Project: Juvenile drug use

Tertiary prevention strategies

2011

Final report

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Crime Prevention Foundation
Tallin - Estonia
TERTIARY PREVENTION STRATEGIES

FOR SUBSTANCE-ABUSING JUVENILE OFFENDERS

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Youth Justice Agency Northern Ireland

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Dr. Alessandro Padovani, Director, Centro Studi Opera Don Calabria

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Preface

by
Ms. Yvonne Adair, Youth Justice Agency Northern Ireland

Biography: Yvonne Adair qualified as a Social Worker from Queen’s University Belfast in 1982. In the almost thirty years since, she has worked in the Criminal Justice System. Until 2003 this was with the Probation Board for Northern Ireland, during which time, as a practitioner and then as a Manager, she developed knowledge, skill and experience with a range of individuals in conflict with the law, and with communities experiencing significant conflict and trauma. Since 2003, Yvonne has worked with the Youth Justice Agency Northern Ireland, exclusively with young people in trouble, their families and those they have hurt and harmed, embracing and implementing the philosophy, practice and methodology of restorative justice.
Adolescents using and misusing drugs is not a new phenomenon. Adolescents behaving in ways which are anti-social, neither is a new phenomenon. However, over recent decades, some young people’s acute and chronic misuse of substances, like that of adults’, has become more obvious and more alarming. For the majority, this will not have any significant consequence other than possibly fraught family relationships, poor academic results and general apathy. For some however, it will lead to offending behaviour of a nature and frequency that creates considerable harm and brings them into conflict with the law and into custody.

What causes this is not easy to determine, but possible factors are likely to be familial predisposition, lack of attachment or nurturing, family dynamics, domestic violence, sexual abuse or other trauma, mental illness, peer influence and lack of prospects. Of course this is not exhaustive or definitive.

What we do know is that it is rarely one single, but rather a combination of factors, often interrelated and interdependent, which have merged together, to create a complex web, difficult to untangle.

What we also know is that those young people who become dependent on drugs (and consequently, often enmeshed in the criminal justice system) are often the most vulnerable in our society. That is, those children who are in the care of Social Services (often as a result of parental limitations/family dysfunction), those children who are excluded from school at an early age (11/12) and those children of substance abusing parents.

As with other countries, the incidence of this issue and the problems manifested have begun to attract and receive immense media and hence political attention, here in Northern Ireland. Given that it transcends Health, Justice and the voluntary and community sectors, relevant agencies, groups and individuals have been brought together to seek and agree, if not solutions, some steps to reduce the ‘scourge’ and its impact.

In Northern Ireland, we are somewhat fortunate to have a relatively small number of juveniles in custody at any one time. On Friday 19<sup>th</sup> August 2011, this was 43, that is, 0.02% of the total juvenile population; or 23 per 100,000 young people. However, what is shocking, though not surprising,
is that approximately 80% present with significant poly substance use, 30% are already under the care of mental health services and 30% are already linked to community based drug and alcohol services.

Approximately 30% have a diagnosis of Attention Deficit Hyperactivity Disorder and alarmingly, 40% have self harmed and had suicidal thoughts.

Such information clearly points to the link between substance misuse and mental ill health, and the frequent difficulty of determining the cause and the effect. What is learned behaviour? What is the degree of self-medication, to numb the pain? The link between drugs misuse/mental health and offending behaviour also is graphically and tragically illustrated in the exceptionally high rate of young male suicide in the most deprived area of Belfast.

So, what are we to do with young people in conflict with the law who are seriously and dangerously misusing drugs? What works? Does anything work?

With thirty years experience working within the criminal justice system, and with a specific interest in mental health and substance dependency, I have both observed and been party to, a variety of interventions and methods, aimed at tackling this problem. Most have had limited impact.

My more recent involvement, since 2004, in the area of restorative justice has caused me to conclude that its principles are those which should be integral in our interventions with young people whose drug use gets them into serious trouble. That is: – meeting the needs of VICTIMS by directly demonstrating to young drug users that their behaviour has consequences and impacts on others; providing effective REHABILITATION, which promotes reintegration; ensuring a PROPORTIONATE response; REPAIRING and strengthening relationships which often have been fractured through hurtful and destructive actions; DEVOLVING power to those that matter and who can make a difference; and, actively INCLUDING all those that are significant, with particular emphasis on the family circle.

Furthermore, such principles must be enshrined in a tangible multi-agency, multi-disciplinary, collaborative approach, involving groups and
individuals who can effect change. It is crucial that all such individuals form a Circle (of support and accountability) around the young person. When all agencies and persons align, in a single direction, the combined quality of the information, resources and skills are better able to respond effectively to the young person’s needs and to reduce confusion, delay and the opportunity to relapse/reoffend.

Co-ordination, co-operation and combination are all crucial, if the complex area of substance misuse, which rarely exists in isolation, can have any hope of a successful outcome.

Finally, with the necessary co-ordinated and intensive supervision and support, must also come, the essential creation of OPPORTUNITY and ‘strengths-based’ intervention.

Yvonne Adair
Assistant Director
Youth Justice Agency Northern Ireland
Introduction

By
Dr. Francisco Legaz, Chairman, International Juvenile Justice Observatory

Dr. Alessandro Padovani, Director, Istituto Don Calabria
The complexity and seriousness of the issue tackled by the project, juvenile misusers within in the juvenile justice system, requires an international comparison and integration of local strategies in order to identify, starting from what has already been implemented, good/promising practices of intervention that can be adopted at European level. In fact, as stated by EU strategy on Drugs (2005-2012), drugs should be fought primarily on local and national level, although they represent a global challenge that needs to be addressed at transnational level. A multidisciplinary approach is then essential in the creation of ad hoc tertiary prevention strategies and of national and European network of cooperation among involved key actors. The experience of project partner allowed us to gather and collect relevant information and data ensuring a constant dialogue among all participants and the sharing of obtained results as well as their dissemination at national and European level. The programs identified in this report, provide a clear view of the differences of strategies and the diversity of approaches that exist among the European Countries concerning this issue and highlight once more the need to create efficient and effective common protocols and strategies of intervention.

The recommendation produced and shared by all partners aims to provide useful suggestion for future actions and Eu Policies strategies. According to the results obtained by each partner through Europe, an efficient program targeted to juvenile drug abusers within the penal circuits should focus on a holistic approach of the youngster and an implementation of tailored path based, on the one hand, on the promotion of learning factors (promote new expectations and motivation) and, on the other hand, action factors (development of new skills, interpersonal training and self-management skills, that can include dealing with emotions, strengthening self-confidence and self-esteem).

To be stressed also the importance of development of social activities and personal relationships (with adults and peer group providing the minor with the instruments to identify relevant friendship able to support him/her) as well as the involvement of the family. Such specific intervention and strategies should be then structured, intensive and directed, in order to restructure attitudes and behaviours step by step during different stages, from arrest to post sentence. The sustainability of all intervention and the developments of the child and young people depends on the participation of key actors such as juvenile justice agencies, health and social agencies working in the field on drug prevention and information.
Chapter 1
Acknowledgements

by
Mr. Silvio Masin, Centro Studi Opera Don Calabria - Italy
Centro Studi Opera Don Calabria, applicant of this project, would like to thank all the partners for their deep cooperation, support and local assistance.

A particular thanks to Mr. Bracalenti, President of IPRS Rome, and his staff Ms. Santonico, Ms. Orlandi and Ms. Stenius, Mr. Cedric Foussard and all the staff of International Juvenile Justice Observatory – IJJO (Belgium), Mr. Everhardt Lubbers and Ms. Anna Hulsebosch from Work Wise (Netherlands); Mr. David Romero Mcguire and Ms. Sofia Iglesia Martinez from Diagrama Foundation (United Kingdom) and Mr. Jaano Rassa and Ms. Karita Ortus from Crime Prevention Foundation (Estonia).

We also take the occasion to thank the European Commission, Drug Prevention and Information Programme, DG JUSTICE, for cooperation and the support given throughout the research.

Last but not least, a special thanks to Ms. Yvonne Adair (Assistant Director, Youth Justice Agency Northern Ireland) and to the Italian Ministry of Justice, Juvenile Justice Department, in particular to Mrs. Serenella Pesarin, General Director of General Directorate for implementation of Judicial Provision and all the staff involved in the project.

Juvenile population inserted in the juvenile justice system represents an especially vulnerable target group in terms of use/abuse of substances. The preparatory work for this project was based on a review of recent studies on the most recent modifications in the modalities of assumption and consumption of substances by adolescent population, the type of user (age and lifestyle), and the desired effects of drug use.

The necessity to think about tertiary prevention strategies1 and intervention focusing on the specific target group identified by this project i.e. youngster in conflict with the law with substances misuse including community based sanctions brings to the fore the importance of different stakeholders. In particular, health education and the prevention of behaviours related to substance abuse targeted to young offenders request a constant and close cooperation among key actors i.e. the juvenile justice services, the National Health System and its local agencies and the social services systems.

Using this as a starting point, the project sought to support the development of more specific and effective drug use tertiary prevention strategies by

1 Tertiary prevention: Prevention acting after the spread and recidivism of a phenomenon aiming to reduce the increase or the aggravation of the same. Someone says that the tertiary prevention focuses on the “prevention of recidivism”. The difference between tertiary prevention and care/treatment is tenuous; the “care” usually excludes a learning process while the prevention “includes it.
looking at existing practice and problematic, which will then be used, we hope, to plan future interventions and raise awareness amongst key stakeholders and service providers, indirectly benefiting the primary target group (juvenile offenders inserted in the juvenile justice system drug users/abusers).

The project during its different phases tried, according to a multidisciplinary approach, to create and implement a network of cooperation among the two involved realities i.e. the juvenile justice context and the health one involving this way institution that often have difficulties in interacting with each other.

At transnational level, indeed, the project created a transnational network for the comparison and sharing of contexts and implemented intervention, strategies and practices targeted to defined beneficiaries. What emerge by the analysis carried on in the different involved territories and described in this report is that the efficacy of introduced programs and Tertiary prevention intervention lies on the capacity of the system of service providers (from the juvenile justice system till the social and health agencies) to carry out synergic interventions based on effective cooperation and communication.

This final contribution aims to describe the outcomes obtained from the investigation/research in the different involved countries (Italy, Netherlands; Estonia and United Kingdom) on the topic of interest i.e. tertiary prevention strategies addressed to youngster in conflict with the law with substances misuse including community based sanctions. In specific, after a preface written by Yvonne Adair (Assistant Director, Youth Justice Agency Northern Ireland), who we thank once again for the precious support, the first chapter introduces the analysis of contexts in the above mentioned involved territories followed by a part (chapter 2), dedicated to specific recommendation addressed to key stakeholders defined and shared jointly by applicant and all project partner under supervision of International Juvenile Justice Observatory (IJJO), allowing to give an European vision of the topic.

The paper closes with concluding remarks and reflection by Cedric Foussard, Director of International Juvenile Justice Observatory. The possibility of a transnational exchange at European level basing on
the analysis of the legislation and of promising strategies at EU level has been possible thanks to the high experience and professional skills of the work team composed by:

**Italy:** Centro Studi Centro Opera Don Calabria (Applicant); Istituto Psicoanalitico per le Ricerche Sociali – IPRS (Rome);
**Belgium:** International Juvenile Justice Observatory - IJJO;
**Netherlands:** Work-Wise,
**Estonia:** Crime Prevention Fundation;
**United Kingdom:** Diagrama foundation.

This final Report was arranged by the International Juvenile Justice Observatory (IJJO) in close cooperation with Applicant organization Centro Studi Opera don Calabria.
Chapter 2

Towards a new reform of drug prevention for young offenders with drugs misuse including community based sanctions: the Italian case
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1. INTRODUCTION

In December 2004, the Council of Europe adopted the EU strategy on Drugs (2005-2012) setting framework, objectives and priorities for two consecutive four-year action plans that will be proposed by the Commission. Such strategy aims to give added value to the various national strategies in accordance with the principles of subsidiarity and proportionality (Article 5, EU strategy on Drugs 2005-2012). This approach is based on the belief that drugs should be fought primarily on local and national level, although they represent a global challenge that needs to be addressed at transnational level. A series of diverse issues such as international cooperation, research, information and evaluation should, therefore, be highlighted. It is important then to consider that various national interventions have some impact also on other countries, an integrated, multidisciplinary and balanced approach aiming to reduction of demand and supply of drugs is therefore needed.

As for the Italian context, in this respect, the offer of services actually available in the field of drug addiction involves principally the public Drug addiction service (Ser.T) and the socio-rehabilitative structures (see chap. 2 - State of art). The continuous changing typology and the modalities of assumption require from operators working in the field, policy makers and all other involved stakeholders (public institutions, NGO’s and so on) a deep knowledge of the issue and a specific training aiming to define new treatments and therapeutic strategies, shared protocols and to individuate and adopt adequate responses in the field of primary, secondary and tertiary prevention. This is briefly the general framework, this paper intends to analyze the phenomenon of substances misuse by juveniles and, specifically, by juvenile abusers in conflict with the law. The objective is to identify and define tertiary prevention strategies (but not only) as well as the treatment and rehabilitation of identified target group.
2. MODALITIES OF ASSUMPTION AND INTERVENTION STRATEGIES: THE ITALIAN CONTEXT

2.1 The legal framework: The DPCM of 1st April 2008

The DPCM of 1st April 2008 states the passage of health functions (in all penitentiary structures including Minors Penal Institutions - IPM) from the Ministry of Justice to that of Health. Such Law, specifically, reforms Title V Part II of Italian Constitution, giving to regional and local governments a central role in the prevention and treatment of juvenile abusers. The regions, in fact, assume on the basis of this law, functions of planning, coordination and guidance on issues of welfare and health care in cooperation with municipalities and local agencies. Such process of decentralization has affected social, welfare and health policies as well as the Juvenile Justice Administration Services. We can’t, in fact, ignore the role played by Regions and Local Authorities in the planning and provision of services in the pursuit of institutional goals. This implies the need for a close cooperation between the various institutions involved (welfare, health and justice), not only in primary and secondary prevention but also with regards to tertiary one. In consideration of these changes, the Juvenile Justice Centers and the Juvenile Services, that have always cooperated through agreements and protocols, with Local Health Agencies (A.S.L)

1 Other normative font of reference:
- Penitentiary Regulations (L. 354/75 in execution of D.P.R. 230/2000);
- Juvenile Criminal Code (D.P.R. 488/88 and subsequent D.L. 272/89);
- D.P.R. 9th October 1990, n.309;
- Law n.49 1st February 2006, introducing new disposal to favour rehabilitation of drug abusers modifying the above mentioned D.P.R. 309/90.

2 (GU n.126 of 30th May 2008), entered into force on 14th June 2008.

3 State, Regions, Municipalities, Local Sanitary Agencies and penal institutions must therefore adapt their interventions and contribute responsibly to the development of conditions for the care and protection of prisoners’ health through information systems and health education paths for the implementation of preventive measures and diagnostic services, treatment and rehabilitation programs provided by national, regional and local Health Authorities (Article 2 DPCM 1st April 2008).

4 Primary prevention Prevention acting in absence of symptoms focused on the causes of the phenomenon (action to avoid an event).
Secondary prevention Prevention acting after the coming out of the symptoms/problems; it works mainly on the problems on their duration and spread.
Tertiary prevention Prevention acting after the spread and recidivism of a phenomenon aiming to reduce the increase or the aggravation of the same. Someone says that the tertiary prevention focuses on the “prevention of recidivism”. The difference between tertiary prevention and care/treatment is tenuous; the “care” usually excludes a learning process while the prevention” includes it.
and the Territorial Services involved in the treatment and rehabilitation of juvenile abusers in conflict with the law, are carrying on all the necessary procedures to activate such cooperation according to the guidelines given by the recent law in order to guarantee “essential levels of assistance”\(^5\). The recognition of a wide range of stakeholders in the organization and provision of social and health services involves therefore new and different actors (institutional and not) who should be able to respond effectively and efficiently to the needs of individual, families, local communities and society. Given the differences and variety of Italian territory, the transposition and adoption of the above mentioned legislation and the relations of cooperation between various institutions involved are not uniform and vary from region to region. The data presented in this dossier are provided by the Ministry of Justice, Juvenile Justice Department\(^6\), we take the occasion to thank the General Directorate for the implementation of Judicial Provisions for their precious cooperation\(^7\).

### 2.2 Profile of juvenile abusers in conflict with the law

The profile of a juvenile abuser in conflict with the law is in no way comparable to that of an adult drug addicted, in fact, it is highly unlikely that their problems will lead to the certification of the status of addicted, despite the need for specific intervention on behalf of the Local Health Agency (A.S.L) and the Territorial Services (Ser.T). This is because a diagnosis of addiction could compromise the harmonious psycho-physical development of a person in phase of evolution. With regard to the situational background, what emerges is that juvenile drug users do not come exclusively from broken family units, environments or cultures which can be described as poor or deprived. They also come from apparently “normal” family and social

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\(^5\) The support and assistance to juvenile abuser is guaranteed and implemented by Ser.T of competent Health Authorities for the territory of reference that creates and promote network of interactions with Juvenile Services involved in the treatment and rehabilitation of adolescent. The taking in charge of the juvenile involves the implementation of preventive diagnostic and therapeutic measures regarding both the physical as well as the psychological aspect.


\(^7\) The entry into force of above mentioned Law of 1st April 2008, due to some issues already highlighted in this paper (such as regional differences and consequent gap among north and south of Italy) caused some difficulties connected to statistical collection of data related to identified target group. Data presented should then be read in the light of such consideration.
backgrounds even if the existence must be highlighted of some difficulties in their relation with the Institutions which they hold little faith in. Graph.1 shows juvenile users passed through Juvenile Justice Services. Years 2007-2009. As you can see, from 2007 to 2009 the number of juvenile passed through juvenile justice services see a first increase in 2008 from 997 to 1.081, to decrease then at 1.035 in 2009.

**Graph.1. Juvenile users passed through Juvenile Justice Services. Years 2007-2009.**

![Diagram showing the number of juvenile users passed through Juvenile Justice Services from 2007 to 2009.](image)

Source: Ministry of Justice, Juvenile Justice Department

As for the criminal profiling, in the majority of cases the offender can be said to be Italian (80%), male (96% - Graph. 2), average age 16.8 years. The assumption of substances by foreign minors seems to be connected indeed to pushing or to normal and habitual consume and it is not perceived as a symptom of deviance as this practice is culturally accepted in the Country of origin (i.e. populations from North Africa). Concerning the committed offences, the principal ones are connected to assumption and pushing of drugs (offences against Law 309/90) 58% and crimes against patrimony 36% (Graph. 3). Crimes against person and other typologies of offences cover respectively the 4% and 23% (Grap. 3).

8 Among Foreign Juvenile abusers north africans are more represented (i.e. Moroccan 6.5% and Tunisian 2.4%). With reference to other nationalities, to be stressed the percentage of Romanians and Albanians juveniles (both 2%) Source: Ministry of Justice, Juvenile Justice Department.

9 To be highlighted a reduction of 31% of entrances in Minors’ Penal Institutions (IPM) for offences connected to DPR 309/90. Source: Annual Relation to Parliament on substances misuse and drug addiction in Italy. Data related to year 2009.
2.3 Types and ways of assumption
The spread of substance abuse has occurred quite recently in Italy. In fact, it did not develop until after the Second World War, assuming different forms and characteristics over the years. Its spread caused a series of unprecedented problems and created a real criminal phenomenology. Among the various drugs, cannabis appears to be the most abused substance (82%), but also worrying is the use of cocaine (8%) and opiates (6%). The latter two substances increase their statistical significance with
the increasing age of the subjects, while the reverse happens with the cannabis that is most used by the young (Graph. 4).

**Graph. 4. Tipology of substances. Year 2009**

![Pie chart showing substance use](image)

Source: Ministry of Justice, Juvenile Justice Department

**Tab 1. Modalities of assumption (Regoliosi L. 2002)**

<table>
<thead>
<tr>
<th>Time: night</th>
<th>Place: disco</th>
<th>Context: peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>The new drugs are also called “free time drugs” as they are consumed mainly during week end, in the night.</td>
<td>These are the places most attended by youths during their free time. In Italy there are n. 5,000 disco, the most popular and trendy are n. 300. Some nightclubs are characterized by the type of music played. In some cases the type of music influences the use of a specific types of drugs</td>
<td>These substances are consumed in group through collective rituals. There is the need to appear and to be recognized as members of the group. The ritual is useful to reinforce ties and to emphasize the identification.</td>
</tr>
</tbody>
</table>

The introduction on the market of new substances and the evolution in consuming the traditional ones\(^\text{10}\) diversified their assumption modalities (Tab. 1 - Regogliosi, 2002). In the majority of cases, the assumption of

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\(^{10}\) Cannabis for example, can be also inhaled while it is possible to assume opiates or cocaine smoking substances such as kobret or crack.
such substances occurs in group (52%) and it is associated to alcohol abuse. Poly-consume characterizes therefore the modalities of substances assumption among juveniles. Today, in general, people using these substances don’t really consider themselves as being drug addicted or marginalized. They don’t even consider the substances which they use to be hard drugs, but rather like “sweets” or dietary supplements which can help to improve their daily performance in life. Among juveniles, the fact of limiting their misuse during weekend, of being able to maintain an apparently “normal and regular” life and the relationship with groups of peers (often affected by the same problems), causes a lack of awareness by the minors themselves about their problem confirming the idea of a state of “normality” reducing consequently the possibility of a treatment or rehabilitation intervention.

2.4 Modalities of intervention

The Territorial Services for Addiction (Ser.T)

The Drug Addiction Services (Ser.T) are public services of the National Health System oriented to the care, prevention and rehabilitation of addicted persons (drugs or alcohol). The staff is composed by experts qualified and specialized on substances misuse/abuse (doctors, psychologists, educators, social workers...). Such structures carry on and implement first support intervention for addicted and their families operating also on the field of prevention and information in particular towards youth and adolescents. Specifically, Ser.T assess the mental and physical health condition of the subject, defining individual treatment programs to be implemented directly or in agreement with other structures on the territory monitoring in progress the developments and the results of treatment and intervention programs on the subject in relation to medical, psychological and social aspects. It needs to be stressed that, unfortunately, Ser.T are often structured above all for the care and treatment of overt cases of heroin addiction (even less spread in particular among juveniles) so, in many cases, they are poorly equipped to read into and intervene on adolescent behaviours. It has to be noted furthermore, even in this respect, the lack of specific training for operators primarily because of the constant changes in the type and modalities of substances consumption already mentioned in the previous chapter.

11 The services offered are free and who goes to Ser.T is not obliged to give his/her personal data as the professional secret and privacy is guaranteed.
The placement in therapeutic communities

In case of a juvenile abuser to be placed in therapeutic community pursuant to a decision of the Judicial Authority, the identification of the structure must be conducted jointly by the Local Health Agency (A.S.L.) and the Juvenile Justice Service that has in charge the same minor on the basis of the juvenile’s specific needs.

Here emerges the question related to the lack and the varied territorial distribution of therapeutic communities being able to receive juvenile abusers in conflict with the law on the whole Italian territory\textsuperscript{12}.

Further difficulties emerge in case of double diagnosis i.e. drug or substances addiction related to psychopathologies for which there are no specific and qualified structures.

The issue of double diagnosis is quite difficult to assess in fact as we talk of juveniles, adolescents and minors, persons in phase of evolution, the risk of labeling could heavily influence the growth of the same minor. The placement in qualified structures for the treatment and rehabilitation of young addicted, therefore, could not correspond to the real need of the minor. To this aim the D.P.R. 309/90 provides for health and social rehabilitative interventions for juveniles addicted and juveniles affected by mental diseases with the implementation of specific interventions by the National Health Service and the placement in therapeutic communities but also in socio-educative communities establishing that day centres should be attended implementing this way adequate treatment paths/intervention\textsuperscript{13}.

\textsuperscript{12} The law, on the issue, prescribes that Regions are responsible for providing to the placement in community of the minor. Previously, indeed, the placement could be effected also outside the regional territory depending on the type of structure and intervention needed. Pursuant to the Law of 1st April 2008, the placement in community and the access to an alternative measure to detention such as Probation (art. 28 DPR 488/88) becomes more difficult damaging the juvenile taken in charge by Juvenile Justice System who certainly is bearer of duties, but also of rights.

\textsuperscript{13} The educational support in the activities foreseen by the tailored educative/rehabilitating project aims to the personal autonomy and the social re-inclusion of the juvenile.
3. JUVENILE JUSTICE SYSTEM IN ITALY

3.1 The D.P.R. 448/88

The Juvenile Criminal Code in Italy is regulated and oriented by D.P.R. no. 448/88 according to which minors aged between 14 and 18 years should be prosecuted and punished under a special procedure which also takes account of their personality and their educational needs.

A minor, discovered while committing a crime, or suspected to have committed a crime, is in charge of Juvenile Courts and of Prosecutor’s Offices attached to the same Juvenile Court. When a Juvenile is accused, the Police give immediate notice to the Prosecutor’s Office and inform the parents or the guardian if they are traceable. When the information about the crime arrives, the Public Prosecutor starts the criminal proceedings and carries out a preliminary investigation. At the conclusion of the preliminary investigation, the Public Prosecutor requests for dismissal of the case or the indictment for the Juvenile offender. With the indictment the Juvenile Courts is activated and the trial starts.

