FACULTEIT
RECHT EN CRIMINOLOGIE

VAKGROEP CRIMINOLOGIE, STRAFRECHT EN SOCIAAL RECHT
INSTITUTE FOR INTERNATIONAL RESEARCH ON CRIMINAL POLICY

DRUGGEBRUIK TIJDENS EN NA DETENTIE

Prof. Dr. Louis Favril // Studiedag 50 jaar De Kiem // 2 oktober 2026, Gent

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Interconnections between drugs, drug use and prison



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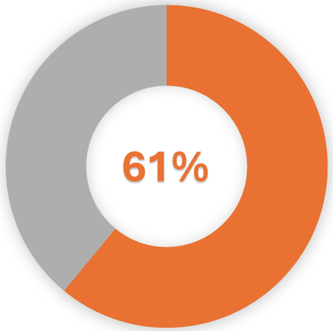
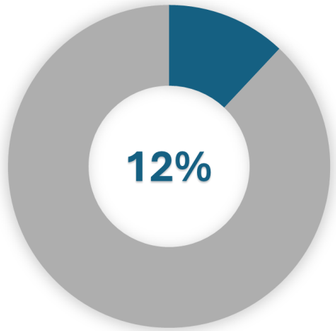
EPIDEMIOLOGIE

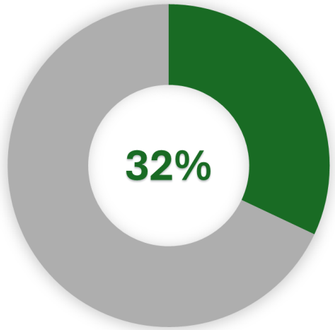
Druggebruik vóór detentie



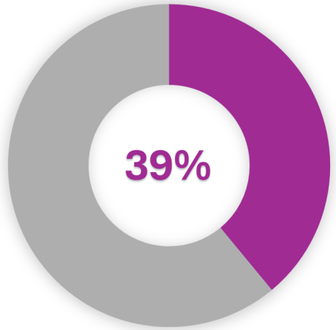
Ooit injecterend druggebruik



Druggebruik tijdens detentie



Verslaving bij opsluiting



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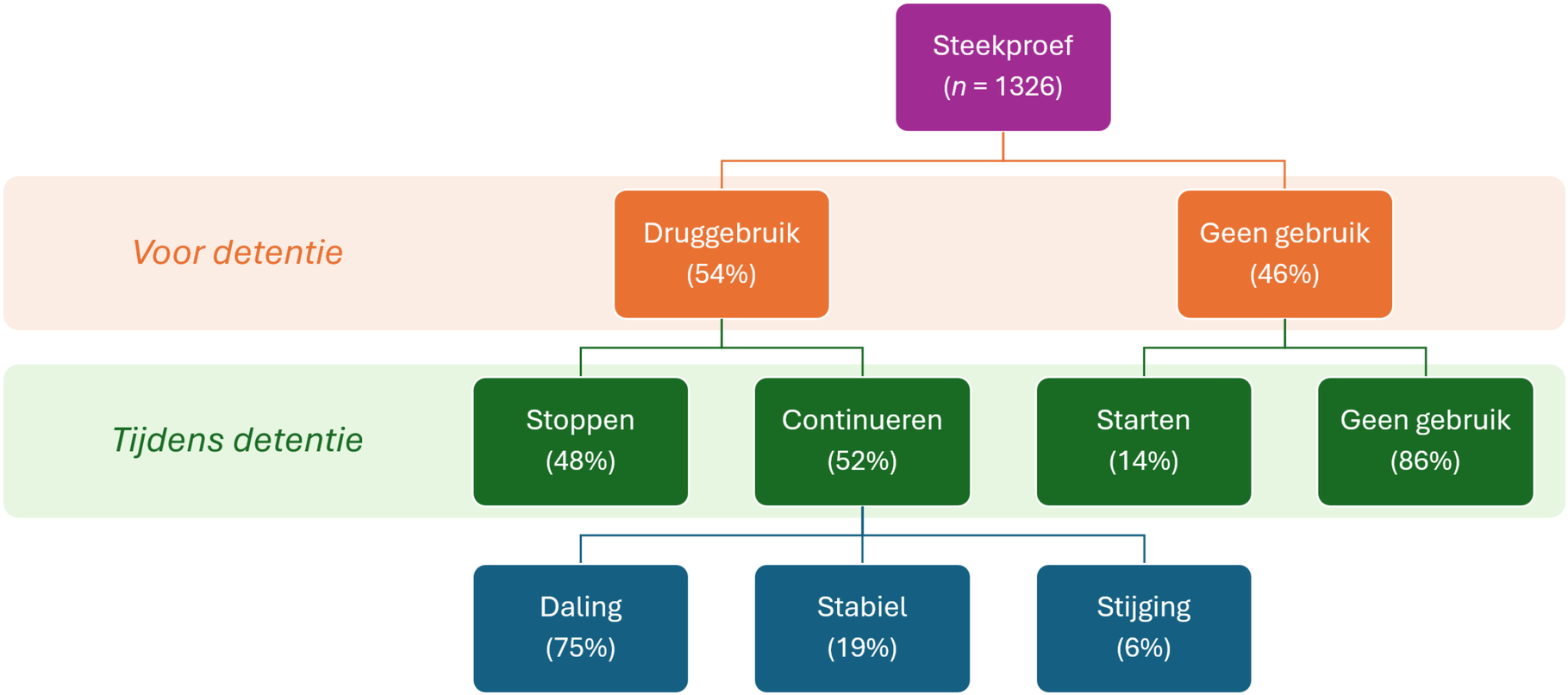

