Prison workbook

2026

FRANCE

Contributors

Lucas BERARD, Ines DELETANG, Clara MONCEL, Cindy FENG, Sophie VERON

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Supervision: Antoine Devémy

Contribution to the workbooks
2. *Legal framework*: Inès Delétang, Clara Moncel
3. *Drugs*: Olivier Le Nézet, Clément Gérome, Cindy Feng, Eric Janssen
4. *Prevention*: Carine Mutatayi
5. *Treatment*: Sophie Véron, Cindy Feng
6. *Best practice*: Valérie Ulrich, Carine Mutatayi
7. *Harms and Harm Reduction*: Cindy Feng, Sophie Véron, Eric Janssen
8. *Drug market and crime*: Yasmine Salhi
9. *Prison*: Lucas Bérard, Inès Delétang, Clara Moncel, Cindy Feng, Sophie Veron
10. *Research*: Valérie Ulrich, Isabelle Michot

With contributions of the project managers of the Interministerial Mission for Combating Drugs and Addictive Behaviours, MILDECA

Proofreading: Valérie Ulrich, Stanislas Spilka
Proofreading (English version): Anne de l'Eprevier, Eric Janssen, Ivana Obradovic
Bibliographic and legal references: Isabelle Michot

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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 88 654 inmates the first of May 2026, there were 140 inmates for every 100 beds in France. This prison density rises to 173 prisoners per 100 places in remand centres (and their wings).

According to data from the Ministry of Justice's statistics department, the prison population in France as of 01/05/2026 consists of 73% convicted inmates. One in three inmates is on remand awaiting trial. The 01/01/2025, 13% of inmates were convicted for a drug-related offence (DLO) as primary offence.

The Survey on Health and Substances in Prison (ESSPRI) is, to date, the most recent epidemiological survey to shed light on the use of psychoactive substances in French prisons. This survey, carried out in 2023, which focuses on the use of psychoactive substances in prison, 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.

The second phase of the ESSPRI survey, for which fieldwork was completed in April 2026, covers a representative sample of 1 600 inmates, with 1 500 men and 100 women distributed across 28 establishments in mainland France and two overseas territories. The initial results are expected in late 2026 or early 2027.

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.

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. This roadmap remains current. The results were presented in an interim report on the implementation of this roadmap for the period from July 2024 to December 2025, and will be available next year.

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 2025, France had 178 detention facilities (Chevalier 2025) with a total operational capacity of 61 264 detention places divided between:

- 73 remand centres;
- 60 penitentiary centres;
- 6 penal establishments for minors;
- 1 national public health establishment (within the scope of the Ministry of Health);
- 38 detention centres

With 88 654 inmates the first of May 2026, there were 140 inmates for every 100 beds in France (Ministère de la Justice 2026a). This prison density rises to 173 prisoners per 100 places in remand centres (and their wings). In 33 prisons or one of their wings, the prison occupancy rate is at or above 200%.

According to data from the Ministry of Justice's statistics department, the prison population in France as of 01/05/2026 consists of 73% convicted inmates. One in three inmates is on remand awaiting trial.(Ministère de la Justice 2026a).

As of 1 May 2026, women accounted for 3.4% of the prison population in France (GENESIS in Ministère de la Justice 2026a).

The 01/01/2025, 13% of inmates were convicted for a drug-related offence (DLO) as primary offence (Ministère de la Justice 2026b).

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.

A new phase of the survey was conducted in the first quarter of 2026, and will measure changes in levels of psychoactive substance use in custody in mainland France between 2023 and.

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. The prevalence of NPS in French prisons was not assessed in this first phase of the survey. However, the use of these substances in prison was investigated in the second phase.

With regard to methods of drug use, several surveys reveal that, amongst users of at least one illicit drug other than cannabis, the preferred method of use was sniffing. Similarly, a number of

studies and reviews of existing surveys have shown a shift in consumption towards medications or cannabis (see T1.2.1 of the 2024 Prison Workbook).

The significant exposure to psychoactive substances is mainly explained by the continuity of use. The results of the 2023 ESSPRI survey reveal that a large majority of inmates who have used drugs whilst in prison report, in fact, to have already used them prior to their imprisonment (see T1.2.1 of the 2024 Prison Workbook).

