ASSOCIATION BETWEEN HISTORY OF INCARCERATION AN PREVALENCE OF DRUG USE ACROSS 7 COUNTRIES IN EUROPE 2014 TO 2018

Linda Montanari¹, Sara Mazzilli^{2,3}, Luis Royuela¹, Liesbeth Vandam¹

Background:

Substance use is a global phenomenon and its prevalence is particularly high among people who are incarcerated. People who use drugs (PWUD) have an increased likelihood of spending part of their lives in prison; people in prison come from marginalized parts of society with a high burden of diseases and limited access to healthcare.

In this study, we aimed to describe the lifetime prevalence (LTP) of drug use among people living in prison prior to and during incarceration and to compare it with the LTP of drug use of the general population.

Methods:

Individual data collection was carried out in seven European countries (Czech Republic, Latvia, Lithuania, Poland, Portugal, Slovenia, Spain) between 2014 and 2018 with a model European Questionnaire on Drug use among people in Prison. Country-level relative risk (RR) were calculated between history of incarceration and LTP of drug use for different substances.

Results:

Across different countries, the RR of LTP of drug use in people with an history of incarceration was always higher than 1 (ranged from 1.0-3.3 for cannabis, 4.4-29.5 for cocaine, 4.3-26.7 for amphetamine, 2-5-21.1 for MDMA, 5.9-23.3 for LSD and 5.4-263.9 for heroin). In general, the RR of LTP of drug use in women with an history of incarceration were higher than for men.

Conclusion:

Despite the heterogeneity of the results, there is a clear evidence that people with an history of incarceration had a high risk of using drug across all different European countries analysed. Prisons can represent a point of access to integrated prison-community healthcare and social services for PWUD. It is also important to implement tailored preventive interventions among vulnerable social groups at the community level. The assessment and monitoring of the drug phenomenon in prison through the use of comparable data collection tool is a key requirement in order to plan adequate interventions.

Disclosure of Interest Statement:

No pharmaceutical grants were received in the development of this study. The authors have no conflicts of interest to disclose.

¹Public Health Unit, European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal;

²Scuola Normale Superiore, Pisa, Italy

³Department of Translational Research and New Technologies in Medicine and Surgery, University of Pisa, Pisa, Italy