Announcing a National Roundtable Meeting on Medication Assisted Therapy and Harm Reduction in Correctional Settings to be held on June 4, 2007 in conjunction with the American Correctional Health Services Association (ACHSA) 2007 Multidisciplinary Professional Development Conference in Reno, Nevada June 5-7, 2007.

40 years of research and practice throughout the world, have established harm reduction interventions, including needle exchange, bleach tablet availability, and Medication Assisted Therapy (MAT) using heroin, methadone, and more recently with buprenorphine, as the most effective treatments for opiate addiction for incarcerated drug users.

Providing MAT for opiate-dependent persons in jails and prisons, as part of a comprehensive treatment program, is supported by the National Institutes of Health, the American Medical Association, the American Public Health Association, the National Institute on Drug Abuse, the World Health Organization, and editorially in the New York Times. Despite this consensus among addiction experts, medical, and public health organizations, few inmates in the US today are provided with the community standard of care for opiate addiction: medication assisted therapy. According to a recent study by Dr. Kevin Fiscella of the University of Rochester, 85% of US jails surveyed did not continue methadone therapy for inmates who were receiving methadone maintenance in the community, and 77% did not even use a standardized protocol treatment for those undergoing opiate detoxification.

Only one jail in the US, Rikers Island Jail in New York City, offers voluntary initiation of methadone treatment for those who are heroin addicted at the time of their arrest. Inmates at Rikers can choose either to detox using methadone, or to be started on methadone and maintained on a stable dose during incarceration. 75 to 80% of those initiated while incarcerated report to the community-based methadone maintenance clinic to which they are referred. Current approaches to management of opiate withdrawal in most detention facilities fail to address the pain and suffering of narcotic withdrawal. Additionally, fatal drug overdoses during incarceration, and post-release could potentially be prevented by rational approaches to drug treatment of detainees who are addicted to opiates.

Over the last several years MAT programs have been established in jails in several states and in prisons in Puerto Rico. There are several ongoing studies of buprenorphine in correctional settings. Orange County, Florida, Bernalillo County, New Mexico, San Francisco, Baltimore, and Philadelphia continue methadone maintenance therapy for inmates while they are in jail. A study in Rhode Island is evaluating the impact of pre-release linkages to MAT in the community.

In view of this growing interest in MAT in correctional settings, this is an ideal time to convene a meeting to explore the current research, issues, and challenges that we face in initiating and expanding harm reduction programs and MAT in prisons and jails.
We invite interested clinicians, consultants, advocates, and researchers to attend this one-day pre-conference roundtable session on June 4, 2007 at the ACHSA 2007

Multidisciplinary Professional Development Conference in Reno, NV. The content of this meeting is consistent with the focus of the ACHSA meeting on the "Legal and Ethical Considerations and Emerging Issues in Correctional Health Care." Participants in the roundtable meeting are also invited to participate in the ACHSA meeting over the following three days.

For further information please contact:

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