

Abstract of the RECO-PRIS bis research project

The research project "RECOvery in PRISON *bis*" (RECO-PRIS *bis*) builds on a study completed in September 2020 (RECO-PRIS) that intended to evaluate pilot projects aimed at developing a drug treatment program for persons in detention in three Belgian prisons (Hasselt, Lantin and in the Brussels Penitentiary Complex (Sint-Gillis and Berkendael)). The projects had an initial duration from December 2017 until the end of July 2020 and have been extended until the end of July 2022. This study was commissioned by the Federal Public Service Health, Food Chain Safety and Environment. The study took place from January 15, 2021 to September 30, 2021 and was conducted by a team of researchers affiliated to Ghent University (UGent), more specifically the departments of Orthopedagogy and Criminology, Criminal Law and Social Law, and the National Institute of Criminalistics and Criminology (NICC). The central objective of RECO-PRIS *bis* consisted of the development of a screening instrument and the definition of an optimal care trajectory (including post-detention) for detainees with a substance use disorder. In addition, a guide of good practices was elaborated, bringing together the essential conditions for the implementation of such projects in other prisons.

To achieve the abovementioned objectives, a multi-method research design was used:

- a **literature review** concerning screening instruments and the treatment of detainees with substance abuse problems, with a particular focus on the intercultural aspects of these problems,
- a **registration study** with the aim of (further) developing an instrument for clinical practice within the projects,
- **focus groups** with the aim of mapping the skills, characteristics and experiences related to the screening and treatment of detainees with substance use disorders. In addition, attention was also paid to the cross-cultural aspects that may have an impact on these domains. The organization of these meetings also offered the opportunity to explore perspectives to underpin policy-related issues regarding treatment of substance use disorders in prison settings and to gain a better understanding of the practical and substantive elements/conditions that should be taken into account when implementing projects in other prisons in Belgium,
- monthly **interview meetings** with project representatives and experts from the medical services of the involved prisons, with the aim of mapping the preconditions and actions needed to implement good practices in other prisons of the country.

This research resulted in practical recommendations for policy, pilot projects and prisons. The main recommendations are summarized below. For more information, see Vandeveld and colleagues (2021) (final report of the RECO-PRIS *bis* study) and the guide for the implementation of projects aimed at detainees with substance use disorders in other prisons.

Recommendations at the policy level

Cooperation between the ministries of justice and health and other partners

- The Basic Law on the rights of prisoners and the widespread international standards and recommendations can be summarized in three main principles: 1) Health in prison is public health, 2) Equivalence between health care in prison and in society should be promoted, 3) Promotion of continuity of care between prison and society is necessary.
- There is a need for consultation and coordination between the different governments (federal and regional) to further develop (projects aimed at) addressing issues related to substance abuse in prisons.
- It is also essential to involve the partners in the field, i.e. the members of the ongoing projects and the experts of the specialized drug treatment services within the society, in order to define both the target groups and the objectives of support and registration.

- It is essential to further strengthen the medical services, both in terms of staff numbers and in terms of the composition of the (multidisciplinary) teams (see also Mistiaen et al., 2017).
- The importance of a global and integrated approach is related to the specific and complex needs persons with drug abuse problems who also have problems in various other life domains. In this sense, this specific approach should also be part of the basic and continuous training of all teams in prison medical services.

Equivalence of care in prison and in society

- It is recommended to involve partners/experts in the field of substance use disorders in the further development of support/treatment in prison, for example by creating constructive partnerships with the different partners and by recruiting staff members who can take the role of "bridge functions" (i.e. people who partly work in prison and partly in an external care institutions/services specialized in substance use treatment). These bridge functions are essential to facilitate the transition to the "outside world" and the continuity of care after release. In this sense, constructive and structural relations between the services working inside the prison and those working in the community are essential.

Composition of the team

- It is essential that projects have the possibility to recruit a wider range of professional profiles: in addition to physicians, nurses, and psychologists, educators and social workers should also be involved (Vandevelde et al., 2020). Moreover, involving experts by experience can help to restore the hope of achieving a better life and promote adherence to treatment (Enggist et al., 2014; Erp, Boertien, Scholtens & Rooijen, 2011; Vandevelde et al., 2016; Vandevelde et al., 2020). Furthermore, international research showed that experts by experience can support prisoners in their reintegration and rehabilitation into society upon release (Roebuck et al., 2018).

Evaluation

- The implementation of pilot projects is ideally accompanied by an evaluation to determine whether the intended objectives have been achieved. A distinction can be made between process evaluations, which examine the implementation of the projects in the prison context, and outcome evaluations, which analyze the effects of the treatment on the target population. The implementation of both types of evaluation is recommended and requires that projects receive enough funding to establish and implement systematic records of data needed for these evaluations. In that context, one of the objectives of the EVADRUG study was to formulate specific recommendations for recording and measuring such data (for more information see the RECO-PRIS bis guide and the EVADRUG study) (Vander Laenen & De Pau, 2021).

