Prison workbook 2024

FRANCE

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Avec la collaboration de Fadi MEROUEH

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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

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

- 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 75 897 inmates the first of January 2024, there were 123 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of 01/01/2024 consists of 73.7% convicted inmates. The 01/01/2023, 13% of inmates were convicted for a drug-related offence (DLO) as primary offence.

The Survey on Health and Substances in Prison (ESSPRI) is currently the only survey shedding light on the use of psychoactive substances in French prisons. Between April and June 2023, it questioned a sample of 1 094 male inmates, representative of the prison population, all sentence lengths and types of facilities combined. This survey, which focuses on substance use 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, 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.

Health care in prison is made up of prison health units (USMP) which offer physical and psychiatric care. Psychiatric care units (regional medico-psychological hospital services - SMPR) coordinate and support USMP. They have hospital psychiatric places for during the day. To treat people presenting with addictive behaviour and the resulting physical

and/or psychiatric symptoms, these units can benefit from working with a CSAPA (specialised drug treatment centre) in a prison environment. A reference CSAPA in charge of helping prepare prisoners for getting out, is designated to each prison.

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

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

- New developments

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

The OFDT, along with various institutional partners and representatives of professional associations, is collaborating in the work relating to the preparation of the new roadmap, expected by the end of 2024.

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 2023, France had 186 detention facilities with a total operational capacity of 60 670 "operational" detention places divided between:

- 80 remand centres;
- 28 detention centres;
- 6 high security prisons;

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

With 75 897 inmates the first of January 2024, there were 123 inmates for every 100 beds in France. According to data from prisons administration directorate, the prison population in France as of 01/01/2024 consists of 73.7% convicted inmates. The 01/01/2023, 13% of them were convicted for a drug-related offence (as the primary offence) and are almost exclusively males (97%).

T1.2. Drug use and related problems among prisoners

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

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

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

- Drug use prior to imprisonment
- Drug use inside prison

Until May 2024, national studies on drug use in prisons were rare and often old (see workbook 2023). They were conducted either at regional level (OR2S 2017), or at the level of a prison (Sannier et al. 2012). The Survey on Health and Substances in Prison (ESSPRI), conducted in 2023, is the first statistical survey on drug use in prison. It is constructed from a representative random sample of the male inmate population in mainland France, who have been imprisoned for more than three months, and are at least 18 years of age, all types of facilities and criminal statuses combined (Spilka *et al.* 2024). However, due to the relatively small sample size, ESSPRI indicators are provided with a 95% confidence interval to avoid misinterpretations, particularly in international comparisons.

Drug use prior to imprisonment

The results of the ESSPRI survey, conducted in 2023 by the OFDT, confirm very high levels of use among male inmates prior to their entrance to prison, in comparison with what is observed in the general population. Thus, 69% of inmates declared a daily tobacco use prior to their imprisonment [CI: 65-73] (compared to 27.8% in the general male population in 2021), 50% an annual cannabis use [CI: 45-55] (compared to 14.2% in the general male population in 2021), 23% a daily cannabis use [CI: 19-27] (compared to 2.5% in the general male population in 2021), and 51% a daily alcohol use [CI: 46-55] (compared to 50.5% in the general male population in 2021). The levels of use are also higher for other illicit substances: prior to imprisonment, annual

cocaine use stood at 17% [CI: 12-22] (compared to 2.3% in the general male population in 2017), annual crack cocaine use at 7.7% [CI: 4.3-11] (compared to 0.3% in the general male population in 2017), annual MDMA use at 6.9% [CI: 4.0-9.8] (compared to 1.5% in the general male population in 2017) and annual heroin use at 7.1% [CI: 4.1-10.0] (compared to 0.3% in the general male population in 2017).

Drug use inside prison

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

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

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

The presence of NPS within French prisons, however, was not tested in the survey.

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. According to the ESSPRI survey, 3.5% of inmates declare to have injected a drug or substitute during their imprisonment.

This significant exposure to psychoactive substances is mainly explained by the continuity of use. The vast majority in inmates who have used drugs in prison declare, in fact, to have already used them prior to their imprisonment. As for cannabis, the ESSPRI survey shows that 25% of prisoners were using it daily or regularly (at least 10 times per month) prior to their imprisonment.

