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# Therapeutic Interventions for Addicts in Prisons

## ABSTRACT

Drug addiction is prevalent among prisoners. The lack of therapeutic or adequate interventions for addicts can be a risk factor for recidivism. Therefore, it is important follow methods that have been documented as effective. The purpose of this article is to present the results of an analysis of foundational data on therapeutic programmes conducted in prison wards and targeting drug addicts, including those addicted to new psychoactive substances. The results of the research focus on identifying individual elements of the programs resulting from their structure and the level of inclusion of interventions documented as effective in addiction therapy. The conclusions and recommendations from the desk research lead to recommendations for improving penitentiary practice.

## KEYWORDS

new psychoactive  
substances, drugs,  
addiction, prison,  
therapy, interventions

## Introduction

Addiction to psychoactive substances other than alcohol, including new psychoactive substances (NPSs), is observed in people who

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have been imprisoned. In addition, these individuals are at a higher risk of developing what is described as addiction. Studies indicate significantly higher levels of both risky and harmful use of psychoactive substances other than alcohol or addiction among prisoners as compared to the general population (Pape, Lobmaier, Bukten 2022; Van de Baan et al. 2021; Haviv, Hasisi 2019; Fernandes, Simon 2017; Fazel, Yoon, Hayes 2017; Bronson et al. 2017; Kouyoumdjian et al. 2014). In turn, those who use psychoactive substances, including NPSs, in a risky and harmful way or are dependent on them are more likely to commit a crime again than those who do not use such substances (Lokdam, Stavseth, Bukten 2022: 1).

The co-occurrence of criminal behaviour with drug and/or NPS addiction is diverse in nature. Addiction can lead to criminal activity and criminal activity can provoke the use of psychoactive substances. However, it is not always possible to clearly identify the direction of such co-occurrence, in which case the relationship is bidirectional or unspecified (Banks, Waughb 2019: 339).

The relationship between the use of psychoactive substances and criminal behaviour can also be seen in the context of conflicts with the law, in which case at least three relationships can be distinguished: (1) a direct link between a criminal act and the need to obtain a drug (theft, robbery, etc., as well as the illegal production or sale of drugs), (2) using a psychoactive substance to enhance motivation to commit a crime (the perpetrator uses a drug to relieve anxiety or stress or to increase aggression) and (3) using a drug in connection with a criminal act, but unplanned and unconsciously (e.g. causing a fatal accident or committing an impulsive homicide, robbery or rape) (Hołyst 2016: 471).

Since prisoners' addiction to psychoactive substances other than alcohol, including NPSs, is a strong risk factor for recidivism (Andrews, Bonta 2010; Wójcik 2013), it is important to design and implement effective therapeutic interventions directed at this population. Thus, the suggested solutions should be based on scientific evidence, in line with the trend for evidence-based practice (Barczykowska, Dzierżyńska-Breś 2013: 132–136; Muskała 2016: 93–97) and adapted to the sociocultural context in which they are implemented.

## Therapeutic measures in penitentiaries in Poland

The Prison Service, as a formation subordinate to the Minister of Justice, has precisely defined tasks for counteracting addiction to drugs and new psychoactive substances. Such tasks include

carrying out penitentiary and social rehabilitation activities with respect to persons sentenced to imprisonment, above all by organising work conducive to acquiring professional qualifications, teaching, cultural and educational activities, physical culture and sport activities and specialised therapeutic activities. (Act of 9 April 2010 on the Prison Service, Article 2, para. 2, point 1)

As can be seen above, the tasks of this formation primarily involve conducting social rehabilitation and therapeutic activities, also for people addicted to NPSs. These obligatory activities in penitentiaries have become part of the reality of the Polish prison system. The wide range of penitentiaries' activities also includes prevention, short interventions or medical treatment. In addition, the Prison Service, fulfilling its obligation to ensure order and security (Act of 9 April 2010 on the Prison Service, Article 2, para. 2, point 6) in penal institutions and detention centres, also works to counteract the penetration of psychoactive substances into penitentiaries. This endeavour is carried out through protective measures such as inspecting persons entering the premises, objects and parcels addressed to prisoners and prison cells and other places where prisoners live as well as testing for psychoactive substances in prisoners' bodies. In summary, the Prison Service reduces the demand, supply and harm done by addictions through prevention and social rehabilitation, among other things.

