CROSS NATIONAL REPORT

WP5

DESCRIPTIONS OF INNOVATIVE APPROACHES INCLUDING PROFESSIONALS' AND YOUNG PEOPLES' PERCEPTIONS AND NARRATIVES

Authors:

Maria Dich Herold & Vibeke Asmussen Frank

SUMMARY OF MAIN POINTS IN THE REPORT:

The overall aim of this report is to sum up some general experiences with interventions aimed at young people who use drugs/have a recent history of drug use and who are in touch with the CJS. The report is based on 6 national reports where 11 interventions aimed at this target group are described based on written material and qualitative interviews with professionals and young people. Across the 6 countries 63 professionals and 68 young people were interviewed. Some interventions were offered in secure settings, others were offered in the community.

The report divides into two sections: 1) Perceptions of the 'problem' and their solutions and 2) Challenges of delivering the interventions. The first section points towards different factors that are emphasized in the professionals' understanding of the problem(s). These include: *Deprivation*, *Addiction/problematic drug use/misuse*, *Social media/peers/social network*, and *Emotional or psychological distress/mental health problems*. The highlighted factors are not necessarily mutually exclusive and some are emphasized more than others by the professionals in the interventions; equally, not all interventions focus on all factors. The similarities and differences between countries and interventions are explained in the section below. In the other section, Challenges of delivering the intervention, we see that the professionals focus on: *funding*, *delivering interventions in secure settings*, the absolute necessity of securing *participants' motivation to participate in an intervention*, *transition between youth and adult services,* and *language* as major challenges. It is especially, but not exclusively, important to consider whether the interventions are offered in secure settings or in the community.

INTRODUCTION

This report is the second cross-national report coming out of the EPPIC project (www.eppic-project.eu). The report is based on research done in WP5. This work package is divided into two major areas. One concerns young peoples' drug use and offending behaviour trajectories. This will be the focus of the next cross-national WP5 report. The other area is innovative interventions in relation to young people in touch with the criminal justice system (CJS) and who use drugs or have a recent history of drug use. The present report will focus on the latter, taking as a point of departure the six WP5 national reports, and concentrate on the following aims and tasks from the EPPIC proposal:

- ➢ Select 1-2 innovative interventions aiming to prevent/delay the onset or escalation of further drug use/polydrug use/use of NPS by young people in contact with the CJS, and provide in-depth descriptions of these innovations.
- ➢ Investigate the perceptions of a) young people and b) professionals or other relevant stakeholders regarding intervention approaches, and specifically regarding the selected innovative interventions.
- ➢ Investigate the experiences of young people of different interventions and, in particular, their experiences of the selected innovative interventions.

The specific aims of this report are, thus, to present and discuss:

- ➢ How the 'problem' and solution to the 'problem' are defined by different stakeholders in the innovative interventions that are present in the six partner countries that either aim at or can accommodate young people in touch with the criminal justice system and who use drugs; and
- ➢ What are the challenges and opportunities experienced by these different stakeholders in relation to running the chosen interventions.

The overall aim of this report is to sum up some more general experiences with interventions aimed at young people who use drugs/have a recent history of drug use and who are in touch with the CJS.

A key finding from the WP4 national reports was that there are very few (if any) prevention interventions aimed at this target group of young people (see WP4 cross national reports on www.eppic-project.eu). Only a few interventions combined drug use / history of drug use, being in touch with the CJS, young people and prevention. When it was possible to identify recent and relevant projects, many were funded on a project basis, e.g. 3-4 years, with funding often based on resources put out for tender, by e.g. local or national authorities. This also resulted in some interventions already having closed down, although they were relevant and targeted the group of young people relevant to the EPPIC project. However, all six countries managed to identify 'innovative interventions' that either focus particularly on young people, drug use and the CJS, or that accommodate this particular group within a broader target group description (see below).

In the following we will take as our point of departure, the problem understanding and the challenges and opportunities experienced by stakeholders and compare these across the six countries. We will look for similarities and differences, and we will focus on structural, cultural, ideological and contextual similarities and differences. First, however, we will provide a short note on method and on the interventions chosen in each country.

DATA AND METHODS:

The present report is based on the six national reports. For detailed information on data and methods in each country see the reports on www.eppic-project.eu. In general, however, the reports are based on evaluations, webpages, grey literature and research literature and interviews with professionals employed in the

interventions and young people enrolled in the interventions. All in all in the six countries 63 professionals were interviewed and 68 young people. In the UK interviews with professionals from WP4 were included in the report.[1] In Poland interviews from an evaluation project on the intervention Candis (see below) were used but these are not included in the numbers above. Interviews were conducted as either focus group interviews (2 with professionals and 1 with young people) or individual interviews (109).

