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# THERAPEUTIC APPROACHES FOR THE DRUG ADDICTS FROM PENITENTIARIES

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**Abstract:** *The paper approaches the specific aspects of drug addiction treatment in detention facilities, surveying the treatment principles used worldwide. Since it is important to provide equal opportunities for the inmates to treat their drug addiction, the paper shows the progresses achieved in Romania by the establishment of therapeutic communities in penitentiaries for the drug addicted convicts. It also describes aspects regarding the evaluation and inclusion of the inmates in drug-addiction treatment supplied through the therapeutic communities within the detention facilities.*

**Keywords:** *drug addiction; convicts; principles; treatment; therapeutic communities*

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## Introduction

Drug consumers can be integrated in a treatment program both in liberty, and in detention facilities, which requires, both generally, and specifically, working principles with the drug addicts, in terms of the strict observance of the human rights.

Drug addiction treatment is done within axiological matrices which determine the predictability that the drug addicts leaves the “drug circle”.

The general working framework presents the principles for the efficient treatment of drug addicts, rules developed by the US National Institute on Drug Abuse in 1999 (NIDA, 1999).

The process which provides treatment for the convicts has many preconceived ideas. Among them, an outstanding one refers to the opinion according to which it is outright pointless and useless to provide services to people convicted due to criminal acts, hence the difficulty to accept treatment as instrument to control the crime.

Since the treatment is a humane service, being thus considered much “simpler” than most of the traditional services of penal law of incarceration or parole (for instance, electronic monitors, house arrest), its connection with the reduction of the crime rate is

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unclear. For instance, Duffee and Carlson (1996) revealed the premises for facilitating the access to treatment services for addiction, considering that four principles of determination can be applied: the individual deserves to benefit of treatment; the individual is amendable for treatment; the individual can cause large social damages if not treated; the organisations with the best reputation for an efficient management must be involved. The two authors consider that these premises serve limiting the access of convicts to services, even though the application of these principles would support a better focusing to provide services for the people on parole or on probation.

## **Principles of the treatment for drug addicts spending time in penitentiaries**

For the purpose of the comparative analysis of the advantages provided by the courts for drug addicts, the paper mentions the working principles for the treatment of convicted drug addicts, the operational framework being recommended in 2001 by the World Health Organization (Regional Bureau for Europe) and the Council of Europe (WHO, 2002).

These principles rely on the experience of the European countries which participated in the World Health Organization's projects in penitentiaries and to the activities of the Pompidou Group of the Council of Europe.

### ***General principles***

1. **The illicit consumption of drugs in penitentiaries reflects the illicit consumption of drugs within the whole society.** For instance, in penitentiaries, as well as in the community, there is an increasing trend towards the varied use of drugs, of a wide range of substances (cannabis, drugs used to other purposes than their actual purpose, alcohol, etc.), which shows that any penitentiary program should be complementary to the one used within the community.
2. **The clients commute between penitentiaries and community.** This movement of people shows that the infections transmitted within penitentiaries are most often acquired within the community and will eventually return to the community. Public health protection within the community depends on the provision of adequate healthcare services within the penitentiaries.
3. **Incarceration as punishment extends just to the deprivation of liberty.** The penitentiaries should not make reference to the punishment simply as deprivation of the human rights, but as provision of access to healthcare similar to that available within the community or as exposure to lower health risks, than those that would confront them within the community.
4. **The penitentiaries should be safe and decent places in which people live and work.** The health, safety and welfare of all inmates and penitentiary staff depend on the clarity of rules, procedures and sanctions if going beyond these limits.

5. **Usually, the convicts are socio-economically excluded and experience complex problems related to the welfare, health and relations with their families.** These factors are most times associated to the use of a wide range of psychoactive substances.
6. **The specialists working in detention facilities should enforce own legislation.** The penal law regarding the illicit substances varies from one country to another, there are periodical debates on legislative changes regarding the use of drugs, but the penitentiaries should enforce the law irrespective of their juridical position.
7. **The wide range of criminal behaviours can be associated to drug addiction.** Some convicts are in detention due to the unlawful possession, distribution or use of illicit substances. Other people have been incarcerated because they committed or are suspected of having committed a related offence, motivated by the need of money to buy drugs or by the wrong reasoning due to the pharmacological action of the drugs. Some people can be incarcerated due their involvement in crimes with violence associated to the illicit manner of using the drugs within the community. The support provided to the people using drugs illicitly is important not just for healthcare and social protection, but it also is a way of reducing the probability of involvement in future crimes (Abraham, P, Nicolaescu, D., 2007).
8. **The response of the law-enforcement system and of the law towards the drug addicts should take into consideration the circumstances in which they breached the law, so as to identify their healthcare and social protection needs.** A proper balance when deciding the punishment is much better than the excessive punishment, with role of example, or than the unlimited tolerance towards the people offending the law. Most often, the social and healthcare interventions for substances whose use is legal within the community (such as the alcohol, for instance) are similar to those for the illicit drugs.
9. **The medical staff cannot solve alone drug addiction within a penitentiary context.** A multidisciplinary approach is needed the people need to be assisted by counselling, information and education, as well as by assistance for their dwelling, employment, expenses and education at the moment of release from detention. The penitentiary administrators and officers must have the most adequate conditions in order to minimize the possibility of drugs entering the detention facilities.
10. **The harm reduction measures are necessary in order to reduce the incidence of the side effects on health due to the consumption of drugs.** Relevant examples include the transmission of HIV/AIDS or hepatitis (B or C), as well as violence or sexual abuse associated to the illicit modalities in which the drugs are distributed within penitentiaries.

