METHADONE MAINTENANCE IN PRISON: A REALISTIC PROGRAMME

Dennis Lynes

The history and present status of Canadian prisons provide ample evidence that, although "society has spent millions of dollars over the years to create and maintain the proven failure of prisons" (Government of Canada 1977:35), incarceration remains, as Brian MacLean notes, an ineffective method " to achieve the various officially stated goals of the penal system" (MacLean 1984). If we wish to end this madness then we might start by pointing out the necessity for the criminal justice system to radically restructure its practice concerning the treatment of drug abusers. Because the vast number of prisoners have been incarcerated for drug related offenses, any serious attempt to substantially reduce prison populations might logically begin with this group of offenders.[1]

Penitentiaries and jails, as they are presently constructed, are simply not the places to rehabilitate, resocialize, or cure a person with a "drug problem" (in this context, the linking of drugs and crime). Often, prisons reinforce patterns of behaviour associated with illegal drug use, patterns which the general public perceives as negative. Persons who continue to use drugs, despite the fact that acquiring them requires behaviors which may result in imprisonment, are unlikely to change these behaviors once imprisoned. For example, at first glance it seems

1. For a discussion of the problems of developing "alternative ways for dealing with those who are criminalized" see Sauve (1988: 39).

obvious that a substantial prison sentence should at least serve to relieve a person of dependency, but nothing could be further from the truth. Many prisoners spend much of their time devising methods to "beat the system" and they invariably acquire enough drugs to maintain a certain degree of dependency, even in the most secure prisons. Although actual physical addiction might decrease under such circumstances, psychological addiction must increase in light of the time and effort employed in the pursuit of various drugs. All too often, "beating the system" becomes an exciting method of doing time, or a game. Many convicts first learn the game in prison, where the subculture views such behaviour as positive, and they go on playing it after release. Penitentiaries and jails, therefore, in some respects seem to compound the "drug problem" rather than help correct it.

Many solutions to the problems associated with the use of illicit drugs have been discussed, with very little in the way of new or creative ideas.[2] Such discussions usually centre around legalization, decriminalization, education, or policies of law enforcement. These arguments have proved and will continue to prove fruitless until specific programs are implemented in distinct opposition to the old practice of "lock-'em-up". Because of their self-imposed status as experts in the pseudo-professions of law enforcement and corrections, heed carefully the warning that employees of the Correctional Service of Canada (most importantly the guards), and such related agencies as the courts and the police, are not about to stand by idly while any program is initiated which threatens the maintenance of the existing system.

I believe it is the responsibility of prisoners to agitate for programs that will reduce prison populations. If we stand by idly and accept the status quo, we are unwittingly supporting policies that may change the appearance of the

2. This is not unique to the question of the "drug problem." Robert Gaucher notes that when it comes to new approaches to understanding crime and punishment "what we currently see dominating books and journals is 'the same old stuff'" (Gaucher 1988: 53).

prison (i.e. prison reform), while its fundamental character remains unchanged. Such negligence contributes to the perpetuation of prisons, when our goal is to significantly reduce their size and number. For this reason we must support policies which seek to achieve these reductions.

One such policy is a prison methadone maintenance program. Some countries (notably Sweden, Holland, and Denmark) already employ this type of program. Administered with control and efficiency from within remarkably progressive facilities, it is aimed at drug abusers who have been labeled as criminals. The decision to implement a program of this nature was not made without substantial investigation. Each of these nations, after experimenting with alternatives such as counselling, aversion therapy, and hypnosis, concluded that they were minimally effective on prisoner populations.

Note that these countries do not have a drug problem, as the term is used here, even approximating that of Canada; even more noteworthy, they imprison impressively fewer persons *per capita* than do Canadians. This might well indicate that methadone maintenance programs are effective measures to combat patterns of behaviour associated with illegal drugs. In any case, it reduces the behaviour associated with the acquisition of illicit drugs; and it is the behaviour, not the drug use, which is so often destructive and criminal, not drug use itself. Others would support this conclusion:

> If a nurse gives a patient drugs under a doctor's orders, it is perfectly proper. It is when it is done in a way that is not publicly defined as proper that it becomes deviant. The act's deviant character lies in the way it is defined in the public mind (Becker 1971: 341).

Methadone is a synthetic narcotic invented by the Germans during World War II when their supplies of opium dwindled. It does not produce the euphoric effects associated with many other drugs and so we cannot criticize its prescription for satisfying hedonistic thrill-seeking. By binding itself to the opium receptors of the brain, metha-

done "blocks" the effects of narcotics such as heroin, morphine, and codeine. The primary criticism directed against methadone maintenance is that it serves to merely substitute one form of dependency for another. Even if such a criticism were valid, there are positive effects of methadone treatment which far outweigh the negative.

In 1978, a report which summarized the findings of a study of 750 subjects cited results which were nothing short of spectacular:

> A four year trial of methadone blockade treatment has shown 94% success in ending the criminal activity of former heroin addicts... The results show unequivocally that criminal addicts can be rehabilitated by a well-supervised maintenance program (Dole *et al.* quoted in Ray 1978: 335).

