OBSERVATOIRE FRANÇAIS DES DROGUES ET DES TOXICOMANIES

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DRUG USE IN PRISON: PRACTICES, CONSEQUENCES AND RESPONSES

Summary

Caroline Protais,
Julien Morel d'Arleux,
Marie Jauffret-Roustide

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Summary drafted by: Julie-Emilie Adès
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Documentation: Isabelle Michot
Graphic design: Frédérique Million
Translated in English by Global Voices, supervised by Anne de l'Eprevier

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What is the extent and nature of illicit drug use in prisons in France? What are the consequences and what responses are being provided? Published in December 2019, an issue of the OFDT's *Théma* collection[1] gave an overview of existing work on these issues based on a twofold approach: a literature review allowing a retrospective over 20 years and a valorisation of the Monitoring Centre's latest productions on the subject[2].

The issue of addictive behaviour in custody has been addressed since 1999 in successive national plans to combat drugs and drug addiction. In 2017, the National Health Strategy for Inmates and the 2018-2022 National Plan for Mobilisation against Addictions called for a strengthening of the policy of prevention, access to care and harm reduction in prisons, as well as rehabilitation for prison leavers. The law of 26 January 2016 (Law No. 2016-41 on health system reform) had also reaffirmed the need to disseminate harm reduction equipment's in prisons. These orientations are consistent with concerns observed elsewhere in Europe, North America or Australia among both researchers and governments.

In 2019, there were 70 000 detainees in 187 prisons in France, 96% of them men. The incarceration rate (103.5 people incarcerated per 100 000 inhabitants) is close to the median of the 49 Member States of the Council of Europe (103.2), but prison overcrowding is more pronounced in France: in fact, there are 116 persons incarcerated per 100 spaces compared with a median level of 92.

CHARACTERISTICS OF SUBSTANCE USE IN PRISONS

High levels of use

In light of factors such as the difficult access to prisoners, obstacles to the confidentiality of exchanges and possible declarative bias, conducting studies and collecting data on the use of psychoactive products in prisons is by nature complex. Moreover, the disparate methodologies of the surveys conducted, their different temporalities and territorial coverage, can lead to obtaining fragmented and divergent information on the levels of use. Data is notably incomplete concerning women and minors, who remain two populations about which little information is available. The various studies examined in this summary, whether they deal with entry into custody or events during custody, were published between 2003 and 2019.

1. The full *Théma* report on "Drug Use in Prison" is available in French: https://www.ofdt.fr/BDD/publications/docs/epfxcpzc.pdf
2. The survey conducted around the Neuvic Rehabilitation Unit and the Circé study concerning the circulation, use and exchange of drugs in prison.

There are some common features. Prior to their incarceration, prisoners report a higher lifetime prevalence and use (prolonged and regular) of psychoactive substances than the general population (Table 1). Although there has not been a survey that has made it possible to produce a national trend since the early 2000s, work based on these declarative surveys agrees that prisoners' share of cannabis use prior to incarceration is much higher than that measured in the general population. However, results differ on the prevalence of use of other illicit products (opiates, cocaine/crack) or drugs, although these levels remain higher than those observed in the general population prior to incarceration.

Table 1. Significant self-report surveys of drug use prior to entry into prison

					Consumption of drugs before incarceration							
Survey	**Scope**	**Sample size**	**Types of consultants**	**Method of questionnaire execution**	**Unit of measure-ment**	**At least one drug (excluding tobacco)**	**Cannabis**	**Alcohol**	**Cocaine/ crack**	**Opiates**	**Prescription drugs**	**At least two products**
DREES (2003)	National	6 087	1/13 new arrivals in prison	Statistical processing of files drawn up by the Health Unit for each new arrival	12 months prior to incarceration		29.80%	31.00%	7.70%	6.50%	5.40%	11%
Liancourt Health Unit (2011)	Local on the scale of an establishment	381	All inmates of the penitentiary centre	Self-administered questionnaire in the cell	Not specified: by default, entire life	60%	53%		22% cocaine only?)	18.9% (heroine only)	12.60%	24.40%
ORS Picardie (2015)	Local on the scale of the *Picardie* region	1 938	All new arrivals	Statistical processing of files drawn up by the Health Unit for each new arrival	12 months prior to incarceration	85.50%	37.90%		6.10%	9.30%	2.70%	27.20%
Lyon-Corbas Health Unit (2013)	Local on the scale of an establishment	457	All inmates of the prison	Self-administered questionnaire in the cell	na							
COSMOS (2019)	Local on the scale of the *Pays de la Loire* region	800	All new arrivals and inmates	Administration by a surveyor in a confidential location	12 months prior to incarceration		49%	73%	16.50%	8.9% (heroine only)	3.50%	

Source: compilation produced by the OFDT on the basis of the literature review.
na: data not available.

The same discrepancy can be found with regard to uses that extend into time spent in custody. Thus, there is a consensus in the work studied on the significance of cannabis use in prison (table 2), the use of which would concern more than a third of inmates, but dissimilarities appear for several illicit substances and alcohol (the use of which is prohibited in custody). In addition, there is a high level of use of psychoactive medicine and in some cases there is a shift towards using this category of substances during incarceration. It also appears that the overuse of drugs by women, which is common in the general population, is also found within prisons.