Among the significant achievements of the Polish penitentiary system is the extensive therapeutic system of imprisonment (Act of 6 June 1997—Executive Penal Code 1997, Article 81). Taking into account the fact that, as state institutions, prisons and detention centres function on the basis of specific legal acts, the therapeutic system has also been detailed in legal regulations (of the Minister of Justice) and in legal acts (of the Director General of the Prison Service). Thus, it is important to mention the five most relevant documents that formally regulate addiction therapy in prisons:

(1) the Act of 6 June 1997—Executive Penal Code (with further amendments)

(2) the Regulation of the Minister of Justice of 14 August 2003 on the ways of conducting penitentiary interventions in prisons and detention centres (with further amendments)

(3) the Regulation of the Minister of Justice of 21 December 2006 on detailed conditions and procedures for treatment, rehabilitation and reintegration of addicts placed in organisational units of the Prison Service

(4) Order No. 19/16 of the Director General of the Prison Service of 14 April 2016 on detailed rules for the conduct and organisation of penitentiary work and scopes of activities of officers and employees of penitentiary and therapeutic departments and penitentiary wards

(5) Order No. 85/2020 of the Director General of the Prison Service of 5 November 2020 on the qualifications for positions in penitentiary and therapeutic departments and in Mother and Child Homes.

The above-mentioned legal acts regulate the functioning of the therapeutic system in the Polish prison system, with regard to therapeutic treatment of addictions in separate therapeutic wards in prisons, specialisations of therapeutic wards (e.g. wards for people with alcohol dependence or for those with dependence on psychoactive substances other than alcohol), the required positions in the therapeutic ward, the structure of the therapeutic programme or the qualifications of the staff of therapeutic wards.

The treatment provided to people addicted to psychoactive substances other than alcohol, including NPSs, consists of a standard 6-month programme of basic addiction psychotherapy. Pursuant to Order No. 19/16 of the Director General of the Prison Service, this time may be extended or shortened by no more than 1/3 of the period (Order No. 19/16 of the Director General of the Prison Service of 14 April 2016, § 75). At the same time, it is possible to discharge a prisoner from the therapeutic ward before the therapy is completed if they do not show motivation and intensive motivational interventions have been carried out for a minimum of 30 days (Order 19/16 of the Director General of the Prison Service of 14 April 2016, § 73) and if, despite psycho-corrective interventions, they seriously disrupt the course of group activities or pose a threat to the other therapy participants (Order No. 19/16 of the Director General of the Prison Service 2016, § 74).

Prisoners who require specialised influence, such as those addicted to psychoactive substances, are directed to therapeutic wards (Act of 6 June 1997—Executive Penal Code 1997, Art. 96) in one of three ways: (1) by a decision of the penitentiary commission—with the consent of the prisoner, (2) by a decision of the penitentiary court—without the convicted person's consent (Act of 6 June 1997—Executive Penal Code 1997, Art. 117) or (3) by a therapeutic regime ordered as part of the sentence issued by the criminal court (Act of 6 June 1997—Penal Code 1997, Art. 62).

There are 17 therapeutic wards for prisoners addicted to psychoactive substances other than alcohol in Polish prisons and detention centres, with a total capacity of 688 places (Table 1).

