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Developing a model of care for juveniles with substance use problems in corrective facilities in Egypt

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Task 1b: Study / field visit

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Task 2: Formulating of model of care

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Task 4a: Finalization of the plan

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Task 4b: training of personnel

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Introduction

General Secretariat of Mental Health and Addiction treatment – Ministry of Health “GSMHAT” in cooperation with Pompidou Group of the European Council is undergoing a project for “developing a model of care for juveniles with substance use problems in corrective facilities”, searching for a suitable program to be adapted and applied in Egypt. The project has started in April 2019.

Project name: “Developing a model of care for juveniles with substance use problems in corrective facilities.”

Project objectives: To develop evidence based well-structured model of care and rehabilitation program for juveniles with substance use problems in corrective facilities.

Project tasks:

Task 1a: Review of available program

Through few individual meetings followed by 3 group meeting over 3 months to review the available programs worldwide that provides well-structured model of care and rehabilitation program for juveniles with substance use problems in corrective facilities and review child law in corresponding countries.

Project Coordinators

Eman Gaber — psychiatry consultant – head of Child and adolescent department-GSMHAT

Alaa Adel Elmadani — Psychiatry specialist- head of external affairs office, GSMHAT

With the help of the other 6 internal team members:

- Walaa Hosney — Psychiatrist specialist Child and adolescent department GSMHAT
- Hadeer Elshafey — Psychiatrist specialist Child and adolescent department GSMHAT
- Amira Zaky — Psychiatrist specialist Child and adolescent department GSMHAT
- Ahmed Mohammed Abdelwadod — Head of adolescent psychiatry unit Abbassia hospital for mental health and addiction treatment
- Helen Ahmed Fawzy Ismail — Head of child and adolescent psychiatry unit -El -Maamoura psychiatric hospital Alexandria
- Ahmed Hamden Elawadey — Head of child psychiatry unit Abbassia hospital for mental health

And 6 experts with different background:

- Rania Fahmy — Justice for Children Consultant, UNICEF
- Maha Emadeldien — Head of psychiatric department bany-swief university
- Khaled Al-Aprk — Ministry of justice
- Hatem Nagy Hamada — General director of specialized psychiatry departments

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Through these meetings we demonstrate the juvenile justice system in Egypt which is the following:

First: the child's path in conflict with the law

1. Police investigations and prosecution stage.

When the police arrest the child, a police report is issued after which he is transferred to the prosecutor's office, which issues a prosecution report. The report is transferred to the social probation office which issues a summarized administrative report on the child. At this stage, the Prosecution will decide on these alternatives: either handing the child over to his family or placing him/her in a pre-trial detention department in a social care institution; determining a release bail; dismissing the case for lack of importance and closing the file; or determining a hearing session/ referral to the court.

The decision to place the child in an observation department of a care institution (for child offenders between the ages of 12-15) or for pre-trial detention (for child offenders aged 15-18) is based on three main factors: 1. Probability of escape and failure to appear before the court , and 2. The extent to which he/she directly threatens the security and safety of society in terms of the level of crime violence; 3. If he/she has criminal precedents and the frequency and timeliness of his/her recidivating. The decision to refer to the observation department or pre-trial detention is when the prosecution finds that the violation of the law before it needs time for more investigations.

2. Trial phase in the case of a court hearing

The role of the probation office is prevalent as it is supposed to carry out comprehensive research on children in conflict with the law before being brought to trial. This is in an accordance with the Ministerial Decision No. 59 of 1987 on the mandate of Probation Offices and after-care of children in conflict with the law. The decree stipulates the jurisdiction of social probation offices to propose to the court various measures to rehabilitate child offenders of 12-15 years and also to provide after care after the expiry of the measures provided for in article 101 of the Child Law, including the placement in a care institution.

The field research undertaken by the probation office includes the status of the child: his social and family background and personality traits and **psychological makeup** to identify the reasons for his violation of the law and the release of a comprehensive social report containing the case file. The probation officer and the social expert in the court present the report to the court. The latter shall, after the adjournment of the judicial proceedings, rule one of the measures provided for in article 101 of the Child Law listed in the following:

The verdict for a child who has not reached fifteen (15) years of age, in case he commits a crime shall include one of the following interventions:

- 1 - Reproach/censure
- 2 - Delivery to parents, guardians, or custodians

- 3 - Training and rehabilitation
- 4 - Committing to certain obligations
- 5 - Judicial probation
- 6 - Community service activities not harmful to the child's health or mental state.
- 7 - Placement in one of the specialized hospitals
- 8 - Placement in one of the social care institutions

3. Post-Trial Phase:

a. In the case of a non-custodial measure: the probation office shall monitor the child's conduct and submit periodical reports to the Court.

b. In the case of a custodial decision; to place the child in a child care institution for the child offenders between the ages of 12 and 15.

