

IN-DEPTH INTERVIEWS

TRAINING CRIMINAL JUSTICE PROFESSIONALS (TCJP)

**Latvia's Association for
Family Planning and Sexual Health
"Papardes zieds"
Riga, Latvia**

Prepared with the support of the United Nations Office on Drugs and Crime

Prepared by **Anda Karnite**, MPH.

I would like to express gratitude for the support provided in the research to:

Sandra Dudareva, Medical Doctor, Public Health Analyst

Regina Fedosejeva, Head of the Medical Department, Latvian Prison Administration

Kristine Ignate, Public Health Specialist, AIDS and STI Prevention Centre, State Agency
“Public Health Agency”

Iveta Kelle, Chair of the Board, Latvia’s Association for Family Planning and Sexual Health
“Papardes zieds”

Ieva Pugule, Chief Specialist, Centre of Epidemiological Surveillance of Addiction Diseases;
Head of the focal point (REITOX), State Agency “Public Health Agency”

Signe Rotberga, Regional Project Coordinator of the UNODC Project Office for the Baltic
States

Inese Stars, Lector of Sociology, Department of Public Health and Epidemiology, Riga Stradins
university

Marcis Trapencieris, Researcher, Centre of Epidemiological Surveillance of Addiction
Diseases, State Agency “Public Health Agency”

Anda Vaisla, Project Manager, Latvia’s Association for Family Planning and Sexual Health
“Papardes zieds”

Janis Vizulis, Master of Pedagogical Sciences

Irina Yemelyanova, Bachelor of Social Sciences

Table of Contents

List of Abbreviations	4
1. The experts interviewed	5
2. The facilitators and format	5
3. Findings.....	7
3.1. General information	7
3.1.1. Key personnel at the ministerial level involved in dealing with problematic drug and alcohol users.	7
3.1.2. Perceived problems the police / prison staff faces in carrying out their jobs.	7
3.1.3. Most common complaints raised by NGOs or treatment agencies clients about police detention / prison.	10
3.1.4. Individual attitude and assessment of colleagues' attitude towards drug users. Views on the current treatment.....	10
3.1.5. Public perception of problematic drug users.....	13
3.1.6. Special problematic groups who are problematic drug and alcohol users.....	14
3.1.7. Country specific strategies for problematic alcohol and drug users.	15
3.1.8. Multidisciplinary collaboration among CJP and between CJP and other professionals.	16
3.1.9. Treatment services and harm reduction measures provided for problematic drug users in police detention / prison.	20
3.1.10. Availability of retoxification / throughcare programs.....	21
3.1.11. Alternatives to custody for problematic drug and alcohol users.	22
3.1.12. Police detention / prison as a good opportunity to achieve problematic drug users.....	23
3.1.13. Views about provision of harm reduction tools.....	24
3.1.14. Measures, initiatives that would help the law enforcement agencies to deal more effectively with PDUs.....	30
3.2. Training.....	34
3.2.1. Current training provided for police officers / prison staff in dealing with problematic drug users.....	34
3.2.2. Perceived needs for further training.....	38
3.2.3. Examples of quality drug and harm reduction training resources and programs for police / prisons.	43
3.2.4. Impetus for the introduction of training provisions.....	44
Conclusions:	46
Annex No 1 List of the experts interviewed	49
Annex No 2 Duration of professional experience of the experts interviewed and their sources of education obtained in drug and harm reduction related issues	50
Annex No.3 Structured interview No.1	51
Annex No 4 Structured interview No.2	53
Annex No 5 Structured interview No.3	54
Annex No 6 Structured interview No.4	56

List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CEPOL	European Police College
CJP	Criminal justice professionals (police officers, prison staff)
EU	European Union
HIV	Human Immunodeficiency Virus
MoH	Ministry of Health
Mol	Ministry of Interior
MoJ	Ministry of Justice
NGO	Nongovernmental Organization
PDU	Problem drug use / problem drug users
STI	Sexually transmitted infections
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1. The Experts Interviewed

There were twelve structured and in-depth interviews conducted for the research with four experts fields related to addiction issues. The fields are the following:

- a) Ministry of Justice (6 experts interviewed);
- b) Ministry of the Interior (3 experts interviewed);
- c) Ministry of Health (2 experts interviewed);
- d) NGOs dealing with addicts and prisoners (1 expert interviewed).

The list of the experts interviewed is included in the Annex No 1.

With the help of the interview question lists worked out by the Scientific Institute of the German Medical Association (see Chapter 2), the duration of professional experience of each expert in relation to drug and harm reduction issues was identified, as well as their education in the field. It was found that the experts had an experience of, on average, 14 years in working with drug-related issues (the duration of the experience varied from 3 to 27 years). Knowledge and educational background in addiction and harm reduction related issues was basically obtained by the experts in different conferences, seminars, experience exchange within projects or participating in international work groups. The organizations most frequently mentioned by the experts as the organizers of the above events were UNDP, UNODC, Nordic Dimension, Soros Foundation, CEPOL a.o.

The duration of experience and educational sources of each expert in drug and harm reduction related issues is included in the Annex No 2.

2. The facilitators and format

Every interview was approximately one and a half hours long. The information about place and time of each interview can be found in the Annex No 1.

The interviews were conducted in Latvian by the Public Health Specialist Anda Karnite. With the permission of each expert, the discussions were recorded in a voice recorder and later transcribed. The transcription was performed by:

- Public Health Analyst, Medical Doctor Sandra Dudareva;
- Public Health Specialist Kristine Ignate;
- Public Health Specialist Anda Karnite;
- Master of Pedagogical Sciences Janis Vizulis;
- Bachelor of Social Sciences Irina Yemelyanova.

Four lists of interview questions worked out by the Scientific Institute of the German Medical Association were used as the basis for the interviews (see Annexes No 3 to No 6):

- 1) Interview questions for Police / Prison staff – 5 experts from the police and prisons were interviewed using this method:
 - Regina Fedosejeva, Head of the Medical Department, Latvian Prison Administration;
 - Roberts Balodis, Head of Valmiera prison;
 - Valdis Bruners, Head of Skirotava prison;
 - Janis Ivanciks, Professor of the Forensics Department, Latvian Police Academy;

- Aigars Evardsons, Head of the State Police-college;
- 2) Interview questions for Criminal Justice Personnel (Magistrates, Prosecutors, Probation) – one expert involved in practical probation was questioned using this method:
- Aleksandrs Dementjevs, Head of the State Probation Service;
- 3) Interview questions for Ministry of Justice/Interior/ Health (Officials responsible for policy relating PDUs) – 4 experts were questioned using this method, 3 of whom were officials of one of the above ministries, and one – an employee of an institution under the Ministry of Health, involved in the strategic management of the harm reduction program in Latvia:
- Laila Medin, Deputy State Secretary on Sectoral Policy, Ministry of Justice;
 - Kristine Kipena, Head of the Penal Policy Division, Department of Sectoral Policy, Ministry of Justice;
 - Janis Bekmanis, Deputy Head of the Planning, Coordination and Control Department, Ministry of Interior;
 - Inga Upmace, Deputy Head of the AIDS and STI Prevention Centre, Public Health Agency;
- 4) Interview questions for NGO/Treatment Agency staff – 2 experts were interviewed using this method, one of whom was a representative of an NGO, and the other – an employee of a medical institution:
- Astrida Stirna, Board Member of Riga Centre of Psychiatry and Addiction Disorders;
 - Agita Seja, Head of the Harm Reduction Programs, Association DIA+LOGS.

The key objective of the in-depth interviews was to collect a variety of different professional perspectives in order to:

- a) identify the general features of the criminal justice system and problem drug use in Latvia;
- b) identify needs in the field of police and prison staff training in relation to problem drug use and harm reduction.

The specific experts for the interviews were chosen purposefully according to the following principles:

- a) the expert ought to represent one of the four institutions dealing with the issues of problem drug use (Ministries of Health, Interior, and Justice, and NGOs);
- b) the expert ought to be directly involved in developing the policy of addiction and its negative effect reduction and / or practical work with drug-addicts in prisons and outside.

A full explanation of the purpose of the research and the project on the whole was given at the beginning of each interview. The interviews were conducted with each expert individually, in the absence of unauthorised persons. No payments or inducements were given to the experts for their participation in the interviews.

3. Findings

3.1. General information

3.1.1. Key personnel at the ministerial level involved in dealing with problematic drug and alcohol users.

There is one employee of the Ministry of Justice dealing with prisoner health issues – Mrs. Kristine Kipena:

The objective of this department is policy planning... if we talk about the ministry, we are 4 people in this department, nevertheless I'm the only one who works directly with the problem of prisoner health. (K.Kipena, MoJ)

The same situation exists in the Ministry of Interior – there is only one person directly dealing with problems of the drug-addicted – Mr. Janis Bekmanis:

There is only one person (*working*) in the central government apparatus so far – that's me...we have no more staff concerning the central apparatus, I mean, such that are directly involved. (J.Bekmanis, MoI)

However, the third ministry of Latvia involved in solving drug-related issues – the Ministry of Health has considerably larger number of employees working in the field. Addiction-related issues are within the competence of the MoH Public Health Department, namely, there are two divisions in the department dealing with the above issues – Epidemiological Safety Division and Addiction Monitoring Division. There are 5 employees altogether working for the two divisions.

3.1.2. Perceived problems the police / prison staff faces in carrying out their jobs.

Considering problems daily faced by employees of prisons, there are four main drawbacks indicated by the experts:

- a) low wages;
- b) low prestige of the profession;
- c) heavy workload;
- d) lack of training.

The fact that the employees of prisons have a heavy workload despite their low wages, as well as the low prestige of the profession enhances the worsening of work quality within the prison system in general – there is a large labour turnover and prisons are not able to attract competent and motivated employees. It leads to the difficulties of preventing situations when the employees of prisons (especially prison guards) take the advantage of getting paid for helping prisoners in getting illegal substances or objects.

Well, the prestige is definitely low, you know. If we compare it, for example, with other countries, they have such a staff structure...for example, there's one employee for each prisoner. Or one employee for two prisoners working directly with the prisoners...But our proportion is 1 to 5. Practically, 1 employee for 5 prisoners... It's a very negative factor. And, if the prestige is low, it means that practically there are people coming who, well, neither know the profession, nor, nor, they're not professionals...there's a great movement. There's a great movement in the middle staff. It's because, on the one hand, the people are not trained, on the other hand, there are all those illegal affairs. (*Prison expert No1*)

Here, if we talk about the prison, here it's right – inadequate wage, and, secondly, their profession has a very low prestige. It's right 100%, because... currently, the prison guards are being recruited from the street, maybe with an education of only 11 forms and there are no other requirements. Three months he is attached to the senior prison guard, and then he works. There are some who...in order to get some additional money...bring something, sell...as there are no crystal-clear people there, the prestige is very low there...(Police expert No1)

It's too large a sum of money to be rejected by the very prison guards. And it's not a secret anymore that the drugs aren't brought in with those packages, but rather brought in by prison guards themselves. (*NGO expert*)

..we had also some professional training for a while at the (*Police*) academy, where workers of penitentiary system were instructed. Currently, we don't have such a thing, we're training our own way. (*Prison expert No3*)

The core of the situation lies, according to the experts, in the state's attitude towards the prison system as such. Namely, the prison system and prisoners are considered a less important matter than other social groups in the state. The experts believe that abroad finances are divided more or less equally for solving problems of different social groups. In Latvia, however, the prisons are given inadequately small financial support. The prison personnel has a feeling the state does not think of them at all, that the prisons are remembered only when a more serious problem has occurred, for example, the kitchen of a prison is to be closed due to its incompliance with the sanitary requirements, as the kitchen has not been renovated for a long time etc. In other words, the prison system has enough money only for dealing with such urgent situations, not for prevention of them.

Talking about the prison system as such, I'd like to say that the prisons are, unfortunately, remembered only when something happens there...so, the finances are not enough, because the prison as such is a household, having a need for building maintenance, energy resources...it's obvious that everything wears out in the course of time...if we want to change anything in the system, we have to change the state's attitude towards the prison system as such. (*Prison expert No2*)

Regarding police officers, the situation looks better. The police experts believe the prestige of the police officer's position to be high enough, as the number of young people wishing to become police officers grows every year:

I cannot say the prestige is low, at least, at the State Police-college, it has...increased...quite considerably during the last two years...because, last year, we had 2.7 per a place...candidates wishing to work for the police, and begin the training at the service, and this year, we have 4 per a place. So...the prestige is slowly increasing. Because if young people chose this prestigious service... *(Police expert No2)*

The experts also regard the job of police officer as a well-paid one. Moreover, the payment system of Latvian police officers is recognized as one of the best in Europe, as Latvia is the only state where police officers are being paid also while studying/training:

'Cause if a trainee cadet, while studying here or training, receives on average...his salary on the lowest level is 225 (*lats*) on hand, show me a country with the same possibilities. I know the situation in Europe very well and there is no such an opportunity there. We are the only country where police officers are paid while studying...the Georgian colleagues...said the system in Latvia was presently the best in Europe. *(Police expert No2)*

However, the expert emphasizes that the situation can always be better and there are also drawbacks in the payment system, for example, the amount of the payment does not depend on the level of education or duties, but rather on the position.

