



Health, well-being and drug use among persons in prison



**Belgian results of the PRS-20 project
2021-2023**



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Unit Illicit Drugs
Health Information service
department Epidemiology and
public health

**SUBSTANCE USE
AND PSYCHOSOCIAL
RISK BEHAVIOURS** **HO
GENT**

SUPRB - Substance use and
Psychosocial Risk Behaviours

Authors: Els Plettinckx,
Nina Harth, Stefaan de
Smet, Lies Gremeaux,
Nicky Dirx

Collaborators: Jérôme
Antoine, Margot Balcaen,
Helena Bruggeman, Kim
Fernandez, Tineke
Wancour, Jozefien Borms

The PRS-20 project was conducted in five countries: Cyprus, Belgium, Greece, Lithuania and Luxembourg.



PFLDT

Point Focal Luxembourgeois
de l'Observatoire Européen
des Drogues et des Toxicomanies



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1. Relevance of the project

This project aims to **increase the knowledge** about health among persons in detention. Information about drug use and related topics can empower people working in the field. The objective is to **support an effective and efficient drug-related prison policy**. We aim to improve health, care and the detention conditions within prison. People in prison in particular but also the society at large should benefit from the results of this project.

2. Methods



5 prisons out of the existing 36 prisons in Belgium. 1 prison in the Flemish Region, 1 in the Walloon region and 3 prisons in the Brussels capital Region



Interviews among people in prison and people who were released from prison less than one year ago



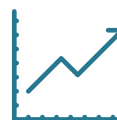
Sample size:

- Survey: 280
- Interviews: 39



Survey among people in prison randomly selected within the participating prisons

- Tablets were used
- Accessible in 13 languages



Descriptive statistics based on unweighted results. Statistically significant differences are reported.

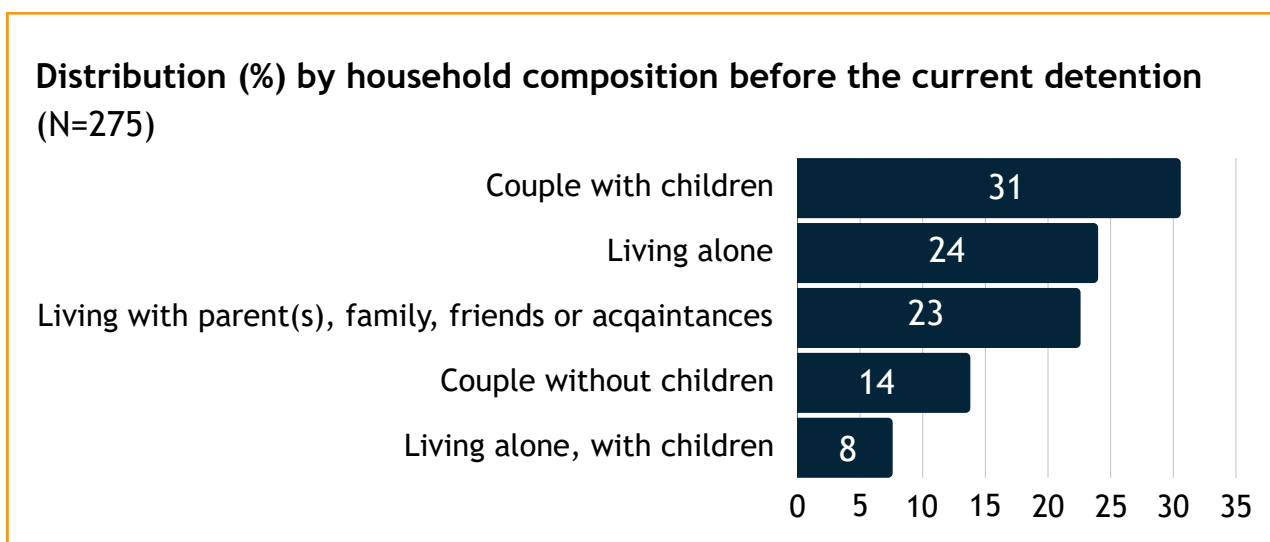
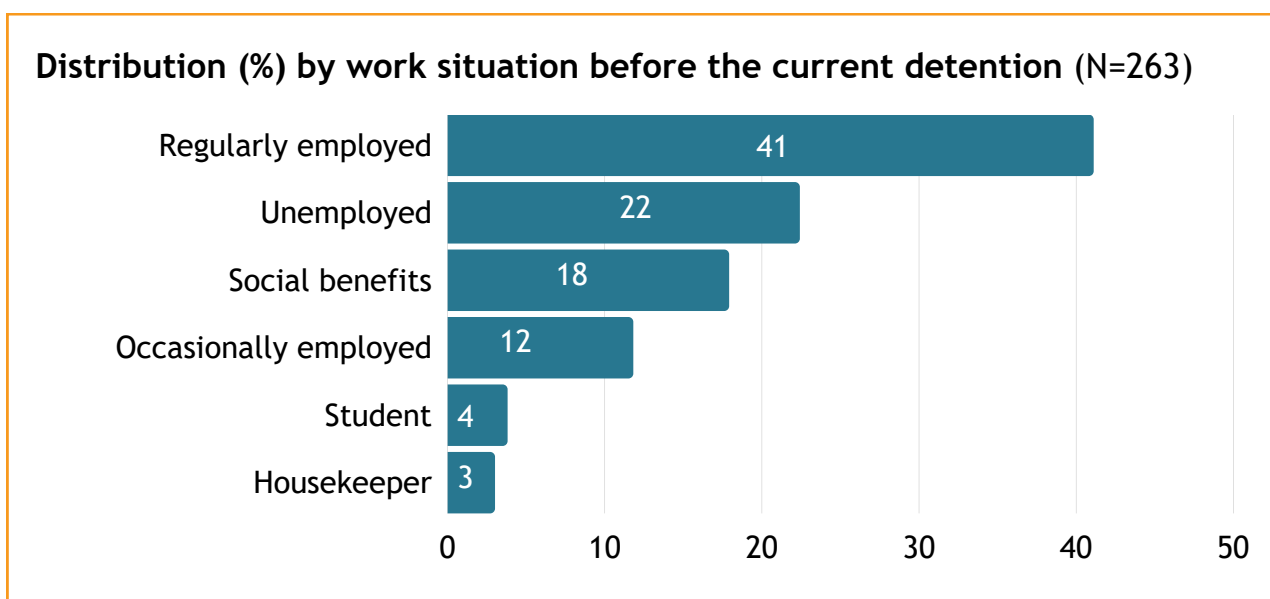
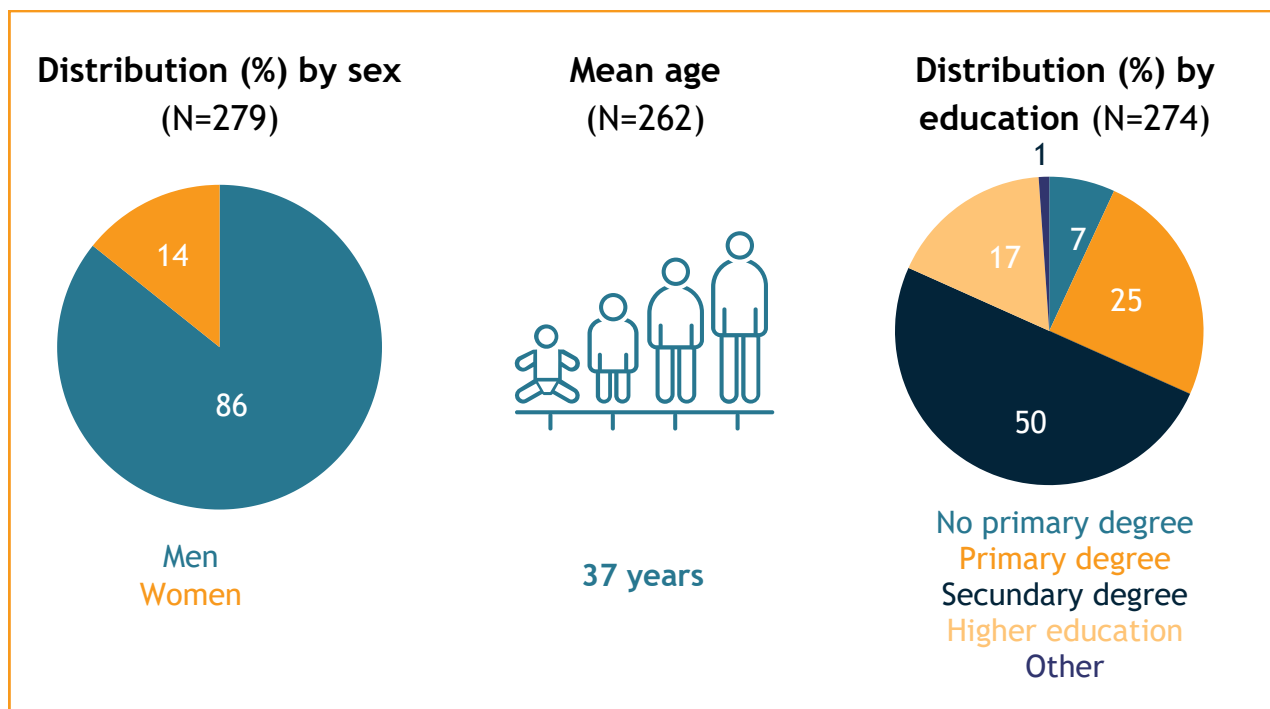


