



Directorate-General Justice,
Freedom and Security

RESEARCH REPORT: BULGARIA

**THROUGH
CARE
WORKING IN PARTNERSHIP**

1. Background

This report is based on information gathered from and interviews conducted with experts from prisons, community-based services and prisoners. The intention was to gain an enhanced and reliable picture of the overall philosophy and practice of throughcare for prisoners with problematic drug use. Where it was possible, the researcher conducted interviews with prisoners in prison settings.

Researchers did not have any difficulties in visiting prisons, as access was allowed by Prison Administrations. Some interviews with representatives from Prison Administrations were conducted over the phone.

The definition and philosophy of “throughcare” was presented to the respondents and there was also a short discussion on the topic before every interview. This achieved two positive results - obtaining reliable information from the interviews and broadening the view and knowledge of the interviewed staff.

The methodology was: structured and semi-structured interviews together with heart-to-heart conversations and discussion. As well as being interviewed separately, prison staff also took part in a focus group discussion.

2. Summary

The following are key findings from both the literature review undertaken and interviews:

- No continuity of medical care and drug treatment before, during and after prison;
- Lack of sufficient funding for drug services in prison and community;
- Lack of throughcare services for prisoners with problematic drug use and systems for monitoring and evaluation;
- Lack of understanding of the philosophy of throughcare;
- If throughcare exists it is due to the good willing of the prison staff and not part of an integrated approach;
- No variety in the services. Lack of effective job training and job finding;
- Lack of effective cooperation between prisons and external organizations. The lack of data exchange and information between the agencies creates obstacles for the progress of the ex-prisoners and hampers the ability to monitor and evaluate the effectiveness of the policies and services. It is not possible to track clients through the system;
- Rehabilitative measures are hindered by a conflict of interest between the CJS (punitive agenda) and treatment services (rehab and reintegration agenda);
- Lack of evidence of policy and program effectiveness;
- Prisoners who are released without housing, employment and financial assistance are at risk of relapse and more likely to re-offend;
- The services in the stages before, during and after prison, are provided by different institution and this is perceived by the experts as one of the main reasons for ineffective throughcare services;
- If there were any innovative programs for drug treatment in prison and the community, they were abolished because of a shortage of funding;

- Lack of effective programs for rehabilitation and reintegration of prisoners into the community.

3. General information

During the qualitative research phase, 45 interviews with professionals from prison staff and community-based services were carried out. The interviews were conducted in Pleven, Varna and Lovetch prisons and community-based programs in Sofia, Varna and Lovetch. The interviewed professionals from prison settings were as follows:

- Social workers;
- Psychiatrists;
- Psychologists;
- Heads of Medical Department;
- Heads of Social Departments;
- Prison Directors;
- Representatives of Security staff.

Two focus-groups (including ethnic minorities) with a total of 24 prisoners were carried out.

4. Findings

4.1. Interviews with prison staff

The prevailing view among the prison staff is that there are no effective throughcare services for PDU offenders. According to the interviewed prison experts this is due to a variety of reasons which could be generalized and grouped as follows:

Lack of effective professional links and communication between the prisons and community-based services

The Head of the Social Department said: “We can achieve some better services and continuity in the treatment process if experts from external organizations participate in the planning, evaluation and monitoring of PDU offenders during the last months of their sentence...but there are no effective links between the prison and external organizations...”

A prison medical doctor said: “Sometimes we have very chaotic contacts with community-based services...Sometimes the offender comes into the prison without any records or files for treatment that they [have] undergone...”

A psychiatrist said: “The prisoners who were on methadone before imprisonment can continue to get it also in the prison, but the methadone program send a relative of the prisoner a bottle full of liquid without any signs and data about the contain.... They (from the program) do not contact to us to inform us about the treatment plan and usually use the relatives of the prisoners as messengers...it is not serious...”

“Most often we refer the prisoners to external organizations rather than cooperate with them and work jointly...”

A psychiatrist said: "I usually inform prisoners with problematic drug use of the programs they can participate in after leaving the prison but do not have direct contact with the organizations that deliver the services..."

Lack of variety in the services and programs for PDU in the community

As a psychiatrist from Pleven prison said: "There is still a lack of variety in programs for prisoners with problematic drug use...Sometimes you there is good will to find the best option and refer some client to a program or organization but it turns out that they do not exist. There are no alternatives..."

