



Between Dream and Reality:
*Implementation of case management among
drug abusers in the treatment and
criminal justice system*

Summary

Kim Geenens
Wouter Vanderplasschen
Eric Broekaert
Brice De Ruyver
Sébastien Alexandre

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1. PROBLEM DEFINITION

Drug dependence is a complex phenomenon, closely related to various other problems, including unemployment, criminal behavior, contacts with police authorities and the criminal justice system, psychological and physical complaints, social exclusion, relational problems, homelessness, etc. [1]. Motivation for treatment and change is described as a long-term and cyclical process [2]. Drop-out during and (re)lapse after treatment are nowadays considered as common among drug dependent individuals [3,4]. Consequently, many drug abusers have long treatment careers. Some of them can even be called “drug treatment tourists” [5,6].

1.1. Origins of case management

Case management is a promising approach that was developed to provide a comprehensive and ongoing response to clients’ needs [7]. Building on the substantial history of this intervention with other at-risk populations (e.g., severely mentally ill persons, disabled persons, elderly, and multi-problem families), several programs for substance abusers in the United States began to integrate case management services from the 1990s onwards, as an effective and cost-efficient method of delivering coordinated care. The origins of case management go back to the 1920s, when Mary Richmond applied the term “social casework” to activities that affected the adjustment between individuals and their social environment [8]. Social casework was characterized by the coordination of human services, conservation of public funds, care for poor and sick people, belief in the worth and dignity of clients and the empowerment of vulnerable populations [9]. This social work intervention focused on poor and disadvantaged people who were struggling with basic survival needs and its activities were similar to the key functions of what we now call case management. Some authors [7,9] even situate the roots of case management in the nineteenth century (1863), since the early history of human services included settlement houses and charity organization societies, which were involved in case coordination and can thus be regarded as an early conceptualization of case management.

The boom of case management was associated with the deinstitutionalization of psychiatric care, which led to the expansion of community-based services [10]. The categorical nature of eligibility for services and the fragmentation of service delivery hampered the effective utilization of such services and necessitated the introduction of so-called “case managers”. Since the 1970s, a wealth of literature has been published concerning the implementation, practice and evaluation of case management among mentally ill persons [11]. A recent meta-analysis of evaluation studies have generally demonstrated positive outcomes such as reduced hospitalization rates, increased use of outpatient and community services, improved quality of life, and high client satisfaction [12].

1.2. Application of case management among drug abusers

Case management has a long tradition for the treatment of substance abusers in the United States and Canada. As early as the beginning of the 1970s, case management has been introduced within the framework of the TASC-program (Treatment Alternatives to Street Crime) as a strategy to link the criminal justice and health care system and to co-ordinate care for substance abusers with judicial problems [13]. Since the beginning of the 1990s, case management became a widespread intervention as a reaction to the limitations of existing services and in order to help drug abusers with multiple and chronic problems [14,15]. Cost-containment was another important incentive for implementing case management [16].

From that point onwards, hundreds of projects have been implemented – both within the criminal justice and substance abuse treatment system – , aiming at:

- enhancing treatment access, participation and retention [10];
- improving treatment results concerning alcohol- and drug use, employment, psychological problems and criminality [17];
- promoting coordination and continuity of care[18].

Case management has only recently been implemented in Europe, namely in the Netherlands [19,20], Germany [21,22] and Belgium [23,24]. Guiding drug abusers through the complex network of services is the goal of this intervention [25]. Also other European countries have introduced case management, but the implementation of this intervention in the criminal justice system is relatively scarce, except for a limited number of projects in the Netherlands and the United Kingdom.

It can be considered as an alternative intervention for providing more individualized care to extremely problematic drug users (“case management in substance abuse treatment”) and for improving co-operation between the criminal justice and substance abuse treatment-system (“case management in the criminal justice system”) [26].

2. AIMS OF THE STUDY

This study can be situated within the international tendency towards more individualized care, networking and continuity of care in substance abuse treatment. Some authors [27] argue that the demand for case management will only increase, due to the growing complexity of problems and systems of care. Research concerning case management for substance abusers is very limited, especially in Europe. Yet, it is essential to adapt this originally American intervention to the needs of Western European treatment and criminal justice systems. Moreover, the practice of case management seems to vary from place to place and few information is available about the crucial features of effective case management [8].

