



Directorate-General Justice,  
Freedom and Security

# RESEARCH REPORT: ESTONIA

THROUGH CARE  
WORKING IN PARTNERSHIP

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## **1.0 Sample: Expert Interviews and Focus Groups**

NGO Convictus Estonia explored the throughcare issues in the Estonian criminal system. The research was conducted between January and July 2010.

### **1.1 Sample and methodology**

Focus groups were held with drug dependent (ex-)prisoners and interviews were conducted with experts involved in delivering throughcare services for drug dependent clients. Four focus groups were held with adult prisoners (men and women over 18 years old) in three Estonian prisons (Tartu, Viru and Tallinn prisons) and one focus group was carried out with ex-prisoners.

The inclusion criteria for focus groups were the following:

- Participants needed to have a history of drug use;
- Participation was voluntary;
- Participants were due to be released within two years (latest release date).

Offenders were excluded from focus groups if they were:

- Only addicted to alcohol;
- Under 18 years old

The interviews with specialists in the drug prevention field were carried out among prison staff, NGO representatives and probation officers.

The prison staff sample consisted of 15 representatives including two prison guards, one head of medical department, two contact persons, and two representatives of security department, four social workers and one guard, one medical nurse, one psychologist and one probation officer.

Also seven interviews were carried out with representatives of non-governmental organisations that work with drug dependent clients and one interview with the representative of Estonian Ministry of Justice.

Interviews were anonymous, volunteer based and carried out by the following researchers: Kristina Joost, Latsin Alijev, Alla Tannil. All interviews were audio recorded.

### **1.2 Summary of Main Findings**

The following outlines the key findings of the research:

- In general the interviewed prison staff acknowledged that there should be a comprehensive approach and consistency in drug services but only few mentioned having had training on throughcare issues.
- Throughcare services for drug dependent prisoners are not highlighted according to the differences of groups, especially under developed are services for women, for prisoners who are drug dependent and have short-term sentences and prisoners who are released without probation service.
- In prisons the contact persons/inspectors have a important role in organising and facilitating throughcare services for drug dependent prisoners.

- There is a lack of continuity of services between community and prison and vice versa. Services for those released from prison need to be further developed.
- The intensity of cooperation between prisons and community organisations varied greatly.
- The main barrier among organizations providing services is project based financing which can result in service interruptions or even services being stopped.
- Primary needs of drug problematic after release are social adaptation, accommodation and employment.
- Methadone maintenance treatment has a low reputation among prisoners.
- Prisoners suggested that there should be a small pocket book for those prisoners about to leave prison the book should include topics such as social benefits, accommodation, counselling centres, soup kitchens.
- It was suggested that there should a support person system for drug addicted released prisoners.
- Estonian government is planning to introduce alternatives treatment for drug users instead of imprisonment

## **2.0 Discussion of key findings**

The following section discusses in detail the key findings of the research.

### **2.1 A comprehensive approach needed**

In general the specialists who were interviewed (both prison staff and representative of community organisation) acknowledged that there should be a comprehensive approach and consistency in drug services but only few mentioned having received training on throughcare issues.

Although there is no direct translation in Estonian language for the term “throughcare” most respondents understood the concept and agreed that continuity of care and treatment for drug dependent prisoners is important in services throughout criminal justice system. Throughcare was seen as a circle of services that continue no matter where individuals are situated in the criminal system.

Although most specialists who were interviewed were qualified to work in their respective fields, only few of them had received any information about throughcare and aftercare in drug services. Those who had received training or information had done so in seminars or training sessions that were organised abroad.

### **2.2 Services for different groups of prisoners**

Throughcare services for drug dependent prisoners are not highlighted according to the differences of groups, especially under developed are services for women, for prisoners who are drug dependent and have short-term sentences and prisoners with drug addiction that are released without probation service.

The interviews with staff suggested that it is difficult to provide rehabilitation facilities to prisoners with problematic drug use who are on short sentences. This is because their sentences are too short to allow them to be transferred to Tartu prison, which specialises in drug rehabilitation. Therefore

prisoners with short sentences can either continue methadone maintenance treatment (or start MMT if they are in Tartu prison) or take part of social programmes.

