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DESCRIPTIONS OF INNOVATIVE APPROACHES INCLUDING PROFESSIONALS' AND YOUNG PEOPLES' PERCEPTIONS AND NARRATIVES

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EXCHANGING
PREVENTION PRACTICES
ON POLYDRUG USE
AMONG YOUTH
IN CRIMINAL JUSTICE
SYSTEMS

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INTRODUCTION

The report includes the description of the two innovative interventions selected after the activities related to wp4. They both refer to recent experiences quite peculiar at national level for their organization and approach. They are both public services specifically addressed to people with judicial problems and, at the same time, addiction/drug consumption problems. The first, is a special section of the prison called "Attenuated Custody" (ICATT) required by Law since 1990 but fully operating only by 2015. Indeed the law provision is not yet observed by all the regions, and those who have created these special sections can be still considered sort of pilot experiences. The second, addressed to minors, is a special unit of the local public addiction service (SerD) called Spazio Blu (Blue Space), which after an experimental periods, has become a stable and structural service and represents quite a unique experience at national level. The second

In a scenery of very varied experiences (see the WP4 Italian National Report), the interest about these two experiences derives from the fact that they entail some interesting considerations not only about the prevention intervention model per se, but also about the institutional and organizational set-up. Indeed their organization, setting and collaborations represent an attempt to overcome the main challenges related to the aim to prevent both recidivism and the development of addiction problems.

DATA

The description of innovative interventions is based on documents and interviews. Documents are scarce and mainly in Italian language. Evaluations, conducted by the services themselves, are not systematically nor complete, rather, they focus on specific targets and/or parts of intervention. Professionals working in the two services were involved in group interviews and individual interviews. First we interviewed individually the heads of the services, then we organized a focus group to compare different point of views among different profiles and roles. When coming to the young offenders, the aim was to reach 10 interviewees for each service, but it was not possible. In the case of Spazio Blu many interviewees did not come to the appointment, while in the case of ICATT all the detainees with the expected criteria (age) were interviewed. The following table resumes the number and type of interviews performed.

Table 1- Sample

Interviews	ICATT	Spazio Blu
No. of FG and participants (professionals) (June- December 2017)	1 (11 professionals involved: two educators, two psychiatrists, a nurse, three volunteers, three psychotherapists)	1 (7 professionals involved: a criminologist, an educator, two psychotherapists, a social worker, a psychologist trainee, an infectious-disease doctor)
No. of individual interviews with professionals (by phone) (August 2017 -January	1 (head of the service)	2 (head of the service, criminologist consultant)

2018)		
No. of individual (face-to-face) interviews with young offenders	8	7

DESCRIPTION OF INTERVENTIONS

Intervention 1. Multiple prevention intervention in an Attenuated Custody Section (ICATT)

- **Main aim / objective**

The ICATT formal aim is to prevent the progression of the drug consumption career and the reoffending, through the "*therapeutic relationship*", through the "*global care of the person*" (int. 10), and "*by activating a process of change*" (int. 9). Which is done by "*placing the person at the centre*" (int. 9, 6) and increasing his consciousness (int. 10). The expected process of change does not necessarily means to give up drug consumption as there are "*different expectations for different people*" and the focus is on affective addictions as well (int. 10). The specific aims are to evaluate individual needs, and to construct programs alternative to prison aimed at improving offenders' life-skills (int. 0).

- **Description of the intervention**

According to the law (DPR 309/90, art. 96) ICATT must provide prevention, harm reduction, rehabilitation and social reintegration services to alcohol/drug addicts who voluntary access to programs. For this reason, in these special sections of prisons, it is more difficult that drugs circulate than in ordinary prison environments.

The intervention is focused on psychotherapy, the detainees can ask to talk to the psychologists at any time. According to the interviewees psychotherapy is a "*challenge in this context*" (int. 5), especially because many people do not know what they are invited to do.

The relationship and the reflection are the main dimensions of the treatment and for this reasons the detainees' have much free time and "*silence*" (int. 10). To employ the detainees' time with work and activities is therefore not a priority, however almost all detainees, in turn, do small jobs, such as gardening, cleaning common areas... Some of them are also involved in external works that might continue even after the penalty.

The main phases of the intervention are following described.

To access to the program, the ICATT team run the filter interview to detainees that had made this request, who come from different prisons. It includes a motivational evaluation and psycho-diagnostic evaluation with the SCL90 test (Derogatis and Savitz, 1999) on the base of which it is decided how to intervene (in case of insomnia, depression ...). After that, if the detainee meets the admission criteria there is a meeting of the two teams (sanitary + justice) to make the entry in ICATT formal.

On the base of the psycho-diagnostic assessment with different scientific tests, a rehabilitation program is draft lasting 1-3 months. Three different paths have been individuated according to the patients' evolutionary level.

