



Research at a glance

Characteristics of Women Participants in the Methadone Maintenance Treatment Program (MMTP)

KEY WORDS: *methadone maintenance treatment (MMT), opioid dependence, women offenders*

Why we did this study

Ensuring that offenders have access to interventions that address their substance abuse issues allows the Correctional Service of Canada (CSC) to support the safe reintegration of offenders into society. The treatment needs of federal offenders with opioid dependence are facilitated through the provision of CSC's Methadone Maintenance Treatment Program (MMTP).¹

Some of the objectives of CSC's MMTP include reducing relapse to opioid drug use and the incidence of drug-related criminal activity; improving the offender's general health and quality of life; and assisting and motivating offenders to gradually desist from all illicit drug use.

Understanding the characteristics of women MMTP participants will assist CSC in developing its MMTP delivery to more effectively address the challenges of opioid addicted offenders, a group with high levels of criminogenic needs and long criminal histories.

What we did

The study included women federal offenders who were initiated into CSC's MMTP between January, 2003 and December, 2008 ($N = 209$). The comparison group consisted of the remaining women institutional population ($N = 1879$).

The demographic characteristics, criminogenic risk and need factors and criminal histories of MMTP participants and the institutional population were compared. The drug use and mental health histories of MMTP participants were also examined.

What we found

Results indicate that, compared to the institutional population, female MMTP participants had higher static (risk) and dynamic (need) factor ratings. In addition, they had lower reintegration potential and motivation level, and a longer criminal history. MMTP participants were also more likely to currently be serving sentences for offences related to the acquisition of money or personal

belongings such as robbery, theft or break and enter, and forgery/fraud, along with other non violent offences. They were also less likely to have current homicide or drug related offences.

Most women MMTP participants report the use of pharmaceutical opioids, rather than heroin or a combination of heroin and pharmaceutical opioids. However, in the Pacific and Quebec regions, heroin use was more prevalent.

Almost two thirds of women MMTP participants report problematic poly drug use in addition to their opioid use, with cocaine being the most commonly used non-opioid drug. Almost all (97%) of MMTP participants reported a history of injection drug use, and many also reported a history of overdose, and other risk behaviours related to their drug use such as needle sharing.

Many women also present for MMT with other mental health issues such as depression (63%), anxiety (62%), and panic disorder (32%), as well as trauma such as physical (81%), mental (74%), and sexual abuse (67%).

What it means

The current study indicates that women MMTP participants have long criminal histories and represent major challenges for reintegration. However, successful treatment of their addiction and other criminogenic factors may lead to reductions in criminal activity after release. In addition, this research highlights a need to focus attention on the abuse of other drugs, trauma and mental health issues for this group of women.

For more information

MacSwain, M., Cheverie, M., Farrell MacDonald, S., & Johnson, S. (2014). *Characteristics of women participants in the Methadone Maintenance Treatment Program (MMTP)*. Research Report R307. Ottawa, ON: Correctional Service of Canada.

To obtain a PDF version of the full report, or for other inquiries, please e-mail the [Research Branch](#) or contact us by phone at (613) 995-3975.

You can also visit the website for a full list of research publications.

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¹ In 2008, CSC revised its former Methadone Maintenance Treatment Program (MMTP) to the Opioid Substitution Therapy Program (OSTP) in order to include both Methadone and Suboxone as treatment options. The former program is referenced in this document since only those initiated on Methadone were included in this study.