

Expert Forum on Criminal Justice

National experiences with quasi-coerced treatment of drug-dependent offenders

Overview of work undertaken 2007-2010
and relevant national contributions

P-PG/CJ (2010) 3



Strasbourg, 15 September 2010

P-PG/CJ(2010)3_en

EXPERT FORUM ON CRIMINAL JUSTICE

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<http://www.coe.int/pompidou>

The term "Criminal Justice Platform" has gradually replaced its technical synonym of "Expert Forum on Criminal Justice".

The creation of this document is based on a decision taken by the Criminal Justice platform's core group, which had met in February 2010. This decision was ratified by the platform in plenary in September 2010. The aim of Part I of the document, which has been drawn up by the platform's consultant on "quasi-coerced" treatment, Tim McSweeney (King's College, London, United Kingdom), is to summarize the results of the platform's work on "quasi-coerced" treatment for the Ministerial Conference of the Pompidou Group (November 2010).

Part II comprises a compilation of those contributions on national experiences with "quasi-coerced treatment", which were submitted by national experts (original language only). The responsibility for the contents and editing of the contributions contained in Part II lies entirely with the respective authors.

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PART I

Overview of work on the ‘quasi-coerced’ treatment of drug-dependent offenders (2007-2010)

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Introduction

This paper provides a summary overview of the main activities, outputs and conclusions from the Pompidou Group Criminal Justice Platform’s thematic focus on the use of ‘quasi-coerced’ treatment (QCT) for drug dependent offenders. QCT, for the purposes of the Platform’s activities, was broadly defined as drug treatment ordered, motivated or supervised by the criminal justice system (1). Between 2007 and 2010, QCT featured prominently as an item for the Platform’s agenda. In addition to the 11 Platform meetings convened during this period, at which participants and delegates often shared and critically discussed existing evidence, knowledge and experiences of QCT from Council of Europe member states and beyond, the other main outputs¹ from this programme of activity included:

- a conference on QCT which involved over 25 presentations from participants of more than 10 European countries, held in Bucharest, Romania on the 11th-12th October 2007²; and
- a survey of member states conducted during 2008 on existing QCT legislation and guidelines³.

Drawing upon the results of these activities and outputs, the remainder of this paper considers the following:

- the rationale for QCT;
- the emerging evidence base for the effectiveness of QCT approaches;
- the nature and extent of legislation and guidance across member states to inform the use of these measures; and
- ongoing ethical and practical issues relating to the use of QCT.

The paper ends with some recommendations to emerge from the Platform’s work in this area.

The rationale for QCT

Set against a backdrop of falling rates of recorded crime, the prison populations of many member states have grown in recent years. During the course of its work the Platform heard how during September 2005, 22 of 28 European countries had prison systems operating at or above capacity. A large proportion of these rises were thought to be attributable to ‘drug-related’ crime (e.g. drug induced, inspired or defined offences) (1). With the highest per capita rate of imprisonment in Western Europe, as much as half of the correctional service caseload in England and Wales, for instance, is considered to comprise of ‘problem’ drug

¹ More details of these outputs can be found at: http://www.coe.int/t/dg3/pompidou/Activities/justice_en.asp

² A report on the conference proceedings can be viewed here:

http://www.coe.int/t/dg3/pompidou/Source/Activities/Justice/P-PG-CJ_2007_21_en.pdf

³ The results from this survey can be obtained from:

http://www.coe.int/t/dg3/pompidou/Source/Activities/Justice/P-PG-CJ_2008_15rev1_en.pdf

users (equivalent to more than one third of the estimated 330,000 inhabitants who use drugs like heroin and cocaine - including crack - problematically) (2). Given the adverse impacts on the criminal justice systems of various Member states, there is growing recognition of, and frustration with, the relative ineffectiveness of conventional sanctions and responses (such as imprisonment) in deterring drug use and related crime. For example, in some jurisdictions three-quarters (74%) of drug misusing prisoners are subsequently reconvicted following release from custody (3). (A reconviction rate identical, incidentally, to drug-dependents accessing mainstream – non-criminal justice system – treatment services (4)). But the scope for undertaking a comparative assessment of the impact of imprisonment and other criminal justice system's disposals is constrained by the lack of recidivism data in most member states, and its patchy and inconsistent use in others (5).

It seems that even if prison could be made more effective it is unlikely to be cost-effective. One member state built 26 new prisons between 1995 and 2005. This increased capacity by more than 12,000 prison places, but did so at a cost equivalent to €1.78 billion⁴ (4). The average cost of using each prison place built between 2000 and 2004 was estimated to be €139,000 (it costs an additional €28,000 to use each place built since then) (2). Given the high costs of building and using prison places, the use of QCT measures (estimated at €9,500 per unit) is a more cost effective option and has fewer adverse effects (1). There is then a compelling, pragmatic, economic and social case for developing and expanding QCT and other alternatives to imprisonment; a case that has arguably been strengthened given the scale of sweeping public sector spending cuts now planned by many member states. Largely in response to this dilemma, legislation and policy has developed in many jurisdictions which enables the diversion of defendants and convicted offenders to drug education and treatment, either as an alternative to conventional justice sanctions (6, 7) or as an enforceable element of a criminal justice system disposal (8).

The evidence base in support of QCT

In addition to the existing literature demonstrating the impact of drug treatment on a range of social functioning outcomes (including substance use and offending behaviours) (9, 10), there is emerging European evidence - which is consistent with findings from North American research – to indicate that 'coerced' forms of drug treatment delivered via the criminal justice system as an alternative to imprisonment can also be effective in reducing substance use, injecting risk and offending behaviours, and improving social integration. members of the Platform and others were presented with the results from recent European studies which indicated that 'coerced' drug treatment can be as effective as both 'voluntary' treatment (see results from the QCT Europe study) (1) and regular prison detention (see findings from the Dutch SOV evaluation) (11). In both studies the greatest levels of improvement were observed among QCT groups – largely reflecting their poor prognosis at intake to treatment. The overall message from this body of research was not that 'coercion works', but that appropriately delivered and integrated forms of drug treatment could be an effective and viable alternative to the use of imprisonment.

QCT legislation and guidance across member states

The use of QCT measures and other alternatives to imprisonment is proactively endorsed by both the United Nations (UN) (12) and the European Union (EU) (8). However, while it seems that most countries utilise at least some of these options, reliable data about the nature and extent of their use is limited. In addition, it seems that the performance and effectiveness of QCT (as measured by programme completion rates) varies considerably within and between countries (8, 13, 14). The picture that emerged from a Platform survey of

⁴ Based on 2007 exchange rates, these figures have not been adjusted for inflation.

member states⁵ in relation to the roles and responsibilities between central government, regional authorities and local municipalities for the implementation and delivery of guidance on QCT systems appeared to be a complex one in some countries, but less so in others. Most responding countries (16 of 22) had legislation facilitating and governing the use of QCT measures. Legislation in five of these countries addressed all or most aspects of 13 peer-reviewed and published best practice principles (15). By contrast, only one country's laws made no reference to any of these issues. The most common principles addressed by legislation in member states included targeting and eligibility criteria, the use of compliance monitoring/judicial review, client rights, funding, programme objectives and treatment philosophy. Responses from 11 member states (or two-thirds of those which legislated for QCT provisions) indicated that they had specific national guidelines in relation to QCT measures. By contrast, only two countries specifically indicated that they had developed separate regional guidelines in relation to QCT measures. National guidance on QCT tended to incorporate existing national drug treatment guidelines, ones developed specifically for criminal justice interventions, or both. This guidance was aimed at a range of both criminal justice and health professionals and addressed QCT measures at different stages of the criminal justice process. It seemed from responses to the Platform's survey that the development of national QCT guidelines from the mid-1990s onwards reflected a desire to refine processes, procedures, co-operation and outcomes relating to drug misusing offenders. Most respondents who reported having QCT guidelines at their disposal said these were evidence-based. The same number reportedly monitored and evaluated the use and implementation of these guidelines in some way, and felt there was consistency between legislation and national guidance on QCT issues. Some direction was also reportedly offered on all major best practice principles in at least half the countries which had developed national guidance. This was most prominent for issues like documentation (e.g. protocols and procedures for referral and assessment processes), roles and responsibilities and treatment philosophy.

The use of QCT: ongoing ethical and practical issues

Ethical concerns

During the course of the Platform's activities on the topic of QCT a number of ethical and practical issues were regularly raised and discussed (16). One fundamental ethical dilemma which frequently posed questions for participants related to whether the criminal justice system was an entirely appropriate framework within which to tackle a public health issue like drug-dependency. An enduring concern here focussed on the extent to which there was sufficient scope for flexibility within QCT approaches in order to respond constructively to the inevitable lapses and relapses that would occur during attempts to tackle what was widely referred to as a chronic, relapsing condition. Related to this were discussions about the scope for QCT approaches to integrate an appropriate system of graduated sanctions and rewards to encourage retention and tackle non-compliance. Attention here focussed on the potential that existed for drawing more upon the principles of positive reinforcement or contingency management (e.g. the use of incentives and rewards) from the substance dependent field, or lessons from the drug court approach and its extensive use of drug testing and judicial monitoring and review. Another prominent consideration examined the extent to which the principles of distributive justice might be undermined through the expansion of QCT options. Discussions here tended to focus on the scope that existed for:

- displacing non-criminal justice clients from drug treatment services;
- undermining the treatment experience for non-criminal justice system users in services increasingly populated by more intractable criminal justice system mandated ones; and

⁵ The survey was completed by respondents from a range of backgrounds including senior representatives, policy advisors and specialists drawn largely from central government departments including justice, law enforcement and public health. More details can be found by following the link provided in footnote 3, above.

- inadvertently creating perverse incentives to offend through the offer of rapid or enhanced access to treatment for criminal justice referrals.

Concerns were also raised about the potential for the distinction between coercive and compulsory forms of treatment to become increasingly blurred (the latter involves the removal of constrained choice and consent and was therefore felt to be more likely to fall foul of ethical standards for most low-level acquisitive offenders) (2). The provision of compulsory drug testing on arrest (i.e. prior to a charge being brought by the police) for certain offences in England and Wales was discussed as just one recent example of such a development (17). The importance of observing the principles of proportionality, in order to guard against QCT options being too intrusive or excessive relative to the nature of the offence being considered, was also acknowledged. Furthermore, given the chronic, relapsing nature of dependency it was deemed important to ensure that there were adequate 'opt-outs' into conventional punishment as part of QCT.

Finally, concerns were voiced about the degree to which participation in QCT would involve participation in proven drug treatment interventions that were responsive to the needs of different user types (e.g. women, migrant populations and users of stimulant drugs such as cocaine). It was felt that the absence of effective and evidence-based treatment approaches served to undermine the ethical case for providing QCT.

Practical concerns

Forming a better understanding of the range of obstacles to evidence-based policy and practice was a consistent theme to emerge throughout this programme of work. In particular, understanding why QCT options were under-utilised in some jurisdictions, despite the rationale for using it, the endorsements given by both the UN and EU, and the emerging evidence for its effectiveness, was noted as a pressing concern (8). It did however become apparent that the use of QCT was not considered feasible in all member states, nor would it necessarily be compatible with existing legal/health frameworks within different jurisdictions (e.g. as the Platform survey indicated, new legislation would be required to facilitate these options in some countries). It was also acknowledged that the drug treatment infrastructure within member states was not sufficiently well developed in all countries to support the expansion of QCT. Consistent with the concerns noted above with regards to ensuring adherence to the principles of distributive justice, a number of contributions and participants stressed that current drug treatment systems would not have sufficient capacity to absorb the additional demand QCT would place on them, without this being to the detriment of mainstream treatment provision (which could itself be under-developed). Consideration and monitoring of the range of wider potential impacts - both intended and unintended - on health and/or criminal justice processes was viewed as crucial in this regard (e.g. increasing prison populations because of QCT breaches, or increased waiting times for treatment). It was widely acknowledged then that the range and capacity of mainstream treatment provision would therefore have to increase considerably in some jurisdictions before QCT could be effectively introduced⁶.

Given the pressure now being exerted on public spending in many jurisdictions, developing knowledge and effective strategies for targeting and identifying those most likely to benefit from QCT (e.g. through the refinement of referral and assessment processes or ensuring rapid access to treatment) was noted as being of even greater importance. Allied to this,

⁶ An alternative option (however unlikely in the current fiscal climate) could be to develop a parallel treatment system funded almost exclusively for criminal justice cases, as has happened to a large extent in England and Wales in recent years. For some this is ethically and practically problematic as it effectively creates a two-tier treatment system – a CJS vs. a non-CJS one. Ensuring equivalence between the two tiers is likely to be a perennial problem too: irrespective of whether a CJS model is considered to be either inferior or superior to a 'voluntary' one in terms of access and quality, it seems likely to attract criticism in equal measure.

concerns relating to 'net-widening' were also raised with reference to the continued expansion of QCT options. During the course of its activities the Platform critically discussed evidence to suggest that the provision of QCT did not always offer genuine alternatives to conventional criminal justice system sanctions, but merely served to widen the criminal justice net and embroil those who would have previously been dealt with via other means into the system (7, 18). This merely exacerbated the pressures on an already over-burdened CJS.

The need to nurture and sustain effective partnerships between health, criminal justice and social care agencies emerged as a consistent and important theme for QCT (19). The effectiveness of the approach could often be affected by how knowledgeable key stakeholders were of these options (e.g. potential referrers); whether agencies had sufficient capacity to work in a multidisciplinary way (e.g. because of existing roles, responsibilities and/or commitments); or the extent to which they were committed to the QCT enterprise. In relation to the latter point, fundamental divisions were often apparent between health and criminal system about how best to reconcile potentially conflicting QCT objectives (e.g. whether 'coercion' was ever justifiable or the approach to treatment should be harm reduction or abstinence-based in orientation). In England, for instance, there is now an increased emphasis being placed on the provision of abstinence-based treatment approaches with criminal justice populations (20).

It was also acknowledged that an inability to consistently offer effective forms of integrated support both during and beyond a period of QCT (through establishing links with housing providers, education, training and employment agencies, and mental health services) also undermined the effectiveness of the approach.

The work of the Platform underlined the need to ensure there is sufficient resources and commitment to the monitoring and evaluation of QCT processes and outcomes. In most member states, even those with an established tradition of providing QCT options, there is an urgent need for:

- better tracking of throughputs and outcomes;
- better resources for longer follow-up of participants;
- more use of well matched comparison groups;
- more qualitative work; and
- cost-effectiveness of QCT still needs to be measured and quantified (1, 2, 8, 10).