**Table 1.** Location, purpose and capacity of therapeutic wards for convicts addicted to psychoactive substances other than alcohol

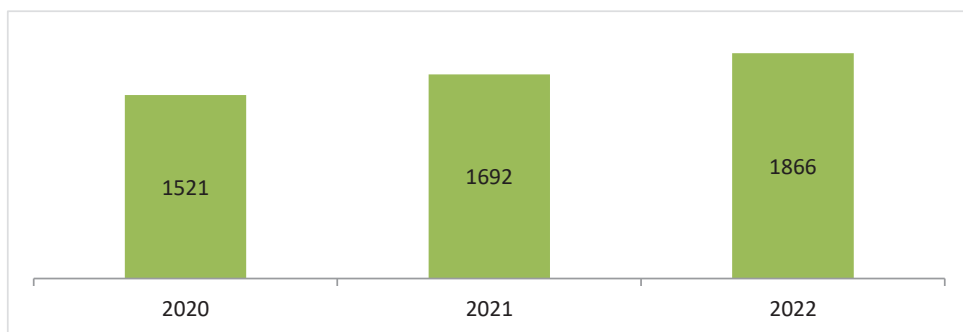
No.	Ward	Destination*	Capacity
1.	Brzeg ZK	R-1/t	56
2.	Elbląg AŚ	R-1/t	39
3.	Lubliniec OZ	P <sub>r</sub> M <sub>r</sub> R-1/t, P <sub>r</sub> M <sub>r</sub> R-2/t (women)	36
4.	Łowicz ZK	R-1/t, R-2/t	42
5.	Kielce AŚ	R-1/t, R-2/t	38
6.	Kłodzko ZK	R-1/t, R-2/t	26
7.	Krzywaniec ZK	R-1/t, R-2/t	34
8.	Nowogard ZK	R-1/t, R-2/t	47
9.	Przemysł ZK	M-1/t, P-1/t	30
10.	Rawicz ZK	M-1/t, P-1/t	48
11.	Rzeszów ZK	R-1/t, R-2/t	41
12.	Suwałki AŚ	M-2/t, P-2/t	49
13.	Warszawa-Służewiec AŚ	P <sub>r</sub> M-1/t, P <sub>r</sub> M-2/t	36
14.	Wierchowo ZK	M-1/t, P-1/t	40
15.	Włocławek ZK	P <sub>r</sub> M-1/t; P <sub>r</sub> M-2/t	40
16.	Wrocław ZK nr 1	M-1/t, P-1/t	50
17.	Wronki ZK	R-1/t	36
<b>Total</b>			<b>688</b>

\*R: penitentiary recidivists; P: those imprisoned for the first time; M: juveniles (under 21 years old); 1: closed prison; 2: half-open prison; t: therapeutic system of imprisonment

SOURCE: Own study based on data from the Central Board of the Prison Service (CBPS).

According to data from the Central Board of the Prison Service (CBPS), in 2022 the number of prisoners undergoing drug therapy, including therapy focussed on NPSs, was 1,866. Compared to previous years, this number was significantly higher and is the highest value recorded to date (CBPS data) (Figure 1). This is due to an increase in the number of places within the various wards.

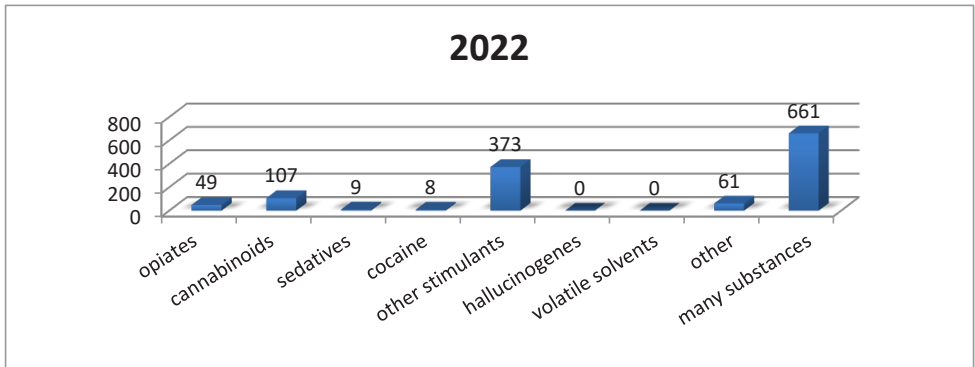
**Figure 1.** Number of prisoners addicted to psychoactive substances other than alcohol and undergoing therapy



**Source:** Own study based on data obtained from the CBPS.

On average, in 2022 there were approximately 110 convicted persons receiving therapy per therapeutic ward. Despite the increase in the number of places in therapeutic wards in recent years, the need for therapy for prisoners addicted to psychoactive substances other than alcohol, including NPSs, is still significant. The number of convicted persons in therapeutic wards at the end of 2022 was 1,674, and the waiting time for admission is approximately 13 months (CBPS data).