1. The so called "low-evolutionary patients" access to a series of basic activities, such as

a. Harm reduction interventions, addressed to inform newcomers about prevention measures, mainly on sexual transmissible diseases, but also on drugs.
b. Educational area: to develop skills about the meaning of the legal norms, the elaboration of the crime through laboratories and film club.
c. Basic group on: emotions, assertiveness, management of anxiety.

After these basic activities most of patients move to medium/high evolutionary level and can access to a higher-level-program aimed at learning to manage stress and anxiety, as following described.

2. Intervention for "high evolutionary patients":
    a. Harm reduction interventions. This is a sort of practical test, to verify the capacity to use the harm reduction measures and information.
    b. Meditation and mindfulness practices, to learn how to manage the anger and how to answer to specific stimulus in difficult situation. The focus is also on the meaning of the crime and its acceptance. It is also address to support the personal transformation with a possible "*spiritual awakening*" (int. 4);
    c. Dog-assisted therapy in order to reduce anxiety and craving and to increase social competences. The relationship with the dog implies a capacity to manage with anxiety and emotions. A pilot study demonstrated that those involved in the dog-assisted-therapy significantly improved their social skills, reducing craving, anxiety and depression symptoms compared to the control group (see Contalbrigo et al. 2017)

3. There are also people who are not able to get the tools, they rest at low, medium evolutionary level – which is measured by some indicators. For these patients the main activity is:
    a. Rugby. It works on the management of emotions and it is useful to train relational and group dynamics in a "free" context.

For people who are seemingly not engaged in an evolution process, a more individual tailored-program is agreed on. The whole program lasts around 12 months. In addition many detainees – according to a psychiatrist about 90% (int. 11) - are treated with prescription drugs, which means opioid substitution treatment, benzodiazepines and antidepressants. The ICATT team has also an external outpatients' office, where ex detainees can be treated even after the penalty.

Drug consumption in the structure

Controls are performed with fast tests, even randomly, however it is not possible to state that ICATT is completely drug free. Anyway, consumption is very limited as people access to the program voluntarily and are selected.

- **Target group description and changes in target group**

Detainees with addiction problems voluntary access to the ICATT program. There are some conditions for the admission:

1. problematic drug consumption (a history of consumption)
2. the crime committed has to be linked to drug consumption
3. low social and criminal perilousness
4. a conviction or residual penalty not longer than 6 years

The original idea was to limit the target to 18-40 year-olds – when the problem can be not chronic, yet - however today there are also people aged 49-50. 18-24 year-olds are about 1/3 of the total population. The average age is 35.

The ICATT detainees come from different geographical areas, mainly from North Africa and some from Balkans. "*Nevertheless, if we talk about dealers, their educational level and competences are similar*" (int. 9), furthermore, "*their personal stories are very similar, they are all about affective deprivation, losses, and lack of points of reference*" (int. 10).

Cocaine is the primary substance and "*crack accounts for more than half of the presences (…) because of its consumption way and its abnormal cost*", so that many patients come to the ICATT after "*a recent dizzying increase in consumption, which led them to reckless business actions*" (int. 11). This target is compared by the interviewees with the "traditional" heroin addict from the Eighties. The second substance is heroin, mostly used in combination with cocaine, while other substances like ketamine, methamphetamine are not much frequently reported.

- **Where delivered - Short description of the locality/venue**

The ICATT building is placed within the Padoa penitentiary district, but it is separated from the rest of the prison, "*a sort of island, which is necessary in order to diversify the activities*" (int. 0). It serves three Regions (Veneto, Trenti-Alto Adige, Friuli Venezia Giulia so called Triveneto) and can host 50 detainees at maximum. The structure has been recently renewed and includes the kitchen, classrooms, a warehouse, a doctor's office, a chapel… and large external areas like a football field.

Even though this an attenuated custody section, there are bars and armored doors, like in an ordinary prison. According to the yoga teacher, one limit is that "*there is not a place where to practice without noises*" (int. 4).

- **Who delivers the intervention**

The team is composed by 3 psychotherapists and 2 educators. Furthermore there are psychiatrics of the penitentiary as well as other health professionals of the prison who collaborate with the team.

What the interviewees consider very innovative about this ICATT is that a specific team has been created constituted by both the health workers and those of the penitentiary administration – including the director of the prison and the guards' commander - where decisions are taken together based on the detainees' requests and common considerations. The joint team decides e.g. about the cell changes and about new entries, and this has been formally agreed. In addition, even if informally, the health and the penitentiary workers also exchange the detainees' folders and information. The interviewees underlined that this is not obvious and that cooperation and mutual trust required a lot of time to be created.

Some activities are run by external volunteers and experts: harm reduction informative groups, yoga, rugby and dog-assisted therapy.