A social worker said: "Look, how can we achieve continuity and throughcare services when no such services exist in the community...you can refer the client nowhere...it is especially the case in smaller towns"

A Head of a Social Department said: "We are often criticized for our social and health policy but the prison can not be different from the community-we reflect the situation outside..."

A social worker pointed out: "Unemployed and homeless ex-offenders are most likely to relapse and re-offend..."

"It is not possible to deliver the same services in the prisons as in the community. We can not [provide] the prisoners [with] equivalent services and it is because of different reasons; one of them is the resistance of the security staff-they are not willing to cooperate and support us and consider mainly the security issues and their job...So, very often we have conflicts with them but not with external experts. If we are trying to apply an innovative approach we get resistance from security staff..."

Lack of effective post-released programmes (rehabilitation and reintegration) in the community

A social worker said: "There are programs for detoxification and harm reduction but there are still no effective programs for rehabilitation and reintegration..."

A medical doctor said: "The inmates with problematic drug use can stop using drugs here with detoxification and group therapy but after leaving the prison it is not up to us-no programs for the next stage, step-reintegration...It turns out the PDU offenders "accomplish half the task"..."

Due to the lack of health insurance, it is difficult for continuity of treatment to be achieved. NGO's usually fill the gap (if they exist)

The Head of a Medical Unit said: "In the prison, the state cover all expenses concerning the treatment of prisoners with problematic drug use, but in the community you have to have to pay your health insurance to get some treatment...it is one of the most serious obstacles to achieving continuity in treatment for PDU offenders-they have no health insurance..."

A social worker said: "It is always better when NGOs exist to refer ex-prisoners to it but the NGOs working in this field are few..."

Drug related treatment and services are not centralized, as the services in each stage are provided by different agencies

A Psychiatrist said: "One institution is responsible for the treatment of offenders with problematic drug use but others for the services in the community. It is very hard to coordinate the process in that way..."

A social worker shared: “We have different institutional belongings and it is sometimes as if “the right hand does not know what the left hand does”. Consider also that the institutions have different norms, objectives, etc...”

A Prison Director said: “Sometimes we have conflicts of interests with other institutions because we are in the structure of different ministries and work [using] different laws and norms...It influences also the social and health policy...”

The prisoner is someone else’s responsibility

A social worker said: “Prisoners with problematic drug use are perceived as “ours” and “yours” - after leaving the prison we do not know what is happening with them and the opposite is also true”

A psychiatrist shared: “Sometimes the external experts are not willing to come to the prison and work with us and we do the same. It is as if we defend some imagined territories but ultimately the client suffers...”

“When they (prisoners with problematic drug use) leave the prison we are not interested in them-what is happening with them, where are they going...and when they are imprisoned the experts from community services stop asking after their ex-clients. It is a vicious circle.”

Lack of funding

A Director of a prison said: “We have a shortage of funding...We are expected to deliver services for offenders with problematic drug use but with a very limited budget-we have a lot of difficulties...”

A Head of a Social Department said: “With limited funding we can not achieve qualitative and effective social and health policy...We have too many tasks but the funding is not enough”

A Head of a Medical Department said: “How can we invite external experts, we have a shortage of funding, I can not pay them...”

Lack of trained experts in prison settings

A psychologist said: “Some of the main obstacles are the lack of educated experts...The training in the field is formal... ”

A social worker shared: “We need more training on the dependency and the contemporary tendencies in treatment...Some colleagues have no idea what the dependency is, what to do, etc...”

Difficult access of external organizations to prison settings

A Head of a Social department said: “We have to be more open to external organizations- there are a lot of limitations in accessing prisons...We have to also consider that they could be very useful to us...”

A Director of a Prison said: “I know that it also depends on our willingness to cooperate with external organizations but usually the security staff, not the experts, are concerned with such visits....”

Most often the contact and co-operation with external organizations is not a result of a strategy or throughcare, but through the good will and initiative of the professionals in the CJS. They usually try to

contact external experts they know and trust. These actions validate the statement-“we work with people, not with institutions”.

With respect to interagency cooperation, preference is given to experts from governmental institutions (hospitals, social services, psychiatric clinics) rather than NGO’s. The argument is that NGO’s do not have the capacity or trained staff able to deliver training and services. It is the opposite point of view of prisoners with problematic drug use.