Period of data collection: September 2021 till December 2022



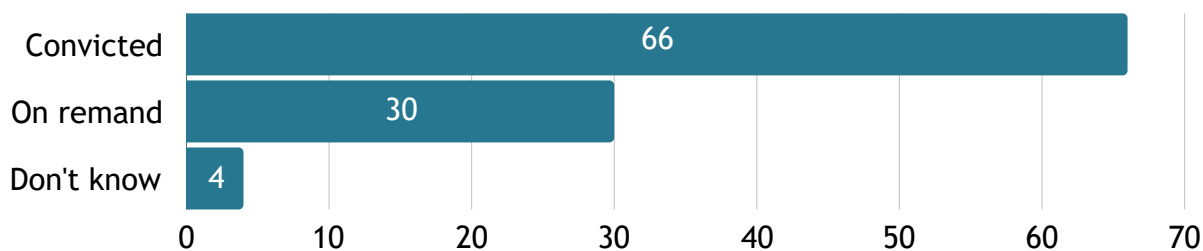
Approved by the Ethics Committee of Ghent university hospital (BC-10088)

3. Socio-demographic characteristics

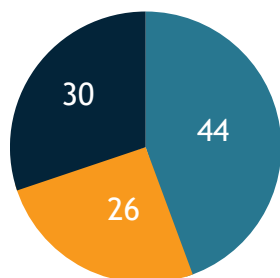


4. Penal and prison status: past and current situation

Distribution (%) by prison status (N=274)

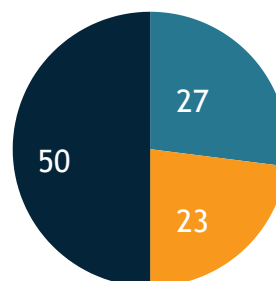


Distribution (%) by number of imprisonments (N=275)



First time in prison
 Have been previously in prison once
 Have been previously at least 2 times in prison

Distribution (%) by duration of the detention (N=271)



Less than 6 months
 Between 6 and 12 months
 More than 1 year

Distribution (%) of people who got visits the past month (N=270)



Many respondents indicated during the interview to experience a dearth of visits, because they experience these moments of contact as too emotional for themselves or for their visitors. Sometimes their relatives live too far away or contacts have been lost



Observed differences by gender

More **female** respondents indicated during the survey to be in prison **on remand** (37%) compared to male respondents (29%).

More female respondents also reported during the survey to receive **visits** (81%) compared to the male respondents (66%).

5. Physical health

Generally, respondents reported during the interviews a **decline in physical health during their prison stay**. Respondents experienced several barriers to report their physical health problems. Respondents also reported long waiting times, especially in relation to dental care and when entering prison while having existent chronic health conditions. Once they have gained access to medical care, respondents described it as inadequate. However, according to respondents, the quality of care provided varies from one professional to another.

“Everyone here has already told me, it doesn't matter what is going on with you, in here, they give you either Ibuprofen or Paracetamol.”

Man, active drug use

“Apart from two nurses, (...), when we ask for help, they do something. There are three of them. The others, well in fact, to keep things short, they don't often come by. (...) But I would like to stress that there are nurses who are there for us. Who are doing things, actively, who help us, who go beyond in order to help us sometimes. (...) But, in fact, there are nurses who are there, sitting in the infirmary, who do nothing, who watch videos on YouTube.”

