



**Linkage and continuity of care after release from prison:
An evaluation of Central Registration Points for drug users
in Belgium**

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An evaluation of Central Registration Points for drug users in Belgium

Abstract

Purpose - This paper reports the findings of an evaluation study concerning the Central Registration Points (CRPs) for drug users in Belgian prisons. CRPs support drug users to link with community-based services.

Methodology - The study applied a multi-method approach that involved an exploratory literature review; a secondary analysis of the CRPs' databases; a qualitative study of the perceptions of a diverse sample of stakeholders with regard to the functioning of CRPs; and a prospective registration study.

Findings - One-third of the clients never attended an outpatient or residential substance abuse service before prison entry. This illustrates that the CRPs managed to reach clients who were not previously reached by (substance abuse) treatment services. All interviewed actors emphasized the added value of the CRPs in terms of informing, contacting, motivating and referring prisoners with a substance abuse problem.

Implications - Based on the research findings, two issues seem to be of paramount importance in the successful practice of CRPs: the confidentiality and specific expertise on (substance abuse) treatment. Given the complex situation of drug users in prison, an independent positioning and categorical assistance with drug-specific expertise seem to be essential.

Originality - CRPs can be considered to be one of the 'building blocks' that contribute to high-quality care and continuity of care for drugs users in detention.

Keywords

Throughcare, aftercare, prison, substance abuse, substance abuse treatment

Article classification: Research paper

Introduction

Despite significant differences between countries (Dünkel, 2017), the population of persons detained in correctional institutions in Europe has grown again – from 115.7 in 2015 to 117.1 in 2016 per 100,000 persons – after a period of declining figures since 2012 (Aebi et al. 2016). Available research emphasizes the high prevalence and great complexity of health, psychological and social problems within this group of individuals, including alcohol and/or illegal substance use and abuse (Enggist et al., 2014; Fazel & Seewald, 2012; Fazel et al., 2016; 2017). An often-cited review study by Fazel and colleagues (2006) showed that 18% to 30% of detained men and 10% to 24% of detained women use or abuse alcohol. With regard to the use of/dependence on illegal substances, prevalence rates are higher, ranging from 10% to 48% of the male population and 30% to 60% of the female population on entry into prison (Fazel, Bains & Doll, 2006; Fazel & Seewald, 2012). A recent update of this study concluded that “approximately a quarter of newly incarcerated prisoners of both sexes had an alcohol use disorder, and the prevalence of a drug use disorder was at least as high in men, and higher in women” (Fazel et al., 2017, p. 1725). The reciprocal relationship between substance use and abuse and involvement in criminal acts has been frequently described in the literature (Belenko, Hiller & Hamilton, 2013). Furthermore, prisoners who use alcohol or drugs on a regular basis seem to be at greater risk of re-offending and relapsing into substance abuse (Cartier, Farabee & Prendergast, 2006).

Drug counselling and treatment in European prisons

Substance abuse treatment has been shown to reduce drug use as well as recidivism (Stöver & Kastelic, 2014). A recent systematic review (de Andrade et al., 2018) concluded that prisoners who receive substance abuse treatment have lower recidivism and substance abuse rates as compared to their peers who receive no treatment. Prison-based therapeutic communities have positive effects on recidivism and (to a lesser extent) on drug use after release from prison (de Andrade et al., 2018; Stöver & Kastelic, 2014), but they are available only to a limited extent due to their relatively high cost (Belenko, Hiller & Hamilton, 2013). Prison-based opioid maintenance treatment reduces drug use during and after prison (de Andrade et al., 2018; Hedrich et al., 2012), but there are large differences in relation to its availability and implementation across countries worldwide (Hedrich et al., 2012).

Through- and aftercare initiatives have been implemented in several European prisons. These initiatives focus on continuity of care and support between the prison and the community, and vice versa (MacDonald, Williams & Kane, 2012; 2013). Throughcare is reported to lead to less relapse into drug abuse or criminal offenses among former detainees (de Andrade et al., 2018; Stöver, Weilandt, Zurhold, Hartwig & Thane, 2008; Belenko, Hiller & Hamilton, 2013). Aftercare, the last element in throughcare, is described as a rehabilitation or reintegration scheme that actively supports prisoners

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3 after release from prison (UNODC, 2008). Internationally, throughcare and aftercare interventions
4 range from specific units with a focus on reintegration (Lloyd, Russell & Liebling, 2017), to the
5 continuation of therapy or aftercare after release, to the intensive involvement of family members
6 (EMCDDA, 2001). In addition, peer support is available in prisons in England and Wales, and peer-based
7 interventions appear to be effective in reducing risk behaviour and improving the mental health of
8 participating detainees (Bagnall et al., 2015). Aspects and guidelines that contribute to the
9 effectiveness of substance abuse treatment (in the criminal justice system) have been reported by
10 NIDA (2018), UNODC (2018) and other authors (e.g. Belenko et al., 2013; de Andrade et al. 2018).
11 Among other things, these aspects include: the importance of continuity of care (e.g. by providing
12 aftercare upon release from prison) (de Andrade et al., 2018); the availability of diverse forms of
13 treatment at the moment when people need it (NIDA, 2018; UNODC; 2018), e.g. in the criminal justice
14 system (UNODC, 2018); the match between treatment and an individual's needs (NIDA,2018); a holistic
15 focus on the client's different life domains (NIDA, 2018); treatment that lasts for a considerable
16 amount of time (Belenko et al., 2013; NIDA, 2018); the importance of strong links and good
17 cooperation between treatment and other parties in- and outside criminal justice settings (Belenko et
18 al., 2013; NIDA, 2018; UNODC, 2018); the monitoring of treatment plans and progress (NIDA, 2018);
19 and a specific focus on clients with co-occurring mental health needs (Belenko et al., 2013; Fazel et al.,
20 2016; NIDA, 2018). It is important to keep in mind that prisons constitute a specific context that may
21 hinder the application and implementation of these aspects (Fazel et al., 2016).

32 33 34 35 36 *The Belgian situation*

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38 Prevalence rates of substance use in Belgian prisons are in accordance with those reported in
39 international studies, as 2 out of 3 detainees report having used illegal substances during their lifetime,
40 and about one-third report having used illegal substances during detention (Van Malderen, 2012). A
41 recent study in 15 prisons in Flanders (the northern part of Belgium) showed that 60%, 54% and 35%
42 of the prisoners reported having used illicit drugs during their lifetime, the year before incarceration,
43 and during imprisonment, respectively (Favril & Vander Laenen, 2018).

44 45 46 47 48 49 *Linking prison-based and community-based treatment in Belgium: the Central Registration Points*

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51 In 2011, Central Registration Points (CRPs) for drug users were developed in all Belgian prisons¹. The
52 CRPs started from the fact that detained persons experience difficulties in linking with (substance
53 abuse) treatment services at the time of, and after, release. From a throughcare perspective, the CRPs
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57 ¹ With the 'communitarisation' of substance abuse treatment services, the CRPs were not transferred to the
58 communities. As a consequence, the Federal Public Service of Justice could not provide further funding, and a
59 negative conclusion from the financial inspection concerning funding led to the cessation of the registration
60 points in 2016.

engage in continuity of care and support between the prison and the community. CRP staff members are substance abuse treatment providers, who perform a liaison function between the prison and substance abuse treatment outside prison. They support incarcerated offenders with a substance abuse problem in finding adequate treatment after detention. The CRP teams consisted of 3.5 full-time equivalent (FTE) staff members ('CAP', for 16 Dutch-language prisons: 15 in Flanders and 1 in Tilburg, the Netherlands), 3.5 FTE staff members ('Step by Step', for 15 prisons in French-language Wallonia), and 1.75 FTE staff members ('Le Prisme', for 3 prisons in Brussels and 1 prison in Ittre). Through individual conversations with clients, the following objectives were pursued: (1) providing information about treatment services; (2) increasing the clients' motivation and readiness for counselling or treatment; and (3) referring clients to, as well as establishing contact with, treatment services in the community. In 2014, the CRPs conducted 1750 individual conversations with prisoners.

