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Drug Prevention and Information Programme



Research on Good Practices

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Abbreviations

EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
OST	Opioid Substitution Therapy
PDU	Problem Drug User
PEP	Post-Exposure Prophylaxis
PNSP	Prison-based Needle and Syringe Programme
TB	Tuberculosis
UNODC	United Nations Office of Drugs and Crime
WHO	World Health Organization

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1 Introduction

1.1 The Access Project

The ACCESS project aims to contribute to the knowledge and practice of harm reduction services and access to treatment for drug users within the criminal justice system in European countries. This also implies the continuity of treatment. Further details on the project are provided at: www.accessproject.eu.

During the two years period of the project one part of the activities consisted in a research which was conducted by the Frankfurt University of Applied Sciences.

Main objectives of the research were to

- a) identify existing harm reduction initiatives in prisons, and the national conditions for their introduction, implementation and evaluation on the system-level, and
- b) to identify models of good practice.

The first objective was achieved by an inventory of harm reduction in prisons. The inventory was based on a questionnaire which was sent to the Ministries of Justice of each EU country.

The second objective was achieved by involving experts from a number of EU Member States which collated “new” examples of good practices with respect to harm reduction and treatment provided to drug users in national prisons. Each expert worked on the collation of good practices in their geographical area of expertise, and the data was submitted in a standardised form, and then recorded by the Frankfurt University team.

1.2 Framework of expert tasks

16 experts from 16 EU countries have been appointed to cover 20 countries. The following countries have been covered:

- Western Europe: Cyprus, Greece, Malta, Croatia, Luxembourg, The Netherlands, Italy, Portugal, Ireland, Scotland, Sweden, Norway
- Eastern Europe: Bulgaria, Estonia, Hungary, Lithuania, Latvia, Poland, Romania, Slovakia

2 Methodology to identify examples of Good Practices

2.1 Collation of good practice

The main objective was to identify “new” examples of good practices on harm reduction and drug treatment for drug users in prison and after release directly from the field and according to the definitions of good practice as specified by the EDDRA best practice portal. For this purpose a group of experts from a number of European countries was appointed to work on the collation of good practices in their geographical area of expertise. The data was submitted in a standardised form for the different European Union regions.

Each expert was asked to collect at least three examples of “new” good practice of work on harm reduction and drug treatment in the criminal justice system. Examples of good practice include those services addressed to drug users which have been implemented in prison or outside prison in the last 5 years (2008-2012). The ACCES project is not only interested in developments in prisons but also in developments regarding the continuity of care in prison and after release. For this reason at least one of the recent examples of good practice should come from outside prison, if applicable. The experts haven been paid for five days of work for their collation of good practice.

Schedule of Work

The collation of “new” examples of good practice followed the schedule presented in the timetable below.

Table 1: Timetable for collation and report on good practices

Briefing Sessions	20th – 26th May 2012
Collation of Examples of Good Practices	1st June 2012 – 14th July 2012
Submission of Work to Connections Project	15th August 2010
Access Conference in Milan	4th to 6th October 2012
Submission of Report to the European Commission	December 2012

Briefing sessions were held by telephone in the last two weeks of May 2012. The telephone briefing was to assist experts on questions that may arise on methods for identifying or reporting on models of good practice.

2.2 Documents provided to assist experts for the good practice collation

The following documents have been provided to each expert:

- Methodology to identify examples of Good Practice (Document 1)
- Good Practice Report Form (Document 2)
- Quality Criteria for Good Practice Report Form (Document 3)
- Glossary of Terms (Document 4)

Experts were asked to complete the Good Practice Report Form (Document 2) and the Quality Criteria for Good Practice Report Form (Document 3) for each harm reduction and drug treatment service identified. Some guidance on the documentation and how to complete the two forms was provided.

The experts were briefed on the methodology through documents and phone calls. Then they worked autonomously to provide examples of good practice which were summarised and collated into the final report by research staff at the Frankfurt University of Applied Sciences, Germany.

2.2 Areas of work

Experts had to look at examples of good practices of work on harm reduction and drug treatment in prison or other settings of the criminal justice system, and in community if addressed to drug users after release. Good practice included services for drug users provided by projects, initiatives or specific interventions, which are implemented by, for example, prison administrations, health authorities and NGOs.

- Projects are by definition a temporary activity/intervention with a starting date, specific goals and conditions, defined responsibilities, a budget, a planning and a fixed end date.
- Initiatives could be a joint number of coordinated activities or interventions.
- Interventions refer to an act of intervening, interfering or interceding with the intent of modifying the outcome. An intervention in the criminal justice system is an intervention that is targeted at drug users in contact with the criminal justice system. This may be when they are arrested, appear before court, are in prison or when they are released from prison.

The following specific examples of good practice in relation to drugs had to be sought:

- Prevention of infectious diseases (HIV, HCV, tuberculosis)
- Prevention of drug-related infections including needle and syringe programmes
- Prevention of sexually transmitted diseases
- Opioid substitution treatment (methadone, buprenorphine)
- Promotion of safer use (such as availability of bleach etc.)
- Overdose prevention
- Treatment for infectious diseases
- Drug free treatment
- Measures for safe tattooing or piercing

2.3 Definition of good practice

Two of the over-arching principles in the definition of good practice are respect for human rights and evidence based research. There are a number of definitions of ‘good practices’ and they can be assessed and documented using different methodologies with varying degrees of complexity and rigour. These methodologies can range from careful analysis of first-hand experience by programme managers and partners, to programme or management reviews, to more in-depth case studies and consultations. All good practices are an attempt to better understand what works (and what does not work), how and why it works and in what conditions.

Considering the general lack of evaluation on drug related programmes and services in many European countries, a multi-level definition of good practice has been adopted for the scope of this research. Examples of good practice to be taken into consideration were divided into three different quality levels (see below). The quality level depends on how many criteria a service or project has been tested against. The three levels start from level 1 – the lowest and reach level 3, the highest.

Level 1 - Promising practice: the approach has sound theoretical basis and has proved its ability to engage the target group.

Level 2 - Good practice: this corresponds to “promising interventions” in the EDDRA definition.

Level 3 - Top level practice: this corresponds to “top level interventions” in the EDDRA definition. Criteria for this level is that the intervention has been evaluated (RCT or quasi experimental and validated instruments).

Which quality level the considered “new” project, service or intervention has, was determined by using the quality grid which is presented in the following chapter.

2.4 Quality assessment of collated examples of good practice

Experts had to assess the quality of collated examples of at least promising practice by using the quality grid. With this quality grid the quality level was determined via a points system. According to the point system, the three levels are defined as follows:

- Level 1 - Promising practice scores 12 points or less on the quality grid
- Level 2 - Good practice scores between 13 – 28 points on the quality
- Level 3 - Top level practice scores 29 or more points on the quality grid

Criteria for level 2 and 3 have been taken from the EMCDDA criteria and quality level for inclusion in the EDDRA database (see also: <http://www.emcdda.europa.eu/themes/best-practice/examples/quality-levels>).

The quality grid determines the points for each criteria specified in the three domains ‘logic model’, ‘evaluation’ and ‘additional information’. The quality grid shows the maximum sum of points an intervention or project could reach in each domain if meeting the highest quality. The quality level is finally determined by summing up the points of each of the three domains. In case of the highest quality level, a maximum of 39 points could be reached.

Each collated intervention or project will be assessed on the quality grid. To do so, in each domain the respective point is ticked if the corresponding criterion applies. All points ticked in the respective domain are then added up. Afterwards the experts totalled the three sums to finally determine the quality level.

Definitions of the terms used in the quality grid are included in the glossary (Document 4).

Quality grid

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1				
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	2
Outcome evaluation results Available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	8 (12) ¹	AND are validated instrument(s)	1
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	12	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	2		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	4		
* Activities fit to objectives and working hypothesis *	1				
Max. sum of points	13	Max. sum of points	18	Max. sum of points	8

* Criteria that can also be met by process evaluations. The points system is arranged in such a way that an intervention which only has a process evaluation can become a quality level 2 intervention.

1 if this is the best feasible design for that setting.

3 Findings: Summaries of examples of Good Practices

3.1 (Cognitive) Behavioural interventions

3.1.1 Good Practice Report Form Bulgaria

1. Identification of Project / Intervention

Name of project: Cognitive Behavioral Program for Offenders "My New Abilities"

Starting date: 01/01/08

Ending date: Still going

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

The program "My New Abilities" is a cognitive behavioral training for drug using offenders, who are sentenced to probation or are released from prison. It is implemented by the NGO "Crime Prevention Fund IGA" in the town Pazardjik in Bulgaria. The program was started upon request of the probation service and the prison in the town, in order to address the problems, stemming from the growing number of drug users among offenders in the town and the high crime relapse rate among them.

The program consist of a four-day group interactive training, aimed at development of basic psycho-social skills. For a period of 4.5 years the program has been completed by 90 participants.

The evaluation of results shows that 65% of the program participants committed no crime for a period of 6 months after the program. 80% of the participants evaluated that the program had positive impact on their social functioning.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Crime Prevention Fund IGA

Address of the responsible organisation (full postal plus email)

8 Alexander Stamboliiski Str., 4400 Pazardjik, Bulgaria

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Andrei Momchilov

Tel. +359 34 442 389

office@iga-bg.org

<http://www.iga-bg.org/>

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Alternatives to prison (e.g. treatment rather than imprisonment)

☒ After care

b) Prevention sub-areas:

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The program was initiated after a request by two institutions in the town of Pazardjik - the court and the prison - in order to support the work with two types of offenders - those sentenced to probation and those going out of the prison. The need for the program was identified based on the high number of drug users/addicts among offenders and based on the high rate of crime relapse in this group. Analysis of existing psychological studies also demonstrated that a great part of offenders tend to have deficits in the cognitive and behavior sphere, such as wrong perception and interpretation of social situations, high impulsiveness, etc. The growing number of drug using offenders was also a ground for the need of such a program.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

The program is aimed at reducing drug use and criminal activity in drug using offenders, sentenced to probation or released from prison, through the development of basic practical psycho-social skills.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Other, specify Offenders, going out of prison, or serving probation, who have a history of drug use.

10. Staff and number of people reached by project on an annual basis:

The number of staff: 2

The status (e.g. nurse, psychologist etc.): One psychologist and one social worker.

11. List the substances/infectious diseases addressed by the project:

Mainly heroin, in some cases amphetamines.

12. Describe the main substance/infectious disease addressed by the project:

Brown powder heroin.

Powdered amphetamine, injected usually in combination or in addition to heroin.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The social center of IGA - a specially equipped center, located in the center of Pazardjik, intended for psychological and social interventions for vulnerable groups.

14. Describe the main activities of the intervention and type of service offered to the client:

The program consists of a 24 hours cognitive-behavioral group training, conducted in four non consecutive days, six hours a day. The groups consist of 10 to 12 participants. Some of the training themes are: attitudes and values, anger control, family support, friends' surrounding, decision making, communication, etc.

There is a manual developed by the program staff. It is a practical guide, describing the aim, the methods and sessions of the training in detail.

15. Please briefly describe the theoretical background of the project:

The program follows the cognitive behavior approach, more specifically based on:

1. Juvenile Justice Training Manual, auth. Chris Styles-Power, UK, Vasile Rotaru, MD
2. D.A.R.E. America Manual, Los Angeles, 1994
3. Виле, Р., Пристрастеност и дроги – Как да предпазим децата от тях, София, 1998
4. Judd C., Park B., Out-group homogeneity: Judgments of variability at the individual and group levels, Journal of Personality and Social Psychology, 1988.

16. How many people from the intended target group have participated in the project?

There is no initially intended size of the group. The participants are regularly directed by the court or prison and the number of groups depends on the needs.

Since the beginning of the program in 2008, it has had 90 participants.

17. How many of them have completed the intended participation in the project?

90% of the participants have completed the program.

10% have dropped out by their own decision.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: September 2010

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Development of skills, measured through self evaluation;

Evaluation and surveillance from the probation service;

Crime rate during and 6 months after the program;

Number of people seeking treatment for addictions during or after the program.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

☐ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated

☐ Both internal and external evaluator

Please provide full reference for the evaluation report (when available):

Not available.

22. Evaluation Results:

Please set out the results, to date:

The evaluation was carried out by a sociologist, who is a staff member of the organization. He was not directly involved in the implementation of the program, his duties are usually related to studies and evaluations of organization's projects. He prepared a short questionnaire for program participants and a query form for probation servants. He analyzed the collected data and produced a small evaluation report for internal use.

Evaluation results:

The evaluation shows that 90% of the participants have completed the program, which is a very high adherence rate.

65% of those, who completed the program, didn't relapse in committing crimes in the 6 month surveillance period after the program's end.

34 people sought treatment after the program - 16 sought treatment for drug addiction and 18 for alcohol addiction.

The self evaluation forms showed that 80% of participants considered that the program had helped them develop social skills, 10% considered that the program had no influence on them and 10% didn't understand the goal and the meaning of the program.

The evaluation among probation servants showed that 65% of them had observed positive impact from the program, 20% considered that the program should be combined with labour activities and 15% had no opinion.

23. Budget:

Annual budget for the project/intervention: Approx. 1500 лева (750 EUR).

N.B. The program doesn't have its own budget - it has been incorporated among the activities of a number of projects, realized by the NGO for the 5 year period. That is why this budget indicates the actual costs of the program, which has been spent to keep it going in the frames of bigger projects.

Sources of funding:



European Commission



Other, specify Private international foundations, such as the MATRA program, OAK Foundation, etc.

Quality Criteria for Cognitive Behavioral Program for Offenders "My New Abilities"

Logic model	Points	Evaluation	Points	Additional information/deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	6	Sum of points	7

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
24	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Hungary

1. Identification of Project / Intervention

Name of project: New intervention technics and anger management in the Baracska Block of the National Prison of Central Transdanubia

Starting date: 02/01/08

Ending date: ongoing

Executive Summary

Baracska is an agricultural barrack-type prison and it was unified with a small pre-trial prison in Székesfehérvár which was the County Remand Prison of Fejér. In 2008 a new project started in the Baracska Block of the prison. The main profile of this project is to train the inmates to professional fishermen. The cliental members of this project can be the members of the local drug-prevention unit and the group members of the so called healing-educating group. The latter consist inmates with personality disorders like ADHD, antisocial personality disorder, drinking problems etc. Inmates who have any relations with the drug problem can also join the project. It functions like a workshop and there is no security condition to become a member of the group.

One security officer of the unit is a professional fisherman expert, he escorts the inmates to the nearby lake by Kápolnásnyék (Velence Lake). A social worker from the Baracska unit also joins to the group leaves. Some other staff members on leave can also join the fishing group. The project is highly supported by staff members.

After concluding a training inmates can get a national permission for fishing and this is completely equivalent with other permissions carried out by other authorities outside the prison.

Despite the main activity runs outside the prison there was no security or behavior problem with the participating inmates.

Inmates are transported from the prison to the Velence Lake by official transport vans of the prison service due practical reasons. They can wear their own clothes during the sessions.

The main motivation and success factor of the project is that inmates can leave the prison setting for a short period of time, they can enjoy the silence, the relaxed environment and the nature.

Remark: Anger management is a part of a more complex approach, anger management is here particular.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Közép-Dunántúli Országos Büntetés-végrehajtási Intézet

Address of the responsible organisation (full postal plus email)

2471 Baracska

Phone:06-22/454-023

8003 Székesfehérvár Szekfű Gy. u. 2.

Phone:06-22/515-214

e-mail: baracska.uk@bv.gov.hu

url: www.kdobvi.hu

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Mr Tamás Szeidl

deputy director of the National Prison of Central Transdanubia

e-mail: szeidl.tamas@bv.gov.hu

telephone: +36 30 226 7199 (private cellphone)

telephone: +36 22 454 023 / 109-2000 (wire phone with an extension)

url: www.kdobvi.hu

4. Additional Organisations involved in the project (if applicable):

Name

Magyar Református Egyház Kallódó Ifjúságot Mentő Misszió Drogterápiás Otthona

(translation: Drug therapy shelter of the Mission for Lost Youth of Hungarian Reformatory Church)
further: Mission

Address (full postal plus email)

Rákóczi Ferenc utca 45.

Ráckeresztúr

2465, Hungary

e-mail:

info@kimm.hu

phone:

+36 25 522 100

+36 25 522 101

url:

<http://www.drogterapia.hu>

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

- ☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)
- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Other, specify Professional training. Remark: this is not a real profession, in Hungary people fish only as a hobby

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Alternatives to prison (e.g. treatment rather than imprisonment)
- ☒ Assistance to drug users in custody and prison
- ☐ Other, specify

A remark here: If someone is involved in a new criminal procedure relating a drug crime while serving the sentence for other crimes, in the prison there is a choice to choose therapy instead of punishment. This therapy has three subclasses:

- anti addiction therapy (mainly detoxification)
- psycho social intervention
- and preventive/information sharing treatment

The fisherman activity can fit the last subclass.

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)
- ☐ Other, specify

A remark here: This “fisherman project” operates in the frame of a “drug-prevention unit” (drug free units, or drug free zones)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)
- ☐ Other, specify

Additional remark here: substitution is very rare in Hungarian prisons. There was no case for substitution treatment in the Baracska Unit, however the possibility is given. The policy is regulated central. If a person holds a certification written by a specialized medical doctor on the substitution therapy, he or she can continue the therapy also within the prison.

d) Harm Reduction sub-areas:

- ☐ Reduction of overdoses
- ☐ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)
- ☒ Measures to combat violence
- ☐ Other, specify

Additional remark here: Tattoing and piercing is illegal in Hungarian prisons, however the use of such items is quite frequent. Inmates insert also penis implants (small plastic balls) within prison cells. Tattoing is also a business in prisons. Therefore staff members try to detect all those items and confiscate them, after this procedure all the items have to be destroyed and a disciplinary procedure has to be started. Prisoners often draw sketches for the planned tattoo. These drawings are not illegal but quite widespread, this indicates the frequent presence of tattooing in prisons.

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The Drug-prevention Unit (DPU) started in Baracska in 2003. This is in Hungary since 1999 possible. Since 2003 184 inmates were involved into DPUs. There was a huge number of disciplinary interventions because the inmates broke the rules of the DPU. The population is mixed, there are quite rich but also underserved prisoners within the group. The average educational level is eight classes of primary school. The family background is also mixed. Some prisoners do not have any contact. In the first five years of the DPU no home leaves were allowed.

The approach is more complex. Staff realized that some prisoners take benzodiazepines because of anger management problems. Those who face other type of drug problems in the past are entitled to join the drug prevention unit. Others who face the clonazepam problem within the prison can join the program as well.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

Overall objective: changing drug consuming habit, leave the prison during the sentence to have more contact with the outside world. This is an effective motivational issue. Prisoners participating in the new project conform all the rules. Their urine samples are clean, and there is no problem with their behavior as well.

Leaves for the fishing last only a single day, but the inmates can receive also longer home leaves later in a progressive rewarding regime.

Special objectives:

- understanding the role of the rules better
- to work and live in a community
- co-operate with prison staff
- enhancing prison environment (all prisoners are motivated to join the project, therefore the improving effect of the program is elsewhere also visible.)
- combating bullying, harassment, extortion and other types of inter-prisoner violence and aggression
- re-shaping prison-hierarchy into prison-network

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Ethnic groups
- ☐ Other, specify

A remark here: There are only adults in this prison. A special target group is the Romani.

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5

The status (e.g. nurse, psychologist etc.): 1 senior social worker

1 psychologist

1 line officer on duty

1 medical doctor

1 psychiatrist

11. List the substances/infectious diseases addressed by the project:

substances: all, disease: HIV, HCV

12. Describe the main substance/infectious disease addressed by the project:

see number 11

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Two prison cells separated from the rest unit. One cell for smokers and one cell for non smokers. The unit is at the end of a corridor. A community room with chairs, tables and a pool table. Twenty people are placed in the unit, ten inmates in each cell. They can watch DVDs and listen to CDs in the community area. A classroom fully equipped.

An additional remark here: This is a large prison according to Western standards. There is a central unit of the prison and a satellite establishment which is larger than the central one. Within the satellite prison there are units (houses or dormitories). In the units there are levels, and on the levels there are corridors. The “drug free unit” is a part of a corridor separated with bars from the other parts of the corridor.

14. Describe the main activities of the intervention and type of service offered to the client:

Group therapies:

relaxation

imagination

focusing therapy (Eugène Gendin felt sense therapy)

family visits as reward

Individual therapy sessions:

crisis intervention

complex case management

The fisherman training is one year long.

The therapeutic sessions are standardized. Relaxation, imagination and focusing therapy is done by a licensed psychologist employed by the prison on weekly basis, one-one and half hours for each

groups of 5 to 10. These are not closed groups. Since the turn over of the inmates it is hard to finalize a therapy session with the same people.

Family visitations: once a month for one to one and half hours

15. Please briefly describe the theoretical background of the project:

Absence of drugs in the unit and complete demand reduction for the inmates. Preparation for release, combating relapse and recidivism. Enlarging the social perimeter of the prison.

16. How many people from the intended target group have participated in the project?

2008: 27, 2009: 24, 2010: 22, 2011: 12, 2012: 20 (till now), recent number: 14

17. How many of them have completed the intended participation in the project?

85

Remark: This number here and the number indicated q16 mean all the of inmates within the group. Some of them also could finish the fisherman vocational or professional training.

18. Evaluation Strategy - Is there an evaluation strategy for the project?



No



Yes

19. Please indicate the month and year when the most recent evaluation was carried out: n.a.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Staff members try to monitor the behavior of the inmates continuously but they have no information about the life after prison.

- results of urine tests
- number of home leaves and family visits
- number of disciplinary procedures
- number of rewards and applications
- activity during group sessions

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

Please provide full reference for the evaluation report (when available):

n.a.

22. Evaluation Results:

Please set out the results, to date: n.a.

23. Budget:

Annual budget for the project/intervention: n.a.

Sources of funding:

☒ Prison service ☐ European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

In this year a conference was organized on drug problem and related interventions in the prison.

Additional Remarks:

Please highlight any specific features not covered above:

HIV screening is possible in the Hungarian Prison Service only on voluntary basis.

Substitution is also possible, but it is extremely rare.

Drug syringe, needle and other paraphernalia are contrabands, however insulin injecting devices are categorized as "technical medical support".

Detected HIV positive inmates are placed in the Central Prison Hospital in Tököl, near to Budapest. HCV patients can receive interferon treatment.

There was also a Wrestling Group in Baracska for one year from 2008. A professional wrestling coach was the head of the group. The person was also a clinical psychologist. The wrestling was also success.

A special evaluation: there are no disciplinary procedures in the unit since 2008.

Prisoners after release are impossible to follow up. They got no information from the outside world.

The Reformatory Church donates for the prison programs, namely experts write bids and they complete the projects in the prisons. Baracska prison itself is only a passive partner in the application process.

The “evaluation” is rather an inner control and supervision.

Quality Criteria for Good Practice Report for New intervention technics and anger management in the Baracska Block of the National Prison of Central Transdanubia (bara)

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	0	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	0				
Sum of points	4	Sum of points	0	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
6	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.2 Psychoeducation

Good Practice Report Form Italy

1. Identification of Project / Intervention

Name of project: "Free Vision"

Starting date: 01/02/12

Ending date: 31/01/13

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

The project "Free Vision" ("Libera Visione") is carried out by Nemesi, a social association working in Padua.

The project is addressed to the addicted detainees. The project is based on a focus group (of 5 to people) on a current event stirred up by a vision of a movie, a short or a documentary film. The themes of the focus groups are various including drug addiction, social marginality, family troubles, deviance, ect. The groups are conducted by a psychotherapist and they are lasting 3 hours (about 2 hours for movie vision and 1 hours of discussion).

In particular, the main aims of the projects are:

- i. to prevent the relapse prevention both in drug use and crime;
- ii. to promote the law respect;
- iii. to control anger and aggressiveness,

iii. to support the social rehabilitation.

The project is yet ongoing and from the beginning of the project were involved 75 people.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Franca Fazzini, PhD

Address of the responsible organisation (full postal plus email)

Associazione di Promozione Sociale "Nemesi"

Via Orazio 23

Montegrotto Terme (PD)

franca.faz@libero.it

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Alessia Colzada, PhD

Associazione di Promozione Sociale "Nemesi"

Via Orazio 23

Montegrotto Terme (PD)

phone: + 39-049-8911130; +39-328-2670679

fax: +39-049-8911130

a_colzada@yahoo.it

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

- ☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Measures to combat violence

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

In Padua prison there were no specific focus group for addicted prisoners.

The project may be able to implement in drug users:

- i. awareness of the drug use risks;
- ii. social/interpersonal skills;
- iii. communication skills;
- iv. identity, value consolidation;
- vi. self-efficacy and external locus of control;
- vii. pro-social network and role models

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

The main purpose of the project are:

- i. to reduce drug use and overdose;
- ii. to avoid recidivism in crime;
- iii. to prevent infection diseases
- iii. to acquire social competences

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 3

The status (e.g. nurse, psychologist etc.):

3 Psychologists

11. List the substances/infectious diseases addressed by the project:

Heroin, Cocaine, Alcohol, Cannabis and/or Club Drugs

12. Describe the main substance/infectious disease addressed by the project:

HIV and viral hepatitis infections

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The setting of the project is the Padua Jail (a prison for people who are waiting trial or serving a sentence of no more than 3 years) with about 250 detainees.

14. Describe the main activities of the intervention and type of service offered to the client:

The main activities include five elements:

- focus and group therapy;
- psychoeducation programs
- vocational /survival skills

15. Please briefly describe the theoretical background of the project:

The detention may be a period able to stimulate in detainee drug users the motivation to promote behavioural changes. In other words the detainee may be a person able to better respond to the prevention programs, particularly if they include the participation of several people with similar life experiences and the themes of discussion are stirred up by "the real life" as represented by a movie, a short or a documentary film.

16. How many people from the intended target group have participated in the project?

150

17. How many of them have completed the intended participation in the project?

75

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Current

19. Please indicate the month and year when the most recent evaluation was carried out: July 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

- i. drop out;
- ii. satisfaction questionnaire;
- iii. questionnaires on acquired social skills

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

=

22. Evaluation Results:

Please set out the results, to date: 2012-07-31

23. Budget:

Annual budget for the project/intervention: euros 7.130 per annum

Sources of funding:

☐ Probation service ☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

1. Wakefield M.A. et al., 2010. Use of mass media campaigns to change health behaviour. Lancet, 376: 1261-1271;
2. White D., Pitts M., 1998. Educating young people about drugs: a systematic review. Addiction, 93: 1475-1487;
3. Marlatt G.A., Witkiewitz K., 2002. Harm reduction approaches to alcohol use: health promotion, prevention, and treatment. Addict. Behav., 27: 867-886

Quality Criteria for Good Practice Report for "Free Vision"

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	8	Sum of points	2	Sum of points	0

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
10	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Poland

1. Identification of Project / Intervention

Name of project: Parasol Więzienny (Prison Umbrella)

Starting date: 01/02/09

Ending date: no ending date, lasting project

Executive Summary

The activities undertaken by the implementers are:

1) recruiting to the program. it can take place in two ways:

- psychologist working in the prison unit directs drug dependent / harmful drug using inmates for the consultation with the program implementers
- inmates (with drug problems) apply by their own and report the willingness to participate in the program

2) after a initial interview implementers qualify the inmate to the program and determine the form of participation

3) inmates can participate in the individual meetings, group meetings or both. The time duration of participation is being established by the program implementer together with the client.

Group meetings are conducted in a form of lecture and training. Their character is psycho education, information and education. they are divided in thematic cycles (i.e. : safe and not safe routes of drugs administration, HIV and other Sexual Transmission Diseases, help offer, etc.). One cycle is about 12 meetings.

Individual meetings consist of; situation diagnosis, identifying of the needs of the client, establishing of so called help contract, building motivation to change, help in making changes, in establishing contacts with relevant help facilities.

Also cooperation with families of the inmates, judges and prosecutors take place if it is needed and reasonable.

After the completion of the program all inmates receive a written information about their participation in the program. This certification is also being passed to the documentation. In cases of referring the client to the therapy conducted outside of the prison (as a result of action undertaken by the program implementers) the inmates are receiving a written information about the concrete possibility of undertaking therapy in a concrete facility.

All the activities are undertaken only during the penalty and during resting in prison / custody.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Centrum Profilaktyki i Edukacji Społecznej PARASOL

Address of the responsible organisation (full postal plus email)

POLAND, 31-511 Kraków, ul. Rakowicka 10A, info@parasol.org.pl

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Beata Serocka (project coordinator), tel./fax.: 12 430 03 1, 8

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

- ☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)
- ☐ Other, specify : psychoeducation and brief intervention

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Interventions at the stage of arrest
- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-

intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

☒ Other, specify 'safer' use

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Staff of the penitentiaries where the project has been implemented admit that drug use among the inmates is a serious problem. The level of detection of illegal substances in those detention units is the highest in the whole krakowskie province. All the program's clients have the history of drug use and serve their sentences in relation to drugs. Some of them are already addicted to drugs. Imprisonment is a good opportunity to generate some reflection and to motivate the clients to change their way of living. The project implementers do not have data concerning the situation before the implementation.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

The overall objective is to prevent the development of addiction to psychoactive substances among inmates.

The specific objectives are:

- 1) shaping right normative behaviours regarding drugs
- 2) promotion of healthy attitudes in the context of drug use and other risk behaviours

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

☒ Other, specify inmates

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 3

The status (e.g. nurse, psychologist etc.): sociologists

11. List the substances/infectious diseases addressed by the project:

amphetamine

cocaine

cannabis

heroin (white, brown, home made Polish "kompot")

alcohol

mixed

12. Describe the main substance/infectious disease addressed by the project:

heroin

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

prison and remand centre

14. Describe the main activities of the intervention and type of service offered to the client:

- 1) psychoeducational and informative-educational group meetings in the form of lectures and trainings: issues like safe and risky methods of drug use; HIV/AIDS and other comorbidity; help offers)
- 2) individual meetings / counselling (diagnosis, recognition of the client expectations, setting up the helping contract, building motivation for change, helping in making decisions, helping to contact with suitable facilities - mainly inpatient centers)
- 3) meetings with the families of the inmates

15. Please briefly describe the theoretical background of the project:

Inmates to whom terapeutical and eucational activities are not provided are more likely to return to their harmful practices after their release. On the other hand, their stay in the penitentiary provides the best opportunity to reach them by the qualified staff, to plan and implement necessary activities. The fact of being imprisoned is very often a turning point in the whole life. The prospect of remaining abstinent is usually not really possible and it is the ideal point where harm reduction activities should be provided.

It is worth mentioning that the penal units in which the project is being implementad are the units of the highest level of drug detection in the "krakowskie" area. On the other hand, drug dependent prisoners are treated in the alcohol therapy mainstream, which focuses on total abstinence. Therefore, the drug-related problems are not being dealt with.

16. How many people from the intended target group have participated in the project?

in 2011: 90

17. How many of them have completed the intended participation in the project?

in 2011: 90

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out:

December 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

- number of clients who comitted to enter treatment
- number of clients enrolled for therapy outside prisons - after their release
- improvement of the knowledge on consequences of risky sexual behaviours
- improvement of the knowledge on consequences of drug use
- minimalising harm related to STDs
- increasing awareness of self health care

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

not available

22. Evaluation Results:

Please set out the results, to date:

- 19 clients who committed to enter treatment
- 10 clients were enrolled for therapy outside prisons - after their release

Other measurable indicators of the evaluation were PROCESS evaluation indicators:

- individual therapeutic meetings with the clients (331 meetings; 200 hours)
- groups for clients aiming to improve their social skills (105 meetings; 420 hours)
- contacts with the clients' families (26)
- consultations with the probation officers and courts (14)
- participating in the court's trials (7)
- cooperation and consultations with the psychologists of prison services (42)
- consultations with the educational officers at the prison wards (4)
- consultations with the prison governor (5)
- consultations with the chief prison guard of the prison (33)
- consultations with staff of drug centers (8)

The whole project is also being assessed (by means of surveys judging its quality and usefulness) by the clients and by the prisons staff.

23. Budget:

Annual budget for the project/intervention: planned budget: PLN 44 460. Ultimately, in 2011 the National Bureau of Drug Prevention (agency of the Ministry of Health) co-financed the project at PLN 29 000.

Sources of funding:

☒ Local authorities ☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Additional Remarks:

Please highlight any specific features not covered above:

The interventions on clients (within this project) are undertaken only during the sentence, in the prison. But of course the implementors meet with families of the clients or with the prosecutors (so that takes place outside the prison, with the families – in the outpatient center conducted by Parasol organisation). If a client is referred to a treatment outside the prison (after their release) it is in another project (in a treatment center – inpatient or outpatient). I meant here that the main core of those interventions take place in prison and not outside of it. To be precised: it is conducted in 2 detention centers and in 2 prisons – one for women. (information in the document refers to the prison for men: Zakład Karny Kraków Nowa Huta, Sławy 2 street).

Quality Criteria for Good Practice Report for Parasol Więzienny (Prison Umbrella)

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0

* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	8	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
12	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Please include any additional remarks you may have after completing this process below:

The specific objectives are present in the project but not well formulated

There is no technical possibility to put down the sum of points and the score in those boxes

3.3 Motivation for prison treatment

Good Practice Report Form Lithuania

1. Identification of Project / Intervention

Name of project: Introductory group

Starting date: 10/03/10

Ending date: 05/11/12

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

Introductory groups is prevention activity, which is used to motivate convicts (and help them start treatment from drug addictions. These groups consist of lectures about drug addiction, why they appear, their after effects and diseases they spread; introduction with treatment methods, difficulties and possible relapses. Moreover, there are lectures about the addicted people relatives, their possible assistance. All of these classes/lectures are held every week. During the sessions related to the disease of addiction, biographical films are shown. At the time of each group session discussions are held about the most important thing to addicts. As groups consists of from 7 to 14 prisoners, each of them can honestly share their experiences. Total sessions cycle is 3 months. Activities is carried out in an outpatient basis. Groups are random - comes all the prisoners who want to learn more about the disease of addiction, illnesses which addiction generate, the causes and consequences. Namely with this group works psychologists and addiction advisers who have completed the special training. The main objective of the program is to help violators of law recognize the problems associated with the use of drugs and for staff to observe basic drugs and transmitted disease statistics.

Persons who have already been convicted and serve their sentence in house of correction.

Introductory group's objective is to provide prisoners about the disease of addiction, the reasons for the occurrence and outcome of the disease. The group is attended by all prisoners who want to know more about the disease. Group leads psychologists working in the institution. For each meeting a psychologist has to prepare topics about which to teach and discuss.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Correction House of Vilnius

Address of the responsible organisation (full postal plus email)

Rasų str.8, Vilnius, Lithuania

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Emilija Baltrūnaitė

4. Additional Organisations involved in the project (if applicable):

Name

Prison Department of Lithuania

Address (full postal plus email)

L.Sapiegos str. 1, Vilnius, Lithuania

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Before this project, the majority of prisoners used drugs and had no idea about a possible treatment. Correction at home. As a single person is unable to help himself, so consumption of drugs was very common. At the same time, diseases associated with addiction (hepatitis, HIV / AIDS, etc.) was spread more often. Convicts who have used drugs in freedom, continued their consumption in the Correction house. There also was such convicted persons who first tried to use psychotropic substances in Correctional House (because of emotional difficulties).

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

The main target of this project is:

- 1) Help the convicted person to get drug addiction treatment.
- 2) Help the convicted person to improve his life quality, emotional, psychological as well as physical stage.
- 3) Help the convicted person develop a healthy and sober person's life skills.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 10

The status (e.g. nurse, psychologist etc.): psychologists as well as addiction advisers.

11. List the substances/infectious diseases addressed by the project:

The prevalence of infectious diseases, the most common use of drugs.

12. Describe the main substance/infectious disease addressed by the project:

The main substances (drugs): Opioids, Kanabinoids, Sedatives AND/OR Hypnotics, Cocaine, Stimulants, Hallucinogens, Volatile substances and Several drugs.

Diseases : hepatitis A, hepatitis B, hepatitis C, HIV, AIDS.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Based on the created program, where are conducted introductory group. Each meeting has a theme, which deals with the problem. Topics are related to the disease of addiction, its recognition, the recognition of relapse. It is also a question of self-help groups and their benefits. At the same time where are created group rules- such as confidentiality compliance with respect to each other, empathy topic and others.

14. Describe the main activities of the intervention and type of service offered to the client:

Help every convict to get a motivation to work, participate in introductory group, help them get as much useful information as possible. Also, film watching and interpreting them into real life situations. Moreover, the main activity is to understand why they started to do drugs and help them recognize relapses. These groups leading psychologists who are working in the office. One group leads 1 or 2 psychologists.

15. Please briefly describe the theoretical background of the project:

Bio-psycho-social model, it is social - psychological functioning and physical state of the reconstruction model, which is based on the AA 12-step philosophy and applied by the techniques of psychotherapy and psycho-correctional models.

16. How many people from the intended target group have participated in the project?

14

17. How many of them have completed the intended participation in the project?

10

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 2012 08

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Sentenced were considered by motivation of treatment, attendancy in lectures, participating in groups, honesty, test performance.

21. Type of Evaluator (please tick the relevant box or boxes):

☒

Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: Observation has shown that inmates who participated in the introductory group have a positive motivation for treatment of addiction. The rehabilitation of group inmates includes only those who have completed the introductory course group. Group attendance indicates a real determination to begin treatment. At the same time many prisoners fall away and cease to attend the group because it seems too difficult.

23. Budget:

Annual budget for the project/intervention: None

24. Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report for Introductory group

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	7	Sum of points	2	Sum of points	6

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
15	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.4 Brief Intervention on drug addiction

Good Practice Report Form Poland

1. Identification of Project / Intervention

Name of project: Krótka Intrerwencja (Short Intervention)

Starting date: 02/01/10

Ending date: no ending date, lasting project

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

Short intervention is a project carried out in prisons and custodies by prison psychologists, prior specially trained to conduct such activity.

The target group are convicts:

- drug/alcohol users using the substance in a risky or harmful way (as a sufficient and adequate intervention)
- drug/alcohol addicted, qualified to the therapy program inside prison (as a initial, motivational intervention aiming to increase their readiness to start the treatment)
- drug/alcohol addicted, who are not qualified to the therapy program inside prison due to too short time penalty (as a prepering and motivating intervention aiming to start therapy after the release)

Short interventions should help the clients in reducing or quitting the substance use, should be used as the first step in the therapy process. Short interventions are understood as a methode of changing concrete behaviours before entering therapy or during it. The main assumption is that internal motivation to changes of the clients is stronger than the imposed / external one.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Central Board of Prison Service

Address of the responsible organisation (full postal plus email)

Rakowiecka 37 A Street

02-521 Warszawa, POLAND

bdg@sw.gov.pl

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Tomasz Głowik: tglowik@sw.gov.pl

(this person kindly ask not to publish his mail nor disseminate extensively)

4. Additional Organisations involved in the project (if applicable):

Name

no other organisations

Address (full postal plus email)

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Other, specify short intervention (a link between prevention and treatment)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Interventions at the stage of arrest

☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The estimation of the number of the substance addicted inmates is 20-25 % of all convicts(in this 90% are alcohol dependance cases). On the other hand, the number of the therapeutic ward in prison units remains insufficient and despite of opening 17 new wards during last 10 years the waiting time to enter the treatment has not yet shortened. This situation means that a huge number of addicted inmates are released without any support, any intervention. At the same time the cuts in national budget do not facilitate the development of new therapeutic wards in prisons. Due to the fact that entering long-term treatment is adequate only for some selected patients it was obviously recommended to provide other types of services adequate also for another kinds of patients.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

The overall objective is starting changes in the client's behaviours; minimalising propability of potential harm which could occure in case of continuation of substances use

Specific objectives are very important in this approach and are specifcly selected/choosen to the individual clients. For example:

- teaching the skills of planning things in time and to establish priorities;
- showing up the positive aspects of living in abstinence;
- developing contacts with people becoming healthy or gaining ability to have fun without abusing substances;
- assessment of possessed skills and abilities helpful on the labour market;
- undertaking the decission on forgiving other and ourselve;
- focusing on "now and here"

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☐ Other, specify inmates

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Other, specify alcohol / drug users (risky, harmful, dependence),

10. Staff and number of people reached by project on an annual basis:

The number of staff: 239 trained prison psychologists (in 2010))

The status (e.g. nurse, psychologist etc.): prison psychologists

11. List the substances/infectious diseases addressed by the project:

All psychoactive substances, legal and not legal excepting tobacco. The Intervention is addressed for alcohol and drug abusers but there are more alcohol abusers than drug users/abusers in Poland and the same in Polish prisons. So, majority of the short intervention receivers are inmates with alcohol problems.

