Prison workbook 2019

France

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T0. Summary

Please provide an abstract of this workbook (target: 500 words) under the following headings:

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  - Summary of T1.2.1: please describe drug use among prisoners prior to imprisonment and drug use inside prison;
  - Summary of T1.2.2 : please describe risk behaviour and health consequences among prisoners before and in prison;
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  - Summary of T1.3.1: refer to policy or strategy document at national level deals with drug-related prison health;
  - Summary of T1.3.2: please refer to the ministry (or other structure) in charge of prison health and describe role of external (community-based) service providers (if any);
  - Summary of T1.3.3: please describe the types of drug-related health responses available in prisons in your country and if possible the scale of provision in terms of coverage and capacity.

- New developments
  - Summary of T3: please describe the most recent developments in drug use (including NPS), and drug related interventions in prison

As of 1st January 2018, France had 185 prison establishments with a total operational capacity of 59,765. With 68,974 inmates, there are 120 inmates for every 100 beds in France. The only recent surveys on the subject merely provide preliminary or partial data. However, studies conducted about a dozen years ago demonstrated that one third of new inmates stated prolonged, regular use of illegal drugs in the year prior to entering prison. Nearly 11% of inmates stating that they used illegal drugs on a regular basis used multiple substances prior to their imprisonment. 10% of inmates were addicted, but the total number of problem drug users (PDU) in prison settings is not quantified in France. No studies provide data on NPS use in prisons. Inmates have greater rates of infectious disease than the general population: although declining, HIV infection prevalences vary, depending on the source, from 0.6% to 2.0% (three to four times the prevalence in the general population), while prevalences of HCV are from 4.2% to 6.9% (four to five times higher).

The Ministry of Health has been responsible for healthcare in prison since 1994. Health care in prison is made up of health units in prison settings (USMP) which offer somatic and psychiatric care. Psychiatric care units (regional medico-psychological hospital services - SMPR) coordinate and support USMP. They have hospital places for during the day. To treat people presenting with addictive behaviour and the resulting somatic and/or psychiatric symptoms, these units can benefit from working with a CSAPA in a prison environment, located in eleven of the largest institutions in France (representing around a quarter of the imprisoned population) or other addiction care specialists, depending on the local organisations. A reference CSAPA is designated to each prison. Its aims are to help prepare prisoners for getting out and to promote the necessary monitoring of the inmates on their release. In 2016, 202 CSAPA reported that they had worked in a prison, with 11 CSAPA exclusively working in prisons (previously Antennes-Toxicomanies, created at the end of the 1980s) and 126 being reference CSAPA. These centres worked in 162 different prisons.

To guarantee the application of harm reduction measures, two main ways of preventing the spread of infectious diseases have been implemented in prison settings since 1996. Firstly, inmates have to be able to not only continue their opioid substitution treatment (OST) that was prescribed to them before they were imprisoned but to also start such a treatment if they so desire. In addition to substitution, prison establishments offer prevention and decontamination tools for fighting against HIV and hepatitis's.

Since 2009, different laws have proposed to step up harm reduction measures in prison. The main lines of improvement concern the increased scope and role of the reference CSAPA, routine implementation of screening tests, and widespread access to all existing harm reduction measures, including needle and syringe exchange programmes. These objectives are reasserted in the 2016 health reform law.

- New developments

Around 13,700 inmates received opioid substitution treatment in 2017, representing 8% of those who stayed in a prison setting, a figure that has remained stable since 2013.

The Circé survey, conducted by the OFDT between 2016 and 2018, updated the existing data on the organisation of drug trafficking in custody and the responses to this. It shows that currently the two main means used by convicts to introduce prohibited substances are in the visiting rooms and throwing them in the exercise yard. It reveals that there are specific people that bring drugs into custody, including prison officers. The report also examines this market's organisation and the main people involved. It shows that the social organisations where trafficking takes place are varied and that this phenomenon is at the origin of specific prison pathways. Finally, the study examines the variability of the prison authorities' responses, ranging from punitive to "laissez-faire" attitudes that aim to negotiate with inmates to keep the peace. Health units also vary their policies, going between implementing prescriptive practices and more compassionate solutions.

Since June 2017, France has been experimenting with the first therapeutic community in a prison environment (Drug user rehabilitation unit: URUD) at the Neuvic detention centre. An operating assessment has been requested from OFDT to evaluate its implementation. It shows promising results: the scheme makes it possible to ease relations between inmates and prison officers, while proving to have a positive impact on beneficiaries. However, this assessment raises some questions, mainly concerning the selective element of the programme and the issue of the confidentiality of the personal information provided. Medical and economic data is also expected to decide whether the scheme should be implemented elsewhere.

In June 2019, the Ministry of Solidarity and Health and the Ministry of Justice adopted a roadmap targeting 28 priority actions for the period 2019-2021, based on the "health/prison" strategic actions plan on health policy for inmates adopted in 2017.

T1. National profile

T1.1. Organization

The purpose of this section is to describe the organisation of prisons and the prison population, in general, regardless drug use and related problems

T1.1.1. ***Optional****. Please provide a short overview of prison services in your country: relevant topics here could include: number of prisons, capacity, & differing inmate profile (type offence, gender, age). Please note that SPACE statistics, which provide the statistics on the prison population in Europe (http://www3.unil.ch/wpmu/space/space-i/annual-reports/), will be used to complement this information.*

Overview of prison services in France

As of 1st January 2018, France had 185 prison establishments (Sous-direction de la statistique et des études 2018) with a total operational capacity of 59 765 (+ 1,8 %). These establishments include:

- 82 remand centres and 50 remand wings (located in penitentiaries) holding pre-trial detainees (remand inmates), inmates with less than one year of their sentence left and newly convicted inmates awaiting transfer to another prison setting (detention centre or high security prison);
- 95 prisons for convicted inmates (with several wings), i.e.:
  - 55 penitentiaries including at least two wings for inmates of a different detention status (remand centre, detention centre and/or high security);
  - 25 detention centres and 42 detention centre wings holding those convicted adults with the best prospects for reintegration. Their detention programme is chiefly aimed at “re-socialising” inmates;
  - 6 high security prisons and 7 high security wings for the most difficult inmates;
  - 10 semi-custodial centres and 20 semi-custodial wings housing convicted offenders who have been referred there by a judge responsible for the execution of sentences with an outside placement without monitoring or an open prison regime, and 9 resettlement prison wings, which are located in penitentiaries;
- 6 penal establishments for minors, which are provided for in the French law of September 2002 on the orientation and programming of the justice system [Loi n°2002-1138 d'orientation et de programmation pour la justice].
- 1 national public health establishment located in Fresnes (thus falling within the scope of the Ministry of Health), open to inmates (defendants and convicted inmates) presenting somatic and/or psychiatric disorders.

According to data from prisons administration directorate, the prison population in France as of the first of January 2018 consists of nearly 71% convicted inmates, with 19% of them for a drug-related offence (DLO) i.e. an offense linked with drug use, drug possession and resale or drug trafficking. They are almost exclusively males (96 %).

