WP5 2nd COUNTRY REPORT

Poland

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1. RECRUITMENT AND SAMPLE

A step-wise approach was applied to recruit respondents for interviews within WP5 activities.
First, we intended to initiate recruitment among participants attending two selected interventions identified in Poland, namely CANDIS focusing on cannabis consumers aged 16+ and Fred Goes Net (FRED) targeting drug consumers aged 14-21 years with possible extension to 25 years. Both interventions underwent evaluation and are widely applied in Poland for young drug consumers who are in touch with the police or criminal justice system for juvenile delinquents as an alternative to more punitive, criminal measures.

Several NGOs reported applying both programmes in Warsaw. FRED is a short group intervention supposed to last not longer than two days. Our first attempt was to interview its participants just after completing the second day of the intervention in a drug NGO in Warsaw. Unfortunately, of 10 teenagers who started the intervention on the first day only three completed it and two of them were eventually interviewed. Since then appointments for consecutive interviews were made individually thanks to assistance from NGO people having still contact with individuals who completed a given interventions. All in all, eleven interviews were carried out with young people from FRED intervention: two from initial attempt in Warsaw, five from a residential educational centre for juvenile offenders in Warsaw and four from drug NGO centre in Gdansk, at the coast. As for CANDIS, eight interviews were completed in three different drug NGO's in Warsaw.

Both interventions are funded within temporary grants and contacts with their recipients are terminated after the intervention is completed. As our attempts were initiated in November the budget of grants were exhausted and the NGOs did not carry on any interventions and their access to those who completed the interventions was limited. Similarly, in the beginning of the year new interventions were not launched as the results of the tenders for grants for this year were not announced. Finally, difficulties in re-contacting those who completed the intervention and invite them for an interview may suggest that rapports with the staff during interventions were not trustful enough. Moreover, as both interventions constituted an alternative to more punitive sanctions the participants could feel forced to be involved, perceived the intervention superficial and wished to forget of it as soon and their involuntary participation terminates.

Nine interviews were completed in a forensic psychiatry hospital in Garwolin about sixty kilometres east of Warsaw, twelve – in drug treatment ward in male prison in Warsaw and ten – in drug treatment ward in female prison in Lubliniec approx. 230 kilometres south of Warsaw. The initial recruitment of respondents in all three institutions was made by the therapeutic staff members who organised group meetings with all patients detained who met criteria i.e. were drug consumers aged 15-24. In the meetings, objectives of the study were explained in more details, question of confidentiality confirmed, some questions were clarified. Participants received vouchers valued about 10 EURO each to encourage their involvement and award their time devoted to the interview. In prisons, the participants were offered gifts: in male prison they received coffee and tea while in female prison – cosmetics and chocolate. Participants from prisons and forensic psychiatry were keen to participate as conversation with an external person in closed door institution is attractive as much as gifts offered to encourage participation. All in all, 51 interviews in nine institutions were completed over a period of nine months from November 2017 till September 2018.

Table 1. Recruitment

Recruitment site	**No. of interviews**	**Case studies (selected interventions)**
NGOs, Warsaw	11	Yes
NGO 5, Gdańsk	4	Yes
Educational centre for juvenile offenders, Warsaw	5	Yes
Forensic psychiatry hospital for the under-aged offenders, Garwolin	9	No
Male prison, Warsaw	12	No
Female prison, Lubliniec	10	No

Selection of respondents in NGOs may be biased as staff members who recruited them selected those who were in good terms with them as to have agreed to participate. Therefore, some young people who were not happy with an intervention or who could have critical opinion either were not contacted or did not agree to participate. Similar bias could not be suspected in the closed-door institutions as practically all inmates who met our criteria agreed to be interviewed. However, the respondents there could be suspicious that their answers and opinions could leak sometimes to the staff, even though they were assured about confidentiality and anonymity of their interviews and gave informed consent to participate. On the other hand, all participants had to confirm reception of vouchers or gifts, including their signature and personal identification number what had to be done to meet book-keeping purposes.

All interviews were carried out by researchers from the EPPIC team, two sociologist and one psychologist. According to our impression the respondents were sincere and willing to co-operate. Nevertheless, responding some questions on relationships with the staff, other inmates, drug and alcohol consumption in prison the respondents were hesitant and more than modest. Practically neither of them confirmed drug use in their present prison.

More detailed sample characteristic is presented in table 2. No respondent could be considered a migrant. As can be seen from the table men dominate the sample. Female, however, are overrepresented as they constitute minority in the closed door institutions in general. Having close to 40% of women in our sample has to be attributed to ten inmates interviewed in a female prison. Moreover, girls seemed to be easier to recruit by NGO staff. The age range as assumed was 15-25 with majority of 60% being young adults aged 18-25. The respondents seemed to be alone in their lives as only 12 of them confirmed currently having a partner and 8 – having a child. Finally, level of education was relatively low with majority having primary education and only 4 with university level education. From a more detailed analyses we learn that majority with primary education began post-primary schools, including vocational, technical and general secondary schools.

Table 2. Sample description. Socio-demographic data

Gender	Age	Partner	Children	Education
Male – 31 Female – 20	15-17 - 20 18-25 – 31	Yes - 12 No - 39	Yes – 8 No – 43	None – 1 Primary – 34 Secondary – 12 High – 4

The respondents committed a variety of offences. All of them could be prosecuted for drug possession which is a criminal offence in Poland but only four confirmed that major reason for their “touch” with criminal justice system was formally related to drug possession. Few more admitted that drug dealing or drug trafficking caused their involvement in criminal justice system. Many younger respondents were blamed for demoralisation which included truancy, aggression, violence against peers combined

with drug or alcohol abuse. Older ones, in particular those interviewed in prisons committed more serious crimes such as assault, robbery, burglary. Thefts to pay drug purchases were reported by almost everyone even though less than half confirmed that thefts were formal cause of their “touch” with criminal justice system. It is difficult to come to a typology of their crimes as almost every second respondent confirmed at least two offences, in particular adult respondents with longer criminal career. Therefore, the first column in table 3 does not sum up to the number of respondents. For about half of the respondents current penalty was not a first one, in particular among those with prison sentence where about three quarters were penalised second or third time.

