



Drug users in European prisons: a population with specific healthcare needs

Linda Montanari, Blanca Iciar Indave, Luis Royuela, Dagmar Hedrich

Background

On a given day, there are more than 600 000 people in prison in the European Union (1). Prison population rates vary greatly between countries. Levels of prevalence of drug use and drug-related problems are substantially higher among prisoners than among the population in the community. The current EU drugs strategy (2) puts emphasis on ensuring that the care received by drug users in penal institutions is equivalent to that provided by health services in the community.

Methods

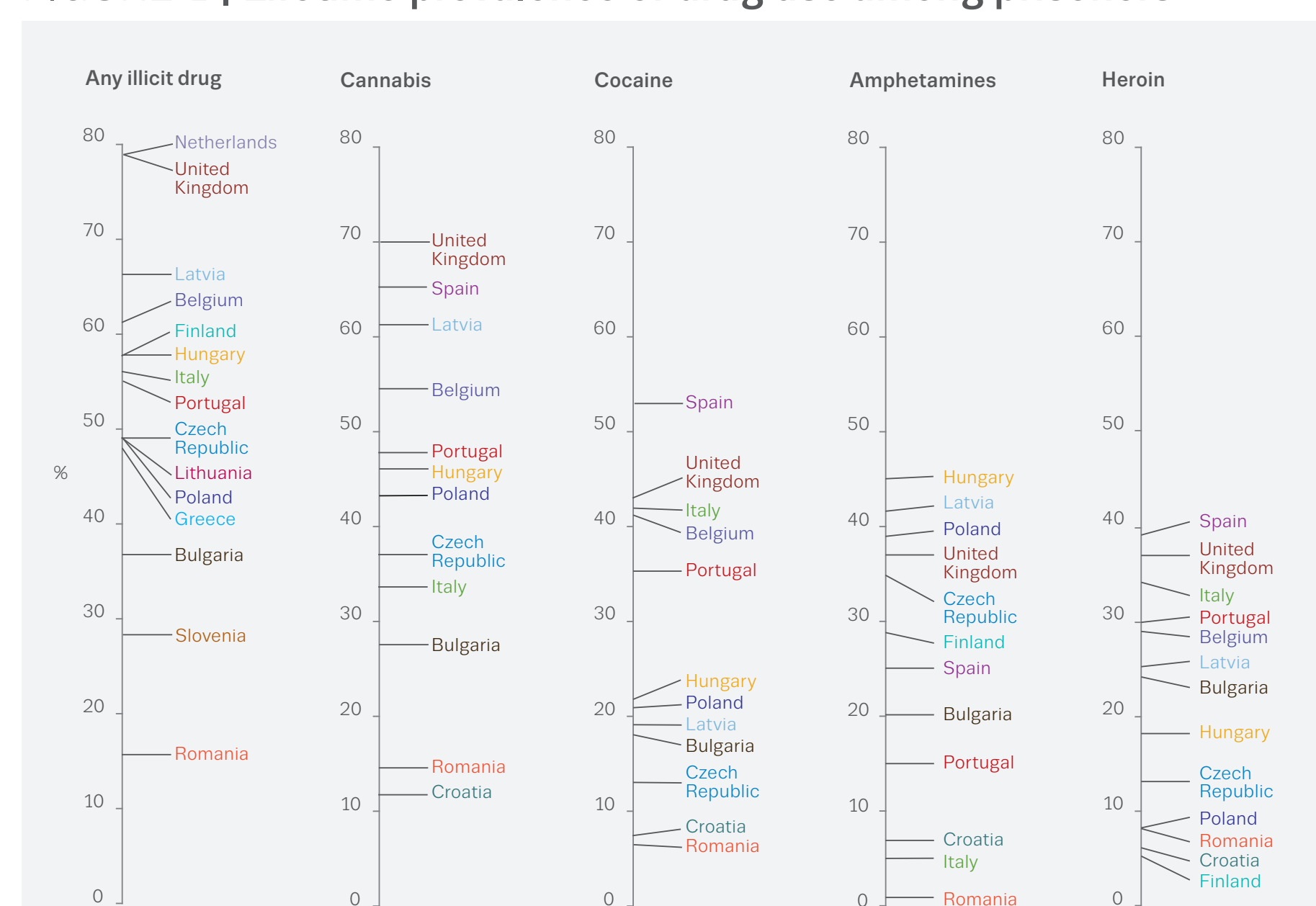
The last available data on prevalence of drug use and expert ratings on the availability and level of provision of selected drug interventions for drug users in prison were collected by the EMCDDA national focal points in EU Member States, Turkey and Norway, and supplemented with information from literature reviews. It should be noted that data on drug use in prisons often come from heterogeneous ad hoc studies, which makes it difficult to draw comparisons.

