

**What works to reduce drug-related deaths for prison leavers with drug misuse- Literature Search**

**February 2021**



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#  1. Introduction

## 1.1 Description of search:

To search for evidence of interventions for prison leavers with drug misuse which will reduce drug related deaths and re-offending.

## 1.2 Databases searched:

NICE Evidence, PH Discovery Service, PsychINFO, EMBASE, PubMed, Google site search

## 1.3 Key terms:

Therapeutic Community Interventions, Pharmacological Interventions, Community-based Interventions, Community-based structured treatment, Community-based health treatment pathways, Community sentence treatment requirements, Prescribing in the community, Rapid access prescribing, Cognitive Skills training Interventions, Opioid substitution therapy, Continuity of care and treatment stability, Care after custody, CJIT- Criminal Justice Interventions Team, Aftercare programme, Throughcare, NHS RECONNECT, Pharmacy drug treatment, drug abuse, drug addiction, substance misuse, prevention of drug-related death, recidivism.

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#  2. Search Results

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| **2.1 Community-based treatment** |
| PHE (2017) [The impact of community-based drug and alcohol treatment on re-offending](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PHE-MoJ-experimental-MoJ-publication-version.pdf)Ministry of Justice, Public Health England | This experimental statistical report contains initial findings from a project that has linked data from the National Drug Treatment Monitoring System (NDTMS) held by Public Health England (PHE) with data on offenders held by the Ministry of Justice (MoJ). The aim of this report is to improve the evidence base of the links between community-based treatment for substance misuse and changes in re-offending.This joint MOJ and PHE study found that over a two year period following the start of treatment, only 34% of all offenders misusing alcohol, opiates and/or non-opiates who *dropped out* of treatment did not reoffend, whereas 53% of substance misusing offenders who *successfully completed* treatment did not reoffend. |
| Jason, L. (2015) [Evaluating Alternative Aftercare Models for Ex-Offenders](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4307799/) Journal of Drug Issues 2015 Jan; 45(1) 53-58US Study | This study examined the role played by aftercare following (mainly) inpatient community-based treatment in the outcomes of criminal ex-offenders with substance use disorders. Two hundred and seventy individuals who had been released from the criminal justice system were randomly assigned to either a Therapeutic Community (TC), recovery homes called Oxford Houses (OHs), or usual care settings (UA). The OHs and TCs are residential settings that emphasized socialization and abstinence from drugs and alcohol, but OHs do not include the formal therapeutic change interventions common to TCs, nor did they include any on-site access to drug abuse or health care professionals. UA involved what occurred naturally after completing treatment, which included staying with friends or family members, their own house or apartment, homeless shelters, or other settings. Longer lengths of stay in either the TCs or OHs were associated with increased employment, and reduced alcohol and drug use. Those assigned to the OH condition received more money from employment, worked more days, achieved higher continuous alcohol sobriety rates, and had more favorable cost-benefit ratios. |
| Perry, A. E. (2016) [Are non-pharmacological interventions effective in reducing drug use and criminality? A systematic and meta-analytical review with an economic appraisal of these interventions](https://www.tandfonline.com/doi/abs/10.1080/10826080802347560?journalCode=isum20) [Substance Use & Misuse](https://www.tandfonline.com/toc/isum20/current)Volume 44, 2009 - [Issue 3](https://www.tandfonline.com/toc/isum20/44/3) | Background: The numbers of incarcerated people suffering from drug dependence has steadily risen since the 1980s and only a small proportion of these receive appropriate treatment. A systematic review to evaluate the effectiveness and economic evidence of non-pharmacological interventions for drug using offenders was conducted. Method(s): Cochrane Collaboration criteria were used to identify trials across 14 databases between 2004 and 2014. A series of meta-analyses and an economic appraisal were conducted. Result(s): 43 trials were identified showing to have limited effect in reducing re-arrests RR 0.97 (95% CI 0.89-1.07) and drug use RR 0.90 (95% CI 0.80-1.00) but were found to significantly reduce re-incarceration RR 0.70 (95% CI 0.57-0.85). Therapeutic community programs were found to significantly reduce the number of re-arrests RR 0.70 (95% CI 0.56-0.87). 10 papers contained economic information. One paper presented a cost-benefit analysis and two reported on the cost and cost effectiveness of the intervention. Conclusion(s): We suggest that therapeutic community interventions have some benefit in reducing subsequent re-arrest. |