Among them, only 12% declare to have not used cannabis during their imprisonment, while 59% use it daily. As regards tobacco, the vast majority of those who were daily smokers prior to their imprisonment have continued to be. In addition, 40% of inmates who had already used cocaine prior to their imprisonment, have also used it since they have been in prison. This proportion amounts to 47% for crack cocaine and 39% for heroin.

Drug use among prison leavers

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

T1.2.2. Please comment on any studies that estimate drug-related problems among the prison population. If information is available please structure your answer under the following headings:

- Drug related problems – on admission and within the prison population
- Risk behaviour and health consequences (please make specific reference to any available information on data on drug related infectious diseases among the prison population)

Drug-related problems in prison

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). An article on all European countries confirmed this overexposure, especially for people who inject drugs (Wiessing *et al.* 2021). Another survey of 557 active opioid injectors (Mezaache *et al.* 2022) showed that 30% reported that they had suffered a drug-related viral infection in their lifetime, 46% a bacterial infection and 22% a drug overdose. These results show that injecting prisoners are more likely to report two categories of damage than non-inmates and three categories of harm than non-injecting prisoners. A recent thesis (Peyret 2023) shows that, while patients of Prison Health Units are well informed about overdoses, the main drug use risk factors, and first aid procedures, they are in demand of further information dissemination and training programmes on naloxone use.

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

The 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 2021, 22% of the people cared for in these centres have already been incarcerated at some point in their life.

An 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.* 2023) showed that continuity of care is associated with different obstacles, especially with regard to social work. Nevertheless, examples of good practice exist and could be implemented by social workers in different European countries. Other articles tried to understand the inadequacy of care for drug-using prison leavers. The article by Bouchaïb (Bouchaïb 2021) showed that the objective of empowering users made sense for addiction treatment professionals and placed them in the paradoxical position of having to restore the independence of people defined as dependent. Professionals stated that they had ambivalent expectations of the people they monitored, in terms of motivation and the story they told about themselves, which sometimes hindered care.

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

T1.3. Drug-related health responses in prisons

The purpose of this section is to

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

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

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

Furthermore, the health system reform law of 26 January 2016 reasserted the need for the diffusion of harm reduction measures in the prison setting [Loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé]. The implementing decree has yet to be issued.

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

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

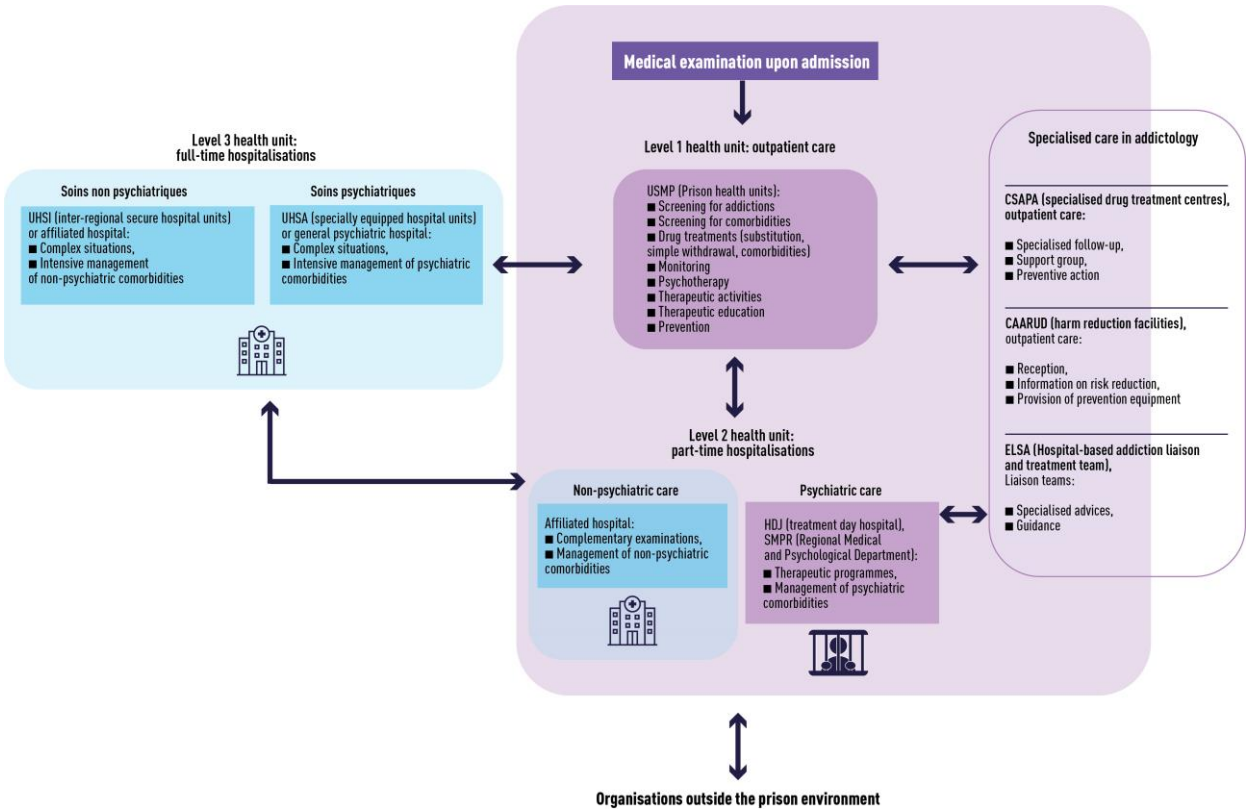
Level 1: Health care in prison is made up of prison health units (USMP) which offer physical and psychiatric care.

