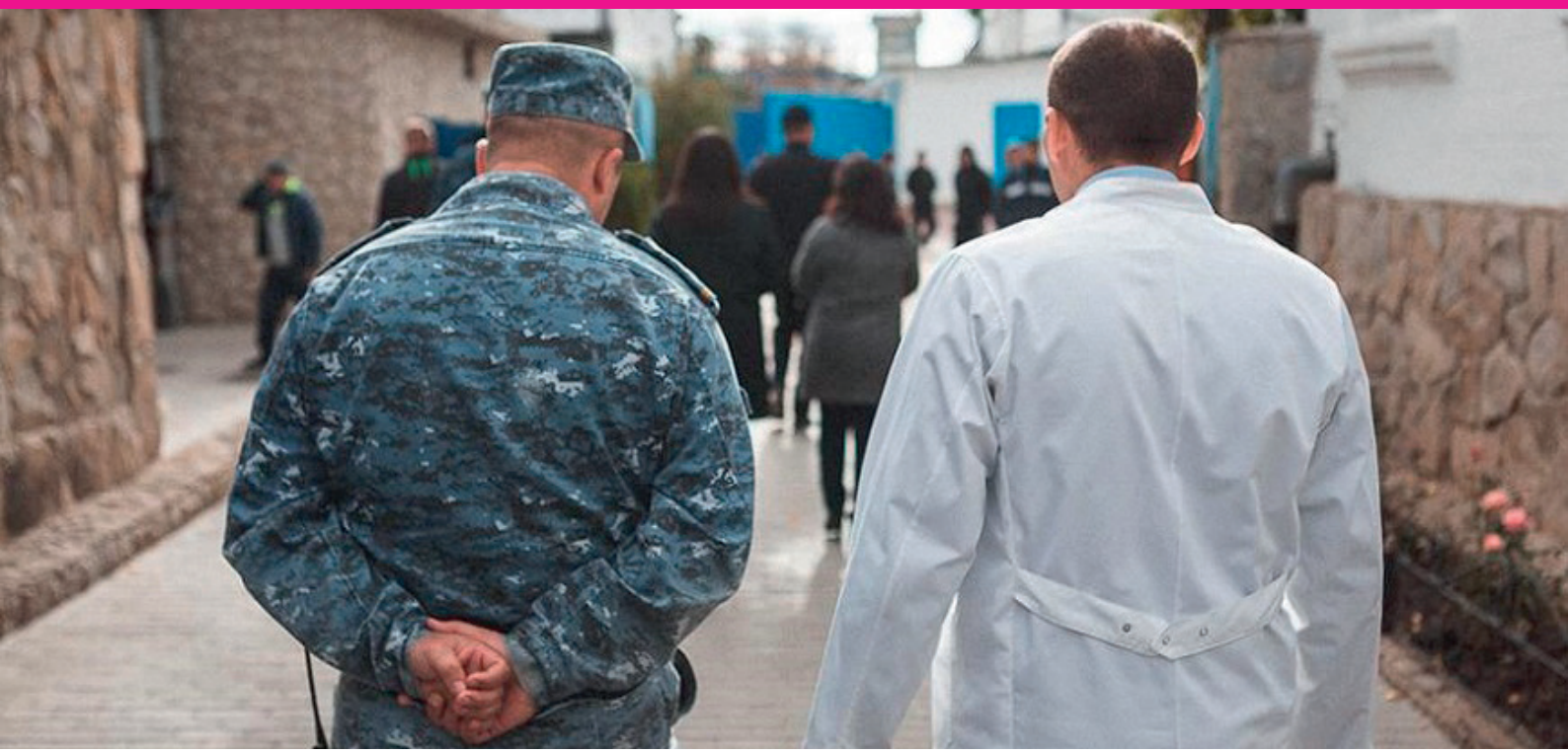
Mapping of training needs in South-East Europe countries and available resources related to drug treatment and rehabilitation in prisons



Prepared by: Martina Barić
Date: January 2022
Amended: August 2023

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

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Cover design and layout: Documents and Publications Production Department (DPDP), Council of Europe

Printed at the Council of Europe

The information presented in this document largely depends on the availability of information to the national respondents who filled out the questionnaires and on understanding of certain terms, concepts and definitions in a particular country, or by a particular respondent. Regional differences, or even differences between individual prisons also made it difficult to interpret the actual situation that would reflect a county as a whole. In terms of sharing the available resources to enable their reuse in other jurisdictions, which was one of the main purposes of the activity, it was often not possible to draw a definite conclusion, given that most of the respondents did not have the ownership of the materials or the authority to decide whether they can be shared. Also, it must be underlined that the data collection was undertaken in two points in time, around 18 months apart, and during that time certain changes may have occurred in countries who completed the questionnaire during the first cycle of data collection (end of 2021). Therefore, information provided in this document cannot be taken to reflect all available training resources and available research in South-East Europe countries related to drug treatment and rehabilitation in prisons, but only those resources that were made available according to the project methodology, and the possibility of sharing to support other jurisdictions should be further explored. Finally, the challenging task of drawing up an overview of all eleven SEE countries involved in the activity, by integrating the answers received from all national respondents, and trying to find a joint understanding of different concepts and (level of) availability of a particular concept in each country was done in the best possible way and presented in this final document.

Contents

I. Background, objectives and agenda of the mission

Under the Pompidou Group's (Council of Europe International Co-operation Group on Drugs and Addictions) project on 'Developing comprehensive drug treatment systems in prisons' (hereinafter: the Project) within its South-East Europe (SEE) cooperation group, the consultant Martina Baric (hereinafter: the consultant) was engaged to map the existing training resources and available research in SEE countries related to drug treatment and rehabilitation in prisons, as set out in GP/AE/2021/91/5. The consultant was tasked to compile the existing training resources and to identify gaps in terms of training and research material in SEE countries, for the use of prison staff dealing with people with substance use disorders (SUD).

II. Course of the mission/ Undertaken activities

A draft questionnaire was tailored by the consultant and submitted to the Pompidou Group's team. After the revision, it was agreed to shorten the questionnaire by excluding some general questions and questions related to SUD treatment services and to put more focus on the available trainings and related research. It was also agreed to add the Strengths, Weaknesses, Opportunities, Threats SWOT analysis at the end of the questionnaire. The final version of the questionnaire consisted of 100 questions (mostly with offered sets of answers to choose from) divided into 8 sets, covering the following areas:

1. General questions
2. SUD screening
3. Medication-Assisted Treatment (MAT)
4. Psychosocial treatment of SUD (psychosocial interventions/programmes)
5. Harm reduction programmes
6. Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD
7. SUD related training of the prison staff not directly involved in medical and psychosocial treatment
8. SWOT analysis

On 23rd of November 2021 the questionnaire was disseminated by the Pompidou Group's team to the respective representatives of 12 SEE countries involved in the Project (Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Greece, Hungary, Montenegro, North Macedonia, Romania, Serbia, Slovenia, Türkiye), with the request to submit their replies by 15th December 2021. Two kind reminders were sent by the consultant on 9th of December and on 16th of December. Four countries had submitted their replies by 18th of December, two countries responded by 20th of December. Others haven't responded by the end of 2021, although some respondents requested additional extension and announced their plan to contribute in next two weeks. One more kind reminder was sent mid-January by the Pompidou Group's team and two more countries submitted their responses, which finally resulted in total of 8 completed questionnaires (Croatia, Greece, Hungary, Montenegro, North Macedonia, Serbia, Slovenia and Türkiye). To complete the survey, in 2023 it was decided to repeat the request to the remaining South-East European countries, except to Bulgaria who had left the project in the meantime. In July 2023 the questionnaire was again disseminated to Bosnia and Herzegovina, Cyprus and Romania, and the mapping was finalized in August 2023 after receiving contributions from these three countries.

III. Analysis of the responses

1. General questions

BOSNIA AND HERZEGOVINA[1]	**State Level - State Prison (hereinafter: State Level):** Only number of staff in health care service was specified - 17 persons, 10 of whom are directly involved in treatment of SUD (1 psychiatrist, 2 medical doctors and 7 medical technicians). Of this number, 9 persons are employees of the prison service and 1 member of staff is outsourced. **Federation of Bosnia and Herzegovina - Zenica Prison (hereinafter: Federation of Bosnia and Herzegovina):** The total of 300 members of staff are working in this prison and 75% of them are directly involved in treatment of SUD. Around half of staff involved in SUD treatment are employed by the prison service and other half are outsourced (providing services based on service contract with the prison service) **Republic of Srpska - Banja Luka Prison (hereinafter: Republic of Srpska):** The total of 220 staff is working in this prison and 70% of them are directly involved in treatment of SUD. Around 99% of staff involved in SUD treatment are employed by the prison service and others are outsourced (employed by the ministry responsible for health and providing services based on service contract with the prison service)
CROATIA	There are 2558 members of staff working in the prison service, 12% of them directly involved in the treatment of SUD. Around 80% of persons involved directly in the treatment of SUD are employed by the prison service, while around 20% are outsourced - providing services based on service contract with the prison system (mostly medical doctors – general practitioners and psychiatrists), or providing services on voluntary basis / employed by civil society organizations.
CYPRUS	The total number of staff working in prisons is 392. The treatment of SUD is under the competence of the ministry responsible for health, while prison staff (prison officers, sergeants, senior officers) are not directly involved in SUD treatment.

1. Three questionnaires were submitted from Bosnia and Herzegovina – one from State Prison, one form Zenica Prison (Federation of Bosnia and Herzegovina) and one from Banja Luka Prison (Republic of Srpska). Except the state level which has only one prison (the Institute for the Execution of Criminal Sanctions, Detention and Other Measures of Bosnia and Herzegovina), the responses from other two jurisdictions refer only to one prison each, but in both cases, it is their largest and most representative prison holding the majority of their prison population.

GREECE	In 2020 the total number of prison staff came up to 4163. The total number of staff directly involved in treatment of SUD in prison settings are 168 employees. These data include only staff providing treatment of SUD. Thus, it is estimated that around 4% of the staff in prison settings are staff directly involved in treatment of SUD. Apart from treatment programmes in prison (structured treatment programmes in prison for prisoners with SUD) there are also specific support interventions within the treatment system. As for the latter, psychologists visit the prison premises occasionally in order to implement interventions such as motivation, counselling and harm reduction services for prisoners who don't attend a structured treatment programme in prison, with the aim to prepare them for admission to treatment programmes. Among the staff directly involved in treatment of SUD, half of them (50%) are employed by the prison service. The outsourced staff is employed by the ministry responsible for health. Drug treatment in prisons is also provided by public entities or bodies corporate under private law, all of which are fully or partially government-funded.
HUNGARY	There are 9395 members of staff working in the prison service and 7,5% of them are directly involved in the treatment of SUD (this number includes only the medical staff). Approximately 95% of these staff are employed by the prison service, and the other 5% have special cooperation agreement (based on service contract or voluntary work) with the prison.
MONTENEGRO	No specific data was provided on total number of staff. Two psychiatrists and 10 nurses/medical technicians are specified as staff employed by the prison service that is directly involved in treatment of SUD, while NGOs are specified as outsourced staff directly involved in treatment of SUD, but without mentioning the numbers.
NORTH MACEDONIA	There are 934 members of staff working in the prison service (December 2020). This number doesn't include medical staff. After the treatment in the prisons was transferred to the Ministry of Health, only in 4-5 prisons there are permanent doctors, and 1-2 psychiatrists per week are present in some prisons (4-8 hours per week). In some prisons there are 1-2, or 3 nurses (in the largest prison). The prisons are mainly covered on demand by the ambulance services. The outsourced staff directly involved in treatment of SUD is employed by the ministry responsible for health. Several psychiatrists have been hired by the prison administration.
ROMANIA	There are 11977 members of staff working in the prison service and 4% of them are directly involved in the treatment of SUD. The only outsourced staff (not employed by the prison service) involved in SUD treatment refer to persons providing services on voluntary basis or those employed by civil society organizations (the percentage was not specified).
SERBIA	No specific data was provided on total number. It was only highlighted that the number depends on the size and capacity of the individual prison itself. Around 20% of the staff was estimated to be directly involved in treatment of SUD, all employed by the prison service.

SLOVENIA	There are 905 members of staff working in the prison service, around 25 of which (3%) are directly involved in the treatment of SUD – all employed by the prison service. Besides the staff of the prison service, treatment of SUD is provided by the staff employed by the ministry responsible for health (psychiatrists and general practitioners) and also by representatives of non-governmental organizations (without any formal contract with the prison service).
TÜRKİYE	No data provided. It was noted that the outsourced staff providing services are volunteers from the non-governmental organizations.

2. SUD screening

BOSNIA AND HERZEGOVINA	**State Level:** There is no standard screening for SUD in prisons and there is no systematic training on this topic, but the respondent noted that there are materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.). **Federation of Bosnia and Herzegovina:** SUD screening is available and it is applied at the admission by psychiatrists and nurses (employed by the prison service and outsourced), and by psychologists, social workers, social/special pedagogues/ educators and custodial staff (employed by prison service). All the above-mentioned professionals carry out screening by the application of their professional judgement. There is no systematic staff training on the screening of SUD, and no research/ evaluation was carried out in this respect. It was underlined by the respondent that there is no systemic solution, or accredited guides on how to deal with addicted prisoners and how to apply MAT. The same refers to having no procedures for the treatment of HCV and HIV so this specific prison is relying to cooperation with a hospital in local community. **Republic of Srpska:** There is no standard screening procedure for SUD in prisons, but the screening is carried out through professional judgement of outsourced psychiatrists and staff employed by the prison service – medical doctors (general practitioners), psychologists, social workers, social/special pedagogues/ educators, head of the admission-discharge department and custodial staff. There is no systematic staff training on screening for the SUD, so there was no research carried out on its effectiveness and the quality.
CROATIA	A standard screening for SUD is provided in all prisons. It is applied at the admission, but can be reviewed and repeated any time during the prison sentence/remand custody. It is carried out by psychiatrists and general practitioners (employed by the prison service and outsourced) and by psychologists, social workers and social pedagogues, by applying professional judgement and by application of standard screening tools (medical staff uses diagnostic manuals of mental disorders MKB11/ DSM5, while psychologists, social workers and social pedagogues apply the Pompidou Group's questionnaire which is applied nationally). There is no systematic staff training on screening for the SUD, but there are materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.) and sometimes meetings are organized by the Institute for Public Health to harmonize the application of Pompidou Group's questionnaire. As there is no systematic training on screening for the SUD, there was no research carried out on its effectiveness and the quality.

CYPRUS	A standard screening for SUD is provided in all prisons. It is applied at the admission, during the prison sentence (or during the remand custody/pre-trial detention) and before the release. It is applied by outsourced professionals – psychiatrists, nurses, psychologists and social workers, and by staff employed by the prison service - medical doctors (general practitioners) and by educators. A systematic staff training on screening for SUD is provided in person and through materials available for autonomous learning and all staff undergo such training (psychiatrists, medical doctors (general practitioners), nurses, psychologists, social workers, educators and custodial staff. The training is organized by prison service, training centre for prison staff, ministry responsible for health/public health institute, ministry responsible for social affairs, drug treatment centres and university/faculty/research institution and trainers come from the line of medical doctors/general practitioners, psychologists, social workers, social/special pedagogues/educators, researchers and NGO's. The training lasts for 70 hours and it is applied upon employment and periodically. There are appropriate training materials which are not publicly available, or available for sharing. There was no research on the staff training effectiveness and quality.
GREECE	A standard screening for SUD is provided in some prisons and is applied at the admission. It is applied by psychiatrists, general practitioners, nurses, psychologists and social workers, both employed by the prison service and outsourced). Screening is as a rule done by application of both structured professional judgement and standard screening tools, except in case of nurses and general practitioners who only apply professional judgement. It was also mentioned that the screening is applied by outsourced social/special pedagogues/educators and by custodial staff, but without specifying how. There is a systematic staff training provided on screening for SUD and it is carried out in person and online, but there are also materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.). All of the abovementioned staff who apply the screening is involved in the training. The staff trainings are organized periodically, by the ministry responsible for health/ public health institute, drug treatment centres and university/ faculty/ research institution and the information on the length of the training is unavailable. The trainers are mostly doctors/psychiatrists, psychologists and researchers. There are different tools available and used for the screening for SUD. One of them is EuropASI, the European version of ASI (Addiction Severity Index). University Mental Health Research Institute (UMHRI) translated the questionnaire and the manual in Greek and provides training to staff involved in drug treatment. The training materials are not publicly available and the possibility of making them available for the use of other prison services in the SEE countries should be discussed with the drug treatment organisations providing training. According to the responses in the questionnaire, the research/evaluation was carried out on the effectiveness and the quality of the staff training on screening for the SUD, but the results are not publicly available. Further on, it was explained that no single homogenous scheme for evaluation, quality standards and guidelines for drug treatment in prison settings has been implemented so far in Greece. Rather, each specialised therapeutic agency has developed its operational framework to ensure and enhance the quality of its services. Organisation Against Drugs (OKANA) has published the Operational Framework for the Opioid Substitution Treatment (OST) programme since 2013. Based on international experience and bibliography, the Operational Framework for OKANA treatment units proposes a common framework and mode of operation that aims at: ► the treatment procedure divided into phases ► the mobility within the OKANA treatment system ► the ability to respond to a wider range of treatment needs ► the rationalisation of treatment function in order to respond to treatment needs and ► the cooperation with other treatment programmes, in terms of building a pluralistic network of treatment services all over the country.

GREECE	This framework also forms the main body of an effort to enrich it with further instructions and recommendations for the integration of research data and educational processes, providing the staff of the substitution units with a reliable guide to make decisions, to select interventions, to obey to protocols, to collect and use data and to evaluate the services with the goal of continuous improving. The aforementioned Operational Framework for OKANA is available in Greek language[2]
HUNGARY	A standard screening for SUD is provided in all prisons. It is applied at the admission, but can be reviewed and repeated any time during the prison sentence. It is applied by prison staff - psychiatrists, medical doctors (general practitioners), nurses, psychologists, other staff of the treatment/ resocialization / reinsertion departments ("reintegration officers") and custodial staff. For drug testing the medical staff use drug tests based on urine sample, while psychologists and "reintegration officers" apply risk assessment tools. The systematic staff training on screening for the SUD is organized periodically, by the prison service (headquarters – Central Institute of Analytical Examination and Methodology) for psychologists and reintegration officers (assessing the risks during admission). The training lasts for 17 hours, trainers are psychologists and special educational teachers. There are no training materials and no research/evaluation on the effectiveness and the quality of the staff training on screening for the SUD was carried out. It was highlighted that current legal framework for drug screening (via drug tests, not risk assessment) in Hungary is not as elaborate. Therefore, in some cases the staff is simply not allowed to screen the inmates if there is no probable cause for it. Drug testing can only take place if the inmate is part of the drug prevention unit, or the behaviour of the inmate implies substance use or the inmate was involved in a disciplinary offense.
MONTENEGRO	A standard screening for SUD is provided in all prisons. It is applied at the admission, but can be reviewed and repeated any time during the prison sentence. It is applied by the prison staff – psychiatrists, medical doctors (general practitioners) and nurses by the application standard screening tools. A systematic staff training is provided for psychiatrists, medical doctors (general practitioners) and nurses on screening for SUD and it is organized in person, periodically, by the prison service and the training centre for prison staff. The trainers are medical doctors and psychiatrists and the length of a meeting/lecture is 1-3 hours (total length of the training was not specified). There is a training manual but it is not publicly available (sharing of internal documents is not possible without permission of supervising institution). No research/evaluation on the effectiveness and the quality of the staff training on screening for the SUD was carried out. It was underlined that external lecturers with experience from prison systems in foreign countries would be appreciated to perform education for employees of Montenegrin prison system, to further upgrade their experiences.
NORTH MACEDONIA	A standard screening for SUD is provided in some prisons. It is applied at the admission, but can be reviewed and repeated anytime during the prison sentence/remand custody. It is applied by the outsourced staff – psychiatrists and medical doctors (general practitioners). It was not specified whether the SUD screening is done by the application of the standard screening tools or only based on the professional judgement. There is no systematic staff training on screening for SUD and therefore no training materials are available and no research/evaluation was conducted on the quality of the staff training.