The Abu Qatada Classification and Orientation Center in Cairo for Boys - no independent classification center exist for girls- classifies children after being sentenced to a social institution. According to the center's bylaws, the child is kept for 15 days until he is transferred to a care institution. It is assumed that a preliminary assessment of the child's situation and the offense he committed will be carried out until he is placed in the appropriate institution.

c. In the case of a sentence of imprisonment for child offenders aged 15-18.

They are sentenced to imprisonment in the social welfare institution without going through the classification center, where there is only one institution in Egypt for them; Marg *Penitentiary* Institution.

Care Institutions, totaling up to 40 in Egypt, are divided into three types: closed, semi-closed and open.

- Closed institution: Marg *Penitentiary* Institution, the only closed institution in Egypt for children between the ages of 15 and 18 who are sentenced to a fixed term and complete it when they reach the age of 18 years in an adult prison.
- The semi-closed institution: There are two institutions in Egypt: the Youth Care Foundation in Alexandria and the Dar al Tarbeyya Foundation in Ein Shams for children (age of 12 to 18) classified as high risk to themselves and others, since the age of 12 is the age of criminal responsibility at the time of the crime; for child offenders who committed crimes before the age of 15, but were sentenced after they reached that age, and child offenders transferred from open institutions if they prove to be dangerous to their peers deeming the rehabilitative programs of the latter institutions unfit for them, or due to their frequent escape from them.
- The rest of the institutions are open institutions to children from the age of 7 to 18. These are specialized in the crimes committed, by children aged 12-18 years, of medium or low risk or crimes that are called crimes of social status, which are not crimes if committed by adults such as begging and homelessness, wandering in the streets or escaping from homes. It has also accommodations sections for homeless children or children with no legal guardian of the age of 7-18 years, in accordance with Article 96 of the Children's Code. The institutions may have observation departments for children in detention awaiting trial.

Second: the path of the child victim and witness to the crime in the system of children's justice

The path of the child victim and witness to the crime is limited to taking his or her statements in the police, the prosecution and / or the court.

Over last 2 months the Project Coordinators with the help of team members and experts collect; analyze the available rehabilitation programs and model of care for juveniles with substance use problems in corrective facilities and decided on the country employ the best model for that which is Spain.

Rationale for choosing this model:

We have done primary screening on most EU countries (Ireland, Spain, Italy, Portugal, Greece, Czech republic, Hungary) and also Arab Mediterranean countries ‘Lebanon – morocco’ which resulted in more detailed screening in three countries, Portugal,, Spain and Italy.

The research in Spain revealed the following.

I. Spain juvenile offenders’ programs for USD

a. Evolution of the Juvenile Justice System in Spain

The Guardianship of Minors Court Act of 1948 established a system that did without procedural safeguards as it did not include among its articles the principles of legality, authenticity and proportionality typical of the Criminal Law.

The Judge was the one who had all responsibilities on the decisions about male and female minors assuming the role of a person that defends, judges and even charges and thus, violating all legal guarantees.

The promulgation of the Spanish Constitution of 1978 and the international agreements were an important shift for the judicial treatment of minors, inspiring in this way a new model of Juvenile Justice.

On the basis of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice, 1985 (“Beijing Rules”); the Recommendations of the Council of Europe on Social reactions to juvenile delinquency, 1987 and the Convention of the Rights of the Child of 1989, with the objective of protecting minors even in the legal field, a new legislation aiming at giving a guarantee of protection is being created.

It is within this context that the **Juvenile Courts** on the basis of the Judiciary Organic Law /1985 of 1 July, as a precursor of the Organic Law 4/92 regulating the powers and proceedings of the Juvenile Courts, are created

However, the most important modifications were added to the Organic Law 6/2006, of 4 December, showing a more repressive and punitive orientation, especially about the offences that are considered as most serious crimes, and in these cases, increasing internment measures and opening up the possibility of finishing its compliance in a correctional facility if during that period of time s/he attains the age of majority in detriment of the offender as his/her educational work is lost. This tightening is explained by the statement of reasons of a supposed social demand on the part of certain groups caused by the social unrest created by offences considered as serious when they are communicated through the media.

On a positive note, the rights and the protection to victims and injured parties (these ones have a minor role within the adult criminal justice system) are recognized

The criminal liability for minors is required for people over fourteen years of age and below eighteen years of age by the commission of incidents classified as crimes or offences in the Criminal Code or in the special penal laws.

