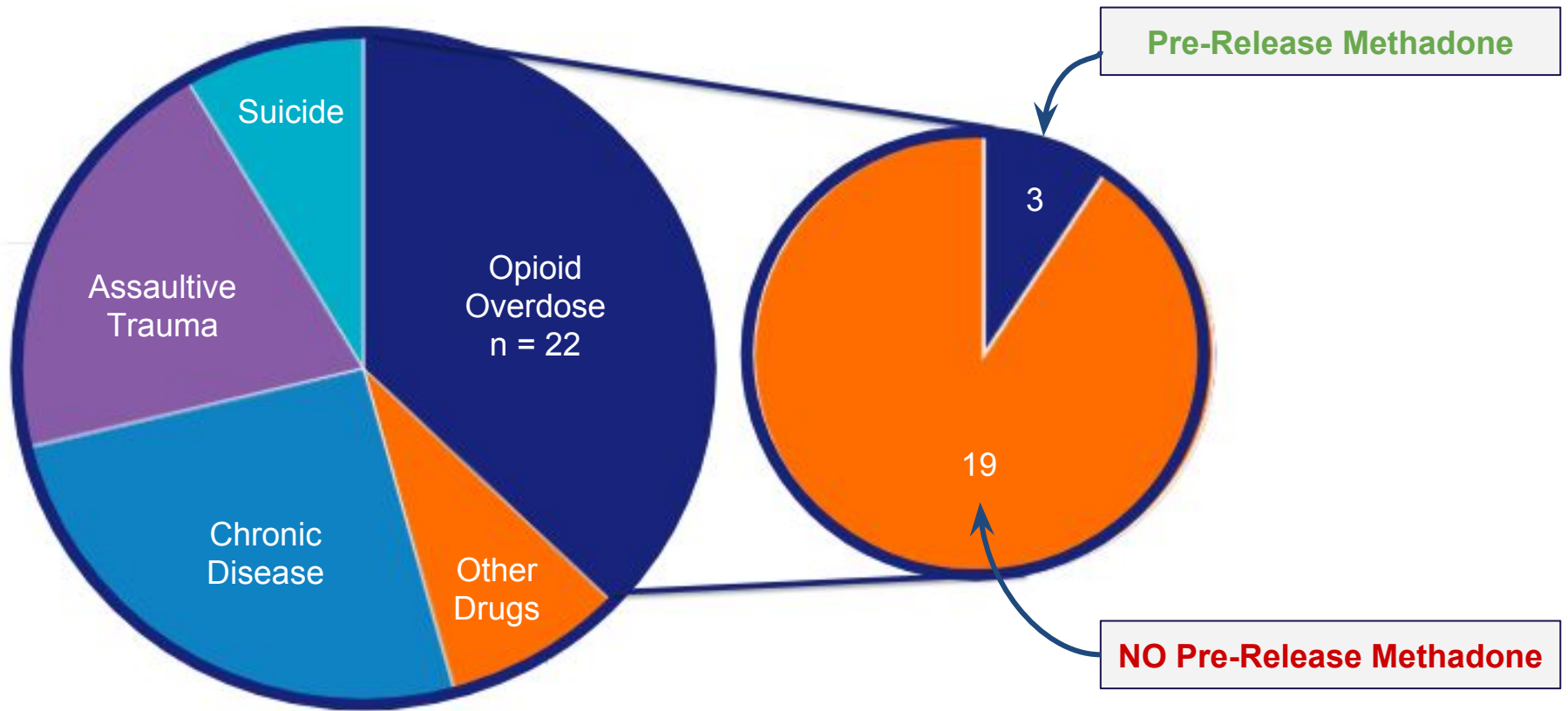


# Expansion Effort #1

*Expanding Access to Methadone and  
Buprenorphine for Patients with  
Opioid Use Disorder*

