Triple R: Rehabilitation for Recovery and Reinsertion

Handbook on justice interventions and alternatives to incarceration for drug abuse offenders

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PREFACE

We are proud to present the Triple R handbook on justice interventions.

The Triple R project is a 2-year long European project based on the exchange of the best practices in the field of recovery, social reintegration and justice interventions among EU member states.

Building on decades of work in the field of justice interventions, this handbook presents the experience of four European countries illustrating the legal framework and programs available for drug user offenders in Belgium, Italy, Spain and Sweden. PopovGGZ, San Patrignano, CelS Rome, Dianova Spain and Basta Sweden have been actively engaged in the project, sharing expertise and views on addiction, shading light on the methodologies implemented in the alternatives to incarceration for offenders suffering from addiction.

This report is based on the contributions of Triple R project partners and on the results of an on-line questionnaire, capturing feedbacks, analysis and key concepts about recovery and the different ways to achieve it, reflecting the variety of rehabilitation programs implemented by Triple R project partners.

We believe this handbook will be a resourceful tool for knowledge and food for thought for practitioners in the field of alternatives to incarceration for drug related offences and for policymakers and relevant stakeholders who are interested in exploring treatment models for inmates with addiction problems, offering opportunities for recovery and social reinsertion as active members of the society.

The Triple R project Team

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SUMMARY

The handbook presents the findings on the Triple R project exchange on justice interventions and alternatives to incarceration for drug users offenders.

The Chapter from 1 to 4 are dedicated to the study cases presented by project partners describing the most important aspects of their experience and providing insights on their own country situation, legislations and shading light on their work with the inmates toward rehabilitation and social reintegration.

Chapter 1 presents the Belgian drug treatment court model, implemented by PopovGGZ. Taking inspiration from the United States drug treatment court, the Belgians created a European adaptation of the concept, fitting in the national legal framework. Furthermore, they established an ad hoc function called the Liaison, working as intermediary and coordinator among all the institutional stakeholders, the court and the offender, assisting in identifying the best treatment option for the client and overseen the implementation of the rehabilitation and social reinsertion plan.

Chapter 2 illustrates the Italian experience, presenting the legal framework and the opportunities for alternatives to incarceration for drug addicts inmates. Moreover, the two Italian partners, San Patrignano and Centro Italiano di Solidarietà Don Picchi (CeIS) Rome elaborate on their own work with offenders. San Patrignano explains the key elements of its recovery program for drug addicted offenders and minor offenders. CeIS Rome describes the collaborative mechanism they have in place with the Office for the External Criminal Execution.

Chapter 3 presents the Spanish case, introducing the work of Associacion Dianova España (Dianova Spain). This session explains the options for alternative measures to prison in Spain and illustrates the best practices of promoting treatment in prison settings. Furthermore it describes the Villabona experience and also elaborates on the work with young offenders in the Therapeutic and Educative Units.

Chapter 4 describes the Swedish experience, underlining the key aspect of the compulsory treatment approach under the national drug law. Furthermore, it presents the work of Basta, a Swedish user-run social enterprise, providing treatment and alternatives to incarceration for drug users offenders. Basta established a very fruitful cooperation with social services providers and with the Criminal Justice system, creating a virtuous circle selling its services to public institutions, and promoting access to treatment for drug users.

Chapter 5 captures the conclusions of the Triple R project on justice interventions. It elaborates on the MC. CORRE methodology; an acronym that has been created to crystalize the key concepts emerging from partners experience on the issue. Based on the MC.CORRE findings, it also features suggestions and recommendations for practitioners in the field of alternative to incarcerations and for policymakers interested in it.

The entire Triple R experience has been based on the shared vision that prison is not the adequate place for drug addict offenders and that treatment and recovery options should be provided to them, instead of punishment. Rehabilitation is a way to promote a successful social reintegration in the long run. Recovery offers a unique opportunity to society to see drug addicts not as a burden, but as fellow human beings that deserve and opportunity and who could be an asset to their families and communities. We appreciate that this handbook would help all the readers to see that as clearly as we do.

CHAPTER 1
THE BELGIAN STUDY CASE POPOVGGZ AND THE DRUG TREATMENT COURT MODEL

1.1 Overview of the Belgian Legislation on drugs: how addiction is seen in Belgium

In Belgium addiction is diagnosed as an individual problem with various social implications (American Psychiatric Association, 1994; Hser & Anglin, 2010), including a negative impact on public health, social cohesion and employment rates (McLellan e.a., 2000). For a long time, a clinical approach of the concept 'dependence' was dominant. Dependence was seen as an acute condition, where short, intensive, symptom-oriented treatment should aim at achieving an abstinent lifestyle (Laudet & White, 2010). Recovery was seen as a set status, which requires abstinence and abstinence as THE way to cure from addiction. Recently, addiction is more and more seen as a chronic, relapsing brain disease (Van den Brink, 2005). However, recovery is believed to be possible.

The use of controlled substances is not mentioned as an offence in Belgian drug laws; however, a user may be punished on the basis of prior possession. In 2003 personal possession of cannabis was differentiated from the possession of other controlled substances. In 2005 a new direction was issued calling for full prosecution for possession in cases where the 'user amount' (3 grams or one plant) is exceeded, public order is disturbed or aggravating circumstances are identified. This includes possession of cannabis in or near places where schoolchildren might gather and also possession in a public place or building.

Such cases are punishable by three months to one year in prison and/or a fine of EUR 1 000–100 000. In cases that lack such circumstances, personal possession of cannabis is punishable by a fine, which should be higher for any offence within one year of a previous conviction (EMCDDA).

For drugs other than cannabis, Belgian law punishes possession, production, import, export or sale without aggravating circumstances with between three months and five years of imprisonment and an additional fine of EUR 1 000–100 000. There is no separate offence of 'trafficking', but the term of imprisonment may be increased to 15 or even 20 years in the event of various specified aggravating circumstances. In situations like this, the fine is optional. In 2014 the law was adapted to allow controlled substances to be listed according to generic group definitions. This generic legislation comes into effect in 2016. To curb the plethora of novel substances appearing in Belgium, the list of controlled substances has been updated in November 2015 to include over 100 new psychotropic substances.

Overview of the Belgian drug strategy

The federal drug policy of Belgium is based on two key policy documents: the Federal Drug Policy Note of 2001 and the Communal Declaration of 2010.

The Federal Drug Policy Note's main goal is the prevention and limitation of risks for drug users, their environment and society as a whole. **Overall, the Belgian drug strategy interprets the drugs problem as a public health issue.**

The Communal Declaration of 2010 provided a further statement and confirmation of the approach set out in the Federal Drug Policy Note. There are three overarching measures in the Communal Declaration: (i) a global and integrated approach; (ii) scientific research; and (iii) international coherence. Three pillars are used to structure action: (i) prevention, early detection and early intervention; (ii) treatment and harm reduction; (iii)

repression (as a last resort). Priorities are focused on different groups within the three pillars, with prevention targeting non-(problematic) users; treatment, risk-reduction and reintegration aimed at problematic users; and repressive measures directed at producers and traffickers.

Prevention

The organisation, implementation and monitoring of prevention activities is the responsibility of Belgium's communities and regional governments, and for this reason strategies for drug prevention differ significantly across the three language communities. For example, in the Flemish community substance use prevention is carried out following a Flemish tobacco, alcohol and drugs action plan for 2009–15 and is oriented towards actors in the education and health sectors, while in the French community the approach is one of global health promotion implemented through community plans, with a focus on social integration and access to decent housing and health services. In the German community the Association for Addiction Prevention and Life Management (ASL) provides all prevention activities.

Treatment and Harm reduction

Treatment - The national drug strategy document, the Federal Drug Policy Note of 2001, specifies that the treatment offer should be based on a multidisciplinary approach adapted to the complex bio-psychosocial problem of addiction A range of services for drug use treatment and/or healthcare is available in a large part of the country, except in the German community where there are no specialist treatment centres for drug users.

The **primary care** network encompasses general practitioners (GPs), general welfare centres, domiciliary help services, youth advice centres and public centres for social welfare, which provide outpatient treatment. **Specialist outpatient care** is provided by specialised consultation and day-care centres, medical and social cares centres. **Inpatient treatment** consisting of detoxification, stabilisation and motivation, and social reintegration is offered at hospital-based residential drug treatment units and specialised crisis intervention centres, which provide the care based on case-management principles, at specialist hospital units or in long-term residential treatment services. Most **aftercare and reintegration programmes** are delivered in outpatient and inpatient structures. For example, there are halfway houses in therapeutic communities, day treatment in drug centres and employment rehabilitation programmes. Action has recently been taken to improve treatment for clients with a **dual diagnosis or polydrug use** and for children and young people, especially for cannabis use, while a pilot project exploring a community reinforcement approach combined with a voucher treatment method has shown promising results for the treatment of cocaine users. A new treatment programme for young cannabis users has also been piloted (EMCDDA).

Consensus guidelines for **Opioid Substitution Therapy** (OST) have existed in Belgium since 1994. Nevertheless, treatment with substitution substances (such as methadone and buprenorphine) was still a crime until 2002. In 2002 the Law on the Legal Recognition of Substitution Treatment was adopted, and in 2004 a Royal Decree on OST that mentions methadone and buprenorphine as substitution substances was adopted. In the Flemish region most OST programmes (for which both methadone and buprenorphine are used) are provided by low-threshold, ambulatory and outpatient drug services. According to the latest available estimates (2014) a total of 17 026 clients were on OST in Belgium, 15 213 of which were on methadone and 2 471 on buprenorphine (with a proportion of the patients receiving both substances). Between 2011 and 2013 an open-label randomised controlled trial was carried out comparing heroin-assisted treatment and methadone maintenance treatment. The study concluded that the use of heroin-assisted treatment should remain a second line treatment in patients who have resistance to methadone, and recommendations were provided for setting up a heroin-assisted treatment programme (EMCDDA).

Harm reduction responses: needle and syringe programmes (NSPs) have existed in the French community since 1994. In 1998 a law was adopted allowing needle exchange in pharmacies. In 2000 the Flemish community made the necessary legislative adaptations, and from 2001 such programmes have also officially been implemented there. These programmes (stationary, mobile or in pharmacies) are now available across the country, except in the German community. In general, harm reduction projects are set up by non-governmental organisations, and some of them are managed by city authorities.

Approximately 926 000 syringes were distributed through 51 specialised agencies and 14 sites serviced by outreach workers, coordinated by the Free Clinic in the Flemish community and by Modus Vivendi in the French community in 2014 Moreover, in Belgium there are no programmes providing sterile injecting equipment to prisoners. In the prevention and control of infectious diseases among People who injected drugs, special

emphasis has been given to Hepatitis C Virus (HCV) counselling and testing in the recent years (EMCDDA).

Repression

The repression seemed a much less efficient tool today than in the past.

The analysis of the interventions in the criminal justice system indicates that more drug-related sentences are imported at court level and the drug-related suspensions are slightly decreasing. Moreover, the total number of alternative sanctions is declining again. Although prisons are confronted with an overpopulation, more and more drug-related detentions are registered in the past years. Nevertheless, health care (specialised drug treatment in particular) is limited in prison and due to the economic crisis and the associated savings, the capacity of drug-related treatment services in prisons also decreased (Belgian National Report on drugs 2014).

1.2 Motivation in establishing the drug treatment court model in Europe

In the past according to Belgian experience, drug addicted inmates entered alternative measure without an appropriate preparation of knowledge, just as a way to exit prison. As a result, the majority of them was not able to complete their treatment program in a positive way. Furthermore, the violation of probation caused a lot juridical problems after the alternative measure. In some cases, drug users ended up 10 times or more in court trial, having to face a cumulated punishment. In other cases, drug users ended up in prison for 3 to 5 years only for possession and use of drugs.

Giving this evidence, Belgium decided to look for another solution to prevent this problem, and addressing the root causes of it. Experts investigated and reached for examples and ideas and came up with the model of problem solving courts. A drug treatment court is an example of a problem solving court. These courts try to solve the underlying problem of the client with the aim to prevent other problems. If a client steals and deals drugs in order to support his or her addiction, the root cause to be address is the addiction itself, to prevent further recidivism into criminal behavior.

Situation before the introduction of the drug court model

Since 1964 the relationship between drug consumption and the justice system has been in place, giving the fact that the use or possession of drugs had been considered as a criminal act. The experience proved that a lot of these drug cases, got pinched between the department of Justice and the drug treatment providers. It was clear for all actors involved, that treatment was, in most of the cases, far a better solution then repression to decrease drug related crimes (Bull, 2005; De Ruyver et al., 2007).

In the past, the normal proceeding had the following course: the suspect together with his/her lawyer articulated a proposal based on the expectations of what would be acceptable for the judge to release the suspect and refer him/her to a drug treatment facility. In this situation it was clear that the suspect, the lawyer and the judge did not have the expertise to deal with the complexity of the addiction problems and have no preparation to make a real assessment of the client needs. In nine over ten cases, the proposed plan has no realistic goals and was leading the client to a failure.

The need to look into new paradigm: the liaison

This situation changed with the introduction of the liaison in court, literally an intermediary among the relevant stakeholders: the suspect, lawyer, the prosecutor and the judge. The liaison is a person or a team, who is very experienced in the field of drug treatment that works under the law of the professional secrecy of the psychologist (Source: Cooperation agreement drug treatment court, the ministry of justice, care system substance abuse treatment providers of the province East Flanders and the order of lawyers 2008). The liaison works in the drug treatment court (DTC) in Ghent. The DTC in Ghent established in 2008, is one of the alternative sanctions that can be imposed by the criminal justice system. The DTC Ghent focuses on persons who committed crimes because of the drug use of the clients (organised drug-related crime is excluded) in order to redirect them to treatment. Drug using offenders are supported and supervised intensively by a judge, prosecutor and liaison. In consultation with the liaison, the client formulates a treatment plan on all life areas, which has to be approved by the DTC Ghent. During the treatment, several follow-up sessions are organised by the DTC Ghent (Colman et al., 2011; Wittouck et al., 2013). Most of the time, this process starts under juridical pressure and gradually develops the personal motivation for the suspect.

Entering the DTC is often the first step to work on a complete reintegration plan to get the suspect back in society. Beneficial effects are seen in the area of addiction problems, but also on social behaviour, employment, housing situation, financial

management, family and social relations. A remarkable reduction can also be seen in the criminal acts of the suspects in the first 18 months after they finalized their program of the DTC, when compared to their criminal behaviour before they started in the drug treatment court.

1.3 Start up and challenges in adapting the US Model to the Belgian context

Start up

In order to know more about the drug treatment courts, a few people from the Belgium court undertook intense research work, reading literature on the subject. Later on a small group of experts from the court visited a few drug treatment courts in the United States and Canada. Based on the research and the finding, an assessment was made showing that the drug treatment court model could work for Belgium. Ghent seemed the ideal ground to start a pilot project, due to its strong network of treatment providers on different life areas. For example, Ghent has opportunities to provide assistance on employment, financial support, housing, mental health, and drug treatment.

To start up the project in Ghent, the experts looked which components of the drug treatment courts in Canada and the US were suitable for the Belgian juridical situation. They found out that the situation in court the US and Canada were quite the same as in Belgium, except for the pre-court meetings. In Canada and the US the court has a dedicated lawyer working on the DTC hearing and the lawyer discusses all the clients before the hearing together with the judge, the prosecutor and the liaison. In Belgium, every client has his/her own lawyer what makes it impossible to arrange pre-court meetings. Apart form that, the experts decided to keep the same structure with the preliminary hearing, the orientation hearing, the follow up hearings and the final hearing with sentence. The experts made sure that the model fitted in the existing law procedures so there was no need to change the system or laws.

