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Continuity of care for drug users in prison and beyond: A qualitative insight

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Abstract
Social work in prisons is linked to specific tasks regarding the care for the people who are incarcerated. A multi-country qualitative study was set up to explore drug users' and professionals' perceptions of continuity of care in prison and beyond. It has been pointed out that continuity of care is associated with different barriers, especially regarding social work. Nevertheless, good practice examples do exist and could be implemented by social workers. Social workers and opioid users face challenges in the context of imprisonment, so different measures need to be implemented to support opioid users and for social workers to support them.

Keywords
Continuity of patient care, drug users, harm reduction, opioid-related disorders, prisons, social work

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Background

Due to the exclusion and stigmatization of people who use illicit drugs and the worldwide war on drugs, people who use illicit drugs are disproportionally overrepresented in the criminal justice system and are facing several health and social problems after release (World Health Organization, 2009). Using drugs is very common in prisons. Carpentier et al. (2018) have shown in an analysis of 59 studies from 31 countries in the five world regions that the lifetime prevalence of any illicit drug use in prison ranges between 2 and 76 percent, and more recent illicit drug use (last month) ranges from <1 to 65 percent (Carpentier et al., 2018). Prisoners also report much higher prevalence rates of drug use and more harmful patterns of use than the general population (Lazarus et al., 2018; Stöver et al., 2021). Especially for people who inject drugs, the time after release is associated with a significantly higher risk of overdose and post-release mortality among drug users (Binswanger, 2013; Bukten et al., 2017; Merrall et al., 2010).

Continuous support and care inside prisons and after release (continuity of care[1]) is needed to support people who use illicit drugs regarding health, education, social skills and mental health (MacDonald et al., 2012). Besides medical treatment like opioid substitution treatment or take-home naloxone at release, client-centred and needs-based psychosocial support is very important. Especially people who use illicit drugs in prison are a vulnerable group facing multiple psychosocial problems like homelessness, drug use, mental health problems, unemployment and/or poor education, social isolation, stigma, history of incarceration and drug treatment (Blackburn et al., 2017; Harman and Paylor, 2004; MacDonald et al., 2012). Psychosocial support in prison settings and at the point of release includes also treatment plans, access to therapy, housing administrative support, linkage to care, psychological treatment, psychiatric treatment, active participation in situations relating to finance, support for increased motivation and empowerment (World Health Organization, 2010). The role of social work in this context or in the criminal justice system and directly after release is active, motivational, supportive work with people who use illicit drugs in prisons and after release as well as advocating for their interests regarding social support and reintegration, medical treatment, harm reduction measures and participation. These requirements are complex and emphasize that psychosocial support needs to focus on the needs of people who use illicit drugs in prison and after release. Inspired by Thiersch (2009), social work needs to include the 'lifeworld' of the clients (Grunwald and Thiersch, 2009). In particular, the needs of people who use illicit drugs in the time between imprisonment and immediately after release, when there is a change of responsibility, should be addressed in the context of psychosocial support.

The multi-country research project 'My first 48 hours out – comprehensive approaches to pre and post prison release interventions for drug users in the criminal justice system' (2017–2019)[2] aimed to address the gaps in the continuity of care in Germany, France, Belgium and Portugal (see Table 1) for long-term drug users in prisons and upon release. This article focuses on the results regarding challenges upon release for people who use drugs (opioids) and also barriers and possible measures of continuity of care regarding social work practice from the perspective of professionals and drug user.

Methods

A multi-country qualitative study was set up to explore drug users' and professionals' perceptions of drug use and risk behaviour upon release from prison, experiences of incarceration, knowledge of risks and overdose prevention, individual risk reduction mechanisms and strategies to avoid risks when being released, as well as existing measures inside and outside prison. Prisoners and ex-prisoners were included to obtain a wider and participative picture of prison release.

Table 1. Context of measures and policies within the participating countries.

