

# Prison workbook

## 2022

*France*

---

### ***Contributors***

Caroline Protais, Anna Ndiaye, Julien Morel d'Arleux (OFDT)

**2022 National report (2021 data) to the EMCDDA by the French Reitox National Focal Point**

**Supervision:** Julien Morel d’Arleux  
**Coordination and editorial:** Esther Thiry

**Contribution to the workbooks**

- 1. *Drug policy:* Cristina Díaz Gómez
- 2. *Legal framework:* Margaux Blanchon, Caroline Protais
- 3. *Drugs:* Olivier Le Nézet, Sabrina Cherki, Clément Gérome, Michel Gandilhon, Eric Janssen
- 4. *Prevention:* Carine Mutatayi, Caroline Protais
- 5. *Treatment:* Anna Ndiaye, Léo Bouthier, Sabrina Cherki, Clément Gérome
- 6. *Best practice:* Anna Ndiaye, Carine Mutatayi
- 7. *Harms and harm reduction:* Anna Ndiaye, Léo Bouthier, Sabrina Cherki
- 8. *Drug market and crime:* Michel Gandilhon, Caroline Protais, Sabrina Cherki
- 9. *Prison:* Caroline Protais, Anna Ndiaye, Julien Morel d’Arleux
- 10. *Research:* Maitena Milhet, Isabelle Michot

**Proofreading (French version):** Julien Morel d’Arleux; Nicolas Prisse, president of the Interministerial Mission for Combating Drugs and Addictive Behaviours, and the project managers of the MILDECA.

**Proofreading (English version):** Anne de l’Eprevier

**Bibliographic references:** Isabelle Michot

**Legal references:** Margaux Blanchon, Anne de l’Eprevier

**Table of contents**

- T0. Summary ..... 3
- T1. National profile..... 4
  - T1.1. Organization ..... 4
  - T1.2. Drug use and related problems among prisoners ..... 5
  - T1.3. Drug-related health responses in prisons..... 9
  - T1.4. Quality assurance of drug-related health prison responses..... 13
- T2. Trends (Not applicable for this workbook)..... 14
- T3. New developments ..... 14
- T4. Additional information ..... 15
- T5. Sources and methodology..... 16

## T0. Summary

- National profile
  - Summary of T.1.1: Provide core data on prison system: number of prisons and of prisoners, trends.
  - Summary of T1.2.1: please describe drug use among prisoners prior to imprisonment and drug use inside prison;
  - Summary of T1.2.2 : please describe risk behaviour and health consequences among prisoners before and in prison;
  - Summary of T.1.3: please provide a summary of the main forms of drug supply in prison;
  - Summary of T1.3.1: refer to policy or strategy document at national level deals with drug-related prison health;
  - Summary of T1.3.2: please refer to the ministry (or other structure) in charge of prison health and describe role of external (community-based) service providers (if any);
  - Summary of T1.3.3: please describe the types of drug-related health responses available in prisons in your country and if possible the scale of provision in terms of coverage and capacity.
- New developments
  - Summary of T3: please describe the most recent developments in drug use (including NPS), and drug related interventions in prison

With 69 448 inmates, there are 114 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of the first of January 2022 consists of 77.5% convicted inmates, with 13.5% of them for a drug-related offence (DLO) or other public health violations.

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

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

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

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

- New developments

Around 12 900 inmates received opioid substitution treatment in 2018, representing 7% of those who stayed in a prison setting.

Despite the continuation of the COVID epidemic in 2021-22, French prisons have generally returned to their normal functioning. However, the epidemic is monitored and specific measures are taken in the event of an outbreak being observed in an establishment.

A medico-economic evaluation of the URUDs (drug user rehabilitation units) was conducted in 2017 and 2022. It confirmed the results of the OFDT evaluation in 2016, which noted the beneficial effects of the URUD on its residents, recommended that the evaluation be continued and proposed that the system be duplicated in 3 or 4 new establishments.

## T1. National profile

### T1.1. Organization

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

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

#### Overview of prison services in France

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

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

With 69 448 inmates, there are 114 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of the first of January 2022 consists of 77.5% convicted inmates, with 13.5% of them for a drug-related offence (DLO) or other public health violations. They are almost exclusively males (96%).

## T1.2. Drug use and related problems among prisoners

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

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

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

- Drug use prior to imprisonment
- Drug use inside prison

### Drug use prior to imprisonment

National studies on drug use in prisons are rare and often old (see Table 1). The most recent ones (less than 10 years old) were conducted at the regional level (OR2S 2017) or at the level of a prison (Sannier *et al.* 2012). In the study conducted in the Picardie region in 2015 (OR2S 2017), 40% of inmates claimed to have taken at least one illegal drug in the 12 months prior to imprisonment, 22% regularly and 18.5% occasionally. Cannabis use concerned 38% of inmates, cocaine/crack use 6%, heroin, morphine or opium use 9%, and diverted psychotropic medicine use 2.7%.

