Testimony in Support of Inclusion of Funding for Addiction Treatment at DOC
Appropriations Committee: Judicial and Corrections Public Hearing
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My name is Patrick Hulin, and I am a law student at Yale Law School. I am here to testify in strong support of inclusion of funding in the Governor’s budget for evidence-based addiction treatment in Connecticut jails and prisons. This funding will save countless lives; reduce recidivism by helping incarcerated people successfully return to the community; and save the state money in the long term. The General Assembly has led the way so far on confronting the opioid crisis, and this is one of the most impactful next steps we can take.

As you know, the opioid crisis has hit Connecticut particularly hard. 1,038 individuals died in 2017 of an accidental overdose, an increase of 191% relative to 2012.¹ The number of deaths has been increasing rapidly in states across the country, and few states have seen success in stemming the tide. Connecticut has saved lives with the work it has done in the last few years, but more could still be done. One public health tool in particular has been shown to be particularly effective: medication-assisted treatment (MAT). An individual receiving MAT uses a medication such as methadone, buprenorphine, or injectable naltrexone in combination with other therapies. MAT’s effectiveness is well-established, with a typical 50% success rate as compared to low double digits for non-MAT programs. Unfortunately, its use is not as widespread as it could be.²

More than half of the people who died of an accidental overdose in 2017 had been incarcerated at some point in their lives.³ Yet incarcerated individuals are critically underserved by treatment. The state has a clear opportunity to intervene and save lives in the corrections system, but currently, most inmates in Connecticut have no access to evidence-based treatment. Aside from a small pilot program, most people entering jail or prison are forcibly removed from treatment—even those who are only in pre-trial detention.

Opioid withdrawal is not usually life-threatening, but it is a harrowing experience. DOC’s current policy of terminating treatment for most inmates makes patients in the community understandably nervous about even beginning treatment.⁴ Further, individuals in jail and prison who would like to use incarceration as an opportunity to turn their lives around and begin treatment are generally not permitted to. Current policy is inhumane, dangerous, and counterproductive. After implementing comprehensive access to MAT across its correctional system, Rhode Island saw a 61% decrease in overdose deaths among the recently

² Medication and Counseling Treatment. Substance Abuse and Mental Health Administration. https://www.samhsa.gov/medication-assisted-treatment/treatment
incarcerated. If Connecticut saw similar results, the DOC MAT program could save 100 to 150 lives per year.

Given the budget situation in Connecticut, cost-effectiveness is key. The Governor’s budget contemplates a two-year phase-in, with $2 million allocated in FY 2020 and $6 million in FY 2021. However, an MAT program would create significant cost savings for the state, making this program one of the best investments we can make in public health. We are working with experts at the Yale School of Public Health to develop a full budget model for the program, but our preliminary results are positive. Including the cost of treatment, MAT in the community leads to a reduction in total annual medical costs of approximately $9,000 per patient. This reduction, even at 50% Medicaid reimbursement, can mitigate the direct cost of providing MAT in jail or prison.

In addition, MAT has been shown to reduce recidivism by 20% or more. At a time when the state is closing prisons, it is critical to invest in programs which keep people out of jail. Each avoided year of incarceration can save the state up to $62,000. MAT also reduces arrests and usage of public defender services, and stress on the foster care system. Finally, MAT can reduce spending on other health conditions. Individuals on treatment are less likely to transmit or be infected by Hepatitis C, HIV, and dangerous bacterial infections, all of which can cost tens of thousands of dollars for treatment. Because most people released from jail or prison are on one of Connecticut’s Medicaid programs, the state ends up paying for this expensive care.

Finally, provision of treatment is required by the U.S. Constitution and the Americans with Disabilities Act. The Eighth Amendment prohibits cruel and unusual punishment, which means that the state must provide adequate medical care to incarcerated people. MAT is the community standard of care, and as such courts in other states have required jails to provide it. Lawsuits are moving forward in Massachusetts, Maine, and Washington, with more coming. It is only a matter of time before Connecticut faces such a suit.

MAT saves lives, and MAT saves money. Connecticut must expand access to treatment. The corrections system is a key place for the state to intervene and help residents live healthier, more productive lives. Accordingly, I strongly support inclusion of funding for a medication-assisted treatment program in our jails and prisons.

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5 Providence Journal, “Program to treat opioid addiction in ACI called a national model.”
7 Westerberg et al., Community-Based Methadone Maintenance in a Large Detention Center is Associated with Decreases in Inmate Recidivism. J. Subst. Abuse Treat. 2016.
8 Larney et al., Effect of prison-based opioid substitution treatment and post-release retention in treatment on risk of re-incarceration. Addiction. 2012.