In several of the partner countries it turned out to be more difficult to access and interview young people than expected. In some countries, it was difficult to access young people in the community, but not in secure settings/prisons. In other countries it was also difficult to access young people in secure settings. In Denmark, it was administratively difficult to access young people in secure settings, but when these more bureaucratic circumstances were solved the young people were willing to be interviewed. In Germany, it was difficult to access and interview young people as the chosen intervention only had a very few young participants when the interviews for this report were conducted and only two of these young people were ready to share their experiences of the intervention. The difficulties in getting interviews with young people in several of the partner countries is reflected in the comparatively modest level of young peoples' perspectives and experiences included in this report. In future reports we will analyze further the young peoples' perspectives and experiences with interventions.

CHOSEN INTERVENTIONS:

In all, 11 interventions were chosen across the six partner countries. 3 out of the 11 interventions were delivered only or partly in secure settings (e.g. prisons, remand prisons, attenuated custody institutes[2]). The rest were delivered in the community. 6 out of the 11 interventions were run and funded by public organisations.[3] The rest of the 11 interventions chosen were run by private organizations. However, funding might partly come from local/regional/national authorities. As we shall see below, challenges are related to where the intervention is delivered: in prisons / remand prisons or in the community, and whether they are run and funded by local/regional/national authorities or private organizations.

Out of the 11 interventions 2 were run on a residential basis, i.e. the young people were enrolled in a particular institution (e.g. in Austria as 'treatment instead of imprisonment') or were sentenced to a particular wing in a prison / remand prison. Out of the 11 interventions 9 were run on an 'out-patient' basis, i.e. the young people participated in the intervention for example once or twice a week.

In terms of quality standards, the concept has different meanings for different interventions. Many of the interventions chosen were not based on particular national quality standards, but several were based on local policies and guidelines related to 'good practice'. In Italy, for example, Spazio Blu has to meet the regional Standard for the authorization and accreditation of addiction services. The professionals interviewed had, however, different views about whether these guidelines were useful or just created more bureaucracy for them as professionals. In Poland, the intervention FreD is in the EDDRA (European Drug Demand Reduction Action) database on good practices. The interventions in Austria were assessed by the Ministry of Justice as based on the national drug law.

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[1] In Germany 7 professionals and 8 young people were interviewed, but the report is based on 2 interviews with professionals and 2 interviews with young people. The other professionals and young people were from other interventions that were not chosen as a case for the WP5 report.

[2] 'Attenuated custody institutes' in Italy are similar to 'drug wings' in other countries.

[3] In Italy some of the publicly funded interventions had elements that were run by private organizations.

Country	Intervention	Delivered	Funding	Quality standards
Austria	Schweitzer Haus Hadersdorf http://shh.at	By non-profit organization in small communities, in shared apartments in a villa at the periphery of the city of Vienna	Subsidy by the Austrian Government	Assessment through the Ministry of Justice
	Verein BASIS www.vereinbasis.com	Headquarter in a town-house in the city of Vienna (2 rented apartments) for individual visits and group therapy; external counseling in several prisons in Austria	The Ministry of Justice bears the costs for treatment, therapy and counseling	Assessment through the Ministry of Justice
Denmark	POM (Da.: Projekt Over Muren) www.koebenhavnsfaengsler.dk	Remand prison; run by the Prison Service	Publicly funded	Evaluated every fifth year and based on evidence based methods
	Fundamentet www.fundamentet.org/	Community; run by private organization	Mainly privately funded, but receives small amount of public funding	No evaluation, 'freedom of methods'
Germany	KiG (Ger.: Kiff im Griff) http://www.balanx-berlin.de/kig.php	Community; run by private organization	Publicly funded	Based on own experiences of good practice
Italy	I.C.A.T.T. Padova (Eng.: Attenuated Custody Institute of the Padoa prison) (Contalbrigo et al. 2017)	Prison	Publicly funded	Pilot interventions evaluated by the University. Not based on quality standards
	Spazio Blu (Eng.: Blue Space) (Giove et al. 2012)	Community	Publicly funded	Internal assessment. Based on regional guidelines – not on quality standard as such
Poland	FreD goes Net http://www.programfred.pl/	Community; run by NGO's and/or health services	Publicly funded by National Bureau for Drug Prevention and local communities	Based on quality standards
	Candis http://www.candisprogram.pl/	Community; run by NGO's and/or health services	National Bureau for Drug Prevention and local communities	Based on quality standards
UK	Project A (anonymous)	Community; delivered by youth offending service	Funded by local authority (3 year pilot)	Based on research and 'best practice' evidence and informed by the 'protective behaviours' approach (not quality standards as such)
	Project B (anonymous)	Community; delivered by a charity organisation	Funded by the local authority	Pilot is being evaluated. Not based on quality standards

