



# 11th EXASS Network Report



## Criminal Justice and Drug Policy

Slovenia (Ljubljana and Maribor) 26 to 28 September 2016



P-PG/ COOP (2017) 1

# EXASS Net

European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral cooperation

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**EXASS** Net



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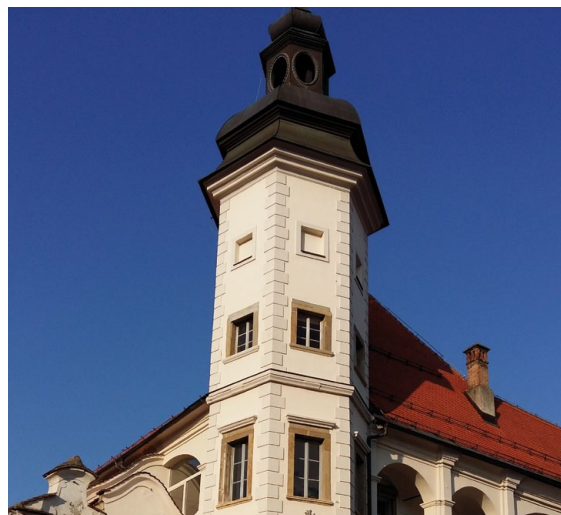
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# 1. Executive Summary

Drug policy experts from all over Europe met and discussed drug policy and practical responses to substance use disorders (SUD) in prisons. **The 11th EXASS Net meeting took place in Ljubljana and Maribor in Slovenia from 26 to 28 September 2016.** The participants visited the Centre for Treatment of Drug Addiction in Ljubljana and the prison and the Forensic Clinic in Maribor in order to learn more about the Slovenian approach. Key discussion topics were the continuity of care, new psychoactive substances in prisons and regional cooperation. The expert meeting was hosted by the Slovenian Ministry of Health and the Prison Administration. EXASS Net is a European network of partnerships between stakeholders at frontline level responding to drug problems and providing experience and assistance for inter-sectoral cooperation.



## 2. Background

Although alternatives to imprisonment have been introduced in many countries, an increasing number of people who have used or continue to use drugs enter prisons each year. Some are in prison as a result of conviction for mostly a minor drug offence. Most of them have been imprisoned for other offences involving the unlawful acquisition of resources for the procurement of illicit drugs. Drug use, blood-borne virus infections (including HIV/AIDS and viral hepatitis) and airborne infections (TB) are serious health problems in prisons and the criminal justice systems of most countries worldwide. The frequency of such infections makes these institutions important settings for the provision of effective drug-related services and the prevention of infectious disease transmissions to help reduce the damaging effects of drug use on health, prison safety and security, and on the broader community (through increased reoffending and the public health impact of onward transmission of infections after release). A large proportion of the people who enter criminal justice systems and prisons have a history of drug use and injecting. Many of these individuals continue to use drugs while they are in prison. The prison environment may have a positive impact on some drug users, helping them to stop or reduce their drug use or to use less frequently but,

for others, prison will be an environment where they switch to more harmful patterns of drug use or even start using drugs.