T1.2. Drug use and related problems among prisoners

The purpose of this section is to provide a commentary on the

- Prevalence and patterns of drug use and the related problems among prisoners
- Numerical data submitted in the relevant parts of ST 12, ST 9, TDI

T1.2.1. Please comment on any recent studies that provide information on prevalence of drug use (please specify substance covered and provide links if available). Structure your answer under the headings:

- Drug use prior to imprisonment
- Drug use inside prison

Drug use prior to imprisonment

Studies conducted about a dozen years ago by the Directorate for research, studies, assessment and statistics (DREES) of the Ministry of Health) on drug use among inmates demonstrated that one third of new inmates stated prolonged, regular use of illegal drugs in the year prior to entering prison: cannabis (29.8%), cocaine and crack (7.7%), opioids (6.5%), misused medications (5.4%), other substances (LSD, ecstasy, glues, solvents: 4,0 %) (Mouquet 2005). Nearly 11% of inmates stating that they used illegal drugs on a regular basis used multiple substances prior to their imprisonment. 10% of inmates were addicted[1] (Falissard et al. 2006): this proportion increased to 40% of inmates who had been incarcerated for less than six months (Duburcq et al. 2004). However, it remains difficult to precisely quantify this phenomenon since it is difficult to interpret the conditions of admission to the prison setting. More recent studies were conducted in the 2010s, either in a prison setting (Liancourt) (Sannier et al. 2012) or on a regional scale (Picardie) (OR2S 2017). In the last study, 40% of inmates claimed to have taken at least one illegal drug in the 12 months prior to imprisonment, 22% regularly and 18.5% occasionally. Cannabis use concerned 38% of inmates, cocaine/crack use 6%, heroin, morphine or opium use 9%, and diverted psychotropic medicine use 2.7%.

Drug use inside prison

Imprisonment rarely means discontinuing use: all substances smoked, snorted, injected or swallowed prior to imprisonment continue to be used (albeit in reduced proportions) during imprisonment (Rotily 2000).

Detention is otherwise marked by a transfer of use from illegal drugs (which are less available) to medicines (Stankoff et al. 2000). Finally, an unspecified proportion of inmates begin using illegal substances or misused opioid substitution medications during their imprisonment. Misuse of medicines/prescription drugs is probably a growing phenomenon and is seen more in prisons for women than for men (Marais-Gaillard 2007).

Some recent surveys provide preliminary data quantifying substance use. A recent thesis (D'almeida et al. 2016) estimates that 8 out of 10 inmates smoke while in prison (tobacco and/or cannabis). The surveys conducted in the 2010s, at the Liancourt (Sannier et al. 2012) and Lyon Corbas (Sahajian et al. 2017) prisons, indicate cannabis use in the region of 40%, cocaine use ranging from 7% to 10% and heroin use of around 8%. According to the survey conducted at Liancourt, nearly 7% of inmates reportedly used morphine-based medications for non-medicinal purposes, and nearly 9% non-prescribed benzodiazepines.

Further to a preliminary study conducted in 3 French prisons (Néfau et al. 2017), the analysis of prison sewage continued in 2017, at 2 prisons in mainland France and one in an overseas department (Kinani *et al.* 2018). The findings still show the substantial presence of THC, a marker for cannabis use, in the samples. Cannabis use in prison is considerably higher than

[1] According to the DSM IV criteria.

outside of prison: cannabis is taken on average between 0.5 and 4 times a day per person, which is up to 10 to 20 times the rate observed in the general population. Cocaine and MDMA use observed in custody is similar to the amount used by the general population: cocaine is taken around 10 times on average per 1,000 people and irregularly, depending on the day, as there are few people who use it. MDMA use, observed in mainland France alone, is lower than cocaine use and is also irregular, as MDMA detection in samples is not systematic. Analysis of the alcohol consumption marker has always come back negative. If alcohol is consumed, it is not consumed in sufficient quantities to be detected, amounting to less than 0.5 glasses per person. Methadone, buprenorphine and morphine use were studied at the same time in order to compare them with the dispensing data provided by the institution's pharmacy. The right amount of drugs were seen to have been collected in the two prison settings studied in mainland France. The absence of opioid substitution treatments during the overseas sampling period is consistent with the failure to detect the corresponding molecules in waste water samples.

There are no known numerical data on the presence of NPS in French prisons.

The total number of problem drug users (PDU) in prison settings is not quantified in France.

T1.2.2. Please comment on any studies that estimate drug-related problems among the prison population. If information is available please structure your answer under the following headings
- Drug related problems – on admission and within the prison population
- Risk behaviour and health consequences (please make specific reference to any available information on data on drug related infectious diseases among the prison population)

Drug related problems

Although it is known that illegal drugs are available in French prisons, it is difficult to define the magnitude of the problem. The sparse official figures available on the subject goes back to the beginning of 2000s: 75% of French penal establishments were subject to drug trafficking (Jean and Inspection générale des services judiciaires 1996). In 80% of cases, the illegal substance seized was cannabis, a prescription drugs was confiscated in 6% of cases, and heroin or another drug in the rest (Senon *et al.* 2004). The Circé survey, recently conducted by the OFDT, suggests that drugs are circulating in all French establishments and confirms that there is a predominance of cannabis in drug deals (Protais and Jauffret-Roustide 2019).

Risk behaviour and health consequences

Regardless of whether initiated or continued in prison, narcotics use can seriously affect the health of the inmates by generating serious abscesses, accidents when combining medicines and other substances, severe and longer cravings, and the onset or worsening of psychological or psychiatric disorders (Obradovic *et al.* 2011). Moreover, detainees constitute a population group with numerous, cumulative risk factors considering the health and social consequences of drug use. The low levels of access to care for this population group, and more fundamentally, the unstable and marginal situations often faced before incarceration (including a lack of stable housing or social security coverage) all contribute to explaining the prevalence of “at risk” use behaviour among new inmates.

A survey conducted between 2011 and 2013 (Michel *et al.* 2018) shows that, out of the individuals who reported a history of imprisonment and injection use during interview, 14% described injection practices while in prison, 40.5% of whom shared needles or syringes. Likewise, the survey conducted at Lyon-Corbas (see T1.2.1) shows that, among users of illegal drugs other than cannabis, 60% reported snorting as the route of administration, and 31% injection. Furthermore, only 12% of injecting drug users claimed to sterilise their injection equipment with bleach. According to prior studies, between 60 and 80% of inmates stop injecting during their imprisonment (Stankoff *et al.* 2000). The remaining 20 to 40% who carry on injecting tend to reduce the frequency of their injections but increase the quantities injected.

They also tend to be more often HIV- and/or HCV-infected, with a high risk of contamination from shared equipment, unprotected sex and tattooing (Rotily *et al.* 1998). Thus, people who have already been incarcerated at least once have a prevalence of hepatitis C that is nearly 10 times higher than that of the general population (7.1% versus 0.8%), as shown by the data of the Coquelicot survey conducted in 2004.

