

CRIMINAL JUSTICE AND DRUG POLICY

Treatment, Harm Reduction
and Alternatives to
Punishment





Preface

Jan Malinowski

Dear Reader,

people may be at odds with the criminal justice system for a wide range of reasons and their deeds can sometimes lead them to prison. A closed environment, overcrowding, poor material conditions and lack of meaningful activities can have detrimental effects on prisoners' physical health and mental wellbeing. Enforced idleness and loss of self-esteem and self-determination or autonomy can lead to or exacerbate behaviours that involve various forms of self-harm and risk-taking, including drug use.

For people whose conflict with the law stems primarily from their drug use but have not committed serious offences, and who also often suffer from mental health problems, referral to appropriate treatment may be a preferable option.

People who are sentenced to prison remain fully entitled to the internationally recognised right to health and—subject only to the deprivation of liberty itself and to the limitations that are inescapable for its effective enforcement—all other human rights. Recognising that deterioration of health is not a necessary or unavoidable consequence of deprivation of liberty, some national administrations have rightly set the goal of ensuring that people leave prison in better health than when they arrived.

Information gathered in the framework of the Pompidou Group's Criminal Justice and Prison Programme confirms that peoples' health often deteriorates in prison, and yet proves that health loss must not be regarded as consubstantial to deprivation of liberty. Prison offers an opportunity for people—sometimes their first—to engage with their health issues, including drug use. Prisons can, under certain conditions, contribute to recovery, enabling people to address their problematic drug use and to deal with the causes and consequences of drug-taking.

Through its Criminal Justice and Prison Programme, the Pompidou Group has cooperated with national authorities on ways to divert people with substance use disorders away from the criminal justice system and on developing alternatives to imprisonment, designed to support rather than punish.

Furthermore, we have had the pleasure of working with prison administrations that aspire to provide the best possible service to their beneficiaries and endeavour to offer human rights-sensitive responses to drug problems. The Pompidou Group

” **A showcase of our work in the fields of criminal justice and prisons.**

experts have also had the privilege to work with excellent health and prison professionals, policy makers and civil society representatives committed to improving the predicament of people with drug problems.

This brochure serves to showcase our work in the fields of criminal justice and prisons and provides examples of our achievements. May it serve as a tribute to all those who assist us and help people who have drug problems enjoy the highest attainable standard of physical and mental health. A very warm thank you also to the authorities and donors who support these Pompidou Group programmes, in particular the European Union and the Government of Luxembourg.

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About us

The Pompidou Group

The Pompidou Group works closely with national policy makers and practitioners to develop drug strategies and tools that focus on improving health and human rights in the criminal justice systems.

The European Convention on Human Rights protects the rights of over 820 million Europeans. It was drafted by the Council of Europe, the continent's leading human rights organisation, in 1950. The convention forms the cornerstone of the Council of Europe's work. It also underpins the activities of the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) which was formed in 1971 on the initiative of the late French President Georges Pompidou. The Pompidou Group is an intergovernmental body that was incorporated into the institutional framework of the Council of Europe in 1980.

The core mission of the organisation is to tackle drug use and illicit trafficking in drugs by supporting the development of effective and evidence-based drug policies in its 38 member states. Improving the drug situation in one country benefits all – economically strong member states support resource-poorer members of the Pompidou Group through targeted interventions and based on democratic participation and consensus. Partners of the Pompidou Group include non-governmental organisations, intergovernmental organisations, research institutes and networks of professionals. These organisations make essential contributions to dissemination, networking and good practice sharing on national, regional and international levels. The Permanent Correspondents of the Pompidou Group member states meet regularly in Strasbourg to discuss necessary actions and to present innovative ideas. They decide on joint efforts to improve drug policies and practices in Europe and beyond – including those that are relevant to criminal justice systems.

A good example of successful international cooperation with impact in Europe is the Criminal Justice and Prison Programme of the Pompidou

Group, which aims to develop drug legislation such as alternatives to punishment and imprisonment as well as treatment services and harm reduction in prisons. Drug-dependent persons often fall foul of the law because of their drug dependence. Many of them also suffer from drug-related, communicable and often stigmatising diseases such as HIV or hepatitis C. The Secretariat of the Pompidou Group works closely with national policy makers and practitioners to develop drug strategies and tools that focus on improving health and human rights in the criminal justice systems. This includes interventions that help to reduce crime, prison overcrowding and stigmatisation of drug-dependent persons.

“ The core mission is to tackle drug use and illicit trafficking in drugs.