| Galassi, A. (2015) [Therapeutic community treatment of an inmate population with substance use disorders: Post-release trends in re-arrest, re-incarceration, and drug misuse relapse](http://europepmc.org/article/MED/26103591?singleResult=true) International Journal of Environmental Research and Public Health, 19 Jun 2015, 12(6):7059-7072 | This systematic literature review maps the evidence for the effectiveness of the therapeutic community interventions (TCI) in reducing re-arrest, re-incarceration or drug misuse following release from prison, including the extent to which these effects are retained over time. The databases searched for the review included PsychINFO, Medline and Scopus and reference lists from relevant articles published between 2007 and 2014. Only quantitative studies that examined the effectiveness of TCI for a prisoner population with drug dependence at the time of initial incarceration were considered. Fourteen studies were identified for inclusion in the review. Three-quarters of the studies reported TCI were effective in reducing rates of re-incarceration. About 70% of studies that examined follow-up rates of drug misuse relapse found TCI effective in reducing rates of drug misuse amongst participants. TCI participation reduced re-arrests events in 55% of the studies. Results suggest TCI effective in the short-term rather than longer term for reducing rates of re-incarceration among participants, and to a slightly lesser extent, drug misuse relapse. |
| Matheson, F. (2011) [Community-Based Aftercare and Return to Custody in a National Sample of Substance-Abusing Women Offenders](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093290/)[American Journal of Public Health.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093290/) 2011 June; 101(6): 1126–1132. | *Objectives.* We evaluated the effectiveness of the Community Relapse Prevention and Maintenance (CRPM) program, developed by Correctional Service Canada to better meet the needs of women offenders with drug problems.*Methods.* Using survival analysis, we investigated the association between exposure and nonexposure to CRPM and return to custody among a national sample of women offenders released from 1 of 6 federal institutions across Canada during the period May 1, 1998 to August 31, 2007.*Results.* After control for other risk factors, women who were not exposed to CRPM were 10 times more likely than were women exposed to CRPM to return to custody 1 year after release from prison, with more than a third returning to prison within the first 6 months.*Conclusions.* Aftercare is a critical component of a woman's support system after she leaves prison. Strategies that improve access to community aftercare are imperative for improving the life chances and health of these women. |
| Johnson, Y. M. (2020) [Ex-Offenders Perceptions of Community-Based Substance Abuse Treatment Programs](https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=10427&context=dissertations) Dissertation; Walden UniversityUS Paper | Many ex-offenders develop negative attitudes and lifestyles-based on adverse childhood experiences that lead to substance abuse problems, as well as negative coping strategies for managing life stressors. To understand ex-offenders’ negative perspectives and attitudes, one must understand the motivation for change. The purpose of this study was to explore perceptions and feelings of ex-offenders involved in community-based treatment programs pivotal in changing their attitudes and lifestyles. The theoretical framework consisted of labeling theory and social learning theory. A qualitative phenomenological approach was used to explore participants’ perceptions of communitybased treatment. Participants shared life stories on how community-based treatment helped them break through denial, changed negative attitudes, provided self-awareness tools by psychoeducation, and offered community resources to help with aftercare plans. Each participant had different motivations related to their path to recovery, as well as their positive social change implications that changed their lifestyles. Findings from the study may be used by program administrators to better serve the needs of ex-offenders, resulting in positive social change. |
| **2.2** **Take Home Naloxone (THN**) **Intervention/ opioid substitution therapy** |
