Testimony in Support of Governor Lamont’s Proposal to Allocate Funds for Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Correctional Facilities

Re: HB 7148

Emma Lo, MD
Appropriations Committee Public Hearing
March 4, 2019

Dear Senator Cathy Osten, Representative Toni Walker, and distinguished members of the Appropriations Committee,

My name is Dr. Emma Lo, and I am a medical doctor completing training in psychiatry. I treat opioid use disorder and other substance use disorders on a regular basis. I am writing to support Governor Lamont’s recent budget proposal’s allocation of $2 million for fiscal year 2020 and $6 million for 2021 to ensure medication-assisted treatment (MAT) is available to incarcerated people with opioid use disorders.

One of my patients who I’ll call Zach, is a young man whose story starts with a car crash in 2005 which caused a back injury and chronic pain. He was treated with oxycodone, an opioid pain pill, but like many others, he found the need to use more and more pills over time to ease the pain. When doctors suspected he was abusing the pain pills, he began buying heroin on the streets, in his mind, the only way to relieve his pain. One day, he nearly died from an accidental heroin overdose. He realized he was addicted to opioids and needed help. He was successfully treated for two years with suboxone, a type of MAT which keeps cravings at bay and prevents the high created when opioids are used. But when he was incarcerated last year, he was taken off of suboxone despite its clear benefit to keeping him clean. Correctional facilities in CT routinely do not provide access to MAT. This needs to change.

Months after Zach’s release, he had relapsed on heroin; in part due to the interruption in treatment. We were able to restart his suboxone, and he is now in early recovery. But this lapse in treatment was unacceptable: not only was he in danger of overdose; he was denied the medical treatment known to work for opioid use disorder.

The opioid crisis is worsening every year: three people die in Connecticut every day from an opioid overdose, which amounted to 1,038 deaths in 2017.

The opioid epidemic disproportionately affects people who were recently incarcerated: over half of the overdose deaths are people who have been incarcerated in the past. In part, this is because within the first several weeks of release, they are particularly vulnerable to overdose and death. Their brains are not used to the amount they were previously accustomed to using before being incarcerated, so even a small amount of drug can lead to death.

But there is hope: MAT works and is the medically-proven treatment for opioid use disorder. People on the opioid treatment suboxone are 85% less likely to die from opioid
overdose, less likely to use illicit drugs, and 25% less likely to commit crimes and return to the correctional system.

Despite the fact that providing MAT in correctional facilities would help prevent overdose deaths, our correctional facilities do not provide access to this medically-indicated treatment. At present, only a few facilities in Connecticut provide MAT through a small pilot project. As it stands now, an inmate who was previously prescribed addiction treatment would be taken off of it, and an inmate ready to start treatment for the first time would not be allowed to embark on their path to recovery.

In the medical field, addiction is a chronic disease just like diabetes or high blood pressure. Therefore, denying access to life-saving medications like medication-assisted treatment for opioid use disorders is parallel to denying a diabetic their insulin while they are incarcerated. The medically-proven treatment for opioid use disorder should be guaranteed to Zach and to all people under the care of jails and prisons.

Rhode Island and a number of other states have already demonstrated that this intervention can be done successfully: they have shown a 60% decrease in overdose deaths among those released from correctional facilities compared to before the program was implemented. These results would equate to over 100 lives saved per year in Connecticut.

Many fear that the implementation of this bill will be too costly. But in fact, when the vast cost of re-incarceration, crime, and medical expenses are considered, the program would actually save the state an estimated $1.80 for every dollar spent on treatment, by the most conservative estimates from the New England Comparative Effectiveness Council. In fact, Massachusetts found a $6.27 savings for every dollar invested in a program for MAT in correctional facilities. By year five, this proposal is projected to actually save the state of CT an estimated $5 million. We cannot afford to wait any longer to fund programs that promote access to life-saving treatments.

Let us emulate what neighboring states are already doing successfully, and guarantee treatment for patients like Zach to stay on the road to recovery. We can start by funding access to opioid treatment in correctional facilities. I support Governor Lamont’s budget proposing full funding for MAT in correctional facilities, a desperately needed step toward ending the growing opioid crisis.

Thank you for your consideration and for the opportunity to provide testimony. Please contact me with any questions.

Sincerely,

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