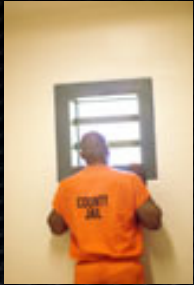




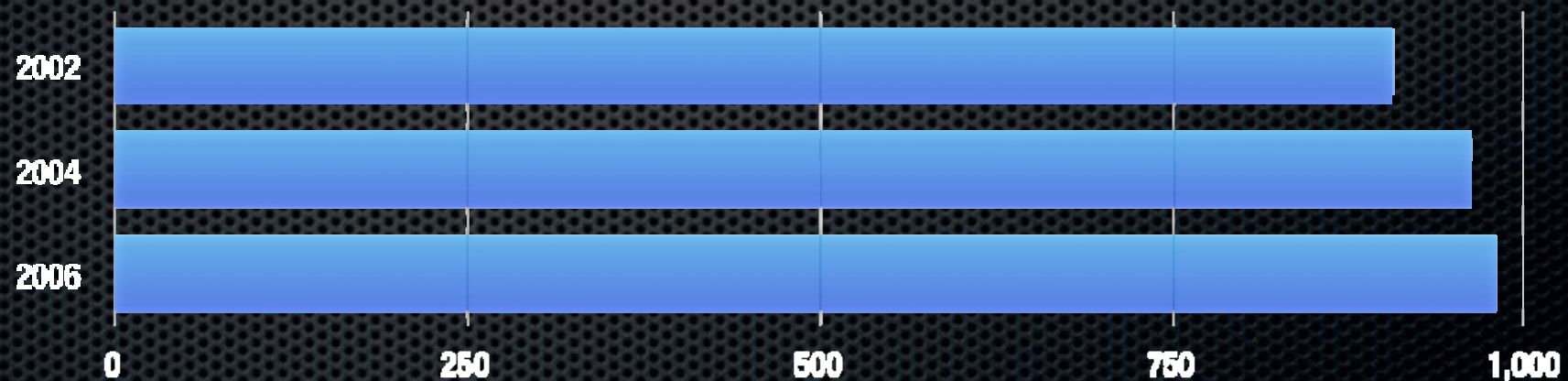
# Overdose Prevention HIV/HCV Transmission Education in New York City Jails

Jason Farrell, CEO Harm Reduction Consulting Services, Inc



# Overview of the Issue

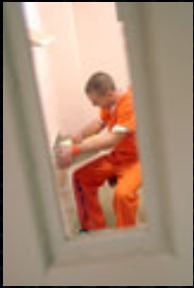
- Research has shown that IDUs are 12.7% times likely to die from an overdose within two weeks of being released<sup>1</sup>.
- In New York City (NYC) between 1990 and 2001, overdose deaths increased by 48%, from 541 to 799 fatalities<sup>2</sup>.
- Overdose rates in NYC have increased dramatically over the past five years, 905 in 2002, 960 in 2004, and 979 in 2006<sup>2</sup>.





# Overview of the Issue

- Sharing of drugs and injection equipment among IDUs incarcerated and upon release has been reported as the cause of high rates of HIV/HCV infection transmission.
- In 2005 New York state prisons reported a total of 4,440 cases of HIV/AIDS, men accounting for 4,040, and women 400.
- By midyear 2000, 1,113,035 inmates (94% of all US inmates) were held in facilities that reported having a testing policy for hepatitis C.
- As of 2005, the US Justice Department's Bureau of Justice Statistics (BJS) report that an estimated 18,953 males and 1,935 females in US State prisons have HIV or AIDS.



# Why this Intervention

- In 2006, Rikers Island correctional facility had an annual inmate population of up to 103,813 individuals, 40% substance users, 7% or more are injection drug users (IDUs)<sup>4</sup>.
- Need to minimize the on going cycle of recidivism, overdose fatalities and of substance users continuously not connecting to desperately needed care.
- Historically substance users did not follow up on referrals made during discharge planning sessions largely due to becoming intoxicated upon release, therefore unable to keep appointment, receive services and risk imprisonment again.
- Harm reduction agencies offered IDUs an opportunity to enroll in services when or if intoxicated, providing dire needed services and prevention equipment such as Naloxone and sterile syringes.



# Response to the Issue

- Positive Health Project, Inc. (PHP) a harm reduction/syringe exchange program in New York City (NYC) collaborated with the NYC Department of Health's Transitional Health Care Services Unit (THCSU) to offer overdose prevention and safe injection educational workshops inside New York City's Rikers Island correctional facility and upon release.
- No time ever before were syringes, safe injection, and overdose prevention education services (legally) brought into a NYC or State correctional facility.
- PHP offered released individuals continued Buprenorphine treatment on-site; and referrals to methadone treatment, inpatient detoxification or rehabilitation services.
- Individuals targeted within the jail were IDUs and those who were scheduled for release prior to completing detoxification, thus likely to inject drugs upon release.



# Delivery of Intervention

- Goals and objectives of the educational workshops were to specifically prevent overdoses among released inmates; prevent HIV/HCV infections due to risky injection practices; connect jailed IDUs maintained on methadone or Buprenorphine to low threshold continued treatment upon release, and harm reduction support services.
- Bi-weekly educational workshops offered information about overdose risks, reverse tolerance, Naloxone distribution, overdose prevention training, sharing drug risks, safer injection techniques, Buprenorphine access, HIV/HCV testing, and medical services
- Recently released inmates were referred to PHP and provided immediate access to sterile injection equipment, overdose prevention training, naloxone, and buprenorphine.