Level 2: Psychiatric care units (regional medico-psychological hospital services - SMPR) and its referring hospital coordinate and support USMP. They have hospital places for during the day. To treat people presenting with addictive behaviour and the resulting physical and/or psychiatric symptoms, these units can benefit from working with a CSAPA (specialised drug treatment centre) in a prison environment, located in eleven of the largest institutions in France (representing around a quarter of the imprisoned population) or other addiction care specialists, depending on the local organisations. A reference CSAPA is designated to each prison. Its aims are to help prepare prisoners for getting out and to promote the necessary monitoring of the inmates on their release. In 2017, 201 CSAPA reported that they had worked in a prison, with 11 CSAPA exclusively working in prisons (previously *Antennes-Toxicomanies*, created at the end of the 1980s) and 126 being reference CSAPA. These centres worked in 162 different prisons. The shelter and support centres that exist to reduce harms for drug users (CAARUD) also intervene on an *ad hoc* basis in certain prison and detention establishments to inform users about the

reduction of harms, improve access to care, and occasionally provide equipment designed to reduce risk and harm. Hospital-based Addiction liaison and treatment teams (ELSA) work in certain prison and detention establishments to deliver specialised advice at the request of certain USMP (prison health unit) caregivers.

Level 3: Inmates may also be hospitalised in one of the 11 secure inter-regional hospital units (UHSI) providing physical therapy [Arrêté du 24 août 2000 relatif à la création des unités hospitalières sécurisées interrégionales destinées à l'accueil des personnes incarcérées]. Ten years later [Arrêté du 20 juillet 2010 relatif au ressort territorial des unités spécialement aménagées destinées à l'accueil des personnes incarcérées souffrant de troubles mentaux], specially equipped hospital units (UHSA) are created to provide psychiatric care. Nevertheless, treatment of individuals with addictive behaviors in UHSA is not an approach prioritised by professionals and therapeutic addiction actions are almost non-existent (Protais 2015).

Figure 1. Care in prison in France



Source: (Eck *et al.* 2022)

At the same time, the legal framework of the prison harm reduction scheme also offers various possibilities for providing access to care for drug addicted inmates since the circular of 5 December 1996 (circular updated by the 2017 methodological guide on the medical treatment of inmates):

- Screening for HIV and hepatitis is theoretically offered upon arrival (CDAG - Anonymous Free Screening Centre) but is not systematic for hepatitis C (POPHEC - First hepatitis C prison's observatory - data).
- Prophylactic measures (hygiene measures and the provision of post-exposure treatments for both staff and inmates).

- Availability of condoms with lubricant (theoretically accessible via USMPs).
- Access to opioid substitution treatments (OST) and the availability of bleach to disinfect equipment in contact with blood (injection, tattooing and body piercing equipment).

Furthermore, since June 2017, France has been experimenting with the first therapeutic community in a prison environment, located in the Neuvic detention centre: the drug user rehabilitation unit (URUD) (See T3.1 of the 2020 'Prison' workbook). 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).

