



# Massachusetts Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

FROM: Peter D. Friedmann, MD, MPH on behalf of the Massachusetts Society of Addiction Medicine (MASAM).

**BOARD OF DIRECTORS**

TO: Joint Committee on the Judiciary

**PRESIDENT**

Peter Friedmann, MD, MPH,  
DFASAM, FACP

DATE: October 22, 2019

RE: Testimony relating to H.1343/S.937

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Dear Joint Committee Members:

I am Dr. Peter Friedmann, an addiction medicine physician, Professor of Medicine and Associate Dean for Research at UMass Medical School – Baystate, and President of the Massachusetts Society of Addiction Medicine (MASAM). I offer testimony in support of H.1343/S.937 on behalf of myself, and MASAM.

MASAM is the pre-eminent statewide organization of medical professionals promoting excellence and access to evidenced-based care for people with substance use disorders. Our purpose extends to promoting education, advocacy, and availability of resources for our members, other addiction professionals, and the lay public.

There is consensus within the medical community, locally, nationally and internationally, recognizing substance use disorder as a disease of the brain. The 2016 Surgeon General's Report on Alcohol, Drugs and Health entitled *Facing Addiction in America*, includes the finding that "addiction is a chronic neurological disorder and needs to be treated as other chronic neurological conditions are."

The judicial practice of incarcerating persons with substance use disorder for recurrent use, also called lapses or "slips", ignores the natural history of substance use disorder, which is characterized by ongoing compulsive substance use despite negative consequences, physical dependence, and difficulty abstaining despite a person's resolution to do so. Indeed, most patients in treatment experience recurrences before achieving sustained remission or abstinence.

Lapses are an expected symptom of substance use disorder, and the risk of such recurrences continues throughout the course of treatment. However, the longer a person remains engaged in care and has access to life saving medications like buprenorphine and methadone, as well as support to develop relapse prevention skills, that risk is reduced and relapses occur less frequently over time and with less severity, until remission is achieved. Not all recurrent use results in full-blown relapse, and incarcerating individuals for a lapse

**CHAPTER ADMINISTRATOR**

Miguel G. Ocque  
860 Winter Street  
Waltham, MA 02451  
(781) 434-7314  
Fax : (781) 464-4896  
mocque@mms.org



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effectively ends their community-based treatment, and puts them at substantial risk of morbidity and mortality once they are released back to the community.

In the midst of a crisis of opioid overdose deaths, most jails and prisons in our Commonwealth still require that persons with opioid use disorder detoxify on intake to jail or prison, including withdrawal from effective treatment with methadone or buprenorphine, despite irrefutable data demonstrating the significant risk of so doing. Detoxification is excruciating, is ineffective at increasing the probability of abstinence or remission from opioid use disorder, and portends a high risk of death. According to data from the Massachusetts Department of Public Health, the risk of fatal overdose in the weeks after release from incarceration is 120 times higher for persons with opioid use disorder released from Massachusetts prisons and jails than other adults in the Commonwealth (*Data Brief Massachusetts Department of Public Health August 2017*). Thus, incarcerating a person with the illness of substance use disorder for testing positive for illicit substances neither deters drug use nor facilitates recovery, but it assuredly increases the risk of morbidity and mortality.

Furthermore, a punitive approach perpetuates the stigmatization of persons with substance use disorder, and decreases the likelihood that they will seek or return to care. For example, fear of having to undergo detoxification on a future lockup has been shown to deter individuals from starting effective medication treatment with methadone or buprenorphine after release from incarceration, often with fatal consequences (*Rich JD. Lancet. 2015; 386:350-359*).

MASAM's position is that incarceration of any person with a substance use disorder just for testing positive for illicit substances undermines both individual and public health, but this is especially true for those in treatment. H.1343/S.937 will prohibit judges from incarcerating persons undergoing treatment for substance use disorder for whom a lapse is the only infraction. We join in support of this bill having experienced the professional and personal heartache of the consequences of incarceration for our patients, including severe relapse with life-threatening medical complications, inability to work and parent, and overdose death after release. We are too often left to comfort the survivors of the victims of these policies. We urge the Massachusetts Legislature to pass this timely piece of legislation and thus codify in law the scientific principles that substance use disorder is a chronic brain disease; relapse is a symptom of that brain disease; incarceration does not effectively address substance use disorder; and persons with this disease deserve evidence-based, patient-centered treatment, not stigmatization and punishment.

Thank you.