Woman, active drug use

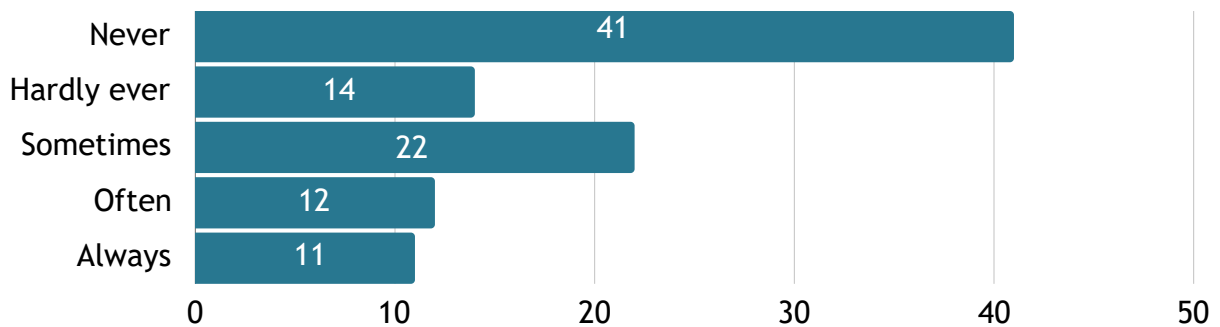


“If you say: I have problems. You get in response: Everyone has problems. That's the response you get.”

Man, active drug use

6. Safety

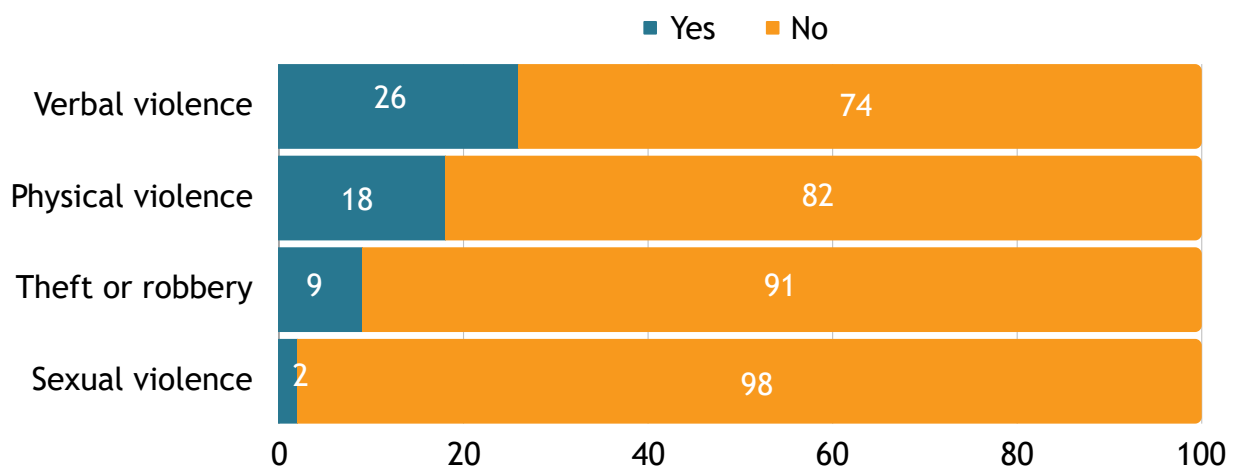
Distribution (%) by frequency of feelings of unsafety during the current detention (N=268)



39% of the respondents of the survey have experienced some type of violence (theft, robbery, verbal, physical or sexual violence) **during the current detention**

Respondents described during the interviews several incidents of physical violence such as stabbings and fistfights between people in the prison, often while walking in the courtyard

Distribution (%) by experience of violence during the current detention (N= 251)



Observed differences by prison duration

Physical violence during the current imprisonment is reported more among the respondents of the survey who were **longer than one year** in prison (22%) compared to the respondents of the survey who are less than one year in prison (12%).

7. Mental health

Participants of the survey were asked if they encountered symptoms of depression, anxiety and poor sleep quality in the past 2 weeks of the current detention. These aspects were also discussed during the interviews.

37%
Moderate to
severe symptoms
of depression
(N=241)

Mild symptoms of depression were felt by 22% of the respondents and 41% of the respondents in prison did not indicate symptoms of depression in the last two weeks.

“ In some people, you can really see the change. Yes, because they have been inside a bit too long. They don't really know how to act anymore, they don't know what it's like outside. Eventually, yeah, when you are all alone, you go mad. ”
Man, active drug use

79%
Poor sleep quality
(N=271)

36%
Moderate to
severe symptoms
of anxiety
(N=249)

24% of respondents indicated symptoms of mild anxiety and 40% of the respondents in prison did not report anxiety-related symptoms

Observed differences by gender

More **female** respondents of the survey indicated severe symptoms of **depression** (41%) and **anxiety** (45%) compared to male respondents (21% for depression and 18% for anxiety).



Participants of the survey were also asked about feelings of loneliness and suicide attempts during the current detention.

83%
Moderate to
severe symptoms
of loneliness
(N=245)

Social loneliness (lack of meaningful social relationships) was experienced by 55% of respondents and emotional loneliness (lack of intimate relationships) by 69% of the respondents.

10% of people in prison reported to have attempted suicide during current imprisonment, inside prison.

10%
Attempted to
commit suicide
(N=254)

Observed differences

Symptoms of severe loneliness were indicated more among respondents of the survey who were **less than one year in prison** (46%) compared to respondents who were more than one year in prison (31%). This is also the case for symptoms of social loneliness: 62% of the respondents who were less than one year in prison compared to 49% respondents who were more than one year in prison.



Attempts of suicide within prison were reported more among respondents of the survey who indicated to have severe symptoms of **anxiety** (26%) or **depression** (25%) or have been a victim of **violence** (17%) during the current imprisonment compared to respondents who did not indicate symptoms of anxiety (5%), depression (4%) or have not been a victim of violence in prison (4%).