It is not applied to minors below fourteen years of age, for whom there are other norms of protection and education for minors laid down in the Civil Code and in the Organic Law 1/1996, of 15 January on legal protection for children, informing the Public Authority appointed with the responsibility about minors in the correspondent Autonomous Community so that it takes measures designed to re-educate and protect the minor under the age of 14 that had shown a reproachable behavior.

b. Current Juvenile Justice System

The general principles that direct the running of the juvenile justice system are the ones taken from the legislation set out above. They refer to the following aspects:

- A formally legal nature, but materially corrective-educational of the procedure and of the measures applicable to juvenile offenders. This corrective nature is materialized in the demand of a real legal liability for young offenders, although it is referred to the commission of incidents classified as crimes or offences by the Criminal Code and the rest of specific penal laws.
- It is an intervention of educational nature, what means that measures cannot be repressive but have a preventive character geared towards social rehabilitation.
- The minor's supreme interest is recognized, both in the procedure and in the measures taken. S/he has to be assessed with technical criteria and by professional teams specialized in the field of non-legal sciences.
- Differentiation of diverse age groups: 14-16 and 16-18 years of age. The limit is established at 14 years of age to request criminal liability to minors under legal age and there is a distinction as for the law enforcement and the severity of the consequences of the offences committed.
- Flexibility with the adoption and execution of the measures advised by the circumstances of the specific case.
- From the corrective-educational perspective, a wide catalogue of applicable measures is established.
- The execution of the legal steps is the responsibility of the public entities of minors' protection and rehabilitation of the Autonomous Communities, under the control of the Juvenile Judge.

This aspect about the powers of the Autonomous Communities for the execution of the measures taken by *Juvenile Judges* is explained in the Organic Law that regulate the Criminal Liability for Minors in its article 45 where it is specified that: **“such public entities will carry out, in accordance with their respective rules of organization, the establishment, running, organization and management of the services, institutions and programs that are adequate to ensure that the measures are correctly**

implemented” and" they will be able to establish the necessary conventions or cooperation agreements with other entities, whether public bodies, of the State or Local Administration, or of other

II. Drug-Related Crimes

The conducts incriminated within the criminal law are the ones that are exclusively projected over the trafficking of illegal toxic drugs, narcotics and psychotropic substances intended to the transmission of drugs to a third party and that are executed in disconformity with the laws.

In the Law of Spain, drug-trafficking offence is defined under Article 368 of the Criminal Code, within the Chapter III of Title XVII, that is to say, as crimes against public health, and in general, within the crimes against collective security.

In Spain, the definition of whatever type of drug-trafficking applies to acts of drug cultivation, production or traffic, or acts that promote, favor or facilitate the illegal consumption of toxic drugs, narcotics or psychotropic substances, or if they are kept for those purposes.

The possession or consumption of tobacco or alcohol is not considered a drug-trafficking offence.

On the other hand, the Spanish Observatory of Drugs and Drug Addiction defines the problematic use or drug abuse as the consumption of psychoactive substances with a high risk pattern (for instance in an intensive manner, a consideration that may vary depending on the type of substance) and/or through a high-risk route of administration (for instance, intravenous)

Another important concept is the one of dependency. Basing ourselves on the World Health Organization, we can understand dependency as that behavioral pattern in which the use of a psychoactive substance is prioritized against other conducts that were previously considered as more important ones.

Drug consumption, which could have begun as a sporadic experience without an apparent significance, turns out then to be a conduct around which the life of the individual is organized.

TRAINING

The explanation is based on the experiences given the inexistence of a general guideline within the area of training of professionals.

BEST PRACTICES

PRACTICE 1: ENLACE PROJECT

It contains the information of FAM Y LIAS through the document: “Prevention Program Link Indicated: Intervention Guide”

What does the program consist in?

THE ENLACE PROJECT was created for the purpose of creating an intervention model for the prevention of psychoactive substances consumption among minors that are sent to Centers of Execution of Judicial Measures of the Community of Madrid and with the aim of implementing a specific and effective program that allows, through an educational-therapeutic intervention, the maturational

development of the minors being treated, thus reducing the risky behaviors associated with substance consumption.

Three general objectives of intervention are pointed out:

- To reduce or eliminate the conducts of use and/or abuse of substances.
- To increment the risk and associated damage perception, encouraging the development of a critical attitude based on the perception of the problem related to drug abuse.
- To develop a healthy lifestyle based on autonomy and responsibility.

