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Young People's Narratives: Drug use and criminal involvement trajectories

WP5 2nd CROSS NATIONAL REPORT

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1. Introduction

This report is the third cross-national report of the EPPIC project (www.eppic-project.eu). It is based on comparative qualitative research done by partners in WP5. It follows the first WP5 cross-national report, which focused on a number of case studies of innovative intervention aimed at preventing the use of illicit drugs among young people in touch with the criminal justice system (CJS). After that task, country partners conducted additional interviews with young people aged 15-25 years who were in touch with the CJS, and who had experience of different programmes/measures, such as detention, custody, home arrest, therapeutic communities, probation... The aim was to reach about 40 interviewees in each country in order to:

- analyse their drug use trajectories, and how these intertwine with criminal activities;
- investigate their perceptions about prevention and treatment experiences (innovative and 'standard').

Through analyses of these data, the more general objective was to gain a better understanding about how to address more effectively poly-drug use and use of NPS by young people in touch with the CJS.

2. Data and methods

The WP leader, Eclectica, provided partners with draft guidelines for individual semi-structured interviews. The final guidelines, agreed by all the partners, were used in all the partner countries. The interview schedule consisted of a list of topics aimed at stimulating a spontaneous narrative by the interviewee; the aim was to let his/her vision and interpretations of the phenomenon emerge as much as possible (Leech, 2002). Therefore, the line of questioning was to be used flexibly, with regards to both the order of questions and the wording, and was to be adapted to the interviewees.

Guidelines included two main areas of investigation:

- the drug use trajectory (onset, development, meanings, drugs, increasing and decreasing factors, including the impact of CJS on the drug use trajectory)
- involvement in any kind of drug prevention initiative/treatment path within the CJS (including opinions and suggestions).

To help the interviewees to recollect their drug use trajectories, they were invited to draw a graph and comment on it, focusing especially on changes in their drug use and the factors relating to them. So they were provided with a simplified Cartesian plane, with the timeline on the abscissa and use intensity, i.e. both frequency and quantities, on the ordinate.

In the countries where it was requested, the project and project tools were approved by specific Ethical Committees (Middlesex University Ethics Committee, UK) or by a data protection institution (Danish Data Protection Agency, in Denmark). In all countries confidentiality and anonymity was guaranteed according to current European and national laws; the interviewees signed a consent form that explained the main aims of the research and stated that participation was voluntary and that interviewees were free to not answer any question or to stop the interview at any time. It was important to provide assurance that whatever they said would not have an effect on their ongoing criminal procedure. In the case of minors, each partner acted according to national regulations, so that

in some countries (Italy, Denmark, UK, Austria) the authorization of a parent or guardian was required. To foster the young people's participation, in UK, Denmark, Germany and Poland, some vouchers/gifts were offered to them.

The first phase of interviews – i.e. those based on case studies of innovative intervention – was conducted between September and November 2017; the second phase between April and August 2018.

Interviews were recorded and transcribed. After that, a coding book was developed by the WP leader and circulated, then revised and adopted by all the partners. It included a list of family-codes and codes based on the study aims and the corresponding interview guidelines; but it was also open to the addition of different codes, free codes and memos throughout the analysis, as further information and hypotheses emerged from the data. The aim was to enhance the data comparability but also to detect country peculiarities and differences. After that, all country partners wrote their national reports, following a common report template.

The present report is based on the six national reports and represents an attempt to summarize and compare them. However, it has to be kept in mind that the approach cannot be fully “comparative” in terms of country, or culture, because of the different target groups that were reached in different countries; this was due to the specificities of each national CJS¹ and the availability of different types of services for recruiting interviewees (see Appendix 1). Indeed obtaining gatekeeper authorization and recruiting interviewees was not simple in any of the countries, as it required several contacts with several institutions, not all willing to collaborate for various reasons. For this reason, not all the partners were able to achieve the intended national sample, which was supposed to be 40 interviewees in each country² (Table 1). On the whole, these difficulties show how the CJS remains a difficult research site to investigate with many barriers to overcome.

As a result, we collected a diverse sample of 189 young offenders in touch with the CJS, including target populations differentiated according to penal measures (detention, custody, probation, community-based interventions...), socio-demographic characteristics and conditions (education, work, marital status...). The main characteristics of the final sample are summarized in the following tables. As is shown (table 1), most of interviewees (78.9%) were male, divided fairly equally between the two individuated age sub-cohorts. Most of them had no partners or children and had a low educational level, even considering their young ages. About one third of the interviewees also had an immigrant background, that is, they were either immigrants from foreign countries or second generation immigrants, namely born of parents coming from abroad. Among immigrants there were both those legally present in the country and those without legal documentation.

¹ For more information about this, see the WP4 national and cross-national reports <https://www.eppic-project.eu/the-project/#outcomes>

² More information about recruitment is detailed in the national country reports <https://www.eppic-project.eu/the-project/#outcomes>

Table 1. Sample description – Socio-demographic data

Gender		Age		Partner		Children		Immigrant background	
Male	Female	14-18	19-25	yes	no	yes	no	yes	no
<i>Austria</i>									
22	4	8	18	1	25	1	25	20	6
<i>Denmark</i>									
23	2		25	12	13	3	22	12	13
<i>Germany</i>									
11	1	10	2	0	12	0	12	10	2
<i>Italy</i>									
39	2	3	38	14	27	4	37	19	22
<i>Poland</i>									
31	20	20	31	12	39	8	43	0	51
<i>UK³</i>									
27	11	31	6	10	27	3	34	0	38
<i>Total</i>									
149	40	65	124	48	141	19	170	61	128

As far as the penalty is concerned, it was not always possible to ask what crime the interviewees had committed or to obtain a clear answer; this was due to institutional regulations and the need for privacy. Furthermore, it was apparent that, at the time of interview, some young people did not know exactly what crime they had been charged with, nor how long their sanctions were going to last. Indeed, the penalties were combinations of conditional and unconditional sentences, of pre-trial detention and treatment programmes; some young people were released early on probation to go into treatment. For all these reasons, it is difficult arrive at a precise typology of crimes. However, it is important to note that penalties were related to a broad variety of crimes – from possession of drugs up to attempted murder or violence resulting in death, as well as theft, burglary, robbery, drug dealing and trafficking. In addition, most of interviewees were accused of a number of different crimes and this was not their first experience with the CJS (see table 3). Lastly, only a minority of the crimes were directly drug-related.

Table 3. Sample description – measures and number of penalty

Country	First penalty		Measure
	yes	no	
Austria	8	18	Prison (15) Alternative measures – Out-patient psychotherapy (4) Home arrest (0) Community – In-patient care facility (community-living) (7)
Denmark	5	20	Prison (20) Alternative measures (2) Home arrest (2)

³ In the UK sample, information about age, partner and children was missed for one interview. In addition, there were 9 young people who reported their ethnicity as Black British or Asian British or mixed race. That does not necessarily mean second generation immigrant, however this information was not directly asked.

			Community (1)
Germany	7	5	Prison (2) Alternative measures (10)
Italy	20	21	Prison (29) Alternative measures (9) Home arrest (2) Community (1)
Poland	16	25	Prison (22) Forensic psychiatry (9) Alternative measure (psycho-social interventions) (20)
United Kingdom ⁴	18	15	Prison (3) Alternative measures (35)

3. Drug use trajectories among young offenders

In this section, we report the main results from the analysis of the young people’s trajectories. The purpose was not to analyse single trajectories, but to focus on different specific phases of trajectories (onset, period preceding entering the CJS and period following exit from CJS) to underline similarities and differences in drug use patterns across countries, types of penal measures and sample subgroups. After that, we present a more in depth analysis of factors that can either increase or decrease the use of drugs, with a special focus on the relationship between the use of drugs and being involved in criminal activities.

3.1 Onset of drug use

Most young offenders began their illegal substance use when they were between 13-15 years of age. However the age range is wider and varies according to the setting and across countries. The earliest age onset was found in the Polish forensic psychiatry setting, where some respondents started their drug experiences at the age of 7-9 years. The oldest was reported in Italy, where it went up to 22 years, while in other countries the onset age limit is usually 16.

Almost all the interviewees in all countries mentioned cannabis – either marijuana or hashish – as the first illegal substance they tried. In Poland, cannabis constituted a drug of onset for the majority of respondents; however, a substantial minority of younger respondents initiated their drug use with NPS⁵ or amphetamines. Not all the interviewees talked about alcohol and tobacco; therefore we do not have consistent data on whether and how legal substance use is related to onset of illegal substance use. However, in many cases, the use of alcohol and tobacco accompanied or preceded that of cannabis.

The most quoted context of first consumption was the peer group, made up of schoolmates or friends, some of whom might be experienced in smoking cannabis but also including those who were inexperienced as well. In the case of migrants from countries where not all teenagers attend school,

⁴ Some UK participants had not been charged with any offence at the time of interview and penalty status was not recorded.

⁵ NPS are commonly called in Poland “dopalacze” (literally translated as afterburners). The term denotes a wide range of substances including stimulant-like MDPV, cannabis-like such as UR-144, hallucinogen-like and many others. Most of our respondents used this term alone or less frequently with the trade name. Therefore, in the Polish report they are referred to as NPS.

such as Africa, drug consumption may have happened in the work place with colleagues, as was reported in the Italian interviews. In any case, the onset of cannabis use, was described as a social experience and related to friendship. Furthermore it was described in most cases as an inevitable experience in contexts where smoking marijuana or hashish is an ordinary behaviour among young people. Indeed, sentences like “*Just everybody I know uses drugs*” were really frequent. The normalization of drug use is, therefore, directly associated with the onset of their drug use by most interviewees across countries: everybody used it, so they simply had the opportunity to try.

Accordingly, first order discourses about drug use onset – namely discourses that are not solicited by the interviewer (Allen, 2007) – do not include specific motives to try drugs (a common explanation was, for example, “*they [my friends] passed it [a joint] to me*” (IT_27_PRI_M_18)⁶ – even though they could be attributed by the researchers to curiosity or peer pressure.