- **Short history of the initiative**

Already in the Nineties the law (DPR 309/90, art. 96) solicited the creation of "Attenuated custody for detainees with addition problems" however not all the regions have it, yet. The Padoa ICATT was open in February 2014, for one-year-trial, then, in 2015 it became a regular service. The main input came from the transition of the health competences from the penitentiary administration to the health local unit, occurred

in 1991, even though its implementation required several years. The project was led by the new penitentiary health responsible, who formerly worked at the Local addiction public health unit.

- **Funding**

ICATT is funded by the Regional government as all the health system, with 200.000,00 euros per year, which are used for human resources and extra activities (e.g. dog-assisted therapy). However activities like rugby, yoga… are run mainly by volunteers.

- **Theoretical basis of the intervention**

According to the Head of penitentiary addiction unit (int. 0) the theoretical framework is the "*attachment theory*" (see e.g. Cooper et al. 1998; Shivpuri 2006) to explain antisocial behaviour or drug consumption. The approach that derives from this is cognitive-behavioural, however in practices there are "*different theoretical orientations that belong to the single professionals*" (Int. 5). Which means that the team "*case by case, tries to find common references*" (int. 2), also on the base of the single detainee's characteristics. The program aimed at preventing the relapse is based on cognitive behavioural therapy (Marlatt & George 1984). It is centred on the identification of the trigger, that is, the high-risk stimulus, considering both the vulnerability of the person and the characteristics of the context, the behavioural aspects and the capacity to face difficulties.

- **Quality standards**

Interviewees did not refer to any specific quality standards, even though they claim to follow determined phases in their work (int. 5). "T*here are reference models, more than one, included in a phased model within which we can move independently*" (int. 5).

Anyway the ICATT team is currently working on the definition of "intervention paths", by the description of goals, markers, tools for taking charge. This is done through a training experience and it will be used at internal level, but also shared with other institutes/professionals.

DEFINING THE PROBLEM AND IDENTIFYING THE CHALLENGES AND OPPORTUNITIES

1. **What is the problem understanding and its perceived causes**

The idea underlying the intervention is that the consumption and the criminal careers come from an *affective deprivation* (int. 10), that the deviation is an "*extreme communication form*" (int. 1):

> *Being they immigrants or Italians, more or less educated – their stories are actually about affective deprivation, losses, and lack of reference points. They are different, but listening to them, knowing them, they are actually similar. Usually are stories that they find it hard to tell (int. 10).*

Even though most of interviewed detainees claim to have started to deal in order to buy drugs – especially when referring to cocaine - the relationship between consumption and dealing is not so obvious according to the professionals (int. 6). Some of the young people – among immigrants – underlined the fact that in certain cases dealing is the only possible way to earn money. In fact in Italy to get a job is necessary to have a residence permit, but in order to get it is required to have a job. This is a revolving door that easily bring to enter into the criminal network.

> *I've tried to work desperately. (…).I would like a residence permit to get a job and you tell me that I need a work contract. But how can I get it without the residence permit? (IT_INT_3_BP1_ M_23)*

Dealing, in turn, easily increases drug consumptions "*because if you deal it, you have always it in your hand*" *(IT_INT_6_BP1_ M_24)*

Some of the young interviewees are aware that drug use is a health issue, and are somehow happy to have been forced to stop: *"If I had not come here, I do not know what an end I would have done! I would have died somewhere"* (IT_INT_3_BP1_M_23). According to them, one starts to get drugs because initially is not aware about risks and everybody do so, then consumption becomes a sort of therapy and copy strategy, linked to the need to forget problems, to sooth anxiety, to copy with solitude.

You use them as sort of therapy. You use hashish to sleep, and use cocaine to stay awake during the day. (IT_INT_2_BP1_M_19)

But cocaine, heroin, became a habit. It is no longer a pleasure. (…) You want to remove the bad. Your head hurts, your back hurts, your heart hurts... You want to remove the disease, it is no longer a pleasure (IT_INT_6_BP1_ M_24)

E*verything was for my thoughts, my girlfriend and family, I had nobody near (IT_INT_10_BP1_ M_25)*

2. What will the solution be to the problem understanding/ What methods are suitable to prevent this

Consistently with the professionals' problem understanding, the ICATT therapeutic program must "*facilitate the reintegration of inmates into society as law abiding citizens, overcoming the concept of prison as a punishment and enhancing a health-promoting approach to offenders*" (Contalbrigo et al. 2017, p. 4). The crime is considered a mirror of one person's capacity to face the reality, so this is the starting point while drug consumption is seen as the last element in term of therapeutic and prevention actions (int. 0). First "*they have to develop their own coping strategy, which often results in being dysfunctional because of their addiction*" (Contalbrigo et al. 2017, p. 4), they need to learn how to handle their anger and aggressiveness (int. 0).