| The Forward Trust (2019) [Take Home Naloxone: best practice in preventing fatal opioid overdoses for prison leavers](https://www.drugsandalcohol.ie/30764/1/Forward_pulse-7.pdf)  | • In response to findings of high drug related deaths in England and Wales, with individuals who are few weeks immediately after release from prison as a high risk. And as part of our commitment to continually improve services and to deliver the best care possible, Forward have instigated a highly-targeted initiative to increase the number of service users being released from prison with Take Home Naloxone (THN), a drug that can save lives by reversing the reduced breathing rate caused by an opioid overdose. • First piloted at HMP Lewes in 2018, and since implemented in 10 other prisons, Forward’s initiative has centred on nominating a dedicated practitioner as ‘Naloxone Lead’ to take responsibility for training prison leavers on how to use the drug (administered by injection) and for providing THN kits upon their release. |
| Horsburgh, K (2018) "[My first 48 hours out" - Naloxone-on-Release: Guidelines for naloxone provision upon release from prison and other custodial settings](https://www.aidsactioneurope.org/en/publication/my-first-48-hours-out-naloxone-release-guidelines-naloxone-provision-upon-release-prison) ISFF | This work is a product of the project [“My first 48 hours out – comprehensive approaches to pre and post prison release interventions for drug users in the criminal justice system”.](https://www.frankfurt-university.de/de/hochschule/fachbereich-4-soziale-arbeit-gesundheit/forschung-am-fb-4/forschungsinstitute/institut-fuer-suchtforschung-isff/forschungsprojekte-isff/my-first-48-hours-out/)For prisoners with a history of drug use, in particular opioid use, the risks related to drug use, in particular overdose and death are extremely high in the immediate period after release from prison, due to high rates of relapse and lower opioid tolerance. Much still needs to be done in order to ensure that people with a history of drug use are sufficiently cared for, when released from prisons.These guidelines are relevant to prisoner healthcare policy makers, managers and practitioners involved in caring for people who use drugs and those likely to witness an overdose. |
| Parmar, M. et al (2013) [Randomized controlled pilot trial of naloxone-on-release to prevent post-prison opioid overdose deaths](https://pubmed.ncbi.nlm.nih.gov/27776382/) Addiction 2017 Mar;112(3):502-515.  | Naloxone is an opioid antagonist used for emergency resuscitation following opioid overdose. Prisoners with a history of heroin injection have a high risk of drug-related death soon after release from prison. The NALoxone InVEstigation (N-ALIVE) pilot trial (ISRCTN34044390) tested feasibility measures for randomized provision of naloxone-on-release (NOR) to eligible prisoners in England. |
| McDonald, R., Strang, J. (2016) [Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria](https://pubmed.ncbi.nlm.nih.gov/27028542/) | Fatal outcome of opioid overdose, once detected, is preventable through timely administration of the antidote naloxone. Take-home naloxone provision directly to opioid users for emergency use has been implemented recently in more than 15 countries worldwide, albeit mainly as pilot schemes and without formal evaluation. This systematic review assesses the effectiveness of take-home naloxone, with two specific aims: (1) to study the impact of take-home naloxone distribution on overdose-related mortality; and (2) to assess the safety of take-home naloxone in terms of adverse events. |
| Alam, F (2019) [Optimising opioid substitution therapy in the prison environment](https://www.emerald.com/insight/content/doi/10.1108/IJPH-12-2017-0061/full/html)International Journal of Prisoner Health  | The purpose of this paper is to examine the current provision of opioid substitution therapy (OST) during and immediately following release from detention in prisons in England and Wales.Integration of clinical and psychosocial services would enable a joint care plan to be tailored for each individual with opioid dependence and include options for detoxification or maintenance treatment. This would better enable those struggling with opioid use to make informed choices concerning their care during incarceration and for the period immediately following their release. Improvements in coordination of OST would facilitate inclusion of strategies to further streamline this process for the benefit of prisoners and prison staff. |