Case management is a type of outpatient, intensive and individualized care, provided by one caregiver (or a team) during a well-defined period, intended to guarantee the continuity of care and coordination of services for a limited number of persons [28,29]. The case manager is the coordinator of the treatment process and the client’s advocate [30]. Case management cannot always be clearly distinguished from other interventions in the field of substance abuse treatment [14]. Siegal and colleagues state that traditional substance abuse services are usually directed at motivation, control, rehabilitation and relapse prevention, while case management is intended to support and facilitate the realization of these objectives [8].

It has been defined as “that part of substance abuse treatment that provides ongoing supportive care to clients and facilitates linking of clients with appropriate helping resources in the community” [14]. However, no consensus exists about its definition [8]. While some agreement can be found about case managers’ basic functions and the core principles of this intervention, many issues concerning the implementation and evaluation of case management remain unanswered: What are the motives and objectives of this intervention? Should it be directed at some specific target groups? How can case management be integrated in existing services or in the network of agencies? How long should this intervention be continued? Who should do this? What are the effects of this intervention on clients’ functioning and can it affect the system of services?

In this research report we seek for responses to these and other questions.

The objective of this study was to conceptualize the terms “case management” and “case manager”, since ambiguity exists concerning these terms both in the literature and among practitioners [31]. For this conceptualization, we looked at differences between case managers appointed by the criminal justice and the treatment system, respectively.

On the other hand, we studied how case management can be best implemented both in the criminal justice and substance abuse treatment system, taking into account regional differences (Flanders, Brussels and the Walloon provinces in Belgium) and existing practices. We tried to identify the premises for the implementation of this intervention in both systems, followed by some clear guidelines for bringing case management into practice.

The research focused on case management for persons of age (>18 years), who are dependent on or abuse illicit drugs (often in combination with the use of other licit drugs) and who are followed by a case manager from the criminal justice or (substance abuse) treatment system.

3. METHODS

We distinguish four different parts in this research: the literature study, the inventory of foreign examples of “good practice”, the empirical research concerning the feasibility of the implementation of case management, and the analysis and report of the data.

3.1. Literature study

- *Definition of case management and profile of the case manager*

For the conceptualization of case management, the literature concerning the practice of this intervention (definition, characteristics, basic functions, models, legal framework, ...) will be compared based on the theoretical frameworks of Moxley [29], Van Riet & Wouters [30] and Siegal [8]. This resulted in an operational definition of case management and a profile of a case manager, taking into account the differences between case managers operating within the criminal justice and substance abuse treatment system.

- *Legal issues concerning case management*

National and international examples of "good practice" and the legal framework of foreign case management projects will be studied. A practical model will be developed for the exchange of information, including legal guarantees for all parties involved.

- *Evaluation of case management*

The literature concerning the evaluation of case management for substance abusers will be used to study the effectiveness of this intervention. Available literature concerning the evaluation of case management will be compared, looking for contextual factors, objectives and specific target-groups, specific models of case management, various outcome-variables, etc..

- *Implementation of case management*

This part of the study aims at formulating recommendations for the implementation of case management in the criminal justice and substance abuse treatment system, taking into account present-day practices in both fields.

Based on the available literature and empirical findings, we want to answer following questions:

- What are the motives for implementing case management and which are the specific objectives and target-group of this intervention?
- Which is the place of case management within the substance abuse treatment and criminal justice system, respectively? How can this intervention be integrated in the existing network of services in both fields?
- Which model of case management should be chosen? Which are prerequisites for implementing this specific model?
- Which are requirements of a good case manager in the criminal justice and substance abuse treatment system, respectively?
- How will the project be financed and how can the continuity of this intervention be guaranteed?
- How can case management best be evaluated, taking into account scientific standards and expectations from practitioners, policy makers and researchers?

3.2. Inventory of examples of “good practice”

As only limited information is available in the literature concerning recently initiated or terminated projects, existing case management projects will be studied through contacting key-informants in various foreign countries.

- *Development of a short survey concerning the conceptualization (and implementation) of case management-projects abroad*

We will look at, among others, systematic treatment planning, pro-active outreaching, client-centeredness, a strengths-based approach, the role of coercion, ...

- *Mailing of this questionnaire to case management-projects in the United States (n=10), the Netherlands (n=5) and Germany (n=5)*
- *The practice of at least 3 of these projects will be further elaborated during on-site study visits*

3.3. Study concerning the feasibility of case management in the criminal justice and substance abuse treatment system, based on a Delphi study

- *Written inquiry of care coordinators and coordinators of so-called "houses of justice"*

For the survey among care coordinators and coordinators of the "houses of justice" a short questionnaire will be used, including a description of the administrative information, aims, target populations and practice of already existing case management projects.

