DRUG & ALCOHOL FINDINGS

Costs of failure to offer maintenance prescribing in prisons

An international team of experts led by Dagmar Hedrich of the European Monitoring Centre for Drugs and Drug Addiction has argued that failure to implement effective opioid maintenance in prisons represents an important and possibly costly missed opportunity to engage high-risk drug users in treatment.

Their work (1) attempts to shed scientific light on one of the most difficult issues in addiction treatment: whether offering opiate-dependent prisoners methadone maintenance and allied treatments in prison is a lifesaving way to prevent relapse and continue treatment on release, or squanders an opportunity to break with opiate-type drugs for good.

Just how difficult it is became clear when in June 2013 the Scottish Daily Record revealed what they presented as the scandal of "Drug addict cons ... costing the health service £500,000 a year taking the heroin substitute methadone behind bars". The figure led opposition party leaders to accuse the Scottish government of "lazily park[ing] people on the heroin substitute, giving them no hope of recovery".

Main findings

Of the 21 studies found by the reviewers, 10 had been conducted in North America, five Australia, four Europe (but none in the UK), and two in Iran. Generally the medications were methadone or buprenorphine.

Consistently the studies showed that while patients are in prison, opioid maintenance programmes reduce opioid use, injecting, and sharing of injecting equipment. After release they consistently promote continuation of treatment and retention, and generally too are associated with reduced opioid use.

In other words the reviewers said, opioid maintenance in prison reaps benefits similar to the same programmes outside prison. Ratcheting up the pressure on decision-makers, they turned the findings the other way round, arguing that they meant failure to implement effective opioid maintenance in prison represents an "important missed opportunity" to engage high-risk drug users in treatment, at possibly substantial costs both to individuals and to the community.

Reassurance is offered to prison staff from findings that prison discipline may also be improved by the programmes, consistent with accounts from prisoners or staff who believe they help reduce tension and involvement in the prison drug trade.

Given the variety of countries and prison systems covered in the review, the authors felt confident that the broad conclusions may apply to quite a wide range of settings. However, they cautioned that most studies had important methodological shortcomings.

Implications for Britain

The benefits documented by the review are largely contingent on the treatment being seamlessly continued on release, but continuity often proves difficult to secure. In Britain prisoners released on licence can be required to attend treatment, but currently this applies only to sentences of over a year, and methadone-maintained offenders leaving prison have no automatic and immediate access to similar treatment in the community.

For prisons, UK policy (references 2 and 3 guidelines for England; reference 4 for Scotland) espouses an equality principle; prisoners should expect the same standard of health care inside as outside prison in the same circumstances. But in the case of addiction treatment, the circumstances are clearly not the same because of impeded access to illegal drugs and discipline and control requirements. This has meant that detoxification has been the norm.

In the future the policy emphasis on 'recovery', could mean that the equality principle reduces access to maintenance prescribing in prison. This could happen partly to mirror trends outside, and partly because it might become more difficult to secure continued maintenance prescribing on release, seen in some policy documents as a prerequisite to offering the treatment in prison.

But with the preventive health specialists at Public Health England now in charge of addiction treatment, the balance in that country could also shift towards prioritising the health benefits highlighted by the featured review and the treatments which most securely and widely generate those benefits – methadone and buprenorphine maintenance.

Based on entries from the Drug and Alcohol Findings Effectiveness Bank. For the full story with more information, citations and links visit: http://tinyurl.com/EfB-cdl/download.php?file=DL11.php

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MAJOR SOURCES

1 **The effectiveness of opioid maintenance treatment in prison settings: a systematic review.** Hedrich D., Alves P., Farrell M. et al. Addiction: 2012, 107(3), p. 501¬517. http://tinyurl.com/EfB-cdl/download.php?file=Hedrich_D_3.txt

2 **Clinical management of drug dependence in the adult prison setting including psychosocial treatment as a core part. [UK]** Department of Health, 2006. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064

3 **Updated guidance for prison based opioid maintenance prescribing. [UK]** Ministry of Justice and Department of Health, 2010. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_115017

4 **Health care standard 10: clinical management of drug, alcohol & tobacco dependency.** Scottish Prison Service, 2010. http://www.sps.gov.uk/Publications/Publication-3342.aspx