Prison workbook
2025

France

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2025 National report (2024 data) to the EUDA by the French Reitox National Focal Point

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When responding to the workbook, please be certain to include in brackets the question numbers, e.g. (TO.1.1), to allow the EMCDDA to identify the relevant parts. Include these numbers for all mandatory questions and optional questions that you have answered. It is not necessary to enter the question numbers for optional questions that you do not answer.

T0. Summary

With 80 669 inmates the first of January 2025, there were 129 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of 01/01/2025 consists of 73.7% convicted inmates. The 01/01/2023, 13% of inmates were convicted for a drug-related offence (DLO) as primary offence.

The ESSPRI survey conducted in 2023, reveals that 6 in 10 inmates declare to smoke tobacco on a daily basis; 1 in 4 inmates claim to smoke cannabis daily; and 1 in 5 inmates report to have drunk alcohol at least once since their imprisonment. The survey also shows that the use of an illicit drug other than cannabis during imprisonment (cocaine, crack cocaine, MDMA/ecstasy, heroin) affects 1 in 10 inmates, and that 4 in 100 inmates report to have injected a substance at least once since their imprisonment. Finally, the youngest inmates (under 35 years old), are more frequent drug users in prison than their elders. A second phase of the ESSPRI survey is planned for 2025, aiming to ensure its continuity. It will cover a representative sample of at least 1,500 male detainees and will also be conducted in two overseas territories.

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 provide daytime hospital psychiatric places. 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.

New developments

Published in January 2025, the new roadmap "*Santé des personnes placées sous main de justice 2024-2028*" aims to improve access to prevention, care and health promotion for people in detention or under judicial supervision, both adults and minors. It sets out four main priorities in this area: making the health professions in judicial settings more attractive, shifting towards prevention and health promotion, improving care pathways in mental health and addiction, and adapting systems to specific groups (elderly people, people with disabilities, etc.). Six measures concern harm reduction in prison settings, including action 16, which provides for the implementation of a harm reduction policy adapted to the prison environment.

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 2024, France had 179 detention facilities (Chevalier 2024) with a total operational capacity of 60 616 "operational" detention places divided between:

- 75 remand centres;
- 27 detention centres;
- 6 high security prisons;
- 59 penitentiary centres (including many wings: remand, detention, security, female and minor);
- 12 semi-custodial centres and wings;
- 6 penal establishments and wings for minors;
- 1 national public health establishment located in Fresnes (thus falling within the scope of the Ministry of Health).

With 80 669 inmates the first of January 2025, there were 129 inmates for every 100 beds in France (Ministère de la Justice 2025). According to data from prisons administration directorate, the prison population in France as of 01/01/2025 consists of 73.7% convicted inmates. The 01/01/2023, 13% of them were convicted for a drug-related offence (as the primary offence) and are almost exclusively males (96%) (Ministère de la Justice 2024).

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

The Survey on Health and Substances in Prison (ESSPRI), conducted in 2023, is the first statistical survey on drug use in prison. It is constructed from a representative random sample of the male inmate population in mainland France, who have been imprisoned for more than three months, and are at least 18 years of age, all types of facilities and criminal statuses combined(Spilka *et al.* 2024). However, due to the relatively small sample size, ESSPRI indicators are provided with a 95% confidence interval to avoid misinterpretations, particularly in international comparisons.

Drug use prior to imprisonment

The results of the ESSPRI survey, conducted in 2023 by the OFDT, confirm very high levels of use among male inmates prior to their entrance to prison, in comparison with what is observed in the general population. Thus, 69% of inmates declared a daily tobacco use prior to their imprisonment [CI: 65-73] (compared to 27.8% in the general male population in 2021), 50% an annual cannabis use [CI: 45-55] (compared to 14.2% in the general male population in 2021), 23% a daily cannabis use [CI: 19-27] (compared to 2.5% in the general male population in 2021), and 51% a daily alcohol use [CI: 46-55] (compared to 50.5% in the general male population in 2021). The levels of use are also higher for other illicit substances: prior to imprisonment, annual cocaine use stood at 17% [CI: 12-22] (compared to 2.3% in the general male population in 2017), annual crack cocaine use at 7.7% [CI: 4.3-11] (compared to 0.3% in the general male population in 2017), annual MDMA use at 6.9% [CI: 4.0-9.8] (compared to 1.5% in the general male population in 2017) and annual heroin use at 7.1% [CI: 4.1-10.0] (compared to 0.3% in the general male population in 2017).