This brochure introduces the work of the Criminal Justice and Prison Programme of the Pompidou Group – by giving a voice to both leading experts and people who have survived drug dependence and experienced hardship in prison. We hope that this will show the way towards human drug policies and practices in Europe and their impact on crime rates, people's health and human rights.

Furthermore, we present the approach of the Pompidou Group to link research, practice and policy. The Pompidou Group provides extensive and substantial expertise on strengthening the capacity of its member and partner states to implement domestic criminal justice and drug policy reforms in



line with Council of Europe standards in the fields of human rights, democracy and the rule of law. Pompidou Group actions focus on the development and improvement of national legal frameworks (policy) and on the enhancement of the professional skills (practice) and knowledge (research) of both partners and national stakeholders.

“ The Pompidou Group focuses on policy, research and practice.

RESEARCH

KNOWLEDGE GENERATION:
Help to understand the drug phenomena and effects of drug policies

RECOMMENDATIONS:
Translate research findings into recommendations that reflect the realities of our societies

DISSEMINATION:
Show partners and stakeholders what works before drug policies are formed

POLICY

COOPERATION:
Consult with partners, Civil Society Organisations and national policy makers

POLICY FORMULATION:
Provide European expertise on evidence-based drug policies to governments

IMPLEMENTATION:
Support, monitor and evaluate the implementation of policies

PRACTICE

PILOTING:
Introduce and implement new innovative approaches in the criminal justice system

TRAINING OF SPECIALISTS:
Increase knowledge and skills of criminal justice staff through training and workshops

SUPERVISION:
Support the work of practitioners to sustain the impact of trainings



Interview “Treat—not punish!”

Drug expert Prof. Heino Stöver, Frankfurt University of Applied Sciences, Germany, tells us how to reduce the risks and harm caused by drug use in prisons.

WHAT KIND OF LICIT AND ILLICIT DRUGS ARE USED BY PRISONERS IN EUROPE?

Besides tobacco, cannabis is the most commonly consumed drug in many prisons. Some studies have shown that more than 50% of prisoners use cannabis while in prison. Cannabis consumption in prisons is also very widespread in Eastern European countries. Other drugs such as various opioids, benzodiazepines and alcohol are also frequently used by prisoners.

ARE THERE MANY INJECTING DRUG USERS IN PRISON?

A far smaller percentage of prisoners report that they inject drugs—mainly heroin or other opioids—in prison. According to various studies undertaken in Europe, between 16% and 60% of people who injected on the outside continue to inject in prison. Although they inject less frequently than outside prison, prisoners are far more likely to share injecting equipment than drug injectors in the community, and to share this equipment with a significantly greater number of people. Many were accustomed to easy and anonymous access to sterile injecting equipment outside prison and start sharing injecting equipment in prison because they lack access to any safe equipment there.

WHAT ARE THE MAIN HEALTH RISKS RELATED TO DRUG USE IN PRISONS?

Drug use in prisons is characterised by the fact that it is forbidden, which means it is a clandestine behaviour. Drugs are being taken in secret and in such a way that any detectable sign goes unnoticed. Keeping drug use hidden can lead to instances in which a person with an overdose is not found in time and therefore suffers harm. Each episode of injection

is far more dangerous than outside prison due to the lack of sterile injecting equipment, the high prevalence of sharing and the already high prevalence of infectious diseases—especially HIV/AIDS and hepatitis B/C. Moreover, abscesses can be caused by injecting with dirty injection equipment. Fatally, the health risks and any health hazards experienced related to drug use cannot generally be discussed in prisons with professionals like nurses or doctors, because it is an illegal behaviour that attracts disciplinary sanctions, for example loss of remission.

Even after release from prison there are severe and life-threatening risks for opioid dependent prisoners: Because most of them relapse into heroin use after release, the risk of overdose is extremely high. The mortality of this group after release is much higher compared to other opioid users.

WHY IS ENDURING ABSTINENCE FOR A DRUG-DEPENDENT PERSON SUCH A DIFFICULT TASK?

Drug dependence is a chronic, relapsing disorder, which means that even after longer periods of abstinence relapses might occur if the disorder is left untreated. This all means that despite adverse effects, drug-dependent prisoners continue their habit and try to find ways to satisfy their wish to overcome the unpleasant state induced by the cessation of substance use while in prison. Cravings promote continued drug use. Contrary to the perception of drug dependence in the general public, this behaviour cannot be stopped from one day to the next—it needs treatment.

IS IT POSSIBLE TO TREAT SUBSTANCE USE DISORDERS IN PRISONS?

