



Easing Inmates' Transition to the Community – The Maltese Experience

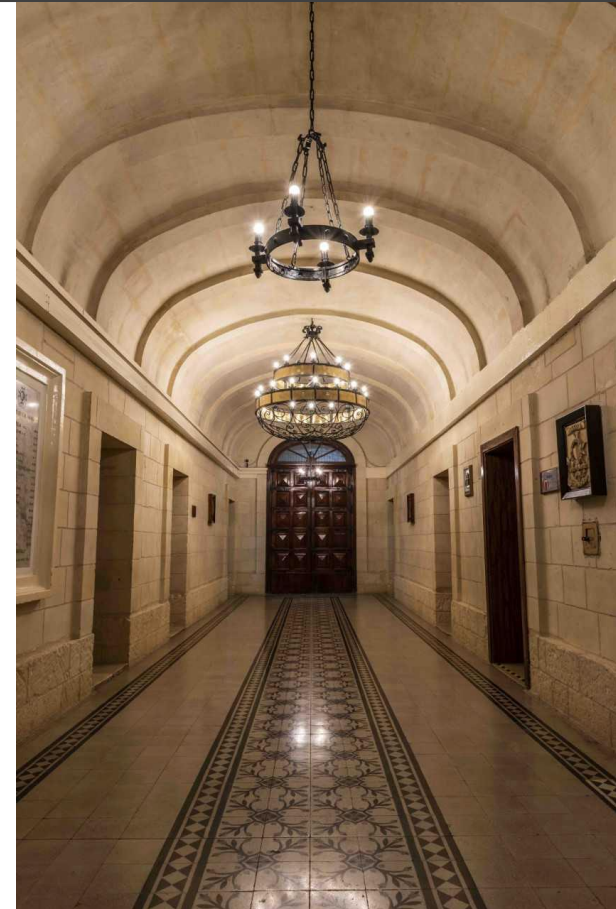
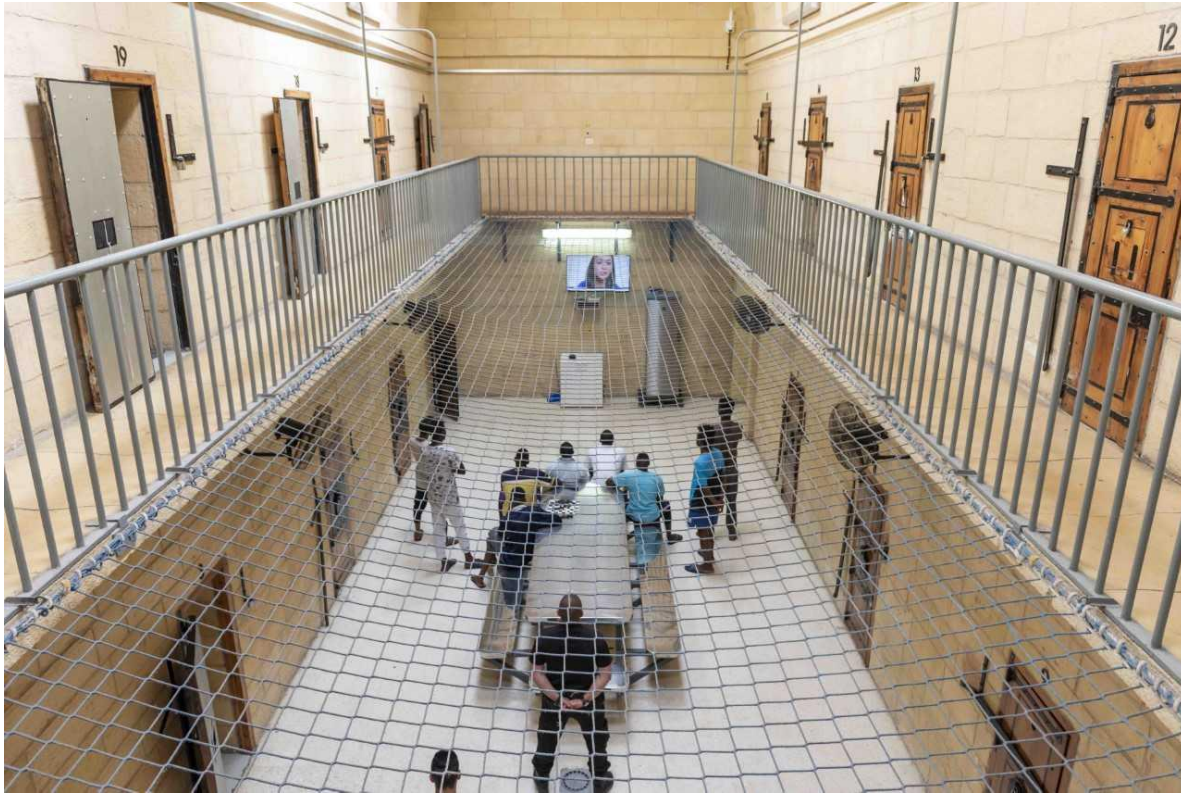
DR CHRIS CREMONA – CORRECTIONAL SERVICES AGENCY, MALTA



