

# Prison workbook

2023

*France*

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## 2023 National report (2022 data) to the EMCDDA by the French Reitox National Focal Point

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## T0. Summary

- National profile
  - Summary of T.1.1: Provide core data on prison system: number of prisons and of prisoners, trends.
  - 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;
  - Summary of T.1.3: please provide a summary of the main forms of drug supply in prison;
  - 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

With 72 173 inmates the first of January 2023, there were 119 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of 01/01/2023 consists of 73% convicted inmates. The 01/01/2022, 17.7% of inmates were convicted for a drug-related offence (DLO).

The only recent surveys on the subject merely provide preliminary or partial data because they are not nationwide. They estimate the proportion of people using cannabis at between 35 and 40%. Quantification of other products leads to very different results depending on the studies. No studies provide data on NPS use in prisons. Inmates have greater rates of infectious disease than the general population: although declining, HIV infection prevalence vary, depending on the source, from 0.6% to 2.0% (three to four times the prevalence in the general population), while prevalence of HCV are from 4.2% to 6.9% (four to five times higher).

Health care in prison is made up of prison health units (USMP) which offer physical and psychiatric care. Psychiatric care units (regional medico-psychological hospital services - SMPR) coordinate and support USMP. They have hospital psychiatric places for during the day. To treat people presenting with addictive behaviour and the resulting physical and/or psychiatric symptoms, these units can benefit from working with a CSAPA (specialised drug treatment centre) in a prison environment. A reference CSAPA in charge of helping prepare prisoners for getting out, is designated to each prison.

To guarantee the application of harm reduction measures, two main ways have been implemented in prison settings since 1996. 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, 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

The preparation of the new 2023-2027 Roadmap for the Health Policy for Inmates, as well as the drafting of the decree from the Council of State aimed at adapting the harm reduction policy to the prison environment in accordance with Article L.3411-8 of the public health code, has given rise to renewed interest in the health of detained persons on the part of professional associations, associations for the defence of the rights of detained persons and ministries.

The OFDT, along with various institutional partners and representatives of professional associations, is collaborating in the work relating to the preparation of the new roadmap, which should be completed during the second half of 2023.

The quantitative Coquelicot survey was adapted to the prison environment to find out what detainees think about risk and harm reduction measures. The research team unveiled the first results of this survey conducted from 2017 to 2018. It shows that raising users' awareness of the risks and social stigma associated with drug use promotes positive views on harm reduction.

## 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 1<sup>st</sup> January 2022, France had 186 prison establishments with a total operational capacity of 60 749 "operational" detention places (+0.3%). These establishments include:

- 131 remand centres and remand wings;
- 67 detention centres and detention wings;
- 13 high security prisons and high security wings;
- 32 semi-custodial centres and wings;
- 52 penal establishments and wings for minors;
- 1 reception and transfer unit;
- 4 national assessment centres or similar sections;
- 1 national public health establishment located in Fresnes (thus falling within the scope of the Ministry of Health).

With 72 173 inmates the first of January 2023, there were 119 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of 01/01/2023 consists of 73% convicted inmates. The 01/01/2022, 17.7% of them were convicted for a drug-related offence (DLO) and are almost exclusively males (97 %).

## 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

Unfortunately, national studies on drug use in prisons are rare and often old (see Table 1). The most recent ones (less than 10 years old) were conducted at the regional level (OR2S 2017) or at the level of a prison (Sannier et al. 2012). In the study conducted in the Picardie region in 2015 (OR2S 2017), 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%.

The COSMOS study (Rousselet et al. 2019), conducted from 2015 to 2016 on all establishments in the Pays-de-la-Loire region show that the results are more or less consistent with the data collected in the establishments of Liancourt and Lyon-Corbas for cannabis use (see Table 1), but differ significantly for other products (see Table 1). It remains unclear whether these disparities are related to the survey methodologies adopted or to contrasting realities on the ground.

