Testimony in Partial Support of HB-5035: An Act Adjusting the State Budget for the Biennium Ending June 30, 2019

Lynn M. Madden, PhD, MPA
Appropriations Subcommittee on Judicial and Corrections
February 20, 2018

Senator Winfield, Senator Kissel, Representative Candelaria, and distinguished members of the Subcommittee:

My name is Lynn Madden, and I am the President and CEO of the APT Foundation, Inc., a non-profit provider of substance abuse, mental health and primary care services in New Haven, Connecticut since 1970. Our mission is to promote health and recovery who live with substance use disorders and/or mental illness and we treat approximately 8,000 persons each year; more than 5,000 of our patients receive treatment for an opioid use disorder.

APT Foundation strongly supports amending HB-5035 to appropriate funding for the Department of Correction to expand access to opioid treatment. SB-172, An Act Concerning Access to Treatment for Opioid Use Disorder in Correctional Facilities, would provide access to evidenced-based treatment for Opioid Use Disorders for all persons incarcerated in CT. Provision of treatment for opioid use disorders both saves and stabilizes lives and reduces ongoing health care costs for those in treatment.

Medication assisted treatment is the most effective treatment for opioid dependence. The FDA approved medications for treatment are methadone, buprenorphine and naltrexone. (McCarty, et al.) APT Foundation has been providing methadone treatment services at the New Haven Correctional Center (NHCC) since October of 2013. The program is limited to 35 persons at any given time due to space constraints at the facility. Many others need treatment for opioid use disorders as they enter NHCC, but do not receive it because the treatment program is at capacity. According to a study published in the Journal of Addiction Medicine last month that examined data from the APT/NHCC program, those who do receive services are less likely to receive disciplinary tickets while incarcerated. In addition, those persons who continued their treatment at APT Foundation after release from jail were less likely to be re-arrested, face new charges or be re-incarcerated than their untreated counterparts. (Moore, et al.)

It is also important to note that healthcare costs associated with persons with a diagnosed opioid use disorder who are on methadone therapy are 50% lower than those receiving addiction treatment services but not receiving medication and 62% lower than receiving no addiction treatment according to an analysis of claims data from Oregon published in 2010. (McCarty, et al.) Persons receiving medication for their opioid use disorder are participating in structured health care delivery, and more likely to have their health care needs met on an outpatient basis, thereby saving health care costs for preventable, manageable and treatable illnesses.
Our neighboring state of Rhode Island recently implemented (2017) a comprehensive program in their correctional system whereby all individuals arriving into RI Department of Corrections who were taking a medication for an opioid use disorder were maintained on that medication while incarcerated. Their initial results are excellent and promising; in the year 2017, as compared to 2016 they saw a 60.5% reduction in mortality due to overdose after incarceration. Specifically, the period immediately after incarceration represents a difficult and chaotic time period for many people. In Rhode Island, 14.5% of those who died of overdose in 2016 had been recently incarcerated, versus 5.7% in 2017. (Green, et al.)

Providing appropriate treatment for opioid use disorder for those who are incarcerated in Connecticut will save lives and reduce health care costs while also providing a platform for the stabilization of the health and wellness of each person who needs this vitally important treatment.

Thank you for the opportunity to provide testimony in support of amending HB-5035. Please feel free to contact me with any questions or if you need additional information.

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