Inmates have greater rates of infectious disease than the general population (DHOS 2004; Sanchez 2006; DGS 2011): although declining, HIV infection prevalences vary, depending on the source, from 0.6% to 2.0% (three to four times the prevalence in the general population (InVS 2009)), while prevalences of HCV are from 4.2% to 6.9% (four to five times higher (DHOS 2004; Remy 2004; Meffre 2006; Semaille *et al.* 2013)). In people receiving opioid substitution treatment, these prevalences are even higher, both for HIV (3.6%) and HCV (26.3%), since drug use is the most frequent contamination route (70%).

The psychosocial risks related to narcotic use in prison are also high. Some users or inmates in substitution treatment are accused of being "addicted" by the others, are bullied, intimidated or even victimised (Tissot 2017; Protais and Jauffret-Roustide 2019). The trafficking that leads to this drug use in prison is said to be a real cause of violence between inmates, leading to them settling scores, threatening others and racketeering (Chantraine 2004; Fernandez 2010; Canat and Gales 2012), while some inmates are also manipulated and targeted by networks to take on unrewarding tasks, such as being a lookout, mule or minder (Protais and Jauffret-Roustide 2019).

T1.2.3. Please comment on any recent data or report that provide information on drug supply in prison (for example on modus operandi)

No recent data, see T1.2.3 of the 2018 Prison workbook.

T1.3. Drug-related health responses in prisons

The purpose of this section is to:

- Provide an overview of how drug-related health responses in prison are addressed in your national drug strategy or other relevant drug/prison policy document
- Describe the organisation and structure of drug-related health responses in prison in your country
- Comment on the provision of drug-related health services (activities/programmes currently implemented)
- Provide contextual information useful to understand the data submitted through ST24/ST10

T1.3.1. Is drug-related prison health explicitly mentioned in a policy or strategy document at national level? (Relevant here are any: drug-specific health strategy for prisons; as well as the national drug or prison strategy documents).

In 2015, the Inspectorate-General of Judicial Services, the Inspectorate-General of Social Affairs (IGAS) and the Inspectorate-General of Finance were seized in order to evaluate the interministerial integration policies for the insertion of individuals placed in the hands of the prison authorities. The conclusions of this study were published in July 2016 (Delbos et al. 2016). Several recommendations relate to the reintegration of inmates displaying addictive behaviour, the main three being as follows:

- the increasing number of alternative programmes to custody in the event of offences related to addictions based on the Bobigny system model (see the 2016 Prevention Workbook).

- the development of treatment units in custody committed to fighting addictions similar to existing programmes abroad, based on the drug user rehabilitation unit (URUD).
- the routine implementation of a treatment and follow-up programme following custody, for all individuals suffering from addictions.

The plan defining the health strategy for inmates (Ministère des affaires sociales et de la santé and Ministère de la justice 2017), published in April 2017, aims to increase HIV, HCV and HBV screening resources, by proposing to develop the use of rapid diagnostic tests (RDT) and repeating screening during custody. It also encourages improving measures to identify addictive behaviours by introducing a routine health assessment "relating to the use of illicit drugs, psychoactive medicines, alcohol and tobacco" when entering prison. This assessment was already proposed by the Guide to opioid substitution treatments in prison settings, updated in 2015 in a standard format.

The 2018-2022 national action plan on addictions (MILDECA 2018) also includes several specific measures targeting prison populations, with key approaches described in section T3 of the 2018 Prison workbook.

Furthermore, the health system reform law of 26 January 2016 reasserted the need for the diffusion of harm reduction measures in the prison setting [Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé] (see the 2016 legal framework workbook for an overview of this law). The implementing decree has not yet been published, even though the majority of healthcare stakeholders in the prison sector and sociological surveys on the issue consider access to harm reduction measures to be "deficient" (Michel 2018) and unequal (Joël 2018) in France.

In June 2019, the Ministry of Solidarity and Health and the Ministry of Justice adopted a roadmap targeting 28 priority actions for the period 2019-2021, based on the "health/prison" strategic actions plan on health policy for inmates adopted in 2017. Among these actions, 7 concern treatment for inmates with addictions: improving surveys to better understand the state of health of imprisoned people (actions 1 to 3), improving testing for infectious diseases and for identifying addictive behaviour (actions 11 and 13), ensuring continuity of care after release (action 23) and promoting community health actions for managing addictions (action 27). This roadmap should be released in October 2019 (see press kit: http://www.presse.justice.gouv.fr/art_pix/2019.07.02%20-%20DP_Feuille%20de%20Route_PPSMJ%20-%20DICOM.pdf).

T1.3.2. Please describe the structure of drug-related prison health responses in your country.
Information relevant to this answer includes: ministry in charge; coordinating and implementing bodies/organizations; relationship to the system for community-based drug service provision.

The law of 18 January 1994 [Loi n°94-43 relative à la santé publique et à la protection sociale] created the health care system as it stands today in the prison setting, based on the specialisation of services. It makes the public hospital system responsible for the treatment. On the one hand, outpatient care is provided within prison settings in specially dedicated units, the health units in prison settings (USMP), which are in charge of somatic and psychiatric care. Psychiatric care units (regional medico-psychological hospital services - SMPR) work with and support USMP. They have hospital places for during the day. In 2016, 202 CSAPA reported that they had worked in a prison, 11 of which worked exclusively in prisons (previously Antennes-Toxicomanies, created at the end of the 1980s) and 126 being reference CSAPA (Fédération Addiction 2019). These centres worked in 162 different prisons. They work together with USMP and SMPR. They work with around 28,200 people presenting with addictive behaviour and only offer outpatient care, which in the majority of cases is designed to prepare inmates for their release. According to an assessment carried out by the Addiction Federation in 2017 (Fédération Addiction 2019), a number of them also carried out tasks that

were theoretically the responsibility of traditional CSAPAs working in prisons; 40% participated in identifying addictive behaviour, half reported to have carried out individual monitoring and 44% undertook collective action.

In 2000, the interministerial legislative order of 24 August provided for the creation of secure inter-regional hospital units (UHSI) to provide somatic therapy [Arrêté relatif à la création des unités hospitalières sécurisées interrégionales destinées à l'accueil des personnes incarcérées]. Ten years later [Arrêté du 20 juillet 2010 relatif au ressort territorial des unités spécialement aménagées destinées à l'accueil des personnes incarcérées souffrant de troubles mentaux], specially equipped hospital units (UHSA), providing psychiatric care, were created. Certain inmates wishing to remain drug free can be hospitalised in these UHSA with the agreement of the medical team and after giving their consent. However, treatment of these individuals in the UHSA is not an approach prioritised by professionals, and treatment activities specifically intended for the management of addictive behaviours are practically non-existent (Protais 2015).

