Methadone Maintenance Therapy in Corrections Bill: SB426
Frequently Asked Questions Fact Sheet:

1) What would the MMT bill do?
The Methadone Maintenance Therapy (MMT) Bill would provide funding for the initiation of methadone medication treatment to inmates in NM with a chronic history of narcotic addiction who are approaching release back in to the community.

2) Why is the MMT Program so important?
Approximately 80% of persons incarcerated in the U.S. have a history of substance abuse and 95% of injection heroin users admit to engaging in criminal activity to obtain illicit drugs. The MMT inmate treatment program would provide the first medical intervention to break the cycle of repeated crimes to support persistent drug addiction. Incarceration in New Mexico currently costs about $100/day per inmate.

3) What is Methadone and is it effective?
In 1997 the US National Institutes of Health determined that “Methadone maintenance treatment (MMT) is effective in reducing illicit opiate drug use, in reducing crime, in enhancing social productivity and in reducing the spread of viral diseases such as AIDS and hepatitis”. And “All opiate-dependent persons under legal supervision (incarcerated) should have access to methadone maintenance therapy (Consensus Development Statement). Methadone is a daily liquid medication that does not cause a “high” and effectively blocks the craving for narcotics. Methadone is medically safe and is commonly used in community-based narcotic treatment programs. People appropriately treated with methadone have no drug cravings, no need to obtain illegal drugs or commit crimes to obtain money to buy drugs.

4) Is Methadone used in other prison systems and what are the outcomes?
Methadone treatment began in the Canadian Correctional System in 1998 and was expanded nationwide in 2002 due to Dept. of Justice decisions and effective outcomes. Inmates treated with methadone show lower prevalence of heroin injection, needle sharing, and lower HIV-related risky behavior. Within 12 months, Canadian inmates started on MMT were shown to be 28% less likely to return to prison and were less likely to be unlawful or use alcohol while on parole. Parolees showed a 50% reduction in burglaries and thefts, with even greater reductions in drug dealing.

5) Isn’t treatment with Methadone just substituting one addictive drug for another?
There are major differences between use of illegal heroin use and medically administered methadone. Heroin is lasts 4-6 hours and used in ever-increasing doses by dangerous injection, snorting or smoking. Methadone lasts 24 to 36 hours and is swallowed safely as a liquid. 95% of heroin users admit to criminal behavior to obtain money to buy drugs. Participants in abstinence-oriented programs were much more likely to fail and return to drug use. Participants in methadone maintenance programs were statistically significantly more likely to stay in treatment and had lower rates of drug use and reduced criminal behavior.

6) What will we learn from this program?
Inmates participating in this study will be tracked for indicators including: rates of disciplinary infractions, abstinence from heroin and other narcotics, re-incarceration, Hepatitis B & C, HIV and other drug related infections and need for medical care. It is expected that these indicators will show dramatic improvement among inmates treated with methadone. We will learn how much the medical treatment of addiction can reduce transmission of disease, return to criminal activity and subsequent return to prison with associated correctional costs.
7) How will the study impact safety in NM Correctional facilities?
Health care providers have documented numerous episodes of ongoing heroin use in New Mexico prisons, despite efforts by security to confiscate drugs. Heroin use in NM prisons is **NOT** a rare event and has resulted in deaths, serious overdoses, Hepatitis C infections and life-threatening staph infections requiring surgery, prolonged hospitalization, and expensive antibiotic therapy. Prison and jail facilities in other states and in other countries which provide opiate replacement with methadone show a statistically significant reduction in transmission of infectious diseases, inappropriate drug seeking from medical personnel, and less violence and aggressive behavior toward prison staff and other inmates. Safety of correctional officers and other inmates will improve with introduction of opiate replacement with methadone maintenance therapy.