Yes, drug dependence is a treatable condition—and prisoners’ drug dependence can be treated



too, in the same way as outside in the community. For most dependent people, dependence requires continued treatments to increase the intervals between relapses and diminish their intensity. The ultimate goal of drug dependence treatment is to enable individuals to manage their substance misuse; for some this may mean abstinence, for others harm reduction, which means the reduction of medical and social adverse effects.

CAN YOU EXPLAIN THE DIFFERENT APPROACHES OF HARM REDUCTION AND ABSTINENCE?

Harm reduction and abstinence are two different ways to deal with the consequences of drug use: For those not able to live an abstinent life, harm reduction measures need to be offered, which means preventing the life-threatening and damaging consequences of ongoing drug use. Such measures include needle and syringe programmes and overdose prevention programmes.

For those seeking and managing abstinence, twelve-step self-help programmes are a non-clinical support group and faith-based approach to treating dependence, and cognitive-behavioural therapy is a professional response to dependence. For opioid-dependent prisoners, medication-assisted treatment (e.g. with methadone) is a way to keep abstinent from other illicit opioids and to lead a functional life.

WHAT SYSTEMIC OR INSTITUTIONAL OBSTACLES FOR DRUG PREVENTION AND TREATMENT EXIST IN PRISONS?

One of the key obstacles for drug prevention and treatment in prisons is the negation of drug use in prison. Numerous studies show that many prisoners exhibit ongoing drug use behaviour in most European countries. Once drug use is

acknowledged in prisons it is often difficult to offer the same range and quality of drug treatment services as outside. The reasons for this are limited resources and funds and the fragmented manner of service delivery by either prison services or outside agencies. Moreover, ideological constraints often limit the introduction of state-of-the-art interventions, such as medication-assisted treatment. In particular, harm reduction measures are often not introduced, because this would acknowledge that drug use is occurring in prisons, which challenges assumptions and is perceived as a threatening scenario by prison managers.

SHOULD PRISONERS BE PUNISHED FOR USING DRUGS WHILE IN CUSTODY?

The motto is: Treat—not punish! Drug-dependent prisoners should not be punished for using drugs while in custody. Drug dependence is a severe chronic disorder—and as a medical condition it should be treated and cannot be punished. Drug treatment should be offered to help prisoners keep away from drugs and stay clean for longer and longer periods of abstinence. This should be done by offering individualised and state-of-the-art treatment options, ranging from abstinence to harm reduction-oriented interventions. Treatments should make use of the expertise of drug users and should integrate services from NGOs from the community, since these services are perceived as much more reliable and confidential.

Story

A change for the better

Andriy survived 16 years in jail and 30 years of injecting drug use. By telling his own personal story, he pleads for a nationwide implementation of opioid agonist therapy (OAT) in Ukrainian prisons.



When I got into jail for the first time, I was 20 years old—and had been using *shirka* for 5 years! When Andriy talks about his past, the 45-year-old man from Kiev identifies his life behind bars with the most commonly injected opiate derivatives used in the Ukraine.

'Shirka' is the almost poetic name for a homemade and therefore often dirty form of acetylated or extracted opium. The drug is weak but cheap—and while heroin is unaffordable to many people, *shirka* is widely-used among marginalised and poor drug users. Prison inmates inject this homemade opioid too. And injecting drug use is disproportionately high in Ukraine, according to local experts: in some prisons, about 70–75% of the inmates are injecting drug users—suffering the same fate as Andriy.

'In total, I spent 16 years in jail and served 7 sentences—each of them for drug-related offences,' Andriy starts telling his personal story. 'As for my case, it was all about 5 cubes of *shirka*, which our drug law enforcement department planted on me. Those who end up in jail got there for 'storage' of drugs, but it doesn't make sense – how can you use but not store?' Andriy speaks emotionally, when he questions the Ukrainian drug legislation and prison system. Data by International HIV/AIDS Alli-

ance shows that in 2011 every sixth person convicted in Ukraine was convicted of drug crimes—this means 25,457 people out of a total of 154,356. And more than 55% of these drug crimes involved possession of drugs for personal use.

Unbearable personal tragedies

The criminalisation of drug use is a policy that also leads to unintended negative effects—putting convicted users at a higher risk of getting infected with HIV or other diseases. In the first representative study in Ukraine, conducted in 13 Ukrainian prisons, 19.4% of prisoners were identified as HIV positive. This is 12 times higher than in the general Ukrainian population and strongly connected to drug use within prison. According to a study involving HIV-infected inmates, 56.8% reported injecting drugs in prison, 74.1% of whom shared equipment, with an average of 4.43 users per needle.

