

Justice-Involved Individuals with Substance Use Disorders

Judicial and Medical Partnership

Judicial Webinar Series

April 15, 2021



Welcome

We will begin at 3:00 pm

NOTE: Audio is muted, and the camera is disabled for attendees.

Chat room allows you to chat with Panelist for technical issues only.

Q&A is open and allows for upvoting.

The series will be recorded for later viewing.



Sponsored by:

New England Regional Judicial Opioid Initiative and Opioid Response Network



**Opioid
Response
Network
STR-TA**

Funding for this initiative was made possible (in part) by grant no. 6H79T1080816 from SAMHSA and grant no. 2018-AR-BX-K099 from BJA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S Government.

Agenda & Presenters

Welcome

Chief Justice Paul Suttell, Rhode Island

Plenary

Chris Herren, Former Professional Basketball Player & Wellness Advocate, Rhode Island

Stigma and Language

Eric Haram, LADC, Haram Consulting, Maine

Judicial Perspective:

Practical Application for Judges

Judge Kathleen Coffey, Massachusetts

Closing Remarks

Acting Chief Justice Andrew M. Mead, Maine



Chief Justice
Paul Suttell, RI



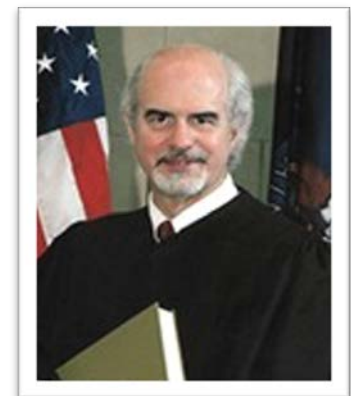
Chris Herren, RI



Eric Haram, ME



Honorable
Kathleen Coffey, MA



Acting Chief Justice
Andrew Mead, ME

Plenary



Chris Herren

Former Professional Basketball Player &
Wellness Advocate, Rhode Island



Substance Use Disorders and the Judicial System:

Changing our language to
Reduce Stigma and Bias in the Justice System

Eric Haram, LADC

April 15, 2021



**Opioid
Response
Network**
STR-TA/SOR-TA

Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) and State Opioid Response Technical Assistance (SOR-TA) grants created the *Opioid Response Network* to assist states, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant nos. 6H79TI080816 and 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✦ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Learning Objectives

- ✧ Discuss stigma, substance use disorders (SUDs), the judiciary and the importance of Person Centered, non-stigmatizing language.
- ✧ Conceptualize and understand the different types of stigma: Individual or Self-Stigma, Institutional and Social stigma, as well as the role of Bias, Discrimination, and Racism.
- ✧ Address misconceptions about Evidence-Based Practices within the judicial intersections of law and medicine and how these contribute to bias and stigma about SUDs.



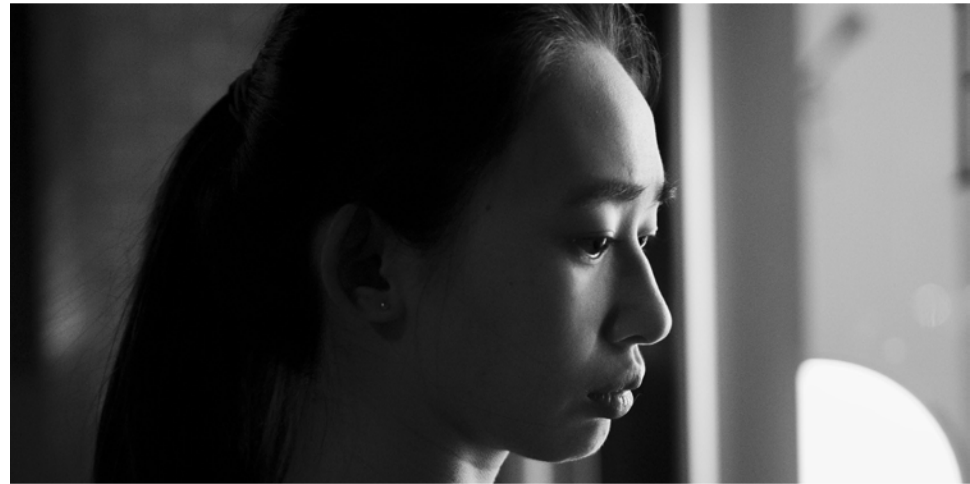
Imagine...