Juvenile Courts are responsible for prosecuting juveniles in conflict with the law.

The trial is lengthy and it is structured upon different phases:
- The preliminary phase (Preliminary Hearing);
- The phase of the trial.

In order to pronounce a sentence, the Juvenile Judge needs to know the history and personality of the minor as the principal aim of the process - and of the sentence, if any - is not just to punish but also to educate the minor offering him/her concrete opportunities to live and behaves legally, in accordance with Law\(^{14}\).

Once that a sentence has been issued, Italian law allows to request for Appeal, i.e. to require that the process is re-celebrated. The request can be carried on both by the juvenile’s lawyer as well as from Public Prosecutor, if they do not feel satisfied with the decision of the Judge. Even a sentence given by the Court of Appeal can be appealed, but only on procedural grounds.

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\(^{14}\) According to the Juvenile procedure, in fact, rights of juveniles are always respected and educational paths in progress (school, training, work and so on) are not interrupted but developed and implemented for a full and complete social re-inclusion.
3.2 The Precautionary custodial measures
Provisions restricting personal freedom aim at limiting the custody in juvenile prisons considering detention as a last resort offering the judge an articulated and flexible range of alternative measures to detention. The Juvenile Criminal Procedure Code also provides the mandatory nature of precautionary measures’ application. These measures are four and are distinguished by their degree of increasing harshness: prescriptions, home confinement, placement in community and custody.

Tab. 2 – Precautionary custodial measures

<table>
<thead>
<tr>
<th>Precautionary Custodial Measures</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescriptions (art. 20 D.P.R. n. 448/88)</strong></td>
<td>After having heard the parent or guardian, the judge may impose specific prescriptions concerning study, work or other activities anyhow useful for the minor’s education.</td>
</tr>
<tr>
<td><strong>Home confinement (art. 21 D.P.R. n. 448/88)</strong></td>
<td>Through this measure, the judge orders the minors not to leave the family home or any other private abode. The judge may, furthermore, impose limits or bans on the minor's possibility to communicate with people other than those who live with him/her or care for him/her. Finally, the judge may authorize the minor to leave the family home for reasons of study, work or to perform other activities useful to his/her education.</td>
</tr>
<tr>
<td><strong>Placement in Community (art. 22 D.P.R. n. 448/88)</strong></td>
<td>It consists in putting the minor in the care of a public or authorized community, also imposing prescriptions, if necessary, concerning study, work or other activities useful for his/her education.</td>
</tr>
</tbody>
</table>
Pre-trial custody (art.23 D.P.R. n.448/88)

Pursuant to Article 13 of the “Beijing Rules” and to art. 6 and 7 of the Council of Europe Recommendation, pre-trial custody may be ordered by the judge only in cases where:
1) there are serious and binding requirements pertaining to the investigation, with real and actual danger for the taking and the authenticity of evidence;
2) the defendant escaped or there is the actual danger that he/her may escape; 3) there exists an actual danger that the minor may commit crimes through the use of arms or other means of physical assault, crimes against institutions, organized crime offences or other offences of the same type as the ones being prosecuted. This measure may be applied only to the most serious crimes and shall be executed in juvenile prisons.

3.3 The Alternative measures

In case of detention in Penal Institutions for Minors, the Italian law provides the opportunity for the juvenile, in case of good behaviour and under certain conditions, to benefit of alternative measures to detention i.e.: Entrust to social services, House arrest and Day release (Tab.3).

Tab.3 – Alternative measures

<table>
<thead>
<tr>
<th>Alternative measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrust to social services</td>
<td>It is a penal measure that can partially or totally replace imprisonment, after a prison sentence. The measure is an alternative to the imprisonment made by “treatment in freedom” The minor is followed in his/her living environment by USSM which promotes the social and working re-inclusion and the educational programs through prescriptions and monitoring.</td>
</tr>
<tr>
<td>House arrest</td>
<td>This measure allows to serve the sentence at the juveniles’ home for all the duration of the sentence.</td>
</tr>
<tr>
<td>Day release</td>
<td>This measure allows to spend part of the day outside prison to work.</td>
</tr>
</tbody>
</table>
3.4 The Centres for Juvenile Justice – C.G.M.
These Centres have regional jurisdiction, they coordinate the activities performed by:

1. Social Services offices for Minors (USSMs)
2. First Reception Centres (CPAs)
3. Penal Institutions for Minors (IPMs)
4. Communities

Social Service Office for Minors – U.S.S.Ms
The U.S.S.Ms furnish “assistance” to the minors, in each state and degree of the criminal proceeding, and oversee the promotion and protection of their rights. They collect and furnish elements (cognitive, psychological, familiar and social) about the minor. Moreover, they develop activities of support and monitoring for the implementation of all the measures that may be applied to the minor. USSMs operate in close cooperation with the other Juvenile Services and the Institutional and private local Bodies operating on the territory.

First Reception Centre – C.P.As
First Reception Centres are facilities accommodating minors waiting for the hearing validating their arrest, the permanence may last for a maximum 96 hours. These facilities are staffed by teams composed by educators, psychologists, social workers, cultural mediators. These teams draw up a first informative report on the minor’s psychological and social
situation and on the resources available in the territory to furnish to the Judicial Authority all the elements to identify the most suitable measure for the minor.

**Communities**
Communities are residential educational facilities for minors, which receive and accept mostly pre-adolescents and adolescents without parental figures of reference able to follow them in educational process. Assistance is provided by educators. There are two types of communities: 1. public communities or so called ministerial communities managed by the staff of Juvenile Justice receiving only minors subjected to criminal measures; 2. communities managed by private Institutions, which host both young people who are in situation of discomfort and those subjected to criminal provisions. In case of juveniles abusers, the law states the placement in therapeutic communities.

**Penal Institution for Minors (I.P.Ms)**
IPMs are prisons intended for minors under 18 years (up to a maximum age of 21 in case the offence was committed before 18 years of age) during precautionary custody and final sentence. IPMs safeguard the rights of juvenile and adolescents for an harmonious psycho-physical growth promoting education, health and so on, through educational activities, vocational training, cultural entertainment, sports, recreation activities etc. In Italy there are 18 Penal Institutions for Minors mostly located in the south of Italy. Users in north and central Italy are mainly foreigners, while, in the south of Italy prisoners are mostly Italian.

**Juvenile Courts**
Juvenile courts are first instance, specialized courts for all criminal cases, civil and administrative matters with respect to juveniles. Their composition is mixed, they are formed by professional judges and two Honorary Judges (a man and a woman) who are experts in biology, psychiatry and psychology appointed by the High Council of the Judiciary.
4. SOME INNOVATIVE PROGRAM\textsuperscript{15}

The programs introduced in the present paper can be considered as innovative as they represent good examples of cooperation among involved parties (local health and justice services) despite the lack of structure addressed to juvenile misusers and the strong gap among different regions and in specific among north and south Italy. The first paragraph (4.1) presents National Health Services Guidelines targeted to the defined target group and the principles that should guide an efficient intervention (i.e. promotion of health and psycho-physical development and of healthy environments as well as the prevention through tailored programs and the reduction of suicide). The second part (4.2) “Interaction and joint taking in charge by Health and Juvenile Justice Services: approaches and procedures” introduces modalities of cooperation among Health and Juvenile Justice Services. Among the principal areas of cooperation between the two competent public institution, the placement in therapeutic communities is certainly one of the principal one. In fact, the identification of the structure is carried out jointly by the competent local ASL (Local Health Agency) and competent Juvenile Justice Service on the base of juvenile’s real needs. Fundamental, among the factors favouring a positive outcome of intervention and strategies with minors abusers inserted in juvenile justice system is a close cooperation among Health and Juvenile Justice Services as well as among public and private services operating in the field.

Concluding, the last two paragraphs (4.4 and 4.5) introduce the principal programs and projects implemented at local level and the last perspectives concerning the develop of interventions strategies with minors abusers inserted in criminal circuits.

4.1 The Guidelines for National Health Service intervention targeted to minor’s subject to criminal action

The "Guidelines for National Health Service intervention aiming to protect the health of minors subject to criminal action, pursue:

- The promotion of health and of psycho-physical development of

\textsuperscript{15} Dr. Orlando Iannace - Ministry of Justice, Juvenile Justice Department, General Directorate for implementation of Judicial Provisions.
minors who are under the criminal provisions;
- the promotion of healthy environments and healthy living conditions, taking into account the requirements of imprisonment;
- the prevention, through tailored projects targeted to different fields of population, of specific pathologies on the base of indicators such as age, gender and socio-cultural characteristics, with reference also to immigrant population;
- the reduction in suicides and suicide attempts, through the identification of risk factors.

In consideration of what already stated above, the actual panorama foresees that assistance to juvenile drug addicts has to be guaranteed by Ser.T. (Drug Addiction Services) of competent Health Agency, establishing relationships of clinical interaction, both with the Juvenile Services as well as with the health and social services network involved in the treatment of such target groups. The taking in charge involves the implementation of preventive, diagnostic and therapeutic measures concerning the clinical and psychological sphere, which may continue even after the exit from criminal circuit.

The intervention programs ensure the overall health of the Juvenile drug addicts inserted in Juvenile Justice System through:

- The formulation of procedures that are able to correctly individuate the health needs, in particular through the collection of reliable data on the actual dimensions and the qualitative aspects of Juvenile population subjected to judicial provisions with problems of drugs and alcohol abuse, for whom a diagnosis of addiction has not been issued, and any eventual pathology linked to substance misuse (psychiatric disorders, infections and so on);
- the reporting to Ser.T., by health operators, about potential new users or those with only suspected diagnosis of drug abuse with consequent immediate taking in charge by Ser.T. of juveniles submitted to criminal provisions, ensuring the necessary continuity of care;
- the implementation of specific prevention, information and education activities, aiming at reducing the risk of pathologies related to drug abuse;
• the provision of tailored treatment programs, through a multidisciplinary diagnosis based on minor’s needs;
• the establishment of operational protocols for the management of interventions developed/prearranged by the therapeutic communities within the set time limit of the order of execution;
• the realization of permanent training initiatives, involving both the local health operators as well as those of Justice department.

4.2 Interaction and joint taking in charge by Health and Juvenile Justice Services: approaches and procedures

The Juvenile Justice Services activates the Mental Health Department, Ser.T, the public or private communities and day centres for the implementation of diagnostic tests with the search for drugs and activation of pharmacological interventions. The minor arrested entering in CPA (First Reception Centre) is submitted to a check up by the Health Services to detect the type and level of substances in the body. At the same time, interviews with social workers are carried out too. For all services a common problem is the lack of perception by the young of their own state, hence, the level of awareness seems to be one of the useful indicators in predicting which rehabilitation project to adopt.

Among relevant major areas of cooperation between health and juvenile justice system, the placement in therapeutic communities is certainly highlighted. The mentioned DPCM of 1st April 2008 states that the identification of the structure is carried out jointly by the competent local ASL (Local Health Agency) and competent Juvenile Justice Service, basing on an assessment of the needs of the same minor. In 2009 juvenile abusers placed in communities were about 77% of the total juvenile population placed in communities. The number of therapeutic communities receiving juveniles inserted in criminal circuits is around 141, but the question arises as to their scarcity and the different spatial distribution of the same on the national territory (see paragraph 2.4). Further integration problems are found in cases of drug abuse associated with psychopathology, for which, specialized structures providing specific treatment do not exist. It remains under the charge of the juvenile justice system the implementation of provisions stated in paragraph 1, art. 8 of D.P.C.M. 1st April 2008, i.e. the functions and competences on penitentiary health in the special statute regions and autonomous provinces of Trento and Bolzano, including those relating to the placement of juvenile with drug abuse problems in the
communities of the territory of that region and Provinces. Having said this, the working field is to give concrete activation, through the instruments stated in mentioned DPCM, to cooperation modalities on placement in therapeutic communities for minors inserted in criminal circuit.

4.3 Programs and Projects implemented at local level
Due to the variety of contexts present on the Italian territory, already introduced and motivated in previous paragraphs, here below you can find some specific intervention realized by local juvenile justice services on national territory that can be considered as good practices of intervention with minors abusers inserted in the juvenile justice system:

Juvenile Justice Centre for Lombardia
Inside the District Appeal Court of Milan, psycho-socio-educational and health interventions are provided by a team of ASL (Local Health Agency) of Milan. In cooperation with SER.T (Drug Addiction Service), the project “Spazio Blu” has been activated (funded by regional law 7/2005 and re-confirmed recently with Cariplo funding). This program takes care of, in external criminal area, Juveniles reported by Social Service Office for Minors (USSM), First Reception Centres (CPA) and, sometimes, on direct recommendation of Juvenile Judicial Authority.

The following Protocols and Agreements have been subscribed:

- Protocol of agreement between the Juvenile Justice Centre for Lombardia and Lombardia Region – ASL of Milan “On the issue of diagnosis and treatment of minors drug, alcohol and substance abusers in criminal proceedings” (signed on 15/10/2010).
- Protocol of agreement between the Juvenile Court of Milan, Lombardia Region - ASL of Milan and the Public Prosecutor of the Juvenile Court of Milan “for the healthcare of minors under the proceedings of drug and alcohol addiction and substances abuse”
- Operational Protocol between Social Service Office for Minors (USSM), First Reception Centre (CPA), Minors Penal Institution (IPM) in Milan and the ASL “for the implementation of interventions targeted juvenile addicts of drugs and alcohol inserted in juvenile justice system”.

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Juvenile Justice Centre for Piemonte, la Valle d’Aosta e la Liguria
In 2010, CPA and IPM of Turin continued to cooperate with Drug Addiction Service (Ser.T.) of ASL TO1 as a continuation of the project “Primary and secondary prevention, treatment and monitoring of drug use”. In particular, the project has identified a number of actions such as:

- The screening on the use of psychoactive substances in order to describe the prevalence of use, the type of substances and their contemporary use in relation to sample’s socio-demographic characteristics (Italians and foreigners). To the juvenile, the consent for the collection of a urine sample for the detection of metabolites and psychoactive substances is requested;
- the identification of some risk and protection factors about the use of psychoactive substances in individuals coming from other cultures;
- the transmission to minors and young adults with some knowledge of health and social resources available on the territory;
- the guarantying to minors with problems of alcohol and substances abuse of psycho-socio-medical treatments.

Juvenile Justice Centre for Veneto, Friuli Venezia Giulia and autonomous provinces of Trento and Bolzano
The cooperation with Ser.T for each single case of juveniles and young adults inserted in the criminal circuit affected by the phenomenon of drug abuse is activated in all 19 areas of the regional territory. To be noted the participation of USSM to the project “Androna Degli Orti” provided by the Local Plan and seeing as applicant the Municipality of Trieste for the years 2010-2012.
In particular, the beneficiaries are boys and girls aged between 16 and 21 years with a problem of abuse of illegal substances, even with severe social disease, coming from criminal field and/or with mental health disorder (psychiatric onset).
Since 2000, is working in Bolzano, the Specialist Centre for prevention of addiction and health promotion - Prevention Forum - funded by the Health Division of the Province and aiming at the improvement of all intervention in the field of addiction, health promotion and self help .
The USSM of Venice indeed, took part in 2010, to T.A.G. Project (Teen
Addiction Guidelines) funded by the Regional Fund for Intervention to Fighting Drug - Annual Plan 2009/2010, sponsored by the Department for Addictions. The main action of the project involved the creation of a comparison group at regional level sharing and defining good practices of intervention and new organizational models for the target minors/adolescents drug users.

Juvenile Justice Centre for Emilia Romagna
During 2010, Social Service Office for Minors (USSM) of Bologna has launched a number of initiatives under the Spazio Giovani of AUSL (Bologna), aiming at strengthening the knowledge and skills of operators, to promote the welfare among adolescents groups. Furthermore, during 2010 an educational project, called “Think ...drink !!!” has started, dedicated to promotion of a wise use of alcoholic beverages, to basic training for the profession of barman and voluntary activities. The project has been funded by the CGM and targeted to juveniles in charge to USSM of Bologna residents in different provinces of Emilia Romagna Region.

Juvenile Justice Centre for Tuscany
In 2010, CPA of Florence started the first phase of project “Bacco e Tabacco” that, through meeting with specialist of SER.T, offered a wide range of information on substances (alcohol and narcotics), on life styles of adolescents and risk behaviours.

Juvenile Justice Centre for Lazio
In 2010 continued the work of sharing and promotion targeted to ASL in order to build a mutual and profitable cooperation. The Protocol with Municipality Agencies for drug addiction of Rome Capital has been subscribed. Such protocol forsees the following activities:

- Reception of minors and/or young adults making use of substances by residential and semi-residential structures competent to take in charge juvenile offenders through specific intervention taking into account the evolutionary phase of minor;
- orienting, training and working inclusion paths promoting and realizing “safe” paths with individual support in the Firm through the figure of “tutor”;
• educational support allowing to minors to know offers and opportunities (services, centres, institutions, social private offers) often unknown or perceived as not reachable.

Juvenile Justice Centre for Puglia
On the issue of prevention and combating this phenomenon, Juvenile Services of Puglia Region activated intervention with the world of school and Prefectures. To be highlighted:

• The project “Percorso rischioso” promoted by Prefecture of Bari in 2010, taking to subscription of a protocol aiming at the constitution of an inter-institutional team for the realization of specific paths and projects;
• the activation by USSM of Lecce of n.17 stages aiming to social and working inclusion.

Moreover, CGM participated to technical round table promoted by Prefecture and aiming to support prevention programs and projects oriented to health education.

Juvenile Justice Centre for Sardinia
In 2010 CGM participated in interinstitutional roundtable with Social Policies Department of Sardinia Region to find support for experimental placement in community of minors and young adults with psychopathologic disorder. Moreover, it also took part in project PLUS 21 of Sardinia Region for activities of prevention and fight against the use of substances. In phase of activation is the project “Ne vale la pena” funded by Sardinia Region, foreseeing a path of education to legality on the issue of drug abuse.

Juvenile Justice Centre for Sicily
CGM, in 2010, activated a series of projects aiming to strengthen and improve the territorial networks:

• “Aquilia II” (D.P.R. n°309 of 1990) by U.O. Ser.T., District of Acireale – Catania, aiming to: collect knowledge on the phenomenon of juvenile drug addiction, carrying on actions of prevention and information and organizing groups of adolescents on the issue of
risk behaviours. Target: juvenile aged between 12 and 21 years residing in the Municipalities of Acicatena, S. Venerina, Zafferana Etnea, Aci Bonaccorsi, Aci S. Antonio, Aci Castello, Acireale. A Supporting Centre and specific intervention in classrooms have been activated in some first level high school of the territory to organise training for pupils, teachers and parents.

- Project “Ciclope”, lasting n.3 years, targeted to Municipalities of Bronte, Maniace, Maletto e Randazzo. Activated in June 2009, it foresees, for each Municipality, the social working re-inclusion through activation of n.12 annual theory-practical training.

4.5 **Principal perspectives emerged in 2010 concerning the develop of activities and possible/desired solutions with minors abusers inserted in criminal circuits**

The problematic of a minor acceding to Juvenile Justice Services is complex and varied, almost never limited only to drug abuse or addiction. The profile of a minor making use and abuse of drugs can’t be in any way comparable to that of adults, as drug use rarely leads to a certification of addiction, while requiring specialized interventions by the local health Agencies and Ser.T preventing chronic behaviour. Modalities of support and rehabilitative paths request for a tailored and individualized approach with the implementation of educational supporting measures. The model implemented by the juvenile justice system is an integrated one, which builds networks between institutions able to focus and give centrality to the juvenile, with its specific needs requesting for a feedback, both through a tailored and specific project, as well as through the involvement of all competent educational agencies, to allow him/her a quick exit from criminal circuit and a full social working re-inclusion.

The modalities of support and rehabilitative paths will have to give priority to:

- The adoption of common intervention strategies, at local and national level in order to reach efficient results;
- the activation, in each Region and autonomous province of permanent Observatories on Penitentiary Health System, with the involvement of representative of the Region, of competent Penitentiary and Juvenile Justice Administration in order to assess efficiency and efficacy of intervention aiming to health protection
of juvenile inserted in the criminal circuit;
- the access to specialist medicine and pharmaceutical care, including regular check up for minor drug abusers inserted in CPA, IPM and Public Communities;
- the possible establishment, for all juvenile criminal population with problems of drug abuse, of a medicine of Ser.T during the Hearing in Juvenile Courts, with the aim of a joint taking in charge with Juvenile Services and a shared planning of intervention;
- the realization of support paths, focusing mainly on education and tutoring for minors abusers also bearers of mental disorders, connected to drug abuse, through specific tailored projects involving the family, the school and the peer group;
- the realization of professional training courses targeted to minors inserted in Juvenile Justice System allowing to acquire adequate skills and competences promoting process of working and social inclusion;
- the realization of experimental paths alternating school, free time and work, realized in cooperation with the relevant institutions and characterized by practical and theoretical activities aiming to provide to the juvenile an experience favouring his/her future social inclusion;
- the promotion of working and social inclusion, moving the focus from the substances and care pathways to strengthen the personal, social and civil identity of adolescents;
- the realization of integrated training courses targeted to Juvenile Justice and sanitary operators, Territorial Agencies, Third Sector, Voluntary and all involved educational agencies in order to harmonize different competences and intervention approaches and methods.

Considering the case of a juvenile drug abuses in execution of a provision stating the placement in community by the Judicial Authority, the identification of the structure must be carried on jointly by the competent ASL and the Juvenile Justice Service who ordered the taking in charge of the minor. However, given the scarcity and the different geographical distribution of specialized community receiving juvenile abusers or those with dual diagnosis, it is necessary to improve the working modalities shared with the Local Health Authorities (ASL) of all provinces, in order to
implement a joint taking in charge of such minors.

To this aim, it will be necessary to:

- foreseen a specific support aiming to the activation of intervention carried out by therapeutic communities, in particular for those minors affected by dual diagnosis;
- implement the number of specific structures targeted to treatment and rehabilitation of juvenile abusers creating a list of therapeutic/socio rehabilitative communities able to receive minor abusers and bearers of mental disorders;
- guarantee, if therapeutic needs require this, in respect of principle of continuity of the taking in charge, the permanence of the minor in the same structure also after the exit from criminal circuit.

As for foreign minors it will be necessary to foreseen a regulation of administrative competences with respect to the last assessed residence as criteria extended to all national territory ensuring certain operational and organizational referents, as well as the activation of implementation of cultural mediation as essential support for the implementation of treatment.

In this sense, the “entry” into juvenile justice circuits, paradoxically, may represent a real opportunity of awareness and growth for the juvenile in response to deviant behaviours put in place related to substances’ misuse. A networking and stable cooperation between all involved stakeholders (public institutions, private social organizations operating in juvenile justice, health and welfare field and civil society) should therefore be implemented.
5. CONCLUSIONS

In what way is the drug misuse related to deviant behavior in minors? What is an adolescent demonstrating through using these substances?

The abuse of psychotropic substances can be a variable which weighs heavily on the relationship with the minor, even in cases where no real physical dependence exists. The real difficulty lies in offering an educative path, a two-way agreement, which, even when not requested by the minor himself, is conducive to self promotion and control. Whereas a crime is something tangible and objective then, drug abuse is often denied and this makes it difficult to build up a real relation with the adolescent. An effective and efficient intervention model should therefore: 1. see the juvenile as a person going through an evolutionary phase, an adolescent with specific needs bearer of rights and duties; 2. distinguish between “real addiction” and “substance use”. 3. implement new models for communication which are more appropriate for the demands and the characteristics of the identified target.

The main difficulties met in the implementation of Tertiary prevention strategies in the fight against drug misuse towards juveniles in conflict with the law mainly concerns the need to ensure continuity of care and rehabilitation (which unfortunately is not always possible) and the lack of a knowledge background and specific training on scientifically validated treatment protocols related to the assumption and misuse of substances associated with a deficiency in the dissemination and disclosure of information on the topic of interest and the consequent difficulty in the implementation of diagnostic processes and effective therapeutic-rehabilitative paths.

In our opinion, an effective and efficient rehabilitative method should encourage a tailored approach through the implementation of measures aiming firstly to rehabilitation for a full and complete psycho-physical rehabilitation but also (and especially) to the autonomy of the juvenile and his/her social-working re-inclusion.

Realized deliverables

With regards to the realization of deliverables, after collection of useful data and information, we individuated the need to focus on the
importance of awareness on the problem by the young and the need for a major participation by the civil society (efficient first and secondary prevention strategies could avoid the need to carry on tertiary ones when the symptoms are already noticed). As for the guide addressed to stakeholders we made use of the tool of focus group to individuate the principal needs of operators working in the field.