Drug use among prison leavers

The survey conducted by F2RSMpsy (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

Whilst illicit drugs do circulate in prisons in France, the scale of the problem is difficult to gauge. Since the 'Circé' survey carried out by the OFDT in 2016, no other study to date has examined the extent of trafficking in psychoactive substances within 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-Roustide 2019). While diversion of drugs exposes the risks of uncontrolled intake, the initiation of certain products is another reported element (See T1.2.2 of the 2024 Prison workbook).

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.

Historic surveys have shown that prisoners are at greater risk of infectious diseases than others (see the 2021 Prison workbook). 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 2023, 21% of the people cared for in these centres have already been incarcerated at some point in their life [unpublished RECAP data].

The latest data available on addiction treatment in prisons showed that nearly 22 000 detainees received care from a CSAPA in 2022. These individuals were almost exclusively men (97%), with alcohol remaining the primary substance prompting treatment (45%). The other main substances leading to requests for treatment were cannabis (23%), followed by opioids (excluding diverted opioid agonist therapy) (9.5%), tobacco (9.5%) and cocaine/crack cocaine/free base cocaine (7.5%). The majority of these inmates sought treatment at their own initiative (40%), but some were referred by prison-based hospital healthcare units (UCSA) (27%) or rehabilitation and probation prison services (SPIP) (23%). Nearly 11% of this population have used intravenous injection at some point in their lives. CSAPAs also carry out prevention and harm reduction measures (See the Treatment workbook). Within this context, these facilities may provide opioid agonist therapy or carry out screening for certain diseases (hepatitis B, hepatitis C, HIV). In 2022, among the 22 000 individuals in custody treated by CSAPAs, 5.2% were receiving methadone treatment and 3.1% were receiving buprenorphine treatment. For the majority of them, these treatments were started before their imprisonment. With regard to screening, 19.4% of detainees seen by CSAPAs underwent hepatitis B screening, 19.4% were screened for hepatitis C, and 18.8% received HIV screening [data from 2022 CSAPA activity reports, unpublished].

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 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 2022, 193 CSAPA reported that they had worked in a prison, with 10 CSAPA exclusively working in prisons and 126 being reference CSAPA. These centres have worked with 150 prisons in mainland France and the overseas territories. A survey carried out in 2023 by the Fédération Addiction highlighted the difficulties faced by CSAPAs (Fédération Addiction, 2024).

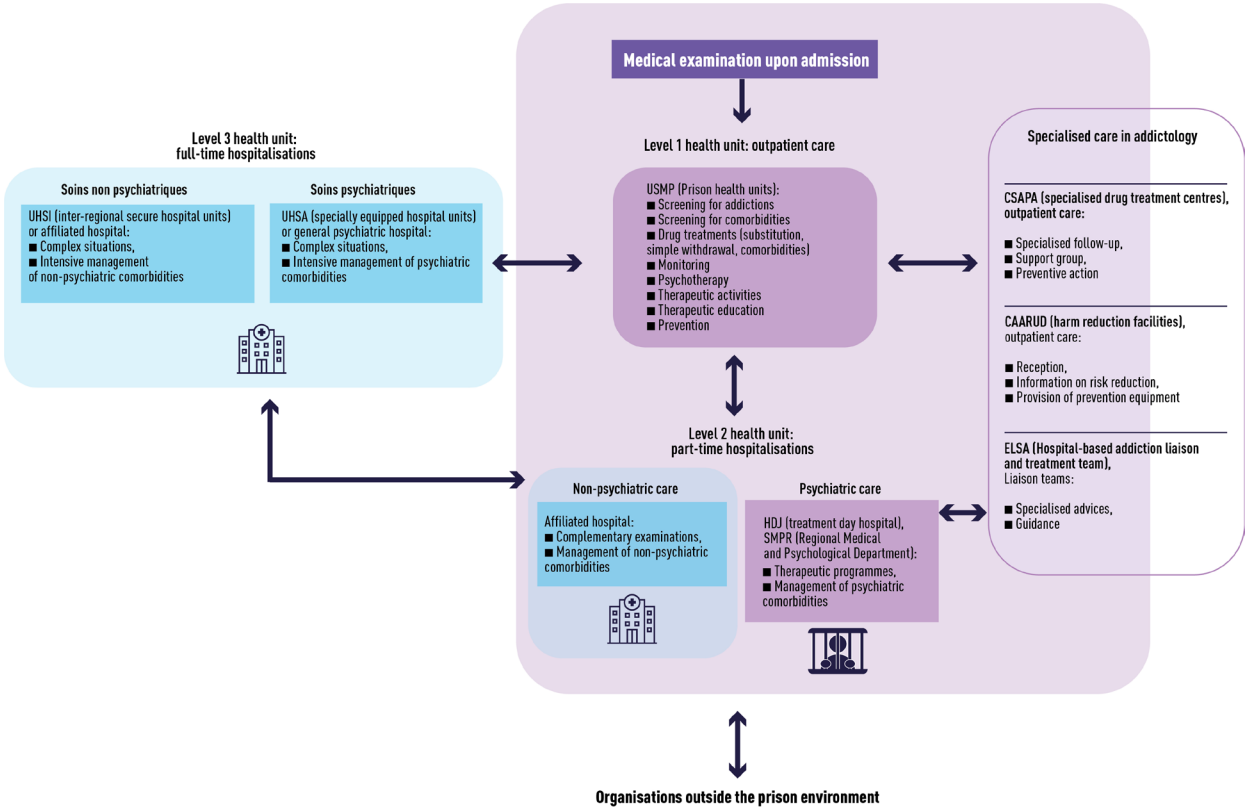
Harm reduction facilities (CAARUD) also intervene on an *ad hoc* basis in certain prison and detention establishments to inform users about the reduction of harms, improve access to care, and occasionally provide equipment designed to reduce risk and harm.