12. Describe the main substance/infectious disease addressed by the project:

alcohol

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Prisons and custodies, outside prison therapeutic wards

14. Describe the main activities of the intervention and type of service offered to the client:

The short intervention is based on the assumption of motivation interview (Rollnick & Miller). It uses the cognitive-behavioral approach. It consists of at least 3 but no more than 5 individual meetings with the convicted. On meeting is about 50 minutes. Before the first meeting the psychologist acquaints with the acts about the convicted, especially with the information regarding the substance use. The steps of the intervention are:

- introduction of the issues in the context of the convicted's health;
- checking out and assessment of the problem;
- information feedback;
- conversation about the change;

- establishing of objectives, conclusions and completing

The conversation between the psychologist and the inmates is based on open questions. In order to verify and assess the problem AUDIT test (the WHO's "Alcohol Use Disorders Identification Test") and "Skala Bilansu Decyzyjnego dotycząca Alkoholu i Nielegalnych Narkotyków" are used. Those tools can be effectively used also in the imprisonment conditions (Farbring & Johnson, 2008; Ginsburg et al., 2010)

15. Please briefly describe the theoretical background of the project:

- Motivational Interview (Miller & Rollnick)
- Motivational approach in the substances abuse therapy (Miller)
- Brief Solution Focused Therapy (Berg & Miller)
- Cognitive-behavioral therapy

The Short Interventions focus on the short-term approach. The main features of this interventions are: pragmatism, elasticity, stressing the importance of the internal motivation to change, assumption that the clients have not only deficiencies (which are not to be focused on) but also their own resources which are very important if we want effectively support their change process.

The main idea of the Short Interventions carried out in prison and custodies is to replace the force and pressure by cooperation, respect and autonomy of the client (inmate)

16. How many people from the intended target group have participated in the project?

1336

It is assumed that about 10 000 of inmates per year will be covered in the future, when short interventions will be a standard, formal approach.

In 2010 (only): 1336 short interventions = 1336 clients

In 2010 and 2011 (no data for 2012 at this moment): 3 714 short interventions = 3 714 clients.

17. How many of them have completed the intended participation in the project?

1336

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Only process evaluation took places and satisfaction surveys among the psychologists who conducted short intervention. Indicators of process evaluation are listed in the point 22 however they do not strictly correspond with the objectives due to the fact that it was only a process evaluation.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

The outcomes are not accessible in the internet but they are available upon the request at the Prison Service or National Bureau For Drug Prevention (Dawid Chojecki)

22. Evaluation Results:

Please set out the results, to date:

Process evaluation results are:

- 1336 carried out short interventions (only in 2010). this number is also the number of the clients. 13% interventions were conducted due to drug problems; 87% of them due to alcohol problems. Only 95 interventions were undertaken with temporarily arrested.

- 239 trained psychologists (only in 2010) who could conduct such interventions

The psychologists who conducted the short intervention have been asked if they were satisfied and how do they judge the usefulness of this 'tool'. In both cases the outcome of the surveys was high (data are accessible) and shows that short intervention is useful and good perceived. They were also asked how in their opinion short intervention has changed particular items:

- no effects on the inmates (9,9%)

- increase of the self-consciousness regarding problems related to the substances abuse (94,1%)

- change of attitude towards change / therapy (66,3%)

- change of behaviour, i.e. entering the group for Anonymous Drug Users /Anonymous Alcoholics (51,5%)

In the opinion of the implementors of the Short Intervention, the expected outcomes regarding the inmates are:

- reducing the number of the percentage of the patients who do not show up on the beginning of the therapy; who do not complete the therapy process
- increase of the engagement in the therapy
- increase the level of fulfilling home duty / home work
- better perceiving of the rules in therapy
- reducing of the aggression, violence and isolation from the other clients
- finding a sponsor (if the client participates in the "12 steps")
- increasing the level of motivation regarding the administration of psychotropic medicines prescribed by the doctors and following the recommendation on mental health.

Moreover structural / institutional advantages of this approach are expected:

- lower expenses: transport expenses (due to the fact that short interventions can be carried out anywhere, not only in therapeutic wards) and expenses that are strictly implied by the long term therapy, which is expensive but often not adequate.
- shorter waiting time to the prison therapeutic ward admission (due to decreasing of the lack of places in the therapeutic wards)
- implementation of a new approach which is (in the opposite to the most of the activities undertaken in the prison units in this field): structuralised, standardised, rational, economical, elastic and diversified
- more acceptance to this approach than to classical drug free long term therapy from the side of the clients as well as from the prison staff side.

Moreover: In 2011: 128 penitentiary units reported conducting short interventions. It is a huge majority. The total number of penitentiary units in Poland is 156

23. Budget:

Annual budget for the project/intervention: No information

Sources of funding:



Prison service

Quality Criteria for Good Practice Report Form for Short Intervention

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	9	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
13	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.5 Pharmacological Interventions - OST

Good practice report form Poland

1. Identification of Project / Intervention

Name of project: META 1

Starting date: 02/01/09

Ending date: no ending date, lasting project

Executive Summary

"Meta 1" is a substitution project addressed to opiate dependent inmates, with long history of using this drug and with unsuccessful attempts of drug free treatment in the past. The main substitute is methadone but in special cases also other opiate substitutes can be taken into consideration. All patients are adult prisoners, addicted to opiates at least for 3 years.

The main assumption of this project is free choice of participation.

The main qualifying condition to the Meta 1 project is the guarantee of the possibility of continuation of this type of treatment in outside prison after the release. The hired staff are:

- 1 project manager - physician, certificated specialist in drug treatment;
- 1 ward head;
- 2 nurses with special qualification for this type of treatment;
- 1 psychologist (with addiction therapy training)

2. Type of Organisation implementing the project/service (please tick the relevant box):

X Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Regional Inspectorate of the Prison Service in Wrocław

Address of the responsible organisation (full postal plus email)

Kleszczowska 35
50-211 Wrocław
oisw_wroclaw@sw.gov.pl

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Edyta Suszek, manager of the Meta 1 project:

oisw_wroclaw@sw.gov.pl

tel: 071-32-72-601

fax: 071-32-72-670

4. Additional Organisations involved in the project (if applicable):

Name

1. Center of Psychoactive Substance Dependence Therapy, Podwale 7, 50-043 Wrocław
2. Psychiatric Hospital at the Remand Centre in Wrocław, Sądowa 1, Wrocław

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

- X Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)
- X Drug Treatment (an activity that targets individuals who have problems with their drug use)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- X Interventions at the stage of arrest
- X Assistance to drug users in custody and prison

The program is conducted only in prison (and only for those patients who already are in the substitution treatment outside of the prison) but if a patient is arrested and it can be confirmed that he/she is in a substitution program – she/he should receive methadone at the stage of arrest. Not always it is possible because not all detention units do provide methadone. If there are no methadone in a detention unit – arrested is send to another detention unit. Wrocław detention unit do provide methadone.

b) Prevention sub-areas:

c) Treatment sub-areas:

- X Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)

d) Harm Reduction sub-areas:

- X Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-

intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

It is estimated that in dolnoslaskie region, of which Wrocław is the capital, there are about 2 000 problem opiate users. That means that in this region of Poland the ratio is about 65 per 100 000 population. It is one of the two highest ratios in the whole country. It is obvious that some opiate users have legal problems. Wrocław is a city where the opiate use problem has been known for a long time and it is one of the city in Poland with a high number of opiate users.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the overall objective (the main purpose of the project – the solution or modification of the stated problem) and the specific objectives (measurable statements regarding the desired outcome of the activity):

The overall objective is improving health of the patients and replacing injecting illegal opiates with legal substitutes.

Specific objectives are:

1. reducing illegal drug use
2. reducing risky behaviours of the convicts
3. reducing the prevalence of infectious diseases such as HIV/AIDS, HCV, HBV
4. improving mental, emotional and somatic health of the inmates
5. reducing criminal activities connected with purchase of the illegal substances among the clients
6. reducing fatal drug overdoses
7. improving the quality of life of the clients as well as their families
8. social reintegration and life stabilisation.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

X Adults

X Other, specify: inmates

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

X Drug users (e.g. frequent and persistent users of psychoactive substances)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5 persons

The status (e.g. nurse, psychologist etc.): 2 nurses, 2 physicians (psychiatrist),
1 psychologists.

All staff have special qualifications essential to provide substitution therapy.

11. List the substances/infectious diseases addressed by the project:

opiates

12. Describe the main substance/infectious disease addressed by the project:

opiates

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Surgery room situated in the Internal Hospital Ward in the Prison no. 1 in Wrocław

14. Describe the main activities of the intervention and type of service offered to the client:

After admission to the project patients are given their daily dose of a substitute drug and participate in all activities which are expected in the Meta 1 programme. Those patients have also the opportunity to work or educate inside the correctional unit or outside it.

Prisoners receive their medicine in the morning in the surgery room situated in the Internal Hospital Ward in the Prison no. 1 in Wrocław. A nurse takes their pulse blood pressure. At the beginning of the admission every week, then if necessary all patients have consultations with a psychiatrist. Methadone is given to the convicts in the presence of the personnel of the programme in case of failure to take the medicine or misuse it or give / sell it to others.

All the Meta 1 programme clients participate also in the psychotherapy and rehabilitation sessions, at least 2 hours a week. Those are delivered in the form of individual and group consultations with the therapist, psychiatrist or prison tutor.

All the patients are covered with the medical care, especially aimed to diagnose and treat particular

conditions connected with injecting routes of drugs administration (HIV, HBV, HCV, bacterial infections, venous thrombosis) and other (tuberculosis, sexually transmitted diseases, mental disorders etc.). If necessary, there are also consultations with the specialists of infectious diseases and other specialists hired in the prison.

All patients are at least once a month urine tested for other psychoactive / psychotropic substances. Also detoxification with methadone is provided if necessary.

15. Please briefly describe the theoretical background of the project:

The project is focused on individual advantages which can be take place during the methadone maintenance treatment. The convicted person will have easier access to reliable knowledge and medical, psychological and therapeutic information. This will have an influence on the change of social behaviours, internalising moral, social and health norms. The participants will have the opportunity to learn about the mechanisms of drug dependence, "look into themselves", learn about the ways of reacting and behaving in different situations and conditions. This will cause better health and social functioning. Substitution treatment gives the feeling of psychological stabilisation which facilitates the realisation of psychological and social rehabilitation activities as well as treatment of HIV infections and other diseases, which will finally lead to the improvement of the level of psychosomatic health .

16. How many people from the intended target group have participated in the project?

in 2011: 30. Polish prison substitutions programs are really very small. There are even prison with only a dozen of places. (have in mind: 283 clients in 23 prison units)

17. How many of them have completed the intended participation in the project?

not applicable - this type of therapy does not expect completing.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

X No ☐ Yes

There are no evaluation – yes but there is a monitoring of the patients (their state of physical and mental health etc.)

19. Please indicate the month and year when the most recent evaluation was carried out:

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Each participants is being assessed at the beginning of the therapy process, and then after 6 months and every 6 months till the release from prison.

4 areas are assessed:

1. mental health

2. somatic health

3. social functioning

4. changes of attitude

However, this is not a structured, scientific evaluation and no report is available.

21. Type of Evaluator (please tick the relevant box or boxes):

22. Evaluation Results:

23. Budget:

Annual budget for the project/intervention: No information

Sources of funding:

X Prison service

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report Form for Meta 1

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	0	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	0				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	5	Sum of points	0	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
7	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Romania

1. Identification of Project / Intervention

Name of project: Methadone Substitution Programme

Starting date: 01/06/08

Ending date: 01/11/11

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

In 9 penitentiaries in Romania (Jilava Penitentiary, Jilava Hospital Penitentiary, Rahova Penitentiary, Rahova Hospital Penitentiary, Colibasi Penitentiary, Colibasi Hospital Penitentiary, Targosor Penitentiary, Giurgiu Penitentiary and Braila Penitentiary) Methadone Substitution Programme was implemented since 2008. Target group is made by former heroine users inmates. Activities in this programme at the beginning were performed in DETOX departament in RAHOVA Hospital Penitentiary. Many of the patients have started substitution treatment before imprisonment, but a part of them joined the programme in prison. More than 52 inmates were included in programme. A

part of them leave penitentiary and continue treatment in centers of National Antidrug Agency or in other centers. In last 2 years, with increasing the use of new psychoactive drugs a lowering in number of inmates who joined metadone treatment is registered. Methadone in Romania is on pills. So, administration, directed observed, is after smashing pills.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

☒ International organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

UNODC and National Administration of Penitentiaries

Address of the responsible organisation (full postal plus email)

Close activity in 2011 in Romania

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Medical Direction of National Administration of Penitentiaries, dm@anp.gov.ro

4. Additional Organisations involved in the project (if applicable):

Name

National Antidrug Agency

Address (full postal plus email)

relatii.internationale@ana.gov.ro

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

- ☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)
- ☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Before the implementation of this programme, there were evidences of iv drug use inside prisons in Romanian penitentiary system. Also a number (under 1%) of inmates self declare (at admittance in prison) iv drug use before inprisonment. A few cases of opioid overdose were also registered.a national strategy related to HIV infection was performed and a new (in 2006) ministry order for interventions addressed to drug users in arrest settings and in prisons (signed by ministry of health, of justice and of internal affairs) was elaborated. Every 2 years a Behaviour Surveiance Study is performed in all Romanian penitentiary system with aim to evaluate the needs for furter interventions and the efficacy of already existing ones.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the overall objective (the main purpose of the project – the solution or modification of the stated problem) and the specific objectives (measurable statements regarding the desired outcome of the activity):

Overall objective is to rise acces of inmates to harm reduction services related to drug use inside prisons.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☐ Other, specify heroine users inmates

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

10. Staff and number of people reached by project on an annual basis:

The number of staff:

62

The status (e.g. nurse, psychologist etc.): nurse, medical doctors, psychologists

11. List the substances/infectious diseases addressed by the project:

-substances used: heroine

12. Describe the main substance/infectious disease addressed by the project:

heroine

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

At medical offices in prisons

14. Describe the main activities of the intervention and type of service offered to the client:

-distribution of sterile insuline type syringes, alcohol pads, condoms

-collecting the used syringes

-presenting therapeutic possibilities: detoxification and substitution treatment, evaluation of infections like HIV, B and C hepatitis etc.

15. Please briefly describe the theoretical background of the project:

Project started in 2008. At the admission in the programme, every inmate signe an informed consent of the regulations of the programme. The treatment is administred in one dose each day, directed observed.

16. How many people from the intended target group have participated in the project?

More than 52 from 2008

17. How many of them have completed the intended participation in the project?

All.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Completed

☐ Current

☐ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

-number of inmates who access the programme in a period of time (year)

21. Type of Evaluator (please tick the relevant box or boxes):

☐ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

☒ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated

☐ Both internal and external evaluator

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date:

23. Budget:

Annual budget for the project/intervention: For 2008-2011 methadone was from UNODC funds. In 2012 funding is from Ministry of Justice budget.

☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report Form for Methadone Substitution Programme

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	0	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	0				
Sum of points	5	Sum of points	6	Sum of points	5

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
16	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Latvia

1. Identification of Project / Intervention

Name of project: MMT in Riga Detention Centre

Starting date: 2009

Ending date:

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

A methadone maintenance treatment (MMT) has been running in Latvia since 1996. Until mid-2009, MMT was only been implemented in one place in Riga. The incomplete understanding held by medical staff and clients regarding the benefits of the program, the non-orientation of the service to clients and the relatively low level of funding were some of the reasons why the MMT was not

evolved sufficiently quickly while treating an increasing number of drug users. With the support from the UNODC project, a methadone programmes were launched in 2009 outside of Riga at Jelgava and Liepaja, and in 2010, methadone programmes also commenced in Jurmala, Olaine, Salaspils, Daugavpils, Kuldīga and Rēzekne. At the end of 2011 there were 9 MMT sites operation in Latvia with total of 193 clients.

Riga Detention Centre is the largest detention centre in Latvian and the only detention centre in Riga. MMT became available in this centre because of an increase of MMT clients. While the increase of MMT clients in Riga Detention Centre was due to an increase of MMT clients in Riga Psychiatry and Addiction Centre (the only place in capital where MMT is available). In 2009, thanks to cooperation between UNODC (provided evidenced based information of OST), State Police and Administration of Riga Detention Centre MMT was introduced in the detention centre.

The general aim for this intervention is to provide continuity of MMT. Therefore it is available only for clients who have been in MMT outside the criminal justice system. Methadone is delivered by Riga Psychiatry and Addiction Centre and provided to arrested person by medical doctor.

At the moment Riga Detention Centre is the only place outside the treatment system where MMT is available.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Riga Detention Centre

Address of the responsible organisation (full postal plus email)

Rīga, Čiekurkalna 1.līnija 1, k- 4 , LV - 1026

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Dr. Natālija Volgina

natalija.volgina@vp.gov.lv

4. Additional Organisations involved in the project (if applicable):

Name

Dr. Sarmīte Skaida

Address (full postal plus email)

Riga Psychiatry and Addiction Centre

Tvaika iela 2, LV- 1005

sarmite.skaida@rpnc.lv

5. Background and Objectives

☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Interventions at the stage of arrest

b) Prevention sub-areas:

c) Treatment sub-areas:

☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

A methadone maintenance treatment (MMT) has been running in Latvia since 1996. Until mid-2009, MMT was only been implemented in one place in Riga. The incomplete understanding held by medical staff and clients regarding the benefits of the program, the non-orientation of the service to clients and the relatively low level of funding were some of the reasons why the MMT was not evolved sufficiently quickly while treating an increasing number of drug users. With the support from the UNODC project, a methadone programs were launched in 2009 outside of Riga at Jelgava and

Liepaja, and in 2010, methadone programs also commenced in Jurmala, Olaine, Salaspils, Daugavpils, Kuldiga and Rezekne. At the end of 2011 there were 9 MMT sites operation in Latvia with total of 193 clients.

According to the data from a study carried out in detention centres in 2010, (Sniķere et al. 2010) 66.1% had tried drugs prior to detention, 49.1% of convicted persons had used them relatively recently or in the last year before imprisonment, while 39.1% had used in the last month before detention. 31.8% of convicted persons had used drugs at least once while imprisoned; 17.8% used drugs during the last year in prison, while 8.5% had used drugs used during the last 30 days in prison.

Comparing data from the 2003 study (Sniķere, Trapencieris, Vanaga 2003) of detention centres it can be inferred that among convicts the proportion trying various substances is considerably higher, as is the proportion using drugs in the last year and last month before imprisonment

Riga Detention Centre is the largest detention centre in Latvian and the only detention centre in Riga. MMT became available in this centre because of an increase of MMT clients. While the increase of MMT clients in Riga Detention Centre was due to an increase of MMT clients in Riga Psychiatry and Addiction Centre (the only place in capital where MMT is available). In 2009, thanks to cooperation with UNODC (provided evidenced based information of OST), State Police and Administration of Riga Detention Centre MMT was introduced in the centre. It is available only for clients who have been in MMT outside the criminal justice system.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

The general aim for this intervention is to provide continuity of MMT in Riga Detention Centre for arrested persons who have been in MMT outside the criminal justice system.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 1

The status (e.g. nurse, psychologist etc.): medical doctor

11. List the substances/infectious diseases addressed by the project:

Opiates

12. Describe the main substance/infectious disease addressed by the project:

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

MMT is available for arrested persons who can provide agreement with Riga Psychiatry and Addiction Centre (RPAC) where it is stated that person is MMT client. In this case RPAC brings methadone to the detention centre. Methadone is provided to arrested person by medical doctor who is working in Riga Detention Centre. Daily intake of methadone is done in separate room in front of medical doctor.

14. Describe the main activities of the intervention and type of service offered to the client:

For arrested persons who are in MMT outside criminal justice system it is possible to continue MMT also when they are in Riga Detention Centre. Methadone is delivered by Riga Psychiatry and Addiction Centre and provided to arrested person by medical doctor. No other services available within this intervention.

15. Please briefly describe the theoretical background of the project:

According to the PDU estimated done by Health Economic Centre in Latvia there is about 18 888 problem drug users, of whom 10 169 were users of heroin or other opioids and 6 540 were problem users of amphetamine (Trapencieris et al. 2008). Since 2004 there has been a rapid increase in number of clients in substitution treatment. In 2004 there were less than 100 clients while in 2010 there were 237 clients in OST. However, it is still one of the lowest number in EU.

Methadone maintenance therapy is one of the most effective treatment options for opioid dependence. It can decrease the high cost of opioid dependence to individuals, their families and society at large by reducing heroin use, associated deaths, HIV risk behaviours and criminal activity. Substitution maintenance therapy is a critical component of community-based approaches in the management of opioid dependence and the prevention of HIV infection among injecting drug users. People who are on substitution treatment and who are forced to withdraw from methadone because they are incarcerated often return to narcotic use, often within the prison system and often via injection. It has therefore been widely recommended that prisoners and arrested persons in detention centres who were on substitution treatment outside detention centre and prison should be allowed to continue this treatment in detention centre and prison (UNODC, 2008).

16. How many people from the intended target group have participated in the project?

approx. 30 persons per year.

17. How many of them have completed the intended participation in the project?

18. Evaluation Strategy - Is there an evaluation strategy for the project?



No



Yes

19. Please indicate the month and year when the most recent evaluation was carried out:

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

21. Type of Evaluator (please tick the relevant box or boxes):

22. Evaluation Results:

Please set out the results, to date: No outcome evaluation has been carried out. However some process evaluation is carried out on a regular basis. The size of the dose is monitored for each arrested person as well as the time when the intake of methadone has been done. The number of persons within MMT in Riga detention centre is monitor as well.

23. Budget:

Annual budget for the project/intervention: Intervention is provided within the existing budget of Riga Detention Centre. Methadone is provided by Riga Psychiatry and Addiction Centre within the budget of Ministry of Health. There are no additional funds located for this intervention

Sources of funding:



National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Additional Remarks:

Please highlight any specific features not covered above:

In general, it is not a good example of good practice. All information is collected through communication with doctor and administration in Riga Detention Centre. At the same time it is the only place in criminal justice system in Latvia where methadone is available outside the treatment

system. Therefore the decision was to include this intervention as promising practice. It is promising practice at least for Latvia.

Quality Criteria for Good Practice Report for MMT in Riga Detention Centre

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	9	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
13	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Please include any additional remarks you may have after completing this process below:

In general, it is very difficult to fill in the quality criteria for this intervention. All information is collected through communication with doctor in Riga Detention Centre. Although it is the only place in criminal justice system where MMT is available in practice. Therefore the decision was to include this intervention in Level 2 as good practice (at least for Latvia it is a good practice).

Good Practice Report Form England

1. Identification of Project / Intervention

Name of project: Methadone in prisons: Integrated Drug Treatment System

Starting date: 01/04/10

Ending date: 01/12/14

Executive Summary

The English prisons Integrated Drug Treatment System [IDTS] now provides Opioid Substitution Treatment (OST) and psychosocial support to prisoners with heroin addiction. However, there is no data on the impact of prison initiated OST on post-release outcomes.

This study is the first nationwide evaluation of OST in the UK. Commissioned by the Department of Health and Ministry of Justice, the study tests whether OST before release reduces fatal overdose, helps ex-prisoners engage in treatment, and reduces offending. In addition the study will provide the first representative descriptive data of IDTS clients post release. This is a post release case-control study to evaluate differences between IDTS clients released on OST and those released drug-free after opiate detoxification.

The main outcome is drug related mortality in the period immediately following prison release.

There is consistent research evidence that prisoners with drug dependence are at substantially increased risk of death after leaving prison primarily due to drug overdose (Farrell & Marsden 2007; Verger 2003). Considerable effort and investment has gone into developing a more integrated health led system of care between prisons and community treatment services (Marteau 2010). The IDTS is a major component in this more integrated & comprehensive system of treatment for drug users.

A significant aspect of the IDTS initiative has been the institution of more consistent and widespread opioid substitution treatment in prisons, particularly the option for opiate dependent drug users to continue to receive methadone or buprenorphine in prison, thereby lessening the likelihood of illegal drug use in prison, experiencing opioid-related overdose upon release, and disengagement from community services upon release.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Kings College, London

Address of the responsible organisation (full postal plus email)

Integrated Drug Treatment System Team

Institute of Psychiatry Kings College,

London SE58AF

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Garry Stillwell

(P) 020-7848-0901. Email G.Stillwell@iop.kcl.ac.uk

4. Additional Organisations involved in the project (if applicable):

Name

Matt Hickman

Address (full postal plus email)

Matthew Hickman

School of Social & Community Medicine

University of Bristol, Canynge Hall

39 Whatley Road, Bristol BS8 2PS

Work Email matthew.hickman@bristol.ac.uk

Work Telephone 01179287252

Fax 01179287325

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Assistance to drug users in custody and prison

☒ After care

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)

☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

☒ Reduction of overdoses

☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The policy towards OST in prisons in England was reviewed by an expert group in 2004. In common with almost all prison systems around the world at that time, Prison Service Order 3550 recommended detoxification as the standard clinical response to cases of opioid dependence in prisons. At that point (years 2003/2004) 50,701 opioid detoxifications were prescribed to prisoners, the great majority of these treatments were provided to men and women entering prison from the courts following arrest. This default approach of detoxification was in marked contrast to standard practice in English community drug treatment services, which favoured methadone maintenance as the primary clinical response to heroin dependence

Factors that were taken into consideration as part of this evaluation of prison “detoxification” policy were:

- the vulnerability of drug-using prisoners to suicide and self-harm in prison, and to death upon release from custody due to accidental opiate overdose;
- prison regime management problems related to illicit drug use in prisons;
- the impetus to provide clinical services that correspond to national and international good practice;
- the need to provide clinical interventions that harmonise with practice in community and other criminal justice settings; and
- the need to integrate further clinical and psychosocial services in prisons, to create multidisciplinary drug teams.

On this first point, the vulnerability of drug users in prison to suicide in prison and to death on release, the review panel took account of a newly published report of an enquiry into

172 suicides in prisons in England and Wales (Shaw et al, 2003).

The enquiry had found that half of the investigated 172 suicides occurred in the first 28 days of custody, and that drug-dependent individuals entering prison had double the risk of suicide in the first week of custody compared with all prisoners. This finding reinforced a recommendation made by the Prison Service in 2001 following an internal review of the prevention of suicide and self-harm in prison:

“The Prison Service should pay special attention to the safe management of prisoners in the early stages of custody in a prison, with a focus on excellence of care for all prisoners in reception, first night, induction and detoxification units” (HM Prison Service, 2001).

At the time of the review, there had been limited experience of substitution treatments in prisons across the country, but methadone detoxification and maintenance programmes had

become widely available in women’s prisons. Although no detailed data were available to the review panel in relation to its effectiveness, a sense of greater stability with a consequent reduction in self-harm was reported by many prison that had introduced methadone programmes. The introduction of these methadone programmes also coincided with a fall in self-inflicted deaths in women’s prisons from a total of 36 in the preceding three full years (2002-2004) to 15 in the three years 2005-2007.

Crucially, self-inflicted deaths among women with drug dependence problems fell from 23 to three within these

respective three-year periods, suggesting a strong association between methadone treatment and reduced suicidality.

The very high number of fatal opioid overdoses amongst drug users leaving prison (already mentioned, ref Farrell & Marsden 2007) was also a key issue addressed by the review.

review panel

Individuals with a history of heroin addiction released from prison have risk of death in the first month that is up to a mean average 36 times greater than the general population (Farrell & Marsden 2007; Verger 2003). Opioid substitution treatment (OST) substantially reduces this risk (Gordon 2008; Dolan 2005).

A 2007 study of mortality following prison release that identified high rates of mortality was retrospective – linking nearly 50,000 records from the prison service to Office of National Statistics mortality records – and did not have specific information on drug use or drug treatment history (Farrell and Marsden 2007). By contrast, the evaluation of the IDTS is prospective and requires information both on drug history and drug treatment during prison.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the overall objective (the main purpose of the project – the solution or modification of the stated problem) and the specific objectives (measurable statements regarding the desired outcome of the activity):

The principal research question for the study is whether IDTS clients who leave prison still receiving a stable dose of oral methadone or buprenorphine medication (case group) are less likely to die in the first 8 weeks after release compared with IDTS clients who have received opioid detoxification while in prison (control group).

In addition to mortality rates the study will compare rates of accessing community based treatment and re-offending and re-incarceration rates between the case and control groups

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 8

The status (e.g. nurse, psychologist etc.): psychiatrist, psychologist, analysts, research assistants

11. List the substances/infectious diseases addressed by the project:

heroin, amphetamines, methadone, buprenorphine, blood-born viruses and other injecting related infections

12. Describe the main substance/infectious disease addressed by the project:

heroin, HCV

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

A nationally representative sample of 26,000 prisoners will be recruited from 42 adult prisons in England (covering 95% of the incoming population). Treatment begins in the reception area of the prison upon entry, and continues in residential areas of the prison, where psychosocial interventions are also made available. Treatment is continued following release, provided by community specialist substance misuse teams or by local general practice doctors

14. Describe the main activities of the intervention and type of service offered to the client:

First night prescribing routinely available by a Doctor in reception. (Dept Health 2006 p iv;10) There also needs to be evidence of intention to provide Out of Hours Doctor visits (DH p 10) and back up Patient Group Directions for the remainder of the night against agreed criteria.

A stabilisation unit in use with healthcare hatches and 24/7 healthcare covered by healthcare staff trained in substance misuse. (DH 2006 p 10;13;)

Initial assessment by healthcare staff in reception, and required prison risk assessments completed before initial location to the wing. (DH 2006 p 10)

Provision of all appropriate licensed pharmacological treatments, non-medical interventions (DH 2006 p17;18) and psychosocial interventions based on need and in line with the Clinical Management

of Drug Dependence in the Adult Prison Setting (DH 2006) & IDTS The First 28 Days: Psychosocial Support (where funding for the latter has been made available).

Clinical guidelines to support the range of prison drug treatment options available, which have been signed off by local clinical governance committee

Evidence that joint working is taking place between psychosocial and Clinical Team that specific work has been undertaken to ensure the teams work together and provide joint care planning at day 5, care plan reviews and an understanding of where and when clients can be transferred, including the clinical guidance in relation to transfers

Evidence that key Doctors, nurses and pharmacists have been trained to required standards

Identified prison operational staff in place to facilitate prisoner movement in order to ensure client access to treatment.

Transfer protocols in use linked to the national IDTS continuity of care guidance. Prison staff must be trained to apply this in practice.

A schedule of meetings of key stakeholders with clear terms of reference, to support a local performance assurance process.

IDTS awareness training to ensure all relevant staff have received this and there is a plan to manage staff turn-over.

Pathway for clients to access stabilisation unit direct from reception

Clear pharmacy arrangements including the safe storage and dispensing of controlled drugs supported by Home Office licenses/schedules

Evidence that joint group work has started,. The group work programme needs to integrate with the prison regime e.g. induction process, core day requirements etc.

15. Please briefly describe the theoretical background of the project:

The theoretical background is that opioid stabilisation will reduce suicide among newly imprisoned opioid-dependent individuals, and that OST maintenance will reduce the risk of fatal overdose among heroin dependent prisoners following their release from custody (Gordon 2008; Dolan 2005)

16. How many people from the intended target group have participated in the project?

To date approximately 6,000

17. How many of them have completed the intended participation in the project?

Data not yet available

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out: Interim qualitative report due out September 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Indicators are determined by the research team, but they include mortality rates among OST maintained and detoxified (opiate free, formerly dependent) individuals.

The study will compare rates of accessing community based treatment and re-offending and re-incarceration rates between the case and control groups . The study will comprise 20,000 participants

Several data sources will be used:

- 1) Drug Intervention Records/Minimum Data Set forms from the DIRWEB database.
- 2) NHS Medical Research Information System for mortality data.
- 3) Police National Computer criminal records.
- 4) National Drug Treatment Monitoring System data information from within prisons and on engagement with community drug treatment services after prison release.
- 5) Prison staff will directly provide participant identifiers with pharmacy prescription data for the week prior to prison release.
- 6) The Ministry of Justice statistical office will provide prison release dates.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated)

Please provide full reference for the evaluation report (when available):

not yet available

22. Evaluation Results:

Please set out the results, to date: none yet available.

23. Budget:

Annual budget for the project/intervention: £44.5M for OST services, £1M for evaluation

Sources of funding:

☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:
Department of Health (2006), Clinical management of drug dependence in the adult prison setting, London

Dolan K. A., Shearer J., White B., Zhou J., Kaldor J., Wodak A. D (2005), Four-year follow-up of imprisoned male heroin users and methadone treatment: mortality, re-incarceration and hepatitis C infection. *Addiction* 2005; 100: 820–8.

Farrell M and Marsden J (2007), Acute risk of drug-related death among newly released prisoners in England and Wales *Addiction*, 2007; 103, 251–255.

Gordon M. S., Kinlock T. W., Schwartz R. P., O’Grady K. E (2008), A randomized clinical trial of methadone maintenance for prisoners: findings at 6 months post-release. *Addiction* 2008; 103: 1333–42.

HM Prison Service (2001). *Prevention of Suicide and Self-Harm in the Prison Service: An Internal Review*, 2001.

HM Prison Service (2000). *Clinical Services for Substance Misusers*, PSO 3550, 2000.

Marteau D, Palmer J & Stöver H (2010), Introduction of the Integrated Drug Treatment System (IDTS) in English Prisons International Journal of Prisoner Health 6(3):117-124

Shaw J, Appleby L, Baker D. Safer Prisons: A National Study of Prison Suicides 1999-2000 by the National Confidential Inquiry into Suicides and Homicides by People with Mental Illness. 2003, London: Department of Health

Verger P., Rotily M., Prudhomme J., Bird S (2003). High mortality rates among inmates during the year following their discharge from a French prison. J Forensic Sci 2003; 48: 614–16.

Quality Criteria for Good Practice Report for Methadone in prisons (Integrated Drug Treatment System)

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	0	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 (12) if bes 1	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	10	Sum of points	16	Sum of points	5

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
31	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input checked="" type="checkbox"/>

Please include any additional remarks you may have after completing this process below:

At 31 points this is a high-quality case-controlled portfolio study, combined with a qualitative evaluation. With 20,000 participants, it will be the largest study of penal OST when complete in December 2014

Good Practice Report Form Lithuania

1. Identification of Project / Intervention

Name of project: Opioid Substitution Treatment in Prisons (and Detention Houses)

Starting date: 01/08

Ending date:

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

Opioid substitution treatment (OST) is available in most European countries and is considered to be the effective treatment option for opioid dependence.

OST in Estonian Prison Service started at 2008. During the first years of implementing OST in Prison Service has been the main focus directed to get it started in every prison and by now it is available in all Estonian prisons.

Drug abuse treatment in prisons is carried out in medical department by the medical staff; it is possible to carry out both an opioid substitution and non-opioid substitution treatment.

In Estonian Prison Service Tartu Prison is the one what has specialisation on treatment and rehabilitation of drug addicts. This is also a reason why OST what will be started in prison can be only started in Tartu Prison.

Continuation of OST (started before the prison sentence) can be done in every Estonian prison.

Data about diagnosed drug addicts is collected by the medical departments. Opioid substitution treatment is financed from the general budget of prison medical service.

Number of opioid substitution treatment cases have increased rapidly year by year . At 2008-2009 the number of the treatment cases was low but at 2010-2011 the increase was remarkable.

If 2008 the figure was 2, in 2009 the number was 12, in 2010 the number was already 123 and in the 2011 was 217 cases.

Opioid substitution treatment fast and significant increase is partly explained with the fact that from 2010 OST service is continued also in some detention houses, which are managed by the Ministry of the Interior.

Viru Prison has very good co-operation in East-Viru County, where the house of detention is situated next to prison and the prison medical staff is carrying out the methadone treatment. It also ensures that if the person is entering to prison OST continues smoothly. The OST service in detention house is also provided in Tallinn area.

Another reason for the previous years increased number is qualified staff who are motivating the inmates to deal with their substance abuse problem.

In the coming years prison service expects increase in number of OST cases in prisons, although the growth rate slows down compared to 2009- 2011 growth trends.

2. Type of Organisation implementing the project/service (please tick the relevant box):

- ☐ Non-governmental organisation
- ☒ Governmental organisation
- ☐ International organisation
- ☐ Private organisation
- ☐ Other, specify

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Estonian Ministry of Justice

Address of the responsible organisation (full postal plus email)

Estonian Ministry of Justice, Tõnismägi 5a, Tallinn 15191, Estonia; general e-mail address of the organization - info@just.ee .

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Viola Läänerand, e-mail address viola.laanerand@just.ee .

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Interventions at the stage of arrest
- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)

☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

☐ Other, specify

d) Harm Reduction sub-areas:

☒ Reduction of overdoses

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

More than one fourth of all prisoners in Estonia are drug-addicts, i.e. there are approximately 900 drug-addicts in prisons (incl. pre-trial detainees). They have committed various offences, most often property crimes (thefts, robberies). About 40% of all released convicts will commit a new crime within a year after release (although there is no specific data on drug-addicts their recidivism rate is estimated to be at least at the same level).

Methadone detoxification has been present in Estonia since 1998, but while substitution treatment was officially introduced in 2001, it has only become used on a significant scale since 2003 with the opening of a specialised centre (<http://www.emcdda.europa.eu/data/treatment-overviews/Estonia>).

Over the years increased the number of the persons who have had a substitution treatment before entering to a prison and with the developments of the drug treatment/rehabilitation work in Prison Service raised up a need for OST possibilities.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the overall objective (the main purpose of the project – the solution or modification of the stated problem) and the specific objectives (measurable statements regarding the desired outcome of the activity):

Opioid substitution treatment combined with psychosocial interventions is considered to be the effective treatment option for opioid dependence.

The aim is to reduce or eliminate the use of drugs, the criminality associated with drug use, and allow persons to improve their health and quality of life.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

☒ Women

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: specialists working in medical departments, no concrete number.

The status (e.g. nurse, psychologist etc.): psychiatrists, nurses, psychologists.

11. List the substances/infectious diseases addressed by the project:

Opioids

12. Describe the main substance/infectious disease addressed by the project:

Opioids

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

OST takes place in all prison and some detention houses and is carried out by qualified medical staff.

Opioid substitution treatment can be provided during whole imprisonment time but the aim is to reduce the doses.

