



Conference on Drugs:
Meeting the threat to probation

Report

Stockholm, Sweden
23-25 May 2007

OPENING THE CONFERENCE

Introductory remarks

Leif Nylén, Director General of the Swedish Prison and Probation Service

Leif Nylén welcomed the conference participants to Stockholm. He took the opportunity to outline the Swedish policy towards the drug problem. Firstly it is seen as very important to reduce the flow of illicit, drugs in Europe. In this aspect Sweden has zero tolerance and puts a lot of resources into the detection of drug users in the correctional system. Risk assessment and treatment must be based upon scientific fact and recently the head of research and development within the Swedish prison and prob. System has been appointed as a professor of Psychology at Stockholm University providing an interface between the two systems.

Increased integration in Europe heightens the need for the correctional systems to work together and harmonize their efforts. C EP has important roll in providing learning opportunities dissimilating knowledge and helping to avoid repeating mistakes. He wished the delegates and good time and successful conference.

Formal opening of the conference

Leo Tigges, Secretary General of CEP

Leo Tigges thanked Lars Nylén for the opportunity to hold the conference in Stockholm a city he is delighted to visit, especially this time of year. He was proud that the conference hade attracted so many people from all over Europe, Iceland in the west and Hungary in the East. He was especially pleased to welcome four participants from Thailand.

The diversity in counties and audience gathered here reflects the diversity in CEP. Although we celebrate diversity we might be asking what it is that unites international probation.

Leo took the opportunity to remind the conference that CEP has a vision for Europe which is about Community justice, human rights and delivery of effective sentences. Equally important for CEP is to put the vision in to action it is people – probation policy makers, managers, researchers, practitioners – who make the vision real. CEP helps in the three fields; with a programme of Activities, by exchanging ideals and by providing experts to the E. U. and Council of Europe. These activities are described on CEP's website.

This present conference has its origins nearly three years ago at the last General Assembly of the CEP in Lugano. One of the representatives of the U. K remarked that it was a long time since CEP had the subject Drugs and Probation chosen and theme for one of it's conferences. Sweden kindly undertook the task of organizing a conference in Stockholm. He assumed that the conference would hear Sweden's strong views on how to tackle this problem. At the same time it is

wonderful to hear divergent opinions and other approaches in open discussions and this is one of CEP's strengths.

Leo described briefly the cost to individuals, families and society caused by addiction to drugs and outlined a challenging list of problems that the Probations Service is confronted with.

He looked forward to hearing the key speakers in the programme and declared the conference opened.

INTRODUCTORY SESSIONS

Kathryn Leafe, Director of Cranstoun Drug Service

Kathryn Leafe presented a user treatment perspective to drug addiction. She started by saying that there are two key questions we need to ask ourselves. Firstly, "what are drugs?" in the UK drugs do not include alcohol but in many countries in Europe alcohol is included in the concept of drugs. Secondly we need to understand why people use drugs and continue to use drugs. Do we perceive them as different to us? In fact they are very similar to us, "more like us than unlike us". Kathryn brought forwards three main themes;

1. Community sanctions are most effective although treatment and change programmes can be successful in prison setting. We need to look more into the overlap from institutional to community setting. We do need better evaluation of what we do.
2. It is important that NGO's liaise with the Probation Service and remember that the drug user has committed an offence and should be sentenced for the offence they have committed and not because they are drug users.
3. Motivation assessment has shown it is not something you produce. We must also realize that there is nearly always something or someone pushing for/to change. How do we pick up on external motivation and internalize it? With this in mind we must recognize that change takes time. Relapse is part of the process and we must put more thought and effort into raising retention rates. It's better to be in treatment than out, social exclusion minimizes motivation to change.

With all that said Kathryn Leafe is optimistic about the effects of treatment for drug users. The results are in par with other types of treatment for example hyper blood pressure and diabetes.

Swedish policy of narcotics and contract treatment in the probation system

Björn Fries, Swedish National Drug Policy Coordinator

Björn Fries described the historical background to the present Swedish Action Plan on Drugs. Sweden was taken unawares when the drug scene exploded in the early 1960s and the response was law enforcement. It was quickly realized that this was insufficient and a harm reduction programme that included legally prescribed drugs was launched. This programme soon came into ill repute because of the liberal prescription practice and the diversion of drugs into the illegal market. The project was terminated 1967.

The arrival of HIV in the middle eighties started an intense debate in Sweden and led to the expansion of treatment facilities for drug abusers. The current Swedish policy has three pillars: prevention, treatment and control each of which is equally important and should be in balance with each other.