Table 1: Chosen interventions

In Denmark, POM was accredited and has to be accredited every fifth year. The professionals in the intervention KiG in Germany emphasize that they are too small an intervention to have the resources to systematically develop and / or implement wide-ranging quality standards. In England, both projects commented on the theoretical and evidence bases for the projects but they were not following any formal quality standards. In the future WP6 EPPIC report we will discuss quality standards in depth.

For further information on the particular methods used in the interventions, see the national reports on www.eppic-project.eu. In the present cross national report we focus on the basic assumptions related to problem understanding and solutions to these problems, both in the descriptions of the interventions' presentation on (e.g.) websites and by professionals and participants in the interventions.

It is important to underline that 'prevention interventions' do not necessarily mean the same thing in each of the six partner countries.

> *At a simple level, drug prevention may include any policy, programme, or activity that is (at least partially) directly or indirectly aimed at preventing, delaying or reducing drug use, and/or its negative consequences such as health and social harm, or the development of problematic drug use* (UK: ACMD 2015:12)

This broad definition was reflected in the country reports where prevention interventions were framed very widely to include primary prevention aiming to prevent or delay onset of use, through to preventing the development of more harmful patterns of use, treatment, and harm reduction.

TARGET GROUP(S) IN THE CHOSEN INTERVENTIONS:

The interventions chosen should focus upon or be able to accommodate young people with a drug use or history of drug use, and who are or were in contact with the criminal justice system. We will here discuss, how the interventions interpreted 'drug use', 'being in touch with the CJS' and 'young people'.

For most interventions 'drug use' was not specifically defined. It could be use of any drug including alcohol, and also use of a combination of drugs. One exception was, however, the KiG in Germany and Candis in Poland where drug use was limited to use of cannabis. Primary use of other drugs would exclude participants from the intervention. On the other hand, Fundamentet in Denmark did not focus on drug use at all in their target group description, but on vulnerable citizens in need. They did, however, not exclude any participants due to their drug use, and many of their participants did have a history of drug use. Other interventions, as for example the ICATT prison section in Italy, only accepted people with a diagnosis of drug addiction.

'Being in touch with the CJS' was – of course – obvious when interventions were delivered in prisons / remand prisons. Being in touch with the CJS was different for other interventions, as for example interventions aimed at 'treatment instead of prison' (e.g. SHH in Austria) or for young people who were instructed by a judge to participate in an intervention (as e.g. KiG in Germany). In touch with the criminal justice system could also mean being in supervision by the Prison Service or wearing an electronic tag, as was the case with participants in Fundamentet in Denmark. The Polish report points out that since possession of drugs is an offence, all drug users are potentially in touch with the CJS and some of the young people in the interventions were referred to these by teachers, police, etc. In the UK report, the target group overlaps with both the youth justice and adult criminal justice systems and includes young people aged between 15-24 years who have received a reprimand, warning, caution or conviction for a recordable offence. This includes young

people who are under supervision with the youth or criminal justice system in the community and those who have been sentenced to custody in secure training centres, young offender institutions and prisons.

'Young people' were also defined in different ways in the interventions. 2 interventions were aimed at minors. In the UK one of the interventions was aimed at 11 – 18 years old. In Italy one intervention was also designed for minors (14-18) but young adults up to 25 years are also admitted if the offence occurred when they were minors. The difference in age span mirrors the different age of criminal responsibility. In the UK this is 10 years of age, in Italy it is 14 years of age (for details see WP4 cross national report on www.eppic-project.eu). Some interventions aimed at minors and young adults (e.g. between 14 and 21/24 years of age as FreD and Candis in Poland or KiG in Germany). In Austria, the two interventions include minors in their services, but are not specifically aimed at minors or young people. Other interventions, especially the prison / remand prison based ones, aimed at young adults between 18 – 24 years of age, or all inmates over 18 years of age, as for example POM in Denmark.

To sum up, when we talk about 'drug use', 'in touch with the criminal justice system', and 'young people' these might not cover a homogeneous group, but should rather be seen as categories that are used in different ways in different interventions in the different countries.