- *Semi-structured interviews with key-informants of case management-projects*

After this inventory, the researchers will take contact with the identified projects, in order to have a semi-structured interview with a key-informant in each project. An interview scheme will be used, including both the conceptualization and the implementation of this intervention. If possible, annual reports and reports about the activities of these projects will be collected.

- *Focus groups to test the feasibility and generalization of the findings resulting from the literature review and structured interviews*

Based on the preliminary results of the literature review and structured interviews, a number of theses will be formulated concerning the implementation of case management within the treatment and criminal justice system. These theses will be presented during two parallel focus groups in 3 metropolitan areas (Antwerp, Charleroi, and Ghent). The results of these focus groups will be used to further adapt the presented theses, which will be further discussed, this time in mixed focus groups with key-informants from both the treatment and criminal justice system and some policy-makers. In this way, we want to test if our findings can be generalized to the rest of the district and if there are any differences between the selected districts. In order to have a balanced representation from the treatment and criminal justice system, key-informants invited to the focus groups will be selected at random from the different judicial and treatment services in the district. During these focus groups, the collaboration between case managers from the criminal justice and the treatment system will be highlighted.

3.4. Data-analysis and report

For the content-analysis of the structured interviews and focus groups, the software package WinMAX 98 Pro [32] will be used. These results will be compared with the findings from earlier research in

East-Flanders (region around Gent) concerning the feasibility of the implementation of case management [33,34].

The first part of the research report will focus on the conceptualization of case management, developing a definition and describing the characteristics of this intervention and the profile of both types of case managers. Moreover, the legal embedment of the intervention, including ways of dealing with the professional secrecy and clients' privacy and possibilities for co-operation and communication between both types of case managers, are described. The second part will focus on the implementation of this intervention, including the question how this intervention can best be implemented in the present-day criminal justice and substance abuse treatment system. Finally, a manual will be developed for the implementation and practice of case management.

4. MAIN FINDINGS

4.1. Implementation of case management in Belgium and related policy issues

Since 5 years case management has been implemented for substance abusers in the Dutch-speaking area of Belgium, mainly to meet these persons' multiple and complex problems and to counter the lack of co-operation and coordination in the field of substance abuse treatment [24].

The importance of individualized and continuous care and of cooperation between the criminal justice and treatment system has been stressed in two recent policy notes [26,35]. The establishment of an integrated treatment system for substance abusers and the implementation of case management were identified as two main action points for optimizing the substance abuse treatment system. Consequently, the concepts of "case manager public health" and "case manager justice" were introduced into the field of substance abuse treatment and the criminal justice system, respectively. This illustrates the desirability and political willingness ("dream") to implement this intervention at a larger scale in Belgium.

The "case managers public health" were implemented at the end of 2002 within the pilot projects for the establishment of crisis units for persons with substance-related disorders [36]. Substance abusers often address emergency or psychiatric wards of general hospitals, but these centers do not often have sufficient resources to deal with this population. These pilot projects intend to improve crisis intervention within these psychiatric wards, to provide the means for adequate assistance and treatment of substance abusers, and to implement the function of case manager [37].

The judicial case managers should – according to the policy note on "drugs" – bridge the gap between the criminal justice and treatment system, inform the police and the prosecuting authorities about treatment possibilities for drug offenders, and advise them about the desirability of coercion [26]. Up to now, no judicial case managers have been appointed. Moreover, for many practitioners the definition of "case manager justice" as defined in the policy note of 2001 is still unclear, in particular their role towards clients. Also many questions rose concerning its compatibility with existing services and structures. Given the specific features of "case management", it can be questioned whether the description of case management in this policy document meets the criteria of a case manager as outlined in the literature.

The application of case management ("reality") is limited to some projects in the substance abuse treatment system and this intervention has not yet been implemented as such in the criminal justice system.

4.2. Differences concerning the implementation of case management between the Dutch- and French-speaking region in Belgium

During our study, we identified 17 case management projects in the field of substance abuse treatment. Based on their implementation in the network of services, four clusters could be distinguished: pilot projects for the establishment of crisis units for substance abusers (n=9); case management in psychiatric hospitals (n=4); independent case management projects (n=2) and projects attached to centers for medical and social assistance (n=2).