“Second order” explanations, that is, “reasoned reasons” provided to the interviewer at a distance of time (ibidem), as in our cases, included two main explanations, which related to the initial perceived effects of cannabis. The first is having fun; in fact, in most cases first experiences are pleasurable and amusing: “*I smoked cannabis together with some friends, it was fun to get high*” (DEN_01). Another second order reported reason to start using cannabis relates to coping with problems and worries, which often concerned mental health problems and/or family concerns. Parental separation and poor relationships with parents are often mentioned and retrospectively linked to the onset of drug use.

If I started is also because of my family, depressed mother at home, my deaf father absent. (IT_20_ALT_F_25)

A minority of interviewees growing up in deprived neighbourhoods could access drugs at home. For example, a young woman reported how she learnt to smoke Heroin from her brother-in-law, while only at a later stage did she get in contact on the streets with other people who smoked heroin.

He made me aware of it, made me interested in what he does and how he does it. (AT_24_PRI_F_24)

There are also cases in which first consumption occurred in a youth residential institution or a secured institution for under-aged youth.

Well that’s how it started, when doing my time in the secured institution. It all started with people showing me how to make my own bong... (DEN_11)

It is worth noticing, however, that not all the interviewees reported being able either to recognize or to appreciate cannabis effects the first time used. Despite this, they all continued their socialization process and learned how to get, recognize and appreciate the effects (Becker, 1953; Becker, 1963). This contributes to framing most of the first experiences within the context of normalized use of cannabis rather than in a deviant context (Williams and Parker, 2001; Parker et al., 2002; Duff, 2005).

* * *

⁶ Quotations – translated in English - are accompanied by a code indicating the country, the interview number, the measure (home arrest - HO, therapeutic community - CO, prison - PRI, other alternative measures -ALT, gender (M/F) and the age (no. of years). The code HOSP was added to the list of measures, only in the Polish case, to indicate the forensic hospital for juvenile offenders suffering from mental disorders. Differently, to further increase the guarantee of anonymity, the Danish quotations are only accompanied by the number of the interview.

To sum up, the interviewees primarily related the onset of drug use to cannabis and friendship, in a normalized context where smoking cannabis is largely taken for granted, therefore not even related to specific motives. All interviewees found access to cannabis easy, especially through friends. This is common to all participant countries, including Poland, where, however, a significant number of first experiences are not related to cannabis but to NPS and amphetamine.

3.2 Drug use patterns before entering the CJS

The use of **cannabis** became common and quite extensive among almost all interviewees in most countries, with the exception of Poland. Doses changed among interviewees and over time; however, many interviewees ended up smoking joints instead of cigarettes, many times a day, reaching in some cases 10 grams a day.

An important reason for continuing smoking cannabis was to stay connected with drug-using friends. As previously mentioned, most interviewees considered using cannabis as a ‘normal’ activity, a lifestyle; and cannabis was largely available.

It is like smoking cigarettes. (DEN_8)

Then I used everyday, even a few times a day. Before school, during classes, and after school. It lasted almost 2 years. (PL_08_ALT_M_17)

All the interviews underline the role of perceived pleasure in maintaining this habit, a concept that includes different kinds of pleasurable effects such as relaxing, disinhibiting, and, more generally, the impression of being able to appreciate more intensively any other activity.

Everything is so relaxed when I smoke weed. Everything is so beautiful then, especially when you watch action movies in the night. It’s so intense when you smoke a joint. That’s why I smoke and I also can sleep better then. (GER_07_CO_M_19)

However, the pleasurable reasons for smoking cannabis were often strictly associated with two main underlying “negative” motives, namely 1) perceived stress, which often also caused problems sleeping, and 2) boredom due to an unstructured daily life.

First of all, young interviewees reported the use of cannabis as a tranquillizer in all 6 countries. Reports of problems cannabis was used to escape from were, however, very different, varying from those with parents, school or partners – reported by a majority – to mental health problems, above all depression, but also aggressiveness.

I don’t take my ADHD medication. It gives me a ‘downer’, the medication. So, I have chosen not to use it, and smoke cannabis instead. It helps me when I smoke cannabis. (DEN_18)

I smoke marijuana to reduce stress in my brain, I used to get very aggressive and then I hit them until they bleed. When I smoke I keep calm”. (AT_4_PRI_M_18)

When people came to me and simply looked at me, I directly attacked them. I did not talk. But this changed when I began to smoke weed. I was always relaxed then und there was no stress anymore. I never looked at someone anymore or things like that. (..) When I don’t smoke weed, I have to hit someone. So I have to decide: Do I smoke or do I hit the one who crosses my path? (GER_06_ALT_M_18)

In our sample there are also young people who had regularly been witnesses of violent acts that seemingly traumatized them and they saw cannabis as a means to cope with these experiences.

Last year, for example, I had brawls every day - every day, really. Not just a bit of nudging, but hard brawls (interview partner shows off his scarred fists). It's not that I want it this way, but there are too many people out there who look askance at you and try to beat you. And I really don't like that and I guess smoking weed eases me. It's really good to come down when shit happens all the time. (GER_11_ALT_M_17)

Secondly, the 6 reports emphasize that many interviewees attended school irregularly and were not very interested in it; others could not find a job; accordingly, they described their daily lives as mainly consisting of hanging around in the streets or parks which is perceived to be somewhat frustrating by most interviewees.

I'm hanging around, you know. I meet these friends and those guys and then we hang around together and see if something happens. We smoke weed and sometimes one of us knows of an opportunity to make some money. Or we do nothing, and that's too boring. I don't know what else to do. (GER_10_ALT_M_16)

Cannabis was also reported to increase self-confidence and increase performances. One brilliant university student used to smoke in order to prevent anxiety and study better (IT_14_ALT_M_20); another reported that it gave him “*much self-confidence, both in terms of image and psychological self-confidence*” (IT_13_ALT_M_21). Another interviewee, in Poland, claimed that he performed his job better – painting cars - after smoking marijuana.

Most of the interviewees continued to use cannabis and never abandoned it, at least until they entered the CJS, largely because they considered its use safe and “normal”, even though, retrospectively, some could also see some adverse consequences, especially in terms of experiencing problems with concentration and – as they defined it - laziness. At the time of interview, a significant part of the sample had only used cannabis – especially in Italy and Germany – but the majority had also started to use other drugs. In Denmark and Italy the most commonly used drug after cannabis – and often in addition to it – is cocaine. In both countries, the large majority of interviewees reported the pattern of combined use of **cannabis and cocaine**. In many cases, they reported daily use of cocaine as well as of cannabis. And also cocaine seemed to be very available, at least in certain contexts.

I was on a street where all were drug dealers, I was looking for hashish and they told me 'No, there is only crack' and by the time I finished (walking down) the street I wanted cocaine. (IT_27_PRI_M_18)

Most frequently, the interviewees reported using cocaine only in social situations and together with friends. While cannabis was used to calm down and get to sleep, cocaine was used for being more active and “*staying awake*”, during a night out, or in a work situation.

In narratives collected in Italy, cocaine is also associated with loss of control and crime, since it makes you “brave” and “aggressive” (IT_34).

You like cocaine because it activates you, but you don't reason anymore with your brain, you do anything. (IT_12_ALT_M_22)

Other reported reasons for using cocaine partially overlap with those for using cannabis, that is, to “enhance the atmosphere” of a night out and to “avoid boredom”.

Furthermore, according to the interviewees, cocaine is a more powerful means to escape problems and an effective painkiller. However, within a brief period, the main reason for using cocaine can become its addictive power, which is mainly psychological, as emerges from the following quotation.

As long as you snort it every day for a week, it is not leisure, it becomes a habit. You want to remove the pain. Your head hurts, your spine hurts, your heart hurts (...) if you want to quit, you suffer. You suffer physically, but more mentally, because you are always obsessed with it. (IT_35_PRI_M_23)

When cocaine users turned to smoking **crack**, the “*sense of omnipotence*” (IT_20_ALT_F_25) became even stronger, as well as the addictive power and unwanted consequences. Within the Italian sample, crack users are frequent especially among prisoners and immigrant interviewees. Indeed, many of them had been imprisoned during a peak in crack use, which can be 3-4 days of continuous smoking, without sleeping.

As regards other substances, it is worth noticing that only a minority of interviewees in all the reports are **poly-drug** users – that is, they consume regularly more than one type of illegal drugs - and even fewer used **NPS**. A little more numerous are those who had used drugs other than cannabis and cocaine but not in an extensive way and not regularly. However, this general picture conceals cross-national differences regarding the spread of certain substances:

In *Austria*, all interviewed women used heroin. Some interviewees mentioned that they at least tried any kind of drug they got their hands on, but then usually settled on one or two. Most young people in the Austrian sample had occasionally experimented with NPS, but they rarely developed an addiction to those “party-drugs”. However, for some, dealing with NPS became a habit when they ordered it from the dark-net, which is considered less risky than dealing on the streets, since personal contact is avoided.

It is safer to order drugs from the dark-net than to deal in the streets. No police, and no physical fights. (AT_19_PRI_M_19)

In *Denmark*, a few poly-drug users mentioned ecstasy, amphetamines, GHB, different kinds of hallucinogens, benzodiazepines, or other kinds of prescription drugs. No interviewees reported heroin use or injecting drug use, which were negatively represented and linked to “extreme marginalized” people. Heroin use as well as injection as a mode of administration were also associated with loss of control and attributed to “others”. No interviewees mentioned NPS use.

In *Germany*, the most reported illegal substances besides cannabis were cocaine and speed (amphetamines); but with the exception of cannabis, the interviewees did not seem to associate much pleasure with these substances and, consequently, only experimented with them. Only two interviewees (GER_2; GER_3) reported that they tried NPS once (spice in both cases), but experienced this use as very negative and, therefore, never wanted to try NPS again.