Objectives

This paper reports the overall findings of an evaluation study concerning the Central Registration Points (CRPs), with the following objectives:

1. To investigate how the CRPs operate in terms of their objectives (providing information, enhancing motivation and referring to treatment).
2. To document how the CRPs are perceived by the various stakeholders involved, in terms of functioning, strengths and limitations, and future challenges and opportunities.

This paper summarizes and discusses the most important global findings in relation to these research questions. As stated above, the effectiveness of substance abuse treatment in the criminal justice system is highly dependent on the provision of opportunities for continuity of care as well as throughcare and/or aftercare services (de Andrade et al., 2018). Because many obstacles in realising continuity of care for detained persons with substance abuse problems are reported in the literature due to the specificity of the prison context (Fazel et al., 2016; MacDonald, Williams & Kane, 2013), the current study may offer insights in how some of these difficulties could be tackled.

Method

The project consisted of several studies and used a multi-method approach, which involved:

An exploratory literature review on the availability of care and throughcare initiatives for detained people with substance abuse problems; a secondary analysis of the CRPs' databases to map current CRP practices and to analyse referral processes; and a qualitative study of the perceptions of a diverse sample of stakeholders with regard to the functioning of CRPs.

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3 In the qualitative study, 4 respondent groups, reflecting a rich diversity in perspectives, were
4 interviewed: (1) CRP staff members (N=13); (2) staff members from community services that regularly
5 treat CRP clients (N=20); (3) staff members from the justice field that have regular contact with CRP
6 clients, and, in Flanders, staff members from Judicial Social Welfare (N=21); and (4) CRP clients (N=31).
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8 About half of the participants were Dutch-speaking (43/85); and about half were French-speaking
9 (42/85). The interviews were structured by a list of questions (slightly adapted to each respondent
10 group) about daily practice, client characteristics, cooperation with other services, and challenges for
11 the future. The topics were based on the instruments developed in previous research on the evaluation
12 of Drug Recovery Wings (Powis, Walton & Randhawa, 2014) and the evaluation of Drug Courts (Vander
13 Laenen et al., 2013) (the topic list is available from the authors upon request). These questions were
14 discussed and developed collaboratively by the members of the research team. The interviews were
15 audio-recorded, transcribed verbatim and thematically analysed, using the software package NVIVO
16 by means of a coding scheme that was developed collaboratively by the researchers (both French- and
17 Dutch-speaking). The coding protocol involved 3 iterative steps: (1) immersion in the data and
18 development of the coding scheme; (2) actual coding on the Dutch-language and the French-language
19 data; and (3) final discussion based on the Dutch-language and the French-language results. The first
20 step (development of the shared coding scheme) consisted of 6 sub-steps: (a) immersion in the data;
21 (b) re-reading of 2 - 3 information-rich transcripts (separate for the Dutch-language and French-
22 language data) based on a preliminary coding scheme focusing on the added value of the CRPs, barriers
23 in relation to an optimal development of the CRPs and suggestions for the future; (c) identification of
24 preliminary codes based on the data (inductively) and on the literature (deductively) (MacDonald et
25 al., 2012; 2013); (d) testing the coding based on a larger sample (n=10) of interviews; (e) refinement
26 of the coding schemes (Dutch- and French-language versions); and (f) discussion among the
27 researchers to finalize 1 shared coding protocol. Quotations are used to illustrate and underpin some
28 of the reported findings.
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45 Furthermore, an exploratory registration study was carried out. Using a prospective study design,
46 characteristics from newly admitted clients were registered. These clients, if released, were contacted
47 by phone after 6 months in order to gain insight into how they evaluated their current psycho-social
48 functioning and the implications of the CRPs on their current support or treatment. The registration
49 forms consisted of questions/items (with multiple answer categories and/or space for qualitative
50 comments) for each client and were filled out by the CRP staff members. The questions on the form
51 related to demographic variables (e.g., living situation, employment status, educational level, ...);
52 judicial variables (e.g., referring actor, judicial status, ...); information on substance use (e.g., main
53 product, frequency of use, method of using, ...); history of substance abuse treatment (e.g., number of
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3 residential and out-patient treatment episodes); an estimate of the presence of problems in different
4 life domains, such as physical and mental health, employment, and social relationships (cf. EuropASI-
5 domains, Kokkevi & Hartgers, 1995); information on the service to which the client has been referred
6 and the outcome of the referral/treatment (e.g., the acknowledgement of the referral and whether or
7 not treatment has been started). Due to the lack of standardized measures, the small sample size and
8 the exploratory nature of this part of the study, the results concerning psycho-social functioning and
9 the effects of the CRP on referrals and treatment outcomes are limited and cannot be generalized.

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11 In addition, the tasks of the CRP staff members were objectified by means of registration forms filled
12 out by the staff members. Staff members were asked to record the time they invested during a week
13 in relation to conversations with clients (topic, length of conversation, ...), contacts with other
14 professional staff members (in- and outside prison), and referral and reporting. The staff members
15 were also asked to record the time invested in activities related to entering and leaving the prison and
16 waiting for a client before a conversation.

26 **Results**

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28 The results are structured on the basis of the main objectives of the CRPs: (1) providing information
29 about available (substance abuse) treatment services; (2) increasing motivation and readiness for
30 counselling or treatment; and (3) making contact with and referring to (substance abuse) treatment
31 services (cf. Introduction). During the study, a 4th key objective became clear: signalling, which will be
32 clarified later in this paper.

37 ***CRP objective 1: Information – Number of clients reached and client profile***

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39 **The first part of this section provides the context in which the CRPs were operating at the time of the**
40 **study.** 2182 clients registered for an appointment with one of the CRP staff members in 2014
41 (reference year of the study) in Brussels, Wallonia and Flanders. Of these clients, 80.2% had one or
42 more (intake) interview(s). In the years registered (2012-2014), the number of clients that were seen
43 each year remained fairly stable. The Belgian prison population increased systematically within the
44 same period (as the prison population increased to 11,107 people in 2012; to 11,732 people in 2013;
45 and to 11,769 people in 2014) (Federal Public Service of Justice, 2016; Statistics Belgium 2015). This
46 increase in prison population was not compensated for by an increase in the number of staff members,
47 leading to a significant number of clients (19.8%) who were not seen by CRP staff members, partly due
48 to the waiting time between the time of registration and the first conversation.