Topic	Germany	France	Belgium	Portugal
Cost free access to OST? (community)	Yes	Yes	No	Yes
Access to naloxone? (community)	Yes (limited)	Yes	No	No
Responsibility of care organization? (inside)	Ministry of Justice	Ministry of Justice	Ministry of Justice	Ministry of Health
OST available in prion? (inside)	Not in all	Yes	Yes	Yes
Take-home naloxone available? (inside)	No	Yes	No	No
Certificate allowing access to health insurance? (at release)	No	Yes	Yes	Not needed

Data collected within the project with a questionnaire for all countries regarding different policies and measures.
OST: Opioid Substitution Treatment.

Data collection

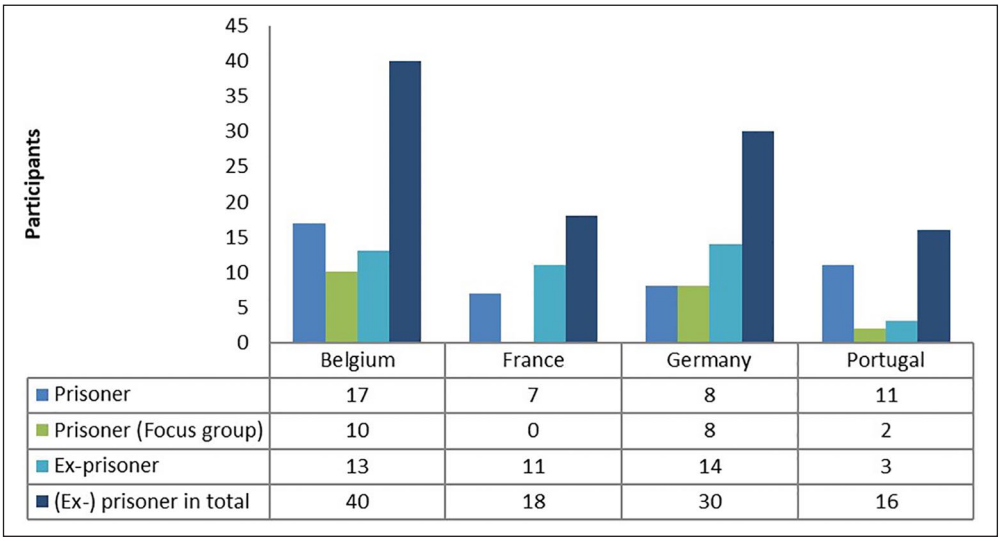
To be eligible for the study, prisoners had to meet the following criteria: being a recent and/or regular user of illicit drugs (other than cannabis), having served at least one prior prison sentence, master the country language sufficiently to do an interview and being available and willing to participate in an interview. Former prisoners were eligible if they had served at least one prison sentence (the last one maximum of 5 months ago); were recent and/or regular users of illicit drugs (other than cannabis); spoke enough Dutch, German, French or Portuguese to participate in the interview (according to the native language in each country); and were available and willing to participate in the study.

Professionals inside prison were recruited through networks, personal contacts, ministries of justice, contact with prison staff and by using a method similar to snowball sampling. This procedure was very different from country to country because of different procedures and needs for authorization. Professionals outside were recruited through the professional networks of the researchers, regional drug treatment coordinators and personal contacts with drug treatment centres.

Prisoners and former prisoners were interviewed using a semi-structured interview guide, which was developed in collaboration with all researchers. In addition to the interviews, focus groups were organized in three countries to make authentic utterances more likely during the shared interaction and to allow the course of the discussion to point to topics that are important to the group. The guides used for the semi-structured interviews were translated and identical in the four countries. Different guides were used for professionals outside and inside prison. The following themes were explored in both: medical and social support (outside and inside prison), preparations for release, experiences with release, collaboration between services, barriers to continuity of care and suggestions to overcome them. Nearly all interviews were recorded (except some in Portugal) using an audio recorder. Afterwards, the interviews were transcribed and anonymized. After the interview or focus group was completed, participants (expect professionals) received a small incentive (10 Euro) in the form of cash, gift vouchers or tobacco for participating in the study.

