Substance Use & Incarceration

Presentation to NYC Board of Correction
July 12th, 2018

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Division of Correctional Health Services
NYC Health + Hospitals
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

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>45%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>20%</td>
</tr>
<tr>
<td>Heroin</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>21%</td>
</tr>
</tbody>
</table>

Data queried from NYC H+H CHS electronic health record. March 2018
Substance Use Disorder Highly Prevalent in NYC Jail-System

<table>
<thead>
<tr>
<th></th>
<th>Jail-System</th>
<th>AMKC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder</td>
<td>45%</td>
<td>70%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>20%</td>
<td>36%</td>
</tr>
<tr>
<td>Heroin</td>
<td>17%</td>
<td>47%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>21%</td>
<td>32%</td>
</tr>
</tbody>
</table>

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

- 11x Increased Risk of Death
- 129x Increased Risk of OD Death

Binswanger. NEJM. 2007
### Substance Use Disorder Highly Prevalent in NYC Jail-System

<table>
<thead>
<tr>
<th></th>
<th>Jail-System</th>
<th>AMKC</th>
<th>Frequently Incarcerated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder</td>
<td>45%</td>
<td>70%</td>
<td>97%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>20%</td>
<td>36%</td>
<td>84%</td>
</tr>
<tr>
<td>Heroin</td>
<td>17%</td>
<td>47%</td>
<td>37%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>21%</td>
<td>32%</td>
<td>22%</td>
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</tbody>
</table>

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

Medical Intake  Supervised Withdrawal  Jail-Based OTP  A Road Not Taken  MH Services  Naloxone Distribution to Families

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.
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 methadone 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)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>3,261</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>548</td>
</tr>
<tr>
<td>Total</td>
<td>3,908</td>
</tr>
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</table>
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.
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.
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)

- Review of 2016 Admissions
  - 8,200 Patients with OUD Admitted

- 46% KEEP Eligible
  - 3,795 patients
  - Continued or offered initiation of OAT

- 54% KEEP Ineligible due to Felony Arraignment Charges
  - 4,405 patients
  - 1,266 entered DOCCS
  - 3,139 stayed in NYC jail or were discharged
# KEEP Expansion

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>September 2016</strong></td>
<td></td>
<td>277</td>
</tr>
<tr>
<td>Bupe</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>230</td>
</tr>
<tr>
<td><strong>March 2017</strong></td>
<td></td>
<td>346</td>
</tr>
<tr>
<td>Bupe</td>
<td></td>
<td>77</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>269</td>
</tr>
<tr>
<td><strong>September 2017</strong></td>
<td></td>
<td>586</td>
</tr>
<tr>
<td>Bupe</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>486</td>
</tr>
<tr>
<td><strong>June 2018</strong></td>
<td></td>
<td>866</td>
</tr>
<tr>
<td>Bupe</td>
<td></td>
<td>130</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td>736</td>
</tr>
</tbody>
</table>
KEEP Expansion

OTP Enrollment by Quarter

- Q3 '16: 10%
- Q4 '16: 11%
- Q1 '17: 27%
- Q2 '17: 31%
- Q3 '17: 39%
- Q4 '17: 55%
- Q1 '18: 66%

KEEP %
Buprenorphine Expansion Project
(Sentenced patients at EMTC & RMSC)

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of inductions</td>
<td>50</td>
<td>218</td>
</tr>
</tbody>
</table>

(July 2015 - June 2016) (July 2016 - June 2017)

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
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

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?

- Pharmacotherapy: Methadone, Buprenorphine, Naltrexone
- Recovery Support: AA, NA, SMART Recovery, Recovery Coaches
- Psychosocial Interventions: CBT, MI, CM

19.6 Million Adults

2.1 Million Adults

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 this vary, but many with negative prior experiences.
SURE Continuum of Services

- SURE Target Population Report Identifies Patient
- Likely SUD
- Non-M (yet)
- Non-HIV (RCS Target Population)
- Admitted < 3 Days

SURE Intake
- Scheduled
- Pharmacy Selected
- Harm Reduction Screen & Counseling
- Medicaid Application Completed
- Jail-Based Referrals Provided
- Contact with Attorney for Case Tracking
- Initial Reentry Plan Provided

Added to SURE Census
- Planned Release
- Unplanned Release

Report Identifies Released Patients Ever on SURE Census
- SURE Primary
- ARNT Primary
- MH Primary

Transitional Care Services
- Outreach Call
- Review Reentry Plan
- Focused Needs Assessment
- eRX Medications (incl. Naloxone)
- Concretize Referrals
- Warm Handoff Plan for Care Coordination

This recognizes that some patients get SURE Intake upon admission but eventually transition to ARNT or MH who will manage aspects of reentry plan.