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50 By means of a secondary analysis of available CRP databases, the client profile was analysed. The
51 majority of the clients were between 20 and 35 years old and male. The CRPs appeared to reach a
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3 slightly older group and more female prisoners, as compared to the general prison population. 78% of
4 the CRP clients were Belgian citizens, which is significantly higher than the general prison population
5 (Federal Public Service of Justice, 2015). This may point to difficulties in reaching people with a non-
6 Belgian nationality, which has been noted in other studies as well (Brosens et al., 2015; 2017). On
7 average, 47.4% had been convicted and 46.3% were in remand. The CRPs reached proportionately
8 more defendants and fewer convicted detainees, as compared to the number of defendants and
9 convicted detainees in prison in 2014 (Federal Public Service of Justice, 2015). This finding could be
10 explained by the fact that the defendant's participation in (substance abuse) treatment can be one of
11 the requirements for conditional release. With regard to the substances that were abused, opiates
12 (both heroin and substitution medication) (29,5%) and alcohol (20,1%) were the most frequently
13 mentioned primary substance. The abuse of cannabis (14%) was also frequently cited.

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22 **CRP objective 2: Motivation – What facilitates and impedes the motivation and readiness for**
23 **treatment?**

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26 Most of the results summarized for this objective are based on the qualitative study of the perceptions
27 of the different stakeholders (staff members and clients) in regard to the functioning of CRPs.

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30 The participants indicated the CRP staff members' independent position as a strength, as it facilitated
31 a neutral perspective towards the clients.

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34 *"You can disclose your story in full. You don't have to fear that your story will end up with the*
35 *PsychoSocial Service in prison (...). You can tell things without being punished for it."* (client)

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38 Subsequently, the CRP staff members' confidentiality was experienced as a necessity by various actors.
39 Clients also indicated that this confidentiality reinforced their confidence in the CRP staff members. It
40 facilitated open and free communication, which improved the accessibility of the CRPs. In addition, the
41 CRP clients attached great importance to the staff members' personal approach. The clients mainly
42 appreciated the caring and emotional support. The empathic, non-intrusive and unprejudiced attitude
43 and practice were reported to increase their motivation to start (substance abuse) treatment.

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46 *"The CRP does not impose anything. (...) It focuses not on what they want, it focuses on what I want,*
47 *and I find this positive."* (client)

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50 *"The CRP [staff members] know what they are talking about. They know the treatment system like*
51 *the back of their hand. This helps tremendously. (...) Yes, in prison you are not able to go to anybody*
52 *else who knows this so well."* (client)

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3 *“It would be good if they could force something [treatment after detention]. (...) They have already*
4 *called by phone several times, but nothing specific up until now. But it is worth a lot that they offer a*
5 *listening ear. Actually, that is the most important for me. (...) After each conversation, I have been able*
6 *to get rid of some things.”* (client)
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10 *“I have never had the feeling that I was pushed away. Even though I am not the only one that counts*
11 *on her [CFR staff member], she takes her time, every time again.”* (client)
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14 In addition, treatment providers indicated that the waiting period between the client’s decision to
15 register, the first conversation, and the start of the counselling or treatment negatively impacted the
16 client’s motivation to participate in treatment or counselling. This is often ascribed to the specificities
17 of working in a prison context:
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21 *“Some prisons have regulations: you can see individuals between 8 and 11:30 a.m. (...) I have to state*
22 *beforehand which persons I would like to see. When I arrive there after 2 weeks, then I find that people*
23 *have written a report note (to make an appointment), but I can’t call them, as they are not on the list.*
24 *They are then postponed for 2 weeks.”* (CRP staff member)
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29 Some clients referred to the waiting period until the first conversation with a CRP staff member as a
30 factor that hinders motivation. A decrease in motivation for treatment also turned out to be associated
31 with reduced participation in various forms of treatment in studies on drug treatment court (DTC)
32 participants (Vander Laenen et al, 2013; Evans, Li & Hser, 2009; Wittouck et al., 2014).
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36 **CRP objective 3: Referral – Factors that facilitate or impede referral**

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38 In line with the previous sections, most of the results summarized for this objective are based on the
39 qualitative study of the perceptions of the different stakeholders (staff members and clients) in regard
40 to the functioning of CRPs.
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44 Several factors facilitate or impede referral to (substance abuse) treatment. The CRP staff members’
45 extensive expertise and experience about substance abuse treatment and the organization of
46 (substance abuse) treatment services turned out to facilitate access to, and cooperation with,
47 (substance abuse) treatment services. The participants considered this to be an important link with
48 reintegration. The staff members’ familiarity with (substance abuse) treatment services also facilitated
49 smooth referrals, since mutual confidence was already established.
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54 *“They (the CRP staff members) know the available treatment very well (...). They don’t impose their*
55 *ideas. They don’t say: “do this or do that”. (...). They also don’t give up when they do not find a place*
56 *immediately (...). They do not give up, despite my difficult past.”* (client)
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5 The waiting period between the registration and the first conversation with a CRP staff member
6 complicated a smooth referral (cf. above). Furthermore, several actors from the 3 CRPs indicated a
7 certain degree of resistance and prejudice with some treatment providers concerning counselling or
8 treatment of detained people with substance abuse problems. The unavailability of (substance abuse)
9 treatment services was mentioned as an additional difficulty in initiating the most appropriate
10 (substance abuse) treatment.
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16 *"We see an increasing number of [persons with an intellectual disability and addiction], and treatment*
17 *is not really prepared. (...) Then you go to substance abuse treatment. They say 'yes, but he has an*
18 *intellectual disability, we do not know anything about that.' And then you go to the disability field, and*
19 *[they say] 'he has a drug problem, we don't know anything about that'."* (CRP staff member)
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24 **CRP objective 4: Signalling as an additional main objective**

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26 During the study, a fourth key objective became clear. An important finding showed that one-third of
27 the clients never attended an outpatient or residential service for substance abuse problems before.
28 This illustrates that the CRPs managed to reach a group of clients who were not previously reached by
29 (substance abuse) treatment services. Based on registration in the prospective part of the study, this
30 group of clients experienced difficulties in various life domains - physical and mental health,
31 employment, family and social relationships, financial situation and justice system - in addition to
32 difficulties concerning substance abuse. This complexity underscores the importance of care and
33 support focusing on multiple life domains after detention as well.
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40 The time invested by CRP staff members in preparing and completing client-specific and client-
41 transcending activities was objectified by means of a registration form. This registration showed that
42 the staff members' tasks involved more than client-specific activities alone, and included conversations
43 with clients (20-32% of working time) and client-supporting activities, including
44 consultations/meetings about clients, administration and preparing and monitoring client files (38-
45 40% of working time). A significant part of the working time was registered as client-transcending
46 activities, such as trainings and seminars, team meetings, drafting year/activity reports (12-51%) and
47 other activities (9-18%) that are specific to working in a detention context and cannot be directly linked
48 to individual clients: transfer to prison, checking in and out of prison, waiting for clients before a
49 conversation, etc.
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57 **Discussion**

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3 The global results of this evaluation study point towards the added value of CRPs for drug users in
4 prison. The clients, as well as the other stakeholders, emphasized the added value of the CRPs in terms
5 of informing, reaching, motivating and referring prisoners with a substance abuse problem. Yet, more
6 research on the outcomes in relation to linkage to treatment, substance use rates, recidivism, and
7 other relevant indicators (e.g., employment, housing, ...) is definitely warranted to further corroborate
8 these findings. Experiences in other countries (such as the UK, cf. Lloyd et al., 2017) have made it clear
9 that 'good intentions' do not necessarily lead to positive change and that leaving prison is an extremely
10 challenging period for (ex-)prisoners. The evaluation study on the Drug Recovery Wings by Lloyd et al.
11 (2017) clearly showed that preparing and supporting prisoners for release (e.g., in relation to
12 accommodation, relationships and employment) is crucial.