**Dvd:**
For the realization of dvd targeted to juvenile abuser inserted in juvenile justice system we individuated a director that supported us during the recording.
We worked jointly with IPRS and the Italian Juvenile Justice Department (General Directorate for implementation of Judicial Provision) to define the modalities and the message to be given. Its realization involved Juvenile Services and the same youths (as principal actors and direct beneficiaries of our actions) in respect first of all of the same minor and of privacy normative in force.

**Volume:**
Target group: all involved stakeholders
The volume has been produced in mother tongue for the dissemination at National level. The aim was to realize a product easily accessible by operators working in the field and containing information about tertiary prevention strategies and services/programs targeted to the identified target group.

**Brochures:**
For the realization of brochure layout we involved the juveniles inserted in the minor penal institution of Treviso (a municipality of Veneto Region in North Italy) that are carrying out a project called "Bottega Grafica" implementing graphic courses for juveniles inside the penal institution. We also asked them to realize a Logo for our Project that we put on the different products.
REFERENCES

AA.VV. Smart Drugs. Dipartimento del Farmaco Istituto Superiore di Sanità – Roma


Regoliosi L.. La prevenzione del disagio giovanile. Edizioni Carocci. 2010


UNODC. Terminology and information on drugs. Second edition

Chapter 3
Problematic substance use among young offenders in the Netherlands: nature, prevalence and interventions

Netherlands
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1. INTRODUCTION

This research paper will start with a brief description of the youth justice system in the Netherlands. The subsequent overview of the nature and prevalence of substance abuse among Dutch delinquent juveniles will show that substance use among incarcerated juveniles is much higher than among juveniles in special and normal education. Especially the use of cannabis is worrisome. Chapter 3 discusses the relationship between substance (ab)use and crime, and shows that substance use increases the risk of violent crimes and criminal recidivism. The overview of available tertiary prevention programs for juvenile offenders in chapter 4 shows that several (proven effective) programs are available. Despite this, there is still room for improvement – for example, increased cooperation between juvenile custodial institutions and addiction care and more efforts to implement family interventions. These recommendations can be found in the final chapter (conclusion).

1.1 Project Tertiary Prevention Strategies

In December 2004, the Council of Europe adopted the EU strategy on Drugs (2005-2012) setting framework, objectives and priorities for two consecutive four-year action plans that will be proposed by the Commission. This approach is based on the belief that drugs should be fought primarily on local and national level, but also represent a global challenge that needs to be addressed at transnational level. A series of actions such as information exchange, research and evaluation should therefore be undertaken at an international level.

The project "Juvenile Drug Use – Tertiary Prevention Strategies" is a project funded by the European Commission that aims to support the development of more specific and effective prevention interventions in the field of juvenile substance misuse by looking at existing practice in each partner country. This research will then be used to plan future interventions and raise awareness amongst key stakeholders and service providers. The participating countries are Italy, Belgium, the United Kingdom, Estonia and the Netherlands. For the Netherlands, the project is carried out by Work-Wise, a cooperation between Dutch juvenile custodial institutions, that focuses on coaching juvenile offenders to work and/or an education.
1.2 Juvenile justice in the Netherlands

The Netherlands is a small but densely populated Western European country. The total number of inhabitants is 16.6 million. Roughly 3.6 million of them are under the age of 18. Juvenile penal law applies to 12- to 17-year-olds (1.2 million). Children under the age of 12 cannot be held criminally responsible. The police signals delinquent children below 12, talks with the parents and leads them to the Youth Care Agency. The Youth Care Agency screens for underlying problems, and - if necessary - directs parent(s) and child to person-oriented, adequate aid. Where possible, light interventions will be advised and intensive interventions where necessary. In exceptional cases 16- and 17-year-olds can be tried according to adult law. Similarly juvenile law can be applied to young people aged 18–20 years who function mentally at a much younger age. Dutch juvenile penal law is marked by its pedagogical character. The criminal act committed is important, but the following factors are directive for the way the case is dealt with: the offender's personal characteristics and background, the degree to which the youth can be considered guilty on the grounds of their physical and moral development and their age, and any psychosocial problems that may be signaled by the offence committed. These factors could result in the underlying problems being tackled by means of a civil law intervention (child protection measure), rather than a criminal justice response. If the criminal justice route is chosen, special prevention (avoid recurrence) is the guiding principle. The primary objective of any punishment is behavior modification: restoration, the award of damages and general prevention play less prominent roles. This goes together with a measure of reserve and moderation: only respond and take action if that is really necessary, do not make the response more severe than needed with a view to behavioral change, and certainly don’t punish for punishment’s sake. This approach is also known as a policy of minimal intervention: not every criminal act is prosecuted through the criminal justice system, not every case is brought before a judge, and a guilty does not always receive the heaviest penalty possible.

The police in the Netherlands can respond in roughly four ways:

- Refrain from any further criminal justice action an instead refer a case to support services.
- Issue a warning or reprimand, but take no further action. This only happens rarely.
Cases of vandalism or small property crimes, such as shoplifting, may be referred to the Dutch agency responsible for diversion projects, ‘Halt’. Halt is an institution where juveniles carry out up to 20 hours of training, restorative or other types of activities, or possibly damage compensation. Halt clients very often are first-time offenders.

- Issue a summons and send this to the public prosecution service for further handling.

At the level of the public prosecution service, the policy of minimal intervention is expressed in restraint in proceeding to a prosecution. Many cases handled by the public prosecution service are (conditionally) dismissed or, for example in the framework of an out-of-court settlement, dealt with by imposing an alternative sanction. The prosecutor only issues an indictment in a minority of cases (35%).

In cases handled by the courts, the following punishments and measures can be imposed:

- Alternative sanction. This is the punishment most frequently applied to minors. Around 70% requires some form of unpaid community service (up to 240 hours) and 30% involves an educational program, sometimes in combination with community service. The following educational programs are available: ‘Tools4U’ (cognitive social skills training), ‘WSART’ (aggression regulation training), ‘SIB(+)’ (victim empathy), ‘Sexuality’ and ‘Recidivism prevention project’ (sexual formation and education), ‘Substances and crime’ (education on risks of substance use) and ‘SOVA individual LVG’ (social skills for intellectually handicapped). Alternative sanctions are generally imposed together with a conditional punishment.

- Fine. Only a very small percentage of all sanctions (5%) involve a fine - with a minimum of 3 euro and a maximum of 3.700 euro.

- Youth detention. Youth detention can only be imposed in case of a (serious) criminal offence (not in case of a small violation). The maximum length is 12 months (offenders 12-16 years) or 24 months (offenders 16-17 years while committing the crime).

- Behavior modification measure. Designed for youngsters with multiple background- and behavioral problems; as a consequence,
the expected results of a purely repressive response are small. The measure offers the possibility to intensively intervene in the lives of young offenders, even after a not very serious offence. The judge determines the content of the measure, which he can impose for a duration of 6 to 12 months. The youngster can participate in a programme in some institution or follow an ambulatory programme under supervision of an organization.

- The custodial measure ‘institutional placement order’ (Plaatsing in een Inrichting voor Jeugdigen: PIJ measure) in order to re-educate the juveniles (for at most 4 years) or to treat them (for at most 6 years). Upon considering the administration of the PIJ measure, it is important to take into account whether or not the measure will be necessary for a proper treatment or beneficial to the upbringing of the youth, and whether there is a high risk of recidivism in criminal behavior. The court is required to obtain advice from at least two forensic experts (psychiatrist and psychologist) who have made a pre-trial forensic mental health evaluation (‘pro Justitia’ evaluation) of the youth. The resulting report needs to lend support to the decision of the court and will be a starting or reference point for treatment.

Less important (additional) punishments and measures are: confiscation, disqualification of the competence to drive motor vehicles are withdrawal, take away illegally obtained advantage, and a compensation measure. All the aforementioned punishments and measures can also be imposed conditionally. In those cases, one of the general conditions is not getting in trouble with the law. A special condition can be the treatment by a social worker or psychiatrist.

The Netherlands makes extensive use of detention on remand, often in order to suspend it and speed up the start of focused treatment or support. An alternative to detention on remand is night detention, in which cases juveniles stay in the institution overnight and during the weekend but attend school or work during the day. Young people are also increasingly being supervised by the juvenile rehabilitation service. This service supports and guides youths from when they are taken into custody up until their case being heard, within the framework of a conditional sentence, while supervising an alternative sanction, and during and after detention.
2. NATURE AND PREVALENCE OF SUBSTANCE ABUSE

The available knowledge on patterns of substance abuse among juvenile offenders in the Netherlands is somewhat fragmented; most studies have been conducted among youth residing in juvenile custodial institutions.

2.1 Prevalence of substance misuse among juvenile offenders

Substance use among juvenile offenders

Reliable data on the size of substance use among all juvenile offenders in the Netherlands are not available. It is known though that factors that constitute a risk for use, misuse and dependency of alcohol and drugs, are more prevalent among juveniles that commit crimes. The table below gives several examples of such risk factors.

Table 1. Risk factors for use, misuse and dependency of substances (Matthys et al., 2006)

<table>
<thead>
<tr>
<th>Individual factors</th>
<th>Environmental factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Genetic vulnerability for (problematic) use</td>
<td></td>
</tr>
<tr>
<td>- Seeking for what’s new or exciting</td>
<td></td>
</tr>
<tr>
<td>- Oppositional-defiant or antisocial behavior disorder</td>
<td></td>
</tr>
<tr>
<td>- Low school expectations</td>
<td></td>
</tr>
<tr>
<td>- Substance use among parents and siblings</td>
<td></td>
</tr>
<tr>
<td>- Family disharmony</td>
<td></td>
</tr>
<tr>
<td>- Parents who are insufficiently aware of their child’s whereabouts</td>
<td></td>
</tr>
<tr>
<td>- Stressful events at a young age</td>
<td></td>
</tr>
</tbody>
</table>

As far as is known, only one study has been conducted among juvenile offenders who are not (yet) deprived of their liberty (Doreleijers, 1995). The results of this study show that only 15% of the delinquents who are brought before the Juvenile Court report alcohol use; the exact reasons for this low percentage are not known. Drug use was not assessed. It has been shown repeatedly that substance use among incarcerated
juveniles is much higher than among juveniles in the general population and/or normal education. Research among 135 boys in juvenile custodial institutions revealed that among these boys, the use of alcohol and drugs previous to their stay in the institution is even higher than among boys in special education and truant care projects (Korf, Benschop & Rots, 2005). The differences in substance use between incarcerated boys and boys in the regular and special education are especially large in the age category 13 to 14 years (Kepper et al., 2009). The following table gives an overview of the lifetime prevalence of substance use among incarcerated boys, compared to that of boys in normal education.

Table 2. Substance use among incarcerated boys in the Netherlands.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Lifetime prevalence among incarcerated boys¹</th>
<th>Lifetime prevalence among school attending adolescents²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>91.5%</td>
<td>79.0%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>86.3%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Other drugs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ecstasy</td>
<td>21.0% (total with amphetamine)</td>
<td>2.4%</td>
</tr>
<tr>
<td>- amphetamine</td>
<td></td>
<td>1.9%</td>
</tr>
<tr>
<td>- cocaine</td>
<td>21.0% (total with ecstasy)</td>
<td>1.7%</td>
</tr>
<tr>
<td>- mushrooms, LSD</td>
<td></td>
<td>2.3%</td>
</tr>
<tr>
<td>- heroin</td>
<td>21.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>- solvents (a.o. glue sniffing)</td>
<td>18.0%</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>5.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Poly (two or more substances)</td>
<td>82.8%</td>
<td>---</td>
</tr>
</tbody>
</table>

These results show that especially the use of (soft and hard) drugs is relatively high among incarcerated boys.

¹ In European perspective, Dutch pupils score high on lifetime prevalence of alcohol use; also, the frequency and number of alcoholic consumptions is high. Dutch pupils score average on the use of nicotine, cannabis, amphetamine, LSD and ecstasy (Hibell et al., 2004).
Some specific results regarding the use of alcohol:

- Kepper et al. (2009) researched substance use among 13 to 18 year old boys in juvenile custodial institutions. The results showed that boys in juvenile custodial institutions drank more alcohol in the month prior to their incarceration than boys in the regular and special education. Fortunately, the results also showed a decrease in the use of alcohol since the incarceration. Approximately one third of the boys reported alcohol use since detention; almost all of them drank alcohol within the JJI.

- The prevalence of regular alcohol use among incarcerated boys is 33% (Brand & Van den Hurk, 2008).

- Brand and Van den Hurk (2008) have mapped changes in the PIJ-population during the period 1995-2005. They conclude that alcohol problems show a small increase in scale and severity.

Some specific results regarding the use of drugs:

- Several studies conclude that the use of cannabis among incarcerated boys is problematic. For example, compared to male adolescents in regular education, incarcerated boys were seven times more likely to have used cannabis prior to their placement in a juvenile custodial institution. Incarcerated boys who used cannabis, also smoked more joints per occasion (Kepper et al., 2009). The majority of boys (65%) reported the use of cannabis during the last month (53%; Konijn, 1999) / since incarceration (65%; Kepper et al., 2009) and almost all of them used cannabis within the JJI. So, even after the incarceration, the use of cannabis remains high.

- Also the use of hard drugs (XTC, cocaine, amphetamine, hallucinogens, GHB, LSD, crack or heroin) among incarcerated boys is problematic: more than 20% of the incarcerated boys used one or more hard drugs at least once prior to their incarceration, whereas this percentage was only 4% among boys that attended the regular education (Kepper et al., 2009). The use of hard-drugs seems to have decreased since the detention or pre-trial arrest: over 20% reported hard drug use before their stay in the JJI, compared to 6% hard drugs use since detention.

- In the study by Kepper et al. (2009), almost all of the interviewed

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17 The penal measure 'institutional placement order' (Plaatsing in een Inrichting voor Jeugdigen; PIJ-measure) – see also paragraph 1.2 of this report.
boys (90%) reported that it is easy for them to obtain the cannabis in the JJI. According to 75% of the interviewed boys, even hard drugs are easy to get hold of. This shows that in the perception of the detained boys, the availability of drugs inside the institution is high.

- Incarcerated girls use much more drugs than school drop-out girls (Korf, Benschop & Rots, 2005).
- The prevalence of regular drug use in juvenile custodial institutions is high, namely 64% (Brand & Van den Hurk, 2008).
- Brand and Van den Hurk (2008) have mapped changes in the PIJ-population\(^18\) during the period 1995-2005. They conclude that drug problems show a small decrease.

To conclude, there is also a group of incarcerated boys (6% in the study of Brand & Van den Hurk, 2008) that often uses both alcohol and drugs; a combination that is known as dangerous regarding the role it may play in the performance of unpredictable violent behavior.

**Substance use disorders among juvenile offenders**

The DSM-IV distinguishes two types of substance-related disorders: abuse and dependence. In case of *abuse*, there is a pattern of unadjusted use that causes significant restrictions and suffering. This is evident from failure to fulfill major role obligation at work, home or school, recurrent use in physically hazardous situations or use resulting in contact with the police. Characteristic for *dependence* of a substance is the continuous use thereof, without taking into account the physical, psychological and social damage. Besides this, the craving for the substance is so strong that uptake can no longer be controlled. A more serious form of dependence is *addiction*.

In general it can be said that among adolescents, abuse is more common than dependence, which relatively often occurs among young adults between 20 to 24 years (Bijl, Van Zessen & Ravelli, 1997). But the presence of one substance use disorder does significantly increase the probability of the presence of some other SUD (Vreugdenhil et al., 2003). Only a few studies have investigated the prevalence of substance use disorders among arrested and incarcerated boys and girls in the Netherlands. The following table gives an overview of the prevalence of substance-related disorders among offenders aged 12 to 18 years. Poly abuse or dependence refers to the problematic use of at least two substances.

\(^{18}\) See 4.
Table 3. Substance-related disorders among juvenile offenders in the Netherlands.

<table>
<thead>
<tr>
<th>Substance-related disorder</th>
<th>DSM-IV Code</th>
<th>Prevalence among juvenile offenders(^3) (♂ + ♀)</th>
<th>Prevalence among incarcerated juvenile offenders(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>305.00</td>
<td>3%</td>
<td>6-50%</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>303.90</td>
<td>---</td>
<td>22-55%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>305.xx</td>
<td>9%</td>
<td>14-50%</td>
</tr>
<tr>
<td>Drug dependence</td>
<td>304.xx</td>
<td>9%</td>
<td>10-30%</td>
</tr>
<tr>
<td>Poly abuse(^5)</td>
<td>---</td>
<td>8%</td>
<td>30%</td>
</tr>
<tr>
<td>Poly dependence(^6)</td>
<td>---</td>
<td>14%</td>
<td>---</td>
</tr>
</tbody>
</table>

Recent data on the prevalence of substance abuse and dependence among juveniles in the general population are not available. Older data (Verhulst et al., 1997) indicate that 0.33% of youth aged 13 up to 17 years is substance dependent. This would mean that the prevalence of substance dependence disorders is much higher among (incarcerated) juvenile offenders than among youth of the same age in the general population. The same study also indicated that the prevalence of any substance abuse disorder is higher among boys than girls. According to the data in table 2, this holds true only for alcohol-related disorders; prevalence rates of drug-related disorders are similar for boys and girls.

The results in table 2 show that, of the 15% of the delinquents who are brought before the Juvenile Court that report alcohol use, only 3% of those young people were classified with ‘alcohol abuse’ (Doreleijers, 1995). Doreleijers concludes that young people of this age can apparently cope with large amounts of alcohol without it resulting in dysfunction. Levels of drug-related disorders are higher among juvenile offenders.

Drug dependence usually involves cannabis. The addictive effect of ecstasy and amphetamines is small; therefore (fortunately) little addiction problems are signaled (Van Hasselt et al., 2010). In the study by Vreugdenhil et al. (2003), cannabis use disorder (44%) was most prevalent among the incarcerated boys, followed by alcohol use disorder (28%) and other substance use disorder (10%).
Brand and Van den Hurk (2008) researched if among youth with the penal measure ‘institutional placement order’ (PIJ), problems had arisen because of their substance use. These could be: problems with work / school (concentration), with relationships and parents, with the police or justice system, physical problems or emotional / psychic problems. They define alcohol abuse as: more than five glasses of alcohol per day. Their results indicate that among almost two thirds of PIJ-youth (66%), alcohol has no problematic role in their lives. Among 26% of PIJ-youth, alcohol abuse occurs twice per week; 8% experiences abuse in a structurally higher frequency than twice per week. The results also indicate that problems with alcohol are often present before the age of 16. Their results also showed that 34% of PIJ-youth experience drug abuse (the use of hard drugs or the use of soft drugs that results in concentration or sleeping problems). Almost all of these youngsters are younger than 18 when being investigated.

### 2.2 Types of substances used by juvenile offenders

The following table gives an overview of the lifetime prevalence of substance use among incarcerated boys (source: Vreugdenhil et al., 2003).

<table>
<thead>
<tr>
<th>Substance</th>
<th>Lifetime prevalence among incarcerated boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>92%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>86%</td>
</tr>
<tr>
<td>Amphetamines, ecstasy</td>
<td>21%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>21%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>18%</td>
</tr>
</tbody>
</table>
Brand and Van den Hurk (2008) investigated the types of drugs that are regularly / often used by youth with the penal measure ‘institutional placement order’ (PIJ). This is their top five:

1. Cannabis (53%)
2. Alcohol (20%)
3. XTC-like substances (11%)
4. Cocaine (9%)
5. Amphetamines (7%)

Alcohol and hallucinogen substances appear to be most popular, with cannabis and XTC as the most commonly used drugs. Juveniles that use cannabis, more often use hard drugs. Poly-use can a.o. be explained by: the easy availability of other substances, for example via friends; cultural factors and normalization of substance use; and pharmacological effects that causes substances to strengthen or weaken its effects (Van Hasselt et al., 2010).

A recent development is the use of GHB (gamma-hydroxybutyric). Just like alcohol, GHB causes a glow, but it can also cause hallucinations and have a stimulating effect. In case of overdose, the user can become comatose. Among some at risk youngsters, it concerns daily use – where previously only experimental use was seen (Van Hasselt et al., 2010; Trimbos-instituut, 2010).
2.3 Modalities and contexts of consumption

Most substances are taken orally (swallowing of a liquid, capsule or pill) or smoked. Occasionally, substances are snort through the nose or injected into the blood circulation.

Youngsters aged 12 and 13 mainly use alcohol at home. From the age of 14, a shift takes place to places of entertainment like a discotheque or club. Regularly, drinking takes place at both places: youngsters drink in at home and then visit a café or discotheque where they continue to drink alcohol. Youth who go on vacation in the Netherlands without their parents drink often and a lot (Van Hasselt et al., 2010). Harmful alcohol use has a higher prevalence in rural than in urban areas. A relatively new phenomenon are ‘sheds’ and ‘huts’: privately owned places in the countryside where young people meet and use alcohol for much lower prices than in the regular catering industry (Van Hasselt et al., 2010).

The use of drugs among juveniles is strongly related to nightlife (Bieleman, Marsingh & Meijer, 1998). This means that consumption often takes place on Friday- and Saturday nights and in or around places of entertainment. It mainly involves cannabis, ecstasy, cocaine and (in a lesser extent) amphetamine. Drug use has a higher prevalence in urban than in rural areas, but the differences are getting smaller (Van Hasselt et al., 2010). In recent years, the use of ‘partydrug’ GHB seems to have shifted from nightclubs visiting youths in urban regions to a larger group of youngsters in the provinces. These youngsters also use the substance outside the nightlife. The number of requests for help because of addiction, as well as the number of GHB victims at emergency services, has grown. These incidents take place at huge dance-events and in the catering industry, but also at home or in the streets. The use of GHB is more prevalent among young people in youth care than among peers in normal education (Van Hasselt et al., 2010; Trimbos-instituut, 2010).

2.4 Profile of juvenile offenders that abuse substances

There is a lack of information about characteristics of substance-abusing juvenile offenders; therefore, this paragraph presents results of research
on the profile of juvenile substance abusers in general.

**Age and gender**
The adolescence (12-18 years) is a vulnerable period for the development of substance abuse. Adolescents are less sensitive for the direct negative consequences of substances (they experience less acute consequences of substance use) than adults, but the substance-related learning behavior (whereby substances are being related to reward) is stronger than among adults (Snoek, Wits, Van der Stel & Van de Mheen, 2010). This combination promotes the experimental use of substances (Matthys et al., 2006). In normative terms, use of soft drugs during adolescence appears to be quite stable, for example more stable than internalizing problems (Luijpers, Overbeek & Meeus, 2001). An early onset of substance use can easily result in dependency and/or addiction. However, the studied publications do not mention an exact age boundary for 'early onset'. It is clear though that the earlier the onset of substance use, the higher the risk of addiction (Van Hasselt et al., 2010).

Compared to the rest of the population, problematic drinking and alcohol addiction are most prevalent among 16 to 24 year old men. When youngsters go to secondary school, the use cannabis rises every year: among the 12-year olds, 2% has used cannabis, where on the age of 17-18 this percentage has risen to 52% for boys and 30% for girls. The use of hard drugs is most prevalent among youth aged 20 to 25 and more prevalent among boys than girls (Van Hasselt et al., 2010; Snoek et al., 2010). Even though boys still use more substances than girls, the difference among both sexes are getting smaller and being a girl has become a less strong protective factor (Snoek et al., 2010). Boys drink more alcohol and do this more often than girls, but the number of boys and girls that use alcohol is quite similar. Girls that develop a dependency of alcohol or drugs, on average do this in a shorter period of time than male addicts.

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20 Over time, do the same individuals within a group experience problems?
**Personality and specific characteristics**

Several individual characteristics appear to be predictive for substance use in adolescence and - especially when combined with externalizing behavior disorders - for substance use and delinquency later (Matthys, Vanderschuren, Nordquist & Zonnevylle-Bender, 2006; Snoek et al., 2010):

<table>
<thead>
<tr>
<th><strong>Domain</strong></th>
<th><strong>Risk factors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurobiological characteristics</td>
<td>Molecular–genetic abnormalities Abnormalities in neurotransmitter systems Abnormalities in brain structures (but: cause or result?)</td>
</tr>
<tr>
<td>Personality characteristics</td>
<td>High level of sensation seeking behavior / novelty-seeking Low level of harm avoiding behavior Aggressive behavior during childhood, especially when part of an antisocial behavior disorder Anxiety sensitivity Hopelessness Negative thinking Impulsivity Low self esteem (only with boys) High sensitivity for pleasure Positive expectations regarding substance use Feelings of low self-control Sexual preference (homo- and bisexual juveniles use more drugs)</td>
</tr>
<tr>
<td>Psychiatric characteristics</td>
<td>Antisocial behavior disorder (!) Oppositional-defiant disorder (!) Anxiety disorder PTSD ADHD Mood disorders Eating disorder (especially speed / amphetamine) Psychoses (especially cannabis)</td>
</tr>
</tbody>
</table>
Chronic dependence of a substance is characterized by social marginalization, physical symptoms and mental / psychiatric problems (Koeter & Van Maastricht, 2006).

