



Justice Core:

Resources for SUD Recovery for Pregnant People in NC Jails

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Introductions and Outline

- Who we are
- What is the medical model of addiction
- What is *Justice Core*
- What is evidence-based SUD treatment
- Evidence for *Justice Core* services
- How to refer a client to *Justice Core*

Medical Model of Addiction Treatment

- Approaches addiction as a primary, chronic disease of brain reward, motivation, memory and related circuitry
- Uses screening and diagnostic tests, rules out other physical health concerns, and treats addiction similar to other medical conditions



Patient presents with sneezing

Screening and diagnostic tests show a cold (viral upper respiratory infection)

Provider recommends fluids, NSAIDs, and a decongestant



Patient presents with sneezing

Screening and diagnostic tests show a substance use disorder (withdrawal from opioids)

Provider recommends medication for opioid use disorder





DSM-5 Criteria for OUD



- ✓ *Tolerance
- ✓ *Withdrawal
- ✓ Use in larger amounts or duration than intended
- ✓ Persistent desire to cut down
- ✓ Giving up interests to use opioids
- ✓ Great deal of time spent obtaining, using, or recovering from opioids
- ✓ Craving or strong desire to use opioids
- ✓ Recurrent use resulting in failure to fulfill major role obligations
- ✓ Recurrent use in hazardous situations
- ✓ Continued use despite social or interpersonal problems caused or exacerbated by opioids
- ✓ Continued use despite physical or psychological problems



Mild OUD: 2-3 Criteria
Moderate OUD: 4-5 Criteria
Severe OUD: 6+ Criteria

**This criterion is not considered to be met for individuals taking opioids solely under appropriate medical supervision*

Addiction and the Brain

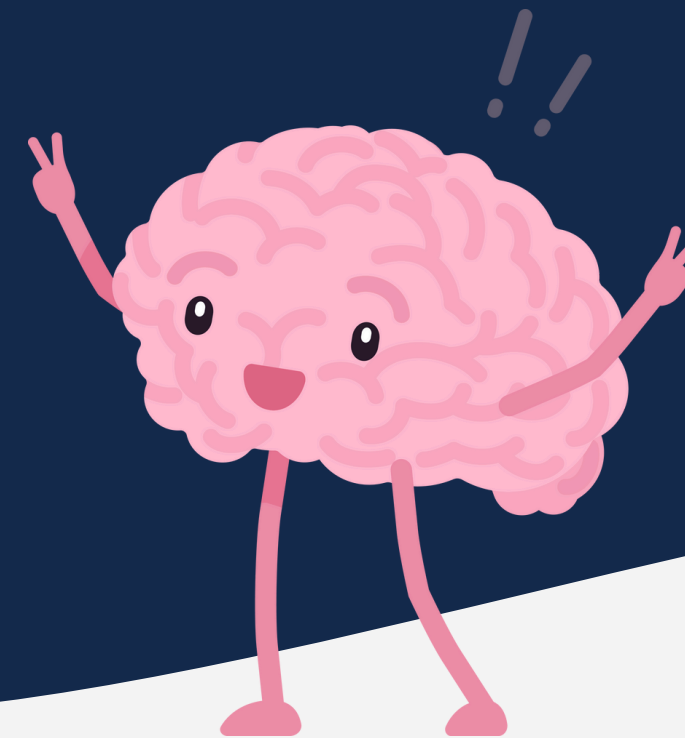
- Dopamine is the "feel good" messenger in the brain
- Dopamine + Food + Water = Basic needs

A good day



100 ng dopamine

Substance use



500-700 ng dopamine



Managing addiction as a chronic disease

ASSESS

- Screening for substance use
- Rule out other causes of symptoms of OUD

DIAGNOSE

- Determine severity of OUD
- Identify other physical and mental health conditions

TREATMENT

- Medications for opioid use disorder
- Behavioral health services



Medical Model and Pregnancy

- Function of dopamine is unchanged in pregnancy
- Additional symptoms and risks of OUD and opioid withdrawal during pregnancy
- Opioid use disorder is a condition requiring treatment in pregnancy, similar to hypertension or diabetes



Medical Model and Jails

- Addiction is not a moral disease
- Separate the criminal legal problems from the medical problems
- Assessment, diagnosis, and treatment of OUD as a chronic disease
- Identify needed resources and referrals



Managing OUD in the Jail

ASSESS

- Screening for substance use
- Rule out other causes of symptoms of OUD

DIAGNOSE

- Determine severity of OUD
- Identify other physical and mental health conditions