Data analysis

Based on a first content analytical analysis, a tree structure has been developed for structuring the data analysis in close collaboration with the researchers across all four countries. During the inductive process of analysis, the themes and subthemes were selected in close collaboration between the researchers from all four countries, and translation into English took place in the end for the



	Belgium	France	Germany	Portugal
Prisoner	17	7	8	11
Prisoner (Focus group)	10	0	8	2
Ex-prisoner	13	11	14	3
(Ex-) prisoner in total	40	18	30	16

Figure 1. Participants in each country.

final report of the project. Data analysis was performed using the qualitative software programme NVivo, by assigning meaningful text segments (nodes) to the tree structure. Perspectives and experiences of (ex-)prisoners were analysed thematically in each country and then merged into one analytic framework.

As quotations are the basis of the analysis, selected examples are used in the results. We use literal quotations from the semi-structured interviews: quotations from prisoners are indicated by the abbreviation PR, while quotations by former prisoners are identified as EPR. In addition, M/F indicates whether the interviewee is a man or woman. Quotations from professionals inside are indicated as PI and from professionals outside as PE. The country of the respondent was abbreviated as BE for Belgium, FR for France, DE for Germany and PT for Portugal. To preserve respondents' anonymity, we decided not to report participants' age.

Results

The research took place between May 2017 and August 2018 in six prisons in four countries (two in Germany, two in Belgium, one in France and one in Portugal) and in several services that support people who use drugs (in prisons), for example, in-patient and out-patient drug treatment centres.

Sample

The study sample consisted on one hand of 104 (ex-)prisoners. Individual interviews (n = 84) were administered among 43 prisoners and 41 former prisoners, including 12 women and 72 men (see Figure 1). In addition, five focus groups were organized in prisons, with in total 20 participants (5 women and 15 men). Female respondents were only recruited in France and Germany. The average age of participants was 36.7 years (range: 19–54 years). Participating prisoners and ex-prisoners had served on average 5.3 detention periods (range: 1–35) and spent – on average – a total of 86.4 months in prison (range: 1–336 months). The primary drugs used by most respondents were

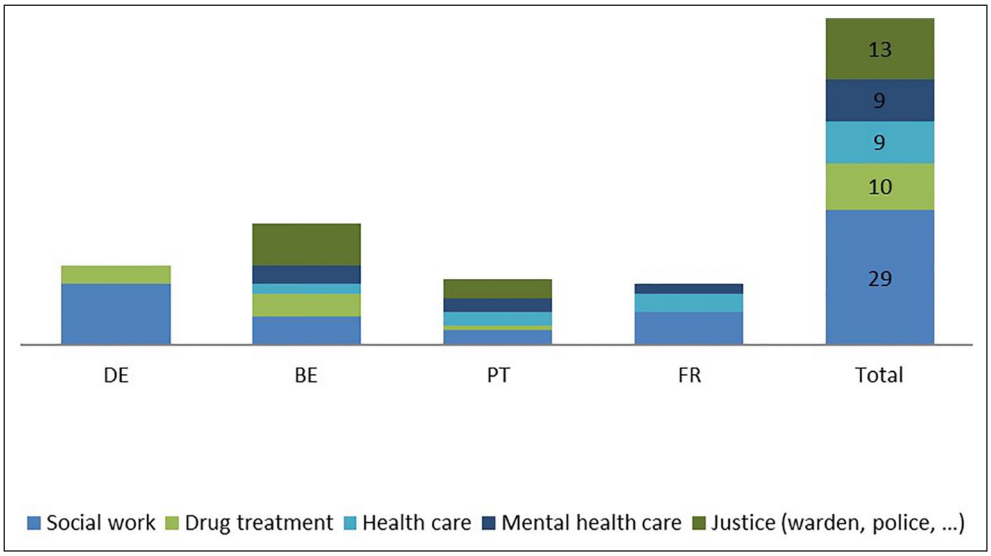


Figure 2. Profession of professionals inside and outside prison in the countries.

cocaine and heroin, often in combination with other substances like crack, amphetamines, ecstasy and/or cannabis.

On the other hand, the sample consisted of 27 professionals working inside prison and 43 people working outside prison (see Figure 2). On average, the professionals had 11.8 years of work experience in their current position (range: 3 months–40 years). Social, medical and institutional sectors (like mental health centre and prison) were represented.