In the report we use the following terminology:

- 'young people who use drugs', 'drug use', 'problematic drug use'
- 'young people in secure settings', 'young people involved in crime', 'young people in touch with the CJS'.

PERCEPTIONS OF THE 'PROBLEM' AND THEIR SOLUTIONS

In the following, we will point at several factors that were perceived to lead to problems for the young people enrolled in the chosen interventions, and how solutions are sought to alleviate these problems. These factors include: deprivation, addiction/problematic drug use/misuse, peers/social media/social networks, and psychological distress/mental health problems. Especially deprivation and addiction/problematic drug use/misuse are perceived as important factors and also often perceived as interrelated, as we will discuss below. For the purpose of clarity we have singled out these four perceived factors and proposed solutions and describe them one by one. Below we will discuss how the professionals in the interventions perceive/represent the interrelationship between these factors and suggested solutions.

Deprivation:

Social and economic deprivation is emphasized in many of the interventions as an important factor in both drug and criminal problems. KiG in Germany, for example, underlines that '*most participants in KiG are from relatively poor families with a low level of education*'. In the UK report it is emphasized that many of the young people in the chosen interventions 'c*ome from highly disadvantaged households*' and that '*drugs/alcohol were a means of coping with extensive family difficulties, such as parental substance misuse or domestic violence or a way of feeling less anxious*'. In the Italian report emphasis is placed on '*affective deprivation, losses, and lack of points of reference*'. And, in the Danish report, it is emphasized that '*poor schooling, problematic family and peer networks play a key part in problem understanding*'. Social and economic deprivation thus includes being deprived of access to education, being unable to get into the job market, problems with housing situation, family background and peer network. In the Polish report it is pointed out that causes of

drug use and related problems are complex and may include social and emotional vulnerability. Both interventions in Poland, however, offer only skills on how to reduce drug use and problems without necessarily changing the social context of the young person.

In the Italian and UK reports it is emphasized that being deprived of getting a job, as many of these young people are, increases the risk of entering criminal networks, such as drug dealing networks in organized crime or gangs. The Italian report emphasizes that this is especially related to illegal immigrants. This negative effect of deprivation increases the risks of young people, since they are not only exposed to drugs but also that, once enrolled in a gang or in organized drug supply it becomes very difficult to get out of these networks again.

In the Polish report one of the professionals claimed that the participants in the intervention FreD '*do not belong to vulnerable groups suffering from poverty or other problems*', but that their problems were stemming from the drug use itself, which was initiated to have fun and socialize with other peers. On the other hand, the report also emphasize that some young people interviewed come from clearly disadvantageous families, including heavy drinking and criminal involvement.

In general, however, in the descriptions of the 11 interventions in the reports, deprivation is perceived as playing a major role in understanding young people's problems. It is interesting, however, that an intervention, as for example KiG in Germany, that recognizes deprivation as a major factor, focuses the measures / initiatives in the intervention on individual motivation, developing individual resources (as for example self-confidence) and in changing the participants' perspectives. An intervention like Fundamentet in Denmark, on the other hand, recognizes deprivation as well, but offers help to make the participant's life more stable, safe and coordinated by including other interventions (e.g. social services, educational institutions, etc.).

These differences should be understood in relation to the structural conditions and contexts of the interventions, rather than assuming that an intervention is neglecting the problems they recognize that the young people have. All interventions are subjected to particular conditions and therefore they are (only) able to address recognized parts of the problems. Welfare services are always subject to particular structural constraints, as has long been emphasized in the literature, for example by Lipsky (1980). Services are based on particular perceptions of problems and their solutions, and this places constraints on professionals' work and on their ability to take on citizens in need of help. We will discuss this in more detail in future articles.

Addiction/problematic drug use/misuse:

Many of the interventions acknowledge and recognize 'addiction' or 'problematic drug use' or 'misuse' as a factor that causes problems for the young people enrolled in the interventions. It causes other problems than dependence and it might be seen as a 'side effect' of conditions in young people's lives, e.g. deprivation or offending behavior. The interventions use different terms and therefore we represent all terms here.

