Testimony in support of allocation of money towards medication-assisted treatment programs for opioid addiction within state correctional facilities

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Appropriations Committee

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Senator Catherine Osten, Representative Toni Walker, and distinguished members of the Appropriations Committee. We are fellows in the Department of Psychiatry at Yale School of Medicine, though we speak as members of the Connecticut community and not as representatives of Yale.

We have graduated medical school and completed four years of residency training in psychiatry, where we often treated patients suffering from opioid use disorders. We are now pursuing advanced training in forensic psychiatry (Dr. Baker) and addiction psychiatry (Dr. Werner), where we both frequently come into contact with individuals suffering from opioid use disorders.

We have seen the devastating effects that this disease has on our patients and are here to discuss why medication-assisted treatment is so important for the citizens of Connecticut.

Many individuals with opioid use disorder have contact with the correctional system due to drug-related or other charges. Giving these individuals the opportunity to begin the first-line treatment for opioid use disorder during incarceration allows these individuals to start their recovery and rehabilitation and assists them along the path towards a brighter future.

Therefore, we are here to testify today in strong support of Governor Lamont’s Budget, which allocated $2 million for fiscal year 2020 and $6 million for fiscal year 2021 towards medication-assisted treatment (MAT) programs for opioid addiction within state correctional facilities.

We support funding for MAT because:

In 2017, 1,038 Connecticut residents died of overdose; this number is predicted to be similar for 2018.1

- Deaths from overdose have nearly tripled since 2012.2
- Today, more people die from overdose than from firearms and motor vehicle accidents.3
- Connecticut is among the ten states with the highest rates of opioid-related overdose deaths.4

Drug overdose is the leading cause of death for individuals released from prison, and yet incarcerated people in Connecticut do not have access to MAT.5

- The state only offers MAT for a small number of people in four correctional facilities.
- Most people are taken off treatment when they enter jail or prison.
- Individuals who want to start treatment can’t due to lack of access.
Medication-assisted treatment is the evidence-based treatment recommended by doctors for opioid use disorder.\(^6\)

- Suboxone, Methadone, and Vivitrol, which are prescribed as part of MAT, have been proven to reduce opioid-related overdose deaths.
- These medications also reduce needle sharing and the spread of infectious diseases, such as HIV and Hepatitis C.

Treating opioid use disorder with MAT during incarceration promotes success after release.\(^7\)

- Inmates treated with MAT are more likely to engage in treatment after release and stay engaged in treatment longer.
- Over 97% of those who received methadone while incarcerated continued treatment after release.
- Forced discontinuation of treatment during incarceration can lead to reluctance to engage with treatment in the future.
- Treatment reduces crime. Incarcerated people who start treatment have lower recidivism rates than untreated individuals with opioid-use disorder.

Medication-assisted treatment saves money.

- The New England Comparative Effectiveness Council estimates that every dollar spent on treatment saves $1.80 by reducing crime and other health care costs.\(^8\)

Rhode Island has already enacted similar legislation, with impressive results.\(^9\)

- Rhode Island offers comprehensive access to opioid treatment in jails and prisons statewide.
- The program reduced deaths by 60% among recently incarcerated people.

It is time to expand medication-assisted treatment statewide to all incarcerated people with opioid use disorders.

This is why we support Governor Lamont’s Budget, which allocates $2 million for fiscal year 2020 and $6 million for fiscal year 2021 towards MAT programs within state correctional facilities for those suffering from opioid use disorders.

We appreciate this opportunity to submit testimony. Please contact us if you have any further questions.

Thank you,

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References: