Psychopharmacotherapy in Correctional Institutions

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Psychopharmacotherapy

Medically accepted standard of care for:

I. Psychiatric Disorders

- Schizophrenia
- Bipolar Disorder
- Major Depression

II. Addictive Disorders

- Opioid Dependence

Psychopharmacotherapy in Corrections

- Key component of inmate mental health care
  - subject of class action litigation
- Withholding such treatment is “cruel and inhuman” punishment
  - 8th Amendment Violation

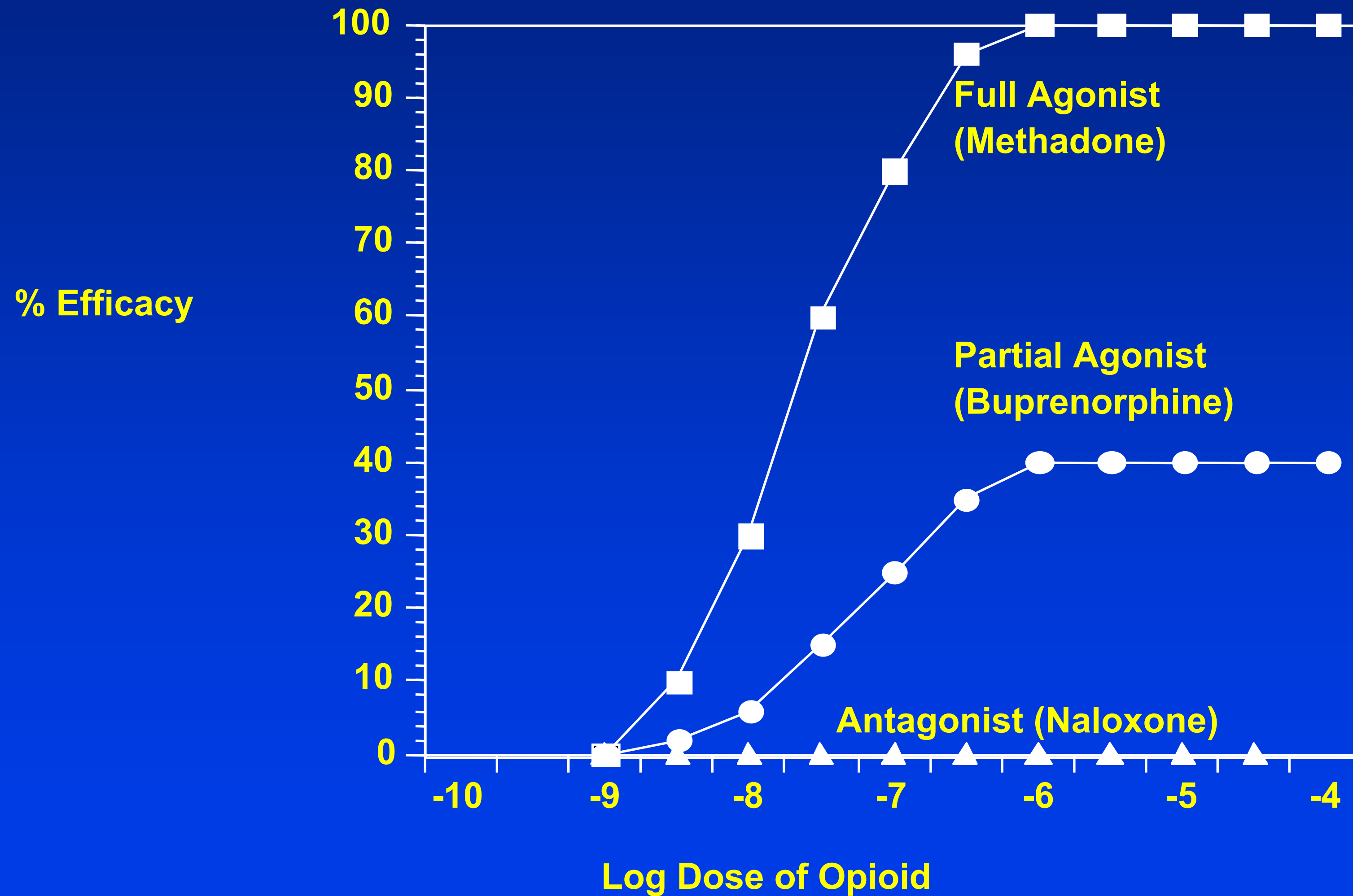
I. Psychiatric Disorders

Unique aspects of psychopharmacology in correctional settings:

- Lack of freedom
  - Coercive sedation not permitted
- Formulary restrictions
  - Cost considerations
- Extreme heat
  - Neuroleptic Malignant Syndrome
- Continuity of care
  - Discharge planning