Educational-therapeutic intervention

After the first presentation and the reception stage, the adolescent joins one of the two possible itineraries of intervention: individual or mixed (a group in addition to individual sessions. (The choice of one itinerary or the other will depend on the Initial Assessment of personal variables of the young person.

This type of intervention is intended for minors that are complying with measures of Therapeutic Internment and/or that have serious problems with regard to substance consumption.

A. Intervention in Educational-Therapeutic Groups.

Group therapy is particularly indicated for adolescents, as it provides them with a place where they can express conflicting feelings, examine their doubts about themselves and understand that they share these worries with equal individuals.

B. Individual Educational-Therapeutic Intervention.

As well as the rest of interventions, individual actions have been developed within the background of the Trans theoretical Model of Change (Prochaska and Diclemente).

C. School for Fathers and Mothers

The main objective of the “Parents’ School” is to establish a space where they are provided with the necessary means to suitably develop their functions. The fact of providing the parents with prior information and training, the fact of sharing concerns, the fact that they get involved in the educational-therapeutic process initiated with their children will guarantee a greater success of the interventions.

Intervention Modules

Module 0. Initial assessment. The objective is to demarcate the risk and protection factors for the consumption of substances each minor possesses.

Module 1. Introduction and reception. The general purpose is to explain the intervention program and the working method to the minor.

Module 2. Motivation to change. The objective is to allow the minor to acquire a detailed knowledge about his/her consumption behavior.

Module 3. Strategies and abilities for the change. The aim is that the minor learns how to avoid the situations that have increased the consumption probability in the past and, in case they are inevitable, to acquire coping skills.

Module 4. Consolidation of the withdrawal. The main objective will be to strengthen the changes that have been promoted in the minor throughout the intervention and the internment, securing the coping strategies that have been incorporated.

Module 5. Strengthening of the change in regards to the finalization of the measure. By means of relapse preventions, the objective is to try to help minors to anticipate and face relapse problems with the change of behaviors of substance consumption.

Module 6. Closure of the intervention: it will be carried out with the minor through the assessment of the intervention process.

It starts in January 2009

The program was raised given the need to have an intervention method adapted to the specific peculiarities and needs of the young offender, and to that end, it is necessary that s/he acquires the necessary awareness and perception about the problem, what will allow him/her to accept the treatment with a certain voluntary degree.

Public-private initiative: It is an initiative that has been developed jointly between a public administration, the Autonomous Community of Madrid, through its Agency for Re-education and Reinsertion of Juvenile Offenders (ARRMI) and a private non-profit entity, the Spanish Solidarity Centre Foundation Proyecto Hombre (CES-PH.)

An agreement has been signed between the two entities, through which CES-PH provides four technical experts on addictions that work in an itinerant way in all the centers of the Agency for Re-education and Reinsertion of Juvenile Offenders (ARRMI); the personnel of these centers also gets involved in the development of the Program and what is more, there is a specific center with a greater specialization for the treatment of the most serious cases.

It is a national, a regional or a local program/experience?

It is an experience at regional level, of the Community of Madrid.

Training for specialists

We have not found information about specific training for the development of this program, but a manual that makes it easier for specialists of juvenile facilities to put it into practice in the cases needed has been published.

Assessment

The assessment of the program is focused on the description and analysis of the effects that have been produced throughout the intervention and the level of achievement of objectives on the part of each minor.

In order to carry out the assessment of the Program as well as of the results achieved, two parallel information collection techniques have been used:

1. Pre and post measures to the implementation of the program of variables related to substance consumption.

2. Subjective assessment of the minors on the achievement of objectives in each one of the program modules.

The main achievement has to do with the incorporation, in a transversal manner, of drug consumption prevention in all juvenile facilities of the Community of Madrid. In this way, the aim is not only to deal with those cases that suffer an addiction situation that has been already diagnosed before the entry to the center, but we also offer the possibility of detecting and intervening in cases that have not been previously diagnosed and even the possibility of working on substance consumption prevention within the intervention lines of the centers.

Innovations:

The intervention has been adjusted to the basic principles of an educational therapeutic model. The intervention with minors has as its starting point the individual's specific problems, the evolutionary moment s/he finds her/himself in, taking into account that consumption behaviors are associated with problems of personal maturation and social inclusion, what makes it necessary to bear in mind the consequence this has as well as other risky behaviors.

In this respect, the approach has to focus on the objective of "making" the adolescent "mature", on achieving a positive and healthy development promoting attitudes and skills, as well as the initiative, the critical thinking and the social participation.

It is necessary that the minor feels engaged in his/her educational-therapeutic process recognizing the difficulties, identifying his/her strengths, setting the objectives s/he has to achieve and, ultimately, assuming the responsibility of his/her obligation.

