Letter of Support Regarding Governor Ned Lamont’s budget proposal to allocate funding for Medication Based Treatment (MBT) for People With Opioid Use Disorder in Jails and Prisons

February 27, 2019

Senator Osten, Representative Walker, Senator Formica, Rep. Lavielle and members of the Appropriations Committee,

I write in strong support the Governor’s proposed budget to allocate $2 million to MBT for FY 2020 and another $6 million for FY 2021. This will create a full, comprehensive program for everyone with opioid use disorder in jails and prison. In 2017 more than 1,000 Connecticut residents died from an opioid overdose, almost 3 per day. More than half of those overdoses occurred among formerly incarcerated people, who are 8 to 11 times more likely to overdose in the first few weeks after their release. Yet, most incarcerated people today do not have access to evidence-based treatment. Treatment saves lives, saves money, and reduces crime. In Rhode Island, a comprehensive MBT program reduced death by 60% among recently incarcerated people in six months of operation. Similar results in Connecticut would mean 100-150 saved lives every year.

As the leader of New London, one of the communities most impacted by this public health crisis, I see the effects of each one of these tragedies ripple through my community and ALL of our communities. New London has two prisons in close proximity and every week, folks enter our community without having received adequate treatment. They are at enormous risk for overdose and there is a significant impact on our community.

While Connecticut has taken bold steps to address the crisis over the past few years, there is more that can be done.

Public health experts tell us that we have tools to attack the crisis that we are not yet using to full effect. The most effective step we could take is to get people into treatment when they need it. In particular, medication-based treatment (MBT) has been shown repeatedly to achieve the best outcomes for patients. MBT combines medications—such as methadone, buprenorphine, or injectable naltrexone—with other psychosocial supports to help patients avoid relapse. MBT is the evidence-based community standard of care for substance-use disorders.

Unfortunately, the state is not taking full advantage of the chance to get people into treatment when they pass through the corrections system. Very few incarcerated people have access to MBT today in our state. Worse, many people who are already engaged in an MBT program are discontinued from treatment when they enter jail or prison—even if they have not yet been convicted of a crime. Those people are then forced to endure withdrawal from the treatment they had been prescribed. Others who would like to begin MBT have no opportunity to while in the care and custody of the CT Department of Correction.
Connecticut has a small MBT pilot program in four facilities. It has delivered impressive results. But DOC lacks the resources to expand to cover more of the incarcerated population. Connecticut was a leader when it began this program in 2013. Now we have fallen behind. Rhode Island has implemented comprehensive MBT access across its corrections system, and Massachusetts is on the verge of passing a bill to do so.

A prison and jail-based MBT program can likely save money, too. Some of us have seen firsthand the benefits of getting people onto treatment when they are in state custody and then continuing that treatment upon release. When being treated, people use fewer emergency and other medical services, are less likely to contract HIV and Hepatitis C, have fewer run-ins with law enforcement, are more able to parent their children, and are more likely to be employed and contribute back to our communities. This makes the state and its cities and towns all better off.

While we understand all too well the severe budget constraints facing the state, this proposed budget is the kind of well-targeted, cost-effective investment that can help put us on a better fiscal path. Untreated opioid use disorder is estimated to cost society $125,000 per year per individual in medical services, crime, and lost productivity, and the number of people affected continues to increase. To really attack the crisis, we must take advantage of the opportunity that providing MBT in our prisons and jails provides to curb this horrible epidemic.

Thank you for your consideration.

Sincerely,

Michael E. Passero, Mayor

City of New London