..about those working employees, well, in my point of view there's...a problem...regarding the Cabinet Regulations on work remuneration. Elementary requirements are not included. If there's a person, for example, having an education appropriate for the position, and there's a person without it, but they both have the same position, each case should be treated differently...
If a person simply sits in his office from 8 to 16.30 and does his duties, nothing more, and there are people who, during the same period of time, work on the street, and having similar positions receive the same amount of money. It's a wrong gradation. *(Police expert No2)*

The expert, however, admits that both police and prison employees have a heavy workload. But then there is a nuance – if there is simply not enough employees in prisons, then regarding the police, the issue of heavy workload could be solved by performing organizational changes, ie., starting processes with less bureaucracy and revising the distribution of duties of the employees:

In my point of view...there's a rapid...need to perform a reform in the State Police in general, with an objective that there shouldn't be so many employees or officers in offices, in reality, they rather should be close to the society... in the U.S...the employees are really more on the street and make decisions. But then there's the other matter, our..., for example, calling to administrative responsibility is too difficult. In order to start proceedings, a person has to have special knowledge. There are authorised persons who are entitled to do that. And there's one more thing that's exaggerated, in my opinion...too many chiefs, too few executors. Consequently...we see almost no policemen on the street, and if we do, they are too busy, as they have too many different calls, and they practically have to run, fly in order to make the management OK for everybody. *(Police expert No2)*

3.1.3. Most common complaints raised by NGOs or treatment agencies clients about police detention / prison.

Concerning the client complaints in relation to their location in a police office or prison, the representative of the Treatment agency says the clients are complaining about everything related to the police station or prison, and it is not possible to single out some particular most urgent problems. The NGO expert, however, indicates the three main reasons of the complaints in relation to one's location in a short-term police detention:

- a) lack of walks;
- b) quality of food;
- c) inaccessibility of methadone.

As already mentioned in the Literature review, the accessibility of methadone in short-term police detention and prisons is illegal in Latvia.

And that methadone, that it's not available. And regarding the lack of walks...prisoners have rights to take walks but they are not provided. About the food. Yes, these three – walks, food, and methadone. *(NGO expert)*

3.1.4. Individual attitude and assessment of colleagues' attitude towards drug users. Views on the current treatment.

There are two main addiction development mechanisms most frequently mentioned by the experts regarding their personal attitude towards drug-addiction:

- a) Most of the interviewed professionals think that addiction develops under the influence of the society and the surrounding environment. It can be particularly observed among youngsters, where their behaviour is led by their desire to belong to a particular group:

It's more or less the environment. At least, I personally, subjectively think according to my observations of young people...It doesn't depend on the family...It's very common in the so called youth parties lately...Everybody's having fun, and how can it be that you still haven't tried it all? You know nothing of the world. *(Police expert No2)*

The reasons have to be looked for in the society. One thing is that they want to be like others, the other thing is that they simply want to try...*(Prison expert No.2)*

My personal experience shows that drugs are being used when a person has some problems. Personal problems, social problems etc. *(Probation expert)*

- b) However, some experts believe addiction to be the fault of the addicted. Addiction as an illness is only the result of a person's choice. Because seldom there are cases when drugs have been injected forcibly, against the person's will. Usually people themselves choose to use drugs or not.

My opinion is a bit harsher. I can say it's their own fault, ok?! ..Well, we have come to it as an illness. Who made them suffer from this illness? ..I guess, they chose it themselves, no one made them do that. *(Police expert No1)*

I think it's a weakness of one's character, a loose discipline...They are people - those who have become addicted, they are anyway our brothers, children, ok?! Of course, they need medical treatment. That's my opinion. *(Prison expert No.3)*

Regarding the attitude of their colleagues towards the drug-addicted, most of the experts think the attitude of police officers is rather negative and denying. One of the main reasons for that is, according to the experts, lack of knowledge:

If we look, particularly, how the employees take it all, then it's very negative. Because... the policemen are afraid that they can, due to several reasons, fall ill (*get infected*) during their contact (*with an addicted*)...here, I think, people should get more informed. *(Police expert No2)*

..I must admit that the employees of the state police, those who get in the most direct contact with the drug-addicts themselves, not those who work with documents...I'm of the opinion that there doesn't exist a perfect understanding about those harm reduction measures – safe injection sites, methadone programs, other things... there are doubts among the employees whether it stimulates drug use as such or not. *(Mol expert)*

The fact mentioned by the expert of the Ministry of Interior, seems interesting, namely, that the attitude of police officers towards needle exchange sites sometimes is not very approving also because these sites, to a certain extent, taint the reputation of the police. If the number of the exchanged needles within the needle exchange program in a town is several thousands, it means there is comparatively large circulation of illegal substances, there is a great number of drug-addicts. Yet, if the police officially declares only some detained drug-addicts and a small amount of seized substances, the municipality authorities, of course, ask questions to the police about the efficiency of their work.

The expert of the MoH is of a strong opinion, however, that during these more than ten years, since there is the HIV Prevention Program in Latvia (at the beginning, it was called Needle Exchange Program), the understanding of the police about addiction-related issues has considerably improved:

Well, during recent years...that understanding has considerably improved...I think, the authorities...understand harm reduction as such now, no one denies its necessity... But what refers to the employees of lower level...there are...very different attitudes – some of them say they hear about harm reduction for the first time, others know about it very much, and it's really surprising that in the local authority discussions the police can tell about the program so wonderfully, and they accept it. And then, there are different little inspectors, who also work in this structure, nevertheless they don't find it acceptable – well, there are also that kind of people. *(MoJ expert No1)*

The experts have different opinions concerning the prison employee attitude towards the addicted. Some think prison employees understand problems of the addicts, others are of the opinion that the employees are more "pro" punishing the drug-addicts than providing medical treatment for them:

Overall, all our employees support, of course, medical treatment... We can try to bring them back to the right lifestyle. Even if we bring back only one person of ten, persuade him somehow, teach him to live without addiction, it's some result. *(Prison expert No.3)*

..40% think it's a disease, but 60% - vice versa *(they are for punishing the addicted)*.
(Prison expert No.1)

I've never talked personally with any of the prison employees about the issue but I guess...that second point of view that... addiction... to regard it as a disease that needs medical treatment, I think there are very few people of this kind of opinion. My opinion is that they see it more as a disciplinary offence causing problems and other effects, and they don't see it as a psychological problem that needs treatment. *(MoJ expert No1)*

The expert of the Ministry of Justice says that there are some prisons where the drug-addicted are separated from other prisoners but it is not about discrimination. Such practice helps to ensure order in a prison, and a drug-addict has no possibility to provoke non-addicted prisoners to use drugs:

..there are prisons where the addicted are put in one cell, which has, in a way, reasonable grounds – as a drug-addict in a cell demoralizes, disorganizes any possibility of normal life for others... It's a way to ensure that these drug-addicts don't cause problems for others instead of not disturbing... If he has an urgent need, he simply "gets on other's nerves", he provokes others, and he doesn't control himself anymore. But I think that... the endeavours of prisons to solve problems on the spot, maybe they're not right, very correct, but they have some reason. *(MoJ expert No2)*

Concerning the available treatment of the addicted, the experts have very various opinions. There are some who think the treatment is available in Latvia and having good results, while others believe there is almost no treatment available in our country, or there is not enough information about the possibilities of it:

I'm not in the way, let them treat. What's most important – the results aren't very bad. Actually, the results are the same around the world, some think 20% can be brought back, some add a little bit – up to 30%. According to my calculations, with the help of our activities, we could bring back 10 to 12%. (*Police expert No1*)

I think there's enough medical treatment... (*Prison expert No3*)

There are those opportunities to get treatment but they're not taken. I think there are, well, some two reasons maybe. First, the social agencies, perhaps, are not informed about the fact that, I mean... there, in such and such respective places, there are free places and people can be sent there. Why do I say that? We had a seminary, and the people from the Ministry of Welfare said, concerning this issue - yes, we have free places there, nobody sends anybody there (*for medical treatment*) etc., etc. I'm afraid, it's simply a lack of information. There is no coordination regarding the issue. (*Probation expert*)

..about the treatment, I don't see a very serious treatment in the country... Where can I hear in mass media about what should I do if I've faced that (*addiction*)? What should I know? How can I be healed? (*Police expert No2*)

The words of the Probation expert should be emphasized, that, in spite of the fact that the possibilities of the treatment in the society cannot be assessed unequivocally, the Probation Service ensures the treatment for its clients 100% from the state budget, as the addiction-related issues is one of the priorities of the Service.

3.1.5. Public perception of problematic drug users.

The professionals of all the three ministries have the same opinion about the society's attitude towards the drug-addicted including those in prisons. All experts say the attitude is rather negative and more in the direction of punishment than treatment. It could be connected with the fact that the state is currently having serious financial problems, and people cannot buy adequate quantum of food. In the result, the fact that the state money is spent on distributing free syringes for drug users, or that recently, a brand new hospital has been opened for prisoners, of course, is received with indignation.

The society, in general, thinks a prison needs nothing more than bare walls and a toilet hole in the floor. I think the society hasn't deepened in the addiction problems at all, and the issue of addiction in prison isn't of interest of the society. (*MoJ expert No2*)

..I'm more than ready to guarantee that most of them (*the society*) will answer that no, they all have to be punished, isolated from the society, we don't need them. Of course, until the day when it will be necessary to isolate their own child or themselves. Because the society is too lazy to think so far...there is not enough understanding in the society about the added value of the harm reduction program – about the advantage for the society itself. (*MoI expert*)

..when the retired count santims in their purses... they don't have warm meals even three times a day... I think it's a very complicated situation at the moment for discussing changes in prisons. (*MoJ expert No1*)

The expert of the Ministry of Interior indicates another interesting phenomenon in the society, namely, that the politicians are interested in the situation when the society is not well informed about the issues of harm reduction. The situation provides a possibility for them to go publicly against these programs at the right moment, which results in their becoming popular and gaining support from people.

..local politicians... take advantage of that (*harm reduction*) topic as the topic of the day, and they're interested in the topic to be not completely understood by the society. Because it's a controversial issue, hot debates can be held. And thus they can remind about their names and be in the centre of the attention of the society, and be politicians, rudely speaking. They can make use of the ignorance of the society. (*Mol expert*)

3.1.6. Special problematic groups who are problematic drug and alcohol users.

In general, most of the questioned experts think there are no specific inhabitant groups in Latvia for whom use of drugs would be more characteristic. Use of drugs is equally common among both Latvians, and Russians, among people of both lower, and higher social groups. The immigrants are not a problem group in our country either, as there are very few of them.

..the research experience also shows that those addicted are not identical. They come from the rich, the poor, good families, disadvantageous families. Practically, there's no difference. (*MoJ expert No2*)

However, some experts think the Russian-speaking people dominates among injecting drug users (as it is among the HIV-infected) – not Russians, but rather the Russian-speaking. It is believed that in order to forget their problems the Russian-speaking usually start drugs, while the Latvians more tend to use a great amount of alcohol. As the Russian-speaking have different mentality comparing to the Latvians, there should be specific prevention activities provided for this group:

..it seems that the Russians have other models of life or perception, they are more likely to take the risk of balancing on the edge of a knife. And maybe that's why they tend to "fall" (*get HIV infected*) more often. And a Latvian is a person who lives his life kind of more peacefully, drinks a beer, and this is more peculiar to him. I think Latvians are more tended toward alcoholism... (*MoH expert*)

I can agree about the Russians, that it's a specific group concerning the contents of preventive and educative measures. Because the Russians... those programs should be more attractive, more striking... The activities made for Latvian youngsters, which are efficient enough in terms of preventive measures, they will maybe make a Russian fall asleep, he won't get it, mainly due to his mentality, they are always more attractive, they are always more shining. (*Mol expert*)

However, in general, the Russians as a minority are not seen as a particular problem group, as practically all prevention services – informative materials etc. are available to the society both in Latvian, and in Russian. Also the medical care providers and the doctors of the methadone program speak both languages.

Some experts regard the Roma as a problem group in relation to drug use, as, although there are a rather small number of them in Latvia and the experts do not share the same opinion

whether there are a lot of injecting drug users among the Roma, nevertheless, they stand out with their mentality and inner laws. It is very difficult to get close to the Roma in order to perform prevention activities among them. The police professionals say it is also difficult for the police to get close to the Roma, as there are no employees speaking their language.

..their (*the Roma*) education is, I can say, very low or none, it's difficult to work with them and actually...they don't allow anybody to come near. (*MoH expert*)

..if we really thought about the spread of drug addiction among the Roma, then they would be regarded as a specific group, they are separated from the society, mostly. (*Mol expert*)

The experts of the police and prisons also believe drug traffic to be very characteristic of the Roma.

..here, mostly the Gypsies, work with the trade. (*Police expert No1*)

..they (*the Roma*)... sell... alcohol and drugs, they don't use it themselves. (*Prison expert No3*)

Many of the experts think there is no national division of the risk groups, rather there are some social characteristics, namely, the people included in the problem groups that also need a special attention come from social disadvantaged groups, especially regarding young people.

I think young people are to be included in the risk group, especially those coming from the lower section, of course, I don't deny the existence of addiction also in the higher section, but they have other reasons. But I think that risk group is youngsters from the lower social section. The wrong model of socialization has developed in their families through generations. (*MoJ expert No2*)

3.1.7. Country specific strategies for problematic alcohol and drug users.

In Latvia, the alcohol and drug related issues are being dealt with separately in the strategic documentation. Regarding alcohol, the State Program on Alcohol Consumption Reduction and Alcohol Limitation 2004-2008 has been adopted in the country, which is under the supervision of the MoH, and concerning drugs - State Program on Drug Control and Drug Addiction Restriction 2005 – 2008 under the supervision of the Mol. Such situation has developed because the authorities are still of the opinion that the main goal concerning drugs is to restrict their spread (which is the responsibility of the law enforcement bodies), and only then one can think about drugs as a problem of public health.

The expert of the Ministry of Interior believes, taking into consideration the experience of other countries, for example, France, it would be more correct to deal with the issues of the both addictions undividedly (at least at the prevention level).