In *Italy*, poly-drug users represented about a quarter of interviewees. Some of them used only heroin, in addition to cocaine and cannabis, to counteract the unwanted effects of cocaine, such as insomnia. Others, besides the abovementioned substances, had occasionally used stimulants (amphetamine, methamphetamine, speed), dissociatives (ketamine) and/or psychedelics (ecstasy, mushrooms). The use contexts for these substances are generally disco clubs and rave parties and their use is associated with recreational purposes. A few exceptions included interviewees who tried psychedelics with psychonautic purposes, such as personal development and curiosity. Among reported drugs there are also prescription drugs, the most quoted being Rivotril, an antiepileptic drug belonging to the family of benzodiazepine. Its use is generally associated with homelessness (IT_36), but someone used it also during techno-parties. Intravenous methadone was also reported. Alcohol is often used in addition to other drugs, with the exception of many interviewees who used only cannabis and did not like the effects of alcohol, especially when combined with cannabis. NPS representations were by and large negative and even those who regularly used cocaine and/or heroin considered them risky.

Only 3 interviewees out of 41 used any NPS, while most of them never did it, either because they never had the occasion to or, mostly, because they were not at all interested in synthetic drugs. Substances reported are Amnesia (a synthetic cannabinoid), PCP (a synthetic hallucinogenic substance based on piperidine) and crystal meth. All these NPS had only been used occasionally during raves (IT_35) and disco clubs (IT_6). Some of our interviewees did not even know what NPS are.

In the UK, many participants had used other drugs including ecstasy, cocaine, ketamine, prescription drugs, crack cocaine and heroin. Use of drugs such as cocaine, ecstasy and MDMA⁷ (“party drugs”), tended to happen on weekends. Two participants were also past heroin users and this was reported as being daily, sometimes supplemented with prescription drugs. A few participants had tried NPS, namely synthetic cannabinoids and N-BOMBs (a synthetic hallucinogen), but this was usually a single, one-off, experience that was not tried again due to adverse effects of the substances on themselves or friends. Some drugs were perceived to be “better” or “cleaner” than others in terms of their effects on the individual and their social reputation. For example, in the UK, NPS, in particular synthetic cannabinoids (e.g. Spice), have become primarily associated with the homeless population and with prison populations which may have added to the negative attitudes towards these types of drugs among young people.

That’s what brought on my panic attacks, ever since I took Ching [synthetic stimulant], I always took panic attacks since that, legal highs are really dangerous.
(UK_12_ALT_F_18)

In comparison with other countries, in Poland most of interviewees used other drugs besides cannabis, mostly stimulants – above all amphetamines – and NPS, which Polish interviewees referred to either with one term “dopalacze” or with street commercial names. This seems to indicate a low degree of knowledge about active components. For most of them, these were rave drugs used on the occasion of disco parties; for these reasons we can deduce they are mostly stimulants and hallucinogens.

Then, I learned how to use NPS to prevent side effects. For example, I took smaller doses. 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 every day. (PL_33_PRI_M_21)

Some interviewees reported being unaware of using NPS, since marijuana is often blended with other synthetic substances. Various types of adverse consequences of NPS use were mentioned, among which were loss of consciousness and mental health problems.

I can say that between 16 up to 21 I smoked about 20 kilos. It was not always clean marihuana, often blended with NPS. The grass smelled as grass but a trip felt as if there were NPS or even worse. I often lost consciousness and was brought to the hospital.
(PL_43_PRI_F_21)

Interestingly enough, only one person reported injecting drugs, like morphine. In addition to injecting morphine, a drug from the poppy seeds was mentioned, bought in regular shops.

* * *

⁷ While deriving from the same active ingredient, sometimes interviewees, especially in the UK, consider ecstasy and MDMA different substances. They referred to ecstasy as a pill that is ingested and used as a party/rave drug, to MDMA as a powder or liquid that can be ingested, snorted or smoked.

To sum up, the most used substance among the whole sample was cannabis; for many interviewees that became daily significant use for many reasons going beyond the reasons that led to first consumption. Indeed pleasurable reasons for smoking cannabis were often strictly associated with other main underlying “negative” motives, namely perceived stress, which often caused additional problems with sleeping, the boredom of living an unstructured daily life, and the need to cope with violence, loneliness and/or traumas. Besides cannabis, the most quoted substances depended on the country. In Italy and Denmark, the second most widespread illegal substance was cocaine, often used in combination with cannabis because of its complementary effects. In Italy also, the use of crack and heroin were widespread among interviewees; while they were not found in Denmark. On the whole, poly-drug users represented a minority of interviewees in almost all the countries, with the exception of the UK and Poland. Furthermore, in all countries except Poland, only a few interviewees ever used NPS, while almost all had a negative attitude towards synthetic drugs and considered them very risky. On the contrary, the use of cannabis is largely considered as safe and “normal”, even though some negative consequences were also mentioned (difficulty in concentration and low energy).

3.3 Drug use patterns in the CJS

Variation of drug use patterns in the CJS depends mainly on the type of penalty (basically detention or alternative measures), but differences across countries were also noticed. Three main drug use patterns - quitting, decreasing, persisting - will be described with reference to these different types of penalties.

Quitting patterns

Quitting patterns were reported mainly by prisoners. In Austria, Italy and Poland, many interviewees detained in prison said they had quit using drugs after entering the CJS – despite the fact that drugs were commonly maintained to be available. This stance could be summarized, therefore, as “*I could continue to take drugs, but I’m not interested*”, for many reasons. In the data, a recurrent feature is that being in prison represented an occasion to quit, something that is not easy outside, where drugs are constantly around.

When I was in prison, I could easily do without drugs, but when I got out, I met my old friends and started again. (AT_11_OUTP_M_24).

For this reason, many Italian interviewees did not accept even pharmacological therapy when it was offered, while others, who initially accepted prescription drugs, autonomously decided to quit after a while. Generally, the Italian interviewees were very critical towards prescription drugs, which are provided with generosity in prison - such as sleeping pills, painkillers, anxiolytics – as well as towards substitution treatment (buprenorphine, methadone) and think that prescription drugs are even worse than illegal substances in terms of unwanted effects and addictive powers.

[There are] people who used drugs outside and in prison; they start with methadone, and Subuxone, and then they are not able to quit. (IT_05_PRI_M_24)

As a result, several interviewees did not declare themselves as users to the prison health authorities and/or they refused any type of therapy, therefore choosing to go through a period of abstinence without external help. It is worth mentioning that many of them, even daily users of cocaine or heroin, did not describe this as a big issue.

A different stance was found in Poland and in Austria among female detainees who claimed they wanted to take advantage of the opportunity to be treated.

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)

Before I build shit somehow and do this [taking drugs] unofficially, I let myself be treated officially [with substitution], then nothing can happen. (AT_26_PRI_F_24)

Only a few interviewees in Denmark talked about cessation as being permanent, or as self-chosen. With respect to cessation, not only treatment – drugs or psychotherapy - but also access to a gym can represent an opportunity to detoxify.

I could suddenly see that I looked like a big loser. I was in a ward were we could use the gym a lot. I started spending a lot of time there, and became good friends with someone my age, who also trained a lot. We helped each other a lot. (DEN_12)

Prison drug policy is another main motivator to stop using drugs. Indeed, in all partner countries, using drugs is forbidden and violations of this norm can impact on the duration of the sentence and rights of prisoners, such as leave permits or having a job inside the prison. It is worth mentioning, however, that in many cases this stance was reported by interviewees after having been imprisoned several times.

The first year I was imprisoned, I smoked a lot. I did not care, since my sentence was not passed yet. But when I got my sentence, I stopped smoking and did not smoke for 2 years. Only when I was released, I started to smoke again. You have to stop smoking when you have got your sentence. (DEN_06)

In the UK sample, just three participants stated that becoming involved in the criminal justice system, and the risk of future involvement, was motivation for them to stop using drugs. For example, one male respondent aged 17 believed that being on an electronic tag had kept him out of trouble, allowed him to access services and enabled him to get a job

I think it's actually been better. If I wasn't on a tag, I think I would have been out on the streets more. I would have been up late. I wouldn't have had like a clear mind... I don't think I would be working where I'm working right now.... I don't think I would have took [the name of the organization] help on. Because [they] have actually been really supportive. I mean they got me that job. (UK_13_ALT_M_17)

However, for most of the UK participants, there was little clear reference to links between drug use and criminality, even for those who had some experience of selling drugs.

Finally, in the Austrian sample, several prisoners reported that family events during their imprisonment had been responsible for a complete change of mind. These events were much stronger than any therapy in the debate about drug use:

[While I was in prison] my grandmother died, and I realised that I missed a chance to see her because of my stupidity. (AT_22_PRI_M_19)

Decreasing patterns

With reference to entering the CJS, a decreasing pattern of drug use is the most frequently reported across countries. All the national reports emphasize that despite the fact that getting drugs is generally considered easy by the interviewees, availability is not as high as outside the penal system, and this

is a primary reason for reducing consumption. Even though in Denmark almost all interviewees said that getting cannabis was easy, they also mentioned shifts in its availability.

Well, even though I smoke in here, you need to look at the circumstances. The amount I smoke in here in a week is what I can smoke in a day outside. (DEN_10)

According to reports by the interviewees in Italy, drugs availability seems to be easier in big prisons compared to smaller ones; at any rate, it was frequently reported that illegal drugs can enter prison by different ways such as leave permits, ingestion, corrupt assistants, and drones.

In some cases, interviewees stated that a decrease in drug use was not directly related to the experience of being convicted. Rather, it was linked to their maturation and free will to change their drug use due to its negative side effects. This change did not mean stopping all substance use completely, but usually using only cannabis and using lower quantities.

Reducing consumption during imprisonment is related not only to lower availability, but also to higher prices, as reported by a Polish interviewee. This can lead to a **change of substance** towards cheaper and less quality drugs, and increase the risk of using NPS, which are also drugs of choice in the Polish prisons because are less detectable in urine tests.

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_M_23)

Another case was reported in the UK where one participant used spice regularly while in prison but stated he did not use it, or want to, when outside of prison. This is consistent with what was reported by professionals in the previous UK study⁸, that only prisoners and homeless people regularly used NPS. Some UK participants also linked their substance use to their arrest (e.g. becoming aggressive while under the influence and being arrested for assault), which had influenced their decision to reduce or stop using substances.