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15 **In this study**, clients reported feeling understood and experienced support and new opportunities. In
16 addition, clients indicated that the CRPs increased their motivation to start substance abuse treatment.
17 Care providers, on their part, stressed the beneficial collaboration with CRP staff members in terms of
18 a smooth referral to their service. Judicial actors and welfare service providers emphasized the added
19 value of the staff members' attitude, focusing on positive client characteristics and on strengths. The
20 following facilitating elements were mentioned by the different actors: (1) the expertise and
21 experience of the CRP staff members with regard to substance abuse and substance abuse treatment
22 services; (2) the confidentiality and independent positioning of staff members (from the justice system
23 as well as from (substance abuse) treatment services); (3) the client-oriented, motivational and
24 unprejudiced attitude of staff members; (4) the accessible and non-intrusive approach of staff
25 members; (5) the close, honest and confidential cooperation with (substance abuse) treatment
26 services; and (6) a shared vision and openness to dialogue with (substance abuse) treatment services.

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29 The long waiting period until the first conversation with a staff member was mentioned as an area for
30 improvement by some clients. All CRP staff members stated that the main reason some clients were
31 not seen was that they had already been released before a first conversation could take place. This
32 might indicate that differences between a judicial rationale and a treatment rationale might conflict
33 (Vandevelde et al., 2017). Moreover, the negative effects of being on a waiting list in relation to
34 treatment linkage has been shown in previous research (Hser et al., 1998; Redko et al., 2006). The low
35 accessibility of detainees with a non-Belgian nationality could also be regarded as an area for
36 improvement. To reach foreign-language detainees, they must have access to information regarding
37 available care in a language they understand (Brosens, De Donder, Dury & Verté, 2015).

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40 The development of standardized registration forms (used in the prospective study) made clear that
41 the CRPs fulfilled an important role in signalling structural barriers to (substance abuse) treatment

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3 services and the public authorities. The systematic registration enabled comparison of the CRPs, which
4 pointed towards barriers and possible exclusion criteria in the range of available treatment services.
5 This study identified difficulties regarding referral because of limited availability of services, differences
6 in the expectations of the involved actors about the most appropriate form of care, and the willingness
7 of care providers to counsel or treat people with a judicial status (which has been mentioned in other
8 research as well: Belenko, Hiller & Hamilton, 2013; Smith & Strashny, 2016). Challenges were also
9 observed regarding referrals of drug users with additional psychiatric problems, which is consistent
10 with previous research findings concerning persons with a dual diagnosis (see e.g. Moyes et al, 2016;
11 Priester et al., 2016; Vandeveldel et al., 2015).

12 *Essential preconditions for optimal functioning of the registration points*

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14 Our study revealed a number of preconditions, which were essential to promoting the clients'
15 motivation for counselling or treatment and to facilitating the orientation towards, and referral to,
16 (substance abuse) treatment services. According to the interviewed actors, essential preconditions to
17 safeguarding and to further consolidating a high-quality practice included the following: an adequate
18 number of CRP staff members and resources; consensus about the function, job content and mandate
19 of the CRPs; systematic disclosure about the existence and functioning of the CRPs to all new detainees
20 and to stakeholders inside and outside prison; easy access to detainees in prison for CRP staff; the
21 provision of a telephone and/or computer for CRP staff members during waiting periods and/or in
22 meeting areas in prison; an increased willingness and availability of external (substance abuse)
23 treatment services to consult with or treat detainees; the further expansion of consultation and
24 treatment options for specific target groups (e.g. women, clients on electronic surveillance, foreign-
25 language speakers, people with a non-Belgian nationality) and clients with additional problems
26 (intellectual disability, psychiatric disorders).

27 *Recommendations for practice and policy*

28 *Practice*

29
30 The reported findings point out the value and importance of the CRPs regarding the 3 previously
31 mentioned objectives for which they were established: (1) providing information about treatment
32 services; (2) increasing clients' motivation and readiness for counselling or treatment; and (3) referring
33 clients to, as well as establishing contact with, treatment services in the community.

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35 Based on the research findings, 2 factors seem to be of paramount importance in the CRPs' successful
36 daily practice: the confidentiality and the specific expertise in (substance abuse) treatment.

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3 A combination of maximal provision of health and social services with (drug-specific) treatment in
4 prison is desirable in order to realize high-quality care for detainees (Michel et al., 2015; Vanhex,
5 Vandeveld, Stas & Vander Laenen, 2014). Investments should be made in expanding a (drug)
6 treatment offer in each prison, as well as an integrated drug policy. A continuum of interventions is
7 advised in order to provide services that are tailored to the needs of every detainee. These
8 comprehensive and integrated services should be based on evidence-based interventions (Enggist et
9 al., 2014).

15 *Policy*

18 **The present study led to the identification of factors that facilitate referral of detained substance**
19 **abusers to (substance abuse) treatment and aftercare: the extensive expertise of CRP staff members,**
20 **their experience about substance abuse treatment and their cooperation with (substance abuse)**
21 **treatment services outside prison. This is highly important,** as the prevalence of substance abuse
22 problems appears to increase the risk of overdose and mortality after being released from prison,
23 independent of socio-demographic, criminological or familial factors (Chang, Lichtenstein, Larsson &
24 Fazel, 2015). Participation in aftercare reduces this risk of recidivism and drug use after detention
25 (Belenko, Hiller & Hamilton, 2013; Galassi, Mpofu, & Athanasou, 2015). Aftercare is most important in
26 the first 3 months after detention, because the risk of recidivism is highest during that period. A link
27 between prison and (substance abuse) treatment outside the prison walls is very important to achieve
28 continuity of care and long-term effects (Enggist et al., 2014). International examples that focus
29 strongly on peer support or experts by experience can offer inspiration for the implementation of
30 aftercare to support detainees during their reintegration into the community.

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33 Currently, an inclusive and qualitative (substance abuse) treatment offer for detained drugs users is
34 lacking in Belgian prisons – a fact that has been referred to, and criticized, multiple times in the
35 literature (Favril & Vander Laenen, 2013; Vander Laenen et al., 2017). This situation is not in
36 accordance with the Belgian Basic Law that explicitly specifies the right to healthcare in detention and
37 care equality between the community and the prison context (Art. 88 Basic Law). By the same token,
38 interventions in prisons in other EU member states still do not observe the principle of equality as
39 described in international recommendations by the United Nations General Assembly, UNAIDS/WHO
40 and UNODC (Enggist et al., 2014).

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43 The European Union Drugs Strategy (2013-2020), the UNGASS resolution (2016), and the
44 recommendations of the WHO (2014), UNODC & WHO (2013) and The Lancet Commission on global
45 mental health and sustainable development (Patel et al., 2018) explicitly suggest that special
46 consideration should be given to strengthening and expanding high-quality care and continuity of care
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for drugs users in prisons, in order to reach a care level equal to what is being offered in the community (Michel et al., 2015). Although it is important to keep in mind that the results and recommendations should be considered as tentative, CRPs can be regarded as one of the 'building blocks' that contribute to these goals.