Challenges upon release

Drug users' perspective. Challenges upon release are multi-layered and concern individual and structural difficulties which are related to drug use, incarceration and in particular release from prison. The interviews show that challenges can lead to drug use after prison release to cope with negative feelings and environments.

Respondents report as personal challenges that it is very difficult to return, especially after a long time in prison, to the rush of present-day society and to get 'up to date' with the latest developments, especially during the first days and weeks after release. They report that it feels like an enormous confrontation with the speed and time pressure in society, which is a huge contrast with the 'structure and order' in prison, where nothing seems to change. According to the respondents, handling the first days outside is very hard and some have the feeling that they have to learn again how to live and to organize their daily new routine, especially how to behave in interaction with others in society.

> . . . At the same time it is confusing. We are closed in here for so long that it seems that we no longer belong to this world. (PR, M, PT)

A lot of things are expected immediately after release, like administrative matters (ID card, health insurance, etc.), making contacts with people in society and managing a life outside prison.

In this regard, some respondents indicate a lack of internal motivation to contact services and engage in activities, or that they are struggling to accept support.

One of the main coping strategies upon release is to cling to old habits ('automatic reflexes'), to deal with the transition, which often meant returning to their previous activities and environments, such as drug use, meeting friends who use drugs or criminal involvement. Respondents state that returning to former social networks, when they mainly consist of persons involved in drug trafficking and dealing, is mostly a result of a difficult period after/upon release.

> According to me, the big challenge is to reconnect with people. [. . .] If the person has done three months, that's fine. But for people who have done more than a year, [. . .], it is not easy to return [. . .]. The stress, the cars driving, all the noise, [. . .], all that stuff is kind of stressful. The person may be inclined to consume just to calm down. (EPR, M, FR)

The family and social network can also impact the release experience in a negative way. This includes negative emotional experiences towards family or friends, fear of stigmatization by their social networks and a lack of social support which are reported as negative experiences upon release. The absence of close relatives or their reactions may lead to strong disillusion.

> Upon the last release, I had to see my family who was supposed to pick me up. They didn't pick me up, and it didn't go well. I had emotional expectations, [. . .] So, what did I do? I started using again. I didn't go to my treatment centre, so I was on the run and I eventually came back here [to prison]. (PR, M, FR)

The interviews show that the main fear of prisoners is a relapse after release because some respondents anticipate that they will not have the power to address the difficulties and challenges upon release successfully.

On a structural level, challenges may further complicate individuals' reintegration after release from prison. Housing and employment are major challenges for most respondents. Arranging paperwork is another major challenge in the first days after release. Obtaining a health insurance and access to Opioid Substitution Treatment (OST) appear to be particularly difficult. Respondents also mention the mental harm after a prison sentence, and sometimes the wish to go back to prison. The lack of coordination and attunement between medical and psychosocial support inside and outside prison is reported in all countries.

Despite the importance of adequate housing, some respondents indicated that they had lost their flat during detention and did not know where to go after release. Often participants had no proper housing solution, even though housing was one of their main concerns. Some struggled to find emergency accommodation in a shelter and others were forced to sleep rough. Others managed to arrange accommodation in a low-threshold service or in a treatment centre specifically designed for ex-prisoners with a history of drug use (like in France). A few participants obtained private accommodation, which gave them a sort of confidence and protection.

> I want to treat myself, I want to feel good so I can go on with my life properly. What I need is to feel it, to have a comfort zone. In prison, I have a comfort zone, I don't need to worry. Being at home with my parents, I might not need to worry, I would feel useful and gradually, I think I would take my life back. (PR, M, FR)

Another major challenge upon release is finding a job and/or training/education. Respondents indicate that it is very hard to find employment outside prison when you have a criminal record. Employment is often regarded an important aspect of reintegration because it provides a daily structure, allows to perform a task in the community and provides financial resources.

The complexity of administrative procedures is also frequently criticized by interviewees. To obtain basic requirements and support such as identity documents, health insurance and welfare benefits, it is necessary to have a stable life routine and a good understanding of the administrative system. Respondents often had to start these procedures from zero: without a fixed address, bank account or proof of ID. Therefore, this often laborious task is regarded as seemingly impossible, which brings about disappointment or frustration.