**Cultural, social and family context**
Several environmental factors appear to be predictive for substance use (Matthys et al., 2006; Snoek et al., 2010):

<table>
<thead>
<tr>
<th>Context</th>
<th>Risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cultural context</strong></td>
<td>Poverty and low socio-economic status</td>
</tr>
<tr>
<td></td>
<td>Unfavorable neighborhood characteristics</td>
</tr>
<tr>
<td></td>
<td>Inexpensive substances</td>
</tr>
<tr>
<td></td>
<td>Advertisement for substances</td>
</tr>
<tr>
<td></td>
<td>No of low legal minimum age for use</td>
</tr>
<tr>
<td></td>
<td>Easy availability of substances</td>
</tr>
<tr>
<td></td>
<td>Cultural and religious background</td>
</tr>
<tr>
<td><strong>Social context</strong></td>
<td>Affiliation with substance-using peers</td>
</tr>
<tr>
<td></td>
<td>Positive attitude towards substance use among peers</td>
</tr>
<tr>
<td></td>
<td>Delinquency among peers</td>
</tr>
<tr>
<td></td>
<td>Availability of substances at school</td>
</tr>
<tr>
<td></td>
<td>School related problems like low school performance, low educational expectations and truancy</td>
</tr>
<tr>
<td></td>
<td>Going out often</td>
</tr>
<tr>
<td><strong>Family context</strong></td>
<td>Substance use of mother during pregnancy</td>
</tr>
<tr>
<td></td>
<td>Substance use of parents and/or siblings</td>
</tr>
<tr>
<td></td>
<td>Lack of monitoring by parents</td>
</tr>
<tr>
<td></td>
<td>Parental / family disharity</td>
</tr>
<tr>
<td></td>
<td>Abuse and neglect of the child by the parents</td>
</tr>
<tr>
<td></td>
<td>Experiences with institutional care (foster homes, children’s homes)</td>
</tr>
</tbody>
</table>

In general, it can be said that stress in different forms has an effect on the development, continuation and relapse in substance use. Long lasting stress can increase the risk to become dependent; short lasting stress promotes the relapse in dependency after a period of abstinence (Matthys et al., 2006). Also, unemployment and untimely leave from school are important factors of the profile of juvenile substance abusers.
2.5 Correlation between substance abuse and psychopathology

Several studies identify a positive correlation between the level of aggression and externalising psychopathology (ADHD, ODD and CD), internalising psychopathology (depression, PTSS), the number of traumas and the prevalence of substance abuse and dependence. Substance use is highest among juveniles with many behavioral problems.

Despite the clear statistical link between various forms of abuse of and addiction to substances and externalizing and internalizing problems, the nature of the relationship is often unclear. It is known that they often co-occur and reinforce each other. Especially among youth aged 12 to 15, there’s a big chance that substance use goes together with mental health problems. After the 16th year of life, the link between alcohol and mental problems becomes weaker. The use of soft and hard drugs remains to have a strong relationship with mental health problems (Couwenbergh, 2009).

It is also known that alcohol and drugs can be used as “self medication” for ADHD, depression or psychosis or to gather courage to commit crimes (Van Rossum & Van der Steege, 2009). Regarding ADHD, it is assumed that people with deficits in sustained attention, process information – including the taxation of risk and the consequences of their behavior - insufficiently profound. As a result, they have an increased risk for substance abuse (Matthys et al., 2006). Furthermore, children with ADHD have a strong need for immediate reward. Children with behavioral problems might have an over sensitiveness for reward as well as a reduced sensitiveness for punishment (Matthys et al., 2006).

As indicated earlier, a substantial proportion of young incarcerated offenders experience problems with the use of drugs, especially soft drugs (Vreugdenhil e.a., 2004). JJIs find it extremely difficult to prevent illegal drugs from entering the institution. Although the health risks of cannabis (the most widely used soft drugs) are limited, the use can result in a lack of interest and turning away from social activities in the JJI. Taking high doses may, in exceptional cases and especially in cases of oral intake, induce anxiety and panic reactions and hallucinations.
The abuse of alcohol is also prevalent in a population of juvenile detainees (Vreugdenhil et al., 2004). Even though the problems with alcohol attract less attention, this does not make them less serious. Alcohol too can be a dangerous substance and can conceal underlying problems. (Excessive) Alcohol use that appears innocent can result in (the aggravation of) depressions and anxiety disorders. Furthermore, these problems can be masked by the alcohol use, which makes them more difficult to recognize.

In general, there is a strong association between substance use disorders and externalizing disorders among incarcerated boys. Vreugdenhil et al. (2003) found that substance use disorders were not significantly associated with internalizing disorders. However, cannabis abuse and alcohol, cannabis, other substance and polysubstance dependence were significantly positively associated with externalizing disorders. Substance dependence, especially alcohol dependence, was also positively related to psychotic symptomatology.

The severity of substance use disorders (no SUD vs. abuse vs. dependence) was significantly positively associated with the number of comorbid internalizing (anxiety, affective disorders) and externalizing (disruptive behavior) disorders.

Moreover, externalizing disorders were much more common in participants with polysubstance dependence than in participants with single substance dependence. Therefore, it seems that at least three levels of SUD severity can be discerned: abuse, single substance dependence, and poly substance dependence.
3. CRIME RELATED TO SUBSTANCE ABUSE

More and more research demonstrates a link between substance use and delinquent behavior. However, there is no decisive answer on the nature of the relationship yet. Substance use could precede delinquent behavior, since many substances have a threshold lowering effect and reduce fear. But delinquent behavior could also precede substance use: juveniles often get in contact with substances after the start of a criminal career, because of the substance use in the delinquent subculture. Thirdly, communal factors (like a genetic predisposition) could underlie delinquency and risky substance use. Fourthly, substance use and delinquency could reinforce each other in a pattern of mutual causation. In sum, the relationship between substance use and delinquency is more complex than a simple causal relation (Snoek et al., 2010). In the Netherlands, drug use in itself is not a criminal offence, but it may increase the likelihood (frequency and intensity) of (future) criminal behavior (Koeter & Van Maastricht, 2006). Several studies (Brand & Van den Hurk, 2008; Brand, Lucker & Van den Hurk, 2009; Kepper et al., 2009) conclude that the offences committed by juveniles are often related to the use of substances. Besides, frequent substance abuse is seen as a risk factor in youth for criminal recidivism: the use of alcohol and drugs appears to have a negative impact on the decision to stop committing crimes (Hussong et al, 2004).21

3.1 Crimes committed to purchase substances

Economical crimes, whereby the cause is related to an addiction to alcohol and/or drugs and the offence is aimed at obtaining the means or money to buy the substances, are rare among juveniles. The reasons for this are: only in case of relatively expensive and addictive drugs like heroin and crack, offences to finance drug consummation are committed; the majority of juveniles has never used these substances; juveniles that have used these substances, have used them too shortly to be seriously addicted to them (Korf, Benschop & Rots, 2005).

In the rare cases that economical crimes are committed to finance substance abuse, it mainly concerns illegal ('hard') drugs. The crimes against property vary from shoplifting to car cracking and burglary (Koeter & Van Maastricht, 2006). In some cases, violence is used, for example with a robbery. But Vreugdenhil et al. (2003) conclude that boys with (serious) substance use disorders was associated with criminal recidivism.

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21 Interestingly enough, the study by Vreugdenhil et al. (2003) concluded that none of the substance use disorders was associated with criminal recidivism.
dependence problems possibly more often commit simple acquisitive crimes to finance their substance use instead of violent offending.

### 3.2 Crimes committed under the effects of substances

Offences committed under the influence of alcohol and/or drugs are quite common among juveniles. For example, Korf, Benschop and Rots (2005) found that in one out of three studied violent incidents among youth were cases of psychopharmacological violence. Psychopharmacological violence is the direct result of the (aggression promoting) effects of alcohol and drugs (Korf, Benschop & Rots, 2005). It hereby mainly involves alcohol (alcohol as an aggression generator and amplifier). Drug related violence among youth occurs less often than alcohol related violence. Also, the relationship between the use of drugs and aggression and violence is less clear than the relationship between alcohol and violence. Evidence for a (causal) relationship between cannabis use and violence is inconsistent; several studies have found no relationship between the two (even not in combination with alcohol), but one study (Korf, Benschop & Rots, 2005) found that cannabis is involved in violent incidents just as often as alcohol. The use of a stimulant like cocaine (and even more for the combination of alcohol and cocaine) or amphetamine could result in aggressive behavior. Use of these substances could result in for example irritation, motor unrest or an eruption of violence. There are also indications that drugs are sometimes consciously used in preparation of a violent crime or to have an excuse for involvement in such incidents (Van Hasselt et al., 2010). The use of ecstasy should result in less violence. In all situations, other factors - like sense of values, impulsivity, need for kicks, personality or behavioral disorders – play an important role, since violence among the juveniles is never exclusively causally related to alcohol and/or drugs. In most cases, the crimes committed under the influence of substances involve unplanned violent crimes that follows from social interaction and conflict. Especially the more serious forms of violence are often related to substance use (Korf, Benschop & Rots, 2005). Sometimes, it involves sexual violence.

Some more results regarding violent crimes committed under the effects of substances:
- Cocaine addicts – when compared to opiates addicts – more often
commit violent crimes or combinations of property and violent crimes (Koeter & Van Maastricht, 2006).

- Violent crimes committed under the influence of alcohol and/or drugs often take place in nightlife - on Friday- and Saturday nights and in or around places of entertainment (Bieleman, Marsingh & Meijer, 1998; Van der Laan & Nijboer, 2000).

- More than one out of three PIJ-youngsters (36%) were under the influence of alcohol and/or drugs while committing the most recent offence which resulted in the PIJ-measure (Brand & Van den Hurk, 2008). This is possibly an underestimation of the real percentage: this aspect is not consistently questioned and reported by Pro Justitia reporters. The influence of drugs could be established more often than that of alcohol (28% vs. 11%). In cases where intoxication played an important role while committing the offence, cannabis (63%), ecstasy (31%) and cocaine (28%) played an important role. Amfetamines (18%) and heroin (8%) were less important. Among a small group of youngsters (3%), a combined influence of alcohol and drug use during the offence could be detected.

- In interviews with PIJ-youth, it was asked what role the intoxication played in committing the offence (Brand & Van den Hurk, 2008). Two extremes are mentioned: sometimes, they consciously use alcohol and/or drugs before a planned offence; sometimes intoxication has contributed to the getting out of hand of a situation, resulting in an offence. So, in many cases, the used drug had a threshold lowering effect; only in some cases, the drugs were explicitly used to support the offence or the offence was arisen out of symptoms of abstinence.

- The combination of alcohol and cocaine can result in more aggressive thoughts; there are indications that it also results in excessive violence, but for now, the scientific evidence for this lacks (Van Hasselt et al., 2010).

- A relationship between alcohol use and football hooliganism has not been demonstrated, but the drug use among football rioters who are suspects of a violent crime is high (60%). It hereby mainly involves cannabis, cocaine and ecstasy. Some hooligans use cocaine to nerve themselves for a riot (Van Hasselt et al., 2010).

Youngsters in the age of 16 to 20 years also have a heightened risk to be involved in an alcohol related traffic accident. This is related to their
limited driving experience and their tendency to experiment with large quantities of alcohol (Van Hasselt et al., 2010). The number of traffic accidents whereby the driver has used drugs, is increasing (Van Hasselt et al., 2010). Especially cannabis has a strong negative influence on the quickness of response. In some cases (3% of the male drivers between 18 and 24), it involves combined alcohol and drug use or the use of several drugs. These results unfortunately are not specified for age groups. Finally, youngsters that frequently use alcohol have a heightened risk to commit property crimes (Van Hasselt et al., 2010).

3.3 Crimes related to the production, possession, selling and trafficking in substances

In the Netherlands, a distinction is made between soft drugs (cannabis, mushrooms) and hard drugs (ecstasy, cocaine, heroin, GHB, amphetamines). The possession of maximum five grams of soft drugs for own use is allowed; any possession of hard drugs is liable to punishment. The growing of five hemp plants for own use is allowed; any other production, selling and trafficking of drugs is forbidden.

The majority of suspects of drug crimes are adults: only a small proportion (4%) of suspects are younger than 18 (see table 5 next page).

Table 5. Age at registration Opium law offence (source: Van Laar et al., 2010).

<table>
<thead>
<tr>
<th>Age</th>
<th>Hard drugs</th>
<th>Soft drugs</th>
<th>Both</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17 years</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>30%</td>
<td>20%</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>25-34 years</td>
<td>32%</td>
<td>31%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>≥35 years</td>
<td>34%</td>
<td>44%</td>
<td>43%</td>
<td>40%</td>
</tr>
</tbody>
</table>
Systemic violence – violence as a result from the involvement in (intrinsically violent) hard drug market, like internal liquidations, the threatening of witnesses and rip deals – is very rare (Korf, Benschop & Rots, 2005). Deviant juveniles are much less that in the United States part of violent street gangs and therein operative forms of drug traffic.

4. INTERVENTION APPROACHES

Drug and alcohol use is part of an unhealthy life style: in the long run, it damages the nerve system and makes staying in school or a job more problematic. Besides that, it can be a form of self medication, inhibiting the focus on the real problems or history of harm (a coping mechanism to avoid emotions which cause mental strain; anxiety reducing effect; PTSD-comorbidity – abuse and neglect, violence, sexual molestation). Thirdly, the use increases the likelihood of criminality. For all these reasons, the decrease of alcohol and drug use is a health need that needs to be addressed.

Where possible, and especially in the case of disruptive behavior and/or externalizing disorders, preventive interventions should be started on an early age in order to prevent (future) problematic substance use (Kepper et al., 2009). Traditionally, a distinction is made between:

- **primary prevention**: the prevention of ‘illness’ by removing the causes;
- **secondary prevention**: early tracing and treatment; and
- **tertiary prevention**: the prevention of disease progression and attendant suffering after it is clinically obvious and a diagnosis established. Disease treatments are not usually included, but the boundary with tertiary prevention is not always clear.

Tertiary prevention programs aim to improve the quality of life for people with various diseases by limiting complications and disabilities, reducing the severity and progression of disease, and providing rehabilitation (therapy to restore functionality and self-sufficiency). Unlike primary and secondary prevention, tertiary prevention involves actual treatment for the disease and is conducted primarily by health care practitioners, rather than public health agencies.
For preventive interventions aimed at mental and addiction problems, an accentuated definition has been developed, whereby three forms of prevention are distinguished (Cuijpers, Scholten & Conijn, 2006):

- **universal prevention**: aimed at the general population or a subpopulation that is not identified based on a single risk factor (for example mass media campaigns or interventions at school);
- **selective prevention**: aimed at individuals or a subgroup of the population whereby the risk of developing a problem is significantly higher than average (for example, people who are subjected to a chronic stressor);
- **indicated prevention**: aimed at individuals who do not meet the diagnostic criteria for a mental or addiction disorder, but who do have limited symptoms that precede the disorder, or who have biological characteristics that indicate a predisposition for a psychiatric disorder. Problems are already present.

Preventive interventions in all three categories can have several goals: increase the knowledge on substances; reduce the use of substances; postpone the first use of substances; reduce addiction problems; and reduce the damage that has been caused by the substance use (Cuijpers, Scholten & Conijn, 2006). Dealing with addiction problems often leads to a reduction in crime, even if this was not the primary goal of the care (Koeter & Van Maastricht, 2006).

### 4.1 Criminal justice strategies

When a substance abusing juvenile gets in trouble with the law, a new change arises to interfere in his/her situation. The judicial pressure offers a way to treat the substance problems and keep the juvenile in the treatment (Koeter & Van Maastricht, 2006). External motivation (judicial pressure) could help the juvenile through the first period of treatment; when the juvenile sees that his/her situation improves, internal motivation will arise. Research has shown that insisted\textsuperscript{22} or forced\textsuperscript{23} treatment can be as effective as voluntary treatment.

\textsuperscript{22} Treatment trajectory under judicial pressure: the juvenile can choose from several treatment alternatives.

\textsuperscript{23} Treatment trajectory under judicial pressure, whereby the juvenile has no choice: one alternative is imposed on him/her.
Motivation to deal with substance abuse and the accompanying lifestyle is not static but develops itself (Van Binsbergen, 2003; Otten & Solinger, 2009).

In the Netherlands, several programs involving the juvenile justice system are available for juvenile offenders with substance use problems. They will be described below. The first four are ambulatory programs for youth with risky substance use. Besides these extramural interventions for juvenile offenders, some provisions in Dutch juvenile justice institutions that target the use of alcohol and drugs will be discussed.

**Educational measure alcohol (EMA)**

The following table gives an overview of the EMA.

<table>
<thead>
<tr>
<th>Educational measure alcohol (EMA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>A measure by the Minister of Transport that holds that people (juveniles and adults) that have participated in traffic under the influence of alcohol, are obliged to follow a course on alcohol and traffic; if not, you will lose your driver’s license. The course is carried out by addiction care services. The costs of the course (720 Euro) have to be paid by the offender. Besides this, a fine or other penalty can be imposed.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
</tr>
<tr>
<td>Learning traffic-safe driving behavior and relapse prevention.</td>
</tr>
<tr>
<td><strong>Target group</strong></td>
</tr>
<tr>
<td>- Juveniles and adults that have been arrested with an alcohol percentage between 1,3 and 1,8 promille.</td>
</tr>
<tr>
<td>- Starting drivers that have been arrested with an alcohol percentage of 0,8 or more.</td>
</tr>
<tr>
<td>- Drivers with an alcohol percentage of 0,8 or more that have been previously arrested for driving under influence in the last five years.</td>
</tr>
<tr>
<td>- Drivers that have refused to take a breath analyses or blood test.</td>
</tr>
</tbody>
</table>
**Duration**  Three days plus final conversation.

**Involvement parents**  No.

**Halt-settlement Alcohol**

As described in paragraph 1.2, ‘Halt’ is the Dutch agency responsible for diversion projects. Juveniles between 12 and 18 years old who:
- cause nuisance or commit vandalism under the influence of alcohol;
- commit public drunkenness;
- drink alcohol in places where this is forbidden, can be referred to Halt. Here, they will follow a training and their parents will attend one eeting.

**Educational program ‘Substances and crime’**

In cases handled by the courts, the alternative sanction is the punishment most frequently applied to minors. In case of frequent use of (a) substance(s), the educational program ‘Substances and crime’ (education on risks of substance use) can be imposed. The following table gives an overview.

<table>
<thead>
<tr>
<th>Description</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>An intervention whereby - with motivational interviewing, the competence model and the relapse prevention model - knowledge of psychotropic substances is expanded, (social) skills are trained, behavior alternatives are practiced and the making of future slips is prevented.</td>
<td>Reduction of risk factors for delinquent behavior by:</td>
</tr>
<tr>
<td>- appointing the effects and risks of several psychotropic substances;</td>
<td>- appointing important factors that lead to delinquent behavior;</td>
</tr>
<tr>
<td>- better coping with group pressure and knowing how to avoid problem situations.</td>
<td></td>
</tr>
</tbody>
</table>
### Target group
Minors who have committed offences alone or in a group, belonging to the category: burglary, vandalism, property violence, theft and maltreatment and attract attention because of frequent substance use.

### Duration
20 hours: acquaintance, parent meeting, evaluation, homework and 6 group sessions.

### Involvement parents
There is a parent meeting of 2.5 hours. In the second session, the homework is to interview the parents; in the sixth session, activities and homework are included to improve the trust of parents.

### Method of reporting and giving account
The coordinator alternative sanctions reports to the public prosecutor. Hereby, a report about the youngster is added.

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**Stay-a-way**

Stay-a-way is an extramural behavioral intervention that can be carried out in the context of an alternative sanction or a behavior modification measure. The following table gives an overview.

<table>
<thead>
<tr>
<th>'Stay-a-way'</th>
<th>Description</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>An intervention for juvenile delinquents with (the beginnings of) problems with alcohol and/or drug use. Individual approach with focus on motivation for behavioral change. Based on cognitive behavioral therapy. Modules: introduction, motivational training and/or training self control and/or parent training.</td>
<td>Reduction of the risk of recidivism via decrease of substance use and the prevention of substance dependency among youth with increased addiction susceptibility. Obtaining insight in substance use, learning behavioral alternatives.</td>
</tr>
<tr>
<td><strong>Target group</strong></td>
<td>Youth aged 12 to 18 years with a moderate to high risk of recidivism, and with (a risk of) substance abuse or dependency. Youth at risk are juveniles who experiment with substance use and have - based on personality characteristics and factors in the environment - an increased risk for developing addiction problems. Possible factors are heredity (presence of addiction problems among parents), impulsivity, sensation-seeking and a lack of self control.</td>
<td></td>
</tr>
</tbody>
</table>
Duration

Stay-a-way Regular: 18 sessions (15 individual conversations, 3 parent-child sessions, total 28 hours).
Stay-a-way Plus: 25 sessions (22 individual conversations, 3 parent-child sessions, total 26.5 hours). The Plus-variant is indicated in case of: mental retardation among parents, diagnosis for developmental disorder (ADHD, autism, PDD-NOS, attachment disorder), delayed development (especially of speech), young age (12 or 13), special education and/or problems with reading and writing (verbal development).

Involvement parents

In both variants, parents are involved. The duration of the meetings with parents is 1.5 hours (introductory interview only) or 12 hours (3 parent-child meetings, 5 group meetings for parents).

Forensic observation and guidance department (FOBA)

The forensic observation and guidance department (FOBA) is a specialist unit inside custodial institutions for young offenders in a psychological crisis that must be stabilized. Juveniles with serious drug dependence are one example of a group that is often referred to the FOBA. They then stay there for several weeks, are set on the right medication and then return back to their custodial institution.

Brains 4 Use

Brains 4 Use is a (provisionally) accredited intervention that can be used within juvenile justice institutions. Its effectiveness for youth in institutions has been proven: it improves their chances at school and in maintaining work and has a positive impact on their chances of having a socially acceptable lifestyle in the future, without criminality. Besides, it has a positive effect on the climate in the institution: a decrease in drug use means less tension between the juveniles and staff. The following table gives an overview.

<table>
<thead>
<tr>
<th>Description</th>
<th>'Brains 4 Use'</th>
</tr>
</thead>
<tbody>
<tr>
<td>A cognitive behavioral intervention based on the transtheoretical model of Prochaska &amp; DiClemente. Motivational interviewing, self setting of goals, a reward system and cognitive behavioral therapeutic techniques aimed at self control and learning new skills are used.</td>
<td></td>
</tr>
</tbody>
</table>
Goal

To reduce recidivism by reducing drug and alcohol use. Brains 4 Use also reduces the risk of failure at school or work because of substance use and prevents damage to the social and emotional well-being and health of juveniles.

Target group

Youth (boys and girls) aged 12 to 23 years with a history of offences who have been admitted into a juvenile justice or closed youth care institution. Moderate to high risk of recidivism, whereby problematic substance use is a risk factor for recidivism. Indication takes place by means of the SAVRY.

Duration

Approximately three months, in which twelve weekly conversations take place. Each conversation takes one hour. Extension is possible for special target groups (for example, mentally retarded youth).

Involvement parents

Besides individual conversations with the juvenile, education of parents takes place. By means of psycho-education, parents are informed why it is important not to use substances. The presence of stumbling blocks in helping to reduce their child’s substance use are discussed.

Open and Alert

The goal of ‘Open and Alert’ is prevention and possible guiding of (problematic) alcohol- and drug use among juveniles in closed youth care and juvenile custodial institutions. The project gives handles in:

1. the development of an alcohol and drugs policy and further promotion of expertise among professionals working with youth at risk;
2. expertise advancement for professionals working with youth at risk;
3. cooperation between juvenile custodial institutions and addiction care institutions, consultation and efficient referral of youth to addiction care.
**Multi-dimensional family therapy (MDFT)**
MDFT is an intense intervention that can be used with juveniles inside and outside custodial institutions. The following table gives an overview.

<table>
<thead>
<tr>
<th>Description</th>
<th>Intensive intervention, aimed at four life domains of a juvenile: the juvenile and his/her problems, the parents of the adolescent, the family and relatives as a whole, and external systems that are important to the juvenile (peer group, school, work).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Reduction of offence behavior / recidivism and other problem behavior, especially addiction problems. Secondary goals: better functioning in the family, at school or at work and in the neighborhood, with adequate leisure activities, and with healthy relations with peers (satisfactory societal participation). Juveniles aged 12 to 18 years with a moderate to high risk of recidivism and multiple problems (addiction, delinquency, psychic comorbidity, aggression, truancy, running away, family malfunctioning, lack of useful daytime activities, association with delinquent friends, problems with work). (Fixable) bond with parent(s) / guardian.</td>
</tr>
<tr>
<td>Target group</td>
<td>Juveniles aged 12 to 18 years with a moderate to high risk of recidivism and multiple problems (addiction, delinquency, psychic comorbidity, aggression, truancy, running away, family malfunctioning, lack of useful daytime activities, association with delinquent friends, problems with work). (Fixable) bond with parent(s) / guardian.</td>
</tr>
<tr>
<td>Duration</td>
<td>Every week, two to three sessions are being held, which vary from 30 to 90 minutes. In total, MDFT takes 6 months.</td>
</tr>
<tr>
<td>Involvement parents</td>
<td>Besides sessions with the adolescent, there are (1) sessions with the parents alone, (2) parent-child sessions and (3) sessions with the adolescent and/or parent(s) and important others, like teachers, probation officers or peers.</td>
</tr>
</tbody>
</table>
Contraindications

* IQ < 70.
* No cooperating parent / guardian.
* Insufficient mastering of the language, unless the trainer/therapist masters the language.
* Indication for clinical admission for addiction.
* Psychic comorbidity for which clinical admission is indicated.
* An insecure home situation (violence) from which the adolescent has to be taken away.