“We are open for partnership with external organizations, governmental and NGO’s, but they have to consider our norms, the legislation regulating the prison system and our needs. All trainings and services delivered by external experts have to be adapted not only to the needs of prisoners with problematic drug use but also to the needs of the prison staff...From our experience I can say that the governmental institutions are more responsible and willing to keep to these rules and needs...”(Expert from Prison Administration).

Key issues:

- Lack of one integrated approach for throughcare services for prisoners with problematic drug use;
- Most of the interviewed prison staff shared the opinion that the probation officers have to be responsible for continuity in the services provided to problematic drug using offenders-before and after imprisonment;
- Drug programs which are perceived and evaluated as successful in other countries are automatically adopted without considering cultural differences. This results in programs being run which do not meet the real needs of offenders with problematic drug use. *“Sometimes we are expected and pushed to deliver some services that are used in other countries...and it happens without adapting the services to the needs and features of our institutions and institutional capacity...(Social worker in Varna prison)”*;
- Programs for detoxification and harm reduction are available but there is lack of programs for rehabilitation and reintegration for prisoners with problematic drug use;
- Lack of understanding about the philosophy of throughcare among the prison staff.

4.2. Focus group with prisoners

Drug services in prisons and the community are perceived by prisoners with problematic drug use as very formal and not meeting their real needs

A drug-addicted prisoner said: “I am not sure that the institution’s treatment will be useful for me...Very often they treat you formally...”

Another prisoner with problematic drug use shared: “In the prison and outside it is as if everything is on a “sheet of paper”- there is some order you have to follow; but finally you are asking yourself if it made sense...”

Hard access to external experts and services

A prisoner from the focus group said: “After being imprisoned, I lost all links with the experts from the program I visited in the community...But I trust and need them...”

Another prisoner shared: “I was happy with my psychologist but here (in prison) I can not meet her...They have to find a solution if you need and prefer the experts from the program you visited in the community to come here and continue what they have done with you...”

No variety in the services for prisoners with problematic drug use

“Yes, I know about external organizations and services-but they are for harm reduction-it does not work...I want to go to a rehabilitation program, not to get clean needles...”

Another said: “Methadone and pills-the only things they suggest to you all the time...But not how to find a job, no option for education...they just follow the easiest way...”

Lack of continuity and consistency in the services for prisoners with problematic drug use

A drug-addicted prisoner said: “I was on methadone but after I was sentenced to deprivation of liberty, I had to quit...No methadone here, no money for buying methadone, no experts...”

Another prisoner with problematic drug use shared: “It is not professional because there is only one type of service and no different options...”

NGO’s are perceived as a better option for the treatment of prisoners with problematic drug use compared with state ones

“If I need help I will turn to NGO’s...They will take better care of me ...”

“NGO’s do care for their clients...They do not make you feel guilty or like trash...”

The main problems that drug addicted inmates experience after leaving the prison are social and economic ones-unemployment, lack of financial sources, accommodation etc

A drug-addicted prisoner said: “We need counseling and a job... If we have no job we start to use drugs again...”

Another prisoner with problematic drug use shared: “It is the biggest problem after coming back-you can not find a job, the same social environment-everything stimulates you to take drugs again...”

“If you are not busy with something that makes sense, not only formal-you will become a loser again...it is not only group therapy we need, but also a job, money, a change of social environment...”

“Your problems start when leave the prison-you have no job, no house, no links...”

A lot of the prisoners share the opinion that the prison is the most appropriate place and stop using drugs

A prisoner with problematic drug use said: “In the prison they (the experts) look for drug abusers, but out of the prison you have to look for help...It does matter...”

Another prisoner shared: “Here is the place to stop but after leaving the prison you go to a “hole”-no one to turn to...if you do not pay you health insurance...NGOs are an option but there are few such organizations and they are mainly situated in bigger towns...”

“It is harder for us when we leave the prison-it is easier when you come into the prison to say I am drug dependant. But when you come back into the society you are absolutely anonymous ...It is clear when you are in the prison and you have a drug problem who you go to, but when you are outside the prison you are confused and do not know what to do, where to go...”

"I have no health insurance and it is harder to get some services in the society...In the prison it is not a problem-I will get treatment whatever it costs..."