In 2024, the OFDT carried out a survey aimed at identifying all existing CSAPA and CAARUD centres in France, asking them about their reception procedures, their current caseload and their methods of intervention. Around a third of the CAARUD centres reported that they provided services within detention centres.

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). 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: the overall improvement in addictive behaviours compared to treatment in USMPs; significant improvement in self-esteem, and involvement in reintegration into society (Vinais *et al.* 2023). However, the small size of the initial sample does not allow formal conclusions to be drawn regarding the cost-effectiveness of the scheme. This report recommends expanding the experiment to other sites in order to have more data and enable a more robust evaluation from a medico-economic perspective.

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. A call for applications was issued by the Directorate of Health Care Supply (DGOS) to identify the two prison establishments that will host the new Drug User Rehabilitation Units (URUD). It ended in May 2026 [DGOS Inter-Ministerial Instruction of 10 April 2026]. This roll-out will be funded by a grant from the Fund for Combatting Addiction (FLCA).

The decentralised services of the prison authorities (prison establishments and SPIPs) have developed various initiatives aimed at supporting the cessation of addictive behaviour among inmates (Premier ministre 2025):

- health promotion and education programmes for drug users, in collaboration with health professionals;
- peer group interventions in the prison setting;
- the tailoring of interventions by SPIPs, specifically adapted to the needs of people in contact with the criminal justice system, particularly when an addiction issue has been identified;
- the development of a diversified network tailored to individual needs, particularly regarding addiction, through agreements with CSAPAs.

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			
2.Group counselling	YES			
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)				
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	
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	

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
			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		The needle exchange programme is officially run in two facilities in France. Around ten other doctors report that they provide a needle exchange service in prisons, but not as part of an official programme.	
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) *whilst the legal framework provides for a uniform distribution across all establishments*	
6. Lubricant distribution	YES/NO		Very few prisons	
5. Training on safer injecting	No			
7. Safe tattoo (training and education)	No			
8. Other (Specify): a hairdressing course that teaches sterilisation techniques	YES		In some prisons	
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	
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] 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
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

Despite the law on health system reform of 26 January 2016, which provided for the implementation of harm reduction measures tailored to custody, the roll-out of this policy has remained very limited in prison establishments (Corneloup and Leboucher 2025). Since 2015, there has been no new data available regarding HCV and HIV serological prevalence (Remy *et al.* 2017).

In May 2023, a working group of medical staff working in Prison Health Units (USMPs) or CSAPAs who had implemented initiatives in this field identified several levers that could support the roll-out:

- providing sufficient resources for CSAPAs and offer training in addiction medicine for medical staff;
- improving access to harm reduction tools;
- ensuring ongoing dialogue with the prison authorities;
- including harm reduction in pre-release preparation activities.