Since case managers in crisis units do not apply systematically tasks like coordination, advocacy and outreaching, most of these practices resemble a brokerage or generalist model of case management. In the other projects, practices are related to more specialized models of case management, i.c. intensive case management and assertive community treatment.

The projects we studied, differed substantially from each other concerning organizational aspects and the performance of the basic case management functions. We also identified great differences within the pilot projects for the establishment of crisis units. Both observations illustrate the heterogeneity and flexibility of this intervention. For, case management consists of a continuum of different models and this intervention can be started at several points in the treatment process (e.g. at intake or after dismissal from a detoxification or treatment center, following custody, ...). If these different features and organizational aspects are not clearly communicated, confusion may arise about what this intervention entails.

Four of the identified projects (pilot projects for the establishment of crisis units for persons with substance-related disorders) are situated in the French-speaking area of Belgium, but besides these projects no other case management initiatives exist in this region. It is thus fair to say that the implementation of case management is still in its infancy in the French-speaking region. The feasibility study showed that care givers stick to their therapeutic freedom and are rather reluctant towards case management, as this is regarded as an intrusive intervention.

Consequently, case management was implemented less smoothly in the French-speaking area of Belgium. The case managers in the crisis units had to prove the additional value of this intervention by adding something extra to the existing services. Other treatment services were very reluctant, which was mainly due to a lack of knowledge about and experience with this intervention. Similar reactions have been observed during the initial implementation of case management in East-Flanders [33,34]. Moreover, the difference between care-coordination and case management is not clear for all practitioners.

Many French-speaking caregivers feel they have to obey and follow a political decision about the implementation of an intervention, which does – according to at least some of them – not meet the reality and needs of the Walloon substance abuse treatment system.

The feasibility study further showed a clear discrepancy between the insights and standpoints of subjects with experience with case management and persons who were far less accustomed to this method. Persons without experience with this intervention were usually much more positive about it, as compared with their counterparts who had far less experience with it. This observation also explains the great differences between the Dutch- and French speaking region.

Although case management is regarded as a desirable and feasible intervention in the Dutch-speaking area of Belgium, French-speaking care givers state there is no need for this intervention. Still, its additional value is recognized in the pilot projects in the crisis units in the latter region.

4.3. Effectiveness of case management for substance abusers

Any conclusion about the effectiveness of case management for substance abusers is at this moment premature and even unwarranted, given the relative scarcity of randomized and controlled trials, especially concerning some specific models of case management [38]. Still, most studies have reported positive effects of this intervention, particularly concerning clients' functioning, service utilization, participation and retention in treatment, quality of life, satisfaction with services provided and cost-effectiveness. The long-term outcomes of case management are still unclear, although longitudinal studies have demonstrated significant effects.

Several studies of case management among drug abusers involved in the criminal justice system have shown that coercion may help to enhance treatment participation and retention, which is associated with positive effects on clients' drug use and criminal involvement. Empirical evidence concerning the effectiveness of judicial case management is still lacking, but available data do not show compelling evidence of its effectiveness. Positive effects of this intervention are reduced drug use and relapse rates, increased treatment participation and retention and less violation of judicial conditions. However, uncertainty remains about the differential effect of coercion in case management.

Both in the field of substance abuse treatment and in the criminal justice system, the value of case management for substance abusers has been proven, but due to a lack of sufficient number of randomized and controlled studies this intervention can – at this moment – not be considered as an evidence-based practice. On-site visits of some foreign examples of “good practice” have shown that especially strengths-based case management and its combination with motivational interviewing are promising approaches.

4.4. Training and supervision of case managers

Semi-structured interviews with case managers have clearly shown that only the case workers in psychiatric hospitals and those who have got a formal training start from a clear vision and theoretical framework. Lack of training contributes to confusion of ideas about case management and the heterogeneity of this intervention. The case managers in the pilot projects for the establishment of crisis units for substance abusers were asked to provide case management without any formal training or supervision. Consequently, nine diverse projects can be observed, since all case managers looked themselves for the most adequate application of this intervention in the hospital concerned.

The practice in other case management-projects (for example, Bubbels & Babbels, Middelennemisbruik Oost-Vlaanderen, Gezondheidsbevordering Injecterende druggebruikers) reveals a step-wise implementation of this intervention. If accompanied by specific training, education and supervision of case managers, case managers' role towards other services is much clearer and this further contributes to a more homogeneous approach.

