



**DRUG PREVENTION INTERVENTIONS FOR YOUNG PEOPLE IN
THE CRIMINAL JUSTICE SYSTEM IN SIX EUROPEAN COUNTRIES:
THE CURRENT SITUATION.**

REPORT FROM EPPIC WORK PACKAGE 4

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EXECUTIVE SUMMARY

This cross-national report is based on national reports prepared by the EPPIC partners in six EU countries, namely in Austria, Denmark, Germany, Italy, Poland and the UK. The country reports contain detailed data on policy and legal frameworks, prevalence of drug use, in particular among young people in the criminal justice system, and a summary of their experiences in social and psychological interventions targeting young people in touch with the criminal justice systems. To learn about relevant experiences from other countries, literature reviews were also carried out.

Legislation

All participating countries have adopted specific drug legislation which applies criminal sanctions for drug possession, trafficking, production and trade. However, drug use itself is not punishable. Recent years have witnessed a general tendency towards liberalisation of drug policy, except for Denmark where the previous approach was replaced by more restrictive policies. Despite existing legal provisions, severe penalties for possession of drugs, in particular cannabis in small amounts, are rarely applied; criminal procedures are often discontinued, suspended or replaced by fines or police warnings. Numerous alternatives for criminal proceedings, in particular for incarceration are provided. These trends emerged or re-emerged also in Poland despite re-penalisation of drug possession around the turn of the century.

Most of the partner countries adopted legislative measures to tackle the issue of new psychoactive drugs (NPS), applying administrative rather than criminal sanctions.

The tendency in drug-specific laws to apply alternatives to criminal proceedings does not distinguish young people from adults, due to the fact that criminal policy in general offers a range of options to avoid premature criminalisation of young people, in particular the under-aged, but also young adults.

Drug policies tend to approach drug problems in a more holistic way as understanding is growing that drug consumption is not an isolated phenomenon but constitutes an expression of health, social and individual vulnerabilities.

Prevalence

Literature reviews were conducted to answer the question, what is the prevalence and patterns of drug use, poly drug use, and NPS use among young people in Criminal Justice Systems (CJS). The reviews show that alcohol and cannabis are the most prevalent substances consumed by the majority: a substantial proportion, up to one third, of juvenile offenders met the criteria for substance related disorders (Rijo et al., 2016). This population is exposed to other mental health problems as well. Over time, problems with substance use decrease, but still remain at a fairly high level (Welty et al., 2016).

To summarize data from the EPPIC partner countries, it must be said that substance use in this population is much more prevalent compared with the general population of that age. Tobacco, alcohol, cannabis and stimulants are the most prevalent drugs. There is a lack of information on the use of NPS from partner countries. In England and Wales relatively low use of NPS has been observed. However, based on reports of synthetic cannabinoid use in adult prisons, the situation in younger populations in touch with the criminal justice system needs to be monitored closely. Polydrug use was reported as common by Italy and England and Wales. However, information on patterns of use is insufficient, in particular in the remaining partner countries.

Interventions

Each partner country offered a number of relevant responses (programmes, interventions, institutions) which, put together, constitute close to 60 interventions addressed to young drug users in touch with CJS, including community based programmes as well as interventions provided within correctional and penal institutions. However, only one programme i.e. Fred Goes Net developed in Germany was transferred to several European countries, among others to Austria, Poland, Denmark and the UK. A significant drawback of interventions implemented in Europe is the lack of sophisticated evaluation. Most of the identified

interventions were not evaluated, in the case of evaluated programmes, a pre-post-test scheme was applied without any control group.

The Exchange on Drug Demand Reduction Action (EDDRA) website includes also programmes/ interventions in the criminal justice system. Among these, twelve are specifically designed for young people in touch with CJS. Unfortunately, most of these programmes seem to be out-dated as they were completed between 2000 - 2004.

The literature review of programmes implemented in countries other than the EPPIC partner countries, has identified two groups of interventions/ programmes, those for adolescents in touch with CJS and programmes for prisoners released from prison. Most of these programmes were carried out in North America and evaluated applying a randomized control trials approach. Hence there is considerable evidence of their effectiveness in reducing the use of psychoactive substances among participants in the US context.

Conclusions and recommendations

Despite different history, geographic location, level of welfare, different drug epidemiology and clear specificities in their drug policies, a number of similarities were identified across the partner countries.

Drug legislation and policy in all partner countries could be considered as relatively liberal, prioritising or balancing health and welfare interventions with punishment and offering numerous diversions from criminal procedures for drug related offences committed by drug users. Moreover, general criminal legislation adopts less repressive or alternative measures towards young offenders, in particular for the under-aged but also for young adults. Against this background, effective interventions targeting young drug consumers in touch with the Criminal Justice System should be welcome to both law enforcement agencies and potential recipients.

However, the risk of punishment for drug possession as well as other petty offences may make young people hesitant to voluntarily participate in interventions. On the other hand, the law enforcement agencies seem to be more likely to apply routinely repressive measures, which traditionally have constituted the major source of their legitimacy and power.

Even though available studies suggest that there is high drug involvement among young people in touch with criminal justice systems, our knowledge about prevalence, patterns of drug use as well as understanding of individual and social vulnerabilities is still insufficient.

Numerous interventions targeting young drug users in touch with criminal justice systems are routinely applied in all partner countries but most of them are not properly evaluated. Several interventions elaborated in the US and tested as randomised trials produced promising results but their European relevance is difficult to foresee due to very different legal, social and institutional contexts.

Therefore, further steps are needed to achieve the EPPIC objectives, including identification and amelioration of principles of good practice on interventions to prevent illicit drug use among young people in touch with the Criminal Justice System, to elaborate relevant guidelines and to initiate a European exchange network of relevant stakeholders.

We need to understand better the culture of law enforcement agencies and their reluctance or willingness to apply non-punitive measures. Similarly, we need to understand better the culture of young drug consumers and the prospects of their voluntary participation in interventions, including their opinions about interventions they have already experienced and their expectations towards interventions they would be willing to accept. Finally, we have to realise what the prerequisites are to get higher involvement of all stakeholders in active exchange of good practices across Europe.

1. INTRODUCTION

This report represents a first deliverable of the EPPIC project and consists of a description of the state of the art (and research) on young drug consumers in the Criminal Justice System, their prevalence and relevant interventions identified in the partner countries and elsewhere. The report aims to provide a framework for further research and knowledge exchange: to identify effective, transferable innovations and principles of good practice on interventions to prevent illicit drug use, the development of polydrug use and the use of new psychoactive drugs (NPS) among young people in touch with the CJS in partner countries, and: to facilitate knowledge exchange between relevant stakeholders. The project website provides further information: <https://www.eppic-project.eu>

In line with the tasks of work package 4, specified in the EPPIC project document, all partners identified national stakeholders involved with young drug users in touch with the CJS, conducted a scoping survey among them to gather information on existing interventions, identified and interviewed several key experts, mapped appropriate legislation and regulatory approaches and eventually produced six national reports which are the foundations for this cross-national report. In addition, reviews of international literature were carried out to identify relevant experiences outside the partner countries.

The sections which follow sketch out policy and legislation frameworks in partner countries, prevalence of drug use in the Criminal Justice Systems, and the findings on specific interventions targeting young drug consumers in touch with Criminal Justice Systems.

2. POLICY AND LEGISLATION FRAMEWORK

This section used information and data provided in national reports on drug legislation and national drug strategies as well as on specificities of criminal policies toward young people, including adolescents and young adults. Information on alternatives to criminal procedures and imprisonment was also collected. Table 1 provides details of legal frameworks while in appendix 1 an overview of policy and legislation in individual partner countries is offered.

All EPPIC partner countries have detailed drug-specific laws, some of those dating back to the mid- 1950's, as in Denmark and Italy, or the early 1970's as in Germany and the UK. In addition to the national laws, a few countries have regional legislation, e.g. in Germany each *Land* has its drug laws often adopting different measures e.g. different definitions of 'small amounts' of a drug. The majority of current laws, however, were adopted or amended in more recent years, i.e. in the 1990's and the 2000's. The most recent amendments tackle the question of new psychoactive substances (NPS) and integrate a legal response to NPS to the existing drug legislation. In all partner countries, use of prohibited substances is not penalised. Their possession, however, is punishable in all of them, including potential deprivation of liberty. In the case of possession of small amounts, in particular of small amounts of cannabis, criminal proceedings may be discontinued, suspended or charged by warning or administrative fine. In some countries, even trafficking with small amounts of cannabis is not a subject of criminal investigations (e.g. in Germany).

In general, all countries but Denmark adopted laws and policies in which priority is given to treatment rather than punishment, in particular of those who are most severely affected. Despite the Danish case, where following a few decades of liberalisation, possession became punishable again, in all countries a trend towards less criminalisation and incarceration is seen, including many alternatives to criminal proceedings and prison sentences. Even Denmark tends to apply fines instead of criminal measures for possession of cannabis and chronic drug users, controlled by welfare agencies, may escape any penalty. This withdrawal from more restrictive policies is reflected in the most recent measures against NPS where administrative sanctions prevail over criminal ones.

All partner countries have specific strategies or national as well as regional programmes on drugs which tend to approach drug-related problems in a more holistic way than before, assuming that problem drug taking is a symptom or a part of a complex, individual and/or social vulnerability rather than a core problem. This approach is particularly important in regard to the young people. Therefore, in the majority of the partner countries providing illicit drugs for the under-aged is an aggravating factor in criminal proceedings. Nevertheless, drug-specific laws rarely offer special provisions to protect young people against criminal investigations. A reason for this is that the general legal system includes numerous provisions for special approaches to the under-aged as well as to young adults. Despite the fact that the age of criminal liability in a few countries such as the UK or Italy is well below 18 years, all countries have special legislative solutions to avoid premature criminalisation of young people which may be applied also towards drug offenders. In most countries this age of special protection may be extended to 21 or 24-25 years old.

Table 1. LEGAL FRAMEWORK FOR POLICIES AND INTERVENTIONS TOWARDS YOUNG DRUG CONSUMERS IN TOUCH WITH CRIMINAL JUSTICE SYSTEM

COUNTRY	CURRENT SPECIFIC DRUG LAWS, INCLUDING NPS	CURRENT SPECIFIC DRUG PROGRAMMES OR ACTION PLANS	LEVEL OF PENALISATION	DIVERSIONS IN DRUG LAWS	GENERAL POLICY TOWARDS YOUNG OFFENDERS	DRUG SPECIFIC POLICY TOWARDS YOUNG OFFENDERS
AUSTRIA	Narcotic Substance Act (1998) New Psychoactive Substance Act (2012) Juvenile Court Act (JGG 1988)	Addiction Prevention Strategy (2016) Treatment instead of punishment principle	Use - not penalised Possession - max. 1 year prison sentence or 360 daily rates fine. Offending for personal use only: max. 6 months prison sentence or 360 daily rates fine.	Dismissal of prosecution and diversion without intervention (§§6-7 JGG), diversion with probation period with duties (§203 StPO), out-of-court settlement such as victim-offender mediation (Tatausgleich §204 StPO), community services (Gemeinnützige Leistung §§201-202 StPO), fines without conviction (Geldbuße §200 StPO), conviction without sentence (§12 JGG), conviction with suspended sentence (§13 JGG)	Criminal liability – 14 years 14-15 years old – immunity Separate law for 14-18 years old (Juvenile Court Act) applies also to 19-21 years old. Numerous alternatives to imprisonment, prison sentences halved for juveniles	Interventions are not drug-specific as drug problems are seen as a symptom rather than a core problem. Adolescents and young adults having drug problems in schools and military establishments are referred to treatment services rather than to prisons
DENMARK	Law on euphoriant substances (1955) Criminal code (1969)	Fight against Drugs (2003/2010) Dual policy with focus on both, control and welfare. Former divisions between drug consumers and dealers and soft and hard drugs repealed.	Use – not penalised Possession – re-penalised in 2003	Fine as a minimum penalty for possession of drugs including cannabis Only chronic drug users on welfare may escape penalties for personal use.	Age of criminal responsibility – 15. Special practices within criminal responsibility – 15-17. No special provisions for 18+	Prevention and early interventions towards 16-24 years old – priority in drug action plan (Fight against Drugs) updated in 2010.
GERMANY	Narcotic law (1972), last major revisions date back to 1982	National drug strategy (year 2012) without any specific time horizon	Use - not penalised Possession – penalised In a case of possession, cultivation or even supply of petty amounts, criminal procedure may be discontinued (in practice applied for cannabis only)	Narcotics law foresees the principle of "treatment instead of punishment" (§ 35, 37) if the offence was committed due to drug addiction and if the possible prison sentence is below 2 years.	Juveniles 14-17 – Juvenile Justice Law, 18-20 young adults - Juvenile Justice Law may be applied depending on type of crime and individual characteristics of an offender. Numerous alternatives to prison, imprisonment as <i>ultima ratio</i> .	There are no special provisions for young drug offenders as generally liberal approach to all young offenders is applied.
ITALY	Consolidated drug law (1990) Distinction between less and more dangerous drugs (2014) Previously, NPS covered in the consumers' safety laws. Recently, added to the drug law	National Action Plan (2010)	Use – not penalised Possession for personal use – administrative sanctions. Possession with intention to supply – penalised as drug trafficking offence	Personal possession for the first time – no sanctions except for formal request to refrain from use. Reduced penalties for minor offences, e.g. detention substituted by community work. Probation instead criminal proceedings	Criminal responsibility may be applied for 14 years old. Reduced penalties usually applied. The Juvenile Court considers offences committed by the under the 18 years old until a person is 25.	No special policies for young drug offenders. Special sections for adult detainees with addiction problems
POLAND	Law on counteracting drug addiction of 2005, with consecutive amendments, including NPS (2015)	Five-year drug prevention strategies, only recently integrated with the National Health Programme (2016)	Use – not penalised Possession – penalised. Possession and trade with NPS – administrative sanctions, including confiscation of substances	Numerous alternatives for possession of small amounts for personal use, including suspending or ceasing prosecution or court proceedings, treatment as condition.	Penal sanctions not applied for not older than 17 years. Young offenders aged 18-21 are offered special conditions while incarcerated.	No special policies for young drug offenders. Compulsory drug treatment may be applied for the under-aged.
UK	Misuse of Drugs Act (1971) distinguishes three classes of drugs. Drug Trafficking Act (1994) Psychoactive Substances Act 2016 Special law on psychoactive substances to manage NPS	Drug strategy (2010) "Reducing Demand, Restricting Supply, Building Recovery ..." Updated 2017 Drug Strategy published in July 2017	Use – not penalised. Possession – penalties depend on class of a drug. Possession with intention to supply – penalised as drug trafficking offences	Alternative responses – e.g. Out of court disposals for simple possession offences –cannabis, khat warnings given by the police	Age of criminal responsibility – 10! Special services may be offered to especially vulnerable young people beyond 18. Elaborated system of the youth justice.	No specific provisions for young drug offenders. Alternatives to imprisonment applied to all youth and young adults

3. PREVALENCE AND PATTERNS OF DRUG USE, POLY DRUG USE, NPS USE AMONG YOUNG PEOPLE IN CRIMINAL JUSTICE SYSTEM

3.1 INTRODUCTION

Young people and substance use

Globally, adolescence and young adulthood are important periods for initiation into substance use (including tobacco, alcohol and illicit drugs) and for use to become established patterns of behaviour (Stockings et al., 2016). The Global Burden of Disease (GBD) 2013 report indicates that the burden attributable to substance use increases substantially in adolescence and young adulthood. Substance use in young people may cause disruptions to important periods of transition that occur as the adolescent brain undergoes cognitive and emotional development and key psychosocial transitions are made, such as completing education, obtaining employment, forming relationships, getting married and becoming parents (Degenhardt et al., 2016). Based on a systematic review, Hall et al., (2016) concluded that substance use in adolescence can have long-term outcomes that are present throughout adult life through its effect on role transitions and milestones and delayed health and social effects. During this time, interventions are needed to prevent onset into different forms of substance use, reduce escalation into heavy substance use and intervene to reverse problematic substance use (Stockings et al., 2016).

Polydrug use or the use of multiple substances either concurrently or simultaneously is reported to be increasing among young people in Europe (EMCDDA, 2009; Kokkevi et al., 2014). Alcohol features in almost all polydrug use repertoires and among different populations including adolescents, young adults and problem drug users (EMCDDA, 2009). Research has shown that involvement in polydrug use is strongly associated with other problem behaviours such as getting in trouble with the police, risky sexual behaviour and skipping school (Kokkevi et al., 2014).

Forms of polydrug use among young people will be affected by the increasing number of new psychoactive substances emerging in the European drug market. In the last five – seven years, there has been an increase in the number and type of new psychoactive substances

(NPS) that are available in many parts of Europe (EMCDDA, 2015). The 2014 Flash Eurobarometer provides some useful information regarding the use of these substances in the 15-24 year old age group in the 28 EU Member States. This survey indicated that 8% reported lifetime use (compared to 5% in similar survey in 2011) and 3% reported use in the last year. Young people are over-represented in terms of experimenting with these new psychoactive substances (Degenhardt, 2016). Already, the 2015 European Drug Report pointed to NPS use resulting in serious harms and playing increasing roles in hospital emergencies and some drug-induced deaths in Europe. The EMCDDA (2015: 10) predicted that ‘the growth of the market in new psychoactive substances will continue to pose a range of challenges for public health and drug policy over the next few years. Particular challenges relate to the speed at which new psychoactive substances appear, their open sale and the lack of information on their effects and harms’. This concern is confirmed in the 2017 European Drug Report. Noting the slowing pace in which new substances are introduced, it stresses that the overall number of substances available on the market continue to grow and their potency tends to increase. NPS have become increasingly consumed among marginalised groups such as the homeless and potent synthetic cannabinoids emerged as a serious problems in some European prisons (EMCDDA 2017: 16)

However, young people’s substance use is dependent on the social context, drug availability, and their personal characteristics and social setting which can either deter or facilitate use. Based on an integrated review of the determinants of risky substance use from a range of disciplines within the field of addiction research, Lees et al (2012) found that the social environment, social status, availability of drugs and alcohol, young age of initiation and impulsivity were all factors which promoted the risky use of substances. Important variations are evident in young people who differ by socio-demographic characteristics that decrease or increase their risk of substance use (Degenhardt et al., 2016).

The review of the literature conducted by EMCDDA (2009) shows that mental health problems increase the risk of substance use. Children with a mental disorder are more likely to start drinking at a young age and to have used cannabis in the past month. Depressive disorders have an association with alcohol disorders and cannabis dependence. There are also reciprocal effects of suicidality and substance use. Mood disorders predict increased rates for cannabis use and cannabis use disorder. Some personality traits and attitudes are associated with substance use. Good self-control leads to less adolescent substance use. Being shy may

be protective for females for cannabis use. Sensation-seeking is associated with cigarette and cannabis use (EMCDDA, 2009).

Young people in the criminal justice system: a 'vulnerable' group

The construct of vulnerability helps to identify certain groups which have a higher likelihood of using drugs in a risky way. According to EMCDDA (2008: 28) the pathways from vulnerability to drug use among these groups are mediated by social exclusion, and drug use is one among several problem behaviours that arise within these groups. The groups considered most vulnerable or at risk of developing drug problems include young offenders, young people in institutional care, early school leavers and students with social or academic problems and young people living in disadvantaged families or neighbourhoods where multiple risk factors associated with drug use are concentrated. These groups are not mutually exclusive and there may be cumulative effects of belonging to more than one group which might increase the likelihood of drug use and problem drug use (EMCDDA, 2008). Recognising the role social structural factors, including social exclusion and low socio-economic status, play in contributing to vulnerability helps increase understanding around restricted choices in relation to drug use among vulnerable groups (EMCDDA, 2008).

Although vulnerable groups have been highlighted as a priority group in many national drug policies, there is no indication that the provision of bespoke interventions has necessarily increased as a result of this attention in Member States (EMCDDA, 2008). In particular, there has been very little attention paid to young people who are in contact with the CJS in relation to prevention policy and practice. Degenhardt et al., (2016) identified young offenders as an at risk group of young people who might be at an increased risk of engaging in early onset substance use; have increased levels of risky or problematic patterns of substance use if they started using, and be at an increased risk of experiencing adverse effects once they initiate use. Prevalence of substance use disorders is greatly increased in young people in contact with the Criminal Justice System (Teplin et al., 2005; Lader et al., 2003). In Britain, for example, a profile of children in custody revealed disadvantage and deprivation in terms of factors relating to home and family life and psycho-social and educational issues. Almost one third (31%) were using substances in a way that had a detrimental effect on education, relationships and daily functioning (Jacobson, 2010). It seems important, therefore, to consider ways in which drug use and crime trajectories develop and intersect, to

identify possible points where intervention may help to prevent or reduce harm and to identify effective prevention approaches and models.

3.2 PREVALENCE IN THE PARTNER COUNTRIES

The selected data on young people in the CJS from the individual partner countries are presented in two tables in Appendix 2. Direct comparison across the partner countries has its limitations. First of all the extent of knowledge in each country is very different. While in England and Wales and in Germany quite a lot of research has been done and there are a lot of statistics, in other countries, these resources are much more modest. Another problem is that some studies are outdated. In Poland, the most recent study on the use of psychoactive substances in prisons was carried out in 2007.

Different methodologies also hinder cross-national comparisons. The differences are related to the population covered by the study (age, sex, kind of institution), the list of substances examined, periods of use (last 30 days, last 12 months), place of use (inside a correctional facility or outside).

However, to summarize, it must be said that substance use among young people in contact with the CJS is much more prevalent compared with the general population of that age. Tobacco, alcohol, cannabis and stimulants are the most prevalent drugs used. In Poland and Italy the list of illegal substances is supplemented with sedatives and tranquilizers, medicines used without prescription. Definitely, there is lack of information on the use of NPS from partner countries. In England and Wales relatively low (below 10%) prevalence of NPS use was observed. However, the situation in younger populations in touch with the criminal justice system needs to be monitored closely as the increase of NPS, particularly synthetic cannabinoids, in adult prison settings is recorded.

Polydrug use was reported as common by Italy and England and Wales. However, information on usage patterns is insufficient in many countries. It seems that injecting is not that widespread - which corresponds with the most recent European Drug Report that summarises “Injecting declines but remains a challenge for public health” (EMCDDA 2017). The treatment statistics in England and Wales provide a short list of ‘additional vulnerabilities’ of young people starting treatment. In 2015-16 there were 1172 ‘new

presentations' to treatment and of these only 2% were injectors. In Germany a survey conducted among male inmates shows that during time in prison the same percentage reported injecting drug use (2.1%).