- ✧ You are visiting with your sister after a recent court appointment for her daughter for violating probation, possessing alcohol.
- ✧ The judge asked your niece how she could be so **foolish** to let her **addiction** get so **out of control again**.
- ✧ The judge agreed with the probation officer's recommendation and said, she **didn't seem to really be trying**... she could **gain some self control** while in jail.
- ✧ The judge said once she does that, he will consider an ordered **alcoholism assessment** covered by the county.
- ✧ The judge also tells her that treatment will not do her any good unless she **really is ready**, and he will know that **if she drops 3 clean** drug tests and alcohol swabs by the scheduled date.



What impact might this have?

- ✧ For the person with a substance use disorder (SUD)
- ✧ For her family
- ✧ For the judge and system



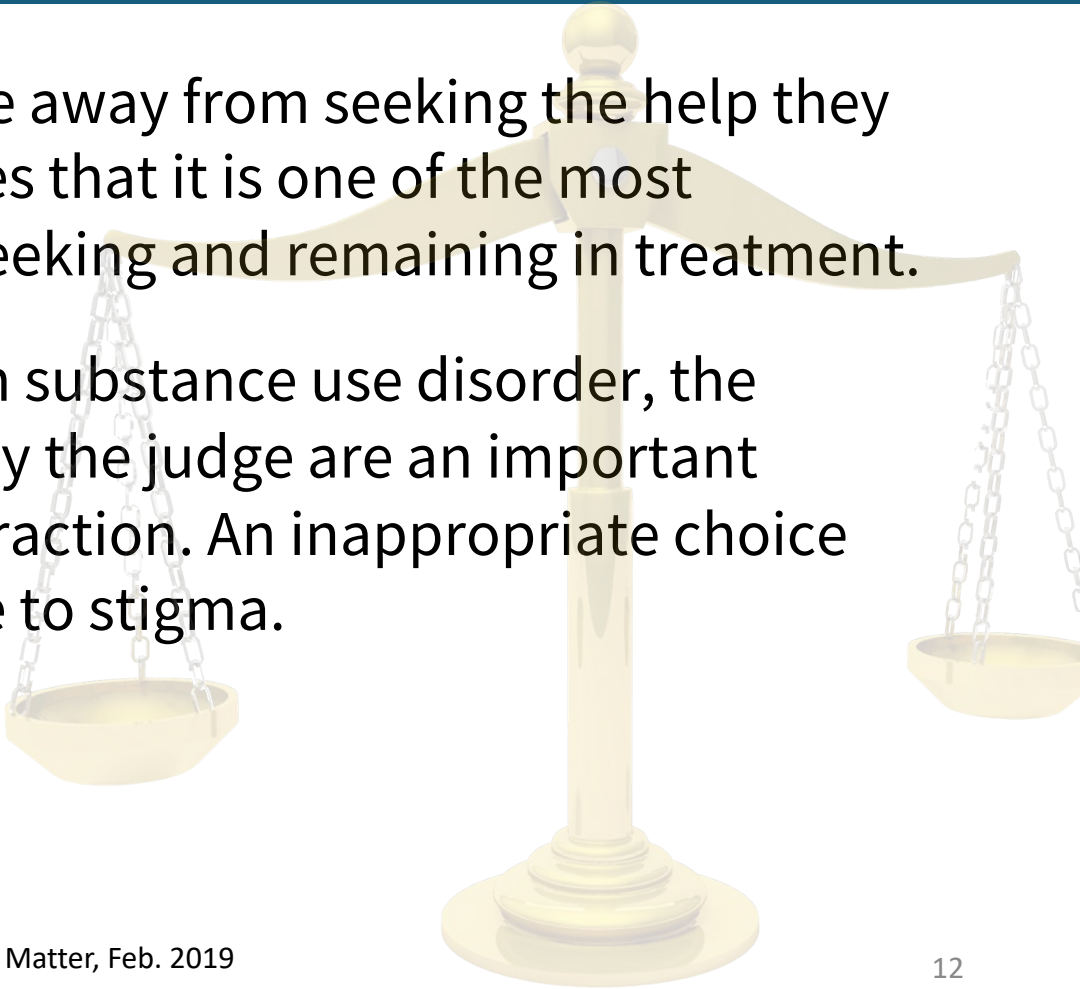
The Negative Power of Stigma

- ✧ No other medical condition is shrouded in stigma like substance use disorders
- ✧ It affects those who are suffering, their loved ones, and often numerous others
- ✧ Due to this stigma, those in need of treatment do not seek medical attention
- ✧ Substance use disorder - one of the most misunderstood and mischaracterized health conditions



