

TREATMENT AND CARE FOR PEOPLE WITH DRUG USE DISORDERS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM: ALTERNATIVES TO CONVICTION OR PUNISHMENT

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I. INTRODUCTION

This article is based on the publication “Treatment and care of people with drug use disorders in contact with the criminal justice system: Alternatives to conviction or punishment¹” (UNODC/WHO, 2018).

In response to resolution 58/5 of the Commission on Narcotic Drugs (CND) entitled “Supporting the collaboration of the public health and justice authorities in pursuing alternative measure to conviction or punishment for appropriate drug related offences of a minor nature”, The United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) have jointly launched an initiative on treatment and care for people with drug use disorders in contact with the criminal justice system as alternatives to conviction or punishment. The Commission on Narcotic Drugs had invited UNODC — in consultation with Member States and, as appropriate, other relevant international and regional organizations — to “provide guidelines or tools on the collaboration of justice and health authorities on alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature”².

Strengthening prevention and treatment for people with drug use disorders is an essential demand reduction strategy of significant public health importance and a cornerstone of the 2016 United Nations General Assembly Special Session on the World Drug Problem (UNGASS) outcome document³. The UNODC/WHO initiative on treatment and care for people in contact with the criminal justice system contributes to the achievement of Sustainable Development Goal (SDGs) 3⁴ targeting goal 3.5 which states, “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” and SDG 16⁵ targeting especially goal 16.3 “Promote the rule of law at the national and international levels and ensure equal access to justice for all” and 16.6 “Develop effective, accountable and transparent institutions at all levels”.

The United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO), launched the initiative “Treatment and Care of People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment” at the 59th session of the Commission on Narcotic Drugs in 2016. The initiative aims to enhance the knowledge, understanding, scope and potential for alternative measures to conviction or punishment. In line with the international drug control conventions⁶ and other relevant international instruments, including human rights treaties and UN standards and norms in

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¹ United Nations Office on Drugs and Crime, UNODC, and World Health Organization, WHO, “Treatment and Care of People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment”, 2018 http://www.unodc.org/documents/UNODC_WHO_Alternatives_to_Conviction_or_Punishment_2018.pdf

² Resolution 58/5 Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug related offences of a minor nature.

³ UNODC 2016: Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem. Our Joint Commitment to effectively addressing and countering the World Drug Problem. <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

⁴ United Nations Sustainable Development Knowledge Platform, SDG Goal 3 “Ensure healthy lives and promote well-being for all at all ages” <https://sustainabledevelopment.un.org/sdg3>

⁵ United Nations Sustainable Development Knowledge Platform, SDG Goal 16 “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels” <https://sustainabledevelopment.un.org/sdg16>

crime prevention and criminal justice⁷, options to divert people with drug use disorders who are in contact with the criminal justice system to treatment are being explored.

In the framework of the initiative on treatment as an alternative to conviction or punishment UNODC and WHO further aim to provide relevant information to policymakers about the rationale and the existence of a variety of practices in line with the international drug control conventions to provide treatment and care for people with drug use disorders who come into contact with the criminal justice system. It has been proven useful to support criminal justice actors' understanding of how treatment of drug use disorders works and for treatment providers to better understand how the criminal justice system works to enhance synergies through mutual exchange and support. Opportunities can be considered at various levels to bring drug use disorder treatment and criminal justice systems into better alignment and to help policymakers and professionals from both sectors understand the multiple possible perspectives of their cooperation.

With these goals in mind, UNODC and WHO jointly developed the publication "Treatment and care of people with drug use disorders in contact with the criminal justice system: Alternatives to conviction or punishment⁸" (UNODC/WHO, 2018) which was launched at the 61st Commission on Narcotic Drugs as an advance copy.

II. GLOBAL SITUATION WITH REGARD TO DRUG USE DISORDERS AND IMPRISONMENT

The UNODC World Drug Report⁹ reports that around 275 million people worldwide (or 5.6% of the global population aged between 15-64 years) used drugs at least once during the year 2016. Around 31 million people who use drugs suffer from severe drug use disorders. However, in the year 2016, only 1 in every 6 people of the world's population suffering from drug use disorders received treatment and this ratio has been remaining constant in recent years¹⁰. Cannabis is the most commonly used drug, followed by opioids and amphetamines and prescription stimulants, then followed by ecstasy, opiates and cocaine¹¹. People Who Inject Drugs (PWID) account for 10.6 million globally and they often experience severe additional adverse health consequences such as hepatitis C and HIV as a result of sharing contaminated needles¹². The World Health Organization (WHO) reported that in 2015 around 450,000 people died due to substance use, of which 167,750 deaths resulted from substance use disorders especially due to opioid use¹³.