Addiction services outside the JII

In case of very serious substance dependence, treatment and rehabilitation will be provided by addiction services outside the juvenile custodial institution. Optimizing the fit between the interventions requires close collaboration between criminal justice authorities and addiction services. Examples of forms of treatment outside the juvenile custodial institution are: cognitive behavioral therapeutic interventions aimed at addiction behavior; medicament interventions (for example methadone treatment as assistance in detoxification of opiate use); social interventions (dept reorganization, stable living situation, etc.) (Koeter & Van Maastricht, 2006).

4.2 Other modalities of assistance and intervention

A range of other interventions, provided by health services and the social welfare system, are available for combating substance related problems. They focus either on prevention and education or on treatment, rehabilitation and social reintegration (ZonMw, 2006) and can be started voluntary or as a civil trajectory (Koeter & Van Maastricht, 2006). Most interventions are aimed at children and adolescents between 10 to 18 years (Cuijpers, Scholten & Conijn, 2006). The number of available interventions that aim to prevent harmful alcohol and drug use among youth is huge. Therefore, this report will only describe some of the Dutch best practices: interventions that are (1) clearly described, (2) examined in a well designed evaluation study and (3) standardized and offered by several organizations (Cuijpers, Scholten & Conijn, 2006; Van Hasselt et al., 2010). The following table gives an overview.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Best practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massmedia campaigns</td>
<td><em>Alcohol, the hangover comes later</em> (NL: ‘Drank, de kater komt later’ - formerly ‘Ben jij sterker dan drank?’): universal information campaign aimed at making youth between 15 and 25 years aware of the (harmful) results of excessive alcohol use.</td>
</tr>
<tr>
<td>School-oriented prevention</td>
<td>Prevention Alcohol use Pupils’ (PAS)’: intervention for pupils in the first three years of secondary school and their parents, aimed at postponing the use of alcohol.</td>
</tr>
<tr>
<td>Family-oriented prevention</td>
<td>Preventure’: workshops with motivational interviewing and cognitive behavioral therapeutic techniques for pupils in the second and third year of secondary school with an increased risk for binge drinking.</td>
</tr>
<tr>
<td>Community interventions</td>
<td>‘The healthy school and stimulants’: prevention program for smoking, alcohol and drugs. Suitable for primary, secondary and vocational education. Both pupils and their parents are involved.</td>
</tr>
<tr>
<td></td>
<td>‘Homeparty’: selective intervention, consisting of living room meetings with families from poor districts and families with a non-Dutch background, in which parents receive education and develop skills to better deal with their children’s (experimental) use of stimulants.</td>
</tr>
<tr>
<td></td>
<td>‘KOPP/KVO-family intervention’: indicated intervention for children of parents with mental / psychiatric problems and children of addicted parents, aimed at improving the communication between family members and the resilience of the family.</td>
</tr>
<tr>
<td></td>
<td>‘Communities that Care’ (CtC): selective, district oriented intervention aimed at preventing problem behavior among youth up to 18 years old.</td>
</tr>
<tr>
<td></td>
<td>‘Theater2days’ (NL: ‘Theater2daagse’): selective intervention aimed at drawing attention to substance use and addiction risk and encouraging conversations between youth, parents and other concerned people in the district. The recruited juveniles make and perform a play.</td>
</tr>
<tr>
<td></td>
<td>‘Project Big Deal?’: intervention that uses the peer method to form a bridge between school and leisure activities and aims to start a process of prevention policy development.</td>
</tr>
</tbody>
</table>
Prevention for specific groups / settings

Screening and short lasting interventions for problem drinkers

Children of addicted parents:
- ‘KOPP/KVO child and adolescent groups’: selective intervention, aimed at breaking through their isolation, improving a realistic view on themselves and their parents and better coping with negative responses and own feelings.

Ethnic groups:
- ‘Homeparty’: see above.
- ‘Peer prevention for foreign youth’: training of juveniles with a non-Dutch background to guide peers with an increased risk for problematic substance use to prevention activities of care institutions (selective intervention).
- ‘Theater2days’ (NL: ‘Theater2daagse’): see above.

Nightlife:
- ‘Nightlife, Alcohol & Drugs’: universal, integral intervention consisting of five parts: education of youth, instrument for analyzing substance use problems in the nightlife, manual for developing a regional cooperative network, course First Aid Drugs and course for staff in catering establishments.
- ‘Safer Bars’: intervention aimed at reducing aggression in the nightlife scene (under the influence of substance use) by influencing environmental factors of a catering establishment.

‘Moti-4’: indicated preventive intervention for juveniles between 12 and 24 years old that are not yet addicted to alcohol and/or drugs, but substance use has taken on problematic forms. Consists of four individual conversations with a prevention worker.

Best practices in Dutch addiction prevention mainly exist of selective preventive interventions; proven effective indicated preventive interventions - for youth with an increased risk on risky alcohol and drug use and related problems - are relatively scarce.

An important development is the use of internet (e-health). The number of informative websites on alcohol and drugs and online self help alcohol interventions (without structural contact with a therapist) has grown enormously in recent years. Many online interventions include elements of cognitive-behavioral therapy. The reach of these sites can be large, and so far positive reactions of participants have been reported, but the effects on the longer term are largely unknown (ZonMw, 2006; Van Hasselt et al., 2010). An example is the website www.drinktest.nl: a short, personalized,
Web-based alcohol intervention that is proven effective among adult problem drinkers and college students. Spijkerman et al. (2010) studied the effectiveness of the intervention among a younger population. Their conclusion is that exposure to the intervention generated a decrease in weekly drinking among 15- to 20-year-old binge drinkers. Intervention effects were most prominent in males, resulting in less weekly alcohol use and higher levels of moderate drinking over a period of 1 to 3 months. Online self help interventions are not suitable for juveniles with serious substance use problems, or juveniles with substance and mental health problems. The permissiveness of online self help is an important limitation: over 90% of the people who start an intervention, do not finish this (Van Hasselt et al., 2010). A second development that needs to be mentioned here, is the use of the peer education method in alcohol and drugs preventive interventions: juveniles are trained to educate their peers – in their own language - on the risks of substance use. One of the Dutch peer projects is the above mentioned ‘Big Deal?’, a project that aims to educate youth on stimulants and stimulate local preventive policy development. Evaluations indicate that ‘Big Deal?’ is successful in reaching peer groups that carry out the project, but that the effect on local policy is small. Another example of a peer education project is ‘Cannabis Intelligence Amsterdam’ (CIA). Juveniles are trained to educate youth in Amsterdam (aged 12 – 20 years) with a multicultural background that use soft drugs and/or alcohol on a recreational or risky manner. Results are yet unknown (Van Hasselt et al., 2010).

Finally, the realization has grown that reaching youth at risk demands other strategies. Exploration of methods for youth with limited working memory and a short span of attention is recommended. An example of an innovative methods is ‘entertainment education’ (media that entertain, but at the same time educate youth) (Van Hasselt et al., 2010).

4.3 Effective and innovative programs: what works?

In general, it can be concluded that several interventions generate positive effects on knowledge on substances. But interventions appear to have small effects on the attitude towards the use of alcohol and drugs and also in the intention to use stimulants (Cuijpers, Scholten & Conijn, 2006). Indicated and selective interventions seem to have a little bit more effect
on the use of alcohol and drugs. Per domain, the following information is available on effectiveness (Van Hasselt et al., 2010):

**Mass media interventions**
- Mass media interventions can have a modest effect on knowledge, awareness and actual substance use. Mass media campaigns are mainly important for agenda setting, as part of a broader strategy. Campaigns can also be used to guide the public to proven effective interventions.

**School interventions**
- School interventions reach many juveniles at low costs and contribute to knowledge and awareness.
- The effects of universal, school interventions on the use of stimulants are either small or absent.
- School interventions are more effective when they: use interactive methods, target norms and agreements and intentions to not use, are embedded in a broader programme in which also parents are involved, are lead by professionals, include life skills training, try to influence the school environment and/or work with cognitive-behavioural therapeutic measures.
- School interventions might be suitable for early detection of juveniles with an increased risk for developing (problematic) alcohol use, and help them to develop skills to prevent this.

**Parent and family interventions**
- Family interventions in the general population are effective in postponing alcohol use and reducing the frequency of alcohol use among adolescents.
- Possibly, existing parent and family interventions that focus on general upbringing skills have effect on alcohol and drug use.
- Interventions are more effective when they offer activities for both parent and child.
- There is some evidence that family oriented interventions for children of addicted parents and aggressive children can reduce drug use among the children.
- For drug-using adolescents, new and promising types of family therapies have been developed: notably multi-dimensional family
therapy (MDFT), which focuses on the individual young people as well as on their home environments, parents, peer groups and schools (Liddle, Dakof, Turner, Henderson & Greenbaum, 2008).

**Multi-component and community interventions**

- Multi-component interventions combine several preventive interventions. This can increase the preventive effect of the loose components, also among youth at risk.
- Effects of community interventions appear to be difficult to research. Therefore, the evidence for the effectiveness of these programs is limited.
- For adolescents with comorbid SUDs and externalizing or other psychiatric disorders, multisystemic therapy that combines family and community methods is promising (Vreugdenhil et al., 2003).

**Interventions in the environment where substances are being used**

- Intervention in the drinking environment mainly focus on training of bar staff in pouring behavior and prevention of aggression. Positive effects increase when enforcement measures are taken and involvement of the management is large. Positive effects decrease in case of high turnover of staff.
- Multi-component interventions in the nightlife district, whereby barkeepers, the community and the police are involved, can be cost effective.
- Little research has been done into the effects of nightlife interventions on drug use.

**Interventions via health care and welfare institutions**

- Interventions via health care and welfare mostly use a combination of a screening instrument and motivational interviewing. They mostly involve short lasting interventions.
- Short lasting interventions have the strongest effect when: the intervention is used for juveniles without many other problems, motivational interviewing is combined with personal and normative feedback on alcohol use, and a booster session is used.
**Online self help for juveniles who excessively use alcohol and/or drugs**

- The (long term) effects of online self help on substance using juveniles are largely unknown. Interventions based on personal normative feedback are promising in the prevention of alcohol problems.
- Online self help interventions are not suitable for juveniles with serious substance use problems, or juveniles with substance and mental health problems. The permissiveness of online self help is an important limitation: over 90% of the people who start an intervention, do not finish this.

Based on an authoritative Dutch report (ZonMw, 2006), the following general recommendations can be made:

- Prevention efforts are most effective if the different initiatives complement one another – at successive life stages or in parallel settings, such as family, school and leisure.
- Prevention messages must be consistent. Strategies that mainly use warnings may well have effects contrary to those intended.
- In case of treatment, co-therapy is needed which combines pharmaceutical and psychosocial treatments - focuses include relationships, leisure-time management, debt management, employment and training.
- Adolescents with addiction and other DSM-IV psychiatric disorders have less favorable treatment prognoses. Integrated treatment models, designed to address the addiction together with the other psychopathology, are the strategies of choice.
5. CONCLUSION

This report has given an overview on the nature and prevalence of substance abuse among juvenile offenders in the Netherlands, has discussed the crime related to this substance abuse and has described the available intervention approaches. New knowledge and expertise about individual as well as environmental factors has resulted in many insights into (risk factors for) the development of substance abuse and ways of dealing with it. Based on the described information, the following recommendations regarding (preventive) interventions for juvenile offenders with substance use problems can be made:

- Interventions in a judicial context – with a certain extent of pressure - can be as effective as voluntary interventions, and thus should be carried on. Positive results on retention, substance use and recidivism are to be expected.
- The high prevalence of substance use among incarcerated boys points out to the importance of involving substance use in any treatment program. If substance abuse is neglected in the treatment of incarcerated boys, the chances of a relapse into the old behavior pattern seem to be high.
- Substance abuse often goes along with other mental problems, like behavioral problems. A broad approach of mental problems in general could result in prevention of both behavioral problems and substance abuse.
- Cognitive behavioral interventions, which are already in use in the Netherlands, are predominantly effective in reducing substance abuse. More initiatives should be undertaken to implement family and multimodal treatments, which lead to significant improvement in the youth’s substance use problems. According to some experts, parent involvement in treating adolescent drug problems has now become an expected treatment ingredient.
- Even though there are still some gaps in the supply of preventive interventions, the biggest health gains will be realized by improving the existing interventions and their implementation. One of the central aspects here is the coherence between the supply of interventions, so that they can reinforce each other. Close collaboration between several parties is an important precondition.
for this (Van Hasselt et al, 2010).
- Strengthen the supply for and early detection of youth at risk (youth with at least one of the following risk factors: low SES, behavioral and mental health problems, parents with mental health or addiction problems, frequent nightlife visitors, mental handicaps, low parental supervision) (Van Hasselt et al, 2010).
- Professionalize the professionals. First of all, by training youth workers, police etc. to detect an increased risk for problematic substance use and act accordingly, for example by redirecting to care. Secondly, available knowledge on the effectiveness of measures and interventions should be clustered and spread among practitioners and policy makers. Thirdly, lobby trainings among local health organizations and training of the members of the Lower Chamber on alcohol and drugs could result in a bigger influence of ‘evidence’ on political decision making (Van Hasselt et al, 2010).

Because systematic evidence is still lacking for many types of interventions, these recommendations also rely on models of good practice. Subsequent research on the effectiveness of interventions needs to focus on the interaction between genetic makeup and personality traits on the one hand and environmental factors on the other. Besides the question ‘what works’, it is also important to focus on questions like ‘for whom’ and ‘under which circumstances’. Therefore, differential diagnostics of substance use is needed, gathering information about the frequency of substance use, the age of onset, the amount, the type of drug used or the specific combination. Finally, there are serious gaps in the knowledge on preventive interventions for girls on the topic of problematic substance use; this gender-gap needs to be bridged.

Realized deliverables
At the start of the project ‘Juvenile drug use: Tertiary prevention strategies’, the project partners have agreed to produce three products: (1) a DVD for juvenile offenders, (2) a volume for national stakeholders, and (3) a brochure to influence public opinion and citizenship. In the Netherlands, project partner Work-Wise has approached key organizations that focus on dealing with young people that (ab)use substances. The organizations are either judicial or regular health care. Together, they have formed a
project group, which has given the following interpretation to the earlier defined products:

- DVD. The project group has concluded that there is already a huge amount of information material and interventions available in the Netherlands. Instead of developing new (audiovisual) material for juveniles, preference has been given to map and bundle the already existing materials for substance use education. For this reason, a toolkit with educational material (including DVD’s and games) has been developed. This toolkit provides professionals with an overview of available preventive materials for juveniles aged 12 to 24 years old, including relevant characteristics of these materials like target group, setting and costs.

- VOLUME. The project group has concluded that one of the main wishes of professionals working with substance (ab)using is a tool for the referral of juveniles. Gathering information on available programs in regular (addiction) care, and trying to arrange a warm transfer of the juvenile to these facilities, requires a lot of time of the professionals working in closed (judicial) institutions. Therefore, a referral index has been developed, which provides an overview of available substance use care organizations in the Netherlands, including contact details of the provider and necessary information for enrollment.

The toolkit and referral index have been disseminated by means of four national workshops.

- BROCHURE. In order to influence the public opinion regarding the theme ‘substance use among juvenile offenders’, and make more financial means available for tertiary prevention, the project group has developed a fact sheet. This fact sheet contains key facts regarding the nature and prevalence of substance use among juvenile offenders, the current approach of this phenomenon and policy recommendations. The fact sheet is a mutual statement of all juvenile custodial institutions, closed youth care institutions, addiction care organizations and the Dutch knowledge center on substances and mental health. The fact sheet has been disseminated among national and local politicians and policy makers.
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Problems, Solutions & Strategies - Substance Misuse in the UK
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4. FINAL CONSIDERATIONS
1. INTRODUCTION

The project “Juvenile Drug Use – Tertiary Prevention Strategies” is a project funded by the European Commission carried out by Diagrama Foundation, a charity in England and Wales, along with 4 other partner countries - Italy, Belgium, the Netherlands and Estonia. It aims to support the development of more specific and effective prevention interventions in the field of juvenile substance misuse by looking at existing practice in each partner country.

This research will then be used to plan future interventions and raise awareness amongst key stakeholders and service providers.

This paper is a brief summary of the youth justice system in England and Wales. It’s main objective is to present examples of the best practice in dealing with substance misuse amongst young people in conflict with the law, including those under community-based sentences. From the research gathered it is concluded that there are very few programmes and interventions that can be classified as ‘best practice’ within the secure estate and within the community. Nonetheless, there are interventions that could be categorised as conforming to ‘best practice’ guidance; those that have promising features but are in need of further evaluation, and those that offer innovative solutions to issues arising in the delivery of these services.
2. YOUTH JUSTICE SYSTEM

Until recently, the administration of the youth justice system in England and Wales fell under the direction of the **Youth Justice Board (YJB) for England and Wales**. In October 2010, the UK Government announced that the YJB would be abolished. Over the next 12 to 18 months, the role and functions of the youth justice system will fall with the Ministry of Justice.

During a speech at the YJB Annual Convention in November 2010 the Minister of Justice Crispin Blunt explained that the new youth justice system will see a greater involvement of the third and private sector in an effort to reduce re-offending, without losing sight of victims, and always ensuring the protection of the public. These agencies will be driven by results rather than attempting to achieve targets. Ministers will have to respond to their responsibilities and will be accountable where appropriate.  

Before describing the youth justice system in England and Wales it is important to clarify the age of criminal responsibility since it varies greatly across Europe. The minimum age of criminal responsibility is 10, and the YJS deals with children and young people up to the age of 17. This puts it as one of the countries with the lowest age of criminal responsibility across Europe where the threshold ranges from 7 in Switzerland to 18 in Belgium.

The YJB is responsible for the children and young people who are in conflict with the law, including prevention and early intervention. It does so through the use of different programmes which deal with the risk factors found in children and young people’s lives as well as engaging their interests and increasing their knowledge. These include:

- Youth Inclusion Programmes
- Youth Inclusion and Support Panels
- Parenting interventions
- Safer School Partnerships
- Splash Cymru, a programme of positive and constructive activities in Wales
- Mentoring

In addition, it supports two different initiatives. *Positive Activities for Young People* that provides a broad range of constructive activities for 8 to 19-year-olds at risk of social exclusion. In addition, *Positive Futures* is a national sports-based social inclusion programme aimed at marginalised 10 to 19-year-olds in the most deprived areas.

In order to guarantee the smooth running and success of the youth justice system, the YJB created the Youth Offending Teams (YOTs). YOTs are multi-agency teams that are coordinated by Local Authorities (LAs) and are overseen by the YJB. These teams deal with young offenders, set up community services and reparation plans, and attempt to prevent youth recidivism and incarceration. Although the YJB will be phased out, the responsibilities of LAs are expected to be the same.

Each local authority has its own YOT, and each YOT is made up of representatives from the police, Probation Service, social services, health, education, drugs and alcohol misuse and housing officers. Each YOT is managed by a YOT manager who is responsible for co-ordinating the work of the youth justice services. Of importance to this project, it is worth noting that each drug worker is responsible for screening, providing early intervention, helping children and young people access support and treatment as well as ensuring treatments and services are available.

It is worth pointing out that the Crime and Disorder Act 1998 introduced, for the first time, enforceable drug treatment and testing orders, to adults convicted of crimes in order to maintain their drug use.25 Subsequently, the Drug Interventions Programme and the Youth Justice Board introduced a Drug Treatment and Testing component to two community sentences for young people (Action Plan Orders and Supervision Orders) in December 2004. This provides the courts with a sentencing option for young people specifically designed to tackle drug misuse.26 The validity of these has been criticised on the basis that ‘enforced’ treatment does not necessarily guarantee successful outcomes and young people may find themselves being sentenced for breaching the court order rather than the offence with which they were initially charged.27

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Pre-court
The YJB introduced different measures for responding to children and young people when they first get into trouble, engage in anti-social behaviour or commit minor offences. This has enabled young people to be diverted from the formal criminal justice system, receiving support to stop such behaviour. These children can be dealt with by the police and local authorities, outside of the court system, or using a variety of orders and agreements, such as:

Pre-court measures
* Reprimand
* Final Warning

Anti-social behaviour measures
* Acceptable Behaviour Contract (ABC)
* Anti-Social Behaviour Order (ASBO)
* Individual Support Order (ISO)

Other measures
* Local Child Curfew

Measures for under-10-year-olds
* Child Safety Order

Court
Once a young person (aged 10 to 17) is charged with an offence by police, he or she goes to youth court. If the court cannot deal with the case immediately, the case may be adjourned, and the youth court magistrate will decide whether the young person will be bailed or remanded into custody. Remand into custody is particularly considered when he/she is charged with a more serious offence, and the law states that only those children and young people who are persistent offenders and/or have committed the most serious offences are remanded. The court can remand him/her:

28 For a more thorough description of these, please look at Appendix I
29 For a more thorough description of these, please look at Appendix II.
• on conditional bail
• on unconditional bail
• to local authority accommodation (including a Secure Children’s Home and a Secure Training Centre)
• to custody (provided by the Prison Service).

The child or young person is asked to admit or deny the offence. If denied, the magistrate will set a later date for a trial when evidence will be heard and a verdict will be passed. If he/she admits the offence or is later convicted after trial, then the youth court will choose a sentence from an array of disposals, which may be served within the community and/or custody. In cases where the offence is very serious, the youth court may decide to pass on the case to the Crown Court for trial and/or sentence; these include cases:

• which are very serious, grave crimes including murder, manslaughter and rape and must be tried in the Crown Court;
• where a young person is charged with an adult who elects to be tried in the Crown Court;
• where the Youth Court considers that its sentencing powers are insufficient;
• the offence for which the child or young person is being tried can be heard either in a Magistrates’ Court or Crown Court
• are sent to the Crown Court from Magistrates’ Courts or Youth Courts for sentencing; and
• Appeals against convictions or sentences in Youth Courts are considered by the Crown Court.

**Sentences in the community**
* Youth Rehabilitation Order
* Referral Order
* Reparation Order
* Fine
* Conditional Discharge
* Absolute Discharge

All sentences to the community are open to a Parenting Order
Sentences to custody

* Detention and Training Order (DTO)
* Section 90/91

It is worth pointing out that England and Wales have high numbers of children and young people in custody compared to most other countries in Western Europe. Although comparisons of this nature are difficult to make due to differences in criminal age of responsibility, indicators and definitions, methods for collecting data, among others, it is clear that the number of children and young people sent to custody in this country are higher than elsewhere. Despite reaching decade low child custody figures, England and Wales still lead this category when compared with other countries and it must continue working hard at reducing these levels.30

Substance Misuse in the Youth Justice System (YJS)

It is a well-established fact that young people in the youth justice system have higher levels of problem drinking and substance misuse than young people who do not offend. A study conducted by the National Treatment Agency in 2009 found that out of the 5 million children in England that are aged 10 to 17, over a third of those accessing substance misuse services are from the YJS (community and custody).31 The most common substances that are used by young people in contact with the YJS are alcohol, tobacco and cannabis, but these rates vary according to community or custodial setting.32 Further research shows that although young women are less likely to commit offences, those who do show greater and more severe levels of substance misuse than their male counterparts.33 These conclusions emphasize the importance of appropriate and effective assessment, support, intervention and treatment for young offenders with substance misuse problems.

32 Final SMU SOURCE pg. 9.
3. BEST PRACTICES

Before identifying best practice in relation to providing drug prevention, treatment or intervention programmes within the youth justice system in England and Wales, it is necessary to clearly define the term ‘best practice’, including what criteria is generally used to classify it as such. This however, is a difficult task because there is no standard definition or criteria used to measure it. Furthermore, it is poorly understood, especially within the secure estate (YOIs, STCs, Secure Children’s Homes), and thus is in need of clarification for practitioners and for policymakers. Nevertheless, the YJB was able to draw from published research literature, more specifically two studies, to identify what ‘best practice’ in young offender interventions should include. The first study, *What Works in Young Offender Treatment: A Meta-analysis* highlights the importance of evaluation and need for evidence in the design and delivery of interventions, bringing this to the attention of practitioners and policy makers. The second study, *Clinical Governance in the new NHS* introduced a whole-system process, incorporating good practice, evidence-based medicine, and audit in the UK. It was concluded then that best practice must:

- conform to agreed ‘quality’ criteria
- be based on evidence
- incorporate some form of evaluation to ensure that the intervention produces the required or expected outcome.

Furthermore, the YJB’s studies suggested that in order to comply with ‘evidence-based practice’ in maintaining and monitoring standards, a need was identified to develop clear accreditation criteria and make use of the system of establishing accreditation panels. It also demands that robust evaluation of programme impact should be developed.