The fact that the Ministry of Health is responsible for the alcohol program is right, I think, and it would be also right if the Ministry of Health was responsible about the drug addiction reduction program. Currently, as well as all these years, unfortunately, there exists such a general political view, I mean, among the members of the Cabinet and the Saeima, that drugs are more related to law enforcement, not treatment, or prevention...In France, the prevention of alcohol and addiction is being planned as one and the same measure. And the reduction of supply is being planned separately, as alcohol supply is principally a legal business...but drugs are an illegal business. *(Mol expert)*

Harm reduction activities, informative educational events (incl. those in prisons) have been reflected also in the State Program for Human Immune Deficiency Virus (HIV) and AIDS Spread Restriction in Latvia, 2003-2007. The time of the Program has run out and the elaboration of the new one for the period 2009-2013 is finished and currently submitted for review at the Meeting of the State Secretaries.

In Latvia there are no specific, separated national protocols and strategies to deal with problematic drug and alcohol users in police detention and prison. All drug-related issues in relation to the police or prisons are included in the three above state programs. The Concept on Prisoners Health Care is a specific document dealing with the health care of prisoners (incl. the issues on addiction treatment), however, the document is presently still being developed.

When inquired about the main obstacles to a successful implementation of the programs, all experts indicated the insufficient financial support as the main stumbling block, in other words, that the programs are very good and detailed in terms of their contents, all included activities comply with the EU requirements, however, due to insufficient finances, they often only „stay on paper”. Another important obstacle is also the attitude of the society and politicians as part of it towards the drug related issues (see Section 3.1.5. for a more detailed description of the attitude of the society).

..the main problem is finances. Actually, that's what it's all about. *(Mol expert)*

Not only finances. Regarding what we discussed previously concerning the attitude of our society...both the politicians and the representatives of other ministries, they are also a part of the society... Changes cannot happen in a day... a person facing this not so often, he has a certain system of values about what's right and what's wrong. If he needs to make changes in the concept, it's naturally not so easy to convince him. *(MoJ expert No1)*

3.1.8. Multidisciplinary collaboration among CJP and between CJP and other professionals.

The questioned professionals mentioned that the cooperation on the level of the ministries between the Mol and MoJ is excellent, and they have common understanding about all the drug-related issues:

..the cooperation *(with MoJ)* is excellent, the understanding is absolute and similar, and corresponds to the conviction of the Mol. The MoJ has never denied it and completely agrees that prisons are the place where the same medical treatment and other services should be provided for the drug-addicts as for those outside. *(Mol expert)*

The experts of both prisons and the police think that the cooperation between the Ministry of Justice and the Ministry of Interior is very good also on the lower level, the level of practical activity. It can be observed in practice in the cases when parcels of illegal substances are identified. In such cases, the employees of a prison contact the police, detain the person having brought the parcel until the police arrive, and further, the employees of the system of the MoI initiate criminal procedure.

..if there are people who bring parcels or... come to an appointment and try to bring in drugs, we detain them and hand them over to the police, which take further action. *(Prison expert No2)*

Those who deliver drugs are detained also in prison, those who come to a meeting, for example... get detained. The police get informed immediately about them. So... in these cases, the collaboration walks hand in hand, I could even say. Additionally, they've got the information on some dealers among the prisoners, it also goes to the police. The police are further working through those channels, so here we have cooperation. Nothing bad can be said about this. *(Police expert No1)*

The Probation Service also has good cooperation with the police concerning solving the cases of individual clients. The employees of the police take part in the local advisory councils organized by the Probation Service.

..we have the so called advisory councils... an advisory council is led by the Head of the Probation Service in the respective region, there are also Chief of the Police, Chairman of the Court, prosecutor of the region, a representative of the local government present, and then there is also a representative of the prison in the regions where there is one. Further, the respective specialists are invited when solving particular issues... they deal with certain social issues. *(Probation expert)*

The MoJ regards its cooperation with the MoH as problematic due to the distribution of finances for health care. In other words, as mentioned in the Literature review, the health care of prisoners is not financed from the common state budget of health care, rather from the finances of the MoJ. Practically, it means that prisons buy healthcare services from the MoH, and not all of the services provided free to the people outside prisons are provided free also to the prison inmates.

..unluckily, talking about healthcare...there are scopes of two ministries - MoJ, and MoH. The main problem about that money is that as long as a person has a family doctor, the health money follows him. As soon as he gets in prison, the registration to the family doctor is no more valid, and it's a question – where does that money go? It doesn't come into our system. *(MoJ expert No2)*

..now we have to pay a full price for the medical services outside the prison, except AIDS preparations and the specific ones for tuberculosis... All we can get from them *(MoH)* free, we make use of it all. If we can get something we need to pay for, and a prisoner or his relatives can pay, we can also... As soon as the question of paying arises, it's all over. *(Prison expert No1)*

However, the experts of the MoJ say an improvement of the situation can be observed – the MoH understands problems of the prisoners more and more, it has included the prison hospital in the joint hospital network etc.

..prison hospital... was at the beginning completely disconnected of the general healthcare system, now it's slowly getting closer... it's within the joint hospital network. However, the finances go through the MoJ. *(MoJ expert No1)*

Regarding the cooperation with addiction treatment institutions, the expert of the MoI says the ministry has concluded cooperation agreements on performing examinations in order to obtain the necessary basis of evidence for starting the processes:

..on the practical level, there have been several agreements concluded on the establishment of the influence, as it's necessary for us to get the basis of evidence, and call to account, for example, drunken drivers... *(MoI expert)*

In case suspicion arises that a person has used drugs, the person is immediately taken for a test. *(Police expert No2)*

We are often invited to be witnesses or experts in court proceedings...Then they come, interrogate our experts or do this in a written form, on different substances, their action, can such substances be found in medical preparations. So, we are closely connected with the police, I could say, as the experts. *(Treatment agency expert)*

MoJ believes there is practically no connection between prisons and addiction treatment institutions:

Regarding addiction, I could say there isn't... at least, I haven't heard that the Narcology Centre has done anything about prisoners. *(MoJ expert No2)*

Yet, the State Probation Service has a very good cooperation with the treatment institutions:

We also cooperate... for example, with the Psychoneurological Centre of Jelgava. By the way, they provide also treatment for the addicted, and we also send there our clients. *(MoJ expert No2)*

The cooperation of the Ministry of Interior with NGOs is weak. The reason is the wrong opinions that are deep-rooted in a part of the public sector about the employees of NGOs, as well as the lack of NGOs with adequate capacity in the field of drugs in Latvia.

..the cooperation with NGOs is rather limited, there is no such practice, as the general attitude towards NGOs is that they are strivers without special knowledge and without a particular wish to understand or learn something. But it's also a fault of the state, they don't very support NGOs. Simply, we have very few NGOs working with the addiction-related issues... *(MoI expert)*

However, the specialists in other fields – an expert of an NGO, and a representative of the MoJ believe the police could have a very good and valuable cooperation with NGOs during the period when a detained person is located in a short-term police detention, namely, NGOs could

consult the persons about addiction-related issues, inform about the available services, institutions providing help, about human rights. The expert of the NGO says there have been certain cases when clients come to a needle exchange site, and say that they have been advised to come by a policeman during their stay in the short-term police detention. However, the experts admit it will not be possible to introduce such services as a system in the nearest future due to the attitude of the police professionals.

..the policemen have personally advised to come to us, yes. No, it's not a system. *(NGO expert)*

The cooperation of NGOs with the MoI was mentioned only by the Police-college where the ex-drug users of NGOs are involved in the training of the junior policemen. There are also some non-governmental organizations involving the employees of the police in the work with comprehensive schools within their projects, NGOs invite policemen as lecturers for teachers and youngsters – to tell them about drugs and alcohol.

..in order to instruct the policemen, you have to come from that setting, you have to have used drugs yourself in order to tell about how it all is. Then we have organized specially for the employees of the police, we try to invite somebody who has been healed.
..We were addressed by a representative of *Esi lideris* (NGO "Be a Leader"), that encourages the young people to choose their future profession, they asked whether we could organize a seminary in order not only to tell what we do and how to become a policeman, but they wanted us to draw attention to drugs, their spread, how to detect... we showed different movies, told, did some lecturing... *(Police expert No2)*

Experts say the cooperation between prisons and NGOs is only campaign-oriented, and only on the initiative of NGOs. If an organization has a Project on prisoner training, the Prison Administration is glad to cooperate. But the MoJ itself has no money for buying services from NGOs. Nevertheless, the MoJ is of a strong opinion that if having the necessary finances, the ministry could hand over even several functions to the non-governmental sector:

..they (*prisons*) cooperate with NGOs more and more often but it again depends on the NGOs, as they have the money. If there's a Project and finances, it's not the same situation as many years ago, when prisons didn't want (*to cooperate*). *(MoH expert)*

We gladly work with all NGOs. If only they offer, if we don't need to pay anything, they are welcomed. *(Prison expert No1)*

Yes. People get involved in a project for a certain sum. Then there's no problem, as we simply call (*to a prison*), arrange the date, time, people. Of course, these people have to go through the security test, the commission. *(NGO expert)*

If we had money... there are several functions we could pass them (*NGOs*) over. For example, the consultation on HIV-related issues or on addiction... prisoners also believe them more. They are from the outside. *(MoJ expert No2)*

The cooperation between the Probation Service, and NGOs is very good, even more, the service has concluded with NGOs several agreements on the provision of rehabilitation services to the addicted. The cooperation is consequently systematic.

We have agreements with 2 non-governmental organizations. On the services of...social rehabilitation... And, of course, we cooperate also with many NGOs dealing with similar problems. But the cooperation occurs there on the level of consultations and mutual experience exchange. (*Probation expert No2*)

The expert of the NGO mentions also the fact that the organization represented by her has had a cooperation with the Probation Service also in a different field, namely, the Probation Agency had sent its clients within a project to the motivation programs organized by the NGO *DIA+LOGS*. Unfortunately, the cooperation has been interrupted since the end of the project.

3.1.9. Treatment services and harm reduction measures provided for problematic drug users in police detention / prison.

Concerning short-term police detention, all experts have an unequivocal opinion that there are no harm reduction activities or treatment possibilities available for the detained in Latvia. A representative of MoI thinks if a person involved in the methadone program is brought to a police cell, the dose of methadone could be provided in the cell, although the law makes no provision for such a case. There are, however, a few methadone clients in Latvia and the case when a current methadone client is brought to a police station has not yet occurred.

About the detained – there's nothing... if... if abstinence begin, call ambulance. (*Police expert No1*)

..no users of methadone have been detained yet.
..Needle exchange is inadmissible in short-term police detention, as syringe is a potentially dangerous tool... we don't need any needle exchange programs there. If a person is a PDU and the abstinence syndrome begins, we call medical staff to provide the necessary medical help for him. (*MoI expert*)

The situation in prisons is similar – no addiction treatment is available there, as the Law makes no provision for that (see a more detailed description of the Law in the Literature review). Only detoxification is available in prisons.

A special attention has to be drawn to the fact that at the beginning of the independence of Latvia (until 1992), prisons had a narcology service providing possibilities of addiction treatment for half of the prisons. Nevertheless, it was wound up due to the initiative of certain doctors.

..there's only detoxification... there's nothing else connected to that addiction... It's sad. (*MoJ expert No2*)

..There was a very large service... there were narcologists, nurses, finances, resources and all the necessary things... But it's interesting that it was done by professionals then. Those who knew the problem well. (*Prison expert No1*)

..if he gets into jail, the treatment process, of course, doesn't continue. 'Cause there's no such system in our country, so we also cannot help in any way. (*Treatment agency expert*)

There are also no harm reduction activities, except campaign-oriented informative educational events and pay condoms, provided in prisons.

In meeting rooms, yes, we have such possibility, in the vending machines (*condoms*).
(*Prison expert No2*)

Well, yes, but in the prison, for example, it's easier to bring in drugs than syringes. Everybody knows that. It's not a secret. So, this is the problem, that it's lousy with drugs but no syringes. (*NGO expert*)

Some eight years ago there were disinfectants available in prisons that were bought for the money of projects. However, as soon as the projects ended, the MoJ had not enough finances for continuing the disinfectant program, and it was stopped.

I was two years when disinfectants were available. Not in all prisons, but in several. And later, it was not because they weren't wanted politically, but it was because the prison system didn't bought them due to the same lack of money. The expenses weren't large, but they got rid of it, as they had other priorities. (*MoH expert*)

3.1.10. Availability of retoxification / throughcare programs.

There are almost no retoxification / throughcare programmes available in Latvian prisons. Some prisons have prisoner resocialization programs, nevertheless, it's still a long way to go for the Latvian penitentiary system to work with every prisoner individually already since the first day of his/her imprisonment. The experts admit it would be very necessary:

Well, definitely, it's necessary to work with a client since the first day. In all spheres, absolutely all spheres. Work with programs. Working with both social and psychological problems of people, and I think addiction treatment should be included since the first day. (*Probation expert*)

We... the goal of this is that if a person gets in prison, he goes through diagnostics, not medical but for his resocializing needs. It means, there's a team of people, including a narcologist, who identify the problems having caused the crime. Addictions are often the cause of a crime. And then these are the problems to be dealt with further during imprisonment. As a narcologist is present already in diagnostics, a person has received everything he needs since the first day in case of a perfect system. Including addiction-related issues, education, employment, behaviour correction, special programs. Sports activities, libraries... that's a full package you can get in a prison. (*Probation expert*)

There is no work with the relatives and family members of a prisoner carried out currently, although the experts of prisons themselves admit it would be very necessary, especially, in cases when a prisoner is a drug-addict:

Addiction as such is... not necessary a problem... of the addict, but it's more a problem of the surrounding people, I mean, the family, the people he contacts. If he causes problems for himself, he hardly often realizes that. But he causes problems for those around him. His family, people close to him he gets in touch with. (*Prison expert No2*)

A well-working Case management system has been developed by the State Probation Service. The probation specialists work with each early released prisoner individually. A so called consultative council has been formed in every region in order to ensure this.

Professionals in different fields come together to discuss solutions to the problems of a particular prisoner (see Section 3.1.8.).