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

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

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

Survey	Scope	Sample size	Types of consultants	Method of questionnaire execution	Unit of measurement	Consumption of drugs before incarceration						
						At least one drug (excluding tobacco)	Cannabis	Alcohol	Cocaine/crack	Opiates	Prescription drugs	At least two products
DREES (2003)	National	6 087	1/13 new arrivals in prison	Statistical processing of files drawn up by the Health Unit for each new arrival	12 months prior to incarceration		29.80%	31.00%	7.70%	6.50%	5.40%	11%
Liancourt Health Unit (2011)	Local on the scale of an establishment	381	All inmates of the penitentiary centre	Self-administered questionnaire in the cell	Not specified: by default, entire life	60%	53%	22% cocaine only?	18.9% (heroin only)	12.60%	24.40%	
ORS Picardie (2015)	Local on the scale of the Picardie region	1 938	All new arrivals	Statistical processing of files drawn up by the Health Unit for each new arrival	12 months prior to incarceration	85.50%	37.90%	6.10%	9.30%	2.70%	27.20%	
Lyon-Corbas Health Unit (2013)	Local on the scale of an establishment	457	All inmates of the prison	Self-administered questionnaire in the cell				na				
COSMOS (2019)	Local on the scale of the Pays de la Loire region	800	All new arrivals and inmates	Administration by a surveyor in a confidential location	12 months prior to incarceration		49%	73%	16.50%	8.9% (heroin only)	3.50%	

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

## Drug use inside prison

Imprisonment rarely means discontinuing use.

Some surveys provide preliminary data quantifying substance use. A thesis (d'Almeida *et al.* 2016) estimates that 8 out of 10 inmates smoke while in prison (tobacco and/or cannabis). The surveys conducted in the 2010s, at the Liancourt (Sannier *et al.* 2012) and Lyon Corbas (Sahajian *et al.* 2017) prisons, indicate cannabis use in the region of 40%, cocaine use ranging from 7% to 10% and heroin use of around 8% (see Table 2). According to the survey conducted at Liancourt, nearly 7% of inmates reportedly used morphine-based medications for non-medicinal purposes, and nearly 9% non-prescribed benzodiazepines.

The COSMOS study, already mentioned, presents consistent results for cannabis use (see Table 2), but differs significantly for other products, with alcohol, cocaine and heroin use appearing to be very low.

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

Survey	Scope	Sample size	Types of consultants	Method of questionnaire execution	Unit of measurement	Consumption of drugs during incarceration						
						At least one drug (excluding tobacco)	Cannabis	Alcohol	Cocaine/crack	Opiates	Prescription drugs	At least two products
DREES (2003)	National	6,087	1/13 new arrivals in prison	Statistical processing of files drawn up by the Health Unit for each new arrival				na				
Liancourt Health Unit (2011)	Local on the scale of an establishment	381	All inmates of the penitentiary centre	Self-administered questionnaire in the cell	Percentage calculated on the entire number of respondents	43.60%	38.20%		7.10%	8.1% (heroin only)	15.50%	8.20%
ORS Picardie (2015)	Local on the scale of the Picardie region	1,938	All new arrivals	Statistical processing of files drawn up by the Health Unit for each new arrival				na				
Lyon-Corbas Health Unit (2013)	Local on the scale of an establishment	457	All inmates of the prison	Self-administered questionnaire in the cell	Percentage calculated on the entire number of users	83.60%	36.80%	30.40%	10.30%	7.70%	12.30%	57%
COSMOS (2019)	Local on the scale of the Pays de la Loire region	800	All new arrivals and inmates	Administration by a surveyor in a confidential location	Percentage calculated on the entire number of respondents		37%	2.10%	1.90%	1.1% (heroin only)	10.40%	

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

With regard to the methods of administration of the products, the survey carried out at the Lyon-Corbas remand prison estimates that among the users of at least one illicit product other than cannabis, the preferred method of administration was sniffing (for 60% of them) and injection (for 30%). The COSMOS survey shows that 3% of respondents report sniffing and less than 1% report injecting. A number of reports and studies have documented altered methods of use in prison settings: the nasal route is becoming the most common, although injection is likely to persist (Michel 2018; Michel *et al.* 2011; Stankoff *et al.* 2000). Similarly, a few studies and summaries of existing surveys have shown a shift towards the use of medications or cannabis (Protais *et al.* 2019). The survey conducted in Liancourt and the COSMOS study show that between 10 and 15% of respondents use psychotropic drugs outside the prescription framework, showing a clear change in use.