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Linkage and continuity of care after release from prison:

An evaluation of Central Registration Points for drug users in Belgium

Abstract

Purpose - This paper reports the findings of an evaluation study concerning the Central Registration Points (CRPs) for drug users in Belgian prisons. CRPs support drug users to link with community-based services.

Methodology - The study applied a multi-method approach that involved an exploratory literature review; a secondary analysis of the CRPs' databases; a qualitative study of the perceptions of a diverse sample of stakeholders with regard to the functioning of CRPs; and a prospective registration study.

Findings - One-third of the clients never attended an outpatient or residential substance abuse service before prison entry. This illustrates that the CRPs managed to reach clients who were not previously reached by (substance abuse) treatment services. All interviewed actors emphasized the added value of the CRPs in terms of informing, contacting, motivating and referring prisoners with a substance abuse problem.

Implications - Based on the research findings, two issues seem to be of paramount importance in the successful practice of CRPs: the confidentiality and specific expertise on (substance abuse) treatment. Given the complex situation of drug users in prison, an independent positioning and categorical assistance with drug-specific expertise seem to be essential.

Originality - CRPs can be considered to be one of the 'building blocks' that contribute to high-quality care and continuity of care for drugs users in detention.

Keywords

Throughcare, aftercare, prison, substance abuse, substance abuse treatment

Article classification: Research paper

Introduction

Despite significant differences between countries (Dünkel, 2017), the population of persons detained in correctional institutions in Europe has grown again – from 115.7 in 2015 to 117.1 in 2016 per 100,000 persons – after a period of declining figures since 2012 (Aebi et al. 2016). Available research emphasizes the high prevalence and great complexity of health, psychological and social problems within this group of individuals, including alcohol and/or illegal substance use and abuse (Enggist et al., 2014; Fazel & Seewald, 2012; Fazel et al., 2016; 2017). An often-cited review study by Fazel and colleagues (2006) showed that 18% to 30% of detained men and 10% to 24% of detained women use or abuse alcohol. With regard to the use of/dependence on illegal substances, prevalence rates are higher, ranging from 10% to 48% of the male population and 30% to 60% of the female population on entry into prison (Fazel, Bains & Doll, 2006; Fazel & Seewald, 2012). A recent update of this study concluded that “*approximately a quarter of newly incarcerated prisoners of both sexes had an alcohol use disorder, and the prevalence of a drug use disorder was at least as high in men, and higher in women*” (Fazel et al., 2017, p. 1725). The reciprocal relationship between substance use and abuse and involvement in criminal acts has been frequently described in the literature (Belenko, Hiller & Hamilton, 2013). Furthermore, prisoners who use alcohol or drugs on a regular basis seem to be at greater risk of re-offending and relapsing into substance abuse (Cartier, Farabee & Prendergast, 2006).

Drug counselling and treatment in European prisons

Substance abuse treatment has been shown to reduce drug use as well as recidivism (Stöver & Kastelic, 2014). A recent systematic review (de Andrade et al., 2018) concluded that prisoners who receive substance abuse treatment have lower recidivism and substance abuse rates as compared to their peers who receive no treatment. Prison-based therapeutic communities have positive effects on recidivism and (to a lesser extent) on drug use after release from prison (de Andrade et al., 2018; Stöver & Kastelic, 2014), but they are available only to a limited extent due to their relatively high cost (Belenko, Hiller & Hamilton, 2013). Prison-based opioid maintenance treatment reduces drug use during and after prison (de Andrade et al., 2018; Hedrich et al., 2012), but there are large differences in relation to its availability and implementation across countries worldwide (Hedrich et al., 2012).

Through- and aftercare initiatives have been implemented in several European prisons. These initiatives focus on continuity of care and support between the prison and the community, and vice versa (MacDonald, Williams & Kane, 2012; 2013). Throughcare is reported to lead to less relapse into drug abuse or criminal offenses among former detainees (de Andrade et al., 2018; Stöver, Weilandt, Zurhold, Hartwig & Thane, 2008; Belenko, Hiller & Hamilton, 2013). Aftercare, the last element in throughcare, is described as a rehabilitation or reintegration scheme that actively supports prisoners

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3 after release from prison (UNODC, 2008). Internationally, throughcare and aftercare interventions
4 range from specific units with a focus on reintegration (Lloyd, Russell & Liebling, 2017), to the
5 continuation of therapy or aftercare after release, to the intensive involvement of family members
6 (EMCDDA, 2001). In addition, peer support is available in prisons in England and Wales, and peer-based
7 interventions appear to be effective in reducing risk behaviour and improving the mental health of
8 participating detainees (Bagnall et al., 2015). Aspects and guidelines that contribute to the
9 effectiveness of substance abuse treatment (in the criminal justice system) have been reported by
10 NIDA (2018), UNODC (2018) and other authors (e.g. Belenko et al., 2013; de Andrade et al. 2018).
11 Among other things, these aspects include: the importance of continuity of care (e.g. by providing
12 aftercare upon release from prison) (de Andrade et al., 2018); the availability of diverse forms of
13 treatment at the moment when people need it (NIDA, 2018; UNODC; 2018), e.g. in the criminal justice
14 system (UNODC, 2018); the match between treatment and an individual's needs (NIDA,2018); a holistic
15 focus on the client's different life domains (NIDA, 2018); treatment that lasts for a considerable
16 amount of time (Belenko et al., 2013; NIDA, 2018); the importance of strong links and good
17 cooperation between treatment and other parties in- and outside criminal justice settings (Belenko et
18 al., 2013; NIDA, 2018; UNODC, 2018); the monitoring of treatment plans and progress (NIDA, 2018);
19 and a specific focus on clients with co-occurring mental health needs (Belenko et al., 2013; Fazel et al.,
20 2016; NIDA, 2018). It is important to keep in mind that prisons constitute a specific context that may
21 hinder the application and implementation of these aspects (Fazel et al., 2016).

32 33 34 35 36 *The Belgian situation*

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38 Prevalence rates of substance use in Belgian prisons are in accordance with those reported in
39 international studies, as 2 out of 3 detainees report having used illegal substances during their lifetime,
40 and about one-third report having used illegal substances during detention (Van Malderen, 2012). A
41 recent study in 15 prisons in Flanders (the northern part of Belgium) showed that 60%, 54% and 35%
42 of the prisoners reported having used illicit drugs during their lifetime, the year before incarceration,
43 and during imprisonment, respectively (Favril & Vander Laenen, 2018).

44 45 46 47 48 49 *Linking prison-based and community-based treatment in Belgium: the Central Registration Points*

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51 In 2011, Central Registration Points (CRPs) for drug users were developed in all Belgian prisons¹. The
52 CRPs started from the fact that detained persons experience difficulties in linking with (substance
53 abuse) treatment services at the time of, and after, release. From a throughcare perspective, the CRPs
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57 ¹ With the 'communitarisation' of substance abuse treatment services, the CRPs were not transferred to the
58 communities. As a consequence, the Federal Public Service of Justice could not provide further funding, and a
59 negative conclusion from the financial inspection concerning funding led to the cessation of the registration
60 points in 2016.

engage in continuity of care and support between the prison and the community. CRP staff members are substance abuse treatment providers, who perform a liaison function between the prison and substance abuse treatment outside prison. They support incarcerated offenders with a substance abuse problem in finding adequate treatment after detention. The CRP teams consisted of 3.5 full-time equivalent (FTE) staff members ('CAP', for 16 Dutch-language prisons: 15 in Flanders and 1 in Tilburg, the Netherlands), 3.5 FTE staff members ('Step by Step', for 15 prisons in French-language Wallonia), and 1.75 FTE staff members ('Le Prisme', for 3 prisons in Brussels and 1 prison in Ittre). Through individual conversations with clients, the following objectives were pursued: (1) providing information about treatment services; (2) increasing the clients' motivation and readiness for counselling or treatment; and (3) referring clients to, as well as establishing contact with, treatment services in the community. In 2014, the CRPs conducted 1750 individual conversations with prisoners.

