

Kind and Usual Treatment

Reducing Crime through Best Practice in Alcohol and Drugs in Prison Settings

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Health Concerns

	Aboriginal (%)	Non-Aboriginal (%)
Drug use	40	41
Traumatic event	9	12
Sad 2+ weeks	16	11
Drinking	12	7
Nature /personality	7	5



Substance use disorders

	Aboriginal (%)	Non-Aboriginal (%)
Alcohol	38	19
Cannabis	31	21
Opioid	43	39
Sedative	20	14
Stimulant	40	33



Hepatitis C 1996 and 2001 by Aboriginality

	Aboriginal (%)		Non-Aboriginal (%)	
	Men	Women	Men	Women
1996	30	72	35	64
2001	42	76	39	61

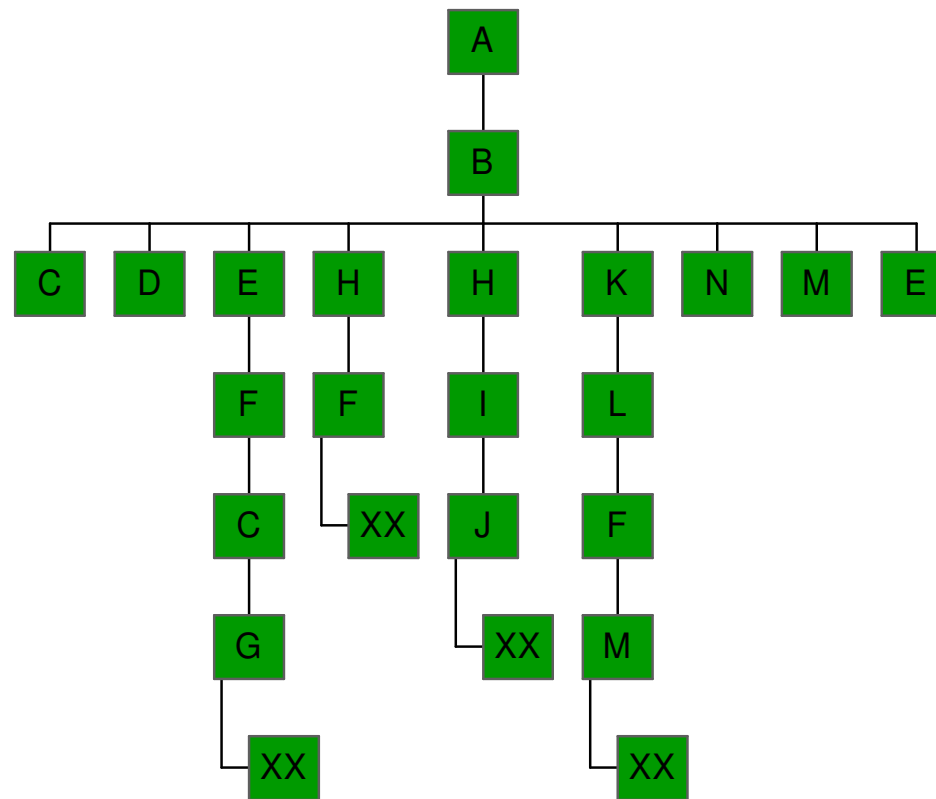


Characteristics of Prison Injectors

- Entrenched (in their habits)
- Treatment resistant
- Poor health
- Challenging behaviours
- Stigma
- Rewards for success



Maximum Security Prison, November 2000



Death by Overdose in NSW Correctional Centres

1995/ 1996	1996/ 1997	1997/ 1998	1998/ 1999	1999/ 2000	2000/ 2001	2001/ 2002	2002/ 2003
6	5	4	4	3	1	1	0
% 33	% 17	% 15	% 16	% 14	% 6	% 6	% 0



Death by Overdose in Prisoners and former Prisoners

- 19 times higher than comparable community rates (NSW, 2001)
- Untreated heroin user – 20/1,000 user years
- MMT – 10/1,000 user years



Causes of Death among 85,204 Adult Offenders in NSW

	Men (n=76,384)		Women (n=8,820)	
Causes of death	Observed	SMR	Observed	SMR
Mental, Behavioural	944	13.3	124	60.5
Homicide	204	10.3	25	24.2
Suicide	797	4.8	49	12.1
Accidental	1028	4.7	96	16.5
Cardiovascular	639	2.1	29	2.8
Cancer	409	1.3	32	1.4
All deaths	4714	3.5	423	7.3

Drug-related	1393	12.7	185	47.3
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Methadone RCT

382 subjects randomised to methadone / wait list control

- MMT significantly reduced:
 - heroin use (morphine hair analysis, self report)
 - syringe sharing (self report)
- Trend towards reduced HCV incidence
- RCTs of prison methadone are feasible