Males dominate but as shown by the study conducted by Jacobsen et al. (2010) girls may have a higher average number of disadvantage factors than boys (8.9 girls vs 7.2 boys) and according to English and Welsh data, among under 18s, females have a lower median age of onset of drug use. This suggests that perhaps special attention should be paid to problems experienced by women and girls. The majority of the population covered by EPPIC project is predominantly non-migrant youth e.g. white ethnic Danes make up about three quarters of the prison population. However, about 80% of all second generation immigrants imprisoned in Denmark were in the age group from 18-29 years of age. In England and Wales, young people who identified themselves as from a Black, Asian and Minority Ethnic (BAME) groups accounted for 21,900 (25%) of arrests, with 10,800 (12%) of those from a Black ethnic group. Young people in custody from BAME groups accounted for 41% of the under-18 custodial population. Hence interventions need to take under consideration cultural and ethnic variation of the target group.

As the data presented in reports shows, particularly studies conducted in England and Wales, young people in contact with the Criminal Justice System are experiencing many problems and have traumatic events in their life which need to be considered when interventions targeted at this group are planned.

3.3 FINDINGS FROM THE INTERNATIONAL LITERATURE REVIEW (2012-2017)

To provide a more global overview of the extent and nature of the problem, a literature review available in English outside the partner countries, was conducted. The knowledge gained during the review may be useful to complement information from partner countries which is not always sufficient and to enrich knowledge about the population that is targeted by EPPIC project. The aim of the review was to address the question what is the prevalence and patterns of drug use, poly drug use, and NPS use among young people in Criminal Justice Systems. Selection criteria were very strict to focus of data directly relevant to the EPPIC study. The criteria included population characteristic (young people aged 15 to 24 with drug use/polydrug use/NPS use in contact with the CJS), setting (prison,

resocialization/correctional institutions, social integration institutions) country (other than participating in the EPPIC project) and year of publication (2012-2017). From among 381 publications reviewed, nine studies corresponding directly to the needs of the EPPIC project were selected as they met all the established selection criteria (for details see the Appendix 2).

The studies identified in this literature review were conducted in the United States, Australia and Portugal. Their aims and methodology were diverse. Some of them focused on drug use (e.g. Racz et al., 2015, Bryant et al., 2016), others identified substance use or addiction while investigating another problem, for example as a part of mental health conditions (e.g. Boonmann et al., 2016). Two of them were longitudinal studies, where the subjects were studied several times over the years (Teplin et al., 2012; Welty et al., 2016, Kinner et al., 2015).

Prevalence and patterns of substance use

A study by Racz et al., (2015) shows that lifetime use of marijuana and alcohol is more than common among serious juvenile male offenders in secured locked justice facilities in the US as about 90% of them reported experiences with both substances.. Approximately half of the sample reported using other drugs, and one fifth reported inhalant use. Those who used more than one type of other drug, most commonly used cocaine and methamphetamines either alone or with additional drugs.

Marijuana sellers incarcerated in a juvenile facility in the US were significantly more likely to have used a variety of substances in the last 12 months than non-drug sellers, including marijuana, alcohol, cigarettes, prescription drugs, opiates other than heroin, tranquilizers, hallucinogens, and ecstasy. Overall, marijuana sellers reported using significantly more different types of these substances ($M = 4.9$, $SD = 3.0$) than non-sellers ($M = 3.1$, $SD = 2.6$). Hard drug sellers differed from non-sellers across the same types of substances as marijuana sellers, except that there was no statistically significant difference between hard drug sellers and non-sellers with regard to hallucinogen use (Shook et al, 2011).

With regard to sex differences for many delinquent youth – especially males – externalizing disorders were not limited to adolescence. Five years after baseline, males had 2 to 3 times the odds of having substance use and disruptive behaviour disorders compared with females

(Teplin et al., 2012). Compared with females, males had higher lifetime prevalence of any Substance Use Disorder and its subcategories such as alcohol-use disorder, any drug-use disorder, and marijuana-use disorder. By contrast, females had higher lifetime prevalence of cocaine-, opiate-, amphetamine-, and sedative-use disorder (Welty et al., 2016).

Lifetime prevalence of any illicit drug–use disorders and the subcategories—cocaine, opiate, amphetamine, and hallucinogen or PCP (males only)—were significantly higher among non-Hispanic Whites, followed by Hispanics, then African Americans. Among females, minorities had lower lifetime prevalence of alcohol-use disorder. Sex and racial/ethnic differences remained even when we excluded participants who had been incarcerated during the entire follow-up period (Welty et al., 2016). Black youth reported less poly substance use and later age of drug use onset than White and Latino youth. Findings suggest that Latino juvenile offenders and those with an early and problematic pattern of substance use are at heightened risk for polysubstance use (Racz et al., 2015).

A study conducted among Indigenous people shows that weekly or more frequent drug use was significantly more likely among those who had less education, had been in prison and had ever sought advice for alcohol and other drug use. Notably, frequent use of illicit drugs was predicted by the same set of independent variables in urban and rural areas. Multivariate analysis suggests that, once other variables were controlled, the correlates of injecting were having been in prison in the last year and using a wider range of illicit drugs (Bryant et al., 2016) .

A study conducted in Portugal by Rijo et al., (2016) shows that in the total sample, 33.3% (n=68) met criteria for substance related disorders. There was a significant co-occurrence of substance related disorders and being placed in juvenile facilities.

Relevance for EPPIC project

Relatively little is known on the basis of data from the EPPIC partner countries on the patterns of use of psychoactive substances by young people in the CJS. The studies identified in the literature review bring more evidence that poly drug use occurs more often in young people in touch with the CJS who also experience a wider catalogue of problems or experience problems at a more advanced level. In particular, drug dealers are at risk of poly-

drug use (Shook et al., 2011; Bryant et al., 2016). A substantial proportion of young people in the CJS not only consume drugs but also suffer from substance use disorders (Rijo, 2016). Problems that develop in adolescence do not disappear after criminal interventions but last much longer (Teplin et al., 2012)

Social capital and life experiences of the respondents have an important impact on their use of substances. A low level of education, contact with the Criminal Justice System, contacts with the criminal world are factors that have been identified in those studies as conducive to greater severity of the problem (Bryant et al, 2016; Shook et al, 2011)

Identified studies confirm that ethnicity can play an important role regarding patterns of substance use e.g. African-Americans have lower prevalence and later onset of polysubstance use compared to Latino and White youth (Racz et al, 2015). Regarding gender, problems experienced by males are more severe; however, it is worth paying attention to the fact that males and females can experience gender-specific problems (Welty et al., 2016).

Studies identified in the review were conducted in the United States, Australia and Portugal and the results of this research seem relevant for EPPIC. All these countries belong to high income countries with elaborated market economies and pluralistic political systems. However, the relevance of their experiences to the EPPIC project need to be considered with caution due to substantial differences in culture and in the specificities of their drug policies.

4. DRUG INTERVENTIONS FOR YOUNG PEOPLE IN TOUCH WITH CRIMINAL JUSTICE SYSTEMS

4.1 INTRODUCTION

Drawing on the classification of prevention strategies put forward by Mrazek and Haggerty (1994) and adopted by the EMCDDA, three types of complementary prevention strategies can be identified: universal, selective and indicated.

- Universal prevention targets entire populations and focuses on the development of skills and values, norm perception and interaction with peers and social life.
- Selective prevention targets subsets of the population. These are vulnerable groups, such as our target group of young people in the CJS, where substance use is often concentrated and focuses on improving their opportunities in difficult living and social conditions. The EMCDDA (argues that the evidence for the effectiveness of selective prevention is still limited due to the methodological difficulties in implementing experimental evaluation designs of selective prevention interventions. <http://www.emcdda.europa.eu/topics/prevention>).
- Indicated prevention targets individuals with identified risk and helps them in dealing and coping with their individual personality traits that make them more vulnerable for escalating drug use. The focus on indicated prevention is not necessarily to prevent onset of drug use, but to prevent problem and harmful substance use.

All three prevention strategies use persuasion but prioritise skills and competence training to change behaviour and attitudes in individuals. Environmental prevention, on the other hand, changes the social, physical and economic contexts by addressing physical, economic and social environments and targeting social norms, including market regulations. For our target group, two strands of prevention intervention are especially important – drug prevention interventions and crime prevention interventions.

Prevention initiatives

After conducting a systematic review of earlier reviews to assess effectiveness of policy options for addressing young people's addictive behaviour, Brotherhood et al (2013) concluded that there was a dearth of high quality evidence on 'what works' in reducing young

people's addictive behaviours and that they could only refer to promising approaches. The EMCDDA Best Practice Portal provides summaries of evidence of what types of drug prevention are effective. Effective interventions appear to be those that 'target the social and emotional determinants of substance use and risk behaviour, such as impulsiveness or disinhibition, (low) conformity to perceived norms or problems with adapting to school and family life' (EMCDDA website: <http://www.emcdda.europa.eu/best-practice>). The provision of information with no other form of intervention rarely impacts on future drug-taking behaviour. Interventions that incorporate skills training are more likely to be effective (Stockings et al, 2016).

Brotherhood et al., (2013) outlined a number of criminal justice interventions for young offenders involved in the CJS. These included diverting young people to either voluntary or mandated treatment or education, often through arrest referral schemes, drug courts, treatment and education programmes in prisons, and social reintegration for young offenders on release (parole and post-release programmes). For young people serving custodial sentences in institutions, there is a need for prevention and treatment not just during their time in institutions, but also during reintegration into the community to avoid relapse into drug and alcohol-related crime and risky behaviours (Mentor, 2013).

A review of the evidence on indicated prevention in the EU (EMCDDA 2009) shows that delinquency is related to a higher risk of later substance use disorders and early substance use behaviour and that special subgroups might be targeted for indicated prevention approaches at the individual level. This review of indicated prevention, included projects which were concerned not with preventing the initiation of use or the use of substances, but with preventing the development of dependence, to diminish the frequency of substance use and to prevent dangerous patterns (e.g. binge drinking). The programmes examined were often of high frequency, used manualized interventions (e.g. motivational interviewing) or parent training programmes. This review concludes that indicated prevention appeared to be a promising approach for young people in a multi-problem context and that further trials with established best practice programmes are needed, with special emphasis on their transnational transferability and cost- effectiveness (EMCDDA 2009).

Responses to NPS

The phenomenon of new psychoactive substances has emerged relatively recently and there is some concern that it may affect young adults in touch with the criminal justice system although the findings from the EPPIC study suggest that this is not a major problem so far. Responses to NPS vary between and within countries. The initial response to NPS has been regulatory and focused on tackling the supply and distribution of the substances. Education and prevention interventions are beginning to emerge focused on raising awareness and training. In the UK, for example, a toolkit for responding to NPS in prison settings has been developed although not directly applicable to young people. Online counselling and information exchange are becoming frequent tools to reduce NPS-related harm. These various forms of online outreach are user-led initiatives which use forums and blogs to exchange information and views (EMCDDA, 2015). Overall, there has been little attention paid to developing bespoke interventions tailored to the needs of young people in contact with the criminal justice system, particularly in relation to NPS.

4.2. INTERVENTIONS IN THE PARTNER COUNTRIES

This section of the report presents interventions, programmes and initiatives targeting young drug consumers in contact with the CJS which were identified in the EPPIC partner countries either by the national literature reviews or scoping survey or were suggested by key informants.

Despite the general impression of a scarcity of interventions designed specifically for young people aged 15-24, each country offered a number of relevant projects which, put together, constitute close to 60 interventions. However, only one program - i.e. “FreD” (for description, see below) elaborated in Germany was implemented in several European countries (Wirth & Rometsch, 2010). Less than half of identified initiatives were evaluated. In the case of evaluated programmes, a pre-post-test scheme was applied without any control group. A full list of interventions and programmes identified in partner countries is given in appendix 4. Below just a brief summary from each country is offered.

Austria: In Austria no specific, currently run prevention programme was identified that perfectly suits the target group, i.e. young people with drug problems who have come in contact with the CJS. However, several governmental and non-governmental institutions provide treatment for young drug users, including those in touch with CJS in correctional institutions and in non-judicial institutions.

Denmark: In the Danish context, 98 municipalities are responsible for implementing drug prevention, health promotion and early intervention initiatives. The prevention strategy in relation to young people and drug use/misuse is to have a “targeted and continuous focus on prevention and early intervention in relation to young people and drug use” (Narkotikasituationen i Danmark, 2014:22). Treatment and interventions in the Prison Service are mainly offered by either municipalities and/or private organizations, only a few are offered by the Prison Service. Drug related intervention programs explicitly designed for young offenders are rare.

Germany: In Germany, the scale and content of prevention and harm reduction programmes to address drug use among young people (including those in touch with CJS) in general differ significantly across the Federal States in Germany. The literature review as well as the scoping survey revealed that there are only a few relevant initiatives in Germany and two of them do not exist any more as these were pilot projects that did not receive further funding.

Italy: In Italy, there are no national guidelines about how to address drug consumption and drug-related problem within the penitentiary system; consequently there are almost as many intervention models as penitentiary institutions, depending also on collaboration with other local public and private organizations. However, the law (DPR 309/90) solicited the creation of specific detention sections named “Attenuated custody for detainees with addition problems”, at least one for each region. These sections must provide drug addicts with access to programmes, prevention, harm reduction, rehabilitation and social reintegration. There are also a few examples of public addiction services that have created specialised units for minors who use drugs and have problems with the justice system. Overall, there is a lack of evaluated programmes and national literature about the topic is scarce.

Poland: In Poland, all institutions caring for children and young people, including schools, youth detention centres, correctional centres, youth education centres and youth social therapy

centres are required to develop and implement their own prevention programmes. In practice, these programmes are a compilation of various elements, such as lectures from invited specialists, existing universal, selective or indicative prevention programs, sports activities, volunteering, etc. In order to improve the quality of prevention programmes, a Group for Prevention Programs Assessment and Recommendation was established. The Polish system of prevention programmes recommendation is based on both the prevention standards developed within the European project: Exchange on Drug Demand Reduction Action (EDDRA), and the Polish prevention experts' knowledge and experience. New prevention programmes are recommended for use at three levels: promising, good practice, effective (model programme). To date, only one programme targeting young people in touch with CJS, i.e. FreD, received recommendation based on its well-informed theoretical framework and good or promising evaluation results.

United Kingdom: In the UK, initiatives to prevent or intervene in drug use are delivered by schools and by a range of charity (NGO) and community sources – some of them, such as YOTs (Youth Offending Teams, now called Youth Offending Services), within the CJS and some within the secure estate. These interventions range from general universal prevention programmes to treatment for dependence and they are funded, resourced and implemented in different ways. As in other EPPIC countries, very few initiatives toward drug using young people in contact with CJS were identified from the literature review, the scoping survey or the key informant interviews.

4.3. FINDINGS FROM THE INTERNATIONAL LITERATURE REVIEW (2012-2017)

In order to broaden our knowledge about preventive programmes and intervention toward young drug users in touch with CJS conducted in countries other than EPPIC countries, a literature review was carried out.

The review of the Exchange of Drug Demand Reduction Actions (EDDRA) portal of the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) and the literature review of programmes implemented in countries other than the EPPIC partners has enabled identification of two groups of interventions: programmes for adolescents in touch with the CJS and programmes for prisoners released from prison into the community. (See appendix 3 for full details of the literature review and the studies).

On the EDDRA portal besides prevention, treatment, social integration and harm reduction programmes, there is a database of interventions in the criminal justice system. Among these programmes, 13 are specifically designed for young people in touch with CJS. They were implemented in such countries as Austria, the Czech Republic, Spain, Ireland, the Netherlands, France, Finland, Italy and U.K and the European Commission. Most of these programmes were completed between 2000 – 2004. The Czech program ended in 2015. Programmes with no end date were: “Treatment And Care Of Addicted Offenders in Vienna Favoriten Prison” (Austria), “The invisible space” (Italy),¹ “The Tower Program”, and “The Bridge Project” (Ireland), “Departmental Program (sub-regional), Justice and Health Conventions of Objectives” (France), and “Youth Awareness Program” (the UK).

Among selective prevention programmes on the EDDRA portal two addressed to young people in touch with CJS were found:

- FreD (Early Intervention of First Time Noticed Drug Users) is a prevention intervention developed in Germany targeting young offenders aged between 14 and 21 years who had become first time offenders due to their consumption of illegal drugs. A set of manual based interventions employing motivational interviewing and brief interventions has now been implemented in 15 EU Member States. Evaluation results (pre-post only) demonstrate that the intervention can be used successfully as a form of “early intervention” for young people using both alcohol and illegal drugs (Wirth & Rometsch, 2010)
- The Austrian project ‘Way Out’ is a prevention program for young offenders aged between 13 and 21 years which aims to counteract the development of an addiction as early as possible. It is a structured intervention over six months which encourages abstinence from illicit drugs and limited consumption of licit substances. It involves individual and group counselling and care facilities. An evaluation (pres-post only) conducted in 2004 demonstrated that the majority (89%) of young offenders showed improvement and over half (54%) became drug free (EMCDDA, Best Practice Portal: http://www.emcdda.europa.eu/modules/wbs/dsp_print_project_description.cfm?project_id=5038)

The literature review of programmes implemented in countries other than the EPPIC identified several approaches built into US programmes, i.e., “Multisystemic Therapy”

¹ According to information from partners from Italy “The invisible space” has been terminated.

(MST), its profile “Multisystemic Therapy - Substance Abuse” (Van der Stouwe et al., 2014; Henggeler, et al., 2002); and “Functional Family Therapy” (FFT) (Alexander et al., 2013) are comprehensive therapeutic approaches aimed at improving the functioning of adolescents in various life spheres, including reducing the use of psychoactive substances. The programmes employing these approaches cover young people in touch with CJS, their families, friends, school and community. Programmes using these approaches have a very long (30 - 40 years) history and were implemented outside the US, including in a number of European countries such as Ireland, Denmark, Sweden, Norway, the Netherlands and UK. The programmes using MST and FFT approaches were evaluated applying a randomised control trials approach, hence there is considerable evidence of their effectiveness in reducing the use of psychoactive substances among participants.

- Multisystemic Therapy (MST) is an intensive family- and community-based treatment approach that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighbourhoods and friends. Programmes using this approach have a long tradition (30 years) and have been implemented in several countries in Europe (Sweden, Norway, the Netherlands, the UK). MST was evaluated for the first time in 1986. All variants of the approach (for example, for delinquent juveniles, abused and neglected youth, sex offenders, substance abusing and dependent juveniles, juveniles with obesity) were examined at least once, resulting in a total of 20 published randomized controlled trials up until 2012. Moreover, three meta-analyses of the conducted evaluation studies have been published. In the last one, a small but significant treatment effect was found on delinquency, psychopathology and substance use (Van der Stouwe et al., 2014).
- Multisystemic Therapy–Substance Abuse (MST- SA) targets adolescent offenders who have been diagnosed as substance abusing or substance dependent according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition DSM–IV. This approach can be used with youths who have other mental or physical conditions or deficiencies. Evaluation studies showed that programmes using the approach had a significant impact on alcohol, marijuana and multiple drug use among programme participants (Henggeler et al. 2002; Henggeler et al. 2006).
- Functional Family Therapy (FFT) is a short-term, high quality intervention approach with an average of 12 to 14 sessions over three to five months, addressed to 11- to 18-year-old youth. FFT consists of five major components: engagement, motivation, relational

assessment, behaviour change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. Multisystemic Therapy FFT has a long tradition (40 years) and has been implemented in several countries in Europe (Ireland, Denmark, Sweden, Norway, the Netherlands, the UK) as well as in Canada, Australia, New Zealand and Singapore. There are many publications on efficacy and effectiveness of FFT. The first articles were published in the 1970s. For example, Flicker et al., (2008) found significant pre-post reductions in substance use for all youth in FFT.

Programmes for prisoners released into the community, such as “Coming Home to Harlem” (Ayoub L.H. & Pooler T., 2015), “The Real Men” (Freudenberg et al., 2010) and “A Road Not Taken” (Selling et al., 2015) are targeting mainly men. The programme activities are aimed at improvement of functioning in different areas of life and thus prepare prisoners for life outside prison. The goal is to reduce recidivism as well as substance use and risky sexual behaviour. Programmes for prisoners are based on cooperation with a wide range of social services and their communities. All three programmes have been evaluated, and in two of them i.e. “Coming Home to Harlem” which is currently implemented and in “the Real Men” a randomised clinical trial approach was applied. The results indicate the effectiveness of these programmes in reducing the problems associated with the use of psychoactive substances.

- Coming Home to Harlem: The programme is conducted by the Harlem Parole Re-entry Court and engages clients for 6-9 months after release. The programme is addressed to prisoners aged 16 years and above. The programme has the following core elements: 1/ Pre-release engagement. 2/ Active judicial oversight. 3/ Coordination of support services. 4/ Graduated and parsimonious sanctions. 5/ Incentives for success. Clients also participate in a graduation ceremony upon completion of the programme. Evaluation of the programme, which applied a randomised control trial approach, showed positive results; among others, at one year after release, 65% of re-entry court parolees were not using drugs at all, as opposed to only 39% of those on regular parole.
- The Returning Educated African American and Latino Men to Enriched Neighbourhoods (REAL MEN). REAL MEN is addressed to 16 - 18 year old men. The programme seeks to increase young men’s chances of economic and social stability, and thus better health, by linking them to employment and educational opportunities after release from jail. The programme also seeks to engage participants in a critical examination of how dominant social constructions of masculinity and race influence the situations that they encounter and their own actions and health risks. Evaluation of the program showed, among other

findings, that assignment to REAL MEN and, independently, use of community-based organization services, significantly reduced the odds of substance dependence one year after release.

- A road not taken (ARNT): This is a therapeutic programme which addresses criminogenic thinking (thoughts and behaviours complicit with criminal behaviour) and underlying drug addiction. Evaluation (pretest – posttest) showed that ARNT participants reported that they experienced a lower rate in criminogenic thinking in incarceration after their programme participation than they did before participation.

5. CONCLUSIONS AND RECOMMENDATIONS

The EPPIC target group, namely young people in touch with the CJS have been recognised as a vulnerable group at risk of problem drug use and polydrug use. Nevertheless, little policy attention, research or prevention intervention has been aimed specifically at this group. The aim of the EPPIC project is to further knowledge and understanding of drug use and crime trajectories among young people in the CJS, to identify possible points where intervention may help to prevent or reduce harm, to identify effective prevention approaches and initiatives and to examine the appropriateness of existing principles of good practice and quality standards for developing prevention initiatives for this target group.

Work package 4 contributes to this aim by detailed analyses of policy and legal frameworks, English literature reviews on prevalence of drug use among the target group as well as preventive initiatives in recent years and scoping surveys in individual countries to identify major stakeholders and current preventive experiences.