Björn Fries outlined the Swedish tradition of prevention and referred to the annual school surveys which show a downward trend the last three years and stands now at 7% of 16 year olds who have tested drugs. The strength the prevention work is due to the Swedish tradition of citizens getting together in voluntary organisation to create change. In virtually all Sweden's 290 municipalities there are local drug prevention coordinators who work closely with voluntary organisations, trade unions, adult education movement, sport organisations and ethnic organisations. Even popular bars and nightclubs in Stockholm collaborate with the civil society in trying to reduce the use of recreational drugs by training staff, making it more difficult to take drugs on the premises and offering counselling.

The second pillar is treatment said Björn Fries. Most treatment is offered on a voluntary basis through the local social services. A small percentage (less than 1.5% of all patients who receive treatment) are treated under the Compulsory Treatment Act.

Sweden is moving towards seeing drug addiction as a life long condition that requires a continuum of care. The latest advances in neuroscience points clearly in this direction. Long term provision of treatment and support demands coordination and active collaboration between the different deliverers.

Turning to the third pillar, that control, Björn Fries mentioned the keystone of the Swedish Strategy, the prevention of drugs on the open market, at street level and through the internet.

He concluded his presentation of Swedish Drug Policy by summarising the goals:

- more young people should say no to drugs
- fewer people should start using drugs
- more drug abusers shall obtain help to a life free of drugs and criminality
- the availability of drugs shall be reduced

Turning to the situation within the Prison and Probation Service, where 65 percent of inmates in prison and probation are drug abusers, Björn Fries emphasised the important roll of the correctional system.

Since 2002 resources and staff have been directed towards containing and alleviating the drug situation in prison and amongst clients. In particular he mentioned contract treatment that has been possible since 1988. The offender with drug problems is offered the opportunity to undergo treatment instead of prison internment. Contractual treatment has strong support amongst the courts, attorneys, lawyers and Prison and Probation Service.

He hoped that the conference would be able to define and find solutions to some of the problems that we can see today and to improve our cooperation.

New medical research in an international perspective

Fred Nyberg, Professor, University of Uppsala. Division of Biological Research.

Fred Nyberg began by giving a statistical overview of global extent and cost of drug and alcohol abuse. The global drug industry has grown to equal the economy's of the oil industry and weapon industry; 500 billion US \$ a year.

It is important to pose three questions: Who becomes an addict, what happens in the brain and is addiction a disease and if so how to treat it?

There are three factors in causing drug addition in an individual. These can be gathered in three categories:

- Generic factors that account for 25-50% of the risk where DNA, SNP's and other polymorphisms play an important part. Latest research indicates that generic factors lie, behind 40-60% of additional diseases.
- Environmental factors play an important part pre-natally and post-natally in early life. Stress responsively increases the risk, growing up in a dysfunctional environment is very detrimental for the infant.
- Here the question of co-morbidity is present 60-80%, of young people treated at the Maria Ungdom (an emergency ward for young drug abusers in Stockholm) had previous experience of psychotic complications.
- Finally the individual has to be exposed to drugs to develop drug addiction.
-

Fred Nyberg explained the basic biomedical processes in the brains signal n p system and how the intake of narcotic substances affects the reward system.

In short the brain has the three reward systems in the brain that communicate with each other through signal substances where dopamines play the most important role.

When a person exposed to a pleasant experience natural rewarders (E kephalin and β endorphin) cause an increase in the level of dopamine and the feeling of euphoria occurs. This feeling dies out in time as the brain produces opiod petides (dynorphin) to "balance" or normalise the system and the individual experience dysphoria. This is a natural and necessary process. The brain "remembers" experience and this gives rise to a feeling of expectation.

When drugs (opiates are best researched) are introduced into this circle of reward and down regulation the system gets into imbalance. The level of dopamine rises to levels that are far higher (x100) than natural reward levels, consequently the level of dysphasia is deepened as balancing reaction. The result is an individual who has greatly decreased natural levels of dopamine and increased levels of dynorphin. The urge to take drugs to combat this strong negative feeling is very strong and as long as the drug induces high dopamine levels the user feels good.

The characteristics of opiate induces brain damage are permanently reduced levels of dopamine and locked breaking system with high levels of dynorphin in the frontal cortex, a life-long metabolic decrease in the brain.

Fred Nyberg presented a model for the treatment of opiate addicts comprising of:

- symptomatic therapy
- psychotherapy
- pharmacological treatment: for example methadone. Methadone has disadvantage of lowering dopamine level new research p(1-7)
- treatment of induced brain damage: where exciting new research on growth hormones gives hope that the brain can recreate cells after damage.

