

Corrections: The Next Challenge for Harm Reduction In the U.S.



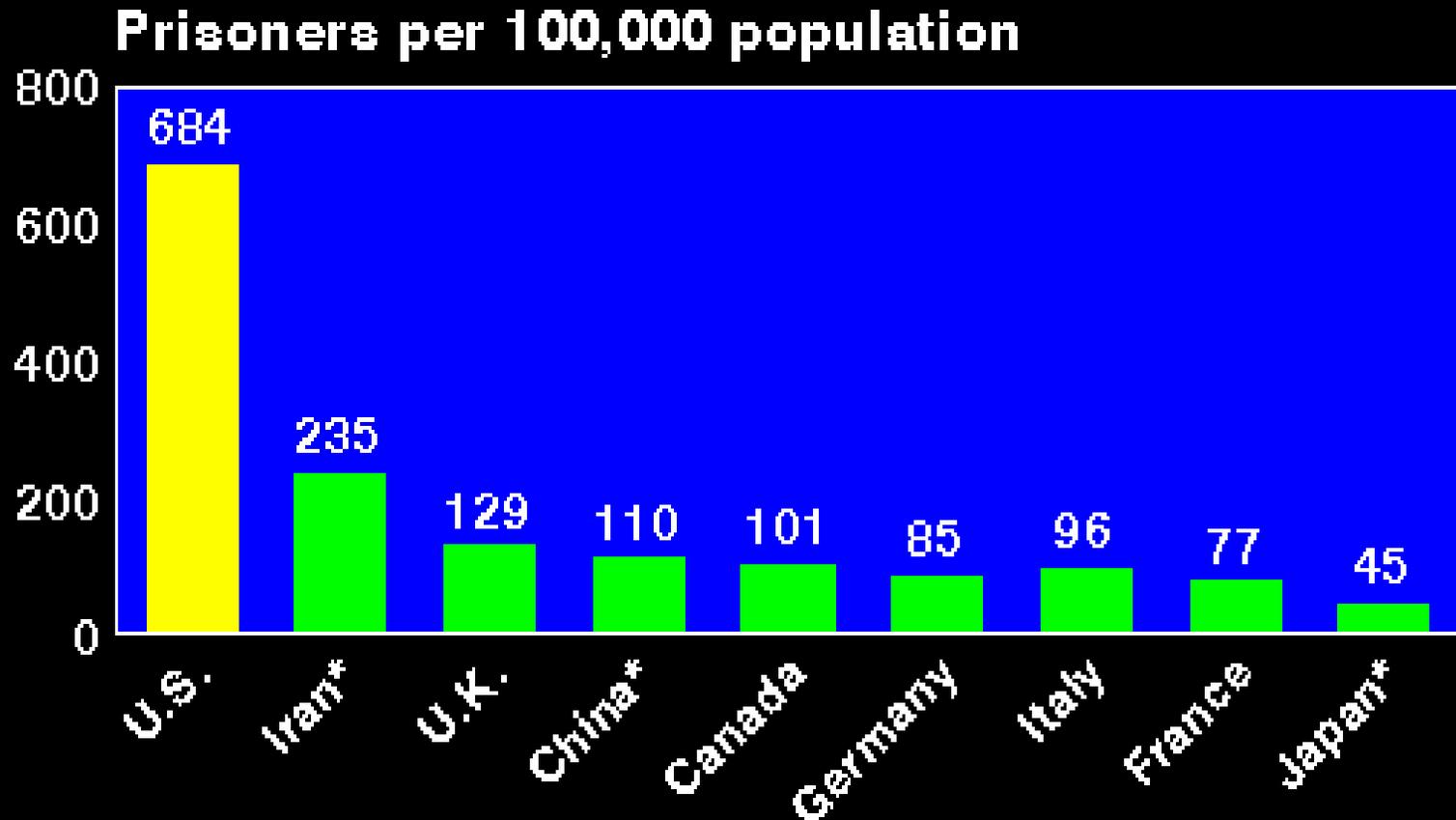
Bruce G. Trigg, MD
Medical Director
New Mexico Department of Health
Public Health Program at
Metropolitan Detention Center
Albuquerque, New Mexico