Drug use inside prison

Imprisonment rarely marks the end of drug use, but it is not a place for initiation either. However, a continuity of use is observed between the period prior to prison entry and the time spent in prison.

The Survey on Health and Substances in Prison (ESSPRI) provides an analysis of the use of seven psychoactive substances in French prisons. This first edition of the survey confirms levels of use which significantly exceed those observed in the general population. Thus, daily smoking in prisons reached 63%, which is 2.5 times higher than on the outside (in the general male population). Similarly, more than a quarter of inmates use cannabis on a daily basis (26%), which is a daily cannabis use prevalence at least 8 times higher than that in the general population. Alcohol use is the only exception, with 16% of inmates declaring to have used it at least once during their imprisonment. Thus, the most frequently used psychoactive substances on a daily basis in prisons, in descending order, are: tobacco, cannabis, and alcohol, whereas they are tobacco, alcohol, and cannabis in the general population. This results in a very common tobacco-cannabis polydrug use, and an almost inexistent tobacco-alcohol polydrug use, unlike what is observed in the general population.

Cocaine, crack cocaine, MDMA, and heroin use, on the other hand, are more limited in prisons: the prevalences of use at least once during imprisonment stand at 13% for cocaine, 5.4% for crack cocaine, 5.4% for MDMA, and 2.5% for heroine.

Drug use among prison leavers

The survey conducted by F2RSM psy (Charbit et al. 2023) is currently the only quantitative national questionnaire-based survey aimed at assessing the health of prison leavers. It shows that 67.1% of participants have at least one psychiatric or substance-related disorder, diagnosed by the MINI upon leaving prison. In total, half of the sample is affected by a substance-related disorder (49.0%). However, these substance-related disorders are measured in the 12 months preceding the survey and may therefore pertain to a condition prior to imprisonment.

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

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

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%.

Historic surveys have shown that prisoners are at greater risk of infectious diseases than others (See the 2021 'Prison' workbook). An 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. A recent thesis (Peyret 2023) shows that, while patients of Prison Health Units are well informed about overdoses, the main drug use risk factors, and first aid procedures, they are in demand of further information dissemination and training programmes on naloxone use.

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 survey conducted in 2023 by Fédération Addiction on the reference CSAPAs and published in January 2025 (Fédération Addiction 2024), showed that condoms are available in 80% of prison establishments; harm reduction equipment for sniffing in 29% of prisons; injection equipment and inhalation equipment (crack pipes) in less than 5% of prison establishments; naloxone is provided on release in 3% of prisons. Vapes are available in 32% of prisons.

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 estimate that in 2022, 22% of the people cared for in these centres have already been incarcerated at some point in their life [unpublished RECAP data].

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.

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/organisations; relationship to the system for community-based drug service provision.