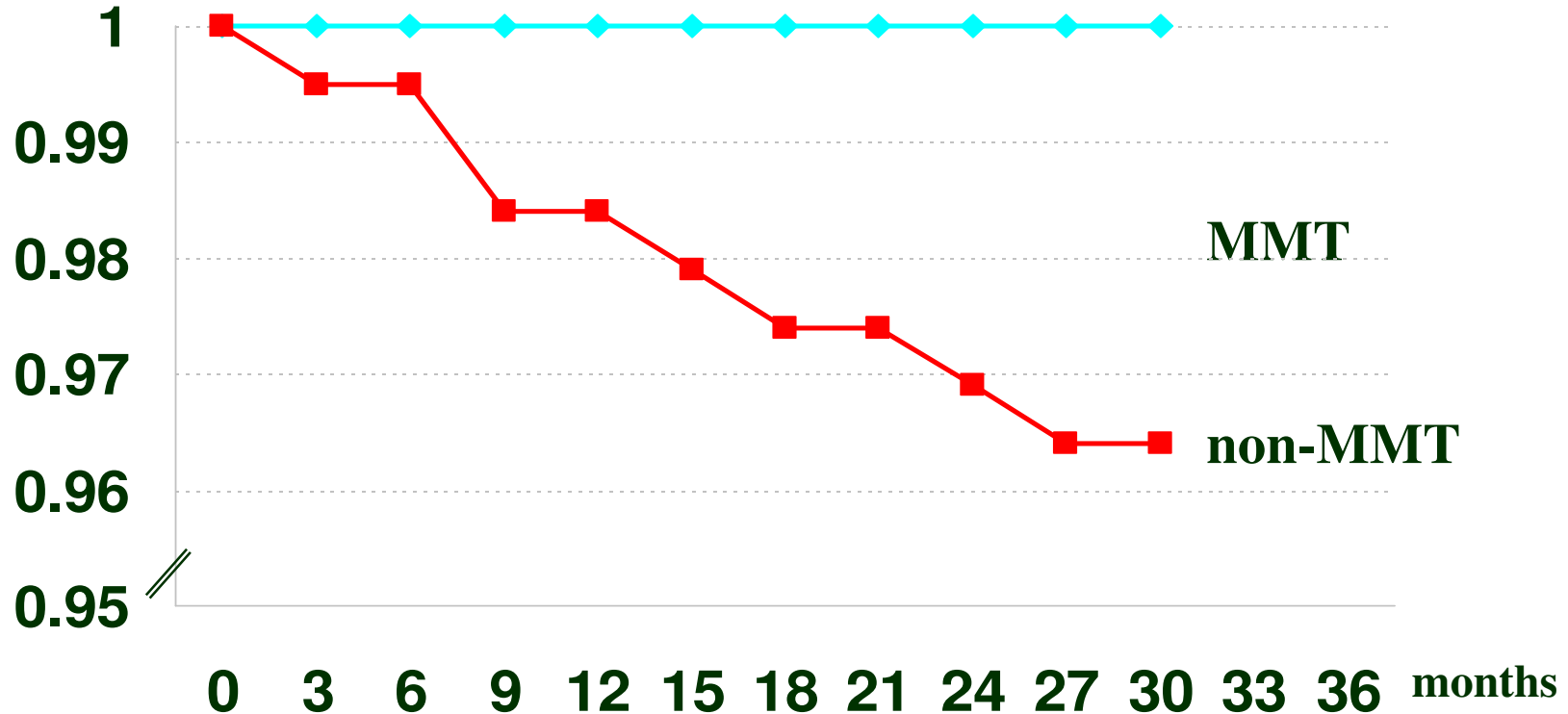
Results four-year follow-up

- No deaths among those in continuous methadone
- All 17 deaths in subjects not receiving methadone (i.e. mortality rate 2.0 per 100 ppy) (95% CI, 1.2-3.2)
- Re-incarceration risk: lowest during methadone episodes > 8 months (OR 0.3; 95% CI, 0.2-0.5; $p < 0.001$)
- Short methadone treatment, brief sentence: highest risk of hepatitis C infection (OR 20; 95% CI, 5-76; $p = 0.001$)



Results: Mortality

Probability of
survival



Pharmacotherapy in the Community

1. Deaths averted
2. Seroconversion prevented
3. Crime and re-entry reduced



Principle

No medication legally and appropriately prescribed in the community ought to be ceased solely on the grounds of incarceration



What are the Options?

- ★ Detoxification
- ★ Abstinence based programs
- ★ Cognitive behavioural therapy
- ★ Methadone
- ★ Other pharmacotherapies
- ★ Harm minimisation strategies
 - Bleach
 - Condoms
 - N&S



Methadone Maintenance for Prisoners

Location	No. MMT	Prison Population	%
NSW, Australia	1,000	8,150	12
Austria	345	6,915	5
Denmark	290	3,150	9
France	(Bup 879) 157	50,714	0.3
Germany	800	78,707	1.0
Spain	18,000	50,656	36
USA (NY)	4,000	67,065	6
Switzerland	180	4,985	4



How to Introduce MMT

- Custodial buy-in
- Clinician buy-in
- Safer prison
- Community health service buy-in
- Harms from methadone < current harms
- Tight policy and procedures
- Ensure continuity of care



NSW Prison Methadone Program

1986 as a pilot pre-release program by Department of Corrective Services (DCS)

Criteria

- 3-6 months prior to release
- Past or present history of opiate dependence
- History of returning to injecting and crime on previous releases
- 3 designated community clinics

1990 those entering custody on MMT were continued

Since 1990 12% NSW MMT received in custody



Policy and Procedures

- Assessment
 - Initiation
 - Follow up
 - Dosing practices
 - Court dosing
 - Management of diversion
- } Clinical



Methadone Maintenance Costs

- **900** inmates in **21** Prisons
- Total Cost = **\$ 2.9 million pa**
- Cost per person = **\$ 3,234 pa**

An Economic Evaluation of the Prison Methadone Program in New South Wales, Centre for Health Economics Research and Evaluation,
University of Technology, Sydney, In collaboration with National Drug and Alcohol Research Centre (NDARC), University of New South
Wales, Sydney

Emma Warren and Rosalie Viney, CHERE



Methadone Maintenance Costs

- Threshold analysis: cost offset by **20 days** reincarceration
- Hepatitis C avoided incident cases = cost offset by **20 days** reincarceration

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Conclusions

Treatment for heroin dependent prison inmates

- oral naltrexone: limited attractiveness, poor compliance, relatively ineffective
- oral methadone: more attractive, greater compliance, more effective
- depot preparations, implantable devices for naltrexone and buprenorphine may overcome poor treatment retention
- oral naltrexone limited value for Rx heroin dependent prison inmates



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