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

Survey	Scope	Sample size	Types of consultants	Method of questionnaire execution	Unit of measurement	Consumption of drugs before incarceration					
						At least one drug (excluding tobacco)	Cannabis	Alcohol	Cocaine/ crack	Opiates	Prescription drugs
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% (heroin 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% (heroin only)	3.50%	

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

The study conducted in 2022 by Thomas Fovet on 630 prison entrants in the Hauts de France region found significantly higher rates of alcohol and drug abuse in the prison population than in the general population (Fovet *et al.* 2022). Reported rates of cannabis use prior to incarceration were 45.6% compared to 14.4% in the general population; opioid use was 9.4% vs 0.7%, stimulants 8.6% versus 1.9%. The study also concluded that high rates of abuse were more strongly associated with concurrent psychiatric disorders in male prisoners than in the general population.

## Drug use inside prison

Imprisonment rarely means discontinuing use.

Some surveys provide preliminary data quantifying substance use. A 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 and Lyon Corbas prisons, indicate cannabis use in the region of 40%, cocaine use ranging from 7% to 10% and heroin use of around 8% (see Table 2). 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. The COSMOS study presents consistent results for cannabis use (see Table 2), but differs significantly for other products, with alcohol, cocaine and heroin use appearing to be very low.

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

Survey	Scope	Sample size	Types of consultants	Method of questionnaire execution	Unit of measurement	Consumption of drugs during incarceration						
						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% (heroin 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% (heroin only)	10.40%	

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

With regard to the methods of administration of the products, the survey carried out at the Lyon-Corbas remand prison estimates that among the users of at least one illicit product other than cannabis, the preferred method of administration was sniffing (for 60% of them) and injection (for 30%). The COSMOS survey shows that 3% of respondents report sniffing and less than 1% report injecting. A number of reports and studies have documented altered methods of use in prison settings: the nasal route is becoming the most common, although injection is likely to persist (Michel 2018; Michel *et al.* 2011; Stankoff *et al.* 2000).

Similarly, a few studies and summaries of existing surveys have shown a shift towards the use of medications or cannabis (Protais *et al.* 2019). The survey conducted in Liancourt and the COSMOS study show that between 10 and 15% of respondents use psychotropic drugs outside the prescription framework, showing a clear change in use.

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 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. Methadone, buprenorphine and morphine use were studied at the same time. They were found to be consistent with the dispensing data provided by the facility's pharmacy.

No figures on the presence of NPS in French prisons are known, although they are found in some European countries where NPS are more widespread (United Kingdom, Germany, Sweden, Baltic countries, etc) (EMCDDA 2018).

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 in prison**

Although it is known that illegal drugs are available in French prisons, it is difficult to define the magnitude of the problem. The Circé survey conducted by the OFDT in 2016 confirms that trafficking in psychoactive substances, particularly cannabis, is very widespread, especially in male prisons. (See T.1.2.2. of the 2021 'Prison' workbook).

### **Risk behaviours and health consequences**

Profiles and patterns of use of prisoners, as well as structural factors related to prison conditions such as lack of privacy, overcrowding and limited access to risk-reduction tools, etc. are just some of the specific dangers that incarcerated persons are faced with (Michel and Jauffret-Rousteide 2019) While diversion of drugs exposes the risks of uncontrolled intake, the initiation of certain products is another reported element. The surveys conducted in Lyon-Corbas and Liancourt estimate the proportion of people reporting that they started using at least one psychoactive substance in prison at between 8-15%.

In addition, the routes of administration are more difficult to secure than in an open environment, due to the lack of access to risk reduction materials. The Coquelicot survey conducted in 2011-2013 showed that among those who reported injecting in prison, 2.7% reported having injected for the first time while incarcerated (Michel 2018).

Generally speaking, patterns of use have changed over the last twenty years with the development of harm reduction measures and access to substitution treatment (Cadet-Taïrou

2019). However, the Coquelicot survey (Michel *et al.* 2018) showed that among those surveyed who reported a history of incarceration and injecting, 14% reported injecting inside prison, of which 40.5% reported injecting with needle and syringe sharing. The survey conducted in Lyon-Corbas also shows that only 12% of injectors declared sterilising their equipment with bleach.

Historic surveys have shown that prisoners are at greater risk of infectious diseases than others (See the 2021 'Prison' workbook). A recent article on all European countries confirmed this overexposure, especially for people who inject drugs (Wiessing *et al.* 2021). Another survey of 557 active opioid injectors (Mezaache *et al.* 2022) showed that 30% reported that they had suffered a drug-related viral infection in their lifetime, 46% a bacterial infection and 22% a drug overdose. These results show that injecting prisoners are more likely to report two categories of damage than non-inmates and three categories of harm than non-injecting prisoners.