Prison populations worldwide are increasing and placing a financial burden on countries. In October 2015 it was estimated that more than 10.3 million prisoners, which included sentenced and pre-trial prisoners, were held in penal institutions around the world¹⁴. Since the start of the 21st century the total world prison population has increased by almost 20%. Since the year 2000, the female prison population total has increased by 53%, while the equivalent figure for the male prison population is 19.6%¹⁵.

⁶ The three International Drug Control Conventions are the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

⁷ These instruments will be mentioned throughout this publication and include for example the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the United Nations Standard Minimum Rules for Non-custodial Measures and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders. For compilations of relevant instruments, see OHCHR, *The Core International Human Rights Treaties* (2014) and UNODC, *Compendium of United Nations Standards and Norms in Crime Prevention and Criminal Justice* (2016).

⁸ United Nations Office on Drugs and Crime, UNODC, and World Health Organization, WHO, "Treatment and Care of People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment", 2018 http://www.unodc.org/documents/UNODC_WHO_Alternatives_to_Conviction_or_Punishment_2018.pdf

⁹ United Nations Office on Drugs and Crime, "Executive summary: Conclusion and Policy implications", *The World Drug Report 2018*, Booklet 1, pg. 7 <https://www.unodc.org/wdr2018/>

¹⁰ *Ibid.*, pg. 16

¹¹ *Ibid.*, pg. 7. Number of past-year users in 2016: 192 million people used cannabis; 34 million people used opioids; 34 million people used amphetamines and prescription stimulants; 21 million used ecstasy; 19 million used opiates; 18 million used cocaine.

¹² *Ibid.*, pg. 7

¹³ *Ibid.*, pg. 1

¹⁴ World Prison Population List, Eleventh Edition, International Centre for Prison Studies http://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_11th_edition_0.pdf

Those who suffer from severe substance use disorders are relatively insensitive to the threat of criminal sanctions due to the compulsive nature of their disease. Drug use including injecting drug use is widely prevalent in prisons. Within a prison population, people with drug use disorders usually make up a higher proportion than in the general population. Associated with the closed living settings and other related conditions such as overcrowding and limited access to health services, prisoners are at a much higher risk of being affected by diseases (2 to 10 times higher) such as tuberculosis, HIV and hepatitis C than the general population. Unsafe practices of sharing needles and syringes amongst prisoners increases the risk of these infectious diseases¹⁶.

People with drug use disorders in prison settings often have limited or lack access to treatment services, and the available treatment programmes are of a much lower standard than what is being provided to the general population.

People in prison lose their source of income and cannot support their family outside affecting the economic status and, after release, ex-offenders have little to no opportunities for attaining employment due to their criminal record, which entraps them in poverty and increases risk of re-imprisonment. Also, prisoners with childcare responsibilities cannot support their children anymore. This way, imprisonment has an effect not only on the offender but also on the broader network of their families and communities.

Prisoners often relapse to drug use upon return to the community and especially after times of no or reduced drug use in prison are exposed to a severe risk of drug (and especially opioid) overdose associated with reduced tolerance, which explains a good percentage of mortality in the first two weeks after prison release¹⁷. Offenders are often discharged from prison without health and social support, including limited knowledge about and inaccessibility of treatment for drug dependence, overdose management and access to medications such as naloxone and methadone in the community¹⁸.

A higher proportion of women than men are in prison for drug related offences. According to the UNODC World Drug Report 2018, of the 714,000 female prisoner population, 35% are incarcerated due to drug offences whereas of the 9.6 million male prisoner population, only 19% are incarcerated for drug offences¹⁹. Of the prison population, females who are incarcerated have lower access than males to health care and treatment services for substance use disorders, reproductive health needs and other health requirements. Even upon prison release females receive less support to reintegrate back into their community lifestyle and settings. They are often faced with worse stigma and discrimination by their community compared to their male counterparts and therefore face more challenges in regard to accessing health care and social services in the community²⁰.