Corradino Correctional Facility - Paola



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The Challenges Faced on Discharge

Freed prisoners killing themselves at a rate of one every two days

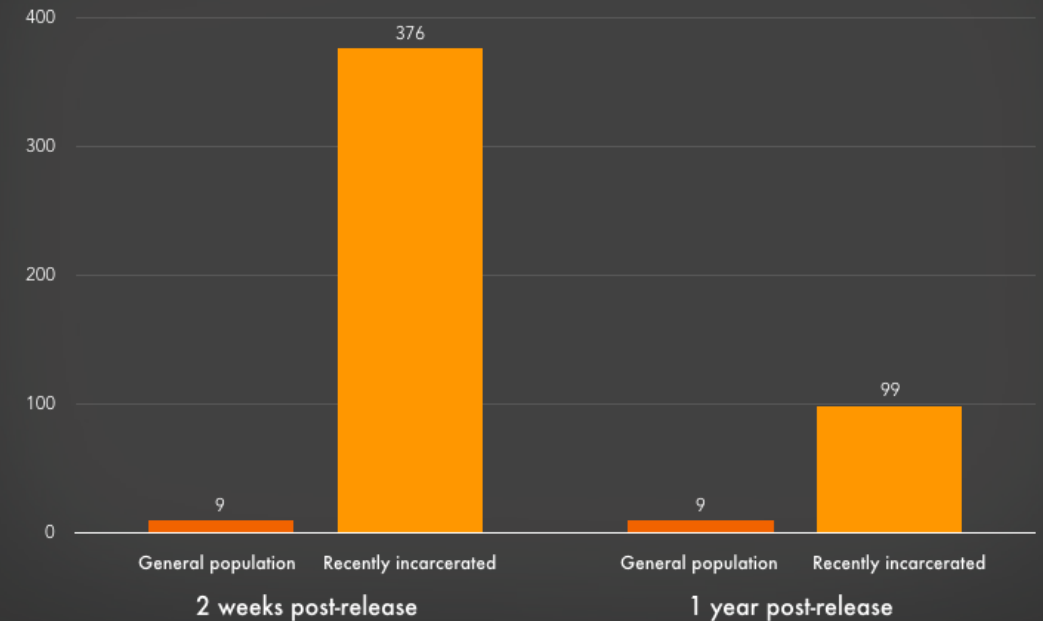
Charity calls for urgent action after sixfold rise in suicide rate among people on supervision



There were 153 suicides among people on post-custody supervision in 2018-19, up from 24 eight years earlier. Photograph: Michael Cooper/PA

Recently incarcerated people are over 40 times more likely to die from an opioid overdose

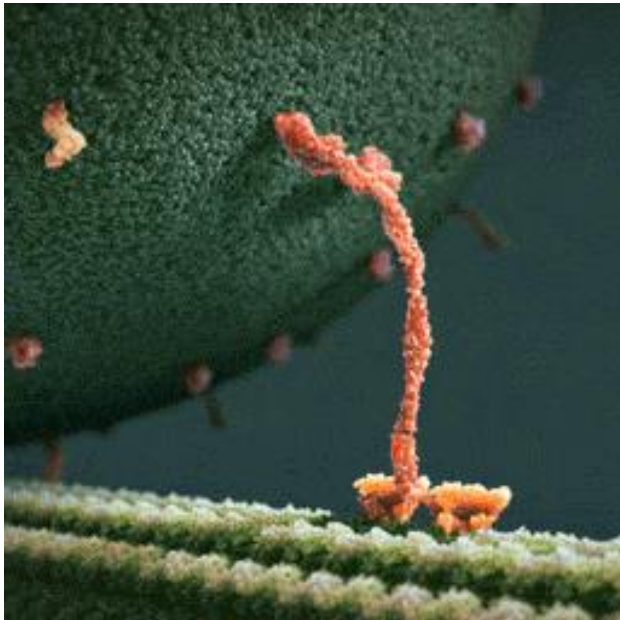
Number of opioid overdose deaths per 100,000 recently incarcerated people in North Carolina compared to rate among the general population in North Carolina