This problem and solution setting is understood and appreciated by most of our young interviewees, who also value the more freedom and the presence of less people compared to the ordinary prisons, which makes the environment more peaceful compared to ordinary prisons.

Psychologist and educators, very competent. I tell everything only to them, everything I have inside. What I never told to anybody, I tell them. Because I want to be honest, because I'm working directly on myself, I want to be helped. (IT_INT. 04_BP1_M_25)

Even in other prisons there is the possibility to get alternative measures, only that here you do it more consciously, since with the team help you have more chances to know yourself (…), you are better evaluated. But, you put yourself on the line. (*IT_INT. 07_BP1_M_25)*

However, somebody criticises this organisation, thinking it is not efficacy and not understanding the psychotherapy utility. Which shows how the same detainees can be anchored to an idea of a punitive prison

Truly I don't like it. Because here you have to do your penalty, but you do not even feel the prison. One learns by own mistakes, you need to feel the prison, in order to understand your mistakes. (…) Here everything pass thorough the psychologists and educators (…) and this negative to me, very negative (IT_INT. 05_BP1_M_24)

I have nothing against the psychologist, but I do not want to do the interviews. Because I did not think, if I thought it was so, I did not come. (…) I came here to treat myself and that's it. (IT_INT. 06_BP1_M_24)

3. Challenges of delivering the intervention

During the FG, professionals, as well as detainees, outlined a number of challenges affecting the intervention.

- The first is to arouse the patients' motivation, (int. 2, 10) which is often lacking because of the misunderstanding about the intervention aims. This problem has been confirmed by some of the detainees, who do not appreciate the time for thinking and psychotherapy and had different expectancies from the program.

  I came here to have the possibility to go out earlier. But I got worse, as in the other prison I did 2 years I did not even notice it, here I did 6 months, very heavy. (…) Here it's all a bore, it oppresses you, it makes you sick. I think so, but there are people who say 'I'm fine'. I'm not fine here. (IT_INT. 05_BP1_M_24)

This kind of detainees also complains about the lack of opportunities to study and work.

- Also the team is aware about the fact that some detainees are not suitable for this kind of treatment, as it emerged also from a few interviews:

  I have nothing against the psychologist, but I do not want to do the interviews. Because I did not think, if I thought it was so, I did not come. (…) I came here to treat myself and that's it. (IT_INT. 06_BP1_M_24)

- Another challenge is the shortness of penalties of most of the ICATT detainees, which is not always sufficient for doing an effective intervention (int. 2) and causes a frequent inmates' turnover that makes the team building difficult (int. 4).

- With reference to inmates, a main problem concerns the illegal immigrants. Once the sentence has been served, they have to face the expulsion, which interrupts the process, nullifying the work done.

- Another challenge is due to the target characteristics. Many patients arrive in a critic phase (pick of consumptions), with very demanding needs (int. 2).

- Furthermore, the work activity is unlikely to provide opportunities for continuity after the penalty end (int. 2)

- Then there are challenges due the penitentiary culture – defined as "*total institution*" (int. 10). This culture is not as flexible as it should be, e.g. the participation to the rugby activity should not be subject to registration (int. 4). Furthermore, despite the joint team and the collaboration ongoing, some guards still think that inmates deserve punishment rather than attention and care (int. 2).

- To some extent the collaboration between the health and the penitentiary staff is informal (e.g. the folder exchange) and depending on a contingent situation that could change along with staff changes (int. 5). Which is not unlikely, as the health professionals do not have permanent job contracts.

- The health professionals are building a team by themselves, through a constant dialogue based on their own initiative, but the team – which has just reached a minimum of stability – should be stabilised also contractually and would need supervision (int. 6, 8, 10).

- The last challenge mentioned by the professionals concerns the different languages due to the inmates' different geographical origins and to the lack of cultural mediators (int. 9).

- According to some detained interviewees, one challenge is the use of prescription drugs within the prison setting, which should be avoid in order to not create addiction to those substances:

  If you fill people with prescriptions, they go out and continue to use it. They should try to avoid it, as if you take a fist of stuff, I do not think they are helping you (IT_INT. 05_BP1_M_24)

4. Partnership with other agencies

The main partnership is that between the penitentiary system and the health system, above explained. However there are also collaborations with associations that provide volunteers for specific activities (eg. Informative groups, yoga, rugby), with the University of Padoa - Faculty of social psychology, to evaluate the yoga activity, and with the vets of the Zooprophylactic Institute on the dog-assisted therapy.
Furthermore, the ICATT collaborate with external social cooperatives in order to provide opportunities of work to the inmates. In some cases these will transform in job opportunities even after the penalty is discounted.

5. Involvement of young people in the design, implementation and delivery (user involvement)

To give the client an active role in the definition of his treatment program is among the main aims of the service. The first thing that inmates are requested to think is indeed what they want to do after the penalty, what are their aims and projects. The motivation, as explained, is the main aim and challenge of the intervention.