When it was clear how the hearings would be structured, the experts contacted the treatment providers to touch base on their availability to join this project. All the treatment providers gave a positive answer, because they saw the benefit of the close collaboration with the court, in fostering motivation of the client and consequently achieving faster the goals in the treatment program. As a result, the first hearing of the DTC took place in 2007.

Challenges

The main difficulties we were confronted with, while establishing the DTC in Belgium were the following:

1. The limited capacity of the treatment providers. Sometime it was not possible to accommodate all the clients;
2. The experienced tension between the probation officers and the liaisons because of the professional secrecy that the liaisons have and the probation officers have not;
3. The cost price of urine control samples the judge expects. Sometimes the clients do not have the finances to afford this; and
4. A certain degree of unpredictability regarding the amount of new clients coming in and sometimes the diverse level of motivation of the client make it difficult for the liaison to deal with the caseload.

Solutions identified so far for the above mentioned challenges:

1. For the capacity of the drug treatment centres in Belgium, there is currently no solution. It could be also that the situation deteriorates and there will be even less beds available in the future, due to cuts on expenses;
2. In the next two years experts will develop a proposal to incorporate the liaison in the probation structure, with special instructions about professional secrecy. The liaison needs the same professional secrecy granted to psychologists in Belgium;
3. The problem of the cost price of urine control is still not solved. In the most cases the drug treatment providers have the possibility to do the testing (for free). But if the client is not in a specialized drug treatment, he or she has to pay for his/her own testing. If no additional funding will be made available for the drug testing in the future, probably a reduction of the frequency of the testing would be introduced; and
4. Regarding the unpredictable workload of the liaison office, there is no structural solution for the upcoming years. The liaison started working with volunteers and interns to be trained, but there is no budget available for hiring an additional professional, especially because the capacity of the drug treatment providers is not large enough to allow the liaison to handle more DTC cases.

1.4 The Belgian drug treatment court model: how it works in practice

The centrality of the liaison in DTC

The Belgian DTC model is based on the fundamental pillar of the liaison. This person or office works as a catalyst among all the stakeholders, being a very functional link among the suspect, the treatment providers, the lawyer, the prosecutor and the judge.

The liaison is committed to the professional confidentiality toward the client, with a similar deontology of a psychologist. The main goal of the liaison is to assist the client in the path of recovery and work together in fixing different life areas.

The following are the key steps undertaken by the liaison:

- Clarifying the problems of the client with the aim to refer the client as quick as possible to a proper treatment provider/ treatment center;
- Informing the client about the existing treatment provider options;
- Helping the client in making the individual action plan for rehabilitation and recovery;
- Supporting the client in submitting the plan to the court for approval;
- Getting in touch with the treatment providers who could assist in the implementation of the treatment, once the plan is approved;
- Accompanying the client to the initial meeting with the treatment providers if necessary;
- Assisting in the follow up meeting in court, although is primarily a client responsibility to show up in court;
- Participating in coordination meetings with other relevant treatment providers to secure sharing of relevant information if beneficial for the recovery path of the client;
- Ensuring a good follow up of the client and adjust the treatment path if necessary, if so requested by the client, the treatment provider or the court;
- Giving crucial information about ongoing progress in the treatment, upon request of the judge. (However, the liaison is not obliged by law to share confidential information on the client);
- Maintaining and extending networking relations with treatment providers, with the aim of ensuring and facilitating a good operation of the DTC; and
- Working according to the deontology and rules of the privacy and professional confidentiality.

The professional attitude of the liaison

In the initial phase, it is possible to compare the attitude of the liaison towards the client with the work of a ghostwriter. The liaison empathizes with the client and the situation and, based on the facts, creates a plan together with the client that offers the best chance of succeeding.

Primarily the plan focuses on the individual, his/her needs and that is achievable. An evaluation study describes the liaison as a “human” support figure”. Mary Richmond used in 1922 for this purpose the concept of “friendly neighbor”.

The basic principle, is that the social worker/therapist tries to improve the quality of life of the client and his / her family and network by 1) to offering several options for treatment and service providers and 2) helping them finding the right way to overcome their problems. They help the client in better functioning in his/her surrounding. The liaison could also provide new horizons to the client, other than the one that he/she has experienced in the past. In addition, the professional experience of the liaison stimulates confidence. The intention is that the client will see the liaison as a confidant, someone to whom he / she can fall back when it runs hard, but as well to share his / her joy when positive feelings are experienced. The liaison will act with a non-judgmental attitude, focusing on the problematic areas but also highlighting the strengths of the individual. The dignity of the individual is safeguarded, and the unique capacities and possibilities for change are explored. In addition, the liaison listens very carefully to the client, and also notices the (small) success stories and validates them. The new acquired problem solving skills of the client are essential in building up respect and self-confidence. The ultimate goal of the liaison is to empower the client and stimulate a positive attitude of learning by doing and achieving positive results. This attitude will eventually increase the changes of a success story in the long run.

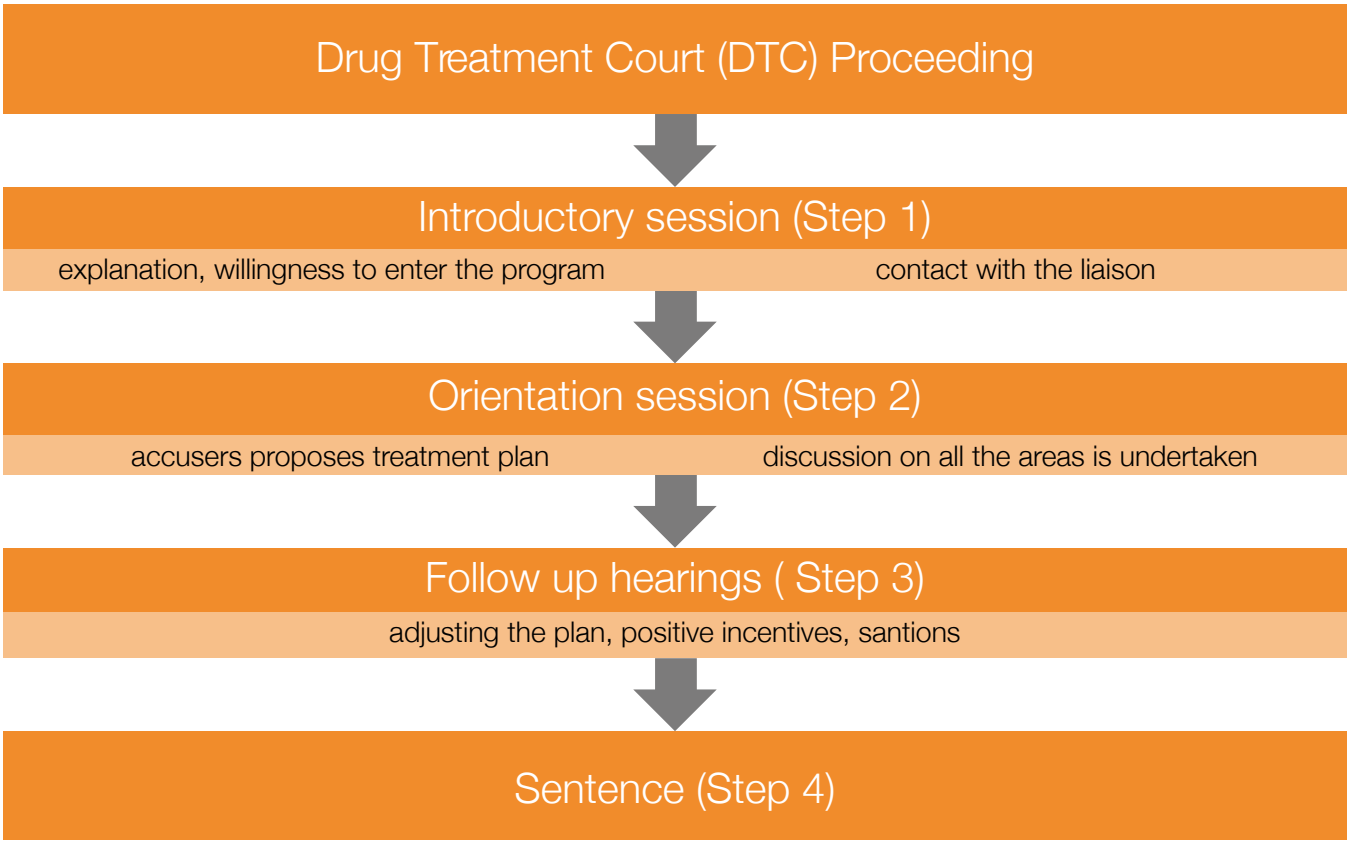
Furthermore, the liaison is working on motivation using the Stages of Change Model by Prochaska and DiClemente (1983). Quite some time would normally passes in the transition from the moment of taking the decision to the active change phase. Exhaustive preparation should be undertaken before entering the stage of the active change in order to succeed. The biggest trap to be avoided is an unprepared action after the client made his/her choice. A good prepared plan to overcome a drug problem is fundamental, since

every relapse is proven to undermine self-confidence. Before the client enters the action phase, all life areas need to be assessed properly. With adequate preparation the chances of reaching the final goal may increase significantly. Finally, it is worthy to underline the importance of the trusting relationship between the client and the liaison. The role of the liaison as an intermediary, between the juridical system and the drug treatment and service providers, needs to by very clear to the client. The client needs to be informed about the role of the liaison as a drug treatment counselor, subject to professional secrecy. The liaison does not have a controlling role like a probation officer, nor the obligation to report information on the client to the court. Therefore, the client is able to speak freely about all the events, facts, thoughts, feelings, knowing about the secrecy. Once this aspect it is clarified, the chances of an honest talk are increased, having a positive effect on the whole process.

The Belgian model in depth: the four Steps of the proceeding

The Belgian drug treatment court model follows a proceeding based on four consecutive steps. The proceeding is summarized in the graph below and the four steps are described with great details in the following sections.

Graph: Drug Treatment Court proceedings summary



Step 1: Introductory session

First hearing

The First hearing takes place in court with the presence of the following stakeholders: judge, prosecutor, suspect, lawyer of the suspect, liaison, and sometimes the support network of the suspect.

In the introductory DTC session the prosecutor sets out the facts the client is summoned for. These facts are always drug relate crimes, but can be very different from client to client. Some suspects were arrested for dealing narcotic drugs and psychotropic substances in order to finance their own drug use, others committed offenses over their partner under the influence of alcohol (inter-familial violence). Some suspects suffer from a psychological disorder drug or not drug related, others have no familiar or social network anymore. In the majority of the cases, the suspects for the drug treatment court have several problems besides the addiction itself. Alcohol and drugs abuse are often damaging many aspects of a person's life. Often individuals are lacking behind with the payment of health insurance, have expired identity cards, are facing housing problem, do not have a secure source of income or a stable job, experience deteriorated family and friendship relations and sometime also have psychological and health problems. (Oppenheimer, Sheehan & Taylor, 1998; Petry, Stinson & Grant, 2005; Shahl, McGowan, Smith, Blum & Klein, 2002; Vanderplasschen, Wolf, Rapp & Broekaert, 2007; Weitzel, Novhajski, Coffey & Farrel, 2007).

If the suspect admits that he/she has a drug or alcohol addiction problem where he/she can uses assistance for and if he/she wants to work on the problems, the judge offers the suspect the possibility to make an appointment with one professional of the liaison. The goal is that the suspect together with the liaison discusses various aspects of his/her life and consider where change is desirable and possible. This process is highly individualized, due to the peculiarity of each client, and addresses the problems in different areas of life and the criminal offenses committed by the client. The liaison is present in every DTC hearing, the client can immediately get in touch with the liaison, exchange contact details and make an appointment. If time permits, the client and the liaison could have a first quick conversation.

If the client is in distress and need immediate assistance, the liaison could use its network and immediately refer the client to a proper treatment center.

The first hearing ends with the agreement between judge and client that the client would come to the orientation hearing two weeks later, where he/she will present a treatment plan (that he/she makes together with the liaison) to the judge.

Acquaintance meeting(s)

Acquaintance meetings take place in a treatment center, in prison, in the house of the client, with the presence of the following stakeholders: client, liaison, sometimes people belonging to the support network of the client.

Acquaintance and explanation of the DTC

During the first hearing, the liaison and the client made an appointment for an acquaintance meeting in between the two hearing sessions in court. After this first meeting, the client would know about the drug treatment court, what to expect from it and have an overview of the DTC procedure. The liaison explains what are the expectations towards the client, the role of different actors (liaison, lawyer, prosecutor, judge), the DTC program and the advantages and disadvantages of a drug treatment court procedure. Special attention and time is dedicated to respond to the client's questions. These meetings are very useful for the client as well for the liaison. The client gets the opportunity to taking a decision being informed on the facts, considering if he/she will participate in a drug treatment court project. The liaison gets a first impression of the motivation of the client and indication on which life areas they should work to improve further motivation.

Decision to participate or not

The decision to participate or not participate in a drug treatment court procedure is not necessary made in this first conversation. A few acquaintance meetings can be arranged. The client will get time to think about the procedure. Sometimes a client decides already after a first meeting not to join a drug treatment court procedure. Then, he/she will face a normal trial. The liaison respects this decision and leaves the contact details in case the client changes his/her mind in the future. The liaison normally suggests to the client to contact a lawyer. Together with a lawyer the client can discuss the possibilities of penalties and take a further decision. Further referral to drug treatment and service providers would also be possible independently from the drug treatment court procedure.

Decision to participate in DTC: preparing the treatment plan

In case the client decides to undertake a DTC

procedure and the judge allows it, it is important to start with an exhaustive assessment. In the standard procedure the liaison starts questioning the client on several live areas on which the client him/herself wants to see a change. The questioning starts from the assessment of the present situation. The order of the questioning is not important, as long as all the areas are covered. Once all the information is gathered, the client and the liaison can make together a treatment plan.

The following points provide an overview of the life areas that are questioned.

1. **Identification of the client**

   First, the liaison collects all the personal information on the client: age, marital status, nationality, country of origin). Furthermore the liaison investigates on the client story and the present situation allowing the client to speak freely.

   The liaison focuses on the acute problems in the present that need to be addressed, before it starts working on the roots of the problems. In some of the cases there are urgent matters to be solved, for example in the case of a drug addict homeless, the liaison would consider ensuring a proper living the top priority. After that, they can work together on the treatment plan. The advantage of this priority strategy is that, if the liaison succeeds in solving the immediate necessity, it gains the trust of the client, having already a good base for the future work together.

2. **Juridical situation**

   The liaison assesses the current legal status of the client. Several options are possible: a) the client has no further legal affairs in the judiciary, b) the client has a probation from a previous case and is under the mandate of a probation officer or c) the client is in pretrial detention. In case of option b), the liaison asks for the contact details of the probation officer to be able to contact the probation officer and arrange a consultation. In case of option c), the liaison determines whether there was already a contact with the Central Admission Point (CAP) for detainees with a substance abuse problem. If this was the case they can work together in finding a recovery program for the inmate for the period after detention.

3. **Substance abuse**

   The liaison inquires about the current situation of abuse: the substances, the frequency, and the effects of drugs on the client. Later on, the liaison also assesses the history of the substance abuse: the starting age and clean periods. It is also important to get information on whether the use or substance abuse rather arose from a desire to experiment, or if it was a form of “self-medication”, to escape problems, or if was due to social pressure, or as a stimulant before committing criminal acts. Furthermore, the liaison makes an assessment on the type of addiction: recreational use, problematic use of a deep-rooted addiction. The liaison also enquires about the motivation to quit addiction, its expectation about it and the type of treatment that could be acceptable for the client.

