CRIMINAL JUSTICE AND DRUG POLICY
Treatment, Harm Reduction and Alternatives to Punishment
Preface

Jan Malinowski

Dear Reader,

people may be at odds with the criminal justice system for a wide range of reasons and their deeds can sometimes lead them to prison. A closed environment, overcrowding, poor material conditions and lack of meaningful activities can have detrimental effects on prisoners’ physical health and mental wellbeing. Enforced idleness and loss of self-esteem and self-determination or autonomy can lead to or exacerbate behaviours that involve various forms of self-harm and risk-taking, including drug use.

For people whose conflict with the law stems primarily from their drug use but have not committed serious offences, and who also often suffer from mental health problems, referral to appropriate treatment may be a preferable option.

People who are sentenced to prison remain fully entitled to the internationally recognised right to health and—subject only to the deprivation of liberty itself and to the limitations that are inescapable for its effective enforcement—all other human rights. Recognising that deterioration of health is not a necessary or unavoidable consequence of deprivation of liberty, some national administrations have rightly set the goal of ensuring that people leave prison in better health than when they arrived.

Information gathered in the framework of the Pompidou Group’s Criminal Justice and Prison Programme confirms that people’s health often deteriorates in prison, and yet proves that health loss must not be regarded as consubstantial to deprivation of liberty; some national administrations have rightly set the goal of ensuring that people leave prison in better health than when they arrived.

Through its Criminal Justice and Prison Programme, the Pompidou Group has cooperated with national authorities on ways to divert people with substance use disorders away from the criminal justice system and on developing alternatives to imprisonment, designed to support rather than punish. Furthermore, we have had the pleasure of working with prison administrations that aspire to provide the best possible service to their beneficiaries and endeavour to offer human rights-sensitive responses to drug problems. The Pompidou Group experts have also had the privilege to work with excellent health and prison professionals, policy makers and civil society representatives committed to improving the predicament of people with drug problems.

This brochure serves to showcase our work in the fields of criminal justice and prisons.

A showcase of our work in the fields of criminal justice and prisons.
About us

The Pompidou Group

The Pompidou Group works closely with national policy makers and practitioners to develop drug strategies and tools that focus on improving health and human rights in the criminal justice systems.

The European Convention on Human Rights protects the rights of over 820 million Europeans. It was drafted by the Council of Europe, the continent’s leading human rights organisation, in 1950. The convention forms the cornerstone of the Council of Europe’s work. It also underpins the activities of the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) which was formed in 1971 on the initiative of the late French President Georges Pompidou. The Pompidou Group is an intergovernmental body that was incorporated into the institutional framework of the Council of Europe in 1980.

The core mission of the organisation is to tackle drug use and illicit trafficking in drugs by supporting the development of effective and evidence-based drug policies in its 38 member states. Improving the drug situation in one country benefits all – economically strong member states support resource-poorer members of the Pompidou Group through targeted interventions and based on democratic participation and consensus. Partners of the Pompidou Group include non-governmental organisations, intergovernmental organisations, research institutes and networks of professionals. These organisations make essential contributions to dissemination, networking and good practice sharing on national, regional and international levels. The Permanent Correspondents of the Pompidou Group member states meet regularly in Strasbourg to discuss necessary actions and to present innovative ideas. They decide on joint efforts to improve drug policies and practices in Europe and beyond – including those that are relevant to criminal justice systems.

A good example of successful international cooperation with impact in Europe is the Criminal Justice and Prison Programme of the Pompidou Group, which aims to develop drug legislation such as alternatives to punishment and imprisonment as well as treatment services and harm reduction in prisons. Drug-dependent persons often fall foul of the law because of their drug dependence. Many of them also suffer from drug-related, communicable and often stigmatising diseases such as HIV or hepatitis C. The Secretariat of the Pompidou Group works closely with national policy makers and practitioners to develop drug strategies and tools that focus on improving health and human rights in the criminal justice systems. This includes interventions that help to reduce crime, prison overcrowding and stigmatisation of drug-dependent persons.

This brochure introduces the work of the Criminal Justice and Prison Programme of the Pompidou Group – by giving a voice to both leading experts and people who have survived drug dependence and experienced hardship in prison. We hope that this will show the way towards human drug policies and practices in Europe and their impact on crime rates, people’s health and human rights.