The methodological guide on the medical treatment of inmates published in January 2018 (Ministère de la justice and Ministère des solidarités et de la santé 2017) updates the one published in 2012 (Ministère de la Justice and Ministère des Affaires sociales et de la santé 2012). It adopts a three-tiered approach, besides the specialist fields of the different services, based on the proposed treatments: level 1 includes appointments, and outpatient activities and services; level 2, treatment requiring part-time management (alternative to complete hospitalisation); and lastly, level 3 includes treatment requiring full-time hospitalisation[2].

At the same time, the legal framework of the prison harm reduction scheme also offers various possibilities for providing access to care for drug addicted inmates since the circular of 5 December [Circulaire DGS/DH/DAP n°96-739 relative à la lutte contre l'infection par le virus de l'immunodéficience humaine (VIH) en milieu pénitentiaire : prévention, dépistage, prise en charge sanitaire, préparation à la sortie et formation des personnels] :

- Screening for HIV and hepatitis is theoretically offered upon arrival (CDAG - Anonymous Free Screening Centre) but is not systematic for hepatitis C (POPHEC - First hepatitis C prison's observatory - data).
- Prophylactic measures (hygiene measures and the provision of post-exposure treatments for both staff and inmates).
- Availability of condoms with lubricant (theoretically accessible via USMPs).
- Access to opioid substitution treatments (OST) and the availability of bleach to disinfect equipment in contact with blood (injection, tattooing and body piercing equipment).

This text has been updated by the 2018 Methodological Guide mentioned above.

T1.3.3. Please fill in the table below on selected interventions, if possible; comment on the types of drug-related health responses available in prisons in your country and if possible the scale of provision in terms of coverage and capacity.
Information relevant to this answer could include: health screening at prison entry, including assessment of drug use and related problems (specify rules and deadlines, approach of drug use assessment, such as use of standardise tools, medical or other staff involved; availability of treatment (psychosocial / counselling / pharmacological-assisted), OST in prison (initiation and/or continuation and requirements for continuation; treatment regimens, including dosage; collaboration with external providers; registration, coverage of drug users prisoners), harm reduction interventions (including syringe distribution), overdose prevention training and naloxone (in prison or on release), testing, vaccination and treatment of infectious diseases & referral processes to external services on release.

[2] By differentiating between outpatient management and part-time care, the current USMP are associated with level 1, like the CSAPA operating in a prison setting, whereas the SMPR belong to levels 1 and 2. The UHSA and UHSI belong to level 3.

Table Drug related interventions in prison

Type of intervention	**Specific interventions**	**YES/NO** (indicated whether it is formally available or not available)	**Number of prisons** where interventions are actually implemented	**Comments or specifications** on the type of intervention
Assessment of drug use and drug related problems at prison entry		Yes	In all prisons	All prison entrants meet a health care provider (a nurse and then a doctor) to assess their overall health state and provide them with care tailored to their needs
Counselling on drug related problems				
	Individual counselling	Yes	50% of the reference CSAPAs in 2017	
	Group counselling	Yes	44% of the reference CSAPAs in 2017	
Residential drug treatment				
	Drug free units/Drug free wings			
	Therapeutic community/residential drug treatment	Yes	1 establishment in an experimental setting (in Neuvic)	Community care based on a peer-helper system, in 3 phases, over a 6-month period
Pharmacologically assisted treatment				
	Detoxification			
	OST continuation from the community to prison	Yes	In all prisons	
	OST initiation in prison	Yes	In all prisons	
	OST continuation from prison to the community	Yes	In all prisons	
	Other pharmacological treatment targeting drug related problems	Nicotine replacement therapies for smoking cessation	In all prisons	
Preparation for release				
	Referrals to external services on release	Yes	The 202 CSAPAs work in 162 of the 185 prison establishments	One of their aim is to prepare inmates for their release. They monitored 28,150 people with addictive behaviour problems in 2016. In 2017, 97% of the reference CSAPAs engaged with people in an ambulatory care project on their release, 86% in a residential care project and 83% referred inmates towards other CSAPAs (Fédération Addiction 2019).
	Social reintegration interventions	Yes	Data not known	En 2017, 58% of the reference CSAPAs reported to have physically supported their clients on prison leave and 48% reported to have

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons where interventions are actually implemented	Comments or specifications on the type of intervention
				physically supported them when they were released from prison (Fédération Addiction 2019).
	Overdose prevention interventions for prison release (e.g. training, counselling, etc.)			
	Naloxone distribution	Yes	Data not known	Inmates who have just been released from prison have been the main target market for the distribution of naloxone since it became available in 2016 (Note no.°2016-223 of 11/07/2016). This was confirmed by the roadmap for preventing and taking action against overdose of opioids which was adopted in July 2019 by the Ministry of Health.
Infectious diseases interventions				
	HIV testing	Yes	Screening test is systematically offered during the medical admission examination	
	HBV testing	Yes	Screening test is systematically offered during the medical admission examination	
	HCV testing	Yes	Screening test is systematically offered during the medical admission examination	
	Hepatitis B vaccination	Yes	Vaccination is systematically offered during the medical admission examination	
	Hepatitis C treatment with interferone	No		
	Hepatitis C treatment with DAA	Yes	In some prisons	
	ART therapy for HIV	Yes	In all prisons	
Needles and syringe exchange		No		
Condom distribution		Yes	In all prisons	
Others (specify)				

See T1.3.3 of the 2018 Prison workbook, except for the figures that have been updated in part T1.3.4 of this 2019 workbook.

T1.3.4. Please comment any contextual information helpful to understand the estimates of opioid substitution treatment clients in prison provided in ST24.

The number of inmates who received opioid substitution treatment (OST) in 2017 rose to 13,700, i.e. 8% of the people who were in prison. After a period of increase between 1998 and 2010, the proportion of inmates with an OST prescription has been stable since. Buprenorphine alone (42.1% of cases) was prescribed in 2017 as much as methadone, with prescriptions of the latter continuing to increase (42.8% of cases in 2017 compared to 15.2% in 1998). The number of patients treated with buprenorphine/naloxone (accounted for separately from buprenorphine as of 2017) has risen to 15% and is higher than the figure for out of prison. While there is the option to be treated with methadone or buprenorphine in all institutions, buprenorphine is often prescribed in only one form. Therefore, 55% of establishments only dispense the kind that only contains buprenorphine and 11% of establishments only dispense the form with buprenorphine and naloxone. The number of inmates receiving OST differs depending on the type of institution. Detention centres (institutions for inmates sentenced to more than 2 years) and remand centres (institutions for defendants and convicted people who have a less than two year sentence) had the highest prevalence of OST in 2017, with 8% of inmates receiving this treatment, while 5% of inmates received OST in central facilities (institution for convicted people with a long sentence) (Brisacier 2019).

In 2010, the prevalence of OST in women was more than twice that observed in males (16.5% *vs.* 7.7%, respectively) according to the Prévacar survey (Barbier *et al.* 2016). A recent survey (Carrieri *et al.* 2017) moreover showed that switching from buprenorphine to methadone in primary care could reduce misuse and thus significantly reduce drug-related offences (namely the purchase and sale of narcotics), along with imprisonment levels.