| LGA [Naloxone Survey](https://www.local.gov.uk/naloxone-survey-2017) 2017 | This survey was conducted by the LGA's Research and Information team between 16 June and 5 July 2017, on behalf of the LGA and Public Health England, in order to better understand the use of naloxone across local authorities, and to demonstrate how it is considered by local authorities as part of their response to drug-related deaths. |
| Addiction 2014 Aug;109(8):1306-17. doi: 10.1111/add.12536. Epub 2014 Apr 14.Degenhardt, L (2014) [The impact of opioid substitution therapy on mortality post-release from prison: retrospective data linkage study](https://pubmed.ncbi.nlm.nih.gov/24612249/) | In New South Wales, Australia, opioid substitution therapy in prison and post-release appears to reduce mortality risk in the immediate post-release period. |
| **2.3 Continuity of care** |
| PHE (2018) [Continuity of care for adult prisoners with a substance misuse need Report on the London ‘deep dive’](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/760266/ContinuityofCareinLondon.pdf) | This report has demonstrated that prison in-reach is clearly one of the most effective approaches to ensuring the effective engagement of prisoners back in the community and was highly valued by all stakeholders. How prison in-reach activity can be extended when funding is stretched is a challenge that could be addressed in part by co-commissioning around prisons and by using the raft of peer, family and mutual aid support in greater measure. |
| PHE (2018) Guidance [Guidance for improving continuity of care between prison and the community](https://www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment/guidance-for-improving-continuity-of-care-between-prison-and-the-community) | An integrated care pathway from prison to the community is crucial for supporting recovery from substance misuse and reducing reoffending among people leaving custody. The [2017 evidence review](https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review) of drug treatment in England highlights the risk of relapse and reoffending among substance-misusing prisoners and their vulnerability to drug-related death in the first few weeks following release. The [Drug strategy 2017](https://www.gov.uk/government/publications/drug-strategy-2017) also recognises the need for better continuity of treatment for offenders on release into the community. |
| NHS [RECONNECT – Care after custody](https://www.england.nhs.uk/ltphimenu/wider-social-impact/reconnect-care-after-custody/)  | This page outlines the lack of continuity of care for prison leavers with substance misuse and outlines the NHS intervention, RECONNECT.**Intervention***RECONNECT – Care After Custody***Description**By providing a navigator service upon release, we are seeking to prevent a return to ill health as well as a reduction in reoffending. By preventing this decline in health through robust reconnection with health services in the community we will reduce health inequalities in this vulnerable patient group and encourage them to take personal responsibility for their own healthcare needs. |
| **2.4 Lack of evidence** |
| Moore, K. et al (2020) [Reentry Interventions that Address Substance Use: A Systematic Review](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6459737/) US Study | **J**ustice-involved individuals with substance use problems have heightened risk of relapse and recidivism after release from incarceration, making reentry a critical time to provide evidence-based treatments (EBTs) for substance use; however, the extent to which reentry interventions incorporate EBTs for substance use is unclear. This systematic review identified studies of reentry interventions in the past 10 years that address substance use, assessed whether EBTs were used, and explored which interventions were effective in reducing substance use and recidivism post-release. Eligible studies included interventions that began during incarceration and continued post-release or began within 3 months of release, and addressed substance use in some capacity. 112 full text articles were reviewed and 38 met inclusion criteria, representing 34 unique interventions. Of the 34 interventions, 21 provided substance use treatment whereas 13 facilitated connections to treatment. Of the 21 interventions providing treatment, the primary modalities were cognitive behavioral therapy (*n* = 6), motivational interviewing (*n* = 2), medication assisted treatment (*n* = 2), therapeutic community (*n* = 2), psychoeducation/12-step (*n* = 5), and 4 did not specify the modality. Of the 31 studies that assessed recidivism outcomes, 18 found reduced recidivism for the treatment group on at least one indicator (e.g., re-arrest, re-incarceration). Of the 13 studies that assessed substance use outcomes, 7 found reduced substance use for the treatment group on at least one indicator. Results were not consistent for any particular treatment approach or modality and highlight the need for consistent integration of EBTs for substance use into reentry interventions. |
