

## Treating addiction in prison

Why bother?

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## What about drugs

In Europe?

EMCDDA SCIENTIFIC REPORT



An overview study:  
Assistance to drug users in European Union prisons  
Abridged version

EMCDDA  
August 2009

## Annual report 2010: the state of the drugs problem in Europe

## What about drugs

In (European) prisons?

Heroin and injecting  
Cocaine  
Ecstasy and amphetamines  
Cannabis  
New drugs and the Internet  
Responding to drug problems

**Prisons (situation)**



600 000 people in penal institutions in the EU

Reports of 10–30 % incarcerated because of drug law offences

Drug use prevalence much higher than among the general population

Increased overdose risk after prison release

Heroin and injecting  
Cocaine  
Ecstasy and amphetamines  
Cannabis  
New drugs and the Internet  
Responding to drug problems

**Prisons (responses)**



Entitlement to equivalent services as in the community

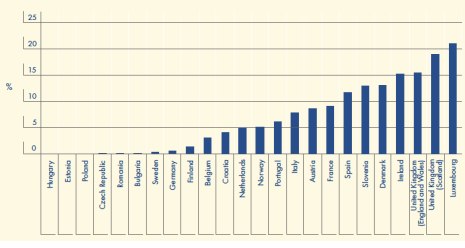
Some countries recognise the need to develop specific strategies and interventions

Transfer of prison health to Ministries of Health; integration of drugs or health services in prison

Development of specific standards

Heroin and injecting  
Cocaine  
Ecstasy and amphetamines  
Cannabis  
New drugs and the Internet  
Responding to drug problems

**Proportion of prison population receiving opioid substitution treatment**



Country	Proportion (%)
Hungary	0
Estonia	0
Poland	0
Czech Republic	0
Finland	0
Belgium	0
Germany	0
Sweden	0
Ireland	0
Belgium	0
Costa Rica	0
Netherlands	0
Norway	0
Denmark	0
Iceland	0
Austria	0
France	0
Spain	0
Slovenia	0
Denmark	0
Iceland	0
United Kingdom	0
Finland	0
United Kingdom	0
Scotland	0
Iceland	0
Iceland	0

**Conclusion EMCDDA november 2010**

- Drug use in Europe is overall stable, but with regional variations
- Changes in the supply and use of established drugs and the emergence of a record number of new substances test Europe's drug control models
- Europe's response to drug problems has increased in the last decades, will it decrease with economic austerity?
- There is still progress to be made in several areas (prevention, treatment, prisons)

Belgium

Drugs in Belgian Prisons

**Druggebruik in Belgische  
gevangenen**

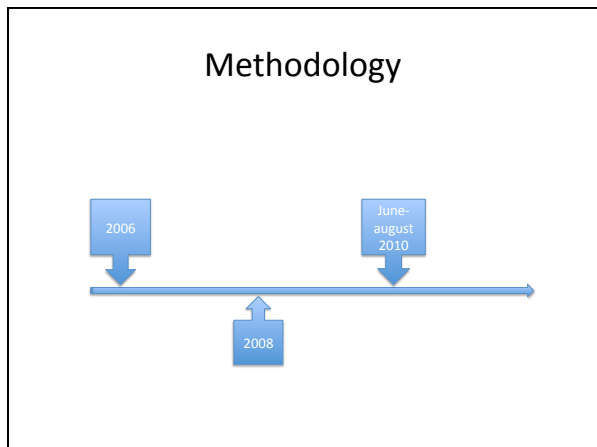
Tabellenrapport "Monitoring van gezondheidsrisico's: Editie 2010"

Lic. Cédrique Walthoff-Borm  
Prof. dr. Lieven Pauwels



Onderzoeksgroep Sociale Veiligheidsanalyse

Centre for the Study  
of  
Urban Crime & Delinquency  
**UCD**



### Methodology

- Self-report questionnaire
- Developed and tested in 2001 by "Dienst voor Gezondheidszorg Gevangenen (DGG)"
- First measurements 2003
- Questionnaire has been updated regularly.
- 2010 self-report, but in interview format by bachelor students (criminology, Ugent).
- 1395 questionnaires distributed
- All Belgian prisons
- Responded 1251 inmates
- = non-response rate 10,32%.