The specific principles for the supply of counselling and treatment services to drug addicts confined in penitentiaries is form a fundamental area in orienting the services

provided within these residential structures with confined regime, the general guiding framework being described below.

**1. The medical-social services from the penitentiaries are largely equivalent to the healthcare and social services provided in the community.** This principle of equivalence suggests the provision of services which:

- *Rely on the evaluation of the need.* The individuals confined in penitentiaries have higher healthcare needs than most of the people from the community, because they are more likely deprived socially and economically.
- *Support the people to alleviate or treat drug addiction;*
- *Involve each inmate as partner in planning and assuming the responsibilities for assistance and treatment;*
- *Prevents the expansion of transmissible infections;*
- *Promotes healthy behaviours;*
- *Reduces the adverse effects of the particular environment and those resulting from risky behaviours.*

**2. Professional ethics in providing the services of medical-social assistance.** An important aspect refers to the principle of autonomy, which acknowledges the right of the patients to be fully informed and advised about the medical interventions (even on the possibility of refusing healthcare) and the importance of the fact that the healthcare staff should be independent of the penitentiary management and able to fulfil their duties in agreement with the ethics of their professional organisation. The staff with different specializations should evaluate efficiently how much properly is managed the tension regarding client confidentiality and the multidisciplinary activity. The multidisciplinary team should ask the client his/her consent to share the relevant information that comes from specific circumstances.

**3. Client healthcare involves monitoring the results determined both within the penitentiary and outside it.** Giving priority to the survey of services operation shows us how much important is the development of more efficient services. It is determinative to make sure that the addicts take part in the research after their informed consent and under conditions of confidentiality.

**4. The supply of services should be efficient and efficacious at the same time.** This requirement is achieved when the services are planned according to the needs, when the treatment and the support plans are documented, with clear objectives monitored and reviewed periodically. All results should be evaluated as part of the periodical review of the entire service.

**5. Continuity of the healthcare.** The people with problems of drug addiction and “commuting” between the penitentiary and the community may spend short periods of time within penitentiaries, different from the community programs of treatment and support. There should be a real cooperation between penitentiaries and the external

agencies so as to identify the problems which the individuals have when they are confined into the penitentiary, as well as when they leave those premises. This approach should be integrant part of the healthcare strategies for the drug addicts confined in penitentiaries.

**6. Information of the inmates and of the penitentiary staff** on the use of drugs and on the risk of infection with transmissible diseases. It is important to acknowledge that a proper medical-social service in the penitentiary can accomplish the whole policy of ensuring a proper state of health and preparation for social reintegration.

**7. The reduction of drug offer is a priority** within the penitentiaries, so as to minimize the opportunities which a drug addict has to use drugs, to encourage the inmates to decide for treatment and to reduce the negative aspects associated to the illicit offer of drugs (higher risks of infection by the repeated utilization of the syringes, disputes between illegal traffickers, etc.). The prescribed medication is sometimes wrong, so that the reduction of the drug offer should include efficient systems of controlling the availability of the prescribed medicines.

The effort of the penitentiary administration to curb the use of drugs requires proper actions which to reduce the demand for drugs within the penitentiaries, and this presumes the provision of comprehensive services of evaluation, treatment and post-treatment.

The importance of identifying the needs for treatment of every convict is achieved within the wider working context by identifying his/her criminal behaviour in order to reduce the risk of relapse and to encourage him/her to reduce own risks by adopting proper measures.