| **2.5 Other** |
| Revolving Doors Agency (N. D.) [PCC Spotlight on Substance Misuse Emerging good practice across PCC areas](http://www.revolving-doors.org.uk/file/2282/download?token=L_-3-DmW)Police and Crime Commissioners | Recent review of PCC police and crime plans from across the country showed that 9 out of 10 PCCs identify substance misuse as a problem in their area, yet only 3 out of 10 have set it as a priority. This spotlight brings together examples of good practice with a view to raising awareness about the link between substance misuse, associated health inequalities and crime and encourage PCCs to develop programmes, which take a public health approach to tackle the root causes of crime. |
| Chamberlain, A. et al (2019) [Illicit substance use after release from prison among formerly incarcerated primary care patients: a cross-sectional study](https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-019-0136-6) Addiction Science & Clinical Practice 14US Study | Among individuals seeking medical care after release from incarceration, self-reported substance use was lower than previously reported estimates of post-incarceration substance use. Known risk factors, such as male gender and having a drug use disorder, were associated with illicit substance use, as were novel risk factors, such as less supervised housing. Though illicit substance use post-incarceration can carry severe consequences, treatment and surveillance interventions should be targeted toward individuals with greatest risk. |
| Marsden, J. et al (2017) Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England.[Attached] | People with opioid use disorder (OUD) in prison face an acute risk of death after release. We estimated whether prison-based opioid substitution treatment (OST) reduces this risk.  |
| Horsburgh, K., McAuley, A. (2018) [Scotland's national naloxone program: The prison experience](https://hdas.nice.org.uk/strategy/982239/saved/PsycINFO/2017-16442-001) | Launched in 2011, the Scottish national naloxone program marked an important development in public health policy. Central to its design were strategies to engage prisoners given their elevated risk of drug-related death in the weeks following liberation. Implementation across Scottish prisons has posed particular challenges linked to both operational issues within prison establishments and individual factors affecting staff delivering, and prisoners engaging, with the program. Barriers have been overcome through innovation and partnership working. This commentary has described how the development of the program in prisons has adapted to these challenges to a point where a largely consistent model is in place and where prisoners-on-release are reaping the benefits in terms of reduced opioid-related mortality. |
| Hayhurst, K. (2017) [The effectiveness of diversion programmes for offenders using Class A drugs: a systematic review and meta-analysis](https://www.tandfonline.com/doi/abs/10.1080/09687637.2017.1398715?journalCode=idep20)  DRUGS: EDUCATION, PREVENTION AND POLICY 2019, VOL. 26, NO. 2, 113–124 | Treatment accessed via community-based diversion is effective at reducing drug use in Class A drug-using offenders. Evidence of a reduction in offending amongst this group as a result of diversion is uncertain. Poor methodological quality and data largely limited to US methamphetamine users limits available evidence. |
| **2.6 Evidence from 10+ years ago** |
| Singleton N, Pendry E, Taylor C, Farrell M, Marsden J. Drug-related mortality among newly released offenders. London: Home Office; 2003 (Home Office Online Report 16/03; http://webarchive. nationalarchives.gov.uk/20110218135832/http:/rds. homeoffice.gov.uk/rds/pdfs2/r187.pdf, accessed 29 July 2014).Around arrest, beyond release 2: moving forward – identifying and promoting practice to meet the needs of families in relation to the arrest and release of drugmisusing offenders. London: Home Office; 2009.Strang J, Powis B, Best D, Vingoe L, Griffiths P, Taylor C et al. Preventing opiate overdose fatalities with takehome naloxone: pre-launch study of possible impact and acceptability, Addiction 1999; 94(2):199–204 (http://www.ncbi.nlm.nih.gov/pubmed/10396785, accessed 19 August 2014)Galea S, Worthington N, Piper TM, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as an overdose prevention strategy: early evidence from a pilot study in New York City. Addict Behav. 2006;31:907–12Dettmer K, Saunders B, Strang J. Take home naloxone and the prevention of deaths from opiate overdose: two pilot schemes. BMJ. 2001;322:895–6 |