Another substitutive of traditional drugs are tranquilizers and other medications. A young woman in Austria reported how, due to this supply, it was not easy for her to remain “stable” (AT_25_PRI_F_19). In Italy and Denmark, the most frequently quoted substance used in prison is cannabis, which means that many users changed their substance of use when entering the system. This could be a consequence of different availability for different substances, but it is also reported by the Danish interviewees as linked to the desired effects of the drug. Indeed, cannabis and tranquillizers are seen as “more suitable” for prison life compared to stimulants like cocaine or amphetamines, since feeling stimulated or not being able to fall asleep is not a desired effect of drug use when imprisoned (cf. Frank et al. 2014, Kolind et al. 2016).

Also under alternative measures, such as home arrest, probation and community-based penalties, some interviewees tried to decrease their drug use, especially as a function of the sentence. In these cases, since drugs continued to be highly available, young offenders had to adopt self-regulation strategies. The main strategies mentioned were: to cut relationships with friends who were users, limiting use to the evening, increasing physical activities and sports. In Italy, an interviewee reported trying to smoke legal cannabis, with a THC content of less than 0.6 percent, but urine tests resulted positive.

⁸ See the UK WP4 Report

https://www.eppic-project.eu/wp-content/uploads/2017/04/FINAL-WP4-country-report-England-and-Wales_Updated.pdf

Persisting pattern

If motives for decreasing use are similar to those for quitting (taking the opportunity and fear of consequences in case of being caught), motives to continue to use illicit drugs in the CJS are somehow the same as for using drugs outside it, with the addition of the stress directly due to being in this system.

The experience of having been “caught” and having troubles with the justice system seemingly can increase or at least reinforce drug use. Many interviewees across countries, especially those under alternative measures, continue to use drugs either because they are trying to avoid control or because they do not consider this issue to be too important with respect to the final sentence. This is true especially for “only smokers” of cannabis, because this substance was often not seen to be harmful or problematic and for some young people there was, therefore, no motivation to stop. But also, as reported from Denmark, people in remand prison, waiting for their sentence to be passed and not allowed to go on leave for the weekend anyway, did not care about the possible sanctions.

Anyway, under home arrest, therapeutic communities and other community-based measures surveillance is less strict and there are more occasions to use, namely permits and visits. For this reason, in therapeutic communities as well as in prison, young offenders can experience new substances, as this example from Italy shows.

INT: Did your first experience in community help you in reflecting?

No, because there they made me try pills that sincerely I did not even know the name of (...) I went to the therapeutic community to change, and I did not change at all there.

INT. Who made you try?

These boys who took these pills that were opioids, like speed

INT. But were they with you in the therapeutic community?

In that therapeutic community you could enter secretly. (IT_41_CO_F_18)

Where they are widely available, like in Poland, NPS can present a good option to avoid drug testing.

Marijuana comes out on tests and NPS do not, I started taking NPS instead. (PL_17_ALT_M_16)

All in all, main reasons for persisting to use drugs in the CJS are:

- to cope with the stress of not being free
- to cope with solitude
- to be able to sleep
- to cope with boredom (especially in remand prisons)
- to have a good time with inmates.

* * *

To sum up, the impact of the CJS on young offenders’ drug use trajectories can result in different patterns. In the majority of cases, convictions and penalties seem to have a decreasing effect on consumption of illegal drugs, mostly because of reduced availability and the fear of sanctions. In some cases, on the other hand, the stress caused by being in trouble with the justice system may even lead to increased consumption or – as reported in Poland – to switch to less detectable drugs, such as NPS, which may actually increase the risk of adverse unexpected consequences. Lastly, some

interviewees – who are a minority – claimed to have quitted drug use after entering the CJS. Sometimes this is described as a personal decision, resulting from reflection and maturation. This is reported especially by older detainees after several detention experiences, but also by young interviewees when first getting into trouble with the justice system.

3.4 Increasing factors

In this paragraph we summarise and discuss events and circumstances that the young interviewees directly or indirectly associated with an increase in their drug use. These can be framed into three main broader categories: life context, life events, and factors inherent to substances. In the following section, for convenience, we present them separately, even though they are all interrelated.

Life context and relationships

With respect to life context, the **family** obviously plays a main important role in drug use and sometimes also in its increase. Many interviewees, across all countries, talked about their family problems. This can vary in nature and be more or less severe, as lack of attention and rules.

I lived with my mother, and there were no boundaries. She never said 'hey, you need to be home at this time'. This did not exist, so I looked how far I could go, what I could do, and this is how far it developed then. (AT_24_PRI_F_24)

What was reported is a high number of interviewees with separated or absent parents and possibly problematic relationships with parents, adoptive parents and stepparents.

Things could have been different if my father had not left me out: 'Do what you want'. I mean, one who is 15-16 years old is not entirely aware of what is going on. But since my father used to say: 'At the age of 12 I was already doing, doing, doing...' right? 'Everyone had to be', 'I was not like that', I went more and more, more and more with hashish, then from hashish it became both hashish and cocaine. (IT_2_PRI_M_19)

But there are also stories of abandonment, violence, sexual abuse, parents' substance use and addiction. This pattern was typically reported by interviewees who also had mental health problems, for whom drug use represented an attempt to cope with such suffering.

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)

Some interviewees did not hide the fact that using drugs was quite normal at home, and in some cases relatives had already been involved in drug trafficking, too:

When I first smoked marihuana, I stole it from my dad. [...] Now he gives it to me if I want some. (AT_19_PRI_M_18)

Not only families, but also **neighbourhood and community** play a role in increasing consumption, including economic deprivation, disorder and incivilities, poor neighbourhood integration, and level of gang activity. A young person recalled how a neighbour in the social care home brought her into contact with drugs, which in turn brought her in contact with drug dealers (AT_25_PRI_F_19).

Friends not only play a role in terms of onset of drug use, but also in terms of increasing use. For instance in Italy and the UK, starting to attend music clubs, parties and concerts was reported as an increasing factor especially with regards to stimulants and psychedelics.

Also reviving old friendship groups (e.g. after prison) can easily restart drug use after a period of abstinence:

Visiting friends I used to know and with whom I used to drink and smoke [cannabis] made me fall through, and suddenly I hadn't done anything else but drink and smoke for 2 weeks. (DEN_01)

I got to know the company that came out of prison and started taking the mephedrone. (PL_32_PRI_M_21)

The **work environment**, as well as **school**, can also increase consumption, for instance with the purpose of coping with boredom, or to increase performance.

I started to work in the construction business, and then my use increased a bit. I took some at work, to keep myself going. (DEN_04)

However, it is the lack of a job, rather than the job per se, that is the main issue. This is crucial especially for immigrants interviewed in Italy, who reported a vicious circle due to the fact that getting a job without a residence permit is impossible, as well as the fact that it is not possible to apply for a residence permit without a job. Loosing or not finding a job on the one hand fosters an increase in drug consumption aimed at coping with the privations and the anguish of a precarious life; like in the case of interviewee IT_36, who, waiting for documents, ended up living on the street and dramatically increased his consumptions of alcohol and Rivotril.

According to the Italian and Austrian data, the experience of **migration** can increase drug use for other reasons as well, above all the greater accessibility to drugs compared to the country of origin. In some cases, smoking hashish with fellow immigrants can even be a way of joining the community of origin in the new country. Furthermore, in many cases, migration implies separating from parents and freeing oneself from their control.

I am very tired. No passport, no work, no home, no parents, no school, no money – just drugs. (AT_12_CO_M_18)

Lastly, **accessibility and affordability** of drugs are both likely to contribute to increased consumption over time and were often quoted by interviewees. Many participants referred to the easy access and availability of cannabis, e.g. in the UK it is perceived as more affordable than alcohol. By contrast, in Poland this argument was reported about NPS, whose lower price – combined with strong effects - was mentioned as a specific increasing factor.

I started taking mephedrone nasally. Because it was cheaper and stronger. (PL_24_HOSP_M_17)

In Austria and Italy also the dark-net was mentioned by a few interviewees as a relatively safe and reliable supply source.

Life events

The lack of work opportunities, crucial especially for young immigrants and drop-out students, can lead to **starting to sell drugs**, which, in turn, is mentioned as a factor increasing consumption because of proximity and increased availability.

Some of my pals and me we got into drug dealing as well and obviously like you can get carried away and stuff, but like obviously if you're ... which it's acceptable to take what you want, when you want and drugs are like so easy, easier than alcohol to get. So if you're in the right groups, they are easier than alcohol to get, do you know what I mean. So it was really just that. (UK_11_BP4_M_17)

The loss of job, as well as other negative events can also increase the use of drugs because of the emotional stress as an attempt to cope. Many interviewees across countries reported they had to face the loss of parents, partners, or friends. These losses sometimes linked to living in a context where criminal acts are widespread. As previously noted, the **death of loved ones** can easily increase both drug use and criminal activity because of a general perceived lack of sense of meaning and the feeling of having nothing more to lose (Allen, 2007).

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 therapy, he does not care about us. (PL_30_PRI_M_23)

Our data confirmed that drug consumption per se was often not the problem, but that social circumstances turned a young person from a recreational user to a problem user. Pleasure as the core motive for drug consumption turned into self-medication to ease stress and strain in everyday life. This was true for both refugees (e.g. AT_12_CO_M_18) and for school drop-outs (e.g. AT_8_PRI_M_22).

Desperation and peaks of drug use may lead, in turn, to being arrested or convicted. As explained in the previous chapter, **entering into the CJS** can represent an increasing factor per se.

When I was in prison, the only thing on my mind was when I would get out of there so I could smoke a joint. And then it just escalated again. (DE_15).

Many turning points leading to an increased use of drugs corresponded either to the arrival of a final sentence – which in some countries can occur long after the crime – or immediately after getting out of prison or therapeutic community. Furthermore, again with reference to the work sphere, having a criminal record also makes it very difficult to get a job, with the same consequences as mentioned above.