Inmates who have been on OST already before entering to prison can continue their treatment also inside of prison. If there are medical indications it is also possible to start OST inside of prison.

Detoxification is provided in all prisons and the average time varies from 4-8 weeks. In some cases a long-term opioid substitution treatment will be started.

14. Describe the main activities of the intervention and type of service offered to the client:

OST together with counseling and motivating to deal with the drug problems.

15. Please briefly describe the theoretical background of the project:

Both drug-free treatment and opioid substitution treatment (OST) are available in most European countries and combined with psychosocial interventions it is considered to be the effective treatment option for opioid dependence. In comparison with detoxification or no treatment at all, methadone treatment shows better rates of retention in treatment and significantly better outcomes for drug use, criminal activity, risk behaviours and HIV-transmission, overdoses.

Also in the Estonian National Drug Abuse Prevention Strategy until 2012

(<http://www.tai.ee/?id=4945>) is stated that according to the strategy, it is necessary to develop drug treatment and rehabilitation services in order to provide all drug addicts and former drug addicts relevant treatment and/or rehabilitation.

In EU Drugs Action Plan for 2009–2012 (2008/C 326/09)

<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:326:0007:0025:EN:PF>)

Objective 9 says that it is necessary to provide access to health care for drug users in prison to prevent and reduce health-related harms associated with drug abuse. Action 21. To develop and implement prevention, treatment, harm reduction and rehabilitation services for people in prison, equivalent to services available outside prison.

16. How many people from the intended target group have participated in the project?

At 2008 there was only 2 detoxification cases. At 2009 was 4 opioid detoxification cases and 8 cases of OST. At 2010 the number was increased drastically to the following number – 59 opioid detoxification cases and 64 opioid substance treatment cases. At 2011 the increase continued and by the end of the year there was 99 opioid detoxification cases and 118 opioid substitution treatment cases altogether in Estonian Prisons.

17. How many of them have completed the intended participation in the project?

There is no such a data available. OST is voluntary and quarterly is being observed the number of the persons who have started OST and whose OST is being continued.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: Drug monitoring and treatment survey in prison Service is gathered quarterly. At 2012 there is data about the situation from the first two quarters (January to March and from April to June).

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

The short term evaluations carried out by now are statistical and based on different data gathered from the prisons. The assessments made by now are quantitative and show whether the aims connected to the work of the introducing OST are going to the right direction.

For the drug monitoring different data is being collected continually; e.g. number of diagnosed drug addicts in prison, number of acute addicts and persons whose addiction is on remission, number of qualified personnel, drug cases in prison, drug tests, drug detoxification cases, opioid substitution cases, drug rehabilitation units work details and so on.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: As planned, the use of OST in Prison Service has increased in past few years. In the coming years Prison Service expects increase in number of OST cases in prisons, although the growth rate slows down compared to 2009- 2011 growth trends

23. Budget:

Annual budget for the project/intervention: Opioid substitution treatment is financed from the general budget of prison medical service.

Sources of funding:

- ☒ Prison service ☐ European Commission
- ☒ Other, specify Ministry of Justice

24: Outputs: Please list any interesting references, links, and literature relating to the intervention: Overview of Estonian Prison Service can be found from the link <http://www.just.ee/> by choosing the subtopic prisons

Additional Remarks:

Please highlight any specific features not covered above:

Quality Criteria for Good Practice Report

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			

* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	10	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
14	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

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3.6 Pharmacological Interventions - Naloxone

Good Practice Report Form England

1. Identification of Project / Intervention

Name of project: **N-Alive**

Starting date: 01/03/12

Ending date: 01/03/12

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

The N-ALIVE project (NALoxone InVEstigation) has two stages: the Pilot randomized trial and the Main randomised trial. Ultimately, a total of 56,000 participants are planned to be recruited in total. The Main N-ALIVE Trial is a large prison-based randomized controlled trial, designed to test the effectiveness of giving naloxone-on-release to prisoners with history of heroin use to prevent fatal opiate overdoses. Naloxone is an opiate antagonist commonly used to reverse the effects of a heroin overdose.

The Pilot N-ALIVE Trial is aimed to demonstrate feasibility by recruiting the first 10% of participants (5,600 participants). The Main N ALIVE Trial will assess the number of lives that could be saved by routine provision of Naloxone-on-release to adult prisoners aged 18-44 years with a history of heroin injection who are released after 7 or more days in prison (whether post-detoxification, on maintenance treatment, or otherwise). The Pilot Trial includes an ancillary study in which the participants who give their additional consent will be contacted once by phone. This sub-study will allow collection of additional qualitative information on opiate use, overdoses, and Naloxone use soon after release.

Eligible prisoners who give informed consent will be randomized to receive, on release from custody, either a pack containing a single 'rescue' injection of Naloxone or a control pack containing no Naloxone. The trial is 'double-blind' prior to the participant's release so that neither the participant nor prison staff will know the allocation until the participant opens his/her assigned pack after release.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Medical Research Council (MRC)

Address of the responsible organisation (full postal plus email)

MRC Clinical Trials Unit

Aviation House

125 Kingsway

London WC2B 6NH

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Dr Nicola Muirhead

Direct line: +44 (0)20 7670-4636

Main switchboard: +44 (0)20 7670-4700

e-mail: ncm@ctu.mrc.ac.uk

Website: <http://www.ctu.mrc.ac.uk/>

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ After care

b) Prevention sub-areas:

☒ Other, specify Prevention of overdose

c) Treatment sub-areas:

d) Harm Reduction sub-areas:

☒ Reduction of overdoses

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Heroin-related deaths account for around 8% of all UK deaths in individuals aged 15-44. For UK prisoners, the risk of a drugs-related death is 7.5 times higher in the first fortnight after their release than at comparable other times at liberty. One in 200 released prisoners, with a history of heroin injection, dies from a drugs-related death within 4 weeks of leaving prison. Nearly all these overdose deaths are potentially preventable. However, existing prevention approaches have not adequately resolved the high risk of overdose death soon after release from prison or other settings where drug tolerance may be reduced. In Scotland, for example, drugs-related deaths occurring within four weeks of release from prison remained at a similar level between 2002 and 2005, despite Scottish Prison Service's adoption of methadone maintenance.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

To establish whether or not naloxone provided to a prisoner with a history of injecting drug use can prevent fatal overdose through administration by a third party (partner, family member or associate)

Pilot Trial: What happens to the Naloxone and the participants, in terms of heroin use and overdoses (witnessed or experienced) within 4 and 12 weeks after release? Do 75% of prisoners assigned to Naloxone carry it with them in the first 4 weeks after release? Do prisons and prisoners participate in the numbers expected and required for the Main Trial? Do the N-ALIVE procedures work well logistically in the National Offender Management Service, or will they need to be changed for the Main Trial? If changes are necessary, what needs to be done?

Main Trial: Does giving Naloxone on release to prisoners with a history of heroin injection reduce heroin overdose deaths by 28% in the first 12 weeks after release?

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

10. Staff and number of people reached by project on an annual basis:

The number of staff: estimate 50

The status (e.g. nurse, psychologist etc.): nurses, prison officers, pharmacists

11. List the substances/infectious diseases addressed by the project:

n/a

12. Describe the main substance/infectious disease addressed by the project:

heroin and other opioids

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The activity takes place in a treatment setting within the prison, and at the prison gate on the day of release.

14. Describe the main activities of the intervention and type of service offered to the client:

N-ALIVE's intervention has been specifically designed to fit in with prison procedures and to disseminate information about emergency Naloxone to prisoner-peers (whether randomized or not). It needs prison-based staff specifically for N-ALIVE – as per any well-delivered intervention for prisoners (e.g. hepatitis B immunization; methadone maintenance).

The N-ALIVE Pilot and Main Trials have to be randomized for the following reasons. First, Take-home Naloxone is not currently routinely issued by English prisons, nor by any prison system outside of the UK. Scotland's policy on take home Naloxone has, however, changed in 2011. Second, the risks for ex-prisoners are unknown (even by them). We cannot anticipate how availability of Naloxone-on-release might alter the riskiness of their heroin use behaviour and thus there is the possibility that providing Naloxone in this way may do more harm than good. We shall only be able to clearly assess this through a randomized trial. Third, there is also the possibility that providing Naloxone in this way has no effect because either the individual does not carry the Naloxone with them or, when needed, the Naloxone is not used or not appropriately used. Fourth, the N-ALIVE awareness/information video is a prison-wide backdrop, which aims to reach all prisoners attending the prison's induction session on drug awareness – not only to inform them about N-ALIVE but so that, as peers, they know about, and how to use, emergency Naloxone, and also understand why it is necessary to randomize. Fifth, prisoners realise better than anyone that, for prisons to improve (health) services to prisoners, effectiveness has to be beyond question for the public to be persuaded – and that requires randomization. Sixth, we are dealing with a 'captive population', and thus prison-based research must cleave to the highest ethical and scientific standards, which means randomization of individuals and the need for prevention policies to demonstrate cost-effectiveness.

15. Please briefly describe the theoretical background of the project:

Naloxone is known to immediately reverse opioid overdose, but there is no high-quality evidence that naloxone issued to a drug user is likely to be used successfully by another person to save the life of that drug user, should he or she overdose

16. How many people from the intended target group have participated in the project?

no data are yet available

17. How many of them have completed the intended participation in the project?

as above

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out: current

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Pilot Trial: What happens to the Naloxone and the participants, in terms of heroin use and overdoses (witnessed or experienced) within 4 and 12 weeks after release? Do 75% of prisoners assigned to

Naloxone carry it with them in the first 4 weeks after release? Do prisons and prisoners participate in the numbers expected and required for the Main Trial? Do the N-ALIVE procedures work well logistically in the National Offender Management Service, or will they need to be changed for the Main Trial? If changes are necessary, what needs to be done?

Main Trial: Does giving Naloxone on release to prisoners with a history of heroin injection reduce heroin overdose deaths by 28% in the first 12 weeks after release?

21. Type of Evaluator (please tick the relevant box or boxes):

☐ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

☒ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated)

Please provide full reference for the evaluation report (when available):

not yet available

22. Evaluation Results:

Please set out the results, to date: none available yet

23. Budget:

Annual budget for the project/intervention: £1M

Sources of funding:

☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Bird SM; Hutchinson SJ (2003) Male drugs-related deaths in the fortnight after release from prison: Scotland, 1996–99 *Addiction*, 98 (2) 185-190.

Farrell M & Marsden J (2005) Drug-related mortality among newly released offenders 1998 to 2000 Home Office Online Report 40/05

Graham A. (2003) Post-prison mortality: unnatural death among those released from

Victorian prisons between January 1990 and December 1990. *Aust NZ J Criminol* 2003; 36: 94-108.

Harding-Pink D (1990) Mortality following release from prison, *Medicine, Science and the Law*, 30, 12-16.

Quality Criteria for Good Practice Report for N-Alive

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	12	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	9	Sum of points	16	Sum of points	3

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
28	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Scotland

1. Identification of Project / Intervention

Name of project: SCOTTISH NATIONAL NALOXONE PROGRAMME

Starting date: 01/11/10

Ending date: ONGOING

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

Drug Related deaths are a major public health problem globally, with rates in Scotland higher than any other region in the UK and among the highest in Europe.

One of the most important public health interventions to emerge aimed at tackling rising DRD rates is the distribution of Naloxone for peer administration.

Naloxone is an opiate antagonist which can temporarily reverse the effects of an opiate overdose, providing more time for emergency services to arrive and treatment to be given. 'Take home' Naloxone can legally be administered by anyone for the purpose of saving a life. The supply of a "take home" Naloxone kit follows training on how to administer it safely and quickly.

The aim of the National Naloxone Programme is to increase the availability and awareness of Naloxone across Scotland and to contribute to a reduction in fatal opiate overdoses in Scotland. An investigation into drug related deaths in Scotland and more recent information from Scotland's national drug related deaths database has shown that the majority of these deaths are opiate related, the majority are "accidental" overdoses, the majority are "witnessed" and 50% have been in prison.

A national coordinator and training team were established to facilitate delivery of the programme and assist all Health Boards across Scotland to embed "take home" Naloxone programmes in their own areas and the Scottish Prison Service; ensuring that at risk prisoners could be trained on the use of Naloxone and be provided with a supply at the point of their liberation from custody.

Partnership working was essential and involved all relevant local agencies including Health Boards, Police, Local Authorities and local drug services in the Voluntary Sector. Alcohol & Drugs Partnerships had a key role in the strategic leadership of development of local Naloxone programmes.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

SCOTTISH GOVERNMENT

Address of the responsible organisation (full postal plus email)

DRUG POLICY UNIT

ST ANDREWS HOUSE

EDINBURGH EH1 3DG

SCOTLAND. UK

scottish.ministers@scotland.gsi.gov.uk

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

JOHN SOMERS

HEAD OF STRATEGY, TREATMENT & PREVENTION

SCOTTISH GOVERNMENT DRUG POLICY UNIT

TEL: 0131 224 4900

FAX: 0131 244 2564

john.somers@scotland.gsi.gov.uk

4. Additional Organisations involved in the project (if applicable):

Name

SCOTTISH DRUGS FORUM

Address (full postal plus email)

91 MITCHELL STREET

GLASGOW G1 3LN

SCOTLAND. UK

www.sdf.org.uk

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

☒ After care

b) Prevention sub-areas:

c) Treatment sub-areas:

d) Harm Reduction sub-areas:



Reduction of overdoses

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Scotland has a population of 5,222,100 (2010 estimate). Covering an area of 78,782 square kilometers. Around 70% of the country's population live in the Central Lowlands; between the major cities of Edinburgh and Glasgow and including major settlements such as Paisley, Stirling, Falkirk, Perth and Dundee. Other concentrations of population include the northeast coast of Scotland, principally the regions around the cities of Aberdeen and Inverness. The Highlands of Scotland have the lowest population density at 8 /km² (21 /sq mi). The City of Glasgow has the highest population density at 3,292 /km² (8,530 /sq miles).

The most recent estimate for problem drug use in Scotland was 59,000 individuals. In 2010/11 10,813 'new' individuals received a specialist assessment of their drug use and care needs, which equates to a rate of 219 per 100,000 of the Scottish population.

Drug related deaths in Scotland have been on an upward trend since 1997, with rates in Scotland higher than any other UK region and amongst the highest in Europe.

For 2006-2010, for Scotland as a whole, the drug related mortality rate was 0.10 per 1,000 population. The NHS Health Board area with the highest mortality rate was Greater Glasgow and Clyde (0.15 per 1,000 population) higher than the Scottish average of 0.10 per 1,000 population, whilst the next highest area was Tayside at 0.10 per 1,000 population. The lowest rate was for Orkney at 0.04 per 1,000 population.

The pathological findings of those who died in 2010 indicated that, as in 2009, the majority of individuals died from the effects of more than one drug. Of all 485 drug related deaths recorded in 2010, Heroin/Morphine was implicated in, or potentially contributed to 52% of drug related deaths (254).

The findings from earlier research show that those most vulnerable to a drug related death are male, living in the most deprived areas, and aged 25 to 44 years. Also, the majority of deaths take place in a home environment where there is often someone nearby, thus offering an important window of opportunity for someone to intervene and potentially save a life.

Findings from the National Database in 2010 also showed that two-thirds of those who died had been in contact with a drug treatment service, thus identifying opportunities to engage with and support those vulnerable to a drug related death.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

CONTRIBUTE TO A REDUCTION IN FATAL OPIATE OVERDOSES IN SCOTLAND

NATIONAL ROLL OUT OF TAKE HOME NALOXONE PROGRAMMES ACROSS HEALTH BOARDS

ROLL OUT OF NALOXONE PROGRAMMES FOR ALL SCOTTISH PRISONS

INCREASE SUPPLY AND AWARENESS OF NALOXONE

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff:

ALL RELEVANT AGENCIES (STATUTORY & VOLUNTARY) AND HEALTH BOARDS IN SCOTLAND
WORKING WITH PEOPLE AT RISK OF OPIATE OVERDOSE INCLUDING THE SCOTTISH PRISON SERVICE.

The status (e.g. nurse, psychologist etc.): MULTI AGENCY (AS ABOVE)

11. List the substances/infectious diseases addressed by the project:

OPIATES

12. Describe the main substance/infectious disease addressed by the project:

HEROIN

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

NATIONAL PROGRAMME: SCOTLAND HEALTH BOARDS AND SCOTTISH PRISON SERVICE.

14. Describe the main activities of the intervention and type of service offered to the client:

A short life working group was formed, the remit of which was to develop a national Naloxone training programme and a national patient group directive (PGD). A PGD is a legal document that allows a supply of a named medication for a specific situation by named clinically trained staff. This allows medication to be supplied without the need for an individual prescription or referral to medical practitioners.

The Scottish Government resourced a national training team and National Naloxone Advisory Group. The role of both was to be able to support and advise and to provide training and national information materials for all participating Health Boards so that Health Boards could develop their own local take home Naloxone programmes.

Support was provided to the Scottish Prison Service in recognition of the increased risk of overdose following release from prison custody.

The training team provided specific “training for trainers” sessions across all participating Health Boards and Prisons. This enabled staff to develop their own local programmes and provided them with the skills and knowledge required to provide training sessions in their own local areas.

Local staff then cascaded the training out to those at risk of opiate overdose, their friends and family members and staff working for services likely to come into contact with those at risk.

The training provided to those at risk covered the following elements:

- DRD's; nationally & locally.
- Overdose; risk factors, high risk times, signs & symptoms, myths, barriers to appropriate interventions.
- Calling 999.
- Naloxone; actions, kit assembly & administration.
- Basic Life Support & Recovery Position.

- Practice.

Supplies of Naloxone could then be issued following completion of training.

The Scottish Government reimburses Health Boards (including Prisons) for all supplies of Naloxone that are made.

A national monitoring and evaluation programme was developed and put in place to assess the reach and impact of the national Naloxone programme.

15. Please briefly describe the theoretical background of the project:

In response to the long-term trend in drug related deaths in Scotland, a National DRD Database was set up to aid understanding of the circumstances surrounding DRD's and the individuals vulnerable to them. To date, Information Services Division (ISD) Scotland have published two annual reports from the National DRD Database (for calendar years 2009 and 2010).

Information and training for practitioners, service users and family/friends in how to identify and respond to overdose situations may help bring about a reversal in the upward trend in DRD's.

Following the recommendations from two independent expert forums and the successful outcomes of local 'take-home' Naloxone pilots in Scotland, the Scottish Government supported the rollout of a National Naloxone Programme in Scotland.

Naloxone is an opioid antagonist which can temporarily reverse the effects of an opioid overdose. Under this national programme, Naloxone is provided to those at risk of opioid overdose once they have undergone training. This training is also available to family and friends and to service workers.

16. How many people from the intended target group have participated in the project?

AIM: 6000 NALOXONE SUPPLIES TO COMMUNITIES. 5000 NALOXONE SUPPLIES FROM PRISONS.
RESULTS SO FAR TO DATE: 2730 COMMUNITY NALOXONE SUPPLIES. 715 PRISON NALOXONE SUPPLIES.

17. How many of them have completed the intended participation in the project?

AS ABOVE. PARTICIPATION IN THE PROGRAMME EQUATES TO RECEIVING A SUPPLY; THEREFORE ALL THOSE WHO PARTICIPATE COMPLETE THE INTENDED PARTICIPATION.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out:

AUGUST 2012: REPRTING ON THE FIRST YEAR OF THE PROGRAMME.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Monitoring and evaluation of supplies made within the community and prisons is ongoing.

The impact of the Naloxone Programme will be assessed by measurement of the number of (opioid) drug related deaths before and after the implementation of the programme. Further, the four week period following prison release is a crucial period for former prisoners with regard to risk of death from overdose and it was agreed that figures for this vulnerable sub group would also be monitored.

The indicator was as defined:

Of the total number of drug-related deaths (including suicides), as reported by National Register of Scotland (NRS)

- What number and proportion of these were opioid related (as defined by presence of heroin/morphine and/or methadone and/or buprenorphine);
- What number and proportion of these were opioid related and occurred within the first four weeks following release from prison custody.

broken down by gender and age groups (as per NRS drug related death reporting).

The baseline indicator will be produced for calendar years 2007, 2008 and 2009.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated)

Please provide full reference for the evaluation report (when available):

<http://www.isdscotland.org/publications/index.asp>

22. Evaluation Results:

Please set out the results, to date:

This is the first annual release of monitoring information from the National Naloxone Programme in Scotland. This report presents data on the number of 'take-home' naloxone kits issued as part of the national programme during 2011/12. Data are presented separately for kits issued in the community and kits issued by prisons, prior to prisoner release.

KEY POINTS

- There were 3,445 'take home' naloxone kits issued in Scotland in 2011/12 as part of the National Naloxone Programme. This includes kits issued in the community and kits issued by prisons.
- There were a total of 2,730 'take home' naloxone kits issued in the community in Scotland in 2011/12, as part of the National Naloxone Programme. By January 2012, 13 of 14 NHS boards were participating in the programme.
- The majority of kits issued in the community (2,370, or 87%), were issued to individuals at risk of opioid overdose, 295 (11%) were supplied to service workers, 60 (2%) to family and friends (with the recorded consent of the person at risk) and five (<1%) 'unknown' who they were supplied to.
- Of the total 2,730 kits issued in the community in 2011/12, 2,287 (84%) were reported to be a 'first' supply, 348 (13%) a 'repeat' supply and 95 (3%) 'unknown' if first or repeat supply. In 132 cases 'repeat' supply was due to use of the previous kit on a person at risk.
- In addition to the kits issued in the community, there were a total of 715 'take home' naloxone kits issued by prisons in Scotland in 2011/12, as part of the National Naloxone Programme, all to persons at risk of opioid overdose.
- Of the total 715 kits issued in prisons in 2011/12, 679 (95%) were reported to be a 'first' supply and 36 (5%) a 'repeat' supply. Where the supply was noted as a 'repeat' supply this could be following initial supply in the community, or it could be that the previous supply was made on release from a previous stay in prison (i.e. issued by a prison).

- When compared with kits supplied to persons at risk of opioid overdose in the community, recipients in prisons were more likely to be male and their age profile was 'relatively' younger.

The supply of 'take home' naloxone by prisons was introduced, incrementally, from February 2011 and by June 2011 all Scottish prisons were participating in the programme.

23. Budget:

Annual budget for the project/intervention:

£600,000 INVESTED FOR THE PERIOD 01/11/2010 - 31/03/2012

£400,000 COMMITTED FOR 01/04/2012 - 31/03/2013

Sources of funding:

☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

<http://informahealthcare.com/doi/abs/10.3109/09687637.2012.682232>

Graham, L., et al (2012) The National Drug Related Deaths Database (Scotland) Report 2010 ISD 2012

<http://www.isdscotland.org/Health-Topics/Drugs-and-alcohol-misuse/Publications/2012-02-28/2012-02-28-NationalDrugRelatedDeathsDatabase2010-Report.pdf>

Zador, DA., et al., (2005) National Investigation into Drug Related Deaths in Scotland, 2003

<http://www.scotland.gov.uk/Publications/2005/08/03161745/17507>

Quality Criteria for Good Practice Report for SCOTTISH NATIONAL NALOXONE PROGRAMME

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	6	Sum of points	7

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)

24	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Please include any additional remarks you may have after completing this process below:

As Naloxone is an emergency drug for use in emergency and life threatening situations; ethical barriers exist with regards to evaluation evidence. It would be unethical to conduct controlled trials with comparison groups.

3.7 GHB interventions

Good Practice Report Form The Netherlands

1. Identification of Project / Intervention

Name of project: GHB addiction in detention

Starting date: 15/03/12

Ending date: 31/12/12

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

GHB-addicted individuals show the Prosecution regularly to be dispatched as specialized medical care in the police or the prison is not sufficient. GHB withdrawal symptoms and complications in detoxifying can lead to life threatening situations. They are:

- Psychological complications such as delirium (acute confusion) with hallucinations, psychosis, severe agitation;
- Somatic complications such as high blood pressure (hypertension), heart rate, vomiting, respiratory depression and respiratory arrest (apnea).

Withdrawal symptoms usually begin within a few hours after the last intake. Inclusion of such addicts and so abrupt cessation of use, can be life threatening.

To prevent GHB addict accused of (serious) crimes by the police should be dispatched as soon as possible to facilities where GHB-addicted persons receive adequate care for medically acceptable detoxification.

Since the 15th of march 2012 there are 3 cells at the police station at Breda where GHB addicts will be treated by Novadic Kentron (Institute for addiction care) for 3 days (titration fase) with therapeutical GHB. After 3 days the addicted person will be transported to PI Zwolle or JMC (Medical centre within the justice system) where he (or she) will be detoxified of therapeutical GHB. After that period the detinee will be placed in a regular Justical Institute for the rest of his sentence.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Dienst Justitiele Inrichtingen, Agency of Correctional Institutions

Address of the responsible organisation (full postal plus email)

Schedeldoekshaven 101, 2511 EM, Den Haag

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

M. Westra, medisch adviseur DJI, afdeling Gezondheidszorg

4. Additional Organisations involved in the project (if applicable):

Name

Police station Breda

Organisation for addiction care Novadic kentron

Organisation for addiction care Tactus

Address (full postal plus email)

Mijkenbroek 31, 4824 AR Breda

Novadic-Kentron, netwerk voor verslavingszorg

Hogedwarsstraat 3, 5261 LX Vught

Telefoon: 073-6849500

E-mail: informatie@novadic-kentron.nl

Homepage: www.novadic-kentron.nl

5. Background and Objectives

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Interventions at the stage of arrest
- ☒ Alternatives to prison (e.g. treatment rather than imprisonment)
- ☒ Assistance to drug users in custody and prison
- ☒ After care

b) Prevention sub-areas:

c) Treatment sub-areas:

- ☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

- ☒ Measures to combat violence

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Early 2011 Public Ministry placed a call that attracted an increasing number of GHB addicts soon after arrest had to be left free again in connection with severe medical risks by withholding. These early release was unwanted because of civil unrest. GHB addicts, however, could not at the police station and in judicial establishments be treated. At the police station soon was told by suspects that they used GHB, so the chance was great that they were released.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the overall objective (the main purpose of the project – the solution or modification of the stated problem) and the specific objectives (measurable statements regarding the desired outcome of the activity):

GHB addicts cannot be sent away from the police station on medical grounds. There must be found a solution that GHB addicts can stay at police station for a police questioning and eventually placement to a prison

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

10. Staff and number of people reached by project on an annual basis:

The number of staff: About 50 (in police station and medical staff in prison)

The status (e.g. nurse, psychologist etc.): Nurses, doctors, psychiatrists, policymakers, penitentiary workers

11. List the substances/infectious diseases addressed by the project:

GHB (gamma hydroxy butyrate)

12. Describe the main substance/infectious disease addressed by the project:

Gamma hydroxybutyrate (GHB) is a naturally occurring transmitter in the mammalian brain.... It has been used as an anaesthetic induction agent because of its marked sedative properties. The drug is now being misused, especially within the rave and dance club scene where it is known colloquially as 'GBH' or 'Liquid Ecstasy'. It is sold by mail catalogue (or you can easily make it by yourself, find the receipt on the internet) and is available in a liquid, powder or capsule form. Reported desired effects include a feeling of euphoria and disinhibition not unlike the effects of alcohol.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Police station Mijkenbroek in Breda (city in the south of Holland)

Penitentiary institution in Zwolle and Judicial medical centre in PI Haaglanden (location Scheveningen)

14. Describe the main activities of the intervention and type of service offered to the client:

Treatment in the first 3 days at the police station with therapeutic GHB. Setting the correct dose is done by the addiction doctor and the controls by the addiction nurse of Novadic Kentron. After that period the client is placed in one of the 2 justice institutions for further treatment and detoxification

15. Please briefly describe the theoretical background of the project:

GHB-addicted individuals show the Prosecution regularly to be dispatched as specialized medical care in the police or the prison is not sufficient. The Agency of Correctional Institutions, together with the police and an 2 Institutes of addiction care have developed a method (pilot) to keep the GHB addict in the police station for initial treatment and after 3 days send forward to a of the two special Institutes of justice for further treatment of the GHB addiction (detoxification)

16. How many people from the intended target group have participated in the project?

Around 15 (march 2012 - beginning of juin 2012)

17. How many of them have completed the intended participation in the project?

15

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out: may 2012
an ex-ante evaluation

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: Interim report has been provided

23. Budget:

Annual budget for the project/intervention:

Sources of funding:

☒ Prison service ☐ European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Additional Remarks:

Please highlight any specific features not covered above:

There is a lot of political pressure on this project. The prosecution and Secretary of state of the Ministry of Safety and Justice are informed and actively engaged in this project. There is also a lot of media attention.

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	2		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	7	Sum of points	10	Sum of points	3

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
20	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.8 Prevention and Treatment of Infectious Diseases

Good Practice Report Form Portugal

1. Identification of Project / Intervention

Name of project: Rebuilding the future

Starting date: January 2010

Ending date: 31st December 2012

Executive Summary

Since 1995, the GATO (Group of Support to Drug Users) has been developing projects in prison. More recently, it has been implementing the Project "Rebuilding the future", with funding from the National Coordination for HIV / AIDS, since April 2007. This project is being implemented in the prisons in Faro, Olhão and Silves, three cities in the south of the country, and includes five activities:

Individual Psychosocial Support, Psychosocial Support Group; Screening HIV / AIDS; Awareness Actions; Recreational Activities.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

GATO - Grupo de Ajuda a Toxicodependentes

Address of the responsible organisation (full postal plus email)

Rua Castilho, nº 9 – 2º andar, 8000-244 Faro.

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Gisela Marques; Tel: (+351) 289 81 31 06; Fax: (+351) 289 813 129; email: gato.gflat@gmail.com;
URL: www.gato.org.pt/?page_id=191

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Treatment for infectious diseases (an activity that target individuals with HIV/Aids or other infectious diseases and aims to improve the psychological, medical or social state of those individuals)

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

☐ Other, specify

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison
- ☒ Other, specify general prison population, using drugs or not.

b) Prevention sub-areas:

- ☒ Other, specify universal primary prevention

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Considering that the organisation intervenes in this prison context for 10 years, with different projects, the needs assessment has been made through the consecutive results of the previous projects, renewing constantly the evaluation of the interventions and the new needs observed. For this last project, the needs identified were: the lack of occupational activities; the inexistence of resources in prison able to implement the psychological and social support to inmates; the default of data and of a diagnosis considering the HIV/AIDS prevalence; the lack of screening measures in the prison; the need to follow in a proper way the several recommendations of the Ministry of Health for the intervention in prisons in what concerns to HIV/AIDS and to the prevention of risk behaviours.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

The overall objective of the project is to promote the acquisition and development of healthy attitudes and behaviours, in order to prevent HIV / AIDS and other sexual infectious diseases.

The specific objectives are: 1. Contribute to reducing the prevalence of infections not diagnosed yet; 2. Contribute to reduction of HIV / AIDS transmission and of other sexual infectious diseases; 3. To promote inmates skills in order to develop positive and responsible attitudes on the prevention of HIV / AIDS and other sexual infectious diseases; 4. To inform about and to promote the respect for fundamental rights of people infected and affected by HIV / AIDS, in the global framework of human rights; 5. Inform inmates about ways of transmission of HIV / AIDS; 6. Contribute to combating discrimination and promoting solidarity with people infected and affected by HIV / AIDS; 7. Promote the adoption of preventive behaviours, facilitating free access to condoms for prisoners; 8. Increase the access to the testing and counselling, for prisoners in entry; 9. Promote in a regular way (6 to 6 months), the repeat of HIV testing and counselling; 10. To provide the conditions for testing and counselling, when required; 11. Promote psychological support; 12. Develop personal and social skills in order to promote the autonomy of inmates for their process of social reintegration; 13. To engage inmates in the drafting / design of information material; 14. To educate for the treatment; 15. To monitor the process of support for infected inmates.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Experimental drug users (e.g. infrequent or non-persistent use)

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

☒ Individuals suffering from an infectious disease; specify

☒ Other, specify General prison population

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5

The status (e.g. nurse, psychologist etc.): A coordinator, a psychologist, a social worker, a graduate in applied social investigation, a social educator.

11. List the substances/infectious diseases addressed by the project:

The infection diseases addressed are HIV, viral Hepatitis and Tuberculosis. In a particular situation it was also addressed the Influenza A. Sometimes the theme of drugs, in general, is approached, although is not one of the main issues.

12. Describe the main substance/infectious disease addressed by the project:

Considering that this project born from the combination between the needs assessment for these prisons and the guidelines/recommendations and funding from the National Commission for the Infection of HIV, the main infectious disease addressed by the project is the HIV.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The project occurs in the region of Algarve, a region located in the south part of Portugal, and covers 3 prisons existing in the district (Faro, Olhão and Silves). These are Regional Prisons, with small capacities for occupancy.

The prison of Faro has the capacity set at 120 inmates, featuring 30 cells, 14 dormitories, a cafeteria, a classroom in the prison area and two classrooms in the outdoor containers, a gym, a library, a bar, a room for sport games and two small courtyards. Considering the clinical conditions, there is a nursing office, a medical office and a dental office. there is also a separated dormitory with a capacity of 8/10 inmates in RAVE and LDP (specific sentence measures where inmates have the possibility to work outside the prison). This prison integrates simultaneously inmates in different penalty regimes. In 2010 the prison occupancy was of 164 prisoners, 17 of them in regime of weekend detention. Throughout the year, the prison has received 169 prisoners in transit from various prisons of the country. Considering the inmates with reported drug use problems, there are about 31 persons integrated in the programme of the National Institute of Drugs and Drug Addiction, particularly in methadone programme and in counselling.

In reference to the prison of Olhão, this is specially dedicated to integrate the inmates of the region in preventive detention. The majority of inmates are foreigners, often above 50%, mainly from the PALOP, Spain, Romania and Morocco.

The prison of Silves is the smaller one, with an average of occupancy around the 59 inmates (33 condemned and 26 preventive). Considering that these three prisons are in the same region and

according to the lack of physical resources, some logistical and administrative procedures and some spaces are shared, such as the confection of meals, the psychiatry and dental services and other regular acquisition of services.

14. Describe the main activities of the intervention and type of service offered to the client:

1. Individual Psychosocial Support: Is performed weekly. Inmates in monitoring benefit of a private space that allows the expression of experiences, reflection followed on personal issues, whether related or not reclusion. Seeks for a better self-esteem and self-concept, acting as an engine to search for a healthier lifestyle, an adequate rehabilitation, and the development of personal and social skills.

2. Psychosocial Support Group: Also performed weekly, this is a space for sharing and growth among group members, where are included the dynamics of groups and educational games, and brainstorming of several issues, as well as the thematic debates. It addresses topics such as drug addiction, imprisonment, HIV / AIDS, socio-professional reintegration and requests for help in specific situations.

3. Screening HIV / AIDS: It consists of five phases. Is initially viewed a video about HIV / AIDS in its different aspects: concept, ways of transmission, prevention, discrimination. Then there is a debate about the issue and proceed to the pre-counselling, rapid testing and post-counselling. Inmates may choose all the stages of this process or choose just a few. This activity of screening HIV / AIDS, whose main objective is to make advice on prevention.

4. Awareness Actions: This activity aims to develop, according to the identified needs in each prison. The issues approached are, among others:

- HIV / AIDS; through this theme we aim to inform and to develop in prisoners proper skills to prevent HIV / AIDS, portraying all the prevention, discussing risk behaviours, testing, the relationship between disease and drug addiction, treatment and medication, relation between labour environment and AIDS, discrimination, etc.

- Citizenship and Employability; this theme aims to promote discussion and the exchange of ideas, trying to sensitize the participants for the concept of citizenship, its evolution, ethics and professional ethics, rights and duties as a citizen and worker. With the theme of employability, we intend to equip participants with the proper tools to succeed in the labour market.

- Two specific sessions were organised for the prison staff and for guards, in order to discuss the theme of Burnout; these sessions aimed at promoting the discussion of a topic so recent and so important for the professionals in the prison context, seeing as most of them consider it as a threat to their personal health.

5. Recreational activities: several activities are implemented, such as sports, theatre groups, cinema sessions, arts, etc.

15. Please briefly describe the theoretical background of the project:

For the implementation of the project activities, a very large spectrum of theoretical backgrounds and methodologies were collected and put in practice, according to the different needs identified.

In the Counselling and Early Detection of HIV Infection / AIDS, the strategies used were based on the promotion of information and awareness for inmates about infectious diseases, through the viewing of videos and distribution of brochures and answering questions. The privileged methodologies were the techniques of pre-and post-test and also the testing from HIV / AIDS.

With regard to the individual psychological support, several techniques known from the clinical method were used, such as the principles of empathic listening, the techniques of motivational interviewing to address the changing of risk behaviours and the adherence to medication or on-going treatment; the preparation for freedom was worked towards a progressive accountability and autonomy of inmates.

In terms of methodologies and intervention strategies used in the Theme Groups, there were privileged the following:

- Drama;
- Thematic Debate;
- Group Dynamics;
- Active Method, Expository, Interrogative;
- Direct observation of the participants;
- Role-Playing Techniques;
- Instructions;
- Feedback;
- Positive reinforcement;
- Generalization of results;
- Inventories of social skills.

In relation to the activity of social reintegration, being an intervention focused on preparation for a (re) integration into society, we used the following methodologies:

- Individualized psychological support;
- Technics of advice;
- Active listening;
- Empathic understanding;
- Training of social, personal and professional skills.

The recreational and educational sessions were based on the methods of art therapy. These methodologies use artistic expression as tools for the personal and social development, through three levels: recreational, therapeutic and transformative. The themes were chosen by the participants and in accordance with the objectives of the Prison Direction. In the workshops dedicated to Arts, the methodologies used were the exhibition of painting techniques, drawing and moulding for subsequent application, freely and in accordance with the individual and group needs. In the theatre are used group dynamics, theatre games, corporal expression and mainly based on the methodology of "Theatre of the Oppressed" as a tool for social intervention.

16. How many people from the intended target group have participated in the project?

A total of 297 inmates integrated the project activities (106 in the prison of Silves, 99 in the prison of Faro and 92 in the prison of Olhão). Considering the distribution of the inmates by activities: 149 made the HIV screening through the rapid test with the respective pre and post counselling; 74 accede to individual psychosocial support; 39 participated in the activities of social reintegration; 195 participated in the thematic discussion groups; 176 were involved in the recreational activities promoted by the project.

17. How many of them have completed the intended participation in the project?

There are no available data to analyse the number of inmates completing the intended participation. Considering that, on one hand, the amount of activities implemented is very high and that, on the other hand, there are many inmates in transit (preventives, transferred to other prisons, and so on) it is not possible to have strict data on completed participations.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out:

July 2012.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

The indicators used for the evaluation are: 1) number of inmates addressed by the project; 2) number of inmates reporting the use of condoms (during the pre-counselling); 3) number of rapid HIV tests and counselling moments addressed; 4) number of inmates identifying forms of HIV transmission; 5) number of condoms distributed; 6) number of information materials produced; 7)

number of information materials distributed; 8) number of guards and prison staff in the sessions developed; 9) satisfaction reported by participants of the activities developed (inmates, guards and prison staff); 10) number of inmates maintaining counselling after the release; 11) general satisfaction reported by the prison direction and by professionals, considering the project implementation.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

22. Evaluation Results:

The impact of the project "Prevention healthily" is considered positive, seeing as it was observed an increase in the number of individuals participating in the activities.