12/06/05

**“Harm reduction is the
intersection of public health
and human rights”**

**Ethan Nadelmann, Director of
Lindesmith Center**

Incarceration Rates, 2001



Source: www.homeoffice.gov.uk/rds/pdfs/r166.pdf & [pdfs2/hosb1203.pdf](http://www.homeoffice.gov.uk/rds/pdfs2/hosb1203.pdf)

* Data are for 2000

U.S. Prison and Jail Population, 1926-2002



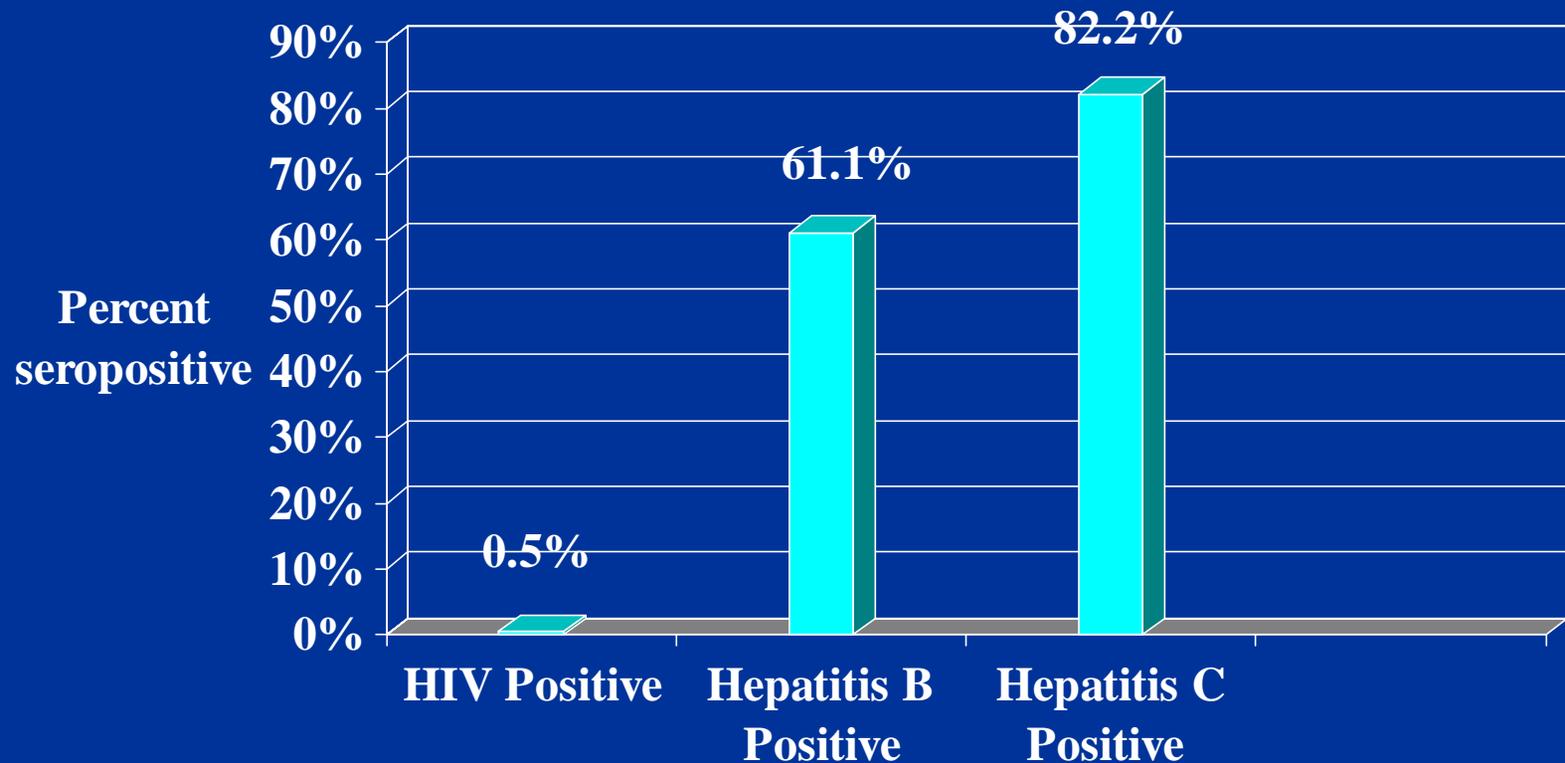
Note: 13% of Black men cannot vote because of criminal records: > 1 of 4 in AL, FL, MS, IO, NM, WA, WY

