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Drugs in focus 7

ISSN 1681-5157

Bimonthly briefing of the European Monitoring Centre for Drugs and Drug Addiction

Treating drug users in prison — a critical area for health promotion and crime reduction policy

Urgent need for policy initiatives

Estimates suggest that at least half the EU's 356 000 prison population has a drug-use history [1] and many of those entering prison have a severe drug problem. Prison does not necessarily stop the use of drugs, neither does it necessarily address the therapeutic needs of problem drug users. Relatively high rates of HIV, hepatitis, tuberculosis and other infections associated with drug use are also found among the prison population. For many prisoners, a return to dependent drug use and regular offending on release is a far too common outcome. Addressing the needs of those with drug problems within prison is therefore a critical challenge for both public-health and crime-reduction policy.

The importance of drug problems in prison has been increasingly recognised internationally. In the *'Declaration on the guiding principles of drug demand reduction'*, which accompanied the most recent UN General Assembly Special Session on Drugs (UNGASS) [2] in 1998, prisoners were identified explicitly as an important group for demand-reduction activities.

At European level, the Council of Europe [3] and the EU have addressed the problem of healthcare in prison for those with drug problems. The EU strategy on drugs 2000–04 [4] requires Member States to implement preventive measures for drug use in prison as well as provide facilities for addicted prisoners. The subsequent EU action plan specifies that EU Member States should 'intensify their efforts to provide drug-prevention and treatment services and, where appropriate, measures to reduce health-related damages in prisons and on release from prison'.

In the national drug strategies of Belgium, Spain, France, Portugal and Sweden, an explicit commitment is made to making healthcare opportunities available to prisoners similar to those found outside prison. The importance of providing treatment and social reintegration opportunities for addicted prisoners is also noted in the strategies of Germany, Ireland, Italy, Finland and the UK.

> **'A high proportion of those with the most serious drug use and addiction problems are to be found in prisons. All prison administrations need to design responses that cope with the challenges this presents, and that make the most of the opportunity to intervene in the cycle of drug addiction and crime.'**
>
> **Mike Trace, Chairman**
> **EMCDDA Management Board**

(Drug use in prison is the subject of a special section in the EMCDDA'S 2002 *Annual report on the state of the drugs problem in the European Union).*

Key policy issues at a glance

1. It is known that a disproportionate number of prisoners have histories of drug use, drug problems or drug injection. Few countries routinely monitor drug use in prison; trends in time are difficult to assess and differences in patterns of use among sub-populations remain poorly understood.
2. Just as no single model exists of how to respond to drug problems in the community, no single model will be appropriate to drug users in prison.
3. Two key problems hinder the development of drug services in prison: first, the difficulties of balancing health goals with the disciplinary, security and practical issues faced by prison management; second, the recognition by prison management and staff of the important role that they can play in addressing drug problems.
4. There is a relatively high rate of HIV and hepatitis infection among prisoners. Prisoners may therefore be at risk of contracting these diseases in prison and of spreading them on their release. Evidence exists showing that public-health interventions in prison can be effective and therefore have an impact on the well-being of both prisoners and the wider community.
5. Despite a general recognition in EU Member States' drug strategies that the availability of care inside should equal that outside prison, in practice this is seldom the case. In many prisons the availability of services for drug users is extremely limited, although examples of good practice do exist.
6. Many prisoners with drug problems are poorly prepared for their release and do not maintain contact with drug and social support services.

Treating drug users in prisons — Overview

1. Drug problems are common in prison

It is recognised that the number of drug users is disproportionately high in prisons, although estimates of the actual size of the problem vary considerably. Drawing conclusions on prevalence is also complicated by the fact that some studies are carried out at local level among small numbers of prisoners and may not provide a representative picture of the national situation. It is clear, however, that the majority of detainees (up to 86 % in some reports) have some experience with illicit drugs and that the number of regular or injecting drug users is also high. In studies of EU prison populations, estimates of the lifetime prevalence of injecting vary between 6 and 69 %, which is greatly in excess of the less than 1 % estimated for the general population. A recent paper [5] on the risk behaviour of drug injectors in prison in Europe concludes that an internationally consistent finding was that one third of adult male prisoners had a history of injecting.