### Alcohol

- 11.3% inmates indicate being ever in treatment for alcohol problems outside prison.
- 4.2% has been treated for alcohol problems within prison.

### Drugs & psychoactive medication

- Only 25% of the ever-users used 1 substance
- 75% > than 2 different
- 35% has used more than 6 different products.
- !! Trend polysubstance use"

### Drugs & psychoactive medication

- About 75% of the users reported no previous treatment upon entering prison.
- 25% was engaged on treatment at the moment of imprisonment.
- Of these
- The majority (15.9%) treated substitution medication (methadon/buprenorphine)
- Only a small number psychosocial treatment.

### Continuation of treatment after imprisonment

- Of those who were treated with methadone/ Bupr. The treatment was continued in about 1/3 of the patients.
- For 2/3 the treatment was discontinued
  - 17.6% of the patients the treatment was stopped immediately arriving prison on request of the prison-Dr.
  - 37.6% tapering over couple of weeks.
  - 10% stop at request of the inmate self.

### Drug use during detention

### Drug use in prison

- Significant correlation between number of previous detention and current drug use in prison.
- No correlation with reason for imprisonment (drug related versus no drug related).
- Drug-initiation: only 11.7% of those who ever used drugs have indicated their drug use initiated within the prison.
- Polysubstance use before imprisonment correlated strongly with polysubstance use during detention ( $r = 0.636$ ).
- Less than 4% indicated overdose

However:

**ARE WE CERTAIN DRUG USE IN PRISON IS >> SOCIETY ?**

Substance abuse in prison

Treatment

Treatment

- Of all individuals who indicated having consulted the dokter or psychiatrist within the prison:
- 1/3 no medical prescription.
- 42.3% methadone or buprenorphine
- !Of those who reported overdose, only 53,3% consulted.

Conclusion Belgian Prison 2010.

- Ever-drug use inmates stable: 60,0% (2006), 65,5% (2008), 60.9% (2010).
- Most used products in prison: cannabis >heroin > benzodiazepens > cocaine.
- IV use and OD minority
- About half on the users seek medical consultation
- Most used treatment: substitution.

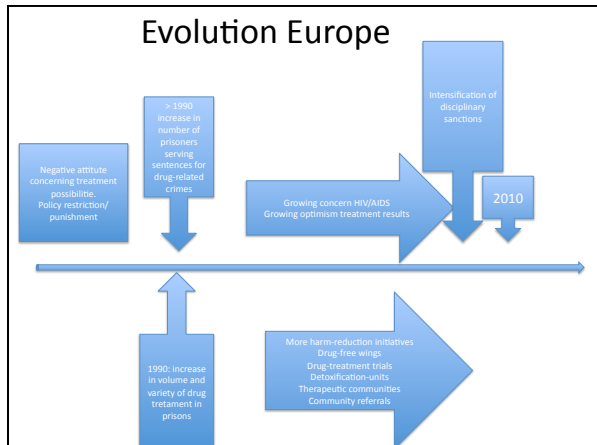
BUT.....

Geïnterneerden

Treatment

Treatment  
Service provision

- Equity or Equivalence**
- Health services (and thus addiction treatment services) in prisons should be broadly equivalent to health services (and thus addiction treatment services) in the wider community
  - Services based on assessed need
  - Services based on continuity of care, including aftercare
  - Services based on evidence regarding effectiveness of drug treatment interventions
  - Services directed to prevent the spread of communicable diseases such as HIV, HCV, TB



## Treatment

It works !

Marsden et al.(2009). Effectiveness of community treatments for heroin and crack cocaine addiction in England: a prospective in-treatment cohort study. *Lancet* 374; 1262-70.