## **Therapeutic communities within the penitentiaries from Romania**

Four major strategies can be used within the process of planning the establishment of therapeutic communities within the penitentiaries for the specific use of drug addicts:

1. Integration of all the functional areas of the penitentiary community with the purpose of developing the common goal, the relations and the comprehensive approach for the rehabilitation of the convicts;
2. Development of a community advisory and decision-taking structure;
3. Providing comprehensive treatment programs for all inmates;
4. Development of a new common culture for the inmates, penitentiary staff and therapeutic staff.

The publication “**Principles in drug addiction treatment: guidebook based on research**” identified 13 principles of the efficient treatment (NIDA, 1999), which mainly require a systematic approach of the treatment services because this type of approach would fill in the gaps in the infrastructure which affect every step of the service supply chain. Thus, the evaluation and placement, problems related to the

process of treatment, the penal justice, the monitoring services and anti-drug testing, illustrate the integrated manner in which the overlapping between the penal justice and the treatment system require policies and procedures which to fir this “confluence”.

The review of the essential elements of the therapeutic communities resumes to the identification of the important, but not single, aspects for the implementation of these communities in Romania too.

Project RO-0034 “Establishment pf three therapeutic communities in the penitentiaries of Rahova, Jilava and Târgșor”, which run in 2012-2013, aimed to develop the national system of assistance for the persons deprived of liberty, drug addicts, by the establishment of three therapeutic communities in the penitentiaries of Rahova, Jilava and Târgșor, using the pattern of the therapeutic communities from Norway (Phoenix Haga, Samtun, and those from the penitentiaries from Oslo and Bastøy), pattern adapted to the conditions of the Romanian penitentiary system.

The three therapeutic communities have been established by Decision 534/2011 of the general director of the National Administration of Penitentiaries, in agreement with the acting norms and regulations both in terms of penal-executory legislation, with the programs of education and psychological assistance running within the penitentiaries, and with the programs developed for the drug addicts.

The target group which can access the therapeutic communities program consists of people deprived of liberty with final convictions, with a history of consumption of psychoactive substances who, after the psychological, social and educational evaluation, received recommendation for participation in the therapeutic community program according to the Individual plan of evaluation and educational and therapeutic intervention included in the file of Education and Psychosocial Assistance. The conditions of eligibility and maintenance within the therapeutic community program are properly determined and observed by all the staff members.

<b>Criteria for residents' inclusion within TC</b>	<b>Criteria for residents' exclusion from TC</b>
<ul style="list-style-type: none"> <li>• Drug 0;</li> <li>• Must have common history of psychoactive substances;</li> <li>• Must be assigned for semi-open or open jail;</li> <li>• Must not be under investigation or to have 6 to 12 months of jail before he/she becomes eligible for the Commission of proposal for parole;</li> <li>• Must have recommendation from the case manager from CPECA;</li> <li>• Must have recommendation for inclusion in TC within the Individual</li> </ul>	<ul style="list-style-type: none"> <li>• Unlawful possession of psychoactive substances;</li> <li>• Consumption of psychoactive substances discovered by fast detection;</li> <li>• Refusal of participation or repeated unmotivated absences from the recommended activities;</li> <li>• Committed serious or very serious infractions of discipline;</li> <li>• Repeated moderate infractions of discipline stipulated by Law 275/4 July 2006, concerning the execution of</li> </ul>

Criteria for residents' inclusion within TC	Criteria for residents' exclusion from TC
<p>plan for evaluation and educative and therapeutic intervention;</p> <ul style="list-style-type: none"> <li>• Must not have major psychic interventions or major cognitive deficit, because otherwise these people would not be able to comply with the structured environment of the TC and might not understand the treatment method;</li> <li>• Must not be convicted for crimes against the sexual freedom (rape, incest, paedophilia) and for arson. In order to maintain TC integrity and safety, the residents must be able to control own behaviour within the structured therapeutic environment. Therefore, the residents who might endanger the life or security of the other members will not be eligible;</li> <li>• Must be over 21;</li> <li>• Must be speaker of Romanian language;</li> <li>• People convicted for the first time have priority (with/without previous criminal record), as well as the inmates with no disciplinary punishment.</li> </ul>	<p>punishments and the measures decided by the judicial bodies during the penal process, with subsequent completions, and repeated in compliance with the usual TC rules;</p> <ul style="list-style-type: none"> <li>• Doesn't comply with the basic rules;</li> <li>• Repeated breach of major rules or breach of the duties assumed through the agreement for therapy;</li> <li>• Refusal to undergo specific treatment for a disorder which endangers the public and personal health.</li> <li>•</li> </ul>

*Note: CPECA – Centre for the Anti-drug Prevention, Evaluation and Counselling; TC – therapeutic community*

The following departments have been organised within each therapeutic community established within the penitentiary: maintenance, kitchen, reception and creation. With the view of accomplishing the specific objectives, the residents perform different activities within all these departments, according to clearly established criteria. The assignment of the residents to the different departments is done after an interview during which they are informed about the specific tasks of each department. The residents from the therapeutic communities from penitentiaries can take the following positions within these departments: member with executive function; deputy department leader; leader of the community residents.