Case managers who did not get any formal training consider this as an important shortcoming. Some of them try to meet this gap by reading books and scientific articles and by attending conferences. It was remarked that a low threshold approach, requires more training. In addition, applying a flexible and pragmatic approach like case management requires several skills. All case managers recognize the absolute need for initial training and consecutive supervision of case managers.

Training and supervision of case managers is a prerequisite for any case management project. Step-wise and gradual implementation of this intervention can help to let case managers adjust to their new job and function.

4.5. Prerequisites for the implementation of case management

The survey among case managers and key-informants of case management projects showed some structural barriers that may debilitate efficient implementation of this intervention.

1. Case managers working in crisis units of general hospitals state that the period patients can stay at the ward (max. 5 days) is too short. During this short period, it is often unrealistic to refer clients effectively and to guarantee continuous care, especially since clients are admitted during a crisis situation and it usually takes at least a few days before they are sufficiently stabilized. Moreover, if it is not possible to provide post-primary treatment, there should be a possibility for patients to stay longer at the crisis unit.
2. The general practitioner should have a central role when establishing an informal helping network for the client. However, it appears to be very difficult too involve general practitioners, since they are not reimbursed for participation in client consultation or coordination meetings.
3. Existing case management projects have a limited capacity. Consequently, clients who might benefit from this intervention, may not receive this kind of help. This is regarded as discriminating by most respondents, since not all clients have equal access to this intervention.
4. The success of case management largely depends on its integration in a comprehensive network of services [18,19,39]. If not, this intervention risks being just one more of the fragmented pieces of the system of services.
5. The majority of the case management projects in substance abuse treatment are subsidized by the federal government. In most cases, the continuity of these projects is insecure, since most projects are prolonged annually, which hinders long-term planning. At this moment, only case management in psychiatric hospitals is subsidized structurally by the health care system.
6. For most case managers it remains unclear when, if ever, to stop case management. The feasibility study showed that it is important to determine – together with the client – short and long-term goals, to plan regular evaluation moments and to foresee the possibility – for both case manager and client – to stop case management. Still, case managers ask for clear guidelines in order to determine when to stop this intervention.

Several structural barriers need to be tackled in order to further implement case management. If not, this intervention will fail to realize the postulated goals and will only contribute to the fragmentation in the treatment system.

4.6. Judicial case management and the assistance of offenders by judicial assistants

In Belgium, case management is not (yet) part of the wide range of judicial conditions in case of drug-related offences. According to the respondents, drug abusers are individually assisted and monitored by judicial assistants. This assistance of offenders within the framework of different judicial regulations is similar to what is called “case management” in the literature.

As compared with the tasks of case managers in the substance abuse treatment system, the tasks of the judicial assistants vary significantly less. The latter are obliged to follow some legally imposed tasks, which makes differentiation almost impossible. In case of differentiated tasks, this is usually due to smaller caseloads. Consequently, judicial assistants have more time to work intensively with their clients.

Given the fact that judicial assistants do not apply systematically some essential case management functions like linking, coordination, advocacy and outreaching and that they focus on some specific life domains (drugs, police and justice), the tasks of judicial assistants do not fully meet the criteria of case management as outlined in the literature. The method applied by judicial assistants for assisting and monitoring drug abusers seems to be satisfactory, but in some judicial districts the judicial assistants have a (too) high caseload.

We also observed a clear discrepancy between the reactions of respondents with some experience with case management and between those who were not accustomed to this intervention. The latter group is generally rather reluctant about this intervention. Moreover, these respondents do not make a distinction between “judicial” and “health care” case management [26].

Despite the political intentions expressed in the drug note of 2001, judicial case management is not yet implemented and its implementation is not deemed necessary, since several of the basic functions of case managers are already taken up by the judicial assistants when monitoring (drug) offenders.

4.7. Need for an advisory and referring agency at the level of the prosecuting authorities

The prosecuting and investigating authorities state that they need a body that can inform them about the possibilities for referral of drug offenders. Besides the police, the prosecutor and investigating judge are the first who have contact with drug offenders. They ask for a permanence system, staffed at night and during the weekend, which they can contact for advice concerning referral and the desirability of coercive measures.

The proposed function actually meets the description of the “case manager justice”, as conceptualized in the federal policy note on drugs of 2001. However, this function is situated at a policy level, since it concerns an advisory and supporting agency. It can be questioned if such an agency can be regarded as “case management”.