Conclusions and recommendations

Legislation and guidance in many European countries is frequently being adapted, refined and developed in response to new knowledge, changing circumstances and shifting priorities. So while this is a constantly evolving area of criminal and social policy, the work of the Platform has highlighted the scope for developing and refining some aspects of national guidance on QCT in a number of jurisdictions to ensure that they are more closely aligned with existing best practice principles. Principally, this should include a greater focus on facilitating the reintegration of drug misusing offenders, and monitoring and evaluation of QCT processes, outputs and outcomes.

Furthermore, the results from the Platform's survey of member states has indicated that there is likely to be a great deal that can be learnt, shared and exchanged about QCT practices and principles, drawing on the considerable experiences and knowledge accumulated between European countries in recent years. Assimilating this knowledge and experience, and disseminating it via 'best practice' guidelines and/or training on QCT issues for key stakeholders, should be a key priority for future activity in this area.

References

- (1) Stevens, A. (2007) *Why do we need alternatives to imprisonment? Do we need quasi-compulsory treatment?* European conference on quasi-compulsory treatment and other alternatives to imprisonment. 11-12th October, Bucharest, Romania.
- (2) McSweeney, T. (2007) *A European conference on 'quasi-compulsory' drug treatment (QCT) and other alternatives to imprisonment: Conclusions and recommendations.* Strasbourg: Council of Europe Pompidou Group.
- (3) May, C., Sharma, N. and Stewart, D. (2008) *Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004.* Research Summary 5. London: Ministry of Justice.
- (4) Gossop, M., Trakada, K., Stewart, D. and Witton, J. (2005) *'Reductions in criminal convictions after addiction treatment: 5-year follow-up.'* Drug and Alcohol Dependence, 79 (3): 295-302.
- (5) Wartna, B. (2009) *Monitoring recidivism: Making International Comparisons.* Presentation to the 10th meeting of the THE PLATFORM, 10-11th September, Strasbourg, France.
- (6) Trigueiros, F., Vitória, P. and Dias, L. (2010) *Rather Treat Than Punish: The Portuguese Decriminalization Model.* Submission to the 11th meeting of the Criminal Justice Platform, 29th May, Strasbourg, France.
- (7) Peglitsi, M. (2009) *FreD Goes Net: Early Intervention for Young Drug Users.* Presentation to the 10th meeting of the Criminal Justice Platform, 10-11th September, Strasbourg, France.
- (8) Hughes, B. (2007) *Treatment alternatives to prison/punishment: Overview of existing mechanisms across the EU.* European conference on quasi-compulsory treatment and other alternatives to imprisonment. 11-12th October, Bucharest, Romania.
- (9) O'Connor, R. (2010) *Breaking the link: The role of drug treatment in tackling crime.* Presentation to the 11th meeting of the Criminal Justice Platform, 29th May, Strasbourg, France.
- (10) McSweeney, T. (2010) *Are UK interventions targeting drug misusing offenders evidence-based?* Presentation to the 11th meeting of the Criminal Justice Platform, 29th May, Strasbourg, France.
- (11) Koeter, M. (2007) *Effect evaluation of SOV.* European conference on quasi-compulsory treatment and other alternatives to imprisonment. 11-12th October, Bucharest, Romania.
- (12) Bocai, A. (2007) *Alternatives to imprisonment and the role of the United Nations.* European conference on quasi-compulsory treatment and other alternatives to imprisonment. 11-12th October, Bucharest, Romania.
- (13) Connolly, J. (2010) *The Dublin drug treatment court 10 years on – where to next?* Presentation to the 11th meeting of the Criminal Justice Platform, 29th May, Strasbourg, France.
- (14) Meling, L. (2010) *Initiation and implementation of the Norwegian edition of the Drug Court.* Presentation to the 11th meeting of the Criminal Justice Platform, 29th May, Strasbourg, France.
- (15) Bull, M. (2005) *'A comparative review of best practice guidelines for the diversion of drug related offenders'*, International Journal of Drug Policy, 16 (4): 223–234.
- (16) Padieu, R. (2009) *Ethical Aspects of QCT.* Presentation to the 10th meeting of the Criminal Justice Platform, 10-11th September, Strasbourg, France.
- (17) McSweeney, T. (2009) *The impact of 'quasi-compulsory' drug treatment in one English region.* Presentation to the 10th meeting of the Criminal Justice Platform, 10-11th September, Strasbourg, France.
- (18) Connolly, J. (2007) *Alternatives to custody in Ireland.* European conference on quasi-compulsory treatment and other alternatives to imprisonment. 11-12th October, Bucharest, Romania.
- (19) Vugrinec, L. (2007) *Partnership and information sharing.* European conference on quasi-compulsory treatment and other alternatives to imprisonment. 11-12th October, Bucharest, Romania.
- (20) National Treatment Agency for Substance Dependent (NTA) (2010) *NTA Business Plan 2010-2011.* London: NTA

PART II

Contributions on national experiences with 'quasi-coerced' treatment (original language only)

BELGIUM

Recent Evolutions of Quasi-Coerced Treatment in the Belgian Criminal Justice System

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A basic philosophy of the Belgian drug policy is that a criminal procedure should be an *ultimum remedium*, and that within this criminal system, imprisonment should be used as a last resort. Drug use and abuse is mainly a public health issue. Prevention is preferred to cure/recovery, which is preferred to punishment. But this philosophy isn't or can't always be put into practice.

Over the last five years, the judicial reaction to drug users and drug related offenders changed somehow. To illustrate this, three projects - followed and partly financed by the Minister of Justice - can be presented. Two of them are quite similar and fit within the prosecutorial powers in Belgium and make use of the case management technique. The third one concerns the introduction of a drug treatment court. There are other possibilities in diverting drug users to treatment, but those are not within the scope of this presentation.

1. QCT at the prosecutorial level

A public prosecutor has a few options in ending a file: he can dismiss a case; for small offences, he can propose a settlement (i.e. a payment of a sum of money); for small and medium offences, he can propose mediation; he can set up a judicial inquiry; or he can bring the case to trial. One of the reasons for dismissal might be the "lack of interest" by society in prosecuting a certain crime: the so-called opportunity principle. If certain conditions are proposed to the offender before dismissing a case according to the opportunity principle, one speaks of *praetorian probation* (conditional dismissal). Two projects were set up since 2005, making use of this possibility of conditional dismissal: the so-called 'Test Care' system (*Proefzorg* in Dutch) in Ghent and the 'Narcotic Adviser' programme in Liège (*Conseiller stratégique drogue* in French). Basically, on the condition of attending a specific treatment, the charge can be dropped (QCT). After successful QCT, which can take no more than six months, the case will be dropped. If unsuccessful, the case is brought to court. Success is mainly defined by collaboration of the offender and attending sessions.

This Ghent project was subject of an elaborate evaluation, done by the Department of Criminal Policy and the Ghent University. This evaluation demonstrated a clear added value of the judicial alternative. Participants incurred afterwards on average fewer criminal charges and reduced their problematic drug use.

Main conclusions of the evaluation are:

- Test Care fills in a gap in the Belgian criminal justice system. At other steps in the procedural chain, there are possibilities in referring drug users to treatment.
- Test Care results in a better cooperation between justice and treatment by means of bridging functions. A separate case manager is appointed. Due to this, referral from justice to treatment is quick and efficient.
- It results also in a better cooperation by means of clear reporting. Clear arrangements are made between the prosecutor's office and the treatment facilities. Formal, written report is necessary, but without information concerning the content of the treatment.
- Also better cooperation by means of clear barriers between judicial authorities and care or aid institutions. Responsibility is given towards the client: he or she has a contract with the public prosecutor (and only he, not the treatment facility).
- And finally better cooperation is made possible through partnership as in networks and consultation.

Also the programme at the Liège prosecution office is subject of an evaluation. This evaluation is now in its final stages and similar positive results as with the Ghent project become noticeable. Here are some early conclusions:

- Essential to collaboration between the criminal justice system and health care are preceding arrangements and definitions.
- If a policy choice towards such a QCT-system is made, sufficient funding should be made available.
- There is an actual risk of net widening.
- The programme in Liège was not merely focused on treatment of the drug abuse. A broader guidance or support for other problems (social status, unemployment, homeless) is provided, which leads to good results.
- The need for a subsequent drug court became apparent.

Due to those positive results and the added value, the Belgian Minister of Justice requested the Department of Criminal Policy to examine the possibilities for national implementation of the Ghent system. During 2010, the Ministry of Justice will furthermore pay attention to this study.

Besides the opportunity principle, the *praetorian probation* is not legally regulated. This lack of legal framework might be countered with a separate regulation for drug users, an adaptation of current mediation regulations, or with a general provision on dissolution of charges at prosecutorial level. A comparative study of European criminal justice systems was made to define advantages of each possibility. A few points of interest occurred:

- One should clearly define which criminal offences are qualified for each form of diversion or QCT.
- Every system should take notice of the due process of law.
- Avoid net widening.
- There is a need for a clear, general policy arranging the collaboration between a criminal justice system and public health care.

2. QCT within a court setting

A specific drug treatment court is set up as a project in 2008 in the Ghent region. The system is open to failed test care participants, failed mediation participants, and offenders of slightly more severe drug related crimes. The court postpones its verdict while the offender is under QCT.

This project is also subject to an evaluative assessment, prepared by the Department of Criminal Policy and the Ghent University. This provisional evaluation states that the drug treatment court is an added value towards the conditional dismissal system. The close follow-up done by the court is a clear advantage, e.g. to the probation system.

A few recommendations could be made:

- Attention is needed for general guidance and sufficient support, more than merely the drug abuse.
- The drug treatment court should be connected to the local network of aid projects.
- The system depends on sufficient capacity of the social services.
- Maximise judicial pressure.
- Focus on rehabilitation.
- Appoint a coordinator for the drug treatment court.
- There is a need for concrete results of local cases.

3. Conclusions

Beside the specific conclusions of the three evaluations mentioned, some general conclusions can be drawn. First of all, the criminal justice system, the social services and the health care have each their own purpose and working method. Each one should stick to its own task in society and trust upon the others in fulfilling their tasks. Within projects of QCT those different worlds intervene. One should focus on cooperation and exchange of information, but respect the limits of this exchange. Funding is not a result but a provision, which is based upon clear policy choices. Should we focus on early intervention or in restoration or harm reduction at the end of the penal chain? If capacity or funding seems insufficient, those projects of QCT will probably fail. Respect for a due process of law is essential. Elements as the presumption of innocence and the equality principle are to be respected. The Belgian projects unquestionably respect those principles, but the lack of a clear legal framework might cause assumptions otherwise.

CYPRUS

Quasi-Coerced Treatment in Cyprus

Theofanis GEORGIU, Drugs Law Enforcement Unit

The “Care and Treatment of Addicted Persons” Law 57 (I) 1992, foresees the development of suitably equipped centers for the care of substance dependent minors and other persons charged with criminal acts. As suggested through research evidence carried out in school population of Cyprus (up to 18 years), the use of cannabis (illicit substance mostly used) at least once in a lifetime between students, is roughly in 4-5%. Taking into consideration the European mean, which is around 10% (Hibbel et al., 2004), it appears that the use of cannabis in students in Cyprus, is at very low levels.

As regards to treatment demand for 2007, 60 young people (up to 19 years of age) sought treatment due to illicit substance use, which accounted for 6.5% of users. Even though the majority of these young people sought treatment for cannabis use, 25% sought help due to heroin and cocaine use.

The information available on treatment demand suggests that young persons’ involvement with illicit substances starts at a very young age, the mean age of onset of illicit drug use being 15 years. However, the law has been inactive, which deprives the right of access to treatment or other alternative sentence of imprisonment for a big percentage of substance dependent individuals.

With regards to law application, the Cyprus Anti-drugs Council decided to promote the revision of the existing legislation, which remained inactive due to anachronistic and inapplicable provisions. To this end, the CAC set up of a committee, which consisted of health care providers, lawyers, and the Drugs Law Enforcement Unit and Prisons representatives.

The committee identified the need for segregation of provisions between those that concern adults (population which constitutes also the bigger percentage of individuals charged with criminal offenses) from those that concern minors; as well as modification of provisions that concern adults alone. The committee will also work in collaboration with the Commissioner for Children's Rights, an independent institution which is dedicated to ensuring children's rights and whose powers and duties defined by law, towards the inclusion of modifications that concern minors, promoting a new bill.

The suggestions made by the ad hoc committee are undergoing technical and legislative processing, in order to be put before the Parliament for approval. The CAC, as the institution mainly responsible for the law mentioned above, will continue to work closely with all other responsible institutions, in order to achieve the application of the revised law.

Moreover, the Parliament is still reviewing the bill on the serving of sentence with at home restriction. Consequently, provided the new law is applied, persons that are currently detained in prisons for drug related offenses, that have been sentenced for at least 3 months, and have been involved with the Centre of Guidance for Employment and Re-integration of Prisoners, can apply for serving their remaining sentence through at home restriction. These prisoners will bear a locator tag and will return home after work instead of prison.

As regards to community work as an alternative to imprisonment, this excludes as a rule illegal substance users. According to the Social Services of the Ministry of Labour and Social Insurance, illicit drug users are excluded due to the practical difficulties in the follow-

up of users by social services workers and to the high relapse risk among this population. Therefore, the users of illicit substances have no other alternative to legal prosecution. The international literature suggests that the exception of users from Community work programmes is counter indicated. Nevertheless however, this alternative solution lies with the court's decision, which in the past has imposed Community Work sentences in certain cases and drug using offenders.

The suspended sentence for imprisonment in Cyprus, is usually applied for young individuals, who are accused for possession of quantity of illegal substances for personal use and do not have a criminal record. The judge has the power to suspend the sentence of imprisonment, with the condition that the offender will not commit another offence within a set time interval. In case of reoffending, the court will sentence the person in imprisonment for both offences.

Based on the current report and the existing gaps identified, there exists an urgent need for the modification and implementation of regulations, so as to ensure the applicability of the existing 1992 Law, as well as the development of suitable therapeutic services.