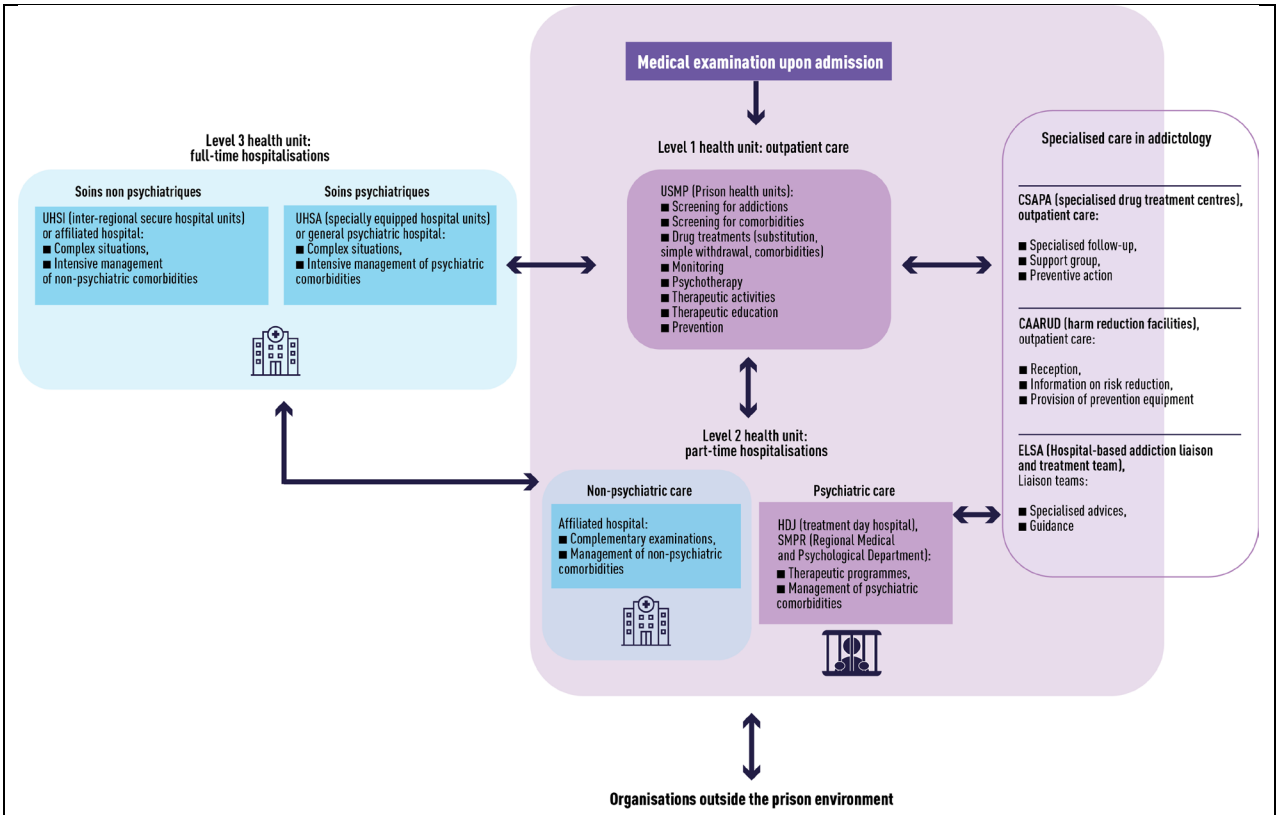
The law of 18 January 1994 [Loi n°94-43 relative à la santé publique et à la protection sociale] created the health care system as it stands today in the prison setting (see figure 1). The healthcare system is made up of 3 levels.

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: Inmates 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 incarcérées 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 (Protais 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).

Under action no. 22 of the (Ministère de la Justice and Ministère du Travail, de la Santé et des solidarités 2025), - "Improve the detection and management of addictive behaviours on entry, in detention and on release from prison" - one of the objectives is to extend the URUD Drug User Rehabilitation Unit pilot scheme. Interministerial work (in which MILDECA is involved) is underway to enable the deployment of two other pilot sites and allow for a more robust evaluation.

The scheme currently implemented at the Neuvic detention centre is co-financed by the Regional Health Agency, Directorate of Health Care Supply and MILDECA (Fund for Combatting Addiction).

T1.3.3. Please fill in the table below on drug related interventions.

The requested information is harmonised with the data collected through the European Facility Survey Questionnaire in Prison (EFSQ-P), Section 2 on Availability of drug related interventions.
Please provide a description of the table and particularly indicate:

- *whether you have used EFSQ-P to fill in this table*
- *if interventions were provided inside and/or outside prison*
- *who was the main provider of the interventions and who are complementary +providers indicate comments on the type/setting*

Table Drug related interventions in prison
Year of reference (*please indicate* as follow)