8. Drug use

Lifetime use

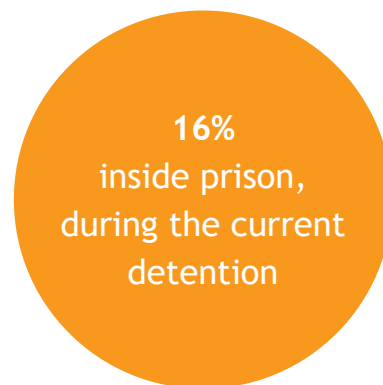
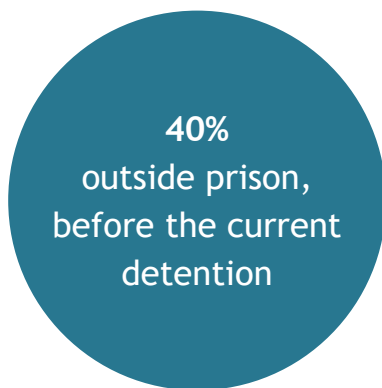
Before the current detention (outside prison) (N=273)

58% of the respondents of the survey reported the use of illicit drugs (including the misuse of prescription drugs) and 47% of the respondents reported the use of illicit drugs other than cannabis.

During the current detention (inside prison) (N=276)

29% of the respondents of the survey reported the use of illicit drugs (including the misuse of prescription drugs) and 18% of the respondents reported the use of illicit drugs other than cannabis.

Two or more different illicit substances:



“Coke, whiskey, together, and after that, to be able to sleep, take a sleeping pill to calm it down. Because coke makes you a bit restless. It’s good, that’s all. (...). Yes, benzos, Diazepam, uhm, to calm down, to sleep, because otherwise you can’t sleep. Sometimes I couldn’t sleep for three days. You get it, right? Coke makes you restless, three days, where you don’t sleep, and use whiskey, coke, whiskey, coke, an it’s normal. You are restless, you can’t sleep, you stay awake. You have to take something to calm down, to sleep.”

Man, active drug use

“All kinds of drugs, yes, well, synthetic drugs, much less. But mostly drugs like cocaine, uhm, heroin, cannabis, pot.”

Man, past drug use

“And when (...) they don’t have hard drugs, bah, they take medications that are similar to the hard drugs.”

Man, active drug use

Last month use

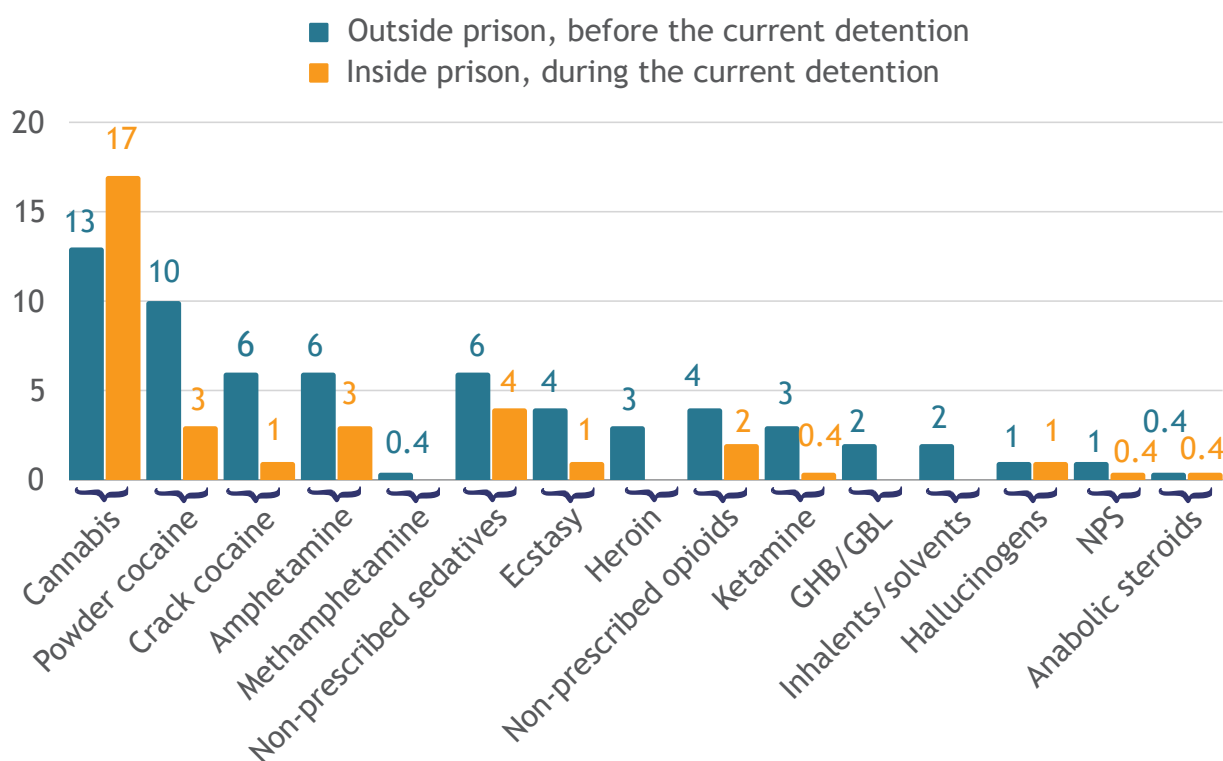
Before the current detention (outside prison) (N=273)

22% of the respondents of the survey reported the use of illicit drugs (including the misuse of prescription drugs) during the past month before entering prison

During the current detention (inside prison) (N=276)

19% of the respondents of the survey reported the use of illicit drugs (including the misuse of prescription drugs) during the past month of the current detention

Distribution (%) of drug use by type of substance



“ I think there is less than outside. Because you’re not able to see someone every day. You have to get it from someone outside, or from your partner, because with the men there is more of it then in here. I’m sure of that, but yeah, they are with four or five hundred. Or through visits. ”

Woman, in treatment for drug use

“ Oh yeah, you sit, how much, almost 24, 24 inside. What can you do? Watch TV the whole time? When you are sober, you can’t watch TV the whole time, you’ll go crazy. So if you smoke joint, you don’t feel like that anymore. So, yeah, you don’t really feel like you’re inside anymore either. ”