FRANCE

Les consultations jeunes consommateurs :

Une orientation volontaire ou quasi contrainte vers une prise en charge sanitaire pour des jeunes usagers dont les consommations sont problématiques

Sylvie VELLA et Fabienne DELBAUFFE, Mission Interministérielle de lutte contre la drogue et la toxicomanie

Depuis son lancement fin 2004, le dispositif des CJC propose un accompagnement aux jeunes usagers de cannabis et d'autres substances psychoactives et à leurs familles. Les CJC ont vocation à assurer information et évaluation aux premiers stades de la consommation (usage, usage nocif) et déclencher une prise en charge brève ou une orientation si nécessaire. Elles doivent accueillir tous les publics, en s'adressant en priorité aux jeunes, et prendre en compte toutes les substances relevant de l'addictologie (alcool, cannabis, cocaïne, psychostimulants) ainsi que les addictions sans produit (jeux, internet, etc.). Une première évaluation du dispositif de mars 2005 à décembre 2007 a montré que les CJC ont accueilli environ 70000 personnes. La première enquête menée par l'OFDT montrait que le public était formé d'usagers de produits (70 %), âgés de 14 à 25 ans (90 %), avec une forte part de consultants adressés par la justice (38 %) aux profils d'usage moins problématiques (22 % de dépendants, 52 % parmi les demandeurs spontanés).

Fort taux d'orientations judiciaires

L'évolution la plus significative dans le profil du public concerne la montée en charge des consultants sous-main de justice (48% vs 38%), qui assure le renouvellement de la file active:

54% des primo-consultants sont sous contrainte judiciaire, alors que 18 % sont demandeurs spontanés. Concernant le public des 18-25 ans (marqué par la prédominance de la voie judiciaire)

Conclusion

Le dispositif, centré sur une clientèle-cible d'usagers de produits (80 %) principalement concernés par le cannabis (92 %), constitue un recours contraint pour la moitié du public qui sursoit ainsi à des poursuites pénales ou à une peine d'emprisonnement : c'est en particulier le cas des garçons qui, à tous les âges, sont majoritairement adressés par la justice (surtout entre 18 et 25 ans). Cette judiciarisation du dispositif semble s'être accentuée entre 2005 et 2007.

Modification récente inscrite dans le plan gouvernemental MILDT:

- améliorer la prise en charge sanitaire des jeunes consommateurs en triplant le nombre de jeunes pouvant bénéficier de l'aide de ces structures pour arriver à 120 000 personnes (création de 50 consultations supplémentaires, y compris en zone rurale)
- expérimenter des CJC dans des établissements justice notamment pour permettre de développer le travail en réseau et la transmission de savoir faire (repérage précoce, évaluation et orientation).

Le stage de sensibilisation aux dangers de l'usage de produits stupéfiants: Une sanction pédagogique pour des usagers dont la consommation est non problématique, permettant une prise en charge sanitaire à la demande de l'usager.

En France, l'usage de drogues illicites est devenu globalement plus précoce, plus fréquent et encore plus lourd de conséquences. 4 millions de fumeurs occasionnels et 1.2 million de fumeurs réguliers de cannabis dont 550 000 usagers quotidiens (au moins un joint par jour). Au surplus, les consommations de cocaïne ont doublé depuis 2002 avec actuellement 250 000 usagers, et se diffusent progressivement dans les soirées et les événements festifs. L'ecstasy est également en progression (doublement des consommations en deux ans). Enfin, l'héroïne semble faire son retour dans un contexte de relative ignorance de sa dangerosité par les générations les plus jeunes. Force est donc de constater que les actions passées des pouvoirs publics n'ont pas été suffisamment efficaces pour endiguer la progression de l'usage des drogues en France.

Une nouvelle réponse judiciaire : les stages de sensibilisation aux dangers de l'usage de produits stupéfiants

Pour **faire reculer ces consommations et prévenir l'installation dans un usage régulier et le passage à l'usage problématique**, la loi relative à la prévention de la délinquance du 05 mars 2007 et le décret d'application publié le 26 septembre 2007, élargit le panel des réponses et sanctions judiciaires en matière d'usage ou d'incitation à l'usage de produits stupéfiants, notamment par l'introduction d'un dispositif de stages de sensibilisation aux dangers de l'usage de produits stupéfiants (drogues illicites). L'objectif est d'induire une prise de conscience des risques liés à l'usage des drogues sur le plan sanitaire, judiciaire et les implications sociales de cette conduite. Le public visé par ces stages est essentiellement l'usager peu ou pas dépendant qui consomme dans un contexte récréatif et échappe de ce fait au dispositif d'obligation de soins et pour qui, une mesure plus symbolique de type rappel à la loi ne semble pas dissuasive.

Proposé essentiellement par le procureur de la république dans le cadre des alternatives aux poursuites ou de la composition pénale, ce stage devra être réalisé dans les 6 mois suivant la condamnation, au frais du condamné (environ 220 euros pour un montant plafond n'excédant pas les 450 €). Le stage peut également être prononcé par les magistrats du siège dans le cadre de l'ordonnance pénale ou des peines complémentaires. Ces mesures de stages de sensibilisation ont été décidées dans 92,7 % des cas dans le cadre d'alternatives aux poursuites

Pour éviter les dérives de tout type, le contenu de ces stages a fait l'objet d'un cahier des charges rigoureux élaboré de manière interministérielle sous le pilotage de la MILDT. L'information délivrée s'appuie sur des informations scientifiques validées. Ces stages sont mis en œuvre par le milieu associatif en lien étroit avec les parquets. Ils feront l'objet d'une évaluation au fil de leur mise en œuvre pour en optimiser l'efficacité.

Conclusion

A ce jour, difficile d'évaluer l'impact de cette mesure aux différents stades du processus pénal. Mesure trop récente. Volonté du MJ de procéder à cette évaluation sur une cohorte et une durée déterminée (2 à 3 ans). L'obstacle principal au développement de cette mesure est le paiement du stage (frais de stage différent de peine) par l'usager, notamment par les mineurs.

PERSPECTIVE:**Traitement sous contrainte: une possibilité envisagée par la direction de la protection judiciaire de la jeunesse (Ministère de la justice)**

Aujourd'hui trop peu de mineurs sous main de justice accepte de suivre des soins pénalement ordonnés, tout au plus une injonction de soins mais sans obligation de résultat

Le projet INCANT est un programme de recherche visant à évaluer, dans le contexte européen, l'efficacité d'une méthode thérapeutique d'inspiration familiale (Multidimensionnel Family Therapy) dans la prise en charge des adolescents abuseurs ou dépendant au cannabis.

Cette nouvelle thérapie destinée aux adolescents, qui nous vient d'Amérique du Nord, est expérimentée dans cinq pays en Europe (France, Belgique, Allemagne, Pays-Bas et Suisse). Cette recherche, débutée au printemps 2007, porte sur 500 jeunes. A la fin du dernier trimestre 2009, les procédés seront comparés afin d'évaluer l'efficacité de la MDFT selon certains critères tels que le niveau de consommation de cannabis ou encore les problèmes dans le cadre de la scolarité et de la délinquance. Cette approche d'un genre nouveau est bien plus qu'une thérapie familiale classique. Sa force est d'inclure la famille et le système extrafamilial.

En France, la MILDT a financé l'étude de faisabilité puis l'expérimentation à hauteur d'un million d'euros sur trois ans. Deux sites d'expérimentations avaient été retenus. Les résultats seront publiés très prochainement.

Cette méthode reconnue comme efficace aux États-Unis, vient d'être habilitée par le ministère de la justice aux Pays bas pour la prise en charge des mineurs sous main de justice. Notre souhait serait de pouvoir faire bénéficier le public suivi par la DPJJ de cette prise en charge innovante. Nous avons débuté une expérimentation sur un centre éducatif fermé dans le nord de la France à Beauvais. L'objectif est d'évaluer à terme l'expérimentation et de démontrer que cela peut marcher dans un cadre contraint.

Un centre éducatif fermé est un hébergement pour les jeunes les plus difficiles. Le placement prononcé par le juge dans le cadre de l'alternative à l'incarcération. Le public concerné sont des jeunes très fragiles et la quasi totalité d'entre eux sont des consommateurs de produits psychoactifs.

HUNGARY

How Effective is the Hungarian Drug Diversion System? Study on the Perceptions of Institution Leaders, Professionals and Clients

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Aims and methods of the study

General aim of our study⁷ was the monitoring and effect-evaluation of the Hungarian diversion⁸ system, while specific aims were to execute such applied social science research where the evaluation of effectiveness is carried out by means of standardised psychological and sociological methods. The complex research project consists of two main parts: one cross-sectional and one follow-up study.

Cross-sectional study

During the cross-sectional study we have explored the activities and area of intervention for drug users – especially diverted clients – of institutions providing diversion services; we have mapped the infrastructural and financial background, the professional and several other characteristics of staff, client turnover, ratio of clients changing organisation before terminating the program, the ratio of acquiring final certificate, the conditions set for clients participating in the diversion program or treatment and the professional content of the programs. Finally, we have also interviewed the leaders of institutions, professionals working in the programs and participating clients on how effective do they see the diversion programs and how would they modify the institutional system of diversion in order to make it more effective.

As the first step of our cross-sectional research, a document analysis was carried out in order to create a valid list of the institutions and organizations running diversion programs followed by the validation of the institutional list by means of phone calls. In the second step of research interviews were made with leaders of institutions, professionals running diversion programs and participating clients. The third step involved creating contact with the total number of institutions in the frame of a nationwide cross-sectional survey. Questionnaires of the study were filled in by the institution leaders, professionals and clients involved in the diversion program.

⁷ The research project was funded by the Ministry of Social and Labor Affairs (Grants KAB-KT-M-08 and KAB-ET-09-U-0001).

⁸ Diversion is the most widely used expression in Hungary therefore we use this expression instead of quasi-coerced treatment. This is also reasonable because in the Hungarian system two types of diversion programs are present: problem users and addicted persons receive medical treatment while occasional users receive a non-medical, preventive-educative service.

Target groups and methods – overview

Date of realization	Target groups, methods		
	Service providers (institution leaders, program coordinators)	Professionals involved in diversion	Clients participating in diversion
2009 May	Document analysis, Validation of institution list, Institutional data sheet (creating contacts with institutions)		
2009 May-June	Interviews	Interviews	Interviews
2009 July-August	Data collection with interviewer-administered questionnaires Nr of responders: 69 institutions, organizations (response rate: 73%)	Data collection with self- administered questionnaires Nr of responders: 149 persons	Data collection with self- administered questionnaires Nr of responders: 302 persons

Follow-up Study

Eight institutions providing diversion services have been invited in the follow-up study based on their client turnover and willingness to participate from all parts of the country. Clients of these institutions, 150 persons altogether, filled in the survey questionnaires three times; when entering diversion, when exiting the program and six months after exiting the program. During the study changes in different characteristics of the diverted clients have been examined in order to analyze the effectiveness of the diversion. The following characteristics of clients have been observed during the follow-up: substance use patterns, severity of addiction, mental status, presumptions, expectations, intentions and experiences regarding diversion, socio-demographic characteristics, and attitudes of their social environment towards their drug use. In the study standard questionnaires for the assessment of drug related problems have been applied, such as ASI, GHQ, Rosenberg's SES, CUDIT, MSI, HCQ and Psychological Immune Competence Questionnaire.

Target groups and methods – Overview

Date of realization	Target group: clients	Methods
1 st data collection: 2009-10-05 – 31-06	Number of responders: 143	Interviewer-administered and self- administered questionnaires
2 nd data collection: 2009-10-11 – 2010-31-01	Number of responders: 98	Interviewer-administered and self- administered questionnaires
3 rd data collection: 2010-10-05 – 30-06 (in process at the time of writing this overview)	Planned number of responders: 98	Interviewer-administered and self- administered questionnaires

Most important results of the study

Cross-sectional study

According to the leaders of institutions providing diversion services the most important expected results of diversion, in case of all three types of programs, were the decrease in substance use or reaching abstinence (together with reintegration and resocialisation in case of 'other treatment on substance use'). Reintegration and resocialisation of clients into their broader or closer environment mean the second most important expected aim of treatment

dealing with drug-dependence, while for other treatment on substance use the improvement of clients' mental, psychological status is the second most expected result. In case of the preventive-educative service positive life changes were the second most frequently mentioned expected outcomes.

Formal accomplishment of the diversion program (meaning that client attends the sessions and remains in the program for six months) is among the most important expected outcomes only in case of the preventive-educative service.

The most important effectiveness criteria according to institution leaders (based on open questions)

Drug-dependence treatment	Other treatment on substance use	Preventive – educative service
1. decrease in drug use, reaching abstinence	1. – decrease in drug use, reaching abstinence - reintegration, resocialisation of client into society	1. decrease in drug use, reaching abstinence
2. reintegration, resocialisation of client into society	2. improvement of client's mental, psychological status	2. positive life changes
3. – improvement of client's mental, psychological status - improvement in client's social relationships - positive life changes	3. positive life changes	3. formal accomplishment of the diversion program (certificate of attendance)

Answers of professionals compared to answers of institution leaders show incongruence regarding success criteria of diversion. In their responses to the opened questions, thus not having any restrictions, reaching abstinence seemed to be most important criterion of effectiveness regarding all three types of diversion programs. When ranking closed items however, a trusting and confidential relationship between clients and professionals was considered to be the most significant criterion. (The method of questioning could also contribute to this result. Abstinence given to the opened questions might be seen as an "obligatory" element, that must be mentioned in a research on diversion, while during the rating of answers for closed questions there was a possibility for a more fine-scale differentiation.)

The most important effectiveness criteria according to professionals (based on opened and closed questions)

Drug-dependency treatment	
Opened question: 1. abstinence 2. raising client's motivation 3. decrease in drug use	Closed question: 1. building a confidential relation with the client 2. recognition of problematic substance use 3. raising client's motivation
Other treatment on substance use	
Opened question: 1. abstinence 2. promoting client's motivation 3. changing attitudes towards drugs	Closed question: 1. creating a confidential relation with the client 2. raising client's motivation 3. improvement in client's mental status
Preventive-educative service	
Opened question: 1. abstinence 2. changing attitudes towards drugs 3. creating a confidential relation with the client	Closed question: 1. creating a confidential relation with the client 2. changing attitudes towards drugs 3. client gets in touch with the treatment system; knows where to go in case of problems

Leaders of institutions consider effectiveness of diversion altogether higher than professionals working at their institutions and organisations. Rate of persons receiving a certificate of accomplishing the program was estimated to be 73% by the institution leaders, while only 58% by the professionals.