Objectives

This paper reports the overall findings of an evaluation study concerning the Central Registration Points (CRPs), with the following objectives:

1. To investigate how the CRPs operate in terms of their objectives (providing information, enhancing motivation and referring to treatment).
2. To document how the CRPs are perceived by the various stakeholders involved, in terms of functioning, strengths and limitations, and future challenges and opportunities.

This paper summarizes and discusses the most important global findings in relation to these research questions. As stated above, the effectiveness of substance abuse treatment in the criminal justice system is highly dependent on the provision of opportunities for continuity of care as well as throughcare and/or aftercare services (de Andrade et al., 2018). Because many obstacles in realising continuity of care for detained persons with substance abuse problems are reported in the literature due to the specificity of the prison context (Fazel et al., 2016; MacDonald, Williams & Kane, 2013), the current study may offer insights in how some of these difficulties could be tackled.

Method

The project consisted of several studies and used a multi-method approach, which involved:

An exploratory literature review on the availability of care and throughcare initiatives for detained people with substance abuse problems; a secondary analysis of the CRPs' databases to map current CRP practices and to analyse referral processes; and a qualitative study of the perceptions of a diverse sample of stakeholders with regard to the functioning of CRPs.

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3 In the qualitative study, 4 respondent groups, reflecting a rich diversity in perspectives, were
4 interviewed: (1) CRP staff members (N=13); (2) staff members from community services that regularly
5 treat CRP clients (N=20); (3) staff members from the justice field that have regular contact with CRP
6 clients, and, in Flanders, staff members from Judicial Social Welfare (N=21); and (4) CRP clients (N=31).
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8 About half of the participants were Dutch-speaking (43/85); and about half were French-speaking
9 (42/85). The interviews were structured by a list of questions (slightly adapted to each respondent
10 group) about daily practice, client characteristics, cooperation with other services, and challenges for
11 the future. The topics were based on the instruments developed in previous research on the evaluation
12 of Drug Recovery Wings (Powis, Walton & Randhawa, 2014) and the evaluation of Drug Courts (Vander
13 Laenen et al., 2013) (the topic list is available from the authors upon request). These questions were
14 discussed and developed collaboratively by the members of the research team. The interviews were
15 audio-recorded, transcribed verbatim and thematically analysed, using the software package NVIVO
16 by means of a coding scheme that was developed collaboratively by the researchers (both French- and
17 Dutch-speaking). The coding protocol involved 3 iterative steps: (1) immersion in the data and
18 development of the coding scheme; (2) actual coding on the Dutch-language and the French-language
19 data; and (3) final discussion based on the Dutch-language and the French-language results. The first
20 step (development of the shared coding scheme) consisted of 6 sub-steps: (a) immersion in the data;
21 (b) re-reading of 2 - 3 information-rich transcripts (separate for the Dutch-language and French-
22 language data) based on a preliminary coding scheme focusing on the added value of the CRPs, barriers
23 in relation to an optimal development of the CRPs and suggestions for the future; (c) identification of
24 preliminary codes based on the data (inductively) and on the literature (deductively) (MacDonald et
25 al., 2012; 2013); (d) testing the coding based on a larger sample (n=10) of interviews; (e) refinement
26 of the coding schemes (Dutch- and French-language versions); and (f) discussion among the
27 researchers to finalize 1 shared coding protocol. Quotations are used to illustrate and underpin some
28 of the reported findings.

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31 Furthermore, an exploratory registration study was carried out. Using a prospective study design,
32 characteristics from newly admitted clients were registered. These clients, if released, were contacted
33 by phone after 6 months in order to gain insight into how they evaluated their current psycho-social
34 functioning and the implications of the CRPs on their current support or treatment. The registration
35 forms consisted of questions/items (with multiple answer categories and/or space for qualitative
36 comments) for each client and were filled out by the CRP staff members. The questions on the form
37 related to demographic variables (e.g., living situation, employment status, educational level, ...);
38 judicial variables (e.g., referring actor, judicial status, ...); information on substance use (e.g., main
39 product, frequency of use, method of using, ...); history of substance abuse treatment (e.g., number of
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3 residential and out-patient treatment episodes); an estimate of the presence of problems in different
4 life domains, such as physical and mental health, employment, and social relationships (cf. EuropASI-
5 domains, Kokkevi & Hartgers, 1995); information on the service to which the client has been referred
6 and the outcome of the referral/treatment (e.g., the acknowledgement of the referral and whether or
7 not treatment has been started). Due to the lack of standardized measures, the small sample size and
8 the exploratory nature of this part of the study, the results concerning psycho-social functioning and
9 the effects of the CRP on referrals and treatment outcomes are limited and cannot be generalized.

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11 In addition, the tasks of the CRP staff members were objectified by means of registration forms filled
12 out by the staff members. Staff members were asked to record the time they invested during a week
13 in relation to conversations with clients (topic, length of conversation, ...), contacts with other
14 professional staff members (in- and outside prison), and referral and reporting. The staff members
15 were also asked to record the time invested in activities related to entering and leaving the prison and
16 waiting for a client before a conversation.

26 **Results**

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28 The results are structured on the basis of the main objectives of the CRPs: (1) providing information
29 about available (substance abuse) treatment services; (2) increasing motivation and readiness for
30 counselling or treatment; and (3) making contact with and referring to (substance abuse) treatment
31 services (cf. Introduction). During the study, a 4th key objective became clear: signalling, which will be
32 clarified later in this paper.

37 ***CRP objective 1: Information – Number of clients reached and client profile***

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39 The first part of this section provides the context in which the CRPs were operating at the time of the
40 study. 2182 clients registered for an appointment with one of the CRP staff members in 2014
41 (reference year of the study) in Brussels, Wallonia and Flanders. Of these clients, 80.2% had one or
42 more (intake) interview(s). In the years registered (2012-2014), the number of clients that were seen
43 each year remained fairly stable. The Belgian prison population increased systematically within the
44 same period (as the prison population increased to 11,107 people in 2012; to 11,732 people in 2013;
45 and to 11,769 people in 2014) (Federal Public Service of Justice, 2016; Statistics Belgium 2015). This
46 increase in prison population was not compensated for by an increase in the number of staff members,
47 leading to a significant number of clients (19.8%) who were not seen by CRP staff members, partly due
48 to the waiting time between the time of registration and the first conversation.