III. DRUG USE DISORDER TREATMENT AS AN ALTERNATIVE TO CONVICTION OR PUNISHMENT

As the negative consequences of incarceration may affect and worsen the health and social situation of people with substance use disorders and their families²¹ even more, prison needs to be considered as a measure of last resort including for this vulnerable population and other alternatives in line with the international²² drug control conventions and other relevant international and legal instruments should be explored first in combination with adequate access to effective services for the comprehensive treatment of

¹⁵ http://www.prisonstudies.org/sites/default/files/resources/downloads/wfil_2nd_edition.pdf

¹⁶ United Nations Office on Drugs and Crime, "Global Overview of Drug Demand and Supply", The World Drug Report 2018, Booklet 2, pg. 20 <https://www.unodc.org/wdr2018/>

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Roy Walmsley, "World prison population list", 11th ed. (Institute for Criminal Policy Research, 2016) and Roy Walmsley, "World female imprisonment list", 4th ed. (Institute for Criminal Policy Research, 2017). Share of prisoners for drug offences based on 50 Member States (UNODC, Special data collections on persons held in prisons (2010-2014), United Nations Surveys on Crime Trends and the Operations of Criminal Justice Systems (UN-CTS).

²⁰ United Nations Office on Drugs and Crime, "Executive summary: Conclusion and Policy implications", The World Drug Report 2018, Booklet 1, pg. 21 <https://www.unodc.org/wdr2018/>

²¹ United Nations Office on Drugs and Crime, "Global overview of Drug Demand and Supply", The World Drug Report 2018, Booklet 2, pg. 20 <https://www.unodc.org/wdr2018/>

drug use disorders such as outlined in the “International Standards for the Treatment of Drug Use Disorders²³” (UNODC/WHO, 2016).

Many people who use drugs and who suffer from drug use disorders come in contact with the criminal justice system. They could be involved in various types of drug crimes which include possession, purchase, cultivation, supply of illicit substances and other kinds of offences such as robbery, theft, assault, and so on. Sometimes the following types of offence categories are being considered²⁴: Psychopharmacological offences are driven by the influence of drugs often resulting in violent behaviour and violent property offences; Economic-compulsive offences are property offences committed for financial drug use which is related to illicit use of controlled drugs and the fear of experiencing withdrawal symptoms by a discontinuation of drug use and often related to homelessness and social exclusion; Systemic offences are related to negative interactions of the illicit drug market with the actions of supply and demand. The nature of the offence is, however, not the only factor to be considered when deciding on the use of alternatives to conviction or punishment.

The United Nations and Member States have adopted international normative instruments that include treaties, conventions, resolutions, and declarations that set forth international standards and norms that address several issues ranging from drug control and human rights to treatment of criminals. Although punishments (or alternatives to conviction or punishment) within a country are decided within the bounds of the UN Member States, international instruments create exceptions such as by prohibiting inhuman or degrading forms of punishment and encouraging the use of alternatives to conviction or punishment for criminal offences. Mitigating imprisonment by incorporating alternative measures within a country’s legal system and rationalizing criminal justice policies by observing the human rights, social justice and rehabilitation needs of the offender are all to be expected to be followed by the UN Member States. Implementing the international legal framework enables treatment and care as alternatives for offenders with drug use disorders who come into contact with the criminal justice.

In line with the international drug control conventions, treatment, education or social reintegration can be applied as alternative measures to conviction or punishment in cases of offences related to personal consumption of drugs²⁵ or offences of drug trafficking and related conduct in cases of a minor nature²⁶. In addition, there are other offences, for which there is no specification under the international drug control conventions, such as non-violent property crimes, for which treatment and care can be applied as alternatives to imprisonment for people with drug use disorders, as appropriate cases, as stipulated in national legislation. The Tokyo Rules²⁷ and other international standards and norms require decision makers to also focus on the social and health background of the offender and his or her rehabilitative needs, so as to avoid unnecessary use of imprisonment and maximize opportunities for treatment and social rehabilitation.

Effective alternatives to conviction or punishment can mitigate reoffending and thereby can contribute to reduce the size of the prison population while positively influencing public safety and public health. Community service instead of imprisonment and non-custodial community programme studies conducted in the Netherlands²⁸ and Florida, USA²⁹ for example, respectively have shown that offenders are significantly less likely to reoffend than those who were sentenced to prison.