Data Source: "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015" Table 1

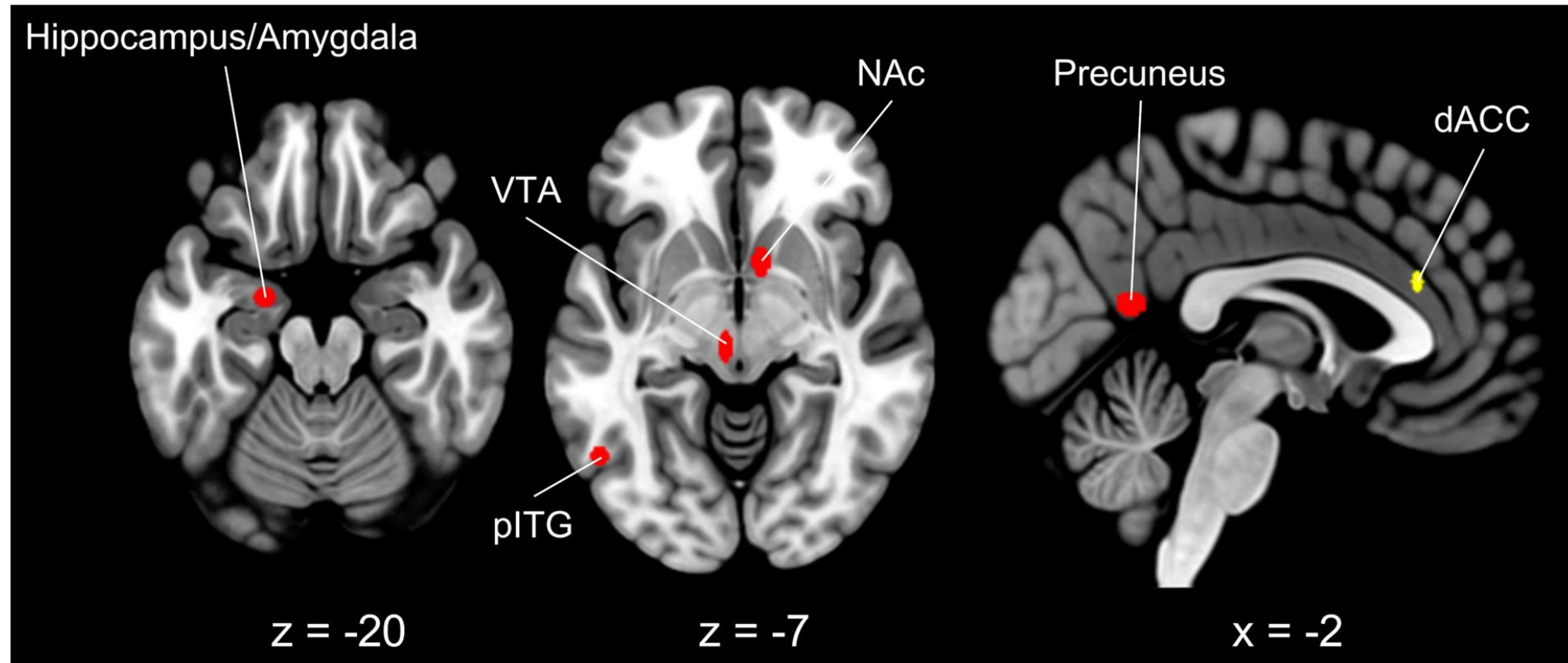
PRISON
POLICY INITIATIVE

The Challenges Faced on Discharge



"Molecules of the protein myosin drag a ball of endorphins along an actin filament into the inner part of the brain's parietal cortex, which produces feelings of pleasure & happiness."