Concerning the tasks of the judicial case managers, it was suggested to extend the tasks of the judicial assistants, as foreseen in the federal policy note on drugs (2001). This extension should be accompanied by additional means for operating and staffing these services.

It can be concluded that there is a need for a advisory and referring agency that can be situated at the crossroads of the criminal justice and treatment system, in order to arrange a rapid and accurate referral to the treatment system.

4.8. Intensive assistance of public inebriates and repeated offenders

For some drug offenders referral to drug treatment within the framework of coercive judicial measures and standard assistance and follow-up by judicial assistants seems to be insufficient to prevent relapse and recidivism. Studies concerning the effectiveness of judicial case management abroad have shown that this intervention can help to reduce significantly recidivism and the number of violations of judicial conditions among problem drug users. Moreover, this intervention allowed to enhance treatment participation and retention. Examples of good practice include the GAVO-project (Geïntegreerde Aanpak Verslavingsproblematiek en Overlast) in Utrecht, the Netherlands, and some TASC-programs (Treatment Accountability for Safer Communities) in the United States, in which relapsing drug offenders are followed by a case manager to guarantee coordination and continuity of care and thus to reduce recidivism.

According to several judicial actors, it is not desirable to implement a separate and additional kind of judicial case management for drug offenders. On the other hand, it should be considered if it is not worthwhile to integrate case management into some of the existing judicial modalities. For example,

an experiment could be started in which judicial assistants have sufficient means and resources to apply case management among public inebriates and repeated offenders. The assistance of offenders by judicial assistants is similar to the basic functions of case management, but can only be called case management if all these functions (assessment, planning, linking, coordination, advocacy, monitoring) are applied systematically and comprehensively. In practice, this could be operationalized as follows: in each of the houses of justice some judicial assistants could be appointed as case manager and provide intensive assistance and monitoring to a limited number of clients. As outlined before, efficient implementation of this intervention will depend, among others, on good training and supervision of the case managers, formal agreements with all parties involved, a limited caseload (10 to 15 clients) and a clear-cut target population.

As the assistance of offenders by judicial assistants is evaluated positively, it can be questioned if this intervention cannot be optimized for some target populations that fall between the cracks of the existing system by implementing intensive case management.

4.9. Cooperation and exchange of information between the treatment and judicial system

It can be questioned if the increasing cooperation and accompanying exchange of information between treatment services and with the judicial sector meets the prerequisites of the professional secrecy. Treatment providers often experience difficulties between adhering to the professional secrecy and the establishment of a confidential relation with the client on the one hand, and the exchange of information in the interest of the client and of the good cooperation with judicial authorities on the other hand.

Given the fact that many case management clients are drug offenders, the case manager is an important agent when communicating information between both systems. If case management will be structurally implemented in the near future, case managers will become the central contact for all parties involved, including the judicial authorities.

The communication of sensitive person-related information requires a formal description of the procedure that should be followed (who communicates what kind of information, in which way, at what time, ...), in accordance with the legislation concerning the professional secrecy, privacy regulations and the law on patients' rights.

Our study has shown that:

1. the legislation, jurisdiction and jurisprudence concerning the professional secrecy is extremely complex and not unambiguous. Consequently, care givers do not see the wood for the trees. A lack of regulation was observed for the exchange of information between the treatment and judicial system. Only the legislation concerning the conditional release and the internment provide clear regulations for the exchange and report of information;
2. there is also a lot of ambiguity concerning the so-called "shared professional secrecy". This notion is used to enable communication between care givers and treatment providers with different professional backgrounds and from different agencies. Although this "shared professional secrecy" is not formally accepted by all professionals, it is widely used among practitioners;
3. judicial assistants do not have the same professional secrecy as external care givers and treatment providers. Consequently, care givers and judicial assistants do not have a shared professional secrecy. This has far-reaching consequences for the exchange of information between the treatment and criminal justice system;

4. jurisdiction and jurisprudence illustrate that it has become increasingly accepted that clients or patients can give permission to the keeper of the secret to reveal or communicate confidential information (the so-called informed consent of the client).

To improve cooperation between the criminal justice and treatment system, more communication is needed both at the client level and at a more structural level. On the one hand, we refer to the exchange of information when an offender is referred by the criminal justice system to the treatment system, and on the other hand to the lack of information both systems have about each others' methods and identity. They are thus asking for a clearly defined protocol and procedure for this exchange of information, in accordance with the professional secrecy.