²² United Nations Standard Minimum Rules for Non-custodial Measures (Tokyo Rules); United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules)

²³ United Nations Office on Drugs and Crime, UNODC, International Standards for the Treatment of Drug Use Disorders, March 2016, http://www.unodc.org/documents/International_Standards_2016_for_CND.pdf http://www.unodc.org/documents/International_Standards_2016_for_CND.pdf

²⁴ Goldstein, P.J. The drugs/violence nexus: A Tripartite conceptual framework. *Journal of Drug Issues*, 1985, 15, 493-506.

²⁵ See article 3, paragraph 2 and subparagraph 4(d) of the 1988 Convention

²⁶ See article 3, subparagraph 1 and subparagraph 4(c) of the 1988 convention

²⁷ United Nations Standard Minimum Rules for Non-custodial Measures (Tokyo Rules), <http://www.un.org/documents/ga/res/45/a45r110.htm>

²⁸ Wermink H.T., Blokland A.A.J., Nieuwebeerta P., Nagin D. & Tollenaar N. (2010), Comparing the effects of community service and short-term imprisonment on recidivism: A matched samples approach, *Journal of Experimental Criminology* 6(3): 325-349.

²⁹ William D Bales and Alex R Piquero “Assessing the impact of imprisonment on recidivism” *Journal of Experimental Criminology* March 2012, Volume 8, Issue 1, pages 71-101.

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There are seven principles outlined by UNODC and WHO (2018)³⁰ that were adapted from various components of the international legal framework concerning the treatment of persons with drug use disorders in contact with the criminal justice system:

1. Drug use disorders are a public concern requiring responses that are health-centred. Individuals with drug use disorders should not be punished for their drug use disorder but provided with appropriate treatment.
2. The use of alternatives to conviction or punishment at all stages of the criminal justice system for offenders with drug use disorders based on an assessment of established criteria should be encouraged.
3. Proportionality is required during all stages of the diversion and supervision process.
4. A diversion to treatment should be made with the informed consent of the offender.
5. The implementation of alternatives to conviction or punishment should respect legal and procedural safeguards.
6. Specific attention to special groups and their access to treatment as an alternative to conviction or punishment is required to avoid discrimination.
7. Prisoners with drug use disorders may not be deprived of their right to health and are entitled to the same level of treatment as the general population.

The development and implementation of drug treatment and care as alternatives needs to take into account every country's individual legal system and tradition, particularly the process, timeframe and the role of judicial actors. Common challenges also exist such as different perspectives of the health and justice sectors. For example, issues such as when non-compliant conduct of an offender with substance use disorder who has relapsed would be treated with punitive sanctions from a criminal justice perspective whereas a treatment professional would view it as a disorder requiring a treatment response. Another issue is who decides the appropriate responses to offences. Typically, the justice system should not make treatment decisions and treatment professionals should not make justice system decisions. However, when a person with a substance use disorder comes into contact with the justice system, the perspectives from the view of the health and justice sectors should be coordinated appropriately to provide treatment and care services as an alternative for offenders.

Treatment and care interventions can effectively mitigate drug related harm and manage harmful use of drugs as well as drug dependence. Such measures can be applied as well for people in contact with the criminal justice system. The UNODC-WHO International Standards for the Treatment of Drug Use Disorders³¹ explain in depth a range of treatment options which involves various pharmacological and psychosocial interventions in in- and outpatient settings for treating harmful drug use and dependence. There is, though, a high likelihood that people with contact with the justice system due to drug related offences upon entry are not provided with the adequate treatment.

The criminal justice system should interact with the offender and provide opportunities for him/her to have access to drug treatment if needed. In this regard, offenders need to be initially screened and assessed to determine their health and social conditions and needs to offer adequate services. Non-specialist, trained staff could conduct the initial screening, which comprises a brief process to determine indicators for whether there is a specific condition present where the individual would need treatment and if a thorough assessment is required. A trained health professional should conduct the assessment process since it requires a comprehensive medical and psychosocial evaluation that considers the patient's medical history, presence of chronic or infectious diseases such as HIV, tuberculosis, hepatitis, etc. When the presence of harmful

³⁰ UNODC/WHO (2016). Treatment and care of people with drug use disorders in contact with the criminal justice system: Alternatives to conviction or punishment.

