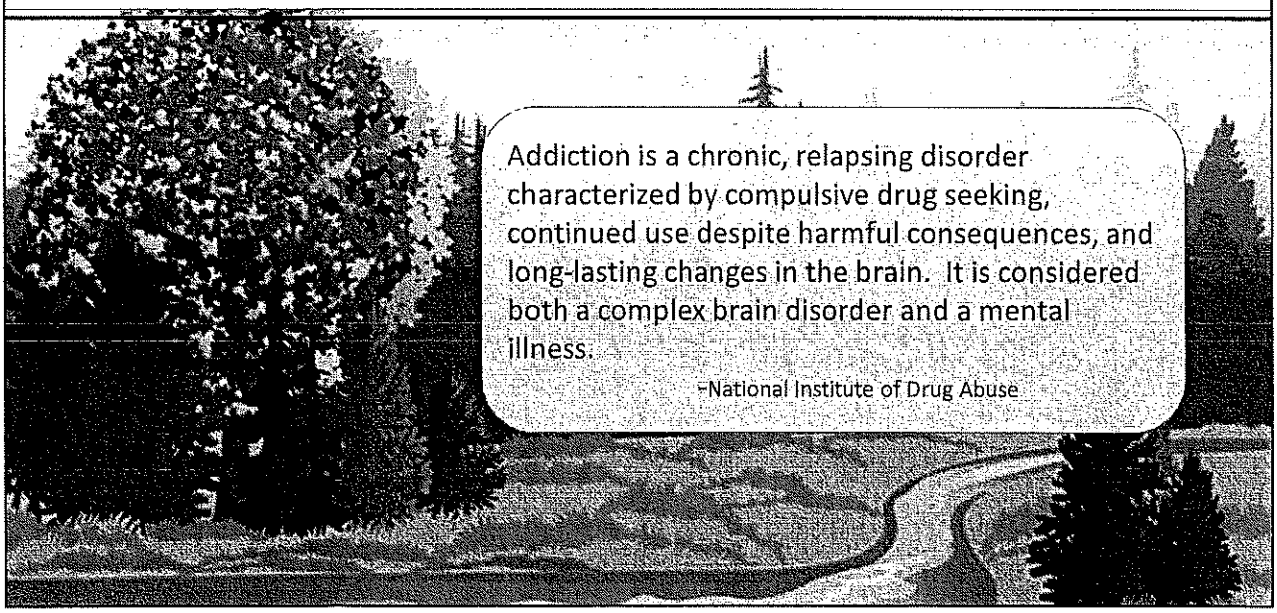
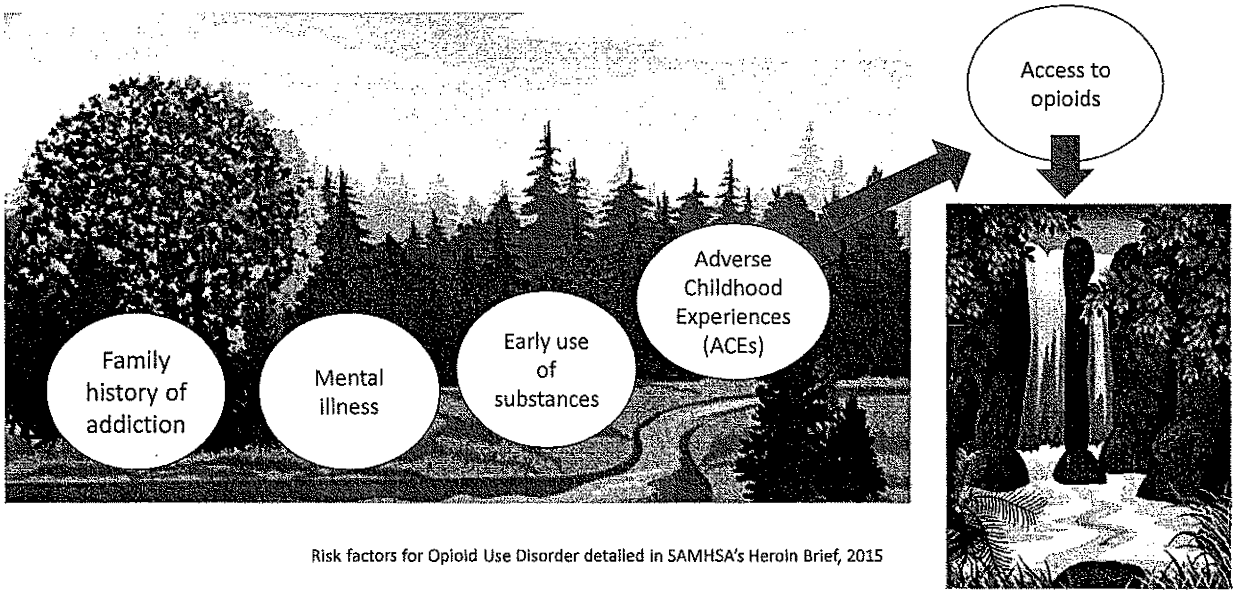
Substance Use Disorder & Incarceration