Prisoners with problematic drug use are usually not involved in the planning of their treatment

A prisoner with problematic drug use said: "No one asks us what we need, how we feel...I want to be asked for my opinion and my view of the treatment that I have to undergo..."

Another drug-addicted prisoner shared: "Yes, I know I am not a drug expert but I expect the experts to discuss with me everything concerning my treatment...now it is as if we are little children and not able to think normally and have no idea what our needs are..."

Whilst in prison the main needs of prisoners with problematic drug use are psychological support, counseling and job training

A prisoner shared: "we get some medication and that is all-we have to tackle with everything on our own...no one will tell us anything, no counseling at all...it is not enough to get only pills, we need to talk to someone..."

Another drug-addicted offender said: "If you have problems with abstinence at the point of arrest, they call emergency help; they give you some pills and nothing else..."

"We need a job and training not [just] endless conversation and therapies..."

"When I leave the prison I need to find and start a job but I cannot imagine how it will happen...Nothing is done here..."

Limited access to drug services in remand centers

A prisoner from a focus group said: "When you are in remand centers you usually lose any chance to continue with your therapy..."

Another prisoner with problematic drug use shared: "The only thing I got was a visitation by a doctor from the Emergency Center; he gave me some pills and that was all. Nothing more; but I understood that I "have to be grateful" even for this visitation...Others do not get it at all."

The prevailing view among the prisoners is that the following measures for prisoners with problematic drug use have to be established and used more intensively across the CJS:

- Drug-free wings in prison settings where drug abusers are separated from the other inmates;
- Providing more, and a variety of, services; psychological support, advice activities, counseling, individual therapy for prisoners with problematic drug use;
- A personal treatment plan to be arranged for every prisoner with problematic drug use;
- Establishment of programs and services for problematic drug use in the remand centers;
- Services for offenders with problematic drug use across CJS (especially in the prison system) to be delivered mainly by external experts;
- Ineffectively run and poorly funded programs can result in prisoners who are not motivated and refuse help;
- Delivery of programs for motivation to change;

- More options for job training and education.

4.3 External experts

The prevailing view among the interviewed external experts is *that there is no clear line of communication between the prison and community-based services.*

A psychiatrist from Varna said: “When a drug-dependant offender is imprisoned we do not know what is happening with him in the prison and after leaving the prison it is the same-the prison staff break contact with him...”

A social worker from an NGO pointed out: “When in prison, the prison staff are responsible for the prisoner and when they leave, the prisoner becomes our responsibility...It is not clear what is going on in the prison or outside with the offender...”

A drug worker said: “When a drug-addicted offender leaves the prison, or is imprisoned, he starts from the beginning... He loses the progress he achieved. It is because we do not have close contact between each institution...”

Difficult access to prison settings

A psychologist said: “There are a lot of considerations when you want to gain access to the prison settings...It needs to be easier when you would like to meet an ex-client...”

A social worker pointed out: “If your contact in the prison is not available it is very difficult for you to visit the prison...The process is very bureaucratic...”

A Head of Psychiatric clinic said: ‘There have to be drug workers who visit the prison who are employees of external agencies; this will make it easier to achieve throughcare for prisoners with problematic drug use. But it has to be very clear which external organization they have to work with. One good option is for them to work for probation or social departments.’

A psychiatrist said: “Drug-addicted offenders have to serve the last portion of their sentence in community, residential drug treatment programs... [this would make] continuity and consistency in their treatment achievable. More NGO’s have to develop such services for prisoners with problematic drug use-housing, medical care etc...”

Conflict of different approaches

A psychologist said: “Prison staff perceive prisoners with problematic drug use mainly as offenders so it is difficult to coordinate and apply some common policies and activities in the field of drug treatment and drug prevention....”

A psychiatrist pointed out: “They (prison staff) do not have reliable information, knowledge and experience on drug issues... they have their own understandings and it is hard to establish effective partnership...Of course, it depends on the person you are going to work with but as whole it is like a clash of philosophies...”

A social worker pointed out: “Sometimes we find a solution with prison staff very difficult...They perceive the problem in a different way and try to solve it with different approach ...”

A medical doctor said: “It is proven that punishment cannot tackle drug addiction...drug addicts need adequate measures not only imprisonment... recovery is a long process and all institutions have to be involved...”