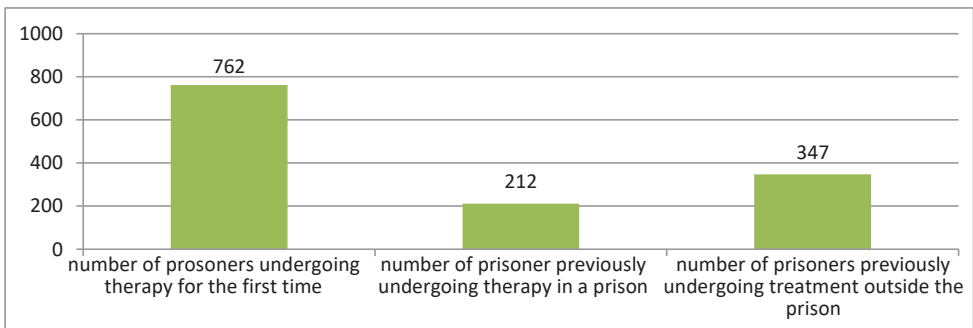
A detailed analysis of the available data on substance dependence shows that the main group is comprised of convicted persons with a dependence on several psychoactive substances: 661 people in 2022. In the case of people with a dependence on a single drug, the largest group was those with a dependence on stimulants (373), followed by cannabinoids (107) and opiates (49) (Figure 2). This distribution was similar to that in the previous years.

**Figure 2.** Number of prisoners with an addiction, by substance in 2022

Source: Own study based on data obtained from the CBPS.

It is noteworthy that in recent years, the number of people taking drugs in the category “other,” which includes NPSs, has been decreasing. In 2022, this figure fell year-on-year from 94 to 61 (CBPS data). The downward trend in NPS use is consistent with that recorded in recent years in the general population in Poland (Malczewski, Jabłoński 2020: 25).

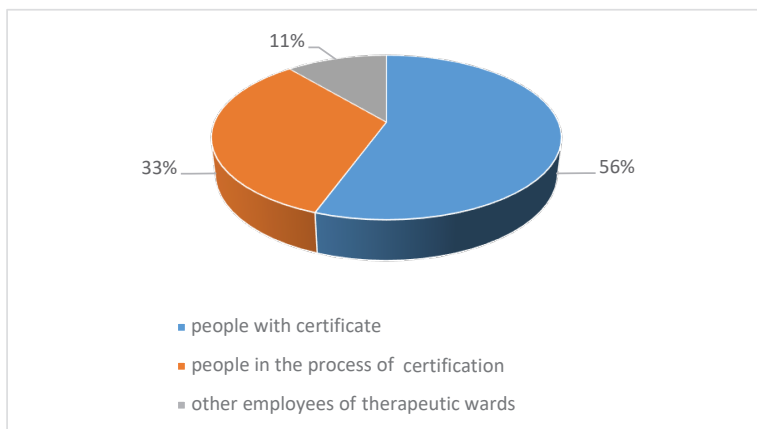
The data on the therapy history of prisoners shows that, although the largest proportion was those who received addiction therapy for the first time, there is also a group of people with previous therapy experience among them (Figure 3). In 2022 there were 559 prisoners who had previously participated in therapy, constituting approximately 42% of all convicted people receiving therapy.

**Figure 3.** Number of prisoners addicted to psychoactive substances other than alcohol who had already had therapy

Source: Own study based on data obtained from the CBPS.