Source: Historical Statistics and Stat. Abstract of the U.S., Bur. of Justice Stats., NYT 10/23/85

Burden of Chronic Infection with Hepatitis Viruses among Released Inmates, United States, 1996

Chronic Infection	Inmates with Chronic Infection	Infected Non-Inmate Population	Infected Total US Population	Infected Inmates Released
HBV	34,000 (2%)	1.0-1.25 million (0.5%)	1.036-1.29 million	155,000 (12-15%)
HCV	255,000 (15%)	2.7 million (1.3%)	2.97 million	1.3 million (39%)

HIV, HBV, and HCV Among Injection Drug Users in New Mexico



Samuel MC, Doherty PM, Bulterys M, Jenison SA
Epidemiol. Infect. 2001 Dec;127(3):475-84

New Mexico Harm Reduction Act of 1997

- Mandates the Department of Health to:
 - Establish and administer a harm reduction program for the purpose of sterile hypodermic syringe and needle exchange
 - Compile data to assist in planning and evaluation efforts to combat the spread of blood-borne diseases

Seven Years of Harm Reduction in NM

- Syringe exchange started April 1, 1998
- Includes free hepatitis testing and immunizations, STD and drug Rx referrals
- Over 9,000 enrolled statewide - >20 sites
- >95% collection rate
- Over 5 million syringes exchanged since beginning
- 1.5 million exchanged in 2004

Other Harm Reduction Initiatives

- Legislation to promote pharmacy access to sterile syringes – passed
- Legislation to allow for naloxone (Narcan) distribution and administration - passed 2001
- Law enforcement education and Narcan program
- Acu-detox technician program – passed 2004
- Buprenorphine training outreach program – Dec. 2004

Metropolitan Detention Center

- **Joint operation of Albuquerque and Bernalillo County governments**
- **Opened June, 2003**
- **50th largest jail in U.S.**
- **Current capacity for 2100 inmates**
- **Construction cost: \$100 million**
- **> 40,000 bookings/year**
 - **> 20% with 2 or more admissions**
 - **60% leave within 72 hours**

