

Correctional Health Services

Testimony to the New York City Council Committee on Criminal Justice

by Dr. Bipin Subedi, Chief Medical Officer, NYC Health + Hospitals/Correctional Health Services

October 25, 2022 Oversight: Examining Drugs in City Jails

Good afternoon Chair Rivera and members of the Committee on Criminal Justice. I am Dr. Bipin Subedi, Chief Medical Officer for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I am joined by my colleague, Jeanette Merrill, CHS’ Director of Communications and Intergovernmental Affairs. We appreciate the opportunity to testify today on the topic of drugs in New York City jails. My testimony will focus on CHS’ opioid treatment services and harm-reduction efforts – including our training and distribution of naloxone, also known as Narcan, a life-saving medication that can reverse the effects of an opioid overdose.

I’ll start by providing greater context around substance use and drug overdoses in communities more broadly and correctional settings specifically – including in New York City. We have seen an increase in fatal drug overdoses in communities across the country, with the Centers for Disease Control reporting a 21 percent increase in such deaths in 2021 compared to the year prior.¹ Nationally, we have also seen the rate of deaths in local jails due to drug or alcohol intoxication more than tripled between 2010 and 2019².

In 2020, New York City reported the highest number of overdose deaths since 2000, and the Health Department expects 2021 numbers to exceed the 2020 total.³ On Rikers, in 2021, there were 321 suspected and confirmed overdoses among people in custody – our patients, and from January through September of this year, there were 163 suspected and confirmed overdoses. Since 2020, there have been 7 confirmed and 2 suspected deaths from drug overdoses in the New York City jail system.

The recent increases in overdose deaths – nationally and locally, in jails and in communities – has been driven largely by fentanyl, a synthetic opioid that can be anywhere from 15 to 10,000 times more potent than morphine. Illicitly manufactured fentanyl is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous – especially in a jail setting.

To help mitigate these harms and to address substance use issues among our patients, CHS has developed a robust treatment program centered around early identification of substance use

¹ https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

² <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>

³ <https://www1.nyc.gov/site/doh/about/press/pr2022/overdose-increases-as-harm-reduction-program-scales-up.page>

disorders and interventions to mitigate the morbidity and mortality associated with drug use. This includes a comprehensive screening by both nursing and medical staff for every individual who enters the jail, as well as protocols to address withdrawal. This work is in addition to individual mental health treatment CHS provides to patients with both mental health and substance use needs, which can include medications, individual therapy, and group interventions.

As you may know, CHS also operates the nation's oldest and largest jail-based opioid treatment program, called the Key Extended Entry Program, or "KEEP." Through KEEP, CHS provides methadone and buprenorphine maintenance to patients while they are in jail and provides linkages to community-based treatment and harm-reduction services to patients reentering their communities.

In 2016, before CHS became the direct, independent provider of health care in the City's jails as a new division of NYC Health + Hospitals, about 11 percent of patients who were eligible for medication treatment through KEEP were enrolled in the program. In 2017, CHS expanded eligibility criteria for KEEP enrollment, and today, KEEP engages with about 94 percent of eligible patients; about 88 percent of these individuals choose to enroll in the program. In addition to treating patients who have opioid use disorders, KEEP clinicians identify and counsel patients for whom an apparent overdose was reversed.

It is important to remember, however, that drug overdoses are not exclusively, or even predominantly, among people who have clear opioid or other drug use disorders. Environmental stressors associated with jail incarceration and contaminated drug supplies can increase the risk of overdose in those without a history of drug dependence, particularly among people who are not physiologically tolerant and especially when people are knowingly or unknowingly using fentanyl. Accordingly, CHS has been enhancing its already robust treatment program with broader harm-reduction efforts.

In December 2021, CHS launched an initiative to distribute naloxone to all housing units and to train patients in the use of this life-saving medication, making the New York City jails one of the first correctional systems in the country to provide incarcerated individuals with direct access to this antidote. CHS initially trained individuals in every housing area in every jail and has continued to train patients as they enter and leave custody, reaching more than 1,400 patients to date. CHS now educates every individual at intake about the availability of naloxone in the housing areas and on how to be trained in naloxone use. In addition, KEEP has made naloxone training and distribution a core part of its work, especially in housing areas associated with fatal and non-fatal overdoses. In addition, CHS has worked with the Department of Correction to disseminate educational information to patients on the risks associated with illicit drugs, such as synthetic cannabinoids and fentanyl.

While CHS staff can administer naloxone, and CHS emergency teams carry naloxone, every second counts when responding to an overdose. More than a dozen people in custody who have received naloxone training from CHS have retrieved naloxone kits from their housing bubble and administered it to individuals who appeared to be overdosing. CHS also continues to provide naloxone kits and training to patients' family and friends at the Rikers Island visitor center – distributing more than 46,000 naloxone kits since 2016.

Before closing, I will share an update to our jail-based therapeutic housing model. To better meet the needs of patients who have substance use needs and mental health needs, CHS, in partnership with the Department, opened a new therapeutic housing unit in AMKC last month in order to expand substance treatment services to our patients. This unit, named the Groups for Addictions Treatment Enhancement, or "GATE," targets individuals who have both substance and mental health needs who would otherwise be in general population housing. Through GATE, we have created a stable therapeutic milieu for individuals who are at risk of negative clinical outcomes, leveraging the therapeutic community model and fostering peer-support opportunities.

Through GATE, CHS and DOC staff have developed a robust group-based relapse prevention program, in addition to the psychiatric provider and mental health clinician visits that the patients receive in accordance to their clinical needs. In addition, a psychology-level supervisor oversees the unit, meets with patients regularly, and ensures care coordination between the multidisciplinary staff, including KEEP; and medications are dispensed onsite.

I would like to thank the CHS staff for the innovation and compassion they bring to this work. As CHS has stated in the past, since and in part due to the pandemic, there has been a significant increase in environmental and systemic stressors throughout the entire criminal-legal system that have negatively affected the people we treat. Health care staff will continue to utilize all the tools we have to mitigate these risks; to explore ways to empower our patients; and to expand and enhance our substance use services and harm reduction work.