- The results showed that among those who entered these treatments and were successfully followed up 6 months later (74% of the admission cohort):
- Average reduction of
- 64% in days of past-month heroine use.
- 61% in days of crack use
- 41% of cannabis use
- 23% in days of past-month alcohol use.
- At 6 months, about 37% of patients reported complete abstinence from heroine and 52% complete abstinence from crack cocaine.

## Treatment

Does it work inprison?

### Pelissier et al., 2003

- Sample: 1.842 male and 473 female
- Setting: multi-site, prison-based substance abuse treatment programs.
  - Residential treatment
  - 500 – 1000 H. Over 9 – 12 m.
  - Cognitive-behavioral model
  - Aimed at controlling ccriminal behaviors and drug use.
- Outcome: 3 year follow-up for recidivism and post-release drug use.

Pelissier et al. (2003). *Journal of Substance Abuse Treatment* 24, 149-160.

### Pelissier et al., 2003: caveats!

- Effect size of treatment “weak” and “hardly” statistically significant.
- Predictors recidivism:
  - Prior commitment
  - Occurrence of serious disciplinary infractions within 6 months prior to release.
- Predictors drug-use:
  - Prior commitment
  - Higher age upon release negative correlation

Pelissier et al. (2003). *Journal of Substance Abuse Treatment* 24, 149-160.

### Treatment

Service provision

### Gender

### Gender differences (Messina et al., 2010)

- Compared with men, female offenders have;
- Higherrates of childhood trauma and abuse
- Addiction
- PTSD
- Interpersonal violence
- Adolescent conduct disorder
- Homelessness
- Chronic physical and mental health problems

### Effectiveness of gender-responsive treatment (GRT) (messina et al., 2010)

- GRT:
  - ❑ Recognizing the importance of trauma in women's psychological development.
  - ❑ Avoid triggering trauma reactions
  - ❑ Adjust the behavior of counselors and staff to support women's coping capacity
  - ❑ Allow survivors to manage their trauma symptoms successfully to access, retain, and benefit from the services.
- GRT programs are designed to provide a secure environment for women offenders to safely discuss histories of trauma, abuse, and addiction without the fear of judgement.

### Messina et al., 2010 results

- Psychological improvement and self-efficacy:
  - No differences between TC +GRT versus TC.
- Retention and completion of aftercare
  - Longer retention in residential aftercare treatment and completion after care for GRT.
- Postrelease substance use:
  - Decrease in Drug Use Composite Score (?after correction covariates?). GRT
- Return-to-prison rates:
  - Odds of the GRT participants being returned to prison decreased by 67% compared with TC

### What are important treatment goals?

- "**abstinence** and **time in aftercare treatment** have been consistently found to be associated with positive outcomes for offenders, specifically reductions in reincarceration (Burden et al., 2004; Messina et al., 2006, 2010)".

### (methadone) substitution therapy in prisons

Does it work?

SEVIER

International Journal of Drug Policy 18 (2007) 466–474

www.elsevier.com/locate/drugpo

Review

## The impact of substitution treatment in prisons—A literature review

Anke Stallwitz<sup>a,\*</sup>, Heino Stöver<sup>b</sup>

- Results show that prison-based ST and especially prison-based methadone maintenance treatment (PMMT) can reduce drug use and injection in penal institutions.
- Moreover, PMMT provision can reduce injecting risk behaviours as well as drugs charges and readmission rates.
- However, for PMMT to retain patients in treatment and reduce illegal drug use and criminal behaviour a sufficiently high dose of methadone (e.g., >60 mg)
- and the treatment duration lasting the entire period of imprisonment appear crucial.

