VIEWS OF INMATES PARTICIPATING

IN THE PILOT PRE-RELEASE METHADONE PROGRAMME

Process evaluation of NSW Department of Corrective Services

Pre-release Methadone Programme: Study 2

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SUMMARY

Thirty-six inmates who had been assessed as suitable for the Pilot Pre-Release Methadone Programme were interviewed in February-March and June 1987 to ascertain to what extent the pre-release phase of the programme was functioning in accordance with the guidelines which had been established.

Inmates reported benefits from the programme including: stopping hustling for, using and thinking about heroin; feeling less aggressive and more relaxed; being generally more thoughtful and aware. Inmates had few difficulties getting onto the programme and seemed to know about the side effects of methadone. They were aware of the procedures and conditions of urinalysis and accepted it as necessary. There was no indication of a methadone blackmarket.

Contrary to the programme’s guidelines, implementation of the policy paper has not resulted in an integrated approach in which the methadone programme is augmented by other services. Those support programmes which were available were considered unrelated to the methadone component and were poorly attended. A lack of support programmes was nominated as one of the worst features of the overall methadone programme.

Some problems were experienced by inmates in collecting their methadone and with its side effects. Providing urine specimens was also difficult for some.

The extent to which participation on the methadone programme is believed to improve an inmate’s parole prospects is cause for concern when the policy is clearly that the programme be a voluntary methadone programme, not linked in any way with pre-release reports.

The basic structure and mechanisms of the Pilot Pre-Release Methadone Programme have been implemented and are functioning satisfactorily. However, support programmes - the importance of which for the clients' success must not be underestimated - seem inadequate.
INTRODUCTION

The Pilot Pre-Release Methadone Programme within the NSW Department of Corrective Services commenced in April 1986. The programme was established for inmates with a history of opiate addiction. Entry onto the programme is voluntary.

Prisoners satisfying certain criteria are eligible to apply or be referred for assessment for the pilot methadone programme. In short, these criteria are that the inmate: has had a past physical dependence upon narcotics; is at least 18 years of age; has an established history of narcotic addiction and of recidivist drug related criminal activity; and has demonstrated factors indicating a willingness to change. The inmate must also be within 12 to 16 weeks of release with a supervised period after release of at least 6 months and give permission for the collection of urine specimens. There must also be a position available in one of the community dispensing units and methadone must be seen as a viable part of the management plan for the inmate.

If assessed as suitable, inmates are stabilised on methadone prior to release. Following release they continue to pick up methadone from one of the three community dispensing units. There are a total of 150 places allocated on community methadone maintenance programmes for people being released from gaol. In the community the clients are under the supervision of the Probation and Parole Service.

The gaols participating in the programme are Bathurst Gaol, Mulawa Training and Detention Centre, Norma Parker Centre and Parramatta Gaol. The community methadone dispensing units are Blacktown, Liverpool and Rankin Court (Darlinghurst).

In order to evaluate the extent to which certain aspects of the guidelines set out in the Pilot Methadone Programme Policy Paper had been implemented the views of inmates participating in the programme were sought. The Policy Paper, in so far as it pertains to this study, stipulates a methadone programme as follows.
The overall aim of the methadone programme is to make available for inmates ways of "limiting the spread of drug use..." (2.5, p.2)\(^1\) and "reducing involvement in criminal activities..." (2.4, p.2) whilst contributing towards "an option which provides for the 'management' of persons in custody" (2.2, p.2).

The methadone is seen "... as a part of the management plan for each inmate..." (8.4, p.5) and "a means by which a person can be sufficiently stabilised to undertake other steps" (p.3). Hence "the provision of support services and individually tailored developmental programmes" (3.4, p.3) were to be part of the programme. Further, "the suitability of the inmate to benefit from other D & A alternatives" (10.5, p6) is to be part of the assessment criteria and "thus the inmate should be placed on a Methadone Programme with the proviso that they involve themselves in such other treatment/programmes ..." (6, p.4).

"The viability of methadone .." (8.4, p.5) and "demonstrated social and motivational factors indicating a willingness to change his/her lifestyle" (8.5, p.5) formed part of the admission criteria as did the condition "... that the inmate is made aware and acknowledges the known medical side effects" of methadone (10.6, c), p.6).

Urinalysis "... should not be seen as a policing or punitive mechanism ..." (11.1, p.7) and the methadone should be dispensed in such a fashion so as "... to prevent a build-up of a methadone blackmarket and the possibility of 'stand-over' tactics" (16, p.9).

The programme is to be voluntary (301, p.3), and the inmates participation in it "... is NOT linked in any way with pre-release reports" (15, p.8).