..that's our opinion, we don't have common guidelines about what we have to do... in some general cases. Each person individually gets information, all these things are adjusted for him individually. Of course, it's difficult, as the scope of problems is awfully, awfully big. Sometimes it seems that the problem is a small matter, but if we manage to solve this small matter, it gives a possibility for him to go further more or less independently. (*Probation expert*)

Yes, it turns out that we have prisons from the Russian times, and Canadian probation. (*MoJ expert No2*)

3.1.11. Alternatives to custody for problematic drug and alcohol users.

As it was mentioned in the Literature review, the laws and regulations of Latvia provide for possibilities to apply alternative punishments for law breakers, namely, a court may release a person from serving a sentence if he/she has agreed to medical treatment for alcoholism, narcotic, psychotropic addiction or toxic substance addiction. A person could be exempt also from the administrative liability, if he/she has voluntarily attended a medical treatment institution for medical assistance in relation to the use of narcotic and psychotropic substances. However, this alternative – to send a law breaker for treatment instead of imprisonment is not being applied in practice.

The experts think implementation of such alternative measures would bear better fruits than reinforcement of punishments. The longer a person is in prison, the greater the possibility that he/she will not be able to integrate him-/herself in the society after imprisonment. The average imprisonment term in Latvia is five years, which is very long comparing to other countries, for example, Norway, where the average term is nine months.

Exactly, it's better to provide an alternative, to go for treatment with their consent, and I think this would bring a better result... I personally think at least those persons imprisoned for very long terms, they are annulled for the society... They are annulled and that's it... As a pastor said, they are prisoners until the end of their days, not convicts, but prisoners. (*Probation expert*)

Of course, there have to be different measures. Prison does wonderful things with some people, and I personally know people who have been set free from addiction in prisons. They also say it - prison saved me. But there are people who are harmed by that. I know people who have begun using drugs in a prison. I he has been outside some, I don't know, some glue sniffer, then in the prison, I'm 100% sure, he will start drugs. And I know also such... I don't know any addict who would have quitted using due to fear of punishment. (*NGO expert*)

The experts think the main obstacles to the implementation of alternative measures to punishment in our country are the following:

a) ignorance of the executives, lack of information:

Lack of information, it's also... the level of qualification... of different employees... also employees of courts, prisons, prosecutors... Unfortunately and funnily enough, judges think it's rather complicated and difficult, they're afraid to make such decisions. *(Probation expert)*

b) lack of treatment / rehabilitation possibilities:

..in those cases, I think it's not that simple, first, treatment is not for free, secondly, it's not available in all regions. In rural areas, it's very limited. So, the state advises people to want to get treatment, but it actually does everything to deter him from meeting his liabilities. *(MoJ expert No2)*

Rehabilitation in Latvia is very weak. There are some state centres. And it's a ridiculous number... Ok, they will make people to go through that rehabilitation, and where will we put them later, if we have only 2 centres for adults, and one for the adolescent? Where? *(NGO expert)*

c) deficiencies in the laws and regulations, ie., lack of alternative measure implementation supervision mechanisms:

..We simply have no control mechanism... there should be some, I don't know, instructions, Cabinet Regulations or that process, how will it function, and who will control it. Because not doctors will control it, and if he comes, he comes. But if he doesn't, the doctors should inform that he's stopped the treatment. That mechanism hasn't been adequately developed. *(Treatment agency expert)*

However, the probation expert thinks the mechanism could be very simple, and the supervision of the implementation of an alternative measure could be completely ensured by the Probation Service:

..the system would work very simple – if he's put on probation, he has said in the court – yes, I want to get treatment, the judge can make such decision, if it's voluntarily, he can write exactly so in the resolution, and he can write that the control will be performed by the Probation Service. That's what it's made for. *(Probation expert)*

3.1.12. Police detention / prison as a good opportunity to achieve problematic drug users.

The experts unequivocally support the statement that police detention or prison is a good opportunity to reach problematic drug users. The experts speak less and more evasive about short-term police detention as places for implementing drug related measures, rather they mention prisons with certainty.

I completely agree, it's a very good place. It's a basic self-control over them. Both in prisons, and police stations, as they more or less appear on the horizon... A drug-addict is brought to a police station. An official in the police station would know whom to call, a liaison person of an NGO, and then, when a youngster or anybody, not necessarily a youngster, has „come to himself” and can be talked to, the NGOs begin to... It would be perfect. *(Police expert No2)*

We wrote already many years ago both to our Minister and the Minister of Health that it's very advantageous for the society to take that opportunity, as our average term for prisoners is five years... They can take advantage of the time when they're feeded... there's a very good supervision over those people. We can implement very many programs. *(Prison expert No1)*

The prison employees themselves say prisons are the most perfect place to work with drug-addicts, let's say for prevention, as, thanks to the daily regimen, it can be controlled better. *(Mol expert)*

I also say it's so. They have nothing to do there, there can with them in any way... work. They can make different groups and what not... small groups with three, four, five persons, go on, get specialists involved, perform behaviour corrections, aggression reduction, social contacts, anything you like... It's an opportunity that presently hasn't been taken. *(NGO expert)*

3.1.13. Views about provision of harm reduction tools.

It was mentioned in the above section that the experts admit a police detention or prison to be a good place for implementing different measures related to issues on drug addiction. Nevertheless, when asked about the implementation of certain harm reduction activities, different opinions appear. Several experts (especially, those of prisons and the police) become evasive and not very positive about the implementation of some certain measures.

Practically, none of the questioned professionals sees a necessity to implement in short-term police detention such harm reduction measures as needle exchange or disinfectants.

No, in a police detention, it wouldn't be good if there were *(syringes available)*. *(NGO expert)*

They share different opinions concerning methadone for persons having been involved in the program before their detention. The police experts are of the opinion that it would be a breach of law, without any discussions. Specialists in other fields say providing a possibility to continue the therapy in a police station would be necessary though.

Methadone is a thing that should be definitely introduced both in police cells and prisons. (NGO expert)

..if there were (*methadone*), it means, medical staff would be necessary in a police all the while. This is also kind of specific, who needs, who doesn't, what he needs that moment. It's my subjective opinion again, I don't think it's the state police that has to deal with it, it's a health issue nonetheless. To put these nuances on the shoulders of the police, I don't think it would be necessary, it's not within the scope of the police. (Police expert No2)

However, the experts share the same opinion concerning the initiation of methadone therapy in a police cell – that it is quite impossible, as it takes time to find an optimal dose of methadone for each person. And there is no need for the implementation, as it cannot be separated from motivation activities, which haven't been introduced in police stations up to now, and will not be introduced in the nearest future due to the attitude of the police:

It's not that simple to do that at the moment, as we, for example, in order to find the optimal dose, we deliver him to a hospital for a few days, you know, to find. Because a overdosing can occur often, and who will be the one who tells what dose can be given?! (Treatment agency expert)

Let them not initiate. I think a person has to be motivated in order to begin a methadone therapy. And it has to go together with the psychosocial work. And in a short-term police detention, I don't think they should introduce it. Because I think also the evaluation... whether a person needs this therapy or not... it also has to be more serious... (NGO expert)

The experts have different thoughts concerning information measures in a police cell. The expert of the NGO says it would be a perfect place to reach drug-addicts, provide them with the information on the possibilities of help, needle exchange. The expert also believes the police employees, after having gone through an appropriate training, could inform the detained themselves, without involving NGOs. However, police professionals do not think such cooperation possibility is necessary or real:

..if they (*police officers*)... would give information on the very rehabilitation possibilities positively... what he has to do if he wants to quit. But not... „under pressure“... but positively. It would be a great resource, as all addicts go through the police sooner or later. (NGO expert)

Police has to tell... we fight against him and we will be those to advise him to exchange the syringe. Ah? We not a structure of charity... Let them do that (NGOs), we're ok with that... but don't impose it on the police, and we won't instruct anybody to... exchange syringes. There ain't no kindergarten here. (Police expert No1)

Concerning harm reduction activities in prisons, the experts are more positive comparing to what they said about police cells. Of course, all experts support the idea that, first, one's utmost must be done in order to eliminate drugs from prisons completely. Nevertheless, it's no secret that even the hardest efforts to eliminate the availability of drugs to zero will not bring the desired result.

One of the prison experts is against any harm reduction activities and believes these activities are, first, „money laundering” and a personal advantage of certain persons. Secondly, he thinks there are more important problems in the world in the need of the state’s money, for example, treatment of children etc.:

I would say it’s all money laundering and money making... let’s speak honestly,, if nobody paid you and you had to buy those syringes for your own money, I think you wouldn’t distribute them... so, you distribute them at the society’s expense, those syringes, at expense of those very people obedient to the law... we have so little finances...we don’t have them... we have no money for children treatment... (*Prison expert No3*)

In general, however, the experts admit several harm reduction activities should be introduced in prisons for public funds:

a) methadone. Some experts think there is no need for methadone in prisons, nevertheless most of them believe prisons should definitely provide a possibility to continue the therapy there if a person has undergone it before getting in prison. Some experts, however, are of the opinion that it would be possible even to start methadone therapy in prison.

..about that needle exchange and introducing methadone program, I don't think it will help... other ways have to be found... (*Prison expert No3*)

As they say, he won't be a heroin-addicted, but a methadone-addicted. Later he will be a dimedrol-addicted, then coffee and everything's gonna be alright, ah? ...honestly, I haven't heard about any positive results worth making any changes. (*Prison expert No2*)

Our idea was that those involved in the methadone program, if they get in a prison, there will be a possibility for them to continue it in the prison. (*Treatment agency expert*)

..actually, there should be the same possibilities in prisons as outside them. If there is a methadone outside a prison, it should be also in the prison. (*MoJ expert No2*)

From the harm reduction point of view, I don't see any reason for not introducing methadone in a prison. (*NGO expert*)

b) disinfectants. There are mostly no objections against disinfectants also from the prison experts, which is a little surprising, as they are so explicitly against distribution of syringes in prisons. Because the goal of ensuring of availability of disinfectants is identical with that of needle exchange. This observation could be explained by the fact that a syringe is seen as a weapon that can be used for doing somebody a mischief, which cannot be said, of course, about disinfectants.

Yes... there have to be disinfectants at least. (*NGO expert*)

Disinfectants and condoms are not in the way of the interests of the MoI and public security. (*MoI expert*)

In addition, some experts of the MoJ and MoI had not heard about ensuring the availability of disinfectants as a harm reduction activity before, they were ignorant of the existence of such an activity.

c) informing, consulting, support and self-aid groups. Practically none of the questioned professionals is against these activities. The experts think the scope of issues prisoners need to be informed about and educated in is wide – starting from human rights issues and ending with infection and overdosing prevention. The expert of the MoH is of a strong opinion that it would be necessary to make also VCT more available, which is currently free for prisoners only at incarceration.

..there's nothing to discuss, it's obvious – the more a person gets informed, the more the person understands. *(MoJ expert No1)*

Of course, it's necessary. Information, support groups. *(Prison expert No2)*

The experts mention also peer education as an efficient prevention and motivation activity:

..that self-education is the most efficient thing, when a person gone through it tells about his feelings, and actually, what he has realized helps also him for motivation. 'Cause if you say it loud once more, you decide yourself in your... There's nothing to debate about. It's 100% right, I agree with that. *(MoJ expert No1)*

However, two of the questioned experts think intensive informative measures and the involvement of popular persons in such activities does in general more harm than good, as people get more interested in drugs as such, in homosexual contact:

..Mercury! They spread abroad that he's such and such kind of person, that he's a gay and ill etc., etc.! And what do the youth do? He was an idol for them, right? ..and why not, if their idol has tried it, why not them? Do you get it? ... Back in my days, I know, we were walking around the drug scenes to visit other young people, they got posters on walls with him... we promote, advertise everything... There's a bigger stir than good of that all. ..if we start to visit them (*drug-addicted prisoners*), work additionally, it's not right not to go either, but that makes others, well, damn it, look how well those drug users live! ..He won't include himself among the addicted but already say: I'll go with the addicted... at least I'll have some time to talk to the girls who come with their lectures... *(Prison expert No3)*

And also the employees (*of prisons*) themselves say that you can do lecturing, but it's nonsense. *(Police expert No1)*

d) syringes. The opinions of the experts concerning needle exchange in prisons differ radically. The professionals of the Ministries of Justice and Interior are still of the opinion that needle exchange is, first, against the main objective of the institutions they represent – to reduce the supply of drugs to maximum. Secondly, the professionals think such activity will foster the spread of drug-addiction in prisons.

Yes, in the prison (*needle exchange*)! ..if we look into the reality... as a research in the Valmiera prison showed that one syringe was used 100 times. Well, then...(NGO expert)

I personally am of the opinion that it wouldn't cause any problems if we did that (*exchange needles in the prison*). It's my opinion. And we could train everybody, organize everything... (*Prison expert No1*)

..I think it's unacceptable that we exchange syringes here, as if we supported the use... we exchange for a person while ten others see it, sooner or later a person will ask why that one gets them but I don't. What does he use if he's so special. It would stir additional interest. (*Prison expert No2*)

You come in here with syringes and I have to tell them all: don't look, put a hand over your eyes, she will now distribute... but meanwhile, I have to ensure that no prohibited objects are present here. That little syringe is the same stabbing weapon... It's absurdity! I don't know... well, let's then take off those fences and distribute to them, let's open a centre where they can go to the medical care section and a doctor will stick them. (*Prison expert No3*)

e) condoms. The attitude of the experts towards the distribution of condoms in prisons also differs. Most of them think free condoms should be definitely provided in all prisons, but some of the prison experts think the distribution of condoms will facilitate homosexual contacts and sexual abuse among prisoners.