## Kinlock et al., results

- Results showed that prison-initiated methadone maintenance treatment was associated with greater duration of treatment in the community during the 12 months post prison release compared to counseling in prison with passive referral at release or counseling in prison with initiation of methadone treatment admission upon release.
- Counseling + Methadone participants were also significantly less likely than participants in each of the other two groups to be opioid-positive or cocaine-positive according to urine drug testing.
- "...These results support the effectiveness of prison-initiated methadone for males in the United States..."
- ....**HOWEVER**...

## Nunn et al., 2009 conclude

- We received responses from 51 of 52 prison systems nationwide.
- Twenty-eight prison systems (55%) offer methadone to inmates in some situations.
- Methadone use varies widely across states:
  - over 50% of correctional facilities that offer methadone do so exclusively for pregnant women or for chronic pain management.
  - Seven states' prison systems (14%) offer buprenorphine to some inmates.
- The most common reason cited for not offering ORT was that facilities "prefer drug-free detoxification over providing methadone or buprenorphine."
- Twenty-three states' prison systems (45%) provide referrals for some inmates to methadone maintenance programs after release, which increased from 8% in 2003;
- 15 states' prison systems (29%) provide some referrals to community buprenorphine providers.
- **Conclusion:** Despite demonstrated social, medical, and economic benefits of providing ORT to inmates during incarceration and linkage to ORT upon release, many prison systems nationwide still do not offer pharmacological treatment for opiate addiction or referrals for ORT upon release.

## "During-Treatment outcomes"

In prison

### Suggest positive results...

- Joe et al. (2010). Male methamphetamine-user inmates in prison treatment:during treatment outcomes.
- Welsh (2010). Inmate responses to prison-based drug treatment: a repeated measure analysis.
- ..show improvements on psychological and social functioning, motivation and treatment progress
- **However...do they and how do they relate with post release outcome..????**

### Prison based drug treatment

barrieres

### Kolind et al., 2010

- Within the last 15 years drug treatment programmes have increased in number throughout European prisons.
- In 2007 a new drug treatment initiative introduced in Denmark:
  - Day treatment for cannabis users and inmates in substitution treatment.
  - Voluntary & treatment has to be initiated no later than 14days after inquiry.
- **Long-term goal:** make clients drug free/make them reduce their abuse, prepare for a life without crime, and reduce the amount of drug inside prison.

### Kolind et al., 2010\*

- **The experiences of counsellors:**
- The (new) disciplinary regime:
  - Conflict between treatment philosophy and increasing focus on restriction and punishment.
- Interaction with the prison officers:
  - Programmes do not work when prison officers are not motivated and do not cooperate.
- The objectives of the programmes:
- Conclusions
- **Many restrictions hamper the implementation of treatment program.**
- **The intended long-term goals was not reached. Instead, goals of counselling are more directed towards more pragmatic aims such as alleviating the pain of imprisonment felt by the programme clients.**

\*International Journal Drug Policy 21, 43-48.

## What about the costs?



Journal of Substance Abuse Treatment 38 (2010) 31–41



Regular article

Economic evaluation of a prerelease substance abuse treatment program for repeat criminal offenders

Michael T. French, (Ph.D.)<sup>a,\*</sup>, Hai Fang, (Ph.D.)<sup>b,1</sup>, Ralph Fretz, (Ph.D.)<sup>c,2</sup>

## Wrapping up I

- Alcohol/drug use and abuse highly prevalent within forensic populations.
- Yes/No different with surrounding society.
- There seems to be evidence that prison-based SUD treatment can work.
- Most evidence for methadone maintenance
- In addition treatment of SUD may reduce reincarceration rate and related costs.

## Wrapping up II

- However, MMT not standard practice.
- However, SUD treatment not standard practice.
- However, barriers .....
- However, same story with all types of SUD treatment: effects of specific interventions versus aspecific factors.
- Thus, low profile advise:
- Screening
- Offering some treatment

## Screening and assessment

- AUDIT & DUDIT (Durbeej et al., 2010).
- MATE & MATE-CRIMI (Schippers et al., 2010)

### Wrapping up III

- However,....
- Inequility within society <> Crime <> addiction
- ....