All in all, whether initiated or continued in prison, drug use has a major impact on the health of the persons concerned. Furthermore, although some risk reduction tools have been put in place in detention, the supply remains lower than in the open environment, the implementation of needle exchange programmes initially planned by [law no. 2016-41 of 26 January 2016 on health system reform](#), for example, is proving to be a struggle in terms of its implementation (Dos Santos *et al.* 2021).

The misuse of psychotropic and substitution drugs and the trafficking it generates are also said to cause violence among prisoners, leading to settling of scores, threats and rackets (Canat 2012; Chantraine 2004; Fernandez 2010; Monod 2017; Protais and Jauffret-Roustide 2019; Tissot 2016).

The consequences of this degraded health status are important for the social development of people after incarceration. The study of the profile of clients of addiction care facilities shows a strong representation of people who have been in prison. The data from the Common Data Collection on Addictions and Treatments (RECAP scheme) aimed at monitoring the characteristics of the people cared for in the specialised drug treatment centres (CSAPA) and processed by the OFDT show that in 2018, 27% of the people cared for in these centres have already been incarcerated at some point in their life (OFDT 2019). Similarly, 17% of CAARUD users surveyed in the ENa-CAARUD survey reported at least one incarceration during the year.

A recent article (Jamin *et al.* 2021) comparing the views of European researchers on prison shows that the two main challenges for optimising prisoners' release remain psychosocial and medical support. Similarly, the article by Stöver *et al* (Stöver *et al.* 2021) showed that continuity of care is associated with different obstacles, especially with regard to social work. Nevertheless, examples of good practice exist and could be implemented by social workers in different European countries. Other articles tried to understand the inadequacy of care for drug-using prison leavers. The article by Bouchaïb (Bouchaïb 2021) showed that the objective of empowering users made sense for addiction treatment professionals and placed them in the paradoxical position of having to restore the independence of people defined as dependent. Professionals stated that they had ambivalent expectations of the people they monitored, in terms of motivation and the story they told about themselves, which sometimes hindered care.

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

### 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).

Between 2016 and 2022, various missions and action plans drawn up by ministries proposed a series of measures aimed at improving screening for infectious diseases and identifying addictive behaviours, ensuring continuity of care after release and promoting community health actions for treating addictions (See the 2018 'Prison' workbook and 2020 '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](#)]. The implementing decree has yet to be issued.

In 2021, the national justice support group *Fédération des acteurs de la solidarité* has published a [guide](#) that aims to answer the concrete questions that may be asked by people in trouble with the law and the actors involved in counselling and supporting these people. This guide recalls the existing schemes and procedures in practical sheets, while trying to promote treatment for prison leavers.

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 (see figure 1). The healthcare system is made up of 3 levels.