4. **Marital situation and housing**

   As mentioned above, the presence or absence of a stable home and the social environment is an important pillar of the assesment. The liaison needs to investigate whether the client has any stable place where he/she can stay (private residence, a space with family/friends or sheltered housing) and the circumstances (the condition of the house, the number of people living together, the relationship between the people, if homeless friends often come to stay during the night). Furthermore, the liaison investigates the cohabitation: with/without a partner, parents, children, friends, other family members, etc.. It is important to question this life area well, since this is an important precondition for the client to get back to work or to overcome his / her addiction.

5. **Family relations**

   The liaison examines whether there are family relationships (children, (grand) parents, relation, brothers, sisters, other…) and what is the frequency of the contact and the value of these relationships. The liaison needs to consider whether these persons are willing to provide support and whether they can be involved in the process. Research has shown that involvement of family and/or a partner is one of the five predictors for success in the treatment of addiction.

6. **Social relations**

   The liaison examines whether there are social contacts, how often and what the value of these relationships is. The liaison makes a distinction between friends and colleagues, and contacts with sober functioning people, out of the drug scene. Social contacts can be either a positive or negative contribution to a recovery process. For example, having contact with other drug addict people is not helping recovery. It is important to get a clear view

on this situation. The liaison also questions the need for social contact and how the client handles the feelings of loneliness.

7. Education and employment

Education and employment are important topics. The liaison inquires about the level of education (primary and secondary education, completed highest education, employment history) and present situation. Among the questions there are the following: Is there a chance of employment? What type of contract and job profile? Is the person disabled or not able to work for other physical or mental reasons?. Normally the client has a lot of problem with employment and also with leisure time. The biggest challenge is emptiness. If they do not have a job, they often do not know what to do during daytime. That is the reason why the step to criminal acts is easy. Investing in these areas is therefore in many cases the key to success in several other life areas. Therefore the liaisons try to offer the client a range of options for inclusion in the regular labor market. Frequently it is a chain of small steps: outreach projects starting from volunteering work, participating in health farms, orientation towards social employment. Such projects can perfectly be integrated with additional training courses in mainstream adult education.

8. Income and debts.

The liaison checks if the client has an income. It can be a paycheck, unemployment benefits, pensions, social assistance, benefit of health insurance, disability allowance, alimony, money from illegal activities such as drug dealing, prostitution, gambling, theft or other form of illegal work. The liaison also takes in consideration whether the client has debts and what is the amount of these debts. Problems with income or debts are one of the biggest triggers for relapse.

For example: if the client lives on social security in Belgium he/she will get about 625 euros per month. It is almost impossible to pay a rent and live on that amount. Most clients also have juridical convictions and high fines to be paid that make it impossible to survive. These financial situations generate a high level of stress fuelling drug and alcohol consumption as a way to escape the problems.

That is why it is appropriate to make a quick assessment to estimate if the client is in the position to pay his/her debts or if specialized services are required (such as budget management, budget control or collective debt settlement). The following step would be to see how an appropriate job could be found for the client to ensure a better financial income.

9. Daily activities and leisure time

As previously mentioned in the area of employment, it is important to have something to do during the day, such as working, volunteering, training, running the household, practicing sport. The liaison needs to be informed about the current daily activities and whether the client is happy with them. It is important that the community includes (ex-) addicts or recovering addicts into society. If not, there is a great chance that individuals will spend their time on the same way as during their addiction period. This will increase the chances of relapse. Quoting Henry Winkel (1996) on the importance of finding alternatives “If you always do what you always did, you will always get what you always got”. For many clients, it is also important to find a physical way to lose stress. Having positive daytime activities is also a way to increase self-confidence and self-respect.

10. Administration

The liaison always checks if there is some paperwork that needs to be solved. For example: papers of health insurance, identity card, residence permit or, driving license. If so, the liaison refers the client to the appropriate authorities to make this in order.

11. Physical and mental health

Equally important is to determine whether there are physical or psychological problems. More and more clients not only have an addiction problem but also present one or more of the following: a developmental disorder, mental disabilities, Attention Deficit Disorder (ADD), autism spectrum disorder and so on. The liaison needs to be aware of physical and mental problems while settings goals on all life areas. The liaison also pays attention to the treatments history, medical records and social care, analyzing what a client has done to try to overcome his/her problems, which steps were successful, why other steps were less successful or not successful at all. The liaison tries to build upon previous treatments to reinforce strategies that worked in the past. It is important to pay attention to the self-reliance of the client but not to overestimate him of her.

Making the treatment plan

Based on the findings in the various life areas, the liaison discusses with the client whether he or she wants to make a change and what's his or her point of view on these matters. During this progress the liaison continues working with motivational interviewing. Liaison and client define together a treatment plan in which the client itself formulates objectives, intermediate goals and deadlines. These targets and deadlines need to be realistic, achievable, tailor-made and always measurable. The plan sets the basis for the road to recovery, preventing recidivism and, where possible, abstinence from the use of legal and illegal substances.

In Annex 1 there is an example of the format of the treatment plan the liaison is using in the drug treatment court in Ghent in Belgium. The liaison determines what the client can achieve on his own and where appropriate treatment and/or services providers should be involved. The treatment plan has a degree of flexibility and can be adjusted at any time, if needed, and brought to the judge for his/her approval.

Again, it is very important that the individual action plan is reflecting and addressing the individual problems, strengths, needs and requirements of the client. Working with individualized profiles ensures that the liaison can offer an ad hoc treatment plan, with a more likely chance to succeed.

Informed consent

While preparing the treatment plan, the client will be asked to sign an informed consent. In this consent the client grants permission to contact other treatment and service providers who worked with the client in the past. In this way, the liaison gets the possibility to access client treatment history and to better refine the treatment plan.

When finalized, the treatment plan can be submitted to the president of the drug treatment court in the next hearing.

Step 2: Orientation session

Second hearing

The Second hearing takes place in court with the presence of the following stakeholders:

Judge, prosecutor, suspect, lawyer of the suspect, liaison, and sometimes the support network of the suspect.

This hearing would normally take place 2 weeks later than the first hearing. The client illustrates the treatment plan with his/her own words, to the judge. The client handles 3 copies of the treatment plan to the court (one for the record keeper, one for the judge and one for the prosecutor) and one to his/her lawyer. If necessary, the liaison can give further explanation. For example, the liaison can explain the reason why they choose together an outpatient or residential program. It is also important that the lawyer of the client completely agrees on the plan. It is up to the judge to approve or reject the plan. Sometimes the judge asks the advice of the prosecutor, before taking the final decision. When all parties agree, the paper is signed. The plan can still be amended, but in this case a new proposal should be brought to the judge and be agreed upon and signed again.

Contact with treatment providers

Once the plan is approved, the liaisons get the client in contact with the treatment and service providers as foreseen in the plan. Admission to treatment or service providers is handled in the same was as voluntary admission. Some organizations ask for a hand written letter of motivation by the client himself. In this case, the liaison would help the client in drafting it, if needed. If the client has to make a phone call for admission to the treatment provider, the liaison would also support him/ her in making the call. If there are no restrictive procedures the liaison itself can arrange the referral. Experience proves that a "warm transfer" works better. This means that the liaison is present during all initial contacts to facilitate the acquaintance between the client and the drug counselor. The fact that counselor and liaison know each other and have a good relationship often reduces stress and creates trust. The liaison can accompany the client to a first meeting in an institution or with a therapist, but can also take care of the transport to treatment centers if the client is detained. This secures that the client effectively reaches the treatment facility.

The liaison always focuses on realistic prospects and counsels accordingly. In case of a client who wants to become a veterinarian, but this person has an IQ of 65, the liaison knows that the university degree is not realistic goal. Therefore, it is the task of the liaison to search together with the client a more likely alternative. The liaison can suggest to the client a job that deals with animals or volunteering at a bird shelter.

It is very important to match also treatment and service providers and puzzle the different life areas and prioritize the areas of intervention. The most urgent needs should be addressed first. For example in the case of a homeless addict, a solution should be found concerning the place to live before addressing addiction. If the order of priorities is not respected, the chances of relapse will increase enormously.

Step 3: Follow up hearings

Following up hearings are taking place in court at the presence of the following stakeholders: judge, prosecutor, suspect, lawyer of the suspect, liaison, and sometimes the support network of the suspect.

Follow up hearings

In the follow up hearings the court follows up on the progress made by the client in his/her treatment plan, approved during the orientation hearing. For this reason the client needs to be present at each hearing. The client should present evidence of his/her progress in the form of certificates from treatment providers, urine checks, leases, and contracts. This is purely a matter between the suspect and president of the drug treatment court. The liaison does not play an active role because of his/her professional secrecy. Honesty with the president of the court and prosecutor is the base of the drug treatment court. If the results are positive, the judge will reward the client. The reward could be in words, but also the judge can decide to give the client extra time between the follow up hearings. For example the judge can decide to see the client once a month instead of every two weeks, what is the usual time frame between the hearings.

Just in exceptional circumstances, the client does not need to be present at the hearing: in case of sickness, proven by a doctor note or in case of admission in a treatment center or due to a work appointment. Therapy and job trainings also belong to this special circumstances, in which the client can be excused.

Follow up through the liaison

Once the transfer to the appropriate service is done, the liaison steps more into the background and monitor the progress done by the client along the way. Basically it is the rule that the client takes contact with the liaison. This does not prevent the liaison of taking action by contacting the clients if this seams necessarily. Nevertheless, the liaison still remains available as a contact person to provide support. There is a difference in the intensity of communication with the liaison between long-term residential programs and outpatient programs. When a client enters in a long-term residential program, the liaison remains on the sideline. This is due to the fact that long-term residential programs take care of the four crucial areas of intervention: substance abuse, day care, housing and income. After several months the liaison will consult the treatment provider and will advise the judge to proceed to the final court session. So the client gets the chance to finish the rest of his/her program in the treatment setting on his/her own choice. Self-motivation and confidence are "boosted". In an ambulatory program, with or without short-term residential interventions, it is appropriate that the liaison remains involved until the client has achieved some stability on these four life areas.

The treatment plan should also address possible episodes of relapse. This is not surprising since addiction in the present era is seen as a chronic relapsing brain disease. Often is the client network (family, social workers or employers) to tell the liaison about the relapse, but sometimes the liaison hears it from the client itself. It is important to say that the liaison works more efficiently on this matter when clear agreements on how to act in case of relapse had been previous discussed with the treatment provider. The liaison should play a very active role in case of relapse, by contacting the client, his parents, partner or significant others. The aim is to get the client back on track as soon as possible. Sometimes adjustments have to be made to the plan, to increase the likelihood of success.
The response depends on the gravity of the relapse. It is evident that a slip in the weekend would be handled differently from the case of an episode of daily use. Often the liaison and client already had made previous arrangements in case of relapse. One example could be that the client decided that in case of relapse, he/she would go to a residential Detox program for at least one week or gets two months time to try within an ambulant trajectory. But if the desirable goals are not achieved within this period, the client agrees to enter a residential treatment program. The liaison might suggest an outpatient program with short residential interventions where needed, with clear commitments and deadlines.

The liaison participates in this period also in regular consultations between several organizations involved in different areas with the client (City social services, general welfare services, treatment providers and other services). This allows early detection of emerging problems allows the liaison to counsel on how to adjust the plan to increase the chances of success.

Step 4: Sentence/final hearing

The final hearing takes place in the court with the presence of the following stakeholders: judge, prosecutor, suspect, lawyer of the suspect, liaison, and sometimes the support network of the suspect and the civil party.

Final hearing

When the process is running properly for a reasonable time, normally between 6 to 10 months, the client can ask the judge to get his/her conviction or the liaison can advance a suggestion to the judge to terminate the follow up hearings. However the period might vary considerably depending on the individual and the progress achieved. In case of a client does not follow his/her appointments, a final hearing can take place earlier. When this happens, most of the time the client already had a second chance, a warning and made already adjustments to his/her plan.

During the final hearing, the case will be treated like a normal case. The civil party is invited for the final hearing. A final hearing starts with the pleading of the prosecutor about the facts where the client was summoned. Later on, the prosecutor focuses on the course of the followed path towards recovery. An assessment will be made in terms of positive or negative. Also the prosecutor listens to the experience of the client during the program. After that, the prosecutor demands claims and an appropriate sentence, taking into account the crimes and the progress made during the DTC program. Sometimes a comparison is made between what normally would be claimed before the rehabilitation and afterwards to stimulate the potential reward.

Then, the lawyer makes the plea from the point of view of the client and explains why a specific type of sentence may or may not be appropriate. The lawyer also proposes a specific sentence, most of the times matching on a continuation of some of the goals established in the treatment plan but carried out independently from the DTC program.

Finally, the client also gets time to say some lasts words.

After this, the judge takes all the information for further deliberation and would come back with a verdict within two weeks.

The liaison does not play an active role in this final hearing. But it is possible that the liaison follows up on a voluntary basis during the time between the drug treatment court and the follow-up by a probation officer.

1.5 Evaluation of the Belgian drug treatment court

In 2007, a first study was finalized on alternative sanctions to refer drug dependent offenders to treatment. This Belgian evaluation study showed that the levels of offending and drug use decreased and that drug-related life domains improved after an alternative sanction (De Ruyver et al., 2007). Between May 2008 and May 2009, Ghent University and the Service on Criminal Policy conducted a process evaluation study. Although some weaknesses were addressed, the overall evaluation was positive. The DTC Ghent provides the opportunity to address problems in different life domains (Colman et al., 2011).

Providing an individualized approach and flexibility

DTC is more flexible than a normal proceeding and gives the opportunity to work result-oriented. DTC stakeholders are not committed to a mandate (which is the case for probation). As such, all problematic life domains can be addressed. Moreover, upcoming issues can be treated during the program. This individual approach oriented to different life domains give the possibility to work toward reintegration. Contrary to probation, DTC pays attention to the *persons with a drug problem* rather than to focus on the *offender*. Based on 2015 experience, it could be said that the drug court helps clients to make an earlier decision. Considering the juridical situation of the client and personal motivation, 40% of the average drug court client are prove to be able to change their life style by stopping their addiction and starting afresh with a career.

A cost effective model

There are a lot of papers about cost effectiveness of drug treatment programs. The average costs of a drug addict are calculated from 135.000 euro till 450.000 euro a year: unemployment or social security benefits are around 1700 and 2500 euro a month. The cost of care burglary, hand back steeling and other criminal acts as well as the psychological damage of the victims is difficult to value, but could be estimated. **For every 100 euro spent on drugs the cost for society is about 600 to 1000 euros**. For example: a problematic drug user needs about 100 euro a day to buy drugs. Following a simple calculation a drug addict needs 100 euro X 365 days which is 36.500 euro annually. This is just 12% of the realistic costs of the addiction. The costs of society are around 292.000 euro a year just considering the drug related expenses. In this calculation the costs of the juridical system are not included nor the cost of the treatment, since both are covered at the federal level in Belgium.

Faster way to lead clients to recovery: reducing relapse and recidivism in drugs and crime

The Belgian DTC experience shows that the drug court is able to bring clients much earlier in contact with treatment providers. Juridical procurers in Belgium

normally take a lot of time, and in the majority of the cases the penalty follows at least 2 to 5 years after the criminal facts are committed. The drug court is able to shorten this period remarkably. 2015 data demonstrate that 40% of the clients are able to achieve progress. 32 out of 80 cases of DTC clients, shorted their addiction period with at least 9 months, with also an overall saving of 6.912.000 euros in treatment costs.