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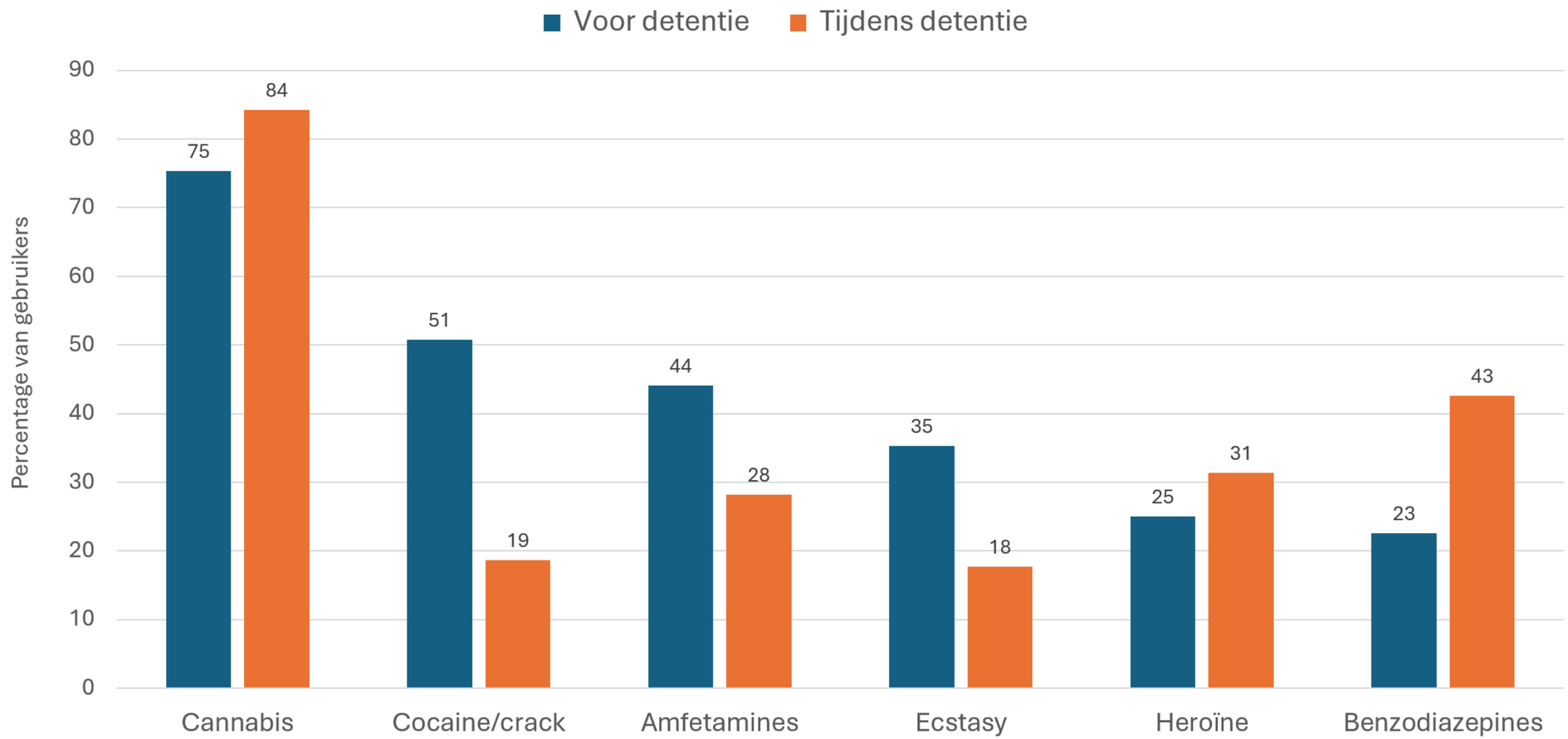

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https://doi.org/10.1016/j.drugpo.2023.104027

- Impact van detentie op gebruikspatroon
- Functies: ontspannen, problemen vergeten, verveling tegengaan
- Helft (48%) van gebruikers start met nieuw middel tijdens detentie
- Aanbodfactoren: beschikbaarheid, kostprijs, controlemaatregelen → NPS

> “Oh ja, je zit, hoeveel, bijna 24 op 24 binnen. Wat kan je doen? De hele tijd tv kijken? Als je nuchter bent, kun je niet de hele tijd tv kijken, dan word je gek. Dus als je een joint rookt, heb je daar geen last meer van. Dus ja, je hebt dan ook niet echt meer het gevoel dat je binnen zit.”

> “Ik had een vriend met wie ik samen de gevangenis binnenkwam, we waren vorig jaar betrokken bij dezelfde strafzaak. Hij rookte alleen sigaretten, nu rookt hij elke dag joints, hij rookt meerdere joints per dag. Toen hij hier kwam, in de gevangenis, rookte hij alleen maar sigaretten, geen joints. Maar, weet je, in de gevangenis probeert hij te vergeten. En hij dronk veel buiten, dus vertelde hij me dat hij de alcohol heeft vervangen door de joints. En ja, dus hij rookt nu elke dag. En er zijn anderen die, ik heb iemand gezien die nog nooit cocaïne had gebruikt, de eerste keer dat hij het aanraakte, was hier in de gevangenis.”

