



ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

Marc Elrich
County Executive

Testimony in Support of Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (SB0190)

February 8, 2023

Dear Chairman Smith and Respected Committee Members:

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC) urges you to support with amendment Correctional Services – Pregnant Incarcerated Individuals – Substance Use Disorder Assessment and Treatment (SB0190).

AODAAC provides guidance to the County Executive and County Council for Montgomery County by identifying alcohol and other drug prevention and treatment needs and reviewing the county's efforts in addressing those needs. We are comprised of experts in prevention and treatment, and have representatives from the legal, business, and medical communities.

Aim of the Bill

This bill addresses the plight of incarcerated pregnant individuals, a vulnerable, underserved, and growing population. The bill requires screening/assessment, treatment, and planning for follow-up care for consenting pregnant persons using opioids. Two suggested amendments to the bill are described below.

AODAAC's Position

AODAAC supports this bill because it will address a significant lack of treatment support for pregnant incarcerated individuals with substance use disorder. Additionally, it will enhance the safety of the individual and the child by reducing the risk of relapse and potential overdose, re-incarceration, and infectious diseases. However, we do suggest two amendments to increase the success of implementation of this treatment in the criminal justice setting.

Rationale for Supporting the Bill It is well documented that the rate of incarceration for women has increased by over 700% between 1980 and 2019, outpacing the rate of increase for men.ⁱ Along with the concerning rates among women in general, maternal use of opioids quadrupled from 2009 to 2014. Ninety per cent of incarcerated women report having a substance use disorder and are more likely than men to have used substances in the month prior to incarceration. Women constitute a significant proportion of those arrested who misuse opioids. For example, 30% of all opioid misusing arrestees in the past year were women.ⁱⁱ The needs of women at triple risk—pregnant, incarcerated, and opioid misuse, can be addressed by the provisions of this bill.

Evidence-based, state of the art treatment for pregnant women with opioid use disorder (OUD) is called Medication Assisted Therapy (MAT).^{iii,iv} MAT is a combination of medication (i.e., methadone or buprenorphine), counselling, and behavioral therapies. It has been shown to lead to better outcomes for the mother and baby. The postpartum period is seen as a period of high risk for relapse and so care should not be discontinued after delivery.

Pregnant inmates are especially vulnerable to being unsuccessful in treatment due to the additional barriers they face.^v Being “labeled” as a “drug user” may especially impair pregnant or postnatal women while incarcerated or after release. This is because they fear the consequences of being known to Child Protective Services and thus may conceal the type or degree of substance use, isolate themselves from others, skip treatment appointments, or avoid treatment altogether. Women interviewed in studies described multiple barriers to treatment and healthcare, including a lack of suitable treatment options and difficulty finding and enrolling in them.

There are several consequences of failing to treat pregnant women with opioid use disorder. Abrupt cessation of opioids during pregnancy can have serious consequences for this population including preterm labor, fetal distress, or miscarriage resulting in further health risks and need for additional medical interventions.ⁱⁱⁱ Additionally, discontinuation of opioids without MAT is associated with higher rate of relapse.^{vi} Finally, the specialized care of infants born from an opioid affected pregnancy (Neonatal Abstinence Syndrome—NAS) is costly to the healthcare system.

Proposed Amendments

We recommend two amendments to this bill to ensure optimal implementation of MAT in the criminal justice setting. The first amendment is to increase trainings about mental health and SUDs for personnel and professionals working across the criminal justice system to remedy the widespread stigma and harmful negative attitudes in the system towards those with these disorders. The second amendment is to ensure adequate staffing of trained and experienced correctional nurses to assess, treat and plan follow-up care. Both of these enhancements must be fully funded to ensure equitable access to care statewide.

Rationale for the Amendments

Effective treatments for substance use are not useful if barriers to implementation in real world settings are not addressed and corrective measures instituted. Two major barriers apply (to both men and women) in criminal justice settings. These barriers are (1) the devastating effects of the widespread stigma attached to substance use, even by criminal justice staff, and (2) inadequate resources in jails to remedy staffing shortages that undermine treatment.

The first barrier is stigma. Experts say that “stigma kills”^{vii} and state that “a major barrier [toward getting treatment] is stigmatizing perceptions, attitudes and behavior of corrections staff towards inmates with Substance Use Disorders. (SUDs)” Understanding the culture of our facilities and attitudes at all levels needs to be addressed among leadership and staff. Studies have shown that negative and stigmatizing attitudes have detrimental effects on treatment

outcomes for mental disorders. Studies from a leading federal government agency indicate that stigma – whether structural, social, or personal – make the effects of incarceration worse.

Experts have stated “stigma towards justice-involved clients with mental health issues may have significant impacts on these clients in terms of their well-being, access to treatment programs and treatment outcomes. Reducing the stigma of correctional staff towards people with mental health issues may be a critical step to improving the well-being and outcomes of justice-involved clients.”^{viii} Therefore, they have the following two recommendations:^{ix} 1) Increase trainings about mental health and SUDs for all personnel and professionals working across the criminal justice system. 2) Establish programs at county level criminal justice systems to address stigma, negative attitudes, and prejudice towards people with mental illness and substance use disorder and to engage community stakeholders and increase awareness of harmful stereotypes.

The second barrier requires critical attention to adequate staffing of trained and experienced corrections nurse-providers. Nursing understaffing jeopardizes the quality of assessment and subsequent care. It is well known that correctional work is very stressful and may result in high turnover and short staffing. Sufficient funding is needed to ensure that there are adequate personnel to administer the assessments, provide treatment, and plan post-incarceration care.

Conclusion

For all the reasons cited, we respectfully urge the committee to support this bill with the suggested amendments so that this vulnerable population can be helped onto the path to recovery and social and financial costs mitigated.

ⁱ Peeler M. et al. Best Practices for pregnant Incarcerated Women with Opioid Use Disorder. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6543816/>

ⁱⁱ Substance Abuse and Mental Health Services Administration. Public Use Data Set

ⁱⁱⁱ Sala,KA, et al. Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment. (2016) *Curr Obstet Gynecol Rep.* 5:257-263.

^{iv} Center for disease Control (April 30, 2020) Treatment for Opioid Use Disorder Before, During, and After Pregnancy. <https://www.cdc.gov/pregnancy/opioids/treatment.html>

^v Pregnant women and substance use: fear, stigma, and barriers to care <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-015-0015-5>

^{vi} Overcoming obstacles to implementing methadone maintenance therapy for prisoners: Implications for policy and practice. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936228/>

^{vii} ⁸ Barriers to Medications for Addiction Treatment: How Stigma Kills. <https://www.tandfonline.com/doi/abs/10.1080/10826084.2017.1363238?journalCode=isum20>

^{viii} Stigmatizing attitudes of probation, parole and custodial officers towards people with mental health issues: A systematic literature review and meta-analysis. <https://bpspsychub.onlinelibrary.wiley.com/doi/full/10.1111/lcrp.12227>

^{ix} Stigma Criminal Justice Slidedeck_mmfV2_508.pptx Preventing and Reducing Stigma: Criminal Justice. <https://pttcnetwork.org/centers/great-lakes-pttc/preventing-and-reducing-stigma-criminal-justice>