1.6 Future challenges for the Belgian drug treatment court

A big challenge for the DTC is funding. The minister of justice (federal) and the minister of health (regional) need to agree about the extra value of the DTC project and the extra value of problem solving courts in general. Additional funding for the implementation for the first few years is essential.

The benefits of the DTC might not be considered remarkable in the short term. DTC does not provide a solution to prison overcrowding, police and courts have a high workload, which is not reduced by the DTC in the short term and drug treatment providers are already beyond their capacity. However, they are notable on the long term. 30% of the drug addicts demonstrates a substantial shorter use, the DTC gives clients a better chance on rehabilitation and social reintegration, reducing the overall costs for taxpayers.

Considering the financial situation of Belgium, there is a high risk that some expenses cuts would be introduced and cheaper solutions would be adopted. Ignoring the expert negative advise, there are already courts in Belgium (in Antwerp and Bruges) that are experimenting with probation officers performing as liaisons. This is a cheaper option but with less changes to work. A probation officer has a controlling function. In a case of a client who is free on probation, the task of the probation officer is to control whether the client follows the rules of his/her probation. Not using drugs and not having contact with other drugs users is always the rule in the probation conditions. In cases of relapses, the probation officer will have the duty to report this to the court. On the contrary, the liaison is following the rules of professional confidentiality and doesn't has to report this. This makes a huge difference in the way a client deals with the liaison or probation officer, since the clients could be completely honest with the liaison.

Sometime the cheapest solution is not the best one, especially if the social cost of it is very high. It is a priority to invest in the project of the DTCs, and with the liaison as key actor.

In case the DTC project will continue, a future challenge for the Belgian DTC is the creation of a systematic, structured, uniform and continued process for data collection on the DTC clients. This data collection system would future systematic outcome evaluation. Research of the dossiers showed that currently the clients data collection is too limited. The systematized registration should be embedded in the operation of the DTC so that the workload should be minimal.

1.7 Suggestions for further adaptation in other EU countries

The following suggestions are based on the Belgian DTC experience and can be valuable for other countries who want to explore the DTC option (Source: Vander Laenen, Vanderplasschen, Wittouck, Dekkers, De Ruyver, De Keulenaer & Thomaes, 2013).

Before considering establishing a DTC, the national experts should be:

- Exploring the DTC model in different countries and comparing different juridical systems to assess which juridical system/legal framework would work best in the national drug law and judiciary system. (The" DBK the Movie" video of the Ghent DTC and the related power point can be a preliminary introduction guide to starting up a DTC in other country);
- Promoting treatment instead of prosecution, averting recidivism and stimulating reintegration;
- Claryfing roles and tasks of every stakeholder to be involved in the DTC, making sure there is a clear distinction between the roles and tasks of the criminal justice system and mental health care providers, and also clarifying tasks of the liaison are clear;
- Establishing clear and written agreements;
- Securing the confidentiality of the liaison;
- Mapping the treatment offer in the country. Making sure there are sufficient, diverse and geographically distributed treatment centers or services to provide adequate treatment options to the client and satisfy the demand for treatment. Making sure the treatment providers works and focus on different life areas; and
- Explaining the DTC concept to all the stakeholders that would be involved in the project.

Suggestions for the start up of the DTC and during the project implementation:

- Establishing a liaison is an essential criterion to guarantee an optimal functioning of the DTC. The liaison should hold professional confidentiality and acts as an intermediary among the DTC client, the criminal justice system and drug treatment services;
- Working extensively on the eligibility criteria for the DTC:
  - at the prosecutor level to clarify the links between the condition of addiction and the crime/s committed under it. Assessing the criminal facts and creating a profile of the offender;
  - at the court level: applying the same criteria than at the prosecutor level, but having a second round of evaluation, pledge guilty, and recognition of the drug problem;
- Securing that the intensity of the supervision has to be tailored to the drug treatment and criminal justice history of the DTC client. Depending on the individual needs and the progress of the program, follow-up sessions can promote the continuation of treatment. A successful completion of the DTC program is important in order to decrease the risk of relapse;
- Addressing all life areas in the assessment of the client situation done by the liaison together with the client;
- Providing to the liaison enough follow up time with the client;
- Making sure the treatment providers have enough capacity to accommodate the demand for treatment;
- Embedding the DTC in the regional network of treatment providers (for drug and alcohol users);
- Having an overall DTC coordinator can be a further asset in the project,
- Maintaining the judicial pressing;
- Organizing from the beginning a systematic, structured, uniform and continuous data registration process (potentially in a database) of data from the DTC-clients;
- Collecting proves of the added value of the DTC project trough specific outcome rates. In order to do so undertake a scientific research on the DTC project in the country, especially in the first years. A cost-effectiveness analysis is also recommended;
- Keeping all the stakeholder involved in the project equally engaged and informed; and
- Securing that the entire system is focusing on the client and has the client well being at its core.

Annex 1 Pilot project Drug Treatment Court Ghent – Dossier Liaison

Plan of action

undersigned …….. confirms, that I together with my liaison of the Drug Treatment Court developed this treatment plan on several life area's on date:. …….. in function of my reintegration in society.

I promise that it will take the following steps:

Life area's	Global goals	Mini goals	Which organisation	Evaluation
Alcohol use	- -	- -	- -	- -
Drug use	- -	- -	- -	- -
Family composition and housing	- -	- -	- -	- -
Family relations	- -	- -	- -	- -
Social relations	- -	- -	- -	- -
Education and employment	- -	- -	- -	- -
Income and debts	- -	- -	- -	- -
Daytime activities and leisure time	- -	- -	- -	- -
Administration	- -	- -	- -	- -
Physical and mental health	- -	- -	- -	- -
Juridical situation	- -	- -	- -	- -

Date:
Name and signature client

Date:
Name and signature Liaison

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CHAPTER 2

THE ITALIAN EXPERIENCE
SAN PATRIGNANO AND CEIS ROME

2.1 Overview of the Italian Legislation on drugs and alternative measures to incarceration
2.2 San Patrignano's work on alternative measures to incarceration for drug addicted offenders
2.3 CeIS experience on treatment of drug addicts subject to alternative measures

2.1 Overview of the Italian legislation on drugs and alternative measures to incarceration

In Italy drug abuse is not considered a crime, but an administrative offence, since drugs are illegal. Once the condition of drugs addict has been certified by national services on drugs, the crime committed under the drug abuse, could be handled following the national law on alternative sentencing. The idea behind the law is that often prison it is not the right place for providing the adequate treatment needed by drug addicts. Alternative measures are meant to prioritize the therapeutic aspects as public health interventions and also supporting public security.

Furthermore in Italy the issue of prison, justice intervention, alternative measure and fight against drug trafficking are top issues. The EU is pressuring Italy to comply with the European standards in prison settings and reduce prison overcrowding, applying also sanctions to secure implementation. Alternative measures contribute in reducing prison overcrowding while offering ad hoc therapeutic options for drug users.

Overview of the alternative measures and justice intervention in Italy

According to Italian Law, Art. 90 and 94 del DPR 309/90, drug addicts and alcoholics have the option respect to obtain the suspension of the sentence execution (Art 90) and exit prison on probation with the purpose of seeking treatment and solving their addiction problem (Art 94) (Annual Report to the Parliament 2015).

Furthermore, According to Art 73co.5 bis of the DPR 309/90, as introduced by Art 4 bis, co.1 lett.g. for D.L 272/05 and the amendment of the law 49/06 for crimes falling under the former Art 73co.5 Bis of the DPR 309/90, that were committed by drug users, there is the possibility of community jobs instead of detention.

In view of the Italian law there are several options such as probation, home detention, and under special supervision that could be offered to drug addicts seeking treatment instead of punishment.

In order to be granted the alternative measure, the following steps need to be undertaken and it will result in a synergy among different public actor and institutions, the offender and the rehabilitation community eventually welcoming him or her.

1. **An application should be submitted by the offender.** In Italy there is no provision for compulsory treatment. The offender needs to apply for alternative measures. The judge will not unilaterally assign them;
2. **Certification of addiction should be provided by the national drug services**, Ser.D in Italian Acronym. This is to certify the condition of addiction and the need of treatment;
3. **Evaluation of the circumstances by public authorities** The Office of External Criminal Execution, UEPE in Italian acronyms, will run the assessment of the situation considering all the socio- and inter personal aspects, and evaluate the best therapeutic option for treatment;
4. **Availability of the therapeutic community to receive the offender.** This is a precondition for the alternative measure to be granted. There should be a community willing and able to welcome the offender; and

5. **Final decision of the judges, based on the report provided by the UEPE and on the acceptance of the community.**

Once the alternative measure has been granted, and after the admission in the community, a constant monitoring will be performed by the UEPE. Liaising with the staff of the therapeutic community the UEPE will act as watchdog to oversee the progress during the rehabilitation program and regularly report to the judge or tribunal in charge.

Framework provided by the Italian Law: summary of the legislation

The following options are available according to the Italian law on alternative sentencing.

Probation placements (Art 94 DPR 309/90). It applies for offences, which received a sentence of less than 4 years of detention by the court. The actual condition of drug addiction has to be diagnosed by health services, and there should be a willingness to undertake a rehabilitation program by the offender. Once these pre-requisites are met, the person could be referred to a residential rehabilitation community. This alternative detention option could be given only twice in a lifetime.

In home detention (Art 47 Ter L. 354/75). This law is meant for continuing care, family assistance, professional training, before the final sentencing is made. It applies to a sentence of less than 4 years, for:

- Pregnant women;
- Mother with children under the age of 10;
- Father with children under the age of 10, when the mother passed away or there is no other relative able to take care of the kids;
- Poor health conditions which require constant medical control and hospital care;
- Person above the age of 60, if declared disable, or partially disable; and
- Person under the age of 21, whenever health, work, education or family needs have been proven.

Under special supervision. Alternative sentencing created for short sentences. Instead of paying a fee, the sentenced offender could choose this option. Normally it applies for sentences under 6 months.

During alternative sentencing to prison, the time former offender spend on probation, fully substitutes the period of detention and the ex-addict and ex-offender upon completion of the total length of the due period could start their social reintegration. The subject entitled to this provision should not have more than 6 remaining years of convictions ahead of him or her, at the moment of submitting the request to the Judge. A joint effort of the social, health services and treatment center or community is requested to produce evidence of the addiction, and support the judge in allowing the probation upon request and consensus of the addict.

In the majority of the cases the services are provided by NGOs, namely therapeutic communities and or residential treatment centers, as San Patrignano, which are supporting ex-offender in their rehabilitation and furthermore contribute to the development of life skills, education and job training fostering their social reinsertion upon completion of the program and having paid the full length of the sentence.

Graphic chart with available data on justice intervention nationally

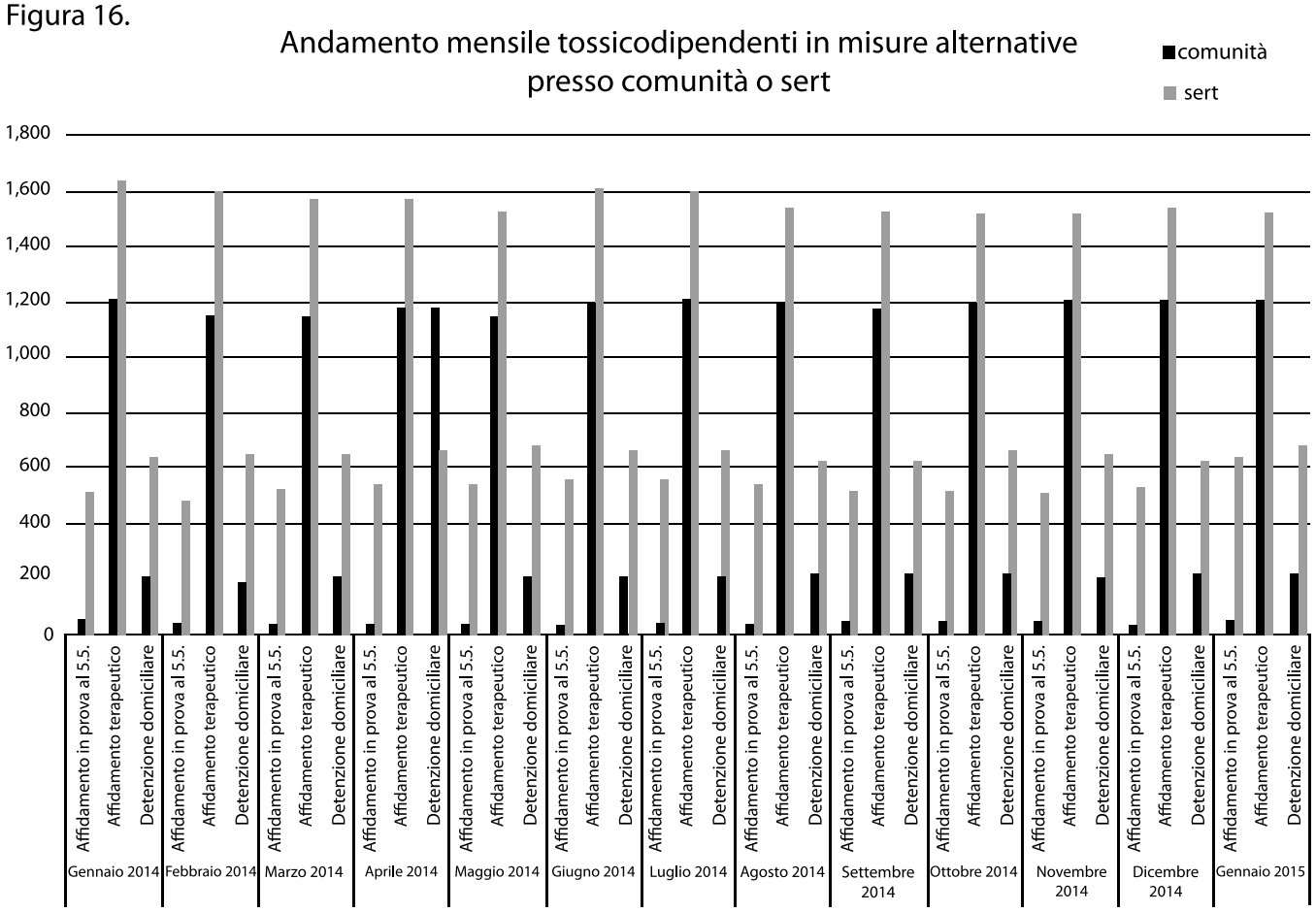
The figure below presents the data from the six month monitoring of the alternative measures and sentencing from 2004 to 2014. (Annual Report to the Parliament 2015, p 410).