With regard to the counselling and Early Detection of HIV infection, it is observed, generally, a higher awareness and knowledge, which is related with the exponential increase in the number of counselling / screening carried out on the entry and periodically repeating the test, voluntarily.

The Individual Psychological Support, being a setting where the inmate has a psychological and emotional support, attempting to resolve their internal conflicts, it was found a significant improvement in terms of emotional and psychological stability of the prisoners who benefited from this support.

The results achieved in reference to the social reintegration, were mostly the integration in therapeutic communities and in "apartments of rehabilitation"; some inmates were also integrated in professional training courses, in several areas.

In the context of thematic groups it is found as a result the improvement of interactions among its members, sharing experiences, demonstrating a better awareness related to risk behaviours and requiring more frequently for help to intervening in psychosocial situations. There are also reported benefits in the acquisition of personal and social skills, of knowledge in different areas, in the training of social and personal skills.

Two leaflets were prepared by inmates attending the information sessions / awareness in the prison of Olhão. It was considered relevant and useful the edition and printing of this material on Hepatitis A and on HIV to disseminate to other inmates.

In Recreational and Pedagogical Activities, it was observed an increased motivation of inmates, resulting in the development of more assertive behaviours and more adaptive resolution of conflicts.

In summary, the following results were observed:

Accession to the activities, increasing the participation and motivation of the groups;

Clarification of the issues addressed in group sessions;

Increase on the capacity and time of concentration;

Improvement of creativity and self-esteem;
Development of fine motor skills;
Learning artistic techniques;
Production of materials for sale and / or exposure (ashtrays, picture frames, canvases);
Constitution of two theatre groups;
Construction and presentation of a play;
Organisation of sports tournaments with high participation;
Increasing of confidence and cooperation;
Development of individual and group autonomy;
Improvement of behaviours and attitudes in the multicultural contacts;
Healthy management of free time, instead of sedentary lifestyles and of lack of initiative.

23. Budget:

Annual budget for the project/intervention:

59.601 euros.

Sources of funding:



National government



Non-governmental organisation



Private fund

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Leaflets, posters, informative materials.

Quality Criteria for Good Practice for HIV Prevention in Viana do Castelo

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	6	Sum of points	3

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
20	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Latvia

1. Identification of Project / Intervention

Name of project: Road map for a safer life - **Latvia**

Starting date: 10/11/08

Ending date: 10/10/09

Executive Summary

At the moment there are 149 underage prisoners in Latvia which is 2.1% of the total number of all prisoners (n=7055). The majority of the minors are serving their sentence for offences against property- theft, robbery, hooliganism. HIV and other infections (TB, HCV, HBV) as well as smoking, drug and alcohol use are significant problem in Latvian prisons.

There are no specific studies on drug use among young or underage prisoners held in Latvia but according to the study carried out among all prisoners it could be estimated that in Latvia 65% of prison inmates (74% among 15-24 years old inmates) have used drugs ever in their life including 5% (3% among 15-24 years old) started using in prison. It is investigated that almost every third prisoner (31%) (32% among 15-24 years old) has used drugs while in prison. Another research shows that about 37% of inmates could be classified as PDU.

The overall objective of the project is to foster awareness among pre-release inmates from the Cesis Correctional Facility, on safe behaviour in life after prison, with a view to reducing STIs, hepatitis and HIV/AIDS among prisoners and their peers as well as promote a healthy lifestyle without addictions and the risk of HIV infection.

During the project 12 lessons programme „Protect yourself” as well as handbook of programme was developed. Within the project it was possible to undertake voluntary testing for HIV and consultation

with a doctor. During the project other activities was organized like poster competition and event “A day without drugs”. Released prisoners received a pack containing information leaflets and condoms.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

☒ International organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Latvian Prison Administration

Address of the responsible organisation (full postal plus email)

Stabu ielā 89, Rīgā, LV-1009

ievp@ievp.gov.lv

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Mrs. Inga Adamovica

inga.adamovica@ievp.gov.lv

Tel.+371 67290245

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE SYSTEM and may include arrest, charge, appearing in court, sentencing, punishment, imprisonment or release into the community (please tick those that applied):

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☐ Treatment for infectious diseases (an activity that target individuals with HIV/Aids or other infectious diseases and aims to improve the psychological, medical or social state of those individuals)

- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

d) Harm Reduction sub-areas:

- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

At the moment there are 149 underage prisoners in Latvia which is 2.1% of the total number of all prisoners (n=7055). The majority of the minors are serving their sentence for offences against property- theft, robbery, hooliganism. HIV and other infections (TB, HCV, HBV) as well as smoking, drug and alcohol use are significant problem in Latvian prisons.

There are no specific studies on drug use among young or underage prisoners held in Latvia but according to the study carried out among all prisoners it could be estimated that in Latvia 65% of prison inmates (74% among 15-24 years old inmates) have used drugs ever in their life including 5% (3% among 15-24 years old) started using in prison. It is investigated that almost every third prisoner (31%) (32% among 15-24 years old) has used drugs while in prison. Another research shows that about 37% of inmates could be classified as PDU.

In 2005 a research among inmates of the Cesis Correctional institution for juveniles has been held. In the questionnaire also questions related to the health of minors were included. Totally 100 juveniles

participated in the research. Totally the minors evaluated their health as good. Asked about the health behaviour prior to prison it was discovered that almost all minors have often smoked, half of them have used alcohol and one third- used drugs.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

Overall objective: To improve knowledge of released persons from Cesis correctional institution for juveniles about safe behaviour in order to reduce prevalence of HIV/AIDS, STI and hepatitis. Promote healthy life style and life without addictions and high risk behaviour.

Specific objectives: 1) To develop 12 lessons programme "Protect yourself" 2) to develop handbook of the programme with methodological and theoretical information as well as handouts in Latvian and Russian 3) to conduct 3 introductory lectures in order to recruit 3 groups for programme "Protect yourself" and to motivate convicted persons to receive voluntary testing and counselling on HIV 4) to recruit 3 groups with 36 convicted persons for programme "Protect yourself" 5) to prepare package with informative materials and condoms for released prisoners 6) to develop project monitoring system 7) to develop informative material about drug addiction 8) to train staff to implement programme

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Young people

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Experimental drug users (e.g. infrequent or non-persistent use)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 4

The status (e.g. nurse, psychologist etc.): Psychologist (project leader), medical doctor and 2 nurses. After the project 21 staff member was trained to implement the programme.

11. List the substances/infectious diseases addressed by the project:

All drugs

12. Describe the main substance/infectious disease addressed by the project:

HIV/AIDS, STI and hepatitis

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Project was implemented in Cesis Correctional Institution for Juveniles which is the only correction institution for juveniles in Latvia.

14. Describe the main activities of the intervention and type of service offered to the client:

During the project 12 lessons programme „Protect yourself” as well as handbook of programme was developed (one lesson is 90 min long. In one lesson not more than 20 prisoners could take part.). Within the project it was possible to undertake voluntary testing for HIV and consultation with a doctor. During the project other activities was organized like poster competition and event “A day without drugs”. Released prisoners received a pack containing information leaflets and condoms.

15. Please briefly describe the theoretical background of the project:

N/A

16. How many people from the intended target group have participated in the project?

62 prisoners took part in the project during the period from 10 November 2008 until 10 October 2009.

17. How many of them have completed the intended participation in the project?

During the project from 10 November 2008 until 10 October 2009:

39 prisoners completed the training course "Protect yourself"

44 prisoners have received voluntary testing and counselling on HIV

26 prisoners participated at poster competition

108 prisoners took part in informative event "day without drugs"

37 released prisoners received a box with informative materials and condoms

18. Evaluation Strategy - Is there an evaluation strategy for the project?



No



Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

19. Please indicate the month and year when the most recent evaluation was carried out:

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

21. Type of Evaluator (please tick the relevant box or boxes):

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: No outcome evaluation has been carried out. However process evaluation was carried out. In order to implement the project successfully the internal monitoring system was established. All activities of the intervention were monitored (quantitative indicators). The number of prisoners participated in different activities as well as the number of materials distributed during the project was collected.

23. Budget:

Annual budget for the project/intervention: 6,539.69 LVL (approx. 9 500 EUR)

Sources of funding:

- ☒ International organisation
- ☒ National government

Quality Criteria for Good Practice Report for Road map for a safer life

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				

Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	9	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>

13	Level 3 – Top Level Practice	<input type="checkbox"/>
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Good Practice Report Form Ireland

1. Identification of Project / Intervention

Name of project: Prison In Reach HIV STI Service.

Starting date: 31/01/07

Ending date: ongoing

Executive Summary

It had been identified by the Irish Prison Service that there were a significant number of prisoners in need of HIV and STI services, approximately 8 clients per week were attending St James's Hospital. Two issues arose from this fact 1. The cost of escorting staff. 2. Ensuring prompt access to services. A service level agreement was developed between St James's Hospital, A major Dublin Academic Teaching Hospital and the Irish Prison Service.

A proposal to provide a consultant led service to Cloverhill and Wheatfield Prisons is in the context of the National Aids Strategy Committee recommendations that, where referral rates and numbers justify it, consideration should be given to the development of satellite clinics within the prison system.

Due to the association between substance misuse, criminality, and prevalence of HIV and hepatitis, prisons have been responsible for a disproportionate number of referrals to HIV/Infectious Disease services. Requirements for STI services in prisons are disproportionately higher than in the general population (General Healthcare Study of the Irish Prison Population, 2000).

GUIDE Clinic St James Hospital research has identified that 1/3 of the HIV cohort attending can be linked to IV drug use as the mode of acquisition.

Prisoners requiring GUIDE Services attended the main clinics escorted by two or more staff, causing major disruption to the clinics operation. Such visits posed a significant resource implication for the Department of Justice and heighten the risk of incidents/escapes among prisoners.

The National Aids Strategy Committee have recommended that where referral rates and numbers justify it, consideration should be given to the development of satellite clinics within the prison system.

The GUIDE Clinic, having consulted with IPS Healthcare Directorate, proposed the allocation of 3 clinic sessions per week. One clinic session each in Cloverhill Prison (Remand) and Wheatfield (sentenced) complex (average daily population - c. 1,000; annual turnover 16,000) to treat HIV, Infectious Diseases and STD's and one administrative session. This allowed for the development of

weekly clinics in both complexes and would provide considerable benefits both financial and operational for the prison services.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Frances Nangle Connor

Address of the responsible organisation (full postal plus email)

Irish Prison Service HQ

Phibsborough Office

397e North Circular Rd

Dublin 7.

Ireland

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Dr Fiona Lyons, FLyons@STJAMES.IE

4. Additional Organisations involved in the project (if applicable):

Name

Dr Fiona Lyons, FLyons@STJAMES.IE

Address (full postal plus email)

GUIDE Clinic

St Jamses Hospital

Dublin 8

Ireland

5. Background and Objectives

☒ Treatment for infectious diseases (an activity that target individuals with HIV/Aids or other infectious diseases and aims to improve the psychological, medical or social state of those individuals)

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

☒ Other, specify Service available to all prisoners who might be at risk.

c) Treatment sub-areas:

☒ Other, specify Early detection of HIV & other blood bourne viruses through screening thus preventing spread of infections.

d) Harm Reduction sub-areas:

☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Prisoners coming into custody may or may not self identify as being HIV pos or in need of STI services. A routine committal health screen was provided but many prisoners would not trust sufficiently in the system to disclose their status, unless they were on medication that they needed to continue. Issues regarding a perception of a lack of confidentiality etc. because attendance at outside hospital appointments would be known by prison officers because they had to escort them to the hospital in the community. For those who did opt to attend the community hospital there was

up to a six week waiting list. Movement around the various prisons within the system could disrupt treatment regimes. The service while well intentioned was adhoc and discordinated. Attendance at outside hospital services increased the risk of bringing in contraban. Increase the risk of this client group being bullied into bringing in contraban.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention?

Overall Objective

To provide an STI/HIV inreach service at two prisons which will improve the existing service and increase accessibility.

Specific Objectives

- Prompt and timely processing of prisoner patients (i.e. the usual waiting time of six weeks would no longer apply).
- Implementation of internationally recommended standards of best practice for health care delivery to prisoners.
- Reduced cost of service provision for the Department of Justice & Equality. (see potential savings below)
- Develop vaccination and prevention programmes appropriate to this patient group.
- Eliminate risk of absconding.
- Eliminate unscheduled contacts with general public and family members in the waiting areas.
- Eradicate risk of transfer of illicit materials / substances through contact with general public.
- On-site training to existing medical support staff at each of the prisons.
- Consultant led diagnosis will facilitate a prompt response when in-hospital care is indicated.
- On-site clinics will reinstate dignity and privacy to patients seeking consultation (as officer presence will no longer be required).
- Earlier engagement of patients will result in decreased rate of complications and reduced risk of transmission.
- Increased numbers of prisoners seeking care (source: UK experience).

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:



Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Experimental drug users (e.g. infrequent or non-persistent use)
- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)
- ☒ Individuals suffering from an infectious disease; specify

10. Staff and number of people reached by project on an annual basis:

The number of staff: 2

The status (e.g. nurse, psychologist etc.): 1 Nurse 1 Consultant STI Physician The Consultant travels between prisons and there is a nurse allocated in each prison.

11. List the substances/infectious diseases addressed by the project:

HIV, Hepatitis AB vaccination programme, all sexually transmitted infections.

12. Describe the main substance/infectious disease addressed by the project:

HIV

Hepatitis

All Sexually Transmitted Infections

13. Describe the setting of the project:

This service is delivered in the Healthcare Area of the prison in a therapeutic clinical environment. The consulting room is a bright modern specifically equipped surgery in which all necessary equipment is available. The consultant physician has a dedicated computer link to St James Hospital on which she can access the hospital laboratory for results and can also access the medical notes held on patients that may have attended her service prior to imprisonment. This service is supported by other clinician such as primary care nurses, the in reach addiction specialist and the Hep C in reach specialist. Collaboration with the Red Cross Peer educators is also a feature in terms of increasing the uptake and decreasing the stigma associated with delivery of the service.

14. Describe the main activities of the intervention and type of service offered to the client:

1. Assessment.

2. Screening

3. Treatment for all STIs
4. HIV treatment, medication monitoring and review.
5. Vaccination.
6. Phlebotomy
7. Contact tracing.

15. Please briefly describe the theoretical background of the project:

Development of there service was based on evidenced needs assessment. There was pressure on prison officers to provide escorts to over 30 patients a month to specialist services. Staff shortages could often result in patients failing to attend specialist appontments. Complaints from physician regarding continuity of care were becoming more frequent. The development of this service was grounded by effective clinical risk management principles.

16. How many people from the intended target group have participated in the project?

An audit by the addiction services of their patient population demonstrated that the known viral staus of this population was as low as 2%. A colabourative initiative between the in reach addiction service, the Red Cross Voulenteer peer initiative and the HIV/STI service conducted a voulentry rapid test mass screening programme in Wheatfield and Cloverhill. This programme was widely accepted by prisoners and over 250 prisoners availed of the opportunity of rapid HIV testing over a two day period December 2011. The average throughput of the weekly clinic is 17 patients seen at each clinic.

17. How many of them have completed the intended participation in the project?

HIV treatment is an ongoing issue.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out:

December 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

1. Treatment access
2. Treatment compliance

- 3. reduction in defaulters
- 4. Service acceptability
- 5. Reduced Stigma
- 6. Improved vaccination coverage.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: The internal evaluation was carried out by medical student under the direction of the consultant.

There was better treatment access through this in-reach programme since patients could be seen on site and not have to wait for appointments and opportunities for escorts to be arranged. As part of the committal process, nursing staff are able to direct at risk prisoners to the in-reach service more effectively and quickly.

Patients who are on treatment regimes have better compliance since the opportunity to followup patients in non-compliance can be much more effectively achieved in a more timely manner through the regular in-reach clinics.

In addition, the inmate Red Cros volunteers, linked to the in-reach service operating in the two prisons have a role in encouraging compliance through peer to peer support.

The opportunity for prisoners to be seen on site by a sympathetic and dedicated team created patient satisfaction.

In terms of reduced stigma and improved vaccination coverage, there has been a significant increase in the number of prisoners being tested for HIV through a Rapid voluntary HIV testing campaign in both Cloverhil and Wheatfield prisons. This has only been possible because of the links between the In-reach service and the Inmate Irish Red Cross volunteers. Their role has been one of advocacy to encourage fellow inmates to come forward for viral testing. The impact was that only 2% of the prison populations were aware of their HIV status prior to this programme and raised to >50% of the population in both prisons. Additionally, the advocacy work of the volunteers helped to reduce stigma

and encouraged prisoners to talk about HIV. Qualitative evaluation indicated that prisoners had a new understanding of HIV and AIDS affecting how they felt about others having the disease.

There has also been an increase in the number of prisoners seeking out vaccinations for Hepatitis because of the in-reach service available on site.

The in-reach service has had a significant impact on the number of prison officers having to be tied up in escort duties. On average there are around 10 prisoners per clinic seen with the inreach clinic which adds up to around 420 patients seen per annum. This works out at about 10% of the prisoner population in Ireland. The effect of this reduction in deployment for hospital visits means that other areas of prison activity such as schools, the library and other activities could remain open, thus benefitting all prisoners.

23. Budget:

Annual budget for the project/intervention: €169,000 per annum

Sources of funding:

☒ Prison service

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

STI/HIV Project

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			

* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	2		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	8	Sum of points	3

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
22	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good practice report form The Netherlands

1. Identification of Project / Intervention

Name of project: hepatitis C guideline in detention

Starting date: 01/01/09

Ending date:

Executive Summary

Prevalence of hepatitis C is relatively high in detainees which is indicated by research. In 2008 and 2009 pilots were arranged in 3 prisons to find out the best way of enlightenment, screening, treatment and continuity of care. Knowledge from these pilots together with experiences from a number of other prisons and knowledge of chain partners are used to establish a guideline for enlightenment, screening and treatment of hepatitis C in detention. This guideline is endorsed by the assembly of prison nurses and prison GP. The implementation of the guideline runs from 1st quarter 2012 to the 3rd quarter 2012.

80% of detainees in The Netherlands are staying in detention less than 4 months. Regarding the importance of continuity of the treatment is mainly aimed at the policy of DJI for enlightenment and screening in detention. Then transfer (after detention) to a care institution in free society for treatment. Treatment will only start within detention if delay is medically liable or if the criminal remnant is longer than the duration of the treatment.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Dienst Justitiele Inrichtingen

Address of the responsible organisation (full postal plus email)

Schedeldoekshaven 101

2511EM Den Haag

d.eijkenboom@dji.minjus.nl

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

D.M.C. Eijkenboom, d.eijkenboom@dji.minjus.nl, 0031618302776

4. Additional Organisations involved in the project (if applicable):

Name

Sandra Moll: 020 555 5532 (smoll@ggd.amsterdam.nl)

Karen Lindenburg: 020 555 5436 (klindenburg@ggd.amsterdam.nl)

GGD Amsterdam

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Postbus 725

3500 AS Utrecht

0031302971100

0031302971111

info@trimbos.nl

www.trimbos.nl

Ministerie van Volksgezondheid Wetenschap en Sport

www.rijksoverheid.nl/ministeries/vws

RIVM/LOI

www.rivm.nl

NIFP

www.nifpnet.nl

Address (full postal plus email)

see above

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Treatment for infectious diseases (an activity that target individuals with HIV/Aids or other infectious diseases and aims to improve the psychological, medical or social state of those individuals)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Interventions at the stage of arrest

☒ Assistance to drug users in custody and prison

☒ After care

b) Prevention sub-areas:

☒ Selective prevention (e.g. subsets of total population)

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

☒ Other, specify enlightenment, testing, counseling, treatment and transfer to health care facility after detention.

d) Harm Reduction sub-areas:

☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Research showed that the population in detention had a much higher prevalence of hepatitis C than in the free society. Before the project started there was much ignorance at professionals about what was necessary in terms of information, possible/detection and treatment for hepatitis c. This led to a large variety in offer. because detainees are frequently transferred is a clear-cut policy of interest.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

Objective: delivering good and unambiguous care to the detainee, delivering a contribution to healthy work and life and in addition provide a contribution to the public health.

Because of the increased prevalence (estimated: 0,1-0,4% of the total population versus 2-10.7% in detention) was the need to address this structured on.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women
- ☒ Young people
- ☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Experimental drug users (e.g. infrequent or non-persistent use)
- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

☒ Individuals suffering from an infectious disease; specify Increased risk of hepatitis C (in addition to drug users) are HIV patients with other blood-blood contacts contacts have a MSM (man sex with man)

10. Staff and number of people reached by project on an annual basis:

The number of staff: >8000 (all prisons in NL)

The status (e.g. nurse, psychologist etc.): nurses, doctors, psychologists, psychiatrist and executive staff

11. List the substances/infectious diseases addressed by the project:

hepatitis C

12. Describe the main substance/infectious disease addressed by the project:

Hepatitis C is an inflammation of the liver by infection with the hepatitis virus C. The virus is transmitted by blood-blood contact. The disease can whimsically expired and if not treated, lead to cirrhosis or liver cancer. Hepatitis C rarely leads to an acute image. This means that treatment can often be postponed. Treatment is intensive and lengthy (24-48 weeks) and has many side effects. Depending on the genotype (6 different) 50-80% heals

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

pilot study in 3 prisons (Veenhuizen, Arnhem and Amsterdam)

now all prisons work according to the guideline

14. Describe the main activities of the intervention and type of service offered to the client:

A pilot is exported in 3 prisons (Veenhuizen, Arnhem and Amsterdam) to learn how detainees can best be informed, tested and treated for hepatitis C

15. Please briefly describe the theoretical background of the project:

Pilots were realized in two prisons (longstay detainees -Veenhuizen- and shortstay detainees - Arnhem-) to check out the best way of enlightening, testing and treating detainees for hepatitis c. In later authority a third pilot was added (Amsterdam -longstay-). In this pilot a close cooperation with GGD Amsterdam was accomplished. For a target group that in free society often is not eligible for treatment came because of the relentless risk behavior (alcoholism, drug use etc.).

The pilot prison staff received training about hepatitis C, enlightenment, screening and treatment (evaluation of the training in annex). The pilots had to pose for a directive for enlightenment, screening and treatment in detention of hepatitis c.

16. How many people from the intended target group have participated in the project?

during the pilot which was one year:

Veenhuizen 384, Arnhem 292, Amsterdam: only few detainees (no exact figures)

17. How many of them have completed the intended participation in the project?

all

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Completed

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out:

Evaluation of the pilots was done in 2009 and 2010. Evaluation of the guideline is planned at the end of 2013.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Training, cooperation with other organizations, time investment, barriers

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

in annex

22. Evaluation Results:

Please set out the results, to date: the evaluation showed that:

the training is a good addition to the already existing knowledge of the nurses,

importance to clear agreements and to specify tasks and roles,

enlightenment and screening it takes more time than before,

"in reach" model of expertise (medical specialist) is valuable

(annexes: evaluation pilot Arnhem and Amsterdam).

Data learned us (annex test results) that in addition to finding hepatitis C a lot of other STD were found too.

23. Budget:

Annual budget for the project/intervention: Budget for pilot and development of the guideline was € 600,000 for a periode of 3 years . This is, partly due to necessary cuts reduced to little more than € 300,000 (annex).

Claim for evaluation of the guideline in 2013 is €40.000

Sources of funding:



Prison service



European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:
annex: Guideline.

artikel medisch contact.

Onderzoek naar hepatitis C in detentie: <http://www.wodc.nl/onderzoeksdatabase/evaluatie-pilots-voorlichting-screening-en-behandeling-hepatitis-c-in-detentie.aspx>

Hepatitis C testing and treatment among active drug users in Amsterdam : results from the DUTCH-C project / C.E.A. Lindenburg, F.A.E. Lambers, A.T. Urbanus, J. Schinkel, P.L.M. Jansen, A. Krol, G. Casteelen, G. van Santen, C.H.S.B. van den Berg, R.A. Coutinho, M. Prins, C.J. Weegink ; GGD Amsterdam. Infectieziekten

In: European Journal of Gastroenterology & Hepatology; volume 23 nr. 1 (2011), p. 23-31

Hep C

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and	2

				programmes	
Specific objectives are linked to indicators	0				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				

Sum of points	6	Sum of points	2	Sum of points	4
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Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
12	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good practice report form the Netherlands

1. Identification of Project / Intervention

Name of project: TB screening in detention

Starting date: 01/07/08

Ending date: 01/03/11

Executive Summary

Previously, from 1994, all incoming Judicial detainees in the Prisons and Special Services have been screened for TB through by a chest x-ray.

Based on the opinion of the Commission for Practical Tuberculosis (CPT,= representation of TB doctors in The Netherlands) in 2008, DJI decided in 2010 that from 2011 there will be an other way to perform screening for the detection of TB in Judicial incoming detainees. This one uses the method that only after a standardized triage of the known risk associated detainees a chest x-ray is taken. If after the triage demonstrates that there is doubt about the absence of TB, than it is also possible to make a x-ray.

Measures for the modified method in the TB screening in detention to provide:

a new guideline was made in 2010 and was tested in a pilot period in 3 prisons. The intake list changed, in company provided training for the medical service and a data sheet for executive staff released. Also a number of implementation meetings for management and policy relevant persons of the sites and for physicians and Judicial - nurses.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

DJI (Dienst Justitiele Instellingen), Agency of Correctional Institutions

Address of the responsible organisation (full postal plus email)

Schedeldoekshaven 101, 2511 EM, Den Haag

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

M. Westra, medisch adviseur DJI, afdeling Gezondheidszorg

M. Eijkenboom, coördinerend adviseur afdeling Gezondheidszorg

4. Additional Organisations involved in the project (if applicable):

Name

KNCV Tuberculosefonds

CPT (commissie voor praktische tuberculosebestrijding)

GGD Nederland

Address (full postal plus email)

KNCV , Postbus 146, 2501 CC Den Haag, info@kncvtbc.nl, tel. 070-4167222

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Treatment for infectious diseases (an activity that target individuals with HIV/Aids or other infectious diseases and aims to improve the psychological, medical or social state of those individuals)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ After care

b) Prevention sub-areas:

☒ Selective prevention (e.g. subsets of total population)

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

d) Harm Reduction sub-areas:

☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Since 1994, all newly arrived prisoners in correctional institutions in the Netherlands were screened for tuberculosis through research in the mobile X-ray units.

The justification for this screening is rooted in the fact that prisoners are described as a risk group for tuberculosis. ("Policy risk for tuberculosis in the Netherlands, December 1995") This is a definition of risk that it is a well-defined population group, in a defined area is characterized by a registered TB incidence (all forms) of (more than) 50 per 100,000.

Only if there is a risk, screening is permitted from the Law on Population (WBO).

The purpose of TB screening of inmates is the detection of active TB. Positive prisoners on the screening will be treated to avoid transferring the bacteria to others.

Until 2008 the TB screening conducted by the GGD Flevoland and GGD Hart van Brabant. Since 2008, the screening of prisoners is executed by GGD Netherlands and eight (8) back-office health centers.

In 1994 was started with 17 penitentiaries, in 2009 there is a national coverage and is in all (48 different) establishments weekly screening for tuberculosis performed using the mobile X-ray unit.

In late 2007, the desire to provide appropriate care and detainees are not unnecessarily exposed to X-rays by Agency of Correctional Institutions (DJI) the question to the CPT or the current policy of screening of detainees still sufficiently effective. Research showed uw that most of the peoples who were born in the Netherlands were TB negative. The Screening Risk Monitoring Group has at the request of the CPT examined this question.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

Main purpose: The desire to provide appropriate care and detainees are not unnecessarily exposed to X-rays

Specific objectives:

- * reducing the number of chest x-rays
- * increasing the percentage of completed treatment (cure rate) of TB within the establishments

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women
- ☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Individuals suffering from an infectious disease; specify those who were suspected of TB (born outside the Netherlands, homeless, drug users, former TB patients, TB complaints, HIV positive, stay in foreign prison)

10. Staff and number of people reached by project on an annual basis:

The number of staff: > 5000 (for all prisons in NL)

The status (e.g. nurse, psychologist etc.): Nurses, doctors and piw-ers in prisons and people working at municipal health, department tuberculosis control

11. List the substances/infectious diseases addressed by the project:

Tuberculosis

12. Describe the main substance/infectious disease addressed by the project:

Tuberculosis (TB) is a bacterial infection. It is spread through inhaling tiny droplets of saliva from the coughs or sneezes of an infected person. TB mainly affects the lungs. However, the infection can spread to many parts of the body, including the bones and nervous system. Typical symptoms of TB include: coughing, weight loss and night sweating.

Three things can happen if you are infected with TB: your immune system (the body's natural defence against infection and illness) kills the bacteria and you have no further symptoms. This happens in most cases, your immune system cannot kill the bacteria, but manages to build a defensive barrier around the infection. This means that you will not have any symptoms, but the bacteria will remain in your body. This is known as latent TB and third your immune system fails to kill or contain the infection and it slowly spreads to your lungs. This is known as active TB.

Latent TB could develop into an active TB infection at a later date, particularly if your immune system becomes weakened.

With treatment, a TB infection can usually be cured. Most people will need to take a long-term course of antibiotics, which usually lasts for at least six months.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The screening of tuberculosis finds place in the Penitentiary Institute. First the nurse will fill in a screeningsform with the new detainee. After that it is decided whether there will be taken a x-ray or not. The x-ray will find place by mobile unit in the Penitentiary Institute. When the screenings x-ray is positive or there is doubt than the doctor of the department of tuberculosis control will do some other examinations (partially implemented in the penitentiary Institute, partially at the Department of the GGD)

14. Describe the main activities of the intervention and type of service offered to the client:

Chest X-ray, saliva examination, eventually therapeutical interventions

15. Please briefly describe the theoretical background of the project:

Since 1994, incoming Judicial detainees are screened for TB by making a lung picture (X-ray). However, it showed that the number of cases of TB among detainees in correctional institutions was declining. Since 2005 it fell below the national standard used for risk. TB is especially found in (illegal) aliens (in detention centers, prisons and deportation centers with criminal foreigners).

The question that DJI has been facing was whether the current tuberculosis prevention sufficiently effective and efficient and whether this policy complies with laws and regulations. In October 2007 the CPT was requested to bring an opinion about the possibility of differentiated tuberculosis screening of judicial detainees. On April 4, 2008, the CPT's opinion came out. Based on this advice DJI decided to make a policy change for the differentiated method of tuberculosis screening. In 2010 a new directive was developed and in the beginning of 2011 the new method of differentiated screening was introduced.

16. How many people from the intended target group have participated in the project?

In the evaluation period 27.347 persons were included

17. How many of them have completed the intended participation in the project?

since evaluation (number covered evaluation period)

11.869 persons got a chest X-ray

In 2011 we saw a reduction of people who were indicated for a X ray of 45%

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Current

19. Please indicate the month and year when the most recent evaluation was carried out: Period which was evaluated: February 2011- September 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Two main subjects:

1. the modified screening method (same range as the old method and the modified intent to establish an increase in effectiveness and efficiency of the TB screening in detention)

2 the implementation of the new TB screening (how is the new directive into practice and how is it experienced)

Questions:

a. is this directive clear on all points, is it followed, what obstacles occur in following the directive?

b. the determination of the scope and coverage of the various risk groups and those not eligible for screening through a chest x-ray.

c understanding the underlying assumptions for performing lung pictures in doubt

d. feasibility of triage: what obstacles arise and what improvements can be identified?

e. reliability triage: which is sufficient for cases of TB were detected outside the screening should / can be? Why not?

f. time investment of policy change: how much time spends a triage nurse at the front - and after the policy change, in its statement / reporting

g. response of executive (care) staff on policy change to what extent are they familiar with the new policy, what is the feasibility, what about their safety, workload and attitude? What problems arise so that for example the new policy does not run properly and do they have any suggestions for improvement?

h. what is the opinion of staff of the medical service of the company training and what suggestions they have for improvement?

i. what is the opinion of stakeholders on the implementation meetings organized and what suggestions they have for improvement?

j. reaction of detainees on policy change: how to assess their safety, how they have the information about the policy experience, to what extent are they on the evaluation time familiar with the policy, what are their perceived problems and what suggestions they have for improvement?

k. problems in the implementation, here are other problems than those referred to in the implementation of the triage. It relates to problems encountered in implementing the revised policy occur in the other sections.

l. if all the preconditions are met? This conditions are intended to be: is there enough time for the entire intake, the questionnaire was sufficiently clear for performers, they are sufficiently informed and trained to perform the screening, the intake is actually happening in the first week of detention, how does the consultation between doctor and nurse in doubt about indication for screening, the method of signing up for the MRU can well regulated, so anyone who has indicated actually screened?

m. due to by the CPT at high risk for TB infection in the population of addicts and homeless people should be clearer about the relationship between the nature and characteristics of this population and the incidence of TB. Upon entering prison must first be determined the incidence of drug addicts and homeless people, set against TB cases among incoming inmates who do not belong to that population.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated)

Please provide full reference for the evaluation report (when available):

not yet available

22. Evaluation Results:

Please set out the results, to date: first data show us that there is a reduction of 45% of indicated chest X ray.

Most people carry out the triage as it should be. Some traige questions are difficult to understand Time spend on the new procedure is only a little more.

Hardly any reaction from detainees. The new procedure was expected to mis 2-4 cases of TB. There were 3 more TB cases than the year before. But it's not sure that this were missed cases. ICT (patient dossier) should be simplified. The new procedure became business as usual.

23. Budget:

Annual budget for the project/intervention:

Sources of funding:



Prison service



European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Google on CPT + tuberculose + detentie

Quality Criteria for Good Practice for TB screening

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	0

* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	2		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	10	Sum of points	6

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
27	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.9 Structural Responses of Prison Health Care

Good practice report form Ireland

1. Identification of Project / Intervention

Name of project: An exploration of the effectiveness of community linking for prisoners who are released from Mountjoy Prison on methadone maintenance.

Starting date: 01/01/12

Ending date: 01/05/12

Executive Summary

This should include: Who is working with which client group; what is being done and the key features of the project. (Ideal length 300 words)

This study used qualitative methods of data collection and analysis. It involved nine semi structured interviews; six with Irish Prison Service staff and three with community service providers. The prison service staff included the coordinator of nursing services, two addiction nurses, pharmacist, medical administration and the GP in drug treatment. The community staff included a community chief pharmacist, a prison links worker and a recently retired HSE staff member who was a senior manager dealing with addiction services. A focus group was also carried out with four prisoners in Mountjoy Prison. All interviews and focus group were taped, transcribed, coded and analysed.

From the data gathered it was clear that there is effective community linking for prisoners who are released from Mountjoy Prison on methadone maintenance. Both prison and community staff saw the linking process as being effective and seamless. Exceptions to this rule were a rarity and both groups of staff saw these exceptions as resulting from external forces which the prison service has little control over. Participants in the focus group also stated that they had a seamless transition to the community with no impact on their continuing drug treatment.

However both groups of staff interviewed felt that there were improvements that could be made in the way both prison healthcare and community services communicate. Several suggestions were made as to how this could be remedied. Prison staff identified areas that needed to be addressed locally to ensure that all relevant prisoners were effectively linked to community drug treatment and community staff also suggested ways where more effective networking and communication could take place to ensure seamless through care for all prisoners who are released. The focus group participants also identified improvements that could be made locally that would ensure that all their medical needs were met on release.

This was an exploratory study with a small sample group in Mountjoy Prison from which several recommendations are made which would have policy implications and which would enhance the process of through care for prisoners who are released from Mountjoy Prison on methadone maintenance.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Irish Prison Service

Address of the responsible organisation (full postal plus email)

Mountjoy Prison, North Circular Road, Dublin 7.

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Anne Collins, Chief Nurse Officer

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ After care

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)
- ☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)
- ☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Review of Drug Treatment following a Commission Prevention of Torture Recommendation. Because problems were identified in the report of the CPT.

In the report by Dr Farrell he recommended the further review of community linking.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

Overall Objective

The overall objective of this study is to explore the effectiveness of community linking for prisoners on methadone maintenance as perceived by the Prisoners themselves who have experience of the community linking system, and professionals/administrators within both prison and community health systems.

Specific Objectives

1. Whether everyone involved in the community link process was actually being connected in reality.
2. Whether all prisoners in need of community linking were actually being linked effectively
3. Identifying how the process of community linking could be improved.
4. Make recommendations for the improvement of the service.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 4

The status (e.g. nurse, psychologist etc.):

Clerk on Temporary Release Desk, Medical Clerk, Addiction Nurse Specialists x2

CLIENTS 1000 per annum

11. List the substances/infectious diseases addressed by the project:

Cocaine, Heroin, Misuse of tablets, Methadone. HIV and blood borne diseases

12. Describe the main substance/infectious disease addressed by the project:

Methadone - Opiate substitution therapy, HIV and Hepatitis C prevention

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The prison is a 700 bedded medium/secure prison. This activity is generated out of the prison surgery of 30 staff of which 6 should be dedicated to Addiction Services.

14. Describe the main activities of the intervention and type of service offered to the client:

Arranging the transition of Methadone treatment from the prison to the social environment by engaging the community services at the most appropriate time. This provides a continuity of care which should be seamless.

15. Please briefly describe the theoretical background of the project:

It was my hypothesis that the more seamless the transition from prison to community with Methadone treatment, the less risk there would be of overdose following release. I wanted to explore the extent to which this might be true in Mountjoy and to seek ways of further improving the service.

16. How many people from the intended target group have participated in the project?

9 staff and 4 clients

17. How many of them have completed the intended participation in the project?

9 staff and 4 clients

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Completed

19. Please indicate the month and year when the most recent evaluation was carried out: May 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Analysis of interviews to identify whether linkages were occurring and the quality of them

Literature review as a benchmark

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

Thesis title

22. Evaluation Results:

Please set out the results, to date:

Overall the findings of the study were positive in that all of those consulted – prison staff, community drug service staff, and prisoners themselves – agreed that the issue of prisoner safety post-release had been clearly identified, and that community linking for prisoners being released from Mountjoy on methadone maintenance was reasonably effective. While many criticisms were expressed about the detail of prison-community linking, none of these criticisms were of a fundamental nature but were presented in terms of improving a situation which was generally deemed to be working well. Some of the criticisms related specifically to features of the prison system, such as unplanned temporary release which occurs at times in response to prison overcrowding but which make community linking difficult. Also there was a recognition that healthcare should have a role to play

in discharge of prisoners ensuring that all relevant documentation and medication is arranged and that the prisoner has the necessary upcoming appointment date to facilitate continuity of care.

POLICY IMPLICATIONS

There are several policy implications arising from this study. It was suggested that a pilot study could be carried out between the HSE and Mountjoy Prison which would assess the implications of an enhanced transfer form when prisoners are committed to prison from the community and when prisoners are released back into community care.

Local protocols may be amended to facilitate healthcare in seeing all prisoners prior to release which would have a resource implication and necessitate organizational change. To implement an effective discharge plan for every prisoner this would require further change and cross sector working. Further changes could be implemented to improve the TR process and notification.

