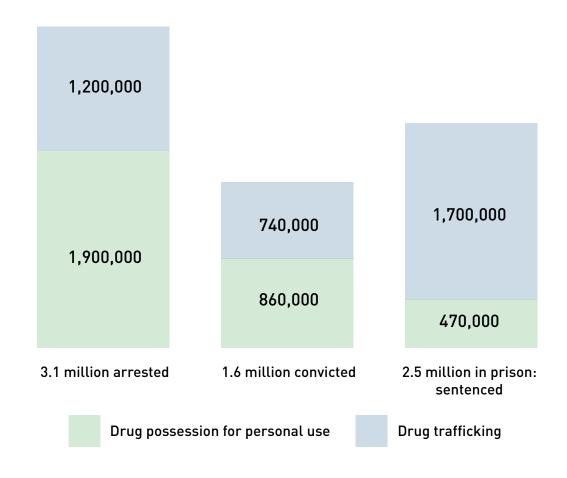
Health and justice coordination for increased access to health and social services for people with drug use disorders in contact with the criminal justice system

INTRODUCTION

Drug use disorders are multifactorial health disorders, associated with socioeconomic 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. 36.7 million people are estimated to live with drug use disorders. Globally, only an estimated one in eight people with drug use disorders have access to treatment, and drug use accounts for 31 million healthy lives lost due to disability and premature deaths (DALYs) in 2019. The majority of people using drugs are male, and treatment services often are more designed to support men with substance use disorders. While every third person using drugs is a woman, only one in six people in treatment for drug use disorders is female, highlighting the additional stigma and barriers faced by women using drugs and with drug use disorders. Furthermore, it is common for individuals with drug use disorders to also experience psychiatric comorbidity, with varying prevalence rates depending on the specific combination of mental and drug use disorders. Evidence from multiple countries and cultures suggests that a substantial proportion of people with drug use disorders, ranging from 50 per cent to 80 per cent, have comorbid mental health conditions

> ESTIMATED NUMBER OF PEOPLE IN THE CRIMINAL JUSTICE SYSTEM FOR DRUG OFFENCES



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 drugrelated 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 traffickingrelated offences.

There are currently nearly 11.5 million people held in prisons around the world.3 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. While there are many more men than women in prison overall, the proportion of drug-related offences among women in contact with the criminal justice system is actually higher than that of men.

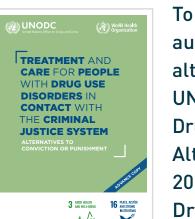
Promoting non-custodial measures for people with drug use disorders in contact with the criminal justice system, along all stages of the criminal justice continuum, is in line with international policy and legal frameworks, including the International **Drug Control Conventions.**

- 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)4 elaborate on the types and implementation of noncustodial alternatives. Imprisonment should always be a measure of last resort, and community-based, non-custodial interventions for people with drug use disorders in contact with the criminal justice system should always be considered.
- The United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) is a set of rules focused on the treatment of female offenders and prisoners, based on the principle of non-discrimination.
- In line with the International Drug Control Conventions, measures such as early identification for drug use and drug use disorders, treatment, education, after-care, rehabilitation and social reintegration are possible as alternatives to conviction or punishment in cases of possession, purchase or cultivation of controlled drugs for personal use and other offences of a minor nature.

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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. 7 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.

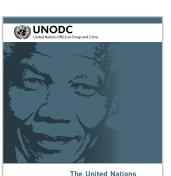


To support the collaboration between justice and health authorities and the increased application of non-custodial alternatives for drug-related offences of a minor nature, the UNODC/WHO initiative on "Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System Alternatives to Conviction or Punishment"8 was launched in 2016. The initiative is based on the Commission on Narcotic Drugs resolution 58/5° on "Supporting the collaboration of

public health and justice authorities in pursuing alternative measures to conviction and punishment for appropriate drug-related offences of a minor nature". UNODC and WHO published a handbook in 2019 to promote the increased collaboration between health and justice actors for people with drug use disorders in contact with the criminal justice system. Existing legal mechanisms at different stages of the criminal justice system have been summarized, and can be applied to divert people with drug use disorders in contact with the criminal justice system out of that system and towards health and social services in the community.

DIVERSION TO TREATMENT AT DIFFERENT STAGES

ADMINISTRATIVE RESPONSE	CRIMINAL JUSTICE RESPONSE		
Pre-arrest	Pretrial	Trial/sentencing	Post-sentencing
Police	Police, prosecutor, defence, examining magistrate	Judge, probation officers	Prison director, parole board, minister of justice
Administrative response with nformation/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 pretrial detention)	Probation/judicial supervision	
		Special courts/docks (e.g., the Drug Treatment Court)	



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.