II. Addictive Disorders:

Opioid Agonist and Antagonist Therapy



Opioid Agonist Therapy: Jails
(Dole et al., 1969)

- Random assignment study
- Pre-release jail inmates at Rikers Island, NYC
- 12 initiated methadone 10 days before release
- 16 controls

Results at 7-10 months post release

	Methadone	Controls
Used Heroin	83%	100%
Addicted	0	100%
Incarcerated	25%	94%

Opioid Agonist Therapy: Jails

Treatment for opioid withdrawal and prevention of post-release relapse

Commonly provided throughout the world

- US is an exception: very small but growing number of programs

Three uses in Rikers Island (Magura et al., 1993)

- heroin detoxification
- initiate maintenance therapy
- continue maintenance therapy for patients in treatment at arrest

Barriers to Correction-based Opioid Agonist Treatment

Concerns about “addicting” prisoners not currently opioid dependent

Concerns about drug diversion and violence

Space constraints

Competing demand on correctional and medical staffs

Methadone Maintenance for Prisoners
(Kinlock et al., 2007)

NIDA-funded three-group randomized clinical trial

Conducted in pre-release prison in Baltimore, Maryland

190 adult male participants with completed 6 month follow-up interviews

- Out of 211 randomly assigned participants
- Not currently heroin-dependent
- All had weekly counseling available in prison

Those receiving methadone, start at low dose and go up slowly:

First dose: 5 mg

Induction: 5 mg increase per week to 60 mg

Maintenance: appropriate dose (average about 80 mg)

* Study is ongoing. To date, 190 of the 211 randomly assigned participants due for 6-month f/u

Treatment Conditions

	N
Counseling Only Counseling in prison and passive referral as usual	61
Counseling+Transfer Counseling in prison and access to methadone upon release	63
Counseling+Methadone Counseling and methadone in prison, with continuation of methadone upon release	66
Total	190

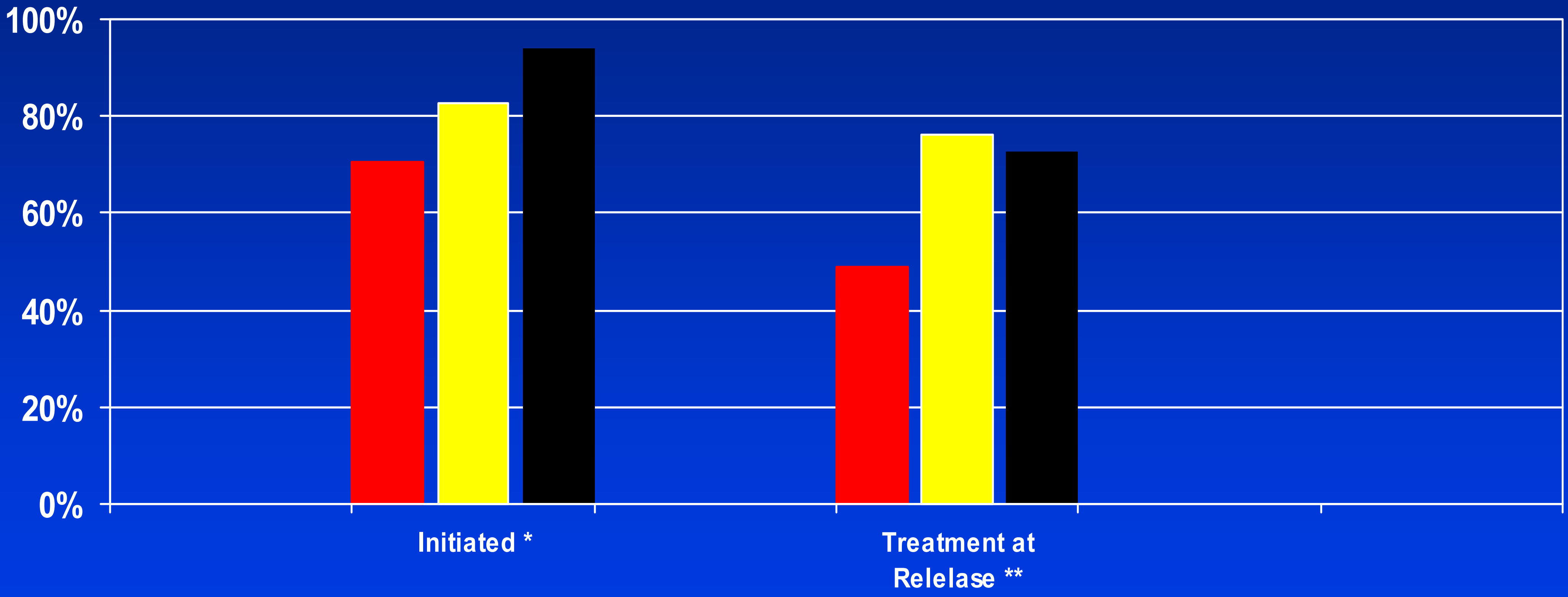
Participant Demographics

	%	Mean	SD
Age		40.3	7.2
Race			
African American	69.5		
Caucasian	23.9		
Other	6.6		
Education		10.9	1.8