23. Budget:

Annual budget for the project/intervention:

Sources of funding:

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

-
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- (www.irishprisons.ie)

Quality Criteria for Good Practice Report for An Exploration of the Effectiveness of Community Linking for Prisoners who are released from Mountjoy Prison on Methadone Maintenance

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	0	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	1

* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	2		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	10	Sum of points	4	Sum of points	5

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
19	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good practice report form Ireland

1. Identification of Project / Intervention

Name of project: Community Based Health & First Aid in Action in Irish Prisons

Starting date: 30/06/09

Ending date: 31/12/14

Executive Summary

Ireland was the first country in the world to introduce the Community Based Health and First Aid in Action (CBHFA) programme through special status Irish Red Cross Volunteer Inmates in Wheatfield Prison Dublin in June 2009. Following the success of this pilot, in 2010/11/12 it was extended to five other prisons and it is anticipated that it will be operating in all fourteen prisons in the Irish State by 2014

The programme was developed by the International Federation of the Red Cross (IFRC) and operates under a partnership between the Irish Prison Service, Irish Red Cross and Vocational Education Committee. It uses a unique approach to raising community health and hygiene awareness and first aid in prison communities through peer to peer education. It has also proven to build confidence and personal capacities amongst the prisoners involved in the project. Prisoner volunteers are trained as peer educators, the quality of their interventions are overseen by the project manager.

A key feature is drug addiction awareness, Harm Reduction, infectious diseases such as HIV/AIDS, Hepatitis, TB and other infectious prevalent in closely confined communities such as prisons.

CBHFA nurse/health & fitness teachers and Irish Red Cross facilitators work with the CBHFA inmate volunteers who in turn act as peer educators with the rest of the prison population. Selected inmate volunteers are trained as trainers aimed at creating self-sufficiency over time. Prisoners self select to gain entry to the programme, if they are motivated and committed to complete all the modules of the programme they will be certified as Special red Cross volunteers.

Action learning projects include teaching first aid management of drug overdose and a particular campaign aimed at warning inmates of the dangers of overdose associated with release from prison. Whilst needle exchanges are not available in prison, the information is passed on about safer practices for when prisoners are released.

Volunteers work closely with the addiction counsellors in each prison assisting in clinic management and encouraging inmates into the programme. The emphasis on all volunteer work in relation to drug addiction is with Harm Reduction.

The link between drug addiction and infectious diseases such as HIV/AIDS, Hepatitis and other sexually transmitted infections associated with risky behaviours is targeted within the modules of the course manual.

A partnership developed between a local hospital and the project facilitated a mass voluntary HIV rapid testing campaign in two prisons which resulted in an increase of known viral status from only 2% to over 50% of the prison populations. Qualitative evaluation also indicated that there was a significant reduction in stigma and prisoners willingness to talk about HIV/AIDS as a result of the engagement of the prison community in this project.

Volunteers learn about and carry out landing level awareness about hygiene, cleanliness and disease prevention. This includes proper handwashing techniques and ongoing TB awareness/vigilance campaigns that include sneeze/coughing etiquette and stigma reduction.

The programme also targets violence in prisons with a key project on a weapons amnesty and awareness to reduce or remove cutting weapons from prisons linked to advocacy around the seven Red Cross Humanitarian Principles. This is important because of the links between illicit drugs and the potential for violence.

Evaluative studies have shown that there is higher impact of community awareness because the information is provided by prisoners rather than healthcare staff who are often perceived as part of the prison management.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Frances Nangle, Coordinator of Nursing

Address of the responsible organisation (full postal plus email)

Irish Prison Service

Longford

Ireland

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Graham Betts-Symonds, IPS Programme Manager, CBHFA in Prisons

GxBetts-Symonds@IRISHPRISONS.IE

+353 85 829 5734

4. Additional Organisations involved in the project (if applicable):

Name

Lydia O'Halloran, IRC Programme Manager

Address (full postal plus email)

Irish Red Cross

16, Merrion Square

Dublin 2

ohalloral Lydia@gmail.com

+353 87 9808277

Stephen O'Connor, Organiser of Prison Education

City of Dublin Vocational Education Committee,

Teachers Centre, Mountjoy Prison,

North Circular Road

Dublin 7

sjoconnor@ipsedu.ie

+353 87 283 1955

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)
- ☒ Other, specify Violence reduction including weapons amnesty to reduce the number of cutting injuries

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Other, specify Assistance and aftercare for prisoners with drug use problems is provided by Red Cross peer educators by providing an advaocacy service and also increasing awarness of services available in addition to encouraging prisoners to access services.

b) Prevention sub-areas:

- ☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)
- ☒ Other, specify Tuberculosis awareness and symptom recognition/prevention of spread. Encouragement with Direct Observation Therapy (DOT).

c) Treatment sub-areas:

- ☒ Other, specify Drug Counselling - involvement of volunteers in promoting the Counselling service and assisting in directing suitable candidates for assistance.

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Measures to combat violence
- ☒ Measures for safer tattooing and piercing
- ☒ Other, specify Violence reduction, weapons amnesties and reduction of cutting weapons within the prison.

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

There are over 4000 prisoners in custody in Ireland within 14 State prisons. Whilst there is healthcare in each one, it has been difficult until this project to make real impact at prisoner community level in terms of basic health education/health awareness which includes Drug Awareness and Harm Reduction. Health Care in prisons has been going through a change in philosophy from being reactive to a proactive, preventive culture and this project has been key to moving this forward at community level. Prior to this project there was no prisoner peer to peer health awareness which appears to be the key to making a difference in prisons. Within the course manual, a needs assessment is conducted as module 3 of the programme.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

The Overall Objective of the project is to create a cadre of inmate Irish Red Cross volunteers as peer to peer educators in all 14 prisons in Ireland to promote health education/awareness, first aid and Red Cross humanitarian principles advocacy.

Specific Objectives include

1. At least 10 Volunteer inmates in each prison are trained in the Community Based Health and First Aid in Action approach to community health awareness and first aid.
2. Volunteers identify, in collaboration with healthcare personnel, the main health problems in specific prisons.
3. Inmate volunteers undertake community based projects based on the needs assessment, aimed at reducing key health problems within the prison community.
4. Inmate volunteers carry out practical awareness about 7 Red Cross Humanitarian Principles in the prison setting. These are: Humanity, Impartiality, Unity, Independence, Voluntary Service, Neutrality and Universality.
5. There is an improvement in basic health, hygiene and safety within the prison environment including proper handwashing techniques and sneeze/coughing etiquette.
6. Campaigns are conducted that increase awareness about the dangers of drug addiction, needle-sharing, tattooing/piercing, overdose risk on release from prison focusing on Harm Reduction.

7. Projects are being operated in partnership with Merchant Quay Ireland (MQI) to assist in better access of the prison population to drugs counselling services.
8. There is evidence of changed thinking amongst inmate Irish Red Cross volunteers about their goals, identity, beliefs and values, capabilities, behaviours and living environment that indicate personal empowerment.
9. There is evidence of a sense of community being fostered through the Red Cross CBHFA in Action approach within each prison.
10. Inmate volunteers are promoting mental health first aid within the prison community.
11. There is evidence of a reduction in the number of prisoners smoking through the Smoking Cessation project run by the inmate Irish Red Cross volunteer facilitators.
12. The inmate volunteers, in partnership with prison management, will advocate for a weapons amnesty linked to promotion of the Humanitarian Principles leading to a reduction in cutting weapons, thus leading to less cutting incidents within the prison.
13. Red Cross inmate volunteers promote the Alternative to Violence programme within specific prisons where it is available.
14. There is a reduction in the prisoner consumption of paracetamol through a Red Cross inmate volunteer campaign about the dangers of excessive consumption.
15. Inmate volunteer peer educators improve awareness around HIV/AIDS, TB, Hepatitis, and other communicable disease prevention along with direction to healthcare providers where appropriate.
16. Linked to HIV/AIDS and TB awareness, there is a focus on reducing stigma amongst the prison population.
17. Volunteers conduct relevant non-equipment-based first aid awareness and instruction on landings including accidental drugs overdosage, within the prison community for first responding prior to the arrival of healthcare staff.
18. Women's health issues are promoted within the female prison.
19. Projects are implemented that assist new inmates entering the prison to adapt more safely to their new environment of living, providing emotional and practical information support.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women
- ☒ Young people
- ☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)
- ☒ Individuals suffering from an infectious disease; specify HIV/AIDS

10. Staff and number of people reached by project on an annual basis:

The number of staff: 2 core staff who travel to all prisons

The status (e.g. nurse, psychologist etc.): 1 x Nurse Manager, 1 x Red Cross Project Manager

Additionally in each prison site a specified nurse, teacher and interested prison officers will work with the programme as part of their general duties but not exclusively in the CBHFA programme

Prisoners reached = 2056 prisoners will have had intervention from programme participants. The average number of Red Cross Prisoner volunteers in one prison at any one time is 20.

11. List the substances/infectious diseases addressed by the project:

HIV/AIDS, TB, Infected leg ulcers, Flu (seasonal/swine flu), Hepatitis, STI's

Misuse of Cocaine, Methadone, Amphetamines, Benzodiazepines

12. Describe the main substance/infectious disease addressed by the project:

As above

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Each prison is divided into sections called Divisions/Landings on which there are specific units containing cells that accommodate from 1 to 3 people and on occasions 4 people. For the purposes of this programme, which is a global Red Cross community programme designed for external communities, the following is defined:

- Divisions/Landings are like neighbourhoods
- Units are like streets
- Cells are households

Each prison has a prison school and classes for teaching CBHFA to inmate volunteers is sited here in each prison. The awareness campaigns/health education is carried out within the prison community on the landings, within the units and on a person to person basis at cell level.

Some prisoners are on what is called 23 hour lock-up, which means they are not allowed or do not choose to associate with other prisoners for various reasons. In these cases, inmate Red Cross volunteers are permitted to visit them personally in their cells so that they are not disadvantaged.

Other places for the promotion of awareness/information is in recreational areas and within the school area.

14. Describe the main activities of the intervention and type of service offered to the client:

The main activities include focus groups, information sessions, poster promotion, surveys that not only gather information but also trigger curiosity and one-on-one discussions

15. Please briefly describe the theoretical background of the project:

The theoretical background to the approach used in this CBHFA project is action learning and learning by doing'. The programme content and process is linked to two theoretical models called The Needs for Living and Living Through Time.

The content model consists of six factors that are the key needs for living at any organizational level from individual to the entire community. These are

Health, Shelter, Food & Nutrition, Safety & Security, Water & Sanitation, Livelihoods. In the model these are arranged in a hexagonal shape with all factors joined to each other indicating that each one affects the others and that a lack of access to one will lead to changes in all the others. Conversely, if one aspect of the needs for living can be improved, then all aspects of living can be positively affected.

The Process Model of Living through Time consists of another six factors which are about how we think. They are our Goals, Identity, Beliefs and Values, Capabilities, Behaviours and the Environment in which we live. These are also arranged in a hexagonal shape with all points interconnected indicating that changes in any one will lead to changes in some or all of the other factors.

Theoretically, if the programme can affect (for example) a prisoner's beliefs and values about a health issue, then it is likely that his capabilities and behaviours may change, thus changing how he experiences the environment in which he is living. Equally, if prisoners can be persuaded to change a behaviour that he then sees the benefit from, it may change his attitude and beliefs about proactive health awareness activities.

Facilitating methods used have also included ideas from neurolinguistics which have the effects of engaging learners through curiosity, intrigue and in a way that encourages discovery and induces empowerment. These methods are also linked to time metaphors and the use of the process model 'Living Through Time' which are particularly effective at assisting in belief changes that in turn affect behaviour change. The other key theoretical underpinning of the approach of this project is that prisoners are more likely to listen and act upon what other prisoners say and do, rather than nurses or doctors who are often perceived as part of the prison management.

16. How many people from the intended target group have participated in the project?

At present the project has been operated in 6 out of the 14 prisons in the State, 178 volunteers (peer educators) entered into the CBHFA programme course since its inception in June 2009. It is estimated that circa 2056 prisoners have benefitted from exposure to the health education/awareness provided by those 178 trained inmate Irish Red Cross volunteers.

17. How many of them have completed the intended participation in the project?

96 prisoners completed the course at the time of writing, there are a further 30 who are due to graduate in Jan 2013. Attrition was expected in some prisons more than others, for example it has been more difficult to engage women prisoners, in addition example, in Remand prisons the turnover of prisoners is quite fast and it was necessary to select prisoners carefully who were likely to be in long enough to complete the course. Whilst this was done, there were inevitably a number of prisoners who were transferred unexpectedly following court appearances and sentencing to other prisons. Since the programme is operating in a number of prisons, it was possible in some cases to slot prisoners into the CBHFA programme in the sentenced prisons to which they were sent where they could finish the course.

There are two prisons in which the programme is operating that are classed as open or semi-open prisons. These prisons are used for those who are due to be released and have completed the bulk of their sentences. Some attrition in these prisons was due to early or Temporary Release.

Out of the prisoners who left the programme, only a few did so because they found it was not what they wanted to do. Most were because due to transfer, temporary or early release.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Completed

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out:

November 2010

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

An indication that the project has contributed to the relevant parts of the Irish Prison Service (2004) Health Care Standards.

Number of prisoners exposed to the awareness activities

The extent to which prisoner family members have also been affected through prisoners passing on information to relatives.

Number of prisoners availing of voluntary HIV testing in prisons in which it is being operated.

The state of cleanliness/hygiene within each prison and the presence of awareness materials/posters around the prison.

The presence of an active Community Health Committee.

The appropriateness of the awareness projects undertaken linked to the needs assessment undertaken in Module 3 of the CBHFA course manual.

The extent to which prisoners are aware of the Irish Red Cross project within the prison.

The value of the project from the prisoners perspective

The value of the project from the perspective of the Governors and Discipline staff

The value of the project from the perspective of the school education services.

The value of the project from the perspective of the healthcare department in each prison.

The value of the project form the perspective of the Drug Addiction Counsellors.

The value of the project to the Irish Red Cross and the International Federation of the Red Cross.

The extent to which there has been personal change within individual inmate Red Cross volunteers indicating personal empowerment and improved confidence in themselves.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Both internal and external evaluator

Please provide full reference for the evaluation report (when available):

Community Based Health and First Aid in Action Three Year Evaluation Report 2012, Irish Prison Service - will be available in December 2012

Please note that there is a one year evaluation report on the pilot project at Wheatfield Prison undertaken in 2010 and and interim evaluation report as a lessons learned exercise for 2011. These are referenced below.

22. Evaluation Results:

Please set out the results, to date: NB. This evaluation was the evaluation of the pilot project in one specific prison in the Irish Prison Service between September 2009 and September 2010. The programme now is in 6 prisons and includes all elements of Harm Reduction that was limited in the pilot programme. The impact of the Harm Reduction elements of the project will be addressed in the 2012 3 year evaluation available in December 2012.

Main Findings in 2010

1. Hygiene and cleanliness has notably improved as shown by audits, prisoner community and staff comments.
2. A formalized twice monthly hygiene and cleanliness audit system has been implemented throughout the prison.
3. The Irish Red Cross inmate volunteer group has ensured that all equipment and materials needed for proper cleaning of the landings is now available.
4. The known HIV status of the prisoner community has improved from only 2% to 56% through the HIV Testing initiative as part of a CBHFA project.
5. There has been a significant change in the way that the subject of HIV AIDS and PLWHV are accepted among the prisoners. Interview of the prisoner community after the HIV Testing project showed that the project provoked discussion and brought the subject into the open.
6. CBHFA in Action has resulted in the formation and functioning of a local Community Health Committee which is instrumental in driving projects.
7. A major health problem (smoking) is being addressed through a smoking cessation programme that is a partnership in which the Irish Red Cross inmate volunteers support community smoking cessation groups and the doctor prescribes medications for stopping smoking.
8. Operational alliances between the Irish Prison Service and other relevant departments/organizations have been created such as with the Irish Red Cross, City of Dublin VEC, St James Hospital, Health Service Executive (HSE) Health Education in order to undertake special projects that serve all partner interests
9. Prison management report marked improvement in the behaviour of certain prisoners who have been involved as Irish Red Cross Inmate Volunteers.
10. Prisoners actively involved as Irish Red Cross Inmate volunteers in Wheatfield may be advantaged when it comes to seeking parole and later in securing jobs upon release.
11. Irish Red Cross inmate volunteering is having a positive effect on improving interpersonal relationships in the prison and has the potential to instill good citizenship for the future.
12. IRC Inmate CBHFA volunteers work closely with, and sometimes as part of, other projects such as the Listeners Project (linked to the Samaritans) and the Alternative to Violence Programme in the Prison (AVP).
13. Wheatfield Prison is regarded as one of the cleanest in the State.
14. Only ten out of fifteen volunteers completed the CBHFA programme due to the unexpected transfer of certain prisoners to other penal institutions. This problem has now been rectified through central management.

15.Evaluation of the programme identified that despite very good senior management sensitization to the project, teachers and prison officers on the ground were not well enough informed and this needs to be addressed in future programmes.

16.Fifty prisoners are successfully managing their own medications in a Medications In-Possession Project in which IRC inmate Volunteers were supporting the community.

17.The Community Tools module provided with the CBHFA Training Pack has been of limited use in a closed prison community. This is because there are different priorities in an all-male prison in western society. As recommended by the International Federation of the Red Cross and Red Crescent Societies, National Societies may need to create their own and this was successfully done by the volunteer group and produced by the Prison Print Shop.

18.The IRC volunteer inmate Group recognized the multi-cultural nature of some of their community and used their own linguistic assets (Russian bi-lingual CBHFA volunteer) to produce materials and messages in Russian.

19.The practice of first aid in the prison community was weak because of the difficulties of providing first aid kits in the prison community (security and self harm risks described in challenges section).

20.Teaching about the use of condoms has been limited due to the reluctance for security staff to allow condoms to be freely available in the prison. Despite this information was provided for use on release from prison

21.The concurrent activities of classroom learning AND the implementation of projects is well able to work and there is no reason to wait until the course has finished to begin working on projects.

22. Drug Addiction and Harm Reduction topics were provided as part of the CBHFA programme content. Community activities including first aid management of overdose, needle exchange, risk of over dosage on release from prison and HIV/AIDS links is being further developed in 2011/12.

22.There is good evidence that prisoners listen more to other prisoners than to medical or nursing staff about health matters.

23.Planning for the re-organization of Primary Health Care Services at Wheatfield with intensive prisoner community education by Irish Red Cross inmate volunteers has been undertaken and will be implemented in November 2010.

23. Budget:

Annual budget for the project/intervention: Euro 100,000

Sources of funding:

- ☒ Prison service
- ☒ Non-governmental organisation
- ☒ Other, specify Community Foundation for Ireland

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Community Based Health and First Aid in Action Evaluation Report 2010, Irish Prison Service.

Community Based Health & First Aid in Action Evaluation Report 2011, Irish Prison Service.

Community Based Health & First Aid in Action in Irish Prisons Lessons Learned Workshop Report 2011

Front web page of the International Federation of the Red Cross and Red Crescent Societies in Geneva DATE: August 2011

Irish Times Feature article - DATE: July 2011

Case Studies: Community Based Health and First Aid, IFRC 2012.

Celebrating Irish AIDS Day Through HIV Awareness, Antistigma and Mass Voluntary

Rapid HIV Testing in a Prison Community - An Operational Alliance between the Irish

Prison Service, Irish Red Cross inmate CBHFA Volunteers, Vocational Education Committee and the GUIDE Clinic, St James Hospital, Dublin. August 2010

Community Based Health & First Aid in Action in Irish Prisons Lessons Learned

Workshop Report 2012 - available in September 2012

Morning Ireland Radio Programme March 2012

Community Based Health and First Aid in Action Evaluation Report 2012, Irish Prison Service - available in December 2012

Additional Remarks:

Please highlight any specific features not covered above:

Winning of the WHO Health Education in Prisons Award, Italy, 2011.

Winning of the Irelands Healthcare Innovation Awards, 2012, Dublin, Ireland

Quality Criteria for Good Practice Report for Community Based Health and First Aid in Action

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with	2

				other services and programmes	
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	4	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				

Sum of points	10	Sum of points	6	Sum of points	7
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Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
23	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Lithuania

1. Identification of Project / Intervention

Name of project: The primary assessment

Starting date: 01/04/10

Ending date: 31/08/12

Executive Summary

The primary assessment is an important work to help the convicts. When the new convict arrives an initial assessment is done. Firstly, a convict is assessed by physicians. In case of complaints, and found that there are withdrawal effects, they are laid in the Prison Hospital psychiatric department. Here within 1-2 weeks of physical withdrawal signs are removed and sentenced people are prescribed from the hospital to the institutions where services are provided by institutions working in health care services by physicians, psychiatrists, psychological and social rehabilitation services department. Also every new to the office arrested or convicted person has a psycho personality assessment done. The assessment contains of personality characteristics evaluation and identification of the problematic range of dependency problem. Later on, convict is recommended by various social - psychological programs. Psychological services professionals in 2011 third quarter had 36 different psychological programs focused on emotional management, conflict resolution skills, communication skills, the ability to refuse drugs / alcohol, syringes usability, safety sexualinio life lessons, etc. This program is carried out in all Lithuanian prisons.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Vilnius Correction House

Address of the responsible organisation (full postal plus email)

Rasų str. 8, Vilnius, Lithuania, LT-11560.

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Emilija Baltrūnaitė, Irena Maskolaitienė, Česlavas Laikovskis. (emilija.baltrunaite@gmail.com)

4. Additional Organisations involved in the project (if applicable):

Name

Prisons Department of Lithuania

Address (full postal plus email)

L.Sapiegos str. 1,

Vilnius, Lithuania, LT-10312

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

☒ Other, specify (this intervention is to evaluate the newly arriving convicted of health, emotional well-being and observed a direct dependence treatment)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

It should be noted that drug users are infected much more often by dangerous transmissible diseases, including HIV. Currently in prison considered to be 394 HIV-infected persons.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the overall objective (the main purpose of the project – the solution or modification of the stated problem) and the specific objectives (measurable statements regarding the desired outcome of the activity):

The main objective of this intervention is to assess the sentenced health and emotional well-being. Professionals are working with each newly arrived convict by doing interviews and several of other tests. It is also important to determine whether the convicted person is addicted to psychoactive substances or is suffering from infectious diseases. After the evaluation the main efforts are to provide the necessary first aid, and if found to be dependent on psychoactive substances, he is motivated for treatment.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 30

The status (e.g. nurse, psychologist etc.): Doctors, psychologists and social workers

11. List the substances/infectious diseases addressed by the project:

The prevalence of infectious diseases, the most common use of drugs.

12. Describe the main substance/infectious disease addressed by the project:

The main substances (drugs): Opioids, Kanabinoids, Sedatives AND/OR Hypnotics, Cocaine, Stimulants, Hallucinogens, Volatile substances and Several drugs.

Diseases : hepatitis A, hepatitis B, hepatitis C, HIV, AIDS.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Initial assessment is carried out in houses of correction. Newly arrived convict are assessed by health, psychological and social rehabilitation services. Firstly, he is examined for the diseases such as hepatitis A, B, C, HIV, AIDS, tuberculosis and others. Later, psychologist assesses the convict of the emotional state of dependence on psychoactive substances, motivation for treatment, self-harm history, social relationships, communication skills, impulsivity, and so on.

Drug Abuse ways in places of detention 82.9% - injection, 7.1% - Pero, 6.7% - inhalation, 3.3% - sniffing.

14. Describe the main activities of the intervention and type of service offered to the client:

The main objective is to motivate people to be treated for addiction, introduce diseases, detoxification.

Initial estimate last for the first week when convict arrives. Every professional who assesses the offender uses various forms of assessment (interviews, tests, blood sampling, general health check), including drug addiction diagnosing. With the motivation of dependence treatment, screening for participation in the rehabilitation group is carried out. Screening is required in order to shortlist only those inmates who are committed to and are motivated to change.

15. Please briefly describe the theoretical background of the project:

The fundamental principle - thinking and behavior correction.

16. How many people from the intended target group have participated in the project?

~90

17. How many of them have completed the intended participation in the project?

of ~90 prisoners, 25 was motivated for treatment.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 2012 08

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Motivation for treatment, the desire to learn about transmitted diseases, attendance of introductory group.

21. Type of Evaluator (please tick the relevant box or boxes):

☒

Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: Initial evaluation does not present significant evaluation results. They only observe an increasing motivation for treatment, especially those convicts who repeatedly return it the house of correction.

23. Budget:

Annual budget for the project/intervention:

Sources of funding:

☒

Prison service

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:
<http://www.kalejimudepartamentas.lt/default.aspx?item=home&lang=1>

<http://www.stat.gov.lt/lt/>

<http://www.vilniauspn.lt/>

<http://www.lavl.lt/>

Additional Remarks:

Quality Criteria for Good Practice Report for The primary assessment

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0

* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	8	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
12	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Slovakia

1. Identification of Project / Intervention

Name of project: Drug-free zone

Starting date: 27/03/12

Ending date:

Executive Summary

The activity of drug-free zones in prisons is ensured by a pedagogue, psychologist, social worker and medical staff of the individual prison who are included in trainings of programs focused on work with drug-dependent clients. Other institutions (County office of labour, social affairs and family), voluntary associations, church and charity institutions can cooperate in the treatment.

To drug-free zones is placed that prisoner who has not dealt with drugs, has not used drugs or has used drugs but at this moment he/she is motivated to abstinence and willing to conform to the rules of the drug-free zone; also the prisoner who successfully passed the voluntary treatment of drug dependence and anti-alcohol treatment or the protective treatment imposed by court.

The treatment aim in drug-free zones is to lead the prisoners to the opinion that toxicomania is one of the possible factors that causes the criminal activity and rise of personal problems and lead him/her so that he/she can in a rational way solve and cope the life situations without any drug. The treatment is focused on the primary prevention of prisoners who have not used drugs but regarding the tendency to conformity in these circumstances he/she can be considered as high-risk; and on secondary prevention for those who have used drugs and the risk of the recurrent use of drugs impends.

Stress in treatment is put on using the group forms of treatment that are focused on preventive anti-drug programs. Group counselling, social learning, relaxation, club activities of interest, cultural or sports orientation are applied in group treatment forms. Treatment program in drug-free zones is focused on prisoner's adaptation on conditions of prison sentence execution, rational problem solving, change of opinion on oneself, society, its values and norms, revaluation of attitudes to the committed crime and imposed sentence, evaluation of the behaviour and its change mainly in connection with the use of drugs. In drug-free zones spatial and material conditions are created that ensure the prisoner an active spending of his/her free time (e.g. sports, interest activities).

Prisoners undergo personal searches and ordered measures in order to prevent the production or harbouring of drugs or alcohol and in order to find out the use of drug or alcohol. If the prisoner is tested positively on one of these substances, he/she is excluded from the drug-free zone.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Corps of Prison and Court Guard

Address of the responsible organisation (full postal plus email)

1, Šagátova St.

813 04 Bratislava

Slovakia

e-mail: petra.mrvova@zvjs.sk

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Róbert Vavro

robert.vavro@zvjs.sk

+421.2.208.31.303

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

b) Prevention sub-areas:

☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

In prisons there is a risk that the prisoner who did not use drugs in the past will gain experiences with drugs under the influence of more dominant individuals who are motivated to use drugs also in conditions of prison sentence execution; or that the prisoner who used drugs and undertook the treatment and is abstaining at the moment will repeatedly relapse in prison environment.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

The universal aim of the drug-free zones' establishment is to lower the risk factors of access and contact of prisoners with narcotic substances, psychotropic substances and their antecedents, alcohol beverages with the aim to ensure optimal conditions for psychical, social and physical development of prisoner's personality by enforcing anti-drug programs. Specific objective of inclusion to a drug-free zone is to hamper the prisoner the contact with drugs and alcohol, to lead him/her to the opinion that toxicomania is one of the possible factors that cause criminal activity and origin of personal problems so that he/she him/herself can in a rational way solve and cope with life situations without drugs. Treatment is focused on facilitation of prisoner's adaptation on prison sentence execution conditions, rational problem solving, change of opinions about oneself, society, its values and norms, revaluation of attitudes to the committed crime and imposed sentence, evaluation of the behaviour and its change mainly in connection with the use of drugs.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women
- ☒ Young people
- ☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)
- ☒ Other, specify Those who have not used drugs in the past.

10. Staff and number of people reached by project on an annual basis:

The number of staff: 58

The status (e.g. nurse, psychologist etc.): pedagogue, psychologist, social worker, medical staff, psychiatrist, regime officer, prison chaplain, prison pastor

11. List the substances/infectious diseases addressed by the project:

Generally: narcotic substances, psychotropic substances, their antecedents and poisons, alcohol

12. Describe the main substance/infectious disease addressed by the project:

Generally: narcotic substances, psychotropic substances, their antecedents and poisons, alcohol

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Division (a group of prisoners) within a prison; In an open unit it can be established as one organisational unit.

14. Describe the main activities of the intervention and type of service offered to the client:

Using the group forms of treatment that are focused on preventive anti-drug programs. Group counselling, social learning, relaxation, club activities of interest, cultural or sports orientation are applied in group treatment forms. Prisoners undergo personal searches and ordered measures in order to prevent the production or harbouring of drugs or alcohol and in order to find out the use of drug or alcohol. If the prisoner is tested positively on one of these substances, he/she is excluded from the drug-free zone.

15. Please briefly describe the theoretical background of the project:

In prison environment there are individuals who used, presumed or were addicted to drugs or alcohol in the past. As in this environment criminally disturbed personalities are massed, there is a presumption that they will try to produce or gain psychotropic substances, drugs, medicines or alcohol also in these conditions so that they can use them further or trade with them.

Drug-free zones were created as a space of higher protection for prisoners with presumption of failing and relapsing when being under pressure of more dominant prisoners or using drug or alcohol under pressure of their life situation. In drug-free zones searches for finding illegal substances also with the help of service dogs are performed, as well as takings of biological materials; prisoners are informed ahead about it and they have to agree with this condition prior to their entry into the zone. They know that when a forbidden substance is found or its use is confirmed, they will be excluded from the zone and further sanctions will be applied against them. This fact in itself has a preventive potential.

Drug-free zones are focused not only on preclusion of access to drugs and alcohol but thanks to the lower number of prisoners in the unit than in a standard unit a more intensive treatment - mainly the pedagogue and psychologist organize more group treatment forms which aim is to positively influence prisoners' personalities, opinions, values and interests. Apart from this prisoners are enabled large-scale cultural-enlightening activity as well as above standard possibilities of aesthetization of spaces that positively influence the managing of stress connected with staying in prison.

16. How many people from the intended target group have participated in the project?

332 - in the year 2011

17. How many of them have completed the intended participation in the project?

331 - in the year 2011

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: January 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Number of prisoners included to drug-free zones.

Number of performed activities:

- group activities, e.g. social-psychological training,
- cultural-enlightening activities, e.g. lectures.

Number of prisoners who participated in the individual activities.

Testing for presence of drug or alcohol use:

- number of performed searches or taken samples,
- number of seizures.

Number of excluded from drug-free zones:

- from the reasons of drug or alcohol seizure or their use,
- from other reasons.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date:

23. Budget:

Annual budget for the project/intervention:

Sources of funding:



Prison service



European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report Drug-free zone

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	0	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0

* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	9	Sum of points	0	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
13	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Italy

1. Identification of Project / Intervention

Name of project: "Good Guys"

Starting date: 01/09/09

Ending date: 01/09/12

Executive Summary

The project "Good Guys" ("Bravi Ragazzi") is carried out by the Coop Lotta Contro l'Emarginazione Sociale Onlus, a social association working the Milan area.

The project is addressed to the drug users in prison that may take advantage of the probation measures (as an alternative to imprisonment). The project "Good Guys" plans that the detainees with drug use problems that may profit by a probation measures (with conviction less of six years) may be included in a specific residential program of the therapeutic community "Addiction Center" at Lacchiarella, Milan. The participation of the patients on the programme is on voluntary basis.

The residential program for people on probation is based on a cognitive behavioural approach and its main aims are:

- i. to prevent the relapse prevention both in drug use and crime;
- ii. to support the social rehabilitation.

The project is yet ongoing and from the beginning of the project 19 detained drug users were included in the residential programs of "Addiction Center". Of them 12 completed successfully the programs.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Riccardo De Facci, PhD

Address of the responsible organisation (full postal plus email)

Cooperativa Lotta contro l'Emarginazione

Via Felice Lacerra, 124

20099 Sesto San Giovanni - Milano

riccardo.defacci@cooplotta.org

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Sidhartha Canton, PhD

Addiction Center

Via Liguria, 1

20084 Lacchiarella - Milano

phone: + 39-02-90032055

fax: +39-02-9007004

sidartha.canton@cooplotta.org

4. Additional Organisations involved in the project (if applicable):

Name

=

Address (full postal plus email)

=

5. Background and Objectives

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Alternatives to prison (e.g. treatment rather than imprisonment)

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

☒ Reduction of overdoses

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The project is able to increase the low offer in the Milan area of specialized residential programs for detained drug users.

The project may be able to implement in detained drug users:

- i. coping skills;
- ii. social/interpersonal skills;
- iii. communication skills;
- iv. identity, value consolidation
- v. affect identification/regulation
- vi. self-efficacy and external locus of control
- vii. pro-social network and role models

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

In detained drug users the main purpose of the project are:

- i. to reduce drug use and overdose;
- ii. to avoid recidivism in crime;
- iii. to find at the end of the program a home and a work

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 10

The status (e.g. nurse, psychologist etc.):

2 Psychologists

8 Educators

11. List the substances/infectious diseases addressed by the project:

Heroin, Cocaine, Alcohol, Cannabis and/or Club Drugs

12. Describe the main substance/infectious disease addressed by the project:

=

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The setting of the project is a Therapeutic Community that sleeps 12

14. Describe the main activities of the intervention and type of service offered to the client:

The main activities of the residential program include five elements:

- behaviour management/shaping;
- emotional/psychological
- intellectual and spiritual
- vocational /survival skills
- medical management

15. Please briefly describe the theoretical background of the project:

The Therapeutic Community may be the ideal drug-free environment where drug users on probation may live together in an organized and structured way in order to promote change and make possible both a free drug and crime life in the outside society. In particular for this kind of people the therapeutic community may form a sort of miniature society in which residents, and staff in the role of facilitators, fulfil distinctive roles and adhere to clear rules and to the law, all designed to promote the transitional process of the residents.

16. How many people from the intended target group have participated in the project?

19

17. How many of them have completed the intended participation in the project?

12

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out: July 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

i. drop out;

ii. drug use;

iii. crime recidivism

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

=

22. Evaluation Results:

Please set out the results, to date: =

23. Budget:

Annual budget for the project/intervention: euros 45,000 per annum

Sources of funding:

☒ Regional authorities ☐ Community authorities

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

1. Friedmann P.D. et al., 2012. Medication-assisted treatment in criminal justice agencies affiliated with the criminal justice-drug abuse treatment studies (CJ-DATS): availability, barriers, and intentions. Subst. Abus., 33: 9-18;

2. Perry A.E. et al., 2009. The effectiveness of interventions for drug-using offenders in the courts, secure establishments and the community: a systematic review. *Subst. Use Misuse*, 44: 374-400;

3. Morral A.R. et al., 2004. Effectiveness of community-based treatment for substance-abusing adolescents: 12-month outcomes of youths entering phoenix academy or alternative probation dispositions. *Psychol. Addict Behav.*, 18: 257-268.

Quality Criteria for Good Practice Report "Good Guys"

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	0	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0

(references to controlled trials at least)					
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	10	Sum of points	0	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
14	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good practice report form England

1. Identification of Project / Intervention

Name of project: Alternative treatment-based interventions

Starting date: 01/04/11

Ending date: 01/12/14

Executive Summary

In May 2011 the UK Government made a commitment to 'explore alternative forms of secure, treatment based accommodation for mentally ill and drugs offenders'. This commitment was

reiterated in the 2010 Drug Strategy which said “we will encourage those dependent on drugs or alcohol into recovery-focused services in the community by developing and evaluating options for providing alternative forms of treatment-based accommodation.”

A working group examined and considered current good practice around alternatives to custody and how best to deliver the key aspects of the commitment - security, treatment, and accommodation. Analysis suggested that exploring only residential provision would result in a limited approach, would not be cost effective, and was unlikely to provide the flexibility required to best meet treatment needs and deliver health and criminal justice outcomes. It was therefore agreed that the word “secure” should be interpreted in its broadest sense and including security around the individual offender in non-residential settings. This would mean developing options aimed at ensuring that the offender complies and engages with the treatment programme most suitable for tackling their health needs and offending behaviour, delivered in community based accommodation if assessed as a requirement. This work incorporates 16 areas of England.

Its purpose is to test alternatives to custody at the point of sentencing i.e. court-based activity. The project is restricted to those offenders who have a substance misuse or mental health problem, or both (ie dual diagnoses) and whose index offence and risk of re-offending is of sufficient seriousness likely to attract a prison sentence of up to 12 months. The decision as to whether to send an offender to prison or to hand them a community sentence lies entirely with the judiciary (ie with a judge or magistrate). Offenders who qualify for the approach will be given enhanced support in the community as an alternative to prison.

2. Type of Organisation implementing the project/service (please tick the relevant box):

- ☒ Non-governmental organisation
- ☐ Governmental organisation
- ☐ International organisation
- ☐ Private organisation
- ☐ Other, specify

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Dept Health

Address of the responsible organisation (full postal plus email)

Offender Health

Ground Floor

Wellington House

133-155 Waterloo Road

London SE1 8UG

UK

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

davemarteau@hotmail.com

david.marteau@dh.gsi.gov.uk

+ 44 (0)20 7972 4961

4. Additional Organisations involved in the project (if applicable):

Name

National Treatment Agency for Substance Misuse

Address (full postal plus email)

6th Floor Skipton House

London Road

Elephant & Castle

London SE1 6LH

UK

5. Background and Objectives

☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)

☒ Other, specify dual diagnosis / mental health interventions

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Alternatives to prison (e.g. treatment rather than imprisonment)

☒ After care

b) Prevention sub-areas:

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)
- ☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)
- ☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)
- ☒ Measures to combat violence

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The prison population in England and Wales has been rising steadily over the past ten years

2001: 62,560

2002: 66,479

2003: 68,612

2004: 70,208

2005: 71,512

2006: 73,680

2007: 75,940

2008: 78,158

2009: 79,282

2010: 80,489

2011: 81,763

www.parliament.uk/briefing-papers/SN04334.pdf

A 2008 study of newly sentenced prisoners found that the majority of prisoners had used illegal drugs during the year before custody (Stewart 2008). Over half had used cannabis and four out of ten had used heroin and crack cocaine. Use of heroin or cocaine was more likely to be reported by women, adult prisoners and those sentenced for less than one year

Heavy drinking, defined as drinking more than twice the recommended sensible daily limits, was reported by 36% of the sample, and was more prevalent among short-term prisoners and men.

The prevalence of mental health problems was high. Ten per cent of the sample was identified as likely to have a psychotic disorder and 61% a personality disorder. Over a third of prisoners reported significant symptoms of anxiety or depression. Levels of psychosis, anxiety and depression, self-harm and suicidal attempts were considerably greater among women than men.

(Stewart D, 2008, The problems and needs of newly sentenced prisoners: results from a national survey, Ministry of Justice, London).

The increasing prison population and the high proportion of prisoners with substance misuse and mental health problems in England and Wales has led to a sense that more must be done to see that people who might be effectively treated in the community as part of a criminal justice sentence should be given this opportunity

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

The main purpose of the evaluation of the alternatives is to answer the question: 'What is the impact of the alternative interventions on proven re-offending, the consumption of drugs or alcohol, on mental well-being and on wider measures of recovery, and upon provider behaviour and the wider drug treatment and mental health systems?'