During the interviews with prison staff, it became clear that women are a special group to consider. It was noted that women prisoners have a much broader set of needs but are less motivated to pursue treatment. Women prisoners are often dependent on other people and have several other problems apart from drug addiction. For example, for many women prisoners, maternal rights are of particular concern:

*“Concerning women, especially those who have children, there are plenty of problems. Often the mother is deprived of maternity and child is taken from her or it is planned to take him. There are not settled close relations with specialists from youth custodial service. They think that they stand upon the child’s rights, and they have more intensions to take the child away. And we, in our turn, stand upon the client’s rights, try to find the care take among grandfathers or grandmothers, write the letters with the client’s characteristics, saying that she is attending the replacement therapy, does not shirk it, behaves herself, - to the very last opportunity we stand for the client’s interests”. (1)*

### **2.3 Particular difficulties for drug using prisoners**

The research also indicates that prisoners who are released after having completed their sentences to full term have fewer opportunities for receiving aftercare services. Prisoners in this situation do not receive probation and consequently find themselves excluded from provision of accommodation, training or employment support. Furthermore, according to staff who were interviewed in the project, most prisoners who have been convicted for drug-related crimes are seldom released before their sentence has expired because drug-related crimes are considered as particularly serious. It might be argued that these prisoners are more likely to miss out on the advantages of probation and the process of rehabilitation is therefore more difficult:

*“The prisoners who get pre released they get probation so there is a hope that there will be a good supervision and the probation officer will be support life in the community. And if it’s just a release in time – then it all depends on your own will.” (4)*

The prisoners who participated in the research felt that not enough was done to prepare them for release. Most claimed that the preparation consisted of little more than questioning about their accommodation and potential work prospects:

*“They asked how you would live and do you have a place to live, that’s all.” (4)*

The staff also argued that drug dependent prisoners tend not to be released until their sentence has reached full-term because judges have very varied views on drug addiction. One of the staff suggested that judges should be trained about drug addiction and about the services available.

*“When a prisoner is applying for premature release then some judges consider it as a plus if a prisoner has taken part of drug support services but others do not. Maybe it is necessary to give more information to the courts about drug dependent. “*

### **2.4 Contact person**

In prisons, the contact persons/inspectors have a important role in organising and facilitating throughcare services for drug dependent prisoners.

The discussion with prison staff indicated that throughcare services are organised in the prison with the cooperation of the medical department, social department and with the contact persons, but the contact person/ inspector acts as a link between prisoners and prison departments. The contact person also monitors how prisoners comply with their sentence plans and their development. The contact person is a specialist and as a rule are university educated.

The prisoners felt that the contact person as the most important person in helping them to prepare for release. The prisoners also mentioned that their feeling was that contact persons had high workloads. The staff noted that, typically, there is one contact person for approximately 40 prisoners. This is not the case in Tartu prison (that specialises in drug treatment) where there are two contact persons for 40 prisoners. Higher level prison officers felt that one contact person per 40 prisoners was sufficient. However, a contact person felt that she was so over loaded with work that she felt burned out and was planning on giving up working in prison.

## **2.5 Continuity of services after release**

There is a lack of continuity of services between community and prison and vice versa. Services for those released from prison need to be further developed.

Participants noted that the key principle of equivalence between health services in prison and community settings is difficult to ensure particularly when prison and community health systems are distinct and administered by different ministries. This is why methadone treatment has not been continued in the arrest houses: they are under the authority of the Ministry of Interior whereas prisons are under that of the Ministry of Justice.

Participants noted that negative or conservative attitudes amongst other prison staff reduced the effectiveness of some schemes.

The research indicates that some Estonian prisons are able to provide rehabilitation and a variety of social programmes for drug dependent prisoners but that after release, such services are interrupted. For instance, in the community, the number of those who need rehabilitation services is several times higher than existing opportunities.

The research also indicates that rehabilitation services have developed inconsistently across Estonia. There are regions where rehabilitation services, Narcotics Anonymous or other drug services do not yet exist or are very poorly developed.

Prison staff also indicated their concern at the lack of rehabilitation centres or after care programmes in South-Estonia for ex-prisoners who are drug dependent. Most drug related services are located near capital Tallinn and in North-East Estonia. The staff explained that many prisoners released from Tartu would prefer to remain in prison after release in order to continue their rehabilitation or to start a new life away from “old friends” and habits. However, because there are no services in Tartu, they usually go back to their home towns and end up in the same environment as before.

One other concern expressed by all specialists was that there are no set united rating standards of drug services. Each programme uses its own methods of evaluation, as a result of which it is very hard to compare it using the same standards. Also the respondents marked that often the workers of service providing centres and organizations don't have enough proper education and qualification:

*“Some organizations are far from being competent in their activities. It is necessary to provide serious education for these organizations – starting from the governmental organization, local municipal governments, and also NGOs. The education should be based on unified methods to achieve the unified standards of work and some measures, which will allow supervising and valuing of it.”(1)*

## **2.6 Collaboration**

The intensity of cooperation between prisons and community organisations varied greatly between prisons.