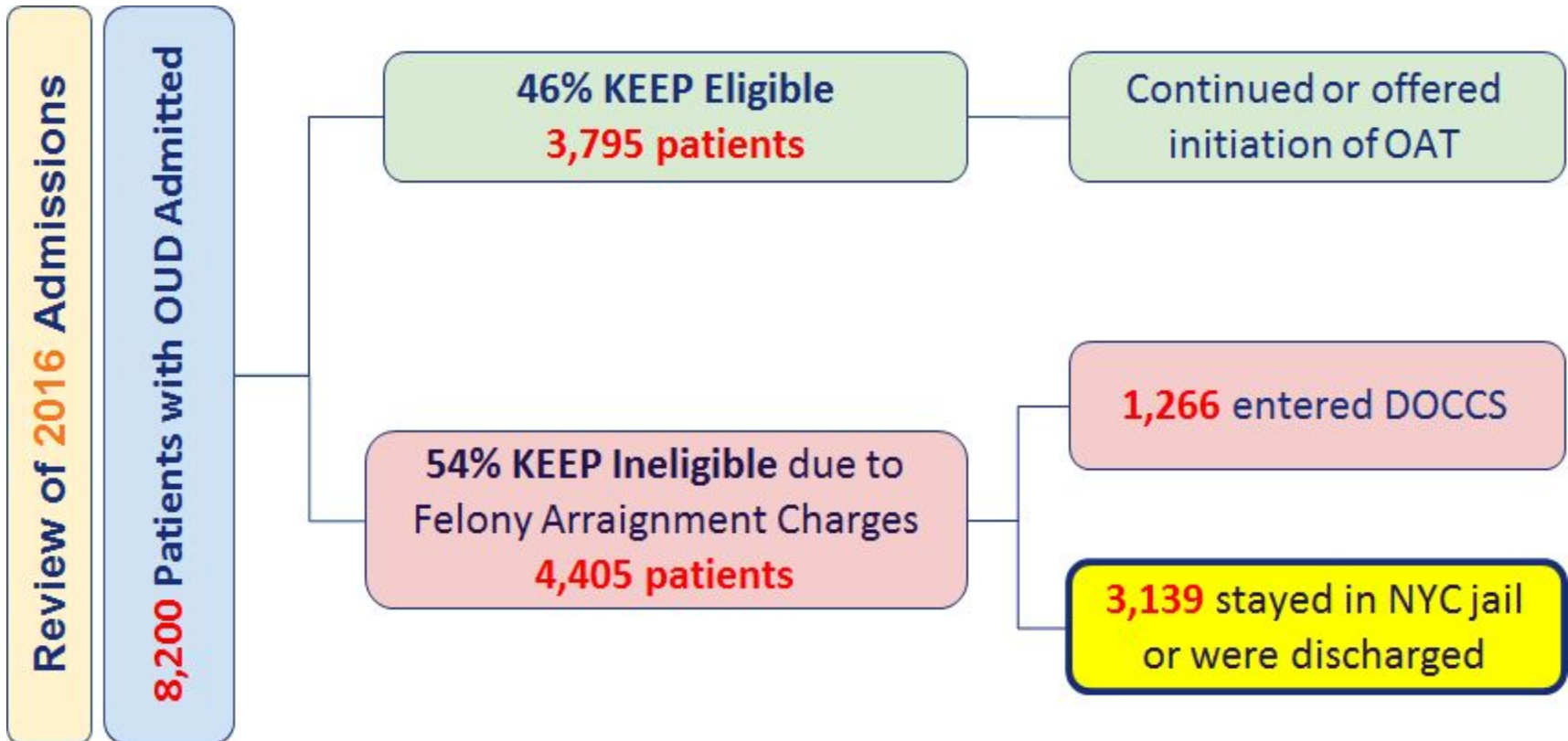


# Overdose still most common cause of death post-release (NYC)



# KEEP Predictive Model Inaccurate

*(Many patients initially ineligible due to risk of going to state DOCCS were eventually discharged to the community)*