From his perspective Fred Nyberg saw the need for a comprehensive strategy against drug addiction comprising of

- effective prevention (low explosive to drugs)
- effective control (less drug available)
- effective treatment and care: multi thematic (medical, psychological and social) and sane cases life long.

EU anti-drug policy and its implication for probation

Timo Jetsu, Administrator, Coordination of Anti-drugs Policy Unit, European Commission, Directorate-General Justice, Freedom and Security, Brussels.

Timo Jetsu began his speech with some preliminary remarks about European drug policies. Firstly drugs are one of the major concerns of EU citizens and action at the EU level is expected by 80 % of the population. Secondly, there is no common European drug policy, like e.g. common agricultural policy (should there be, wondered Timo?). Thirdly, there is agreement on the need for more cooperation, sharing of best practice etc. Finally there is a unanimously agreed European (EU) approach, including harm reduction.

Drugs in the EU have widespread implications for member states affecting as they do horizontally, all the three "pillars" of the EU; i.e. common law, international relations and justice and home affairs. Member states are therefore more and more the main actors in the European Commission. The role of the community is complementary to the actions at governmental level.

Although often closely related to the drug problem precursors and money laundering are an exception.

Timo Jetsu gave examples of the fields that the Commission is active: Public health, education and culture, research, employment, road safety, external relations, candidate and application countries, justice/home affairs and civil society.

The EU's drug strategy 2005—2012 is laid down in two action plans, one for 2005-2008 and the second for 2009-2012 which will be based on the experience of the first plan. The Action Plans are based on:

- fundamental principles of EU law,
- Fundamental rights of citizens
- Protection of public health and public security
- Balance and evidence based.

The ultimate aim is "to significantly reduce the prevalence of drugs use among the population and to reduce the social harm and health damage caused by the use of and trade in illicit drugs"

Timo Jetsu emphasized that the action plan is a dynamic policy instrument, not just a static list of political objectives. There is built-in evaluation which gives scope for adjustments. The plan focuses on results.

He then went on to outline the Council's recommendation of 28/6 2003, which is a legal instrument for action.

- In the area of drug related health damage (HIV/AIDS) and deaths
- Outreach work
- Drug services for people in prisons and on release
- Distribution of needles, condoms etc
- Vaccination and screening.

According to Timo Jetsu led an evaluation of the recommendation to the following conclusions.

- Continue to develop harm reduction services as part of integrated system
- Adapt prison based harm reduction activities to the needs of drug users and staff in prisons
- Improve access to services and to ensure the continuity after release from prison ensure research based, fact driven policies and continuous evaluation.

Part of the EU Action Plan focuses on alternatives to imprisonment (Action Plan 13) in which member states are encouraged to make effective use of and develop alternatives to prison for drug abusers. The Action Plan will be complemented by a Commission recommendation on drug services in prison at the end of 2007. The recommendations will take into account the results of the evaluation of the previous instrument.

Timo Jetsu then outlined some basic assumptions behind the Recommendation:

- The 'hard-core' of the drug using population comes into contact with prison/probation services
- Integration of services a key challenge
- Effective aftercare for drug using prisoners is essential to maintain gains made in prison-based treatment.

- Probation creates opportunities for integrated approach e.g. by reaching "new" populations.
- Methods to monitor/analyse drug use among this population need to be developed.

Timo Jetsu presented drug related funding possibilities. Firstly there is the Public Health Programme (ENDIPP) where (3 million is available each year). Secondly there are funds within the Programme on drug prevention and fight against crime. These funds are at present blocked in the European Parliament. Thirdly there is funding available within the 7 th framework programme for Research and Development. A problem here, according to Timo Jetsu is that applications for funding are often not up to high enough scientific standards. Another problem is that the research is on a too small scale. Here there is more scope for multi-national applications.

He gave examples of funded projects:

- Female drug users in European prisons- follow-up based guidelines for relapse prevention (circa (190 000)
- Reduction of drug related crime in prisons. Evaluation of the impact of substitution treatment on the management of opioid dependent inmates (circa (154 000)
- International conference on networking and development of programmes in prison and probation rehabilitation services in the states of the Baltic Region (circa (19 000).

Timo Jetsu rounded up his presentation by naming some other relevant points in the EU Action Plan. The creation of guidelines for increasing the availability and access to services for drug users not reached by existing services. Increased access and coverage of rehabilitation and social reintegration programmes, especially for young persons. Increased access for addicts to harm reduction services (national legislation). Focus on the reduction of drug related deaths.

