



## 2023 UNODC-WHO Informal Scientific Network Statement

### Treatment of substance use disorders in prison settings

Science has shown that imprisonment is not an adequate response to an individual using substances or with a substance use disorder, and it exacerbates the problem, jeopardizing the life not only of the individual but also the outcomes of his/her family.

Because the prevalence of substance use and substance use disorders in justice settings and their negative health and social consequences is so very high, it is imperative that we address proper interventions in individuals with substance use disorders in justice settings.

We as part of the UNODC-WHO Informal Scientific Network have the following recommendations:

1. Individuals with substance use or substance use disorders should **not be criminalized**. People, including those in prison settings, should have access to support and voluntary treatment no matter their legal status.
2. Provide **alternatives to conviction or punishment** for people with substance use and substance use disorders who have committed minor offences, with the aim of reducing crime, recidivism and deaths and improving health and wellbeing while enhancing social justice.
3. **Clinical screening** for substance use, substance use disorders, and comorbidities, notably suicidality prior to and in prison settings, should be provided following best practices to arrive at the correct diagnosis. This is needed to ensure adequate treatment and to prevent the exacerbation of substance use and substance use disorders.

4. Care for substance use disorders should **follow ethical guidelines** and **should not be used for punitive purposes**. It should uphold principles of human rights and be in line with international standards and norms.
5. National and international **independent review mechanisms**, which follow accepted standards, should be established to ensure quality care and ethical treatment in prison settings.
6. 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, religious, cultural, or social status, and include programs for individuals with special needs.
7. Treatment for individuals with substance use disorders should follow **a continuum of care model** that includes broader health and social services to strengthen **their success upon return into the community**.
8. Providing treatment for substance use disorders by prison health services should be **independent of prison administrations** and yet **coordinate effectively** with them.
9. **Effective medications** should be widely available for the treatment of substance use disorders, including co-morbid conditions. **Naloxone** should be accessible to manage overdoses in justice settings and upon release.
10. **Training of professional staff**, both in health care and justice settings, should be provided to ensure quality care, and sustainability.
11. **Adequate funding** should be available to ensure quality care of substance use disorders before, during and after incarceration.
12. Support and invest in **systematic data collection to help monitor, evaluate, and allocate resources**.
13. Recognizing that **social determinants** of health are risk factors for substance use and the risk of offending, policies should be developed to address them. They are necessary for the rehabilitation and recovery of individuals with substance use disorders.