Man, past drug use

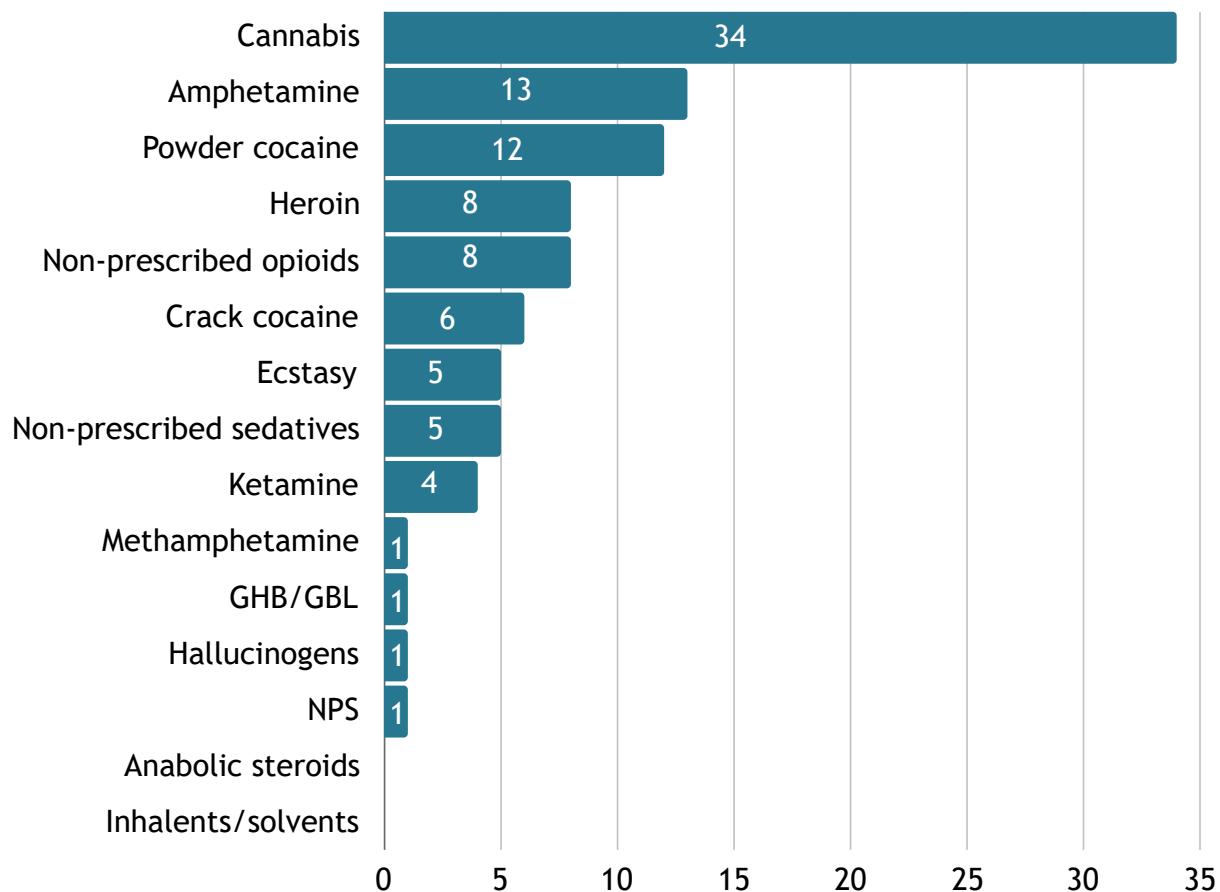
“ If you get caught with drugs, you get punished. Pills come from the doctor, they can’t say anything then. And the effect is the same. ”

Man, active drug use

Initiation of drug use within prison

Among the respondents of the survey who indicated the use of any drugs inside prison, during the current imprisonment, **48%** indicated to have **started the use of an illicit drug** (including the misuse of prescription drugs) and 31% indicated to have started the use of an illicit drug excluding cannabis inside prison (either during the current or any previous imprisonment).

Distribution (%) by substance used for the first time in prison among participants who reported using drugs in current detention (N=86)



“ I had this friend who I went to prison with, we were involved in the same criminal case last year. He only smoked cigarettes, now he smokes joints every day now, he smokes several joints a day. He came here in prison, he just smoked cigarettes, no joints. And in prison, you know, he tries to forget. And he used to drink a lot on the outside, so, he told me that he replaced the alcohol with the joints. And yeah, so, he smokes every day now. And there are others who, I've seen someone who's never used cocaine, the first time he touched it was here, in prison. ”

Man, active drug use

Observed differences

Drug use outside prison, before the current detention period (74%) and inside prison, during the current imprisonment (35%) is more prevalent among men compared to women (50% and 13% respectively).

Drug use outside prison, before the current detention period (81%) and inside prison, during the current imprisonment (34%) is more prevalent among respondents of the survey who were already **two times or more in prison** compared to the respondents who were in prison for the first time (57% and 15% respectively).

Drug use during the current detention period, inside prison is more prevalent among respondents of the survey who were **for more than one year in prison** (39%) compared to respondents who were less than one year in prison (26%).



Drug use during the current imprisonment, inside prison is more prevalent among respondents of the survey who have been a **victim of physical violence** during the current imprisonment (65%) compared to those who have not been a victim of physical violence (23%).

Drug use inside prison, during their current detention period is more prevalent among respondents of the survey who reported to have committed a **suicide attempts** during the current imprisonment inside prison (57%) compared to the respondents who did not report having committed a suicide attempt during the current detention (6%). **Several respondents testified during the interviews about suicide in prison, some witnessed suicides by drug overdose.**

Drug use during the past 30 days inside prison, during the current imprisonment is more prevalent among respondents of the survey who reported severe symptoms of depression (30%) compared to those who did not report symptoms of depression (12%).

Injecting drug use

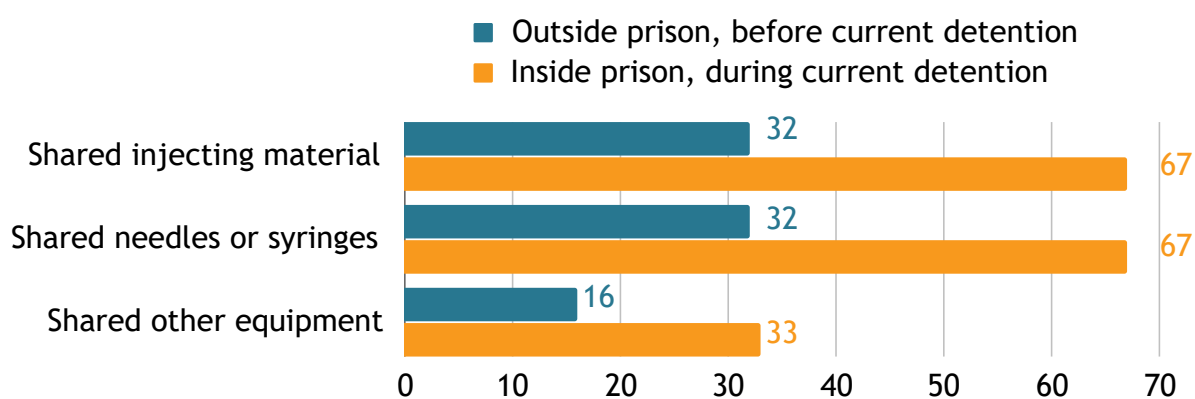
Before the current detention (outside prison)

Among the respondents of the survey who indicated the use of drugs (N=185), 17% of the respondents reported to inject drugs.