From the research gathered by Diagrama Foundation for the purposes of this paper between September and December 2010, in conjunction with the thorough study conducted by the YJB, it is concluded that there are very few programmes and interventions that can be classified as ‘best practice’ within the secure estate and within the community. Nonetheless, the following paper presents interventions that could be categorised as

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35 Substance misuse services in the secure estate, 27.
conforming to ‘best practice’ guidance; interventions that have promising features but are in need of further evaluation, and those that offer innovative solutions to issues arising in the delivery of these services. It is important to point out though that due to the limited space of this research paper, the following list is not exhaustive and there are other programmes that have not been included but that are very promising.36

A. Conforming to best practice guidance

The Juvenile Enhanced Thinking Skills Programme37

This is the only programme in the secure estate for young people up to the age of 17 that was identified by the YJB as an example of best practice according to the aforementioned criteria, and is delivered by the statutory sector.

Although the primary focus of the Juvenile Enhanced Thinking Skills programme in Wetherby YOI was on offending behaviour rather than substance misuse, the psychologists involved assessed the programme as having a promising impact on young drug dealers and possibly on attitudes to drugs and alcohol. The impact of the programme on participants was evaluated in 2007 by independent academic research.

The Juvenile Enhanced Thinking Skills course was adapted from the adult Enhanced Thinking Skills model, and it included:

- a total of 25 hours of programme delivery
- the use of games to illustrate exercises
- videos and ‘soap operas’ to illustrate points
- role play and repetition to reinforce learning points
- psychometric tests suited to young people, completed before and directly after the course, and also eight weeks after completion of the course; these tests measured impulsivity and self-control (using the ‘locus of control’ assessment).

The course was monitored by an internal Thinking Skills monitor.

Although this programme has been qualified as ‘best practice’, it requires many resources to be delivered, and it is therefore only available to a small proportion of young people. Coupled with the considerable requirements to deliver the programme, this raises the question as to whether is it

36 Ibid, 160.
37 Ibid, 160.
economically feasible to consider a programme such as Juvenile Enhanced Thinking Skills as a model for the development of other substance misuse interventions. The possibility of rolling out such a programme is still there, but rather than having it as something available for all those young people with substance misuse issues, make it available in sites which specialise in detoxification and pharmacological needs for children and young people with extreme problems.\textsuperscript{38}

**B. Interventions that have promising features but are in need of further evaluation**

**Huntercombe YOI resettlement course\textsuperscript{39}**

Huntercombe YOI runs a resettlement course that focuses on several risk factors for substance misuse and related issues faced by young people and it is run by the voluntary sector. Its contents address the issues and concerns raised by children and young people with regards to their time of release. Some of the topics covered include:

- managing post-release celebrations
- understanding tolerance levels
- exploring personal risk factors for relapse
- exploring past experiences of managing risk and challenges to motivation
- creating a ‘diary’ of their first week following release, to identify where and when relapses might occur.

As aforementioned, some of the programmes included in this research still require further evaluation and in-depth auditing to be considered ‘best practice’. This project has promising features and thus the YJB considers it should continue to be monitored.

**Triage to help prevent youth offending\textsuperscript{40}**

The YJB and the London Criminal Justice Board – a statutory sector intervention – developed the Triage scheme.\textsuperscript{41} It aims to prevent young

\textsuperscript{38} Substance misuse services in the secure estate, 162.
\textsuperscript{39} Ibid, 162.
\textsuperscript{40} (2 June 2009) Triage to help prevent youth offending, Youth Justice Board for England and Wales, \url{http://www.yjb.gov.uk/en-gb/News/TriageToHelpPreventYouthOffending.htm}.
people from reoffending and falling into the vicious cycle of the criminal justice system by assessing them much earlier than before. It does so by bringing a youth offending team worker’s expertise into police stations to make early and rapid assessments of young people, and offers an opportunity for parents and carers to get support earlier.

This means that it is provided by the statutory sector. Nevertheless, 6 pilot areas are being supported in collaboration with the Department of Health, the YJB, the Department for Education (DfE), the Ministry of Justice and the Sainsbury Centre for Mental Health.\(^42\)

The way it works is that the youth offending team worker will establish whether the young person is known to the youth offending team or to children’s services, which will then advise the police and Crown Prosecution Service in order to help inform their decision about the way forward. This scheme allows for the use of restorative intervention for low-risk cases. If the young person admits to the offence, the family agrees and the victim is willing then court action is avoided. It must be noted that this is only available to young people who have been arrested for the first time and have made a full admission of their involvement in a criminal offence.

In the areas trialling this approach there has been a significant reduction in the number of young people entering the CJS for minor offences, although the correlation between this and the effects of Triage still needs to be proven. These young people have been dealt with more effectively by multi-agency collaborative interventions and have seen a reduction of first-time entrants to the criminal justice system, and improved information, communication sharing and partnership working between agencies. Although it is still in its piloting stages, it seems to have been working well enough that it has been expanded into 69 areas across the country.\(^43\)

\(^42\) Supporting young people in the youth justice system. Introducing a national pilot scheme for liaison and diversion. For more information please look at leaflet.  
\(^43\) Annual Report and Accounts 2009/10, 7.
**Mentor UK Youth Involvement Project**

This was a 2-year project (2006 to 2008) carried out by the Mentor Foundation, a not for profit organisation, and it aimed at consulting young people about substance misuse prevention issues. Due to its success, it has begun a new 3-year project which is very similar. This project worked with 63 young people (39 females and 24 males) between the ages of 12 and 20 from around the England and Wales. They were selected on the basis that they were not young people who had previously displayed problematic drug misuse but did have many of the characteristics known to be risk factors for substance misuse. Each participated for a year, during which time they attended residential meetings every 2 to 3 months to develop their ideas around drug prevention, to take part in consultation meetings and to receive training. The project was able to reach some of the key people developing policy around drugs and young people, which resulted in significant and positive changes. For instance, in response the young people’s feedback the National Institute for Health and Clinical Excellence (NICE) amended their public guidance to make more relevant to young people and thus more effective in preventing drug misuse. Most importantly, the young people were able to express their views and felt that they could have a say in important decisions that affect their lives which boosted their confidence.

**Photo Voice**

Photo Voice is a statutory sector youth participation project run by NHS Camden and London Borough of Camden. The project gives young people a chance to take a series of pictures in the community and have their voices heard by the people of Camden, who can benefit from their insights. Project workshops demonstrated the damaging consequences that drinking causes to health and safety. These workshops have generated discussions about personal and community issues and showed that young people are determined to play a vital part in building a healthier Camden. The result is an exhibition of deeply insightful and exceptionally

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45 If you would like to know more about the project, or know of any young people in London who may be interested in getting involved, please contact: Roxanne Holman, Youth Development Officer, Mentor UK, 4th Floor, 74 Great Eastern Street, London EC2A 3JG, Tel: 020 7739 8494 / 07908 989 743.
professional photographs. The exhibition will be sent out to secondary schools with a teaching pack that could be used as part of a discussion on attitudes around alcohol. The exhibition will also be displayed in community areas to raise awareness of the damaging consequences of drinking.

**Transition from secure setting to the community and vice versa**

The necessity of providing support to young people during the transition from custody to the community has become apparent, leading several YOTs across London to include 'Integrated Resettlement Initiatives' with entry and exit strategies as part of their intervention plan. The Youth Justice Board in partnership with LDA is developing this new Resettlement Broker Initiative, which will then be delivered jointly between Catch 22 and NACRO. Its main goal will be achieving successful transition and resettlement of young people leaving custodial centres.

It is expected that each London YOT will have access to a Resettlement Broker. This programme will focus on disadvantaged NEET young people (not in employment, education or training) or at risk of becoming NEET aged 14–19, and it suggests it will have a particular focus on ‘substance misusers’.

**Ru-OK? Brighton and Hove**

Ru-ok? is a multi-disciplinary substance misuse service (tier 3) for young people, 10-19, in Brighton and Hove, provided by Brighton and Hove’s City Council Young Person’s Substance Misuse Service. This is a holistic service that has adopted a harm reduction approach, and thus provides support for young people not only with their substance misuse issues, but also addresses difficulties at home, education, training, and employment and with other issues such as housing. It involves, as much as it is possible and desirable, the parents and carers of the children and young people they are working with.

The success of the service can be partly attributed to the different relations that have been established with social services at different levels. They also have contact with the local leaving care team and local family support/long term social work teams. These are informal arrangements. It tackles the different challenges presented by:

48 Children, Young People and Alcohol Pan-London Guidance, 28.
1. Keeping the issue of young people’s substance misuse ‘on the agenda’ (i.e. in relation to child protection, leaving care, unaccompanied young asylum seekers etc).
2. Supporting colleagues to locate young people’s substance misuse within the current Every Child Matters/CAF agenda’s, in a holistic way.
3. Working together to produce practice guidance and establish accompanying training.
4. Supporting foster carers to understand harm reduction approach.
5. Supporting social work colleagues to develop a more detailed knowledge of substance misuse issues generally among young people

C. Innovative solutions to issues arising in the delivery of service

**Detoxification and prescribing: multi-disciplinary working**

Currently, many young people who enter the youth justice system and have potential prescribing needs are being referred to Oakhill Secure Training Centre. This centre has become, in an ad hoc manner, well-known for its expertise for managing prescribing and detoxification for young people.

Its practices involve close professional relationships between the prescribing GP, the substance misuse manager and other healthcare staff. Children and young people’s clinical assessment is detailed, and involves both medical and psychosocial perspectives with the young person being assessed by the GP and the social misuse worker. The key elements of effective assessment in place at the establishment include:

- drug testing, combined with assessment by the nurse on reception
- observation by staff: following the disclosure of a young person’s use of opiates or benzodiazepine, or heavy alcohol use (either through discussion or via the drug test), the young person would be placed on the healthcare unit for 24 hours for close observation by staff
- the systematic investigation by healthcare staff of information

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50 Substance misuse services in the secure estate, 160.
about the young person’s previous prescribing history on their arrival at the establishment.

The attention provided at this STC included the creation of holistic care plans that were subject to systematic review and which tried to maximise the chances of retaining the young person in treatment. Furthermore, the substance misuse team attempted, soon after receiving young people with pharmacological needs into the unit, to negotiate resettlement plans for these young people with a range of services in the community, with a strong emphasis on ensuring that the young person continued in treatment.
4. FINAL CONSIDERATIONS

Children and young people who are in conflict with the law and are also substance misusers are some of the most vulnerable in our society, and yet the existing treatment and interventions they need to achieve and succeed are sparse and are not fully capable of providing the necessary support. There is a limited number of appropriate treatments for this group of young offenders. Those that exist are in need of further evaluation and are not available evenly across the country.

England and Wales need to work very hard at creating more community interventions for young people with substance misuse problems, and prevent them from being tangled in the criminal justice system. Although only 10% of children who offend end up in custody, more programmes and interventions must be developed for this specific group as well while they are in custodial settings. It would be important to see treatments and provisions for substance misusers in conflict with the law that put children and young people at the heart of the intervention, rather than simply modifying those that exist for adults.

And while this is happening, it is extremely important that the concept of best practice must be clearly defined and fully understood by all of those involved in the provision of services within the youth justice system. Due to the changes the government and the youth justice system are going through, the government must embrace this as a great opportunity address these issues.

Nonetheless, there are a number of disposals available to the youth justice system to address the needs and provide support to children and young people with a substance abuse/misuse problem who are in conflict with the law through the community. There are good practices out there, and we must work hard to ensure that they are recognised and implemented.

Realized deliverables

Diagrama has been working with several organisations on the design and creation of an innovative alternative to custody for substance misusers. The programme will be based on existing models of Social Enterprises that have experience in working with this sector of the population in other parts of Europe as well as in the UK. These entities are enterprises that contract out rehabilitation services both from the public and private sector.
In order to present this research, and as part of the deliverables of the project, we have chosen to create a DVD as well as a brochure in order to present Diagrama’s programme. We have also created a volume which describes the context in which this new programme has come about, as well as a more detailed description of how the programme will work. All three deliverables are aimed at policy makers, private and public investors, the Ministry of Justice as well as the Ministry of Health and third sector actors.
Chapter 5
Youth, offences and drugs - prevention framework and practice in Estonia

Estonia
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1. INTRODUCTION

1.1 Crime Prevention Foundation of Estonia

Crime Prevention Foundation (acronym KESA or CPF in English) activities are mostly preventive. In work with the clients our orientation is mostly for youngsters (generally up to 21), because we appreciate an early intervention, whenever possible. For that reason our studies and other developmental as well as methodical activities are first hand serving the interests of this group of clients. We serve the youngsters who are in trouble, mostly with behavioural (offensive) or judicial problems. CPF works daily together with the police, child welfare service, probation and prison services, in order to further restorative justice in all abovementioned fields.

MAIN FIELDS OF WORK:
- *in prisons* (conducting projects for vocational training of prisoners and a system of after-care)
- *in reformatories (secure units for children)* (sportive and social activities for youngsters; trainings and other supporting services for the staff)
- *juvenile committees* (networking, trainings and study visits; receiving of youngsters into programmes)
- *producing of educational materials* (usually every year one educational film, accompanied by a handbook; other handbooks for specialists or, for young people in trouble)
- *conducting of lectures and trainings in schools and other institutions* (related to youth work as well as providing civic lessons and explaining the law and institutions).

1.2 Overview: Estonia, drugs and youngsters

Estonia is a small country in Eastern Europe. It is a former Soviet Union country and it became a republic in 1991 (regained its independence after long Soviet occupation).

**Territory:** 45.000 sq. km

**Population:** 1.350.000

State administration: 15 counties
Local administration: 230 municipalities
Ethnic composition: 70% Estonians, 25% Russians etc.
Drugs are pretty new phenomena in Estonia, which started expanding after country’s re-independence in 90-s. With the opening of the borders there was firstly only transit of drugs but local consumption followed soon. The independent Estonia started develop the Drug Policy in a situation where old rules were practically not in force any more, healthcare system was under construction and the drug prevention term was unknown. (Estonian Human Development Report 2002)

Estonian Drug Policy started to fledge in 1997, when the Government approved two important documents which appointed political, legal and institutional frame in fighting drugs – Political Principals for prevention of drug addiction and drug related crimes for 1997-2007 and, also the Alcohol and drug abuse prevention program. (National Drug Prevention Strategy until 2012)

Drug related situation in Estonia compared to other European countries...
1. The biggest share of drug injectors
2. Widespread use of potent synthetic opiates (3-methylfentanyl, fentanyl) that is little known outside the Baltic and which have dislodged heroin.
3. High share of HIV-infected among injectors
4. Large number of overdoses associated with hard drugs abuse. (A. Ahven, V. Kommusaar)

Within this research we are mostly dealing with ‘youngsters in conflict with the law with substance misuse including community based sanctions’. Different sub-categories of the youth mentioned are dealt with below but, generally speaking, we are talking about youngsters 10-21 years of age, who fell into 3 subcategories:

- 10-13 – some sanctions can be applied, but no formal punishment or criminal record;
- 14-17 – already legally mature but lots of special procedures for minors and,
- 18-21 – young adults who can still be subjects of some special procedures in the criminal justice system.

From the punitive side, the research comprehends different outcomes:
- no punishment for the misuse;
- punished for misdemeanour;
- punished for the crime.
2 LEGAL AND INSTITUTIONAL FRAMEWORK OF THE JUVENILE JUSTICE SYSTEM

The primary objectives of criminal policy are the prevention of recidivism and juvenile delinquency. The prevention of juvenile delinquency helps to prevent criminal offences in adulthood; the prevention of recidivism reduces the number of criminal offences and the risk of falling victim to crime; schools shall not induce repeated offending by minors, but shall support the ability of minors to cope independently and law-abidingly. Guidelines for Development of Criminal Policy until 2018 define long-term objectives and activities on the basis of which the public sector shall plan and perform its activities.

2.1. Legal framework

Estonia has joined United Nations 1961 Single Convention on Narcotic Drugs and 1971 Convention on Psychotropic Substances, also 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The country is also united with 1990 Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds of Crime. Estonia has signed the European Agreement with European Unions and their member countries, which regulates collaboration in cases of illicit traffic in narcotic and psychotropic substances and demand reducing.

In 2002 The National Strategy of Drug Addiction until 2012 was composed. The Strategy involves 6 fields: prevention, therapy-rehabilitation, harm reduction, reducing supply and demand, narcotics in prison and also monitoring of the drug situation. Priority is to protect children and young people from starting using psychotropic substances. The regional specificity is emphasized in creating drug-free environment.

(National Drug Prevention Strategy until 2012)

Handling and controlling of narcotic, psychotropic substances and their primary material, their identification, related information, reporting procedures issues and prevention of drug addiction, addiction treatment and rehabilitation procedures are regulated with the Narcotic and psychotropic substances Act, which came into force in 1997. In 2007 entered into force “The conditions and procedure for handling of narcotic drugs and psychotropic substances for medical and research purposes, and the conditions and procedure for maintaining records and reporting
in that area, and schedules of narcotic drugs and psychotropic substances which added the following substances to the I list of narcotic drugs and psychotropic substances regulation of the Minister of Social Affairs. The conditions and procedure for the issue of prescriptions for medicinal products and for the dispensing of medicinal products by pharmacies, and the format of prescriptions which regulated in a more precise manner the common amounts of prescription narcotic drugs and psychotropic substances and restrictions on travelling with medicinal products.

In Estonia punishments for the unlawful handling of narcotic drugs and psychotropic substances and their precursors are provided in the Penal Code and in the Narcotic Drugs and Psychotropic Substances and their Precursors Act. Lists of forbidden or severely restricted narcotic drugs and psychotropic substances are established by the regulation of the Minister of Social Affairs.

In 2003 the National Institute for Health Development (NIHD) was appointed to be the institution responsible for the activities in the field of drug demand reduction. NIHD is a research and development institution in the area of government of the Ministry of Social Affairs. (2008 National report to the EMCDDA).

2.2. Juvenile justice in Estonia

According to Estonian laws a minor/juvenile is a person under 18 years of age. Legal maturity starts at 14. Some educational or judicial measures for young offenders can partially be appointed since 10 years of age (there are some abusers sent to reformatories or special rehabilitation centres by the decree of the court already at that age). Hereto, a juvenile offender is 10-21 years of age, who has entered the criminal justice system or, who has been subject to some special measures while still 10-13 years.

- Full entry – while 14-21 years of age has committed a crime and legal procedures are undertaken
- Partial entry – while 10-13 years of age has committed a crime and, although usual criminal procedures are abandoned, is still sent to special reformatory or closed centre by the court.

An investigation of all criminal offences is lead by the Prosecutor’s Office which submits a statement of charges to the court. Prosecutor’s
one of the most important tasks is to ensure special treatment in
the criminal proceedings of juveniles.
In every District Prosecutor's Office there are prosecutors specialized in
working with minors. The prosecutor leads the criminal proceeding
and has lots of alternatives for juveniles, 80% of the juvenile crime
cases (when the subject is guilty) are not sent to the court.

**Juvenile criminal procedures** concern 14-18 years old youngsters.
Younger then 14 are not legally mature yet and for that reason no
criminal procedure is initiated or the case is closed and sent to a
local Juvenile Committee for assigning a sanction.

After the police investigation (there are specialised juvenile units or
officers in all police stations) the pre-trial summary of proceedings
is made and sent to the prosecutor together with the criminal case.

The prosecutor has 3 following possibilities:
1. Admits the pre-trial report completed and gives a copy of the file to
   the pleader and decides before sending the case to court what kind of
   hearing it will be (full or short);
2. Ends the criminal procedure mainly because of the following reasons:
   - an exclusive matter occurs (for example, lack of evidence);
   - materials are sent to the Juvenile Committee (committees sanctions
     are adequate, no need for criminal punishment);
   - lack of public interest and in case the fault is not great (the principle
     of opportunity) and
   - in case of punishment inexpediency and reconciliation is implemented.
3. Returns the file back to the police investigator together with instructions
   for additional investigation measures.

**2.3. Special institution in the juvenile justice system:**
**JUVENILE COMMITTEE**

Juvenile committees have an important role in juvenile crime prevention
and reacting on in those. The aim of the committees work is to prevent
(repeated) juvenile offences and by sanctioning the youngsters in the
area who have already committed an offence and trough the sanctions to
lead them to obey the law in the future.

There are such Committees in every County of the country; they are
administratively at the State County Office (under Ministry of Interior,
but the Committees are coordinated by the ministry of Education and
Research). Also, there are such committees in several municipalities (esp. bigger ones) when the County Committee has found it necessary to outsource the tasks in certain more crowded or territorially bigger areas. Every committee consists of 7 persons: President, Deputy, Secretary and 4 other members, including police and probation officers, child welfare worker and a psychologist.

Committees have 2 main tasks:

1. hearing the cases
2. coordination of the preventive work in the territory

Cases that are discussed are:
- all offences committed by juveniles ageing 7-14
- offences committed by juveniles age 14-18 – if the police, prosecutor, or some other institution (mostly, the police) has decided that person can be influenced without punishment or sanctioning in criminal or misdemeanour procedures.

Police can excuse from punishment and send the case to the Committee only in case of misdemeanours (when the maximum penalty is fine or arrest up to 30 days in police cells).

While there is criminal procedure initiated, the police has always an obligation to conduct full investigation and then, the prosecutor has the right to choose for alternatives.

Sanctions that Juvenile Committees can apply according to the Juvenile Sanctions Act are:

1) warning;
2) sanctions concerning organisation of study;
3) referral to a psychologist, addiction specialist, social worker or other specialist for consultation;
4) conciliation;
5) an obligation to live with a parent, foster-parent, guardian or in a family with a caregiver or in a children’s home;
6) community service;
7) surety;
8) participation in youth or social programs or medical treatment
programs;
9) sending to schools for students with special needs (Reformatory, Secure Unit for Children)

In real life mostly only three of the sanctions are used - warning (about half of the cases), community service (around 20%) and sending to specialist or a social programme. Juvenile Committees are annually hearing around 4000 cases of juvenile offences.

**Community service** or **payback** is the best way to learn the relationship of misdeed-consequence. Juvenile do their community service under supervision of an instructor. The instructor has a big responsibility – the juvenile may not get the feeling that he/she can sneak away from working. About the juvenile community work it is said that it should be possibly organised for Friday evenings or for weekends so they would be occupied on the „dangerous times“ and would not have time to commit any more offences.

Community service can be appointed to: 7-12 years old – up to 10 hours and, up to 50 hours to 13-17 years old, for one offence. Usually it should be performed in 1-3 months.

**2.4 Reformatory-school for students with special needs**

There are 2 ways of sending juvenile to the reformatory:

<table>
<thead>
<tr>
<th>1. Through the Juvenile Committee (95% cases)</th>
<th>2. Directly from the court (5% cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very repeated misdemeanours or, usually several crimes</td>
<td>The criminal case is sent from prosecutor to the court for full hearing (must be 14 years old)</td>
</tr>
<tr>
<td>Case materials from police (misdemeanour or all cases under 14) or prosecutor (crime over 14)</td>
<td>May also be for the first crime when is was not very serious</td>
</tr>
<tr>
<td>Juvenile committee makes a decision</td>
<td>Full hearing</td>
</tr>
<tr>
<td>Court must approve</td>
<td>Involves criminal record</td>
</tr>
</tbody>
</table>

The law permits sending to reformatory starting at age 10 and for up to 2 years. This time period can be shortened in case of good behaviour or,
also extended in case of bad behaviour. The decision about sending the juvenile to the reformatory is made by the juvenile committee, but has to be confirmed by a judge, since it concerns taking ones liberty. If the judge does not agree with this then the case is sent back to committee to designate different sanction. Only 1-2% of all juvenile in the committees are sent to the reformatory. There are 2 reformatories in Estonia, one for girls and the other for boys. There are 80 places altogether, all fulfilled usually. Reformatory provides education according to full national educational agenda, until 9th grade (basic mandatory). The recidivism is high among reformatory school students – 81% of the male students commit some new offence in 2 years after leaving the school. For that reason reformatories are counted more as pre-prison institutions informally, they are sometimes creating or strengthening anti-social subcultures and moods.
3. MINOR OFFENDERS AND DIFFERENT LEGAL POSSIBILITIES

3.1. Outlined consequences for different age groups for committing offences

0-7 years
If an offence is committed by anybody younger than 7 years of age, then he/she *can not be punished by any means*. Child in this age is not legally mature and is not responsible for the actions. His/her offences are not proceeded and the materials about it stay within the organisation who conducted the investigation.
A conversation is conducted with the juvenile about the crime and possible consequences in the future (if he continues to commit offences) and how to keep away from unlawful behaviour. The social or child welfare worker in the local government is informed about this child and they decide whether more involvement or supervision for the family is necessary.

7-14 years
The police send all the guilty juvenile subject cases to the *Juvenile Committee*.
The youngsters under 14 years cannot be punished, because they are not legally mature.
Rarely, if a juvenile is not attending school regularly, those cases can also be sent to the Juvenile Committee, by the local municipality.

14-17 years
Since 14 years of age can a juvenile *punished by all means*.