Table 3. Sample description. Information about crimes and penalty

Type of crime	First penalty	Measure
Theft – 15 Violent crimes (e.g. robbery, assault) - 9 Aggression – 6 Drug possession – 5 Drug dealing or trafficking - 4 Burglary- 3 Other (demoralisation, truancy, alcohol abuse, extortion, failure to pay loan, searched by the police) – 5 No penalty - 5	Yes – 16 No – 25	Prison – 22 Forensic psychiatry – 9 Educational centre for juvenile offenders – 4 Alternative measure (psycho-social interventions) - 16

On the pages to follow the results of the study will be presented. As our sample seems to be more heterogeneous than expected we present most of the results separate for each intervention, then for forensic psychiatry and then for male and female prison.

2. RESULTS

2. 1 DRUG CAREERS

ONSET OF DRUG USE

CANDIS

As it could be expected in the intervention targeting marihuana consumers, all respondents from CANDIS started their drug careers with marihuana during their post-primary school; the age varied from 14-15 years to 17 years. Only one respondent initiated his marihuana use when became an adult - 18 years old. He justified his late onset. *I promised myself that I would have tried when I were 18 years old. I was aware of risk of dependence when I would have done it earlier* (PL_07_CS1_M_24)[1]. Marihuana is considered relatively safe and normalised drug. As stated by one respondent. *Yes, I began with marihuana and remember that I continued a good half a year or even up to one year I smoked marihuana only. I detested other drugs I was even scared of* (PL_04_CS1_M_24). The same respondent attributes drug taking to his family situation. *Earlier I used to flee from my home. My father was alcoholic, my mother was overprotective. I had no acceptance at home* (PL_04_CS1_M_24). For the remaining respondents from CANDIS marihuana seemed to be a part of the lifestyle among peers of their age, they first experiences emerged out of curiosity, by accident. *When I was 16-17 years old. Marihuana. I do not remember it well… perhaps we were in a company of other people. Somebody started to smoke and then offer me a smoke, I smoked and it remained for a longer time* (PL_01_CS1_M_22).

FRED

Onset of drug use was clearly lower: 13-15 years. Most of them started with marihuana but few with NPS or amphetamine. As among respondents from CANDIS intervention, first experiences took place by chance, being with friends in the street or during a home party. Drugs were taken out of curiosity, to impress friends. *I wished to impress others, to be as others … I was curious … I am curious of the world and have to try everything …* (PL_10_CS2_M_14).

Some respondents expected to relax, to calm down after marihuana. *It had to be relaxing experience. I was sitting quietly, laughing to myself. I did bother nobody, no fuss whatsoever* (PL_15_CS2_F_15).

It has to be stressed that NPS became a first drug of this generation. *I was 15 years old. During a birthday party of my friend we got two pieces of mephedrone as a gift. When we were alone at home we took just one line per person. We did not sleep over the whole night* (PL_19_CS2_F_16).

FORENSIC PSYCHIATRY

Range of age of onset became much wider as well as range of drugs. There were few respondents who initiated drug use at the age 7-9 years. *Since I was seven, I smoked grass. I smoked everyday … I was cool. I liked it very much … We ran over the gardens, stealing, laughing … And it had accelerated* (PL_20_HOSP_M_16).

Few respondents, first of all girls, took psychoactive substances to prevent mental problems already in their teen ages. *Friends explained me that NPS are better to deal with aggression … however, after Crocodile I became even more aggressive* (PL_25_HOSP_F_16). Other girl had her first experience during her stay in psychiatric hospital when she was 12 or 13 years old. *There was a friend. his name was Konrad … to please him. He said that it is fine. That after it you have a good trip … he offered me a line and I inhaled it by nose. And then I did everything I could to experience it again. I took hydroxisine bought by friends. I was calmer I felt indulged …* (PL_22_HOSP_F_17).

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[1] PL – Poland, CS1 – case study 1, CS2 - case study 2, HOSP – forensic psychiatry hospital, PRI - prison

MALE PRISON

Marihuana appears to be a gateway drug for majority of male prisoners, in addition to few who initiated with amphetamine and NPS. One respondent had very bad initial experiences with NPS and quickly shifted to marihuana. *When I was 14-15 years old I tried NPS. It was too strong. I had anxiety and depressive states. I did not like it. Then I used marihuana. Initially, from time to time, then regularly* (PL_35_PRI_M_23). Another one, who initiated with NPS at the age of 13 thought that it was marihuana. *First time, I had NPS but thought it was marihuana. I felt very bad, vomited (PL_33_PRI_M_21).* Most of them have very fond memories of marihuana use. *Marihuana at the age of 12. I liked it very much. Company, laughs, giggles* … (PL_30_PRI_M_23). *It began when I was 13, marihuana was everyday, after school. I felt very well after use* (PL_31_PRI_M_23).

FEMALE PRISON

Most female prisoners initiated their drug taking at the age 14-15, few a bit later when they were 17-18 years old. Marihuana was most prevalent but amphetamine, NPS and legal pharmaceuticals constituted also the gateway to other drugs. Marihuana was smoked for hedonistic and societal reason. *I was about 14. I liked to smoke, I liked that state, I liked a company of other people … I was offered marihuana, I was willing to, nobody insisted, I always was attracted by prohibited things …* (PL_46_PRI_F_19).

Initial experiences with amphetamine were also pleasant. *I remember, we went for an excursion … my friend knew someone who had access to amphetamine … and she arranged the amphetamine … she did not ask me for my consent … I do not sincerely regret it, I just licked the drug, I did not feel dependent, it pushed me further, I have very fond memories of that time* (PL_42_PRI_F_25).

DRUG USE PATTERNS BEFORE ENTERING CJS

CANDIS

Most of participants of this intervention stayed faithful to marihuana. However, intensity of its use had grown and experiences with new drugs emerged. Two persons who continued with marihuana only justified in a somehow instrumental way. One respondent took marihuana everyday to relieve symptoms of depression. He admits, that he lost control over smoking. Other respondent claimed, that he performs better his job after smoking marihuana. He works as a varnisher and he's more accurate while painting cars. Marihuana smoking may become habitual and very frequent in company of the same circle of friends. *Then I used everyday, even few times a day. Before the school, during classes, and after school. It lasted almost 2 years* (PL_08_CS1_M_17). Actually, he was afraid of other drugs. Once he tried NPS which pretended to be marihuana, but he felt not well.

Most other respondents from this intervention added other drugs, mostly stimulants and NPS, but did not give up marihuana. For most of them, these were rave drugs used on the occasion of disco parties once a week or once in two weeks. *Of course, nobody stayed with one choice only. Very few persons. And then, there were parties. I left home because of the university, I began to take other substances, psychedelics, I mean as mushrooms, stimulants* (PL_07_CS1_M_24). Intensity of drug taking grows during vacation time. *Late June and vacation time, I practically smoke everyday of great amounts, in addition I had MDMA, ecstasy, amphetamine, mephedrone. Don't remember well, it was during raves* (PL_02_CS1_F_20).