I agree, I think they should be provided with free condoms. (*Treatment agency expert*)

I'm totally pro condoms. (*MoJ expert No2*)

The distribution of condoms in prisons is neither ethical, nor right... first, if they do that with each other – that's unnatural, it's not created by God... you see, a person has no disposition to that but he gets provoked by giving him that condom... a thought crosses his mind! ...you know it well, for example, if you don't have a candy, you don't eat it. But if there's one on the table while you're watching TV, ah, you need to eat it, don't you. About those condoms, I will tell you why we're so categorically against it. We had a case three years ago. They came, spoke about it, distributed condoms. There were 3 fellows who saw that and thought: we've got condoms, let's try. We've never tried it before... In the night, they secretly dragged one in (*a prisoner*), he started to resist, well, they stabbed him. Here you are! Maybe, if there hadn't been those condoms, it wouldn't have happened? (*Prison expert No3*)

We must admit that such campaign-oriented distribution of condoms might result in stirring interest of prisoners about sexual contacts, nevertheless, if condoms were available all the time, it would be a routine, it is likely that there would not be such acute interest among prisoners.

It must be emphasized that several experts affirmed the opinion of the WHO that harm reduction activities have to be complex, as the implementation of a certain measure will not solve the drug and infection problems in prisons:

I personally think, that it should be an integrated and complex measure... *(MoI expert)*

Some experts suggest implementing pilot projects in certain prisons, which could make it possible to judge, according to the results, whether it is necessary to introduce harm reduction as a system in Latvian prisons:

.. not always we can predict the future results. A pilot Project would bring some results. No matter, positive or negative, but at least we'll have some results. *(Probation expert)*

Yes, pilot projects would be even better, as they would then show those problems... the daily routine of a prison, the whole procedure, then it would be clear, what works and what has to be done another way. *(MoJ expert No2)*

According to the experts, the greatest obstacles to the implementation of harm reduction activities in Latvian prisons are the following:

a) lack of financial and human resources in prisons;

..that all always stops because of money, as no money was provided for any of the Drug-addiction programs, at least concerning prisons... simply, they have neither specialists, nor finances for that. *(Treatment agency expert)*

..what we can afford currently, it's to make use of the international funds, try it in practice. There will be no state resources for that for a while. *(MoJ expert No1)*

I think they could certainly begin something in prisons and think about the alternative therapy, but we have no finances for that and we have no narcology service here... no staff units... *(Prison expert No1)*

b) deficiencies in the Law. According to the laws and regulations, neither addiction treatment, nor harm reduction programs are permissible currently in prisons (see a more detailed description in the Literature review);

And the ministry itself *(MoJ)* talk aloud that harm reduction programs are necessary in the prison... In fact, only the legislation has to be aligned, and it would be possible. *(MoH expert)*

- c) the attitude and lack of understanding of the respective authorities and the prison employees

The first problem is the attitude. The attitude in prisons, first, but also on the managerial level... I think as soon there appears political will or the will of the authorities, attitude, as soon as it happens, it will all go on. (*MoJ expert No2*)

..it's a politically sensitive issue. Basically. Because if there was a political agreement and understanding, also finances would be found. But nobody wants to give the money for things they're not sure if they're useful. (*MoI expert*)

Training. It's necessary to train both the chiefs of an institution and the middle level. And then they can implement (*harm reduction activities*) ..I think we have some higher authorities who are against it. And when I speak with the criminal police, they are also very against the admission of syringes. (*Prison expert No1*)

At the end of the interview, one of the prison experts was of an opinion that more attention should be drawn to working with the society, drug-addiction prevention in the society in general instead of fighting for the implementation of harm reduction in prisons. In other words, more work has to be done concerning the causes of drug use and breaches of law, not the effects. Imprisonment is only an effect of problems in the society:

Because the problem is found in the society. Let's begin with the problems in the society that often lead people to this prison... The state will decide and say – go on, there's no problem (*let's introduce harm reduction in prisons*), but it won't change the cause, it won't solve the problem situation... We should (*work*) with the cause, not the effects. (*Prison expert No2*)

3.1.14. Measures, initiatives that would help the law enforcement agencies to deal more effectively with PDUs.

As already mentioned in the section 3.1.13., the experts have radically different opinions concerning the implementation of harm reduction activities in prisons, however, an obvious common opinion of the professionals is found in the interviews that it would be also necessary to introduce drug free areas in prisons. And in these areas, addiction treatment and harm reduction activities could take place, as there would be only drug users present in the premises, and thus, for example, needle exchange would not stir unhealthy interest about drugs among the non-addicted.

The experts are of the opinion that in an ideal case, separate sections for drug-addicts would be necessary, as well as concluding an agreement with a prisoner, in which he undertakes the liability to go under treatment and quit using drugs. If implementing the agreement, he would receive bonuses (for example, more meetings with relatives, an opportunity to make meals for himself, early release etc.), and if breaching the terms, the prisoner would be brought back to the normal prison and serve his time there:

..separate sections for those involved in the programs and having concluded the agreement. Their liabilities should be definitely stated in the agreement... here, some bonuses should be given to them in order for them to agree to accept the treatment here, so that he simply desires to live there for a while. *(Police expert No1)*

..these active users should be somehow isolated from others, then they couldn't share their experience with the non-addicted. If they are together 24 hours, sooner or later they will talk about everything including drugs, there will be one finding his experience positive in a way, namely, what a pleasure, I can escape of all those problems, come on. *(Prison expert No2)*

I think the first and only thing we should do in Latvia... is treatment in prisons. It's the first and most important issue. If we solved only this great problem, ok, other problems are less important... And concerning the development of this new policy of punishment, one of the included items is different bonuses in prisons if he agrees to a voluntary treatment. *(Probation expert)*

The experts identify several substantial obstacles to the implementation of the system, similar to the ones discussed concerning the implementation harm reduction activities:

a) lack of premises:

Only, what needs to be done, premises have to be found, as those premises they have are not appropriate for the treatment of drug-addicts. *(Police expert No1)*

b) lack of financial and human resources:

Finances, staff has to be provided at once, because in prisons... the medical staff they have, they won't be able to handle the program... Oh, well, yes, it's all about money. A hundred per cent, money. *(Police expert No1)*

c) deficiencies in the Law:

The Cabinet Regulations have to be respectively adjusted for 100%. Only then something will work... It can be done, the legislation is the key factor...*(Police expert No1)*

..only we have to think about changes in the legislation. And this is already being done. *(Probation expert)*

d) lack of political will:

Political lobby and political need is necessary for that. Well, somebody has to fight for it. If we had charismatic narcologists... *(MoH expert)*

Also here, as concerning the implementation of harm reduction in prisons, some experts suggest introducing a pilot Project - creating a drug free area in a prison and check whether it works in our country or not. In case of positive results, there will be a potent argument for persuading the sceptical prison employees and politicians.

I think it can be solved by introducing a pilot Project in a prison... one of the sections has to be reconstructed to provide the two flows, then it can be solved. (*MoH expert*)

It was found out during the interviews that, nevertheless, there still are some among the professionals who think addiction treatment is not necessary in prisons. They think the key thing is to direct all the resources to prevent drugs in prisons:

..I think the best... treatment in prisons is ensuring such conditions that drugs cannot enter here... the finances provided for that treatment... should be directed to improving the security, to... improving the conditions of prisons, to excluding entrance of the strongly prohibited objects... that's all, that treatment is... that he's not able to get it... let's better make such fence that they cannot throw over. Let's make, let's place such equipment that identifies when entering... whether he has that substance or not. (*Prison expert No3*)

The above expert thinks also the treatment could be replaced also with possibilities to work and acquire education:

..the treatment is not understood literally with the help of methadone, it could be education, that he definitely has to study, he has to be trained for a profession, there are not such possibilities currently... Oh, then I understand that he has found a profession, he has some opportunity to apply for a job at once... (*Prison expert No3*)

The experts of the MoJ think renewal of the Narcology service as it was until 1992 in prisons is necessary (see Section 3.1.9.). Developing a unified Narcology service in the penitentiary system may be more simple and demanding less finances than introducing drug free areas.

There are no questions about the necessity of the Narcology service in prisons. Of course, it's necessary... the current issue is only money and the development of the regulations, as there are no regulations by now. (*MoJ expert No2*)

The next activity to be enlarged in prisons, is, according to the experts, psychologist services, as all experts say most of prisoners get over physical addiction due to the fact that drugs are not available or difficult to access in prisons. However, psychological addiction of prisoners stays. And it means that immediately after the release a prisoner returns to the previous social environment and starts using drugs again. There is a psychologist working in some places. But, as it is one employee on average 400 prisoners, he/she is difficult to access and he/she physically has no time to devote the necessary attention to each client.

..we ensure that nobody having come here has access to drugs, he automatically excretes his those toxic things in 2 to 3 years. It's just that we need to think again about the work of a psychologist, that work, when we prepare them for early release... that he doesn't return to that track after leaving our institution. (*Prison expert No3*)

Let's say, here are some 400 people (*prisoners*), there's one psychologist. There are plus minus 160 work hours in a month, 400 people; how many minutes or seconds can the psychologist devote to each person?! (*Prison expert No2*)

He may have no physical addiction anymore, but psychological addiction is still there.
(*Probation expert*)

It should be mentioned that the expert of a Treatment agency emphasizes in the interview that there is not enough correct information in Latvia on an exact number of drug-addicts in prisons, especially – how many injecting drug users there are. So, it is impossible to come to a conclusion whether and how widely needle exchange and treatment services should be introduced. Thus, the next activity to be done in the nearest future is research.

The question is only about how many injecting drug users there are in prisons... So, some research should be done first to tell whether it's a good reason... I'm not sure injecting drug use is widespread (*in prisons*). The fact that they use different toxic pills, get dizzy in other ways, that's true. But how many cases of injecting drug use in prisons are there? Well, that should be found out first and then we can talk about some disinfectators or needle exchange. (*Treatment agency expert*)

The experts have different thoughts concerning the question whether it would be helpful to hand prison health problem solving over to the MoH (see Section 3.1.8.) and whether it would enhance finding solutions for addiction problems. Some experts think it should certainly be done, as if the MoH takes care of health of the inhabitants, then prisoners are the same inhabitants. Other professionals believe it would be enough if the state provided enough finances for the MoJ for prisoner healthcare. Then the Ministry of Justice could buy the necessary amount of services from the MoH and it would do.

Well, for example, in Lithuania. If they (*prisons*) cannot do anything themselves, organize some medical activities, they do it from the outside and the Ministry of Health pays for it. Romania. The same. The Ministry of Health pays. (*Prison expert No1*)

I don't think it should be forced to the Ministry of Health in some way. If the Ministry of Justice had money, they could conclude agreements with the Ministry of Health or other structures and ensure that. (*Treatment agency expert*)

Concerning short-term police detention, the experts are of the opinion that it would be good if a doctor could work in the station or if there was a systematic cooperation, for example, with a local family doctor. Currently, examination of health condition of a detained person (can the person be located in the cell for several days or ambulance should be called) is within the scope of the employees of the police.

..I think it's necessary (*to have a doctor working in a police station*), because there both drug-addicts and those having used some kind of alcohol plus drugs detained, and that's why it's difficult to tell what is the cause of those problems or why did his heart stop etc.... And often policemen suffer, as they don't gave such detailed understanding as a doctor has, they are not specialists in the field. (*Police expert No2*)

As one of the obstacles concerning the implementation of harm reduction activities was found to be lack of understanding and knowledge of the professionals and authorities, the experts share the common opinion that one of the activities for helping in solving drug-related issues in prisons is training and education of the employees and politicians. Including the necessary experience exchange events, which is supported also by the prison professionals themselves (see Section 3.2.2.3).

I think the training could be *(useful)*... I think only the training. *(Treatment agency expert)*

..here we should begin with the fact that the employees have to be instructed, it's a rather specific field overall... *(Prison expert No2)*

Actually, it shows what politicians, people of the ministry should do – they should be brought somewhere to get experience. *(MoH expert)*

..maybe they should all be brought to Estonia, and questions like „we cannot do that, why should we do that,?“ would disappear immediately. *(MoJ expert No2)*

3.2. Training.

3.2.1. Current training provided for police officers / prison staff in dealing with problematic drug users.

In general, the interviewed experts admit that both the police and prison employees in Latvia are being very poorly instructed on drug-related issues. Thus, as it was mentioned in the previous sections, the experts think training of the professionals of different rank would be very necessary.

The experts are of the opinion that the penitentiary system in general has problems with the organization of educational and any kind of training for the employees of prisons. There is no higher educational establishment in Latvia currently that prepares the employees of prison. Earlier the Police Academy had such program but it was abolished. Thus, the Prison Administration Training Centre in Jurmala has been lately closed due to lack of finances. Its activity has been reduced and some training is provided on the basis of Matisa Prison.

We had a training centre, now it has been cut, also its scope is getting smaller, it's also not very good. It's all about finances, nothing more. *(Prison expert No1)*

The experts say the training of prison employees on drug-related issues are only campaign-oriented, they take place as a part of particular projects. Due to the rather great labour turnover in prisons, the level of prison employee knowledge on these issues can be considered low.

There are some persons who are competent, these are persons who work here for a long time and who were involved in all programs... for example,... we had... such programs as *Twining* projects. For example, with Germany, Austria, there were some projects with Estonia. Well, those people are trained... but due to the movement... *(Prison expert No1)*

There are no special training related only to drugs. *(Prison expert No2)*

Nothing happens, actually, concerning prisons. They say themselves their employees are not trained. The only people knowing something is the medical staff. That's all *(Police expert No1)*

..I could even say they have no training at all, because when people begin their work in a prison, they have some 640 hours, but I'm afraid... it's good if the addiction is even mentioned as a problem there. They have no training, besides, our system is bad, as there's no system of further training for the employees. (MoJ expert No2)

Currently, addiction issues are little discussed with the employees by the Training Centre that has been developed on the basis of the Matisa Prison. Basically, the training is provided for an employee when beginning to work in a prison, not repeatedly, systematically. Types of drugs, symptoms are discussed during the training, but harm reduction is practically not mentioned.

