# Mixed-methods evaluation of the Breaking Free Online (Health and Justice) treatment and recovery programme for substance misuse in prisons

BREAKING FREE Online



Elison, S.1, Weston, S.2, Davies, G.1, Dugdale, S.1, Ward, J.1, <sup>1</sup>Breaking Free Online, Manchester; <sup>2</sup>University of Keele

# Breaking Free Online (BFO) computer-assisted therapy for drug and alcohol addiction:

- Widens access to evidence-based treatment
- Overcomes stigma and other barriers
- Cost-effective solution
- Growing evidence base for BFO with research based on Medical Reseach Council framework (Craig et al., 2008)

# Breaking Free Online (BFO) approved by UK Ministry of Justice and delivered via Virtual Campus (VC)

- First healthcare intervention to be included on VC
- **Provides continuity of care** between all prisons in England and Wales and following release back to the community
- NHS England 'Through the Gate' initiative to address addiction in offenders to improve rehabilitation and reduce reoffending
- BFO outcomes now published in Drugs: Eductaion, Prevention and Policy (Elison et al., 2015)

### **Participants**

All offenders male; mean age 35 years (range 21-50 years) range of substances including opiates (36%) and alcohol (18%)

Quantitative pre-test / post-test outcomes from 85 offenders

Measure	P-Value	Effect Size
Quality of life	< .0001	.38
Recovery progression	.415	.01
Severity of alcohol dependence	.013	.57
Alcohol consumption	< .0001	.74
Severity of drug dependence	< .0001	.36
Drug consumption	< .0001	.74

Statistically significant improvements in quality of life, substance dependence and substance use but not recovery progression

Recovery Progression	P-Value	Effect Size
Difficult s ituations	.025	.24
Emotions	.004	.31
Negative thoughts	.002	.34
Physical sensations	.014	.27
Unhelpful behaviours	.646	.05
Lifestyle	.645	.06

Individual aspects of recovery progression were examined:

- Improvements seen in thoughts, emotions, physical sensations, difficult situations
- But no change in unhelpful behaviours and lifestyle is the ability of offenders to utilise interventions constrained by prison environment and regime?

An exploratory qualitative study was also conducted with 16 offenders to explore views on BFO

Benefit of digital format...

Interviewer: "What was it that made you think you might like to have a go at it?" Participant: "Cause it's working on a computer instead of a group. Interviewer: "You're not into groups?" Participant: "Not really, no."

Offenders reported it equipped them with 'tools' to sustain their recovery...

"What I liked about it, I didn't want to just come in here, then go out there with absolutely nothing [...] So, yeah, it is a good tool, and I understand

Therapeutic benefits were also identified...

"I thought it was really helpful [...] I had no idea how many units of alcohol I was drinking, and how harmful it was [...] finding out that I was drinking over 50 units of alcohol a day."

home, I'll go on it from time to time, just to re-boost myself."



There were intentions to use the programme

when back in the

communnity...

"When I get

# **Conclusions**

Even in **challenging prison environment**, offenders can make significant progress in their recovery from drug and alcohol addiction.

Despite security and digital inclusion barriers, it was possible to implement computer-assisted therapy in prison settings and support offenders in using it.

# Data suggest positive outcomes

- Reduced substance dependence and substance use
- Improvements to quality of life and aspects of recovery progression

Recovery progression findings interesting as they reveal which aspects of functioning might be more amenable to positive change in a prison setting

Further investigation needed to look at longer-term outcomes in the community

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. British Medical Journal, 337(Sep29\_1), a1655-a1655. Davies, G., Elison, S., Ward, J., & Laudet, A. (2015). The role of lifestyle in perpetuating substance dependence: A new explanatory model, The Lifestyle Balance Model. Substance Abuse Treatment, Prevention and Policy, 10(2). Elison, S., Weston, S., Davies, G., Davies, G., Dugdale, S., & Ward, J. (2015). Findings from mixed-methods feasibility and effectiveness evaluations of the iBreaking Free Onlinei treatment and recovery programme for substance misuse in prisons. Drugs: Education, Prevention and Policy, 1-10.

Elison, S., Davies, G., & Ward, J. (under review). Initial development and psychometric properties of a new measure of substance misuse ërecovery progressioni: The Recovery Progression Measure (RPM). Substance Use and Misuse. Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W., & Strang, J. (1995). The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users Addiction 90(5) 607-614

Skevington, S. M., Lotfy, M., & OiConnell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. Quality of Life Research, 13(2), 299-310