On the other hand, although their presence has been demonstrated in some European countries (United Kingdom, Germany, Sweden, Baltic countries), none of these surveys provides information on the circulation of new psychoactive substances (NPS) in these places.

Table 2. Significant self-report surveys of drug use during incarceration

					Consumption of drugs during incarceration							
Survey	**Scope**	**Sample size**	**Types of consultants**	**Method of questionnaire execution**	**Unit of mea-surement**	**At least one drug (excluding tobacco)**	**Cannabis**	**Alcohol**	**Cocaine/ crack**	**Opiates**	**Prescription drugs**	**At least two products**
DREES (2003)	National	6,087	1/13 new arrivals in prison	Statistical processing of files drawn up by the Health Unit for each new arrival	na							
Liancourt Health Unit (2011)	Local on the scale of an establishment	381	All inmates of the penitentiary centre	Self-administered questionnaire in the cell	Percentage calculated on the entire number of respondents	43.60%	38.20%		7.10%	8.1% (heroine only)	15.50 %	8.20%
ORS Picardie (2015)	Local on the scale of the *Picardie* region	1,938	All new arrivals	Statistical processing of files drawn up by the Health Unit for each new arrival	na							
Lyon-Corbas Health Unit (2013)	Local on the scale of an establishment	457	All inmates of the prison	Self-administered questionnaire in the cell	Percentage calculated on the entire number of users	83.60%	36.80%	30.40%	10.30%	7.70%	12.30%	57%
COSMOS (2019)	Local on the scale of the *Pays de la Loire* region	800	All new arrivals and inmates	Administration by a surveyor in a confidential location	Percentage calculated on the entire number of respondents		37%	2.10%	1.90%	1.1% (heroine only)	10.40%	

Source: compilation produced by the OFDT on the basis of the literature review.
na: data not available.

In parallel to this data collection through interviews or questionnaires, wastewater analysis can also provide information. Initial results from a preliminary study conducted in four prison establishments in 2015 and 2017 indicate a high presence of THC, a marker of cannabis use, in the samples. According to these levels, cannabis use would be much higher than that observed outside the prison and than that reported by declarative surveys. On the contrary, the reported consumption of cocaine and MDMA is similar to that of the general population, and the use of substitution treatments (methadone, buprenorphine) in accordance with medical prescriptions in those facilities.

Use in prison: various motivations and trajectories

Studying the motivations to use substances in prison reveals a diversity of purposes. The self-therapeutic dimension and the search for products to deal with overcrowding, stress or an anxiety-provoking context are the most frequently cited. Substance use also makes it possible to manage the "long-term" situation in the prison experience and can help to keep emotions at a distance. However, on a very different note, existing qualitative work bears witness to the social dimension of the use of psychoactive products in prison in recreational or celebratory instances. Finally, the available studies show how the circulation of drugs that are traded and bartered are likely to generate or contribute to situations of tension.

This diversity of motivations is echoed by a variety of user trajectories. Given the reduced availability of products, incarceration can be a break period, allowing some users access to care that is sometimes difficult in an open environment due to their vulnerability. Finally, when drug use is initiated in prison, it will continue, depending on the prisoners' ability to bring in illicit products via their contacts outside but also inside the prison.

Some inmates take advantage of their incarceration to build up their status in prison, via a web of relationships that allows them to continue trafficking and to strengthen their criminal trajectory. Conversely, individuals who have been imprisoned enter a fallback position, in particular in order to escape threats. Incarceration then increases a process of physical and moral degradation.

Multiple health and social consequences

The effects of drug use in prison are primarily somatic and psychological, but also have negative social consequences.

Since some drug uses start in prison, the main dangers are the risks of taking uncontrolled substances, particularly medication. These situations of exposure to health risks are accentuated by the lack of equivalence in access to prevention tools. The risks of infection are indeed numerous due to the lack of access to sterile injection equipment, the characteristics of the incarcerated population, and prison overcrowding, despite some harm reduction measures including access to opioid substitution treatment. Prisoners are more likely to be infected with HIV and/or HCV, which increases the risk of infection if they share equipment.

Whether it is continued or started in prison, the use of narcotics therefore has a strong impact on the state of health of those concerned: accidents in the case of combining medicines and/or products, acute withdrawal, appearance or reinforcement of somatic, psychological or psychiatric pathologies, infectious risks, abscesses, etc

In addition to these health problems, there is also violence related to the possible trafficking of substances and medicines. There is also a stigmatisation of people perceived as addicted and drug-dependent who, moreover, can be exploited by the networks managing the underground narcotics trade and placed in situations of dependence by other prisoners.

A study of the profiles of consultants in addiction medicine treatment facilities and some survey results show that users who have been incarcerated are then among the most at risk.

DRUG RELATED RESPONSES

The presence of illicit psychoactive substances, but also alcohol and non-prescription drugs, are theoretically forbidden in prison and are prohibited under disciplinary law. Responses to this phenomenon oscillate between the prison system ethos, which is part of the objective of controlling behaviour, and the health care system ethos.