- Import: kwetsbaarheid
  - Druggebruik pre-detentie
  - Psychische problemen
  - Trauma
  - Impulsiviteit
  - Eerdere detenties
  - Druggerelateerde delicten
- Deprivatie: omgeving
  - Detentieregime
  - Gevangeniscultuur



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Systematic Review

Factors associated with drug use in prison: A systematic review of quantitative and qualitative evidence

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ABSTRACT

Background: About a third of people use drugs during their incarceration, which is associated with multiple adverse health and criminal justice outcomes. Many studies have examined factors associated with in-prison drug use, but this evidence has not yet been systematically reviewed. We aimed to systematically review and synthesise the evidence on factors related to drug use in prison.

Methods: Three databases (PubMed, PsycINFO and Embase) were systematically searched as well as grey literature, for quantitative, qualitative and mixed-methods studies examining factors related to drug use inside prison. We excluded studies that did not explicitly measure *in prison* drug use or only measured alcohol and/or tobacco use. Study quality was assessed using the Newcastle Ottawa Scale (NOS) for quantitative studies and Critical Appraisal Skills Programme (CASP) for qualitative studies. The review was prospectively registered on PROSPERO (CRD42021295090).

Results: Fifty-four studies met the inclusion criteria, reporting data on 26,399 people in prison. Most studies were of low or moderate-quality, and all used self-report to assess drug use. In quantitative studies, studies found that previous criminal justice involvement, poor prison conditions, pre-prison drug use and psychiatric diagnosis were positively associated with drug use in prison. In qualitative studies, reasons for drug use were closely linked to the prison environment lacking purposeful activity and the social context of the prison whereby drug use was seen as acceptable, necessary for cohesion and pressurised.

Conclusion: In the first systematic review of factors associated with drug use in prison, key modifiable risk factors identified from quantitative and qualitative studies were psychiatric morbidity and poor prison conditions. Non-modifiable factors included previous drug use and criminal history linked to substance use. Our findings indicate an opportunity to intervene and improve the prison environment to reduce drug use and associated adverse outcomes.

Introduction

People who use drugs are overrepresented in prison (Montanari et al., 2022). Approximately half of those in prison in Europe have used drugs in the year prior to imprisonment (Favril, 2023; van de Baan et al., 2022) and 30–51 % of prison entrants meet diagnostic criteria for a drug use disorder (Fazel et al., 2017). While for some people incarceration may result in cessation of drug use, many continue to use drugs during imprisonment (although often less frequently) and others may even start using drugs in prison (Boys et al., 2002; Favril, 2023; Plugge et al., 2009; Rousselet et al., 2019; Strang et al., 2006). Overall, evidence indicates that approximately 20–45 % people in prison use drugs in some form during their incarceration (Bukten et al., 2020; Carpentier et al., 2018; Favril, 2023; Mundt et al., 2018; Norman, 2022).

Drug use in prisons is linked to a wide range of adverse outcomes. People in prison who use drugs are more likely to contract infectious diseases such as hepatitis C, have psychiatric morbidity, self-harm, overdose, re-offend on release and die prematurely (Chang, Larsson et al., 2015, Chang, Lichtenstein et al., 2015; Favril et al., 2020; Montanari et al., 2022). The relationship between drug use and crime is complex, however, re-offending related to drug use often results in recurrent short sentences (Montanari et al., 2022). Given the frequent contact with the community due to repeat sentences, as well as the risks identified in terms of continued drug use, risk behaviour leading to

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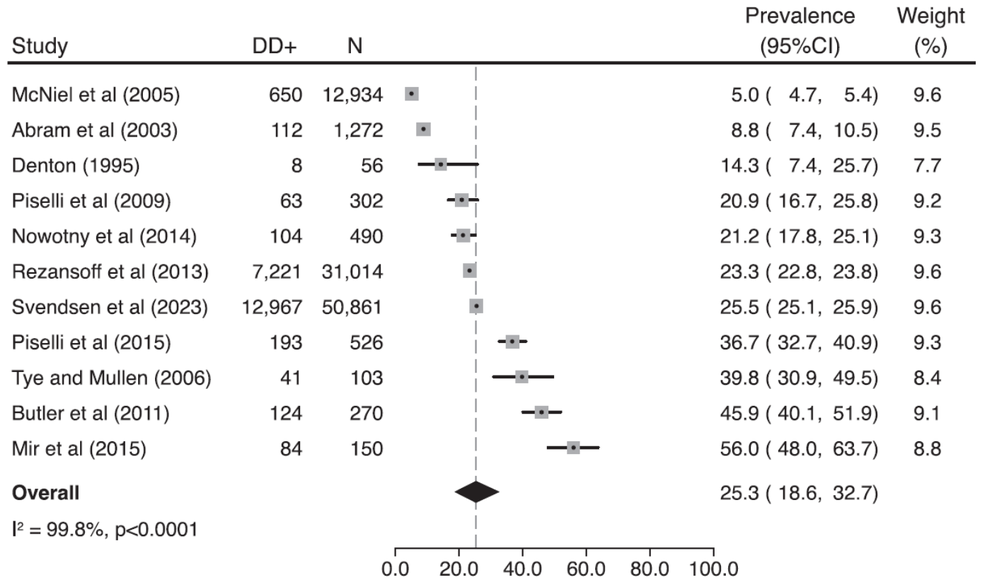

In adult men and women combined, the 6-month prevalence was 11·4% (95% CI 9·9–12·8) for major depression, 9·8% (6·8–13·2) for post-traumatic stress disorder, and 3·7% (3·2–4·1) for psychotic illness. On arrival to prison, 23·8% (95% CI 21·0–26·7) of people met diagnostic criteria for alcohol use disorder and 38·9% (31·5–46·2) for drug use disorder. Half of those with major depression or psychotic illness had a comorbid substance use disorder.