Overall, cooperation between prisons and community organisations was not felt to be systematic. While some prisons had active relationships with NGOs and rehabilitation centres in the community, others did not.

For example, one prison had a agreement with a NGO located near to the prison that its members are allowed to come to the prison and assist prisoners who had drug addiction and were about to be released. The staff of the NGO would also meet the prisoners on the day of their release to drive them to the rehabilitation centre.

In other prisons the community organisations would occasionally carry out informational days and give out leaflets but did not visit the prisons regularly. For instance in one prison, Narcotics Anonymous (NA) were allowed to carry out regular self-help support groups but in another prison it was still considered as a security risk and therefore they were allowed only to perform informational days.

On some occasions the social worker made an appointment for the prisoner in the community rehabilitation centre but this was not a regular practice as usually there are no places in the rehabilitation centres. It was also mentioned that although the social worker makes the appointment there is no obligation for the prisoners to actually go to the rehabilitation.

The interviews indicated that cooperation was usually initiated by the community organisations not by the prisons. Only in one prison had the staff themselves contacted the community organisation. The prison staff said that they were keen to do more cooperation but were lacking of information about NGOs in the community.

The interviews with NGO representatives indicated that some NGO-s had good cooperation with prisons but others felt it was hard to approach prisons. The opinions of the workers of NGOs were varied according to whether they have good relations with the governmental sector or not. A representative of one community organization said that they had good working relationships with a prison:

*“We have relations with Viru prison, with social workers, psychologists. From time to time we meet, exchange opinions about the forms and methods of work.” (1)*

Other representative of NGO said that it was hard to get in contact with prisons as the staff didn't express interest in cooperating with the community organisation:

*“We tried to contact social workers, but there was no interest from their side. We also tried to establish cooperation with criminal supervision, but we did not succeeded. We agree to help and to keep connections with supervision, but, unfortunately their interest in it is very low.” (1)*

It was also felt that collaboration often depends on the success of personal relationships, on established networks: institutional collaboration is not regarded as sufficient:

*“First of all it depends on organization, where the person gets methadon. They have or they can inform us that some person is coming to them and is getting methadon. I find out myself where the client is going and where he is getting treatment. This is my personal initiative. But, I don't get information from organizations. And they don't ask about us. There is nearly no system of relations at all. There are some attempts, some round tables, that we initiate.” (2)*

## **2.7 Funding shortages**

The main obstacle for organizations in providing services in the community is project based financing. This can result in service interruption or even services being stopped.

Achieving financial viability remains a pressing problem for NGOs. The representatives of community organisations argued that the lack of core financing to sustain NGOs beyond project-specific funds continues to be a problem. Most NGOs that provide services in the community have only short term financing. This often hinders to plan and develop services. The representatives of NGO-s expressed that they had problems with flexibility and with focusing on long-term goals:

*“Our special characteristic is that we totally depend on financing. It is all in process if there is money, but if not – there is no activity or activity is decreased. It is mainly influencing those*

*activities which are financed by municipalities. The fact that financing of all programs, intended for risk groups, financing of social centres is reduced now, shows that the stability of such programs is very low.” (1)*

Overall, it was felt that drug services were provided spontaneously and that there is no system and regulated mechanism of service provision.

## **2.8 Holistic approach lacking**

The focus groups with prisoners indicated that the primary needs for prisoners on release are: employment, housing and social adaptation issues.

The focus groups indicated that the most important issue is employment after release. It was mentioned that finding job after imprisonment is especially hard for offenders who have served a long-term imprisonment and therefore have lost their job skills. It was argued that prisoners need additional training to go back into the labour-market.

The research indicated that ex-prisoners do not find job or accommodation, if there is a slightest suspicion that the person has been in prison. For example, employers are not always ready to employ ex-prisoners as they are afraid of criminal behaviour.

*“For example a woman tried to work as a cleaner after release but and when the employer found out that she was imprisoned for 10 years or more, and they found out the reason why, they said “We don’t need you”. It seems like those times are in the past when they did not employ you because of the previous convictions, and you were an exile. But still it occurs that it is like it was.” (4)*

Social adaption was considered as an important issue:

*“Going back to the freedom is hard, because when you nearly for 3 years sit inside – you begin to be afraid of people.” (4).*

Those prisoners who had taken part of drug services in prison also expressed that they needed the further psychological and social support outside prison. Many expressed that they would like move to another town after release, so that they would not have to go back to their old life style.