Further to a preliminary study conducted in 3 French prisons (Néfau *et al.* 2017), the analysis of prison sewage continued in 2017, at 2 prisons in mainland France and one in an overseas department (Kinani *et al.* 2018). The findings still show the substantial presence of THC, a marker for cannabis use, in the samples. Cannabis use in prison is considerably higher than outside of prison: cannabis is taken on average between 0.5 and 4 times a day per person, which is up to 10 to 20 times the rate observed in the general population. Cocaine and MDMA use observed in custody is similar to the amount used by the general population: cocaine is taken around 10 times on average per 1,000 people and irregularly, depending on the day, as there are few people who use it. MDMA use, observed in mainland France alone, is lower than cocaine use and is also irregular, as MDMA detection in samples is not systematic. Analysis of the alcohol consumption marker has always come back negative. Methadone, buprenorphine and morphine use were studied at the same time. They were found to be consistent with the dispensing data provided by the facility's pharmacy.

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

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

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

### **Drug-related problems in prison**

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

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

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

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

Generally speaking, patterns of use have changed over the last twenty years with the development of harm reduction measures and access to substitution treatment (Cadet-Taïrou 2019). However, the Coquelicot survey (Michel *et al.* 2018) showed that among those surveyed who reported a history of incarceration and injecting, 14% reported injecting inside prison, of which 40.5% reported injecting with needle and syringe sharing. The survey conducted in Lyon-Corbas also shows that only 12% of injectors declared sterilising their equipment with bleach.

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

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

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

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

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

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



### T1.3. Drug-related health responses in prisons

The purpose of this section is to:

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

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

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

Furthermore, the health system reform law of 26 January 2016 reasserted the need for the diffusion of harm reduction measures in the prison setting [[Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé](#)]. The implementing decree has yet to be passed, but discussions between the Ministries of Health and Justice to bring the law to fruition have resumed to date.

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

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

The law of 18 January 1994 [[Loi n°94-43 relative à la santé publique et à la protection sociale](#)] created the health care system as it stands today in the prison setting. Health care in prison is made up of prison health units (USMP) which offer somatic and psychiatric care. Psychiatric care units (regional medico-psychological hospital services - SMPR) coordinate and support USMP. They have hospital places for during the day. To treat people presenting with addictive behaviour and the resulting somatic and/or psychiatric symptoms, these units can benefit from working with a CSAPA (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.

Prisoners may also be hospitalised in one of the 11 secure inter-regional hospital units (UHSI) providing somatic 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).

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 [[Cirulaire DGS/DH/DAP n°96-739 relative à la lutte contre l'infection par le virus de l'immunodéficience humaine \(VIH\) en milieu pénitentiaire : prévention, dépistage, prise en charge sanitaire, préparation à la sortie et formation des personnels](#)] (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.

T1.3.3. Please fill in the table below on selected interventions, if possible; comment on the types of drug-related health responses available in prisons in your country and if possible the scale of provision in terms of coverage and capacity.

Information relevant to this answer could include: health screening at prison entry, including assessment of drug use and related problems (specify rules and deadlines, approach of drug use assessment, such as use of standardise tools, medical or other staff involved; availability of treatment (psychosocial / counselling / pharmacological-assisted), OST in prison (initiation and/or continuation and requirements for continuation; treatment regimens, including dosage; collaboration with external providers; registration, coverage of drug users prisoners), harm reduction interventions (including syringe distribution), overdose prevention training and naloxone (in prison or on release), testing, vaccination and treatment of infectious diseases & referral processes to external services on release.

**Table Drug related interventions in prison**

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
Assessment of drug use and drug related problems at prison entry		Yes	In all prisons	All prison entrants meet a health care provider (a nurse and then a doctor) to assess their overall health state and provide them with care tailored to their needs.

Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
<b>Counselling on drug related problems</b>				
	Individual counselling	Yes	50% of the reference CSAPAs in 2017	
	Group counselling	Yes	44% of the reference CSAPAs in 2017	
<b>Residential drug treatment</b>				
	Drug free units/Drug free wings	No		
	Therapeutic community /residential drug treatment	Yes	1 establishment in an experimental setting (in Neuvic)	Community care based on a peer-helper system, in 3 phases, over a 6-month period
<b>Pharmacologically assisted treatment</b>				
	Detoxification	No		
	OST <sup>1</sup> continuation from the community to prison	Yes	In all prisons	
	OST initiation in prison	Yes	In all prisons	
	OST continuation from prison to the community	Yes	In all prisons	
	Other pharmacological treatment targeting drug related problems	Nicotine replacement therapies for smoking cessation	In all prisons	
<b>Preparation for release</b>				
	Referrals to external services on release	Yes	The 174 CSAPAs work in 161 of the 185 prison establishments in 2017.	One of their aim is to prepare inmates for their release. They monitored 29 650 people with addictive behaviour problems in 2017. In 2017, 97% of the reference CSAPAs engaged with people in an ambulatory care project on their release, 86% in a residential care project and 83% referred inmates towards other CSAPA (Fédération Addiction 2019).
	Social reintegration interventions	Yes	Data not known	In 2017, 58% of the reference CSAPAs reported to have physically supported their clients on prison leave and 48% reported to have physically supported them when they were released from prison (Fédération Addiction 2019).
	Overdose prevention interventions for prison release (e.g. training, counselling, etc.)	Yes	Data not known	CSAPA and CAARUD (low-threshold centres) specific interventions.
	Naloxone distribution	Yes	Data not known	Inmates who have just been released from prison have been the main target market for the distribution of naloxone since it became available in 2016 (cf. <a href="#">Note n°2016-223</a> of 11/07/2016). This was confirmed by the roadmap for preventing and taking action against overdose of opioids which was adopted in July 2019 by the Ministry of Health.
<b>Infectious diseases interventions</b>				
	HIV <sup>2</sup> testing	Yes	Screening test is systematically offered during the medical admission examination.	
	HBV <sup>3</sup> testing	Yes	Screening test is systematically offered during the medical admission examination.	
	HCV <sup>4</sup> testing	Yes	Screening test is systematically offered during the medical admission examination.	

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

<sup>2</sup> Human Immunodeficiency Virus

<sup>3</sup> Hepatitis B Virus

<sup>4</sup> Hepatitis C Virus

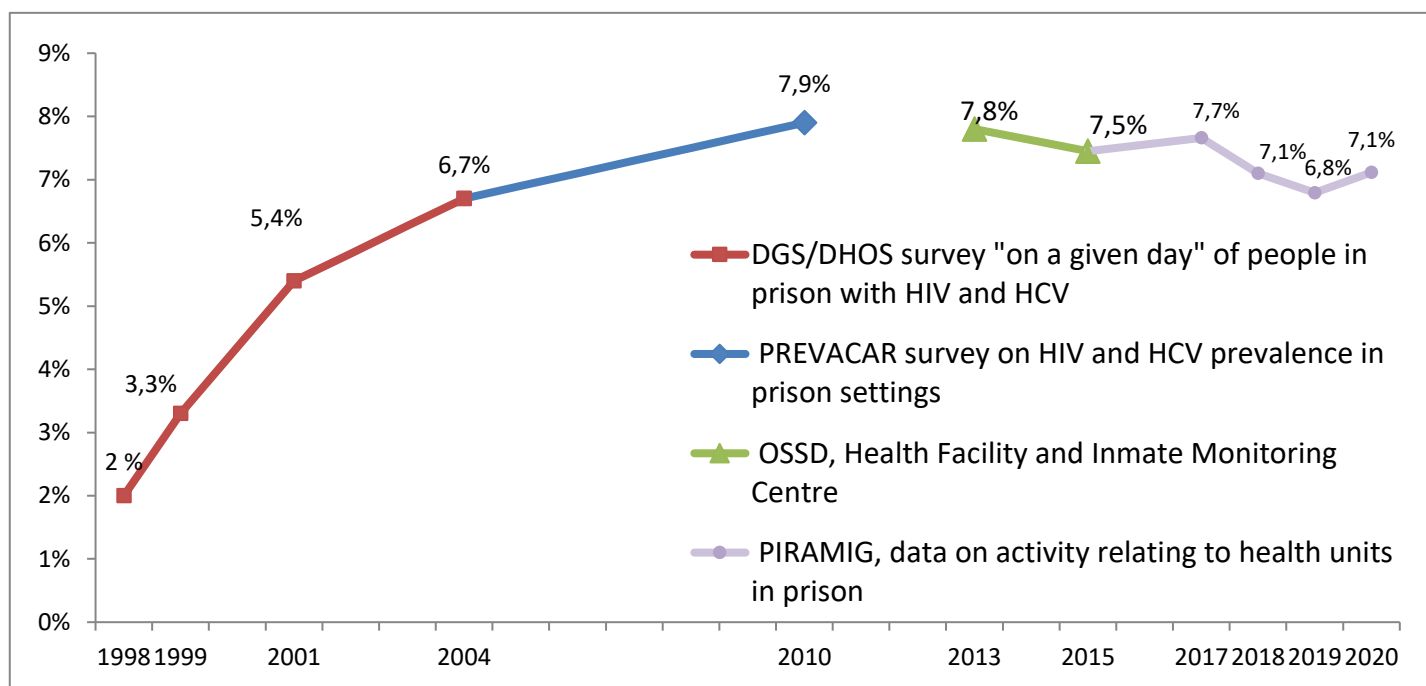
Type of intervention	Specific interventions	YES/NO (indicated whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
	Hepatitis B vaccination	Yes		Vaccination is systematically offered during the medical admission examination.
	Hepatitis C treatment with interferone	No		
	Hepatitis C treatment with DAA <sup>5</sup>	Yes	In some prisons	
	ART <sup>6</sup> therapy for HIV	Yes	In all prisons	
Needles and syringe exchange		No		
Condom distribution		Yes	In all prisons	
Others (specify)				

See T1.3.3 of the [2018 'Prison' workbook](#), except for the figures that have been updated in part T1.3.4 of this workbook.

