



The Nelson A. Rockefeller Center  
at Dartmouth College

*The Center for Public Policy  
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**Policy Research Shop**

# **Medication Assisted Treatment Programs in State Correctional Facilities in Vermont**

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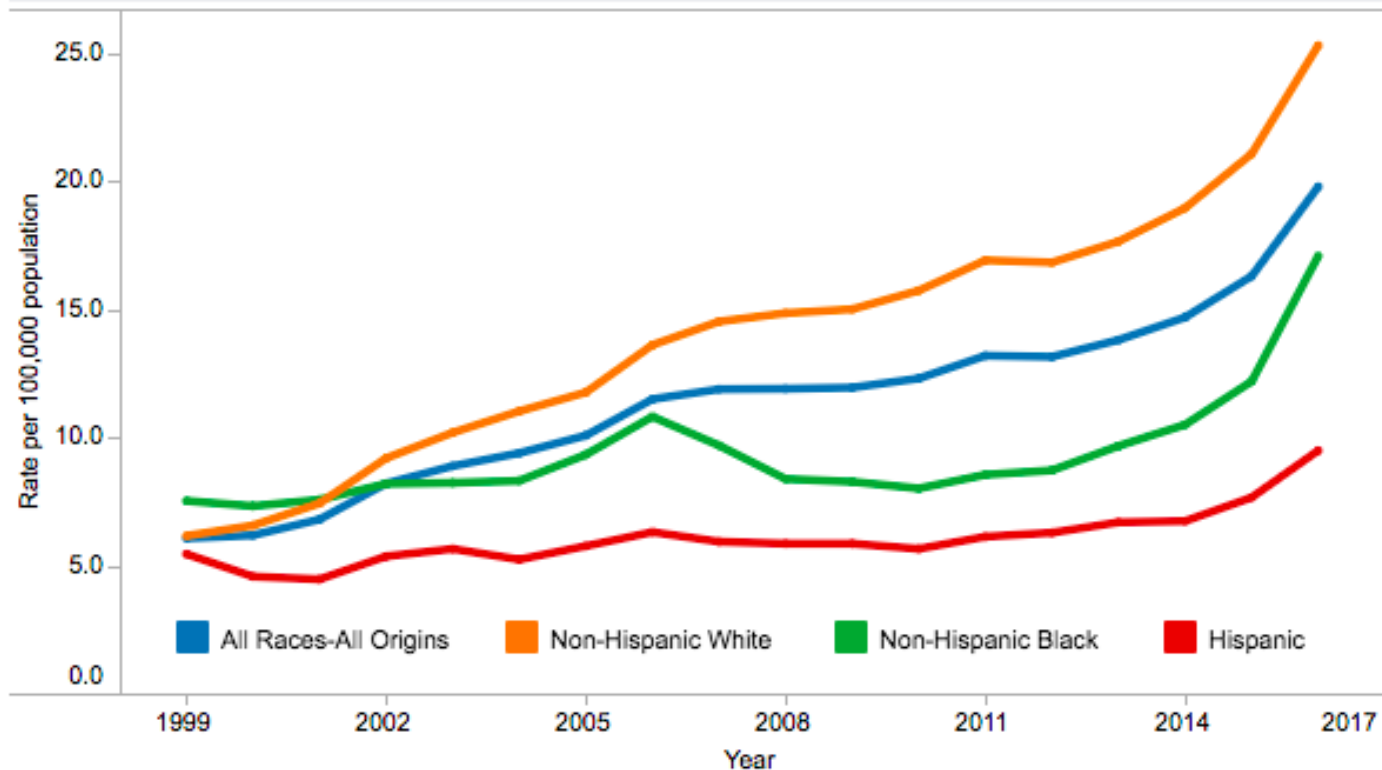
*This report was written by undergraduate students at Dartmouth College under the direction of professors in the Rockefeller Center. Policy Research Shop (PRS) students produce non-partisan policy analyses and present their findings in a non-advocacy manner. The PRS is fully endowed by the Dartmouth Class of 1964 through a class gift in celebration of its 50<sup>th</sup> Anniversary given to the Center. This endowment ensures that the Policy Research Shop will continue to produce high-quality, non-partisan policy research for policymakers in New Hampshire and Vermont.*





# National Opioid Epidemic

Age-adjusted Death Rate; for Drug Poisoning by Race and Hispanic Origin,  
All Ages, Both Sexes: United States, 1999–2016





# Federal Regulations

- Narcotic Addiction Treatment Act of 1974
- Drug Addiction Treatment Act of 2000
- 42 CFR 8.12
- Enforced by:
  - DEA; DOJ; HHS; SAMSHA



# Interim Maintenance Treatment

- Currently used in the VT DOC
- Interim Maintenance Treatment (IM)  
vs. Opioid Treatment Programs (OTP):
  - IM designed for patients on a waiting list for OTP treatment
  - IM is less heavily regulated