Substance Use History

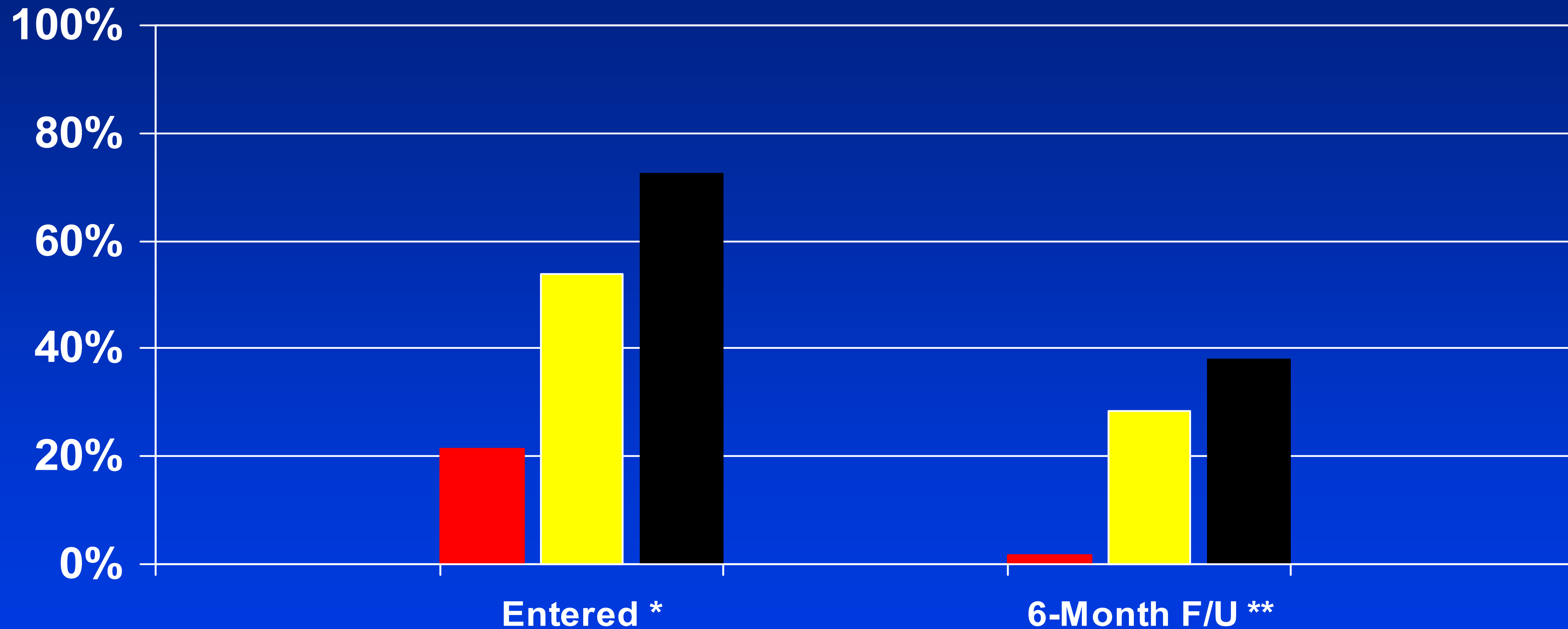
	Mean	SD
Age of Onset		
Heroin	18.6	4.9
Cocaine	21.7	7.5
No. Days use in 30 Days Prior to Incarceration		
Heroin	27.3	7.5
Cocaine	18.2	13.2
Prior Treatment		
Any	2.7	2.0
Methadone	1.4	1.0

