

Health and justice coordination for increased access to health and social services for people with drug use disorders in contact with the criminal justice system

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INTRODUCTION

Drug use disorders are multifactorial health disorders, associated with socio-economic inequalities, criminal behaviour, and social exclusion. According to the World Drug Report 2022, globally, 284 million people used internationally controlled drugs at least once in 2020.

BACKGROUND

People with drug use disorders are often in contact with the criminal justice system and many people in the criminal justice system have a history of drug use disorder. According to the World Drug Report 2020, around half of the convictions for drug-related offences are for personal use-related offences, and slightly fewer people were convicted for drug trafficking offences.

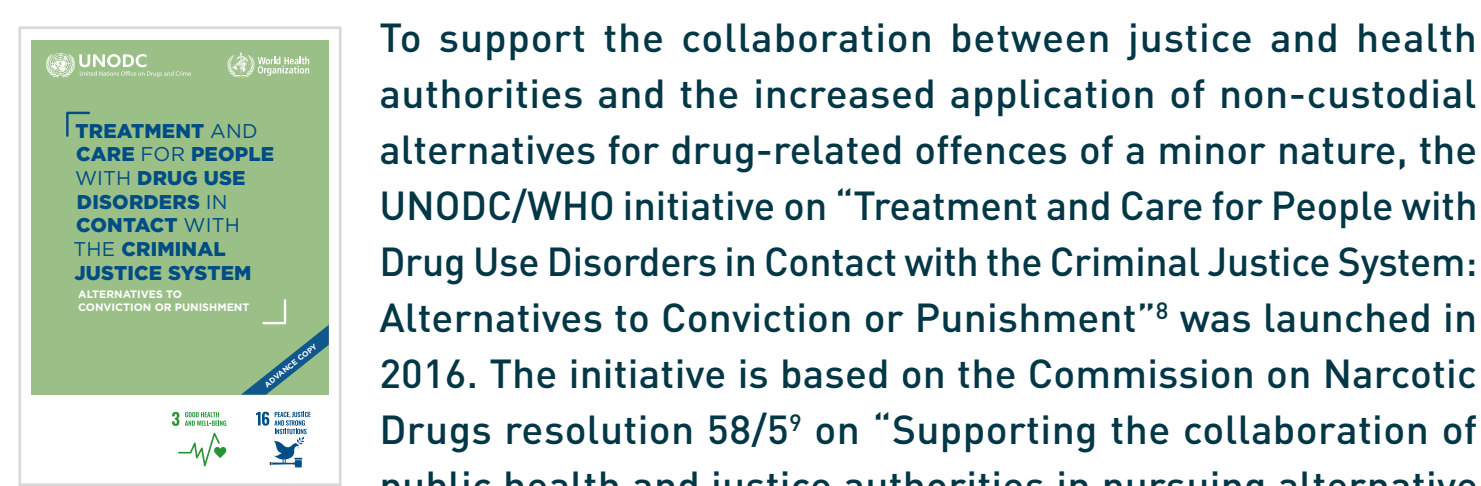
UNODC estimates indicate that globally and across the criminal justice continuum it is likely that more people are in contact with the criminal justice system for offences related to drug possession for personal use than for drug trafficking-related offences.

There are currently nearly 11.5 million people held in prisons around the world. The global prison population is on the rise and the quality of nutrition, sanitation, prisoners' physical and mental health condition, and care for vulnerable groups are significantly affected by prison overcrowding.

Promoting non-custodial measures for people with drug use disorders in contact with the criminal justice system, along all stages of the criminal justice continuum, is in line with international policy and legal frameworks, including the International Drug Control Conventions.

- International Human Rights Law provides general rules on due process and treatment of offenders.
The United Nations Standard Minimum Rules for Non-Custodial Measures (the Tokyo Rules) elaborate on the types and implementation of non-custodial alternatives.

People with drug use disorders are best supported through health and social support, as outlined in the International Standards for the Treatment of Drug Use Disorders. In eligible cases of a minor nature, the provision of non-custodial alternatives to conviction or punishment for people with drug use disorders in contact with the criminal justice system can help link these people with effective health care and social services in the community, and is also an effective way to decrease prison overcrowding.



To support the collaboration between justice and health authorities and the increased application of non-custodial alternatives for drug-related offences of a minor nature, the UNODC/WHO initiative on 'Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment' was launched in 2016.