Typical interventions for any therapeutic community are taking place within the therapeutic community established within the penitentiary, but also programs and activities specific to the penitentiary environment, which are compulsory.

Minimal interventions provided within the therapeutic communities from penitentiaries

- Common custody, in the specially arranged area, during the period of treatment;
- Integrated, multidisciplinary evaluation for admission within the TC;
- Therapeutic interventions specific to the therapeutic community as method;
- Psychological interventions (counselling in situations of crisis, for personal optimization etc.);
- Interventions of social work (vocational counselling, advices for the development of social, parental, decision-making, etc. abilities);
- Educational assistance (literacy, school education, professional qualification etc.)
- Medical assistance and periodical testing of the residents to detect drug consumption.

The rules applied with the therapeutic communities from Romania are not in contradiction with the rules stipulated by the legislation regulating the execution of liberty-depriving punishments, their role being that of educating and preparing the residents for the life in society after their release.

With each stage of evolution, the system of sanctioning during detention and the services of treatment of the addicts must define their roles, areas of expertise, as well as the integration of the components of rehabilitation and resocialization of the convicts. It is known that the sanctions and rights of the beneficiaries of therapeutic community services rely on the interrelated management of this residential treatment structure in closed environment (Nicolăescu, D., 2007:46).

### **Discussions regarding the evaluation and inclusion of residents within the treatment of the therapeutic communities from penitentiaries**

Most researches conducted on the abuse of substances and on the required corrections start with a discussion on the selection of the inmates eligible for the proper treatment services. The selection of clients, their evaluation and placement have been studied as critical components of a process of treatment (Taxman, 1998). The process of evaluation unfolds on several stages, mainly focused on the utilization of clinical and psychosocial information to guide the placement within the proper services. The selection of beneficiaries improves the results. The challenge is to determine the evaluation protocol, the protocol determining the level of need and risk, and the protocol selecting the client for the treatment programs.



Since the instruments of risk analysis are known to be valid, it is necessary to focus on the development and implementation of the penal environment instruments which prove to be efficient.

From the systemic perspective, the researchers discuss about the need of multidimensional processes of evaluation, which take into consideration the combination of risk and needs. Adequate answers are also required to some relevant questions related to the development of a scientific approach which integrates the information from evaluation with a treatment plan for the drug addicts: what set of instruments will provide an image as close to reality as possible of the convict's psychosocial behaviour; what organism is responsible for the application of instruments; where are the instruments to be applied: in the penal justice and/or within the process of treatment; how can the different law-enforcement and convict rehabilitation structures can use the information acquired using various instruments; what protocols are valid for the correct utilization of information; what process will be used to gather the results of the different evaluations and to use the final information for the development of the treatment plan and/or treatment contract with a convict. The answers to these questions are essential for the information of the judicial and treatment systems about the history of substance utilization, nature of crime and other functional problems (disorders, interpersonal deficits) which affect the motivation and performance of the individual treatment program.

As it can be noticed worldwide, the integrated process of evaluation contributes to the improvement of the treatment plans that meet the requirements of public safety and health.

## Conclusions

Drug addiction treatment in penitentiaries is a process which facilitates the changes of behaviour, attitudes, values and cognition of the convicts sentenced to jail. The processes of drug addiction treatment involve many components, such as arrangement, recovery and creation of an environment which provides support for change; the treatment should be administrated carefully by the suppliers of services in agreement with the set objectives (Iancu, A.M., 2010:15). To this purpose, it is necessary to have an approach in several stages which contributes to the evaluation of the changes of behaviour as a long-term process, unlike the conception according to which a short-term intervention (under 90 days) may induce long-term behavioural changes (Nicolaescu, V., Nicolaescu, D., 2007: 53).

There are many studies regarding the therapeutic communities from the penitentiaries which show significant improvements such as reduction of relapse and of the abandonment rates for the inmates engaged both in penitentiary and post-penitentiary programs. The large number of post-treatment studies conducted both in jail, and within the community, might contribute to the adoption of the hierarchical therapeutic community as main method of drug addiction treatment worldwide and in Romania. There also is a trend to compare the results noticed for groups of convicts with different terms of jail, which constantly identifies the fact that the longer time the inmates spend within the programs, the less chances are to relapse.

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