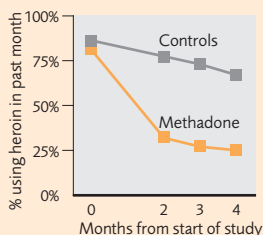


10.8 Methadone maintenance reduces drug use and risk behaviour in prison: first randomised trial

Findings The first randomised trial of methadone maintenance in prison found substantial reductions in heroin use, injecting and syringe sharing.

In Australia 382 male prisoners on a waiting list for methadone maintenance were randomly allocated to immediate treatment or to a shortened four-month wait. The study reports on the 253 still in prison at the end of this period. Baseline and follow-up research interviews were supplemented by testing hair samples. Over 80% of the prisoners had used heroin in the month before entering the study. In the treatment group this fell to 32% by two months and 25% by four months, when 67% of controls were still using. Reduced heroin use was the main reason for substantial cuts in the proportions of the treatment group who were injecting (from 64% to 34%) or sharing syringes (from 53% to 20%); among controls both figures had slightly increased. In the treatment group the average monthly number of injections fell from nine to one and in controls from 15 to nine. No new HIV infections were detected and there was no significant difference between the groups in the incidence of hepatitis C.



In context The study reinforces earlier reports that prison methadone maintenance decreases injecting, sharing, and heroin use. The analysis was based on participants assigned to receive or not receive methadone; among those for whom this actually happened, significant reductions in heroin use were confirmed by hair samples alone. In other circumstances and in other ways, the benefits might have been even greater. Among injectors in the prison it seems HIV was not there to be spread and most were already infected with hepatitis C, obscuring the potential for disease control. Reports on other programmes have noted a reduction in overdoses and that prisoners are less disruptive. Post-release fatalities on resumption of opiate use are concentrated in short-term prisoners who had been using drugs immediately before sentence. By maintaining their tolerance, methadone maintenance could save many lives, potentially of the order of 100 a year in Britain. However, the programme's dosing appears to have been flexible and reasonably generous (averaging 61mg). More conservative regimes may have proved less effective.

Prime candidates for methadone are people actively addicted to opiates before sentence who are on remand or face just a few months in prison, making intensive rehabilitation impractical. Probably something of the order of 20,000 such prisoners pass through British prisons each year and over a third were on methadone shortly before entering prison.

Practice implications Prison methadone maintenance is common in several EU states and has (rarely) been implemented in Britain. There have been no reports of major operational problems. British prison services recognise it as an option for remand and short-term prisoners who were on methadone before being imprisoned. It should also be considered for all short-term and remand prisoners actively addicted to opiates on entry to prison. Its availability can be expected to encourage prisoners to admit to an opiate problem and present for treatment, to reduce opiate use, injecting, and infection spread, improve prisoner behaviour, save lives after release, and to help bridge the gap (perhaps 20,000 prisoners a year) between the availability and/or uptake of treatment in prison and the need for such treatment. Prison programmes could also introduce thousands of opiate addicts to the treatment. However, gains made on methadone usually quickly reverse when it is forcibly terminated. To promote continuity of treatment on release, prison staff will need to reach out to community services and those services will need to reach in to prison to initiate pre-release contact.

Featured studies Dolan K.A. *et al.* "A randomised controlled trial of methadone maintenance treatment versus wait list control in an Australian prison system." *Drug and Alcohol Dependence*: 2003, 24, 72(1), p. 59–65. Copies: apply DrugScope.

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