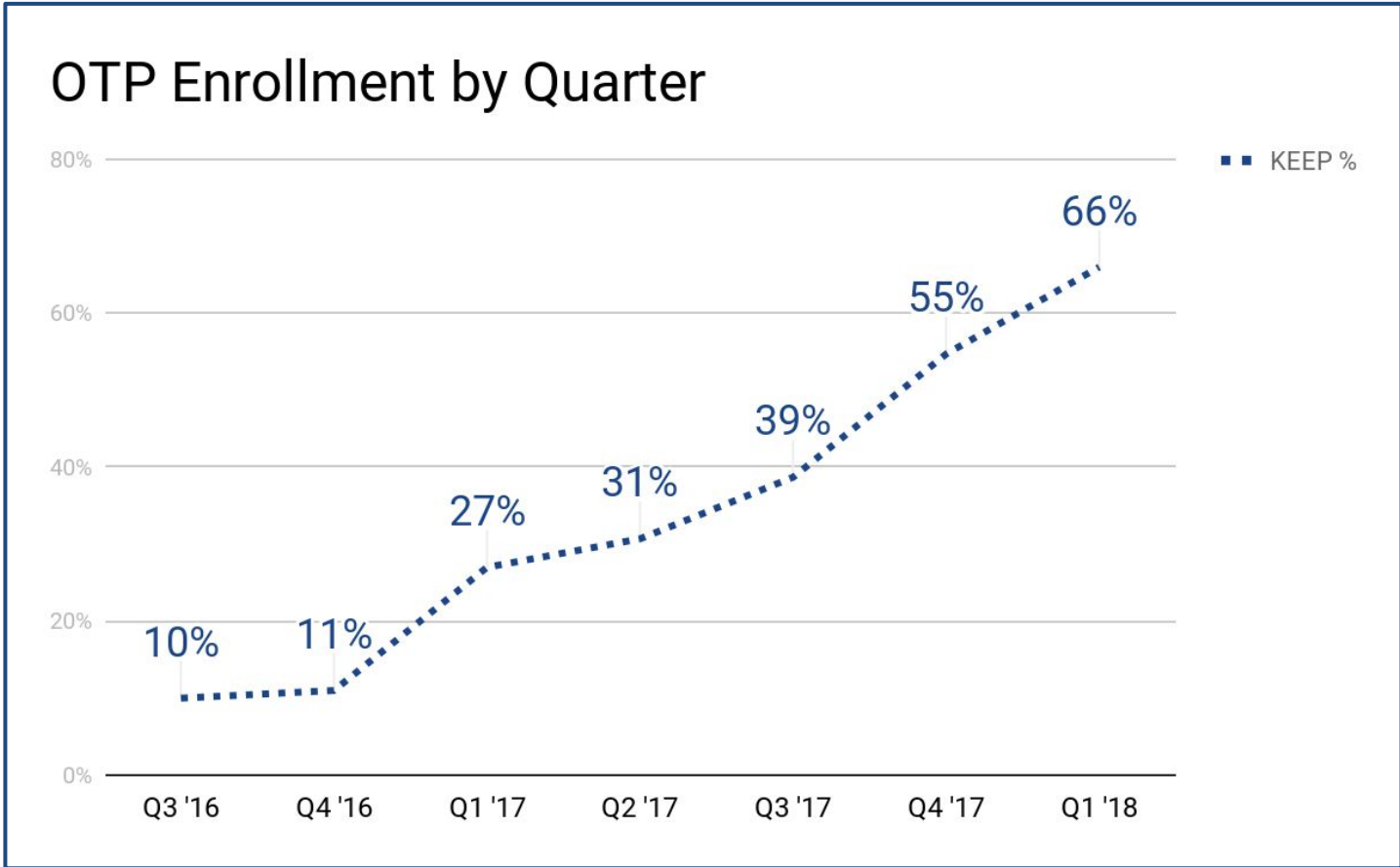


# KEEP Expansion

<b>September 2016</b>	<b>Total</b>	<b>277</b>
	Bupe	47
	Methadone	230
<b>March 2017</b>	<b>Total</b>	<b>346</b>
	Bupe	77
	Methadone	269
<b>September 2017</b>	<b>Total</b>	<b>586</b>
	Bupe	100
	Methadone	486
<b>June 2018</b>	<b>Total</b>	<b>866</b>
	Bupe	130
	Methadone	736