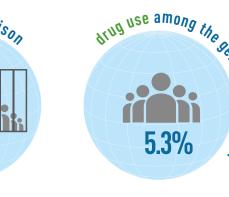
In cases where treatment as an alternative to conviction or punishment cannot be considered due to the more severe nature of the crime, UNODC supports Member States in providing appropriate, evidence-based drug use disorder treatment

services in prison settings, in line with the UNODC WHO International Standards for the Treatment of Drug Use Disorders. Promoting treatment for drug use disorders through effective coordination between the criminal justice system and health and social services is listed as one of the principles in the International Standards for the Treatment of Drug Use Disorders. Based on the United Nations Standards Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), prison health is a crucial part of public health, as the right to health extends to those in contact with the criminal justice system.

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

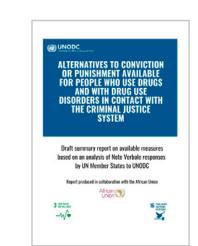




drugs at some time during their incarceration, with 16 per cent reporting current use of cannabis and 10 per cent reporting heroin use. 10 Furthermore, there is a high prevalence of psychiatric disorders among people in prison settings. It is estimated that 45 per cent of adult prisoners have a diagnosis of depression or anxiety, 8 per cent have a diagnosis of psychosis and 60 per cent have experienced a traumatic brain injury.

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



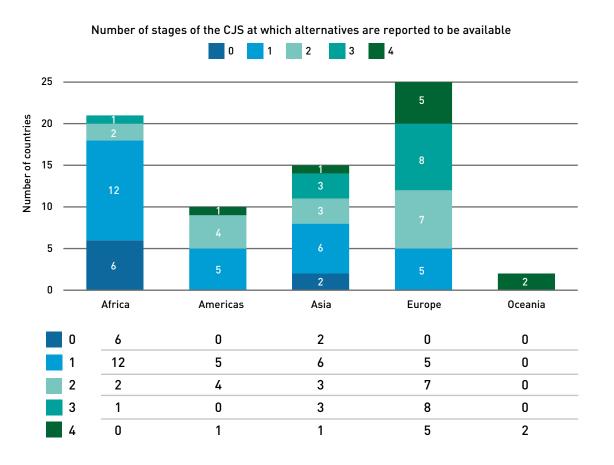
To understand better the global availability of different alternatives to conviction or punishment for people with drug use disorders in contact with the criminal justice system, UNODC reached out to United Nations Member States through an official note verbale and requested information on available measures on current diversion mechanisms for people who use drugs and with drug use disorders in contact with the criminal justice system. 11 The information in this draft summary report includes information from responses to three different note

verbale requests, received from 77 countries between 2016 and 2021.

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 punishments was available for some drug-related offences committed by adults. Some countries have alternatives available at all stages of the criminal justice process.

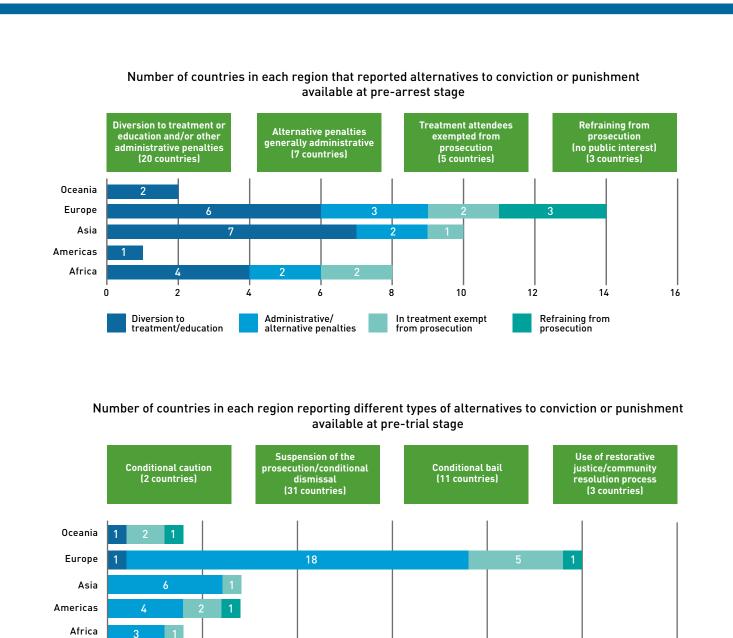
Twenty-four countries reported some form of pre-arrest alternative to conviction or punishment, with four broad types of pre-arrest alternatives reported. The most common pre-arrest alternative was diversion to treatment or education with administrative penalties.



Thirty-seven countries reported the availability of some form of pretrial 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.