In 2015, HIV and HCV screening was provided for 70% of inmates, with results routinely reported in 72% of health units (USMP) (Remy *et al.* 2017). Non-invasive methods for evaluating hepatic fibrosis are used in 84% of USMP, and 56% benefit from specialist on-site clinics; 66% started at least one direct-acting antiviral treatment in 2015, and 130 patients were treated.

T1.3.5. ***Optional****. Please provide any additional information important for understanding the extent and nature of drug-related health responses implemented in prisons in your country.*

T1.4. Quality assurance of drug-related health prison responses

The purpose of this section is to provide information on quality system and any drug-related health prison standards and guidelines. Note: cross-reference with the Best Practice Workbook.

T.1.4.1. ***Optional****. Please provide an overview of the main treatment quality assurance standards, guidelines and targets within your country.*

See T1.3.3 and T1.4.1 of the 2018 Prison workbook.

T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends.

T2.1. Please indicate notable trends in drug use and drug related problems or important developments in drug and prison policy and drug related interventions in prisons of your country over the past 5 years.

In 2019-2020 the French Monitoring Centre for Drugs and Drug Addiction (OFDT), with the support of the Funds for Combatting Addiction (Arrêté du 2 août 2019 fixant la liste des bénéficiaires et les montants alloués par le fonds de lutte contre les addictions liées aux substances psychoactives au titre de 2019 [Legislative order of 2 August 2019 establishing the list of beneficiaries and the amounts allocated by the Funds for combatting addiction linked to psychoactive substances for 2019]), is going to conduct a pilot survey to collect prevalence data, in accordance with the methodology for general population surveys, on the use of psychoactive substances by inmates (see also section T 1.1.3 of the Prevention workbook).

T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug-related issues in prisons in your country **since your last report.** T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here. If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T.3.1. Please report on any notable new or topical developments in drug-related issues in prisons in your country since your last report examples, NPS prevalence and responses in prison.

The OFDT just recently published two surveys on drugs in prison: the Circé survey aims to understand the ways in which a market for prohibited substances in custody is established, its functioning and the social relations it creates, as well as the responses of the prison and health authorities (Protais and Jauffret-Roustide 2019). The operating assessment of the drug user rehabilitation unit (URUD) draws up the state of play of a treatment program based on the principles of therapeutic communities, new in this form in France (Protais 2018).

The Circé survey updates existing data on the organisation of drug trafficking in custody and the responses to it. It confirms that psychoactive substance trafficking is very widespread, particularly in men's prisons. It is reported to play a major role in drug deals, particularly for cannabis, as its use is reportedly becoming more widespread. The survey shows that currently, the two main means used by inmates to introduce banned substances are visiting rooms and by throwing them in the exercise yard. It also reveals that establishing a drug market in custody requires using specific people in specific relationships. Women (girlfriends, mothers, etc.) but also prison officers, physicians in health units, workers and other vulnerable inmates are the main individuals that facilitate drugs being introduced into custody.

The report also examines this market's organisation and the main people involved. Drug deals are part of a larger market consisting of goods, services, cash, digital currency and exchanges, and they are particularly organised based on relationships connecting the people involved in the deal. Therefore the price of substances used is not fixed in prison: it depends on the availability of the substance and the drug dealer's needs, but also on how friendly or hostile relations are between the seller and his customer. While some deals are likely to give rise to rather authentic gifts, others can establish a relationship of power and violence. The survey also shows that the social organisations where trafficking takes place are varied, ranging from organised and hierarchical networks to unorganised trafficking (like for psychoactive medicine). The report also gives credence to the idea of trafficking multiple substances in an increasingly less hierarchical way. It shows that the social organisations where trafficking takes place are varied and that this phenomenon is at the origin of specific prison pathways: from the trafficking organiser, who follows its trajectory in a linear manner in prison, to the "victim" inmate, who goes between being

manipulated by networks and protected by prison authorities, as well as the inmate who makes the most of his sentence by bringing in cannabis by his own means, while forging some distant alliances with people involved in trafficking.

Finally, the survey reveals the wide variety of responses from the prison authorities. In addition to penalties, it undertakes preventative security measures (such as improving searches, setting up "anti-projection" nets to prevent inmates from throwing drugs or improving inspection teams carrying out compliance checks, etc.). Interviews also highlight a "laissez-faire" attitude and that prison officers choose how inmates are punished, allowing them to "negotiate peace" with certain inmates. In overcrowded remand centres, supervisors are faced with considerable structural contradictions and so they actually negotiate for "less fear" rather than true "social peace". The survey therefore reveals the ambivalence of an institution that is torn between security orders, which favour tighter control of drug-related acts, and the need to maintain order, which is established through negotiating with certain dominant inmates in custody. The way in which prisons operate also has an impact on the relationship between health unit professionals and inmates. Some health workers report their distress when faced with clients who are particularly prone to trafficking or misusing their prescribed drugs. This results in a general tendency to adapt prescriptions and distribution of medicine drugs, confirming previous work on this issue. Beyond this general level, however, this survey shows that, case by case, health workers become more understanding, in order to not lose contact with usurping inmates. Few claim punitive practices, even if some report breaches in therapeutic contracts that target inmates who misuse their treatment too much. In any case, these practices in prison seem to make medical practices (at large) address "critical" situations: the dangerous increase in prescriptions due to fragmented care and the overflow of certain services; stolen or forcibly prescribed drugs; or even situations where the misused drug becomes the intermediary for a link between an inmate "in difficulty" and the care teams.

Furthermore, since June 2017, France has been experimenting with the first therapeutic community in a prison environment, located in the Neuvic detention centre: the drug user rehabilitation unit (URUD). This adaptation of the English and Spanish drug-free unit model or the equivalent in the United States and Canada provides a community-based therapeutic framework based on a three-phase peer-helper system over a 6-month period. The programme concerns drug users who have signed up for an initiative to stop using substances. The operating assessment requested from OFDT to evaluate its implementation shows promising results: the scheme makes it possible to ease relations between inmates and prison officers (changing their practices so they are more in line with the "social" element of their tasks). The majority of beneficiaries also see positive effects on their ability to resist being offered substances and, more generally, on their social relations and where they will stand in such instances in the future. However, this assessment raises some questions, notably about the selective aspect of the programme (relatively unavailable to people who want to work in custody and sex offenders), the objectives they are aiming for (abstinence or reduced use?) and the question of the confidentiality of the personal information provided, in a context where socio-health staff and prison officers claim to be united over a "shared secret". The overall positive results identified have led to further experimentation with the aim to find answers to the operational questions raised by the assessment. Medical and economic data is also needed in order to determine whether to implement the scheme in other establishments in the country.

T4. Additional information

The purpose of this section is to provide additional information important to drug use among prisoners, its correlates and drug-related health responses in prisons in your country that has not been provided elsewhere.