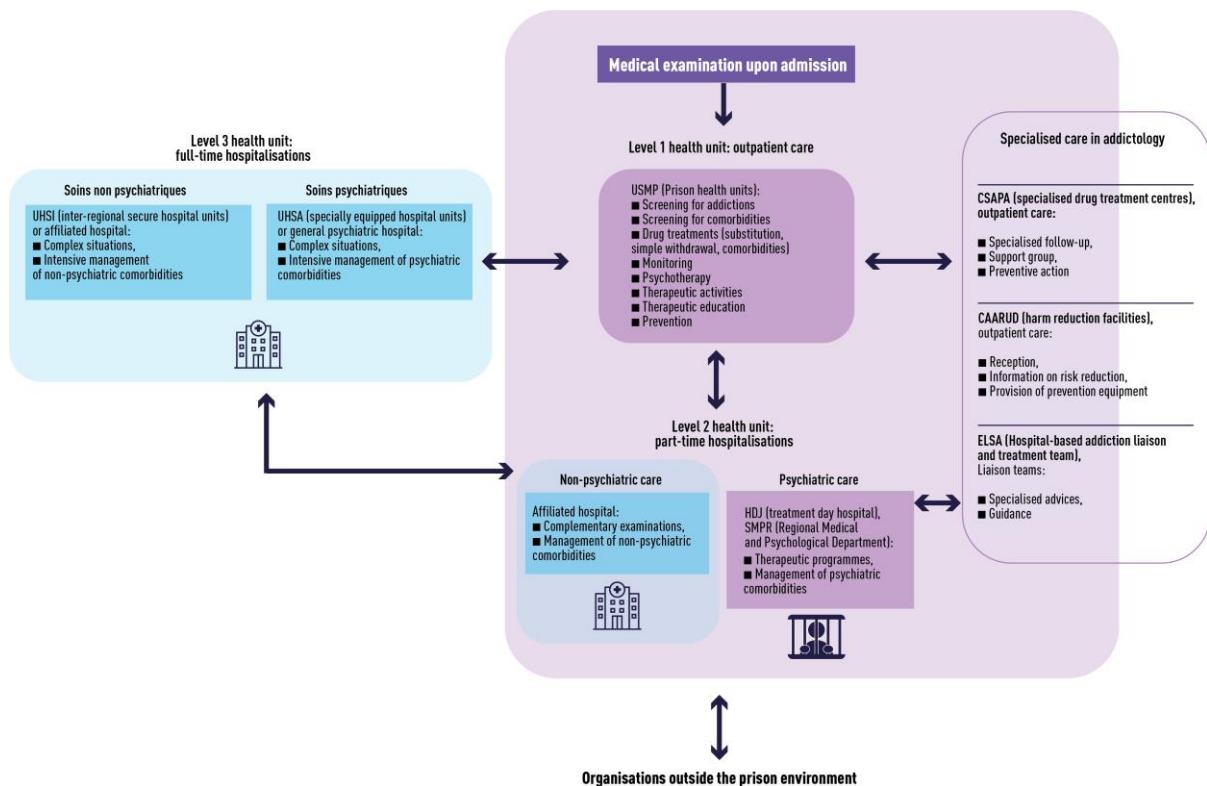
Level 1: Health care in prison is made up of prison health units (USMP) which offer physical and psychiatric care.

Level 2: Psychiatric care units (regional medico-psychological hospital services - SMPR) and its referring hospital coordinate and support USMP. They have hospital places for during the day. To treat people presenting with addictive behaviour and the resulting physical and/or psychiatric symptoms, these units can benefit from working with a CSAPA (specialised drug treatment centre) 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 2017, 201 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. The shelter and support centres that exist to reduce harms for drug users (CAARUD) also intervene on an *ad hoc* basis in certain prison and detention establishments to inform users about the reduction of harms, improve access to care, and occasionally provide equipment designed to reduce risk and harm. Hospital-based Addiction liaison and treatment teams (ELSA) work in certain prison and detention establishments to deliver specialised advice at the request of certain USMP (prison health unit) caregivers.

Level 3: Prisoners may also be hospitalised in one of the 11 secure inter-regional hospital units (UHSI) providing physical therapy [[Arrêté du 24 août 2000 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 souffrant de troubles mentaux](#)], specially equipped hospital units (UHSA) are created to provide psychiatric care. Nevertheless, treatment of individuals with addictive behaviors in UHSA is not an approach prioritised by professionals and therapeutic addiction actions are almost non-existent (Protails 2015).

Figure 1. Care in prison in France



Source: (Eck et al. 2022)

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 1996](#) (circular updated by the [2017 methodological guide](#) on the medical treatment of inmates) :

- 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).

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) (See T3.1 of the 2020 'Prison' workbook). The operating assessment requested from OFDT to evaluate its implementation shows promising results, particularly concerning relations between inmates and supervisors, the ability of beneficiaries to resist the offer of products and, more generally, their social relations and the way they position themselves in the future.

A second medico-economic evaluation of the system was commissioned by the DGS, Mildeca and the ARS Nouvelle-Aquitaine in 2017. It reported more or less the same observations as those made by the OFDT in 2016 (Protails 2018): the overall improvement in addictive behaviours compared to treatment in USMPs; significant improvement in self-esteem. The URUD is involved in reintegration into society and provides post-incarceration monitoring. This evaluation recommended a more extensive medico-economic evaluation (in view of the large amount of missing data and costs that are difficult to evaluate) and a duplication of the scheme in three or four other institutions.