The policy and legal framework constitute an important environment in which drug consumption emerges among young people, evolves and often leads to contact with the criminal justice system. This context is of great importance in setting opportunities and limits for prevention approaches and for the perception of these approaches by their potential recipients and beneficiaries. Despite variations in legal systems in EPPIC countries, similarities prevail over differences. All six countries implement drug policies attempting to balance supply and demand reduction policies and offering numerous diversions from criminal procedures for drug related offences.. Moreover, general criminal legislation adopts less repressive or alternative measures towards young offenders, in particular for the under-aged but also for young adults. Against this background, effective interventions targeting young drug consumers in touch with Criminal Justice Systems should be welcome by both law enforcement agencies and potential recipients.

On the other hand, in all countries there are legal provisions punishing drug possession as well as petty drug offences which may discourage young drug consumers from voluntarily accessing preventive interventions. Moreover, despite relatively liberal policy contexts and numerous diversions from criminal procedures, some law enforcement agents tend to underutilise the possibilities of diversions from criminal procedures and apply penal

sanctions. Therefore, legal, environmental, skills-based (or “developmental”) and educational solutions should be considered to balance supply and demand reduction policies.

The English literature review covering papers published in the last five years revealed high drug involvement among young people in touch with the CJS, several fold higher than among their peers. Nevertheless, available knowledge about patterns of use, drug use trajectories and individual and social vulnerabilities is still insufficient to elaborate adequate, tailored interventions.

The literature review, along with the scoping surveys identified a number of initiatives and programmes relevant to the target group but very few specifically designed with this target group. While some of the programmes have been evaluated, most have not, and issues such as the sustainability of programmes beyond initial pilots or funding have been highlighted.

Therefore, further steps are needed to achieve the EPPIC objectives, including identification and amelioration of principles of good practice on interventions to prevent illicit drug use among vulnerable young people in touch with the CJS, to elaborate relevant guidelines and to initiate an European exchange network of relevant stake holders.

We need to understand better the culture of law enforcement agencies and their reluctance or willingness to apply non-punitive measures. Similarly, we need to understand better the culture of young drug consumers and the prospects for their voluntary participation in interventions, including their opinions about interventions they have already experienced and their expectations regarding interventions they would be willing to accept. Finally, we have to consider the question, what are the prerequisites to get higher involvement of all stakeholders in active exchange of good practices across Europe?

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APPENDIX 1: POLICY AND LEGISLATION IN PARTNER COUNTRIES: NATIONAL OVERVIEWS

AUSTRIA

Drug policy and legislation

Impunity for addicts was first introduced in the Austrian legal system in 1971, The principle of “treatment instead of punishment” was enhanced in a welfare model of punishment in the 1980s, reinforced by a new Narcotic Substances Act (Suchtmittelgesetz – SMG) adopted in 1998, and then consolidated in 2016, as comprehensive addiction prevention strategies come into force. According to the Austrian national report to EMCDDA from 2017 “It (the Narcotic Substance Act) supports the principle of treatment instead of punishment, aims for a society as free of addiction as possible and views addiction as a disease. The strategy addresses illicit drugs and licit substances alongside non-substance-related addictive behaviour and provides an orientating framework at the federal level for work on drug use issues in Austria and complements the drug strategies of the nine provinces. It has three fields of intervention: (i) prevention of addiction; (ii) help with addiction (harm reduction, treatment, rehabilitation and reintegration); and (iii) security. The strategy, however, does not have a defined timeframe or a specific action plan”.

New psychoactive drugs

The most recent legislation - New Psychoactive Substances Act (Neue-Psychoaktive-Substanzen-Gesetz – NPSG) entered into force on 1. Jan. 2012. This law not only gives definitions for the substances, effects and preparation, but also explains the scope of the law with regard to threats for consumers. It is prohibited by law to create, import, export, offer and surrender substances defined in that category. Moreover, the Ministry of Justice is responsible for monitoring the market and valuation of risks on the basis of scientific state-of-the-art knowledge. The Ministry shall inform relevant health institutions about latest findings. This task can be delegated to the National Contact Point of the information network EMCDDA.

General legal approaches to young offenders

In juvenile cases the reactions provided for under Austrian criminal law are covered by a separate Act, the Juvenile Court Act from 1988 extended by many amendments over time (Jugendgerichtsgesetz – JGG). The JGG is a federal Act, which contains substantive and procedural regulations, as well as regulations on the enforcement of imprisonment. The main goals of the Act is seen in the special deterrence and (re)socialisation of young offenders.

In Austria the general age of criminal liability is 14 years. For 14 and 15 year olds at the time of the offence the law provides grounds for immunity. According to the JGG ‘juveniles’ are persons between 14 and 18 years of age. For ‘young adults’ between 19 and 21 years of age only the Criminal Code of Procedure (Strafprozessordnung – StPO) outlined in the JGG applies. However, in exceptional cases certain prison law provisions in the JGG can be applied up to the age of 27 years. For ‘minors’ below the age of criminal responsibility (14 years of age), certain welfare measures listed under the Federal Child- and Youth Services Act (Bundes-Kinder- und Jugendhilfegesetz – BKJHG²) can be applied.

The sanctions for imprisonment and fines for juveniles are reduced by 50% compared to the General Criminal Code (Strafgesetzbuch - StGB). In addition to that general rule the JGG offers more flexibility and a wide range of reactions in juvenile cases. The crucial legal paragraphs are abridged and condensed below:

- *Grounds for immunity* (§4 JGG): In cases of delayed maturity and of moderate misdemeanour committed by juveniles without severe guilt under the age of 16.
- *Dismissal of prosecution and diversion without intervention* (§§6-7 JGG): The prosecutor and the judge may drop cases of petty delinquency by first-time juvenile offenders, if the offence is punishable by a fine or not more than five years of imprisonment (which corresponds to a 10-year sentence in adult penal law).
- *Diversion with intervention*: The public prosecutor or the judge can decide on several forms of diversion. Options include (1) the suspension of prosecution for a probation period with
- *Conviction without sentence* (§12 JGG): The next step up on the ladder of sanctions forces the juvenile offender to go through a trial. The court may convict the juvenile

offender but abstain from passing a short sentence (up to three months of imprisonment).

- *Conviction with suspended sentence* (§13 JGG): The court may retain the right to pass a sentence with a probation period of one to three years.
- *Fines* (§5/5 JGG): The maximum possible fine for juveniles is halved compared to the provisions in the Criminal Code for adults.
- *Imprisonment* (§5/1-4 JGG): Maximum prison sentences are also halved for juveniles and there are no minimum sentences.
- *Release on temporary license* (Bedingte Entlassung aus einer Freiheitsstrafe; §17 and §17a JGG): During preparations for release on temporary license (parole) a probationary service can be entrusted with the organisation and conduct of a so-called social-network conference (Sozialnetzkonferenz; §29e BewHG – Bewährungshilfegesetz).

The principle “treatment instead of punishment” is emphasised in Narcotic Substances Act (SMG) in particular towards adolescents and young adults. According to its paragraph 13 school headmasters of public and private schools and military organisations in cases of suspicion of drug abuse the headmaster must send the pupil to a medical examination in the school. If the examination is positive, the pupil must undergo medical treatment (clinical or psychological) provided by a professional expert. Should the student refuse this examination and/or the treatment, the headmaster must refrain from a criminal charge (report to the police) and instead report the case to the responsible health institution of the regional government. The same applies to the commander of the military services.

In general, the Austrian Narcotic Substance Act provides several forms of health promotion that support the principle of “treatment instead of punishment” (§ 11/2 SMG):

- Medical surveillance of health status
- Medical treatment including detoxification and opioid substitution treatment (outpatient and inpatient)
- Clinical-psychological counselling and care
- Psychotherapy
- Psycho-social counselling and care.

The current Austrian Drug Policy is set up of a four-column model: prevention, therapy, harm reduction, and repression (Schumann and Köchl 2015).

DENMARK

Drug policy and legislation

Danish drug policy is based on different laws. The most important are:

Law on Euphoriant Substances (Da.: Lov om Euforiserende Stoffer) including amendments. The penalty under this Act is a fine or imprisonment for a maximum of two years.⁴

§ 191 in The Criminal Code (Da.: Straffeloven) including amendments. Since 2004, the penalty under Section 191 of the Criminal Code has been imprisonment for 10-16 years, which can be extended to 25 years in particularly serious cases.

Health Legislation: (Da.: Sundhedsloven) is the legal framework for working with prevention and health promotion in the municipalities, including the planning of prevention and health promotion towards children and young people. It is also the legal framework for opioid assisted treatment.

Law on Social Services (Da.: Serviceloven). Is the legal framework that obligates the municipalities to offer free, anonymous counseling to children, young people and parents in relation to drug use; to counsel young people over 18 years in relation to drug use; to offer drug free treatment to all drug users with a treatment guarantee.

Law on Legal Rights (Da.: Retssikkerhedsloven). Is the legal framework that secures that the municipalities offer the help and support laid out in the Law on Social Services.

Act on Execution of Sentences (Da.: Lov om Straffuldbyrdelse). Is the legal framework that secures a treatment guarantee for inmates to drug free treatment.

Since adopting the Law on euphoriant substances in 1955 and relevant paragraph in Criminal Code in 1969 it has been illegal to possess, import, or pass on certain substances such as

opiates, amphetamines, cannabis and cocaine (Laursen, 1992; Storgaard, 2000). From 1969 to 2003, however, cannabis *use* and possession for own use was de-penalised. The Attorney General was authorised by the Danish parliament to instruct the police, prosecutors, and courts to be lenient with young cannabis users. First time offences for cannabis possession of quantities of less than 10 grams were to be dealt with by a warning, and in aggravated circumstances or repeat offences, by a fine (Laursen, 1992, 1996; Storgaard, 2000). Petty dealing of cannabis was also to be dealt with by fines or suspended sentences except in aggravating circumstances, such as the sale to minors.

Danish drug policy changed in 2003 when the liberal-conservative government launched an all-encompassing drug action plan called *The Fight against Drugs* couched in rhetorical terms like ‘zero-tolerance’, ‘tough on drugs,’ ‘fight against drugs,’ and ‘deterrence’ (Kampen mod Narko, 2003). Key components included the re-penalisation of possession of cannabis and an increase in sentences for drug dealing and trafficking (Frank 2008). Possession of cannabis for personal use was now to be punished with the minimum of a fine. The amendments to the Law on euphoriant substances that came with the *Fight against Drugs* are central for the changes in Danish drug policy and have been used to repeal the former division between drug users and drug dealers, and between soft drugs (cannabis) and hard drugs. Today, it is no longer possible for police or prosecutors to use cautions for minor violations of the Law on euphoriant substances. Only problematic drug users who have been dependent on drugs for years and who are receiving either social benefits or pension can escape the penalties (Jepsen, 2008).

In general, Danish drug policy has been characterized as a dual policy, with focus both on control and welfare (Laursen & Jepsen 2002; Houborg 2010). While the control elements in the change in drug policy in Denmark were evident from 2003 and forward with the repeal of the Attorney General’s instruction, higher sentences, and zero-tolerance approaches. The welfare part has developed in more complex ways, with a more intense focus on treatment, but still continuing and developing prevention and harm reducing initiatives.

General legal approaches to young offenders

Age of criminal responsibility is 15 years in Denmark. A person is of legal age when he or she turns 18 years. There is thus a difference in how to act in the criminal justice system when a person is:

- Under 15 years of age (below age of criminal responsibility)
- Between 15-17 years of age (criminal responsible, but with special practices)
- 18 years and above (criminal responsible)

In general, there was a focus on young people in the *Fight against Drugs*, how to prevent (or deter) them from getting into drug use, and a tough on those who were selling to young people (Kampen mod Narko, 2003).

The *Fight against Drugs* was updated in 2010 (Kampen mod Narko II, 2010). In this update there was again a special focus on young people. Prevention and early intervention aimed at 16-24 year old are mentioned explicitly to be a top priority. The argument is that it is in these years that drug misuse is founded. Particular initiatives was also mentioned, both in relation to prevent young people to get into drug use, as well as prevent young people to get into continuous drug misuse (e.g. exchanging good principles in youth drug treatment, establishing a national internet based information and counselling initiative to young people, establishing trials with out-reach initiatives to young people with drug problems).

GERMANY

Drug policy and legislation

German drug policy is split into measures with regard to licit (esp. alcohol and tobacco) and illicit drugs. Although health damages (mortality and morbidity) related to licit drugs are high (e.g. 110,000 tobacco-related deaths annually), public discourse mainly focuses on the consequences of illicit drug use. The national drug strategy related to illicit drugs is based on four pillars: (1) prevention, (2) counselling and treatment, (3) harm reduction and (4) repression (Drogenbeauftragte der Bundesregierung 2012: 8). While this strategy is praised as a new hybrid by government officials, the fourth pillar still clearly dominates German drug policy (Bernard 2013: 69-70; Schildower Kreis 2013). This is not only reflected in the amount of funds directed to the fourth pillar (Bernard 2013: 69-70; EMCDDA 2017: 3), but also in the rising numbers of drug related offences while drug use does not increase to the same scale (Cousto/Stöver 2017; Schildower Kreis 2013).

In general, drug policy in Germany is implemented on a federal and a Federal States (“Länder”) level. On the federal level, the Ministry of Health is responsible for drug policy, represented by a drug commissioner who is set up by the government. Principal laws and basic regulations are being issued on this level. These laws and regulations (esp. narcotics law – Betäubungsmittelgesetz (BtmG), medicinal products act - Arzneimittelgesetz (AMG), youth protection law – Jugendschutzgesetz) constitute the legal framework of German drug policy.

The German criminal justice system differentiates between juvenile and general criminal law, providing for diverse measures and sanctions for adult, young adult and juvenile offenders. In principal, the general law as outlined in the “German Penal Law” (*Strafgesetzbuch*; StGB) and the Code of Criminal Procedure (*Strafprozessordnung*; StPO) also applies for juveniles and young adults. The Juvenile Justice Law (*Jugendgerichtsgesetz*; JGG), however, specifies a range of particularities for young offenders.

General legal approaches to young offenders

If the Juvenile Justice Law or the general Penal Law has to be applied, depends on the age of

the offender by the time of the offence. In this vein, the German criminal justice system differentiates between children below the age of 14, who are in no case criminally liable (§19 StGB)², juveniles between 14 and 17 years of age and young adults defined as persons between 18 and below 21 years of age. Juvenile Justice Law is always applicable to juveniles (as defined above). Whereas in the case of juveniles it always has to be verified if a person is criminally liable at all (§3 JGG), young adults (as defined above) are criminally liable in any case (Laubenthal/Nestler 2010: 476). If the Juvenile Justice Law or the Penal Law is applicable to the young adult in question, is, therefore, decided individually depending on the type of offence (e. g. if the crime committed is a “typical” juvenile offence) and the maturity of the offender (ibid.: 476-477). If an offender by the time of offence was 21 years old or older, Juvenile Justice Law is not applicable anymore and Penal Law automatically applies.

All interventions of the JGG are structured according to the principle of minimum intervention, i.e. penal intervention should only take place if absolutely necessary. Similar to criminal offences by adults and young adults, a criminal offence by a juvenile can either be imposed with a diversion (§ 45 JGG, § 47 JGG) or different kind of court sanctions (Laubenthal/Nestler 2010: 479; Sonnen 2015). The latter encompass educational measures (§ 5 Abs. I JGG, § 9 ff JGG), disciplinary actions (§ 5 II JGG, § 13 ff JGG) and – as a last resort – the youth sentence (§ 5 II JGG, § 17 JGG, § 17 ff. JGG).

A diversion means informal sanctions instead of a formal court proceeding so that the case will be dismissed (§ 45 JGG, § 47 JGG). The basic idea behind diversion is to avoid the potential negative consequences of formal sanctions for the personal and social development of young persons and, in fact, compared to formal sanctions, the recidivism rate is very low when diversion is applied. Hence, diversion has proved to be quite effective in preventing reoffending (Sonnen 2010; 2015: 123). Different forms of diversion are applicable. In the case of petty crimes, it will be refrained from any sanction. Diversion can also be combined with education, i.e. measures are taken together with parents or schools or in the form of victim-offender reconciliation. A diversion with intervention includes minor sanctions (e. g. short terms community services or social training courses). In Germany, on average 70% of all juvenile court proceedings have been dispensed by diversion during the last years (Sonnen 2010: 483; Dünkel 2016).

As outlined above, the Juvenile Justice Law (§ 5 JGG) provides three different forms of court sanctions:

Educational measures (§ 5 I JGG, § 9 ff JGG):

Disciplinary measures (§ 5 II JGG, § 13 ff JGG):

In contrast to a youth sentence (see below), disciplinary measures shall have a warning character and shall not stigmatise. There are three different forms of sanctions: formal warnings, the imposition of conditions as well as youth arrest (Laubenthal/Nestler 2010: 479): *formal warning, imposition of conditions, youth arrest, youth sentence (§ 5 II JGG, § 17 JGG)*

Youth sentence is the ultima ratio of the outlined sanctions. In this vein, youth sentence is only applicable in cases of a special “severity of guilt” (§17 JGG), i. e. in cases of severe criminal charges, “detrimental propensities” or “sustained misconduct, which requires insistent educational adjustment” (Streng 2012: 231).

ITALY

Drug policy and legislation

Description below is based on EMCDDA (2017). Italy-Country Drug Report (http://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf_en)

In Italy, the Consolidated Law, adopted by the Presidential Decree No. 309 on 9 October 1990 and subsequently amended, provides the legal framework for trade, treatment and prevention, and prohibition and punishment of illegal activities in the field of drugs and psychoactive substances. Use itself is not mentioned as an offence. Possession for personal use is punishable by administrative sanctions (such as the suspension of a driving licence, suspension of passport). Since Law 79 of 16 May 2014, a distinction has been re-established between less dangerous drugs in Schedules II and IV, and more dangerous drugs in Schedules I and III. Administrative sanctions for personal possession offences may be 1–3 months for the former, and 2–12 months for the latter. If a person is found in possession of illicit drugs for the first time, administrative sanctions are not usually applied, and instead the offender receives a warning from the Prefect and a formal request to refrain from use. The offender may also be invited to undergo treatment or rehabilitation, which if positively concluded involves the revocation of sanctions – if already applied - and the conclusion of the proceedings.

The penalty for supply-related offences such as production, sale, transport, distribution or acquisition depends on the type of drug, again referring to the Schedules. For more dangerous drugs (cocaine, heroin, etc.), dealing is punished by 8–20 years' imprisonment, while for less dangerous drugs (cannabis, etc.) penalties are from 2–6 years' imprisonment. However, in the case of minor offences, detention and fine can be substituted by a period of community service (Law no. 79/14). Pre-trial detention is no more allowed; arrest is possible only in case of flagrancy. Moreover, defendants may request the suspension of the trial through the so called “messa alla prova”, literally “put to the test”, which consists in the suspension of the criminal proceedings with probation (see Law no. 67/2014).

Launched in 2010, the Italian National Action Plan on Drugs originally covered the period 2010-13, but remains in force pending the development of a new strategy. Eighty-nine objectives are set out in two pillars, demand and supply reduction, across five cross-cutting areas of intervention. Demand reduction activities include prevention, treatment, rehabilitation and reintegration, while supply reduction covers evaluation and monitoring, legislation, supply reduction and juvenile justice. Primarily focused on illicit drug use, the Action Plan also covers licit substance use and addictive behaviours as elements that are addressed predominantly in the context of prevention.

In the National Action Plan on Drugs (2010) on the base of the European Plan, “to offer treatment and harm reduction services to drug consumers in prison” is among the objectives of the “Demand reduction” (p. 29). Besides, it is recommended (p. 61) a better use of the **alternative measures**, that is, improve procedures faster and more efficient to favour people condemned or awaiting trial accessing the penitentiary benefits, especially minors.

In the Prevention area there are two specific recommended actions addressed to young detainees (p. 70):

- To develop permanent prevention programmes in under-age justice services (14-18)
- To evaluate such programmes also in terms of recidivism

In the Treatment area is affirmed the necessity to define a proper and well-defined organization to guarantee appropriate treatment also in prison (p. 79)

New psychoactive substances

In previous years, Italy has addressed sales of new psychoactive substances (NPS) using consumer safety laws, but now several generic substance groups have been added to the main drug control law.

General legal approaches to young offenders

As well as adults, even minors (aged 14-17) found in possession of drugs may be charged for administrative or criminal offences, depending on the amount. However, for minors facilities are provided, according to the provisions of Royal Decree 1404/1934 and Presidential Decree 22/08/1988, no. 448, including special rules in relation to the faculty of arrest of a minor in criminal offence, institutes alternative to the application of sanctions, are judicial forgiveness in the case of restrictive penalties not exceeding two years (Marietti 2015).

Criminal responsibility is acquired at the age of 14 years, but it is always subordinate to the assessment of the actual ability to understand and want. The duration of precautionary measure is two-thirds inferior for children under 16 and half for under 18 (art. 23 D.P.R. 448/1988). Furthermore, the punishment is reduced by one third (Article 98 of the Penal Code).

The Juvenile Court is competent for offences committed by under 18-year-old and the special jurisdiction of the juvenile judge ceases at the age of 25 years.

From the Code of Minors Procedure (1988) some specifications for minors enabled the start of a process aimed at reducing imprisonment through diversification, individualisation, and alternative measures.

Several procedural ad hoc norms for minor offenders do exist, but there is no a penal code specific for minors. Which means that minors may be subjected to the same penalties as adults, because they are differently treated only during the trial. However, the introduction of an ad hoc penal code is provided by a bill under discussion at the Chamber of Deputies since 2015 (Marietti 2015).

Prisons for minors are subjected to the same regulation provided for adults. Therefore, main problems are inadequate structures and spaces and, above all, lack of operators with

professional competences, who are almost exclusively prison guards, while the number of educators and social workers is totally inadequate (Marietti 2015).

Minors in state of arrest or standstill are held in so called First reception centres (CPA) until the validation hearing, which must be realised within 96 hours. There are 27 CPA on the national territory. Main aims of the CPA are to collect information on the minor to be provided to the judge, to contact families and to collaborate with other juvenile services. With respect to the minor, the CPA operators help him/her to reflect on the offence and to assume his responsibilities, also they assist him/her during the trial. Most of the minors accessed to CPA (83.9%) subsequently access to a precautionary measure. More than half of the minors who enter the CPA are immigrants (53% in 2014), and they are most frequently than Italian minors sent to custody in jail or to a reception community (Report to the Parliament 2016).

Juvenile detention centres (IPM) may correspond to more than one Courts of Appeal, having jurisdiction over more regions. They are residual (detained minor are about 500) and the average stay is a few weeks. Furthermore, most of detainees today are majors who committed the offence when they were minors. The measure called '*messa alla prova*' (social services programs) was originally introduced for minors, and only later on it was transferred to adults too. It provides an alternative not only to jail but also to the trial, which is suspended during the put to test. If this is positively concluded, then the offence will be declared extinct (Report to the Parliament 2016).

