



Directorate-General Justice,
Freedom and Security

RESEARCH REPORT: ROMANIA

**THROUGH CARE
WORKING IN PARTNERSHIP**

1. Sample: Expert Interviews and Focus Groups

Focus group

Two focus groups were used in this study. The first of these was a group from the Târgșor Penitentiary for women prisoners. At the start of the research project, the penitentiary contained 143 women with problematic drug addiction. The project inclusion criteria were used to determine focus group participants: drug use personal history, release in at most 2 years since the date of the interview and volunteer participation. Any individuals aged 18 years or under, or with a history of alcohol addiction only were not included in the focus group. The Târgșor Penitentiary focus group included ten female prisoners; the aim of the meeting was explained to them and they signed an agreement paper. They did not, however, agree to any audio or video recording of the focus group.

The second focus group was from the Târgu Jiu Penitentiary. This penitentiary accommodates male prisoners in a semi-open and open regime. The same criteria were used to select participants for the focus group, personal drug use history, volunteer participation and a release date within the last two years.

Experts

The Prison System

The interview panel included selected experts from the following penitentiaries: Craiova (maximum security regime), Craiova Penitentiary for Juveniles and Young People, Turnu Severin (semi-open and open regime) and Târgu Jiu (semi-open and open regime).

The sample was chosen by prison staff mainly working in the health and social reintegration departments and security and management prison staff directly involved in activities relating to the evaluation, treatment and support of the problematic drug using individuals.

The selected prison staff, who have considerable expertise in developing medical care and psychological support programmes, were open to the project and were keen to help in project activities.

2. Main Findings

Focus group

Immediate needs

A. From the community to penitentiary

1) Did you have access to drug use services prior to entering the penitentiary?

In Bucharest, drug users benefitted from the "Evening by Evening" program (syringe exchange, medical care and psychological support) of the Romanian Association Against AIDS (ARAS) and also detoxification services in Obregia hospital.

2) Did these services work for you?

The “Evening by Evening” program was considered to offer a complete service but could not cope with the number of drug users requiring their services.

- 3) Did you receive the support you needed (health care access detoxification services or Methadone substitution etc.)?

The individuals involved in the ARAS program mentioned above were satisfied with the services offered (at home health care, syringe exchange, psychological support, counselling, referrals to specialized medical services)

- 4) Where do you live, or stay, after liberation?

The individuals in the focus group did not have housing problems.

- 5) Before being arrested/imprisoned, what kind of services helped you with your problems?

The most beneficial service available before being arrested was syringe exchange offered mainly by NGOs, but this is only in some bigger cities

B. Access to help in order to meet your needs after being released from the prison

- 1) What will happen to you after release?

As long as inmates are able to find employment after being released from prison, they do not foresee any problems. However, there is always a risk of returning to the old habits or “activities” for which they were arrested, such as theft, prostitution or drug dealing etc.

- 2) What are/were your needs before being released?

Immediate needs include: housing, finding a job, education/information, spiritual aspects, community (reintegration and recovery), renewing family relationships, children, counselling, guarding against addiction both mentally and physically, health, money, debts, IDs, legal rights.

The needs of the interviewed individuals are, mostly, related to their social reintegration and to finding a job.

The interviewees claim that they need support for family reintegration.

- 3) What were/are the biggest problems you face in continuing your treatment for drug addiction after release?

The biggest problem identified relating to the continuity of treatment is the limited offer of complete services in regions other than Bucharest.

C. Preparation for release

- 1) What kind of support do/did you receive in order to prepare for your release?

Inside the penitentiary, there is an ongoing program to prepare detainees for release that includes counselling for drug addiction and advice regarding facilities which offer the recommended treatment received in the penitentiary. Yet, information is scarce and the options available for continuing treatment after release are also limited.

- 2) Do you know whom to contact to get support relating to your release?

The employees responsible for preparing detainees for release from the penitentiary are from the social reintegration department, and this is well known by detainees.

3) Are you happy with how you were prepared for your liberation?

There is a lack of individual counselling. Everybody gets the same information and advice regardless of whether they have a drug addiction or not.

4) Are problematic drug addict detainees encouraged to determine their self care package?

The problematic drug addict detainees are not encouraged to determine their self care package

5) Have you been asked if you have any concerns about the liberation plan? Would you like to be asked?