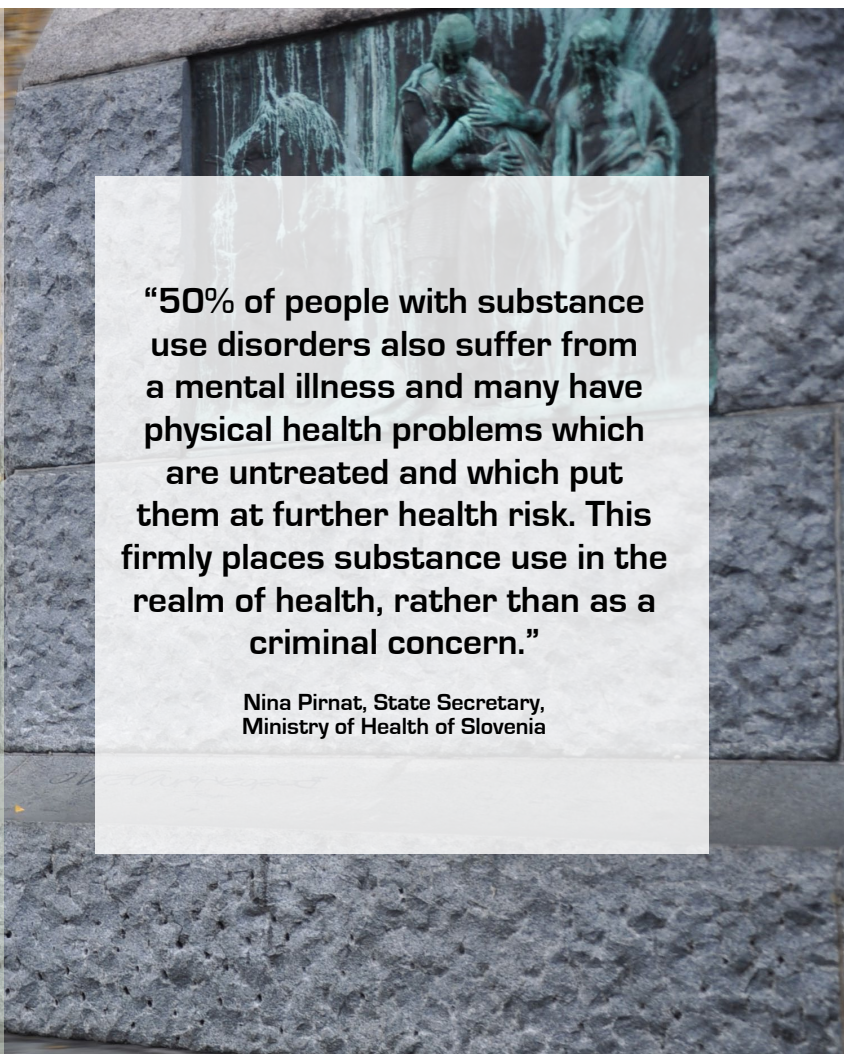
The Pompidou Group aims to tackle these problems through its Criminal Justice and Prison Programme. The various projects of the Programme support governments to develop drug treatment and social reintegration strategies for imprisoned drug users. These efforts help reduce relapse and recidivism. An effective and people-centred drug treatment system should comprise pharmacologically assisted treatment, like opiate agonist therapy, harm reduction and drug-free approaches such as therapeutic communities. Agonist treatment is an effective and important tool in the fight against HIV and hepatitis C, and can help opiate-dependent drug users to stop or at least reduce their use of illicit drugs. On the other hand, drug-free treatment is a valuable tool to help drug users who are not dependent on opiates and want to stop using or overusing drugs. The Programme assists governments to develop such policies and rehabilitative measures of treating, educating or reintegrating drug users, also as alternatives to conviction or punishment.



## Drug use in Slovenian prisons

In Slovenia, 38% of prisoners report lifetime use of illicit drugs. The main drug that is used in prisons is cannabis, followed by cocaine and heroin. Around 2.3% of prisoners report regular use in prison. 1.9% prisoners declared that they inject drugs during imprisonment. Health and psychological disorders are common among prisoners. 30% of prisoners had an overdose prior to imprisonment and more than 20% showed signs of social problems and mental

health disorders, especially depression. Use of new psychoactive substances (NPS) is relatively low, although there has been an increase in seizures and poisonings involving these substances in prisons in recent years. The most popular synthetic drugs are synthetic cannabinoids.



**“50% of people with substance use disorders also suffer from a mental illness and many have physical health problems which are untreated and which put them at further health risk. This firmly places substance use in the realm of health, rather than as a criminal concern.”**

**Nina Pirnat, State Secretary,  
Ministry of Health of Slovenia**

## 3. The Meeting

### Opening of the meeting

The meeting was opened by Nina Pirnat, State Secretary at the Ministry of Health, and Jan Malinowski, Executive Secretary of the Pompidou Group.

Ms Pirnat said in her opening remarks that substance use problems should be treated as a health concern rather than a criminal matter. She stressed that treating the underlying issues which have led to the use of substances is of primary importance – and that means recognising the myriad of family, social, intergenerational and psychological factors which are conducive to substance use. She also said that Slovenia is committed to cooperating internationally in order to identify both the underlying issues which have led to the use of substances and evidence-based drug policy responses.