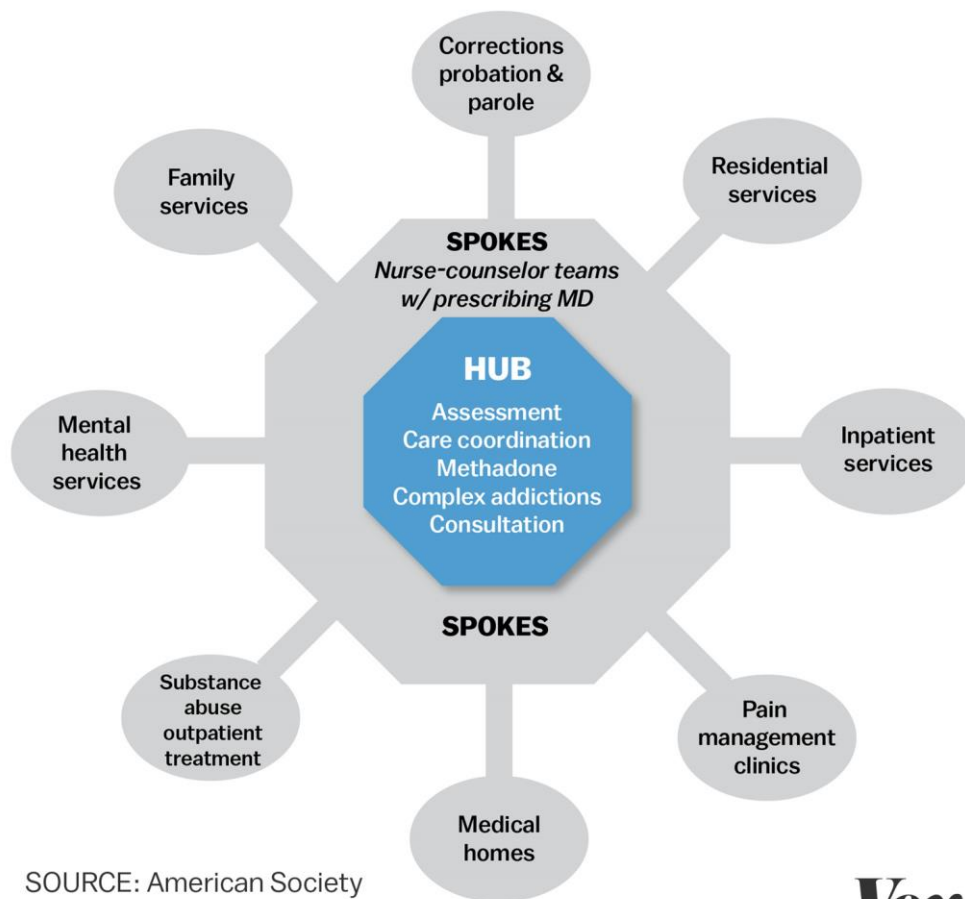
# Medication Options

- Two basic approaches to medication
  - Agonists: methadone, Buprenorphine
  - Antagonists: naltrexone (Vivitrol), naloxone
  - Combination: Suboxone



# Medication Assisted Treatment in Vermont

The hub and spoke model



SOURCE: American Society  
of Addiction Medicine



# Current Vermont Infrastructure

- Pilot project and expansion
- all 7 facilities
- 120 days of treatment
- sought treatment in the community
- buprenorphine and methadone



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**CASE  
STUDY  
APPROACH**





# Massachusetts vs. Vermont

- Differences: MA uses a Vivitrol injection upon release, exit-focused program
- Similarities: Community care and individualized programming



# **New Hampshire vs. Vermont**

- Differences: NH provides daily treatment to its inmates via oral naltrexone (50 mg/day)
- Similarities: Connection with a community provider



# Rhode Island vs. Vermont

- Differences:
  - RI administers treatment for up to a year upon incarceration;
  - RI Community-based discharge planner identifies non- MAT related resources
- Similarities: Enrolled in community program upon release



# Kentucky vs. Vermont

- Differences:
  - More complex prison system
  - Not offered in all facilities
  - Only opioid antagonists offered; dose administered just prior to release
  - Incentives to continue treatment
  - Partnership with research university



# Missouri vs. Vermont

- Differences:
  - All care contracted out
  - Not offered in all facilities
  - Only opioid antagonists; dose administered just prior to release
  - Incentives to continue treatment
- Similarities: Continuity of care



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# Consideration #1

Expansion to a full OTP



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# Consideration #2

Partnership with a research institution



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# Consideration #3

Reconsider medication options





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# Consideration #4

Increased treatment time and continuity  
of care



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# Consideration #5

Potential cost savings



# Conclusion

- Main consideration moving forward:  
Expansion to a full OTP
- Medication options
- Continuity of care associated with  
program success
- Cost-savings

## Questions?