Estimation on the rate of clients receiving a final certificate (accomplishing the 6 months interval) by institution leaders and professionals:

	Institution leaders	Professionals
Addiction treatment	63%	51%
Other treatment on substance use	74%	56%
Preventive-educative service	83%	68%
All types together	73%	58%

According to the survey among diverted clients most clients report that participation has positive consequences on their lives and are basically satisfied with the present system of diversion. The most important criterion regarding diversion reported by clients is the avoidance of incarceration, which is fulfilled in the majority of cases. The effectiveness, utility and positive consequences of diversion are seen as the changes in habits concerning substance use by the clients. Nearly half of the clients reported quitting drug use, while one third of them reduced consumption. Treatment of other problems (in the area of somatic or mental health or social relations) resulting from illicit substance use is supported by the process of diversion in the case of one third-one fourth of the clients on average. The vast majority of the interviewed persons evaluated their experiences with diversion to be all-in-all positive.

Most important expectations of diverted clients (rank of effectiveness criteria) and their fulfillment

	Importance*	Fulfillment (Utility)*
Obtaining certificate of completion (avoiding incarceration)	83% (1)	_ ^{**}
Abstinence	46% (2)	_ ^{**}
Decrease in drug use	46% (2)	49% (1)
Health improvement	44% (3)	35% (3)
Improvement in problem and conflict management skills	34% (4)	35% (3)
Improvement in relationship with environment	36% (5)	38% (2)

* "fully agree" and "mostly agree" answers together;

** diverted clients could not answer these items yet; according to the study most of them receives the certificate at the end of the program

Follow-up Study

Clients involved in the research project show relatively low scores along all dimensions of ASI assessing severity of addiction; only the dimension of illicit substance use was relatively elevated. Also, a significant number of diverted clients have not considered themselves as having problems with substance use. Responders expected primarily the avoidance of incarceration, secondly the reduction of substance use and thirdly the improvement of their health as results of diversion. When entering diversion 60% of the interviewed clients named quitting drug use as their aim, 20% reported that although they are not planning to quit, they would be happy to do so, however 20% definitely did not intend to quit drug use.

Analysis of questions assessing illicit drug use and severity of related problems show that drug use and severity were reduced by the end of the diversion program. This reduction was equally present in case of more severe and less problematic drug use. It has to be

considered however, that loss of clients until the end of the program was more significant among the more problematic users and we have no information on the changes concerning drug use of clients dropped out of research. According to data collected at the point of exiting the diversion program successful termination of drug use shows strong correlation with the initial intentions of clients; two-thirds of those who have originally intended to quit substance use reported abstinence for the period of diversion and further one third of them have also used less than before. Among those, however, who did not have the definite aim of restraining or terminating drug use rate of abstinence or reduced use was significantly lower.

In the final survey, clients themselves have also evaluated the utility of diversion. The extent of utility exceeded clients' expectations in cases of two factors: the better management of everyday problems and conflicts and the reduction of drug use. This latter dimension is one of the most important anticipatory expectations of clients concerning diversion therefore in this aspect diversion can be regarded effective. Considering the reactions of clients' broader and closer environment on their drug use such a relation can be observed that the closer relationship they have with the responder, the stronger are their reactions both helping and rejecting. Regarding their behavior during the period of diversion however, in correlation with the closeness of relationships, an increase in helping, supporting attitudes and a decrease in rejection is reported.

Conclusions and implications of the research

Effectiveness of diversion, due to the lack of a precise definition and professional consensus, is difficult to measure and controlled/comparative follow-up studies are also missing. Nevertheless, based on the results of this study it can be stated that severity of addiction of clients entering diversion is relatively low. Also, by the end of the program diverted clients' substance use and its severity are significantly reduced, which seems to support effectiveness of diversion. Professionals working in the field of diversion might interpret the same professional objectives on an extremely wide range and sometimes even in a contradictory way. Although it might be a relevant professional question to what extent is the methodological variation acceptable or even desired, however, it is an unequivocal indication of professional management problems if there is no consensus regarding the aims to be reached by means of the different methods.

The problems revealed by our study were typically fended off by institution leaders and professionals in professional forums; the responsibility was usually shifted on external factors and they were less opened towards dealing with the revealed internal problems of their institutions. In spite of the results of diversion, it is still not known whether diversion or its present system is the most effective way of realising the policy of "treatment as an alternative to arrest".

PORTUGAL

Alternative Measures to Imprisonment and Quasi-Coerced Treatment - a New Paradigm

João Luís MORAES ROCHA, Court Appeal Judge, Institute on Drugs and Drug Addiction

In the absence of consensus on the definition of quasi-coerced treatment will be possible to approach the notion of a treatment, obtained the consent of the person concerned, that is ordered, motivated and / or supervised by public authority. That is, we have a treatment that is not purely coercive, has at its foundation a compulsory component capable of determining the person to consent to their own treatment, or else to keep it or restart it. This component consists of a coercive penalty or a sanction that itself is an evil, which can be avoided by accepting an alternative that is emerging as a lesser evil. In most countries the public authority is only the criminal justice system, but there are others, that allow the quasi-coerced treatment determined by a non-judicial system. This is the case of Portugal, where both systems co-exist, mutually independent and do not overlap, by which it can motivate, establish and supervise the treatment of drug users/addicts. They are the criminal justice system and the administrative system committed to the Commissions for the Dissuasion of Drug Addiction.

The criminal justice system

In Portuguese criminal system the quasi-coerced treatment is foreseen by the penal provisions of the execution of prison sentences, including the implementation of the suspension of the sentence and the application of probation. It is by these penal provisions of the sentence of imprisonment that it will be possible to order treatment, motivated and / or supervise it. This legal provision foreseen in the Penal Code (art. 50.º), allows the suspension of the sentence of imprisonment imposed to a penalty that not exceeding five years considering the personality of the agent, the conditions of his life, their conduct before and after the crime and it's circumstances. Before these conditions the court decide that the fact of censorship and the threat of jail, perform adequately enough for purposes of punishment. Such a stay of execution of sentence of imprisonment may be subject to duties for repairing the harm of crime and / or rules of conduct, to facilitate reintegrating of the offender into society. It's in the rules of conduct that the court may, after obtaining the consent of the person concerned, determine the medical treatment or cure in appropriate institution by supporting and monitoring the services of social rehabilitation, since the ultimate goal is to reintegrate the offender into society. The law provides also the possibility of suspension with probation, within which you can order the treatment. This scheme is ordered whenever the offender has not completed at the time of the crime, 21 years of age or when the term of imprisonment is suspended its execution has been applied to measure more than three years.

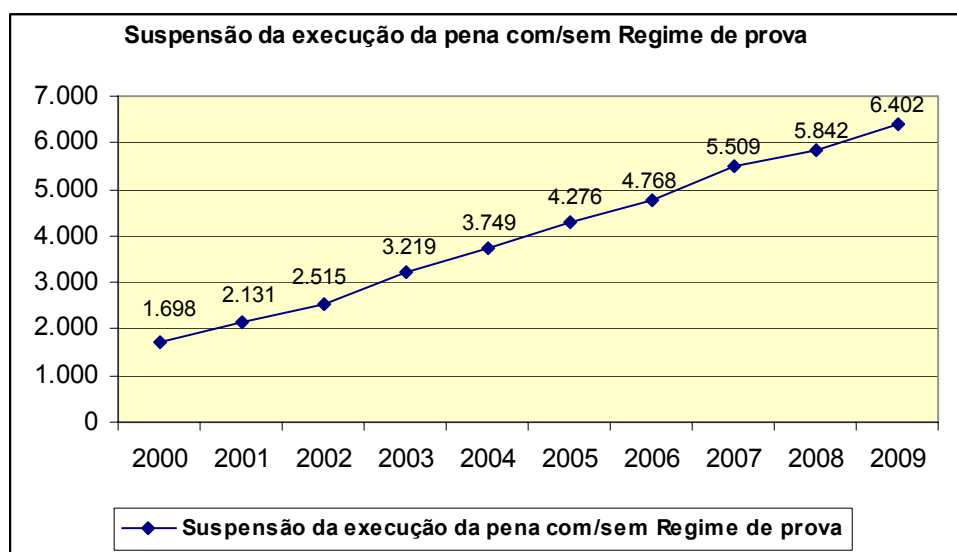
Finally, there is a special case for the convicted drug addict. In this case, the Drug Law (DL 15/93 of 22-01) specifically addresses the suspension of sentence and the "obligation of treatment", with the consent of the person concerned, and refers into the general scheme of the Criminal Code the other requirements for suspension of sentence. In particular, the quasi-coerced treatment, according to the Portuguese criminal justice system, has some structural features:

- The consent of the person concerned in their own treatment;
- The insertion of treatment into the philosophy and legal system of alternative measure to imprisonment, and,
- Its ultimate goal is the reintegration into society.

The reasons of the requirement of consent of the person concerned are respect for self and personal integrity of the offender and the need for collaboration and voluntary participant to achieve success in treatment. From an ethical point of view, it is possible to question whether the consent required is indeed free, since it puts in its premises two "evils", with the heaviest prison than treatment. This question falls outside the scope of this presentation but emerges as a relevant approach. Regarding to its insertion into the system and the philosophy of alternative measure to imprisonment, the quasi-coerced treatment is placed in their historical and political-criminal aimed at replacing the term of imprisonment. This movement has signed a new paradigm in judicial practice and it is evident their progressive implementation.

As an example, we can see the recent evolution of the suspension of the sentence.

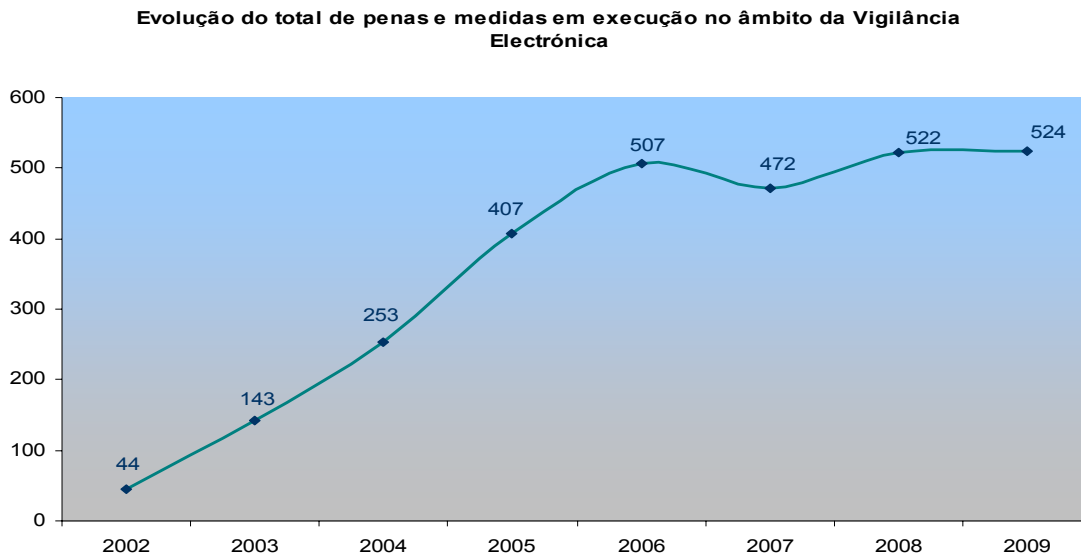
GRAPHIC 1 Suspension of sentence with or without probation



Unfortunately we have no indication of statistical treatments nor the expression of its success which certainly fall into the ascending curve, and therefore one can state that follow the same path increment. It must be mentioned that the alternative sentence of execution of sentence of imprisonment - in the realization of which is positioned quasi-coerced treatment - currently stands a conspectus broader entertainment solution with respect to prison and, all the mechanisms to avoid arrest actually used, originates in this way, a new and different mindset and praxis, not only of the judiciary but the general public, which, in turn, more power is given in practice this type of solution, within its proven success.

An exemple of its success is the increase of the substitution of imprisonment for the obligation to remain in housing monitored with electronic bracelet.

GRAPHIC 2 Evolution of the penalties and enforcement measures in the context of electronic surveillance



The clear expression of success is the guarantor of a new paradigm in which the coercive treatment falls. The final structural feature of quasi-coercive treatment, inserted in the structure and philosophy of the alternative sentence, is the effective reintegration of the person involved. This means that treatment is not an end in itself, it is a mean for achieving social reintegration of the offender. This feature has the advantage of ensuring the success of treatment because there is a monitoring and supervisory work in a motivating and protecting way.

The Commissions for the Dissuasion of Drug Addiction

In 1999 the Portuguese government adopted the National Strategy for Combating Drugs, one of the thirteen options was for the decriminalization of drug use. Thus, in implementing this National Strategy was published Law No. 30/2000 of 29-11, that changing the rules hitherto in force, establishes the decriminalization of consumption, acquisition and possession for personal consumption, provided that the amount involved does not exceed that necessary for the average individual consumption for ten days. Exceeded this amount, the individual will commit a crime, punished and foreseen (investigation, prosecution and trial) by the criminal justice system.

Under the new regime established by Law n.º 30/2000, consumption, acquisition and possession of narcotics for personal consumption in limits alluded to, is no longer a crime and has become an administrative offense. The device created to evaluate and decide this new situation was called the Commissions for the Dissuasion of Drug Addiction. Imposed by administrative district (head City) and by each autonomous region, are composed of three elements: a chairman and two members with curriculum in the field of addiction, together with a multidisciplinary technical unit support of physicians, psychologists, sociologists, technicians, social services, among others. To meet the diverse situations of consumption that they are responsible, the Commissions for the Dissuasion of Drug Addiction have different types of responses, including sanctions.

It is noted that Law 30/2000 provides another type of treatment, known as spontaneous which simply removes the deterrence of law enforcement (art. 3.º). Regarding the treatment

no spontaneous, the law provides that the addict, once accepting the treatment, the Commission can provisionally suspending the process, from up to two years, extendable for another year.