Different norms, practices and objectives of the institutions make it difficult to cooperate

A Head of Clinic said: "Usually we share different norms and philosophies about the nature of our job and daily work. Sometimes, it is the main obstacle to cooperation with each other"

A Director of a Social Service pointed out: "We follow some principles, the other institutions share others...That is why it is sometime very difficult to cooperate effectively with prisons..."

A psychologist said: "They (prison) perceive the client in one way, and we do in a completely different way. When I say this to prison staff, they agree but we both have to make efforts, to do it together..."

A Head of a Psychiatric clinic said: "They (prisons) have a more punitive agenda and our agenda is treatment oriented. It makes it difficult to work in partnership effectively...It is also a question of perceptions-how do you perceive drug use/abuse-as an illness or crime...It is a fundamental view and determines how you proceed...Drug policy has to be a joint responsibility-of all involved institutions and stakeholders."

5. Conclusions and recommendations

How are the social and practical issues solved for those who have left drugs and criminality behind?

This is the main question that arose after we looked deeper into the services delivered for PDU offenders. All services delivered have to meet the real needs of the prisoners but currently, there is little variety in such services. More focus has to be given to the possibilities for former addicts and ex-prisoners to reintegrate back into society and social services and job agencies have to be more effectively involved in this process. Coordination between the institutions and cooperation is a crucial prerequisite for successful throughcare services. If prisons do not allow external expert access to the drug using offenders, there is no chance of achieving throughcare for this specific group of prisoners, but external offenders often are at the mercy of prison norms.

Care in prison and care on release-it is what drug using offenders need to tackle their drug related problems.

The following activities have to be developed and applied in prison settings:

- Self-help groups;
- Outreach activities;
- Intensive job training, job finding and education;
- Drug treatment workers must have access to prisoners during their sentence;
- Introduction of methods for monitoring and evaluation of programme effectiveness;

External experts have to participate in the process of drug policy decision and policy making in prison, not formally but effectively and their views have to be considered just as much as those of prison staff.

6. Literature review and interviews-gaps in the information

With respect to literature sources, priority is given to prison staff perceptions and views without considering the experience and views of the external experts.

There is also a lack of information on the view of ex-prisoners with problematic drug use. Prisoners with problematic drug use are perceived mainly as a passive group but not as people who can be actively involved in the planning of the treatment process.

Throughcare as a concept is not mentioned anywhere, in literature sources, reports, articles or the internet. There is also a lack of understanding of the overall philosophy of throughcare among many experts. When discussing drug policy in prison, usually prison staff are interviewed and their opinion is considered without involving the external agencies. There is a lack of information about methods of evaluation and monitoring of the drug policies and programs that are used. Most of the important information on throughcare availability and the experience of the prison staff and external experts was obtained through the interviews.

Often, in-prison efforts are not followed by appropriate aftercare and this makes it difficult to evaluate and measure effectiveness of programs. Statistics for recidivism and relapse rates of released prisoners who have had in prison treatment cannot be located. ***The lack of integration of the institutions make it difficult to measure the effectiveness of the services.***

Due to the lack of health insurance among most drug using offenders, newly sentenced offenders are without health files and records which also restricts any follow up of their progress and effectiveness of the measures.

Both sources of information-literature and interviews confirm the following conclusions:

- Drug addicted prisoners, young prisoners and those with mental problems are the most vulnerable group of inmates. There are no effective services for these specific group of prisoners which meet their real needs;
- To tackle drug abuse and related problems in prison settings, priority is given to medical oriented approaches-abstinence-oriented programs;
- No continuity of medical care and drug treatment before, during and after prison;
- Conflict of approaches in the prison system. Security staff resist innovative approaches which they consider a threat to the security of the prison.
- Lack of enough funding for drug services in prison and the community;
- Lack of throughcare services for prisoners with problematic drug use and systems for monitoring and evaluation;
- Lack of understanding of the philosophy of throughcare;
- If throughcare exists (on rare occasions) it is because of the good will of the prison staff but it is not part of an integrated approach;
- No variety in the services. Lack of effective job training and job finding;
- Lack of effective cooperation between the prison and external organizations. The lack of data exchange and information between the agencies is an obstacle in the progress of the ex-prisoners, monitoring and evaluating the effectiveness of the policies and services. It is not possible to track clients through the system;
- No effective programs for reintegration of offenders with problematic drug use on release;
- Lack of activities that meet the real needs of prisoners-job training, job finding, housing, financial assistance and education;
- Rehabilitation measures are hindered by a conflict of interest between the CJS (punitive agenda) and treatment services (rehab and reintegration agenda);
- In-prison treatment and aftercare services are perceived as two different poles but not as part of one and the same continuum;
- Lack of evidence of policy and program effectiveness.