Type of intervention	**Available** (Yes/No/ NA/NK)	**Number of prisons in the country where interventions are actually implemented**	**Coverage of individuals** *(% out of all people in the prisons where interventions are implemented)*	**Comments**
a) Health check up				
1.Medical check-up done within 48 hours from prison entry	yes	In all prisons	100%	
2.Assessment of drug use and drug related problems	yes			
b) Detoxification				
1.Pharmacological	yes		(see T.1.3.4)	
2. Drug free	no			
c) Counselling on drug related problems				
1.Individual counselling	yes		50% of the reference CSAPAs in2017	
2.Group counselling	yes		44 % of the reference CSAPAs in2017	
3. Peer to peer support	no			
d) Residential drug treatment				
1.Drug free units without treatment component	no			
2.Drug free units with treatment component	no			
3.Therapeutic community	yes			
e) Opioid Agonist Therapy (excluding OAT interventions aiming at detoxification)	yes			
1.OAT continuation from the community	yes	In all prisons		
2.OAT continuation to the community	yes	In all prisons		
3.OAT initiation in prison	yes	In all prisons		
f) Infectious diseases interventions				
1.HIV testing	yes		Screening test is systematically offered during the medical admission examination	
2.HBV testing	yes		Screening test is systematically offered during the medical admission examination	

Type of intervention	Available (Yes/No/ NA/NK)	Number of prisons in the country where interventions are actually implemented	Coverage of individuals *(% out of all people in the prisons where interventions are implemented)*	Comments
3.HCV testing	yes		Screening test is systematically offered during the medical admission examination	
4. TB testing	yes		Test ordered after clinical examinations and/or certain immunocompromising conditions (e.g. HIV) and/or for prisoners from highly endemic countries.	
5.Hepatitis B vaccination	yes		Vaccination is systematically offered during the medical admission examination.	
6. BCG vaccination for tuberculosis	Yes		Ideally offered during an initial medical examination if not vaccinated.	
7. HIV antiretroviral therapy	yes		In all prisons	
8.Hepatitis C treatment	yes		In all prisons	
9. Hepatitis B treatment	yes		In all prisons	
10. TB treatment	yes			
11. HIV prophylaxis	yes		In all prisons	
12. HIV/HCV/HBV counselling	yes		In some prisons (depending on the involvement of teams)	
g) Harm reduction interventions				
1.Needles and syringe exchange	yes/no		In less than 5% of prisons (Fédération Addiction 2024)	
2.Disinfecting tablets/bleach	yes		In all prisons	
3.Other sterile material distribution	yes		"Roule ta paille" are available in 29% of prisons[1] (Fédération Addiction 2024)	
4.Condom distribution	yes		80% of prisons (Fédération Addiction 2024)	
6. Lubricant distribution	yes/no		Very few prisons	
5. Training on safer injecting	no			
7. Safe tattoo (training and education)	no			
8. Other (Specify)				
h) Drug related interventions in preparation for release				
1. Interventions of social reintegration, including housing and employment	yes		In all prisons	
2. Educational/vocational training				
3. Overdose prevention	yes		39% of prisons distribute naloxone (Fédération Addiction 2024)	
4. Overdose counselling	yes		In some prisons	

[11] Booklet of single-use straws to reduce the risks of sniffing. “Roule ta paille” comes in a booklet of detachable sheets ready to be rolled up to form straws for sniffing psychoactive substances.

Type of intervention	Available (Yes/No/ NA/NK)	Number of prisons in the country where interventions are actually implemented	Coverage of individuals *(% out of all people in the prisons where interventions are implemented)*	Comments
5. Naloxone distribution and training	yes		In some prisons	
6. Referrals to external drug services	yes		In all prisons	
7. Linkage to OAT in the community	yes		In all prisons	
8. Linkage to HIV care on release	yes		In all prisons	
9. Linkage to HCV care on release	yes		In all prisons	
10. Linkage to care for other infectious diseases (e.g. TB, HBV) (If needed)	yes		In all prisons	
11. Referrals to external health services for other health related issues (not drug specific)	yes		In all prisons	
12. Referrals to external social services	yes		In all prisons	
13. Other (specify)				

Data source	

Specifications:
Definition of each intervention included in the Methodological Guidelines. Condom distribution does not include distribution of condom during family/partner visit. In case the interventions are not needed, indicate NA= not applicable. NK= not known

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.

In 2023, opioid agonist treatment (OAT) data was available in 75% of correctional facilities (133 out of 177 facilities) containing 71.2% of prisoners. The estimated proportion of inmates having been treated with an OAT by the care system in the year stands at 6.5% of patients having been imprisoned in a correctional facility where OAT data was available. It is therefore estimated that around 11 900 prisoners in total have received an OAT across all correctional facilities in France this year (PIRAMIG/DGOS health unit activity reports processed by the OFDT).