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women
- ☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Other, specify individuals with mental health problems

10. Staff and number of people reached by project on an annual basis:

The number of staff: estimated 100

The status (e.g. nurse, psychologist etc.): nurses, psychologists, psychiatrists, probation workers

11. List the substances/infectious diseases addressed by the project:

heroin, methadone, cocaine, crack-cocaine, amphetamines, cannabis, ketamine

12. Describe the main substance/infectious disease addressed by the project:

heroin, cocaine and crack-cocaine. HIV, HCV, HBV; it is unlikely that statistical significance can be reached in evaluating the impact of the alternatives treatment interventions on blood-borne virus infection, but it may be possible to measure the impact on higher-risk behaviours, particularly injecting drug use

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

There are sixteen sites. They comprise courts services, probation centres, residential treatment, community treatment and quasi-residential treatment (combined community treatment with supported accommodation).

14. Describe the main activities of the intervention and type of service offered to the client:

The main activities are as follows

City of York

The York Drug and Alcohol Action Team (DAAT) is developing a quasi-residential abstinence programme that involves a three staged recovery pathway including mutual aid groups and mentor support (including evenings and weekends) over 48 weeks. Accommodation to support the programme will be provided to both men and women via an existing criminal justice accommodation provider; development of a private landlord scheme and via LA supported housing provision.

Willowdene

The provider will introduce a day programme for offenders receiving a Drug Rehabilitation Requirement and Alcohol Treatment Requirement (DRR/ATR) as part of a community sentence, with an emphasis upon employability and upskilling of offenders. The use of a Social Enterprise to give real experience of employment and Willowdene have also secured other funding to develop a community payback and restorative justice pilot project so there are links between these projects. Day programme will be one day per week for 12 months.

Surrey & Sussex Probation Trust

Development and delivery of a peer mentoring project across Surrey Probation Trust targeting DRR and other higher risk substance misusing offenders. This is to enhance the delivery of the existing groupwork interventions to substance misusing offenders subject to statutory offender management. Mentors will be recruited to provide both one to one and group work support to around 120 individuals participating in the groupwork project.

Wirral Women Together

The provider is developing a court-mandated Specified Activity requirement as an alternative to custody and a female Unpaid Work Project and has located a team of female probation staff at the women's centre who will supervise all statutory female offenders and have commenced diversion services e.g. conditional cautioning for females. Links with a range of community support including with local Further Education college which provides 'taster' courses at the women's centre. Centre receives support from Wirral DAAT and works closely with a range of substance misuse agencies.

Gloucester Criminal Justice Liaison Service

The provider will introduce an Improving Access to Psychological Therapies (IAPT) service to be delivered as part of a Mental Health Treatment or a Specified Activity Requirement of a community order. The service offers timely and structured mental health input to offenders, to help reduce levels of anxiety and depression for offenders who have mental health issues linked to their offending.

Warrington Criminal Justice Liaison Team

The provider will develop a highly supportive and individualised specified activity requirement to be used as part of a community order or a suspended sentence order. It is aimed at vulnerable adults with moderate mental health problems (who would not ordinarily qualify for a mental health treatment requirement) and will also focus on other unaddressed needs such as impaired functioning, substance misuse, learning disabilities, poor social networks and coping skills.

Kirklees PCT

This project extends an existing integrated offender management approach by offering a community order for those currently viewed as unsuitable for a community sentence because of mental health problems and associated behaviours. The Offender Manager will construct an intensive community order comprised of punitive, restorative and rehabilitative requirements. The health provider will ensure that mental health pathways are mainstreamed and manage referrals into health and social care services.

Nottinghamshire Criminal Justice Liaison Service

The provider will introduce forensic community Personality Disorder clinics for offenders who are currently excluded because of their offending history. They will work with the probation service to develop specified activity and mental health treatment requirements tailored to meet the needs of this group of offenders within a community order.

Warwickshire Criminal Justice Liaison Service

The provider will integrate a specialist professional within an existing prolific and priority service to offer a broader range of psychological interventions within community orders. A further worker will support reintegration into the community with links to a wide range of local service providers such as employment, training etc.

Together Working for Wellbeing – Brent

The provider will develop an Offender Health Hub, a fully integrated, multi-agency, holistic risk management and care programme designed to fit within a community order/suspended sentence order disposal. They will address the following presentations ; mental health, Personality Disorder, substance misuse, alcohol misuse and learning disabilities.

Greater Manchester West

The project will develop a specific life skills programme for offenders presenting with mental health, or mental health and concurrent substance misuse issues to be delivered as part of a specified activity, supervision or mental health treatment requirement. The programme will incorporate intensive supervision, monitoring and a problem solving approach to engage and retain offenders with a combination of individualised counselling and support as well as group work.

Sussex Health and Criminal Justice Liaison Scheme

The provider will offer sentencers credible alternatives to custody to support offenders with mental health, substance misuse and learning disabilities by way of a specified activity, supervision and mental health treatment requirements. They will offer enhanced psychiatric services at courts and will offer advice and guidance to offender managers throughout the lifetime of a community order.

Eden House

The provider will establish enhanced pathways to divert women with mental health issues from escalating involvement with the criminal justice system. They will facilitate women's access to specialist mental health services as part of a holistic package of support at pre and post court stages and will complement the established work of the local court based diversion service. They offer a comprehensive package of services to support vulnerable female offenders.

Anawim Mental Health Alternatives Partnership

The provider will introduce a clinical nurse into an existing team to offer assessments for and the delivery of mental health treatment requirements for women offenders. They already offer specified activity requirements with an Offender Manager co-located at the Anawim Centre. They offer an

holistic approach, with a specialist counselling service on site and work with a mental health charity to address emotional wellbeing, resilience, Personality Disorder and devising coping mechanisms.

The Cyrenians – Women Outside Walls

The provider will expand an existing service for women offenders in Newcastle to address mental health and substance misuse issues and to expand the service to cover Sunderland. They aim to provide women with holistic and empathetic support, in women only environments, to enable them to make better life choices and reduce re-offending. They aim to improve compliance with community sentences and licences.

Penrose Housing Association

The project will provide key working sessions with offenders with mental health and substance misuse issues, using a desistance framework model to support the offender. Offenders will develop and implement their own personal life plan. The model includes face to face and monitored weekly group work interventions. Offender Managers will offer the model as a component of a supervision requirement within a community order.

15. Please briefly describe the theoretical background of the project:

The theoretical assumption (ie the hypothesis) is that effective interventions will help reduce re-offending among a cohort of offenders based on a range of factors that emerge from the evidence base of court-mandated treatment of offenders

16. How many people from the intended target group have participated in the project?

There are no data on this at present, but some of the projects are already 'live'

17. How many of them have completed the intended participation in the project?

Not yet known

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Current

19. Please indicate the month and year when the most recent evaluation was carried out: The evaluation is a full impact study, and is about to be commissioned. It is scheduled for completion end 2014

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

These will be determined by the evaluators, but they will need to address substance misuse, offending, imprisonment, mental health and social outcomes

21. Type of Evaluator (please tick the relevant box or boxes):

☒ External evaluator (e.g. collection, analysis and interpretation of data carried out by an individual/organization outside the organization being evaluated)

Please provide full reference for the evaluation report (when available):

no evaluator appointed yet

22. Evaluation Results:

Please set out the results, to date: no results as yet

23. Budget:

Annual budget for the project/intervention: £1.5M

Sources of funding:

☒ Other, specify central government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:
Aos, S., Phipps, P., Barnoski, R., & Lieb, R. 2001. The comparative costs and benefits of programs to reduce crimes. Olympia, WA: Washington State Institute for Public Policy.

Care Quality Commission, (2011), Count me in 2009: results of the 2009 national census of inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales

<https://www.countmeinonline.co.uk/history.php>

accessed 13.08.2012

Cosden, M., Ellens, J., Schnell, J. and Yamini-Diouf, Y. (2005) Efficacy of a mental health court with assertive community treatment. *Behavioral Sciences and the Law*, 23, 199-214.

Cosden, M., Ellens, J., Schnell, J., Yasmeen, Y., & Wolfe, M. (2003). Evaluation of a mental health treatment court with assertive community treatment. *Behavioral Sciences and the Law*, 21, 415–427.

Holloway K, Bennett T & Farrington D (2008), Effectiveness of Treatment in Reducing Drug-Related Crime. Report for Bra. Bra, Sweden.

Lipsey, M.W. & Mandenberger, N.A. 2005. Cognitive-behavioral interventions: A metaanalysis of randomized controlled studies. In B.C. Welsch & D.P. Farrington (Eds.), *Preventing crime: What works for children, offenders, victims, and places*. New York: Springer, Berlin Heidelberg.

Ministry of Justice (2010), Offender Management Caseload Statistics 2009, Ministry of Justice, London

<http://www.justice.gov.uk/publications/statistics-and-data/prisons-and-probation/omcs-annual.htm>

Accessed 13.08.2012

Naples, M., & Steadman, H. J. (2003). Can persons with co-occurring disorders and violent charges be successfully diverted? *International Journal of Forensic Mental Health*, 2, 137–143.

Office for national statistics (2011) Estimated resident population by ethnic group and sex, mid-2009 (experimental statistics)

<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-50029>

Accessed 13.08.2012

Ong K, Carroll A, Reid S & Deacon A (2009) Community outcomes of mentally disordered homicide offenders in Victoria, Australia & New Zealand *Journal of Psychiatry*, 43: 775-780

Parsonage M, Khanom H, Rutherford M, Sidhu M and Smith C (2009), *Diversion*

A better way for criminal justice and mental health, Sainsbury Centre for Mental Health, London

Patel K (2010) Prison Drug Treatment Strategy Review Group: A Report by Professor Lord Patel of Bradford, House of Lords, London

www.parliament.uk/deposits/depositedpapers/2010/DEP2010-2304.pdf

Accessed 13.08.2012

Seymour, L. and Rutherford, M. (2008), *The Community Order and the Mental Health Treatment Requirement*, London: The Sainsbury Centre for Mental Health.

Shapland, J., Atkinson, A., Atkinson, H., Dignan, J., Edwards, L., Hibbert, J., Howes, M., Johnstone, J., Robinson, G. and Sorsby, A. (2008) Does restorative justice affect reconviction? The fourth report from the evaluation of three schemes. Ministry of Justice Research Series 10/08. London: Ministry of Justice.

http://www.restorativejustice.org.uk/resource/does_restorative_justice_affect_reconviction_the_fourth_report_from_the_evaluation_of_three_schemes/

Accessed 13.08.2012

Steadman, H. and Naples, M. (2005) Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders. *Behavioral Sciences and the Law*, 23, 163-170.

Steadman, H. J., Redlich, A. D., Griffin, P., Petrila, J., & Monahan, J. (2005) From referral to disposition: Case processing in seven mental health courts. *Behavioral Sciences & the Law* 23(2): 215-226.

Turner, S., Petersilia, J. and Deschenes, E.P. (1992) Evaluating intensive supervision probation/parole (ISP) for drug offenders, *Crime and Delinquency*, 38(4), 539-556

Winstone J and Pakes F (2010) Process evaluation of the Mental Health Court pilot, Ministry of Justice Research Series 18/10, Ministry of Justice, London

Winstone, J. and Pakes, F. (2009) Provision of mental health services to individuals passing through the criminal justice system: A qualitative literature review, Ministry of Justice, London

Quality Criteria for Good Practice Report

Alternatives to prison

Logic model	Points	Evaluation	Points	Additional information/deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 (12) if be	AND are validated instrument(s)	0

			1		
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	4		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	18	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
31	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input checked="" type="checkbox"/>

3.4.7. Alternative to imprisonment

EE

1. Identification of Project / Intervention

Name of project: Treatment and rehabilitation of drug-addicted offenders

Starting date: 01/08/11

Ending date: 31/12/14

Executive Summary

Objectives:

- to work out an integrated system for treatment, rehabilitation and social re-integration of drug-addicted offenders,
- to provide treatment and rehabilitation services for drug-addicts whose sentence to imprisonment has been replaced by a treatment programme,
- to provide treatment and rehabilitation services for drug-addicts, released from prison on parole.

The project includes two target groups:

- 1) drug-addicts whose sentence to imprisonment has been replaced by a treatment programme (preliminary selection of treatment candidates will be made by a prosecutor who takes into account an obligatory assessment of a psychiatrist, and an assessment of a probation officer on the person's economic and social conditions; the final decision is made by a court);
- 2) drug-addicts, released from prison on parole (selection of treatment candidates will be taken place in prisons by the specialists of medical departments in cooperation with other specialists); the final decision is made by a court.

The programme consists of range of services, from methadone substitution treatment to long term rehabilitation, which will be the main focus of the offered services. Different components of treatment and rehabilitation based on individual needs will be offered, e.g., psychological counselling (individual and group based), psychotherapies (e.g., cognitive-behavioural therapy), social counselling, social-skills development.

For both groups treatment and rehabilitation will be provided in treatment centres outside prisons by psychiatrists, psychologists, social workers.

Treatment period (incl. rehabilitation) is estimated to be 9 months in average (in individual cases it may be shorter or longer). Treatment and rehabilitation will be offered in cooperation with some treatment centres in Tallinn and Ida-Viru County.

By the end of the project it is expected that at least 90 offenders have received treatment, but the actual figure is dependent on the proportions of various types of inpatient and outpatient treatment. (If treatment will not be completed by the end of the project, it will continue and the remaining part will be financed from the state budget.)

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Estonian Ministry of Justice

Address of the responsible organisation (full postal plus email)

Estonian Ministry of Justice, Tõnismägi 5a, Tallinn 15191, Estonia; general e-mail address of the organization - info@just.ee

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Project leader is Pille Teder, e-mail address pille.teder@just.ee

4. Additional Organisations involved in the project (if applicable):

Name

National Institute for Health Development (Tallinn, Estonia).

Infectious Diseases and Drug Abuse Prevention Department

Address (full postal plus email)

Hiiu 42, 11619 Tallinn

Estonia

Tel: (372) 659 39 75

Cooperation between Swiss and Estonian partners mainly lies in the exchange of expert knowledge. Swiss experts will consult the Estonian partners in elaborating drug treatment and rehabilitation service standards and guidelines, and they will provide assistance in training.

5. Background and Objectives

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Alternatives to prison (e.g. treatment rather than imprisonment)
- ☒ After care

b) Prevention sub-areas:

- ☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)
- ☒ Other, specify

c) Treatment sub-areas:

- ☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)
- ☒ Other, specify Drug treatment as an alternative to imprisonment that in addition to withdrawal from drug abuse helps to reduce recidivism.

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

According to the police statistics, 26% of all solved crimes and 43% of solved thefts in 2008 were committed by persons who had been punished for a drug offence (mainly misdemeanours: illegal possession and use of a small amount of narcotic drugs and psychotropic substances for one's own consumption). In 2006 and 2007, 23% of all solved crimes were committed by such persons. The figures indicate that a substantial proportion of crimes, and particularly property crimes (most of them thefts) have been committed by drug-addicts.

Source: Police and Border Guard Board

More than one fourth of all prisoners in Estonia are drug-addicts, i.e. there are approximately 900 drug-addicts in prisons (incl. pre-trial detainees). They have committed various offences, most often

property crimes (thefts, robberies). About 40% of all released convicts will commit a new crime within a year after release (although there is no specific data on drug-addicts their recidivism rate is estimated to be at least at the same level).

Drug treatment and rehabilitation services in the community are available for all drug-dependent people, including drug-dependent offenders who are not imprisoned. However, there was no specific services for drug-addicted offenders and no systematic referral system for drug-dependent offenders released from prison. That is because of the missing regulation and jurisdiction and partly because of the low number of treatment and rehabilitation places.

That is reason why Ministry of Justice prepared a semi-compulsory programme for drug-addicted offenders, the aim of which was to provide sentenced offenders a chance to get treatment and in that way reduce their recidivism risk. It is planned to make available both residential and outpatient treatment and/or rehabilitation.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

By the end of the project it is expected that at least 90 offenders have received treatment, but the actual figure is dependent on the proportions of various types of inpatient and outpatient treatment. (If treatment will not be completed by the end of the project, it will continue and the remaining part will be financed from the state budget.)

It is aimed that national drug treatment and rehabilitation guidelines will be amended based on the experience gained during the project.

The beneficiaries will be to

- Treated drug addicts and their families
- Criminal justice agencies
- Drug treatment centres
- The whole society

Welfare of offenders' families will increase due to (former) addicts' improved social skills, better health, reduced offending behaviour etc. The whole society will benefit from decrease of drug-related crime and criminal justice costs.

The current project's aim is to create a system for convicted drug-addicted offenders that will increase their chances to receive drug treatment.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:



Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 1

The status (e.g. nurse, psychologist etc.): project leader. Other staff will be in the rehabilitation centres where the treatment will be carried out.

11. List the substances/infectious diseases addressed by the project:

Drug substances.

12. Describe the main substance/infectious disease addressed by the project:

Opioid substance.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Both, treatment and rehabilitation will be provided in treatment centres outside prisons. Treatment will be provided only in cooperation with the service providers who have fulfilled the necessary requirements. The quality of the services will be supervised by the Ministry of Justice and other relevant institutions. Treatment guidelines have been specified in cooperation with the National Institute for Health Development and the Estonian Society of Psychiatrists.

14. Describe the main activities of the intervention and type of service offered to the client:

The programme consists of range of services, from methadone substitution treatment to long term rehabilitation, which will be the main focus of the offered services. Different components of treatment and rehabilitation based on individual needs will be offered, e.g., psychological counselling (individual and group based), psychotherapies (e.g., cognitive-behavioural therapy), social counselling, social-skills development.

15. Please briefly describe the theoretical background of the project:

Treatment as an alternative to imprisonment has been introduced in several EU countries (e.g. Denmark, Germany, Ireland, Netherlands, Portugal, United Kingdom).

<http://eldd.emcdda.europa.eu/html.cfm/index13223EN.html>

Estonian Parliament adopted on 27 January 2011 a new law (Act on Amendments to the Penal Code, the Code of Criminal Procedure, the Mental Health Act, the Punishment Register Act, the Probation

Supervision Act and the Health Care Services Organisation Act) that enables to replace imprisonment with drug treatment. According to the new law, if a court imposes a prison term from 6 months up to two years and the offender has no prior convictions to imprisonment, the court with consent of the convicted offender may substitute imprisonment by drug treatment. There is no obligation for reimbursement of treatment costs in any circumstances, i.e. all treatment costs are covered by the state – even in the case of interruption of the treatment programme by the convicted person without a substantial reason. The law came into force on April 2011.
(http://www.riigikogu.ee/?page=en_vaade&op=ems&eid=960646&u=20100323160430, in Estonian).

EU Drugs Action Plan for 2009–2012 (2008/C 326/09) says in

objective 9 action 21 - it is necessary to develop and implement prevention, treatment, harm reduction and rehabilitation services for people in prison, equivalent to services available outside prison. Particular emphasis to be placed on follow-up care after release from prison.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:326:0007:0025:EN:PDF>

16. How many people from the intended target group have participated in the project?

By the autumn 2012 several cases have reached to the court where the judge will decide whether these persons can attend to the drug treatment through this project. One persons is participating in drug treatment

17. How many of them have completed the intended participation in the project?

By the Autumn 2012 has no-one complited the drug treatment, rehabilitation through this concrete project. Selection of the possible participants is being made contiually but the last decision will be made by the court.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: No evaluation has carried out by now because only one treatment case has reached to the rehabilitation center.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Evaluation will be made mostly by using collected statistical data.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: -

23. Budget:

Annual budget for the project/intervention: Approximate budget for the project is CHF 1 117 647, Swiss contribution 85%:Estonian co-financing 15%.

Sources of funding:

☒ Other, specify Ministry of Justice

24. Outputs: Please list any interesting references, links, and literature relating to the intervention: -

Additional Remarks:

Please highlight any specific features not covered above:

There has been no special system for treatment of drug-addicted offenders. It means that for convicted drug-addicts it has been relatively difficult to get treatment outside prisons due to limited number of state-financed treatment places.

The current project's aim is to create a system for convicted drug-addicted offenders that will increase their chances to receive drug treatment. At the same time, the new system will not affect treatment opportunities for other drug addicts.

Quality Criteria for Good Practice Report for Treatment and rehabilitation of drug-addicted offenders

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with	0

				other services and programmes	
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				

Sum of points	10	Sum of points	2	Sum of points	0
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Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
12	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.10 Drug Counselling and Treatment Services and Peer Education

Good practice report form Slovakia

1. Identification of Project / Intervention

Name of project: Voluntary treatment of juveniles' drug addictions

Starting date: 01/03/98

Ending date:

Executive Summary

Therapeutic group composed of a clinical psychologist, psychiatrist, pedagogue, social worker and nurse work with juveniles placed in unit of voluntary treatment of drug addictions .

By the entry examination the psychiatrist creates the ambulant medical record of the juvenile where the course of the treatment is chronologically registered. In cooperation with the therapeutic group he/she sets the treatment plan. Upon treatment ending the psychiatrist in cooperation with other members of the therapeutic group works out the final report on the result of the voluntary treatment. Juvenile prisoner must not have on own no drugs (medicaments) and is obliged to participate in activities according to the therapeutic plan. If he/she violates the therapeutic regimen, head of the therapeutic group decides after consultation with the therapeutic group on the future stay of the prisoner in this unit. Juvenile prisoners in this unit are obliged to submit to the control examinations on finding out the drug use in form of urine screening test. In this unit it is forbidden to smoke. For the purpose of prevention and treatment of the HIV, Hepatitis B and C by drug addicted the prisoners undergo blood testing on presence of antibodies HIV/AIDS, HCV and HBSAg.

In the unit it is worked in form of an open group; group and individual psychotherapy, didactotherapy, education, diaries, points system, self-governing activities, art therapy, bibliotherapy, ergotherapy, community system and regime therapy are also used. Juvenile prisoners in this unit undergo compulsory personal searches and searches of personal things. Prisoners are enabled to participate in education and job-training courses, cultural-enlightening activity, interest and sports activity within the therapeutic program. They take part in preventive anti-drug discussions in schools as media of peer groups. In case of repeated or serious violation of the therapeutic regimen (verbal or physical aggressiveness, theft, damaging of prison property) the prisoner is excluded from the treatment.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Corps of Prison and Court Guard

Address of the responsible organisation (full postal plus email)

1, Šagátova St.

813 04 Bratislava

Slovakia

e-mail: petra.mrvova@zvjs.sk

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Róbert Vavro

robert.vavro@zvjs.sk

+421.2.208.31.303

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

b) Prevention sub-areas:

c) Treatment sub-areas:

☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Prevalence of drug addictions in population has a growing tendency as well as related criminality. Besides the anti-toxicomaniac and anti-alcohol treatment ordered by court as a protective measure the voluntary treatment is an alternative for juvenile prisoners to whom the court has not ordered the treatment or who have already passed it and are motivated to undergo the treatment voluntarily. Voluntary treatment of drug addictions is designed for treatment of juvenile prisoners who are interested in solving their problematic contact but in most cases already firmly created relation to the drug.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

Overall objective is the abstinence of drug addicted juveniles as well as reaching positive changes in their system of values, attitudes and behaviour.

The specific objective of the rehabilitation interventions is the rehabilitation of disfunction of conscious and unconscious emotional factors, change of attitudes and permanent abstinence. With juvenile clients the task of the therapeutic effort is to reach that the juvenile begins by himself/herself consciously and positively revise his/her own expressions and attitudes towards the protection of his/her own health.

The specific objective of performing controls on presence of forbidden substances is to reveal the penetration of these substances to the unit. Number of ascertained cases of this penetration predicates partially also the succesfulness of the project from the viewpoint of motivating the juvenile prisoners to abstinence.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☒ Young people
- ☒ Other, specify juvenile prisoners

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Experimental drug users (e.g. infrequent or non-persistent use)
- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5

The status (e.g. nurse, psychologist etc.): clinical psychologist, psychiatrist, pedagogue, social worker, nurse

11. List the substances/infectious diseases addressed by the project:

In general all drug types and alcohol.

12. Describe the main substance/infectious disease addressed by the project:

namely mainly: alcohol, marihuana, methamphetamine (pervitin), ecstasy, toluene, LSD, PCP, magic maushrooms, heroine.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Unit of juvenile prisoners with capacity 15 places.

14. Describe the main activities of the intervention and type of service offered to the client:

Community psychotherapy, individual psychotherapy, rehabilitation and re-socialization activities are used in treatment.

Juvenile prisoners in this unit compulsory undergo personal searches and searches of personal things in order to reveal the penetration of forbidden substances to the unit. For the purpose of prevention and treatment of the HIV, Hepatitis B and C by drug addicted the prisoners undergo blood testing on presence of antibodies HIV/AIDS, HCV and HBSAg.

15. Please briefly describe the theoretical background of the project:

Voluntary treatment of juveniles' drug addictions is an alternative to the protective treatment ordered by court. The difference lies in the voluntariness when being included to the therapeutic program that proceeds similarly as the standard anti-toxicomaniac or anti-alcohol treatment with participation of medical staff - clinical psychologist, psychiatrist, nurse; pedagogue and social worker also participate in the treatment. The intention of the unit is to preclude the clients the access to drugs and alcohol and treat their addiction by means of medicaments, psycho-therapeutic and rehabilitation element. The clients should keep three basic conditions in order to tackle the treatment: keep the therapeutic regimen, take medicines prescribed by the doctor and use the mental support provided by therapists.

16. How many people from the intended target group have participated in the project?

In the year 2011: 32

17. How many of them have completed the intended participation in the project?

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out:

November 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

number of clients

number of imposed disciplinary rewards and punishments

number of clients excluded from the treatment (e.g. disciplinary reasons or seizure of forbidden substances)

number of clients included to education (vocational school, secondary school)

group activity

individual and group work forms

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

Information on activity of the drug-free zone and unit of voluntary treatment of drug addictions - the material was discussed by the advisory board of prison governor on 15 November 2011

22. Evaluation Results:

Please set out the results, to date: The activity of the unit of voluntary treatment of drug addictions fulfils its aim in accordance with the internal norms.

May 2011 - November 2011:

Actual number of prisoners: 11

Newly accepted since May: 11

Total number for the whole year until 15 November: 32

Prisoners are included to different courses, groups and another cultural-enlightening activity. At the moment five of them go to secondary vocational school in specialisation decorator, one goes to the vocational school, specialisation cook-waiter. This year the clients in this unit participated in a computer course. They are included also to group activities, e.g. painting, musical-dramatic and guitar group. Several prisoners are in charge of prison chaplain and participate in spiritual activity. Lectures on topics "Protection of health and prevention against flu illnesses", "First aid provision and Prevention of infection of HCV", "Threat of drug overdoses after release from prison" and "Reasons, expressions, prevention and first aid provision in case of overdoses" took place within the education group.

The treatment effectiveness in this unit depends on the therapeutical cooperation of all officers who work with these clients. Juveniles who do not realise the need of treatment and who do not accept the instructions and refuse cooperation must be excluded from the treatment. 29 disciplinary punishments and 52 disciplinary rewards were awarded to the clients since January 2011 until 15 November 2011. Three juveniles were excluded since May 2011 because of disciplinary reasons, three clients finished the treatment because of early release, four prisoners were transferred to adult and three prisoners were transferred because of beginning further education. Totally 13 juvenile prisoners finished the treatment in this unit since May 2011 to November.

In comparison with the previous period the number of juveniles taking hard drugs as heroine and methamphetamine increased and their age decreased.

Blood takings HCV, HIV, HBsAg: 10 prisoners, thereof HCV 1 reactive sample, HBsAg 1 positive sample

Urine screening: January - June 2011 – 88 takings

July -15 November 2011 – totally 52 takings

5 saliva tests

Results of these preventive examinations were negative and sent regularly for statistical processing to the General Directorate of the Corps; treatment reports of drug users were sent to the European Statistical Office and to the General Directorate of the Corps .

23. Budget:

Annual budget for the project/intervention:

Sources of funding:

☒ Prison service ☐ European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Additional Remarks:

Quality Criteria for Good Practice Report

Voluntary treatment of juveniles' drug addictions

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more	1				

quantifiable dimensions					
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	6	Sum of points	2	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
12	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.5.2. Drug treatment

BG

1. Identification of Project / Intervention

Name of project: Mid-term program "Treating addictions in the system of Bulgarian prisons"

Starting date: 2009

Ending date: On going

Executive Summary

The program "Treating addictions in the system of Bulgarian prisons" was introduced by General Directorate "Execution of Punishments" in the system of Bulgarian prisons in 2009. The program is based on the 12-steps Minnesota model and consists of 36 group sessions and a follow-up part of 12 individual sessions. The program aims to reduce criminal behavior by supporting participants to stop or reduce the use of drugs and alcohol and improve their social adaptation.

The effect of the program is measured through a standardized methodology, used to assess different type of risks in all imprisoned persons.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

General Directorate "Execution of Punishments" at the Ministry of Justice

Address of the responsible organisation (full postal plus email)

21 Stoletov Blvd., 1309 Sofia, gdin@abv.bg

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Irena Genova, socialsektor_gdin@abv.bg, tel: +359 2 8139 252

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

The program was started to address the growing need of specialized intervention for drug users in Bulgarian prisons. In 2011 the approximate number of drug users/addicts in the prisons in Bulgaria was 2,000, while the overall prison population was around 10,000 people. Around 140 persons, or 7,1% of drug users have passed through specialized programs for prisoners with drug addictions.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

To reduce the probability of crime relapse, though supporting the person to stop or reduce the use of drugs and alcohol. More specifically: to enhance social adaptation and conflict management skills in program participants through participation in groups sessions and individual follow-up sessions.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☐ Adults
- ☐ Women
- ☐ Young people
- ☐ Ethnic groups
- ☐ Other, specify

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 30

The status (e.g. nurse, psychologist etc.): Multidisciplinary team of professionals, who have passed special training, including: inspectors on social work, inspectors psychologists and probation inspectors.

11. List the substances/infectious diseases addressed by the project:

Predominantly heroin, but also poly-drug use and alcohol addiction.

12. Describe the main substance/infectious disease addressed by the project:

Brown powdered heroin, typical for the Bulgarian drug market. Poly-drug use is usually related to the combination of heroin with methadone (from the black market), amphetamines and benzodiazepines, such as Rivotril.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Training rooms in prisons. The program participants have been placed in special premises, separated from the other prison population with the aim to reduce the risk of access to drugs and to enhance group cohesion.

14. Describe the main activities of the intervention and type of service offered to the client:

The program consists of 36 group sessions, two hours each. The sessions are realized for a period of 12 weeks, each week three sessions. After this intensive phase, there is a follow-up phase of 12 weeks, during which there are no group sessions, but individual work with participants.

The groups include between 8 and 12 participants. The group sessions are focused on emotions and drug use, control of emotions, recognizing, avoiding and managing situation bearing risk of drug relapse.

The follow up phase consists of 12 individual sessions, aiming to support relapse prevention and resocialization.

15. Please briefly describe the theoretical background of the project:

The program is based on the so called 12-steps model, founded on the Minnesota model, firstly described by Daniel J. Andersen. This model was initially applied for treatment of alcohol addiction and then turned to drug addiction too.

16. How many people from the intended target group have participated in the project?

The program has no intended group - it is an on-going program, which was introduced through the training of relevant staff and each prison is free to apply it according to the needs.

17. How many of them have completed the intended participation in the project?

In 2010 six programs have been realized in different prisons in the country with 68 participants, who have completed the program. In 2011 three programs have been completed with 30 participants. There is no data on the number of drop-outs. The reasons for drop-outs usually are: going-out of prison, lack of motivation, expelling due to drug use.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

The risk of crime relapse, measured through a standartized methodology, used to assess different type of risks in all imprisoned perons.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: Not available.

23. Budget:

Annual budget for the project/intervention: The program is realized in the frames of the overall social care system of prisons and it doesn't have a specific budget.

Sources of funding:

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report for Mid-term program "Treating addictions in the system of Bulgarian prisons"

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				

Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	2		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	8	Sum of points	4	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
14	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good practice report form Hungary

1. Identification of Project / Intervention

Name of project: Center for rehabilitation and re-integration of people with addictions

Starting date: 01/09/11

Ending date: 28/02/12

Executive Summary

It is a small scale, pilot project, initiated by the NGO "Project Butterfly Sofia", which implements rehabilitation and re-socialization services for drug users in Sofia. The project was realized with the support of Sofia prison and included 7 prisoners.

The psychological team of "Project Butterfly Sofia" started a counseling program for drug users/addicts in Sofia prison, who were about to be released soon and whose crimes were related with their drug use. Through the in-prison intervention the NGO was trying to attract clients and involve them for a long-term outpatient rehabilitation intervention after release. Two of the initial participants visited the post-prison services and obtained psychological services.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Association "Project Butterfly - Sofia"

Address of the responsible organisation (full postal plus email)

7b, Graf Ignatiev Str., 1000 Sofia, Bulgaria

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Ivailo Raynov

Tel. +359 878 729 668

i.raynov@ppsbg.org

<http://www.ppsbg.org/>

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

Please select the type of project/intervention, which MUST be work in the CRIMINAL JUSTICE

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison
- ☒ After care

b) Prevention sub-areas:

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The project aimed to establish a model practice of providing services to people with drug addictions, who are reselased from prisons and to a great extent the need for this project stemmed from the lack of such specialized services in the Bulgarian penitentiary and/or treatment system in general. Though severely facing the problem of drug use and addiction in the last years, the prisons in Bulgaria hardly provide any specialized services to address this phenomenon. They try to ensure limited treatment and rehabilitation measures in the frames of the general health and social services in prisons, which are not able to achieve effectiveness towards the problem of drug use and addictions. Even if there are people who are successful in overcoming their addiction in custody, the risk of relapse after release is huge, since there are no specialized services, which could intervene. Often former prisoners completely lack any supporting environment. Thus the rates of relapse are high - both of drug use and of crimes.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

The project's overall objective is to provide psychological interventions, aimed at drug relapse prevention, to people with drug use and/or addiction, including such in alternatives to prison (probation) and going out of prisons.

Specific objectives of the work with imprisoned drug users:

- To provide information to imprisoned drug users, who will be realeased soon, for the options to obtain free psychological support;
- To ensure psychologcal support for drug asers and their families after going out of prison;
- To reduce relapse in drug use;
- To reduce relapse in crimes, related to drugs in drug using offenders;

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☐ Adults
- ☐ Women
- ☐ Young people

- ☐ Ethnic groups
- ☐ Other, specify

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5

The status (e.g. nurse, psychologist etc.): Clinical psychologists, family counselors, counselors in addictions.

11. List the substances/infectious diseases addressed by the project:

Heroin, amphetamines, methadone.

12. Describe the main substance/infectious disease addressed by the project:

Heroin is a brown powder, typical for the black market in Bulgaria, coming from Afganistan.

Amphetamine is powder and in this group it is traditionally injected, usually in combination with heroin or in addition to heroin.

Methadone - in this group it is not a prescribed methadone for substitution, but it is a methadone from the black market, taken for the purpose to get high, not as a medicine.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

One part of the activities took place in Sofia prison, in a specialized consultation room. Another part was realized in the rehabilitation center of Association "Project "Butterfly Sofia", which is located in the center of Sofia and is specially equipped as a center for psychological counseling.

14. Describe the main activities of the intervention and type of service offered to the client:

The activities of the project were divided into two parts: one in the prison, addressing people who are expected to go out soon, and another - out of the prison, with those who already went out.

Clients in the prison were provided with individual meetings with a counselor. During the sessions they received information, assessment of the needs through a free interview, addiction assessment skid by DSM 4 (skid 2 - Substance abuse) and motivational interviewing.

The activities after prison were the following: a monthly program, consisting of eight group sessions (90 minutes), four individual sessions with a psychotherapist (45 minutes), four individual sessions with a case manager (45 minutes), two family consultations (70 minutes), urine and salive drug testing. In addition the program included informational meetings for family members - at least one per month for 60 minutes.

The intervention is based upon a manual.

15. Please briefly describe the theoretical background of the project:

The program is based on the "outpatient program" model.

16. How many people from the intended target group have participated in the project?

It was a small scale project, aiming to explore possibilities and create a model. The initial aim was to involve 3 participants, in practice 7 were involved.

17. How many of them have completed the intended participation in the project?

No one completed the program to the end.

The reasons for drop-outs: some clients left Sofia after release from prison, because they had no place to stay, some clients, who belonged to the Roma ghetto in the city, didn't want to visit the city center, where the after care program was located; one person started taking drugs after release and was directed to a detoxification program.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Completed

19. Please indicate the month and year when the most recent evaluation was carried out: February 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Adherence to treatment;

Visiting the sessions according to the individual plan;

Urine and saliva drug tests;

Crimes rate.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

Not available.

22. Evaluation Results:

Please set out the results, to date:

The evaluation has been done by the project staff. It is a process evaluation only, based on programs documentation and observation.

Having in mind that it is a pilot and a small scale project, the evaluation points that the period has been short to achieve the needed change. This is especially true for the preparatory period - the work with clients inside the prison - which had the aim to attract clients and ensure stable results. The intervention of this type needs better structure and a period of at least 3 months before release with more intensive sessions. In addition - a social component is needed to support psychological work - such as financial help, housing support, employment, etc, for the former prisoners, in order to keep them in a psychological program. Regarding the concrete project indicators - it achieved high interest among participants. While 3 participants were planned, seven finally participated and two of them continued their intervention in the rehabilitation center after the prison. The visiting rate of the in-prison sessions was very high and covered 100% of the planned sessions. The factors outside the prison were those, which impeded the work with clients after release.

23. Budget:

Annual budget for the project/intervention: Approx. 1750 EUR.

Sources of funding:

☒ National government

☒ Non-governmental organisation

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Additional Remarks:

Please highlight any specific features not covered above:

It was a pilot project, aiming to find the good model and help for the development of a bigger project.

Quality Criteria for Good Practice Report Center for rehabilitation and re-integration of people with addictions

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	10	Sum of points	2	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
14	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice report form Estonia

1. Identification of Project / Intervention

Name of project: Drug Rehabilitation Units in Estonian Prison Service

Starting date: 01/01/08

Ending date:

Executive Summary

From the 2008 are in all Estonian prisons (except Tallinn Prison) special Drug Rehabilitation Units. Since then a structured work in the units has been developed and by 2012 there is 4 different drug rehabilitation units in 3 prisons with more than 200 places. These units in Estonian Prison Service are located in Tartu, Viru, Harku and Murru Prisons. In Tartu Prison is located the biggest, national addicts treatment/rehabilitation unit with 174 places for adult men.

In Viru prison there is 2 separate units for drug rehabilitation: unit for adult men with 20 places and unit for young people with 16 places. In Harku ja Murru Prison is a small unit with 8 places for women.

Rehabilitation work is being done by the team of workers - psychologists, social workers, contact persons, guards, medical staff, partners from non-government organisations, chaplain.

Throughout the units complex work, including different psychosocial interventions, counseling and medical treatment is being held.

Diagnosed drug addicts in the Estonian prison system are divided into two groups. The persons whose dependence is an acute condition (have been in a controlled environment, sober less than 1 year) and the persons whose addiction is in remission (drug free in uncontrolled environment, ie. in freedom and without treatment, but also in a controlled environment ie. prison, more than 1 year).

Drug treatment, rehabilitation work, motivation and entering to drug rehabilitation units is expected to start during the person is in acute condition.

Rehabilitation process is divided into 3 parts: 1. initial phase (adaption, treatment, motivational work), the main phase (different rehabilitation interventions) and the post rehabilitation phase (to keep achieved situation, retention). In the main phase when the most intense work will be done the time limit is depending from the unit 9-12 months.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Estonian Ministry of Justice and Estonian prisons

Address of the responsible organisation (full postal plus email)

Estonian Ministry of Justice, Tõnismägi 5a, Tallinn 15191, Estonia; general e-mail address of the organization - info@just.ee .

