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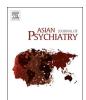
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Letter to the Editor

Prisoners with drug use disorders during covid-19 pandemic: Caught between a rock and a hard place



Despite a medical and neuroscience-based understanding, and the public health ramifications, drug use across the globe still comes in the ambit of the criminal justice systems (Csete et al., 2016). Nearly half a million people are incarcerated worldwide for drug possession and an additional 1.7 million for other drug-related offenses (UNODC, 2019). Worldwide, one in four individuals in the prisons is detained because of drug-related charges (Lunze et al., 2018). There are approximately another half a million people in Asia, who are held in involuntary drug detention camps (Lunze et al., 2018). Conditions of a few countries in Asia, such as the Philippines, could be worse than others (Chapman and Babor, 2017).

Prisoners with drug use disorders are faced with grave challenges during the COVID-19 pandemic. The overcrowding and inadequate measures of personal hygiene exposed the prisoners at a higher risk of infection than the general population (Council of Europe, 2020). There were instances of exercising exaggerated cautions. While hand hygiene was said to be the cornerstone of infection prevention, several federal prisons in the U.S. prohibited the use of hand sanitizers, fearing abuse (Tolan, 2020). Added to the environmental risks, individuals with drug use disorders would have greater vulnerability to contract SARS-CoV2 and higher severity of COVID-19 owing to comorbidities, drug-induced immune-suppression, and smoking (Volkow, 2020; Mackolil and Mackolil, 2020). Therefore, prisons would pose an aggravated threat to individuals with drug use. National governments of more than 50 countries have taken extraordinary steps to release prisoners, including those detained for drug-related crimes. Several of these index countries are from Asia because of a higher COVID-19 burden on the continent (Tandon, 2020). The estimated number of released prisoners might be as high as 300,000. However, this measure is fraught with potentially serious consequences.

Firstly, the sudden and unplanned release would place prisoners with opioid use disorders on a significant risk of overdose and death by suicide. Prison time, without access to treatment, causes silent loss of tolerance to opioids. A relapse to the pre-incarceration dose of opioids might result in an overdose. Several reports have consistently shown a spike in the death rates within weeks of post-incarceration (Christensen et al., 2006; Binswanger et al., 2013; Pratt et al., 2010). The heightened socio-economic challenges because of COVID-19 would pose an added vulnerability to the usual risk. Secondly, sudden release and a limited functioning of community-based services during COVID-times would make referral and liaison difficult. This could result in disruption of treatment of drug use disorders or comorbidities (mainly HIV and hepatitis C), consequently severe effects on individual and public health. Thirdly, homelessness is another grave concern for people with drug use (Tsai et al., 2014). Ironically, prisoners being released to minimize the risk of contracting SARS-CoV2 within the prison would be at an equal or higher risk of having it outside- nullifying the purpose of the release.

Hence, prisoners with drug use are neither safe inside or outside the prison. This 'prison paradox' during the pandemic is a learning lesson. Firstly, it questions the very idea of criminalizing drug use. The results of which are overcrowded prisons and vulnerable prisoners. Overall, the prison system remains under-resourced to deal with emergencies. Secondly, evidence-based treatment of individuals with drug use disorders inside and outside the prison might have prevented these undesirable outcomes.

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Declaration of Competing Interest

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