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# *Prisons, drug use, treatment & drug policy*

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## Tasks:

Current status of drug use and drug-related offences:

- main types of drugs that are in use
- types of drug-related offences committed by drug users
- legal frameworks available for (i) drug users (where use is illegal) and (ii) offenders who commit offences connected with drug use (i.e., property crimes, drug trafficking and so on). Examples include criminal procedures providing alternatives to conviction or punishment, diversion from criminal proceedings, etc.
- risk/needs factors of drug users

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## **Why does drug treatment in prisons matter?**

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## **Why does drug treatment in prisons matter?**

- **Many people who use drugs (PWUD) spend lot of time in prison**
- **High rate of re-imprisonment**
- **Prison experience often quite damaging**
- **Can also have some benefits**
- **Cost to taxpayers**
- **Evidence that prison changes drug use?**

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## **Why does drug treatment in prisons matter? 2**

- **High concentration PWUD in prison so efficient place to provide treatment**
- **Risk of drug use in prison vs. in community?**
- **Drug treatment in community so should also be available in prison**

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## **Main types of drugs that are in use:**

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## Main types of drugs that are in use:

- Sedatives – eg alcohol, opioids, benzodiazepines
- Stimulants - cocaine, amphetamine
- Hallucinogens (psychedelics) – LSD, psilocybin, mescaline
- Combinations – nicotine, cannabis, MDMA
- Note: pharmacology or public health does not explain why some drugs legal, others illegal

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## Main types of drugs that are in use:2

- Tobacco
- Alcohol
- Prescription
- Illicit

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## **Types of drug-related offences committed by drug users:**

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## **Types of drug-related offences committed by drug users:**

- **Drug trafficking offences**
  - Cultivation, production, transport, sale, purchase, possession, use, financial transactions
- **Income generating offences**
  - Break and enter, robbery, theft, fraud
- **Violence between gangs**

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## Legal frameworks available: use

- Increasing trend to reduce punishment for personal possession
  - Expensive
  - Little benefit
  - Great harm to PWUD
- > 30 countries now removed penalties personal possession
- 2001 Portugal introduced new system – persons found possession personal quantities drugs referred for assessment
- Treated as health & social issue
- Very successful

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## Legal frameworks available: use

- Many countries still impose severe penalties for personal possession
- All countries impose severe penalties for trafficking large quantities
- Now countries starting to regulate recreational cannabis partly to undermine black market
- Can also undermine black market by implementing drug treatment to scale

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## **Alternatives to conviction or punishment, diversion from criminal proceedings:**

- **Murky area**
- **Evolving**
- **Range of diversion options**
- **LEAD in USA**

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## **Tasks:2**

- **Coordination and cooperation between criminal justice agencies and health care or social welfare agencies; in particular, effective coordination and cooperation during incarceration, release from prison and diversion from criminal procedure to health care/social welfare focused procedures or treatment, etc.**

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## Improving collaboration:

- Important
- Difficult
- Requires specific staff

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## Tasks: 3

- Are convicted offenders sent to prison AS or FOR punishment?
- As history of or current drug use much higher in prisoners than community, should high quality drug treatment be provided in prisons?
- Does providing effective & attractive treatment in prisons reduce recidivism and thus reduce incarceration rate?
- What is the role of compulsory drug treatment in prisons?
- Is there a role for work treatment for drug use in prisons?

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## Tasks: 4

- Why is there growing international interest in drug law reform?
- What is known about effects of drug law reform on prisons?
- What should correctional staff know?
- How should they be trained?
- What factors should influence corrections policy & drug treatment in prisons?
- How should correctional & community drug treatment relate?