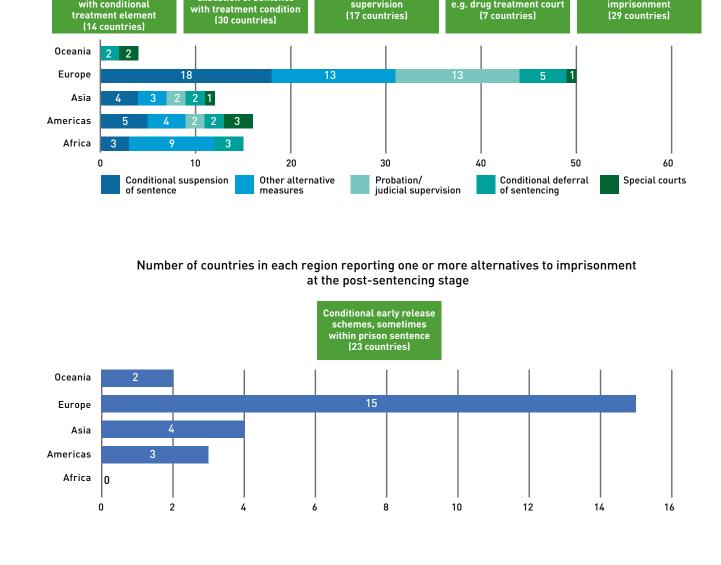
Most alternatives to conviction or punishment were reported at the trial and sentencing stage. Fifty-one countries responded as having at least one alternative at this stage. Five broad types of alternatives were identified, conditional suspension of sentence being the most common.

At the post-sentencing stage, 23 countries described alternative measures as being available, mainly different schemes for early prison release. 12



Caution and referral Conditional dismissal/ Conditional bail

Number of countries in each region reporting different types of alternatives at the trial/sentencing stage



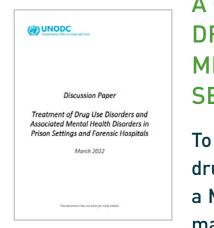
CONCLUSION

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. To establish more accessible and effective services, there needs to be a sustainable investment in drug treatment and other health and social infrastructure for people

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. The UNODC report uses the classification system provided by the countries themselves when reporting the alternatives available at specific stages. The information in the report is based solely on responses to notes verbales, and for some countries, the information may be outdated as new legislation or task forces may have led to changes not reflected in the report. Furthermore, it needs to be noted that as part of this note verbale analysis, it was not possible to verify the non-custodial or voluntary nature of the described alternative, nor the quality of the intervention provided as an alternative by the reporting Member States.



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

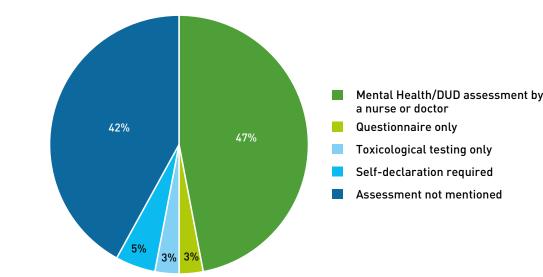
To understand better the situation with regard to treatment of drug use disorders and associated mental health disorders from a Member State perspective, UNODC has conducted a global mapping¹³ of available treatment options in prison settings and

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. The findings of this review confirm that information on access to treatment of drug use disorders and associated mental health disorders in prison settings on a global level is severely limited. The responses nevertheless indicated that awareness of the need for highquality mental health/drug use disorder treatment in prison is acknowledged in many United Nations Member States. The principle of equity of care (ensuring a comparable standard of health care in prison settings and the community) is widely acknowledged, and different models of health/justice cooperation exist, including at inter-ministerial level.

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.

- 1. Some countries mention that the national health system structures provide drug use disorder services in prison.
- 2. Others reported that services are available only in collaboration with external psychiatric institutions.
- 3. There are also countries where community-based providers deliver drug use disorder services through prison in-reach.
- 4. Some countries offer drug treatment only at external centres.
- 5. Treatment provision for people with drug use and associated mental health disorders in prison include information sharing, counselling services, abstinence control, low-threshold services that reduce negative health and social consequences, self-help groups and drug-free zones.

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.

In conclusion:

- 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.
- Treatment of drug use disorders in prison settings, when available, is becoming more multi-disciplinary and comprehensive.
- Most countries strive to provide continuity of care that focuses on maintaining health care with an element of equivalence of care.
- Prisons offer a range of interventions beyond the treatment of dependence, e.g. opioid agonist maintenance treatment to reduce the risk of overdose death after release.

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.







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. A system of accessible treatment and care services in the community that can provide voluntary access to health care services for people with drug use disorders can reduce criminal justice contacts effectively. For those in contact with the criminal justice system, effective, non-custodial alternatives to conviction or punishment, including evidence-based health and social services, need to be considered, so that imprisonment remains always a measure of last resort. People with drug use disorders in prison settings must be provided with the same level of health care as people in the community.

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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For our publications, please see below:

www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html www.unodc.org/unodc/en/justice-and-prison-reform/tools.html?ref=menuside UNODC, World Drug Report 2022 (United Nations publication, 2022). Available here: www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf ² UNODC, World Drug Report 2020 (United Nations publication, 2020). Available here: wdr.unodc.org/wdr2020/field/WDR20_B00KLET_1.pdf

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11 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 12 Treatment options in prison settings and those offered in a special medical institution, such as a prison hospital, have not been included in the report, as they are clearly not an alternative measure to imprisonment 13 E/CN.7/2022/CRP.9 UNODC (2022): Treatment of Drug Use Disorders and Associated Mental Health Disorders in Prison Settings and Forensic Hospitals.