# KEEP Expansion



# Buprenorphine Expansion Project

(Sentenced patients at EMTC & RMSC)

## Year 1

(July 2015 - June 2016)

## Year 2

(July 2016 - June 2017)

	Year 1 (July 2015 - June 2016)	Year 2 (July 2016 - June 2017)
Number of inductions	50	218

More than 300% Increase in Bupe Inductions



# Expansion Effort #2

*Improving Reentry Services for Patients  
with a Substance Use Disorder*



# Courts Evolving in Approach to Patients with Substance Use Disorder

- Substance use disorder often related to people's arrest.
- Courts increasingly open to treatment alternatives to incarceration for patients with a SUD.
- Poses opportunities & new challenges for our patients.
- Community releases involve increasing level of coordination with court.





# Substance Use Reentry Enhancement (SURE)

The SURE Program seeks to extend the following key services to patients with a likely substance use disorder not already served by existing programs.

Court  
Services

Harm  
Reduction  
Counseling

Jail-Based  
Referrals

Medicaid  
Application

Transitional  
Care  
Services



# Fortune Partnership to Improve Transitional Care Services



**Lead Organization:**  
**The Fortune Society,  
Inc.**

**Joint Applicants:** NYC Health +  
Hospitals/Correctional Health  
Services

**Project Title:** Connections to Care  
(C2C) Program

**Budget:** \$487,000

**About the Project:** The Fortune Society and NYC Health + Hospitals/Correctional Health Services will implement the Connections to Care Program to provide individuals on Rikers Island who will soon be released with physical, behavioral, and social health assessments. Upon release, participants will be offered transportation and then connected to a health care provider to receive essential health care, including medication-assisted treatment for those with opioid use disorder who received such treatment at Rikers.

# Substance Use Reentry Enhancement (SURE)

Core Services Provided Monthly (program expanding)

750 Patients  
Served

300-400  
Reentry  
Plans

80-100  
Medicaid  
Applications

90 Patients  
Leave Jail  
w/Naloxone  
eRX

400  
Outreach  
Phone Calls  
Made



# Questions



# Extra Slides



# Not All Drug Use The Same

*Substance Use ≠ Substance Use Disorder*

## Substance Use Disorder (DSM 5)

Alcohol Use  
Disorder

Opioid Use  
Disorder

Cocaine Use  
Disorder

Cannabis  
Use Disorder

*Diagnostic criteria vary for each use disorder, but common themes include:*

- *escalating use & a loss of control*
- *continued use despite negative consequences*
- *diminished ability to fulfill societal obligations,*
- *tolerance to the effects of the drug, and*
- *withdrawal symptoms when the drug is abruptly discontinued.*

# Not All Drugs Are The Same

Acute Risks  
Vary

Risks from  
Relapse Vary

Treatment  
Efficacy Varies



Withdrawal from benzos or alcohol can be fatal if untreated.



# Not All Drugs Are The Same

Acute Risks  
Vary

Risks from  
Relapse Vary

Treatment  
Efficacy Varies



Relapse to opioid use on reentry associated with a 129x increased risk of overdose death.