The majority of the detainees feel the need to be asked if they have concerns about the liberation plan, but they are not consulted.

6) Were your opinions taken into account?

This did not happen as opinions from detainees were not sought.

7) Did anybody from outside the prison visit you in order to discuss your release (lodging, local authority, health care, drug addiction workers etc)?

Detainees were not visited by any persons from outside the prison to discuss their release.

D. Improvement

1) How do you think procedures can be improved to ensure that ex-convicts receive all the information and services they need?

The most important aspect that should be improved is to pay more attention to the prisoners needs by having more discussions with them. Generally, psychosocial assistance is offered in sessions, but with more than one detainee with drug addiction problems. In these sessions there is not enough time for everybody to receive personalised advice regarding their treatment and needs. Rarely can individuals be seen for counselling or support sessions.

2) Did any agency involved in throughcare programs ask you about your experience after offering their services?

3) Are you content with the plan established for you?

To both questions, the answer was NO.

Penitentiaries

Immediate needs

Introduction

1) What is your profession/role in the penitentiary?

2) Did you have specialised training for this role?

The training for the position was by the faculty, together with a special training program delivered by The National Penitentiaries Administration.

3) What do you understand by Throughcare?

Throughcare was not understood as a word, but rather as a concept, as the penitentiary offered continuous assistance for drug addicts. A single person gave the definition of "managing the continuous care".

4) Do you think Throughcare is necessary?

Yes, but hard to implement because of society's mentality (discrimination, stigma).

5) What kind of Throughcare services are in your penitentiary and what kind of information exists? How do they work?

The caring needs identification is established when the detainee enters the prison and completes the "knowing record"; with the psychologist, educator and medic. The detainee is also advised about the programs offered by the prison. According to his/her needs, the detainee is included in individual counseling activities or group counseling activities and also receives medical assistance if required. They are not offered specialized activities before release and they are not referred to specialized facilities upon release. Generally, there are few services offered that focus on drug associated diseases.

6) Have you had any special training?

The training Throughcare training received was in accordance with the National Penitentiaries Administration general training programs.

Needs

1) In your opinion, what are the main Throughcare needs of problematic drug addicted detainees?

Prepare detainees for the post-release period through individual counselling on changing social groups, changing their address etc. and also with counselling sessions that include their family. There should be specific preparation for release and detainees should be referred to specialized services that form part of the penitentiary's program. Educational needs like continuing with studies, health care needs, psychological needs, qualification needs, social needs etc should also be provided.

2) How are Throughcare needs determined in your organisation? The differences between groups: women, young, mentally ill, minorities/detainees short term or long term etc.

There are no differences between these groups. It is a common program. The programs cater for problematic drug addicts along with drug dealers.

Everybody participates in these special programs for drug addicts if they have more than three months until release and have never participated in a similar program in another penitentiary.

3) How do you identify when a drug addict is returning to the community from the penitentiary? Is there an action plan for them? Or a needs evaluation?

There is no way of identifying drug addicts other than by personal declaration.

4) Are there other needs which must be identified and addressed?

The continuation of care in specialised facilities after release.

Support and services

1) Who is responsible for Throughcare services in your institution?

The answers varied according to the specialty of the person questioned and from each penitentiary, but included:

- medical department
- psychosocial department
- both of above
- director of the facility and psychosocial department

2) Is there an ongoing support process to meet the individual needs of each detainee or it is a case of "one size fits all"?

There is a process in place to meet the individual needs of each detainee; this is an individualized intervention plan, which is under evaluation.

3) Are there specific resources in place to help minority groups?

There are no special resources for minority groups. There are, however, specific programs for women, minors and young people.

4) Which department is responsible for housing, employment, training and education?

No department in the penitentiary is specifically responsible for finding housing for homeless detainees. In some facilities, this responsibility rests with the psychosocial department.

5) Who is responsible for such services?

The chief of the psychosocial department.

6) Is Throughcare organised in the same way in all penitentiaries?

No, it is not.

Implication

1) How are detainees informed about accessing drug treatment after release? Is anything available to ease the process?

Information about CPECA services (territorial office of National Antidrug Agency) and also territorial ARAS is available. Flyers are also provided.

Collaboration

1) Is there any collaboration with NGOs or Government agencies?

