



ASSOCIATION  
FOR BEHAVIORAL  
HEALTHCARE



Massachusetts Organization for Addiction Recovery



Grayken Center  
for Addiction  
Boston Medical Center



MASSACHUSETTS  
Health & Hospital  
ASSOCIATION



MASSACHUSETTS  
MEDICAL SOCIETY



American Association for the Treatment of Opioid Dependence, Inc.



HEALTH CARE FOR ALL



Massachusetts  
Communities  
Action Network



PRISONERS' LEGAL SERVICES  
OF MASSACHUSETTS



April 19, 2018

The Honorable Cindy Freidman, Senate Chair  
Joint Committee on Mental Health, Substance Use & Recovery  
State House, Room 312-D  
Boston, MA 02133



Massachusetts Society of  
Addiction Medicine  
*A Chapter of American Society of Addiction Medicine*

The Honorable Denise Garlick, House Chair  
Joint Committee on Mental Health, Substance Use & Recovery  
State House, Room 33  
Boston, MA 02133

Dear Chairwoman Freidman, Chairwoman Garlick & Members of the Committee:

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 Mental Health, Substance Use, & Recovery include language in the CARE Act (H4033) 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.

We have attached recommended language that requires 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 all inmates when medically appropriate. 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.

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>1</sup>

Nationwide, 65% of inmates meet the medical criteria for substance use disorder, but just 11 percent receive treatment while incarcerated.<sup>2</sup>

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>3</sup>

Research indicates that a combination of MAT and behavioral therapies can successfully treat substance use disorders and help sustain recovery.<sup>4</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>5</sup>

Rhode Island currently provides access to all FDA-approved MATs for incarcerated individuals. 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 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>6</sup>

It is essential to offer better treatment for individuals with a history of incarceration while they are incarcerated in order to make a positive impact on the overdose rate in Massachusetts. We greatly appreciate the Legislature's continued commitment to addressing the opioid crisis by

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<sup>1</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)

<sup>2</sup> <https://commonwealthmagazine.org/criminal-justice/making-addiction-treatment-work-for-inmates/>

<sup>3</sup> *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts*, Department of Public Health, August 2017

<sup>4</sup> <http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>

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

<sup>6</sup> <http://jamanetwork.com/journals/jamapsychiatry/fullarticle/10.1001/jamapsychiatry.2017.4614>

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.

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  
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 League of Community Health Centers  
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 Mental Health, Substance Use & Recovery  
Senate President Harriette Chandler  
Chairwoman Karen Spilka, Senate Committee on Ways and Means  
Speaker Robert DeLeo  
Chairman Jeffrey Sanchez, House Committee on Ways and Means