These figures are consistent with the personal experiences of Andriy, who blames the lack of clean needles and syringes as being responsible for the high infection rate in prisons: 'There were lots of different stories, some people died in my arms, while I managed to save some from overdoses both in and outside jail. One might say I did not get infected with



HIV thanks only to my inner will. After all, many people in jail cannot afford a clean syringe, so twenty people sometimes share one to inject.'

Andriy's report is full of personal tragedies, caused by the difficult conditions within the Ukrainian prison system: 'I remember when I had to literally take away the needle from a guy who was going to inject after his mate who had HIV. And this guy, he never even thanked me but said something like it was none of my business. There were also other stories when cops gave prisoners syringes which they got from those sick with tuberculosis to share and inject. It is true, it's not my sick imagination!'

A change for the better

But despite these traumatic experiences, Andriy has not given up hope that the conditions in prison may change for the better: 'Last Sunday, I was at the funeral of a man I knew, who died of a methadone overdose in prison. If I had gone back to jail, I would have died as many of my friends did. The peers of my age who are still alive are living normal lives thanks to the OAT programme. Many of them found jobs and started families.' OAT is an abbreviation for Opioid Agonist Therapy—a highly effective measure for treating dependencies and preventing harm from opioid use. Andriy is convinced that the OAT programme saved his life—and would protect prison inmates from getting infected with HIV or overdosing. 'Without OAT, I would be back in jail now. There is an urgent need to introduce OAT in jails—OAT could save lives.'

And Andriy has solid arguments why OAT should be established in Ukrainian prisons nationwide: 'Jails are in desperate need of OAT. It will bring down the risk of getting infected with HIV and hepatitis. When I served my last sentence, four people I knew well got infected with HIV and three with hepa-

titis C through injecting drugs. It happens because they share one syringe for injections and they don't have enough time to at least boil the homemade drug because prison staff may come any minute, so they have to do everything quickly... Many people take the syringe even if they know that their mates have HIV, because their cravings are stronger.'

Harm reduction and rehabilitation

But OAT is not only an effective instrument of harm reduction and prevention, it also supports social rehabilitation. 'People in the programme will stop thinking about getting drugs or finding money to pay for them. Instead, they will focus on being released on

“ My family now treats me with trust and respect.

parole. OAT brings only positive changes into the lives of opioid-dependent people. It brings people back to life, helps them to re-socialise and therefore it has benefits for the state too!'

And Andriy himself is the greatest example of successful social rehabilitation. 'I earn my living with my vape shop. My friend and business partner is also on OAT—he has been receiving buprenorphine for six years now. Isn't that great? Two former drug addicts and repeat offenders have legal jobs, make a positive contribution to society and pay taxes!' Andriy grins and continues: 'Now I live a different life—a life I could have never imagined before. My family now treats me with trust and respect. Thanks to OAT.'



Team meeting of the Pompidou Group Secretariat in Strasbourg. From right to left: Jan Malinowski, Thomas Kattau, Elena Hedoux, Audrey Tumulty, Florence Mansons, Florence Mabileau and Robert Teltzrow.

Our Teamwork

The Pompidou Group team takes the plans and decisions made by the member states and turns them into reality. We form the Secretariat of the Pompidou Group, which is based in the Agora building of the Council of Europe in Strasbourg. Each team member works on specific tasks and projects and together we ensure the coherence of our work. For example, the Criminal Justice and Prison Programme is closely linked with other areas of the work activities of the Pompidou Group such as prevention, treatment and law enforcement. In this way, we ensure an enduring transfer of knowledge and an integrated approach based on evidence and cutting-edge science. Regular team meetings create synergies to gain more impact in the different projects and build the team spirit needed for the challenging and important work of each team member to succeed.

If you want to learn more about the programmes, watch our documentary about harm reduction in Moldovan prisons.



www.youtube.com/watch?v=In61XFnAmx8



Interview „Tangible results in Europe.“

Robert Teltzrow is the principal project consultant for the Pompidou Group and is responsible for the implementation of the Group's criminal justice and prison projects.

WHAT IS THE MAIN OBJECTIVE OF YOUR PROJECTS?

We want to improve health services for drug users in contact with the criminal justice system which also means ensuring that they can fully enjoy their human rights. That is the main objective of the Pompidou Group's Criminal Justice and Prison Programme—that is, what we all want to achieve. This includes supporting opiate agonist therapy and drug-free treatment services such as Therapeutic Communities. We also help governments to develop policies and rehabilitative measures of treating, educating or reintegrating drug users as alternatives to conviction or punishment.