Not only the CJS but also **treatment** may lead to increased use of drugs. This was reported by a couple of Polish interviewees, in particular if treatment was not entirely voluntary.

After treatment, I took even more. Every therapy was followed by increased use. (PL_23_HOSP_M_17).

Factors inherent in substances

Based on youth narratives, at the beginning of a drug use trajectory, the effects of substances are per se motives to increase consumption. The pleasure and positive effects, as well as the self-therapy use value, were both reported as motives sufficient to intensify substance use. In this respect the passage from recreational use to **pharmacological use** can represent a risk factor.

Because at first it was like I was taking it for fun and then the more I kept taking it, it was like, and also I had stuff going on, so it was like I was trying to block everything and then that's when I started taking it a lot more. (UK_18_ALT_F_17)

With the passing of time, however, the **addictive properties** of drugs also take on a role in increasing consumption, and young interviewees seemed generally aware of this. Tolerance and craving were reported by most of the sample, with regard to “*heavy substances*” but also to cannabis.

If you smoke every day, you automatically need to smoke more and more cannabis to get high in the same way. (DEN_19)

Well, this amphetamine did not work on me anymore, such small amounts did not work anymore. I needed more. (PL_47_PRI_F_21)

However, changes in the use of substances are often associated with turning points in drug use trajectories. A typical example is **starting to use cocaine**. This substance is typically added to cannabis and can even increase the perceived need for it, as well as for alcohol. Another important “*jump*” reported in Italy (IT_33) is **passing from snorting cocaine to smoking crack**, which usually corresponds with a dramatic increase in quantities used; indeed crack is said to give a “*strong mental addiction*” (IT_40).

I began to smoke from the bottle, the monkey took me from the bottle. When I no longer had the substance nearby, I started to go out to buy... When I snorted, 3-5 grams were enough, when I started with crack, I saw that 5 grams were not enough for me, I had to go and buy again, again, again. I was doing 35 grams a day. (IT_5_PRI_M_24)

Obviously, an increase in consumption corresponds to an increased need for money, which in turn can lead a young person to start selling drugs, with the consequences already explained.

I tried to stop, but it got worse. So much that I did not have any money to support my drug use. So, I began to steal, also from my parents, to sell stuff, to get money. In the end, I began to sell drugs, unfortunately. (DEN_03)

* * *

To sum up, factors increasing the drug use of young offenders can be grouped in three main categories, which actually intersect: life context, life events, and factors inherent in substances. Many interviewees reported growing up with different kinds of problems in the family, problems of a more or less serious nature, in some cases including abandonment, violence, abuse and traumas. In any case, most of interviewees described life contexts (school, work...) where drug use is normalised. In such contexts, negative life events such as a bereavement might lead to peaks of consumption. The lack or loss of a job can be another cause of increased consumption, via starting to sell drugs as an alternative opportunity for income. Based on the Italian data, this is a typical trajectory among illegal immigrants. Lastly, drug effects, per se, may forge increasing trajectories. Among these, tolerance is the most quoted, which was also reported about cannabis. Other significant patterns of increased use related to shifting from recreational to pharmaceutical use, starting to use cocaine or crack.

3.5 Decreasing factors

Factors related to a decrease in the drug use trajectories of young offenders interviewed for the study are reminiscent of increasing factors. It is important to notice that a number of factors that, for some young people and in certain situations, have a decreasing effect, for other young people and in other situations, might have an increasing effect. Therefore, in the following section, the main decreasing factors are summarised using a similar categorization, even though new factors had to be added.

Life context and relationship

In general, **family support** and trust play a crucial role in undertaking and continuing treatment, as several interviewees underlined:

I came generally [to the CANDIS program] because my father convinced me. (PL_03_ALT_M_19)

If I had had to stop [using drugs] spontaneously, it would have been difficult, but quitting with a problem of this weight, it was much easier, because my family was involved, and sometimes when you do not want to do things for yourself, sometimes you do it for people who love you. Because they all helped me, they always gave me a hand, even after the crime happened they did not react violently, in fact, they assisted me even more in everything I did, they still trusted me. (IT_15_ALT_M_19)

Interviewees who already had a family of their own also told about the importance of **partners** and **children**. If partners have a decreasing effect on their consumption - spending time with a partner can be seen as an alternative to partying – becoming a parent or responsible for other people is reported as an important and life-changing experience, which also affects the consumption of drugs:

Here [in prison], I aim to stop smoking, so I only smoke in the evening, because when I get out of here, I have a daughter to take care of, and I am also engaged. Therefore, when I get out, I don't want to smoke during the day. I want to be fresh for the whole day and only smoke in the evening. (DEN_11)

Now I have a little sister, and I realise that I have some responsibility for her when I get out. (AT_23_PRI_M_20)

In order to quit or maintain more regulated consumption patterns, many interviewees talked about the opportunity to **distance themselves from friends** who use drugs and to frequent or make new acquaintances who do not use.

After I stopped talking with them [...], I cut down on using cocaine. After that, my consumption dropped a lot, because [...] I didn't have that many friends anymore, and it was mostly with my friends that I was using. (DEN_18)

However, also ex-user friends whose lives were negatively affected by drugs and/or crimes, such as fellow detainees, can help:

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_PRI_M_23)

Life events

As previously explained, **entering the CJS** led some interviewees to reduce their drug use, although there were differences with respect to different measures. The deterrent effect of detention can be explained mainly with regard to the fear of sanctions and lower availability. To somebody very engaged in drug use before getting caught, prison may even represent an occasion to take a pause and take back self-control of drug use.

Sometimes I think I believe God loves me, got it? If I had not come to jail, I do not know how I would have ended up. I would be dead somewhere! (IT_03_PRI_M_23)

However, the deterrent effect may be limited in time, since often it does not persist after release. Some interviewees reported going through abstinence and managing for long periods not to consume or to limit their consumption while in prison, and then, once they got out, to have started using again if external circumstances were not changed.

Anyhow, as mentioned by many interviewees, to quit using substances **personal will** is crucial, even in some prisons. In this sense, according to the young people's narratives, repeated incarcerations may increase awareness of the heavy consequences of illegal drugs use, and as a consequence, increase the will to abstain.

If you really want to avoid it, you want to change [and] do not use anymore, you do not touch [it] anymore. It happened to me with cellmates that they were snorting and I was watching. (IT_04_PRI_M_25)

Being in contact with the CJS acts as a decreasing factor also because of the shame, especially with respect to minors.

In the community I stopped automatically without being sick, the thing (my arrest) had so much struck me that I stopped automatically, nor smoked a joint or anything else. (IT_11_ALT_M_21)

Obviously, treatment combined with control can be more effective.

And finally, after long work on therapy, we came to the conclusion that taking drugs is pointless. And now I am against taking drugs. (PL_16_ALT_F_16)

However, **having undertaken treatment** is not frequently quoted by interviewees as a decreasing factor. This is due mainly to the young age of participants, who are reporting their drug use as unproblematic and in control, but also to the fact that not many treatment programs are available to young offenders who use drugs and that not all of them want to access treatment, in any case⁹. Or, again, treatment pathways are not completed.

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_M_24)

In general, the interviewees' drug use trajectories showed an irregular trend and periods of lower consumption not related to treatment nor to the CJS were identifiable. Positive events which also imply commitment and responsibility – such as **getting an ordinary job** – may lead to a decrease in drug use for several reasons, such as busy time, enhanced satisfaction, new (not-using) friendship.

INT. And in that period you did not use? Not even cannabis?

No, nothing, because I had pulled myself out, I was not interested anymore in that world because I was fine, I was working, I had my money (...) I was happy because I had my things, I worked – I worked a lot, 10-11 hours a day, but it was fine. (IT_01_PRI_M_23)

When I was working, I used to only smoke every fifth day [because the job required] maximum concentration. (DE_13)

School, as well as work, can represent a decreasing factor, even if it was less frequently mentioned, probably because most of interviewees were not very engaged with school or were already drop-outs.

My friends used to smoke a joint in the morning, but I would not do that anymore, because then I was stoned the whole day [...], and I wanted to stay fresh for the first lessons [...]. I would smoke during the break instead in order to get something out of the day. (DE_20)

⁹ See the WP4 cross-national report.

https://www.eppic-project.eu/wp-content/uploads/2018/05/EPPIC_cross-national_15.02.18_final.pdf

But I try here now, to come onto a straight path, I graduate once again and will go to school... then I want to go to trade school, continue trade school and maybe start to work at something. (AT_5_PRI_M_16)

Factors inherent in substances

As well as an increase in consumption due to the desired effects of drugs, unwanted consequences of substance use may sometimes cause a decrease. Examples come mainly from the Polish data and refer mainly to NPS. In certain cases, the deterrent effect relates to the negative feelings associated with the effect 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_ALT_F_24)

In other cases, it relates to the lack of expected effects.

I smoked NPS, but it gave me nothing and I gave up. (PL_36_PRI_M_22)

The negative consequences for mental or somatic health constituted an important factor contributing to less use.

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_ALT_M_16)

Some respondents were able to decrease their substance use because of the fear of addiction, when they noticed the symptoms of increased tolerance and losing control.

I lost control over it, I observed increasing tolerance in myself. It motivated me to undertake treatment. (PL_05_ALT_M_24)

This awareness can lead to treatment but also to self-detoxification, without professional help. An Italian interviewee – an orphan, very lonely boy - narrated a very painful abstinence episode, following a four-month period of daily use of heroin. He decided to quit alone without help, in an abandoned factory. After that episode, he decided to stop using heavy drugs and only continue to smoke joints in the evening.

Knowledge about negative health consequences is not necessarily associated with personal experiences; others' experiences can also affect drug trajectories. Some interviewees had lost friends or family members through drug use, and those experiences forced participants to assess the long-term effects of drugs on their physical health and influenced their decisions to stop taking some drugs.

