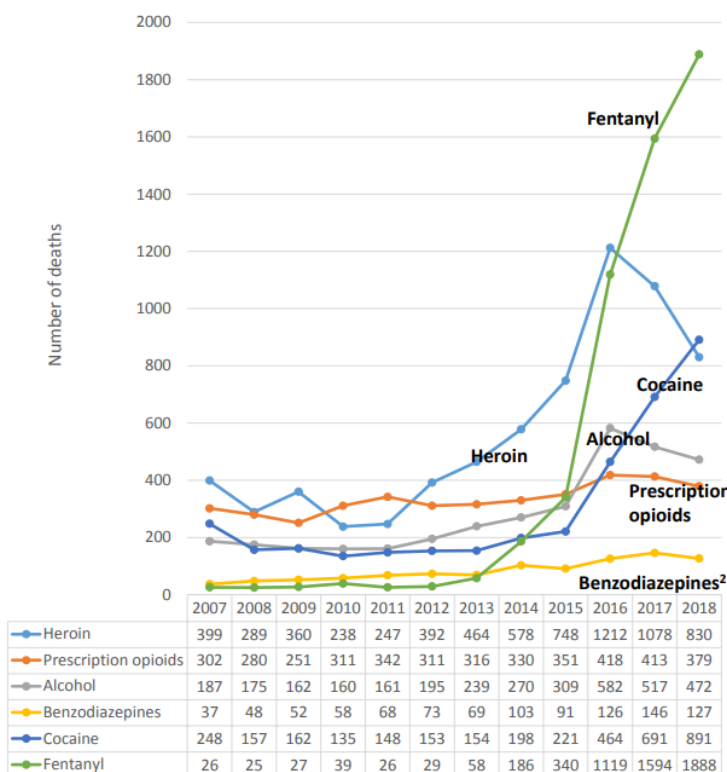




To: The Honorable Chair, Delegate Luke Clippinger
 From: Melissa S. Rock, Birth to Three Strategic Initiative Director & Ashley DeVaughn, Youth Justice Policy Director
 Re.: **SB 255: Correctional Services - Pregnant Incarcerated Individuals - Substance Abuse Assessment and Treatment**
 Date: February 11, 2020
 Position: **SUPPORT as Amended**

The opioid crisis stretches across all of Maryland. The graph below shows the numbers of drug and alcohol related deaths across Maryland from 2007-2018.ⁱ According to the University of Maryland Medical Center, “Harford County saw a 173 percent increase in opioid-related deaths from 2013 to 2017, and Baltimore City saw a 69 percent increase.... Opioid overdose is among the state's top four causes of death.”ⁱⁱ Neonatal

Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances¹, Maryland, 2007-2018.



¹Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.

²Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS) may occur when women use opioids during pregnancy. “A recent national study showed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births — that is one baby born with NAS/NOWS every 15 minutes in the United States.... In Maryland, 1,419 cases of NAS/NOWS were reported in 2015.”ⁱⁱⁱ In FY 2017, Maryland’s Social Services Administration reported 2,336 referrals for substance exposed newborns.^{iv}

It is critical that pregnant individuals who are incarcerated be offered access to the behavioral health and substance use disorder care and care coordination that they

need. It is less traumatic for a fetus that is substance exposed if that pregnant individual

receives medication assisted treatment (MAT) rather than withdrawal or abstinence.^v “The use of MAT, in combination with counseling and behavioral therapies, and access to a range of supportive services, such as housing and employment services, assists the mother in achieving a more stable life.”^{vi} (Internal citations omitted.) Therefore, it is critical that pregnant individuals be assessed and be permitted to continue their substance use disorder and behavioral health treatment upon incarceration and upon exit from corrections facilities.

The provisions in HB 524 align Maryland practice with the “Substance Use Disorder Treatment for Adults and Adolescents” Position Statement of the National Commission on Correctional Health Care (NCCHC), which is a body that established health care standards for correctional facilities.^{vii} **By passing HB 524 as amended, Maryland will be giving pregnant individuals with substance use disorders entering and exiting the correctional system the best chance at getting and staying drug free, and thus making their pregnancies and deliveries safer and healthier.**

ⁱ Maryland Department of Health, “Unintentional Drug-and Alcohol-Related Intoxications Death in Maryland, 2018” at p. 14 (May 2019).

ⁱⁱ https://health.maryland.gov/vsa/Documents/Overdose/Annual_2018_Drug_Intox_Report.pdf

ⁱⁱⁱ <https://www.umms.org/ummc/health-services/addiction/fighting-the-opioid-epidemic>

ⁱⁱⁱ <https://www.drugabuse.gov/opioid-summaries-by-state/maryland-opioid-summary>

^{iv} Maryland Department of Human Services Social Services Administration, “Child Welfare Performance Indicators Report” at p. 7 (December 2017).

^v Substance Abuse and Mental Health Services Administration. A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016 at p. 7. Available at: <http://store.samhsa.gov/>.

^{vi} Id. at p. 9.

^{vii} <https://www.ncchc.org/substance-use-disorder-treatment-for-adults-and-adolescents>