Mr Malinowski talked about the detrimental effects of the closed environment, overcrowding, poor material conditions and lack of meaningful activities on prisoners' physical health and mental wellbeing. Loss of self-esteem and self-determination can lead to or exacerbate behaviours that involve various forms of self-harm and risk-taking, including drug use. According to Mr Malinowski, harm reduction measures and opiate agonist treatment (OAT) are some of the most effective responses to drug use in prisons. In this context he mentioned a judgement of the European Court of Human Rights that illustrates this point.



## Presentations



Over the two days, experts presented epidemiological and other health data, evidence-based practical interventions and projects in the field of criminal justice.

The main focus of the presentations was the Slovenian model of tackling drug dependence in the criminal justice system. In addition, international experts presented good practice examples from the UK, Germany and Norway.

Speaker	Presentation
Mr Robert Teltzrow	The Criminal Justice and Prison Programme of the Pompidou Group
Dr Norbert Konrad	Treatment of mental disorders and dependence syndromes within the prison
Mr Rune Hafstad	Therapeutic community in prisons
Dr George Ryan	NPS in prisons
Dr Andrej Kastelic	Drug treatment services in Slovenia
Mr Milan Krek	Drug epidemiology in Slovenia
Dr Miran Pustoslemšek	Hospital treatment of prisoners with severe mental disorders in Slovenia
Dr Ines Kvaternik	Risk behaviours in Slovenian Prisons – preliminary research findings





## 4. Visits

### Centre for Treatment of Drug Addiction in Ljubljana

In Slovenia, the national health and social services as well as civil society organisations provide drug treatment. The main source of funding for drug treatment is the health insurance system of Slovenia. Treatment is accessible for any Slovenian citizen free of charge. Drug treatment is available within the framework of the national public health service network, which comprises 18 Centres for the Prevention and Treatment of Drug Addiction (CPTDAs), which are run as a public health service since 1995. Outpatient treatment covers the majority of drug users in need of treatment. The most frequent treatment is opioid agonist treatment with methadone, buprenorphine, buprenorphine in combination with naloxone, and slow release morphine. It also includes psychosocial interventions, medically-assisted treatment, individual or group counselling, and psychosocial and psychotherapeutic interventions.

The National Centre for Treatment of Drug Addiction was established in 2003. Previously it was a special detoxification department which existed since 1995. The Centre is part of the University Psychiatric Hospital Ljubljana, which provides hospital treatment. Outpatient treatment provided by the 18 CPTDAs. The 'Coordination' of all the heads and therapists of the CPTDAs meets once a month and they discuss organisational and clinical issues.

Inpatient treatment at the Centres includes a preparation phase (up to 8 weeks), detoxification (about 6 weeks), psychosocial-therapeutic treatment (about 8 weeks), prolonged treatment in a day hospital (up to 6 months) and health rehabilitation. There is a special day hospital and inpatient ward for patients with comorbidities/double diagnoses.



#### PHILOSOPHY OF THE CENTRE

**A customer is the most important visitor on our premises.**

**He is not dependent on us. We are dependent on him.**

**He is not an interruption of our work. He is the purpose of it.**

**He is not an outsider of our business. He is part of it.**

**We are not doing him a favour by serving him. He is doing us favours by giving us an opportunity to do so.**

Adapted from Mahatma Gandhi (1869-1948)



## Maribor Prison

Maribor prison is located in the city centre, close to the court and a hospital. The prison accommodates all categories of prisoners: sentenced and remand prisoners, as well as persons committed to prison for misdemeanours. With a capacity of 146 prisoners, it is one of the largest prisons in Slovenia.

The prison has two regimes: semi-open and closed. In 2015 Maribor prison hosted 140 sentenced prisoners and 33 persons in pre-trial detention. Prisoner turnover in Maribor is high. With a recidivism rate of 62% many prisoners return to the prison after being released. Currently, there are 171 staff (all civil servants) working in the prison, including 71 prison guards. Drug treatment and other medical services in prisons in Slovenia are provided by healthcare service providers under the authority of the Ministry of Health. A doctor from the hospital across the street visits the prison four times a week. If needed, prisoners are escorted to the hospital. There have been 1,154 escorted visits in one year, which is a financial and logistical burden for prison staff. Health services are provided based on agreements between prisons and healthcare centres. According to the prison administration, an estimated 10% of the prisoners are drug users. Drug treatment in prison follows the same guidelines as drug treatment in the community. However, some services such as needle exchange programmes only exist in the community and not in the prison. If medical screening upon admission shows that a newly arrived prisoner has substance use problems, a doctor determines whether or not OAT should be administered. Around three quarters of prisoners who were diagnosed with drug

