

# Addressing Addiction and Preventing Overdose in CT: Providing Medication-Assisted Treatment (MAT) in Jails and Prisons



People struggling with addiction deserve treatment and care. However, due to stigma, criminalization, and the failed war on drugs, people are being prevented from accessing the care and the support they need to live healthy lives.

More than 72,000 people die of fatal drug overdoses every year in the United States.<sup>i</sup> **In Connecticut, over 500 people died of a drug overdose in the first half of 2018 alone<sup>ii</sup>. Most of these deaths are preventable.** Medication Assisted Treatment (MAT) – also known as Medication-Assisted Recovery – using Methadone, Buprenorphine, or Naltrexone, is one of the most effective ways for people with Opioid Use Disorder to stop using heroin, prescription pills, or other opioid drugs. Medication-Assisted Treatment is the *only* intervention proven to reduce mortality by as much as 38-59%<sup>iii</sup> – meaning, it saves lives. While these medications are typically available in community-based clinics, primary care, and/or outpatient substance use treatment settings, they are underused in jails and prisons.<sup>iv</sup>

**Why does this matter?** Individuals recently released from jails or prisons are up to *10 to 18 times* more likely to die of a fatal overdose than the general population is,<sup>v</sup> yet very few correctional facilities offer effective treatment for substance use disorder. This means people struggling with opioid addiction can't get evidence based treatment while being detained in jail or prison. And people entering jail or prison who are already taking these medications often undergo painful withdrawal from them while inside.

Treating substance use as a health issue is impossible under the current racist drug war and system of criminalization. For a truly health-based approach, we need full decriminalization of psychoactive substances (drugs), sex work, mental health, and poverty. As harm reductionists, in the short term we support deploying effective treatment and recovery pathways to people wherever they are – including people detained in jails and prisons.

Providing these medications in jails and prisons is urgently important to support people with opioid dependency – and has already proven effective. The first MAT program was launched on Riker's Island Jail Complex in New York City more than 30 years ago.<sup>vi</sup> Connecticut launched small pilots in its facilities<sup>vii</sup> and a state-wide effort has been implemented in Rhode Island.<sup>viii</sup> Studies have found these programs to be an effective and high impact way to save lives; reduce the risk of overdose upon release; increase connectivity to treatment and care; and improve people's ability to recover. **The evidence is clear:** MAT programs reduce the likelihood that someone with an opioid use disorder will return to jail or prison.<sup>3</sup>

## How to Implement MAT in Connecticut Jails and Prisons

In Connecticut, all correctional facilities are run by the State Department of Correction. Katal is working on legislation, **HB 5729**, in partnership with advocates in the community that would require the establishment of a medication-assisted treatment program in correctional facilities for people with opioid use disorder.

Supporting this legislation would provide better care to community members struggling with an addiction. This will save lives, reduce addiction rates among people in jails and prisons, and reduce recidivism. Our communities need this legislation passed now to save lives!

## **To learn more and get involved, or if you want to an overdose prevention training, please contact:**

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<sup>i</sup> Centers for Disease Control and Prevention, Vital Statistics Rapid Release. (2019).

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>ii</sup> Rondinone, N. “515 fatal drug overdoses reported in connecticut in first half of 2018.” Hartford Courant, 13, September 2019, <https://www.courant.com/breaking-news/hc-br-deadly-overdoses-2018-across-connecticut-20180913-story.html>.

<sup>iii</sup> National Institutes of Health, Methadone and Buprenorphine Reduce Risk of Death After Opioid Overdose. (2018). <https://www.nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose>

<sup>iv</sup> Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: improving public health and safety. *JAMA*, 301(2), 183-90.

<sup>v</sup> Shabbar I. Ranapurwala et al. “Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015”, *American Journal of Public Health* 108, no. 9 (September 1, 2018): pp. 1207-1213.

<sup>vi</sup> Vestal, C. “Opioid treatment at Rikers Island is a long-standing success, but few jails adopt it.” WMHT, 23 May 2016, <https://www.pbs.org/newshour/nation/opioid-treatment-at-rikers-island-is-a-long-standing-success-but-few-jails-adopt-it>

<sup>vii</sup> Moore, K., [Oberleitner, L.](#), Smith, K., [Maurer, K.](#), McKee, S. Feasibility and Effectiveness of Continuing Methadone Maintenance Treatment During Incarceration Compared With Forced Withdrawal. *Journal of Addiction Medicine*, 2018 Mar/Apr;12(2):156-162

<sup>viii</sup> Joseph, A. “One state takes a novel approach to opioid addiction: access to treatment for all inmates.” *Stat*, 3 August 2017, <https://www.statnews.com/2017/08/03/opioid-treatment-prisons/>