Upriver: Developing Substance Use Disorders



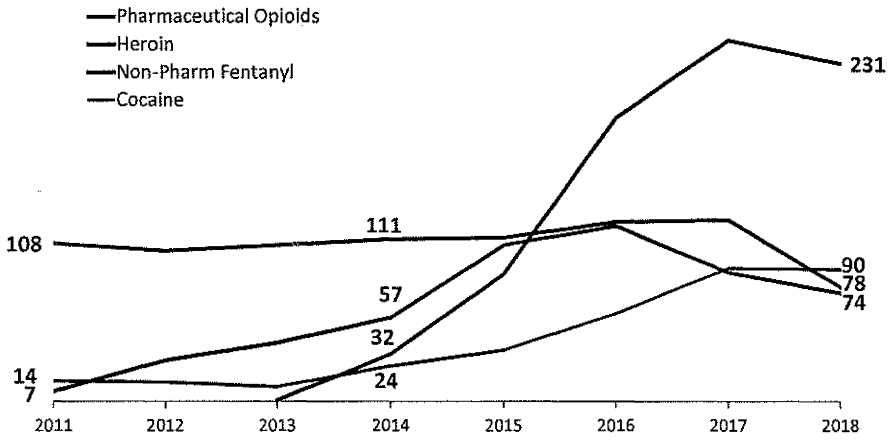
Main Pathways to Opioid Use Disorder



Risk factors for Opioid Use Disorder detailed in SAMHSA's Heroin Brief, 2015

 # deaths involving pharmaceutical opioids, heroin, non-pharm Fentanyl, or cocaine, alone or in combination with other drugs or alcohol

Maine Office of Attorney General, *Maine Drug Death Report for 2018* (Published 4/2019)



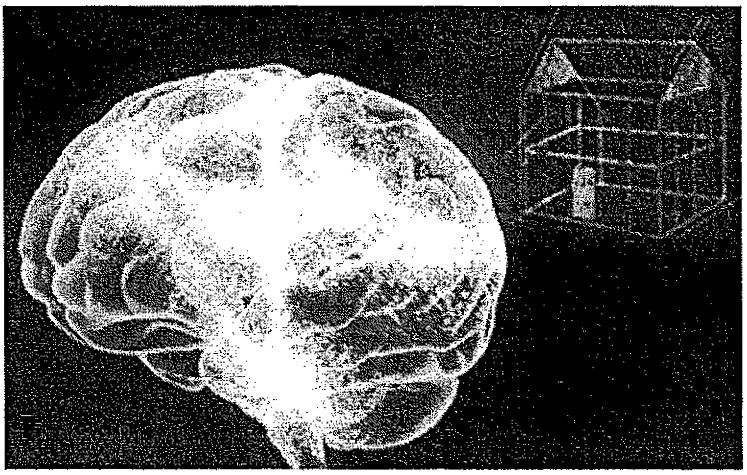
In 2018:

- 80% of the 418 drug deaths involved one+ opioid.
- On average, deaths involved 3 drugs

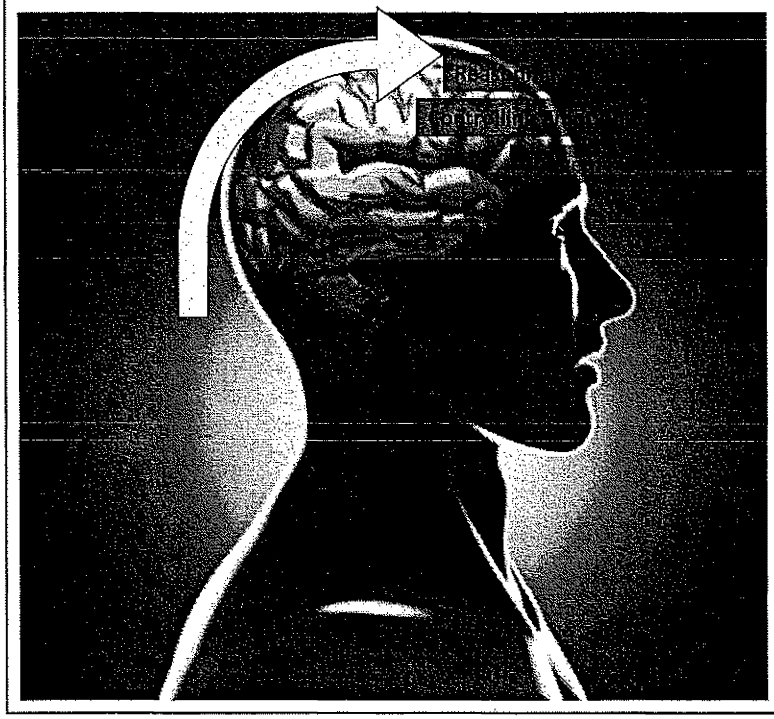
https://www.maine.gov/ag/news/article.shtml?id=788298

Brain Architecture

The brain develops over time and through **relationships, experiences** and the **environment** in which young people live.