Few persons claimed, that drugs helped them to improve school achievements or relieve the stress related to school. *I took amphetamine and learned a piece of poetry for Polish language lesson. On the next day, I got the best score. I improved my school achievements in two weeks.* (Before amphetamine) *my scores varied between 2 and 4 and I ended school with 4 to 5 scores* (PL_04_CS1_M_24).

Shift from marihuana to other drugs is felicitated by properties of marihuana, that may reduce internal barriers. *Since I was 16, I went on amphetamine… a little bit due to low consciousness. We smoked this grass with some friend and he offered me sample of amphetamine. After marihuana we had different perception… I'd never take this if I had been sober* (PL_04_CS1_M_24).

Unlike other respondents, who didn't know what they really consumed, we had one interviewee who seemed to be an expert in chemistry. He claimed, that he did not use NPS, but research chemicals. He explained the interviewer. *This were not NPS as such. NPS seemed to be various substances, while research chemicals it is 100% of given substance… e.g. metylofenidat* (PL_06_CS1_F_24).

FRED

Participants of the FRED intervention were reluctant in describing the experiences with drugs after onset of drug taking. They seem to use drugs alone to change their mood or performance. *For a period of time I was taking Xanax. I was calm. I could sleep. I felt it to be good for me. Later on I shifted to amphetamine I realized, that amphetamine it is a big shit together with mephedrone. That is why I changed to more expensive drug, like cocaine. I could drink then a lot, e.g. 0.7 litre of vodka* (PL_16_CS2_F_16).

FORENSIC PSYCHIATRY

Young people who were interviewed in the forensic psychiatry hospital, also shifted from marihuana to other drugs and alcohol. Often consumption was followed by psychotic symptoms. *I started to drink alcohol everyday and then I took drugs, because I had no girlfriend. I started to be scared of toilets. I thought that I could be bitten by snake and I'm scared to go to the toilet even now* (PL_20_HOSP_M_16). And thus drug were taken to relieve some mental health problems. One girl claimed that she was not dependent, she took drugs to forget her problems. *I had problems I wished to forget. It was painful that I was left behind by the family* (PL_22_HOSP_F_17).

MALE PRISON

Similarly to the female prisoners, male inmates shifted towards more potent drugs, first of all: NPS, but also stimulant drugs, like amphetamine. *Then, I learned how to use NPS to prevent side effects. For example, I took smaller dozes. I felt fine after NPS, I felt calm. I liked that state. In the beginning, I smoked NPS and marihuana. Then I moved to amphetamine. I liked it more and at the age of 16, I took amphetamine everyday.* (PL_33_PRI_M_21).

Sometimes, shift to more potent drugs was associated with dramatic life events. *After death of my brother, I started to take amphetamine. I lost my brother when I was 14 and at the age of 16 I lost my mom. I commited crimes I had a sense of impunity. I had no contact with my father. He's not interested in me. My younger siblings are in orphanage* (PL_30_PRI_M_23).

Family and social environment also reinforces drug taking. *I got acquainted with company of people who left prison, and started to take mephedrone. I vanished from home.* Intensive drug taking in particular of NPS lead to psychiatric disturbances. *I was not present in home for two weeks. I suffered from anxiety, I had hallucinations, but did not scared me that much* (PL_31_PRI_M_23).
Interestingly enough, only one person reported injecting drugs, like morphine. In addition to injecting morphine, they produced a drug from the poppy seeds, bought in regular shops. Some seeds simply contain psychoactive properties. After soaking seeds in water, you could squeeze the beverage looking as coffee with milk.

FEMALE PRISON

After more or less positive experiences with marihuana all respondents shifted to amphetamine and/or NPS even though some of them continued with marihuana in addition to stimulant drugs. For some of them it was still a pleasant experience. *Then I had cocaine, then various NPS, methamphetamine, I took by lines, then ecstasy tablets. I liked it very much. I liked good parties … I never had unpleasant consequences of drug taking. I could party for three days in a row, take line after line, drink and smoke. I came back, had a sleep and I was OK again … perhaps sometimes when a quality was worse, my head was affected* (PL_46_PRI_F_19). Combination of NPS and marihuana had destructive impact on their health and lives. *I can say that between 16 up to 21 I smoked about 20 kilos. Not always it was clean marihuana, often blended with NPS. The grass smelled as a grass but a trip as if there were NPS or even worse. I often lost consciousness and was brought to the hospital* (PL_43_PRI_F_21). Another respondent who shifted to NPS also reported serious health consequences. *I came to my daughter's cradle who was 6 month old and intended to pet her and woke up in the hospital. I went out of consciousness and had to be reanimated* (PL_44_PRI_F_24).
NPS produced psychotic effects in addition to deterioration of social status. *I heard voices, I felt traced, I started begging* (PL_45_PRI_F_24).

DRUG USE PATTERNS AFTER ENTERING CJS

CANDIS

Participants of the CANDIS programme rarely had direct touch with real criminal justice system. They approach this intervention to avoid penal sanctions or from the genuine will to get rid of drugs. In general, participation in the programme was associated with declining consumption. One respondent confirmed everyday use of marihuana, but in the smaller amounts. His aim is *to have three smoking*

days a week. My father suffers from depression too, I had hard childhood and know that if I would not use, I would have got depression and I wouldn't like to use pharmaceutical drugs and to be treated by a psychiatrist (PL_03_CS1_M _19).

Another respondent, who was arrested, reported very low drug use. *Once I was in this arrest, I stopped overnight and did not smoke* [marihuana] *for first six weeks. Before, I smoked over 1 gram a day, but I had no problems to stop. No problems with sleep or other withdrawal reactions* (PL_01_CS1_M _22). Then, he reported that later on he smoked marihuana during his arrest stay. *It happened about two times. You can get everything, as in the freedom. Yes, you can arrange everything in the arrest* (PL_01_CS1_M _22).

Also, a teenage respondent, who was placed in the special residential school for young juveniles, claimed to reduce marihuana smoking remarkable. He smoked two-three times a year, for New Year's Eve, and during May excursion. However, three weeks before interview, he was tempted by colleagues to buy herb. *I smoked before going to bed and felt that something went wrong. I called my parents. They told me that I have to go to the hospital, what I did. I was almost entirely paralysed. It was very strong NPS* (PL_08_CS1_M _17).