Data di rilevazione	Detenuti		Misure Alternative			
	Condannati	Totale	Affidamento in prova	Affidamento in prova per tossicodipendenti	Semilibertà	Detenzione domiciliare
31/12/2004	35.033	56.068	10.964	3.286	1.633	5.336
30/06/2005	36.995	59.125	11.928	3.712	1.834	5.697
31/12/2005	36.676	59.523	11.063	3.623	1.745	4.991
30/06/2006	38.193	61.264	11.908	4.093	1.763	4.949
31/12/2006	15.468	39.005	994	611	630	1.358
30/06/2007	17.042	43.957	1.394	644	671	1.393
31/12/2007	19.029	48.693	1.809	757	696	1.431
30/06/2008	23.243	55.057	2.69	930	765	1.779
31/12/2008	26.587	58.127	3.412	1.09	771	2.257
30/06/2009	30.549	63.63	4.137	1.39	817	2.946
31/12/2009	33.145	64.791	4.666	1.597	837	3.232
30/06/2010	36.781	68.258	5.48	2.32	868	4.692
31/12/2010	37.432	67.961	5.776	2.366	886	5.219
30/06/2011	37.376	67.394	6.4	2.9	878	7.404
31/12/2011	38.023	66.897	6.893	3.059	916	8.371
30/06/2012	38.771	66.528	7.005	3.178	855	9.186
31/12/2012	38.656	65.701	6.839	3.15	858	9.139
30/06/2013	40.301	66.028	7.912	3.331	896	10.563
31/12/2013	38.471	62.536	7.781	3.328	845	10.173
30/06/2014	36.926	58.092	8.934	3.371	821	10.126
31/12/2014	34.033	53.623	8.752	3.259	745	9.453

Fonte: DGEPE, ufficio Studi, Analisi e Programmazione-Osservatorio Misure Alternative

Data on the trends of the alternative sentencing measures implemented in therapeutic communities (comunità) in red or followed by National Addiction services (Sert) in green. (Annual Report to the Parliament 2015, p 415).

Figura 16.



According to the Italian data, the outcome of the alternative measures for drug addicts is highly positive, with 91% of success and just 9% of failure. This result could be further improved to reach a success rate of 95% in case of drug addicts who entered the alternative measures before entering prison settings. Despite the high level of success rate, unfortunately in terms absolute of numbers, there is no increase in the demand for the service. This factor is related to the difficulties in implementing the alternative measures for drug abusers and to the limited availability of actual placements in the therapeutic communities that are supposed to receive them. In the Italian system, each geographical region has autonomy in handling health and sanitary responses for its resident. Therefore a national wide coherent approach is missing and the funds and resources are allocated according to regional priorities. In this context it is more difficult for therapeutic community to secure the funds for running the community and offering places to offenders. Some of them had to close because they were no longer sustainable. There is a clear need of creating a synergy between the centralized institutions and the regional administration to secure that the alternative measures could be implemented properly at the local level.

2.2 San Patrignano's work on alternative measures to incarceration for drug addicted offenders

San Patrignano is the largest residential drug rehabilitation community in Europe, providing drug free treatment to young people completely free of charge, earning its income from the wide variety of high quality enterprises it has set up which provide those being rehabilitated with job training, and a sense of meaning and dignity.

San Patrignano welcomes male and female offenders and also female and male minors in alternative sentencing to prison, integrating them into the community life and the rehabilitation program.

San Patrignano recovery program for offenders in alternative measures

San Patrignano **drug free and long-term residential recovery program** is based on **vocational job training**, supporting **education**, **life** and **re-socialization skills.** There is no distinction between the offenders and the other residents in the community. **A non judgmental and non discrimination approach** is also among the pillars of the community, therefore the offenders are treated like all the other drug addicts and are expected to follow the community rules and actively engage in the community life.

The community offers a range of **vocational trainings** to choose upon. The admission office, along with the competent authorities overseeing the alternative measures would find the best option for the ex-offender, so that the transition from prison to San Patrignano would be as productive as possible.

The **structured daily life inside the community** helps in figuring out the importance of work as instrument of fostering self esteem, self-sufficiency and to support in the social reintegration. Common meals in the community dinning room, living with a group of person like in a family setting and having a peer-to-peer mentorship are crucial parts of the socialization and of recovery. The community program is based on leading by example, where former addicts are in charge of the recovery path and are helping new comers integrating into the community life.

Education opportunities are offered during the program, so that the residents could earn a degree that would be useful in their future life and increase their employability in the job market.

A range of **leisure activities and sport** to be practiced in the free time, also help in the recovery and in fostering healthy life styles and practices.

Free of charge- following the principle of gratuity- sustainability

San Patrignano is completely free of charge for the young people in rehabilitation and their families, and that applies also to the people in alternative sentencing to prison. Contrary to other Italian Therapeutic communities who charge the State for their services, San Patrignano do not take tax-payers' money to take care of the offenders. On the contrary, the community offers a public service and save state money that could be allocated to other projects.

The community is shaped as social enterprise, whose services and products are inspired by the philosophy of self-sufficiency. The commercial activities contribute about 50 per cent of the requirements of the community. The remaining funds are collected from private donations, which do not proceed from the guests or their families.

Minors on probation at San Patrignano

San Patrignano welcomes minor on probation, according to Italian law and regulations. For them the law allows not just the suspension of the conviction and the conversion of the sentence but also the opportunity to erase the criminal records upon successful completion of the program and at the end of the sentencing time.

In 2014 the community hosted around 24 minors on probation (15 males and 9 females), inside the two Centers for minors, one for females and the other for males in San Patrignano.

The houses are intended to be a small community within the community, having a daily interaction with the community at large.

Their recovery path and daily structure is more focused on education and in going back to school, making up for the years lost to drug addiction. Completing their studies and earning a degree is essential to set the basis for a better future.

A special attention is also given to sport, music and arts for minors, since they demonstrated an interest in them and it is particularly important to nurture their passion and talent, following and seconding healthy inclinations and life styles.

In the case of minors the community works on rebuilding the relationship with the family of origin, often inexistent or strongly undermined by drug use and crime. This aspect plays an important role in their recovery and in the social reintegration after it. Having the families involved in the recovery program and understanding the importance of it, showing support and affection is a key contribution to their success.

Data on alternative settings in San Patrignano

Residents in the community might face trials for the crimes committed under drug consumption. The Legal Office of San Patrignano councils and assists its resident offenders during their trial and also after the sentence to secure they receive proper advice and also liaise with offenders in prison who want to enter in the community undertaking a recovery program instead of staying in detention. Since 1980 San Patrignano took care of 3800 people in conflict with law, substituting more than 3600 years of jail and converting them in rehabilitation programs.

In the last year (2014 data), San Patrignano followed 458 court trials and took care of:

- 48 residents in house arrest;
- 108 people on probation;
- 14 residents in house detention; and
- 1 resident according to Art 22.

All in all in 2014 substituted 107 years of prison thanks to its work and **saved 7,8 million euro to the Italian state**.

Between 2012 and 2014, San Patrignano participated in the European Project STREAM Strategic Targeting of Recidivism through Evaluation And Monitoring, financed under the Criminal Justice project of the European Union.

STREAM aimed at supporting the development of effective models across Europe in working with offenders in the community and to facilitate the sharing of evidence-based good practices. San Patrignano's contribution to STREAM consisted in the implementation of a pilot project on the evaluation of the value of the therapeutic program in reducing relapse in drug and at the same time recidivism in offenders.

Findings from the project highlighted important aspects of the program that are crucially helpful in the long-term success of the recovery and social reinsertion:

The importance of time. Time emerged as cross cutting issues among the recovery path, and it is along with the personal motivation, the main actor of the behavioral change. During time, all the challenges and frustration gradually turn into the achievements, the companionship and the rebuilt self-esteem. The length of the program, between 3 to 4 years, is made to allow enough time to secure the ex addict and offenders could go trough all the issues that had led him or her to addiction and work on the root causes while projecting a new life and gradually achieving it. Entering the community with a sparkle of hope, coming from prison, time seemed of no importance for the inmates, living a never fulfilling present. In the community times start to take another meaning, the days are long and packed with activities. Present is no longer the only tense, they begin thinking about future and what comes next.

Facing life- confronting each one fears. Contrary to prison, where life was predictable and no challenges where presented, in San Patrignano the mentor and the fellow constantly question and confront the newcomers. The aim is to stimulate a reaction, to make people aware of how they got there and to help them changing the addictive behavior. Facing each one fears is the first step to overcome them. Ignoring them is no longer possible when the people around are helping to look at the core problems and to find answers and solutions.

Rules, coherence and inner strength. San Patrignano is based on respect and leading by example. In order to live in the community there are rules to be followed. Each resident is expected to contribute to the daily life of the community, get out of bed, be clean and presentable and engage in the vocational training and community meals and activities, along with the group they belong. This structure is meant to give a purpose to each day and awake the sense of duty, self-esteem and in time inner strength. During time, the residents learn to be a leaving example for the new comers and helping others is part of the recovery and giving back time.

The pivotal role of work. Vocational trainings play an important role in recovery. At the beginning it is difficult for offenders to fit in. They are used to short cut and to lie in bed all day while in prison. Establishing a work ethic might be difficult and take some time, but in the end, being productive, seeing the achievements and result of each other work is a powerful tool in stimulating positive thinking and boosting self-esteem.

Assuming progressive responsibilities. The recovery program in San Patrignano is build up to gradually allow residents to take on progressive responsibilities. At the beginning the new comer has a low level of responsibility, taking care of him or herself and focusing on getting integrated into the community life. In time, the resident starts getting other tasks, contributing more fully, taking care of others, having more responsibility in the vocational training, attending school or professional training, joining some sport team. Mentors and the educators are overseeing all the tasks and responsibilities given to the residents, evaluating progress and challenges to adapt to the circumstances and be sure that they are an opportunity for further growth and not a burden to the therapeutic program.

Human relations. One fundamental element of the San Patrignano recovery program are the human relations established in the community. The feeling of affection, belonging to a group of people who take care of you and love you no matter what, is one of the more powerful aspects of the community. Being inspired by the model of an extended family, San Patrignano fills in the gaps in people's heart, creating a life long bond with the place, the fellows and the educators.

Inner-growth. San Patrignano empowers people, by nurturing their talents, boosting their self-esteem. It is a

school of life, where residents can learn to face and love life. It gives an opportunity to awaken from the addiction and it provides an opportunity to growth in a broader sense, as person and as a productive and proud member of a family and as citizen.

2.3 CeIS experience on treatment of drug addicts subject to alternative measures

Centro Italiano di Solidarietà don Mario Picchi (Don Mario Picchi Italian Solidarity Center, also known as "CeIS") is a free non-governmental association, which started operating at the end of the 60s, and legally founded in 1971.

Centro Italiano di Solidarietà don Mario Picchi (CeIS) always dedicated a special attention to drug users who also have problems with justice. It developed a number of different programs both for sentenced users and for people who are in the condition of being investigated. The Human Project (Progetto Uomo), infact, is meant to the "person" as a whole, regardless to the legal struggle he/she is experiencing.

The treatment of drug addicts subject to measures by the Judicial Authority (privative or restrictive of liberty) assumes peculiar characters in Italian system, compared to the other kinds of subjects in criminal enforcement.

The rationale for this approach is the need to give an adequate response to the particular psycho-physical condition of the recipients of executive condemns. They are, mostly, individuals against whom a rehabilitative value, aimed at overcoming the condition of drug addiction, is added to the generic rehabilitative goal of punishment.

Italian legal system provides ***ad hoc*** paths for drug users undergoing measures of custodial sentence, as provided in Articles 90 and 94 of Presidential Decree (October 9, 1990 n. 309), respectively on the discipline of the suspension of execution of the sentence in prison and the discipline of "probation in special cases".

Furthermore, for crimes committed by drug addicts or drugs consumers or psychotropic substances consumers, it can be applied an alternative sanction in community ***in lieu*** of imprisonment.

These measures provide a double-key approach:

- ensuring drug addicts with a different way of executing the sentence, mainly characterized by therapeutic aspects aimed at protecting health; and
- protecting public security.

Cooperation with the Office of External Criminal Execution (UEPE)

Centro Italiano di Solidarietà don Mario Picchi is in tune with the most advanced experiences of rehabiltation of convicted drug users. For this specific target, an "external criminal execution", which means that a person should execute his penalty outside the prison, has been introduced by law. This is meant in compliance with the provisions of the Italian Constitution: "*The punishment cannot consist in treatment contrary to human dignity and must aim at rehabilitating the offender*" (article 27).

Implementation of this principle is provided by a "special office": UEPE (Office of External Criminal Execution, former Social Services for Adults Centre). It was established by the penitentiary reform law no. 354 of 1975 and it is a branch office of the Ministry of Justice. It deals with people who have to serve a criminal conviction and, since 2014, with people who are in the position of being accused and investigated and require an "access to probation".

The aims of the service are:

- to support the people serving their sentences inside and/or outside the prison;
- to verify that the execution of the sentence and probation should proceed according to rules established by the judge;
- to stimulate people to be more aware of his/her duties and rights as a citizen;
- to promote the reintegration into society of those who have committed crimes so as to limit the possibility of recurrence; and
- to contribute to improved social security.

UEPE plays a very important role within CeIS Communities, especially for the success of the drug rehabilitation path, both in the preparatory phase of accessing to alternative measures to detention, concerning the prognosis resulting from findings of social and family investigation, and the definition of the therapeutic program in collaboration with local institutions.

"Probation in special cases" apply in respect of drug-addicts and/or alcool-addicts sentenced to imprisonment, including people who have a residual punishment of not more than six years, who has an ongoing program of recovery or who intend to submit to a rehabilitation program in accordance with Local Addiction Service (Ser.D) which has territorial jurisdiction. The subject may, at any time on probation with the social services, continue or undertake the therapeutic activity on the basis of a individual project assembled by Ser.D and Communities under dell'art.116 DPR 309/90.

Service attivation

The UEPE is activated by the Surveillance Court within its specific function following the procedure indicated by article 72 of L..354 of 26.7.1975 and article. 118 of Presidential Decree n. 230/2000. For a drug addict and/or a drug consumer and/or alcohol addict, the UEPE acquires from territorial Ser.D. or Community an updated report on the treatment plan in progress or to be undertaken.

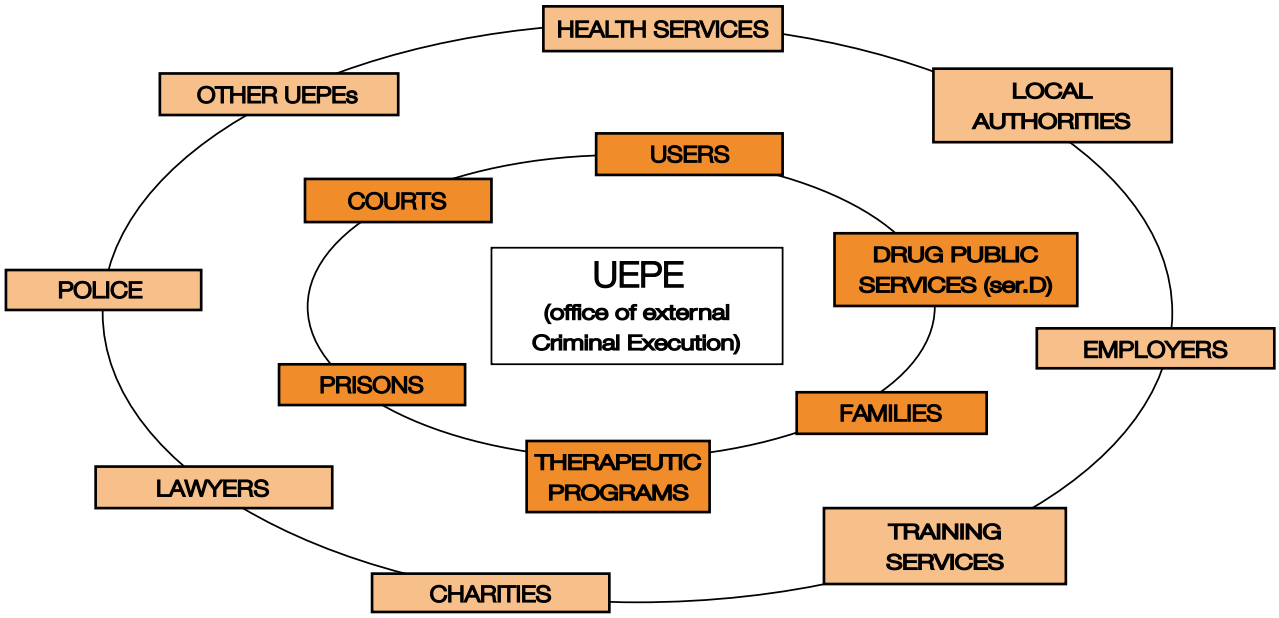
Ser.D or Community develop a therapeutic rehabilitation program. Ser.D, regarding the therapeutic and social rehabilitation program activated or to be undertaken, may use:

- Accredited private structures (Communities or Rehabilitation Programs), as required by law, members of regional registers as indicated in art. 116 Presidential Decree 309/90; and
- Local Authorities Services (art. 114 of Presidential Decree 309/90).