6. How is it to work within the CJS context/being enrolled in an intervention within the CJS

Several times professionals cited the difficulty of providing prevention and treatment in the prison setting. Indeed, even though this is a special section, the "total institution" (int. 10) culture, its norms and rigidity, represent a challenge for the intervention.

* * *

DESCRIPTION OF INTERVENTIONS

Intervention 2. Spazio blu (Blue space)

- **Main aim / objective**

Spazio Blu is a service of the public health local unit (ASTT Santi Paolo e Carlo, Milan) and represents a unique experience in Italy. Derived from the local addiction service as a specialised unit, it is an external structure for alternative measures, which hosts about 300 users throughout the year. Its formal mission is to provide diagnosis, treatment and rehabilitation to minors with legal proceedings and problems of use of substances / alcohol.

According to the team work the service main aim is to early identify and evaluate young people's consumptions - in the broader framework of their overall needs – in order to put in place those interventions aimed at making them able "*to take again their evolutionary pathways*" (Int. 4). Which means to accompany young people in order to avoid that "*their life paths are not predetermined by the experience with drugs, which run the risk of simplifying future scenarios*" (Int. 1).

In this perspective, other specific objectives are: 1) to strengthen the young person's personal and environmental protective factors so as to reduce the risk factors; 2) to reduce the duplications and fragmentations of the system, in which many actors intervene; 3) to give the young person an active role in defining the treatment program. Abstention from consumptions is not necessarily an indicator of success, on the contrary good indicators are that the boy/girl has resumed specific commitments (school, lifestyles..) and has reconsidered his/her viewpoint towards the crime and drug consumption; the positive judicial outcome; no relapse occurrence.

- **Description of the intervention**

The treatment approach is called 'multi-disciplinary integrated intervention'. Each case is assigned to a case-manager, who works in collaboration with a multi-professional team and in collaboration with other professionals from the other involved institutions. There are periodical inter-institutional meetings in order to make the psycho-educational treatment provided by the service consistent with other possible paths, such as those related to professional training and placement.

Many kinds of interventions are provided (Giove et al. 2014): counselling, psycho-therapy, sanitary monitoring, social intervention, educational tutoring, group activities, family counselling. In the case of penal procedure and sentence/probation, usually the process is 1,5-2 years.

After a pilot period when the group therapy prevailed on the individual one (Giove et al. 2013), today psychotherapy is mainly provided at individual level, as group therapy "*was a pretext to make the context goliardic, they are guys who struggle to mentalize*[1]" (int. 5).

Nevertheless, there are informative groups led by an educator and made of 8-15 young people, including both young people under penal procedure and those under administrative procedure. They are based on active participation and are focused on substances, at risk behaviours, legality. At the beginning and at the end of the intervention – usually made of 10 meetings - participants fill in an ex-ante and an ex-post questionnaire.

In the past groups were also accompanied in external visits aimed at making the minors to discover the pleasure of cultural activities (cinema, exhibitions…) and social activities (e.g. barbeques). Besides, young people were accompanied to visit other territorial services (e.g. the family consulting centre, and other local agencies for socialization, free time, job orientation…). This was a good opportunity, both in order to make young people discover the pleasure in different activities and because "*in one informal place you have more observation elements and young people expose more themselves*" (int. 3), but at the present moment there are no dedicated funds so that the activities were interrupted.

Parents are also involved in the process. Besides individual counselling, once a week the educator and the psychologist meet the parents' groups (8-10 parents for 6-8 meetings). The aim is to increase their parental competences about use of substances and acquire more awareness about personal parental skills, by exchanging experiences with peers and learning more information (Giove et al. 2014).

- **Target group description and changes in target group**

The service target are minors with substances consumption related problems reported for both penal and administrative offenses – the latter being a minority. Since 2014, when the Law 117/2014 was introduced, young adult up to 25 years are also admitted if the offence occurred when they were minors. Once the penal procedure is concluded, young people can voluntary continue to frequent the service, until the age of 21 years. About 2/3 of the service clients are under a judiciary penal procedure, about 1/3 frequent it voluntarily, even they are not under the justice system. The young offenders can arrive from different sources: the CPA (first reception centre), the IPM (juvenile detention centre), the Court or the Prosecutor's office – which can call the service even before the trial. Young people who have only an administrative procedure can be reported by the local administration, the social services, and the prefecture (local office of the government).