In Italy, the intervention Spazio Blu recognizes that drug consumption may cause problems, but also that drug consumption is not *the* cause of the risky and undesirable pathways the young person's life has taken. Drug consumption is rather a symptom of this pathway. As in Italy, the interventions in Germany and Denmark saw drug use as an important factor that needs to be taken care of, but not (necessarily) as *the* cause of the young people's problems. As for example a professional in POM, Denmark, who considers drug use a 'symptom' of other problems says:

> *I definitely view drug misuse as a symptom of other problems. It might not always be the case, but it usually is. Those who are easiest to help are those who do not carry a big load of other issues. […] They are not as fixed in their habits and ways of life. So, I often think that drug misuse is a symptom, but with a persistent effect (Professional, POM).*

In the Polish report and in the English report professionals emphasized that some young people often did not recognize their drug problems, others were very well aware of the severity of their problems. In the Polish report, for example, the intervention Candis operates with both abstinence and reduction of drug use. Some professionals in Candis, however, reject the idea of reducing drug use, and operate only with abstinence. This causes some young people to leave the intervention prematurely. In several of the descriptions of the 11 interventions there were these discrepancies between professionals' and young people's views, but also internally between different categories of professionals. An exception to this was, however, Fundamentet in Denmark and Spazio Blu in Italy, where they never defined drug use as a problem beforehand, but always accepted the participant's perceptions of what his or her problems were. In the German report there were no differences identified between professional and young people's perspectives.

In addressing drug use as an individual problem in the interventions, many different methods are applied including evidence-based methods such as cognitive therapy, motivational interviewing, systemic psychotherapy or group therapy. In the UK especially, use of new technologies was emphasized in order to '*keep pace with how these [new technologies] come in and out of fashion*' (see also below in the section on social media/peers/social network). Drug use as an individual problem is perceived as possible to respond to by either group- or individual sessions with participants. The overall idea is to change the individual's behaviour, for example by explaining change using Prochaska & Di Clemente's (1983) wheel of change, and influencing how the individual thinks, understands and copes with his or her drug use, offending behaviour and life in general.

Approaching drug use from a social perspective is, as Fundamentet for example suggests, changing some of the life circumstances of the individual, for example getting a job, starting an education, or in other ways changing the structure of everyday life. The rationale is that if this changes the individual's drug use, offending behaviour will also change - eventually.

Thus, in the descriptions of the 11 interventions, 'addiction'/'problematic drug use'/'misuse' is perceived as playing a major role in understanding the young people's 'problems', not necessarily as the cause of their 'problems'. Even though many of the interventions were directly aimed at addressing or tackling drug use problems, drug use was, in many of the interventions, not understood as the primary problem. All the same, the approaches in the interventions focus on changing drug use to either abstinence or to a reduction in use.

Social media/peers/social networks

Especially the UK report emphasized how socialization into drug using peer networks, social media and trends in drug use were important factors in perception of the young peoples' problems. Drug using peers and peer influence were perceived to increase the normalization of drug use. Social media and music was perceived to be inspirational and set trends, for example in mixing drugs in new ways. An example was the new trend in drinking 'Dirty Sprite' – a mixture of Sprite and cough syrup with codeine.

While there were mentions of peers and peer influence in some of the other reports (e.g. the Polish report), this aspect was dealt with in the UK report, in particular. Peers and peer influence is, however, considered a major risk as well as protective factor in literature on young people and problematic drug use (see for example Petraitis et al 1995, Monahan et al 2014, Pisarska et al 2016).

Emotional or psychological distress/mental health problems

In several of the reports it is emphasized that professionals refer to mental health problems caused by or as a reason for drug use. For example, in the Polish report a professional refers to a participant in the intervention FreD who got scared when increased drug use caused depression and other negative mental states. In the UK report professionals talk about drug use as 'self-medication' for anxiety and distress, especially when young people have difficulty accessing mental health support from health services. This was also the case in the Danish report and in the Polish report. In the latter cannabis use was reported as self-medication for depression. The Italian and Austrian report in particular emphasize how immigrants use drugs to cope with the anxiety and loneliness that their difficult life situation causes. But it was also the case that the professionals noticed an increase in mental health problems with an increased use of illegal substances such as cocaine and heroin among minors in touch with the CJS in Italy.

In the literature there is a general discussion about the 'chicken and the egg' – does drug use cause mental health problems, or is it individuals that already are predisposed to mental health problems whose use of drugs can provoke it.

Another important issue that is emphasized is emotional distress caused by being involved with the criminal justice system, as for example a professional emphasized in relation to Candis in Poland: '*they [the young people] often feel ill-treated by the justice system*'. The professionals in the Italian report perceive the penal system to be too severe with minors, with potentially adverse consequences. In the Danish report professionals in POM stress that care and support are important aspects in their sessions, and that learning how to navigate in prison life and the prison setting is a big challenge for some of their young clients. This experience is also largely reflected in the interviews with POM participants. Coping with the stress of prison life is also emphasized in the literature as a major motivation for adults entering prison based drug treatment (e.g. Frank et al 2015). However, some young people in the Italian report also understand their forced entrance into treatment in the CJS as an opportunity to change their drug using life style and reflect on the risks they run by having this life style.