The Justice System is the Single Largest Source for Referral to (SUD) Treatment, After Self-referrals

- ✧ Stigma can drive people away from seeking the help they need. Research indicates that it is one of the most significant barriers to seeking and remaining in treatment.
- ✧ For those suffering from substance use disorder, the particular words used by the judge are an important component of that interaction. An inappropriate choice of words can contribute to stigma.



Paying Attention to Language Is Not About Political Correctness

- ✧ It is about doing all one can to increase access to quality treatment and care.
- ✧ In cases involving drug/alcohol use, an appropriate choice of words can make the difference between reinforcing negative stereotypes and promoting positive change.
- ✧ A review of literature on this topic overwhelmingly encourages the use of language that reflects the medical nature of SUDs and promotes recovery.



Judges Play a Significant Role in the Nation's Response to SUDs

- ✧ A judge's role to remain impartial, but not indifferent, can often be difficult. In the face of behavior that can seem outrageous or ambivalent, words have power.
- ✧ The National Judicial Opioid Task Force supports and recognizes Language Matters and encourages the use of respectful language to describe SUD and those who use drugs. To this end, judges should consider “changing the script.”



Language and Stigma

- ✧ Language can bind us together **or** tear us apart
- ✧ Words we **choose** in personal and professional settings leave powerful and indefinitely impact impressions
- ✧ The language we use can play a significant role in stigma reduction
 - Too often, language unintentionally strengthens harmful effects, *“If they know you used drugs, nobody is going to help you. They just think you will lie about everything.”*
- ✧ How we talk about SUDs matters
- ✧ Best to unify a common language, appropriate terminology, and precise definitions



Slide Credit: UCLA Integrate Substance Abuse Programs



Facing Addiction
with NCADD



‘Substance Abuse’: Changing the Narrative

Child abuse, spousal abuse, sexual abuse—these are *criminal acts* carried out by individuals. Calling a substance use disorder “substance abuse,” or calling people with use disorders “substance abusers,” further criminalizes a treatable health condition, perpetuates stigma, and delegitimizes substance use disorders as a medical disease.

<https://www.changingthenarrative.news/stigmatizing-language>

Stigmatizing Language

- ✧ You may use stigmatizing terms every day
- ✧ Most may not realize the extent of their negative impact
- ✧ Think about the negative sentiment attached to each of the following:

“He is a *drug addict*.”

“She can’t seem to get *clean*.”

“Our community has a serious *addiction* problem.”

“He can’t seem to avoid *relapse*.”

“The client had a *dirty* urine.”

What alternatives can you think of?



Language

Negative

Positive

Substance Abuser	→	Person who uses substances
Relapse	→	Recurrence of use
Medication-Assisted Treatment	→	Pharmacotherapy
Overdose	→	Accidental drug poisoning
Addict	}	Person with a substance use disorder
Alcoholic		
Opioid Addict		



Health In Justice Lab, Northeastern University School of Law

The Tired Narratives of Drug Policy

"Addict"

*Stigmatizing
Language about
Substance Use*

"Trading One Addiction for Another"

*Medication to Treat
Opioid Use Disorder*

"Hooked on Opioids"

*The Difference
Between Addiction and
Dependence*

"Filling Parks & Playgrounds with Hypodermic Needles"

*Misconceptions about
Syringe Service
Programs*

"Legal Shooting Galleries"

*Misinformation
about Supervised
Consumption Sites*

"Addicted Babies"

*Stigmatizing Language
about Neonatal
Abstinence Syndrome*

"Helping is Enabling"

*The myth of
co-dependency*

"Cut Them Off"

*Tough love doesn't
work*

What is Stigma?

Stigma

1a: a mark of shame or discredit: Stain

b: an identifying mark or characteristic;
specifically: a specific diagnostic sign
of a disease

- Merriam-Webster Dictionary



What is Stigma, Discrimination, and Racism?