The therapeutic and social rehabilitation, in its formulation, implementation and verification, can take place in communities or other services in a residential, semi-residential and outpatient way.
The therapeutic and social rehabilitation program identifies the intervention objectives and methodologies, who is in charge of managing the project, where is the place of intervention, who is in charge of monitoring.

UEPE, once having elaborated objectives and methodologies of intervention, provides the Court with “the treatment program” to be provided to people who apply to be admitted to “probation in special cases”.

Figure: UEPE’s network



Service execution

The Surveillance Court, in cases of accepting the instance, emanates an order to probation, indicating the Supervisory Office in whose jurisdiction the probation will take place. It also provides with the relevant requirements which may relate to:

- relationship with UEPE;
- relationship with Communities or other services, related to the rules of the implementation of treatment programs, ensuring that the applier adheres to the recovery program;
- residence, freedom of moving, a prohibition from entering certain places;
- obligations of family care; and
- everything else the Court identifies as appropriate.

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CHAPTER 3
THE SPANISH EXPERIENCE
DIANOVA SPAIN

3.1 Overview of prison population connected to drug related crimes in Spain

Around 0,2% of the general population in Spain is convicted, according to 2015 data. Drug related crimes (drug dealing and correlated use) are the first reason for women incarcerated, and the second reason for men. Normally the use of drugs is associated with small crimes, such as property crimes and economic crimes. The strong link between drug use (and other addictive behaviors) and crimes/infractions is proved every year, recording more than 10.000 adults and 250 young persons being convicted for infractions and crimes. No data are available regarding the direct relation between addictive behaviors and property infractions, as results of drug use lifestyle.

Interventions in prison and out of prison contexts are considered necessary, to promote reeducation, rehabilitation and social reintegration of people with addictive behaviors, even in a socio-economical perspective with the long term aim of decreasing the economical expenses of judicial system for drug users.

According to the basic law of Spanish democracy, the purpose of the prison system in Spain is the social reintegration of persons in treatment as active members of society. In Spain, article 25.2 the Spanish Constitution says that the sentences and the security measures should be oriented to the reeducation and the social reintegration of the offenders.

So, an integral program in closed settings should include interventions and treatment for drug users, recovery, promotion and personal growth, increase of social and emotional abilities and capacities, and identification of risks factors.

Following this intention, an integral and social integration perspective of intervention in closed settings has to be based on a solid networking mechanism, implementing collaboration among the public services, the private sector and NGOs working in prison institutions and the judicial system.

3.2 Overview of the drug legislation and alternatives to incarceration in Spain

The situation in the Spanish prisons has changed considerably since the middle of the 80´s when the heroine wave appeared in Spain. Nowadays, Spanish law provides drug users with different opportunities to access a treatment. Basic laws to be used in these alternatives to prison are:

- Security measure to start/continue a treatment: Art. 87, Código Penal. (Penal code);
- Security measure to start/continue a treatment: Art. 96, Código Penal. (Penal code);
- Substitutions to prison until finish of therapeutic program: Art. 88, Código Penal. (Penal code);
- Permanent locations and identifications: Art. 37, Código Penal. (Penal code);
- Social work benefiting the community: Art. 49 Código Penal. (Penal code); and
- Other alternative measures: Articles 104, 182 of Código Penal. (Penal code).

The Spanish constitution considers reeducation and social reintegration of the drug addicted offenders the final objectives of prison activities and transfers to the judicial system the responsibility to facilitate and promote the access to treatment.

The National Plan against Drugs 2009-2016 includes among the objectives the following actions: a) harm reduction and decreasing of risk, b) improvement of the alternative measures to prisons and c) assistance and promotion of social integration as a priority for persons in closed settings or in alternative programs to prisons.

The Action plan 2012-2016 of National Plan against Drugs calls for further actions in decreasing of drug demand, providing social assistance and integration, and includes as objective the improvement of the quality and extensions of reintegration programs for prison population, as well as the opportunities for alternatives to prison, especially in aftercare after release from prison.

3.3 Dianova's experience on alternative measures in Spain

Assistance to drug users in prison settings

Therapeutic communities and not for profit organizations offer assistance to drug users in Spanish prison. There are common intervention group called GAD ("grupo de atención a drogodependientes", drugs users attention groups) in which there are representation of any organization (public or private sectors are both working with drug users into penitentiary centers.

Medical programs (methadone, substitution therapy, psychiatric treatment...) or educative-therapeutic programs such as the one provided by Dianova Spain and Proyecto Hombre are also offered.

Individual intervention tools

The assistance that is provided is individualized, for this reason it is important to have an assessment as the first stage of any structured intervention.

Assistance can be provided in identifying those prisoners who require a drug treatment intervention. There are a number of possible models for delivering assessment services including self-referral and referral from other agencies and professional staff working in prison. A referral for assessment can also be made as part of a sentence and / or release planning process.

Assessment is an opportunity to enable:

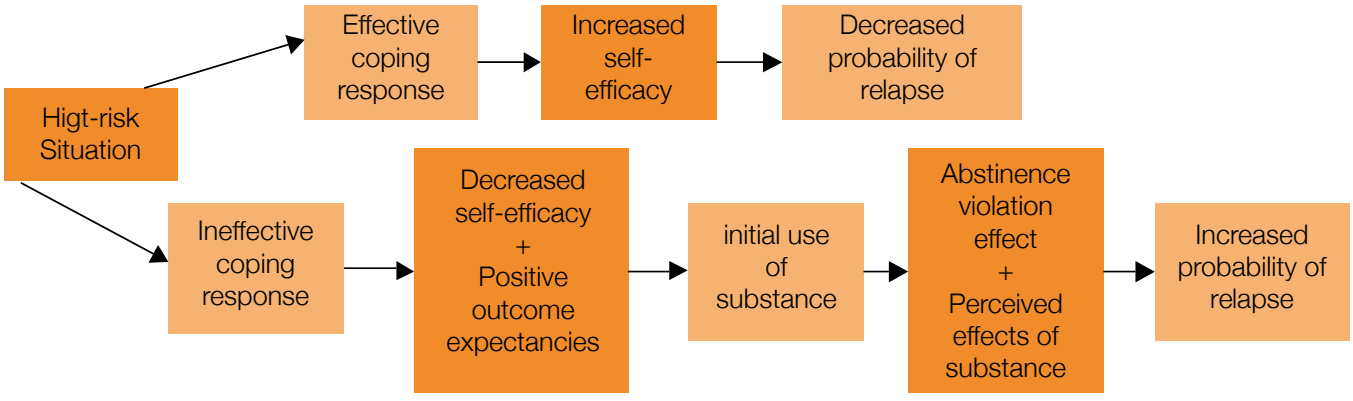
- Identification of the nature of the drug use issue e.g. recreational, dependent and level of dependency;
- Assessment of the drug problem;
- Assessment of motivation to engage in treatment;
- Identification of nature of further input required (see below);
- Identification of related or co-existing problems;
- Identification of immediate risk including mental disorder, suicide, etc.; and
- Identification of risk on release.

Given the prison context, it is especially important that in delivering these services, the following aspects are taken in consideration:

- Ensuring that all assessments are done with and not to the prisoner;
- Recognizing that prisoners may be reluctant to disclose drug use issues due to fear of consequences and distrust of the system, because of previous experiences of discrimination / stigmatization;
- Being aware that prisoners may not have disclosed full information about their drug use at a previous assessment, information may not 'match' information received from community services or from other professionals / services within the prison;
- Ensuring that a thorough assessment is undertaken; and
- Providing risk reduction advice and information.

Motivational interviews and groups

Motivational interviews are normally run in prison with the main objective of encouraging the patient to undertake a treatment program, after the end of prison sentence or taking advantage of penitentiary benefits to do so. There is a demand from the inmates to receive counseling, as appropriate. Opportunities for regular interviews are offered, as well as interview on ad hoc bases. In the case of periodical interviews



with structured frequency, the professionals foster the motivational process, defining goals such as maintenance of abstinence, etc. Group session can also be organized. The main focus of them would be working on motivation, risks factors, and protective of addictive behaviors, and quitting of drug use.

Therapeutic Community in prison and out of prison

Therapeutic Community methodology applied in prison setting is based on an adaptation of the classic concept of TC as environment provider of self-knowledge, social support and maturation process (De León, 2004).

The intervention is hierarchal organized: the persons in treatment are developing different roles of responsibility, according to their progress in the rehabilitation. Active participation in TC management is a must for residents, making an improvement in personal and social abilities of all the participants. The program is structured with activities, timetables, work sectors and levels of responsibility. The TC in prison is strongly social support based (Barron de Roda, 2012) and implements a set of educative-therapeutic tools in combination with individual assessment and counseling. (López, 2004; Yubero et al. 2009).

Therapeutic communities programs are implemented in three Spanish prisons

(Orense, Córdoba&Soto del Real) in coordination with Penitentiary Institutions and the Ministry of Justice . They offer drug addicts a humanistic philosophy model merged with a bio-psychosocial intervention. This methodology includes meeting groups, support groups and therapeutic activities.

The pilot experience started in 2000 and has been receiving positive feedbacks and evaluation by all stakeholders. It has been defined by prisoners as a useful therapeutic model improving self-esteem, decision-making, and problem solving and increasing emotional knowledge. The program starts in prison with motivation group and offers the option to continue after the prison release and move on to the reintegration phase in aftercare services. For prison staff and prison administration it has been proved as an effective model and an example of cooperation and coordination among Spanish prisons.

Working with Young People in prison settings

Younger prisoners aged 16 to 21 are placed in a special educational program and separate setting called Therapeutic and Educative Unit (UTE in Spanish). The professional staff working in the UTE units follows a special socio-psychological training.

The overall intention is to contribute to a more successful reintegration of the young offender and decrease recidivism.

Dianova Spain runs two programs for young drug users (in Santa Elena, Córdoba and Zandueta, Navarra) inspired by a fundamental concept: people are free to choose the life they want and are responsible for the actions and consequences resulting from their choices. However, these consequences cannot be the same in the case of a young prisoner. Youngsters need a different level of attention and care than adults.

The methodology implemented in the program is anchored in an integral attention of person (bio-psychosocial model) more than a drug treatment per se. Opportunities for personal growth are provided at the educational, and cultural level, entertainment and sport activities are promoted, along with the therapeutic program for addiction.

Dianova´s centers for young persons treating also behavioral disorders are consolidated experiences, and are run with the involvement of the judiciary institutions, the justice administration, the public institution and the overall Dianova support.

The Villabona experience and the Therapeutic and Educative Unit (UTE) model

In several Spanish prisons there are specific therapeutic cells and departments, with different rules and structure than the rest of the prison setting, with basic rules (no drugs and no violence) shared and accepted by the whole residents of the department. The most renowned example of this kind is the Villabona experience. It is a project implemented in collaboration with different public and private associations (NGOs) sharing goals and strategies. So far Villabona counts on resources, medical assistance, psychosocial programs, based on self-help and social support model, offering alternatives to prison and suspension of the sentence until the end of treatment and the fulfillment of a psychosocial program. The Villabona model gathered a successful feedback from prison population looking for treatment. The methodology implemented includes assemblies, meeting groups, support groups and individual assessment.

The Villabona experience presented a new model for European prison, offering a concrete opportunity for rehabilitation and reintegration of drug-addicted prisoners. The Educative and therapeutic unities (UTE) started in Spain in 1992. They are defined as a

model with 50% management of prison staff and 50% management of prisoners in re-education process. Each prisoner signs a therapeutic contract in which there is a compromise of cooperation and participation in a rehabilitation program and formative and educative activities offered in prison. Different public services and NGOs have participated supporting the reintegration phase of the prisoners.

Evaluation studies confirmed that the recidivism rate in the Villabona model is only a 9%. Therefore, it has been considered as "Best Practice" for long time and also it was used as reference for inclusion of new countries in European Union as Romania, Bulgaria and Slovenia.

Aftercare

Prisoners released into the community without adequate housing, financial, or medical supports are more likely to re-offend and are at an increased risk of overdose. Appropriate aftercare programs and support for drug-using prisoners can help to break the cycle of drug use, offending and imprisonment.

Aftercare programs are important in maintaining the gains made by in-prison drug treatment and to reduce the incidence of relapse and post-release risks of overdose. Aftercare programs are also important in supporting released prisoners with social skills and the practical support necessary in order to help them continue with the changes initiated in prison. This is supported by a number of studies that have shown that "in-prison" services are less effective if they are not followed up by appropriate aftercare.

Effective Aftercare requires co-operation between all agencies: housing, employment, healthcare, social welfare, drug treatment, and prison and probation services. Successful programs invariably are the result of good inter-agency cooperation between, for example, prison and employment services, probation and treatment services, or employment and treatment services.

Intervention models

Processing the main causes and consequences of problems with identity in prison experiences requires long-term, comprehensive therapy. Mental health therapy is typically based on one or more theories of psychological treatment. According to Dianova experience, the most recommended treatment options for this target population are Third Generation Techniques (Acceptance and Commitment Therapy and Mindfulness), with a complement of Cognitive-Behavioral Therapy (CBT). Operant (contingency management), classical conditioning (exposure) and cognitive-behavioral (skills training and emotional identification) techniques – as well as their different combinations – have emerged as critical components of such programs. Dianova has added the topic of Third Generation Therapies, especially in emotional topics, including all these theories as a whole program of intervention:

Acceptance and Commitment Therapy. It is an empirically-based psychological intervention that uses acceptance and mindfulness strategies mixed in different ways with commitment and behavior-change strategies, to increase psychological flexibility. Psychological flexibility means contacting the present moment fully as a conscious human being, and based on what the situation affords, changing or persisting in behavior in the service of chosen values.

Mindfulness Therapy - It combines the ideas of cognitive therapy with meditative practices and attitudes based on the cultivation of being aware.

Cognitive-Behavioral Therapy combines cognitive therapy with behavioral interventions such as exposure therapy, thought stopping, or breathing techniques

Usual action plan for inmates in an intervention program in Spanish prisons considers different stages and phases:

- 1st stage, based on motivational topics and modification of behaviors, including behavioral therapies and Community Reinforcement Approach/ CRA;
- 2nd stage, based on emotional control and social rules, including cognitive behavioural therapies and Third Generation Therapies (Mindfulness and Acceptation and Compromise Therapy); and
- 3rd stage, more based on personal autonomy as preparation for sustainable livelihoods in and out of prison.

Relapse prevention

Relapse prevention (RP) is a tertiary intervention strategy for reducing the likelihood and severity of relapse following the cessation or reduction of problematic behaviors. Three decades since its introduction, the RP model remains an influential cognitive-behavioral approach in the treatment and study of addictions. The terms *relapse* and *relapse prevention* have seen evolving definitions, complicating efforts to review and evaluate the relevant literature. Definitions of relapse are varied, ranging from a dichotomous treatment outcome to an ongoing, transitional process. The RP model developed by Marlatt provides both a conceptual framework for understanding relapse and a set of treatment strategies designed to limit relapse likelihood and severity.