The discussions also showed that prisoners had very little knowledge about what opportunities and services were available in the community. It also seemed that they didn't have planned their life after release the prisoners expressed more a general idea of how they would like to live outside. Some expressed that the first thing after release what they will do is to meet up with friends and get drunk to celebrate the freedom.

## **2.9 Methadone treatment**

Methadone maintenance treatment has a poor reputation among prisoners.

Substitution treatment takes place in Tartu prison, continuation is possible in medical departments of all the prisons (psychiatrists). The feedback from the prisoner focus groups was that methadone treatment has a poor reputation among prisoners and this is the reason why only few prisoners are interested to start or to continue methadone maintenance treatment in prison.

The poor reputation of methadone treatment amongst prisoners derives from the inaccurate information and myths that are circulating about it and also because the treatment quality is often low. One example was about arrest houses: it was noted that methadone maintenance treatment is often interrupted. When this happens, most of drug dependent prisoners have already gone through withdrawal in the arrest house (it should be noted, however, that actions have been taken to provide methadone treatment in arrest houses).

## 2.10 Guide for prisoners

The prisoners suggested that a booklet should be available for those prisoners about to leave prison. The booklet should include clear and straightforward information on a range of topics that are likely to affect them.

These might include issues such as social benefits and how to apply for them; how to find accommodation; the location and appropriateness of different counselling centres; the location of soup kitchens.

The booklet might also provide answers to frequently asked questions about release and information about issues that they are likely forget. Importantly, this may also include useful telephone numbers and addresses.

## 2.11 Mentoring

The prison staff suggested that there should be a mentoring system for drug addicted released prisoners.

According to prison staff, one of the significant reasons why prisoners may not receive after care services, even if these are available, is that prisoners are hesitant to communicate with public officials. It was argued that the reason may be that clients feel stigmatized for being ex-prisoners: this fear inside is often manifested in aggressive external behaviour. It was suggested that ex-prisoners would be more willing to communicate with NGO workers and volunteers in order to find support.

Furthermore most staff agreed that there should be a mentor system in place to help released prisoners in the community. The mentors should work on a volunteer bases and use a peer-to-peer method. Mentors themselves have experienced being in prison or have used drugs but have been successfully rehabilitated.

The mentors, once trained, could provide guidance and encouragement in managing with life outside prison:

*“Some prisoners have been in this prison over 10 years and after release they even don’t know which way is the town. They have learned to live in prison and before release some start panicking. They don’t know how to behave in community any other way than they did before prison. Drug dependent prisoners don’t have a support system outside no sober friends or family. A support person could help them finding the services and new social networks in the community.”*

*“We also think that it was good if there would be some supporting person, who would be able to support the ex-prisoner and follow him on the way from the prison – at the moment of release, when he comes to the criminal supervision, and when his individual plan is made – such person could help him to realize such a plan”. (1)*

## 2.12 Conclusion: Alternatives planned

The Estonian government is planning to introduce alternatives treatment for drug users instead of imprisonment. Some of these have already been implemented. While the research was carried out the Estonian Ministry of Justice introduced the legislation to provide treatment as an alternative to prosecution or imprisonment for adult drug users. The alternative treatment will be provided to drug users on a volunteer bases and for only those who have a sentence up to two years. The rehabilitation programme should be at least nine months.

## **APPENDICES**

### **Interview and focus group question schedules**



## **Focus Group Interview Schedule for Prisoners with problematic drug use (or ex-prisoners with problematic drug use).**

### **Prompts**

#### **A. Community to prison**

- 1) Did you have access to drug services before you were in prison? (Methadone, psychological counselling/help, detoxification, needle exchange etc.).
- 2) Were these services working for you?
- 3) Did you get the help you needed when you were (access to health care, drug services – detox, methadone etc)?
- 4) Do you have a place to live when you are released?
- 5) Before you were arrested/came into prison what kind of services would have *made it easier for you to deal with your problems?*

#### **B. Access to help to meet your needs when released**

- 1) What do you think will happen when you are released?
- 2) What are/were your needs before you are released?

Prompt: housing, help with employment, education/training, spiritual, community (reintegration and relocation), re-negotiating family relations, children, counselling, health (physical and mental) drug-related, money, debts, identity cards, legal rights.

- 3) What was/are the most important issues for you concerning your continuing drug treatment on release from prison?

#### **C. Preparation for release**

- 1) What sort of help are you getting to prepare for your release? From whom? Do you have a case manager?
- 2) Do you know who to ask for help in preparing for your release?
- 3) Are you happy with what has been planned for your release? NB. Cross reference with prison staff.
- 4) Are prisoners with problematic drug use encouraged to be involved in any part of the design of their care package?
- 5) Have you been consulted about your future release plans? Would you like to be?
- 6) Were your views taken into account?