Metropolitan Detention Center
Public Health Office opened
January, 2004

Public Health Programs at MDC

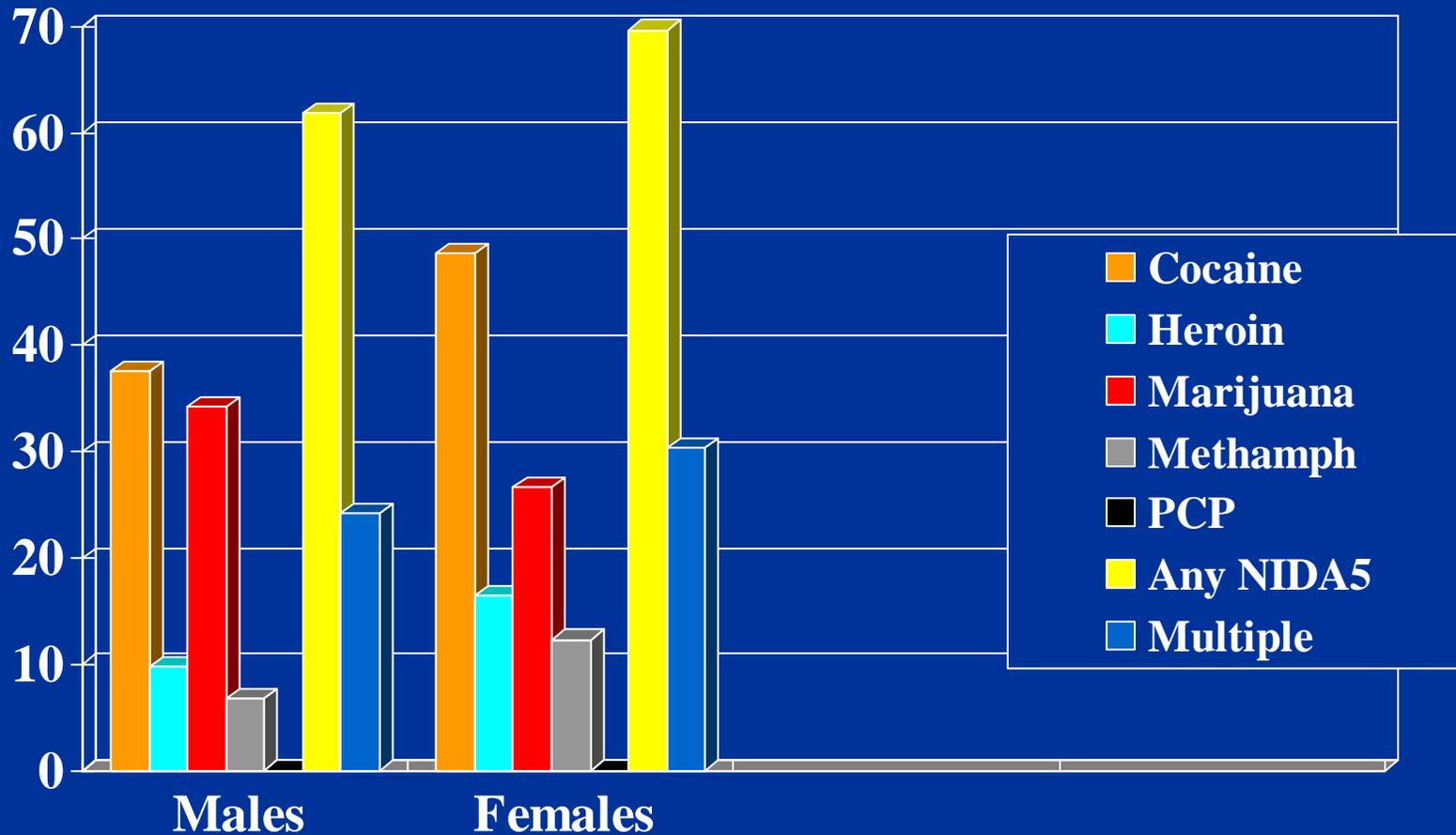
- **Family planning services using Federal Title X funding**
- **STD control: screening, testing, treatment, partner notification**
- **Referral to community services**
- **Health education/harm reduction programs with CBO partners**

