

Scaling-Up of Opioid Substitution Treatment in in Custodial Settings - Evidence and Experiences

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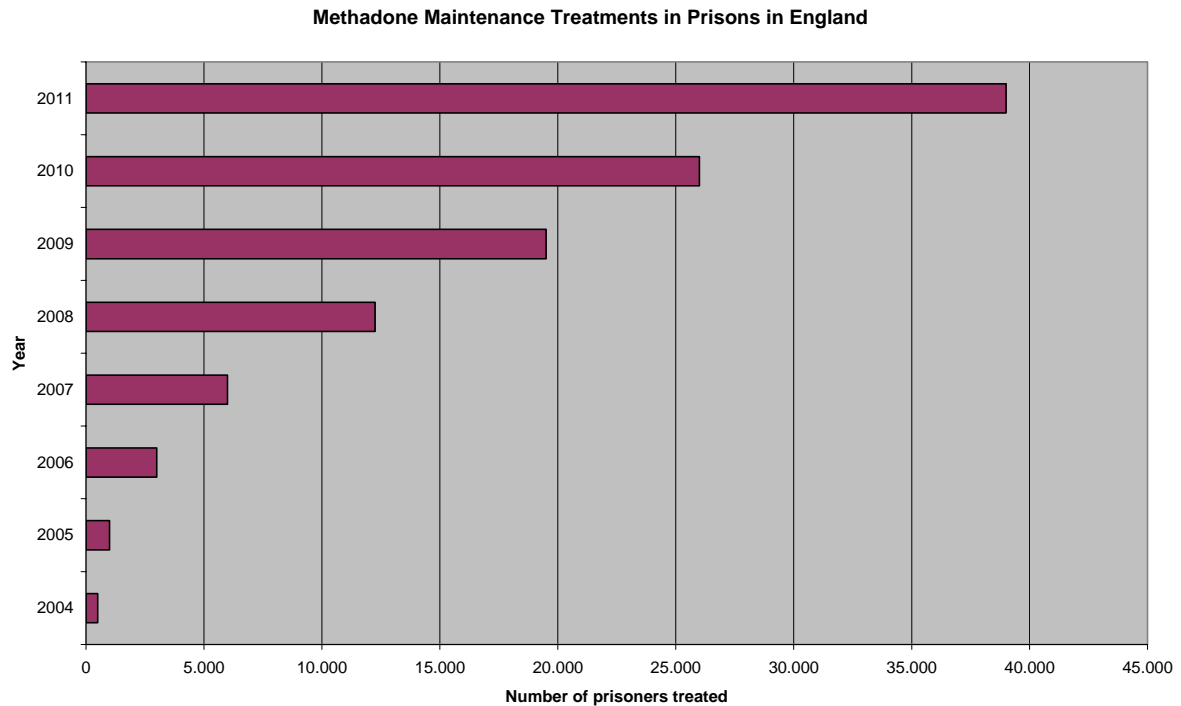
Problematic drug use (mainly opioids) is a widespread phenomenon in almost every prison in the world. The EMCDDA estimated in 2006 that the life time prevalence of injecting drug use among all prisoners in Europe is between 7 % and 38 %, which shows that the spread of problematic drug use is varying widely throughout countries within the continent. The prevalence of intravenous drug use in prison shows a similarly wide differential, varying between 1-15%, prevalence of HIV among prisoners varies from 0.5 to 20%. Prevalence differs again from one prison to another within individual countries. Drug use is seen as one of the main problems of the health of prisoners (re HIV and HBV/HCV acquisition) and the current prison system; it threatens security measures, dominates the relationships between prisoners and staff, and leads to violence and bullying for both prisoners and often their spouses and friends in the community.

Although the prevalence and frequency of injecting drug use declines in prison compared to rates outside prison, drug use inside prisons tends to be more dangerous, with more risky injecting behaviour, due to the scarcity of drugs and sterile injecting equipment. While many prisoners discontinue or significantly reduce their drug use when entering the institution, others continue their use, or may even start injecting opiates.

While opioid substitution treatment (OST) has become standard practice in community drug treatment services in many European countries, featuring methadone, buprenorphine or slow release morphine maintenance as the primary clinical response to heroin dependence, the implementation of OST in custodial settings in most European countries is still lacking behind the prevalence standards and quality of the treatment provision in the community.

Recent studies indicate that opioid substitution treatment initiated in the community is most likely to be discontinued in prisons. This often leads to relapse both inside prisons and immediately after release, often with severe consequences as high mortality rates after release from prisons indicate. Many studies show benefits of OST for the health and social stabilisation of opioid-dependent individuals passing through the prison system.

History and the processes of scaling up of OST in prisons in England give an example from which key prerequisites and lessons learnt can be derived for the increase of OST in other countries.



The number of methadone maintenance (OST) treatments started in prisons in England has increased from 700 in 2003-2004 to 19,450 for the year 2008-09. All 130 adult prisons in the country are now funded to provide OST. Approximately 26,000 treatments are anticipated for 2009-10, rising to 39,000 for year 2010-11 and beyond.

Clinical Guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064

Dual Diagnosis for Prisons

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097695

Further reading:

David Marteau & Heino Stöver (2009): Scaling-Up of Opioid Substitution Treatment in Custodial Settings - Evidence and Experiences. In: International Journal of Prisoner Health (in press)