FRED
Similar experience with NPS containing apparently pure cannabis, had one participant of FRED intervention, who attended a residential school for young juveniles. *It was pure marihuana. He told me not to take too much. Nevertheless, I went to the bathroom and took much more than I supposed to. I did not come back to my room and was laying on the floor. It was not clean. It was Lidka, the second most potent NPS. I was out of consciousness, I was crying, I don't remember. I had terrible mental pain. I had psychotic symptoms… While falling down, I had a feeling that I fell under the ground, lower and lower. Up to nothing. I had nothing in my brain. I went beyond nothing, and then, I woke up in the ambulance. I was asking if I was dying, and then again I went out of consciousness and woke up again in the hospital. Therefore, I don't take anything* (PL_18_CS2_M _16).

FORENSIC PSYCHIATRY
Several young people from forensic psychiatry hospital had previous experiences with residential school for young juveniles. Drugs were less accessible, but were available. *I was 15 when I came there, and for the first week I had no access to drugs. But after two weeks, I realized how to get drugs and continue drug taking* (PL_24_HOSP_M _17).
But nobody reported using drugs in this strictly closed forensic psychiatry hospital.

PRISON
In general, drugs are less available in real prisons. Some respondents claimed they did not touch any drugs during their prison term. *My term is 8 year. I have still 5 years to go. I have not used this for 2,5 years* (PL_37_PRI_M _22). Also in female prisons, drugs are not easy to get. *There is no access here. I think that in this therapeutic setting, there are girls who would refuse the drugs. Each one wants to get treated* (PL_42_PRI_F _25).

Reducing consumption during imprisonment is related not only to low physical availability, but also to high prices. *Once I came to the prison, I smoked NPS. I took mephedrone to clonozpam but I had to limit. I don't like NPS. But in the prison these are cheapest ones. However, if you have money, you can get heroine* (PL_35_PRI_M _23). *During first year in the prison I used to smoke marihuana, I took amphetamine twice, but it was too expensive* (PL_31_PRI_M _23).

Poor choice of drugs in prison and poor quality control constitute another risk. *Once I used a drug called "Mocarz"* [Strong man]. *I was very scared. No drug affected me that strongly. It could end in a very bad matter. I don't use NPS any longer. Somebody gave me an offer, but I refused* (PL_30_PRI_M _23).

2.2 INCREASING AND DECREASING FACTORS

INCREASING FACTORS

Several increasing factors can be distinguished in all interviews across different sites: pleasures associated with use of substances, their role in self-medication of problems you cannot cope with without drugs, addiction itself that increases desire and tolerance, family impact, peer influence, economic affordability as well as paradoxical consequences of treatment.

Pleasures, positive effects:
It turned out that it works and works very well, so I was taking more and more. It is still euphoria, there is good humour. I wanted not only to feel good once every week but everyday (PL_06_CS1_ F_24). *Amphetamine was cool at the beginning, I felt well for a while* (PL_16_CS2_F_16). *Drugs gave me a sense of self-confidence, sharpened my senses, gave me a better sexual experience* (PL_34_PRI.1_M_24).

Addiction and its dynamics:
I have a tendency to addiction and I have a tendency to self-destruct. These are mechanisms that I have to get rid of but it is not easy (PL_02_CS1_F_20). *Until finally, I took every day, to function at all* (PL_06_CS1_F_24). *Well, this amphetamine did not work on me anymore, such small amounts did not work anymore. I needed more* (PL_47_PRI.2_F_21).

Problem-solving properties of substances/self-medication:
Increased use of substances was associated with problems that users can not cope with soberly. *Marijuana helped to feel better during depression. At the age of 22, I smoked everyday* (PL_05_CS1_M_24). *The situation I can hardly deal with it sober, so I reach for these drugs* (PL_02_CS1__F_20). *And when I got enough sleep, I got up and was sober and everything started to hit me, these problems. And that's why I reached for more to suppress it somehow* (PL_23_HOSP_M_17). *When I quarrelled with my mum I used marijuana to calm down* (PL_34_PRI.1_M_24). *I came back to my town and I did not manage it completely, I quickly came back to addiction, I started to drink alcohol, I started to take amphetamine back* (PL_42_PRI.2_F_25).

Family:
The family's influence on the use of psychoactive substances was related to several aspects. Respondents mentioned problems in family relationships. *Problems in the family, problems in relationships with parents. In the meantime, the parents began to divorce, so I started to smoke again* (PL_07_CS1_M_24).
One of the participants combined the initiation and then the increase in the use of psychoactive substances with the parents' conservative worldview and related educational methods. *My parents are so conservative, that's why I wanted to free myself from them a little, so I started to take more often and a lot of these substances* (PL_02_CS1__F_20).

Participants from forensic psychiatry and female prison described, very serious family problems, including placing a child in the orphanage, rejection and neglect of the child and sexual abuse as important factor of initiation and then intensification of use. *I was taking drugs, escaping. I escaped from the orphanage to my mother. My mother did not visit me for 4 years. My mental breakdown lasted for a year* (PL_20_HOSP_M_16).
Two of female prisoners talked about the loss of children, in one case they were given up for adoption, in the second case the child passed away. *They went to adoption. I gave up here, all that mattered were NPS, I started to cut myself, I had suicide attempts* (PL_42_PRI.2_F_25). *At the third pregnancy, everything was fine until my son died, then I started to do it again* (PL_44_PRI.2_F_24).

Increasing factor for some of the respondents was parents' addictions. *I had been in a foster family since the age of 5. They took me because my mother was an alcoholic* (PL_43_PRI.2_F_21). For the

other participant, the factor that directly influenced his use was attempts to help the addicted partner. *I found a partner. I tried to help her and I fell apart myself* (PL_04_CS1_M).
Participants also pointed to death of the loved ones. *After my brother's death I started to take amphetamine. I lost my brother when I was 14 years old and at the age of 16 I lost my mother. My mother kept up my spirits as long as she lived. I do not have contact with my father, he is in the therapy, his does not care about us* (PL_30_PR1_M_23).