2. https://www.okana.gr/sites/default/files/2020-12/PlaisioLeitourgias.pdf

ROMANIA	A standard screening for SUD is provided in all prisons and is applied during the admission and during the prison sentence/remand custody (pre-trial detention). It is applied by psychiatrists, medical doctors (general practitioners) and nurses, both employed by the prison service and outsourced, by applying standard screening tools and professional judgement. There is no systematic staff training on screening for SUD, but psychiatrists, medical doctors (general practitioners) and nurses, and also the custodial staff, undergo some in person training organized by the prison service and by National Antidrug Agency. The training is facilitated by medical doctors. The training is optional and it is consisted of approximately 16 hours. There are no training materials and no research was conducted in this field.
SERBIA	A standard screening for SUD is provided in all prisons and is applied during the prison sentence or during the remand custody/pre-trial detention. It is applied by the prison staff – psychiatrists, medical doctors (general practitioners) and nurses by the application of both structured professional judgement and standard screening tools, and by custodial staff (prison guards, judiciary police officers) applying professional judgement. There is a systematic staff training provided on screening for SUD and it is organized in person and through e-learning course. There are also materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.). The psychiatrists, medical doctors (general practitioners) and nurses undergo this training, which is organized periodically by prison service, training centre for prison staff, ministry responsible for health/public health institute, ministry responsible for social affairs and drug treatment centres. Trainers are medical doctors, researchers, educators and social workers and the length of the training is not the same each year (no exact number of hours). The training is optional. There are handbooks and manuals supporting the training, but they are not publicly available. The Serbian prison service is willing to share them / make them available for the use of other prison services in the South-East Europe. No research/evaluation on the effectiveness and the quality of the staff training on screening for the SUD was carried out.
SLOVENIA	A standard screening for SUD is provided by different specialist, although not through unified/standardized form, but through a standardized interview, performed in the same way by all professionals. The outsourced psychiatrists and medical doctors (general practitioners) and psychologists, social workers and social pedagogues employed by the prison service provide screening by applying their professional judgement. A systematic staff training is provided on screening for SUD and it is organized in person. There are also materials available for autonomous learning. The training is organized by the Prison service, provided by drug treatment centres and staff that undergo this training are psychologists, pedagogues, nurses, social workers etc. Selection of staff is done by the prison service. The training lasts around 8 hours, it is applied upon employment and periodically and it is optional. Training materials are consisted of a handbook, made by staff working with SUD in prison and of leaflets, different articles and researches. Materials are not publicly available and the responding country is not able to share them as they are intellectual property of the lecturers. No research/evaluation on the effectiveness and the quality of the staff training on screening for the SUD was carried out, although some evaluation questionnaires are applied with most of the trainings. Additional needs/skills gaps which were identified refer to the need for more systematic staff training, especially in the field of SUD screening.

TÜRKİYE	A standard screening for SUD is provided in all prisons and it is applied at the admission stage and during the prison sentence or during the remand custody/pre-trial detention. SUD screening is applied by medical doctors (general practitioners), nurses, psychologists and social workers employed by the prison service. There is a systematic training and it is provided in person, online and through e-learning course and there are also materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.). The target group for the training are psychologists, social workers, health officers from the treatment/ resocialization / reinsertion departments and custodial staff (prison guards) responsible for psychological service. The training is organized by the prison service, training centre for prison staff, ministry responsible for health/public health institute and university/ faculty/research institution and the trainers are psychologists and social workers. It was underlined that it is not a special programme exclusively designed for screening the SUD, but it is a part of other training programs developed for increasing the professional competency of the staff so the length can't be specified. The training is mandatory. There are training materials (handbook, manual, slides) but they are not publicly available and the responding country isn't willing to share them. The training is evaluated but the results were not published. Online surveys are regularly carried out for the performed training programmes via MEDSİS®. MEDSİS® is a software developed for getting the results of the training programmes. It also automatically assesses and analyses the data set obtained from the trainees. The automatic analysis sums the results in a pdf report.

3. Medication-Assisted Treatment (MAT)

BOSNIA AND HERZEGOVINA	**State Level:** The respondent noted that there is Medication-Assisted Treatment (MAT) of SUD and that it is available only during the admission stage (detoxification), but other responses indicated that only Tramadol and anxiolytics are applied, while Methadone, Buprenorphine (or Naltrexone) are not available. It was noted that a large percentage of prisoners complain of sleep problems, mood changes, and somatic symptoms: sweat and agitation. Pharmacotherapy is applied by psychiatrists and medical doctors (general practitioners). There is no systematic training in MAT of SUD, but some training for psychiatrists, medical doctors (general practitioners) and medical technicians is organized - in person, through e-learning course and through materials available for autonomous learning. Further information was not provided. No research or evaluation was conducted in this field. **Federation of Bosnia and Herzegovina:** The Medication-Assisted Treatment (hereinafter: MAT) of SUD is available in some prisons and can be applied during the whole prison sentence/pre-trial detention (it was further clarified that Zenica is the only prison that allows Medication-Assisted Treatment during the whole prison sentence. In this prison, Methadone is available but is applied to only 3% of prisoners with SUD, and Buprenorphine is available but applied to only 1% of prisoners with SUD. It is applied by psychiatrists specialized in addictology, who are outsourced. It was specified that MAT may represent continuation of treatment before arrival in prison and/or eventual inclusion in therapeutic treatment of addicts upon admission. Naltrexone is unavailable). In some prisons prisoners can continue taking MAT of SUD if it was prescribed before coming to serve their sentence, while in other prisons they may receive some medications prescribed by a psychiatrist to address their symptoms, but not Methadone and Buprenorphine. There is no systematic staff training on MAT of SUD to prisoners so there are also no training materials or research/evaluation carried out in this respect. The respondent identified several gaps in this area, referring to lack of continuous staff education, accredited guides and procedures, systematic monitoring of treatment and/or evaluation before leaving prison.

BOSNIA AND HERZEGOVINA	**Republic of Srpska:** Similar to situation on the national level, the respondent noted that there is Medication-Assisted Treatment of SUD during the admission stage (detoxification), but other responses indicated that only Trodon (Tramadol) is applied and available, with around 50% of prisoners with SUD receiving the service. Methadone, Buprenorphine or Naltrexone are not available. It was noted that detoxification is carried out according to the scheme of the Detox Centre at the Clinic for Psychiatry). The service is provided by outsourced psychiatrists and medical doctors (general practitioners) employed by the prison service. There is no systematic training in MAT of SUD, so no research or evaluation was conducted in this field.
CROATIA	The MAT of SUD is available in all prisons and can be applied during the whole prison sentence/pre-trial detention. Methadone is applied to around 30% of prisoners with SUD and buprenorphine (buprenorphine and buprenorphine/naloxone) is applied to around 60% of prisoners with SUD. Naltrexone is not applied. MAT od SUD is applied by the psychiatrists. There is no staff training, but in earlier years in person trainings were organized periodically for prison doctors, by the Reference Centre for Addictions of the Ministry of Health. The training was provided for psychiatrists, general practitioners and medical doctors with other expertise who work with prisoners and the trainers were psychiatrists specialized in SUD treatment. There are no training materials available as the prison service was not organising/ implementing the training. The Prison Service doesn't have the ownership of the materials and therefore is unable to make them available for the use of other prison services in the South-East Europe. There was no research/evaluation carried out on the effectiveness and the quality of the staff training on MAT of SUD to prisoners.
CYPRUS	The MAT of SUD can be applied during the whole prison sentence/pre-trial detention. Only Buprenorphine is applied and it is available in all prisons (in Central Prison, police stations, refugee camps). It is applied by 10 psychiatrists from Mental Health Service, which are part time available in prisons and there is one (part-time) coordinator of MAT in Central Prison. There is no systematic staff training of prison staff on MAT of SUD to prisoners, so there are also no training materials or research conducted in this area.
GREECE	The MAT of SUD can be applied during the whole prison sentence/pre-trial detention and it is available in some prisons. Only Methadone is applied and it is available to 38% of prisoners with SUD (245 SUD prisoners in 2 prisons receive the service while 400 applications for entry to 2 OST units in prison are pending). Buprenorphine and Naltrexone are unavailable. MAT od SUD is applied by the psychiatrists while psychologists and social workers provide psychosocial support to prisoners with SUD who are under MAT. There is a systematic staff training on MAT of SUD to prisoners for psychiatrists and it is organized periodically, in person, by drug treatment centres. The training is provided mostly by the psychiatrists. There is no information on the length of the training, there are no training materials and no research/evaluation of the training was carried out.
HUNGARY	MAT of SUD is not applied in prisons.

MONTENEGRO	The MAT of SUD can be applied during the whole prison sentence/pre-trial detention and it is available in all prisons. Methadone is applied to around 5% of prisoners with SUD and buprenorphine is applied to around 30% of prisoners with SUD. Naltrexone in unavailable. MAT od SUD is applied by the psychiatrists. There is no systematic staff training on MAT of SUD, but a 2-3 hours training for psychiatrists is organized periodically by the prison service and by training centre for prison staff. Lectures and manuals for this training are not publicly available but can be shared if the supervisory institution allows. No research/evaluation of the training was carried out. It was emphasized in the responses that more training and education from foreign experts with experience in this field is necessary.
NORTH MACEDONIA	The MAT of SUD can be applied during the whole prison sentence/pre-trial detention. Methadone is available in most prisons and it is applied to around 50% of prisoners with SUD. Buprenorphine and Naltrexone are available in some prisons, but the percentage of prisoners with SUD receiving these treatments was not specified. MAT od SUD is applied by the psychiatrists and medical doctors (general practitioners). There is no systematic staff training on MAT of SUD to prisoners and therefore no training materials are available and no research/evaluation was conducted on the quality of the staff training.
ROMANIA	The MAT of SUD can be applied during the whole prison sentence/pre-trial detention, but it is available only in some prisons and only methadone is applied. Psychiatrists apply the MAT of SUD. There is no systematic training in the field, but some in person training is available for the psychiatrists, provided by the prison service and facilitated by medical doctors. The length of the training was not specified, but it was underlined that it is mandatory and permanent in the penitentiaries responsible for the administration of MAT. There is a manual "Methadone Substitution Program" available for medical staff in penitentiaries with substitution treatment, which is not publicly available. The respondent didn't specify whether this manual can be shared with other prison services in the South-East Europe. No research/evaluation of such training was carried out.
SERBIA	The MAT of SUD can be applied during the whole prison sentence/pre-trial detention and it is available in all prisons. Methadone is applied to around 10% of prisoners with SUD and buprenorphine is applied to around 5% of prisoners with SUD. Naltrexone is applied only in the case of an overdose. MAT od SUD is applied by the psychiatrists (according to the national orders and guidelines). There is a systematic staff training provided on MAT of SUD and it is organized in person and online. There are also materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.). The training was provided for psychiatrists and medical doctors (general practitioners) and the trainers were also psychiatrists and medical doctors (general practitioners). The training is applied periodically, it is organized by the prison service, ministry responsible for health/public health institute and drug treatment centres and it is optional. There are no training materials and no research/evaluation of such training was carried out.

SLOVENIA	The MAT of SUD is available in all prisons and can be applied during the whole prison sentence/pre-trial detention. Methadone and buprenorphine are applied to around 66% of prisoners with SUD (data for 2020). Naltrexone is not applied. MAT of SUD is applied by the psychiatrists. It is underlined by the respondent that the MAT of SUD in prison is applied by psychiatrists, which are outsourced (Ministry of health), therefore they have their own training, not organized by prison service. There is also a systematic staff training in the field of MAT of SUD, organized in person, which is provided for nurses and other staff working with SUD in prison and it is organized by the ministry responsible for health and by drug treatment centres. The trainers are psychiatrists and therapists (not specified). The training is optional, it is applied upon employment and periodically. It is organized by the prison service, provided by ministry responsible for health/public health institute and drug treatment centres. There are no training materials and no research/evaluation of such training was carried out.
TÜRKİYE	The MAT of SUD is available only during the admission stage (detoxification). It is applied by psychiatrists (both employed by the prison service and outsourced) and by medical doctors (general practitioners) employed by the prison service. There is not staff training for the MAT of SUD and there are no training materials.

4. Psychosocial treatment of SUD (psychosocial interventions/programmes)

BOSNIA AND HERZEGOVINA	**State Level:** Psychosocial treatment of SUD is applied by psychiatrists, medical doctors (general practitioners) and nurses/medical technicians, all employed by the prison service. Types of programmes or interventions were not specified. Information on training, evaluation and research in the field were not provided. **Federation of Bosnia and Herzegovina:** The respondent noted that psychosocial treatment of SUD is applied by psychologists, social workers, social/special pedagogues/educators, nurses and custodial staff employed by the prison staff and by outsourced psychiatrists. Structured behavioural or cognitive behavioural programmes, short cognitive behavioural interventions, relapse prevention and self-help groups seem to be available, but there are no implementation manuals or staff training manuals. Therapeutic community is not available. There is no systematic staff training on application of psychosocial treatment and there are no training materials. Accordingly, there was no research/evaluation carried out on the effectiveness and the quality of the staff training in this field. The respondent noted that it is important that all prisons act in the same way, and not as separate entities in the prison system and that until a systematic approach is taken, there will be no significant progress and that professionals employed in the prison system continue to apply psychosocial treatments of SUD simply because of their enthusiasm. **Republic of Srpska:** Psychosocial treatment of SUD is applied by psychologists, social workers, and social pedagogues/educators employed by the prison service (individual and group treatment). Structured behavioural or cognitive behavioural programmes, short cognitive-behavioural interventions, relapse prevention and self-help groups are available, with appropriate implementation materials, but no staff training materials. Therapeutic community is not available. There is no systematic training in application of psychosocial programmes / interventions for the treatment of SUD, so no research or evaluation was conducted in this field.

CROATIA	Psychosocial treatment of SUD is applied a) by psychiatrists (individual treatment), both employed by the prison service and outsourced and b) by psychologists, social workers, and social pedagogues employed by the prison service (individual and group treatment). As for the types of programmes available, there are structured behavioural or cognitive behavioural programmes, short cognitive-behavioural interventions (e.g., motivational interview) and relapse prevention available in most prisons (with both implementation and staff training manuals available). There are no therapeutic communities in terms of separate wings with organization of everyday life of persons with SUD, but there are counselling and self-support groups in prisons organized on the therapeutic communities (TC) principle (not on 12 step approach), with implementation handbooks/guidelines available. The systematic staff training is organized for cognitive behavioural programme PORTOs (which includes assessment of criminogenic risks and needs, motivational interviewing and application of corresponding interventions, including relapse prevention). The training is organized in person, and there are also materials available for autonomous learning. As a rule, psychologists, social workers and social pedagogues are trained, but other staff of the treatment/ resocialization/reinsertion departments may undergo the training if they have master's degree in social sciences – they can be trained only as co-facilitators to the abovementioned specialist staff. Staff training is organized jointly by the prison service (training centre for prison staff), university/faculty and civil society organizations. The trainers are social pedagogues and social workers and the training last 32 school hours. It is applied periodically and it is mandatory for specialist staff involved in treatment of SUD. Training materials exist but they are not publicly available. Only a summary of staff training can be provided, as the Prison Service shares the ownership of both implementation manual and staff training manual with the Faculty of Education and Rehabilitation Sciences and therefore can't share the materials without their consent. Evaluation is carried out after each training on the effectiveness and the quality of the staff training on the application of PORTOs, and an example of the results of one of such trainings are publicly available[3]. Evaluation questionnaires are applied immediately after the training; on the 5-point scale (+ several open questions) participants assess quality of the training, satisfaction with the lecturers, content of the lectures and usefulness of the training for their practical work. The following questions are applied: 1. Please grade your satisfaction with the training in general (1-5) 2. Please grade your satisfaction with the organization of training (1-5) 3. Please grade your general satisfaction with the work of trainers (1-5) 4. How well were the information and contents of the training transferred to you (1-5) 5. How useful do you find content of the training for your future work (1-5) 6. Do you think you have gained something for you with this training? If yes, please describe. (Open-ended question) 7. What did you like the most in this training? (Open-ended question) 8. What would you change to increase quality of the training? (Open-ended question) 9. Please give us any comments you wish regarding this training. (Open-ended question)

3. Workshop "EVALUATION AND RESEARCH" (coe.int)

CYPRUS	Psychosocial treatment of SUD is applied exclusively by the outsourced staff employed by the Mental Health Services (Ministry of Health), working in prison part time – 2 psychologists, nurse and ergo therapist. The country reports on the availability of structured behavioural or cognitive behavioural programmes, short cognitive-behavioural interventions and relapse prevention (in the only prison in the country), bit with no corresponding materials for the programme implementation and/or staff training. Therapeutic communities and self-help groups are unavailable. There is no systematic staff training in the field of psychosocial treatment of SUD, but psychologists and nurses periodically undergo 30-hour training facilitated by psychiatrists and psychologists. There are also no training materials or research conducted in the field of psychosocial treatment of SUD.
GREECE	Psychosocial treatment of SUD is applied by psychologists, social workers and psychiatrist employed by the prison staff and by outsourced social/special pedagogues/educators, general practitioners and nurses. Types of programmes/ interventions available are: Structured behavioural or cognitive behavioural programmes, Short cognitive-behavioural interventions (e.g., motivational interview), Relapse prevention and Therapeutic community, which are all available in some prisons. Of the abovementioned programmes/interventions, there is a handbook only for the TC. A systematic staff training is available for all of the abovementioned interventions/trainings. It is organized periodically, in person for psychologists, social workers, social/special pedagogues/educators, psychiatrists, medical doctors (general practitioners) and nurses. The trainings are organized by ministry responsible for health/public health institute and drug treatment centres and trainers are mostly doctors/psychiatrists, psychologists and researchers. There is no information on the length of the training, there are no training materials and no research/evaluation of the training was carried out.
HUNGARY	Psychosocial treatment of SUD (psychosocial interventions/ programmes) is applied by the prison staff – psychologists, social/special pedagogues/educators and reintegration officers (some of the psychiatrists are periodically available (2-3 times / week)). Structured behavioural or cognitive behavioural programmes are available in most prisons and there are implementation manuals and staff training manuals for these interventions. Short cognitive-behavioural interventions (e.g., motivational interview) are available in all prisons, but there are no materials to support the implementation. There is a systematic staff training available for the application of structured behavioural or cognitive behavioural programmes. It is organized by the prison service, in person (with also materials available for autonomous learning), periodically, for psychologists, social/special pedagogues/ educators and reintegration officers and it is mandatory. The trainers are psychologists and special educational teachers. The training lasts for 40 school hours. Training materials (manuals) are in Hungarian, they are not publicly available, but Hungarian prison service is willing to make them available for the use of other prison services in the South-East Europe. No research/evaluation of the training was carried out.

