Opiate Substitution Treatment in Portuguese Prisons

Luís Fernandes, Professor, Faculty of Educational Sciences and Psychology, University of Porto, Portugal

This article summarises some of the main results of research that took place between July 2007 and July 2008, regarding opiate substitution treatment in Portuguese prisons. The research was commissioned at the request of GAT – the Portuguese Activists Group on HIV/AIDS treatments – and carried out by the School of Psychology and Educational Sciences, at the University of Porto, the Portuguese partner on a European project lead by AGIS. The project is entitled, “Reduction of Drug-related Crime in Prison: The Impact of Opioid Substitution Treatment on the Manageability of Opioid Dependent Prisoners”.

Drugs and prison

Part of this work involved reviewing published studies on the prison system. The data found a large increase in incarceration rates – by a factor of 2.5 from the early 1980’s to the year 2000 – with an increasing number of pre-trial detainees and offenders. This increase can be largely explained by drug activity and the Portuguese police system’s zero tolerance approach. The police force focused on the poor neighbourhoods where drug activity was at its worst, and targeted not only the dealers, but the users and those that committed burglaries to feed their habit. This “war on drugs” resulted in the prison system becoming overloaded with disadvantaged and excluded prisoners, already addicted to “hard” drugs, many of whom were infected with HIV/AIDS and other infectious diseases similar to those found in the community amongst drug addicts.

Opioid substitution therapies in prisons

According to the report of the Portuguese Working Group Justice/Health in 2006 there were, in Portuguese prisons, 575 inmates on substitution therapy – 548 on methadone and 27 on Subutex®. Our sample consisted of 81 individuals from the Custódias, Sintra and Linhó prisons. These individuals were interviewed on the general prison situation and answered a questionnaire for prisoners on their own predicament. Another survey was targeted at health professionals and guards working in these prisons, and consisted of a sample of 43 participants.

In socio-demographic terms, all of the sample were male with the majority being between the ages of 25 and 39 years (74.1%), 84.8% had no more than 7 years of basic education and, of these 9.3% did not complete any schooling and 32.5% did not go beyond the first cycle (4 years); the vast majority were from families with
few economic resources and very often from large families.

The socio-demographic and criminal profiles of the participants are to be expected and are a direct consequence of the policing policy. In practical terms, this is an excellent example of what critical criminology calls “criminalization of poverty”.

On drugs

One of the dimensions covered in the study focused on risk behaviors associated with injection consumption. Of the 70 respondents who agreed to answer, 65.7% admitted having injected, 24.4% admitted injecting in prison. The percentage of inmates who have admitted to sharing needles, syringes and other equipment out of prison is higher than those admitting the same thing when in prison. In the community, 48.9% admitted to sharing needles, 44.4% shared syringes and 54.5% shared other tools (e.g., filters, spoons, water). In the prison context, such risk behavior is reduced to around half.

Impact of Substitution Treatment

The data is contained in Graphics 1-4.

Substitution therapy is a tool for what we have called management of social conflict. But it is also an instrument for comprehensive health care
and infection prevention, and works to improve the daily lives of those who are arrested. This then allows the professionals a better environment in which to get closer to the ideal of social rehabilitation.

The decrease, seen today, in the prison level of injecting drug use deserves a final comment: again, the prison system reflects the wider community, where injecting drug use seems to be decreasing nationally. This does not mean that we should reduce risk reduction measures. As the slogan says, “Each new case (of infection) is a case too much”. Moreover, the importance of the national risk reduction and harm minimization policy in contributing to the reduction in injecting drug use should not be overlooked, and shows the relevance of extending the policy to the prison population.

**NOTE:** The Portuguese Institute on Drugs and Drug Addiction (IDT) has also published a scientific report containing an analysis of the data collected by the AGIS Project and this is available (in Portuguese) at [www.idt.pt](http://www.idt.pt). A new drugs law (Law nº 30/2000) was introduced in July 2001. This provided that in some circumstances, administrative penalties can be imposed instead of criminal penalties, for example, where the possession of a small amount of drugs is for personal use. The cultivation of drugs, the possession of drugs in large amounts (over ten days supply), and the possession of drugs for trafficking remain criminal offences, punishable according to the Penal Code. Since the introduction of these legislative changes, according to the national Prisons Survey in 2007 only 6% of the total number of prisoners were serving sentences because of “drug use” and 19% for drug trafficking. In the year 2000, 3600 people received convictions for drug related crimes but, by 2007, numbers had dropped to 1420 and, of these, 1370 were convictions for “drug trafficking”, 15 for “drug use”, and 35 for “drug trafficking and drug use”. In 2007, 6302 administrative cases were referred to the “Commission for Dissuasion of Drug Use” which is the body responsible for imposing administrative penalties in less serious drugs cases. (Source: Relatório Anual 2007 – A situação do País em matéria de Droga e de Toxicodependência in www.idt.pt)