There is collaboration with CPECA, and in the cities between ARAS and Europrotector.

2) Are there any links between treatment providers and the penitentiary? What are the ongoing ways of integrating care between providers and penitentiaries and also between the functional agencies? How can they be improved?

They can be improved by collaboration between penitentiary hospitals and territorial care providers.

Barriers

- 1) Identify the difficulties and barriers in caring for and managing these groups to assure the success of throughcare services?

The difficulties and barriers are: lack of penitentiary personnel, lack of financial and material resources, lack of specialised service providers after release and the inefficiency in collaboration with community services and also disfunctionalities in Methadone provision. One possible barrier in the success of throughcare in prison is “penitential tourism” meaning that detainees switch between the penitentiaries and can not follow the programs. There are no individualised intervention plans, nor multidisciplinary ones. Occupational workshops are scarce.

Improvement

- 1) Have you identified any good practice examples to be follow that might assure throughcare?

No good practice examples were identified that would assure throughcare

- 2) Are throughcare services evaluated? How?

Throughcare services are not specifically evaluated but the results of the programs are periodically evaluated.

3. Debates regarding main findings

Immediate needs

Drug users benefit from a few health programs and psycho-social support, but only in large towns where specific NGOs operate or in county capitals where the National Anti-drug Agency has regional offices. The psychiatric hospitals, which offer only detoxification services, are rarely used by the drug users who prefer hospitals where they are offered substitute treatment or NGOs that offer them sterile syringes.

The beneficiaries feel there needs to be comprehensive information stating which institutions offer what services to drug users.

On release, a complete list of service providers should be available; the released prisoners should be informed about available facilities and, if he/she agrees, the receiving facility should be informed about the rehabilitation program he/she was involved in while in detention (according to the medical letters pattern received by the patient on release from hospital). Another important aspect in the therapy of patients with problematic drug use is “occupational therapy”. Drug users feel that there is lack of sufficient occupational or vocational workshops in prisons.

B. Access to support for meeting the needs you face on release

It appears that the detainee’s needs are not taken into consideration when finding a home or job for them on release. With regards to their treatment, the main problem is low accessibility to specific services. The institutions which offer the whole range of services for drug users are only found in the larger towns. Detoxification services and sometimes substitutive treatments are offered in the county capitals.

C. Preparation for release

Preparations for the release of detainees are currently run in penitentiaries and include, among other activities, counselling related to drug use. There are no programs run specifically for groups: women, young people or roma ethnic people nor are there individualized programs according to individual characteristics. The Psychosocial Department is in charge of preparing prisoners for release. Between the prison health service and the specific governmental/non-governmental organizations involved in recruiting and placing workers, a procedure could be established to prepare prisoners for their release. On this basis, in consultation with the prisoner, treatment and release plans could be designed. Many problematic drug users have poor professional training and vocational training in prisons should, therefore, focus on occupations where workers are needed to raise employment opportunities.

D. Improvement

In order to improve the support available in prisons, it is necessary for the governmental and non-governmental organizations to consult detainees. More individual counselling activities should be available inside prisons, as well as more family visits. Although prisoners did not claim family reintegration problems, it is necessary for families to learn how to support drug users who are having therapy.

A way to improve the treatment of specific problematic drug users could be by developing occupational workshops for them.

Penitentiaries

Immediate needs

Identifying the needs of prisoners starts from the moment a detainee enters the prison by completing the "knowing record" with a team of specialists (psychologist, educator and a medic) and by informing the detainee about the programs he can attend in the facility. According to the individual's needs, they are enrolled in individual counseling or group counseling, also when required, health care.

Nothing is in place for detainees released from the prisons, including referral to specialized facilities. Generally the services provided are scarce, and concentrate more on the associated disease of drug addiction.

Needs

- 5) In your opinion, what are the main throughcare needs of the problematic drug addicted detainees?

Preparing detainees for the post-release period through individual counselling on changing social groups, changing address etc and also with counselling sessions that include their families. There should be specific preparation for release and detainees should be referred to specialized services that form part of the penitentiary's program. Educational needs like continuing with studies, health care needs, psychological needs, qualification needs, social needs etc should also be provided.

- 6) How are throughcare needs found determined in your organisation? The differences between groups: women, young, mentally ill, minorities/detainees short term or long term.