Well, our Training Centre touches that a little, little... We discuss drug-addiction more than harm reduction. They tell a little about drugs... What are the clinical symptoms. A little bit about the ways it endangers other people. Both the employees and the prisoners. Well, such way. In addition, they speak about working with such people, how you need to talk to them in order not to provoke them, in order... (Prison expert No1)

Thus the topics currently discussed a little in the prison employee training are the following:

- a) types of drugs;
- b) clinical symptoms of drug-addiction;
- c) behaviour of a person using drugs. Safety in working with drug-addicts.

The questioned expert of the MoJ believes also that a special attention should be drawn to the medical staff of prisons, as the negative effects of the separation of prison healthcare from the general healthcare system can be observed also concerning the training issue, in other words, prison doctors are not included in the system of public medical staff training:

Besides, those prison doctors are not included in some general training processes concerning public health. They are excluded of it all. I tell you, that isolation of the systems, they have very negative effects for a long period of time. (MoJ expert No2)

However, a positive fact is that, as the Head of the Probation Service says, the service has recently elaborated a profession standard called *Specialist Working with Penitentiary and Probation Issues*, which means that starting from the academic year 2009/2010, universities have an opportunity to start to prepare such specialists. It might be a great contribution to the increase of the prison employee education level and prestige of the profession.

Further, discussing the training of police officers, the situation looks better. There are two educational establishments currently preparing police employees - the Latvian Police Academy and the State Police-college. The experts say some regional schools are also working under the State Police-college in Latvia. The level of the state police employee education is being regularly examined and according to the results, the training is repeated. There are also lecturers from Drugs Prevention Department of the State Police, Narcology Centre, Disaster Medicine Centre and other places invited. According the Law on the Career Course of Service of Officials an employee has to go through a certain number of professional development courses at least once in two years. The employees receive a certificate at the end of the courses. The professionals say the above training includes also drug-related issues. However, similarly to the penitentiary system employee training, also the police place a greater emphasis on topics related to the types of drugs, clinical symptoms, identification and work safety, not harm reduction and ways of helping the drug-addict.

We have also our own training programs on drugs. So, its not that nobody talks about drugs here... we talk about prevention, methadone and subutex... We train people to detect drugs and perform an express analysis. I could say it's a wide program. *(Police expert No1)*

..such courses including those on drugs are being organized around the country... we inspect the situation in the Republic, and then provide the courses here as necessary... And we have a positive thing – anyone coming to work in the police goes through the State Police-college. So, the system is currently perfect for the employees of the State Police. *(Police expert No2)*

Different structural units of the Ministry of Interior have also the opportunity to provide professional courses for their officials, which are bought from the Police Academy. The above drug-related issues are also included in the courses. The structures of the Mol have enough finances for providing training for their employees. The prison system, however, lacks finances for that very much.

..we have professional courses... we provide it, Professional training... on combating drugs... the finances come from the state and they have been directed to the training. It is transacted to the police and then to the academy. *(Police expert No1)*

The officials of the State Police have a regular possibility to participate in international courses including those on drug-related issues. The courses are organized by the International Association of Colleges and CEPOL.

The State Police-college is included in the International Association of Colleges... within the association, different courses are organized including also drug use and problems. And, of course, there's the so called CEPOL course... I'm not the only one who has studied there, also the employees of our State Police-college and the State Police. These courses are held every year in each country... *(Police expert No1)*

However, the experts of the police and others admit knowledge of the police officers on HIV/AIDS and harm reduction are more than not enough, which results in lack of understanding on these issues. Probably, although the training system of police officers is in a good order, when discussing addiction-related issues, emphasis is placed only on professional matters in relation to the field, and not on needs of the public health concerning drug use. Thus, a conclusion can be driven that more training on drug and harm reduction related issues is necessary for police officers.

But... you know, I think, this is a little wrong at the moment. Maybe it should be more detailed, special courses should be provided *(on drugs and harm reduction)*... we'd like some more. *(Police expert No2)*

..in order to ensure understanding, I'm convinced there should be seminars, information is necessary. I know there are some programs on narco-criminality reduction *(for police officers)*, but they are more about combating of narco-criminality, so, it's more about police work, and not about harm reduction and other things being initially more apart from police work. *(Mol expert)*

The police, I guess, is concerning the matter... on a kind of a zero level instead of saying they are in huge minuses... *(said about the understanding of harm reduction activities). (MoJ expert No2)*

..they *(policemen)* still are surprised about the programs you use, they don't understand at all. They...don't even understand the HIV/AIDS issues. They ask simple questions. It would be very, very necessary *(the training)*. *(NGO expert)*

It should be emphasized that, as the system of police employee training functions well, it would be more useful not to organize a separate special training for the police employees on problem drug use and harm reduction issues, but rather to try to include it in the existing training system. The director of the Police-college was very positive about such suggestion and agreed the instructors could come also from the NGOs and/or from the midst of public health specialists. However, he thinks the initiative should not come from the Police-college, but rather from harm reduction professionals.

An excellent training system was mentioned in the interview by the expert of the Probation Service. The probation employee training is very systematic and addiction-related issues have a special role in them. Besides, these training programs are licensed, which means they are nationally recognized.

Yes, there has been a training system developed in our agency, it's our interior training system, within which we train absolutely all our employees in the field *(harm reduction and problem drug use)*... I believe those knowledge are enough... for the employees working in prisons... those working with clients have also specific knowledge on the issues. They acquire the knowledge intensely. Deeper than other employees of the Probation Service. *(Probation expert)*

Probation employees participate also in the current international conferences on addiction-related issues:

..first, we have regular trips to all conferences...There is at least one conference organized in a year on addiction problems...so, we send this very employee. *(Probation expert)*

Also the experts in other fields agree that Probation Service employees are the best trained on drug-related issues.

I have such impression. I haven't cooperated with probation lately but some years ago they really had that training and it was clear what they want to teach – the same HIV was in the range of their interests, and they invited several times. *(MoJ expert No2)*

Yes, that's right, they draw a special attention to the training... probation has a really excellent training, and sometimes their people study more than work. *(MoJ expert No2)*

Besides, the director of the Probation Service says the service currently develops its training and research centre with the support of the Norwegian government, and it is planned to accredit it. The service has involved also Prison Administration in the project, so positive changes might be expected in the area of prison employee training.

..we plan and we have a Norwegian Project presently. So, we develop our training and research centre, and also a training program for our employees... one of them will be the so called Probation Program, which is specially created for the very addicted... within the project, 2 training programs are being developed for prisons and one for the probation...(Probation expert)

The Probation expert also admits there is no need presently to improve something in the probation employee training system concerning addiction-related issues. In the future, only employee specialization in more specific fields could take place, for example, employees working with the juvenile drug-addicts, would be trained separately etc.

I think at the moment maybe no, but in the future, I think some specializing should occur... A juvenile addict is something completely different than a, fifty years old addict, for example, ok? They have other problems. So, I think the specialists should be specially trained on solving the problems of juvenile drug-addicts. (Probation expert)

3.2.2. Perceived needs for further training.

As it has been found out in the above sections, the training on problem drug use and harm reduction issues are necessary for the employees of both the police and prison. The experts admit that due to labour turnover (especially, in prisons), it would be necessary to organize the training regularly and systematically.

While working in the system, you have to continuously develop your skills and knowledge in different areas including this. (Probation expert)

..it shouldn't occur once... but on a regular basis, as employees change, persons change and everybody needs to be instructed again. (Mol expert)

The experts emphasize that such training should be financed by the state, otherwise, it is impossible to ensure its regularity and sustainability.

..there should be state finances in order to develop the training and further education of the employees. (Probation expert)

3.2.2.1. The content of future training.

When questioned about the contents of the prospective training in relation to addiction issues, the experts think the scope of topics should be very wide. Some experts place emphasis on the fact that aggression reduction and tolerance education programs are more necessary than informative lectures on addiction-related issues.

The experts indicate, in general, the following topics:

- a) drugs and their effect on organism,
- b) infections related to drug use – HIV/AIDS, STI etc.,
- c) ways of drug entry,
- d) addiction development mechanism,
- e) most common behaviour under drugs,
- f) work safety when performing search on a drug-addict,
- g) identifying cases of drug use, identifying substances,

- h) spread of drugs in prisons and the related problems,
- i) most typical methods of drug sale,
- j) most typical methods of drug delivery and hiding in prison,
- k) action in case of a drug use in prison,
- l) the necessary psychological assistance for a drug-addict, methods of motivation,
- m) tolerance for a drug-addict, aggression reduction, resolving conflicts,
- n) first-aid,
- o) harm reduction, its essence and objectives, activities included,
- p) cooperation with harm reduction program executors,
- q) the corresponding laws and regulations,
- r) possibilities of addiction treatment,
- s) human rights of the detained and prisoners.

The expert of the Treatment agency says currently, when the methadone program is expanding in our country (soon methadone will be available also outside Riga), it would be necessary to provide the training for the regional police employees on alternative therapy.

And the training is necessary not only in Riga, but also in other regions, as we want to expand that methadone program. Different misunderstandings might occur otherwise... People in the regions where it (*methadone program*) is started should probably be informed... (*Treatment agency expert*)

One of the expert emphasizes that there should be activities similar to supervisions provided for the employees (especially those working in prisons), in other words, it is necessary to take care not only of prisoners but also of the personnel.

I also think so, as their work is very difficult. You go every day and see one of the darkest parts of the society, by objective consideration. And also how to cope with that, how to keep optimism and still enjoy one's work, not to change one's character. I think it's also an important part of the training – either they teach you how to cope with things yourself, or they offer special programs for recreation; about trauma, which occur sooner or later if working in the prison system. (*MoJ expert No1*)

3.2.2.2. Length of training.

The experts are of the opinion that the training on addiction-related issues should take place for several days, as there is a wide scope of topics and they cannot be physically discussed in a day.

Yes. Several days, because people won't be able to grasp everything adequately in a day. (*Prison expert No1*)

A shorter, one day course could be offered for persons going through a repeated training on a particular topic. Such training could take place once in a year.

Those who need it repeatedly should have a shorter course, about novelties, what's new there... it should be updated every year. (*Prison expert No1*)

..it would be good if they took place repeatedly (*training*)... let's say every year... organize some courses. (*Treatment agency expert*)

Several experts think a special attention to some groups of employees should be drawn – medical employees of prisons should have longer training and even a wider scope of topics including specific medical issues. A special attention should be also drawn to police officers, as they are the ones who command their subordinates, and a subordinate does only what his/her chief says.

I think... medical staff needs more training... (*Prison expert No1*)

..it's most necessary to work with police officers, as they give commands. (*Mol expert*)

3.2.2.3. Delivery of training.

When asked about whether the trainers should come from the penitentiary or interior structure, the experts share a common opinion that it would be very good if the lecturers came from the same professionals of the police and prisons, as well as if the representatives of the respective fields were invited – public health and healthcare professionals, social workers, NGO employees etc. However, they should be specialists who have seen prisons, who know the situation there very well and can answer certain questions. It was indicated by several experts.

Yes. Maybe it will be better if there's the *mix* variant, so our fellows will do some corrections, where and how. And they will have the opportunity to do some lecturing themselves. And probably also some from the outside. (*Prison expert No1*)

I think there are definitely specialists connected with prison specifics necessary. And, of course, a real specialist knowing those drug things is needed... Also the security section, resocialization section, those who have knowledge. Each of us look from our point of view. (*Prison expert No1*)

If we could find some resources among our people, namely, the police, who could train, it would be very efficient. I think people trust their colleagues very much, so they would gladly listen to them. On the other hand, those coming from the outside may be more interesting. (*MoH expert*)

..a bigger emphasis should be placed to the involvement of the very ex-addict in the (*police*) training. (*Police expert No2*)

Some experts are a little sceptical concerning lecturers from NGOs, as they think they are people from „the outside”, they do not know prison specifics. Nevertheless, most of the experts regard NGOs as very valuable partners of cooperation, as they could make a considerable contribution to prison employee training. The NGOs *Papardes zieds* and *DIA+LOGS* are considered good collaboration partners.

If there's somebody coming from the outside... a public organization, and starts to teach us how to live in prison... (*Prison expert No3*)

Yes, NGOs should be more involved in those programs, well, you're one of the leaders – *Papardes zieds*... *DIA+LOGS* could be also involved (*Mol expert*)

The experts also say it would be very necessary to involve such expert in the training who could present the best practice, in other words, a specialist from a prison where harm reduction has been already introduced.

I would better discuss these things with a, let's say, prison head who has faced it and who has managed to do it (*introduce harm reduction activities*). Let him tell about the nuances... the effects, is it worth, is it useful or not... (*Prison expert No3*)

It would be very efficient if those were the employees of the nearest foreign prison system. Because these are people who are listened to very attentively... For example, Estonia has started that, harm reduction, it has spread very widely there, if it bears fruit for them, if they began to tell about their experience to our employees in a year... (*MoJ expert No2*)

As already mentioned in the Section 3.1.14., experience exchange trips to the nearest neighbour countries are very efficient measures for changing the attitude of the employees.

Several experts emphasize that lecturing would not be an efficient training method, they suggest using team work, forming groups of maximum 10 people.

..team activities, with a lecturer, and a group of up to ten people... you can go through the examples, show everything... the lecturer is able to contact everybody... (*Prison expert No3*)

One of the experts suggests providing handouts for participants of the training in order to have a resource if needed later for brushing one's knowledge. A special emphasis should be placed on visual materials, CDs, for example. The CDs could be used by the police employees not only for refreshing their knowledge, but also for cooperation with comprehensive schools and other collaboration partners.