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50 By means of a secondary analysis of available CRP databases, the client profile was analysed. The
51 majority of the clients were between 20 and 35 years old and male. The CRPs appeared to reach a
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3 slightly older group and more female prisoners, as compared to the general prison population. 78% of
4 the CRP clients were Belgian citizens, which is significantly higher than the general prison population
5 (Federal Public Service of Justice, 2015). This may point to difficulties in reaching people with a non-
6 Belgian nationality, which has been noted in other studies as well (Brosens et al., 2015; 2017). On
7 average, 47.4% had been convicted and 46.3% were in remand. The CRPs reached proportionately
8 more defendants and fewer convicted detainees, as compared to the number of defendants and
9 convicted detainees in prison in 2014 (Federal Public Service of Justice, 2015). This finding could be
10 explained by the fact that the defendant's participation in (substance abuse) treatment can be one of
11 the requirements for conditional release. With regard to the substances that were abused, opiates
12 (both heroin and substitution medication) (29,5%) and alcohol (20,1%) were the most frequently
13 mentioned primary substance. The abuse of cannabis (14%) was also frequently cited.

22 **CRP objective 2: Motivation – What facilitates and impedes the motivation and readiness for** 23 **treatment?**

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26 Most of the results summarized for this objective are based on the qualitative study of the perceptions
27 of the different stakeholders (staff members and clients) in regard to the functioning of CRPs.

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30 The participants indicated the CRP staff members' independent position as a strength, as it facilitated
31 a neutral perspective towards the clients.

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34 *"You can disclose your story in full. You don't have to fear that your story will end up with the*
35 *PsychoSocial Service in prison (...). You can tell things without being punished for it."* (client)

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38 Subsequently, the CRP staff members' confidentiality was experienced as a necessity by various actors.
39 Clients also indicated that this confidentiality reinforced their confidence in the CRP staff members. It
40 facilitated open and free communication, which improved the accessibility of the CRPs. In addition, the
41 CRP clients attached great importance to the staff members' personal approach. The clients mainly
42 appreciated the caring and emotional support. The empathic, non-intrusive and unprejudiced attitude
43 and practice were reported to increase their motivation to start (substance abuse) treatment.

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45
46 *"The CRP does not impose anything. (...) It focuses not on what they want, it focuses on what I want,*
47 *and I find this positive."* (client)

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50 *"The CRP [staff members] know what they are talking about. They know the treatment system like*
51 *the back of their hand. This helps tremendously. (...) Yes, in prison you are not able to go to anybody*
52 *else who knows this so well."* (client)

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3 *“It would be good if they could force something [treatment after detention]. (...) They have already*
4 *called by phone several times, but nothing specific up until now. But it is worth a lot that they offer a*
5 *listening ear. Actually, that is the most important for me. (...) After each conversation, I have been able*
6 *to get rid of some things.” (client)*
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10 *“I have never had the feeling that I was pushed away. Even though I am not the only one that counts*
11 *on her [CFR staff member], she takes her time, every time again.” (client)*
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14 In addition, treatment providers indicated that the waiting period between the client’s decision to
15 register, the first conversation, and the start of the counselling or treatment negatively impacted the
16 client’s motivation to participate in treatment or counselling. This is often ascribed to the specificities
17 of working in a prison context:
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21 *“Some prisons have regulations: you can see individuals between 8 and 11:30 a.m. (...) I have to state*
22 *beforehand which persons I would like to see. When I arrive there after 2 weeks, then I find that people*
23 *have written a report note (to make an appointment), but I can’t call them, as they are not on the list.*
24 *They are then postponed for 2 weeks.” (CRP staff member)*
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29 Some clients referred to the waiting period until the first conversation with a CRP staff member as a
30 factor that hinders motivation. A decrease in motivation for treatment also turned out to be associated
31 with reduced participation in various forms of treatment in studies on drug treatment court (DTC)
32 participants (Vander Laenen et al, 2013; Evans, Li & Hser, 2009; Wittouck et al., 2014).
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36 **CRP objective 3: Referral – Factors that facilitate or impede referral**

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38 In line with the previous sections, most of the results summarized for this objective are based on the
39 qualitative study of the perceptions of the different stakeholders (staff members and clients) in regard
40 to the functioning of CRPs.
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44 Several factors facilitate or impede referral to (substance abuse) treatment. The CRP staff members’
45 extensive expertise and experience about substance abuse treatment and the organization of
46 (substance abuse) treatment services turned out to facilitate access to, and cooperation with,
47 (substance abuse) treatment services. The participants considered this to be an important link with
48 reintegration. The staff members’ familiarity with (substance abuse) treatment services also facilitated
49 smooth referrals, since mutual confidence was already established.
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54 *“They (the CRP staff members) know the available treatment very well (...). They don’t impose their*
55 *ideas. They don’t say: “do this or do that”. (...). They also don’t give up when they do not find a place*
56 *immediately (...). They do not give up, despite my difficult past.” (client)*
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5 The waiting period between the registration and the first conversation with a CRP staff member
6 complicated a smooth referral (cf. above). Furthermore, several actors from the 3 CRPs indicated a
7 certain degree of resistance and prejudice with some treatment providers concerning counselling or
8 treatment of detained people with substance abuse problems. The unavailability of (substance abuse)
9 treatment services was mentioned as an additional difficulty in initiating the most appropriate
10 (substance abuse) treatment.
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16 *“We see an increasing number of [persons with an intellectual disability and addiction], and treatment*
17 *is not really prepared. (...) Then you go to substance abuse treatment. They say ‘yes, but he has an*
18 *intellectual disability, we do not know anything about that.’ And then you go to the disability field, and*
19 *[they say] ‘he has a drug problem, we don’t know anything about that.’” (CRP staff member)*
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24 **CRP objective 4: Signalling as an additional main objective**

25
26 During the study, a fourth key objective became clear. An important finding showed that one-third of
27 the clients never attended an outpatient or residential service for substance abuse problems before.
28 This illustrates that the CRPs managed to reach a group of clients who were not previously reached by
29 (substance abuse) treatment services. Based on registration in the prospective part of the study, this
30 group of clients experienced difficulties in various life domains - physical and mental health,
31 employment, family and social relationships, financial situation and justice system - in addition to
32 difficulties concerning substance abuse. This complexity underscores the importance of care and
33 support focusing on multiple life domains after detention as well.
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40 The time invested by CRP staff members in preparing and completing client-specific and client-
41 transcending activities was objectified by means of a registration form. This registration showed that
42 the staff members’ tasks involved more than client-specific activities alone, and included conversations
43 with clients (20-32% of working time) and client-supporting activities, including
44 consultations/meetings about clients, administration and preparing and monitoring client files (38-
45 40% of working time). A significant part of the working time was registered as client-transcending
46 activities, such as trainings and seminars, team meetings, drafting year/activity reports (12-51%) and
47 other activities (9-18%) that are specific to working in a detention context and cannot be directly linked
48 to individual clients: transfer to prison, checking in and out of prison, waiting for clients before a
49 conversation, etc.
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57 **Discussion**

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3 The global results of this evaluation study point towards the added value of CRPs for drug users in
4 prison. The clients, as well as the other stakeholders, emphasized the added value of the CRPs in terms
5 of informing, reaching, motivating and referring prisoners with a substance abuse problem. Yet, more
6 research on the outcomes in relation to linkage to treatment, substance use rates, recidivism, and
7 other relevant indicators (e.g., employment, housing, ...) is definitely warranted to further corroborate
8 these findings. Experiences in other countries (such as the UK, cf. Lloyd et al., 2017) have made it clear
9 that 'good intentions' do not necessarily lead to positive change and that leaving prison is an extremely
10 challenging period for (ex-)prisoners. The evaluation study on the Drug Recovery Wings by Lloyd et al.
11 (2017) clearly showed that preparing and supporting prisoners for release (e.g., in relation to
12 accommodation, relationships and employment) is crucial.