\(^1\)The references enclosed in brackets throughout this study refer respectively to the relevant point and page number in the "Policy Paper Pilot Methadone Programme" prepared by Fran Hill, 17th March 1986.
METHODOLOGY

Inmates interviewed:

All 36 inmates who had been assessed as suitable for the Pilot Pre-Release Methadone Programme who were in custody at the time of the study were interviewed. No one declined to be interviewed.

The average age and length of time on the methadone programme of inmates interviewed are presented below in Table 1. At the time of interview, some inmates had not yet started taking methadone. This included: 1 inmate at Parramatta, 3 at Bathurst X-wing, and 2 at Bathurst Main Gaol. These inmates were not excluded from the interviews as they were able to offer information related to commencement, support programmes, expectations and suggestions.

Table 1: Description of inmates interviewed

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaol</td>
<td>Parramatta</td>
<td>Bathurst X Wing</td>
<td>Bathurst Main Gaol</td>
<td>Norma Parker Total</td>
<td></td>
</tr>
<tr>
<td>No. of inmates interviewed</td>
<td>18</td>
<td>7</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Average age (years)</td>
<td>28</td>
<td>25</td>
<td>28</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td>Average time on methadone programme (days)*</td>
<td>42</td>
<td>23</td>
<td>53</td>
<td>-</td>
<td>82</td>
</tr>
</tbody>
</table>

*These figures are only for those inmates who had commenced the programme at the time of interview.
Procedure:

Inmates were interviewed using a standardised interview schedule. Interviews were conducted over two periods. During the first batch of interviews, conducted between 25 February and 10 March 1987, twenty-four inmates were interviewed (18 at Parramatta, 5 at Bathurst X-wing, 1 at Norma Parker). At that time there were no women on the programme at Mulawa Training and Detention Centre. In order to include women from Mulawa, (one of the two largest institutions in the pilot programme) and to increase the number of inmates interviewed at Bathurst, a second batch of interviews was conducted 3-11 June, 1987. Interviews were usually conducted in the visiting area at Parramatta, in the clinic at Mulawa and in counselling rooms at Bathurst, taking approximately fifty minutes each.

Questions asked:

The interview schedule consisted of seven sections. These sections are described below:

1. Commencement on programme - (How and what had the inmate heard about the programme before applying for assessment; had the inmate had any difficulty getting on to the programme);

2. Support programmes - (Whether the inmate knew of any other programmes available in gaol to help with problems of heroin addiction; whether any such programmes were seen as related to the methadone programme; whether participation in these programmes was considered at time of assessment for methadone programme; participation in other programmes prior to commencing methadone compared to participation after commencement of methadone; frequency of attendance at other programmes; perceived benefits from these support programmes; suggestions for improvements to support programmes);

3. Perceived effects of methadone programme on life in gaol - (Whether inmate has changed how he/she gets on with other inmates; has the methadone programme changed other aspects of the inmate's life in gaol; perceived benefit of methadone programme for each of: the inmate, the gaol, prison officers, as well as any other benefits);
4. Dispensing of methadone - (Any administrative problems and suggestions for improvements);

5. Urinalysis - (Any problems, suggestions for improvements; penalties for dirty urines; opinions on role of urinalysis in methadone programme);

6. Expectations - (Any prior experience of methadone programmes, reasons for going on the current programme; what did inmate hope to gain; expectations about side effects; experience of side effects; anticipated length of time to continue using methadone);

7. Comments and suggestions for improvement - (Perceived best features and perceived worst features of this programme; suggestions for improvement of gaol and/or community aspects of programme; other comments).
RESULTS

Commencement

Most inmates participating in the methadone programme heard of it from other inmates (72%), eleven per cent from Probation and Parole Officers and the rest heard from a variety of professional staff.

Many inmates (44%) were told simply of the existence of the methadone programme. Some (17%) heard favourable opinions of it (always from fellow inmates) and others (11%) were urged to go on the programme, half the time by Probation and Parole Officers. Fourteen per cent reported that they had been led to believe that commencing the methadone programme would benefit their chances of parole, (two of these five inmates by Probation and Parole Officers).

Most of the inmates interviewed (72%) reported no difficulty in getting onto the methadone programme and only eight per cent reported a lot of difficulty. The most frequent difficulty (31%) was transferring to an appropriate gaol. The next most frequent difficulty (16%) was classification, perhaps related to transferring. Most difficulties (84%) were experienced by men interviewed at Parramatta Gaol.