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

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

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

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

Type of intervention	**Available** Yes/No /NA/NK	**Number of prisons in the country where interventions are actually implemented**	**Coverage of individuals *(% out of all people in the prisons where interventions are implemented)***	**Comments**
a) Health check up				
1.Medical check-up done within 48 hours from prison entry	Yes	In all prisons	100%	
2.Assessment of drug use and drug related problems	Yes			
b) Detoxification				
1.Pharmacological	Yes		(see T.1.3.4)	
2. Drug free	No			
c) Counselling on drug related problems				
1.Individual counselling	Yes		50% of the reference CSAPAs in2017	
2.Group counselling	Yes		44 % of the reference CSAPAs in2017	
3. Peer to peer support	No			
d) Residential drug treatment				
1.Drug free units without treatment component	No			
2.Drug free units with treatment component	No			
3.Therapeutic community	Yes			

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
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 examination if not vaccinated.	
7. HIV antiretroviral therapy	Yes		In all prisons	
8.Hepatitis C treatment	Yes		In all prisons	
9. Hepatitis B treatment	Yes		In all prisons	
10. TB treatment	Yes			
11. HIV prophylaxis	Yes		In all prisons	
12. HIV/HCV/HBV counselling	Yes		In some prisons (depending on the involvement of teams)	
g) Harm reduction interventions				
1.Needles and syringe exchange	Yes/No		In certain prisons, but unofficially. The decree implementing the 2016 law (still pending) must set out the syringe distribution methods in prisons.	
2.Disinfecting tablets/bleach	Yes		In all prisons	
3.Other sterile material distribution	Yes		In some prisons	
4.Condom distribution	Yes		In all prisons	
6. Lubricant distribution	Yes/No		Very few prisons	
5. Training on safer injecting	No			
7. Safe tattoo (training and education)	No			
8. Other (Specify)				
h) Drug related interventions in preparation for release				
1. Interventions of social reintegration, including housing and employment	Yes		In all prisons	
2. Educational/vocational training				
3. Overdose prevention	Yes		In some prisons	
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	

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

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 2022, opioid substitution treatment (OST) data was available in 71% of correctional facilities (130 out of 183 facilities) containing 67.1% of prisoners. The estimated proportion of prisoners having been treated with an OST by the care system in the year stands at 7 888, or rather 6.7%, for patients having been imprisoned in a correctional facility where OST data was available. Taking into account the completeness of the facilities, it is therefore estimated that around 11 800 prisoners in total have received an OST across all correctional facilities in France (PIRAMIG/DGOS health unit activity reports processed by the OFDT).