POLAND

Drug policy and legislation

Foundations of drug policy were laid in the beginning of the 1980s when Poland recognised existence of a drug problem as a public issue. Initially, in public perception the drug problem was seen as a result of intergenerational conflict and therefore a model of policy based on prevention and treatment rather than on punishment was developed. Its hallmark was depenalisation of drug possession already in 1985 (Ustawa o zapobieganiu narkomanii, 31 January 1985). In the late 1980s, as soon as HIV infections affected drug using populations harm reduction measures were introduced such as syringe exchange. Transformation to more democratic order and market economy changed public perception towards criminal definitions promoted by media and politicians.

Eventually, the new laws on counter-acting drug abuse (Ustawa o przeciwdziałaniu narkomanii, 24 April 1997, amendment of 26 October 2000) were adopted which penalised drug possession independent of amount. Rapid increase in the number of drug-related crimes has been recorded after the new laws were enforced.

Parallel, sophisticated five-year national programmes on counteracting drug abuse were elaborated which claimed to be oriented towards demand reduction, including treatment rather than towards penalisation. In fact, all consecutive national programmes can be named comprehensive as they covered both supply and demand reduction, as well as monitoring.

Numerous amendments to the drug law were adopted offering alternatives to prison sentence, including possibility to break or suspend criminal investigation by the police and prosecution well before a court case (amendment of 22 July 2005).

New psychoactive substances

Recently, new articles were adopted in the drug law to counteract spread of new psychoactive substances. However, no criminal sanctions are envisaged. Instead, administrative measures can be taken including confiscation of a substance which may be used for its psychoactive properties, a production or distribution enterprise may be closed down and financial fees applied.

General legal approaches to young offenders

Penal sanctions are not applied to young people not older than 17 years. For them a range of special institutions exists including supervision of probation officer, special residential educative institutions which facilitate school education as well as correctional institutions, including youth detention centres (with similar functions as arrests) and correctional centres where young juvenile offenders can be kept up to 21 years of age when they committed an offence when 17 years old and younger. Young people between 18-21 years of age are considered as juvenile offenders and offered special milder conditions of imprisonment.

UNITED KINGDOM

Drug policy and legislation

Drug legislation in the UK reaches back to 1971 when the Misuse of Drugs Act was adopted. Specificity of the British drug legislation is that severity of penalties depends on the severity of “class of drugs” which are divided into three classes. However, possession of drugs is criminalised independent of the class.

Drug strategy is decentralised to the regional level. In all regions which is in England and Wales, Scotland, Northern Ireland, relevant strategies attempt to apply holistic approach aiming at reducing demand, restricting supply and building recovery in communities. The focus of prevention shifted from programmes focusing specifically on drug use towards strengthening resilience factors associated with reducing the desire to explore risky behaviours, including drug use.

New psychoactive substances

In 2016 the special Psychoactive Substances Act was adopted which can be considered a legal response to new psychoactive substances. The Act criminalises production, supply or possession “with intent to supply of any psychoactive substances knowing that it is to be used for its psychoactive effects”. Simple possession, however, is not criminalised.

General legal approaches to young offenders

The UK has one of the lowest ages of criminal responsibility in Europe – ten years of age, when a child is considered old enough to stand trial and be convicted for an offence. Nevertheless, the UK as a signatory of the UN Convention on the Rights of the Child respects its promises and specific measures are applied to the under-aged in individual legal acts.

Youth custodial services have had significant reductions in Government funding over the past decade. A report published in February 2017 by the *Youth Custody Improvement Board* documented deterioration in the quality of provision, demoralised staff, a general lack of solid leadership and an increase in violent behaviour. In response to these challenges, the

Prison and Courts Bill (Feb 2017) proposed key reforms within youth custody services. These include: the appointment of a new chair to the Youth Justice Board, the creation of a new Youth Custody Service as a distinct arm of HM Prison and Probation service, and the transference of commissioning responsibilities to the Ministry of Justice

In England and Wales, the Youth Justice Board is responsible for the organisation and management of the youth justice system. Delivery of programmes and services is carried out by a range of organisations and agencies. These include, Youth Offending Teams (YOTs), youth courts, the juvenile secure estate, and agencies collaborating in the provision of alternatives to custodial sentences. In England and Wales, the Youth Justice Board is an organisation of around 230 people which oversees the youth justice system. The Chair and board members are appointed by the Secretary of State for Justice. They work to prevent children and young people under 18 from offending or re-offending. They ensure custody is safe and secure, and addresses the causes of their offending behaviour.

Youth Offending Teams (YOTs) were established in 1998 to reduce offending and re-offending and to provide counsel and rehabilitation to young offenders. There is a YOT in every local authority in England and Wales. Youth Offending Teams supervise young people (under the age of 18) who have been ordered by the court to serve sentences in the community or in the secure estate. All members of Youth Offending Teams have expertise in areas relevant to the care and rehabilitation of young offenders. This can be drawn from the police, probation, social services, health services, education and psychology.

The structure and ethos of the adult justice system, the adult court and the adult sentencing framework are not deemed appropriate for use with children and young people, who frequently have a range of complex needs which these adult systems and processes are not designed to meet. Therefore, youth justice is delivered in accordance with the youth sentencing framework which is distinct from the adult framework, and provides a greater focus on individualised responses than its adult equivalent.

A court sentencing a child or young person has a number of obligations under international conventions which emphasise the importance of avoiding “criminalisation” of young people whilst ensuring that they are held responsible for their actions and participate in repairing the

damage that they have caused (including recognition of the damage caused to the victims). The promotion of social reintegration is a key aim. (Youth Justice Board, 2016).

For many crimes, children and young people are tried in the youth court, which is staffed by magistrates or a district judge. The cases are heard in private in order to protect the privacy of the child. However, children can be made subject to Crown Court trials in an increasing range of cases.

There are a number of ways in which young people can be diverted from criminal proceedings or custody. These include:

- *Alternatives to entry into criminal proceedings* through: pre-court diversions issued by police – youth caution and youth conditional caution, penalty notice for disorder, youth restorative disposal.
- *Alternatives to imprisonment* during criminal proceedings through: financial penalties (fines), conditional discharge, referral orders, reparation order, youth rehabilitation order.

The authors of the UK report were unable to find any alternatives such as early release or strategies aimed at avoiding relapse. Through care and aftercare arrangements, staff work to foster links with young people's home community to ensure continuity in service provision (i.e. health services, drug and alcohol treatment) and to create educational and employment opportunities when they are released.

There are no alternatives for specific groups such as young women, those with mental health problems or learning disabilities, young people in care or young people from ethnic minority groups. However, there is separate provision for those aged under 15 and for girls aged up to 16 in Secure Children's Homes and for those assessed as 'vulnerable'. Secure Training Centres are also available for those who are vulnerable and either sentenced to custody or on remand. There are 8 Young Offender institutions in total, girls/young women up to age of 18 can serve their sentences in three.

Young offenders can receive custodial sentences but they are reserved for the most serious cases. Sentences can be spent in secure children's homes (12-14 years old) , secure training centres (12-17 years old) and young offender institutions for young adults aged 18-21.

APPENDIX 2: PREVALENCE AND PATTERN OF USE

INTRODUCTION

To respond a research question the literature review was conducted according to the criteria specified in table 1 below. The research question was: what is prevalence and patterns of drug use, poly drug use, NPS use among young people in Criminal Justice System? Selection criteria related to population covered by the study (young people aged 15 to 24 with drug use/polydrug use/NPS use in contact with criminal justice system), setting (prison, resocialization/correctional institutions, social integration institutions) country (other than participating in the EPPIC project) and time range of publishing articles (2012-2017) were established. From among 381 publications reviewed, nine studies corresponding to the needs of the EPPIC project were selected. Most of them were conducted in the United States. These studies are described in detail below, including their methodology.

LITERATURE REVIEW

Racz et al (2015) conducted study in secure locked juvenile justice facility in the US. Data were collected via questionnaires from 373 serious male juvenile offenders (age average was 16 years old). A high level of lifetime substance use was reported by the participants, with marijuana (92.2%; $n = 344$) and alcohol (87.7%, $n = 327$) being the most commonly used substances. Approximately half of the sample (55.5%; $n = 207$) reported using other drugs, with a smaller percentage reporting inhalant use (19.3%; $n = 72$). Of the participants who used other drugs, most reported using one drug (31.9%; $n = 119$), with 23.6% ($n = 88$) reporting that they used two or more other drugs. The most commonly used other drugs were cocaine (23.9%; $n = 89$) and methamphetamines (36.5%; $n = 136$). When youth used more than one type of other drug, they most commonly used cocaine and methamphetamines in combination, either alone or with additional drugs. Consistent with the literature, Black youth reported less polysubstance use and later age of drug use onset than White and Latino youth. Findings suggest that Latino juvenile offenders and those with an early and problematic pattern of substance use are at heightened risk for polysubstance use.

Teplin et al (2012) recruited a stratified random sample of 1829 youth at intake to the Cook County Juvenile Temporary Detention Centre (CCJTDC) in Chicago, Illinois. Design of the

study included baseline and follow-up interviews. Data on prevalence of substance use disorders among participants living in the community at follow-up at time 2 (345 males and 479 females) were presented in the article. Any substance use disorder was diagnosed among 12.5% females and 33.7% males, alcohol use disorder: 5.4% females and 16.5% males, drugs use disorder: 8.9% females and 24% males. For many delinquents – especially males – externalizing disorders were not limited to adolescence. Five years after the baseline, males had 2 to 3 times the odds of having substance use and disruptive behavior disorders compared with females. Furthermore, the disparity between males and females increased over time. Males were also more likely than females to persist with substance use disorders and disruptive behaviour disorder.

The population of the study conducted by Shook et al (2011) includes all children born between 1985 and 1994 whose families received in-home services from the child welfare system or who were placed in out-of-home care for any length of time in Allegheny County, PA, or both. Population was divided into clusters. The MH (mental health) & JJ (juvenile justice) cluster consisted of 14% of the aged out youth (n= 181). All the youth in this cluster have been involved in the juvenile justice and mental health systems and 56% have received drug and alcohol services. The cluster, MH (mental health) & Jail, includes 17% of the aged out youth (n= 211). Everyone in this cluster has received mental health services and spent time in jail. Over half (55%) received drug and alcohol services and 48% have been involved in juvenile justice. Aged out youth were defined as those who spent at least 1 year in out-of-home placement and left care after turning 17.

Shook et al (2011) used data from a non-probability sample of 14–19 year old youth in two (one male only and one female only) private non-profit, long-term residential placement facilities for juvenile offenders in Western Pennsylvania (N = 227) to compare those who sell marijuana, hard drugs and non-sellers. Boys consist 55% of population study and girls - 45%. With regard to substance use, marijuana sellers were significantly more likely to have used a variety of substances in the last 12 months than non-drug sellers, including marijuana, alcohol, cigarettes, prescription drugs, opiates other than heroin, tranquilizers, hallucinogens, and ecstasy. Overall, marijuana sellers reported using significantly more different types of these substances (M = 4.9, SD = 3.0) than non-sellers (M = 3.1, SD = 2.6). They were also more likely to have gotten in trouble while drunk or high, to have gone to school while drunk or high, to have had sexual intercourse, and to have had sexual intercourse while drinking

alcohol or taking drugs. With regard to substance use, hard drug sellers differed from non-sellers across the same types of substances as marijuana sellers, except that there was no statistically significant difference between hard drug sellers and non-sellers with regard to hallucinogen use.

The sample for the study conducted by Rijo et al (2016) included 217 Portuguese male young offenders 14-20 years old. From this total sample, 122 (56.3 %) were placed in juvenile detention facilities (which represents 51.9 % of all young offenders placed in Portuguese juvenile detention facilities at the time of data collection) and 95 (43.7 %) were receiving community-based program (which represents 21.2 % of all young offenders placed in community-based programs at the time of data collection). In the total sample, 33.3% (n=68) met criteria for substance related disorders. There was a significant co-occurrence of substance related disorders and being placed in juvenile facilities; participants fulfilling criteria for a diagnosis within this category were about three times more likely to belong to the custodial group. Alternatively, there was a significant co-occurrence of anxiety and mood disorders and belonging to the community-based group. So, participants whose main diagnosis was in either the anxiety or mood disorder categories were about two times more likely to be placed in community based-programs.

Boonmann and colleagues (2016) compare mental health problems in young male offenders with and without sex offences. Data were collected from 65 juvenile justice sites across the USA, spanning 17 states and all three main facility type. Population of the study (n=668) was 12-17 years old. Almost half of the young sex offenders (45%) reported somatic complaints. Approximately one in three scored for angry irritable problems (28%), depressed anxious problems (31%) and thought disturbance problems (36%). In addition, 14% of them had suicide ideation, and 10% had been misusing alcohol or drugs. They were significantly less likely to have reported alcohol or drug misuse (medium effect size) or angry -irritable feelings (small effect size) than the other offenders, after adjusting for age, race/ethnicity, type of facility and adjudication status. No differences were found for the other mental health problems. Within the sex offender group, older youths were more likely to have had alcohol and drug use problems than the younger ones (small effect size; Caucasians were more likely to have angry-irritability and suicidal ideation than non-Caucasians (small effect sizes) and detained youths more likely to have had alcohol and/or drug problems and somatic complaints (both medium effect size) than their peers on probation. Finally, the sentenced had more

alcohol and drug use problems (medium effect size) and angry-irritability (small effect size) than their pre-trial peers.

Welty et al (2016) recruited a stratified random sample of 1829 youths at intake to the Cook County Juvenile Temporary Detention Centre in Chicago, Illinois, between November 20, 1995, and June 14, 1998, who were awaiting the adjudication or disposition of their case. The sample included 1172 males and 657 females; 1005 African Americans, 296 non-Hispanic Whites, 524 Hispanics, and 4 other race/ethnicity; mean age, 14.9 years. Face-to-face structured interviews were conducted at the detention centre in a private area, most within 2 days of intake. Follow-up interviews were conducted at 3, 4.5, 6, 8, and 12 years after baseline for the entire sample. Prevalence of SUDs dropped from about 50% at baseline (median age = 15 years) to nearly 20% 12 years later (median age = 28 years) among males and females. Twelve years after baseline (median age = 28 years), more than 90% of males and nearly 80% of females had a lifetime SUD (9 substance-use disorders —alcohol, marijuana, cocaine, hallucinogen or PCP (*Phencyclidinum*), opiate, amphetamine, inhalant, sedative, and unspecified drug). Compared with females, males had higher lifetime prevalence of any SUD and its subcategories alcohol-use disorder, any drug-use disorder, and marijuana-use disorder. By contrast, females had higher lifetime prevalence of cocaine-, opiate-, amphetamine-, and sedative-use disorder. Lifetime prevalence of “other” illicit drug-use disorder and its subcategories—cocaine, opiate, amphetamine, and hallucinogen or PCP (males only)—were significantly higher among non-Hispanic Whites, followed by Hispanics, then African Americans. Among females, minorities had lower lifetime prevalence of alcohol-use disorder. Sex and racial/ethnic differences remained even when we excluded participants who had been incarcerated during the entire follow-up period. Although prevalence decreased, 12 years after baseline nearly 1 in 5 participants had an SUD and more than 1 in 10 had a drug-use disorder. The rate of decrease depended on sex.

Kinner et al (2015) interviewed sentenced young offenders serving a community-based or custodial order in Victoria, Australia (n=242 – community based order, n=273 – custodial order). The aims of this study were to describe the causes and identify risk factors for death in a cohort of young offenders. Although fewer than half of observed deaths in this study were drug related, it was found that those engaging in risky substance use at baseline, including regular use of central nervous system depressants, polydrug use and injecting drug use, were at increased risk of death from all causes.

During study of Bryant and others (2016) data from Indigenous young people aged 16–29 years in every state and territory in Australia were collected (n=2877). About 40% of participants were men. The mean age was 21. Multivariate analyses show that those who reported weekly or more frequent use of drugs differed in significant ways to those who did not. In the urban and regional samples, weekly or more frequent drug use was significantly more likely among those who had less education, had been in prison and had ever sought advice for alcohol and other drug use. Notably, frequent use of illicit drugs was predicted by the same set of independent variables in urban and regional areas. Multivariate analysis suggests that, once other variables were controlled, the correlates of injecting were having been in prison in the last year (adjusted odds ratio 5.3, 95% CI 2.8–10.0) and using a wider range of illicit drugs (adjusted odds ratio 3.0, 95% CI 2.5–3.6).

TABLE 1. TEMPLATE WITH LITERATURE SEARCH CRITERIA

<p>Research question no 1: What is prevalence and patterns of drug use, poly drug use, NPS use among young people in Criminal Justice System?</p>
<p>Selection criteria for searching articles: Population: young people (15-24 years old) with drug use/polydrug use/NPS use in contact with criminal justice system Setting: prison, resocialization/correctional institutions, social integration institutions Country coverage: Not EPPIC countries Time range: 2012-2017</p>
<p>Databases: MEDLINE, SCIENCE DIRECT, NATIONAL DATA BASES</p>
<p>Key words:</p> <ol style="list-style-type: none"> 1. young people/youth & 2. drug use/poly drug use/NPS use & 3. prison/jail/criminal justice/incarceration/correctional institutions/custody/ probation officer/resocialization institutions/social integration institutions

Templates to enter literature on prevalence and patterns of drug use, poly drug use, NPS use among young people in criminal justice system

Details of selected studies

1. Author (s) Surname, name	Racz S. J. , Shonali S. , Trent M. , Hoover A. Bradshaw C. P. , Goldweber A. , and Cauffman E.
Year of publication	2015
Title	Polysubstance Use among Minority Adolescent Males Incarcerated for Serious Offenses
Country, paper refers to	US
Population under study:	Age: 16 years old on average at time of incarceration, up to the age of 25
	Gender: males
	Other characteristics: n=373
Setting:	Prison: no
	Other correctional institutions: secure locked juvenile justice facility
	Other setting (specify) - no
Prevalence (%):	Life time: marijuana - 92.2% (n=344) alcohol 87.7%
	Last 12 month: no information
	Other measures (specify) history of prior arrest 79,1% (n=295)
Pattern of use prior to prison	Substance(s): marijuana, alcohol, cocaine, methamphetamine
	A high level of substance use was reported by the participants, with marijuana (92.2%; $n = 344$) and alcohol (87.7%, $n = 327$) being the most commonly used substances. Approximately half of the sample (55.5%; $n = 207$) reported using other drugs, with a smaller percentage reporting inhalant use (19.3%; $n = 72$). Of the participants who used other drugs, most reported using one drug (31.9%; $n = 119$), with 23.6% ($n = 88$) reporting that they used two or more other drugs. The most commonly used other drugs were cocaine (23.9%; $n = 89$) and methamphetamine (36.5%; $n = 136$). When youth used more than one type of other drug, they most commonly used cocaine and methamphetamine in combination, either alone or with additional drugs.
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information

	Other characteristics: no information
Other important information (narrative form)	Consistent with the literature, Black youth reported less polysubstance use and later age of drug use onset than White and Latino youth. Findings suggest that Latino juvenile offenders and those with an early and problematic pattern of substance use are at heightened risk for polysubstance use. Aggression was not significantly related to polysubstance use, over and above the risk factors.
Methodology (could be copied from abstract)	Data were collected via questionnaires from 373 serious male juvenile offenders upon intake into a secure locked facility. Youth were on average 16 years old, and minority youth were overrepresented (28.1% Black, 53.1% Latino). Poisson regressions were used to assess the associations between the risk factors, aggression, and polysubstance use.