MONTENEGRO	Psychosocial treatment of SUD is applied by prison staff – psychologists, social workers, social/special pedagogues/educators and psychiatrists and by outsourced psychologists and social workers (projects implemented by NGOs). Structured behavioural or cognitive behavioural programmes and short cognitive-behavioural interventions (e.g., motivational interview) are available in most prisons and relapse prevention is available in some prisons. Some implementation materials are available for structured behavioural or cognitive behavioural programme, but they are not specified. It was also mentioned that guests from AN (unspecified, probably "Narcotics Anonymous") periodically hold self-help groups for prisoners with SUD. There is a staff training for some of the interventions, but it is not systematic. It is organized by the training centre for prison staff, in person, for psychologists, social workers, social/special pedagogues/educators and other staff of the treatment/ resocialization / reinsertion departments. The trainers are prison staff who implement a programme (authors of a manual) and a psychiatrist. It's a one-day training given that prison staff already have some knowledge in the area of SUD treatment. There are no training materials and no research/evaluation was caried out on the effectiveness and the quality of this staff training. It was stressed out in the response that the necessary knowledge in this area is usually only provided to health care department officers and the Treatment Department staff, but that basic training is needed for all other services working in prison: security and vocational instructors.
NORTH MACEDONIA	Psychosocial treatment of SUD in prisons is provided by social/special pedagogues/ educators employed by the prison service. The response included a remark about psychiatrists as nited Nations Office on Drugs and Crime (UNODC) Treatnet trainers, but this was not further elaborated. There seem to be both implementation and training materials (UNODC Treatnet materials) for structured behavioural or cognitive behavioural programmes and for relapse prevention, although these programmes are not implemented in prisons (marked as "unavailable") as well as for motivational interviewing, for which it was not specified whether it is applied in prisons or not. Self-help groups are reported as unavailable (but then again marked as available in some prisons), with no supporting implementation and staff training materials. There is no systematic staff training on psychosocial treatment of SUD and therefore no research/evaluation was conducted on the quality of the staff training. Nevertheless, training materials are available and the respondents are willing to share them.

ROMANIA	Psychosocial treatment of SUD is applied by prison staff. More specifically individual psychological assistance (counselling, psychotherapy) or group activities and psychological assistance is provided by psychologists, social assistance programs (aimed at the general prison population, regardless of whether they are listed as drug users or not) are applied by social workers and information-educational activities regarding drug use are applied by social/special pedagogues/educators. Therapeutic communities are applied by other, outsourced staff. Structured behavioural or cognitive behavioural programmes, short cognitive-behavioural interventions, relapse prevention and therapeutic communities are available in all prisons, with appropriate implementation manuals and staff training manuals. It was underlined by the respondent that the personnel of the social reintegration sector improve their knowledge in the professional field and participate in symposia, colloquiums, training courses, seminars, scientific sessions, exchanges of experience, in the country and abroad, but provided no evidence of systematic training. Specialized meetings are organized annually in which the interventions/ programs mentioned above are also addressed. Trainings are provided for psychologists, social workers and social/special pedagogues/educators, which are organized by Directorate of Social Reintegration and facilitated by specialists within the penitentiary system (psychologists, social workers, educators). The training is applied upon employment and it is organized in person, online, through e-learning course and through materials available for autonomous learning. The length of the training was not specified. The training materials on the application of the interventions / programmes in the field of psychosocial treatment of SUD seem to exist but are unavailable publicly, and the willingness to share it with other SEE countries was not specified. There is no information on the possible research in this field.
SERBIA	Psychosocial treatment of SUD is applied by prison staff – psychologists, social workers, social/special pedagogues/educators and psychiatrists. Relapse prevention is available in all prisons, short cognitive-behavioural interventions (e.g., motivational interview) and self-help groups (supported by professional) are available in most prisons and structured behavioural or cognitive behavioural programmes and therapeutic community are available in some prisons. According to the responses in the questionnaire, implementation materials and staff training materials are available only for the TC and self-help groups (supported by professional)[4]. A systematic staff training on the abovementioned interventions / programmes in the field of psychosocial treatment of SUD is organized (it was not specified for which programmes) in person, online and through e-learning course, and there are also materials available for autonomous learning (handbook, manual, conference paper, research articles, etc.). Prison staff that undergoes the training (which is optional) are psychologists, social workers and social/special pedagogues/educators. The trainings are organized by ministry responsible for health/public health institute, drug treatment centres and university/faculty/research institution and the trainers are social/special pedagogues/educators, psychologists and social workers. There are some training materials on the application of the interventions / programmes in the field of psychosocial treatment of SUD, but they are not publicly available. Serbian prison service is willing to share them / make them available for the use of other prison services in the South-East Europe. No research/evaluation of the training was carried out.

4. The consultant was involved in development of the Structured cognitive behavioural programme for treatment of SUD in Serbia and therefore is aware of the existence of both implementation and staff training manuals for this programme (which is probably not known to the person completing the questionnaire). This training is organized jointly by prison service and the office of Council of Europe in Belgrade and it has been evaluated.

SLOVENIA	Psychosocial treatment of SUD is applied by prison staff – psychologists, social workers, social/special pedagogues/educators and nurses, with the participation of judiciary police officers. It is also applied by the outsourced psychiatrists, medical doctors (general practitioners) and nurses, as well as representatives of non governmental organizations (NGOs). Structured behavioural or cognitive behavioural programmes are available in some prisons, but there are no implementation materials or staff training materials. Short cognitive-behavioural interventions are available in some prisons and there are supported by the implementation materials and staff training materials (not specified), the same as for relapse prevention programmes, which are available in all prisons. Self-help groups (supported by a professional) are available in most prisons. The systematic staff training is provided for motivational interviewing, relapse prevention and educational programmes about SUD. It is organized in person, for the prison staff working with SUD in prison (psychologists, pedagogues) and for nurses. Staff training is organized/provided by the prison service, ministry responsible for health/public health institute, ministry responsible for social affairs, civil society organizations and experts in the specific field, while the trainers are psychologists, social workers and therapists (not specified). The trainings are optional, they are applied upon employment and periodically. There are training materials, but they are not publicly available. The materials cannot be shared as they are not the property of the Prison Administration but intellectual property of different lecturers. No research/evaluation of the training was carried out, although it is worth to mention that some evaluation questionnaires are applied with most of the trainings. The respondent emphasized that the staff should be trained according to proven and licensed forms of treatment and not randomly, according to personal preferences (e.g., cognitive behavioural therapy, motivational interview…). They acknowledge, on the other hand, that there are many opportunities for education in the Slovenian prison system.
TÜRKİYE	Structured behavioural or cognitive behavioural programmes (named SAMBA and YARDM, according to the responses) and short cognitive-behavioural interventions such as motivational interview are available in all prisons. It was not specified whether there are any supporting implementation or training materials, but it was marked that some kind of handbook exists for structured behavioural or cognitive behavioural programmes. According to information and clarifications provided by the national representative in the SEE cooperation group, SAMBA seem and YARDM seem to be comprehensive, multimodal programmes that cover multiple needs of persons with SUD (social skills, harm reduction and psychosocial treatment of SUD), with corresponding materials, PowerPoint presentations and brochures and with appropriate training available for each programme. There is also staff training for group work aimed at changing behaviours and for personal interviews. The trainings are available in person and online, for psychologists and social workers (organized by the prison service and training centre for prison staff) and the trainers are psychologists and social workers. Trainings last 60 hours for each programme (SAMBA and YARDM) and it is mandatory. There are training materials but they are not publicly available and the responding country is not willing to share them. Online surveys are regularly carried out for the performed training programmes via MEDSİS®, as already elaborated under the training for SUD screening.

5. Harm reduction programs

BOSNIA AND HERZEGOVINA	**State Level:** Education and counselling aimed at reducing the health damage associated with substance use, needle and syringe distribution, Naltrexone programme for the prevention of drug overdose, HIV and viral hepatitis testing and HIV and viral hepatitis treatment are available in the State Prison. It was not specified who carries out these interventions. A systematic, 5-hour, in person training for medical doctors (general practitioners) and nurses was conducted on 05/29/2023 on the prevention of the spread of HIV, hepatitis B and C, TB and promotional posters were distributed to all pavilions for prisoners and detainees. The training was organized by Health service at the Institute for Execution of Criminal Sanctions and was facilitated by medical doctors, Detention and Other Measures of BH and it is applied periodically. Power point presentation and promotional and educational posters are publicly available. There were no research/evaluation in this field. **Federation of Bosnia and Herzegovina:** Education and counselling aimed at reducing the health damage associated with substance use, condoms distribution, Naltrexone programme for the prevention of drug overdose, HIV and viral hepatitis testing and HIV and viral hepatitis treatment are available in some prisons. Implementation materials exists only regrading condoms distribution. harm reduction activities and measures are applied by nurses, psychologists, social workers, social/special pedagogues/educators and custodial staff (all employed by the prison service) and by outsourced psychiatrists (specialists in addictology). There is no systematic staff training on the interventions / programmes in the field of harm reduction in prisons and no research/evaluation was conducted. The respondent identified several gaps in this area, referring to lack of continuous staff education, accredited guides and procedures, systematic monitoring of treatment and evaluation. **Republic of Srpska:** Education and counselling aimed at reducing the health damage associated with substance use are available in all prisons, and it is applied by outsourced psychiatrists and staff employed by the prison service - medical doctors (general practitioners), nurses, psychologists, social workers and social/special pedagogues/educators. Other programmes / interventions in the field of harm reduction are unavailable. It was noted that condoms distribution HIV and viral hepatitis testing were available during the Global Fund the Programme for Bosnia and Herzegovina (2007-2015) but nowadays HIV and viral hepatitis testing is available only ad hoc, when there is some global action at the state level. There is no systematic staff training on the interventions / programmes in the field of harm reduction in prisons and no research/evaluation was conducted.
CROATIA	Harm reduction programmes are applied by a) psychiatrists and general practitioners (employed by the prison service and outsourced), b) by nurses, psychologists, social workers and social pedagogues employed by the prison service and c) by employees of NGOs which are operating in the field of harm reduction. Education and counselling aimed at reducing the health damage associated with substance use is available in most prisons. There are no implementation materials for such interventions, but brochures are available for informing prisoners. Needle and syringe distribution, condoms distribution and Naltrexone programme for the prevention of drug overdose are unavailable. HIV and viral hepatitis testing and treatment are available in some prisons. No implementation or staff training materials are available in this respect, but only brochures for prison staff and for prisoners. There is no systematic staff training on the interventions / programmes in the field of harm reduction in prisons, but there are materials available for autonomous learning (including publicly available national guidelines on harm reduction services).

CYPRUS	In the field of harm reduction, only HIV and viral hepatitis testing is available, while all other interventions and activities specified in the questionnaire are unavailable (education and counselling aimed at reducing the health damage associated with substance use, needle and syringe distribution, condoms distribution, naltrexone programme for the prevention of drug overdose, HIV and viral hepatitis treatment). HIV and viral hepatitis testing take place once upon the prisoner's entry to the prison by the institution's medical team. There is no systematic staff training of prison staff, training materials or research conducted on harm reduction. The respondent identified as a gap that there are no systematic harm reduction programmes or interventions in the prison.
GREECE	The harm reduction programmes are provided by the outsourced medical doctors (general practitioners), nurses, psychiatrists, psychologists and social workers. Education and counselling aimed at reducing the health damage associated with substance use, condoms distribution and HIV and viral hepatitis testing and treatment are available in some prisons (no implementation or staff training manuals are available), while needle and syringe distribution and Naltrexone programme for the prevention of drug overdose are unavailable. There is no systematic staff training on the abovementioned harm reduction programmes and therefore there is also no research on such training.
HUNGARY	The harm reduction programmes are provided by prison staff – psychiatrists, psychologists, social/special pedagogues/educators and reintegration officers. Education and counselling aimed at reducing the health damage associated with substance use and HIV and viral hepatitis testing and treatment are available in all prisons, while needle and syringe distribution, condoms distribution and Naltrexone programme for the prevention of drug overdose are unavailable. There is no staff training in the field of harm reduction and therefore there is also no research on such training.
MONTENEGRO	Harm reduction programmes are applied by outsourced medical doctors (general practitioners), nurses and social workers. Only HIV and viral hepatitis testing and treatment was marked as available (testing available in most prisons, treatment available in all prisons) where mass testing is provided by NGO projects, while the prison service is testing according to the assessed risks/needs. For other interventions and programmes in the field of harm reduction replies were not provided. There is no staff training in the field of harm reduction and therefore there is also no research on such training.
NORTH MACEDONIA	It was not specified in the response who provides harm reduction programmes. Condoms distribution, Naltrexone programme for the prevention of drug overdose and HIV and viral hepatitis testing is available in some prisons, with supporting implementation and staff training materials available only for HIV and viral hepatitis testing. Education and counselling aimed at reducing the health damage associated with substance use, needle and syringe distribution and HIV and viral hepatitis treatment are unavailable. There is no systematic staff training on harm reduction programmes and therefore no training materials are available and no research/ evaluation was conducted on the quality of the staff training.

ROMANIA	Harm reduction programmes are applied by psychiatrists, medical doctors (general practitioners), nurses, psychologist and social workers, all employed by the prison service. In the field of harm reduction, education and counselling aimed at reducing the health damage associated with substance use, condoms distribution and HIV and viral hepatitis testing are available in all prisons. There are implementation materials for prisoners' education and counselling aimed at reducing the health damage associated with substance use, while there are no implementation or training materials for other interventions. The HIV and viral hepatitis treatment is available in some prisons, with the appropriate implementation materials for this intervention. There is a systematic staff training on harm reduction for medical doctors (general practitioners), nurses, psychiatrists and psychologists, which is organized in person, online and through e-learning course. It is organized by prison service, ministry responsible for health and drug treatment centres and carried out by medical doctors. It is applied periodically and it lasts for 12 hours. There are no training materials. Some evaluation of the training was conducted (regular courses with National Antidrug Agency), but results are not available. It was underlined by the respondent that more courses, more time and more human resources are needed.
SERBIA	Harm reduction programmes are applied by psychiatrists, general practitioners, nurses, psychologists, social workers and social/special pedagogues/educators (all employed by the prison service). Education and counselling aimed at reducing the health damage associated with substance use is available in some prisons (there are implementation and staff training handbooks and manuals). Naltrexone programme for the prevention of drug overdose is available in most prisons and staff training manuals are available to support the programme. HIV and viral hepatitis testing are available in all prisons and HIV and viral hepatitis treatment is available in some prisons (there are implementation and staff training handbooks and manuals). Needle and syringe distribution, and condoms distribution are unavailable. There is no systematic staff training on the abovementioned interventions / programmes in the field of harm reduction in prisons.
SLOVENIA	Harm reduction programmes are applied by outsourced psychiatrists, general practitioners, nurses, psychologists, social workers, social/special pedagogues/ educators and representatives of nongovernmental organizations, and by nurses, psychologists, social workers and social/special pedagogues/educators employed by the prison service. Education and counselling aimed at reducing the health damage associated with substance use are available in all prisons, while condoms distribution is available in all prisons. HIV and viral hepatitis testing and treatment are available in all prisons and it is delivered by the outsourced medical staff. A systematic in person training is provided for reducing health damage, and for HIV and viral hepatitis testing and treatment. It is organized by the prison service, ministry responsible for health/ public health institute, ministry responsible for social affairs and by drug treatment centres. Target group are medical doctors (general practitioners), nurses, psychiatrists and staff of the treatment/ resocialization / reinsertion departments dealing with SUD (psychologists, pedagogues, social workers…). The trainers are medical doctors and psychiatrist, and for reducing damage also therapists (not specified), social workers and other specialists in the field. The training lasts for around 16 hours a year. The training is optional and it is applied upon employment and periodically. There are no publicly available materials and the responding country can't share them as they are intellectual property of lecturers. No systematic research/evaluation was conducted on the quality of the staff training, but the respondent underlined that evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings and that some results are sent to the Head Office. It was explained that there is still no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings so there is a need for conducting evaluations that would be valid and not based on individually biased interpretations (this applies to all the trainings, not only in the field of harm reduction).

TÜRKİYE	The harm reduction programmes are provided by the outsourced medical doctors (general practitioners) and psychiatrists and also by medical doctors (general practitioners), psychiatrists, nurses, psychologists and social workers employed by the prison service. In the field of harm reduction, only education and counselling aimed at reducing the health damage associated with substance use are available. The already mentioned SAMBA programme, which consists of individual and group therapies and family training via conferences, includes also psycho-education and counselling for harm reduction. There is a handbook on staff training, PowerPoint presentations for prisoners with SUD, and also for their families PowerPoint presentations and basic information brochures.

6. Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD

BOSNIA AND HERZEGOVINA	**State Level:** In the section on other types of supportive programmes / interventions to meet the complex health and social care needs of prisoners with SUD, nothing was specified, so it can be concluded either that there are no such programs in the State Prison or that the respondent is not aware of them, since it is outside their narrow scope of work (medical expert). **Federation of Bosnia and Herzegovina:** Education (general education and vocational training), prisoners' work/employment in prisons and alternative activities (sports, drama, music etc.) are available, while other types of programmes listed in the questionnaire are unavailable. Available programmes and interventions are applied by the staff of the treatment/ resocialization / reinsertion departments, vocational instructors, custodial staff and medical staff. There is no systematic staff training on these interventions / programmes and no research/evaluation was conducted. Similar to other areas, the respondent again identified several gaps in this area, referring to lack of continuous staff education, accredited guides and procedures, systematic monitoring of treatment and evaluation and research. **Republic of Srpska:** Life and/or social skills training is available, with appropriate implementation materials, but without staff training materials. Prisoners' work/ employment in prisons and alternative activities like sports, drama, music etc. are also available, without corresponding implementation and training materials. Depending on the type of interventions/programmes, they are implemented by the staff of the treatment/ resocialization / reinsertion departments, vocational instructors and by medical staff. There is no systematic staff training in these fields and no research/ evaluation was conducted.