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.

**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 in the country 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 (see figure 1).

<b>Counselling on drug related problems</b>				
Type of intervention	Specific interventions	YES/NO	Number of prisons	Comments or specifications on the type of intervention
	Individual counselling	Yes	50% of the reference CSAPAs in 2017	

Type of intervention	Specific interventions	YES/NO	Number of prisons	Comments or specifications on the type of intervention
	Group counselling	Yes	44 % of the reference CSAPAs in 2017	
<b>Residential drug treatment</b>				
	Drug free units/Drug free wings	No		
	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
<b>Pharmacologically assisted treatment</b>				
	Detoxification	No		
	OST <sup>1</sup> 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	

Type of intervention	Specific interventions	YES/NO	Number of prisons	Comments or specifications on the type of intervention
<b>Preparation for release</b>				
	Referrals to external services on release	Yes	174 CSAPAs work in 161 of the 185 prison establishments in 2017.	One of their aim is to prepare inmates for their release. They monitored 29 650 people with addictive behaviour problems in 2017. 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 CSAPA (Fédération Addiction 2019).
	Social reintegration interventions	Yes	Data not known	In 2017, 58% of the reference CSAPAs reported to have physically supported their clients on prison leave and 48% reported to have physically supported them when they were released from prison (Fédération Addiction 2019).
	Overdose prevention interventions for prison release (e.g. training, counselling, etc.)	Yes	Data not known	CSAPA and CAARUD (low-threshold centres) specific interventions.
	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 (cf. <a href="#">Note n°2016-223</a> 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.

<sup>1</sup> OST: Opioid Substitution Treatment

Infectious diseases interventions				
	HIV <sup>2</sup> testing	Yes	Screening test is systematically offered during the medical admission examination.	
	HBV <sup>3</sup> testing	Yes	Screening test is systematically offered during the medical admission examination.	
	HCV <sup>4</sup> 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 <sup>5</sup>	Yes	In some prisons	
	ART <sup>6</sup> 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 workbook.

In 2015, HIV and HCV screening was provided for 70% of inmates, with results routinely reported in 72% of prison 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.