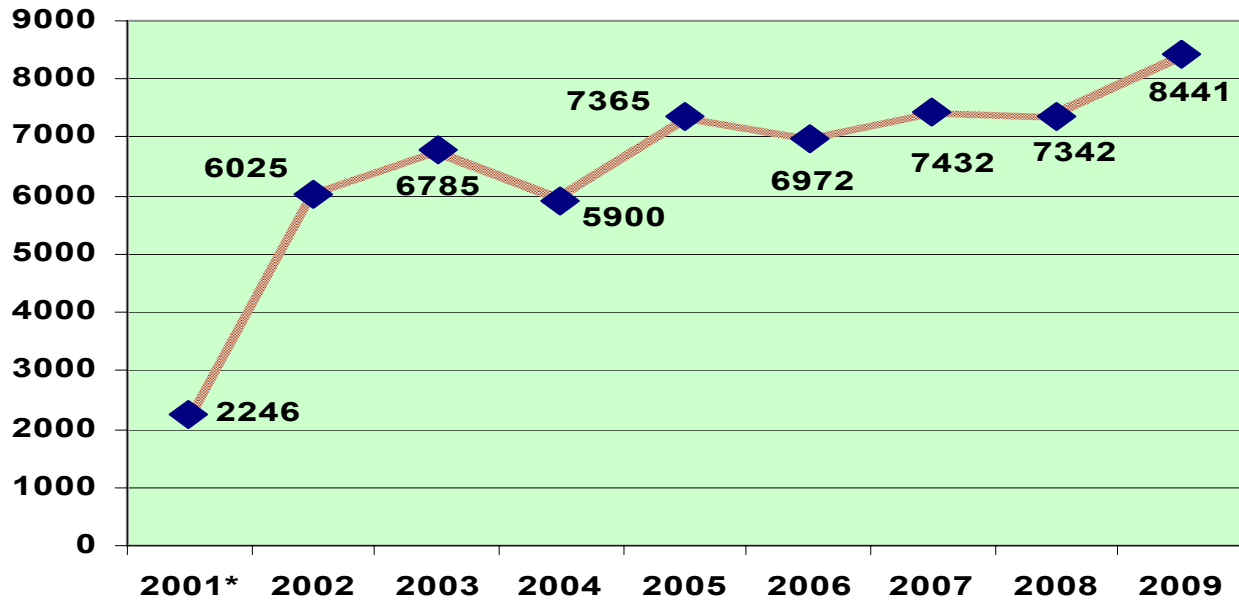
The suspension is even obligatory if the addict has no pre-registration process of administrative offense. Since registration, the suspension depends on the discretion power of the Commission. Later in the proceedings, when determining the penalty, it is also possible to suspend the actual determination of penalty in case of treatment. In this case, if the drug addict accepts submit to treatment, the Commission suspended until three years determining the penalty. If during period of suspension if the addict does not impose or discontinue treatment, the suspension is revoked. With no withdrawal, the case when the period of suspension ends is declared extinct. In this connection, administrative offense should retain the following structural characteristics:

- Verification of the drug addiction;
- Agreement of their own treatment;
- Treatment emerges as an end in itself.

The verification of the status of drug addict as a condition of treatment, it should be noted that this requirement is specific Laws for Drugs (DL 15/93 and L 30/2000) because the system of criminal law does not require the drug addiction for treatment. The logic of this distinction relates to the purpose of each scheme: in the criminal, treatment is a means to an end, the reintegration of the offender; different perspective is the regime's decriminalization aimed at health and social protection of people who consume drugs, in particular desideratum just the addict justifies coercive treatment, precisely because only this state of dependence requires treatment, all previous stages may, according Law No. 30/2000, be resolved to protect the consumer in other ways. Concerning the agreement referred to in his treatment that it is based on the same reasons for the same requirement in the criminal system and already alluded to earlier. In this point, I only report the particularity by the penalty are not determined and therefore the "evil" motivator not be realized that, somehow, can be seen as further coercion than a identified and established "evil".

Finally, treatment appears as an end in itself strictly as a perspective of social protection and health of the addict, is the appropriate technical solution, depleting the intervention of the Commissions. Law 30/2000 does not speak of cure or social rehabilitation, treatment and medical response is the objective. Only thus we can justify that the treatment of the consumer keep himself away from the application of the law of deterrence. The Commission also may decide to suspend the proceedings if a consumer without previous record on the central database register, accept an undergo treatment although under surveillance. Consider this type of treatment, with reference to the year 2009 draws to an upward curve in the cases committed to the Commissions.

Graphic 3 Annual distribution of cases



And with no prior registration.

TABLE 1 Cases opened in 2009

Indicted	N°	%
Addict	778	12%
Not an addict	3563	55,6%
Pending unrated	2076	32,4%
Total	6417	100%

Regarding the indicted drug addicts, who can apply treatment almost compulsive, there is the following scenario.

TABLE 2 Indicted addicts

Referral Type	Indicted				
	Treatment Unit Team	Health Centre	Other responses	Total	
Routing	179	10	26	215	28,80%
Forwarding	90	1	3	94	12,60%
Continued treatment	376	3	59	438	58,60%
Total	645	14	88	747	100%

And so we see that the new defendants almost compulsive drug treatment, suspension or suspension of the process of determining the penalty, had the expression of 96.6%. This significant expression of quasi-coerced treatment is only possible because the committees ensure a good relationship with local structures working in the field of drug abuse. Be aware that 28.8% of these addicts had never established contact with the treatment facilities which means a ready answer for Committees and the usefulness and effectiveness of response depends on this very timely.

Conclusion

All European Union member states signed the action plan for drugs, the 2005-08 and the 2009-12. According to the plan established there, the treatment of the drug consumer/ addict deserves applause instead of punishment. However, the treatment in the criminal system comes residual in the measures applied, and, as seen from the Portuguese example, it is inserted into different items and thus appears "hidden" in official statistics. We must recall that the quasi-coercive treatment is for the criminal justice system a way to achieve the purpose of social rehabilitation, which is the ultimate goal of this system. Then it is understandable that the treatment is concealed by the institutions within which falls. But, as noted, treatment exists both in the criminal justice system and in the dissuasion's approach and notes in this a sharp upward curve. For dissuasion, quasi-coercive treatment is almost the end for a certain type of situations that arise in the boundary line of deterrence. Indeed, the main function of dissuasion is in the first level of consumption in which the Commissions have the first and decisive warning in relation to consumer protection. If this first approach is effective all the other levels are avoided, namely quasi-coercive treatment.

Rather Treat Than Punish - The Portuguese Decriminalization Model

Fátima TRIGUEIROS, Paula VITÓRIA and Lúcia DIAS, Institute on Drugs and Drug Addiction, Ministry of Health

Portuguese law: a historic overview

The first drug laws in Portugal date back to 1924 and 1926 and remained unaltered until 1970. They aimed to regulate drugs import and export and associated drug addiction with mental illness treatment, since drug use was unexpressive at the time.

After the 1975 April 25th Revolution, which fostered the freedom and the loosening of social habits, and the ensuing decolonization process, drug consumption rose. The Portuguese institutions were not ready to respond to that outbreak, since law enforcement agencies had been centered on a repressive model and there were no specifically targeted health structures. Heroin injection in particular became problematic.

Due to the emergence of an alarming drug consumption pattern, a specialized government structure was created in November 1976; the Centre for the Study of Drug Prophylaxis (CSDP) in view of addressing the problem specificities and the difficulties faced by care and treatment institutions.

Historical references to drugs decriminalization date back to the foreword of Law Decree No. 792/76 that created the CSDP. Albeit indirectly, Portugal introduced then for the first time in the drugs legislative framework the issue of drug use decriminalization, since the legislator expressed the need to revise the concept of drug use as a criminal act, a concept strongly consolidated in the legal framework, and to replace it, when justified, by a set of norms designing it under a regulatory administrative ordinance.

The Preface of Law Decree No. 792/76 clearly stated that ideally the penalty criminal model should be replaced by the consumer's clinical treatment and qualification of the drug user as patient and not as criminal, since drug use leads to "*a weakening, and even an enslavement of the will and, therefore should be immune to a [...] imputation of guilt*" (Preamble of Law Decree No. 792/76).

An alternative to the criminal model

To understand the development of drugs policies in Portugal from a drug consumption criminal model to the decriminalization of drug consumption, with the purpose to signal precociously and motivate recreational and regular drug users and to foster drug addicts for treatment, it is necessary to map public and private evolutionary attitudes expressed by legislators step by step.

This evolution culminated in the acceptance of a legal framework whereby the crime of consumption – typified under Law Decree's No. 15/93, of January 22, Article 40 as criminally punishable, took on a new legislative intent, and the consumption of illicit drugs, the acquisition and possession for personal consumption of up to an average amount of ten days was decriminalized.

It is precisely under this perception that decriminalization, aimed to achieve "*a new model, without penalties or fines, on long-term future*" (Poiares, C., 2001, p. 68), is to be understood as an alternative to the criminal model in force until June 2001. Convening this idea of drug use decriminalization as an alternative model to the criminal model is to recognize and be aware of the merit of stirring to a solution while maintaining a ban that keeps drug users

away from the inescapable weight of the criminal law enforcement by limiting their mechanisms to the implementation of a deterrent power (Quintas, J., 2006).

Multidisciplinary research

In 1992 the Ministry of Justice's Drug Fighting Office, the competent structure for drugs and drug addiction study and research, commissioned a multidisciplinary research program in partnership with the Oporto University to research and study drugs and crime relationship in Portugal. As conclusions were only published in Portuguese therefore international partners and scientific community are unaware of its findings.

It concluded that there is not a thorough relationship between drugs and crime; that social and economic conditions do not necessarily determine drugs and crime association; that some drugs are prevalent to specific economic and social extracts; that among middle and upper class levels drug addiction could be maintained for more that ten years without others being aware of drug use.

The study and research outcome, composed by 12 reports (Da Agra, Cândido, 1996), were presented in October 1996 at an enlarged conference with members of the scientific and academic community, field practitioners and people interested.

In the mean time, the awareness that prosecution and imprisonment were not a solution for drug consumption grew among judges and law enforcement officers. Drug users presented to Courts were sent home with a suspended sanction in most cases not associated with other crimes or just a petty crime, or plainly associated with drug consumption or drug possession for personal use. But that would obviously let them alone to continue with their drug consumption. In cases associated with a crime, judges would frequently suspend penalty conditioned to a treatment obligation. The feeling that there should be some other way to address drug use was steadily growing.

After the presentation of the multidisciplinary research study, the Prime Minister swore a commission composed of eminent field practitioners and academics, presided by a renowned scientist unrelated with the drug field, and gave them the task to study the drug institutional arrangement and legal framework and to present a report, which was the main ground for the 1999 Portuguese Drug Strategy (Presidência do Conselho de Ministros, 1999).

The Portuguese Drug Strategy

Based on the Commission's Report, which explicitly excluded drug liberalization and trade regulation scenarios (2002, Valente, p. 10), the 1999 Portuguese Drug Fighting Strategy (1999 PDS) was drafted, being published in April 1999. Among its most innovative aspects were the qualification of drug addiction as a disease, the creation of a harm reduction network and the expansion of drug users outreach structures. As a consequence of the stronger orientation for treating drug users and drug addicts, the public treatment network was enlarged. The 1999 PDS was implemented through a 30 measures Action Plan to be accomplished by 2004.

Drug decriminalization

Following the 1999 PDS the decriminalization law was proposed by the Government, discussed and approved by the Parliament and published in November 2000, entering into force in July 1st 2002.

The law proposal incorporated all the Commission's recommendations, namely the decriminalization of drug use and drug possession up to a maximum average amount for personal use of less than ten days (Article 2 of Law no. No. 30/2000), which until then was considered a crime, became an administrative infraction. Maximum limits for each individual average daily dose of illegal drug plants, substances or preparations are referred in Ordinance No. 94/96, of March 28. Situations in which the specific quantity of substance for individual consumption exceeds the ten days average dose are considered a crime and the offender is guided to the criminal system.

The decriminalization framework approved by this law does not apply to cultivation of psychotropic substances (Article 28, Law No. 30/2000), which remains crime.

Thus this decriminalization model, which Portugal pioneered, maintains *the legal and social disapproval* of drug use but within the sphere of administrative offences (Santos, A., 2004), limiting only the field of criminal jurisdiction in this matter. "Decriminalization does not mean legalizing" (1999 PDS, 1999,).

Under this understanding, it is referred that the main goal should be to promote conditions that enable the presumed offender's acquaintance of their motivation and subsequent referral for treatment, while also ensuring the definition of reintegration measures. (Poiaras, C., 2007).

This amendment to the drugs legal system reflected a change in attitudes no longer considering the drug user as a delinquent but rather as a patient needing treatment. It incorporated a set of principles established by the PDS such as Humanism and Pragmatism that steer the intervention of the Drug Addiction Dissuasion Commissions (DADC). "*To this extent, the law created instances of genuine legal-psychological intervention, giving them a voice: knowledge is a normative integral and explicit part.*" (Poiaras, C., 2002, p. 35).

Operationalising drug decriminalization

The sphere of operating procedures that accompany decriminalization was translated into a conceptual tool designed as a mediator devoid of stigma or criminal punishment, through which new approaches are proposed to drug consumers or addicts in order to drive them to treatment.

Other than treatment the application of this model also allows detecting new drug use trends and patterns, which otherwise would not be grasped by the institutional system until a later stage, and laid down the prospect of possible institutional referrals and socio-psychological follow ups (Quintas, J., 2006).

This legal change, based on a constructive model, replaced the enforcement of judicial and criminal mechanisms for a legal-psychological intervention, focused on the needs of the presumed offender, be it a preventive, a health or a therapeutic response or an administrative sanction, as provided for in Law 30/2000. Thus, the law consecrated an alternative to the penal model based on therapeutic pre-clinical assignment, which is the primacy of the jus-psychological intervention (Poiaras, 2000).

The model for the decriminalization of drug use had its practical application with the creation of Drug Addiction Dissuasion Commissions, regulated by Law Decree N. 130-A/2001 of April 23, under the direct and common competence of Ministers of Justice and Health.

Drug Addiction Dissuasion Commissions: what they are and what they do

Commissions are composed of three members, one of which is the Chairman. It is mandatory that one of its members be a jurist. The Commission members' status is defined by Ordinance No. 428-A/2001 of April 23. Each Commission is assisted by a multidisciplinary team provided by the Institute on Drugs and Drug Addiction, P.I. (IDT, P.I.). The multidisciplinary team is composed of psychologists, sociologists, social workers and lawyers as well as administrative assistants who prepare and support decision making and monitor the implementation of measures, be it therapeutic or administrative oriented. The multidisciplinary team is responsible for analysing presumed offender assessments, which are sent by police and/or courts, supporting decision making and monitoring the implementation of therapeutic and administrative oriented measures.

Based on territoriality and citizen's centrality principles each administrative district in Portugal is provided with a DADC. Though imposing sanctions, DADC are neatly distinguishable from courts. DADC are reinforced by the fact that they are assisted by a multidisciplinary team

Motivation for treatment

After process instruction, the individual's consumption circumstances are discussed with the Commission members, who decide the most adequate measure to be applied within a wide range, among which referral, psychological support, treatment and administrative sanctions. Before the audition, the technical support team assesses the psycho-social situation and verifies prior infractions registry. Different measures are applied depending on the presumed offender situation regarding addiction – just experimenting, recreational or intermittent use and abuse.