The Challenges Faced on Discharge



Devoto, F., Zapparoli, L., Spinelli, G. *et al.* How the harm of drugs and their availability affect brain reactions to drug cues: a meta-analysis of 64 neuroimaging activation studies. *Transl Psychiatry* **10**, 429 (2020). <https://doi.org/10.1038/s41398-020-01115-7>

Setting Standards for Discharge



01

**Identifying the
Major Challenges**



02

**Setting Up an
Action Plan**



03

**Setting up Meetings
with Stakeholders**



04

**Establishing
Standards
of Practice**



05

**Enacting and Revising
Standards of Practice**

Identifying the Major Challenges

CHALLENGE 1

Mesolimbic system reward pathway in Drug Users

SOLUTION 1

Access to science driven drug rehab programs, Detox clinics, use of modern effective, proven treatments for SUD

CHALLENGE 2

Huge burden of psychiatric illness, social problems and biological illness amongst discharged inmates

SOLUTION 2

Adequate staffing of health care professionals, social workers, probation officers

CHALLENGE 3

Chaotic lifestyles of discharged inmates hindering continuity of care and rehab plans.

SOLUTION 3

A concise yet efficient tailor made discharge plan. Meticulous handover to staff providing assistance in the community.



Setting Up an Action Plan



**Analysis of
Resources Present**



**Valuing Potential in
Current Staff**



**Identification of Key
Stakeholders**



**Setting Achievable
Goals**



**Ensuring Inmate
Centered Action
Plan**



**Identifying Resources
Required**



**Establishing
mutually beneficial
inter-departmental
plans**



Forecasting Pitfalls



Initiating the Plan

Setting Up Meetings with Relevant Stakeholders – 2020

1 – Substance Misuse Outpatients Unit

Setting up follow up appointments the day after discharge from prison for opiate replacement therapies and other psychiatric treatments.

Handover of opiate replacement therapy on admission and discharge of inmates.

2 – Infectious Diseases Department, Mater Dei Hospital

On-site treatment in prison for infectious illnesses.

Follow up appointments and investigations for inmates discharged with active infectious diseases.

3 – Maltese Public Health Authorities

Set up a prison database of infectious diseases for traceability on discharge and continuity of care.

Utilised their resources and advice of infectious illness mitigation measures during COVID-19 pandemic.

4 – Psychiatric Department, Mount Carmel Hospital

Establishment of fast-track psychiatric appointments for inmates once discharged.

Handover of psychiatric care plans between doctors on admission & discharges of inmates.

5 – Care & Re-Integration Unit, Correctional Services Agency

Relevant handover on patient care between prison departments – regular meetings, medical reports, joint discharge planning.

6 – IT Department, Mater Dei Hospital

Access to national health databases facilitating equivalence of care and fluent medical transition into the community.

Establishing Standards of Practice – 2021

Standard Operating Procedures for the Medical Service Provision within the Correctional Services Agency – Admissions & Discharges of Inmates

