



Rhode Island Executive Office of Health and Human Services
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February 20, 2018

The Honorable Gary Winfield
The Honorable John Kissel
The Honorable Juan Candelaria
Co-Chairs, Subcommittee on Judicial and Corrections
Joint Committee on Appropriations
Legislative Office Building, Room 2700
Hartford, CT 06106

RE: Establishing a Medication-Assisted Treatment Program for Opioid Addiction Within State Correctional Facilities

Dear Sen. Winfield, Sen. Kissel, and Rep. Candelaria:

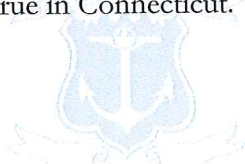
I understand the Connecticut General Assembly is considering legislation (SB-172) to establish a medication-assisted treatment program for opioid addiction within the state correctional facilities. Rhode Island began offering universal access to treatment in 2016. As the leader of our state's health and human services agencies, I wanted to share our positive experience and encourage your favorable consideration as you consider the Department of Correction budget.

Earlier this year, we announced a more than **60 percent reduction in post-incarceration overdose deaths** in Rhode Island. If this trend continues, we will save 30-40 lives this year alone. In Connecticut, the equivalent would be **100 to 150 lives every year**. This amazing reduction is due to the Medication-Assisted Treatment (MAT) program at the Department of Corrections.

In 2016, we invested \$2 million to create the MAT program. Through the program, we are screening all Rhode Island inmates for opioid-use disorder and providing treatment to those who need it. The program provides comprehensive access to treatment in all corrections facilities statewide. Inmates in Rhode Island now receive the same standard of care that they would receive in the community.

Before we created the program, like in Connecticut and many other states, most inmates who arrived on treatment were taken off their medication. Inmates who wanted to use prison as an opportunity to start treatment had no ability to do so.

This was counterproductive, and this was dangerous. Every individual deserves access to treatment. People who were formerly incarcerated are among those at highest risk for an overdose. Studies in Maryland and Washington State have shown that the risk of overdose is dangerously high after a period of incarceration. In Rhode Island, a significant portion of fatal overdoses were among the formerly incarcerated. I understand the same is true in Connecticut.



Rhode Island's investment in MAT will save the state money in the long run. The New England Public Expenditure Council estimates that investments in MAT save \$1.80 for every \$1.00 invested. Historically, substance misuse and addiction were treated as social problems best addressed through the criminal justice system. Many Rhode Islanders with substance-use disorders or mental illness cycled through this system for low-level crimes. As a state, we paid millions of dollars to finance their incarceration. MAT is not a magic bullet, but it can help reverse these trends. We're tackling the opioid crisis at its most lethal and socially disruptive point.

In 2016, Rhode Island lost someone nearly every day to overdose. But early data is suggesting that we may be turning a corner. The MAT program is responsible for our success. By using data to target our interventions, we can save lives and save families from the grief and ripple effects lurking in the shadows of overdose.

Please feel free to contact me if you have further questions about Rhode Island's MAT program. MAT has been a success for Rhode Island. I encourage you to consider a similar program for Connecticut.

Sincerely,



Eric J. Beane
Secretary

CC: The Honorable Members of the Joint Committee on Appropriations Sub-Committee on Judicial and Corrections