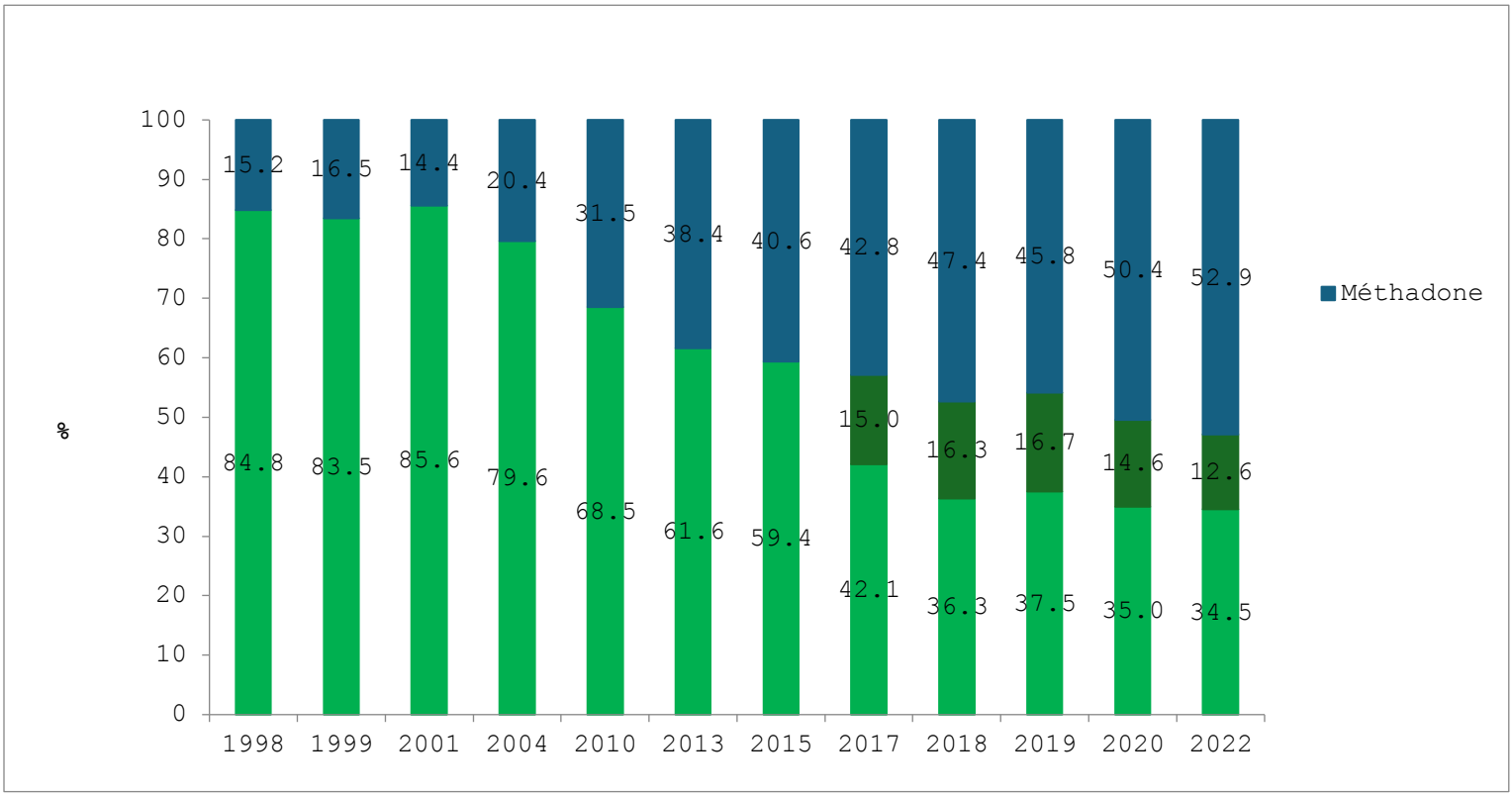
Prevalence of OST by type of institution

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

Type of institution	Prevalence of OST
Detention centres: prisoners sentenced to more than 2 years	6.7%
Remand prisons: remand prisoners and convicted persons with a sentence of less than two years	8.4%
Penitentiary: prisoners with a long sentence	3.5%

There was a choice between methadone and buprenorphine treatment in all facilities where data was available. Methadone maintained its momentum and represented 52.9% of OST prescriptions in 2022.

Figure: Change in the distribution between buprenorphine and methadone (%) of opioid substitution medications prescribed in prisons from 1998 to 2022



BHD = buprenorphine

* The proportion of patients treated with buprenorphine/naloxone have been accounted for separately from those treated with buprenorphine since 2017.

The positive effects of prolonged-release buprenorphine (Buvidal in France, Sublocade in the United States and Canada) among prison populations have been widely documented in international literature. The most significant are: a reduction in the misuse of opioid substitution medications and the concomitant use of other opioids (with a decrease in related overdoses) (Scott *et al.* 2022), a decrease in the use of care and hospitalisations during imprisonment (Scott *et al.* 2022), a reduction in the perceived stigma of drug users in prisons (Chappuy *et al.* 2021; Cheng *et al.* 2022), greater compliance/retention in treatment (particularly upon leaving prison) (Cheng *et al.* 2022; Dunlop *et al.* 2022; Lee *et al.* 2021; Scott *et al.* 2022), an overall improvement in quality of life (Gross *et al.* 2021), better reintegration into society, and a reduction in the number of recalls (Mlilo *et al.* 2024). As for caregivers in prison settings, studies show that prolonged-release buprenorphine allows greater patient access, reducing the time spent by nurses distributing opioid substitution medications, improving caregiver/patient relationships, and reducing the management of security issues associated with the trafficking of medicinal products in prisons (Berk *et al.* 2022; Little *et al.* 2023).