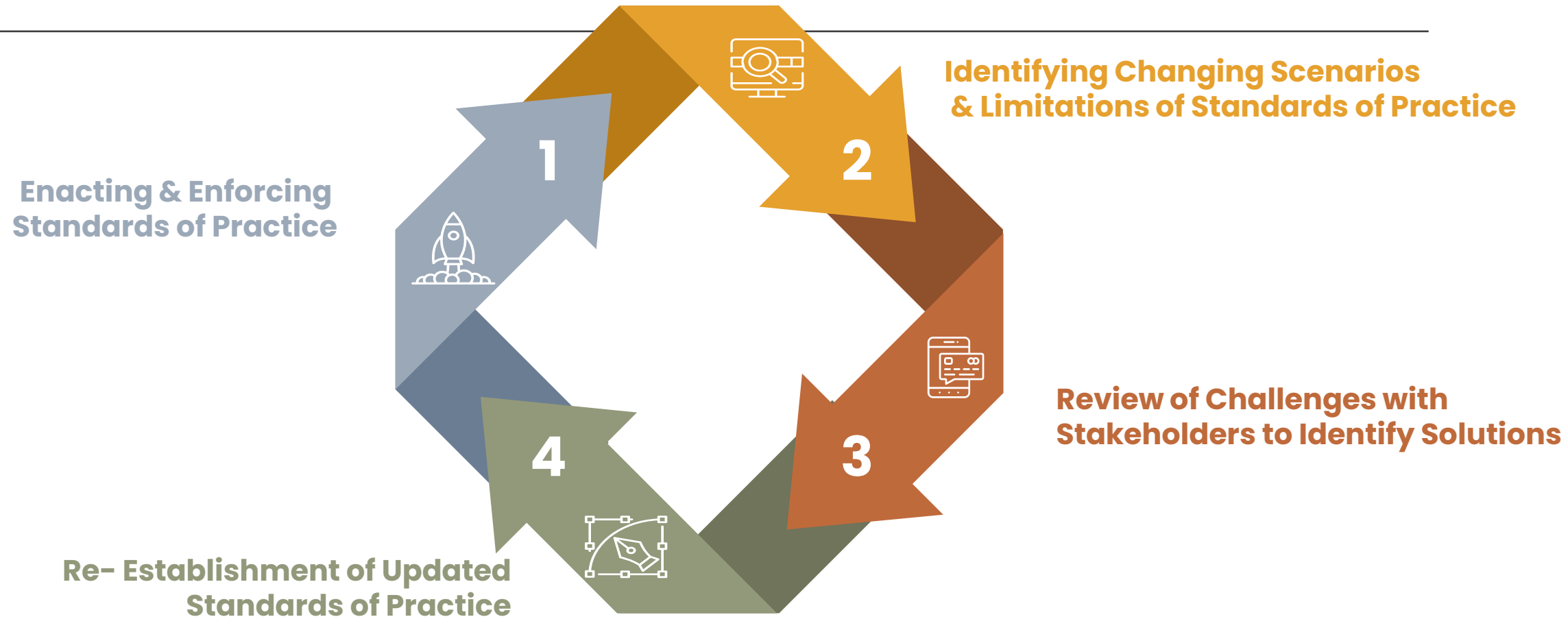


10th June 2021

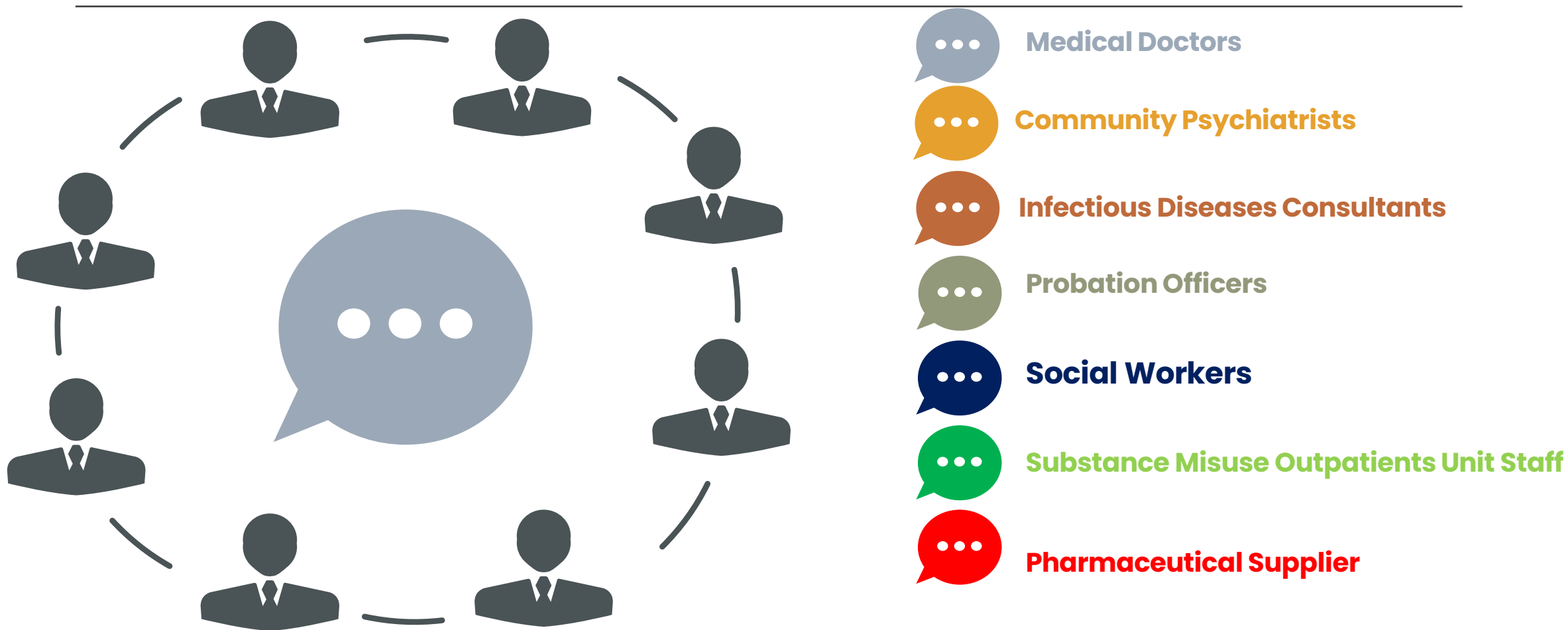
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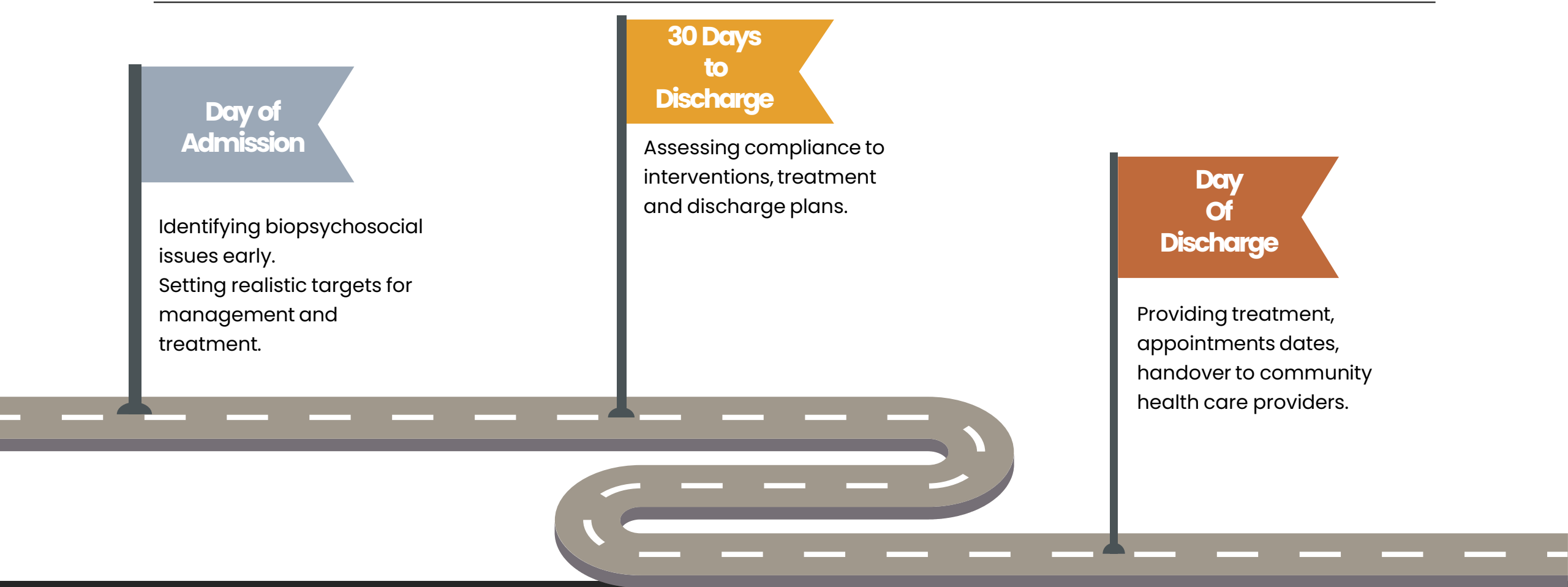
Enacting and Revising Standards of Practice – 2022



