**Connecticut to expand methadone treatment in prisons**

A patient’s daily dose of methadone is seen in a Sacramento, Calif. clinic. AP Photo/Rich Pedroncelli

By Dave Collins, Associated Press

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HARTFORD >> Connecticut officials are planning to expand methadone treatment to prisoners across the state over the next year or so, in what authorities believe would be the first statewide program in the country to use the drug to help prisoners avoid harsh withdrawal symptoms and overdoses.

The effort comes as heroin overdoses have soared nationwide. In Connecticut alone, heroin was detected in 415 people who died from accidental overdoses last year, up from 174 in 2012. A total of 723 people died from drug overdoses in the state in 2015, 44 percent of whom had a state Department of Correction record, according to the state prison and budget agencies.

State officials say methadone treatment can help curb overdoses. Studies, including one of Washington state inmates in 2007, show that addicted prisoners forced to quit cold turkey in jail are at risk of overdosing in the first few weeks of being released. Officials say it’s because their tolerance has decreased and they take the same heroin doses they did when their tolerance was higher before they were locked up.

“I think it’s our responsibility to be proactive and care for these folks,” said Dr. Kathleen Maurer, medical director for the Connecticut Department of Correction, adding that treatment including methadone and counseling “allows people to have reasonable, normal lives.”

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Opioid treatment programs involving methadone and other drugs in jails and prisons are relatively rare in the U.S. because of regulatory red tape and resistance by prison officials, according to the [National Commission on Correctional Health Care](http://www.ncchc.org/), a Chicago-based nonprofit group. All methadone programs in jails and prisons need certification from federal authorities.

The Rikers Island jail complex in New York, and some other prisons and jails, offer methadone treatment, but there are no statewide prison system methadone programs, Connecticut officials say.

Many incarcerated heroin addicts are forced to go through painful withdrawal systems including nausea, vomiting, anxiety, muscle aches and sweating. Methadone is an opiate that curbs the symptoms while not producing a high like heroin when taken as prescribed.

Connecticut’s expansion plans were spurred by the success of two ongoing methadone pilot programs involving a limited number of prisoners at two of the state’s five jails — 30 people a day at New Haven Correctional Center and 25 prisoners a day at Bridgeport Correctional Center. Only prisoners taking methadone before they got to jail are eligible.

State prison officials want to add similar programs at the other three jails to serve a larger number of prisoners, including those addicted to heroin. They also want to begin offering methadone to state prison inmates six to eight weeks before they are released.

Maurer said the goal is to treat 1,000 prisoners a year at an estimated cost of $4 million.

The nonprofit group [Recovery Network of Programs](http://www.recovery-programs.org/) provides the methadone treatment at Bridgeport Correctional Center.

“It’s the right thing to do,” said John Hamilton, chief executive of the nonprofit. “It’s inhumane to have someone go through withdrawal. We don’t want to see those clients suffering.”

Clients of Recovery Network of Programs say methadone treatment in jail is important.

“If they didn’t have a program in there, all my bones would have hurt. I would have been sweating. I probably would have gone to the bathroom all over myself,” said Tim S., a client on methadone for 25 years who was incarcerated in Bridgeport and didn’t want his full name used in concern over the public stigma of drug addiction. “It’s helped me do everything. I work. I own my own home.”

Another client said he was taking methadone before being locked up at the Bridgeport jail in October, but couldn’t get into the methadone program there for two weeks. He said he suffered constant diarrhea, sweating and couldn’t sleep, and ended up in the hospital after passing out.

“It got to the point near the end of it where I couldn’t even lower myself down onto the toilet or get in the shower or get in bed,” said Louis D., who also didn’t want to give his full name in fear of public perception of his addiction and arrest. “It was a real blessing to get back in the program and maintain my sobriety.”