CROATIA	Life and/or social skills training and family and parenting skills training are available in most prisons and these programmes have been evaluated. There are implementation manuals and staff training manuals for both programmes. Education (general education and vocational training) is available in some prisons and there are handbooks, guidelines, learning materials, notebooks etc. depending on the programme. Prisoners' work/employment in prisons and alternative activities (sports, drama, music etc.) are available in all prisons, but there are no manuals to support the implementation and there is no staff training. The abovementioned interventions and programmes are provided by the staff of the treatment/ resocialization / reinsertion departments, by vocational instructors, custodial staff (prison guards, judiciary police officers) and service providers from the local community (civil society organizations, agencies, institutions etc.), depending on the type of the programme. Staff training is organized for social skills training and family and parenting skills training and the staff which undergoes these trainings are the staff of the treatment / resocialization / reinsertion departments, custodial staff (prison guards, judiciary police officers) and service providers from NGOs. The trainers are treatment staff (mostly social pedagogues, psychologists and social workers of the treatment/reinsertion departments) and university professors. The trainings last for approximately 40 school hours, they are applied periodically and are mandatory for treatment staff. There are training materials on the abovementioned interventions / programmes, but they are not publicly available. Only a summary of staff trainings can be provided, as the prison service shares the ownership of training materials with partners from the community and therefore can't share the materials without their consent. Evaluation of the staff training is carried out on the same principle as already described for the staff training for the application of the PORTOs programme: evaluation questionnaires are applied immediately after the training; on the 5-point scale (+ several open questions) participants assess quality of the training, satisfaction with the lecturers, content of the lectures and usefulness of the training for their practical work.
CYPRUS	Life and/or social skills training is available in the prison (there is only one prison in the country), but there are no corresponding implementation manuals or staff training manuals. Education (general education and vocational training), prisoners' work/employment in prisons and alternative activities (sports, drama, music etc.) are available in prison, with appropriate implementation manuals and staff training manuals. Family and parenting skills training is unavailable. Available interventions and programmes are implemented by vocational instructors and by service providers from the local community (civil society organizations, agencies institutions etc.). The staff trainings for different programmes/interventions lasts for approximately 70 school hours, it is organized by prison service, ministry responsible for health, drug treatment centres and university/faculty/research institution and facilitated by prison guards, staff of the treatment centres, medical staff, external experts and service providers from the community. Staff targeted by the training are staff of the treatment/ resocialization / reinsertion departments, vocational instructors, custodial staff (prison guards), medical staff and other external experts and service providers from the community (civil society organizations, agencies, institutions etc.). The training is applied periodically and it is mandatory. There are no publicly available training materials on the abovementioned interventions / programmes.

GREECE	Life and/or social skills training, family and parenting skills training, education (general education and vocational training) and prisoners' work/employment is available in some prisons, as well as some other activities such as housing, legal support, education and training. There are no implementation or staff training manuals for these programmes/interventions. Alternative activities (sports, drama, music etc.) are unavailable. The abovementioned interventions / programmes for prisoners with SUD are applied by staff of the treatment/ resocialization / reinsertion departments and by service providers from the local community (civil society organizations, agencies, institutions etc.). There is no systematic staff training on the abovementioned supportive interventions / programmes in prisons to prisoners with SUD, and therefore there is also no research on such training.
HUNGARY	Life and/or social skills training (mostly communication skills) and alternative activities (sports, drama, music etc.) are available in most prisons, while education (general education and vocational training) and prisoners' work/employment are available in all prisons. There are no implementation or staff training manuals for these programmes/interventions. Staff of the treatment/ resocialization / reinsertion departments and service providers from the local community provide the abovementioned supportive interventions to prisoners with SUD. There is a staff training on the abovementioned supportive interventions/programmes and it is aimed at the staff of treatment/ resocialization / reinsertion departments. The training is optional, lasts for 10 hours, it is organized by the prison service. The trainers are psychologists, staff of the reintegration departments, and community organizations. There are no training materials and no research/evaluation was conducted of such training.
MONTENEGRO	Life and/or social skills training is available in most prisons and there is an implementation manual for this intervention. Education (general education and vocational training) and alternative activities (sports, drama, music etc.) are available in some prisons, while prisoners' work/employment is available in all prisons. There are no implementation manuals for these programmes/ interventions. The staff providing such interventions are the staff of treatment/ resocialization/ reinsertion departments, vocational instructors and service providers from the local community, depending on the type of the programme. There is no systematic staff training for these programmes, but some trainings are organized for staff of the treatment/ resocialization / reinsertion departments and for vocational instructors. Trainings are organized by the prison service and the training centre for the prison staff, and are carried out by the staff of the treatment/resocialization/reinsertion departments and service providers from the community. Trainings are applied periodically, there are no training materials and no research of such trainings was carried out.
NORTH MACEDONIA	Life and/or social skills training is available in most prisons, but there are no implementation and staff training materials. There are both implementation and staff training materials for family and parenting skills training (again under UNODC Treatnet Family), but the programme is not implemented (marked as unavailable). Education (general education and vocational training) and alternative activities (sports, drama, music etc.) are available in some prisons, while prisoners' work/ employment is available in most prisons. There are no implementation manuals for these programmes/ interventions. The staff providing such interventions are the staff treatment/ resocialization / reinsertion departments. There is no systematic staff training on any of these programmes and therefore no training materials are available and no research/evaluation was conducted on the quality of the staff training.

ROMANIA	Life and/or social skills training, family and parenting skills training, education (general education and vocational training) and alternative activities (sports, drama, music etc.) are available in all prisons, with appropriate implementation materials and staff training materials. Staff of the treatment/ resocialization / reinsertion departments implement these programmes and interventions. There are also implementation and staff training materials for prisoners' work, which is only available in some prisons. It was underlined by the respondent that the specialists in the social reintegration sector carry out activities and programs with all inmates in custody, depending on the identified needs and intervention priorities, and that participation in educational, psychological and social assistance programs and activities is carried out based on the recommendations recorded in the individualized plan, formulated following the multidisciplinary assessment, taking into account the prioritization of interventions. The programs also address topics such as life and/or social skills training, family and parenting skills training. It was also stressed out that all persons deprived of liberty benefit from information on drug use and its consequences, through the activities carried out in penitentiary units (thematic competitions, debates, lectures, distribution of leaflets/flyers/posters, etc.). In the field of preventing drug use, at the level of the penitentiary system there is a campaign to prevent crime as well as to facilitate the social reintegration of prisoners, consisted of variety of activities: meetings with persons/partners/ representatives of the community, visits to the penitentiary or carrying out an activity in the penitentiary, dissemination and prevention carried out at the level of some educational institutions, the presentation of life lessons or stories of people in detention, with the subject of drug use, alcohol, driving under the influence of alcohol, family violence/abandonment, gambling addiction, etc. A staff training on the abovementioned supportive interventions/ programmes, consisted of symposia, training courses, seminars, scientific sessions and exchanges of experience in the country and abroad. There was no specific information provided on the staff training (or training materials and evaluation), but it follows from the above that it is not systematic, except for the specialized convocations organized annually in which the interventions/programs are addressed.
SERBIA	Life and/or social skills training is available in most prisons and there are corresponding implementation and staff training manuals and handbooks. Education (general education and vocational training) and prisoners' work/employment in prisons are available in all prisons and there are corresponding implementation and staff training manuals, textbooks and handbooks. Alternative activities (sports, drama, music etc.) are available in all prisons but there are no supporting implementation or staff training materials. According to the responses from the questionnaire, the abovementioned interventions / programmes for prisoners with SUD are provided by the staff of the treatment/ resocialization / reinsertion departments and by the medical staff. There is no staff training on the abovementioned interventions/programmes, but Serbian prison service is willing to share available materials - make them available for the use of other prison services in the South-East Europe.

SLOVENIA	Life and/or social skills training is available in all prisons and there are implementation manuals and staff training manuals (not specified). Family and parenting skills training are available in some prisons, as well as education (general education and vocational training), but without supporting implementation and training materials. Prisoners' work/employment in prisons and alternative activities (sports, drama, music etc.) are available in all prisons. Supportive interventions / programmes in prisons are implemented by the staff of the treatment/ resocialization / reinsertion departments, by vocational instructors and also by outsourced staff (Ministry of Education - e.g., teachers). The staff training is provided for the staff of the treatment/ resocialization / reinsertion departments in the social skills training, while vocational instructors also undergo some education. The training is organized by the prison service, ministry responsible for social affairs, ministry responsible for education, by non-governmental institutions and different experts. The trainers are external experts and service providers from the community. The length of the staff training was not specified as it was explained that it is depends on the programme. The trainings are optional, applied upon employment and periodically. Training materials are not publicly available and the responding country can't share them as they are intellectual property of lecturers. No research was conducted on the effectiveness and the quality of these trainings (some evaluation questionnaires are applied with most of the trainings).
TÜRKİYE	There are programmes in the field of life and/or social skills training, general education and vocational education training available in all prisons, with some supporting implementation manuals – namely: Anger Management Programme; Smoking, already mentioned Alcohol and Substance Addiction Programme (SAMBA) which also includes social skills training; 0-18 Age Family Education Programme; Pre-release Prisoner Development Programme; Think First Programme, Special Oversight and Audit Programme; DEPAR (Motivation for Change, Impulsivity Intervention Programme). Family and parenting skills training is also available through already mentioned 0-18 Age Family Education Programme. It is worth to mention that SAMBA programme also includes family training via conferences, as family support is generally considered one of the most important protective factors to prevent reoffending. Prisoners' work/employment in available in some prisons and former dependent prisoners are employed in the internal services of the institution. Alternative activities are available in all prisons – weekly sports programs (chess, table tennis) and socio- cultural activities that vary according to institutions. The activities are provided by the staff of the treatment/ resocialization / reinsertion departments and by vocational instructors. The staff training is provided on the abovementioned programmes in the field of life/social skills (in Turkish: Öfke Kontrolü Programı, Sigara Alkol ve Madde Bağımlılığı Programı (SAMBA), 0-18 Yaş Aile Eğitim Programı, Salıverilme Öncesi Mahkum Gelişimi Programı, Önce Düşün Programı, Özel Gözetim ve Denetim Programı, DEPAR (Değişim Motivasyonu, Dürtüsellik Müdahale Programı). The trainings are organized by the prison service and by training centre for prison staff, the trainers are psychologists and social workers and target group are the staff of the treatment/ resocialization / reinsertion departments. The length of the trainings was not specified. The training is mandatory. There are no publicly available training materials and the responding country is not willing to share them. The trainings are regularly evaluated by online surveys via MEDSİS®, but the results are not publicly available.

7. SUD related training of the prison staff not directly involved in medical and psychosocial treatment

CROATIA	There is no training of the prison staff not directly involved in medical and psychosocial treatment of SUD, to make them aware of the complexity of SUD and its consequences/effects on the person and their surroundings.
GREECE	
HUNGARY	
MONTENEGRO	
NORTH MACEDONIA	
ROMANIA	
SERBIA	
BOSNIA AND HERZEGOVINA	State Level: In the section on SUD related training of the prison staff not directly involved in medical and psychosocial treatment, nothing was specified so it can be concluded either that there are no such trainings in State Prison or that the respondent is not aware of any, given that is out of their narrow scope of work (medical expert). Federation of Bosnia and Herzegovina: There is no training of the prison staff not directly involved in medical and psychosocial treatment of SUD. Republic of Srpska: There is a training of the prison staff not directly involved in medical and psychosocial treatment of SUD, to make them aware of the complexity of SUD and its consequences/effects on the person and their surroundings. It is comprised of the following topics: general information/knowledge about drug use and SUD, how to identify signs of the SUD (intoxication and abstinence), personal consequences/effects of SUD, social consequences/effects of SUD and blood and sexually transmitted diseases-HIV, hepatitis B and C. The training is organized by the prison service and by civil society organizations, for vocational instructors, custodial staff, staff of the legal department and for prison management. The training lasted for 6 hours and it was carried out by the staff of the prison's treatment department and (previously) by representatives of non-governmental organizations operating in the field of addiction treatment. The training is applied upon employment and periodically and it is mandatory. Training materials are consisted of Manual for taking the professional exam and manuals created in the scope of the Council of Europe projects. They are not publicly available but can be shared with other prison services in the South-East Europe. No research was conducted in this field.
CYPRUS	There is a training of the prison staff not directly involved in medical and psychosocial treatment of SUD, to make them aware of the complexity of SUD and its consequences/effects on the person and their surroundings. It is comprised of the following topics: general information/knowledge about drug use and SUD, how to identify signs of the SUD (intoxication and abstinence), personal consequences/effects of SUD, social consequences/effects of SUD, types of treatment available to prisoners with SUD, justification and meaningfulness of treatment of SUD, MAT of SUD in prison. The training is organized for custodial staff (prison guards) and it is applied upon employment and periodically. There are no training materials. No other information on this specific staff training was provided in the questionnaire.

SLOVENIA	There a training of the prison staff not directly involved in medical and psychosocial treatment of SUD, to make them aware of the complexity of SUD and its consequences/effects on the person and their surroundings. It is comprised of the following topics: general information/knowledge about drug use and SUD, how to identify signs of the SUD (intoxication and abstinence), personal consequences/effects of SUD, social consequences/effects of SUD, types of treatment available to prisoners with SUD, justification and meaningfulness of treatment of SUD, MAT of SUD in prison. Target group are vocational instructors and custodial staff (prison guards, judiciary police officers.) The training is organized by the prison service, by ministry responsible for health/public health institute and by drug treatment centres and the trainers are the staff of the treatment/resocialization/reinsertion departments, medical staff, external experts and service providers from the community. The training lasts for around 8 hours, it is mandatory and it is applied upon employment and periodically.
TÜRKİYE	There a training of the prison staff not directly involved in medical and psychosocial treatment of SUD, to make them aware of the complexity of SUD and its consequences/effects on the person and their surroundings. It is comprised of the following topics: general information/knowledge about drug use and SUD, how to identify signs of the SUD (intoxication and abstinence), personal consequences/effects of SUD, social consequences/effects of SUD. The trainings are organized by the prison service and by training centre for prison staff, the trainers are psychologists and social workers and target group are the custodial staff (prison guards, judiciary police officers and prison management. The length of the trainings was not specified as it was underlined that there is no special programme exclusively designed, but there are multiple training programmes developed for increasing the professional competencies of the staff, with different lengths. The training is optional. There are training materials but they are not publicly available and the responding country is not willing to share them. The trainings are regularly evaluated by online surveys via MEDSİS®. The results are not publicly available.

8. SWOT analysis

STRENGTHS

Bosnia and Herzegovina: State level - /, Federation of Bosnia and Herzegovina: Achieved results without systematic training, **Republic of Srpska**: Professional and educated staff (formal education), participation in national and international projects.

Croatia: Professional and expert prison staff

Cyprus: Positive switch on the level of the prison administration in the perception of importance of SUD related issues in prison; Corresponding announcement of the introduction of further measures with regards to treatment.

Greece: Staff is trained especially in SUD prisoners; Prison staff training programmes include initial training as well as regular opportunities for professional development throughout the career; Training is based on a clear understanding of the purpose of prison work and on the human right principles that underpin it.

Hungary: Mandatory yearly staff training for structured behavioural or cognitive behavioural programmes

Montenegro: Experts working in different sectors who are involved with this problem and motived to educate our colleagues trough the trainings developed by the Centre for prison staff training

North Macedonia: Instructions and Protocol have been prepared according to which the prison staff acts with prisoners with SUD; Instructions for access to a medical doctor, distribution of medicines, medical examination in the institution; Protocol for health care of convicted drug users and distribution of substitution therapy in prison conditions

Romania: Personnel with the necessary skills and abilities to carry out specific tasks.

Supporting employees in creating professional development prospects.

Serbia: Large number of experienced teachers and educators, hands on approach in training

Slovenia: Numerous educations and trainings are organized, led by long-term providers of SUD treatment; It is possible to communicate with experts in the field of addiction; staff responsible for treatment of SUD is provided with regular supervision and they have regular (four timers per year) working meetings and regular education/ trainings.

WEAKNESSES

Bosnia and Herzegovina: State level - /, Federation of Bosnia and Herzegovina: There are no accredited guides and procedures; There is no systematic work; Leaving the staff to very complex and delicate tasks without the support of the health system of the entity and the state; **Republic of Srpska**: Unsystematised delivery of training, lack of cooperation with relevant institutions that deal with this issue, insufficiently frequent trainings and only a small number of employees participate in training.

Croatia: Lack of specialist staff in some prisons

Cyprus: Due to the prison overcrowding and the understaffing training is not one of the main priorities of the Cyprus Prison. Training is sporadic and applied rarely. More training should be applied on issues related to the new synthetic substances and the new ways of their use as well as their importation in the prison.

Greece: Prison staff training needs further assessment and establishment; Staff training isn't implemented on a regular basis; Lack in training in newly-established programmes (such as: needle and condoms' distribution and naloxone programmes); Lack in training in terms of continuity of treatment after release (after-care services)

Hungary: Overwhelmed staff, who does not have enough time to either give more training or be able to attend one.

Montenegro: Staff missing in the Centre for prison staff training.

North Macedonia: Lack of permanent medical staff in prisons.

Romania: Instability in the level of occupancy of the positions of professional training officer in certain units; Difficulties related to the de-bureaucratization process; Insufficient funds allocated to the field of professional training.

Serbia: Lack of nationwide mandatory, systemised, continuous training.

Lack of health and SUD related training of the prison staff not directly involved in medical and psychosocial treatment

Slovenia: Trainings should be provided that has been shown to be effective and meaningful in addressing SUD; Trainings are not licensed – upon completion you do not receive a certificate that you are qualified to conduct treatment in

Türkiye: Providing different programs to the staff at the initial phase of their professional career; Providing differentiated programs on SUD; Having experienced trainers; Using e-technologies in measuring & assessment; Having a group of dynamic and well-structured training programs developed; More than twenty years of institutional experience in training; Starting to use distance learning systems in last two years; Having a Research and Evaluation Form (Araştırma ve Değerlendirme Formu - ARDEF in Turkish) - scientifically valid and reliable structured offender assessment tool, that allows for identification of offenders' specific needs and their referral to appropriate intervention programmes (including SUD domain.

OPPORTUNITIES

Hungary: Could partake in national trainings for SUD, or outsource training to civil organisations.

Montenegro: New approach to organizing the staff trainings based on needs analysis, management's direction towards quality training

North Macedonia: There is "Treatnet"," Treatnet Family" and Universal Treatment Curriculum for Substance Use Disorders (UTC) trainer in the country and there are materials translated to Macedonian language.

Romania: The possibility of developing partnerships related to the field of professional training at domestic and international level.

Serbia: Experienced mentors, availability of different handbooks and manuals, well connected prison system

Slovenia: Trainings and educations that have been proven to be effective in dealing with addiction, and for which you obtain a license or proof of competence, and consequently also responsibility; Regular evaluations of the effectiveness of addiction treatment would also be needed!

Türkiye: Having five training centres and fulltime trainers in the system; Continuous support of our DG for the training activities of the staff; Continuous dedication of the staff for having training programs; Increasing the institutional efficiency that can be obtained from the personnel through training; The willingness of the trainees by considering the training centres as communicating with the outside world; Legislative studies on the provision of rehabilitation-type prisons for prisoners with SUD had been implemented, resulting already in preparation of special rehabilitation-type prisons; Development and application of MEDSİS® software package to evaluate staff training.

a particular field; there is a lack of education in the direction of acquiring skills for dealing with addiction.

Türkiye: Since the number of potential staff to be trained is high, the length of the training programs is relatively short; Limited number of trainers in the system; Lack of regularity in the training programs of the staff; Low motivation of prisoners' families to come to prisons to attend and ensure continuity of conferences for families of prisoners with SUD.

THREATS

Hungary: High employee turnover rate

Montenegro: Inability to employ the necessary number of available experts to deal with this problem, because it is necessary to organize human resources in a way that covers all the needs of the prisoner population, and therefore also those with SUD

North Macedonia: Lack of permanent medical staff in penitentiary institutions that will work with prisoners with SUD.

Romania: The lack of attractiveness of the field of professional training vis-à-vis young graduates of educational institutions.

