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The Assembly Standing Committee on Alcoholism and Drug Abuse
The Assembly Committee on Health
The Assembly Committee on Correction
Public Hearing
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On behalf of The New York Academy of Medicine, thank you for the opportunity to testify on the effectiveness of medication-assisted treatment programs in state and local correctional facilities.

Established in 1847, The New York Academy of Medicine is dedicated to ensuring everyone has the opportunity to live a healthy life. Through original research, policy, and program initiatives, we provide the evidence base to address the structural and cultural barriers to good health and drive progress toward health equity. This work, and our one-of-a-kind public programming, is supported by our world class historical medical library and our Fellows program, a unique network of more than 2,000 experts elected by their peers from across the professions affecting health.

The Academy has been involved in research, programming, and policy related to drug use since 1917, consistently advocating for evidence-based public health interventions. Over 100 years later, with the current context of the overdose epidemic, drug policy remains a priority of ours to achieving health equity for all New Yorkers. We believe that expanding access to medication assisted treatment to individuals experiencing incarceration is a critical component of addressing the overdose epidemic, and we appreciate the Assembly's attention to this issue.

Overdose deaths involving opioids have risen dramatically in recent years across New York State, with rates that exceeded the national average in 2016.[1,2] Though virtually every region and socio-demographic group in the State has experienced the

devastating impact of preventable overdose deaths, there are some populations at high risk to whom evidence-based interventions can be targeted.

Release from incarceration has been associated with 3–12 times increased risk of death, due in large part to increased risk for drug-related deaths.[3,4] More specifically, the risk of overdose death has been found to be greatest in the 2 weeks following release from incarceration, likely due to decreased tolerance as a result of abstinence during incarceration.[5] Opioid use and substance use disorders are highly prevalent in correctional settings in the US. Nationally, an estimated 12% of individuals incarcerated in jail settings regularly use opioids compared to under 2% in the general population.[6,7] In New York, the New York State Department of Corrections and Community Supervision (DOCCS) has reported that 80% of individuals incarcerated in state prisons are in need of substance use disorder treatment.[8]

Fortunately, there are highly effective medications that can be used to treat opioid use disorders and prevent related deaths– specifically, two opioid agonist therapies, methadone and buprenorphine. The Centers for Disease Control and Prevention, the National Institute on Drug Abuse, the American Medical Association, and the World Health Organization, along with numerous other national and international health organizations, have endorsed their efficacy and the critical need to expand access to these treatment options to prevent opioid overdose deaths.[9–12] A meta-analysis pooling 19 studies found that treatment with buprenorphine and methadone is associated with significant reductions in patient mortality from overdose.[13] Increasing availability of these medications through a comprehensive set of initiatives in Baltimore including increasing the number of methadone programs, reimbursing physicians to participate in buprenorphine training, and beginning a methadone program in jail was associated with an overall 50% reduction in overdose deaths.[14] Treatment with methadone and buprenorphine has been associated with a number of other health-related benefits including reductions in opioid and other drug use, improvements in treatment retention, and reductions in HIV and Hepatitis C risk behaviors.[10,15] Yet, these medications remain underutilized due to stigma, misinformation, systemic barriers, and a lack of targeted resources.[16,17]

Over 20 years ago, a consensus panel convened by the National Institute of Health and the National Institute on Drug Abuse urged the Office of National Drug Control Policy and the US Department of Justice to implement their recommendation for methadone maintenance treatment to be made available to people with opioid dependence under legal supervision.[18] The World Health Organization recommended in 1999 that methadone be made available in prisons to help prevent HIV transmission.[19] Yet, nationally and in New York State, these medications are still not available to most people who are incarcerated.[20] Given the burden of substance use

disorders among individuals experiencing incarceration and the low rate of engagement with medication assisted treatment, treatment should be available in every possible setting interacting with people who use drugs. While correctional settings are not an optimal environment for addressing health care needs, standard treatments for any health condition, including opioid use disorders, should be made widely available.