Discussion

Even though the perceptions of the 'problem' are 'unique' for each particular intervention reported in this cross national report (for details see national reports on www.eppic-project.eu), there are, on the other hand, also some more general patterns in the perceptions of problems that can be distilled from the descriptions of each intervention in the national reports. Also, some perceptions of the 'problem' in particular are related to specific laws and policies in the partner countries. The Polish report, for example, emphasized that it is a problem to set 'reduction of drug use' as a goal for the interventions, since drug use is illegal.

A more general difference in the perceptions of the problem is whether there is a focus on the individual or the context in which the individual lives. Focusing on deprivation as a major factor is also focusing on the importance the context and social setting of the individual have for developing problems, both drug use and criminal problems. Focusing on addiction/problematic drug use/misuse is mainly a focus on the individual, especially when it comes to solutions to the problem. Offering help for problematic drug use takes its point

of departure in almost all the interventions in changing the individual, for example by focusing on developing coping strategies, on change in order to develop into age appropriate emotional stages, on managing negative emotions, recognising and avoiding risky situations relating to drugs and alcohol, and building resilience. When focusing on deprivation as a major factor that causes the problem it is changing the context, giving opportunities (in relation to education, job, housing) and making life stable that become important factors of change. Looking at existing literature it is easy to find a focus on either the individual or the social/contextual, but more difficult to find literature that involves both aspects and argues for a more comprehensive understanding of the problems. A few studies have taken both individual and social/contextual factors into account, as for example Gell et al (2016) when they discuss 'what determines harm from addictive substances', or West (2013) when he presents different models of addiction. When it comes to literature on crime and offending behavior this is also the case (see e.g. Farrington and Welsh, 2007; Garside, 2009). And, lastly as has been pointed out as a main argument for the EPPIC project, most research focuses on either drug use or offending behavior. Hardly any literature covers both (see WP4 cross national report on www.eppic-project.eu).

An important finding when looking across the national reports is that in several of the partner countries there is a general focus on looking at young people and drug use and criminal careers from an '*intersectorial*' perspective, as we also saw in the WP4 reports. POM, Denmark, for example, describe their intervention as 'holistically oriented' which e.g. means that treatment providers collaborate with other sectors and professionals, both internally and outside the prison setting such as social workers, health professionals, schools, other prison staff, priests/imams. In the UK the emphasis is on a partnership approach requiring collaboration between different criminal justice, social, educational and health services. In Italy professionals talked about '*global care of the person*' and '*multi-disciplinary integrated intervention*' emphasizing the importance of multi-dimensions and inter-institutional interventions in order to support young people's evolutionary paths by increasing the protective factors and reducing risk factors. Even though there are these more general ideas about 'intersectorial'/'interdisciplinary'/'partnership' approaches it is also reported that coordinating and working with other services is not always easy, especially since the problem understanding and perceived solutions, can be very different. For instance, even if drug abstinence is not the main aim of the Spazio Blu interventions, other institutions involved in the CJS may give much importance to this aspect. In Poland there is no tradition for intersectorial or partnership models in planning and implementation of interventions.

In the first cross-national report based on research in WP4 we saw that there are differences in law and policies across the six partner countries in EPPIC. These laws and polices underlie all interventions in some ways, more or less explicit. The Austrian report, for example, shows how drug laws and polices influence not only the interventions, but also the problem understanding. The two interventions described in the Austrian report are subjected to the 'treatment instead of punishment' policy recorded in drug laws that makes it possible to make offenders choose treatment instead of prison. This policy focuses in particular on drug use as *the* problem, on psycho-social therapy as the solution to the problem (sometimes in combination with medically assisted drug treatment), and has abstinence as the goal. This policy construction also promotes addiction/problematic drug use as an individual problem, and does not focus, for example, on deprivation and treatment measures that can alleviate these problems such as housing, education, job opportunities, etc. In Denmark, the intervention POM in the remand prison is also an outcome of laws and policies that among other things guarantee inmates access to psycho-social drug treatment while in prison. This intervention is also through laws and policies subjected to focusing on drug problems, rather than the individual's more general life circumstances that cause problems for him, as for example deprivation and circumstances stemming from this. Indeed, as it happens in Italy, despite the fact that professionals are firmly convinced that

structural interventions would be more effective, they have to face their impossibility to deal with these kinds of problems. We will get back to this below, when discussing challenges and opportunities.

