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Care of drug addicts in prisons (Additional note on CP 1999/002 final)

Prise en charge des toxicomanes en milieu carcéral (note complémentaire sur le CP 1999/002 Final)

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CONCERNING / CONCERNE

All delegations

Toutes les délégations

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Care of drug addicts in prisons

Additional note on CP 1999/002 final

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In March 1999, the Standing Committee (CP) approved a report concerning conditions of practice for doctors caring for drug addicts. Its conclusions were sent in due course to the European authorities.

This memo supplements the report, and concerns more specifically the treatment of drug addicts in detention, where the realities of prison give rise to some specific features.

Desirable objectives

It should be stressed that such treatment of drug addicts in a prison environment are of value only when seen as a part of the general medical treatment of patients with drug addictions.

Such specialist treatment during detention has thus to take account:

- of the situation of the subjects prior to incarceration
- of the scope for treatment during detention
- of the treatment that may be envisaged after the subject leaves prison, with preparations for medical and socio-medical aspects made prior to release.

Achieving these objectives thus depends on the conditions under which medicine can be practised in the prison environment, on relations with medical practices in the normal situation of patients, and this on both the strictly medical (somatic, psychological, or psychiatric) and the social level.

In view of the frequency of imprisonment of drug-addicted populations, their care during detention is certainly of significance in terms of the general approach and therapies for drug addicted populations in each country.

Insofar as medical treatment for drug-addicted populations is a currently recognised need, emphasis must be put on the fact that imprisonment should

not prejudice treatment already under way. Quite the opposite: to the extent that drug addiction affects populations who are difficult to approach in socio-medical terms, addictive behaviours should not merely not be aggravated by the fact of a prison term, as can be the case when inadequate care is provided, but the way should be open to care for patients who had hitherto been treated inadequately or not at all.

- **Different categories of cases concerned**

- Drug addicts (who are often also traffickers in forbidden substances) imprisoned for this reason, under the enforcement legislation concerning consumers of illicit products.
- Drug addicts imprisoned for other reasons which might be indirectly linked to the consumption of psychoactive substances (for example, theft of money to obtain drugs) or which have no connection with drug addiction.
- Detainees who become addicted to drugs or who aggravate their addictive behaviour during their term of detention.

At the medical level there is a need above all to distinguish between:

- cases who have already benefited from treatment for their drug addiction which will have to be continued in prison.
- more or less long-standing drug addicts who have not received any medical or medico-social care before their imprisonment.

- **Frequency**

The frequency of these situations is high: corroborative estimates show that nearly 30% of prisoners are drug addicts. 60% of these have not been treated for their drug addiction before their imprisonment.

- **Treatments**

A/ Conditions of care

These are tied in with general health care conditions in various penal establishments, with the addition of features specific to drug addiction.

- Scope for treatment of prisoners

The medical care of subjects in prison is a function of the organisation and the conditions under which medical services operate in a prison environment.

This care is also a function of the general organisation of the prison system, with a significant impact on the access of prisoners to care and on the scope for intervention by doctors working in this particular field.

These conditions seem to vary widely from one country to another and between different categories of penal establishment.

Emphasis must therefore be laid on the great variability, and in many cases the inadequacy, of the scope for medical treatment of prisoners.

- Specific characteristics of drug addictions

A major form of addictive behaviour, drug addiction is, as we know, very common among prison populations.

The treatment of drug addicts requires specific measures.

Trafficking of psychoactive substances and various illegal products within prisons clearly affects the treatment of imprisoned drug addicts:

- It explains the aggravated level of drug consumption observed during incarceration

- It also explains how certain subjects become addicted to drugs whilst in prison

- This factor also explains the reluctance of prison administrations to accept certain types of treatment for drug addiction (particularly substitution therapy) which risk aggravating trafficking within penal establishments.

This shows that the treatment of drug addicts in prison is a medical problem, but also a problem of organisation of the prison system, inter alia of surveillance of prisoners.

B/ Therapeutic approaches

The treatment of drug addiction in prison requires the coordination of medical and socio-medical resources with administrative organisation systems. At the medical level, therapeutic approaches to drug addicts vary according to the different types of drug addiction observed, the subjects concerned (e.g. the special case of pregnant women), the length of the detention period, and more generally the therapy options open to the doctor in penal establishments.

These options should be analysed in terms of somatic, psychological, and psychiatric approaches, in parallel with options for socio-medical approaches.

In every case they require an initial assessment at the time of detention dealing specifically with the existence and the patterns of all forms of

addictive behaviour, monitoring throughout the period of incarceration and planning for care which might be envisaged after release from prison.

Various therapeutic approaches might then be considered:

- Weaning off the drug during imprisonment: this will often need to be compensated for by treatment with a secondary psychotropic substance prescribed by a doctor (but often also obtainable via illegal routes). In some cases it could be envisaged that during this initial period drugs would be supplied, inter alia intravenously, in some establishments (which would require appropriate hygiene and security measures).

- Psychotherapeutic support is often necessary, often alongside targeted psychiatric care.

This factor explains the frequent need for links between treatment for drug addiction and specialist psychiatric treatment such as is carried out in certain penal establishments.

- Continuing with substitution treatment which was already under way before imprisonment could only be envisaged in certain establishments, normally using buprenorphine.

- In certain cases and only in certain detention establishments, substitution treatment might be started using either methadone or buprenorphine.

These last two options are reliant on administrative authorisation, and on the organisation of medicine and care in the prison environment: as well as facilities for adequate medical monitoring of prisoners, appropriate psychological and administrative provision is often required, particularly to prevent the ever-present possibility of aggravating the traffic in illicit drugs, including the drugs prescribed as part of substitution treatment.

“Methadone in a prison environment” programmes have been carried out in various European countries since 1995.

Starting or continuing with buprenorphine substitution therapy is becoming more and more common during detention. It also facilitates more effective treatment for former drug addicts during their detention in order to continue their medical supervision and treatment after they leave prison.

- **Proposals**

The treatment of drug addicts in prison is a significant factor in the overall effectiveness of medical treatment for drug addiction.

Doctors practising in prison environments must have available to them all the resources required to guarantee the quality of medical and

medico-social care for prisoners addicted to drugs, including all the recognised medical therapies in the field of drug addiction, including the management of substitution treatments.

- These objectives are tied in with various conditions:

- Procedures for medical practice in prison environments, respecting the professional independence of doctors, and the facility to provide the specialist treatments necessary,

- Unlimited access to care for prisoners,

- Recognised options for medical monitoring throughout the period of detention, associated with medical and socio-medical prevention measures with particular emphasis on measures regarding the continuation of treatment following detention.

- Specific treatments for drug-addicted populations in prison environments should be taken into account in planning administrative and medical organisation, but these concerns should also be included in overall care of health problems in prisons, whether they be psychological and psychiatric problems, infectious microbial and viral diseases, etc.

- The administrative organisation of penal establishments and the general conditions for care of prisoners should take account of all these medical requirements.