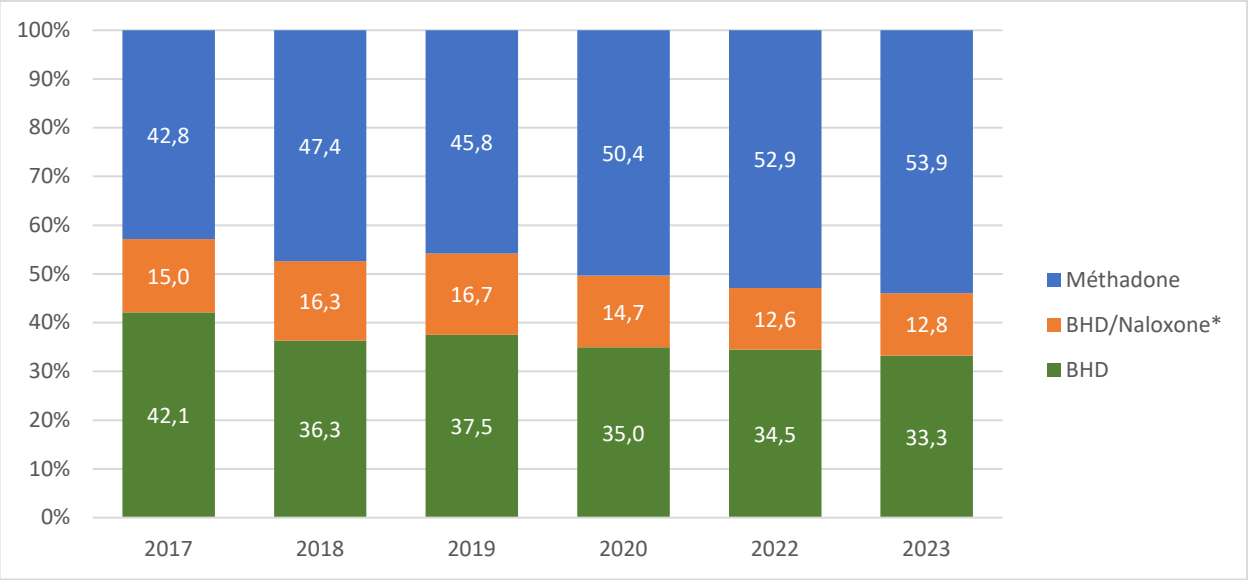
Prevalence of OAT by type of institution in 2023

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

Type of institution	Prevalence of OAT
Detention centres: prisoners sentenced to more than two years	6.8%
Remand prisons: remand prisoners and convicted persons with a sentence of less than two years	7.6%
Penitentiary: prisoners with a long sentence	5.5%

There was a choice between methadone and buprenorphine treatment in all facilities where data was available. Methadone maintained its momentum and represented 53.9% of OAT prescriptions in 2023.

Breakdown of opioid agonist treatment (OAT) in prison between 2017and 2023 (%) (Feng 2024)



Of the 136 establishments where data on OAT is available, 12 report that among their total outpatient admissions, no patient was treated in 2023 with methadone, buprenorphine or buprenorphine/naloxone.

The 12 establishments break down as follows:

- 5 specialised establishments for minors
- 2 detention centres
- 1 remand centre
- 3 penitentiary centres
- 1 high security prison.

Prolonged-release buprenorphine

There are currently two prolonged-release buprenorphine formulations available in France: Buvidal® and Sixmo®. Sublocade® is still awaiting marketing authorisation. Buvidal® is an prolonged-release subcutaneous injectable solution, administered weekly or monthly, which can only be given by an authorised professional. Prescriptions and administration are currently restricted to doctors working in prisons, hospitals and CSAPAs. Since its launch in 2021, Buvidal® has been prescribed increasingly often.