Various respondents described the huge gap between the support they received inside prison and the support they got once out of prison. They experienced a difficult transition from relatively accessible, regular and well-defined support inside prison to a more volatile and sporadic support in the community. It appears as if health care inside prison was somehow 'passively' received, while health care outside prison requires much more motivation, persistence and action.

> The problem is that I only had for two days of methadone on me and since I had to go to X [addiction treatment centre] at the third day, not having treatment anymore [. . .] could be complicated. So, the evening before, I took half of the medication and saved the other half for the morning. But it's true that in the evening, I wasn't very well and I went back to my neighbourhood. [. . .] It wasn't really a desire I would have had if I had had all my treatment. (EPR, M, FR)

A frequently heard negative story at release is that prisoners are released unexpectedly, especially in the case of a short prison sentence. Since the release date is not known in advance, prisoners often end up on the street all of a sudden. Respondents in all countries also reported that they got no support at this point and were 'kicked out' of prison only with a bag and no plan to go. Some indicate that they would rather have stayed inside than to be released without a plan.

The majority of respondents indicate that preparations for release are often minimal. Most (ex-) prisoners felt uncomfortable on the day of release due to the uncertainty about not knowing what situation they would face afterwards. Most respondents indicated that they went or would go to shelter homes or low-threshold drug treatment centres upon release, which are associated with drug use, squalor and unhelpful contacts. However, they mostly found a place to sleep at these places and reported useful contacts with social workers and the possibility of accessing OST.

Professionals' assessment. Professionals state that an individual challenge for drug user is a reliable social network, restoring bonds with family and (clean) friends, as well as building up new relationships and networks. Individuals may be afraid of returning to their family or living on their own and returning to fellow drug users, which represents an increased risk of recidivism.

Staying away from drugs is another individual challenge, in particular when one needs to adapt to stress and pressure in society. Regarding the state of mind of prisoners after release, some professionals observed two elements that were less visible in the interviews with (ex-)prisoners and that can help explain a difficult continuity of care among the target group:

- The belief that they will not stay out of prison for long because they never did in the past and it has always been a round trip from inside to out in their adult lives.
- They are not used to asserting their rights (their life outside and inside prison was often ruled by 'the law of the strongest'), and as a result, it might lead them to giving up claiming the support they are entitled to.

Professionals state on a structural level the main challenge upon release is 'surviving', meaning returning to reality and being confronted with diverse temptations. Ex-prisoners are confronted with challenges in a wide range of life domains and need to deal with multiple stigmas ('drug user',

'ex-prisoner', etc.). They come from a very structured and 'safe' environment (prison) back into an unstructured 'dangerous' world. Almost all professionals also described the brutal transition between the close monitoring inside and the disorientation outside, and talked about its negative impact on empowerment. In prison, they are used to having someone 'who thinks for them', 'telling them where to go and what to do' at every moment. This means all the initiatives required upon release regarding housing, money and treatment are all the more difficult to access. They need to 'recondition' themselves.

> Inside there is a certain supply and there is a certain supply outside and in between they fall into a black hole. They often do not come from inside the help system out there. (PE, DE)

According to the respondents, there are some top priority topics to consider upon release in all countries.

Housing was named by nearly all respondents. Professionals stated that housing in bigger cities, but also in the suburbs, is very difficult to find. There is not enough housing specifically for ex-prisoners and also no chance for a private flat after release.

> Well of course we are very fortunate that there are often family, where they can go to. They can then look for a new apartment from outside in peace. Sometimes we are lucky that we actually get a flat, but that's really rare. (PI, DE)

The employment situation is bad as jobs are limited and ex-prisoners often face several difficulties. Observing the (probation) regulations is another challenge: ex-prisoners are expected to build a new life and take responsibility regarding various life domains. The most commonly highlighted negative element by prisoners was the lack of support regarding the labour market.

> There is great difficulty in finding a job because of their status as ex-prisoners, or because of the shortage or lack of qualifications and training. (PI, PT)

Professionals acknowledged the administration of transport, handling of documents, institutional accessibility and the return to problematic previous contexts as challenges upon release.