- ✧ **Stigma** refers to negative stereotypes – an attribute, behavior, or condition, that is socially discrediting.
- ✧ **Discrimination** is the behavior that results from the negative stereotype.
- ✧ **Racism** is the erroneous belief that different races possess different characteristics, abilities, or qualities which distinguish them as superior or inferior to one another

HEALTHYPLACE.COM



Implicit Bias

Unconscious attitudes or stereotypes that affect our understanding, actions, and decisions.

We are poor at seeing bias in ourselves, but good at seeing it in others. Due to this, there is real power in groups and teams taking on bias together: naming the biases, being transparent, and holding each other accountable.

Individual experiences:

“ This court has been seeing my family for a generation, they are never going to believe anything I have to say...I didn't ask to be in a family where alcoholism and domestic violence are handed down like a crown...

They will not let me take my suboxone in jail, everyone switches to vivitrol if they stay in this program...

The last thing I'll do is tell the court I have a drug problem. Nobody's going to help me if they know that's the problem. ”

- Ashford, RD, Brown. AM & Curtis, B (2018): The Language of Substance Use and Recovery: Novel Use of the Go/No-Go Association Task to Measure Implicit Bias. Health Communication.



Institutional Stigma

- ✧ Structural practices, intended or unintended, that restrict certain individuals or groups from community or governmental opportunities based upon policies, practices, and traditions.
- ✧ The disapproval of, or discrimination against, a person based on perceivable social, racial, or cultural characteristics that serve to distinguish them from other members of a society.
- ✧ Covid-19 has revealed the sweeping inequity in healthcare access, reach of public health education, and outcomes along racial lines. Disproportionate overdose deaths, Covid-19 hospitalizations, and deaths are examples of inequitable access to standard treatments, hampered by structural bias, stigma, discrimination, and racism.



Stigma and Self-Stigma

- ✧ Self-stigma results in part from public judgement in a process leading to the internalizing of negative stereotypes.
- ✧ Profound shame, guilt, and idealized perceptions inhibit help-seeking behavior and are frequently misinterpreted or judged as signs of apathy.
- ✧ Missed appointments, defensive posture, avoidance, escalation, and lack of self advocacy are examples of shame-influenced behaviors.



Stigmatization of People with Mental Illness, Arthur H. Crisp, Michael G. Gelder, Susannah Rix, Howard I Meltzer and Olwen J. Rowlands, British Journal of Psychiatry

Stigma and Self-Stigma in Addiction Steve Matthews & Robyn Dwyer & Anke Snoek
Catherine Chichester, APRNBC, CCSME 2019



Stigma Interacts with Systems and Distorts Outcomes

I struggle [with] people offering me help, I still think that I'm not worthy of it 'cause they ... everyone's been offering me to help move and I said, no, it's alright man I'll get a taxi, or I'll carry it, or whatever, and yeah, the guy ... the guy at [treatment service] said the other day he sees it as me being ... me myself thinking I'm not worthy of anyone's help.

I know better than to tell them what's really going on.

Once we start something good, we feel guilty because we feel like we don't deserve it.



Opioid Use Disorder is a Deadly Disease

“Retention in methadone and buprenorphine treatment is associated with substantial reductions in the risk for all cause and overdose mortality in people dependent on opioids.”

- BMJ, April 2017

- ✧ Reviewed 19 observational studies
- ✧ Involving more than 120,000 patients
- ✧ Mortality increased after people discontinued medications for opioid use disorder
- ✧ Over 81,000 deaths from accidental poisoning (overdose) in 2020



What Can Judges Do?

- ✧ Avoid stigmatizing labels/words - Practice
- ✧ Seek consultation
- ✧ Educate – self, colleagues, coworkers, community
- ✧ Recognize symptoms, warnings, “red flags”
- ✧ Treat with dignity and respect
- ✧ Encourage treatment
- ✧ Become Trauma-Informed
- ✧ Not blame a victim for an underlying SUD or MH condition
- ✧ Partner with Recovery Support Services/Recovery Coaches
- ✧ Speak up about hopeful stories and successes