Public Health Programs at MDC

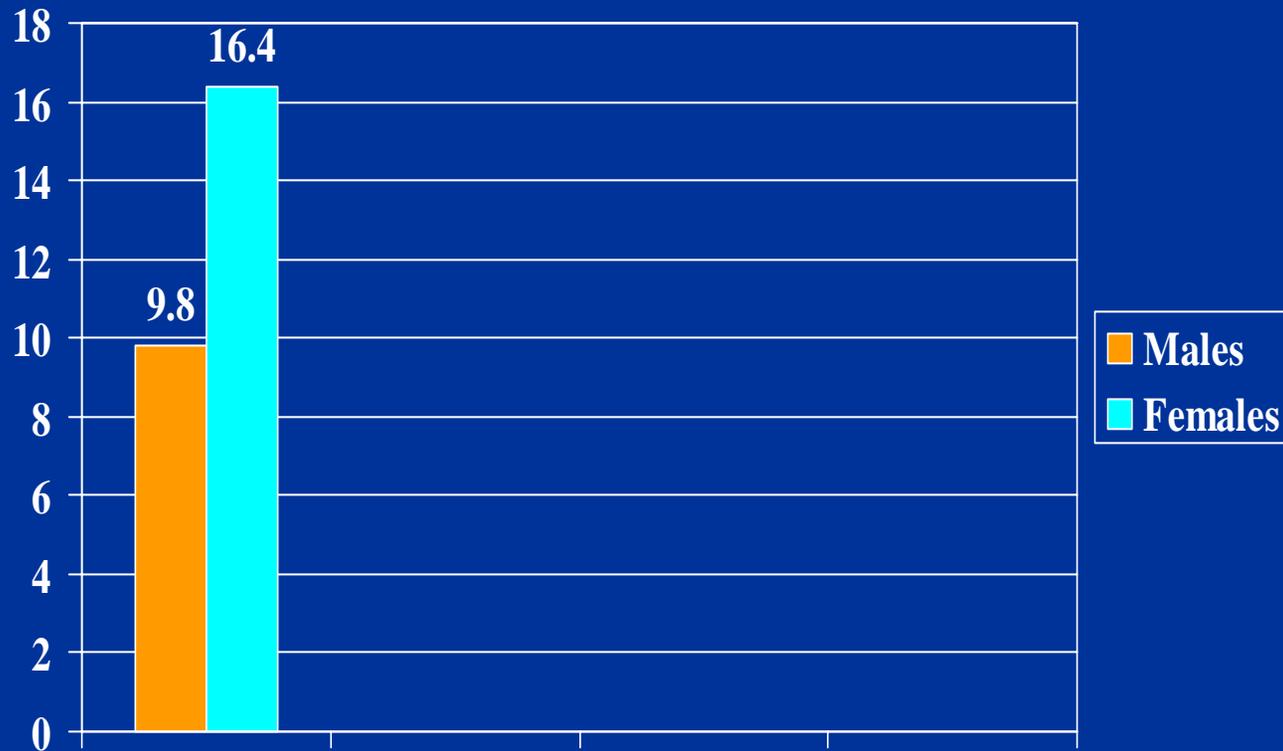
- **Hepatitis program - immunizations, education, referrals for testing and care after release**
- **HIV counseling and testing**
- **HIV consultation and medications**
- **Methadone maintenance pilot treatment program started 11/05**

BCDC ADAM 2002

Percentage of Arrestees Testing Positive For:



Heroin Use By BCDC Arrestees, 2002



Methadone Maintenance at Metropolitan Detention Center

- 2 to 3% of inmates enrolled in community methadone maintenance programs at time of arrest
- Methadone maintenance discontinued in 1997
- **With exception of pregnant women**
- Methadone Maintenance Pilot Program started November 2005

Why Should MDC Continue Methadone Maintenance?

- Involuntary detox (“cold turkey”) is inhumane and dangerous
- Can decrease drug seeking behaviors and high risk use in jail
- After release, overdose deaths increase due to high rates of relapse to drug use.
- Fear of detox in jail discourages some users from entering methadone treatment

Methadone Maintenance Treatment (MMT) Pilot Program

- **Voluntary methadone maintenance program for those currently enrolled in MMT**
- **Regular counseling sessions**
- **Services by community MMT contractor**
- **No charge to inmates; funded by Department of Health**
- **Evaluation: \$100,000 RWJ research grant**

Successful Model at Rikers Island Jail, NYC

- **3,000 heroin addicts started and maintained yearly on methadone**
- **Release to dedicated slots in community programs**
- **95% of eligible addicts accept methadone treatment**
- **80% of participants report to community-based treatment programs upon release**

Opiate replacement therapy (ORT)

The primary goal of opiate replacement therapy is to reduce illegal heroin use and the crime, diseases and deaths associated with heroin addiction.