Importance of structural funding

- The uncertainty related to the continuation of the projects hinders their structural embedding in the prison and is a heavy psychological burden for the project staff. The instability of project funding and the short-term contracts awarded to project members were often cited as challenges. These issues in turn increase turnover, which undermines the continuity of the projects and also leads internal prison services (medical services, correctional officers, psychosocial services) to question the legitimacy of these projects (Vandevelde et al., 2016). For these reasons, it is recommended that effective projects be given structural funding.
- The need for structural anchoring and funding also implies a change in the status and designation of the projects. Consequently, it is recommended that the projects are no longer be labeled as projects, but should be named as a particular service.

Recommendations for the pilot projects

Networking, developing constructive partnerships and creating a support base in the prison

- As elaborated in the RECO-PRIS recommendations (Vandevelde et al., 2020), in the initial phase of the project sufficient attention should be given to the development of a support base in the prison. This can be achieved by establishing constructive collaborations with internal and external partners.
- It is particularly important to develop a good collaboration with correctional officers, who are the "eyes and ears of the prison" and are closest to the inmates (Beyens et al., 2021). Good cooperation with other internal prison partners (e.g. medical service, psychosocial service, etc.) and with external services is also important to ensure that the exchange of information can be optimal and that continuity of care can be promoted.

Expanding the target group

- It is recommended that all detainees, especially the most vulnerable, are able to receive treatment at any point during their detention. In this context, it is also recommended that additional resources be devoted to non-Belgian detainees and/or detainees with a migration background: for example, creating posters in different languages to make the work of the projects more visible (multilingual detainees could also play a role in this area), using the initiatives that are emerging in this domain and that can be used as prevention or communication tools (see <https://www.picture-it-in.org>) and providing adapted resources (e.g. translation) for this specific population.

Screening and evaluation

- Regarding screening, it is recommended that medical services conduct a brief screening of all people entering the prison (SAMHSA, 2015; Nicholls, 2018; Shaw, 2008). This initial screening should be integrated in the entry protocol and should include a focus on drug use and support needs in order to create an individualized care plan (or detention plan) (Mistiaen et al., 2017; Nicholls, 2018; SAMHSA, 2015; Shaw, 2008). In a second phase, a detailed assessment can be conducted by the project staff members, after at least a minimal trusting relationship has been established with the detainee (SAMHSA, 2015). In this context, an instrument was developed in consultation with the pilot projects and based on scientifically validated tools and resources. The feedback regarding the feasibility of the instrument showed that the developed instrument is an appropriate tool. In order to properly carry out this screening, certain preconditions must be met: providing and organizing training for the staff who will carry out this screening, ensuring sufficient staff, a good knowledge of general and specialized care and support networks in order to adequately refer detainees with a request for help (depending on their specific issues), clear GDPR regulations whereby consent can be obtained from incoming detainees without compromising the confidentiality of the information collected, and organizing the collection of data through a computerized system in order to facilitate the preservation and transmission of data and ensure continuity of care.
- Finally, it is recommended to repeat the screening at several key moments during detention (during a transfer, after isolation or when there is a change of detention regime) (NICE, 2017). Indeed, continuous screening is essential to fine-tune support when different changes occur during follow-up (NICE, 2017; SAMHSA, 2015; Nicholls, 2018; Shaw, 2008). Repeated screening according to the different phases of detention, combined with care/guidance during the period of detention, helps to promote and develop a global/comprehensive approach to treatment and support of people in detention (NICE, 2017).

Treatment model, training and intervision

- The definition of an optimal care pathway should include specific interventions at different levels, which can be adapted depending on the detainee's situation: prevention, harm reduction, health promotion, etc. The implementation and development of this model requires consultation and agreements between the different governments in the country, depending on whether it consists of federal or regional responsibilities. In this sense, the organization of inter-ministerial conferences could promote this cooperation. The involvement and active cooperation of these two entities is also essential for the proper functioning of this type of project and for promoting continuity of care.
- A global and integrated low-threshold treatment model is recommended. In that regard, it is also essential to ensure the specificity of the approach. While little is known about the interaction of factors that contribute to the positive outcomes attributed to particular treatments, it is clearly recognized that within the prison population, a particular intervention with positive mental health outcomes does not guarantee the same outcomes with respect to treatment of substance use disorders (De Andrade et al., 2018; Yoon et al., 2017). A specificity of approach is therefore essential whereby a care plan is tailored to the needs and expectations of each beneficiary (NICE, 2017; De Andrade et al., 2018; Yoon et al., 2017; Perry et al., 2019; Hopkin et al., 2018; Roebuck et al., 2018).
- Regular meetings between professionals from the pilot projects and medical services have also proven very useful and are therefore recommended for future projects (e.g., through intervision meetings). It is important that actors from Justice and Public Health (in this case, the projects and the medical service of the prison) can use moments of consultation such as the intervisions to facilitate collaboration. It is important to introduce these moments at the start of the projects to promote coherent timing. According to the project representatives, these moments facilitate the link with the other projects and their respective contexts, which can be very different, and allow for mutual support and enrichment. The organization of these intervision meetings, face-to-face and within the different prisons, facilitates people to learn to know other projects, and other contexts, and aims to initiate reflection on alternative ways to address the challenges faced by the projects.