Peers' impact:
I was in the company where marijuana was an inseparable element (PL_03_CS1_M_19). *I met a friend, I asked where he was going, he said he was going to smoke. I went with him, I took the marijuana's and later I said it would be good to have a shoot. And I took the methamphetamine. And from then until the next treatment, I was literally everyday, literally within a rush* (PL_23_HOSP_M_17). *I got to know the company that came out of prison and started taking the mephedrone* (PL_32_PRI.1_M_21). *In the beginning I used it at discos, every two weeks I met with friends. But then I saw these friends every day and every day we took drugs, as it all became a habit* (PL_42_PRI.2_F_25).
One of the participants pointed out that drug use in the company of peers is associated with leisure time. *As the winter holidays began, then we started to take more often, there was this free time and just more opportunities. And then it's still every now and then* (PL_08_CS1_M_17).
Some respondents talked about their need to gain the approval of others. *I clung to the older peers, I was looking for a position in the city* (PL_32_PRI.1_M_21). *I wanted more entertainment with friends, I wanted to be more entertaining, then I also started to buy friends for this amphetamine to go with them to the party* (PL_45_PRI.2_F_24).

Affordability:
One of the respondents started taking NPS due their lower price and stronger effects. *I started taking mephedrone nasally. Because it was cheaper and stronger* (PL_24_HOSP_M_17). For another participant increasing factor was the first employment and the first own money. *At the age of 19, I gave up my school and went to work. I had my own money and then I already sailed* (PL_37_PRI.1_M_22).

Low detectability:
Marijuana comes out on tests and NPS do not, I started taking NPS. Also a lot (PL_17_CS2_M_16).

Drug treatment:
In the opinion of one respondents, the reason for increased use was participation in the therapy. *After treatment, I took even more. Every therapy was followed by the increased use* (PL_23_HOSP_M_17). For another negligence of negative consequences and rebellion against therapeutic actions also led to increased use. *As I was taking, I did not care about this therapy. I said that they tell me what the consequences are. I know everything so I will take drugs anyway* (PL_16_CS2_F_16).

DECREASING FACTORS

Similar range of factors increasing drug use were identified as decreasing factors, including consequences and feelings after drug use, fear of addition, impact of family, influence of peers.

Negative consequences and feelings:
The factor that prompted the cessation of substance use was the negative feelings associated with the influence of the substance (bad trip). *I did not like smoking. I did not like such drunkenness of mind and ... I do not know how to call it* (PL_06_CS1_F_24). In the case of male prisoners, the factor that led to lesser drug was the lack of expected effects. *I smoked NPS, but it gave me nothing and I gave up* (PL_36_PRI.1_M_22).

The negative consequences for mental or somatic health constituted important factor contributing to less use. *Once a week I took a pill, and as I noticed that it has a big impact on how I felt, particularly mentally, I stopped* (PL_02_CS1_F_20). *I had such a sharp poisoning, 5 days I was unconscious. And after these 5 days it took me a long time to start smoke again*. (PL_03_CS1_ M_19). *I was suffering from coughing, I was uncomfortably breathing* (PL_15_CS2_F_15). *I passed out* [after NPS use], *I was spinning, screaming and I did not remember at all, I had a terrible psychological pain. And later I passed out and woke up in the hospital. So I'm not taking it anymore. Generally, I do not need this* (PL_18_CS2_M_16). *I tried NPS. It was too strong for me. I had depression and anxiety. I did not like. (...) I do not like NPS, but in prison they are the cheapest* (PL_35_PRI.1_M_23).

Knowledge about the negative health consequences not necessarily associated with respondents' experiences was another factor affecting substance use. *I wanted to do something in my life, I knew that it could end in death* (PL_06_CS1_F_24). *I decided for a detox on my own, so that these drugs would somehow flow out, to cleanse my body from NPS* (PL_42_PRI.2_F_25*). I told myself it is pointless. Why to spoil your health. Later, I would overdose somehow* (PL_21_HOSP_M_18).

Fear of addiction:
Some of respondents mentioned the symptoms of increased tolerance and losing control over substance use. *I started to smoke too much and I found that it was not for me* (PL_17_CS2_ M_16). *I lost control over it, I observed increasing tolerance in myself. It motivated me to undertake the treatment* (PL_05_CS1_ M_24).

Family impact:
The participants of the research also talked about the influence of the parents, grandparents and their family reactions to the problem and undertaken activities. *I came generally* [to the CANDIS program] *... because my father convinced me* (PL_03_CS1_M_19). *Mum also watched, once she noticed that I smoke with my friends. And then I decided, I would not have left my friends, but I said stop to drugs and I would not do it anymore. I left marijuana, now I have 17 and I do not take it anymore, only cigarettes* (PL_21_HOSP_M_18). *As I remind myself, when my mother found out* [about the use of mephedrone by her son] *and broke down and went to hospital. I do not want to repeat it again. Dad was terrified too. He did not know what to do, grandma did not all the more* (PL_19_CS2_ F_16). *Alcohol did not come into play at all, I did not like very much at my grandmother's house, because there is a different company there, I felt that I did not fit in with them* (PL_42_PRI.2_F_25). Moreover, participants talked about the influence of the siblings. *I am cheered by the fact that my younger brother is doing well* (PL_32_PRI.1_M_21). Impact of partners was also mentioned. *When I met a girl, there was O.K. for 2.5 months. After a year she found out* [about the problem with psychoactive substances] *and said she would have left me. Then I spent the entire holiday at home, and then went to ballet* [excessive drug use] *until Christmas* (PL_32_PRI.1_M_21).
The factor limiting the use was also the awareness of the drug use consequences for the cohesion of the family. *I realized that I had lost a woman and a child. I started to getting me down. Then, I decided that I had to change it* (PL_31_PRI.1_M_23). Female prisoners talked about the restrictions of use related to pregnancy and then responsibility for children. *I could refuse myself* [NPS use] *for children's sake, to be with children* (PL_44_PRI.2_F_24).
On the other hand, decreasing factor was the knowledge about the consequence of using related to the problem of addiction in the family. *My mom and my dad are alcoholics, so I can see how it ends. I came to the conclusion that I do not want to end this way, I decided that I would no longer destroy my* life (PL_16_CS2_F_16).

Peer influence:

The perceived decreasing factor of substance use was the influence of peers. *I remember that I went to school and my friends wanted to protect me from taking drugs and then I did not have much using drugs friends. I remember that New Year's Eve was the last such an event when I took a lot. Then I met friends who only smoked* [marijuana] (PL_46_PRI.2_F_19). *I met a new company that did not take* (PL_23_HOSP_M_17). One of the participants pointed on negative consequences observed

among peers. *If my friend got more drunk, she was clinging to everyone and she was making a fuss. Then I said myself, why should I go to such events, where there are fights, I come to the party or to the club to have fun, and not listen to quarrels* (PL_16_CS2_F_16).