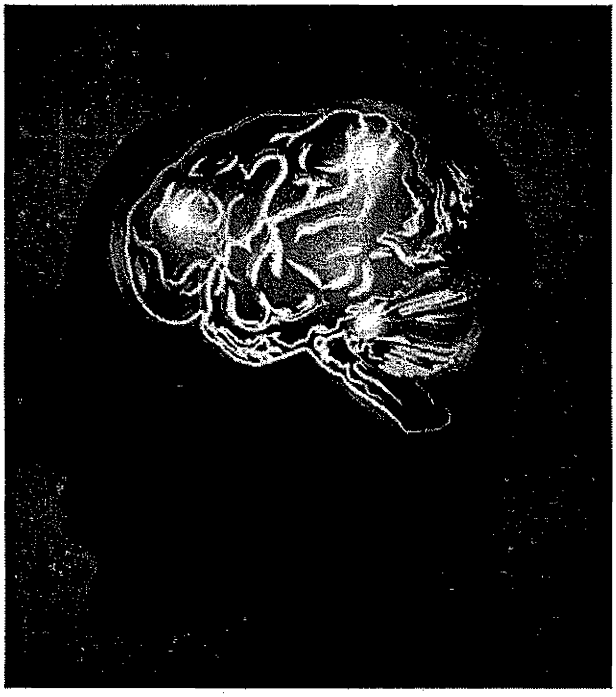
Center on the Developing Child at Harvard University



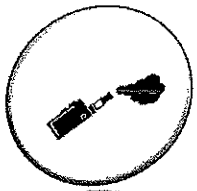
Pre-frontal Cortex finishes developing around age 25

The Reward Center

- Is stimulated by exciting and new experiences
- Fully developed by age 13
- Essential for Survival of the Species



Early experiences can alter brain structure



Nicotine use during brain development impacts the reward system, priming it for future addictions

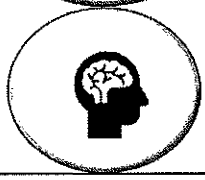
National Institute of Drug Abuse

Early use of alcohol impacts the frontal lobe which is responsible for judgment and controlling emotions.

SAMHSA

Early use of marijuana increases risk for depression, anxiety, and other mental health problems.

National Academy of Sciences, 2016



Toxic Stress during brain development can result in changes in the structure of the brain. (enlargement of the amygdala, smaller hippocampus, and smaller brain)

Institute of Medicine

Developing an Opioid Use Disorder

3/4 people who inject opioids, report misusing a prescribed opioid first.

NIDA Research Report, February, 2014

When prescribed an opioid by a doctor, a person with a **prior substance use disorder was 28 times more likely** to develop an opioid use disorder than those without a prior substance use disorder.

Huffman KL et al. *Journal Pain*. February, 2015

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

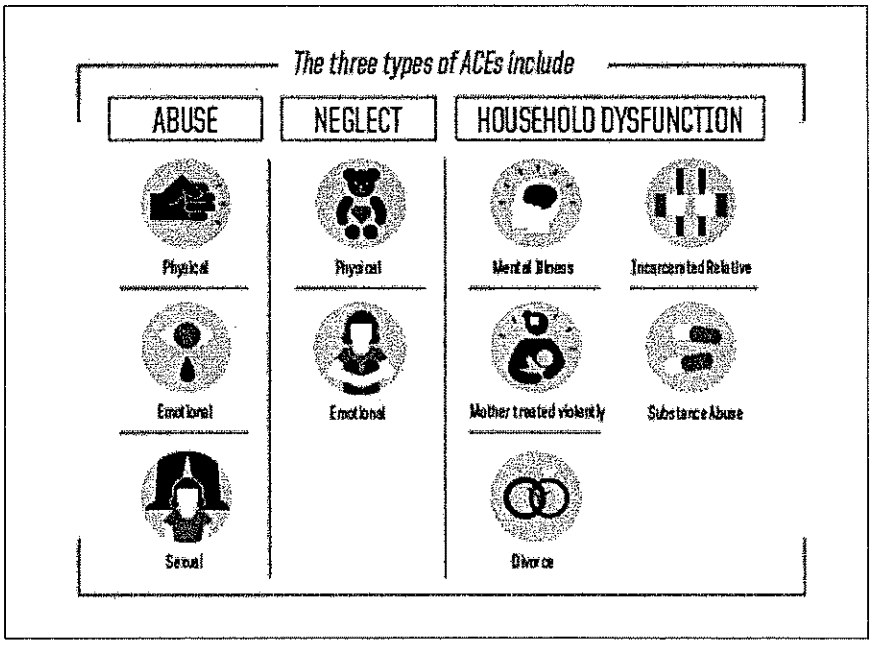
Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. [illegible] studied: psychological, physical, or

- 17,000 Participants
- Mostly middle class, white people
- All with health insurance

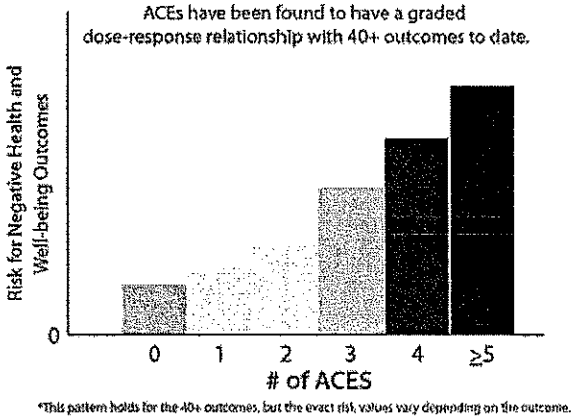
ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES



CDC and Robert Wood Johnson

ACES can have lasting effects on….