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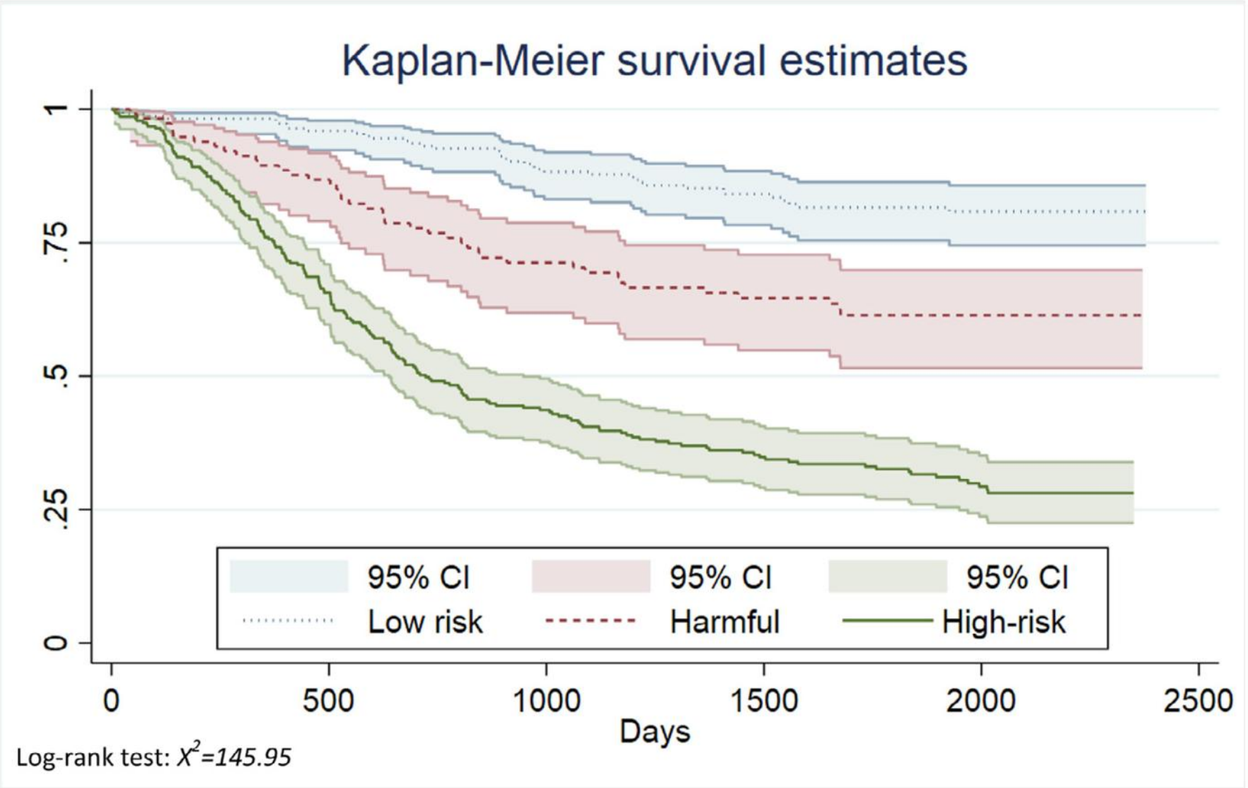
GEVOLGEN

- Tijdens detentie
- Recidive



17% (ref)

36% (aHR = 2)

67% (aHR = 4)

[6 years]

