



DATE: March 16, 2018
TO: Public Health Committee
FROM: Julia Wilcox, Manager of Advocacy & Public Policy
RE: S.B. No. 172: AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID USE DISORDER IN CORRECTIONAL FACILITIES

Good morning, Senator Gerratana, Senator Somers, Representative Steinberg, Representative Betts, and distinguished members of the Public Health Committee:

My name is Julia Wilcox, Manager of Advocacy & Public Policy at the CT Community Nonprofit Alliance. The Alliance is Connecticut's statewide association of community nonprofits. Our members deliver essential services to more than half a million people each year and employ almost 14% of Connecticut's workforce.

Thank you for the opportunity to submit testimony **in support of Senate Bill No. 172 "An Act Concerning Access to Treatment for Opioid Use Disorder in Correctional Facilities."**

The Alliance supports Senate Bill No. 172, which seeks to establish a Medication Assisted Treatment program in correctional facilities for inmates with opioid use disorder. We commend the Committee for your efforts to bring forth this important legislation, which has the potential to impact not only the inmates outlined in the legislation, but their families and communities across Connecticut.

The Importance of Medication Assisted Treatment – Impact on the Reentry Process

In FY 2017, 1,011 people in Connecticut died due to opioid addiction. **This is an increase of 150% over the last five fiscal years.** The majority of people incarcerated in Connecticut and across the nation have experienced substance use disorders or other behavioral health conditions. For many, their addiction is the underlying cause for their incarceration.

The majority of inmates today have no access to evidence-based, Medication Assisted Treatment. Most with opioid use disorder are taken off of when they enter jail or prison. At this time, the Department of Correction offers treatment in only three facilities. Those placed in other correctional facilities are faced with the painful and dangerous process of detoxing in their cells.

Further, people returning from incarceration are more at-risk for overdosing than the general population. In 2017, more than 50% of CT overdoses occurred among formerly incarcerated individuals. Of the formerly incarcerated people who died of overdose in 2015, 99 died within a year of release from prison. People are 8 to 11 times more likely to overdose in the first few weeks after release.

We know that Medication Assisted Treatment works and is a best-practice for treating opioid-use disorder. **Importantly, it can cut all-cause mortality by half¹.** And we know these kinds of programs work in correctional facilities. A 2001 study at Rikers Island², which started one of the nation's first jail-based methadone programs in 1987, found that participants were less likely to commit new crimes and more likely to continue treatment. And a 2014 Australian study³ determined that there were fewer overdose deaths after release.

The proposed legislation provides the opportunity to save lives, improve upon the health and well-being of the inmates, and increase the probability of a successful reentry process. One of the many positive results of this

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initiative would be a population of returning citizens who are better equipped to become productive, actively engaged and accountable for their future, the future of their families and their communities.

Process for Implementation

Section 1(a) of the raised bill, proposes that the Department of Correction, in consultation with the Departments of Public Health and Mental Health and Addiction Services, establish a Medication Assisted Treatment program in correctional facilities for inmates with opioid use disorder. In the proposed bill, at least five correctional facilities shall participate in the program in the first year. During the second year of operation, at least thirty per cent of all inmates in correctional facilities shall have access to the program. During the third year of operation, at least sixty per cent of all inmates in correctional facilities shall have access to the program. During the fourth year and for each subsequent year of operation, one hundred per cent of all inmates in correctional facilities shall have access to the program.

The process for implementation as outlined, provides a thoughtful approach to a phased-in implementation of an extremely complex shift in management of healthcare and support for opioid addicted inmates.

Access to Treatment Options and Supports is Essential

It is important to note that the “medication” portion of Medication Assisted Treatment is only part of the equation to a successful and sustained recovery. The pharmacological agent is only one piece to medication assisted treatment; it is a tool in the treatment toolbox. If we want people suffering from opioid addiction to have a chance at long-term survival and recovery, we must also provide access to treatment. Medication stabilizes individuals, but it is important to remember that addiction is a chronic illness. We encourage the Committee to address the need for all people suffering from addiction, including inmates and returning citizens, to access to support services, including peer supports, to help individuals sustain their recovery.

The proposed bill would give inmates access to all FDA-approved Medication Assisted Treatment, which are Methadone, Naltrexone and Buprenorphine. The Alliance supports access to all available treatment options.

Medication Assisted Treatment, Beyond Incarceration – Nonprofit Community Providers

While Correctional Facility-based Medication Assisted Treatment (MAT) programs are essential, it is critical that this population receives continued support upon release. Nonprofit providers of Medication Assisted Treatment, offer these essential, life-sustaining services within our communities. Several nonprofit providers have served as lead agencies, and successfully participate in pilot programs which support the efforts of the Department of Correction, and the Court Support Services Division of the Judicial Branch. These community treatment programs should receive the funding and support necessary to continue these vital services.

Connecticut’s Community Justice Leadership

Senate Bill 172 would continue the efforts of the legislature to build upon past success, maintain the momentum of the Second Chance Society Initiative, and provide the tools necessary to ensure that these returning citizens are actively engaged and invested in their reentry process, their families and their communities. Reductions in recidivism rates translate to breaking the cycles of crime and poverty that plague so many communities across Connecticut. Please support Senate Bill No. 172, to ensure that this progress continues.

Thank you for your consideration and the opportunity to testify in support of Senate Bill No. 172. Please feel free to contact me with questions or for additional information: JWilcox@ctnonprofitalliance.org

1. <http://onlinelibrary.wiley.com/doi/10.1111/add.13193/full>

2. <https://einstein.pure.elsevier.com/en/publications/the-key-extended-entry-program-keep-a-methadone-treatment-program-2>

3. http://onlinelibrary.wiley.com/doi/10.1111/add.12536/abstract?_ga=1.139718387.1769489498.1456604718