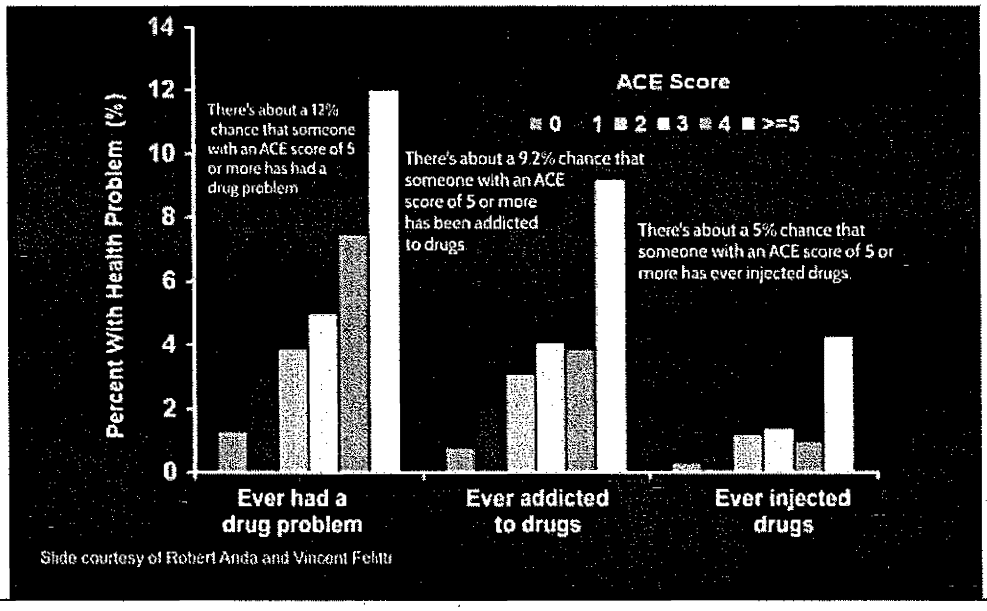
- Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors (smoking, alcoholism, drug use)
- Life Potential (graduation rates, academic achievement, lost time from work)



U.S. Centers for Disease Control & Prevention

Information from the original ACE Study:

ACE Score and Drug Use



Sexual Violence and Substance Use Disorder

People who have been sexually assaulted are more likely to use drugs than the general public:

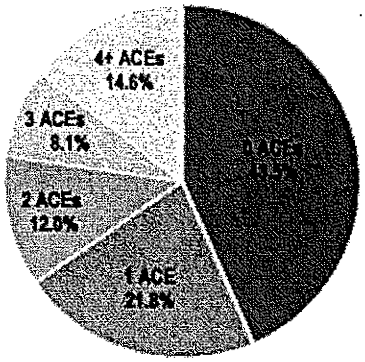
- 3 times more likely to use marijuana
- 6 times more likely to use cocaine
- 10 times more likely to use other drugs (heroin, meth, benzos)

National Institute on Alcohol Abuse and Alcoholism, 2001

ACEs in Rural States

- **More than half** of all adults have at least 1 ACE
- **1 in 4** have 3 or more ACEs

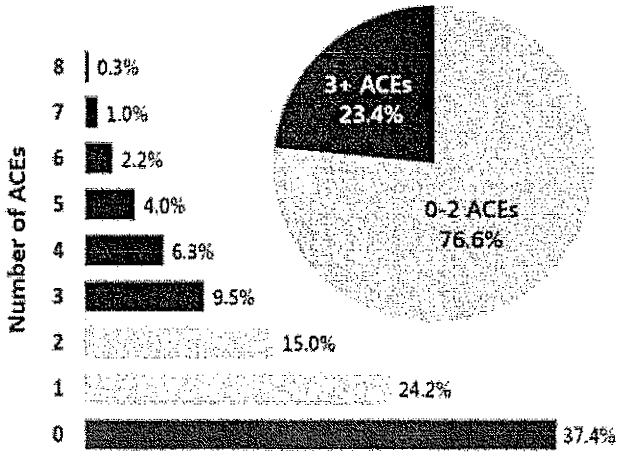
Figure 1. Prevalence of Overall ACE Exposure among Rural Adults



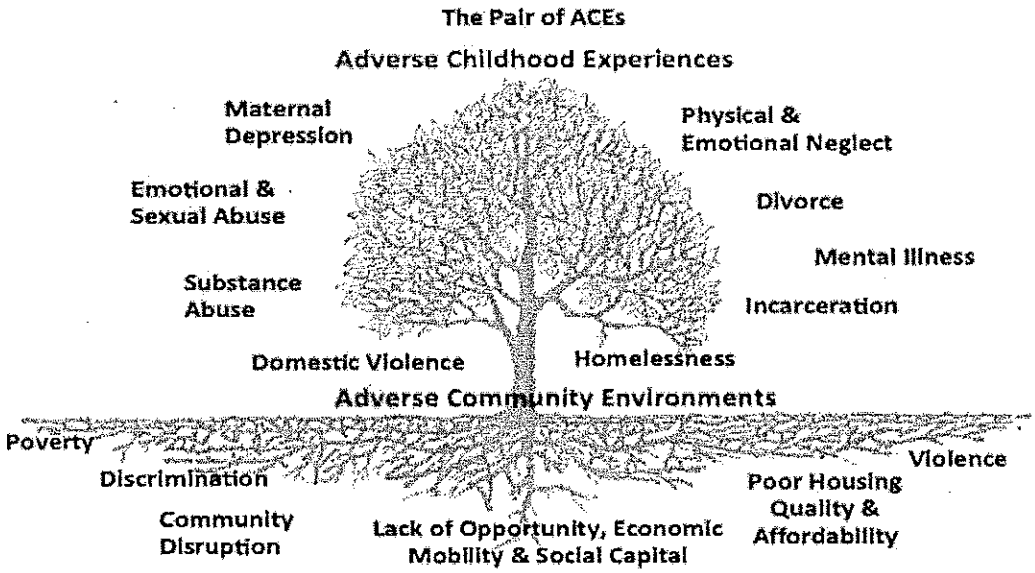
Source: 2011-2013 Behavioral Risk Factor Surveillance System-11 states

ACEs in Maine Youth

Nearly 1 in 4 Maine high school students have experienced 3 or more ACEs.



Maine Integrated Youth Health Survey, 2017



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Income & Health

Table 12. Income and Health in Maine

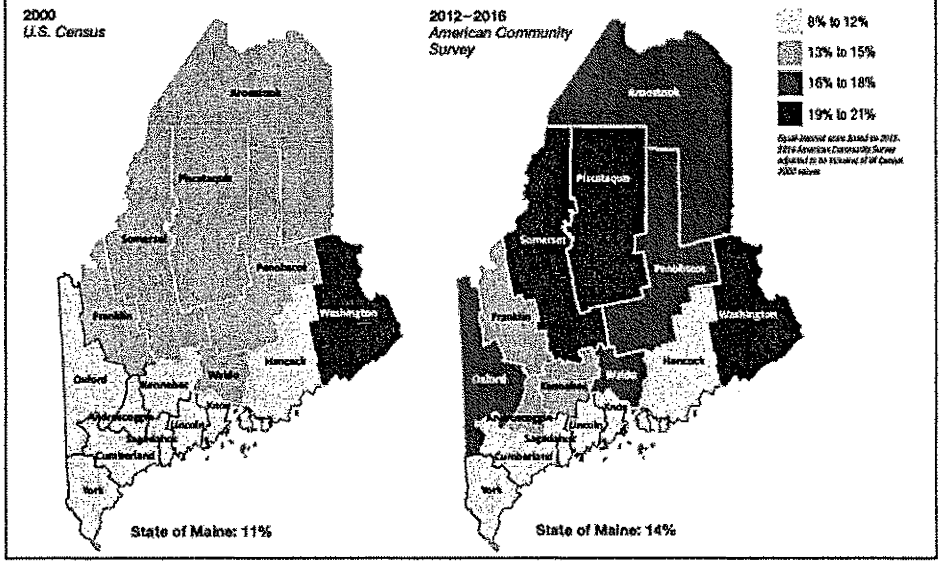
	LESS THAN $15,000	$15,000 - 24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 OR MORE	MAINE OVERALL
Proportion of adults by income level 2016	9.4%	17.4%	11.5%	15.4%	46.3%	N/A
Health rating: fair to poor	38.4%	26.9%	18.4%	13.0%	8.0%	16.4%
Obesity adults	38.1%	31.1%	34.2%	33.1%	27.3%	29.9%
Current smoking adults	38.6%	31.2%	21.9%	22.1%	11.1%	19.8%
Sedentary lifestyle adults, 2016	38.1%	29.3%	27.2%	22.9%	11.0%	20.6%
High blood pressure adults, 2015	43.7%	39.5%	36.6%	33.0%	30.0%	34.1%
Diagnosed depression (lifetime) adults, 2016	45.4%	27.8%	25.3%	19.3%	13.4%	21.1%
Currently receiving outpatient mental health treatment* adults	37.7%	21.3%	20.1%	20.1%	13.8%	18.8%

*Different income category used. For currently receiving outpatient mental health treatment the income categories used are less than $15,000, $15,000-$24,999; $25,000-$49,999, and $50,000-$74,999.

Maine Shared Community Health Needs Assessment, 2019 www.mainechna.org

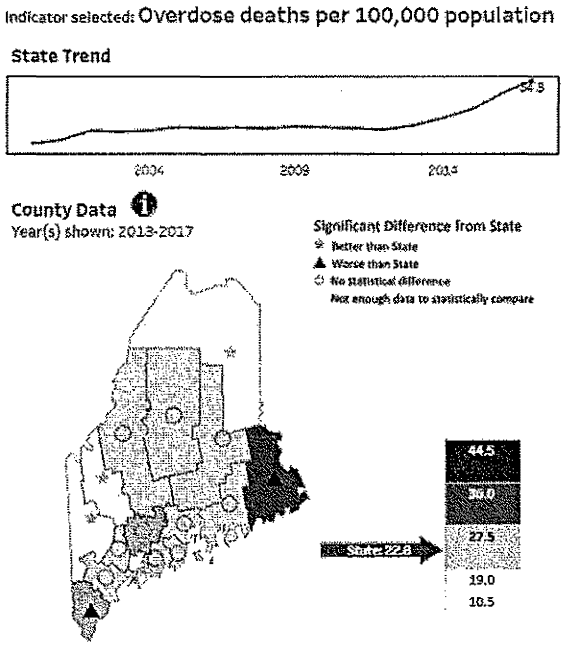
Poverty in Maine

Figure 9. Percent of Population in Poverty in 2000 as measured by U.S. Census, and in 2012–2016 as measured by the American Community Survey