Support Programmes

Most inmates (71%) responded that there were programmes in the gaol, apart from the methadone programme, to help with problems of heroin addiction. These were essentially Narcotics Anonymous (52%) and Drug and Alcohol Groups (32%). Sixty per cent of the inmates interviewed at Bathurst (all women) were aware of such groups as were forty-three per cent of the women at Mulawa. Only one man at Parramatta was aware of such programmes.

These programmes were, however, seen largely (83%) to be unrelated to the methadone programme. Many Narcotics Anonymous (N.A.) groups consider a methadone programme to be incompatible with their drug-free approach. Of those above who mentioned Drug and Alcohol (D. & A.) Groups seventy-one per cent saw them as unrelated to the methadone programme.
Seventy-one per cent of the inmates interviewed thought that their participation in these programmes was not taken into consideration when they were assessed for the methadone programme.

The percentage of inmates involved in 'other' programmes before they commenced methadone was the same as for those involved whilst on the methadone programme (36%). These were essentially the same inmates and consistent with this, they believed most often (81%) that commencing the methadone programme has not changed their involvement in the other programmes. For those two inmates whose involvement had changed, it was towards using a number of related services rather than reliance upon methadone alone.

Inmates participating in these programmes usually attended N.A. twice a week and D & A Groups weekly. They reported no difficulty getting onto these programmes. Most frequently, inmates reported gaining trust and support from these programmes, usually from the D & A Groups.

Inmates were unsure how these support programmes could be improved but fifty-six per cent were able to suggest additional programmes, namely: counselling (26%), life skills (21%), self awareness (11%) and pre-release groups (11%).

Effects

The majority of the inmates interviewed (67%), reported that being on the methadone programme did not change how they got on with other inmates. Where it did, thirty-nine per cent said they were initially moody, seventeen per cent claimed that other inmates were jealous and another seventeen per cent "got on better" with fellow inmates.

However, seventy-five per cent of inmates felt that being on the methadone programme had changed other aspects of their life in gaol. Inmates responded that they had stopped hustling for, using and thinking about heroin (30%), felt less aggressive, quieter and more relaxed (21%), had a new outlook, were more thoughtful and aware (12%) and felt that going on the methadone programme had made their time in gaol easier.
Typically, the inmates felt that the methadone programme had led to benefits for them (84%). Most frequently, that they had stopped hustling for and using heroin (33%) or were more thoughtful/aware (11%). The third most frequently mentioned benefit (8%) for the inmates was that they "got a better chance at parole".

The inmates felt that their being on the methadone programme had led also to benefits for the gaol (75%). They stated there was less using and hustling (37%), fewer bashings and standovers (30%) and the gaol was calmer (22%).

However, most inmates felt that the prison officers had not benefited from the methadone programme (66%). Commonly reported was that the prison officers simply did not like it (50%). Some were said to regard methadone as "legal heroin" (25%). Those inmates who felt that the prison officers had benefited from the programme were unanimous in that methadone had made the officers' jobs easier as there was now less trouble in the gaol.

Sixty-five per cent of the inmates felt that there were also benefits other than for those mentioned above, namely: benefits for the addict's family (50%) and the community (22%).

Dispensing

Fifty-six per cent of the inmates who responded had problems in collecting their methadone. Such problems were more often reported by women from both Bathurst and Mulawa than men at Parramatta (See Table 2).
Table 2: Responses to "Are there any problems in collecting your methadone in the gaol?"

<table>
<thead>
<tr>
<th></th>
<th>Males at Parramatta</th>
<th>Females at Bathurst and Mulawa</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>14</td>
<td>32</td>
</tr>
</tbody>
</table>

Forty-three per cent of these problems were due to the allocated dispensing times: that they were too early (24% and composed entirely of women at Bathurst) or that they coincided with visits (19% and composed entirely of women at Mulawa). Mainly men found not having the dose measured in front of them and being hassled by the nursing staff to be a problem (both 14% of problems reported by all inmates).

Urinalysis

Seventy-two per cent of inmates felt that there were problems with the urinalysis. Usually, inmates said that they found it hard to provide a specimen on demand (20%), whilst being watched (16%), early in the morning (12%) or generally that it was hard (8%). There were doubts that the specimens were tampered with (20%) and the same percentage found lack of privacy to be a problem.

To solve these problems it was most frequently suggested that half a day's notice for a specimen be given (36%) or that a period rather than a specific time be allocated (29%).

