In Britain methadone has been prescribed to opiate dependent prisoners primarily to continue preprison treatment and in Scotland to restore tolerance levels to prevent post-release overdose deaths. A US study suggests another reason – to initiate methadone prescribing in prison in order to promote its continuation on release, helping to achieve otherwise elusive throughcare objectives.

Approached in a Baltimore prison within three months of their release, 145 of 157 prisoners dependent on opiates before admission but now incarcerated for at least a year agreed to join the study. • They were randomly allocated to normal procedures (the control group) or to begin maintenance on LAAM, a long-acting derivative of methadone taken three times a week. Continued treat-

ment from the same provider was available on release. Despite initial interest, 22 of the 80

prisoners offered LAAM refused it. Their profiles suggested that their criminality was less likely to be driven by addiction than the prisoners who accepted treatment.

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Among those reinterviewed nine months after release, 20 out of 33 offered LAAM in prison had entered treatment after release, nearly all with the same provider, including all but one who had started treatment in prison. Half had remained in treatment for at least six months. In contrast, just 3 of 31 prisoners not offered LAAM had entered treatment. Even after controlling for differences between these groups including their motivation for treatment, the increase in treatment uptake was highly statistically significant. Though not statistically significant, crime and drug use indicators in the nine months after release also consistently favoured offenders who had started treatment in prison. Since before prison they were as criminally active as the remainder, the implication is that offenders whose offending is driven by opiate dependence will accept, continue and benefit from substitution treatment started in prison, and that this will cut crime. From other studies we also know that methadone programmes improve the prison climate and reduce in-prison drug use.

Minlock T.W. et al. "A novel opioid maintenance program for prisoners: report of post-release outcomes." American Journal of Drug and Alcohol Abuse: 2005, 31(3), p. 433–454