During the interviews, following suggestions were made for improving the cooperation between both systems:

- the organization of meetings or regular consultations between judicial assistants and care givers, during which information is provided about each others' working methods;
- agreements concerning cooperation can be formalized in a protocol for cooperation. In this context, it was often referred to the protocol for cooperation concerning the treatment of sexual delinquents in which is outlined who should exchange what kind of information, at what time and to whom;
- a three-cornered discussion, including the client, care giver, and the judicial authority involved, can prevent some of the problems concerning the exchange of information.

Results of the focus groups show that judicial authorities rather believe in guidelines and regulations imposed by the federal government ("top down" approach), while representatives of the treatment system are rather in favor of formal agreements and protocols on a local level ("bottom up" approach), which can eventually be extended to other regions.

The cooperation and communication between the criminal justice and treatment system is still problematic and the present-day legislation needs to be further adapted in order to resolve some of the existing obscurities and problems.

4.10. Coordination and continuity of care among drug offenders

The feasibility study concerning the implementation of case management has shown some important bottlenecks that may hamper the coordination and continuity of care among drug offenders.

1. Drug offenders often experience difficulties in following the imposed conditions, due to the fact that the judicial conditions are often not feasible for them. For example, drug offenders are inflicted not to have contact with other drug users, although their social networks' often consist almost exclusively of drug users. Also coerced detoxification and abstinence is not an evident objective, especially not for chronic addicts. Moreover, the duration of most of the conditions imposed, is limited. Consequently, it is necessary to recognize addiction – as in several recent scientific publications – as a chronic relapsing disorder characterized by periods of controlled and excessive use, including the possibility of recovery [38,40].
2. Also various judicial measures need to be attuned and coordinated in order to improve continuity of care among incarcerated drug offenders. Particularly, probation conditions need to be attuned with the measures that were previously imposed within the status of a conditional release, and vice versa. The conditions imposed within the framework of a conditional release can then be regarded as a kind of orientation for determining which direction clients should go afterwards.

3. Incarcerated drug users are usually assisted by the psycho-social services of the prison. It was reported several times that the offender was released without any communication with this psycho-social service, nor with the care giver or case manager involved, which hampers the continuity of the assistance and monitoring.

5. RECOMMENDATIONS

5.1. Implementation of case management

Given the fact that substantial differences between case management projects often lead to confusion of ideas about case management among practitioners and given the reluctance concerning this intervention in some services, deliberate conceptualization and implementation of case management is an important prerequisite. Deliberate conceptualization and implementation have been identified in various studies as crucial determinants of effective case management. This includes, among others, that case management should be matched to the individual's needs and that it should be adjusted to and integrated in the network of services. Moreover, case managers should be provided with clear guidelines and protocols in order to apply this intervention effectively and efficiently.

5.2. Evaluation of case management

In order to evaluate thoroughly the effectiveness of case management for drug abusers, more randomized and controlled studies are needed especially among sufficiently large samples. To assess the long term effects of this intervention, a longitudinal perspective is required. In addition, qualitative studies are needed to understand the impact of several aspects of case management on the treatment process and its outcomes.

As (quasi-) experimental research concerning the effects of case management is still lacking, there is a need for randomized and controlled research in order to assess if the postulated goals are realized and if this intervention has a positive effect on drug users' functioning and service utilization. Such evaluation studies should also focus on the intervention that is actually delivered, as this may vary from place to place and from project to project.

5.3. Training and supervision of case managers

Since case management is a specific and relatively new intervention, its implementation should be well prepared and realized in step-wise way. It is important that case managers are trained in advance for this function, so that they can rely on clear guidelines. Also providing supervision may help them, as this intervention is still in its infancy in Belgium and as case managers can often not rely on a team.

5.4. Prerequisites for the implementation of case management

The structural bottlenecks for efficient implementation of case management we mentioned before, can be translated into some essential prerequisites:

- For an efficient implementation of case management in the crisis units of the general hospitals, case managers need to have sufficient time for assessment, planning and linking. If patient cannot continue immediately with post-primary treatment, alternatives should be available such as a longer stay at the crisis unit in order to guarantee the continuity of care.
- In order to involve general practitioners as full-fledged partners in the network around the client, arrangements should be made to reimburse them for their participation in client consultation meetings.