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#  3. Search Strategy

Search performed on HDAS

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|  | Database  | Search term  | Results  |
| 1  | PubMed  | (Therapeutic Community Interventions).ti,ab  | 31  |
| 2  | PubMed  | (Pharmacological Interventions).ti,ab  | 7032  |
| 3  | PubMed  | (Community-based health treatment pathways).ti,ab  | 5  |
| 4  | PubMed  | (Community prescribing).ti,ab  | 54  |
| 5  | PubMed  | (care after custody).ti,ab  | 233  |
| 6  | PubMed  | (aftercare programme).ti,ab  | 22  |
| 7  | PubMed  | (drug addiction).ti,ab  | 301558  |
| 8  | PubMed  | (substance misuse).ti,ab  | 2868  |
| 9  | PubMed  | (prison leaver).ti,ab  | 1  |
| 10  | PubMed  | (ex convict).ti,ab  | 2  |
| 11  | PubMed  | (ex-convict).ti,ab  | 2  |
| 12  | PubMed  | (criminal justice).ti,ab  | 17597  |
| 13  | PubMed  | (7 OR 8)  | 302731  |
| 14  | PubMed  | (1 AND 13)  | 4  |
| 15  | PubMed  | (2 AND 13)  | 269  |
| 16  | PubMed  | (12 AND 15)  | 3  |
| 17  | PubMed  | (3 AND 14)  | 0  |
| 18  | PubMed  | (4 AND 12 AND 13)  | 0  |
| 19  | PubMed  | (5 AND 13)  | 57  |
| 20  | PubMed  | (7 AND 19)  | 52  |
| 21  | PubMed  | (drug abuse).ti,ab  | 317800  |
| 22  | PubMed  | (19 AND 21)  | 49  |
| 23  | PubMed  | (7 AND 9)  | 0  |

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| 24  | EMBASE  | (Therapeutic Community Interventions).ti,ab  | 6  |
| 25  | EMBASE  | (Pharmacological Interventions).ti,ab  | 9848  |
| 26  | EMBASE  | (Community-based health treatment pathways).ti,ab  | 0  |
| 27  | EMBASE  | (Community prescribing).ti,ab  | 78  |
| 28  | EMBASE  | (care after custody).ti,ab  | 0  |
| 29  | EMBASE  | (aftercare programme).ti,ab  | 23  |
| 30  | EMBASE  | (drug addiction).ti,ab  | 9479  |
| 31  | EMBASE  | (substance misuse).ti,ab  | 3679  |
| 32  | EMBASE  | (prison leaver).ti,ab  | 0  |
| 33  | EMBASE  | (ex convict).ti,ab  | 14404  |
| 34  | EMBASE  | (ex-convict).ti,ab  | 5  |
| 35  | EMBASE  | (criminal justice).ti,ab  | 5485  |
| 36  | EMBASE  | (30 OR 31)  | 13146  |
| 37  | EMBASE  | (25 AND 36)  | 32  |
| 38  | EMBASE  | (33 AND 37)  | 0  |
| 39  | EMBASE  | (prisoner).ti,ab  | 1625  |
| 41  | EMBASE  | (37 AND 39)  | 0  |
| 42  | EMBASE  | (prison).ti,ab  | 11784  |
| 43  | EMBASE  | (37 AND 42)  | 1  |
| 44  | EMBASE  | (26 AND 36)  | 0  |
| 45  | PsycINFO  | (Therapeutic Community Interventions).ti,ab  | 1123  |
| 46  | PsycINFO  | (Pharmacological Interventions).ti,ab  | 5144  |
| 47  | PsycINFO  | (Community-based health treatment pathways).ti,ab  | 26  |
| 48  | PsycINFO  | (Community prescribing).ti,ab  | 742  |
| 49  | PsycINFO  | (care after custody).ti,ab  | 144  |
| 50  | PsycINFO  | (aftercare programme).ti,ab  | 44  |

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| --- | --- | --- | --- |
| 51  | PsycINFO  | (drug addiction).ti,ab  | 14807  |
| 52  | PsycINFO  | (substance misuse).ti,ab  | 4543  |
| 53  | PsycINFO  | (prison leaver).ti,ab  | 1  |
| 54  | PsycINFO  | (ex convict).ti,ab  | 28  |
| 55  | PsycINFO  | (ex-convict).ti,ab  | 23  |
| 56  | PsycINFO  | (criminal justice).ti,ab  | 13267  |
| 57  | PsycINFO  | (51 OR 52)  | 19116  |
| 58  | PsycINFO  | (45 AND 57)  | 33  |
| 59  | PsycINFO  | (46 AND 57)  | 115  |
| 60  | PsycINFO  | (56 AND 59)  | 0  |
| 61  | PsycINFO  | (48 AND 57)  | 46  |
| 62  | PsycINFO  | (56 AND 61)  | 2  |
| 63  | PubMed  | (throughcare).ti,ab  | 4  |
| 64  | PubMed  | (recidivism).ti,ab  | 3967  |
| 65  | PubMed  | (13 AND 64)  | 878  |

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