Another innovative aspect has to do with the role the specialists of the juvenile facilities play. With each entry to the center, it is necessary to carry out an initial assessment on the part of the Technical Team in order to detect if the minor has any problem related to substance consumption, and depending on his/her problem, s/he will become a part of the program.

Once the minor is sent to the program, the corresponding intervention process is with an itinerary. Within this process, the networking of the various specialists that take part in it is essential, and that encompasses from the first detection of needs, to the valuation, intervention, assessment and monitoring and/or transfer of the case, and the various specialists take part in it- Educators, Social Workers, Therapists, Psychologists...- within the field corresponding to each one of them in order to give a greater unity and coherence to the intervention not only with regard to drug consumption but also to all other areas that affect the minor and the actual implementation of the judicial measures.

We prefer Spain's program as it is well established their juvenile justice system is well developed and in the same directions of our system

Also they have a comprehensive program The Enlace Program count on an organized methodological design that is arranged in sequence, divided into stages and that includes different types of activities with educational and therapeutic content.

It does not only deal with the minors that are placed there, but it also includes activities directed at families. It includes treatment actions, but also detection and prevention actions, so it is a comprehensive program within the field of addictions.

Task 1b: Study / field visit

Madrid study visit report

The Madrid study visit for development of specific model of care for juveniles with substance use problems in corrective facilities is a project conducted in collaboration between General Secretariat of Mental Health and Addiction – Ministry of Health Egypt - & Pompidou Groupe – Council of Europe. The project has started in April 2019 and is continuing to May 2020.

The study visit to Madrid came as part of the project activity to build the capacity and development of a specific program to guide the therapeutic team or mental health providers responsible for addiction services of juveniles in corrective facilities in Egypt.

A team of 5 psychiatrists, from Mammoura hospital and General Secretariat of Mental Health and Addiction developing the service were selected for the study visit lasting 5 days in Madrid.

The visit report:

Monday 14 th of October 2019, visit to Governmental Delegation for the National plan on drugs & Centro Juvenil San Blas (CJSB) for prevention of addictions through enjoyment

On the 1st day of the visit we were picked up by **Dr. Olivia Castillo Soria** (Head of UE relations) who was our companion during the day. The 1 st part of the day started by visiting GOVERNMENTAL DELEGATION FOR THE NATIONAL PLAN ON DRUGS (DGPNSD) . 1 st we had a welcoming speech presented by **Dr. Elena Alvarez Martin** then we had 3 presentations the 1 st one was presented by **Dr. Olivia Castillo Soria** (Head of UE relations) then there was 2 other presentations on legalizations represented by **Mr. Ignathio Fernandes Solto** as a representative judge of the ministry of justice & the second legalization presentation was presented by **Mr. Khwan Pedro** representative of minor enforcement prosecutor's office. In the presentations they discussed some of the laws & services in Spain:

- ☐ It was clear the the age between 14 -18 years are considered minors with the age below 14 years don't submit to any penalty laws neither they go to any special restriction places or prisons.
- ☐ The general prosecutor is the one responsible for dealing with minor cases.
- ☐ PNSD Generally consists of 2 levels the central level which is responsible for top political decisions achieved by ministry of health, services & equalities & another regional level which consists of 17 regions & 2 cities.

Some of points about Spanish law were highlighted:

- ☐ Personal Private Use of drugs or holding small non fatal substances is not a crime as long as not in public places.
- ☐ Dealing with addictive substance in form of planting, producing, transforming, transporting or selling is a crime.
- ☐ Driving under influence or trafficking is considered a crime.
- ☐ Addicts who crossed the laws are offered treatment after their consent if they prove to be committed there may be reduction in the submitted penalty.
- ☐ Laws are changed in Spain for harm reduction in order to reduce number of imprisoned individuals & promote safety for chronic addicts & the community.
- ☐ Spain legislative law for dealing with drugs divide the substances into less harmful substances like cannabis for which any related breaking of the law the person will be subjected to a penalty ranging between one year of freedom restriction to financial penalty. The other type is harmful substances like opioids for which any law breaking the person will be submitted to a range of 3-5 years of freedom restriction plus financial penalty.
- ☐ SEIZED ASSETS FUND is an expression used to name the money taken back from people who deal with drugs or robbers to the police to be used in research.

For minors they must accept the treatment from addiction with a written consent otherwise they may undergo freedom restriction without forcing the treatment however most individuals accept the treatment process. Treatment is done either in specialized closed centers or partially closed.

They promised to send us English translation of the Spanish legalizations discussed before, Dr. Olivia Castillo Presentation & the program including the action, planning & adaptation.