*Misdemeanours* – police or other institution can do the following with a guilty juvenile:
- appoint a warning or fine
- send to the Juvenile Committee (then no record for being punished)
- send to the court for appointing arrest (in rare cases, i.e driving drunken repeatedly etc.)

*Criminal offences* – after the full investigation by the police the Prosecutor will decide, what to do. Most of cases are not sent to the court – they are
sent to the Committee (no criminal record then) or, there will be appointed some other punishment (but, then there is a criminal record, too).

3.2. Probation Service

Out of those juvenile criminal cases that are sent to the court, only some 20% end up with imprisonment. Most of the cases will have alternative punishments, mostly some time under the supervision of the probation service.

Probation Service is under the jurisdiction of the Prison Service. Probation Service has separate Youth Service department. Estonia has 3 major territorial Probation Departments with their local divisions. The Youth Probation Service works with age group 14-26. There are around 7300 probationers in Estonia, 4% of them are under 18. In case of juveniles more networking and home visits are made. A lot of work is done with juveniles’ family and his network to motivate him to go to school and succeed in studies, find new free time activities, positive friends etc.

3.3. Overview of juvenile penalties and sanctions

<table>
<thead>
<tr>
<th>CRIME</th>
<th>MISDEMEANOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max. penalty is imprisonment (Crime committed under 18 – max. 10 years)</td>
<td>Max. penalty is fine or arrest for up to 30 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under 14</th>
<th>14-17</th>
<th>Under 14</th>
<th>14-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal procedure not initiated</td>
<td>Criminal procedure</td>
<td>Misdemeanour procedure not initiated</td>
<td>Warning Procedure General Procedure</td>
</tr>
</tbody>
</table>

Juvenile committee: Application of sanctions

Prosecutor:
- Termination
- To the Juvenile Committee
- Community Service

Juvenile committee: Application of sanctions

Police:
- Warning
- Fine

Court:
- Termination
- To the Reformatory
- Fine
- Parole, probation supervision
- Imprisonment

Court: Detention up to 30 days
3.4. Juveniles in prison

Prison population: 3500 inmates (800 remand and 2700 convicts), out of these around 50 are minors/juvenile (14-17). Young inmate is a person younger than 21 years of age.

There are no specific juvenile prisons in Estonia. VIRU PRISON has the only special department for juveniles and young inmates - to be kept separately from adults. Different age groups are kept separately in prison: 14-15, 15-16, 16-18 and 18-21 years old (already adults, but still young inmates).

According to the Penal Code, maximum sentence for adults is 20 years of imprisonment or lifetime. In case of committing a crime while juvenile – whatever the crime! – the maximum penalty can be 10 years and no lifetime sentence is applied. Most of juveniles are released after serving ½ of the time, continuing under probation supervision.

All juvenile inmates under 18 who do not have basic education (9 years of school is mandatory) have to go to school while in prison. The studies are conducted in prison premises in affiliation of a local school. The inmates get a school certificate that does not indicate of having been issued in jail. There are ordinary grammar schools as well as vocational training schools operating in all prisons. Usually young prisoners who are willing to learn some trade and have longer sentences to serve, can choose between different professions.

All prison officers who deal with young inmates receive additional training. Juveniles who have been to prison, have extremely high rate of recidivism: 60% commit a new crime during 1st year after release and, 75% in 2 years’ period.
4. NATURE AND PREVALENCE OF SUBSTANCE ABUSE

4.1. Profile of juvenile substance users

Drug use is mostly a collective activity. Hereby it is interesting to notice that for a girl there is important the imago that comes with drug use – some of them believe that using drugs makes them popular among peers. Use of narcotic substances has a connection with friends, like smoking habits.

The higher education the less narcotics are abused. Most of the first-time or beginning users are among young people with basic or secondary education. At the first time mostly cannabis, amphetamine or ecstasy is tried. Drugs are mostly got from friends. Using narcotics especially the “easy” (cannabis, hashish) ones is not taken as deviant behaviour among youngsters. (A. Markina, B.Šahverdov-Žarkovski)

On the basis of family relationships it is known that if relations with parents are good and they spend a lot time together then the possibility of trying drugs is smaller. It is also important that parents have mutually good relations. Boys, whose parents abuse alcohol or narcotics, consume often drugs themselves. Also boys who have gone through parents divorce have a bigger risk to abuse drugs and have more violent behaviour.

Trying of „easier“ drugs does not depend on socio-economic position in Estonia since it is usually done in a company for fun and richer mate provide the substance. Specificity of Estonia is that nobody sells drugs directly on streets to strangers. Dealers only sell to those they know and contacts are not easily given. Which means that buying drugs requires existence of certain contacts. Lots of deals are pre-agreed via Internet chats or forums (FB, MSN, Skype etc. with often changing accounts).

A decade ago more narcotics triers were mostly Russian-speaking but by now Estonians have out-raced them. 33% of Russian and 39% of Estonian boys and, 17% of Russian and 24% of Estonian girls have tried at least some illegal substances, according to recent self-report studies. There are the most substance users in North-Estonia (34%) and South-Estonia (29%). Using drugs is more common in bigger cities. In urban areas 24% of the responders have tried illegal drugs in their lifetime in proportion to youngsters living in rural areas.
General tendencies show that drug use grows in age group 17-20 years, decreases between age 21-22 and rises again in age 23 and drops again in age group 24-27. (A-A. Allaste).

4.2. Types of substances used by juveniles

The 2007 results of survey indicate the use of drugs has increased among 15-16-year old students. A third of respondents had used a narcotic substance at least once in their lifetime. More than one-fourth (26%) of the respondents had used cannabis, 6% ecstasy and 4% amphetamine. The most popular narcotic substances among school-aged students are cannabis, inhalants and tranquillizers/sedatives.

Earlier as well as more recent surveys conducted among injecting drug users suggest that, depending on the region, the prevalent injected drugs are amphetamine, fentanyl and homemade poppy liquid. The survey of 15-16 year old school students indicates that drug use among students has increased somewhat. In 2007 in total 33% of students, (62% of them boys and 38% girls) had tried a narcotic substance.

The average age when students try illegal narcotic substances for the first time is 13–15, but 24% of inhalant users and 19% sedative users had started before the age of 11. The consumption of cannabis has increased up to 28% among boys and to 18% among girls. The consumption of amphetamine has grown up to 8,5% and ecstasy consumption has risen to 5% among both gender groups.
5. CRIME RELATED TO SUBSTANCE ABUSE

5.1 Crimes committed to purchase drugs

Annually there are committed 290 thousand offences in Estonia; out of these 50 thousand are criminal offences. Juveniles (under 18) commit 10% of all offences, both misdemeanours as well as crimes.

Drug abusers are mostly connected to crimes against property (shoplifting, stealing, car looting, pocketing) because they need things that are easily sold. Many substance abusers begin to sell drugs themselves to cover their addiction expenses or debts.

5.2 Crimes related to production, possession, selling and trafficking of the substances

Estonian law does not make the difference are the substances given for free or sold, the punishment is the same. Handling of drugs in large quantities (possession, transfer and trafficking) is punished with 1-10 years in jail at the first time; next time is the sentence 3-15 years. The use of narcotic drugs or psychotropic substances without doctor’s recommendation, or unlawful production, acquisition or storage of narcotic drugs or psychotropic substances in small quantities is punished as a misdemeanour with a fine up to 200 fine units (one unit about 4 Euros) or with detention up to 30 days. A small quantity is an amount that is less than ten times a single dose of an average drug user.

In case of a large quantity the punishment is imprisonment, duration of which can be from 1 to 15 years, depending on the degree of criminal offence. (2008 National report(2007 data) to the EMCDDA)

If a person seeks to get great material profit by handling drugs, distributes it by a criminal organisation, incites minors to engage in distribution then the penalty can be 6-20 years or even lifetime in prison.

For growing cannabis the penalty can be up to 5 years in prison. Even 1 plant that has a small visible part over the ground is counted as growing cannabis. The unlawful production, passing on, distribution or storage for transport or distribution purposes of narcotic drugs or psychotropic substances, also the unlawful cultivation of plants containing narcotic substances is an act punishable pursuant to criminal procedure on the
basis of the Penal Code.

The last available and well-analyzed data for 2009 shows a significant fall in the directly drug-related crime. 2008 versus 2009 and the change.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlawful handling of large quantities of narcotic drugs or psychotropic substances</td>
<td>1143</td>
<td>789</td>
<td>-31%</td>
</tr>
<tr>
<td>Unlawful handling of small quantities of narcotic drugs or psychotropic substances</td>
<td>301</td>
<td>153</td>
<td>-49%</td>
</tr>
<tr>
<td>Consumption of narcotic drugs without prescription by prisoners</td>
<td>213</td>
<td>67</td>
<td>-69%</td>
</tr>
</tbody>
</table>

Source: Police- and Border Guard Board

The bodies conducting proceedings have substantiated the decrease in the number of criminal offences related to small quantities of narcotic drugs with a statement that instead of street dealers attention has been turned to breaking the supplying drug chains, and catching the intermediaries and suppliers of narcotic drugs.

In case of drug-related offences 2009 was a special year also because for the first time no cases of inducing minors to illegally consume narcotic drugs were registered. For the third year in a row, no cases of inducing person to engage in illegal use of narcotic drugs or psychotropic substances were registered. The number of cases of illegal cultivation of opium poppy, cannabis or coca shrubs was just like in previous years, around twenty. 63
cases of providing of narcotic drugs or psychotropic substances to minors were registered.

Compared to 2008, less cannabis and its products, amphetamine, ecstasy and related substances were confiscated from criminal offenders. At the same time, more GHB, cocaine and fentanyl were confiscated.

Commission of drug-related crimes did overview of 613 suspects. 85% of them were male and, 46% of the suspects were younger than 25.

5.3. Driving under the influence
Generally, what concerns offences in traffic, there is only one legal term - driving in a state of intoxication. In more than 99% of the cases it means driving under the influence of alcohol. Drugs-related driving is not separately registered or handled by the police or the criminal data.

A first-time case is punished as a misdemeanour according to the measures stated above, only the maximum fine being higher (300 fine units). A repeated case of driving a vehicle in a state of intoxication is punished as a criminal offence with a fine or imprisonment for up to three years.

In both cases temporary deprivation of driving privileges can be imposed (and is usually done for some months until 1 year) as a supplementary punishment.
1) Tertiary Intervention Programs

First of all, before furthering, some things are to be explained about Estonia’s situation. **There is no such thing as “community based sanctions” in Estonia.** We do have “community service” which is also described in one of the previous chapters. And it really mostly means work. In some cases it is appointed with an obligation to visit some specialist (social worker, psychiatrist etc) or live in certain place that is described earlier. However, Estonia is moving towards introducing community based sanctions in the social system.

Within three years 480 prevention projects are supported, most of which provide alternative leisure opportunities and raise awareness about spare time activities for youngsters. There are also some large media campaigns made against drug use to inform about the consequences.

To prevent juvenile offences the local governments have to work with social and education system. The key factor is as early as possible detection of families and children in risk. More risky are families with one parent in prison, parents with alcohol or drug abuse problems and those with domestic violence issues.

Unfortunately, lots of local authorities are too small (most of them with less than 2000 inhabitants) in order to have sufficient number of social and welfare specialists in their payroll. Therefore, the system of detecting and approaching such families as well as working with them continuously still needs to be systematically developed here.

If a substance abuser is discovered then next steps can be taken:
1. First contact and motivating to get treatment – by family doctors, hospitals or centres of first information
2. Detoxification – by (special) clinics or special addiction treatment centres
3. Addiction treatment, rehabilitation – professional treatment centres, social rehabilitation centres
4. After treatment, rehabilitation – day-care centres, where different programs are operating and former addicts are helped back to school/labour market. (In reality, this part is not working well.)

As seen from above, there is no work done within the community or family. This is probably the reason why the recidivism is so high, i.e. the
tertiary prevention is almost nonexistent.

The development of medication-free addiction treatment in Estonia is the most favoured treatment option for under-age drug addicts. Juveniles with addiction are sent to the psychiatrist, if needed, or, their attendance in a treatment is organised. Whenever possible, the juvenile is sent to residential rehabilitation for a while – it allows to involve different specialists and also parents as key partners. (But, the number of those beds available is very low and the demand is significantly higher.) There are 6 places in Estonia for juvenile drug addicts’ treatment and only one centre for rehabilitation – Tallinn Center for Children at Risk (run by the municipality, only for youngsters from Tallinn).

6.1. Best Practices – Rehabilitation

Tallinn Centre for Children at Risk – a special care and rehabilitation institution

... is a social welfare institution for children with different type of problems. Tallinn Centre for Children at Risk is the oldest shelter in Tallinn for the children who need help, it was established in 1993 and it unites two separate centres:
Asylum Centre with 16 places for children without parental care, aged 3-18 years, that centre was established in 1993; children stay there from one night until two months;
Rehabilitation Centre for juvenile drug addicts, with altogether 40 places divided into sections for boys and girls, 10 beds in each.
Rehabilitation and learning opportunities have been created for all 10-18 year-old Estonian and Russian children. Juvenile committees, police or child welfare workers send children there, the usual term is 10-12 months. If the young turns 18 he or she can leave the centre.
Some years ago, most of the child clients of the centre were abusing alcohol. Now there are mostly drug abusers over there. Mostly they are the youngsters who mix everything that is available at the time. They use heroin, poppy liquid, amphetamine, cannabis, LSD etc. Mixed abuse is always most dangerous for one’s health
Over there, care and rehabilitation, medical aid, school attendance, counselling, help in restoring/ creating social networking and after care is ensured. In collaboration with the child welfare service, measures are taken to arrange children’s future life. Unfortunately, it can be arranged
only until they get out. After that their future is in their own hands, IF they manage to stay away from drugs and unhealthy company. There is no community-based support or profound aftercare available yet in Estonia.

The personnel in the centre are trying to help the child to get his/her life on track. A lot of networking is done, on the first stage. Some background information is collected with the help of local social and/or child welfare workers. Every case is unique and necessitates different approaches. After setting up a tailor-made rehabilitation plan, the real casework starts. Networking is done with different institutions and also the child’s parents, relatives and other social connections. For example, if there is impossible to continue in the same school, the personnel find him/her a new school etc. In principle, the personnel are conducting a multi systemic therapy (MST) approach, even when it is not called so.

The everyday in life the centre is based on a motivation plan. Children can collect points for behaviour (token economy), attend the studies and spare time activities etc. Tokens are good motivators and they exchange them to different activities outside the centre (accompanied by the centres’ worker).

Before some prevention or rehabilitation can be done some mutual trust must be built up. Building of trust is the hardest part with those children who have been to streets a lot and are prematurely experienced. When a child starts to trust one of the persons or organisations, the real help can be provided according his/her needs.

It is important to provide alternative activities. The centre has it’s own wood workshop where children can carve. It gives children a feeling of success and it helps to cope with other problems. The treatment is more successful with the support of parents, but most of these children don’t have it and are going to orphanage after releasing. Finding foster-parents for these juveniles is a rear case. (There are altogether some 1300 children in living in orphanage-houses in Estonia. Orphanages are usually hosting 15-50 children each. Most of them still have their biological parent(s) alive, but the last are incapable for providing family care or, are deprived from their parental rights.)

Depending on the season there can be in the Centre up to 80% of youngsters with a police record. Most of the children who are released from the centre are going into orphanages or foster-homes because they
parents are not able to manage them.

Since the Centre is a Tallinn (the capital, the biggest city) city institution, mostly local children can be placed there. The need for this kind of places is big in other regions, too. According to sound estimations, there should be at least 5 similar rehabilitation centres of 20 beds in different areas of the country. The biggest problem in establishing such institution is the legal gap. This kind of institution does not come strictly under jurisdiction of any law of area of responsibility of one single ministry. This gap needs to be closed before taking further steps in this area. (E.Korp)

6.2. Best Practices – Media Campaigns
Several nationwide campaigns have been organised in addition to the distribution of information about drugs within the scope of regional prevention activities.

One remarkable campaign was **Cannabis Smokes You**. The campaign was aimed at young people aged 15 to 24 living in Estonia. Cannabis Smokes You campaign described the social problems and health risks associated with cannabis use.

The second noteworthy campaign was **Stay Clean**. Young people aged 14 to 24 living in Estonia were the target group of the campaign and its goal was to reduce their interest to experiment with drugs. Outdoors media, youth portals, television, printed media and informational materials distributed in prevention campaigns were used to give the message.

The campaign was carried out to introduce a new **narko.ee** website.

The **narko.ee website** has become the main youth portal for information about drugs. One of the goals of both information campaigns was to promote the use of the narko.ee website among the target groups.

A brief overview of visits to the narko.ee website, its content and achievement of the goals of the campaigns was also prepared in 2009. The survey showed that Estonians from Tallinn and Tartu County (two biggest cities) are the most frequent visitors of the website. More than a half of the people who visited the narko.ee website belonged to the 15-to-24 age group. (Report about the drug situation in Estonia in 2009).

Research conducted among youngsters shows that young people find the website informative and interesting, that there is a lot of useful information
available, which makes you think about the consequences of drug use and health risks. (Survey of the perception, effect and suitability of the „Stay Clean“ media campaign)

Consecutively, for such a small country as Estonia, one central Internet portal for drug-related information for youngsters is definitely sufficient, when it is adequately advertised. But, definitely, it needs constant re-advertising and upgrading, as the youth are changing and their ways and habits, too. Also, sometimes the contemporary situation in the market of drugs can change in a couple of months (i.e. when something new is coming to the market, with it’s new dangers etc.)

**Documentary “Victory – According To The Name”**
This 28-minute long documentary premiered in 2001. The author is Priit Vehm.
Ministry of Education and Research found it to be suitable in using as preventive material in schools. The documentary is about young drug addicts’ life. The documentary is centrally about a 21-year old woman called Victoria, who is addicted to drugs and also HIV-positive. This story is shocking, but true story, which makes it a good teaching material that is still used in the schools nationwide.

**6.3. Tertiary drug prevention in prison**
According to the information we have got from prisons there are no juvenile prisoners getting addiction treatment in prison. Tartu Prison has a detoxification department (there are 5 prisons in Estonia), but there are no juveniles over there. In Viru Prison, in the special department for juveniles, there is nobody getting any addiction treatment. Addicts get detoxification treatment only when they arrive to prison and are under influence of drugs or, are in a severe stage of detoxification.
If a prisoner has started with Methadone replacement therapy before arriving to prison, then it is continued in prison, under medical supervision.

There are different social programmes used in working with addicts: “Lifestyle training”, “12 steps” and “Faith and knowledge”. Last two programs are run by religious charities.
In the prisons there are also, to some extent, available different supportive activities like:
Anonymous Addicts and their group work, yoga, sports and workmanships--
art, music, stained glass etc.
Different kinds of Question Times – with former addicts who share their
positive experiences and talk about life without drugs.
7. WHAT NEEDS TO BE IMPROVED

Legally and institutionally
The main problem starts with lacking of system of detecting and approaching families in risk and continuously working with them. It is important to improve this field in working with families. That kind of prevention is still in a legal as well as institutional gap, not provided sufficiently by any of the ministries nor local authorities.
Also the gap in the legislation needs to be closed to make possible to establish more special regime and rehabilitation centres for juvenile addicts, because the demand is rising.
Different ministries and local authorities have not come to a sound way of sharing the obligations before the people in need in a way that would be appropriate for a welfare society that really cares for all its weaker members. There is still lots of fight between the governmental and local authorities who should do what.
Besides the signed national documents on the area of drugs, there most follow some real steps, too.

Community based sanctions need to be implemented for better results in rehabilitation.
It means more developments in the system of probation, together with some amendments in Penal acts, in order to provide more flexibility and personality for carting out sentences.

It is important to develop stabile networks and involve as well as finance more different organisations that would enforce and supervise the tertiary processes as well as alternative sentences.

On the activity level
Nation-wide campaigns should be repeated annually, with different approaches and slightly different focus groups in mind, in order to keep the prevention topical at all times, for all potentially endangered youth.

Prevent the demand! Keep juveniles away from starting the very first trying of narcotic substances. At present time there is a lack of audio-visual and reading materials for juveniles about the real and varying consequences. (There is not so much need for about how drugs look like
and what are their effects.) It is important to show how addicts’ life starts and where it will lead.

It is necessary to produce more short educational documentaries and other preventive materials in both Estonian and Russian to be spread in schools and other juvenile institutions. And this must be released systematically and distributed evenly to all schools and organisations related to youth-work. Also, alongside this, outside/guest lecturers are always more impressive for young auditorium.

Summa summarum
Not less important is to focus on the secondary and primary levels of prevention, as well.
The best tertiary prevention can be done when all previous fields are covered well and, the potential amount of clients for the tertiary field is already much smaller, thanks to the good work done before.
REFERENCES

Estonian Human Development Report 2002
National Drug Prevention Strategy until 2012
Andri Ahven, Veiko Kommusaar. Narkootiliste ainete liigi alusel karistuste

K. Abel Narkootikumide levimus rahvastikus.
National Institute for Health Development. 2008 NATIONAL REPORT
(2007 data) TO THE EMCDDA by the Reitox National Focal Point
“ESTONIA”. New Development, Trends and In-depth Information on
Selected Issues.

Guidelines for Development of Criminal Policy until 2018
Anna Markina, Beata Šahverdov-Žarkovski. Eesti alaealiste hälbiv
käitumine. Tartu Ülikooli Õigusinstituut Justitsministeerium. 2007
Airi-Alina Allaste. Koolinoored ja uimastid. 15-16- aastaste õpilaste
legaalsete ja illegaalsete narkootikumide tarvitamine Eestis. Tallinn
2008.

Report about the drug situation in Estonia in 2009 (Based on Data from
2008)
Survey of the perception, effect and suitability of the „Stay Clean"
media campaign (Meediakampaania „Jää puhtaks!” märkamise, mõju
ning sobivuse uuring.)

Tallinn Center for Children at Risk webpage www.lasteturva.ee
Erki Korp. Sotsiaalministeerium ja õiguskantsler on unustanud
sõltuvusprobleemidega lapsed. 25.08.2011 artikkel.

Police- and Border Guard Board webpage www.politsei.ee
Concluding remarks

By

Cedric Foussard - Director International Juvenile Justice Observatory
At EU level, the strategy on drugs (2005-2012) has brought a special interest around the problem of young offenders with drug misuse. European Member States have gradually tried to prevent this phenomenon through strategies and programs at tertiary level.

In this project, tertiary prevention has been defined\textsuperscript{51} as a process of crime “prevention acting after the spread and recidivism of a phenomenon aiming to reduce the increase or the aggravation of the same [...] tertiary prevention focuses on the “prevention of recidivism”. The difference between tertiary prevention and care/treatment is tenuous; the “care” usually excludes a learning process while the prevention” includes it.” Adolescents using and misusing drugs and behaving in ways which are anti-social is not a new phenomenon\textsuperscript{52}. We do know that those young people who become dependent on drugs (and consequently, often enmeshed in the criminal justice system) are often the most vulnerable in our society. Indeed, the profile of a juvenile abuser in conflict with the law is in no comparable to that of an adult drug addict. It is then necessary, as highlighted in the UK report, to see treatments and provisions for substance misusers in conflict with the law that put children and young people at the heart of the intervention, rather than simply modifying those that exist for adults. Following the Italian report, the real difficulty lies on offering an educative path, a two-way agreement, which, even when not requested by the minor himself, is conducive to self promotion and control. Nevertheless, drug abuse is often denied and this situation makes difficult to build up a real link with the adolescent.

Even if the problem is widespread in Europe, the project “Juvenile Drug Use – Tertiary Prevention Strategies” highlights that the different countries are facing various situations and cope with them in diverse ways, depending on their juvenile justice system and the available infrastructures or programs. In Italy, according to the Italian report, the size of the drug phenomenon among the youth is mostly recent. The system addressing drugs issues is mainly decentralized for social, welfare and health policies as well as the Juvenile Justice administration Services, which implies numerous closes cooperation at local level, but unfortunately, the services of rehabilitation actually available (Ser.T and the socio-rehabilitative structures) are not adapted to the youngster.

\textsuperscript{51} Mr. Silvio Masín, Centro Studi Opera Don Calabria
\textsuperscript{52} Ms. Yvonne Adair, Youth Justice Agency Northern Ireland
Therefore, some initiatives have been taken: for instance, the production of a National Health Services Guidelines which defines the target group and the principles that should guide an efficient intervention and precise as well various agreements between Health and Juvenile Justice Services, like the placement in therapeutic communities. The national priority for next years is to develop a holistic management of the juvenile offender and drug abuser, the offenses, and their possible mental disorders.

In Netherlands statistics shows a correlation between drugs misuse and delinquency, as most of the juveniles incarcerated have tried drugs and are much more likely to have used them than other children. The particular national legislation on cannabis modifies the profile of drug related crimes, concerning the possession, nevertheless the profile and the factors of risks are very similar to those of other countries. There are numerous programs of tertiary prevention, depending on the offense and the type of substance used, of various lengths and that may involve the parents. The prevention is also conveyed by television, at school, in the communities etc. But gaps still remain in the supply of preventive interventions, in the early detection of youth at risk and the training of the professionals.