dependence received OAT (in 2015). Other drug treatment services also exist in Slovenian prisons. These include individual and group counselling and psychosocial support programmes which are normally conducted by prison psychologists, as well as NGOs and social workers who are not employed by the prison administration. A psychologist visits the prison once a week. Maribor, like all other prisons, provides free access to voluntary and anonymous testing and treatment for hepatitis and HIV infections. Pre-release programmes inform drug dependent prisoners on overdose risk. Before release, prison health care services establish contact with suitable community treatment centres in order to ensure through-care. While serving a sentence inmates can also receive inpatient treatment at the Forensic Clinic and the National Centre for Treatment of Drug Addiction.



## Forensic Clinic in Maribor

EXASS Net participants visited the Forensic Clinic. The Clinic was relocated in 2005 to new and modern premises at the University Medical Centre. The Unit for Forensic Psychiatry within the clinic is part of the Department of Psychiatry of the University Medical Centre Maribor.

The unit has 48 beds, separated into high and medium security subunits. It accommodates

patients from all Slovenian prisons who require hospital treatment for mental disorders. Treatment outside the prison walls and within a university hospital setting guarantees high quality services and a medical and patient-focused environment. Eight prison guards from Maribor prison are posted at the Forensic Clinic, but their duties are limited and they are instructed to respect the medical environment.



## 5. Discussions and reflections

### Regional cooperation in the area of prisons

The south-eastern European region has undertaken a number of measures to improve drug treatment systems in its criminal justice systems. Nevertheless, the countries and territories in the region still see the need for more regional cooperation in linking prison reforms and health care provision for drug users. Improving the health of prisoners is an issue of common interest to the region and can only be reached through better prison and health care management. Inadequate living conditions, absence of harmonised policies, obstacles in the implementation of alternative measures and lack of correctional/detention facilities for vulnerable groups need to be addressed in some places in the region. There is also a need for regional exchange of information concerning the implementation of alternative measures and the rehabilitation and re-socialisation of prisoners (particularly vulnerable groups including drug users). According to the research conducted by the Pompidou Group, the offer of OAT and harm reduction is insufficient in some criminal justice systems of the south-eastern European region. Therapeutic communities were identified as a good practice example for treating drug-dependent persons who want to stop using drugs or who are not interested or eligible for OAT.

Slovenian policy makers and experts from different organisations including the National Centre for Treatment of Drug Addiction in Ljubljana announced that they are ready to act as consultants and trainers in developing substance use disorder treatment programmes in communities and custodial settings in the region and globally.

#### What is a Therapeutic Community?

**A Therapeutic Community (TC) is a well-developed approach for treating drug addiction. It is a methodology that has been embraced in many places and modified to suit local cultures and traditions. A TC consists of a wide range of behavioural and psychological interventions to help the client change from a dependent lifestyle to a life without drugs. The Therapeutic Community is a microcosm of society in which clients live together 24/7 and experience all aspects of life challenges in a safe environment. The client has an opportunity to investigate the challenges and to change his or her perception and behaviour in response to these challenges. Therapeutic Communities have been proven to be an effective methodology for treating substance use disorders when supplemented by a rehabilitation-oriented aftercare programme.**