The positive effects of prolonged-release buprenorphine (Buvidal in France, Sublocade in the United States and Canada) among prison populations have been widely documented in international literature. The most significant are: a reduction in the misuse of opioid substitution medications and the concomitant use of other opioids (with a decrease in related overdoses) (Scott *et al.* 2022), a decrease in the use of care and hospitalisations during imprisonment (Scott *et al.* 2022), a reduction in the perceived stigma of drug users in prisons (Chappuy *et al.* 2021; Cheng *et al.* 2022), greater compliance/retention in treatment (particularly upon leaving prison) (Cheng *et al.* 2022; Dunlop *et al.* 2022; Lee *et al.* 2021; Scott *et al.* 2022), an overall improvement in quality of life (Gross *et al.* 2021), better reintegration into society, and a reduction in the number of recalls (Mlilo *et al.* 2024). As for caregivers in prison settings, studies show that prolonged-release buprenorphine allows greater patient access, reducing the time spent by nurses distributing opioid substitution medications, improving caregiver/patient relationships, and reducing the management

of security issues associated with the trafficking of medicinal products in prisons (Berk *et al.* 2022; Little *et al.* 2023).

In 2024, prolonged-release buprenorphine was designated by the General directorate for social policy (DGCS) as an "innovative opioid substitution treatment" (Instruction No. 2024-65 of 10 June 2024). In France, Buvidal® is currently the subject of numerous studies (OBAP, OPALE 2, etc.). Preliminary results from these studies are encouraging: they show a high level of retention in treatment, a reduction in the composite addiction score compared to the situation prior to the initiation of prolonged-release buprenorphine treatment, a decrease in craving, a disappearance of misuse, an improvement in quality of life and a reduction in the number of days of use (https://www.u-bordeaux.fr/actualites/un-observatoire-dans-la-lutte-contre-laddiction-aux-opiaces, https://sanpsy.u-bordeaux.fr/article117/letude-obap-observatoire-buprenorphine-daction-prolongee-description-en-situation-naturelle-de-lintroduction-de-la-buprenorphine-daction-prolongee-en-france-une-etude-prospective-observationnelle-n-id-rcb-2022-a02616-37).

In France, Buvidal is currently distributed in around a quarter of French prisons, with almost 1 620 prescriptions in 2023. The trial of this new medication, conducted in 2021-2022 in the Villeneuve les Maguelonnes prison, was accompanied by an acceptability study carried out with 81 inmates. In line with the results highlighted by international literature, it shows that prolonged-release buprenorphine enables a reduction in the perceived stigma, improves the quality of life of patients, by ensuring a long-term stabilisation of their dose and a retention in treatment (only 3 inmates requested to go back on their original medication). The treatment also puts an end to misuse and trafficking within prison settings. In a recent article (Terrail *et al.* 2023), the Villeneuve les Maguelonnes prison team analysed the budget impact of the use of prolonged-release buprenorphine in prison settings over 5 years. Based on a model that takes into account the costs associated with purchasing treatments, staff, misuse, and overdoses upon leaving prison, they envisage cumulative annual savings of 240 278 euros, on the basis of 50% of patients who are candidates for opioid substitution medications in the form of prolonged-release buprenorphine.

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: please 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.

- **Submission of the (as yet unpublished) report by Aymeric Brody on gambling in the prison population**

The survey carried out between September 2021 and March 2023 on gambling practices and gambling addiction issues in the French prison population supports the findings of international studies already conducted on the subject:

- a high prevalence of gambling practices and gambling addiction issues among inmates in the institutions studied;
- a possible causal relationship between the gambling problems experienced by the individuals concerned and the reason for their incarceration;
- persistence and diversity of gambling practices inside the prison, despite their prohibition and more or less strict control;
- a recreational dimension to these practices despite risky behaviours, particularly among players who identify as problematic;
- limited access to care for players who would like to obtain specific help but who may sometimes prove reluctant to engage in a therapeutic process.

Thus, while some gamblers seem to take advantage of their detention to stop gambling, others continue, either recreationally or for financial gain. A particular trajectory that can be observed is that of a significant proportion of these players whose gambling addiction may have contributed to their imprisonment, sometimes on several occasions. While the criminogenic nature of this addiction is still to be demonstrated, it can nevertheless be stated that there is a risk, for certain so-called problem gamblers, of entering a "deviant career" that could lead them to prison. This risk nevertheless depends on their living conditions, social environment, gambling habits and trajectory as players.