At the end of 2022, the staff of therapeutic wards for convicted people addicted to psychoactive substances other than alcohol comprised a total of 83 people. Within this group, 17 full-time positions were occupied by ward managers; the rest were therapists, psychologists and educators. Forty-five of them were certified as addiction psychotherapists, while another 27 were in the process of certification and two were to start training in the near future. The remaining staff members were educators who do not provide therapeutic interventions and for whom professional training in addiction therapy is optional (Figure 4).

**Figure 4.** Breakdown of qualifications of the staff of prison therapeutic wards for prisoners addicted to psychoactive substances other than alcohol (as of December 31, 2022)



**Source:** Own study based on the data obtained from the CBPS.

## Analysis of data on therapeutic programmes for people addicted to psychoactive substances other than alcohol

Effective therapeutic programmes in penitentiaries will not only reduce relapses of addiction, but will also reduce the risk of recidivism. Thus, it is essential that they are constructed and implemented in accordance with contemporary evidence-based knowledge (Miller 2013).

The programmes of therapeutic wards in penitentiaries cover three dimensions that constitute a hierarchical whole: (1) macro—understood as a philosophy that refers to thinking about crime



and re-adaptation of prisoners, together with legal regulations, (2) meso—referring to a therapeutic programme that defines the subject matter of the classes and the methods and techniques used to conduct them and (3) micro—referring to the therapeutic relationship between the patient and the therapist in the penitentiary context (Głowik 2012: 322; cf. Głowik 2007). The therapeutic programmes of particular wards are created by their therapeutic teams in compliance with the legal regulations mentioned above. The programmes should be based on solutions documented as effective in the course of scientific research, which is verified at the central level, as each therapeutic programme is approved by the Director General of the Prison Service (Regulation of the Minister of Justice 2003, § 19, item 2).

The aim of the study was to identify the design framework of therapeutic programmes for people addicted to psychoactive substances other than alcohol that are conducted in penitentiaries across the country, and to determine the level of inclusion of interventions documented as effective in the treatment of addiction to psychoactive substances other than alcohol, including NPSs.

The following research questions were asked:

(1) What assumptions, objectives, methods of interventions and ways of measuring effects are indicated in the therapeutic programmes in prison wards for persons addicted to psychoactive substances other than alcohol?

(2) To what extent do the programmes include interventions that have been identified as being relevant to effective treatment of dependence on psychoactive substances other than alcohol?

A method of analysing the existing data was applied to the 17 therapeutic ward programmes. The analysis of the existing data was divided into two stages. As the first step, the programmes were analysed in terms of the following categories (in accordance with §19.1 of the Regulation of the Minister of Justice of 14 August 2003 on the ways of conducting penitentiary interventions in prisons and detention centres):

(1) substantive and organisational assumptions and specific objectives of the programme, (2) methods and techniques of influence, (3) schedule of implementation and duration of the programme (4) definition of ways of measuring the effects and criteria for achieving the programme objectives. (Regulation of the Minister of Justice of 14 August 2003 on the ways of conducting penitentiary interventions in prisons and detention centres)

In the next step, the programmes of the therapeutic wards were analysed in terms of the indicators of the effectiveness of addiction therapy identified through research carried out in 2016–2017 within the project called “Determination, by meta-analysis, of indicators of the effectiveness of drug therapy implemented with funds from the National Bureau for Drug Prevention”<sup>1</sup> (Karteczka-Świątek, Opozda-Suder, Piasecka, Sztuka, Szwejka 2017: 39–40). Among these indicators, abstinence and completion of therapy were singled out as primary. Furthermore, in the course of the narrative synthesis, additional indicators of effectiveness were identified and grouped into four categories: (1) medical status—health complaints, severity of the effects of addiction and psychiatric problems, (2) mental health—level of motivation, desire/compulsion to use drugs, self-efficacy and impulsivity, (3) social functioning—social relationships, family relationships, employment and education and (4) legal situation—commission of crimes and punishment (Karteczka-Świątek, Opozda-Suder, Piasecka, Sztuka, Szwejka 2017: 39–40). This analysis focusses on two of the identified categories: mental health and social functioning.