In France, Buvidal is currently distributed in around a quarter of French prisons, with almost 1 620 prescriptions in 2023. The trial of this new medication, conducted in 2021-2022 in the Villeneuve les Maguelonnes prison, was accompanied by an acceptability study carried out with 81 inmates. In line with the results highlighted by international literature, it shows that prolonged-release buprenorphine enables a reduction in the perceived stigma, improves the quality of life of patients, by ensuring a long-term stabilisation of their dose and a retention in treatment (only 3 inmates requested to go back on their original medication). The treatment also puts an end to misuse and trafficking within prison settings. In a recent article (Terrail *et al.* 2023), the Villeneuve les Maguelonnes prison team analysed

the budget impact of the use of prolonged-release buprenorphine in prison settings over 5 years. Based on a model that takes into account the costs associated with purchasing treatments, staff, misuse, and overdoses upon leaving prison, they envisage cumulative annual savings of 240 278 euros, on the basis of 50% of patients who are candidates for opioid substitution medications in the form of prolonged-release buprenorphine.

Orobupré® (a form of buprenorphine which dissolves rapidly on the tongue), initially trialled at the Bourg-en-Bresse prison (Cocogne *et al.* 2021), is currently used in some health units. It enables a reduction in buprenorphine trafficking through supervised sublingual administration, as opposed to traditional distribution.

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.

- **Pursuit of the "Tabapri" trial**

The TABAPRI project is an intervention research project funded by the French National Cancer Institute (INCa)'s 2018 National Tobacco Control Fund, conducted by the Clinical Epidemiology and Economic Evaluation Applied to Vulnerable Populations research unit (ECEVE-UMR 1123-Inserm). This project aims to reduce smoking in prisons. It consists of two main phases which cover the building and evaluation of a smoking reduction intervention in prison settings. The project is designed to be conducted in detention centres.

In 2020, the OFDT was involved in a sociological study on the contextualisation and preparation of the development of an intervention. This study (Picot-Ngo and Protais 2020; Picot-Ngo *et al.* 2023) shows that the tobacco use trajectories of the inmates questioned are characterised by an early attachment to the product, engrained into the course of socialisation for individuals. The product holds various functions in the everyday lives of individuals: inclusive and calming, the cigarette also punctuates the day, acting as a time marker. Upon

entrance to prison, the “shock of imprisonment” is an important aspect of the increase in use. The continuation of the use trajectory is characterised by an increased attachment to the functions held by the product in everyday prison life: the calming function is enhanced in a space where people are isolated from the outside world, their future depends on the decisions of judges, there is great deprivation, and fear and hostility are high. In addition, the ritual dimension is reinforced, to cure the boredom caused by imprisonment. Finally, the particular social nature built around cigarettes (which produces both affinity and violence) is likely to act by strengthening, or instead mitigating use behaviours.

This first evaluation, together with 7 focus groups organised with prisoners recruited from 4 detention centres, has been used to stage a multi-component intervention aimed at reducing smoking among prison populations. It combines:

a) A launch event to increase motivation to quit smoking (presenting the reasons to stop, examples of successful withdrawal, available resources, etc.).

b) A review workshop, to evaluate the level of addiction among participants and create a personalised cessation programme.

c) Five themed workshops to aid cessation, dealing with nicotine replacement therapies and electronic cigarettes, emotion management (“relaxation”), nutrition (“cooking and food”), and alternative activities (“physical and sporting activities” and “arts and games”).

d) Peer support groups which promote the sharing of experiences and mutual assistance between prisoners wishing to stop smoking.

The year 2023 was dedicated to editing the content from the intervention. The execution of the intervention is planned between June and December 2024. 9 facilities within 3 interregional directorates of prison services agreed to participate in the trial.

The main objective of the evaluation is to analyse the effectiveness of the “*Tabac émoi*” intervention on short-term smoking cessation (quitting for at least 7 days), within the prison population, 3 months after the start of the intervention. The secondary objectives are, among others, to evaluate the effectiveness of quitting for at least 30 days, the motivation to quit smoking, the reduction in cigarette use, the reduction in nicotine addiction, the knowledge and representations associated with tobacco and cessation, etc., and to evaluate their efficiency and implementation.

The evaluation of efficiency relies on self-administered questionnaire data collection, among all inmates imprisoned in the participating detention centres at the time of data collection: over a period of 7 days from the start of the study, then at 3, 6, 9, and 12 months.