NIH Consensus Statement 1997

“All opiate-dependent persons under legal supervision should have access to methadone maintenance therapy...”

Effective Medical Treatment of Opiate Addiction. NIH Consensus Statement 1997 Nov. 17-19;15(6):2

National Jail Survey

- 500 jails surveyed/245 responses
- Only one in eight continued methadone treatment during incarceration
- 50% did not use appropriate medications for detoxification (withdrawal from heroin or methadone)
- Larger jails more likely to follow established protocols.

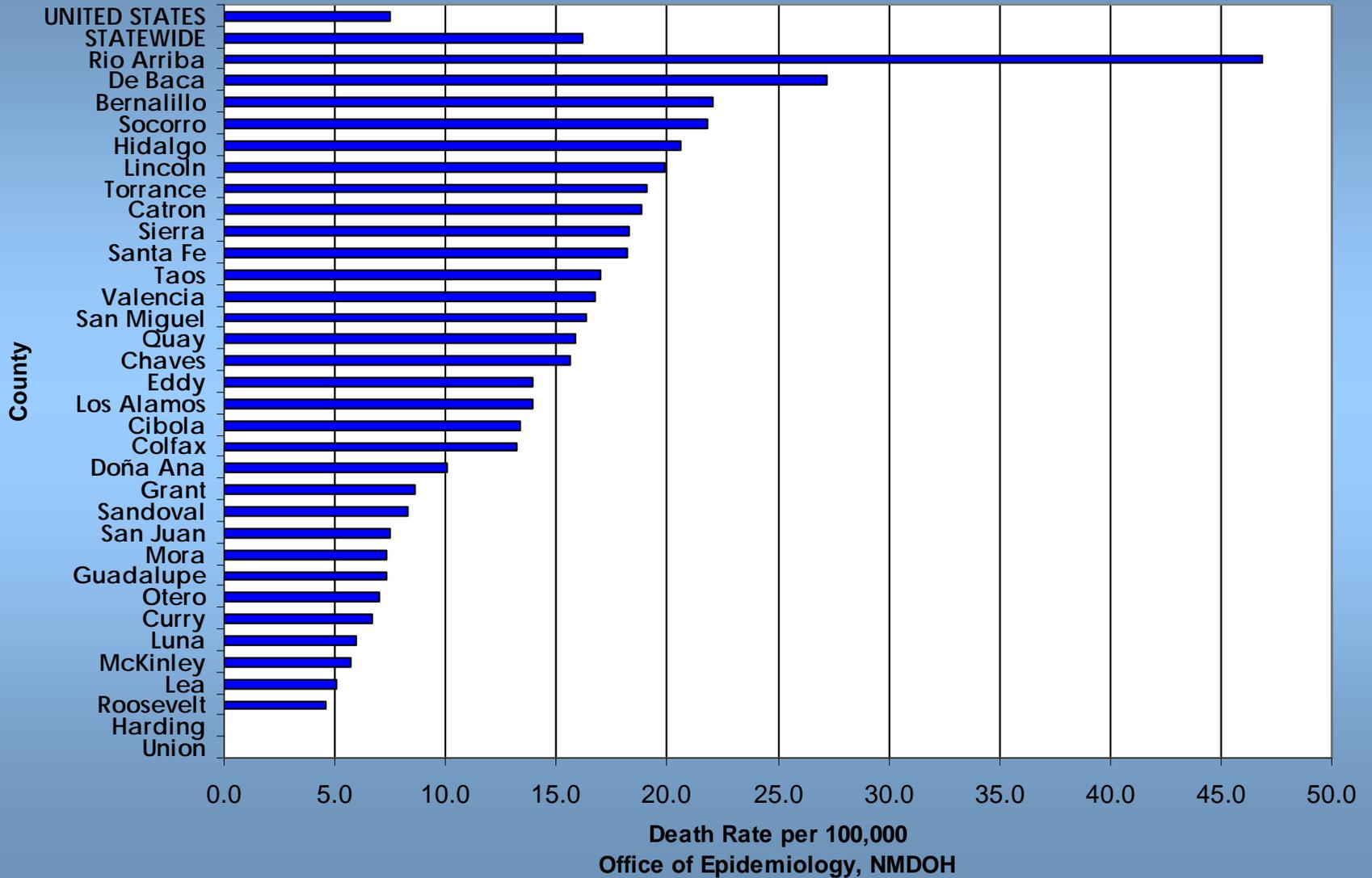
Fiscella K, Moore A, Engerman J, Meldrum S. Journal of Urban Health: Bulletin of the NY Academy of Medicine, Vol. 81, No. 4.