How to introduce evidence-based programmes

Lars Krantz, Evaluation Specialist, Division of development, Prison and Probation Service, Head Office, Sweden.

Lars Krantz started off with a short history of the use of programmes, from "let a thousand flowers bloom" in the -90-ies to a limited number of evidence based programmes 2007. Since 1999 the Swedish Prison and Probation Service has worked intensely to develop a limited number of evidence based programmes against crime and drugs. All programmes have to be accredited before implementation as National Programmes. The work started with the identification of risk and need target groups of clients; how big was the need? Then began the task of finding and/or developing relevant programmes to match these needs. Programmes are required to cover reasonably large groups of clients. At the moment there are 16 programmes that are accredited or under development. Lars Krantz listed these programmes many of which are Swedish adoptions of English language programmes t.ex. Cognitive Skills, Enhanced Thinking Skills, IDAP, ART, One to One, Prime for Life. Others are developed in Sweden e.g. The Balance, a general motivational programme, Breaking With

Crime, focused on gains and losses of crime, Dare to Chose, focused on drug misuse.

Evidence based programmes are one of several resources directed toward the offender and must correspond to their needs and motivational level and be an integral part of the sentence plan that is produced for every client. The Swedish Prison and Probation Service has produced a manual for good standards and quality assurance in management , performance and delivery of evidence based programmes.

Lars Krantz described the accreditation process the purpose of which is to develop a number of core programmes for Prison and Probation, aimed at a majority of client groups, built on research and evidence, the "What Work"-principles. The concept "accredited programme" is defined as *a research based programme expected to reduce recidivism, provided that it is delivered in a correct way.*

The Swedish accreditation panel consists of 7 appointed members; these are specialists in relevant scientific fields and 3 nominated members from the Prison and Probation Service. For every programme five manuals are produced, these are; the theory manual, the programme manual, the evaluation manual, the management manual and the staff training manual. Every programme must fulfil 10 criteria for accreditation. 1) A clear model of change, 2) guidelines for selection of offenders, 3) it must target dynamic risk factors, 4) the methods used in the programme must be proven effective, 5) the programme content must be skills orientated, 6) sequencing, intensity and duration must be defined, 7) the programme must engage the participants and increase motivation, 8) the programme must have a place in the sentence plan, 9) programme integrity is essential and 10) ongoing monitoring and evaluation must be guaranteed.

Lars Krantz emphasized that the importance of an accreditation panel lies in their scientific background and knowledge with which they criticize, comment, give advice and support to the programme producers. Furthermore, as an independent body, they put pressure on the Prison and Probation Service, which gives strong support to develop effective programmes.

Lars Krantz broadened the perspective to the concept of implementation which covers all procedures used to *introduce new methods or new knowledge* in an organisation, and *make sure that the methods and knowledge will stay* and be used during sufficient time to produce the expected output. Implementation therefore comprises of those *strategies used to establish and guarantee* all efforts from decision to full performance.

Lars Krantz illustrated the barriers or obstacles for introducing evidence based programmes in an organisation. These are: attitudes and insufficient knowledge, stress, high pressure of work and burnt-out staff, difficulties with co-operation within work-groups, low level of self control in the work situation and finally a leadership that is not engaged in the process.

Referring to *D.D. Simpson (2002) A conceptual framework for transferring research to practice. Journal of Substance Abuse Treatment, 22, 171-182* he outlined the strategies for successful implementation of evidence based

programmes. Firstly manuals must be user-friendly, secondly the staff must be trained in theory and skills required (the why and how of a programme). The work-place climate must encourage new behaviour and change. Fourthly the skills of work-groups and managing staff must be developed. Finally the development of the organisation demands the participation of all staff and shared responsibility in the work of implementation and quality.

Lars Krantz presented some of the findings from a study of the opinions of Swedish programme leaders about conditions for working with programmes in their work places. On the positive side the leaders thought they had been given sufficient training and that they had the right level of education to carry out the programmes. They had the premises and equipment the needed. The leaders felt the support of colleagues and from superior management. On the negative side they expressed lack of time for preparation and after-work. They also wanted more guidance and supervision.

The other main results from the study were that programmes were stimulating and meaningful for programme leaders as well as for clients. It was felt that "this was the right thing to do", work tasks that focused on what was important. Leaders also found their new skills and knowledge useful for other activities in their own work. Programme leadership is seen as a clear and defined role- you get feed-back on what you do. Finally programmes develop a common "language" in the staff-group and give members the chance to develop themselves.