The gravest consequence of lack of access to medication assisted treatment in correctional settings is fatal overdose. Release from incarceration is among the highest risk factors for fatal overdose.[3,4] Offering medication assisted treatment in correctional settings is an opportunity to protect individuals upon release from a fatal overdose, especially if there is a system in place to ensure linkages with community-based treatment and Medicaid enrollment, if eligible, upon release. The U.S. Department of Health and Human Services Office of Minority Health has identified continuity of care for individuals released from incarceration as a top priority in addressing their excess risk of mortality.[21]

Lack of access to medication assisted treatment is also harmful to the health of individuals currently stabilized on medication in the community who become incarcerated and are forced to discontinue treatment. This not only results in the severe distress and discomfort associated with forced withdrawal in a correctional setting, but has also been shown to contribute to a resistance to engage in subsequent treatment in the community for fear of forced withdrawal.[22]

This lack of access disproportionately impacts low-income communities of color that are over-represented in the criminal justice system, creating significant health inequities.[23] New York City in particular is experiencing socio-demographic shifts in the overdose epidemic consistent with this disparate access to resources, with the highest overdose death rates in 2017 occurring among African-American New Yorkers and New Yorkers living in neighborhoods with the highest poverty.[24]

Evidence indicates that providing opioid agonist therapy during incarceration is effective in terms of health impacts, in addition to criminal justice related benefits.[25] Consistent with the benefits of community-based treatment with opioid agonist therapy, provision of these medications in correctional settings has been associated with reduced opioid use, drug-related risk behaviors, overdose, and mortality, as well as improvements in post-release retention in treatment.[26] Existing programs at Rikers Island and the Rhode Island Department of Corrections indicate that, while regulatory and institutional barriers exist, it is feasible to implement large medication assisted treatment programs in both jails and prisons.[27]

We are encouraged by the Assembly's attention to this issue with Assembly Bill A8774B relating to the establishment of a program for the use of medication

assisted treatment for inmates, which would instruct the DOCCS and Commission of Correction (COC) Commissioners to implement a medication assisted treatment program for both state prisons and county jails and correctional facilities. Critical provisions of this bill include: the availability of all FDA approved medications for treating substance use disorders; ensuring that clinical decisions regarding dose and type of medication are made by qualified health care professionals; establishing a reentry strategy to connect individuals with community treatment & Medicaid enrollment upon release; and supplying one weeks' worth of medication upon release from incarceration to ensure continuity of care, where possible under federal regulations.

Expanding access to medication assisted treatment in jails and prisons in New York State has the potential to improve the health of those who face the greatest barriers to achieving optimal health, especially those from low-income communities of color who disproportionately experience the harms of incarceration. It is well-known that incarceration negatively impacts health.[23] Establishing a statewide medication assisted treatment program for correctional settings has the potential to reduce health inequities, which we believe must be part of any strategy to address the overdose epidemic.

Thank you again to the Assembly Standing Committee on Alcoholism and Drug Abuse, The Assembly Committee on Health, and the Assembly Committee on Correction for the opportunity to testify on this important issue.

For more information, please contact Michele Calvo at mcalvo@nyam.org.

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1. New York State Department of Health. *New York State – Opioid Annual Report*.; 2017. https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2017.pdf.
2. National Insitute on Drug Abuse (NIDA). New York Opioid Summary. Opioid Summaries by State. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/new-york-opioid-summary. Published 2018.
3. Binswanger IA, Stern MF, Deyo RA, et al. Release from prison--a high risk of death for former inmates. *N Engl J Med*. 2007;356(2):157-165. doi:10.1056/NEJMsa064115.

4. Lim S, Seligson AL, Parvez FM, et al. Risks of drug-related death, suicide, and homicide during the immediate post-release period among people released from New York city jails, 2001-2005. *Am J Epidemiol*. 2012. doi:10.1093/aje/kwr327.

5. Merrall ELC, Kariminia A, Binswanger IA, et al. Meta-analysis of drug-related deaths soon after release from prison. *Addiction*. 2010. doi:10.1111/j.1360-0443.2010.02990.x.

6. Chandler RK, Finger MS, Farabee D, et al. The SOMATICS collaborative: Introduction to a National Institute on Drug Abuse cooperative study of pharmacotherapy for opioid treatment in criminal justice settings. *Contemp Clin Trials*. 2016. doi:10.1016/j.cct.2016.05.003.

7. Center for Behavioral Health Statistics and Quality. *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*.; 2015. http://www.samhsa.gov/%0Adata/.