³¹ United Nations Office on Drugs and Crime, UNODC, "International Standards for the Treatment of Drug Use Disorders", March 2016 http://www.unodc.org/documents/International_Standards_2016_for_CND.pdf

substance use or dependence is confirmed and once the individual shows willingness to participate in treatment interventions, arrangements could be made to initiate the treatment process involving health experts and criminal justice authorities as required. The treatment plan should be detailed, and the treatments administered should be based solely on their health conditions and not on their alleged offences during the assessment stage. If the assessment identifies the patient as being drug dependent, further drug dependence treatment is required and should be provided where the services will be tailored to the specific issues of the patient's condition. In case the treatment methods do not result in the desired outcome, a process should be undertaken to consider other alternative treatment options that would better suit the health of the offender with substance use disorder.

Implementing a system of treatment for substance use disorder as an alternative to conviction or punishment would have to consider the diversity of each country's individual legal system, policy priorities in terms of drug offences, the resources at disposal and cultural aspects. Therefore, the treatments are administered and adapted to the country in which they operate³². The availability, accessibility and effectiveness of drug use disorder treatment services in a country is a key factor in implementing treatment as an alternative to conviction or punishment successfully. Treatment options have been implemented in various stages of the criminal justice proceedings ranging from pre-trial, trial/court to post sentencing³³.

Diversion options incorporated in the administrative responses should be contemplated before the diversion options within the criminal justice system are addressed since they are a formal response to drug offences. Treatment referrals for drug offenders at the pre-trial stage could avoid unnecessary involvement in the criminal justice system. For more serious cases, at the sentencing stage, the sentence could be suspended while the defendant undergoes treatment with judicial supervision. A prisoner could choose to participate in a treatment programme as a condition of early release at the post sentencing stage through a comprehensive assessment to create a treatment plan after release.

Many countries incarcerate people with harsh punitive measures for minor violations of the law such as for example possessing small quantities of drugs for personal use. Such breaches of the law could instead be handled with administrative sanctions involving diversion to treatment such as brief motivational treatment, short-term treatment and relapse prevention classes. Non-criminal justice responses could also be another diversion from incarceration, for example, in 2001, Portugal removed criminal penalties for low-level possession of all types of controlled drugs and categorized them as administrative violations under Law 30/2000.

The pre-trial stage within the criminal justice system is the point where criminal justice actors such as the police and prosecuting authorities, who act as the first responders to offenders with substance use disorders, could use the opportunity to divert offenders to treatment. Therefore, criminal justice actors should be well informed with clear instructions and guidelines³⁴ about drug use disorders afflicting the offenders and how to lead them to treatment. In some jurisdictions the prosecutor can direct people to treatment at the pre-trial stage, while in other countries the police already have some authority for pre-trial diversions. Alternatives to arrest or prosecution at this stage include conditional cautions in conjunction with a referral to treatment, prosecution suspension on condition that the offender completes treatment, and conditional bail through participation in treatment. If an offender decides to quit during treatment, the prosecutor may reimpose criminal charges and prosecute the case.

Most often alternatives to conviction or punishment are present at the sentencing stage. The offender should fully comprehend the consequences of non-compliance with the alternative conditions set by the court and the judicial actors must ensure that the set conditions are met appropriately and that the rehabilitative needs of the offender are taken into account. Courts around the world generally could offer diversion options

³² Inter-American Drug Abuse Control Commission (OAS/CICAD), Technical Report on alternatives to incarceration for drug-related offences, 2015

³³ For a more comprehensive overview of alternatives to conviction or punishment it is made reference to other documents such as EMCDDA best practice portal, European Commission's study on alternatives to coercive sanctions (2016) or OAS/CICAD's technical report (2015)

³⁴ United Nations Office on Drugs and Crime, UNODC, Handbook of basic principles and promising practices on alternatives to imprisonment.