Summing up Lars Krantz took up some vital aspects of the organisation and implementation of evidence based programmes. It is a learning process for both programme leaders and work-place and this takes time, there must be scope for trial and error. Secondly the work-place climate and manager attitudes affect the process. Thirdly it is a process of change and it needs time. The fourth aspect is knowledge and understanding, programmes need to be in focus from the top downwards and need to be a shared responsibility. Finally Lars Krantz pointed out that problems arise when programmes are not in focus. They are vulnerable and need protection. There are also difficulties in sharing and distribution experiences.

To conclude with Lars Krantz presented a model of the stages of programme implementation.

- 1) The design and planning of programmes
- 2) Implementation, design begins to get used
- 3) Application- here the important factors are:
 - the work-place climate
 - the work-place culture
 - management support/lack of support
 - a learning process
 - unexpected events that need to be addressed
- 4) Feed-back, positive and negative.

WRAP UP

Kevin Barry was asked to give a summary of the conference and did so in a brilliant, humoristic and insightful way.

Firstly he prepared us for withdrawal symptoms after working closely together and forming new fellowships that would now be temporally broken.

Kevin Barry touched on Lars Nyléns welcoming speech and the Swedish vision for its drug policies, ambitions, yes, but how realistic?

Leo Tigges took the conference to the front line reality and the three perspectives CEP consider necessary in drug policies.

1. Crime occurs in communities
2. The need for effective sentencing
3. The human rights of all, especially those within the penal system.

We must take into consideration the optical realities in Europe in the 21st century.

Drugs give rise to a divergence of policies. We must be aware of what we do, are we sufficiently evidence based?

Kevin Barry reminded the conference of Leo Tigges' words about becoming too relaxed about the damage done by drugs; to individuals, families, cities and neighbourhoods. We do a lot of good work and must not become complacent, we can always improve. Kevin Barry gave us the task of changing the world.

Kathryn Leafe gave the conference a well informed, inspiring and intelligent talk reminding us to see drug abuser as like us and not different from us. Her message was the need to get back to basics; drugs lead to crime. Drugs are prevalent in prison but it is the worst place to work with drugs users. There is evidence that community sanctions work better, Kevin Barry wanted to see a reference.

Kevin Barry took up another cardinal point. According to Kevin Barry, motivation is what you do, not something a person has, and it is a process that needs caring for.

Kevin Barry then turned to Björn Fries, the "Swedish Taliban" who in spite of his title presented a balanced approach to the drug problem. Fries stressed the importance of long term investment at grass route level and that the links practitioners have with the community are vital. All was not well in Sweden Kevin Barry noted and referred to the ongoing problem with contract treatment.

Moving over to the Italian presentation Kevin Barry expressed his disappointment over an evaluation of a therapeutic community so badly needed, that did not present data from later than 2003. The report did not live up to the scientific demands expected of a proper evaluation.

Claire Higgins, well informed and good presenter battles with the English special liking to always change the name of everything. Community service which the English have successfully exported to Europe and beyond is now called unpaid

work! She presented evidence of greatly improved completion rates for difficult clients.

Thierry gave us all sparkling lesson in how to maximise the effect of direct participation of grass routes and resources.

Leif Nyberg pulled us all up to higher scientific level said Kevin, an important reminder how easy it is to forget pharmacological, neurological and clinical research. His four points are crucial.

Kevin Barry had wished that TimoJetsu's presentation had come at the beginning of the conference as it set the stage for how Europe is tackling drugs. The Action Plan has frequent references to the prison population, CEP has a role to remind policy makers that we need to work with prisons and probation.

Give rise to question of aim and target. What is a significant reduction in prevalence of drug use? 1%? 10%?

Once again we are reminded of the need to underpin what we do with research. Where is our research arm on drugs in CEP? wondered Kevin Barry. Can CEP develop ongoing research with academic institutions and universities?

Finally Kevin Barry reflected on the boat trip to Drottningholm where the Swedish reagents live, and recalled that the Swedes in the Thirty Years War stole many treasures and valuables in Central Europe. He encouraged us to keep on stealing not things, but ideas to take back to our palaces back home.

Formal closing of the Conference

Leo Tigges wound up the conference by thanking everyone for being a motivated group who have had a matter of fact approach to controversial matters. The setting for the conference was good; it was not easy to get away to other distractions and meant high retention and low drop-out rate.

He praised the programme for being varied, giving not only the Swedish approach/perspective. He thanked the motivated host who has given us good time and helped us to learn a lot.