> Everything depends on whether the prisoner can arrange things when he is released, whether he has the resources to do that and arrange all those things. Let's say, if we have to do that as resourceful persons that is already difficult. [. . .] (PI, BE)

It should also be noted that professionals also mentioned the difficulty of social and economic reintegration in society, either as a result of their ex-prisoner status and the stigmatization which comes with this status or because of their re-adaptation to life in society after a period of reclusion, such as work and family environment. Prisoners need to find resources, they cannot go to some specific places (linked to drug use/criminal behaviour), they need to make arrangements with a probation officer and/or treatment services and other services. These difficulties become more salient and adverse for ex-prisoners that do not have any social or financial support from formal institutions and have therefore no means of subsistence.

> Some relationships that they had before they were deprived of liberty no longer exist when they are released, often being abandoned by the family, compromising their emotional condition. Others return to toxic family relationships and repeat offenders. (PI, PT)

In addition to the main topics, professionals pointed out some other challenges, such as the day of release is not known in all cases or release on Fridays meaning that application for social welfare is not possible, ex-prisoners do not know how to apply for social welfare benefits and ex-prisoners have poor knowledge of daily structure regarding leisure time, and health care after release is another challenge as health insurance is not provided directly after prison release.

Barriers of continuity of care

Respondents, including professionals inside and outside and (ex-)prisoners, mentioned specific barriers to a continuity of care.

Bureaucracy is the most reported barrier for continuity of care. Respondents reported many difficulties related to rules inside and outside. The main barrier with bureaucracy was that prisoners lose their claim for any social welfare benefits inside, so they cannot apply for that while they are in prison. This needs to be done on the day of release and authorization takes between 2 and 4 weeks, which leads to gaps in continuity.

Regarding health care/insurance, procedures for achieving effective coverage are difficult to initiate before release, and once in the community, it implies showing a valid identity card and having a registered address (the latter is sometimes provided by non-government organizations [NGOs] and homeless shelters). Access to health insurance that ex-prisoners are entitled to is not systematic and takes 3 months on average to sort out.

Regarding source of income, the period of time before having access to welfare was estimated to be 'less than a month', when the person already had identity documents and had prepared the application during incarceration, which was very rare. It was reported to take more than 3 months when these conditions were not met.

Respondents also mentioned a lack of communication and coordination between probation/rehabilitation services and the court registry on the one hand, and the prison health care staff (medical and social) on the other hand.

> I do not know if our addiction doctor is the point of contact, or the head of medicine. I do not know that. But there is a contact person here. I just do not know who it is. (PI, DE)

Almost all professionals in our sample mentioned the extreme difficulties they faced in dealing with sudden changes in release dates. The almost unpredictable release date hinders continuity of care after release, as smooth transitions should be based on clear arrangements regarding the above-mentioned issues.

> The prison administration realized at the last moment that they were about to release him one day too late. As a result, they took the person out a day earlier, but no one knew about it, neither the medical nor the probation and rehabilitation counsellor. [. . .] The guy is left without treatment, with quite heavy stuff [health condition] that you can't just part with overnight without decompensating. Of course, the guy disappeared into thin air. [. . .] It's several months of work, just because the prison administration has decided it like this. (PE, FR)

Also, the judicial trajectory needs to be adjusted to the treatment trajectory, as the policy level is now stimulating quick release, but unless there are good arrangements for reintegration and between prison staff and service providers, this may work counterproductively. Also, cooperation inside and outside is reported as a barrier for continuity of care regarding a smooth transition from prison to life in the community. In this context, the knowledge of professionals inside was also

pointed out as a barrier, as they do not see the specific problems for ex-prisoners after release. Lack of communication between prison and community services, as well as between mutual prison services, is a huge problem.

> Usually a difficult collaboration with the colleagues in the prison. Because even if we explain this over and over again, we cannot avoid this administration and unfortunately it is that this was very difficult to understand. [. . .] Partially very difficult, so very difficult, because I often feel like they just do not want to understand that and I mean, we all come from a profession. (PE, DE)

Barriers are also named in the context of the number of support staff and caregivers in prison as this is too low in relation to the demand, leading to overly long waiting lists and times. If care and treatment is provided, quality is often poor and not intensive due to a lack of time, staff and training.