- 7) Has anyone from the outside visited you in prison to discuss helping you when you are released (housing, municipality, healthcare, drug workers etc.)?

**D. Improvement**

- 1) How do you think things could be improved to ensure that ex-prisoners get both the information and the provision they need? What would you find most helpful?
- 2) Did any of the agencies involved in your throughcare provision ask you about your experience of their services?
- 3) Are you satisfied with what is being arranged for you

**Is there anything that I have forgotten to ask you?**

**Thank you for helping with this research**



## **Interview Schedule: Prison staff**

### **Prompts**

#### **Introduction**

- 1) What is your profession/role in the prison?
- 2) Have you had any specialist training for this role?
- 3) What do you understand by the term throughcare?
- 4) Do you think throughcare is necessary?
- 5) What kind of throughcare provision is there in your prison and what information exists? How does it work in your prison?
- 6) Have you had any special training?

#### **Needs**

- 1) What do you perceive are the main throughcare needs of prisoners with problematic drug use?
- 2) How are throughcare needs highlighted within your organisation? Differences between groups: women, young prisoners, those with mental health problems, minorities/short- or long-term prisoners.
- 3) What means do you use to identify drug users returning to the community from prison? Is an action plan used? Needs assessment?
- 4) Are there other needs that should be identified and addressed?

#### **Support and Services**

- 1) Who in the institution has the main responsibility for organising throughcare?
- 2) Is there an ongoing support process tailored to meet the needs of individual prisoners or is a "one size fits all" approach used?
- 3) Are there any specific arrangements in place to help particular minority groups?
- 4) What is the current provision for housing, employment, training and education needs?
- 5) Who is responsible for such provision?
- 6) Is throughcare organised in the same way in all prisons?

#### **Involvement**

- 1) How are prisoners informed about access to drug treatment that is available to them on release? Are appointments made for them?

**Collaboration**

- 1) What co-operation do you have with NGOs or governmental agencies?
- 2) What are the links between treatment providers and prison? What are the actual integrated care pathways between providers and prisons and between agencies that are in place? How could these be improved?

**Barriers**

- 1) Outline the difficulties and obstacles in the care/ management of these groups and to providing a successful throughcare service?

**Improvement**

- 1) Have you identified examples of best practice that should be applied to throughcare provision?
- 2) Is the throughcare provision evaluated? How?

Is there anything that I have forgotten to ask you?

**Thank you for helping with this research**



## **Interview Schedule: Community Organisations**

### **Prompts**

#### **Introduction**

1. What is your profession/role in your organisation?
2. Have you had any specialist training for this role?
3. What do you understand by the term throughcare?
  1. Do you think throughcare is necessary?
  2. What kind of throughcare do you provide? For all prisoners or for specific groups (Young, women, ethnic minorities, men, those with mental health needs, problematic drug users)?

#### **Needs**

1. What do you perceive are the main throughcare needs of prisoners with problematic drug use?
2. How are throughcare needs highlighted within your organisation? Differences between groups: women, young prisoners, those with mental health problems, minorities/short- or long-term prisoners.
3. What means do you use to identify drug users returning to the community from prison? Is an action plan used? Needs assessment?
4. Are there other needs that should be identified and addressed?

#### **Support and Services**

1. Is there an ongoing support process tailored to meet the needs of individual prisoners or is a "one size fits all" approach used?
2. Are there any specific arrangements in place to help particular minority groups?
3. What is the current provision for housing, employment, training and education needs?
4. Who is responsible for such provision?
5. Is throughcare organised in the same way in all prisons that you have contact with?

#### **Involvement**

1. How are prisoners informed about access to drug treatment that is available to them on release? Are appointments made for them?
2. Do you visit prisoners before they are released?

#### **Collaboration**

1. What co-operation do you have with other agencies in the community?
2. What are the links between your organisation and prison?
3. What are the actual integrated care pathways between providers and prisons and between agencies that are in place?
4. How could these be improved?

#### **Barriers**

1. Outline the difficulties and obstacles in the care/ management of these groups and to providing a successful throughcare service?

#### **Improvement**

1. Have you identified examples of best practice that should be applied to throughcare provision?
2. Is the throughcare provision that you provide evaluated? How?
3. If your provision is not evaluated would it be helpful to have access to an evaluation tool?
4. How is your organisation funded? Is your provision sustainable?

Is there anything that I have forgotten to ask you?

**Thank you for helping with this research**