Preventing Opioid Overdose for 6 Months Post-Prison Release: An Evidence-Based Program

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Incarceration Rates are Rising Faster for Women Than Men

- Between 1980 and 2009, the female arrest rate for drug possession and drug use tripled, while it doubled for men.

700% increase

- The number of women who are incarcerated in the United States increased from around 26,000 in 1980 to over 222,000 in 2019

https://www.sentencingproject.org/fact-sheet/incarcerated-women-and-girls/
https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=256274

Pregnancy, Substance Use, and **Incarceration**

- It is estimated that close to 55,000 pregnant women are admitted to jails every year and nearly 3,000 to state and federal prisons
- Pregnant women who are incarcerated are at increased risk of miscarriages, stillbirths, ectopic pregnancies, and inadequate prenatal care
- The high number of pregnant women experiencing incarceration also reflects an opportunity to collaborate with carceral leadership and staff to help improve outcomes for women and children

Sufrin C, Beal L, Clarke J, Jones R, & Mosher WD. American Journal of Public Health, 2019;109;799–805; Sufrin C, Jones RK, Mosher WD, & Beal L. Obstetrics & Gynecology, 2020;135;1177–1183. https://www.ncchc.org/womens-health-care

Jenna's Project

Witnessing the increase in overdoses among pregnant and parenting women transitioning from prison

Site: North Carolina Correctional Institute for Women (NCCIW)

Interdisciplinary team provided comprehensive care coordination upon release for up to six months from the release date

OBGYN – GOG	NCCIW	UNC Family Medicine	UNC Psychiatry

Main milestones:

50 participants	Reduce opioid-related injuries and deaths

Hairston E, Jones HE, Johnson E, Alexander J, Andringa KR, O'Grady KE, Knittel AK. J Addiction Medicine. 2024;12:10-97.

Jenna's Project Outcomes

- Connected with two prisons (NCCIW and Anson CI) 40 jails in North Carolina, and one federal prison in Carswell, Texas
- Reduced perinatal incarceration by intervening at the jails
- n=132 unduplicated pregnant and postpartum
- 1.5% return to illicit substances
- 1.5% return to incarceration
- 0% opioid related-deaths or injuries
- In 2021, integrated a SUD counselor at NCCIW's prenatal Clinic

Hairston E, Jones HE, Johnson E, Alexander J, Andringa KR, O'Grady KE, Knittel AK. J Addiction Medicine. 2024;12:10-97.

Re-entry Services Provided

- Access to services for six months
- In-person telehealth substance use and mental health counseling
- Care coordination to access medication for OUD and other issues
- Transportation to treatment or needed services
- Referrals for service needs, including parenting and residential treatment support
- Legal coaching with a retired judge

Moved from interdisciplinary to transdisciplinary care

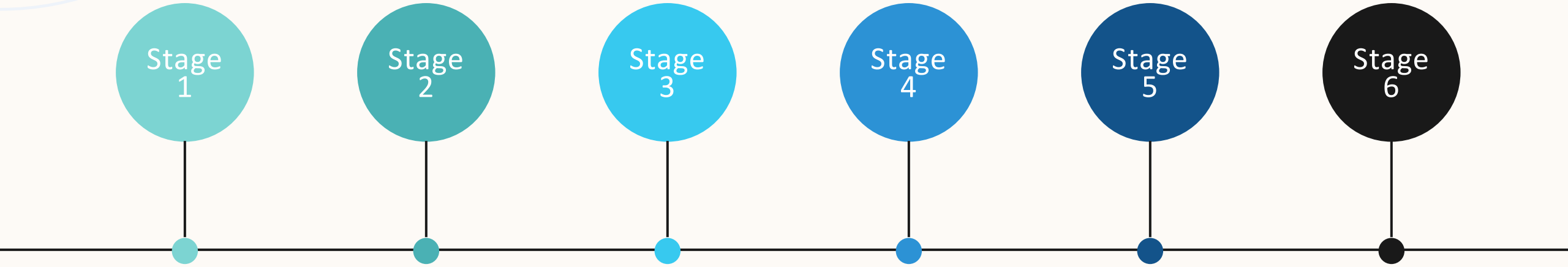
Gender-responsive Reentry and Recovery Services: *Transdisciplinary* Approach