CHALLENGES IN DELIVERING INTERVENTIONS

The six reports point at several challenges in the implementation of the day-to-day measures and initiatives in the interventions. These challenges came up in particular in the interviews with the professionals. In the following we emphasize the different kinds of challenges that came up in the interviews, but not all challenges are emphasized by professionals in all interventions. The challenges described below are, however, major challenges mentioned in several of the reports.

Funding

An important challenge mentioned by many of the professionals when interviewed was funding. Many interventions existed on a project basis and were funded for e.g. 3-4 years. As we see in the UK report this has resulted in many projects having already ended although they were relevant for the target group in EPPIC. The fact that no other interventions have developed, means that there is a lack of interventions targeting that particular population. In the Danish report, we see that a private organization like Fundamentet relies almost entirely on private funding. In Poland the interventions FreD and Candis have to apply annually for funding. This reduces sustainability and constitutes a barrier to proper implementation, especially because funding needs to be spent each year and has a bearing upon enrollment of new participants at the end and at the beginning of a new year. The Italian report noted that professionals in attenuated custody – where some interventions are run by private not-for-profit organizations – emphasized that the use of volunteers as a resource can cause problems in relation to continuity. Also, emphasized in the Italian report, resources are especially scarce when it comes to interventions focusing on social rehabilitation and job opportunities.

Another aspect of funding is that for several of the interventions funding is based on their ability to be accredited by the authorities. In Denmark, for example, the intervention POM in the remand prison must be accredited every fifth year, but annual reports are returned to the Prison Service based primarily on data gathered from monitoring the program.

Overall, funding and unstable funding situations become a challenge to continuity and sustainability in/of the interventions.

Secure settings

As we saw above, only 3 out of the 11 interventions are delivered only or partly in secure settings (e.g. prison / remand prison). This section mainly applies to these interventions. The rules and regulations of prisons as well as whether the young person has received a sentence yet, influence the work that can be done in the interventions. The following points are mentioned in (either) the Italian, Danish, or Austrian report:

- Interventions do not have a fixed date for starting up, but have to be flexible since inmates /remand prisoners who could benefit from the intervention continuously enter prisons/remand prisons.
- Young people who are in remand prison waiting for their sentence and enrolled in an intervention might from one day to another be moved from the remand prison to a prison as soon as their sentence has been passed. It is therefore (always) very uncertain how long a person will be enrolled in the intervention in a remand prison.

- Young people enrolled in an intervention who have a short sentence: this is a challenge to the interventions in terms of creating a basis for change. This is even worse in the case of illegal immigrants who cannot legally remain in the country – and therefore access treatment - after they leave prison.
- Inmate culture in the prisons / remand prisons can be counter-productive to the change work in the interventions.
- Drug use and talking about drug use can be difficult in prison / remand prison, since all use of drugs is prohibited and can have an effect on one's sentence. This point was also relevant to the UK context, even though none of the chosen interventions were implemented in a secure setting. Talking about drugs and drug use can in general create effects on whether the young people can stay in the intervention, especially if the intervention demands abstinence.
- Motivation for treatment is another big issue. When treatment/prevention replaces or reduces punishment – like in special dedicated prison sections - often the detainees' motivation for interventions is not spontaneous, and this impedes its efficacy.
- Another challenge mentioned is the collaboration between the health and the penitentiary staff and the need for joint training.

The prison / remand prison setting thus creates specific challenges. Some of these challenges are also pointed out in the literature on implementation of different kinds of interventions in secure settings, as for example implementing drug treatment (e.g. Kolind et al 2010, Frank et al 2015) or harm reduction measures (Duke, 2011, Sander et al 2016) in secure settings.

Participants' motivation when participating in an intervention is obligatory

A major challenge is when young people are sentenced to participate in an intervention or choose to participate in an intervention instead of being imprisoned. This can affect their motivation, as is emphasized in the Austrian report. Here young people do not see it as a choice (and hence that they have to be motivated) to enter treatment instead of punishment, but as a way to avoid imprisonment.

In Germany, as another example, the long time period that often passes between court decision (where the young person is sentenced to participate in KiG) to the actual enrollment, affects the understanding of the relation between sentence and participation in KiG, and therefore also the motivation for participating in KiG. In general, long waiting times are perceived as major challenges, as is also the case in the Polish report.