During the current detention (inside prison)

Among the respondents of the survey who indicated the use of drugs (N=84), 5% of the respondents reported to inject illicit drugs.

Distribution (%) of sharing injection equipment among respondents who reported injecting illegal drugs



5% of the respondents of the survey who used drugs reported that their first drug injection happened in prison.

Overdose

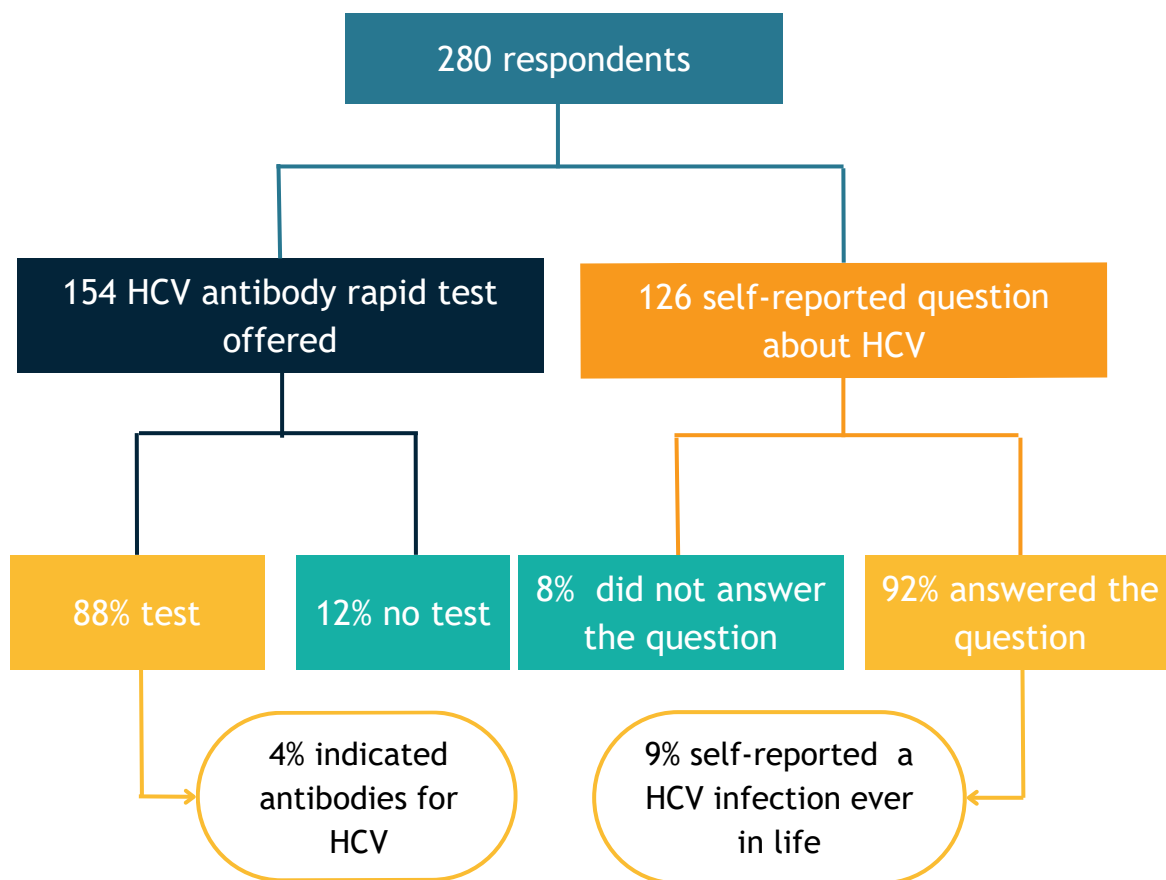
Before the current detention (outside prison)

14% of the respondents who used drugs reported to have had an overdose outside prison

During the current detention (inside prison)

Only one respondent who used drugs experienced an overdose during the current imprisonment. This person also previously experienced a drug overdose outside prison, before the current imprisonment.

Hepatitis C infection (HCV)



Observed differences

The indication of **antibodies for HCV**, according to our test results, seemed to be higher among those who have previously been in **prison twice or more** (11%) compared with respondents of the survey who are in prison for the first time (2%)

9. Treatment

58% respondents of the survey visited a doctor, psychologist, counsellor, or treatment centre for mental or emotional issues during the current detention period. Among them, 42% received a prescription for mental health medication during detention.

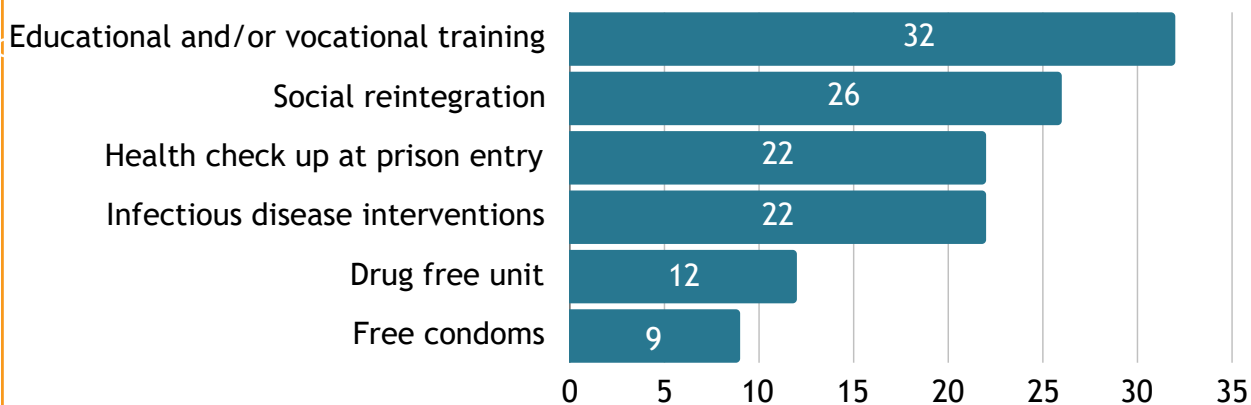
“ (...) When I see what, how much medication some prisoners, you know, I don't take any medication at the moment, beside methadone. But when I see some people's pillbox, yeah, then I think to myself: If I had to be the one to take all that, I would be passed out”, you know. Yeah, I find that in here, medication is prescribed very quickly, with very little examination. ”