There are no differences between these groups. It is a common program. The programs cater for problematic drug addicts along with drug dealers.

Everybody participates in these special programs for drug addicts if they have more than three months until release and have never participated in a similar program in another penitentiary.

- 7) How do you identify drug addicts returning to the community from the penitentiary? Is there an action plan or a needs evaluation?

There is no way of identifying drug addicts other than by personal declaration.

- 8) Are there other needs which must be identified and addressed?

Continuity of care after release for drug addicts in specialised facilities and the establishment and re-establishment of family relationships.

Support and services

- 7) Who inside the facility has the main responsibility for organising the throughcare services?

The answers varied according to the specialty of the person questioned and from each penitentiary, but included:

- medical department
- psychosocial department
- both of above
- director of the facility and psychosocial department

- 8) Is there an ongoing support process to meet the individual needs of each detainee or it is a case of "one size fits all"?

There is a process in place to meet the individual needs of each detainee; this is an individualized intervention plan, which is under evaluation.

- 9) Are there specific resources in place to help minority groups?

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- 1) Is there any collaboration with NGOs or Governmental agencies?

There is a permanent collaboration with CPECA, also with ARAS and Europrotector, in the cities where they are represented.

- 2) Are there any links between treatment providers and the penitentiary? What are the ongoing ways of integrating care between providers and penitentiaries and also between the functional agencies? How can they be improved?

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Barriers

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The difficulties and barriers are: lack of penitentiary personnel, lack of financial and material resources, lack of specialised service providers after release and the inefficiency in collaboration with community services and also disfunctionalities in Methadone provision. There are no individualised intervention plans, nor multidisciplinary ones. Occupational workshops are scarce.

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4. Links with literature review

The main and persistent problem in the Romanian prison medical network is “the high deficit of medical staff in almost all detention units”, according to the institution’s Annual Report (ANP, 2009a, 28). This problem is replicated in other departments.

As noted in the literature review, 1201 prisoners (71.4%) administer drugs intravenously and 481 prisoners (28.59%) orally. The use of drugs in prison has been rising steadily since 2001.

In prisons, drug users benefit from detoxification programs at Rahova Prison Hospital. Here, drug users receive specialized assistance from psychiatric and psychological staff that received detoxification training by the Global Fund project, a twinning project that facilitated an experience exchange with prisons in Spain.

This development in the Romanian Prison Administration has resulted in a steady increase in the number of injecting drug users accessing HIV prevention services, an increased number of prison units ready to provide the services and a network of prison staff and peer educators are trained to deliver the services. Prison NSPs and OST services have, since inception, engaged with inmates and

beneficiaries in many aspects of planning and developing interventions. More than 160 inmate IDUs benefited from NSPs in 2009, and more than 50 prison inmates are in OST (Ungass Country Progress Report, 2010).

Drug using prisoners are, with their consent, included in current rehabilitation programs according to their health status before they are released from prison. Within the re-habilitation programs, psychological support is provided through specialized departments. Upon release from prison, ex-prisoners are not referred to specialized units, although in the community, specialized medical assistance, detoxification treatment and substitution treatment are provided by psychiatric hospitals. NGOs are running a syringe exchange program (Romanian Association Against AIDS – ARAS and ALIAT in co-operation with Obregia psychiatric hospital etc).

Both in society and in prisons there are programmes providing psychological support and medical assistance for drug users; often these programmes are disconnected, and therefore, do not provide a comprehensive service. Collaboration between different structures, governmental and non-governmental, involved in providing support for drug users are still not sustainable or permanent.

ABBREVIATIONS

ALIAT	Alianța pentru Lupta Împotriva Alcoolismului și Toxicomaniilor (Alliance for the Fight against Alcoholism and Addictions)
ANA	Agencia Națională Antidrog (National Anti-drug Agency)
ANP	Administrația Națională a Penitenciarelor (National Administration of Penitentiaries)
APDS	Asociația Promovarea Dreptului la Sănătate (Promoting the Right to Health Association)
ARAS	Asociația Română Anti-SIDA (Romanian Association Against AIDS)
IDU	Injecting Drug User
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PIT	Program Integrat (Integrated Program)
RHRN	Romanian Harm Reduction Network
RJP	Fundația Reforma Justiției Penale (Penal Reform Foundation)

5. Appendices

(see annexes)

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