13.8 Continuity vital after prison treatment

Findings Though the original regimes were diametrically opposed, two long-term follow-up studies have confirmed that post-release continuity is vital to sustain the benefits of treatment in prison.

An earlier report on study ❶ had found that while in prison in Australia, far fewer opiate-dependents randomly allocated to immediate methadone maintenance continued to use heroin compared to those who had to wait four months. For the featured study, two-thirds of the 365 surviving prisoners (17 had died – all while out of methadone treatment) were re-interviewed about four years later. The longer someone had stayed on methadone, the less likely they were to have been re-imprisoned or become infected with hepatitis C. The researchers concluded that it was important to use prison to provide methadone treatment which continued unbroken on release.

In California (study 2), the Amity prison therapeutic community offered a 9 to 12 months programme followed after release by up to 12 months in a similar residential regime. Applicants were randomly allocated to free beds until they had nine months left to serve. Then they were dropped from the waiting list, forming a comparison group who wanted and qualified for treatment, but did not receive it. Five years after their release, records on all 715 prisoners were reviewed and 80% were re-interviewed. 76% of former Amity residents had been re-imprisoned compared to 83% of the comparison group, and on average they had stayed out six months longer. This advantage was largely due to prison treatment increasing treatment uptake on release, mostly in Amity's aftercare programme.

In context Usually modestly beneficial in its own right, prison treatment makes its greatest contribution to reducing recidivism when it paves the way for continuing treatment on release. Take up of, retention in, and outcomes from follow-on treatment are improved if it is compatible with the prison regime.

The featured studies exemplify these findings. In study ❶, without transfer to methadone programmes outside prison, programmes inside would usually have constituted a start-stop response ineffective in preventing infection or re-imprisonment and creating windows for overdose fatality. In study ❷, without compatible aftercare to which prisoners could seamlessly transfer, Amity would have been considerably less effective and less cost-effective in preventing re-imprisonment. In each case, the ex-prisoners were free to enter follow-on treatment or not and probably the most motivated did so, but without this option their motivation may not have been enough.

Practice implications Clear implications are that follow-on treatment should be made easily and immediately available on release, that (assuming prison treatment had been well targeted) this should be compatible with the previous treatment, and that investment in link-up services is vital to encourage transfer. But ensuring continuity requires prodigious feats of coordination. Transfer is maximised by pre-release contact and prison gate pick-up of released prisoners for escorting to aftercare services. The main blockages in Britain include short sentences which afford little time for planning, problems arranging housing, waiting lists for community treatment, poor coordination, and the lack of specific funding. As a result, in recent research aftercare arrangements rarely took the form of a particular service and programme arranged in advance.

LINKS Nuggets 11.5 10.8 4.12 3.13

Each of these issues is being addressed by new or reshaped agencies, including in England and Wales the Drug Interventions Programme and the newly combined prison and probation service, and in Scotland the new National Addiction Throughcare service to be run by local authorities, replacing a linkage initiative whose workers were unable to meet up with most prisoners on release or to make a difference to those they did meet. Across the UK there are plans to shift the balance from detoxification of opiate dependent prisoners towards maintenance and to ensure its continuation on release, and some evidence that a start is being made. Progress might be aided by regulations allowing prisoners to 'trade' part of their time in prison for supervised treatment on release and preferential access to and funding for the treatment of released prisoners as a group at high risk of relapse and death through overdose.

Featured studies ❶ Dolan K.A. *et al*. "Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-incarceration and hepatitis C infection." *Addiction*: 2005, 100(6), p. 820–828 DS ❷ Prendergast M.L. *et al*. "Amity prison-based therapeutic community: 5-year outcomes." *Prison Journal*: 2004, 84(1), p. 36–60 DS

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