Consumers who are addicted to drugs are motivated to attend specialized treatment services. There is national coverage of the public network run by the Institute on Drugs and Drug Addiction, P.I. (IDT, P.I.) with functional units, ambulatory treatment care centers, treatment teams, outreach teams, and partner health centers and hospitals. Treatment is provided free of charge. In order to ensure universal coverage IDT, P.I. also established agreements with private units care centers to which patients may be sent.

Treatment structures in Portugal: an overview

Portugal created in 1990 a government structure to grant drug addicts treatment by moving to the Ministry of Health the health aspects of drug addiction, which until then had been functioning within the competence of the Ministry of Justice. However, public drug addiction specialized treatment had started much earlier, in the 80's. In 1987 the Ministry of Health opened the Taipas Center incorporating in-patient, emergency, detoxification and day center units.

From 1997 a major organizational shift occurred in view of providing drug addiction full country coverage, establishing a network of Drug Addiction Treatment Centers' (SPTT).

In 2006 another change of paradigm was introduced, incorporating Demand Reduction activities, including treatment, in functional units called Integrated Responses Centers that

replaced former Drug Addiction Treatment Centers', thus exploring synergies and practitioner's skills.

The leading motto of DADC's action is "rather treat than punish," which incorporates a set of principles and a strategic paradigm of deterrence based on an integrative constructive and complementary approach within demand reduction. It transcends a mere decriminalization approach and focuses on various levels of presumed offenders individual needs without incorporating blame for a punishable behavior or illegal demeanor. The ban on consumption through repression and detention marginalized drug users and conditioned their contact with health institutions and other social assistance organizations, depriving them of receiving appropriate information and follow-up such as that is currently provided by DADC and other network associated services.

The presumed offender must present him or herself at his/her home area DADC. He/she is not regarded as a criminal but rather seen as a patient needing of treatment. That facilitates occasional or regular drug users' contacts with treatment and treatment support structures and specialists. Predominance is given to grant greater protection to the presumed offenders human dignity and health's.

In the case of minors under 16 years decriminalization enables them to be signaled but DADC are not allowed to open a file, so they are forwarded to the appropriate authority – the National Commission for Children and Youth Protection.

As regards referrals, several agencies with a wide range of responsibilities involving law enforcement agencies (including courts⁹) and a network of public services and institutions, such as courts, social security, training and employment public structures, civil governments, local authorities, health centers, hospitals etc. provide adequate responses to the presumed offender's needs.

Presumed offenders presented to DADC's find answers through the application of motivation measures, enforced through periodic presentation, weekly or biweekly, at the DADC, and submitting to the commitment of visiting a qualified psychologist or attending a social service DADC.

Within the decisions issued by DADC on administrative processes for drug consumption the most common in the past nine years was Provisional Process Suspension, applied to consumers or to drug addicts (distinction established by the law). As the law goal is to dissuade consumption this action proved to be the best measure once the presumed offender accepts to undergo treatment.

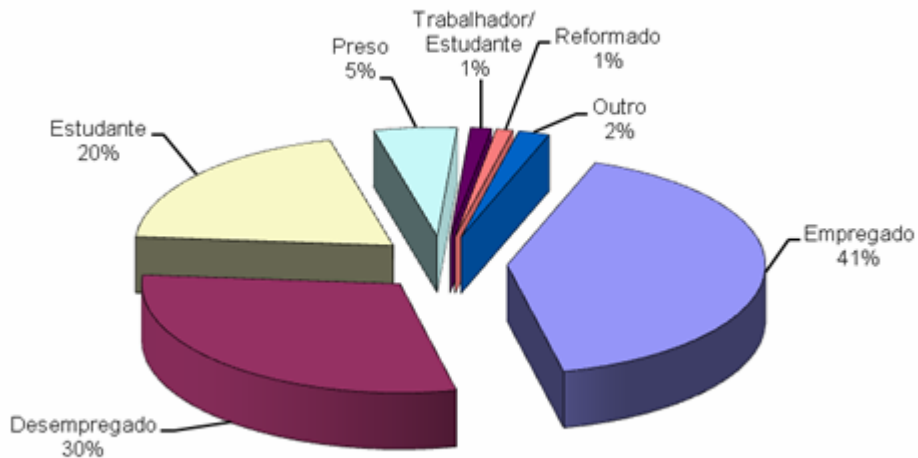
If the presumed offender does not accept to undergo treatment or psychological consultation or if having accepted stops it, the dissuasion process moves to the imposition of an administrative sanction, bearing in mind a later adhesion or return to treatment.

In this case sanctions most frequently applied are Periodic Presentation to the DADC technical team, followed by Admonition, Community Service and Forbiddance of Attending Certain Places. Monetary sanctions are never imposed to drug addicts. If the presumed offender accepts treatment, sanctions imposed are suspended.

Most of the presumed offenders are employed, as the following graph for 2009; a total of 41% were employed and just 30% unemployed.

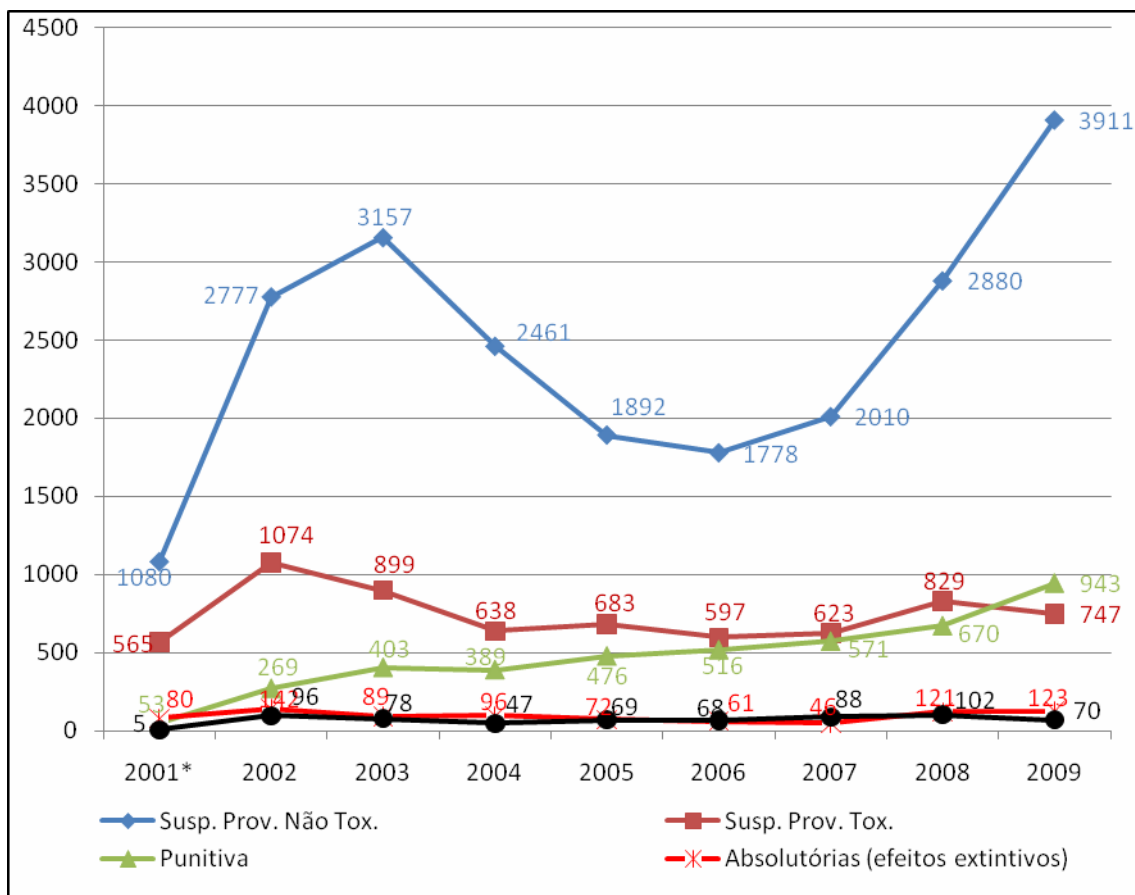
⁹ Courts may send presumed offenders present to them for criminal offenses when they are also drug consumers.

Presumed offenders' Employment Status in 2009



Source: GAD/IDD, PI, 2010

Decisions issued by DADC from 2001 a 2009



Source: Data from 2001 until 2008, Annual Reports on the Situation on Drugs and Drug Addiction, IDT, PI. 2009 data from GAD/IDT, PI

Data and studies on the impact of decriminalization indicate a growth in treatment demand and a decrease in consumption, especially on younger population (GAD/IDT,PI), which is attributed to the concentration of efforts on demand reduction actions rather than on law enforcement.

In 2009, there was an increase of about 15% in the prosecution of misdemeanor by consumption of illegal substances in the country, with a total of 8441 cases, partly due to awareness-raising work carried out with the police authorities.

As in previous years most presumed offenders consumed cannabis, representing 73%, followed by heroin consumers, nearly 12%. Polydrug users represented about 8% and cocaine users nearly 10%.

International impact

As for decriminalization, the INCB originally accused Portugal of disrespecting the UN drug control Conventions, but after two missions to Portugal INCB recognised some of the benefits of the law.

Later, the 2009 World Drug Report noted that 'Portugal's decriminalisation of drug usage in 2001 falls within the Convention parameter'.

The 2009 EMCDDA Annual Report, launched last October, recognized that decriminalization has not fostered an increase in drug use or drug tourism in Portugal.

Just a few months before, in April 2009, Washington's Cato Institute presented the Greenwald Report "Drug Decriminalization in Portugal", subtitled "Lessons for Creating Fair and Successful Drug Policies".

Due to the innovative aspects of the decriminalization policy and to the results published, scholars, State administrations, think tanks, NGO's and journalists have been requesting interviews and field trips to be acquainted with the Portuguese National Coordinator, the Institute on Drugs and Drug Addiction PI and CDT's members, as well as oral presentations.

We are glad that the decriminalization policy attracted so much attention. It is not of course a merchandising product that can be reproduced like a franchise, but we do believe there is a potential in our humanistic and pragmatic approach. The political institutional environment must be evaluated and adapted, colligations must probably be established, but there is much gain, in our view, to start on this road.

Conclusions

The innovative Portuguese drug decriminalization model has shown to be effective in fostering drug users treatment, as Vasconcelos, Miguel and Duran, Domingos case study research, also published in this publication, attests. The policy fosters access to a type of responses based on territorialized and agency networking that steers presumed offenders to treatment facilities and other appropriate structures.

Bibliography

Law Decree No. 15/93, 22nd January 1993.

Law Decree No. 792/76, de 5th November 1976.

Law No.30/2000, 29th November 2000.

Ordinance No. 94/96, 28 March 1996.

PCM. (1999). *Estratégia Nacional de luta contra a droga*. 2.^a Edição. PCM, Lisboa: Imprensa Nacional – Casa da Moeda.

Poiars, Carlos (2001). *Variações sobre a droga. Toxicodependências*. Vol. 7 (2): 67-75. Edição: Instituto da Droga e da Toxicodependência. 2001.

Poiars, Carlos (2002). *A descriminalização do consumo de drogas: abordagem juspsicológica. Toxicodependências*. Vol. 8 (2): 29-35. Edição: Instituto da Droga e da Toxicodependência. 2002.

Poiars, Carlos (2007). *Restrukturar, Repensar, Reflectir para uma nova política de Dissuasão da TD. Toxicodependências*. Vol. 13 (1): 11-20. Edição: Instituto da Droga e da Toxicodependência. 2007.

Quintas, Jorge (2000). *Consumos de Drogas: realidades e representações sociais. Toxicodependências*. Vol. 6 (3): 29-42. Edição: Instituto da Droga e da Toxicodependência. 2000.

Santos, Antónia Almeida (2004). *Contributos para uma análise da experiência descriminalizadora do consumo de drogas. Toxicodependências*. Vol. 10 (1): 37-42. Edição: Instituto da Droga e da Toxicodependência. 2004.

Valente, Manuel Monteiro Guedes (2002). Consumo de Law Decree No. 15/93, 22nd January 1993.

Quasi-Coerced Treatment and Treatment of Drug Abuse: Twelve Month Outcomes

D. DURAN and M. VASCONCELOS, Institute on Drugs and Drug Addiction, Ministry of Health

The Quasi-Coerced Treatment (QCT) for users of illegal substances is viewed as a form of motivating treatment that is ordered or supervised by the Judicial System.

Users of illegal psychoactive substances, called Drugs, due to the consumption of these substances or associated behaviors, are often targeted for intervention by the Justice and/or Health systems.

The different ways of using these substances such as occasional use, recreational use, or installed dependency, require a comprehensive assessment of the subject and differentiated approaches (preventive, therapeutic, rehabilitation) appropriated to each situation.

In Portugal, Law 30/200 of November 29th decriminalized the individual purchase, possession or consumption of any drug, if amounting to an average of up to 10 days use.

Individual purchase, possession and use remain illegal, but these situations, once they are flagged by law enforcement agents or courts incur in the users routing to be considered and evaluated by a Drug Addiction Dissuasion Commissions (DADC), which propose preventive interventions, treatment or administrative sanctions (offence).

Thus, by removing offenders from the criminal justice context and putting them within an administrative framework it intends to reduce the stigma associated with substance use and to promote preventive interventions, treatment and rehabilitation.

Cultivation, sale and possession of drugs in quantities greater than an average daily consumption of 10 days remain criminalized and subject to prosecution.

The Drug Addiction Dissuasion Commissions comprise a lawyer, a psychologist and technical support. After the indicter's evaluation, context and circumstances of consumption, the Commission issues a decision with the aim of preventing the consumption of drugs and to motivate the beginning of a treatment process.

In 2008 the 22 DADC operating in Portugal made the following decisions:

- Temporary suspension of legal proceedings - for treatment: 829 cases
- Suspend enforcement of the sentence - for treatment: 102 cases
- Periodic presentations to the CDT: 411 cases
- Providing free service for the community: three cases
- Prohibition of frequency of certain locations: four cases
- Other: 11 cases

The authors intend to determine the association between treatment decisions of quasi-coerced treatment and the approach and adherence of drug users to treatment facilities. By QCT measures the authors considered the decisions issued by Lisbon's DADC and the Lisbon's Commission for the Protection of Children and Youth¹⁰ (CPCY), which are non-judicial structures that provide children and families' at risk psychosocial counseling, and may route for treatment when appropriate.