Furthermore, we present the approach of the Pompidou Group to link research, practice and policy. The Pompidou Group provides extensive and substantial expertise on strengthening the capacity of its member and partner states to implement domestic criminal justice and drug policy reforms in line with Council of Europe standards in the fields of human rights, democracy and the rule of law. Pompidou Group actions focus on the development and improvement of national legal frameworks (policy) and on the enhancement of the professional skills (practice) and knowledge (research) of both partners and national stakeholders.

The core mission is to tackle drug use and illicit trafficking in drugs.

RESEARCH

- KNOWLEDGE GENERATION: Help to understand the drug phenomena and effects of drug policies
- RECOMMENDATIONS: Translate research findings into recommendations that reflect the realities of our societies
- DISSEMINATION: Show partners and stakeholders what works before drug policies are formed

POLICY

- COOPERATION: Consult with partners, Civil Society Organisations and national policy makers
- POLICY FORMULATION: Provide European expertise on evidence-based drug policies to governments
- IMPLEMENTATION: Support, monitor and evaluate the implementation of policies

PRACTICE

- PILOTING: Introduce and implement new innovative approaches in the criminal justice system
- TRAINING OF SPECIALISTS: Increase knowledge and skills of criminal justice staff through training and workshops
- SUPERVISION: Support the work of practitioners to sustain the impact of trainings
Interview
“Treat—not punish!”

Drug expert Prof. Heino Stöver, Frankfurt University of Applied Sciences, Germany, tells us how to reduce the risks and harm caused by drug use in prisons.

WHAT KIND OF LICIT AND ILICIT DRUGS ARE USED BY PRISONERS IN EUROPE?

Besides tobacco, cannabis is the most commonly consumed drug in many prisons. Some studies have shown that more than 50% of prisoners use cannabis while in prison. Cannabis consumption in prisons is also very widespread in Eastern European countries. Other drugs such as various opioids, benzodiazepines, and alcohol are also frequently used by prisoners.

ARE THERE MANY INJECTING DRUG USERS IN PRISON?

A far smaller percentage of prisoners report that they inject drugs—mainly heroin or other opioids—in prison. According to various studies undertaken in Europe, between 16% and 60% of people who injected on the outside continue to inject in prison. Although they inject less frequently than outside prison, prisoners are far more likely to share injecting equipment than drug injectors in the community, and to share this equipment with a significantly higher percentage of abstinence relapses might occur if the disorder is left untreated. This all means that despite adverse effects, drug-dependent prisoners continue their habit and try to find ways to satisfy their wish to overcome the unpleasant state induced by the cessation of substance use while in prison. Cravings promote continued drug use. Contrary to the perception of prison managers, this may mean abstinence, for others harm reduction, and for some this may mean abstinence, for others harm reduction, which means the reduction of medical and social adverse effects.

CAN YOU EXPLAIN THE DIFFERENT APPROACHES OF HARM REDUCTION AND ABSTINENCE?

Harm reduction and abstinence are two different ways to deal with the consequences of drug use: For those not able to live an abstinent life, harm reduction measures need to be offered, which means preventing the life-threatening and damaging consequences of ongoing drug use. Such measures include needle and syringe programmes and overdose prevention programmes.

Drug dependence is a chronic, relapsing disorder, which means that even after longer periods of abstinence relapses might occur if the disorder is left untreated. This all means that despite adverse effects, drug-dependent prisoners continue their habit and try to find ways to satisfy their wish to overcome the unpleasant state induced by the cessation of substance use while in prison. Cravings promote continued drug use. Contrary to the perception of drug dependence in the general public, this behaviour cannot be stopped from one day to the next—it needs treatment.

IS IT POSSIBLE TO TREAT SUBSTANCE USE DISORDERS IN PRISONS?

Yes, drug dependence is a treatable condition—and prisoners’ drug dependence can be treated too, in the same way as outside in the community. For most dependent people, dependence requires continued treatments to increase the intervals between relapses and diminish their intensity. The ultimate goal of drug dependence treatment is to enable individuals to manage their substance misuse; for some this may mean abstinence, for others harm reduction, which means the reduction of medical and social adverse effects.

SHOULD PRISONERS BE PUNISHED FOR USING DRUGS WHILE IN CUSTODY?