The second part of the day we visited **the Juvenile San Blas Center (CJSB)** for the prevention of addiction through enjoyment where we met **Mrs. Maria Perez Lopez** Head of service, sub directorate of addiction, Mrs. Angela prieto Madrazo Technical advisor, Sub directorate of addiction & **Mr. Tamara Presa Madrigal**, center director.

First they pointed to the nature of the center which is considered in the 1st level of 3 levels of addiction intervention steps in Spain. The 1st level is about prevention & early intervention.

- ☐ It's a day care center not for admission.
- ☐ The prevention goal is directed towards the community, school based, family based & youngsters.
- ☐ The center is composed of multidisciplinary team including Physicians, nurses, psychologists, social workers, social educators & family counselors. The team of the center consists daily of 6 persons & the center is serving 80 individuals on weekly basis.
- ☐ The process will start with giving awareness, behavioral assessment of youngsters & design of personalized intervention plan.
- ☐ Any behavioral or mental disorders are referred to special centers.

Characteristics of the individuals seeking help:

- ☐ Individuals who didn't receive any awareness for addiction before.
- ☐ They don't consider individuals in the age group from 14 to 17 as addicts but as users.
- ☐ Individuals who use substances for leisure.
- ☐ In case of deterioration of scholastic achievement.
- ☐ Presence inside high risk families where there's drug abuse in the family.

The aim of the center is to let youth have leisure time to spend instead of using drugs that's why it was titled as youth leisure center & not linking the name to addiction in order to decrease Stigma & resistance. Design & activities of the center included play room, movies time, Graffiti, Sports, Arrowing,

Live radio show, furniture making, cooking & activities outside the center like bowling.

They promised to send us English version of the assessment working papers used in the center as a reference.

Generally it was a well organized informative day with a lot of inspiring aspects directly related to the scope of our visit.

Tuesday 15 of October 2019: Visit to the Centre for the execution of judicial measures “El Lavadero”

On the 2nd day the team went to visit Centro de Ejecucion de Madidasjudiciales (CEMJ) “El Lavadero” in Madrid, where we 1st met **Mrs. Miriam Pintado** the representative of the regional agency for the reintegration of juveniles in Madrid. She presented a lecture on the law concerning crimes of minors “law 5 for year 2000”, talked about the age limit of being minor, the rehabilitation and integration in the community, types of crimes according to severity and how each is handled. Afterwards, Mrs Miriam gave an overview about the agency “ARMI”, talked about its units/departments and explained the function of each one, then she listed the programs that are applied by the agency concerning minors which includes: program for risk assessment, program for psychoeducation and behavioral therapy for antisocial behaviors, special programs such as for crimes, for each individual, for pregnant minors, for mental

disorders and for minor parents. The team recommended sending the internet link of these programs through Dr. Olivia by email to the GSMHAT.

The 2nd lecture was presented by **Mr. Pablo Justo** the director of the treatment department, he explained how exactly the centre deals with the minor since he/she is transferred through the prosecutor or the “ENLACE” project until he/she is discharged and that the program applied aims for complete abstinence from substance, as well he clarified the regulations of the centre and gave example for the daily schedule of minors in the centre. The team recommended sending the law of punishments in Arabic version which is available at the “El Lavadero” centre.

The 3rd presentation was an overview on the “ENLACE” project, presented by **Mrs/ Luis and Mrs/ Jefe**, psychologists responsible for the project in the centre. The overview included the steps of assessment and interventions, the goal of the program, types of minors that it deals with and how, why and where they can be referred if needed and the parental trainings done.

Following the lectures the “El Lavadero” team took the participants into a tour in the centre where they showed us the bed rooms, the activity rooms and the places of continuous watching for risky cases of minors.

The second day of the visit was truly fruitful, added to the team experience and was into the scope of our project and the recommended materials will be greatly useful.

Wednesday 16th of October 2019, visit to women Prison Centre

On the 3rd day of the visit, the team went to the women’s prison where we met the prison team: **Mrs. Kwesus Marino** the director of the prison, **Dr. Pepe** the deputy director of the prison, **Mrs. Kawla and Mrs. Sara** psychologists. They gave the team an overview about the prison in contains about 480 females and it is the largest in Spain and 60% of them are foreigners. There is a cooperation between the prison and 25 NGOs in the specialty of drug problems. The prison offer a program to prevent violence and 88% of prisoners receive this program.

They also stated that 25% of prisoners have mental illness and though they receive a specific program called “PIAM” which aims at:

- Diagnosis of Mental illness
- Rehabilitation Program
- Plan for discharge in the community.