In 2012 (Fiore 2013) 91% of the service clients were boys and 80% aged 16-18. 69% were Italians, while among other countries the most represented were Morocco and Tunisia. Most of them have scholastic

[1] To understand others' behaviour as a product of their mental states similar to one's own.

failures, 53% are Neet (not engaged in education, employment or training). The prevalent substance is cannabis (75%), followed by alcohol (11%), cocaine (8%), polyuse (5%). Offenses are in most cases drug-related (69%). Looking only at the 51 young people restricted in the IPM (Juvenile detention centre[2]) and clients of Spazio Blu (Dinatale 2017), 55% uses high doses of cannabis, 33% cocaine, 6% methamphetamine. The 40% has been already treated for drug use, 20% has been in therapeutic communities and the 70% abandoned the treatment.

According to the professionals interviewed, most used substances are cannabis - which in most cases is the primary substance - followed by cocaine and alcohol. MDMA, ketamine and methamphetamines are sometimes experienced but they are hardly primary substances. NPS are not mentioned.

Theft and robbery are the most prevalent crimes, while dealing covers about the 30%. They are not necessarily linked to the drug use, rather, drug consumption and crime are two aspects of a more general behavioural lack of regulation. Furthermore, these young people show a lack of interests, they "*do not know other pleasure sources like music…*" (int. 7).

According to the professionals, in some cases drug use is part of the young people's identity, which means that though being young, they have already consolidated drug careers. Differently other young people adopted a heavy use after a traumatic episode (separation of parents, mourning …). Most reported motives to use cannabis are to relax and to sleep, while cocaine is used to enhance the performance.

Furthermore, over time, professionals have noticed an increase of mental health problems among their young clients. Especially young people detained in the juvenile detention centre are severely psychologically and physically impaired. In their opinion, this change goes hand in hand with an increased consumption of heavy substances – cocaine and heroin. The latter involves about 3% of clients.

- **Where delivered (e.g. in prison, in the community) – short description of the locality/ venue**

Spazio Blu is placed in the Local Health Service building. It is not placed within the Addiction service, in order "*to make it not a stigmatized nor a stigmatizing place*" (int. 4). The venue consists in rooms for individual interviews and group meetings, however, according to the work group spaces are not adequate as "*rooms do not guarantee privacy*" (int. 4), "*there are no cameras in the bathrooms and there is not a waiting room*" (int. 5). The professionals do not operate only within the service but visit almost daily the Juvenile detention centre (IPM) and the First reception centre (CPA), where, when they're called, they have a dedicated room to conduce the first interview, aimed at making a first assess of the case and at engaging the young patient. All the professionals who also work in the IPM agree about the fact that - even if it has been recently renovated – the venue is a very "connoted" environment, meaning too much connoted as prisons, with bars and reinforced gates, not suitable for young people.

- **Who delivers the intervention**

The service head is a psychotherapist, then there are four psychologists/psychotherapists, one medical doctor, two professional educators, two social workers and one nurse. There is also a criminologist and 2-3 trainees under periodical internships. Usually the psychologist, the social worker and the medical doctor perform the initial multi-disciplinary assessment.

[2] See the WP4 Italian Report for more detailed information about the Juvenile Penal System

- **Short history of the initiative**

"*The initial idea was to give the young detainees the opportunity to begin to elaborate some issues within the penitentiary institute and to continue the same work with the same operators in an external space once released*" (int. 4). Pilot interventions began already in 2000, when an inter-institutional work group was created where the justice services, the health services, the local administration and the third sector planned a joint training programme and started to collaborate in order to define and evaluate a common working programme. By 2005 Spazio Blu was recognised as a stable Unit within the Health Regional System. Since 2010 the service is open also to young people who are not in touch with the CJS "*assuming that all our young clients have more or less the same characteristics, then there are those who come to commit a crime*" (int. 4).

- **Funding**

Before 2005 the service was funded by regional funds, contributions by foundations and funds dedicated to innovative actions, which means that funds were related to specific projects and time. "*The project dimension always required to do something new, therefore it was dynamic*" (int. 1) and it entailed collaboration with many other public and private organizations. By 2005 Spazio Blu was recognised as a stable Unit within the Health Regional System, which is seen by the interviewees as positive, even though the push for innovation decreased so as the possibility to experiment. Furthermore, though the service can now count on stable funds, these are not sufficient to guarantee a sufficient number of human resources and their continuity – e.g. at present the medical doctor is on maternity leave and has not been substituted - nor the adequacy of the premises and the opening hours of the service.

- **Theoretical basis of the intervention**

There is no a main/unique theory of reference, as each professional applies his/her own intervention model, which however has to be integrated with the others, that is, methodologies must be consistent. There are standardised procedures for the initial multi-dimensional evaluation, however choices – e.g. if to use or not specific diagnostic tests – are to be proposed and discussed within the treatment team.