¹⁰ DADC have no authority with the population under 16 years of age. When an indicter younger than 16 years is presented to Drug Addiction Dissuasion Commissions by the law enforcement authorities the DADC sends the indicter to the area Commission for the Protection of Children and Youth.

From this study of QCT other measures were excluded such as judicial decisions for treatment or probation, among others.

To this end we evaluated patients at Taipas Center, an Integrated Responses Center, from the Institute on Drugs and Drug Addiction, PI, whose functions are drug prevention, treatment, and rehabilitation and harm reduction.

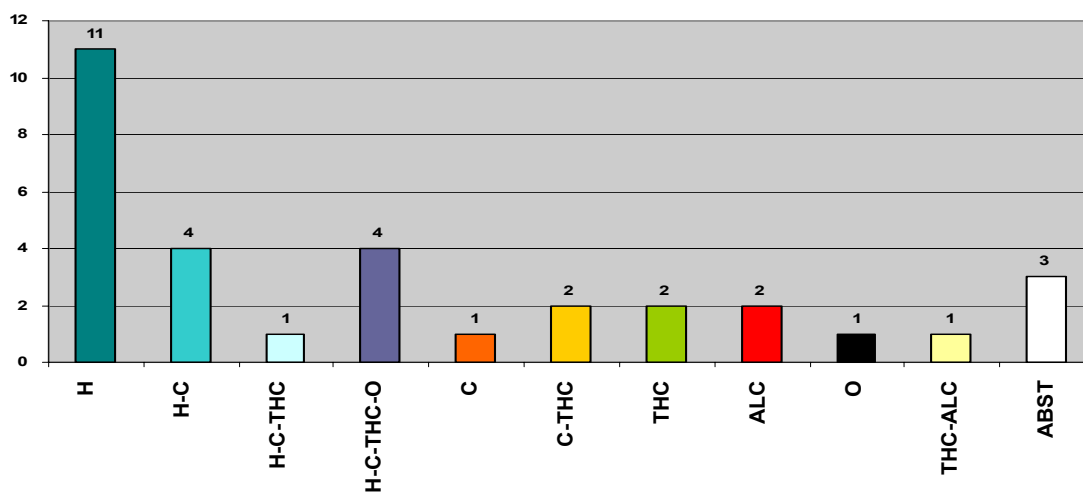
The study is made on the population of drug users covered by Lisbon's DADC and CPCY's decisions in the years 2007 and 2008 (n = 36) and that were sent to the Detoxification Unit at Taipas Center for treatment.

To assess the impact of these measures in this population's evolution, the study was carried out according to the following variables within the 12 months preceding and following the decisions by Lisbon's DADC and CPCY: 1) retention (compliance) with treatment, 2) average monthly consultations, 3) treatments and 4) occupational activity (occupation).

Of the 36 subjects studied, 66.6% had been issued DADC's decisions and 33.3% CPCY's.

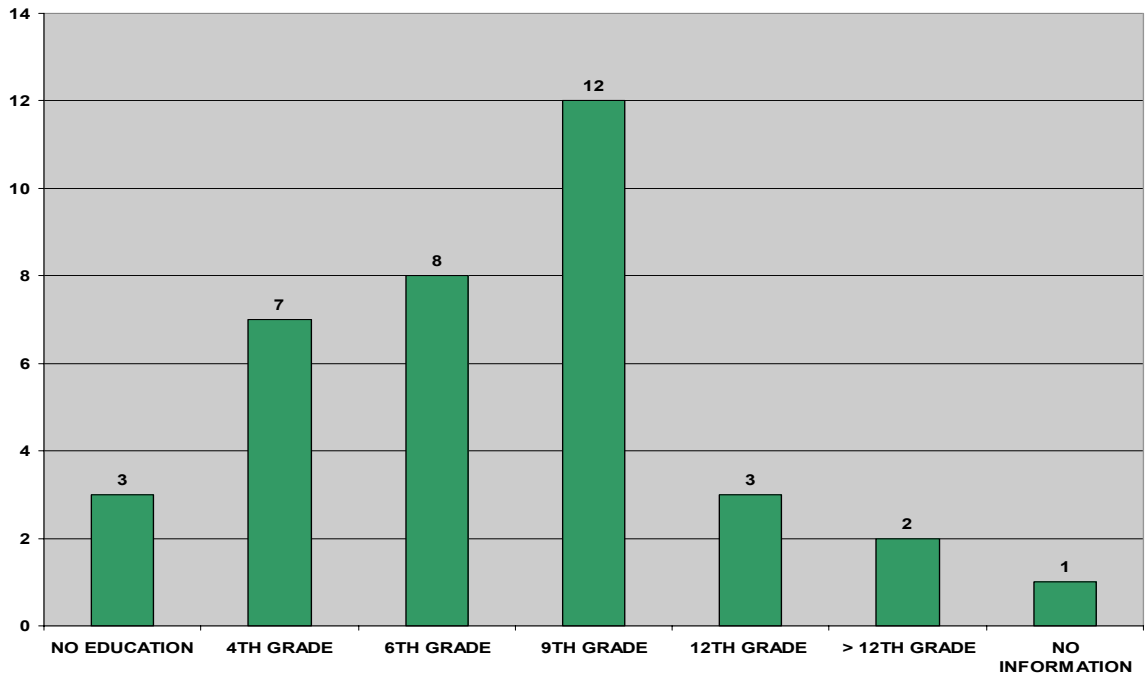
The average age is 32.2 years (MIN = 20 MAX = 52, SD = 8.16), of which 72.2% male and 27.8% females. 55.5% were heroin users (of which 45.5% in combination with cocaine or cannabis), have an average of 9.3 years of schooling, 55.5% live with family or the nuclear family of origin, 38.8% are married or in *de facto* union, 50.0% are single divorced or separated, 22.2% had psychiatric co-morbidity (especially depressive disorders, anxiety and bipolar disorder), 27.7% have medical co-morbidity (mainly HCV and HIV) and 27.7% have been convicted by a court previously:

SUBSTANCES:

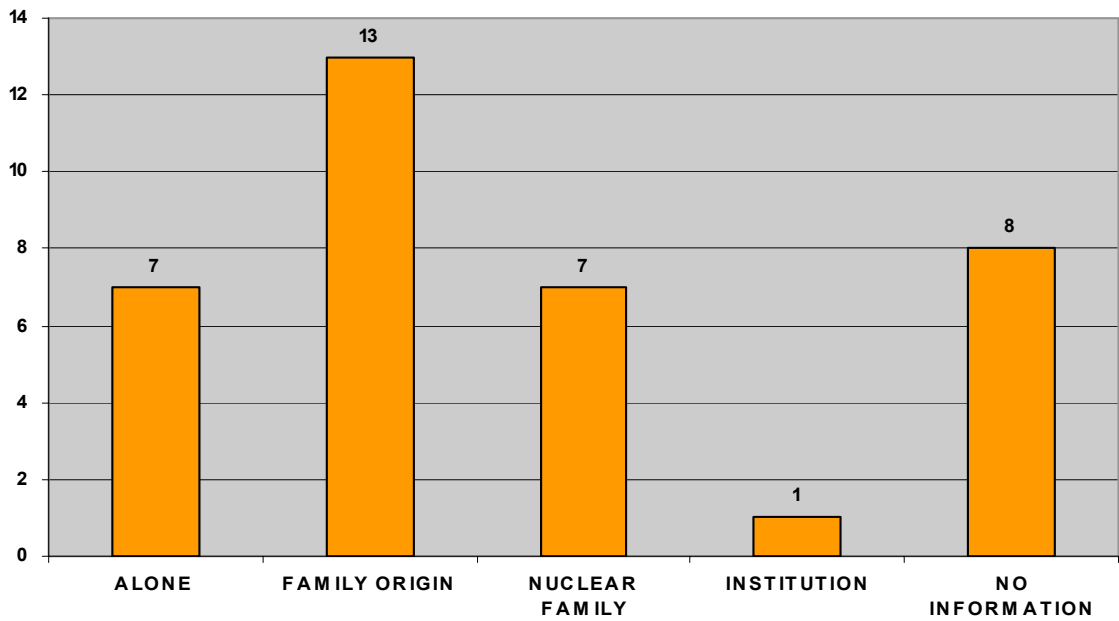


H: Heroin, **C:** Cocaine, **THC:** Cannabis, **O:** Other substances, **ALC:** Alcohol, **ABST:** Abstinente.

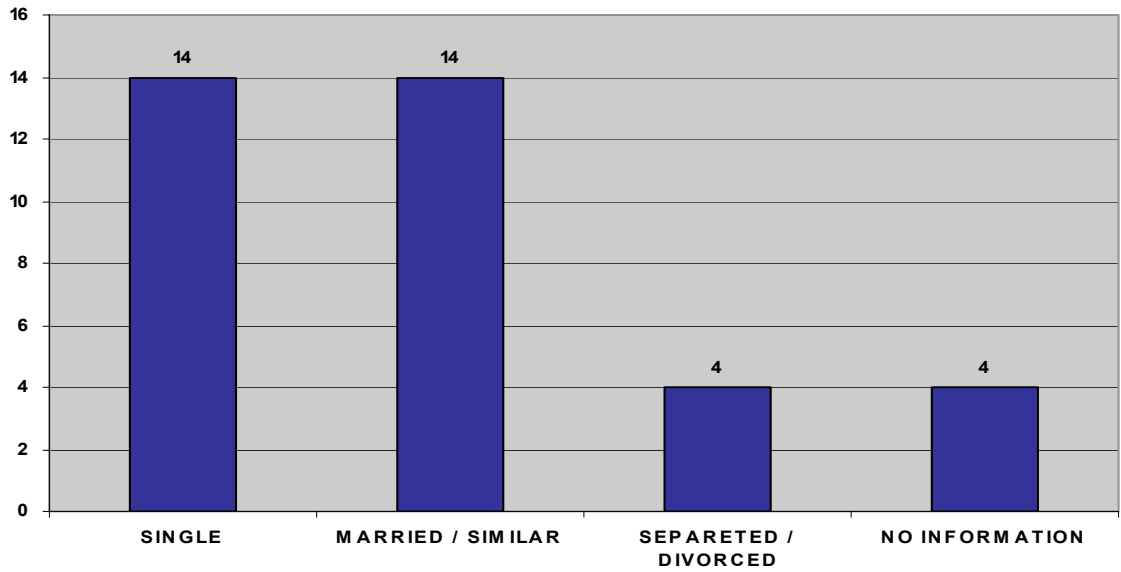
EDUCATION (N=36)