AND WHAT HAVE YOU ACHIEVED SINCE THE START OF THE PROJECTS?

We have achieved tangible results in many European countries. In Georgia we developed a road map in cooperation with the government for introducing a law on alternatives to punishment. Together with the Department of Penitentiary Institutions of the Moldovan Ministry of Justice we refurbished prison wards which will accommodate Therapeutic Communities. In Ukraine, we introduced drug treatment and prevention tools in juvenile prisons. Each country has its specific needs and challenges—and together with our partners on site we develop impact-oriented strategies that are already producing improvements.

COULD YOU BRIEFLY SUMMARISE THE APPROACH OF THE POMPIDOU GROUP?

The Pompidou Group links drug policy, practice and research—while focusing on the realities of local implementation of drug programmes. Our approach is therefore based on practical experience and on scientific findings. In our projects we

train doctors, prison managers and decision makers and work closely with researchers who generate cutting-edge knowledge on a whole range of drug use and trafficking problems. In this way we contribute to harmonising drug policies in Europe in many fields of work including public health, criminal justice and human rights.

THE POMPIDOU GROUP SUPPORTS AGONIST THERAPY AND DRUG-FREE TREATMENT PROGRAMMES. AREN'T THESE TWO COMPETING PHILOSOPHIES: GETTING PEOPLE CLEAN ON THE ONE HAND AND PROVIDING THEM WITH REPLACEMENT DRUGS ON THE OTHER?

These are two complementary approaches opening more possibilities: We should give choices to persons who have problems with drugs—that's what a comprehensive system of medical, psychological and social services for drug-dependent persons should ensure. An effective and people-centred drug treatment system should comprise pharmacologically assisted treatment, like opiate agonist therapy, harm reduction, and drug-free approaches such as therapeutic communities. Agonist treatment is an effective and important tool in the fight against HIV and hepatitis C, and can help opiate dependent drug users to stop or at least reduce their use of illicit drugs. A drug-free treatment on the other hand helps drug users who are not dependent on opiates and want to stop using or overusing drugs. Irrespective of this question, we learned one crucial lesson: drug treatment services are especially effective if they are embedded in the general health and social care system.

Policy and Research

Effective management through research, good practice and innovative policies



Good drug policies save lives, improve health and support the wellbeing of our societies. Europe allows us to draw on a wealth of experience and drug policies in the form of national action plans and strategies, as well the instruments provided by the Pompidou Group, the Council of Europe, the EMCDDA and the European Commission—reflecting the diversity of the drug situations in the different countries. But why do some drug policies reach their goals while others fail? Drug-related research provides answers and evidence for governments before drug policies are formed and finalised. Policy-makers need research messages that are clear cut, unambiguous and relevant to their work and priorities. Good research, however, reflects the complexities of practice. Hence, the Pompidou Group works together with researchers, policy makers and practitioners to translate complex research findings into comprehensible messages which reflect the realities and diversity of our societies. The link between policy and research is

one of the strong points of the Criminal Justice and Prisons Programme—studies conducted by the Pompidou Group provide orientation for policy makers. ‘Drug treatment systems in 10 European countries’ offers governments an international comparison of drug treatments. The ‘Comparative study on alternatives to imprisonment for drug-dependent people’ show governments hands-on models for practical and effective interventions in their prison systems.

Research helps governments to change their policies: to foster effective, viable and accepted actions and to prevent, treat and counteract the spread of substance use disorders and crime. Policy makers can really make a difference. Repressive policies can lead to prison overcrowding. However, policies that follow a rehabilitative approach that emphasises treatment over punishment can help drug-dependent people to remain or become again active and responsible in supporting their livelihood and contribute to our societies.

Alternatives to Punishment

Every sixth prisoner in Europe is a drug user. The prison system is overstretched because it has to deal with drug-related offences and their rising costs. But there are effective alternatives to punishment and imprisonment.

Reducing crime and making society a safer place while saving taxpayers’ money—that’s the greatest contribution to society criminal justice systems can make in the current context of financial constraints in Europe. The evidence about the costs, effects and unintended consequences of drug control policies becomes increasingly available—and puts pressure on policy makers to find more effective responses for people who are in trouble with the law because of drug-related offences. Key driving factors of this development are the increasing costs of court procedures related to the large number of people with substance use disorders kept in prison. In addition, studies show that sanctions and prison sentences are often counterproductive in treating addiction and preventing drug users from reoffending after release. The costs for society explode because of the number of drug users with problematic use patterns in prison. This marked increase can be seen in too many European countries.