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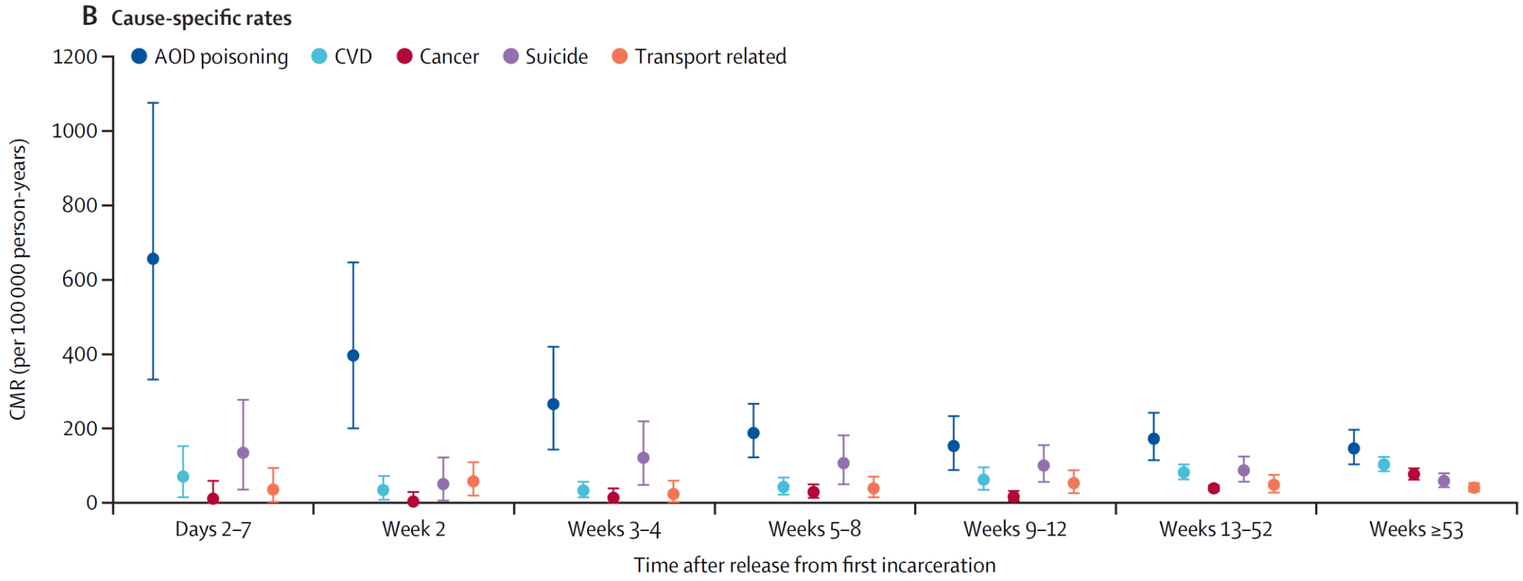
https://doi.org/10.1016/j.dadr.2022.100127

- Verhoogd risico op overdosis (kort) na invrijheidstelling
  - 76% van alle overlijdens binnen 2 weken na vrijlating
  - Voornamelijk opioïden en amfetamines
  - Tolerantie, kwaliteit drugs, risicogedrag, …



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https://doi.org/10.1016/S0140-6736(24)00344-1

INTERVENTIES

- Detentieperiode als opportuniteit: **publieke veiligheid en volksgezondheid**
  - Contact met kwetsbare en *hard-to-reach* populatie
  - Weinig aansluiting met (drug)hulpverlening vóór detentie
  - Eerste mogelijkheid tot diagnose en behandeling
- Twee centrale principes: **gelijkwaardigheid en continuïteit** van zorg
  - European Prison Rules (2020), Mandela Rules (2015), Basiswet (2005)

Rule 40:

1. Medical services in prison shall be organised in close relation with the general health administration of the community or nation.

2. Health policy in prisons shall be integrated into, and compatible with, national health policy.

3. Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

Rule 24

1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

2. Health-care services should be organized in close relationship to the general public health administration and in a way that ensures continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases, as well as for drug dependence.

FIGURE 4.2

Drug-related and other health and social care interventions targeting people who use drugs in prison, by phase of imprisonment