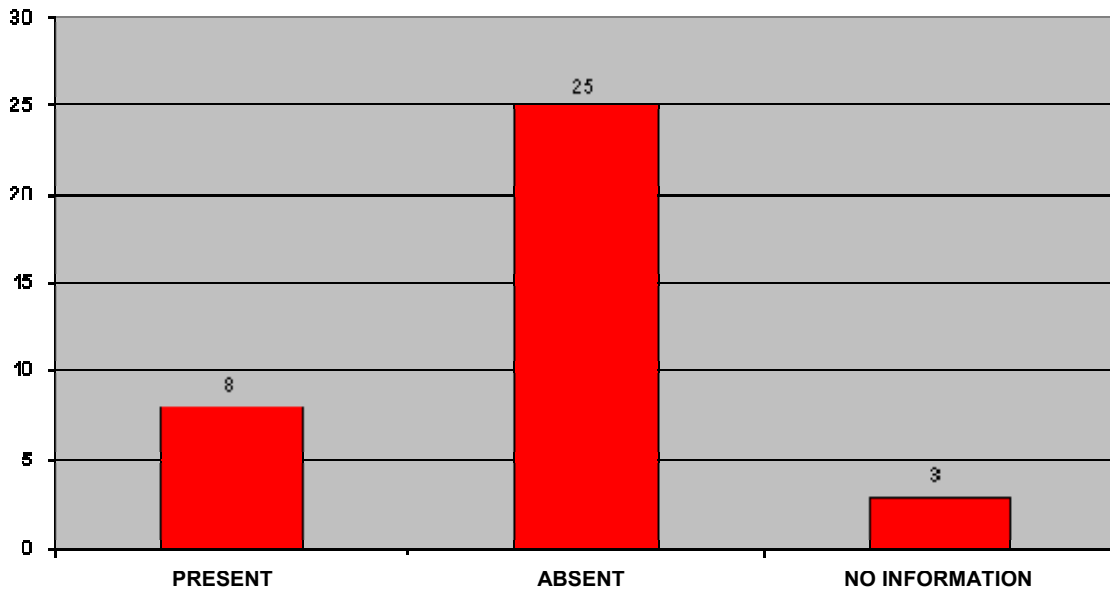
HOUSING



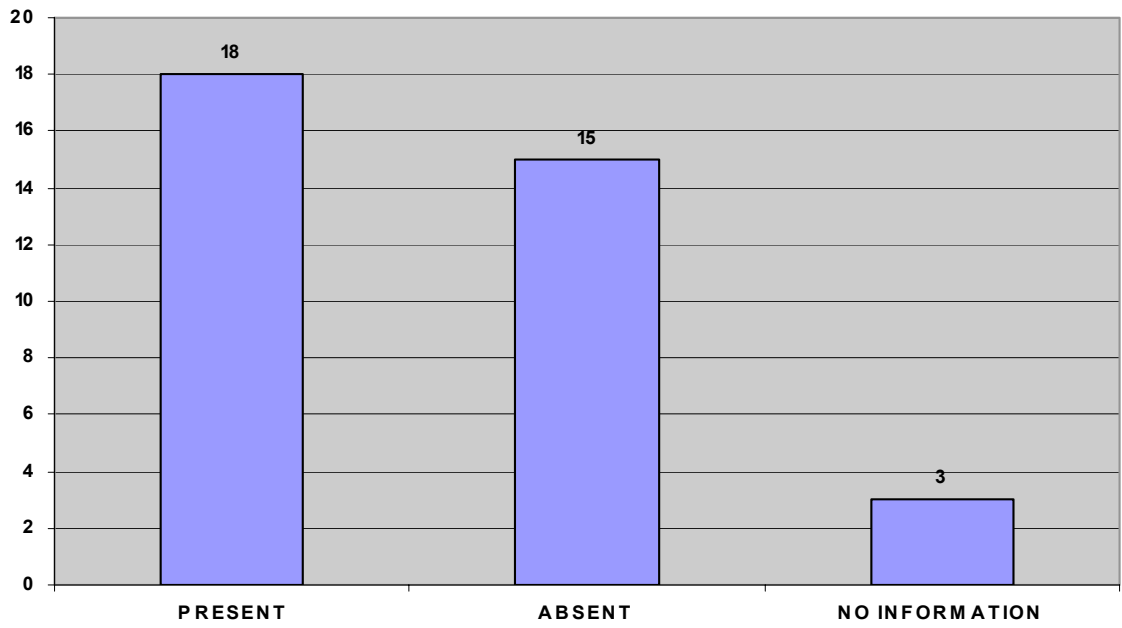
MARITAL STATUS



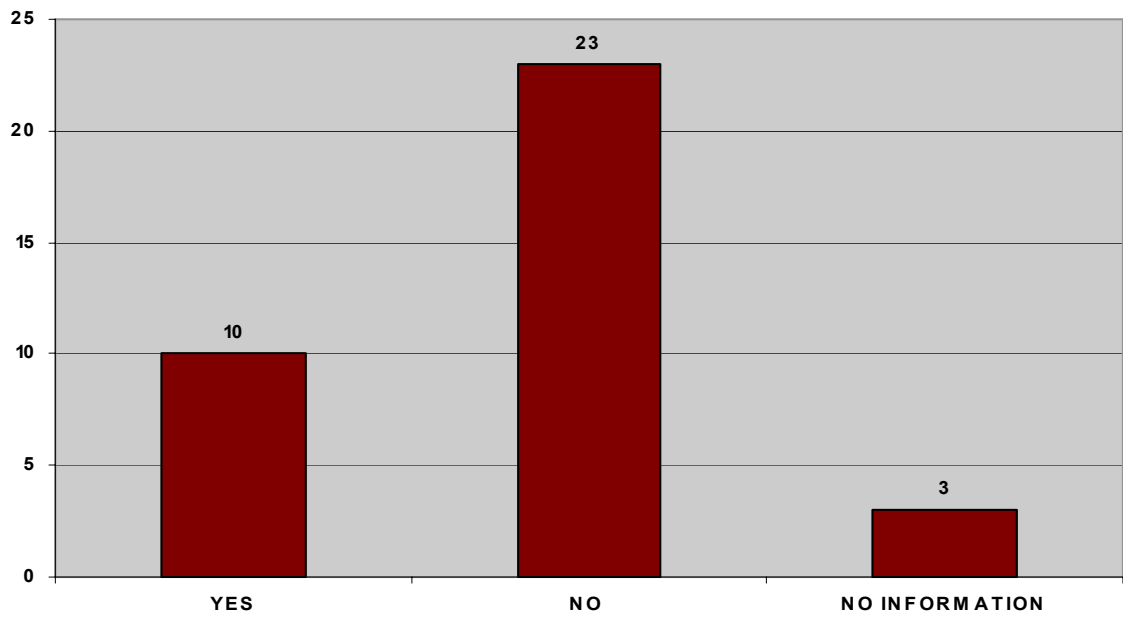
PSYCHIATRIC CO-MORBIDITY



SOMATIC CO-MORBIDITY



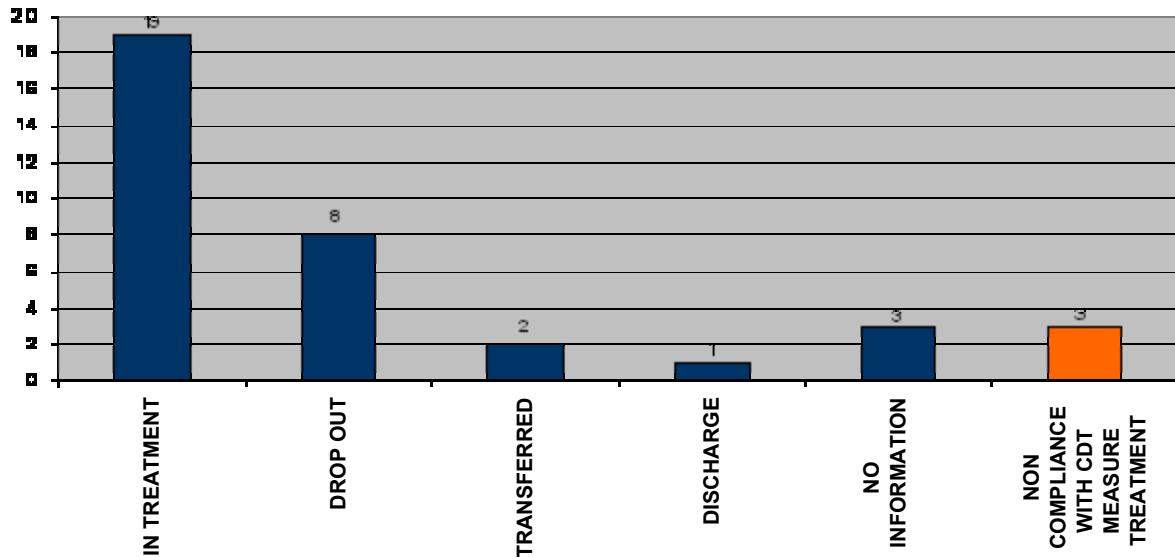
PRIOR CONVICTIONS



Evolution of the studied variables:

1) Retention in treatment on a 12 months span:

RETENTION
Retention (12 months) = 63,3%



2) Average Monthly Consultations:

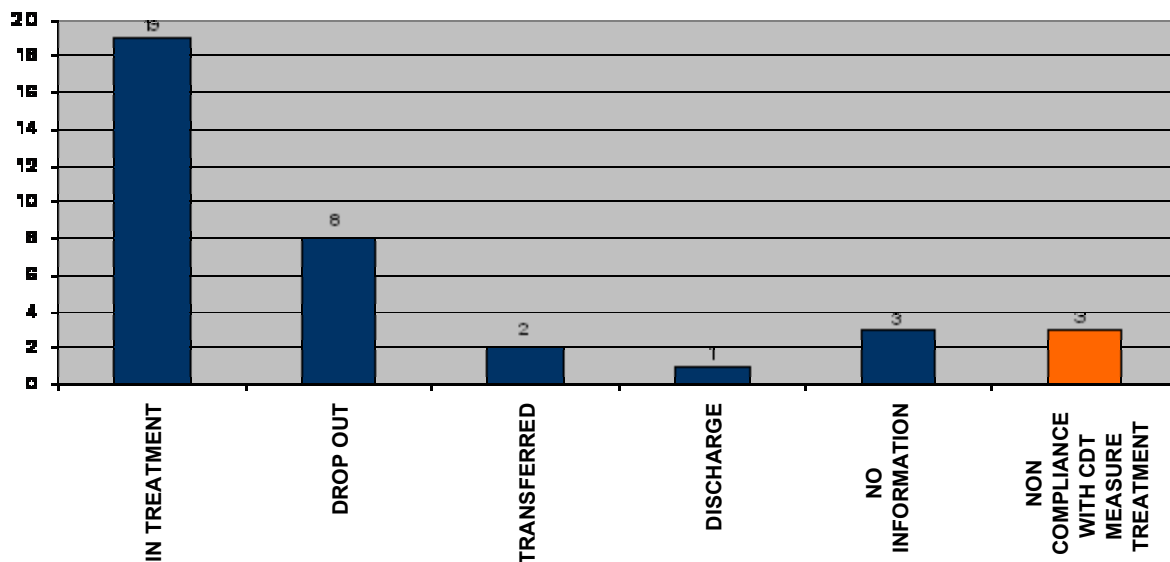
CONSULTATIONS
(n=32)

	MEAN*	S.D.	MIN	MAX
MONTHLY CONSULTATIONS: YEAR PREVIOUS TO INJUNCTION	0,63	0,84	0,00	2,7
MONTHLY CONSULTATIONS: YEAR AFTER INJUNCTION	0,71	0,71	0,00	2,85

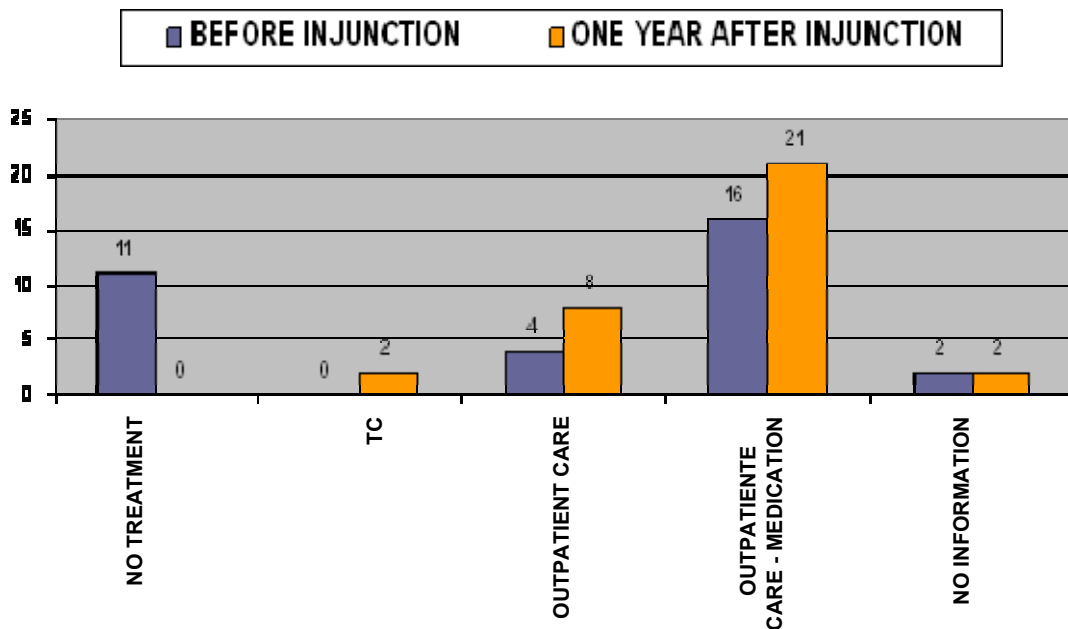
[^] (p=0,012)

The average monthly consultations within the twelve months before and after the decision show a significantly statistical increase of consultations the year following the introduction of a decision to treatment.

3) Treatments performed:

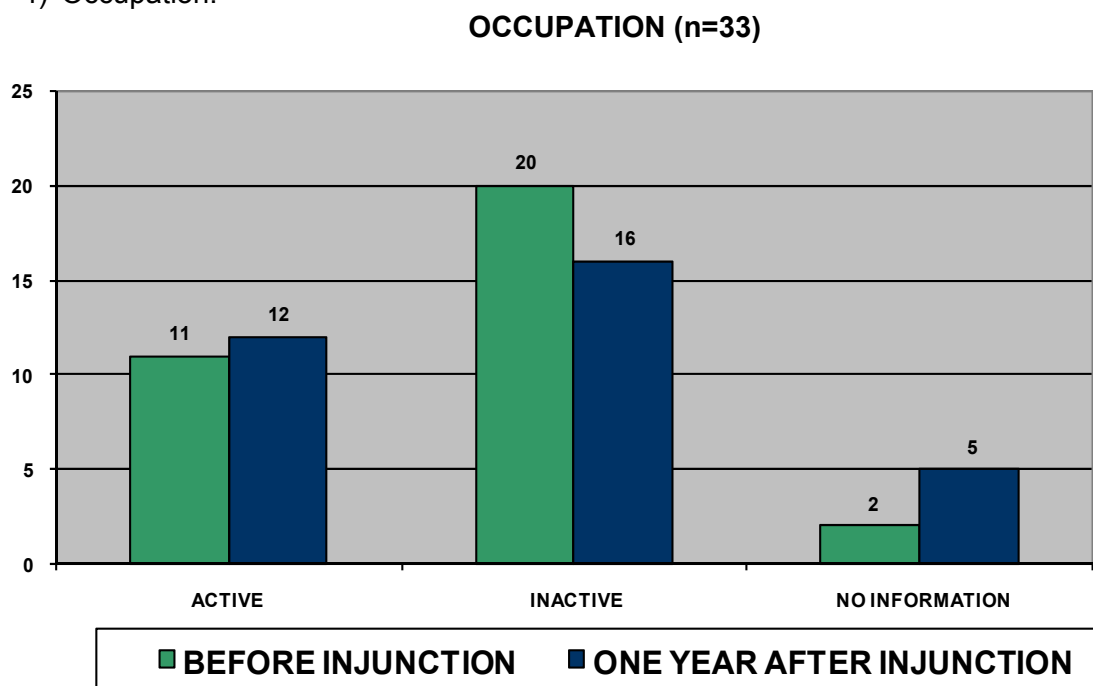


TREATMENTS (n=33)



Analysis of treatments performed in the 12 months preceding and following the introduction of the measure of referral for treatment allows us to observe that 11 cases (45.8%) had not started treatment before the introduction of the measure, and for treatment modalities in Internment Therapeutic Community (TC), Psychotherapy in Ambulatory (Outpatient Care) and Psychotherapy Clinic in concomitant Pharmacological Treatment (Outpatient Care Medication +), increased the number of subjects in each of these treatment modalities after the introduction of the measure.

4) Occupation:



Analysis of the evolution of the occupation, regarded here as employment or vocational training in the 12 months before and after the measurement, shows an increase in the number of individuals with occupancy and a decrease in the number of unemployed in the 12 months following the introduction of the measure.

Conclusions:

In a population of users of a Drug Treatment Center subject to referral measures to treatment, results in the evolution of the studied variables (retention in treatment, average monthly consultations, treatments and occupation), show that the monthly average consultation in the period of 12 months after routing increases significantly in comparison with the period of 12 months preceding the measure.

Similarly, it is observed that treatment starts after the decision routing for treatment, patient increase in several treatment modalities, and reduction in unemployed patients within the period of 12 months after the introduction of the decision routing for treatment, in comparison with the 12 months prior to the measure.

Thus, the study showed an association between measures of QCT (as used by the authors, i.e., decisions issued by a DADC or CPCY, according to the Portuguese Decriminalization Law) and the increase in the average frequency of consultation, resulting in the start of treatment by drug users who do not, otherwise, pursue any initiative to search for a therapeutic intervention prior to the decision and/or strengthening the consultation frequency for patients who were already in treatment.



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