The motto is: Treat—not punish! Drug-dependent prisoners should not be punished for using drugs while in custody. Drug dependence is a severe chronic disorder—and as a medical condition it should be treated and cannot be punished. Drug treatment should be offered to help prisoners keep away from drugs and stay clean for longer and longer periods of abstinence. This should be done by offering individualized and state-of-the-art treatment options, ranging from abstinence to harm reduction-oriented interventions. Treatments should make use of the expertise of drug users and should integrate services from NGOs from the community, since these services are perceived as much more reliable and confidential.
when I got into jail for the first time, I was 20 years old—and had been using shirka for 5 years. When Andriy talks about his past, the 45-year-old man from Kiev identifies his life behind bars with the most commonly injected opiate derivatives used in the Ukraine.

‘Shirka’ is the almost poetic name for a home-made and therefore often dirty form of acetylated or extracted opioid. The drug is weak but cheap—and while heroin is unaffordable to many people, shirka is widely-used among marginalised and poor drug users. Prison inmates inject this homemade opioid too. And injecting drug use is disproportionately high among convicted users at a higher risk of getting infected with HIV or other diseases. In the first representative study in Ukraine, conducted in 13 Ukrainian prisons, 19.4% of prisoners were identified as HIV positive. This is 12 times higher than in the general Ukrainian population and strongly connected to drug use within prison. According to a study involving HIV-infected inmates, 56.8% reported injecting drugs in prison, 74.1% of whom shared equipment, with an average of 4.43 users per needle.

These figures are consistent with the personal experiences of Andriy, who blames the lack of clean needles and syringes as being responsible for the high infection rate in prisons: ‘There were lots of different stories, some people died in my arms, the peers of my age who are still alive are living normal lives thanks to the OAT programme. Many of them found jobs and started families.’ OAT is an abbreviation for Opioid Agonist Therapy—a highly effective measure for treating dependencies and preventing harm from opioid use. Andriy is convinced that the OAT programme saved his life—and would protect prison inmates from getting infected with HIV or overdosing. ‘Without OAT, I would be back in jail now. There is an urgent need to introduce OAT in jails—OAT could save lives.’

And Andriy himself is the greatest example of successful social rehabilitation. ‘I earn my living with my vape shop. My friend and business partner is also on OAT—he has been receiving buprenorphine for six years now. Isn’t that great? Two former drug addicts and repeat offenders have legal jobs, make a positive contribution to society and pay taxes!’ Andriy grins and continues: ‘Now I live a different life—a life I could have never imagined before. My family now treats me with trust and respect. Thanks to OAT.’
Robert Teltzrow is the principal project consultant for the Pompidou Group and is responsible for the implementation of the Group’s criminal justice and prison projects.

WHAT IS THE MAIN OBJECTIVE OF YOUR PROJECTS?
We want to improve health services for drug users in contact with the criminal justice system which also means ensuring that they can fully enjoy their human rights. That is the main objective of the Pompidou Group’s Criminal Justice and Prison Programme—that is, what we all want to achieve. This includes supporting opiate agonist therapy and drug-free treatment services such as Therapeutic Communities. We also help governments to develop policies and rehabilitative measures of treating, educating or reintegrating drug users as alternatives to conviction or punishment.

AND WHAT HAVE YOU ACHIEVED SINCE THE START OF THE PROJECTS?
We have achieved tangible results in many European countries. In Georgia we developed a road map in cooperation with the government for introducing a law on alternatives to punishment. Together with the Department of Penitentiary Institutions of the Moldovan Ministry of Justice we refurbished prison wards which will accommodate Therapeutic Communities. In Ukraine, we introduced drug treatment and prevention tools in juvenile prisons. Each country has its specific needs and challenges—and together with our partners on site we develop impact-oriented strategies that are already producing improvements.

COULD YOU BRIEFLY SUMMARISE THE APPROACH OF THE POMPIDOU GROUP?
The Pompidou Group links drug policy, practice and research—while focusing on the realities of local implementation of drug programmes. Our approach is therefore based on practical experience and on scientific findings. In our projects we train doctors, prison managers and decision makers and work closely with researchers who generate cutting-edge knowledge on a whole range of drug use and trafficking problems. In this way we contribute to harmonising drug policies in Europe in many fields of work including public health, criminal justice and human rights.