Ten years later, a report published in *Newsweek* stated that perhaps seventy per cent of those enrolling in maintenance programs were eventually returning to some type of illicit drug use; however, the report also pointed out that "the death rate for those who stay on methadone is only one-fifth to one-half that of most addicts, and the crime rate among them is twenty times lower" (Alpern quoted in *ibid.*: 337). Even avowed opponents of methadone maintenance clinics were forced to admit that this was "better than what any of the alternatives can show" (Lennard *et al.* quoted in *ibid.*).

Today, some twenty years later, there are no alternatives which can demonstrate better results (See *ibid.*). Therapeutic communities, Synonon, X-Kalay, Narcanon, and Narcotics Anonymous, all at one time seemed to hold great promise; today they barely exist. Furthermore, prisoners perceive such programs as coercive and hypocritical. Prison officials consider participation in groups to be conforming behaviour and soon label those who do not participate "uncooperative". The majority of those who attend are simply trying to avoid this label to protect their parole, transfer, and so forth; and, along with those who do not participate, recognize and despise "the game".

To review the discussion to this point, the benefits of

a prison methadone program can be seen as three-fold. First, participants could channel their time and effort into pursuits other than devising methods to obtain drugs. Second, because methadone is legal, participants would not be stigmatized as deviants merely because they use it. Third, the program itself is unlikely to earn the disdain of other prisoners, for no one would be forced to participate in the sense that participation might be viewed as conforming behaviour.

Methadone is given to some persons in Canada under controlled conditions in community clinics, but rarely is it prescribed to anyone trapped in the web of the criminal justice system. The argument here is that methadone should be available within our prisons, especially to those with a long-term history of drug use associated with criminality; a good number of prisoners meet this criteria. If methadone were available to these people it would not only eliminate their efforts to acquire illicit drugs while in prison, but it would also serve to accustom them to a lifestyle not centered around its acquisition. Many people have so internalized the values of the drug sub-culture and are so physically and psychologically dependent on drugs that they are unlikely ever to escape the lifestyle. Rather than helping to change this behaviour, prisons are a part of it. If methadone were available, it would make the pursuit of other drugs a needless hassle. Thus, the drug-dependent prisoner, perhaps free of the need to continue in such pursuit for the first time in years, would at least have time to engage in activities not related to drugs. A prison methadone maintenance program could be seen as providing a means for making behavioral change possible.

Certain precedents already exist for some types of drug-maintenance programs within our prisons. Prisoners with even a hint of a psychosis are being maintained throughout their terms on large doses of anti-psychotic drugs such as *Thorazine* and *Mellaril*. These drugs are associated with extremely unpleasant, unhealthy side-effects, particularly pronounced in persons without a demonstrated medical need for them. Not surprisingly, prisoners view

them with distaste and suspicion, referring to them as "liquid straight-jackets" and "bug juice". While prison authorities might attempt to abuse methadone in the same fashion (that is, to control a prisoner's body through its use), the effects of methadone do not include confused thinking and a clouded mind. Because it does produce dependence, emphasis must be placed on the fact that a prison methadone program would require the presence and direction of trained medical personnel. Of course, they would be expected to ensure that its prescription was not misused by prison authorities in any attempt to physically or psychologically manipulate prisoners. Moreover, if drug-dependence is considered as a disease (which the majority of addiction authorities now appear willing to concede) then a comparison between methadone and insulin becomes obvious. Which is to say that under the supervision of medical rather than prison officials, methadone should be no more abused than insulin.

A prison methadone program is not going to benefit every prisoner with a drug dependence, but it is going to enable some to live happier, healthier lives, both in prison and out. And it is going to reduce prison populations, which is a minute step towards the abolition of prisons themselves.

Whether the program is accepted or not remains to be seen, but in any case, articles such as this might serve to inform the public that people are being released from prisons every day with problems often far more complicated than those that got them there originally. These people may, of course, continue to commit a significant percentage of offenses and to form a significant percentage of our prison populations until we do *something* for them. Just because a prison methadone program would not provide the perfect solution is no reason to dismiss the idea, particularly in view of evidence indicating that no alternative approach can even remotely approximate its benefits.

Finally, consider the conclusion of a recognized expert on the subject of addiction.

> Narcotics addiction... will remain with us.... No "cru-

sades" will wipe it out. The best we can hope to do is contain the problem, limit its scope, and offer to help the victims. In this context the victims are plainly both drug users and society. If methadone maintenance programs were initiated within our prisons, then we might be on a path matching, or even surpassing, what the experts feel is "the best we can hope to do" (Goldstein quoted in *ibid.*: 316).

References

Becker, H.S. (1971) *Sociological Works.* Allen Lane.

Gaucher, R. (1988) "The Prisoner as Ethnographer: The Journal of Prisoners on Prisons.", *The Journal of Prisoners on Prisons,* 1:1, 53–54.

Government of Canada (1977) *Report to Parliament by the Subcommittee on the Penitentiary System in Canada.* Supply and Service.

Maclean, B. D. (1984) "Social Control in Canadian Prisons." In J. Fry (ed.) *Contradictions in Canadian Society: Readings in Introductory Sociology.* John Wiley & Sons Inc.

Ray, O.S. (1978) *Drugs, Society and Human Behaviour.* The C.V. Mosby Company.

Sauve, R. (1988) "Prison Abolition: The Need For Decriminalization." *Journal of Prisoners on Prisons,* 1:1, 39–43.