We've had the idea about the CDs already for a very long time, the CDs for the police employees to watch. Or the so called booklets... we don't have enough visual materials. (*Police expert No2*)

Another expert says the training for prison employees should take place outside prisons, especially concerning tolerance issues. Being outside labour environment enhances the receptiveness of a listener.

Of course, it would be perfect if they could go to Jurmala for three days... They would have another way of thinking... Because you cannot talk about tolerance in prison, you sit there... Anyway, it should be another environment. (*NGO expert*)

3.2.2.4. Participants of training.

It was found out during the interviews that the training is necessary for professionals of different ranks:

Well, it's necessary to refresh the knowledge of not only the middle staff and non-medical employees, but also of the medical personnel. (*Prison expert No1*)

Several experts think professionals of different ranks should be trained separately, as training them together will cause the feeling of subordination for the lower rank and they will not dare to ask questions. Another expert has a completely different view – he thinks that presence of persons of different ranks in one training room stimulates discussions among them, they can talk more about each other's work specifics. It is also easier for a lecturer to work with a mixed group.

I think they shouldn't be much mixed. Because the lower staff will then be quiet and won't ask almost anything. They should be divided according to those ranks. *(MoH expert)*

Yes, they are then able to discuss things with each other, first. And also you *(the lecturer)* don't have that homogeneous mass in front of you. *(NGO expert)*

However, most experts believe common training could be organized for the professionals of different ranks only on certain issues, for example, on the basics of drug typology and symptoms. The training on topics like action when contacting a drug-addict etc. should be organized for separate groups, as the professionals have different expertise and work responsibilities.

No, divided, as their levels differ. For example, the level of a head of an institution differs from the level of a prison guard. Well, a doctor is different from others. And also, when they ask questions, they touch other problems, other issues. *(Prison expert No1)*

I think there are topics for everybody and some more specific topics. The work is different, everybody has their own responsibilities. *(Prison expert No2)*

The prison experts suggest training prison employees within three groups:

- medical employees;
- personnel of the higher rank (heads of institutions, administration etc.);
- personnel of the middle / lower rank (prison guards etc.).

When questioned about the possibility for the training to take place collectively for police and prison employees, many experts give similar answers – that the training on certain issues (drugs, infection, harm reduction etc.) could take place collectively, it would be even advisable, nevertheless, each system has its own scope and when trained on more specific issues, they should be divided into groups.

I doesn't matter, we can join, we can do it separately, because there is some difference, what they want to hear and what we want to hear. From that point of view. *(Prison expert No1)*

Yes and no. There are some issues... those issues concerning control, those yes, The police has its own specifics, probation - its own. *(Prison expert No2)*

..that's what's missing – they would also learn about each other. That would be positive. *(MoH expert)*

However, some experts find common training useless.

No, 100% no. Prisons have their things, we (*the police*) – our things, levels are different, goals are different. A unified program – it means, some will be interested, some will yawn. (*Police expert No1*)

The expert of the Mol says at the end of the interview that it would be necessary to think about quality criteria, when organizing the training, as it would be possible to improve and update the programs later.

And about the training, I'd like to emphasize one more that we don't have any quality criteria, there has to be a scientific approach there. (*Police expert No1*)

3.2.3. Examples of quality drug and harm reduction training resources and programs for police / prisons.

Six of 12 questioned experts describe special training programs on drugs and harm reduction that they find good examples. Unfortunately, as the training took place several years ago, the experts cannot call the exact titles of the programs.

The above training programs for prison employees are the following:

- a) Training at the Norwegian Cross Centre. The most positive experience mentioned by the expert is the fact that there were both theory and practice included. Besides, the centre has developed also a prototype of a prison, where practical training on treating prisoners, cell and bed search, most characteristic caches of drugs etc. takes place.
- b) Also another expert mentions Norway as a country where qualitative prison employee training on addiction-related issues is held. Professionals of Norwegian prisons have organized the training also in Latvia. There were 10 day courses in Valmiera, and also this expert thinks the training including lectures and practical activities (team-work) can be evaluated positively. In addition, the expert emphasizes that it was very important that the lecturers were prison professionals.

Yes, there were lectures, team-work, there were specialists from prisons facing these things... of course, another specialist is the authority for every specialist. (*Prison expert No3*)

- c) The training provided by the Swedish Prison Administration here in Latvia 2004/2005. This was a good example of training due to the fact that it was held three full days and prison medical specialists were participating together with other prison professionals. Unfortunately, in terms of contents, the program was more oriented towards drugs (how to recognize them etc.), and nothing was said about harm reduction.

Concerning police employee training, the experts could identify certain examples of positive training practice including the organizations providing it:

- d) Interactive module "Police, drugs and AIDS" (CD and handbooks – one for lecturer and the other for listener) which has been elaborated by the Open Society Institute and adapted for Latvia in 2005 in frame of EU project "Training professionals of the

law enforcement institutions (using a multimedia training method) on work with drug users". Project was managed by the Centre for Public Policy PROVIDUS. During the project there was a training of trainers organized and after those trainers in pairs (one drug/HIV specialist and one Police professional) educated on the issue police officers all around Latvia.

There were guides. There was visual material with some situation examples. Although they were foreign videos – translated, they were not shot by Latvians, rather adjusted, but they organized discussions and they were very good, it was a good practice. *(MoH expert)*

- e) The courses of the International Association of Colleges and CEPOL mentioned in the Section 3.2.1. They are positive examples of the training, as the Police-college has taken good ideas during the training, which have been later introduced also in the system of Latvian police employee training. The professionals of the Police-college have taken also the practice from them to cooperate with NGOs within the training programs, for example, inviting an existing or former drug-addict for a particular activity.

The expert of the MoI, however, finds it difficult to call a particular training program good or bad, as there are no quality criteria for the programs. At the end of the training programs, mostly evaluation questionnaires are used, which are to be filled in by the very trainees. An impartial evaluation from an expert "from the outside" is missing.

..the main problem is quality criteria of the programs. What criteria are used to tell whether the program has reached its aim or not? ...quality criteria, standards are missing for evaluating such measures, so I'm afraid to say yes. *(MoI expert)*

3.2.4. Impetus for the introduction of training provisions.

Concerning training in prisons, the experts of the MoJ say there has been initiative, requests to provide the training from bottom to the top, ie. prison employees have expressed their need for training to the Prison Administration. For example, some time ago, problem of tuberculosis was urgent in prisons, and the employees had talked about the necessity to improve their knowledge on the issue. Unfortunately, the Prison Administration lacks finances for meeting the needs of the employees and training organization. The experts of the MoJ think prison employees are willing to participate in the training and improve their knowledge and skills concerning different issues including drugs and harm reduction. However, the ministry emphasizes that solving training issues is not within its scope, but rather within the scope of the Prison Administration.

When there was that tuberculosis problem in prisons and other things, the employees said they wanted to know more about their safety and evaluation of those people. They are interested in knowing more... I have understood it, that they'd like to know...what it means that he's ill, that he has problems with drugs, how to react... But it has to be done from the top to the bottom, on a definite level...the Prison Administration should solve such issues. *(MoJ expert No1)*

The employees... they receives answers about lack of money, that's first. *(MoJ expert No2)*

However, concerning police employees, the situation is different, there is more initiative coming from the top, in other words, police employee training issues are included in the strategic documents of the state. Nevertheless, there has been no initiative from the bottom to the top, namely, from the police employees. The expert of the Mol says it is due to ignorance of the employees about what kind of training on addiction issues would be necessary for them, what issues are urgent at the moment.

..some objectives have been stated in the state program, and the Cabinet has approved them, it has said yes about the organization (*of training*). In other words, there have been commands from the top to the bottom... There is mainly no initiative from the bottom to the top, but it's mostly because people don't know. They don't know really what we (*police employees*) want. (*Mol expert*)

In addition, police professionals admit in the interview that concerning the training on public health issues including drugs and harm reduction, they expect the initiative to come from public health specialists, healthcare professionals, NGOs. However, the expert of the Mol says it is the administration that needs to think about the needs of its employees, the necessary training contents, and then it can invite public health professionals.

Interviewer: ..the initiative... to participate in that training of professionals, does it have to come... from healthcare specialists? Do they have to offer themselves to you...?

Police expert No1: Yes, kind of that. We will decide whether we need it...

Maybe this way, that NGOs come - hey, cops, you don't know anything. (*Police expert No2*)

The receiver of the services should think more about it, not NGOs. NGOs with healthcare institutions... well, they could also take initiative to reach their objectives, but, in fact... the client has to think about it. The employer has to think about the safety and health of his employees. He should look for some service providers for his employees. (*Mol expert*)

At the end of the report, it should be emphasized that all questioned experts – both the professionals of penitentiary and interior system, as well as the healthcare and the NGO experts admit that, in general, the level of knowledge and skills of police and prison employees on drugs and harm reduction should be improved nationally. It means, there is a positive and agreed opinion among the specialists in the related fields in Latvia about the necessity of training providing and in its turn this is a good basis for the improvement of the existing cooperation and beginning of a new one.

Conclusions:

1. Key problems faced by the employees of Latvian prisons in their work are low remuneration, low prestige of the profession, a heavy work load and lack of training.
2. The profession of police officer is respectable enough and well-paid. Problems interfering with the work of the police are a heavy work load and drawbacks in organization of the payment system.
3. Main complaints of the detained persons concerning their location in short-term police detention are lack of walks, quality of food and inaccessibility of methadone.
4. Most of the experts think addiction develops under the influence of the society and surrounding environment. Some experts believe addiction is a fault of a person him-/herself.
5. The attitude of the police employees towards drug-addicts and harm reduction activities is considered negative due to lack of knowledge. However, the attitude tends to improve in recent years.
6. The experts have different opinions concerning the attitude of prison employees towards drug-addicts. Some think prison employees understand the problems of the addicted, others believe the employees are more „pro” punishment of the addicted instead of their treatment.
7. Some experts think addiction treatment outside prisons is available in Latvia and having good results, others think almost no treatment is available in our country or there is not enough information on that.
8. The attitude of the society of Latvia towards drug-addicts including those in prisons is negative and tended towards punishment instead of treatment.
9. Most of the questioned experts think there are no specific groups in Latvia that could be more oriented towards drug-addiction than others. Some experts think the Russians, the Roma and persons of socially disadvantageous environment (especially, youngsters) can be regarded as risk groups.
10. The issues on alcohol and drugs are dealt with separately in strategic documents in Latvia. The experts think it would be more adequate to solve these issues together, at least on the prevention level.
11. In Latvia there are no specific, separated national protocols and strategies to deal with problematic drug and alcohol users in police detention and prison.
12. The cooperation between the MoI and MoJ is considered perfect in Latvia.
The MoJ finds its cooperation with the MoH problematic and thinks its cooperation with addiction treatment institutions and NGOs is poor.
The cooperation of the MoI with addiction treatment agencies is systematic, however, it is poor with NGOs.
The State Probation Service cooperates actively with the police and NGOs, as well as addiction treatment institutions.
13. There are no harm reduction activities or addiction treatment available in the short-term police detention of Latvia. The situation in prisons is similar – no addiction treatment is available; also no harm reduction activities are available, except some campaign-oriented informative educational events and paid condoms.

14. No retoxification / throughcare programs are practically available in Latvian prisons.
15. Although the legislation of Latvia provides for possibilities to apply alternative punishment for law breakers (delivering a person to an addiction treatment institution instead of imprisonment), they are not applied. The main obstacles to implementing measures alternative to punishment are ignorance of the respective officials, lack of information; lack of treatment/rehabilitation, and lack of alternative measure implementation supervision mechanisms.
16. The experts confirm the fact that police detention or prison is a good opportunity to achieve problematic drug users.
17. There is no necessity for introducing such harm reduction activities as needle exchange or disinfectants in short-term police detention of Latvia. There are different opinions concerning methadone and informative measures.
Such harm reduction activities as methadone disinfectants, information, consultations, support and self-aid groups, VCT, peer education should be introduced in prisons. The experts have different thoughts concerning needle exchange and condom distribution.
18. Main obstacles to the implementation of harm reduction activities in Latvian prisons are lack of finances and human resources in prisons; deficiencies in the legislation and the attitude and ignorance of the respective officials and prison employees.
19. Development of drug free areas or a Narcology service would be necessary in Latvian prisons for solving drug related issues, psychologist services should be expanded, a research on the number of drug-addicts in prisons should be carried out, as well as training of politicians and employees should be provided. Concerning handing the health problem solving in prisons over to the MoH as a helpful activity for dealing with addiction-related issues, the experts are of different views.
A medical specialist should be provided for evaluating health condition of a person in a short-term police detention.
20. The policemen are better trained on addiction-related issues than prison employees. However, it is necessary, in general, to train both the employees of the police and prison professionals on drugs and harm reduction.
21. Future training for prison and police professionals should take place regularly and systematically, and they have to be state-financed. In addition to informative activities on addiction and harm reduction for the employees of the police and prison, aggression reduction and tolerance education programs would be necessary.
22. The training on addiction-related issues should be several days long, and a special attention should be drawn to certain groups of employees - medical staff of prisons and police officers. The training should take place outside prisons and police stations.
23. The instructor of the training should include both the professionals of the penitentiary or interior structure, and the representatives of the related fields from the outside including employees of NGOs and persons able to present the best practice in harm reduction and addiction treatment implementation. Experience exchange trips are also found necessary.
24. Professionals of different ranks would have common training on particular drug-related issues. Also common training for the employees of the police and prison could be organized only on particular issues.
25. Prison employees have expressed a need for training. However, there has been no initiative from employees of the police.

Police professionals expect the initiative concerning training on drugs and harm reduction to come from public health specialists, healthcare professionals, and NGOs.

26. All questioned experts think that, in general, the level of knowledge and skills of police and prison employees on drugs and harm reduction should be improved nationally.