Types of therapies applied in this prison:

- Voluntary
- Supervised
- Therapy for mental illness after referring to the judge to give him pharmacotherapy.

Then the team had a round in the prison and saw the difference between the old admitted and newly admitted prisoners.

The second half of the visit was at **the social insertion centre “Melchor Rodriguez Garcia”** that aims at integrating the guests into the community and then the team had a round in the centre saw the activities done by guests as sports and others.

In general, the day was gave experience to our team but was a little bit out of our scope.

Thursday 17th of October 2019 visit to men's 2nd degree prison, and social insertion center.

On the 4th day the team first went to visit **al Centro Penitenciario Madrid IV** where we met **Jose Antonio Garcia, director of the center, Mrs Rosa Gartheia medical subdirector** who both explained the policies ,units ,types of criminals to be admitted there, activities they may join and what services do they receive.

What was outstanding that the prisoners can receive full medical care inside through the hospital attached to the prison which works for 24 hours with a staff formed of:

- 6 physicians
- 11 nurse, 22 assistant nurse
- Pharmacist
- Dentist
- Radiologist
- And psychiatrist who visits the center twice / week.

Also there is an opportunity for on line consultation for problematic medical cases till referral if indicated.

The director stated that the prisoner undergo full medical examination including screening for drugs within 24 hours of admission and mentioned presence of special unit for " Detox".

Those who proved to be drug users and started program outside can continue inside. With receiving recommendations through communication with governmental delegation for national plane on drugs DGPNSD to insure proper treatment plane.

Programs used:

- Methadone substitution
- Naltrexone treatment
- Detox
- Harm reduction
- Elkhobenze program for young adult (18 up to 21 years) unfortunately they don't have any hand out to give us for this program.

After having a tour around the prison we bid farewell to everyone and the team moved to another place nearby on foot.

The second visit on that day was to the social insertion center (Josefina Aldecoa):

Where we met **Petra Minguez**, Director of the center,

The main objective of the establishment of this center is:

- preparing their guests as they call (prisoners who are going to be set free and nearly completed their sentence with good conduct and showed progress in their rehabilitation programs in the jail) to be integrated smoothly in the community .
- For those convicted to alternative measures or sentenced to free imprisonment (who accused of crimes for the first time with penalty less than 2 years) .

As Petra mentioned there are **4 committees** IN THIS CENTER :

- **Reception.**
- **Coexistence, FOR**

Discussing and teaching problem solving techniques and helps in finding actual solution. For example employment.

- **Activities, FOR**
Sports and entertainments

- **Environmental, FOR**

Awareness of how to properly use environmental resources.

Following the lecture Petra and colleges took us on a tour to show the different areas of the center. All through the day we were accompanied by Mrs. **Elena Alvarez Martin** our guide for that day and our two translators **Mr. Basher & Mr. George**.

It was lovely to gain all these information's about judicial system in Madrid though this area was out of our scope **the minors**, still we can get some ideas which may be of benefit.

Friday 18 of October 2019: Visit to the Outpatient Center for Adolescents and Their Families in Project Man C/ Martín de los Heros

On the 5th day the team went to visit the Outpatient Center for Adolescents and Their Families in Project Man C/ Martín de los Heros” in Madrid, where we 1st met **Mrs. Lucía Perez. Director of the Centre and the project manager all over Madrid** She presented a lecture on the services provided by the organization in the field of juvenile offenders generally and mentioned the program of rehabilitation that have been done by Madrid university team and she promised to contact them and send it by mail also she mentioned a major project all over Spain called Poryecto Hombre also they talked about governmental centers providing treatment in some cases of juvenile offenders.

The second lecture was about Prevention and Intervention in adolescent substance users and their families that provided in the outpatient center it is private center providing services to all age group they have multidisciplinary team consist of psychologists and nurses and physician and psychiatrist and child psychiatrist

They described the patient care pathway in details and we liked that they do consultation through telephone and according they do triage and prioritization also many of cases need only this telephone consultation

Also they mentioned the stigma especially in refusing the treatment by medication finally we have tour in the center but we didn't see adolescences because it was in morning the same time of school.

Recommendation:

Sending the following documents to GSMHAT:

1. English translation of the Spanish legalizations
2. Dr. Olivia Castillo Presentation &
3. The program including the action, planning & adaptation.
4. English version of the assessment working papers used in the center.
5. the internet link of these programs in ARMI agency
6. The law of punishments in Arabic version which is available at the “El Lavadero” centre.
7. PIAM program
8. Preventive program for adolescents at PORYECTO Hombre
9. The Madrid University program applied in Poryecto Hombre

Task 2: Formulating of the model of care

Group meeting have been done to illustrate the study visit and the team member in collaboration with experts they decide.