2. Author (s) Surname, name	Teplin L. A. , Welty L. J. , Abram K. M. , Washburn J. J. and Dulcan M. K.
Year of publication	2012
Title	Prevalence and Persistence of Psychiatric Disorders in Youth After Detention: A Prospective Longitudinal Study
Country, paper refers to	US
Population under study:	Age: 10 to 18 years old at baseline interview
	Gender 1172 males and 657 females
	Other characteristics: n= 1829
Setting:	Prison: no
	Other correctional institutions: Cook County Juvenile Temporary Detention Center, Chicago, Illinois.
	Other setting (specify): no
Prevalence (%):	Life time: no information
	Last 12 month: no information
	Other measures (specify): substance use disorders among participants living in the community at time 2 (345 males and 479 females) any substance use disorder: female- 12,5%, male-33.7% alcohol use disorder: female – 5.4%, male – 16.5% drugs use disorder: female – 8.9%, male – 24%
Pattern of use prior to prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	Does not apply (DNA)

Pattern of use in prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	Substance use and disruptive behaviour disorders continued to be the most common disorders. For many delinquent youth – especially males – externalizing disorders were not limited to adolescence. Five years after baseline, males had 2 to 3 times the odds of having substance use and disruptive behaviour disorders compared with females. Furthermore, the disparity between males and females increased over time. Males were also more likely than females to <i>persist</i> with substance use disorders and disruptive behaviour disorder.
Methodology (could be copied from abstract)	<p>Baseline Interviews</p> <p>We recruited a stratified random sample of 1829 youth at intake to the Cook County Juvenile Temporary Detention Center (CCJTDC) in Chicago, Illinois, between November 20, 1995, and June 14, 1998. The CCJTDC is used for pretrial detention and for offenders sentenced for fewer than 30 days. To ensure adequate representation of key subgroups, we stratified our sample by sex, race/ethnicity (classified via self-identification as African American, non-Hispanic white, or Hispanic), age (10–13 years or ≥ 14 years), and legal status (processed in juvenile or adult court). Final sampling fractions for strata ranged from 0.108 to 0.689.</p> <p>All detainees who were awaiting the adjudication or disposition of their case were eligible to participate in the study. Among these, 2275 detainees were randomly selected; 4.2% (34 youth and 62 parents or guardians) refused to participate. There were no significant differences in refusal rates by sex, race/ethnicity, or age. Twenty-seven youth left the detention center before an interview could be scheduled; 312 left CCJTDC while we attempted to locate their caretakers for consent. Eleven others were excluded from the sample because they were unable to complete the interview. The final sample size was 1829: 1172 males, 657 females; 1005 African Americans, 296 non-Hispanic whites, 524 Hispanics, 4 “other” race/ethnicity ; age range, 10 to 18 years (mean, 14.9 years; median, 15 years).</p> <p>Face-to-face structured interviews were conducted at the detention center in a private area, most within 2 days of intake.</p> <p>Follow-up Interviews</p> <p>Our design included: (1) follow-up interviews at 3 and 4.5 years after baseline for the entire sample; and (2) two additional interviews at 3.5 and 4 years after baseline for a random subsample of 997 subjects (600 males and 397 females).</p> <p>For each follow-up, we interviewed participants irrespective of where they were living: in the community (approximately two-thirds of interviews); at correctional facilities (nearly 30% of interviews); or by telephone if they lived more than two hours away (<5% of interviews).</p> <p>Participants were paid \$25 for the 2-to 3 -hour baseline interview and \$50 for each of the 3-to 4 -hour follow-up interviews. Most interviewers had graduate degrees in psychology or an associated field and had experience interviewing at-risk youth; one-third were fluent in Spanish. All interviewers were trained for at least 1 month. For each wave, consistency across interviewers was established and maintained via scripted mock interviews following training and mid-wave.</p>

3. Author (s) Surname, name	Shook J., Goodkind S., Pohlig R. T., Schelbe L., Herring D. and Kim K. H.
Year of publication	2011
Title	Patterns of Mental Health, Substance Abuse, and Justice System Involvement Among Youth Aging Out of Child Welfare
Country, paper refers to	US
Population under study:	Age range: 18-23, mean 20.45
	Gender: male 46%, female 54%
	Other characteristics: ever been in foster care – 54% ever been in congregate care – 37% ever use drug and alcohol services – 41%
Setting:	Prison: jail - 19%
	Other correctional institutions: juvenile justice (county detention facility or a residential juvenile justice facility – 24%
	Other setting (specify)
Prevalence (%):	Life time: no information
	Last 12 month: no information
	Other measures (specify): no information
Pattern of use prior to prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s): no information
	Frequency of use; no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	The MH & JJ cluster consisted of 14% of the aged out youth(n= 181). All the youth in this cluster have been involved in the juvenile justice and mental health systems and 56% have received drug and alcohol services. The last cluster, MH & Jail, includes 17% of the aged out youth (n= 211). Everyone in this cluster has received mental health services and spent time in jail. Over half (55%) received drug and alcohol services and 48% have been involved in juvenile justice. MH – mental health JJ – juvenile justice
Methodology (could be	The population for this study includes all children born between 1985 and 1994

copied from abstract)	<p>whose families received in-home services from the child welfare system or who were placed in out-of-home care for any length of time in Allegheny County, PA, or both. A major advantage of the birth cohort is that it enables us to follow all individuals who have entered and exited the child welfare system over their life course and to examine how youth who have aged out of the child welfare system differ from other groups of child welfare-involved youth. The overall birth cohort includes 42,735 children from 23,754 families. Of this group, 9,703 children were in an out-of-home placement for some period of time. Aged out youth in our sample are defined as those who spent at least 1 year in out-of-home placement and left care after turning 17.</p> <p>Overall, we identified 1,361 youth who aged out of care between January 2002 and March 2008.</p> <p>The data were obtained from the Data Warehouse of the Allegheny County Department of Human Services (DHS). Allegheny County is an urban county in Western Pennsylvania that includes the city of Pittsburgh and its suburbs. DHS was created to coordinate and consolidate the provision of publicly funded human services in the county. In addition to operating the child welfare system (Office of Children, Youth, and Families [CYF]), DHS operates numerous other systems, including the Office of Behavioral Health (OBH), which coordinates mental health and substance abuse services. OBH contracts with private providers to offer a range of mental health and substance abuse programs and placements and has a liaison to CYF who helps to coordinate mental health and substance abuse services for young people in child welfare. DHS also includes the Office of Community Services, which provides a range of programs and services, including housing, after school programs, food assistance, and employment and training. Given the structure of DHS, the purpose of the Data Warehouse is to integrate data across its internal systems, including child welfare, mental health, drug and alcohol, hunger and housing, and employment and training. In addition, DHS works with other institutions in the county to include data from other systems, such as juvenile justice and the county jail. This unique integrated data set allows us to examine both child welfare experiences and involvement in these other systems among the youth who aged out. Specific child welfare information in the data includes numbers, dates, and types of placements, whether the youth ran from care, and sibling information. Consequently, we are able to construct variables that represent aspects of youths' care careers, as detailed subsequently. In terms of other system involvement, the Data Warehouse provides varying levels of detail. While, for some systems, we could only determine whether or not a youth was involved, DHS was able to provide us with additional data on the types of mental health and drug and alcohol services received (e.g., outpatient or inpatient). To complement analyses of the administrative data, we also conducted in-depth individual and small group interviews with 45 youth who had recently aged out of care in Allegheny County. While we report on the collection, analyses, and findings from these qualitative data elsewhere (see Goodkind et al., 2011), we draw on insights gained from this work in our discussion of the findings from the analyses of administrative data presented here.</p>
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4. Author (s) Surname, name	Shook J. J., Vaughn M., Goodkind S., Johnson H.
Year of publication	2011
Title	An empirical portrait of youthful offenders who sell drugs
Country, paper refers to	US

Population under study:	Age: 14-19 years old, mean 16,15, n=227
	Gender: 55% boys and 45% girls
	Other characteristics: Black: 51.8% White: 22.5% Hispanic 12.6% Biracial/other 13.1% Received public assistance 49% Drug selling 58.1% Marijuana 49.8% Hard drugs 35.2% Prescription 35.2% Holding drugs 40.1%
Setting:	Prison: no
	Other correctional institutions: private non-profit long-term residential placement facilities for juvenile offenders
	Other setting (specify): no
Prevalence (%):	Life time: no information
	Last 12 month: marijuana selling youth n=113 Marijuana Usage 98.2% Alcohol Usage 87.6 Cigarette Usage 84.1 Speed Usage 8.0 Methamphetamine Usage 7.1 Cocaine/Crack Cocaine Usage 16.8 Prescription Drug Usage 23.0 Heroin Usage 8.8 Other Opiate Usage 29.2 Tranquilizer Usage 46.9 Hallucinogen Usage 16.8 Ecstasy Usage 21.2
	Hard drug selling youth n=80 Marijuana Usage 97.5% Alcohol Usage 87.5 Cigarette Usage 78.8 Speed Usage 6.3 Methamphetamine Usage 7.5 Cocaine/Crack Cocaine Usage 15.0 Prescription Drug Usage 21.3 Heroin Usage 8.8 Other Opiate Usage 23.8 Tranquilizer Usage 42.5

	<p>Hallucinogen Usage 11.3</p> <p>Ecstasy Usage 25.0</p>
	Other measures (specify): no information
Pattern of use prior to prison	<p>Substance(s): no information</p> <p>Frequency of use: no information</p> <p>Risk behaviour(s): no information</p> <p>Other characteristics: no information</p>
Prevalence in prison (%)	No information
Pattern of use in prison	<p>Substance(s): no information</p> <p>Frequency of use: no information</p> <p>Risk behaviour(s): no information</p> <p>Other characteristics: no information</p>
Other important information (narrative form)	<p>With regard to substance use, marijuana sellers were significantly more likely to have used a variety of substances in the last 12 months than non-drug sellers, including marijuana, alcohol, cigarettes, prescription drugs, opiates other than heroin, tranquilizers, hallucinogens, and ecstasy. Overall, marijuana sellers reported using significantly more different types of these substances ($M = 4.9$, $SD = 3.0$) than non-sellers ($M = 3.1$, $SD = 2.6$). They were also more likely to have gotten in trouble while drunk or high, to have gone to school while drunk or high, to have had sexual intercourse, and to have had sexual intercourse while drinking alcohol or taking drugs.</p> <p>With regard to substance use, hard drug sellers differed from non-sellers across the same types of substances as marijuana sellers, except that there was no statistically significant difference between hard drug sellers and non-sellers with regard to hallucinogen use.</p>
Methodology (could be copied from abstract)	<p>The data for this article ($N = 227$) are derived from a non-probability sample of 14–19 year old youth in two (one male only and one female only) private non-profit long-term residential placement facilities for juvenile offenders in Western Pennsylvania. Data collection at the boys' facility occurred from June 2009 through August 2009 ($N = 126$). Criteria for boys being enrolled in the study included being between 14 and 18 years old and having been in the facility between 3 and 12 months when recruitment started. Data collection at the girls' facility occurred over a 4-month period from October 2009 until February 2010. This facility is much smaller than the boys' facility so we attempted to include all the young women in the facility and all of those that entered during the data collection period ($N = 101$). Consequently, 55% of our sample consists of boys and 45% consists of girls.</p> <p>Data were collected in accordance with protocols approved by the Institutional Review Board at the University of Pittsburgh. After the study was described by facility staff and the youth expressed interest, a supervisor at the facilities provided approval for the youth to take part in the study and the youth were referred to research staff. Prior to administering the instrument, the interviewer explained the purpose of the study and received assent from each youth (consent from those 18 and 19 years old). Structured one-on-one interviews were carried out by trained graduate students using Computer-Assisted Survey Interview (CASI) techniques. Interviewers completed an intensive one-day training session and an interview editor was on-site as youth were interviewed to minimize interviewer omissions and errors.</p>

	<p>All interviews were conducted in rooms that provided private areas where confidential interviews could be conducted simultaneously with between 3 and 5 youth. The CASI data collection procedures allowed the respondent to have each question read to them supplemented by response cards. There was an on-site data editor free during the interviews to help answer any questions and provide quality control to data collection procedures. Youth were sent to the facilities for a variety of property, person, drug, and status offences. The vast majority of youth reported a history of involvement in delinquent behaviour and the juvenile court spanning several years. Overall, more than 95% of those referred to the research team assented to and completed the interview at both facilities. presents</p> <p>Measures of <i>past substance use</i> were derived from a multi-item poly-substance use matrix used to assess past year and lifetime use. Specific types of substances assessed (0 = no, 1 = yes) included marijuana, alcohol, cigarette, speed, methamphetamines, cocaine/crack cocaine, prescription drugs, heroin and other opiates, tranquilizers, hallucinogens, and ecstasy. These items are used independently to provide an understanding of differences in the types of substances used by drug sellers compared to non-sellers and are summary scaled to reveal differences in overall mean substance use among sellers and non-sellers (M = 4.1, Cronbach's Alpha = .85).</p>
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5. Author (s) Surname, name	Rijo D. , Brazão N. , Barroso R. , Ribeiro da Silva D. , Vagos P. , Vieira A. , Lavado A. , and Macedo A. M.
Year of publication	2016
Title	Mental health problems in male young offenders in custodial versus community based-programs: implications for juvenile justice interventions
Country, paper refers to	Portugal, the main goal of the present study was to assess mental health problems in Portuguese male young offenders placed in either custodial or community-based programs and discuss treatment implications within the juvenile justice interventions.
Population under study:	Age: 14-20 years old, n=217
	Gender: males only
	Other characteristics: 56.3% were placed in juvenile detention facilities 43.7% in community-based programs
	Type of crime: Against people 77.9% Against property 18.0% Against life in society 3.7% Drug trafficking 0.5%
Setting:	Prison: no
	Other correctional institutions: juvenile detention facilities

	Other setting (specify) community-based programs
Prevalence (%):	Life time: no information
	Last 12 month: no information
	Other measures (specify): no information
Pattern of use prior to prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	<p>In the total sample 33.3% (n=68) met criteria for substance related disorders.</p> <p>There was a significant co-occurrence of substance related disorders and being placed in juvenile facilities; participants fulfilling criteria for a diagnosis within this category were about three times more likely to belong to the custodial group. Alternatively, there was a significant co-occurrence of anxiety and mood disorders and belonging to the community-based group. So, participants whose main diagnosis was in either the anxiety or mood disorder categories were about two times more likely to be placed in community based-programs.</p>
Methodology (could be copied from abstract)	<p>Participants in this study were male young offenders, aged between 14 and 20 years old. Participants were recruited from a wider research project aiming to study the prevalence rates of mental health disorders among youth intervened by the Portuguese Juvenile Justice, and to propose specific psychotherapeutic interventions to address the mental health problems of male young offenders. Participants with cognitive impairment (according to data collected from the justice report files), psychotic symptoms and/or developmental disorders (both assessed with the clinical interview for Axis I disorders used in this research; for a description of the interview), were not included in this study. These exclusion criteria were applied because subjects with this kind of diagnosis require particular interventions already provided by specific mental health professionals and institutions collaborating with the Portuguese Juvenile Justice System. Female young offenders were also excluded because they represent only 10–15 % of the young offenders intervened by the Portuguese Juvenile Justice System, and any possible idiosyncrasies from this cohort would be underrepresented.</p> <p>According to the Portuguese Ministry of Justice there was a total of 2545 youth intervened by the Portuguese Justice System at the time of data collection, being 2193 male. Of those 2193 male young offenders, 591 were placed in community-based programs and 235 were placed in juvenile detention facilities. It is important to highlight that, according to the Portuguese legal system, these are the two more severe consequences a court can apply to youth aged between 12 and 16 years' old who have committed an offense. In general, severe offenses (e.g., aggravated assault, sexual assault, kidnapping, attempted homicide,</p>

	<p>homicide) lead the court to decide for youth to be placed in a juvenile detention facility rather than in a community-based intervention program. In detention facilities youth are incarcerated for a period of 6–36 months; during their sentence, they can continue/complete their academic education and benefit from a structured cognitive-behavioral group program, among other kind of interventions. While an offense must be committed when a youth is between the ages of 12 and 16 years old, detained youth may be 18 years of age or older while serving sentence, because sentence lengths can last up to 3 years. In community-based intervention programs youth are assigned to an individual rehabilitation plan that can last from 6 to 24 months, which is designed and supervised by probation officers and to which they must abide while still living at home.</p> <p>A random number table was used to select a sample of 250 male young offenders (125 young offenders from each group). All participants were selected during the sentencing period. Following this selection, 30 youth placed in community-based programs and 2 youth placed in juvenile detention facilities declined to participate in this study.</p> <p>The final sample for this study included 217 Portuguese male young offenders. From this total sample, 122 (56.3 %) youth were placed in juvenile detention facilities (which represents 51.9 % of all young offenders placed in Portuguese juvenile detention facilities at the time of data collection) and 95 (43.7 %) youth were receiving community-based programs (which represents 21.2 % of all young offenders placed in community-based programs at the time of data collection). These 217 young offenders were then assessed with structured clinical interviews.</p>
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6. Author (s) Surname, name	Boonmann C., Nelson R. J., Dicaldo F., Jansen L. M., Doreleijers T.A., Vermeiren R.R., Colins O.F., Grisso T.
Year of publication	2016
Title	Mental health problems in young male offenders with and without sex offences: a comparison based on the MAYSI-2
Country, paper refers to	US, this study aimed to compare mental health problems between young people who commit sexual offences and those who do not.
Population under study:	Age: 12-17 years old, n=668
	Gender: only males
	Other characteristics: probation: 6.3% lockup: 93.7% 50% young sex offenders Younger (12-15)– 62.9% Older – (16-17) – 37.1%
Setting:	Prison: no
	Other correctional institutions: Probation lockup

	Other setting (specify): no
Prevalence (%):	Life time: no information
	Last 12 month: no information
	Other measures (specify): no information
Pattern of use prior to prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s); no information
	Frequency of use; no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	<p>Almost half of the young sex offenders (45%) reported somatic complaints in the caution range. Approximately one in three scored in the caution range for angry irritable problems (28%), depressed anxious problems (31%) and thought disturbance problems (36%). In addition, 14% of them had suicide ideation, and 10% had been misusing alcohol or drugs . They were significantly less likely to have reported alcohol or drug misuse (medium effect size) or angry -irritable feelings (small effective size) than the other offenders, after adjusting for age, race/ethnicity, type of facility and adjudication status. No differences were found for the other mental health problems. Within the sex offender group, older youths were more likely to have had alcohol and drug use problems than the younger ones (small effect size; Caucasians were more likely to have angry-irritability and suicidal ideation than non-Caucasians (small effect sizes) and detained youths more likely to have had alcohol and/or drug problems and somatic complaints (both medium effect size) than their peers on probation. Finally, the sentenced had more alcohol and drug use problems (medium effect size) and angry-irritability (small effect size) than their pre-trial peers.</p>
Methodology (could be copied from abstract)	<p>Study design We used a cross-sectional design, extracting data from the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2; Grisso and Barnum, 2006) This is a brief tool that measures mental health problems among individuals involved in the juvenile justice system.</p> <p>Data collection Our sample was selected from a larger national database (MAYSIWARE; Maney and Grisso, 2006). MAYSIWARE is a software programme, designed to administer, score and maintain MAYSI-2 data in an electronic database. MAYSIWARE also records demographics (age, gender, race and ethnicity), offence information(up to six current charges/offences leading to involvement in the juvenile justice system), type of facility (probation, detention or corrections) and adjudication status of the youth (pre-adjudication or post-adjudication). Juvenile justice sites from across the USA were asked if they were willing to submit their MAYSI-2 data via MAYSIWARE for the research purposes (Maney, 2011). At the time of data collection, 451 registered MAYSIWARE juvenile justice facilities or programmes were contacted, of which 65 sites, spanning 17 states and all three main facility types, submitted data. Individual files were merged to create a single nationwide MAYSIWARE database with 54,716 MAYSI-2 administrations.</p> <p>Participant selection</p>

	<p>A number of exclusion criteria were applied to the MAYSIWARE database to create our sample (Figure 1). The MAYSI-2 was validated for 12–17 year-olds, so 2,082 young people outside this age range were excluded. In order to categorise our final sample into sex offenders or not, an additional 25,606 cases with missing charge or offence information and 15,145 cases with minor charges (status of-fences and breach of an order) were excluded. The 2,015 female adolescents were then excluded from the resulting sample, to void gender confounding (Vincent et al., 2008). Finally, the 423 cases for whom the user information entered was test case or blank and the 211 for whom the identity of the justice was missing were also excluded from the sample. When a single young person had multiple MAYSI-2 administrations (determined by matching facility IDs), the last occasion only was retained, to avoid double counting. On analysis, any cases missing information on matching variables (age, race/ethnicity, type of facility and adjudication status) were excluded. Young men were considered to be juvenile sex offenders when their MAYSI-2 offence information contained at least one sex offence and were considered not to be when none of their MAYSI-2 offence information showed a sex-related offence</p>
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7. Author (s) Surname, name	Welty L. J. , Harrison A. J. , Abram K. M. Olson N. D. , Aaby D. A. , McCoy K. P. , Washburn, J. J. and Teplin L. A.
Year of publication	2016
Title	Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention
Country, paper refers to	US, to examine sex and racial/ethnic differences in the prevalence of 9 substance-use disorders (SUDs)—alcohol, marijuana, cocaine, hallucinogen or PCP, opiate, amphetamine, inhalant, sedative, and unspecified drug— in youths during the 12 years after detention.
Population under study:	Age: at baseline median age 15 12 years later median age 28
	Gender: males n=1172 females n=657
	Other characteristics: n= 1829
Setting:	Prison: no
	Other correctional institutions: no
	Other setting (specify): no
Prevalence (%):	Life time: no information

	Last 12 month: no information
	Other measures (specify):
Pattern of use prior to prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics:
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	<p>Prevalence of SUDs dropped from about 50% at baseline (median age = 15 years) to nearly 20% 12 years later (median age = 28 years) among males and females.</p> <p>Twelve years after baseline (median age = 28 years), more than 90% of males and nearly 80% of females had a lifetime SUD. Compared with females, males had higher lifetime prevalence of any SUD and its subcategories alcohol-use disorder, any drug-use disorder, and marijuana-use disorder. By contrast, females had higher lifetime prevalence of cocaine-, opiate-, amphetamine-, and sedative-use disorder. Lifetime prevalence of “other” illicit drug–use disorder and its subcategories—cocaine, opiate, amphetamine, and hallucinogen or PCP (males only)—were significantly higher among non-Hispanic Whites, followed by Hispanics, then African Americans. Among females, minorities had lower lifetime prevalence of alcohol-use disorder. Sex and racial/ethnic differences remained even when we excluded participants who had been incarcerated during the entire follow-up period</p> <p>Although prevalence decreased, 12 years after baseline nearly 1 in 5 participants had an SUD and more than 1 in 10 had a drug-use disorder. The rate of decrease depended on sex.</p> <p>Sex differences</p> <p>There were no significant sex differences at baseline. After baseline, however, males had higher prevalence of SUDs than females (Figure A). For example, 5 years after baseline, males had 2.34 times the odds of alcohol-use disorder compared with females (95% CI = 1.76, 3.13). Sex differences were largest in the first half of the follow-up period.</p> <p>Racial/ethnic differences</p> <p>Throughout the follow-up period, non-Hispanic Whites were significantly more likely than minorities to have any SUD and its subcategories, alcohol-use disorder and any drug–use disorder. For example, 8 years after baseline, nearly half of non-Hispanic Whites had any SUD compared with about a quarter of African Americans and nearly a third of Hispanics (Table E). Moreover, Hispanics had significantly higher prevalence of any SUD and its subcategory, any drug–use disorder, compared with African Americans.</p> <p>Marijuana-Use Disorder</p>

	<p>Prevalence of marijuana-use disorder decreased over time, but the rate of decrease depended on sex.</p> <p>Sex differences</p> <p>There were no significant sex differences at baseline or 12 years later. In the interim, however, males had significantly higher prevalence than females. For example, 5 years after baseline, prevalence was 22.1% among males and 13.5% among females (adjusted odds ratio [AOR] = 2.51; 95% CI = 1.93, 3.26).</p> <p>Racial/ethnic differences</p> <p>Non-Hispanic Whites had greater odds of marijuana-use disorder compared with African Americans.</p> <p>“Other” Illicit Drug–Use Disorder</p> <p>“Other” illicit drug–use disorder includes “hard drugs,” such as cocaine-, hallucinogen or PCP-, opiate-, amphetamine-, sedative-, and unspecified drug–use disorder. Overall, prevalence did not decrease over time, and there were no significant sex differences.</p> <p>Racial/ethnic differences.</p> <p>African Americans had the lowest prevalence of “other” illicit drug–use disorder, followed by Hispanics, then non-Hispanic Whites (Tables E through G). For example, 5 years after baseline, prevalence was 1.7% (African Americans), 7.1% (Hispanics), and 20.0% (non-Hispanic Whites). At this time point, non-Hispanic Whites had more than 19 times and Hispanics had more than 8 times the odds of “other” illicit drug–use disorder compared with African Americans (Table J). However, prevalence increased over time among African Americans (e.g., 8 years after baseline, 2.6%; AOR = 1.16 per year; 95% CI = 1.14, 1.28).</p>
<p>Methodology (could be copied from abstract)</p>	<p>We recruited a stratified random sample of 1829 youths at intake to the Cook County Juvenile Temporary Detention Center in Chicago, Illinois, between November 20, 1995, and June 14, 1998, who were awaiting the adjudication or disposition of their case. The Cook County Juvenile Temporary Detention Center is used for pre-trial detention and for offenders sentenced for less than 30 days. To ensure adequate representation of key subgroups, we stratified our sample by sex, race/ethnicity (African American, non-Hispanic White, Hispanic, other), age (10 to 13 years or ≥ 14 years), and legal status (processed in juvenile or adult court). The sample included 1172 males and 657 females; 1005 African Americans, 296 non-Hispanic Whites, 524 Hispanics, and 4 other race/ethnicity; mean age, 14.9 years. Face-to-face structured interviews were conducted at the detention center in a private area, most within 2 days of intake.</p> <p>We conducted follow-up interviews (1) at 3, 4.5, 6, 8, and 12 years after baseline for the entire sample; (2) at 3.5 and 4 years after baseline for a random subsample of 997 participants (600 males and 397 females); and (3) at 10 and 11 years after baseline for the last 800 participants enrolled at baseline (460 males and 340 females). Participants were interviewed whether they lived in the community or in correctional facilities. Interviews were conducted through 2011.</p>