Continuity of care

- Continuity of care before, during and after a prison sentence can also be promoted through the implementation of specific initiatives such as case management. In particular, case management can promote continuity of care during moments of transition (Vanderplasschen, Rapp, Wolf & Broekaert, 2004; Vanderplasschen et al., 2011). However, it requires specific preconditions, such as the expansion of a project's mission and the provision of additional budgets to accommodate the added workload (Vandeveldt et al., 2016). The literature suggests that the implementation of case management allows for the monitoring and evaluation of care trajectories, even after release, and reduces the high risk of recidivism in the three months after release (Ibid., 2016). The literature mentions different forms of case management, depending on the needs and problems of the beneficiaries. These forms of case management can vary in duration and intensity (Vanderplasschen, Wolf & Colpaert, 2004; Rapp, Van Den Noortgate, Broekaert & Vanderplasschen, 2014).
- In addition, there is a need to increase collaboration with all community services and to strengthen ties between the prison and the community by, for example, creating constructive collaborations with institutional structures and establishing formal protocols for post-release referrals (Roebuck et al., 2018). Establishing a coordinated care plan with care teams inside and outside the prison could significantly improve the quality of information provided upon release and could facilitate

the mobilization of external services when (ex-)detainees have specific housing or mental health needs, for example (Ibid., 2018).

Recommendations for prisons

Inform

- As described in the first study (RECO-PRIS) (Vandevelde et al., 2020), the implementation of a pilot project in prisons can be facilitated by announcing the arrival of the project to all stakeholders, both prison staff and detainees. This can be done through various channels: official communication through the intranet, an information session organized by the projects to introduce the team to prison staff, establishing contacts, etc.
- In order to ensure that the new project is received with an open mind, it is important to pay attention to any negative experiences with previous projects and their consequences in terms of, for example, project fatigue, as these can trigger negative expectations towards new projects (Arbiter & Mullen, 2020).
- The mission of the new project can be communicated to the different actors involved by means of information sessions with the project members, which can also enhance the visibility of the project (Vandevelde et al., 2016).

Welcome

- The start of a pilot project in prison can be facilitated by providing the necessary logistical resources needed for consultations with the prisoners (for example, an office space for the team, a room where (individual or group) consultations with the prisoners can be conducted and in which confidentiality/privacy can be guaranteed, access to a computer,...).
- The implementation of a project in a prison also implies that access to the prison and the prisoners is facilitated for the project staff. In this context, it is important that the projects establishes constructive relations with the correctional officers and the different internal services of the prison (for example, the medical service).

Support

- Prison management can also play an important role in supporting projects' initiatives to provide information and training on issues related to substance use and its treatment for correctional officers and other internal staff (e.g., medical staff).
- In addition, existing initiatives can facilitate optimal implementation and integration of the project. In the prison of Hasselt, for example, the presence of the drug-free wing and its good functioning made it possible to raise awareness among prison staff of the necessity of drug treatment for inmates with substance use disorders. This openness regarding the care of drug users during their detention period had a positive impact on the prison climate and on the integration of the project.

Recommendations for the implementation of projects in other prisons

This section is further elaborated in the guide for the implementation of projects aimed at drug treatment for persons in detention (see RECO-PRIS bis guide). The table below summarizes the main sections of this guide in which information and hands on support is provided on the preconditions for implementing projects in other prisons in Belgium. The guide is divided into five chronological sections, using a step-by-step approach.

Sections	Sub-sections
1. Establish a national steering committee	A. Ensure the involvement of all stakeholders and the collaboration between experts in the field and political actors B. Decide which prisons to be included C. Define policies D. Set a budget/structural funding E. Registration and evaluation
2. Preparatory phase	A. Implementation study B. Define missions and objectives of the project based on the needs and challenges specific to the particular prison context C. Define target group D. Decide on the model to be implemented E. Hire a professional team, train team members F. Determine materials/logistics to be provided G. Inform, educate, communicate (IEC strategy)
3. Implement the program at the prison level	A. Prepare prison staff for their role in the project B. Establish a local steering committee that meets regularly C. Introduce a peer support system with current projects and new projects (through intervision meetings)
4. Development of the program in prison	A. Collaboration and networking among internal and external services B. Screening and assessment C. Treatment
5. Monitor, evaluate & quality assurance	A. Continuous monitoring B. Complete process evaluation and adjust based on results (identify problems and solutions) C. Perform outcome measurements to determine if goals were met D. Involve staff from internal services and detainees through a satisfaction survey

Table 1: Summary of the different sections elaborated in the RECO-PRIS bis guide (UNODC, 2014).