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Viola Läänerand, Adviser of the Social Rehabilitation Division, Prison Department, Estonian Ministry of Justice , e-mail address viola.laanerand@just.ee .

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)
- ☒ Substitution/maintenance treatment or pharmacologically assisted treatment (e.g. prescription of a substitute drug to reduce/eliminate use of a particular substance or to reduce harm from a particular method of administration – needle sharing)
- ☒ Detoxification or withdrawal treatment (e.g. medically supervised intervention to resolve withdrawal symptoms – usually combined with psychosocial interventions).

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Other, specify Through the treatment and rehabilitation reducing recidivism

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

It is known that treatment and rehabilitation of diagnosed drug addicts is most effective in special departments. With the development of drug rehabilitation work in Prison Service came up necessity to focus , structure and raise the effectiveness and quality of the work done with the drug addicts.

That was one of the main reasons creating and continually developing Drug Rehabilitation Units in Estonian Prison Service.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

The aim is to finish the link between drug use and criminal behaviour, so that individuals don't reoffend after release and have the opportunity to reintegrate with society. Effective rehabilitation and treatment can help them, their families, and communities (where they will live after release) to have healthier society member with higher quality of life.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Women
- ☒ Young people

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: It varies depending of the units size.

The status (e.g. nurse, psychologist etc.): Pshychologists, social workers, contact persons,guards, medical stuff, nongovernment partners,chaplain.

11. List the substances/infectious diseases addressed by the project:

Most of the inmates who are in rehabilitation units are opioid addicts (F11), but there are also other substance users (F19), central nervous system stimulants addicts (F15).

12. Describe the main substance/infectious disease addressed by the project:

A lot of the persons entering to rehabilitation units are opioid addicts.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Drug rehabilitation takes place in prisons special units what are specialized to the work with drug addicts. There is a team of specialists who are working to provide the rehabilitation services. Inmates are aware and know what is the aim and the rules of the unit.

The main pre-conditions to enter to the the units are: person is diagnosed drug user (F11-F16, F18-F19) with sentence at least 1 year, in riskassessment is marked the drugproblem. After the initial phase he/she has (at least) some motivation to start intense drug rehabilitation. Person is ready to quit aslo the smoking as from the intense rehabilitation (the main phase) it is not allowed to smoke. Drug tests in rehabilitation units are being done .

14. Describe the main activities of the intervention and type of service offered to the client:

Rehabilitation work consits different parts such as psychosocial activiets, social programs, counseling, medical help(if necessary), study, work activites. Team of the workers co-operate closely.

Medical help can include, besides usual medical monitoring and help ,also detoxification and sometimes substitution treatment, but in most cases persons entering to rehabilitation unit are not on substitution treatment.

The rehabilitation services can varie a little bit due to the prison and target group but the list of main activities is following - motivational interviewing,counseling,psychotherapy,psychological and psychiatric (if necessary) help, Aonymus Drug Addicts group, different programs such as Lifestyle Training, Social Skills Program, Anger Management, Agression Replacemant Training, 12 Steps, individual program Seizing the Moment, different programs based on religion, lecture cycles (themes about different health risks, diseases, prevention, nature of addiction etc). Also there can be different activities such as studing, working, sport, creative activities.

15. Please briefly describe the theoretical background of the project:

Both drug-free treatment and opioid substitution treatment (OST) are available in most European countries and combined with psychosocial interventions it is considered to be the effective treatment .

More than one fourth of all prisoners in Estonia are drug-addicts, i.e. there are approximately 870-900 drug-addicts in prisons (incl. pre-trial detainees). This number shows a continuing need for structured drug related work.

16. How many people from the intended target group have participated in the project?

In drug rehabilitation units there is altogether more than 200 places. By the year 2012 has been gained the situation where most of the places are filled all the time. This means that work has reached to the level when it is well planned and runs smoothly.

17. How many of them have completed the intended participation in the project?

In 2011 66 inmates released rom the rehabilitation units and in 2010 same number was 49.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: Drug monitoring survey in Prison Service is gathered quarterly. At 2012 there is data about the first two quarters (January to March and from April to June).

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

The short term evaluation carried out by now is statistical and based on different data gathered from the prisons. The assessments made by now are quantitative and show whether the aims connected to the work of the units are going to the right direction.

For the drug monitoring different data is being collected continually; e.g. number of diagnosed drug addicts in prison, number of acute addicts and persons whose addiction is on remission, number of qualified staff, drug cases in prison, drug tests, drug detoxification cases, opioid substitution cases, drug rehabilitation units work details and so on. Collected information about drug rehabilitation units consist number of the inmates who are in unit and how many of them have joined on last quarter, number of the persons who left the unit and main reasons of that, number of staff working with these inmates, used programs and other activities.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

-

22. Evaluation Results:

Please set out the results, to date: Quarterly drug monitoring reports show current situation and tendencies in the field of drug rehabilitation work.

23. Budget:

Annual budget for the project/intervention: Work of Drug Rehabilitation Units is financed from the general budget of Prison Service through the Ministry of Justice.

Sources of funding:

☒ Prison service

☒ Other, specify Estonian Ministry of Justice

24: Outputs: Please list any interesting references, links, and literature relating to the intervention: Overview of Estonian Prison Service can be found from the link <http://www.just.ee/> by choosing the subtopic prisons.

Additional Remarks:

Please highlight any specific features not covered above:

Other drug addicts, who do not need or want intensive rehabilitation, get the services on general bases from medicine department and social department.

Quality Criteria for Good Practice Report Drug Rehabilitation Units in Estonian Prison Service

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0

* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	8	Sum of points	2	Sum of points	0

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
10	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Hungary

1. Identification of Project / Intervention

Name of project: Systematic psychological support for the therapeutic community in Budapest Central Prison

Starting date: 01/06/09

Ending date: ongoing

Executive Summary

The so called drug prevention units operate since 1999 in the Hungarian Prison Service, and one of the firsts pilot projects started in the Budapest Central Prison (official name: Budapest High and Medium Security Prison) in the Block "B" in a separated part of the left wing of the third floor. At the beginning the BCPs drug prevention unit gave also shelter for the vulnerable prisoners who maintained a situation in the prison resulting a need to be defended (card playing debt, prison informers etc.) or their crime made them vulnerable (sex offenders).

Now a social worker and a psychologist are responsible for the unit which works now like a therapeutic community. The unit is at the end of the corridor and it is separated by a constantly locked door from the other parts of the unit.

The conditions to be a member of the group are regulated in a decree of the Minister of Justice (6/1996):

- drug problems in the past
- recent drug problem
- committed crime in relation to drugs

The participation is always voluntary. If the inmate breeches the rules he can be expelled from the group as a part of a disciplinary procedure.

Randomized urine sample screening is obligatory.

The social worker holds group meetings weekly, the psychologist works with the inmates in the group also weekly and she receives them also individually.

One special condition established by the psychologist over the legally binding rules is that all the members of the group has to have a minimum of two years drug consuming habit in their past. This change was needed since about 75% of the prison population have drug consuming past – or drug consuming life-prevalence.

It is crucial that all inmates have to be self-motivated to participate in several programs.

The new psychologist who works in the unit from 2009 is specialized for clinical issues and addiction. Before 2009 the unit operated as a psycho-social intervention unit. Now they are a TC. There are sets of rules which they have to follow, i.e.:

- no purely ethnic cells (pure “white” were prohibited areas for Romani, this prohibition was an informal rule, now the whole community decides on the compositions of each cells)
- no smoking in the cells (non-smoker cells were the informal “pure white cells”, the community decided that smokers had to leave the group)

Psychosocial unit is completely different. The vulnerable or the mentally impaired inmates are placed into this unit. They are in another building within the prison.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Budapesti Fegyház és Börtön

Address of the responsible organisation (full postal plus email)

Budapesti Fegyház és Börtön

1108 Budapest, Kozma u. 13.

Phone: +36-1/432-5900

e-mail: bfb.uk@bv.gov.hu

www.budapestifegyhaz.hu

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Ms Titanilla Fiáth

clinical psychologist and addictologist

e-mail: ludditak@hotmail.com

telephone: +36 20 516 4098

4. Additional Organisations involved in the project (if applicable):

Name

Narcotics Anonymous (Hungary) (further NA)

Address (full postal plus email)

+36-20-311-9876

nabudapest@gmail.com

http://www.na.info.hu/home_english.html (you can find more details on the webpage)

5. Background and Objectives

- ☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)
- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)
- ☐ Other, specify

Remark here: Prevention means in this case no drug use within the prison and after the prison.

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Measures to combat violence
- ☐ Other, specify

Additional remark here: With the help of result of group therapies (improved self knowledge, self esteem, co-operation) delivered in the project vandalism, inter-racial and interprisoner violence could be decreased.

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

The unit has 30 places. (5 cells and 6 places in each.) In the average units of the prison the presence of drugs is not perfectly excluded because of smugglings. One special drug-related problem in the Hungarian Prison Service is the misuse of the anti-epileptic tranquillizer Rivotril and other benzodiazepines. Rivotril is a potent benzodiazepin which is prescribed legal drug in Hungary. If an inmate takes Rivotril without the permission of specialist medical doctor (neurologist) he commits a disciplinary infringement. Mostly prisoners take benzos overdosed. This results aggression, self harm, drug marketing and other security issues in the prison and also inmates are not safety.

Before starting the new program in the unit there was no focused intervention to combat the Rivotril-problem in the prison. An average prison unit has a unique culture which is mostly over-masculine and troubled because of ethnic conflicts.

Some prisoners in the unit are well educated and intelligent even sometimes more than the average population, however also low-educated prisoners are placed into the unit. The reason of drug consuming is always related to childhood family problems or lacking the proper diagnosis of ADHD.

Before starting of recent project also vulnerable prisoners were placed into the unit. This measure is today abolished and the vulnerable are placed into a new "Psycho-social Unit".

There were 120 inmates in the unit since the starting the new project.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

The overall objective is to be free from any drugs. The main modification was the introduction of the community type operation. The social worker and the psychologist serving in the unit have special educational background (addictology and special social working). (NB: social workers in the Hungarian Prison Service not always have a social worker educational background, mainly they are teachers or prison officers. Their official name is not social worker but "educator", and their work is not a real social work but administration and also rewarding a disciplinary punishing inmates.) The group functions as a community.

Special objectives (these are more focused on the real problems):

- changing criminal values and drug consuming behavior
- staying active during the process
- improving tolerance (slam poetry, drama)
- enhancing communication skills
- anger management

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 6

The status (e.g. nurse, psychologist etc.): 1 social worker

1 psychologist

4 line officers (working in 12 hours shifts)

NB: 6 members of the NA, 2 members are coming monthly once

The social worker and line officers have to do also their duty, however they have lesser obligations than the same type staff members in other units. This is hard to describe. In Hungary social workers do their daily routine job within the units, in the dormitories. Psychologists do the same. One average social worker has at least 50-60 clients, and one line officer about 100-150 inmates to supervise. This unit is much more relaxed. NA members are doing exclusively counseling in the prison.

11. List the substances/infectious diseases addressed by the project:

substances: all, disease: HCV

12. Describe the main substance/infectious disease addressed by the project:

substances: mostly amphetamines, but also designer drugs like: 4MAC, "crocodile", MP4, disease: HCV, also interferon treatment is available

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

There is a community room with table tennis plates, chairs, tables and table games. Inmates are entitled to listen CDs and watch DVDs and play PSP in the community room exclusively, which are not allowed in the other units and in the cells. Chairs and tables are movable.

During group therapies additional chairs can be brought into the community room.

14. Describe the main activities of the intervention and type of service offered to the client:

Group therapies:

creative therapy (ie. making collages from newspapers and magazines)

music therapy

writing poems

watching films and analyze

bibliotherapy

assertive therapy

drama

Individual therapy sessions:

crisis intervention

complex case management

outreach

Since the high turnover rate these programs are not bound to duration.

15. Please briefly describe the theoretical background of the project:

Detoxication does not mean the solution to the drug problem of an inmate. Some prisoners enjoy the privileges of the drug free unit, however some of them are only in custodial setting clean and abstinent. Spending leisure time in the prison rationally is extremely important. Some educational goals are also targeted: staff and more experienced inmates motivate inmates to join primary school programs and find work within the prison. Staff members also show their own example how it is possible to stay away from drugs and crime and live properly. Not only drug issues are mentioned and discussed but also the daily life challenges and other practical issues. Inmates have to define clear goals, they have to establish proper outside relationships and contacts. They have to organize their time within the prison and hopefully also outside.

16. How many people from the intended target group have participated in the project?

90 from the total population (ca.1000). Three fourth of the inmates are facing the drug problem in the Budapest Central Prison.

Additional remark here: Estimated size of target group is 750 inmates.

17. How many of them have completed the intended participation in the project?

90,

Additional remark here: Inmates have to stay in the unit continuously and until the end of their sentence, unless they commit a severe disciplinary infringement. The number indicates all the completers who started their self knowledge work in frames of the new approach since 2009.

18. Evaluation Strategy - Is there an evaluation strategy for the project?



No



Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

19. Please indicate the month and year when the most recent evaluation was carried out: n.a.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Staff members try to monitor the behavior of the inmates continuously but they have no information about the life after prison.

- results of urine tests
- number of home leaves and family visits
- number of disciplinary procedures
- number of rewards and applications
- activity during group sessions

21. Type of Evaluator (please tick the relevant box or boxes):



Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

n.a.

22. Evaluation Results:

Please set out the results, to date: n.a.

23. Budget:

Annual budget for the project/intervention: n.a.

Sources of funding:



Prison service



European Commission

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

a contribution on the unit: <http://hungarianprisonpsychology.blogspot.hu/2011/11/non-smoker-cells-are-pure-white-cells.html>

Additional Remarks:

Please highlight any specific features not covered above:

Unit staff is not able to follow up the inmates after release. It would be reasonable at least phone the released inmates or provide an open hour within the prison or elsewhere for the former prisoners of the unit.

The only way to be discharged from the unit is a disciplinary procedure, however if the clients are too passive and intolerant they can spoil the whole group structure.

Prisoners in the unit are permitted to have full time jobs in the prison. This is in contradiction with some therapeutic aims (i.e. presence during the group sessions).

Some prisoners are fully aware how wide the prison budget is. Afterwards they were screened with a urine sample test, they can estimate the next date of testing due to lack of a proper budget.

The psychologist prepared for each prisoners an own CD with pre-selected music tracks. Those who did like the gypsy music destroyed the CDs of the others who preferred the ska or the punk music. Therefore the psychologist decided to create a common CD plate with the tracks mixed up. This an example on the challenges which occur because of cultural and ethnic differences.

The "evaluation" is rather an inner control and supervision.

Systematic psychological support for the therapeutic community in Budapest Central Prison (bcp)

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	0	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	0				
Sum of points	6	Sum of points	0	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
8	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Greece

1. Identification of Project / Intervention

Name of project: Counselling Center in Athens Juvenile Court

Starting date: 01/01/11

Ending date: On going

Executive Summary

The counselling center for adolescents drug addicts in Juvenile court in Athens, is implemented by "Strofi" the oldest therapeutic programme for adolescents with drug addiction problems in Greece. It has several goals: First to inform juvenile delinquents for their options if they decide to deal with their addiction problem, then to motivate them to engage in a therapeutic procedure, provide them with legal support and finally refer them to therapeutic programmes. At the same time, another important goal is the establishment of a network between therapeutic services, court authorities, the

police and probation officers, in order to assure that the particular situation of a drug addict who is also a criminal offender will be taken into account. This includes seminar and training sessions with police officers, social workers working in the criminal justice system, judges, lawyers etc. There's also a special focus in the family of the young delinquent. In 2012 , 22 juvenile drug addicts have received counselling services from the center.

Usually the young individuals get one counselling session followed by refferal to therapeutic other (i.e health services) In some cases-depending on their judicial procedure- a second session is committed.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Therapy Center for Dependent Individuals, KETHEA

Address of the responsible organisation (full postal plus email)

24 Sorvolou Street, Athens 11636, Greece, admin@kethea.gr

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Panagiotis Chaldaios, head of the counselling center

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Interventions at the stage of arrest
- ☒ Assistance to drug users in custody and prison
- ☒ Other, specify Referrals to therapeutic programmes-alternatives to imprisonment

b) Prevention sub-areas:

- ☒ Other, specify Adolescents drug addicts who are also offenders

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Adolescent drug addicts consist a special group in the population of problematic drug users with special characteristics steaming from their age and their patterns of drug use. Most of them are in an experimental stage with drugs, but a significant number is already engage in addictive behaviour. When an adolescent become also a criminal offender this situation is deteriorating and becomes a high-risk scenario as there's no special programmes for adolescents drug addictis in the criminal justice system. According to the Ministry of Justice data (2012) 597 juvenile offenders are incarcerated in 4 correctional facilities for adolescents. Among them there's a significant number of immigrants (both legal and illegal) with none or poor Greek language skills. The counselling center in Juvenile court in Athens is aiming to promote alternative to prison interventions for young drug addicts and become the link between penal authorities and treatment facilities or other supporting services

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

Overall Objective: Counselling and support to adolscent drug addicts in court

Specific Objective 1: Information on alternative options

Specific Objective 2: Motivation for engaging in a therapeutic procedure

Specific Objective 3: Cooperation with police and court authorities.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Young people

☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Experimental drug users (e.g. infrequent or non-persistent use)

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

☒ Individuals suffering from an infectious disease; specify HBV, HCV, HIV/AIDS

☒ Other, specify Adolescents

10. Staff and number of people reached by project on an annual basis:

The number of staff: 3 -staff providing counselling

The status (e.g. nurse, psychologist etc.):

Sociologists, Psychologists

11. List the substances/infectious diseases addressed by the project:

Heroin, Cocaine, Cannabis, Stimulants, Depressants, Psychotropic, Benzodiazepines etc.

Hepatitis A, Hepatitis B, Hepatitis C, HIV/AIDS, Tuberculosis

12. Describe the main substance/infectious disease addressed by the project:

Multiple Addiction

Hepatitis C.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Athens Juvenile court carries a heavy work-load dealing with numerous case of juvenile offending. In its premises there's also a social service and the probation authority. During the last years there's a demographic change in the profile of juvenile offenders with the presence of many immigrants (both legal and illegal). Drug offences that are most prominent in Juvenile Court are including, drug possession, drug dealing, theft and robbery, and rarely violent crimes

14. Describe the main activities of the intervention and type of service offered to the client:

Main activities include individual counselling , legal support, networking with probation authorities and family counselling.

15. Please briefly describe the theoretical background of the project:

The theoretical background of the project is based psychosocial approach, where the young addict is motivated to anwknowledge his/her situation in terms of the addiction problem.

16. How many people from the intended target group have participated in the project?

40 (2011)

17. How many of them have completed the intended participation in the project?

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 12/2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Number of Participants, Number of Refferals

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data

Please provide full reference for the evaluation report (when available):

Internal evaluation carried out by Strofi Research Department. Evaluation strategy is based on the MIS spreadsheet monitoring and evaluation. Data on attendants (both new and old), counseling sessions and referrals is examined in monthly and annual basis

22. Evaluation Results:

Please set out the results, to date: Number of Participants have been steady high between 2010 and 2011. In 2011 29 participants (out of 43 in total) referred to treatment facilities

23. Budget:

Annual budget for the project/intervention: 3.122.187 € For the entire therapeutic programme of Strofi. Fiscal data on the specific : 19000 €

Sources of funding:



National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report Counselling Center in Athens Juvenile Court

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			

* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	10	Sum of points	2	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
16	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Greece

1. Identification of Project / Intervention

Name of project: Therapeutic Community in Mens' Judicial Prison (Athens)

Starting date: 01/05/09

Ending date: On going

Executive Summary

Mens Judicial Prison in Athens, is the largest penal facility in Greece. According to the Ministry of Justice Data, capability of the specific prison is up to 1000 inmates while there are already 2400 inmates incarcerated there. From those an estimated 50% are kept for drug offences. Among them there's a high number of drug addicts, who are continue their drug use inside prison. KETHEA, through ENDRASI (Specialized comprehensive treatment network in interventions inside prisons and post release support) runs counselling groups in this particular prison since 1985 with many referrals to therapeutic programs for inmates after release. In 2009, the Ministry of Justice and Prison Administration have vested a wing designated to the development of an intensive treatment programme based on the therapeutic community approach. Participants of already existing counselling groups have consisted the first members of TC and also contributed in the reformation of rooms, buildings etc. A group of highly experienced counsellors in substance abuse programs in prisons are having the supervision and administration of the intervention TC is running through the self help model with various psychosocial interventions and also educational vocational and recreational activities. There's a special focus in physical and mental health problems of the specific group with referrals to prison medical services. The aim for those who successfully complete the scheduled treatment is early release from prison with the condition of following after care programme. Currently (2012) TC has an average number of 23 prisoners.

Treatment duration: It is after a court order where the person is released with the special term of participating in a therapeutic programme.

In most cases, early releasers are referred to the induction and rehabilitation centers for ex prisoners (In Athens and Thessaloniki) , and other therapeutic programmes in order to continue main treatment or enter social rehabilitation phase.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Therapy Center for Dependent Individuals, KETHEA

Address of the responsible organisation (full postal plus email)

24 Sorvolou Street, Athens 11636, Greece, admin@kethea.gr

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Yiannis Tentis Director of EN DRASI programme

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)

☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

☒ Other, specify legal support

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Alternatives to prison (e.g. treatment rather than imprisonment)

- ☒ Assistance to drug users in custody and prison
- ☒ Other, specify Therapeutic Community in Prison

b) Prevention sub-areas:

- ☒ Other, specify Drug Addicts

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)
- ☒ Measures to combat violence

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Greek prisons are having a large number of drug offenders. According to the Ministry of Justice data (2012), from a total number of 12479 inmates in Greek prisons, 4136 (33%) are incarcerated for drug offences. Athens men judicial prison is gathering the largest number of prisoners. Among them there is a significant number of illegal immigrants who are also drug addicts. The lack of a incremental therapeutic service for drug addiction in Greek penal institutions urged the need for the establishment of a therapeutic network with a therapeutic community.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

Overall Objective: Drug Free Treatment for drug addicts in mens prison

Specific Objective 1: Abstinence from drugs and/or alcohol

Specific Objective 2: Improvement in physical and mental health status

Specific Objective 3: Improvement in social skills and legal status

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

- ☒ Adults
- ☒ Ethnic groups

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Experimental drug users (e.g. infrequent or non-persistent use)
- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Individuals suffering from an infectious disease; specify HBV, HCV, HIV/AIDS

10. Staff and number of people reached by project on an annual basis:

The number of staff: 12 (full time in TC)

The status (e.g. nurse, psychologist etc.): Sociologists, Social Workers, Drug Counsellors

12 (part-time/volunteers). This includes, medical doctors, trainers, educators etc

11. List the substances/infectious diseases addressed by the project:

Heroin, Cocaine, Cannabis, Stimulants, Depressants, Psychotropic, Benzodiazepines etc.

Hepatitis A, Hepatitis B, Hepatitis C, HIV/AIDS

12. Describe the main substance/infectious disease addressed by the project:

Multiple Addiction

Hepatitis C.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Athens mens prison is a highly overcrowded prison with the presence of many ethnic groups consist mainly from illegal immigrants. There's no special care for drug addicts who are consider the "lowest type of prisoner" from prison subculture. There are frequent riot incident and violence between inmates is significant. Therapeutic Community is located in seperated facilities providing a safe and secure enviroment. However, the lack of a separate drug-free wing is forcing members of TC after the completion of the daily program to return in cells and wings with the other prisoners and jeopardise their treatment.

14. Describe the main activities of the intervention and type of service offered to the client:

Main activities include individual and group counselling and therapy, Relapse Prevention, Educational activities, vocational training, recreational activities, legal support, physical and mental health assesement.

TC's daily programme including work therapy, educational activities, group sessions (normally two-hour long) and (according to specific needs) individual counseling sessions (normally one-hour long). Also educational and vocational activities (usually 3-4 hours)

15. Please briefly describe the theoretical background of the project:

The theoretical background of the project is based on the Therapeutic Community approach, where the addict through his participation in several self-help groups learns a completely different life mode than the one he has as an addict. This includes taking responsibility for his actions and behaviours, developing trust, expressing his feelings, relationships based on mutual acceptance and respect, realization of the real causes that led him to be a drug addict.

16. How many people from the intended target group have participated in the project?

54 (2011)

17. How many of them have completed the intended participation in the project?

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 12/2011

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

Number of Participants, Number of New Participants, Number of Drop Outs, Number of Referrals

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

Internal evaluation carried out by En Drasi Research Department. Evaluation strategy is based on the MIS spreadsheet monitoring and evaluation. Data on attendants (both new and old), inductions, drop outs, length of stay, counseling sessions and referrals are examined in monthly and annual basis.

22. Evaluation Results:

Please set out the results, to date: Number of Participants has increased up to 36,5% in comparison to 2010 and up to 55% in comparison to 2009. Estimations for 2012 are pointing out in also an increase. Number of new participants has increased from 26 (2010) to 40 (2011).

23. Budget:

Annual budget for the project/intervention: 152135 €

Sources of funding:

☒ National government

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:
<http://www.kethea.gr>

Additional Remarks:

Quality Criteria for Good Practice Report Form for Therapeutic Community in Mens' Judicial Prison (Athens)

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points

Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives	1				

and working hypothesis *					
Sum of points	10	Sum of points	2	Sum of points	6

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
18	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Lithuania

1. Identification of Project / Intervention

Name of project: rehabilitation program

Starting date: 01/05/11

Ending date: 01/05/12

Executive Summary

Rehabilitation program objectives correspond to the Lithuanian Penal Code, Article 137, which satisfies the essential social rehabilitation goals and forms:

1. The basic social rehabilitation aims are as follows:

- 1) help convicts become people, who has respects for the law, human values and public safety ;
- 2) to teach the convicts to pursue their life goals by legal means;
- 3) to allow convicts after serving sentences reintegrate into society.

2. The main forms of social rehabilitation are as follows:

- 1) Individual and group work with prisoners, which aims to encourage prisoners to change their behavior and to maintain family and other social relationships, and that being given to prisoners

personality, age, sex, nature of the offense, education, behavior while serving their sentence, and other circumstances;

2) long-term prisoners social behavior correction;

3) assistance in solving the problems of convicts and others.

The main activities:

1) educational sessions on addictions topics;

2) therapeutic classes / groups;

3) individual counseling;

Thanks to this program it is intended to enable the convicts to be treated for addiction-related diseases, to help them improve their quality of life, emotional, mental and physical well-being, as well as to help convicts develop a healthy and sober person, which obeys the law and human values, respects the public safety .

It is a prison program is designed for only those inmates who are motivated to receive treatment, and only those who have participated in the introductory group. Admissions to the rehabilitation group selection are carried out. Selection is made so that many are willing to go to a rehabilitation group only for better living conditions.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Vilnius Correction House

Address of the responsible organisation (full postal plus email)

Rasų str. 8, Vilnius, Lithuania, LT-11560.

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Emilija, Baltrūnaitė, Irena Maskolaitienė, Česlavas Laikovskis.

4. Additional Organisations involved in the project (if applicable):

Name

Prisons Department

Address (full postal plus email)

L.Sapiegos str. 1,

Vilnius, Lithuania, LT-10312

5. Background and Objectives

- ☒ Drug Treatment (an activity that targets individuals who have problems with their drug use)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)
- ☒ Other, specify Psychosocial intervention

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

After statistical inspection, we noticed that before the program has been completed the use of drugs was extremely spread. Not everyone understood what is the disease of addiction, how it occurs and

how to live with it without harming yourself and others. Consumption spread in all houses of correction, isolation and detention centers. In collaboration with other institutions, this program was launched.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

The main goal is to help people receive treatment from addiction during a stay in Prison. In order that after leaving to the right to freedom the violator would be easier to adapt and become a full-fledged member of society.

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Experimental drug users (e.g. infrequent or non-persistent use)

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5

The status (e.g. nurse, psychologist etc.): psychologists, social workers, addictions counselor, clergy.

11. List the substances/infectious diseases addressed by the project:

Heroin, amphetamines, and other substance use consequences and causes.

12. Describe the main substance/infectious disease addressed by the project:

The key is to teach dependent people to recognize recurrence. Heroin and amphetamine are among the main drugs in this population so it is important to learn to recognize difficult situations, understand, accept and try to recover from infectious diseases.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The program involves convicts serving the punishment in Vilnius Correction House, with length of the sentence from applying for a rehab start more than 6 months. And the most important criterion - expressed motivation to participate in the rehabilitation program. With this group employed psychologists and of addiction counselors, social workers.

As previously mentioned, the ability to participate in the rehabilitation group is, first of all to finish induction group, the second- after the selection process carried out by psychologists, a social worker and addictions counselor. The assessment of whether the offender will not harm the team, they are adopted. Rehabilitation is in a separate unit in which they live; participate in groups, and other activities. However, they are not completely separated from each other. Dining room and the gym is shared by the institution. Classes and groups working in institution lead psychologists and addiction counselor. The program lasts for a year, but if necessary, the convicted person may extend the contract to participate in rehabilitation. At issue is quite complex to solve, since most of the rehabilitation (after a year) do not want to go back to live in the area. Reluctance stems from the fact that most of the prisoners take the criminal subculture. Convicts who have treated low caste, because one is being bullied, etc.

14. Describe the main activities of the intervention and type of service offered to the client:

Rehabilitation Group - a stationary rehabilitation. This group is designed to continue therapy, observe abstinence, teach participants healthy and sober man's life skills, to encourage them to spiritual development. This group held relapse prevention, identity, social skills development, self-awareness exercises, steps, task group. The duration is 12 months (the best that the rest of convict sentencing coincides with the rehabilitation program duration). Classes are held stationary.

15. Please briefly describe the theoretical background of the project:

This program is prepared according to "Minnesota", "Atlantis" and the bio-psycho-social model, it is a social-psychological functioning and physical state of the reconstruction model, which is based on the AA 12-step philosophy and apply the techniques of psychotherapy and psychocorrection methods.

16. How many people from the intended target group have participated in the project?

10 convicts who have completed a rehabilitation program. In 2011, a total of participating in the program was 52 inmates.

17. How many of them have completed the intended participation in the project?

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Repeatedly carried out

19. Please indicate the month and year when the most recent evaluation was carried out: 2012 04

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

The most important is to notice what has motivated violators of law. Perhaps the coming into rehabilitation means "warmer" conditions during a stay in prison. It is also important to monitor their group participation. Interest in the treatment of infectious diseases, the ability to accept and learn to live in such a situation. In rehabilitation has 12 of residential places. On average in rehabilitation are about 10 convicts.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: Noticed that the number of prisoners falls away and more ceased to rehabilitation. Of the 50 convicted, only 10 fully and extensively participated and completed the program. Majority starts using drugs again or leave early from prison. It is also difficult, because rehabilitation is a small number of employees. Lack of social workers, Clergy, psychiatrists.

23. Budget:

Annual budget for the project/intervention: none

Sources of funding:

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

<http://www.kalejimudepartamentas.lt/default.aspx?item=home&lang=1>

<http://www.stat.gov.lt/lt/>

<http://www.vilniauspn.lt/>

<http://www.lavl.lt/>

Additional Remarks:

Please highlight any specific features not covered above:

Quality Criteria for Good Practice Report rehabilitation program

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0

* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	7	Sum of points	2	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
13	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

3.11 Peer Education

Good Practice Report Form Scotland

1. Identification of Project / Intervention

Name of project: NHS HIGHLAND INVERNESS PRISON PEER TRAINER (NALOXONE)

Starting date: 01/07/12

Ending date: ONGOING

Executive Summary

Naloxone is a non-addictive, non-arousing drug often used by emergency health professionals for opiate overdose reversal. It is administered by intra-muscular injection via a pre-filled syringe.

Health Boards across Scotland now operate programmes where individuals likely to witness an opiate overdose are provided with training by trained trainers and a “take home” supply of Naloxone to use in the event of a witnessed overdose.

Trainers do not need to be clinically trained staff; they can deliver all of the elements of the training programme once they have completed the Training for Trainer’s course.

However, supplies of Naloxone can only be made by clinically trained staff.

In the community; there are a variety of trainers; non clinical and clinically trained staff and also peer trainers; those who have had personal experience of opiate overdose; either themselves or witnessed. When training is provided by non- clinically trained staff or peer trainers; they would work in partnership with the clinically trained staff, who would make the supply following completion of the training.

Currently within the Prison Service training is carried out by both non clinical (Phoenix Futures) and clinical (Healthcare) staff.

It is recognised both nationally and locally that peer trainers can contribute hugely to the roll out of the Naloxone Programme. They have the ability to engage with and enrol those clients at risk, who would otherwise be extremely difficult to access.

Inverness prison is a working prison; those serving a sentence are dedicated working roles within the prison. The aim would be to pilot a peer trainer role within Inverness Prison. This would be a dedicated role and part of the current working roles within the establishment.

Part of the role would also include promoting the programme and encouraging those at risk to engage and attend. Training would be provided by the peer trainer both in groups and 1 – 1 settings.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

NHS HIGHLAND

Address of the responsible organisation (full postal plus email)

NHS HIGHLAND: SOUTH & MID OPERATIONAL UNIT

ALDER HOUSE: CRADLEHALL BUSINESS PARK

INVERNESS. IV2 5GH

SCOTLAND. UK

www.nhshighland.scot.nhs.uk

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

LISA ROSS: CLINICAL HARM REDUCTION NURSE SPECIALIST / NHS HIGHLAND NALOXONE LEAD

NHS HIGHLAND HARM REDUCTION SERVICE

TEL: (UK) 01463 717594

FAX: (UK) 01463 717594

lisa.ross1@nhs.net

4. Additional Organisations involved in the project (if applicable):

Name

INVERNESS (PORTERFIELD PRISON): SCOTTISH PRISON SERVICE

Address (full postal plus email)

PORTERFIELD PRISON

DUFFY DRIVE

INVERNESS IV2 3HH

SCOTLAND. UK.

www.sps.gov.uk

5. Background and Objectives

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

d) Harm Reduction sub-areas:

☒ Other, specify PEER EDUCATION AND TRAINING

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Highland covers a large geographical area situated in the north and west of Scotland and has a population of around 308,790. The city of Inverness is the largest urban area in the region, although most of the population live in rural areas which may be remote, including islands. Due to the geographical area and concerns due to lack of anonymity in rural areas, accurate prevalence of injecting drug use has always been difficult to obtain. The current estimate for the Highland area is 2100 "problem drug users".

Inverness (Porterfield) Prison covers the Highland area and also the Moray area which is part of Grampian Health Board. It is a relatively small prison with a maximum capacity of 130. Sentence duration must be 3 years or less.

The NHS Highland Naloxone Programme commenced in Inverness in July 2009; providing overdose prevention, intervention and Naloxone training to those at risk of opiate overdose, family members and friends of those at risk and staff and services working with those at risk.

The pilot in Inverness also included Inverness Prison; those at risk were provided with training whilst in prison and a Naloxone pack issued upon their liberation.

In Highland, over 750 supplies have been made with over 140 recorded successful uses to date.

Despite the high number of supplies made to date, barriers can still remain in place which deters those at risk of opiate overdose in coming forward to receive the training and Naloxone supply.

There is a concern that the need to carry Naloxone will be associated with criminal drug use. For those in recovery there is a concern that treatment services may withhold prescriptions as Naloxone may be suggestive that the client is at risk of overdose therefore continuing to use illicit drugs. There can be inaccurate information and myths about the training, the product and effects of the drug. All

of these issues are of particular relevance to those in prison. Liberation from prison is identified as a high risk time for opiate overdose for those at risk.

Peer trainers have the ability to engage with harder to reach individuals and have the personal knowledge and understanding required; addressing some of the barriers and therefore increasing uptake and engagement with the Naloxone training programme.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? How will it modify or change the stated problem?

The aim of the pilot is to determine if establishing a peer trainer role within the prison service would increase the uptake of the Naloxone training and supply. Particularly for those individuals who have not previously engaged due to the barriers previously discussed.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5 (may vary)

The status (e.g. nurse, psychologist etc.): 2 NURSES, 3 (may vary) PEER TRAINERS WHO ARE SERVING A SENTENCE IN PRISON.

11. List the substances/infectious diseases addressed by the project:

OPIATES

12. Describe the main substance/infectious disease addressed by the project:

HEROIN

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

Inverness (Porterfield) Prison covers the Highland area and also the Moray area which is part of Grampian Health Board. It is a relatively small prison with a maximum capacity of 130. Sentence duration must be 3 years or less. There is an allocated space in Inverness prison which is used as the venue to link internal and external agencies. This is also used for training and will be used as the venue for the peer trainers to deliver the overdose prevention, intervention and Naloxone training.

Following training provided by the Peer Trainers, supplies of Naloxone will be made by the trained healthcare staff and will be placed with the client's belongings upon their liberation.

14. Describe the main activities of the intervention and type of service offered to the client:

One or more individuals will be enlisted as peer trainers; these individuals would be identified as appropriate by Inverness prison staff.

The identified individuals will then be trained as trainers and provided with the required training and support by the NHS Highland Clinical Harm Reduction Nurse Specialist & Naloxone Lead so that they are able to provide all of the elements of the training programme to those at risk whilst in prison.

The training sessions they provide will be supported by the Healthcare staff in order that the Naloxone supplies could be made upon the trainee's liberation dates.

Part of the role would also include promoting the programme and encouraging those at risk to engage and attend. The aim of this would be to increase the number of supplies being made; particularly to those who have not previously engaged.

There will also be the opportunity for the peer trainers; upon their own liberation, to continue to provide training in the community; supported by the NHS Highland Clinical Harm Reduction Nurse Specialist & Naloxone Lead.

The training that is delivered to those at risk will cover the following elements either in group or 1 – 1 sessions:

- DRD's; nationally & locally.
- Overdose; risk factors, high risk times, signs & symptoms, myths.
- Calling 999.
- Naloxone; actions, kit assembly & administration.
- Basic Life Support & Recovery Position.
- Practice.

Sessions will be catered to individual needs and circumstance. Duration of sessions therefore can range from 15 minutes to 2 hours.

Training is usually delivered over 1 session, however can be delivered over more if required; until all of the required elements are completed as per training checklist that is used.

15. Please briefly describe the theoretical background of the project:

In 2005 the Scottish Advisory Committee on Drug Misuse (SACDM) commissioned a Working Group on Drug Related Deaths which recommended that “those in a position to administer Naloxone should receive appropriate training” to do so.

This move came about due to legislative changes in June 2005 where the Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order 2005 now contains provision for the administration of Naloxone (by anyone) for the purposes of saving a life.

The NHS Highland Naloxone Programme commenced in Inverness in July 2009; providing overdose prevention, intervention and Naloxone training to those at risk of opiate overdose, family members and friends of those at risk and staff and services working with those at risk. Trainees were provided with a “take home” supply of Naloxone which they could then administer in the event of witnessing and overdose, whilst waiting for the arrival of Emergency Services.

The pilot in Inverness also included Porterfield Prison; those at risk were provided with training whilst in prison and a Naloxone pack issued upon their liberation.

Following the results of the Inverness pilot the Scottish Government announced its support for a National Programme and the Scottish National Naloxone Programme commenced in November 2010.

The national programme was rolled out so that all health boards across Scotland could provide training and supply to those at risk and those likely to witness an opiate overdose. This also included involving the rest of the prisons across Scotland. To date, over 3000 kits have been supplied throughout Scotland.