# Not All Drugs Are The Same

Acute Risks  
Vary

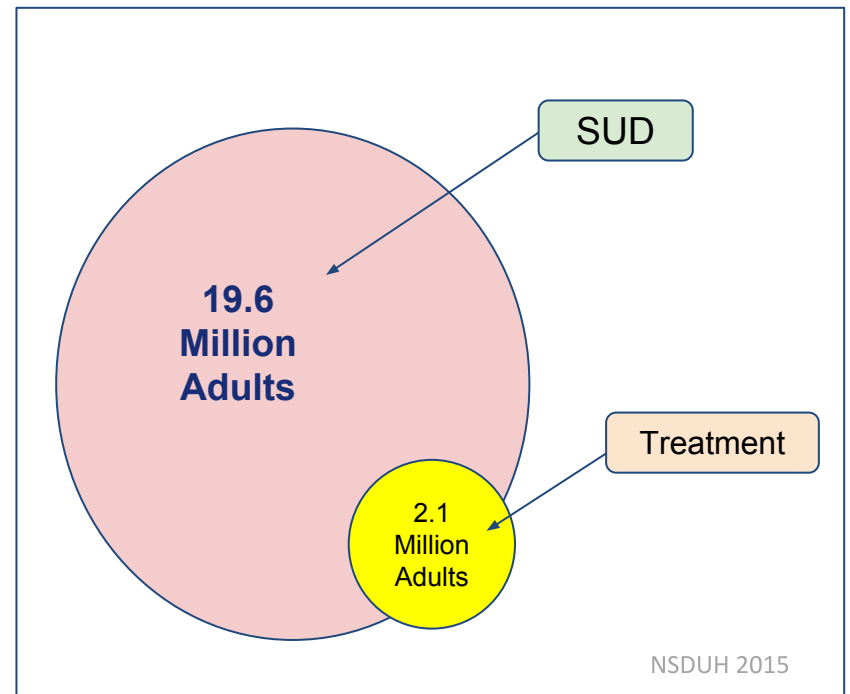
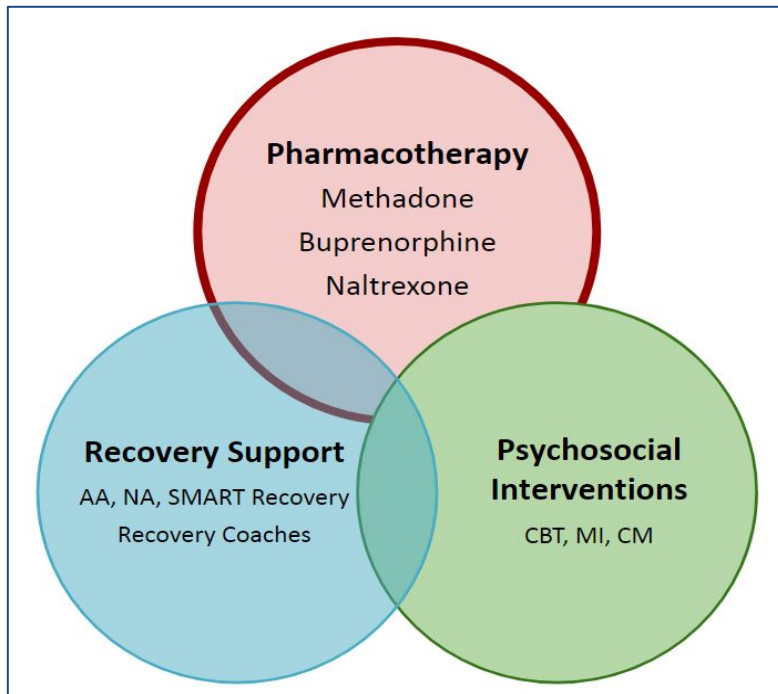
Risks from  
Relapse Vary

Treatment  
Efficacy Varies



1. Pharmacotherapy effective for opioid use and alcohol use disorders.
2. Few good medical treatments for stimulant use disorders.
3. CBT, MI and psychotherapy important; jail-setting poses challenges.

# What does treatment look like for those who want to reduce or stop using?



Patients have different experiences with drug use, and treatment ideally individualized to patient and goals.

Only ~10% of patients with a substance use disorder engaged in treatment. Reasons for for this vary, but many with negative prior experiences.

# SURE Continuum of Services

