Participation in the System of Care

In this month’s edition we are bringing you some reflections from individuals who are currently engaged in the program. Although we cannot share their names, we can share a little about their history and their thoughts regarding SUD (substance use disorder), MAT (medication assisted treatment) and recovery.

**Client 1** was adopted at birth as a result of parents with SUD and as he grew up he had a strong desire to know his birth family. When given that opportunity at 12 years old he remembers thinking that if he was more like them it would create a stronger bond. Around 13 years of age he got meth from older friends and at 15 he started with heroin. He has had around 10 years of sobriety in the last 25 years and knows that there is a strong genetic component to his use.

**Client 2** started using meth at 11 years of age (stole it from her dad). Parents removed her from school thinking that was where the “bad” influence was coming from and put her in an environment where she was around adults who used a variety of substances. At 23 she started using heroin. Over the last 20 years she has had two periods of sobriety last around 2 years, but stress from relationship troubles have sent her spiraling back to use.

**Client 3** was raised in a family where drug use and dealing were the norm. Dad, a Vietnam Vet with severe mental health issues, injected him with meth at 7 years old. School staff tried to intervene over his elementary years, but the family would always lie to protect each other. He eventually earned his GED at Nisqually Youth Camp and even completed some college.

... Why did you choose to take part in this program?

**C1**: People who care about me strongly encouraged me to participate and I am very grateful for the opportunity. This is by far the most productive time I have spent in this jail (has been here frequently) and I am focused on recovery.

**C2**: I have had success on MAT in the past and I can continue this when I serve my short prison sentence. I have a vision of having a stable family life and feel that this program can help me accomplish that goal.

**C3**: This program has built-in community supports (case manager, housing, behavioral health) that will help me be successful when I am released. People don’t realize how stressful it is to meet all your requirements when you are released.

The general public has mixed feelings about MAT, what would you like them to better understand?

**C1**: MAT interrupts the craving cycle that has been established by drug use and helps to normalize brain function. If I am not constantly thinking about drugs my brain has the chance to heal.

**C2**: I've tried to quit without medication and I felt sick and the cravings never went away. With medication I feel more stable and "normal".

**C3**: Helps my brain stabilize. I am not constantly thinking about how I need a fix and it is a relief to know that I won’t feel the need to commit a crime to feed my addiction.

What do you wish people understood about SUD?

**C1**: People see addicts as the decay of society, but they don’t see the fear and pain we feel and hide from by using drugs. Recovery is a choice, but you have to be psychologically able to make that choice. It would be nice if people never gave up on us (even if we give up ourselves).

**C2**: Every path to addiction is different and people are all wired differently. I certainly didn’t think as a young person that I would be where I am today.

**C3**: At 7 years old I did not make the choice to be an addict, I am literally a product of the environment I was raised in. I have significant trauma that I am working through and know that mental health is a driving factor in my SUD.

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**System of Care By the Numbers:**

- 45 people accepted into the program
- 35 individuals provided MAT
- 4 individuals accepted into Therapeutic Court
  - 3 pending acceptance
- 6 individuals placed in long-term in-patient
- 6 individuals released to community
  - 2 continuing to engage in recovery goals
MAT Knowledge and Opinion Survey Results
This survey was conducted with GH County jail and court staff in February of 2021, this newsletter highlights a portion of those results each month.

Addiction is defined as a complex progressive disease of the brain that can’t be cured, only managed. The changes to the brain with chronic addiction are so significant that they alter the brain’s ability to think, feel or behave as once able. MAT helps to stabilize brain function so that people can begin focus on behavioral interventions necessary to enter and sustain recovery. According to SAMHSA: MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for individuals with Opioid Use Disorder (OUD). The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- improve patient survival
- increase retention in treatment
- decrease illicit opiate use and other criminal activity among people with substance use disorders
- increase patient’s ability to gain and maintain employment
- improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can also contribute to lowering a person’s risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about co-occurring disorders and other health conditions.

The goal of MAT in the criminal justice setting is to provide a path to treatment, decrease the rate of overdoses, and ultimately reduce recidivism. This is a win-win for the individual and the community.

MAT does not prolong addiction. Stabilization, maintenance and recovery are the goals. Research shows that individuals who are on MAT for at least 1-2 years have the greatest rates of long-term success. It is up to the medical professionals to determine if and when an individual is able to successful taper off their medication.

Just like other behavioral health issues (weight loss, diabetes, smoking cessation, etc.) there is no one-size-fits-all solution to SUD management. MAT may not be right for everyone and this is a decision that is best determined by individuals and their medical providers.

For more information, watch this informative video:
Common Concerns Related to Medications for Opioid Use Disorder in Jails (23 minutes)