The team had 3 of meetings to put on the average framework that can be easily applied to the Egyptian system.

The team discussed the ways that are already present and the difficulties facing the juvenile justice system for dealing with the substance use and the psychiatric comorbidity in the adolescents.

We agree that designing and implementation of an effective model can help on reducing substance use and has beneficial impact on the adolescent mental health.

Goals:

- As not all adolescents with substance use are easily identifiable all inmates should receive on arrival information about drug use treatment services available and access points
- Assessment aims at identifying cases with SUD and risk assessment also the progress and effectiveness of treatment if already known to have SUD.

At admission the responsible persons should discuss with the youth their rights in the facility center

- a) To have their life, physical integrity and health looked after by the public entity on which the center depends.
- b) To receive integral education and training in all areas.
- c) To have their dignity and privacy preserved, to be called by their own name and to keep their status unknown by third parties.
- d) To the exercise of the civil, political, social, religious, economic and cultural rights that they own.
- e) To stay in the center closest to their home.
- f) To receive free health care, compulsory basic education, and educational or professional training appropriate to their circumstances.
- g) To receive an individualized treatment program and to participate in the activities of the center.
- h) To communicate freely with their parents, legal representatives, relatives or other people, and to come out of the center and enjoy licenses

Assessments:

Every adolescent should have initial assessment and follow up

Types of assessments:

- .1 Physical:
 - ☐ General health assessment
 - ☐ Drug screening

A mandatory drug testing program for adolescents appreciated. The rationale for this is to detect the use of drugs within facility; to identify those to treat and also to provide information on the level of drug use within the facility and the type of drugs being used.

A number of performance indicators should also be introduced, these include:

- Changes implemented after the review of existing action against drug misuse in facility by facility governors .
- Number of positive urine samples collected each year as part of the mandatory drug testing policy.
- Availability for each adolescent of cost-effective drug treatment services

Adolescents are required to provide a urine sample for testing purposes

All adolescents are subject to the random testing program are required to test 5–10% of their population each month .

Refusal by adolescent to be tested must lead to negative consequences that are followed in the facility .

The testing program is run to a strict procedure where tampering with samples is very difficult.

Frequent testing has a mandatory and voluntary element where known drug users are randomly tested more frequently than the rest of the facility population.

In the same way as the MDT program adolescents with a positive result are placed on report with high confidentiality

- ☐ Identify any co-existing health problems

.2 Psychological:

- ☐ Identify any co-existing mental health problem, by using screening tool (SDQ) if psychiatric disorder suspected referral should be done.
- ☐ Developmental and social history
- ☐ Assess motivation to receive treatment
- ☐ History of suicide and/or violence (SBQ(

.3 Social:

- ☐ Legal problems
- ☐ Family structure
- ☐ Social skills
- ☐ Educational needs, special education history.

.4 Rules for assessors:

- ☐ Should know that some adolescent may be reluctant to disclose the SUD problem for distrust of the system

- ☐ Information disclosed from adolescent may not match information received from the community because it was not fully disclosed before
- ☐ Provide information on treatment options in facility and after release to the community
- ☐ Information related to blood borne infections
- ☐ The assessment should continue throughout the stay not just early as some may relapse or develop drug problems in the corrective facility.
- ☐ Prior to discharge provide information related to blood borne infection as psycho-education messages.

.5 Interventions

- ☐ Primary intervention

Life skills training in group therapy for all adolescent in the institute twice per week that include

- o Self-esteem building
- o Anger management
- o Problem solving
- o Social skills
- ☐ 2nd intervention

Action plan target individually the positive cases Recommendation: Each adolescent should have individual session bimonthly but for those with addiction problem should be regularly seen every week to work on: ACRA program for adolescent.

- ☐ 4Pharmacological:

Patient who proofed to be addict will refer to specialized medical care for detoxification (if needed) and prepare for rehabilitation

Task 3: Task 3: Review the proposed plan

4 individual meetings have been done with the team and experts after finishing the model of care their valuable comments have been taken in consideration

Task 4a: Finalization of the plan: 1 month

1 meeting have been done to work on finalizing the plan after review & discussion of the stakeholder and experts committee.

Task 4: training of personnel

2 run of training have been done each one conducted in 2 days around 60 of trainees attended, they were from ministry of social solidarity and social workers and psychologists from corrective facilities and active NGO dealing with corrective facilities and psychiatrists and psychologists from mental health hospitals

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