November 1, 2017

Speaker Robert DeLeo
State House, Room 356
Boston, MA 02133

Representative Claire Cronin, House Chair
Joint Committee on the Judiciary
State House, Room 136
Boston, MA 02133

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

Dear Speaker DeLeo, Chairwoman Cronin & Chairwoman Garlick:

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 when medically appropriate for incarcerated individuals in both the Department of Corrections (DOC) and county sheriff system. We ask that you include the attached language in the upcoming criminal justice legislation to be considered before the House of Representatives in the coming weeks.

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).

The attached language would require the Department of Corrections and the county sheriffs to evaluate all inmates for drug dependency by an addiction specialist and provide FDA approved medication assisted treatment for addiction to all inmates when medically appropriate. It would also require that inmates who are currently prescribed these medications before incarceration would continue their addiction treatment, just as an individual who presents with diabetes accesses insulin during incarceration.
We are grateful for the Senate’s leadership on this issue as they included an amendment during debate last week (SECTION 107A), which would require corrections officials to ensure that all inmates be screened by an addiction specialist for opioid use disorder and to determine whether MAT is appropriate treatment for the inmate. It also includes the directive that specific houses of correction and state prisons participate in a pilot program to investigate the broader provision of MAT in correction facilities.

We request that the House consider the inclusion of the attached legislative language as the Senate version would delay access to critical treatment for individuals in need.

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.¹

Nationwide, 65% of inmates meet the medical criteria for substance use disorder, but just 11 percent receive treatment while incarcerated.² 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.³

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

Rhode Island currently provides access to MATs for incarcerated individuals. The Rhode Island Department of Corrections contracts with a community-based Behavioral Healthcare organization to assess and treat inmates and provide “courtesy/guest dosing” of all three MATs.⁶

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.

Sincerely,

American Association for the Treatment of Opioid Dependence
Association for Behavioral Healthcare

² https://commonwealthmagazine.org/criminal-justice/making-addiction-treatment-work-for-inmates/
³ Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts, Department of Public Health, August 2017
⁴ http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview
⁵ http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview
⁶ Rhode Island Governor’s Task Force on Overdose Prevention and Intervention, Department of Corrections, Cranston, Rhode Island, Meeting Minutes, February 8, 2017, http://sos.ri.gov/documents/publicinfo/omdocs/minutes/6451/2017/51786.pdf
Boston Healthcare for the Homeless Program
Disability Law Center
Grayken Center for Addiction, Boston Medical Center
Health Care for All
Massachusetts Communities Action Network
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