Annex No 1 List of the experts interviewed

No.	Name	Field	Position	Venue of the Interview	Date, Time	No. of the Structured Interview
1.	Regina Fedosejeva	Ministry of Justice	Head of the Medical Department, Latvian Prison Administration	89 Stabu Street, Riga	23.10.2008, 15:00	Structured interview No.1
2.	Roberts Balodis	Ministry of Justice	Head of Valmiera prison	32 Dzirnavu Street, Valmiermuiza, Valmiera	5.11.2008, 11:00	Structured interview No.1
3.	Valdis Bruners	Ministry of Justice	Head of Skirotava prison	63 Krustpils Street, Riga	11.11.2008, 11:00	Structured interview No.1
4.	Laila Medin	Ministry of Justice	Deputy State Secretary on Sectoral Policy, Ministry of Justice	91 Brivibas Boulevard, Riga	7.11.2008, 12:30	Structured interview No.3
5.	Kristine Kipena	Ministry of Justice	Head of the Penal Policy Division, Department of Sectoral Policy, Ministry of Justice	91 Brivibas Boulevard, Riga	29.10.2008, 15:00	Structured interview No.3
6.	Aleksandrs Dementjevs	Ministry of Justice	Head of the State Probation Agency	91 Dzirnavu Street, Riga	24.10.2008, 13:00	Structured interview No.2
7.	Janis Ivanciks	Ministry of Interior	Professor of the Forensics department, Latvian Police Academy	8 Ezermalas Street, Riga	9.10.2008, 14:30	Structured interview No.1
8.	Aigars Evardsons	Ministry of Interior	Head of the State Police-college	44 Skolas Street, Jurmala, Kauguri	30.10.2008, 13:00	Structured interview No.1
9.	Janis Bekmanis	Ministry of Interior	Deputy Head of the Planning, Coordination and Control Department, Ministry of Interior	1 Ciekurkalna 1.linija, k-2, Riga	28.10.2008, 9:00	Structured interview No.3
10.	Astrida Stirna	Ministry of Health	Board Member of Riga Centre of Psychiatry and Addiction Disorders	55 Hospitalu Street, Riga	3.10.2008, 10:00	Structured interview No.4
11.	Inga Upmace	Ministry of Health	Deputy Head of the AIDS and STI Prevention Centre, Public Health Agency	7 Klijanu Street, Riga	31.10.2008, 16:00	Structured interview No.3
12.	Agita Seja	Nongovernmental sector	Head of the Harm Reduction Programs, Association DIA+LOGS	135 Dzirnavu Street, Riga	21.10.2008, 15:00	Structured interview No.4

Annex No 2 Duration of professional experience of the experts interviewed and their sources of education obtained in drug and harm reduction related issues

No.	Name	Duration of Professional Experience	Additional training	Organizer of the Educational Events
1.	Regina Fedosejeva	Since 1990 (18 years)	Conferences, special training since 1991	-
2.	Roberts Balodis	Since 1981 (27 years)	Lectures	Latvian Prison Administration
3.	Valdis Bruners	Since 1998 (20 years)	No participation in special training	-
4.	Laila Medin	Since 2005 (3 years)	Seminars, work groups	UNODC, Nordic Dimension
5.	Kristine Kipena	Since 1994 (14 years)	Seminars, experience exchange trips	UNODC
6.	Aleksandrs Dementjevs	Since 2003 (5 years)	Inner training system	State Probation Agency, Latvia
7.	Janis Ivanciks	Since 1995 (13 years)	International seminars, conferences	-
8.	Aigars Evardsons	Since 1989 (19 years)	Courses	International Association of Colleges, CEPOL
9.	Janis Bekmanis	Since 2004 (4 years)	Conferences, seminars	-
10.	Astrida Stirna	Since 1986 (22 years)	Seminars, experience exchange trips	UNDP, UNODC a.o.
11.	Inga Upmace	Since 1997 (11 years)	Congresses, conferences etc.	UNODC, Soros Foundation a.o.
12.	Agita Seja	Since 2002 (6 years)	Different, every year	-

Annex No.3 Structured interview No.1

Interview questions for Police/ Prison staff



Current professional position?

Duration of professional experience concerning PDU/ harm reduction?

Any special education/ training concerning PDU/ harm reduction?

27. Any perceived problems the police/ prison staff face in carrying out their jobs? (payment, work conditions, staff shortage, reputation of profession)
28. Views on PDUs and their current treatment. Individual attitude towards and assessment of colleagues' attitude towards drug users. (drug addiction chronic disease/personal fault). Views on how to deal with problematic drug use i.e. treatment in the community or in prison?
29. Are there special problematic groups (migrants, ethnic minorities etc.) who are problematic drug and alcohol users- how many, special services?
30. Links with healthcare professionals for detainees (Access? Who? How?).
31. Links with NGOs/ public treatment agencies outside the CJS which offer services to problematic drug users. NGO/ treatment agencies access to detainees in the police station/in prison. (Who? How?)
32. Is there a liaison between the police and prisons as regards problematic drug and alcohol use?
33. Treatment services provided for problematic drug users in police detention/prison. Any harm reduction measures (clean needles, substitution medication)?
If no: Is there an intention in the future to implement any (other) harm reduction measures?
If Yes: To what extent is harm reduction addressed in the national prison strategy? What are the key components mentioned? Who is responsible for implementing harm reduction? Liaison with NGOs/public treatment agencies outside the CJS/probation/prosecutors/magistrates?
34. View about provision of harm reduction tools - i) distribution of condoms ii) substitution treatment iii) needle exchange iv) bleach vi) group work (counselling) vii) peer group viii) information provision?
35. Key problems perceived in implementing harm reduction measures i) politically sensitive ii) lack of policy direction iii) other (lack of direct orders etc).
36. Are retoxification/ throughcare programmes available?
37. Police detention/ prison as a good opportunity to refer problematic drug users to treatment agencies.

Training

38. Training is in place for police officers/ prison staff in dealing with problematic drug users? Includes harm reduction? Content? Assessment of their knowledge about harm reduction. Current training that is provided. Content of such training; perceived gaps in the existing training. Voluntary or compulsory; update training.
39. Perceived need for further training.
40. The content of future training that would be considered to be useful; length of such training; delivery of such training (internal or external trainers); in mixed groups of professionals or not?
41. As regards training, are there links with NGOs/Voluntary organisations/ public agencies outside the CJS which treat problematic drug and alcohol users?
- if none, would this help in training?
42. Perception as to whether a common set of skills and knowledge in drug and harm reduction should be developed nationally for police officers/ prison staff.
43. Should drug and alcohol training resources and programs be jointly developed and be shared between Police Services/prisons done in conjunction with other CJP.
44. Examples of quality drug and harm reduction training resources and programs for police/prisons that you are involved in /know about Why are they considered as such good examples?
45. Strategies suggested for achieving a balance between local needs for drug and harm reduction training and that of a national strategic approach to such training?
46. Is there anything that you consider important that I have forgotten to ask you

Annex No 4 Structured interview No.2

Interview questions for Criminal Justice Personnel (CJP) (Magistrates, Prosecutors, Probation)

Job Title?

Current professional position?

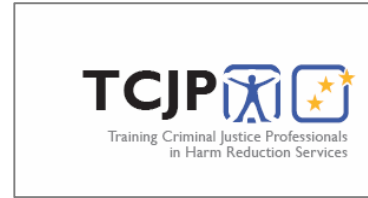
Duration of professional experience concerning PDU/ harm reduction?

Any special education/training concerning PDU/Harm Reduction?

1. Criminal Justice professionals (Magistrates, Prosecutors, Probation) views on PDUs and their current treatment. An overview of CJP views on how to deal with problematic drug use i.e. treatment in the community or in prison?
2. Are there special problematic groups (migrants, ethnic minorities etc.) who are problematic drug and alcohol users- how many, special services?
3. Criminal Justice professionals' assessment of their knowledge about harm reduction.
4. Current training that is provided. Content of such training; perceived gaps in the existing training. Voluntary or compulsory; update training.
5. Perceived need for further training.
6. The content of future training that would be considered to be useful; length of such training; delivery of such training (internal or external trainers); in mixed groups of professionals or not?
7. Links with NGOs/Voluntary organisations/ public agencies outside the CJS which treat problematic drug and alcohol users?
- if none, would this help?
8. Links and liaison between the police, prosecution system, probation etc. in determining sentence?
9. Specific issues identified in multi-disciplinary working among CJP.
10. Measures, initiatives identified that would help CJP deal more effectively with PDUs.
11. Role of CJP in addressing detainees' drug problems – can it be effective in reducing offending?
12. Are the mechanisms in place in the CJS to deal with a wide range of circumstances and problems presented by problematic drug users?
13. Is the criminal justice system always the best response or do you feel there are any measures more appropriate for problematic drug and alcohol users than imprisonment?
14. Identify the main barriers to implementing alternatives to custody?
15. Is there anything that you consider important that I have forgotten to ask you?

Annex No 5 Structured interview No.3

Interview questions for Ministry of Justice/Interior/ Health (Officials responsible for policy relating PDUs)



Job Title ?

Current professional position?

Duration of professional experience concerning PDU/ harm reduction?

Any special education/training concerning PDU/ harm reduction?

General Information

1. Key personnel at the ministerial level involved in dealing with problematic drug and alcohol users.
2. Perception of problematic drug and alcohol users (for the police/prison department)
3. Public perception of problematic drug users? Current emphasis on treatment or punishment? In line with public opinion?
4. Are there special problematic groups (migrants, ethnic minorities etc.) who are problematic drug and alcohol users- how many, special services?
5. Country specific strategies for problematic alcohol users? Is this a major concern for the police/prisons?
6. Country specific strategies for problematic drug users? Is this a major concern for the police/prisons?
7. National protocols and strategies to deal with problematic drug and alcohol users in police detention/prison? (How do they fit with EU drugs and harm reduction policy)
8. How are drug/harm reduction strategies disseminated? Main problems in implementing these strategies.
9. Partnership working between criminal justice personnel; shared understanding; Impact of being under different ministries
10. Involvement of NGOs/ public treatment agencies outside the CJS which offer services to problematic drug and alcohol users? Service provision? At strategy level?
11. What treatment services are provided for problematic drug and alcohol users in police detention/prison?

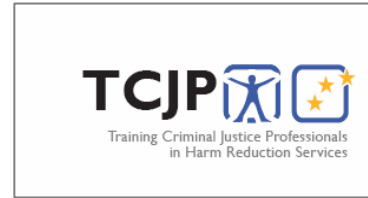
12. Are harm reduction measures included (clean needles, substitution medication)?
If no: Is there an intention in the future to implement any (other) harm reduction measures?
If Yes: To what extent is harm reduction addressed in the national strategy? What are the key components mentioned? Who is responsible for implementing harm reduction?
13. View about provision of harm reduction tools - i) distribution of condoms ii) substitution treatment iii) needle exchange iv) bleach vi) group work (counselling) vii) peer group viii) information provision?
14. Key problems perceived in implementing harm reduction measures i) politically sensitive ii) lack of policy direction iii) other (lack of direct orders etc).

Training

15. Training is in place for police officers/prison staff in dealing with problematic drug users? Includes harm reduction? Content? Assessment of their knowledge about harm reduction. Current training that is provided. Content of such training; perceived gaps in the existing training. Voluntary or compulsory; update training.
16. Perceived need for further training.
17. The content of future training that would be considered to be useful; length of such training; delivery of such training (internal or external trainers); in mixed groups of professionals or not?
18. As regards training, are there links with NGOs/Voluntary organisations/ public agencies outside the CJS which treat problematic drug and alcohol users?
 - if none, would this help in training?
19. Perception as to whether a common set of skills and knowledge in drug and harm reduction should be developed nationally for police officers/ prison staff.
20. Should drug and alcohol training resources and programs be jointly developed at Ministerial level and be shared between Police Services/prisons, and done in conjunction with other CJP.
21. Examples of quality drug and harm reduction training resources and programmes for police/prisons personnel. Why are they considered as such good examples?
22. Did the impetus for the introduction of harm reduction/ drug services/training provisions come from the top down or from staff working with PDUs (i.e. bottom up) or via NGO/ public agencies outside the CJS intervention?
23. Is there anything that you consider important that I have forgotten to ask you?

Annex No 6 Structured interview No.4

Interview questions for NGO/Treatment Agency staff



Current professional position?

Duration of professional experience concerning PDU/ harm reduction?

Any special education/ training concerning PDU/ harm reduction?

1. What is your role with problematic drug and alcohol users in prison/police detention/after release?
2. How long have you/your organisation been involved in this area of work?
3. Are there special problematic groups (migrants, ethnic minorities etc.) who are problematic drug and alcohol users- how many, special services?
4. What is your view regarding the national drug strategy in helping to address the needs of PDUs?
5. What are the most common complaints raised by clients about police detention/prison?
6. Assessment of their knowledge about harm reduction.
7. Current training that is provided. Content of such training; perceived gaps in the existing training. Voluntary or compulsory; update training.
8. Perceived need for further training.
9. The content of future training that would be considered to be useful; length of such training; delivery of such training (internal or external trainers); in mixed groups of professionals or not?
10. Links and liaison with the police, prosecution system, probation, other service providers etc.?
11. Specific issues identified in multi-disciplinary working with CJP.
12. Measures, initiatives identified that would help CJP deal more effectively with PDUs.
13. What is your view on the use of harm reduction measures? Is it feasible to implement these in police detention/prison?
14. Role of CJP in addressing detainees' drug problems – can it be effective in reducing offending?
15. Are the mechanisms in place in the CJS to deal with a wide range of circumstances and problems presented by problematic drug users?

16. Is the criminal justice system always the best response or do you feel there are any measures more appropriate for problematic drug and alcohol users than imprisonment?
17. Identify the main barriers to implementing alternatives to custody?
18. Is there anything that you consider important that I have forgotten to ask you?