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

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

In 2020, data on opioid substitution treatment (OST) was available for 70% of prisons with 62% of inmates. From these data, the estimated number of inmates who have had an OST is 12 228, or 7% of those who have been in prison.



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

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

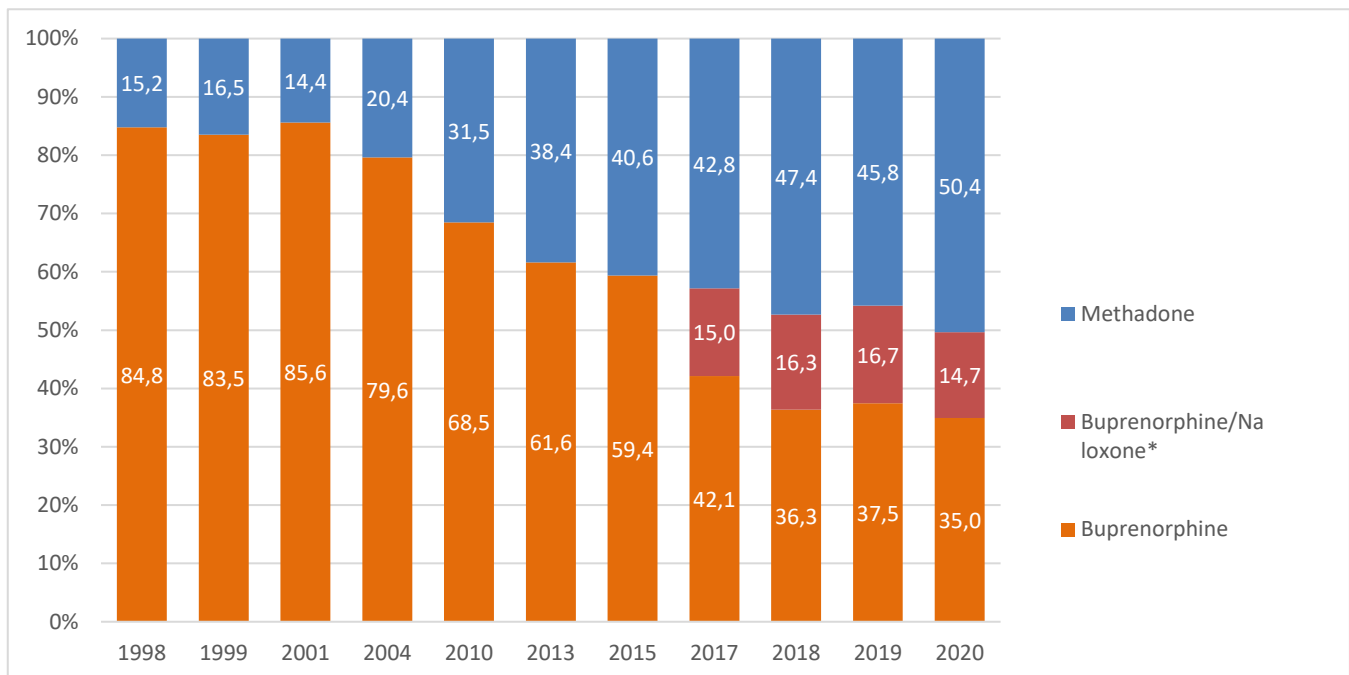
<sup>6</sup> antiretroviral therapy

### Prevalence of OST by type of institution

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

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

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



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

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

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

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

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

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

## T2. Trends

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

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

In 2019-2020, the French Monitoring Centre for Drugs and Drug Addiction (OFDT), with the support of the Funds for Combatting Addiction ([Arrêté du 2 août 2019 fixant la liste des bénéficiaires et les montants alloués par le fonds de lutte contre les addictions liées aux substances psychoactives au titre de 2019](#) [Legislative order of 2 August 2019 establishing the list of beneficiaries and the amounts allocated by the Funds for combatting addiction linked to psychoactive substances for 2019]) has conducted a pilot survey to collect prevalence data on the use of psychoactive substances by inmates. A questionnaire was produced with two objectives in mind: to allow comparability with the health barometer used by the OFDT and with the EQDP (European questionnaire designed by the EMCDDA to measure drug use in prison). This questionnaire was put on a computer tablet equipped with headphones for auditory transcription. It was preceded by a video presentation. The survey was carried out in a penal institution with 62 prisoners. The latter were invited to fill in the questionnaire directly on a tablet in rooms of 5-6, after being summoned by the prison administration, on the basis of random selection. The results of this pilot were encouraging: the technical means of administering the questionnaire made it possible to limit the number of non-responses, particularly for people with a poor command of French, for whom the auditory transcription proved useful (the response rate was 62%). The reporting bias encountered in the self-administered cell surveys was also limited by the presence of one interviewer per room. The methodological system put in place also made it possible to reduce costs and facilitate data entry.