Currently, every sixth prisoner in Europe is a drug user. And many are imprisoned for non-violent and minor offences, often acquisitive crime. Consequently, drug policy experts around the world recommend developing alternatives to punishment and coercive sanctions for drug users such as education, treatment, aftercare and social reintegration.

Europe has a rich experience with various legal mechanisms that address drug-related offences such as arrest referral, suspension of proceedings, specialised drug courts and treatment instead of punishment. Unfortunately, policy makers do not always have access to information as well as comparable and practical analyses about promising approaches that exist in other European countries. In order to reform their criminal justice systems in line with European

values they rely on expert opinions and fora to discuss state-of-the-art interventions that have been successful in other parts of Europe.

The Pompidou Group studies the drug phenomenon and assists governments around Europe to develop new policies on alternatives to punishment and imprisonment. More recently, the Group organised activities in Malta and Georgia, which are considering reforming their criminal justice systems

” **Its possible: cost and crime reduction through drug treatment.**

after a careful assessment of the risks and opportunities that come along with introducing new laws. In the framework of its Criminal Justice and Prison projects the Pompidou Group conducts comparative research on European jurisdictions, invites international experts to present European good practices and organises exchanges of experience for policy makers and drug policy experts.

Today we know that criminal justice reforms can lead to cost reduction and a more effective treatment of drug users.

Practice Empowerment through education, workshops and training



Human rights and health rights are not realised through law alone. To build a dignified criminal justice system, a society needs well-skilled practitioners to coherently safeguard and foster the rights of its citizens—including those who are imprisoned. The Pompidou Group implements state-of-the-art training programmes and workshops to provide practitioners with cutting-edge knowledge and skills to effect reforms and progress in the crimi-

nal justice and prison field. A good example of this targeted capacity building is the Therapeutic Community project in the Republic of Moldova. Over the course of two years, Pompidou Group experts from Norway and Romania trained Moldovan prison doctors, psychologists and social workers on how to run a prison-based Therapeutic Community (TC). The TC opens its doors in 2017 in a newly refurbished area of Pruncul prison in Chisinau.



Interview “We can make a difference!”

Igor Guja, Deputy Director General of the Department of Penitentiary Institutions of the Republic of Moldova discusses the progressive approach for tackling drug use problems in Moldovan prisons.

MR. GUJA, PLEASE TELL US YOUR WAY OF DEALING WITH DRUG DEPENDENCE AND DRUG TREATMENT.

There is a direct link between the consumption of narcotics, including opiates, and criminal behaviour. Drug users often commit crimes to buy drugs for personal consumption. Many of these people continue to use narcotics in prison after being convicted. Moldova is progressive in tackling drug use problems because it provides a comprehensive system of services and treatment programmes for drug-dependent prisoners, including needle and syringe exchange programmes and opioid agonist therapy (OAT) with methadone.

DEPENDENCE

Tackling drug dependence in a prison requires an entire package of measures—and implementing this package requires teamwork.

WHICH RESPONSIBILITIES DO YOU DELEGATE TO YOUR STAFF?

You see, when it comes to the treatment of drug users in our prisons the main goal of our prison staff is to prevent the spread of HIV and hepatitis. Prison doctors, psychologists, social workers and security staff work together to prevent criminal behaviours and drug use. In Moldova we have effective instruments to reduce health risks for staff and prisoners: opioid-dependent prisoners can receive methadone for treatment and in addition, the DPI provides sterile syringes to drug-dependent inmates.

WHAT ARE THE EFFECTS OF THE OPIATE AGONIST THERAPY (OAT) PROGRAMME—BOTH TO PERSONS IN TREATMENT AND TO THE INSTITUTION AS A WHOLE?

The prisoners' health, the prison system and society as a whole—everyone benefits from an adequate and evidence-based organisation of OAT in

prisons. Research has proved that continuous OAT can prevent overdoses. And compared to detoxification programmes, OAT shows better adherence to drug treatment programmes and antiretroviral therapy (for HIV)—also after release. We also see that drug users who are enrolled in OAT are less likely to commit further criminal offences and are easier to reintegrate into society compared to other inmates. Methadone treatment is also beneficial for the security of the prison because it reduces the demand for illicit drugs. This improves the lives of both prisoners and prison staff.

AND ARE THERE ANY RISKS?

