



NATIONAL DRUG AND  
ALCOHOL RESEARCH CENTRE

## **RESEARCHERS RECOMMEND URGENT EXPANSION OF PRISON METHADONE PROGRAM**

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Researchers are calling for an urgent expansion of prison methadone programs after new research into the costs of such programs shows tremendous long-term saving for governments.

The study, funded by the National Health and Medical Research Council (NHMRC), was a joint research project by the National Drug and Alcohol Research Centre (NDARC) and the Centre for Health Economics Research and Evaluation (CHERE). The study, the first of its kind in the world, estimated the cost of a prison based methadone program.

Many prisoners with a history of heroin injection engage in a cycle of drug use, crime and imprisonment. These prisoners receive an average of five prison sentences in as many years. However, a new study released today reports that the cost of treating these prisoners with methadone is modest and can significantly reduce the likelihood of them returning to prison. Other benefits of treating prisoners with methadone were a reduction in mortality and hepatitis C transmission.

The total cost of providing prison methadone to 900 inmates in 21 prisons in NSW is \$2.9million per annum. The cost per person year is \$3,234. Given that the average daily cost of incarceration is \$176, the annual cost of prison methadone is offset by avoiding 20 days of re-incarceration once the inmate is released. If avoided incident cases of hepatitis C are included in the analysis, the annual cost of prison methadone is offset by avoiding 19 days of re-incarceration once the inmate is released.

When inmates are in methadone treatment for more than eight months, the proportion who return to prison within a one year period is 23 out of 100 whereas this rate is 97 per 100 for those not in methadone treatment.

In the study no prisoners died when they were in methadone maintenance treatment (MMT), however 17 heroin using prisoners died who were not in such a program. Of some concern was that inmates who were most at risk of leaving MMT were those who serving short prison sentences of one month or less. The rate of hepatitis C transmission was reduced by almost one third among inmates who received methadone compared to those who did not.

Associate Professor Kate Dolan from NDARC was one of the authors of the report.

“There is a great deal of research examining community based methadone programs but very little is known about prison based methadone programs. Now we know not only what the outcomes of the program are, but also what it costs to achieve those outcomes”.

“All Australian jurisdictions have prison methadone programs, with NSW arguably having the best program in the world. However, this study highlights an urgent need to expand the program so the coverage is increased from one in four to at least one in three inmates. This would provide coverage equal to that in the general community and should be implemented immediately.”

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