Inmates (75%) felt that those with dirty urines (traces of unprescribed drugs or no methadone trace in their urine sample) were punished. Being taken off the programme was always cited as the way in which the inmates were punished. This is clearly understood by the inmates to be one of the conditions of the programme.
<table>
<thead>
<tr>
<th>Factors of Revenue and Retention</th>
<th>Parameters</th>
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</thead>
<tbody>
<tr>
<td>I, II, III</td>
<td>I</td>
</tr>
<tr>
<td>I, II</td>
<td>II</td>
</tr>
<tr>
<td>I, II, III</td>
<td>III</td>
</tr>
<tr>
<td>I, II, III</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

**Note:**

- Revenue and retention factors: I, II, III

**Parameters:**

- I
- II
- III

**Total:**

---

**Explanation:**

- Factors I, II, and III contribute to revenue and retention in different ways.
- Parameter I is critical for maximizing revenue.
- Parameters II and III are also significant but may require additional strategies.
- The combination of I, II, and III is essential for overall success.

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**Recommendations:**

- Focus on parameter I for immediate revenue increase.
- Implement strategies to optimize parameters II and III for long-term growth.
- Monitor overall performance and adjust strategies accordingly.

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**Conclusion:**

- Effective management of parameters I, II, and III is crucial for sustainable growth.
- Continuous evaluation and adaptation will lead to improved revenue and retention rates.
When asked, however, if the urine tests themselves were used as punishment fifty-seven per cent replied "No". Those inmates who were thought to be punished varied: anybody (33%), those disliked by the staff (22%) and those suspected of being stoned (22%).

Inmates were asked what they thought should happen to people on the methadone programme who had heroin in their urine. Thirty-one per cent agreed that if it happened twice, then they should be taken off the programme. Conversely, some inmates stated simply that such people should not be taken off the programme (14%), others that they should only be warned (14%) or have their methadone dosage increased (also 14%). Eleven per cent thought that inmates with dirty urines should go to counselling.

For those people with drugs other than heroin in their urine many inmates thought that nothing should happen to those where the drug was marijuana (34%). Eighteen per cent thought that the person should be taken off the programme whereas thirteen per cent thought it important to find out why the person was taking the drugs and the same percentage suggested counselling.

Whatever their opinions as to the consequences of the urinalysis results, the inmates interviewed agreed overwhelmingly (90%) that urinalysis should be part of the methadone programme, largely (50%) in order to stop abuse of the programme. Fourteen per cent felt that urinalysis should be part of the methadone programme but for only a limited period after release, dependent perhaps upon the client's urinalysis results. Eleven per cent felt that urinalysis acted as a deterrent from using heroin again and others (11%) felt that urinalysis served as a tool in case management.

Expectations

Inmates on the programme tended not to have been on a methadone programme before (66%). Those who had were predominantly women and this was significantly different from the number of men (chi square = 2.77, d.f. = 3, p<0.01, (see Table 3).
Table 3: Previous participation in a methadone programme

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>NO</td>
<td>18</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>16</td>
<td>36</td>
</tr>
</tbody>
</table>

Of those who had not been on a methadone programme before, sixty-four per cent of the men had tried to get on one as had all of the women. Usually (69%) this programme was a maintenance programme, sometimes a blockade (31%), but never a detoxification programme. For those who had been on a methadone programme before it was usually (75%) a maintenance programme. Seventeen per cent had been on a detoxification programme and eight per cent on blockade.

When asked why they had commenced the current programme most inmates stated that they wished to get off heroin (40%) and to stay out of gaol (19%). The next most frequent response (14%) was that by going on the methadone programme the inmates would improve their chances of parole. Likewise, many inmates (34%) hoped that from the programme they would gain the ability to abstain from heroin and to stay out of gaol (21%). A sizeable percentage (23%) hoped to gain a normal life from the programme and to re-establish family relationships (9%).

Side Effects

Before commencing the methadone programme half of the inmates expected to have side effects to the methadone whereas once on the programme eighty-four per cent actually experienced side effects.

The side effects that the inmates expected before commencing the programme and experienced since going on it are presented below (Table 4).
Table 4: Expected and experienced side effects to methadone

<table>
<thead>
<tr>
<th>SIDE EFFECT</th>
<th>EXPECTED (%)</th>
<th>EXPERIENCED (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin disorders</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>Constipation</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Mood changes</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Interrupted sleep</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Weight change</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Vomiting</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Nausea</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Headaches</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Improved sleep</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>

These side effects were distributed evenly throughout the gaols with the exception that vomiting and headaches were expected and experienced only in Mulawa. In interpreting this result two considerations may be pertinent. Firstly, on average, the women at Mulawa had been on methadone for twenty-three days (See Table 1). If they had started at 20mg and increased at 5mg every 3 days, after 24 days the person would have reached their maximum dosage and be at the end of the stabilising period. It is during this period that side effects are most pronounced. Secondly, the possibility must be entertained that common ailments such as headaches and constipation (possibly experienced in other gaols) may fade from memory with the passage of time.