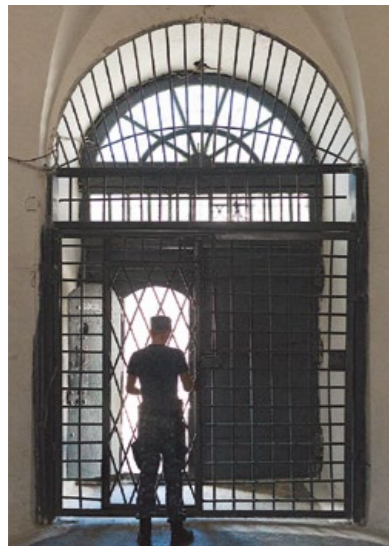
I would strongly recommend OAT to all my colleagues in other member states, even though—or precisely because—I am very aware of security concerns. It is essential to identify and address security issues and to prevent the diversion of methadone in the prison by having the methadone treatment implemented by a multidisciplinary team of health care professionals, social workers and security staff.

TOGETHER WITH THE POMPIDOU GROUP OF THE COUNCIL OF EUROPE, THE DPI REFURBISHED A PRISON WARD TO ACCOMMODATE A THERAPEUTIC COMMUNITY. WHAT DO YOU EXPECT FROM THIS ENDEAVOUR?

This is a very important step because it will substantially contribute to the social reintegration of former drug users. Drug treatment services are more effective when they are combined with psycho-social support. If we provide psycho-social support in combination with replacement therapy we can bring about behavioural and emotional changes. We benefit hugely from the partnership with the Pompidou Group. We can make a difference if we adopt new and successful approaches.

Story Made in Moldova

A visit in prison – to the first prison-based Therapeutic Community project in Moldova.



Juliana Curea does not have long to drive to visit one of her major projects. From her office at the Department of Penitentiary Institutions it takes just a few minutes to get to Penitentiary No. 9 in Pruncul, a municipality of Moldova's capital, Chisinau. 'For sure, it's like entering a different world', Juliana reveals while standing in front of the prison entrance. 'But the fundamental principles of our society—the rule of law and human rights—should apply especially in prison.'

Juliana is the Head of Psychological Services, 35 years old and highly motivated to improve drug treatment services in Moldovan prisons. She is supervising the building of a Therapeutic Community within the prison, a measure that contributes to the implementation of a coherent drug treatment system in Moldovan prisons. 'TCs are another effective treatment option for drug-dependent prisoners', says Juliana Curea. 'It is new in our prison system and will complement other health, social and psychological services that we offer in order to help prisoners who are dependent on drugs.'

It started with harm reduction

Moldova is recognised as an example of good practice due to its successful HIV programmes. In the early 2000s Moldova introduced Opiate Agonist Ther-

apy (OAT) and a Needle and Syringe Exchange Programme (NSP) in its prisons. As a consequence, HIV among prisoners dropped by over 50 percent. This was expected, because research consistently shows that OAT and NSP are effective in curbing the spread of HIV and other blood-borne diseases in the community and in prisons.

“It's like entering a new world. And human rights should apply especially in prison.”

The top leadership in Moldova's penitentiary system acknowledges that—like in other prison systems around the world—drug control measures can only reduce illegal drugs entering prisons and not fully prevent the drug trade in their facilities. Injecting drug use continues behind bars and drug-dependent prisoners are at high risk of infecting themselves with HIV or hepatitis C if they share injection equipment with other inmates. Providing clean needles and syringes to prisoners was a both pragmatic and



successful solution that was introduced in Moldova in 1999: The Department of Penitentiary Institutions expanded the range of drug prevention and treatment services in prisons and introduced OAT. From this date, opiate-dependent prisoners could receive liquid methadone, a medication that reduces cravings for drugs and consequently the risk of infections through injecting. In order to increase the impact and coverage of these programmes, the Pompidou Group organised a series of workshops and conferences in Moldova, in cooperation with the United Nations Office on Drugs and Crime (UNODC). The professional skills of the health care staff at the Department of Penitentiary Institutions improved. In 2013 Moldova joined the Pompidou Group as a full member state, thanks to its consistent support to Moldova and the country's strong commitment to contribute to international drug policy cooperation.

It continues with Therapeutic Communities

But this was just the beginning. During a workshop in Chisinau in 2013, the participants—prison doctors and psychologists—concluded that harm reduction alone would not cater for the needs of all drug-dependent persons in prisons. The impetus for the initiative came directly from the medical staff working in the prisons. Eduard Verejan, chief doctor at Prison No. 9, explains: 'Those prisoners who are not injecting drug users or dependent on opioids, as well as prisoners who are not eligible for OAT, need alternative drug treatment services. We cannot give methadone to them.'