- **Future components of the ESSPRI survey**

For the 2023 survey, the results of which were published in April 2024 (see T3), a representative sample of 1 094 adult men imprisoned for more than three months in Metropolitan France (all types of facilities combined) were questioned. As women only represent 4% of the prison population, a pilot study was implemented among a sample of female inmates and its results will be delivered during the next edition, scheduled for 2025. Ultimately, the ESSPRI survey will be able to provide regular data on the changes in psychoactive substance use prevalences in prison settings.

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.

Instruction on the implementation of a regional health promotion strategy in prison settings

On 7 September 2023, an instruction was issued by the Ministry of Health and Prevention and the Ministry of Justice, ordering the implementation of a regional health promotion strategy in prison settings. The actions to be carried out are:

- appointing a contact person within regional health agencies, entrusted with establishing and implementing an action plan in close contact with the health contact person within the interregional directorates of prison services and the interregional directorates for judicial protection and youth, the regional forum of education and health promotion, and any other associative actors;
- implementing a regional health committee for imprisoned people, entrusted with contributing to the establishment of this programme;
- conducting a review one year after the implementation of the regional programme.

The programme must be implemented and evaluated in 2024/25. It will be heavily involved in the treatment and prevention of addictions in prison settings.

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

In order to respond to the challenge of establishing equivalence between health care delivery in the non-judicial sector, and the prison setting, reaffirmed by the 2016 health law (Law to modernise our health system of 26 January 2016) and undertaken by the 2019-2022 health road map for imprisoned people (Ministère de la Justice and Ministère des Solidarités et de la Santé 2019), the Ministry of Health has established a steering committee for the new 2023-2027 road map. This committee is composed particularly of: representatives from the Ministry of Health, of Prison Administration, and of Judicial Youth Protection (PJJ); the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA); various professional associations or those committed to defending prisoners' rights (including Fédération Addiction and the International observatory on prisons); and the OFDT.

The subject of the implementation of harm reduction practices in prison settings has sparked numerous debates in France for several years, opposing a prison security system which is opposed to the introduction of certain types of materials (such as syringe exchange programmes and sterile glass crack pipes), in aid of a system promoting equal care between the non-custodial sector and the prison setting. The recent study "Harm reduction in prison settings - expectations and representations" conducted by the French Regional Federation of Research in Psychiatry

and Mental Health in Hauts-de-France (F2RSM Psy) confirms that "*the representations of both harm reduction and addiction, and the recipient of the action remain largely conflictual between the realms of care and security*" (Charbit *et al.* 2023). Thus, the political representatives and professional associations and federations associated with the steering committee for the road map have repeatedly recalled the difficulties encountered in delivering healthcare to prisoners and their access to care, along with harm reduction tools (Fédération Addiction 2023; OIP 2022). On 18 October 2022, 8 professional associations brought proceedings before the Council of State, ordering the Prime Minister, the Ministry of Health, and the Ministry of Justice to implement article L34-11-8 of the Public Health Code, referring to the application of harm reduction measures to inmates. The evaluation conducted by F2RSM Psy confirms a strong need for material and prevention in terms of harm reduction, expressed by both the care teams and the inmates. It calls for a clear normative framework to make the actions likely to be implemented by healthcare teams readable and facilitate negotiations between care teams and prison administration on the issue of harm reduction (with the implementation of harm reduction measures currently relying on informal negotiations between care teams and prison management).

In this context, in May 2023, the OFDT was commissioned to process data from questionnaire surveys implemented by the DGS, targeted towards health units and CSAPA in prison settings, questioned on the issues of the treatment of addictive behaviours, and the deployment of harm reduction measures. In view of the drafting of the decree in the Council of State, aimed at adapting the harm reduction policy in prison settings, the OFDT was also tasked with documenting the deployment of these measures, the difficulties encountered, and the solutions implemented by different health units in prisons settings. The results of these two specific investigations were returned to the Ministry in July 2023. They are intended to be used to draft the road map. They confirm the results of the survey conducted by F2RSM Psy and will be published by the DGS during the next steering committee meeting (still pending in November 2024). Meanwhile, the road map should be published by the end of 2024.

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.*

One study, conducted a few years ago, has entered a new one-year phase. This concerns the second phase of the PRI^{2}DE survey (see T5.2), which aims to study the acceptability of harm reduction measures among health workers in the prison setting, prison staff and inmates. Around 100 interviews were carried out in 2022. Data analysis is still underway.