Thus, alternatives to conviction or punishment for people with drug use disorders in contact with the criminal justice system in appropriate cases of a minor nature can contribute significantly to health and to reducing prison overcrowding.

In cases where treatment as an alternative to conviction or punishment cannot be considered due to the more severe nature of the crime, UNODC supports Member States in providing appropriate, evidence-based drug use disorder treatment services in prison settings, in line with the UNODC WHO International Standards for the Treatment of Drug Use Disorders.

The prevalence of drug use in prison settings is estimated to be around four times higher than among the general population; however, treatment services are harder to access than in the community. One in three people in prison have used drugs at some time during their incarceration, with 16 per cent reporting current use of cannabis and 10 per cent reporting heroin use.

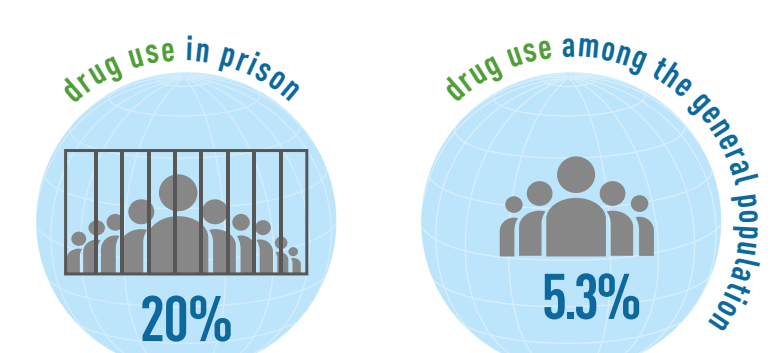


Table with 2 columns: ADMINISTRATIVE RESPONSE and CRIMINAL JUSTICE RESPONSE. Rows include Pre-arrest, Police, Administrative response with information/referral to treatment, Conditional dismissal/conditional suspension of the prosecution, and Conditional bail (alternative to pre-trial detention).

DIVERSION TO TREATMENT AT DIFFERENT STAGES

MAPPING AVAILABLE ON HEALTH AND JUSTICE COORDINATION EFFORTS TO ENSURE ACCESS TO HEALTH CARE FOR PEOPLE WITH DRUG USE DISORDERS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