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15 In this study, clients reported feeling understood and experienced support and new opportunities. In
16 addition, clients indicated that the CRPs increased their motivation to start substance abuse treatment.
17 Care providers, on their part, stressed the beneficial collaboration with CRP staff members in terms of
18 a smooth referral to their service. Judicial actors and welfare service providers emphasized the added
19 value of the staff members' attitude, focusing on positive client characteristics and on strengths. The
20 following facilitating elements were mentioned by the different actors: (1) the expertise and
21 experience of the CRP staff members with regard to substance abuse and substance abuse treatment
22 services; (2) the confidentiality and independent positioning of staff members (from the justice system
23 as well as from (substance abuse) treatment services); (3) the client-oriented, motivational and
24 unprejudiced attitude of staff members; (4) the accessible and non-intrusive approach of staff
25 members; (5) the close, honest and confidential cooperation with (substance abuse) treatment
26 services; and (6) a shared vision and openness to dialogue with (substance abuse) treatment services.

27
28
29 The long waiting period until the first conversation with a staff member was mentioned as an area for
30 improvement by some clients. All CRP staff members stated that the main reason some clients were
31 not seen was that they had already been released before a first conversation could take place. This
32 might indicate that differences between a judicial rationale and a treatment rationale might conflict
33 (Vandevelde et al., 2017). Moreover, the negative effects of being on a waiting list in relation to
34 treatment linkage has been shown in previous research (Hser et al., 1998; Redko et al., 2006). The low
35 accessibility of detainees with a non-Belgian nationality could also be regarded as an area for
36 improvement. To reach foreign-language detainees, they must have access to information regarding
37 available care in a language they understand (Brosens, De Donder, Dury & Verté, 2015).

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40 The development of standardized registration forms (used in the prospective study) made clear that
41 the CRPs fulfilled an important role in signalling structural barriers to (substance abuse) treatment

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3 services and the public authorities. The systematic registration enabled comparison of the CRPs, which
4 pointed towards barriers and possible exclusion criteria in the range of available treatment services.
5 This study identified difficulties regarding referral because of limited availability of services, differences
6 in the expectations of the involved actors about the most appropriate form of care, and the willingness
7 of care providers to counsel or treat people with a judicial status (which has been mentioned in other
8 research as well: Belenko, Hiller & Hamilton, 2013; Smith & Strashny, 2016). Challenges were also
9 observed regarding referrals of drug users with additional psychiatric problems, which is consistent
10 with previous research findings concerning persons with a dual diagnosis (see e.g. Moyes et al, 2016;
11 Priester et al., 2016; Vandeveldel et al., 2015).

12 *Essential preconditions for optimal functioning of the registration points*

13
14 Our study revealed a number of preconditions, which were essential to promoting the clients'
15 motivation for counselling or treatment and to facilitating the orientation towards, and referral to,
16 (substance abuse) treatment services. According to the interviewed actors, essential preconditions to
17 safeguarding and to further consolidating a high-quality practice included the following: an adequate
18 number of CRP staff members and resources; consensus about the function, job content and mandate
19 of the CRPs; systematic disclosure about the existence and functioning of the CRPs to all new detainees
20 and to stakeholders inside and outside prison; easy access to detainees in prison for CRP staff; the
21 provision of a telephone and/or computer for CRP staff members during waiting periods and/or in
22 meeting areas in prison; an increased willingness and availability of external (substance abuse)
23 treatment services to consult with or treat detainees; the further expansion of consultation and
24 treatment options for specific target groups (e.g. women, clients on electronic surveillance, foreign-
25 language speakers, people with a non-Belgian nationality) and clients with additional problems
26 (intellectual disability, psychiatric disorders).

27 *Recommendations for practice and policy*

28 *Practice*

29
30 The reported findings point out the value and importance of the CRPs regarding the 3 previously
31 mentioned objectives for which they were established: (1) providing information about treatment
32 services; (2) increasing clients' motivation and readiness for counselling or treatment; and (3) referring
33 clients to, as well as establishing contact with, treatment services in the community.

34
35 Based on the research findings, 2 factors seem to be of paramount importance in the CRPs' successful
36 daily practice: the confidentiality and the specific expertise in (substance abuse) treatment.

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3 A combination of maximal provision of health and social services with (drug-specific) treatment in
4 prison is desirable in order to realize high-quality care for detainees (Michel et al., 2015; Vanhex,
5 Vandeveld, Stas & Vander Laenen, 2014). Investments should be made in expanding a (drug)
6 treatment offer in each prison, as well as an integrated drug policy. A continuum of interventions is
7 advised in order to provide services that are tailored to the needs of every detainee. These
8 comprehensive and integrated services should be based on evidence-based interventions (Enggist et
9 al., 2014).

15 *Policy*

17
18 The present study led to the identification of factors that facilitate referral of detained substance
19 abusers to (substance abuse) treatment and aftercare: the extensive expertise of CRP staff members,
20 their experience about substance abuse treatment and their cooperation with (substance abuse)
21 treatment services outside prison. This is highly important, as the prevalence of substance abuse
22 problems appears to increase the risk of overdose and mortality after being released from prison,
23 independent of socio-demographic, criminological or familial factors (Chang, Lichtenstein, Larsson &
24 Fazel, 2015). Participation in aftercare reduces this risk of recidivism and drug use after detention
25 (Belenko, Hiller & Hamilton, 2013; Galassi, Mpofu, & Athanasou, 2015). Aftercare is most important in
26 the first 3 months after detention, because the risk of recidivism is highest during that period. A link
27 between prison and (substance abuse) treatment outside the prison walls is very important to achieve
28 continuity of care and long-term effects (Enggist et al., 2014). International examples that focus
29 strongly on peer support or experts by experience can offer inspiration for the implementation of
30 aftercare to support detainees during their reintegration into the community.

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33 Currently, an inclusive and qualitative (substance abuse) treatment offer for detained drugs users is
34 lacking in Belgian prisons – a fact that has been referred to, and criticized, multiple times in the
35 literature (Favril & Vander Laenen, 2013; Vander Laenen et al., 2017). This situation is not in
36 accordance with the Belgian Basic Law that explicitly specifies the right to healthcare in detention and
37 care equality between the community and the prison context (Art. 88 Basic Law). By the same token,
38 interventions in prisons in other EU member states still do not observe the principle of equality as
39 described in international recommendations by the United Nations General Assembly, UNAIDS/WHO
40 and UNODC (Enggist et al., 2014).

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43 The European Union Drugs Strategy (2013-2020), the UNGASS resolution (2016), and the
44 recommendations of the WHO (2014), UNODC & WHO (2013) and The Lancet Commission on global
45 mental health and sustainable development (Patel et al., 2018) explicitly suggest that special
46 consideration should be given to strengthening and expanding high-quality care and continuity of care

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for drugs users in prisons, in order to reach a care level equal to what is being offered in the community (Michel et al., 2015). Although it is important to keep in mind that the results and recommendations should be considered as tentative, CRPs can be regarded as one of the 'building blocks' that contribute to these goals.



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