**Problems of substance: Living with addiction in prison**

*By Prison Insider*

Many people are living with addiction in prison. They face great difficulties. Prisoners with substance use disorder face prejudices and discriminatory prison security measures. Care is struggling to make its way. **How is addiction experienced behind bars?**

Prison Insider examines addictive disorders in prison and the treatment that prisoners are entitled to. Here are some perspectives on practices in **Belgium**, **Canada**, **France**, **Ireland** and **Moldova**.

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Punishing the disease

Nearly 30% of men and 51% of women incarcerated around the world [are living](https://www.emcdda.europa.eu/system/files/publications/13904/TDXD21001ENN.pdf#page=23) with a drug use disorder. The Canadian Centre on Substance Use and Addiction [estimates](https://canadiancentreforaddictions.org/addiction-prisons/) that 48% of people detained in federal prisons have a drug problem. In **Ireland**, about 70% of people [enter](https://www.drugsandalcohol.ie/25265/1/NR_%20Prison%202021.pdf#page=4) prison with an addiction.

The offences committed by people struggling with addictions [are](https://www.emcdda.europa.eu/system/files/publications/13904/TDXD21001ENN.pdf#page=23) multifaceted. Some offences (violence, fights, etc.) were committed under the influence of narcotics. Others were pushed to commit offences (robberies, burglaries, etc.) to support their drug use. The criminalisation of the sale, use and possession of narcotics also contributes to bringing users into prison: more than two million prisoners [are](https://www.prison-insider.com/articles/understanding-and-reducing-the-use-of-imprisonment-in-ten-countries) detained for drug-related offences.

Drugs and prison: strange bedfellows

More than half of the people incarcerated in **Belgium** who use drugs [explained](https://prospective-jeunesse.be/cpt_article/drogues-et-prison-visite-derriere-les-barreaux/) doing so to cope with the stress caused by their imprisonment. Baptiste\*[[1]](#footnote-2), formerly incarcerated in **France**, testified: *"I take drugs to distract myself. It is a way to forget my sadness, to feel slightly better"*.

Drugs are everywhere in the prison. Sources claim that in **France**, the guards are allegedly "*fully aware*" of the situation. It is tolerated because it gives prisoners *"a way to console themselves"*. *"The prison administration sees* [*value*](https://www.prison-insider.com/en/articles/france-stupefiants-en-detention-un-secret-de-polichinelle) *in it"* affirms Solenn Lebret-Dallaserra, a PhD student in prison sociology at the University of Grenoble.

Prison often [worsens](https://www.rtbf.be/article/l-initiation-a-la-drogue-se-fait-souvent-en-prison-80-des-detenus-touches-10036238?id=10036238) user habits. Jérome\*, formerly imprisoned in **France**, testified: *"At night before sleeping, you smoke about two joints of hash. Before prison, I never took hash to sleep"*.

Psychological and social care check-ups [are](https://www.cairn.info/revue-psychotropes-2010-2-page-31.htm) essential to avoid detrimental effects on the mental health of prisoners with substance use disorder. However, these support programmes are difficult to implement due to a lack of funding and human resources. Sophie\*, a social in-reach worker in **Ireland** confirms: *"They do not have access to regular in-depth counselling. (…)there is not enough staff. (…) I know that the counsellors do the best they can. (…) However, for 700 prisoners, for example, there are only 4 counsellors."* In **Moldova**, Svetlana Doltu, former director of the prison health department, stressed that there are not enough doctors and nurses in the psychiatry department in prisons. In **Canada**, the observation is the same: Sandra Ka Hon Chu, co-director of the [HIV Legal Network](https://www.hivlegalnetwork.ca/index.html), explained that it is very difficult to assign psychology-specialised health personnel in prison.

Prison is a fertile breeding ground for sexually transmitted and bloodborne infections (STBBIs). The number of HIV-infected people in **Canadian prisons** [is](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6964370/) 5 to 25 times higher than in the general population. They [are](https://www.medi-sphere.be/fr/actualites/la-belgique-appelee-a-lutter-contre-l-hepatite-c-en-particulier-dans-les-prisons.html) almost seven times more likely to be infected with hepatitis C in **Belgium**.

Anne-Claire Bréchet Bachmann, a prison doctor in Switzerland, explained how these diseases [spread](https://www.prison-insider.com/en/articles/suisse-depister-soigner-accompagner): *"Being in prison itself increases the risk factors: unprotected sex, use of drugs, and sharing injection materials. Prisoners might also share razors (…). These practices provide the right conditions for transmitting infections due to possible droplets of blood remaining on the blades."*

Care: some solutions…

There are campaigns on raising awareness and disseminating information on STBBIs. This is part of a global policy of **risk reduction** focusing on drug prevention rather than withdrawal. It [aims to](https://solidarites-sante.gouv.fr/prevention-en-sante/addictions/article/la-reduction-des-risques-et-des-dommages-chez-les-usagers-de-drogues) *"prevent the transmission of infections, death from drug overdose and the social and psychological damage linked to drug addiction by substances classified as narcotic drugs".*

