



Research Review

Methadone Maintenance Treatment in Correctional Settings

KEY WORDS: *methadone maintenance treatment program, offenders, prison, outcomes.*

What we looked at

Methadone Maintenance Treatment (MMT) is one of the most widely used and effective interventions for heroin and other opiate addictions. Within community settings, MMT has been found to reduce mortality, heroin consumption, HIV and HCV transmission, and criminality (Stallwitz & Stöver, 2007). However, less is known about the impact of institutional-based MMT programs on specific inmate behaviour while incarcerated and on post-release outcomes.

We conducted a literature review to examine the impact of MMT program participation on offender behaviour while incarcerated and on outcomes following release. The findings from key studies are summarized below.

What we found

As in community settings, institutional-based MMT programs appear to be effective at reducing heroin use and decreasing risk behaviours such as needle and syringe sharing. Research also suggests that MMT participation decreases the incidence of disruptive behaviours, security breaches, drug-related charges, and involuntary segregation (Johnson et al., 2001; Kinlock, et al., 2008; Stallwitz & Stöver, 2007).

A paucity of research remains in studies examining the impact of institutional-based MMT programs on outcomes following release. However, the studies reviewed found that MMT participants tended to have lower and slower rates of recidivism than non-MMT participants (Johnson et al., 2001; Kinlock et al., 2008). There was also a tendency for MMT participants to report lower rates of opioid use, as measured by self-report and urinalysis results, and criminal activity (Magura et al., 1993; Stallwitz & Stöver, 2007). The findings for the impact of MMT on the use of other drugs such as cocaine are mixed.

The disparity between methodologies makes it difficult to compare results across studies. A select number of studies have conducted randomized trials to evaluate MMT programs, while others have used observational designs. Many studies are plagued with issues such as small sample sizes, varying methadone dosing regimes, and variability in outcome definitions.

Although there is disparity within the literature, one of the most consistent discussion points across studies was the need to increase the continuity of care between institutional and community-based settings (Kinlock, et al., 2008; Stallwitz & Stöver, 2007).

What it means

The findings emphasize the valuable impact that MMT has on inmate behaviour particularly with respect to risk behaviours. The prison population has a disproportionately high rate of HIV and HCV and therefore decreases in needle and syringe sharing has a direct impact on the rates of infectious disease.

The literature underscores the importance of linking newly released inmates with community-based programs following release given the cycle of relapse, recidivism, and re-incarceration that is common within the first month post-release (Kinlock, et al., 2008). Helping individuals maintain their MMT following release has the potential to reduce re-incarceration and facilitate re-entry into the community.

Within CSC, little is known about the post-release outcomes of participants in terms of what variables may predict failure or success in the program, access to and retention in community-based programs, recidivism rates, and criminal activity. Research is underway at the Addictions Research Centre examining the impact of MMT on post-release outcomes.

References

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Prepared by: Madelon Cheverie and Sara Johnson

Contact

Addictions Research Centre
Research Branch
(902) 838-5900
addictions.research@csc-scc.gc.ca