The analysis of the therapeutic programmes in terms of their theoretical assumptions showed that most of them (16 programmes) were based on more than one theoretical approach. In their assumptions, the authors of the programmes referred to (1) solution-focussed approaches—one programme was based entirely on this approach (Berg, Miller 2000; De Jong, Berg 2007; Szczepkowski 2009, 2016; Ratner, George, Iveson 2017; Piasecka, Piątek 2023)—while the remaining programmes were based on (2) solution-focussed approaches with motivational dialogue (Miller, Rollnick 2014; Arkowitz, Miller, Rollnick 2017; Naar, Safren 2020) and the transtheoretical model of change (Prochaska, Di Clemente 1983; Del Rio Szpuzsynski, De Ávila 2021); four programmes referred to (3) the transtheoretical model of change and the assumptions of motivational dialogue, one programme assumed (4) an eclectic model of therapeutic work which combined different approaches, including cognitive-behavioural, psychodynamic and the transtheoretical

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1 The institution is currently called the National Centre for Addiction Prevention.

model of change (Prochaska, Norcross 2006) and (5) other programmes combined traditional thinking about therapy for addicts based on the Minnesota model (Rachowska 2016), strategic-structural therapy (Mellibruda, Sobolewska-Mellibruda 2006) with cognitive-behavioural therapy (including Albert Bandura's social learning theory [Bandura 1977]), Marlatt and Gordon's cognitive concept of relapse (Marlatt, Gordon 1985) and the assumptions contained in Aaron T. Beck's cognitive therapy of addiction (Beck et al. 2007), the transtheoretical model of change or the motivational approach. The transtheoretical model of change was the most frequently used theoretical basis for the interventions, being indicated in 16 of the 17 programmes under analysis.

The general objectives of the analysed treatment programmes mainly revolved around developing knowledge, skills and attitudes related to leading a healthy lifestyle, including abstaining and complying with legal norms. In the specific objectives, the programmes also emphasised the role of strengthening motivation to not use psychoactive substances; changing irrational beliefs concerning the use of psychoactive substances; strengthening one's sense of responsibility for the recovery process; strengthening knowledge/awareness of addiction, its symptoms and the mechanisms of addiction and the compulsion/desire to use drugs; strengthening/acquiring psychosocial skills, including coping with emotions, interpersonal communication, asking for help, coping with stress and recognising one's own resources and weaknesses; constructive leisure time management; formulating and expressing assertive messages; building a support network; preventing relapses, improving interpersonal relationships, strengthening family ties and self-esteem and building a socially acceptable value system; identifying one's goals and interests; and enhancing the development of spirituality or reflection. In addition, the programmes envisage the development of individual therapy plans following a proper diagnosis. The programmes offered a similar range of methods for therapeutic interventions: individual therapy, group therapy, skills training, relapse prevention training, cooperation with families and relatives, relaxation activities, cultural and educational activities, sports activities, work for the therapeutic ward and self-help group meetings.

The duration of particular programmes was 6 months, as determined by §75 of Order No. 19/16 of the Director General of the Prison Service. At the same time, it was also indicated that this duration could be shortened or extended by no more than 1/3 of the duration of the programme, and—referring to § 73 and § 74 of the Order—that, in special cases, it is possible to discharge a convicted person from the therapeutic ward before the completion of the therapy if (1) they do not show motivation for therapy and intensive motivational interventions have been conducted for a minimum of 30 days and (2) they disrupt the course of group activities with their behaviour or pose a threat to other therapy participants.