'We know that drug use in prisons is a problem in Europe and we know that the costs to individuals and their communities of drug problems are considerable. The challenge for European drug policy is to ensure that our prisons work to make the situation better, not worse.'

GEORGES ESTIEVENART
EMCDDA EXECUTIVE DIRECTOR

Some drug users may stop or cut down their use of drugs after imprisonment, but the availability of drugs in prisons means that others will initiate drug use; some prisoners may find that their habit escalates and others may even move to more damaging behaviours. Worryingly, studies of drug users in prison suggest that between 3 and 26 % first used drugs while they were incarcerated and up to 21 % of injectors initiated injecting whilst in prison.

Drug use in prison may also be accompanied by particularly risky behaviour, such as sharing drugs and injecting equipment. These dangers may be exacerbated because preventive measures, such as making sterile injecting equipment available, are often prohibited.

2. Meeting the diverse needs in prison

As with the wider community, prisons will contain individuals whose experience of drug use varies considerably, although the number of those with drug problems or who inject is higher. The possible goals of intervention will include prevention, treatment and social reintegration, and harm reduction.

Chronic drug users often have a history of both incarceration and failed treatment attempts. Psychological or psychiatric problems are also common and their physical health is often poor. They may be resistant to starting yet another course of treatment in prison or poorly motivated to address their underlying problems. On the more positive side, prison could represent a window of opportunity for some to reassess their drug use and also to address other primary healthcare needs.

Many drug users in prison are serving short-term sentences or are on remand. This means that the time available for therapeutic interventions is often very limited. The option of referral to community drug services is therefore imperative for continuity of treatment and care after release.

Young people are a particularly vulnerable group in prison generally, and specifically in relation to drug use. Difficult issues such as bullying, intimidation, sexual abuse and self-harm are all interrelated problems that complicate working with this group and may interact with or even lead to initiation of drug use or drug injecting.

Although fewer women are imprisoned than men, they are more likely to report a drug problem. Histories of prostitution and sexual abuse are also common and may be linked to drug use. As with services outside prison, pregnancy and childcare issues have important implications for drug treatment.

Both outside and inside prison, members of ethnic minorities are resistant to drug treatment. Useful examples of good practice which have been identified by community services working in this area include being aware of culturally sensitive areas (especially gender or religious issues), employing staff with appropriate backgrounds and addressing language problems.

In some prisons, drug use is so common that anyone who is not using drugs or is attempting abstinence may experience considerable difficulties. One approach to this problem has been the development of 'drug-free wings', where inmates voluntarily agree to a regime where no drugs will be available or used in their accommodation block. This is often monitored by drug testing.

3. Prison drug treatment — finding a balance between control and care

The focus of prisons is on the containment and control of their inmates. Drug treatment services are geared to the needs of a disadvantaged and chaotic group. Bringing these divergent approaches together and encouraging them to work in partnership is perhaps one of the biggest challenges for policy in this area.

From a public-health point of view, the three main challenges for EU prisons are mental health, drugs and communicable diseases [6]. At worst, prison exacerbates all these problems. At best, prison may be a unique opportunity to reach drug users who have never been in contact with specialised services [7] — and encourage them to address their drug problems. For those prisoners whose offending is directly linked to their drug use, the importance of intervening to break this connection is self-evident, from both a crime reduction and a health perspective.

The challenge for policy is to ensure that prison does not exacerbate drug problems and that, where possible, it leads to positive gains for both the individual and

the community. To achieve these goals, a strategic policy approach is needed that provides a framework for integrating drug treatment into the wider role of the prison.

It is widely recognised that prison staff have a tough job. Their attitude towards drug users and the inherent working practices of prison systems are not always conducive to successful drug treatment. A policy objective, therefore, should be to encourage prison staff to recognise the important role they can play in addressing drug problems. The commitment of prison healthcare staff to the delivery of drug treatment in prisons is especially important. A strong and professionally independent prison medical service, which accepts a broad role in meeting the healthcare needs of their charges, is likely to be a key element in any successful drug treatment initiative.