In **Moldova**, a needle exchange programme has existed for more than 20 years. Prisoners have the choice to retrieve the materials through other prisoners – their "peers" who are [trained](https://www.opensocietyfoundations.org/uploads/fc57376b-da12-458a-89fd-532405a859f8/moldovaeng_20090720_0.pdf#page=21) by non-profit groups – or during visits from volunteer groups and their relatives. It is free of charge, and bins for the disposal of used needles and syringes are installed in the common areas. UNAIDS has observed a drop in the prevalence rates of hepatitis B and C in Moldovan prisons. The number of people with hepatitis C [dropped](https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_PPT_15-21_Moldova.pdf#page=11) from 8.6% in 2012 to [3.6%](https://www.hri.global/files/2022/03/11/HRI_MoldovaPrisonReport_Feb2022_7.pdf#page=10) in 2021. Between 2012 and 2021, the prevalence rate of hepatitis B in detention [decreased](https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_PPT_15-21_Moldova.pdf#page=11) from 13.1% to [1.6%](https://www.hri.global/files/2022/03/11/HRI_MoldovaPrisonReport_Feb2022_7.pdf#page=10).

Opioid substitution therapies (OST) allow for the prescription of a pharmacotherapy to people addicted to opiates to alleviate withdrawal symptoms when reducing or stopping drug use.

However, there remain barriers to confidentiality. In **Moldova**, Svetlana Doltu explained: *"Availability [of OST] is ensured but only a few prisoners ask for it, especially because they have to take their treatment in front of the medical staff"*.

… But also obstacles

Irène Aboudaram and Marie Hornsperger worked for Doctors of the World to implement health awareness campaigns at the Nantes-Carquefou prison (**France**). For them, *"prison guards face an ethical dilemma. It is hard for them to accept the idea of facilitating the use of a substance which is not only illicit, but shouldn’t be on site in the first place."*

**France**, **Belgium** and **Ireland** do not provide needle exchange programmes in prison. Sandra Ka Hon Chu, from the HIV Legal Network, explained that the guards are afraid that the syringes will be used as weapons. However, *"in 20 years of needle exchange in the* ***Moldovan*** *prisons, we have not recorded any aggression with needles."*

In **Canada**, a needle exchange programme has existed since 2018. In reality, the programme is hardly implemented. The nurses must approve their participation, as well as the chief supervisor. They can freely access the programme only on condition of renouncing their anonymity. *"The needle exchange model in Canadian prisons does not conform to any of those recommended by the United Nations. The guards will be more likely to search through their things and to punish them, because drugs are still prohibited.",* regretted Sandra Ka Hon Chu.

In **France**, according to the "Handbook for new inmates", *"*the prison administration [provides](http://www.justice.gouv.fr/art_pix/RFC_Guide_Je_suis_en_detention_V7_FINAL_EUK.pdf) a bottle of 12° bleach every two weeks to decontaminate objects that might come in contact with blood.*"* Olivier Bagnis explained: *"Bleach distribution is complicated (…) We have reached a point where we [the medical teams] are handing them out. This should be done by the prison administration, but this is not usually the case".*

In the absence of official guidelines, some health workers take personal initiatives. In the prison infirmary, they provide the necessary treatment with or without the consent of the prison administration. According to Doctors of the World*, "The day the doctor giving out syringes retires, the whole system stops. This really raises the question of* [*how sustainable these initiatives are*](https://www.prison-insider.com/en/articles/france-au-dela-du-stigmate)*."*

Surviving the release

People who have benefited from medical and psychosocial check-ups in prison often have their treatment abruptly interrupted upon release. The UN "Nelson Mandela Rules" require that health care services be organised "in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence"[[2]](#footnote-3).

In **Ireland**, the FusionCPL association helps newly released prisoners to get in contact with doctors. Their objective is that individuals can benefit from their substitution treatment from the day of their discharge. Otherwise, their release is postponed.

In **France**, doctors sometimes do not have the opportunity to see their patients before they are discharged. The patients risk having their treatment interrupted and then relapsing. Mélanie Kinné explains that in Nîmes *"when there are scheduled releases, we give the person prescriptions and three days of anticipated treatment so that there is no break in their care".* In **Belgium**, the Ambulatoire Forest, an outpatient service, noted that *"the vast majority of people leave prison unable to arrange replacement therapy for after their release. They receive no support and instead must wait to see a doctor."*

Former prisoners [are](https://rm.coe.int/090000168075f532#page=13) 37 times more likely to die of an overdose within a week of their release than the rest of the user population. In the event of an overdose, some products can prevent a fatal outcome. [*Naloxone*](https://michaellinnell.org.uk/resources/downloads/Naloxone%20prisons%2048%20hours%20interactive.pdf) can, in the case of an opiate overdose, be prescribed as an antidote. In **Canadian** federal prisons, this medicine can be given upon release. In **France**, the situation varies according to the prison facility.

"[*Relapse is common*](https://www.rehaklinik.lu/wp-content/uploads/sites/2/2019/05/MSETL_12.pdf#page=8) *in the recovery journey and, unfortunately for those who have been incarcerated, it is likely to coincide with another stay in prison",* recalled the Ambulatoire Forest.

1. The first names marked with an asterisk have been modified to preserve the anonymity of the people mentioned. [↑](#footnote-ref-2)
2. United Nations Office on Drugs and Crime, [Standard of Minimum Rules for the Treatment of Prisoners](https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf), rule 24.2. [↑](#footnote-ref-3)