8. Author (s) Surname, name	Kinner, S. A., Degenhardt L., Coffey C., Hearps S., Spittal M., Sawyer S. M. & Patton G. C.																																																																								
Year of publication	2015																																																																								
Title	Substance use and risk of death in young offenders: A prospective data linkage study																																																																								
Country, paper refers to	Australia, the aims of this study were to describe the causes and identify risk factors for death in a cohort of young offenders in Victoria, Australia.																																																																								
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		<i>n</i>	%
	Female	50	20.7
	Indigenous	20	8.5
	Non-English speaking background	38	15.7
	Living in urban location	208	86.7
	Unstable housing	18	7.5
	Educational background		
	First expelled by age 14	62	25.9
	Changed school 5+ times since 5 years old	124	51.2
	Left school before completing year 9	31	12.8
	Family		
	Family drug/alcohol problems	110	45.8
	Family mental illness	69	28.6
	Family member in prison	94	39.0
	No longer living with family	72	30.0
	Offence history		
	Violent	125	51.7
	Non-violent acquisitive	197	81.4
	Illicit drug related	29	12.0
	Disorder/behavioural	172	71.1
Setting:	Prison: no		
	Other correctional institutions: a community-based or custodial order		
	Other setting (specify): no		
Prevalence (%):	Life time: no information		
	Last 12 month: no information		
	Other measures (specify): c -within the past 6 months		
		Deceased	Alive
		<i>n</i>	%
		<i>n</i>	%
	Indigenous	0	0
	Unstable housing	4	21
	Often subjected to physical violence at home	3	16
	Illicit drug offence history	7	37
	Regular smoker	18	95
	Risky drinking (AUDIT-C)	11	58
	Used cannabis \geq weekly _c	10	53
	Used opioids \geq weekly _c	8	42
	Used amphetamines \geq weekly _c	6	32
	Used cocaine \geq weekly _c	1	5
	Used sleeping pills \geq weekly _c	9	47
	Used painkillers \geq weekly _c	2	11
	Used three or more drug types _c	12	63
	Injected drugs in the past year	11	58

Pattern of use prior to prison	Substance(s); no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	Although fewer than half of observed deaths in this study were drug related, we found that those engaging in risky substance use at baseline, including regular use of central nervous system depressants, polydrug use and injecting drug use, were at increased risk of death from all causes.
Methodology (could be copied from abstract)	Between 27 May 2002 and 1 October 2003, we interviewed sentenced young offenders serving a community-based or custodial order in Victoria, Australia. In the custody arm, sampling occurred in all three Victorian Juvenile Justice centres. In the community-based order arm, participants were recruited from all Melbourne metropolitan regions and one rural region. Potential participants had the nature and implications of the study explained to them and provided written, informed consent. Interviews typically took 30–60 min to complete. The baseline survey was approved by the Human Research Ethics Committees of the Victorian Department of Human Services and the Royal Children's Hospital, Melbourne. Measures included demographics and family history, offence history, experience of victimisation, mental illness, self-harm and substance use. Deaths up to 31 December 2011 were identified through a probabilistic linkage with the National Death Index.

9. Author (s) Surname, name	Bryant J., Ward J., Wand H., Byron K., Bamblett A., Waples-Crowe P., Betts S., Coburn T., Delaney-Thiele D., Worth H., Kaldor, J., Pitts M.
Year of publication	2016
Title	Illicit and injecting drug use among Indigenous young people in urban, regional and remote Australia
Country, paper refers to	Australia
Population under study:	Age: 16-29, n=2877
	Gender: man – 40%
	Other characteristics: Half (51%) lived in major cities, about a third (36%) in regional areas and 8% in remote settings. About 40% of participants were young men. The mean age was

	21 years and 92% identified as heterosexual.
Setting:	Prison; no
	Other: correctional institutions
	Other setting (specify): no
Prevalence (%):	Life time: no information
	Last 12 month: no information
	Other measures (specify): no information
Pattern of use prior to prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Prevalence in prison (%)	No information
Pattern of use in prison	Substance(s): no information
	Frequency of use: no information
	Risk behaviour(s): no information
	Other characteristics: no information
Other important information (narrative form)	Multivariate analyses show that those who reported weekly or more frequent use of drugs differed in significant ways to those who did not. In the urban and regional samples, weekly or more frequent drug use was significantly more likely among those who had less education, had been in prison and had ever sought advice for alcohol and other drug use. Notably, frequent use of illicit drugs was predicted by the same set of independent variables in urban and regional areas. Multivariate analysis suggests that, once other variables were controlled, the correlates of injecting were having been in prison in the last year (adjusted odds ratio 5.3, 95% confidence interval 2.8–10.0) and using a wider range of illicit drugs (adjusted odds ratio 3.0, 95% confidence interval 2.5–3.6) .
Methodology (could be copied from abstract)	Data were collected from Indigenous young people aged 16–29 years in every state and territory in Australia. The study used a repeated cross-sectional survey design at a range of Indigenous cultural and sporting events during 2011–2013. Examples included Australia Day/Survival Day events, football and netball carnivals, and National Aborigines and Islanders Day Observance Committee Week events. Two events were chosen per state or territory per year, resulting in the inclusion of 40 events during the study period. Stalls were organised at each event and were staffed by Indigenous people from the local area. Study participants were attendees who volunteered to complete a survey at the stall. Surveys were administered using handheld mobile devices with touch-activated screens. Questions and answer options were displayed on the screen and were also read aloud via headphones if a participant preferred.

Denmark	<p>Statistics, 2015</p> <p>Clausen, 2013</p>	<p>28% of all inmates were between 18 and 24 years of age. 82% of all second generation immigrants imprisoned were in the age group from 18-29 years of age.</p> <p>71% of the 154 clients young people between 15-17 in the CJS were ethnic Danes, 29% - immigrants. 56% of these were not enrolled in the educational system (compared to 7% of young people in general).</p>	<p>44% had been placed in residential care one or more times before they turned 15 years old, or been subject to other related interventions</p>	
Germany	<p>Own elaboration based on Statistisches Bundesamt 2011b – 2017b</p> <p>Spieß (2012)</p>	<p>In 2016, young prisoners (14-25 years) made up 14,5 percent of the total prisoner population and only 7,8 percent if only young prisoners are considered who were convicted according to the JGG.</p>	<p>In 2010 69 % of all registered crimes of juveniles and 56 % of young adults (18–20 years old) comprised shoplifting, vandalism, damage to property, and simple bodily injury.</p>	
Italy	<p>Website of the Penitentiary Administration Department - Report to the Parliament (2016)</p>	<p>7.5% (4,118) of all adult detainees were people in age from 18 to 24.</p> <p>Minors and young adults under age 25 in touch with the Juvenile CJS and in charge of services for use/abuse of drugs were 3,647 in 2015. 94% of them were male and 85% Italians</p>	<p>Detainees for crimes related to production, sale and detention of illicit drugs (art. 73 DPR 309/90) are 16,712 and those related to association aimed at drug traffic (art. 74 DPR 309/90) are 5,875. Women represent only the 4% of both target populations, while immigrants cover respectively the 37% and the 14% (Report to the Parliament 2016).</p> <p>Minors and young adults under 25 years entered in the Justice</p>	

			system for production, sale and detention of illicit drugs in 2015 are 5,131, that is 66,2% of the total (ibidem).	
Poland	Yearbook of the Prison Service for year 2016 National Statistical Yearbook for year 2015	<p>The age and gender structure in the group of persons up to 24 years of age who are temporarily arrested or sentenced is as follows: the largest group are young people aged 22-24, the group young people of 15 to 24 years women constitute 3%</p> <p>The age group of 15-24 is 12.4% of all prisoners.</p> <p>The age and gender structure of juveniles with respect to whom educational or correctional measures or penalties were validly adjudicated by common courts with respect to <u>punishable</u> acts is as follow: in the age from 13 to 16 was 12 237 people (for 44 cases age was not specified), 15-16 group is 7 046, in which boys represent 80%.</p> <p>The age and gender structure of juveniles with respect to whom educational measures were validly adjudicated by common courts for <u>demoralization</u> in 2015 is as follow: in the age group 15-17 was 8181 people (63,5% were boys)</p>	<p>The more represented categories of crimes committed by juveniles with respect to whom educational or correctional measures or penalties were validly adjudicated by common courts with respect to punishable acts were crimes against property and against life and health. In the second category crimes from the laws on counteracting drug addiction predominate. Most commonly used educational or correctional measures or penalties validly adjudicated by common courts both in the case demoralization and punishable act are supervision by probation officer, reprimand and obligating to behave in a specific manner.</p>	In 2016, 124 juvenile offenders returned to prison again
UK	Ministry of Justice, 2017a		The number of proven offences committed by	Over two thirds of children

	<p>Ministry of Justice, 2017 Youth Justice Statistics, 2015-16</p>	<p>In the year ending March 2016, young people who identified themselves as from a Black, Asian and Minority Ethnic (BAME) group accounted for 21,900 (25%) of arrests, with 10,800 (12%) of those from a Black ethnic group. This compares with 62,600 (71%) for White young people. For the remaining 5% of young people, ethnicity was not stated or unknown. Females accounted for 14,900 arrests of young people (17% of the total), while males accounted for 73,700 (83% of the total). In the year ending March 2016, 58% of the young people in custody were from a White ethnic background. Young people from BAME groups accounted for 41% of the under-18 custodial population.</p>	<p>young people has reduced by 74% since the year ending March 2006. The numbers of young people sentenced to custody have also been falling steadily over the past decade, but this poses new and significant challenges for services. Those sentenced to custody are more likely to display an entrenched pattern of offending behaviour, to have committed serious offences and have a higher concentration of problems.</p>	<p>reoffend within 12 months of release from secure institutions.</p>
	<p>Public Health England, 2015-16</p>	<p>The vast majority of young people under the age of 18 in specialist drug/alcohol treatment in the secure estate were male (93%). The median age of under 18's in treatment was 17 (males) and 15 (females); 63% were white British, 7%</p>		

		included lack of secondary education; family influence of drug misuse; uncertain accommodation; dealing; mental health problems linked to substance misuse and/or self-harm and suicide histories.		
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TAB. 3 SUMMARY OF THE SELECTED DATA ON PSYCHOACTIVE SUBSTANCES USE BY YOUNG PEOPLE IN CRIMINAL JUSTICE SYSTEM

COUNTRY	SOURCES	PSYCHOACTIVE SUBSTANCES USE
Austria	Interviews with experts	Approx. 90% of juveniles in prison had some experience with cannabis.
Denmark	Statistics, 2015	62% of clients of prison services reported use of any psychoactive substance 30 days before conviction. The most popular are cannabis and stimulants. lack of data on EPPIC target group
Germany	Köhler et al. 2012	Based on a survey among male inmates; n = 109; mean age: 18,9 yrs, prior to arrest Lifetime prevalence: <input type="checkbox"/> tobacco: 97,2% <input type="checkbox"/> alcohol: 93,4% <input type="checkbox"/> illegal substances in total: 75,5% (cannabis: 74,5%; cocaine: 34,0%; amphetamine: 17,9%; hallucinogens: 17,9%; opioids: 6,6%) <input type="checkbox"/> polydrug use (3 or more substances at the same time): 36,8% Use of illicit drugs within 3 months prior to arrest: cannabis: never: 44,3%; 1-2 times: 17,9%; monthly: 1,9%; once a week: 12,3%; daily: 23,6% cocaine: never: 81,1%; 1-2 times: 9,4%; monthly: 4,7%; once a week: 3,8%; daily: 0,9% amphetamines: never: 91,5%; 1-2 times: 3,8%; monthly: 2,8%; weekly: 0,9%; daily: 0,9% hallucinogens: never: 93,3%; 1-2 times: 3,8%; monthly: 1,9%; once a week: 1%; daily: 0% opioids: never: 98,1%; 1-2 times: 3,8%; monthly, weekly and daily: 0%
	Hartenstein et al. 2016	Based on assessments by prison officers and a non-anonymous survey among inmates – n = 1299 male inmates from JVA Regis Breitingen, prior to prison Assessment of illicit drug addiction of inmates when entering prison by prison officers using a four-item scale: <input type="checkbox"/> no drug addiction: 30% <input type="checkbox"/> rudimentary addiction: 7% <input type="checkbox"/> approximate addiction: 15% <input type="checkbox"/> complete addiction: 33%

		<p><input type="checkbox"/>no assessment possible: 28%</p> <p>→ approximately 48% show illicit drug addiction (addiction measured as approximate or complete addiction)</p> <p>Non-anonymous survey among inmates:</p> <p><input type="checkbox"/> cannabis (last 6 months before prison): 0/week: 47%; less than once a week: 9%; 1-2/week: 6%; 3-8/week: 12%; more than 8/week: 18%; no statement: 8%</p> <p><input type="checkbox"/> methamphetamine (last 6 months before prison): 0/month: 47%; less than once a month: 5%; 1-2/month: 6%; 3-8/month: 10%; more than 8/month: 24%; no statement: 7%</p> <p><input type="checkbox"/> heroin (last 6 months before prison): no use: 91%; at least less than once a month: 9%</p> <p>Based on a survey among male inmates from JVA Rockenberg und JVA Wiesbaden; n = 205, prior to prison</p> <p><input type="checkbox"/> regular use of cannabis within the last 6 months before prison: 58,5%</p> <p><input type="checkbox"/> regular use of heroin or cocaine within the last 6 months before prison: 20,0%</p> <p><input type="checkbox"/> regular use of ecstasy or amphetamines: 10,2%</p> <p><input type="checkbox"/> self-assessment of drug addiction: 37,1%</p>
	Kerner et al. 2015	
	Stelly, 2015	<p>Based on diagnostic analysis of inmates when entering prison; n = ?, prior to prison</p> <p><input type="checkbox"/>no drug use prior to prison: 25%</p> <p><input type="checkbox"/>ambiguous: 2%</p> <p><input type="checkbox"/> use of minor amount of illicit drugs prior to prison: 28%</p> <p><input type="checkbox"/>use of large amounts of illicit drugs prior to prison: 45% (thereof 97% also cannabis; 46% also amphetamines; 26% also cocaine; 9% also heroin)</p>
	Klatt/Baier, 2017	<p>Based on a survey among male inmates; n = 865, during prison</p> <p><input type="checkbox"/>at least scarce illicit drug use within the last 4 weeks in total: 29,7%</p> <p><input type="checkbox"/>Use of cannabis: 28,2%</p> <p><input type="checkbox"/> Injecting drug use: 2,1%</p> <p><input type="checkbox"/>Use of other drugs than cannabis: 14,8%</p>
	Hartenstein, 2014	<p>Based on a non-anonymous survey among male inmates – n = 659 male inmates from JVA Regis-Breitingen, during prison</p> <p>Use of drugs at least once during imprisonment in total: 21,6%</p> <p><input type="checkbox"/>Exclusively alcohol: 3,5%</p> <p><input type="checkbox"/> Alcohol + cannabis: 2,6%</p> <p><input type="checkbox"/> Exclusively cannabis: 4,7%</p> <p><input type="checkbox"/> Exclusively another illicit drug than cannabis: 0,9%</p> <p><input type="checkbox"/> Cannabis + another illicit drug than cannabis: 4,6%</p> <p><input type="checkbox"/>Cannabis + alcohol + another illicit drug than cannabis: 4,7%</p>
Italy	Annual Report to the	lack of data on EPPIC target group

	<p>Parliament on the situation of addiction phenomena in Italy (2016)</p> <p>Website of the Penitentiary Administration Department</p>	<p>Adult detainees with drug-related problems – not necessarily with an addiction diagnosis - are estimated to be about 25% of total detained population and this rate results stable during the last 5 years.</p> <p>People aged 18-25 are only the 3.6% of the whole detained population with alcohol/drug problems, while the most represented age cohort are people in the age from 36 to 50.</p> <p>Polydrug use is the most prevalent pattern of psychoactive substance use</p>
Poland	<p>Sierosławski, 2007</p> <p>Rustecka-Krawczyk, 2012</p>	<p>A population of men on remand and convicted in 41 prisons, n=1240</p> <p>Use of drugs 12 months before imprisonment is associated with age, with the widespread prevalence before 19 years old (57.6%). Between the ages of 20 and 24, the percentage of users is smaller, but nearly 40% people in this age used drugs in the last 12 months before imprisonment.</p> <p>During stay in prison drug use reported 15,2% of 19 years old and younger and 29,1% of 20-29 years old.</p> <p>The most popular substances used in prison are amphetamine(27.5% in group of 19 years old and younger and 24.2 in the age group 20-24), sedatives and tranquilizers medicines (12.9% in group of 19 years old and younger and 26.4 in the age group 20-24) and cannabis (12.5% in group of 19 years old and younger and 25.1% in the age group 20-24)</p> <p>The study was conducted in 2011 in Warsaw on a sample of 100 students of gymnasium (post-primary) of youth education centers and youth social therapy centers. The pupils from the first, the second and the third grade were screened.</p> <p>Contact with psychoactive substances increased significantly between the first and the third grade of the gymnasium. The most commonly used substances were alcohol and cigarettes. 75% of third-grade students used drugs ever in life. In the last 30 days preceding the study 14% of the third-grade students used cannabis and 68% smoked cigarettes. 75% of the third-grade students used drugs ever in life. Binge drinking in the last 12 months reported 83% of third-grade students.</p>
UK	<p>Williams, 2015</p> <p>Report of Youth Justice Board/Ministry of Justice 2017</p> <p>Gyateng et al, 2013</p>	<p>The sample includes 174 adults aged 18 to 20 ('young adults') sentenced to between one month and four years in England and Wales in 2005 and 2006.</p> <ul style="list-style-type: none"> □ 88% stated that they had ever taken drugs □ 71% stated that they had used drugs in the year before custody (In a general population survey, 18.9% young adults (16-24) reported drug use in the last year) □ 64% stated they used drug in the four weeks before custody <p>Cannabis was the most prevalent substance used in the year before custody, followed by cocaine, and then ecstasy</p> <p>Cannabis was the most prevalent substance used in the year before custody, on the second place was cocaine, on the third - ecstasy</p> <p>YOTs (Youth Offending Teams) had substance misuse concerns for 45% of admissions to custody. Information was not known for 10% of admissions.</p> <p>1245 young people approaching the end of their custodial sentences in secure children's homes, secure training centres and young offender institutions were surveyed.</p>

	<p>Public Health England, 2015-16</p>	<p>Levels of substance misuse across all institutions were found to be largely similar. Most recently used substances were tobacco (72%), cannabis (60%) and alcohol (59%). Fewer than 10% of young people were recorded as recently using cocaine and ecstasy and only a handful used any other drug.</p> <p>Substances used by under 18s in treatment in the Secure Estate 91% cannabis 51% alcohol 19% nicotine 9% amphetamine 8% ecstasy 8% NPS 2% opiates</p> <p>The treatment statistics provide a short list of ‘additional vulnerabilities’ of young people starting treatment. In 2015-16 there were 1172 ‘new presentations’ to treatment and of these: 72% were poly-substance users 4% were high risk alcohol users 2% were injectors 2% were opiate and/or crack users</p>
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APPENDIX 3. INTERVENTIONS IN EPPIC COUNTRIES

AUSTRIA

Correctional institutions

- The **Prison Vienna-Favoriten**, institution for addicted lawbreakers dedicated to the treatment of male and female drug and alcohol addicts. There are no adolescent offenders (14-18 year olds) in this prison
- **Youth prison in Gerasdorf**, institution with a special emphasis on psychiatric, psychological and social treatment of prisoners at the age of 14 – 27 years. Beside education, prison program offers psycho- and addiction therapies, anti-violence and social trainings, animal-based therapy, group outings, therapeutic climbing, group counselling and leisure-time activities.
- The **Correctional Services Academy** is the central educational institution of Austrian correctional services. Under the “roof of the Academy”, the two departments “Prison Guard School” (basic education) and the “Centre for Further Education” (further education) have been joined together in 2006. Further education and training for prison staff working in prison youth departments is provided on a regular basis. This training is composed of 3 coherent parts: 1/ Introduction from a legal and personal perspective and the 6th National Juvenile Report; 2/ Youth psychology and youth psychiatry and the particular needs and interests of young people. Part 2 contains (among other topics) teaching about the recent drug report and effects of drugs 3/ Communication and basics in pedagogy, reflection on practice, release management and methods of experiential education
- **Juvenile Court Assistance Vienna**, supports courts and public prosecutors in the area of juvenile jurisdiction and is responsible for monitoring the detention of juveniles and young adults in Vienna.

Non-juridical institutions

- **Verein NEUSTART**, the national probation agency, that provides social welfare assistance for detainees, persons released from prison, victims of crime. Depending on the nature and the severity of the problem the agency addiction specialists provide treatment or alternatively refer addicted person to the clinic in the community.

- **Suchthilfe Wien – Support for drug addicts Vienna**, organization that provides a broad range of services including prevention, education, training, counselling, treatment, re-integration and harm reduction. Organization works according to quality standards, that address also addiction work carried out in prisons and detention centres.
- **Schweizer Haus Hadersdorf (SHH)**, a non-profit institution for residential and outpatient drug therapy. SHH offers social work and therapy in cooperation with prison institutions in Vienna. Psychological treatment and social work is offered for groups of inmates with regard to treatment for drug addiction. The average age in SHH is 30, no young people below 18 years of age live in SHH.
- **Verein Grüner Kreis “Grüner Kreis” (Green Circle)**, association that offers rehabilitation and integration of people with substance use disorders. Their clients are young people, adults, parents with children, and couples. The therapeutic programme for young addicts includes juvenile delinquents allocated by the legal system.
- **Verein DIALOG**, a non-governmental and non-profit organisation, the largest outpatient institution for addicts in Austria. The Dialog specialists work also with prisoners in police detention centres. Medical, therapeutic and social support is provided. Most important for the project EPPIC, the Verein dialog welcomes young people inclined to seek risk-taking in situations of peer group pressure
- **Verein B.A.S.I.S.**, a non-governmental and non-profit outpatient institution that offers drug-therapy for offenders in the programme “Therapy instead of Punishment” BASIS cooperates closely with prison services. The clients of BASIS are mainly adults with occasional cases of young adults (in the juridical sense – 19-21-year olds). There are no adolescent (14-18 year olds).
- **KOLPING Sucht- und Drogenberatung für Jugendliche u. Angehörige**, advisory service for drug addicted young people between 12 and 22 years of age. Clients from the criminal justice system are rather rare in this institution.