The OFDT will use the lessons learned from the pilot survey to develop the action in four stages:

- 1<sup>st</sup> half of 2022: validation of a questionnaire and new tests of the protocol in prisons, implementation of a pilot study with female prisoners;
- 4<sup>th</sup> quarter of 2022: conduct a first edition of the survey at a national level;
- 2023: exploitation and evaluation of the first results;
- 2024: conducting a second edition of the survey.

## 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.

- **COVID in prison**

Many articles have pointed to the harmful consequences of the COVID-19 epidemic on the prison population (Michel 2022), causing anxiety, loss of social ties, increased boredom and violence. After a major upheaval in prison activity due to the COVID-19 public health crisis, French prisons have been returning to normal for the past year.

However, a level of vigilance has been maintained. It is based on:

- Monitoring of daily covid contamination statistics at the national level with a weekly watch
- As soon as there is an outbreak at an institution, measures and operations in "downgraded mode" are put in place (suspension of communal activities, and visits, depending on the institution).

Similarly, the development of sentence adjustments is being maintained, in conjunction with magistrates.

- **Ministries' work for the next action plans**

The Ministry of Justice has just set up a questionnaire sent to all prisons to explore prisons' knowledge of harm reduction. The Directorate of Health Care Supply (DGOS) has distributed an equivalent questionnaire to the USMPs (prison health units). The aim is to enrich the next Health/Justice roadmap.

- **New URUD (drug user rehabilitation unit) evaluation**

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

## T4. Additional information

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

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

Two studies, conducted a few years ago, have entered a new one-year phase. This concerns the second phase of the PRI<sup>2</sup>DE survey (see T5.2), which aims to study the acceptability of harm reduction measures among health workers in the prison setting, prison staff and inmates. In addition, the Coquelicot survey has been conducted in prison settings to determine the prevalence of HIV and HCV, together with patterns of use in prisons. First results are expected in 2023

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.

- Bouchaïb, M. (2021). Violences symboliques en addictologie. Accueil des sortants de prison [Symbolic violence in addictology. Care of prison leavers] (with English abstract). L'Information Psychiatrique 97 (7) 589-594.
- Cadet-Tairou, A. (2019). Modes d'usage, évolutions récentes. In: OFDT (Ed.), Drogues et addictions, données essentielles. OFDT, Paris.
- Canat, A.-B. (2012). Facteurs influençant la toxicomanie en milieu carcéral. Etude qualitative chez d'anciens détenus recrutés en Centres de Soins pour Toxicomanes. Thèse de médecine, Université Joseph Fournier - Faculté de médecine de Grenoble.
- Chantraine, G. (2004). Par-delà les murs : expériences et trajectoires en maison d'arrêt. PUF, Paris.
- Cocogne, F., Rousseau, A. and Claveranne, S. (2021). Mise en place de la spécialité Orobupré® au Centre Pénitentiaire de Bourg-en-Bresse. Le Flyer (79) 26-38.
- d'Almeida, S., Nizri, D. and Dara, M. (2016). Le tabagisme passif en prison : définir une politique factuelle de santé. Thèse de médecine, Université Paris Descartes (Paris 5), Faculté de Médecine.
- Dos Santos, M., Michel, L. and Jauffret-Roustide, M. (2021). Les malentendus liés à la réduction des risques en prison [Misunderstandings linked to harm reduction in prison]. Anthropologie et Santé (22) 6272.
- EMCDDA (2018). European Drug Report 2018: Trends and developments. Publications Office of the European Union, Luxembourg. Available: <https://www.emcdda.europa.eu/publications/edr/trends-developments/2018> [accessed 22/07/2022].
- Fédération Addiction (2019). CSAPA référents en milieu pénitentiaire. Vers une meilleure identification. Fédération Addiction, Paris. Available: <https://www.federationaddiction.fr/csapa-referents-en-milieu-penitentiaire-document/> [accessed 21/07/2022].
- Fernandez, F. (2010). Emprises. Drogues, errance, prison : figures d'une dépendance totale. Larcier, Bruxelles.
- Fovet, T., Wathélet, M., Benbouriche, M., Benradia, I., Roelandt, J.-L., Thomas, P. *et al.* (in press). Substance misuse, substance use disorders, and psychiatric comorbidities in recently incarcerated men: a comparison with the general population. European Addiction Research.
- Jamin, D., Vanderplasschen, W., Sys, O., Jauffret-Roustide, M., Michel, L., Trouiller, P. *et al.* (2021). "My first 48 hours out": drug users' perspectives on challenges and strategies upon release from prison. Harm Reduction Journal 18 (1) 32.
- Kinani, A., Karolak, S. and Lévi, Y. (2018). Suivi de la consommation de drogues illicites par l'analyse des eaux usées dans trois établissements pénitentiaires de 2016 à 2017. Rapport de recherche remis à la Direction de l'administration pénitentiaire [non publié].
- Mezaache, S., Briand-Madrid, L., Laporte, V., Rojas Castro, D., Carrieri, P. and Roux, P. (2021) A syndemic examination of injecting drug use, incarceration and multiple drug-related harms in French opioid users. International Journal of Prisoner Health (Preprint 22/12/2021), 10.1108/ijph-06-2021-0056.