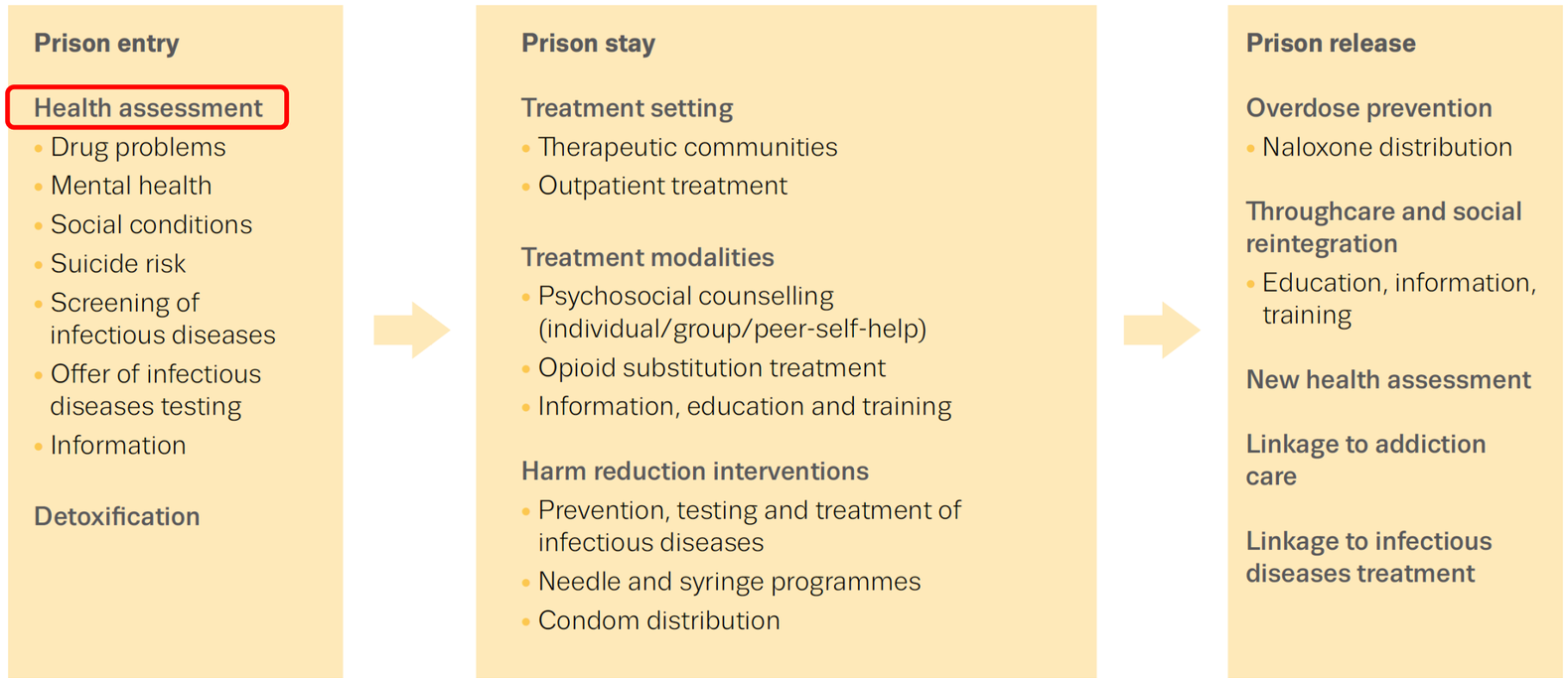

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TABLE 2 Effectiveness of prison-based interventions addressing drug use.

Intervention	Evidence
Psychosocial interventions	
Cognitive behavioural treatment	Mixed findings; generally not effective as a standalone intervention in reducing drug use and recidivism [128, 129]
Self-help interventions	Limited research providing little evidence to support their effectiveness [129, 130]
Therapeutic communities	Largely consistent evidence for reducing recidivism and, to a lesser extent, drug use after release [128–130]
Pharmacological treatments	
Opioid agonist treatment	Consistent evidence for increasing community treatment engagement and reducing mortality and drug use, whereas no significant impact on recidivism [130, 133]
Extended-release buprenorphine	Growing evidence for reducing opioid use and improving treatment retention post-release [134]

Interventions to reduce harms related to drug use among people who experience incarceration: systematic review and meta-analysis

Christel Macdonald, Georgina Macpherson, Oscar Leppan, Lucy Thi Tran, Evan B Cunningham, Behzad Hajarizadeh, Jason Grebely, Michael Farrell, Frederick L Altice, Louisa Degenhardt

Summary

Background Mortality, suicide, self-harm, and substance use are elevated among people who are incarcerated. There is a wide range of heterogeneous interventions aimed at reducing these harms in this population. Previous reviews have focused on specific interventions or limited their findings to drug use and recidivism and have not explored interventions delivered after release from prison. Our aim is to examine the effect of interventions delivered to people who use drugs during incarceration or after release from incarceration, on a wide range of outcomes.

Methods In this systematic review and meta-analysis, we searched Embase, MEDLINE, and PsycINFO databases up until Sept 12, 2023 for studies published from Jan 1, 1980 onwards. All studies evaluating the effectiveness of any intervention on drug use, recidivism outcomes, sexual or injecting risk behaviours, or mortality among people who use psychoactive drugs and who were currently or recently incarcerated were included. Studies without a comparator or measuring only alcohol use were excluded. Data extracted from each study included demographic characteristics, interventions, and comparisons. Pooled odds ratios and risk ratios were calculated using random-effects meta-analyses.

Findings We identified 126 eligible studies (47 randomised controlled trials and 79 observational studies) encompassing 18 interventions; receiving opioid-agonist treatment (OAT) in prison reduced the risk of death in prison (one study; hazard ratio 0·25; 95% CI 0·13–0·48), whereas receiving OAT in the first 4 weeks following release reduced risk of death in the community (three studies; relative risk 0·24; 95% CI 0·17–0·35). Therapeutic community interventions reduced re-arrest at 6–12 months (six studies; odds ratio 0·72; 95% CI 0·59–0·87) and reincarceration at 24 months (two studies; relative risk 0·68; 95% CI 0·48–0·96). There was scarce evidence that OAT and syringe service provision are effective in reducing injecting risk behaviours and needle and syringe sharing.

Lancet Public Health 2024; 9: e684–99

This online publication has been corrected. The corrected version first appeared at thelancet.com/public-health on February 3, 2025, and further corrections were made on June 30, 2025

National Drug and Alcohol Research Centre (C Macdonald BPsyHons, G Macpherson MPH, O Leppan MPH, L T Tran MClinPsy, Prof M Farrell MD, Prof L Degenhardt PhD) and The Kirby Institute (E B Cunningham PhD, B Hajarizadeh PhD, Prof J Grebely PhD), University of New South Wales, Sydney, NSW, Australia; Yale School of Medicine and School of Public Health, New Haven, CT, USA

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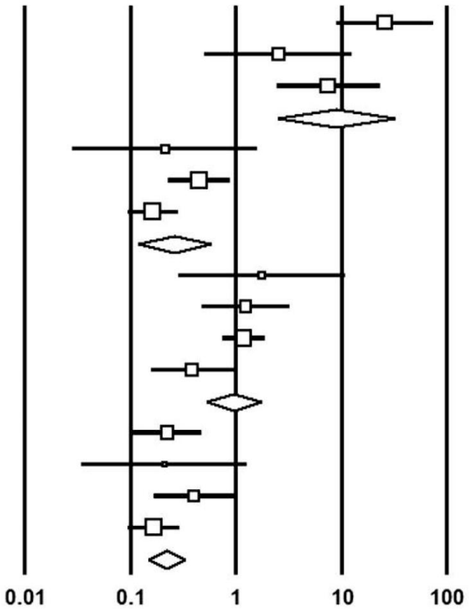
Table 4
Forest plot of randomized controlled trials evaluating methadone effectiveness grouped by post-release outcomes of community treatment engagement, injection drug use, reincarceration, and relapse to opioids.