THE POMPIDOU GROUP SUPPORTS AGONIST THERAPY AND DRUG-FREE TREATMENT PROGRAMMES. AREN’T THESE TWO COMPETING PHILOSOPHIES: GETTING PEOPLE CLEAN ON THE ONE HAND AND PROVIDING THEM WITH REPLACEMENT DRUGS ON THE OTHER?
These are two complementary approaches opening more possibilities: We should give choices to persons who have problems with drugs—that’s what a comprehensive system of medical, psychological and social services for drug-dependent persons should ensure. 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. Against 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. A drug-free treatment on the other hand helps drug users who are not dependent on opiates and want to stop using or overusing drugs. Irrespective of this question, we learned one crucial lesson: drug treatment services are especially effective if they are embedded in the general health and social care system.
Policy and Research

Effective management through research, good practice and innovative policies

Good drug policies save lives, improve health and support the well-being of our societies. Europe allows us to draw on a wealth of experience and drug policies in the form of national action plans and strategies, as well as the instruments provided by the Pompidou Group, the Council of Europe, the EMCDDA and the European Commission—reflecting the diversity of the drug situations in the different countries. But why do some drug policies reach their goals while others fail? Drug-related research provides answers and evidence for governments before drug policies are formed and finalised. Policy-makers need research messages that are clear cut, unambiguous and relevant to their work and priorities. Good research, however, reflects the complexities of practice. Hence, the Pompidou Group works together with researchers, policy makers and practitioners to translate complex research findings into comprehensible messages which reflect the realities and diversity of our societies. The link between policy and research is one of the strong points of the Criminal Justice and Prisons Programme—studies conducted by the Pompidou Group provide orientation for policy makers. Drug treatment systems in 10 European countries offer governments an international comparison of drug treatments. The ‘Comparative study on alternatives to imprisonment for drug-dependent people’ show governments hands-on models for practical and effective interventions in their prison systems. Research helps governments to change their policies: to foster effective, viable and accepted actions and to prevent, treat and counteract the spread of substance use disorders and crime. Policy makers can really make a difference. Repressive policies can lead to prison overcrowding. However, policies that follow a rehabilitative approach that emphasises treatment over punishment can help drug-dependent people to remain or become again active and responsible in supporting their livelihood and contribute to our societies.

Alternatives to Punishment

Reducing crime and making society a safer place while saving taxpayers’ money—that’s the greatest contribution to society. Criminal justice systems can make in the current context of financial constraints in Europe. The evidence about the costs, effects and unintended consequences of drug control policies becomes increasingly available—and puts pressure on policy makers to find more effective responses for people who are in trouble with the law because of drug-related offences. Key driving factors of this development are the increasing costs of court procedures related to the large number of people with substance use disorders kept in prison. In addition, studies show that sanctions and prison sentences are often counterproductive in treating addiction and preventing drug users from reoffending after release. The costs for society explode because of the number of drug users with problematic use patterns in prison. This marked increase can be seen in too many European countries.

Currently, every sixth prisoner in Europe is a drug user. And many are imprisoned for non-violent and minor offences, often acquisitive crime. Consequently, drug policy experts around the world recommend developing alternatives to punishment and coercive sanctions for drug users such as education, treatment, aftercare and social reintegration.

Europe has a rich experience with various legal mechanisms that address drug-related offences such as arrest referral, suspension of proceedings, specialised drug courts and treatment instead of punishment. Unfortunately, policy makers do not always have access to information as well as comparable and practical analyses about promising approaches that exist in other European countries. In order to reform their criminal justice systems in line with European values they rely on expert opinions and fora to discuss state-of-the-art interventions that have been successful in other parts of Europe.

The Pompidou Group studies the drug phenomenon and assists governments around Europe to develop new policies on alternatives to punishment and imprisonment. More recently, the Group organised activities in Malta and Georgia, which are considering reforming their criminal justice systems after a careful assessment of the risks and opportunities that come along with introducing new laws. In the framework of its Criminal Justice and Prison projects the Pompidou Group conducts comparative research on European jurisdictions, invites international experts to present European good practices and organises exchanges of experience for policy makers and drug policy experts.

Today we know that criminal justice reforms can lead to cost reduction and a more effective treatment of drug users.
Interview  
“We can make a difference!”