Serbia: Prison overcrowding, lack of funds, understaffing

Slovenia: Lack of staff; Extensive bureaucracy and administration; Exhausting work that can lead to burnout syndrome in the long run.

Türkiye: Lack of time and attention to personnel training in penitentiary institutions due to overcrowding; The staff is not willing to participate to the training programs due to the fact that they have to be separated from their families for in-service training; Limited academic support effectively supporting development of training of penitentiary staff; Difficulties related to returning prisoners with SUD to their ex/former environment after release.

IV. Overview of findings (the existing training resources and gaps identified)

The overview of the existing training resources and gaps in terms of training and research material in SEE countries related to SUD treatment in prisons is summarized in the tables below:

1. SUD screening					
	Systematic training applied	Staff training materials available	Materials publicly available / or can be shared	Research / evaluation of the training was carried out	Remarks
BOSNIA AND HERZEGOVINA	✗	✗	✗	✗	There are some materials available for autonomous learning, but only on the state level.
CROATIA	✗	✗	✗	✗	There are some materials available for autonomous learning.
CYPRUS	✓	✓	✗	✗	A systematic staff training organized by multiple stakeholders is provided in person and through materials available for autonomous learning. The training lasts 70 hours, it is applied upon employment and periodically, with the appropriate training materials.

GREECE	✓	✓	✗	✓	The training materials are not publicly available and the possibility of making them available for the use of other prison services in the SEE countries should be discussed with the drug treatment organisations providing training. The research/evaluation was carried out on the effectiveness and the quality of the staff training on screening for the SUD, but it was explained that no single homogenous scheme for evaluation, quality standards and guidelines for drug treatment in prison settings has been implemented so far in Greece. Rather, each specialised therapeutic agency has developed its operational framework to ensure and enhance the quality of its services.
HUNGARY	✓	✗	✗	✗	The elaborated system refers to urine tests and risk assessment rather than actual SUD screening
MONTENEGRO	✓	✓	✗	✗	It was underlined that external lecturers with experience from prison systems in foreign countries would be appreciated to perform education for employees of Montenegrin prison system, to further upgrade their experiences.
NORTH MACEDONIA	✗	✗	✗	✗	
ROMANIA	✗	✗	✗	✗	There is no systematic staff training, but some in person training is organized by National Antidrug Agency. The training is optional and it lasts approximately 16 hours.
SERBIA	✓	✓	✓	✗	

SLOVENIA	✓	✓	✗	✗	SUD screening is systematically applied, through standardized interview. A staff training is organized in person and there are also some materials available for autonomous learning (not specified). Evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings but there is no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings.
TÜRKİYE	✓	✓	✗	✓	Online surveys are regularly carried out for the performed training programmes via MEDSİS®. MEDSİS® is a software developed for getting the results of the training programmes. It also automatically assesses and analyses the data set obtained from the trainees. The automatic analysis sums the results in a pdf report.

2. MAT of SUD					
	Systematic training applied	**Staff training materials available**	**Materials publicly available / or can be shared**	**Research / evaluation of the training was carried out**	**Remarks**
BOSNIA AND HERZEGOVINA	✗	✗	✗	✗	
CROATIA	✗	✗	✗	✗	In earlier years in person trainings were organized periodically for prison doctors, by the Reference Centre for Addictions of the Ministry of Health.

CYPRUS	✗	✗	✗	✗	
GREECE	✓	✗	✗	✗	The training is organized periodically, by drug treatment centres.
HUNGARY	✗	✗	✗	✗	
MONTENEGRO	✗	✗	✗	✗	There is no systematic staff training on MAT of SUD to prisoners, but periodically applied 2-3 hours training for psychiatrists, organized by the prison service and training centre for prison staff was reported.
NORTH MACEDONIA	✗	✗	✗	✗	
ROMANIA	✗	✓	✗	✗	There is no systematic training, but some in person training is available for the psychiatrists, which is mandatory and permanent in the penitentiaries responsible for the administration of MAT. There is a manual "Methadone Substitution Program" available for medical staff in these penitentiaries.
SERBIA	✓	✗	✗	✗	The training is applied periodically, it is organized by the prison service, ministry responsible for health/public health institute and drug treatment centres and it is optional. There are only some materials available for autonomous learning.

SLOVENIA	✓	✗	✗	✗	MAT of SUD in prisons is applied by psychiatrists, which are out-sourced (Ministry of Health), therefore they have their own training, not organized by prison service. However, the training is also organized for the staff not directly responsible for the application of MAT (nurses, treatment/ reinsertion staff). Evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings but there is no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings.
TÜRKİYE	✗	✗	✗	✗	

3. Psychosocial treatment of SUD (psychosocial interventions/programmes)					
	Systematic training applied	**Staff training materials available**	**Materials publicly available / or can be shared**	**Research / evaluation of the training was carried out**	**Remarks**
BOSNIA AND HERZEGOVINA	✗	✗	✗	✗	There are implementation materials in Republic of Srpska, but training materials are unavailable in all three responding entities/levels.
CROATIA	✓	✓	✗	✓	Example of the results of the evaluation of the training is publicly available (Workshop „EVALUATION AND RESEARCH" (coe.int)). The training materials can't be shared without the consent of partner organization.

CYPRUS	✗	✗	✗	✗	There is no systematic staff training in the field of psychosocial treatment of SUD, but psychologists and nurses periodically undergo 30-hour training.
GREECE	✓	✗	✗	✗	There are implementation manuals for some programmes, but no training materials.
HUNGARY	✓	✓	✓	✗	Training is applied in structured behavioural or cognitive behavioural programmes (40 hours curriculum). Training materials are available In Hungarian), but not publicly and it was not specified if they could be shared.
MONTENEGRO	✓	✗	✗	✗	There is some staff training, but it is not systematic. It was stressed out in the response that the necessary knowledge in this area is usually only provided to health care department officers and the Treatment Department staff, but that basic training is needed for all other services working in prison: security and vocational instructors.
NORTH MACEDONIA	✗	✓	✓	✗	There are both implementation and training materials (UNODC Treatnet materials) for structured behavioural or cognitive behavioural programmes and for relapse prevention, although these programmes are not implemented in prisons (marked as "unavailable") as well as for motivational interviewing, for which it was not specified whether it is applied in prisons or not.

ROMANIA	✓	✓	✗	✗	Trainings for psychologists, social workers and social/ special pedagogues/ educators are applied upon employment. They are organized in person, online, through e-learning course and through materials available for autonomous learning. The length of the training was not specified.
SERBIA	✓	✓	✓*	✓	The Structured cognitive behavioural programme for treatment of SUD in Serbia, followed by implementation and staff training manuals was not reported by the questionnaire. This training is organized jointly by prison service and the Council of Europe's local office in Belgrade, so the consent for possible sharing should be requested from both parties.
SLOVENIA	✓	✓	✗	✗	Trainings are organized in motivational interviewing, relapse prevention and educational programmes about SUD. The research presented in the questionnaire does not refer to the training, so it is not mentioned here. Evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings but there is no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings.
TÜRKİYE	✓	✓	✗	✓	The training is organized in programmes aimed at changing behaviours (SAMBA and YARDM) – for group work and for individual interviews. Online surveys are regularly carried out for the performed training programmes via MEDSİS®.

4. Harm reduction programmes					
	Systematic training applied	Staff training materials available	Materials publicly available / or can be shared	Research / evaluation of the training was carried out	Remarks
BOSNIA AND HERZEGOVINA	✗	✓	✓	✗	There is no systematic staff training, but at the state level a systematic 5-hour in person training for medical doctors (general practitioners) and nurses was conducted in May 2023 on the prevention of the spread of HIV, hepatitis B and C, TB, with the corresponding promotional posters and power point presentations that are publicly available.
CROATIA	✗	✗	✗	✗	There are only some materials available for the autonomous learning (including publicly available National guidelines for HR).
CYPRUS	✗	✗	✗	✗	
GREECE	✗	✗	✗	✗	
HUNGARY	✗	✗	✗	✗	
MONTENEGRO	✗	✗	✗	✗	
NORTH MACEDONIA	✗	✓	✗	✗	There are implementation and staff training materials available only for HIV and viral hepatitis testing

ROMANIA	✓	✗	✗	✓	There is a systematic staff training on harm reduction for medical doctors (general practitioners), nurses, psychiatrists and psychologists, organized in person, online and through e-learning course. It is applied periodically and it lasts for 12 hours. There are no training materials. Some evaluation of the training was conducted (regular courses with National Antidrug Agency), but results are not available.
SERBIA	✗	✓	✗	✗	There are implementation and staff training handbooks and manuals for education and counselling aimed at reducing the health damage associated with substance use and for Naltrexone programme for the prevention of drug overdose.
SLOVENIA	✓	✓	✗	✗	There are trainings in reducing health damage and in the field of HIV and viral hepatitis testing and treatment. Evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings but there is no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings.
TÜRKİYE	✓	✓	✗	✗	Harm reduction interventions are a part of comprehensive programme SAMBA, elaborated under "Psychosocial treatment of SUD (psychosocial interventions/ programmes)" and "Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD".

5. Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD					
	Systematic training applied	Staff training materials available	Materials publicly available / or can be shared	Research / evaluation of the training was carried out	Remarks
BOSNIA AND HERZEGOVINA	✗	✗	✗	✗	
CROATIA	✓	✓	✗	✓	There are implementation manuals and staff training manuals for Life and/ or social skills training and family and parenting skills training. There are handbooks, guidelines, learning materials, notebooks etc. available for education (general education and vocational training), depending on the programme. The materials can't be shared without the consent of partner organization.
CYPRUS	✓	✓	✗	✗	The staff trainings for different programmes/ interventions in the field of education, prisoners' work/employment and alternative activities lasts for approximately 70 school hours, and it is organized by prison service and several other agencies. It is aimed at the staff of the treatment/ resocialization / reinsertion departments, vocational instructors, custodial staff (prison guards), medical staff and other external experts and service providers from the community (civil society organizations, agencies, institutions etc.). The training is applied periodically and it is mandatory.
GREECE	✗	✗	✗	✗	

HUNGARY	✓	✗	✗	✗	The training is organized in communication skills.
MONTENEGRO	✓	✗	✗	✗	There is no systematic staff training for these programmes, but some trainings are organized for staff of the treatment/ resocialization / reinsertion departments and for vocational instructors.
NORTH MACEDONIA	✗	✓	?	✗	There are both implementation and staff training materials for family and parenting skills training (again under UNODC Treatnet Family), but the programme is not implemented (marked as unavailable). There are no training manuals for other programmes.
ROMANIA	✗	✓	✗	✗	Implementation materials and staff training materials are available for life and/ or social skills training, family and parenting skills training, education, prisoners' work and alternative activities. Apart from specialized convocations organized annually in which the interventions/programmes are addressed, there is no systematic training. Staff training is consisted of symposia, training courses, seminars, scientific sessions and exchanges of experience in the country and abroad.
SERBIA	✗	✓	✓	✗	Life and/or social skills training is available in most prisons and there are corresponding implementation and staff training manuals and handbooks. Education (general education and vocational training) and prisoners' work/ employment in prisons are available in all prisons and there are corresponding implementation and staff training manuals, textbooks and handbooks.

SLOVENIA	✓	✗	✗	✗	Systematic training is organized only in social skills training, but vocational instructors also undergo some education. Evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings but there is no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings.
TÜRKİYE	✓	✓	✗	✓	The staff training is provided on the programmes in the field of life/social skills, namely: Anger Management Programme; Smoking, Alcohol and Substance Addiction Programme (SAMBA); 0-18 Age Family Education Programme; Pre-release Prisoner Development Programme; Think First Programme, Special Oversight and Audit Programme; DEPAR (Motivation for Change, Impulsivity Intervention Programme). Family and parenting skills training is also available through already mentioned 0-18 Age Family Education Programme. The trainings are regularly evaluated by online surveys via MEDSİS®. The results are not publicly available.

6. SUD related training of the prison staff not directly involved in medical and psychosocial treatment					
	Systematic training applied	Staff training materials available	Materials publicly available / or can be shared	Research / evaluation of the training was carried out	Remarks
BOSNIA AND HERZEGOVINA	✓	✓	✓	✗	Only in Republic of Srpska, there is a staff training, comprised of the following topics: general information/ knowledge about drug use and SUD, how to identify signs of the SUD (intoxication and abstinence), personal consequences/effects of SUD, social consequences/ effects of SUD and blood and sexually transmitted diseases-HIV, hepatitis B and C. The training lasts 6 hours, it is applied upon employment and periodically and it is mandatory. Training materials are consisted of Manual for taking the professional exam and manuals created in the scope of the Council of Europe projects.
CROATIA	✗	✗	✗	✗	
CYPRUS	✓	✗	✗	✗	There is a training comprised of the following topics: general information/ knowledge about drug use and SUD, how to identify signs of the SUD (intoxication and abstinence), personal consequences/ effects of SUD, social consequences/effects of SUD, types of treatment available to prisoners with SUD, justification and meaningfulness of treatment of SUD, MAT of SUD in prison. The training is organized for custodial staff (prison guards) and it is applied upon employment and periodically.

GREECE	✗	✗	✗	✗	
HUNGARY	✗	✗	✗	✗	
MONTENEGRO	✗	✗	✗	✗	
ROMANIA	✗	✗	✗	✗	
NORTH MACEDONIA	✗	✗	✗	✗	
SERBIA	✗	✗	✗	✗	
SLOVENIA	✓	✓	✗	✗	Evaluation questionnaire (satisfaction with the lecture/applicability of the content/transfer to the work environment) is applied with most trainings but there is no centrally managed evaluation of the trainings, nor an analysis of the effectiveness of the trainings.
TÜRKİYE	✓	✗	✗	✗	The trainings are regularly evaluated by online surveys via MEDSİS®. The results are not publicly available.

V. Summary and recommendations

SUD screening

In around half of the responding countries there is an organized and more or less structured training for application of SUD screening, with the supporting training materials (Cyprus, Greece, Montenegro, Serbia, Slovenia, Türkiye). Although Hungary had also reported having such a training, it is clear from their response that SUD screening as a whole refers to urine tests and prisoners' risk assessment rather than to actual SUD screening. Only Greece and Türkiye evaluate their staff training for the SUD screening, both within a wider national or regional system for evaluating different trainings (and other services). Further insight would be needed into the content of the trainings and the evaluation process (for example, it is unknown whether the evaluation measures participants' satisfaction with the training, their assessment of usefulness of the training and/or difference in the level of knowledge before and after the training). Only Serbia confirmed their willingness to share the staff training materials, while other countries either do not wish to share their materials or possible sharing requests prior agreement with partner organizations which provide the training and/or evaluation of the training.

According to the responses and also according to the consultant's experience, SUD screening in most of the countries is applied by the specialist staff (psychiatrists, medical doctors (general practitioners), psychologists, social workers, social pedagogues), which are as a rule well trained in the area of SUD treatment (including the SUD screening) during their university education, so they apply their professional judgement, in line with the existing diagnostic criteria (e.g, ICD-10, DSM-5). Short screening tools are developed in some countries, but usually only to detect those in risk, to assist professional clinical assessment and/or to make it easier to collect and report data. If applied by specialist staff, such screening tools don't request additional training, except on how to use the application (if developed for this purpose).

Only Bosnia and Herzegovina, Montenegro and Slovenia had already identified additional needs in the area of SUD screening. Montenegro underlined the need for international support, namely external lecturers with experience from foreign prison systems in SUD screening. Slovenia reported the need for systematic staff training in the field of SUD screening. Bosnia and Herzegovina (Federation of Bosnia and Herzegovina) underlined the lack of systemic solutions, and a lack of accredited guides on how to deal with prisoners with SUD in general, including on how to apply MAT, or how to treat HCV and HIV (without referring specifically to the field of SUD screening). Similar issues were identified as gaps in Bosnia and Herzegovina under different chapters of the questionnaire.

It is recommended that each country assess their needs for training in this field, as this mostly depends on the organization of the SUD screening in each particular country and on professional profile and expertise of staff who carry out the screening. Available materials should be shared, but it must be underlined that there is yet no research to support the effectiveness and quality of the existing trainings in this field in SEE countries, so other more reliable resources should also be considered when creating a platform of shared knowledge and resources.

MAT treatment of SUD

Only Greece, Serbia and Slovenia provide staff training on MAT treatment of SUD. In Slovenia, the training on this topic is organized for supporting staff (nurses, treatment/reinsertion staff) and not for those who actually apply/prescribe the MAT. The training for medical doctors is organized by the Ministry of Health, as they are not employees of the Prison System.

The results of the availability of training in the area of MAT of SUD in prisons should be viewed in the light of the fact that in most countries health care in prisons is provided by both Prison Service and Ministry of Health,

with to some extent overlapping responsibilities. The MAT of SUD is in the absolute domain of psychiatrists (in prisons almost as a rule outsourced from the Ministry of Health), who are expected to receive adequate knowledge on this topic through their regular university education. In some countries it is also in the domain of other medical doctors (general practitioners), who should then receive additional training. The specialist staff training in MAT of SUD, if at all, is as a rule organized by the Ministry of Health (for their staff who also provide services to prisons) and as such is usually not reported through this questionnaire. Therefore, there is not much to be shared on the platform, that would be of use for other SEE countries.

Given the fact that the MAT of SUD in prisons has many particularities in comparison to such treatment in general (see in: Kastelic at al., 2008[5]), it is highly **recommended** to develop a special training for specialist staff who apply MAT of SUD in prisons, that would comprise not only strictly medical topics but would also enable better understanding of the prison setting and of the concept of facilitating individual change to enable successful reintegration into community. Such training can be developed nationally, in close cooperation of the prison service and Ministry of Health, or one unified for the SEE countries, with the international support.

Psychosocial treatment of SUD (psychosocial interventions/programmes)

Staff training for some forms of psychosocial treatment of SUD are available in most countries, except for Bosnia and Herzegovina, Cyprus and North Macedonia, which do not provide the staff training. Regardless of the fact that there is no staff training, in North Macedonia there are both implementation and staff training materials for several psychosocial interventions/programmes, which they are willing to share with other SEE countries (structured behavioural or cognitive behavioural programmes, relapse prevention and motivational interviewing). Besides North Macedonia, only Hungary and Serbia confirmed the possibility of sharing the training materials. However, the respondent from Serbia reported only having implementation materials and staff training materials for the therapeutic community and self-help groups (supported by professional). The respondent was obviously unaware of the existence of comprehensive staff training in structured cognitive behavioural programme for treatment of SUD and the corresponding implementation and staff training manuals that were developed in cooperation of the national prison service and CoE (WG with the support of international consultant writing this report), which most probably can't be shared without prior consent of the CoE. The training was evaluated and it has shown a high level of both effectiveness and quality (results are known to the CoE local office in Belgrade). Similar staff trainings in structured cognitive behavioural programmes for treatment of SUD, relapse prevention and short cognitive-behavioural (CB) interventions exist also in Croatia (with implementation and staff training manuals, evaluated), Greece (no training materials), Hungary (with staff training manuals) and Türkiye (with implementation and staff training manuals, evaluated). Six countries are either not willing to share the materials, or possible sharing requests prior agreement with partner organizations which provide the training and/or have the ownership in the materials.

