

Drug dependence in prisoners

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An earlier paper recorded drug use in female prisoners before their arrest.¹ We present the results of a similar survey of male prisoners.

Subjects, methods, and results

In 1988-9 we interviewed a random sample of 1751 men serving a prison sentence (5% of the population) about drug use in the six months before arrest. Dependence on a drug was defined as in the previous study. Drug users were asked about previous contact with treatment agencies and their current attitude towards treatment. A question about drug use within prison was asked of the 272 women in the previous study and the first 520 men, before the question was dropped as many inmates were suspicious of its purpose and reassurance proved too time consuming. Use of cannabis before arrest was reported by 598 men (34%), but it is excluded from considerations of dependence.

Drug dependence was found in 189 men (11%, 95% confidence interval 9% to 12%) (table). Ninety seven (51%) drug dependent men reported that they would accept treatment if it was offered, and 66 (35%) stated that they intended to seek treatment when released. Forty five (24%) of these men were judged to have a strong desire for treatment. Many of the 92 men (50%) with no desire for treatment stated that they felt able to stay off drugs without help.

Ninety two inmates (12% of the 792 inmates asked)

Type of drug used by male prisoners who were drug dependent at the time of arrest and numbers reporting injecting drugs and previous contact with treatment agencies

Type of drug	Injecting during six months before arrest	Reporting previous treatment	Total
Opiates alone	54	39	77
Opiates and other drugs	34	22	40
Non-opiate drugs	39	24	72
Total	127	85	189

reported using cannabis within prison, and 15 (2%) reported using heroin. None admitted to injecting drugs within prison.

Comment

These figures imply that the sentenced male prison population holds between 3400 and 4500 inmates who were dependent on drugs before entering prison and will be at high risk of resuming drug use when they leave.

Opiates account for most of these cases, but non-opiate drugs (mostly amphetamines) deserve more attention from treatment services as users show high rates of injecting but low rates of contact with treatment agencies. Many users reported being turned away from clinics because they "did not have a heroin problem."

Most drug dependent prisoners reported injecting. Detailed information about injecting practices was not collected, but a recent study suggests that drug users who pass through the prison system engage in high risk behaviour both during and between periods in custody.²

The pilot treatment programme at Holloway Prison is to be welcomed. Our results suggest a need for similar initiatives throughout the system, but it is unreasonable to expect prisons to bear the entire burden of treatment. A recent policy statement stresses the importance of liaison work in preparation for release,³ implying a responsibility of treatment agencies to keep or make contacts with clients in prison.

Britain has one of the highest rates of imprisonment in western Europe. Plans to reduce the prison population by increasing the range of sanctions available in the community⁴ represent an opportunity for probation and drug treatment agencies to put forward coordinated treatment packages for drug users.

1 Maden A, Swinton M, Gunn J. Women in prison and use of illicit drugs before arrest. *BMJ* 1990;301:1133.

2 Carvell ALM, Hart GJ. Risk behaviours for HIV infection among drug users in prison. *BMJ* 1990;300:1383-4.

3 Home Office. *Policy statement on throughcare of drug misusers in the prison system*. London: Home Office Prison Departments, 1988.

4 Home Office. *Punishment, custody and the community*. London: HMSO, 1988.

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Antibodies to endothelial cells in dermatomyositis: association with interstitial lung disease

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Though there is strong evidence that cellular immunity plays a major part in the pathogenesis of polymyositis, endothelial damage seems to be one of the immunopathological hallmarks in dermatomyositis, even in early stages of the disease.^{1,2} For this reason capillary damage is currently considered to be an important criterion in diagnosing dermatomyositis, independent of the presence or absence of overt skin involvement.

We investigated the prevalence and characteristics of antibodies to endothelial cells in patients with

dermatomyositis to assess their clinical and pathogenetic significance.

Patients, methods, and results

We studied the clinical and laboratory features of 18 patients (12 female and six male, mean age 51 (SD 7) years) with dermatomyositis confirmed by biopsy. All biopsy specimens of muscle had inflammatory and necrotic changes, and capillary damage was evident in all patients. In addition, 22 patients (15 female and seven male, mean age 36 (SD 10) years) with other types of myopathy (polymyositis and congenital, toxic, and hypothyroid myopathies) and 50 age and sex matched healthy blood donors were included in the study.

Endothelial cells were isolated by collagenase (Sigma) digestion of human umbilical veins and cultured in gelatine coated flasks (Nunc).³ IgG and IgM antibodies to endothelial cells were detected by enzyme linked immunosorbent assay (ELISA).⁴ Values were regarded as positive if a binding index >44% (SD 3) was obtained. A chromium-51 release assay was used to detect the possible cytotoxic effect of