8. New York State Office of Alcoholism and Substance Abuse Services. OASAS Criminal Justice Services – Programs – Department of Correctional Services. https://www.oasas.ny.gov/cj/programs/DOCS.cfm. Accessed November 9, 2018.

9. National Institute on Drug Abuse (NIDA). How effective are medications to treat opioid use disorder? 2018. https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder.

10. World Health Organization (WHO). *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence*.; 2009.

11. American Medical Association (AMA). With Opioid Deaths Increasing, AMA Urges Expansion of Proven Treatment | American Medical Association. https://www.ama-assn.org/opioid-deaths-increasing-ama-urges-expansion-proven-treatment. Published 2018. Accessed November 8, 2018.

12. Volkow ND, Frieden TR, Hyde PS, Cha SS. Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic. *N Engl J Med*. 2014. doi:10.1056/NEJMp1402780.

13. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*. 2017. doi:10.1136/bmj.j1550.

14. Schwartz RP, Gryczynski J, O'Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, maryland, 1995-2009. *Am J Public Health*. 2013;103(5):917-922. doi:10.2105/AJPH.2012.301049.

15. Connery HS. Medication-assisted treatment of opioid use disorder: Review of

the evidence and future directions. *Harv Rev Psychiatry*. 2015. doi:10.1097/HRP.0000000000000075.

16. U.S. Department of Health and Human Services (HHS) O of the SG. *Facing Addiction in America: The Surgeon General's Spotlight on Opioids*. Washington, DC; 2018. https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf.

17. Jones CM, McCance-Katz EF. Characteristics and prescribing practices of clinicians recently waivered to prescribe buprenorphine for the treatment of opioid use disorder. *Addiction*. October 2018. doi:10.1111/add.14436.

18. Effective Medical Treatment of Opiate Addiction. *NIH Consens Statement* . 1997;15(6):1-38. https://consensus.nih.gov/1997/1998treatopiateaddiction108html.htm. Accessed November 9, 2018.

19. World Health Organization (WHO). *WHO Guidelines on HIV Infection and AIDS in Prisons*.; 1999. http://www.unaids.org/sites/default/files/media_asset/jc277-who-guidel-prisons_en_0.pdf. Accessed November 9, 2018.

20. Friedmann PD, Hoskinson R, Gordon M, et al. Medication-assisted treatment in criminal justice agencies affiliated with the criminal justice-drug abuse treatment studies (CJ-DATS): Availability, barriers, and intentions. *Subst Abus*. 2012. doi:10.1080/08897077.2011.611460.

21. U.S. Department of Health and Human Services Office of Minority Health (OMH). Justice and Health Initiatives. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=18. Published 2018. Accessed September 11, 2018.

22. Fu JJ, Zaller ND, Yokell MA, Bazazi AR, Rich JD. Forced withdrawal from methadone maintenance therapy in criminal justice settings: A critical treatment barrier in the United States. *J Subst Abuse Treat*. 2013. doi:10.1016/j.jsat.2012.10.005.

23. Brinkley-Rubinstein L. Incarceration as a catalyst for worsening health. *Heal Justice*. 2013. doi:10.1186/2194-7899-1-3.

24. Nolan ML, Tuazon E, Blachman-Forshay J, Paone D. Unintentional Drug Poisoning (Overdose) Deaths in New York City, 2000 to 2017. *New York City Dep Heal Ment Hyg Epi Data Br* . 2018;104. https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief104.pdf. Accessed November 9, 2018.

25. Dolan KA, Shearer J, White B, Zhou J, Kaldor J, Wodak AD. Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-

incarceration and hepatitis C infection. *Addiction*. 2005;100(6):820–828. doi:10.1111/j.1360–0443.2005.01050.x.

26. Hedrich D, Alves P, Farrell M, Stöver H, Møller L, Mayet S. The effectiveness of opioid maintenance treatment in prison settings: A systematic review. *Addiction*. 2012. doi:10.1111/j.1360–0443.2011.03676.x.

27. Marlowe DB, Wakeman S, Rich JD, Peterson Baston P. *Increasing Access to Medication–Assisted Treatment for Opioid Addiction in Drug Courts and Correctional Facilities and Working Effectively With Family Courts and Child Protective Services Chief of Science, Policy & Law National Association of Drug Court Professionals*.; 2016. http://atforum.com/wp–content/uploads/white–paper–3.pdf. Accessed November 9, 2018.