- **Defence of Clément Pico-Ngo's thesis on the "TABAPRI" project (Picot-Ngo 2024) and continuation of the "TABAPRI" experiment**

The TABAPRI project ("tobacco in prison" intervention research) aims to develop a specific programme for reducing or stopping tobacco use in prison in a context where 73% of inmates are smokers. The study explored the social and emotional uses of tobacco in detention, as well as the barriers to quitting. Through 51 individual interviews and 8 focus groups with inmates and professionals, the study showed that boredom, emotion management and the social role of tobacco are major factors in consumption. The barriers to quitting that were identified include misconceptions about quitting, limited access to substitution tools and high exposure to passive smoking.

In a participatory approach, a co-constructed programme was developed with the prisoners. This includes a launch event in the form of forum theatre, individual assessments, themed workshops (on nicotine substitutes, relaxation, nutrition, physical or artistic activities) and peer support groups. The aim is to strengthen motivation, remove barriers to quitting, and promote existing resources in a participatory framework adapted to the prison environment. An implementation study accompanied this roll-out in eight detention centres and included qualitative interviews with prisoners, facilitators, professionals and contributors, to understand perceptions and experiences relating to the intervention. This work aims to make this "Tabac émoi" [tobacco commotion] protocole a reproducible model that can be adapted to other prisons in France.

- **Prisantabac project by Ms Mélanie Rome**

The project aims to evaluate psychological interventions to quit smoking in prison. It comprises 3 areas of intervention. It is initially based on a review of the international literature and a meta-analysis. It then sets up a study of the predictive factors of tobacco use in prison and of the association with cannabis. Finally, it offers an evaluation of the cognitive-behavioural therapy (CBT) programme for smoking cessation in prison settings. Its results are expected in 2026.

- **Second wave of the ESSPRI survey**

In 2025, the OFDT will conduct the second wave of the Survey on Health and Substances in Prison (ESSPRI) with the aim of establishing a permanent survey system among the prison population in France, following on from the first wave carried out in 2023.

This second national wave of the survey aims to determine the prevalence, patterns of drug and psychoactive substance use, and living conditions within prisons in mainland France and in two overseas territories (Guadeloupe and Martinique).

This 2025 component targets a representative sample of at least 1,500 male prisoners who have been in prison for more than 3 months, spread across all the Interregional Prison Directorates (DISP). This main sample will be supplemented by a sample of around 200 female prisoners.

The survey protocol will be finalised before the summer. Administration will take place between October and December 2025 in the randomly selected units. The data analysis will begin at the start of next year with a view to a first publication before summer 2026.

- **Protocols implemented by certain Prison Health Units (USMPs) to limit misuse of certain medications in prison**

Some health units implement coordinated protocols to address the misuse of treatments, such as in Villeneuve lès Maguelone, Argentan and Seysses (respectively in the Hérault department on the outskirts of Montpellier in the Occitanie region, in the Orne department in Normandy, and in the Haute-Garonne department in the Occitanie region). Among the main measures, there is a prevention initiative through posters in prison, the withdrawal of substances with high addictive potential (benzodiazepines and hypnotics) and replacement with intermediate substances and/or phytotherapy, for example replacing pregabalin with gabapentin after medical assessment.

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.

Harm reduction measures in prisons have been the subject of much debate in France for several years. The implementing decree for the 2016 law concerning the procedures for applying harm reduction measures in prisons, has not yet been published. On 18 October 2022, 8 professional associations referred the matter to the Conseil d'État, urging the Prime Minister, Minister of Health and Minister of Justice to implement Article L34-11-8 of the Public Health Code and publish the relevant implementing decree. By decision of 8 April 2024, the Conseil d'État rejected the associations' request, on the grounds that the absence of a decree did not prevent the application of harm reduction measures in prison.

At the beginning of 2025, the **2024-2028** (Ministère de la Justice and Ministère du Travail, de la Santé et des solidarités 2025) was widely disseminated by the Ministry of Health.

This new plan follows on from the 2019-2022 plan, while introducing new features: 34 concrete actions are defined, ranging from improving telehealth and suicide prevention, to addressing the needs of young people monitored by the Judicial Youth Protection Service and transgender people. Particular attention is paid to mental health (specific studies, suicide prevention, care pathways), reducing risks linked to addictions, as well as promoting health in prison establishments.

Six measures specifically concern harm reduction.

