

## MEDICATION ASSISTED TREATMENT IN STATE CORRECTIONAL FACILITIES

Medication-Assisted Treatment (MAT) is an addiction treatment program that pairs therapy with medication to treat substance abuse disorders. Currently, Vermont offers MAT to inmates in all seven of its correctional facilities. Patients must have sought treatment in the community within ninety days of incarceration and may receive treatment for up to 120 days prior to release. They may receive either methadone or Suboxone. Prior to release, patients receive naloxone overdose kits and are connected with a community provider.

### **Expansion: Interim Maintenance Treatment (IM) to Opioid Treatment Program (OTP)**

#### *Differences between IM Treatment and OTPs*

IM Treatment is more loosely regulated—individualized treatment plans, medical evaluations, one-on-one counseling are not required. OTPs are subject to more expensive documentation requirements. Studies on IM Treatment as a holdover for patients stuck on OTP waiting lists reveal that in this non-correctional context, it is just as effective at treating Opioid Use Disorder (OUD). Effectiveness of IM Treatment in a correctional context has not been evaluated.

#### *Costs associated with expansion*

- Initial certification costs
- Long-term staffing changes
- Increased regulation

#### *Benefits associated with expansion*

- Access to more robust treatment
- On-site methadone storage and dosing
- Treatment not limited to 120 days

### **Medication**

#### *Opioid antagonists*

- Stimulate opioid receptors, producing a pleasurable high
- Include methadone and buprenorphine
- Higher potential for overdose and diversion

#### *Opioid agonists*

- Block opioid receptors, preventing a high upon future opioid use.
- Include naltrexone (slow-release, brand name Vivitrol); naloxone (fast-release, used in overdose situations); and Suboxone (a naltrexone/ buprenorphine combination)
- Patient still experiences some withdrawal symptoms

#### *Program focused on re-entry*

Programs we examined which focused specifically on reducing the recidivism rate administered doses of opioid antagonists just prior to release and then continued to receive regular doses while on parole. Vermont does not adopt this model.

### **Successes of Other States**

#### *Reduction in one-year recidivism rate (rounded to nearest percentage point)*

- Missouri: 40% facility-wide; 20% percent for patients
- Kentucky: 27% facility-wide; 29% for patients; 12% for patients that received treatment while on parole

#### *Sobriety, one- year post-release*

- Missouri: 59%
- Kentucky: 52%

#### *Resulting cost-savings*

- Missouri: Return on investment of \$1.03 to \$3.76 for every dollar spent
- Kentucky: Return on investment of \$4.46 for every dollar spent