Evidence-Based Practices for Substance Use Disorders and Personal Beliefs/Bias

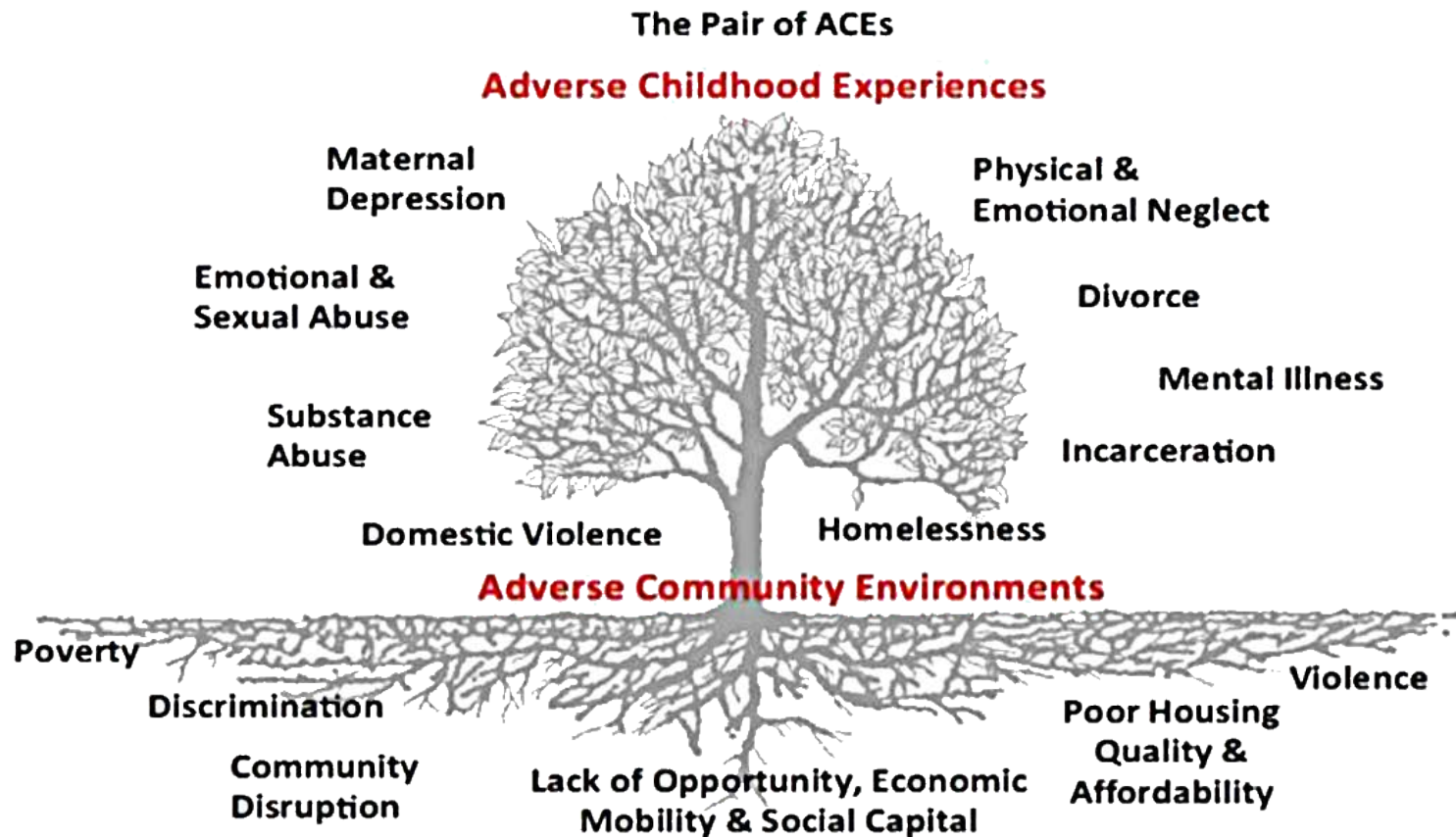


“Why are ‘they’ like that and can anything help?”

- ✧ The lack of knowledge about the biological and social factors contributing to SUDs is an overall driver of stigma and bias.
- ✧ There are well researched, proven standards of care to treat SUDs and sustain long-term recovery.
- ✧ Knowledge and understanding about etiology and effective treatment promotes an elevated, more respectful and hopeful conversation.
- ✧ You will be provided more in-depth information about the evidence base for effective treatment over the course of this event.