Even though participation in the interventions in Italy is voluntary, it is important to notice that young people had different kinds of motivations for entering the intervention apart from the stated aim of the intervention, the first being that it is the judge who "suggests" the program, and will take it into account when deciding the sentence at the end of the trial. For example, some of the participants enrolled in the intervention in order to get on parole earlier. This was also mentioned in the Danish report.

These multiple and different kinds of motivations for entering drug treatment in prisons are also emphasized in the literature (e.g. Frank et al 2015).

Transition between youth and adult services

Another important challenge that some of the reports underline is the transition from youth to adult services. In all partner countries young people are considered 'adults' when they are 18 years. In Austria there is a differentiation between 'minors' (14-18 years of age) and 'young adults' (18 – 21 years of age) which has an impact on sentencing and imprisonment. However, young people are usually not transferred from youth prison to adult prisons when they reach the upper age limit, but remain in the youth prison until they get released.

Professionals at Fundamentet in Denmark emphasize that this transition from one kind of service to another, often stresses the young people a lot, since this is new territory for them. A major challenge is that there is not a sufficient focus on handing over young people when they come of age to the adult services.

In the UK report it is underlined that this transition is especially problematic within the CJS, since young people are transferred from youth offending services to adult probation/prison services. While this challenge is not underlined in all reports, it is a general challenge that all young people with drug use and involved in crime face when turning 18. By comparison, this is not a major problem in Italy since according to the Law minors who have committed a crime are engaged in the CJS for minors until they are 25.

Language

Language is mentioned in several of the reports as a major challenge regarding inclusion of young people with different ethnic backgrounds. In general, if young people do not speak and understand the national language they are often not enrolled in the intervention in question. In the UK, professionals reported that they have the ability to employ translators to meet language needs, but due to the difficulties in maintaining engagement of young people in these services, it was sometimes difficult to justify the expense of hiring a translator when there was no guarantee that the young person would attend appointments.

Involvement of young people in the interventions

Overall, the reports show that most interventions are unable to involve young people in the design and implementation of the intervention. User involvement consists foremost of listening to the young people and taking a point of departure in what they see as their main problem. It is not all interventions, however, that do this.

In the UK report professionals emphasized that better engagement should be something to aim for, even though they also stressed the difficulties in doing so.

CONCLUSION:

In this report, we have aimed at bringing together perceptions of problems and their solutions from professionals and young people in 11 different interventions targeting or covering young people with a drug use issue and in touch with the CJS in the 6 EPPIC partner countries. We have also considered the challenges in delivering these interventions. We have covered a broad field of different interventions, including interventions delivered in secure settings and in communities; as in-patient or out-patient interventions; for minors as well as adults; run by private organizations or public bodies; etc.

We have seen that there are different perceptions of the problems and their solutions. These perceptions do not necessarily mutually exclude each other, as for example, individual risk factors versus contextual/settings and risk environments. The important point is that the overall problem understanding in an intervention also influences the actual measures offered – aimed, at one end of a continuum, at 'treating' the individual's drug problem (reduce drug use or become abstinent) and, at the other end, at helping to 'change' the life circumstances of the individual (e.g. getting a job, going into education, getting out of criminal circles). While most countries operate with 'intersectorial'/'interdisciplinary'/'partnership' ideas, i.e. that different sectors (social, health, CJS, etc.) should work together in order to 'solve' or 'manage' problems for the young people that is EPPIC's target group, this is not necessarily easy to do in everyday institutional practices. This is one aspect that we will follow up on in future writings from EPPIC.

We have also seen that there are different difficulties in delivering the interventions: funding is a major factor in relation to the stability of the interventions; young people's motivation to be in the interventions, including motivation to enter interventions in secure settings; language; and transitions between youth and adult services.

The report is the first of two cross-national reports coming out of WP5. The next cross-national report will focus on young people's narratives of their trajectories in and out of drug use and in and out of being in touch with the CJS. What would be important to keep in mind for the next phase of the WP5 is:

- The interplay between individual and contextual factors as well as legal provisions in the young people's narratives about their trajectories. How do they understand and represent their 'problems'?
- The young people's experiences with and narratives about different kinds of services and possible frictions between these (e.g. friction between health care services and the CJS).
- Young peoples' narratives related to their motivation for entering, staying or leaving services.
- The interplay between drug use and drug supply in their narratives.
- Focus on diversity – what are similarities and differences in young people's narratives if they are male/female, ethnic minorities or not, illegal immigrants, etc.
- The young people's perceptions of risk and risk assessment in their narratives.

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