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

<sup>2</sup> Human Immunodeficiency Virus

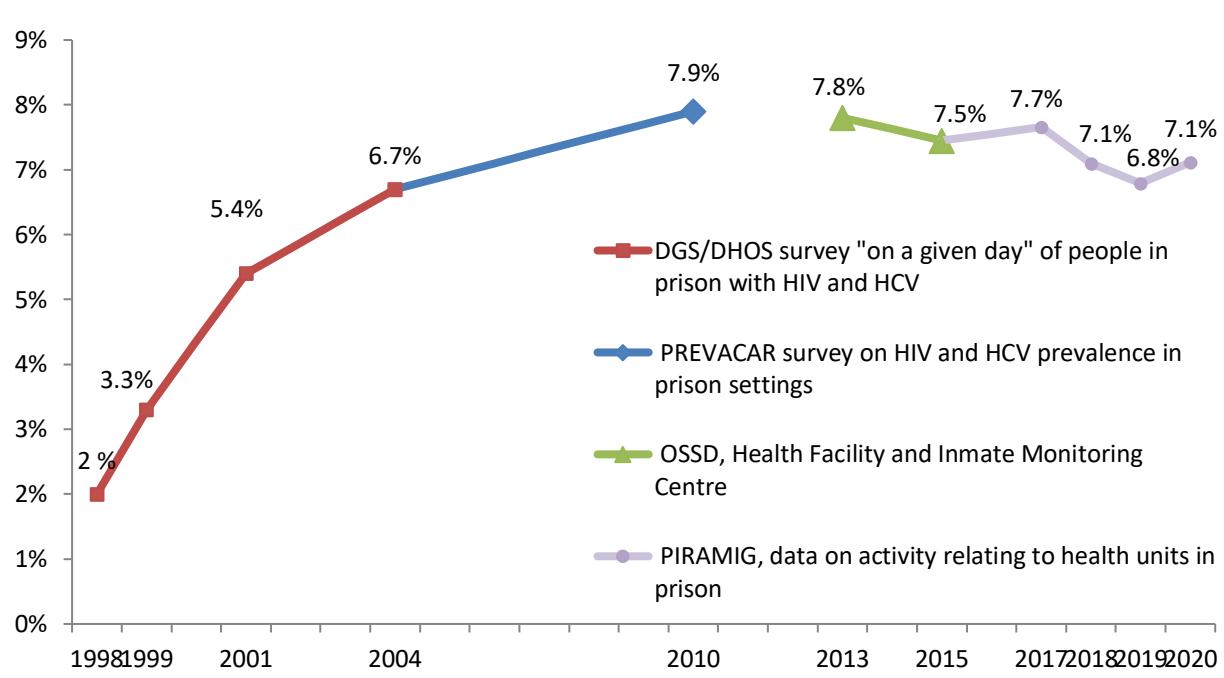
<sup>3</sup> Hepatitis B Virus

<sup>4</sup> Hepatitis C Virus

<sup>5</sup> direct-acting antivirals

<sup>6</sup> antiretroviral therapy

In 2020, data on opioid substitution treatment (OST) was available for 70% of prisons with 62% of inmates. From these data, the estimated number of inmates who have had an OST is 12 220, or 7.1% of those who have been in prison.



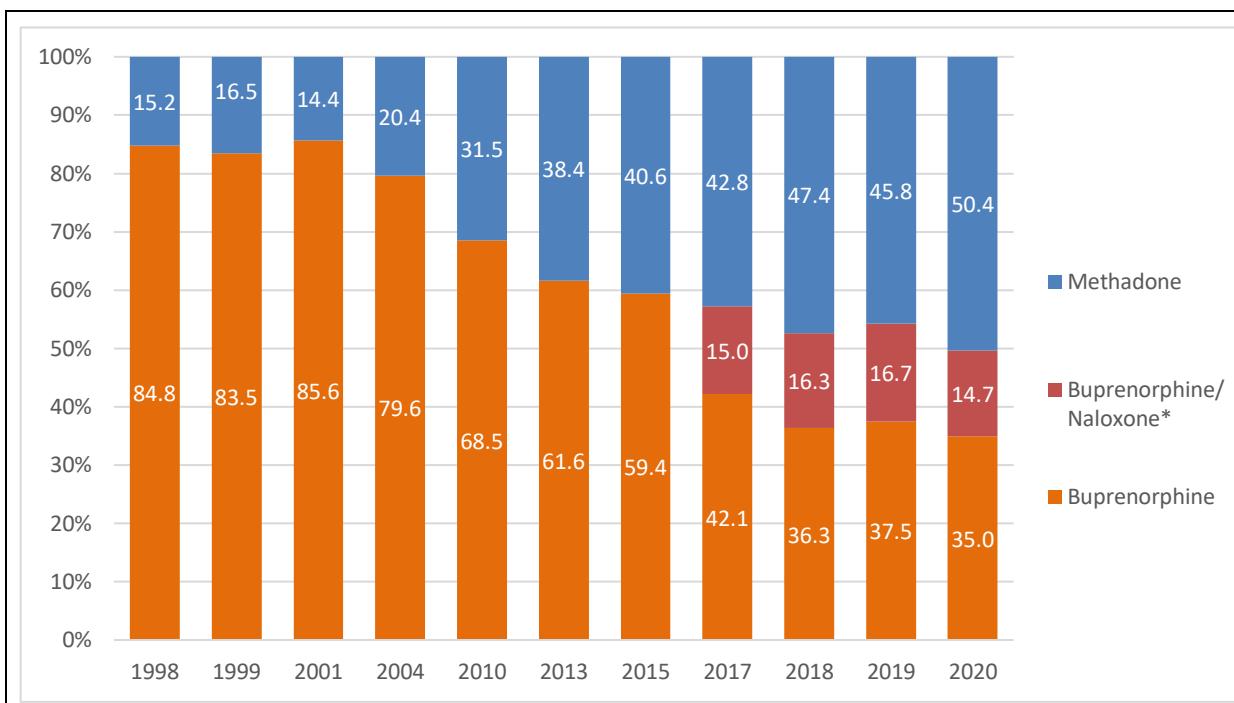
The prevalence of OST in prison calculated in a given year since 2013 has not been strictly comparable to the prevalence's on a given day estimated in previous surveys.