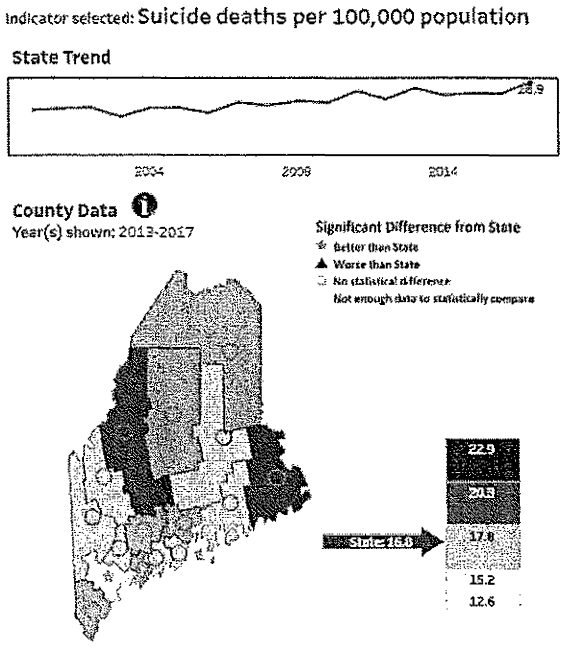
Maine Shared Community Health Needs Assessment, 2019 www.mainechna.org

Overdose Deaths in Maine



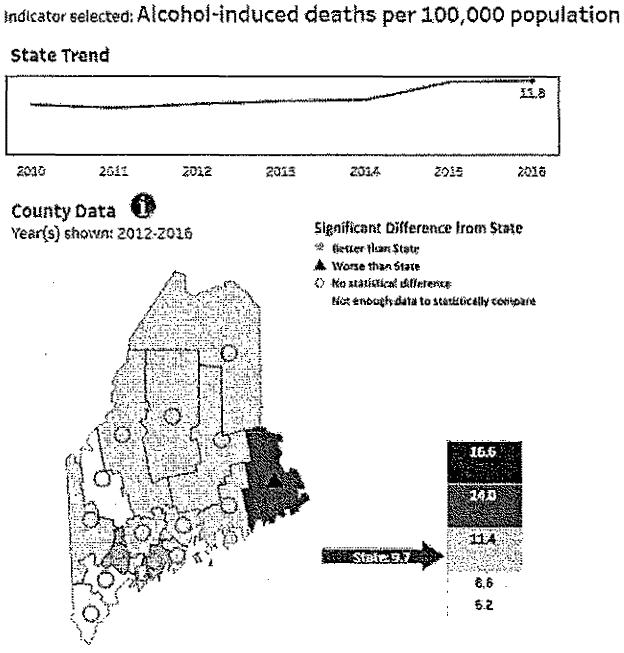
Maine Shared Community Health Needs Assessment, 2019 www.mainechna.org

Suicide Deaths in Maine



Maine Shared Community Health Needs Assessment, 2019 www.mainechna.org

Alcohol-induced Deaths in Maine

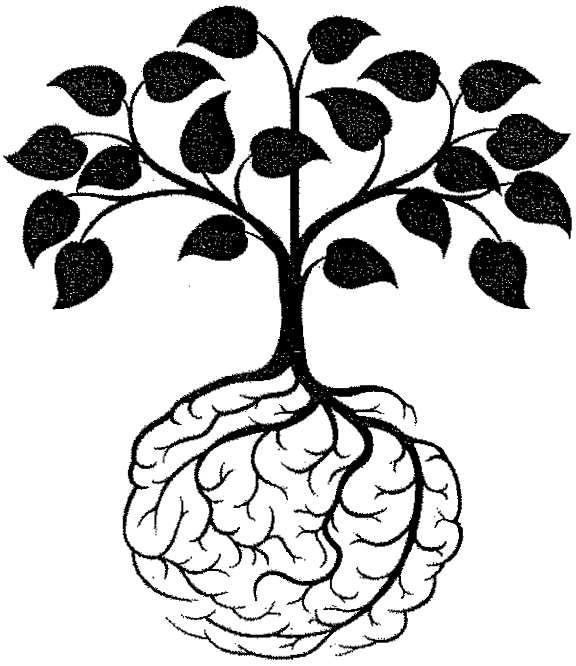


Maine Shared Community Health Needs Assessment, 2019 www.mainechna.org

Resilience and Healing

People have great capacity for resilience and can flourish even after great difficulties.

The brain has great capacity for healing. The brain never stops growing and changing.



Preliminary observations on substance use and incarceration from "Women, Drug Use and Recovery in Maine"

Winifred Tate and Courtney Allen

Our research uses life history interviews with women in active use and in recovery in Central Maine, Down East and Northern Maine, as well as women incarcerated in county jails to understand barriers to treatment and impact of incarceration.

According to Maine DOC, 72% of women who are incarcerated in Maine's state facilities are there on drug-related charges, 90% of them have multiple ACEs, and 78% are mothers. Incarcerated mothers in Maine leave behind an estimated 1,500 children, the highest per capita rate in New England.