Through researches presented in the UK report within the project “Juvenile Drug Use – Tertiary Prevention Strategies”, it has been highlighted strategies adopted by the justice system in the UK to tackle the issue of young offenders with drugs misuse. The Youth Justice Board (YJB) for England and Wales has set up various action plans to provide drug prevention, treatment or intervention programmes, of which some of them are particularly interesting, such as The Juvenile Enhanced Thinking Skills Programme, although it requires many resources to be delivered, and it is therefore only available to a small proportion of young people. This is a clear warning: there is a limited development of appropriate treatments for young offenders who abuse of drugs.

In Estonia, according to the Crime Prevention Foundation, the scope of the situation concerning drugs abuse expanded considerably when the country became independent in 90’s. To tackle this new phenomenon, the Government approved two important political, legal, and institutional frameworks to fight against drugs misuse – Political Principals for prevention

53 Ms. Anna Hulsebosch, Work-wise
of drug addiction and drug related crimes for 1997-2007 and, also the Alcohol and drug abuse prevention program (National Drug Prevention Strategy until 2012). Since then the Drug Policy had supported several prevention projects most of which provide alternative leisure opportunities and raise awareness about spare time activities for youngsters. Moreover, large media campaigns against drug use have been organized to inform the general public about the consequences of drug misuse. One remarkable campaign was Cannabis Smokes You. The campaign was aimed at young people aged 15 to 24 living in Estonia. Cannabis Smokes You campaign described the social problems and health risks associated with cannabis consumption. The second noteworthy campaign was “Stay Clean” aimed to present www.narko.ee website, which becomes the main youth portal for information about drugs. Despite these initiatives, the problem of drug abuse is far from being resolved. Prevention must be increased, but above all, it’s important to improve the implementation of the legal system to make tertiary prevention efficient.

In this study, we have observed that the countries surveyed present similar situation and common answers, as the promotion of campaigns for prevention and the establishment of rehabilitation programmes and centers, but at the same time, limitations are present as the inadequacy of the resources used versus than the number of young people who need help. Nevertheless, there are still efforts to make. For example, in the Netherlands, there is a limited number of appropriate treatments for this group of young offenders, in the UK, those that exist are in need of further evaluation and are not available evenly across the country. In Estonia, the lacks within the legislation needs to be fill in to establish more special programmed and rehabilitation centres for a growing number of juveniles with addictions. Furthermore, the problematic of the gender of young offenders with drugs misuse need to be tackled, as there is a serious lack of knowledge on drug prevention and intervention practices for girls.

The International Juvenile Justice Observatory would like to thank all partners of the EREuropean project “Juvenile Drug Use – Tertiary Prevention Strategies” for having brought description of the specific problematic concerning young offenders addicted to drugs and for having presented their national realities at legal and practice level.
Recommendations
At an international level, “significant strides have been made in adolescent substance abuse treatment specialty” (Henderspn et al., 2010, p. 885), and in particular in Europe, where “the availability and differentiation of drug-related treatment has increased over recent years” (EMCDDA, 2005, p. 32). Concerning Tertiary Prevention strategy, the absence of re-offending is only a relative and a very long-term indicator of reintegration. As such, the rate of recidivism is a challenging evaluation criterion of reintegration policies and programmes. However, evaluated practice from a number of countries and field experience from the project partners have allowed to determine a number of elements and approaches which appear to contribute to much higher levels of reintegration and, ultimately, non-recidivism than punitive custodial options lacking individual support and aftercare.

As stated in the IJJO green paper on The social reintegration of young offenders as a key factor to prevent recidivism, further attention should be given to restorative justice as a way to change perceptions and understanding of offending both by offenders and by the rest of society including, of course, by victims. Restorative justice processes, such as mediation, could help define objectives and criteria of reintegration, so that a young offender’s self-assessment and the victim’s recovery would become central elements of what would be considered a successful reintegration, rather than traditional criminological indicators. It is hoped that this could also positively affect re-offending trends in.

Therefore, it is necessary to evaluate if the approaches could be generalized across the contexts and which are more effective concerning individual factors (Henderspn et al., 2010). It’s also necessary to adapt services that meets the needs of local communities and that can be transferred at regional and national levels (Crome et al., 2000), and specially, regarding selective prevention (EMCDDA, 2010) with adolescents.

Finally, as concerning specific substance addiction measures or programmes, their definition is often quite vague and heterogeneous, from compulsory therapeutic interventions and restrictions in pre-trial detention and/or upon admission in correctional institutions and prisons (eg. Italy) to voluntary involvement in drug free programmes or units (eg. Ireland). In that respect, the priority to be given to health care over penal sanctions for substance addicted juveniles offenders, both for the sake

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54 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

**At European level**

1. **Bring youth criminality on the EU agenda as a phenomenon to be addressed positively through EU programmes and funding accessible to NGOs**, rather than as a domestic or cross-border issue handled solely by member States. It is recommended to consider young offenders with drugs misuse as both victim and offender.

2. **Establish or reinforce the existing European platform on the social reintegration of young offenders** to revisit the existing outputs-based systems, regulations and practices, with a view to developing outcomes-oriented and holistic European standards (in respect of the CRC) on legal frameworks, capacity and coordination, programmes and measures, as well as evaluation, monitoring and research, fostering the reintegration of young offenders in all European member States.

3. **Develop European directives on the individualisation of education and employment options and outcomes for young offenders during and after custody**, including their medical and psychological treatment, with an obligation for responsible institutions to anticipate and ensure gradual transition to education or job placement outside, in cooperation with local partners.

4. **Support national strategies and projects which nurture integrated approaches and positive social networks of young offenders in custody**, including *inter alia* through the involvement of family members in restorative justice processes, family conferencing, home visits, psychological and therapeutically drugs prevention programmes and preparation for release with families and important others of youth in custody, activities in custody targeting external audiences, proactive activities and involvement of local education, leisure, culture, media and business partners.

5. **Define modalities for young offenders to fully participate by having their view taken into account at all stages of the judicial procedure and of the implementation of the**
penal sanction and according to the case medical measure, through model participatory rulings of custodial settings (access and support to individual information, self-expression and representation, availability of choice, etc.) and support to youth-led aftercare and prevention initiatives.

6. Encourage domestic legislative and policy changes to guarantee sustainable living options for young offenders coming out of custody, in particular ensure the provision of integrated life skills programmes during custody, gradual release options and half-way accommodation, the enforceable right to housing after release, the mandatory provision by the justice system of aftercare counselling and administrative assistance, a system of criminal record and mandatory checks limited only to relevant issues for employment purposes and access to financial assistance, as well as psychological and medical following up, if necessary.

7. Establish a mechanism for exchange of good practices and the development of common and results-oriented indicators to monitor national approaches and practices in the treatment of and support to young offenders with drugs misuse, in line with European standards.

8. Monitor the existence and quality of national policies and practice on drugs prevention and the reintegration of young offenders, based on existing information sources and the observations of international and regional human rights mechanisms, and use findings as one of the fundamental rights and justice criteria to be reviewed in progress reports of acceding and neighbouring countries, as well as within internal EU Justice, Freedom and Security initiatives.

9. Foster cooperation between European institutions such as DG Justice, DG Employment, EACEA, DG Home Affairs, and stakeholders from civil society, associations and other bodies (researchers, academic experts, etc.) to promote a multi-agency and holistic approach to the reintegration of young offenders, taking into account their specific issues as well as the cross-cutting theme of poverty and social exclusion, in order to promote and implement the best practices and policies available at EU level. In particular through the European Forum on the rights
of the child.

**At national and local levels**

10. **Develop child-friendly justice**, notably by creating favourable legal frameworks and environment for child hearings; Assisting children before and during judicial proceedings (including in exercising the right not to speak); Performing a control on the activity of ex-officio attorneys and developing awareness among them; Selecting and training specialized magistrates; Raising children’s awareness on their rights.

11. **Maintain children deprived of liberty in the last resort and close to their place of residence** and family.

12. **Involve different justice and health professionals and stakeholders (public and private agencies), juvenile offenders, their families and the victim in the planning, develop and implementation of tailored approaches**, based on a “case management” approach, the involvement of all the above mentioned partners, ensuring the direct participation of the youth as key agent of the tailored educational project and the full respect of the victim.

13. **Build up awareness among judicial, health institutions and political authorities** regarding providing proper mental health resources for young offenders since the treatment of their addiction can be considered as one of the aspects of the prevention of recidivism and the promotion of young people’s reintegration.

14. **Promote educational and training paths to enhance minors’ skills and competences for a full social and working reintegration** giving him/her the opportunity to experiment within a “safe” context and to build important relationship with peer group and adults.

15. **Introduce and/or enforce the obligation to provide social and medico-psychological post-sentence assistance**, both for children coming from rehabilitation centres and for those who served a prison sentence and have been released on parole.

16. **Ensure that a coordinated aftercare system through** efficient, coordinated, integrated post-trial assistance systems, which
include: probation services; county and local social assistance services, local communities (Local Council, Police, Educational Institutions, County Employment Agency, Health Agency etc); non-governmental organisations; private or state-owned companies.

17. **Promote and facilitate communication and collaboration between the general health care system and the justice system** in order to safeguard the well-being of children and young people with addiction and ultimately to prevent youth offending, when linked to it.

18. **Monitor and test the objectives, effectiveness and educational value of reintegration projects on an on-going basis** so as to allow for modality changes based on the minors’ needs and responses to offered opportunities and, secondly, on the basis of the resources available on the territory of reference.

19. **Develop overarching national strategies for young people who are no longer in education, employment or training**, including young offenders.

20. **Integrate substance abuse prevention programmes in late elementary school (age 0-11) and early secondary school curriculum**, with special attention to new drugs (like Mefedron) as well as alcohol consumption and as well within the juvenile justice facilities.

21. **Continue developing and supporting successful programmes against aggression and bullying**, including teachers’ training, peer-education, restorative justice approaches, diversion measures, mediation, and involvement of school operators and psychologists.

22. **Offer and promote family support services and parenting skills training** nationally through mainstream services.
Specific Recommendation for stakeholders operating with juvenile abusers inserted in juvenile justice system

23. Establish a shared and common protocol for therapeutic communities
Therapeutic communities should be adapted to deal with adolescents’ substance abusers. Here some crucial factor for an efficient and effective intervention: shorter lengths of stay, involvement of the families and tailored paths adapted to minors’ real needs according to a horizontal authority logic. TC should also be composed by an equip made of specific skilled professionals figures such as psychotherapists, educators, operators and work in close cooperation with competent institutions and organizations operating within the juvenile justice field bearing in mind the main role played by the health and justice sector.

24. Educational supporting measures and centrality of the adolescent (holistic approach)
The intervention should focus on youth life plan, promoting an interdisciplinary collaboration between the main actors, such as the justice and health system.. The main goals should be empowering the youth, raising awareness about drugs use/abuse, providing alternatives to drugs consumption and connected deviant behaviours involving parents, relatives, teachers, penal services and the whole socio-community.

25. Professional training
To be highlighted the importance of training for all the justice and health stakeholders working in the field, promoting a shared/common language, dispelling myths and negative stereotypes and providing and improving knowledge and skills about the comorbidity phenomenon and dual pathology in youngsters. All involved operators are recommended to understand that juveniles are unique, understudied, and highly vulnerable patient population. Besides, gaining the knowledge on how individual, physical, social, cultural and socio-economic characteristics are related to each other in order to further develop effective interventions and
policies to promote mental health, prevent delinquency and reduce the risk of offending.

26. **Focus on psycho-physical rehabilitation and social-working re-inclusion**

   The intervention should focus on an holistic approach and the rehabilitation tailored path should be based on learning factors (promote new expectations and motivation) and action factors (development of new skills, interpersonal training and self-management skills, that can include dealing with emotions, strengthening self-confidence and self-esteem). To be stressed also the importance of promotion of prosocial activities and personal relationships (with adults and peer group giving to the minor the instruments to identify healthy friendship able to support him/her) and other basic factors causing problem (drug use/abuse) involving and improving (when and if possible) communication with family. Intervention strategies should be then well structured, intensive and directed, restructuring attitudes and behaviours step by step during different stages, from arrest to post sentence.

27. **Mental health problems should be treated precociously,** as shown, in lot of cases there also exist a direct link between behaviour disorders and drug use. Therefore it is necessary to be able to count on highly specialized resources and treatments and on enough financing.
Annexes
ANNEXES UNITED KINGDOM
PRE-COURT MEASURES
Reprimand: A reprimand is a formal verbal warning given by a police officer to a young person who admits they are guilty of a minor first offence. There is the possibility of referring the young person to YOT to take part in a voluntary programme to help them address their offending behaviour.

Final Warning: A final warning is a formal verbal warning given by a police officer to a young person who admits they are guilty of a first or second offence. Unlike a Reprimand, however, the young person is also assessed by the YOT to determine the causes of their offending behaviour and a programme of activities is identified to address them.

Acceptable Behaviour Contract (ABC): An ABC is given when a local authority and YOT identify a young person who is engaging in ‘low-level’ ‘anti-social behaviour’. With the young person and their parents/carers, the authorities agree a contract under which the young person agrees to stop the patterns of behaviour that are causing nuisance to the local community and undertake activities to address their offending behaviour. If they breach the terms of the contract, the local authority can use this to get an Anti-Social Behaviour Order applied to the young person.

Anti-Social Behaviour Order (ASBO): An Anti-Social Behaviour Order (ASBO) can be used against anyone who is 10 years of age or over and has behaved in a manner that caused or was likely to cause harassment, alarm or distress to someone or some people who do not live in their own household. It stops the young person from going to particular places or doing particular things. If they do not comply with the order, they can be prosecuted.

ASBOs are available through civil law rather than criminal, which means that different agencies can apply for an order, subject to a legal obligation to consult with other agencies. Nevertheless, a breach of an ASBO constitutes a criminal offence.

Individual Support Order (ISO): ISOs are court orders only available for 10-17 year olds which can be attached to ‘stand alone’ ASBOs - when a complaint is made to the court within six months of the report of anti-social behaviour - and impose positive conditions on the young person to address the underlying causes of the behaviour that led to the ASBO. An
ISO may last up to six months and can require a young person to attend up to two sessions a week under the supervision of the youth offending team (YOT). Just like ASBOs, an ISO is part of civil law, but if breached it is a criminal offence which may be punished by way of a financial penalty.

**Local Child Curfew:** Under a Local Child Curfew, a local authority or local police force can ban children under 16 from being in a public place during specified hours (between 9pm and 6am) unless under the control of a responsible adult. With children under 10, contravening a ban imposed by a curfew notice (for instance being found outside their homes after the curfew) is one of the conditions under which a family proceedings court could make the child subject to a Child Safety Order.

**Child Safety Order:** This order only applies to children under 10 years of age. It can be applied to a child who has committed an offence, has breached a Child Curfew or has caused harassment, distress or alarm to others.

Under a Child Safety Order, a social worker or officer from the youth offending team (YOT) supervises the child. If the order is not complied with, the parent can be made the subject of a parenting order if that would be in the interests of preventing repetition of the behaviour that led to the child safety order being made.

**Arrest Referral:** The Arrest Referral Service engages with people at the point of arrest whose offending is linked to drug or alcohol misuse. By seeing the offender as soon as they are arrested, they can be offered a pathway into harm reduction, treatment and rehabilitation services. Offenders are given the opportunity to engage with treatment services; thus reducing the risk of them reoffending due to substance misuse. Engagement is voluntary and not a formal part of the criminal justice process.

Under this order, young people charged with a trigger offence\(^55\) will be tested for heroin, crack and cocaine, and offered a referral to treatment services.

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\(^55\) [http://www.cps.gov.uk/legal/d_to_g/drug_intervention_programme/#a30](http://www.cps.gov.uk/legal/d_to_g/drug_intervention_programme/#a30)
TYPES OF REMAND/ACCOMMODATION

**Conditional Bail:** A court will remand a young person on conditional bail to ensure that the young person attends court on the next occasion, does not reoffend while on bail and does not interfere with witnesses or obstruct the course of justice. They can range from fairly low level where a young person has to report to a police station to much more demanding levels where the young person is supervised by a YOT on a bail support and supervision programme. YOTs can include electronic tagging\(^{56}\) and/or Intensive Supervision and Surveillance Programme (ISSP) as part of bail supervision and support programmes.

**Unconditional Bail:** A young person remanded on unconditional bail is required to return to court on a specific day at a specific time, but apart from this requirement there are no other conditions attached to their bail.

**Local Authority Accommodation:** Remanding a young person to local authority accommodation involves the young person being looked after by the local authority. As with bail, conditions can be applied to remands to local authority accommodation. Unless the type of accommodation is a condition of the remand, the local authority can choose what type of accommodation it provides for the young person, which can include being placed in a Secure Children’s Home or a Secure Training Centre.

**Custody:** Children and young people remanded into custody can only be placed in Young Offender Institutions.

**Secure Children’s Homes** - Secure children’s homes focus on attending to the physical, emotional and behavioural needs of the young people they accommodate. They are run by local authority social services departments, overseen by the Department of Health and the Department for Children, Schools and Families. Secure children’s homes provide young people with support tailored to their individual needs. To achieve this, they have a high ratio of staff to young people and are generally small facilities, ranging in size from six to

\(^{56}\) Tagging is a form of electronic monitoring. It involves attaching an electronic tag to the ankle (or wrist) of a young person so that an electronic monitoring team can check he or she is at a certain place between certain hours, day or night.
Young Offender Institutions (YOIs) - Young offender institutions (YOIs) are facilities run by both the Prison Service and the private sector and can accommodate 15 to 21-year-olds. The YJB commissions and purchases places for under-18s (i.e. 15 to 17-year-olds), who are held in units that are completely separate from those for 18 to 21-year-olds. YOIs generally have considerable lower ratios of staff to young people than STCs and secure children’s homes and accommodate larger numbers of young people.

Secure Training Centres (STCs) - Secure training centres (STCs) are purpose-built centres for young offenders serving custodial sentences aged 10-17. They are run by private operators under contracts, which set out detailed operational requirements. There are four STCs in England. STCs house vulnerable young people who are sentenced to custody or remanded to secure accommodation. They provide a secure environment where they can be educated and rehabilitated. They differ from young offender institutions (YOIs) in that they have a higher staff to young offender ratio and are smaller in size, which means that individuals’ needs can be met more easily. At the same time they remain large enough to be able to provide a range of facilities. The regimes in STCs are constructive and education-focused. They provide tailored programmes for young offenders that give them the opportunity to develop as individuals which, in turn, will help stop them reoffending. Trainees are provided with formal education 25 hours a week, 52 weeks of the year.

SENTENCES, ORDERS AND AGREEMENTS

Sentences in the community

Youth Rehabilitation Order: The Youth Rehabilitation Order (YRO) is a generic community sentence for young offenders and combines a number of sentences into one generic sentence. It combines 18 requirements into one generic sentence which simplifies sentencing, providing clarity and coherence while improving the flexibility of interventions. The YRO also allows plenty of opportunity for reparation to be included,
giving scope for victims’ needs to be addressed. The following requirements can be attached to a YRO:\footnote{For further information on each of the requirements, please consult The Youth Rehabilitation Order and other Youth Justice Provisions of the Criminal Justice and Immigration Act 2008, published by the YJB: \url{http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=467&EP=}}:

* Activity Requirement
* Curfew Requirement
* Exclusion Requirement
* Local Authority Residence Requirement
* Education Requirement
* Mental Health Treatment Requirement
* Unpaid Work Requirement (16/17 years)
* Drug Testing Requirement
* Intoxicating Substance Treatment Requirement
* Supervision Requirement
* Electronic Monitoring Requirement
* Prohibited Activity Requirement
* Drug Treatment Requirement
* Residence Requirement
* Programme Requirement
* Attendance Centre Requirement
* Intensive Supervision and Surveillance (based on the current ISSP)
* Intensive Fostering

\textbf{Referral Order:} A Referral Order is given to a young person who pleads guilty to an offence when it is his/her first time in court. The only exceptions are if the offence is so serious that the court decides a custodial sentence (Detention and Training Order or Section 90/91) is absolutely necessary, or the offence is relatively minor (i.e. a ‘non-imprisonable’ offence such as a traffic offence or fare evasion), in which case an alternative such as a fine or an absolute discharge may be given. When a young person is given a Referral Order, he/she is required to attend a youth offender panel, which is made up of two volunteers from the local community and panel adviser from a YOT. The panel, with the young person, their parents/carers and the victim (where appropriate), agree a contract lasting between three and 12 months. The aim of the contract is to repair the harm caused by the offence and address the causes of the offending behaviour. The conviction is ‘spent’ once the contract has been successfully completed.
This means that in most circumstances the offence will not have to be disclosed by the young person when applying for work.

**Reparation Order:** Reparation Orders are overseen by the YOT and require the young person to repair the harm caused by their offence either directly to the victim (this can involve victim/offender mediation if both parties agree) or indirectly to the community. Examples of this might be cleaning up graffiti or undertaking community work.

**Fine:** The size of a fine reflects the offence committed and the offender’s financial circumstances. For a person under 16 years of age, the payment of the fine is the responsibility of their parents/carers and their financial circumstances will be taken into account when the level of the fine is set.

**Conditional Discharge:** A young person receiving a Conditional Discharge receives no immediate punishment. A period of between six months and three years is set and, as long as the young person does not commit a further offence during this period, no punishment will be imposed. However, if the young person commits another offence during this period, they can be brought back to court and resentenced. Under the Crime and Disorder Act 1998, courts can only use this sentence in exceptional circumstances and in practice very few conditional discharges are made.

**Absolute Discharge:** A young person is given an Absolute Discharge when they admit guilt or are found guilty, but no further action is taken against them. All sentences to the community are open to the following a Parenting Order or a Youth Rehabilitation Order.

**Drinking Banning Order:** Drinking Banning Orders (DBOs) are civil orders and can be made on application by complaint to the magistrates’ courts by the police or local authority. They can last between 2 months and not more than 2 years. A breach of a DBO is liable to a fine (up to a maximum of £2,500, but there is not custodial penalty. They are only available to those who are 16 years or over. Amongst other conditions, recipients of a DBO can be referred to an approved course aimed at addressing their alcohol misuse behaviour. The
court will take the decision as to whether or not to refer an individual and to the length of the reduction in their banning order (if successfully completed).

**All sentences to the community are open to the following orders**

**Parenting Order:** Parenting Orders can be given to the parents/carers of young people who offend, truant or who have received a Child Safety Order, Anti-Social Behaviour Order or Sexual Offences Prevention Order. It does not result in the parent/carer getting a criminal record. A parent/carer who receives an order will normally be required to attend counselling or guidance sessions for a period of up to three months. They may also have conditions imposed on them such as attending meetings with teachers at their child’s school, ensuring their child does not visit a particular place unsupervised or ensuring their child is at home at particular times. These conditions can last for a period up to 12 months. A parent/carer can be prosecuted for failing to keep the requirements of the order.

**Sentences to custody**

**Detention and Training Order:** The Detention and Training Order (DTO) sentences a young person to custody. It can be given to 12- to 17-year-olds. The length of the sentence can be between four months and two years. The first half of the sentence is spent in custody while the second half is spent in the community under the supervision of the YOT. The court can require the young person to be on an Intensive Supervision and Surveillance Programme (ISSP) as a condition of the community period of the sentence. A DTO is only given by the courts to young people who represent a high level of risk, have a significant offending history or are persistent offenders and where no other sentence will manage their risks effectively. The seriousness of the offence is always taken into account when a young person is sentenced to a DTO.

**Section 90/91:** If a young person is convicted of an offence for which an adult could receive at least 14 years in custody, they may be sentenced
under Section 90/91. This sentence can only be given in the Crown Court.

Section 90
If the conviction is for murder, the sentence falls under Section 90 of the Powers of the Criminal Courts (Sentencing) Act 2000 and is called “Detention during Her Majesty’s Pleasure” and a mandatory life sentence. The sentencing court will set a minimum term (also known as the tariff) to be spent in custody, after which the young person may apply to the Parole Board for release. The Secretary of State’s directions to the Parole Board (issued August 2004) set out the assessment criteria for the release of those serving a life sentence. Once released, the young person will be subject to a supervisory licence for an indefinite period.

Section 91
If a young person is convicted of a grave crime (an offence for which an adult could receive at least 14 years in custody) they may be sentenced under Section 91 of the Powers of the Criminal Courts (Sentencing) Act 2000. The length of the sentence can be anywhere up to the adult maximum for the same offence, which for certain offences may be life. A young person given a Section 91 sentence will be placed in custody. The young person will be released automatically at the halfway point and could be released up to a maximum of 135 days early on the Home Detention Curfew (HDC) scheme, but only if they meet the eligibility criteria for the scheme and pass a risk assessment (authorised by the Governor for those in a young offender institution or the YJB Caseworker for those in secure training centres or secure children’s homes). Once released, the young person will be subject to a supervisory licence until their sentence expires, if the sentence is 12 months or more and a Notice of Supervision for a minimum of three months, if their sentence is less than 12 months.
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