Positive influence of fellow prisoners was also mentioned. *I talked to people from the cell and they told me not to use it, that it was my chance. Under the influence of drugs, it did not seem to me that I was doing something wrong* (PL_30_PR1_M_23).

Treatment:
Another indicated factor was the impact of treatmen**t.** *I came to a closed centre, in Budy Zosiny. Seven months I was there. Over two years I did not start any drug* (PL_04_CS1_M_24). *I signed up for therapy and for a year I was in Piastów, but I did not finish therapy because I felt strong. I abstained for two weeks and then everything came back* (PL_34_PRI.1_M_24). The influence of therapy and control in the treatment centre also led to abstention from drugs. *And finally, after a long work on therapy, we came to the conclusion that taking is pointless. And now I am against taking drugs* (PL_16_CS2_F_16). *Here at the centre, tests are done and it is not for me* (PL_17_CSP2_M_16). *And finally I came back so stoned that they noticed. Well, they kicked me out of this centre. I was a sober month after leaving. I stayed at home all of July* (PL_23_HOSP_M_17).
The factor limiting the use was also staying in prison. *It was not possible. It was not even possible to smoke there.* [Q. How did you feel with it?] *No, there was a collapse in the first two weeks, but there* were a lot of activities later. You did not think about it (*PL_47_PRI.2_F_21)*.

Life events:
Some of the respondents pointed on the emergence of new perspectives and reflection on participant's future. *And when I found out that I can go to the United States, my point of view had changed a bit, because I realized that I can not smoke marijuana, because it will practically have ruined my plans* (PL_08_CS1_ M_17). *There is no need to smoke all day long, but you need a little bit look ahead* (PL_03_CS1_M_19).

Legal status of a drug:
The factor decreasing substance use described by one of the participants was the change of NPS status to illegal substances. *There was a time when these things* [NPS] *stooped to be legal, so I did not want to have problems with the police* (PL_06_CS1_F_24). Difficult access to the substance was also mentioned. *We have just methamphetamine and there are no other drugs* (PL_23_HOSP_M_17). *There were moments that I did not take. As there was no access somewhere, I did not take it* (PL_47_PRI.2_F_21).

Finally, in several cases limiting the use of one substance was associated with the swift to other drug. *Later, I found that amphetamine is too big shit with this mephedrone, so I switched to more expensive drugs. For cocaine ...* (PL_16_CS2_F_16). *When I started to abuse the NPS, I did not want to drink this alcohol anymore* (PL_42_PRI.2_F_25).

2.3 YOUNG PEOPLE'S OPINIONS AND SUGGESTIONS ABOUT PREVENTION

OPINIONS ABOUT PREVENTION/TREATMENT IN THE SELECTED INTERVENTIONS

CANDIS

In CANDIS, the people most appreciate that they do not have to maintain abstinence to start the intervention, or during the intervention. Young people have the opportunity to choose what will be their aims in the treatment. They can choose between abstinence and the reduction of use.
It's cool for sure that there is no pressure to end marihuana smoking, that when you come here for meetings, you have to be sober for a long time, do not use it, that there is no such coercion (PL_03_CS1_M_19.) *I liked the fact that in this program there was no rigid rule that marijuana is such a substance, it is a terrible drug that needs to be stopped. It was clearly stated that you have a choice - you limit or completely give up* (PL_04_CS1_M_24).

They appreciate that CADIS is a program dedicated to one substance, and the information is focused on marijuana.
Marijuana is not treated like other psychoactive substances, it is not thrown into one bag. The approach also differs from that in other clinics, because here you can decide whether to smoke or not (PL_05_CS1_M_24.)

It can be assumed that CANDIS compared to traditional offer helps to reduce the stigma on marihuana, although young people did not mention it directly. It can be concluded on the basis of this statement. *Previously, I was referred for therapy, but there were people addicted to drugs and other substances so I could not find myself there* (PL_05_CS1_M_24.)

Young people pointed out that they achieved greater insight into themselves, better understanding of reasons for marijuana use and circumstances of use. They found out how to deal with withdrawal symptoms. *'m very happy with this program because it made me aware of many things about marijuana. I remember that in the residential centre I got such information that I have to do jogging when I have withdrawal symptoms. I did not know why. And CANDIS gave me knowledge about it* (PL_04_CS1_M_24.) *It was OK to monitor the use and the opportunity to prepare for those situations, in which I am exposed to be tempted. I think it was very cool for me to think about it* (PL_07_CS1_24.)

They appreciate the relationship with the therapist, his non-judgmental attitude, lack of moralizing, opportunity of a frank conversation, knowledge and experience possessed by the therapist. *I think that the program itself is cool, but I think that the most important is the relationship with the therapist, the relationship with the therapist is more important than the program itself ... The intervention did not give me the thoughts that my therapist gave me. The therapist made me aware that I choose such substance and not other, and why it is so* (PL_07_CS1_24). *I have a lot of strength not to smoke when I come here. On worse days when I come, we work out what the problem is about and later it is easier for me to maintain the goal I set* (PL_06_CS1_F_24.)

For young people, the elements related to the economic and physical availability of the program are important. It is important for them that the therapy is free and available in various locations. *In my opinion, this should be promoted more widely, because my friends did not know that there is such a thing and it is for free and you can choose different locations* (PL_06_CS1_F_24.)

Weak points of intervention are lack of comprehensive care, e.g. psychiatric. Some respondents have paid attention for too short duration of intervention. They are afraid that without the support of the therapist they will not be able to maintain the results they have achieved. Some respondents pay attention to the large amount of materials to be filled. *What would I change? I mean, there was too much filling in the questionnaires for me. I would rather only talk, that would be enough for me, one*

would prefer to write and the other would listen (PL_08_CS1_M_17). *As for the weaknesses of the program, there is no psychiatric background. My psychiatrist recommended me first to use addiction therapy, and then I have to deal with depression, because the effects of depression and marijuana smoking overlap. I would rather deal with both matters at the same time* (PL_05_CS1_M_24).
The program should last longer, because with marijuana it is so easy to return to the starting point again. Maybe there should be one meeting every three weeks after the first 10 meetings (PL_06_CS1_F_24).

FRED

FRED users appreciated that they did not have to talk about their personal experiences and that they had the opportunity to realize better their strengths. *And the second day of the workshop was just so motivational and I just learned a lot about myself, just what are my strong qualities and so on. I knew it, but I did not pay any attention to it…. It was great. You did not have to confess to anything, talk about yourself* (PL_10_CS2_M_14).

