A DOSE OF REALITY

Are prisons a methadone free-for-all where offenders are barred from actually getting clean? **Liz Hughes** and **Peter Phillips** say the reality is far removed from the picture painted by those guided by abstentionist beliefs.

In an article by Home Affairs Correspondent Mark Easton last month, the BBC warned that prisoners were being offered methadone maintenance rather than detoxification and rehabilitation programmes. Then followed tales of prisons being 'awash' with methadone, governors using it as a 'chemical cosh' and the dearth of rehabilitation opportunities available to inmates.

The undercurrent of the BBC story was more about the moral issue of whether we should be offering methadone maintenance as a treatment option for prisoners, or whether detoxification and then abstinence should be the only option.

However, there are very real practical issues that affect the types of treatment that can be offered and provided. The main barrier is the fact that the vast majority of offenders are either on remand awaiting a court case (and the outcome of this is not always further imprisonment).

Because of the brevity and unpredictability of the length of their stay, remand prisoners will not be able to access rehabilitation, and in reality will only be able to receive minimal interventions for their substance use. Many prisoners in jail, especially those inside for drug related offences, are on very short sentences, and therefore are not able to access the longer term rehabilitation programmes. In addition, due to the overcrowding in prisons, prisoners are often transferred with very little notice to another establishment, thus making engagement in a therapeutic programme problematic.

Prisoners are some of the most socially excluded members of the population. They have significantly higher levels of need around substance misuse, complex mental and physical health problems and learning disabilities. They should therefore have access to the same range of health and social care options as they would in the community – and this includes methadone prescribing.

Prison presents a golden opportunity to engage inmates in treatment and start a dialogue about their drug use and their future. For some prisoners this is the first chance they have had for a period of stability in a lifetime of chaos.

IN REALITY, MANY PRISONERS ARE ON SHORT SENTENCES AND THEREFORE WOULD NOT BE ABLE TO ACCESS OR COMPLETE REHAB

While it is important that methadone is not prescribed without proper assessment and monitoring, there is good evidence of the benefits of prescribing methadone. When offered alongside psychosocial interventions it can improve prisoner outcomes such as reducing suicide and self-harm, reducing accidental overdose after release, and engaging people in treatment.

Rehabilitation only works when the person feels strong enough to take this on. Some prisoners will simply not be ready or able to engage with these programmes. They may need a period of stabilisation on methadone before considering abstinence. Many prisoners also have mental health problems and may not be able to cope with the challenge of a rehabilitation programme, or with the difficult feelings that a period of abstinence may bring up.

The BBC article also raised concerns about increased numbers of prisoners leaving prison with a methadone prescription. This could be perceived as a really positive step given what we know about risk of overdose in the initial period after release. However, release from prison should be coordinated effectively so that ex-prisoners are connected to appropriate treatment and counselling services as soon as possible after release. If there is a criticism of the current system, it is the lack of communication and continuity of care between prison and community drug services, and this is an important area to be addressed.

It is likely that some prisons are better at delivering more effective and comprehensive drug services than others, and of course, quality issues will need to be monitored and addressed. However it would be wrong to turn the tide back to the days where drug treatment in prisons was virtually non-existent, and pretty crude where it did exist.

Moreover, if methadone was no longer available in prison it would breach prisoners' human rights – as the government found out to its cost when it paid out £750,000 in 2006 to 197 inmates who claimed they had been forced to go 'cold turkey' in prison.

In no other area of health, does an intervention provoke such debate and moral panic. What we need to do is to step away from the moral and political debate about methadone prescribing in prison and base the judgements about treatment on the scientific evidence related to the health of the individual – and the wider benefits to society.

Liz Hughes and **Peter Phillips** are mental health nurses who have worked in substance misuse services