



Title	Treatment of Drug-Addicted Detainees
Agency	GR, Health Council of the Netherlands (Gezondheidsraad) PO Box 16052, 2500 BB The Hague, The Netherlands; Tel: +31 70 3407520 Fax: +31 70 3407523
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Aim

To advise the Minister of Health, Welfare and Sport and the Minister of Justice on the scientific state of the art concerning treatment options for detainees addicted to drugs.

Conclusions and results

Approximately 33% to 50% of detainees in the Netherlands have a serious addiction. About 15,000 people, mostly male, with severe addiction are placed in penal institutions each year. Many addicted detainees are polydrug users, mainly heroin and cocaine. At least half of addicted detainees have had previous addiction-related contacts with help providers. Addicted detainees have the same rights to health care as addicts in the community, but continuity of care is not currently guaranteed. Treatment of patients also varies widely among Dutch penal institutions. Some physicians, without the detainee's consent, replace methadone treatment with abstinence-based treatment. The Health Council finds this to be undesirable. The Penal Care Facility for Addicts (Dutch acronym: SOV) is a new sanction in the Dutch Penal Code implying involuntarily admission to a drug addiction treatment center for a maximum of 2 years. The SOV is the most draconian measure within the range of pressure and compulsion that the State can apply to delinquent addicts. Pressure will be exerted on detainees to cooperate with treatment. Whether this will produce the desired result remains an open question.

Recommendations

The Health Council recommends that the professional group should reach consensus on treatment standards, and that a person's methadone treatment should not be interrupted during brief detentions. The Council recommends that it should be possible to continue methadone treatment in addicts detained on remand. Convicted persons imprisoned beyond 6 months may undergo abstinence treatment, but only with their consent. Although compulsion is inappropriate, the detention period should be used to encourage drug addicts to work

on their addiction. Abstinence is generally seen as the goal. Harm reduction is also an important objective. Addicted ex-detainees should receive followup care to help reduce the consequences of addiction or maintain abstinence. Followup care is a major factor in the success of treatment programs, but followup care is often absent. The Health Council recommends broadening the legal option to impose followup care. This could be achieved by, eg, combining a sentence with mandatory probation contact or by reintroducing conditional release.

Methods

Systematic review of published scientific literature. Expert committee. Peer review of draft report.

Further research/reviews required

The Health Council feels that the SOV measure should be evaluated. Rather than focusing solely on reducing criminal behavior, such evaluation must address the issue of long-term reduction of addiction. The Health Council also feels that the effects of methadone treatment for addicts for whom SOV makes up part of their sentence should be investigated.