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

T5. Sources and methodology

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

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

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

Methodology

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

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

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

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

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

Survey of reference CSAPAs in prisons

Fédération Addiction

An assessment of the reference CSAPAs' professional practices was carried out in 2017 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).

Survey on substitution treatment in prison

Directorate of Health Care Supply (DGOS)

The 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 2022, opioid substitution treatment (OST) data was available in 71% of correctional facilities (130 out of 183 facilities) containing 67.1% of prisoners. 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).

ESSPRI: Survey on health and substances in prison

French Monitoring Centre for Drugs and Drug Addiction (OFDT)

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

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

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

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

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

TABAPRI Intervention study

The TABAPRI project is an intervention research project funded by the French National Cancer Institute (INCa)'s 2018 National Tobacco Control Fund, conducted by the Clinical Epidemiology and Economic Evaluation Applied to Vulnerable Populations research unit (ECEVE-UMR 1123-Inserm), in collaboration with the French Monitoring Centre for Drugs and Drug Addiction (OFDT). This project aims to reduce smoking in prisons. It consists of two main phases which cover the construction and evaluation of a smoking reduction intervention in prison settings, aimed at the entire population of a correctional facility (inmates, prison and health staff, other actors).

Remand centres receive remand prisoners, or those who have been sentenced to less than one year (or with the equivalent sentence remaining), the population is young (around 30 years of age on average) and turn-over is significant. Remand centres differ from correctional facilities, where the convicted population is older (around 45 years of age). Among correctional facilities, we can distinguish between maximum security prisons (oriented towards security) and detention centres. Detention centres are geared towards "resocialisation": they mainly operate with an "open door" policy (open cells during the day and closed at night), and there is a wider range of activities (particularly work and training). The project is led in this type of facility: three male detention centres participated in the sociological study on the contextualisation and preparation of the development of an intervention, conducted in collaboration with the OFDT. In this regard, 51 interviews were conducted in 2020 on a diverse sample: prisoners (n = 21), prison officers (n = 12), health unit staff (n = 7), other prison staff (management, insertion and probation, administrative, n = 8), and external actors (n = 3). Three interview guides were used, according to the profiles of the respondents. The topics covered encompassed the trajectories of smokers, the perceived effects, tobacco use in prisons and the representations associated with it, along with the perceptions of public health measures and existing cessation methods. The views of the respondents on possible strategies to reduce smoking in prison settings were also exchanged at the end of each interview. All the data collected was then anonymised: the surnames, forenames, places and dates of birth were modified.

The intervention was established on the basis of a series of focus groups within five detention centres. Its deployment in eight facilities would be subjected to an evaluation combining the public health and human and social sciences methods (implementation, effectiveness, and efficiency).

PRI²DE: Research and intervention programme to prevent infection among inmates
French National AIDS and Hepatitis Research Agency (ANRS)

This study was designed to assess infection harm reduction measures to be established in prison settings. It is based on an inventory whose purpose is to reveal the availability and accessibility of infection harm reduction measures officially recommended in French prisons, as well as the inmates' and health care teams' awareness of these measures. To do this, a questionnaire was sent to each UCSA (prison-based hospital healthcare unit) and SMPR (regional medico-psychological hospital services) in November 2009. 66% of the 171 establishments answered the questionnaire, covering 74% of the population incarcerated at the moment of the study. Around 100 interviews were carried out in 2022. Data analysis is still underway.

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

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 2021, it was estimated that 210 000 patients had been treated for an addiction problem (alcohol, illicit drugs and psychotropic medications, behavioural addictions).

Mental health of the prison population: results of a new national study and new road map

This quantitative, questionnaire-based study is designed to explore the mental health of prison leavers across France. Around 800 people were included in the survey. It includes three components which concern: the male prison population leaving remand centres, the female prison population leaving correctional facilities in Hauts-de-France; and the mental health system in prisons in certain French overseas territories, respectively.

The “Mental Health of the Prison Leaver Population” study was funded by the DGS (National health directorate) and SpF (*Santé publique France*). It was led by the F2RSM Psy (French Regional Federation of Research in Psychiatry and Mental Health) and coordinated by the professor Pierre Thomas.