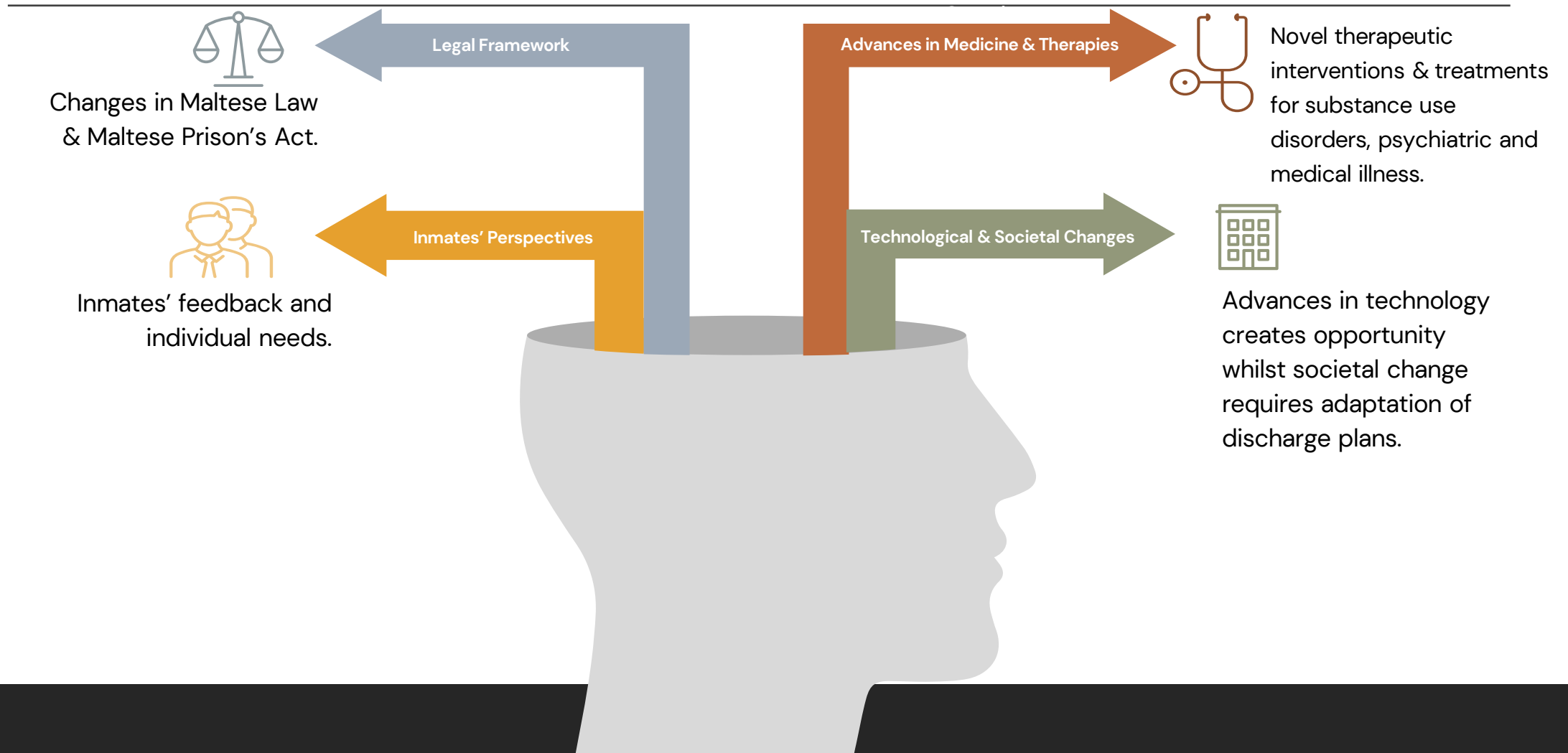
Close Digital Communication Between Departments