Young people appreciate if the person who is providing intervention on the one hand is able to joke, and on the other hand treats them seriously, with commitment. *Generally, a lady had nice approach to us during the intervention. She joked with us and she also talked to us seriously and generally, I learned a lot about drugs and alcohol* (PL_15_CS2_15).

But young people express doubts whether such programs can bring any effects at all. They believe that the young person has to make the decision himself to stop using or reduce drug use. Such interventions are often perceived as boring. *I did not attach much importance to these interventions. I said that if I want to take, nobody will convince me. There are many such programs and specialists talk and talk* **...** **(**PL_16_CS2_ F_16).

OPINIONS ABOUT PREVENTION INTERVENTIONS BEYOND THE SELECTED INTERVENTIONS

FORENSIC PSYCHIATRY

Young people in this department are under the care of a psychiatrist and psychologist. They lack therapy related to their substance use. They do not see any reason to end the treatment in the ward and start another treatment. They would like to be able to combine therapy of mental disorders and substance use. *There is a psychologist and we can talk to her. She is trying to help us but she told me that I must go to the rehabilitation centre after finishing treatment here. I would like to learn how to refuse a substance and learn how to cope with such drug pressure, with the desire to take? Because my stays in addiction centre were short, I did not learn such things, because then I did not care* (PL_24_HOSP_M_17).

Young people would like to have access to a psychologist or other trusted person in case of a crisis who would help them to relieve the tension, cope with difficult emotions. *Sometimes in the evening I need to talk to someone and there is no therapist, no psychologist, I have nobody to talk to, my friend can talk to the other friend… Sometimes I need to talk to someone and sometimes I get angry. I just react with aggression or crying. I do not know how to react. I do not know* (PL_25_HOSP_F_16).

They lack workshops related to addictions, ways of dealing with depression, emotions, and shaping social skills. They would like to have group classes on various topics that are difficult and important to them.

Some young people suffer isolation very much, they miss their families, normal life. For some of them the possibilities of meeting family are limited, among other reasons because of the long distances between the unit and place of residents. Staying in in-patient facility frustrates them; some of them experiencing long-term stays in various types of facilities. *I do not know how to tell you, I've been in different centres since I was 10 years old and it makes me feel depressed that I have to be in these units and I can not deal with it. It is true that where I was before I could visit my family and I enjoyed it, and here I have no permit and I miss a family, I miss what a normal person needs ... What is true, they do not visit me here, my family lives 441 kilometres away. And they also do not have much time, because my uncle works, does something, and my aunt looks after children. I'm a bit tired; I'm bored with being in the centres. I have to stay here longer and it depresses me more. And I would like to.., I do not know how to show it, no one understands that I would like to show that I have changed for the better* (PL_25_HOSP_F_16).

Young people are afraid of revealing some issues fearing penalties that are used by staff. Some of them feel humiliated by being forced to wearing marked clothes. Young people think that some staff steps are too drastic, inadequate to the situation, not humanitarian while a better solution would be to talk. They believe that some of the problems could be solved by the greater availability of psychologists and other staff. I *do not tell them everything I feel, because sometimes it's really hard for me to say what I've been using and what's bothering me, I'm not telling them, I'm keeping it inside. And when it comes to the light we have increased control, we must to wear such tracksuits with the inscription KOPS (National Centre for Forensic Psychiatry for Juveniles). We feel bad then and they (staff) increase us the doses of medicines. Yes, everyone is outraged by this and angry. As they see that we feel bad, they should not ask, just do something, not just straitjacket. They should only talk to us more often, there should be doctors in the ward, not that they have cabinets downstairs. Doctors should have an office upstairs* **(**PL_22_HOSP_F_17).

PRISON (THERAPEUTIC WARD*)*

After imprisonment, young people using drugs or alcohol are not detoxified, so they suffer from withdrawal symptoms. One of the respondents after drug discontinuation suffered depression for a long period. They have to deal with the problem of addiction on their own before they are admitted to the therapeutic ward.

The specificity of conducting therapy in prison is determined by informal rules regulating prison life. For example, the commitment in group therapy is defined by the prisoners situated higher in the prison hierarchy. *Ochronka* [in prison slang prisoners convicted of pedophilia or rape or cooperating with the police] *knows the rules and must follow them. They have to sit on the side during the therapy. We do not make conflicts because everyone is here for treatment* (PL_30_PRI_M_23).

Requirements of therapy or therapy content are not adapted to prison conditions. Staff offer young people things that they are not able to achieve in prison conditions. They propose them self-development, but in isolation, there are no conditions for this. Young people are devastated by incarceration and isolation. They are not able to find positive emotions in themselves. *It seems to me that this therapy is not at all adapted to the conditions of the prison. It suits the therapy conducted outside in freedom, when we are free, we have a choice, we can change something. Here we are closed and the staff requires things that we can not do. We are supposed to feel good, we have to change, we have to control our emotions, we have to self- develop or something like that, but we have no possibility because we are closed. It seems to me that this is out of place all this, but it is only my feelings* **(**PL_46 _PRI_F_19).

Some young people emphasize that they have confidence in some staff members and appreciate the involvement of these people. Perception of staff in general is negative. Some stress that the staff member requires compliance with the regulations from prisoners, but does not apply to the rules himself. Young people do not feel that the staff is really involved in their problems. They report that they face symptoms of stigmatization. *They are here, they do their job and they are absolutely not interested in what will happen to us, how we feel, what we need. Total disrespect, if we want to change something in ourselves, we change it by ourselves* (PL_46 _PRI_F_19). *For them (staff), it does not matter what's happening to us, because we're prisoners anyway, we're nothing to them* (PL_46 _PRI_F_19).

Young people emphasize that those people who want to take advantage of the therapy have such a possibility. Some, however, use drugs or medicines in the therapeutic ward. *I think that if you want it, therapy will help. I have decided that I will give up the problem. This place has its limitations, but if you want, you can. On the group* [group therapy] *you can not say everything, but in individual conversations with the therapist – yes* (PL_37_PRI_M_22).

They see the benefits of both group and individual therapy. Some, however, have a problem with openness during group therapy, particularly at the beginning. *I think that everything is important, because group work gives you the opportunity to see how these people communicate, you can advise something, ask others about something. Then when I get out of jail, I would like to help and talk with others, just to help. Individual therapy is also important, because I will not say much during group therapy, what I say therapist individually* (PL_43_PRI_F_21).