T4.1. ***Optional****. Please describe any additional important sources of information, specific studies or data on drug market and crime. Where possible, please provide references and/or links.*

Two studies, conducted a few years ago, have entered a new one-year phase, the results of which are expected in 2018-2019. This concerns the second phase of the PRI^{2}DE survey (see T5.2), which aims to study the acceptability of harm reduction measures among health workers in the prison setting, prison staff and inmates.

In addition, the Coquelicot survey has been conducted in prison settings to determine the prevalence of HIV and HCV, together with patterns of use in prisons. First results are expected in 2020.

T4.2. ***Optional**. Please describe any other important aspect of drug market and crime that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country.*

T5. Sources and methodology

The purpose of this section is to collect sources and bibliography for the information provided above, including brief descriptions of studies and their methodology where appropriate.

T5.1. Please list notable sources for the information provided above.

Barbier, C., Maache, A., Bauer, D., Joannard, N. and Lerasle, S. (2016). Enquête flash relative à la prise en charge des addictions en milieu carcéral. Direction générale de la santé, Ministère des affaires sociales et de la santé.

Brisacier, A.-C. (2019). Tableau de bord « Traitements de substitution aux opioïdes ». Mise à jour 2019. OFDT, Paris. Available: https://www.ofdt.fr/BDD/publications/docs/TabTSO190308.pdf [accessed 19/06/2019].

Canat, A.B. and Gales, B. (2012). Facteurs influençant la toxicomanie en milieu carcéral. Etude qualitative chez d'anciens détenus recrutés en Centres de Soins pour Toxicomanes. Thèse de médecine, Université Joseph Fournier - Faculté de médecine de Grenoble.

Carrieri, P., Vilotitch, A., Nordmann, S., Lions, C., Michel, L., Mora, M. *et al.* (2017). Decrease in self-reported offences and incarceration rates during methadone treatment: A comparison between patients switching from buprenorphine to methadone and maintenance treatment incident users (ANRS-Methaville trial). International Journal of Drug Policy 39 86-91.

Chantraine, G. (2004). Par-delà les murs : expériences et trajectoires en maison d'arrêt. PUF, Paris.

D'almeida, S., Nizri, D. and Dara, M. (2016). Le tabagisme passif en prison : définir une politique factuelle de santé. Thèse de médecine, Université Paris Descartes (Paris 5), Faculté de Médecine.

Delbos, V., Del Volgo, B., Gourdet, H., Morelle, A., Pelosse, H. and Boudet, L. (2016). Rapport sur l'évaluation des politiques interministérielles d'insertion des personnes confiées à l'administration pénitentiaire par l'autorité judiciaire. Inspection Générale des Services Judiciaires (IGSJ) ; Inspection Générale des Affaires Sociales (IGAS) ; Inspection Générale des Finances (IGF), Paris. Available: http://www.modernisation.gouv.fr/laction-publique-se-transforme/en-evaluant-ses-politiques-publiques/espace-dedie/evaluation-politiques-interministerielles-insertion-personnes-administration-penitentiaire [accessed 05/08/2019].

DGS (2011). Enquête Prevacar - Volet offre de soins - VIH, hépatites et traitements de substitution en milieu carcéral. Direction générale de la santé (DGS), Paris. Available: https://solidarites-sante.gouv.fr/IMG/pdf/Enquete_PREVACAR_-_Volet_offre_de_soins_-

_VIH_hepatites_et_traitements_de_substitution_en_milieu_carceral_octobre_2011.pdf [accessed 05/08/2019].

DHOS (2004). Enquête "un jour donné" sur les personnes détenues atteintes par le VIH et le VHC en milieu pénitentiaire. Résultats de l'enquête de juin 2003. Direction de l'hospitalisation et de l'organisation des soins, Paris.

Duburcq, A., Coulomb, S., Bonte, J., Marchand, C., Fagnani, F. and Falissard, B. (2004). Enquête de prévalence sur les troubles psychiatriques en milieu carcéral (phase 1 de l'étude épidémiologique). CEMKA-EVAL, Bourg-La-Reine. Available: http://www.justice.gouv.fr/art_pix/rapport_detenus_MS_2004pdf.pdf [accessed 05/08/2019].

Falissard, B., Loze, J.-Y., Gasquet, I., Duburc, A., de Beaurepaire, C., Fagnani, F. *et al.* (2006). Prevalence of mental disorders in French prisons for men. BMC Psychiatry 6 (33).

Fédération Addiction (2019). CSAPA référents en milieu pénitentiaire. Vers une meilleure identification. Fédération Addiction, Paris. Available: https://www.federationaddiction.fr/csapa-referents-en-milieu-penitentiaire-document/ [accessed 05/08/2019].

Fernandez, F. (2010). Emprises. Drogues, errance, prison : figures d'une dépendance totale. Larcier, Bruxelles.

InVS (2009). Surveillance du VIH/Sida en France. Données du 30 septembre 2009. InVS, Saint-Maurice. Available: https://slideplayer.fr/slide/467234/ [accessed 05/08/2019].

Jean, J.-P. and Inspection générale des services judiciaires (1996). Groupe de travail sur la lutte contre l'introduction de drogues en prison et sur l'amélioration de la prise en charge des toxicomanes incarcérés. Rapport à Monsieur le Garde des Sceaux, Ministre de la Justice. Ministère de la Justice, Paris.

Joël, M. (2018). Rapport INED-Sidaction. Prévention et réduction des risques et des dommages en prison et à la sortie. Available: https://www.federationaddiction.fr/app/uploads/2018/05/rapport_8pages.pdf [accessed 05/08/2019].

Kinani, A., Karolak, S. and Lévi, Y. (2018). Suivi de la consommation de drogues illicites par l'analyse des eaux usées dans trois établissements pénitentiaires de 2016 à 2017. Rapport de recherche remis à la Direction de l'administration pénitentiaire [non publié].

Marais-Gaillard, N. (2007). Réseau d'influences criminels dans les prisons françaises. L'économie carcérale des stupéfiants. Thèse de droit, Paris, Département de recherche sur les menaces criminelles contemporaines, Panthéon Assas Paris II.

Meffre, C. (2006). Prévalence des hépatites B et C en France en 2004. InVS, Saint-Maurice. Available: https://www.ladocumentationfrancaise.fr/rapports-publics/064000907/index.shtml [accessed 05/08/2019].

Michel, L. (2018). Usage de substances psychoactives en prison et risques associés. Académie Nationale de Médecine, Paris. Available: http://www.academie-medecine.fr/usage-de-substances-psychoactives-en-prison-et-risques-associes/ [accessed 05/08/2019].

Michel, L., Trouiller, P., Chollet, A., Molinier, M., Duchesne, L., Jauffret-Roustide, M. *et al.* (2018). Self-reported injection practices among people who use drugs in French prisons: Public health implications (ANRS-Coquelicot survey 2011-2013). Drug and Alcohol Review 31 (Suppl. 1) S268-S276.

