



ASSOCIATION FOR BEHAVIORAL HEALTHCARE



MASSACHUSETTS Health & Hospital ASSOCIATION



MASSACHUSETTS MEDICAL SOCIETY



Massachusetts Communities Action Network



American Association for the Treatment of Opioid Dependence, Inc.



HEALTH CARE FOR ALL



Massachusetts Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS



May 16, 2018

The Honorable James Welch, Senate Chair  
Joint Committee on Health Care Financing  
State House, Room 413-B  
Boston, MA 02133



The Honorable Jeffrey Roy, House Vice Chair  
Joint Committee on Health Care Financing  
State House, Room 236  
Boston, MA 02133

Dear Chairman Welch and Vice Chairman Roy:

We are writing as a coalition of organizations representing individuals in recovery, families of those struggling with addiction, treatment providers, legal advocates and other professionals who strongly support the administration of Medication Assisted Treatment (MAT) when medically appropriate for incarcerated individuals in both the Department of Corrections (DOC) and county sheriff system.

We ask that the Committee on Health Care Financing include language in the CARE Act (H4470) that would make all forms of Medication Assisted Treatment available to incarcerated individuals. Both the Senate and House adopted similar versions of this language in the criminal justice bills that passed late last year, but it was not ultimately included in the final bill.

Section 71 of H. 4470 establishes a commission to study the best practices for state and county correctional facilities to administer medication assisted treatment for individuals with opioid use

disorder. While we are grateful for the Legislature's continued commitment to expanding access to medication assisted treatment in other portions of the bill, **we respectfully request the committee replace this study with language that would require the Department of Corrections and the county sheriffs to evaluate all inmates for drug dependency by an addiction specialist and provide approved medication assisted treatment for addiction to incarcerated individuals when medically appropriate.**

Although progress has been made in improving the overdose rate in Massachusetts, the state continues to outpace the rest of the nation when it comes to the tragedy of overdose deaths. The Kaiser Family Foundation compared the overdose rates by state, and Massachusetts was the fifth highest nationally, with 29.7 overdose deaths per 100,000 individuals.<sup>1</sup>

In order to decrease the overdose rate in Massachusetts, we must focus on individuals involved in the criminal justice system. Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for inmates released from Massachusetts prisons and jails. Nearly one of every 11 individuals dying from opioid-related overdoses had histories of incarceration in Massachusetts jails and prisons, and in 2015 nearly 50% of all deaths among those released from incarceration were opioid-related.<sup>2</sup>

Rhode Island currently provides access to all FDA-approved MATs for incarcerated individuals and the data shows how effective this treatment is in treating individuals with opioid addiction. In February, researchers reported on the results of the program in the journal JAMA Psychiatry, a monthly peer-reviewed, medical journal published by the American Medical Association. They reported that 26 of the 179 people who died of an overdose in Rhode Island during 2016 were recently incarcerated, while only 9 of the 157 people who fatally overdosed during the 2017 period were recently incarcerated. The researchers calculated that officials needed to treat only 11 inmates to prevent one overdose death.<sup>3</sup>

We greatly appreciate the Legislature's continued commitment to addressing the opioid crisis by increasing funding for the Bureau of Substance Addiction Services at the Department of Public Health, curbing prescribing practices, and expanding access to treatment. Addressing treatment for this subpopulation is the next step necessary in decreasing overdose deaths and increasing rates of recovery across the Commonwealth.

Medication Assisted Treatment (MAT) is an evidence-based best practice that improves addiction treatment outcomes. The three MATs utilized to treat opioid addiction and approved by the U.S. Food & Drug Administration (FDA) are methadone, buprenorphine (Suboxone) and injectable naltrexone (Vivitrol).

MAT is the recommended course of treatment for opioid addiction by the American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, and the Centers for Disease Control and Prevention.<sup>4</sup>

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<sup>1</sup> [https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?activeTab=map&currentTimeframe=0&selectedDistributions=opioid-overdose-death-rate-age-adjusted&sortModel=%7B%22colld%22:%22Opioid%20Overdose%20Death%20Rate%20\(Age-Adjusted\)%22,%22sort%22:%22desc%22%7D](https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?activeTab=map&currentTimeframe=0&selectedDistributions=opioid-overdose-death-rate-age-adjusted&sortModel=%7B%22colld%22:%22Opioid%20Overdose%20Death%20Rate%20(Age-Adjusted)%22,%22sort%22:%22desc%22%7D)

<sup>2</sup> *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts*, Department of Public Health, August 2017

<sup>3</sup> <http://jamanetwork.com/journals/jamapsychiatry/fullarticle/10.1001/jamapsychiatry.2017.4614>

<sup>4</sup> *Changing the Myths About Medication Assisted Treatment for Opioid Use Disorder*, National Council for Behavioral Healthcare. [https://www.thenationalcouncil.org/wp-content/uploads/2016/10/MF\\_1\\_30.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2016/10/MF_1_30.pdf)

Research indicates that a combination of MAT and behavioral therapies can successfully treat substance use disorders and help sustain recovery.<sup>5</sup> MAT helps prevent overdoses from happening and improves patients' quality of life, level of functioning and their ability to handle stress.

Research shows that patients receiving MAT for at least 1 to 2 years have the greatest rates of long-term success. There is currently no evidence that stopping MAT increases an individual's chance of achieving recovery.<sup>6</sup>

We also believe it is essential for the Legislature to require that inmates who are prescribed these medications before incarceration be able to continue their addiction treatment without interruption while incarcerated, just as an individual who presents with diabetes accesses insulin during incarceration.

We welcome the opportunity to discuss this request with you further if you have questions or concerns. Please contact Vic DiGravio, President/CEO of the Association for Behavioral Healthcare at 508-647-8385 x 11 or [vdigravio@abhmass.org](mailto:vdigravio@abhmass.org).

Sincerely,

American Association for the Treatment of Opioid Dependence  
American College of Physicians  
Association for Behavioral Healthcare  
Baystate Health  
Boston Health Care for the Homeless Program  
Disability Law Center  
Family Health Center of Worcester  
Grayken Center for Addiction, Boston Medical Center  
Health Care for All  
Massachusetts Communities Action Network  
Massachusetts Health and Hospital Association  
Massachusetts Law Reform Institute  
Massachusetts Medical Society  
Massachusetts Organization for Addiction Recovery (MOAR)  
Massachusetts Society of Addiction Medicine  
Prisoners' Legal Services of Massachusetts  
Student Coalition on Addiction

CC: Members of the Joint Committee on Health Care Financing

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<sup>5</sup> <http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>

<sup>6</sup> <http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>