TREATMENT

- Medications for opioid use disorder
- Behavioral health services



Language Matters

- Person-first language helps to focus on the person and not their disorder
- Use words that show that a person "has" a problem, rather than "is" the problem
- Avoid terms with negative associations, punitive attitudes, and individual blame





Instead of...	Use...
<ul style="list-style-type: none"> • Pregnant opiate addict • Addict • User • Substance or drug abuser • Junkie 	<ul style="list-style-type: none"> • Pregnant woman with an OUD • Person with substance use disorder¹ • Person with OUD or person with opioid addiction (when substance in use is opioids) • Patient • Person in active use; use the person's name, and then say "is in active use."
<ul style="list-style-type: none"> • Alcoholic • Drunk 	<ul style="list-style-type: none"> • Person with alcohol use disorder • Person who misuses alcohol or engages in unhealthy/hazardous alcohol use
<ul style="list-style-type: none"> • Bad influence 	<ul style="list-style-type: none"> • Person who has had many life challenges
<ul style="list-style-type: none"> • Former addict • Reformed addict 	<ul style="list-style-type: none"> • Person in recovery or long-term recovery • Person who previously used drugs

Instead of...	Use...
<ul style="list-style-type: none"> • Slip • Lapse • Relapse 	<ul style="list-style-type: none"> • A return to use
<ul style="list-style-type: none"> • Addicted baby • Neonatal abstinence syndrome (NAS) baby • Crack baby 	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/NAS • Newborn exposed to substances
<ul style="list-style-type: none"> • Habit 	<ul style="list-style-type: none"> • Substance use disorder • Drug addiction





What is Justice Core?