MILDECA (2018). Alcool, tabac, drogues, écrans : Plan national de mobilisation contre les addictions 2018-2022 [Alcohol, tobacco, drugs, screens: National plan for mobilisation against addictions 2018-2022]. Mission interministérielle de lutte contre les drogues et les conduites addictives,

Paris. Available: https://www.drogues.gouv.fr/la-mildeca/le-plan-gouvernemental/mobilisation-2018-2022 [accessed 19/06/2019].

Ministère de la Justice and Ministère des Affaires sociales et de la santé (2012). Prise en charge sanitaire des personnes placées sous main de justice. Guide méthodologique. Ministère de la Justice, Ministère des affaires sociales et de la santé, Paris. Available: http://www.justice.gouv.fr/art_pix/Guide_Methodologique__Personnes_detenues_2012.pdf [accessed 05/08/2019].

Ministère de la justice and Ministère des solidarités et de la santé (2017). Prise en charge sanitaire des personnes placées sous main de justice. Guide méthodologique. Ministère de la Justice, Ministère des solidarités et de la santé, Paris. Available: http://www.justice.gouv.fr/prison-et-reinsertion-10036/les-personnes-prises-en-charge-10038/guide-methodologique-prise-en-charge-sanitaire-des-ppsmj-31174.html [accessed 05/08/2019].

Ministère des affaires sociales et de la santé and Ministère de la justice (2017). Stratégie santé des personnes placées sous main de justice (PPSMJ). Available: https://solidarites-sante.gouv.fr/IMG/pdf/strategie_ppsmj_2017.pdf [accessed 05/08/2019].

Mouquet, M.C. (2005). La santé des personnes entrées en prison en 2003. Etudes et résultats. DREES (386).

Néfau, T., Sannier, O., Hubert, C., Karolak, S. and Lévi, Y. (2017). L'analyse des drogues dans les eaux usées : outil d'estimation des consommations, application en milieu carcéral. Note 2017-01. OFDT, Saint-Denis. Available: https://www.ofdt.fr/index.php?cID=922 [accessed 05/08/2019].

Obradovic, I., Bastianic, T., Michel, L. and Jauffret-Roustide, M. (2011). Politique de santé et services de soins concernant les drogues en prison (thème spécifique 1) [Drug-related health policies and services in prison (Selected issue 1)]. In: Pousset, M. (Ed.), 2011 National report (2010 data) to the EMCDDA by the Reitox National Focal Point France. New development, trends and in-depth information on selected issues. OFDT, Saint-Denis.

OR2S (2017). État de santé des personnes entrant en établissement pénitentiaire dans l'ex-Picardie. Caractéristiques sanitaire et sociale des nouveaux détenus en 2015. Observatoire régional de la santé et du social, Amiens. Available: http://www.or2s.fr/images/Prison/2017_CaracteristiquesSanitaireEtSociale_NouveauxDetenusEn2015_Picardie.pdf [accessed 05/08/2019].

Protais, C. (2015). La gestion des drogues et des conduites addictives en UHSA. Note de synthèse d'une enquête effectuée dans les 7 UHSA de France. Note 2015-07. OFDT, Saint-Denis. Available: https://www.ofdt.fr/publications/collections/notes/la-gestion-des-drogues-et-des-conduites-addictives-en-uhsa/ [accessed 20/06/2018].

Protais, C. (2018). L'Unité de réhabilitation pour usagers de drogues du Centre de détention de Neuvic. Bilan de fonctionnement, septembre 2017-juin 2018. OFDT, Saint-Denis. Available: https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2018/lunite-de-rehabilitation-pour-usagers-de-drogues-du-centre-de-detention-de-neuvic/ [accessed 05/08/2019].

Protais, C. and Jauffret-Roustide, M. (2019). Circulation et échanges de substances psychoactives en milieu carcéral. Résultats de l'enquête Circé sur la question du marché des drogues en prison. Rapport final à destination de la direction de l'administration pénitentiaire du ministère de la justice. OFDT, Paris. Available: https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2019/circulation-et-echanges-de-substances-psychoactives-en-milieu-carceral/ [accessed 05/08/2019].

Remy, A.J. (2004). Le traitement de l'hépatite en prison est possible avec des résultats satisfaisants : résultats définitifs du premier observatoire prison hépatite C (POPHEC). Gastroentérologie Clinique et Biologique 28 (8-9) 784.

Remy, A.J., Canva, V., Chaffraix, F., Hadey, C., Harcouet, L., Terrail, N. *et al.* (2017). L'hépatite C en milieu carcéral en France : enquête nationale de pratiques 2015 [Hepatitis C in prison settings in France: a national survey of practices for 2015]. Bulletin épidémiologique hebdomadaire (14-15) 277-283.

Rotily, M., Delorme, C. and Ben Diane, M.K. (1998). Réduction des risques de l'infection à VIH et des hépatites en milieu carcéral : prévalence des pratiques à risques et analyse des contraintes et de la faisabilité des programmes de réduction des risques en milieu carcéral. Rapport final. ORS PACA, Marseille.

Rotily, M. (2000). Stratégies de réduction des risques en milieu carcéral. Rapport de la mission santé-justice. Ministère de la justice ; ORS PACA, Paris.

Sahajian, F., Berger-Vergiat, A. and Pot, E. (2017). Use of psychoactive substances in prison: Results of a study in the Lyon-Corbas prison, France. Revue d'Epidémiologie et de Santé Publique 65 (5) 361-367.

Sanchez, G. (2006). Le traitement du VHC en prison : le foie, une bombe sous les barreaux. Journal du Sida (185) 9-12.

Sannier, O., Verfaillie, F. and Lavielle, D. (2012). Réduction des risques et usages de drogues en détention : une stratégie sanitaire déficitaire et inefficiente. La Presse Médicale 41 (7-8) e375-e385.

Semaille, C., Le Strat, Y., Chiron, E., Chemlal, K., Valantin, M.A., Serre, P. *et al.* (2013). Prevalence of human immunodeficiency virus and hepatitis C virus among French prison inmates in 2010: a challenge for public health policy. Eurosurveillance 18 (28) art. 20524.

Senon, J.L., Méry, B. and Lafay, N. (2004). Prison. In: Richard, D., Senon, J.L. & Valleur, M. (Eds.), Dictionnaire des drogues et des dépendances. Larousse, Paris.

Sous-direction de la statistique et des études (2018). Les chiffres-clés de la Justice - Edition 2018. Ministère de la Justice, Paris. Available: http://www.justice.gouv.fr/statistiques-10054/chiffres-cles-de-la-justice-10303/les-chiffres-cles-de-la-justice-edition-2018-31895.html [accessed 05/08/2019].

Stankoff, S., Dherot, J., Direction de l'administration pénitentiaire and Direction générale de la santé (2000). Rapport de la mission santé-justice sur la réduction des risques de transmission du VIH et des hépatites en milieu carcéral. Ministère de la Justice, Paris. Available: https://www.ladocumentationfrancaise.fr/rapports-publics/014000683/index.shtml [accessed 05/08/2019].