Promising practices regarding continuity of care

Professionals reported different promising practices for overcoming some of the barriers regarding continuity of care. The practices described in this section are rare and are only available in some prisons or are bound to individual professionals.

Some professionals indicate individual solutions regarding contact between professionals inside and outside prison to overcome the gap at the time of release. (1) Drawing up a clear reintegration plan in cooperation with professionals inside and outside prisons. (2) Facilitating access in prisons for NGOs and, in accordance with health staff, officially delegating part of the support to harm reduction services existing in the community. (3) Activating welfare support before release, in order for this support to be up and running during the first week after release.

Regarding information and support for (ex-)prisoners who use drugs, professionals pointed out some practices which are or could be helpful. (1) Making continuity of care possible for prisoners in some prisons via the provision of case management, which gives support 6 months before and after release. (2) Providing a release checklist in prison which guarantees all (administrative) preparations until release, such as ID card, OST, health insurance and so on. (3) Just before release, handing out a leaflet to the prisoner that presents an overview of local support services. (4) Cooperation between prison and community services to provide an ID card inside prison. (5) Providing access to health insurance directly after release through cooperation with the health insurance fund, municipal services and prison or providing support with health insurance coverage by the national health service inside and outside prison so there is no delay to gaining access freely to usual treatments like in Portugal.

There was a particular example of good practice in Portugal: this was a programme promoted by the Institute of Employment and Vocational Training (IEFP), but dropped by the Portuguese government in 2017. During the therapeutic process of drug users, professionals managed and prepared them for professional integration and established formal contacts with employers. Throughout the process, a team of general practitioners (GPs), psychologists and social workers provided medical and social support to participants while monitoring their progress. After 20 years of implementation, the success rates reached 80 percent, meaning 80 percent of the individuals involved were hired by contacted employers. At present, no similar response is available.

At least promising practice in general support was mentioned. (1) Activities, work and training for prisoners to minimize the likelihood of recidivism. (2) Developing psychological support, based on the improvement of self-esteem. (3) Training of prison staff for managing prisoners, including those with specific needs. (4) Volunteers or caregivers who help to bridge the gap

between prison and the community. (5) Establishing a relationship of trust between caregivers and patients before release from prison.

Discussion

The findings show that opioid users have to face individual and structural challenges at release. The professional's assessment regarding challenges upon release is mostly similar to the reported experiences by (ex-)prisoners. Most challenges have their roots in missing preparation for release and continuity of care as the gap between inside and outside is nearly insurmountable without specific support. The findings show the importance of continuity of care, especially focused on psychosocial support and accordingly social work, which is an essential issue in the support of people who use opioids in prison and after release (Harman and Paylor, 2004; MacDonald et al., 2012). These findings lead to the result, as stated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2021), that continuity of care

> . . . require[s] the provision of the same range of evidence-based interventions for people with drug problems who are in prison as in the community, provided by staff properly qualified for treating addiction (whether prison staff or outside professionals), and mechanisms to ensure continuity of treatment; this is especially important for those incarcerated for short periods. (EMCDDA, 2021: 116)

Social work plays a major role in an active design of psychosocial support and continuous care for people who use opioids in prison and after release. Social work in the context of the criminal justice system is important to support these clients in prison and beyond as health-related behaviour occurs in the context of complex life experiences and special challenges in prisons and at release (Binswanger et al., 2011). People who use opioids often experience imprisonment and complex challenges like emotional distress, health behaviour, hopelessness, anxiety and low private social support (Binswanger et al., 2011). Psychosocial interventions are effective in reducing risk behaviour (Meader et al., 2010) and need to focus on social integration (Haynie et al., 2018) and include the private social environment. Emotional support and social support have a positive effect on mental and physical well-being (Arriola et al., 2015), and social support can be offered from family and partner (Strauss and Falkin, 2001) and clinicians (Noujaim et al., 2019). To support people who use opioids in prison and after release, different measures can be helpful like physical exercise (Muller et al., 2018), social support from families (Mowen et al., 2020) and motivational and educational interventions (Owens et al., 2018). These and other different measures, oriented towards the special need and 'lifeworld' of opioid users, could be implemented and focused by social workers inside prison to prepare them in prison for release.

