

Letters to the editor

RESP

Management of attention deficit/hyperactivity disorder and the use of stimulants in prison. Evaluation of the risks and benefits

Fructuoso A

Geneva University Hospitals. Geneva. Switzerland.

Attention deficit/hyperactivity disorder (ADHD) is a major focus of interest for prison psychiatry, given its high prevalence in prisons. Most authors conclude that the risk of presenting this disorder may up to ten times higher amongst inmates than among the general public^{1,2}.

Many studies state that there is a higher risk of offences and violent crimes being committed by people suffering from this disorder. Therefore, ADHD is very closely linked to an increase of high risk behaviours, court summonses and prison sentences^{3,4}. Adequate management of ADHD could improve participation in social rehabilitation and/or educational programs, and reduce the frequency of violent behaviour. This in turn would improve general security for the inmates themselves and for prison staff⁵.

Most experts agree on the clear benefits to be had from pharmacological therapy applied to this type of patient in the community. However research and guidance about the identification and management of ADHD among prison inmates are relatively scarce⁶.

One of the most effective therapeutic options for treating ADHD is stimulants, which entail a major risk of abuse or trafficking in prison⁷. These drugs are generally well tolerated and present few side effects. However, any prescription should be accompanied by a rigorous diagnosis of the disorder, given the potential risks of abuse presented by some of them⁸. Despite their proven effectiveness, there is considerable resistance to the use of such drugs in prisons worldwide. Given that these drugs stimulate the reward circuits, there is a potential risk of abuse and depen-

dence. This concern is increased because of the high percentage of substance addicts amongst prisoners in general, and among those with a diagnosis of ADHD in particular^{9,10}.

Another factor to be borne in mind is the potential for their use outside the field of prescribed medicines. In most prisons, psychoactive medication is seen as a product that can be sold, bought and exchanged, and the existence of any medication with the potential for abuse in prisons can increase the risk of intimidation, conflict and violence, both for inmates and for health-care personnel and prison staff¹¹.

On the other hand, the administration of these drugs often involves treatment directly observed by the team (doctors, nurses, prison staff), which increases costs and reduces the inmate's autonomy. Therefore, the potential for abuse of these drugs in the prison environment is a challenge and a cause for particular concern for doctors who prescribe them¹².

The experience acquired after work carried out at a number of prisons in Spain and abroad shows that use of stimulants is in most cases a cause for controversy. In my opinion, this is due to the complex nature of such a specific psychiatric diagnosis and the lack of familiarity on the primary care doctor's part on how to manage this disorder, despite its high prevalence in prisons (over 25% according to the latest literature)¹³.

We professionals should be able to correctly diagnose and treat inmates who present this disorder, avoiding the violence, trafficking and abuse of such drugs, which are regarded as narcotics in many countries and much sought after by prisoners¹⁴.

Maybe now is the time to consider the implementation of alternative approaches, such as psychotherapeutic or socio-educational interventions, or the use of drugs with a reduced potential for addiction.

In any case, I believe that it is imperative to relaunch a debate on the importance of prescribing these drugs in the prison setting. As prison doctors, we should encourage the exchange of experiences between professionals from different prisons, increase awareness of certain psychiatric disorders and of the challenges posed by some types of prescriptions. Deeper reflection about the risks and benefits offered by stimulants in prison should be the basis for adequate, safe and decisive practices that can establish risk-free guidelines for prescriptions.

CORRESPONDENCE

Ana Fructuoso

E-mail: ana.fructuoso@hcuge.ch

REFERENCES

1. Young S, Thome J. ADHD and offenders. *World J Biol Psychiatry*. 2011;12:124-8.
2. Baggio S, Studer J, Fructuoso A, Grazioli VS, Heller P, Wolff H, et al. Does level of attention deficit-hyperactivity disorder symptoms predicts poor transition into adulthood? *Int J Public Health*. 2019;64:165-72.
3. Gordon V, Williams DJ, Donnelly PD. Exploring the relationship between ADHD symptoms and prison breaches of discipline amongst youths in four Scottish prisons. *Public Health*. 2012;126:343-8.
4. Philipp-Wiegmann F, Rösler M, Clasen O, Zinnow T, Retz-Junginger P, Retz W. ADHD modulates the course of delinquency: a 15-year follow-up study of young incarcerated man. *Eur Arch Psychiatry Clin Neurosci*. 2018;268:391-9.
5. Young S, Adamou M, Bolea B, Gudjonsson G, Muller U, Pitts M, et al. The identification and management of ADHD offenders within the criminal justice system: A consensus statement from the UK Adult ADHD Network and criminal justice agencies. *BMC Psychiatry*. 2011;11:32.
6. Ginsberg Y, Quintero J, Anand E, Casillas M, Upadhyaya HP. Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature. *Prim Care Companion CNS Disord*. 2014;16.
7. Faraone SV, Upadhyaya HP. The effect of stimulant treatment for ADHD on later substance abuse and the potential for medication misuse, abuse, and diversion. *J Clin Psychiatry*. 2007;68-e28.
8. Graham J, Coghill D. Adverse effects of pharmacotherapies for attention-deficit hyperactivity disorder: Epidemiology, prevention and management. *CNS Drugs*. 2008;22:213-37.
9. Young S, Sedgwick O, Fridman M, Gudjonsson G, Hodgkins P, Lantigua M, et al. Co-morbid psychiatric disorders among incarcerated ADHD populations: a meta-analysis. *Psychol Med*. 2015;45:2499-510.
10. Pérez de los Cobos J, Siñol N, Pérez V, Trujols J. Pharmacological and clinical dilemmas of prescribing in co-morbid adult attention-deficit/hyperactivity disorder and addiction. *Br J Clin Pharmacol*. 2014;77:337-56.
11. Cassidy T, Varughese S, Russo L, Budman S, Eaton T, Butler S. Nonmedical use and diversion of ADHD stimulants among U.S. adults ages 18-49: A national internet survey. *J Atten Disord*. 2015;19:630-40.
12. Scott D, Gignac M, Kronfli R, Ocana A, Lorberg G. Expert Opinion and Recommendations for the Management of Attention-Deficit/Hyperactivity Disorder in Correctional Facilities. *J Correct Health Care*. 2016;22:46-61.
13. Baggio S, Fructuoso A, Guimaraes M, Fois E, Golay D, Heller P, et al. Prevalence of attention deficit hyperactivity disorder in detention settings: a systematic review and meta-analysis. *Front Psychiatry*. 2018;9:331.
14. Béguelin A, Bondolfi C, Beaupère P, Bodenmann P, Gravier B, Tran NT, et al. Clinical situations in detention settings. *Rev Med Suisse*. 2019;15:473-6.