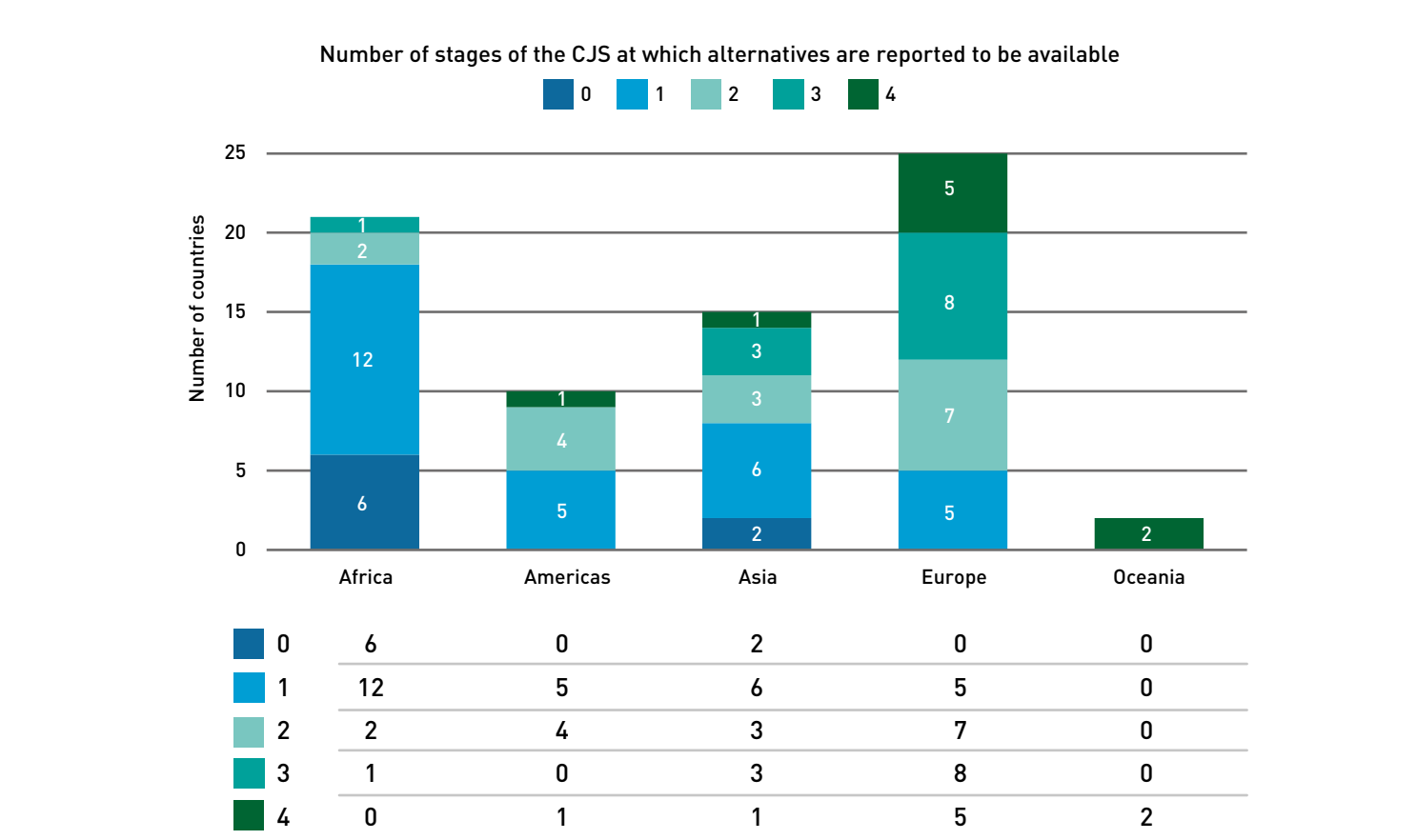
A GLOBAL MAPPING OF ALTERNATIVES TO CONVICTION OR PUNISHMENT FOR PEOPLE WITH DRUG USE DISORDERS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

To understand better the global availability of different alternatives to conviction or punishment for people with drug use disorders in contact with the criminal justice system, UNODC reached out to United Nations Member States through an official note verbale and requested information on available measures on current diversion mechanisms for people who use drugs and with drug use disorders in contact with the criminal justice system.

United Nations Member States generally agreed on the need for alternatives to conviction or punishment for people with drug use disorders in contact with the criminal justice system.

Many countries reported on efforts to increase the use of alternatives to conviction or punishment. Sixty-five countries provided information that at least one type of alternative to conviction or punishment was available for some drug-related offences committed by adults.

Twenty-four countries reported some form of pre-arrest alternative to conviction or punishment, with four broad types of pre-arrest alternatives reported. The most common pre-arrest alternative was diversion to treatment or education with administrative penalties.



Thirty-seven countries reported the availability of some form of pre-trial measures across four general categories. Most alternatives at this stage involve diversion to treatment, often in the form of brief interventions or psychosocial interventions in outpatient settings.

Most alternatives to conviction or punishment were reported at the trial and sentencing stage. Fifty-one countries responded as having at least one alternative at this stage. Five broad types of alternatives were identified, conditional suspension of sentence being the most common.

At the post-sentencing stage, 23 countries described alternative measures as being available, mainly different schemes for early prison release.

CONCLUSION

While some responding countries have legal provisions for alternative measures, others have no alternatives available or rarely use them. The prevailing treatment gap at the global level also needs to be taken into consideration, with overall only one in eight persons with a drug dependence having access to treatment services.

using drugs and with drug use disorders. Furthermore, the development of trained personnel for assessment, treatment, supervision, and social support in the community needs to be supported, and services should be evaluated for effectiveness and receive adequate support for improvement. This will ensure that people with drug use disorders in contact with the criminal justice system for offences related to personal use of controlled substances and other offences of a minor nature can be diverted more easily and effectively to community-based health and social services.

LIMITATIONS

Despite the wealth of information generated by the responses from 77 countries in the UNODC report, the availability of alternatives to conviction or punishment for drug-related offences can vary greatly between countries due to differences in legal systems, drug-related problems, and social and economic contexts. This can result in a blurring or crossover of approaches available at different stages of the criminal justice process.