Juliana Adam adds: 'At this point it was clear to me that our psychologists and social workers need to learn more about psychological counselling and drug-free treatment programmes. During a study visit organised by the Pompidou Group I learned about

the Romanian experience with Therapeutic Communities in prisons. I knew immediately that we should have the same project in Moldova.'

With support from the Pompidou Group and the EU

So from her own experience Juliana Curea can only recommend any kind of transnational knowledge transfer—and is especially thankful for the support of the Pompidou Group: 'We organised a meeting with Robert Teltzrow from the Pompidou Group and Rune

“In 2013 Moldova joined the Pompidou Group as a full member state.”

Hafstad, an expert from the Norwegian TC 'Phoenix Haga', who helped to implement TCs in Romanian prisons. We agreed that we would make use of the Romanian experience to build our own prison-based TC,' Juliana says with a smile on her lips. 'Finally we developed a programme, "made in Moldova".'

Additional support came from the European Union: in 2014 the EU agreed to finance the creation of one or two TCs in Moldovan prisons. Luxembourg, a member state of the Pompidou Group, also provided a voluntary contribution in support of the project. In early 2015, the Department of Penitentiary Institutions signed a Memorandum of Understanding with the Pompidou Group which formed the cornerstone of today's fruitful cooperation. In the two years since then, German, Norwegian and Romanian experts have travelled regularly to Moldova to train 25 psychologists, doctors and social workers who will run the TC.



Training with international experts

In interactive trainings, the trainees learned how to manage a TC: from the understanding that substance use disorders (SUDs) have a chronic and often relapsing nature to the different stages of recovery, they acquired the skills to bring about cognitive change through clinical interventions in the framework of the TC.

Iuliana sums up the results of the workshops: 'It was an intensive training course consisting of five workshops during which our participants learned a lot about the theory and practice of TCs. We did role plays and simulation exercises that helped our professional staff to imagine how it will be when the TC

starts working.' As the visit to the prison comes to an end, there is time for one more question: 'How do you feel shortly before the kick-off?' 'I think now every one of us is looking forward to the opening of the TC. We are a little bit anxious about how we do, but our experts will assist us during the first phase of the project,' she admits and confidently adds: 'So it will be a great success—and a major opportunity for the drug-dependent inmates in our prisons!'

While the prison doors are closing, Iuliana Curea says goodbye. She is very satisfied with the visit and the current state of the project. Moldova's first prison-based Therapeutic Community will open its doors in 2017.

What is a Therapeutic Community?

A Therapeutic Community is a well-developed methodology for treating drug addiction. It is a methodology that has been introduced worldwide and modified to suit local cultures and traditions. A Therapeutic Community consists of a wide range of behavioural and psychological interventions to help the resident change from a dependent lifestyle to a life without drugs. The Therapeutic Community represents a social microcosm, a miniature society in which residents live together 24/7 and experience all aspects of life's challenges in a safe environment. The client has an opportunity to investigate the challenges and to change his or her perception and behaviour in response to these challenges. Therapeutic Com-

munities have been proven to be an effective methodology for treating substance use disorders when supplemented by a rehabilitation-oriented aftercare programme. Some of the basic elements of a Therapeutic Community are:

- Mutual self-help
- Common philosophy
- Common values
- A daily schedule
- Clear responsibilities
- Hierarchic structure
- Role modelling
- Clear expectations



Outlook

Drug policies and the criminal justice system must be made to help drug-dependent people like Andriy (see page 8–9) to live a healthy and productive life. They should also provide a legal and institutional framework that creates opportunities for professionals like prison psychologist Iuliana Curea (see page 16–18) who want to enhance their skills and knowledge to implement services that help prisoners to rehabilitate and reintegrate into our societies. Europe's criminal justice systems and drug policies are moving away from a punitive idea that criminalises drug-dependent people towards a rehabilitative approach that focuses on drug treatment and harm reduction (see page 6–7). Faced with evidence about the limited success, side effects and costs of repressive drug policies, policy and decision makers increasingly embrace approaches that are often more cost-effective and offer alternatives to punishment of drug users who are in trouble with the law (see page 13). In order to keep up with these inter-

national developments and evidence-based innovations in the field of public health and drug policy, it makes sense that national governments, civil society organisations and researchers in Europe and beyond move closer together to exchange good experiences,

“ The Pompidou Group provides support and a platform to exchange good practice.

knowledge and expertise. The Pompidou Group, together with its partners assumes its responsibility to improve drug policies in Europe by providing support and a platform for its member states to exchange good practice in such important fields as criminal justice and prison policies.