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CHAPTER 4
THE SWEDISH EXPERIENCE
BASTA

4.1 Overview of the Swedish legislation on drugs

The central aim of the general Swedish drug policy is to create a drug free society. This policy of a drug free society has been approved in the Parliament and is supported by all major political parties.

The legislation on drugs is based on zero tolerance, focusing on prevention and control, aiming to reduce both the supply of and demand for illegal drugs. There are about 29 500 persons in Sweden that have developed a problematic use of narcotics. The numbers of people injecting drugs are estimated to 8000 people.

In 1988 Sweden took the step of criminalising not only drug possession, but also drug use. Initially this was only punishable by a fine, but this changed in 1993, when imprisonment of maximum 6 months was included as a potential sanction. The aim for this was that the legislature wanted to send a clear signal that narcotics are not accepted in society and to give the police the prerequisite to be able to conduct blood and urine tests without individuals' consent at suspicion of use of narcotics.

The purpose was not to stigmatise or to criminalize an addiction disease. The criminalisation for personal use aimed to:

- Protect people from the narcotics harmful effects;
- Make possible early interventions in order to offer care or treatment; and
- To prevent youth form developing an addiction and criminality.

While using illegal substances is a crime, personal use does not result in jail time if it is not in combination with drugged driving.

Penalties are divided into three degrees:

1. Lesser narcotics crimes come with penalties ranging from fines to a maximum six months in jail;
2. Narcotics crimes that result in penalties ranging from fines to maximum of three years in jail; and
3. Severe narcotics crimes with penalties ranging from not less than two years in jail up to a maximum of ten years in jail.

The number of people convicted for drug offences has more than doubled over the last 10 years. And while fines are by far the most common penalty issued, the vast majority of convictions are for simple drug possession or use. It is therefore minor offenders who are overwhelmingly criminalised.

If the possibilities to give voluntarily help are all used up, and at the same time as there is a risk the person will severely hurt themselves or somebody close, the law on "the Care of Substance Abusers Act", LVM in Swedish, can be applied. LVM sets out that a court, under certain conditions, can decide about compulsory care. The time limit for forced care is six months, and the aim is to encourage the person to go into voluntary treatment.

Sweden is sometimes criticised by human rights spokespeople since it is punishable to use narcotics, hence there is a risk of criminalizing and stigmatizing people with addiction. Furthermore Sweden is sometimes criticised due to the elements of compulsory care.

Sweden has one of the EU's most restrictive drug policies, with zero tolerance for drug use and possession. At the same time, the rate of drug-induced deaths is among the highest in the Union. Drug addicts have the right to good health, declares a UN report, which urges states to embrace harm reduction policies such as offering methadone to heroine users and needle exchange programmes. Only six out of Sweden's 290 municipalities currently offer needle exchange, practised to limit infections such as HIV/AIDS and hepatitis. The UN's deputy High Commissioner for Human Rights, Flavia Pansieri, stated in an interview in 2015 she was surprised that Sweden lags behind a number of other countries in terms of its policies on drugs.

Drug related deaths per capita

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in 2005, the rate of drug-related deaths per capita in Sweden was more than twice that of the Netherlands and there were more persons addicted to severe narcotics ("heavy drugs") than in other countries.

Between 2005 and 2013, the EMCDDA recorded a more than doubling in the rate of drug-induced mortality among adults (15–64) in Sweden, and Sweden moved from having the ninth to having the second highest drug-induced mortality rate in Europe. Furthermore the rates of hepatitis C among injecting drug users in Sweden is one of the highest in Europe.

4.2 Overview of the alternative measures and justice interventions in Sweden

Drug abuse and criminality often go hand in hand. A big number of those within the Criminal Justice System are people with drug abuse or an addiction.

Those who seek care for their drug abuse or addiction, to the social services or the health sector, will not be reported to the police. Everyone who wants to undergo care or treatment will do so with no risk of punishment. The same goes for people that inject drugs and who are part of a needle exchange program.

There are several alternative measures that are used in Sweden. Here below are the ones related to drug dependency and the work that is done at Basta: *contract treatment*, *compulsory care (the Care of Substance Abusers Act),* and *staying the last of your sentence* at Basta.

Contract treatment

In Sweden it is possible, upon request, to be sentenced to care instead of prison. Contract treatment is primarily used for long-term substance abusers where there is a clear link between the abuse and the crime. A contract is made between the court and the client regarding institutional care, which can be in a home or at an open clinic. This is a binding agreement between the client and the Criminal Justice System that is established by the District Court.

In the contract there is a plan for treatment of the problem that lies behind the crime. It can be drug abuse of narcotics/alcohol, violence tendencies or game dependency. If the client interrupts or mistreats his/her treatment the District Court can decide that the sentence should be spent in prison instead.

Before the trial the Probation Service assess if the client would be favorable to care and if there are suitable treatment options. These could be a residential treatment at a facility where the client will stay, or open care, then the client will live at home during the treatment process. Clients can also be sentenced to be part of the Criminal Justice System's own programs, then meetings take place at the probation office.

Even if the Probation Service suggests contract care to the court, it does not mean that is what is going to happen. It is the court that decides whether the contract treatment should be an option instead of prison.

In order for contract treatment to be a choice, the client must realize that he/she has a problem and be willing to undertake treatment. The sentence for the crime committed cannot be over 2 years of prison. The client must also sign the contract that states that he/she is willing to undertake treatment. The contract is made before the trial.

Contract treatment is always suggested in collaboration with the social services in the person's home municipality. And it is the social services in the municipality that will be responsible for the treatment when the Criminal Justice System's liability ends. After 2/3 of the sentence the liability goes over to the social services.

Compulsory care - the Care of Substance Abusers Act (in Swedish: LVM §27)

In Sweden there is a law on compulsory care of drug abusers, under the Care of Substance Abusers Act (LVM in Swedish), which is §27 in the Social Services Act. Often the last part of this compulsory care can be done at centers like Basta.

The National Board of Institutional Care (*Statens institutionsstyrelse*, or *SiS*) is a Swedish government agency that delivers individually tailored compulsory care for young people with psychosocial problems and for *adults with problems of substance misuse*. SiS provides care and treatment where voluntary interventions have proved insufficient and care on a compulsory basis has therefore become necessary. Orders for compulsory care are made by the Administrative Court (*Förvaltningsrätten*) on the application of the social services. SiS is supervised by a number of bodies, including the Health and Social Care Inspectorate (*Inspektionen för vård och omsorg*), the Swedish Schools Inspectorate (*Skolinspektionen*) and the Parliamentary Ombudsmen (*JO*).

In order for the social services to take into care an adult drug abuser according to LVM, a doctor, social assistant or a family member must file a LVM claim undertake the social services. The social services will thereafter undertake an assessment. If the assessment shows that the client needs care according to LVM the social services will file an application of compulsory care to the Administrative Court.

SiS runs special residential homes that receive young people with psychosocial problems and problems of substance misuse and criminal behaviour. SiS also operates 'LVM' homes, which treat *adults with serious problems of misuse* involving alcohol, controlled drugs, prescription drugs or a combination of these. Here, care is provided under the Care of Substance Abusers (Special Provisions) Act (LVM). The LVM homes and special residential homes for young people run by SiS are the only treatment facilities for adults with substance misuse issues and for young people with psychosocial problems that have the right to forcibly detain individuals who have been taken into compulsory care.

The clients admitted into one of SIS's LIVM homes have many years of serious misuse behind them, involving alcohol, controlled drugs, prescription drugs or a combination of these. In addition to their substance misuse, they often have significant social- and psychological problems. The purpose of LVM care is to break a life-threatening pattern of misuse and to motivate clients to seek change and voluntary treatment, enabling them to live a life free from drugs. Three out of four admissions to LVM homes occur in emergency, life-threatening situations and might therefore save lives.

Compulsory care under LVM can continue for a maximum of six months. During that time, the client is detoxified and given care and some medical treatment. All clients are offered an assessment. This assessment forms the basis for planning subsequent care and treatment. As soon as possible, the client is given the opportunity to try, for example, care in a foster home or various community-based interventions.

Source: SIS (The Swedish National Board of Institutional Care)

Spending the remaining time of sentence at an open facility/rehabilitation centre

Often a transition from prison to freedom is needed. In Sweden there are four different transition measures within the Criminal Justice System.

- Permission to go to work, take part in a treatment, or study outside the prison during certain hours of the day;
- Half way houses are for those who need a more open facility than prisons in security class 3. The offender lives together with other inmates but has a joint responsibility for the household. All inmates have electronic monitoring;
- House arrests: having the possibility to spend the last of the sentence at home. Electronic monitoring is placed and must be part of a daily activity such as work, treatment program or studies; and
- Spending the remaining part of the sentence at an open facility/rehabilitation center (Basta)

4.3 Basta's work on alternative measures

Basta is a Swedish user-run social enterprise started in 1994. The organization offers drug rehabilitation to those wanting to leave drug abuse, often long-term drug abuse. At Basta there are no therapists, doctors, or nurses. The tool for leaving abuse is the interlinked process of empowerment and real work. Basta is a user-run social enterprise, which means that, both in theory and in practice, power and influence over different activities rest with the people who earlier were socially excluded due to heavy drug abuse. Almost all the positions on the board and in the management team are held by people who themselves have gone through their rehabilitation at Basta.

Basta, starting in 1994 with a group of five people, has grown to become the Basta Group with activities both around Stockholm and in the west of Sweden. It is a

non-profit association, where all profit is reinvested each year in order to continually develop the social enterprise and to offer support to more people leaving drugs. Today, the turnover is about 5.5 Million €, and about 120 people work at Basta.

Basta lives off selling goods and services that are produced at Basta. If Basta makes a deficit it heavily affects Basta, and if Basta makes a profit it means that more money can be reinvested in helping people find a new platform in life. About 50 % of Basta's turnover comes from selling rehabilitation services for one year, paid by the public sector. And the other 50 % of the turnover comes from selling goods and services produced at Basta. The different business activities range from carpentry, graffiti removal, construction, bed & breakfast, to running a big stable where Basta sells services like horse back riding and riding courses for children.

The first year of rehabilitation at Basta is paid by the public sector, either the social services (one in each municipality in Sweden) or the Criminal Justice System. It is a service Basta sells. The majority of people at Basta come through the social services, but there are an increasing number of people that come from the Criminal Justice System.

The resident comes to Basta for one-year rehabilitation, but after a long-term drug abuse he/she often needs more than a year. After the first year the payment from the public sector ends (the Criminal Justice system or the social services), but the person can still stay at Basta, and Basta will cover all the costs, and the resident will contribute through his/her work. This means that the public authorities do not support the vast majority of the people who live at Basta; they live off their own work and the income they make by working in the social enterprise.

Social services

In Sweden there are 290 municipalities and it is the municipalities that are in charge of the social services, which in turn are responsible for those with drug problems in their area. Basta has today a preferred provider agreement with about 90 municipalities around Sweden that buy one-year placements at Basta.

Criminal Justice System

Basta also has a preferred provider contract with the Criminal Justice System, meaning Basta has fulfilled all quality criteria and is allowed to be a choice for their clients. When coming through the Criminal Justice System there are two different paths from which the offender can come: contract treatment (he/she is either sentenced to come) or voluntary stay during the final time of the sentence at Basta.

Important to say is that no one can ever come to Basta against their own will, it can never be the choice of the social services, neither can it be the will of friends or family. Coming to Basta is an active decision to leave a drug abuse and/or criminality and to start a new path in life.

Target group

The target group that comes via the Criminal Justice system is the same as for the target group that comes through the social services. Basta welcomes both adult men and women and Basta's statistical data shows that:

- 80% are men;
- Average age, 41 years old;
- Average time of drug abuse, 20 years; and
- Average time spent in prison, 4 years.

At Basta there is no therapy, no nurses, or doctors. And also there is no medication. The tool for rehabilitation is the interlinked process of empowerment and work.

The people that come to Basta have taken drugs for a long time, which means many of them have gone through different treatment programs and even compulsory care. They know and are aware that Basta does not offer any therapy, and that is often the reason why they choose Basta - they have tried other program before - now they want to focus forward and want to rebuild their life.

Of course residents can see a psychologist or attend Narcotics Anonymous or Alcoholics Anonymous meetings. Basta rehab team will coordinate with the persons and arrange for a car and a driver to take them. But it is important to mention that this is often after working hours, and it is not an integral part of the rehabilitation. It is not a service Basta offers on-site. The rules at Basta are zero tolerance for drugs and alcohol, violence or threat of violence, and any form of discrimination.

There are 4 different paths to come to Basta, two are paid through the social services and two are paid through the Criminal Justice System. All placements are for one year and the rehabilitation structure is the same regardless if the person comes through the social services or through the Criminal Justice System.

It is possible to come to Basta through:

1. The social services - who pays for a rehab placement for 1 year

Each person in rehabilitation has to contact his or her local social services in order to be able to go to Basta. If the person wants to come to Basta and if the social services grant this, they will buy a one-year placement. This means they will pay for each day the person stays at Basta, but just for one year. If the person leaves, and has the faculty to do so anytime, the payment stops.

2. The social services - that through the *compulsory care system* can commute the end of the program into a placement at Basta

Another way a person can come through the social services is if he/she has been taken into compulsory care under the Care of Substance Abusers Act (LVM in Swedish). Compulsory care under LVM can continue for a maximum of six months.

During that time, the individual is detoxified and given care. As soon as possible, the person is given the opportunity to try, for example, care in a foster home or in various community-based interventions. They can then choose to go to Basta, and it is their local social services that will pay for this.

3. The Criminal Justice System - Contract treatment

In Sweden it is possible, upon request, to be sentenced to care instead of prison. Contract treatment is primarily used for long-term substance abusers where there is a clear link between the abuse and crime. Also the client must realize he/she has a problem and be willing to undertake treatment. The crime committed cannot be sentences with more than 2 years in prison. A contract should be signed as binding agreement between the individual and the Criminal Justice System that is established by the District Court. If the person interrupts or mistreats his/hers treatment the District Court can decide that the sentence should be spent in prison instead. The monitoring that Basta by contract need to fulfill are random and includes regular urine tests. The Criminal Justice System also calls regularly to speak with their client as a follow-up.

Important to say is that if a person is sentenced to a year at Basta, it has to be an active choice by the individual. If the person wishes this to happen, he / she needs to put forward this choice to the court. Often the individual has been in contact with Basta, before the trial, and eventually someone from the Basta Rehabilitation team is also present in court in order to talk about the organization and what a year at Basta withholds.

The person that comes to Basta as part of a contract treatment will stay one year at Basta. He/she then becomes part of the Basta rehabilitation program, which entails working at one of Basta's work sites. No distinction is made whether the persons are coming from the Criminal Justice System or referred by the social services, the program is the same.

Basta is an open facility, which means there are no fences, gates, or guards. There are rules that say the residents cannot leave the premises alone during the first year, then they need to have someone with them that has been at Basta for more than a year. Staying at Basta is a personal choice. Noboby forces the residents to stay. This means that if a person wants to leave he/she is able to do so. If the resident is at Basta under contract treatment and decides to leave without notifying the Criminal Justice System, Basta needs to contact them. He/she will then need to return to prison to finish the sentence.

The Basta system is a great solution for those committing crimes due to drug abuse. At Basta the person will take part in Basta's model of drug rehabilitation at the same time as the resident gets work experience and rebuild his/her life. It creates a sustainable platform for the life to come.