#### Prevalence of OST by type of institution

The proportion of prisoners using an OST differs according to the type of institution and is higher in detention centres and remand prisons.

Type of institution	Prevalence of OST
Detention centres: prisoners sentenced to more than 2 years	7.1%
Remand prisons: remand prisoners and convicted persons with a sentence of less than two years	7%
Penitentiary: prisoners with a long sentence	2.9%

The choice between methadone and buprenorphine treatment exists in all institutions. Methadone continues to grow and in 2020 accounted for half of all OST prescriptions.



\* The share of patients treated with buprenorphine/naloxone is counted separately from buprenorphine as of 2017

A delayed injection buprenorphine treatment is currently being tested at the Villeneuve les Maguelonne correctional centre. The initial results are encouraging, showing overall good acceptance and compliance with the treatment by prisoners. Similarly, the introduction of Orobupré® (a form of buprenorphine that dissolves rapidly on the tongue), tested at the Bourg-en-Bresse prison (Cocogne *et al.* 2021) also shows interesting results in the fight against buprenorphine trafficking.

**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.**

#### **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 line with the priorities of the 2023-2027 Roadmap for the Health Policy for Inmates (Ministère de la Justice and Ministère des Solidarités et de la Santé 2019), and in response to the interest shown by the national administrations concerned (Prisons Administration Directorate, National Health Directorate, Interministerial Mission to Combat Drugs and Addictive Behaviour), the OFDT is conducting in 2023 the first national *Survey on Health and Substances in Prison* (ESSPRI). Financed by the 2022 Fund for Combating Addiction, this survey aims to research the prevalence and methods of drug and psychoactive substance use in detention. This survey seeks to propose comparisons between data in detention and data on health and use in the general population from the Health Barometer and also to compare with European data (via the EQDP, the European questionnaire designed by the EMCDDA to measure substance use in prison).

Two pilot phases of the investigation had already been carried out by the OFDT in a prison in 2021 and in two remand centres in 2022. These pilot phases made it possible to ensure the feasibility of the survey protocol and the acceptability of the survey and its questionnaire by the people detained in the various types of penitentiary establishments.

The first national run of the survey will take place in the spring of 2023 with a random sample of around 2 400 incarcerated adult men, spread over 6 prison regions (Paris, Rennes, Lille, Dijon, Marseille and Bordeaux), with the number of respondents estimated at 1 000. This representative sample will be made up of male prisoners who have been incarcerated for at least 3 months, in 26 different detention facilities (mainly remand centres/remand wings and detention centres/detention wings). In addition, approximately 200 female prisoners will be interviewed in 4 prison establishments.

Within each prison establishment selected for the survey, the inmates selected will be invited to answer a self-administered questionnaire, in groups of 5 to 10 inmates, in an activity room. The questionnaire, which also includes an audio version and pictograms to promote accessibility for illiterate or non-French-speaking detainees, is divided into five main parts: socio-demographic issues, living conditions in detention, use of psychoactive substances, gambling, and health status. The survey, which is not mandatory, follows an anonymous and confidential protocol, in accordance with the recommendations of the French Data Protection Authority (CNIL) and the General Data Protection Regulation (GDPR): no information likely to identify inmates will be known and no institution-wide analysis will be conducted.

The publication of the first results of the survey at national level is scheduled for the end of 2023. In 2024, a pilot will be organised in Overseas prisons, and the second national run, made up of a representative sample of men and women from all over the country, will take place in 2025.

### 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.

- **Measures related to the COVID epidemic in prison in 2022**

With the end of the state of health emergency on 31 July 2021, prison establishments are no longer subject to an exemption from ordinary law. They are thus no longer subject to specific instructions. The application of barrier measures and vaccination remain recommended. In treatment services, the wearing of masks is left to the discretion of the head of the health unit.

Indicative data as of 14 April 2023: 11 confirmed cases in custody; 1 case hospitalised; 3 establishments in a cluster situation; 39 874 people vaccinated.