DENMARK

Programmes

- **POM** (*Projekt over muren*), a treatment program situated inside a Danish prison setting in Copenhagen, which targets all age groups, but with a special focus on clients between 18-25 of age. As opposed to treatment offered elsewhere in Denmark, all treatment staff thus have the prison as their daily work place. This, as well as the specific focus on young people, makes POM a unique actor in the Danish context. POM uses evidence-based treatment methods, primarily motivational interviewing and cognitive behavioral therapy.
- **PAV I / PAV II** (*Projekt Andre Valg (I) / Prøv Andre Veje (II)*), a drug related intervention with a particular focus on young offenders under 18 years of age, not in prison settings, but in secured youth institutions. **PAV I** is defined as a ‘pre-treatment’ program. The specific aims of the program are threefold: 1) To motivate clients to enrol in actual drug treatment after their placement to prevent them from resuming their criminal trajectories. 2) To establish connection between clients and treatment services after release or end of placement. 3) To follow up on whether clients actually attend treatment after their release or end of placement. PAV I was evaluated in a 2015. Results showed that the completion rate is relatively high (72,6%). However, bridging to treatment services after clients’ release proved to be difficult, i.e. due to collaborative difficulties with social workers. Furthermore, the evaluation showed that clients with more than one psychiatric diagnosis as well as clients with immigrant backgrounds were less prone to enroll in treatment and thus to benefit from the program (Vind, 2015). The target group in **PAV II** is broader and includes youth between 15-23 years of age with substance use problems in all Danish residential care institutions, and thus not solely young offenders in secured institutions, but also youth with no criminal experiences. The aim of the program is to strengthen its clients attachment to the educational system and labour market, to their family and broader network with the intention of optimizing their future possibilities in life.
- **Projekt Vi Tror På Dig** is a holistically oriented program for vulnerable youth between 18-29 years of age. This program target young people with complex problems, including criminal behaviour and drug use. The aim of the project is to support its users in terms of attachment to the educational system or labour market, as well as an overall strengthening of their quality of life, reduced substance use and obtaining a more secure financial situation. The program consists of youth mentoring, psychological care, debt counselling, fitness, drug treatment, social training, etc.

Other initiatives

- **Enheden for Kriminalpreventive indsater, Copenhagen**, is an initiative run by Copenhagen Municipality that offers counselling and support for offenders and citizen at risk of offending (18 years and above) who wants help to leave criminal career.
- **SSP-cooperation**, is an initiative run in all municipalities to create cooperation between schools, social service and police. The aim is to prevent crime among children and young people.
- **Ungeprojekt, Aarhus**, an initiative run by DanChurchSocial aimed at young people (18-30) to establish social network.
- **Ungdomscentret, Aarhus**, an initiative run by Aarhus Municipality that offer help, support, counselling, treatment to young people (14-18 years old).
- **Dusinet, Aarhus**, an initiative run by Aarhus Municipality for young men (18-30 years old) with focus on physical training, education and work situation.

Institutions

- **High Five** is an organization oriented towards creating job possibilities for people with criminal records. It holds an explicit focus on young people who do not have an active use of drugs (zero-tolerance policy). The overall aim of High Five is to target the negative perception of youth with criminal records and to assist companies in creating job or training possibilities for these young people in order to prevent them from further marginalization.
- **Cafe Exit** is an organization which specifically targets people in touch with the CJS over 18 but not limited to 24 years of age. Café Exit is a church based initiative targeted at people released from prison and at prisoners, who during imprisonment have decided to make a new start. On the premises, Café Exit offers counselling, personal conversations with a psychologist, a therapist or a priest, being together with staff and other inmates in the café, etc.
- **Clean House/Kris Danmark**, is an NGO that helps and offer support to former offenders and drug users. This organization use a holistic perspective in order to help offenders/drug users to get back to society as non-criminal, non drug using citizens.
- **Foreningen Savn**, is an NGO targeting children and relatives of inmates.

GERMANY

Programmes outside prisons

- **FreD** (Frühintervention bei erstaufälligen Drogenkonsumenten), model project by “Landschaftsverband Westfalen-Lippe (LWL). FreD is a counselling programme which refers to illicit drug users aged 14 to 21, who got into legal conflicts with the police because of drug related offence and get invited to the program as a consequence of their police record. The program encompasses eight group sessions and deals with drug-related problems (particular aiming at reducing/stopping drug use) as well as legal advice. Pilot evaluation study was conducted in 17 countries (among them Austria and Poland) by FOGS (Gesellschaft für Forschung und Beratung im Gesundheits und Sozialbereich mbH) (Görge et al. 2003). FreD has been transferred to other European countries, including Poland.
- **Kurve Kriegen** (“Getting around”), a program established by the government of the Federal State North Rhine-Westphalia (NRW), aimed at reducing further criminal conduct among adolescents aged 8 to 15 who at least committed one violent act or three property crimes. Within “Kurve Kriegen” several “modules” (e.g. educational aid, language courses or coaching for parents) which, if necessary also include drug counselling and treatment, are individually adjusted to members of the target group. Thus far, “Kurve Kriegen” is successfully evaluated (prognos 2016). By now, for example, 40% of the adolescents who participated in the program did not commit any crimes anymore.
- **„Ausweg“ (“Escape“)**, a project provided by “Kreisdiakonieverband Rems-Murr-Kreis”, since 2004. The project aims at reducing/stopping drug use among young offenders and avoiding formal convictions which may be harmful for a social reintegration of young offenders. By now, no evaluation has been undertaken, but the program is thought to be effective from the perspective of one key informant.
- **„Schluss mit Suff“ (“Quit hitting the bottle“)** and **„Kiff im Griff“ (“Keeping dope under control”)** - projects provided by BalanX e. V. in Berlin. The first focuses on problematic use of alcohol among delinquent juveniles, the latter on cannabis use. The aim of both programs is not necessarily to stop drug use, but to reflect one’s own use patterns. Both programs resemble classical drug counselling programs, but, in contrast to these programs, are explicitly designed for delinquent juveniles.

Programmes inside arrest/prisons

- **CAN Stop (Cannabis Stop)**, has been a model project implemented by the German Centre for Addiction Research in Childhood and Adolescence (DZSKJ) between January 2015 and August 2016. CAN Stop is a group training aiming at stopping the use of cannabis which has been implemented and evaluated quite successfully in different settings, among others in one German youth prison. According to the key informants, however, it remains unclear if prison staff has continued to provide the training after the end of the model project.
- **Short term drug prevention using movies and documentaries**, project conducted by students from University of Applied Sciences in Munich in 2012 and 2013 under the supervision of scientific staff from the same university. Using movies and documentaries in group discussions, this project aimed at initiating a reflection on their drug use among inmates of a youth arrest house in Munich. From the perspective of key informants, the project has proven to be effective. For example, participants uniformly stated that it never before has been possible to them to speak such openly about drugs. Due to a lack of resources, however, the project had to be stopped after its model phase.
- **Prevention activities regarding drug use, HIV/AIDS and hepatitis**, prevention program by the local AIDS-Hilfen (AIDS-aid) in Munich and Berlin addressed to young prisoners and prison staff as well as juveniles in youth arrest houses and youth prisons on drug use, HIV/AIDS and hepatitis. Several times a month, there are voluntary courses offered on drug use and the prevention on HIV as well as hepatitis. By now, there is no formal evaluation of the prevention activities.

ITALY

Programmes addressed to young adults

- **Relapse prevention programme** conducted in Torino by the Attenuated Custody Section (ICATT), which is addressed through two paths (Arcobaleno and Aliante) respectively for longer and shorter penalties. The programme is inspired by the community model, where the main therapeutic method is the group itself, and the approach is psycho-pedagogical.
- **Prevention of re-offending and progression of consumption career programme** conducted by the ICATT in Padoa. The programme is realized through meditation and

mindfulness practices, which help detainees to handle their anger and aggression. A group of drug users detainees is also involved in what is called “Dog assisted therapy”.

- **Project “16 sbarre” (16 bars)**, conducted in Florence by an NGO. It is a laboratory of rap music, where detainees are invited to tell their life in music. Moreover in Florence, but in a special section of the Sollicciano penal institute dedicated to drug-related problems, treatment is integrated by different kinds of laboratory, such as autobiographical, music, forum-theatre, yoga.
- **Rebibbia prison (Rome)** programme offers multidisciplinary approach, since the evaluation-diagnosis process, and the therapeutic program include psychological and social interventions.

Other types of intervention within penitentiary system

- **Informative and preventive intervention in admission.** In some penitentiary institutions new detainees are provided with basic information about sexually transmitted diseases and drug-related risks. This kind of initiatives are not specifically addressed to young adults
- **Distribution of specific kits at the release.** In some places, when they are released, people are provided with a specific kit including naloxone and syringes, in order to prevent overdose deaths.
- **Cultural mediation**, provided by an association, can be considered an innovative intervention as in the Italian penitentiary system these professional figures are almost absent.
- **Territorial accompanying projects (PAT).** The main objective is that the person learns to use his life context not in only in relation to substances, discovering its alternative resources, strengthening the social network. Based on a community approach, the intervention is placed in the person’s life context.
- **Prison help desk (sportello carcere)**, based on the operative model of harm reduction street services, conducted by a social cooperative contracted by Serd (public local addiction service) that runs also the external low-threshold services, the street and the drop-in units, so that the operators are the same, assuring personal continuity in intervention.
- **Projects focused on vocational training and work experiences** both in prison and outside, related to social programmes. In Italy several projects focus on this type of

projects (Iacopino 2013; Torrigiani 2015), usually run by association and social cooperatives. Social cooperatives in particular are companies that have among their workers disadvantaged people. In several prisons, there are companies of this type that produce goods or services through the employment of detainees or ex-detainees, who are thus trained and have the opportunity to receive job-fairs or to find employment. One example is provided by Pantagrue (Florence) with the project called “The dolls poetry”, which involves female detainees in the production of Waldorf dolls, which are then commercialised.

Programmes addressed to minors

- **Spazio blu (Blue space)**, run by the public health local unit, is a unique experience in Italy. It is an external structure for alternative measures, including also minors reported for administrative offences and those directly reported by the court even though not having been sentenced. The main method is based on groups. There are prevention groups where information about infective diseases are provided, psycho-pedagogical groups for drug-use prevention, and groups for relatives. Individual and group psychotherapy is also provided.
- **Linguistic and cultural mediation**, delivered by a social cooperative in the Florence Minor Penal Institute.
- **Project Pollicino (Tom Thumb)**, a rap music laboratory where minors are invited to put their story life in music, thereby giving them the opportunity of re-elaborating their experiences and acquiring social and communicative skills.
- **Tournant**, a project conducted in Florence aimed at individualised tutoring of minors assigned to social services.
- **Program provided by local health local unit of Frosinone**, based on the territory context and the integration among services and based on a regional protocol (DCA 383/2015, Lazio region). When a minor enters in the penal system, a first evaluation is performed and all the health services related to the situation are activated. The program is personalised and when it is possible the minor is left in his/her family context.
- **Program provided by the local health unit of Bergamo**, early intervention programme toward minors sent by the court to the social services even though not having been sentenced. The process entails a multi-disciplinary initial evaluation, psychological counselling, psycho-pedagogical intervention on minors and their

families. A similar early-intervention is reported by the health local unit of Naples for minors reported by the court for administrative penalties.

- **Program provided by a therapeutic community (Casa di Camillo)**, based on a pedagogical approach, combined with job orientation service that performs an individual assessment of competences and attitudes aimed either to send back minors to school or to give them the opportunity of internships.

POLAND

Recommended drug specific programmes

- **“FreD goes net”**, adaptation of the German project “Fred” by „Landschaftsverband Westfalen-Lippe” (for description see GERMANY). In Poland program is delivered to young people 14 to 21 years, if needed 13 to 25 years, the first-time drug offenders. Evaluation of the program effectiveness conducted in Poland showed that majority of the respondents endorsed improvement in the several areas of their everyday life as well as improvement of their legal status. Moreover, most of the program participants confirmed that program had positive impact on their drug and alcohol use.

Recommended programmes where drugs are included in a wider programme

- **Community addiction prevention programme**, selective programme targeted at 10-18-years olds vulnerable young people, among other those coming from families with criminal backgrounds. The major aim of the programme is to reduce pathological and antisocial behaviours of children and youth with particular emphasis placed on use of psychoactive substances. The programme also aims at creating favourable psychosocial development conditions for adolescents in their local community. The programme evaluation has proven its effectiveness. Study showed, among other, improvement of in youth psychosocial functioning and decrease of psychoactive substances use (alcohol and illegal drugs). Program has also positive impact on youth families and local communities
- **Programme for Counteracting Social Pathology in Adolescents**, targeted at adolescent (13-19 years old) using drugs, at risk of social pathology. Among others, young people are recruited who are under supervision by probation officer. The

program aim is to provide adolescents at risk the skills that allow to satisfy their psycho-emotional needs in a socially acceptable manner (drug-free approach). Program uses following methods: psycho-corrective support groups, individual session, family counselling, club activities. Evaluation showed the improvement in psychosocial functioning of the participating youth. Prevalence of psychoactive substance use (in particular beer and illegal drugs) decreased.

Other drug specific programs

- **CANDIS**, is the Polish adaptation of the German program. The program aim is cannabis use cessation or reduction. Target population are adolescent 16-year olds and older and adults with the DSM-IV cannabis use disorders which put them at risk of being prosecuted according to the Polish drug law,. CANDIS consisted of 10 individual treatment sessions containing Motivational Enhancement Therapy component, Cognitive Behavioural Therapy component, and Psychosocial Problem-Solving Training component. Evaluation of the CANDIS program was conducted in Germany. In Poland evaluation is currently in progress.
- **“Narkotyki. Na gorącym uczynku” (“Illegal drugs. Caught red-handed”)**, programme aimed at reduction of substance use among drug users who got in trouble with the law (13 – 30 years old). Information and educational activities, crisis intervention, motivational interview, activities addressed to families. Generally, the program is based on the cooperation between therapist and lawyer. Legal consultations are focused on the knowledge about legal consequences of drug use and the way of solving client’s legal problems. Evaluation is conducted from the beginning of the program in 2012. Results in 2015 showed that 50% of respondents (12 clients) endorsed that they limited drug use and nobody used more drugs than before the program. Moreover, only one respondent broke the law.
- **Zązyj dawkę swoich praw (Take a dose of your rights)**. An online game aims to raise awareness among consumers of all ages, with an emphasis on youth, health and legal problems that are associated with drug use or possession. It is targeting young people who wish to learn what are their rights in contacts with criminal justice system.

UNITED KINGDOM

Drug specific programmes

- **RISKIT- CJS, program addressed** to adolescents in the CJS age 13-17, aimed at reduction substance use and risk-taking behaviour in adolescents in the Criminal Justice System. Multiple components of the intervention include: knowledge/education; cognitive and learning skills; whilst instilling self-efficacy and motivation in the recipients. Feasibility and pilot studies have found the intervention addresses the needs of adolescents, is acceptable and has demonstrated potential in reducing substance use and risk-taking behavior. (Coulton et al. (2017)
- **Braking Bad: Where's the Harm in Drug Debt?**, web based tool addressed to 16-19-year olds. The aims are: 1/ to provide a tool for professionals involved in the Youth Justice System working with young people to explore some of the risks around drug supply, exploitation and related vulnerabilities; 2/ to engage young people in looking at some of the risks around drug debt and supply; 3/ to raise awareness and highlight risks inherent in drug debt and supply for young people. The website can be used by practitioners to support 1:1 or group work with young people who are involved in drug supply or at risk of becoming involved.
- **Deal or No Deal**, program addressed to 14-18 year olds, convicted of possession with intent to supply. The program aim is to reduce the likelihood of re-offending by helping young people to understand the range of consequences of drug dealing in the longer term and presenting education, training and employment as a viable alternative. Deal or No Deal is a 1:1 programme based on one hour a week session for six weeks that looks to tackle the issues surrounding drug dealing at street level.
- **Prison NPS Toolkit**, program targeted at staff working with 18+ age group aimed at providing staff with information about NPS, how to address NPS use and what treatment/ support is available. Program covers what is known about the prevalence of NPS use; challenges to staff dealing with prisoners; categories of NPS and the law relating to them; their effects, side effects, potential associated health and behavioural problems; and what support and treatment is appropriate.

Projects were drugs included in a wider programme

- **DECCA, Sandwell, Project 12**, addressed to young people (11-18-year olds) in CJS, all 'high risk' who are under Intensive Supervision and Surveillance Programme

(ISSP) aimed at empowering young people's safety and avoidance of risk. There are two distinct 'products': 1/A programme for young people – a 5 session programme with materials and resources, based around the concept of building resilience, that cover specific cross cutting issues and subjects that affect young people today. These taught resources are supported by online content. 2/ Additional programme resources for adults – two separate resources have been created, one for professionals and one for parents/carers/guardians.

- **Peer support navigators**, programme for young men in CJS age 16-21, aimed at keeping the young offenders purposefully occupied, 'upskill' them and provide an opportunity to 'give back' – thereby reducing their risk of re-offending. Program is conducted by Youth-ink employing young adult offenders (navigators) who support other young people in the criminal justice system, to enable them to access local services without being dependent on the YOT to refer, and increasing the likelihood that young people will engage with and use the support available locally. Navigators are volunteers (16-21) who go through a training programme, gain qualifications and 'shadowing' experience.
- **Southampton offending behaviour programme**, for 10-17-years old adolescent, aimed at providing support to young people to: 1/ learn various new skills and knowledge through a diverse programme, 2/ develop victim awareness and empathy, 3/ facilitate community re-integration of young people. The purpose of the programme is to support young people to maintain their engagement throughout the Intensive Supervision and Surveillance (ISS) and ensure that minimum national standards are met.
- **Problem Solve Approach**, for 10-17 year olds, primarily those attending youth court. The program aim is to provide support through early intervention to prevent further offending and reduce re-offending. Problem solving scheme gives young people and their parents the chance to tackle the problems that may be affecting them by putting them in touch with the organisations able to help them. .
- **Treatment Foster Care Oregon**, addressed to 12-17 year olds who are at risk of an out-of-home placement in foster or residential care due to offending and/or serious emotional problems. The programme aims are support young people to reduce 1/ their behaviour problems, 2/ likelihood of further offending behaviour, 3/ use of illegal substances. The young people are placed with a 'treatment foster family' trained in the Treatment Foster Care Oregon model for an average period of a year. Family coaching

is also provided to the biological (or adoptive) family, if the plan is for the child to be reunited with them. Individual therapy is additionally provided to the child during this period. The programme belongs to evidence-based interventions.

Interventions targeted at young people (including those in the CJS) and drug use

- **BCDP Insight**, targeted at young people up to age 24, including referrals from CJS. The intervention aim is to reduce harm regarding drug use/ offending and associated problems. It provides a young people's substance misuse service including drug/alcohol education, awareness, 1:1 support, key working (flexible frequency). They also deliver services which are part of a court mandated programme. The programme offers visual, fun and intriguing activities in order to engage young offenders (e.g. visual impairment goggles, replica drugs box, 'Charlie' the human body demonstrating drugs effects in the body's organs). Music and art therapy are also offered.
- **Protective behaviours mentoring**, addressed to any young person under 18 years, aimed at providing individuals with the skills to help themselves and others to feel safe from harm and victimisation. Program activities include drug and alcohol treatment and education for young people and support the agencies working with young people. A new approach has been piloted recently known as *Protective Behaviours Mentoring*, that provides individuals with the skills to help themselves and others to feel safe from harm and victimisation.