It's because I've got pals that are dead now, so that's a big wake up call. A few of my mates have not woken up or choked on their own sick and stuff. (UK_11_ALT_M_17)

* * *

To sum up, a minority of participants explicitly mentioned drug treatment as a decreasing factor in their use of drugs. Instead, the role of family relationships – particularly the parents' or partner's support, and having children – were emphasized by the interviewees. Furthermore, having drug-free friendships was mentioned as a key factor. Being able to engage in meaningful activities such as work and school was also considered important in limiting consumption. Being in contact with the CJS and particularly being detained may also lower the use of drugs, particularly because of reduced

availability and fear of sanctions. However, participants stress the fact that personal will is crucial, both in prison and outside, in order to quit or limit substance use. Awareness about negative consequences of drug use and the subsequent will to limit it can also come from personal negative experiences of unwanted effects (bad trip, hospitalization...) or from loved ones' experiences, such as friends' and parents' death.

3.6 Interplay between crime and drug use

The relationship between drug use and crime emerged as a varied and complex issue from the interviewees' point of view. The collected data clearly show the limits of the traditional view, according to which the crimes committed by people who use drugs are a consequence of addiction (Seddon 2000; Allen 2007).

It has to be underlined that it was only in some cases that crimes for which interviewees had entered the CJS related to drugs. Furthermore, a small minority of interviewees claimed there was a link between their criminal activities and drug use. This minority justified their criminal behaviour – especially dealing – with the necessity to support their drug use. It is important to underline that this explanation was not provided only with respect to expensive drugs, such as cocaine, but also with reference to cannabis. In Italy, for example, some students, having once become daily regular smokers, started to buy higher quantities to be shared with friends in order to get their dose for free.

Marijuana is still an expensive drug, and this is a problem for many students, who often end up doing a group pot. As soon as you become a very habitual user, you have a problem with money, since anyway two joints cost 10 euros and often 10 euros are the half of young people's weekly pocket money. (IT_40_ALT_M_17)

I needed money for the drugs and became a criminal by assaulting people in order to obtain quick money. (AT_24_PRI_F_24)

However, once having discovered how you can make money easily, the purposes of dealing can go beyond the original reasons.

After that, when I saw that to get money it was sufficient to do so, I became more obsessed – so to speak – by money than by the drug itself. (IT_39_ALT_M_19)

Exactly the opposite happened to other interviewees, who started to commit crime – usually thefts and robberies – before using any kind of drugs. Indeed many interviewees explained their criminal activities with reference to a low socio-economic status and the difficulty to find a regular job. In Italy this problem is reported especially by illegal immigrants.

I had no money but saw other people spending money. And when I had money, I thought that's pretty cool to have money. And I was shit when I had no more money. And at an age of 13 or 14, it is quite difficult to get a job or something. It's hard to earn a lot of money when you are young. So I guess that crime was the fastest and most logical way for me. (GER_08_ALT_M_17)

However, among those who were engaged in crime before drug use, we also found young people who were not poor but were equally attracted by money and by crime, or simply bored. As well as using drugs, committing crimes can be thrilling and fun, besides convenient.

I liked to do robberies. Neither cocaine nor marijuana can give me the drug [sensation] that robbery gives to me. That is a thing... How can I explain... it's like it was a drug. (...) There

are people who carry out robberies to buy drugs. I don't, I do robberies to get money. I go to make money to spend. I like money, I like many things. (IT_17_PRI_M_19)

I never got anything extra from my day job. And then I met a guy who sold cannabis. I saw that it was quite fun, and I got a taste for it [selling]. ... It is about the money, but you also meet all kinds of people, and also, I am my own boss. (DEN_09)

Furthermore, in a similar way to which the onset of drug use is often justified, many interviewees claimed that crime is just something common among their peers and in their neighbourhoods. In this sense, dealing and peer groups is linked to, and often entails, becoming involved in more and more serious crimes – besides, as explained before, a possible increase in drug use.

Everybody around me is involved in that (in crime). So I always saw what is possible and started to do my own things (petty thefts). (GER_09_ALT_M_16)

If you sell cannabis, you need to get hold of someone who sells e.g. 100 g. When you get to know people like that, the problems also get bigger. If you get into a fight, then someone uses a knife ... Things get a bit more organized, you get to know more and more criminals, and the criminal stuff you commit becomes a bit more serious. Suddenly, when I was 19 years old, I only knew criminals! (DEN_12)

For some respondents, robbery stimulates in a similar way to drug use and in that way can be addictive. A Polish prisoner reported that committing crimes under the influence of drugs gives him a sense of power as much as drug use.

Robbery also brings adrenaline and you can become addicted to it, as from drugs. When I was counting money I felt incredible euphoria. I stole under the influence of stimulants. I felt that nothing could happen to me. (PL_34_PRI_M_24)

Furthermore, maybe not so obvious - crime can increase popularity, which is the case of int. IT_40, who especially liked being appreciated and respected as the school dealer, a sort of social supplier of recreational drugs (Coomber et al. 2016).

Then I realized that the dealer was just, almost a role, in the school society, that is... there was the nerd, the bully, the normal guy and the drug dealer, who - as opposed to how he was seen years ago... years ago the pusher was a bad person, that is, even the consumers were disgusted by the drug dealer, especially because the drugs were different. Now marijuana, let's say it' like alcohol for people. (IT_40_ALT_M_17)

Though in many cases criminal experience precedes drug use and is unrelated to it, some interviewees specified that after having started to use cocaine, crack or heroin, their criminal activities increased. Compared to cannabis and psychedelics, cocaine, as well as alcohol, and even more the mix of the two substances, are reported as having a disinhibiting effect on crime.

Joints did not make me do crimes (...) when I smoked I was too frightened to do it (...) but when I took cocaine I was the one to say: "Let's go, we need money"(...) It made me feel powerful, very awake. (IT_41_CO_F_18)

However, in the UK one male respondent aged 16 spoke about the paranoia he experienced when smoking cannabis and suggested that this caused him to want to fight.

I acted in a different way because if I wasn't high, I wouldn't have wanted to fight probably. But because I was high and he said something that pissed me off and I felt like he was going

to try hitting me, so that made me even more paranoid...smoking weed make me even more paranoid. (UK_07_ALT_M_16)

Committing crimes under the effect of drugs or because of withdrawal also increases the likeliness of being caught. For this reason, only a few interviewees told us about offences carried out under the influence of drugs.

I'm on a tag right now for something that happened last year when I was pissed, yeah, which was a very bad decision and I shouldn't have done it. I was 16, I should have thought twice about that. (UK_13_ALT_M_17)

Better to make the robberies without smoking, doing nothing, with all the senses on. (IT_17_PRI_M_19)

* * *

To sum up, the relationship between drug use and crime emerged as varied and complex from the interviewees' point of view. The collected data question the traditional view according to which the crimes committed by people who use drugs are a consequence of addiction. Only a few interviewees justified their crimes – mainly dealing – with the need to support their consumption, while many stated that their criminal career began before they started to use drugs. Anyway from the data, we can see that many factors that increase the likelihood of committing crimes are the same ones that can lead to drug use, primarily a social context where this behaviour is somehow normalised and job opportunities are scarce. However, we must not overlook the fact that even young people who do not lack resources can be fascinated by crime and making money easily.

4. Young people's suggestions for effective prevention interventions

In the present section we resume the discussion about what kinds of preventive interventions targeting young offenders can be effective, which was the main aim of the first WP5 cross-national report¹⁰. The previous report was mainly focused on innovative selected interventions and professionals' opinions, while here we will deepen the discussion by presenting the young interviewees' point of view. We will not go through the different types of interventions but we will concentrate on opinions and suggestions that are common to almost all countries. We will therefore provide a summary of the main stances of young people in contact with the CJS who used drugs with respect to their own experiences, which, in this case, include "ordinary" interventions besides the selected innovative ones.

4.1 The quality of relationship

With respect to young interviewees' opinions about interventions they found useful, the prominent feature across countries was the quality of relationship with professionals encountered in the CJS, whatever the service and whatever the professional's role. The concept of quality, as it emerged from interviewees, deals with some key issues, summarised in the following sections.

¹⁰ <https://www.eppic-project.eu/wp-content/uploads/2018/05/WP5-CROSS-NATIONAL-REPORT.pdf>

1) First, professionals should approach young people with **respect, care** and in a **non-judgemental manner**.

They are great because they encourage, do you know what I mean, they never, ever tell you, you're a bad person. They tell you that you have a disease or whatever, because I just tell myself that I, do you know that it's just a moral deficiency, or like that I'm just a bad person who can't make the right choices. (UK_14_ALT_F_22)

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 ... (PL_07_ALT_24)

On the contrary, some of the young interviewees told about traumatic experiences in relation to police 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_14_ALT_M_20)

Furthermore, especially but not only in prison, young people often do not feel that the staff is really involved in their problems; and also episodes of stigmatization were reported.

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)

The interviewees believed that some of the problems could be solved by greater availability of psychologists and other medical staff; while in ordinary prisons individual meetings with psychologists, social workers or educators are rare, and detainees can feel abandoned, with no one to talk with about their problems. In a psychiatric forensic juvenile centre, some young people felt humiliated by being forced to wear marked clothes and they claimed that they needed more treatment rather than restraint.

We have to wear tracksuits with the inscription KOPS (National Centre for Forensic Psychiatry for Juveniles). We feel bad then and they (staff) increase the doses of medicines. Yes, everyone is outraged by this and angry. As they can see that we feel bad, they should not ask, just do something, not just put us in a straitjacket. They should talk to us more often, there should be doctors in the ward, not offices downstairs. Doctors should have an office upstairs. (PL_22_HOSP_F_17)

One Polish interviewee clearly stated that being in detention is not compatible with treatment, since isolation and lack of freedom hinders self-development, which needs positive emotions:

It seems to me that this therapy is not at all adapted to the conditions of the prison. It suits therapy conducted outside in freedom, when we are free, we have a choice, we can change something. Here we are closed in 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 in. It seems to me that this is out of place all this, but it is only my feelings. (PL_46_PRI_F_19)

Where interventions were delivered by those with '**lived experience**', the risk of feeling judged or stigmatised was reduced, and young offenders said that they felt more understood and appreciate this. One young person in the UK remembered a professional who had served a prison sentence as being someone that he and his peer group wanted to talk to and engage with.

