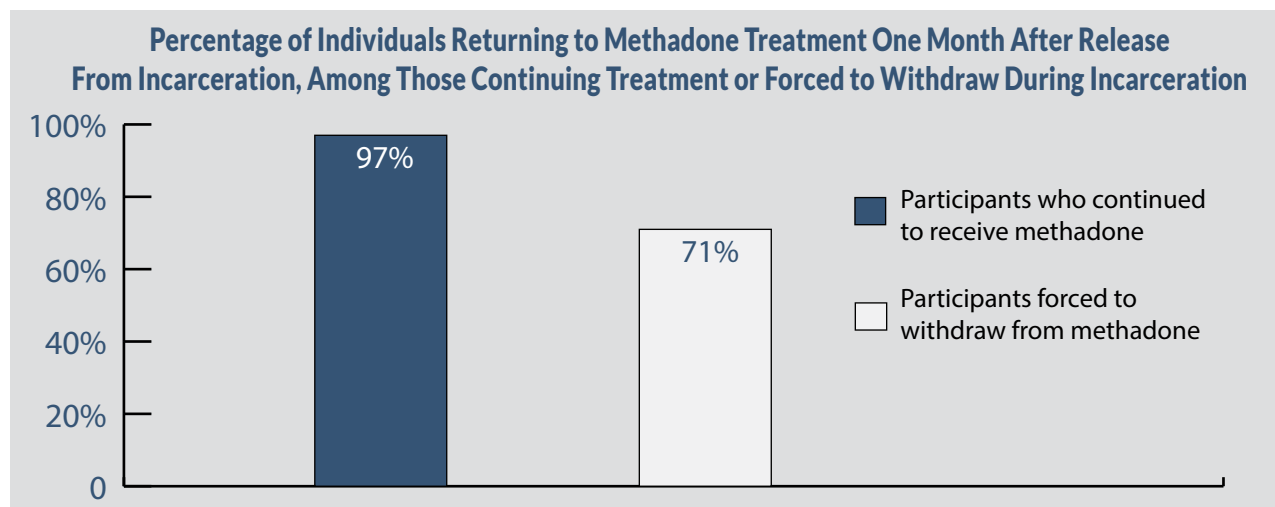




Continuing Methadone During Incarceration Increases Likelihood of Return to Treatment Post-Release, Reduces Medical Costs

A study recently published in *The Lancet* found that individuals who continued to receive methadone treatment¹ while incarcerated were significantly more likely to re-engage in treatment after release than those forced to withdraw upon intake. Researchers compared two groups of randomly assigned individuals incarcerated by the Rhode Island Department of Corrections: a continued-methadone group, in which 114 participants were maintained on treatment; and a forced-withdrawal group, in which 109 participants were forced to gradually withdraw from methadone.² One month after release, 97% in the continued-methadone group had returned to a community methadone clinic, compared to 71% in the forced-withdrawal group, and opioid use was higher in the forced-withdrawal group (18%) than in the continued treatment group (8%). Additionally, continuing methadone treatment was less expensive, as greater physician and medical costs after release accrued for the forced-withdrawal group. Stressing the negative implications of methadone cessation during incarceration,³ authors urged continued methadone treatment as a means of reducing drug use, mortality, recidivism, and medical costs, and noted that periods of incarceration are public health opportunities to diagnose and engage opioid-dependent individuals with treatment.



Source:

Rich, J. D., McKenzie, M., Larney, S., Wong, J. B., Tran, L., Clarke, J., Noska, A., Reddy, M., and Zaller, N. (2015). Methadone continuation versus forced withdrawal on incarceration in a combined US prison and jail: A randomised, open-label trial. *The Lancet*. doi: 10.1016/S0140-6736(14)62338-2

Notes:

- ¹ Authors noted that methadone maintenance is an effective treatment for opioid addiction, and has been on the World Health Organization's Model List of Essential Medicines since 2005. Over decades, the treatment has demonstrated reduced illicit opiate use and its harmful consequences, including crime, mortality, overdose, and drug-related HIV risk behavior.
- ² Between June 2011 and April 2013, individuals who were in methadone maintenance therapy at the time of arrest, whose incarceration ranged between 1 week and 6 months, and who wanted to remain on methadone were randomly assigned to each group. The institutional protocol in the study jurisdiction, gradually withdrawing to stop treatment, differs from that in most jurisdictions, where treatment ceases upon incarceration. Very few of the estimated 30,000 people engaged in methadone treatment when they enter U.S. prisons or jails continue it during incarceration.
- ³ Methadone discontinuation during incarceration has been linked to psychological distress and implicated as a suicide trigger in the initial weeks of incarceration. It has also been shown to result in reduced opioid tolerance, which increases susceptibility to relapse and overdose death during the period immediately following release.

Prepared by the Center for Health and Justice (CHJ) at TASC. CHJ works to support and sustain strong and vibrant communities by promoting policies and practices that stop the cycle of drugs and crime. We conduct research and evaluations, and offer policy analysis, training, and consultation in the fields of health and justice. For more information, visit us online at www.centerforhealthandjustice.org.

To receive Facts on Justice from CHJ, please send an email to research@tasc.org with "Join Facts on Justice" typed in the subject line, and your name, title, organization, and email address in the body of the message.