Other programmes indirectly relevant

- **Breaking Out**, targeted at males, 16-21-year old, in a Young Offender Institution. The overall long-term aim is to reduce offending behaviour and harm caused by alcohol misuse by providing a sustainable peer led programme. This will enhance and improve practical and personal development skills and reduce risk taking behaviour. Offenders are supported to develop their own initiatives, by providing a rolling 12-week programme of training focusing on peer education, alcohol issues and personal development. Participants who complete the training are invited to join a development group. The role of this group is to develop peer education and mentoring as a model of addressing alcohol and offending behaviour

APPENDIX 4: INTERVENTIONS - LITERATURE REVIEW

TABLE 1. TEMPLATE FOR LITERATURE SEARCH

Research question no 2: What are effective interventions for young people using drugs (15-24 years old) in Criminal Justice System?
Selection criteria for searching articles: Population: young people (15-24 years old) with drug use/polydrug use/NPS use in contact with criminal justice system Setting: prison, resocialization/correctional institutions, social integration institutions Country coverage: Not EPPIC countries Time range: 2012-2017
Databases: MEDLINE, SCIENCE DIRECT, NATIONAL DATA BASES
Key words: <ol style="list-style-type: none"> 1. young people/youth & 2. drug use/poly drug use/NPS use & 3. intervention/approaches/services/programmes & 4. prison/jail/criminal justice/incarceration/correctional institutions/custody/ probation officer/resocialization institutions/social integration institutions

Projects' descriptions

1. Author (s) Surname, name	Van der Stouwe T., Asscher J. J., Stams G. J., Dekovic M., & Van der Laan P. H.
Year of publication	2014
Title	Multisystemic Therapy
Country, paper refers to	USA, the Netherlands, Norway
Population under study/intervention:	Age: 12-17 year-olds
	Gender: female and male
	Other characteristics: juvenile delinquents and youth with social, emotional and behavioural problems
Setting:	Prison: no
	Other correctional institutions: no

	Other setting (specify): MST is generally delivered at home. Therapists have small caseloads of four to six families. They are available 24 hours a day, 7 days a week, and provide services when it is convenient for the patient and the family.
By whom intervention is delivered?	MST therapists
What kind of intervention?	Treatment: Multisystemic Therapy (MST) is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighbourhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families (MST website.) According to MST theory of change program mainly focuses on improving family functioning because it is theorised that improvement in family functioning mediate improvements in peer relations, school functioning and participation in the community (van der Stouwe, 2014)
What is the content of intervention? (narrative)	MST clinicians work intensively with parents and caregivers to put them in control and to keep the adolescent focused on school and gaining job skills. Moreover, the therapist and caregivers introduce the youth to sports and recreational activities as an alternative to hanging out (taken from MST website).
Which methods are used? (narrative)	MST blends well-established treatments strategies derived from strategic family therapy, structural family therapy, behavioural parent training, cognitive-behavioural therapy, behaviour management training and community psychology (van der Stouwe, 2014; MST website)
Objectives (narrative)	Multisystemic Therapy (MST) aims to enhance a families' capacity to keep track of adolescent behaviour and instill clear rewards and punishments for positive and negative or irresponsible behaviour. When dealing with adolescents, MST frequently concentrates on reducing youths' involvement in delinquent and substance-using behaviour and replacing negative peers with prosocial peers who do not engage in problem behaviour. Therapists concentrate on developing family structure and natural rewards or incentives to encourage desired healthy behaviours and attachment to prosocial peers (MST website).
Outputs and outcomes achieved, including unexpected side-effects (narrative)	MST repeatedly has been shown to: <ul style="list-style-type: none"> ▪ Keep kids in their home, reducing out-of-home placements up to 50% ▪ Keep kids in school ▪ Keep kids out of trouble, reducing re-arrest rates up to 70 percent ▪ Improve family relations and functioning ▪ Decrease adolescent psychiatric symptoms Decrease adolescent drug and alcohol use (MST website)
Details of evaluation (narrative)	MST was evaluated first time in 1986. All variants of program (for example, delinquent juvenile, abused and neglected youth, sex offenders, substance abusing and dependent juveniles, juvenile with obesity) had been examined at least once, resulting in total of 20 published randomized controlled trials until 2012. Moreover, three meta-analysis of the conducted evaluation studies has been published. The last one showed, that small but significant treatment effect was found on delinquency, psychopathology, substance use, family factors, out of home placement and peer factors (van der Stouwe, 2014).
Other important information (narrative form)	Program has a long tradition (30 years) and has been implemented in several countries in Europe (Sweden, Norway, the Netherlands, UK). Information on MST can be found at the EMCDDA webpage: http://www.emcdda.europa.eu/best-practice/xchange/multisystemic-therapy-mst_en
References	Van der Stouwe, T., Asscher, J. J., Stams, G. J., Dekovic, M., & Van der Laan, P. H. (2014) The effectiveness of multisystemic therapy (MST): A meta-analysis. <i>Clinical Psychology Review</i> , 34, 468-481 http://mstservices.com/files/outcomestudies.pdf

2. Author (s) Surname, name	MTS website
Year of publication	2011
Title	Program Profile: Multisystemic Therapy–Substance Abuse
Country, paper refers to	USA
Population under study/intervention:	Age: 12-17
	Gender: female/male
	Other characteristics: MST- SA targets adolescents who have been diagnosed as substance abusing or substance dependent according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition DSM–IV. This program can be used with youths who have other mental or physical conditions or deficiencies as well (MTS website).
Setting:	Prison: no
	Other correctional institutions: no
	Other setting (specify): MST is generally delivered at home. Therapists have small caseloads of four to six families. They are available 24 hours a day, 7 days a week, and provide services when it is convenient for the patient and the family. Treatment typically lasts 4 months, with multiple therapist–family contacts occurring each week (MTS website).
By whom intervention is delivered?	MTS therapists, master’s-level clinicians supervised by child and adolescent psychiatrists.
What kind of intervention?	Treatment: MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighbourhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families (MTS website).
What is the content of intervention? (narrative)	MST interventions concentrate on the individual, family, peer, school, and social network variables that are linked with behavioural problems (MTS website).
Which methods are used? (narrative)	MST interventions draw heavily from strategic family therapy, structural family therapy, behavioural parent training, and cognitive behavioural therapies to address behavioural issues in a holistic and comprehensive manner. Although the emphasis is on juveniles, MST operates by incorporating the patients’ family and friends and addressing all potential spheres of behavioural influence (MTS website).
Objectives (narrative)	MST aims to enhance a families’ capacity to keep track of adolescent behaviour and instill clear rewards and punishments for positive and negative or irresponsible behavior. When dealing with adolescents, MST frequently concentrates on reducing youths’ involvement in delinquent and substance-using behaviour and replacing negative peers with prosocial peers who do not engage in problem behaviour. Therapists concentrate on developing family structure and natural rewards or incentives to encourage desired healthy behaviours and attachment to prosocial peers. (MTS website).

<p>Outputs and outcomes achieved, including unexpected side-effects (narrative)</p>	<p>Henggeler and colleagues (2002) found that those receiving Multisystemic Therapy (MST) treatment had significantly higher rates of marijuana abstinence than the control group based on biological tests (urine and hair analysis) 55% versus 28% respectively. Rates of cocaine abstinence as determined by biological tests did not differ significantly. Differences in the self-report measures of marijuana and cocaine use were not significant.</p> <p>Henggeler and colleagues (2006) found significant differences between the treatment groups (those receiving MST tailored to substance abuse) and the comparison group. Adolescents in the drug court (DC) and the drug court MST contingency management (DC/MST/CM) groups reported a significant decrease in alcohol use at the 4-month follow-up, compared with those in the family court (FC) comparison condition. Controlling for the baseline assessment, the treatment group continued to report significantly less alcohol use at the 12-month follow-up than those in the comparison condition. This shows a strong short-term effect in the first 4 months that persists up to 12 months later. For heavy alcohol use the short-term effect was not evident. However, at the 12-month follow-up, those in the treatment group reported significantly less heavy alcohol use than those in the comparison condition.</p> <p>For marijuana use there was a significant reduction in self-reported use for all conditions—both treatment and comparison. There was a sharp decrease between baseline and the 4-month follow-up for all groups. However, by the 12-month follow-up, only the treatment groups still reported significantly lower levels of marijuana use. This suggests that, despite the initial reduction in marijuana use for all groups, only the treatment conditions were able to produce sustained long-term results.</p> <p>A similar effect was evidenced for multiple drug use. At the 4-month follow-up, there were no significant differences between the treatment conditions and the comparison condition. However, at the 12-month follow-up youths receiving the treatment intervention reported significantly less use of multiple drugs than those receiving usual community services.</p> <p>The effect sizes for all substance use measures (alcohol, heavy alcohol, marijuana, and multiple drug use) were all positive and fairly large. Between the intervention groups, those with an MST component demonstrated even stronger effects than those participating in drug court by itself. As measured by drug urine screens, participants in drug courts with MST components had significantly lower percentages of positive drug screens than participants who had only received the drug court intervention – 7% 17%, and 45% respectively. These effects were evident and had large effect size at the 4-month follow-up and remained large and significant at the 12-month follow-up (MTS website).</p>
<p>Details of evaluation (narrative)</p>	<p>Henggeler and colleagues (2002) used a randomized clinical trial with a 4-year follow-up assessment to determine the effect of this tailored Multisystemic Therapy (MST) had on substance-abusing and -dependent juveniles in South Carolina. A total of 118 juveniles were recruited for this study. No youths were excluded for preexisting mental or physical health issues or deficiencies.</p> <p>Henggeler and colleagues (2006) examined three different intervention conditions compared with a control condition. The interventions were 1) standard drug court (DC), 2) drug court plus Multisystemic Therapy (MST) services (DC/MST), and 3) drug court plus MST and contingency management services (DC/MST/CM). The comparison condition was family court (FC).</p> <p>Participants were recruited from the Department of Juvenile Justice (DJJ) in Charleston County, S.C. To be included in the study, adolescents had to meet the following criteria: 1) be 12 to 17 years old, 2) have been diagnosed as substance abusing or dependent according to the DSM–IV, 3) be on formal or informal probationary status, and 4) reside in Charleston County with at least one parent/guardian. Juveniles were excluded if they were already involved in some form of substance abuse treatment or if a family member had already received MST treatment. No youths were excluded for prior mental or physical health issues or deficiencies (MTS website).</p>
<p>Other important information</p>	<p>All above information were copied from: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=179</p>

(narrative form)	
References	Henggeler S. W., Clingempeel W.G., , Brondino M.J., Pickrel S.G. (2002) Four-Year Follow-Up of Multisystemic Therapy With Substance-Abusing and Substance-Dependent Juvenile Offenders. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 41:868–74. Henggeler S. W., Halliday–Boykins C.A., Cunningham P.B., Randall J., Shapiro S.B., Chapman J.E. (2006) Juvenile Drug Court: Enhancing Outcomes by Integrating Evidence-Based Treatments. <i>Journal of Consulting and Clinical Psychology</i> 74:42–54.

3. Author (s) Surname, name	Alexander J.A
Year of publication	Since 1971
Title	Functional Family Therapy
Country, paper refers to	USA, Ireland, Denmark, Sweden, Norway, the Netherlands, UK, Canada, Australia, New Zealand and Singapore
Population under study/intervention:	Age: FFT works primarily with 11- to 18-year-old youth who have been referred for behavioural or emotional problems by the juvenile justice, mental health, school or child welfare systems Gender: female and male Other characteristics:
Setting:	Prison: no Other correctional institutions: no Other setting (specify): Services are conducted in both clinic and home settings, and can also be provided schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.
By whom intervention is delivered?	FFT Therapists
What kind of intervention?	Treatment: family therapy
What is the content of intervention? (narrative)	FFT is a short-term, high quality intervention program with an average of 12 to 14 sessions over three to five months. FFT consists of five major components: engagement, motivation, relational assessment, behaviour change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. Engagement The goals of this phase involve enhancing family members' perceptions of therapist responsiveness and credibility Motivation The goals of this phase include creating a positive motivational context by decreasing family hostility, conflict and blame, increasing hope and building balanced alliances with family members. Relational Assessment The goal of this phase is to identify the patterns of interaction within the family to understand the relational "functions" or interpersonal payoffs for individual family members' behaviours Behaviour Change

	<p>The goal of this phase is to reduce or eliminate referral problems by improving family functioning and individual skill development. Behaviour Change often includes formal behaviour change strategies that specifically address relevant family processes, individual skills or clinical domains (such as depression, truancy, substance use).</p> <p>Generalization Phase</p> <p>The primary goals in this phase are to extend the improvements made during Behaviour Change into multiple areas and to plan for future challenges. This often involves extending positive family functioning into new situations or systems, planning for relapse prevention, and incorporating community systems into the treatment process (such as teachers, Probation Officers).</p> <p>http://www.fftllc.com/about-fft-training/clinical-model.html</p>
Which methods are used? (narrative)	Therapeutic methods, including evidence-based cognitive-behavioural strategies
Objectives (narrative)	To empower families and to support positive changes that decrease the incidence of youth acting out and offending.
Outputs and outcomes achieved, including unexpected side-effects (narrative)	Flicker, Waldron, & Turner, Brody, & Hops (2008) found significant pre-post reductions in substance use for all youth in FFT and FFT+CBT
Details of evaluation (narrative)	There is many publication on efficacy and effectiveness of FFT. First articles were published in the 1970s.
Other important information (narrative form)	Program has a long tradition (40 years) and has been implemented in several countries in Europe (Ireland, Denmark, Sweden, Norway, the Netherlands, UK) as well as in Canada, Australia, New Zealand and Singapore. Information on FFT can be found at the EMCDDA webpage: http://www.emcdda.europa.eu/best-practice/xchange/functional-family-therapy-fft_en
References	<p>Alexander, J. F., Waldron, H. B., Robbins, M. S., Neeb, A. A. (2013). Functional family therapy for adolescent behavior problems. Washington, DC: American Psychological Association.</p> <p>Flicker S.M., Waldron H.B., Turner C.W., Brody J.L., Hops H. (2008) Ethnic matching and treatment outcome with Hispanic and Anglo substance-abusing adolescents in family therapy. <i>Journal of Family Psychology</i>, 22 (3), 439-47.</p>

4. Author (s) Surname, name	Ayoub L.H., Pooler T.
Year of publication	2015
Title	Coming Home to Harlem
Country, paper refers to	USA
Population under study/intervention:	Age: 16 to 45 and above, mean age 30 years
	Gender: male and female The parolees in the study were about 30 years old on average, and predominantly male (97.2%). They are mostly black (69%) or Hispanic (30%).
	other characteristics
Setting:	Prison: no
	Other correctional institutions: no
	Other setting (specify): Harlem Parole Re-entry Court
By whom intervention is delivered?	Parole officers and judges
What kind of intervention?	Treatment: cognitive behavioural therapy
	Other intervention, please specify: judicial monitoring and coordination of support services
What is the content of intervention? (narrative)	<p>The Harlem Parole Re-entry Court engages clients for 6-9 months after release and has the following core elements:</p> <ul style="list-style-type: none"> • Pre-release engagement, assessment and re-entry planning: Case managers conduct pre-release intakes with individuals in prison; clients receive a risk/needs assessment upon their release and first report to the re-entry court; individualized re-entry plans are also developed by case managers in consultation with the parolee and parole officers; • Active judicial oversight: Clients participate in formal court appearances and build a relationship with the re-entry court judge. The judge is also involved in decision-making processes around reward, sanctions, violations, and arrests; • Coordination of support services: Parolees are connected to a wide range of social services, including drug treatment, employment and vocational services, housing assistance, and health care and mental health treatment. Where appropriate, these services may also offered to family members as well to help increase stability in the home; • Graduated and parsimonious sanctions: parole officers and the judge use predetermined sanctions for violations in lieu of revocations; • Incentives for success: Clients receive incentives (“rewards”) for achieving milestones such as obtaining employment, program completion, or early discharge. Clients also participate in a graduation ceremony upon completion of the program. <p>Information taken from: http://www.courtinnovation.org/sites/default/files/documents/Harlem%20Final%20Report%20-%20June.pdf</p>
Which methods are used? (narrative)	Evidence-based treatment such as cognitive behavioural therapy and judicial monitoring to promote compliance.

Objectives (narrative)	To reduce the recidivism of ex-offenders and thereby improve public safety.
Outputs and outcomes achieved, including unexpected side-effects (narrative)	Evaluation of the program showed positive results, among others: <ul style="list-style-type: none"> ▪ Re-entry court parolees report to parole officers and case managers in their community, increasing opportunities to connect with family and local social service providers. ▪ One year after release, 75% of re-entry court parolees were in school or employed, compared to 45% in the comparison group. ▪ Re-entry court participants also had higher annual incomes and jobs that provided health insurance and paid vacation or sick time. ▪ At one year after release, 65% of re-entry court parolees were not using drugs at all, as opposed to only 39% of those on regular parole. ▪ 51% of re-entry court parolees and 56% of control group parolees were re-arrested within 18 months of release.
Details of evaluation (narrative)	A total of 504 parolees returning to Harlem were randomly assigned to either the re-entry court or regular parole between June 2010 and February 2013. The parolees were predominantly male, black, and/or Hispanic, averaged around 30 years of age, and shared similar case characteristics and criminal histories. Information taken from: http://www.courtinnovation.org/sites/default/files/documents/Coming%20Home%20to%20Harlem%20Fact%20Sheet.pdf
Other important information (narrative form)	
References	Ayoub L.H., Poler T. (2015) Coming Home to Harlem: A Randomized Controlled Trial of the Harlem Parole Reentry Court (retrieved from https://www.courtinnovation.org/sites/default/files/documents/Harlem%20Final%20Report%20-%20June.pdf)

5. Author (s) Surname, name	Freudenberg N., Ramaswamy M., Daniels J., Crum M., Ompad, D. C., & Vlahov D. Daniels J., Crum M., Ramaswamy M., & Freudenberg N.
Year of publication	2010, 2011
Title	The Returning Educated African American and Latino Men to Enriched Neighborhoods (REAL MEN)
Country, paper refers to	USA
Population under study/intervention:	Age: 16 - 18 year old Gender: male Other characteristics
Setting:	Prison: REAL MEN is a 30 hour intervention, most of which took place in jail. Other correctional institutions: no Other setting (specify): The remainder part of intervention took place in the community in the month after release. REAL MEN developed a partnership with a community-based organization, which offered General Educational Development (GED) and high school

	programs, job training, and a variety of other post-release services to all participants (Daniels et al., 2011).
By whom intervention is delivered?	Young men and women with personal and/or experience in criminal justice and substance abuse treatment programs (Freudenberg et al., 2010) .
What kind of intervention?	Harm reduction: REAL MEN staff encouraged participants to identify the specific patterns of drug use and sexual behaviour that caused problems for them or the people they cared about and assisted them to identify acceptable ways of changing these behaviours (Daniels et al., 2011).
What is the content of intervention? (narrative)	REAL MEN seeks to increase young men’s chances of economic and social stability, and thus better health, by linking them to employment and educational opportunities after release from jail. The program also seeks to engage participants in a critical examination of how dominant social constructions of masculinity and race influence the contexts that they encounter and their own actions and health risks. In providing opportunities for young men to analyze and articulate these social processes, REAL MEN helps them identify within their life circumstances and communities opportunities that enhance their chances of staying out of jail and protecting the health and wellbeing of people they care about (Daniels et al., 2011).
Which methods are used? (narrative)	<u>In jail:</u> Educational sessions Pre-release home visits Referrals to other jail-based programs <u>In community:</u> Family meetings (open to participants’ parents) Special activities such as trips Open groups Opportunity to participate in community ongoing activities ((high schools, treatment, health service, etc.)
Objectives (narrative)	Program is aimed at reduction HIV risk, substance use, and recidivism for incarcerated young men in NYC.
Outputs and outcomes achieved, including unexpected side-effects (narrative)	Assignment to REAL MEN and, independently, use of CBO services, significantly reduced the odds of substance dependence (OR=.52, p≤.05; OR=.41, p≤.05, respectively) one year after release. Those assigned to the intervention spent 29 fewer days in jail compared with the comparison group (p≤.05). Compared to non-CBO visitors, those who visited the CBO were more likely to have attended school or found work in the year after release (OR=2.02, p≤.01) (Freudenberg et al., 2010) .
Details of evaluation (narrative)	Program participants (n=552) were recruited in city jails and randomly assigned to receive an intensive 30-hour jail/community-based intervention or a single jail-based discharge planning session. All participants were also referred to optional services at a community-based organization (CBO). One year after release from jail, 397 (72%) participants completed a follow-up interview (Freudenberg et al., 2010) .
Other important information (narrative form)	Jail and community services reduced drug dependence 1 year after release and the number of days spent in jail after the index arrest. While these findings suggest that multifaceted interventions can improve outcomes for young men leaving jail, rates of drug use, risky sexual behavior, and recidivism remained high for all participants after release from jail, suggesting the need for additional policy and programmatic interventions (Freudenberg et al., 2010).
References	Daniels J., Crum M., Ramaswamy M. & Freudenberg N. (2011). Creating REAL MEN: Description of an Intervention to Reduce Drug Use, HIV Risk, and Rearrest Among Young Men Returning to Urban Communities From Jail. Health Promotion Practice, 12(1), 44–54. http://doi.org/10.1177/1524839909331910

	Freudenberg N., Ramaswamy M., Daniels J., Crum M., Ompad D. C., & Vlahov D. (2010). Reducing Drug Use, HIV Risk, and Recidivism Among Young Men Leaving Jail: Evaluation of the REAL MEN Reentry Program. <i>The Journal of Adolescent Health</i> , 47(5), 448–455. http://doi.org/10.1016/j.jadohealth.2010.01.008
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6. Author (s) Surname, name	Selling D., Lee D., Solimo A., Venters H.
Year of publication	2015
Title	A road not taken (ARNT)
Country, paper refers to	USA
Population under study/intervention:	Age: no information Inmates potentially eligible for a court-referred drug treatment lieu of continued incarceration
	Gender: male
	Other characteristics
Setting:	Prison: jail-based diversion program
	Other correctional institutions: no
	Other setting (specify): no
By whom intervention is delivered?	Program therapists
What kind of intervention?	Treatment: substance abuse treatment.
	Other intervention, please specify: A Road Not Taken works collaboratively with courts, security officials within the jail, and community programs to identify inmates who have substance abuse concerns and provide in-jail programming and coordination of treatment after jail (Helling et al., 2015).
What is the content of intervention? (narrative)	The curriculum addresses criminogenic thinking (thoughts and behaviours complicit with criminal behaviour) and underlying drug addiction.
Which methods are used? (narrative)	Cognitive behavioural therapy Motivational interviewing Therapeutic community
Objectives (narrative)	Reduction of substance abuse

Outputs and outcomes achieved, including unexpected side-effects (narrative)	ARNT participants revealed that they experienced a lower rate in incarceration after their program participation than they did before participation.
Details of evaluation (narrative)	Evaluation was conducted using sample of all inmates in the two male ARNT programs (N=125).
Other important information (narrative form)	
References	Selling D., Lee D., Solimo A., Venters H. (2015) A Road Not Taken. Substance Abuse Programming in the New York City Jail System, <i>Journal of Correctional Health Care</i> , 21 (1) 7-11

7. Author (s) Surname, name	Landschaftsverband Westfalen-Lippe
Year of publication	
Title	Protocol of Cooperation "FreD goes net" adaptation in Cyprus
Country, paper refers to	Cyprus FreD was also piloted in: Austria, Belgium, Denmark, Germany, Ireland, Iceland, Latvia, Luxembourg, Poland, Romania, Sweden, Slovenia, UK, Lithuania, the Netherlands and Slovakia.
Population under study/intervention:	Age: 14 to 24 years with specific versions for minors and young adults. Gender: female and male Other characteristics: the first-time drug offenders who had not committed any other offences
Setting:	Prison; no Other correctional institutions: no Other setting (specify): "FreD goes net" can be conducted in public and non-public settings outside schools which offer prevention or treatment programs for drug users.
By whom intervention is delivered?	The "FreD goes net" can be delivered by certified professionals (social workers, psychologists, nurses) possessing: knowledge on drugs and drug use, experience in work with youth in the area of prevention or drug treatment as well as skills related to workshop method.
What kind of intervention?	Education: education on effects and risk associated with substance use Other intervention, please specify: brief intervention based on motivational interviewing

What is the content of intervention? (narrative)	The course consists intake interview and eight hours of group intervention aims to encourage young drug consumers (illicit or legal drug) to reflect on and possibly change their consumptive behaviour in order to stop them from drifting into dependency.
Which methods are used? (narrative)	Education and motivational interviewing
Objectives (narrative)	The main aim of the proposed project is to provide adolescents that first come to notice in the context of drug use with a preventive measure and to use a measure of early intervention to protect them from sliding into addiction.
Outputs and outcomes achieved, including unexpected side-effects (narrative)	Evaluation in Cyprus showed that the program contributed to the reduction of the number of drug users in CJS, facilitated the access of young people and their families to the treatment centres and increased number of cannabis users in treatment therefore reduced risk of development of problematic cannabis use.
Details of evaluation (narrative)	No information
Other important information (narrative form)	
References	Data on evaluation in Cyprus taken from presentation by Vassilis Chrysanthou, Cyprus Anti-Drug Council, COPOLAND Conference, San Jose, Costa Rica, 27-29 June 2017