- Prisoners who are released without housing, job and financial assistance are in risk of relapse and more likely to re-offend;
- The services in each stage-before, in-prison and after prison, are provided by different institutions and it is perceived by the experts as one of the main reasons for non-effective throughcare services;
- Lack of effective programs for rehab and reintegration in the community.

3. Appendix

The following experts from prison settings and external organizations were interviewed:

Emil Madzharov-PA, Deputy Director

Valentina Karaganova-PA, Head of Social Services and Probation

Cecka Simeonova-PA, Head of Medical Department

Rosen Zhelyazkov-Director of Varna Prison

Bistra Petrova-Psychiatrist in Varna Prison

Jeni Shtereva-Social worker in Varna Prison

Jordan Jordanov-Head of Medical Unit in Varna Prison

Marin Kaltchevski-Director of Lovetch Prison

Valeri Spasov-Head of Social Department in Lovetch Prison

Georgi Popov-Head of Psychiatric Clinic and Dependencies, Varna

Cvetelina Doncheva-Head of Methadone program, Varna

Alexandar Popov-psychiatrist in Pleven Prison

Toni Mileva-Director of NGO "Better Mental Health"

Borislav Georgiev-Head of Medical Unit in Pleven Prison

Mariq Vasileva- head of Social Department in Varna Prison

Totiu Georgiev-Psychiatrist in Lovetch prison

Boris Ginchev-Head of Probation Service in Varna

Uliq Georgieva-Psychologist in Varna Prison

Georgi Donev-Deputy-Director of Pleven Prison

Todor Dobrev-Social worker in Lovetch Prison

Vanq Bacheva-Social worker in Pleven prison

Qsen Kalev-Social worker in NGO "Equal chance", Sofia

Stojcho Boevski-drug worker in "Equal chance", Sofia

Nadq Stancheva-drug worker in NGO "Better Mental Health", Varna

Polq Kamilova-Head of Department on dependencies, Varna Clinic

Rumqna Boqdjieva-Psychiatrist and court expert, Varna
Kiril Shterev- Social worker in NGO "SOS"
Toni Toncheva-Psychologist in PA
Krasimir Dachev-drug worker in NGO "SOS"
Qvor Mavrodiiev-Director of NGO "SOS"
Peter Kovachev-security staff in Lovetch prison
Plamen Kostadinov-Psychologist in NGO "Help", Pleven
Vasil Radoev-Director of NGO "Help", Pleven
Preslav Qnev-drug worker in "Help", Pleven
Dimitar Kostov-security staff in Pleven prison
Valentin Trendafilov-Psychiatrist in AVOPN, Varna
Kostadin Kostadinov-Social worker in AVOPN, Varna
Stanislava Parusheva-Drug worker in AVOPN
Gina Gocheva-Director of NGO "Future without drugs"
Stoqn Stoqnov-Drug worker in "Future without drugs"
Vasil Veleev-Social worker in "Future without drugs"
Hristo Qkimov-Head of NGO "Care", Lovetch
Cveta Raicheva-Director of National Addiction Center
Peio Kraev-Drug worker in NGO "Care", Lovetch
Stanoi Stoichev-Psychologist in NGO "Care", Lovetch

Focus groups in Varna Prison

Kaloqn Bachvarov
Stiliqn Nachev
Veselin Naidenov
Hasan Hasan
Nurdjan Remzi
Konstantin Prahov
Vasil Chohev
Kiril Spasov
Minko Kolev
Krastan Divchev

Hristo Borisov

Valanetin Vesov

Boril Jelev

Svilen Dragostinov

Violin Pasev

Iskren Dobrev

Stefan Gospodinov

Mihail Kerchev

Iliqn Bahchevanov

Grozdan Iliev

Momchil Stanoev

Krasen Petrov

Volen Bedrov

Iliqn Kisimov