Igor Guja, Deputy Director General of the Department of Penitentiary Institutions of the Republic of Moldova discusses the progressive approach for tackling drug use problems in Moldovan prisons.

MR. GUJA, PLEASE TELL US YOUR WAY OF DEALING WITH DRUG DEPENDENCE AND DRUG TREATMENT.

There is a direct link between the consumption of narcotics, including opiates, and criminal behaviour. Drug users often commit crimes to buy drugs for personal consumption. Many of these people continue to use narcotics in prison after being convicted. Moldova is progressive in tackling drug use problems because it provides a comprehensive system of services and treatment programmes for drug-dependent prisoners, including needle and syringe exchange programmes and opioid agonist therapy (OAT) with methadone.

DEPENDENCE

Tackling drug dependence in a prison requires an entire package of measures—and implementing this package requires teamwork.

WHICH RESPONSIBILITIES DO YOU DELEGATE TO YOUR STAFF?

You see, when it comes to the treatment of drug users in our prisons the main goal of our prison staff is to prevent the spread of HIV and hepatitis. Prison doctors, psychologists, social workers and security staff work together to prevent criminal behaviours and drug use. In Moldova we have effective instruments to reduce health risks for staff and prisoners: opioid-dependent prisoners can receive methadone for treatment and in addition, the DPI provides sterile syringes to drug-dependent inmates.

WHAT ARE THE EFFECTS OF THE OPIATE AGONIST THERAPY (OAT) PROGRAMME—BOTH TO PERSONS IN TREATMENT AND TO THE INSTITUTION AS A WHOLE?

The prisoners’ health, the prison system and society as a whole—everyone benefits from an adequate and evidence-based organisation of OAT in prisons. Research has proved that continuous OAT can prevent overdoses. And compared to detoxification programmes, OAT shows better adherence to drug treatment programmes and antiretroviral therapy (for HIV)—also after release. We also see that drug users who are enrolled in OAT are less likely to commit further criminal offences and are easier to reintegrate into society compared to other inmates. Methadone treatment is also beneficial for the security of the prison because it reduces the demand for illicit drugs. This improves the lives of both prisoners and prison staff.

AND ARE THERE ANY RISKS?

I would strongly recommend OAT to all my colleagues in other member states, even though—or precisely because—I am very aware of security concerns. It is essential to identify and address security issues and to prevent the diversion of methadone in the prison by having the methadone treatment implemented by a multidisciplinary team of health care professionals, social workers and security staff.

TOGETHER WITH THE POMPIDOU GROUP OF THE COUNCIL OF EUROPE, THE DPI REFURBISHED A PRISON WARD TO ACCOMMODATE A THERAPEUTIC COMMUNITY. WHAT DO YOU EXPECT FROM THIS ENDEAVOUR?

This is a very important step because it will substantially contribute to the social reintegration of former drug users. Drug treatment services are more effective when they are combined with psycho-social support. If we provide psycho-social support in combination with replacement therapy we can bring about behavioural and emotional changes. We benefit hugely from the partnership with the Pompidou Group. We can make a difference if we adopt new and successful approaches.
Iuliana Curea does not have long to drive to visit one of her major projects. From her office at the Department of Penitentiary Institutions it takes just a few minutes to get to Penitentiary No. 9 in Pruncul, a municipality of Moldova’s capital, Chisinau. ‘For sure, it’s like entering a different world,’ Iuliana reveals while standing in front of the prison entrance. ‘But the fundamental principles of our society—the rule of law and human rights—should apply especially in prison.’

Iuliana is the Head of Psychological Services, 35 years old and highly motivated to improve drug treatment services in Moldovan prisons. She is supervising the building of a Therapeutic Community within the prison, a measure that contributes to the implementation of a coherent drug treatment system in Moldovan prisons. ‘TCs are another effective treatment option for drug-dependent prisoners,’ says Iuliana Curea. ‘It’s new in our prison system and will complement other health, social and psychological services that we offer in order to help prisoners who are dependent on drugs.’

It started with harm reduction

Moldova is recognised as an example of good practice due to its successful HIV programmes. In the early 2000s Moldova introduced Opiate Agonist Therapy (OAT) and a Needle and Syringe Exchange Programme (NSP) in its prisons. As a consequence, HIV among prisoners dropped by over 50 percent. This was expected, because research consistently shows that OAT and NSP are effective in curbing the spread of HIV and other blood-borne diseases in the community and in prisons.