The work assignment of social work in prison is specified in national laws, but is not always based on the needs of the people who are incarcerated, especially if they use illicit drugs as well. The study shows that social work is important to support people who use drugs in prisons and to support them by coping with incarceration and the multiple problems they have to face.

The role of social work in prison settings is multi-layered because of strict legal guidelines on one hand and specific needs of the people who are incarcerated on the other hand. Regarding the needs of people who are using drugs in prison and especially at release, the role of social work should focus on psychosocial support, being a person of trust and/or organize a person of trust and being the voice of the people who are incarcerated. As work in prison follows strict rules, social work could give helpful ideas to face the problems of people who are using drugs, for example, by speaking up for harm reduction measures or using their own knowledge to help them claim their rights. Social workers in prison are faced with multiple challenges and different mandates (triple

mandate) and need to find a way between care (client), control (state) and professional social work (professional code) (Staub-Bernasconi, 2007).

Beside the role of social work in prison, other measures need to be introduced by social work and/or the prison management. Social work should focus on different coping strategies, including peer support, day structure and relaxing measures. The most important measure to address the specific needs of opioid users is providing psychosocial support and well-structured preparation for release. All measures and support need to include the knowledge of the specific needs of people who use opioids in and outside prison. Especially knowledge about their situation after release (housing, day structure, social exclusion, stigma, overdose risk, and so on) should be included.

In addition to the mentioned psychosocial aspects, continuous psychosocial support could also lead to preventing harmful drug use after release and accordingly overdose as medical treatment after release is based on existing health insurance. Studies show that the time after release is associated with a higher risk of overdose (and overdose death) and medical treatment like opioid substitution treatment can reduce mortality after release (Bukten et al., 2017; Degenhardt et al., 2014; World Health Organization, 2010).

Regarding the professional identity of social work in closed settings, social workers need to know the legal frame to be able to inform people who are incarcerated about their rights, including OST. It also seems important to provide a basic knowledge of addiction and drug use in general, like the knowledge of addiction as a symptom of multiple psychosocial problems, as drug use is common in prison. Social work could and should give more power to the people who are incarcerated and let them decide what to do and what kind of measures they need. To support social workers in prisons, further training opportunities regarding drug use, motivational interviewing and the drug aid system outside as well as better possibilities to exchange knowledge between the professionals in and outside prison should be implemented.

The results also show that more research is needed to focus on barriers to continuity of care on an individual level from the perspectives of users. As professionals pointed out, the belief that they (users) will not stay out of prison for long and that they are not used to asserting their rights might lead them to giving up claiming the support they are entitled to and/or might lead to barriers regarding continuity of care. In this context, it seems to be important to have a look at the role of social work in these individual processes, especially regarding empowerment and factors which can lead to allowances and/or limitations of agency of drug users with a history of incarceration.

Limitations of the study

One of the main limitations is that the sample is not diverse. Only Dutch-, German-, French- and Portuguese-speaking (ex-)prisoners, in very few prisons and drug treatment centres, were eligible for this study. The (ex-)prisoners were mostly selected by the contact person in the prisons and organizations, except in Belgium and Portugal. It cannot be ruled out that there was any previous selection process.

In addition, the sample of ex-prisoners may be biased by the fact that only individuals who were already in contact with some type of service were recruited. It is possible that former prisoners who were not involved in these services or have been involved in different services (low/high threshold) have other experiences after release.

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Ethical approval and consent to participate

Ethical issues have been discussed throughout the whole research project. Guaranteeing anonymity was a major prerequisite in this study. In the interviews, sensitive data and information (e.g. about drug use in prison) was provided by the interviewees. Data and information provided in our reports can be allocated neither to a certain prison nor to individual prisoners.

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Notes

1. The principle of continuity of care focuses on maintaining healthcare provision for people in prison as they move in and out of custody. The emphasis is on the importance of maintaining clinical and treatment interventions when entering prison, during the stay and on leaving prison (EMCDDA, 2021).
2. https://info.harmreduction.eu/continuity-of-care. The project has been funded by the European Commission (CHAFEA Grant Nr: 677085).

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