- In view of the structural implementation of case management, it should be clearly defined which target population is most adequately served by this intervention.
- In order to avoid that case management becomes one of the fragmented pieces of the system of services, this intervention should be integrated in the regional treatment system for drug abusers.
- Developing projects should be given sufficient time (3 to 5 years) to realize their objectives, as it has been shown that it may take up to two years before case management is generating the intended outcomes [41]. Moreover, it is important that the decision whether to stop or to continue projects should be based on a thorough evaluation of the realization of the intended goals. In the end, case management projects should be structurally implemented in substance abuse treatment, taking into account the specific characteristics of this intervention.
- Finally, a manual or concrete guidelines should be provided for case managers, so that it is clear for them how this intervention should be elaborated and so that the intervention can be evaluated properly.

5.5. Judicial case management and the assistance of offenders by judicial assistants

Our study has shown that there is – for the moment – few need for the implementation of judicial case management for drug offenders. Most respondents find that the judicial assistants already fulfill this task within the framework of different judicial regulations in which a referral to the treatment system and monitoring of the assistance is provided. In addition, they state that the method that is used for the assistance of offenders is satisfactory. Additional efforts are needed in order to:

- run the existing programs and modalities optimally, by providing sufficient staff and means;
- avoid misuse of the treatment system by some drug offenders (so-called “revolving door clients”).

5.6. Need for an advisory and referring agency at the level of the prosecuting authorities

As proposed in the federal policy note on drugs of 2001, our study confirms the need for the creation of an advisory and referring agency at the level of the prosecuting authorities that supports the prosecutors and investigating judges concerning the possibilities for referral to treatment agencies and the desirability of coercive measures for drug offenders. As this situation cannot be situated at a client level, but rather at a policy level, it is not desirable to call this “case management”.

5.7. Intensive assistance of public inebriates and repeated offenders

In order to reduce recidivism among so-called repeated offenders it is worthwhile examining the feasibility of the implementation of intensive (judicial) case management for repeated drug offenders. This can be realized within the existing system by providing the judicial assistants the means and resources to apply all basic case management functions intensively and systematically, taking into account the crucial prerequisites for an efficient implementation of this intervention. This intervention could be implemented as a pilot experiment in some judicial districts where this kind of intensive support of drug abusers is deemed necessary.

5.8. Cooperation and exchange of information between the treatment and judicial system

- The shared professional secrecy is not formally or legally recognized and is thus regarded as an unsteady and ramshackle construction. To avoid that care givers violate the conditions of the professional secrecy, it is necessary that the tasks and responsibilities of all actors involved are clearly defined, particularly when caregivers accept to provide treatment to judicial clients. Moreover, it is recommended to elaborate a protocol and a deontological code when implementing care-coordination or when establishing an integrated treatment system.
- It is further recommended to recognize – under strict conditions – the informed consent of the client as a justification for the violation of the professional secrecy, by means of an alteration of the law, a correction of the deontological codes or a refinement of the jurisdiction of the Court of Cassation. Furthermore, it is recommended to apply systematically three-cornered discussions or meetings, so that clients can attend any exchange of information between a caregiver and the judicial authorities.
- Concerning the legislation of several judicial modalities that provide the possibility of a referral to the treatment system, it is recommended to improve the exchange of information between the treatment and judicial system, on the analogy of the legislation concerning the conditional release from prison and the internship.
- Another alternative is to formalize the agreements concerning cooperation and exchange of information in a protocol, as has been the case with the protocol of cooperation between the Federal State and the Flemish Community concerning the treatment of sexual delinquents.

5.9. Coordination and continuity of care among drug offenders

Despite the fact that case management is a suitable intervention for improving coordination and continuity of care, a lack of coordination and continuity of care at the level of the individual client has been observed at the moment they switch from one judicial state to another, including the risk of relapse and recidivism.

- It is recommended to formulate realistic and feasible judicial conditions for drug offenders. Effective deliberation between judicial authorities, treatment providers and case managers in the field of substance abuse treatment may help to better adapt the conditions imposed to the offenders' needs' and thus to enhance the chance to comply with these conditions.
- It is further necessary to attune the various judicial measures to each other. The conditions within the framework of the conditional release of the client are the main orientation for the further treatment trajectory of the client.
- In order to guarantee the continuity of care and to prevent relapse and recidivism among drug offenders who are released from prison, at least minimal communication is required between the judicial authorities, case manager and treatment services involved.

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