Young people are worried that after leaving prison they will not be able to cope with everyday life; that prison will turn them into the worse people. They hardly tolerate the lack of occupation and isolation from other inmates for most of the time. Some of them would like to be able to work or complete their education. They complain about limited telephone contact with family and relatives. During stay in the therapeutic ward, which is often far away from the place of residence, also the possibility of direct contact is limited. *I'm afraid that prison will change me, that I will run wild. 10 years is a lot. I am afraid of going to freedom, because re-socialization is only on paper. Someone who is sitting must have a purpose in prison. I want to go out and start a family, pay my debts. It is*

difficult to fill this time in prison, there are no jobs. After therapy, I will not have anything. Work is a privilege for the few (PL_34_PRI_M_24). *Here, in the therapeutic ward, I'm staying only 1.5 weeks. It irritates me that the use of the phones is limited here and I have impeded contact with the family* PL_36_PRI_M_22). *An open room helps, if a person is closed 24 hours, it damages the psyche. People are starting to look for impressions. At the half-open ward you can meet others, there is someone to talk to* (PL_31_PRI_M_23.)

SUGGESTIONS ABOUT HOW TO PREVENT USE OF DRUGS/NPS OUTSIDE OF THE CJS

Young people would like to know more about the long-term consequences of using substances. Some consider efficient to give examples of people who have suffered serious harms related to their psychoactive substance use. They emphasize that such interventions should be based on knowledge and not on a moralizing approach, be more focused on raising awareness of lost opportunities. They question whether young people can be discouraged during such interventions. They believe that significant persons or life events may play a more important role.
I think that there should be some more facts about what can happen after many years of taking. Or some examples of people who have experienced something bad. It really convinces (PL_10_CS2_M_14). *Certainly not to bother them (young people) and not prohibit use. I have the impression that when young people use this marijuana or some other drugs, they do not quite realize that time is running out, and it is their most important time in life where if they do nothing now they will stop in one place* (PL_03_CS1_ALT_M_19.) *In my opinion, the young people would have to survive the death of a friend after taking NPS to stop using them. Or an important person must put an ultimatum, but must be really important person. I once had a boy, and I told him to choose whether he prefers me or drugs, then he stopped using drugs. It must happen something in life to stop using drugs* (PL_16_CS2_ALT_F_16.)

OTHER GENERAL SUGGESTIONS E.G. DEPENALISATION, LEGALISATION

Young people feel harmed by the law, because according their opinions possession of substances for personal use should not be punished. They point to the hypocrisy of the law that allows use and prohibits possession. *I have a deep conviction that it is not me who made the mistake, only the law is bad and we have to wait a few more years until it changes. I do not think I'm doing something wrong. Smoking marijuana is not an offence that should be punished. In general, drug use should not be punished. Even use of heroin*. [Q. But in Poland drug use is not penalized] *Okay, but I need to have one to use? I did nothing wrong and realized that I needed to be more careful* (PL_07_CS1 _M_24).

2.4 SUMMARY

All together 51 interviews were completed in nine sites selected for the study**,** including four NGOs, where two interventions were implemented, in forensic psychiatry unit and two prisons. Males constituted majority of the sample. Relatively high proportion of women may be attributed to the fact that girls seemed to be easier to recruit by the staff of NGO's. Therefore, a selection bias can be suspected.

While the respondents from NGO's had relatively less experience in criminal behaviour, majority of respondents from CJS had committed serious crimes; for most of them present incarceration was second or third one.

Onset of drug use differed across different settings. In two selected interventions, it varied from 13 to 15 years, in forensic psychiatry it was clearly lower. Some respondents started their drug experiences as early as being 7-9 years old. Those in prisons, initiated drug use in their early teen ages, female prisoners were more likely to start older than male inmates. Marihuana seemed to be a major gateway illicit substance. For a number of younger respondents, however, NPS or amphetamine constituted a gateway drug. By most of them, first drug experiences were remembered as pleasant. Drugs were used to satisfy curiosity, to lease friends, to socialise. Drug taking, in particular marihuana use seemed to be normalise behaviours.

After an initial period of use, some respondents stayed faithful to marihuana but intensity and frequency of use increased. Majority of them, however, extended their range of drugs and many shifted to other drugs, most of them to stimulants, including stimulant NPS. Still, instrumental use prevailed to enhance energy, to overcome sleep during the rave parties but symptoms of dependence emerged as well as serious health and social consequences.

Against expectations, drug use has not increased among majority of respondents after entering the criminal justice system. Respondents who participated in two selected interventions reported less use or even abstention. This can be due to the selection bias as recruitment to the interventions was performed by their staff members who were more likely to recruit those with whom they succeeded rather than failed in their intervention. Also respondents from the close door institutions reported a decrease in drug use due to strict controls and prices which are two times higher than outside the prison. Some of them, however, attributed their abstention to the therapeutic interventions applied.

Among factors increasing drug use, almost all respondents mentioned the influence of psychoactive substances on their mental state, i.e. pleasant feelings and experiences after use. For most of them problems that users can not cope with soberly constituted an increasing factor too. Very important were also social factors - problems with relations within family and illness or addition of parents or other relatives. Participants also pointed to the use of psychoactive substances by their peers as increasing factor

Decreasing factor mentioned by most of the participants was immediate or long term negative effects of substance use. Social factors were also indicated by most of the respondents such as the influence of the closest family (including children), partners, peers and fellow prisoners. For some of the participants the factor contributing to the limitation of use was the therapy and limited access to substances. The emergence of new life perspectives and reflection on participant's future turned out to be decreasing factors too.

Young people appreciate the friendly attitude and involvement of therapists, the lack of a moralising approach, and the possibility of co-deciding. They acknowledge the new knowledge and skills they gain.

On the other hand, our respondents did not have too many ideas on how to prevent the use of NPS/drug in CJS and outside CJS. What is significant, the respondents do not put too much hope in

the interventions proposed. Rather, they believe that important life events, their own thoughts and willingness to change can lead to changes in their lives.

It happens that they suffer from isolation and unfair treatment by staff. Specialized centres are often located far away from the place of residence of young people, which limits their contact with the family they need.

It seems that there is really little space in these institutions for individual approach to the patient. Patients have many needs that can not be met during interventions. The offer in these interventions is limited, not comprehensive. Some of young people would like to take care of their other problems during the intervention such as education or employment, but close door therapeutic institutions do not offer either school or employment.