Number of SEE countries have developed (or adopted) trainings in psychosocial treatment of SUD, mostly referring to structured behavioural or cognitive behavioural programmes, short cognitive-behavioural interventions (mostly Motivational Interviewing) and relapse prevention. Many of the trainings also have corresponding implementation and/or staff training materials, of which some have the potential to be useful also to other countries. Only few trainings were evaluated (Croatia, Serbia and Türkiye) but additional information should be gathered to assess whether these trainings may be considered effective and of sufficient quality to be recommended to further dissemination. Most promising practice seem to be the Serbian example, but before making any conclusions more information should be requested from the local CoE office in Belgrade.

When developing a platform of available resources, it is **recommended** to focus on psychosocial treatment of SUD as this was identified as most promising area for sharing best practices. It is also advised to further explore the available programmes and trainings, together with implementation and staff training manuals and to gain a better insight in the evaluation process. Also, the possibility of sharing best practices with other countries should be further communicated with the decision-making levels in responding countries.

5. Kastelic, A., Pont, J. Stöver, H. (2008) Opioid Substitution Treatment in Custodial Settings - A Practical Guide ISBN 978-3-8142-2117-5, available at http://www.ohrn.nhs.uk/resource/policy/OpioidSubs.pdf

Harm reduction programmes

The staff training in harm reduction is available only in Romania and Slovenia, while in Türkiye it is available through more comprehensive training that covers multiple areas of the SUD. Regardless of not having systematic staff training in this field, training materials are available in Bosnia and Herzegovina (promotional posters and power point presentations), and in North Macedonia and Serbia (materials for individual learning). Some evaluation of the training was conducted only in Romania, but results are not available.

Similar as in the field of SUD screening, it is **recommended** that each country assess their needs for further training in the field of harm reduction, as this depends on available set of programmes and on the profile of staff providing the service (medical staff, reinsertion staff, outsourced staff and volunteers etc.). According to the replies, there is not much to be shared at this point in the SEE countries, except for promotional posters and power point presentations from an ad-hoc training held in Bosnia and Herzegovina (state prison).

Programmes in the field of harm reduction are not very complex and therefore do not request exhaustive and comprehensive training, but prison staff should be aware of the importance of such programmes and should have general knowledge in this field. Development of a short (1-2 day) training that would comprise of the common knowledge and best practices in the field of harm reduction **should be considered** for prison professionals working in the field of prisoners' treatment/reinsertion/rehabilitation and for medical staff. Such training programme can be developed jointly by medical staff experienced in this filed together with the representatives of nongovernmental organizations acting in the area of harm reduction. As community harm reduction programmes in most countries are implemented by non-governmental organizations, their representatives usually have valuable knowledge and experience which can be shared with prison experts. A specific training should also be **considered** for the prison management, to sensitize them to this particular topic, as many countries don't even apply some of the harm reduction programmes which are widely considered as effective (e.g., needle and syringe distribution, condom distribution, application of naltrexone to prevent overdose).

Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD

Most of the countries report about having staff training in some types of psycho-social support to meet the complex health and social-care needs of prisoners with SUD. It must be underlined that these programmes are usually not tailored specifically for prisoners with SUD but for general prison population and as such are available also to prisoners with SUD. Interventions mostly covered by the systematic staff training refer to life and social skills or parenting skills – available in Croatia, Hungary, Montenegro, Slovenia, Türkiye. Implementation and/or training manuals are available in Croatia, North Macedonia, Serbia and Türkiye, while the training was evaluated only in Croatia and Türkiye. Other types of available psycho-social support programmes refer to general education and vocational training and to prisoners' work and alternative activities (free-time activities), but not many specific trainings were identified in this field, that would be useful for sharing (the exception is a note from Cyprus of the staff trainings for different programmes/interventions in the field of education, prisoners' work/employment and alternative activities, which needs to be explored in more details to make further conclusions). The reason is that these activities and programmes are usually related to specific national context that can't be of use for other countries (e.g., primary schooling), or to specific vocational or artistic programme owned by some external service provider. Regardless of not having systematic staff training in this field, Romania reported on the existence of the implementation and staff training materials for life and/or social skills training, family and parenting skills training, education, prisoners' work and alternative activities.

Some countries also mentioned other programmes aimed at changing behaviours that can be applied to prisoners with SUD (e.g., programmes to manage aggression, programmes targeting criminogenic thinking etc.), which are very important in the context of prisoners' rehabilitation in general, but were not in the narrow scope of this survey.

Similar to Psychosocial treatment of SUD, when developing a platform of available resources, it is **recommended** to focus also on interventions and programmes in the field of life and social skills and parenting skills, as this was also identified as promising area for sharing best practices. It is recommended to further explore the available programmes and trainings, together with implementation and staff training manuals and to gain a better insight in the evaluation process. Also, the possibility of sharing best practices with other countries should be further communicated with the decision-making levels in responding countries.

SUD related training of the prison staff not directly involved in medical and psychosocial treatment

The training of prison staff not directly involved in medical and psychosocial treatment of SUD, to make them aware of the complexity of SUD and its consequences/effects on the person and their surroundings is available in Bosnia and Herzegovina, Cyprus, Slovenia and Türkiye. According to the CoE Guidelines regarding recruitment, selection, education, training and professional development of prison and probation staff[6], education and training of prison staff should also include, *as far as the duration permits and depending on the specific tasks assigned to staff*, amongst other: *work with specific groups…. and dealing with mental illnesses and* ***effects of addictions*** *and adverse childhood experiences*.

Even if the duration and wide coverage of initial training, which is usually organized for custodial staff, does not allow for specific training on this topic, it should be incorporated into the curriculum where appropriate (e.g., within the topic of specific groups, or within psychosocial treatment). Such topics are also important for non-uniformed staff such as vocational instructors, who usually receive very little training, as well as for managerial staff, who play very important role in fighting possible stigmatisation of prisoners with SUD. The necessity of such trainings for other staff was recognized also by some of the respondents (e.g., Montenegro) and was already mentioned in this summary with regards to trainings of managerial staff in programmes in the field of harm reduction.

It is **recommended** to make use of the willingness of authorities of Bosnia and Herzegovina (Republic of Srpska) to share materials created in the scope of the Council of Europe projects. Also, it is advised to further explore the available programmes and trainings in Cyprus, Slovenia and Türkiye, together with implementation and staff training manuals and to communicate with the decision-making levels in these countries the possibility of sharing training materials, as it was underlined in the questionnaires that they can't be shared.

SWOT analysis

Professional, experienced and motivated staff, including (potential) trainers, is most frequently identified as a strength, as well as the institutional capacity to organize staff trainings and professional development throughout the career.

Most of identified weaknesses refer to lack of staff, especially medical and other specialist staff, which in long-term may lead to burn-out syndrome (this may rather be seen a threat). Lack of accredited guides and procedures, discontinuity of the training and unsystematized delivery of training, lack of long-term/strategic planning and standard setting of the training, including lack of evaluation of the training were also perceived as weaknesses that are common in many countries.

The perceived opportunities mostly refer to the possibilities of future improvements; namely the potential of organizing future staff trainings based on needs analysis, on evidence-based principles and with regular evaluations of the effectiveness. Already existing training materials and skilled and experienced trainers also represent opportunity, as well as existing and potential good cooperation with other national institutions and organizations in the field of SUD treatment.

Threats mostly refer to lack of staff, insufficient funds, prison overcrowding and generally poor conditions in prisons. Additionally, in some countries prison staff is facing high degree of professional isolation, strict routines and regimes, hierarchy, depersonalized relationships and bureaucracy. Although addressing these problems is out of possible reach of this project, assisting countries to systematize and organize quality and effective staff training may also positively reflect to staff's sense of competence and appreciation which is both motivating factor for future work and preventive factor in terms of possible development of burn-out syndrome.

6. https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=090000168096 61fd

Appendix

Resources and training materials available in open resources, for the support of professionals working with detained persons with substance use disorder

Introduction

Under the Pompidou Group's (Council of Europe International Cooperation Group on Drugs and Addictions) project on 'Developing comprehensive drug treatment systems in prisons' (hereinafter: the Project) within its South-East Europe (hereinafter: SEE) cooperation group, the international consultant Martina Baric (hereinafter: the consultant) was engaged to collect, select, and present resources and training materials available in open resources for the support of professionals working with detained persons with substance use disorder, as set out in GP/AE/2021/91/5.

An open resource (Internet) research was conducted from 29th March to 9th April 2022.

Selected resources that were found to be useful for the enhancement of knowledge and skills of professionals working with detained persons with substance use disorder were divided in several areas, following the structure of the report on "The mapping of training resources and available research in South-East Europe countries related to drug treatment and rehabilitation in prisons" developed under GP/AE/2021/91/5:

9. SUD treatment services in general – multiple area coverage
10. SUD screening
11. Medication-Assisted Treatment (MAT)
12. Psychosocial treatment of SUD (psychosocial interventions/programmes)
13. Harm reduction programmes
14. Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD
15. SUD related training of the prison staff not directly involved in medical and psychosocial treatment
16. Specific populations

No scientific assessment was made as to the usefulness/credibility/value of the resources listed and the Council of Europe and the author do not promote or prefer any of the resources listed.

1. SUD treatment services in general – multiple area coverage

Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence

World Health Organization, 2009

Areas covered: screening, MAT, psychosocial treatment, harm reduction

These guidelines were developed in response to a resolution from the United Nations Economic and Social Council (ECOSOC), which invited the World Health Organization (WHO), in collaboration with the United Nations Office on Drugs and Crime (UNODC), "to develop and publish minimum requirements and international guidelines on psychosocially assisted pharmacological treatment of persons dependent on opioids". In accordance with WHO policy, the recommendations in these guidelines are based on systematic reviews of the available literature and consultation with a range of experts from different regions of the world. The GRADE[7] evidence tables summarizing these reviews are contained in Annex of this document. These guidelines are intended to be read by those involved in providing psychosocially assisted pharmacological

7. GRADE is a systematic approach to rating the certainty of evidence in systematic reviews and other evidence syntheses.

treatments at any level. The readership falls into three broad groups:

- policy makers and administrators who make decisions on the availability of medicines and the
- structure and funding of services in countries or in subnational health administrative regions
- managers and clinical leaders responsible for the organization of specific health-care services
- for the clinical care those services provide health-care workers treating patients within the
- health-care system.

The questions addressed by these guidelines can be summarized briefly as:

- What medications should be used for the management of opioid dependence and withdrawal? Should preference be given to opioid agonist maintenance treatment, detoxification or antagonist treatment? Which medications should be used for each approach? How should medications be administered (optimal dose, level of dosing supervision, etc.)?
- What level and type of psychosocial support should be provided to opioid-dependent patients?
- What specific treatment should be offered to specific groups (e.g., people with human immunodeficiency virus (HIV) and pregnant women)?
- What are the minimal standards for provision of treatment for opioid dependence?

Publication is available in electronic form at:
https://www.who.int/publications/i/item/9789241547543

Evidence-Based Resource Guide Series - Treating Concurrent Substance Use Among Adults (USA)

SAMHSA Publication, 2021

Areas covered: screening, MAT, psychosocial treatment

Despite the increased prevalence of individuals using multiple substances at the same time, limited research exists on evidence-based treatment practices that have demonstrated improved outcomes for individuals who use more than one substance. Therefore, there is a need to identify and assess the effectiveness of treatment practices so that clinicians and organizations have the necessary resources and evidence-based practices to assist this population. The guide presents three evidence-based practices that engage and improve outcomes for individuals with concurrent substance use and concurrent substance use disorders:

- FDA[8]-approved pharmacotherapy together with counselling to treat two substance combinations: 1. alcohol and cocaine dependence and 2. cocaine and opioid dependence
- Contingency management together with FDA-approved pharmacotherapy and counselling to treat two substance combinations: 1. cocaine and opioid use and dependence and 2. cocaine dependence and alcohol and opioid use
- Twelve-step facilitation therapy together with FDA-approved pharmacotherapy and counselling to treat two substance combinations: 1. cocaine and opioid dependence and 2. opioid and other substance dependence.

The guide provides considerations and strategies for clinicians and organizations implementing evidence-based practices. These approaches will assist clinicians, behavioural health organizations, primary care providers, insurers, and policy makers in understanding, selecting, and implementing evidence-based interventions that support adults with concurrent substance use and/or concurrent substance use disorders.

It is particularly useful as itself contains links to resources for treatment practices, such as screening and comprehensive assessment, contingency management, pharmacotherapy resources and Twelve-Step Facilitation (TSF) Therapy resources.

Publication is available in electronic form at:
https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-002.pdf

8. Food & Drug Administration, USA.

Drug misuse and dependence: UK guidelines on clinical management

Global and Public Health / Population Health / Healthy Behaviours, 2017

Areas covered: screening and assessment, MAT, psychosocial treatment, harm reduction, specific populations

This publication offers guidance for clinicians treating people with drug problem on:

- **prison-based treatment**
- new psychoactive substances and club drugs
- **mental health co-morbidity**
- **misuse of prescribed and over-the-counter medicines**
- stopping smoking
- **preventing drug-related deaths, including naloxone provision**.

The guidelines have a strong emphasis on recovery and a holistic approach to the interventions that can support recovery.

Publication is available in electronic form at:
https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

Selected Issue 2012: Prisons and Drugs in Europe: The Problem and Response

EMCDDA, 2012

Areas covered: MAT, psychosocial treatment, other types of psycho-social support, harm reduction

This Selected issue starts off by reviewing the available data on drug use among prison populations in Europe, focusing on injecting drug use and other health risk behaviours. Major health risks for drug-using prisoners, including blood-borne infections and infections that can affect all prisoners equally, such as tuberculosis, are discussed. Also mentioned is the role of prison environments, where overcrowding and unsanitary conditions are not uncommon, and the higher-than-average occurrence of psychiatric problems among prisoners. The first section concludes by describing the increased risk of death among prisoners, both in custody and after release. The second part of the report focuses on responses to the health needs of drug-using prisoners in European countries. The study looks at how the internationally recognised rights of prisoners and the European and international rules that set standards for the care of prisoners apply to those with drug problems. The administration of prison healthcare in European countries is examined, and national policies are reviewed. This is followed by an overview of the available information on drug-related service provision in Europe, from prison entry to prison release, addressing counselling, treatment of drug dependence and the prevention of infectious diseases and drug overdose.

Publication is available in electronic form at:
https://www.emcdda.europa.eu/publications/selected-issues/prison_en

Mental Health and Addiction in Prisons - Written contributions to the International Conference on Mental Health and Addiction in Prisons, 2013, Bucharest

Council of Europe, Pompidou Group, 2013

Areas covered: MAT, psychosocial treatment, harm reduction, other types of psycho-social support

The articles in this publication touch on a broad array of **medical, psychological and social services for drug-using prisoners**, both before and after release. Although different drug treatment approaches, such as opiate substitution treatment and drug-free therapy, follow different philosophies (based on the acceptance or inevitability of drug use versus abstinence-oriented drug treatment), the participants at the conference agreed that diverse drug services are necessary and complement each other in practice.

Publication is available in electronic form at:
https://rm.coe.int/mental-health-and-addiction-in-prisons-written-contributions-to-the-in/168075f532

Drug-Treatment Systems in Prisons in Eastern and South-East Europe

Council of Europe, 2017

Areas covered: psychosocial treatment, harm reduction

This research project on drug-treatment systems in prisons in Eastern and South-East Europe looks in detail into the situation of drug users among criminal justice populations and the corresponding **health-care responses** in nine countries in Eastern and South-East Europe – Albania, Bosnia-Herzegovina, Georgia, Moldova, Montenegro, Russia, Serbia, North Macedonia, Ukraine and Kosovo*. Models of good practice already exist in some of the places covered by this study. Nevertheless, an extra effort is needed to learn from one another by exchanging and encouraging best policies and practices in the countries. The experts' general recommendation is **to support drug-treatment interventions**, and continue prison-based drug policy debates in the places covered by this research project, and introduce reforms that would refocus current drug-control regimes towards a more balanced approach. That would include amending existing drug legislation and making sure that prisons are not filled with people sentenced for drug use per se or for possession of small amounts for personal use.

Publication is available in electronic form at:
https://rm.coe.int/drug-treatment-systems-in-prisons-in-eastern-and-south-east-europe/168075b999

Drug treatment and harm reduction in prisons

WHO Health in Prisons Programme, 2014

Areas covered: MAT and harm reduction

Estimates suggest that half the prisoners in the EU have a history of drug use, many with problematic injecting drug use. The prevalence of infectious diseases (particularly HIV and AIDS, hepatitis B and C, and TB) is often much higher in prisons than outside and often related to injecting drug use. High rates of injecting drug use, if coupled with lack of access to evidence-based prevention measures, can result in a frighteningly rapid spread of HIV and hepatitis B and C. Drug dependence services and measures to address infectious diseases in prisons should be equivalent to the services provided outside prisons. Continuity of treatment for prisoners entering and leaving prison necessitates close cooperation between prisons and external agencies. A wide range of drug services should be available to prisoners, based on local and individual needs. Prison drug strategies require action for individual behavioural change as well as on the structural level. National and international networking and the exchange of good practice models seems to be a valuable method for all prison systems.

Publication is available in electronic form at: https://www.researchgate.net/publication/262601144_Drug_treatment_and_harm_reduction_in_prisons

Prison Drugs Strategy

HM Prison and Probation Service, 2019

Areas covered: psychosocial treatment, other types of psychosocial support

This strategy has been developed by the Ministry of Justice and Her Majesty's Prison and Probation Service, working with other partners across government. It sets out plans to reduce the misuse of drugs in Her Majesty's prisons, and aims to provide direction to assist all stakeholders in this. Detailed guidance for prisons is also released to support them in identifying issues and share best practice. The Strategy is focused on restricting the supply of drugs by improving security, building intelligence, and targeting the criminal networks which aim to bring drugs into prison. It is also aimed at reducing the demand for drugs in prison by developing more meaningful regimes, providing more constructive ways for prisoners to spend their time and ensuring the balance of incentives encourages prisoners to make the right choices. Her Majesty's Prison and Probation Service plans to work closely with their health and justice partners to build recovery for prisoners who want to overcome their substance misuse, providing prisoners who are serious about living substance free with the environment to do so successfully. It is seen as crucial that all three strands of this strategy are delivered in unison to make a meaningful, positive difference to both prisoners and staff.

Publication is available in electronic form at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792125/prison-drugs-strategy.pdf

Treatment Improvement Protocol (TIP) 33: Treatment for Stimulant Use Disorders (USA)

SAMHSA Publication, 2021

Areas covered: screening, MAT, psychosocial treatment, harm reduction, specific populations

This publication reviews what is known about treating the medical, psychiatric, and SUD-related problems associated with the use of cocaine and methamphetamine, as well as the misuse of prescription stimulants. It offers recommendations on treatment approaches and maximizing treatment engagement and retention, and strategies for initiating and maintaining abstinence.

Publication is available in electronic form at:
https://store.samhsa.gov/product/treatment-for-stimulant-use-disorders/PEP21-02-01-004?referer=from_search_result

Prisons and drugs: health and social responses

EMCDA, 2022

Areas covered: screening, MAT, psychosocial treatment, harm reduction, aftercare

This miniguide is one of a larger set, which together comprise *Health and social responses to drug problems: a European guide*. It provides an overview of what to consider when planning or delivering health and social responses to drug-related problems in prisons, and reviews the available interventions and their effectiveness. It also considers implications for policy and practice. Health and social responses to drug problems are any actions or interventions that are undertaken to address the negative health and social consequences of illicit drug use. Developing and implementing such responses, whether at EU, national, local or individual level, involves three basic steps: identifying the nature of the drug problems to be addressed; selecting potentially effective interventions to tackle these problems; and implementing, monitoring and evaluating the impact of these interventions. The action framework details the most important factors that need to be considered at each stage.

