

Testimony before the Connecticut Joint Judiciary Committee

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Reckitt Benckiser Pharmaceuticals

Committee Bill #639

Chairmen McDonald, Lawlor and members of the Judiciary committee, I wish to thank you for this opportunity to discuss important legislation, committee bill #639 which will encourage effective medical management and community transition of incarcerated individuals by providing baseline training in addictions for chief Medical Officers in our state and county correctional facilities.

Background

The National Center on Addiction and Substance Abuse at Columbia University estimates that 80 percent of prisoners nationwide are "seriously involved with drug and alcohol abuse and the crimes it spawns." A complementary 1998 study of state prison inmates found that 74 percent of prisoners had a substance abuse problem in their history, with nearly half involved in ongoing substance abuse at the time of the offense for which they were incarcerated. Regrettably, only about fifteen percent of incarcerated drug offenders ever receive treatment and the likelihood of that individual obtaining seamless and effective post-release treatment in the community is even more remote.

That is about to change. As the national economic downturn increases fiscal pressures on state budgets, Governors are aggressively looking at sentencing alternatives as a way to lower the costs of incarceration while providing more effective rehabilitation. Common targets for reform are non-violent drug offenders that for some states constitute as many as half the number of individuals incarcerated annually. To meet this challenge, it will be critical for our correctional facilities to have the medical expertise and infrastructure to address the needs of this distinct population. This proposal recommends a policy that will help facilitate the transition to increased drug treatment by requiring the leading physician in each correctional facilities receive a baseline addictions education.

Proposal Specifics

Under this proposal every appropriate correctional facility in the state would be required to have their chief medical officer trained in the area of addiction within six months of the enactment of this policy or within six months of gaining the appointment at the facility. Specifically, unless already trained or Board Certified in addictions, we propose the physician receive the existing training provided to those physicians seeking certification to prescribe Buprenorphine. This eight-hour course devotes a significant portion of its curriculum to understanding the physiology of addiction, its impact on the society at large and treatment options. Although the course is by no means an exhaustive review of the addiction field, it will provide the chief medical officer with a greater understanding of addiction, increasing the likelihood of successful outcome for the individual and a reduced recidivism rate for the state – it will also certify the physician's X-DEA number.

To mitigate this unfunded mandate on the state and/or its localities, Reckitt Benckiser Pharmaceuticals will provide resources to assist in producing the initial trainings for these physicians.

Last year the Nation Institute of Health (NIH) suggested that the future for treating incarcerated individuals will include behavioral and medication modalities such as Naltrexone, Methadone and Buprenorphine (all used to treat opioid addiction) during incarceration. The NIH went on to recognize the trend towards increased access to a broad range of medications to promote abstinence and recovery. As the system evolves, public safety and health systems will work collaboratively to ensure a proper medical transition of incarcerated individuals into the community. However, until our correctional facilities are prepared to address the unique needs of this population, appropriate reform of this system will remain elusive. This recommendation will ensure a level of expertise within each facility to facilitate effective rehabilitation while incarcerated and a smoother transition into the community setting – a benefit not only to the individual, but to our society at large. We should not wait to facilitate this activity. I urge your support of this legislation.

Thank you for this opportunity to address the committee.

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