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ADMINISTRATIVE RESPONSE	CRIMINAL JUSTICE RESPONSE		
PRE-ARREST Police	PRE-TRIAL Police, Prosecutor, Defence, Examining magistrate	TRIAL/SENTENCING Judge, Probation officers	POST-SENTENCING Prison Director, Parole Board, Minister of Justice
Administrative response with information/referral to treatment	Caution with a diversion to education/treatment	Postponement of the sentence with a treatment element	Early release/parole/pardon with a treatment element
	Conditional dismissal/ Conditional suspension of the prosecution	Deferring the execution of the sentence with a treatment element	
	Conditional bail (alternative to pre-trial detention)	Probation/judicial supervision	
		Special courts/docks (e.g. the Drug Treatment Court)	

Table 1: The table above outlines the key interventions and diversion programmes which are possible at each stage of the criminal justice system starting from the arrest of the drug offender to incarceration until release from prison that have been set forth by the UN Member States

that will need to rely on specialized drug use disorder treatment services in the community. A clinical assessment should be conducted to determine the type and intensity of the treatment³⁵ A key challenge at the sentencing stage is for the court to obtain information and expertise regarding the health issues and the rehabilitative needs of the offender, which need to be considered in sentencing decisions along with other considerations (seriousness of the offence, protection of society, victims' rights). Depending on the jurisdiction, this can be achieved through various means, including social inquiry reports, expert witnesses, or as part of specialized courts and proceedings.

In some countries the establishment of special courts/dockets has proven to be an effective diversion strategy. As an example, the Drug Treatment Court (DTC) is one such special court in Florida, USA which has been adapted to the situation of several UN Member States. The system organization and everything entailed between the criminal justice actors and health professional are all considered. This type of court system includes rehabilitative goals, the judge's active role, collaboration between defence and prosecution in non-adversarial systems³⁶. There are various treatment interventions conducted in DTCs with regular follow up hearings which monitor compliance and advocate pro-social behaviour. Drug treatment courts are the most cost-effective when they deal with higher-risk and higher-need offenders³⁷.

An offender at the post-sentencing stage could be diverted to treatment if serving a conditional supervised release. Extreme caution and care and the continuity of services should be available to offenders such as conducting comprehensive assessments, developing treatment plans, recovery management (involving relapse prevention, employment and housing aid) and other means support to ensure social

³⁵ United Nations Office on Drugs and Crime, UNODC, Handbook on Strategies to Reduce Overcrowding in Prisons, 2013, p. 108.

³⁶ Vilciã, E.R., Belenko, S., Hiller, M., & Taxman, F. (2010). Exporting court innovation from the United States to continental Europe: Compatibility between the drug court model and the inquisitorial justice system. *International Journal of Comparative and Applied Criminal Justice*, 34, 139-172.

³⁷ NADCP, Douglas B. Marlowe, Research Update on Adult Drug Courts, December 2010; http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP_1.pdf

reintegration³⁸. Supervision and case management should be followed to ensure an individual's compliance around the time of prison release which could be deterred by factors such as lack of housing, transportation, and negative peer relationships. The time period around prison release is a critical stage for the offender since the stress, possibly associated with return to the community, may result in increased risks for relapse and recidivism to drug use³⁹. The first two weeks after prison are highly associated with the risk of death by drug overdose mainly related to opioid use disorders.

IV. CONCLUSION

Treatment of drug use disorders as an alternative to conviction or punishment is an opportunity foreseen by the International Drug Control Conventions for eligible offences of a minor nature. Implementation at national level needs to take into account a country's legal system requirements and treatment system conditions. The key principles formulated by UNODC and WHO (2018), based on existing international standards and scientific evidence, should be considered when implementing diversion to treatment for people with drug use disorders in contact with criminal justice system. Ultimately the decision of whether or not to start treatment depends on the offender keeping in mind that the justice practitioners assess eligibility for diversion programmes under the supervision of the justice system, and the health providers assess the medical condition of the offender providing suitable treatment approaches. Additional studies still need to be conducted to generate future evidence and provide good practices in terms of what works best regarding the provision of legal and health systems for treatment as an alternative to conviction or punishment in specific contexts. In general options for diversion to evidence-based treatment of drug use disorders should be considered as early as possible in the justice process for people with drug use disorders.

³⁸ Rules 107 and 110 of the Nelson Mandela Rules and Rule 47 of the Bangkok Rules.

³⁹ Leukefeld, C, Oser, CB, Havens, J, et al. Drug Abuse Treatment Beyond Prison Walls. *Addiction Science & Clinical Practice*. 2009, 5(1): 24-30