What Basta has discovered is that it is not good to have too many on site on contract treatment. History shows that the motivation is a little bit different than if the person comes come directly from the streets, being i.e. homeless. When coming for contract treatment residents are motivated to end their drug abuse, but sometimes a very strong motivation is also that they don't have to go to prison. Maybe the full focus is not on the Basta idea.

4. The Criminal Justice System - where the *end of the sentence* can be in an open facility/rehabilitation center

An individual in prison in Sweden has the possibility at the end of his/her sentence to ask the prison board to commute it into an open facility. This is an active

decision on behalf of the individual. The person can receive help from a contact person in prison who presents the different options. If they are interested in what Basta offers, they contact Basta before an application is put forward to the prison board.

Basta offers one-year placements and i.e. if there are only 3 months left of prison, then the Criminal System will pay for three months and then the individual needs an arrangement with their home municipality since his/hers local social services will need to pay the rest of the year. Of course the individual is also free to leave after the 3 months - if leaving before the 3 months the person must return to prison.

Since Basta is a completely open facility and part of society's everyday's life, and also offers work opportunities, it is seen as a good way for community integration before being released. Many people take the opportunity to stay on, even after they are formally released. They take the chance to work at Basta, build a platform for a professional career, and create a more sustainable platform before returning home.

Services offered

When the resident come to Basta he/she is part of the Basta community and will take part in the rehabilitation that Basta offers. No distinction is made for those coming through the social services or the Criminal Justice System.

Basta's rehabilitation starts out from the notion that everyone who comes to Basta need to begin their own personal journey so they can gain control over their lives. Basta's view is that it is not enough to offer just work in order to start a rehabilitation process for someone who has, for decades, been socially excluded. Heavy drug abuse, often linked to criminal activity, create a feeling of low self-esteem and a constant feeling of insecurity and exclusion.

Basta uses work as a "therapeutic tool" to start a personal development process, which leads to a growing self-esteem. This work is carried out through small, organized groups, and everyone is always part of a work unit. During the eight-hour working day there is a constant and informal training in communication. Help is given so that self-understanding can be developed, which teaches the ability to handle oneself and the surroundings in different situations, achieving at the same time the objective of rebuilding self-esteem and recapturing communication skills.

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Svensk narkotikapolitik - en narkotikapolitik baserad på mänskliga rättigheter och jämlik hälsa
Regeringskansliet / Socialdepartementet (Social Ministry Publication)

CHAPTER 5
CONCLUSIONS

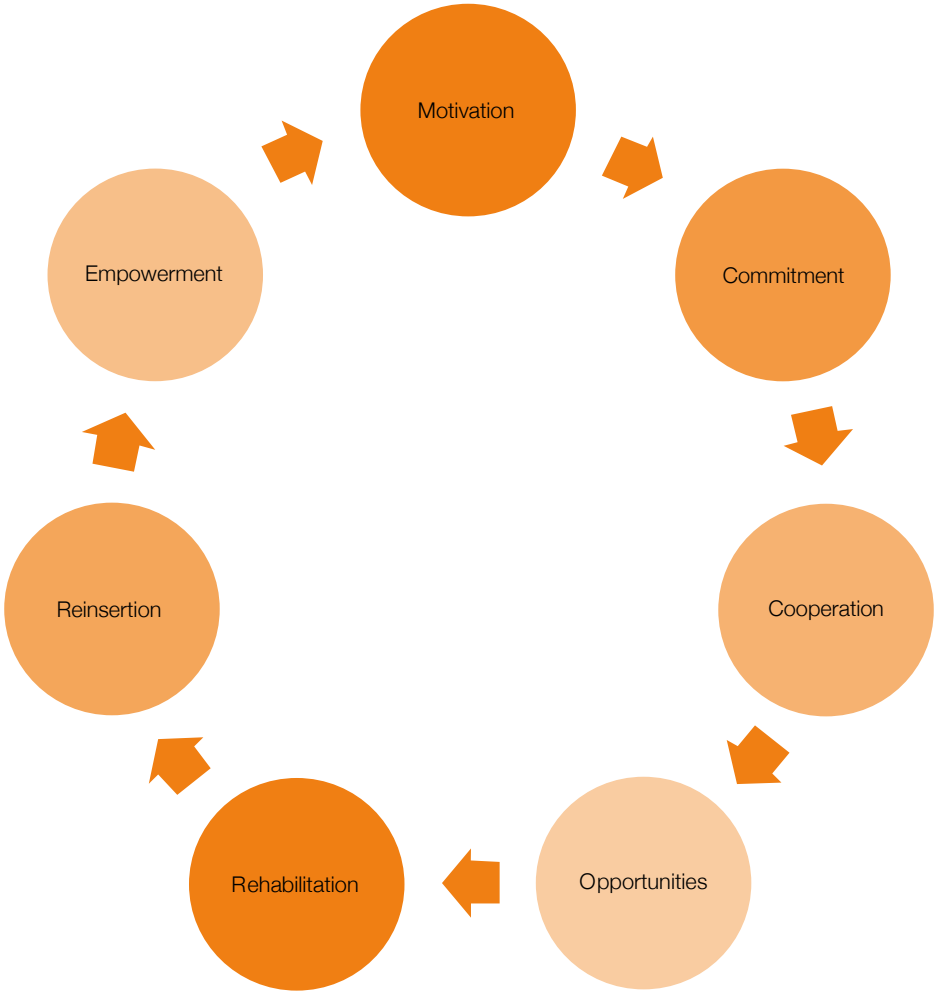
The final chapter of this handbook aims at providing an overview of the findings of the Triple R project around alternatives to incarceration for drug addict offenders. In previous chapters, experiences from Belgium, Italy, Spain and Sweden have been presented, exploring different approaches to handle assistance to drug addicts in conflict with law.

The conclusions are presenting the MC.CORRE model, created thanks to the Triple R exchange of best practices and would like to provide food for thought and inspiration for professionals working in the field of addiction, policymakers and relevant stakeholders in the judiciary system, health care system and treatment providers.

1. The Triple R MC.CORRE model on justice intervention

The Triple R MC.CORRE model captured the key concepts emerging from the best practice exchange during the triple R project, and from the comparison of interventions in Belgium, Italy, Spain and Sweden. Appreciating the considerable differences among the national legal framework, however it was possible to consolidate some lessons learnt that might have universal value.

The acronym MC.CORRE stands for:
Motivation - Commitment - Cooperation - Opportunities - Rehabilitation - Reinsertion - Empowerment



Motivation

All Triple R partners underlined the importance of personal motivation in quitting addiction and looking for a new beginning in life. Once the personal motivation has been established, assistance could be given to identify options according to national legislation and framework to see treatment and not punishment for the crime committed connected with drug abuse, and make amendments to society. Motivation is the first step that allows drug addict inmates to accept the counseling and assistance that could be offered to them. Even in the cases of compulsory treatment, such as in the Swedish experience, if there is no personal motivation, the results of the rehabilitation might be very poor.

Commitment

Commitment to change is the second fundamental step toward recovery and social reintegration in alternative measures to incarceration and justice interventions. According to Triple R partner experience, there are different approaches to show this commitment. In some cases, like in the Belgian drug treatment court (DTC), the offender is supposed to work through all the areas of his/her life, that need to be changed and prepare a therapeutic plan. In the Swedish experience there is a contract treatment to be signed, that is a binding document among the individual, the judiciary organ and the treatment center of choice, affirming the decision to change. In other countries, such as Italy and Spain, the commitment idea is embedded in the personal choice and should be put into action and proven right during the rehabilitation process and the reintegration phase.

Cooperation

The cooperation among all the stakeholders in alternatives to incarceration is also another aspect that has emerged as a best practice during the Triple R project. The Judiciary system should not work alone in promoting rehabilitation, treatment and reintegration for drug addict offenders. The synergy with the public health system and with the civil society handling the rehabilitation is essential. In some cases, such as in the Belgian drug treatment court, an ad hoc function has been created, called Liaison, to be acting as a focal point in helping the clients establishing a treatment path and life plan. In the Italian case, there is also a strong cooperation among the public institutions and the civil society, therapeutic communities and treatment centers in the form of the Office for the External Criminal Execution.

Opportunities

During the time spent in prison, inmates with drug addiction problem often realize that they had chosen a wrong path in life. If they are really motivated to get socially reintegrated in the society, they have to work on the root causes that brought them to drugs and crime and take action to prevent relapse in addiction and recidivism. The national constitutions and the national ministries and Triple R project partners underline the importance of the prison time to rehabilitate people for good. These suggestions should be further implemented and actions should be secured to provide real opportunities for inmates to change their life: facilitating entering into treatment, getting job training and education as appropriate, supporting the individual to choose alternatives to incarceration and be accompanied in the social reintegration phase with housing support. Furthermore, San Patrignano, Basta and the Belgian DTC emphasize the importance of work and developing a professional carrier as an important component of the rehabilitation process, fostering self-esteem, motivation and providing a living while counteracting the feeling of emptiness associated with the addiction. Having a purpose in life and feeling useful is a powerful trigger for recovery from drug, avoiding recidivism in criminal activities and fostering for social reintegration in the long run.

Rehabilitation

Effective justice interventions for drug-addicted offenders should prioritize access to treatment for the individuals. Although compulsory treatment has proven to be less effective than voluntary treatment, a system should be established to facilitate access to treatment, offering a range of options to chose upon. Individuals need some counseling about the situation in each country, according to the national legislation and provision, but each drug addict inmates, should be presented with the best opportunities to get help in quitting addiction and embrace recovery, if so desired.

Reinsertion

Reinsertion is complementary to recovery and the two works hand in hand. Incarcerated drug addicts are experiencing a dilemma following the question on what is coming after prison. In order to break the vicious cycle of drug and crime, it is essential to plan social reinsertion and recovery as an integral part of the rehabilitation programs and secure that appropriate attention is given to both, once the decision of the individual is explicitated. This imply, creating a referral mechanism and a close cooperation among all the stakeholders to secure the best implementation of the recovery and rehabilitation.

Empowerment

Empowerment is the leading principle and the final aim of the recovery process for drug addicts and it is also the inspirational concept that should guide the justice interventions. Empowered offenders, who are able to overcome their addiction, plan and implement a successful social reintegration, are valuable contribution to the society and not a burden or a cost for the taxpayer. They are not a threat to security but active members in their families and communities. All the stakeholders should keep in mind that punishment is a fruitless intervention; treatment care and support are needed to achieve positive results in the long run and provide actual opportunities for a change.

2. Suggestions for practitioners: learning from best practices to ameliorate current and future interventions

Inspired by the MC.CORRE Triple R model on justice program for addicted offeders, the following action oriented key points have been drafted to provide useful recommendations for those working at the grass root in delivering rehabilitation opportunities to drug addicted offenders and/or relevant stakeholders interested in the issue of alternative to incarceration for drug addicts inmates.

- Social workers and practitioners have unique access to the prisoners with addiction problem. They are in the position of stimulating personal motivation and commitment in choosing a rehabilitation path instead of incarceration.
- Also in the cases where no alternatives to incarceration are available for the inmates with addiction problem it is important to inform each individual about opportunities to receive treatment in the prison setting and get the best out of the time while incarcerated, in order to plan a successful reintegration.
- According to regional or national legislation, the practitioners could work with the health and justice system in the creation of a standardize procedure for the diagnostic and therapeutic assessment and setting up of an integrated and unified national follow up mechanism, not leaving this aspect to each local or national authority.
- Not for profit organizations should work toward strengthening the cooperation among the institutional actors, promoting an integrated approach leading to the creation of local liaison team that will fill the gaps of the system bridging the needs of the institutions with the local communities.
- Not for profit organizations should be improving the offer for services to inmates, overcoming the polarization between the outpatient treatment and the residential treatment, creating effective therapeutic programs that could merge efficacy and sustainability.
- Social workers and practitioners should work toward the creation of an active and engaging therapeutic response so that the offender decides to continue the treatment while in alternative sentencing and not interrupt it, going back to prison.
- Rehabilitation and social reintegration should be seen as complementary process and as a continuum of care, inside as well as outside prison settings. Therefore, the cooperation with the penitentiary system and the non-governmental organizations working in this fields it is crucially important to secure adequate treatment and opportunity for the inmates.

3. Suggestions for policymakers: supporting treatment and social reintegration

Based on the finding of the MC.CORRE Triple R model on justice interventions, the policy-makers and stakeholders will find useful the following points, capturing the essence of the best practice exchange among the partners.

At the policy level:

- Drug addiction is preventable, curable and it could be treated in more appropriate and viable ways outside prison.
- Drug addicts prison inmates should not be considered as regular criminals and prison is not the best place to treat their addiction: governments should implement measures to create programs or increase the already existent treatment options,

to transform the detention period in a concrete opportunity for redemption, providing treatment, job training, education which will foster social reintegration and reduce recidivism in the long run.

- Governments might also consider implementing new procedures that will avoid drug addicts entering into prison, sending them directly to treatment.
- Governments should work toward promoting alternative measures for drug addict offenders to lead them to recovery and getting them out of prison where often their heath condition along with their addiction and recidivism deteriorates. Therapeutic communities are indicated as one of the possible options.
- According to their national legal structures, countries might look into the drug courts model, a US best practice, which has been successfully replicated in other countries in the American hemisphere as well as in Europe, for example in Belgium. Drug treatment courts proved to be effective both in reducing recidivism and in saving taxpayers money, resulting with a long run social investment.
- In order to assess the financial sustainability of the alternative measures Member states should promote evaluation of the results and develop a set of indicators to provide a cost- benefit analysis, to better plan further projects and initiatives.
- It is suggested to build up or strengthen the partnership between the justice and the health care system to promote the implementation of alternative measures, preventing drug addicts from entering into prison, and promoting the exit from prison setting for the individuals who need treatment. And
- Alternative measures would work at their best when there is a multidisciplinary staff (including prosecutors, social and health workers), which will undertake the work according to moral values and in respect of human rights.

At the grass root level, politicians could advocate for:

- Strengthening the cooperation among the institutional actors, promoting an integrated approach leading to the creation of local liaison team that will create synergies among the judiciary system, the health care system and the not for profit or treatment center providing rehabilitation and social reinsertion programs.
- Allocating adequate funding for the implementation of the alternatives to incarceration and for the treatment in therapeutic community or rehabilitation centers.

APPENDIX

DEFINITIONS ON KEY WORDS IN THE TRIPLE R PROJECT

The following definitions have been elaborated in the framework of the TRIPLE R project, since the partners had identified the need of shading light on the common understanding of the terms used through out the project and reflected in the Triple R publications.

For this reason a drafting group composed by drug experts among the partners worked together to crystalize the essence of the discussion around the main terms and drafted the definitions below which will secure consistency in the wording used in the Triple R publications.

Rehabilitation

Comprehensive multidisciplinary approach that addresses the complex problem of addiction in all its aspects: health, education, life and job skills, providing a place and space for former addicts personal and professional growth, helping them to build a drug-free life.

The drug rehabilitation process is a comprehensive multidisciplinary approach that should mirror the complexity of addiction, providing effective answers to people's needs. Since addiction itself it is a multifactorial disease as defined by the World Health Organization, the drug rehabilitation should address all the crosscutting facets embedded into it.

Reinsertion/Reintegration

In the Triple R publications the term reinsertion is used as synonym of reintegration and they could be interchangeable.

The social reinsertion/reintegration should be considered as an unavoidable segment of a recovery program. Upon completion of the rehabilitation, the reinsertion/reintegration is the moment during which the ex-user will work toward consolidating the newly acquired self-esteem, capitalizing the learning on life skills and job training to move forward in life and be active member of society.

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