**Some of the basic elements of a Therapeutic Community are:**

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

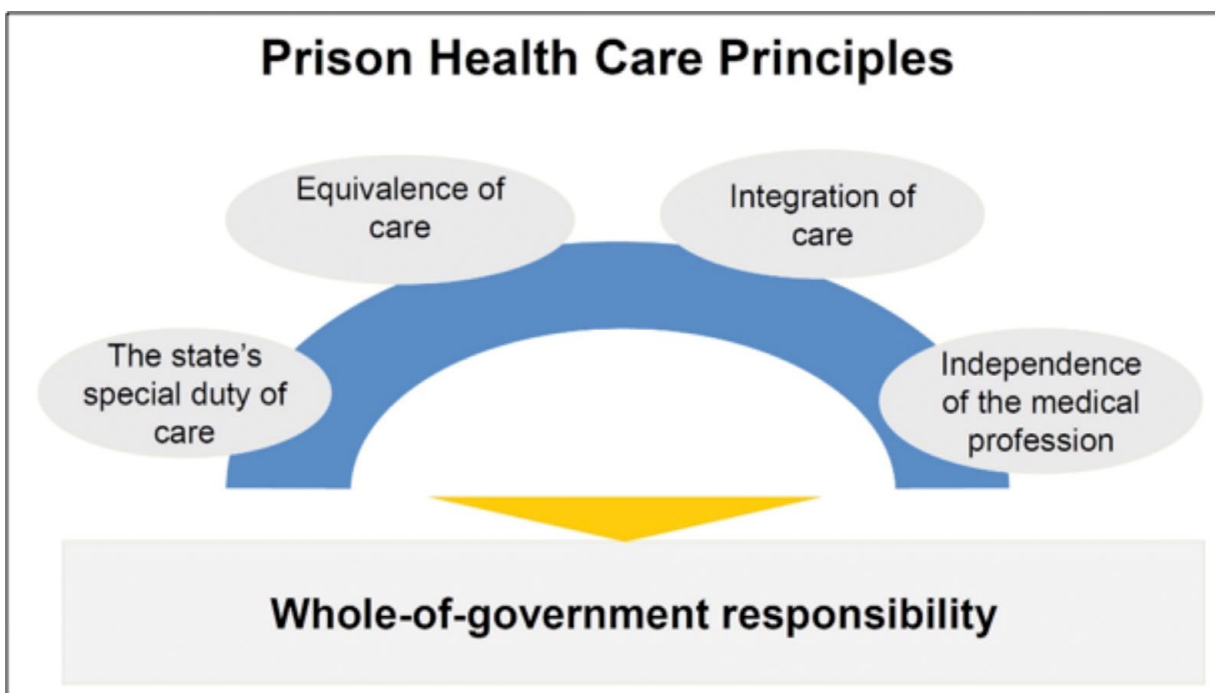
## Responses to emerging threats of NPS use in prisons

The participants also discussed the use of new psychoactive substances (NPS) within prisons as a new challenge for prison authorities and for treatment experts. According to the report of the board of prisons for Slovenia in 2013, 1,078 people who have had problems with illicit drug use were identified, representing 23.04% of all incarcerated persons. Moreover, an increase in the use of various types of new psychoactive substances, the so-called “designer drugs” or “research chemicals”, was recorded in recent years. The most popular synthetic drugs were synthetic cannabinoids. Experts from other countries were also concerned about increasing use of NPS in their prisons. For example, in the United Kingdom the number of overdoses which are linked to these substances is rising. One recommendation for prison doctors is to ‘treat what you see’ because in many cases there are no evidence-based emergency treatment protocols for these new and often unknown substances.



## Continuum of care prior to and after

The discussions held in the meeting focused on the principle of equivalence of the quality of health care services within prison when compared to the community, as well as on ensuring a continuum of care upon admission to and after release from prison.



The participants in the meeting stressed that drug treatment services are especially effective if they are embedded in the general health and social care system. They agreed that promoting through-care sustains drug treatment efforts and guarantee continuing care for people entering and leaving prison. The meeting also provided information on programmes for drug treatment and social reintegration of drug using detainees and their contribution to reducing recidivism. The evidence of the costs, ineffectiveness and side-effects of repressive drug policies was

discussed. The participants acknowledged that this puts pressure on policy makers to find more adequate responses for people who are in conflict with the law because of drug-related offences and because of circumstances stemming from their drug use. Alternatives to punishment and coercive sanctions for drug users such as education, treatment, aftercare and social reintegration, were discussed as promising approaches to this issue.

## 6. Conclusion

The meeting provided a detailed overview of evidence-based responses to substance use disorders and a profound insight into the existing approaches in Slovenia and in south-eastern Europe. The participants in the meeting shared their knowledge on how to develop effective drug treatment programmes in prisons while respecting the human rights of people deprived of their liberty. According to the participants, the meeting fostered cooperation among drug policy makers and experts from south-eastern Europe and other countries, with the following objectives: it enhanced the dialogue and practical exchange of knowledge and experience among member states; it called for the development of coherent policies on illicit

and new psychoactive substances in prisons; it reminded decision makers to strive for achieving clear outcomes, tangible and practical results for the benefit of vulnerable people in our society; and it strengthened cooperation on drug policy in south-eastern Europe by increasing awareness of joint responsibilities in the region and in Europe more broadly.



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