D-430.996 Opiate Replacement Therapy Programs in Correctional Facilities

Our AMA will support and develop model legislation in the jurisdiction where it is most feasible to institute voluntary (for inmates) opioid replacement treatment pilot programs, (including **methadone** and **buprenorphine** maintenance treatment) in jails and prisons and these programs will be accompanied by an evaluation process to determine whether such treatment modalities decrease recidivism, crime, and transmission of infectious diseases among populations at risk in incarcerated settings in the states being studied. (Res. 443, A-05)

Passed June, 2005

NM Drug Mortality 2000-2002



Drug Overdose Deaths Decrease Statewide, New Mexico, 2004

- Deaths caused by heroin, cocaine, and methamphetamine decreased by 16% statewide
- Proportion of deaths caused by heroin among all overdose deaths decreased from 50% to 40%.

Nina Shah, MS

New Mexico Epidemiology, August 26, 2005 Vol. 2005, No. 6

Overdose Deaths and Prevention in New Mexico

- Highest rate in the US (15/100,000 for 2002-2004)
- 912 person trained in Narcan program (67% in Albuquerque, 32% in Espanola, 1% Las Cruces)
- 116 reports of reversed overdoses using naloxone

“Project Blue” at MDC

- Outreach Teams hold Harm Reduction classes about syringe exchange, safer vein care, and overdose prevention
- Inmates are enrolled in Dept. of Health administered SEP and Overdose Prevention/Narcan program
- Participants pick up 30 syringes, 2 syringes of naloxone, injecting equipment, condoms, and referral info at designated community sites

Remaining Challenges

- Develop model programs in NM to initiate voluntary pre-release opioid replacement treatment for jail inmates addicted to heroin
- Condom availability in correctional settings
- Availability of bleach and supplies for safer injecting and/or tattooing in correctional facilities
- Syringe exchange programs in jails and prisons (?)

WHO Europe
*Status Paper on Prisons, Drugs
and Harm Reduction*
May 2005

- “The evidence of the effectiveness of harm reduction action is now overwhelming.”

Support for WHO Report

- “Last week, WHO distributed to all European ministries of health one of the most important documents on prison health ever published.
 - *The Lancet* 7/2/05
- “The Europeans seem to have grasped the idea that infections contracted behind bars end up back in the broader society when infected inmates get out.”
 - *New York Times* 7/22/05

WHO Recommends That All Prison Systems

Provide clinical management of drug-dependent prisoners at a standard in prisons equivalent to that in the local community

WHO Recommends That All Prison Systems

Develop a planned and comprehensive clinical treatment programme for drug-dependent prisoners, including use of opiate substitution therapy

WHO Recommends That All Prison Systems

Develop a needle-exchange programme equivalent to that available in the community, especially if the local prevalence of HIV or Hepatitis C is high or if injecting drug use is known to occur in prison

**Public Health
Is the Constant
Redefinition
of the
Unacceptable**



NEW MEXICO
DEPARTMENT OF
HEALTH