- Michel, G. (2022). Covid-19 et prison : la double peine. Cerveau & Psycho (140) 52-57.
- Michel, L., Jauffret-Roustide, M., Blanche, J., Maguet, O., Calderon, C., Cohen, J. *et al.* (2011). Prévention du risque infectieux dans les prisons françaises. L'inventaire ANRS-PRI<sup>2</sup>DE, 2009 [Prevention of infectious risks in prison settings in France. ANRS-PRI<sup>2</sup>DE inventory, 2009]. Bulletin épidémiologique hebdomadaire (39) 409-412.
- Michel, L. (2018). Usage de substances psychoactives en prison et risques associés. Académie Nationale de Médecine, Paris. Available: <http://www.academie-medecine.fr/usage-de-substances-psychoactives-en-prison-et-risques-associes/> [accessed 22/07/2022].
- Michel, L., Trouiller, P., Chollet, A., Molinier, M., Duchesne, L., Jauffret-Roustide, M. *et al.* (2018). Self-reported injection practices among people who use drugs in French prisons: Public health implications (ANRS-Coquelicot survey 2011-2013). Drug and Alcohol Review 31 (Suppl. 1) S268-S276.
- Michel, L. and Jauffret-Roustide, M. (2019). Prisons françaises et risque infectieux : l'urgence de la mise en oeuvre du principe d'équivalence pour les mesures de prévention et de réduction des risques [French prisons and infectious risk: The urgent need to scale-up harm reduction interventions]. La Presse Médicale 48 (7-8 Part 1) 752-755.
- Monod, G. (2017). Cannabis et prison. Pratiques en santé mentale 63 (2) 39-42.
- Néfaux, T., Sannier, O., Hubert, C., Karolak, S. and Lévi, Y. (2017). L'analyse des drogues dans les eaux usées : outil d'estimation des consommations, application en milieu carcéral. Note 2017-01. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/eisxtnx3.pdf> [accessed 22/07/2022].
- OFDT (2019). RECAP : REcueil Commun sur les Addictions et les Prises en charge. Tableaux statistiques 2007-2018. OFDT, Saint-Denis. Available: [https://www.ofdt.fr/BDD/publications/docs/recap2007-18\\_series.pdf](https://www.ofdt.fr/BDD/publications/docs/recap2007-18_series.pdf) [accessed 22/07/2022].
- OR2S (2017). État de santé des personnes entrant en établissement pénitentiaire dans l'ex-Picardie. Caractéristiques sanitaire et sociale des nouveaux détenus en 2015. Observatoire régional de la santé et du social, Amiens. Available: [http://www.or2s.fr/images/Prison/2017\\_CaracteristiquesSanitaireEtSociale\\_NouveauxDetenusEn2015\\_Picardie.pdf](http://www.or2s.fr/images/Prison/2017_CaracteristiquesSanitaireEtSociale_NouveauxDetenusEn2015_Picardie.pdf) [accessed 22/07/2022].
- Protais, C. (2015). La gestion des drogues et des conduites addictives en UHSA. Note de synthèse d'une enquête effectuée dans les 7 UHSA de France. Note 2015-07. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/BDD/publications/docs/eisxcpvc.pdf> [accessed 22/07/2022].
- Protais, C. (2018). L'Unité de réhabilitation pour usagers de drogues du Centre de détention de Neuvic. Bilan de fonctionnement, septembre 2017-juin 2018. OFDT, Saint-Denis. Available: <https://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2018/lunite-de-rehabilitation-pour-usagers-de-drogues-du-centre-de-detention-de-neuvic/> [accessed 05/08/2019].
- Protais, C. and Jauffret-Roustide, M. (2019). Circulation et échanges de substances psychoactives en milieu carcéral. Résultats de l'enquête Circé sur la question du marché des drogues en prison. Rapport final à destination de la direction de l'administration pénitentiaire du ministère de la justice. OFDT, Paris. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxcpz4.pdf> [accessed 22/07/2022].
- Protais, C., Milhet, M. and Díaz Gómez, C. (2019). Les addictions dans le programme Un chez soi d'abord. Enquête APROCHES. OFDT, Paris. Available: <https://www.ofdt.fr/BDD/publications/docs/epfxcpz9.pdf> [accessed 21/07/2022].