Principles and ambivalence of prison system responses

There is a real variability in the responses provided by the prison administration. Indeed, these may be based on penalties but also on preventative safety measures or adaptation of professional practices. Disciplinary responses are favoured when narcotics are discovered, while reinforced responses are developed in parallel. As the two main means used by prisoners to bring in prohibited products are the visiting rooms and packages being thrown into the prison courtyard, various measures are developed, such as “anti-throwing” nets, reinforced searches after visiting times or the use of inspection operations via canine units and patrols.

Nevertheless, in a situation where disciplinary responses are severely limited, several sociological studies point to a form of negotiation between inmates and prison officers that can lead to a certain "laissez-faire" attitude. The degree of permissiveness and tolerance varies according to the prison officer, but also, particularly in remand centres, according to the fear felt by prison officers on a daily basis in relation to prison overcrowding. The Circé survey shows that the prison environment’s tolerance towards drugs reaches a climax when this transaction system is carried out with certain inmates who run the drug market inside the establishment. The fight against trafficking networks at management level is then likely to come into tension with the “negotiation of order” that prison officers conduct within institutions. This study also confirms that some officers (a minority, according to the interviewees) are involved in illegal drug-related activities, their motives being, for the most part, financial.

Methods of health care and issues at stake

From the point of view of the health care response, the creation of SMPR (regional medico-psychological hospital services) in 1986 and drug addiction units in 1987, as well as the transfer in 1994 of health care for inmates to the Ministry of Health through prison-based hospital health care units attached to the public hospital, were major steps. The 2000s saw the opening of dedicated hospital units within hospitals for somatic care (inter-regional secure hospital units-UHSI) and psychiatric care (specially equipped hospital units-UHSA), which enabled the hospitalisation of prisoners.

Specialised drug treatment centres (CSAPA) have been set up in each prison facility as part of the 2010-2014 health and justice plan. Their mission is to improve support for prisoners with addictive behaviour, while preparing for their release by facilitating continued health care.

The work of the CSAPA now affects almost all prisons, but the work of the support centres for the reduction of drug-related harms (CAARUD) only concerns one third of them.

Overall, there has been a clear improvement in health care, but difficulties linked in particular to the excessive workload of staff persist even though the physical and mental health of prisoners is worse than in the general population.

Data confidentiality

The professional cultures of caregivers, whose practices are governed by respect for medical confidentiality and the confidentiality of personal data, are different from those of prison staff. Tensions may arise mainly around this issue with the reintegration and probation prison staff, custodial staff and external actors when implementing specific actions.

New types of actions promoting exchanges between professionals, such as the mobilisation programme to promote access to care (PMAS) at the Lyon-Corbas prison or the first prison unit inspired by the therapeutic community model (Drug User Rehabilitation Unit-URUD) at the Neuvic detention centre, are now being supported by the public authorities' directives and guidelines. However, their implementation relies essentially on the involvement of professionals in the field who sometimes have difficulty agreeing on the objectives of these programmes.

Harm reduction

The tensions between the health care system ethos and the prison ethos complicate the application of international recommendations advocating a principle of equivalence of care between prison and community. For example, there are issues related to certain harm reduction measures in prisons. Thus, while the distribution of opioid substitution treatment has been increasing since 1996, discussions between prison and health care actors have, for example, come up against the implementation of needle and syringe provision and the interpretation of the principles defined by the law of 26 January 2016 on health system reform.

With regard to substitution treatment, the discharge stage is a particularly sensitive issue, which is usually accompanied by a prescription being issued, or even of medication to reduce the risk of disruption to health care.

Diversion of medicines

Caregivers are frequently confronted with the issue of misuse and trafficking of psychoactive medication in prisons. Consequently, some teams adapt their prescription practices by capping the doses prescribed or limiting the quantities dispensed. Other professionals point to an obvious contradiction between the caring attitude implying a relationship of trust with the patient and the suspicion induced vigilance on the issue of diversion. With the aim of maintaining dialogue and an inmate's understanding attitude, they try to negotiate the return of treatment that has not been taken and a reduction in prescriptions. Only a minority of caregivers report penalties leading to treatment or care being stopped.

CONCLUSION

The state of play drawn up by this publication shows that, despite the growing attention paid to these issues in France, data on drug use in prisons remains too disparate. It should soon be expanded by the prospects set out in the roadmap 2019-2022 concerning inmates and, in particular, the results of new epidemiological surveys.

The latter are necessary to better understand the situation of the incarcerated population and to monitor it over time. Furthermore, while drug use in prisons poses major public health challenges in terms of continuity of care (before, during and after prison release) and harm reduction (access to equipment is not the same as in free society), this roadmap encourages the implementation of innovative responses for people with addictive behaviour with the aim of promoting alternative measures to imprisonment, improving care during imprisonment and better organising the continuation of care on release.

For more information

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OFDT - 69 rue de Varenne
CS 70780 - 75700 PARIS CEDEX 07 FRANCE

https://en.ofdt.fr/