1. Implementation of the harm reduction policy in prison settings (Action 16)

- Implementation of harm reduction policy adapted to the constraints of the prison environment. Objective: to prevent risks related to the use of psychoactive substances, infectious diseases (HIV, hepatitis), overdoses and risky behaviours.

2. Strengthening cooperation between justice and addiction care professionals (Action 13)

- Promote partnerships between health, justice, education and voluntary sector professionals. Example: cooperation between prison health units (USMP), CSAPA and CAARUD.

3. Deployment of smoke-free areas and support for quitting (Actions 8 and 9)

- Creation of **smoke-free detention facilities**.
- Enhanced support for quitting smoking, including for young people monitored in accommodation by the Judicial Youth Protection Service.

4. Strengthening the strategy for prevention and management of addictive behaviours among young people (Action 14)

- Specific targeting of **minors and young adults** monitored by the Judicial Youth Protection Service.
- Development of programmes tailored to their vulnerabilities (medication, drugs, alcohol, etc.).

5. Improvement of detection and treatment at all stages of the prison pathway (Action 22)

- Integration of facilitated access systems to addiction care, continuity of treatments (notably opioid substitution treatments).

6. Deployment of studies, training and guides on harm reduction

- Guides for prison and healthcare professionals (produced by the Fédération Addiction).
- Organisation of webinars and regional workshops.
- Monitoring of implementation through surveys on professional practices (e.g. ESSPRI survey).

These measures aim to **reduce health risks**, **prevent relapses**, **promote reintegration** and **strengthen continuity of care** for groups that are often very far removed from the traditional

healthcare system. Despite the decision of the Council of State in April 2024, the drafting of the decree providing for the implementation arrangements of the harm reduction policy adapted to the prison environment remains on the agenda and appears in action 16.

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. here possible, please provide references and/or links.*

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.

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

ESSPRI: Survey on health and substances in prison

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

The ESSPRI survey primarily aims to quantify the use of licit and illicit psychoactive substances in prisons. It is a survey on a representative random sample of male inmates in mainland France, who have been imprisoned for more than three months, and are at least 18 years of age. The questionnaire mainly consists of closed-ended questions on health, prison conditions, and psychoactive substance use behaviours (tobacco, alcohol, cannabis, cocaine, heroin, etc.) before and during imprisonment, with the aim of enabling comparability between the levels of use of substances with those quantified in the general population.

The survey is anonymous (no information that could identify inmates is collected). It is based on the three-stage cluster random sampling principle. 1) selection of interregional directorates of prison services (DISP): Bordeaux, Dijon, Lille, Marseille, Paris, and Rennes. 2) selection of units within the selected DISP correctional facilities (15 remand centres, 11 prison landings, of the 179 units in question). 3) sample selection in every unit selected is dependent on facility size (120 prisoners for the “large” units, and 40 for the “small”). The inmates, selected at random, are all invited to respond to a self-administered questionnaire on a digital tablet, in groups of 5 to 10, in an activity room within the facilities, under the sole supervision of a trained investigator.

The survey was conducted from 24 April 2023 to 29 June 2023. Of the 2 400 people selected at random, 1 094 questionnaires were deemed usable, which is a response rate of 45.6%.

The limited sample size and the selection of clusters of inmates explains the relatively low accuracy of the indicators, which makes the statistical analysis of use behaviours among inmates challenging, in accordance with various individual characteristics (type of sentence, age, imprisonment duration or conditions, etc.) or the type of unit.

Due to the low proportion of female inmates (less than 4% of the prison population), women were not included in this first component. In addition, it was agreed that overseas territories would be the subject of a specific component in 2024.

RECAP: Common Data Collection on Addictions and Treatments

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

This system was set up in 2005 and continually collects information about clients seen in National Treatment and Prevention Centres for Addiction (CSAPAs). In the month of April, each centre sends its results from the prior year to the OFDT, which analyses these results. The data collected relate to patients, their current treatment and treatments taken elsewhere, their uses (substances used and substance for which they came in the first place) and their health. The common core questions help harmonise the data collection on a national level and fulfil the requirements of the European Treatment Demand Indicator (TDI) protocol.

In 2022, approximately 180 000 patients (out of an estimated 315 000) seen in 270 CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

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