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## Conclusions:

- International drug control system increasingly questioned
- Growing interest in moving people who use drugs from criminal justice system to health & social interventions
- So more interest in law reform & varieties of diversion
- International experience compulsory drug treatment very concerning
- Effective drug treatment very important to improve outcomes

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## *Drug policy and harm reduction*

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## **My background:**

- Physician
- Interest in alcohol & drugs
- Research on genetic susceptibility to alcoholic liver disease in London
- Director, Alcohol and Drug Service, St Vincent's Hospital, Sydney 1982-2012
- Interest in drug treatment, prisons, drug policy
- Worked few weeks as doctor in women's prisons

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## My background:2

- Research on drug treatment, smoking cessation in prisons
- Approach to drugs strongly influenced by my efforts to control HIV among/from people who inject drugs (PWID)

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## International experience:

- |                    |     |
|--------------------|-----|
| • Brazil           | Yes |
| • Lao PDR          | Yes |
| • Malaysia         | Yes |
| • Maldives         | No  |
| • Mauritius        | No  |
| • Myanmar          | Yes |
| • Namibia          | No  |
| • Pakistan         | Yes |
| • Papua New Guinea | Yes |
| • Samoa            | No  |
| • Sri Lanka        | Yes |
| • Thailand         | Yes |
| • Uzbekistan       | Yes |

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## Tasks:

- Initiatives for facilitating desistance from drug use in institutional and community settings:
  - effective treatment approaches for desistance from drug use
  - staff training for implementation of treatment
  - methods for reducing harm to health/social life caused by drug use
- Coordination and cooperation between criminal justice agencies and health care or social welfare agencies; in particular, effective coordination and cooperation during incarceration, release from prison and diversion from criminal procedure to health care/social welfare focused procedures or treatment, etc.

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## My framework:

- ‘Use reduction’ or harm reduction?
- Arguments for ‘use reduction’
  - International drug treaties 1961, 1971, 1988
  - UN system for policy development, implementation & monitoring
  - Almost all countries have signed & ratified
- But growing debate about international drug control system
- Should reduction drug use be an end or a means to an end?

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## Harm reduction:

- Existed for many years in public health & policy eg road safety
- Stimulated by threat of HIV among/from PWIDs from 1980s
- Emphasise reduction of harm rather than reduction of use
- 'Never let the best be the enemy of the good'

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## Harm reduction:2

- Definition: 'Reducing health, social & economic costs of legal and illegal drug without necessarily reducing drug consumption'
- <https://www.hri.global/what-is-harm-reduction>
- 日本語翻訳
- Increasing concern that drug prohibition had failed & could not be made effective
- Consequentialism or non-consequentialism?

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## Reducing drug use:

- 'Initiatives for facilitating desistance from drug use in institutional and community settings'
- All drugs or just illegal drugs?
- Treaties only about illegal drugs
  - But legal drugs cause many more deaths, much more cost to economy
  - More prisoners have problems legal than illegal drugs
  - Many have problems with both
  - Many people with problems illegal drugs die from tobacco related illness

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## Reducing drug use:2

- If smoke in prison inmates cannot save money
- Smoking increases chance of relapse to drugs
- Prison smoking bans or assist quit & allow prison e-cigarettes?

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## **Reducing illegal drug use through treatment:**

### **Psychosocial interventions:**

- **12 step methods**
  - Self help groups, alcohol & 'narcotics'
  - In prison & in community
  - Prescribed program
  - Religious/spiritual
  - Debate about evaluation
  - Effective?
  - Lay not a clinical intervention

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## **Reducing illegal drug use through treatment:2**

- **Cognitive Behavioural treatment**
  - Based on learning theory
  - Identify triggers
  - Provide range of practical interventions
  - Well evaluated across range of problems
  - More individuals than groups
- **Many other psychosocial interventions**
  - Motivational interviewing

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## Reducing illegal drug use through treatment:3

- **Self Management and Recovery Training (SMART)**
  - Based on CBT
  - Individual or group
  - Evaluated
  - Not as black and white as 12 step
  - Not spiritual
  - More flexible

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## Reducing illegal drug use through treatment:4

- **Opioid Substitution Treatment**
- **Agents:**

– Methadone	agonist
– Buprenorphine	partial agonist
– Diacetylmorphine	agonist
– Hydrocodone	agonist
- **Principles:**
- **Replace: short-acting, injectable, illegal, street drug with long-acting, oral, legal, prescribed drug**

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## **Reducing illegal drug use through treatment:5**

- **Methadone most frequently evaluated treatment in medicine!**
- **Now compelling evidence that OST is:**
  - **Effective**
  - **Safe**
  - **Cost effective (\$4-7: \$1)**
  - **In community AND in prisons**
  - **Reduces: deaths, HIV, crime, drug use, improves social functioning**
- **Endorsed many major medical organisations, UN bodies**

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## **Reducing illegal drug use through treatment:6**

- **Diacetylmorphine trials 7 countries, >1500 subjects, similar findings, only for small minority**
- **OST in community about 85 countries**
- **OST in prisons about ½ these countries**
- **OST in prison important:**
  - **Reduce recidivism**
  - **Reduce HIV infection**
  - **Continue on into community prevent overdose deaths**
- **In almost all countries, demand for OST>> supply – even worse in prisons**

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## Does saturation drug treatment work?

- Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis. Nordt, Stohler Lancet 2006
- <https://www.ncbi.nlm.nih.gov/pubmed/16753485>
- 850/1990 to 150/2002; HIV, overdose, crime, quantity drugs seized

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## Reducing illegal drug use through treatment:7

### Psychostimulants

- No agreed substitution treatment
- But now active research
- Have to rely on psychosocial treatments
- But more effective than often thought

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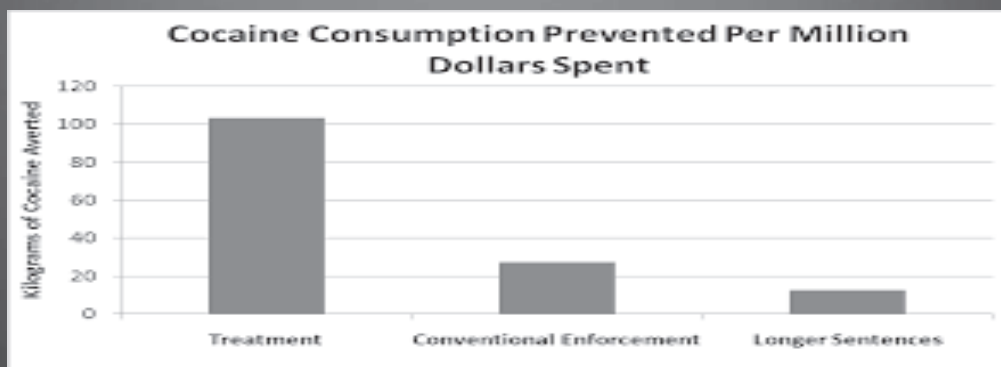
## Are treatments for cocaine worthwhile?

- **RAND: Controlling Cocaine Supply Versus Demand Programs**, Peter Rydell, Susan Everingham
- [https://www.rand.org/pubs/monograph\\_reports/MR331.html](https://www.rand.org/pubs/monograph_reports/MR331.html)
- **Return on \$US 1:00 investment**
  - Crop eradication 15c
  - Interdiction 32c
  - US customs & police 52c
  - Drug treatment \$7.46
- **Yet USG allocated 93% funds to LE, 7% to drug Rx**

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## Drug treatment or prison?

- **RAND 1997 Mandatory Minimum Drug Sentences. Throwing Away the Key or the Taxpayers' Money?** Caulkins, Rydell et al



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## **Staff training for implementation of treatment:**

- **Defining drug problems as primarily criminal justice makes drug treatment much less effective**
- **Stigma, discrimination, underfunding, ignore human rights, ignore evidence**
- **Redefine as primarily health & social issue**
- **Give staff practical experience as part of training**

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## **Methods for reducing harm to health/social life caused by drug use:**

- **Hard to distinguish whether harm caused by drug use or drug policy eg heroin - robbing banks**
- **Social integration critical – eg encourage PWUD to get jobs – education, training v important**
- **Practical harm reduction: needle syringe programs, condom promotion + housing, legal assistance etc**

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## Conclusions:

- Difficult area
- Polarised views
- But becoming clearer that drug prohibition has not reduced:
  - Drug production
  - Drug consumption
  - Number of new drugs
  - Drug prices down
  - Availability high

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## Conclusions: 2

- Drug markets bigger, more dangerous
- Increase in: deaths, disease, crime, corruption, violence
- Prisons critical in reducing problems from drugs & drug policy
- But low priority in many countries
- Bad policy has been good politics
- Minimise prison population

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## Conclusions: 3

- Drug law reform take some time, differ in different countries, so what to do now?
- Saturation drug treatment in community, prisons, as similar as possible
- Harm reduction in community & prisons also similar as possible
- Focus on harm not use
- Be serious about harm from smoking