Publication is available in electronic form at:
https://www.emcdda.europa.eu/publications/mini-guides/prisons-and-drugs-health-and-social-responses_en

2. SUD screening

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) - Manual for use in primary care

World Health Organization, 2010

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of researchers and clinicians as a technical tool to assist with early identification of substance use related health risks and substance use disorders in primary health care, general medical care and other settings.
This manual is a companion to 'The ASSIST linked brief intervention for hazardous and harmful substance use: manual for use in primary care' and is based on 'The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care. Draft Version 1.1 for Field Testing'.
The purpose of this manual is to introduce the ASSIST and to describe how to use it in health care settings – particularly community based primary health care settings – to identify people who are using substances, so that a brief intervention (or referral) can be provided, as appropriate.
The manual will describe:

- rationale for screening and brief intervention;
- problems related to substance use;
- the development and validation of the ASSIST;
- how to use the ASSIST (administration, scoring and interpretation of scores);
- motivational interviewing tips to facilitate the
- process of asking about substance use;
- how to incorporate ASSIST screening in everyday practice.

The Alcohol, Smoking and Substance Involvement Screening Tool - Lite (ASSIST-Lite) is a short screening tool for use with adults (aged 18 or over) covering:

- alcohol
- tobacco
- cannabis
- stimulants
- sedatives
- opioids
- other psychoactive substances including use of medicines not as prescribed

Publication is available in electronic form at: https://www.who.int/publications/i/item/978924159938-2

The document is also available at https://www.gov.uk/government/publications/assist-lite-screening-tool-how-to-use/how-to-use-the-assist-lite-screening-tool-to-identify-alcohol-and-drug-use-and-tobacco-smoking and https://www.gov.uk/government/publications/assist-lite-screening-tool-how-to-use, **together with its updates and the screening tools:** Adapted ASSIST-Lite form for mental health services and Adapted ASSIST-Lite form for general healthcare services.

Screening and Assessment of Co-Occurring Disorders in the Justice System (USA)

SAMHSA, 2019

This report provides evidence-based practices for **screening and assessment of adults in the justice system with** mental illness, **substance use disorders**, or both. It discusses the importance of instrument selection for screening and assessment and provides detailed descriptions of recommended instruments.

Chapter: Screening Instruments for Substance Use Disorders (p. 63-86)

A wide range of substance use screening instruments are available, including both public domain and proprietary products. These instruments vary considerably in their effectiveness, cost, and ease of administration and scoring. As with other screening instruments, substance use screens are somewhat vulnerable to manipulation by those seeking to conceal substance use problems, and concurrent use of drug testing is recommended to generate the most accurate screening information. A range of substance use screening instruments are reviewed in this section that can assist in detecting co-occurring disorders (CODs), with information provided about positive features and concerns related to each instrument.

Screening Instruments for Co-occurring Mental and Substance Use Disorders (p. 100-108)

Several screening instruments have been developed that address both mental and substance use disorders. These screening instruments differ in the scope and depth of coverage of co-occurring disorders and in the amount of research support for their validity and use in criminal justice settings. Two of these screens (GAIN-SS, MINI-S) are linked with "families" of screening and assessment instruments, and these larger sets of instruments are described in another section, entitled "Assessment and Diagnostic Instruments for Co-occurring Mental and Substance Use Disorders."

Chapter: Assessment Instruments for Substance Use and Treatment Matching Approaches (p. 143-163)

This section reviews instruments that are used to diagnose or assess co-occurring disorders (CODs). Included are assessment instruments that examine other biopsychosocial domains related to CODs. Diagnostic

instruments include those that evaluate DSM[9] or ICD[10] disorders and provide a diagnosis for a range of mental and substance use disorders. Some instruments, such as the GAIN and MINI, which include multiple versions (e.g., screening, assessment) are described in this and other sections. In contrast to instruments described in screening sections, assessment instruments described in this section require more time to administer; provide more detailed and comprehensive coverage of issues related to the various disorders; and are designed to yield formal diagnoses and treatment plan recommendations, including levels and types of services that are needed. The assessment and diagnostic instruments described below require significant training in administration, scoring and interpretation. As a result, these instruments should be administered by trained clinicians who are licensed, certified, or otherwise credentialed in assessing and diagnosing mental and substance use disorders and related psychosocial problems.

Chapter: Assessment and Diagnostic Instruments for Co-occurring Mental and Substance Use Disorders (p. 178-189)

This section reviews instruments that are used to diagnose or assess CODs. Included are assessment instruments that examine other biopsychosocial domains related to CODs. Diagnostic instruments include those that evaluate DSM or ICD disorders and provide a diagnosis for a range of mental and substance use disorders. Some instruments, such as the GAIN and MINI, which include multiple versions (e.g., screening, assessment) are described in this and other sections. In contrast to instruments described in screening sections, assessment instruments described in this section require more time to administer; provide more detailed and comprehensive coverage of issues related to the various disorders; and are designed to yield formal diagnoses and treatment plan recommendations, including levels and types of services that are needed. The assessment and diagnostic instruments described below require significant training in administration, scoring and interpretation. As a result, these instruments should be administered by trained clinicians who are licensed, certified, or otherwise credentialed in assessing and diagnosing mental and substance use disorders and related psychosocial problems.

Publication is available in electronic form at:
https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS?referer=from_search_result

Treatment demand indicator (TDI) standard protocol 3.0: Guidelines for reporting data on people entering drug treatment in European countries

EMCDDA, 2012

This Manual is a revised edition of the Treatment demand indicator (TDI) protocol version 2.0 and presents updated guidelines for reporting data on people entering drug treatment in Europe. The TDI is one of five key epidemiological indicators which provide a common European methodology for collecting and reporting core data on the number and profiles of those entering specialised drug treatment each year. TDI data are routinely used in EMCDDA analysis of the drug situation in Europe, helping to identify trends and patterns in problem drug use and to assess the use and uptake of treatment facilities.

Although TDI was created with the aim of collecting comparable and reliable information on the number and characteristics of drug users who apply for treatment in EU Member States, it also provides values for measuring treatment requirements and it is an indicator of trends in problematic drug use, identifies patterns of use and admittance of people with drug use disorders in treatment facilities.

Publication is available in electronic form, in multiple languages, at: https://www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0_en

9. The Diagnostic and Statistical Manual of Mental Disorders.
10. International Statistical Classification of Diseases and Related Health Problems

3. MAT treatment of SUD

Opioid Substitution Treatment in Custodial Settings - A Practical Guide

BIS-Verlag der Carl von Ossietzky Universität Oldenburg, 2007/2008

This guide on opiate substitution therapy in prisons is to support prison doctors, contracted doctors, prison health care workers, prison administration, NGOs and others in delivering or supporting substitution treatment to opioid dependent prisoners. Drug dependence has to be treated as a severe disease and everyone has a part to play to ensure the best treatment for prisoners and also to ensure that drug related harm is kept as low as possible. Applying the recommendations in this guide will contribute to a healthier prison for prisoners with drug dependence with satisfying roles for staff members and a marked reduction in the harm that drug use in prisons can create.

Publication is available in electronic form at:
https://www.unodc.org/documents/hiv-aids/OST_in_Custodial_Settings.pdf

Slightly different version of the publication is available at:
https://www.researchgate.net/publication/328381586_Substitution_Treatment_in_European_Prisons_A_practical_Guide

Opioid substitution treatment: guide for keyworkers

Public Health England, 2021

Advice for drug treatment and recovery workers to help them to deliver safe and effective OST to service users. It is consisted of several parts: Part 1: introducing opioid substitution treatment (OST); Part 2: supporting service users to start opioid substitution treatment (OST); Part 3: supporting service users to get the most out of opioid substitution treatment (OST); Part 4: supporting opioid detoxification; Part 5: resources and further reading.

Publication is available in electronic form at:
https://www.gov.uk/government/publications/opioid-substitution-treatment-guide-for-keyworkers

Implementation of opioid maintenance treatment in prisons in North Rhine Westphalia, Germany – a top-down approach (research paper)

Substance Abuse Treatment, Prevention, and Policy, 2020

Overall, conclusions were that the top-down approach of implementing Opioid Maintenance Treatment (OMT) in prisons in the federal state of North Rhine Westphalia was effective. It seems that the clear statement of the Ministry of Justice that OMT has to be implemented in prisons as well as treatment recommendations developed by the medical profession defining a standard of care, medical education of prison doctors and a monitoring system were important parts in increasing the number of prisoners in OMT. The percentage of prisoners with Opioid Use Disorder (OUD) in OMT in North Rhine Westphalia has increased continuously since 2009 and is now almost reaching the treatment rate in the community in Germany. Nevertheless, the majority of prisoners with OUD are not in OMT. Reasons for staying out of OMT might be fear of treatment rules, negative experiences with treatment or stigmatization. Furthermore, there is still a high risk of a discontinuity of OMT at admission to prison as well as upon prison release. Future research needs to focus on effective ways to ensure a consistent continuation of treatment in terms of the principle of equivalence.

Publication is available in electronic form at: https://substanceabusepolicy.biomedcentral.com/track/pdf/10.1186/s13011-020-00262-w.pdf

Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning & Implementation Toolkit (USA)

The National Council for Behavioural Health and Vital Strategies and Johns Hopkins University, 2019

This toolkit provides correctional administrators and health care providers the information necessary to plan and implement MAT programs within jails and prisons. Organized by core components, each section offers actionable steps, implementation questions, real-world case examples, checklists, tools and resources drawn from the latest research, subject matter experts and experiences from diverse settings across the U.S. Examples of some of the tools and resources found in the toolkit include:

- links to guidance from relevant professional trade associations.
- links to screening and assessment tools
- strategies to reduce medication diversion
- a table to help estimate the total MAT patient population
- a calculator to estimate the costs of providing buprenorphine
- a flowchart on how to become an opioid treatment program (OTP)
- a list of no-cost training resources
- sample forms for patient information and consent
- sample policies and operating procedures
- monitoring and evaluation metrics.

Publication is available in electronic form at:
https://www.vitalstrategies.org/wp-content/uploads/2020/01/Medication-Assisted-Treatment-for-Opioid-Use-Disorder-in-Jails-and-Prisons.pdf

TIP 63: Medications for Opioid Use Disorder - Full Document (USA)

SAMHSA, 2021

This Treatment Improvement Protocol (TIP) reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat OUD - methadone, naltrexone, and buprenorphine - and the other strategies and services needed to support recovery for people with OUD.

Publication is available in electronic form at:
https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002?referer=from_search_result

National Guidelines for Medication-Assisted Treatment of Opioid Dependence (Australia)

Commonwealth of Australia, 2014

This document is a general guide to appropriate practice, to be followed subject to the clinician's judgement and patient's preference in each individual case. The guideline is designed to provide information to assist decision-making and is based on the best available evidence at the time of development of this publication. This document marks a substantial step forward in the evolution of treatment for opioid dependence in Australia. It consolidates four, previously separate, documents into one, and reflects accrued experience with buprenorphine. More importantly, it seeks to make the guidelines more clearly evidence-based and useful for service providers, policy
makers and consumers. The term "medication-assisted treatment of opioid dependence" that has been used in the title is a more encompassing term than "pharmacotherapy" and is increasingly being used to refer to the different treatment approaches that combine medication and psychosocial support for people who are opioid dependent. Providing a broad policy context and framework with a view to promoting a national standard whilst recognising jurisdictional responsibilities and the need for flexibility to accommodate different jurisdictional approaches is a complex task.

Publication is available in electronic form at:
https://www.health.gov.au/sites/default/files/national-guidelines-for-medication-assisted-treatment-of-opioid-dependence.pdf

4. Psychosocial treatment of SUD (psychosocial interventions / programmes)

Handbook on Prison-based Therapeutic Communities (TCs) - A Handbook for Prison Administrators, Treatment Professionals and Trainers

Council of Europe Pompidou Group, 2021

This handbook was commissioned by the Pompidou Group of the Council of Europe as part of its project 'Strengthening human rights-based responses to substance use disorders in prisons', in order to provide a practical guide to establishing and managing in-prison therapeutic communities (TCs) in correctional or custodial settings. The brief for the authors was to produce a comprehensive handbook which summarised the unique TC methodology, offered guidance on design, planning and establishment, and a curriculum for staff training. The intention was to include lessons learned from the Pompidou Group's experience in establishing the first in-prison therapeutic community in the Republic of Moldova, which became operational in 2018, to offer advice for other administrations in setting up a TC in prison.

Publication is available in electronic form at:
https://www.coe.int/en/web/pompidou/tctraining

Routes to recovery from substance addiction: Mapping user manual

Public Health England, 2013

This manual contains tools and techniques to improve the assessment of people with drug use disorders and carry out a plan for recovery.
The manual details the common parts of effective treatment. It uses the concept of node-link mapping to support the delivery of these techniques and is organised into sessions.
It covers:

- setting, achieving and rewarding goals
- building social support for change
- providing information to reduce harm
- skills development
- exiting treatment and aftercare

Publication is available in electronic form at:
https://www.gov.uk/government/publications/routes-to-recovery-from-substance-addiction

Enhancing Motivation for Change in Substance Use Disorder Treatment (USA)

SAMHSA, 2019

Motivation for change is a key component in addressing substance misuse. This Treatment Improvement Protocol (TIP) reflects a fundamental rethinking of the concept of motivation as a dynamic process, not a static client trait. Motivation relates to the probability that a person will enter into, continue, and adhere to a specific change strategy. This publication includes the latest evidence on motivation-enhancing approaches and strategies. It describes how substance use disorder treatment providers can use these approaches and strategies to increase participation and retention in substance use disorder treatment.
The primary audiences for this TIP are:

- Drug and alcohol treatment service providers
- Mental health service providers, such as psychologists, licensed clinical social workers, and psychiatric/mental health nurses
- Peer recovery support specialists
- Behavioural health program managers, directors, and administrators
- Clinical supervisors

- Healthcare providers, such as primary care physicians, nurse practitioners, general/family medicine practitioners, registered nurses, internal medicine specialists, and others who may need to enhance motivation to address substance misuse in their patients.

Publication is available in electronic form at:
https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf

Contingency Management: Using Motivational Incentives to Improve Drug Abuse Treatment (USA)

Yale University Psychotherapy Development Center, Sponsored by NIDA, 2002

Contingency management interventions are perhaps the most exciting development in drug abuse treatment research in the past 10 years, as this group of treatments has been shown to be consistently effective for many types of substance users and in many applications. This group of interventions provides tangible rewards to patients for reaching concrete target behaviours, and thus is based firmly in sound principles of behavioural pharmacology. This manual is intended to be used by researchers and clinicians to help them implement low-cost clinical management strategies in a range of treatment settings. This manual focuses on the use of contingency management to target abstinence and treatment attendance.

Publication is available in electronic form at:
http://lib.adai.washington.edu/ctnlib/pdf/cmmanual.pdf?msclkid=254ae277b34b11eca72a7fe3097628c9

Managing Prisons Effectively: The Potential of Contingency Management Programs (USA)

University of North Carolina at Charlotte, Department of Criminal Justice & Criminology, 2001

There has been increasing interest in the prison management policy area to promote a course of action that holds prisoners more accountable for their actions. It has been proposed that prisoners need more structure and discipline and engage in activities that will demonstrate they truly earn privileges leading to early release. This study draws attention to a long-forgotten prison treatment literature known as contingency management (e.g., token economies) which has the potential to meet the goals of an "accountability" management perspective. The contingency management (CM) literature was reviewed to assess its potency for improving prisoners' performance (e.g., prison adjustment, educational/work skills) and to generate a list of principles nominated by experts in the area for managing CM programs effectively. First, it was found that CM programs produced large positive gains in the range of 60%-70% which surpassed the effectiveness of other types of interventions. Secondly, the list of principles tabulated for delivering CM program were categorized as to how to implement them and deliver the service (i.e., strategies for what to do, not to do and problematic issues). It was concluded that following the course of action recommended by experts for running CM programs with fidelity placed tremendous demands on all of the prison stakeholders. Unless a number of conditions were met, CM programs should be approached with a great deal of caution given the nature of prison settings.

Although this publication is not specifically on SUD treatment, if read with together with previous publication (Contingency Management: Using Motivational Incentives to Improve Drug Abuse Treatment) it provides better understanding on how to apply CM with persons with SUD in prison setting.

Publication is available in electronic form at:
https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2011-04-mp/2011-04-mp-eng.pdf

Twelve Step Facilitation (TSF) and Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) (USA)

Evidence-Based Programs from Hazelden Publishing (year unknown)

Twelve Step Facilitation (TSF) is an evidence-based treatment approach that, like cognitive-behavioural therapy (CBT) and motivational enhancement therapy (MET), has been proven to be successful in treating

people with substance use disorders (both alcohol and other drugs). Twelve Step Facilitation for Co-occurring Disorders (TSF-COD) is an adaptation of TSF for individuals diagnosed with both a substance use disorder and a mental health disorder. TSF and TSF-COD can be implemented with both adults and adolescents, both individually and in groups.
Within the facilitator guide for each program are session checklists, which can be used in two ways:

- As a general outline for conducting specific sessions. The sessions outlined in the facilitator guides can be used with individual participants or presented to groups of participants, depending on the setting. The sessions include goals, objectives, and step-by-step instructions for conducting the sessions.
- As a means of measuring treatment fidelity. Observers and clinical supervisors can utilize the session checklists to determine how well facilitators are following the TSF or TSF-COD treatment approach.

Publication is available in electronic form at:
https://www.hazelden.org/store/doc/tsf_scopeandsequence201710-1.pdf

Review of Drug and Alcohol Treatments in Prison and Community Settings

The University of Manchester, 2007

Substance misuse is a major problem in the general population as well as in prisons and the wider Criminal Justice System (CJS). Whilst there is a large body of evidence for community-based drug treatments, there has been far less research in criminal justice settings. We outline the recent in-depth reviews of offender-based drug treatments. Within the field of substance misuse, alcohol is not often considered separately. We have therefore conducted a new systematic review of alcohol treatments in offender populations. In both areas, we have also considered the evidence for community-based treatment interventions and highlighted gaps in relevant prison research.

Publication is available in electronic form at:
http://www.ohrn.nhs.uk/resource/Research/SMreview.pdf

Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders (USA)

- **Counsellor's Treatment Manual**
- **Client's Treatment Companion**
- **Client's Handbook**

SAMHSA, 2013

Counsellor's Treatment Manual contains materials, such as talking points and handouts, to help counsellors conduct intensive outpatient treatment sessions. The manual discusses five types of sessions for treating adults who misuse substances. Sessions address recovery, relapse prevention, social support, and family education.

Publication is available in electronic form at:
https://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-With-Stimulant-Use-Disorders-Counselor-s-Treatment-Manual/SMA13-4152

Client's Treatment Companion contains useful self-help tools and concepts to strengthen recovery from the misuse of stimulants. The workbook is designed as a pocket-size journal with space to record ideas and reminders about relapse triggers, mooring lines, and reasons for staying abstinent.