16. How many people from the intended target group have participated in the project?

NOT KNOWN AS YET: PROJECT CURRENTLY COMMENCING.

17. How many of them have completed the intended participation in the project?

AS ABOVE.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out: NEW PROJECT; NOT YET EVALUATED.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

PREVIOUS SUPPLIES OF NALOXONE MADE WITHIN INVERNESS PRISON.

NUMBERS OF INDIVIDUALS TRAINED BY PEER TRAINERS.

NUMBER OF INDIVIDUALS TRAINED BY PEER TRAINERS IN COMPARISON TO INDIVIDUALS TRAINED BY HEALTHCARE STAFF.

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Both internal and external evaluator

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: PROJECT IS CURRENTLY COMMENCING AND NOT YET EVALUATED. WILL BE EVALUATED AFTER THE ONE YEAR PILOT PERIOD, ORGANISATION: NHS HEALTH SCOTLAND.

23. Budget:

Annual budget for the project/intervention: NO BUDGET REQUIRED

Sources of funding:

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report NHS HIGHLAND INVERNESS PRISON PEER TRAINER (NALOXONE)

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	2
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		

* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	2	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
17	Level 1 – Promising Practice	<input checked="" type="checkbox"/>
	Level 2 – Good Practice	<input type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Please include any additional remarks you may have after completing this process below:

NEW PROJECT AND NOT YET EVALUATED

Good Practice Report Form Romania

1. Identification of Project / Intervention

Name of project: Peer educators

Starting date: 01/01/06

Ending date: 01/12/08

Executive Summary

In all romanian penitentiaries, before starting methadone substitution programme and syringe exchange programme, peer educators were formed for spreading among other inmates informations

related safe sex, sexually transmitted infections, methadone treatment and syringe exchange programme.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

☒ Governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Romanian Harm Reduction Network

Romanian Angell Appeal

Romanian Antidrug Agency

Address of the responsible organisation (full postal plus email)

www.rhrn.ro

www.raa.ro

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Medical Direction of National Administration of Penitentiaries, dm@anp.gov.ro

4. Additional Organisations involved in the project (if applicable):

Name

National Antidrug Agency

Address (full postal plus email)

relatii.internationale@ana.gov.ro

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

- ☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)
- ☒ Social reintegration (an activity that aims to integrate former or current drug users or those with HIV/Aids or other infectious diseases into the community)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

- ☒ Assistance to drug users in custody and prison

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)
- ☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)
- ☒ Other, specify educational interventions

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)
- ☒ Measures for safer tattooing and piercing

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Before the implementation of any intervention for harm reduction to drug users in prison, in every penitentiary were formed a group of peer educators with the aim to ease the communication between staff and other inmates. It was an important help for almost all interventions (voluntary counselling and testing for HIV, B and C hepatitis, condom distribution, informative and educative activities, syringe exchange programme etc.)

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

Overall objective is to rise access of inmates to all harm reduction interventions inside prisons.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

- ☐ Adults
- ☐ Women
- ☐ Young people
- ☐ Ethnic groups
- ☐ Other, specify all inmates

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

- ☒ Experimental drug users (e.g. infrequent or non-persistent use)
- ☒ Drug users (e.g. frequent and persistent users of psychoactive substances)
- ☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)
- ☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)
- ☒ Individuals suffering from an infectious disease; specify

10. Staff and number of people reached by project on an annual basis:

The number of staff: more than 150

The status (e.g. nurse, psychologist etc.): nurse, medical doctors, psychologists

11. List the substances/infectious diseases addressed by the project:

-substances used: heroin, new psychoactive drugs,

-diseases: AIDS, C hepatitis, B hepatitis, STD etc

12. Describe the main substance/infectious disease addressed by the project:

AIDS

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

in detention rooms or in classrooms

14. Describe the main activities of the intervention and type of service offered to the client:

-spread informations about STD, about voluntary counselling and testing for HIV, B and C hepatitis

-distribution of sterile insuline type syringes, alcohol pads, condoms

-collecting the used syringes

15. Please briefly describe the theoretical background of the project:

Forming a new peer educator consists on trainings and a pre- and post- training evaluation of the level of knowleges. Choosing a person for such trainings needs an evaluation of candidate motivation, abilities for easy communication with other people and the level of instruction.

16. How many people from the intended target group have participated in the project?

More than 300

17. How many of them have completed the intended participation in the project?

x

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Completed

19. Please indicate the month and year when the most recent evaluation was carried out: 2008

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

x

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date:

23. Budget:

Annual budget for the project/intervention:

Sources of funding:

☒ Non-governmental organisation ☐ Private fund

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

Quality Criteria for Good Practice Report PEER EDUCATORS FORMATION

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	0				

Specific objectives connected to initial situation	1	Outcome evaluation			
* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	0	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	0	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	0	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	0	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	5	Sum of points	4	Sum of points	4

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
13	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Portugal

1. Identification of Project / Intervention

Name of project: VanGuarda

Starting date: 01/11/10

Ending date: 31/10/12

Executive Summary

VanGuarda Project aims to prevent the drug misuse and to promote healthier life styles in drug users, in particular, and generally in prison population of Guarda. Tis project is promoted by APDES (Agência Piaget para o Desenvolvimento) with the co-funding of IDT, the National Institute of Drugs and Drug Addiction. There was a first financing of this project, from 2008 to 2010, and a second edition was approved, with a similar general goal, but different specific goals and different activities. The activities are: the creation of a peer education methodology adapted to the Portuguese reality of prisons; the creation of a training course on peer education to promote health in the prison context; the prevention of drug misuse and health promotion through the implementation of several measures (group sessions of information, direct contacts of peer workers to other prisoners on information and other types of support); implementation of cultural and recreational activities in order to promote a healthier life condition in prison, healthier life styles and to develop different personal and social skills.

2. Type of Organisation implementing the project/service (please tick the relevant box):

☒ Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

APDES - Agência Piaget para o Desenvolvimento

Address of the responsible organisation (full postal plus email)

Alameda Jean Piaget, 100, Apartado 1523, Arcozelo, 4411-801 Arcozelo, Vila Nova de Gaia, Portugal

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Diana Castro; email: diana.castro@apdes.pt; tel: (+351) 22 753 11 06; fax: (+351) 22 753 30 46

4. Additional Organisations involved in the project (if applicable):

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

☒ Harm reduction (an activity that aims to reduce the incidence of drug use-related infections and overdose and encourages individuals to contact health and social services)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Assistance to drug users in custody and prison

☒ Other, specify general prison population, using drugs or not.

b) Prevention sub-areas:

☒ Selective prevention (e.g. subsets of total population)

☒ Indicated prevention (e.g. those exhibiting early signs of substance abuse or HIV/Aids and other infectious diseases)

☒ Other, specify universal prevention, considering the global population of prisoners in this prison.

c) Treatment sub-areas:

d) Harm Reduction sub-areas:

- ☒ Reduction of overdoses
- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)
- ☒ Measures for safer tattooing and piercing

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

Considering the situation of the country, generally, Portugal use to have the highest percentage of prisoners in jails in the West Europe (122% of occupancy). The crimes related to drugs had a condemnation percentage of 85% and the crimes against property for the sustainment of drug use was about 77%. 95% of the prisoners are men with age between 25 and 39 years old; about 65% are drug users or were in the past, and the rates of infectious diseases in prisoners was considerably higher than in general population. The rates of suicide and overdose in prisons were also concerning. This occurrence is related, largely, with the increase of the penal frame for drug related crimes, increasing the number of people reclosed and the number of years in prison. The national scenery furthered the opening of measures for funding new projects for civil society organisations. Considering the particular case of the Prison of Guarda, in 2008 the assessment revealed several important data: a) high level of risk behaviours (in sexual practices, injecting practices, piercings and tattoos, share of hygienic materials); b) high prevalence of psychiatric comorbidity (personality disorders, humour and anxiety disturbances ...); c) High levels of psychotropic medicine (anxiolytics, benzodiazepines) and other psychoactive substances among non-drug users; d) the lack of personal and social skills and the historical about deep social and professional exclusion processes were very overt; e) most of prisoners (54%) only had 4 years of studies; f) the majority of condemnations related to drug trafficking. This scenery, without a specific and oriented intervention, makes very difficult the possibility to reintegrate this population in the community and leads to constant processes of recurrence of crime and relapse.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

The overall objective of the project is to promote the adoption of a healthier life style and to develop more adaptive personal and social skills in the target population.

The specific objective are: 1. improve the knowledge related to drugs and related harms; 2. improve the knowledge related to infectious diseases and to the associated risk behaviours; 3. promote the living of a more self-determined sexual life; 4. promote the practice of physical exercise; 5.

improve the knowledge related to healthy feed; 6. promote self-esteem; 7. develop skills on decision-making and on problem solving; 8. develop skills on dealing with anxiety and frustration; 9. improve the knowledge related to pedagogic strategies to peer educators; 10. improve the knowledge related to assertive strategies of communication and of conflict management; 11. develop skills for team work; 12. develop skills necessary for an adaptive participation in the public space.

9. Main Characteristics

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Experimental drug users (e.g. infrequent or non-persistent use)

☒ Drug users (e.g. frequent and persistent users of psychoactive substances)

☒ Problem drug use (e.g. Injecting Drug User 'IDU' or long duration/regular use of opiates, cocaine and/or amphetamines)

☒ Former drug users (e.g. persons who have remained abstinent from drug use for a stable period)

☒ Individuals suffering from an infectious disease; specify

☒ Other, specify prisoners not drug users

10. Staff and number of people reached by project on an annual basis:

The number of staff: 4+10 trainers

The status (e.g. nurse, psychologist etc.): 1 project coordinator, 2 psychologist, 1 social worker, trainers from different backgrounds (psychology, social work, nursery, economy, sociology, nutrition science)

11. List the substances/infectious diseases addressed by the project:

Substances: cannabis, heroin, cocaine, MDMA and other recreational drugs, alcohol, benzodiazepines and other psychotropic drugs. Infectious diseases: HIV, Hepatitis B and C, Tuberculosis, other sexually transmitted diseases.

12. Describe the main substance/infectious disease addressed by the project:

The main substance and infectious disease addressed by the project depend on the needs expressed by each prisoner, when contacted by the peer educator, or on the needs assessed by the peer workers and the team. The intervention is always adapted to the most recent identified needs, discussed every weeks in the monitoring meeting. At the moment, the psychotropic medication has been identified as the main problem, and so, it is the main substance addressed. The Hepatitis C has been the most addressed disease, considering that a large number of prisoners are infected and some of them have been expressing some resistance to the treatment.

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The project is implemented in the prison setting. This is a prison with a maximum capacity for 175 prisoners, located in a small city, in the interior of the country and the building has about 14.400 m². In most of the time, the occupancy rate exceeds the limit of prisoners. For that reason, the space available for the activities is insufficient. The activities take place in different spaces, depending on the nature of the action and on the rooms available. There are 6 class rooms with the capacity for 10 persons, 2 outdoor playgrounds, 2 multipurpose spaces and a few rooms for individual counselling. These different spaces have to be managed for all the activities/events occurring in prison (visits, training courses for prisoners and for staff, regular school, professional courses, cultural activities, sports, information sessions, cinema, etc). As so, the activities of the project are managed having into account the management of the other activities occurring in the prison.

14. Describe the main activities of the intervention and type of service offered to the client:

1. Certified training course on peer education for health promotion in prison:

This training course aims to educate peer educators to work in prison, intervening with other prisoners in order to promote awareness of drug related harms, health promotion and to provide support on different areas (emotional, civic, etc). The course is certified, so the prisoners will be able, in the future, to work in HR or prevention outreach teams. The training load is 185 hours, and the training modules are: 1. Communication and Interpersonal Relationships; 2. Conflict Management and Team Work; 3. Psychoactive Substances Use Prevention I; 4. Psychoactive Substances Use Prevention II; 5. Healthy Life Styles Promotion: Infectious Diseases; 6. Healthy Life Styles Promotion: Feed, Hygiene and Physical Exercise; 7. Healthy Life Styles Promotion: Piercings and Tattoos; 8. Sexual Health Program; 9. Counselling Skills; 10. Peer Education I; 11. Peer Education II; 12. Education for Health; 13. Intervention: Planning, Implementation and Evaluation; 14. Citizenship, Civic Participation and Social Marketing; 15. Intervention Design. Every modules are evaluated with different tools, such as pre/post testes on knowledge improvement, role-play, observation tables, etc. The pre-professional certification is only possible for those who completed with success all the modules.

2. Peer education activities

The peer educators, after the training, organise and implement specific activities oriented to the other prisoners: The individual intervention (contacts, provide information, support, long term accompaniment...), and the group intervention (organise campaigns, sessions to awareness, plan and implement diverse activities, invite speakers,...). All the activities and intervention made by the peer educators are monitored by the team and this monitoring procedure includes weekly meetings with peer educators, aiming to: Evaluate and adapt procedures; Reflect about the obstacles and

difficulties on the intervention; Discuss alternative strategies to improve the intervention; Plan the group sessions; Discuss individual cases and interventions.

3. Cultural and recreational activities

These activities are implemented in order to fill one of the gaps of this prison. The lack of human resources and logistic conditions for the practice of sports, cultural and recreational activities leads to a concerning situation of absence of stimulation and inactivity, with serious consequences for the psychological condition of prisoners. Regularly, several activities are implemented, such as monthly cinema sessions, monthly thematic salons, weekly edition of the wall newspaper, summer activities with different sports modalities, and so one.

15. Please briefly describe the theoretical background of the project:

The project is based on a set of theoretical and ethical assumptions guiding all the intervention. The human being is conceptualized as global system, with the capacity to "autopoiesis", constructing himself as a social actor, able to map and to produce his own course, within the interaction of different processes (individual, social, cultural, historical...). Considering the theoretical basis of autopoiesis and of symbolic interactionism perspectives, the project considers the use of participative methodology, including the prisoners, the prison staff and the community services in the assessment, design and implementation of the activities, focusing the intervention on different dimensions (prevention and harm reduction). All the intervention is based on the research-action methodologies, taking into account all the procedure steps (diagnosis, implementation, evaluation). The project looks to promote an integrated and systemic intervention, working not only on an individual level (the intervention oriented to the prisoner) but considering also the impact on an ecological level (promoting change in the dynamic of the prison system) and on a community level (the articulation with the community, their implication in the activities and the dissemination of the project produces a slow, but gradual impact in the community). This way, the intervention is able to concretize changes in all the systems that interact in the process.

16. How many people from the intended target group have participated in the project?

Till the moment, a total of 185 prisoners participated in the project: 16 prisoners started the training course on peer education, 72 persons participated in the peer education actions and 176 were involved in the cultural and recreational activities.

17. How many of them have completed the intended participation in the project?

Considering the training course on peer education, 9 persons concluded successfully this training. The other 7 interrupted the participation for different reasons: 2 didn't feel identified with the goals of the action and didn't have the motivation to proceed; 1 person was released during the training process; 1 person was transferred to another prison; 1 was not able to arrange the schedule of the training with the his labour activity in the prison; 2 prisoners didn't have the assiduity necessary to complete with success the course.

In reference to the peer educators intervening in the prison after the training, all of them participated actively in the activities. 3 of them were already released, in the meantime. As so, the team is promoting new training sessions in order to integrate new peer educators.

65 prisoners were contacted by peer educators. These contacts can be punctual or longer contacts, depending on the needs of each person. So, we consider that 100% of the persons completed this

action, seeing as no one refused this type of intervention, and it is very appreciated by prisoners. At the moment, the word spreading between prisoners, and are them who ask for the help of peer educators.

In the cultural and recreational activities, also 100% complete the intended participation, considering that the activities are announced and the prisoners register in the activities they prefer.

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐ No ☒ Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒ Current

19. Please indicate the month and year when the most recent evaluation was carried out: The project has different levels and forms to perform the evaluation. The training course, because of the certification, had an evaluation for each module. Pre and post-test were applied in the beginning and end of the training. In the end of the total course a qualitative evaluation was made, with focus group. The process evaluation is made every week to monitor the intervention made with peer educators. In the end of the first year of project, in November 2011, a general evaluation was made, having into account all the activities, even if it was mostly a process evaluation. In the end of the project, in November 2012, the final evaluation will be proceed, with the presentation of quantitative and qualitative results.

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

1. number of trainees; 2. assiduity; 3. evaluation of the trainees gratification considering the training course; 4. evaluation of the trainers gratification considering the training course; 5. results on the knowledge acquisition (for each theme) considering pre/post test and role plays; 6. perception of trainees and trainers on the knowledge acquisition (for each theme); 7. number of institutional contacts, meetings and protocols established with the community; 8. number of cultural and recreational activities performed and number of participants; 9. evaluation of the participants gratification and perception on the changes produced in their well-being and in daily life; 10. perception of prison staff and other professionals on the behaviour changes produced in participants; 11. number of prisoners contacted by peer educators; 12. number of interventions made by peer educators; 13. themes approached by peer educators on personal contacts; 14. number of sensibilization sessions planned by peer educators; 15. perception of peer educators, of prison staff and other professionals, and of other prisoners on the adoption of healthier behaviours and on the reduction of risk behaviours (in drug use, sexual practices, hygiene, exercise, feeding, piercing and tattoos practices, adherence to treatments, access to medical doctor...) in prison; 16. sustainability of activities for the future, after the end of the project

21. Type of Evaluator (please tick the relevant box or boxes):

☒ Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analysing and interpreting the data)

Please provide full reference for the evaluation report (when available):

22. Evaluation Results:

Please set out the results, to date: Considering that many of the results will be available only in the end of the project, this are the results achieved in the present time.

1. in the training course of peer education: 16 persons participated in the training; 9 persons concluded the training with success, acceding to a pre-professional certification.
2. in the peer education activities: 38 persons were contacted individually by a peer educator; a total of 141 individual contacts were made by peer educators, meaning that the average of contacts is about 4 per person, indicating a tendency for a continued intervention; a total of 169 different interventions were made (considering the themes approached per contact); considering the themes addressed, the most popular and more required are: information on infectious diseases (39), emotional support (46), psychotropic medication (19); The less addressed theme is the information on inhaled use (with only 2 interventions);
3. in the cultural and recreational activities: in the total of the activities, 176 persons participated in this action. 126 attended the cinema sessions, organized every month; 32 persons develop the wall newspaper, gathering once a week to produce the contents, and editing new information every months; 22 persons participated in the salons, every 2 months with different themes (theatre, musical instruments ateliers, media, literature and books...).

Some qualitative evaluation is not available at the moment, however, the high levels of participation and the suggestions and requires coming from prisoners, with new films and new activities, is being considerate as a good indicator about their motivation. Similarly, in the activity 2, systematized information about behavioural changes is not available yet, however, the phenomenon of "snowball" occurring naturally in the prison, with prisoners passing the message about the existence of these peer educators, and the demands coming from new prisoners, it is also considered as a good process indicator for the team.

23. Budget:

Annual budget for the project/intervention: 19.472,49 Euros

Sources of funding:

- ☒ National government
- ☒ Non-governmental organisation

24: Outputs: Please list any interesting references, links, and literature relating to the intervention: It's being prepared for the end of the project, a handbook of Peer Education for Health Promotion in

Prisons. This handbook aims to provide specific information about the contents of each course module, the objectives addressed and some practical advises for peer educator working in this context.

Additional Remarks:

Please highlight any specific features not covered above:

The project includes in its mission the conception of a methodology on peer education for the health promotion, the prevention of drug misuse and the reduction of the related harms, adapted to the Portuguese prison context. This conception was based on the previous experience of InPAR, an experimental project at national level in the area of Social Reintegration, aimed at employment/training reintegration of people who use drugs, with close cooperation between Harm Reduction and Social Reintegration. This project was orientated towards the study and development of a methodology for the integration of active drug users, approached by harm reduction interventions, into work and/or training.

Considering the specificity of the prison context, some of the procedures defined in the first methodology had to be adapted and, consequently, new contents were created, such as the profile of a peer educator in prison, the development of skills, the intervention developed, the themes approached with other prisoners, the type of monitoring, the evaluation tools, and so one.

The final report of the project will include the detailed narrative of this methodology design, hoping to spread the results and to advocate for the implementation of this intervention in Portuguese prisons.

Quality Criteria for Good Practice Report HIV Prevention in Viana do Castelo

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	2
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			

* The presented results refer to the formulated objectives	0	Outcome evaluation: Follow-up assessment	0	Instruments used for outcome evaluation are available	0
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	1
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	2	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	12	Sum of points	2	Sum of points	3

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
17	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

Good Practice Report Form Italy

Name of project: The Health Does Not Know A Border

Starting date: 01/09/11

Ending date: 01/09/12

Executive Summary

The project "The Health Does Not Know a Border" ("La Salute Non conosce Confini") is carried out by the Italian Penitentiary Medicine and Health Society (SIMPSE) and the Italian Society of Infection Diseases (SIMIT) with the patronage of the Italian Ministry of Health.

The project is addressed to the prison population including the drug users and it involves a staff of peer educators. Three are the main steps of the project. The first is to inform through a peer educator a group of detainees individuated as leader on the health and social problems correlated with the infectious diseases, the second is to promote the dissemination of given information (through flyers and brochures) from the leaders to the other prisoners, and the third is to collect, through an individualized form, the main risk behaviours associated with the infectious diseases.

In the detained population the main aims of the project are:

- i. to prevent and to determine the HIV, HBV and HCV infections;
- ii. to increase the percentage of the spontaneous screening for infectious diseases;
- iii. to establish the most prevalent risk behaviours;
- iv. to raise the number of treatments of infections.

During the first 6 months of the 2012 were conducted in 20 Italian prisons 32 psycho-educational interventions (for the duration of one day) with the involvement of 1,546 detainees.

The project is yet ongoing and the preliminary results from 9 prisons suggest that it was able to increase the screening for the infectious diseases at the 59% of the whole prison population.

2. Type of Organisation implementing the project/service (please tick the relevant box):



Non-governmental organisation

3. Contact in the Responsible Organisation:

Name of the responsible organisation

Giulio Starnini, MD

Address of the responsible organisation (full postal plus email)

The Italian Penitentiary Medicine and Health Society

Via Santa Maria della Grotticella 65B - 01100 Viterbo

sanitapenitenziaria@gmail.com

Name and contact details of the person who can provide further details on the project (email, telephone, fax and URL):

Roberto Monarca, MD

he Italian Penitentiary Medicine and Health Society

Via Santa Maria della Grotticella 65B - 01100 Viterbo

roberto.monarca@gmail.com

phone: +39-06-3234326

fax: +39-06-233200031

4. Additional Organisations involved in the project (if applicable):

Name

Ministry of Justice

Address (full postal plus email)

Largo Luigi Daga, 2

00164 Roma

dg detenutitrattamento.dap@giustizia.it

5. Background and Objectives

☒ Prevention (an activity that will help to prevent substance use behaviour or the spread of HIV/Aids or other infectious diseases)

6. Please indicate (by ticking the relevant box) which of the sub-areas below apply to the intervention ticked above.

a) Interventions in the criminal justice system sub-areas:

☒ Other, specify peer education

b) Prevention sub-areas:

- ☒ Selective prevention (e.g. subsets of total population)

c) Treatment sub-areas:

- ☒ Psycho-social intervention or drug free treatment (e.g. including structured counselling, motivational enhancement, case management, care co-ordination, psychotherapy and relapse prevention)

d) Harm Reduction sub-areas:

- ☒ Prevention of infectious diseases (e.g. needle and syringe exchange programmes, the provision of bleach in prisons, information, education and training on the promotion of non-intravenous use and on safe sex practices to prevent sexually transmitted diseases, Hep B/Hep C, HIV and TB including making condoms available, and screening for these diseases.)

7. Needs Assessment/Initial Situation – What is the problem that is being addressed?

Describe the situation before the project was implemented to clarify why it is needed (including population and socio-economic and demographic data):

In Italy there are no clear data on the spread of the infection diseases in the prison population. The project may be able to determine in the Italian prison population including drug users:

- i. the prevalence to the infection diseases (HIV, HBV and HCV);
- ii. the risk behaviour for infection spread.

8. Overall Objective (impact evaluation) – What is the main purpose of the intervention? *How will it modify or change the stated problem?*

If available please indicate both the **overall objective** (the main purpose of the project – the solution or modification of the stated problem) and the **specific objectives** (measurable statements regarding the desired outcome of the activity):

In the detained population the main purposes of the project are:

- i. to determine the spread of infection diseases;
- i. to prevent the infection spread;
- ii. to increase the number of the treatments for infection diseases

9. Main Characteristics

Please indicate which characteristics apply by ticking the relevant boxes below.

a) Target group i.e., group of people the project is directed at:

☒ Adults

a) Specific target group i.e., population in which the change defined as a general objective is to be reached:

☒ Other, specify all prisoners, including the drug users

10. Staff and number of people reached by project on an annual basis:

The number of staff: 5

The status (e.g. nurse, psychologist etc.): 3 Medical Doctors

2 Peer Educators

11. List the substances/infectious diseases addressed by the project:

HIV, HBV and HCV infection diseases

12. Describe the main substance/infectious disease addressed by the project:

=

13. Describe the setting of the project (this should include the social and physical environment of where the activity takes place):

The setting of the project were 20 Italian prisons:

- Roma Regina Coeli, Viterbo, Genova, Torino, Verona, Padova Reclusione, Padova Circondariale, Cagliari, Sassari, Napoli Secondigliano, Napoli Poggioreale, Catania, Palermo, Bologna, Bari, Catanzaro, Reggio Calabria, Firenze, Perugia, Roma Rebibbia

14. Describe the main activities of the intervention and type of service offered to the client:

Educational information about social and health problems correlated with infection diseases through the aid of:

- a peer educator;

- brochures, flyers and slides.

15. Please briefly describe the theoretical background of the project:

The project is principally based on the approach of the peer education. It is one of the most effective and empowering methods of working with drug users, also in the prison setting, across a range of social issues like drug prevention, crime and violence. The literature and the experience suggest that peer education is a very effective method for sharing information and knowledge. Detainees are more likely to listen to people like them. It is a basic characteristic of human as social beings. Consequently, peer education approach may modify a person's knowledge, attitudes, beliefs and behaviours.

16. How many people from the intended target group have participated in the project?

1,546 (number of people reached by project)

17. How many of them have completed the intended participation in the project?

all people reached by project

18. Evaluation Strategy - Is there an evaluation strategy for the project?

☐

No

☒

Yes

If yes: Please indicate what the evaluation status is by ticking the relevant box below:

☒

Current

19. Please indicate the month and year when the most recent evaluation was carried out:

may 2012

20. Please list the evaluation indicators that are used to monitor the changes relating to the objectives:

i. the number of screening for infection diseases;

ii. the number of drug treatment for infection diseases

21. Type of Evaluator (please tick the relevant box or boxes):

☒

Internal evaluator (e.g. an individual/group of individuals from within the organisation being evaluated who is/are responsible for collecting, analyzing and interpreting the data)

22. Evaluation Results:

Please set out the results, to date: 31/05/2012

Criteria evaluation was:

number of prisoners screened (4,072 detainees were screened; i.e. 56% of the whole population)

23. Budget:

Annual budget for the project/intervention: 20,000 euros

Sources of funding:

☒ Non-governmental organisation ☐ Private fund

24: Outputs: Please list any interesting references, links, and literature relating to the intervention:

1. Sifunda et. al., 2008. The effectiveness of peer-led HIV/AIDS and STI health education intervention for prison inmates in South Africa. Health Educ. Behav., 35: 494-508;
2. Dubik-Unruh S., 1999. Peer education programs in corrections: curriculum, implementation, and nursing interventions. J. Assoc. Nurses AIDS Care, 10: 53-62;
3. Vaz et al., 1996. The effects of peer education on STD and AIDS knowledge among prisoners in Mozambique. Int. J. STD AIDS, 7: 51-54.

Additional Remarks:

Please highlight any specific features not covered above:

Quality Criteria for The Health Does Not Know a Border

Logic model	Points	Evaluation	Points	Additional information/ deliveries	Points
Specific objectives exist	1	* Process evaluation	2	* Coordination with other services and programmes	0
Specific objectives are linked to indicators	1				
Indicators reduce the objectives into one or more quantifiable dimensions	1				
Specific objectives connected to initial situation	1	Outcome evaluation			

* The presented results refer to the formulated objectives	1	Outcome evaluation: Follow-up assessment	2	Instruments used for outcome evaluation are available	2
Outcome evaluation results available	1	Pre-post design, no comparison group (naturalistic)	0	Instruments used for outcome evaluation are new	0
* The working hypothesis presented links to the initial situation	1	Pre-post design AND comparison group (quasi-experimental)	0 0 ¹	AND are validated instrument(s)	0
* The working hypothesis is based on evidence (references to controlled trials at least)	0	Pre-post design AND comparison group AND randomisation (RCT)	0	Intervention manual is available	0
* The working hypothesis links to the specific objectives and the indicators	2	Outcome evaluation with modified instrument based on a validated instrument	0		
* Activities (programme contents) fit to objectives	1	Outcome evaluation with validated instrument	0		
* Activities fit to objectives and working hypothesis *	1				
Sum of points	11	Sum of points	4	Sum of points	2

Table: Determining the quality level

Total score	Quality level	Level of intervention (please tick)
17	Level 1 – Promising Practice	<input type="checkbox"/>
	Level 2 – Good Practice	<input checked="" type="checkbox"/>
	Level 3 – Top Level Practice	<input type="checkbox"/>

References

EMCDDA. (2012). Prisons and drugs in Europe. The problem and responses Selected Issue: European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Geneva Declaration. (2012). Geneva Declaration 2012 on health care in prison. 6th European Conference on Health Promotion in Prison from February 1st to 3rd 2012 in Geneva.

Hedrich, D., & Farrell, M. (2012). Opioid maintenance in European prisons: is the treatment gap closing? *Addiction*, 107(3), 461-463.

UNODC. (2012). HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. Policy Brief. Vienna: United Nations Office on Drugs and Crime (UNODC).

WHO. (2005). WHO status paper on prisons, drugs and harm reduction. *Euro surveillance: European communicable disease bulletin*, 10(7).

WHO. (2010). The Madrid Recommendation: Health protection in prisons as an essential part of public health. WHO Regional Office for Europe, Copenhagen.

Annexes

Glossary of Terms

Interventions

Intervention

The act of intervening, interfering or interceding with the intent of modifying the outcome (Medical Dictionary 2nd Edition, 2003).

Intervention in the criminal justice system

An intervention that is targeted at drug users in contact with the criminal justice system. This may be when they are arrested, appear before court, are in prison or when they are released from prison.

Detoxification

Detoxification is a medically supervised intervention to resolve withdrawal symptoms. Usually it is combined with some psychosocial interventions for continued care. Detoxification could be provided as an inpatient as well as in a community-based outpatient programme.

Harm reduction

The aims of a harm reduction approach are to reduce the incidence of drug use-related infections and overdose, and encourage active drug users to contact health and social services (Correlation - EMCDDA working group, Development of a data collection protocol for specialist harm reduction service providers, in print).

Indicated prevention

Indicated prevention aims to identify individuals who are exhibiting early signs of substance abuse (but not DSM-IV criteria for addiction) and other problem behaviour and to target them with special interventions.

Needle and syringe exchange programmes

Needle and syringe exchange programmes describe the service of provision of sterile syringes and hypodermic needles as well as further injecting paraphernalia to injecting drug user .

Outreach work

Community-based activities with the aim of getting in touch with persons who are not effectively reached by existing services. One key element is active contact-making with high-risk groups in a setting where they are comfortable, and keeping in close contact with them, instead of waiting for these people to approach services. Activities range from prevention to health care and advice for untreated drug users

Preventive intervention

Prevention intervention describes an activity that will be carried out in order to prevent substance use behaviour. Prevention interventions can be realised in different settings and with different methods and contents. The duration can vary between one-off activities and long-term projects running for several months or more.

Psychosocial intervention

Psychosocial interventions include structured counselling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention.

Selective prevention

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment, e.g. children of adult alcoholics, dropouts, or students who are failing academically. For more details see the [Selective prevention](#) page on the EMCDDA website.

Social reintegration

Social reintegration is defined as 'any social intervention with the aim of integrating former or current problem drug users into the community'. The three 'pillars' of social reintegration are (1) housing, (2) education, and (3) employment (including vocational training). Other measures, such as counselling and leisure activities, may also be used.

Substitution/maintenance treatment

Treatment of drug dependence by prescription of a substitute drug (agonists and antagonists) for which cross-dependence and cross-tolerance exists, with the goal to reduce or eliminate the use of a particular substance, especially if it is illegal, or to reduce harm from a particular method of administration, the attendant dangers for health (e.g. from needle sharing), and the social consequences, (Demand Reduction – A Glossary of terms, UNDCP, no year).

Treatment

Treatment comprises all structured interventions' specific pharmacological and/or psychosocial techniques aimed at reducing or abstaining from the use of illegal drugs (EMCDDA Structured Questionnaire 27, treatment programmes). In the Pompidou Group-EMCDDA Treatment Demand Indicator Protocol, the following definition is provided: treatment is any activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, medical or social state of those who seek help for their drug problems. This activity often takes place at specialised facilities for drug users, but may also occur in the context of in general services offering medical and/or psychological help to people with drug problems (Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, 2000).

Type of Approach and Objectives

Initial situation

Information relating to the target population such as drug knowledge/use, socio-economic and demographic data can all be included to assess initial situation. Data sources, social perceptions and public discussion related to the situation can also be added.

Needs assessment

Needs assessment (or needs analysis) is the systematic appraisal of a perceived phenomenon which identifies needs for intervention.

Objectives

Objectives are specific and measurable statements regarding the desired outcome of a prevention intervention. For evaluation purposes, the formulation of objectives must specify the variables to be changed and establish measurable success criteria. A plausible, testable assumption must link programme activities to objectives, and objectives to intended outcomes. If the objectives are vague, it will not be possible to implement an intervention or assess the effectiveness of the intervention.

Overall objective

The main purpose of the intervention, the solution or modification of the stated problem. Its definition should include a brief description of the expected change, preferably a quantifiable measure of outcomes, with regard to population and when it is expected to be achieved.

Evaluation (outcome)

Indicators

Indicators in the context of evaluation are simply one-dimensional measures that help to measure, to express, or at least to reflect and to simplify the more complex formulation of the objectives. For more details see [PERK](#).

Intervention-specific instruments

Instruments of examination, observation, or evaluation that were specifically constructed for an intervention.

Outcome evaluation

Systematic process of collecting, analysing and interpreting data to assess and evaluate what outcomes an intervention has achieved, (Chinman M, Imm P, Wandersman A (2004). In other words, outcome evaluation measures how clients and their circumstances change and whether the intervention experience has been a factor in causing this change (WHO/UNDCP/EMCDDA Workbooks on evaluation, 2000).

Specific objectives

The intermediate result necessary to achieve the general objective. Specific objectives always relate to changes in the target groups so that the outcomes are clearly measurable. The specific objectives need not necessarily relate to drug use but each of them, if achieved, should lead plausibly to fulfillment of the general objective. The measurement of specific objectives through outcome indicators lead to an [outcome evaluation](#).

Process evaluation

Process evaluation assesses the implementation of the intervention. It questions how the intervention took place, whether it was performed in conformity with its design, and whether the designated target group was reached. The process evaluation will help to explain outcome data and to discuss improvement of the intervention in the future

Methods - Evaluation designs

Control group (in a controlled trial)

The group that acts as a comparator for one or more experimental interventions. Also called comparison group (See also [Cochrane Collaboration](#)).

Controlled trial

A clinical trial that has a control group. Such trials are not necessarily randomised (See also [Cochrane Collaboration](#)).

Evidence

Evidence comprises the interpretation of empirical data derived from formal research or systematic investigations, using any type of science or social science method (Rychetnik, M et al., 2002). Depending on how it was obtained, evidence varies greatly in strength.

Instruments

Instruments refer to all the tools that are used to collect information on the target group, the evaluation, etc. The most widely used instruments in evaluation are self-report questionnaires. Other instruments include tests, ratings, [interviews](#) and observation instruments.

Interview

In evaluation research, the interview is an instrument used to assess data on the implementation process and outcome. Interviews can differ in their degree of standardisation (structured, semi-structured or unstructured interviews), the type of contact (face-to-face, telephone or written), or the number of people interviewed at the same time (individual or group interviews).

Logic model

A logic model is a representation of a programme that describes the programme's essential components and expected accomplishments and conveys the logical relationship between these components and their outcomes.

Pre-post design with comparison group – quasi-experimental

In this case, to the simple pre-post design a comparison/control group is added that undergoes the same evaluation procedures as before but does not receive the intervention. With this design one can demonstrate that the effects are most likely due to the intervention, but some critics could still say that there were pre-selection or context effects that made the intervention group more likely to show results than the comparison/control group: e.g. having less risk factors.

Pre-post design without comparison group – naturalistic

The pre- and post-test design (also called naturalistic design) is a simple way to plan an [outcome evaluation](#) without the benefits of a control group. In this design, the only people measured are those who receive the intervention. They are tested on their knowledge, attitudes or intentions, for example, before and after the intervention. The differences between the two measurements are then checked for statistical significance. The advantage of this design is its simplicity and the fact that it is not very time consuming. The major drawback is that without a control group, it is difficult to know whether the results are really due to the intervention, or to some other confounding factors.

Pre-post design with comparison group and randomisation

See definition for [randomised controlled trial](#).

Randomised controlled trial

An experiment in which two or more interventions, possibly including a control intervention or no intervention, are compared by being randomly allocated to participants. In most trials one intervention is assigned to each individual but sometimes assignment is to defined groups of individuals (for example, in a household) or interventions are assigned within individuals (for example, in different orders or to different parts of the body), (See also [Cochrane Collaboration](#)).

Reliability

The degree to which results obtained by a measurement procedure can be replicated. Lack of reliability can arise from divergences between observers or measurement instruments, measurement error, or instability in the attribute being measured (See also [Cochrane Collaboration](#)).

Validated instrument

One way of ensuring the quality of data collected by instrument (questionnaire) is to use only those which have been validated. A validated instrument is one which has undergone a validation procedure to show that it accurately measures what it aims to do, regardless of who responds, when they respond, and to whom they respond. Elements of a validation procedure may include the examination of [reliability](#), the comparison of results with other sources of data, the translation and reverse translation to reduce ambiguity, the examination of feasibility: acceptability, time needed to respond, cost etc. as well as the examination of variation in response due to data inquiry methods (self-administered, personal interview, telephone interview etc.), (International Epidemiological Association /IEA European Questionnaire Group).

Validity

The degree to which a measurement, questionnaire, test, or study or any other data-collection tool measures what it is intended to measure (Principles of Epidemiology in Public Health Practice, 3rd Edition. Developed by: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention).

Working hypothesis

A testable prediction about the relationship between at least two events, characteristics, or variables which may change as more data becomes available

Experts involved in collating models of good practice

Experts asked in addition

The main purpose for involving experts was to gain new information from countries which were not already covered within the CONNECTIONS project. This limits the number of countries to be addressed for the ACCESS project. However, efforts to include further four countries were made.

1. Patrick Hoffmann from Luxembourg. He originally accepted to be an expert for the Access project. Due to changes in his job position, he has to refuse his involvement.
2. Efforts were also made to cover Malta and Cyprus by experts from Greece and Italy. However, the experts did not want to cover these countries.
3. The Swedish Ministry of Justice has been contacted several times to ask for nominating an expert from Sweden. Finally there was no one accepting to become an expert to collate models of good practice.
4. Furthermore Croatia was thought to be included. But in this country it was impossible to contact to an expert for this task within the ACCESS project.

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