Prison Treatment Status



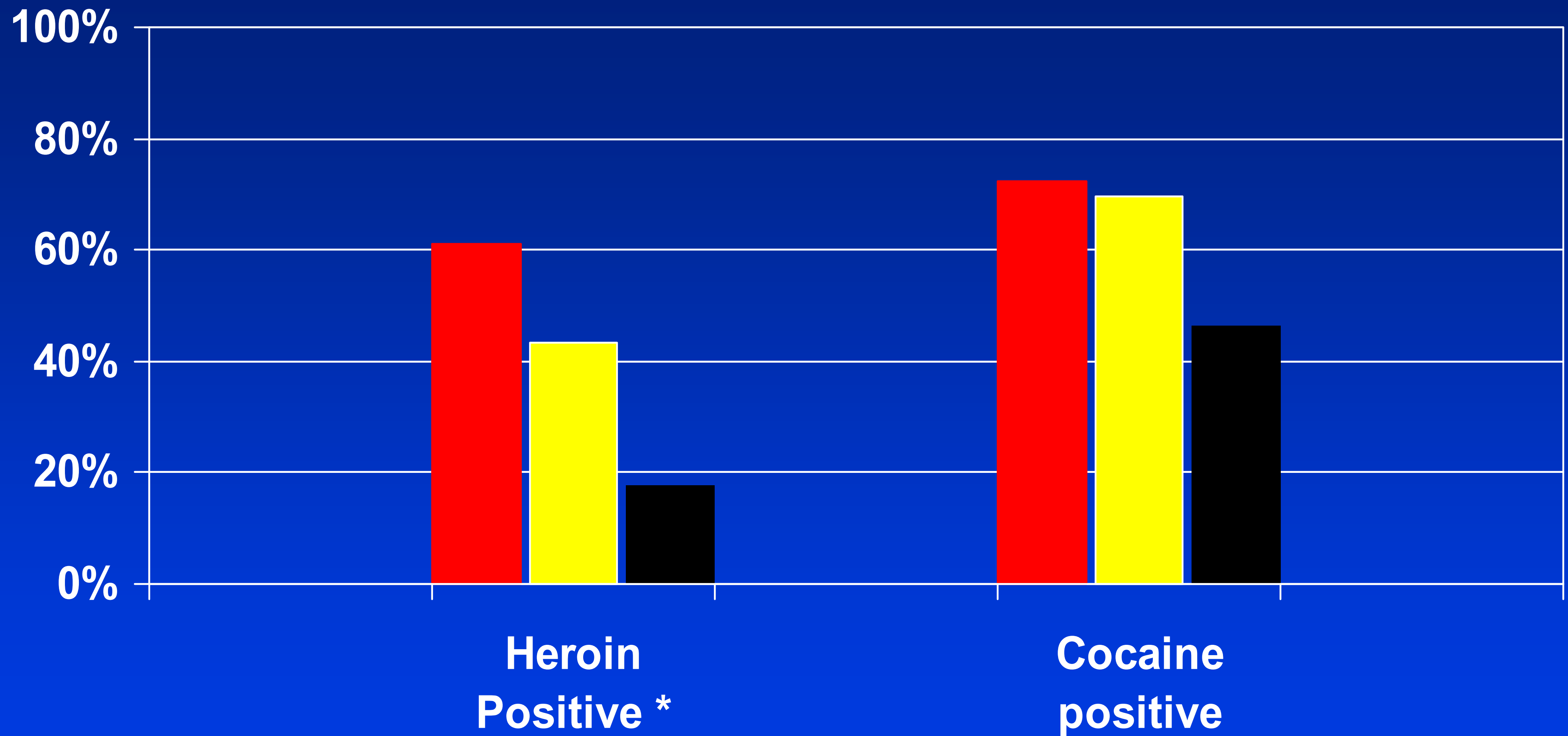
- CO v. C + M (*p* = .001); C + T v. C + M (*p* = .05)
- CO v. C + M (*p* = 007); CO v. C + T (*p* = .002)

Community Treatment Status



* CO *v.* C + M and *v.* C+T (both *ps* = .0001); C + T *v.* C + M ($p = .03$)
** CO *v.* C + M and *v.* C + T (*ps* = .0001 and .007); C + T *v.* C + M ($p < .02$)

6-Month Post-Release Follow-up Drug Testing



* CO *v.* C + M, p = .001

Buprenorphine in Prison
(Albizu-Garcia et al., In Press)

NIDA-funded pilot study

45 adult male pre-release prisoners in San Juan

High rates of heroin use in prison

Initiated buprenorphine treatment prior to release

Results at 1 month follow-up

7% dropped out in prison

83% attended MD appointment in community

73% had negative heroin drug test

Summary

- Pharmocotherapy for psychiatric disorders in jails and prisons should be part of standard medical care
- Methadone started in jails provides humane medical care
- Preliminary 6-month post-release findings indicate that methadone is an effective pre-release strategy in prison
- Buprenorphine appears to be a promising pre-release strategy

References

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Magura S, Rosenblum A, Lewis C, Joseph H. The effectiveness of in-jail methadone maintenance. *Journal of Drug Issues. 1993;* 23:75-99.

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