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► **A study of methadone maintenance for male prisoners: 3-month postrelease outcomes.**

Kinlock T.W. , Gordon M.S. , Schwartz R.P. et al. [Request reprint](#)
Criminal Justice and Behavior: 2008, 35(1), p. 34–47.

US study shows the value of immediate post-release transfer to an awaiting methadone maintenance slot for formerly heroin dependent prisoners willing to try this treatment but is less clear on the value of actually starting the treatment in prison.

Abstract The study aimed to examine the benefits of methadone maintenance among pre-release prison inmates. 197 incarcerated males with pre-incarceration heroin dependence were randomly assigned to (a) group educational counselling (counselling only); (b) counselling, with opportunity to begin methadone maintenance on release (counselling + transfer); or (c) counselling and methadone maintenance in prison, with opportunity to continue methadone maintenance on release (counselling + methadone). At 90-day follow-up, counselling + methadone participants were significantly more likely than counselling-only and counselling + transfer participants to attend drug treatment ($p = .0001$) and less likely to be re-incarcerated ($p = .019$). Counselling + methadone and counselling + transfer participants were significantly less likely (all $ps < .05$) to report heroin use, cocaine use, and criminal involvement than counselling-only participants. Follow-up is needed to determine whether these findings hold over a longer period.



Opinion is divided on programmes to (re)introduce formerly heroin dependent prisoners to methadone maintenance while in prison. The aim is to protect newly released prisoners at high risk of relapse, crime and fatal overdose, but perhaps at the cost of reinstating dependence among some who could have used their enforced break to construct a life free of dependence on opiate-type drugs. For Britain this US study **can't decide the issue but it does give a rare clue to what might happen.**

Compared to just referring prisoners to services, in the Baltimore context it convincingly showed the value of immediate post-release transfer to an awaiting methadone slot. Without this few ex-prisoners started treatment, more used illegal opiates and cocaine, and more committed crimes. The extra benefits of also *starting* methadone in prison were **increased treatment uptake** on release and a more than halved **risk of re-**

imprisonment. However, this did little to further affect the number of prisoners who committed at least some crimes or the amount of **illegal opiate use.**

Only half the formerly opiate dependent prisoners approached for the study were keen enough on methadone maintenance to participate. Despite expressing an interest in this treatment, even without an arranged methadone slot over a fifth of prisoners said they had remained opiate free in the first three months after release and **just under a fifth** had done so without treatment or a further spell in prison. Whether the major benefit from starting treatment in prison – reduced re-imprisonment – is considered sufficient to warrant it depends on how much weight is given to the minority of prisoners started on methadone who would have remained **opiate free** in any event. Whatever the post-release benefits, **within prison** methadone programmes improve the climate and reduce in-prison drug use, injecting and infection risk behaviour.

Thanks for their comments on this entry in draft to Timothy W. Kinlock of the Friends Research Institute Inc. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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