- **Next action plans: context and solutions provided**

To meet the challenge of equivalence of care offer between the non-prison environment and the prison environment, reaffirmed by the 2016 law on health system reform ([Loi de modernisation de notre système de santé du 26 Janvier 2016](#)) and initiated by the 2019-2022 Roadmap for the Health Policy for Inmates (Ministère de la Justice and Ministère des Solidarités et de la Santé 2019), the Ministry of Health has set up a monitoring committee for the follow-up of the new roadmap 2023-2027. This committee comprises in particular representatives of the Ministries of Health, the prison administration and the Judicial Youth Protection Service (PJJ), the Interministerial Mission to Combat Drugs and Addictive Behaviour (Mildeca), various professional associations or associations working in defence of the rights of prisoners (including *Fédération Addiction* and the International Observatory on Prisons) and the OFDT.

The professional associations and federations associated with this work have repeatedly recalled the difficulties encountered in the health care of detainees and their access to care as well as to harm reduction equipment's (*Fédération Addiction* 2023; OIP 2022). In this context, the OFDT was contacted to use the data from the surveys by questionnaires set up by the National health directorate of the Ministry of Health targeting health units and CSAPAs in prisons, questioned on issues related to addictive behaviour treatment and implementation of harm reduction measures. With a view to drafting the Council of State decree aimed at adapting the harm reduction policy to the prison environment in accordance with Article L.3411-8 of the public health code, the OFDT was also commissioned to document the implementation of these measures, the difficulties encountered and the solutions sought by different health units in prisons. The results of these two specific investigations have been delivered to the ministry in July 2023. They are intended to be used in drafting the next roadmap.

- **Results of the “Coquelicot quanti prison” survey**

The quantitative component of the "Coquelicot Prison" survey is a study carried out from 2017 to 2018, on a given day, with 207 prisoners used to injecting or snorting practices, who had smoked crack in the last 12 months, or were benefiting from OST, recruited in the health units of penitentiary establishments in 4 French geographical areas. The survey analyses what detainees think about the issue of harm reduction: those concerning the exchange of syringes and the distribution of condoms. Following on from the study carried out in Liancourt in 2011 (Sannier *et al.* 2012), it starts from the following observation: a majority of prisoners are against the extension of harm reduction measures. Seeking to explain this state of affairs, this survey seeks to compile the profiles of the respondents to update the rationale for a rather "progressive" stance with regard to harm reduction compared to others, considered more "conservative". A history of injection, frequenting a treatment service in a non-prison environment, but also the fact of being a woman, of being unemployed before incarceration, or even being of advanced age are more social characteristics shared by those with a more "progressive" stance. It thus shows that greater awareness of the risks associated with drug use and the relationship to stigma promote stances that are more favourable to harm reduction.

## 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.

One study, conducted a few years ago, has entered a new one-year phase. This concerns the second phase of the PRI<sup>2</sup>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. Around 100 interviews were carried out in 2022. Data analysis is currently underway.

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.

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

## 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.

### **ANRS-Coquelinot 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.).

### **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.

## **CIRCÉ: 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.

## **ESSPRI: Survey on health and substances in prison**

*French Monitoring Centre for Drugs and Drug Addiction (OFDT)*

The aim of the ESSPRI survey is to provide recent prevalence data on the use of psychoactive substances by inmates in France. Data from this survey will enable comparisons to be made between the results of this survey and data on health and use in the general French and European populations.

The institutional and scientific partners are the Ministry of Justice (Prisons Administration Directorate), the Ministry of Health (National Health Directorate, Directorate of Health Care Supply), INSERM (National Institute for Health and Medical Research), DREES (Directorate for Research, Studies, Assessment and Statistics of the Ministry of Health) and INED (French Institute for Demographic Studies).

The survey involves interviewing inmates selected at random by the prison administration in a prison activity room. The anonymous self-administered questionnaires are administered on a digital tablet.

The questionnaire contains around a hundred questions grouped into four themes: personal situation and socio-demographic characteristics; living conditions in detention; general health (physical and mental); use of legal and illegal psychoactive substances.

After pilot surveys in prisons in 2021 and in remand centres in 2022, the first wave of the survey took place in the first half of 2023. 1 131 inmates responded to the survey. The results of this first wave will be published in early 2024.

## **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 201 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 drinks 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 1<sup>st</sup> July 2010.

### **PRI<sup>2</sup>DE: 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. Around 100 interviews were carried out in 2022. Data analysis is currently underway.

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.