Publication is available in electronic form at:
https://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-With-Stimulant-Use-Disorders-Client-s-Treatment-Companion/SMA14-4155

Client's Handbook contains patient materials for an intensive outpatient treatment course for stimulant misuse. It provides handouts to use in individual and conjoint sessions, and sessions on early recovery skills and relapse prevention.

Publication is available in electronic form at:
https://store.samhsa.gov/product/Matrix-Intensive-Outpatient-Treatment-for-People-With-Stimulant-Use-Disorders-Client-s-Handbook/SMA15-4154

The Substance Abuse & Recovery Workbook - Self-Assessments, Exercises & Educational Handouts

Whole Person Associates, 2008

Although this book is geared toward people suffering from substance abuse issues, many of the pages might be applicable to populations suffering from some of the other addictions. The practitioner will need to use own clinical judgment in determining whether the assessments and activities will be effective for the population with whom they work. There may be some handouts the practitioner will not use because they do not fit the needs of the population. If clients are working on other programs, such as AA, practitioner will need to make sure that the exercises and journaling activities do not conflict with the program objectives.

Publication is available in electronic form at:
https://wholeperson.com/pdf/SubstanceAbuseWorkbook.pdf?msclkid=ec5cdb0eb34e11ecabf83dc4a526489f

Substance Misuse Workbook - Supporting you to overcome substance misuse

Newcastle, North Tyneside and Northumberland Mental Health NHS Trust, 2011

This publication guides the practitioner to conduct treatment sessions. The manual discusses different types of sessions for treating persons who misuse substances. Sessions address recovery, relapse prevention, social support, and family education.

Publication is available in electronic form at:
https://www.get.gg/media/ix0mi43b/cdatworkbook.pdf

Brain Injury Bridging Project - SUBI - Client Workbook (Canada)

Substance Use and Brain Injury project funded by the Ontario Ministry of Health and Long-Term Care from Health Canada's Primary Health Care Transition Fund, (year unknown)

This workbook was created for people who are living with the effects of a brain injury and are also having some problems due to drug or alcohol use. The workbook was designed by a partnership of people at Community Head Injury Resource Services of Toronto (CHIRS) and the Centre for Addiction and Mental Health (CAMH). Although being created primarily for people with brain injury who have some problems due to substance use, it is widely applicable for practitioners working with persons with SUD in general, as it covers all important areas of recovery and offers variety of different methodology and techniques.

Publication is available in electronic form at:
https://www.brainline.org/sites/default/files/SUBIClientWorkbook.pdf

5. Harm reduction programmes

Harm Reduction in European Prisons: A Compilation of Models of Best Practice

BIS-Verlag der Carl von Ossietzky Universität Oldenburg, 2007

The key aim of this research was to provide an overview of the legislation, policy and practice concerning **harm reduction services** provided for problematic drug users (PDUs) in 9 European Union (EU) countries. To achieve this, the main objectives were to analyse international, national policies on harm reduction; to explore how harm reduction is conceptualised in different cultural contexts; to identify existing harm reduction initiatives in prisons; to identify the obstacles and barriers that need to be to overcome in order to implement harm reduction measures in prisons; to examine in detail the policies and harm reduction services in place in two sample institutions; to identify models of best practice and promote awareness of the harm reduction initiatives operating in the area of problematic drug users in custody, and finally to present examples of harm reduction measures in prisons from each of the sample countries.

Publication is available in electronic form at:
https://www.researchgate.net/publication/259753209_Harm_Reduction_for_Drug_Users_in_European_Prisons

Manual: Increasing access to hepatitis C testing and care for people who inject drugs

EMCDDA, 2021

This manual provides a step-by-step guide for those involved in planning and managing infectious diseases and drug services, focusing on how to identify barriers to and opportunities for improving provision of HCV testing and access to treatment for people who use drugs. In particular, it focuses on HCV testing in harm reduction and drug treatment settings, including prison setting.

Publication is available in electronic form at: https://www.emcdda.europa.eu/publications/manuals/manual-increasing-access-hepatitis-c-testing-and-care-people-who-inject-drugs_en

A Primer for Implementation of Overdose Education and Naloxone Distribution in Jails and Prisons

RTI International, 2019/2020

This primer was designed to promote and support implementation of Overdose Education and Naloxone Distribution programs (OEND programs) in the unique features of jails and prisons to help prevent opioid-related overdose deaths among people who have contact with jails and prisons. It outlines strategies for developing (Section 2), coordinating (Section 3), and monitoring and evaluating (Section 4) jail and prison-based programs and builds on lessons learned from two National Institute on Drug Abuse funded studies, Preventing Overdose Mortality among People Exiting Incarceration, and Optimizing Overdose Education and Naloxone Distribution Delivery in the United States. The Appendix contains information about existing jail-based and prison based OEND programs and examples of documents and forms that can be adapted to address program needs.

Publication is available in electronic form at:
https://harmreduction.org/wp-content/uploads/2020/09/A-primer-for-implementation-of-OEND-in-jails-and-prisons-Wenger-2019-RTI.pdf

https://nicic.gov/primer-implementation-overdose-education-and-naloxone-distribution-jails-and-prison-2020

Naloxone in Correctional Facilities for the Prevention of Opioid Overdose Deaths (USA)

National Commission on Correctional Health Care, 2021

The publication states that, given this widespread need for and acceptance of easy access to naloxone, correctional facilities can play an important role in preventing overdose deaths. Research has shown that opioid overdose education and naloxone distribution programs in prisons and jails reduce mortality. The National Commission on Correctional Health Care supports increased access to naloxone in correctional facilities and gives recommendations to prevent overdose deaths within the facility and in the community following release from incarceration.

Publication is available in electronic form at:
https://www.ncchc.org/naloxone-for-the-prevention-of-opioid-overdose-deaths

6. Other types of psycho-social support to meet the complex health and social care needs of prisoners with SUD

Substance Use Disorders Recovery with a Focus on Employment and Education (USA)

SAMHSA, 2021

This guide helps health care providers, systems, and communities support recovery from substance use disorders via employment mechanisms. It describes relevant research, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers resources. Sustained recovery from SUD is significantly tied to meaningful and purposeful work-life balance. Employment is an important factor for achieving sustained recovery and financial independence. This guide provides an overview of issues, challenges, policies, and practices related to employment for individuals in recovery. It summarizes the state of the science through an evidence review of the known effectiveness of programs providing employment supports to individuals with SUD. Finally, the guide provides expert panel consensus recommendations of key program elements to support individuals with employment-related recovery.

Publication is available in electronic form at:
https://store.samhsa.gov/product/Substance-Use-Disorders-Recovery-with-a-Focus-on-Employment/PEP21-PL-Guide-6?referer=from_search_result

Roadmap for the Development of Prison-based Rehabilitation Programmes - Criminal Justice Handbook Series

UNODC, 2017

As the guardian of the Nelson Mandela Rules, the United Nations Office on Drugs and Crime (UNODC) has published a number of guidance documents in the field of prison management and reform. Among those, UNODC published in 2012 an "Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders", which elaborates on promising practices and programmes for reducing criminal recidivism by addressing the social reintegration challenges faced by all offenders, and in particular by those who are or have been incarcerated. This document seeks to build on that handbook by proposing practical steps and considerations to national prison administrations through which promising programmes can be put into practice or be enhanced. Rehabilitation programmes as referred to by this publication encompass prisoners' education, vocational training and work.

Publication is available in electronic form at:
https://www.unodc.org/documents/middleeastandnorthafrica/2018/Roadmap_for_the_Development_of_Prison-based_Rehabilitation_Programmes_ENG.pdf

Advisory: Addressing Suicidal Thoughts and Behaviours in Substance Use Treatment (USA)

SAMHSA, 2021

This Advisory is Addressing Suicidal Thoughts and Behaviours in Substance Abuse Treatment. It provides strategies for identifying and addressing suicidal thoughts and behaviours among individuals with substance use disorders (SUDs).

Publication is available in electronic form at:
https://store.samhsa.gov/product/addressing-suicidal-thoughts-behaviors-substance-use-treatment/pep20-06-04-005?referer=from_search_result

Prison Parenting Programs: Resources for Parenting Instructors in Prisons and Jails (USA)

Correctional Education Association – Wisconsin, 2016

Prison Parenting Programs: Resources for Parenting Instructors in Prisons and Jails is a publication of the Parenting Special Interest Group (SIG) and the Correctional Education Association-Wisconsin. This directory has been created to help correctional educators and community agencies enhance existing or create new parenting programs in correctional facilities and the community. Prison Parenting Programs is intended to be a living document. The Parenting SIG was created in 2004 with the goals of helping incarcerated parents to become more caring, concerned, and informed and minimizing the intergenerational cycle of incarceration. The Parenting SIG seeks to improve cooperation and among those engaged in providing parenting programs in a variety of correctional settings and the community and encourage the development of new programming opportunities. Since its onset the Parenting SIG has sought to create a professional network not only for the instructors of parenting classes; but also for the supervisors of children of incarcerated parent programs, coordinators of parent/child reading projects, and organizers of support groups.

Publication is available in electronic form at:
https://www.fairshake.net/wp-content/uploads/2012/04/Prison-Parenting-Programs-May-20161.pdf

Parenting Programs for Inmates - A Literature Review

Malmö University, Faculty of Health and Society, 2015

This essay explores the design, measures and effectiveness of parenting programs for incarcerated parents. There is a growing concern for children who have incarcerated parents. The potential effects of parental incarceration and the intergenerational nature of crime and delinquency is one reason to develop parenting programs. Experiences of parental incarceration are believed to cause mental, physical, emotional and economic hardship for children. Parenting programs might be beneficial for both parents and their children. Results suggest that further efforts need to be made to support incarcerated parents during incarceration as well as after release.

Publication is available in electronic form at:
https://www.diva-portal.org/smash/get/diva2:1487172/FULLTEXT01.pdf

Toolkit for Developing Family-Focused Jail Programs - Children of Incarcerated Parents Project

Urban Institute, 2015

To aid in the field's understanding of the potential for policy and practice to mitigate this trauma and to improve parent–child relationships, the Urban Institute has collaborated with the National Institute of Corrections (NIC) to identify promising practices across the country and to highlight a few of those in three practitioner toolkits and a framework document. This toolkit and the strategies and experiences described herein are intended for people who are interested in developing family-focused jail programs in their own jurisdictions, such as jail practitioners and community-based organizations working with jail administrators and jail detainees. The other two toolkits are focused on parental arrest policies and family impact statements, while the framework document offers context for the issue of involvement in parental criminal justice. The framework document also provides information about a broader array of programs and practices for children of justice-involved individuals, and it discusses key challenges and recommendations for the field.

Publication is available in electronic form at:
https://www.urban.org/sites/default/files/publication/53726/2000255-Toolkit-for-Developing-Family-Focused-Jail-Programs.pdf

Model Practices for Parents in Prisons and Jails - Reducing Barriers to Family Connections

Urban Institute, 2019

This document contains a set of practices intended to guide correctional administrators in their efforts to support parent-child relationships. The authors believe these practices hold promise for benefiting incarcerated parents and improving the lives of their children and families overall without compromising the safety and security of the correctional facility. This set of practices was created in collaboration with a subject matter expert committee selected for this project.

Publication is available in electronic form at:
https://www.urban.org/sites/default/files/publication/100531/model_practices_for_parents_in_prisons_and_jails_0.pdf

Prisoners as Parents - Building Parenting Skills on the Inside

Edmund S. Muskie Institute of Public Affairs, University of Southern Maine, 1993

This handbook is intended to provide a guide to incarcerated parents, prison administrators and staff members, and child development and parent education professionals interested in developing and running parenting education and support programs for incarcerated parents. It may also be a resource for others — faculty, students, legislators, state officials, and the public — learning about the impact of incarceration on all family members, and the importance of considering that impact, and the needs of children in particular, in establishing prison policies, developing priorities for funding, and delivering services to prisoners and their families. The information and suggestions presented in this handbook are based on the knowledge and experience we gained through developing and running Project H.I.P. (Helping Incarcerated Parents), at Maine Correctional Center in Windham, Maine. We describe the Project H.I.P. program model, and include suggestions and tips for all aspects of program development, based on project experience.

Publication is available in electronic form at:
http://muskie.usm.maine.edu/helpkids/rcpdfs/hip.pdf

Anger Management for Substance Use Disorder and Mental Health Clients: Participant Workbook (USA)

SAMHSA, 2019

This workbook is designed to be used by participants in an anger management group treatment for individuals with substance use or mental disorders. Practitioners report that the manual and workbook have also been used successfully for self-study, without the support of a clinician or a group. The workbook provides individuals participating in the 12-week anger management group treatment with a summary of core concepts, worksheets for completing between-session challenges, and space to take notes for each of the sessions. The concepts and skills presented in the anger management treatment are best learned by practice and review and by completing the between-session challenges in this workbook. Using this workbook as you participate in the 12-week anger management group treatment will help you develop the skills that are necessary to successfully manage anger.

Publication is available in electronic form at:
https://store.samhsa.gov/product/Anger-Management-for-Substance-Use-Disorder-and-Mental-Health-Clients-Participant-Workbook/PEP19-02-01-002

7. SUD related training of the prison staff not directly involved in medical and psychosocial treatment

Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide (USA)

NIDA, 2014

Findings show unequivocally that providing comprehensive drug abuse treatment to criminal offenders works, reducing both drug abuse and criminal recidivism. The substantial prison population in the United States is attributable in large part to drug-related offenses and is accompanied by high rates of recidivism. As such, it is a matter of public health and safety to make drug abuse treatment a key component of the criminal justice system. Indeed, addressing the treatment needs of substance abusing offenders is critical to reducing overall crime and other drug-related societal burdens, such as lost job productivity and family disintegration. Scientific research shows that drug abuse treatment can work even when an individual enters it under legal mandate. However, only a small percentage of those who need treatment actually receive it, and often the treatment provided is inadequate. To be effective, treatment must begin in prison and be sustained after release through participation in community treatment programs. By engaging in a continuing therapeutic process, individuals can learn how to avoid relapse and withdraw from a life of crime.
This booklet —a complement to *NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide*— is intended to describe the treatment principles and research findings that have particular relevance to the criminal justice community and to treatment professionals working with offenders with drug use disorders. It is divided into three main sections: (1) research findings on offenders with drug use disorders distilled into 13 essential principles (see pages 1–5), (2) a series of frequently asked questions (FAQs) about drug abuse treatment for those involved with the criminal justice system, and (3) a resource section that provides Web sites for additional information.

Publication is available in electronic form at:
https://nida.nih.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations-research-based-guide/principles,
https://nida.nih.gov/sites/default/files/txcriminaljustice_0.pdf

8. Gender responsiveness and specific populations

Implementing a Gender Approach in Drug Policies: Prevention, Treatment and Criminal Justice - A handbook for practitioners and decision makers

Council of Europe Pompidou Group, 2022

Within the framework of the Pompidou Group work programme, 2019-22, a new activity "Implementing a gender approach in different drug policy areas: from prevention, care and treatment services to law enforcement and the criminal justice system" has been introduced. This activity is a continuation of the work already undertaken by the Pompidou Group towards integrating a gender dimension into drug policy. The objective of this handbook to elaborate: a set of principles and practical examples to provide concrete guidance for implementing a gender approach in planning and service delivery on prevention, care and treatment services for the persons who use drugs or are vulnerable regarding drug use; as well as guidance for law enforcement agencies and the criminal justice system on practical integration of gender approaches in their work domain. It was understood that the handbook should provide a range of perspectives and views with clear indications of the way forward for integrating gender into all aspects of drug policy, and therefore differs from a position paper or policy briefing. Embracing evidence-based work, this handbook builds on an important corpus of bibliographical references at the intersection of drugs and gender issues, compiled by the authors from eleven countries (France, Greece, Iceland, Ireland, Italy, Malta, Mexico, North Macedonia, Serbia, Slovenia, Switzerland) and two nominated experts - one researcher from Portugal and one from the Scottish Trans Alliance/Equality Network.

TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women

SAMHSA, 2009/2012/2013/2015

This guide assists providers in offering treatment to women living with substance use disorders. It reviews gender-specific research and best practices, such as common patterns of initial use and specific treatment issues and strategies.

Publication is available in electronic form at:
https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426

Quick Guide fir Clinicians - Substance Abuse Treatment: Addressing the Specific Needs of Women (USA)

SAMHSA, 2013

This Quick Guide accompanies the treatment improvement guidelines set forth in Substance Abuse Treatment: Addressing the Specific Needs of Women, number 51 in the Treatment Improvement protocol (TIP) series. It summarizes the how-to information in TIP 51 pertinent to behavioural health counsellors and clinicians, focusing on tools, techniques, and concerns related to providing services to women with substance use disorders in behavioural health settings. Users of this Quick Guide are invited to consult the primary source, TIP 51, for more information and a complete list of resources for addressing the needs of women who have substance use disorders. To order a copy or access the TIP online, see the inside back cover of this Guide.

Publication is available in electronic form at:
https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4789.pdf

Treatment Improvement Protocol (TIP) 26: Treating Substance Use Disorder in Older Adults (USA)

SAMHSA, 2020

This updated TIP is designed to help providers and others better understand how to identify, manage, and prevent substance misuse in older adults. The TIP describes the unique ways in which the signs and symptoms of substance use disorder (SUD) manifest in older adults; drug and alcohol use disorder screening tools, assessments, and treatments specifically tailored for older clients' needs; the interaction between SUDs and cognitive impairment; and strategies to help providers improve their older clients' social functioning and overall wellness.

Publication is available in electronic form at:
https://store.samhsa.gov/product/treatment-improvement-protocol-tip-26-treating-substance-use-disorder-in-older-adults/PEP20-02-01-011?referer=from_search_result

The Effectiveness of Substance Abuse Treatment with Young Offenders

Department of Justice Canada, 2003

Previous research has demonstrated that substance abuse is a key need area for young offenders and contributes to their criminal activity. The negative impacts of this problem behaviour are not only limited to delinquency but are also evident in several other important behavioural areas for the adolescent including academics, peer group involvement, and family relationships. Given the strong relationship between substance abuse and delinquency, many academics and practitioners alike have focused on developing effective treatment programs. The extant literature has identified several key areas that affect the therapeutic potential of these types of programs for adolescent substance abusers and include: pre-treatment factors, in-treatment factors, and posttreatment factors. One of the key debates that has been staged in the substance abuse treatment literature is how to define an effective program. Given the multiple areas that are affected by substance abusing behaviour, it has been extremely difficult for researchers to agree on a single or comprehensive set of program success indicators. Several recent efforts have attempted to address

this problem area and have focused on the methodological criteria used in the evaluation, as well as the outcomes measured by the program. Concomitantly, these recommendations suggest that programs should use classical experimental designs utilizing the most stringent controls as well as measuring the impacts of the program across many different areas including physical, emotional, and behavioural outcomes. There are several clear directions for future research, which would touch several of the different areas mentioned within this report. Based on the entire literature reviewed for this report, this paper concludes with a checklist that can be used by program administrators to develop effective substance abuse programming.

Publication is available in electronic form at:
https://www.justice.gc.ca/eng/rp-pr/cj-jp/yj-jj/rr03_yj1-rr03_jj1/rr03_yj1.pdf

PREMS 002424

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