Adverse Childhood Experiences and Adverse Community Environments



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](https://doi.org/10.1016/j.acap.2016.12.011)



Therapeutic Jurisprudence: Becoming Trauma-Informed

- ✧ A trauma-informed approach to jurisprudence includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.
- ✧ It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events.



Why Is Understanding Trauma Important? Effects On an Individual's Engagement

- ✧ Individuals who have experienced trauma are often sensitive to triggers in the environment. We need to understand and help individuals feel safe rather than distressed.
- ✧ Avoidance of services
- ✧ Difficulty adhering to plans
- ✧ Postponing services until issues are critical
- ✧ Misuse of medical treatment services, for example – overuse of ED services and misuse of pain medication, other controlled substances, and alcohol

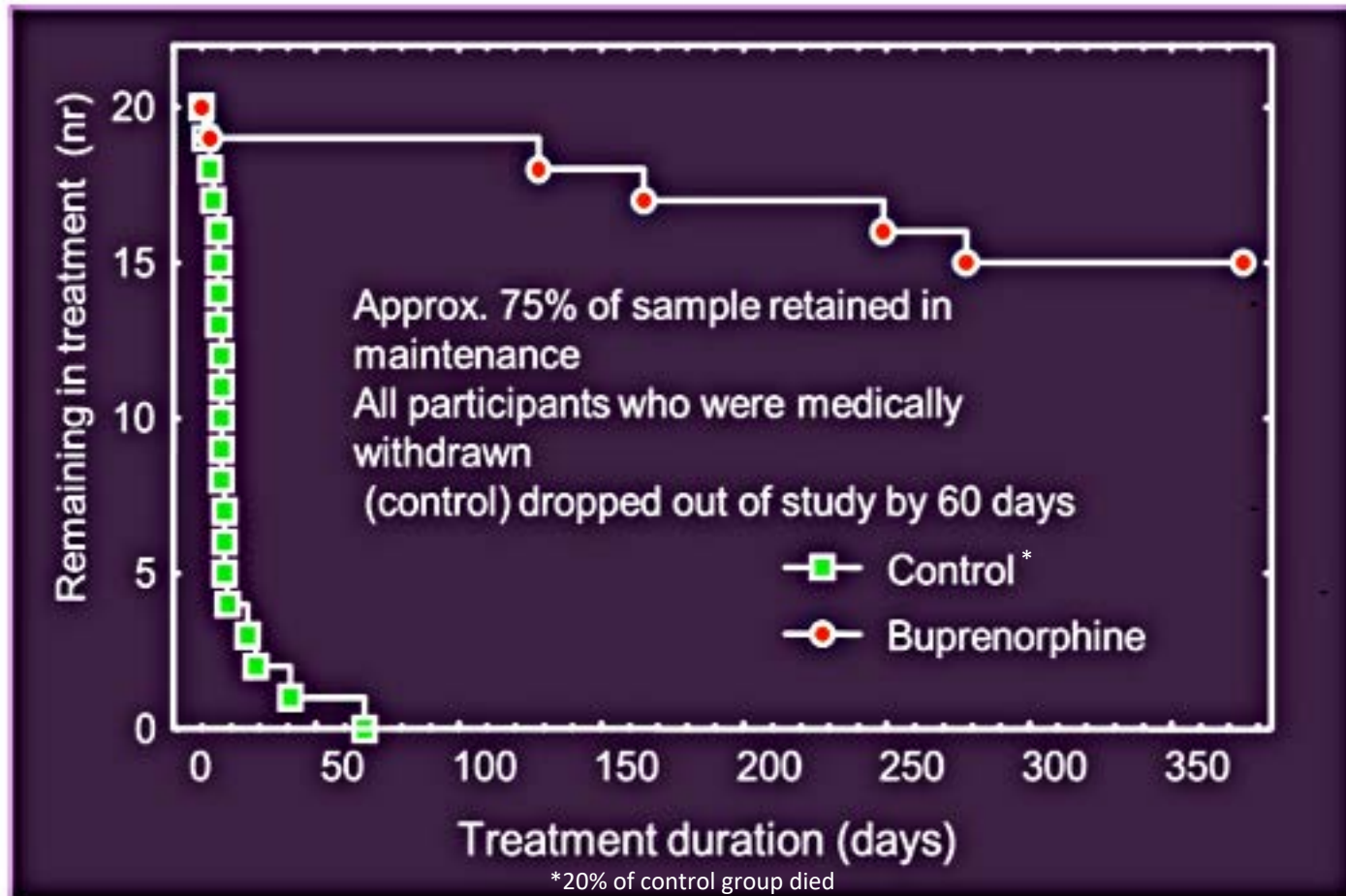


MOUD: The Standard of Care for Opioid Use Disorder

- ✧ MOUD is the integration of FDA-approved medications to stabilize, treat, and maintain sustained remission from opioid use disorder.
- ✧ Medications include Methadone, Buprenorphine, and Naloxone/Vivitrol.
- ✧ Methadone Maintenance Treatment (MMT) remains the most studied intervention for the treatment of opioid addiction.
- ✧ All the FDA-approved medications greatly improve mortality rates, treatment outcomes, and sustained remission from opioid addiction.



Medication and Maintenance Are Needed for Success



(Kakko et al., 2003)



Robin E. Clark et al.,

“The Evidence Doesn't Justify Steps by State Medicaid Programs to Restrict Opioid Addiction Treatment with Buprenorphine,”

Health Affairs 30, no. 8 (2011): 1425-33, doi:10.1377/hlthaff.2010.0532.

- ✧ In a study of 33,923 Medicaid patients diagnosed with opioid dependence in Massachusetts, mortality during the four-year study period (2003-2007) was double among patients receiving no treatment versus patients treated with buprenorphine.
- ✧ Patients treated with buprenorphine experienced a 75% reduced mortality versus patients treated with psychosocial interventions alone.
- ✧ Does stigma and bias have an influence on access to treatment? This study was conducted 15 years ago and published 10 years ago.



How Lack of Knowledge About Evidence-Based Treatment Perpetuates Stigma, Bias, and Distorts Outcomes