4. Prison: the potential for a rapid spread of infectious diseases

As in the community at large, the prevalence of HIV and hepatitis C infection in prison is higher among intravenous drug users (IDUs) than non-IDUs and the associated health problems are more acute. Amongst IDUs in prisons, levels of HCV infection range from between 30 and 44 % in the UK to over 80 % in Germany (Berlin) and in Ireland. Estimates of HIV prevalence varies from 0–2 % in the UK, Denmark and Belgium to 23 % in Spain and 28 % in Portugal. The scarcity of injecting equipment within prisons may encourage an increase in sharing of equipment. This means that injectors who continue to use drugs in prison may be particularly vulnerable to infection, and studies have documented sudden outbreaks of HIV and hepatitis in prisons that are directly linked to intravenous drug use [8].

When the prisoner is released and returns to his or her community, the infection may spread, highlighting the wider public health implications and the importance of interventions in this area.

Few prisons in the EU operate similar measures for preventing infectious diseases to those available outside, such as confidential HIV and hepatitis testing and hepatitis B vaccination. There is also considerable opposition among prison authorities to syringe exchange programmes. There are a number of reasons for this: national or internal prison policies may prohibit syringe exchange, because of safety and security concerns; there are concerns that such a programme could send out a signal that illicit drug use is accepted in prisons or is even encouraged; prison staff are resistant to what they perceive as a possible threat to their own security and well-being. Whether these fears are justified remains unclear. Whilst there is a need for further studies, some evidence exists to suggest that syringe exchange need not threaten the security of staff, endanger fellow prisoners or encourage drug consumption — and it may reduce syringe sharing [9]. Syringe exchange programmes are currently rare but do exist in Spain and in some prisons in Germany. More commonly, cleaning material is now made available in prisons in the EU. Given the importance of reducing the risk of HIV and other infections amongst the prison population, there is an urgent need to evaluate the costs and benefits of different approaches in this area to ensure that effective interventions are available to all prisoners.

5. Resources needed to give prison drug users equivalence of care [10]

Despite the political mandate to treat problem drug users, few prisons have sufficient resources to provide adequate treatment programmes and services are not provided at all in many prisons. More positively, more resources are beginning to be invested in this area of work and the situation, at least in some countries and with respect to some treatment options, is improving.

Drug-free treatment approaches have dominated interventions in EU prisons. Methadone treatment remains controversial in many prisons despite being widely accepted as an effective intervention for opioid dependence elsewhere. A number of complex issues are raised in terms of prison policy, such as continuity of care, liaison with outside services and availability of substitution and/or detoxification services. Prisoners who have been receiving drug substitution treatment will find that this is not continued in many prisons, although this may be changing in some countries. Although practical and control issues clearly complicate the provision of substitution treatment within prison, given the evidence of the value of these kinds of intervention for some types of drug problem, this is an area that clearly warrants further consideration.

6. Aftercare is essential

Effective aftercare is essential if the investment made in prison-based treatment is to pay long-term dividends. Relapse into drug use and offending and the danger of drug overdose are especially high in the early weeks following release from prison [11]. The availability of treatment and social support services for prisoners on their release is therefore of critical importance.

To make this goal a reality requires adequate and timely networking between prisons and aftercare services. Some prison parole schemes are linked to the requirement to attend for treatment. However, it is clearly desirable to encourage the voluntary participation of prisoners to engage with treatment and social support services. Coordination with primary-care providers and support services is vital for the clinical case management of those prisoners with HIV, hepatitis or tuberculosis infection in order to ensure that referral results in a seamless continuation of care and that medication is not disrupted.

The quality of care given to offenders, from initial reception through to preparation for release, is likely to be a crucial factor in the success of tackling drug use in prison.

A range of well-coordinated responses is called for, the benefits of which will accrue not only to the individual prisoners but also to society as a whole.

At present, the sad fact is that, for most of those entering prison with a drug problem, the opportunity to benefit from well-developed and coordinated drug services is the exception rather than the rule.

Drugs in focus is a series of policy briefings published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon. The briefings are published six times a year in the 11 official languages of the European Union plus Norwegian. Original language: English. Any item may be reproduced provided the source is acknowledged.