In county jails in Maine, all the women we interviewed have issues with substances; the majority are mothers and have lost custody of their children due to incarceration.

Incarceration is not treatment for substance use disorder:

- As a health issue, substance use disorder must be addressed by our public health system, not through incarceration.
- Incarcerated people in Maine do not have access to treatment for substance use disorder that meets the minimum standards of care.
    - In jails that do offer in house treatment programs, women who are incarcerated report that the programs are inconsistent and unavailable to them.
    - MAT is currently not available in jails for women; the plans to incorporate MAT will cover only the three final months of a sentence.
- The opposite of addiction is not sobriety. The opposite of addiction is connection and sustained recovery requires connection; incarceration severs social relationships and community.

Cost of separating families, and the impact on Maine children:

- When a mother with SUD involved with the child protective system is sentenced to 18 months: the system is not only sentencing her to jail, it is sentencing a child to a lifetime separation from their mother and an increased risk of later developing SUD themselves.
- Substance use disorder is a brain disease that develops over time and often as a result of adverse childhood experiences (ACEs). These events include physical, emotional, psychological, and sexual abuse, threats, family substance use and incarceration of a parent.

The Story of Brittney and her Daughters:

Brittney is a woman in long-term recovery from substance use disorder. She has a good job, a beautiful home and an 18-month-old daughter who lives with her. But she is forever separated from her older daughter.

Five years ago, Brittney was sentenced to eight months in jail and nine-months of rehabilitation for a resumption of substance use while on probation. She was complying with the Department of Health and Human Services (DHHS) at the time of her incarceration and on course to a successful reunification. During the time she was incarcerated, she was denied visitation with her daughter, the jail refused to transport her to family court, she had no access to substance use treatment and never spoke with her child protective worker. The state filed for a termination of rights and her daughter was adopted by Brittney's mother.

- Of the women who were interviewed, incarcerated and interacting with the child protective system, every one of them have had their parental rights terminated by the state on the argument that they failed to comply with reunification during incarceration and their time had run out. But none of them were offered those services.
- The 1997 "Adoption and Safe Families Act" was enacted to address long stays in foster care. Instead, it has become known as the "ticking time bomb" in the child protective system because it forces the state to file for termination of parental rights once a child has been in the system for 15 of the past 22 months.
- An exception to this rule is if the state has not provided the family with all the services deemed necessary to return the child to a safe home. But the state not providing women who are incarcerated with the services they need isn't the exception, it actually seems to be the rule.

Cost of connection to women, families, and children:

- Phone calls in county jail cost $5 for 15 minutes, among the highest rate in the country.
- Women reported an inability to contact their lawyers or treatment providers to arrange services for release. They also are going weeks without talking to their family members and children because they couldn't afford to pay the inflated costs. And again, the children are retraumatized through further separation.
- That cost is paid entirely by families of incarcerated people. A portion of that fee is given to the county jails for the "betterment of the inmate fund" and the rest goes to out-of-state corporations that run these communication companies.
- Families of the incarcerated are being double taxed to fund the county jails.
- Research clearly demonstrates the importance of incarcerated people maintaining their personal connections, with their children and loved ones, through ongoing communication.

Cost to the community:

- We do not have monetary figures to place on these complex costs but want to highlight the extensive costs of incarceration for incarcerated individuals, their families and our communities.
    - loss of custody: costs for the DHHS system
    - loss of job: costs to an employer
    - loss of housing: costs to landlord
    - loss of treatment: cost to treatment providers to readmit

Cost of preferential treatment of men in jail:

- Many county jails offer to reduced sentences based on work days and good behavior, called "good time" policies.
    - In many jails, this is only available to men
    - In some jails, women have to work double the amount of time that men do for a single day off.
    - Result: women serve longer sentences than men, increasing the cost to the county jail.

There is a critical need to reduce the amount spent on jails in Maine; the best way to accomplish this is to reduce the number of people in jails.

Dear Governor Mills,

We are writing you today as concerned women in the C.A.R.A program currently housed in KCCF. We feel the need to express our suggestions from our experiences with the judicial system during our battles with addiction. We are hoping that you will take a few moments of your time to read our letter and look into these things and hopefully help us make a difference for those coming after us. Many of us have frequented this facility or facilities similar to it while struggling through our recovery. Because of the fact that we have been in and out of the system and have continuously failed at trying to win against ourselves. People do not want to listen or take women seriously when we try to voice our concerns so we never really get to be heard. Some of the major areas of concerns that we would like to address first are as follows:

*Better funding for treatment facilities involving detox and recovery

-Easier access to these facilities for women who are incarcerated as well as in the community

-More recovery programs for women as well as meetings to help encourage sobriety and prevent relapses

-Funding and assistance to help provide transportation to programs and court ordered stipulations (like counseling, Probation, meetings, doctor appointments, and all substance abuse related issues)

*Funding and aid in setting up safe stable living environments before being released from any facility to help ensure safety and hopefully lessen the chances of relapsing

-more sober houses funded for women specifically

-easier access to mental health aid, inside and outside of facilities

-programs for women to help with addiction from all drugs (Subutex, suboxone, methadone, even vivitrol)

*Decriminalization

-decriminalize any substance up to 3 grams as long as it is not packaged in multiple bags

-paraphernalia used and unused

-Hyper-dermic apparatuses used and unused

-safe injection sites to prevent over dosing and harmful using and also prevention from involvement of using drugs when using such sites

-consideration in sentencing women who are addicts, the judicial system is quick to give out jail or DOC sentences instead of treatment. They are helping to create issues instead of trying to help addicts by ignoring major issues.