- **Quality standards**

The service follows the regional Standard for the authorization and accreditation of addiction services (DGR n. 12621, 2003), which set up a series of indicators that indicate, e.g., that the diagnostic evaluation has to be multidisciplinary, that the treatment programme must be individualised and addressed to the physical, psychological and social wellbeing…. Furthermore there are regional guidelines for the redevelopment of outpatient addiction services (DGR 8/87220, 2008), which explains in detail all the phases of the taking charge. Within the work team there are different opinions about the usefulness of the guidelines. Somebody (int. 3) maintains that they are completely useless, while others think that – though the bureaucracy is a burden - they might enhance the quality of the service, for instance by setting time limits for taking charge of the client, which for minors are shorter (int. 4) and by better organizing the process (int. 5).

The service also follows some protocols and common operative procedures agreed and signed by all the other institutions involved in the Justice System for minors.

DEFINING THE PROBLEM AND IDENTIFYING THE CHALLENGES AND OPPORTUNITIES

1. **What is the problem understanding and its perceived causes**

Professionals frame the use of substances in an evolutionary perspective. The assumption is that the use of substances relates to emotional and educative needs also dealing with personal relationships. In this perspective drug consumption is a symptom rather than a disease and abstention from consumption is not the main objective: "*In a broader, evolutionary perspective, we tend to think that this could be the last visible passage, because the reabsorption of the symptom occurs when we have worked to fortify resources, and to reduce risk factors*" (int. 5).

This perspective is shared by some young interviewees who underlined that: *"Nowadays at the age of 22 I know what is right and what is wrong, even about what I did in the past. But I understand it now that I am 22 years old, at 17 I did not even think about it. (IT_INT_12_BP2_M_22).*

Another important understanding shared by the work team is that addiction is the contemporary living condition, therefore it concerns everybody, as well as the difficulty of identity construction (int. 1).

Among young people there are those who do not see at drug use as a problem, especially when talking about cannabis, which most of them distinguish from heavy substances. Furthermore, they do not always put into relation their legal problems and drug use. However there is who admits that the crime was a consequence of drug consumption:

> *To try all these substances made me loose the control over my actions, to the point to commit crimes to get money for me and for using substances (IT_INT_11_BP2_M_21)*

Furthermore there are also to talk about their past drug use as "addiction", even with reference to cannabis.

2. **What will the solution be to the problem understanding/ What methods are suitable to prevent this**

Consistently with the problem understanding, according to the work team, treatment means "*to take care of yourself, therefore not looking for a medicine able to counteract the symptom, but succeeding in supporting an evolutionary path*" by educative means (int. 1). In this perspective, the best way to take care of young people is to "*increase the protective factors so as to reduce the risk ones*" (int. 5), while detention is a means of "*radicalisation*" (int. 5) and possible source of mental problems.

Furthermore, according to the professionals, it is important that minors have the opportunity to increase awareness about their own and others' emotions and to discover the pleasure provided by activities other than taking drugs, related to cultural fruition, physical activities, socialisation...

On the other hand, young interviewees who draw a boundary between cannabis and other substances, claim that legalization would be the solution of the problem:

> *If you legalise it, you won't see teens in the middle of the street, because you won't see dealers dealing in the middle of the street (…) to me, this is the only solution. (IT_INT_14_BP2_M_20)*

Others think that there is nothing to do with drugs-related crimes as long as there is a drug supply:

> *A boy who comes here, he would have arrived unavoidably, these things cannot be prevented, because there is the drug market, unless you stop the drug market (IT_INT_11_BP2_M_21)*

3. Challenges of delivering the intervention(s)

The main challenge is the gap between the points of view of the different actors in the system. Other professionals of the network "*only base their decisions on the symptom: the young person uses cannabis, then s/he is an addict, so s/he needs a therapeutic community"*. According to the work team this leads to the problem that young offenders are sent to the therapeutic communities without being motivated, without their consent, and this cannot have a positive outcome.

The difficulty is to make them understand that the diagnosis is not based on only one evidence, but on a set of factors (int. 4). Alongside, sometimes Spazio Blu is perceived by the other organisations as the place where young offenders are tested for drug consumption. When they would like to end the treatment program, if the legal procedure is not yet concluded, the judge wants that they continue to monitor if the patient is drug-free.

Even parents are not always a resource, but more often a problem (int. 1; int. 5).

Another specific issue is that immigrant young people who are often alone and do not meet the requirements to access the alternative measures run the risk of long periods of imprisonment for minor crimes.

Finally, prison guards needs to be trained. At the moment "*Training is basic and absolutely absent*" (int. 7). They are not the only target who needs training, also nurses are quoted, especially when the prison nursing service is externalized to external organizations so that the professionals are not specialized and the turn-over is high.

Young interviewees, on their part, have underlined a few critical points about the service. One problem was reported by a person under house arrest who quitted psychotherapy because to set up talks to the psychologist, he had to pay the lawyer to get the permission from the judge. This problem could be overcome if the service set the interviews with a long-term calendar, in order to get only one permission for many interviews, as it happens for the tests.