But then one of the older ladies than me was like, he was quite a well-known laddie, who had gone to jail. And he came and spoke to us in the jail and they got me on this course and you could actually see when he said that to the group, you actually seen laddies wanting to go and speak to them straight up, do you know what I mean. (UK_11_ALT_M_17)

For the same reason, **peer groups** are generally appreciated where they are organized as part of the intervention. It makes the young participants feel less alone and it is considered useful in order to help other young people not to make the same mistakes, to be more conscious about the legal consequences.

[Groups] also helped me because there was a boy, who was in my same situation, and talking to him - who is also very similar to me as a person, as goals, as values, as principles - I got along with him. Then we were both in remand, so one supported the other and we went ahead. At the same time I think that for the other boys - who might have made minor offenses compared to ours - it could also be useful to see what consumption can lead to, that it can lead to a crime (...). So I think it was very, very useful. (IT_15_ALT_M_19)

2) Second, professionals should guarantee **strict confidence** to all participants and reassure them that talking about their drug use has no further legal consequences. Indeed, the fear of additional legal problems was mentioned as a hindering factor for some interviewees in different countries and contexts.

One young woman appreciated that the group drug therapy was led by an outside out-patient organization, which gave her the impression of trust and independence:

It is different to talk to people from the outside because one can trust them more. Because one cannot really talk about what is going on without being afraid that this will affect one's sentence or so [when people are employed by the prison]. This is very helpful (AT_25_PRI_F_19)

Also, it was appreciated that therapists do not report details from the drug therapy to the court, as one young male in psychotherapy in Austria said. Independence of treatment facilities from the criminal justice system is considered very important.

It is important that I can trust my therapist, that she does not pass on my drug test results to the judge. (AT_1_ALT_M_19)

3) Third, the relationship with professionals should leave young people the **right of self-determination**; that is, treatment should take a point of departure in the young people's own wishes and understandings of their need for help. Indeed most young people believe in their own ability to stop using substances regardless of services or interventions available or accessed. Even those who acknowledged that negative events in their lives had contributed to their drug use, still considered it should be their decision to stop using drugs.

Um the advice I was being given and like yeah just the advice and obviously myself most of all because I had to make the decision. (UK_08_ALT_M_17)

Therefore, they wanted **to feel in control** of the interaction and of the goals set by workers.

Like it's nice to come and speak to someone that like actually knows and stuff and not just to like go and speak to like let's say CAMHS when they are just going to say stuff like you need

to stop, you're going to have to stop, you'll ruin stuff, you're ruin your body and stuff like that. (UK_05_ALT_F_16)

4.2 Setting harm reduction goals

The last need mentioned by young people, that of keeping control over the aims of their treatment pathways, calls into question an abstinence goal. A harm reduction approach emerged as possibly more effective than pursuing abstinence. This is because – despite being aware of possible negative side effects and consequences of drug use and despite being willing to control it – most interviewees could not imagine being completely abstinent. Consistently, the aim of total abstinence was explicitly quoted as a reason to reject “classical” drug counselling by some young interviewees. Not being forced to quit drug consumption but only being motivated and helped to control their use was uniformly reported to be highly appreciated by interviewees involved in such types of interventions in all country partners.

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_ALT_M_19)

This suggestion emerged especially with reference to cannabis, which is considered by a large majority of interviewees to be different from other drugs.

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_ALT_M_24)

In fact, stopping other drugs and just continuing to smoke hashish or marijuana – and do it only in the evening, so as not to influence other commitments – is often reported as a self-regulation strategy and goal.

*INT: What do you think you'll do with drugs when you get out of here?
To stop it. Stop with heavy substances, because as far as weed is concerned I think I'll be like those old people you see in videos – weird, American- who still smoke joints. It tranquillizes you, but I would not define it as a drug. (IT_35_PRI_M_23)*

4.3 Differentiating treatment

The above claims – keeping control of the aim of prevention programs, which can even be harm reduction – is strictly linked to another important issue clearly emerged, even though indirectly, from the interviewees: there is no effective recipe for everyone in terms of prevention and treatment.

A good example is how the usefulness of psychological support was discussed by interviewees in different and sometimes opposite terms. Some interviewees thought that talking with psychologists is important “to reflect” and “to change”, while others were convinced that they “have to understand it alone” or that they do not need help. There are also those who changed their minds about psychological support over time, which they interpreted as a result of increased maturity. Indeed, young people are conscious that as adolescents they were against adults’ rules and suggestions in any case.

Likewise, opinions about the opportunity to use substitution drugs are contrasting. In Italy, for instance, many detainees complained about the professionals' overuse of prescription drugs, which in their view are as addictive and harmful as illegal drugs. Also, for this reason, some persons did not even declare themselves to be users when entering the system.

There should not be pharmacological therapies in prison. Because if one has already used drugs, he begins to make use of psychotropic drugs, so becomes addicted to the substances he took outside, and addicted to those he uses here in prison. (IT_05_PRI_M_24)

4.4 Providing integrated and diversified support

A recurrent claim among young interviewees is the importance of being able to do meaningful activities while in the CJS, for instance doing physical activity, attending school and being trained for a job. Indeed the interviews clearly indicate that there is a need to tackle social structures and offer alternative lifestyles in order to effectively challenge drug use, crime, and associated harms. To someone not used to doing anything but using drugs or committing crimes, contact with the CJS can even be an opportunity to discover the pleasure of other resources:

I have never done other things (than dealing and smoking weed) although I want to do so many other things. I don't know, doing sports or hiking in the mountains. Or going in the forest, that's also cool. But I know nobody who wants to do such things with me and I never knew how to organize it. It would be a good thing to have better things and opportunities than cannabis, but I don't see how to do this. I really don't see (...). It's the only thing I know. (GER_03_ALT_M_15)

Physical activity and sports are mentioned as a good substitute for drugs in order to vent stress and feel better.

To do sport is fruitful, it makes you stop thinking as much as drugs do, much more in fact, and, in addition, it is healthy and fun. (IT_15_ALT_M_19)

The problem of lack of work and study opportunity is especially the case in prisons. Many interviewees were conscious about the importance of **attending school** while they were convicted; however this was not possible in all institutions where we did interviews. This lack is particularly associated with prisons and closed door therapeutic institutions.

They say that prison is school. However, if there's no school, they are wrong. If there's no school, there's nothing. (IT_5_PRI_M_24)

Other interviewees underlined the necessity to do some **work** and be paid during detention, also in view of the future, since when released they will need some money. Unfortunately, the work opportunities in prison are much fewer than the number of detainees, so they represent a privilege for a few.

I think that a detainee must have the possibility to put some money aside before leaving. How many detainees go out from prison without having a house? Maybe people who lost their family, like me. (IT_37_PRI_M_23)

On the contrary, programs that include study or work opportunities are the most appreciated, as in the UK where some services specialized in getting young people who were caught up in the criminal justice system back into education or into employment. One UK interviewee suggested that education and employment training should be available for all young people, as it happens in Austria.

The [service] shouldn't just be for laddies that have been to courts. This system should be for if you're 15...16...like this should be available and wider spread....A lot of my mates have been to jail and [the service] was going in before they even got out of jail and got them on courses and will get them on construction sites...you can get them before they start going to jail...(UK_11_ALT_M_17)

Also “voluntary” social activities – often combined with treatment and controls during probation - can become an opportunity to gain experience and to activate work collaboration. For these reasons they were appreciated by some interviewees.

4.5 Providing help after release

The young interviewees, especially detainees, emphasised the crucial need to receive help after release, e.g. in terms of living arrangements, drug treatment, and emotional support.

When released, the risk is being alone with no other friends except those met in prison. Although many interviewees maintained that imprisonment represented an occasion to quit a risky consumption style, many other interviewees were sceptical about the possibility of changing their lifestyle once released from prison, in the absence of a reintegration project. They were worried about being without any help and income again, so that they had to deal, and therefore to handle substances again. This concern was, for example, widespread in the Italian report and above all among immigrants and especially illegal immigrants.

I have to find my way out [of drugs]. Then you will see what I have to do outside. I would like to change my life, but let's see... It all depends if you can find a job. (IT_34_PRI_M_24)

In the Polish report, young people were also worried that after leaving prison they would not be able to cope with everyday life; that prison would turn them into worse people because of the long period of lack of occupation and isolation.

I'm afraid that prison will change me, that I will run wild. 10 years is a lot. I am afraid of being free, because re-socialization is only on paper. You 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).

Consistently, some interviewees found interventions aimed at planning the future more useful than those aimed at digging into the past.

[The psychologist] was really a very good person and he helped me a lot. We talked more than what I will do one day when I'm out, we tried to build even if only theoretical, but still a project. (IT_1_PRI_M_23)

In Austria the interviewees appreciated the organization “Neustart” that starts working with young people months before their release to help them prepare for their life after the release, as a young woman said:

The way after is important. Prison is good and fine, but what is after prison? There is a way onwards, and if this is mucked up, then ok, you know. After the door is open one needs to go the way. (AT_26_PRI_F_24)

Furthermore, psychotherapy after prison was considered extremely important in terms of motivation to lead a conventional life. Once young people built up trust with a therapist, they were much more optimistic and could take control of their health.

The therapy helped me find a job and stay out of trouble. I can take my life into my own hands now. (AT_1_OUT_M_19)

4.6 Timeliness and accessibility

Several young interviewees in the UK underlined the necessity of finding support when they needed it, at any time they felt they were in crisis.

And they'll sit on the phone with you for two hours or if it's during the day, they'll come and pick you up and they'll come into town, do you know what I mean. But a lot of young laddies in my position, they don't really have no one else to phone. (UK_11_ALT_M_17)

In the UK, being involved in the CJS was seen to provide the opportunity to get support with respect to drug use, which is otherwise very difficult. In this sense, gaining a criminal record can be an opportunity. The following quote is from an interviewee who had called the social services before entering the CJS, without receiving any help.