*Women being arrested for possession as well as misdemeanors involving drugs instead of being taken to proper treatment centers and facilities equipped with the means necessary to deal with detoxing and addiction protocols properly and professionally.

-also, women associated with drugs are arrested first and asked later about the circumstances surrounding their arrest, they stack charges which hinder them later on severely

-this prevents jobs, housing, state assistance and their ability to make a lively hood in the community

All of these things are just a few of the concerns that we would like to attempt to change for women who are dealing with the backlashes of addiction now and in the future. We understand that we can't change everything but we are hoping to start here. For so long people have silenced and shied away from anything concerning addicts or their addictions to the point where these issues are consuming everything in our communities as well as our day to day lives. You can no longer watch the news without hearing about drug raids or violent assaults even murders and burglaries involving drugs.

You can no longer read the newspaper with out seeing harmful events to people or the community or reading about somebodies loved one that passed "unexpectedly to soon". You can no longer drive down the street without seeing a drug deal or people using or harmful remnants. This is an epidemic that needs to be addressed like the fatal disease that it is and we need to come together to find a treatment to hopefully try to tactfully cure our current predicament so we can save what is left for our children and our children's children. For to long people have felt disappointed and concerned for their family members and believed that they might be a lost cause.

Every day more and more people are dying and nothing seems to be effective in preventing this. We are hoping that our input might give authorities a different perspective in dealing with these issues to possible turn the tide on things. We are mothers and daughters and sisters and friends, one thing for certain is that we are all somebodies baby. We know that you are a family-oriented woman and that you care about your community, please help give us a voice before there is nothing left to save. Help us show people they can have faith and be proud, that we can come together to make a difference. We need someone to help because we can't do this alone anymore. We are asking you to stand with us and for us and give us a voice.

Sincerely yours

Katie E. Cushing

Alyssa Marcellin

Erica Curtis

Gloria Pressey

Maine Prisoner Re-Entry Network before the Criminal Justice and Public Safety Committee
November 19, 2019

Establishing Healthy Jail Communities

- MPRN- A quick history.
    1. Jails, prisons, Sheriffs, MDOC
    2. Ground Support- Re-Entry Maine Team
    3. Mentors- Re-Entry Coach Training
    4. Family Supports- Rose's Room
    5. Community by Community Network

- County Jail Realities- The Intersection of ALL Community Challenges
    1. The Farm System
    2. Substance Use Disorder, Mental Illness, chronic homelessness, poverty
    3. Inconsistencies of programming, care, and support depending on county of arrest
    4. Insufficient number of caseworkers. ICM's address only the most extreme mental health and re-entry issues
    5. Most men and women in our jails want to turn their lives around, but do not know how to get there, nor are their adequate treatment providers to get it done
    6. Children and families are torn apart by the lack of treatment, resources, and community supports for their parents and loved ones caught up in the system.
    7. Jail leadership and staff are doing the best that they can with what they've got.

- Healthy County Jail Community
    1. A County Jail community consists of the community and staff in the county jail and the county community outside of the jail
    2. A Healthy County Jail Community seeks to blur the lines between the community inside and outside of the jail. The community supports the jail and jail supports community. Team.
    3. A Healthy County Jail Community convenes regular meetings with county jail staff, substance use & mental health professionals, MAT Providers, faith-based organizations, pre-trial supports, the recovery community, employment & housing experts, legislators, community leaders, folks in recovery, and formerly incarcerated citizens, to establish a network of supports.
    4. The County Jail community meetings serve to develop relationships, connect resources, and promote cooperation and collaboration around the community's biggest challenges.
    5. A Healthy County Jail Community need not cost much to create, but it can save taxpayers a great deal as the recidivism rates and strain on emergency supports are greatly reduced.
    6. The Healthy County Jail Community is not focused only on issues that affect those incarcerated or re-entering our neighborhoods. By addressing these challenges, the HCJC is tackling their community's issues at the point of highest concentration; our county jails.
    7. MPRN convenes community meetings throughout the state. Currently covering, Somerset/Franklin & Kennebec County, Bangor, Rockland (Knox County), Westbrook (Greater Portland) and headed for Aroostook & York Counties.

- Hancock County's Healthy Jail Community; How it's done right!
    1. Denise Black; Healthy Acadia, Capt. Tim Richardson; Hancock County Jail

- Connection, connection, connection! Don't go it alone!

Maine Sheriffs' Association

Presentation to the Joint Standing Committee on
Criminal Justice & Public Safety: County Jail Funding, Meeting #2
November 19, 2019
(Submitted by: Sheriff Todd Brackett)

MAINE SHERIFFS' TAX CAP SURVEY

County Sheriffs who favor eliminating the tax cap:

Aroostook and Piscataquis

County Sheriffs who favor a change in the tax cap with flexibility for each county to choose and adjust as proposed in LD 973:

Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Penobscot, Sagadahoc, Somerset, Waldo, Washington, and York.

Note:

The two County Sheriffs who favor elimination stated they would, as a second option, support an adjustment to the tax cap.