One more general issue which was arisen by one interviewee concerns the aim of the program and more generally the penal system. Interestingly, he disagrees with the perspective that gives more importance to the social program than to drug use quitting. One interviewee pointed out that:

> *It's a useful service, but it ends in itself. I could even come to the end of the probation while continuing to smoke [cannabis]. The judge may approve it all the same even if the test is not positive, and this makes me understand that the State in not interested in my consumptions (IT_INT_14_BP2_M_20)*

However most of young people's opinions are very positive and underline the differences between Spazio Blu and the ordinary Addiction services, especially with regards to non-judgmental attitude.

> *The relationship I've found with the social worker here is very different from what I had with the SerT. This is because how she looked at me, she did not looked for an addict, but she knew about what we were talking about. (IT_INT_13_BP2_M_21).*

4. Partnership with other agencies

One of the main object of the service is to avoid overlaps and duplications of interventions, which make the path of young people even longer and more complicated. To this purpose, when the service was a pilot project, the health department, the justice services, the local administration and the third sector designed a

joint training course and did a participatory planning. After a period of experimentation and based on a joint evaluation, some protocols and common operative procedures have been agreed and signed by all the other institutions involved in the Justice System for minors; the minor Justice centre, U.S.S.M. (unit of social services dedicated to minors), CPA (First reception centres), IPM (Juvenile detention centres), as well as with the Minor Court, the Prosecutor's office and the Prefecture. Agreements have been periodically renewed, but, according to the interviewees they have been progressively become "*a formal, rather than substantial paper*" (int. 1). Within the work group there is the perception that there is no more a commonality of intentions and visions. The main misunderstanding is about the aim of the treatment: "*For the other actors assaulting the symptom is the first objective for importance and for urgency, that is, it is necessary to make the young people stop smoking cannabis*" (int. 5).

5. **Involvement of young people in the design, implementation and delivery (user involvement)**

To give the client an active role in the definition of his treatment programme is among the main aims of the service. The importance of their motivation and adherence to the objectives was underlined several times.

6. **How is it to work within the CJS context/being enrolled in an intervention within the CJS**

According to the work group, the main problem is that the CJS "*focus on the main symptom, and takes decisions on the base of this*" (int. 4). In this way the principle of the acceptance of treatment by the patient is neglected and the treatment becomes compulsory. "*Sometimes is the Court that decides what health tests have to be done (…) but the judge should understand that this is a sanitary act and as such it should be decided by a medical doctor, by the work team*" (int. 4).

The Spazio Blu professionals perceive the justice procedures to be too severe in some cases. They notice that, with respect to drugs, minors are subjected to stricter measures compared to adults: "*if there is drug transfer, considered irrelevant for adults (…) young people end up in a complex trial*" (int. 1).

Indeed, some of the young interviewees told about a traumatic experience with reference to the policemen's interventions:

"Everything was traumatic. (…) They came at home. It was weird and traumatic because my sister was sleeping and the policemen told her: now you tell us what the hell your brother does, if you tell us we catch him only, otherwise we bring you too". (IT_INT_14_BP2_M_20)

"When nine policemen and a dog arrived at home I was not there, at 8 am they arrived and my mother went to open the door in her pajamas. (…) This event alone, I told myself, is not bearable" (IT_INT_13_BP2_M_21)

However it is worth noticing that some other interviewees are somehow "happy" to having been caught, as they think that otherwise they would have been ended in even more risky behaviours, and would have not been able to stop their drug use (e.g. IT_INT_15_BP2_M_19).

CONCLUSIONS

Both interventions can be considered innovative because of the approach and the organization. The approach recognises the drug use as dysfunctional copy strategy, but do not see the drug use as a problem in itself nor as a direct cause of the crime. Legal problems and drug consumption are rather seen as a consequence of a general lack of (self)regulation and inability to manage own emotions, often due to

affective deprivation and difficult material and life conditions. As a consequence, the aim of prevention is not necessarily seen in abstention from substances.

The main challenges of the interventions relate to the friction between the sanitary culture and the penal system culture. In Italy the health competences within the justice system have been transferred to the health system, but this transfer has not been fully addressed, yet. It is always the judge who decides the program for the defendants who have also drug problems, though he has no health competences. What is odd is that even some young people perceive the punishment approach more effective, in a way confirming their need of building or re-building a system of rules and values. Indeed, not all the young offenders have the instruments to understand and take advantage of innovative interventions, which mainly focus on psychotherapy aimed at learning how to manage emotions.

A crucial topic is also that the access to alternative measures is not equal. A special concern is about illegal immigrants who have not the guarantees necessary to access to alternative measures. Furthermore, their consumption and crime careers are closely linked to their immigrant conditions – clandestinely, lack of job… - where drug use often represents a self-medication strategy.

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