Woman, in treatment for drug use

“ In here, everyone stays in bed until noon. Until it's time to eat, after that, they go back to sleep until it is time to walk, sell drugs and back to bed again. Sorry but, come one, what do you achieve by locking people up this way? ”

Man, active drug use

Distribution (%) according to the use of healthcare or social services in prison, during current detention (N=259)



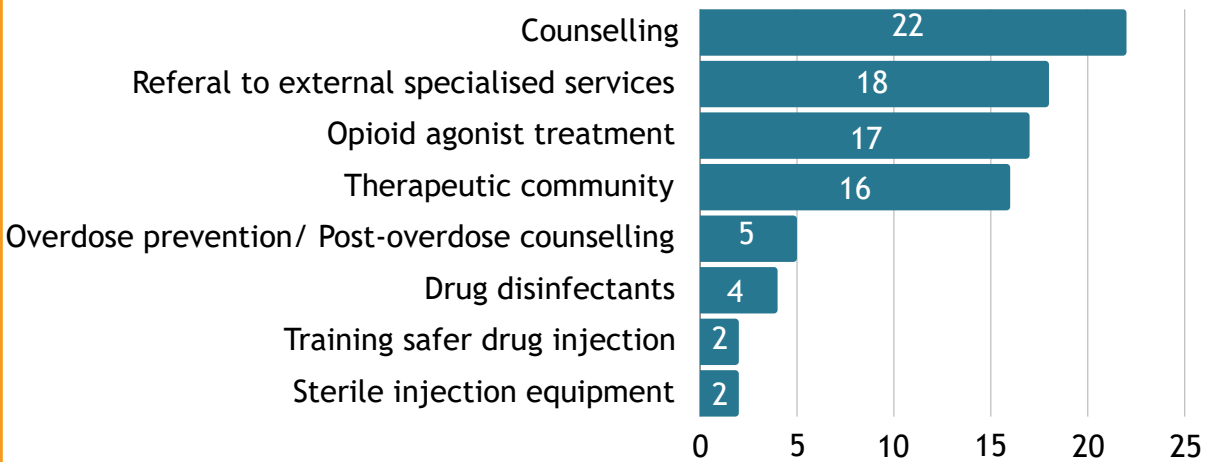
“ There's no help, there's nothing, in fact. that's- that's put in place to help people, to help them to-- like get their act together, to get--uhm, restructure themselves and all that, in fact. These people, they have to do it by themselves. They have to move, they have to ask, they have to do everything, they have to find the services by themselves, they have to do everything by themselves. But if you don't know that something exists, how do you-- that's the question you have to ask and to whom you have to ask it. ”

Man, active drug use

Drug-related health care

27% of all respondents of the survey in prison who indicated the use of drugs inside prison during the current detention reported that they are/have been in **treatment** for issues related to drug use during current imprisonment.

Distribution (%) of the use of drug-related health care services inside prison during current imprisonment (N=89)



“Maybe pay a little attention to the detainees, take a little more time for them. Instead of, when they don't want to go to work or are still half groggy in bed, writing a sick note and hup, solved.”

Man, active drug use

“It took, gosh, seven, eight months before I could go for an intake.”

Man, past drug use

Observed differences

More female respondents who participated to the survey had an **appointment with caregivers** (77%) compared to male (54%).



More respondents of the survey who reported **drug use outside prison, before the current detention or inside prison during the current imprisonment** received mental health medication during detention (48%) compared to the respondents who did not report drug use before or during the current imprisonment (23%).

More respondents of the survey who reported **symptoms of severe loneliness** received mental health medication during detention (48%) compared to the respondents who did not report symptoms of loneliness (22%).

10. Reintegration

Distribution (%) by expectations about place of living after release (N=273)



The percentage of respondents of the survey who reported that they will have stable accommodation after release from prison is higher among those who had stable accommodation 30 days before their current imprisonment (82%), compared to respondents without a fixed place to stay 30 days before their current imprisonment (46%).

The survey results showed that the majority of people in prison (76%) said that they had stable housing after their release. This percentage is lower (70%) for those participants who reported using drugs during the current detention.

Distribution (%) by expectations about employment after release (N=269)



The percentage of respondents of the survey who replied that after release from prison they will have a paid job was statistically higher among those respondents of the survey who were employed 30 days before current imprisonment (69%). While the percentage of persons who thought to become unemployed after their prison release was statistically significant higher among respondents of the survey who indicated to be unemployed 30 days before the current imprisonment (51%).

“Because, yeah, the day of your release, you have nothing left, because you don't have a place to live anymore, most people in here also lost their job by being inside prison, and so on. So, the day you get out of here, where do you go? Because you have nothing left anymore. That's what I mean, there should be more guidance. (...) Yes, financially and also, actually, that's one of the biggest reasons you relapse back to old habits. Cause, yeah, what do you do when you no longer have a roof over your head? And you no longer have an income? And you have nothing left? (...) Then you have to start surviving, right.”

Man, active drug use

“He's still a kid, no matter what you say to him, he'll start again. He'll go out, he'll start again. He has to grow up, I'm mature enough, I'm mature enough to know, since I'm 31, me, I'd like to go out and work.”

Man, active drug use

“I think the help that's missing in prison is to help people find work when they get out. Because if people found work more easily, (...) If there was reintegration assistance, people wouldn't come back to prison.”

Man, past drug use

“Integrate into society. Again, you must have a place to live, a job. I just wonder: 'How do you do that?'. There is a VDAB [*Employment Assistance Service*] here, they sent you letters all the time, right now, you must go apply for jobs, with no other explanation. The PSD [*Psychosocial service*] doesn't have the time, do you know how frustrating that is, those men want the help, but they can't get it. So they take drugs again, to forget about time. Those men get back out on the street, and go back inside. They have nothing outside, they can't do anything outside. They commit the same offences and come back inside prison.”