Inmates were asked how long after release they thought they would continue on the programme. Many (44%) found it difficult to specify a period saying either that they simply could not say for how long (23%) or that they would continue as long as needed (21%). Of those who did specify a period of time (56%) many thought that they would stay on the programme for 12 months (42%) and some for 24 months (25%). The rest varied from between six to twenty-four months.
Generally, inmates were unable to suggest any alternatives to a methadone programme for helping kick a heroin habit, some (38%) believed that the 'solution' is within oneself, others (38%) that there is nothing else or similarly (24%) that methadone is the best. Of those who could suggest an alternative (40%), counselling was most often mentioned (33%) followed by rehabilitation (20%) and a special drug unit like that at Parklea (13%).

Comments

When asked what were the best features of the programme inmates replied that it stopped them from wanting and using heroin (38%) or that it gave them more of a chance to go straight (23%). The worst features of the programme were most often related to picking up the methadone (24%), to the side effects of methadone (15%) (composed entirely of women at both Bathurst and Mulawa) or that there was no support available to the person on the methadone (12%). Eighteen per cent commented that there was nothing wrong with the programme (all men at Parramatta).

Sixty per cent of the inmates felt that the programme could be improved and fifty-three per cent offered suggestions for doing so. The suggestions offered focussed on two areas: collecting the methadone (45%) and more support for people on the methadone programme both inside and outside gaol (26%). More specifically, suggestions regarding dispensing were: change the dispensing time in gaol, change the dispensing procedures in gaol and increase the accessibility to methadone in the community (each 15%).

Asked to suggest improvements for the community phase of the programme seventy-four per cent felt that they were able to and the suggestions focussed upon increasing access to the availability of methadone, namely: take-away doses (44%) and more outlets (26%). Fifteen per cent suggested more counselling.

Asked if there were any further comments that the inmates would like to add just over half (56%) did so but there was no commonality to the responses.
DISCUSSION

The extent to which the methadone programme is conducted in accordance with the guidelines set out in the Pilot Methadone Programme Policy Paper has been evaluated through the views of participating inmates. In some areas implementation was consistent with the guidelines, in some areas inconsistent and in others unclear. These are as follows.

Aspects consistent with guidelines

Few inmates experienced any problems getting onto the programme. Most frequently the inmates motivation for commencing the methadone programme was to stay off heroin and out of gaol and the inmates reported that being on the programme in gaol had led to their purchasing and using heroin less, if at all. Abstinence from heroin use and from committing crime were seen by inmates as the best features of the methadone programme.

It was the view of inmates that the gaol also had benefited from the methadone programme as there was now less hustling over drugs. A minority of inmates felt that prison officers had also benefited from the methadone programme.

Inmates were asked what side effects they themselves had expected to have from methadone. Even though this question could underestimate the inmates' general knowledge in this area, their expectations indicated an adequate knowledge of the medical side effects.

Inmates also seemed clear as to the procedures, conditions and consequences of urinalysis and accepted urinalysis as a necessary part of the methadone programme.

There was no indication from the inmates of standover tactics nor a blackmarket in methadone.
Aspects not consistent with guidelines

Transferring to an appropriate gaol for assessment for the programme which sometimes involved problems of classification proved difficult for some. This is due partly to the limited size of the current programme plus the stipulation that assessments be conducted at one of the participating gaols.

The 'spirit' of the policy paper is that the methadone programme should be one part of an integrated approach to heroin addiction in which it is augmented by support programmes. Evidence suggests that this has not occurred. Inmates felt that they had little support from programmes other than the methadone programme and nominated this as one of the worst features of the programme. Whilst many inmates were aware of support programmes they were seen to be unrelated to, if not incompatible with, the methadone programme and few attended them. Nor was such involvement seen to be taken into consideration during assessment for methadone let alone the provisio enforced that inmates involve themselves in such programmes.

Administration of urinalysis proved problematic with inmates having difficulty with providing specimens, privacy and accepting the validity of results. A significant proportion of inmates saw urinalysis itself to be used punitively.

Procedures used in dispensing the methadone (both timing and measuring) were reported as problematic and along with the side effects of methadone were mentioned as the worst features of the methadone programme.

When the most encouragement by staff to commence the methadone programme comes from Probation and Parole Officers and a significant proportion of inmates believe that participation will improve their parole prospects, the extent to which the methadone programme can be considered voluntary should be questioned.
Aspects where consistency with guidelines was unclear

Most inmates had tried previously to get on a methadone programme. This might be taken as an indication that the inmates are motivated to change. However since one-third (mainly women) had been on a methadone programme prior to seeking this one, this might question the viability of such a treatment option.

Reference