Odds ratio	Group by Outcome	Study name	Statistics for each study: Lower limit	Upper limit	Z-Value	p-Value
25.745	Engagement	Kinlock et al 2007	9.072	73.065	6.103	0.000
2.500	Engagement	McKenzie 2012	0.506	12.351	1.124	0.261
7.404	Engagement	Rich 2015	2.415	22.702	3.502	0.000
8.694	Engagement		2.458	30.748	3.355	0.001
0.211	Injection DU	McKenzie 2012	0.028	1.573	-1.519	0.129
0.445	Injection DU	Rich 2015	0.228	0.868	-2.374	0.018
0.162	Injection DU	Dolan et al 2003	0.094	0.280	-6.521	0.000
0.255	Injection DU		0.115	0.564	-3.370	0.001
1.750	Reincarceration	McKenzie 2012	0.285	10.742	0.604	0.546
1.222	Reincarceration	Rich 2015	0.476	3.136	0.416	0.677
1.174	Reincarceration	Dolan et al 2005	0.746	1.849	0.694	0.488
0.381	Reincarceration	Kinlock et al 2008	0.157	0.928	-2.125	0.034
0.927	Reincarceration		0.511	1.683	-0.248	0.804
0.224	Relapse	Kinlock et al 2007	0.108	0.464	-4.020	0.000
0.208	Relapse	McKenzie 2012	0.035	1.254	-1.713	0.087
0.395	Relapse	Rich 2015	0.165	0.945	-2.087	0.037
0.165	Relapse	Dolan et al 2003	0.094	0.288	-6.319	0.000
0.216	Relapse		0.146	0.317	-7.786	0.000



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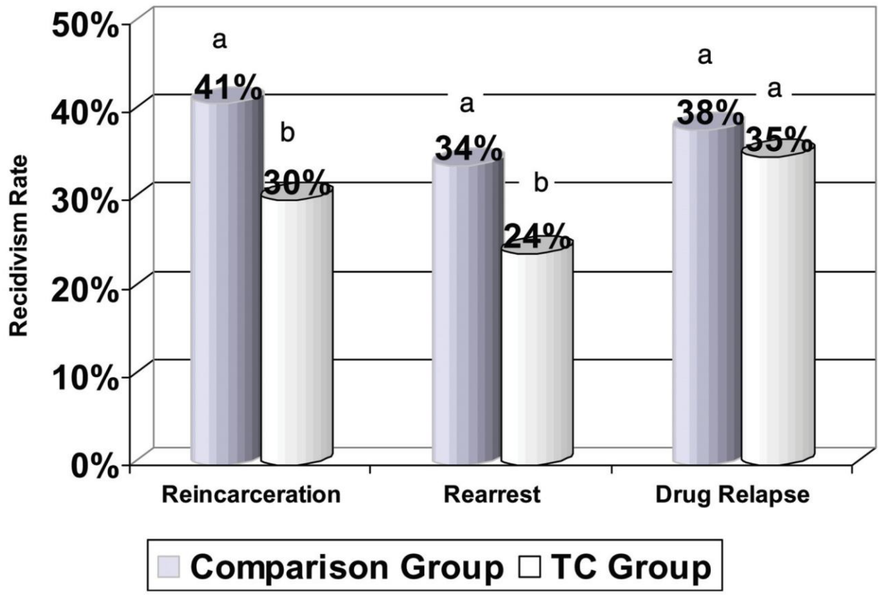