Man, active drug use

11. Conclusion

Within the study, maximum efforts were made to reach a random sample with similar characteristics to the general prison population. Although respondents were recruited from a small selection of Belgian prisons (with highly variable response rates), the mean age of the respondents reached in the study was similar to that of the general prison population. A majority (66%) of the respondents indicated that they were serving a final sentence, which is also similar to the general prison population (62%). Nevertheless, the study sample showed some differences with the general prison population. For both the survey and interview conducted inside prison, we reached about 14% female and 86% male respondents. This distribution by gender differs from the 5% women in the general Belgian prison population. Compared to the general prison population (39%), we reached in this study more respondents that were in prison for less than one year (50%) (Aebi, Cocco, Molnar, & Tiago, 2022).

Respondents reported a poor health during detention. This is consistent with the findings of several Belgian studies showing that health problems are more common among people in prison compared to a similar population outside prison and that, generally, people in prison have poor health (Zerrouk et al., 2021; Mistiaen et al., 2017). Earlier research already indicated the insufficient capacity to meet the high demand for care from people in prison. Care continuity and more specialised care, such as mental health care, cannot be organised due to this limited capacity of medical services (Mistiaen et al., 2017; Vandeveldel et al., 2021).

The results from the survey and the interviews confirmed the high presence of feelings of loneliness, anxiety, depression, sleeping problems, violence and suicidal thoughts or attempts. Loneliness and sleeping problems were most often reported. Generally, men experience less loneliness compared to women (Statbel, 2022a), but this association was not found in this project.

Although 68% of the respondents of the survey received visits from family and friends during the month before the data collection, many respondents indicated during the interviews a dearth of social contacts. This is a confirmation of previous research which indicated that feelings of loneliness are mainly due to a lack of quality of social relationships or insufficient social contacts in itself (Sciensano, 2021). This study is also consistent with results of a previous study which proves that contacts with prison officers and other people in prison are very important (Schils et al., 2023). This also confirms that loneliness is an important indicator of a lack of social well-being (Sciensano, 2021).

Compared to the general population, we see that the above mentioned prevalence rates of the mental health symptoms are 2 to 8 times higher among people in prison (Vyncke et al., 2015; Drieskens et al., 2018; Sciansano, 2020 & Sciansano, 2021).

In light of the results, we can assume that the prison context affects the interconnection of bio-psycho-social health aspects negatively. In this respect, our results confirm earlier findings that both characteristics of people in prison (such as psychological problems before detention, personality and coping style) as well as characteristics of the detention environment (such as treatment by staff, interaction with fellow people in prison and perceived daily activities) influence health and well-being, and more specifically mental health symptoms during the detention period (Woodall, 2011; Favril & Dirkzwager, 2019). Respondents suggested that prison officers could fulfill a supportive role when it comes to variety of problems, be it on a social, mental or physical health level. Tournel's research (2015) indicated different barriers in order to enable prison officers to be more involved in supportive tasks for people in prison. The lack of training and low visibility of the different tasks of prison officers causes little legitimacy to talk and being present for people in prison in order to build a relation of trust with them. Nevertheless, this is not only important for the people in prison but also for the prison organisation itself because it is an essential element in making authority legitimate (Tournel, 2015).

The use of illicit drugs during the current detention, inside prison, was reported by 29% of the respondents. These results are similar to the prevalence indicated by earlier research conducted in Belgian prisons (Favril & Vander Laenen, 2017; Van Malderen et al., 2011). This prevalence is also consistent with international research in which the use of at least one illicit substance during detention is estimated between 20% and 45% (European Monitoring Centre for Drugs and Drug Addiction, 2022). Cannabis, cocaine, amphetamine and non-prescribed sleeping pills and sedatives were indicated as the most used illicit drugs within prison by the respondents. This is similar to the results of screenings conducted by medical services of the prisons (Debaere, & Schils, 2020). In comparison with previous research conducted during 2015-2016, it seems that the use of heroine is replaced by the use of cocaine (Favril & Dirkzwager, 2019; Favril, 2023).

An interesting finding is the indication of non-prescription sleeping pills or sedatives as second most used substance in prison. The use of prescribed sleeping pills or sedatives is estimated at 25% in the Belgian prisons (Favril & Vander Laenen, 2017). This result is two times higher in comparison with the prevalence within the Belgian population (12% during the last two weeks) in

2018 (Drieskens et al., 2018). Knowing that in the current study the percentage of sleeping pills and sedatives without prescription is about 9%, the use of sleeping pills or sedatives in prison is probably even higher than 25%. In addition, Favril (2023) found that prescribed psychotropic medication during imprisonment were associated with an increased risk of initiation to other types of drugs.

Compared to the use of illicit drugs among the general Belgian population, a higher prevalence of illicit drug use was reported within this study. When taking into account the most used illicit drugs, cannabis, a last month prevalence of 4% was reported within the general Belgian population (Drieskens et al., 2018), compared to 17% of cannabis use during the last month of the current imprisonment among people in prison. Overall, the female respondents indicated to use less drugs compared to male respondents, which is in line with results among the Belgian general population (Drieskens et al., 2018; Schamp et al., 2018) and European prison research (Montanari et al., 2023). However it is in contrast with earlier Belgian research in prison in 2015-2016, that did not find any association between drug use and gender (Favril, & Dirkzwager, 2019; Favril, 2023). Drug use as a way to escape the reality in prison was indicated in earlier research (Van Malderen et al., 2011; Favril, 2023; Woodall, 2011; Mjåland, 2016). However we cannot speak about a causal relationship, the current results provide some support for these statements. Although injecting drug use is not common inside prison (Favril & Dirkzwager, 2019), the results show that among people who injected drugs, sharing injection equipment is more prevalent inside prison than outside prison. The result about the HCV test results is also in line with results of earlier Belgian research. People in prison have a higher prevalence of infection for HCV compared with the general population (Busschots et al. 2021).

The interviews showed that housing and employment are considered the most important factors in preventing relapse into drug use and recidivism, which again confirms earlier research indicating that stable housing and work are key determinants of health (van Dooren et al., 2012). Among other things, it gives self-confidence and a sense of security (Jamin, 2021). Moreover, stable housing makes the target group more accessible to health and social care providers, as people with mental and addiction problems who do not have stable housing are the most difficult to reach (Padgett et al., 2011).

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Call + 32 2 642 57 72 (Sciensano) or
+32 471 55 79 15 (HOGENT)



Mail BMCDDA@sciensano.be or suprb@hogent.be



Or visit the webpage