Planning an Effective Discharge



Drivers for Innovation in Discharge Plans



A Maltese Inmate's Feedback on Discharge Plans



Background

50 year old male – was in foster care and then adopted at a young age. Currently married. Was unemployed prior to incarceration.

Time in Prison

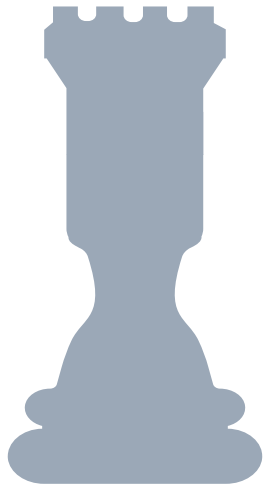
Admitted in 2014 and discharged in 2016. Re-admitted in January 2019, serving a sentence till September 2024.

Illicit Drug Use History

Prior to incarceration in 2019 he used heroin and cocaine regularly. During this incarceration he managed to wean off opiate replacement therapy successfully.

Key Strategy in Discharge Planning – Fluidity in Provider Roles

30 year old male incarcerated in view of theft in a context of homeless, family discord and unemployment.



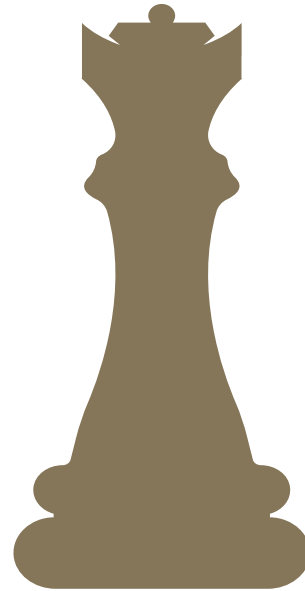
Medical Doctor

Addressing any medical needs during incarceration. Handover to GP in community.