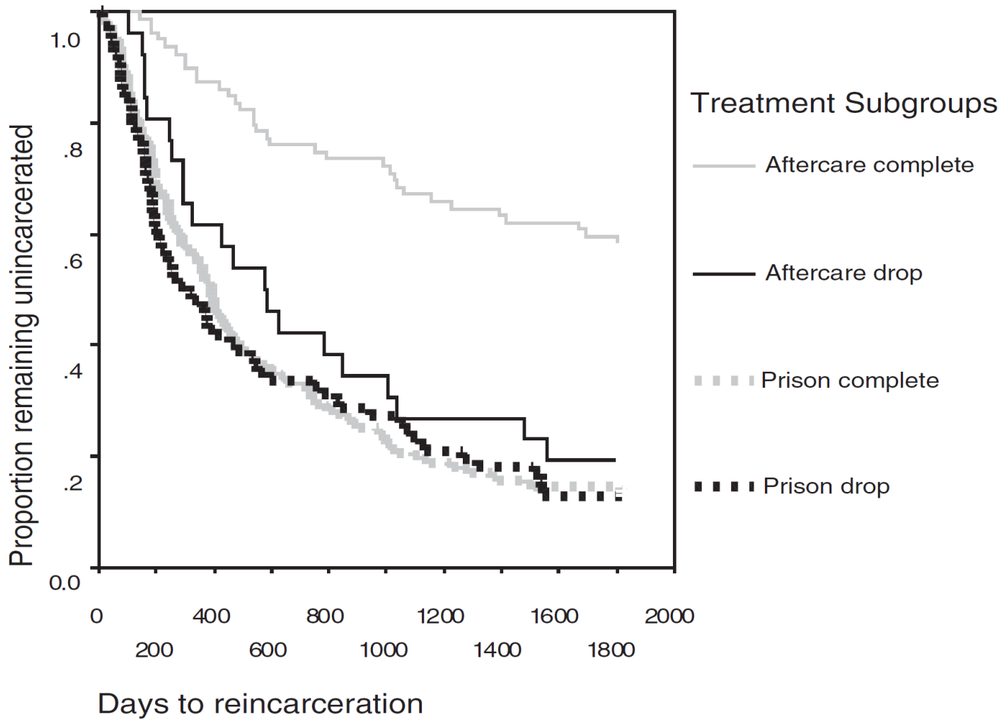

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- **Uitdagingen**
  - Complexiteit van problematiek (dubbel/triple diagnose)
  - Focus op veiligheid (vs. zorg)
  - Onzekerheid duur begeleiding (transfer en voorhechtenis)
  - *Treatment gap* (vraag > aanbod) → wachtlijsten
  - Taalbarrière, overbevolking, infrastructuur, stigma, …

- **Randvoorwaarden**
  - Aanpassing aan detentiecontext (vb. groepsaanbod, kortdurend)
  - Detentieregime: herstel-ondersteunende gevangenissen
  - Multidisciplinaire samenwerking
  - Continuïteit van zorgtrajecten

VLAANDEREN

- Waardevolle projecten
- MAAR…
  - Versnipperd
  - Beperkt bereik
  - Pilootprojecten
- Ervaringsdeskundigheid (RECO-PEERS)

Tabel 5 – *Meest ontbrekend aanbod*

Tijdens detentie	Tijdens overgangsperiode voor en na vrijlating
1. Verslavingszorg	1. OCMW (incl. sociale administratie)
2. Psychologische/therapeutische zorg	2. Huisvesting
3. Meer (beroeps)opleidingen	3. Continuïteit CGG/GGZ

Bron: Rekenhof op basis van de bevraging

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54. We investeren verder in drughulpverlening in de drugvrije afdelingen

We investeren verder in specifieke drughulpverlening in het gecontroleerd kader van de drugvrije afdelingen, in Brugge en Hasselt en onderzoeken de mogelijkheid om dit aanbod uit te breiden in andere gevangenissen.

Trekkende minister(s)	Minister van **Welzijn** en Armoedebestrijding, Cultuur en Gelijke kansen
Meewerkende minister(s)	Minister van Onderwijs, **Justitie** en Werk
Gekoppeld aan andere SD	/
Timing	2025-2029 Doorlopende actie ☐
Indicatoren	- - Aantal personen per type aanbod per drugvrije afdeling

55. We versterken de reguliere drughulpverlening binnen de gevangenis

We versterken het drughulpverleningsaanbod binnen de reguliere zorg. Daarnaast voorzien we een aanvullend aanbod buiten de gevangenis om wie uit detentie komt te ondersteunen bij hun re-integratie in de samenleving met focus op begeleiding, preventie en herstel.

Trekkende minister(s)	Minister van **Welzijn** en Armoedebestrijding, Cultuur en Gelijke kansen
Meewerkende minister(s)	Minister van Onderwijs, **Justitie** en Werk
Gekoppeld aan andere SD	/
Timing	Doorlopende actie ☒
Indicatoren	- Aantal begeleide personen

Een belangrijk deel van de gedetineerden heeft ook te kampen met **ernstige verslavingsproblematieken**, en in het bijzonder drugsverslaving. In samenwerking met Volksgezondheid en de gefedereerde entiteiten breiden we het aantal begeleidingsprogramma's en

drugsvrije afdelingen (ook gekend als drugbehandelingsafdelingen) uit.

Naast behandeling van de verslavingsproblematiek mikken we ook op een **betere opsporing en bestrijding**. Verplichte drugstesten buiten de therapeutische context worden in de gevangenissen, transitie- en detentiehuizen daarom wettelijk mogelijk gemaakt en positieve testen krijgen een aanklampende opvolging en desgevallend ook een disciplinair gevolg.



148. The CPT notes that, according to the January 2025 agreement, the Government aims to achieve entirely drug-free prisons, by expanding drug-free sections, implementing support programs in each prison and introducing mandatory drug testing. In the event of positive tests, the prison's medical and psychosocial services would be informed, to ensure more rigorous follow-up of the substance abuse issue. Where appropriate, disciplinary measures will be applied.

While the CPT supports efforts to improve substance use follow-up, it strongly advises against relying on a disciplinary-oriented approach. Prison strategies for SUDs should be part of a comprehensive national public health strategy, including preventive interventions and awareness raising on the risks of substance use (including HIV or hepatitis B or C infection), tailored psychosocial and medication-assisted treatment, harm reduction measures (for example, sterile injection equipment) and, where appropriate, alternatives to detention.



149. **The CPT recommends that the Belgian authorities carry out a comprehensive assessment, supported by statistical data, on substance-use disorders in prisons, and develop a national public health strategy to address these needs with a person-centred approach. In this context, measures should be devised to ensure that tailored treatment and substance use recovery services are offered to prisoners, at all times. Further, appropriate psychosocial support as well as other types of social therapy for substance use disorders should be provided and co-ordinated by the healthcare service, alongside the prison administration.**

The CPT also recommends that the Belgian authorities support the implementation of measures to reduce risks and harm associated with SUDs as well as raise awareness of prisoners and train staff, in addition to current plans to expand drug-free sections in prisons.

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REVIEW

ADDICTION SSA

Drug use among people in prison: A global review of epidemiology, harms and interventions

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