- Remy, A.J., Canva, V., Chaffraix, F., Hadey, C., Harcouet, L., Terrail, N. *et al.* (2017). L'hépatite C en milieu carcéral en France : enquête nationale de pratiques 2015 [Hepatitis C in prison settings in France: a national survey of practices for 2015]. Bulletin épidémiologique hebdomadaire (14-15) 277-283.
- Rousselet, M., Guerlais, M., Caillet, P., Le Geay, B., Mauillon, D., Serre, P. *et al.* (2019). Consumption of psychoactive substances in prison: Between initiation and improvement, what trajectories occur after incarceration? COSMOS study data. PLoS One 14 (12) e0225189.
- Sahajian, F., Berger-Vergiat, A. and Pot, E. (2017). Use of psychoactive substances in prison: Results of a study in the Lyon-Corbas prison, France. Revue d'Epidémiologie et de Santé Publique 65 (5) 361-367.
- Sannier, O., Verfaillie, F. and Lavielle, D. (2012). Réduction des risques et usages de drogues en détention : une stratégie sanitaire déficitaire et inefficace. La Presse Médicale 41 (7-8) e375-e385.
- Stankoff, S., Dherot, J., DAP and DGS (2000). Rapport de la mission santé-justice sur la réduction des risques de transmission du VIH et des hépatites virales en milieu carcéral. Ministère de la Justice, Direction de l'administration pénitentiaire, Direction générale de la santé, Paris. Available: <https://www.vie-publique.fr/rapport/24983-rapport-de-la-mission-sante-justice-sur-la-reduction-des-risques-de-tran> [accessed 21/07/2022].
- Stöver, H., Jamin, D., Jauffret-Roustide, M., Michel, L., Mendes, V. and Vanderplasschen, W. (2021) Continuity of care for drug users in prison and beyond: A qualitative insight. International Social Work (Preprint 09/11/2021), 10.1177/00208728211048926.
- Tissot, N. (2016). Prise et déprise : faire usage de drogue en prison. Rhizome (62) 13-15.
- Wiessing, L., Kalamara, E., Stone, J., Altan, P., Van Baelen, L., Fotiou, A. *et al.* (2021). Univariable associations between a history of incarceration and HIV and HCV prevalence among people who inject drugs across 17 countries in Europe 2006 to 2020 - is the precautionary principle applicable? Eurosurveillance 26 (49).

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

## Methodology

### Analysis of samples obtained from prison wastewater

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

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

At the end of this study, a few samples were taken and analysed; however, unless sampling is repeated in each prison, the results obtained are not sufficient to estimate drug use. However, as feasibility has been established, new sampling campaigns have taken place in 2017 and 2018.

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

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

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

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

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

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

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

### **CIR CIRCE: CIRculation, Consumption, Exchange: drugs in the prison setting**

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

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

### **Survey of reference CSAPAs in prisons**

*Fédération Addiction*

An assessment of the reference CSAPAs' professional practices was carried out through a questionnaire that was sent to all the reference CSAPAs by mail and electronically. There is now one reference CSAPA per institution (sometimes it is the same CSAPA for several institutions) and for some institutions several CSAPAs can take action (the reference CSAPA and another CSAPA). There are 126 reference CSAPAs among the 201 that work in prisons (11 of which work exclusively in prison environments). These 126 reference CSAPAs are managed by 36 inpatient centres and 49 voluntary centres. Half of the reference CSAPAs answered the questions asked, relating to their institutional characteristics, working conditions for professionals, how clear their tasks are and an outline of their role and activities carried out. With the support of professionals and the National Health Directorate, the Fédération Addiction published a reference document that describes the best practice of reference CSAPAs and that provides an overview of this innovative scheme implemented between 2012 and 2014 (Fédération Addiction 2019).

### **Health survey on new prison inmates**

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

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

### **Survey on substitution treatment in prison**

*Directorate of Health Care Supply (DGOS)*

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

### **PREVACAR: Survey on HIV and HCV prevalence in prison settings**

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

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

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

### **PRI<sup>2</sup>DE: Research and intervention programme to prevent infection among inmates**

*French National AIDS and Hepatitis Research Agency (ANRS)*

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

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