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Rua da Cruz de Santa Apolónia, 23–25, 1149-045 Lisbon, Portugal
Tel. (351) 218 11 30 00 • Fax (351) 218 13 17 11
info@emcdda.eu.int • http://www.emcdda.eu.int

15 05 16 TD-AD-03-001-EN-C

Conclusions

Drug treatment in prisons — policy considerations

1. **In order to understand the scale and nature of drug use within prisons, a clear need exists, across the EU, to invest in the research and monitoring necessary for informed policy formation and to facilitate the development, targeting and evaluation of interventions.**
2. **The complex nature of drugs and crime problems requires complex policy responses. There is therefore an urgent need for a better awareness of what constitutes good practice in this area and to develop and evaluate model programmes.**
3. **Successfully addressing drug problems in prisons requires the involvement of prison staff, a balancing of control and therapeutic goals and close coordination with health and social support agencies.**
4. **Reducing the risk of HIV and other injection-related infectious diseases within prisons should be an explicit policy goal. Effective interventions are required to protect the health of prisoners, staff and the wider community. Policy in this area has to consider how to manage prisoners who are infected with HIV and other drug-related infections.**
5. **A policy commitment to providing equivalence of care in prison to the health and social support available to those with drug problems outside is only meaningful if it is accompanied by the necessary investment in resources.**
6. **A key test for drug services for prisoners is the ability to offer continuation of care for prisoners on release. The considerable risk of a rapid relapse into crime and drug use or the risk of drug overdose faced by prisoners on release are only likely to be reduced if contact is maintained with drug treatment and social support services.**

Key sources

[1] **EMCDDA,** *An overview study: assistance to drug users in European Union prisons*, Cranston Drug Services Publishing, 2001.
[2] **United Nations,** Twentieth special session of the General Assembly, devoted to countering the world drug problem together with the *Declaration on the guiding principles of drug demand reduction*.
[3] **Council of Europe,** Recommendation No R (89) 14, 24 October 1989.
[4] *Cordrogue*, Vol. 64, Brussels, 1 December 1999.
[5] **Bird, S. and Rotily, M.,** 'Inside methodologies for counting blood-borne viruses and injector-inmates' behavioural risks — Results from European prisons', *Howard Journal*, Vol. 41, No 2, May 2002.
[6] **World Health Organisation,** Health in Prisons Project, first meeting, Lisbon, 1996.
[7] **EMCDDA,** 'Criminal justice based drug demand and harm reduction interventions in the EU — An analysis of police station, court and prison based programs contained in EDDRA', 2002.
[8] **Keppler, R., Nolte, F. and Stöver, H.,** 'Transmission of infectious diseases in prison — Results of a study for women in Vechta, Lower-Saxony, Germany', *Sucht*, Vol. 42, No 2, 1996, pp. 98–107.
Gore, S., Bird, A., Burns, S., Goldberg D., Ross, A. and Macgregor, J., 'Drug injection and HIV prevalence in inmates of Glenochil prison', *British Medical Journal*, Vol. 310, 1995, pp. 293–296.
[9] **Stöver, H. and Nelles, J.,** 'Ten years of experience with needle exchange programmes in European prisons: A review of evaluation studies', *International Journal of Drug Policy*.
[10] **WHO,** guidelines on HIV infection and AIDS in prisons, joint United Nations programme on HIV/AIDS (UNAIDS) 1999.
[11] **Seaman, S., Brettle, R. and Gore, S.,** Mortality from overdose among injecting drug users recently released from prison: database linkage study, 1998, *British Medical Journal*, Vol. 316, pp. 426–428.

Web information

European Network for Drugs Services in Prisons: **http://www.cranstoun.net**
WHO Health in Prisons Project: **http://www.hipp-europe.org**
The Pompidou Group: **http://www.coe.int/T/E/Social_cohesion/Pompidou_Group**

OFFICIAL PUBLISHER: Office for Official Publications of the European Communities.

EXECUTIVE DIRECTOR: Georges Estievenart.
EDITORS: Joëlle Vanderauwera, Paul Griffiths.
AUTHORS: Paul Griffiths, Margareta Nilson, Chloé Carpentier, Petra Paula Merino.
GRAPHIC CONCEPTION: Dutton Merrifield Ltd., UK.
Printed in Italy