# Intervention Education

- Planning Drug Use: prepare a plan to get high - where, when and with who.
- Obtaining New Injection Equipment: including water, cooker, cotton and drug sharing/mixing equipment.
- Source of Drugs: different source of buying drugs - location, new dealer, unknown brand or type of drug.
- Reverse Tolerance: not injecting the same amount as did day locked up.
- Overdose Risks: location where injecting or getting high (is it a known location, safe relaxing or quick and not safe).
- Sharing Drugs: risks when sharing drugs with friends or person just met to share cost of buying enough drugs to get high.
- Where to Go/ What to Do: after getting high what to do, what services are needed.



# Rikers Island Jail

- The average daily inmate population of Rikers Island fluctuates between 13,000 and 18,000. This is more than the prison population of many state correctional systems.
- Rikers Island includes a Methadone Maintenance and Detoxification Unit for detainees and the Department of Corrections (DOC) Mental Health Center established in 1962.
- Rikers Island has 10 jails with a combined capacity of nearly 17,000 inmates. Among the Rikers facilities are a jail for sentenced males, another for sentenced and detainee females, and a detention center for adolescent males (ages 16 to 18). The seven other jails on the Island house adult male detainees.
- The North Infirmary Command on Rikers Island houses detainees with less serious medical problems and persons with AIDS not requiring hospitalization, as well as high security inmates.





# Services offered by DOC/THCSU

- Drug Detoxification
- Methadone Treatment
- Buprenorphine Treatment
- HIV Treatment
- Primary Medical Care
- Mental Health Services
- HIV Counseling and Testing
- HIV Support Services
- Pre - Release Counseling
- Discharge Planning



# Services offered by Positive Health Project

- Intake triage sessions offering on-site access to Buprenorphine, HIV/STD/HCV testing, and HAV/HBV vaccinations.
- Syringe Exchange
- Naloxone/Overdose Prevention
- Support Groups
- Case Management
- Mental Health Services
- HIV/HCV Primary Care
- Mobile Outreach Services
- Mobile Community Based Syringe Distribution/Disposal
- Drop-in Center
- Women's Services
- MSM IDU Services
- Transgender Services
- Jail based HIV Support Groups and Case Management



# Outcomes and Lessons Learned

- Within 3 months of commencing overdose prevention and safe injection workshops, new clients recently released from Rikers Island increased by 10%. Cumulative data shows 85% of PHP's clients have been incarcerated, 20% been to Rikers Island at least once.
- 217 PHP needle exchange clients were trained/authorized to administer Naloxone injections to prevent overdose fatalities. Current PHP data, shows once a month an overdose is prevented by another IDU.
- Only 6 IDUs started Buprenorphine treatment in 2007. Largely due to 95% of PHP clients are enrolled in Methadone treatment. Many interested in switching medications are not suitable because of long term misuse of benzodiazepines.
- Last year 2007, 252 individuals attended a weekly Buprenorphine educational group, 76 individuals requested an individual screening session for Buprenorphine, and 435 individuals received information about Buprenorphine during outreach activities.



# Replication of Services

- Currently 14 New York syringe exchange programs provide OD prevention training.
- 4 syringe exchange programs offer Buprenorphine treatment inductions on-site.
- In the past year 60 IDUs have been inducted or started Buprenorphine treatment at New York City syringe exchange programs.
- > 2,700 participants trained as overdose responders and have been provided with overdose rescue kits - 15% of syringe exchange program participants
- > 220 overdose reversals reported in New York City to date
- Of the 110 syringe exchange programs who participated in the North American Syringe Exchange Program Evaluation conducted by Don des Jarlais, 42% provide naloxone, and 9% offer access to Buprenorphine treatment.



# US Jail Based Overdose Prevention

- San Francisco County Jail - Harm Reduction Coalition provides overdose prevention training inside women's jail, then provides Naloxone to women who visit local SEP. To date, since start of jail-based trainings in January 2008, 42 women have been trained. Trainings are offered to women once a month.
- Pittsburgh County Jail - Prevention Point Pittsburgh offers overdose prevention and response trainings inside the county jail. Sterile syringes and naloxone are available upon release at local syringe exchange program sites. To date, since start of jail based trainings in 2003, 4,700 IDUs/DUs have been trained. Trainings are offered to men and women 1 to 2 times a month inside the jail facility.
- Metropolitan Detention Center – The New Mexico Department of Health has been providing overdose prevention trainings inside the detention center since February 2006. Presently, 350 trainings were provided - 330 drug injectors/users completed successfully. Naloxone is provided upon release from jail at needle exchange program (NEP) sites. 33% percent of jail trained IDUs picked up Naloxone after being released.



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- Alice Bell, L.C.S.W. - Overdose Prevention Project Coordinator Prevention Point Pittsburgh
- Bernie Lieving, LMSW - Harm Reduction Program Manager New Mexico Dept. of Health



# Research References

- **1** - Seaman SR, Brettle RP, Gore SM. Mortality from overdose among injecting drug users recently released from prison: database linkage study. *BMJ* 1998;316:426-428.
- **2** - New York City Department of Health and Mental Hygiene, Vital Statistics Unit 2008
- **3** - The US Justice Department's Bureau of Justice Statistics (BJS) 2005
- **4** - New York City Department of Corrections 2008
- **Slide 10** - Dr. Sharon Stancliff, Medical Director, Harm Reduction Coalition 2008
- **Slide 11** - Positive Health Project, Inc. 2008



# For More Information

- Jason Farrell, CEO Harm Reduction Consulting Services, Inc.  
[jason@hracsny.com](mailto:jason@hracsny.com)
- Transitional Health Care Services Unit - New York City Department of Health and Mental Hygiene  
[www.nyc.gov](http://www.nyc.gov)
- New York City Department of Correction  
[www.nyc.gov](http://www.nyc.gov)
- New York State Office of Alcohol and Substance Abuse Services  
[www.oasas.state.ny.us](http://www.oasas.state.ny.us)
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