Results

Drug users in European prisons

Most studies carried out in prisons in the last ten years indicate that about 50 % of prisoners have ever used an illicit drug in their life. However, this can vary greatly, with some studies reporting levels as low as 16 %, while levels of 79 % were found in two samples in the Netherlands and England and Wales (3). Cannabis is the illicit drug most often reported by prisoners. Several studies show that in some samples of prisoners, between 4 and 57 % report having used heroin or cocaine (3)(4). The preferred substance differs by country and often mirrors the preferences among drug users in the community. Furthermore, many prisoners use other psychoactive substances such as alcohol and tobacco.

FIGURE 1 | Lifetime prevalence of drug use among prisoners



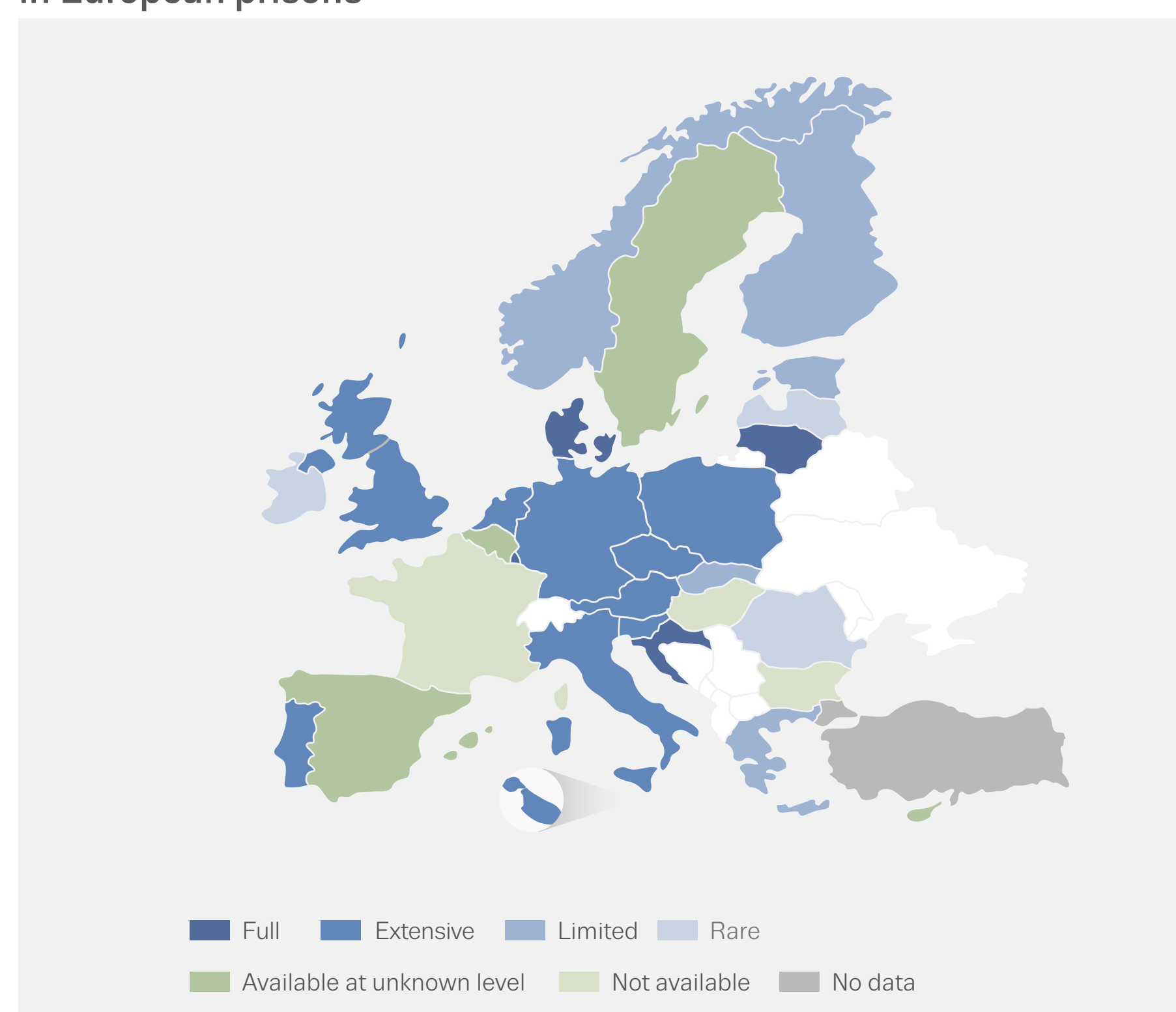
Drug use within prison

The studies measuring drug use and drug use patterns in prison are scarce (5). On entering prison, most drug users cut back or stop using drugs or change to using other substances. While the majority of those who report illicit drug use in prison have started elsewhere, some do so in prison, and others switch to more harmful methods of drug taking, such as injecting. A recent European analysis of 40 studies of illicit drug use in prison populations (4) shows a proportion of 2–56 % of inmates having ever used an illicit drug in prison. The proportion of inmates reporting regular illicit drug use (daily) in prison remains around 10 %, while 5–31 % of the prison population have ever injected drugs (6). Compared to injectors outside, those in prisons share their injection equipment more often, thereby increasing the risk of blood-borne infectious diseases spreading through prison populations. Besides illicit drugs, tobacco is the psychoactive substance most widely consumed in prison with most of the reviewed studies suggesting prevalence above 60 % and with 90 % of inmates reporting current smoking (4).