- Housing specialists
- Attorneys and probation/parole officers, including Local Reentry Councils
- Harm reduction coalition
- Maternal-infant child interventions
- Specialized behavioral and physical health SUD providers
- Trauma and gender-responsive reentry programs at release
- Individuals directly impacted a part of program implementation and research efforts

Jenna's Project Implications and Lessons Learned

- Women-responsive re-entry and recovery services can reduce fatal overdoses among perinatal women living with OUD
- The importance of acknowledging the unique needs and intersectionality of perinatal women can increase care engagement – *all patients self-referred for services*
- Increasing access to recovery and social support at the time of reentry can reduce re-incarceration
- Women-specific services increase access to OUD treatment (51% received MOUD vs 31% at intake)

Gender-Responsive Reentry and Recovery Planning and Implementing Services



Comprehensive Clinical and Reentry Assessments four months before the release

Develop recovery and reentry goals and barriers

Identify social support and community engagement

Revisit the recovery and reentry plans a month prior to release

At the time of release, execute treatment plans with "hot hand-offs"

Provide compassionate care management and therapy services, and refer to services

Expansion of Services Across North Carolina

Increased SUD treatment services partnership with other disciplines through North Carolina Department of Adult Correction

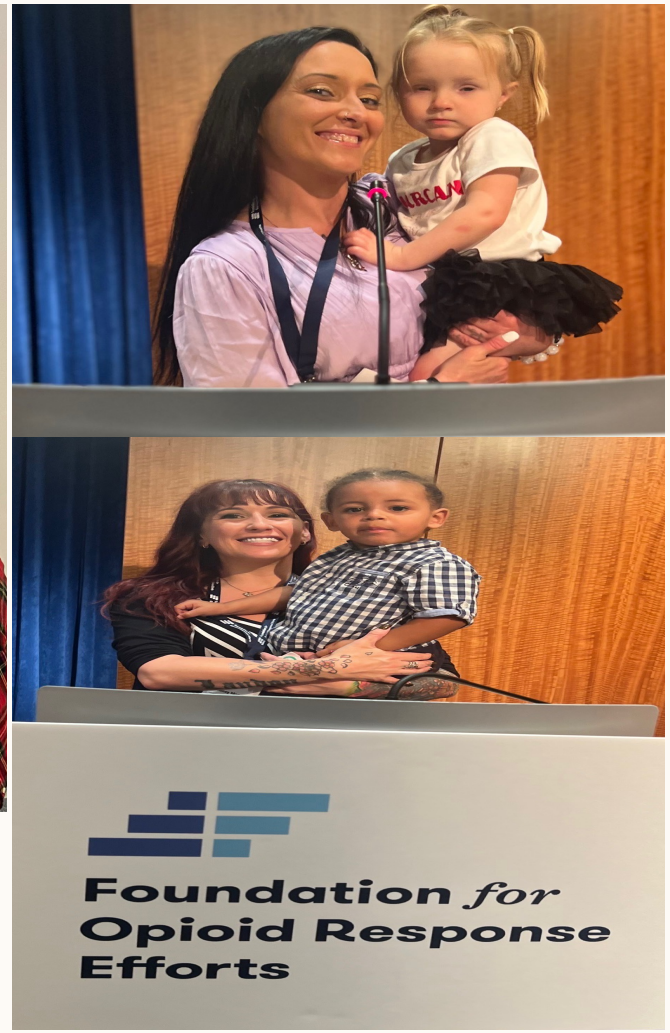
1. **Post-release housing program CHERISH** (Cultivating Health Equity at Re-entry among perinatal women Impacted by Substance and unsafe Housing)

2. **Women-responsive re-entry and recovery access for those with substance use disorders in NC EMPOWER** (Engaging and Motivating: Preventing Overdose among Women via Effective Re-entry)

3. **Women-responsive re-entry and co-occurring access GRACE** (Gender-Responsive Re-entry Affirms Caring Empowerment)

4. **Women responsive SUD treatment adult family drug treatment courts RISE** (Recovery Integration and Support for Empowered women)

THANK YOU TO THE TEAM, FORE AND THE AMAZING WOMEN WHO MADE THIS WORK HAPPEN!



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