Tissot, N. (2017). Phénomènes émergents liés aux drogues en 2016. Tendances récentes sur le site de Lyon. Association ARIA - CAARUD RuptureS, Lyon.

T5.2. Where studies or surveys have been used please list them and where appropriate describe the methodology?

Analysis of samples obtained from prison wastewater

Prisons administration directorate (DAP) of the Ministry of Justice / National Center for Scientific Research (UMR 8079 - Paris Sud University) / French Monitoring Centre for Drugs and drug Addiction (OFDT)

A study on the analysis of illegal drug residues obtained from prison wastewater was conducted in 2015. This primarily involved a feasibility study to identify the difficulties in obtaining wastewater samples from closed settings such as prisons.

At the end of this study, a few samples were taken and analysed; however, unless sampling is repeated in each prison, the results obtained are not sufficient to estimate drug use. However, as feasibility has been established, new sampling campaigns have taken place in 2017 and 2018. The results thus obtained will make it possible to estimate the use of drugs and certain medications in the prison settings studied. Furthermore, declaration-based surveys are being conducted within the same establishments and over the same periods, so as to narrow down and compare the results of the two approaches.

ANRS-Coquelicot 2017: Study on use practices and the perception of harm reduction measures among drug users in a prison setting

National Institute for Health and Medical Research (Cermes3-Inserm U988) and Santé publique France (SpF)

This study aims to determine drug use among drug users in a prison setting via a face-to-face questionnaire. The study focuses on users' perceptions of harm reduction measures, use practices (substances and routes of administration), treatment in a health setting, knowledge of transmission modes for HIV, HCV and HBV, and at-risk practices (e.g., context in which they first used drugs, sharing of equipment, use of condoms, etc.).

The survey has been carried out in different prison settings in France between September and December 2016. The results are expected in 2020.

Assessment of the operation of the drug user rehabilitation unit (URUD) one year after opening

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The OFDT was appointed by the Directorate of Prison Authorities (DAP) to draw up an assessment on how the URUD operated at the time of its creation. The evaluation was presented more as an accompaniment to the scheme being implemented than as a survey to measure the impact of the treatment on people's progress. It is based on a qualitative methodology which combines observing the system for two weeks and conducting around thirty interviews with the main people involved in implementing the scheme.

CIRCE: CIRculation, Consumption, Exchange: drugs in the prison setting

French Monitoring Centre for Drugs and Drug Addiction (OFDT) / French National AIDS and hepatitis research agency (ANRS) / Prisons administration directorate (DAP)

This is an interview-based qualitative survey aiming to study the way in which inmates are led to use psychoactive substances (alcohol, illegal substances, psychotropic medications), the implementation of harm reduction measures, together with the trafficking phenomenon in the prison setting. This is presented in two sections: the first, mainly health-based, concerns drug use and harm reduction measures; the second concerns circulation and exchanges of psychoactive substances in the prison setting.

Survey of reference CSAPAs in prisons

Fédération Addiction

An assessment of the reference CSAPAs' professional practices was carried out through a questionnaire that was sent to all the reference CSAPAs by mail and electronically. There is now one reference CSAPA per institution (sometimes it is the same CSAPA for several institutions) and for some institutions several CSAPAs can take action (the reference CSAPA and another CSAPA). There are 126 reference CSAPAs among the 202 that work in prisons (11 of which work exclusively in prison environments). These 126 reference CSAPAs are managed by 36 inpatient centres and 49 voluntary centres. Half of the reference CSAPAs answered the questions asked, relating to their institutional characteristics, working conditions for professionals, how clear their tasks are and an outline of their role and activities carried out.

With the support of professionals and the National Health Directorate, the Fédération Addiction published a reference document that describes the best practice of reference CSAPAs and that provides an overview of this innovative scheme implemented between 2012 and 2014 (Fédération Addiction 2019).

Health survey on new prison inmates

Directorate for Research, Studies, Assessment and Statistics (DREES) of the Ministry of Health

This survey was conducted for the first time in 1997 in all remand centres and remand wings within prison settings. The last survey was conducted in 2003. It collects information during the admission medical visit about risk factors for the health of entrants as well as observed pathologies, which are mainly identified from ongoing treatments. Declared use of psychoactive substances included daily smoking, excessive alcohol consumption (more than 5 glasses per day) and "prolonged regular use during the 12 months before imprisonment" of illegal drugs.

Survey on substitution treatment in prison

Directorate of Health Care Supply (DGOS)

A new information system, called "Controlling activity reports for general interest purposes" (PIRAMIG), was set up in 2017 to collect data on activity relating to health units in prison and is now handling the tasks previously performed by the Health Facility and Inmate Monitoring Centre (OSSD). The Directorate of Health Care Supply (DGOS) centralises this data. In 2017, 92% of prison settings (representing 88% of inmates in prison that year) provided data on OST. The percentage of people receiving OST is calculated by dividing the number of people that have been prescribed an OST by the number of inmates in a prison setting in a given year. The latter number is provided by the Prisons Administration Directorate (DAP).

PREVACAR: Survey on HIV and HCV prevalence in prison settings

National Health Directorate (DGS) / Santé publique France (SpF)

Conducted in June 2010, this survey determined the prevalence of HIV and HCV infection and the proportion of people receiving opioid substitution treatment (OST) in prison settings. The survey also comprises a section on health care delivery in prison settings: screening organisation and practices, treatment of HIV- and hepatitis-infected individuals, access to OSTs and harm reduction.

For the "prevalence" section, data were collected through an anonymous questionnaire completed by the supervising physician. For the "'health care delivery" section, a 35-item questionnaire was sent to all 168 prison-based hospital healthcare units (UCSA): 145 of them sent them back to the National Health Directorate (DGS), (86% response rate), representing over 56,000 inmates, or 92% of the incarcerated population, on 1st July 2010.

PRI²DE: Research and intervention programme to prevent infection among inmates

French National AIDS and Hepatitis Research Agency (ANRS)

This study was designed to assess infection harm reduction measures to be established in prison settings. It is based on an inventory whose purpose is to reveal the availability and accessibility of infection harm reduction measures officially recommended in French prisons, as well as the inmates' and health care teams' awareness of these measures. To do this, a questionnaire was sent to each UCSA (prison-based hospital healthcare unit) and SMPR (regional medico-psychological hospital services) in November 2009. 66% of the 171 establishments answered the questionnaire, covering 74% of the population incarcerated at the moment of the study.

The questions pertained to, among others, opioid substitution treatments, infection harm reduction measures (e.g., bleach, condoms and lubricants, tattoo and piercing tools or protocols), screening and the transmission of information on HIV, hepatitis and other sexually transmitted diseases, as well as the treatments dispensed following suspected at-risk practices (e.g., abscesses, skin infections). A consultation with a caregiver was then conducted to specify certain, qualitative items.