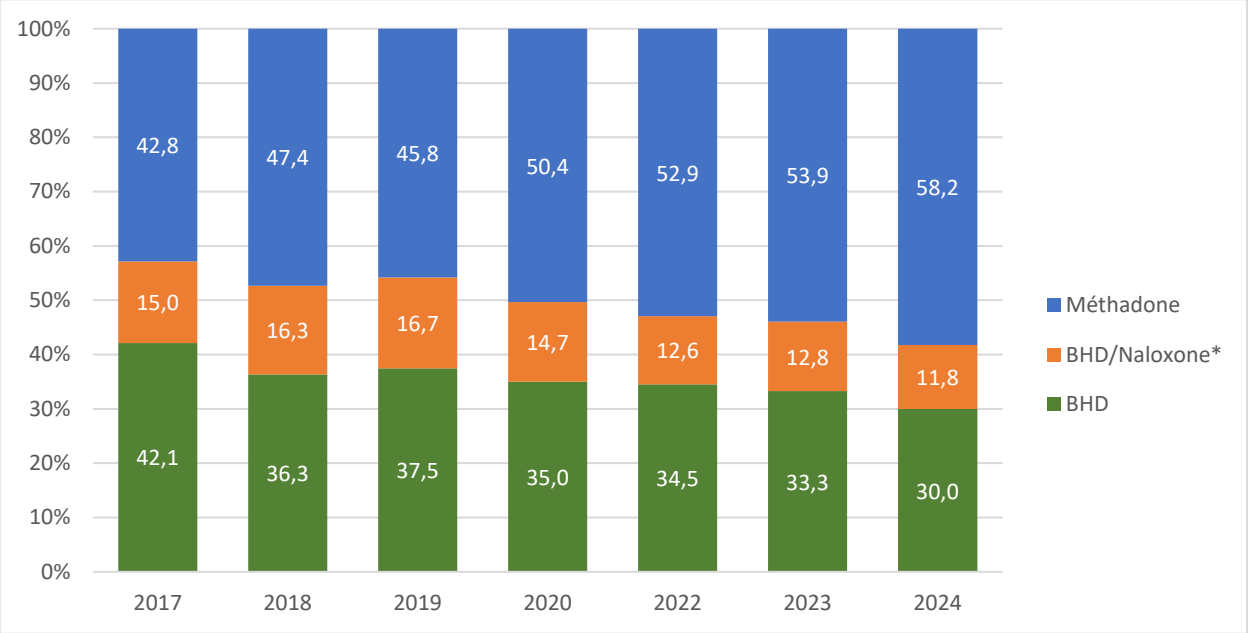
T1.3.4. Please comment any contextual information helpful to understand the estimates of opioid substitution treatment clients in prison provided in ST24.

The latest available data (2024) on opioid agonist treatment (OAT) covers 70.2% of inmates. The estimated proportion of inmates having been treated with an OAT by the care system in 2024 stands at 6.5% of patients having been imprisoned in a correctional facility where OAT data was available. It is therefore estimated that around 12 000 inmates have received an OAT across all correctional facilities in France.
There was a choice between methadone and buprenorphine treatment in all facilities where data was available. Methadone maintained its momentum and represented 58.2% of OAT prescriptions in 2024 [OFDT's analysis of the activity reports from healthcare units PIRAMIG/DGOS], see the figure below showing the breakdown of OATs in prison.

Prevalence of OAT by type of institution in 2024
The proportion of inmates using an OAT 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	9.7%
Remand prisons: remand prisoners and convicted persons with a sentence of less than two years	6.0%
Penitentiary: prisoners with a long sentence	5.3%

Breakdown of opioid agonist treatment (OAT) in prison between 2017and 2024 (%) (Feng 2025)



Note: BHD = buprenorphine

Of the 133 establishments where data on OAT is available, 12 report that among their total admissions, no patient was treated in 2024 with methadone, buprenorphine or buprenorphine/naloxone.

The 12 establishments break down as follows:

- 5 specialised establishments for minors
- 2 detention centres
- 3 remand centre
- 1 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 (see T3.1.4 of the 2025 Prison workbook).

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 (Université de Bordeaux 2024).

In France, Buvidal is currently distributed in less than a quarter of French prisons, with almost 2 124 prescriptions in 2024. 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.

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.