All the programmes also included the same measurement of the outcomes and criteria for achieving programme goals, as recommended by the CBPS Penitentiary Office. The evaluation of the outcome was indicated in the pre-test scheme (before or shortly after the therapy begins) and the post-test scheme (at the end of therapy), after the prior agreement of a given prisoner to participate in the research. The method was a diagnostic survey conducted with the use of instruments that were standardised or invented by the author. In addition, in order to verify the maintenance of abstinence and to capture changes in the basic areas of functioning, it was assumed that a measurement would be conducted 24 months after the completion of the therapy. This measurement was to be conducted by correspondence using the author's instrument. In addition, one of the programmes also envisaged the implementation of a process evaluation using an evaluation questionnaire and an observation sheet prepared by the author. Moreover, all the programmes identified risk factors that, if changed, would lead to a reduction in the risk of recidivism.

The next stage of analysis of therapeutic programmes was conducted in terms of two categories of indicators for effectiveness: mental health (level of motivation, desire/compulsion to use drugs, self-efficacy and level of impulsivity) and social functioning (social and family relationships).

In terms of the mental health category, the results of the analysis indicate that all programmes are focussed on strengthening the motivation to change, with content related to teaching skills of recognising compulsions/desires to use substances and developing effective ways of coping with such temptation. In turn, another area in the

mental health category concerning the strengthening of self-efficacy was not as obviously managed. In two programmes, the importance of working on self-efficacy was emphasised explicitly, while in the others self-efficacy was indirectly developed through the reinforcement of various skills. The category on impulsivity was similar: two programmes included content on impulsivity, while the others emphasised dealing with emotions that may underlie impulsive behaviour.

In the area of social functioning, changes in the area of social relationships, including family relationships, were addressed in all programmes. This mainly takes place through analysing past relationships, the impact of substance use on social relationships and desired changes in relationships; building support networks; meeting with relatives; and developing cooperation skills and ways of resolving conflicts.

## Conclusions and recommendations on therapeutic programmes in prisons for people addicted to psychoactive substances other than alcohol

The therapeutic programmes under study have a clear and coherent structure resulting from §19.1 of the Regulation of the Minister of Justice of 14 August 2003 on the ways of conducting penitentiary interventions in prisons and detention centres. In addition, all the programmes contain a list of identified risk factors which, when addressed, will lead to a reduced risk of recidivism. All of the programmes include detailed scenarios of individual activities, which is important for the methodology of implementing individual activities within the programmes. The level of correctness of their development is varied.

The programmes are based on concepts documented to be effective in addiction treatment (e.g. a cognitive-behavioural approach or motivational dialogue). The programmes offer upgraded methodological assumptions in combining the traditional perspective with current knowledge based on scientific evidence. All the programmes have main objectives and specific objectives. The intervention methods combine therapeutic methods with other interventions carried out in penitentiaries. The duration of the interventions is defined and

can be modified according to legal regulations. All the programmes have a described method of measuring the effects, using a pre-test/post-test scheme.

The content of the programmes is directly aimed at enhancing motivation to change, recognising and developing effective ways of coping with compulsions to use substances and enhancing constructive social relationships. The programmes are indirectly aimed at enhancing self-efficacy through the development of different types of skills (the two programmes which involve the issue of self-efficacy are exceptions), dealing with impulsivity through the development of skills to recognise and constructively express emotions that can cause impulsive behaviour (the two programmes which take into account the issue of impulsivity are exceptions).

Recommendations were made based on the analysis of the therapeutic programmes. Firstly, it is recommended to maintain a properly designed structure for the programmes that takes into account substantive and organisational assumptions, programme objectives, methods of intervention, duration of the programme and measurement of programme effects, among other things. Secondly, in particular programmes, it is recommended to further update the substantive assumptions using approaches documented as effective, to revise the objectives in terms of construction according to accepted standards and to improve the coherence between the programme's individual elements. Thirdly, it is advisable to conduct a process evaluation, in addition to the outcome evaluation, to determine whether any potential ineffectiveness of therapeutic interventions is the result of errors, deviations or modifications in the implementation of therapeutic programmes (Piasecka, Kuształ, Piątek 2022). Finally, it is worth considering extending the identification of factors to include those that prevent prisoners returning to criminal activity, and thus reduce the likelihood of recidivism.

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