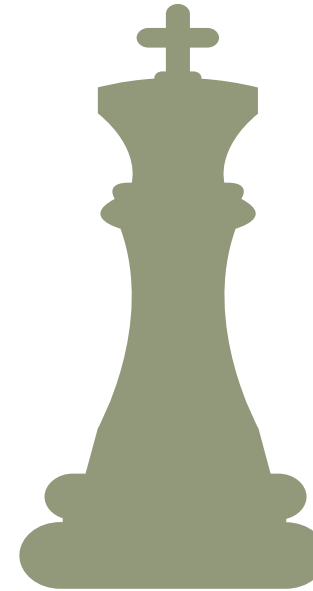
Psychologist

Addressing feelings of helplessness, guilt or shame. Empowerment & self-belief.



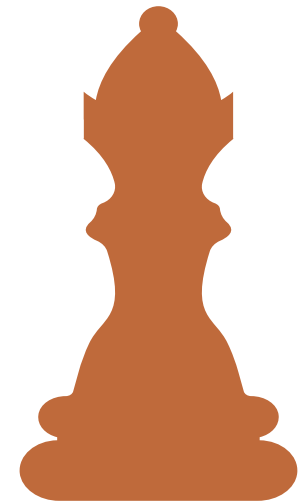
Probation Officer

Primary care giver in the community once inmate is discharged – with regular input during incarceration.



Social Worker

Lead role in view of primary challenges being social in nature.

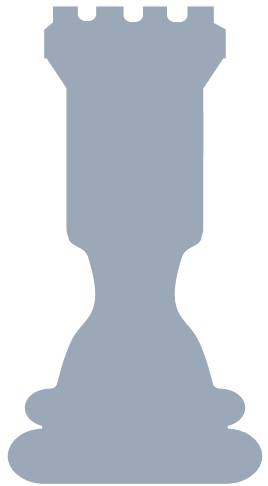


Psychiatrist

Involvement on an as-need basis, both in prison and in the community.

Key Strategy in Discharge Planning – Fluidity in Provider Roles (2)

65 year old male – history of Intravenous drug use, bilateral pulmonary embolism, groin abscesses, active Hepatitis C, diabetes on insulin with supportive family and adequate housing.



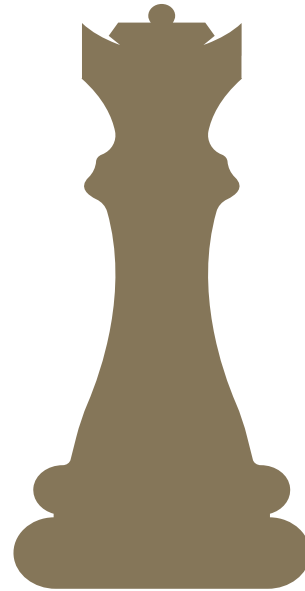
Pharmaceutical Supplier

Fluent provision of medical treatments during incarceration and in community on discharge.



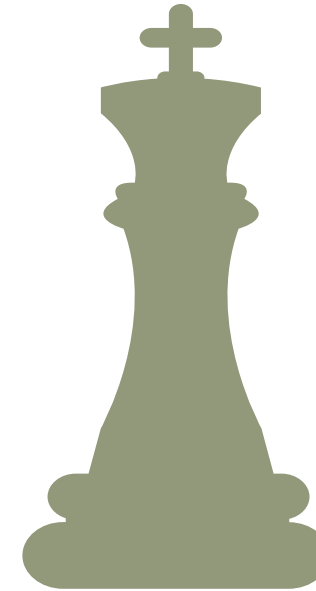
Infectious Diseases Consultant

Supporting prison medical doctor with licensing of infectious diseases medications and investigations.



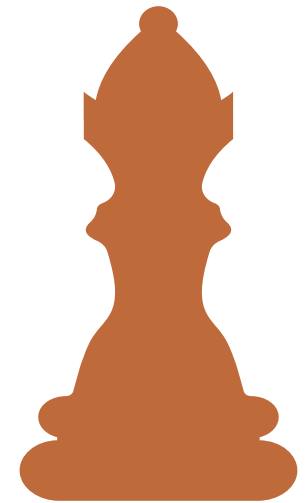
Detox Unit Doctor

Provision of drug misuse therapies on discharge to the community.



Prison Medical Doctor

Co-ordinating medical care, treating infectious illness, optimising chronic medical conditions, handing over to GP on discharge.



Community General Practitioner

Co-ordinating medical care once discharged to community.

THANK YOU!

Special Thanks To

- Dr Franklin Abela & Dr Pierre Sammut, CSA
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- Mr Christopher Sammut, CSA Inmate
- Ms Mariella Camilleri, CRU, CSA
- Ms Svetlana Muscat, Media Relations
Co-ordiniator
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