- **Publication in the journal *Psychotropes* of the article by Aymeric Brody titled « *C'est le jeu qui m'emmène en prison » : enquête par entretien auprès de joueurs détenus en maison d'arrêt* » [It's gambling that's landing me in prison': a study based on interviews with prisoners serving sentences in remand centres] (Brody 2025)**

The article raises the following question: "Can an addiction to gambling lead to gamblers being put in prison?" To respond, the author drew on his survey by individual interviews with incarcerated gamblers (all men, some of whom were remand prisoners), conducted between September 2021 and March 2023 in two French remand centres. The survey received financial support from MILDECA. The respondents were individuals who indicated their interest in an interview in the questionnaire distributed to all incarcerated persons in the two establishments, in order to assess the prevalence of gambling practices and issues related to gambling addiction. There were 143 responses to the questionnaire (out of 1 250 detainees present). In addition, participant observations were carried out in the establishments' reference addiction medicine centres (with some of the interviewed detainees receiving care there). The interviews revisited the life stories of the gamblers, whether or not they self-identified as addicts. The analysis of the transcripts focused on the issue of the link between addiction and imprisonment, by examining the life stories of the incarcerated gamblers interviewed. How does this link make sense in light of the biographical trajectories of these detainees?

Of the 35 interviewees, 15 reported having previously experienced gambling addiction. Nearly three quarters of these (9 out of 15) acknowledged in the interview that there was a direct or indirect link between their gambling problems and the reason for their imprisonment. Almost half of these individuals (4 out of 9) had been arrested for participating in narcotic trafficking, in order to finance their gambling and/or repay gambling debts. Being charged with drug trafficking was the most common reason for imprisonment among the detainees interviewed.

Two individuals described their trajectory as a sequence of events, beginning with a loss of money due to gambling, leading to getting involved in drug trafficking as a means to obtain funds. Gambling thus becomes the motivation to continue drug trafficking, which for some represents an easy way to make money. One was a cannabis dealer and the other acted as a "minder" (responsible for storing trafficked goods in premises designated for this purpose). The latter described his reimprisonment as a consequence of his first arrest: he returned to his role as a minder to repay the money demanded following the seizure of the drugs.

There was a range of gambling practices: horse race betting, scratch cards, illegal poker games, casino gambling, online betting. Not all of the detainees interviewed identified themselves as being, or having been, addicts. Some of them were engaged in a treatment process. When this was discussed, the following topics were also addressed: personal development and relapse into gambling. One gambler admitted to "gambling online in prison".

- **Fédération Addiction is leading the PASIGA project, "Prison, support for a comprehensive intervention strategy in addiction medicine", from November 2025 to December 2027 (Fédération Addiction, unpublished PASIGA presentation**

This project concerns the prison environment and comprises three main actions:

1) Three regional "Addiction and Prison" day-long events, involving volunteer participants among the reference CSAPAs, USMPs, SMPRs, or CSAPAs or CAARUDs working in custodial contexts, as well as partners.

2) Support for three prison establishments to develop their intervention strategy in addiction medicine.

3) Development of an “Addiction and Prison” toolkit that can be used across all prison establishments.

PASIGA has been implemented in three regions: Hauts-de-France, Île-de-France and Auvergne-Rhône-Alpes. The project is funded by the Fund for Combatting Addiction. Particular attention will be paid to issues relating to tobacco, harm reduction measures (in particular, the approach to support and tools), prevention of deaths linked to overdose, and coordination with external stakeholders in the custodial context.

- **EPSYLON study (Longitudinal Psychiatric Epidemiology in Prison) , quantitative aspect (D'Ovidio *et al.* 2025)**

The EPSYLON study aims to assess changes in the mental health of individuals imprisoned in remand centres during the initial months of their custody. Changes are assessed based on information collected at three points in time (on entry into custody, at 3 months and at 9 months of imprisonment), from a sample of 951 inmates in remand centres.

The data collected indicates a relative stability in psychiatric disorders over time, suggesting that the prison environment contributes to maintaining a high level of psychological distress, without allowing for significant improvement. Beyond this observation, these findings highlight several areas for action that could help improve mental health in custody. Prevention and management of violence, as well as addressing feelings of isolation, emerge as key priorities for reducing psychological distress. Strengthening social ties, encouraging group activities and ensuring genuine access to a range of healthcare services are concrete avenues for addressing this crucial issue.

- **Survey on the autonomy of inmates, conducted by the Directorate for Research, Studies, Assessment and Statistics (DREES)**

The Autonomy-Prisons survey was conducted in 2025 with the aim of describing the situation of inmates in relation to their types of disability and loss of autonomy, assessing their living conditions, and analysing the challenges they face in daily life and the barriers to participating in activities in custody, in comparison with other inmates. It examined certain patterns of use of psychoactive substances and their impact on everyday life.