The two sections below summarize the main recommendations for implementing projects in other prisons around the country.

Importance of collaboration among experts

As described in RECO-PRIS (Vandeveldt et al., 2020), a number of basic principles should be taken into account when implementing sensitive projects in other prisons around the country:

- health care for prisoners is a matter of general public health,
- high-quality health care and support in prison is beneficial to general public health and post-incarceration reintegration,
- supporting the collaboration between health services working in prisons and the FPS Public Health is an additional essential element,

- it is important to take into account the contribution of staff in the field, penitentiary services and health advisors when developing a federal policy.

A good preparation requires the identification of interested and competent experts within different domains: experts from the different ministries (Justice and Public Health, and in the communities), correctional officers and experts in the field, i.e. community-based organizations specialized in the treatment of problems related to drug abuse. It is also recommended to involve prisoners in the process starting from the preparation phase. A close collaboration during the preparation phase is necessary to ensure that the complex realities of the prison context and of the treatment of prisoners with substance use disorders are adequately taken into account. These collaborations lead to joint commitments and decisions, especially regarding the budgeting and financing - and thus the division of responsibilities - of future projects. It is essential that experts from different fields work together in a constructive manner to address the questions and difficulties of the different actors in the process. Meetings can be held to provide the necessary information regarding the added value of these projects. Collaboration with and sensitization of stakeholders can be done in different ways: by organizing regular steering committee meetings and meetings between projects that bring together stakeholders from different fields, but also by visiting programs in other prisons.

A gradual start-up and support of new projects

In light of the results of the RECO-PRIS study (Vandeveldel et al., 2020), it also seems appropriate to implement new projects gradually, first for example in two or three prisons, and to support the projects through peer support. In this way, members of ongoing (active) projects can assume the role of mentor for the new projects. This status gives them recognition and legitimizes their acquired skills and experience, and in addition, members of new projects are supported. As already mentioned, the added value of regular intervision meetings with project members, prison staff (e.g. medical staff and correctional officers) and external advisors/supervisors has also become evident. These intervision meetings bring people around the table and allow them to get to know each other (better). Freedom of expression and collaboration are encouraged: the exchange of good practices and difficult situations can take place in a context of trust. Research shows that these meetings reduce stress and burnout symptoms and increase self-confidence and decision-making skills (Shaw et al., 2008). The structural and operational implementation of new projects takes time, both to start up and to roll out. This is a long-term process and requires sufficient resources to ensure future financial stability.

General conclusion

The treatment and health care of prisoners with substance use disorders requires the involvement of different ministries, both at the federal and community level, as well as the collaboration with the management of the different prisons and with drug treatment experts. It is recommended to give the ongoing projects the opportunity to develop further and to take into account their expertise when implementing a global and integrated treatment approach (NICE, 2017; SAMHSA, 2015). In addition, it remains essential to further strengthen medical services, both in terms of capacity and in terms of the composition of (multidisciplinary) teams, which requires additional financial investments. Similarly, connections between the services in prison and services in the community should be promoted (Vandeveldel et al., 2016) in order to promote continuity and equivalence of care, but also to share the expertise and good practices. In that regard, research shows that interventions (e.g., cognitive behavioral therapy) that are effective for mental health

problems in the general population are not necessarily effective in a prison context (Beaudry et al., 2021; Fazel et al., 2016; Perry et al., 2019). Therefore, it is necessary to implement interventions adapted to the specificities of prisoners with substance use disorders (Fazel et al., 2016; De Andrade et al., 2018).

Equally important is the commitment to ensuring the continuity of projects. This is expressed through taking concrete decisions in terms of sustainability, employment stability and structural integration of successful projects (Vandevelde et al., 2016).

Finally, the specific characteristics of each prison, which can have an impact on the context, must be taken into account. For this reason, projects should be adapted to the prison in which they are implemented. It is recommended to maintain the specificity of interventions for prisoners with substance use disorders while providing opportunities to adapt interventions according to the characteristics of different prisons (e.g. depending on the size of the prison, the infrastructure, the specific characteristics of the prison population, etc.). In conclusion, although the objectives of (future) projects may be the same, the way to achieve them may differ, depending on the opportunities/challenges presented by each prison.