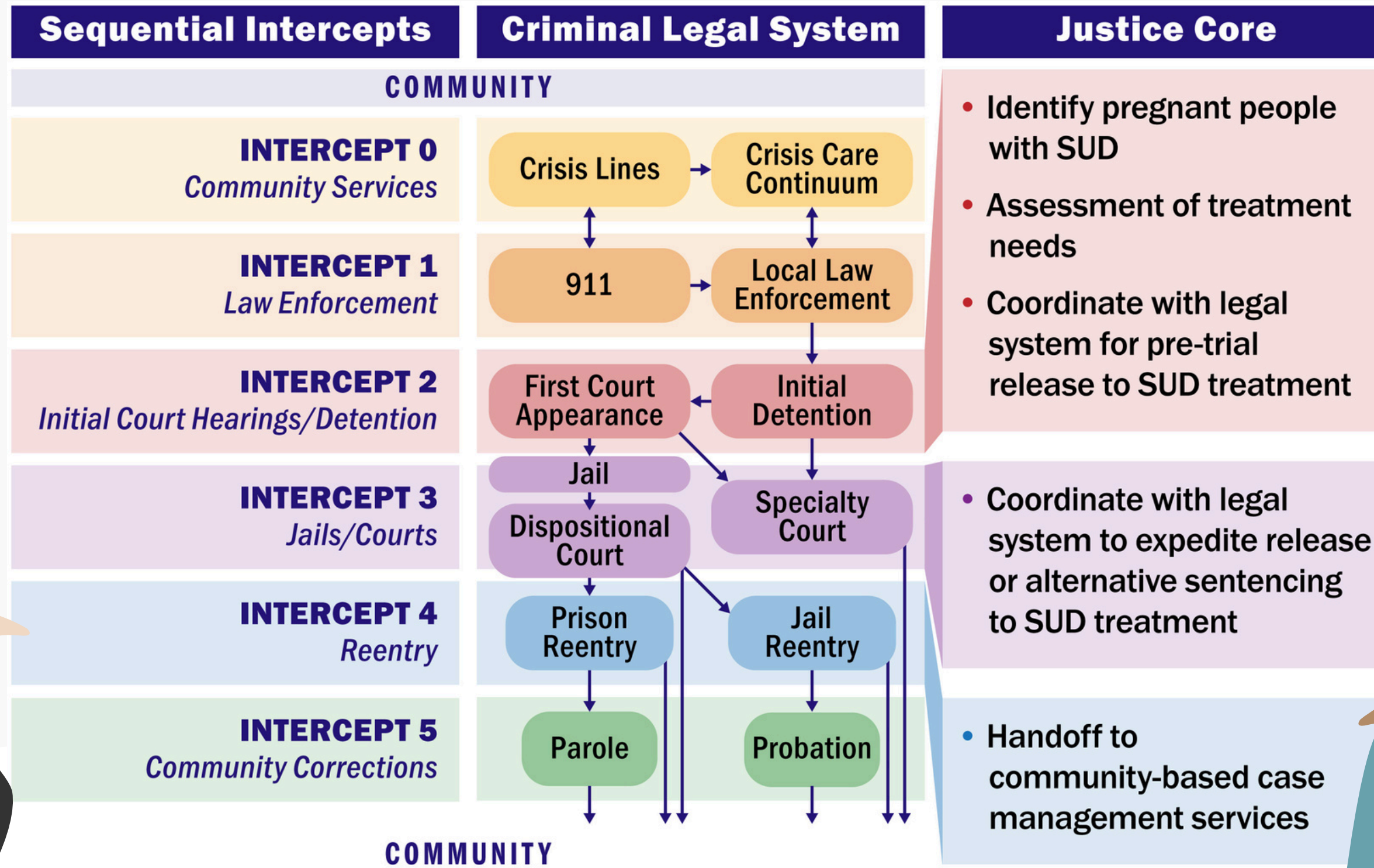
Training

We provide training on evidence-based management of SUD in pregnancy to jails and county staff

Direct service

We work with pregnant and postpartum clients with SUD, jail, and county staff to identify and implement alternatives to incarceration



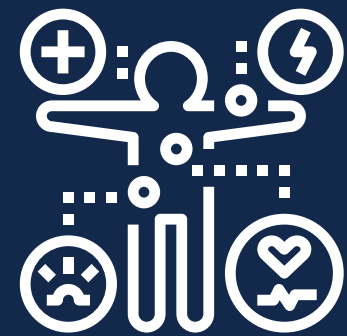




Eliminate withdrawal and cravings



Address the psychological and social contributors to SUD



Treat any physical or mental health conditions that may have contributed to or been affected by SUD



Support (re)engagement and (re)connection with family, children, and other loved ones

Goals of SUD treatment



Evidence-based treatment

- Medications for OUD and AUD
- Substance-use related counseling services
- Group or peer support services
- Housing-first and other support services
- These may be offered through:
 - Residential treatment programs
 - Outpatient programs



Evidence-based treatment of SUD in pregnancy

- Important outcomes for evidence-based treatments
 - Decrease ongoing substance use or return to use
 - Decrease overdose risk and fatal overdose
 - Increase engagement in prenatal care
 - Improve pregnancy and infant outcomes
- Outcomes improve with ongoing treatment, not just detoxification/stabilization services



Opioid use disorder (OUD)

- Medications for opioid use disorder (MOUD or MAT)
 - Methadone - Oral daily dosing
 - Buprenorphine - Sublingual daily dosing in pregnancy, long-acting injectables not yet recommended in pregnancy
 - Naltrexone - Long-acting injectable not yet recommended in pregnancy
- Behavioral health, transition and other support services



MOUD Myths and Truths

MYTHS

- People taking MOUD are getting high
- MOUD substitutes one addiction for another
- MOUD is a reward for people with OUD

TRUTHS

- MOUD eliminates withdrawal and cravings - this means the person with OUD feels normal, not high
- People taking MOUD are focused on recovery and don't engage in the same behaviors that define addiction
- MOUD is a medical treatment for a disease



Alcohol, stimulant, and other substance use disorders

- Medications for AUD (disulfiram, naltrexone, acamprosate) not considered absolutely safe in pregnancy or while breastfeeding
- No currently approved medications for stimulant or other SUD
- Behavioral health, transition and other support services





SUD treatment in jails

- Expert recommendation: people in jail have access to MOUD and other SUD treatment
 - National Commission on Correctional Health Care
 - Substance Abuse and Mental Health Services Administration
- Recent legal claims support that the Americans with Disabilities Act (ADA) can apply to people with OUD who are denied MOUD



Access to treatment in jail

- Transport individuals to community opioid treatment programs (OTPs) or a hospital
- Partner with community OTPs for dosing of incarcerated individuals within the facility
- Have jail providers obtain training to prescribe buprenorphine
- Obtain an OTP license for the facility
- Obtain state and DEA licensing as a health care facility
- Refer for alternatives to incarceration



Alternatives to Incarceration



JENNA'S PROJECT

- Provided post-release services to 132 pregnant/postpartum people from 40 NC counties
- Included some participants who were diverted from jail into treatment
- 100% initiated SUD treatment
- 0 overdose deaths
- <2% re-incarceration



Alternatives to Incarceration



JUSTICE CORE

- Focused on pre-trial diversion of pregnant people with SUD
- Referring jail and county staff report high satisfaction with services
- Clients identify these services as life-changing





How to Refer

To request training or technical assistance:

jbjack@email.unc.edu

To request direct service or refer a client

919-903-0591



Questions for Discussion

- What role could the court play in identifying individuals who might be eligible for diversion?
- What Superior Court cases might involve individuals who could be safely diverted from jails into treatment?



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