The survey was conducted in around 50 districts in mainland France and the overseas territories. The results are expected in late 2026.

- **“Tabapri” study on tobacco withdrawal in custody**

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.

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 was conducted alongside the roll-out in eight custody centres, to assess the short-term effectiveness of the intervention on tobacco withdrawal. To this end, data was collected using questionnaires five times between December 2023 and December 2024, at three-month intervals.

The study demonstrated the following:
- The scheme had a positive impact on reducing tobacco use among participating inmates, with an effect that appeared to increase over time.
- Inmates who took part in the intervention had a stronger motivation to quit smoking.

- Inmates involved in the programme made more frequent use of medical support and withdrawal aids than those who did not participate.

- **Prisantabac project by Ms Mélanie Rome (Rome *et al.* 2026)**

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. The study was conducted at the Paris-La Santé remand centre.

The findings will help guide the development of targeted interventions tailored to the specific needs of this particularly vulnerable population. The results are expected in 2026.

- **2025-2026 ESSPRI survey**

In 2025-2026, the OFDT has conducted 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).

The second phase of the survey created a representative sample of 1 600 inmates (men and women), distributed across 28 establishments (34 units) in all Interregional Prison Directorates (DISP).

Data analysis will begin during the summer of 2026, with initial publication of results planned for late 2026 or early 2027.

- **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 (Ministère de la Justice and Ministère du Travail de la Santé et des solidarités 2025).

his 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.

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 as requested in the 2026 law (law no. 2016-41 of 26 January 2016 on health system reform). 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), Youth Addiction Outpatient Services (CJC), Rehabilitation and probation prison services (SPIP), Judicial Youth Protection Service (PJJ), 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 (early intervention, social integration, family therapy).
- 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)

- Providing support for addiction and counselling for prisoners from the moment they are admitted to prison, whilst in prison, and upon release.
- Integration of facilitated access systems to addiction care, continuity of treatments (notably opioid substitution treatments).
- Distribution of naloxone to at-risk prisoners and those leaving prison.

6. Strengthening prevention, screening and treatment of HIV, HBV and HCV infections in custody (Action 17)

- Promoting and supporting partnerships with free information, screening and diagnosis centres (CeGIDD), CSAPAs, CAARUDs and associations involved in combating these infections.
- Encouraging the use of rapid diagnostic tests (RDT).
- Broadening the ways in which both internal and external condoms are made available in custody (always provided with lubricant) and clarifying their supply mode.

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

- Guides for prison and healthcare professionals (produced by the Fédération Addiction).
- Training for healthcare professionals and prison staff (on the subject of addiction and the use of naloxone).
- 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.

The 2023-2027 roadmap for the health policy for inmates remains active. The results presented in an interim report on the implementation of this roadmap for the period from July 2024 to December 2025 will be available next year.

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.*

In the prison context, the implementation of the law of 13 June 2025 aimed at freeing France from the trap of drug trafficking has notably led to the opening of two high-security prisons, in Vendin-le-Vieil in July 2025 and Condé-sur-Sarthe in October 2025[2] (see T2.1 of the Legal framework WB).

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.*

[2] https://www.justice.gouv.fr/actualites/actualite/vendin-vieil-conde-sarthe-deux-premieres-prisons-haute-securite, last accessed on 20/05/2026.

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?

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 2024, approximately 190 000 patients (out of an estimated 332 600) seen in 253 CSAPAs for an addiction-related issue (alcohol, illicit drugs, psychoactive medicines, behavioural addiction) were included in the survey.

CSAPA activity reports: analysis of the activity reports from the specialised drug treatment centres (CSAPA)

National health directorate (DGS), OFDT

Each year, CSAPAs draw up a standard activity report, which is sent to the Regional Health Agency (ARS). These reports are then sent to the National Health Directorate (DGS) and subsequently to the OFDT, which is responsible for their analysis. The purpose of this collection of information is to monitor the centres' activity, as well as the number and characteristics of individuals receiving treatment there. Epidemiological data are not collected for each client individually, but for all individuals seen at the facility.

For the year 2022, which is the most recent data available, reports were analysed from 385 outpatient CSAPAs, some of which also operate in prisons, and 116 accommodation services coordinated by CSAPAs. To provide the most accurate estimate of the number of individuals that received treatment, missing data for 2022 was supplemented using 2019 data, adjusted by linear regression based on information from CSAPAs that responded in both 2019 and 2022.