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It continues with Therapeutic Communities

But this was just the beginning. During a workshop in Chisinau in 2013, the participants—prison doctors and psychologists—concluded that harm reduction alone would not cater for the needs of all drug-dependent persons in prisons. The impetus for the initiative came directly from the medical staff working in the prisons. Eduard Verejan, chief doctor at Prison No. 9, explains: ‘Those prisoners who are not injecting drug users or dependent on opioids, as well as prisoners who are not eligible for OAT, need alternative drug treatment services. We cannot give methadone to them.’

Iuliana Adam adds: ‘At this point it was clear to me that our psychologists and social workers need to learn more about psychological counselling and drug-free treatment programmes. During a study visit organised by the Pompidou Group I learned about the Romanian experience with Therapeutic Communities in prisons. I knew immediately that we should have the same project in Moldova.’

With support from the Pompidou Group and the EU

So from her own experience Iuliana Curea can only recommend any kind of transnational knowledge transfer—and is especially thankful for the support of the Pompidou Group: ‘We organised a meeting with Robert Teltzrow from the Pompidou Group and Rune Hafstad, an expert from the Norwegian TC “Phoenix Haga”, who helped to implement TCs in Romanian prisons. We agreed that we would make use of the Romanian experience to build our own prison-based TC. Iuliana says with a smile on her lips, ‘Finally we developed a programme, “made in Moldova”.’

Additional support came from the European Union: in 2014 the EU agreed to finance the creation of one or two TCs in Moldovan prisons. Luxembourg, a member state of the Pompidou Group, also provided a voluntary contribution in support of the project. In early 2015, the Department of Penitentiary Institutions signed a Memorandum of Understanding with the Pompidou Group which formed the cornerstone of today’s fruitful cooperation.

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Outlook

Drug policies and the criminal justice system must be made to help drug-dependent people like Andriy (see page 8–9) to live a healthy and productive life. They should also provide a legal and institutional framework that creates opportunities for professionals like prison psychologist Iuliana Curea (see page 16–18) who want to enhance their skills and knowledge to implement services that help prisoners to rehabilitate and reintegrate into our societies. Europe’s criminal justice systems and drug policies are moving away from a punitive idea that criminalises drug-dependent people towards a rehabilitative approach that focuses on drug treatment and harm reduction (see page 6–7). Faced with evidence about the limited success, side effects and costs of repressive drug policies, policy and decision makers increasingly embrace approaches that are often more cost-effective and offer alternatives to punishment of drug users who are in trouble with the law (see page 13). In order to keep up with these international developments and evidence-based innovations in the field of public health and drug policy, it makes sense that national governments, civil society organisations and researchers in Europe and beyond move closer together to exchange good experiences.

The Pompidou Group provides support and a platform to exchange good practice.

Training with international experts

In interactive trainings, the trainees learned how to manage a TC: from the understanding that substance use disorders (SUDs) have a chronic and often relapsing nature to the different stages of recovery, they acquired the skills to bring about cognitive change through clinical interventions in the framework of the TC.

Iuliana sums up the results of the workshops: ‘It was an intensive training course consisting of five workshops during which our participants learned a lot about the theory and practice of TCs. We did role plays and simulation exercises that helped our professional staff to imagine how it will be when the TC starts working.’ As the visit to the prison comes to an end, there is time for one more question: ‘How do you feel shortly before the kick-off?’ ‘I think now every one of us is looking forward to the opening of the TC. We are a little bit anxious about how we do, but our experts will assist us during the first phase of the project,’ she admits and confidently adds: ‘So it will be a great success—and a major opportunity for the drug-dependent inmates in our prisons!’

While the prison doors are closing, Iuliana Curea says goodbye. She is very satisfied with the visit and the current state of the project. Moldova’s first prison-based Therapeutic Community will open its doors in 2017.

What is a Therapeutic Community?

A Therapeutic Community is a well-developed methodology for treating drug addiction. It is a methodology that has been introduced worldwide and modified to suit local cultures and traditions. A Therapeutic Community consists of a wide range of behavioural and psychological interventions to help the resident change from a dependent lifestyle to a life without drugs. The Therapeutic Community represents a social microcosm, a miniature society in which residents live together 24/7 and experience all aspects of life’s 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
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