I rang them and I explained to them what I was doing and why I was doing it and they just said we can't do anything about that. So they knew what I was doing [injecting drugs] and they knew why I was doing it, but no one came out to see the house, no one came out to see like me and ... (UK_05_ALT_F_16)

Also in other countries, such as Denmark, accessing the system of services proved very difficult from the young people's point of view. For this reason, according to some interviewees, interventions should include specific support in “**navigating the system**”.

Obviously, the services should be better integrated, in order to make access easier and treatment more effective. The following quotation is about the need for integration of treatment aimed at addressing drug use and mental health problems.

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_ALT_M_24)

The location of services in a community is also important. One participant spoke about attending methadone clinics where people outside the clinic were selling heroin, which in her view was a disincentive to attend support sessions.

Then like my care manager who kind of, they kind of decide a lot, like he got me to, like my care manager got me the funding to come here, but he also wanted me to leave on methadone as like harm reduction or whatever. For me like personally I don't think that's harm reduction, because people who stand out, and I've been on methadone before and people who stand outside methadone clinics, sell heroin. (UK_14_ALT_F_22)

4.7 Depenalization and legalization

Many interviewees clearly separate cannabis from other drugs (cocaine and NPS above all) in terms of health and social consequences of use and maintain that **cannabis legalization** could be an effective prevention tool, both because it would diminish the fascination linked to prohibition and, mostly, because it would prevent young people from ending up in the CJS.

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_14_ALT_M_20)

Especially those who only use cannabis feel harmed by the law and denounce the hypocrisy of the State, which in their opinion, does not want to stop drug trafficking since it would mean fighting against organised crime.

Therefore, according to some interviewees, depenalization or legalization could be a way to decrease at least the harm related to legal consequences and penalties.

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. [...] I did nothing wrong and realized that I needed to be more careful. (PL_07_ALT_M_24)

Furthermore, according to others, legalization would decrease the risk of smoking bad quality cannabis, “with paraffin and plastic”, and the use of synthetic cannabinoids.

5. Concluding remarks

The heterogeneity of the sample allowed us to understand how very multifaceted and complex the relationship between drugs and crime is, much more than the predominant hypothetical-deductive approach has suggested in the past, by assuming that drugs are addictive and that addiction generates crime (Laidler, 2016; Allen, 2007; Hunt and Barker 2001).

Even though the collected life-stories showed how, in certain and different circumstances, drug use can become problematic and interwoven with crime, we are not able to say anything about causality. There are those who started to commit crimes before using drugs, those who clearly separate the two behaviours, those who – on the contrary - indicate a link, but only with certain substances (e.g. crack), those who depict drugs and crime as a product of the same subculture - which is also a consequence of drug criminalization (Barnett, 2009).

Within this complex framework, the study provides a rich body of information about the interplay between drugs and crime. A number of factors that can have a decreasing effect on some young people's drug use trajectories, might have an opposite effect in other circumstances on other individuals. Therefore, effective interventions must take into consideration how factors are situationally intertwined with other life circumstances of young people with complex problems; in short, drug use needs to be contextualized (Hunt and Barker, 2001).

The cross-national research design, including a variety of sub-samples, provides many insights that enable us to better understand the possible relationships between social and economic capital, the use

of drugs and attitudes towards crime. For instance, stories of immigrants who lack legal documents remind us of the fact that drugs also represent economic opportunities (Storr et al., 2004) and that dealing can be a constrained choice, resulting from the lack of a legal job and income sources (MacDonald and Marsh, 2001). At the same time, living a precarious life can increase drug use to cope with difficult material and social conditions.

On the other hand, research on young people without complex backgrounds shows how recreational use of cannabis is so normalised among young people (Williams and Parker 2001; Parker et al 2002) that one can easily end up underestimating the legal risks they run as consumers and above all as sellers. It seems that cannabis use and even dealing can assume positive meanings beyond specific subcultures (Lalander, 2003), so that a “normal” student, coming from a “normal” family and social context can also become the school dealer in order to reinforce his identity – as has happened to an Italian interviewee.

Furthermore, stories of abandonment, family problems, and violence bring to the fore the pharmacological use of drugs, which seems to substitute for the lack of official support, or for its lack of accessibility.

Another important aspect to be taken into consideration is that drugs cannot be considered as a whole, since the users themselves draw clear boundaries between different types of drugs and take them for different reasons and with different effects. Many interviewees think that cannabis is harmless and should be legalised, whereas NPS, crack, cocaine and heroin are represented as addictive, risky, and related to loss of control. Particularly crack cocaine was associated, by interviewees who used it, with an increase in drug use and crime, because of its disinhibiting and addictive power and the consequential need for money. However, many regular users, including opioids consumers, did not report great difficulty in quitting, if the substance was not available, to the point of refusing prescription drugs. Which also questions understanding of the concept of drug addiction as it has been represented so far (Heather, 2017; Lewis, 2017).

Drug use trajectories are obviously influenced by the drug market too. Comparing the results of the country partners, NPS emerged as a significant issue only in Poland. Whereas in other countries (Austria, Denmark, Italy, Germany, UK) only a small number of young people in this sample had experimented with any NPS and knew what they are, in Poland most of interviewees used NPS. Attitudes and opinions towards this type of drugs are equally negative across the sample, so why was it only in Poland that NPS seemed to be significantly used by the study target group? From the data collected, the answer seems to lie in market dynamics, indeed – even if they are commonly recognised as dangerous and their effects are not really appreciated – the Polish interviewees seem to use them mainly because they are cheaper and less detectable compared to traditional drugs. Just because of this, NPS have become seen as drugs for homeless people and detainees. It could also be attributed to the fact that Poland is still less affluent than the other partner-countries and the drug purchasing power of Polish incomes is much lower.

To conclude, the analysis of the drug use trajectories showed the complexity of the problems of young people who use drugs and are in touch with the CJS, and how many factors can influence both the use of substances and criminal behaviour, above all the family and social and economic resources. According to Allen (2007) different experiences with drugs and crimes also lead to different attitudes towards treatment and, we would add, towards the CJS. While for some interviewees entering the CJS may represent a sort of opportunity to receive treatment and support - or at least to take a pause

in drug use that had become dangerous – for others the experience of detention or being forced into treatment and rehabilitation programs is stressful and as such a further reason to use drugs.

For all the reasons mentioned, of necessity an effective prevention perspective must be broad and intersectoral. In this sense, in our view, effective preventive interventions should mainly be implemented at policy level and should involve many other services besides the CJS and health departments – social services, educational institutes, the labour market, are just examples. Also, prevention intervention should be as personalised as possible. To increase the effectiveness of CJS programs targeting young people who use drugs, first of all, the conflict and contradictions between punishment and treatment (Duke, 2003) should be overcome. Indeed, as drugs are largely also available in the CJS - as the study clearly showed – and since after leaving the CJS young people are going to return to the same contexts and reasons that caused their problems, only a real and free individual engagement can hopefully be effective. This means, primarily, to help young offenders to set their own aims, which could mean adopting a harm reduction approach, possibly more realistic and successful than the zero tolerance approach (WHO, 2014).

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Appendix 1

<i>Recruitment channel and city</i>	<i>No. of interviews</i>	<i>Case studies</i>
<i>Austria</i>		
Schweizer Haus Hadersdorf, Hadersdorf (in patient/residential)	7	Y
Justizanstalt Gerasdorf, Gerasdorf (youth prison)	5	Y
Justizanstalt Schwarza, Schwarza (women prison with youth department)	3	
Verein BASIS, Vienna (out-patient/ambulant)	3	Y
Justizanstalt Josefstadt, Vienna (prison with youth department, pre-trial detention)	7	Y
Verein PASS, Vienna (out-patient/ambulant)	1	Y
<i>Subtotal</i>	<i>26</i>	
<i>Denmark</i>		
POM: A special intervention placed in the prison service and is run by the prison service, Copenhagen	11	Y
Fundamentet: A semi-independent, voluntary, privately run community based intervention targeted to young people with different issues including drug use and in contact with the CJS, Jutland	5	Y
Open prison, Jutland	2	
Open prison, Jutland	4	
Remand prison, Jutland	3	
A municipal, physical workout and basic school teaching intervention targeted to young people on welfare dependency with different issues including no education and in touch with CJS, Jutland	2	
The prosecution in freedom, Fyn	1	
A municipal, temporary place of residence for young people with different issues including drug use and in touch with the CJS. Housing support included, Jutland	1	
<i>Subtotal</i>	<i>29</i>	
<i>Germany</i>		
Selected interventions aiming at drug use among young offenders	5	
Support organisation of former young inmates	4	
“Jugendgerichtshilfen” - youth service provided by the youth welfare office that is involved in all youth court proceedings	3	
<i>Subtotal</i>	<i>12</i>	
<i>Italy</i>		
A special section of the prison called “Attenuated Custody” (ICATT), Padova	8	Y
A special unit of the local public addiction service called <i>Spazio Blu</i> (Blue Space) targeted at young users in touch with the CJS, Milano	7	Y
Juvenile penitentiary institution (IPM), Torino	9	
Prison, Biella (BI)	9	
Prison, Fossano (CN)	3	
Juvenile social services office of the justice Department (USSM), Torino	1	
Interdistrict office for external penal execution (UEPE), Torino	4	
<i>Subtotal</i>	<i>41</i>	
<i>Poland</i>		
NGOs, Warsaw	11	Y
NGO 5, Gdańsk	4	Y
Youth Socioterapy Centre, Warsaw	5	Y
Forensic psychiatry hospital for the under-aged offenders, Garwolin	9	
Male prison, Warsaw	12	
Female prison, Lubliniec	10	
<i>Subtotal</i>	<i>51</i>	
<i>UK</i>		
Youth Offending Service (community based government organisation in local areas that provide intervention for young people in the criminal justice system including substance use intervention) – West Yorkshire	13	
Youth Offending Service - Sheffield	5	
Youth Offending Service – West Midlands	2	

Young Offenders Institution – Scotland	3	
Community Setting – Scotland	3	
NGO 1 – Scotland	4	
NGO 2 – Scotland	3	
<i>Subtotal</i>	<i>34</i>	