COVID-19, Prisons and Drug Policy:
Global Scan March-June 2020

Detention settings are high-risk environments for the spread of infectious diseases. As such, COVID-19 has posed unprecedented challenges for governments and prison administrations, catalysing the uptake of exceptional measures to decongest prisons.

Over 11 million people are imprisoned around the world. Twenty-one percent are detained for non-violent drug offences, including drug use and possession for personal use, making drug policy a significant driver of incarceration at the global level. The UN has expressed strong and unanimous support for the decriminalisation of possession and use of drugs, including calling on governments promote alternatives to conviction and punishment.

Compared to the general population, people in detention experience higher rates of chronic health problems such as HIV, tuberculosis, hepatitis C, diabetes, high blood pressure, as well as substance use and mental health problems. Studies show that access to healthcare in prisons is often limited, and of poorer quality than in the community.

Harm Reduction International monitored prison decongestion measures adopted around the world between March and June 2020 in response to COVID-19, tracking criteria for eligibility and implementation of the measures. Noting that UN experts recommended countries release “those charged for minor and non-violent drug and other offences” in the context of COVID-19, we further focused on how these measures impact on people in prison for drug offences.

KEY FINDINGS

109 countries and territories adopted decongestion measures in an attempt to curb the risk of COVID-19 transmission within prisons.
The main measures introduced are:
- early releases, often through sentence commutation (54 countries),
- pardons (34 countries),
- diversion to home arrest (16 countries), and
- release on bail/parole (8 countries).

In some countries (including Belgium, Colombia, Costa Rica and Iran) release measures are temporary, therefore prisoners are expected to return to prisons at the end of the emergency.

These decongestion measures resulted in the release of approximately 639,000 people, a mere 5.8% of global prison population. Most countries continued imprisoning individuals during the emergency, including for offences directly related to COVID-19 (for example, failing to respect lockdown rules). There are isolated examples of efforts to reduce arrest and detention reported (for example in Maryland in the USA, France and Latvia).

For the complete list of countries and more details on the decongestion measures adopted, visit: https://www.hri.global/covid-19-prison-diversion-measures
A close up on countries:

- No decongestion measures were reported in China and Russia, the countries with respectively the 2nd and 4th highest prison populations in the world.
- The majority of countries in Africa and Latin America introduced decongestion schemes.
- The most significant gap in uptake can be observed in Eastern Europe and Central Asia, where only Belarus and Kyrgyzstan adopted ad-hoc measures.
- Several Southeast Asian countries adopted measures to decongest prisons, which are severely overcrowded - mainly due to the high rate of incarceration for drug offences. Indonesia, the Philippines, Myanmar and Thailand released a total of 90,000 prisoners. However, people detained for certain drug offences are excluded from eligibility in Indonesia and the Philippines.
- Hundreds of foreign nationals, many of whom are migrant workers, were repatriated following pardons and other early release measures adopted in the Middle East – including 150 Bangladeshi nationals imprisoned for drug offences in Bahrain.

Implementation has been poor in many countries. Mexico and the UK represent the most extreme examples of this. In the UK, although the government committed to release 4000 prisoners in April, only 57 individuals benefitted from the decongestion scheme, which was suspended in May. In Mexico none of the people released were freed pursuant to the amnesty law adopted in response to the spread of COVID-19, but rather in application of pre-existing mechanisms. Similarly, in Cambodia, the Interior Minister announced plans for the release of around 10,000 individuals from the country's heavily overcrowded prisons – however as of June it is unclear whether anyone has been freed.

Recurring eligibility criteria for release

The eligibility criteria for release are similar across the world. Individuals benefitting from decongestion measures are mostly prisoners who have already served a significant portion of their sentence (50% of countries), elderly prisoners (35% of countries), or prisoners with pre-existing health conditions – such as HIV, tuberculosis, disabilities, chronic or terminal illnesses (33% of countries).

Type of offence is a significant and recurring criterion for exclusion from release. At least 27 countries explicitly excluded people detained for certain drug offences from the implementation of decongestion measures, regardless of whether they suffer from health conditions or belong to a vulnerable group. Sri Lanka was particularly restrictive, in that it excluded from eligibility not only individuals convicted of drug possession and trafficking, but also prisoners “addicted to drugs.”

Only 19 countries explicitly included pre-trial detention as a criterion for eligibility; while in some cases decongestion measures only considered prisoners with a final sentence (for example, Albania and Turkey) – thus excluding incarcerated individuals who should be presumed innocent.

In 20% of countries decongestion measures explicitly included women - particularly those who are pregnant or with dependents. Zimbabwe and the UK released women imprisoned with their children. The same happened in Rwanda, where 50 women imprisoned for abortion were also freed.

Availability of accommodation was an eligibility criterion in at least 10 countries (including Australia, Belgium, and Chile), meaning that if a person was eligible for release under other criteria but could not show a fixed home address, they were excluded from the release scheme. Although in some cases, this was aimed at preventing homelessness among newly released prisoners, it raises questions of how individuals with the most limited economic resources are further disadvantaged and marginalised.