A GLOBAL MAPPING OF TREATMENT OF DRUG USE DISORDERS AND ASSOCIATED MENTAL HEALTH DISORDERS IN PRISON SETTINGS AND FORENSIC HOSPITALS

To understand better the situation with regard to treatment of drug use disorders and associated mental health disorders from a Member State perspective, UNODC has conducted a global mapping of available treatment options in prison settings and forensic hospitals. Thirty-five countries responded to a note verbale request by UNODC, of which 54 per cent of replies were from the European region.

Some United Nations Member States reported evidence-based practices such as comprehensive treatment approaches for drug use and associated mental health disorders in prison settings as well as an urgent need to evaluate better these interventions, in line with human rights principles.

Member States also recognized the importance of providing a continuity of care for people with drug use disorders upon prison release.

At prison/criminal justice system intake, countries reported four broad types of assessment options to identify drug use disorders in a person about to be held in prison. Sixteen countries reported having available assessment related to mental health or drug use disorders conducted by a nurse or a doctor.

When it comes to treatment provision, five broad options were mentioned by responding Member States.

- Some countries mention that the national health system structures provide drug use disorder services in prison.
Others reported that services are available only in collaboration with external psychiatric institutions.

Opioid agonist maintenance treatment (methadone or buprenorphine) was reported by 16 responding countries, 10 of which reported that this is available in all or most prisons.

- There is a growing recognition of the need to diagnose comorbidities early.
Many countries carry out assessment of mental health/drug use disorder on intake.

Although the information obtained is significant and shows progress, the responses received from United Nations Member States also revealed several obstacles. It is, for example, uncertain whether every country acknowledges that prison health should be considered an integral aspect of public health.

LIMITATIONS

Since only 35 countries replied to the note verbale, the conclusions cannot be generalized and thus should be interpreted in conjunction with other mappings conducted.

CONCLUSION

People with drug use disorders deserve access to evidence-based, ethical, and caring health and social services, as would be required for other health disorders. People with drug use disorders in contact with the criminal justice system might need such health and social service support even more. In line with the international policy frameworks and technical guidance provided by UNODC and WHO, UNODC has reached out to United Nations Member States to better understand how health and social services are made available to people with drug use disorders (and mental health disorders) in contact with the criminal justice system - either as an alternative to conviction or punishment or in prison settings.

UNODC was able to obtain from United Nations Member States limited but relevant information on the implementation of alternatives to conviction or punishment and on the provision of treatment of drug use disorders in prison settings.

Furthermore, during the 66th Commission on Narcotic Drugs (CND) event, the UNODC-WHO ISN held a meeting, at which more than 30 high-level scientists came together to develop recommendations aimed at enhancing the treatment of substance use disorders in prison settings. The recommendations emphasize that in all justice-related cases, people should receive treatment and care of a standard equal to that offered in the community, regardless of gender, age, race, or religious, cultural or social status.

ACKNOWLEDGEMENTS

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UNODC, World Drug Report 2022 [United Nations publication, 2022]. Available here: www.unodc.org/res/and/2022/MS/NDR22\_Booklet\_1.pdf

UNODC, World Drug Report 2020 [United Nations publication, 2020]. Available here: www.unodc.org/res/and/2020/MS/NDR20\_Booklet\_1.pdf

UNODC, World Drug Report 2019 [United Nations publication, 2019]. Available here: www.unodc.org/res/and/2019/MS/NDR19\_Booklet\_2\_DRUG\_CSMAND.pdf

UNODC, WHO (2020), International Standards for the Treatment of Drug Use Disorders, revised edition incorporating results of field testing. Available here: www.unodc.org/documents/drug-prevention-and-treatment/UNODC\_WHO\_International\_Standards\_Treatment\_Drug\_Use\_Disorders\_April\_2020.pdf

UNODC and WHO (2019), Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment. Available here: www.unodc.org/documents/drug-prevention-and-treatment/UNODC\_WHO\_Alternatives.pdf

Commission on Narcotic Drugs Resolution SM/5 (2015), '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'. Available here: www.unodc.org/documents/commission/CND/CND\_SessionCND\_58/2015\_Resolutions/Resolution\_58\_5.pdf

UNODC, World Drug Report 2017 [United Nations publication, 2017]. Available here: www.unodc.org/res/and/2017/MS/Booklet\_1\_EXSUM.pdf