- ❖ 38 yr. old single mom of 2 children, opioid addiction w/co-occurring anxiety and trauma
- ❖ 2 years in a drug treatment court – 4 relapses w/opioids, 3 near-fatal overdoses, and referred to withdrawal management and short-term residential treatment
- ❖ Actions included brief incarceration
- ❖ Use of incarceration to achieve physical safety/lethality of overdose potential while awaiting “MOUD Free” Residential Treatment bed
- ❖ Following 3rd overdose, discharged from court program pending prison sentence for trafficking heroin
- ❖ Never referred to MOUD, actively dissuaded from pursuing MOUD – will result in discharge.



Court Participant Sketch: Bias-Driven vs. Evidence-Based Cost and Efficacy

Bias-Driven

In this sketch, the client was incarcerated four times for a total of 37 days:

- \$75 dollars/day x 37 days = \$2,775
- \$800 for an ambulance ride + \$1,200 for an ED admit, 3 times = \$6,000
- \$1,400/day for detox for 5 days = \$7,000
- \$4,800 per discharge from “MOUD Free” residential treatment, 3 times = \$14,400
- **Total Cost for 2 years of opioid use disorder treatment without MOUD while in a Court Program = \$30,175**

Evidence-Based

Compared to:

- One year of ambulatory treatment integrated w/MOUD services
- IOP 8-12 weeks (\$4,000) + Outpatient Group Therapy 18-24 weeks (\$1,320) + Medication, buprenorphine (\$4,800) = \$10,120/year
- Return-to-use rates for OUD decrease from 85% in “MOUD FREE” residential to 40% in ambulatory services with Integrated MOUD
- **Half the Cost, Double the Improvement**



Why It Matters

- ✧ Conceptualizations/related terminology implicitly reflect and influence how we think about and approach SUDs
- ✧ Language = standardized collection of symbols that trigger networks of cognitive scripts, activating chains of thoughts; influences appraisal, attitudes, actions
- ✧ Language changes over time; from “lunatic asylums” and “drunkards/dipsomaniacs” to “psych hospital” and “Person with a Substance Use Disorder”
- ✧ Policy approaches to “drug problem” possess own rhetoric – shift from “War on drugs” (punishment) to public health emergency (prevention/treatment)...



Core Messages for Judges

“Persons in recovery from SUDs are part of my community.”

“Recovery has brought stability to [his/her] life.”

“Long-term recovery helps to empower those in recovery and enhances our community.”

“Long-term recovery has given them and our community new purpose, creating a culture of support and assistance.”