Assistance to drug users in prison

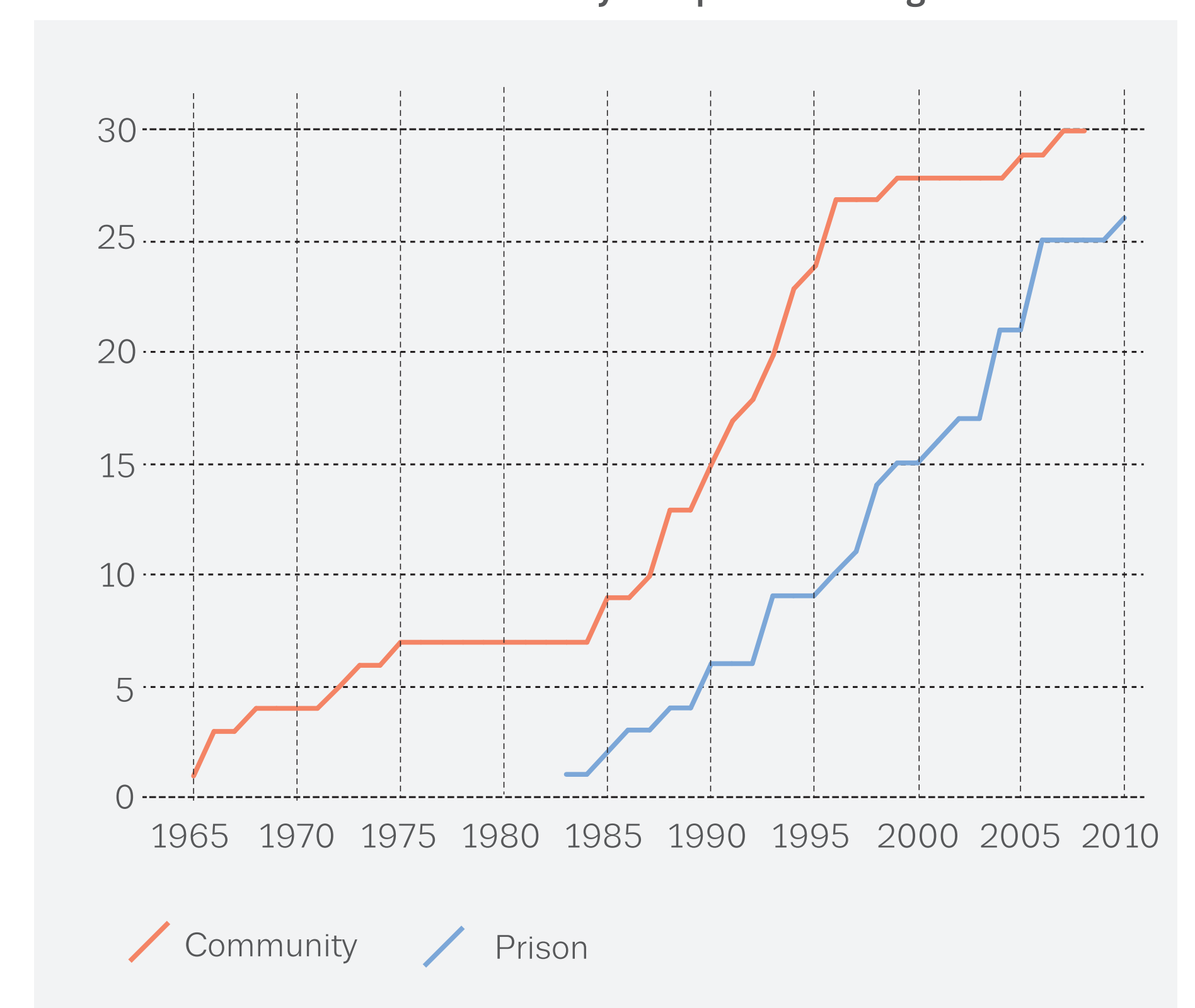
A medical examination takes place on entry to prisons in all European countries, and includes an offer of infectious diseases testing. Drug use assessments using standardised tools are rare. Drug-use-related treatment services include detoxification, counselling and short and long-term treatment. 21 countries have inpatient therapeutic communities, five countries provide sterile syringes to prisoners and training for safer drug use is available in prisons in 12 countries (7). Despite the availability of some specific drug interventions, the level of coverage varies between prisons and may be limited. For example, residential drug-free treatment in European prisons exists in most countries but in varying degrees (3).

FIGURE 2 | Estimated availability of residential drug-free treatment in European prisons



The picture is different for substitution treatment, where 26 countries reported available opioid substitution treatment (OST) in prison and the 'treatment gap' between community and prisons may now be closing, at least in some countries. Even so there are large differences in coverage between countries, in 2010–11, ten countries reported less than 3 % of prison population in OST, nine countries 3–10 % and six countries >10 % in OST (7).

FIGURE 3 | Cumulative number of European countries that had officially launched opioid substitution treatment as a recognised method of treatment in community and prison settings



Conclusions

Drug users make up a substantial proportion of the prison population in most European countries and a large overlap exists between prison and problem drug use populations. Many problem drug users, who do not have contact with services in the community, can be reached by drug treatment services when in prison. Compared to the early 2000s, the availability and levels of provision of health and social care services targeting the needs of drug users in prison have improved in several European countries.

Much still remains to be done to enable prison health services in Europe to provide treatment and care in condition comparable to those enjoyed by clients in the community

References

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Figures: EMCDDA (2012). 'Prisons and drugs in Europe: the problem and responses', EMCDDA Selected issues, Publications Office of the European Union, Luxembourg.