“Our language and our efforts to continually improve it, make it possible for everyone to enhance their quality of life, while pursuing personal goals and successes.”



Putting It All Together

Training, Competency, and Confidence – Practice, Practice, Practice

- ✧ The judiciary makes a difference in the nation's problem with SUDs and accidental poisonings (overdose deaths).
- ✧ Understanding the social and biological factors that contribute to SUDs is a critical step in reducing stigma and bias.
- ✧ Words matter, they have great power to make or break a person's resolve to engage in a pathway toward recovery.
- ✧ Articulate scientific findings demonstrating improved treatment outcomes w/mortality and cost containment in health and public safety.
- ✧ Practice changes in language within your courts or teams, make agreements to point out language that is stigmatizing or lacks a trauma-informed lens.
- ✧ Explore your own implicit bias and make commitments and time to discuss amongst your colleagues. (See pg. 4 of pdf: https://www.maine.gov/future/sites/main/files/inline-files/QC_Words%20Matter_SUD%20Conversation-Guide_2018.pdf.)



Stigma Resources



[NIDA Med Words Matter](#)

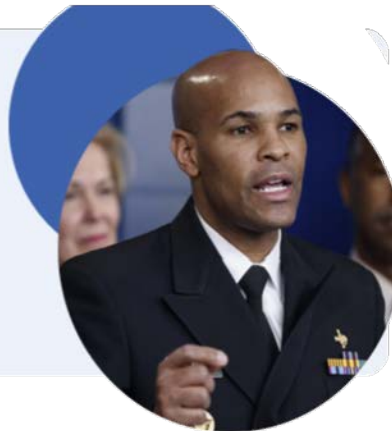
[Breaking Through the Wall of Stigma](#)

NIH HEAL Research Aims to Address Stigma



The biggest killer out there is stigma. Stigma keeps people in the shadows. Stigma keeps people from coming forward and asking for help. Stigma keeps families from admitting that there is a problem.

JEROME ADAMS, U.S. SURGEON GENERAL



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CDC Resources - <https://www.cdc.gov/violenceprevention/acestudy/about.html>

SAMHSA resources on Trauma-Informed Care - <https://www.samhsa.gov/nctic/trauma-interventions>

National Child Traumatic Stress Network - <https://www.nctsn.org/>

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Upcoming Webinars



Thursday, May 6, 2021 / 3-5p EDT

Welcome

Associate Justice Karen Carroll, VT

Science of Addiction

Dr. Brian Fuehrlein, Yale School of Medicine, CT

Judicial Perspective:

Practical Application for Judges

Judge Janet McGuiggan, MA

Co-occurring Disorders and Trauma:

What a Judge Needs to Know

Dr. Lisa Callahan, Policy Research Associates

Judicial Perspective:

Practical Application for Judges

Chief Justice Paula Carey, MA

Closing Remarks

Chief Justice Richard A. Robinson, CT



Thursday, May 27, 2021 / 3-5p EDT

Welcome

Chief Justice Kimberly Budd, MA

Evidence-Based Treatment Interventions

Dr. John Brooklyn, University of Vermont Medical Center, VT

Judicial Perspective:

Practical Application for Judges

Judge Kathleen Coffey, MA

Recovery Processes:

Is Recovery Abstinence?

Dr. John Kelly, Harvard School of Medicine, MA

Judicial Perspective:

Practical Application for Judges

Chief Justice Tina Nadeau, NH

Closing Remarks

Chief Justice Gordon MacDonald, NH

SAVE THE DATE

Thursday, June 17, 2021

3-5p EDT

Closed Question Forums By State

State-specific registration links and information will be announced.



REGISTRATION LINKS

May 6th

https://zoom.us/webinar/register/WN_Nps1a4DiS9ec-pAhKIgPmQ

May 27th

https://zoom.us/webinar/register/WN_2o0AouB592OFnTeD0LYJA

Justice-Involved Individuals with Substance Use Disorders

Judicial and Medical Partnership

Judicial Webinar Series

April 15, 2021



Thank you for joining

Please complete the survey sent via email.

Note: Proof of attendance for CLE credit will be sent through email.

Contact: Kristina Bryant (kbryant@ncsc.org)



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New England Regional Judicial Opioid Initiative and Opioid Response Network



**Opioid
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Network
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